

# Board of Directors in Public

## 2 November 2022

<b>Meeting</b>	Board of Directors in Public
<b>Date</b>	Wednesday 2 November 2022
<b>Time</b>	09:00 – 11:00
<b>Location</b>	Elm House Training Suite, Clatterbridge Hospital

<b>Agenda Item</b>	<b>Lead</b>	<b>Presenter</b>
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|--------------------------------------|-------------------|--|
| 1. Welcome and Apologies for Absence | Sir David Henshaw |  |
| 2. Declarations of Interest          | Sir David Henshaw |  |
| 3. Minutes of Previous Meeting       | Sir David Henshaw |  |
| 4. Action Log                        | Sir David Henshaw |  |
| 5. Patient Story                     | Tracy Fennell     |  |

### **Operational Oversight and Assurance**

- |   |                     |                   |
|---|---------------------|-------------------|
| 6. Chair's Business and Strategic Issues<br>– <b>Verbal</b> | Sir David Henshaw   |                   |
| 7. Chief Executive Officer's Report                         | Janelle Holmes      |                   |
| 8. Chief Operating Officer's Report                         | Hayley Kendall      |                   |
| 9. Board Assurance Reports                                  |                     |                   |
| 9.1 Quality and Performance Dashboard                       | Executive Directors |                   |
| 9.2 Month 6 Finance Report                                  | Mark Chidgey        |                   |
| 9.3 Monthly Maternity Report                                | Tracy Fennell       |                   |
| 9.4 Estates, Facilities and Capital Update                  | Matthew Swanborough | Paul Mason        |
| 10. Patient Safety Incident Response Framework (PSIRF)      | Dr Nikki Stevenson  | Richard Crockford |
| 11. NHSE Operating Model                                    | Matthew Swanborough |                   |

### **Items for Decision**

- |                                  |                |              |
|----------------------------------|----------------|--------------|
| 12. Committee Terms of Reference | David McGovern | Cate Herbert |
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### Wallet Items for Information

- |  |                  |             |
|--|------------------|-------------|
| 13. Communications and Engagement Report                     | Debs Smith       | Sally Sykes |
| 14. Committee Chairs Reports                                 | Committee Chairs |             |
| 14.1) Quality Committee                                      |                  |             |
| 14.2) Charitable Funds Committee                             |                  |             |
| 14.3) Council of Governors – <b>Verbal</b>                   |                  |             |
| 14.4) Finance Business Performance Committee – <b>Verbal</b> |                  |             |

### Closing Business

- |                               |                   |
|-------------------------------|-------------------|
| 15. Questions from the Public | Sir David Henshaw |
| 16. Any other Business        | Sir David Henshaw |

### Date and Time of Next Meeting

Wednesday 7 December 2022, 9:00 – 11:00

<b>Meeting</b>	Board of Directors in Public
<b>Date</b>	Wednesday 5 October 2022
<b>Location</b>	Board Room, Education Centre, Arrowe Park Hospital

### Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair
SR	Steve Ryan	Non-Executive Director
CC	Chris Clarkson (joined at 9:30am)	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Nicola Stevenson	Medical Director & Deputy Chief Executive
TF	Tracy Fennell	Chief Nurse
DS	Debs Smith	Chief People Officer
MC	Mark Chidgey	Chief Finance Officer
MS	Matthew Swanborough	Chief Strategy Officer
SB	Stephen Baily	Deputy Chief Operating Officer
HK	Hayley Kendall (joined at 10am)	Chief Operating Officer

### In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
CM	Chris Mason	Chief Information Officer
SS	Sally Sykes	Director of Communications and Engagement
SH	Shelia Hillhouse	Lead Public Governor
PB	Phillipa Boston	Staff Governor
HKer	Helen Kerrs	Guardian of Safe Working (item 9.6)
RM	Ranjeev Mehra	Deputy Medical Director (item 9.7)
JS	Janice Smith	Good Governance Institute (observing)

### Apologies:

RM	Rajan Madhok	Non-Executive Director
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Agenda Item	Minutes	Action
1	<p><b>Welcome and Apologies for Absence</b></p> <p>DH welcomed everyone to the meeting including JS from the Good Governance Institute who was observing the meeting for the purposes of Board development. Apologies were received from RM.</p>	
2	<p><b>Declarations of Interest</b></p> <p>No interests were declared and no interests in relation to the agenda items were declared.</p>	
3	<p><b>Minutes of Previous Meeting</b></p> <p>NS requested one amendment to section 9.2 to state there was a reduction in the number of quantitative research projects.</p> <p>Subject to the amendment, the minutes of the previous meeting held were <b>APPROVED</b> as an accurate record.</p>	James Jackson-Ellis
4	<p><b>Action Log</b></p> <p>The Board <b>NOTED</b> the action log.</p>	
5	<p><b>Patient Story</b></p> <p>The Board received a video story of the experience of a patient who presented at the Emergency Department (ED) with Quincy's and was subsequently admitted. The patient also had a severe phobia of needles, and the story described the challenges she encountered.</p> <p>TF commented that this was a complex story and learning had been identified. TF added learning from reviewing the case will be progressed through the Patient Experience Strategy Promise Group.</p> <p>SL noted the patient's parent was not able to accompany the patient when attending ED, the first time but could the second. SL enquired for the reason behind this.</p> <p>TF stated this was due to the COVID-19 restrictions at the hospital during the time.</p> <p>SR commented that this story echoed a previous patient story who had learning difficulties and it was important to ensure a personalised approach to each patient.</p> <p>The Board <b>NOTED</b> the patient story.</p>	

6	<p><b>Chair's Business and Strategic Issues</b></p> <p>DH updated the Board of Directors on recent matters and gave an overview of the position regarding the new Integrated Care Board (ICB) and Place structure.</p> <p>The Board discussed the challenges this created but acknowledged the Executive Team remained proactive in building relationships with Place and was continuing to influence colleagues and embed new arrangements.</p> <p>The Board <b>NOTED</b> the update.</p>	
7	<p><b>Chief Executive Officer's Report</b></p> <p>JH provided an Infection Prevention Control (IPC) update and explained the latest guidance implemented by the Trust. JH highlighted the Trust had commenced the Autumn Booster Vaccination Programme at the Clatterbridge Vaccination Hub from 12 September.</p> <p>JH stated the Trust was awarded £14.9m for the development of two additional modular operating theatres and the internal theatre complex refurbishment at Clatterbridge Hospital, as part of the NHS England Targeted Investment Fund (TIF) for 2022/23.</p> <p>JH added the Trust received notice from the Royal College of Paediatricians and Child health following the 2021 National Neonatal Audit Programme that Wirral University Teaching Hospitals have been identified as outstanding for the audit measure Antenatal Magnesium Sulphate.</p> <p>JH reported the Trust declared 5 serious incidents as well as four incidents in relation to RIDDORs.</p> <p>JH highlighted the electronic resolution approved by the Board between Board meetings in relation to an amendment to the Capital budget. Board was asked to ratify this approval.</p> <p>JH also mentioned other announcements made by system partners, such as the North West Ambulance Service (NWAS) Strategy 2022-25 and the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) Briefing.</p> <p>LD queried the new North West Ambulance Service Strategy and if there were any implications for the Trust.</p> <p>MS stated there were no implications for the Trust.</p> <p>SR noted the positive news regarding the National Neonatal Audit Programme result. SI commented it would be beneficial for the</p>	

	<p>Board to understand the governance structure in regard to reporting, now the Integrated Care Board (ICB) was operational.</p> <p>DM stated the ICB, and the governance structure would be a focus for a future a Board Seminar.</p> <p>The Board</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report and</li> <li>• <b>RATIFIED</b> the electronic approval taken during September in relation to Capital Expenditure.</li> </ul>	David McGovern
8	<p><b>Chief Operating Officer's Report</b></p> <p>SB provided an overview of the Trust's current performance against the elective recovery programme for planned care and standard reporting for unscheduled care. SB reported elective performance was 111.2% against a plan of 106.7% for outpatients. 106.5% of elective admissions activity was delivered against a target of 106.5%. No patients were waiting over 104 weeks for referral to treatment.</p> <p>SB stated unscheduled care performance against the four-hour standard for type 1 attendances has increased from 48.53% in July to 50.55 % in August. The Trust reported 155 patients exceeding the 12-hour DTA target, the highest position year to date.</p> <p>JH stated there was an upcoming meeting between both Trusts to discuss opportunities for collaboration in the Urgent Treatment Centre.</p> <p>CC noted there were circa 1100 patients waiting longer than 52 weeks for referral to treatment and queried how confident the Trust was in achieving this.</p> <p>HK stated the focus currently was on patients waiting 78 weeks for referral to treatment. A forecast for the 52-week waiters would be brought to the Board next year. HK added the Limited Liability Partnership would support the Trust to reduce the number of patients waiting 52 weeks. HK proposed that the internal performance trajectories be governed through FPBAC to provide the Board of Directors with further assurance.</p> <p>The Board <b>NOTED</b> the report.</p>	Hayley Kendall
9	<p><b>Board Assurance Reports</b></p> <p><b>9.1 Quality and Performance Dashboard</b></p> <p>The Executive Directors briefed the Board of Directors on metrics in the dashboard. It was noted that of the 49 indicators reported against thresholds (excluding Use of Resources) 34 were off-target or failing to meet performance thresholds and 15 are on-target.</p>	

NS highlighted in line with the national trend, the number of complaints logged in August had risen from previous months and it was anticipated this trend would continue with a key theme being access to timely treatment.

TF reported C difficile remained a challenge for the Trust and highlighted that enhanced cleaning was being undertaken and the team were strengthening assurance relating to cleaning processes and improving oversight to enable prompt action to be taken as necessary. TF also reported there was a focus on reducing other gram-negative bacteraemia across the Trust.

TF added the number of wards that were below the care hours per patient day threshold was 7 against a Trust target of 3. TF highlighted this was due to a rise in Clinical Support Worker (CSW) vacancies and sickness absence. A CSW event was planned for 15 October.

DS stated sickness absence was 5.9% against the Trust target of 5% but that the overall improvement trend from the peak in January 2022 continued. There were emerging signs this would increase due to COVID related sickness in the coming months. Mandatory training compliance was above target at 90.5%. Appraisal compliance was 86.7% against the Trust target of 88% and the overall improvement trend from April 2022 continued. This continued to be a focus in Divisional Performance Reviews as well as improving the quality of appraisal discussions via the People Committee workstream.

DS added staff turnover remained an area of concern and was 12% for permanent staff. One area of focus was Additional Clinical Services who had a high turnover and sickness absence. A deep dive into this area would be presented to the People Committee in November.

The Board **NOTED** the report.

## **9.2 Month 5 Finance Report**

MC highlighted the Trust was reporting a year-to-date deficit of £2.435m which is, an adverse variance against budget of £3.129m. The Trust continues to forecast a break-even position, but achievement of this should be considered as at risk. A revised annual forecast will be provided to the Board in November.

MC stated the year-to-date variance remained attributed to overspends on employee costs, driven by the under-delivery of recurrent CIP, the continued use of escalation wards, staffed at premium rates and the additional costs of employing consultants and junior doctors at agency rates of pay.



MC added the Trust has been able to partially mitigate these overspends by non-recurrent mitigations through the release of deferred income and underspends in non-pay resulting from reduced elective activity.

MC highlighted that, as agreed across the ICS, the financial position assumes that the Trust would retain 100% of the Elective Recovery Fund (ERF) income. This was a risk to the forecast because national policy on this may change and performance against the agreed elective plan was significantly below the target level of 104% of 2019/20 levels.

SL queried how the Trust compared to other Trusts financially.

MC stated that the Trust forecast position was similar to other acute Trusts but that we had one of the higher variances against plan. This was due to the Trust setting a balanced budget, whereas other Trusts set a budget with a deficit.

SL also queried if other Trusts had similar reasons for reporting a deficit.

MC stated that information had not been shared so as to establish this – but he was aware that for some other Trusts the phasing of CIP may make their position increasingly challenging.

JH highlighted she and MC met with the ICB recently to discuss the Trust's financial plan. The ICB had positive feedback for the Trusts approach and understood the issues and mitigation plans.

DH queried the variance relating to medical staffing.

MC stated additional financial controls were being established. The Finance Performance Group continued to scrutinise bank/agency staff placements and ensure Divisions had a clear exit plan in place to reduce the expenditure.

The Board **NOTED** the report.

### **9.3 Quarterly Maternity Report**

TF highlighted the regional NHSE/I maternity insight visit with the Local Maternity and Neonatal System (LMNS) held on 16 August 2022 following the final Ockenden report. TF provided an update on Maternity Incentive Scheme (MIS), which would inform the Trust declaration to the MIS due for submission before 5 January 2023.

TF also provided an update on the implementation of the Continuity of Carer model of maternity care. A consultation with staff had taken place to support staff transitioning to work within a continuity of carer model.

TF reported despite the Trust having good progress moving towards Continuity of Carer before March 24. The Trust had received a letter advising the target date had now been reviewed. The Trust will continue to review plans to safely implement Continuity of Carer as far as possible.

SL queried the percentage increase in the number of babies born by caesarean section and if there was a reason for this.

TF stated the increase was due to personal preferences of mothers, multiple births, and an increase in obesity.

The Board

- **NOTED** the report including the NHSE/I maternity insight visit with the LMNS held on 16 August 2022;
- **NOTED** the Report of One to One published in September 2022;
- **NOTED** the Trust's position of Year 4 of the Maternity Incentive Scheme; and
- **NOTED** following the Ockenden 2 together with a workforce update with specific reference to the Continuity of Carer model of maternity care and the Trust's position to implement as a default model.

#### 9.4 Digital Healthcare Update

CM provided a progress update on the development of operational plans to deliver the Digital Strategy strategic priorities of the Trust over the next 12 months. CM added of the 41 projects, 29 were currently green, 10 amber and 2 red.

CM stated there was a risk relating to resource within the innovation portfolio that involved integration work. There had been challenges recruiting to integration posts, which had been exacerbated with the unexpected and sad loss of a senior staff member within the team. CM added the operational plan was currently being reviewed with a revised schedule due to be determined in October.

DS queried if there was a plan in place to address the risk in terms of resource and if the Digital Healthcare Team had been provided with wellbeing support given the loss of the senior staff member.

CM stated the IT job market remained challenging and welcomed support from HR colleagues to address the risk. Staff were also aware of the wellbeing support and encouraged to use it.

DS agreed to ask HR colleagues to meet with CM to agree and enact a workforce plan.

The Board **NOTED** the report.

### **9.5 Cost Improvement Programme (CIP)**

MS provided an update on the current CIP position for Trust, highlighting that the overall CIP target was £20.6m, of which £13.6m was required to be recurrent. MS added the Trust was altering the approach to CIP for the remainder of the year due to underperformance. MS also highlighted the revised governance, monitoring, and delivery process for CIP.

The Board **NOTED** the report.

### **9.6 Guardian of Safe Working Quarterly Report**

HKer provided details of the number of doctors in training, details of the exception reports submitted for the reporting period by speciality and grade as well as details of breaches of safe working hours and fines incurred.

DH acknowledged the transformation in junior doctor relations and queried if this was also related to clinicians.

NS stated it was not related but noted it was positive junior doctors had confidence submitting exception reports.

DS commented that the Chair of the Joint Local Negotiating Committee noted an improvement in junior doctor engagement, and this was due to HKer's positive relationship with junior doctors.

The Board **NOTED** the report.

### **9.6 Learning from Deaths Report (Q1 2022-23)**

RM provided a summary of the mortality review process, care issues, learning and current mortality comparator statistics for Q1 2022-2023. RM stated there were a total of 414 deaths in the period. 69 of these deaths were inpatients who died within 28 days of a positive COVID-19 swab. 11 of these patients were determined to have developed nosocomial COVID-19. RM added as per previous trends most recorded deaths are in the over 60 age group and the vast majority fall into the "White British" ethnicity.

SL noted deaths due to pancreatic cancer were trending upwards and these were seen in palliative care patients. SL queried where pancreatic cancer patients were managed.

RM stated pancreatic cancer patients were managed at Liverpool Hospital.

	<p>SR noted the Trust's Summary Hospital Level Mortality Indicator (SHIMI) was impacted by high deprivation, resulting in higher-than-average deaths in the most deprived quintile. SR queried if it was worthwhile raising with the local Director of Public Health.</p> <p>NS stated she would raise health inequalities again at the next meeting.</p> <p>NS also highlighted that the overall data was not showing a continued upward trend. NS added she met regularly with the previous Director of Public Health and a new Director had recently been appointed.</p> <p>The Board <b>NOTED</b> the report, mortality indicators, ongoing Medical Examiner input and ongoing scrutiny of mortality through the Mortality Review Group</p>	
10	<p><b>Safeguarding Annual Report</b></p> <p>TF provided an overview of the national and local context of safeguarding and the current Trust position by providing assurance that the Trust was meeting its statutory obligations and national safeguarding standards. TF highlighted the number of improvements made to safeguarding in 2021-22 as well as the targeted areas requiring improvements during 2022/23.</p> <p>The Board <b>NOTED</b> the report and assurance provided, and the actions being taken to rectify the areas for improvement. Recognition was given to the hard work and commitment of the Safeguarding Team and all Trust staff.</p>	
11	<p><b>Emergency Preparedness, Resilience and Response (EPRR) Core Standards</b></p> <p>HK highlighted the Department of Health and Social Care and NHSE/I require Trusts to undertake an annual assessment of their Core Standards for Emergency Preparedness, Resilience &amp; Response. HK explained the Trust undertakes a self-assessment against each applicable core standard and requires an action plan for any standard that is not Fully Compliant.</p> <p>HK added for 2022/23 the Trust declared Partial Compliance. Areas which require improvement were largely as a result of national changes to the approach to EPRR as part of the response to COVID-19. The Trust was already putting in place robust plans to update the standards to ensure full compliance.</p> <p>HK stated regional Trusts will meet to discuss the core standards on 14 and 20 October prior to the Regional ICB submission deadline of the 28 October.</p> <p>The Board</p>	

	<ul style="list-style-type: none"> <li>• <b>NOTED</b> the scoring of the self-assessment and</li> <li>• <b>APPROVED</b> the submission to the Cheshire and Merseyside Integrated Care Board.</li> </ul>	
12	<p><b>CQC Inspection Preparedness</b></p> <p>DM informed the Board of work that had commenced in preparation for a CQC Inspection following the previous inspection in 2019, which resulted in an overall provider rating of 'Requires Improvement'.</p> <p>DM highlighted a full self-assessment against the CQC regulations and key lines of enquiry was being undertaken and led by the Governance Support Unit in conjunction with colleagues from across the Trust.</p> <p>DM explained an assessment against preparedness would be carried out by an independent advisor. DM provided an overview governance structure and the reporting mechanisms, highlighting the Board would receive regular progress reports from November to February.</p> <p>The Board <b>NOTED</b> the report.</p>	
13	<p><b>ICB and Place Update - (CMAST) Joint Working Agreement and Committee in Common</b></p> <p>DM highlighted as part of the introduction of the ICS/ICB the Cheshire and Merseyside Acute and Specialist Trust provider alliance brought Trusts together to establish joint priorities. DM added it had been determined that the arrangements for CMAST would be formalised through a joint working agreement and the establishment of a Committee in Common by each Trust.</p> <p>DM stated the Trust has a duty to collaborate. The approval of the Joint Working Agreement and Committee in Common Terms of Reference was an important step in formalising the governance arrangements to enable CMAST to operate effectively.</p> <p>SI commented about the feasibility of the agreement and the plan for when conflicts arise. SI also questioned the possible implications for the Trust as an autonomous Foundation Trust serving the community of Wirral.</p> <p>DH commented it was it was a voluntary agreement, and the Trust could exit should it wish to do so.</p> <p>The Board</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the CMAST Joint Working Agreement to be signed by the Chief Executive on behalf of the Board.</li> <li>• <b>APPROVED</b> the establishment of a Committee in Common with Terms of Reference as proposed.</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>ADOPTED</b> and <b>SPONSORED</b> the approaches to collaborative working and decision making, as described, recognising the anticipated evolution and development of these proposals.</li> </ul>	
14	<p><b>Policy Update Report (Managing Conflicts of Interest)</b></p> <p>CH presented the Managing Conflicts of Interest for approval, following approval at the Audit and Risk Committee.</p> <p>SL queried the means of ensuring relevant staff were aware of the requirements and how this policy will be publicised.</p> <p>CH stated that a statement around the new policy will be included in a Communications bulletin and that all relevant documentation is included on the portal that the Trust uses to manage declarations. The portal also sends regular and frequent reminders to those who still need to submit a declaration.</p> <p>CH added that current position is around 75% compliance.</p> <p>The Board <b>APPROVED</b> the Managing Conflicts of Interest Policy.</p>	
15	<p><b>Committee Terms of Reference</b></p> <p>CH presented the Committee Terms of Reference for approval, following approval by each Committee.</p> <p>It was noted that Remuneration and Charitable Funds Committee Terms of Reference will come to November Board.</p> <p>The Board <b>APPROVED</b> the Committee Terms of References.</p>	
16	<p><b>Standing Financial Instructions (SFIs)</b></p> <p>MC presented the SFI's for approval, following approval at the Audit and Risk Committee.</p> <p>The Board <b>APPROVED</b> the revised SFIs.</p>	
17	<p><b>Communications and Engagement Report</b></p> <p>SS provided an update on Trust's communications and engagement activities in September and upcoming activity in October.</p> <p>The Board <b>NOTED</b> the report.</p>	
18	<p><b>Committee Chairs Reports</b></p> <p><b>18.1 People Committee</b></p>	

LD provided a report on recent proceedings of the meeting held on 7 September. The Committee received a number of standing reports relating to Chief People Officer Report, People Strategy Report, Workforce Key Performance Report and Employee Relations Report. The Committee received a Flu Programme Update and approved the Terms of Reference and a number of a HR policies.

The Board **NOTED** the report.

### **18.2 Audit and Risk Committee**

SI provided a report on recent proceedings of the meeting held on 21 September. The Committee received a number of standing reports relating to Financial Assurance Report and Procurement Spend Controls Waivers Report. The Committee also discussed the latest internal audit reports and received an update on external audit. The Committee approved the Managing Conflicts of Interest Policy, Terms of Reference, and Standing Financial Instructions.

The Board **NOTED** the report.

### **18.3 Estates and Capital Committee**

DH provided a verbal report on recent proceedings of the meeting held on 30 September. The Committee received an update on Urgent & Emergency Care Upgrade Programme (UECUP), 2022/23 Capital Programme Delivery Update and Arrowe Park Hospital Campus Master Planning. The Committee discussed the progress made with the Frontis Building Review and G4S Building Security Review. The Committee approved the Terms of Reference.

The Board **NOTED** the report.

### **18.4 Quality Committee**

SR provided a verbal report on recent proceedings of the meeting held on 30 September. The Committee received a number of standing reports including the Patient Safety Quality Board Key Issues Report, Quality and Patient Safety Intelligence Report and Serious Incident Panel Chair's Report. The Committee also received a Care Quality Commission Action Plan Update and the Clostridioides Difficile Q1 2022/23 Update and Improvement Plan

The Board **NOTED** the report.

### **18.5 Research and Innovation Committee**

DH provided a verbal report on recent proceedings of the first meeting of the Committee held on 4 October. The Committee approved the Terms of Reference, received the Research Annual

	Report, and discussed the Research and Innovation Strategy and the upcoming priorities.  The Board <b>NOTED</b> the report.	
<b>19</b>	<b>Questions from the Public</b>  No questions from the public were raised.	
<b>20</b>	<b>Any other Business</b>  No other business was raised.	

*(The meeting closed at 11:45)*



**Action Log**  
**Board of Directors in Public**  
**2 November 2022**

No.	Date of Meeting	Minute Ref	Action	By Whom	Action status	Due Date
1.	31 August 2022	7	To consider holding a future meeting or walkabout at Clatterbridge	Cate Herbert	Complete.	November 2022
2.	31 August 2022	9.3	To include the due dates against the mitigating actions on the Board Assurance Framework	David McGovern	Part Complete. Due dates will be fully included as part of the refresh of the BAF in time for the annual update in January 2023.	January 2023
3.	31 August 2022	9.4	To provide a quarterly end of year forecast to the Board	Mark Chidgey	Complete. The next quarterly update will be provided in November.	November 2022
4.	5 October 2022	8	The internal performance trajectories be governed through FPBAC to provide the Board of Directors with further assurance.	Hayley Kendall	Complete. Provided to FPBAC on 26 October.	October 2022
5.	5 October 2022	3	To amend the minutes to reflect the request changes	James Jackson-Ellis	Complete.	November 2022
6.	5 October 2022	7	To hold a Board Seminar on the Integrated Care Board and the new governance structure	David McGovern	Complete. Scheduled for November.	November 2022

<b>Title</b>	Chief Executive Officers' Report
<b>Area Lead</b>	Janelle Holmes, Chief Executive
<b>Author</b>	Janelle Holmes, Chief Executive
<b>Report for</b>	Information

Report Purpose and Recommendations
<p>This is an overview of work undertaken and important recent announcements in October.</p> <p>It is recommended that the Board:</p> <ul style="list-style-type: none"> <li>Note the report; and</li> <li>Ratify the two electronic resolutions taken between meetings.</li> </ul>

Key Risks
N/A

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

Governance journey			
Date	Forum	Report Title	Purpose/Decision
This is a standing report to the Board of Directors			

1	Narrative
1.1	<p><b>Infection, Prevention and Control (IPC) Update</b></p> <p>Globally there has been a reduction in the number of new COVID cases compared to previous weeks. (WHO, October 19, 2022). The latest COVID 19 figures from the UK Health Security Agency (UKHSA) also shows rates in hospital patients and healthcare workers are decreasing.</p>

	<p>National guidance now reflects healthcare requirements for managing COVID such as swabbing and social distancing have been reduced, with a greater emphasis on identifying symptomatic patients and protecting those who are immunosuppressed. It is clear from latest guidance it is expected IPC requirements must balance with additional service delivery requirements whilst preserving access to essential health services. There is also a high emphasis on delivery of the COVID and Flu Vaccination programme.</p> <p>The Trust has continued to review its protocols through the Clinical Advisory Group aligning local standard operating procedures and policies to national guidance. The Trust is supporting a risk-based approach to enable the highest number of patients possible to access timely healthcare in the most appropriate setting whilst still fulfilling the Trust's requirement to maintain high standards of IPC practice.</p> <p>The Trust also currently remains the largest provider of the COVID Booster Vaccines across Cheshire and Mersey having delivered 18,861 by 24 October 2022. The Trust also continues to proactively encourage uptake of the Flu Vaccine for Trust staff offering delivery both at the Clatterbridge Vaccination Centre, Arrowe Park site as well as an out of hours roaming service.</p>
1.2	<p><b>Independent Investigation into East Kent Maternity and Neonatal Services</b></p> <p>On 13 February 2020 the Minister of State, DHSC, confirmed in Parliament that, following concerns raised about the quality and outcomes of maternity and neonatal care, NHS England and NHS Improvement (NHSEI) had commissioned Dr Bill Kirkup CBE to undertake an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust.</p> <p>The findings from the review were released on 19 October 2022. The report identifies 4 areas for action:</p> <ul style="list-style-type: none"> <li>• identifying poorly performing units</li> <li>• giving care with compassion and kindness</li> <li>• teamworking with a common purpose</li> <li>• responding to challenge with honesty</li> </ul> <p>The Trust is in the process of reviewing the learning from the report and aligning this to the current service provision to provide assurance to Board that best practice is firmly embedded. The outcome of the review will be reported to the Board of Directors in the next quarterly maternity update in December 2022.</p>
1.3	<p><b>NHS Safeguarding Award</b></p> <p>Michelle Beale (WUTH named safeguarding lead midwife) has won the NHS Safeguarding Award for outstanding midwifery safeguarding leadership pertaining to the implementation of the Maternity HOPE (Hold On Pain Eases) Box Pilot.</p> <p>Michelle has been instrumental in implementing the HOPE boxes which aim to minimise the trauma parents experience when they are separated from their baby at birth due to a court decision. The boxes help families capture important memories prior to separation and promote ongoing connection between them and their baby post-separation whilst the court proceedings consider longer term plans for the child.</p>

	<p>The foundation of this work has been co created with women with lived experience and Lancaster University as part of the wider Born Into Care series. The boxes are being piloted in a number of NHS Trusts between Summer 2022 and 2023 through money received from the Economic and Social Research Council and the NHS National Maternity Safeguarding Network.</p>
<b>1.4</b>	<p><b>Cheshire &amp; Merseyside Surgical Centre Update</b></p> <p>The first phase of Cheshire &amp; Merseyside Surgical Centre, funded as part of the Target Investment Fund, to expedite the delivery of elective care resulting from the COVID pandemic, is due to go live on Monday 31st October. This first phase includes the building of two modular theatres, a phase 1 twelve bedded post operative recovery area, the initial works to phase 2 recovery as part of the internal reconfiguration of the admission area of the theatre complex and an upgrade of the staff facilities include changing rooms and rest area.</p> <p>The first phase of the development will see Orthopaedic and GI Surgeons from the Countess of Chester utilise 40% of the capacity to operate on CoCH long waiting patients with Wirral utilising the remainder for Orthopaedics, Urology, GI, Breast and Gynae.</p> <p>Early September saw the approval of a second tranche of Targeted Investment Fund allocations totalling £14.95m which will expand on the Surgical Centre footprint. The next step is obtaining clinical signoff of the internal layout floorplans for the next two theatres and an additional 6 beds for phase 1 recovery. This will support a go live in spring of 2023.</p> <p>This phase will see the final reconfiguration works to the existing estate to improve the surgical patient flow from admission to discharge. To achieve this a larger patient reception will be created with a 40 chaired waiting area, 16 Clinical examination/consult rooms, the relocation of Endoscopy suite, formation of further Phase 2 recovery beds and an upgrade of the current 10 bedded inpatient M2 Surgery ward and patient facilities.</p> <p>As with Phase 1, the development of Phase 2 is with view to the future Trust strategy and so the theatres will be capable of accommodating a robot and be upgraded to a laparoscopic OR1 which will ensure the site remains technically and clinically advanced.</p>
<b>1.5</b>	<p><b>Wirral Place Based Partnership Board</b></p> <p>The first meeting of the Wirral Place Based Partnership Board was held in October 2022, bringing together Wirral NHS providers, Wirral Council and Cheshire and Merseyside ICB to provide strategic leadership and improve healthcare services for the residents of Wirral.</p> <p>The establishment of the Wirral Place Based Partnership Board aligns to the approach taken by the 8 other Places across the Cheshire and Merseyside ICB footprint and the Target Operating Model (TOM) which was developed by Wirral NHS providers and Wirral Council in early 2022.</p> <p>The Board will also have oversight of the Section 75 Pooled Funding arrangements for Wirral, including the annual work programme and distribution of funding.</p>

<b>1.6</b>	<p><b>Serious Incidents</b></p> <p>The Trust declared 4 Serious Incidents in September 2022; this included a Never Event (Medicine) relating to transfusion of incompatible blood components. The Serious Incident panel report and investigate under the Serious Incident Framework so that learning can be identified.</p> <p>Duty of Candour has been commenced in line with legislation and national guidance.</p> <p><b>RIDDOR</b></p> <p>There has been one RIDDOR reportable incident in September 2022.</p>
<b>1.7</b>	<p><b>COVID-19 public inquiry preliminary hearing 4 October 2022</b></p> <p>The COVID-19 inquiry held its first preliminary inquiry on 4 October to look at the scope and procedures for the forthcoming public hearing for module 1. Module 1 will investigate government planning and preparedness, including resourcing, risk management, pandemic readiness and lessons learned from previous pandemics, and simulations and modelling.</p>
<b>1.8</b>	<p><b>Ratification of Electronic Approvals</b></p> <p>Two electronic approvals were required between Board meetings, one to approve the increased costs for the UECUP project, and one to approve the contract award for the Clatterbridge Community Diagnostic Centre Modular Build Project.</p> <p>Both approvals have been completed and Board are asked to ratify these.</p>

<b>2</b>	<b>Conclusion</b>
2.1	The Board are asked to note and receive this report.

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<b>Title</b>	Chief Operating Officer's Report
<b>Area Lead</b>	Chief Operating Officer
<b>Authors</b>	Hayley Kendall, Chief Operating Officer Steve Baily, Deputy Chief Operating Officer Nicola Cundle-Carr, Head of Business Improvement
<b>Report for</b>	Information

### Report Purpose and Recommendations

This paper provides an overview of the Trust's current performance against the elective recovery programme for planned care and standard reporting for unscheduled care.

For planned care activity volumes, it highlights the Trust's performance against the targets set for this financial year.

For unscheduled care, the report details performance and highlights the ongoing challenges with long length of stay patients and the impact this has on Urgent and Emergency Care (UEC) performance. The report also highlights the number of patients who remain in the department for longer than 12 hours since arrival and the key performance metrics for the Emergency Department (ED) and the hospital occupancy challenges given the very high volumes of patients in the acute bed base that do not have a criteria to reside.

It is recommended that the Board:

- Note the report

### Key Risks

This report relates to these key risks:

- Delivering timely and safe care for patients awaiting elective treatment
- Performance against the core UEC standards

### 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

Governance journey			
Date	Forum	Report Title	Purpose/Decision
This is a standing report to Board			

1	Introduction / Background
1.1	<p>As a result of the 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, WUTH continues to progress elective care recovery plans to clear the backlog of patients awaiting their elective care pathway.</p> <p>Patients are prioritised in line with the nationally mandated clinical prioritisation of patients, with a focus on those prioritised as clinically urgent and very long waiters irrespective of their priority status.</p> <p>WUTH has full visibility of the volume of patients waiting at every point of care, enabling robust recovery plans which are reviewed on a weekly basis at the executive led Performance Oversight Group.</p> <p>Through the pandemic unscheduled care performance was extremely challenged and this continues with the high bed occupancy levels within the Trust which in turn impacts on the elective recovery programme.</p>

2	Planned Care																								
2.1	<div><div><div><b>Elective Activity</b></div><div>For FYE 2022/23 the elective activity has been profiled against the corresponding periods in 2019/20. In September 2022, the Trust attained 108.6% against a plan of 104.7% for Outpatients. For elective admissions 100.7% of activity was delivered against a target of 105.5%.</div><div><div><b>Outpatient activity by POD</b></div><table><tr><th></th><th>Target</th><th>Actual</th></tr><tr><td>New</td><td>104.7%</td><td>99.9%</td></tr><tr><td>F/UP</td><td>104.7%</td><td>112.3%</td></tr><tr><td>Combined</td><td>104.7%</td><td>108.6%</td></tr></table></div><div><div><b>Elective activity by POD</b></div><table><tr><th></th><th>Target</th><th>Actual</th></tr><tr><td>Day Case</td><td>107.0%</td><td>103.0%</td></tr><tr><td>Inpatients</td><td>97.8%</td><td>89.0%</td></tr><tr><td>Combined</td><td>105.5%</td><td>100.7%</td></tr></table></div></div><div><p>There continues to be challenges with restoring elective services to pre-pandemic levels across Endoscopy and Theatres although good progress is being made. To ensure the monthly activity plans are delivered two focussed workstreams have commenced over the next 12 weeks with weekly monitoring of delivery led by the Chief Operating Officer. These schemes are monitored via the Trust’s Programme Board.</p><p>Endoscopy has seen improved performance against the 6 week target waiting time in month despite challenges with implementing a new system which saw challenges to delivering full procedure lists.</p></div></div>		Target	Actual	New	104.7%	99.9%	F/UP	104.7%	112.3%	Combined	104.7%	108.6%		Target	Actual	Day Case	107.0%	103.0%	Inpatients	97.8%	89.0%	Combined	105.5%	100.7%
	Target	Actual																							
New	104.7%	99.9%																							
F/UP	104.7%	112.3%																							
Combined	104.7%	108.6%																							
	Target	Actual																							
Day Case	107.0%	103.0%																							
Inpatients	97.8%	89.0%																							
Combined	105.5%	100.7%																							
2.2	<div><div><div><b>Priority 2 Performance (P2)</b></div><div>The Trust did not meet the P2 month end trajectories for September with the final position over reporting 81 P2 breaches against a month end plan of 30. However, with increased use against the C2Ai tool which eliminates subjectivity, the overall numbers of P2</div></div></div>																								



	patients are reducing. All P2 patients are reviewed by the clinical team to ensure the most urgent patients are prioritised for treatment.
<b>2.3</b>	<p><b>Referral to Treatment</b></p> <p>The national standard is to have no patients waiting over 104 weeks in September 2022 and to eliminate routine elective waits of over 78 weeks by April 2023 and 52 week waits by March 2024, the Trust's performance at the end of September against these indicators was:</p> <ul style="list-style-type: none"> <li>• 104+ Week Wait Performance – zero patients waiting, although there is one potential breach for October for a patient awaiting a graft (recognised national shortage issue and reported via the C&amp;M Elective Recovery Programme)</li> <li>• 78+ Week Wait Performance - 60 patients with a plan to be compliant with zero patients waiting longer than 78 weeks by the end of the financial year, if not sooner</li> <li>• 52+ Week Wait Performance - 1245 patients</li> <li>• Waiting List Size - there were 37,030 patients on an active RTT pathway which is higher than the Trust's trajectory of 31,301 (local C&amp;M target).</li> </ul>
<b>2.4</b>	<p><b>Cancer Performance</b></p> <p>Full details of cancer performance are covered within the Trust dashboard, but exceptions also covered within this section for Quarter 2 to date:</p> <ul style="list-style-type: none"> <li>• 2 Week Waits – The volume of 2WW referrals received into the Trust remain at its peak, meaning increased demand on the system which shows no sign of reduction. Positive July 22 performance with achievement of the standard. The continuous referral increases in Breast remains concerning and will lead to the Trust not achieving the 2 weeks wait performance in August and September, with planned recovery during October which has been attained to date with forecast compliance from November</li> <li>• Faster Diagnosis Standard - continued achievement of the 28-day target (patients being informed they do or do not have cancer within 28 days of referral)</li> <li>• All other targets - all targets for the quarter are predicted to be non-compliant apart from 31-day subsequent drug in line with the recovery trajectory.</li> </ul> <p>Recovery plans are in place to recover Trust aggregate performance back to pre-COVID from February 2023 in line with the request from the C&amp;M Cancer Alliance. Challenged tumour sites include Urology and Colorectal and was a theme pre-Covid, there is a specific focus on these two specialities to understand the root cause of pathway challenges.</p>
<b>2.5</b>	<p><b>DM01 Performance – 95% Standard</b></p> <p>In September (pre-Sign-off) 85.30% of patients waited 6 weeks or less for their diagnostic procedure for those modalities included within the DM01 cohort. This is against the national standard of 95%. All modalities achieved the 95% compliance target with the exceptions of DEXA, Endoscopy and Urology Services. Endoscopy performance is achieving against the internal recovery trajectory and has seen significant improvement this month. Work is ongoing with Urology to secure additional capacity to treat the significant backlog of patients awaiting a cystoscopy. It should be noted that the cystoscopy backlog includes planned patients exceeding six weeks from their target scope date. This is a change in year as previously planned patients were not on an active waiting list (standard across the NHS) and they now are included.</p>
<b>2.6</b>	<p><b>Risks to recovery and mitigations</b></p> <p>The Trust has robust systems in place to monitor and review elective performance and has just been awarded substantial assurance for its RTT, DM01 and Waiting List Management by Mersey Internal Audit Agency (MIAA).</p>



	<p>The clinical divisions are progressing through their plans outlined in the previous updates including insourcing, outsourcing and the exciting progress made with the Cheshire and Merseyside Surgical Centre (Clatterbridge) providing much needed additional theatre capacity, due to go live at the end of October 2022 (a one month delay from the revised opening date).</p> <p>There is a very recent risk associated with the national position from the British Medical Association (BMA) on recommended rates of pay for additional work over job plan, with a risk of reduced levels of uptake for additional elective work unless the BMA rate card value is matched by the Trust, three specialities have confirmed no additional sessions will be undertaken unless at the proposed BMA rate. This has and will continue to directly impact the Trust recovery plans and patient waiting times. The Chief Operating Officer will meet with all specialities where this has been enacted to understand what mitigations and changes to service provision are required to ensure patient waiting times are not extended.</p> <p>Governance structures are in place across all divisional teams, feeding into the executive led Performance Oversight Group weekly with full participation in regional recovery initiatives. Task and finish groups have also been established in August for those areas remaining most challenged and good progress is being made.</p>
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<b>3.0</b>	<b>Unscheduled Care</b>
<b>3.1</b>	<p><b>Performance</b></p> <p><b>Type 1 performance:</b> Performance against the <b>four-hour standard</b> for type 1 attendances has increased from 50.55% in August to 54.70 % for September.</p> <p><i>Type 1 ED attendances:</i></p> <ul style="list-style-type: none"> <li>• 7,713 in August (avg. 248/day)</li> <li>• 7,483 in September (avg. 249/day)</li> <li>• Avg 0.4% increase per day</li> </ul> <p><i>Type 3 ED attendances:</i></p> <ul style="list-style-type: none"> <li>• 2,883 In August</li> <li>• 2,651 in September</li> <li>• 9.2% decrease</li> </ul> <p>September saw an improvement in Type 1 Performance which was up 4.15% from August and the best performing month in 2022/23 fiscal year. This has corresponded with improved waits for triage in month with 60.87% being seen within target and resulted in a slight reduction with the number of occasions that the Trust required the use of corridor escalation areas. This also corresponded into a reduction of 12 hr DTA breaches in September in comparison to the high we saw in August with 155.</p> <p>The Division are continuing to look at alternatives to managing flow into the hospital to release some pressure on the front door.</p> <p>The new appointment booking system for UMAC which the division are to implement by November 2022 will even the demand throughout the day and will provide capacity for ambulatory patients who are referred to medicine to be seen in UMAC by Acute as opposed to waiting in ED. This work forms part of the overall same day emergency care (SDEC) Transformation workstream.</p>

The Trust does continue with the high level of bed occupancy due to patients remaining in beds that have no criteria to reside (NCTR). The Trust is continuing to work with system partners to increase the flow out of the Trust with a focus on Pathway 0 patients for a quick turnaround along with the more complex pathways 1 and 2 and what additional resource could support this cohort of patients moving out of the trust to a more setting, although there has not been an improvement in month.

The system is currently running a project focusing on the NCTR patients with leads identified from both the Trust and Wirral Community Trust.

**Arrowe Park Site ED Type 1 Attendances vs 2019**

Month	2022/23	2019/20	YoY Variance	% Var	% of 19/20
April	7,707	7,585	122	1.6%	101.6%
May	8,407	7,696	711	9.2%	109.2%
June	7,891	7,455	436	5.8%	105.8%
July	8,185	7,813	372	4.8%	104.8%
August	7,713	7,407	306	4.1%	104.1%
September	7,483	7,691	-208	-2.7%	97.3%

### 3.2 Risks and mitigations to improving performance

- Physical environment in ED is challenging during peaks in demand impacting on ability to delivered the timed pathways and there is regular overcrowding. The Trust has plans to mitigate a good proportion of this risk with the development of a dedicated ambulance triage area, previously occupied by the UTC, who are being re-located within the Trust. This will provide much needed space to receive and triage patients brought to the hospital via ambulance.
- Continued increase in walk in attendances to ED is a risk to recovering the UEC performance and there is ongoing work with UTC colleagues to maximise streaming to more appropriate services. A service review has been requested by the Trust of the UTC to compare current service provision against national standards. This is to ensure that any gaps are identified so appropriate action can be taken to improve the service provision. This would be expected to see an increase in patients streamed to the UTC.
- Delivery of the LLOS and criteria to reside system wide recovery trajectory is at risk due to community capacity constraints for complex discharge pathways 1,2,3. This is regularly discussed with Wirral system partners and the significant delays in securing alternative care settings for the patients that do not require care in an acute hospital bed.
- Concerns moving into winter that the boarding time in department will increase due to bed pressures and the risk of increasing 12 hour DTAs. The Trust is reviewing the Trust escalation policy to ensure prompt action is taken when the A&E Department is facing extreme pressure.
- Increasing mental health activity and significant increases of attendances under S136 leading to the Mental Health Unit being regularly over 100% and patients being cared for in the ED Initial Assessment Area. Availability of mental health inpatient beds resulting in 12 hour breaches for mental health patients and excessive LOS in the ED.

4.0	Conclusion
	<p>The Board of Directors should note that with 35% of the total bed base occupied by patients that require another care setting there is a significant risk of not improving performance across the UEC pathways and the elective programme, and not being able to provide the optimal patient experience and times of high demand through the ED.</p> <p>The concern remains significant as we move into Winter in what is already a system that is under a significant amount of pressure.</p> <p>The Chief Operating Officer along with the Clinical Divisions and system partners are continuing to consider alternative ways of working to mitigate and reduce risks raised in with the expected surge in demand over the coming months although at present there are limited identified schemes as part of the Winter Plan to mitigate the expected increase in demand.</p>

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<b>Report for</b>	Information

### Report Purpose and Recommendations

This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of September 2022.

It is recommended that the Board:

- notes performance to the end of September 2022

### Key Risks

This report relates to the key Risks of:

- Quality and safety of care
- Patient flow management during periods of high demand

### 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

1	Narrative
1.1	<p>Of the 48 indicators that are currently reported against thresholds (excluding Use of Resources):</p> <ul style="list-style-type: none"> <li>- 31 are off-target or failing to meet performance thresholds</li> <li>- 17 are on-target</li> </ul> <p>Following the recent discussions with the Executive Team and the Board as part of the Performance Management Framework Review, the metrics included in the Quality &amp; Performance dashboard have been assessed for continued inclusion, alongside the relevant thresholds.</p>

	<p>Some thresholds only apply from April 2022 onwards as they are components from the 2022/23 operational plans. Further development work is continuing to clarify the precise definitions and thresholds on a small number of metrics.</p> <p>Amendments to previous metrics and/or thresholds are detailed below the dashboard.</p>
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<b>2</b>	<b>Implications</b>
2.1	The issues and actions undertaken for those metrics that are not meeting the required standards are included in the additional exception reports or covered within the Chief Operating Officers Report.

<b>3</b>	<b>Conclusion</b>
3.1	Monitoring of the key performance metrics will be continued monthly within the Quality and Performance Dashboard, and weekly at the operational meetings with the Clinical Divisions.

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## Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	2022/23	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	0.10	0.05	0.19	0.18	0.18	0.22	0.04	0.22	0.09	0.09	0.33	0.17	0.17	0.18	
	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%	97.2%	96.9%	96.7%	96.2%	96.4%	96.8%	96.9%	96.6%	96.5%	96.3%	96.5%	96.6%	
	Never Events	Safe, high quality care	CN	0	SOF	0	0	0	1	0	1	0	0	0	0	0	0	1	1	
	Clostridioides difficile (healthcare associated)	Safe, high quality care	CN	Maximum 72 for 2022-23. Max 6 cases per month	WUTH	13	6	5	3	18	12	13	7	8	16	17	15	13	76	
	Gram negative bacteraemia : e-coli	Safe, high quality care	CN	Maximum 56 for 2022-23. Max 4 cases per month	National	-	-	-	-	-	-	-	8	4	9	12	10	6	49	
	Gram negative bacteraemia : klebsiella	Safe, high quality care	CN	Maximum 19 for 2022-23. Max 1 case per month	National	-	-	-	-	-	-	-	0	4	1	3	6	3	17	
	Gram negative bacteraemia : pseudomonas	Safe, high quality care	CN	Maximum 9 for 2022-23. Max 0 cases per month	National	-	-	-	-	-	-	-	0	0	0	0	1	0	1	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	0	0	0	1	1	1	4	0	0	1	0	0	5	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	96%	95%	96%	96%	94%	95%	92%	89%	91%	96%	97%	95%	95%	94%	
	Safeguarding Audits	Safe, high quality care	CN	≥90%	WUTH	-	-	-	-	-	-	82.6%	71.6%	93.5%	89.6%	94.7%	85.0%	No audits completed	87%	
	Mandatory Training compliance	Safe, high quality care	CPO	≥90%	WUTH	91.3%	90.8%	90.5%	90.4%	89.0%	87.2%	87.2%	87.17%	89.21%	90.39%	89.73%	90.59%	90.34%	90.3%	
	Sickness Absence % (12-month rolling average)	Safe, high quality care	CPO	≤5%	SOF	6.21%	6.22%	6.24%	6.40%	6.48%	6.53%	6.70%	6.79%	6.83%	6.89%	6.94%	6.90%	6.87%	15.3%	
	Sickness Absence % (in-month rate)	Safe, high quality care	CPO	≤5%	SOF	6.62%	6.67%	6.37%	7.86%	8.72%	7.05%	7.73%	6.84%	6.23%	6.50%	7.08%	5.98%	6.33%	6.49%	
	Staff turnover % (rolling 12 month rate)	Safe, high quality care	CPO	≤10%	WUTH	12.9%	13.3%	13.2%	13.4%	13.7%	13.9%	14.1%	14.1%	14.4%	14.4%	14.1%	13.9%	15.29%	15.3%	
	Care hours per patient day (CHPPD) - number of wards below 6.1	Safe, high quality care	CN	No of wards ≤3	WUTH	-	-	-	-	-	-	3	1	4	5	4	7	8	5	
Effective	Indicator	Objective	Director	Threshold	Set by	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	2022/23	Trend
	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	96.4%	96.2%	93.8%	92.6%	91.7%	96.7%	96.9%	94.6%	97.1%	98.3%	95.9%	96.3%	94.7%	96.2%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	96.0%	96.4%	95.5%	94.6%	95.2%	97.3%	96.3%	97.7%	98.3%	99.0%	98.9%	98.4%	98.2%	98.4%	
	Long length of stay - number of patients in hospital for 21 or more days	Safe, high quality care	MD / COO	Maintain at a maximum 79 (Revised April 2022)	WUTH	132	126	141	157	206	195	187	220	194	211	214	226	251	251	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	83.4%	83.7%	82.0%	77.9%	77.2%	77.9%	83.7%	79.3%	83.1%	80.9%	82.0%	84.7%	86.8%	81.5%	
Caring	Indicator	Objective	Director	Threshold	Set by	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	2022/23	Trend
	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	2	2	3	8	3	2	3	1	1	1	5	1	3	12	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	71.1%	72.8%	72.4%	77.7%	75.9%	77.3%	67.2%	74.0%	74.7%	77.4%	73.6%	78.2%	82.4%	76.7%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	94.0%	94.3%	95.1%	94.4%	95.4%	94.5%	92.3%	94.8%	94.1%	93.1%	95.6%	94.2%	95.1%	94.5%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	93.2%	94.1%	93.7%	94.3%	94.3%	94.1%	93.6%	93.5%	94.3%	93.5%	94.6%	94.1%	94.0%	94.0%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	94.1%	98.8%	94.7%	94.6%	96.6%	93.5%	97.7%	93.1%	98.0%	100.0%	96.9%	100.0%	100.0%	98.0%	

## Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	2022/23	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	≥95%	National	63.4%	62.6%	59.5%	60.6%	59.1%	63.1%	61.5%	63.1%	63.4%	64.5%	62.3%	63.6%	66.4%	63.9%	
	Patients waiting longer than 12 hours in ED from a decision to admit	Outstanding Patient Experience	COO	0	National	11	8	6	6	13	7	17	39	24	17	69	155	18	322	
	Time to initial assessment for all patients presenting to A&E - % within 15 minutes	Safe, high quality care	COO	100%	National	48.1%	58.1%	49.8%	57.2%	57.3%	61.7%	54.0%	52.5%	53.5%	58.6%	53.6%	57.9%	60.9%	56.2%	
	Proportion of patients spending more than 12 hours in A&E from time of arrival	Safe, high quality care	COO	0%	National	9.2%	8.2%	9.4%	8.8%	11.0%	8.1%	11.6%	13.7%	10.7%	10.5%	14.6%	14.1%	10.8%	12.4%	
	Proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed	Safe, high quality care	COO	TBD	National	n/a	n/a	78.9%	74.6%	73.9%	82.4%	86.9%	91.2%	85.1%	86.1%	90.6%	90.2%	87.3%	88.4%	
	Ambulance Handovers: > 30 minute delays	Safe, high quality care	COO	<5%	WUTH	23.5%	21.9%	22.8%	19.2%	18.0%	15.5%	25.2%	23.9%	21.9%	18.5%	16.0%	12.5%	16.2%	18.1%	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	≥92%	SOF	72.88%	70.84%	70.14%	67.84%	67.57%	65.89%	65.38%	64.08%	66.72%	65.46%	64.80%	64.77%	62.40%	62.40%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSEI Plan Trajectory 2022-23	National	27424	26935	27046	27406	28665	29445	30430	31504	32373	33306	34933	35742	37030	37030	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSEI Plan Trajectory 2022-23	National	606	575	510	557	475	525	582	730	811	1028	1119	1122	1245	1245	
	Referral to Treatment - cases waiting 78+ wks	Outstanding Patient Experience	COO	NHSEI Plan Trajectory 2022-23	National	163	116	70	72	59	65	60	70	73	82	91	62	60	60	
	Referral to Treatment - cases exceeding 104 weeks	Safe, high quality care	COO	NHSEI Plan Trajectory 2022-23	National	7	10	5	5	4	5	1	0	0	0	8	0	0	0	
	Diagnostic Waiters, 6 weeks and over - DM01	Safe, high quality care	COO	≥99%	SOF	91.3%	94.3%	93.0%	89.8%	87.3%	86.4%	85.2%	82.8%	86.0%	87.2%	87.5%	85.3%	85.3%	85.7%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	95.7%	96.1%	87.9%	91.4%	76.2%	78.0%	76.2%	85.8%	96.6%	94.6%	94.4%	91.9%	78.7%	90.3%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	94.95%	-	-	91.63%	-	-	76.7%	-	-	92.5%	-	-	-	92.5%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	96.5%	95.4%	94.3%	94.8%	94.6%	95.1%	92.6%	91.2%	96.5%	96.4%	96.1%	94.7%	94.7%	94.9%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	96.41%	-	-	94.85%	-	-	94.1%	-	-	94.9%	-	-	-	94.9%	
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	84.4%	79.2%	79.7%	79.3%	79.6%	79.3%	75.9%	79.2%	79.6%	75.7%	79.9%	81.5%	75.0%	78.5%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	85.05%	-	-	79.38	-	-	78.1%	-	-	78.2%	-	-	-	78.2%	
	Cancer Waits - reduce number waiting 62 days +	Outstanding Patient Experience	COO	NHSEI 2022/23 plans trajectory - max 68	National	n/a	n/a	n/a	n/a	n/a	n/a	81	97	118	152	167	158	200	200	
	Cancer - Faster Diagnosis Standard	Outstanding Patient Experience	COO	≥75% within 28 days	National	77.9%	79.8%	79.2%	80.5%	70.5%	78.9%	79.5%	76.7%	75.4%	78.3%	79.6%	76.6%	71.2%	76.3%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	≤173 per month	WUTH	218	216	177	149	180	187	211	170	185	174	207	191	234	194	
	Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	≤3.1	WUTH	3.29	2.56	3.27	3.26	2.34	4.87	3.05	4.50	3.96	2.88	4.13	5.02	3.57	4.01	
	Formal Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	94%	100%	61%	100%	100%	100%	100%	100%	88%	100%	91%	96%	100%	96%	
	Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	2	3	4	3	2	0	0	2	2	1	3	0	5	2	
	NEWS2 Compliance	Outstanding Patient Experience	MD/CN	≥90%	WUTH	-	-	-	-	-	-	85%	85.2%	88.3%	89.7%	89.1%	89.6%	90.3%	89%	

## Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	2022/23	Trend
Well-led	Duty of Candour compliance - breaches of the DoC standard for Serious Incidents	Outstanding Patient Experience	CN	0	WUTH	-	-	-	-	-	-	-	0	1	0	0	0	0	1	*
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY 22/23 (cumulative 59 per month until year total achieved)	National	613	774	958	1121	1445	1575	1666	21	57	83	108	143	178	178	
	% Appraisal compliance	Safe, high quality care	CPO	≥88%	WUTH	81.2%	82.2%	82.7%	82.3%	82.0%	78.0%	77.9%	77.2%	83.2%	85.2%	86.2%	86.7%	88.58%	88.6%	
	Indicator	Objective	Director	Threshold	Set by	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	2022/23	Trend
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	-0.2		-0.7	-0.6	2.3	-0.1	0.1	-1.0	-0.4	-0.2	-0.4	-0.5	-0.6	-0.6	
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	-0.1	0.0	1.0	-0.9	1.9	-0.5	-0.3	-0.9	0.3	-1.2	-0.6	-0.7	-0.9	-0.9	
	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	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	
	CIP Performance (YTD Plan vs Actual)	Effective use of Resources	CFO	On Plan	WUTH	14.50%	Not reported	77.21%	48.24%	78.70%	78.61%	91.33%	7.26%	45.26%	47.60%	57.50%	51.00%	55.00%	55.00%	
	NHSI Agency Performance (YTD % variance)	Effective use of Resources	CFO	On Plan	NHSI	-5.2%	-50.0%	-25.1%	-6.7%	-4.3%	-8.0%	-15.0%	-43.9%	-316.0%	-88.0%	-218.8%	-216.0%	-233.0%	-233.0%	
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-15.2	-16.2	-15.9	-18.0	-16.2	-18.6	-20.0	-21.4	-12.0	-16.6	-16.4	-21.4	-23.5	-23.5	
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	24.4%	30.7%	36.3%	48.0%	59.0%	76.2%	100.0%	0.7%	1.4%	4.0%	8.7%	13.0%	17.9%	17.9%	

Metrics Added

Metrics Amended



## Safe Domain

### *Clostridioides difficile* (Healthcare Associated)

**Executive Lead:** Chief Nurse

**Performance Issue:**

The threshold target set for healthcare associated *Clostridioides difficile* infections (CDI) for 2022-23 is 72 (equaling a monthly threshold of 6 cases).

The monthly maximum threshold of 6 has been exceeded, with 13 cases were reported in September. A total of 79 cases since April 2022. This is 111% (40 cases) above the cumulative year to date threshold of 36.

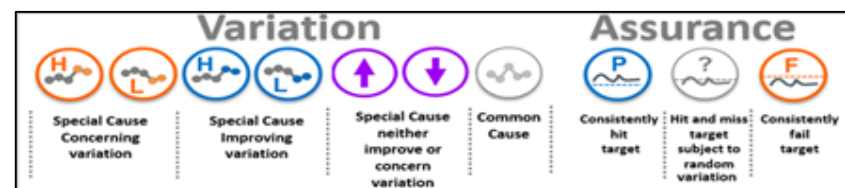
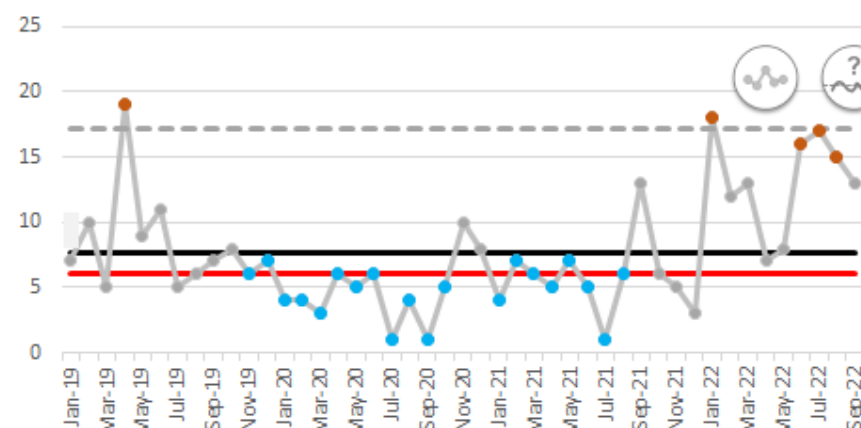
**Action:**

A Trust improvement plan governed through the IPC group and directly overseen by the Chief Nurse is in place. Healthcare partners are informed of the Trust's improvements and the system wide challenges are recognised with multi-agency improvement targets being overseen by the Health Protection Board for Wirral. Joint working across professional groups, predominantly with facility teams has enabled improved cleaning and strengthened operating and assurance processes.

This has resulted a proactive approach and prompt rectification taken as necessary. Scrutiny of cases focuses on causative factors ensuring that learning opportunities for specific areas are identified and inform continued development of the Trust improvement plan. Divisional responsibility for progressing local improvement plans has enabled wards and department changes to occur without delay.

Key initiatives: focus on prompt sampling, isolation of patients, use of environmental audit results to inform cleaning practices and frequency, and cleaning audits to inform training requirements of Healthcare Cleaning

#### *Clostridioides difficile* (healthcare associated)



Professionals. 'Gloves off' campaign and a focus on patient hand hygiene is commencing in October 2022.

**Expected Impact:**

Reduction in patients diagnosed with healthcare associated *Clostridioides difficile* by Q4.

## Gram-Negative bloodstream infections - *E-coli* bacteraemia

**Executive Lead:** Chief Nurse

### Performance Issue:

For 2022-23 the Gram-negative blood stream infection objective has been separated into individual targets for *E-coli*, *klebsiella* and *pseudomonas*. All thresholds are derived from a baseline of the 12 months ending November 2021, (the most recent available data at the time of calculating the figures).

The threshold for Gram-negative *E-coli* is set at a maximum 56 cases, with a monthly threshold of 4 per month. In September 6 patients were diagnosed with an *E-coli* bacteraemia.

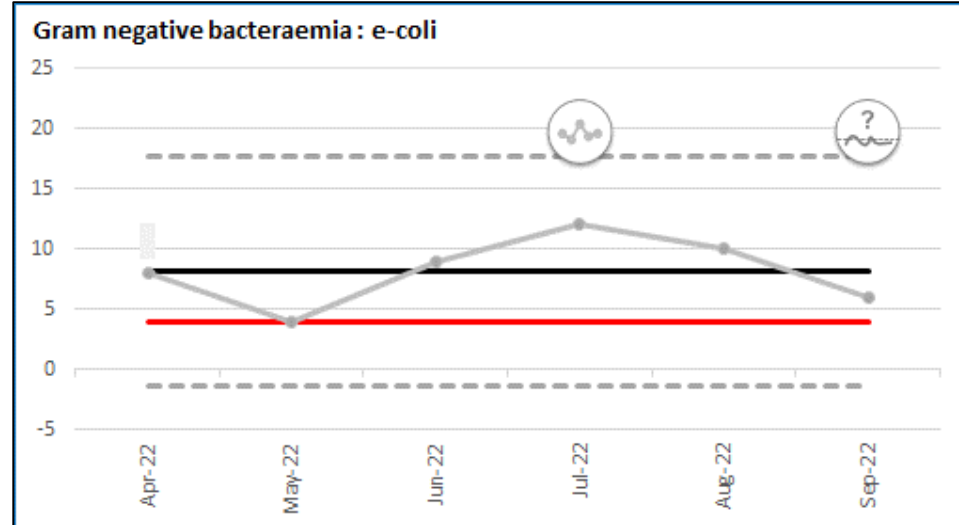
### Action:

Causative factors and learning opportunities are identified by each case being scrutinised. Senior IPC nurse supports the identification of learning at the Patient Safety Learning Group applying specialist knowledge and enabling the development of local remedial actions. Governance processes have been strengthened to enable increased divisional oversight to progress improvements.

A key learning theme is the management of urinary tract infections (UTI) and urinary catheter management. A multi-agency Wirral wide UTI improvement group is addressing common themes. Within the Trust a Continence Steering Group has been established with a focus on urinary catheter care and aseptic non-touch technique (ANTT) to strengthen the prevention of device-associated infections. Appropriate antibiotic prescribing for UTI in adults is a priority area that is continually being reviewed locally and as a system, which will have a positive impact.

### Expected Impact:

The number of patients diagnosed with an *E-coli* blood stream infection is reduced to below the monthly threshold and the annual objective for 2021 – 2022 is achieved.



## Gram-Negative bloodstream infections - klebsiella

**Executive Lead:** Chief Nurse

### Performance Issue:

For 2022-23 the Gram-negative blood stream infection objective has been separated into individual targets for *E-coli*, *klebsiella* and *pseudomonas*. All thresholds are derived from a baseline of the 12 months ending November 2021 (the most recent available data at the time of calculating the figures). The threshold for Gram-negative *Klebsiella* is set at 19 cases, with an alternating threshold of 1 and 2 per month for monitoring purposes.

There were 3 cases reported in September 2022, against a threshold of 1. Since April 2022 17 cases have been reported; this is 11 over a trajectory of 6.

### Action:

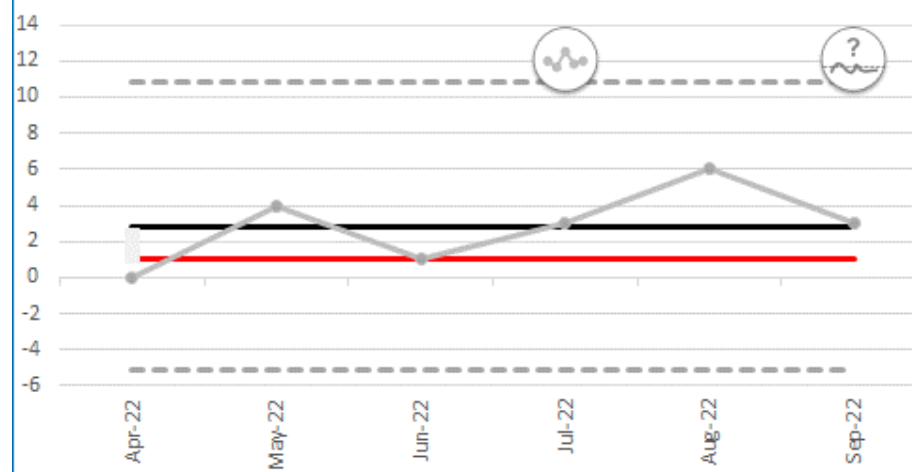
Causative factors and learning opportunities are identified by each case being scrutinised. Senior IPC nurse supports the identification of learning at the Patient Safety Learning Group applying specialist knowledge and enabling the development of local remedial actions. Governance processes have been strengthened to enable increased divisional oversight to progress improvements.

*Klebsiella* is a gut organism and common causes identified during the RCA process are indwelling devices and intra-abdominal complexities. A multi-disciplinary programme of work focusing on aseptic non-touch technique (ANTT) to strengthen the prevention of device-associated infections is underway.

### Expected Impact:

The number of patients diagnosed with a *Klebsiella* blood stream infection is reduced to below the monthly threshold and the annual objective for 2022 – 2023 is to be achieved.

Gram negative bacteraemia : klebsiella



## Sickness absence % (in-month rate)

**Executive Lead:** Chief People Officer

### Performance Issue:

The Trust threshold for sickness absence is 5%. For September the indicator is 6.33% and demonstrates common cause variation.

There has been a continued improvement trend following a peak in January 2022.

Short term sickness absence accounts for 1.31%, whilst short term sickness absence if more of a challenge at 5.02% in September 2022.

Additional Clinical Services are the staff group with the highest absence rate and this staff group are a particular area of focus.

Anxiety, Stress and Depression remains the highest reason for long term sickness absence. The category 'Gastro Problems' was the highest reported reason for short-term sickness, followed by 'Infectious Diseases'.

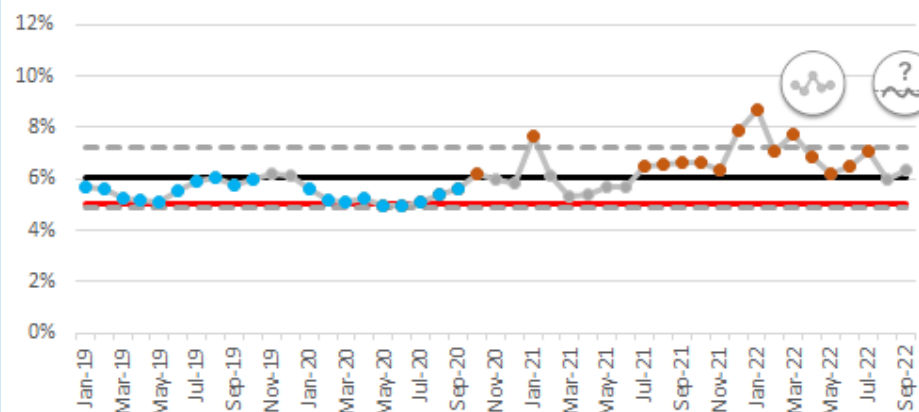
### Action:

Monitoring of the Sickness Attendance KPI and associated actions is ongoing via Divisional Management, Divisional governance infrastructure and via Divisional Performance Reviews. Managers continue to be supported by HR and are heavily focusing on short term sickness and targeting hot spot areas with high episodes of sickness absence and rolling sickness absence.

### Managing Attendance Training

Surgery, Acute and Women and Children's Division have delivered / planned local Attendance Management Training to improve capability and increase confidence in managers managing attendance.

Sickness absence % - in-month rate



Managing Attendance is also embedded as a fundamental skill for new and existing managers within the Trust's new Manager Essentials Programme, the first cohort of which is currently underway.

#### **Sickness Absence Audit**

Preparation is underway for the MIAA Sickness Audit which is expected to take place during November. They will carry out a review of the operating effectiveness of the sickness management policies and procedures in operation at the Trust.

#### **Workforce Wellbeing**

A focus on wellbeing continues, as part of the People Strategy delivery. Examples include recent wellbeing surgeries with a focus on physical health, a review of uptake of wellbeing conversations and a focus on financial wellbeing in response to cost-of-living challenges.

#### **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. We continue to appropriately prioritise workforce wellbeing and our commitment to mental health support.

## Staff turnover %

**Executive Lead:** Chief People Officer

### Performance Issue:

The Trust threshold for turnover is 0.8%. For September 2022 the indicator was 1.34% and demonstrates common cause variation.

All clinical divisions continue to experience high levels of turnover. The increased turnover in August 2022 is partly due to expected rotation of foundation doctors however there has been increased turnover across August and September in the following staff groups:

- Additional Clinical Services
- Admin and Clerical
- Allied Health Professionals

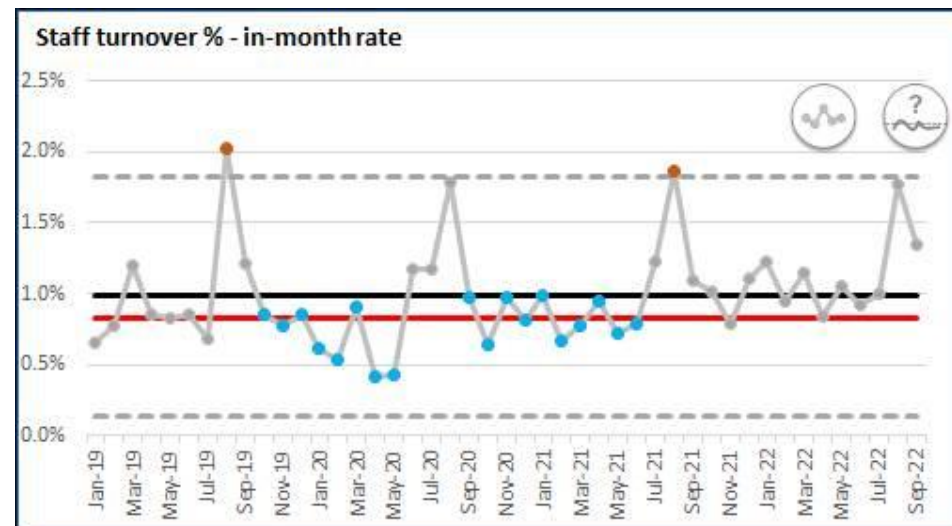
### Actions:

Monitoring of the Turnover KPI is on-going via Divisional Management, Divisional governance infrastructure, and via Divisional Performance Reviews (DPRs), with specific actions in place according to the local feedback.

### Current Interventions to support retention - the Retention Workstream.

Q3 ongoing activities include:

- Reviewing the data contained within the current Turnover KPI and agree new KPIs (leaver reasons withing 12 months etc).
- Agree Retention Delivery Plan with the Strategic Retention Group and determine priorities.
- Completion of the Nursing and Midwifery Retention Self-Assessment Tool.
- Meeting with the Northwest and ICB Retention lead – next steps re collation of the completed Retention Self-Assessment tools by 17 Trusts by early November to inform best practice.
- Nursing Task and Finish Group to explore transfer options for Band 5 Nurses to improve retention.





- A primary reason for attrition continues to be work life balance and high pressure on the wards. An Assistant Practitioner has been recruited to the pastoral team to provide pastoral support to CSWs at ward level.

There are also other programmes of activity within the People Strategy Delivery Plan that impact on staff experience including flexible working practices, health and wellbeing initiatives, reward and recognition and improvements in integration and diversity which will also help minimise turnover.

**Expected Impact:**

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

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



## Care Hours Per Patient Day – number of wards below 6.1

**Executive Lead:** Chief Nurse

### Performance Issue:

The Trust monitors the number of wards that are below a care hours per patient day (CHPPD) threshold of 6.1. The metric for the Trust overall is set at a maximum of 3 wards to be below this threshold.

The number of wards for September 2022 was 8: Ward 14 = CHPPD 6; Ward 26 = CHPPD 6; Ward 37 = CHPPD 6, Ward M3 = CHPPD 6; Ward 36 = CHPPD 5.9; Ward 38 = CHPPD 5.8; M1 Rehab = CHPPD 5.5, Ward 22 = CHPPD 5.6.

### Action:

The Trust has a series of robust safer staffing review measures in place. A CHPPD tracker is one such measures, introduced in May 2022 to monitor if any areas are consistently recording CHPPD <6.1. This CHPPD data is triangulated with further staffing metric data to monitor the impact on care.

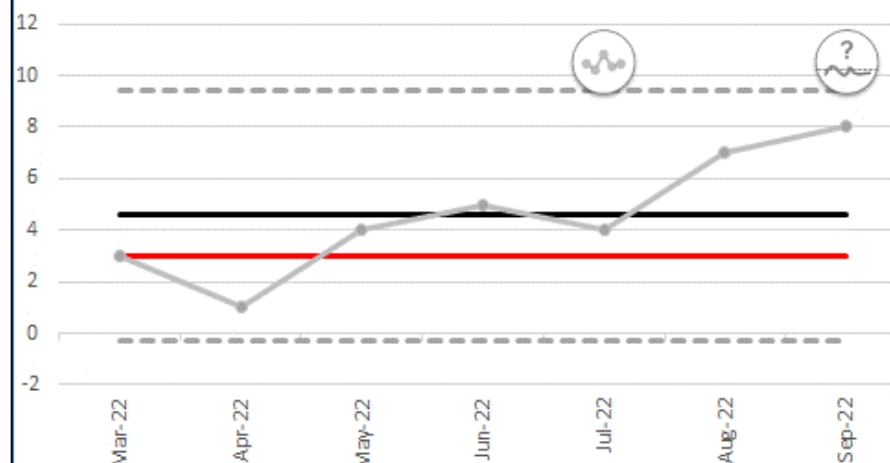
4 wards who had a CHPPD of <6.1 had a variance of 0.1 this is equivalent to 6 minutes of care. Ward 36 have had a CHPPD of 5.9; a slight variance below <6.1 since May 22. Ward 22 have had a CHPPD of <6.1 since June 22. Ward 38 staffing levels has had a CHPPD consistently below 6.1 since November 2021, this area has been overseen by the Matron and deemed to remain safe. This is a result of clinical support worker (CSW) shortfalls created by staff moves to support higher risk staffing challenges across the Trust.

Impacts on care are being monitored and have remained minimal with the areas of lower than threshold CHPPD.

The Trust is leading a system approach to a program of recruitment for CSWs. A recent recruitment event has been successful with 40 CSW being secured for employment. In addition, CSW apprenticeship programs continue to be promoted to enable the Trust to maintain low CSW vacancies.

**Expected Impact:** A reduction in the number of wards with a consistent CHPPD of <6.1 by Q4.

Care hours per patient day (CHPPD) - number of wards below 6.1



## Effective Domain

### Nutrition and hydration – MUST completed at 7 days

**Executive Lead:** Chief Nurse

#### Performance Issue:

An internal WUTH target is set at a minimum 95% compliance with MUST recording within 24 hours of admission, and every 7 days. Performance for September 2022 was above the 95% threshold at 98.2% for completed within 24 hours, however 7-day MUST was 0.3% below the target with a compliance of 94.7%.

#### Action:

Daily reports, that focus on nutrition and hydration and are elements that form part of the MUST assessment, continue to be in place to support MUST completion. Governance, via the Patient Safety Learning Panel, has been strengthened to determine improved understanding of the areas that do not achieve MUST compliance and to identify supportive metrics and learning outcomes.

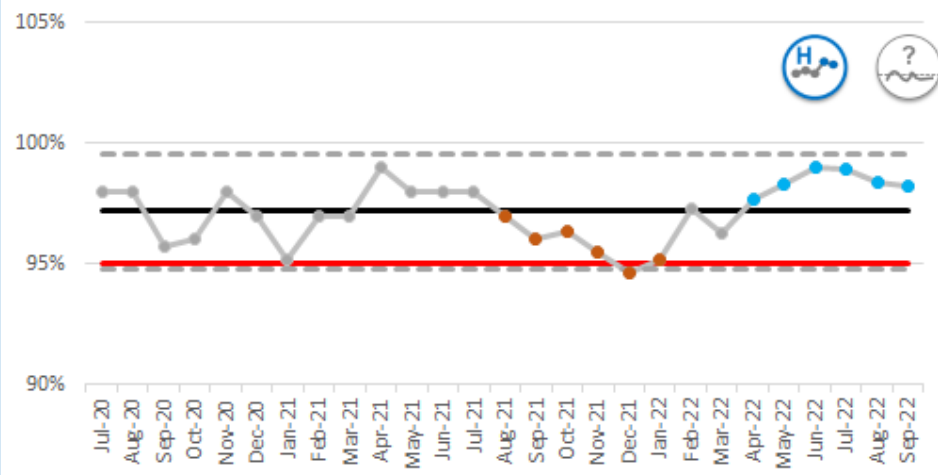
Areas with the lowest levels of compliance are the assessment areas where they are not accustomed to caring for patients longer than 7 days; the areas have been supported to develop and implement procedures to enable the key metrics to be achieved. In addition, the Nutrition and Hydration Lead has contacted matrons and ward managers to reinforce the processes needed to provide compliance.

#### Expected Impact:

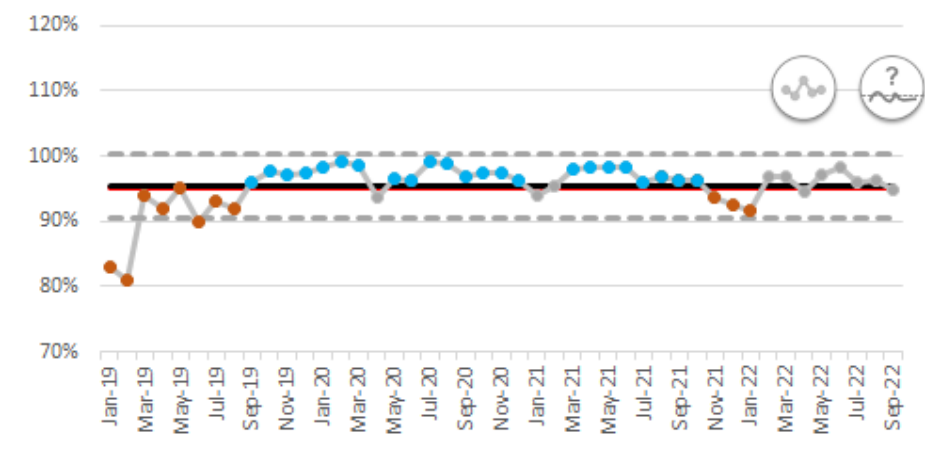
It is expected that 95% will be achieved for all MUST score from December 2022



#### Nutrition and Hydration - MUST completed within 24 hours of admission



#### Nutrition and Hydration - MUST completed at 7 days



## Caring Domain

### 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 September 2022. This 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:**

Operational pressures continued throughout September 2022 due to system challenges resulting in high levels of activity throughout the hospital and an increased proportion of patients with no criteria to reside.

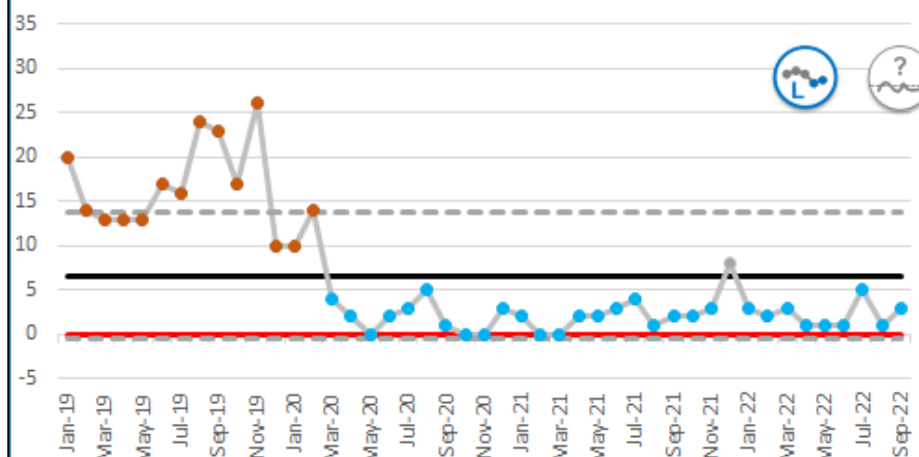
Processes are in place to enable joint working with Critical Care Unit, Patient Flow Team, and Divisional Directors to expedite critical care stepdown. This includes daily oversight of individual patients requiring a stepdown indicating and the length of time waiting.

Delivering same sex accommodation is a high priority. Breaches are managed on a risk assessed basis to promptly address concerns via bed capacity and operational meetings.

**Expected Impact:**

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

Same sex accommodation breaches



## Friends & Family Test – Overall Experience

**Executive Lead:** Chief Nurse

### Performance Issue:

A Trust standard of 95% is set for achieving an overall experience rating of very good or good for each of the main care settings.

Performance against the 95% threshold for September 2022 was:

- Emergency Department (ED) – 82.4% (below threshold)
- Inpatients – 95.1% (above threshold)
- Outpatients – 94.0% (below threshold)

Maternity 100% (above threshold)

### Action:

The Patient Experience Strategy has established 5 strategic promise groups; Welcome, Safe, Inclusive, Care, and Supported. Each promise action groups have a focus on identifying patients' experience improvement opportunities.

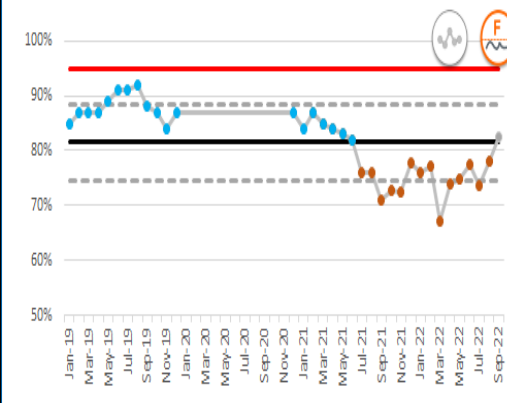
Operational pressures within the Emergency Department, consistent with the national position, continue to have an impact on the FFT score. FFT score for ED remains below the Trust threshold of 95%. Improvement trend has continued this month achieving 82.4% compared to 73.6% in July. This is above the national average of 77% for ED. Waiting times are consistently reported to be an area of challenge. Effective communication to patients is a priority focus for the Divisional Triumvirate.

Monthly fluctuations continue in the Out-patients FFT scores with a reduction to 94.0%. Parking and waiting times are consistent themes. Collaborative working with the Estates team is underway to consider parking solutions and the Directorate Managers are altering clinic templates to reduce patient delays.

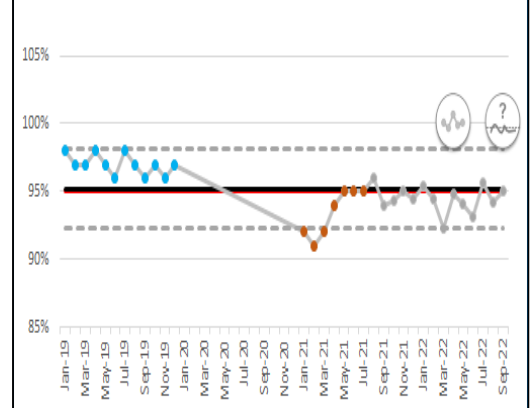
### Expected Impact:

Improved FFT scores within the ED and an expectation to reach the Trust target for Outpatients in Q4.

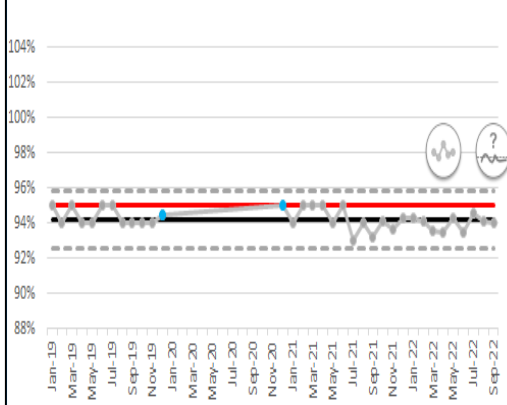
FFT Overall experience of very good & good: ED



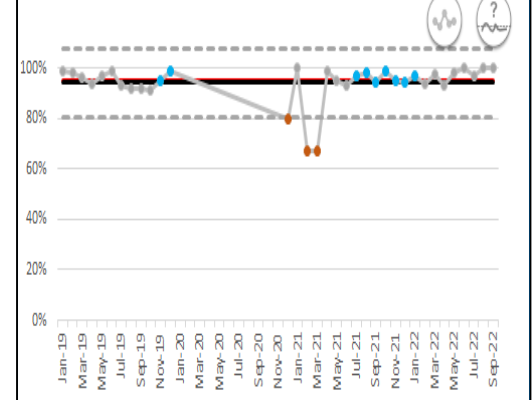
FFT Overall experience of very good & good: Inpatients



FFT Overall experience of very good & good: Outpatients



FFT Overall experience of very good & good: Maternity



## Responsive

### Number of complaints received in month per 1000 staff

**Executive Lead:** Chief Nurse

**Performance Issue:**

WUTH has set a maximum threshold for the number of complaints received in month at less than or equal to 3.1 per 1000 staff. The rate for September 2022 was 3.57

**Action:**

The Trust's complaints numbers remain lower than the national average for acute trusts (20 per 1000 staff in 2021/22, with the national trend being upwards).

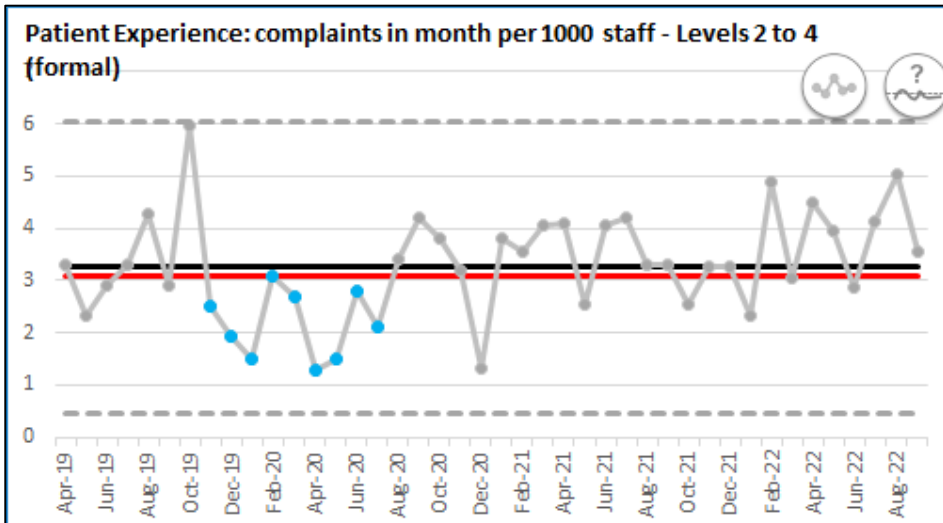
During September 2022, 20 new formal complaints were registered (compared with 29 in August) and 23 were closed.

Divisions have localised plans to address the main continuing causes of complaint (communication / staff attitude and capacity pressures) and the ways in which these might be addressed, as well as any seasonal surges in numbers.

Weekly complaints management meetings with all divisions continue to take place. The purpose of these meetings is to support management of complaint responses and to identify and address barriers to completion as early as possible.

**Expected Impact:**

Not applicable.



<b>Title</b>	M6 Finance Report
<b>Area Lead</b>	Mark Chidgey, CFO
<b>Author</b>	Robbie Chapman, Deputy CFO
<b>Report for</b>	Information

### Report Purpose and Recommendations

At M6 the Trust is reporting a deficit of £3.053m, an adverse variance against budget of £4.018m. This variance is attributed to overspends on employee costs, driven largely by underperformance in respect of recurrent CIP and the continued use of escalation wards staffed at premium rates. This is offset by:

- reductions in non-pay spend, specifically clinical supplies, as a result of reduced elective activity compared to plan.
- release of deferred income.

Whilst the Trust is below planned activity levels for elective recovery, national guidance is being followed in assuming that the Trust will retain 100% of Elective Recovery Fund (ERF).

It is recommended that the Board of Directors:

- Notes the report.
- Notes that without further mitigation the forecast position remains a £6m deficit.

### Key Risks

This report relates to the following key risk:

- PR3: failure to achieve and/or maintain financial sustainability.

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

<b>Outstanding Care:</b> provide the best care and support	No
<b>Compassionate workforce:</b> be a great place to work	No
<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	No
<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

### Governance journey

This is a regular update provided to each Board meeting.

## Month 6 Finance Report 2022/23

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  - 3.3. Expenditure: Non-Pay
  - 3.4. CIP Performance
  - 3.5. Forecast
4. Financial position
  - 4.1. Statement of Financial Position
  - 4.2. Capital expenditure
  - 4.3. Statement of Cash Flows



# 1. Executive Summary

## 1.1 Table 1: Financial position – M6

Month 6 Financial Position	In Month (£'000)			Year to Date (£'000)		
TRUST	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Income from Patient Care Activities	£36,365	£36,460	£95	£202,366	£202,426	£61
Other Income	£3,521	£4,304	£783	£20,712	£23,529	£2,817
<b>Total Income</b>	<b>£39,886</b>	<b>£40,764</b>	<b>£878</b>	<b>£223,078</b>	<b>£225,955</b>	<b>£2,877</b>
Employee Expenses	-£28,262	-£29,008	-£746	-£154,752	-£159,313	-£4,561
Operating Expenses	-£11,026	-£11,174	-£148	-£67,595	-£65,144	£2,452
<b>Total Operating Expenditure</b>	<b>-£39,289</b>	<b>-£40,182</b>	<b>-£893</b>	<b>-£222,347</b>	<b>-£224,457</b>	<b>-£2,110</b>
CIP	£1,117	£516	-£601	£8,895	£4,826	-£4,069
<b>Total CIP</b>	<b>£1,117</b>	<b>£516</b>	<b>-£601</b>	<b>£8,895</b>	<b>£4,826</b>	<b>-£4,069</b>
Non Operating Expenses	-£1,443	-£1,716	-£272	-£8,661	-£9,377	-£716
<b>Surplus/(Deficit)</b>	<b>£271</b>	<b>-£618</b>	<b>-£889</b>	<b>£965</b>	<b>-£3,053</b>	<b>-£4,018</b>

1.2 The Trust is reporting a deficit of £3.053m at M6, an adverse variance against plan of £4.018m.

1.3 Total income was £225.955m at M6, a positive variance of £2.817m. This relates to the release of deferred income in respect of international nurse recruitment and teledermatology and the recharge of energy costs to Clatterbridge Cancer Centre. All of these costs are offset by increases in expenditure. Income is discussed in more detail in 3.1.1.

1.4 The Trust is at risk of financial penalties for any underperformance in respect of the elective programme at 75% of the value. We estimate the hypothetical risk at M6 to be in the range £2.202m to £5.140m. Consistent with National guidance this is not reflected within the position. This is discussed in more detail from 3.1.3.

1.5 Total employee expenses were £159.313m at M6, this represents an overspend against our budget of £4.561m. The overspend against plan is discussed in more detail at 2.2.3 but is primarily driven by the continued reliance on bank and agency staff as a result of staff sickness and use of escalation wards adverse together with the non-delivery of pay CIP.

**Table 2: Pay cost analysis**

Pay Analysis	IN MONTH			YEAR TO DATE		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Consultants	-£4,458	-£5,084	-£626	-£25,181	-£26,154	-£973
Other medical	-£2,469	-£2,935	-£466	-£15,987	-£17,607	-£1,620
Nursing and midwifery	-£7,903	-£5,993	£1,910	-£43,915	-£44,844	-£928
Allied health professionals	-£1,592	-£1,932	-£340	-£8,562	-£9,135	-£573
Other scientific, therapeutic and technical	-£594	-£685	-£90	-£3,531	-£3,482	£49
Health care scientists	-£1,293	-£1,391	-£98	-£7,025	-£6,900	£125
Support to clinical staff	-£5,951	-£6,603	-£652	-£29,227	-£30,603	-£1,376
Non medical, non clinical staff	-£3,869	-£4,290	-£421	-£20,721	-£20,021	£700
Apprenticeship Levy	-£132	-£95	£37	-£601	-£567	£34
<b>Total</b>	<b>-£28,262</b>	<b>-£29,008</b>	<b>-£746</b>	<b>-£154,752</b>	<b>-£159,313</b>	<b>-£4,561</b>

1.6 Operating expenses were £65.144m at M6, an underspend of £2.452m. This is reflective of reduced elective activity, most notably within the Surgery division. This is discussed in more detail from 3.3.1.

1.7 The Trust has delivered £5.449m of CIP at M6, an adverse variance of £4.970m. However, of the figure achieved only £1.859m of this has been delivered recurrently. This is discussed in more detail from 3.4.



## 1. Executive Summary

1.8 Cash balances at the end of M6 were £25.003m. This is analysed in more detail from 4.3.1.

1.9 The Trust has recorded a capital spend of £8.066m at M6 compared to an expected spend of £17.079m. This is principally due to delays in the approval of UECUP and Phase 2 of the Modular Theatres and is analysed in more detail from 4.2.

## 2. Risk

- 2.1 The revised Oversight Framework does not require us to report our Use of Resources rating. We do, however, believe that there are two indicators (cash liquidity and agency spend) that we have previously reported on that warrant inclusion in this report.
- 2.2 Cash liquidity at 30 September 2022 was -23.58 days which is a deterioration from M5 (-21.47). Given our adverse variance from plan and the pressure this will put on our cash position this is likely to deteriorate further in the coming months.
- 2.3 The agency spend cap is now monitored at ICS level but all Trusts are expected to reduce expenditure on Agency by 10% from prior period. Agency spend at M6 is £5.179m which is £3.554m above budget and a 0.1% decrease against 21/22. This is explained in more detail at 3.4.3.

### 2.4 Risk summary (as per risks identified in risk register)

#### 2.4.1 Risk 1 – Failure to manage financial position

- Our ability to deliver the planned deficit is dependent on effective cost management, CIP delivery and the delivery of activity trajectories. Our financial performance in M6, our failure to deliver CIP to plan (see below) and potential clawback against ERF indicates that this risk has increased.

#### 2.4.2 Risk 2 – Failure to deliver CIP

- The 22/23 plan includes an assumed 2022/23 CIP target of 4.5% (£20.838m). Of this target, 3% (£13.849m) was planned to be delivered recurrently and 1.5% (£6.989m) was to be delivered non-recurrently. We are forecasting £3.535m in respect of recurrent CIP, a shortfall against plan of £10.265m. At M6 only £1.859m CIP has been transacted recurrently and £3.590m has been transacted non-recurrently. Whilst this was always a challenging target this does indicate that the risk has increased. This is discussed in more detail at 3.4.

#### 2.4.3 Risk 3 – Failure to complete capital programme

- Our capital expenditure envelope for 22/23 totals £44.851m which is the largest capital programme the Trust has ever delivered in one financial year. We are currently £8.066m behind plan but we forecast the entire plan will be spent by year end. This is described in more detail at 4.2.

### 2.5 Risk summary (as per risks identified in budget report)

#### 2.5.1 CIP

- Failure to deliver CIP remains our most significant risk and our performance so far this year indicates this risk has increased. Please see 3.4 for more detail.

#### 2.5.2 Shortfall in funding

- With all funding confirmed, the only significant risk in respect of funding is the potential clawback in respect of ERF. This is discussed in more detail from 3.1.3.

#### 2.5.3 Activity below plan

- As at M6, the Trust has delivered £6.853m less elective activity than the contract plan. After adjusting for marginal rates and other technical adjustments this equates to a

## 2. Risk

financial risk of £2.202m to £5.140m . NHSE/I has confirmed that under-performance for M1-M6 will not be reclaimed. The risks and opportunities associated with potential clawback are discussed from 3.1.4.

### 2.5.4 Reliance on agency staff

- Workforce information indicates that the reliance upon high cost agency staff has reduced from the peak in M1 and M2 but remains higher than plan, principally due to the continued use of escalation wards. Please see 3.2 for more detail.

### 2.5.5 Inflation

- The biggest challenge in respect of inflation relates to energy costs. We are protected, to an extent, from the recent significant increases due to our advanced purchase agreements through brokers but this does not mitigate the entire risk.

### 3. Financial Performance

#### 3.1 Income

3.1.1 The Trust has received £225.955m at M6, a positive variance of £2.877m.

**Table 4: Income analysis for M6**

Point of Delivery	IN MONTH			YEAR TO DATE		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Elective & Daycase	£5,518	£4,767	-£751	£30,474	£25,408	-£5,066
Elective excess bed days	£126	£53	-£74	£633	£422	-£210
Non-elective	£10,686	£10,015	-£671	£61,074	£61,513	£438
Non-elective excess bed days	£579	£494	-£85	£3,326	£2,817	-£508
A&E	£1,619	£1,566	-£53	£8,931	£8,726	-£205
Outpatients	£4,213	£4,384	£171	£22,574	£22,974	£400
Diagnostic imaging	£333	£268	-£64	£1,819	£1,431	-£388
Elective Recovery Fund	£904	£904	£0	£5,397	£5,397	£0
Maternity	£477	£544	£67	£2,545	£2,684	£139
Non PbR	£7,963	£9,960	£1,997	£42,473	£41,233	-£1,240
HCD	£1,485	£1,423	-£62	£9,064	£8,977	-£87
National Top up	£2,332	£2,332	£0	£13,973	£13,973	£0
Other	£130	-£252	-£382	£82	£6,871	£6,789
<b>Sub-Total Clinical Income</b>	<b>£36,365</b>	<b>£36,460</b>	<b>£95</b>	<b>£202,366</b>	<b>£202,426</b>	<b>£61</b>
Other patient care income	£275	£416	£141	£1,491	£2,645	£1,154
Non-NHS: private patient & overseas	£24	£45	£21	£147	£122	-£25
Injury cost recovery scheme	£43	£63	£20	£259	£358	£99
<b>Total Patient Care Income</b>	<b>£343</b>	<b>£524</b>	<b>£182</b>	<b>£1,896</b>	<b>£3,124</b>	<b>£1,228</b>
Other operating income	£3,178	£3,780	£602	£18,816	£20,404	£1,588
Other non operating income	£0	£0	£0	£0	£0	£0
<b>Total Other income</b>	<b>£3,178</b>	<b>£3,780</b>	<b>£602</b>	<b>£18,816</b>	<b>£20,404</b>	<b>£1,588</b>
<b>Total income</b>	<b>£39,886</b>	<b>£40,764</b>	<b>£878</b>	<b>£223,078</b>	<b>£225,955</b>	<b>£2,877</b>

3.1.2 Clinical income at M6 was £202.426m, a positive variance against budget of £0.061m. However, as shown in the table, income is lower than budget across a larger number of activity categories and this is offset by back to block, system top up monies (under "National Top Up") and other, which includes release of non-recurrent deferred income. Whilst this does not represent the same risk that would be the case under full Payment by Results, the introduction of AIP does mean that underperformance against activity will again have an impact on the Trust's financial position. Divisional performance against plan is discussed from 3.6.1 and activity is broken down within the appendix 1.

3.1.3 Income includes 6/12ths of the Trust's allocation of Elective Recovery Funding (ERF) to support delivery of 104% of 2019/20 elective activity in order to reduce the length of time patients are waiting for treatment. The baseline is calculated using the 104% of 19-20 trust activity valued at 22-23 tariffs as per the national guidance. As per the guidance, the Trust's funding will be adjusted up or down by 75% of tariff if actual activity delivered is above or below the 104% baseline value.

3.1.4 At M6 the elective baseline is £56.996m and the actual M6 activity valued at national and local tariffs is £50.143m, this includes capping the outpatient follow ups at 85% of the baseline as per the initial published guidance. Consistent with national monitoring of performance, removing the follow up cap would reduce the variance from £6.853m to £2.937m. However only 75% of this is at risk of being recouped by the ICB (as a commissioner) and therefore the risk is in the range £2.202m to £5.140m. Table 5 below demonstrates the initial position at M6 before adjustments

### 3. Financial Performance

**Table 5 Comparison of actual performance against 19/20 baseline**

	Cumulative Position at M6			
	Plan (19/20 + 4% )	Actual (inc FUPs @ 85% of 19/20 levels)	Variance	75% up or down
Day cases	£16,582,760	£15,064,906	(£1,517,854)	(£1,138,390)
Elective	£13,114,751	£10,893,295	(£2,221,456)	(£1,666,092)
OP Procedures	£2,922,453	£2,007,599	(£914,854)	(£686,140)
OP First Attendances	£12,162,146	£12,194,461	£32,315	£24,236
OP Follow Up Attendances	£12,214,156	£9,982,723	(£2,231,432)	(£1,673,574)
	<b>£56,996,265</b>	<b>£50,142,985</b>	<b>(£6,853,280)</b>	<b>(£5,139,960)</b>

- 3.1.5 As of M6 we have been informed by NHSE not to include any adjustment for under-performance against this target.
- 3.1.6 The Trust reintroduced car parking charges on the 1<sup>st</sup> September, this has reduced the cumulative adverse variance to £0.176m which reflects the planning assumption that charging would be reinstated from April.

## 3. Financial Performance

### 3.2 Expenditure: Pay

3.2.1 The Trust has spent £159.313m on pay costs at M6, an overspend of £4.561m. Table 6 details pay costs by staff group, Table 7 details WTE by staff group and Table 8 details pay costs by pay category type.

**Table 6: Pay costs by staff type**

Pay Analysis	IN MONTH			YEAR TO DATE		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Consultants	-£4,458	-£5,084	-£626	-£25,181	-£26,154	-£973
Other medical	-£2,469	-£2,935	-£466	-£15,987	-£17,607	-£1,620
Nursing and midwifery	-£7,903	-£5,993	£1,910	-£43,915	-£44,844	-£928
Allied health professionals	-£1,592	-£1,932	-£340	-£8,562	-£9,135	-£573
Other scientific, therapeutic and technical	-£594	-£685	-£90	-£3,531	-£3,482	£49
Health care scientists	-£1,293	-£1,391	-£98	-£7,025	-£6,900	£125
Support to clinical staff	-£5,951	-£6,603	-£652	-£29,227	-£30,603	-£1,376
Non medical, non clinical staff	-£3,869	-£4,290	-£421	-£20,721	-£20,021	£700
Apprenticeship Levy	-£132	-£95	£37	-£601	-£567	£34
<b>Total</b>	<b>-£28,262</b>	<b>-£29,008</b>	<b>-£746</b>	<b>-£154,752</b>	<b>-£159,313</b>	<b>-£4,561</b>

**Table 7: WTE by staff type**

Pay Analysis	WTE		
	Budget	Contracted	Actual
Consultants	288.90	272.06	274.60
Other medical	371.37	384.33	432.53
Nursing and midwifery	1,685.86	1,642.96	1,711.49
Allied health professionals	335.13	328.33	343.16
Other scientific, therapeutic and technical	113.82	113.14	115.93
Health care scientists	285.34	275.08	273.83
Support to clinical staff	1,810.08	1,739.92	1,860.09
Non medical, non clinical staff	1,135.04	1,065.21	1,123.85
Apprenticeship Levy	-	-	-
<b>Total</b>	<b>6,025.54</b>	<b>5,821.03</b>	<b>6,135.48</b>

**Table 8: Pay costs by pay category (excluding COVID)**

Trust	IN MONTH			YEAR TO DATE		
Month 6 Financial Position	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Substantive	-£27,225	-£25,383	£1,842	-£148,724	-£139,878	£8,845
Waiting List	-£103	-£195	-£93	-£618	-£843	-£225
Bank	-£211	-£1,867	-£1,657	-£1,264	-£8,761	-£7,498
Medical Bank	-£320	-£564	-£243	-£1,921	-£4,085	-£2,164
Agency	-£271	-£903	-£632	-£1,624	-£5,179	-£3,554
Other Employee	-£132	-£95	£37	-£601	-£567	£34
<b>Total Employee Expenses</b>	<b>-£28,262</b>	<b>-£29,008</b>	<b>-£746</b>	<b>-£154,752</b>	<b>-£159,313</b>	<b>-£4,561</b>

3.2.2 The biggest overspends in month related to Medicine (£0.243m in month, £2.064m YTD), Acute (£0.230m in month, £1.727m YTD) and Surgery (£0.229m in month, £1.889m YTD).

### 3. Financial Performance

#### 3.3 Expenditure: Non-Pay

3.3.1 The Trust has spent £65.144m on non-pay operating expenditure excluding COVID at M6, a positive variance of £2.452m.

**Table 9: Non-pay analysis (excluding COVID-19 costs)**

Trust	IN MONTH			YEAR TO DATE		
Month 6 Financial Position	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Supplies and services - clinical	-£3,586	-£3,322	£264	-£20,945	-£18,782	£2,163
Supplies and services - general	-£431	-£541	-£110	-£2,579	-£2,819	-£239
Drugs	-£2,359	-£2,258	£101	-£14,211	-£13,962	£249
Purchase of HealthCare - Non NHS Bodies	-£985	-£963	£22	-£5,925	-£4,849	£1,076
CNST	-£1,072	-£1,070	£2	-£6,429	-£6,420	£9
Consultancy	£134	£6	-£128	-£6	-£209	-£204
Other Operating	-£2,729	-£3,025	-£297	-£17,500	-£18,103	-£603
<b>Total Operating Expenses</b>	<b>-£11,026</b>	<b>-£11,174</b>	<b>-£148</b>	<b>-£67,595</b>	<b>-£65,144</b>	<b>£2,452</b>

3.3.2 Elective activity at M6 represented 89.9% of the plan submitted to NHSEI. This has resulted in significant underspends in respect of clinical supplies and services and drugs, most notably in surgery.

3.3.3 The underspend in respect of purchase of healthcare from non-NHS bodies relates to the Community Diagnostic Centre and our reduced reliance on insourcing and out-sourcing compared to plan, with more activity being delivered by our own staff. This is offset by reductions in income.

3.3.4 The Trust has spent £1.965m on COVID-19 costs at M6, with £1.080m on pay and £0.885m on non-pay. This is set against income of £6.267m.

3.3.5 The vaccination costs were £0.530m at M6 which was in line with plan and is funded centrally so offset in income. We are no longer reimbursed retrospectively for our vaccination costs and we are given a fixed budget based on average costs and number of planned vaccinations. Whilst the review our operating model for vaccination continues, the income received in respect of vaccinations covers all costs.

3.3.6 The testing costs were £1.331m at M6 and is funded centrally so offset in income.

### 3. Financial Performance

#### 3.4 CIP Performance

- 3.4.1 The 22/23 plan includes an assumed 2022/23 CIP target of 4.5% (£20.838m). Of this target, 3% (£13.849m) was planned to be delivered recurrently and 1.5% (£6.989m) was to be delivered non-recurrently.
- 3.4.2 Given the importance of recurrent CIP, non-recurrent CIP has not been assigned to divisions and will be managed centrally by Finance. This report will focus on delivery of recurrent CIP only.
- 3.4.3 As at the 13th October, 274 opportunities have been submitted by divisional teams with a recurrent value of £5.869m. This represents an improvement of £0.103m compared with the figure reported at M5. QIA panels are established on a fortnightly basis to prioritise CIP schemes and are chaired by the Deputy Medical Director and Deputy Director of Nursing. 52% of schemes identified have been approved at QIA to date.

**Table 10 Identified savings by Division**

Division	Annual Target	Forecast	FYE Variance	% Plan Identified
DCS	£2,400,897	£776,113	-£1,624,784	32%
Corporate	£1,260,526	£777,786	-£482,740	62%
Medicine	£2,698,861	£1,201,091	-£1,497,770	45%
Acute	£879,014	£97,228	-£781,786	11%
Surgery	£2,617,788	£977,433	-£1,640,355	37%
Estates	£1,131,379	£152,152	-£979,227	13%
W&C	£1,136,000	£375,981	-£760,019	33%
Trust Central	£1,510,992	£1,510,992	£0	100%
<b>Total</b>	<b>£13,635,457</b>	<b>£5,868,776</b>	<b>£7,766,681</b>	<b>43%</b>

- 3.4.4 £1.859m has been delivered in M6 against targets assigned of £6.818m.

**Table 11 YTD performance by Division**

Division	YTD Target	YTD Plan	YTD Actual	YTD Variance to plan	YTD Variance to target
DCS	£1,200,450	£292,077	£266,423	-£908,373	-£934,027
Corporate	£630,264	£277,721	£307,026	-£352,543	-£323,238



### 3. Financial Performance



**Wirral University  
Teaching Hospital**  
NHS Foundation Trust

Medicine	£1,349,430	£934,805	£492,328	-£414,625	-£857,102
Acute	£439,506	£32,742	£45,436	-£406,764	-£394,070
Surgery	£1,308,894	£313,616	£241,578	-£995,278	-£1,067,316
Estates	£565,692	£241,447	£46,942	-£324,245	-£518,750
W&C	£567,996	£37,945	£136,834	-£530,051	-£431,162
Trust Cen	£755,496	£322,500	£322,500	-£432,996	-£432,996
<b>Total</b>	<b>£6,817,728</b>	<b>£2,452,853</b>	<b>£1,859,067</b>	<b>-£4,364,875</b>	<b>-£4,958,661</b>

- 3.4.5 40 projects have currently been identified as areas of opportunity with a value of £0.030m and are awaiting sign off from the divisional directors to progress to gateway 2.
- 3.4.6 84 projects with a value of £0.749m have progressed to design & plan (gateway 2), meaning documentation is now being completed on Smartsheets with the support of the PMO. All schemes in gateway 2 are awaiting QIA completion by project leads.
- 3.4.7 8 projects with a value of £0.063m are in the governance and assurance (gateway 3), awaiting QIA panel 26th October.
- 3.4.8 43 projects with a value of £1.210m have been approved at QIA panel and are now in the implementation gateway.
- 3.4.9 99 projects with a value of £3.817m have been transacted.

### 3. Financial Performance

#### 3.5 Forecast

3.5.1 The Trust is forecasting risk of an outturn deficit of £6.0m. C&M ICB is sighted on this risk.

**Table 14 – 22/23 Forecast Outturn**

	M1-6	M7	M8	M9	M10	M11	M12	FY Total	Variance to plan
Clinical Income from Patient Care Activities	£202.4m	£32.6m	£32.6m	£32.6m	£32.6m	£32.6m	£32.6m	£398.3m	-£0.1m
Other Income from Patient Care Activities	£2.2m	£0.3m	£0.3m	£0.3m	£0.3m	£0.3m	£0.3m	£3.8m	£0.2m
Other Operating Income	£20.2m	£2.9m	£2.9m	£2.9m	£2.9m	£2.9m	£2.9m	£37.4m	-£0.2m
<b>Total Income</b>	<b>£224.8m</b>	<b>£35.8m</b>	<b>£35.8m</b>	<b>£35.8m</b>	<b>£35.8m</b>	<b>£35.8m</b>	<b>£35.8m</b>	<b>£439.5m</b>	<b>-£0.1m</b>
Pay (B&A)	-£156.7m	-£24.9m	-£24.9m	-£24.9m	-£24.9m	-£24.9m	-£24.9m	-£305.9m	-£1.9m
Escalation (Including Corridor Care)	-£3.1m	-£0.5m	-£0.5m	-£0.5m	-£0.5m	-£0.5m	-£0.5m	-£6.1m	-£6.1m
Non Pay	-£75.6m	-£13.2m	-£13.2m	-£13.2m	-£13.2m	-£13.2m	-£13.2m	-£154.6m	£3.0m
CIP (R)	£1.9m	£0.3m	£0.3m	£0.3m	£0.3m	£0.3m	£0.3m	£3.5m	-£10.3m
CIP (NR)	£3.9m	£0.7m	£0.7m	£0.7m	£0.7m	£0.7m	£0.7m	£8.1m	£0.0m
<b>Total Expenditure</b>	<b>-£229.7m</b>	<b>-£37.5m</b>	<b>-£37.5m</b>	<b>-£37.5m</b>	<b>-£37.5m</b>	<b>-£37.5m</b>	<b>-£37.5m</b>	<b>-£454.9m</b>	<b>-£15.3m</b>
Additional NR Funding	£0.9m	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m	£1.9m	£1.9m
Additional Winter	£0.0m	-£0.1m	-£0.1m	-£0.1m	-£0.1m	-£0.1m	-£0.1m	-£0.6m	-£0.6m
B/S B/F	£0.9m							£0.9m	£0.9m
Non-recurrent mitigations		£1.2m	£1.2m	£1.2m	£1.2m	£1.2m	£1.2m	£7.3m	£7.3m
<b>Total</b>	<b>-£3.1m</b>	<b>-£0.5m</b>	<b>-£0.5m</b>	<b>-£0.5m</b>	<b>-£0.5m</b>	<b>-£0.5m</b>	<b>-£0.5m</b>	<b>-£6.0m</b>	<b>-£6.0m</b>

3.5.2 The forecast is based on run rate in M1-6 with adjustments for the revised activity plan for the remainder of the year and other known variations, such as the winter plan and changes in energy costs.

3.5.3 The drivers of this forecast deficit are outlined in detail within this report: under performance in respect of CIP, the continued use of escalation wards and corridor care and higher than budgeted spend on Bank and Agency.

## 4. Financial Position

### 4.1 Statement of Financial Position (SOFP)

4.1.1 The movement in total assets employed from M5 was £0.643m.

Statement of Financial Position (SoFP)					
Actual as at 31.03.22 £'000		Actual as at 31.08.2022 £'000	Actual as at 30.09.2022 £'000	Variance (monthly) £'000	Month- on- month movement
	<b>Non-current assets</b>				
187,353	Property, plant and equipment	187,862	189,460	1,598	↑
14,871	Intangibles	13,785	13,616	(169)	↓
968	Trade and other non-current receivables	397	397	0	→
<b>203,192</b>	<b>Total non-current assets</b>	<b>202,044</b>	<b>203,473</b>	<b>1,429</b>	↑
	<b>Current assets</b>				
4,924	Inventories	4,677	4,854	178	↑
21,288	Trade and other receivables	19,230	20,176	947	↑
36,435	Cash and cash equivalents	32,628	25,003	(7,626)	↓
<b>62,647</b>	<b>Total current assets</b>	<b>56,535</b>	<b>50,033</b>	<b>(6,501)</b>	↓
<b>£265,839</b>	<b>Total assets</b>	<b>£258,579</b>	<b>£253,506</b>	<b>-£5,072</b>	↓
	<b>Current liabilities</b>				
(60,592)	Trade and other payables	(57,622)	(54,266)	3,356	↑
(10,702)	Other liabilities	(10,872)	(10,690)	182	↑
(1,023)	Borrowings	(1,098)	(1,113)	(14)	↓
(9,213)	Provisions	(7,642)	(7,445)	196	↑
<b>(81,530)</b>	<b>Total current liabilities</b>	<b>(77,234)</b>	<b>(73,514)</b>	<b>3,720</b>	↑
<b>-£18,883</b>	<b>Net current assets/(liabilities)</b>	<b>-£20,699</b>	<b>-£23,480</b>	<b>-£2,781</b>	↓
<b>£184,309</b>	<b>Total assets less current liabilities</b>	<b>£181,345</b>	<b>£179,993</b>	<b>-£1,352</b>	↓
	<b>Non-current liabilities</b>				
(2,371)	Other liabilities	(2,371)	(2,371)	0	→
(4,177)	Borrowings	(4,177)	(3,579)	598	↑
(6,348)	Provisions	(5,794)	(5,684)	111	↑
<b>(12,896)</b>	<b>Total non-current liabilities</b>	<b>(12,342)</b>	<b>(11,633)</b>	<b>709</b>	↑
<b>£171,412</b>	<b>Total assets employed</b>	<b>£169,003</b>	<b>£168,359</b>	<b>-£643</b>	↓
	<b>Financed by Taxpayers' equity</b>				
186,445	Public dividend capital	186,445	186,445	0	→
(64,185)	Income and expenditure reserve	(65,907)	(66,550)	(643)	↓
49,152	Revaluation reserve	48,464	48,464	0	→
<b>£171,412</b>	<b>Total taxpayers' equity</b>	<b>£169,003</b>	<b>£168,359</b>	<b>-£643</b>	↓

## 4. Financial Position

### 4.2 Capital Expenditure – M6

4.2.1 The Trust's CDEL, including PDC, for 22/23 stands at £44.851m. During month 6 a revised plan was approved by the Board as a result of the need to redevelop UTC as well as accommodate various overspends. The revised plan is as follows:

Revised capital plan 2022/23			
IT - various schemes			1,976
Medical equipment			191
Facilities equipment			37
Bathroom refurbishment			137
Ventilation works			400
Flooring			80
Fire compartmentation			400
Backlog maintenance			265
Ward 1 - Renal Unit refurbishment			2,800
Modular theatre build completion			3,182
UTC			215
<b>Initial CDEL allocation</b>			<b>9,683</b>
Heating and chilled water pipework replacement			2,132
<b>Total CDEL</b>			<b>11,815</b>
Modular theatre - phase 2			14,954
UECUP			18,000
<b>Total PDC</b>			<b>32,954</b>
<b>TOTAL CAPITAL PLAN 22/23</b>			<b>44,769</b>

4.2.2 This current shows a small underspend against plan, however we continue to experience cost pressures so it is anticipated that this small contingency will be eliminated.

4.2.3 For the purposes of the NHSE/I plan projects have been consolidated. Spend at M6 is detailed in table two. In summary actual spend at 30 September is £9.013m behind plan.

Scheme	Plan spend @		YTD spend	Variance
	M6			
IT - various schemes	1,250	230	-	1,020
Equipment (including Aseptics)	560	207	-	353
Ward 1 - Renal Unit refurbishment	1,720	1,776		56
Modular theatre build completion	1,973	1,973		-
Backlog maintenance	137	872		735
Heating and chilled water pipework	2,032	944	-	1,088
Modular theatre - phase 2	3,007	246	-	2,761
UECUP	6,400	1,818	-	4,582
<b>NHSE/I TOTAL CAPITAL PLAN 22/23</b>	<b>17,079</b>	<b>8,066</b>	<b>-</b>	<b>9,013</b>

4.2.4 The key areas of underspend were UECUP (£4.582m), phase two of the theatres (£2.761m) and IT (£1.020m).

4.2.5 The final UECUP business case has now been submitted and we await formal, unconditional, approval. Enabling works have commenced however the full £18m of

## 4. Financial Position

PDC will not be spent in year. The revised spend profile has been submitted with the business case and we await confirmation of the revised funding value for 22/23.

- 4.2.6 Delays in IT spend are due to ongoing issues with suppliers and staffing issues but should be fully recovered before year end.
- 4.2.7 Final design sign off of phase two of the theatres is expected at the start of October and it is anticipated that the groundworks will be completed and the modules delivered by the start of the new calendar year.
- 4.2.8 At this stage we do not anticipate there being any impact on the planned outturn position with the exception of UECUP.

## 4. Financial Position

### 4.3 Statement of Cash Flows – M6

Statement of Cash Flow (SoCF)	
	Actual as at 30.09.2022 £'000s
<b>Opening cash</b>	<b>36,435</b>
<b>Operating activities</b>	
Surplus / (deficit)	(3,053)
Net interest accrued	(87)
PDC dividend expense	2,561
Unwinding of discount	(16)
(Gain) / loss on disposal	0
<b>Operating surplus / (deficit)</b>	<b>(594)</b>
Depreciation and amortisation	6,916
Impairments / (impairment reversals)	(0)
Donated asset income (cash and non-cash)	0
Changes in working capital	725
Other movements in operating cash flows	
<b>Investing activities</b>	
Interest received	197
Purchase of non-current (capital) assets	(15,371)
Sales of non-current (capital) assets	0
Receipt of cash donations to purchase capital assets	0
<b>Financing activities</b>	
Public dividend capital received	0
ITFF loan principal drawdown	
Support funding 2 principal drawdown	
ITFF loan principal repaid	(598)
Support funding 2 principal repaid	
Interest payable	0
PDC dividend paid	(2,707)
<b>Total net cash inflow / (outflow)</b>	<b>(11,433)</b>
<b>Closing cash</b>	<b>£25,003</b>

4.3.1 Cash balances have reduced by £11.433m since 1<sup>st</sup> April. Adjusting for our variance from budget documented within plan this is in line with our expectations.

<b>Title</b>	Monthly Maternity Update – Perinatal Clinical Surveillance Quality Assurance Report
<b>Area Lead</b>	Tracy Fennell, Chief Nurse, Executive Director for Midwifery and Allied Health Professionals, Director of Infection Prevention & Control
<b>Author</b>	Jo Lavery, Divisional Director of Nursing and Midwifery (W&C)
<b>Report for</b>	Information

### Report Purpose and Recommendations

The purpose of this report is to provide a monthly update to the Board of Directors of key metrics reported to the Local Maternity and Neonatal System (LMNS) via the Maternity Dashboard which are linked to the quality and safety of Maternity Services. Included in the paper is the Perinatal Clinical Surveillance Quality Assurance report (Appendix 1) providing an overview of the latest (September 2022) key quality and safety metrics.

The last Quarterly Maternity Update to Trust Board of Directors was presented in August 2022 with the next Quarterly Maternity Update paper being presented to the Board of Directors in December 2022.

It is recommended that the Board:

- Note the report

### Key Risks

This report relates to these key Risks:

- Board Assurance Framework references 1,2,4

### 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

Governance journey			
Date	Forum	Report Title	Purpose/Decision
This is a standing monthly report to Board			

1	Perinatal Clinical Surveillance Quality Assurance Report
1.1	<p>The Perinatal Clinical Surveillance Quality Assurance report for September 2022 reports that WUTH is not an outlier for neonatal deaths and stillbirths. These outcomes are reported monthly to the LMNS via the monthly regional dashboard and are compared to other maternity providers in both the Cheshire &amp; Merseyside region and the Northwest Coast.</p> <p>The last HSIB quarterly report confirmed that the Trust continues to report all cases meeting the HSIB criteria for review, and that Duty of Candour was reported as 100% for these cases.</p> <p>The vacancy rate was previously reported at 4.2% in the midwifery workforce and with the recruitment of newly qualified staff to address this shortfall it is now &gt;1%.</p> <p>Work continues to meet compliance with all safety actions outlined in Year 4 of the Maternity Incentive Scheme and the submission deadline has been extended for Trusts to submit the Board declaration form to NHS Resolution by 2<sup>nd</sup> February 2023. A further update will be presented to the Board of Directors in December 2022.</p> <p>On 21<sup>st</sup> September 2022 communication was received from NHSE advising of essential and immediate changes to the programme in light of the continued workforce challenges maternity services face. It highlighted there would no longer be a target date for service to deliver Continuity of Carer and local service will be supported to develop a local plan that works as an individual provider. Further publication of delivery plans is anticipated this Winter and in the interim a local model will be adopted.</p>
2	Independent Investigation into East Kent Maternity and Neonatal Services
2.1	<p>On 13 February 2020 the Minister of State, DHSC, confirmed in Parliament following concerns raised about the quality and outcomes of maternity and neonatal care, NHS England and NHS Improvement (NHSEI) had commissioned Dr Bill Kirkup CBE to undertake an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust.</p> <p>The findings from the review were released on 19 October 2022. The report identifies 4 areas for action:</p> <ul style="list-style-type: none"> <li>identifying poorly performing units</li> <li>giving care with compassion and kindness</li> <li>teamworking with a common purpose</li> <li>responding to challenge with honesty</li> </ul> <p>The Trust has undertaken a gap analysis against the findings of the report, and this will be reported to the Board of Directors in the next quarterly maternity update in December 2022.</p>



<b>3</b>	<b>Conclusion</b>
3.1	On review of the Perinatal Clinical Surveillance Quality Assurance Report there are no reported areas of concern.

<b>Author</b>	Jo Lavery, Divisional Director of Nursing & Midwifery (W&C)
<b>Contact Number</b>	0151 604 7523
<b>Email</b>	Jo.lavery@nhs.net

Theme	Area requiring further enquiry or shared intelligence	Outlier	Evidence
Clinical Care	Outlier for rates of stillbirth as a proportion of births	no	No escalation from SCN / LMNS on outlier report
	Outlier for rates of neonatal deaths as a proportion of birth	no	No escalation from SCN / LMNS on outlier report
	Rates of HIE where improvements in care may have made a difference to the outcome	no	Very low rates of HIE, sitting way below the lower control limit for the region. No current cases
	Number of SI's	no	None in progress
	Progress on SBL care bundle V2	no	SBLCBV2 has been fully implemented at WUTH with progress monitored using audits which are registered on the FAAP.
	Outlier for rates of term admissions to the NNU	no	The rate of avoidable term admissions remains low. Regular multi-disciplinary reviews of care take place
Service user and staff	MVP or Service User concerns/complaints not resolved at trust level	no	Not an outlier regarding the number of complaints. Since 20/08/2022, no breached complaint responses outstanding and active complaints with the division investigated and responded to well within timescales.
	Trainee survey	no	No update this month
	Staff survey	no	Nil to report this month.
	CQC National survey	no	Nil to report this month.
	Feedback via Deanery, GMC, NMC	no	Nil to report this month.
	Poor staffing levels	no	>1% - newly qualified midwives recruited and commenced employment
	Delivery Suite Coordinator not supernummary	no	Supernummary status is maintained for all shifts.
Leadership and relationships	New leadership within or across maternity and/or neonatal services	no	Head of Midwifery has been appointed with an anticipated start date in October 2022.
	Concerns around the relationships between the Triumvirate and across perinatal services	no	Good working relationship between the teams /Directorates.
	False declaration of CNST MIS	no	Externally audited by MIAA. Year 4 preparation ongoing. Next update to Board of Directors in October 2022.
	Concerns raised about other services in the Trust e.g. A&E	no	Nil of note
	In multi-site units - concerns raised about a specific unit i.e. Highfield/CoC teams	no	Nil to report this month
Safety and learning culture	Lack of engagement in HSIB or ENS investigation	no	Good engagement processes in place with north west team leader. Monthly reports received of ongoing cases and recent discussions regarding the process of arbitration with regional lead. Quarterly regional meetings arranged with excellent MDT attendance. Next one arranged for January 2023.
	Lack of transparency	no	Being open conversations are regularly had and 100% compliance with duty of candour evident.
	Learning from SI's, local investigations and reviews not implemented or audited for efficacy and impact	no	Robust processes following lessons learned from all SI's, local reviews, rapid reviews, complaints and compliments. Engagement with staff to assess and improve how learning is shared. Patient experience strategy in progress.
	Learning from Trust level MBRRACE reports not actioned	no	All reports receive a gap analysis to benchmark against the recommendations.
	Recommendations from national reports not implemented	no	All reports receive a gap analysis to benchmark against the recommendations. No exceptions to report this month.
Incident reporting	Low patient safety or serious incident reporting rates	no	Consistent rates of reporting across the speciality groups. Regular training takes places on the importance of incident reporting, underpinning the Trust stance of safe reporting and non-punitive culture.
	Delays in reporting a SI where criteria have been met	no	Robust SI process and SI framework followed with timely reporting of all cases that meet the SI framework.
	Never Events which are not reported	no	No maternity or neonatal never events in September 2022.
	Recurring Never Events indicating that learning is not taking place	no	N/a
	Poor notification, reporting and follow up to MBRRACE-UK, NHSR ENS and HSIB	no	Excellent reporting within the required timescales.
Governance processes	Unclear governance processes		Clear governance processes in place that follow the SI framework - Within division there is maternity and neonatal review of governance processes: 3 separate meetings. Staff are informed of top risks and incident themes. Governance notice boards updated and newsletters disseminated.
	Business continuity plans not in place	no	Business continuity plans in place.
	Ability to respond to unforeseen events e.g. pandemic, local emergency	no	Nil to report this month.
CQC inspection and DHSC or NHSSE/I request for assessment	DHSC or NHS England Improvement request for a Review of Services or Inquiry	no	Nil to report this month
	An overall CQC rating of Requires Improvement with an Inadequate rating for either Safe and Well-Led or a third domain	no	N/a
	An overall CQC rating of Inadequate	no	N/a
	Been issued with a CQC warning notice	no	N/a
	CQC rating dropped from a previously Outstanding or Good rating to Requires improvement in the safety or Well-Led domains	no	N/a
	Been identified to the CQC with concerns by HSIB	no	N/a

**Board of Directors in Public**  
**02 November 2022**

**Item 9.4**

<b>Title</b>	Estates, Facilities and Capital Update
<b>Area Lead</b>	Paul Mason, Director of Estates, Facilities and Capital Planning
<b>Author</b>	Clare Jefferson, Associate Director of Estates, Facilities and Capital Governance and Sustainability Matthew Williams, Estates Operations Compliance Manager
<b>Report for</b>	Information

<b>Report Purpose and Recommendations</b>
<p>The purpose of this report is to provide assurance to the Board of Directors on the Estates, Facilities and Capital service provision performance metrics, that align to the strategic objectives of the Trust.</p> <p>It is recommended that the Board:</p> <ul style="list-style-type: none"> <li>Note the report</li> </ul>

<b>Key Risks</b>
<p>This report relates to these key Risks:</p> <ul style="list-style-type: none"> <li>BAF Risk 3.3: Delays/restrictions in accessing capital resources to support the delivery of the Trust's Estates Strategy</li> <li>BAF Risk 6.1: Adverse impact on delivery of clinical care and application of infection control measures due to the quality of the Trust's estate, and substantial maintenance backlog</li> </ul>

<b>Which strategic objectives this report provides information about:</b>	
<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	No
<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

1	Narrative
1.1	<p><b>Background</b></p> <p>Estates, Facilities and Capital (E, F &amp; C) hold frequent operational, tactical, and strategic meetings which all report into a monthly senior leadership Performance Review meeting. A dashboard of metrics is reviewed during this meeting and those which align most closely to the CQC five questions are presented within this assurance report.</p> <p>The dashboard is continuously improving with new metrics being identified to encompass the full service portfolio of Estates, Facilities, and Capital.</p>
1.2	<p><b>Scope</b></p> <p>For the Board of Directors assurance report, Estates, Facilities and Capital (E, F &amp; C) provide an assurance dashboard measured against a defined set of Key Performance Indicators.</p> <p>The assurance dashboard is aligned to the CQC five questions:</p> <p>Safe – adherence to technical standards/ statutory compliance</p> <p>Effective – performance of our services</p> <p>Caring – patient experience</p> <p>Responsive – response times estates maintenance</p> <p>Well-led – people performance</p>
1.3	<p><b>Measure: Safe</b> (technical standards &amp; audit)</p> <p>Key Performance indicators:</p> <ul style="list-style-type: none"> <li>➤ Compliance (Statutory) <ul style="list-style-type: none"> <li>○ % of Hard FM Statutory Compliance Tasks that have been completed. The measure is taken at the end of the quarter.</li> </ul> </li> <li>➤ Compliance (HTM) <ul style="list-style-type: none"> <li>○ % of Hard FM HTM Assurance Tasks that have been completed. The measure is taken at the end of the quarter.</li> </ul> </li> </ul> <p>N.B. This is measured across fabric, and mechanical/electrical asset data that is held on our systems but does not include assets that are not known about on site. This measure will be more accurate once the Asset Data capture project is undertaken.</p>
1.4	<p><b>Measure: Effective</b> (performance of our services)</p> <p>Key Performance indicators:</p> <ul style="list-style-type: none"> <li>➤ Patient meals served <ul style="list-style-type: none"> <li>○ The number of patient meals served. This is taken as an average across the quarter, per month.</li> </ul> </li> <li>➤ Portering Patient moves <ul style="list-style-type: none"> <li>○ The number of patients moved by porters. This is taken as an average across the quarter, per month.</li> </ul> </li> <li>➤ Food Safety Standards – in development</li> </ul>
1.5	<p><b>Measure: Caring</b> (patient experience)</p> <p>Key Performance indicators:</p>

	<ul style="list-style-type: none"><li>➤ National Cleaning Standards (Trust Average Cleanliness Scores)<ul style="list-style-type: none"><li>○ The cleanliness audit target score is represented as a percentage score for internal verification that a safe standard has been achieved.</li></ul></li><li>➤ Portering Response times<ul style="list-style-type: none"><li>○ Average time between move requested and move completed by porters.</li></ul></li></ul>
1.6	<p><b>Measure: Responsive</b> (response times)</p> <p>Key Performance indicators:</p> <ul style="list-style-type: none"><li>➤ Reactive Maintenance response times<ul style="list-style-type: none"><li>○ % of Reactive work orders that have been completed within their respective SLA timeframe. Priority 1 – 4 Hours Priority 2 – 3 days Priority 3 – 7 days Priority 4 – 21 days</li></ul></li><li>➤ Switchboard Call handling response times – in development</li><li>➤ Switchboard Call Handling Volumes<ul style="list-style-type: none"><li>○ Number of calls received by the switchboard on average, per month</li></ul></li></ul>
1.7	<p><b>Measure: Well-led</b> (people performance)</p> <p>Key Performance indicators:</p> <ul style="list-style-type: none"><li>➤ Management of policies and procedures<ul style="list-style-type: none"><li>○ % of Estates, Facilities, &amp; Capital policies and standard operating procedures that are in date and live on the intranet</li></ul></li><li>➤ Capital Project Delivery<ul style="list-style-type: none"><li>○ RAG rating for Capital project delivery against timeframes and finance</li></ul></li></ul>
1.8	<div><div><p><b>Dashboard</b></p><p>Estates, Facilities, &amp; Capital People Board Assurance Dashboard</p><p>Quarter 2</p></div><div><div><div>&gt;5% below Target</div><div>&lt;5% below Target</div></div><div><div>Above Target</div><div>Not Targeted</div></div></div><div><div><div><div>Safe</div><div>Compliance (Statutory) [at M6]</div><div>79.6%</div><div>100%</div></div><div><div>Safe</div><div>Compliance (HTM) [at M6]</div><div>94.0%</div><div>100%</div></div><div><div>Effective</div><div>Patient Meals Served</div><div>39,715</div><div>(average per month)</div></div><div><div>Effective</div><div>Food Safety Standards</div><div>-</div><div>-</div></div><div><div>Effective</div><div>Portering: Patient Moves</div><div>14,520</div><div>(average per month)</div></div></div><div><div><div><div>Caring</div><div>Portering: Average Time</div><div>15:24</div><div>(average response time)</div></div><div><div>Caring</div><div>Trust Ave. Cleanliness Score</div><div>98.9%</div><div>95%</div></div><div><div>Caring</div><div>Efficacy Score</div><div>87.8%</div><div>80%</div></div><div><div>Well-Led</div><div>Ops. Policies &amp; Procedures</div><div>93.7%</div><div>95%</div></div><div><div>Well-Led</div><div>Capital Project Delivery</div><div>Amber</div><div>Green</div></div></div><div><div><div><div>Responsive</div><div>Reactive Maintenance: P1</div><div>100%</div><div>100%</div></div><div><div>Responsive</div><div>Reactive Maintenance: P2</div><div>50.6%</div><div>95%</div></div><div><div>Responsive</div><div>Reactive Maintenance: P3</div><div>63.0%</div><div>90%</div></div><div><div>Responsive</div><div>Reactive Maintenance: P4</div><div>62.5%</div><div>85%</div></div><div><div>Responsive</div><div>Switchboard Call Handling</div><div>65,122</div><div>(average per month)</div></div></div></div><div><div><div>↑</div><div>→</div><div>↓</div></div><div>Change in value since previous quarter</div></div><div><p>For the KPI's that have not achieved the target measure, we have exception reporting and internal governance processes to action as appropriate and escalate.</p></div></div></div></div>

## Exceptions

Compliance (Statutory/HTM):

Undertaking a re-inspection programme of Fire Risk Assessment and Fire Door maintenance to ensure compliance with the Regulatory Reform Order (Fire Safety) [RRO] 2005.

Uploading a robust PPM programme aligned to SFG-20 maintenance framework to demonstrate compliance against industry standard of maintenance.

Reactive Maintenance (P2/P3/P4):

There has been a 12% (726) increase in reactive work orders compared with the same quarter 2021/22. EFC have undertaken a labour loading gap analysis to determine the adequate number of FTE to ensure 100% SLA completion across all priority work orders.

Operational Policies & Procedures:

There is currently one policy for EFC that is awaiting ratification before it will be published on the WUTH intranet.

1.9

## Capital Projects

The 22/23 capital programme was initially made up of 32 schemes in total. Seven schemes have been deferred and one scheme cancelled which has determined a delivery plan of 24 schemes in total.

Pharmacy Admin Relocation

M1+M2 Windows

Modular Theatres:

- Managed RISK £220K overspend, recoverable in phase 2. On track for handover process to take place 25<sup>th</sup> October 2022.

Theatres Internal Reconfiguration:

- Phasing has been agreed. Contractor has been awarded contract with start date of 24<sup>th</sup> October 2022. Detailed programme to be issued to the Trust from the contractor in early November.

### WUTH Capital Programme Summary 21/10/22

#### BAG Key

**Red** - Project unlikely to meet deadline  
**Amber** - Some risks in meeting deadline, but being managed  
**Green** - Project expected to meet deadline/ is complete  
**Completed** - Project handed over to Trust

#### Programme Team

Programme Manager **Paul Scragg**  
 Quantity Surveyor **David Haime**  
 Project Manager **Steve Webster**  
 Project Manager **Alex Peck**  
 Project Manager **Phil Davies (Day PM)**

**NHS**  
 Wirral University  
 Teaching Hospital  
 NHS Foundation Trust

#### Overall RAG

**Green**

Overall BAG	Red	Amber	Green	Completed	Totals
21/22 Divisional Scheme	1	0	0	1	2
21/22 Estates Scheme	0	1	0	1	2
21/22 Schemes	0	0	4	1	5
21/22 Schemes (Contingency)	0	0	0	1	1
22/23 Divisional Scheme	0	1	6	0	7
22/23 Estates Scheme	0	0	0	4	4
22/23 Schemes (Contingency)	0	0	2	0	2
Other	0	0	0	1	1
<b>Totals</b>	<b>1</b>	<b>2</b>	<b>12</b>	<b>9</b>	<b>24</b>





***Modular Theatres Phase 1 External***



***Modular Theatres Phase 1 Internal Theatre***



***Modular Theatres Phase 1 Internal Recovery Room***

<b>2</b>	<b>Implications</b>
2.1	<p><b>Limitations</b></p> <p>The information provided in this report is based on the data we have available and is limited to assets already captured in our systems. We are continuously improving our data collection to further improve our reporting and assurance.</p> <p>Whilst great advances have been made over the past 12-months, we continue to identify assets and equipment that require incorporating into the Trust's maintenance framework to demonstrate our statutory obligations.</p> <p>Areas of performance improvement or progression is highly likely to be subject to revenue or capital investment which, if not made available, may impeded developments and this will be reported on as matters arise.</p>

<b>3</b>	<b>Conclusion</b>
3.1	<p>The proposed approach is our baseline assurance reporting with the information that is currently captured across the departments. Our aspiration is to produce a high-level Power BI Dashboard which will visualise the key Board Assurance metrics to be accompanied by an exception report, as required.</p>

<b>Author</b>	Clare Jefferson, Associate Director of Estates, Facilities and Capital Governance and Sustainability
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<b>Email</b>	Clare.jefferson2@nhs.net



**Board of Directors in Public**  
**2 November 2022**

**Item No 10**

<b>Title</b>	Patient Safety Incident Response Framework (PSIRF)
<b>Area Lead</b>	Nikki Stevenson, Executive Medical Director and Deputy Chief Executive
<b>Author</b>	Richard Crockford, Deputy Director of Quality Governance
<b>Report for</b>	Information

Report Purpose and Recommendations
<p>This is an overview of the national changes to how NHS organisations will respond to patient safety incidents. The Patient Safety Incident Response Framework has been published in September 22 and a will need to be fully adopted within the next 12 month. This is an anticipated step towards delivery of the NHS Patient Safety Strategy. The report highlights the work that will be required and progress already made.</p> <p>It is recommended that the Board:</p> <ul style="list-style-type: none"> <li>Note the report</li> </ul>

Key Risks
N/A

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

Governance journey			
Date	Forum	Report Title	Purpose/Decision
The detail within this report has been presented as a presentation to Trust Management Board.			

1	Narrative
1.1	The Patient Safety Incident Response Framework (PSIRF) published August 2022 provides the new direction for the NHS approach to patient safety incidents with the purpose of learning and improving patient safety.

The PSIRF replaces the Serious Incident Framework (2015) and as such makes no distinction between 'Patient Safety Incidents' and 'Serious Incidents' but seeks a proportionate approach to responding to all patient safety incidents.

The PSIRF removes the investigation framework but advocates:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

The expectation is that NHS organisations will transition to the framework within 12 months from September 2022.

- Phase 1 (Months 1-3) To help PSIRF leads at all levels of the system familiarise themselves with the revised framework and associated requirements. This phase establishes important foundations for PSIRF preparation and subsequent implementation.
- Phase 2 (Months 4-7) To understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. In this phase strengths and weaknesses are identified, and necessary improvements in areas that will support PSIRF requirements and transition are defined.
- Phase 3 (Months 6-9) Organisations at all levels of the system (provider, ICB, region) begin to define the oversight structures and ways of working once they transition to PSIRF.
- Phase 4 (Months 7-10) For organisations to understand their patient safety incident profile, improvement profile and available resources. This information is used to develop a patient safety incident response plan that forms part of a patient safety incident response policy.
- Phase 5 (Months 9-12) To draft and agree a patient safety incident response policy and plan based on the findings from work undertaken in the preceding preparation phases.

	<p><b>PSIRF 5 transition phases</b></p> <table><tr><th>Sept 22</th><th>Oct 22</th><th>Nov 22</th><th>Dec 22</th><th>Jan 23</th><th>Feb 23</th><th>Mar 23</th><th>Apr 23</th><th>May 23</th><th>June 23</th><th>July 23</th><th>Aug 23</th><th>Sept 23</th></tr><tr><td colspan="3">Phase 1; To help PSIRF leads at all levels of the system familiarise themselves with the revised framework and associated requirements. This phase establishes important foundations for PSIRF preparation and subsequent implementation.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td rowspan="5">Transition to PSIRF complete</td></tr><tr><td></td><td></td><td></td><td colspan="3">Phase 2 To understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. In this phase strengths and weaknesses are identified, and necessary improvements in areas that will support PSIRF requirements and transition are defined.</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td colspan="3">Phase 3 Organisations at all levels of the system (provider, ICB, region) begin to define the oversight structures and ways of working once they transition to PSIRF.</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td colspan="4">Phase 4 For organisations to understand their patient safety incident profile, improvement profile and available resources. This information is used to develop a patient safety incident response plan that forms part of a patient safety incident response policy.</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="4">Phase 5 To draft and agree a patient safety incident response policy and plan based on the findings from work undertaken in the preceding preparation phases.</td></tr></table>	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23	Aug 23	Sept 23	Phase 1; To help PSIRF leads at all levels of the system familiarise themselves with the revised framework and associated requirements. This phase establishes important foundations for PSIRF preparation and subsequent implementation.												Transition to PSIRF complete				Phase 2 To understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. In this phase strengths and weaknesses are identified, and necessary improvements in areas that will support PSIRF requirements and transition are defined.													Phase 3 Organisations at all levels of the system (provider, ICB, region) begin to define the oversight structures and ways of working once they transition to PSIRF.											Phase 4 For organisations to understand their patient safety incident profile, improvement profile and available resources. This information is used to develop a patient safety incident response plan that forms part of a patient safety incident response policy.													Phase 5 To draft and agree a patient safety incident response policy and plan based on the findings from work undertaken in the preceding preparation phases.			
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1.2	<p><b>Progress</b></p> <p>The Patient Safety and Risk Team are reviewing the PSIRF requirements and guidance included in publication. This will ensure full familiarisation of all requirements during transition.</p> <p>A review of the Trust Serious Incident Panel Terms of Reference and functioning has taken place exploring feedback from all attendees and a focused meeting with invites to Clinical Triumvirate members. This review will consider the function of Serious Incident Panel now and at implementation of the PSIRF policy.</p> <p>Trust Incident Reporting and Investigation Policy is also currently under review in line with the framework and national policy template. This will also include place and system discussions to ensure routes for oversight of patient safety incidents and improvement across multiple providers.</p> <p>Discussions have taken place with early adopters of PSIRF (East Lancashire NHS Trust) to maximise learning from their experience.</p> <p>Cheshire and Mersey Patient Specialist ICS Network meeting now established with Trust representation.</p> <p>There is a review of the developing Patient Safety Syllabus to ensure identification of all relevant staff to access the syllabus training at the appropriate level from 1 to 5.</p>																																																																						
1.3	<p><b>Emerging Risks</b></p> <p>The implementation of the PSIRF will involve training and development of key staff. This is still being scoped but it has been nationally recommended that level 1 of the syllabus is for all employees and as such should be included in the Trust’s Mandatory Training programme.</p> <p>Level 1 and 2 are e-learning modules; however, level 3 to 5 will be face to face training and whilst providers are still being identified the discussions across the C&amp;M system meeting have suggested a significant resource implication. This training is expected to</p>																																																																						

	be critical in implementation of the framework.
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<b>3</b>	<b>Conclusion</b>
3.1	The Board are asked to note and receive this report.

<b>Report Author</b>	Richard Crockford, Deputy Director of Quality Governance
<b>Email</b>	Richard.Crockford1@nhs.net

<b>Title</b>	NHS England Operating Framework
<b>Area Lead</b>	Matthew Swanborough, Chief Strategy Officer
<b>Author</b>	Mike Gibbs, Associate Director of Integration and Partnerships
<b>Report for</b>	Information

### Report Purpose and Recommendations

The purpose of this presentation is to provide detail on NHS England's new operating framework.

On the 12<sup>th</sup> October 2022, NHS England published its new operating framework. The framework sets out how the NHS will operate in the new statutory framework created by the Health and Care Act 2022.

The framework reflects the formal establishment of integrated care systems (ICSs) in July this year and the need to change the way NHS England works and behaves in this new system architecture. It also reflects the needs of an expanding organisation, which will bring NHS England together with Health Education England and NHS Digital.

The new operating framework has four core foundations, which define NHS England's:

- Purpose
- Areas of Value
- Leadership Behaviours and Accountabilities
- Medium-term Priorities and Long-term Aims

The development of the framework and core foundations began in 2021 and has involved a series of engagement and co-production sessions, including with provider and ICB leaders, local government, and other partners. The operating framework is now entering its implementation phase, which will focus on embedding these new ways of working and refining as needed.

It is recommended that the Board:

- Note the contents of the presentation

### Key Risks

This report relates to these key Risks:

- N/A

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

Governance journey			
Date	Forum	Report Title	Purpose/Decision
18/10/22	Executive Team meeting	NHS England Operating Framework	Accepted

<b>Author</b>	Michael Gibbs, Associate Director of Integration and Partnerships
<b>Email</b>	Michael.Gibbs@nhs.net

# **Operating Framework for NHS England**

## Executive Briefing

October 2022  
M Gibbs

# 1. Background

## a. Background

On the 12<sup>th</sup> October NHS England published its new Operating Framework. This briefing summarises key content from the new operating framework.

## b. Overall position

NHS England's new operating framework sets out how the NHS will operate in the new statutory framework created by the Health and Care Act 2022. It reflects the formal establishment of integrated care systems (ICSs) in July this year and the need to change the way NHS England works and behaves in this new system architecture. It also reflects the needs of an expanding organisation, which will bring NHSE together with Health Education England (HEE) and NHS Digital.

This new operating framework (previously referred to as the 'operating model') has four core foundations, which define NHSE's:

- **Purpose**
- **Areas of Value**
- **Leadership behaviours and accountabilities**
- **Medium-term priorities and long-term aims**

## b. Overall position

The development of these core foundations began in 2021 and has involved a series of engagement and co-production sessions, including with provider and ICB leaders, local government and other partners. The operating framework is now entering its implementation phase, which will focus on embedding these new ways of working and refining as needed.



## 2. NHS England's Operating Framework



### 1. NHS England's Purpose

NHSE's purpose is defined as "To lead the NHS in England to deliver high-quality services for all."

NHSE aims to achieve this by:

- enabling local systems and providers to improve the health of their people and patients and reduce health inequalities
- making the NHS a great place to work, where people can make a difference and achieve their potential
- working collaboratively to ensure the healthcare workforce has the right knowledge, skills, values and behaviours to deliver accessible, compassionate care
- optimising the use of digital technology, research and innovation, and
- delivering value for money

### 2. Areas of Value

NHSE will focus its activities around eight key areas where it is uniquely placed to add value:

1. **Setting Direction**
2. **Allocating resources**
3. **Ensuring accountability**
4. **Supporting and developing people** (including role modelling culture and behaviours, establishing a "leadership culture", and creating the conditions for an inclusive and diverse NHS)
5. **Mobilising expert networks**
6. **Enabling improvement**
7. **Delivering services** (meaning driving the digital agenda, running centralised procurement, and commissioning some services)
8. **Driving transformation**

## 2. NHS England's Operating Framework



### 3. Changes in the way the NHS works

While many of the formal powers and accountabilities that NHSE has held historically will remain broadly the same, the organisation has committed to changing how it will deliver these – via a cultural reset and behavioural shift.

The operating framework details a set of leadership behaviours which NHSE has committed to, in order to deliver its purpose in the context of system-working. These are aligned to 6 key values linked to the NHS constitution:

- Working to improve lives
- Being inclusive and collaborative
- Working as one team
- Getting things done
- Learning and improving
- Compassion and respect

In its approach to system working, NHSE has committed to the following:

- **Proportionate and streamlined** approach to oversight and performance management between integrated care boards (ICBs) and NHS England using the System Oversight Framework (SOF), to avoid duplication and reduce unnecessary bureaucracy
- **Devolved** approach, whereby the primary relationship with NHS England for both ICBs and their partner NHS providers will be through the relevant regional team. The arrangements between regional teams, ICBs and providers will be set out in Memorandum of Understanding

### 3. Changes in the way the NHS works Contd.

- **'No surprises'** approach and mature, respectful and collegiate relationships between NHS England, ICBs and providers, underpinned by effective lines of communication.
- **ICB annual assessments** that NHS England has a duty to complete, with the first one due to be completed in Q1 2023/24.

## 2. NHS England's Operating Framework



### 4. Accountabilities and responsibilities

The operating framework sets out the accountabilities and responsibilities of providers, ICBs and NHS England in light of the changes in legislation and the shift to system working. Some of the key elements of these are included below and overleaf.

#### **NHS providers will:**

- retain their statutory responsibilities for the delivery of safe, effective, efficient, high-quality services
- continue to comply with the provider licence, Care Quality Commission (CQC) standards and NHS planning guidance requirements
- contribute to effective system working via ICS strategies and plans
- remain accountable to people, communities, services users, board of governors and ICS partners
- be accountable to ICBs for 'business as usual' delivery of services and performance, and for their agreed contribution to the system strategy and plan
- be accountable to NHSE as regulator by escalation/exception or agreement with ICB
- deliver some of these accountabilities and responsibilities with the support of provider collaboratives

#### **Integrated Care Boards will:**

- provide effective system leadership and oversee delivery of system strategies, plans and Long Term Plan priorities
- commission and manage contracts, delegation and partnership agreements
- ensure delivery of the ICB core statutory functions

### 4. Accountabilities and responsibilities Contd.

- oversee the budget for NHS services in their system
- be accountable to NHS England, via Regional Directors and to NHSE as a regulator, directly
- be accountable to CQC for leadership, quality, safety and integration of services, as part of ICS (not as individual organisations)
- provide first line oversight of health providers across the ICS to oversee performance and contribution to overarching plans; coordinate/help tailor any support for providers

#### **NHS England will:**

- agree the mandate for the NHS with government and secure required resources
- contribute to effective system working and delivery on a national and regional level
- foster relationship and alignment with government and be "stewards of the NHS"
- shape and set national policy, strategy and priorities, and support systems and providers to achieve these – including via statutory intervention
- remain accountable to Parliament, via the Secretary of State
- oversee ICBs' delivery of plans and performance
- directly oversee providers' delivery by exception and "generally in agreement" with ICBs
- lead on support for organisations in SOF segmentation three and four
- work jointly with other regulators including CQC

## 2. NHS England's Operating Framework



### 5. NHSE's transformational priorities

NHSE has set out to deliver on five transformational priorities for the next 3-5 years. This focus on interim objectives is intended to help NHSE frame and achieve its long-term goals, as well as to more effectively address the challenges of today.

These priorities are as follows:

1. **STOP** avoidable illness & intervene early
2. **SHIFT** to digital and community
3. **SHARE** the best
4. **STRENGTHEN** the hands of the people we serve
5. **SUPPORT** our local partners

### Next Steps

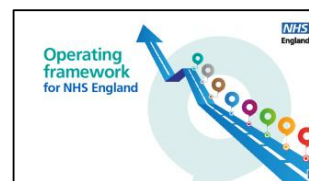
NHSE says it must embed these ways of working into all its activities and interactions, and has identified the following objectives for its change programme:

- **Doing what only we can do and focusing on how we deliver value**
- **Adding value at the right place**
- **Providing a single voice and clearer interactions with the system**
- **Adapting ourselves to support the development of ICSs**
- **A simpler and better coordinated organisation**
- **Integrating the wisdom of frontline services in everything we do**

NHSE will formally merge with HEE and NHS Digital on 1 April 2023, although work on organisational design will continue into 2023/24.

An organisational development and transformation programme will be established, recognising that changes to ways of working will take time.

### Appendix. NHS Operating framework



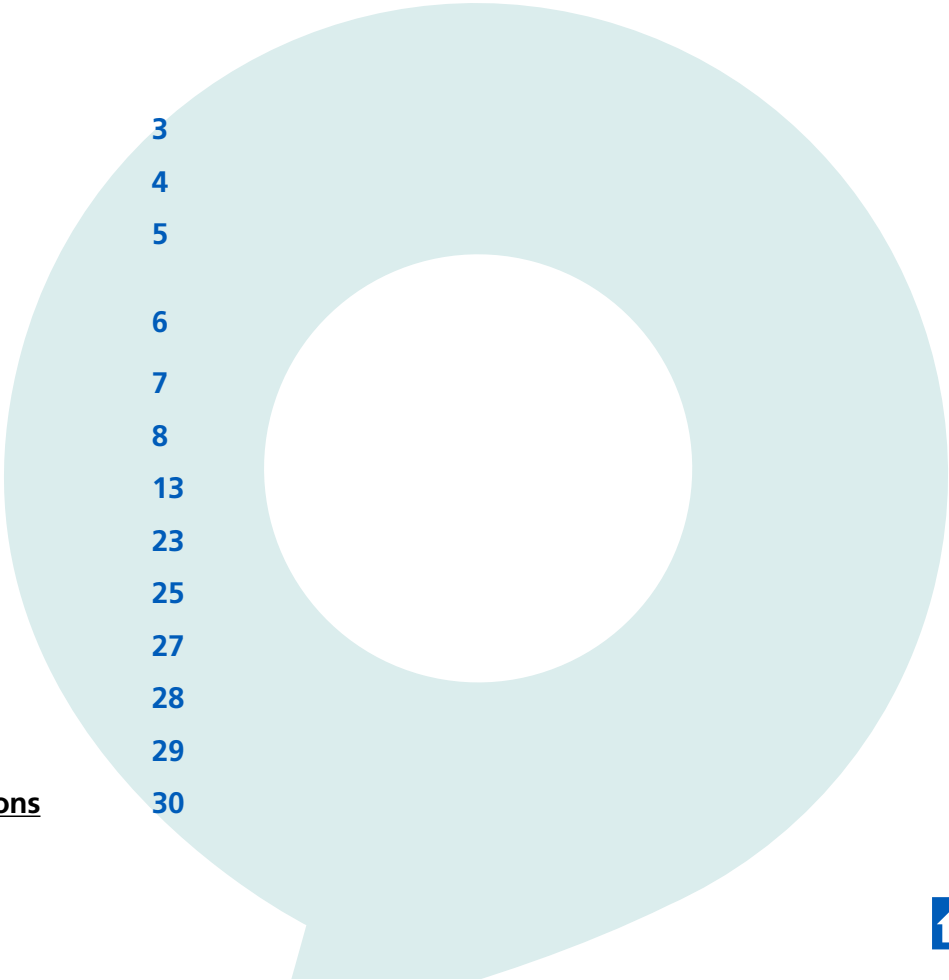
# Operating framework for NHS England



# Contents

- Introduction
- What is an operating framework
- An update on our progress towards developing an operating framework for the new NHS England
- Our work to date
- Our purpose
- What we do to add value
- How we work
- Delivering our objectives
- How we will organise ourselves
- Setting ourselves up for success
- Making this a reality
- What to expect next
- The NHS England operating framework: the foundations

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# Introduction

- **On 1 July 2022, Integrated Care Systems (ICSs) were placed on a statutory footing.** This brought together the different partner organisations within an ICS – across the NHS and local government, working with the Voluntary, Community and Social Enterprise sector and other partners – to better integrate services and take a more collaborative approach to agreeing and delivering ambitions for the health and wellbeing of their local population.
- The establishment of ICSs and the new statutory framework, means that **NHS England is changing the way that we work (our operating framework) to best empower and support local system partners to deliver on their responsibilities.** This requires a cultural and behavioural shift towards partnership-based working; creating NHS policy, strategy, priorities and delivery solutions with national partners and with system stakeholders; and giving system leaders the agency and autonomy to identify the best way to deliver agreed priorities in their local context.
- As NHS England, **we will focus on what we are uniquely placed to do as a national organisation, increasingly using our resources to provide practical support to colleagues within systems,** in order to deliver on the commitments outlined in the NHS Long Term Plan annual planning guidance, the mandate from government and our statutory responsibilities. We will continue to agree the mandate with government, with input from Integrated

Care Boards (ICBs), and then support systems to deliver their part of this. Whilst many of the formal powers and accountabilities that we (or our predecessor national bodies) have held historically will remain broadly the same, it is how we deliver these – the behavioural change - that will be the fundamental difference in future.

- **This document sets out in more detail how we will work as NHS England and with systems.** It outlines our purpose and behaviours, how we will add value, our medium-term priorities and the accountabilities and responsibilities of the different organisations in the NHS, as well as how we will work with our partners across the health and care system. It will inform how we develop as an organisation in order to become more agile and reduce duplication and help the NHS to deliver the priorities identified within the NHS Long Term Plan alongside the actions needed to respond to the pandemic and wider pressures. Regions have been working with their systems to develop ways of working with and in each system to align with the overarching principles of our operating framework and it is intended that this document should further support this. We will continue to evaluate and refine our framework as we implement it.
- **The operating framework will be a key input into the design of the new NHS England.** This will be further developed alongside the operating models and statutory responsibilities of our new partners, Health Education England and NHS Digital, as part of the new NHS England change programme.



# What is an operating framework

## What is our NHS England operating framework?

- Our operating framework sets out “**how we do things around here**” – the ways of working that will enable us to deliver our purpose. We previously referred to this as our ‘operating model’ but have changed to ‘framework’ as it sets out the parameters for how we will work in NHS England.
- There are four core foundations to our new operating framework, these include our:  
**Purpose** – why we are here  
**Areas of value** – how we deliver value  
**Leadership behaviours and accountabilities** – how we work  
**Medium-term priorities and long-term aims** – what we are working to achieve.
- These foundations in turn underpin how our organisation will be designed and how decisions will be made.
- **The focus of this document is on the core foundations of our operating framework and their influence on the structures and our approach to change.**

## Why do we need to change?

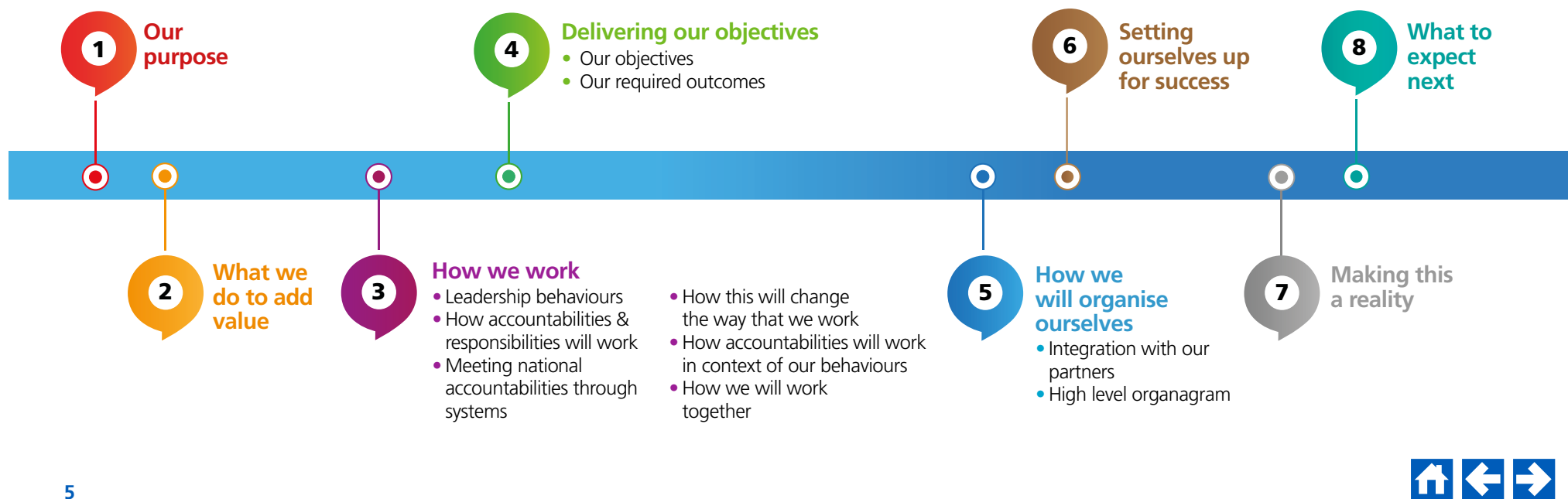
- **The changes to our operating framework are part of a cultural reset for the NHS, to reflect the change to system-based approaches to improvement and stronger partnership working.**
- There are two main reasons for the change:
  1. The need to work and behave differently following the establishment of ICSs and the new statutory framework.
  2. The proposals to create a new organisation by bringing together NHS England, Health Education England and NHS Digital. This will require us to develop a new culture and structural design. We have established a new NHS England change programme to deliver this, with the operating framework a key part of that programme, alongside the operating models and statutory responsibilities of Health Education England and NHS Digital.



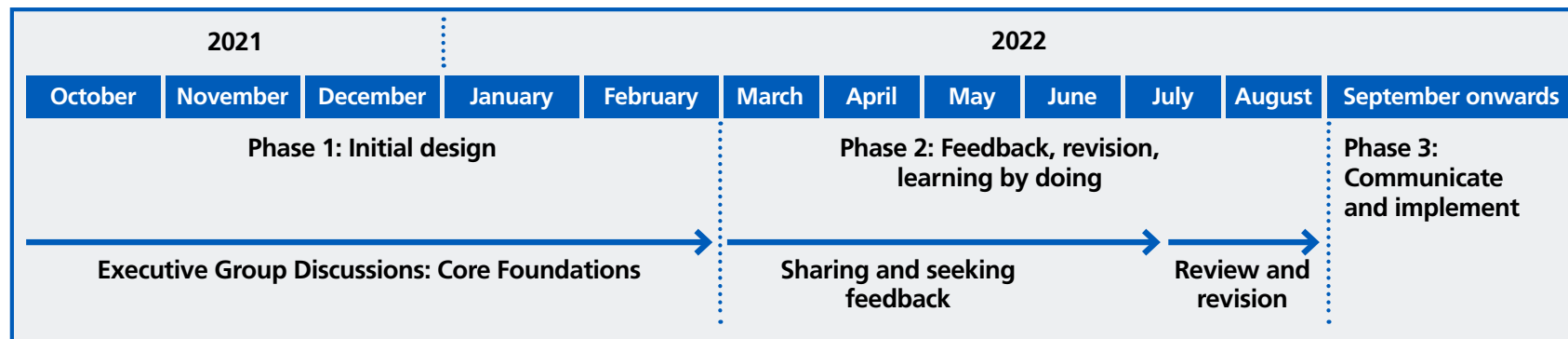
## An update on our progress towards developing an operating framework for the new NHS England

To support the changes made in legislation on 1 July 2022, we have been working together as an organisation and with our partners to clarify our role in the new system and how we best deliver our objectives. This document aims to share what we have described to date and work that is yet to be done. Some of these elements, for example, our purpose, have been agreed alongside our new partners Health Education England and NHS Digital, whilst other elements need to continue to be developed together as part of the new NHS England change programme, for example, our behaviours.

The illustration below shows how many elements of our high level operating framework have developed and what we need to do next. Further detail on each element can be accessed by clicking on the topic of interest.



## Our work to date



- The development of the core foundations of the NHS England operating framework began in 2021, through a series of NHS England and NHS Improvement Executive Group sessions as well as discussions with NHS England and NHS Improvement, Health Education England and NHS Digital Board members.
- In March 2022, we began to seek wider input and have run engagement sessions with almost 300 colleagues both within our organisation and with ICB leaders, provider leaders, local government colleagues and other partners, to capture feedback and refine the

operating framework for the new NHS England, supporting the principles of co-creation, inclusivity and collaboration.

- We are now entering the implementation phase, which will focus on embedding these ways of working in all our activities, learning as we are doing this and refining our operating framework further as is needed.
- The operating framework core foundations will be a key input into the design of the new organisation, through the integration of NHS England, Health Education England and NHS Digital.



## 1. Our purpose

To lead the  
NHS in England  
to deliver  
high-quality  
services for all.

### We will achieve this purpose by:

- **enabling local systems and providers** to improve the health of their people and patients and reduce health inequalities;
- **making the NHS a great place to work**, where our people can make a difference and achieve their potential;
- **working collaboratively** to ensure our healthcare workforce has the right knowledge, skills, values and behaviours to deliver accessible, compassionate care;
- **optimising the use of digital technology, research and innovation**; and
- **delivering value for money**.

**Our purpose statement**, provides clarity on **what NHS England is seeking to achieve**, this drives both 'what' we do (how we add value and what our priorities are) as well as 'how' we operate (our values, behaviours and accountabilities, and structures). The purpose statement is agreed between NHS England, Health Education England and NHS Digital and will continue to drive our organisation as part of the new NHS England change programme.

## 2. What we do to add value

To achieve our purpose, we need to be clear on how we, as NHS England, can deliver value to support the wider health and care system. At NHS England, we will focus our activities on eight key ways that we are uniquely placed to add value. Our organisation; **(1) Sets direction; (2) Allocates resources; (3) Ensures accountability; (4) Supports and develops people; (5) Mobilises expert networks; (6) Enables improvement; (7) Delivers services; and (8) Drives transformation.**



### 1: Set direction

- Develop and set national policy and strategy
- Manage relationship with government
- Agree the mandate with government, coordinating input from ICBs
- Determine NHS priorities, subject to the mandate
- Provide thought leadership and subject matter expertise for national priorities
- Provide leadership on NHS contribution to reducing health inequalities

### 2: Allocate resources

- Work with partners to develop strategy and plans to ensure we have the right workforce capacity across the NHS
- Lead on national workforce innovation
- Set financial structures and incentives
- Be responsible for financial stewardship of the NHS
- Contribute to the UK economy

### 3: Ensure accountability

- Define accountability structures
- Set standards for performance
- Monitor, assure and hold to account for performance on quality, finance and access
- Assure direct commissioning
- Provide support, guidance and oversight in relation to information processing
- Perform health protection functions

### 4: Support and develop people

- Establish our leadership culture
- Role model our culture and behaviours
- Create the conditions for a fully inclusive and diverse NHS
- Deliver workforce, training and education functions of Health Education England
- Ensure we have a structured approach to identify leadership talent and support their development



### 5: Mobilise expert networks

- Bring together expert knowledge to support service improvement
- Support delivery of improved outcomes and provide benchmarks for services
- Enable the spread of best practice
- Secure access to new tests, products and treatments
- Manage relationships across national and professional bodies
- Enable and support the development of systems and ICBs

### 6: Enable improvement

- Support delivery of quality and operational performance improvement
- Deploy resources to support challenged organisations and systems where required
- Perform regulatory intervention when required and run the Recovery Support Programme
- Provide national services to improve quality or reduce cost

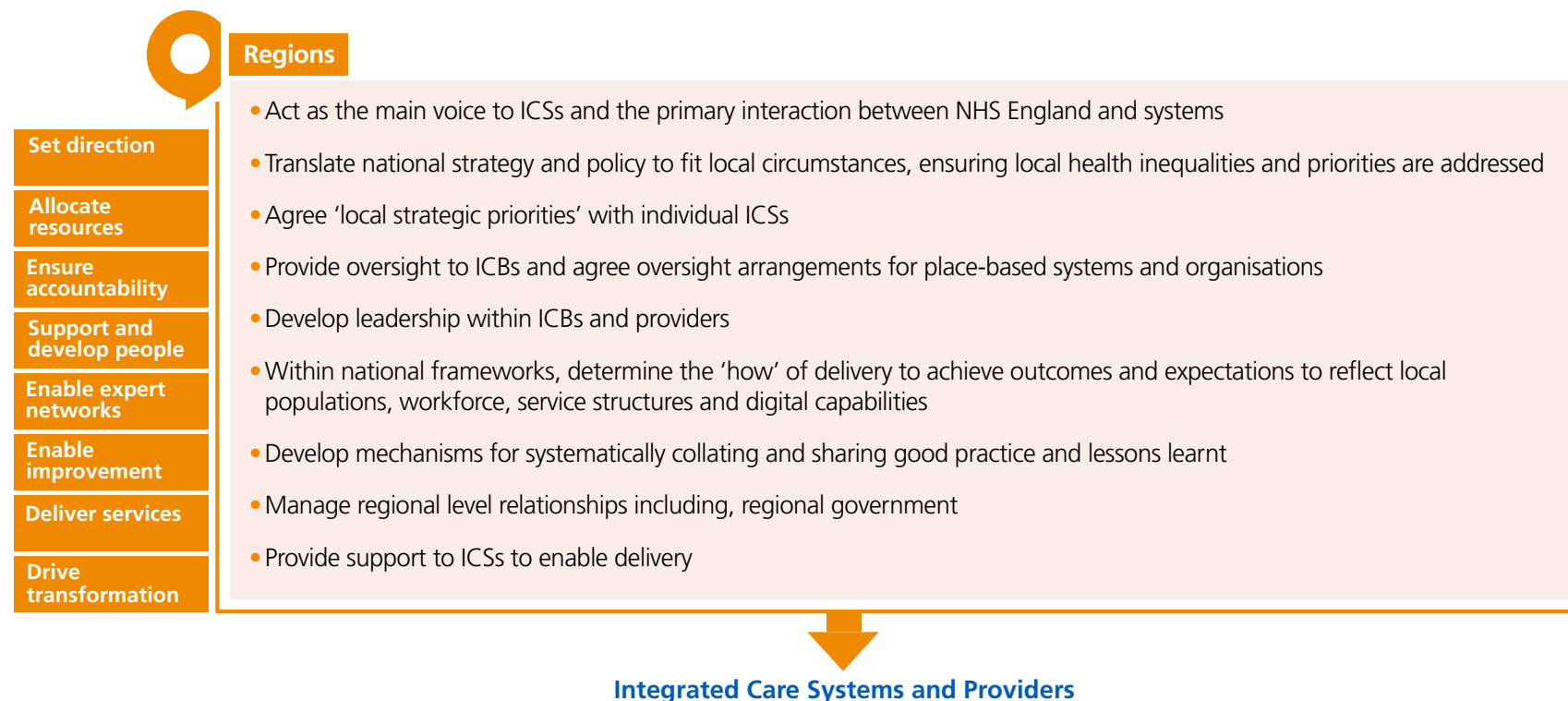
### 7: Deliver services

- Drive the digital agenda
- Provide specific data and analytics services
- Offer centralised commercial and procurement support
- Commission a number of services directly

### 8: Drive transformation

- Support delivery of medium-term priorities (e.g. secondary prevention and earlier diagnosis)
- Drive development of key enablers of transformation (for example, digital; diagnostic infrastructure)
- Create the environment for innovation and transformation, including partnership with life sciences industry
- Lead the NHS's contribution to population health and prevention

## How each of the component parts of NHS England support Integrated Care Systems and providers in their roles





## National Programmes

Set direction

Allocate resources

Ensure accountability

Support and develop people

Enable expert networks

Enable improvement

Deliver services

Drive transformation

- Create the evidence based strategy for transformation
- Act as a central hub of subject matter expertise that can be drawn down
- Articulate the value of change and suggest the most appropriate approach to implementation
- Help ensure national funding is aligned with agreed goals and develop a national approach to resource deployment
- Set expectations and guidance on data standards so that we can measure progress consistently and coordinate a national view
- Ensure people implications are considered
- Manage the programme specific relationships with external stakeholders, e.g. professional bodies, arms length bodies and national charities
- With regions, facilitate supportive interventions to improve performance and outcomes
- Embed digital and data in our programmes
- Develop guidance to support front line services in transforming services



Integrated Care Systems and Providers

## Corporate functions

Set direction

Allocate resources

Ensure accountability

Support and develop people

Enable expert networks

Enable improvement

Deliver services

Drive transformation

- Set national strategy, priorities and incentives to improve standards of care and reduce unwarranted variation and create the conditions for a fully inclusive and diverse NHS
- Lead and represent the NHS with Government, and nationally with partners and the public
- Work with government to ensure the NHS has the resources it needs, and allocate resources
- Set national frameworks including the Financial Framework; System Oversight Framework; People Plan; Digital maturity expectations etc.
- Account to HM Treasury and Department of Health and Social Care for delivery, performance and mandate progress
- Foster strategic relationships across national arms length bodies, royal colleges and professional bodies
- Foster productive relationships with trade unions and professional bodies, and lead contract negotiations for primary care providers
- Trigger regulatory intervention when required and run the Recovery Support Programme
- Provide technology architecture and policies, operate backbone systems, set minimum standards (for example, in cyber security and privacy) and promote interoperability and reuse
- Directly commission certain services

Integrated Care Systems and Providers



## 3. How we work

### Leadership behaviours

To deliver our purpose in the context of system-working will require a new approach not just to 'what' we do but in 'how' we do it. We have set out on the right **12 leadership behaviours** aligned to six key values linked to the NHS Constitution, which can act as a guide for our interactions. **As part of the new NHS England change programme between NHS England, Health Education England and NHS Digital, we will work to develop a shared set of behaviours for the new organisation.**

By consistently living these behaviours we aim in the new NHS England to:

- **Work as 'one team' across the NHS (ICBs, providers and NHS England) with our partners, being collaborative and empowering each other** – but also being clear about who is accountable for what.
- **Seek co-creation and co-ownership** of our strategy, priorities and support offers – both within the NHS team and with partners - and demonstrate collaborative leadership.
- **Be inclusive and value diversity** – make sure that no one feels excluded and listen to all perspectives.
- **Work at pace when appropriate and be agile** – streamlining how we make decisions, avoiding duplication and multiple layers where we can.
- **Learn by doing** – acting, evaluating and continuously improving.
- **Be transparent and honest** – in all our interactions and activities.

#### Working to improve lives

- 1 Driven by the people and communities we serve**
- 2 Focussed on clear outcomes**

#### We are inclusive - everyone counts

- 3 Inclusive and diverse**
- 4 Collaborating, co-producing, co-owning, being a great partner**

#### Working as one team

- 5 Accountability to role and team**
- 6 Trusting and empowering each other**

#### Getting things done

- 7 Working at pace when appropriate, with agility and courage**
- 8 Being ambitious and can-do**

#### Learning and improving

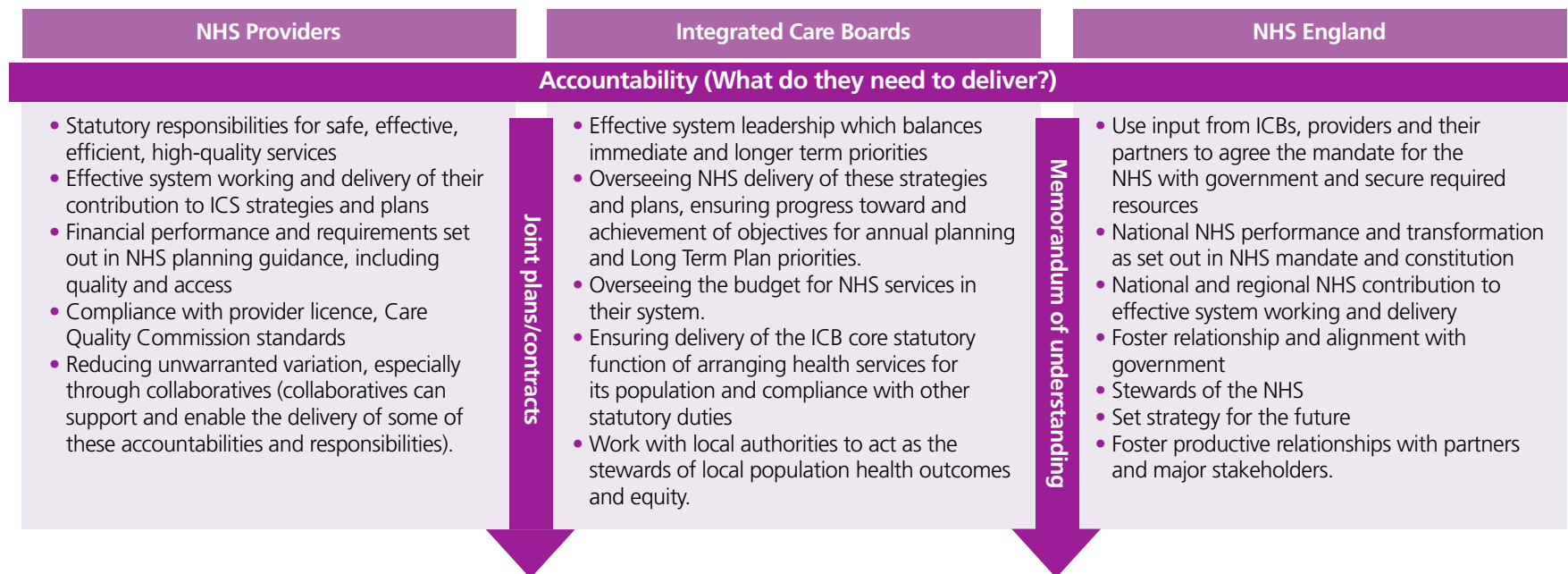
- 9 Learning by doing, cycles of change**
- 10 Data-driven and evidence-based**

#### Compassion and respect

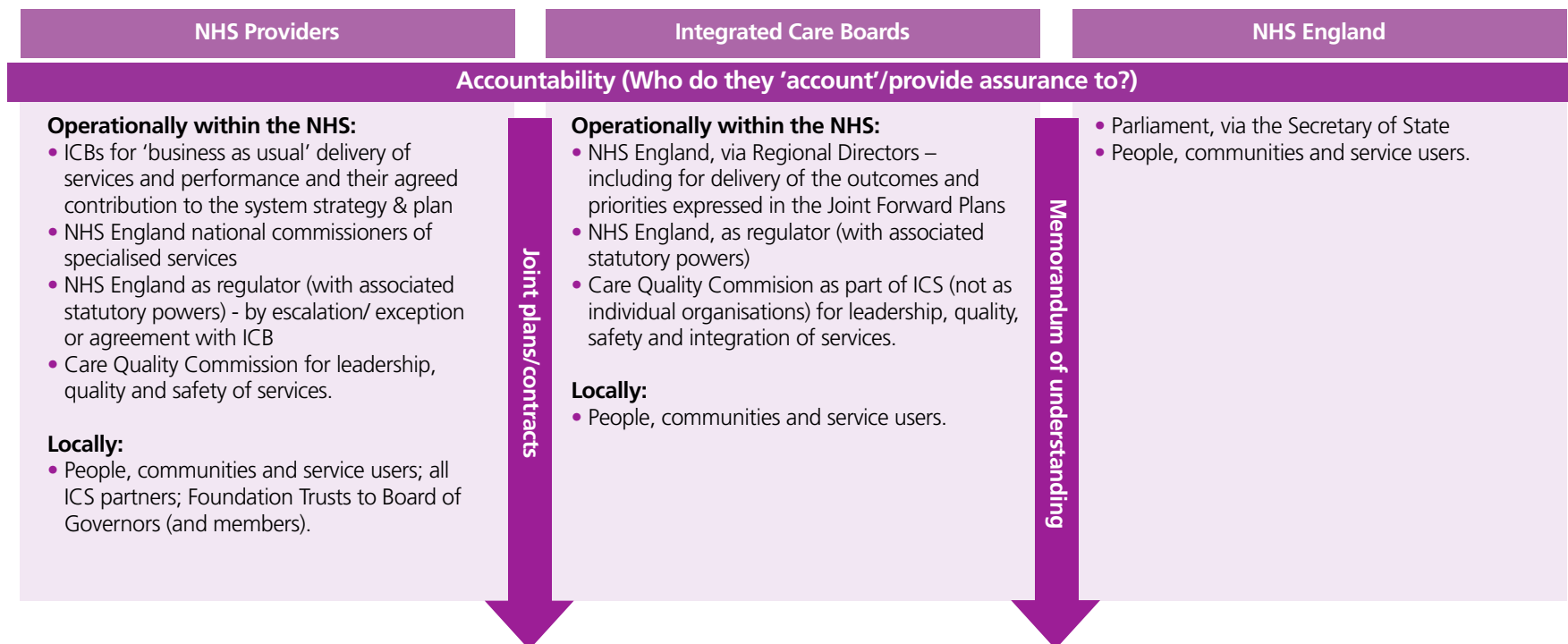
- 11 Hard on problems and supportive of people**
- 12 Transparent, honest and authentic**

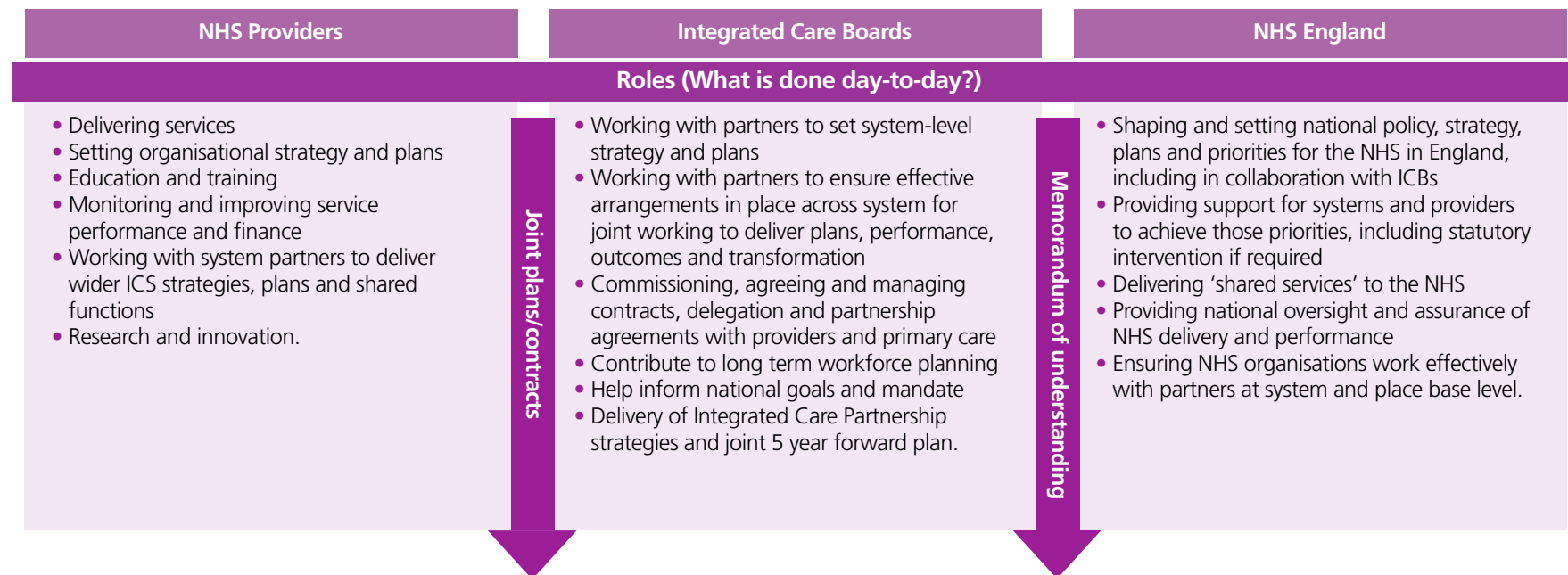
## How accountabilities and responsibilities will work

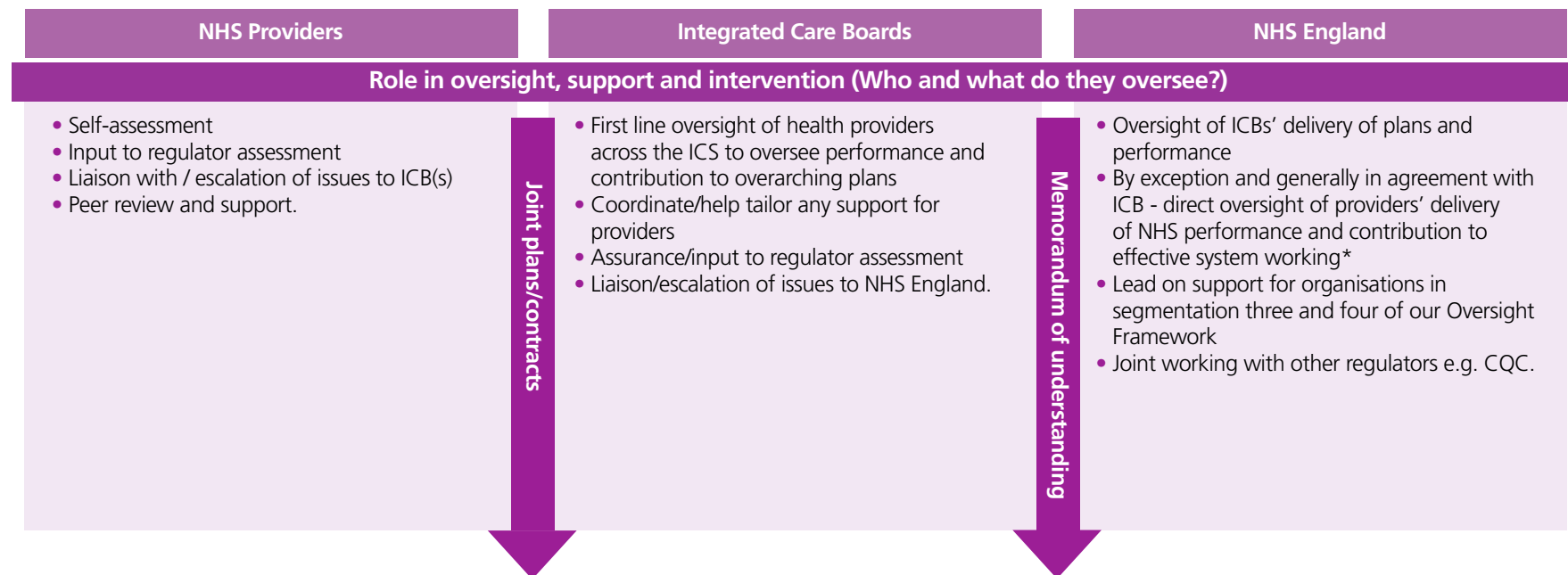
The tables below set out the **accountabilities and responsibilities for NHS England, ICBs and providers given the changes to legislation and shift to system based working\***. Whilst this sets out a form of hierarchy, we expect ways of working to be agreed locally so that collaboration is at the fore of transformation in systems.



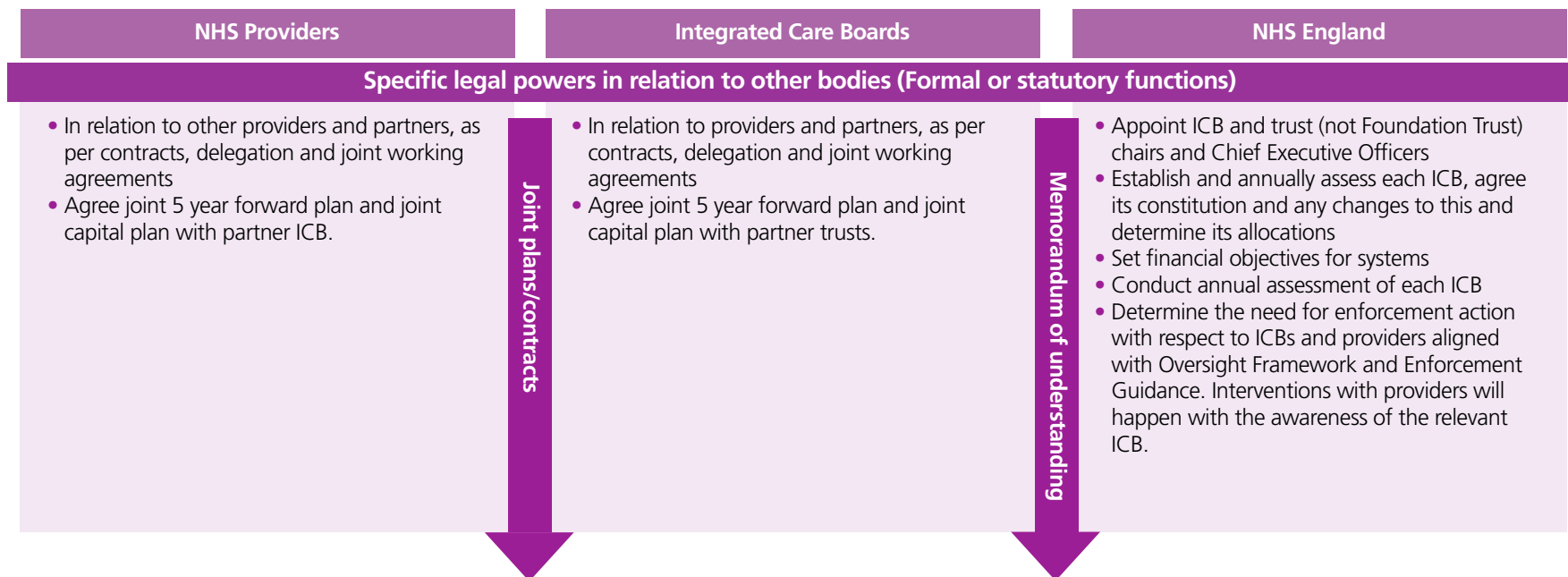
\*This does not capture the full accountability framework for ICSs. The purpose of this document is to set out the operating framework for NHS England and therefore accountabilities and responsibilities are focused on NHS partners.







\*Detailed agreement on working arrangements between ICBs and NHS England to be set out in Memorandums of Understanding.



## Meeting national accountabilities through systems

### How will we meet national accountabilities?

- **ICBs are responsible for developing and overseeing the implementation of joint strategies and plans with their partners to meet national commitments**, as well as any additional local priorities for health service, social care and public health improvement that are agreed within each ICS strategy and ICB/provider joint forward plan.
- **Individual providers are responsible for delivering safe, effective, efficient, high quality services in line with universal required standards and commitments, their statutory duties and their contracts and agreements with ICBs and NHS England**, and for delivering any agreed wider contribution to implementing the Integrated Care Partnership strategy and joint-forward plan.
- **NHS England is responsible for supporting ICBs, NHS providers and their local partners** to deliver their plans and make their full contribution to the ICS strategy, and for intervening if the NHS's national commitments are at risk or are not being met. NHS England's approach to supporting performance improvement and delivery (for the purposes of improved health of local populations) will be to set clear objectives, ask system and provider leaders to identify how they will best achieve them in their local context and provide or facilitate access to support where needed to address particular challenges. Solutions and support will draw on evidence of best practice

and root-cause analysis, with NHS England contributing as a system partner alongside other local stakeholders.

- **NHS England is also responsible to Parliament for NHS performance and has regulatory powers supporting this.** Therefore, while we will not determine the day-to-day working relationships between leaders, it is important to be clear on the formal accountability lines between NHS organisations under the new arrangements. These regulatory powers include the ability to intervene and direct both ICBs and NHS providers that are failing or at risk of failing to meet required standards or perform their functions and duties.

### NHS Oversight Framework

- Our national approach to ongoing monitoring of progress and performance against universal NHS standards and commitments and agreed local priorities, for identifying support needs and intervening to secure improvement when required is set out in the **NHS Oversight Framework**.
- The arrangements for applying this within each ICS area will be agreed and set out in a **Memorandum of Understanding** between each ICB and the relevant NHS England regional team, alongside other details of their agreed ways of working. This will provide clarity of oversight arrangements for each provider, avoiding duplication.

## How this will change the way that we work

**Many of the formal powers and accountabilities that NHS England (or our predecessor national bodies) have held historically remain broadly the same. It is how we deliver these that will be different – some examples of how we will work are outlined on the right, with specific illustrations of the change on the next page.**

- **Proportionate and streamlined:** ICBs and NHS England will ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined, and do not create duplication or unnecessary bureaucracy and reporting requirements for providers.
- NHS England will describe a single set of national priorities, and metrics to track performance against them, in the Oversight Framework and will oversee this through a single mechanism.
- **Devolved:** For both ICBs and their partner NHS providers the primary relationship with NHS England will be through the relevant regional team.
  - Where national teams need to interact directly with ICBs and NHS providers, this will be done in conjunction with the relevant regional team, to ensure interactions are coordinated.
  - The arrangements between regional teams, ICBs and providers will be agreed locally, and set out in the Memorandum of Understanding. This will be discussed and agreed by all partners in the ICB and will be clearly communicated to partners in the system.
- **No surprises:** relationships between NHS England, ICBs and providers will be mature, respectful and collegiate, underpinned with effective lines of communication and a 'one team' philosophy, so there are 'no surprises' regarding the actions of each party.
- **ICB annual assessments:** NHS England has a duty to annually assess ICBs across a number of domains. The first annual assessment of ICBs will be completed in Q1 23/24 and will use a variety of evidence, but a key part of the process will be ICB self-reflection and dialogue between the ICB and NHS England over the course of the year.



## How accountabilities will work in context of our behaviours

Below are examples to illustrate how activities might change as part of the new approach. They show how many of the formal powers and accountabilities remain the same, but how we implement them will be different. It is worth noting that how responsibilities and roles are applied will depend on the circumstances and there will need to be some exceptions to the general rule as we implement the new approach and learn as we go.

	From	To
<b>Appointment of Foundation Trust Chair</b>	<p>Accountability and powers: <b>Trust Governors</b></p> <p>Trust Governors have responsibility for appointing the Chair. The appointment process may or may not include external stakeholders.</p>	<p>Accountability and powers: <b>Trust Governors</b></p> <p>Trust Governors continue to have responsibility for the appointment. The appointment processes should consistently seek the views and input of relevant partners, such as ICB leaders (e.g., ICB chair).</p>
<b>Oversight Framework Segmentation (Provider)</b>	<p>Accountability and powers: <b>NHS England</b></p> <p>Oversight of providers carried out by NHS England regional teams and decision on segmentation and support requirements made by NHS England.</p>	<p>Accountability and powers: <b>NHS England</b></p> <p>NHS England will remain accountable for decisions on segmentation and mandated support for providers. NHS England regional teams will oversee ICBs and work with them to advise on provider segmentation decisions. ICBs will lead on oversight of providers and work with NHS England regional teams if support is required at SOF 3. NHS England regional and national teams will lead on support and intervention at SOF 4.</p>

### Behaviours



Collaborating, co-producing, co-owning, being a great partner.



Accountability to role and team.



Trusting and empowering each other.



Hard on problems and supportive of people.

## How we will work together

Within NHS England, some roles will increasingly focus on providing practical support to colleagues within systems.

The table below outlines at a high-level how different parts of our organisation will function.

Regions	National programme teams	NHS England corporate functions
Focus and ways of working		
<p><b>Regions will act as the coordinating point between NHS England and systems and the point of access to tailored support and advice.</b></p> <ul style="list-style-type: none"> <li>The central focus of regional teams will be to support local system partners to implement their plans.</li> <li>Regions will bring together multi-disciplinary teams to inform and co-develop national strategy and policy, working with systems to reflect local realities. They will translate national strategy and policy to fit local circumstances and ensure this addresses local health inequalities and priorities.</li> <li>Regions will need to work with their systems to develop the ways of working within their region to align with the overarching principles of this operating framework.</li> </ul>	<p><b>NHS England programme teams will work with and through regional teams to:</b></p> <ul style="list-style-type: none"> <li>Co-create the evidence based strategy for transformation and improvement for their programme;</li> <li>Agree expectations on outcomes with and through regions; and</li> <li>Provide the subject matter expertise that systems can use to support implementation and provide intensive improvement support if needed.</li> </ul> <p>We are currently reviewing the national programmes that will form part of the new NHS England in order to streamline activities to ensure more effective coordination and interaction both across NHSE and with systems.</p>	<p><b>Regions and programme teams will in turn be supported by NHS England corporate functions.</b></p> <ul style="list-style-type: none"> <li>These teams will set the overarching strategy, standards and incentives which enable the whole NHS to focus on its core priorities, ensuring support and guidance offered to the system is coherent. There will continue to be things that are best done 'once', such as ensuring the NHS has the staff it needs, modernising how we use technology and data to improve population health and access and NHS-wide campaigns.</li> <li>Internal corporate support will provide a range of internal advice and support services for the new NHS England, for example, communications and engagement, finance, commercial, governance and legal, HR, estates, corporate social responsibility, corporate IT and internal strategy.</li> </ul>

**For both ICBs and their partner NHS providers, the primary relationship with NHS England will be through the relevant regional team. National teams will only work directly with ICBs and individual providers to request information or plans, or to offer or mandate support, by agreement with the relevant regional team (other than in exceptional circumstances).**

## 4. Delivering our objectives

### Our objectives

In order to deliver our purpose and value-add for the health and care system, **we have set out on the right five transformational priorities for the medium-term (next 3-5 years)**. Agreeing medium-term transformational priorities represents a shift in how we operate and will enable us to focus on interim objectives to help frame and achieve our long-term goals. This will also enable us to more effectively address the challenges we face today.

#### 1. STOP avoidable illness & intervene early

I take responsibility for my own health and I am supported to stop myself becoming unwell whenever possible.

#### 2. SHIFT to digital and community

When I need it, I get the right care in the right place and I don't have to wait too long.

#### 3. SHARE the best

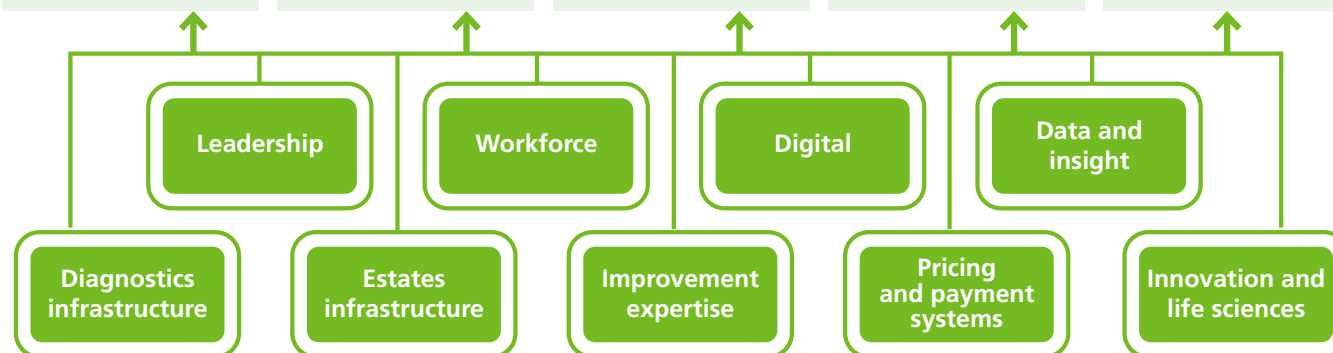
I always get the best of the NHS wherever I am cared for – and I get good value for my money as a taxpayer.

#### 4. STRENGTHEN the hands of the people we serve

I am involved in all decisions about my treatment and care and am more in charge of my own health.

#### 5. SUPPORT our local partners

Everyone works together in my local community to make things better, with me in mind.



The medium-term priorities are underpinned by nine key enablers, which support delivery of each priority.

Each of the five medium-term, transformational priorities contribute to delivery of our urgent priorities and our long-term aims, as illustrated below. As part of embedding these priorities in our activities, measurable outcomes will be aligned to each so that we can monitor delivery over time.

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I am involved in all decisions about my treatment and care and am more in charge of my own health.

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Everyone works together in my local community to make things better, with me in mind.

### Examples of actions we take to support urgent priorities

- Take action to avoid unnecessary illness and stop conditions escalating now. This should improve access to Urgent and Emergency Care services and outcomes for patients.
- Take action to decompress the acute system now, which should help release acute capacity to support improvements to patient flow.
- Take action to adapt and adopt best practice to improve consistency of care now.
- Take action to provide patients with the information they need to choose the right care in the right place.
- Take action to ensure the successful establishment of new ICSs now.

### Examples of actions we take to ensure we keep building towards the long-term

- Work with partners to build expertise & capability in delivering prevention and early intervention, using personalised approaches focused on inequalities.
- Work to build out of hospital capacity and different models for the longer-term.
- Work to build greater standardisation by embedding best practice and separation of urgent and elective care at scale.
- Work to create a fundamental shift in the balance of power to give people more control in shaping their own health and care, enabled by technology and data.
- Work to build strong and sustainable local systems and partnerships.

## Our required outcomes

### Our six longer-term aims

- Longer healthy life expectancy
- Excellent quality, safety and outcomes
- Excellent access and experience
- Equity of healthy life expectancy, quality, safety, outcomes, access and experience
- Value for taxpayers' money
- Support to society, economy and environment

## 5. How we will organise ourselves

### Integration with our partners

- **The proposed merger of NHS England, Health Education England and NHS Digital on 1 April 2023, provides a unique opportunity to create a 'new' NHS England**, putting workforce, data, digital and technology at the heart of our plans to transform the NHS.
- This operating framework will be a key input into the design of the new combined organisation. **The new NHS England change programme will seek to use the principles of the operating framework to ensure the new organisation maximises the potential of our move to system working; streamlining what we do nationally to give systems the space to lead and ensuring we focus our efforts on what we are uniquely placed to do at a national level.** This will include being clear on interdependencies between regional and national functions in order to deliver our accountabilities.
- Part of our commitment in the creation of a new NHS England is to develop a new culture for the organisation, supported by a set of behaviours which we will co-develop and refine as part of the integration process.

## High level organogram

At the top level, the proposed design for the new NHS England will integrate Health Education England and NHS Digital with the NHS England structure, with clear national, regional and internal accountabilities. The top level structure is shown below. Our regions will continue to hold the primary relationship with systems, supporting delivery of priorities locally as well as influencing national policy development by providing local context input.

You can find our latest organogram [here](#).

NHS Chief Executive - Amanda Pritchard

### National Directorates

National teams from across the organisations will come together to deliver the core functions of the new NHS England through 10 Directorates.

Commercial

Delivery

Finance

Medical

Nursing

Operations

Strategy

Transformation

Vaccinations

Workforce, Training  
and Education

#### Programmes

Programmes will be consolidated and operate through more streamlined delivery models, facilitated through greater central coordination

#### Internal Corporate Support

Internal corporate services (for example, Finance, HR, Estates) will be integrated across the three organisations. Support will be delivered through a blend of shared and directorate-aligned functional teams.

#### Regional Teams

Regional teams from NHS England and Health Education England will be integrated and seven regions will remain. Regions will look for opportunities to transfer more accountabilities to ICB level.

East of England

London

Midlands

North East & Yorkshire

North West

South East

South West

## 6. Setting ourselves up for success

**We have developed a common framework and discipline for how we approach change programmes in NHS England.** As part of our development of the operating framework our Executive identified five components to ensure that these change programmes are successful. We engaged with stakeholders to refine this as part of the operating framework conversations. The output of this is outlined below. The impact of this approach is multiplicative, if one of the five components is zero then the net effect is zero. **We will aim to consistently embed these into our change approaches in future.**

1. Clear direction, priorities and measures of success	+	2. The right leadership and people	+	3. The right tools, support and resources	+	4. Aligned incentives and consequences	+	5. Effective monitoring, learning & course correction
<ul style="list-style-type: none"> <li>• An inspiring goal that puts mission first</li> <li>• Short-term, medium-term and long-term ambitions, goals and strategy</li> <li>• Sharp prioritisation and focus (“if everything is a priority then nothing is”)</li> <li>• Clarity in advance on measures of success and expected benefits</li> </ul>		<ul style="list-style-type: none"> <li>• Excellent system leaders</li> <li>• Co-development with residents, partners and key stakeholders</li> <li>• Visible clinical leaders with ownership</li> <li>• Diversity of perspectives</li> <li>• Design by those who will deliver</li> <li>• Clear accountabilities</li> <li>• The right supporting talent</li> <li>• The right ethos and behaviours</li> </ul>		<ul style="list-style-type: none"> <li>• Hyper-local/highly granular data and analytics</li> <li>• An enabling structure/ subsidiary/ local ability to act (and authority at level of accountability)</li> <li>• Improvement skills and resources</li> <li>• Deliberative engagement with service users</li> <li>• Digital enablers</li> <li>• The right culture and tone</li> <li>• Adequate financial resources</li> </ul>		<ul style="list-style-type: none"> <li>• Aligned payment systems/ clear consequences for resources</li> <li>• Aligned “soft” incentives (e.g., what the culture values)</li> <li>• Mutually supporting agendas with non NHS partners</li> <li>• Courage to confront issues of both performance and behaviour</li> </ul>		<ul style="list-style-type: none"> <li>• Excellent data on progress</li> <li>• Excellent monitoring processes</li> <li>• Effective feedback mechanisms and transparency of data to enable sharing of best practice</li> <li>• Limited “performance management overhead”</li> <li>• Use of real time learning to course correct and adapt</li> <li>• Intensive expert support available if required.</li> </ul>



## 7. Making this a reality

We have set out the foundations of our ways of working for the new NHS England; **we now need to consistently embed these ways of working in all our activities and interactions.**

There are a number of objectives that we will implement through the new NHS England change programme:

1. **Doing what only we can do and focusing on how we deliver value**
2. **Adding value at the right place**
3. **Providing a single voice and clearer interactions with the system**
4. **Adapting ourselves to support the development of ICSs**
5. **A simpler and better coordinated organisation**
6. **Integrating the wisdom of frontline services in everything we do**

It will take time to implement these changes and there will be a programme of work to support this over the coming years.



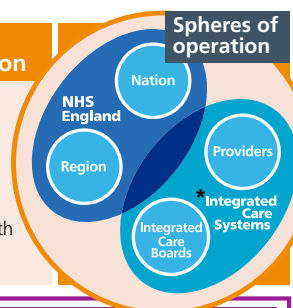


## 8. What to expect next

- **We have started a programme of work to enable us to deliver our immediate next steps and objectives as part of the new NHS England change programme.** These actions will take place over the coming year ahead of the organisations coming together on 1 April 2023 to form the new NHS England, subject to Parliament's approval of the necessary regulations.
- Whilst the formal merger will take place on 1 April 2023, further work will continue into 2023/24 as we implement an organisation design programme to transform our ways of working.
- This will enable us to add further detail to this document and to develop the operating framework for the new NHS England with Health Education England and NHS Digital, some of which we will start to put into practice before the merger date as we work closely together with our partners. Key amongst these will be in the development of the four high impact areas of cross-cutting design and a revised Executive governance meeting structure.
- An Organisational Development and Transformation programme will be established to support this beyond the merger date, recognising these changes will take time.
- We will evaluate this over time, collaboratively and in partnership with system leaders and stakeholders.



# The NHS England operating framework: the foundations



**1 Why we are here** To lead the NHS in England to deliver high-quality services for all

**2 What we do to add value**

Set direction	Allocate resources	Ensure accountability	Support and develop people	Mobilise expert networks	Enable improvement	Deliver services	Drive transformation
<ul style="list-style-type: none"> <li>Policy and strategy</li> <li>Relationship with government</li> <li>Agree mandate</li> <li>Set annual planning guidance and priorities</li> <li>Provide leadership.</li> </ul>	<ul style="list-style-type: none"> <li>Plan workforce strategy with partners</li> <li>Workforce innovation</li> <li>Financial structures and incentives</li> <li>Financial stewardship of NHS</li> <li>Financial allocation.</li> </ul>	<ul style="list-style-type: none"> <li>Accountability</li> <li>Standards</li> <li>Goals and expectations</li> <li>Monitoring and assurance</li> <li>Regulation</li> <li>Health protection.</li> </ul>	<ul style="list-style-type: none"> <li>Leadership culture and development</li> <li>Culture and behaviours</li> <li>Inclusion and diversity</li> <li>Training and education.</li> </ul>	<ul style="list-style-type: none"> <li>Expert knowledge and consensus</li> <li>Outcomes</li> <li>Benchmarks</li> <li>Best practices</li> <li>New products and services</li> <li>National stakeholders</li> <li>System development.</li> </ul>	<ul style="list-style-type: none"> <li>Support improvement</li> <li>Deploy improvement support</li> <li>Intensive support</li> <li>Regulatory intervention.</li> </ul>	<ul style="list-style-type: none"> <li>Digital</li> <li>Data and analytics</li> <li>Commercial &amp; procurement support</li> <li>Direct commissioning.</li> </ul>	<ul style="list-style-type: none"> <li>Medium-term priorities</li> <li>Transformation enablers</li> <li>Partner with life sciences</li> <li>Population health and prevention.</li> </ul>

3	How we do it	Leadership behaviours	Working to improve lives	We are inclusive - everyone counts	Working as one team	Getting things done	Learning and improving	Compassion and respect
	Accountabilities and responsibilities	<b>Providers</b> <ul style="list-style-type: none"><li>Statutory responsibilities for safe, effective, efficient, high-quality services</li><li>Effective system working and delivery of their contribution to ICS strategies and plans</li><li>Financial performance and requirements set out in NHS planning guidance, including quality and access</li><li>Compliance with provider licence, Care Quality Commission standards</li><li>Reducing unwarranted variation, especially through Provider Collaboratives.</li></ul>	<b>ICBs</b> <ul style="list-style-type: none"><li>Effective system leadership which balances immediate and longer term priorities</li><li>Overseeing NHS delivery of strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities.</li><li>Overseeing the budget for NHS services in their system</li><li>Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties</li><li>Work with local authorities to act as the stewards of local population health outcomes and equity.</li></ul>	<b>NHS England</b> <ul style="list-style-type: none"><li>Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources</li><li>National NHS performance and transformation as set out in NHS mandate and constitution</li><li>Contribution to effective system working and delivery, including statutory intervention if required</li><li>Foster relationship and alignment with government</li><li>Stewards of the NHS</li><li>Set strategy for the future</li><li>Foster productive relationships with partners and major stakeholders.</li></ul>				

What we need to achieve	Medium term objectives	STOP avoidable illness and intervene early	SHIFT to digital and community	SHARE the best	STRENGTHEN the hands of the people we serve	SUPPORT our local partners
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Longer healthy life expectancy</li> <li>Excellent quality, safety and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Excellent access and experience</li> <li>Equity of healthy life expectancy, quality, safety, outcomes, access and experience</li> </ul>			<ul style="list-style-type: none"> <li>Value for taxpayers' money</li> <li>Support to society, economy and environment</li> </ul>	

\* Partnerships between ICBs, NHS providers, local authorities and other partner agencies are now a core component of the NHS's operating framework and ways of working. NHS England will support NHS leaders to embed partnership working locally, and we will work with partners to support wider ICS development.



**Board of Directors in Public**

**Item 12**

**02 November 2022**

<b>Title</b>	Committee Terms of Reference
<b>Area Lead</b>	David McGovern, Director of Corporate Affairs
<b>Author</b>	Cate Herbert, Board Secretary
<b>Report for</b>	Approval

**Report Purpose and Recommendations**

The purpose of this report is to provide the final Terms of Reference for the remaining Committees that met in October – the Charitable Funds and Remuneration Committees.

It is recommended that the Board:

- Approve the Terms of Reference as appended.

**Key Risks**

This report relates to these key Risks:

- The Trust should ensure that there is robust governance processes and documentation in place to support effective decision making and delivery of objectives.

**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	No
<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

**Governance journey**

Date	Forum	Report Title	Purpose/Decision
1 <sup>st</sup> December 2021	Board of Directors	Committee Membership and NED Portfolios	Approval of interim arrangements for Champion roles, and approval of Champion role profile.
31 <sup>st</sup> August	Board of Directors	Governance and Committee Membership Update	Terms of Reference were provided for feedback.
7 <sup>th</sup> September 2022	People Committee	Draft Committee Terms of Reference	Terms of Reference approved by the Committee.

21 <sup>st</sup> September 2022	Audit and Risk Committee	Draft Committee Terms of Reference	Terms of Reference approved by the Committee.
30 <sup>th</sup> September 2022	Estates and Capital Committee	Draft Committee Terms of Reference	Terms of Reference taken for approval by the Committee.
30 <sup>th</sup> September 2022	Quality Committee	Draft Committee Terms of Reference	Terms of Reference taken for approval by the Committee.
4 <sup>th</sup> October	Research and Innovation Committee	Draft Committee Terms of Reference	Terms of Reference taken for approval by the Committee.
5 <sup>th</sup> October	Board of Director	Committee Terms of Reference	Board approval of all Terms of reference from August/September.
5 <sup>th</sup> October	Remuneration Committee	Draft Committee Terms of Reference	Terms of Reference taken for approval by the Committee.
20 <sup>th</sup> October	Charitable Funds Committee	Draft Committee Terms of Reference	Terms of Reference taken for approval by the Committee.

1	Narrative
1.1	<p><b>Terms of Reference</b></p> <p>The Board are asked to approve the attached documents for implementation for the final two Terms of Reference for the Remuneration Committee and Charitable Funds Committee.</p> <p>As with all other Terms of Reference, these will continue to be live documents and will be reviewed regularly.</p>

2	Implications
2.1	Clear terms of reference will support effective decision making and good governance.

3	Conclusion
3.1	It is recommended that the Board approve the terms of reference for the Committees outlined in the paper.

<b>Author</b>	Cate Herbert, Board Secretary
<b>Email</b>	<a href="mailto:Catherine.herbert5@nhs.net">Catherine.herbert5@nhs.net</a>

# Charitable Funds Committee

## Terms of Reference

<b>Document Owner:</b> Director of Corporate Affairs
<b>Related Documents:</b> Scheme of Reservation and Delegation Standing Financial Instructions Trust Constitution Charities Act 2011 Trustee Act 2000 Charity Treasury Management Policy Charities Act 1992 "Controlling of Fund-Raising"

<b>Review Date:</b> September 2023
<b>Issue Date:</b> October 2017
<b>Version:</b> 2.0
<b>Authorisation Date:</b>

### 1. Constitution

The Committee is established as an Assurance Committee of the Board of Directors in order to ensure that the Trust's duty as Corporate Trustee of its Charitable Funds has been discharged. Its purpose is to oversee management, investment and use of charitable funds within regulations provided by the Charity Commission and ensures compliance with charity law, including responsibility for the charity's fundraising activities. It does not remove from the Board the overall responsibility and legal obligation for this area, but provides a forum for a more detailed consideration of charitable matters.

The Charitable Funds Committee has delegated responsibility, from the Corporate Trustee, within the limits set out in these Terms of Reference, the charitable funds sections of the Scheme of Reservation and Delegations and Standing Financial Instructions for the efficient governance and running of the Wirral University Teaching Hospital (WUTH) Charity.

### 2. Authority

The Charitable Funds Committee has delegated authority from the Corporate Trustee to investigate any activity within its terms of reference. It is authorised to seek information it requires of any employee (or contractor working on behalf of the Trust) and all employees (or contractor working on behalf of the Trust) are directed to cooperate with any request made by the Committee. The Committee is authorised to obtain legal advice or other professional advice from internal or external sources. The committee has delegated authority from the Board to:

- i) Maintain the Charity's governing document and registration with the Charity Commission.

- ii) Review and advise on those aspects of Standing Orders and Standing Financial Instructions that appertain to the charity and its operation.
- iii) Apply all charitable funds in accordance with the NHS Acts, Charities Act 2011 and good practice (including but not limited to WUTH Charity Expenditure Policy) and ensure that decisions on the use of investments of such funds are restricted to the explicit conditions or purpose of each donation, bequest or grant.
- iv) Make decisions involving the use of charitable funds for investments subject to the powers laid down in the "Declaration of Trust" and with regard to the "Trustee Act 2000" and any subsequent legislation.
- v) Consider the appointment of investment advisors and monitor the performance of the charitable fund portfolio and consider changes when deemed necessary.
- vi) To oversee the Investment Policy of the Charitable Funds as required by the Trustee Investment Act 1961 and the NHS Acts.
- vii) Act as the control mechanism for any approved fundraising appeals which may be initiated and to be aligned to the Charity Income and Fundraising Guidance Policy. Appointment and control of fundraisers will be in line with regulations and guidance contained in part 2 of the Charities Act 1992 "Controlling of Fundraising" and subsequent legislation.
- viii) Oversee and monitor the functions with regards to the investment, accounting and reporting on the use of charitable funds.
- ix) Receive Annual Accounts and Annual Reports of the Trust's charitable funds for consideration and recommendation for final approval to the Board of Directors.
- x) To develop the strategy, policies and objectives for the Charity for consideration and approval by the Corporate Trustee.

### **3. Objectives**

Act as the Committee that discharges the Board's responsibilities (as sole Corporate Trustee) as they relate to Charitable Funds under the Trust's custodianship.

#### **3.1 Risk**

- 3.1.1 To ensure that unacceptable risks and inadequate levels of assurance related to financial performance of the Charitable Fund or associated investments are reported to the Board for consideration.

#### **3.2 Statutory duties**

- 3.2.1 Ensure the approval and submission of statutory returns, annual accounts and Trustee's Report in accordance with the Charity Commissions Statement of Recommended Practice.
- 3.2.2 Review and update annually these Terms of Reference, recommending any changes to the Board of Directors.
- 3.2.3 Invest and apply the income, funds and property of the Charity in accordance with the governing document and complies with all legal relevant requirements including the Charity Act 2016 and agreed expenditure policy.
- 3.2.4 Maintain the solvency and continuing effectiveness of the Charity.
- 3.2.5 Safeguard permanent endowments.
- 3.2.6 Evaluate its own membership and performance on an annual basis and report findings to the Board of Directors.

### **3.3 Other Duties**

- 3.3.1 Invest and review the investment funds not needed for immediate applications, in accordance with the Charity's investment objectives and the principles outlined in the Trust's Investment Policy.
- 3.3.2 Monitor the performance of fundraising and marketing activity, ensuring that the return on investment is satisfactory and that income targets are met.
- 3.3.3 Review and monitor the effectiveness derived from grants of money and property to the Trust.
- 3.3.4 Operate a visible and transparent decision making process for grants of money and property.

### **3.4 Governance**

- 3.4.1 Ratify and review policies and procedures required for effective management of the Charity. This will incorporate oversight of associated compliance arrangements such as those required by the Charity Commission.
- 3.4.2 Ensure the Charity Treasury Management Policy is adhered to when considering related actions.
- 3.4.3 Give the Board assurance on an annual basis that the systems, policies and procedures they have put in place to deliver Charitable Funds plans are operating in compliance with appropriate standards, are effective, are focused on key risks and are driving the delivery of the Trust's objectives.
- 3.4.4 Consider, interpret and disseminate guidance from relevant bodies including the Charity Commission and other regulatory/advisory bodies relating to the Charitable Funds agenda.
- 3.4.5 Approve the establishment, work plans, duration and effectiveness of sub-committees and working groups.
- 3.4.6 Respond to action plans referred by the Audit Committee.

## **4. Equality and Diversity**

The Committee will seek to promote and enhance equality, diversity, and inclusion across the Trust, both in the discharge of its duties and decision making processes, and in representing these values in its areas of activity.

The Committee will also have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

## **5. Membership**

The Committee shall consist of:

- Nominated Non-Executive Director (Chair)
- Two additional Non-Executive Directors
- Chief Finance Officer
- Chief People Officer

## **6. Attendance**

Meetings of the Committee may be attended by:

Assistant Director of Finance (Financial Services)  
Head of Fundraising  
Director of Communication and Engagement  
Director of Corporate Affairs  
Either the Medical Director or Chief Nurse, or their deputy.  
A Governor to observe



A nominated lay person, with appropriate experience, may attend upon invitation by the Chair.

Other officers of the Trust will be invited to attend on an ad-hoc basis to present papers or to advise the committee. Professional advisors regarding investments may be invited to attend, when deemed necessary.

The Trust Chair and all Non-Executive Directors have a right to attend the Committee.

All members should aim to attend all scheduled meetings with attendance being reviewed annually. Attendance below 80% may result in discussions with the Chair.

Where members are unable to attend they should consider sending a designated nominated deputy.

**7. Conflicts of Interest**

It will be for the Chair of the Committee to determine whether or not it is appropriate for a member to be in attendance to advise on these matters. In such circumstances where that person is in attendance he/she will not have a vote or participate in the decision of the Committee.

**8. Quorum and Frequency**

The quorum shall be three members, to include the Chair (or nominated deputy) and one Executive Lead/member of the Senior Management Team.

The Committee will meet at least four times a year. Meetings may be added, stood down, or rescheduled with the approval of the Chair.

**9. Reporting**

The Committee will report to the Board following each meeting via a Chair's report and will present a comprehensive annual report to the Corporate Trustee.

There are no groups reporting to this Committee.

**10. Conduct of Meetings**

The agenda and supporting papers will be sent out four working days prior to the Committee, unless there are exceptional circumstances authorised by the Chair.

Authors of papers should use the standard template.

Presenters of papers can expect all committee members to have read the papers and should keep to a verbal summary outlining the purpose of the report and its recommendations. Committee members may question the presenter.

**11. Performance Evaluation**

As part of the board's annual performance review process, the committee shall review its collective performance each year.

**12. Review**

The terms of reference of the committee shall be reviewed as required and at least annually.



# Remuneration Committee

## Terms of Reference

<b>Document Owner:</b> Director of Corporate Affairs
<b>Related Documents:</b> Scheme of Reservation and Delegation Standing Financial Instructions Trust Constitution

<b>Review Date:</b> September 2023
<b>Issue Date:</b>
<b>Version:</b> 1.0
<b>Authorisation Date:</b>

### 1. Constitution

The Committee is established as an Assurance Committee of the Board of Directors in order to ensure effective governance in respect of Executive Director and other Executive Team Member appointments, succession planning and the remuneration of the same.

### 2. Authority

The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires of any employee (or contractor working on behalf of the Trust) and all employees (or contractors working on behalf of the Trust) are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal advice or other professional advice from internal or external sources.

In addition, the Committee is authorised to request that another Committee or the Board review, monitor, or approve any item that may be better suited to, or overlap with, their responsibility.

### 3. Objectives

The Committee will deliver the following objectives, along with any others that are assigned by the Board of Directors during the course of the year:

#### 3.1 Appointments – Executive Directors and other Executive Team Members:

3.1.1 To be responsible for identifying and appointing candidates to fill all Executive Director positions on the Board and for determining their remuneration and other conditions of service. When appointing the Chief

Executive, the committee shall be the committee described in all relevant legislation.

- 3.1.2 To monitor and review the composition of Executive Directors and other Executive Team members in terms of size and balance of experience, skills and qualifications.
- 3.1.3 Give full consideration to and make plans for succession planning for the Chief Executive and other Executive Directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.
- 3.1.4 To ensure compliance with the terms of the Trust's constitution and best governance practice with regard to the processes for making Executive Director and other Executive Team Member appointments to the Board of Directors.
- 3.1.5 To authorise release dates following resignation/removal of an Executive Director or other Executive Team Member from office, where these are earlier than completion of the contractual notice period, having regard to a full risk assessment of the circumstances, including consideration of potential 'Acting Up' arrangements.
- 3.1.6 To keep under review Executive Team Member development and succession planning.
- 3.1.7 To review and approve any interim Executive Director appointments in accordance with relevant guidance.
- 3.1.8 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- 3.1.9 Ensure that all relevant appointees are subject to a full Fit and Proper Persons test prior to commencement.
- 3.1.10 Consider any matter relating to the continuation in office of any Executive Director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.

## **3.2 Remuneration**

The Committee has delegated responsibility for setting remuneration for all Executive Directors, including pension rights and any compensation payments. The Committee should also recommend and monitor the level and structure of remuneration for senior management (normally the first layer of management below board level) however decisions regarding the remuneration for individual senior managers should be made by the Executive Directors (subject to the proviso outlined in section 3.2.3 below).

- 3.2.1 To decide and review the terms and conditions of service of the Trust's Executive Directors and other Executive Team Members in accordance with all relevant Trust policies, including:

- All aspects of salary (including and performance-related elements/ bonuses).
- Provisions for other benefits, including pensions and cars.
- Allowances.

3.2.2 To monitor and evaluate the performance of individual Executive Team Members.

3.2.3 To review and decide on proposals relating to the remuneration of the other Executive Directors and senior managers on locally determined pay e.g. VSM.

3.2.4 To adhere to all relevant laws, regulations and NHS policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate Executive Directors / other Executive Team Members whilst remaining cost effective.

3.2.5 To approve contractual arrangements for Executive Directors and other Executive Team Members, including but not limited to termination payments.

3.2.6 To consider these items in respect of all staff where the Trust has discretion in respect of Terms of Service and/or benefits (e.g. discretionary bonuses).

3.2.7 To formulate and review any relevant policies.

#### **4. Equality and Diversity**

The Committee will seek to promote and enhance equality, diversity, and inclusion across the Trust, both in the discharge of its duties and decision making processes, and in representing these values in all areas it touches.

The Committee will also have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

#### **5. Membership**

The Committee shall consist of:

- The Trust Chair (who will Chair the Committee) – nominated deputy is the Deputy Chair;
- All Non-Executive Directors; and
- The Chief Executive (in the appointment of Executive Directors other than the Chief Executive).

#### **6. Attendance**

Meetings of the Committee may, at the request of the Chair, be attended by:

- Director of Workforce;
- Director of Corporate Affairs (to advise on constitutional matters);
- Any other person who has been invited to attend the Committee so as to assist in deliberations.

No officer shall be present for discussions about his/her own remuneration.

All members should aim to attend all scheduled meetings with attendance being reviewed annually. Attendance below 80% may result in discussions with the Committee Chair.

Where members are unable to attend they should consider sending a designated nominated deputy. In the case of this Committee, no member or attendee may send a deputy without permission of the Chair.

## **7. Conflicts of Interest**

Notwithstanding the definition of material interests applicable to Directors as set out in the constitution, the Chief Executive will through the nature of his/her role, be deemed to have an interest in the following matters:

- i) The appointment and removal of the Chief Executive.
- ii) The remuneration of the Chief Executive.

It will be for the Chair of the Committee to determine whether or not it is appropriate for the Chief Executive to be in attendance to advise on these matters. In such circumstances where the Chief Executive is in attendance he/she will not have a vote or participate in the decision of the Committee.

## **8. Quorum and Frequency**

A quorum shall be at least three Non-Executive Directors (including the Chair or Deputy Chair).

Meetings shall be held as necessary. Meetings may be added, stood down, or rescheduled with the approval of the Chair.

There will be a scheduled meeting each year to receive the outcome of Executive Team appraisals, any recommendations on remuneration and to review the Executive Team succession plan.

## **9. Reporting**

The minutes of all meetings shall be formally recorded.

The Committee shall ensure that Board of Directors' emoluments are accurately reported in the required format in the Foundation Trust's annual report.

There are no groups reporting to this Committee.

## **10. Conduct of Committee Meetings**

The agenda and supporting papers will be sent out at least four working days prior to the Committee, unless there are exceptional circumstances authorised by the Chair.

Authors of papers should use the standard template.

Presenters of papers can expect all committee members to have read the papers and should keep to a verbal summary outlining the purpose of the report and its recommendations. Committee members may question the presenter.

## **11. Performance Evaluation**

As part of the board's annual performance review process, the committee shall review its collective performance each year.

**12. Review**

The terms of reference of the committee shall be reviewed as required and at least annually.

<b>Title</b>	Communications and Engagement Report
<b>Area Lead</b>	Debs Smith, Chief People Officer Sally Sykes, Director of Communications and Engagement
<b>Author</b>	Sally Sykes, Director of Communications and Engagement
<b>Report for</b>	Information

### Report Purpose and Recommendations

The purpose of the report is to update the Board on the Trust's communications and engagement activities in October 2022, including media relations, campaigns, marketing, social media, website, employee communications and stakeholder engagement, WUTH Charity and staff communications to support engagement.

It is recommended that the Board:

- Note the report


### Key Risks

This report relates to these key Risks:

- Risk 1.1 – Unscheduled care demand (communications interventions to support addressing this risk and Trust initiatives like addressing discharges 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 elective recovery)
- Risk 6.1 – Estates related risks (Communications, stakeholder, and staff engagement to support delivery of Estates Strategy, Masterplans, and capital programme developments, plus communications for the Urgent and Emergency Care Upgrade Programme)

### 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

1	Narrative
1.1	<p>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.</p> <p><b>Campaigns, media, social media, internal communications, staff engagement communications and stakeholder relations.</b></p> <p><b>Campaigns</b></p> <p><b>October is a busy month for national and regional campaigns and awareness initiatives.</b></p> <p>October marks the start of Black history month in the UK. We promoted a range of events happening locally including art exhibitions, as per the examples happening across the region <a href="#">here</a>.</p> <p>In campaigns and disease awareness, we promoted Stoptober, including a smoking cessation initiative for pregnant women - <a href="#">Stoptober is back</a>.</p> <p>We took part in Hypo Awareness Week, a national campaign is to raise awareness about, and reduce episodes of, hypoglycaemia as part of Hypo Awareness Week, which ran from October 3 9, 2022. <a href="#">Diabetes UK</a></p> <p>This year's International Infection Prevention Week from 16<sup>th</sup> to 22<sup>nd</sup> October 2022 celebrated the future with a theme <b>"The Future is Infection Prevention; 50 years of Infection Prevention"</b>. The IPC Team were out and about visiting wards and departments during the week to promote all aspects of infection prevention and control.</p> <p>Other campaigns covered internally and externally in month were Breast Cancer awareness, Organ Donation Week, World Mental Health Day, World Menopause Day, the annual cyber security awareness month <a href="#">Home (be-cybersavvy.co.uk)</a> and National Inclusion Week <a href="#">Inclusive Employers</a>.</p>  <p>The banner for Speak Up Month 2022 features a green and purple color scheme. On the left, there is a graphic of two overlapping speech bubbles. The text 'Speak Up Month 2022' is prominently displayed in green, with the website 'www.nationalguardian.org.uk' below it. On the right side, there is a list of hashtags: #SpeakUpforSafety, #SpeakUpforCivility, #SpeakUpforInclusion, and #FTSUforEveryone. The bottom of the banner is decorated with a row of colorful geometric shapes, including circles and squares in shades of green, purple, and yellow.</p> <p>There is a refreshed brand and approach for Freedom to Speak up, which we promoted extensively to staff. Speak Up Month in October is an opportunity to raise awareness of how much we value speaking up in our organisation. The theme for Speak Up Month 2022 is "Freedom to Speak Up for Everyone" with each week having a specific focus.</p> <p>In its 20<sup>th</sup> year, we joined in the national <b>Baby Loss Awareness Week</b> highlighting the role support plays in the ongoing bereavement journey for parents and families; and of the vital work that is needed to improve pregnancy outcomes and to save babies' lives.</p> <p>This year staff and their families who have suffered the loss of a baby, were invited to join us by watching our Virtual Service of Remembrance on Friday 14th October at 7pm. The service was posted on our social media pages and 26,000 people were</p>



reached with our Facebook pages featuring moving and poignant scenes of the candles lit for the lives of babies lost. For more information on Baby Loss Awareness Week, click [here](#).

On 14<sup>th</sup> October we commemorated **Allied Health Professionals Day**, which celebrates the great work of the Allied Health Professional (AHP) community, which is the third largest healthcare workforce. It's about raising awareness of the role of the 14 AHP professions and showcasing the impact they have on the delivery of high-quality patient care. Allied Health Professionals Day recognises the work of all members of the AHP community including support workers, assistant practitioners, registered professionals, pre-registration apprentices and students. You can link [here](#) to find out more.

## Media

In month, we announced that a further £14.95 million has been allocated to build two more elective theatres the Cheshire and Merseyside Surgical Centre at Clatterbridge Hospital. Wirral University Teaching Hospital was allocated £10.6 million of funding earlier this year from NHS England via Cheshire and Merseyside's Integrated Care System (ICS) to build two new 'modular theatres' at its Clatterbridge Hospital site. In September further funding of £14.95 million was announced to build two further theatres at the centre as part of phase two of the project and they are expected to open early next year. Following completion of both phases, the centre will treat around 6,000 patients each year across Cheshire and Merseyside. [Cheshire and Merseyside Surgical Centre phase two](#) Please see the Cheshire and Merseyside Surgical Centre video here: [Cheshire and Merseyside Surgical Centre](#)

There was also coverage of our improved scores in the CQC national inpatient survey. Wirral University Teaching Hospital Trust was given a better score than ever following the survey, which involved 134 acute trusts in England and looked at the hospital inpatient stay experiences of 62,235 patients. Overall, the CQC found that people were most positive about being treated with dignity and respect whilst in hospital. In this area, patients again gave the Trust a score of 9 out of 10. [Patients rate Trust '8.4 out of 10' | Wirral Globe](#)

There was national specialist press coverage in **Health Technology Network**, which featured an interview with our Chief Information Officer, Chris Mason [Interview: Chris Mason, CIO](#)

Coverage for our Tiny Stars Fundraising featured the **Arrowe Park Abseil** and fundraising by a grateful local mum of twins. [Tony Bellew joined participants for WUTH Charity's abseil](#) and [Prenton mum gives birth to twins in separate months](#)

There was social media engagement when Mr Balasubramanian Ramasamy, Consultant Ophthalmic and Vitreoretinal Surgeon, hosted a leading-edge eye surgery training session last week to enable doctors to practise performing cataract surgery including the management of complications. The technology provides a hands-on experience that is as close to real-life as possible. We captured some brief video footage of the training which you can view [here](#).

WUTH has been pioneering the setting-up and delivery of high-quality simulation training in Ophthalmology, with Arrowe Park Hospital being the first site outside London to purchase the Eye Si (Surgical simulator) about 10 years ago. The Simulation Team at Arrowe Park have organised bi-annual cataract surgery complications simulation



training session over the last year. Mr Ramasamy is the medical lead for ophthalmic simulation in the North West and WUTH is the lead simulation unit for Mersey. Along with Manchester, WUTH is providing this training service for the whole North West region.

The Communications and Engagement Team drove a strong social media presence and interest, reaching 13,200 people via social media with our first WUTH collaborative Clinical Support Worker (CSW) recruitment event with Wirral Community Health Care Trust on Saturday, 15<sup>th</sup> October in the Education Centre, Arrowe Park Hospital.

We encouraged people with experience in healthcare and those looking to develop their skills to attend to apply for current vacancies, and also people without experience who would find out how they could start a career in healthcare as a CSW. More details are shown on our website [here](#)

### **Awards**

We are delighted to announce that WUTH have been successful in being re-accredited with the Merseyside In-Touch Navajo LGBTIQA+ Chartermark.

The Navajo Merseyside & Cheshire LGBTIQA+ Charter Mark is an equality mark sponsored by In-Trust Merseyside and supported by the LGBTIQA+ Community networks across Merseyside. It is a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBTIQA+ people in Merseyside.

WUTH first received the award in 2019 and has now been re-assessed to ensure our continued commitment. Whilst we recognise that there is still work to be done, WUTH was praised for the efforts and work undertaken so far and the continued steps taken to ensure improvements

Sarah Chapman, Co-Chair Rainbow Alliance Network said, “As the largest employer in the Wirral and being a healthcare organisation, any work we do to better the experience of our LGBTQ+ patients ultimately benefit the LGBTQ+ staff and vice versa – and I’m so pleased and honoured that this work is being recognised with this award. In essence this award is also a symbol of our commitment and drive to making our hospitals a better place for those from the LGBTIQA+ community. We know we still have lots of work to do but I look forward to continuing to work hard to ensure we are as inclusive and welcoming as possible.”

### **Employee Communications**

We continued to highlight to patients and staff the changes necessary to facilitate the Urgent and Emergency Care Upgrade project enabling works at Arrowe Park Hospital, including changes to car parking.

We are preparing for our staff awards as an in-person event on 25<sup>th</sup> November 2022 at Thornton Hall Hotel with nominations, including an award voted for by the public. Some 237 nominations were received for the awards and the event is sold out.

The seasonal flu vaccination campaign to staff and the COVID-19 booster programme for staff and the eligible patient cohorts is well underway with associated communications. We are planning a further open Q&A for staff on vaccinations.

	<p>The 2022 Staff Survey launched on October 3<sup>rd</sup> and ends on 25<sup>th</sup> November 2022.</p> <p><b>Stakeholders</b></p> <p>We are publicising our Annual Members' Meeting (AMM) on 14<sup>th</sup> November 2022, which will be an in-person event in the Arrowe Park Education Centre. It will feature a 'marketplace' of service suppliers and further commemorations of the Arrowe Park 40<sup>th</sup> anniversary, as well as a review of the Trust's performance and finances.</p> <p>In the new integrated care system, the Wirral Communications Collaborative with partners in health and social care and Wirral Council is meeting monthly and working on plans for winter communications to signpost patients to services.</p> <p><b>WUTH Charity</b></p> <p>We are carrying out a post COVID-19 review to refocus the charity, sponsored by the WUTH Charity Committee, so that we can refresh and adjust our fundraising post-pandemic. In events, the following are highlights in the coming months.</p> <ul style="list-style-type: none"> <li>• The Arrowe Park Abseil took place 22-24 September with support from Santander Bank. Donations are still coming in and the total raised to date is circa £20,000.</li> <li>• The Team is also preparing a range of seasonal fundraising activities for the autumn and Christmas, including a return of the 'Elf Run' for local schools, which proved to be very popular last year.</li> <li>• The annual Winter Ball (12<sup>th</sup> November) is selling well with 220 places booked.</li> </ul>
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<b>3</b>	<b>Conclusion</b>
3.1	The Board is asked to note the report.

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<b>Report Title</b>	Committee Chairs Report – Quality Committee
<b>Author</b>	Steve Ryan, Non-Executive Director

## **Patient Safety Quality Board Key Issues Report/Quality and Patient Safety Intelligence report/ Serious incident Panel Chair's Report/Complaints Report**

The Committee gained assurance on ongoing oversight of known key issues and of the identification of emerging issues. Positive trajectories were noted for care of the deteriorating patient and the prevention of never events. However, issues relating directly to delays in discharge and knock-on impacts for other patients continue to be a significant concern. Appropriate actions are in place to mitigate these issues but remain under constant review. Included in these issue are patient falls. The reasons for falls are systematically investigated for themes and appropriate actions put in place to reduce the risk.

A new theme had been identified of safe management of anticoagulation in the peri-operative period. In part this risk has been underpinned by increasing numbers of patients with complex underlying anti-coagulant requirements. A working group has been established to determine a strategic approach to this issue rather than just a tactical approach.

In terms of governance systems assurance was gained on the timeliness and effectiveness of serious incident investigations. However, there still remained delays in divisional (and inter-divisional) investigations of complaints, despite previous improvements. Work was being done to address this problem including relocating the patient experience team into a more visible location on the Arrowe Park site. There is low threshold for considering an incident as serious. Of 23 incidents subject to an initial rapid review, 4 were determined to be serious.

### **Care Quality Commission Action Plan Update**

A detailed report was noted describing compliance with the action plan. There is a large focus in gaining assurance that actions recorded as completed are fully embedded and represent “business as usual”. The Trust’s view of areas for action was noted to be consistent with the findings of the CQC Quarterly insight report. The establishment of a Clinical Outcomes Group chaired by the Deputy Medical Director would bolster actions pertinent to this area.

### **Safeguarding Annual Report**

The Committee noted the report and the actions being taken to rectify the areas for improvement and was able to recognise the hard work and commitment of the Safeguarding Team and all Trust staff who work tirelessly in ensuring, ‘Safeguarding is Everyone Business’. Risks were noted and assurance received that they were being appropriately managed and mitigated.

### **Clostridioides Difficile Q1 2022/23 Update and Improvement Plan**

Within 6 months the Trust has seen C Diff cases that it’s approved trajectory would have reached in 6 months. Clear underlying clinical reasons for higher risk were noted (including delays to discharge and factors in the community). Never-the-less review of cases indicated several areas where improvement in compliance with our processes was needed. A detailed action plan was

presented, and the Committee was assured that this was comprehensive and appropriate. In addition, the Chief Nurse met with system partners (UK Health Security Agency, Public Health England, Wirral Place Based Partnership, and Wirral Community Health and Care NHS Trust) to discuss plans to create a system wide response that is monitored via the Wirral Health Protection Board, reporting to Wirral Integrated Care Board quality meeting.

## **Conclusion**

The Committee received appropriate and detailed documentation in relation to the items it considered on 30th September 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.

Report Title	Committee Chairs Reports - Charitable Funds Committee
Author	Sue Lorimer, Non-Executive Director

## Overview of Assurances Received

- The Committee were happy to approve the Charitable Funds Annual Report and Accounts for the year ended 31<sup>st</sup> March 2022.
- Azets, the external auditors were present to provide assurance in the form of a report on the findings of their independent review. The Committee noted the report was unqualified subject to confirmation of cash balances held from the charity's bankers. The Committee also considered the Letter of Representation and were happy to approve.
- The Head of Fundraising presented her report on fundraising activity and the Committee were pleased to see the engagement with staff, the local community and corporate supporters.
- The Director of Finance presented the finance report and explained that although there had been lots of fundraising activity income was becoming more difficult to secure. He had met the previous day with the Head of Fundraising, the Chief People Officer and the Director of Communications to discuss how best to focus the team's efforts to gain maximum income for the Charity. This will result in a revised strategy for the Charity to be brought back to the next meeting of the Committee.
- The Committee approved the implementation of the "Pennies from Heaven" scheme subject to a temperature check of industrial relations prior to implementation in view of the wider issues regarding NHS pay. This would involve for those staff who signed up to it the rounding down of monthly salaries to the nearest pound with the pennies being donated to the charity (after the deduction of a small admin fee). The Committee noted that this had been very successful in other NHS organisations.
- A proposal was received for the creation of a fund for the purpose of staff wellbeing activity. The fund would receive donations which patients and the public made specifically to benefit Trust staff. To avoid conflict of interest there would be no active fundraising for this fund and staff would not be able to benefit as individuals. Charity Commission guidance had been sought and it was agreed that the guidance allowed the creation of such a fund on the basis that increased staff wellbeing would support better care for patients and this was in line with the Charity's purpose. The Committee agreed in the first instance that a sum of £15,000 be transferred from the Patient Wish fund to pump prime the fund. This would be revisited after 6 months dependant on fund balances.
- The Committee approved the updated Committee Terms of Reference.

## New/Emerging Risks

- The rising cost of living will continue to present an increasing risk to fundraising performance and this will impact on fund balances and the charity's ability to cover the costs of fundraising and finance support.

## Items for Escalation/Action

- The Board will be required to approve the following:

- Charity Annual Report and Accounts
- Implementation of the “Pennies from Heaven” scheme
- Introduction of the Staff Wellbeing fund.