



Wirral University  
Teaching Hospital  
NHS Foundation Trust

# Public Board of Directors

26 January 2022

**Meeting of the Board of Directors in Public**  
**Wednesday 26 January 2022**  
**10.00 am – 12 noon**  
**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 - 1 December 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 and Exception Reports	Chief Operating Officer, Medical Director, Chief People Officer and Interim Chief Nurse	Paper
11	Finance Report for Month 8 incl. CIP	Chief Finance Officer	Paper to follow
12	Outline Report on Maternity Services/ Perinatal Specific Report (Ockenden Report)	Director of Midwifery	Paper
13	CQC National Inpatient Patient Experience Survey Results 2021	Interim Chief Nurse	Paper
14	Charitable Funds Annual Report	Chief Finance Officer	Paper
15	Chair's Report – FBPAAC	Committee Chair	Paper
16	Chair's Report - Quality Assurance Committee	Committee Chair	Paper
17	Chair's Report - Audit Committee	Committee Chair	Verbal
18	Communications and Engagement Report	Director of Communications and Engagement	Paper
19	Questions from the Public	Chair	Verbal
20	Any other Business	All	Verbal
21	Date of Next Meeting – 2 March 2022	Chair	Verbal
22	<b>Exclusion of the Press and Public</b> 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**

**1 DECEMBER 2021**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**Commencing at 12 NOON  
 Concluding at 2.17 pm**

<b>Present</b>	
Sir David Henshaw	Non-Executive Director/Chair
John Sullivan	Non-Executive Director/Vice Chair
Chris Clarkson	Non-Executive Director
Janelle Holmes	Chief Executive
Dr. Steve Ryan	Non-Executive Director
Sue Lorimer	Non-Executive Director
Claire Wilson	Chief Finance Officer
Dr. Nicola Stevenson	Medical Director / Deputy CEO
Debs Smith	Interim Director of Workforce
Matthew Swanborough	Director of Strategy and Partnerships
Steve Igoe	Non-Executive Director
<b>In attendance</b>	
Chris Mason	Chief Information Officer
Jonathan Lund	Associate Medical Director
Sally Sykes	Director of Communications & Engagement*
David McGovern	Director of Corporate Affairs
Craig McGuire	Interim Board Secretary
Debbie Edwards	Director of Nursing and Midwifery
Sheila Hillhouse	Public Governor/ Lead Governor
<b>Apologies</b>	
Eileen Hume	Deputy Lead Governor

Reference	Minute	Action
1	<b>Apologies for Absence</b>	
	Apologies for absence were noted as reported above.	
2	<b>Declarations of Interest</b>	
	There were no declarations of interest submitted.	
3	<b>Patient Story</b>	
	<p>The Board viewed a version of the Patient Story video, featuring Mrs. N who described her experience of her father's treatment. She gave a mixed patient experience report on the treatment and care provided to her elderly father of 92 years of age who had recently been discharged from hospital. The story whilst mostly positive described areas where there was disappointment with aspects of the treatment of the patient.</p> <p>It was reported that Mr. N had a lot to contend with in the last 8 1/2 years. He lost his wife then he then had difficulty walking, had investigations for difficulty with urination.</p> <p>In the process of surgery he had ended up with a permanent supra pubic catheter and a stoma bag. He was deemed to be end of life and he was on Ward 21 in Arrowe Park Hospital and the care there was excellent.</p>	

Reference	Minute	Action
	<p>Mrs N would like to give particular thanks to Kelly on Ward 21, who showed total humanity and empathy. She described how the staff on the ward were friendly because you could tell they were smiling She also reported that she had the belief the staff on the ward were calm and they were professional.</p> <p>She said that she could not praise the staff on in Arrowe Park Hospital Ward 21 enough. Her father was then moved to Clatterbridge Hospital where his hearing aid was lost which contributed to her father feeling a sense of isolation.</p> <p>Mrs N raised an issue as to whether there should be some standard method of looking after people's belongings whilst they're in hospital. Also Mrs N identified that she knew it was endemic within the NHS, but there's so much jargon used and in her view it's not appropriate for jargon to be used when you're talking to lay people, as in the case of relatives and friends.</p> <p>The Interim Chief Nurse reported that learning points had been taken from the patient story which the Trust has already taken forward, particularly in terms of the lost property and considering a number of schemes that had been piloted successfully in other hospitals. The Director of Workforce identified that there had been a recent theme of the use of jargon in the Trust.</p> <p>The Board <b>NOTED</b> the patient story</p>	
4	<b>Minutes</b>	
	The minutes of the meeting held on 03 November 2021 were approved as an accurate record subject to minor amendments.	
5	<p><b>Board Action Log</b></p> <p>The Board reviewed the actions log noting that items had either been actioned or were on the agenda.</p>	
6	<b>Chair's Business</b>	
	<p>The Chair reported that the Trust was doing well in coping with the current level of demand and that there was a high level of public awareness of the current situation.</p> <p>The Chair went on to consider that good progress is being made in terms of the development of new local governance structures from the beginning of April 2022. He noted that the new structures will change the way in which commissioning functions operate and this will have an impact in terms of governance for all providers. He was complimentary of the part that the Trust is playing in terms of building the new system.</p> <p>The Chair welcomed Debs Smith as the Chief People Officer for the Trust and welcomed her to her first Board meeting in the substantive role. The Chair also welcomed Sheila Hillhouse in her capacity as lead governor for her first board meeting in that role.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the Chair's Business</p>	



Reference	Minute	Action
7	<b>Key Strategic Issues</b>	
	<p>The Chair identified that there were no additional strategic issues to report.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the update</p>	
8	<b>Chief Executive's Report</b>	
	<p>The Chief Executive presented her report which gave an overview of work undertaken and important announcements for the month of December 2021.</p> <p>The Covid prevalence on Wirral remains relatively static at 336 cases per 100,000 population. Currently 5% of the Trust's beds are occupied by Covid positive inpatients, with a small number on Critical Care, within the anticipated surge of either RSV or influenza cases not yet realised.</p> <p>It was reported that the numbers of inpatients with Covid, influenza and RSV are monitored through the WUTH daily dashboard and through the command structures. There are robust escalation plans in place to manage each of these respiratory infections with strict infection prevention and control procedures in place.</p> <p>The Trust declared 5 serious incidents (SI) in the month of October 2021; this is a decrease of one on the previous month. The Serious Incident panel report and investigate under the "Serious Incident Framework" so that learning can be identified.</p> <p>Two Serious incidents declared were related to clinical assessment, diagnosis and scans. The 5 reported incidents spanned areas of the trust, including Diagnostics and Clinical Support (1) Acute Medicine (2) Medical Division (2). The Trust reported no Never Event in the month of October.</p> <p>It was highlighted Duty of Candour has been commenced in line with legislation and national guidance. There were two events reported to the Health &amp; Safety Executive in October 2021 as required under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR).</p> <p>CQC undertook a focussed inspection for the surgical division on 4th October. The CQC inspector noted that the team were open, honest and enthusiastic about improvement. It was noted that, since the last inspection, improvements had been made with the Malnutrition Universal Screening Tool (MUST) compliance and Surgical Site Infection (SSI) monitoring. No regulatory action will be initiated following this review which is not associated with a formal report, nor will it change the current CQC rating.</p> <p>It was reported on the morning of Sunday 14th November 2021, a major incident occurred at Liverpool Women's Hospital. As part of the incident response the Trust provided mutual aid to Liverpool Women's Hospital, with maternity cases diverted to Wirral University Teaching Hospital and St. Helens and Knowsley.</p> <p>As part of the response, the Trust immediately put in place additional security across both hospital campuses (Arrowe Park and Clatterbridge). In addition, Merseyside Police attended the Arrowe Park Hospital campus on the afternoon of Sunday 14th November 2021 to provide additional security and support to the Trust, which was maintained on site until Friday 19th November 2021. It was reported that Merseyside Police are continuing to provide regular patrols of the hospital campuses.</p>	

Reference	Minute	Action
	<p>Following the incident response, the Trust has undertaken a risk assessment of access and egress across the campuses, building on the earlier and additional security controls put in place in October 2020, to support as well as manage patient and visitor access as part of our COVID response. As part of the risk assessment the Trust has enhanced security presence across the campuses and extended access restrictions in the evenings as well as put in place traffic enhancements and parking restrictions near the main entrances.</p> <p>It was reported that the Cheshire and Merseyside Health and Care Partnership have confirmed that following a robust recruitment process, Graham Urwin has been appointed to the position of Designate Chief Executive of the Cheshire and Merseyside Integrated Care Board (ICB).</p> <p>The confirmation of Graham Urwin in this role is a significant step in the development of integrated care in Cheshire and Merseyside and the establishment of an NHS Integrated Care Board which, subject to legislation, will hold a substantial budget for commissioning high quality patient care, and have the authority to establish performance arrangements to ensure that this is delivered.</p> <p>The partnership is now moving on to recruit Non-Executive Members and Executive Directors over the forthcoming weeks.</p> <p>Whilst the substantive Board appointments are made and the ICB becomes a legal entity in April 2022, interim arrangements have been put in place. A System Oversight Board chaired by David Flory is in the process of being established with interim membership drawn from the current HCP Leadership Team and representatives from across Cheshire &amp; Mersey.</p> <p>It was reported that the Department of Health and Social Care (DHSC) has formally announced (9 November) that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care.</p> <p>The government regulations are expected to come into effect from 1 April 2022, subject to parliamentary process. This means that unvaccinated staff will need to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline.</p> <p>It was reported that the Deloitte well led review had now been completed with a feedback session earlier in the day and a full report expected from Deloitte prior to Christmas 2021. It was identified that areas of improvement will begin being implemented from early 2022, with assurance feeding through to the Board, leading up to the annual report submission in May 2022.</p> <p><b>RESOLVED:</b> That the Board <b>RECEIVED</b> and <b>NOTED</b> the report.</p>	
9	<b>Chief Operating Officer Report</b>	
	<p>The Chief Executive outlined the paper as previously circulated. It was reported that the new Chief Operating Officer would commence in post at the start of January 2022.</p>	

Reference	Minute	Action
	<p>The CEO confirmed that the Trust's elective performance remained strong across all points of delivery.</p> <p>The CEO reported that the Trust continues to overachieve in relation to P2 patients. There was also identified a reduction in our 104 week waiting numbers. It was the intention of the Trust to have eradicated all 104 week waiters by the end of March 2022. The Chair emphasised that it needed to be recognised what had been achieved given the backlog of elective care, the speed at which the Trust had been able to achieve its elective delivery recovery plans.</p> <p>It was highlighted that 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 impact of non-elective demand could compromise elective recovery if Trust &amp; system capacity is not actively managed over the next half of the year.</p> <p>In relation to unscheduled care it was identified that demand for services remained high.</p> <p>It was identified that Infection Prevention and Control measures (including but not limited to screening) which needed to be in place due to Covid admissions operationally impacted the flow of patients through E and D assessment areas.</p> <p>It was also highlighted that the Trust experienced an increased number of patients requiring admission to Mental Health in-patient beds which was at times creating a backlog in the Emergency Department.</p> <p>The Director of Strategy &amp; Partnerships confirmed that the Trust are involved now in the early designs of the new ED facility and that the Trust have engaged with the Mental Health Trust to support the development of improved mental health facilities and mental health rooms in ED.</p> <p>It was identified that two new quality metrics were in the process of being introduced: one being the total time in ED which was the patient's total time from admission to leaving the department; and the other being ambulance handover performance. These new metrics would likely supersede the traditional 4 hour performance standard.</p> <p>It was identified that improved unscheduled care performance was heavily reliant on the Trust working with the Wirral system to achieve the discharge trajectory submitted as part of the overall Wirral Urgent Care Improvement Programme. It was reported that 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.</p> <p><b>RESOLVED:</b> That the Board <b>RECEIVED</b> and <b>NOTED</b> the report.</p>	
10	<b>Board Champion Roles</b>	
	<p>The Chair presented the paper as previously circulated.</p> <p><b>RESOLVED:</b> That the Board <b>Approved</b> the interim arrangements outlined in the report.</p>	

Reference	Minute	Action
11	<b>Quality and Performance Dashboard and Exception Reports</b>	
	<p>The Executive Directors briefed the Board on the content of the Quality &amp; Performance Dashboard up to end of October 2021 for their respective areas.</p> <p>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 October 2021.</p> <p>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.</p> <p>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.</p> <p>The Medical Director highlighted as an exception the issue of eligible patients having VTE risk assessment within 12 hours of decision to admit. It was reported that 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. October performance was again slightly below at 94.5%. The nationally reported standard of all patients receiving a VTE risk assessment on admission to hospital is consistently met. In terms of action it was reported that VTE compliance in each division is tracked through divisional governance reports to PSQB and through Divisional Performance Reviews (DPRs). A monthly report of all patients who did not receive as 12-hour assessment is shared with all AMDs to feedback to clinical teams. VTE compliance can also be tracked through the live BI portal. 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 deterioration in assessment and that there are no patient safety issues. The expected impact of which was the improvement of performance to achieve minimum target value.</p> <p>The Chief People Officer highlighted that she was most concerned about staff absence and was putting in place measures to improve staff absence and turnover figures.</p> <p>The other performance dashboard and exceptions were set out in detail in the paper as previously circulated.</p> <p><b>RESOLVED:</b> That the Board of Directors <b>RECEIVED</b> and <b>NOTED</b> the Quality and Performance Dashboard and the Exception Reports for the period to end of October 2021.</p>	
12	<b>Month 7 Finance Report</b>	
	The Chief Finance Officer presented the report as previously circulated.	

Reference	Minute	Action
	<p>It was reported that the Trust has yet to receive confirmation of its funding for H2 and the financial planning for the second half of the financial year was still in development as the October (month 7) financial position was finalised. In the absence of an agreed plan at this stage, the report focuses on actual income &amp; expenditure for the period and compares to run rate where appropriate. We expect that normal reporting will resume next month (month 8) once the Trusts financial plan is approved. The Trust is reporting a deficit of £1.132m in October 2021 (deficit of £1.107m year to date) primarily as a result of a number of system allocations which had not been agreed as the month 7 position was reported. During November 2021, further work has been undertaken across the system to finalise the distribution of system allocations and to address a system wide financial gap. The Trusts financial plan, as submitted to Cheshire and Merseyside Integrated Care System (C&amp;M ICS) on 25<sup>th</sup> November 2021, is for a break-even position for the second half of the year (H2). Delivering this is dependent upon receiving £4.5m of ERF income and this remains a key risk to the delivery of a break-even position by the end of the year.</p> <p>It was anticipated that final system allocations from both C&amp;M ICS and national TIF funding streams will be confirmed in mid-November 2021, and they will then be reflected in the month 8 financial position.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report.</p>	
13	<b>Guardian of Safe Working Quarterly Report</b>	
	<p>The Medical Director presented this report as previously circulated. The paper was taken as read. This report provided details of the actual number of doctors in training; details of the exception reports submitted for the reporting period for Q2 2021 (July to September) by speciality and grade; and details of breaches of safe working hours and fines incurred.</p> <p>It was reported that the Guardian of Safe Working was a senior colleague within the Trust but who was independent of a board and other leadership. With the Guardian of Safe Working it was reported that the junior doctors have got a senior person with which to escalate concerns and with whom they could engage.</p> <p>It was emphasised that this report focused on the work that was performed by the Guardian of Safe Working around exception reports. It was identified that an exception report is submitted if there had been any departure from planned working patterns or access to training opportunities. The work chiefly dealt with any deviation from planned working hours. It was highlighted that the Director of Medical Education deals with exception reports submitted in relation to training opportunities. Doctors in training report exceptions and then a discussion should take place between them and their educational supervisor to understand what's necessary to address these exceptions.</p> <p>It was highlighted that the number of gaps present in the trainee medical workforce continues to be a focus for the Trust to ensure compliance with the safe working directive and to reduce overall locum and agency spend. There are currently a total of 307 doctors/dentists in training in the Trust.</p>	

Reference	Minute	Action
	<p>It was reported that the exceptions have all been reviewed. It was identified that the review had taken a little longer than previously due to the number of exceptions, but no fines have been levied, so there has not been a sustained breach of safe working hours.</p> <p>It was reported that there was currently a medical staffing review and the work on safe working would be incorporated into that. Furthermore safe working was recognised as also important to support and facilitate improved relationships with the doctors in training</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report and supported the ED workforce review to mitigate risk, safeguard the safe working hours for doctors in training, ensure patient safety and deliver a sustainable medical workforce.</p>	
14	<b>Chief Nurse Six Monthly Nursing Establishment Review Staffing Report</b>	
	<p>The Interim Chief Nurse presented the report as previously circulated.</p> <p>This report provided assurance the Trust has met its regulatory requirements in accordance with guidance set out in NHS Improvements, 'Developing Workforce Safeguards' guidance (2018).</p> <p>It was reported that the Trust has completed a minimum six monthly acuity, dependency and establishment review which has been undertaken in Q2 2021/22. As a result 2 wards increased the establishment, 2 wards reduced establishment and one ward was approved for a temporary uplift due to increased acuity. The changes made remained cost neutral and no further investment was required to support the changes.</p> <p>The Emergency Care Services have been supported by a full review by ECIST results which it is proposed will be presented to the Workforce Assurance Committee in January 2022.</p> <p>In Maternity Services the Trust has been successful in recruiting midwives to these positions to meet the 35% Continuity of Carer requirement. A business case in being developed to source funding for the remaining deficit of midwives required to meet 100% as identified in the Maternity Incentive Scheme (MIS) / NHS Planning Guidance</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report.</p>	
15	<b>Monthly Safe Nurse Staffing Report</b>	
	<p>The Interim Chief Nurse presented the report as previously circulated.</p> <p>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. It was identified that mitigations are in place across the Trust; enhanced monitoring, escalation processes, NHSP, agency staffing, and absence monitoring processes. It was reported that the Trust had seen improved staffing levels with a further reduction in the vacancies and this is in response to the international recruitment programme that's been highly successful. The intention was to have zero vacancies and she was working with executive colleagues on drafting an international recruitment plan for next year to submit a bid for further funding.</p>	



Reference	Minute	Action
	<p>Resilience planning was on-going locally and regionally to ensure plans are in place ahead of the predicted pressures over the forthcoming months. The Trust had approved an incentive bonus payment program for nursing staff, which was to keep the Trust on track with winter plan and to make sure that the Trust can cover gaps open till January until the rest of the international recruits are due to arrive. It was reported that the Trust had seen a 15% increase in fill rates in response to that.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report.</p>	
16	<p><b>WISE Ward / Service Accreditation progression from Level 3 to Level 4</b></p>	
	<p>The Interim Chief Nurse presented the paper as previously circulated.</p> <p>It was reported that currently the processes for attaining levels 1 - 3 of WISE Ward Accreditation are clearly defined; progression to level 4 (the highest level of WISE) are yet to be approved. The paper identified the recommended methodology and processes for wards / services to progress from WISE level 3 to WISE level 4.</p> <p>The review of processes of wards / services who have achieved WISE level 4 was set out in the papers as previously circulated as are the requirements when a new manager inherits a WISE level 4 ward / service. In addition, the paper outlines the processes if a ward / service reverts from WISE level 4 to a lower WISE status having not sustained the standards required.</p> <p>It was highlighted that the WISE been through the Quality Committee and had been supported by the Committee. The Interim Chief Nurse sought support of Non-Executive directors and the Board of directors as a whole to move this forward and so the process that we have is based on models that are that have been highly successful and well researched.</p> <p>The CEO confirmed that she was fully supportive of this proposal and it can interlink with the accountability and performance framework.</p> <p><b>RESOLVED That the Board:</b></p> <p>APPROVED the proposed criteria and processes for wards / services to:</p> <ul style="list-style-type: none"> <li>• Achieve level 4 WISE accreditation status.</li> <li>• Review level 4 WISE accreditation status.</li> <li>• Follow when a ward / service manager inherits a level 4 WISE accredited ward / service.</li> <li>• Follow if the ward / service do not maintain level 4 WISE accreditation.</li> </ul>	
17	<p><b>DIVERSITY and INCLUSION (D&amp;I) ANNUAL REPORT</b></p>	
	<p>The Diversity and Inclusion lead presented this to the Board.</p> <p>The report sought to provide assurances on the progress made in not only complying with statutory requirements under the Equality Act 2010 and associated public sector duties, but also work to meet requirements contained within the Trusts standard contract with local commissioners.</p>	

Reference	Minute	Action
	<p>The Trust has been working hard to not only ensure it achieves and upholds national and commissioner led requirements and regulations but to ensure a proactive approach to equality, diversity and inclusion for the benefit of its staff, patients and wider community.</p> <p>This report provided an overview on the variety of work undertaken within 2020/2021 to work towards improvements in these areas, whilst also providing assurance on progress required. Additional emphasis was placed on ensuring improvements for our staff with disabilities and long-term health conditions and it is therefore pleasing to see such improvements in the WDES data this year. It is therefore hoped that with further efforts improvements can be made for our BAME staff.</p> <p>It was reported that the Trust is currently compliant with all D&amp;I reporting requirements however is overdue with reviewing the performance against the Equality Delivery System (ESD2) framework.</p> <p><b>Action:</b> FTSU Guardian Provision of comparative benchmarking data on speaking up</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> and <b>APPROVED</b> the report.</p>	
18	<b>Annual Appraisal and Revalidation: Annual Board Report and Statement of Compliance</b>	
	<p>The Medical Director presented the report as previously circulated. The report referred to the appraisal year April 2020 - March 2021. The Medical Director confirmed that she was the relevant Responsible Officer.</p> <p>It was highlighted that revalidation is the process by which doctors are assessed as being up to date and fit to practise by their Responsible Officer. This is based on satisfactory annual appraisal which is a professional process in which the doctor being appraised has a formal structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved.</p> <p>The initial report provided the board with assurance that WUTH has a process in place for appraisal of senior medical staff which is quality assured and compliant with the Annual Organisational Audit (AOA) standards monitored by NHS England. The appraisals were chiefly around the appraisal of consultants.</p> <p>The Chair thanked the Medical Director for the report and commented that he considered the report to be very thorough and comprehensive.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> and <b>RECEIVED</b> the Annual Appraisal and Revalidation: Annual Board Report and Statement of Compliance.</p>	
19	<b>Chair's Report – Trust Management Board</b>	
	<p>The CEO presented the Chair's Report as previously circulated.</p> <p>The purpose of this report was to provide the Board with an assurance summary of the Trust Management Board meeting held in November 2021. The CEO outlined the key highlights for the Board. It was highlighted that the TMB had reviewed and agreed the recommendations in the paper around the</p>	



Reference	Minute	Action
	<p>next steps following the close down of the global digital exemplar programme.</p> <p>It was highlighted that there was a need to integrate the accountability programme in relation to Divisional Performance Review for Clinical Divisions. The TMB reviewed and noted the key issues in the previously circulated updates from each operational division.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report</p>	
20	<p><b>Chair's Report – Workforce Assurance Committee</b></p>	
	<p>JS presented the report as previously circulated. JS reported on the work Committee at its meeting on November 2021.</p> <p>It was highlighted that:</p> <p>Positive progress was reported in a number of workforce related areas. However, higher than target sickness absence and turnover levels remain the most significant Trust workforce risks.</p> <p>JS considered that it had been touched on in the Deloitte review as well that there was still considerable variation across the organisation in terms of line manager, leadership behaviours, communication skills and compliance.</p> <p>JS further commented that there would be an increased focus on employee retention. He reported that the Trust had a big opportunity to ensure a consistent approach is adopted across the organisation. He considered that this would be one of the inputs into improved attendance and retention in the future.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report</p>	
21	<p><b>Chair's Report Quality Assurance Committee</b></p>	
	<p>SR presented the report as previously circulated. SR reported on the Quality Assurance Committee at its meeting on 24 November 2021.</p> <p>It was reported that the Committee received appropriate and detailed documentation in relation to the items it considered on 24<sup>th</sup> November and was able to scrutinise this and note areas of progress, areas for development and areas of risk, receiving relevant assurance on actions to meet the objective of providing outstanding care. The Chair identified key highlights.</p> <p>It was highlighted that at the last Committee there was a good examination of serious incident reporting. It was identified that the private board will receive a serious incident report briefing later. It was identified that the Committee were able to look right into the details of investigations and track them right through and the Committee received good assurance on the quality of investigations and the relevance of recommendations and how the learning on them is shared.</p> <p>The Committee received reports on the CQC 2020 Patient experience report, on the ED Thematic Review Improvement Plan Quality and Safety Pillar and also noted the emergency care metrics in the Quality Improvement Dashboard. The Committee was assured that comprehensive actions were in place to respond so as to maintain quality of care despite persistent high levels of demand and despite limitations of the current physical environment.</p>	

Reference	Minute	Action
	<p>The Committee was assured that appropriate processes were in place for scrutiny of individual patient deaths and for the oversight of mortality rates. Overall Trust mortality rates are as expected or lower. Alerts from Dr. Foster Intelligence around small numbers of diagnoses are received from time to time and are reported to the Mortality Review Group.</p> <p>The Committee received the annual report for April 2020 to March 2021 for cervical screening and was assured on the quality of services delivered.</p> <p>In relation to the CQC action plan further progress was noted on completing actions with 89.7% of overall requirements being completed. Only 1 of 94 “must do” actions remains at risk and relates to integrated discharge processes and identifying relevant support packages. As the Trust move to complete and close the action plan in the new year, it will be important to identify actions where changes that have occurred that mean that the specific action is no longer relevant.</p> <p>The Committee received and supported the proposal on WISE Ward/Service Accreditation set out in a paper from the Interim Chief Nurse.</p> <p>In relation to risk and assurance the Committee did not believe there was a need to modify the level of likelihood and impact for key risks for which it has oversight.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report.</p>	
22	<b>Chair’s Report Audit Committee</b>	
	<p>SI updated the Board on the Audit Committee and its meeting on 19<sup>th</sup> November 2021.</p> <p>It was reported that the Committee received reports on losses and special payments and a summary of outstanding debts.</p> <p>A detailed proposal was received in relation to amendments to the SFI’s concerning tender and quotation limits and cumulative spend across the year. The amendments were approved.</p> <p>A report on spend controls and waivers was presented. It was clear that there was a high degree of transparency where SFI’s were waived and it was confirmed that there is a robust process for authorisation of requests to waive SFI’s with the relevant authorisation being given at a senior level.</p> <p>The CIO updated the Committee on actions being taken in response to an earlier MIAA audit on Data quality. Good progress was being made in responding to the issues raised with all but one scheduled to be delivered to target by the end of this calendar year. Due to operational pressures one action has slipped but again this will be completed by the end of this year.</p> <p>In relation to the latest reports from Internal Audit, their work focussed on Medical bank staffing and Estates procurement. Both of these received limited assurance.</p> <p>No specific issues were raised in relation to the Annual Governance Statement</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report.</p>	

Reference	Minute	Action
23	<b>Chair's Report Safety Management Assurance Committee</b>	
	<p>SI reported on the safety management assurance committee and its meeting on 12<sup>th</sup> November 2021.</p> <p>SI highlighted very positive progress in terms of engagement across the Trust.</p> <p>A key issue was the duplication and possibly triplication in terms of oversight of certain matters, particularly in relation to estates, and it was agreed that the Director of Strategy &amp; Partnerships would liaise with colleagues going forward to ensure that we streamline oversight as well as looking at the work programs for quarter one of the Calendar year 22 to make sure that we're being effective.</p> <p>A report was received from the Head of Occupational Health and Workforce Wellbeing. The trust has a small service which has focused on core OH activities throughout the pandemic. Whilst a wide range of staff support services have been developed and used during the pandemic, it was recognized that this can sometimes seem fragmented in approach. This is being resolved by the creation of a single integrated service.</p> <p>Due to unplanned downtime in July 2021, it was reported that 4 radiation incidents occurred.</p> <p>The report provided the Committee with an update on key work undertaken by the H&amp;S Management Committee in September and October 2021.</p> <p>A presentation on the Trust Health and Safety Dashboard as well as the Corporate Health and Safety Dashboards and Exception reports was received.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report.</p>	
24	<b>Communications and Engagement Monthly Report</b>	
	<p>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.</p> <p>It was highlighted that the Staff survey had now closed and so far there had been a 45% response rate, which she said that she was really pleased with and the actual response rate may be higher as there were some stragglers which may be able to be counted which would hopefully push the figures higher.</p> <p>Finally, the Trust was pleased to take part in a national BBC radio focus on the NHS when BBC Radio 5 Live broadcast their entire breakfast programme from Arrowe Park Hospital on 15<sup>th</sup> November. It was highlighted that BBC'S Rachel Burden was on site talking to colleagues about the hard work of our dedicated staff throughout the COVID-19 pandemic, our journey from hosting the quarantine site supporting guests repatriated from Wuhan and the Diamond Princess Cruise Liner in early 2020, how we set up our COVID-19 Vaccination Centre and our plans as we head into winter. There had been</p>	

Reference	Minute	Action
	<p>extensive community engagement associated with charity fund raising. It was highlighted that with the Wirral Winter Ball 13<sup>th</sup> November – 270 people attended the event in aid of the Tiny Stars Neonatal Appeal. A total sum of £40,000 was raised on the evening. WUTH is engaging with system partners as preparations for the creation of Integrated Care Systems become more concrete. The WUTH Patient Experience Vision and steps have been finalised following extensive staff, patient and stakeholder engagement. Work will now commence to launch the vision in the New Year.</p> <p>In addition to the content of the report it was identified that the Trust was that day hosting in the Clinical Skills Suite the Metro Mayor for the launch of the Liverpool Ventures Innovation Fund with the Northwest Innovation Agency. The Director of Communications and Engagement confirmed that she would be meeting with the Mayor.</p> <p><b>RESOLVED:</b> That the Board <b>NOTED</b> the report.</p>	
<b>22</b>	<b>Questions from the Public</b>	
	There were no questions from the public.	
<b>23</b>	<b>Any other business</b>	
	There was no other business conducted during the meeting.	
<b>24</b>	<b>Date of Next Meeting</b> 26 January 2022 via MS Teams	
<b>25</b>	<b>Exclusion of the Press and Public</b>	
	<p><b>RESOLVED:</b> 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.</p>	

.....  
Chair

.....  
Date

**PUBLIC Board of Directors**  
**26 January 2022**  
**Action Log**

No.	Minute Ref	Action	By Whom	Action status	Commentary	Due Date
1	21/22-109 <b>Digital Strategy</b> <b>August 2021</b>	To provide the Board with projected costings associated with the strategy after an assessment of divisional requirements has been undertaken	Chief Information Officer	Closed	This action has been picked up and dealt with as part of Operational and Financial Planning for 2022/23	Quarter 1 2022
2	21/22-134 <b>M4 Finance Report</b> <b>September 2021</b>	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	Closed	This action has been picked up and dealt with as part of Operational and Financial Planning for 2022/23	Quarter 1 2022
3	Oct 6 2021 <b>COO report</b>	To identify and propose solutions addressing the root causes of patient flow in unscheduled care	COO	Closed	Included in Board Seminar session	January 2022
4	Oct 6 2021 <b>Risk Management Strategy</b>	To review terms of reference for risk management committee and SMAC, and ensure that the significant aspects of the role of SMAC are maintained	Director of Corporate Affairs	Closed	Considered in BAU as part of the current review of Governance structures.	February 2022
5	Nov 3 2021 <b>Freedom to Speak Up</b>	FTSU Guardian to provide comparative benchmarking data on speaking up	FTSU Guardian	Closed	Incorporated into BAU reporting	Quarter 1 2022

## BOARD OF DIRECTORS

26 January 2022

<b>Title:</b>	Chief Executive's Report
<b>Responsible Director:</b>	Janelle Holmes, Chief Executive
<b>Presented by:</b>	Janelle Holmes, Chief Executive

<b>Executive Summary</b>
This is an overview of work undertaken and important announcements for the month of January 2022.

<b>Recommendation:</b>
The Board is asked to: <ul style="list-style-type: none"> <li>Note and receive the Chief Executive's report; and</li> <li>Ratify the decisions taken in line with the urgent decision making process as outlined in this report.</li> </ul>

<b>Which strategic objectives this report provides information about:</b>	
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

<b>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)</b>
N/A
<b>Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)</b>
N/A
<b>Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)</b>
N/A
<b>Specific communications and stakeholder /staff engagement implications</b>
N/A
<b>Patient / staff implications (e.g. links to the NHS Constitution, equality &amp; diversity)</b>
N/A

<b>Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)</b>
This report incorporates narrative on an update on the governors' elections as well as the Annual Members Meeting

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

<b>Previous considerations by the Board / Board sub-committees</b>	Trust Board
<b>Background papers / supporting information</b>	N/A

**BOARD OF DIRECTORS**  
**January 2022**  
**Chief Executive's Report**

**Purpose**

This report provides an overview of work undertaken and any important announcements in January 2022.

**Introduction / Background**

**1. CQC Report**

CQC undertook an unannounced inspection of Urgent and Emergency Care and Medical Services on 19 and 20 October 2020 with the report published on 14 January 2022. As expected the inspection did not result in a change to the overall ratings for the Arroe Park Hospital site; this is due to the inspection being limited to two services. In addition it did not include an inspection of the overall Trust compliance with the Well Led domain. The ratings do not take into account the monitoring reviews undertaken, by CQC, into Maternity, Surgery and Radiology during 2021, which did not highlight any regulatory concerns or result in any actions.

The report indicates positive findings at inspection and demonstrates improvements since the last inspection in 2019, across many areas in both of services inspected. This is further evidenced by a significant reduction in the number of must do actions, being 5 and should do actions, being 7.

The overall ratings for Medical Services has improved from requires improvement to good with improvements against the domains of well led, caring, responsive and effectiveness were all rated good and the domain of safe was maintained at requires improvement, with a focus required on nurse staffing and compliance with mandatory training for medics.

The overall rating numbers for Urgent and Emergency Care Services was maintained at requires improvement. The domains of well led, effective and good were all rated as good and the domains of safe and responsiveness were maintained at requires improvement. There is a focus required on making improvements to the environment to support the Mental Health Assessment and Section 136 suite, compliance with mandatory training for medical staff and managing patients who wait longer than would be expected within the ED waiting room. The table below outlines the changes across each domain:

	Medical Services		Urgent and Emergency Care Services	
	2019 Inspection	2021 Inspection	2019 Inspection	2021 Inspection
Overall Rating	Requires Improvement	Good	Requires Improvement	Requires Improvement
Domains				
Safe	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Good	Good	Good
Responsive	Requires Improvement	Good	Requires Improvement	Requires Improvement
Caring	Good	Good	Good	Good
Well Led	Requires Improvement	Good	Requires Improvement	Good



The areas for focus, identified, were all known to the Trust with actions plan in place within the Divisions to address, continued close monitoring will be undertaken going forward to provide further assurance that the actions will deliver the improvements required.

An overarching action plan in response to the inspection is in the process of being developed for submission to the agreed timeframes.

The full inspection report and associated action plan will be presented at Board in due course.

## 2. COVID Update

As anticipated the Omicron variant of Covid has resulted in an increase in community prevalence and hospital admissions. At the time of writing, the community prevalence was 1476 per 100 000 with a PCR positivity rate of 34.3%. Inpatients with Covid are being cared for on four wards, as opposed to the baseline of one. Whilst community prevalence appears to be falling it is not expected to result in a reduction in Covid positive inpatients for several weeks. Hospital bed occupancy remains high at 98% due to both Covid and non-Covid patients. Strict infection prevention control measures remain in place.

The high prevalence of Covid has also resulted in significant staff absence, both within the Trust and for Wirral partners in health and social care. This has affected the ability to discharge patients if they require domiciliary care or care home services resulting in a large number of inpatients who no longer meet the 'criteria to reside'. This is both a local and national issue. There has been a significant focus within the Trust on improving discharges for patient who have less complex discharge needs and are able to go home. This work has been supported by the Emergency care improvement support team, associated with NHSEI.

## 3. Serious Incidents

The Trust declared 3 serious incidents in the month of December 2021; 2 in Women and Children's and 1 in the Medical division (1); this is a decrease of two on the previous month. The Serious Incident panel report and investigate under the "Serious Incident Framework" so that learning can be identified.

No common themes have been identified from the 3 reported incidents and Duty of Candour has been commenced in line with legislation and national guidance.

The Trust reported no Never Events.

### RIDDOR

There were a total of 2 incidents reported to the Health and Safety Executive in the month of December 2021 in accordance with RIDDOR. One event was a member of staff who sustained a needle stick injury. The second was a member of staff accidentally struck by a colleague who was moving a board

## 4. Clatterbridge Vaccination Centre – 1 year on

On 8th December, we celebrated the first anniversary of the COVID-19 Vaccination Centre at Clatterbridge Hospital and the national COVID-19 vaccination programme.

By that date, one year on, Staff had delivered over 122,000 COVID-19 vaccinations at the centre and are continuing to make a vital contribution the roll out of the vaccine with up to a 1000 vaccinations a day being delivered.

Healthwatch Wirral ran a survey asking people who used the Clatterbridge Centre about their experience of the service. Patients described staff as 'friendly', 'professional' and 'reassuring'. From the 112 leaflets collected from Clatterbridge the overall feedback was extremely positive, with 98% of people leaving feedback rating their quality of care and cleanliness of the centre as five star.

#### **5. Liverpool City Region Metro Mayor visit**

The Trust welcomed Metro Mayor Steve Rotherham to Arrowe Park Hospital on 1 December to showcase innovative clinical training equipment being used in the Trust simulation suite. The visit was part of his announcement of £10.5 million to launch a new not-for-profit company, LCR Ventures which will support innovation in the Liverpool City Region.

Surgeon Elliot Street demonstrated the 'cutting edge' surgical simulator, developed by the St Helens based company Inovus and part-funded by LCR. The simulator is used in training in laparoscopic surgical skills at WUTH.

The demonstration also highlighted the expertise, innovation and capability of WUTH simulation training for clinical students and staff.

#### **6. WUTH Staff win Wirral Globe Community Awards**

We were delighted that our staff have been recognised by our local paper and news website, The Wirral Globe, who are also partners to WUTH Charity. Dr Nikki Stevenson, Deputy CEO, Medical Director and Respiratory Consultant was awarded the NHS Hero of the Year award for her work during the pandemic. Ward 25 and the Respiratory Team, led by Dr Dave Tarpey was awarded the Team of the Year accolade. Throughout the pandemic we have been incredibly proud of the hard work and dedication of all our staff and this external recognition from the people of the Wirral is much appreciated.

#### **7. Urgent and Emergency Care Upgrade Project (UECUP)**

Working with partners, the Trust has developed detailed schedules of accommodation and architectural designs for the new urgent and emergency care precinct at Arrowe Park Hospital, building on the Outline Business Case and clinical model approved by NHS England, Department of Health and Social Care and HM Treasury in July 2021. The new precinct will increase urgent and emergency care capacity for Arrowe Park Hospital to address the environmental concerns raised at the CQC Inspection and provide state of the art facilities for Wirral patients and our staff.

The Trust is now drafting the Full Business Case for the urgent and emergency care upgrade project, with an aim to submit to NHS England and the Department of Health and Social Care in early spring 2022.

#### **8. Logi4 – Board Briefing**

High Severity Cyber Alert

On the evening of 10th December 2021 NHS-Digital released a High Severity Alert (HSA) warning concerning a logging component that is incorporated into a huge number of web-based applications that could potentially affect the Trust due to some systems that are used. It could also potentially affect a whole host of other world-wide apps like Twitter/Cloudflare/iCloud/Minecraft/etc. If the vulnerability is exploited, it can give threat actors complete control of systems and it has already been exploited in various formats – eg ransomware – across the world.

NHS-Digital – in conjunction with the National Cyber Security Centre, are monitoring the situation, delivering daily updates and weekly webinars to keep NHS staff abreast of developments but have raised that there is no quick fix for this issue, and at the moment NHS-Digital are still treating this as a vulnerability and not an incident, as so far there have been no indications of any attacks against the NHS. The IT Team have been liaising with vendors and suppliers since the alert to implement the necessary patches, which are being released on a daily basis. This activity will continue over the coming weeks and months to keep the risk of attack on our systems and infrastructure to a minimum. NHS Digital have indicated that this could continue for the next 12 months.

## 9. Vaccination as a condition of deployment (VCOD) for all healthcare workers

The Department of Health and Social Care (DHSC) has formally announced (9 November 2021) that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care. The Government has amended the Health and Social Care Act 2008 to mandate COVID vaccination for healthcare workers with effect from 1 April 2022.

There are three phases to the Trust response to this regulation:

### Phase 1: Campaign (immediate)

Enhanced efforts to encourage uptake across the workforce and address vaccine hesitancy.

### Phase 2: Planning (following NHS England implementation guidance being received)

#### Implementation planning:

Production of local policy based on NHS England implementation guidance.

Mitigation planning – service level mitigating planning, based on current numbers of unvaccinated staff members.

### Phase 3: Implementation (from 1 April 2022)

This phase will be dependent upon the outcome of phase 2

Part 1 of the NHS England implementation guidance was received on 6 December 2021, enabling the Trust to move into phase 2 as set out above. A task and finish group has been established to implement the legislation and significant progress has been made. The Trust is connected into the regional VCOD group and all national sessions. Key areas of work underway include:

- Scope
- Data sharing
- Addressing vaccine hesitancy

Key information on vaccine status (with appropriate information governance safeguards) has now been shared with managers, to facilitate individual conversations with staff.

Part 2 of the guidance was received on 14 January 2022. The receipt of part 2 of the NHS England guidance will allow work to be finalised on redeployment processes and action taken when suitable redeployment is not available.

## 10. Integrated Care Partnership (ICP)

As the Cheshire and Merseyside Integrated Care Partnership (ICP) is formed, The Trust has worked with Wirral system partners to develop a future operating model for the Wirral place, one of nine designated 'places' across the ICP.

This draft operating model sets out the partnership arrangements for the Wirral Place, including governance, strategic priorities and arrangements with the ICP. It is expected that these new arrangements will be finalised in February 2022 and operational by April 2022.

#### **11. Ratification of Urgent Decisions**

Board are asked to ratify the following urgent decisions taken over the last month in line with the constitution and scheme of delegation (approval via the Chair and 2 NEDS):

- Contract award for the provision of two modular theatres at Clatterbridge Hospital site to MTX Contracts Ltd.
- Short term amendment to the delegated authority outlined in the Trust Financial Instructions to ensure continuity and agility throughout the Winter surge and pandemic.

#### **12. Recommendation**

- The Board is asked to note and receive the Chief Executive's report; and
- Ratify the decisions taken in line with the urgent decision making process as outlined in this report.

## BOARD OF DIRECTORS

### Chief Operating Officer's Report

26 January 2022

<b>Title:</b>	Chief Operating Officer's Report
<b>Responsible Director:</b>	Chief Operating Officer
<b>Author:</b>	Chief Operating Officer Head of Business Improvement - Planned Care Winter Resilience Director
<b>Presented by:</b>	Chief Operating 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 and recovery planned trajectories which includes:

- High level outpatient and elective activity v trajectory
- P2 performance
- 52 and 104 week performance against trajectories
- Cancer performance
- DM01 compliance

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)

The Board is asked to note the update on planned and unplanned care performance including the position on recovery and reset.

#### Which strategic objectives this report provides information about:

<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> Maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	Yes
<b>Infrastructure:</b> improve our infrastructure and how we use it.	Yes

<b>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)</b>		
No new risks that are not already covered in the BAF.		
<b>Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)</b>		
Essential Standards: NHSI CQC		
<b>Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)</b>		
-		
<b>Specific communications and stakeholder /staff engagement implications</b>		
-		
<b>Patient / staff implications (e.g. links to the NHS Constitution, equality &amp; diversity)</b>		
Non delivery of compliance with the NHS constitution of accessing elective care within 18 Week RTT		
<b>Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)</b>		
<b>FOI status</b>	Document may be disclosed in full	X
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
<b>Previous considerations by the Board / Board sub-committees</b>		
<b>Background papers / supporting information</b>		

**BOARD OF DIRECTORS  
26 January 2021  
Chief Operating Officer's Report**

## **1.0 Purpose**

This paper provides 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 highlights the Trust's 4-week average for weeks concluding 12/12/21 and the current December performance (snapshot at 10/01/21) as well as providing comparative data nationally, across Cheshire & Merseyside (C&M) and the Northwest.

For unscheduled care, the report details performance and highlights the ongoing challenges with 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 from 1<sup>st</sup> April 2022.

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 and Response (EPRR) to the COVID 19 pandemic. Over the last 20 months elective activity has been re-started and suspended during the 2<sup>nd</sup> and 3<sup>rd</sup> 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, in line with all hospitals within the region. The delivery of reset and recovery elective activity commenced in 2021 with the focus areas being on treating the most clinically urgent patients first followed by the long waiters.

The Trust has operated in line with the national categorisation of elective patients awaiting treatment and there is clear sight of the volumes of patients waiting across the clinical categories. This is reviewed on a weekly basis by the clinical divisions.

From an unscheduled care perspective at the start of the pandemic and during subsequent lockdowns non-COVID19 emergency attendance and admission numbers declined significantly. However, since the 2021 summer these numbers have continued to increase and have surpassed 2019/20 pre-pandemic activity by around 20%.

The updated requirements for H2 planning for reset and recovery are for all Trusts to:

- Ensure all 104+ week waiters, excluding P6 patient choice waiters, are treated / decision not to treat by March 2022 and that no future patient wait longer than 104 weeks for treatment.



- 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 surpassing the 2019/20 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 and a fragile out of hospital care market. The level of demand experienced is placing increased pressure into the system across all points of delivery. This is further compounded by several workforce issues which include:

- Higher than average sickness absence rates and continued COVID isolation.
- Recruitment to domiciliary care to support the out of hospital care sector

### 3.0 Elective Performance

#### 3.1 Elective Activity

The National Standard was to achieve 95% of 2019 comparable month's activity across all Points of Delivery (PODs). There are three 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 2021/22 planning in that Trusts are required to close 89% of RTT pathways compared to the comparable month in 2019 to access to the Elective Recovery Fund (ERF).
3. To clear the backlog, systems need to be undertaking more than 100% of activity delivered in the comparable month of 2019.

The table below summarises the 4-week average activity delivered for weeks concluding 12/12/2021:

POD	National	North West	C&M	WUTH
OP New	92%	95%	89%	99%
OP FU	96%	99%	95%	113%
DC	86%	84%	78%	95%
IP	84%	87%	90%	114%

The number of closed RTT pathways as a percentage of those closed within the comparable month of 2019 is shown in the below table.

	Admitted	Non-Admitted
Cheshire & Merseyside	98%	91%
WUTH	124%	83%



### 3.2 Priority 2 Performance (P2)

The Trust continues to overachieve against the P2 month end trajectories with November's position better than plan at 41 open pathways against a month end plan of 59 open pathways.

### 3.3 Referral to Treatment

- **52 Week Wait Performance**  
The 52 weeks wait number is 587. This position remains below the C&M trajectory of 651 and subsequent national trajectory of 606. Across C&M there are currently 15,128 52 + week waiters.
- **104+ Week Wait Performance**  
As at the end of December the Trust had a total of 8 104+ week patients against the December trajectory of 28. Across C&M there are currently 926 patients waiting over 104 weeks.
- **Waiting List Size**  
There are 26,863 patients on an active RTT pathway under WUTH services. This is against the C&M trajectory of 27,802 and national trajectory of 27,424.

Despite the challenges with maintaining elective throughput due to COVID and non-elective pressures the Trust has a strong elective performance position.

### 3.4 Cancer Backlog Performance

Full detail of the cancer performance is covered within the Trust Dashboard but exceptions are covered within this section.

- **2 week waits**  
There continues to be a particular challenge with performance within Breast Surgery due to the significant increase in referrals from early in 2021. At present recovering performance against the 2 week waits will be challenging for the current financial year but it should be noted that the performance in Breast is still the highest within C&M
- **31 and 62 day treatment**  
There are particular pressures in the achievement of both targets within Colorectal and Urology. The Surgical Division are currently developing a recovery plan that will be presented at the beginning of February through the weekly Operational Delivery Group.

Cancer performance for Q3 performance was not achieved due to the number of Breast, Urology and Colorectal breaches which is driven by increase in referrals and capacity constraints and recovery plans are currently in progress for Q4 performance.

### 3.5 DM01 Performance

December 2021 DM01 performance is 89.65% against the standard of 99%. The 99% standard was achieved at modality level for Dexa, Echo, MRI Sleep and Non-obstetric Ultrasound. From December 2021 the Trust has started proactively managing the DM01 position via live PTLs. Divisional Teams are currently working through recovery trajectories for the modalities not achieving 99% and will be presented through the Operational Delivery Group at the beginning of February.

### 3.6 Risks to recovery and mitigations

There are robust systems in place to monitor and review the elective performance of the Trust but there remain significant risks in continuing the current level of performance and activity mainly due to COVID and seasonal pressures that all Trusts across the region are facing. In addition workforce availability is a key challenge for all healthcare organisations as we enter another COVID surge and ensuring that we balance the requirement to deliver elective recovery, capacity for non-elective demand and the health and wellbeing of our people.

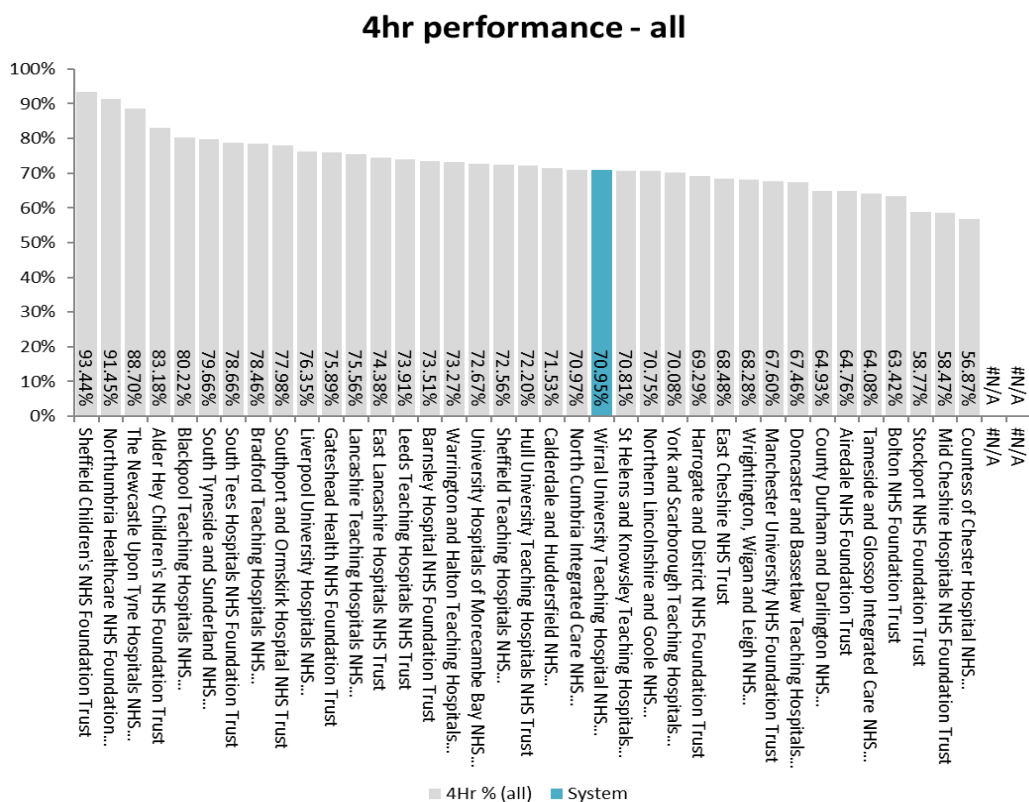
The clinical divisions are well sighted on the risks to recovery and do have mitigations in place briefly summarised below:

- Full participation in the C&M elective recovery programme which is supporting the coordination of:
  - Use of the Independent Sector
  - Regional/national capital, revenue and 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 with the development on the Clatterbridge site
- Divisional Director led cancer remedial action plans to recover in Q4 for Breast, Urology and Colorectal (2WW and 31 day on track, 62 day off track)
- Appraisal of robot usage by non-cancer specialities/patients along with full service and staffing review.
- Patient level tracking and active management in place monitored by the Divisional Directors via the weekly Operational Delivery Group.
- Full participation in regional performance governance arrangements

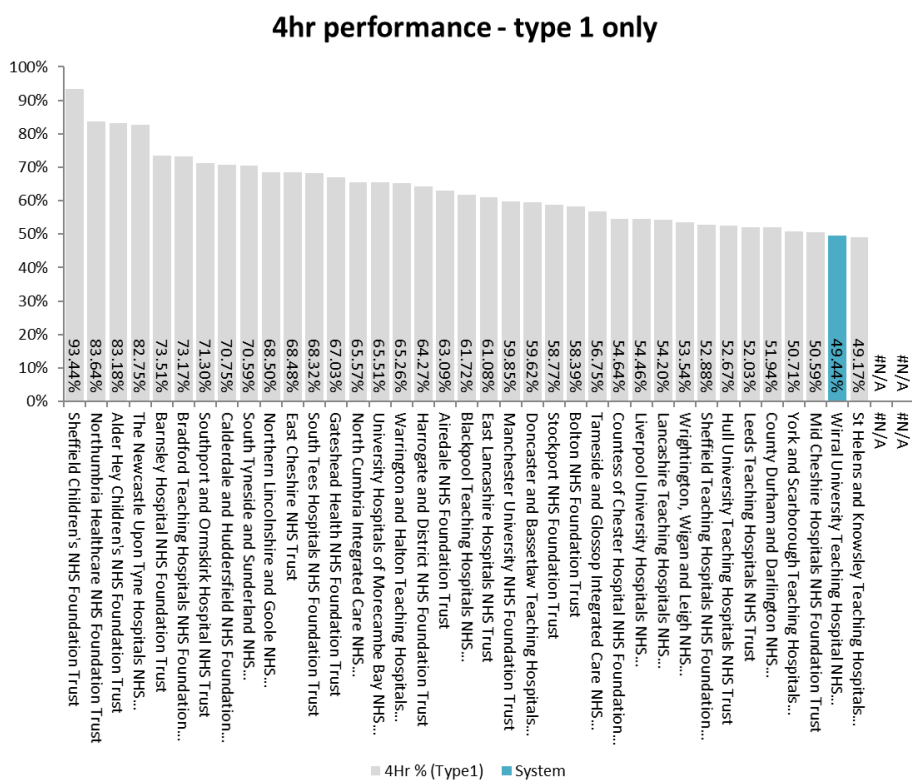
### **4.0 Unscheduled Care**

Performance against the 4-hour standard remains challenged in Wirral, across C&M and nationally. The Northwest is the most challenged region for 4-hour performance in England. The data below compares all-type (Fig.1) and type one (Fig.2) four-hour performance in the last week of December across the North West.

***Fig.1 – All type performance against the four-hour standard across the North West (W/C 27/12/21)***



**Fig.2 – Type 1 performance against the four-hour standard across the North West (W/C 27/12/21)**



Performance for the APH site type 1:

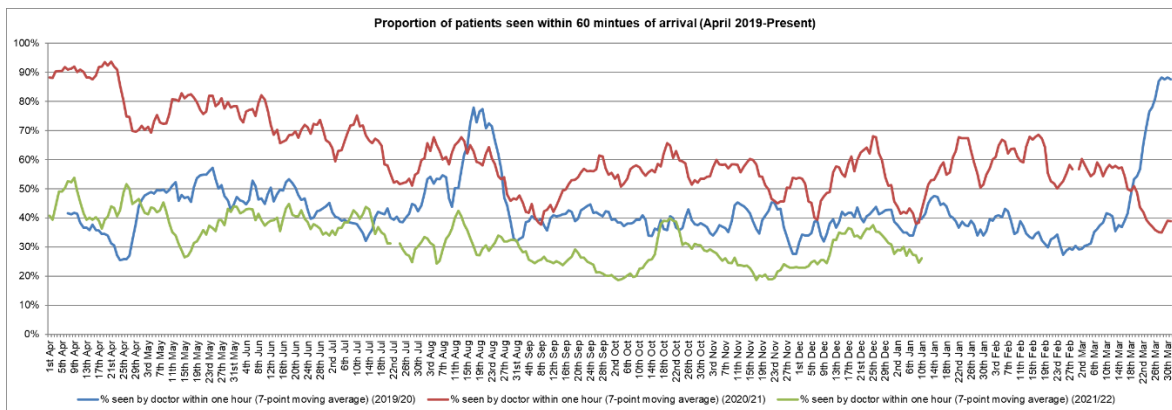
- December was 48.64% and YTD 58.33%
- Including UTC this was 60.57% and YTD 67.64%

The all-type Wirral Performance for December was 73.74% and 77.18% YTD.

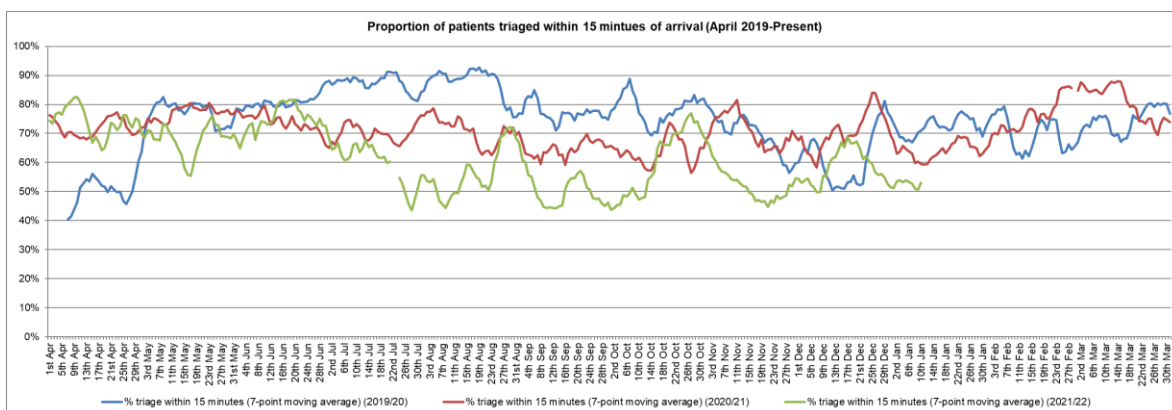
The key quality ED metrics which impact four-hour performance are the wait to be seen by an ED doctor after arriving in the Department and the wait for triage after arrival. In December, an average of 32% of ED patients were seen by a doctor within 60 minutes of arriving in the Department and an average of 58% of patients were triaged within 15 minutes of arrival.

The daily wait to be seen and wait for triage (both graphed using a 7-point moving average) since April 2019 are shown in figures 3 and 4 respectively, the green line depicts the current financial year's performance.

**Fig.3 – Proportion of patients seen by a doctor within 60 minutes of arrival in ED (2019-present)**



**Fig.4 – Proportion of patients triaged within 15 minutes of arrival in ED (2019-present)**



The Trust saw average daily attendances of 228 in December, which is a decrease compared to the average of 237 for the same period in 2019/20. Total attendances for December were 7072 against 7345 for same period in 2019/20, a decrease of 3.72%.

Performance against the four-hour standard is impacted by the level of medical staffing in ED. The department saw a deficit of around 84 8-hour medic shifts in December, averaging around 2-3 shifts short of standard numbers per day, due to sickness,

vacancies, and lack of uptake of locum shifts. The department also saw a significant number of nurse staffing absence due to Covid/contact during December.

A total of 3632 type 1 four-hour breaches were recorded in December, 672 of which have been identified as minors breaches within the scope of the ED to prevent. If a focus were placed on this subset of four-hour breaches in the coming months, a 9.5% improvement in overall type 1 performance could be realised.

The proportion of patients waiting more than 12 hours in the department from time of arrival was 7% in December compared to 5% in November and 5% in October.

There were a total of 8 formal 12-hour breaches from DTA in December which are reportable to NHSE/I.

Total ambulance turnaround time was not achieved in December 2021 with a mean time of 40 mins against the 30 minute standard. Mean arrival to handover time was 30 minutes against the 15-minute standard. There were a total of 1936 ambulance conveyances in December, 27% of ED attendances. There were 150 ambulances that had a greater than 60mins handover in December, compared to 176 in November.

The average number of super stranded patients (>21days LOS) in December was 155 compared to 148 in November. Work is ongoing both internally and externally with system partners to improve the current position. The G&A Bed occupancy excluding silver capacity that is protected for elective patients was 97.93% for December, hence the challenge in ensuring good flow from ED and assessment areas.

#### UEC and Winter Improvement Plan

The Trust has embarked on a significant improvement plan focussed on urgent care and actions to mitigate operational pressures experienced during winter months in partnership with wider healthcare providers across the Wirral system. These are summarised as follows and are managed through the Trust's Winter Hub:

- Actions taken by primary care and CCGs to encourage primary care patients to attend GP practices and UTC/WIC
- Senior management support in place to support Acute and ED with a focus on delivery of the streaming, Ambulance handover and frailty pathways and provision of operational grip and control
- Revised operational winter resilience command structure operational with twice daily bronze meetings feeding into Exec Silver, Bed escalation group meet daily to manager red/green capacity demand;
- Participation in C&M winter room including mutual aid arrangements
- NWAS Divert Deflection policy
- Daily discharge cell providing operational grip and control

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

- Physical environment in ED is challenging during peaks in demand and productivity reduces
- Boarding time in department increased due to bed pressures
- Longer length of stay for COVID patients affecting discharges and flow impacting on bed waits
- Increasing mental health activity and significant increases of attendances under S136
- Flu attendances have started to impact on bed capacity

- Significant increase in the number of patients who do not meet the Criteria to reside on Pathway 1,2 and 3 due to capacity constraints within the Wirral system
- Availability of workforce
- Large increase in the patients with a LOS of longer than 21 days causing challenges with internal flow coupled with the lack of capacity across the system is one of the most significant risks to delivery of improvements
- Availability of Mental health inpatient beds

#### **4.0 Conclusions**

Whilst progress against elective plans remains strong, achievement of the 95% ED 4 hour performance remains significantly challenged especially moving through the winter period. The impact of non-elective demand compromises elective recovery if internal and 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 Plan is finalised with clear milestones for improvement that is managed through internal governance processes.

#### **5.0 Recommendations to the Board**

The Board of Directors is asked to note the good progress with the elective recovery position but note the challenges in achieving the Winter Improvement Plan mainly due to unprecedented levels of patients that do not meet the criteria to reside causing hospital flow issues and the Trust entering into a further COVID surge.



**BOARD OF DIRECTORS**

**Quality and Performance Dashboard**

**26 January 2022**

<b>Title:</b>	Quality and Performance Dashboard
<b>Author:</b>	J Halliday Assistant Director of Information
<b>Responsible Director:</b>	COO, MD, CN, CPO, CFO
<b>Presented by:</b>	COO, MD, CN, CPO, CFO

**Executive Summary**

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 November 2021.

Of the 47 indicators that are reported (excluding Use of Resources):

- 22 are off-target or failing to meet performance thresholds
- 25 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:**

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

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



### Quality Performance Dashboard

Indicator	Objective	Director	Threshold	Set by	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-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	0.11	0.21	0.15	0.11	0.16	0.10	0.20	0.05	0.05	0.10	0.10	0.05	0.19	0.10		
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	95.3%	94.7%	94.2%	94.9%	94.0%	94.4%	94.5%	94.7%	93.3%	95.2%	94.5%	94.5%	95.2%	94.54%		
	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	96.9%	96.9%	96.5%	96.6%	96.2%	96.4%	96.6%	96.6%	96.2%	97.6%	96.9%	96.9%	97.2%	96.8%		
	Serious Incidents declared	Safe, high quality care	CN	≤48 per annum (max 4 per month)	WUTH	2	4	4	5	4	5	4	8	7	4	5	7	3	43		
	Never Events	Safe, high quality care	CN	0	SOF	0	0	0	1	0	0	1	0	2	0	0	0	0	3		
	CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	1	0	0	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	10	8	4	7	6	5	7	5	1	6	13	6	5	48		
	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	1	3	6	6	3	5	7	3	3	2	7	6	36		
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	0	0	0	0	1	0	0	0	0	0	1		
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	100.0%	100.0%	99.3%	98.9%	100.0%	99.2%	99.2%	99.0%	99.3%	99.0%	99.2%	99.2%	99.2%	99.2%	99.2%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	1	0	1	0	0	0	0	1	1	0	0	0	0	2		
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	91%	93%	Not avail	Not avail	96%	96%	96%	95%	96%	96%	96%	95%	96%	96%		
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	75.1%	76.6%	77.9%	79.1%	79.9%	84.3%	85.9%	87.5%	89.1%	91.0%	91.1%	90.0%	89.3%	88.5%		
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	77.6%	81.3%	82.9%	84.1%	82.3%	83.0%	83.6%	83.9%	86.1%	85.9%	87.2%	86.9%	86.0%	85.3%		
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	60.9%	77.8%	79.0%	80.1%	67.0%	69.5%	70.8%	72.3%	74.3%	75.5%	75.0%	73.6%	74.5%	73.2%		
	Attendance % (12-month rolling average)	Safe, high quality care	CPO	≥95%	SOF	93.61%	93.66%	93.48%	93.42%	93.46%	93.79%	93.90%	93.95%	93.88%	93.83%	93.79%	93.78%	93.76%	93.76%		
	Attendance % (in-month rate)	Safe, high quality care	CPO	≥95%	SOF	94.04%	94.14%	92.30%	93.91%	94.71%	94.62%	94.32%	94.32%	93.52%	93.47%	93.38%	93.33%	93.63%	93.82%		
	Staff turnover % (in-month rate)	Safe, high quality care	CPO	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.97%	0.82%	0.98%	0.67%	0.77%	0.95%	0.72%	0.79%	1.22%	1.86%	1.08%	1.01%	0.79%	1.05%		
	Staff turnover (rolling 12 month rate)	Safe, high quality care	CPO	≤10%	WUTH	13.2%	13.3%	13.7%	13.9%	13.0%	13.5%	13.2%	13.3%	13.0%	12.6%	12.9%	13.3%	13.2%	13.2%		
	Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	10.1	9.5	8.1	8.9	9.0	8.7	8.3	8.8	8.5	8.4	8.2	8.2	7.6	8.3		

	Indicator	Objective	Director	Threshold	Set by	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	2021/22	Trend	
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	97.5%	96.2%	94.1%	95.3%	98.0%	98.4%	98.3%	98.3%	95.9%	96.7%	96.4%	96.2%	93.8%	96.8%		
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	98%	97%	95%	97%	97%	99%	98%	98%	98%	97%	96%	96%	96%	96%	97.2%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	18.5%	17.9%	18.4%	18.9%	18.0%	18.0%	17.7%	18.4%	18.5%	18.1%	17.9%	18.5%	17.4%	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	279	319	371	354	341	323	329	318	319	368	393	416	432	432		
	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	86	112	98	106	88	96	85	99	95	126	132	126	141	141		
	Length of stay - elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤5.3 days average	WUTH	4.1	3.4	2.8	3.2	3.1	3.6	3.3	3.5	3.8	3.8	3.6	3.6	3.5	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	4.3	4.7	4.4	4.2	3.8	4.0	4.0	4.1	4.2	4.4	4.7	4.4	4.2		
	Emergency readmissions within 28 days	Safe, high quality care	COO	≤1,110 per month	WUTH	992	1020	1027	938	1097	1149	1131	1084	1115	1018	1010	1070	1039	1077		
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	81.3%	77.7%	71.9%	81.3%	84.9%	84.5%	85.5%	82.5%	79.8%	82.0%	83.4%	83.7%	82.0%	82.9%		

### Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	2021/22	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	0	3	2	0	0	2	2	3	4	1	2	2	3	19	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	87.0%	84.0%	87.0%	85.0%	84.0%	83.0%	82.0%	76.0%	76.0%	71.1%	72.8%	72.4%	77.2%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	TBC	92.0%	91.0%	92.0%	94.0%	95.0%	95.0%	95.0%	96.0%	94.0%	94.3%	95.1%	94.8%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	93.0%	94.0%	93.2%	94.1%	93.7%	94.0%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	80.0%	100.0%	67.0%	94.0%	99.0%	95.0%	93.0%	97.0%	98.0%	94.1%	98.8%	94.7%	96.2%	

Indicator	Objective	Director	Threshold	Set by	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	2021/22	Trend
<b>4-hour Accident and Emergency Target (including Arrow Park All Day Health Centre)</b>	Safe, high quality care	COO	NHSEI Trajectory 2020-21, and Q2 21-22	SOF	76.2%	71.8%	64.6%	76.8%	77.8%	76.1%	73.5%	78.0%	67.8%	66.2%	63.4%	62.6%	59.5%	68.4%	
<b>Outstanding Patient Experience</b>	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	0	0	0	1	7	11	8	6	33	
<b>Time to initial assessment for all patients presenting to A&amp;E - % within 15 minutes</b>	Safe, high quality care	COO	TBD	National	71.4%	69.6%	65.3%	77.8%	78.8%	73.4%	68.1%	73.4%	57.7%	66.7%	48.1%	58.1%	49.8%	61.9%	
<b>Proportion of patients spending more than 12 hours in ED from a decision to admit</b>	Safe, high quality care	COO	TBD	National	3.1%	4.3%	6.7%	2.3%	1.6%	1.7%	2.6%	2.3%	7.9%	4.9%	9.2%	8.0%	9.4%	5.7%	
<b>Proportion of patients spending more than one hour in A&amp;E after they have been declared Clinically Ready to Proceed</b>	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	
<b>Ambulance Handovers: &gt; 30 minute delays</b>	Safe, high quality care	COO	<5%	WUTH	9.2%	13.2%	18.0%	6.6%	6.8%	8.2%	10.4%	7.6%	14.5%	14.3%	23.5%	21.9%	22.8%	15.4%	
<b>18 Week Referral to Treatment - Incomplete pathways &lt; 18 Weeks</b>	Safe, high quality care	COO	NHSEI Trajectory: minimum 80% for WUTH through 2020-21	SOF	69.16%	69.81%	68.40%	67.89%	69.26%	69.61%	72.57%	75.64%	75.13%	74.14%	72.88%	70.84%	70.14%	70.14%	
<b>Referral to Treatment - total open pathway waiting list</b>	Safe, high quality care	COO	NHSEI H2 Plans Trajectory : Oct 21 to March 22	National	21633	21792	21880	21955	23444	24774	25873	26671	26979	27306	27424	26935	27046	27046	
<b>Referral to Treatment - cases waiting 0-18 wks</b>	Safe, high quality care	COO	n/a	WUTH	14962	15213	14965	14906	16238	17246	18775	20174	20270	20244	19986	19080	18969	18969	
<b>Referral to Treatment - cases waiting 19-26 wks</b>	Safe, high quality care	COO	n/a	WUTH	2010	2570	2813	2903	2793	3054	2763	2552	3103	3302	3508	3807	3858	3858	
<b>Referral to Treatment - cases waiting 27-40 wks</b>	Safe, high quality care	COO	n/a	WUTH	2083	1254	1876	2328	2802	2985	2843	2555	2222	2297	2445	2703	2997	2997	
<b>Referral to Treatment - cases waiting 41-52 wks</b>	Safe, high quality care	COO	n/a	WUTH	1874	2089	1327	710	443	615	859	864	877	903	879	770	712	712	
<b>Referral to Treatment - cases exceeding 52 weeks</b>	Safe, high quality care	COO	NHSEI H2 Plans Trajectory : Oct 21 to March 22	National	704	666	899	1108	1168	874	633	526	507	560	606	575	510	510	
<b>Referral to Treatment - cases exceeding 104 weeks</b>	Safe, high quality care	COO	NHSEI H2 Plans Trajectory : Oct 21 to March 22	National	0	0	0	0	0	1	1	1	3	3	7	10	5	5	
<b>Diagnostic Waiters, 6 weeks and over - DM01</b>	Safe, high quality care	COO	≥99%	SOF	93.7%	94.9%	94.0%	94.3%	97.4%	97.7%	98.5%	96.8%	87.5%	86.0%	91.3%	94.3%	93.0%	93.1%	
<b>Cancer Waiting Times - 2 week referrals (monthly provisional)</b>	Safe, high quality care	COO	≥93%	National	90.5%	97.2%	96.0%	97.6%	98.8%	96.9%	97.6%	97.2%	95.4%	93.7%	95.7%	96.1%	87.8%	95.0%	
<b>Cancer Waiting Times - 2 week referrals (final quarterly position)</b>	Safe, high quality care	COO	≥93%	National	-	94.20%	-	-	97.64%	-	-	97.21%	-	-	94.95%	-	-	96.1%	
<b>Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)</b>	Safe, high quality care	COO	≥96%	National	97.4%	97.2%	98.0%	93.0%	93.5%	94.7%	95.2%	99.2%	96.3%	96.4%	96.5%	95.4%	93.9%	96.0%	
<b>Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)</b>	Safe, high quality care	COO	≥96%	National	-	97.55%	-	-	94.73%	-	-	96.26%	-	-	96.41%	-	-	96.3%	
<b>Cancer Waiting Times - 62 days to treatment (monthly provisional)</b>	Safe, high quality care	COO	≥85%	SOF	85.3%	85.4%	80.9%	82.1%	84.1%	84.5%	84.1%	85.3%	84.7%	85.9%	84.4%	79.2%	80.3%	83.5%	
<b>Cancer Waiting Times - 62 days to treatment (final quarterly position)</b>	Safe, high quality care	COO	≥85%	SOF	-	84.60%	-	-	82.56%	-	-	84.66%	-	-	85.05%	-	-	84.9%	
<b>Patient Experience: Number of concerns received in month - Level 1 (informal)</b>	Outstanding Patient Experience	CN	≤173 per month	WUTH	161	150	196	165	170	157	156	145	209	213	218	216	177	186	
<b>Patient Experience: Number of concerns received in month per 1000 staff - Levels 2 to 4 (formal)</b>	Outstanding Patient Experience	CN	≤3.1	WUTH	3.20	1.32	3.80	3.56	4.07	4.09	2.56	4.04	4.20	3.31	3.29	2.56	3.27	3.42	
<b>Complaint acknowledged within 3 working days</b>	Outstanding Patient Experience	CN	≥90%	National	94%	100%	97%	100%	95%	100%	93%	95%	100%	94%	94%	100%	61%	92%	
<b>Number of re-opened complaints</b>	Outstanding Patient Experience	CN	≤5 pcm	WUTH	4	2	2	4	4	0	2	1	2	5	2	3	4	2	

Responsive

Item 10 - Quality and Performance Dashboards

### Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-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	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	215	163	599	206	87	19	35	104	276	453	608	786	1011	1011		
	% Appraisal compliance	Safe, high quality care	CPO	≥88%	WUTH	74.1%	76.2%	72.9%	74.7%	77.0%	81.0%	81.3%	82.7%	82.7%	82.2%	81.2%	82.2%	82.7%	82.7%		
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	0.7	0.5	-0.2	-5.4	3.5	0.8	-0.5	-0.2	0.0	0.2	-0.2		-0.7	-0.7		
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	0.5	0.3	-0.1	-5.4	3.9	0.8	-0.4	-0.4	0.0	0.2	-0.1	0.0	1.0	1.1		
	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 (YTD Plan vs Actual)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.02%	6.03%	9.05%	14.50%	Not reported	77.21%	77.2%		
	NHSI Agency Performance (YTD % variance)	Effective use of Resources	CFO	On Plan	NHSI	0.5%	10.2%	18.5%	-22.5%	-21.9%	-50.5%	-27.7%	-32.4%	-40.5%	-11.7%	-5.2%	-50.0%	-25.1%	-30.4%		
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-15.6	-17.4	-28.0	-17.8	-16.9	-15.0	-15.5	-10.4	-15.7	-15.4	-15.2	-16.2	-15.9	-15.9		
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	46.2%	66.3%	67.5%	-74.8%	100.0%	2.0%	5.6%	12.5%	18.0%	22.6%	24.4%	30.7%	36.3%	36.3%		

(\*) Updated Metrics

Metric Change

(\*) Updated Thresholds

Threshold Change

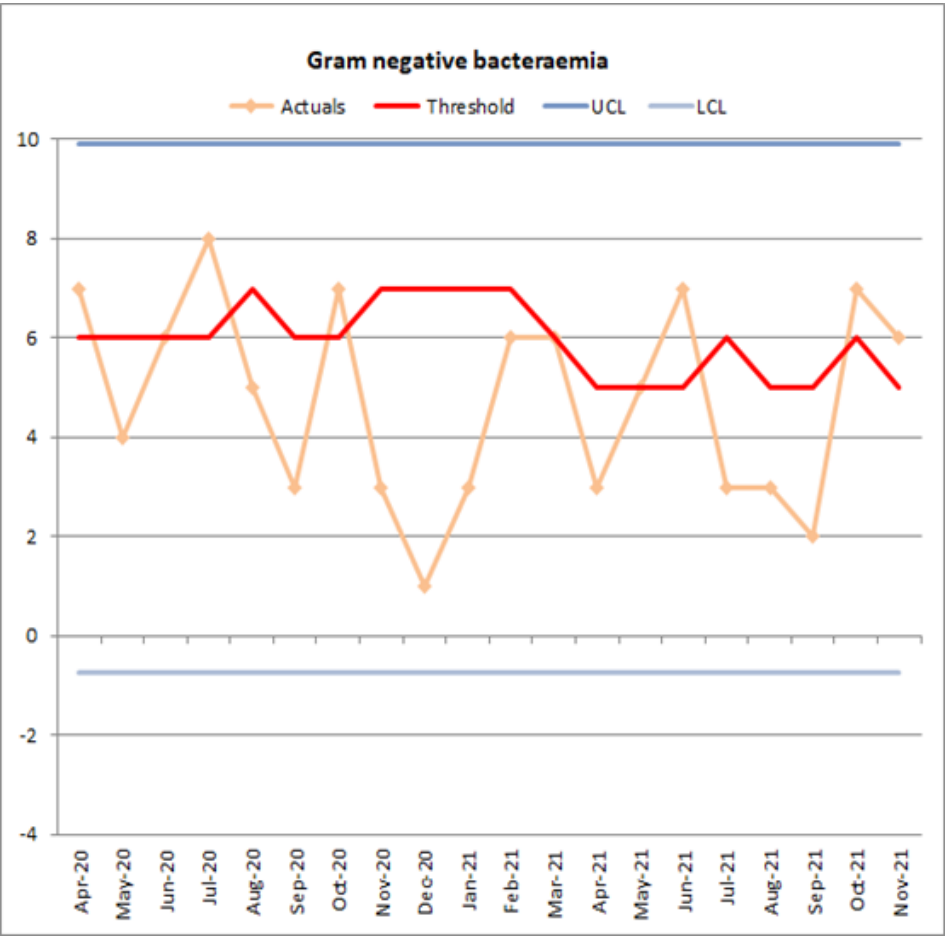
Appendix 2

WUTH Quality Dashboard Exception Report January 2022

**Safe Domain**

**Gram-Negative Bacteremia**

<p><b>Executive Lead:</b> Chief Nurse</p>
<p><b>Performance Issue:</b> The Trust has a maximum threshold set for 2021-22 of 63, this allows a varying trajectory of 5 or 6 patients identified with the infection per month. There were 6 patients identified in November 2021: a reduction in 1 from the previous month.</p> <p>The cumulative number to the end of November was 36; this is below the cumulative threshold for this time.</p>
<p><b>Action:</b></p> <p>Following notification, by the laboratory, of a patient diagnosed with a Gram-negative bacteremia a local investigation is completed by the multi-disciplinary team. The investigation findings are presented at Patient Safety Learning Panel. Areas for improvement and the resulting action plans agreed. Common themes and lessons learnt are shared with staff at local ward safety huddles.</p> <p>The IPC Divisional meetings monitor delivery of the action plans and ensure training and education is provided to staff to support reduction of further incidences. Summaries of each incident are fed back at the monthly Trust IPCG meetings to facilitate trust wide learning.</p>
<p><b>Expected Impact:</b></p> <p>The number of patients diagnosed with a Gram-Negative Bacteremia reduces to below the monthly threshold and the annual threshold for 2021 – 2022 is achieved.</p>



## Protecting Vulnerable People Training - % Compliant Level 1

**Executive Lead:** Chief Nurse

**Performance Issue:**

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard has been achieved in recent months; however, November 2020 was below the standard at 89.3%.

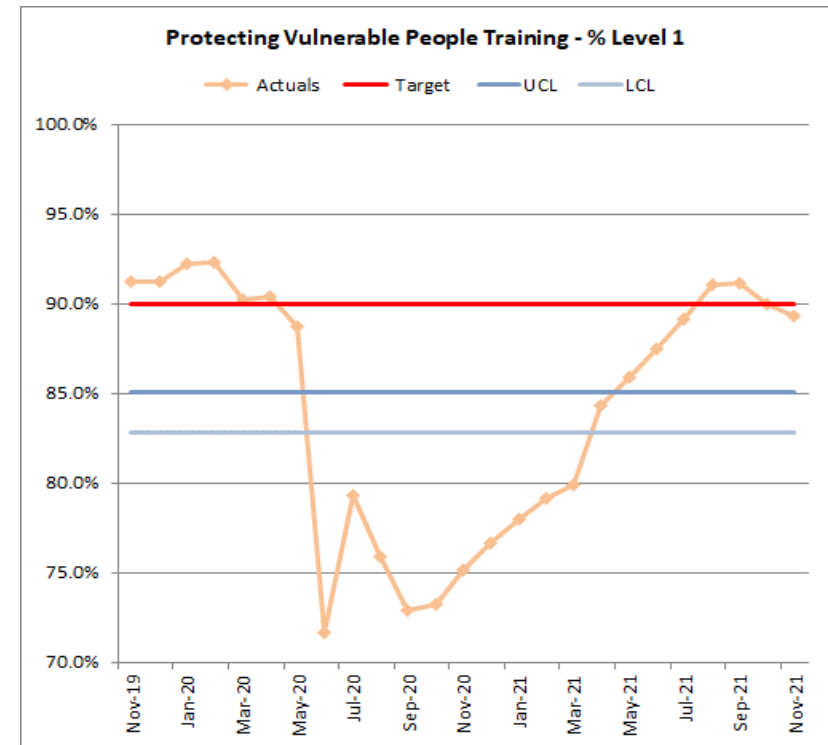
**Action:**

Training is available as eLearning that staff are able to access at any time; there are no capacity challenges for delivery of the training.

Monthly reports provided will continue to support divisional leaders to target low compliance areas.

**Expected Impact:**

Level 1 PVP training compliance is expected to return to required compliance during Q4.





## 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, though November 2021 had a slight deterioration to 86% compliance. Overall improvement since Q1 (83.9%) has been maintained.

**Action:**

A training needs analysis review was completed in December 2020. This has provided confidence in the accuracy of the compliance rate and enabled direct requirements for training to be discussed with individuals and teams.

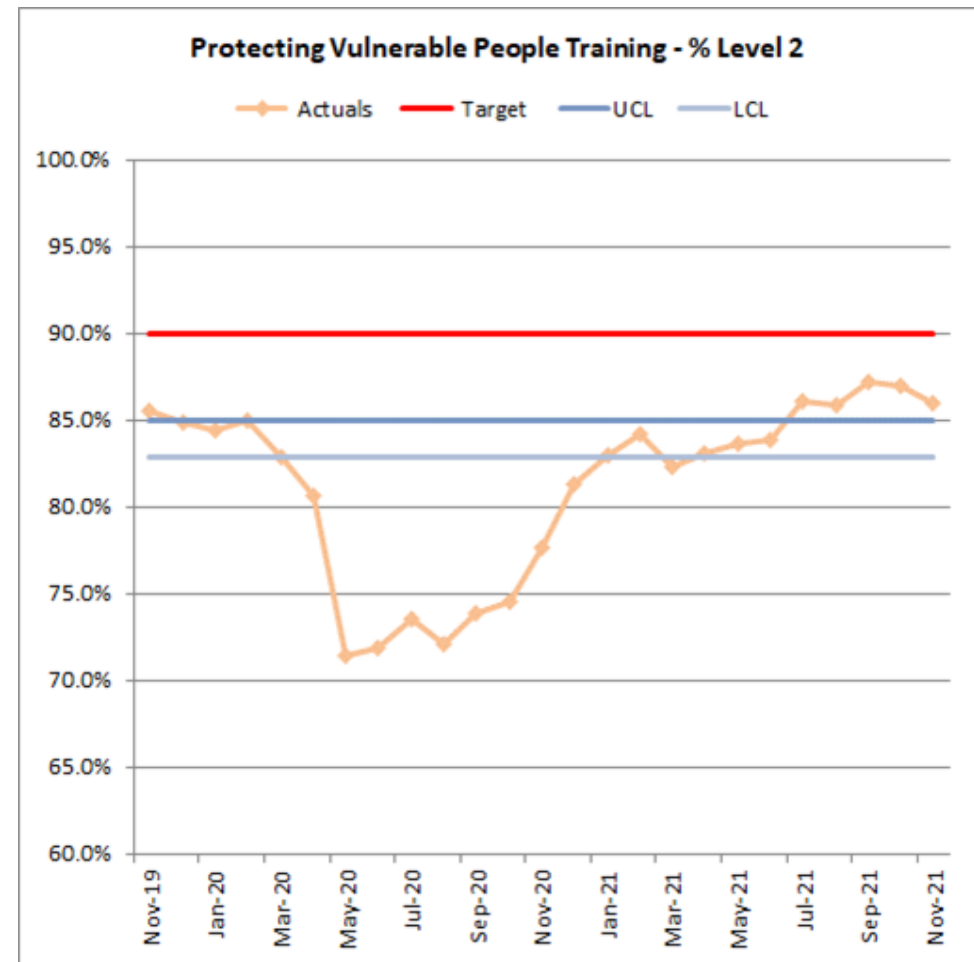
Training is available as eLearning via ESR; there are no capacity challenges for delivery of the training.

Divisional triumvirates had set trajectories to achieve compliance of level 2 safeguarding training: due to extremis pressures across the Trust targets have not achieved in all areas. Trajectories will be reviewed in Q4.

Monthly reports provided will continue to support divisional leaders to target low compliance areas.

**Expected Impact:**

Level 2 PVP training is expected to increase towards the mandatory 90% compliance and above mark by end of Q4.



## 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 maintained an improved position from Q1 (72.3%). Currently 74.54% compliance is achieved (November 2021).

To comply with the intercollegiate training requirements for Adults (2018) and Children (2020) identified staff are required to have additional hours of interactive learning: this is set at a minimum of 90%. An improvement has been noted for November 2021 achieving 74.5% compared to 70.9% in Q1.

### Action:

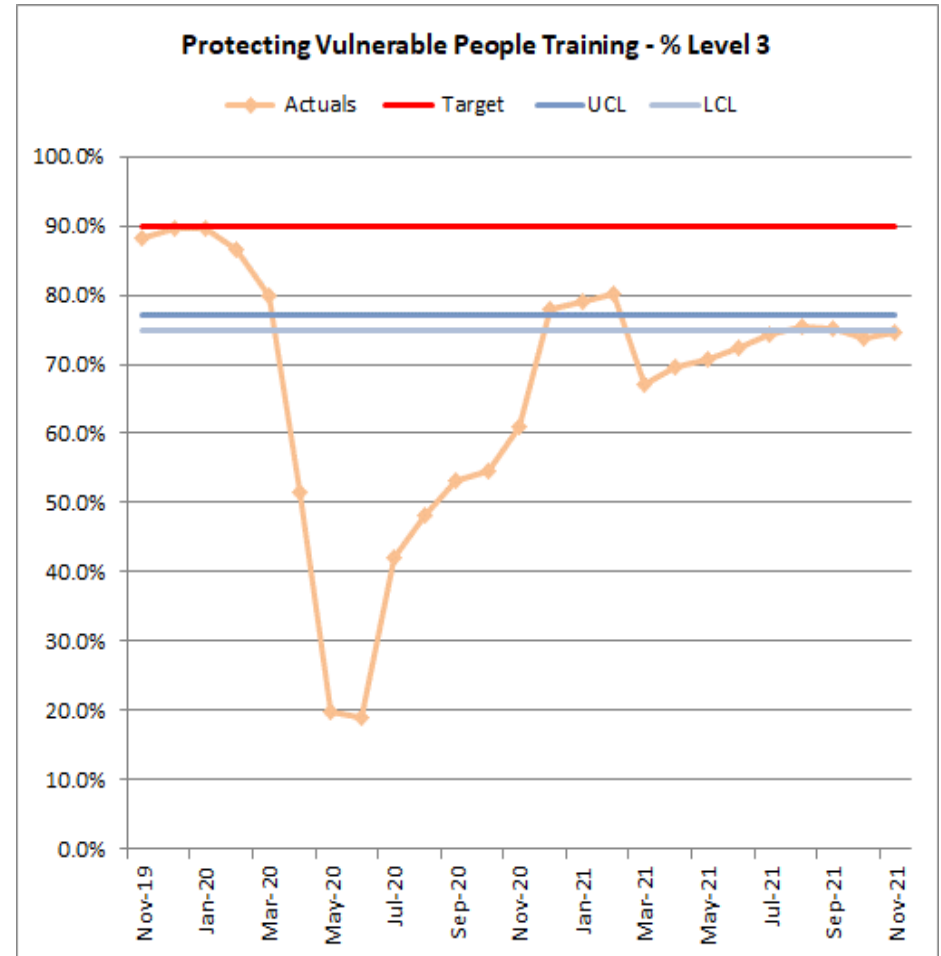
A training needs analysis review was completed in December 2021. This has provided confidence in the accuracy of the compliance rate and enabled direct requirements for training to be discussed with individuals and teams. Bespoke sessions have been provided to support uptake of the training.

Divisional triumvirates had set trajectories to achieve compliance of each aspect of level 3 training: due to extremis pressures across the Trust targets have not achieved in all areas. Trajectories will be reviewed in Q4.

Monthly reports are provided to support divisions to focus on areas of low compliance.

### Expected Impact:

Level 3 PVP training is expected to increase towards the compliance requirement of 90% and aiming to be achieved by the end of Q4.



**Staff attendance % (in-month rate)**

**Executive Lead:** Chief People Officer

**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 November 2021 was 6.37%.

All Divisions except Corporate and Covid-19 (the Vaccination Hub) have exceeded the 5% KPI in November 2021. All Divisions except Women's and Children's, have improved. The primary issue in Women's and Children's is short term sickness. This is a particular area of focus for managers in the division, with the support of the HR Team, It is noted that Estates and Hotel Services improved by 1.54%.

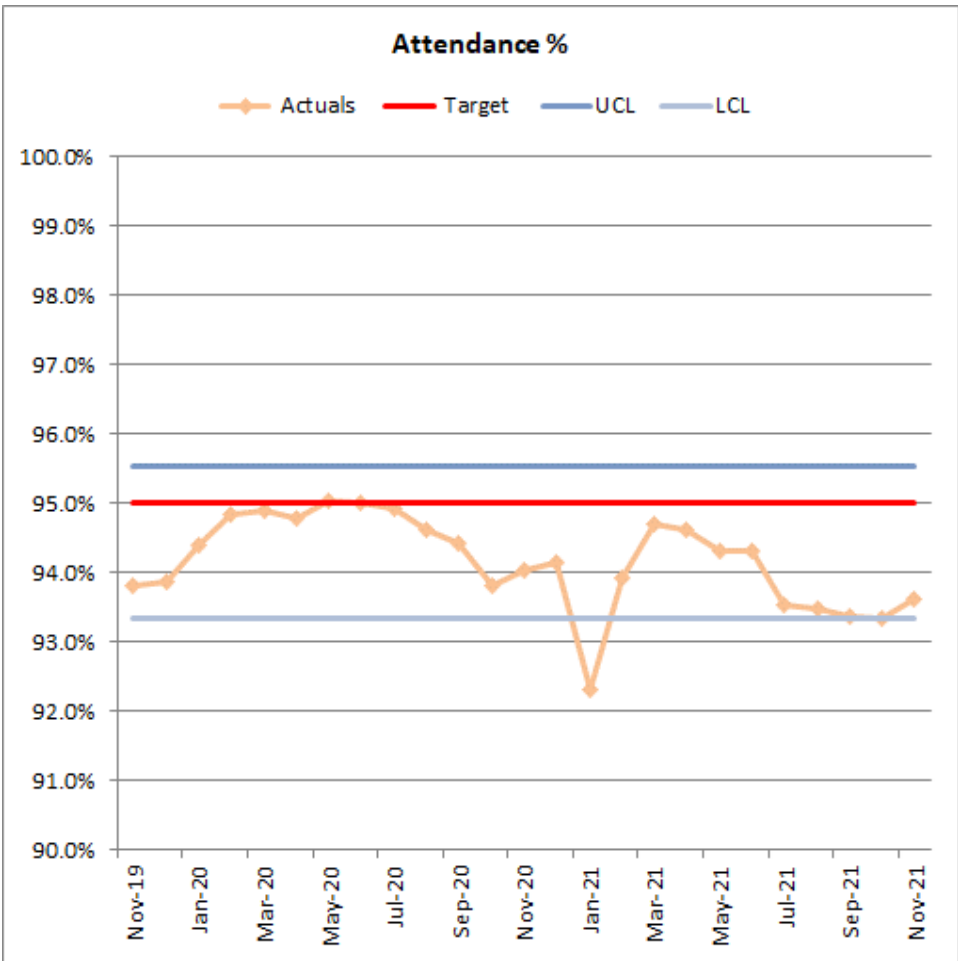
In November 2021, there was a slight decrease in long-term sickness absence as compared to October. Proportionately, short term sickness absence continues to account for the majority (78%) of sickness absence.

Anxiety, Stress and Depression remains the highest reason (38%) for long term sickness absence. The 'Cold, Cough, Flu – Influenza' category was the highest reported reason for short-term sickness at 25%.

RTW Interviews have seen a slight performance increase to 76% in November 21 from 75% in October but the variability across the Divisions in terms of compliance is significant.

**Action:**

Work on the NHSE/I agreed HR Business Partner action plan continues against the 6 Deep Dive Themes.



Work continues on the Attendance Management Policy. Work has been undertaken to review the Trust Attendance Management Policy against best practice. The Working Group remain committed to a more transparent policy, reviewing the triggers / validity period of live warnings and also implementing changes to managing long term sickness cases. The Working Group will also review some policy elements of our support to staff such as early interventions. The Working Group would also like to explore streamlining the number of formal stages and adopting a more prescriptive approach to managing long term absences.

The New Supporting People to Manage Attendance Programme was delivered by North-West Employers (NWE) to over 25 staff during November and December 2021. NWE are currently conducting an evaluation and the impact of this training on the learner.

In response to the operational pressures on the Trust at present as a result of the emergence of the Omicron variant, a new temporary COVID-19 Absence Support Team was set up in January 2022. The team makes wellbeing contact via telephone with those staff absent with COVID-19 symptoms or those self-isolating. The purpose of Team is to gather information on when these staff members are likely to return to work, as well as providing support and advice to facilitate their return.

**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 time and as we emerge from the latest wave of the pandemic.

## 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%.

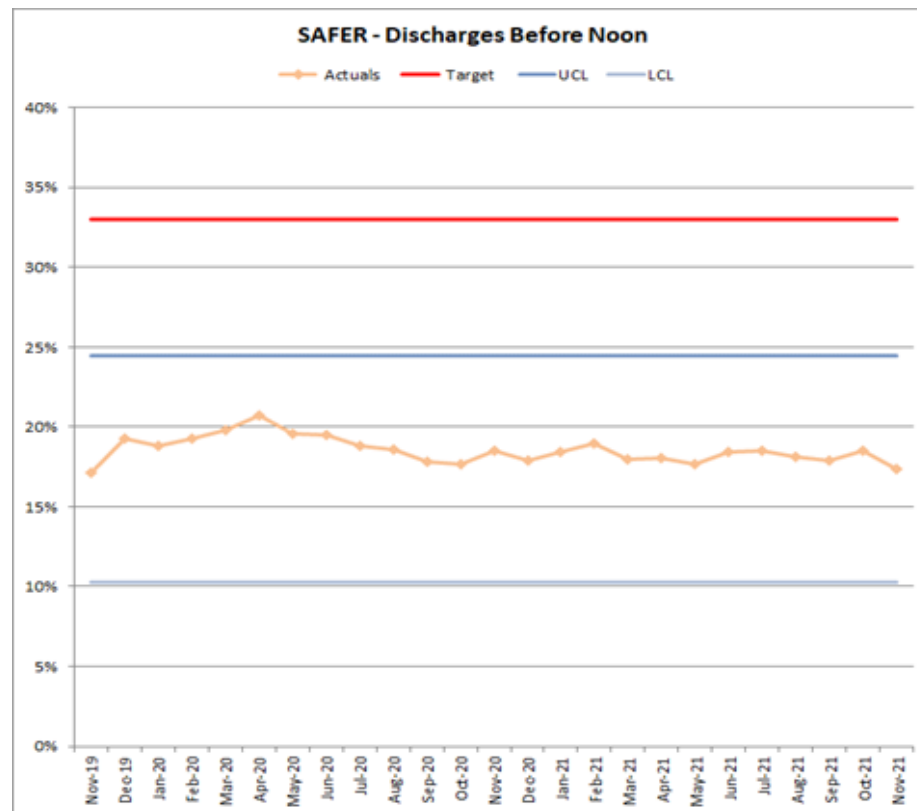
**Action:**

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.

To support the challenges of hospital occupancy the Trust will run a reset programme for patient flow and discharges w/c 17<sup>th</sup> January 2022 with a set of key metrics, discharge before noon being one of them. There is strong governance supporting the new processes so that progress can be tracked.

**Expected Impact:**

November data shows we were at 17.4% for patients discharged before midday. As per the above actions there is an expectation that this performance will increase through Q4 of 2021/22 and be embedded into inpatient standards expected across all areas.



## Theatre in session utilisation %

**Executive Lead:** Chief Operating Officer

### Performance Issue:

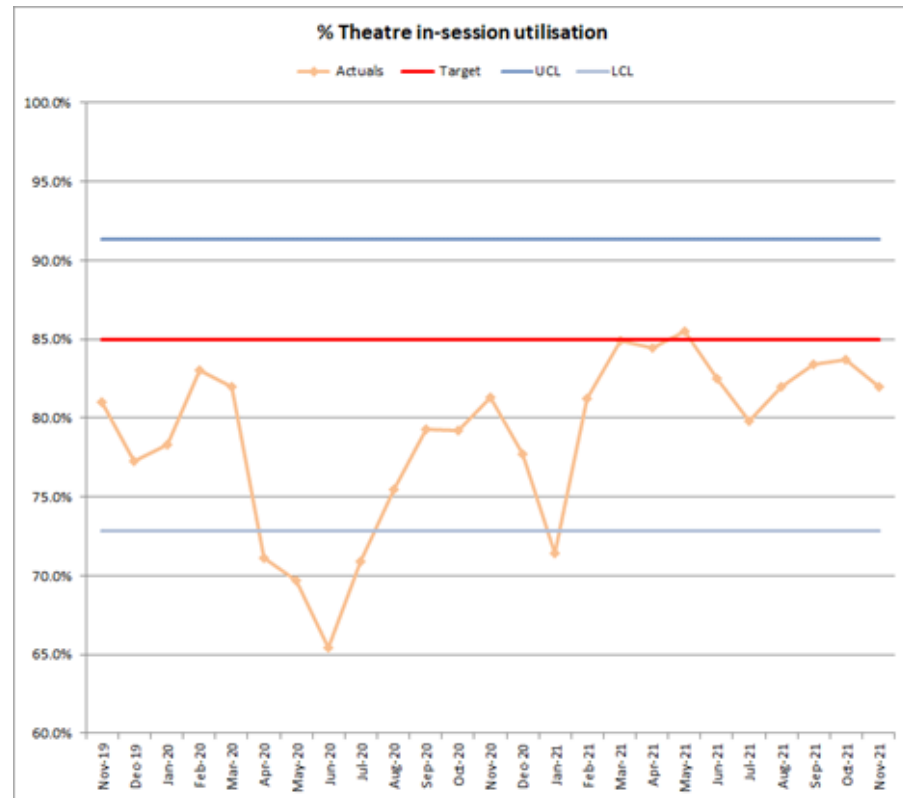
The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised.

Since September additional challenge was put in via the Division at Theatre Resource Group to increase the number of cases per session while balancing the likelihood of over-running theatres. This had a positive result with September and October performance continuing to improve taking in-session utilisation up to 83.7%. The focus continues to be improving CGH in-session utilisation, however due to the higher throughput of patients operating time is lost while turning theatres around between patients. This is being minimised via list order where patient safety is not compromised.

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. November saw a slight increase in patients testing positive for COVID on their admission swabs. COVID measures regarding PPE remain in place.

The close monitoring of lists and a tactical approach to critical care bed requirements i.e. minimising CC bed demand on a Monday seems to be effective as no patients have been cancelled this month due to lack of a CC bed.

The change in November which triggered the dip in in session utilisation is increasing COVID positives pre-surgery and inability to backfill, but also an increase in cancellation due to lack of beds as staff are used to open escalation areas for NEL demand.



<p><b>Action:</b></p> <p>Continuation with pilot of increasing the number of cases per session. Application of the Winter Plan. Establishing of the High-Volume Low Complexity lists to increase throughput while minimising theatre turnaround times</p>
<p><b>Expected Impact:</b></p> <p>On the day cancellations continue to be a risk due to unplanned absence in both theatres and critical care.</p>



## Same sex accommodation breaches

**Executive Lead:** Chief Nurse

**Performance Issue:**

The national standard is set that providers should deliver same sex accommodation, except where it is considered in the overall best interests of the patient or reflects personal choice.

Same sex accommodation breaches are most often due to patients waiting more than 24 hours for transfer from critical care areas to general wards – there were 3 such breaches in November 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.

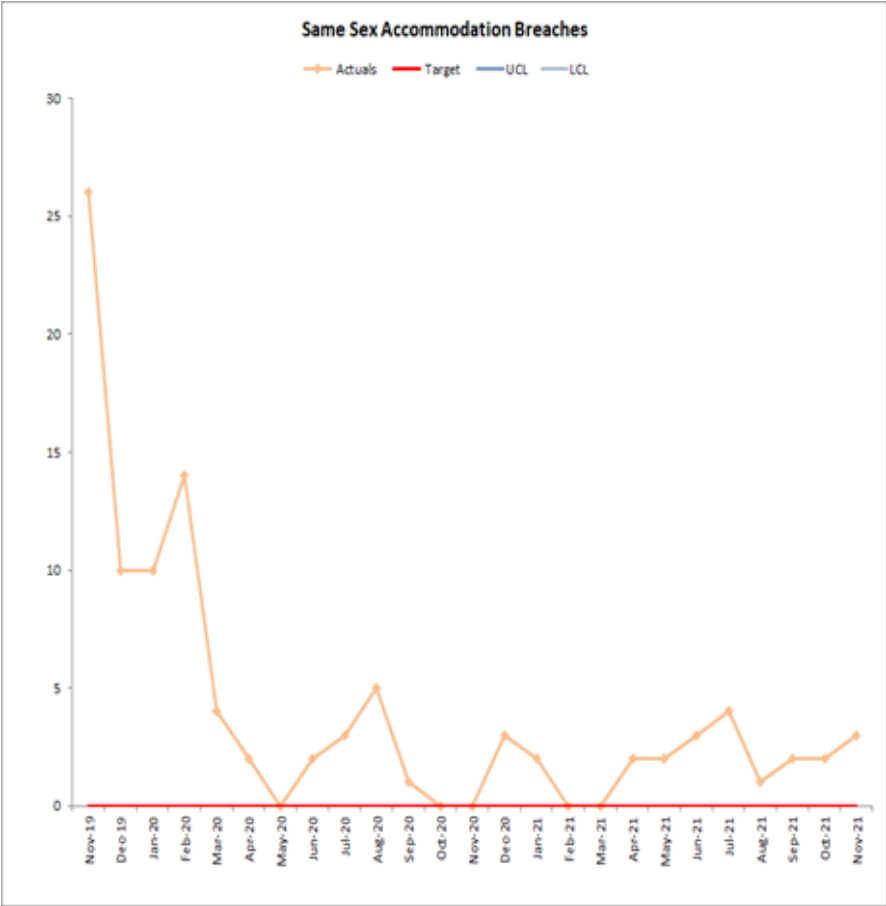
**Action:**

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

Robust processes remain in place to ensure that delivering same sex accommodation continues to be a high priority and that breaches are managed promptly via Bed Capacity and Bronze Command Meetings.

**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 December was 48.64% and YTD 58.33%, type 2 attendances including UTC was 60.57% and YTD 67.64%. The all-type Wirral performance for December was 73.74% and 77.18% YTD.

The Trust saw average daily attendances of 228 in December, which is a decrease compared to the average of 237 for the same period in 2019/20. Total attendances for December were 7072 against 7345 for same period in 2019/20, a decrease of 3.72%.

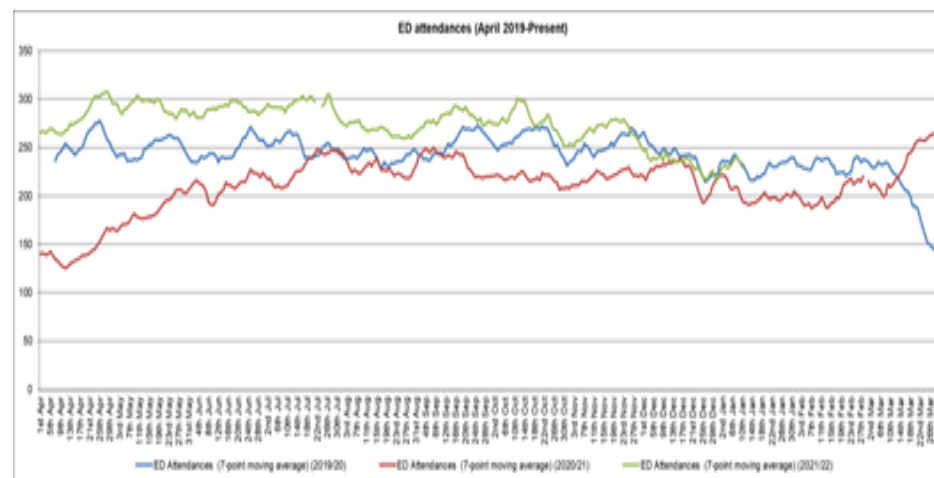
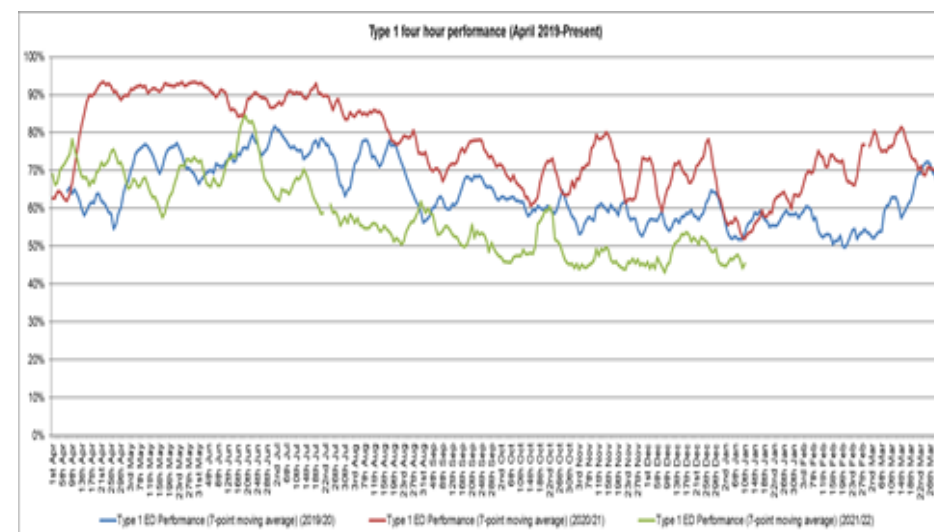
The proportion of patients waiting more than 12 hours in the department from time of arrival was 7% in December compared to 5% in November and 5% in October with a total of 8 reportable 12-hour breaches. There have been reportable 12-hour trolley breaches between April - December 2021. All breaches were due to the challenges in accessing mental health beds which reflects the national picture and capacity constraints.

Total ambulance turnaround time was not achieved in December 2021 with a mean time of 40 mins against the 30-minute standard. Mean arrival to handover time was 30 minutes against the 15-minute standard. There were a total of 1936 ambulance conveyances in December, 27% of ED attendances. There were 150 ambulances that had a greater than 60mins handover in December, compared to 176 in November.

The average number of super stranded patients (>21days LOS) in December was 155 compared to 148 in November. An improvement trajectory to deliver a 30% reduction in the >21 LLOS by the end of March has been agreed with system partners to support patient flow and deliver an improved ED performance.

#### Action:

There are a number of actions in place which include:



- System wide winter plan in line with the National UEC Recovery Action Plan
- WUTH UEC improvement plan mobilised
- Actions taken by primary care and CCGs to encourage primary care patients to attend GP practices and UTC/MIC
- Senior management support in place to support Acute and ED with a focus on delivery of the streaming, ambulance handover and frailty pathways and provision of operational grip and control
- Revised operational winter resilience command structure operational with twice daily bronze meetings feeding into Exec Silver, bed escalation group meet daily to manage red/green capacity demand
- Participation in C&M winter room including mutual aid arrangements
- NWAS divert deflection policy followed

**Expected Impact:**

Due to the Covid surge there are continuing and significant staffing challenges within the ED and Acute services that are impacting on the ED's ability to deliver the 15-minute triage and 60-minute senior assessment, early investigation and tests etc., all with significant impact on the time to be seen. Bed availability remains challenging across site with longer than desired delays from decision to admit, also impacting other performance metrics across UEC.

## Referral to Treatment – incomplete pathways < 18 weeks

**Executive Lead:** Chief Operating Officer

**Performance Issue:**

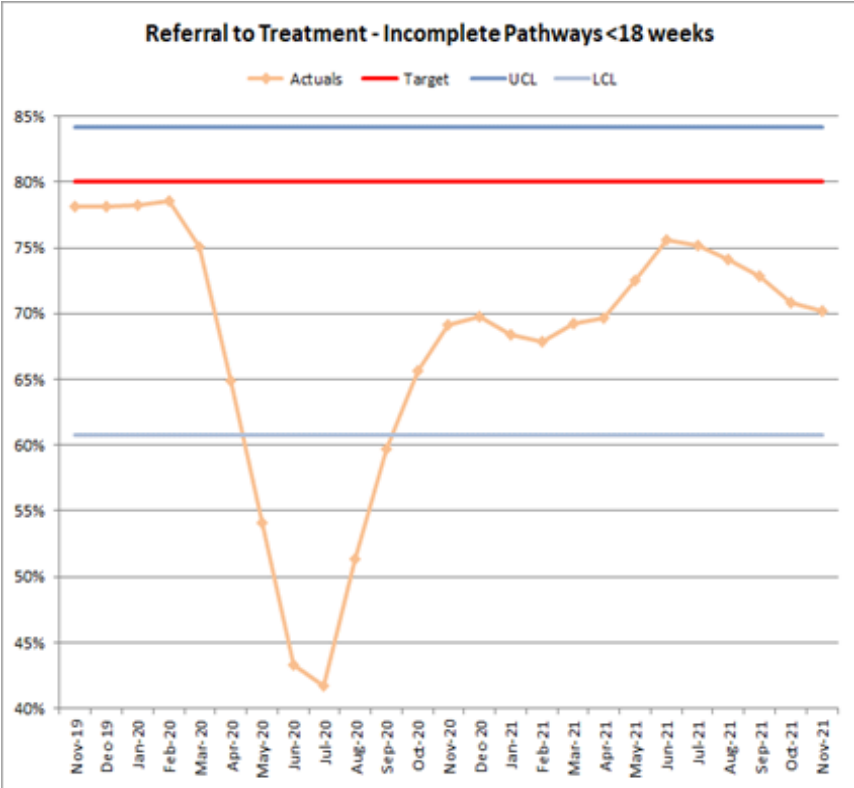
The Trust had a trajectory agreed with NHSI for 2020-21 to maintain at an open RTT position of 80%. Following the directive to cease all non-urgent elective activities as part of the COVID response this metric sharply declined.

Referral to Treatment performance has continued to deteriorate, with November’s position at 70.14%. Factors impacting activity delivery are as follows:

- Inability to staff extra lists (WLIs)
- Staff sickness / isolation
- Staff moved to support non-elective demand across the Trust

**Actions:**

- Clear focus on prioritising the most clinically urgent and cancer patients and then selecting patients by the longest waiting
- Continue to offer additional sessions across all staff groups to focus on the backlog of patients – changes made to the additional session rate from December 2021
- Maximise the use of the Independent Sector (IS) in and outsourcing options to continue with recovery. There are a number of challenges with this, but two specialties planned to start insourcing capacity early in the New Year
- Establishing three session operating days at CGH to aid volume throughput is currently on hold due to challenges with staffing
- Active monitoring and tracking of actions via divisional performance meetings
- Opening POCU to allow more complex procedures at CGH is currently on hold enable the internal theatre works to take place. POCU to be a decant area.



- Robust winter plan including escalation triggers to minimise unscheduled care pressures on planned care activities. This has been robust but increasing challenges with covid and non-elective demand has led to reductions in elective throughput from 3<sup>rd</sup> January 2022. This will be covered in future performance updates to the Board.

**Expected Impact:**

Elective performance for the Trust has been strong up until January where due to covid and non-elective pressures elective activity has been reduced. This position and action is in line with the national messages to direct resource to manage the increases in covid and non-elective demand and implications of the Trust's elective performance will be modelled and presented to a future Board meeting.

## 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 November 2021 was 93.0%.

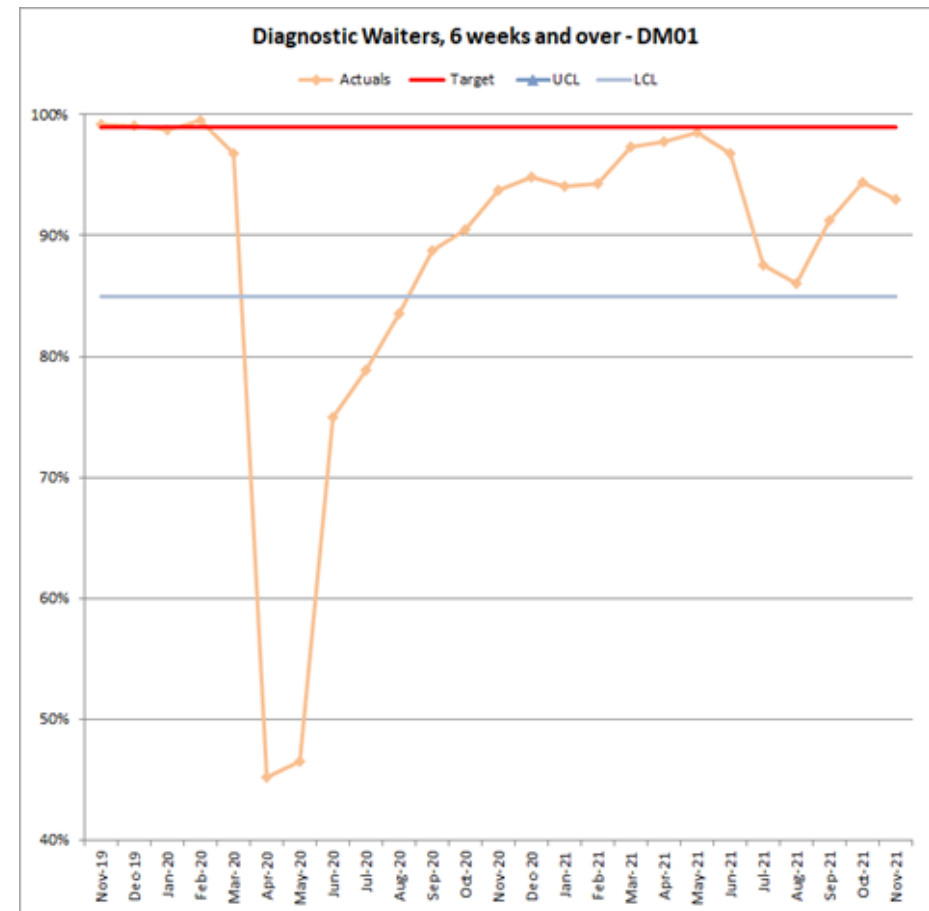
The main area of underperformance lies within endoscopy diagnostics.

### Action:

Endoscopy work force review underway.  
 Endoscopy have secured additional insourcing capacity and the decontamination programme complete – increased capacity  
 Remedial action plans requested at modality level which will be tracked at ODG chaired by the COO.  
 DM01 performance is now live and can be proactively managed daily and is visible to the Trust to allow remedial action prior to month end.  
 Further audit of accuracy of DQ to be undertaken in January 2022  
 Formal handover to the DDs due Feb 2022

### Expected Impact:

Month on month improvement trajectory to be finalised (TBC on final validation of new reporting process)



## 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 November 2021 was 3.27

**Action:**

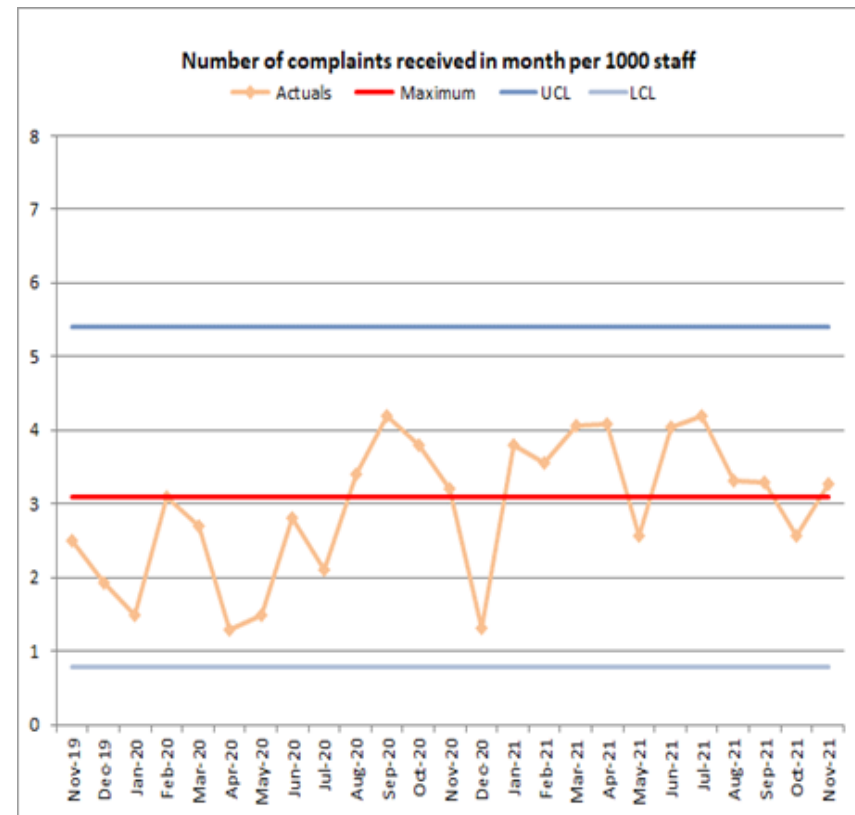
Communication continues to be the most frequently reported concern, in relation to, level 2 formal complaints. Work is ongoing within the Clinical Divisions to enhance communication with patients, their families and loved ones during the ongoing need to restrict visiting to prevent the spread of coronavirus. However, it is acknowledged communication may be impacted by the capacity within clinical teams to contact families and loved ones.

The Head of Complaints has commenced complaint training with the Clinical Divisions to support proactive complaint management, to improve the quality, and timeliness of complaint investigations and responses, once received. This training, which is in its infancy, has been well received by the staff who have accessed to date.

Work is ongoing to improve the timely response to level one informal concerns and significant improvement has been seen across all Clinical Divisions over recent months. This should reduce, in the longer term, the number of informal concerns that transition to formal complaints.

**Expected Impact:**

Due to the ongoing pandemic, the need to restrict visiting and the challenge to clinical staffing due to spreading infection, reductions in complaints around the main theme of communication may be slow to improve. Over the longer term, actions being taken should strengthen the approach to complaint management within the Trust.





## Well-led Domain

### Appraisal compliance %

**Executive Lead:** Chief People Officer

**Performance Issue:**

The target for annual appraisal compliance is 88%. Compliance at the end of November 2021 was 82.66%.

This is a marginal increase on October compliance.

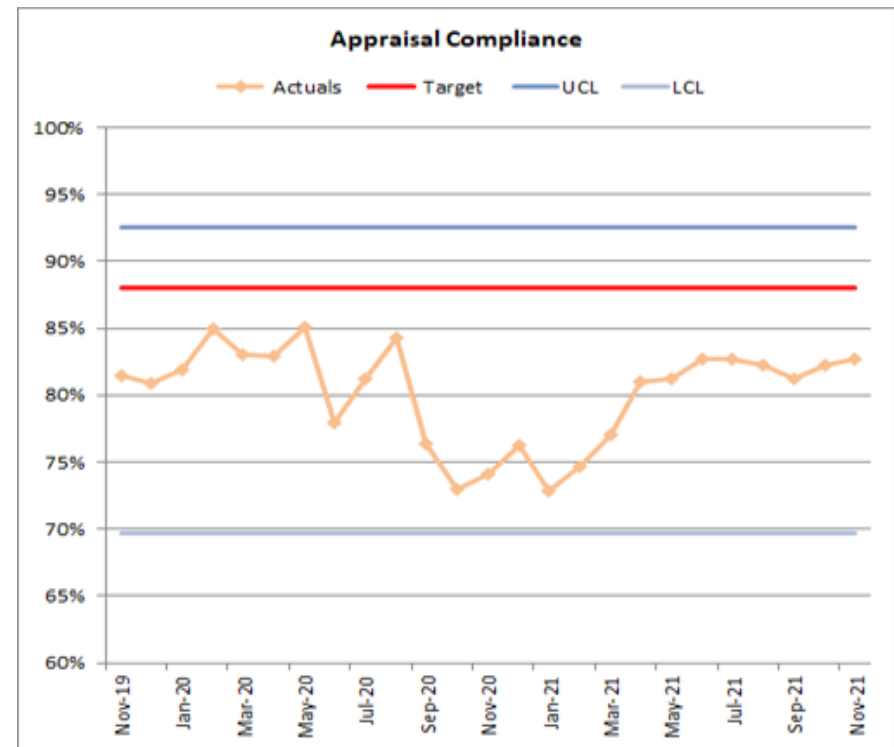
From a divisional perspective, all divisions with the exception of Surgery have seen small increases in compliance since the end of October 2021. No divisions this month have achieved the Trust's KPI, however Women's and Children's are just below the 88% compliance target.

The Corporate Division continues to have the lowest compliance rate which now stands at 74%.

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. HR Business Partners continue to support Divisional Management teams to identify and deliver actions to address low levels of compliance in specific areas. Check and challenge discussions take place at a divisional triumvirate levels and recommencement of divisional performance review meetings will see this challenged further.



The OD Team are currently embarking upon a review of the appraisal policy and process. The 2021 staff survey results will be factored into this to determine quality and impact of our current appraisal process. It is anticipated that any recommended improvements will be presented to Education Governance in Q1 of 2022/23.

In addition, work has commenced to develop a new starter (*3-months post start*) appraisal template in line with the current policy and work to improve the robustness of the appraisal quality review process.

**Expected Impact:**

Improvement in performance as the Trust returns to business as usual although it is acknowledged that winter pressures and current pressures driven by the current Covid-19 surge may create some challenges in maintaining appraisal completion rates across clinical areas over forthcoming months.

## BOARD OF DIRECTORS

### Outline Report on Maternity Services/ Perinatal Specific Report (Ockenden Report)

26 January 2022

<b>Title:</b>	Outline Report on Maternity Services/ Perinatal Specific Report (Ockenden Report)
<b>Responsible Director:</b>	Tracy Fennell, Interim Chief Nurse, Executive Director of Midwifery and Director of Infection Prevention & Control (DIPC)
<b>Author:</b>	Debbie Edwards Director of Nursing & Midwifery, Women & Children's Division
<b>Presented by:</b>	Debbie Edwards Director of Nursing & Midwifery, Women & Children's Division

Executive Summary
<p>The last quarterly update to Trust Board was presented in October 2021, with the following providing further update and oversight to the Quality Committee of the quality and safety of maternity services at Wirral University Teaching Hospitals (WUTH). This paper focuses on a gap analysis undertaken against the NHSE/I publication - Maternity Self-Assessment Tool (July 2021) and includes an update on Year 4 of the Maternity Incentive Scheme.</p> <p>The Perinatal Clinical Surveillance Quality Assurance report also provides an overview of performance within Neonatal/Maternity services, with the Cheshire &amp; Merseyside outlier report providing a clinical outcome update for WUTH when compared to all other maternity providers within the C&amp;M Region.</p> <p>The report provides an update regarding the evidence submitted nationally to support compliance with Part 1 of the Ockendon recommendations, with a further summary as to the ongoing challenges faced by maternity service providers both regionally and nationally</p>

Recommendation:
To note

Which strategic objectives this report provides information about:	
<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> Maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes

<b>Digital future:</b> be a digital pioneer and centre for excellence	No
<b>Infrastructure:</b> improve our infrastructure and how we use it.	No

<b>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)</b>	
BAF references 1,2,4. Positives: Compliance with the Perinatal Clinical Surveillance Quality Assurance Report; the majority of standards within the Maternity Self-Assessment Tool as outlined in the gap analysis and full compliance as a Trust with all of the Part 1 Ockenden requirements. Gaps: Nil of note although reporting of performance across the North West Coast (NW Maternity Dashboard) is incomplete with one provider unable to submit any data from May 2021.	
<b>Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)</b>	
NHSI – Planning Guidance , CQC Essential Standards	
<b>Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)</b>	
Maternity Incentive Scheme; Staffing expenditure	
<b>Specific communications and stakeholder /staff engagement implications</b>	
Stakeholder confidence	
<b>Patient / staff implications (e.g. links to the NHS Constitution, equality &amp; diversity)</b>	
NMC Code , NHS Constitution, NHS People Plan; NHSE Transformation Programme	
<b>Council of Governors implications / impact (e.g. links to Governors’ statutory role, significant transactions)</b>	
N/A	
<b>FOI status</b>	Document may be disclosed in full
	Document includes FOI exempt information
	Entire document is exempt under FOI
<b>Previous considerations by the Board / Board sub-committees</b>	Quarterly Maternity updates to PSQB; Quality Committee & Board of Directors over the last 12 months includes – March 2021; July 2021; October 2021.
<b>Background papers / supporting information</b>	

## BOARD OF DIRECTORS

26 January 2022

**Quarterly Maternity Services Update  
including a gap analysis against the Maternity Self-Assessment document;  
Ockendon update;  
Summary of SI Reports;  
Maternity Incentive Scheme (MIS) – Year 4**

### Purpose

This paper provides a quarterly update to the Board of Directors with further oversight of the quality and safety of maternity services at Wirral University Teaching Hospitals (WUTH).

The report provides a specific update regarding the evidence submitted to NHSE/I to support compliance with Ockenden recommendations (Part 1); provides an update on a gap analysis undertaken against the Self-Assessment Tool published by NHSE/I and an update is included summarising the ongoing challenges faced by maternity providers (including continued system pressures) both locally, regionally and nationally.

### Introduction / Background

#### 1. Ockenden Update

Following the publication of Part 1 of the Ockenden report in December 2020 significant recommendations were introduced in an attempt to improve the quality and safety of maternity services nationally. WUTH submitted an initial report outlining its compliance against these recommendations which has previously been reported to the Board of Directors.

NHSE/I set up a reporting portal for the uploading of evidence mandating maternity providers to submit evidence to further support their compliance against each of the recommendations.

WUTH submitted almost 300 pieces of evidence to support its compliance against each of the recommendations. Following review by the Commissioning Support Unit (CSU) at NHSE/I, the return identified a total of 38 Red scores (8 of these being the responsibility of the Local Maternity System (LMS)). Following a review of the return it was evident that the CSU had not appreciated and acknowledged the full depth of evidence submitted and this was evident across all providers. Following an assurance meeting with the NHSE/I Regional Maternity Team, and following a further review of the evidence by CSU (supported by input from a clinician) the Trust attained a further 30 green scores (100% Trust compliance).

This is further detailed in Appendix 1 where it is clarified that the 8 outstanding non-compliant / red scores are the responsibility of C&M LMS and work is ongoing to address this.

Part 2 of the Ockenden report is due to be published in March 2022 and it has been confirmed that compliance will be assessed differently against recommendations and this will form the basis of the Trust Assurance visits (with the regional Maternity Teams, Director of Midwifery and the Executive team). It has been confirmed that the portal will not be utilized for the uploading of any evidence.

## **2. Maternity Incentive Scheme (MIS) – Year 3 and Year 4**

The outcome of Year 3 of the MIS is awaited with NHS Resolution requesting further declaration from all Trusts confirming compliance with all ten safety actions prior to the release of any monies. This declaration has been returned to NHS Resolution for consideration.

NHS Resolution in conjunction with NHSE/I have confirmed in December 2021 that that the Maternity Transformation Programme and Year 4 of the MIS will be paused due to the increasing demands of the pandemic on maternity service providers. Detail of Year 4 of the scheme had been published which includes an update to all 10 Safety Actions, requiring Trusts to further improve and deliver enhanced and safer maternity care.

Whilst it has been recognised by the W&C Division that compliance with all of the Safety Actions outlined in Year 4 of the scheme is a challenge, an implementation plan has been developed and is on track for completion. Despite the national pause, the Division will continue to work towards achieving compliance given that this positively impacts on the delivery of a safer maternity service. A progress update will be presented to the Board of Directors in the next quarterly update in April 2022.

## **3. The Perinatal Clinical Surveillance Quality (PCSQ) Assurance Report**

The Perinatal Clinical Surveillance Quality Assurance Report developed to provide oversight to the Board of Directors against key metrics is included in Appendix 2, and continues to report against the following themes:

- Clinical care
- Service user and staff feedback
- Leadership and relationships
- Safety and learning culture
- Incident reporting including governance processes
- CQC Inspections & DHSC / NHSE/I request for support.

The regional / national template for reporting Perinatal Clinical Surveillance Quality (PCSQ) is yet to be published, therefore the WUTH developed template continues to be used for assurance purposes / reporting and has been shared for use within the LMS. In summary, the PCSQ Assurance report provides assurance against key metrics linked to the above quality and safety themes.

WUTH has historically had the lowest stillbirth rate in the region during 2020. and up to April in 2021 However WUTH did report 4 stillbirths reported over a period of 6 weeks in October/November 2021. Each of these has been reviewed within the Division and discussed at the Trust SI panel meeting and immediate learning/feedback shared with the clinical teams. There were no themes identified as to the cause/s of the stillbirth (3 of which were 'term' that is, over 37weeks of pregnancy) and no significant breaches in duty of care. All these cases are going through a process of further multidisciplinary review - external review, using the perinatal mortality review tool (PMRT) and these cases will be included in a separate mortality paper and presented to the Board of Directors in April 2022.

WUTH has previously been identified as an outlier for early neonatal deaths and discussion at the regional QSSG and Safety SIG has identified differences in the reporting of early neonatal deaths. Some Trusts report all early neonatal deaths of babies delivered at the Trust (similar to WUTH) where other Trusts report only those that occur within the neonatal unit. It has also transpired that there are different reporting metrics used by the Neonatal Operational Delivery Network (ODN) and the North West Coast Strategic Clinical Network (SCN). Agreed reporting requirements are currently under review with a change to the metric proposed for April 2022.

Compliance with the low incidence of term admissions and compliance with the Saving Babies Lives (SBL) Care Bundle is evidenced both in Year 3 of the MIS and the submitted Ockenden evidence. Further outcomes are summarized in the C&M Clinical Outcome /Outlier report below.

#### 4. The C&M Clinical Outcome / Outlier Report

The latest outlier report for clinical outcomes by each C&M Trust is included in Appendix 2 and includes the period of September 2020 – August 2021. Whilst timely submission of data by providers is key to the accuracy of the reports and the impact this has when data is missing, **it is reported that one provider has not been able to submit data since May 2021 which does impact on the overall plotting on the graph/s.**

A process of escalation has been developed to alert the Director of Midwifery and Chief Nurse of any non-compliance with submission of data, with the regional Quality and Safety Surveillance Group (QSSG), Regional Maternity Team and the LMS having oversight of this.

The stillbirth rate which excludes the terminations of pregnancy due to fetal abnormality is plotted as the lowest regionally at 1.5 per 1000 births and this has been the trend for several years due in part to the success of detecting fetal growth restriction in pregnancy.

WUTH has previously been identified as an outlier for the incidence of early neonatal deaths and the rate reported on the report is 0.12 per 1000 births which does not appear as an outlier. That's said, there are 3 Trusts that have failed to report any early neonatal deaths which is inaccurate and impacts on the overall



plotting. As noted above work is ongoing to amend the reporting metric and to report all neonatal deaths as WUTH currently do.

The incidence of HIE (brain injury) at WUTH is less than 0.5 per 1000 births and this is further supported by a relatively low number of cases meeting HSIB criteria and is reflected in the incidence of SI's.

Finally, the number of complaints at WUTH is 0.45% of all women delivered which is below the North West Coast mean of 0.58%. WUTH is consistent in its positive reporting of FFT feedback which is included in the Trust Perfect ward audit/s.

## **5. Serious Incidents (SI's) & Health Care Safety Investigation Branch (HSIB):**

The total number of serious incidents (SI's) are reported on the regional dashboard and to the LMS by all maternity providers. A summary of these were presented in the last maternity update to the Board of Directors with a recommendation that the full detail would be included in this paper.

However, given the timing of the meeting it was deemed appropriate to report on all SI's that have occurred in 2021 therefore this will be presented to the Board of Directors in April 2022. Sis continue to be reviewed through SI panel with a small number being selected for further review and more detailed investigation.

The Board of Directors is alerted to the change in practice where all maternity diverts are reported through StEIS. A recent review by NHSE/I in December reported a total of 31 maternity diverts in C&M from the 1<sup>st</sup> September – 30<sup>th</sup> November 2021. WUTH has been on divert once in 2021 for a period of 3 hours due to increased acuity and lack of capacity and the detail of this divert will be included in the 2021 SI report and presented at the next Board of Directors meeting.

## **6. Safety Champion Report**

Despite increasing pressures within the Trust the Maternity Safety Champions are committed to maintaining contact and undertake walkabouts within the Maternity / Neonatal unit/s. Following a review and discussion regarding the Trust Statement of Purpose for CQC, it transpired that the Trust is required to register the free-standing midwifery led unit (FMLU) at Seacombe with CQC. A review of the service provision at Seacombe FMLU has been undertaken supported by the Trust Governance Support Unit which has provided an invaluable opportunity to revisit clinical and environmental risk assessments, security and midwifery care provision in the FMLU. It is anticipated that the CQC registration will be applied for before the end of January once all actions have been completed.

The Safety Champion action log continues to capture work to date and minutes from the last meeting can be seen in Appendix 4. The meeting schedule for 2022 includes bimonthly safety champion meetings however from March 2022 there will be a change to the Governance Safety Champion – the current Governance Safety Champion (Anne Marie Lawrence) is leaving the Trust following successful promotion to a Director of Midwifery post in Shropshire.

## 7. NHS Digital / Funding / other NHSE/I Funding Bids relating to Maternity Services:

It was reported in the last maternity update that WUTH had bid for IT monies to specifically further develop digitalization of maternity services. The Trust IT leads in conjunction with the W&C Division completed a detailed Digital Maturity Assessment which was used to inform the bid that was submitted to NHSE/I. Whilst the outcome of the bid is embargoed, all monies awarded need to be spent within this current financial year.

The Division secured funding for the purpose of supporting the recruitment and retention of midwives. The monies will support a midwife to support the Practice Development Midwife and will predominantly support those newly qualified midwives undergoing the period of preceptorship in the clinical area, whilst supporting ongoing professional development.

Further funding has been secured following a successful bid to NHSE/I to support the development of the Maternity Support Worker (MSW). WUTH led on a piece of work on behalf of the LMS to review the provision of the banding and training of MSW's across C&M. This work further informed the bid which has secured monies to support supernumerary induction of MSW's into post, support specific training into the role and to further support non clinical work within the Division, This additional resource will support the implementation of the Continuity of Carer Model of Care being introduced in 2022.

## 8. Gap Analysis – NHSE Maternity Self-Assessment Tool

The Maternity Self-Assessment Tool is an NHSE document published in July 2021 outlining the improvements and standards required for the delivery of a high quality maternity service.

The standards outlined within the document have been reviewed and a gap analysis undertaken to ascertain how the Trust complies with these standards. Overall the compliance is positive as detailed in the gap analysis (Appendix 5). This gap analysis provides further opportunity to identify further quality improvements in the maternity service at WUTH and further supports the delivery of the Maternity Strategy.

Following discussion at the Patient Safety & Quality Board earlier this month further progress has been made in meeting compliance which includes support for a Maternity specific Risk Strategy. This will be developed and will mirror the Trust Risk Strategy. The Communication strategy whilst not specifically a maternity one is referenced in the Divisional strategies. Work is ongoing to achieve compliance with all aspects of the tool before June 2022.

The Risk Assessment identifies the requirement to provide a monthly update on progress to the Board of Directors, a monthly update will be seen by the Board of Directors from January 2022 onwards.

All Directors of Midwifery have been advised by the national team that assurance visits being arranged with each Trust and being undertaken by the National Maternity team (NHSE / Maternity Transformation Programme (MTP) Team) will reference the importance of utilizing the Tool.

## 9. Maternity Escalation and Divert

Maternity services both regionally and nationally continue to experience an increase in acuity and demand. Extreme pressures have been experienced by several maternity providers over the Christmas and New Year period predominantly due to staff absence/isolation.

Maternity services similar to other services within the Trust are extremely challenged of late with the weekly Gold Command meetings increasing in frequency to daily. This has led to the submission by all providers of a daily maternity sitrep and a requirement to attend the daily TEAMS meeting/s. Mutual aid has been sourced at these meetings and support provided to Trusts experiencing extreme pressures, preventing in some incidences the need for divert. WUTH has experienced the need to initiate internal escalation on several occasions which has negated the need for a formal divert, and has on several occasions been in a position to support / provide mutual aid to other Trusts within C&M – both from a maternity and neonatal perspective.

The Cheshire & Merseyside Escalation and Divert policy was revised and adopted by all C&M Trusts on the 1<sup>st</sup> September 2021 which has provided clarity on the management of escalation and divert with maternity services. All diverts are StEIS reportable and a review of all diverts has been undertaken as noted above by NHSE/I. Whilst the policy is operational, work is ongoing to implement a C&M acuity tool and to expand the Escalation and Divert policy into other regions namely Lancashire & South Cumbria, Greater Manchester and the West Midlands.

## Conclusions

In summary, the focus on the delivery of high quality, safe maternity care continues with ongoing quality improvement and the implementation of all ten safety actions from Year 4 of the MIS.

Whilst services remain challenged, the network support within C&M has been invaluable in supporting each organisation to maintain safe maternity services and the Gold Command meeting structure has further supported this.

The next quarterly update to the Board of Directors in April 2022 will include a detailed SI Report and will provide focus on the publication of the recommendations from Part 2 of the Ockenden report

## Recommendations to the Board

The Board of Directors is requested to note the contents of this report, specifically:

- The content of the Perinatal Clinical Surveillance Quality Assurance Report and the Outlier report.
- Actions undertaken to comply with CQC registration of Seacombe FMLU.
- The submission of the Ockenden evidence
- The gap analysis against the Maternity Self-Assessment Tool.

**BOARD OF DIRECTORS**

**ICQC National Inpatient Patient Experience Survey Results 2021**

**26 January 2022**

<b>Title:</b>	CQC National Inpatient Patient Experience Survey Results 2021
<b>Responsible Director:</b>	Tracy Fennell, Interim Chief Nurse
<b>Author:</b>	Tracy Fennell, Interim Chief Nurse Vic Peach, Interim Deputy Chief Nurse Johanna Ashworth-Jones, Programme Developer
<b>Presented by:</b>	Tracy Fennell, Interim Chief Nurse

Executive Summary
<p>The CQC National Inpatient Survey is an annual requirement and for which the results are used to support preliminary intelligence as part of the CQC inspection process.</p> <p>CQC uses a banding system in order to benchmark results with other organisations. WUTH was banded as “about the same” for 42 of the indicators, “somewhat better than expected” for 2 indicators and “somewhat worse than expected” for 1 indicator.</p> <p>During 2020 CQC made changes to the way the survey was undertaken including amendments to the question set. In light of this a direct comparison to previous years isn’t possible and the focus of the report is on benchmarking data with other organisations.</p> <p>Areas where good patient experience has been noted at WUTH have been highlighted by in the survey are as follows:</p> <ul style="list-style-type: none"> <li>• Written information on discharge: patients being given written information about what they should or should not do after leaving hospital</li> <li>• Equipment and adaptations in the home: hospital staff discussing if any equipment or home adaptations were needed when leaving hospital</li> <li>• Help with eating: patients being given enough help from staff to eat meals, if needed</li> <li>• Expectations after the operation or procedure: patients being given an explanation from staff, before their operation or procedure, of how they might feel afterwards</li> <li>• Changing wards during the night: staff explaining the reason for patients needing to change wards during the night</li> </ul> <p>Areas where patient experience has been highlighted as could be improved are as follows:</p> <ul style="list-style-type: none"> <li>• Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital</li> <li>• Taking medication: patients being able to take medication they brought to hospital when needed</li> </ul>

- Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard
- Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- Feedback on care: patients being asked to give their views on the quality of their care

WUTH were also provided with a banding for each of the ten sections within the survey compared with the other Trust who took part. WUTH were banded as “about the same for each of these”.

A full improvement work stream review of any of the indicators that had a standardised score of below 8 has been undertaken. The review provides details of the work stream to reduce the risk of duplication and identifies any indicators that are not currently supported with proposed actions to monitor improvements.

#### Recommendation:

For information (no items for escalation)

#### Which strategic objectives this report provides information about:

<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> Maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	no
<b>Infrastructure:</b> 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 requirements

**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)**

<b>FOI status</b>	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	NA

<b>Previous considerations by the Board / Board sub-committees</b>	
<b>Background papers / supporting information</b>	



**BOARD OF DIRECTORS  
26 January 2022  
CQC National Inpatient Survey Results 2021**

## **Purpose**

This report provides an overview of WUTH specific results compared with the results of all other NHS organisations who took part in the 2020 CQC National Inpatient Patient Experience Survey. The report will detail the areas highlighted as performing best for patient experience and areas identified for improvement.

## **Introduction / Background**

The CQC National Inpatient Patient Experience 2020 survey was significantly different to previous years' surveys with regards to methodology, sampling month and questionnaire content. This year's survey was conducted using a push-to-web methodology (offering both online and paper completion). The questionnaire was amended significantly, with changes to both question wording and order. The 2020 results are therefore not comparable with previous years' data and trend data is not available. It is also acknowledged that the survey was undertaken during the covid pandemic and therefore this should be taken into consideration when reviewing the results.

CQC have provided benchmarking data so that each Trust can understand local performance in comparison to other organisations. In order to provide a fair comparison the raw data is statistically standardised to reflect the characteristics of respondents. Once the data is standardised a banding is applied of either "About the same" "Better than" or "Worse than". In 2020 the survey also provided benchmarking data for each of the ten sections and presented this comparison in ranking order, this supports Trusts with a greater understanding of their results, especially where they have been rated "About the same".

CQC use the series of National Patient Experience Survey results as part of the pre inspection intelligence review.

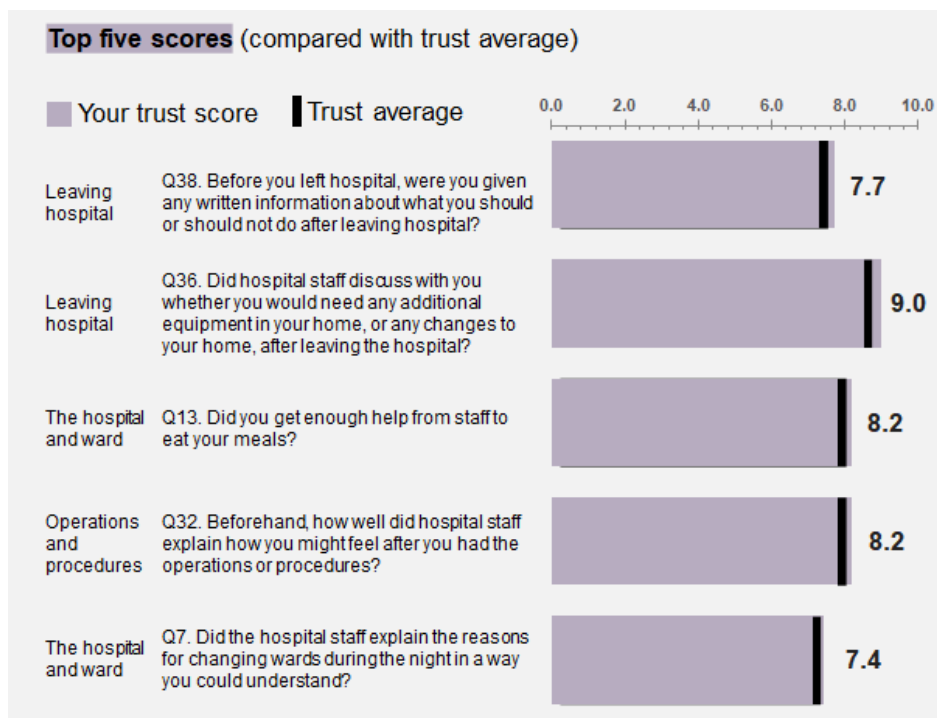
## **Results**

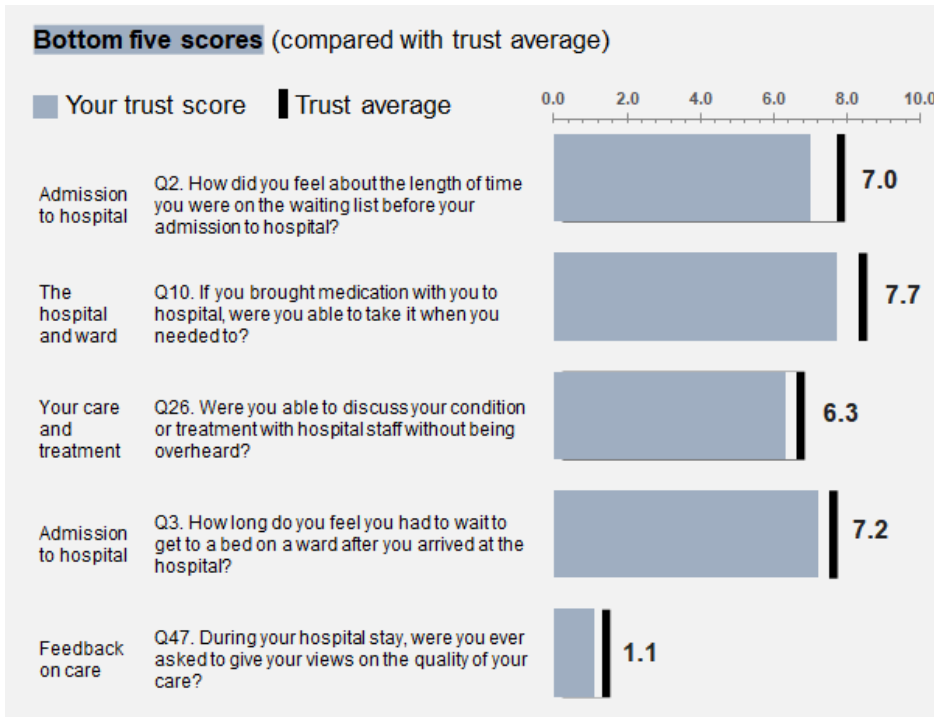
1250 patients who received treatment from WUTH during November 2020 were invited to take part in the survey with a total of 494 responding providing a response rate of 42%. The 494 respondents consisted of 55% Women and 44% Men with 0.5% of respondents indicating that their gender is different from what their sex was registered at birth.



CQC banded 2 question results as “somewhat better than expected” and 1 question as “somewhat worse than expected”. The remaining 42 indicators were banded “as about the same”

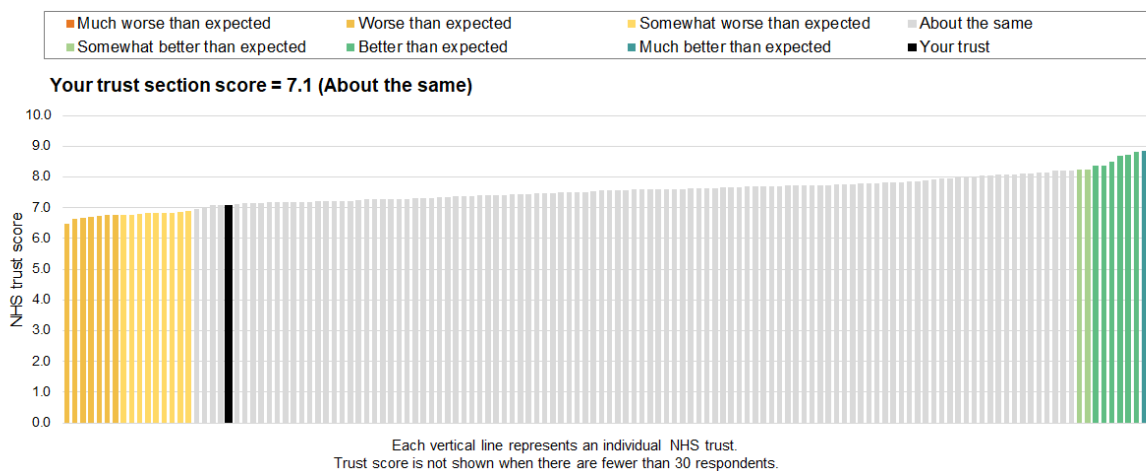
As part of the overall changes to the survey and reporting presentations CQC have highlighted the top five scoring questions and bottom five scoring questions compared with the Trust averages across the survey. These results are displayed in the two tables below.



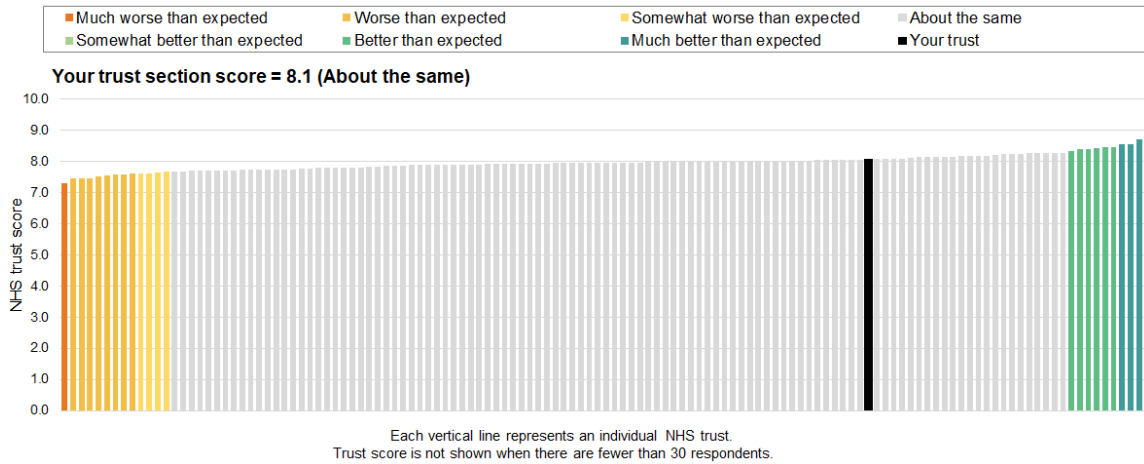


The 44 indicators are split into ten sections representing the different aspects of the patient’s journey and interaction with staff. The following set of ten ranking graphs are a new addition to the way CQC present their benchmarking data and provide an added element of understanding to Trust performance. This is demonstrated by reviewing the graphs against the CQC banding, WUTH were banded as “about the same” for all ten sections however the ranking position for eight of these shows that the results were in the upper quadrant, with “Feedback about your experience” being mid-way and the remaining section of “Admission to hospital” performing at the lower end of the banding status.

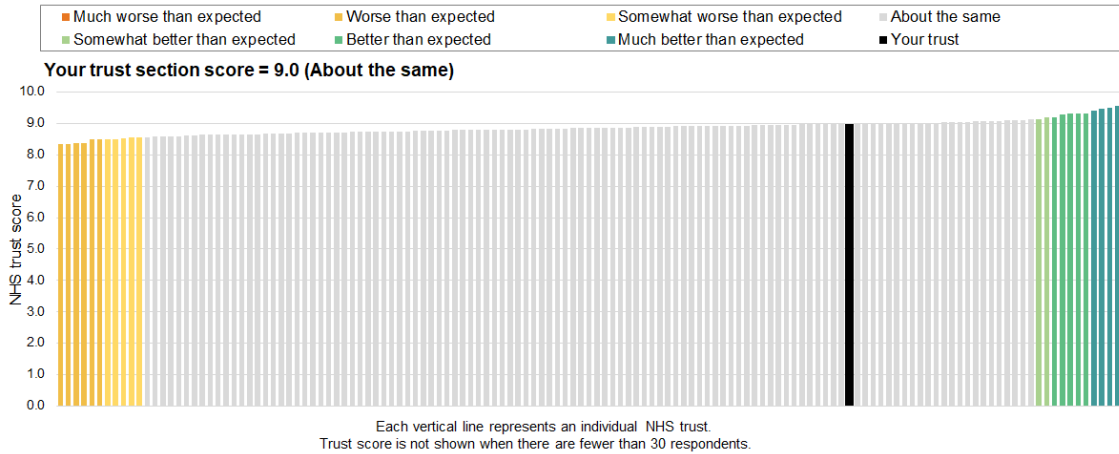
### Section 1: Admission to hospital



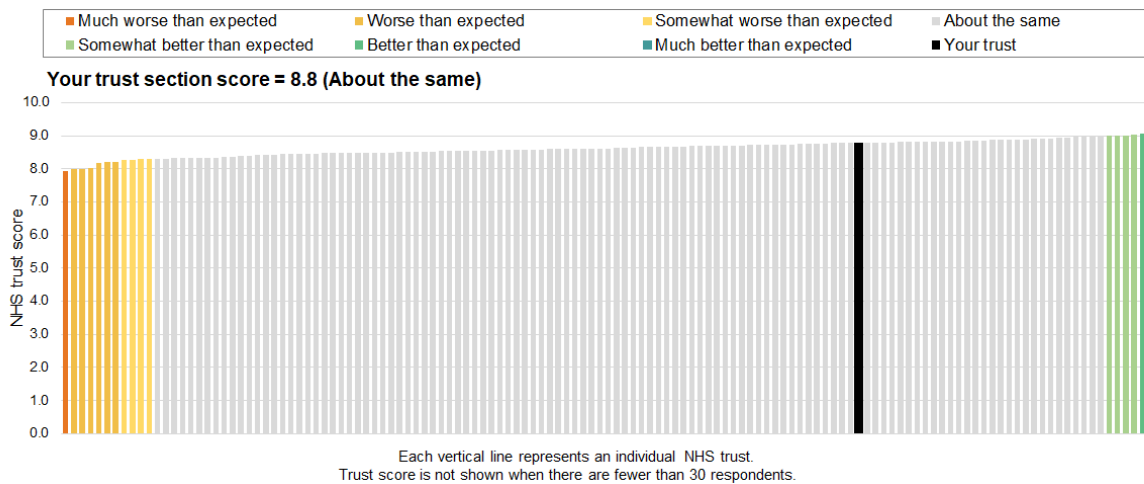
## Section 2: The hospital and ward



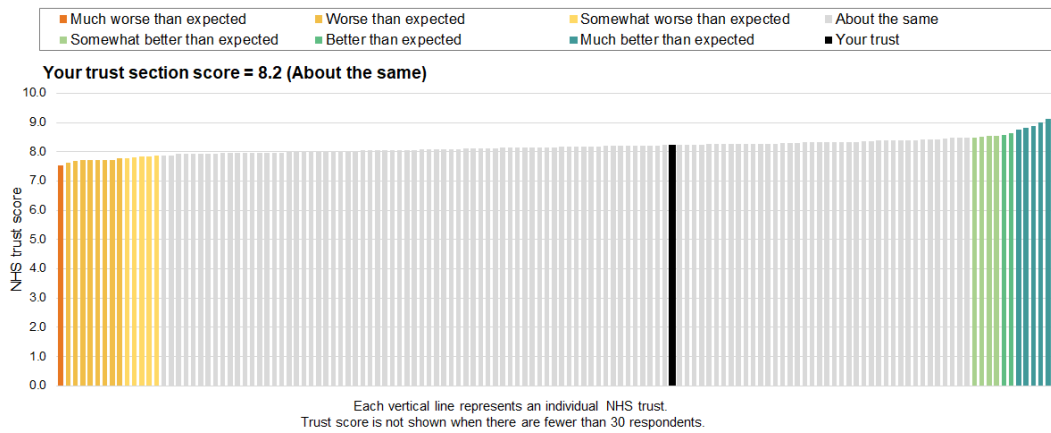
## Section 3: Doctors



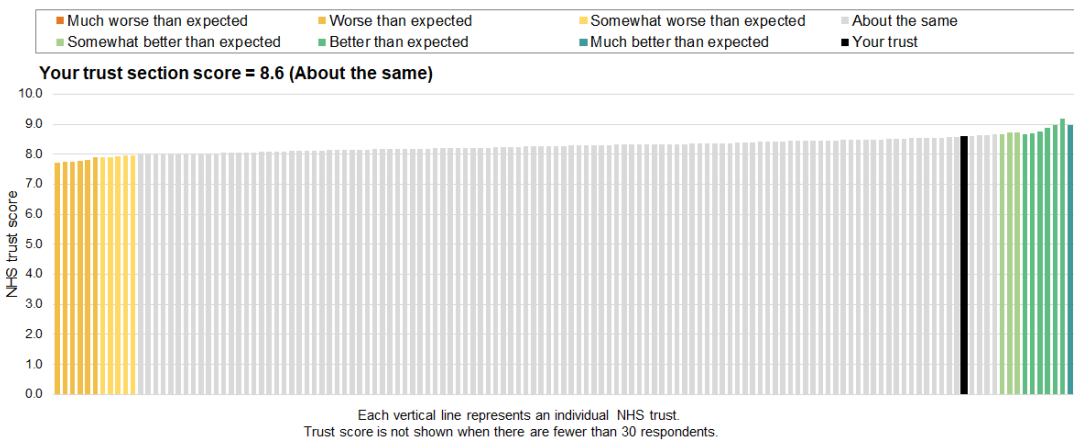
## Section 4: Nurses



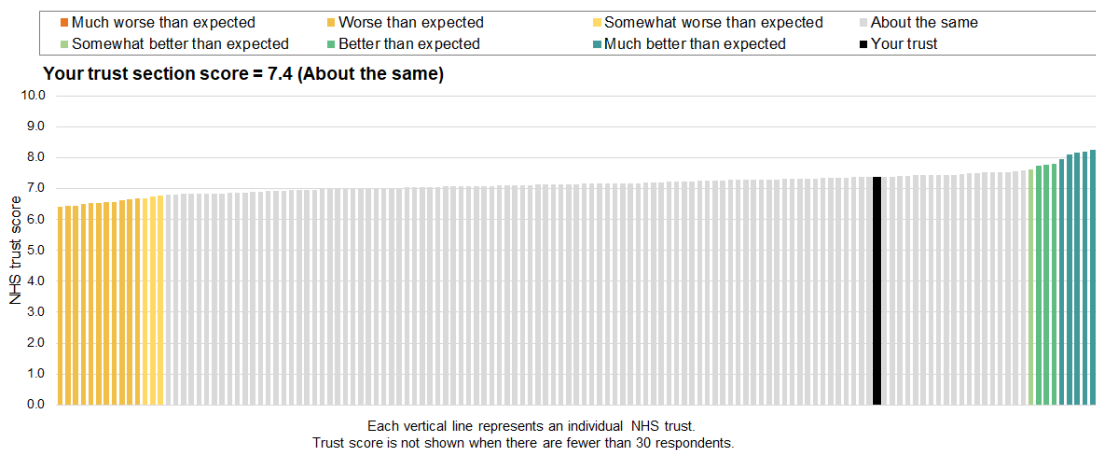
### Section 5: Your care and treatment



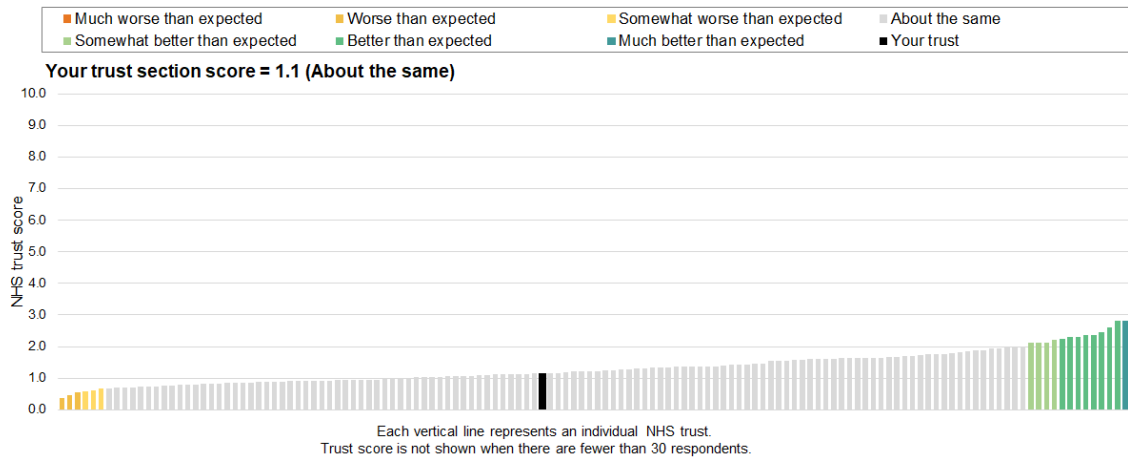
### Section 6: Operations and procedures



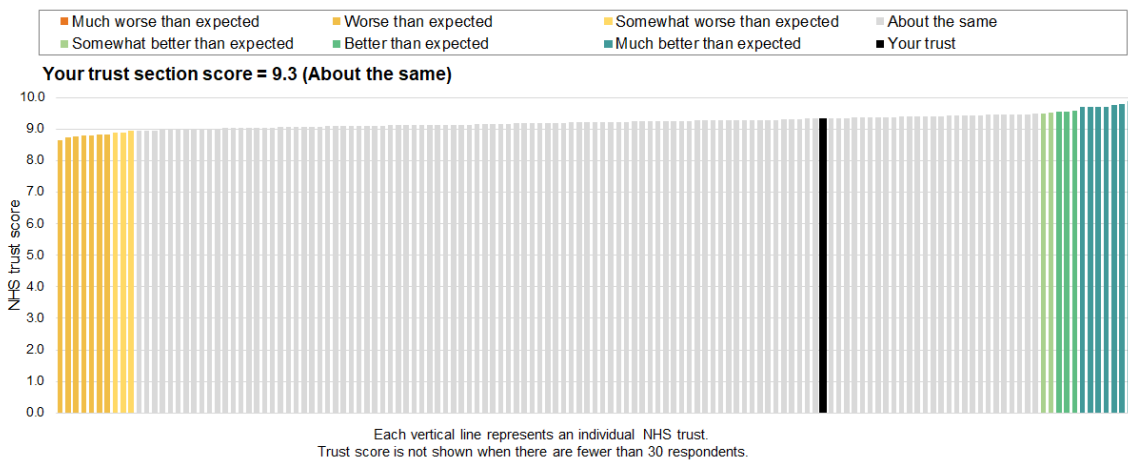
### Section 7: Leaving Hospital



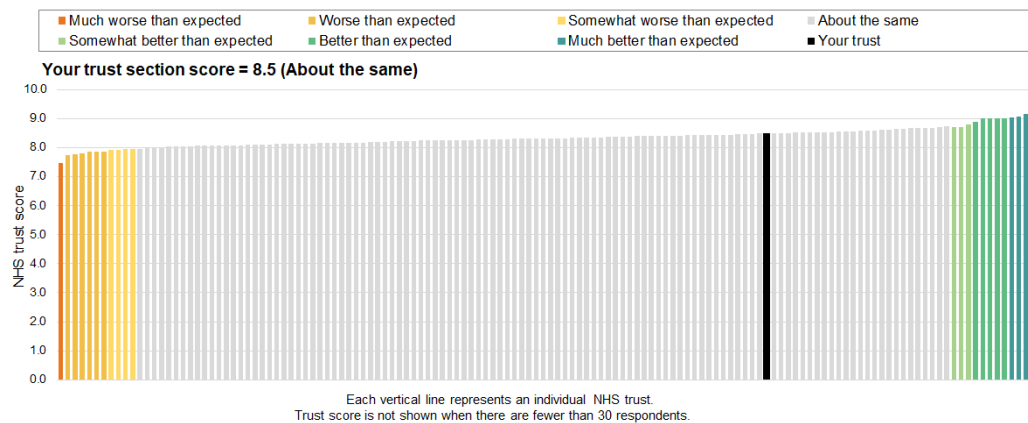
### Section 8: Feedback on the quality of your care



### Section 9: Respect and Dignity



### Section 10: Your overall experience



As a Trust striving to be an outstanding organisation a full review of all indicators that have scored below a standardised rating of 8 have been analysed to identify and capture where improvement work streams are already in place. This will ensure that the Trust is using its' resources effectively and minimising the risk of any duplication, where indicators are not currently supported by existing work streams these have been highlighted and proposed improvement actions put in place. This improvement plan has been monitored via the Patient Family Experience Group and has had scrutiny at Patient safety Quality Board.

## Conclusions

2020 was an unprecedented year within the NHS due to the Covid 19 pandemic whilst this should be a significant consideration when reviewing the survey results, WUTH have performed in the main the same as other NHS organisations.

The new presentation format of data provides Trust with a greater understanding of their allocated banding and whilst WUTH was banded as about the same for all ten of the survey sections for the majority it is noted performance is reported in the upper quadrant.

The areas highlighted by CQC as areas for improvement are all areas that the Trust has already undertaken as improvement work streams in line with its strategic vision and operational objectives.

WUTH has relaunched its approach to patient experience and gathering service user feedback, which was suspended during 2020 due to the pandemic. CQC National Survey results will form part of the framework indicators for the delivery plan of the newly developed Patient Experience Strategy which will be launched April 2022.

## Recommendations to the Board

The Board of Directors are asked to note the contents of this report.

**BOARD OF DIRECTORS**  
**Charitable Funds Annual Report**  
**26 January 2022**

<b>Title:</b>	Charitable Funds Annual Report
<b>Responsible Director:</b>	Claire Wilson, Chief Finance Officer
<b>Author:</b>	Jillian Burrows, Assistant Director of Finance – Financial Services Victoria Burrows – Head of Fundraising
<b>Presented by:</b>	Claire Wilson

<b>Executive Summary</b>
This is the presentation of the Annual Report for the WUTH Charity for the year ending 31 March 2021.

<b>Recommendation:</b>
The Board is asked to note the report.

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

<b>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)</b>
N/A
<b>Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)</b>
Provides evidence and assurance that the charity is fulfilling its charitable objectives in line with charity law and Charity Commission regulation.
<b>Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)</b>
N/A
<b>Specific communications and stakeholder /staff engagement implications</b>
N/A
<b>Patient / staff implications (e.g. links to the NHS Constitution, equality &amp; diversity)</b>
N/A

<b>Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)</b>		
N/A		
<b>FOI status</b>	Document may be disclosed in full	Y
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
<b>Previous considerations by the Board / Board sub-committees</b>	Charitable Funds Committee – 29 October 2021	
<b>Background papers / supporting information</b>	N/A	



**Board of Directors  
26 January 2022  
Charitable Funds Annual Report**

## **Purpose**

The purpose of this paper is to present the Charitable Funds Annual Report for the year ending 31 March 2021.

## **Introduction / Background**

Throughout the year, the Charity Office at Arrowe Park continued to be a hub for community donations for the staff. The outpouring of support was phenomenal.

Despite charity activity refocusing to staff, community and patient support in response to the COVID-19 pandemic, the impact of the Charity however was still felt as a number of excellent projects were supported.

In November 2020, the Charity received a generous grant of £50,000 from NHS Charities Together (National Charity leading on the COVID-19 Urgent appeal). This discretionary funding provided staff with a number of different items and activities to boost morale and recognise their outstanding efforts during the year.

The Charity once again began raising funds for the Neonatal appeal 'Tiny Stars' to contribute towards a new neonatal unit at The Wirral Women's and Children's Hospital on the Arrowe Park site, which has a target of £1.5m.

## **Income summary**

The Charity relies upon donations and legacies as its main source of income. Total income for 2020/21 was £610k (2019/20 £333k).

### **Donations - £519k**

Many of our on-site donors give to the Charity in times of personal difficulty, whilst other donors may be motivated to say 'thank-you' after returning home from an experience as a patient or carer, which leads to postal donations, JustGiving collections and external (third party) fundraising events.

The Charity was one of the beneficiaries of the national COVID-19 urgent appeal organised by NHS Charities Together.

Fundraising activities and events are a wonderful way for the local community to contribute and get involved.

### **Legacies - £89k**

We are very fortunate to be remembered through wills by kind legacy donors, and we extend our thoughts and thanks to their families and friends. The Charity benefited from two legacies in 2020/21.

#### **Other trading activities - £1k**

The income relates to income received in exchange for supplying goods and services to raise funds for the Charity which was primarily generated by lottery activities. The vast majority of income generated by fundraising events is currently technically classified as donations.

#### **Investment income - £1.5k**

In order to maximise the benefit of every penny donated, the Charity seeks to invest any funds which are not likely to be used in the short-term subject to the requirements of the Reserves Policy. Recent investment market conditions are such that investment income was modest in 2020/21; investment opportunities are subject to ongoing review.

### **Expenditure analysis**

Of the total expenditure of £463k (2019/20 £446k), £349k (2019/20 £335k) was spent on charitable activities across a range of programmes for patient benefit.

The allocation of support costs to these charitable activities is detailed in Note 7 to the financial accounts contained within the annual report.

#### **Patient comforts and welfare - (£59k)**

This charitable expenditure relates to a mixture of Trust-wide projects and ‘the little things that mean a lot’ – enhancing the patient (and carer) experience and supporting discharge. During 2020/21 the Trust experienced two significant periods of COVID-19 demand which meant that, whilst the Charity wasn’t able to support patient comfort and welfare in the same way it has done in previous years, every effort was made to ensure that patients were supported as and when possible.

#### **Medical equipment - (£290k)**

This expenditure represents tangible benefits to patients which will be felt for years to come. The Charity has provided an array of modern and innovative equipment to be used in the direct delivery of healthcare. This included the purchase of two ultrasound monitors.

#### **Raising funds - (£101k)**

This category includes budgeted fundraising services and resources, which will underpin future income growth.

### **Recommendations to the Board**

The Committee is asked to note the Annual Report and Accounts.



# Trustee's Annual Report & Financial Statements

For the Year to 31 March 2021

Wirral University Teaching Hospital NHS Foundation Trust  
Charitable Fund

also known as 'WUTH Charity'

## WUTHCharity

Registered charity no. 1050469



WUTHCharity

[wuthcharity.org](http://wuthcharity.org)

# WUTH Charity

Annual Report and Accounts for the year ended 31 March 2021



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## Reference and administrative details

### Registration

Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund ('WUTH Charity'), registered charity number 1050469, was entered onto the Register of Charities on 8 November 1995. Registered administrative details and overview are available on the Charity Commission website: [www.charitycommission.gov.uk](http://www.charitycommission.gov.uk)

### Principal office

WUTH Charity  
Trust Headquarters  
Arrowe Park Hospital  
Arrowe Park Road  
Upton  
Wirral CH49 5PE

### Donations & fundraising



WUTH Charity Office  
Arrowe Park Hospital  
Arrowe Park Road  
Upton  
Wirral CH49 5PE

 [wuth.charity@nhs.net](mailto:wuth.charity@nhs.net)  
 0151 482 7788

  [WUTHCharity](https://www.facebook.com/WUTHCharity) [wuthcharity.org](http://wuthcharity.org)

### Administration and records

The accounting records and day-to-day administration of the funds are handled by the Trust's Financial Services department, located at Willow House, Clatterbridge Hospital, Bebington, Wirral CH63 4JY.

### Advisors

The following services were retained by the Charity during 2020/21.

#### Banks

Barclays Bank PLC  
Leicester  
LE87 2BB

Government Banking  
Services  
National Westminster Bank  
PLC  
280 Bishopsgate  
London EC2M 4RB

Nationwide Building Society  
Kings Park Road  
Northampton NN3 6NW

#### Independent Examiner

Azets Audit Services  
6<sup>th</sup> Floor Bank House  
Cherry Street  
Birmingham  
B2 5AL

#### Legal Advisor

Hill Dickinson LLP  
No. 1 St Paul's Square  
Liverpool  
L3 9SJ

## Report of the Trustee for the year ended 31 March 2021

### Foreword

The Corporate Trustee is pleased to present the Annual Report of Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund ('the Charity', also known as 'WUTH Charity') together with the independently examined financial statements for the year ended 31 March 2021. Under Part 8 section 145 of the Charities Act 2011, the Corporate Trustee has exercised the Charity's exemption from audit. External scrutiny through *independent examination* is permitted and deemed appropriate for the Charity, as its gross income is below a statutory threshold.

This 'Annual Report and Accounts' document has been prepared by the Corporate Trustee in accordance with the *Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102)*, *Accounting and reporting by charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)* (effective 1 January 2019), Charities Act 2011 and Charities (Accounts and Reports) Regulations 2008 (see Note 1 to the accounts). It addresses all the separately established funds for which Wirral University Teaching Hospital NHS Foundation Trust ('the Corporate Trustee', 'the Trust', or 'WUTH') is the major beneficiary.

### Acknowledgement

The activities of the Charity have been achieved through the support and generosity of the local people of Wirral and the surrounding areas, and by the tireless efforts and resources of volunteers and active fundraisers in the community, and the Trust's staff. Many of our donors have contributed in times of personal difficulty.

We would like to take this opportunity to extend sincere thanks, on behalf of the patients and Trust staff, to everyone who kindly gave to the Charity, as well as any supporters who gave their time and effort. Their contributions, imagination and enthusiasm are greatly appreciated.

### Public interest benefit

The Corporate Trustee ensures that the *public benefit* criteria, as detailed in the Charities Act 2011, are met by demanding that each funding application is critically assessed against those criteria. This process is achieved through compliance with the Charity's *Expenditure Guidance* policy document. Applications are prioritised and rejected or pursued based on the availability of funds, compliance with the *Expenditure Guidance*, and the quality of the application – 'how much benefit is generated for each pound spent?'

Where possible, funds are used to provide benefit to a wide range of patients. Further descriptions of purchases made by the Charity during the year under review are included in *Achievements in 2020/21* (pages 15 to 18).



## Ways to donate

There are a number of ways to make a donation in confidence to WUTH Charity.

### Over the Phone

Credit and debit card payments can be received over the phone by calling the Charity Office, at Arrowe Park Hospital on 0151 482 7788.

### JustGiving

Donors can create a personal JustGiving fundraising page for their own fundraising, or pay securely through the Charity's own page, with the option to consent to Gift Aid for both single donations and regular giving.

### Standing order

Regular donors can submit a *standing order form* (website, or by request) to the Charity Office.

### Bank transfer

Direct transfers can be made into the WUTH Charity bank account.

Sort code: 60 – 70 – 80

Account number: 10029753

### Cash

Cash donations can be received at the Trust's cash offices at the Arrowe Park or Clatterbridge sites, or be paid to the Charity through a local bank or post office, with account details as above.

### Cheque

Cheques can be posted or handed in to the Charity Office or cash offices, made payable to **WUTH Charity**. The postal address of the Charity Office is on page 4.

### Gift Aid

Gift Aid forms are available (website, or by request) to accompany any donation to WUTH Charity. The form seeks consent from the donor for the Charity to reclaim tax amounts that the donor has paid as a UK tax payer, maximising the power of a donation.



## Aims and objectives

Income received by the Charity is accepted, held and administered as funds and property held on trust for purposes relating to the Health Service in accordance with the National Health Service Act 2006. These funds are held on trust by the Corporate Trustee.

On an everyday basis, the Charity exists to support the Trust. The Trust delivers patient care at Arrowe Park Hospital, Clatterbridge Hospital, and Wirral Women and Children's Hospital, as well as at a number of community locations throughout Wirral.

### Individual funds

Throughout 2020/21, WUTH Charity had the following active funds.



Patient Wish is a general purposes fund.

The 7 other specialty funds are an expression of the Corporate Trustee's objectives for WUTH Charity.

The Tiny Stars Neonatal Appeal was launched in 2019/20.

More details can be found in the *Fund structure* section (page 9).

### Statute

The Charity is committed to spend in line with the statutory public interest benefit criteria, discussed in the previous section. It is additionally guided by its objects, below.

### Objects

The principal objects of WUTH Charity as set out in the Declaration of Trust deed as follows.

*To provide 'for any charitable purpose or purposes relating to the National Health Service.'*

### Mission Statement

WUTH Charity's Mission Statement, adopted in 2016, is as follows.

*“To further improve the quality of WUTH's patient care, by issuing grants for the purchase of medical equipment, improvement of Trust facilities and for the direct enhancement of the patient experience in other imaginative ways. This is achieved through the spontaneous generosity of the general public and by fundraising activities, events and appeals.”*

This Mission Statement is the cornerstone of the Charity's *Expenditure Guidance* policy, and explains the Charity's main activities.

### Individual funds' purposes and decision-making

Decision-making is governed by the Charity's *Expenditure Guidance* policy, with compliance managed by the Trust's Financial Services Department on behalf of the Charitable Funds Committee. Within this framework, fund-holders are involved in delegated decision-making for the purposes of each individual fund's specialty area, or, in the case of Patient Wish, for the general purposes of the Trust.

For Patient Wish, the fund-holder is the Trust's Director of Nursing and Midwifery (Chief Nurse), who receives, considers and approves applications. For the other specialty funds, this is undertaken by the relevant senior Trust team comprising the most senior divisional *clinician, nurse and manager*. Any member of staff can submit an application for consideration.

In decision-making, there is always due regard for legal trusts imposed. Moreover, staff do attempt to acknowledge any non-binding 'expressions of wish' from donors about the particular area, function, department or specialty which should ideally benefit from their generosity.

WUTH Charity's strong governance measures have been put into place so that donors and grantors can be assured that *every pound spent* generates the highest standards of public benefit, and so that the Trust and the Charity can be proud of each and every project undertaken.

### Achievement of aims and objectives

As a grant-giving charity, WUTH Charity's aims and objectives are expressed through purchases made for the benefit of the Trust's patients and their carers. Details of some key funds' activities and achievements are set out on pages 15 to 18.



## Fund structure

The Charity has one unrestricted Patient Wish general fund and eight specialty funds which includes the Tiny Stars Neonatal Appeal fund which was established in 2019/20.



During 2020/21 the Charity also set up a COVID-19 fund which benefited from donations from the national appeal organised by NHS Charities Together as well as significant contributions from the general public through JustGiving and contributions from the Wirral Globe. This fund is earmarked for the purposes of staff welfare.

Designation (earmarking) is merely a record of the Corporate Trustee's intention at a point in time. It is not the same as a legal restriction on the funds, as this is a legal trust imposed on how and where the funds are spent. The Charity held no designated funds in 2020/21 or 2019/20 but the Corporate Trustee periodically considers earmarking.

Further fund details are included in Note 18 to the accounts.

## Governance and management

### Corporate Trustee

The sole trustee of WUTH Charity is Wirral University Teaching Hospital NHS Foundation Trust. This is a 'corporate trustee', and the Charity's primary beneficiary; the public is the ultimate beneficiary. The address of the Trust's principal office is the same as that of the Charity.

The Corporate Trustee is managed by its Board of Directors which consists of executive and non-executive directors. It has responsibility for ensuring that the NHS body fulfils its duties in managing the charitable funds. Members of the Trust Board are not individual trustees under Charity Law, but act as agents on behalf of the Corporate Trustee. They fulfil the Trustee's legal duty by ensuring that funds are spent in accordance with objects and in pursuit of patient benefit, and independently determine the Charity's strategy through meetings of the Charitable Funds Committee.

The voting members of the Board of Directors of the Corporate Trustee ('Trust Board') who served during the financial year were as follows:

Chairman	Sir David Henshaw*
Chief Executive	Janelle Holmes*
Chief Finance Officer	Claire Wilson*
Deputy CEO / Medical Director	Dr Nicola Stevenson*
Chief Operating Officer	Anthony Middleton
Director of Strategy & Partnership	Matthew Swanborough*
Chief Nurse	Hazel Richards
Executive Director of Workforce	Helen Marks <sup>1</sup>
Executive Director of Workforce	Jacqui Grice <sup>2</sup>
Director of Communications and Engagement	Sally Sykes*
Director of Governance and Quality	Paul Moore <sup>3</sup>
Non-Executive Director	John Sullivan*
Non-Executive Director	Steve Igoe*
Non-Executive Director	Chris Clarkson*
Non-Executive Director	John Coakley OBE <sup>4</sup>
Non-Executive Director	Jayne Coulson
Non-Executive Director	Sue Lorimer*
Non-Executive Director	Steve Ryan <sup>5</sup>

<sup>1</sup> to June 2020

<sup>2</sup> from September 2020

<sup>3</sup> to July 2020

<sup>4</sup> to December 2020

<sup>5</sup> from January 2021

All of the members were in post for the 12 month period to 31 March 2021 except where indicated.

Trust Board members who were also in post on the date of approval of this report are labelled above with an asterisk. Directors joining the Trust Board after 31 March 2021 and in post on the date of approval of this report are as follows:

Director of Workforce - Debs Smith  
Director of Corporate Affairs – David McGovern DL

### Charitable Funds Committee

This is a Committee of the Trust Board, established to ensure that the Corporate Trustee's duties are discharged.

The formal purposes of the Charitable Funds Committee can be summarised as follows.

- i. To agree the purpose, strategy and policies of the Charity.
- ii. To oversee the Charity's financial and treasury management processes.
- iii. To control expenditure from the funds.
- iv. To control fundraising initiatives.
- v. To recommend an Annual Report and Accounts to the Corporate Trustee, outlining all of the Charity's key achievements.

Decisions are made and approved at meetings of the Charitable Funds Committee, in which only Charity business is conducted. Board members do not receive any additional remuneration or payment for expenses whilst serving on the Charitable Funds Committee.

The Charitable Funds Committee is continuously improving the objectives and effectiveness of WUTH Charity. This activity includes ongoing review of the following areas.

- Governance arrangements.
- Expenditure compliance and effectiveness - value for money.
- Income generation strategy.
- Risk management arrangements.
- Investment and reserves review.

Due to the Covid-19 pandemic there were only two formal meetings of the Charitable Funds Committee in August and November 2020. The members of the Charitable Funds Committee who served during the financial year were as follows.

Non-Executive Director & Chair of Committee

Sue Lorimer

Chief Finance Officer

Claire Wilson

Medical Director

Dr Nicola Stevenson

Chief Nurse

Hazel Richards

Director of Communications and Engagement

Sally Sykes

Non-Executive Director

John Coakley OBE<sup>1</sup>

Non-Executive Director

Jayne Coulson

Non-Executive Director

Steve Ryan<sup>2</sup>

<sup>1</sup> to December 2020

<sup>2</sup> from January 2021

All of the members were in post for the 12 month period to 31 March 2021 except where indicated. When unable to attend, a nominated deputy is expected to attend. The Trust's Chair and all non-executive directors have a right to attend the Committee. The Chief Finance Officer is the Executive Lead for the Committee.



### Corporate Trustee's appointments

Non-executive directors of the Trust Board are appointed by the Trust's Council of Governors. Executive directors are recruited by the Trust Board. Further details regarding appointment to the key governance roles within the Trust Board and the Council of Governors of the Corporate Trustee are reported in the Corporate Trustee's Annual Report and Accounts 2020/21, and are contained within the Corporate Trustee's Constitution. Copies of these documents can be obtained by contacting the Trust (see Reference and administrative details), and the Trust's Annual Report and Accounts can be viewed on the Trust website.

Trust staff including executive and non-executive directors, are required to complete a corporate induction programme, which includes a briefing on Charity responsibilities. Directors are encouraged towards continuous professional development through the Trust's on-going performance management arrangements, and they are able to seek individual professional advice or training at the Trust's expense in the furtherance of their duties.

Governors' knowledge is refreshed through a range of briefing sessions and workshops. The Trust Board, Charitable Funds Committee and governors all have had the benefit of access to advice from the Board Secretary and the Assistant Director of Finance – Financial Services, who were responsible throughout 2020/21 for ensuring that the Corporate Trustee's procedures are followed, and that applicable regulations are complied with.

### **Constitution of the Charity** - including the reservation and delegation of the powers of the Corporate Trustee

The unrestricted general umbrella fund was established using the Charity Commission's model Declaration of Trust, dated 18 October 1995. This Declaration of Trust was amended by Supplemental Deed, dated 1 November 2007, which reflected the Trust's new status as an NHS foundation trust. A number of 'special purpose trusts' were individually registered with the Charity Commission as constituent/subsidiary charities in 1997, and were 'linked charities' under the Charity's single registration number. WUTH Charity applied for full dissolution of all linked charities within 2017/18 and Charity Commission records have been amended accordingly.

Any member of Trust staff can make a grant application. Delegated 'fund-holders' for each fund may approve an application, up to a specified financial limit. Above this limit, further approvals are required by the Corporate Trustee. The Trust's Financial Services department is responsible for the financial administration of the Charity and undertakes the 'technical approval' of all applications, ensuring compliance with the *Expenditure Guidance* policy and charity law on behalf of the Corporate Trustee.

Although the Corporate Trustee has delegated some day-to-day decision-making in terms of grant approvals, the Corporate Trustee and its Charitable Funds Committee reserve the power to apply any funds to any purpose in any area of the Trust's hospitals in accordance with the Health Service Act 2006, subject to any imposed restrictions.

The full current name of the Charity is Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund. It is also known as 'WUTH Charity', which is a registered 'working name'. The Charity's registration number is 1050469.

## Risk management

The Charity's key systems are designed and implemented by Wirral University Teaching Hospital NHS Foundation Trust, and the Charity therefore benefits from the Trust's robust internal control framework. Risks to which the Charity is exposed are identified, and mitigating actions are considered, in meetings of the Charitable Funds Committee.

As at 31 March 2021, the Corporate Trustee has determined that the Charity did not have any significant residual risks.

## Reserves policy

### Background

In accordance with Charity Commission guidance, the Corporate Trustee acknowledges that there is a requirement to hold a minimum reserve balance. This is to allow freedom to initiate expenditure when required, in advance of donations, and to mitigate the impact of any unforeseen circumstances.

Conversely, the Charity Commission asserts that charities should not hold substantial unspent reserves as a matter of course. The Corporate Trustee recognises its statutory obligation to ensure that funds should be spent effectively and promptly.

### Level of reserves

As at 31 March 2021, the Charity did not have any staff-based obligations or large ongoing projects, which might generate significant unforeseen obligations, and the Charity has the ability to reactively scale back expenditure to trivial levels, as discussed in the Charity's *Going concern* policy (page 31). Therefore, the Corporate Trustee cannot identify any need to hold high levels of reserves to March 2021.

Reserves are that part of a charity's unrestricted funds that is freely available to spend on any of that charity's purposes. The actual level of reserves held is usually calculated as the total funds of a charity, less restricted funds and any other funds earmarked against, or committed to, future projects. Because, with the exception of one fund, the funds held are classed as restricted, the actual reserves figure for WUTH Charity at 31 March 2021 was £338k (2019/20 £244k). This level of reserves is consistent with the reasoning above.

The Charity's restricted funds have narrower objects than those of the Charity and so are not 'freely available'. However they still have broad objects within their own areas, are subject to the apportionment of overheads, and are not often subject to very narrow restrictions from imposed trusts. This means that, for internal management purposes only, an 'operational reserves' figure might be alternatively broadly expressed as the total funds held. It could be argued that this represents a high level of 'operational reserves', given the very low risk of unforeseen obligation, and the growing needs of the Charity's beneficiary trust.

The Corporate Trustee is committed to ensuring that high fund balances are not held unnecessarily, and that the Charity's funds are put to prompt and prioritised use for the benefit of the Trust's patients.

## Investment policy

### Background

By law, the Charity must ensure it spends any income received within a 'reasonable time of receipt'. Charities should not hold substantial unspent reserves as a matter of course. However, where NHS charitable funds have surplus monies not needed to fund immediate charitable activities, the Corporate Trustee may elect to invest some (or all) of this surplus in order to generate additional income to fund future activities.

All investment decisions

- must comply with the Trustee Act 2000 and have regard to the Act's standard investment criteria; and
- must be informed by appropriate professional investment advice.

The Charity avoids investments involving alcohol, arms and tobacco.

The overriding objective, as expressed through the Charity's Treasury Management Policy, is to safeguard the Charity's assets and minimise risk, whilst maximising returns net of administrative expense.

### Investments summary

In prior years the Charity has held *common investment funds* (CIFs) managed by CCLA Investment Management Limited, which were disposed of within the 2017/18 financial year. As a consequence, the total value of the investment assets of the Charity as at 31 March 2021 was nil (2019/20 nil).

In 2020/21 investment income of £1.5k (2019/20 £5k) was earned. This income now solely relates to bank interest.





## Achievements in 2020/21

Despite charity activity refocusing to staff, community and patient support in response to the COVID-19 pandemic, the impact of the Charity however was still felt as a number of excellent projects were supported. Some key stories are described below.

### Patient Wish Fund

#### Heart in their hands

The Palliative Care team has launched a 'Hearts in their Hand' initiative across the Trust to support patients who are at end of life. WUTH Charity funded 250 of the silver hearts.



'Hearts in their Hands' are a special silver keyring (pictured). It contains a pop-out heart in the middle which is placed in the hand of a patient at end of life. The remainder of the keyring is then passed on to a loved one as a keepsake. The idea is that both patients and loved ones have a piece of the same heart, offering a special connection and memory at that important time.

The Palliative Care Team started using them at the start of the COVID-19 pandemic. They described how giving one piece to a patient and the other to relatives has been an "honour" and that loved ones have been extremely grateful, especially during the first wave of the pandemic when families may not have been able to see patients for a variety of reasons. The team has even sent the keyrings as far as Australia.

One relative commented that: "I feel that although I wasn't there, a piece of me was."

Head of Fundraising Victoria Burrows said "Little things that mean a lot is often what we talk about to our donors and these keyrings are a very special example of this. It is wonderful to see Charity funds supporting such a valuable project for our Palliative Care team, their patients and loved ones."

## Children's Ward Sensory Room and Fish Tank upgrades

A popular focal point on the Children's ward, the fish tank encourages discussion and provides distraction and opportunities for learning. The improvements included new lighting, repairs to the display stand and new ornaments.



The sensory space helps children be more at ease while they are in hospital. It's especially beneficial for children with sensory issues, autism, developmental delays and mental health conditions. The room includes projector lamps, ladder lights, hurricane columns and more. All make the ward's sensory space an amazing place for children who need somewhere peaceful and calming.

"The Children's Ward have benefited from generous donations made to the Children's Fund. This year our sensory room and fish tank have both been upgraded. They provide our patients and their families with something to focus on other than why they are with us. They really do have a calming and relaxing influence. We'd like to thank everyone who supports the Children's Fund; your donations really do make a difference. We really are truly grateful"



**Michelle Lee-Jones, Ward Manager, Children's Ward**

## Heart Care fund

### 2 x echocardiogram machines - Heart Care fund

The largest grant of the year of £194,000 was made to the Cardiology outpatients' department. This new equipment has allowed the department to help hundreds of patients access high quality diagnostic echocardiograms, which are the cornerstone of the diagnosis of several very prevalent and common heart diseases, such as heart failure, heart disease and coronary artery disease.



The equipment has been used to run inpatient lists of transoesophageal echocardiogram, allowing diagnostic precision and early detection of infections on the heart.

The machines also help our outpatient population to access a diagnosis of several conditions.

For the first time, the department has been able to set a specific clinic for 3 D echocardiogram, to increase the precision of our diagnosis by using the 3 D software for the most challenging patients.

## Christmas gifts for patients

Christmas was very different for so many people this year, including vulnerable patients in our hospitals, who faced the festive season isolated from loved ones and happy family traditions.

This year, with the generous donations of our community, WUTH Charity purchased a variety of small gifts which were shared with patients on Christmas Day. We also had donations of toys and gifts for the children we cared for over Christmas. The incredible support of our donors really helped to lift spirits in what was a Christmas like no other.

“2020 was an extraordinary year, our staff and hospital had to make changes and adapt like never before. It also meant that Christmas 2020 was very different for all of us. The generosity of our charity supporters really made a difference to our patients on Christmas Day. I would like to thank everyone who has supported our Charity this year”

**Hazel Richards, Chief Nurse**

## Staff support and thanks

In November 2020, the Charity received a generous grant of £50,000 from NHS Charities Together (National Charity leading on the COVID-19 Urgent appeal). This discretionary funding provided staff with a number of different items and activities to boost morale and recognise their outstanding efforts during the year.

During December, the Charity team coordinated the sourcing and distribution of 220 staff room hampers, approximately 7000 Christmas gifts and cards to all staff on behalf of the Trust, and delivered 2 free breakfasts and ensured regular supplies of drinks, snacks and treats were readily available to all wards, the Emergency Department and Critical Care. The support of drinks, snacks and additional breakfasts continued through to February 2021.

Activities such as virtual Comedy Bingo and magic shows were also arranged.

## Every penny makes a difference

This section has outlined some key impacts made by the Charity throughout the year. Other items funded also include

- Adult Dental Intraoral Radiopaque simulator mannequin
- Micro-Ultrasound Imaging System
- Transit wheelchair, Invacare 18x17 Ben NG Attendant propelled chair.
- Various therapy items including putty and hand exercise equipment for the Stroke and Rehabilitation teams.

## Annual Report and Accounts 2020/21



On many occasions, significant benefit has been achieved with very modest spend, using care and imagination in selecting projects that are suitable for grants from the Charity; and also seeking in kind contributions. The Corporate Trustee wishes to acknowledge the significant contribution made to patient benefit by such projects.

More information about our projects can be found at

[www.wuthcharity.org/how-your-donations-have-helped](http://www.wuthcharity.org/how-your-donations-have-helped)



## Head of Fundraising's review of the year A year like no other

I ended last year's review with some uncertainty with what the year ahead would entail. Throughout the year, the Charity Office at Arrowe Park continued to be a hub for community donations for the staff. The outpouring of support was phenomenal. The Charity team have met many new people as they showed support for staff in our hospitals and I would like to thank everyone one for their generosity, messages of support and kindness.

In April 2020 the Wirral Globe was instrumental in launching the COVID-19 support fund. They have throughout last year been extremely supportive with front page coverage of fundraising milestones reached, but also in paying tribute the level of activity in the community. We are incredibly grateful for their support and really hope to continue this valued partnership as we move forward, especially as we've been nominated as one of two beneficiaries for the Wirral Mayor's annual charity appeals.



‘More than 2000 donations were made to over 200 individuals completing challenges for the appeal’

Of the many people who completed challenges in aid of the appeal, I would like to make a special thanks to one of our youngest. Will Ritchie was our top fundraiser, aged 6.. During lockdown Will's parents set him a little challenge for June to increase his tolerance to exercise - Will's Marathon Month. Each day they aimed to complete 1.5km with him equalling 45km (28miles) in 30 days. They decided to fundraise for the WUTH Charity Covid-19 Support fund, to help the hospital which has offered so much support to the family over the last 6 years.



Will completed 30 miles and raised an amazing £14,000. He featured on BBC North West and was a huge inspiration to staff and the whole community with his achievements. I was extremely proud to successfully nominate Will as our NHS Hero. He was featured in a special tribute installation as an 'NHS Hero' at Blackpool Illuminations throughout the autumn of 2020.





### Corporate Support – Improving outdoor spaces

The Charity team approached SP Energy Networks and partners David T Hughes Contractors Ltd to request support to clear overgrown areas at the front of the Arrowe Park Hospital site. The week long project included approximately 100 volunteers from both companies attending to complete the project which resulted in landscaped areas, remarked visitors' car park and thankyou messages to staff painted on the exits.



### Fundraising Activity

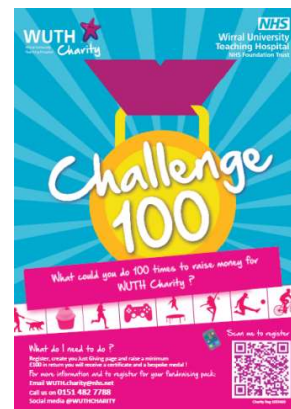
As the first lockdown restrictions eased the team did resume some fundraising activity through the summer and into the autumn. Key activities are as follows

The **Wirral Rainbow flower** was our biggest project for the year. A bespoke metal rainbow daisy was commissioned by the British Iron Works centre in Shropshire. Hundreds of flowers were sold to patients, families and staff. Many were bought in memory of loved ones, others to mark the care they had received from staff.



**Challenge 100**, in September, we saw people find imaginative ways to raise money by doing various things 100 times. For example a staff member raised a fantastic £1,800 for a 100minute silence; others walked 10 kilometres or swam 100 lengths of their local pool.

The team along with other staff from Pharmacy and community supporters completed the **virtual London marathon** in October and raised over £6,000 for the COVID appeal.



### **Critical Care Team Lands' End to John O'Groats challenge**

55 staff from the Critical Care unit took part because they wanted to remember each and every one of the patients they had cared for. The team had an amazing week completing 1090 miles in just 5 days and raised over £8,000.



### **NHS Charities Together Urgent Appeal Grants**

We successfully applied for all grants made available from NHS Charities together (NHS CT). NHS CT ran the national urgent appeal, which includes the funds which Sir Captain Tom Moore raised. Approximately £150,000 million has been raised nationally of which 68million has been allocated. We have received £182,000 to date and look forward to learning about new funds to be released from these national funds.

### **Finally...**

In what has been a challenging year the Charity team has met many colleagues from across the Trust whilst carrying out the activities described. We have had the privilege to be part of an exceptional team at Wirral University Teaching Hospital. I would finally like to personally thank our charity volunteers, Jo Roberts and Phil Crawford our Community and Events Fundraisers who quickly adapted and embraced a new challenge of supporting our colleagues whilst exploring new and safe ways to also fundraise. We have been overwhelmed by the generosity of supporters locally and nationally. A scheme of work is currently being developed for both the local and national funds combined. Following consultation with staff the funds will be used to enhance rest and relaxation facilities to support staff recovery and build resilience for the future.

Looking forward future activity is still uncertain. We hope to relaunch the Tiny Stars Neonatal Appeal when we can resume normal activity. The team continues to plan new activities and is looking forward to being able invite all our supporters to our events again as soon as possible.

**Victoria Burrows – Head of Fundraising**

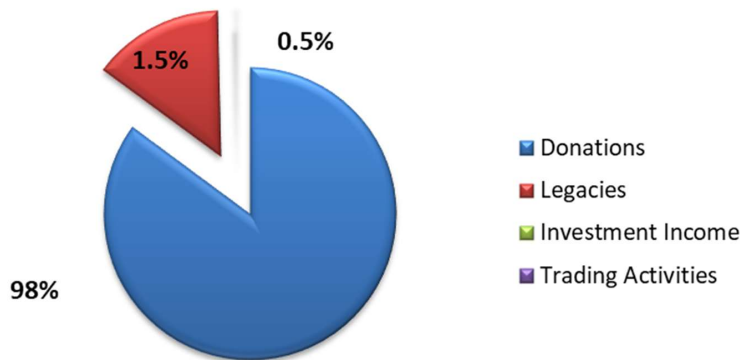


## Finance and performance review

### Income summary

The Charity relies upon donations and legacies as its main source of income. Total income for 2020/21 was £610k (2019/20 £333k). The following chart analyses this year's income by source.

### Analysis of income



#### Donations - £519k

Many of our on-site donors give to the Charity in times of personal difficulty, whilst other donors may be motivated to say 'thank-you' after returning home from an experience as a patient or carer, which leads to postal donations, JustGiving collections and external (third party) fundraising events.

The Charity was one of the beneficiaries of the national COVID-19 urgent appeal organised by NHS Charities Together.

Fundraising activities and events are a wonderful way for the local community to contribute and get involved. They are usually more effective if undertaken with the knowledge and approval of the Corporate Trustee, and the Charity's fundraising team (page 4) can offer advice and help.

We thank all donors for their kindness and effort.

#### Legacies - £89k

We are very fortunate to be remembered through wills by kind legacy donors, and we extend our thoughts and thanks to their families and friends. The Charity benefited from two legacies in 2020/21.

**Other trading activities - £1k**

The income relates to income received in exchange for supplying goods and services to raise funds for the Charity which was primarily generated by lottery activities. The vast majority of income generated by fundraising events is currently technically classified as donations.

**Investment income - £1.5k**

In order to maximise the benefit of every penny donated, the Charity seeks to invest any funds which are not likely to be used in the short-term subject to the requirements of the Reserves Policy. Recent investment market conditions are such that investment income was modest in 2020/21; investment opportunities are subject to ongoing review.

**Expenditure analysis**

Of the total expenditure of £463k (2019/20 £446k), £349k (2019/20 £335k) was spent on charitable activities across a range of programmes for patient benefit.

The allocation of support costs to these charitable activities is detailed in Note 7 to the accounts.

**Patient comforts and welfare - (£59k)**

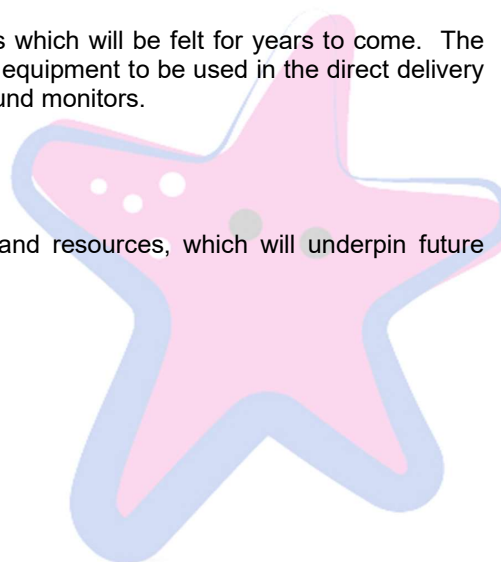
This charitable expenditure relates to a mixture of Trust-wide projects and ‘the little things that mean a lot’ – enhancing the patient (and carer) experience and supporting discharge. During 2020/21 the Trust experienced two significant periods of COVID-19 demand which meant that, whilst the Charity wasn’t able to support patient comfort and welfare in the same way it has done in previous years, every effort was made to ensure that patients were supported as and when possible.

**Medical equipment - (£290k)**

This expenditure represents tangible benefits to patients which will be felt for years to come. The Charity has provided an array of modern and innovative equipment to be used in the direct delivery of healthcare. This included the purchase of two ultrasound monitors.

**Raising funds - (£114k)**

This category includes budgeted fundraising services and resources, which will underpin future income growth.



## Future plans

The Trust, as a body operating within the NHS, is subject to uncertainty due to changes in government policy, departmental and regulatory reforms, and local developments. The Corporate Trustee is therefore committed to flexibility in the Charity's spending decisions, to accommodate the changing needs of its major beneficiary.

**The Charity therefore did not require or compile comprehensive future spending plans in 2020/21.**

As the Charity grows, this position will adapt to incorporate the spending plans associated with appeals schemes.

As a general rule, the Corporate Trustee is committed to utilising funds as soon as is practical, based on patient benefit priorities. At the time of compilation of this Annual Report and Accounts, the most significant grant-funded projects in 2020/21 are as follows.

- 2x Cardiac Ultrasound Monitors (Heart Fund) £193,400

Other future plans for the development of the Charity's activities and incomes are outlined in the *Head of Fundraising's review of the year* (page 19).



## Corporate Trustee's responsibilities in relation to the financial statements

The Corporate Trustee is responsible for preparing the Trustee Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including the *Financial Reporting Standard applicable in the UK and Republic of Ireland* (FRS 102).

The law applicable in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year, and of its financial position at the end of the year. In preparing financial statements that give a true and fair view, the Trustee should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the applicable Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the *going concern* basis unless it is inappropriate to presume that the Charity will continue in operation; keep proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Charity, and which enables the Trustee to ensure that the financial statements comply with the requirements in the Charities Act 2011, the applicable Charities (Accounts and Reports) Regulations (see Note 1 to the accounts) and the provisions of the trust deed; and safeguard the assets of the Charity, therefore taking reasonable steps in the prevention and detection of fraud and other irregularities.

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements (including notes) set out on pages 29 to 41 have been compiled from, and are in accordance with, the financial records maintained by the Corporate Trustee.

The Corporate Trustee is responsible for the maintenance and integrity of the general and financial information included on the Charity's webpages. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

### Statement as to disclosure to our independent examiners

So far as the Corporate Trustee is aware, at the time of approving this Annual Report and Accounts, there is no relevant information of which the Charity's independent examiner is unaware. The Corporate Trustee has taken all the steps that it ought to have taken to make itself aware of any relevant information and to establish that the Charity's independent examiner is aware of that information.

### By delegated authority on behalf of the Corporate Trustee:

**Sue Lorimer**



Date 13 December 2021

Chair - Charitable Funds Committee / Non-Executive Director of the Corporate Trustee

**Claire Wilson**



Date 13 December 2021

Executive Lead - Charitable Funds Committee / Chief Finance Officer of the Corporate Trustee

**Independent examiner's report to the corporate trustee of Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund**

I report to the charity Trustees on my examination of the accounts of the charity for the year ended 31 March 2021.

**Responsibilities and Basis of Report**

As the Trustees of the charity you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the 2011 Act').

I report in respect of my examination of the charity's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

An independent examination does not involve gathering all the evidence that would be required in an audit and consequently does not cover all the matters that an auditor considers in giving their opinion on the accounts. The planning and conduct of an audit goes beyond the limited assurance that an independent examination can provide. Consequently, I express no opinion as to whether the consolidated accounts present a 'true and fair' view and my report is limited to those specific matters set out in the independent examiner's statement.

**Independent Examiner's Statement**

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the Act. I confirm that I am qualified to undertake the examination because I am a member of the Association of Certified Chartered Accountants, which is one of the listed bodies.

I have completed my examination. I can confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the 2011 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

**Use of this report**

This report is in respect of an examination carried out under section 145 of the Charities Act 2011. This report is made solely to the charity's corporate trustee, as a body, in accordance with the regulations made under section 154 of the Charities Act 2011. My work has been undertaken so that I might state to the charity's trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustee, as a body, for my work, for this report or for the opinions I have formed.

*Azets Audit Services*

Name: Laura Hinsley FCCA

Association of Certified Chartered Accountants

Azets Audit Services  
6<sup>th</sup> Floor Bank House  
8 Cherry Street  
Birmingham  
B2 5AL

Date: 13 December 2021

## Statement of Financial Activities

For the year ended 31 March 2021

	Note	Unrestricted 2020/21 £000	Restricted 2020/21 £000	Total funds 2020/21 £000	Unrestricted 2019/20 £000	Restricted 2019/20 £000	Total funds 2019/20 £000
<b>INCOME from</b>							
Donations and Legacies	3	124	484	608	228	99	327
Other trading activities - raising funds	4	1	0	1	1	0	1
Investments	5	0	1	1	1	4	5
<b>Total Income</b>		<b>125</b>	<b>485</b>	<b>610</b>	<b>230</b>	<b>103</b>	<b>333</b>
<b>EXPENDITURE on</b>							
Raising Funds	6	(27)	(87)	(114)	(18)	(93)	(111)
Charitable activities							
Patient comforts and welfare	7	(4)	(55)	(59)	(263)	(43)	(306)
Medical equipment	7	0	(290)	(290)	(8)	(21)	(29)
<b>Total Expenditure</b>		<b>(31)</b>	<b>(432)</b>	<b>(463)</b>	<b>(289)</b>	<b>(157)</b>	<b>(446)</b>
Net realised gains / (losses) on investments		0	0	0	0	0	0
<b>NET INCOME / (EXPENDITURE)</b>		<b>94</b>	<b>53</b>	<b>147</b>	<b>(59)</b>	<b>(54)</b>	<b>(113)</b>
Transfers between funds	8	0	0	0	(260)	260	0
<b>Net Movement in Funds</b>		<b>94</b>	<b>53</b>	<b>147</b>	<b>(319)</b>	<b>206</b>	<b>(113)</b>
<b>Reconciliation of funds</b>							
Total funds brought forward		244	665	909	563	459	1,022
<b>TOTAL FUND CARRIED FORWARD</b>		<b>338</b>	<b>718</b>	<b>1,056</b>	<b>244</b>	<b>665</b>	<b>909</b>

## Balance Sheet

As at 31 March 2021

	Note	Unrestricted 2020/21 £000	Restricted 2020/21 £000	Total funds 2020/21 £000	Unrestricted 2019/20 £000	Restricted 2019/20 £000	Total funds 2019/20 £000
<b>Current Assets</b>							
Debtors	12	100	95	195	10	0	10
Cash	13	273	770	1,043	237	669	906
<b>Total current assets</b>		<b>373</b>	<b>865</b>	<b>1,238</b>	<b>247</b>	<b>669</b>	<b>916</b>
<b>Current Liabilities</b>							
Creditors	14	(35)	(147)	(182)	(3)	(4)	(7)
<b>Net Current Assets</b>		<b>338</b>	<b>718</b>	<b>1,056</b>	<b>244</b>	<b>665</b>	<b>909</b>
<b>Total assets less current liabilities</b>		<b>338</b>	<b>718</b>	<b>1,056</b>	<b>244</b>	<b>665</b>	<b>909</b>
<b>NET ASSETS</b>		<b>338</b>	<b>718</b>	<b>1,056</b>	<b>244</b>	<b>665</b>	<b>909</b>
<b>Total funds of the charity</b>							
<b>TOTAL CHARITY FUNDS</b>		<b>338</b>	<b>718</b>	<b>1,056</b>	<b>244</b>	<b>665</b>	<b>909</b>

The notes on pages 31 to 41 form part of these accounts.

Approved by the Corporate Trustee and signed on its behalf:

**Sue Lorimer**

Chair of the Charitable Funds Committee  
Non-Executive Director of the Corporate Trustee



Date 13 December 2021

**Claire Wilson**

Executive Lead for the Charitable Funds Committee  
Chief Finance Officer of the Corporate Trustee



Date 13 December 2021



## Notes to the accounts

### 1. Accounting policies

#### a. Basis of preparation

Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund ('the Charity') is a public benefit entity.

The Charity's financial statements have been prepared under the going concern basis and historical cost convention as modified by the revaluation of assets, and in accordance with applicable United Kingdom accounting standards and *Accounting and reporting by charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)* issued on 1 January 2019 ('Charities SORP (FRS 102)'), its published updates and amendments pertaining to *small entities*, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), Charities (Accounts and Reports) Regulations 2008, and Charities Act 2011.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Charities SORP (FRS 102) issued on 1 January 2019, rather than *Accounting and Reporting by Charities: Statement of Recommended Practice* effective from 1 April 2005, which has since been withdrawn.

#### b. Going concern

The Corporate Trustee has satisfied itself that there are no material uncertainties about the Charity's ability to continue as a going concern for a period of at least 12 months from the date these financial statements are approved. This is because the Charity's expenditure and obligations are with Wirral University Teaching Hospital NHS Foundation Trust. The Charity has the ability to scale costs back, in line with available cash / funds. There are no contractual staff obligations, and no long-term programmes or projects to create unfunded obligations. Grants are committed after assessing fund balances, and grant commitments can, in certain circumstances, be reversed, are short-term, and are non-recurrent in nature.

The Corporate Trustee has therefore adopted the going concern basis of accounting in preparing the financial statements and a material uncertainty is not considered to exist in relation to going concern.

#### c. Funds structure

Unrestricted income funds comprise those funds which the Corporate Trustee is free to use for any purpose in furtherance of the charitable objects. After a significant restructure, as at 31 March 2018, the Charity has a single unrestricted general purposes Patient Wish fund, and seven restricted specialty funds. Restricted funds are to be used in accordance with their specific restrictions, which could be imposed by the donor through a written trust, or through 'appeals' fundraising.

The major funds held are disclosed in Note 18.

**d. Income**

All income is recognised once the Charity has entitlement to it, it is probable that it will be received, and its monetary value can be measured with sufficient reliability.

Given the absence of a reliable measurement basis, the significant voluntary contribution of Trust staff members is not included as Charity income in these accounts.

**e. Income from legacies**

Legacy sums notified but not received at year end will be recognised as in-year income if their receipt is considered to be 'probable' (more likely than not), in line with d., above.

Therefore, legacies are accounted for as income upon cash receipt, or where the receipt of the legacy meets each of the following 'probable' criteria.

- Confirmation has been received from the representatives of the estate(s) that probate has been granted.
- The executors have established that there are sufficient assets in the estate, after settling liabilities, to pay the legacy.
- All of the conditions attached to the legacy have been fulfilled or are in the control of the Corporate Trustee, and payment is unlikely to be challenged.

If the Charity is notified of a legacy after the reporting date but before the accounts are authorised for issue, then the legacy is accrued as income within the accounting period only if it can be shown that the 'probable' criteria are met as at the reporting date, and the legacy can be reliably measured.

If there is uncertainty as to the amount of the legacy (for example, if it is challenged) and it cannot be reliably measured by the date on which the accounts are authorised for issue, or there are unmet conditions not wholly within the control of the Charity, then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

**f. Expenditure**

All expenditure is accounted for on an accruals basis, and is recognised once there is a legal or constructive obligation, as a result of a past event, committing the Charity to the expenditure. In addition, settlement must be 'probable' – that is, it must be more likely than not that a transfer of cash will occur, and the amount of the obligation must be able to be measured or estimated reliably.

When transacting directly with third parties, contractual obligations are recognised as goods or services are supplied to the Charity. When funding Trust expenditure, constructive grant obligations are recognised by the Charity when the conditions of each grant are met. Grant conditions for day-to-day transactions are deemed to be satisfied when the Trust fully completes the purchase transaction correctly and promptly, and the details of the purchase can be demonstrated to match the original grant claim, which has itself been approved by the Corporate Trustee or delegated officer(s).

Extraordinary grants may be issued in advance of grantee expenditure. Such grants are only issued if they are contractually required and/or are directed by the Corporate Trustee.

**g. Expenditure on irrecoverable VAT**

Irrecoverable VAT is charged against the same category of *resources expended* as the underlying purchases.

**h. Expenditure on raising funds**

These are costs associated with generating incoming resources, and are recognised as per the Charity's other expenditure. The costs of budgeted fundraising services and resources have been included. Unless directly attributable to a particular fund, such costs are split across the Charity's 10 funds.

**i. Charitable activities and apportionment**

The costs of charitable activities include all costs incurred in the pursuit of the charitable objects of the Charity.

*Charitable activities* costs comprise the direct and grant-funding expenditures of charitable projects, and all overheads (administration and governance costs), charged directly to funds. The apportionment of the overheads ('support costs') across the different categories of charitable activity is usually then achieved using the value of expenditure transactions undertaken within the financial year in each category.

Governance costs comprise the costs of independent examination and the element of the administration fee which is deemed attributable to supporting the Charitable Funds Committee and for providing policies, papers, advice and recommendations, in addition to the creation of this Annual Report and Accounts.

The apportionment of support costs across the different categories of charitable activity is disclosed in Note 7.

**j. Fixed asset and current asset investments**

Any investments held would be stated at market value as at the Balance Sheet date. The Statement of Financial Activities would include the net gains and losses arising on revaluation and disposals throughout the year. The Charity held no investments within 2020/21 or in the prior year.

**k. Realised gains and losses from investment**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and market value at the start of the year (or purchase cost if bought in year). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase cost if bought in year).

In line with the principles of fund accounting, all gains (or income) and losses (or expenditure) pertaining to treasury activity are allocated back to each individual 'originating' fund.

The Charity had no such gains/losses in 2020/21 or in the prior year.

**I. Financial instruments**

Financial assets and financial liabilities are recognised when the Charity becomes a party to the contractual provisions of the instrument. All financial assets and liabilities are initially measured at transaction price (including transaction costs). The Charity's financial instruments comprise balances from across the Balance Sheet: *Debtors, cash and creditors*.

The Charity's financial assets and financial liabilities qualify as 'basic financial instruments'. These basic financial instruments are initially recognised at transaction value and are subsequently measured at amortised cost which equates to settlement value.

**m. Contingent assets and liabilities**

A contingent asset is a possible asset that arises from a past event, but which is not recognised in the Charity's Balance Sheet as its existence can only be confirmed by future events which are not within the Charity's control.

If receipt of a legacy is probable, but it cannot be reliably measured by the date of compilation of these accounts, then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

A contingent liability is either a possible but uncertain obligation, or a present obligation that is not recognised in the Charity's Balance Sheet because

- a transfer of economic benefit to settle the possible obligation is not probable; or
- the amount of the obligation cannot be estimated reliably.

Grants approved in principle but with unmet application or performance conditions are disclosed as contingent liabilities.

**n. Critical accounting judgements and key sources of estimation uncertainty**

In the application of the Charity's accounting policies described above, the Corporate Trustee is required to make judgements, estimates and assumptions about carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and any other factors that are considered to be relevant. Actual results may differ from these estimates.

In assessing whether conditions have been met such that a grant claim is formally fully agreed and therefore recorded as expenditure, judgement is applied by delegated officers of the Corporate Trustee. Similarly, when applying the Charity's accounting policies to the recognition of legacies, judgement is required to assess the circumstances surrounding each legacy. The Corporate Trustee's going concern judgement is discussed in section b..

The Corporate Trustee does not consider that there are any other significant judgements, nor has it identified sources of estimation uncertainty, which present a significant risk of causing a material adjustment to the accounts within the next reporting period.

## 2. Related party transactions

The Charity is a subsidiary of Wirral University Teaching Hospital NHS Foundation Trust and the Trust is therefore a related party. The Trust's 'place of business' is Trust Headquarters, as detailed in the *Reference and administrative details* section of the Annual Report. The Trust is a public benefit corporation established under the NHS Act 2006, and is both the Corporate Trustee and the primary beneficiary of the Charity. The Charity's ultimate parent is HM Government.

The Charity provides funding to the Trust for approved expenditure made on behalf of the Charity. All of the Charity's non-treasury expenditures, other than the costs of independent examination, bank charges and JustGiving fees, are with the Trust. During the year, the Charity made cash payments totalling £287k (2019/20 £505k) to Wirral University Teaching Hospital NHS Foundation Trust.

At 31 March 2021, the Charity owed the Wirral University Teaching Hospital NHS Foundation Trust £172k (2019/20 £5k) for support services delivered but not yet paid. All transactions entered into during the year were conducted on an arm's length basis.

During the year, none of the members of the Trust Board, Charitable Funds Committee or senior Trust staff, or parties related to them, were beneficiaries of the Charity, and none of these individuals have undertaken any material transactions with the Charity or received honoraria, emoluments or expenses in the year which were funded by the Charity.

Board members, and other senior staff, take decisions on both Charity and Trust matters, but endeavour to keep the interests of each discrete, and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public. The Corporate Trustee purchases *Directors and Officers liability insurance* which covers both the Charity and the Trust under a shared limit, and separate trustee indemnity insurance has therefore not been deemed necessary.

Prior to 31 March 2013, NHS charitable funds considered to be subsidiaries were excluded from accounts consolidation ('group accounts'), in accordance with a Treasury accounting direction issued by Monitor (now NHS Improvement). This dispensation is no longer available and NHS foundation trusts need to consolidate any material NHS charitable funds. The Trust reviewed the figures contained in the single-entity financial statements within this Annual Report and Accounts, and has determined that they are immaterial to the 'Trust group'. Consolidation has therefore not occurred in 2020/21, nor did it occur in any previous year.

## 3. Income: Donations and legacies

	Unrestricted 2020/21 £000	Restricted 2020/21 £000	Total funds 2020/21 £000	Unrestricted 2019/20 £000	Restricted 2019/20 £000	Total funds 2019/20 £000
Donations	35	484	519	228	99	327
Legacies	89	0	89	0	0	0
<b>Total donations and legacies</b>	<b>124</b>	<b>484</b>	<b>608</b>	<b>228</b>	<b>99</b>	<b>327</b>

#### 4. Income: Other trading activities - raising funds

	Unrestricted 2020/21 £000	Restricted 2020/21 £000	Total funds 2020/21 £000	Unrestricted 2019/20 £000	Restricted 2019/20 £000	Total funds 2019/20 £000
Fundraising events, sales, raffles and lottery	1	0	1	1	0	1
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>

This income category only includes raised income for which there is an exchange; for example, monies collected due to ticket sales for official events, or the selling of goods. In 2019/20, this income primarily related to lottery activities.

This figure therefore does not capture the flow of income generated by the ongoing and ad hoc representation of the Charity to patients and visitors by Trust staff, or the donations collected at any of the Charity's many events held in 2020/21, which would be included under *Donations* in Note 3.

#### 5. Income: Investments

	Unrestricted 2020/21 £000	Restricted 2020/21 £000	Total funds 2020/21 £000	Unrestricted 2019/20 £000	Restricted 2019/20 £000	Total funds 2019/20 £000
Bankings	0	1	1	1	4	5
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>5</b>

#### 6. Expenditure: Raising funds

	Unrestricted 2020/21 £000	Restricted 2020/21 £000	Total funds 2020/21 £000	Unrestricted 2019/20 £000	Restricted 2019/20 £000	Total funds 2019/20 £000
Fundraising services / resources	(26)	(87)	(113)	(18)	(92)	(110)
JustGiving fees, licenses and related charges	(1)	0	(1)	0	(1)	(1)
<b>Total</b>	<b>(27)</b>	<b>(87)</b>	<b>(114)</b>	<b>(18)</b>	<b>(93)</b>	<b>(111)</b>

The Corporate Trustee has approved the recharge of service and resource costs from the Trust to the Charity, on a recurring basis.

## 7. Expenditure: Charitable activities

The Charity grants funding to support Wirral University Teaching Hospital NHS Foundation Trust, through the purchase of goods and services for the Trust, consistent with the charitable objects of the Charity.

Support costs (overheads) comprise the Charity's administration fee, which is explained in Note 9, legal fees and the costs of audit / independent examination, detailed in Note 10.

Support costs can be split between administration costs and governance costs, which have been separately disclosed below. The basis for the apportionment of overheads is detailed in Note 1.

Expenditure due to charitable activities is analysed as follows.

	Grant Funding		Support costs				Combined totals		
	Unrestricted £000	Restricted £000	Administration costs		Governance costs		Unrestricted £000	Restricted £000	Total £000
			Unrestricted £000	Restricted £000	Unrestricted £000	Restricted £000			
Patient comforts and welfare	(4)	(55)	0	0	0	0	(4)	(55)	(59)
Medical equipment	0	(290)	0	0	0	0	0	(290)	(290)
<b>Total</b>	<b>(4)</b>	<b>(345)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(4)</b>	<b>(345)</b>	<b>(349)</b>

### Analysis of Charitable Activities - 2019/20

	Grant Funding		Support costs				Combined totals		
	Unrestricted £000	Restricted £000	Administration costs		Governance costs		Unrestricted £000	Restricted £000	Total £000
			Unrestricted £000	Restricted £000	Unrestricted £000	Restricted £000			
Patient comforts and welfare	(237)	(24)	(13)	(10)	(13)	(9)	(263)	(43)	(306)
Medical equipment	(8)	(12)	(0)	(5)	(0)	(4)	(8)	(21)	(29)
<b>Total</b>	<b>(245)</b>	<b>(36)</b>	<b>(13)</b>	<b>(15)</b>	<b>(13)</b>	<b>(13)</b>	<b>(271)</b>	<b>(64)</b>	<b>(335)</b>

Further details regarding expenditure due to charitable activities are included in the *Achievements in 2020/21* and *Finance and performance review* sections of the Annual Report.

## 8. Analysis of grants

Grants are made to support Wirral University Teaching Hospital NHS Foundation Trust in its purchase of revenue goods or services and fixed assets. This expenditure is described in Note 7, and in the descriptions of management arrangements and performance reporting within the Annual Report.

The Charity does not make grants to individuals or third parties.



## 9. Analysis of staff costs

The Charity does not directly employ staff. Instead, the resources of Wirral University Teaching Hospital NHS Foundation Trust are used, and an administration fee is levied by the Trust in order that the Trust can recover estimated costs incurred. This administration fee is subject to the approval of the Charitable Funds Committee.

The staff who perform administrative and fundraising functions work within Trust policy and under Trust direction, with identical terms and conditions to all other Trust staff, and their workload may be covered by colleagues interchangeably. These points would all suggest that these staff have not been seconded into the Charity, and that the supply is one of service, not of staff.

The Charity therefore does not require separate staff costs disclosures, and the service expenditure (administration fee) is contained within Note 7. The fundraising service charge is additionally disclosed in Note 6.

## 10. Costs of audit / independent examination

The independent examiner's fee of £7,200 (2019/20 £1,800) including VAT relates solely to the independent examination of these accounts. No other additional services have been provided by the independent examiner. This fee is included wholly within *Charitable activities* in the Statement of Financial Activities, through the apportionment of governance costs within total support costs (Note 7).

## 11. Fixed asset and current asset investments

No fixed asset or current asset investments have been held by the charity during the financial year, or prior year.

There have been no direct investments made outside the UK by the Charity, and further details of the Charity's treasury activity are contained within the *Investment policy* section of the Annual Report.

## 12. Current assets: Debtors

	Unrestricted 31-Mar-21 £000	Restricted 31-Mar-21 £000	Total funds 31-Mar-21 £000	Unrestricted 31-Mar-20 £000	Restricted 31-Mar-20 £000	Total funds 31-Mar-20 £000
Accrued legacy income	98	0	98	8	0	8
Other debtors	2	95	97	2	0	2
<b>Total</b>	<b>100</b>	<b>95</b>	<b>195</b>	<b>10</b>	<b>0</b>	<b>10</b>

Due to the balance and nature of the Charity's debtors, exposure to credit risk is negligible. No debts are past due or impaired.



### 13. Current assets: Cash

	Unrestricted 31-Mar-21 £000	Restricted 31-Mar-21 £000	Total funds 31-Mar-21 £000	Unrestricted 31-Mar-20 £000	Restricted 31-Mar-20 £000	Total funds 31-Mar-20 £000
Government Banking Service - deposit account	5	243	248	0	494	494
Barclays Bank - deposit account	183	527	710	152	175	327
Nationwide Building Society - savings account	85	0	85	85	0	85
<b>Total</b>	<b>273</b>	<b>770</b>	<b>1,043</b>	<b>237</b>	<b>669</b>	<b>906</b>

The carrying value of *financial assets measured at amortised cost* is measured as the total of balances in Notes 12 and 13.

### 14. Current liabilities: Creditors

	Unrestricted 31-Mar-21 £000	Restricted 31-Mar-21 £000	Total funds 31-Mar-21 £000	Unrestricted 31-Mar-20 £000	Restricted 31-Mar-20 £000	Total funds 31-Mar-20 £000
Other creditors - amounts due to						
Wirral University Teaching Hospital NHS FT	(32)	(140)	(172)	(1)	(4)	(5)
Accruals	(3)	(7)	(10)	(2)	0	(2)
<b>Total</b>	<b>(35)</b>	<b>(147)</b>	<b>(182)</b>	<b>(3)</b>	<b>(4)</b>	<b>(7)</b>

Amounts owed to Wirral University Teaching Hospital NHS Foundation Trust relate to unpaid obligations for services delivered, and grants issued but not yet paid. The carrying value of *financial liabilities measured at amortised cost* equates to the accruals row above.

### 15. Contingent assets and liabilities

If receipt of a legacy is probable at 31 March, but it cannot be reliably measured by the date of compilation of these accounts, then the legacy is disclosed as a contingent asset until all of the conditions for income recognition are met. The Charity had no contingent assets as at 31 March 2021 (31 March 2020 £84k).

Grants approved in principle but with unmet application or performance conditions are disclosed as contingent liabilities. If the conditions are not met within six months, the conditional approval expires. As at 31 March 2021 the estimated contingent liability was £100k (2019/20 £201k).

### 16. Commitments

The Charity has no other undisclosed commitments.

## 17. Non-adjusting events after the end of the reporting period

During the final quarter of the financial year the emergence of the Covid-19 pandemic began to significantly affect the Charity's ability to operate and raise funds in traditional means. Fundraising activity was paused following the national 'lockdown' and the focus of the Charity Team shifted to supporting the Trust through the pandemic.

Due to the cancellation of fundraising activity the decision was taken to temporarily suspend the 'time limited' Tiny Stars Neonatal Appeal, and relaunch the appeal as soon as restrictions allow in the 2021/22 financial year.

A local COVID-19 appeal was launched in response to the public wish to support the NHS through the pandemic with the specific aim of supporting the wellbeing of the Trust's staff. It has received significant donations locally and also from the national appeal via NHS Charities Together.










## 18. Analysis of material funds

The objectives of all of the Charity's funds are disclosed in the *Aims and objectives* section of the Annual Report. A summary of 2020/21 fund movements is as follows.

Fund	Opening Balance 1 Apr 20 £'000s	Income £000's	Expenditure £000's	Closing Balance 31 Mar 21 £000's
 Heart Care Fund	217	1	(198)	20
 Children's Fund	43	2	(17)	28
 Stroke Fund	14	2	(4)	12
 Respiratory Fund	39	10	(3)	46
 Breast Care Fund	70	3	(3)	70
 Critical Care Fund	11	20	(3)	28
 Cancer Fund	16	97	(98)	15
 Patient Wish Fund	245	125	(31)	338
 Tiny Stars Neonatal Appeal	254	16	(8)	263
<b>COVID-19</b>	0	334	(98)	236
	<b>909</b>	<b>610</b>	<b>(463)</b>	<b>1,056</b>

# Annual Report and Accounts 2020/21

A summary of 2019/20 fund movements is as follows

Fund	Opening Balance 1 Apr 19 £k	Fund Transfers £k	Income £k	Expenditure £k	Closing Balance 31 Mar 20 £k
 <b>Breast Care fund</b>	74	0	3	(7)	70
 <b>Cancer fund</b>	14	0	6	(4)	16
 <b>Children's fund</b>	77	(10)	2	(26)	43
 <b>Heart Care fund</b>	219	0	2	(4)	217
 <b>Critical Care fund</b>	11	0	4	(4)	11
 <b>Respiratory fund</b>	49	0	4	(14)	39
 <b>Stroke fund</b>	16	0	5	(7)	14
 <b>Patient Wish fund</b>	562	(258)	231	(290)	245
 <b>Cancer fund</b>	0	268	76	(90)	254
	1,022	0	333	(446)	909



**BOARD OF DIRECTORS**

**Chair's Report – Finance & Business Performance Assurance  
Committee**

**26 January 2022**

<b>Title:</b>	Chair's Report – Finance & Business Performance Assurance Committee
<b>Responsible Director:</b>	Claire Wilson, Chief Finance Officer
<b>Presented by:</b>	Sue Lorimer, Non-Executive Director and Chair of Finance & Business Performance Assurance Committee

<b>Executive Summary</b>
The paper provides information on discussions and assurances on Trust finances, CIP and performance against access targets.

<b>Recommendation:</b>
To note the contents of the report

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

<b>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)</b>
<b>Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)</b>
<b>Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)</b>

<b>Specific communications and stakeholder /staff engagement implications</b>	
<b>Patient / staff implications (e.g. links to the NHS Constitution, equality &amp; diversity)</b>	
<b>Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)</b>	
<b>Previous considerations by the Board / Board sub-committees</b>	
<b>Background papers / supporting information</b>	

**Board of Directors**

**26 January 2022**

**Chair's Report – Finance & Business Performance Assurance Committee**

**Purpose**

To update the Board of Directors on the work carried out by the Finance & Business Performance Assurance Committee in its meeting on 22 December 2021.

The report highlights the key issues considered at the meeting, risks for the board to be aware of and makes recommendations as appropriate.

**Update**

**International Nurse Recruitment Proposal 2022-23**

The committee approved investment for the recruitment of 100 nurses from overseas with 80 initially and a further 20 by September 2022. The revenue cost is £1,202,813 assuming funding from HEE of £3,000 per nurse, a Pastoral Lead, a Pastoral Nurse and including 2 months supernumerary time on the wards. It was noted that provision for this sum has previously been made in the plan for the second half of the year.

There was an additional request for funding for 40 further nurses in 2022/23 and the committee asked the Interim Chief Nurse to bring a paper back to committee in Q4 in order to consider it in the context of staffing levels, expected demand and the financial settlement for 2022/23.

**Month 8 Finance Report**

The committee noted that the Trust has now received confirmation of its funding and a plan for breakeven has been submitted to NHSE/I.

Financial performance to month 8 is a deficit of £1.728m which is £0.391m worse than plan. The committee was informed that a breakeven position for the year end is still expected. The plan for month 8 included £0.9m funding from the ERF but no income has been recognised as yet despite good performance against the RTT requirements. The income situation is to be reviewed in month 9 once Cheshire and Merseyside performance is known.

It was noted that there is an expectation of late financial allocations during the current financial year as significant funds are still being held nationally.

The committee discussed the overspend on drugs and requested a deep dive at the next meeting into financial controls on drugs and the introduction of new drugs.

The committee also discussed price inflation, particularly with regard to capital, and it was agreed that the CFO would check whether this was on the Risk Register and to include it if not.

## CIP Report

It was noted that the CIP comprises 290 opportunities with a forecast outturn of £5.346m against a target of £5.558m. This represented an increase in month of £0.182m. The committee noted that good practice on CIP was to be shared with other trusts. Divisions will now be identifying potential savings for 2022/23.

The committee were pleased to note the effective operation of the QIA process in relation to a scheme proposed by the Women's and Children's division which was not approved for implementation. The division is now seeking other opportunities.

Paul McNulty, Divisional Director for Surgery attended the committee and set out how CIP schemes were identified and managed within Surgery. The committee thanked Paul for the assurance provided by the detailed process he described.

The committee was pleased to note the steady progress of CIP achievement through the various stages despite other pressures on the Trust.

## Quality and Performance Dashboard (Access Metrics)

The Medical Director informed the committee that good progress had been made on the elective programme and had performed better relatively than other trusts within Cheshire and Mersey. The Trust was a little behind the outpatients' follow up target but still within trajectory. The committee discussed performance against Cancer targets for Breast and Colorectal and was assured that there were plans in place to improve in these areas. In Colorectal there has been problems with access to Endoscopy but the Trust now has a full compliment of Gastroenterologists including 2 locums and 2 nurse consultants who can perform endoscopies. It was noted that the trust may need to take a risk based approach to postponing elective procedures but no wholesale takedown of electives is planned.

The new Winter Resilience Director, Jane Tomblason presented to the committee on the Winter Resilience Plan. Performance against the ED target continues to be a problem. She informed the committee that the Trust had received system funding for a front door frailty admission avoidance service. A number of improvements have been made including the appointment of 2 senior operational managers, the identification of hot clinic slots within Medical specialties, a review of the policy for ambulance handovers and work on the workforce model for ED. This was taking longer than anticipated as JT had some ideas about skill mix and a blended workforce model which she wanted to include.

She reported a significant improvement in ambulance handovers. Problems with capacity in the domiciliary care and nursing home sectors continue to have a significant impact on the ability to discharge patients and there is no clear solution to this at present.

## Recommendations to the Board

- To note the approval of funding of £1,202,813 for the recruitment of 100 international nurses plus pastoral support and supernumerary time.
- To note the risks associated with price inflation, particularly as it affects capital schemes.

## BOARD OF DIRECTORS

### Chair's Report - Quality Assurance Committee

26 January 2022

<b>Title:</b>	Chair's Report - Quality Assurance Committee
<b>Author:</b>	Steve Ryan, Non-Executive Director
<b>Responsible Director:</b>	Dr Nikki Stevenson, Executive Medical Director/Deputy CEO
<b>Presented by:</b>	Steve Ryan, Non-Executive Director

<b>Executive Summary</b>
This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 19 <sup>th</sup> January 2022.

<b>Recommendation:</b>
For noting

<b>Which strategic objectives this report provides information about:</b>	
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

<b>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)</b>
Principle BAF Risk 4: Catastrophic Failure in Standards of Care
<b>Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)</b>
CQC standards on safety and effectiveness
<b>Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)</b>
N/A
<b>Specific communications and stakeholder /staff engagement implications</b>
N/A



<b>Patient / staff implications (e.g. links to the NHS Constitution, equality &amp; diversity)</b>	
N/A	
<b>Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)</b>	
N/A	
<b>Previous considerations by the Board / Board sub-committees</b>	Quality Assurance Committee
<b>Background papers / supporting information</b>	

**BOARD OF DIRECTORS**  
26 January 2022

**Chair's Report of the Quality Assurance Committee held on 19 January 2022**

## **Purpose**

This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 19<sup>th</sup> January 2022.

## **Introduction / Background**

### **1. Service Pressures**

Across a number of agenda items, the impact and potential further impact of sustained and severe service pressures on the delivery of safe, high quality and sustainable service pressures was noted. Place-wide difficulties with unscheduled care pathways have resulted in serious access issues for both unscheduled care and increasingly elective care. The positive impact of continued work to adapt and improve care pathways within the organisation is compromised by lack of access to discharge back to the community for appropriate patients (currently occupying about 200 beds), patients diverting to the emergency department as a failsafe and patients with Covid-19. There is also evidence that patients who did not access appropriate care through the pandemic are now being referred or accessing emergency care, and may have been exposed to harm as a result. The committee believes there is an increasing material risk to the quality of outcome for patients.

### **2. Maternity**

The Committee received a comprehensive update on the quality of our maternity services and received significant assurance on them. External clinical review of our submission on compliance with the actions arising out of the Ockenden 1 report had validated the assurance of our submission (a prior table top exercise had indicated non-compliance with 30 of 300 items). Key quality metrics reported at regional levels show the Trust is not an outlier for any key metric. Sadly 4 stillbirths had occurred since the last report (3 at term). Internal review had not identified any key themes or care issues but all cases will be subject to external scrutiny through a regional panel and also through the Healthcare Safety Investigation Branch. Despite the pressure the Maternity Unit had only be closed for divert for 3 hours on one occasion.

### **3. Mental Health Crisis Care**

Long waiting times in the emergency department for patients in mental health crisis remain an issue that has its roots in the lack of appropriate mental health care provision, most notably access to mental health inpatient beds. A partnership group overseen by the Interim Chief Nurse is overseeing a range of responses in the Trust and with our partners. The issue was unsurprisingly identified by the CQC in their recent inspection.

#### 4. Complaints and Communication

The Committee heard that there has been significant progress with the response to level 1 concerns locally; listening to and addressing concerns in real-time. Significant attention to the quality of formal complaints is leading to higher quality responses that are now clearly describing actions we are taking to reduce the chance of recurrence. The recently established inter-divisional Complaints Managements Group is using a peer review approach further improve the quality of response. Bespoke training is also being provided. A gap analysis of the Public Health Service Ombudsman's latest guidance is informing our work programme for the next year.

#### 5. Continuing focus on responding to the deteriorating patient

We are addressing this issue both within our Quality Improvement Programme and through direct actions at Trust and departmental level; with new leadership models and clinical insights. We are seeing some early signs of positive impact when we review incident reports for patients where there were problems identified in their care.

#### 6. Quality Visits

Non-executive, governors and HealthWatch members of the Committee were keen to re-establish visits to both clinical and non-clinical areas of the Trust to help them understand and appreciate the challenges and successes in delivering high quality care.

### Conclusions

The Committee received appropriate and detailed documentation in relation to the items it considered on 19<sup>th</sup> January and was able to scrutinise this and note areas of progress, areas for development and areas of risk, receiving relevant assurance on actions to meet the objective of providing outstanding care.

### Recommendations to the Board

The Board is requested to note this report.

**BOARD OF DIRECTORS**  
**Communications and Engagement Report**  
**26 January 2022**

<b>Title:</b>	Communications and Engagement Report
<b>Responsible Director:</b>	Debs Smith, Chief People Officer
<b>Presented by:</b>	Sally Sykes, Director of Communications and Engagement

**Executive Summary**

The report covers the Trust's communications and engagement activities in December 2021 and January 2022 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 and Winter Plan)

Risk 6.1 – Estates related risks (Communications, stakeholder and staff engagement to support delivery of Estates Strategy, Masterplans and capital programme developments. Including in month communications for the Urgent and Emergency Care Centre Upgrade plans).

<b>Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)</b>
None
<b>Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)</b>
None
<b>Specific communications and stakeholder /staff engagement implications</b>
Fundamental purpose of the team's activity is to ensure positive relations are maintained with staff, patients and system and stakeholders.

<b>Patient / staff implications (e.g. links to the NHS Constitution, equality &amp; diversity)</b>
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.
<b>Council of Governors' implications / impact (e.g. links to Governors' statutory role, significant transactions)</b>
None, unless reputation risks manifest in an unforeseen way

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

<b>Previous considerations by the Board / Board sub-committees</b>	Monthly reports to Board, Workforce Steering Group, quarterly reports WUTH Charity Committee and Workforce Assurance Committee.
<b>Background papers / supporting information</b>	Report attached with appropriate links embedded.

**Board of Directors**

**26 January 2022**

**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 – especially with the significant stepping up of the booster programme to combat the Omicron variant of COVID-19. Detailed plans following the receipt of national NHS guidance are now being prepared for mandatory vaccines for patient –facing healthcare staff.
- World Aids Day falls on 1 December each year and is an opportunity for people worldwide to unite in the fight against HIV, to show support for people living with HIV, and to commemorate those who have died from an AIDS-related illness. Around 105,200 people are estimated to be living with HIV in the UK. Today, scientific advances have been made in HIV treatment. Now 98% of people living with HIV in the UK are on effective treatment and 97% can't pass the virus on. The Trust works closely with **Sahir House** and World Aids Day was commemorated in internal communications and among staff networks
- The Trust also supported an important campaign on the topic of domestic abuse. The new **itsneverokwirral** website launched on the 25th November. The site offers a one stop view of services across Wirral providing Domestic Abuse support to anyone over 16 who may be experiencing or think they are experiencing Domestic Abuse. The launch of the website included **16 Days of Action** to raise awareness about domestic abuse. Visit the **website here**.
- The Trust commemorated Disability History Month comms and International Day of Persons with a Disability on Friday 3<sup>rd</sup> December.
- Other current campaigns included a renewed call for volunteers to join the Trust.
- Our Emergency Department and other areas across our hospital are currently very busy and this is the case nationally as Trusts are dealing with winter pressures and the Omicron variant. As a Trust we have actively directing people towards the most appropriate service for their care and asking people to alternatives to ED if it's not an emergency.

- A boosted **social post** on our WUTH Facebook page highlighting this key message and offering information about Walk-in centres in Wirral has reached 23,000 people. A **video** with Dr Nikki Stevenson, Medical Director and Deputy Chief Executive, has also been produced and shared on social media, urging people to stay safe over winter by getting vaccinated and following national guidance. Dr Stevenson was also interviewed by Radio City on the Omicron variant and winter pressures. We have also updated our WUTH website highlighting alternatives to A&E and listing the Walk-in Centre opening times **here**. There have also been 30,000 Keep Wirral Well patient pocket guides printed with advice for winter health and signposting to healthcare options and mental health support.

## Media

- In December 2021, we welcomed Metro Mayor Steve Rotherham to Arrowe Park Hospital to showcase innovative clinical training equipment being used in our Clinical Simulation Suite. The visit was part of his announcement of £10.5 million to launch a new not-for-profit company, LCR Ventures which will support innovation in the Liverpool City Region. Surgeon Elliot Street demonstrated the 'cutting edge' surgical simulator, developed by his St Helens based company Inovus and part-funded by LCR. The simulator is used in training in laparoscopic surgical skills at WUTH. You can read the news release **here**
- The CQC's most recent inspection ([CQC find examples of 'Outstanding' work at Arrowe Park in Medical Care and Urgent and Emergency Care Services as ratings improve](#)) garnered mixed coverage – reflecting the very significant improvements made by the Trust but also how the environment in the Emergency Department, coupled with increased demand, made it challenging for staff to deliver the best care they would wish to. There are many positives in the report, not least the increased ratings to 'good' in four out of five domains of CQC inspection, but areas to reflect on and continue our journey of improvement. [Arrowe Park Hospital praised by inspectors for care improvements - BBC News](#)
- One of the solutions to the environment in the Emergency Department is the biggest development in Arrowe Park's history. There was widespread regional media and specialist property press coverage of the [New £28 million urgent care and A&E facility to be built at Arrowe Park Hospital | Wirral University Hospital NHS Foundation Trust \(wuth.nhs.uk\)](#) The scheme will transform urgent care in Wirral and will include a complete redevelopment of the current A&E at Arrowe Park Hospital, run by Wirral University Teaching Hospital and the Urgent Treatment Centre, which is currently based next door on the same site, run by Wirral Community Health and Care Trust (WCHC).
- This is the most significant investment at Arrowe Park Hospital since it was built and next year marks the 40<sup>th</sup> anniversary of the hospital opening. An Urgent and Emergency Care Upgrade Programme was set up in partnership with WUTH, WCHC, NHS Wirral Clinical and Commissioning Group and organisations in the local health system, to outline how the provision and delivery of urgent and emergency care services at Arrowe Park Hospital could be transformed to better serve the local community.
- The proposal will see a highly responsive new urgent care and Emergency Department developed with a single-entry point; reconfiguration of the Emergency Department and Urgent Treatment Centre into one space, provide better use of space to allow social distancing and improve access for ambulances.
- The Board has a strong interest in our research output and are asked to note that significantly there a number of journal articles that have been published by WUTH staff during December 2021. Please click the link **here** to see the list of articles. Thanks to our clinical colleagues for their work on these articles, which contribute to WUTH's research impact.



- WUTH colleagues were honoured in the annual Wirral Globe Community Heroes awards Congratulations to the Respiratory Team at Arrowe Park Hospital who are the winners of this year's Wirral Globe Community Heroes Team of the Year Award. The Community Heroes awards are given to honour those who have gone above and beyond in the last 20 months. You can read the Globe's story 'Staff on the front line of COVID-19 are our Team of the Year' [here](#). WUTH Deputy CEO and Medical Director, Dr Nikki Stevenson was also named NHS Hero of the Year.

### 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

- In response to increased cases post-Christmas and pressures in the hospital, we held an open session with staff and executives on January 4th. Over 220 colleagues dialled in and asked a range of questions on the changing picture with regards to COVID-19 testing and Vaccines as a Condition of Deployment (VCOD). Staff feedback has been very positive on this opportunity to have direct dialogue with executives and to ask questions.
- We were delighted to achieve a 45% response rate in the 2021 NHS Staff Survey by the close of the survey – an uplift of 4% on last year's result.
- Staff wellbeing is a key people priority and we continue to promote the range of services and offers for staff as well as the new activities in the Workforce Winter Wellbeing Plan. We designated December as a 'Thank you' month for staff and delivered a programme of activity to support staff during an exceptionally busy period. Chair of the Board, Sir David Henshaw passed on thanks to staff and volunteers in a short video [here](#).
- We produced the winter issue of our staff 'In Touch' magazine. You can view the magazine [here](#).

### WUTH Charity

The Charity team focus for December was delivering Christmas activity including fundraising and staff morale boosting activity.

- Staff morale boosters. The Charity team with support from procurement and catering co-ordinated the sourcing and distribution of the winter wellbeing morale boosters including free breakfast rolls and staffroom hampers. In addition 800 presents for patients in hospital on Christmas day were also sourced and distributed by the team. The team also sourced Christmas trees for outside both Arrowe Park and Clatterbridge Hospitals, decorated the main entrances and arranged choirs to perform on both sites.
- Corporate support – early conversations have taken place with Chester racecourse including VIP charity hospitality package, race day bucket collections and promotional opportunities with corporate clients of the racecourse.
- BTR Santa Dash – 20 runners took part in this year's Santa Dash in Liverpool on Sunday 5<sup>th</sup> December.
- Owen Drew Candles Christmas lunch - Tiny Stars Neonatal Appeal was chosen to benefit from a Christmas Lunch at Heatherfield House on the 10<sup>th</sup> December. £1250 was raised with the potential of further support this year.
- Elf Run - 1600 primary school children took part in the first Elf Run, a sponsored run schools completed during their breaks or PE classes. Funds are still being collected, however feedback from schools has been extremely positive saying it was a simple and fun way to support the Charity.
- Postponed events – 2 events have been postponed until later in the year - the 'Liverpool Football Club Legends' dinner with John Barnes, Robbie Fowler and Jan Molby and the Red Fox Thornton Hough lunch for an 80 (catering donated by the restaurant). New dates will be shared once confirmed.

## Stakeholders

- The WUTH Patient Experience Vision and steps have been finalised following extensive staff, patient and stakeholder engagement. Stakeholder reaction has been positive and work is in hand to launch the vision and build it into Trust communications with patients.

## Conclusions

The Board is asked to note the report and also to note the WUTH Charity Annual Report, to be presented and approved at the Board in a separate item.

## Recommendations to the Board

None

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