NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Board of Directors in Public

3 May 2023

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Wirral University Teaching Hospital NHS Foundation Trust

Meeting	Board of Directors in Public
Date	Wednesday 3 May 2023
Time	09:30 – 11:30
Location	Location to be confirmed

Agenda Item			Lead	Presenter
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.	Chairs Business and Strategic Issues – **Verbal**		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 12 Finance Report	Mark Chidgey	
	9.3)	Quarterly Maternity Report	Tracy Fennell	Jo Lavery
10.	Declarations of Interest and Fit and Proper Persons Annual Update		David McGovern	
Wallet Items for Information				
11.	Committee Chairs Reports		Committee Chairs	
	11.1)	People Committee		
	11.2)	Quality Committee		
	11.3)	Estates and Capital Committee		
	11.4)	Council of Governors – **Verbal**		
	11.5)	Finance Business Performance Committee		
12.	NHS Delivery and Continuous Improvement Review and		David McGovern	

	Recommendations – Attached for Information	

Closing Business

13.	Questions from Governors and Public	Sir David Henshaw
14.	Any other Business	Sir David Henshaw

Date and Time of Next Meeting

Wednesday 7 June 2023, 9:00 – 11:00

Meeting	Board of Directors in Public
Date	Wednesday 5 April 2023
Location	Board Room, Education Centre, Arrowe Park Hospital

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
SLO	Sue Lorimer	Non-Executive Director
RM	Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
TF	Tracy Fennell	Chief Nurse
DS	Debs Smith	Chief People Officer
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer
MG	Mike Gibbs	Associate Director of Integration and Partnerships (deputising for MS)

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
RMe	Dr Ranjeev Mehra	Deputy Medical Director (for item 9.4)
RT	Robert Thompson	Public Governor
SH	Sheila Hillhouse	Lead Public Governor
AR	Annie Roberts	Organisational Development Practitioner
AP	Amy Park	Head of HR
DF	Dan Feldman	Member of the Public

Apologies:

SI	Steve Igoe	SID & Deputy Chair
MS	Matthew Swanborough	Chief Strategy Officer
EH	Eileen Hume	Deputy Lead Public Governor

Agenda Item	Minutes	Action
1	**Welcome and Apologies for Absence** DH welcomed all present to the meeting. Apologies are noted above.	
2	**Declarations of Interest**	

	No interests were declared and no interests in relation to the agenda items were declared.	
3	**Minutes of Previous Meeting** The minutes of the previous meeting held on the 1 March were **APPROVED** as an accurate record.	
4	**Action Log** The Board **NOTED** the action log.	
5	**Patient Story** The Board received a video story from a patient who had been diagnosed with breast cancer and who documented her journey from diagnosis to treatment, noting the positive experience she had and the care she experienced. It was confirmed that the learning from this story has been shared across the Trust. DH asked that a report on how the Trust is externally sharing good news stories, particularly across social media, be brought to the next meeting. RM enquired if there are links with Healthwatch to help with news sharing. TF replied that there are, and herself and the Patient Experience team are well connected with them. DS commented that the patient story raises the importance of providing information to those who are vulnerable, and this is applicable to staff as well as patients. The Board **NOTED** the patient story.	DM
6	**Chair's Business and Strategic Issues** DH updated the Board of Directors on recent matters and highlighted the conversations around patients with no criteria to reside (NC2R), which has resulted in both virtual and real controls around patient flow which WUTH is leading. HK confirmed that this has been received positively and while there are a few pieces left to complete, the plan will be delivered. DH added that there have been some lessons learnt from this work, which will be taken forward and applied to other areas where we face challenge.	

	It was noted that the transformation work around patient flow is being aligned to the 1st July which is when adult social care transfers back to the Local Authority from the Community Trust. The Board **NOTED** the update.	
7	**Chief Executive Officer's Report** JH gave an overview of the report and noted the national changes on COVID patient management, the opening of the sensory unit, and the recent benchmarking of Family and Friends Test results, which found WUTH performing above national averages. There has been a 61% decrease in C. Difficile this month, along with 4 serious incidents and 1 RIDDOR. JH noted the Macmillan award to Ward 30 for cancer environments that go above and beyond to create welcoming areas for patients, and noted that Angela Kerrigan, consultant midwife, was successful in securing one of 15 places on the National Institute for Health Care research (NIHR) Research Leadership Programme. Members were also provided with an update on the CMAST Board's work, including the 78-week waiter target achievement which saw only 70 capacity breaches at year end for the whole of Cheshire and Merseyside. The Board **NOTED** the report.	
8	**Chief Operating Officer's Report** HK reported that in February 2023, the Trust attained 106.0% against a plan of 108.5% for Outpatients. For elective admissions 108.7% of activity was delivered against a target of 102.6%. HK noted that this was achieved against the challenges of industrial action. HK noted that the 2 week wait list for cancer treatment had significant cancellations during the industrial action, along with significant increases in referrals. Performance is below trajectory and recovery particularly on breast and colorectal is challenging. However the focus on the faster diagnosis standard has increased and is 72.76% against a national target of 75%, and this is linked to the 2 week wait. DM01 performance is 90.29% against a national standard of 85%, with all modalities achieving 95% except urology for which more capacity has been secured with improvements clear since February. Endoscopy achieved 96% and is one of the highest performing units in the region.	

	HK noted the risks to elective recovery which include the continually high bed occupancy levels and industrial action. HK also gave an overview of unscheduled care, noting that performance is in line with the internal improvement trajectory, and indicated that NHSE have requested a change to reporting, which will see the Trust report only Type 1 attendances. This will result in a deterioration of the "All Type" performance position that is reported nationally. HK noted that patient flow continues to be a challenge and that there has been significant increase in demand for mental health patients which often exceeds the capacity of the unit in the department and poses a risk to both staff and patient care. DH enquired if there has been any change in demand overall. HK replied that it has remained relatively constant and that there have been some improvements with primary care, although the demand for primary care has been high as well. Discussion continued around the demand and transformation work and it was noted that the Trust is looking at divert policies where possible. NS added that there has been a reflection from other partners that there is a disproportionate level of attendance for mental health patients in the Wirral, as compared to the rest of C&M. This could be related to the availability of mental health services which are then presenting as increased demand in hospital, and indicate that there is a gap in pre-hospital care/checks. This is being considered with partners. SL congratulated the team on the recovery of DM01, particularly on endoscopy which has been a challenge for many years. RM enquired about the full capacity protocol which has been invoked on most days since its implementation and whether this has been challenging for staff. HK acknowledged that it has become a normal requirement, but that communication with staff about the need for this has been clear and outlined the benefits that the protocol allows. NS added that there have been no trends in patient harms related to the accelerated admission in the full capacity protocol, and most harms trends relate to keeping patients on corridors. TF agreed and noted that staff feel it is better care for patients on the wards where they have the appropriate equipment and wraparound support services, rather than having to provide care on the corridor.	

	JH stated that invoking the protocol also helps to increase visibility for staff who are not in ED, and who may not usually see the demand except through the comms that are sent out. CC commented that remodelling the flow of the hospital based on the new demands may be useful. HK stated that this work has commenced. The Board **NOTED** the report.	
9	**Board Assurance Reports** **9.1) Quality and Performance Dashboard** NS noted the complaints figures and stated that this works out at less than 1% of the patient base, but that all are taken seriously, and the process followed through. NS reported a Never Event in March and while the patient did not come to harm, it fulfilled the criteria and the regulators have been informed and the current process followed. TF noted that Tissue Viability performs very well but that there was a category 3 pressure ulcer in the month which related to poor documentation, and this is being reviewed closely. TF also indicated the NEWS2 performance and highlighted the actions being taken to take this above target. DS stated that there has been no movement on the appraisal figures but that the new approach has been launched which will improve the quality of appraisals and include the wellbeing conversations. DS added that work is ongoing to ensure sickness management processes are robust and being followed and noted that there have been three months of improvement. DS noted that mandatory training and turnover figures are both above target (positive). SL enquired how the sickness figures in facilities compares to other Trusts. DS stated that other Trusts who directly employ these staff tent to have high rates of sickness but can look into other Trusts who outsource. It was noted that the team are working to improve the sickness levels in this staff group, both by reviewing sickness management	DS MS

	and the wellbeing offer. It was noted that there are a number of improvement changes ongoing in the department over the last 12 months and further information on this would be brought to a future meeting. The Board **NOTED** the report. **9.2) Month 11 Finance Report** MC reported that the Trust is on track for the £6.8m deficit as outlined in the report. MC stated that there has been a late release of capital funding which has been committed now but as this has not been spent yet, there is a high level of accrual, and an improved cash position. MC noted the key drivers of the variance, and the mitigations that the Trust has put in place. The Board: • **NOTED** the report • **NOTED** that without further mitigation the forecast position remains a £6.8m deficit **9.3) Monthly Maternity Report** TF noted that the monthly perinatal report has been included and that there have been 3 perinatal deaths in the reporting period which are all being reviewed. TF stated that the Trust has oversight of Entonox, following reports on the management of this in other Trusts, and noted that further information on this will be brought in the next Quarterly Maternity report. WUTH has had mild raised levels of this, but mitigations have been put in place and the essential works on the ventilation have been completed. SR confirmed that he had reviewed this as Maternity Safety Champion and was comfortable with the oversight and mitigations that have been put in place. The Board **NOTED** the report. **9.4) Learning from Deaths Report** RMe gave an overview of the report, noting the SHIMI and HSMR figures which are slightly raised in line with national trends, and highlighted the Telstar data which provides some national information around the rationale for this. RMe noted that the Trust is reporting an increased level of pallative care coding as compared to others in the region and this is being	TF

investigated. The outcomes of this will be included in future Learning from Deaths reports.

RMe noted the improvement on R coding levels which suggests that staff have had access to senior decision makers who are able to provide diagnoses rather than listing symptoms.

RMe also noted the improvement on the co-morbidities.

NS commented that the increase in palliative care coding may be because the Trust has a good palliative care service and therefore the demand may simply be higher. NS added that she had recently met with the coroner who had endorsed our learning from deaths process.

SL enquired why the palliative care coding increase was a concern.

RMe replied that it could be an issue with mis-coding, which would artificially lower the HSMR figures, which is why this is being investigated. RMe added that it could be as NS suggested and that we have a good offer and that we are good at coding in this area.

SR enquired if this could be increased because of the number of no criteria to reside patients who may then move onto palliative care during their long stay in hospital.

RMe replied that this does not appear to be the case from the first review of the data.

RM enquired whether there would be an impact on R coding given the industrial action and having senior decision makers around during that time.

RMe stated that this would not as the number of days this might have impacted would not be statistically significant.

The Board **NOTED** the report.

9.5) Board Assurance and Risk Appetite

DM reminded the Board that they had approved the Risk Management Strategy in December and stated that going forward the Risk appetite statement would run on a 12 month review cycle from April to April. DM stated that the last risk appetite statement was approved around 18 months ago and has been deemed as still fit for purpose.

DM noted that in terms of the review of the Board Assurance Framework, there has been a reduction in the total number of risks and that an action plan around mitigations will be included in future versions.

	DM added that MIAA have conducted a review of this and provided assurance around the process. A regular deep dive will be scheduled for the Audit Committee to look at individual risks. DM also stated that the ICB is currently reviewing their risks, and when that is completed, we will review our BAF once again to ensure system risks are aligned. LD enquired about reputational risk. It was agreed that this could be picked up within each risk where this could be an implication. JH requested a review of the scoring as some risk scores had not been calculated correctly. She also requested that the matrix is reviewed along with the colour coding removal. It was also requested that the wording on the financial risks be reviewed given the importance of the financial situation. The Board **NOTED** the report.	DM DM
10	**Financial Strategy** MC presented the Financial Strategy, noting that this is an enabling strategy. MC gave an overview of the operating context and the development of the strategy, then highlighted the four elements of the Financial Strategy which will require a cultural shift, and which will underpin a medium term financial model. MC noted that the medium term model is used due to the level of assumption that would be required beyond 3 years. MG noted that this is the last of the enabling strategies which have been written over the past three years. SR commented that this is a clear strategy which takes into account the "new normal" of increased demand. LD stated that it is good to see references to collaboration with partners in the strategy. RM noted that the zero based budgeting will be key to the success of the strategy. MC agreed and stated that it will require us to justify the resources we need and look at where our priorities are which will require those resources. DH noted that organisational change cannot happen simply around the margins and discussion took place around the benefits of undertaking a full review of the model of the hospital given the	

	drivers of this strategy and the operating challenges including sustained increased demand. The Board **APPROVED** the Financial Strategy.	
11	**Committee Chairs Reports** **11.1) Finance Business Performance Committee** SL stated that the Committee met to review the last submission of the Annual Plan to the ICB and approved this, along with three business cases for Modular Theatres, Staffing for the Surgical Centre, and the leasing of a robot. The Board **NOTED** the report.	
12	**Questions from the Public** Tony Cragg stated that the SEAL video from the Patient Experience team was very good to see, and stated that Governors may be able to help with social media.	
13	**Any other Business** No other business was raised.	

(The meeting closed at 11.15am)

Action Log
Board of Directors in Public
3 May 2023

No.	Date of Meeting	Minute Ref	Action	By Whom	Action status	Due Date
1.	25 January 2023 & 5th April 2023	6 & 8	To organise a strategic away day for the Board to consider current and future strategic considerations, the Liverpool Hospital Services Review, and a remodel of the hospital.	David McGovern	Complete. To be held in place of the June Board Seminar.	June 2023
2.	5th April 2023	5	A report on external communications, particularly social media, to be brought to a future meeting.	David McGovern	In progress. Scheduled for June.	June 2023
3.	5th April 2023	9.1	DS to provide information on sickness levels in Trusts who do not directly employ Facilities staff.	Debs Smith	Complete. Request made to other providers but currently nil response. Information will be provided in future if it becomes available.	May 2023
4.	5th April 2023	9.1	Information on the transformation work being undertaken in facilities to be brought to a future meeting	Matthew Swanborough	In progress. This information will be provided to a future Board Seminar.	September 2023
5.	5th April 2023	9.3	Information on the Trust's response and management of Entonox to be included in the next Quarterly Maternity report.	Tracy Fennell	Complete. Included in the Quarterly Maternity report.	May 2023
6.	5th April 2023	9.5	BAF to include reference to reputational risk, and use of the matrix/colour coding to be reviewed/removed. Language around financial risks to be reviewed.	David McGovern	Complete.	May 2023

Board of Directors in Public
3 May 2023

Item 7

Title	Chief Executive Officers' Report
Area Lead	Janelle Holmes, Chief Executive
Author	Janelle Holmes, Chief Executive
Report for	Information

Report Purpose and Recommendations
This is an overview of work undertaken and important recent announcements in April. It is recommended that the Board: • Note the report

Key Risks
N/A

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

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

1	**Narrative**
1.1	**Care Quality Commission (CQC) Maternity Inspection** The CQC announced they would be undertaking a focused inspection of WUTH maternity services from w/c 24 April. The inspection focused on CQC well led and safe domains and lasted 4 days. The inspection teams visited both the Arrowe Park and Seacombe Birth Centre sites with interviews undertaken with a number of senior and specialist focus groups as part of the inspection schedule.
1.2	**Industrial Action Update**

	Industrial Action in the NHS continues across a number of Trade Unions. In Wirral University Teaching Hospital ballots undertaken by the Royal College of Nursing (RCN), the Chartered Society of Physiotherapy (CSP), the British Dietetic Association (BDA), the British Medical Associate (BMA) and the Hospital Consultants and Specialists Association (HCSA) returned a mandate for action, with the latter two unions specifically balloting junior doctors. More recently, Unite have re-balloted members working within the Pathology department, which has returned a mandate for action. The CSP, BDA and Unite are currently consulting members on the recent pay offer made by the Government. Results are expected by the end of April 2023. RCN members have rejected the offer and have issued notice of strike action commencing at 8pm on Sunday 30 April 2023 and ending at 8pm on Tuesday 2 May 2023. The Government have launched a legal challenge to the strike action, on the basis that the RCN mandate expires at midnight on 1 May 2023. An outcome is awaited and, in the meantime, extensive planning is taking place via the Trust EPRR route. The BMA have not yet issued formal notice of any further strike action by junior doctors. It is anticipated that the BMA will also ballot Consultants in the coming weeks. In addition to the Industrial Action involving Trust employees, the Trust has been impacted by North West Ambulance strike action. It is therefore important to note that Unison members also rejected the recent pay offer, although no dates for further strike action have been announced as yet.
1.3	**Infection, Prevention and Control (IPC) Update** The Trust generally has seen less infection control challenges in March relating to Flu and COVID cases the numbers remain persistently low in line with the national picture. The Trust did however note an increase in CDT cases in March however this has reduced back to a figure in line previous months improvements in early April. A system CDT Wirral wide system wide review that was undertaken WC 17 April 2023 by NHSE/I a full feedback report from NHSE/I is anticipated mid-May 2023. There has been a change in National IPC swabbing Guidance from 1 April 2023, Trust policies have been amended to reflect this in line with guidance. New Trust swabbing policies focus on PCR swabbing for symptomatic patients for admission and or for those who become symptomatic whilst in hospital. There has however been a move to LFD swabbing in other areas such as pre discharge to care homes, hospice, and step-down facilities. Most staff are also now no longer required to undertake swabbing but are requested to follow the guidance for people with symptoms of a respiratory infection including COVID-19 (https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19) if they have respiratory symptoms and fell unwell. The new IPC BAF V 0.1 2023 was released 17 April. The Trust is currently populating this with evidence against each domain and will undertake a gap analysis against the new requirements set out within the document. This will be presented through Trust governance processes via Quality Committee through to the Board of Directors in Q1.
1.4	**Royal College of Anaesthetists Reaccreditation** The Anaesthetic Department has successfully reaccredited with the Royal College of Anaesthetists Anaesthesia Clinical Services Accreditation. The reaccreditation is a

	testament to the quality and hard work of the whole Anaesthetic Department in ensuring the best standards of care are provided at all times to our patients. Particular thanks go to Dr Griffith and Dr Carey for the time they have put in coordinating all our evidence required.
1.5	**Serious Incidents and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDORS)** The Trust declared 4 serious incidents in March, which occurred Surgery (2), Acute (1) and Medicine (1) Divisions. The Serious Incident Panel report and investigate under the Serious Incident Framework to identify learning. Duty of Candour has been commenced in line with legislation and national guidance. There was a total of three RIDDOR incidents reported to the Health & Safety Executive (HSE) in March. All RIDDOR incidents are subject to a local review investigation to ensure appropriate action is taken to prevent a similar reoccurrence.
1.6	**Urgent and Emergency Care Upgrade Programme (UECUP)** The Trust continues with the redevelopment and expansion of the Accident and Emergency Department and Urgent Treatment Centre at Arrowe Park Hospital. To mark the completion of the steel work installation phase of works, the Trust, in conjunction with representatives from Tilbury Douglas (project engineering and construction partner) and Wirral Community Health and Care NHS FT, held a beam signing ceremony on the 22 March 2023. This is a significant milestone for the project and now allows the project to commence the installation of rooves and external walls.
1.7	**Modular Theatres at Clatterbridge Hospital Phase 2** As part of the NHS Targeted Investment Fund (TIF), the Trust received the next phase of funding for the development of two additional operating theatres and refurbishment and expansion of the existing theatre complex at Clatterbridge Hospital. This followed the construction and installation of two modular theatres at Clatterbridge Hospital in 22/23. On the 20 April 2023, the two modular theatres were delivered and installed on the Clatterbridge Hospital site, allowing for fitout to commence. The project is aiming to complete in September 2023, allowing use of the theatres as part of the Cheshire and Merseyside Surgical Centre from this time.
1.8	**System and Place** **Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board Update** The Leadership Board met on 31 March, moving its meeting cycle forward, owing to Easter Bank holidays. A number of key system issues were discussed this month: The Board started its meeting by receiving a verbal update on the areas discussed at the ICB meeting which had taken place the day before. Both the ICB and the Leadership Board received an update on the financial position within the ICS based upon the current status of the cumulative draft plans. The projected gap had been closed significantly to in the region of £200m, but this position was recognised as contingent upon the challenging delivery of a number of significant cost improvement

	programmes by all providers during the financial year ahead. More focussed work is required to continue to reduce any deficit contained within the plan alongside the combined focus of system Boards. The national focus on projected ICB deficits was recognised as intense. An update on the progress made in respect of clearing patients waiting over 78 weeks for treatment was received. The Board acknowledged the significant progress made in reducing the numbers waiting. 558 patients were treated between 20th and 29th of March with the progress made over the preceding 29 weeks meaning 39,576 less patients are waiting in this cohort. At the time of the meeting, it was not possible to say whether the target of having no patients waiting above this threshold would be met but the impact of industrial action across the NHS was also recognised. The Boards received updates on the shaping of its critical work on Efficiency at Scale and recognised that the identification of a Programme Director was critical to the required and expected delivery from this programme. The Board also received an update on the work of its Directors of Strategy and Medical Director Networks and a number of joint initiatives that they had cultivated. This work and associated collaboration was commended. The Board considered and were asked to provide feedback on a draft CMAST Annual Plan. This plan had been developed in response to a request from the ICB for the delivery of CMAST to be described and quantified alongside the development of the system's Plan but also the ICB Joint Forward Plan, which is required to be developed and discussed with NHSE from 31 March through to the end of June. The CMAST plan sets out the principles, objectives and structure of CMAST, reflecting on its delivery to this point and proposes a number of delivery and development commitments for the years 2023/4. CMAST Leadership Board next meets at the start of May. Chairs are due to be invited to June's meeting.
1.9	**The Delivery and Continuous Improvement Review: report of the findings and recommendations** In April 2022 Amanda Pritchard, NHS Chief Executive asked Anne Eden, Regional Director for the South East to lead the Delivery and Continuous Improvement Review. The Review considered how the NHS, working in partnership, can both deliver effectively on its current priorities and continuously improve quality and productivity in the short, medium and long term. The findings and recommendations have now been published (https://www.england.nhs.uk/nhsimpact/): 1. Establish a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, will focus our improvement-led delivery work 2. Launch a single, shared 'NHS improvement approach' 3. Co-design and establish a Leadership for Improvement programme. The full document can be found in the wallet for information section of the pack.

2	Conclusion
	The Board of Directors are asked to note the report.

Report Author	Janelle Holmes, Chief Executive
Email	Janelle.holmes@nhs.net

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item 8**
3 May 2023

Title	Chief Operating Officer's Report
Area Lead	Chief Operating Officer
Authors	Hayley Kendall, Chief Operating Officer Steve Baily, Deputy Chief Operating Officer Nicola Cundle-Carr, Head of Business Improvement
Report for	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).

It is recommended that the Board of Directors:

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

Governance journey			
Date	**Forum**	**Report Title**	**Purpose/Decision**

This is a standing report to Board

1	Introduction / Background
1.1	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 and benchmarks well within Cheshire and Merseyside in terms of elective performance. 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. 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.

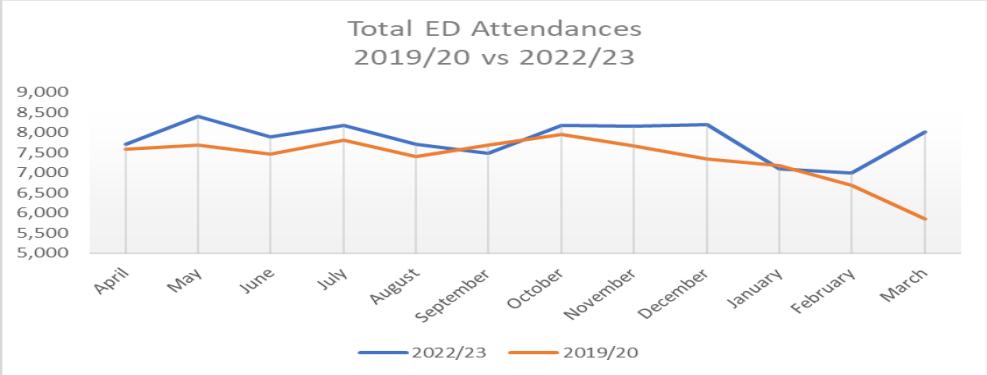
2	Planned Care
2.1	**Elective Activity** For FYE 2022/23 the elective activity has been profiled against the corresponding periods in 2019/20. In March 2023, the Trust attained 110.08% against a plan of 115.1% for Outpatients. For elective admissions 110.0% of activity was delivered against a target of 105.5%. **Outpatient activity by POD** **Elective activity by POD** In line with the Trust recovery plans elective activity for March was positive notwithstanding the significant pressure on hospital occupancy and the impact on elective outpatient appointments and theatre lists due to continuing Industrial Action.
2.2	**Priority 2 Performance (P2)** The Trust did not meet the P2 month end trajectories for March with the final position reporting 96 P2 breaches against a month end plan of 0. All P2 patients are reviewed by the clinical team to ensure the most urgent patients are prioritised for treatment but due to the significant increases in demand it is challenging to accommodate P2 patients within the timeframes required. There continues to be significant challenges within Urology and Colorectal and specialty level recovery plans are in place with regular engagement with the leadership teams accountable for these areas.
2.3	**Referral to Treatment** The national standard is to have no patients waiting over 104 weeks in March 2023 and to eliminate routine elective waits of over 78 weeks by April 2023 and 65 week waits by March 2024. The Trust's performance at the end of March against these indicators was as follows: • 104+ Week Wait Performance – zero patients waiting

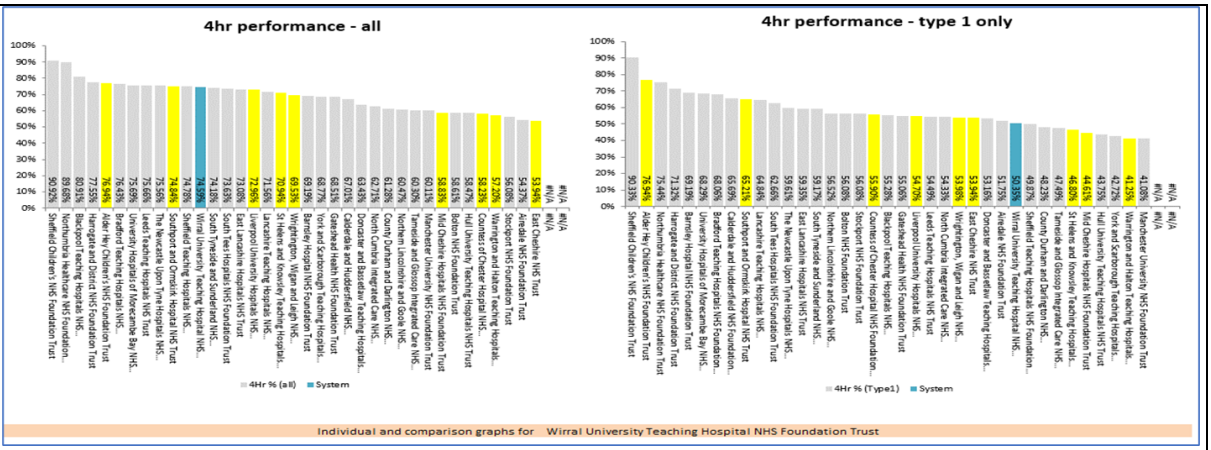
	Target	Actual
New	112.3%	109.1%
F/UP	116.3%	111.4%
Combined	115.1%	110.8%

	Target	Actual
Day Case	106.1%	113.7%
Inpatients	102.4%	91.1%
Combined	105.5%	110.0%

	• 78+ Week Wait Performance - 12 patients with a plan to be compliant with zero patients waiting longer than 78 weeks by the end of the financial year (notwithstanding patient choice and complex patients). This was impacted by the Industrial Action and significant loss of activity. • 52+ Week Wait Performance - 1308 patients • Waiting List Size - there were 41,046 patients on an active RTT pathway which is higher that the Trust's trajectory of 31,607 (local C&M target) WUTH have also been supporting neighbouring Trusts by offering mutual aid to treat very long waiting patients through the Cheshire and Merseyside Surgical Centre.
2.4	**Cancer Performance** Full details of cancer performance are covered within the Trust dashboard, but exceptions also covered within this section for Quarter 4 to date: • 2 Week Waits – 2WW performance remains below trajectory and the national standard. Colorectal, Urology, Gynaecology and Breast performance remains low and have seen significant increase in referrals of 33% above normal levels in the number of patients referred on the 2 weeks wait pathway and accommodating all patients within the 14 days is a challenge. • Faster Diagnosis Standard – was 79.81% in February against a National target of 75% mainly linked to the 2 WW performance which is positive for patient experience receiving timely diagnosis. • 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. As with all Trusts across C&M delivery against the 31- and 62-day indicators remains a priority but given the increases in demand the recovery of performance against the targets remains a focus for 2023/24. • The surgical working group, focussing on cancer pathways and long waiting patients, commenced in February and continues with its multi-disciplinary approach in the management of patient pathways @ 104 and 62 days.
2.5	**DM01 Performance – 95% Standard** In March 92.11% of patients waited 6 weeks or less for their diagnostic procedure for those modalities included within the DM01. This is against the national standard of 95% and is a significant improvement in performance and positive for patients awaiting a diagnostic test. All modalities achieved the 95% compliance target apart from Urology which relates to cystoscopy. Endoscopy achieved 96% and is one of the highest performing units in the region. Additional capacity was secured for Urology and improvements against the 6-week target was evident from February. Once the cystoscopy backlog is cleared, the Trust will achieve DM01 compliance and there is a trajectory in place to do so.
2.6	**Risks to recovery and mitigations** The clinical divisions are continuously working through options to reduce the backlogs of patients awaiting elective treatment and good progress is being made to improve waiting times for patients. These include the recruitment of new staff, with a focus on consultants, additional activity outside of core capacity. The major risk to the delivery of the elective recovery programme is the continually high bed occupancy levels and the risk that this poses to maintaining the ringfenced and protected elective beds, particularly given the number of patients that do not have a criteria to reside still being in the region of 220 per day, and being the largest challenge in C&M.

	Industrial action across several disciplines continues to significantly impact elective recovery and will do so moving forward. On strike days, elective activity is being managed patient by patient to ensure minimal disruption to our patients whilst maintaining safe standards of care across the hospital sites, but there are large numbers of patients being cancelled on these days.

3.0	Unscheduled Care
3.1	**Performance** March Type 1 performance was reported at 53.7 %, which is line with the 4-hour improvement trajectory. Type 1 ED attendances: • 6,989 in February (avg. 250/day) • 8,018 in March (avg. 259 /day) • 4% increase from previous month Type 3 ED attendances: • 2,573 in February • 2,929 in March • 14% increase from previous month Type 1 ED Attendances by month compared to 2019/20:  The increase in Type 1 and Type 3 was significant in March 2023, returning to numbers seen throughout 2022. The large variance in month compared with 2019/20 is due to the reduction in attendances seen with the start of the COVID pandemic in 2019. The graphs below demonstrates Wirral's 4-hour performance (blue bar) on the left and type 1 performance only on the right graph plotted against other acute providers in C&M (yellow bars):



The Trust will continue to focus on the improvement of the delivery of the 4-hour target however as per the national UEC recovery guidance published in January 2023, the Trust will look to focus on the improvement of ambulance handover time (15 minutes) and the reduction in the number of patients breaching the 12-hour decision to admit. The ability to enable timely handover will continue to remain a challenge when the department is overcrowded however the department are working on several opportunities to reduce the handover time along with the recently opened Ambulance Arrival Zone.

3.2 Risks and mitigations to improving performance

Patient flow through the hospital remains a challenge, resulting in frequent overcrowding in the emergency department and is directly linked to the challenge of having 28% of the total bed base occupied by patients who no longer require acute care. Unfortunately, due to this position there has been a deterioration in the number of patients waiting longer than 12 hours following a decision to admit. Through April there has been a significant focus on avoiding this wait for patients.

The Trust continues to experience a significant increase in demand with mental health patients, which often exceeds the capacity of the mental health unit based in the department, posing an increased risk to patients and staff. The Trust continues to work with the local mental health provider to manage the increase in demand and consider how patients can be treated safely and access alternative services where appropriate.

The ongoing industrial action (IA) continues to be a challenge for the Trust and the emergency department. IA is likely to have the potential to adversely impact on performance due to staff reductions. The impact will be closely monitored but patient safety remains the focus during these times.

4.0 Conclusion

The Board should note that bed occupancy remains high with patients not meeting the criteria to reside continuing to run at 28% and above. The high occupancy levels will continue to challenge flow out of the ED and will result in a challenged position when aiming to improve urgent and elective care performance. Despite this the Hospital Flow Programme is focussed on improving this position and improving patient and family experience through the urgent care pathways.

Report Author	Hayley Kendall, Chief Operating Officer
Email	Hayley.kendall1@nhs.net

Board of Directors in Public
3 May 2023

Item No: 9.1

Title	Quality and Performance Dashboard
Area Lead	Executive Team
Author	John Halliday - Assistant Director of Information
Report for	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 March 2023

It is recommended that the Board:

- notes performance to the end of March 2023

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

1	Narrative
1.1	Of the 49 indicators that are currently reported against thresholds (excluding Use of Resources): - 28 are off-target or failing to meet performance thresholds - 21 are on-target Following the discussions with the Executive Team and the Board as part of the Performance Management Framework Review, the metrics included in the Quality & Performance dashboard have been assessed for continued inclusion, alongside the relevant thresholds.

	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. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

2	Implications
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

3	Conclusion
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.

Report Author	John Halliday - Assistant Director of Information
Contact Number	0151 604 7540
Email	john.halliday@nhs.net

Appendix 2 Quality Performance Dashboard - SPC Version - April 2023

Approach

The metrics from the existing WUTH Quality Performance Dashboard have been adopted into SPC format.
The template from the NHS England 'Making Data Count' (MDC) Team is the starting point.
The metrics have retained their CQC domain category, and grouped into 'themes'.

Issues / limitations

SPC charts should only be used for 15 data points or more. Some of the WUTH metrics only apply from 2022, so will take time to build up.
The national template does not support including a target where it is variable over time, eg a reducing trajectory for RTT long waiters
Larger scale adoption across the Trust, eg down to sub-Divisional level, is being explored with support from the MDC Team.

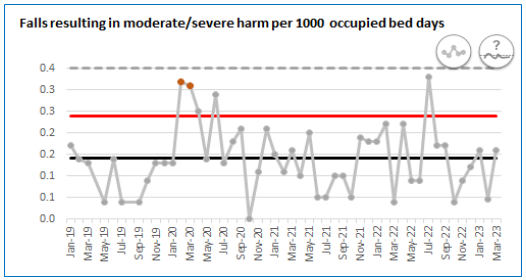
Notes:

This iteration of the dashboard now includes summary tables against each metric on performance and variation type.
Not all metrics have been adopted into SPC format, as it is not always appropriate. The best chart format for these metrics are to be confirmed.
Supporting narrative is now included for many of the metrics classed as 'Red', using the commentary provided in the parallel IDA (exception) reports.
For the metrics covered by the separate COO report, narrative text has not been duplicated.
Further discussion on establishing the most beneficial narrative format for all metrics would be helpful.
As agreed with the Board, the existing performance dashboard will continue to be maintained until the replacement SPC format is considered acceptable.

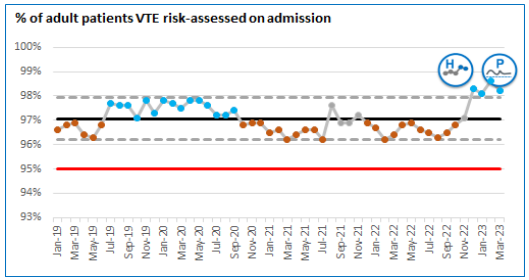
Metrics not included:

CQC Domain	Indicator
Well-led	Duty of Candour compliance - breaches of the DoC standard for Serious Incidents
Well-led	Number of patients recruited to NIHR studies
Use of Resources	I&E Performance (monthly actual)
Use of Resources	I&E Performance Variance (monthly variance)
Use of Resources	NHSI Risk Rating (not reported for 2022/23)
Use of Resources	CIP Performance (YTD Plan vs Actual)
Use of Resources	NHSI Agency Performance (YTD % variance)
Use of Resources	Cash - liquidity days
Use of Resources	Capital Programme (cumulative)

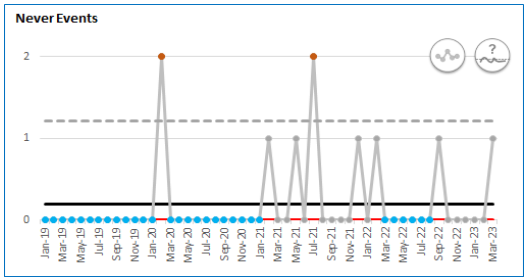
Safe - Avoiding Harm



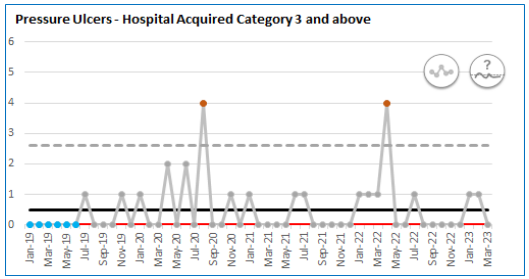
Mar-23
0.16
Variance Type
Common cause variation
Threshold
≤0.24
Assurance
Hit & miss target subject to random variation



Mar-23
98.2%
Variance Type
Special cause variation - improving
Threshold
≥95%
Assurance
Performance consistently achieves the target



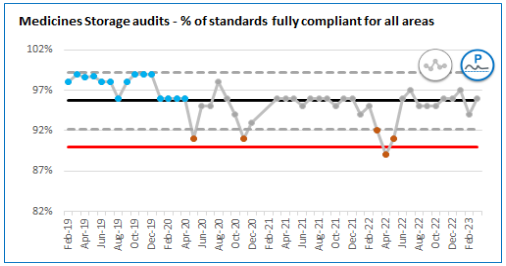
Mar-23
1
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation



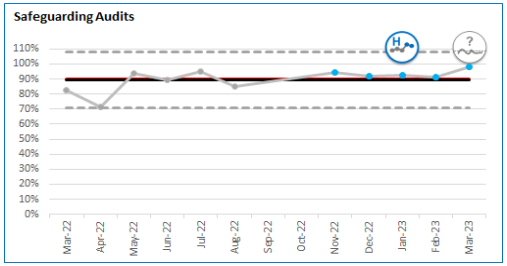
Mar-23
0
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation

Issues:	Action & Expected Impact:
Falls resulting in harm: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.	No narrative on action as metric achieved
VTE risk-assessment on admission: Special cause variation - High improving. The target threshold is consistently achieved, including the most recent month.	No narrative on action as metric achieved
Never events: Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Wrong site surgery incident occurred in January 2023
Pressure ulcers HAI category 3: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.	No narrative on action as metric achieved

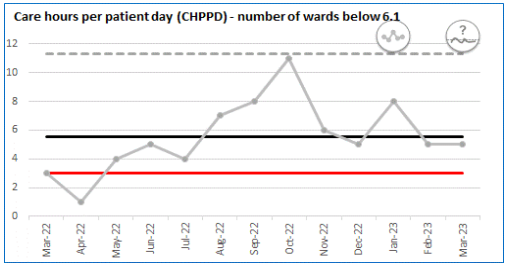
Safe - Assurance Audit



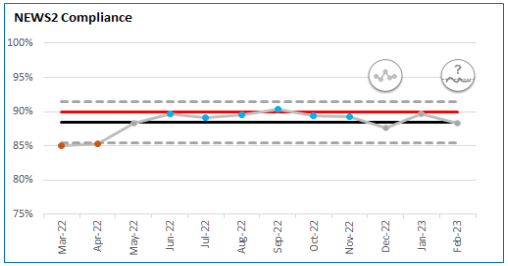
Mar-23
96%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently achieves the target



Mar-23
97.9%
Variance Type
Special cause variation - improving
Threshold
≥90%
Assurance
Hit & miss target subject to random variation



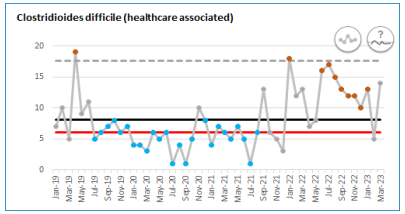
Mar-23
5
Variance Type
Common cause variation
Threshold
≤3
Assurance
Hit & miss target subject to random variation



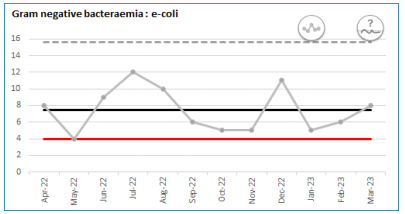
Mar-23
90.7%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Hit & miss target subject to random variation

Issues:	Action & Expected Impact:
Medicines storage audits: Common cause variation. The target threshold is consistently achieved, including the most recent month.	No narrative on action as metric achieved
Safeguarding audits: Special cause variation - High improving. Achieving the threshold is hit & miss, with the most recent month being achieved.	No narrative on action as metric achieved
Care hours per patient day: Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	The CHPPD tracker is one of the safer staffing measures to monitor if any areas are consistently recording CHPPD <6.1. The CHPPD data is triangulated with further staffing metric data to monitor the impact on care. Impacts on care are being monitored and have remained minimal in the areas of lower than threshold CHPPD. Ward 27 had a CHPPD of 6 which is equal to 6 minutes below the threshold. Ward 22 (CHPPD 5.8) and M1 (CHPPD 5.3) continue to have a high proportion of patients with no criteria to reside. Healthcare professional input will not be required at the same level or frequency to that of an acute area. Ward 38, (CHPPD of 5.7), and ward 36 (CHPPD 5.6) has had a CHPPD below <6.1 for several months. Staff moves to support escalation areas and outstanding CSW vacancies is an influencing factor. CSW recruitment has been successful to address the vacancy factor. There have been no patient harms associated with staffing levels on this ward. All wards with a CHPPD consistently < 6.1 are overseen by the Matron. Daily allocation of staff is considered on a trust wide perspective, risk managed, and professional judgement applied to maximise staffing resource to maintain patient safety. Expected Impact: A reduction in the number of wards with a consistent CHPPD of <6.1 by end of Q4.
NEWS2 Compliance: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.	No narrative on action as metric achieved

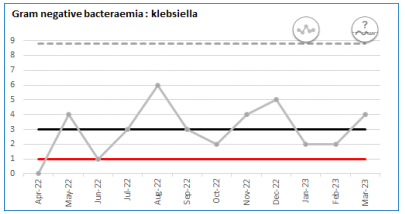
Safe - Infection Control



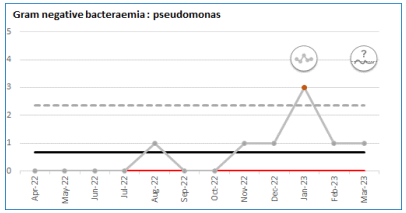
Mar-23
14
Variance Type
Common cause variation
Threshold
≤6
Assurance
Hit & miss target subject to random variation



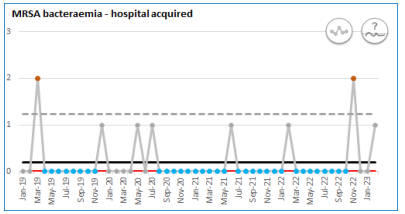
Mar-23
8
Variance Type
Common cause variation
Threshold
≤4
Assurance
Hit & miss target subject to random variation



Mar-23
4
Variance Type
Common cause variation
Threshold
≤1
Assurance
Hit & miss target subject to random variation



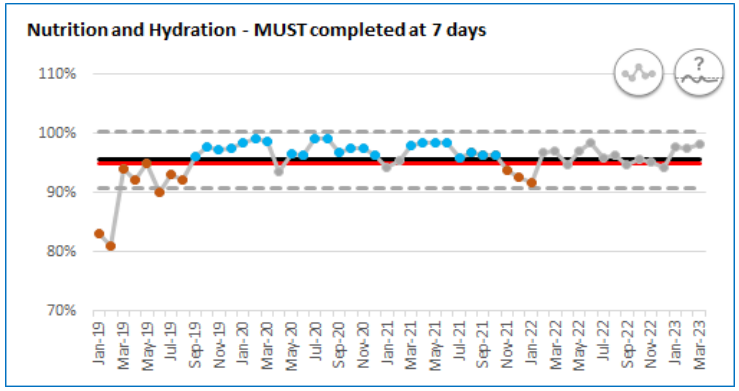
Mar-23
1
Variance Type
Common cause variation
Threshold
≤9 for 2022/23
Assurance
Hit & miss target subject to random variation



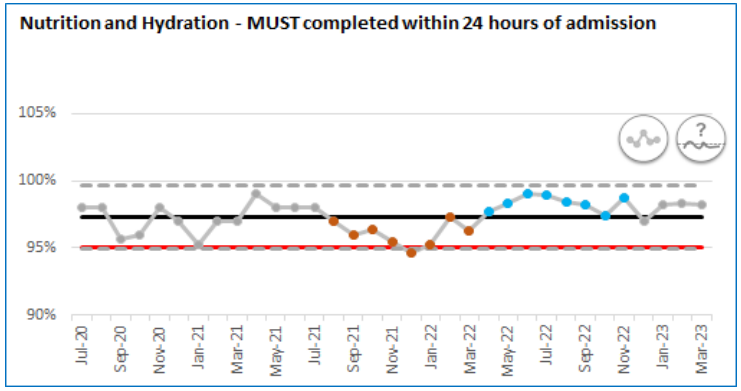
Mar-23
0
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation

Issues:	**Action & Expected Impact:**
Clostridioides difficile (healthcare associated): Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Individual case scrutiny continues enabling learning opportunities to be identified and remedial actions to be put into place where required. Many blood stream infections are diagnosed in severely ill patients with no indication that there is a clinical omission in care. Process to determine if a bacteraemia can be avoided have been reviewed. This has resulted in the streamlining of cases, prioritising those where the source of the bacteraemia is unknown or / and the care of the patient is likely to have contributed to the infection. Future scrutiny will determine areas for focus. Key priority areas that may contribute to the reduction of E-coli bacteraemia are progressing within the Trust and as a Wirral wide system approach. This includes appropriate antibiotic prescribing, urinary catheter care and management, and aseptic non-touch technique. Governance processes continue to be in place monitoring the CDI improvement plan overseen by the Chief Nurse / DIPC supported by the Deputy DIPC. Collaboration with healthcare partners continues with system wide challenges being addressed through the multi-agency Health Protection Board for Wirral. Common cause variation is evident in the reporting of the number of cases. Overall, improvement has been sustained: The upper variant has not been breached and the collective quarter 4 cases (32) are significantly lower than the number of cases in quarter 2 (45). Periods of increased incidence were declared on 4 wards during quarter 4 and meetings were held with each of the clinical teams with plans developed to promote local improvements. The introduction of IPC based induction for new starters and IPC involvement in ongoing training for the facilities team is planned to help to focus on good IPC practice to support achieving and sustaining required standards. Delays in isolation remains a challenge with competing pressures for single rooms and the demand for in-patient beds remains high. The IPC team continue to work closely with patient flow and the wards ensure adherence to IPC guidelines as effectively as possible. The prevention of transmission of infection remains a priority during the current bed capacity challenges evident throughout the Trust.
Gram-negative bacteraemia e-coli: Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Individual case scrutiny continues that enables learning opportunities to be identified and remedial actions to be put into place where required. Many E-coli blood stream infections are diagnosed in severely ill patients with multiple co-morbidities, often there is no obvious cause and no indication that there has been an omission in the care received. Streamlining of cases, has helped to prioritise those where the source of the bacteraemia is unknown and /or the care the patient received is likely to have contributed to the infection. Key priority areas that may contribute to the reduction of E-coli bacteraemia are progressing within the Trust and as a Wirral wide system approach. This includes appropriate antibiotic prescribing, urinary catheter care and management, and aseptic non-touch technique. Expected Impact - the number of patients diagnosed with an E-coli bacteraemia is reduced to below the monthly threshold.
Gram-negative bacteraemia klebsiella: Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Klebsiella is a gut organism and common sources identified during the RCA process relate to the management of indwelling devices and intra-abdominal complexities. Scrutiny of cases continues to ensure that all learning is identified. Key learning priorities identified from cases that have been determined to be avoidable continue to be progressed within the Trust and with the wider Wirral community teams. A quarterly report for all gram-negative BSI will commence in 2023/24 to look at themes and monitor progression of any actions identified within an associated improvement plan. Expected Impact - the number of patients diagnosed with a Klebsiella blood stream infection is reduced to below the monthly threshold.
Gram-negative bacteraemia pseudomonas: Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	One case in March 2023, making a cumulative eight for the year 2022-23, and so within the trajectory of a maximum nine for the year.
MRSA bacteraemia: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.	No narrative on action as metric achieved

Effective - Nutrition



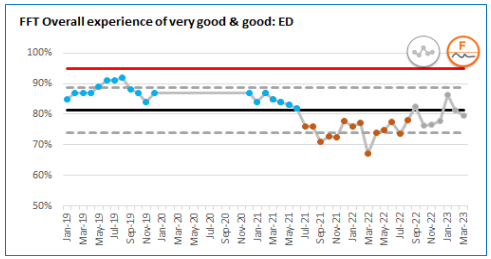
Mar-23
98.1%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation



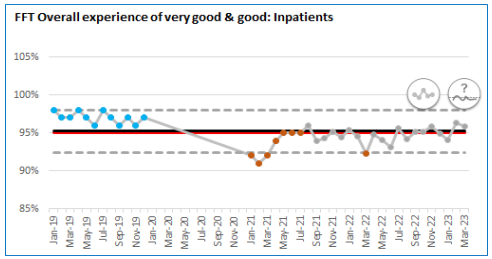
Mar-23
98.2%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

Issues:	Action & Expected Impact:
MUST completed at 7 days: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved**.**	No narrative on action as metric achieved
MUST completed within 24 hours of admission: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.	No narrative on action as metric achieved

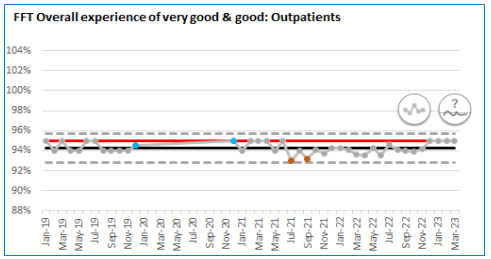
Caring - Patient Experience



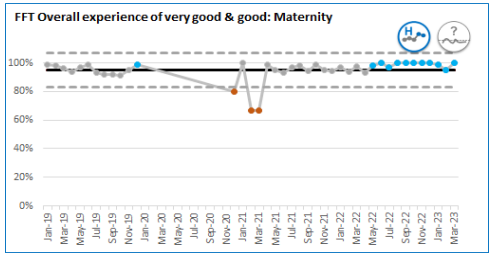
Mar-23
79.5%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target



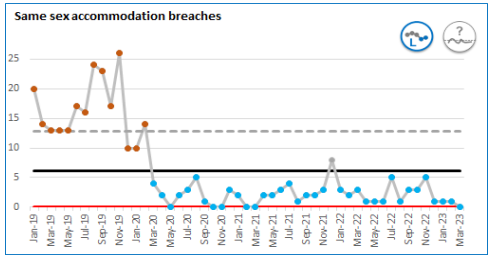
Mar-23
95.9%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation



Mar-23
95.0%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation



Mar-23
100%
Variance Type
Special cause variation - improving
Threshold
≥95%
Assurance
Hit & miss target subject to random variation



Mar-23
0
Variance Type
Special cause variation - improving
Threshold
0
Assurance
Hit & miss target subject to random variation

Issues:

FFT Overall experience - ED: Common cause variation. Performance consistently fails to achieve the target, including the most recent month.

FFT Overall experience - Inpatients: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.

FFT Overall experience - Outpatients: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.

FFT Overall experience - Maternity: Special cause variation - High improving. Achieving the threshold is hit & miss, with the most recent month being achieved.

Same sex accommodation breaches: Special cause variation - Low improving. Achieving the threshold is hit & miss, with the most recent month being achieved.

Action & Expected Impact:

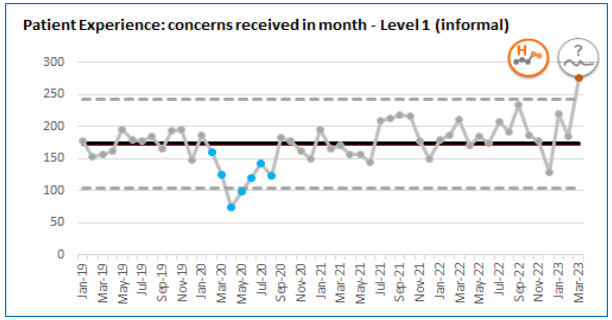
Action:
Promise Groups, established as part of our Patient Experience Strategy, held monthly focus on identifying improvement opportunities to improve people's experience of our services.
Outpatients have, for the third consecutive month, achieved the target of >95%. Inpatients improvement last month has been sustained, achieving target for the second time this quarter. Volunteers continue to visit wards conducting FFT surveys with patients and laminated QR codes are available to increase the opportunity for feedback in these areas.

FFT score for ED remains below the Trust threshold of 95%. However, improvement has been sustained within ED achieving 79.5%, within the threshold of common cause variance. Operational pressures continue to impact on the FFT score; waiting times continue to be reported as an area of challenge. We monitor our performance against the national average; we consistently perform higher or in line than national comparisons.

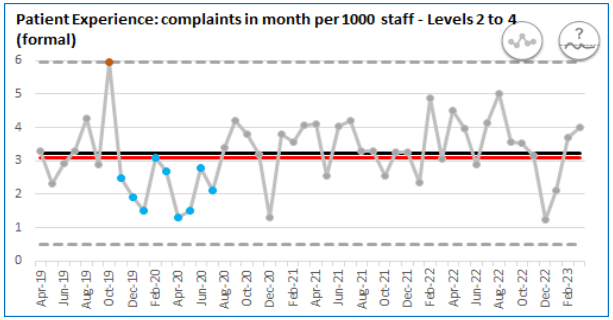
Expected Impact:
Improved FFT scores within the ED and an expectation to reach the Trust target for Outpatients in Q4.

No narrative on action as metric achieved

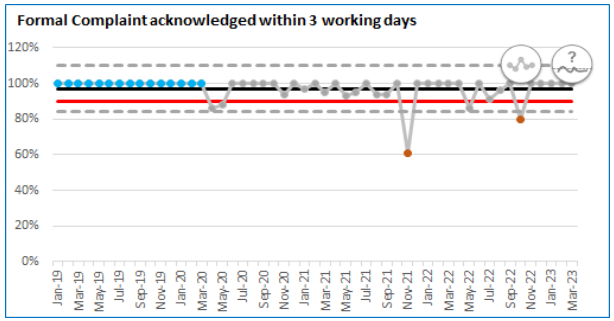
Responsive - Complaints



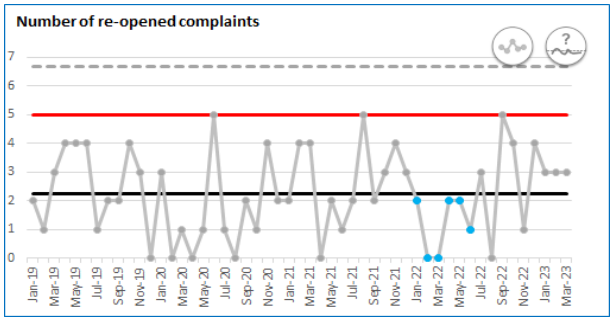
Mar-23
277
Variance Type
Special cause variation - concerning
Threshold
≤173
Assurance
Hit & miss target subject to random variation



Mar-23
4
Variance Type
Common cause variation
Threshold
≤3.1
Assurance
Hit & miss target subject to random variation



Mar-23
100%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Hit & miss target subject to random variation



Mar-23
3
Variance Type
Common cause variation
Threshold
≤5
Assurance
Hit & miss target subject to random variation

Issues:

Concerns received in month (level 1): Special cause variation - concerning. Achieving the threshold is hit & miss, with the most recent month not being achieved.

Complaints in-month per 1000 staff: Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.

Formal complaint acknowledged < 3 working days: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.

Number of reopened complaints: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.

Action & Expected Impact:

Following a seasonal dip in December 2022 and January 2023, 22 new complaints were logged in March 2022. This amount was more in line with the annual average of 20 for 2022/23 (which still remains lower than the pre-pandemic average of 23 but has since been rising year-on-year – in keeping with national trends). There were 25 complaints closed.

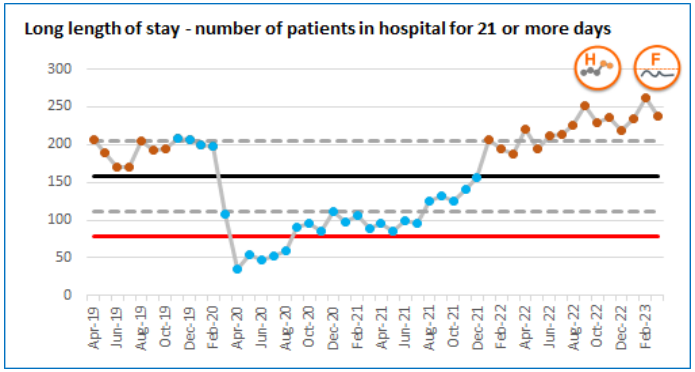
The main themes from complaints continue despite divisional plans in place to address. The main continuing causes of complaints are communication / staff attitude and capacity pressures.

The capacity pressure complaints continue to be heavily focused on the Emergency Department and aligned to a growing theme of treatment delays.

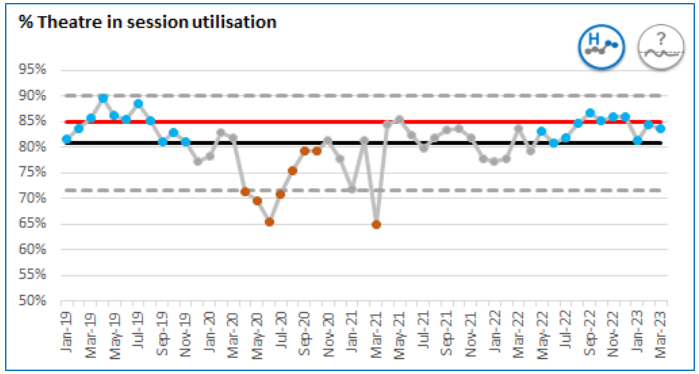
Weekly complaints management meetings with all divisions continue to take place, focusing on the management of complaints and the learning from complaints remains a key source of intelligence considered within Patient Safety and Quality Board.

Expected Impact - in the short term. to achieve a reduction in investigation and response times to formal complaints; in the longer term to try to address the root causes of complaint so that the numbers received may also begin to reduce against the trend.

Effective - Productivity



Mar-23
237
Variance Type
Special cause variation - concerning
Threshold
≤79
Assurance
Performance consistently fails to achieve the target



Mar-23
83.8%
Variance Type
Special cause variation - improving
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

Issues:

Long Length of stay (21+): Special cause variation - High concerning. Performance consistently fails to achieve the target, including the most recent month.

% Theatre in-session utilisation: Special cause variation - High improving. Achieving the threshold is hit & miss, with the most recent month not being achieved.

Action & Expected Impact:

Narrative provided in separate COO Report to the Board

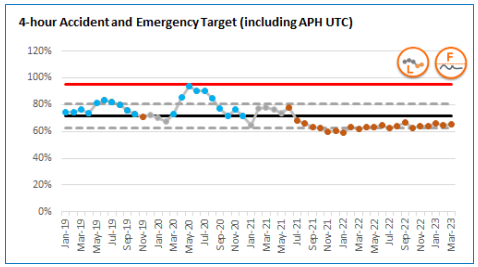
The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised. Overall March performance was 83.8%, a slight deterioration from February's 84.6% and just below the target threshold.
Focus remains on improving utilisation of core sessions as part of planning for 2023/24 and is one of the key priorities of the "Think Big Challenge" within the Surgical Division to ensure full delivery of the 23/24 activity plans.

March saw a slight increase in on the day cancellations from 64 in February to 66 in March. Of the 66 on the day cancellations that were recorded in March 55% of the cancellations reflected non-clinical cancellations. Predominant reasons include list overrunning and bed availability postoperatively. Theatre scheduling meeting is now locking down to 4 weeks and moving forward further from 4 weeks in some areas. This enables patients to be booked 4 weeks ahead. New focus being placed on this process including targeting theatre scheduling meetings down to Specialty level. Backfilling process being reviewed as part of the new theatre floor plans to support increase in backfill requests for core capacity over 50-weeks (above establishment) to support increase in session delivery. There is a risk of late cancellations which will need careful management.

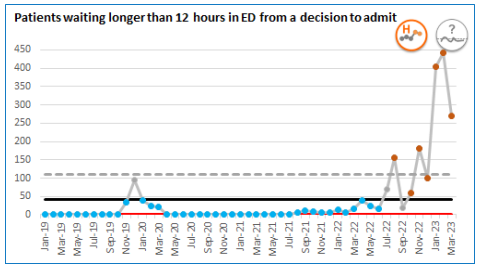
Actions:
- Introduce new theatres scheduling meetings to ensure focus on utilisation
- Continue to attempt to deliver above core capacity through backfills and additional requests for sessions
- Think Big Challenge in Surgery to focus on efficiency and productivity gains including supporting an increase in planned session utilisation
- Ensure protected elective beds remain protected for Elective activity

Expected Impact - iIncrease in in-session utilisation and an increase in case throughput.

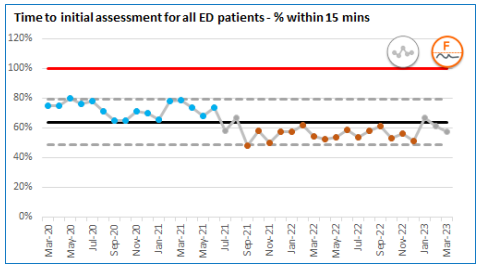
Responsive - Urgent Care



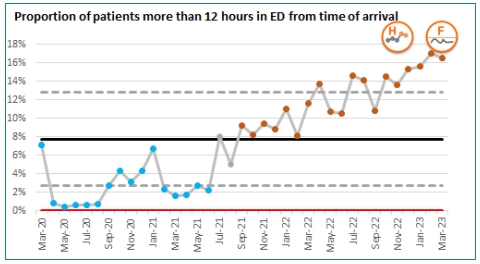
Mar-23
65.1%
Variance Type
Special cause variation - concerning
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target



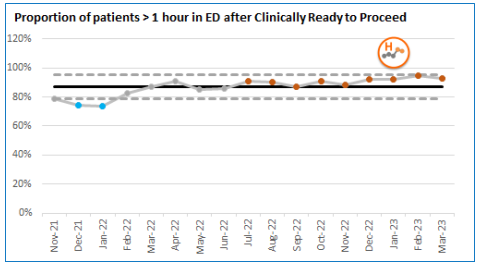
Mar-23
269
Variance Type
Special cause variation - concerning
Threshold
0
Assurance
Hit & miss target subject to random variation



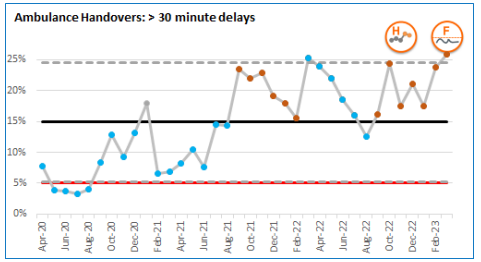
Mar-23
57.4%
Variance Type
Common cause variation
Threshold
100%
Assurance
Performance consistently fails to achieve the target



Mar-23
16.5%
Variance Type
Special cause variation - concerning
Threshold
0%
Assurance
Performance consistently fails to achieve the target



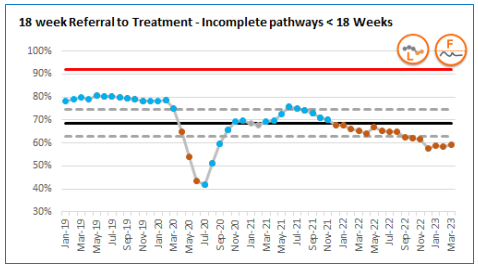
Mar-23
92.9%
Variance Type
Special cause variation - concerning
Threshold
TBC
Assurance



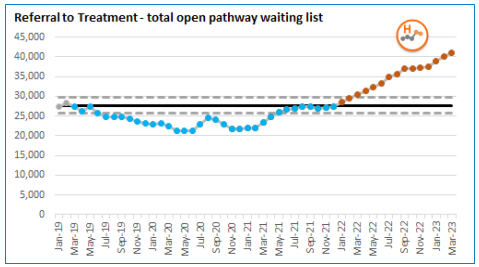
Mar-23
25.9%
Variance Type
Special cause variation - concerning
Threshold
≤5%
Assurance
Performance consistently fails to achieve the target

Issues:	Action & Expected Impact:
4-hour A&E Target : Special cause variation - Low concerning. Performance consistently fails to achieve the target, including the most recent month.	Narrative provided in separate COO Report to the Board
Patients waiting > 12 hours in ED: Special cause variation - High concerning. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Narrative provided in separate COO Report to the Board
Time to initial assessment - % < 15 mins: Common cause variation. Performance consistently fails to achieve the target, including the most recent month.	Narrative provided in separate COO Report to the Board
Proportion of ED patients in > 12 hours: Special cause variation - High concerning. Performance consistently fails to achieve the target, including the most recent month.	Narrative provided in separate COO Report to the Board
Proportion of ED patients > 1 hour in ED after CRtP: Special cause variation - High concerning. Performance threshold TBD.	Narrative provided in separate COO Report to the Board
Ambulance handovers > 30 mins delays: Special cause variation - High concerning. Performance consistently fails to achieve the target, including the most recent month.	Narrative provided in separate COO Report to the Board

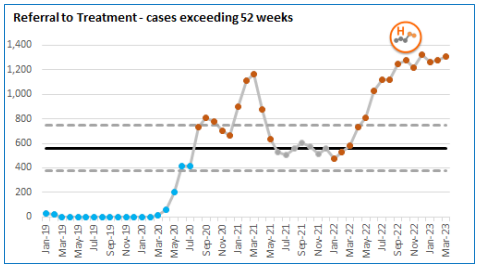
Responsive - Elective Care - RTT



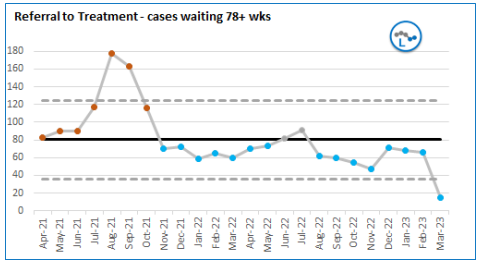
Mar-23
59.09%
Variance Type
Special cause variation - concerning
Threshold
≥92%
Assurance
Performance consistently fails to achieve the target



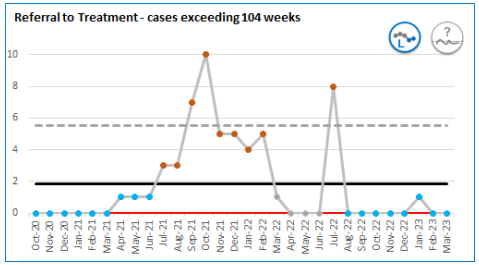
Mar-23
41046
Variance Type
Special cause variation - concerning
Threshold
≤31352
Assurance
Trajectory target not appropriate for SPC Assurance reporting



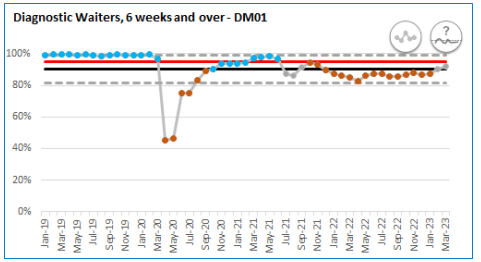
Mar-23
1308
Variance Type
Special cause variation - concerning
Threshold
520
Assurance
Trajectory target not appropriate for SPC Assurance reporting



Mar-23
15
Variance Type
Special cause variation - improving
Threshold
≤55
Assurance
Hit & miss target subject to random variation



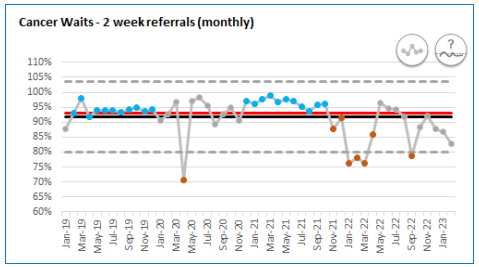
Mar-23
0
Variance Type
Special cause variation - improving
Threshold
0
Assurance
Hit & miss target subject to random variation



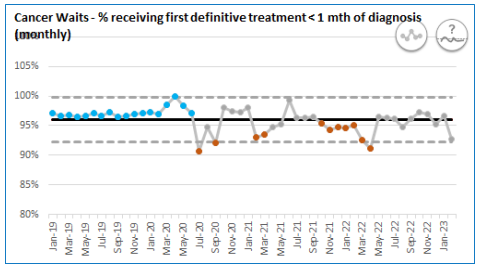
Mar-23
92.1%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

Issues:	Action & Expected Impact:
18 week RTT - % incomplete: Special cause variation - Low concerning. Performance consistently fails to achieve the target, including the most recent month.	Narrative provided in separate COO Report to the Board
RTT total open waiting list: Special cause variation - High concerning. Trajectory target not appropriate for SPC Assurance reporting. The target for the most recent month was not achieved.	Narrative provided in separate COO Report to the Board
RTT cases exceeding 52 weeks: Special cause variation - High concerning. Trajectory target not appropriate for SPC Assurance reporting. The target for the most recent month was not achieved.	Narrative provided in separate COO Report to the Board
RTT cases exceeding 78 weeks: Special cause variation - Low improving. Trajectory target not appropriate for SPC Assurance reporting. The target for the most recent month was not achieved.	Narrative provided in separate COO Report to the Board
RTT cases exceeding 104 weeks: Special cause variation - Low improving. Trajectory target not appropriate for SPC Assurance reporting. The target for the most recent month was achieved - the single 104+ case was a Mutual Aid transfer from LUFT.	Narrative provided in separate COO Report to the Board
Diagnostic waiters 6 weeks and over: Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Narrative provided in separate COO Report to the Board

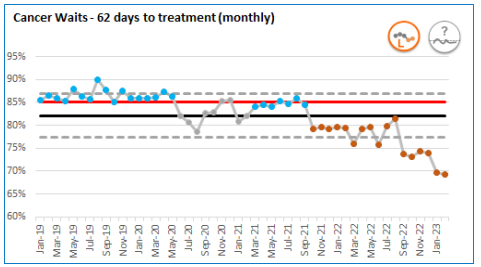
Responsive - Elective Care - Cancer (monthly - 1 mth in arrears)



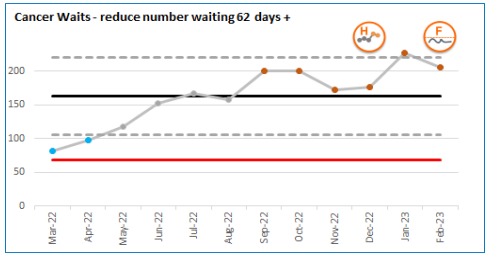
Feb-23
82.7%
Variance Type
Common cause variation
Threshold
≥93%
Assurance
Hit & miss target subject to random variation



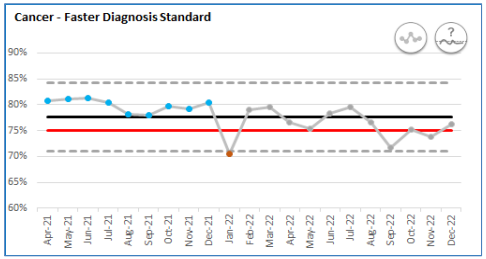
Feb-23
92.7%
Variance Type
Common cause variation
Threshold
≥96%
Assurance
Hit & miss target subject to random variation



Feb-23
69.4%
Variance Type
Special cause variation - concerning
Threshold
≥85%
Assurance
Hit & miss target subject to random variation



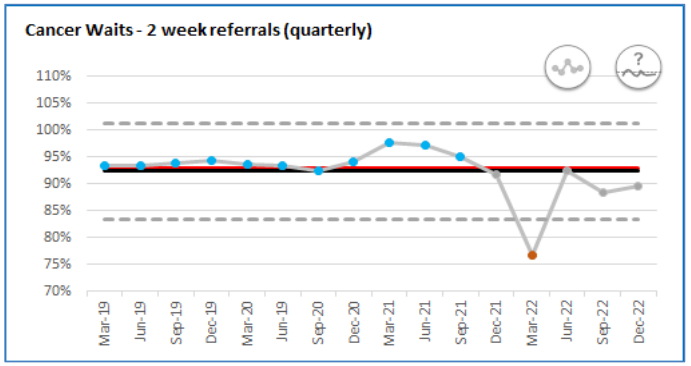
Feb-23
206
Variance Type
Special cause variation - concerning
Threshold
100
Assurance
Performance consistently fails to achieve the target



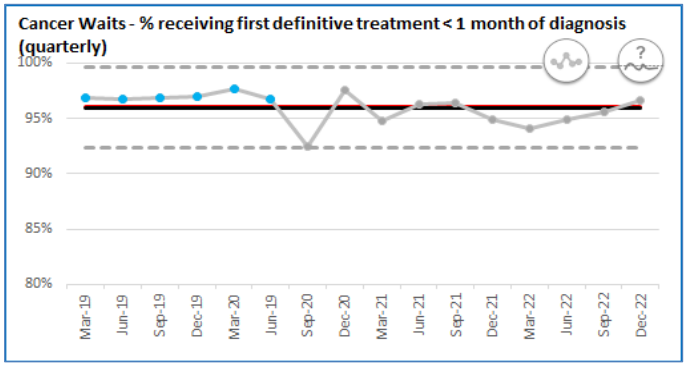
Dec-22
76.2%
Variance Type
Common cause variation
Threshold
≥75%
Assurance
Hit & miss target subject to random variation

Issues:	Action & Expected Impact:
Cancer waits - 2 wk refs (monthly): Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Narrative provided in separate COO Report to the Board
Cancer waits - % treated < 1 month of diagnosis (monthly): Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.	Narrative provided in separate COO Report to the Board
Cancer waits - 62 days to treatment (monthly): Special cause variation - Low concerning. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Narrative provided in separate COO Report to the Board
Cancer waits - reduce number waiting 62 days+ : Special cause variation - High concerning. Performance consistently fails to achieve the target, including the most recent month.	Narrative provided in separate COO Report to the Board
Cancer - Faster Diagnosis standard: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.	Narrative provided in separate COO Report to the Board

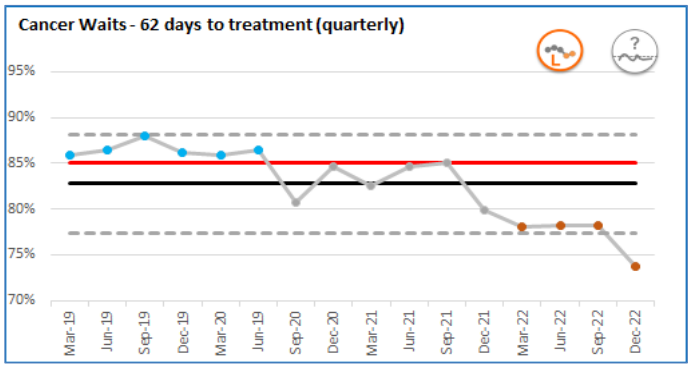
Responsive - Elective Care - Cancer (quarterly)



Dec-22
89.5%
Variance Type
Common cause variation
Threshold
≥93%
Assurance
Hit & miss target subject to random variation



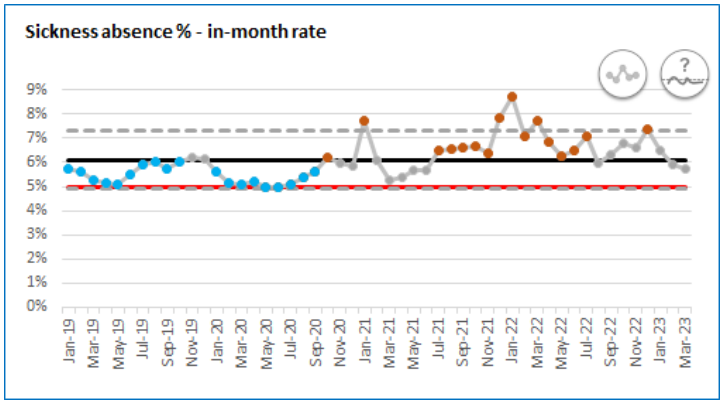
Dec-22
96.6%
Variance Type
Common cause variation
Threshold
≥96%
Assurance
Hit & miss target subject to random variation



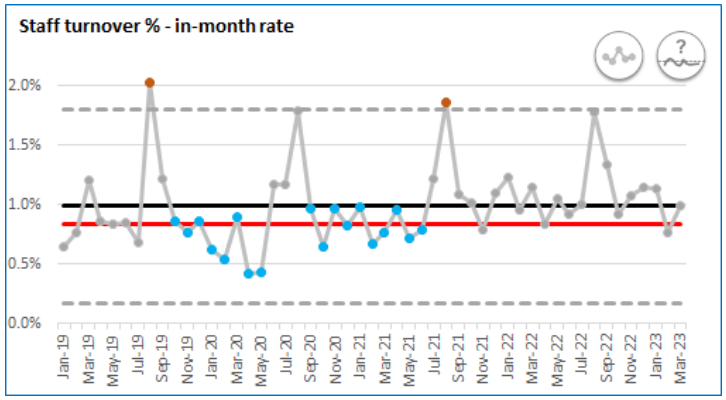
Dec-22
73.8%
Variance Type
Special cause variation - concerning
Threshold
≥85%
Assurance
Hit & miss target subject to random variation

Issues:	Action & Expected Impact:
Cancer waits - 2 wk refs (quarterly): Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Narrative provided in separate COO Report to the Board
Cancer waits - % treated < 1 month of diagnosis (quarterly): Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.	Narrative provided in separate COO Report to the Board
Cancer waits - 62 days to treatment (quarterly): Special cause variation - Low concerning. Achieving the threshold is hit & miss, with the most recent month not being achieved.	Narrative provided in separate COO Report to the Board

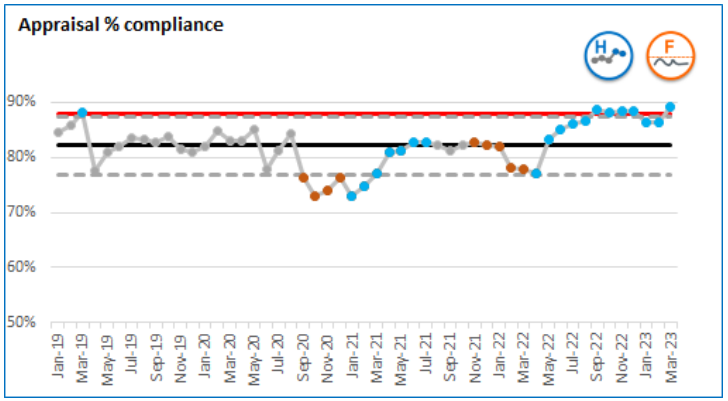
Safe - Workforce



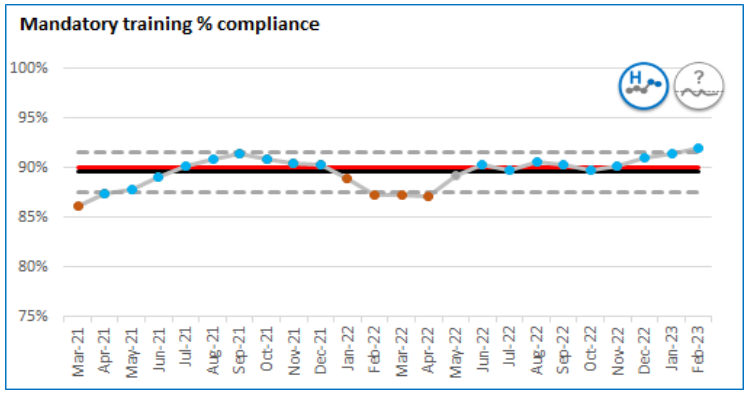
Mar-23
5.73%
Variance Type
Common cause variation
Threshold
≤5%
Assurance
Hit & miss target subject to random variation



Mar-23
0.99%
Variance Type
Common cause variation
Threshold
≤0.83%
Assurance
Hit & miss target subject to random variation



Mar-23
89.14%
Variance Type
Special cause variation - improving
Threshold
≥88%
Assurance
Performance consistently fails to achieve the target



Mar-23
92.28%
Variance Type
Special cause variation - improving
Threshold
≥90%
Assurance
Hit & miss target subject to random variation

Issues:	Actions:	Expected Impact:

Sickness absence % in-month rate: Common cause variation. Achieving the threshold is hit & miss, with the most recent month not being achieved.

Managing Absence
Deep dive focus will continue where sickness exceeds target to identify hot spot areas and ensure appropriate measures of support are in place to support both line management and staff members in facilitating staff members back to work sooner.

Surgery division have in place monthly Workforce surgeries, using this protected time to focus on all areas of non-compliance against Trust targets. Specific focus will be on how to improve attendance and to share best practice from managers who are managing sickness well. Identified hot spots are being supported on a weekly basis and weekly meetings are in place with any new Band 7 managers to provide additional support. A "sickness stage" proforma has been introduced for managers in Theatres enabling a process to manage stage meetings as per policy. Spot check audits are occurring, and Band 6 managers are actively being encouraged to attend sickness training to enable support for Band 7 manager with return-to-work meetings and lower-level procedural meetings.

Health & Wellbeing Checks
A successful 4-week Health and Wellbeing initiative took place during March, offering individual health checks for staff via health kiosks. For staff unable to use a kiosk they were offered the opportunity of a face-to-face wellbeing check. Staff feedback has been extremely positive.

Health and Wellbeing Conversations
Health and Wellbeing Conversations have now been embedded into the Trust's new Appraisal design, transitioning them into 'business as usual'. This element of the appraisal discussion encompasses a focus upon supporting team members to keep well in work.

Expected Impact:
The impact of high sickness brings increased pressure on existing staff whose resilience is already compromised and an over reliance on temporary staff which may impact on quality, performance and safety.
Risks to Trust financial management, quality, patient safety and operational performance due to cost of sickness absence, expense of bank and agency cover will reduce as the sickness absence is gradually improved over the next quarter.

Staff turnover % in-month rate: Common cause variation. Achieving the threshold is hit & miss, with the most recent month being achieved.

The Strategic Trust Wide Retention Group met and confirmed all retention objectives were achieved in full for year one and continue with the multi-year programme of work. Some examples of the work prioritised for year 2 include:
- ESR / Ledger reconciliation work to improve data quality.
- To modernise the exit survey moving from paper-based completion to digitalizing.
- Task and finish groups to engage with line managers to capture leaver surveys/feedback of new starters that have left within 3 months.
- Task and finish groups to gain insight and feedback through organised listening groups undertaking 'stay conversations' and 'career clinics'.

Programmes of activity within the People Strategy Development Pan will also help to minimise turnover to include improving the Trust's flexible working offer, implementation of the WUTH Perfect Start and developing the Engagement Framework.

Employee Experience
Divisional engagement events have been held with staff invited to attend from each Division. These events have provided opportunity for staff to learn the findings from the 2022 staff survey results at both Trust and Divisional level, and to understand from Divisional leaders the journey thus far and the key areas of focus based on the analysis of the data from the staff survey this year.

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 also reduce as Turnover improves over time.

Appraisal % compliance: Special cause variation - High improving. Performance consistently fails to achieve the target, with the most recent month being achieved.

No narrative on action as metric achieved

Mandatory training % compliance: Special cause variation - High improving. Achieving the threshold is hit & miss, with the most recent month being achieved.

No narrative on action as metric achieved

WUTH Quality Dashboard Exception Report April 2023

Wirral University Teaching Hospital NHS Foundation Trust

Safe Domain

Clostridioides difficile (Healthcare Associated)

Executive Lead: Tracy Fennell, Chief Nurse

Performance Issue:
The *Clostridioides difficile* (CDI) threshold set for 2022-23 is 72 - equaling a monthly maximum threshold of 6 cases.

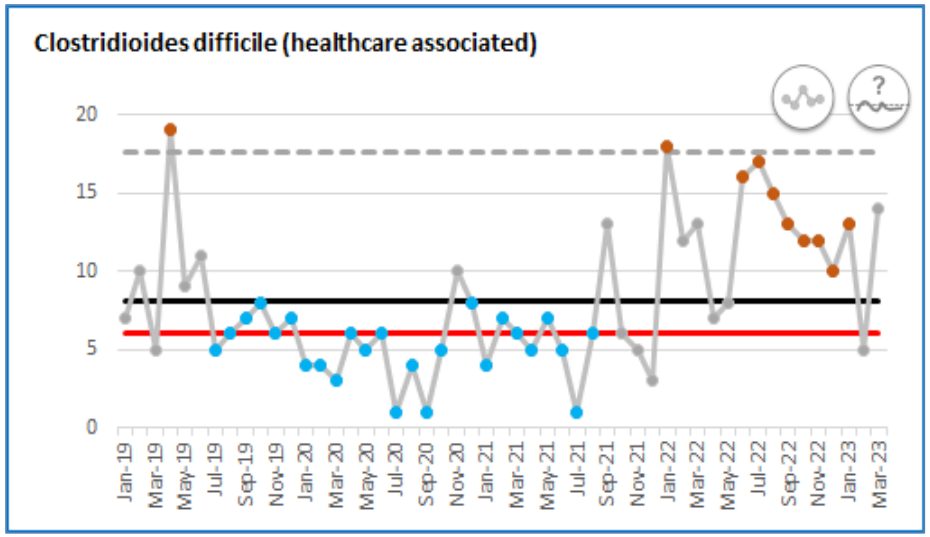
The monthly threshold of 6 has been exceeded in almost every month since April 2022, with 14 cases reported in March 2023. A total of 142 cases since April 2022.

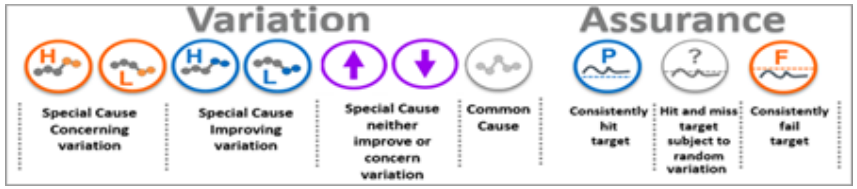
Action:

Governance processes continue to be in place monitoring the CDI improvement plan overseen by the Chief Nurse / DIPC supported by the Deputy DIPC. Collaboration with healthcare partners continues with system wide challenges being addressed through the multi-agency Health Protection Board for Wirral.

Common cause variation is evident in the reporting of the number of cases. Overall, improvement has been sustained: The upper variant has not been breached and the collective quarter 4 cases (32) are significantly lower than the number of cases in quarter 2 (45). Periods of increased incidence were declared on 4 wards during quarter 4 and meetings were held with each of the clinical teams with plans developed to promote local improvements.

The introduction of IPC based induction for new starters and IPC involvement in ongoing training for the facilities team is planned to help to focus on good IPC practice to support achieving and sustaining required standards. Delays in isolation remains a challenge with competing pressures for single rooms





and the demand for in-patient beds remains high. The IPC team continue to work closely with patient flow and the wards ensure adherence to IPC guidelines as effectively as possible. The prevention of transmission of infection remains a priority during the current bed capacity challenges evident throughout the Trust.
Expected Impact: Sustained reduction in patients diagnosed with healthcare associated *Clostridioides difficile* by quarter 4.

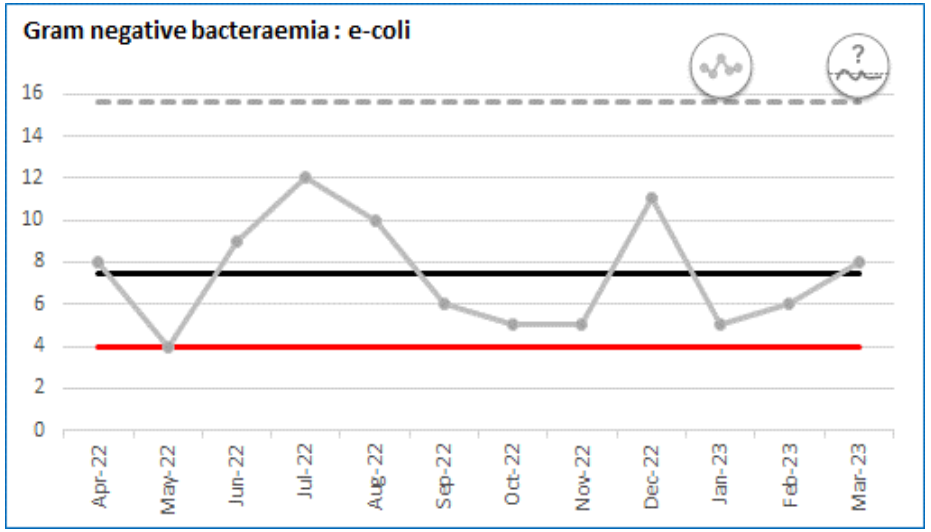
Gram-Negative bloodstream infections - *E-coli* bacteraemia

Executive Lead: Tracy Fennell, Chief Nurse

Performance Issue:

For 2022-23 the Gram-negative blood stream infection objective is separated into individual targets for *E-coli, klebsiella* and *pseudomonas*. 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).

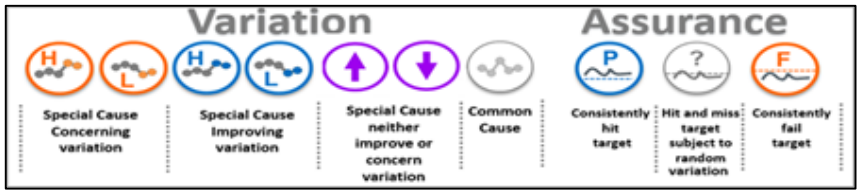
The threshold for *E-coli* bacteraemia is 56, which equates to a maximum 4 per month. From April 2022 to March 2023, 89 cases have been reported; 8 patients were diagnosed with an *E-coli* bacteraemia in March 2023. Q4 has seen the lowest number of E-*coli* infections reported this year.



Action:

Individual case scrutiny continues that enables learning opportunities to be identified and remedial actions to be put into place where required.

Many E-*coli* blood stream infections are diagnosed in severely ill patients with multiple co-morbidities, often there is no obvious cause and no indication that there has been an omission in the care received. Streamlining of cases, has helped to prioritise those where the source of the bacteraemia is unknown and /or the care the patient received is likely to have contributed to the infection.
Key priority areas that may contribute to the reduction of E-*coli* bacteraemia are progressing within the Trust and as a Wirral wide system approach. This includes appropriate antibiotic prescribing, urinary catheter care and management, and aseptic non-touch technique.



Expected Impact:
The number of patients diagnosed with an *E-coli* bacteraemia is reduced to below the monthly threshold.

Gram-Negative bloodstream infections - klebsiella

Executive Lead: Tracy Fennell, Chief Nurse

Performance Issue:

For 2022-23 the Gram-negative blood stream infection objective is separated into individual targets for *E-coli, klebsiella* and *pseudomonas*. 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 maximum threshold for *Klebsiella* is set at 19, with equates to an alternating threshold of 1 and 2 per month for monitoring purposes.

There were 4 patients diagnosed in March 2023. Since April 2022, 36 patients have been diagnosed and reported. The 2022-23 maximum threshold for the year was exceeded in November 2022.

Action:

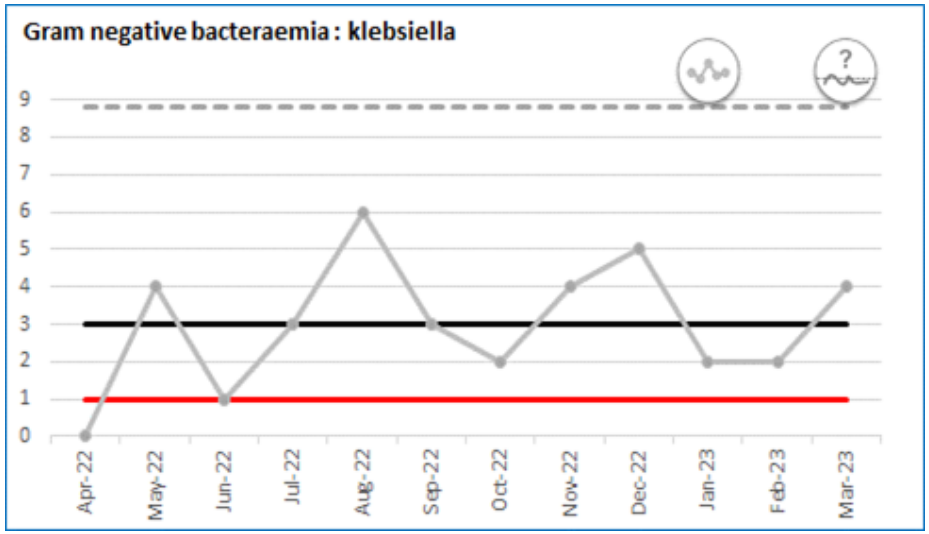
Klebsiella is a gut organism and common sources identified during the RCA process relate to the management of indwelling devices and intra-abdominal complexities.

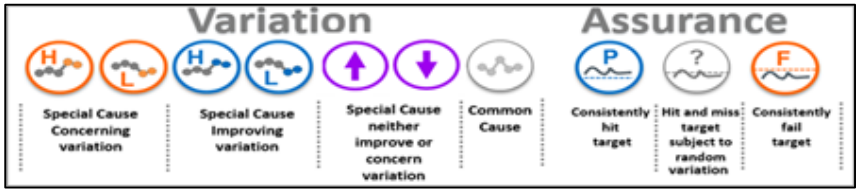
Scrutiny of cases continues to ensure that all learning is identified. Key learning priorities identified from cases that have been determined to be avoidable continue to be progressed within the Trust and with the wider Wirral community teams.

A quarterly report for all gram-negative BSI will commence in 2023/24 to look at themes and monitor progression of any actions identified within an associated improvement plan.

Expected Impact:

The number of patients diagnosed with a *Klebsiella* blood stream infection is reduced to below the monthly threshold.





Sickness absence % (in-month rate)

Executive Lead: Deborah Smith, Chief People Officer

Performance Issue:

The Trust threshold for sickness absence is 5%. Sickness absence has continued to improve and for March the indicator is 5.73%. This demonstrates common cause variation.

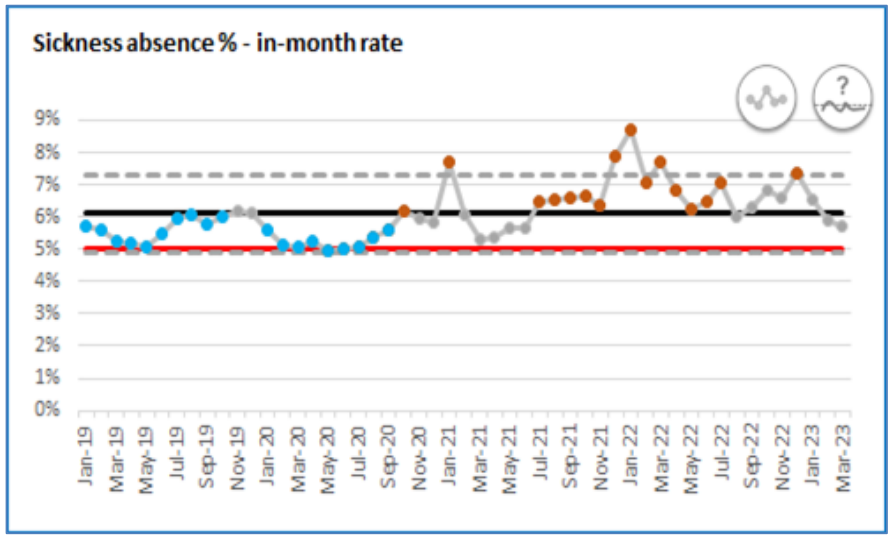
Long term sickness absence accounts for 1.11%, whilst short term sickness absence is more of a challenge at 4.62% in March 2023.

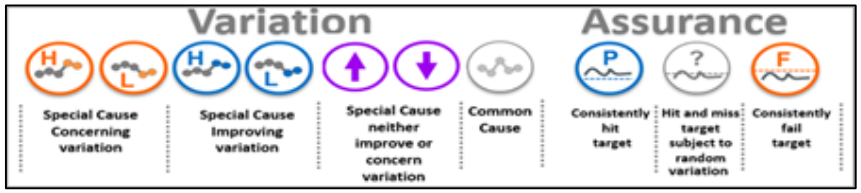
Additional Clinical Services are the staff group with the highest absence rate (8.27%) followed by Estates and Ancillary (7.18%) and remains an area of focus. Medicine and Corporate Divisions are reporting sickness absence under the Trust 5% target at 4.79% and 4.67% respectively. Estates and Facilities continue to show an improved downward trend reporting 6.59% in March 2023.

Action:

Managing Absence
Deep dive focus will continue where sickness exceeds target to identify hot spot areas and ensure appropriate measures of support are in place to support both line management and staff members in facilitating staff members back to work sooner.

Surgery division have in place monthly Workforce surgeries, using this protected time to focus on all areas of non-compliance against Trust targets. Specific focus will be on how to improve attendance and to share best practice from managers who are managing sickness well. Identified hot spots are being supported on a weekly basis and weekly meetings are in place with any new Band 7 managers to provide additional support. A "sickness stage" proforma has been introduced for managers in Theatres enabling a process to manage stage meetings as per policy. Spot check





audits are occurring, and Band 6 managers are actively being encouraged to attend sickness training to enable support for Band 7 manager with return-to-work meetings and lower-level procedural meetings.

Health & Wellbeing Checks
A successful 4-week Health and Wellbeing initiative took place during March, offering individual health checks for staff via health kiosks. For staff unable to use a kiosk they were offered the opportunity of a face-to-face wellbeing check. Staff feedback has been extremely positive.

Health and Wellbeing Conversations
Health and Wellbeing Conversations have now been embedded into the Trust's new Appraisal design, transitioning them into 'business as usual'. This element of the appraisal discussion encompasses a focus upon supporting team members to keep well in work.

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

Risks to Trust financial management, quality, patient safety and operational performance due to cost of sickness absence, expense of bank and agency cover will reduce as the sickness absence is gradually improved over the next quarter.

Staff turnover %

Executive Lead: Deborah Smith, **Chief People Officer**

Performance Issue:

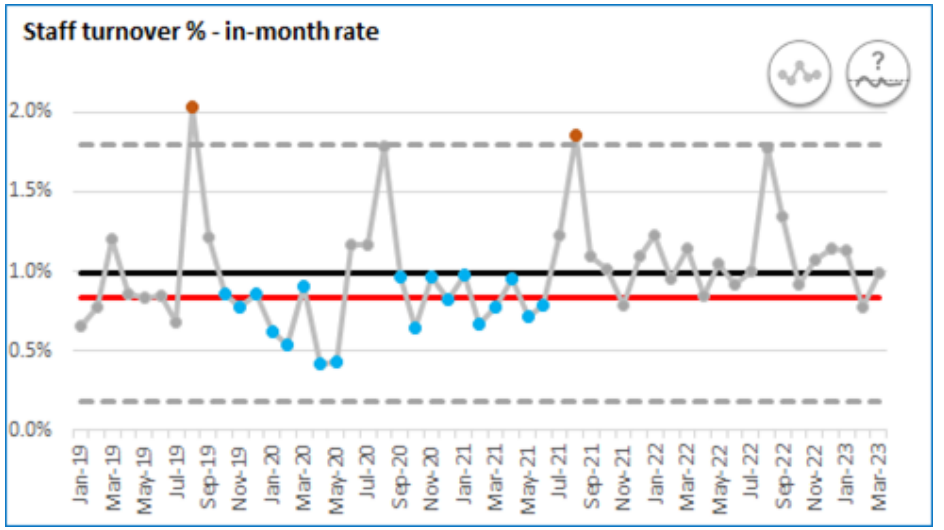
The Trust threshold for turnover is 0.83%. For March 2023 the indicator was 0.99% and demonstrates common cause variation.

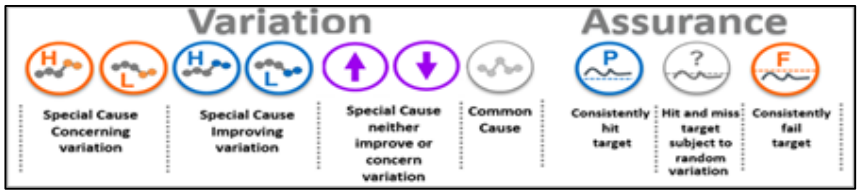
The following staff groups have high turnover in March:

- Admin & Clerical (1.46%)
- Allied Health Professionals (1.42%)
- Add Professional & Technical (1.26%)
- Healthcare Scientists (1.19%)

The top 3 reasons for leaving in March are:

- Retirement Age
- Voluntary Resignation – Relocation
- Voluntary Resignation – Other/Not known





Actions:

The Strategic Trust Wide Retention Group met and confirmed all retention objectives were achieved in full for year one and continue with the multi-year programme of work. Some examples of the work prioritised for year 2 include:

- ESR / Ledger reconciliation work to improve data quality.
- To modernise the exit survey moving from paper-based completion to digitalizing.
- Task and finish groups to engage with line managers to capture leaver surveys/feedback of new starters that have left within 3 months.
- Task and finish groups to gain insight and feedback through organised listening groups undertaking 'stay conversations' and 'career clinics'.

Programmes of activity within the People Strategy Development Pan will also help to minimise turnover to include improving the Trust's flexible

working offer, implementation of the WUTH Perfect Start and developing the Engagement Framework.

Employee Experience
Divisional engagement events have been held with staff invited to attend from each Division. These events have provided opportunity for staff to learn the findings from the 2022 staff survey results at both Trust and Divisional level, and to understand from Divisional leaders the journey thus far and the key areas of focus based on the analysis of the data from the staff survey this year.

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 also reduce as Turnover improves over time.

Care Hours Per Patient Day – number of wards below 6.1

Executive Lead: Tracy Fennell, 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 March 2023 were 5: Wards 22, 27, 36, 38 and M1.

Action:
The CHPPD tracker is one of the safer staffing measures to monitor if any areas are consistently recording CHPPD <6.1. The CHPPD data is triangulated with further staffing metric data to monitor the impact on care. Impacts on care are being monitored and have remained minimal in the areas of lower than threshold CHPPD.

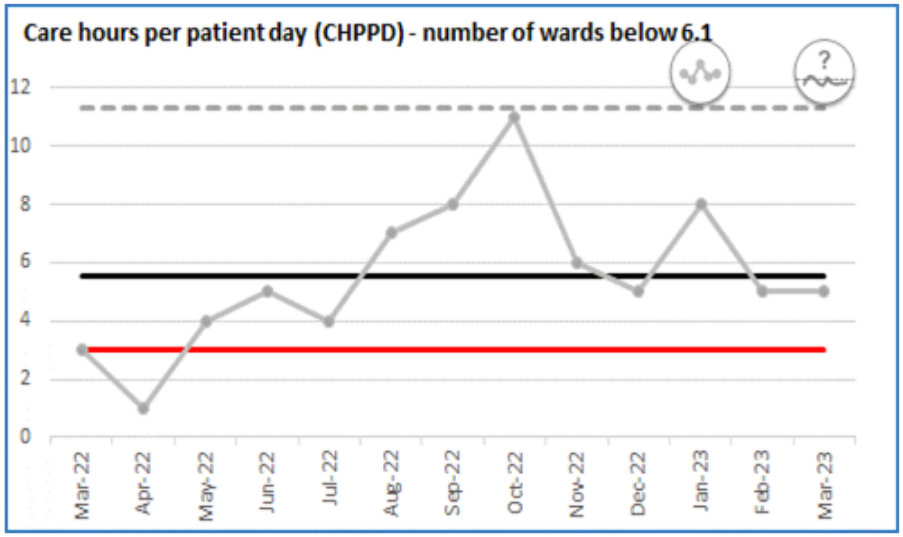
Ward 27 had a CHPPD of 6 which is equal to 6 minutes below the threshold. Ward 22 (CHPPD 5.8) and M1 (CHPPD 5.3) continue to have a high proportion of patients with no criteria to reside. Healthcare professional input will not be required at the same level or frequency to that of an acute area.

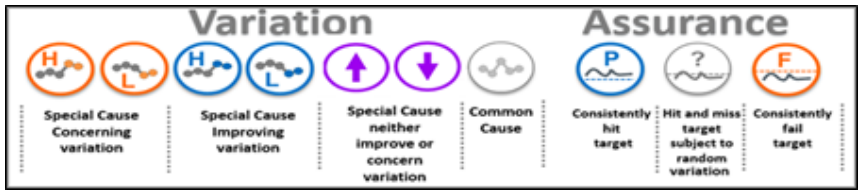
Ward 38, (CHPPD of 5.7), and ward 36 (CHPPD 5.6) has had a CHPPD below <6.1 for several months. Staff moves to support escalation areas and outstanding CSW vacancies is an influencing factor. CSW recruitment has been successful to address the vacancy factor. There have been no patient harms associated with staffing levels on this ward.

All wards with a CHPPD consistently < 6.1 are overseen by the Matron. Daily allocation of staff is considered on a trust wide perspective, risk managed, and professional judgement applied to maximise staffing resource to maintain patient safety.

Expected Impact:

A reduction in the number of wards with a consistent CHPPD of <6.1 by end of Q4.





Effective Domain

Theatre in session utilisation %

Executive Lead: Hayley Kendall, Chief Operating Officer

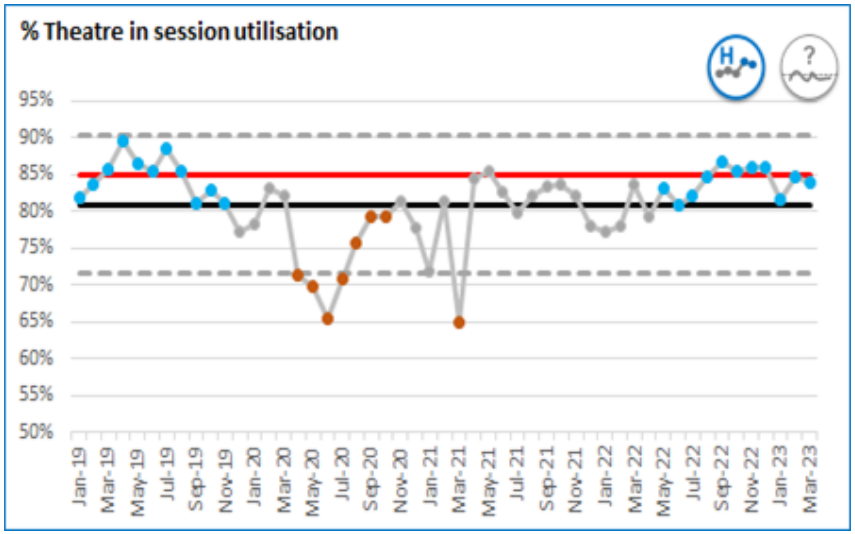
Performance Issue:
The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised. Overall March performance was 83.8%, a slight deterioration from February's 84.6% and just below the target threshold.

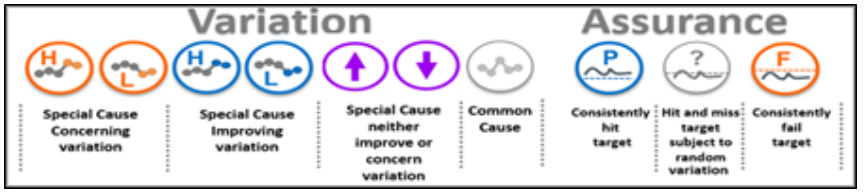
Focus remains on improving utilisation of core sessions as part of planning for 2023/24 and is one of the key priorities of the "Think Big Challenge" within the Surgical Division to ensure full delivery of the 23/24 activity plans.

March saw a slight increase in on the day cancellations from 64 in February to 66 in March. Of the 66 on the day cancellations that were recorded in March 55% of the cancellations reflected non-clinical cancellations. Predominant reasons include list overrunning and bed availability postoperatively.

Theatre scheduling meeting is now locking down to 4 weeks and moving forward further from 4 weeks in some areas. This enables patients to be booked 4 weeks ahead. New focus being placed on this process including targeting theatre scheduling meetings down to Specialty level.

Backfilling process being reviewed as part of the new theatre floor plans to support increase in backfill requests for core capacity over 50-weeks (above establishment) to support increase in session delivery. There is a risk of late cancellations which will need careful management.





Action:

- Introduce new theatres scheduling meetings to ensure focus on utilisation
- Continue to attempt to deliver above core capacity through backfills and additional requests for sessions

• Think Big Challenge in Surgery to focus on efficiency and productivity gains including supporting an increase in planned session utilisation • Ensure protected elective beds remain protected for Elective activity
Expected Impact: Increase in in-session utilisation and an increase in case throughput.

Caring Domain

Friends & Family Test – Overall Experience

Executive Lead: Tracy Fennell, 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 March 2023 was:

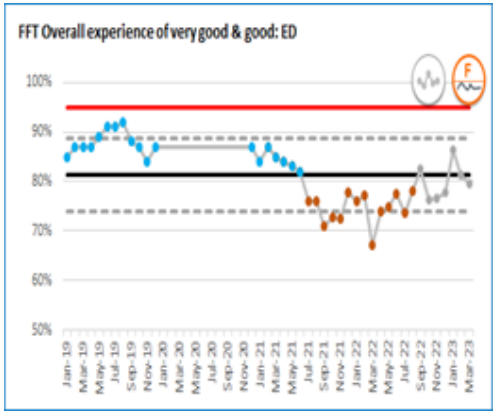
- Emergency Department (ED) – 79.5% (below threshold)
- Inpatients – 95.9% (above threshold)
- Outpatients – 95.0% (above threshold)
- Maternity 100% (above threshold)

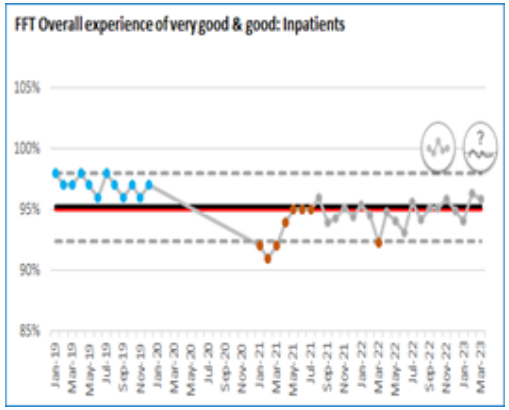
Action:
Promise Groups, established as part of our Patient Experience Strategy, held monthly focus on identifying improvement opportunities to improve people's experience of our services.

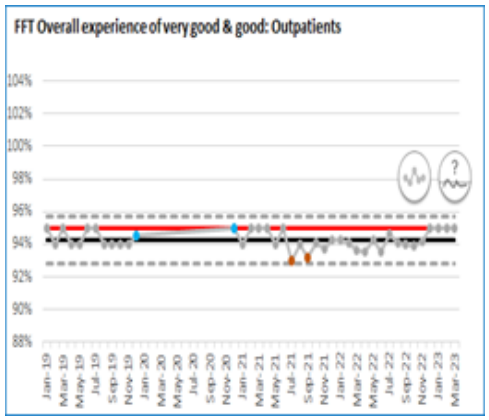
Outpatients have, for the third consecutive month, achieved the target of >95%. Inpatients improvement last month has been sustained, achieving target for the second time this quarter. Volunteers continue to visit wards conducting FFT surveys with patients and laminated QR codes are available to increase the opportunity for feedback in these areas.

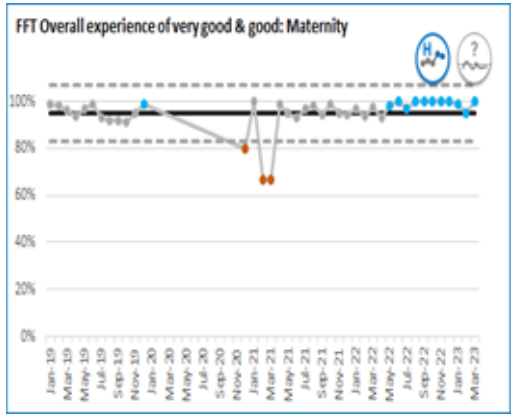
FFT score for ED remains below the Trust threshold of 95%. However, improvement has been sustained within ED achieving 79.5%, within the threshold of common cause variance. Operational pressures continue to impact on the FFT score; waiting times continue to be reported as an area of challenge. We monitor our performance against the national average; we consistently perform higher or in line than national comparisons.

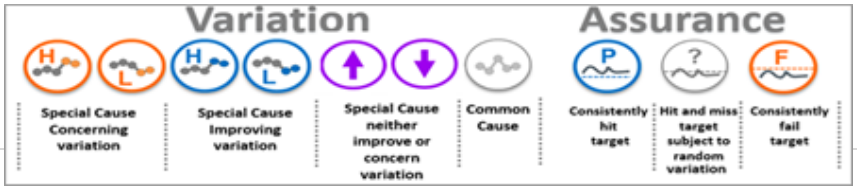
Expected Impact:
Improved FFT scores within the ED and an expectation to reach the Trust target for Outpatients in Q4.











Responsive

Number of complaints received in month per 1000 staff

Executive Lead: Nikki Stevenson, Medical Director

Performance Issue:
The Trust has set a maximum threshold for the number of complaints received in month at less than or equal to 3.1 per 1000 staff. The rate for March 2023 was 4.0.

Action:

Following a seasonal dip in December 2022 and January 2023, 22 new complaints were logged in March 2022. This amount was more in line with the annual average of 20 for 2022/23 (which still remains lower than the pre-pandemic average of 23 but has since been rising year-on-year – in keeping with national trends). There were 25 complaints closed.

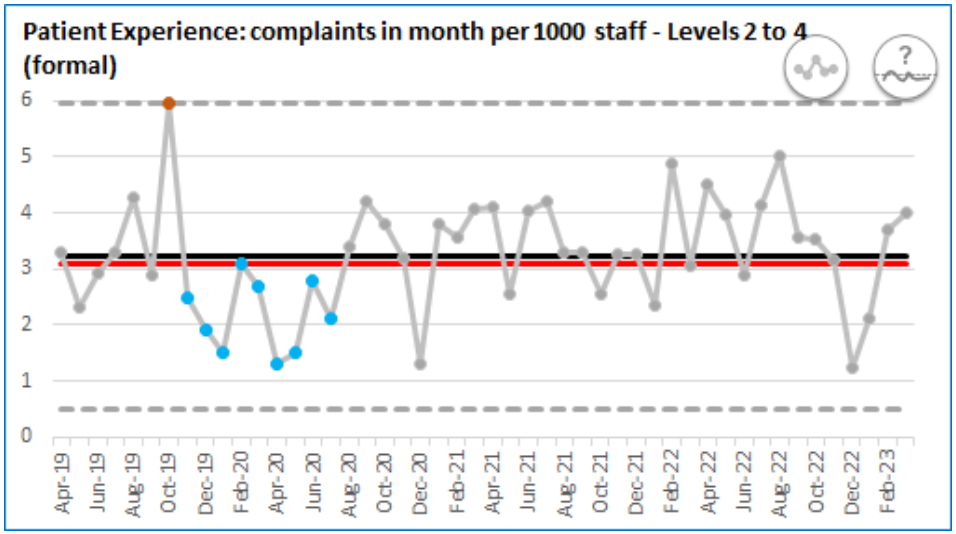
The main themes from complaints continue despite divisional plans in place to address. The main continuing causes of complaints are communication / staff attitude and capacity pressures.

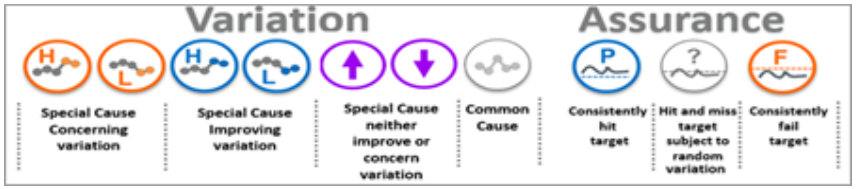
The capacity pressure complaints continue to be heavily focused on the Emergency Department and aligned to a growing theme of treatment delays.

Weekly complaints management meetings with all divisions continue to take place, focusing on the management of complaints and the learning from complaints remains a key source of intelligence considered within Patient Safety and Quality Board.

Expected Impact:

In the short term. to achieve a reduction in investigation and response times to formal complaints; in the longer term to try to address the root causes of





complaint so that the numbers received may also begin to reduce against the trend.

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

April 2023
Upated 18-04-23

	Indicator	Objective	Director	Threshold	Set by	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	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	0.04	0.22	0.09	0.09	0.33	0.17	0.13	0.04	0.09	0.12	0.16	0.05	0.16	0.14	
	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	96.4%	96.8%	96.9%	96.6%	96.5%	96.3%	96.5%	96.8%	97.1%	98.3%	98.1%	98.6%	98.2%	97.2%	
	Never Events	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	1	0	0	0	0	0	1	2	
	Clostridioides difficile (healthcare associated)	Safe, high quality care	CN	Maximum 72 for 2022-23. Max 6 cases per month	WUTH	13	7	8	16	17	15	13	12	12	10	13	5	14	142	
	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	5	5	11	5	6	8	89	
	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	2	4	5	2	2	4	36	
	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	0	1	1	3	1	1	8	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	0	0	0	0	0	2	0	0	1	0	3	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	1	4	0	0	1	0	0	0	0	0	1	1	0	7	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	92%	89%	91%	96%	97%	95%	95%	95%	96%	96%	97%	94%	96%	95%	
	Safeguarding Audits	Safe, high quality care	CN	≥90%	WUTH	82.6%	71.6%	93.5%	89.6%	94.7%	85.0%	No audits completed	No audits completed	94.4%	91.7%	92.4%	91.1%	97.9%	90%	
	Mandatory Training compliance	Safe, high quality care	CPO	≥90%	WUTH	87.2%	87.17%	89.21%	90.39%	89.73%	90.59%	90.34%	89.78%	90.25%	90.98%	91.38%	91.95%	92.28%	92.3%	
	Sickness Absence % (12-month rolling average)	Safe, high quality care	CPO	≤5%	SOF	6.70%	6.79%	6.83%	6.89%	6.94%	6.90%	6.87%	6.87%	6.89%	6.85%	6.70%	6.65%	6.49%	14.2%	
	Sickness Absence % (in-month rate)	Safe, high quality care	CPO	≤5%	SOF	7.73%	6.84%	6.23%	6.50%	7.08%	5.98%	6.33%	6.81%	6.60%	7.37%	6.52%	5.91%	5.73%	6.49%	
	Staff turnover % (rolling 12 month rate)	Safe, high quality care	CPO	≤10%	WUTH	14.1%	14.1%	14.4%	14.4%	14.1%	13.9%	15.29%	14.01%	14.37%	14.51%	14.44%	14.35%	14.20%	14.2%	
	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	11	6	5	8	5	5	6	

	Indicator	Objective	Director	Threshold	Set by	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	2022/23	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	96.9%	94.6%	97.1%	97.9%	95.7%	96.5%	94.8%	95.6%	95.2%	94.3%	97.8%	97.5%	98.1%	96.3%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	96.3%	97.7%	98.2%	98.9%	98.5%	98.1%	97.7%	97.0%	98.7%	97.0%	98.2%	98.3%	98.2%	98.0%	
	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	187	220	194	211	214	226	251	229	236	218	234	262	237	237	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	83.7%	79.3%	83.1%	80.9%	82.0%	84.7%	86.8%	85.3%	85.9%	86.0%	81.5%	84.6%	83.8%	81.5%	

	Indicator	Objective	Director	Threshold	Set by	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	2022/23	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	3	1	1	1	5	1	3	3	5	1	1	1	0	23	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	67.2%	74.0%	74.7%	77.4%	73.6%	78.2%	82.4%	76.2%	76.5%	77.7%	86.5%	81.4%	79.5%	78.2%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	92.3%	94.8%	94.1%	93.1%	95.6%	94.2%	95.1%	95.1%	95.9%	94.9%	94.0%	96.3%	95.9%	94.9%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	93.6%	93.5%	94.3%	93.5%	94.6%	94.1%	94.0%	94.0%	94.2%	94.96%	95.05%	95.01%	95.00%	94.3%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	97.7%	93.1%	98.0%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	95.5%	100.0%	98.5%	

Quality Performance Dashboard

April 2023
Upated 18-04-23

	Indicator	Objective	Director	Threshold	Set by	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	2022/23	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	≥95%	National	61.5%	63.1%	63.4%	64.5%	62.3%	63.6%	66.4%	62.7%	63.9%	64.0%	65.7%	64.8%	65.1%	64.1%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	17	39	24	17	69	155	18	59	182	99	405	442	269	1778	
	Time to initial assessment for all patients presenting to A&E - % within 15 minutes	Safe, high quality care	COO	100%	National	54.0%	52.5%	53.5%	58.6%	53.6%	57.9%	60.9%	52.8%	55.8%	51.2%	66.6%	61.3%	57.4%	56.8%	
	Proportion of patients spending more than 12 hours in A&E from time of arrival	Safe, high quality care	COO	0%	National	11.6%	13.7%	10.7%	10.5%	14.6%	14.1%	10.8%	14.5%	13.6%	15.4%	15.6%	17.0%	16.5%	13.9%	
	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	86.9%	91.2%	85.1%	86.1%	90.6%	90.2%	87.3%	90.7%	88.5%	92.1%	92.4%	94.6%	92.9%	90.1%	
	Ambulance Handovers: > 30 minute delays	Safe, high quality care	COO	<5%	WUTH	25.2%	23.9%	21.9%	18.5%	16.0%	12.5%	16.2%	24.3%	17.5%	21.0%	17.6%	23.7%	25.9%	19.9%	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	≥92%	SOF	65.38%	64.08%	66.72%	65.46%	64.80%	64.77%	62.40%	61.85%	61.57%	57.75%	58.97%	58.50%	59.09%	59.09%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSEI Plan Trajectory 2022-23	National	30430	31504	32373	33306	34933	35742	37030	37157	37188	37460	38911	40039	41046	41046	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSEI Plan Trajectory 2022-23	National	582	730	811	1028	1119	1122	1245	1279	1219	1321	1266	1280	1308	1308	
	Referral to Treatment - cases waiting 78+ wks	Outstanding Patient Experience	COO	NHSEI Plan Trajectory 2022-23	National	60	70	73	82	91	62	60	55	47	71	68	66	15	15	
	Referral to Treatment - cases exceeding 104 weeks	Safe, high quality care	COO	NHSEI Plan Trajectory 2022-23	National	1	0	0	0	8	0	0	0	0	0	1	0	0	0	
	Diagnostic Waiters, 6 weeks and over - DM01	Safe, high quality care	COO	≥95% (from April 2022)	SOF	85.2%	82.8%	86.0%	87.2%	87.5%	85.3%	85.3%	86.8%	88.0%	86.7%	87.4%	90.3%	92.1%	87.1%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	76.2%	85.8%	96.6%	94.6%	94.4%	91.9%	78.7%	88.3%	92.0%	87.9%	86.9%	82.7%		89.1%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	76.7%	-	-	92.5%	-	-	88.4%	-	-	89.5%	-	-	-	90.1%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	92.6%	91.2%	96.5%	96.4%	96.1%	94.7%	96.2%	97.3%	97.0%	95.3%	96.6%	92.7%		95.4%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	94.1%	-	-	94.9%	-	-	95.6%	-	-	96.6%	-	-	-	95.7%	
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	75.9%	79.2%	79.6%	75.7%	79.9%	81.5%	73.8%	73.1%	74.4%	74.0%	69.6%	69.4%		75.5%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	78.1%	-	-	78.2%	-	-	78.2%	-	-	73.8%	-	-	-	76.7%	
	Cancer Waits - reduce number waiting 62 days +	Outstanding Patient Experience	COO	NHSEI 2022/23 plans trajectory - revised 07/10/22	National	81	97	118	152	167	158	200	200	173	177	227	206	163	163	
	Cancer - Faster Diagnosis Standard	Outstanding Patient Experience	COO	≥75% within 28 days	National	79.5%	76.7%	75.4%	78.3%	79.6%	76.6%	71.8%	75.2%	73.8%	76.2%	-	-	-	75.9%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	MD	≤173 per month	WUTH	211	170	185	174	207	191	234	187	178	128	219	185	277	195	
	Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	MD	≤3.1	WUTH	3.05	4.50	3.96	2.88	4.13	5.02	3.57	3.54	3.17	1.23	2.12	3.69	4.00	3.48	
	Formal Complaint acknowledged within 3 working days	Outstanding Patient Experience	MD	≥90%	National	100%	100%	86%	100%	91%	96%	100%	80%	100%	100%	100%	100%	100%	96%	
	Number of re-opened complaints	Outstanding Patient Experience	MD	≤5 pcm	WUTH	0	2	2	1	3	0	5	4	1	4	3	3	3	3	
	NEWS2 Compliance	Outstanding Patient Experience	MD/CN	≥90%	WUTH	85%	85.2%	88.3%	89.7%	89.1%	89.6%	90.3%	89.4%	89.2%	87.6%	89.6%	88.3%	90.7%	89%	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

April 2023
Upated 18-04-23

	Indicator	Objective	Director	Threshold	Set by	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	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	0	0	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	1666	21	59	85	110	147	213	257	328	364	402	441	481	481	
	% Appraisal compliance	Safe, high quality care	CPO	≥88%	WUTH	77.9%	77.2%	83.2%	85.2%	86.2%	86.7%	88.58%	88.25%	88.36%	88.43%	86.39%	86.24%	89.14%	89.1%	

	Indicator	Objective	Director	Threshold	Set by	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	2022/23	Trend
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	0.1	-1.0	-0.4	-0.2	-0.4	-0.5	-0.6	-0.9	-0.7	-1.2	-0.4	-0.3	0.2	0.2	
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	-0.3	-0.9	0.3	-1.2	-0.6	-0.7	-0.9	-0.8	-0.6	-1.1	0.1	0.0	0.1	0.1	
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	2.0	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	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	91.33%	7.26%	45.26%	47.60%	57.50%	51.00%	55.00%	45.00%	49.00%	21.77%	28.88%	12.00%	53.00%	53.00%	
	NHSI Agency Performance (YTD % variance)	Effective use of Resources	CFO	On Plan	NHSI	-15.0%	-43.9%	-316.0%	-88.0%	-218.8%	-216.0%	-233.0%	-171.0%	-142.0%	-121.0%	-101.0%	-91.0%	-86.0%	-86.0%	
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-20.0	-21.4	-12.0	-16.6	-16.4	-21.4	-23.5	-26.0	-38.0	-37.9	-38.2	-35.2	-25.4	-25.4	
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	100.0%	0.7%	1.4%	4.0%	8.7%	13.0%	17.9%	25.3%	31.5%	38.4%	41.1%	52.6%	100.0%	100.0%	

Metrics Added

Metrics Amended

Wirral University Teaching Hospital
NHS Foundation Trust

Board of Directors in Public **Item 9.2**
03 May 2023

Title	M12 Finance Report
Area Lead	Mark Chidgey, CFO
Author	Robbie Chapman, Deputy CFO
Report for	Information

Report Purpose and Recommendations

At M12 the Trust is reporting a deficit of £6.795m, an adverse variance against budget of £6.819m. This variance is attributed to overspends on employee costs, driven largely by under-performance in respect of recurrent CIP, the unfunded element of the national pay award and the continued use of escalation wards staffed at premium rates, and by increases in energy prices. This is offset by:

- reductions in non-pay spend in M1-6, specifically clinical supplies, as a result of reduced elective activity compared to plan.
- release of deferred income.

It is recommended that the Board:

- Notes the report.

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

Governance journey

This is a regular update provided to each Board meeting. A more detailed version of the report was submitted to FBPAC on 26 April.

1. Statutory Responsibilities and Key Financial Risks

Key Financial Targets	RAG	Target Measure
Financial Efficiency	🔴	Variance from efficiency plan
Financial Stability - Breakeven	🔴	Variance from breakeven
Agency spend	🔴	10% reduction vs 19/20
Capital	🟢	Capital spend on track and within CDEL limit
Cash	🟠	Trust cash balance

2. Executive Summary

2.1. At M12 the Trust is reporting a deficit of £6.795m, an adverse variance against budget of £6.819m. The dashboard below highlights the key drivers of YTD and forecast position

Key Performance Indicator	In Mnth (£'000)	RAG Rating	YTD (£'000)	RAG Rating	FOT (£'000)	RAG Rating
Financial Stability - Breakeven	£166	🟢	-£6,795	🔴	-£6,795	🔴
Key Drivers of Variance						
104% Activity Recovery	£0	🟠	£0	🟠	£0	🟠
Escalation beds & Corridor Care	-£534	🔴	-£6,396	🔴	-£6,396	🔴
Bank & Agency	-£2,438	🔴	-£23,800	🔴	-£23,800	🔴
Non Pay (Operating Expenditure)	£395	🟢	-£1,035	🔴	-£1,035	🔴
Cost Improvement (Recurrent)	-£497	🔴	-£8,083	🔴	-£8,083	🔴
Other	£3,240	🟢	£32,519	🟢	£32,519	🟢

3. Clinical Income & Activity

3.1. Refer to Appendix 1, SPC charts for Day Case & Elective and Outpatient Activity.

3.2. Key drivers:

- Clinical Income - £33.912m in M12 and £404.761m YTD, an adverse variance of £0.120m for the year. This is primarily a reflection of the block contracts in place.
- ERF – £0.0m YTD. National data confirms that the Trust is delivering above the target level of 104% and that this reduces to marginally below when out patient follow ups are capped at 85%. It has been confirmed that there will be no ERF financial variations transacted in 2022/23.
- Other Income - £9.752m in M12 and £46.922m YTD, a positive variance to plan of £8.598m for the year. This relates to additional income received from the ICB, the

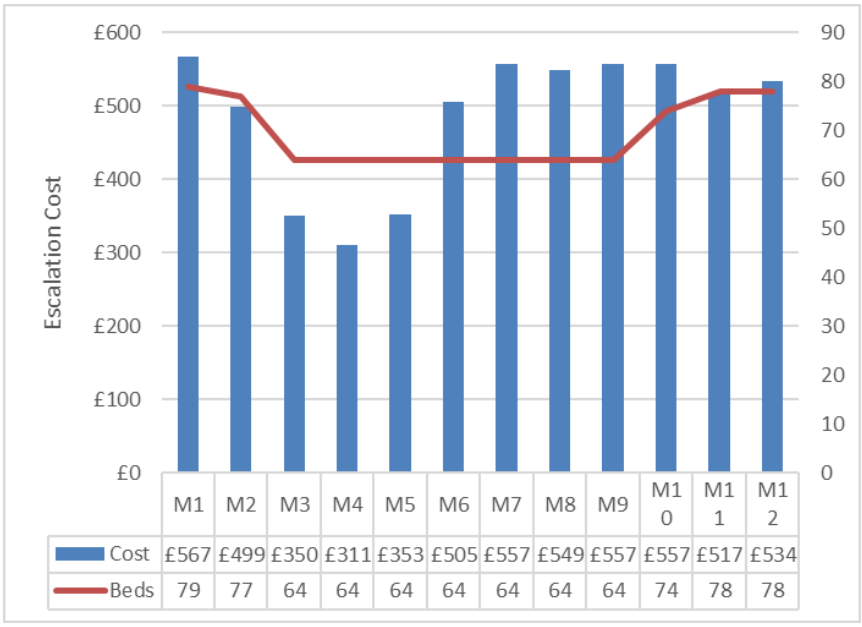
release of deferred income in respect of international nurse recruitment and tele-dermatology and the recharge of energy costs to Clatterbridge Cancer Centre. All of these costs are offset by increases in expenditure.

3.3. Mitigations and Corrective Action

- Elective activity - The improvement programme is monitored through the Programme Board.

4. Escalation Costs

4.1. Chart for Escalation Beds



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Cost	£567	£499	£350	£311	£353	£505	£557	£549	£557	£557	£517	£534
Beds	79	77	64	64	64	64	64	64	64	74	78	78

N.B. Chart above is for escalation beds. The red line is the number of beds in escalation (actual and forecast) and the blue bars reflect cost (actual and forecast)

4.2. Key drivers

- Escalation wards - A total of 78 additional beds remain open with nursing and medical cover being provided by premium cost bank and agency staff.
- Corridor care – The Trust has invested in additional staffing at a cost of £0.110m per month to manage the flow of patients between ambulances and the Emergency Department.

4.3. Mitigations and corrective actions

- Escalation wards - Business case for Ward M3 and 4 beds on W26 to be staffed substantively at reduced cost was submitted for approval. It was agreed that the nursing posts within these wards could be recruited substantively but funding would be on a non-recurrent basis whilst de-escalation plans were developed. Bed modelling is currently underway to inform the longer term requirements for Medicine.
- Corridor care - the new Ambulance Arrival Zone, which includes additional space within the Emergency Department, was opened in March. This should result in reduced premium spend.

5. Bank and Agency

5.1. Refer to Appendix 1, SPC charts for Bank, Agency and substantive employed.

5.2. Key drivers

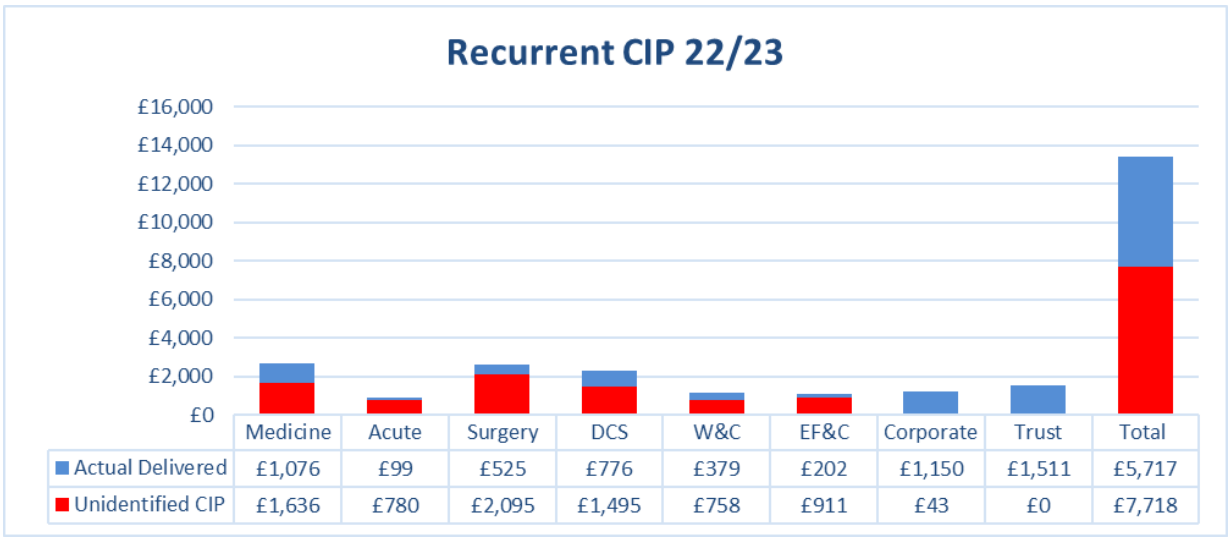
- Substantive – M12 position inflated by £11.348m for the 2% additional national pay award and non-consolidated lump sums for each Agenda for Change pay band. Whilst the pay award has not been agreed we have been instructed by NHSE to accrue on this basis. This is offset by additional income of £11.3m, giving a shortfall of £0.048m. This results in a significant spike in substantive costs on our SPC chart that will not continue in 23/24.
- Bank & Agency - costs excluding escalation were £3.131m in M12 and £30.319m YTD, an adverse variance of £17.933m which would have been offset by an under-spend of £11.849m in respect of substantive staff if not for the accrued costs of the additional pay award described above. Bank expenditure, driven by higher than planned levels of sickness and vacancies across the Trust saw a further spike in March due to industrial action and year end accruals.

5.3. Mitigations and corrective actions

- Business case for recruitment of substantive consultants to replace agency in General Medicine was approved at last meeting of committee and recruitment is underway. Business case for Gastroenteorology and Haematology, two of the biggest areas of agency spend, is on today's agenda for approval.
- Progress has been made in the last month by the working group formed to review junior doctor staffing. There is much better understanding of current rotas and gaps and how they can be made more streamlined. Pro active steps have been taken to recruit into posts from the August rotation and thus minimise spend on agency.
- International Nurses coming into post in Acute. Awaiting completion of OSCE.

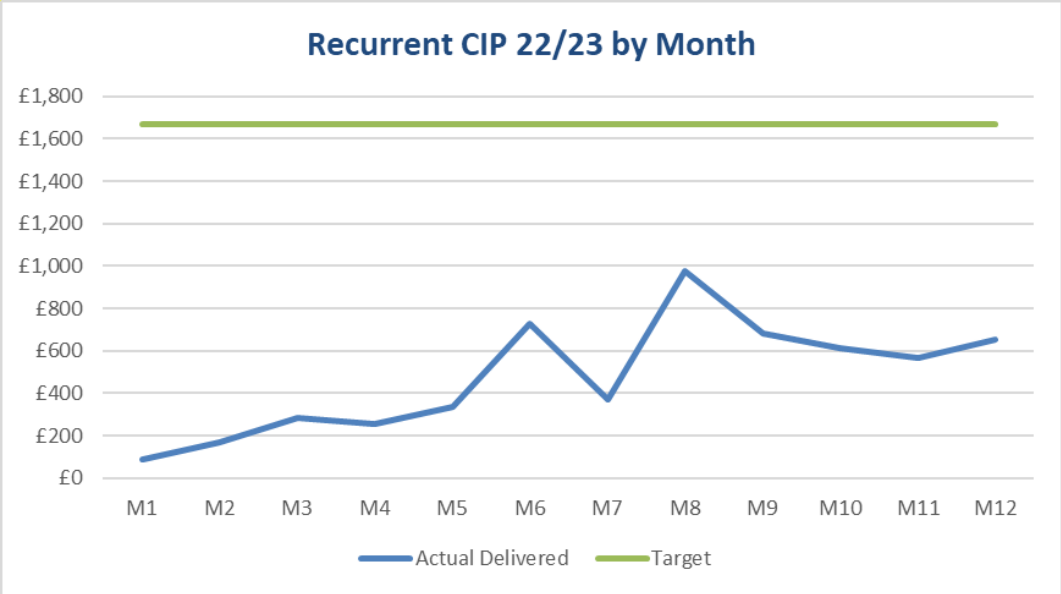
6. CIP

6.1. The chart below shows the delivery of CIP by division.



	Medicine	Acute	Surgery	DCS	W&C	EF&C	Corporate	Trust	Total
Actual Delivered	£1,076	£99	£525	£776	£379	£202	£1,150	£1,511	£5,717
Unidentified CIP	£1,636	£780	£2,095	£1,495	£758	£911	£43	£0	£7,718

6.2. Recurrent CIP by month and forecast



7. Capital and Cash

7.1. Refer to Appendix 1, SPC chart for cash.

7.2. The cash balance at the end of M12 was £24.3m. Although we anticipated a much-reduced year end position, we benefited from large PDC drawdowns in months 11 and 12 which were not matched by cash outlay at the year end. Overall, the reduction in the cash balance compared with 21/22 is being driven by the under-delivery of CIP and the current deficit position.

7.3. There were no additional changes to the capital plan in M12:

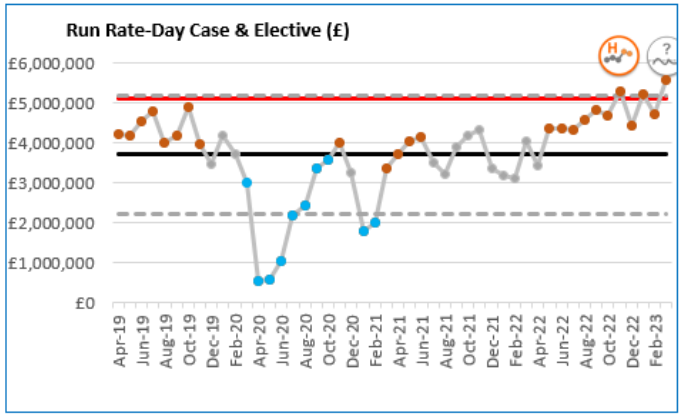
Revised capital plan 2022/23	
IT - various schemes	1,976
Medical equipment	289
Facilities equipment	93
Bathroom refurbishment	100
Ventilation works	400
Flooring	80
Fire compartmentation	400
Backlog maintenance	599
Ward 1 - Renal Unit refurbishment	2,800
Modular theatre build completion	3,182
UTC (included in backlog maintenance in spend table)	215
Initial CDEL allocation	**10,134**
Heating and chilled water pipework replacement	2,132
Total CDEL	**12,266**
Modular theatre - phase 2	14,954
UECUP	8,000
CDC	4,212
Breast screening	273
Robot	2,047
Cyber	145
Diagnostics Digital	372
CT Scanner	1,000
MRI Bariatric Head Coil	16
Gastroscopes	292
Endoscopy AI and Digital Assessment	94
Total PDC	**31,405**
TOTAL CAPITAL PLAN 22/23	**43,671**

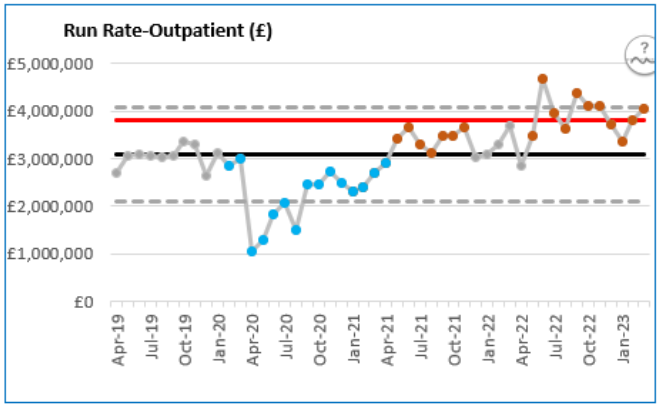
7.4. Spend at M12 was as follows:

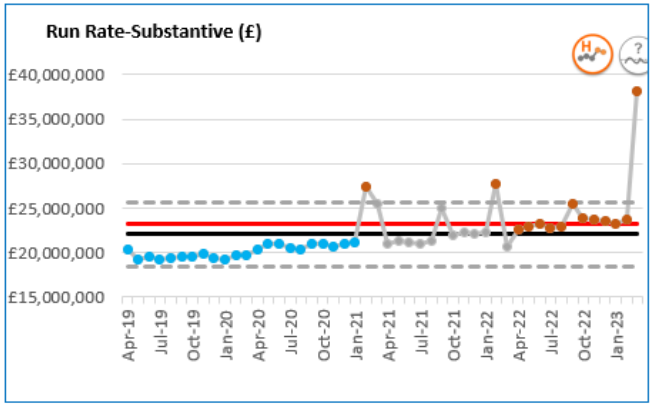
Scheme	Plan spend @ M12	YTD spend	Variance
IT - various schemes	1,250	2,564	1,314
Equipment (including Aseptics)	1,500	247	- 1,253
Ward 1 - Renal Unit refurbishment	2,120	2,680	560
Modular theatre build completion	3,182	3,424	242
Backlog maintenance	1,713	3,057	1,344
Heating and chilled water pipework	2,132	2,134	2
Modular theatre - phase 2	14,954	11,379	- 3,575
UECUP	18,000	9,991	- 8,009
CDC	-	3,884	3,884
Breast screening	-	273	273
Robot	-	2,282	2,282
Cyber	-	174	174
Diagnostics Digital	-	317	317
CT Scanner	-	1,000	1,000
MRI Bariatric Head Coil	-	16	16
Gastroscopes	-	284	284
Endoscopy AI and Digital Assessment	-	94	94
NHSE/I TOTAL CAPITAL PLAN 22/23	**44,851**	**43,801**	**- 1,050**

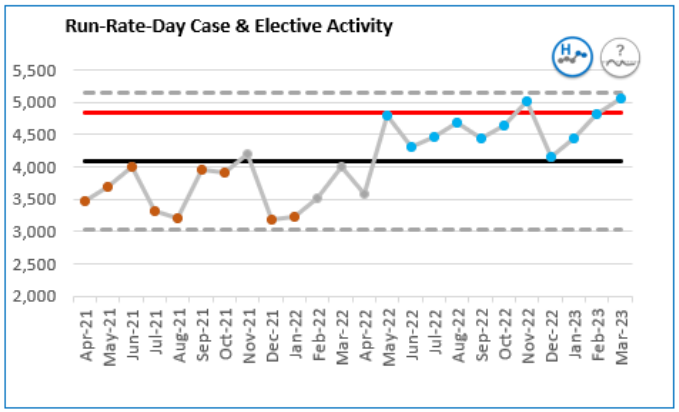
7.5. Spend was £1m behind the original plan but is in line with revised CDEL which takes into account the changes on PDC allocations, grant funded assets and charitable donations.

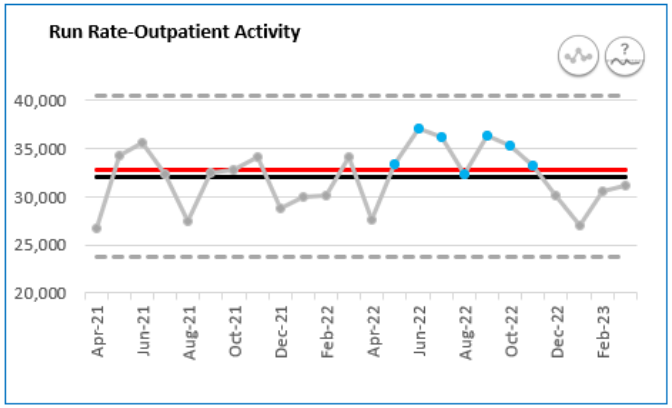
Appendix 1 – SPC Charts

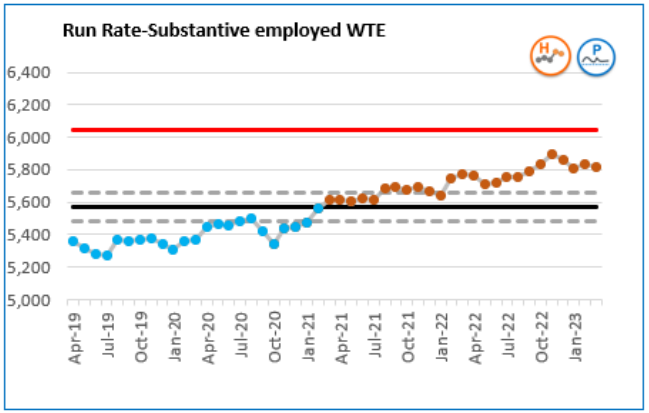


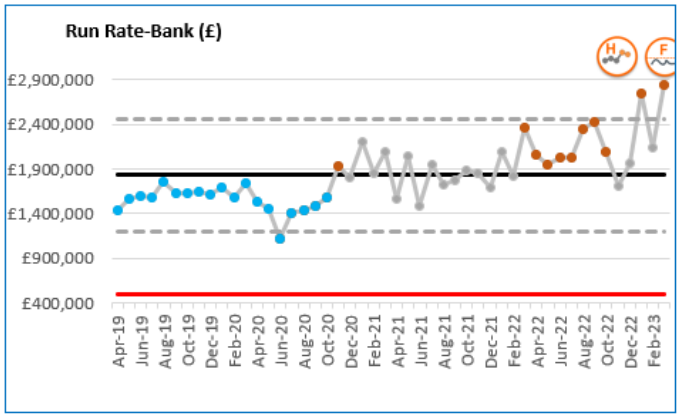


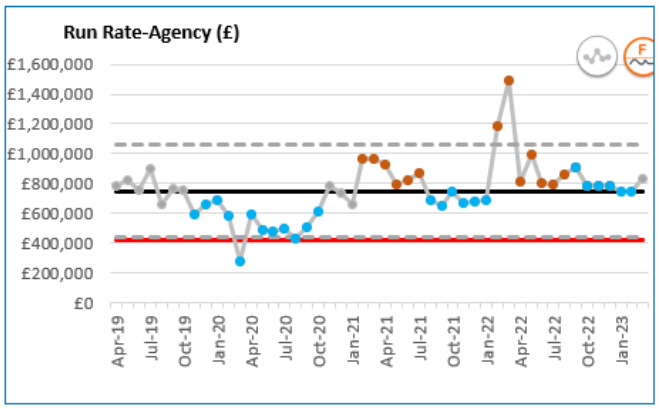


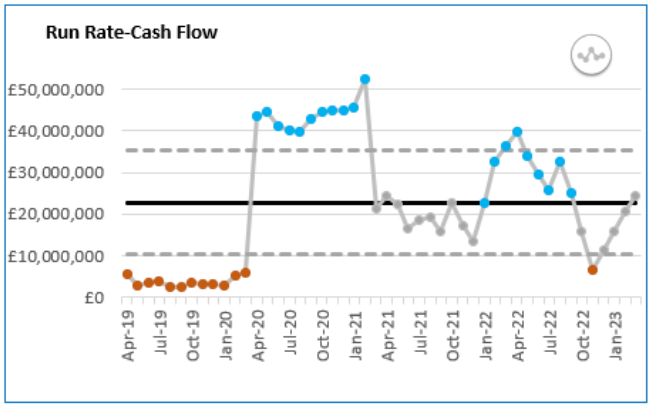












Board of Directors in Public **Item 9.3**

03 May 2023

Title	Quarterly Maternity Services Report
Area Lead	Tracy Fennell, Chief Nurse, Executive Director of midwifery and AHPs, Director of Infection Prevention and Control
Author	Jo Lavery, Divisional Director of Nursing & Midwifery (Women's and Children's') and Debbie Edwards, Strategic Advisor for Maternity and Neonatal Services (Women's and Children's')
Report for	Approval

Report Purpose and Recommendations

This paper provides a quarterly update with further oversight of the quality and safety of Maternity Services at Wirral University Teaching Hospital (WUTH).

The paper provides an update on the CNST (MIS Year 4) submission in February 2023.

The paper provides an update on the Final Ockenden Report and an overview of the Three-year delivery plan for maternity and neonatal services which aims to make safer care, more personalised and more equitable focusing on four high level themes published 30 March 2023 following the publication of 'Reading the Signals' Maternity and Neonatal Services in East Kent – the Report of an independent investigation.

The paper summarises an update on the Midwifery Continuity of Carer model following updated guidance from NHSE setting out essential and immediate changes to the Maternity Transformation Programme.

It is recommended that the Board:

- Note the report
- Note the submission and the Trust's compliance with Year 4 of the Maternity Incentive Scheme
- Note the Ockenden report update
- Note the update on the NHSE three-year delivery plan for maternity and neonates incorporating Ockenden and East Kent 'Reading the Signals"
- Note the workforce update with specific reference to the Continuity of Carer model of maternity care and the Trusts position to implement this model as a default model of care subject to approval to improving the midwifery establishment
- Note the Trusts position in relation to exposure to Entonox

Key Risks

This report relates to these key Risks:

- BAF Risk 1.4, Failure to ensure adequate quality of care resulting in adverse patient outcomes and an increase in patient complaints

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

1	Maternity Incentive Scheme (MIS) Year 4
	The submission of MIS Year 4 was submitted to NHSR by 2 February 2023 and WUTH declaring provider compliance with the 10 Safety Action Standards as evidenced and full sign off from the Chief Executive and ICB. Guidance on MIS Year 5 conditions and guidance of the scheme are awaited

2	Ockenden Review of Maternity Services: Final Report – Update on Trust compliance with the Immediate and Essential Actions / Recommendations
	An initial gap analysis outlining compliance against these recommendations detailed within the 15 Immediate and Essential Actions (IEA's) was reported BOD in January 2023. **Appendix 1** includes an updated Gap Analysis and is RAG rated accordingly. Board of Directors will note item 2.2 within the gap analysis remains amber. This risk assessment is expected to be included within the June Board update so will be complete before the end of Q1.

3	Reading the Signals: Maternity and Neonatal Service in East Kent – the Report of an Independent Investigation
	he NHSE Three-year delivery plan for maternity and neonatal services incorporating the independent reports by Donna Ockenden and Dr Bill Kirkup was published 30th March 2023 **(Appendix 2)**. The plan sets out the responsibilities for each part of the NHS the provision to support high quality care. It summarises responsibilities for each part of the NHS including trusts, Integrated Care Boards and Systems including Local Maternity and Neonatal Systems and Operational Delivery Networks, and NHS England. The plan aims to make care safety, more personalised and more equitable in the next three years with a focus on four high level themes: - **Listening to women and families with compassion** which promotes safer care. • All women will be offered personalised care and support plans. By 2024, every area in England will have specialist care including pelvic health services and bereavement care when needed; and, by 2025, improved neonatal cot capacity. • During 2023/24, Integrated care systems (ICSs) will publish equity and equality plans and take action to reduce inequalities in experience and outcomes.

	• From 2023/24, Integrated care boards (ICBs) will be funded to involve service users. National policy will be co-produced, keeping service users at the heart of our work. **Supporting our workforce** to develop their skills and capacity to provide high-quality care. • Trusts will meet establishment set by midwifery staffing tools and achieve fill rates by 2027/28, with new tools to guide safe staffing for other professions from 2023/24. • During 2023/24, trusts will implement local evidence-based retention action plans to positively impact job satisfaction and retention. • From 2023, NHS England, ICBs, and trusts will ensure all staff have the training, supervision, and support they need to perform to the best of their ability. **Developing and sustaining a culture of safety** to benefit everyone. • Throughout 2023, effectively implement the NHS-wide "PSIRF" approach to support learning and a compassionate response to families following any incidents. • By 2024, NHS England will offer a development programme to all maternity and neonatal leadership teams to promote positive culture and leadership. • NHS England, ICBs, and trusts will strengthen their support and oversight of services to ensure concerns are identified early and addressed. **Meeting and improving standards and structures** that underpin our national ambition. • Trusts will implement best practice consistently, including the updated Saving Babies Lives Care Bundle by 2024 and new "MEWS" and "NEWTT-2" tools by 2025. • In 2023, NHS England's new taskforce will report on how to better detect and act sooner on safety issues, arising from relevant data, in local services. • By 2024, NHS England will publish digital maternity standards; services will progress work to enable women to access their records and interact with their digital plans. The MatNeo leadership team at WUTH with frontline staff, service users and stakeholders are reviewing the building blocks and an initial gap analysis will be prepared for wider discussion and monitoring. Updates will be provided to the Board of the Directors as part of each quarterly maternity update.

4	The Perinatal Clinical Surveillance Quality Tool (PCSQ) Assurance Report
	The Perinatal Clinical Surveillance Quality Tool dashboard is included in **Appendix 3** and provides an overview of the latest (March 2023) key quality and safety metrics. The purpose of this report is to provide a monthly update to BOD of key metrics reported to the Local Maternity and Neonatal System (LMNS) and NHSE/I via the Northwest regional Maternity Dashboard which are linked to the quality and safety metrics of Maternity and Neonatal Services. Perinatal Clinical Surveillance Quality Assurance report for March 2023 reports that the Trust is not an outlier for neonatal deaths and stillbirths. There was one serious incident declared in February 2023 and one HSIB declared from an incident in January 2023. The last HSIB quarterly report confirmed that the Trust continues to report all

	cases meeting the criteria for review, and that Duty of Candour was reported as 100% for these cases. Following review of Quarter 3 Neonatal Unit Dashboard there were three reported neonatal deaths. The Neonatal Safety Champion therefore undertook a review of the neonatal of all cases. All these cases were subject to scrutiny both internally and external to the organisation and to relevant external reporting. The reviews indicated that in 2 out of 3 cases, no care issues were identified. In one case learning was identified for both a partnering Trust that transferred the patient and WUTH. Actions have been initiated on the back of the learning identified. Currently the Trust is not an outlier for perinatal mortality rates. BOD can be assured that perinatal deaths are subject to appropriate reporting and scrutiny & learning (consistent with the recent Maternity Incentive Scheme submission in February 2023).

5	The Northwest Coast Outlier Report
	A summary from the Northwest Coast Outlier report for the period February 2022 – January 2023 is included in **Appendix 4** and refers to WUTH data from the regional (Northwest Coast) Outlier report. There are no areas to escalate within the current report, this report is also subject to scrutiny via the Maternity Safety Champions at the Maternity Safety Champions meeting.

6	Serious Incidents (SI's) & Health Care Safety Investigation Branch (HSIB)
	Serious incidents (SI's) continue to be reported monthly on the regional dashboard by all maternity providers including C&M and Lancashire and South Cumbria (Northwest Coast). SI's are also reported to the LMNS and the newly formed QSSG (Quality & Safety Steering Group) will have further oversight of all Maternity SI's across the region. There was one serious incident declared in February 2023 and one HSIB declared from an incident in January 2023.

7	Workforce Update – Implementing a Continuity of Carer Model of Maternity Care
	The Maternity Service continues to deliver care via two models of maternity care – one that is traditional in its approach, and the other a Continuity of Carer model of care. Women being cared for by a team of midwives under the Continuity of Carer model appreciate the benefits of improved outcomes and experience compared to those cared for by a traditional model. A consultation with staff has taken place to support staff transitioning to work within a continuity of carer model. This consultation was positively received with plans finalised for the implementation of 100% Maternity Continuity of Carer (MCoC). The target date as guided by NHSE/I date is for each provider to have this as the default model of care was March 2024, however this has been removed and is in line with organisations in line with safe staffing and robust training/upskilling programmes. As a maternity provider WUTH has 6 MCoC teams with a seventh team who are currently upskilling with an anticipated launch date of June 2023. As previously presented to BOD a workforce review using the Birthrate+ tool was undertaken in 2021, on revisiting the 7th team reaching approx. 60% is in line with safe staffing criteria. However, the final roll out of a further four teams will require the investment in the midwifery establishment to increase by a further 4.7wte midwives.

	A full paper and the associated risk assessment linked to running two models of maternity care has been prepared for consideration. Subject to sourcing the funding for the additional midwifery workforce it is anticipated MCoC will be rolled out to be the default model at WUTH by June 2024.Further updates will be provided in the next Quarterly Maternity Update Paper.

8	Exposure to Entonox
	In the media several maternity units around the country have been highlighted as having inadequate ventilation processes to safely expel/or control leakage of Nitrous Oxide/Entonox and the potential risk of harm to staff who are subject to excessive exposure. The Executive Management Team at WUTH have had oversight of the risk and a gap analysis has been undertaken on all aspects of health and safety legislation. An annual test into the efficacy of the ventilation system was undertaken in February 2023 of all labour ward rooms monitoring staff exposure to nitrous oxide. The test results have indicated there are no concerns to exposure in 10 rooms, however 1 room (Room) 4 was a cause of concern therefore this room is being further reviewed by estates for further medial action and will require exposure measurements to be repeated prior to being reused as a labour room with the option of Entonox. This room has been decommissioned for activities relating to Entonox until all assurances are in place. **Appendix 5** Includes a Gap Analysis against the requirements set out in *Guidance on Minimising time weighted exposure to nitrous oxide in health care settings in England (NHSE March 2023)* and is RAG rated accordingly.

9	Maternity Escalation and Divert update
	The weekly C&M Gold Command meetings continue to identify demand and capacity 'hotspots' in a timely manner, and have improved provider collaboration within C&M. This has positively impacted on the need for maternity providers to formally divert services to another provider. There were no diverts from WUTH in 2022 or up until end of March 2023, with WUTH supporting other providers on a number of occasions with mutual aid within the region.

10	Maternity Clinical Strategy and Vision Update
	Following a number of national updates in relation to Maternity Services including a revised clear direction set out in *Three-year delivery plan for maternity and neonatal services' (NHSE 2023).* The Women's and Children's Division have reviewed the current Maternity Clinical Service Strategy to reflect the changes in priorities in line with the national recommendation **Appendix 6**. In addition, the senior team have engaged with the frontline staff to create a Maternity Vision to also direct the ambition for the forthcoming years **Appendix 7**.

11	Conclusion
	The next BOD paper will continue to update on the delivery of safe maternity services to include an update on progress with the NHSE Three-year delivery plan. An update will continue to be provided on the Continuity of Carer Implementation Plan.

Author	Jo Lavery, Director of Midwifery & Nursing - Women and Children's Division
Contact Number	0151 678 5111, Ext 2792
Email	Jo.lavery@nhs.net

Board of Directors in Public **Item No 10**
3 May 2023

Title	Registers of Interests and Gifts & Hospitality, and Fit and Proper Persons Update
Area Lead	David McGovern, Director of Corporate Affairs
Author	David McGovern, Director of Corporate Affairs Catherine Herbert, Board Secretary
Report for	Information

Report Purpose and Recommendations

The purpose of this report is to provide the Board of Directors with year-end updates on the register of interests, the register of gifts and hospitality, and the fit and proper persons regime compliance.

It is recommended that the Board:

- Notes the Register of Interests at Appendix 1 and 2 and the Register of Gifts and Hospitality at Appendix 3; and
- Notes the update on Fit and Proper Persons.

Key Risks

This report relates to these key Risks:

- Upholding standards of transparency and adhering to the standards set by NHS England to safeguard taxpayer monies.

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

Governance journey

Date	Forum	Report Title	Purpose/Decision
27 April 2023	Audit and Risk Committee	As above	Information

1	Narrative
1.1	**Registers of Interests End of Year Update** Members will recall that the Trust's Managing Conflicts of Interest Policy was reviewed and approved in September 2022 by Audit and Risk Committee and by the Board in October 2022. As set out in that policy, the Audit and Risk Committee have a responsibility of oversight for the register of interests and the register of gifts and hospitality. As of 31st March, there were 1459 staff who fall within the categories outlined in the Trust policy, and 1311 of those have completed their annual declaration/review. This is 90% of those required, and is compared to the position at last year end of 20%. This is better than the sector best practice figure of 85%. However, the team continue to work towards full compliance, and will continue to make efforts to reach those who are non-compliant with this. The Board and Senior Directors' Register of Interest is attached at Appendix 1, and the Governors' register of Interest attached at Appendix 2. These are available to the public via the WUTH website.
1.2	**Register of Gifts and Hospitality End of Year Update** The Managing Conflicts of Interest Policy lays out the requirements for declaring gifts and hospitality, and these are set in line with the model policy requirements. Gifts should be declared if valued over £50, and hospitality over £25 should be declared, with any hospitality over £75 requiring manager approval. Whilst the nature of gifts and hospitality is less straightforward than the register of interests, the team ensure regular communications are included in the bulletins and briefings sent out to staff to remind them to declare gifts and hospitality. This is escalated around key points of the year, such as Christmas and year end. The Register of Gifts and Hospitality is attached at Appendix 3.
1.3	**Fit and Proper Persons End of Year Update** In line with the Fit and Proper Person Policy the annual refreshment has now been carried out. There are currently 41 roles/individuals subject to the annual refreshment for FPP. Annual returns have been received for 39 roles and 2 roles are currently unfilled. These will be subject to FPP assessment upon appointment.

2	Implications
2.1	The Trust has an obligation to manage conflicts of interest and gifts/hospitality in a transparent way, with safeguards in place around the use of taxpayer funds. This is set out both in guidance from NHS England, and in the Trust's policies. The CIVICA Declare web based solution remains live, with a schedule of reminders regularly sent to staff to ensure that awareness is high.
2.2	It is also a condition of the licence to ensure that Fit and Proper Persons tests have been carried out.

3	Conclusion

3.1	The Board is asked to note the report.

Report Author	David McGovern, Director of Corporate Affairs Catherine Herbert, Board Secretary
Email	David.mcgovern2@nhs.net; Catherine.herbert5@nhs.net

Wirral University Teaching Hospital
NHS Foundation Trust

Register of Interests of the Board of Directors as of April 2023

Name	Position	Nothing to Declare	Description of Interest	Name of Organisation	Nature of Organisation	Start date of Interest	End date of Interest	Date of entry or confirmation
CHIDGEY, Mark	Chief Finance Officer		Ad-hoc / occasional paid lecturing and education duties in support of healthcare courses	Alliance MBS Business School - The University of Manchester		June 2022		June 2022
CLARKSON, Christopher	Non-Executive Director	√						March 2023
DAVIES, Lesley	Non-Executive Director		Consultancy	Seymour Place Associates Limited	Education Consultancy	September 2022		September 2022
			Board Member - remunerated	Kaplan	Education Training Company	September 2022	October 2022	September 2022
			Chair - voluntary role	UK Skills Partnership		September 2022	December 2022	September 2022
			Trustee	CVQO	Education Charity	September 2022		September 2022
			Chair designate – voluntary	Cheshire College South and West		Jan 2023		March 2023
			National Leader of Governance - remunerated	Department for Education		March 2023		March 2023

FENNELL, Tracy	Chief Nurse		Partner is Associate Director of Governance	Mid Cheshire Hospitals Trust			Ongoing	May 2022
			Partner is NHSP registered and books shifts via NHSP	NHSP			Ongoing	May 2022
			Son is HR data analyst	Bolton Royal Hospital			Ongoing	May 2022
			Son produces Nursing data reports. No direct line management, though reports will be visible to Tracy in key meetings.	NHSP		July 2022		May 2022
HENSHAW, Sir David	Chair		Chair	National Museums Liverpool	Heritage		Ongoing	September 2022
			Trustee	North Wales Heritage Trust	Heritage		Ongoing	September 2022
			Chair	Natural Resources Wales	Environment Regulator		Ongoing	September 2022
			Chair	Sir David Henshaw Partnership Ltd			Ongoing	September 2022
HOLMES, Janelle	Chief Executive Officer		Spouse is Senior Manager	Salford Royal NHS Foundation Trust	NHS Organisation	March 2018	January 2021	March 2023

			Spouse is UK Director	Ortivus	Medical technology company	February 2021	January 2023	March 2023
			Spouse is bank RGN	East Cheshire (Macclesfield General Hospital) part of C&M ICB	NHS Organisation	March 2023	Ongoing	March 2023
IGOE, Stephen	Non-Executive Director		Deputy Vice-Chancellor	Edge Hill University	Education	2 January 1996	Ongoing	March 2023
KENDALL, Hayley	COO	√						March 2023
LORIMER, Susan	Non-Executive Director	√						July 2022
MADHOK, Rajan	Non-Executive Director		Non Executive Director	Citizen Voice Body for Health and Social Care, Wales		July 2022		March 2023
MCGOVERN, David	Director of Corporate Affairs		Board Member/ Shareholder	Arawak Walton	Housing Association	September 2020	April 2022	May 2022
			Board Member/ Shareholder	Emmaus UK	Homelessness Charity	November 2020	April 2022	May 2022
			Board Chair	Manchester Pride and Manchester Pride Events Limited	Charity	October 2022		October 2022
RYAN, Steve	Non-Executive Director		Consultancy	Steve Ryan Healthcare		May 2022		March 2023

SMITH, Deborah	Director of Workforce	√						March 2023
STEVENSON, Nicola	Medical Director		Spouse – Consultant Intensivist	Liverpool University Hospitals NHS Foundation Trust	NHS Organisation	2001	Ongoing	January 2023
			Spouse – Medical Lead	Cheshire and Mersey Critical Care Network	NHS Organisation	March 2020	February 2023	January 2023
			Son – Volunteer	Wirral University Teaching Hospital	NHS Organisation	January 2023	March 2023	January 2023
SULLIVAN, John (to June 2022)	Non-Executive Director	√						March 2022
SWANBOROUGH, Matthew	Director of Strategy & Partnerships		Partner in management position	Manchester University NHS Foundation Trust	NHS Organisation	September 2021		June 2022

Wirral University Teaching Hospital NHS Foundation Trust

Register of Interests of the Council of Governors as of April 2023

Name	Constituency	Nothing to Declare	Description of Interest	Name of Organisation	Nature of Organisation	Start date of Interest	End date of Interest	Date of entry or confirmation
BOSTON, Phillipa	Other Trust Staff	√						November 2022
CRAGG, Tony	Bebington & Clatterbridge		Non Executive Director and Trustee	Autism Together Ltd	Charity	April 2022		April 2022
DIXON, Paul	Oxton & Prenton		Volunteer	WUTH	NHS organisation			December 2023
EVANS, Steve	Bromborough & Eastham		Chair	Spital Surgery Patient Participation Group	NHS organisation	2018		March 2023
			Chair	Radio Clatterbridge Hospital	Charity	2016		March 2023
			Trustee - From August 2016 Secretary - From July 2017 Director - From September 2018	Level Playing Field, Watford (disability stadia access campaigners)	Charity	2016		March 2023
EVANS, Sarah	Birkenhead, Rock Ferry, & Tranmere		Employed by Ottobock Healthcare, which is contracted to WUTH	Ottobock Healthcare	Healthcare organsation	2010		April 2022

HILLHOUSE, Sheila	New Brighton & Wallasey		Trustee	Irish Community Care (Dale Street, Liverpool)	Charity	2018		June 2022
HUME, Eileen	Greasby, Frankby, Irby and Upton		Member	Upton Group Practice Patient Participation Group	NHS organisation	2015		May 2022
			Member	Patient and Public Voice Group - Wirral Community Health and Care NHS FT	NHS organisation	April 2022		May 2022
IVAN, Paul	Leasowe, Morton & Saughall Massie		Employed as UK Medical Director	Accellacare	Part of ICON PLC, global contract research organsation			May 2022
KAMALANATHAN, Anand	Medical and Dental	√						July 2022
MORRIS, Alan	Bidston & Claughton		Volunteer	WUTH – IT Infrastructure team	NHS organisation			April 2022
PETERS, Peter	North West & North Wales		Employee	Countess of Chester Hospital	NHS organisation			January 2023
TALLENTS, Andrew	West Wirral	√						March 2023
TAYLOR, Ann	Nurses & Midwives (AP)		Providing ad hoc training sessions to other substance misuse nurses	Vivari		2020		May 2022
THOMPSON, Robert	Heswall, Pensby & Thingwall		Son in law is a consultant in acute medicine	WUTH	NHS Organisation	2021		December 2022

Date Declared	Interest Type	Employee	Date Incurred	Provider	Provider Type	Interest Description (Abbreviated)	Value £'s	Declined	Senior Approval?	Authorised by
30/03/2023	Hospitality	Heidar Zafarani Zadeh	08/11/2022	Overwritten for Data Protection	Patient	Boxes of Chocolates and biscuits send by a Patient and her parent to Cardiology Cath Suit and received by Cath lab coordinator with Two separate Thank you card to myself. These mostly used by Cath suit staff and Cardiology Secretary. The value in my and Cath lab coordinator opinion is less than £50.00.	50	No	No	
30/03/2023	Hospitality	Janelle Holmes	29/03/2023	Hill Dickinson	Commercial Company	We would be delighted if you could join us on 29 March 2023 for a roundtable discussion on provider collaboratives. This invitation-only evening event with attendees from across Cheshire and Merseyside will include dinner and networking and offers a forum in which to share successes and challenges experienced in establishing and expanding provider collaborative arrangements in recent months. You will have the opportunity to hear from Mike Farrar, sharing his insight on progress in establishing collaboratives across the country and the benefits they could bring, as well as Hill Dickinson partner Rob McGough with legal perspectives on trends to date and potential future developments. Provider collaboratives – where's the evolution? hilldickinson.com/health Date: 29 March 2023. Time: Drinks 18:30, Introduction 19:00, Dinner 19:30 Venue: Malmaison Liverpool, 7 William Jessop Way, Liverpool, L3 1QZ Introduction: Rob McGough Keynote: Mike Farrar Legal Perspectives: Rob McGough Dinner and networking	50	No	No	
30/03/2023	Hospitality	Heidar Zafarani Zadeh	20/10/2022	Boehringer Ingelheim	Other	Heart Failure Educational meeting provided by a Drug Company. This educational evening meeting happened in a Local restaurant attended by Cardiology , Community heart failure and others.	30	No	No	
30/03/2023	Hospitality	Heidar Zafarani Zadeh	16/03/2023	Medtronic Company	Supplier	Syncope Pathway Meeting in a Restaurant in Liverpool. Evening meeting in Restaurant Liverpool attended by Cardiology Department team. A Speaker from a Hospital in North East England provided presentation about their experience on setting up a Syncope Clinic.	40	No	No	
30/03/2023	Hospitality	Heidar Zafarani Zadeh	02/03/2023	Daiichi Sankyo	Other	Every heartbeat matters This educational meeting will discuss promotional content on Daiichi Sankyo medicines. Evening Educational meeting in Local Restaurant attended by Cardiology and Endocrinology Department team.	30	No	No	
16/03/2023	Hospitality	Paula Deus	08/11/2022	Macmillan	Charity	nominated for an award. I attended the conference in london. Macmillan paid for my travel and one night hotel stay	300	No	Yes	Dawn Miller
09/03/2023	Hospitality	Steven Ryan	08/03/2023	Liverpool University	University	Networking Dinner – Liverpool University. To meet the new Vice Chancellor. Chairs and CEOs from NHS Trusts invited. Hosted by Professor Tim Jones, Vice Chancellor, and Professor Louise Kenny, Executive Pro-Vice Chancellor.	50	No	Yes	Sir David Henshaw
09/03/2023	Hospitality	Janelle Holmes	08/03/2023	Liverpool University	University	Wednesday 8th March 2023 Networking Dinner – Liverpool University. To meet the new Vice Chancellor. Chairs and CEOs from NHS Trusts invited. Hosted by Professor Tim Jones, Vice Chancellor, and Professor Louise Kenny, Executive pro-Vice Chancellor. Liverpool University – Foundation Building	50	No	No	
02/03/2023	Hospitality	Janelle Holmes	28/02/2023	Royal College of Surgeons England Dinner	NHS Organisation	Invite to attend Dinner with College President, Professor Neil Mortensen. Dinner held at the Hyatt Regency Hotel, 55 Booth Street West, Manchester. 21 people attended the dinner, including fellow CEO, and Deputy CEO, Trust colleagues. Dear Mrs Holmes Invitation to Royal College of Surgeons of England Regional Dinner – 28 February I am writing in my capacity as President of the Royal College of Surgeons of England (RCS England) to invite you to dinner at the Hyatt Regency Manchester on Tuesday 28 February 2023 at 7.30pm. The dinner will also be attended by RCS England Regional Representatives for the North West, managers from NHS Trusts across the region and other special guests. As part of an annual programme of visits across the UK I, alongside other College Officers and Representatives, use these events as an opportunity to gain greater understanding of the needs of our membership. It is also a vital opportunity to meet with hospital management teams to discuss issues and concerns facing hospitals and surgical teams.We are working with Ms Gemma Faulkner, General and Colorectal Consultant Surgeon at the University Hospital of South Manchester and Mr Ryan Baron, Pancreatic and Emergency General Consultant Surgeon, at the Royal Liverpool University Hospital to coordinate several activities taking place during the visit. I very much hope that you will be able to join us for dinner. I would be grateful if you could liaise with our Outreach Assistant, Helen Thorpe, on hthorpe@rcseng.ac.uk to confirm your availability.	50	No	Yes	Sir David Henshaw
02/03/2023	Hospitality	Christopher Kirby	29/11/2022	Fresenius Kabi	Commercial Company	Education & Networking Conference: BAPEN conference ticket fee (2 day conference).	315	No	Yes	Emily Lee
12/12/2022	Hospitality	Mohammed Alam	18/10/2022	Gedeon Richter Pharmaceuticals	Commercial Company	Presentation on novel treatment for uterine fibroids & lunch	25	No	No	
24/11/2022	Hospitality	Sally Sykes	12/11/2022	Wirral Winter Ball	Charity	As a guest of the organisers, my partner and I attended the Wirral Winter Ball (ticket value £95.00 per person). We also hosted 2 guests (friends and also patients of WUTH) who paid £190 for tickets, which I purchased, and they then paid me for. We paid for our own accommodation (£198.00). My partner and I spent £100 in personal donations at the event. In my role, I am responsible for WUTH Charity, and the Winter Ball is a key fundraising event, which this year raised £40,000 for the Tiny Stars Neonatal Appeal. Female guests at the event received a cosmetics goody bag, value approx £50.00	190	No	Yes	
22/11/2022	Hospitality	Thomas Aust	01/04/2022	Intuitive surgical	Supplier	Final training at Griffin centre, St Marks hospital to enable robotic surgery accreditation. 23rd October 2020. Train travel and overnight accomodation	500	No	Yes	CD
22/11/2022	Hospitality	Thomas Aust	09/06/2022	Intuitive surgical	Supplier	train and hotel to Princess grace hospital london to observe advanced laparoscopy for endometriosis with da vinci robot	400	No	Yes	CD
22/11/2022	Hospitality	Thomas Aust	20/09/2022	Intuitive surgical	Supplier	Flight to Strasburg to attend one-day advanced robotic laparoscopy course at IRCAD on advanced hysterectomy and myomectomy techniques	350	No	Yes	CD
22/11/2022	Hospitality	Thomas Aust	01/04/2022	CMR surgical	Supplier	Overnight accomodation to see a new type of laparoscopic robot system; versius. Cambridge.	150	No	Yes	CD
22/11/2022	Hospitality	Thomas Aust	01/04/2022	Inuitive surgical	Supplier	Overnight accomodation while visiting robotic surgeon in Newcastle RVI	150	No	Yes	CD
01/11/2022	Hospitality	Tracy Fennell	01/11/2022	Tendabale	Other	Requested to attend C and M round table event in Liverpool with other senior leaders discussing opportunities for use of IT products / app-based tools across partnerships to identify system risks, Tendable offer of meal and hotel provision for the night to enable ability to attend the event	80	No	Yes	Janelle Holmes
08/10/2022	Hospitality	Turab Ali	01/09/2022	Overwritten for Data Protection	Family of Patient	Card and cake.	5	No	No	
05/10/2022	Hospitality	Clare Jefferson	04/10/2022	Day Architect	Commercial Company	Healthcare Estates Awards Dinner on Tuesday 4th October 2022, in Manchester Dinner pre-booked table at a cost of £120.00 per person	120	No	Yes	David McGovern

05/10/2022	Hospitality	Matthew Swanborough	04/10/2022	Day Architectural	Supplier	Healthcare Estates Awards Dinner, where the Trust was shortlisted for two Estates annual awards.	120	No	Yes	Director of Corporate Affairs
05/10/2022	Hospitality	Kathryn McDermott	04/10/2022	Day Architects	Commercial Company	WUTH were nominated for two award submissions at the annual IHEEM Awards Evening. The awards were submitted for The Re-retreat wellbeing hub and FM Team of the year. Day are annual attendees of this event and offered to host 6 places on a pre-booked awards table at a cost of £120 per person.	120	No	Yes	Matthew Swanborough
04/10/2022	Hospitality	Louise Kiely	04/10/2022	Day Architectural	Supplier	Details of hospitality offered for the Healthcare Estates Awards Dinner on Tuesday 4th October 2022, in Manchester, to myself and five Trust staff. Day Architectural have offered 6 tickets to the awards dinner to the Trust. Each ticket is valued at £120. Day Architectural are the provider of architectural services to the Trust on a number of recent projects including UECUP, Ward 1 and Modular Theatres. List of staff: Matthew Swanborough Kathryn McDermott Louise Kiely Clare Jefferson Kara Dulson Paul Scragg Accepting the hospitality because the team has been nominated for the awards	120	No	Yes	Matthew Swanborough Chief Strategy Officer
04/10/2022	Hospitality	Paul Scragg	04/10/2022	Day Architecture IHEEMA Awards evening	Supplier	Attendance of an IHEEMA Awards Dinner in Manchester. WUTH working with Day Architecture have co-nominated for an award around providing a new staff restaurant at APH. In terms of value this is unknown. I would suggest the meal is less than £50. Drinks would be paid for out of personal finances. The table is sponsored by Day Architecture for day Architecture.	75	No	Yes	
28/09/2022	Hospitality	Balasubramanian Ramasamy	18/08/2022	AbbVie Limited	Commercial Company	Attendance for Virtual Euretina conference	565	No	Yes	Helen Brislen
08/08/2022	Hospitality	Robert Chapman	28/06/2022	HFMA	Other	Attended HFMA learning tour to the Netherlands for 3 days and 2 nights. My accommodation was paid for by HFMA (approximately £100 per night) and my travel expenses were reimbursed (£311.48).	511.48	No	Yes	Mark Chidgey and David McGovern
29/06/2022	Hospitality	Tracy Fennell	29/06/2022	Tendable	Commercial Company	Tendable are funding accommodation on the 14th July at the Liverpool Premier Inn so that I can present at the WUTH showcase event with WUTH partners on our Tendable use and our BI portal reporting use to drive quality improvement.	70	No	Yes	Janelle Holmes
10/06/2022	Hospitality	Tracy Fennell	10/06/2022	Tendable	Commercial Company	I am supporting Tendable at NHS Cofed for 1 day talking about Wirral's experience of using data to improve quality standards. Tendable are our current and ongoing supplier of the App we use for quality audit and ward accreditation. To enable this to happen Tendable are funding 1 night overnight stay in the premier inn and hospitality/ evening meal	70	No	Yes	David McGovern
09/06/2022	Hospitality	Denise Langhor	09/06/2022	BMA	Other	Work for the BMA at times requires travel to BMA house in London. I hold both elected and appointed roles with the BMA and work on behalf of U.K. consultants on matters relating to pay, terms and conditions. During COVID travel has not occurred and all meetings have been remote . It is difficult to predict how often travel will be required as face to face meetings are being re-introduced slowly. I will estimate that travel will be required 4 times a year. The BMA pay for first class train travel as standard for members travelling over a set distance of which I qualify. This is to allow time on the train to use one's laptop preparing papers for meetings. On occasion overnight stays will be required if meetings are held on consecutive days. The BMA has a corporate relationship with several hotels and discounted rates are applied to rooms. I have no idea at present that the total expenses will amount to so will estimate and update if this is exceeded.	1500	No	Yes	Nikki Stevenson
02/06/2022	Hospitality	Denise Langhor	05/05/2022	ITN	Commercial Company	Did an interview for ITN news on Covid. ITN paid for my train travel to London. I don't know the cost of the ticket so will estimate.	150	No	Yes	Nikki Stevenson

Date Declared	Interest Type	Employee	Date gift received or offered	Gift provider name	Gift provider type	Gift description	Frequency	Estimated v	Declined?	Donated?	Name of charity
20/03/2023	Gifts	Nicholas Newall	16/03/2023	Overwritten for Data Protection	Family of Patient	Six bottles of wine	Single	>50	No	No	
23/12/2022	Gifts	Janelle Holmes	23/12/2022	Virtue Health	Commercial Company	Skateboard	Single	30	No	Yes	WUTH Charity
30/11/2022	Gifts	Lynda Hindley	25/11/2022	Overwritten for Data Protection	Patient	On Friday the 25th of November, patient named above gave Deputy Manager Jan Madigan £250 to use towards the staff Christmas meal. Deputy manager locked the money in the unit safe until we got further advice. My Deputy Manager contacted Norma Hayes to declare this money and find out the correct process to follow. On Monday the 28th of November I spoke to the patient regarding this money and requested he take it back as we had to ensure this was declared appropriately. The patient would not take the money back but eventually accepted its return.	Single	250	Yes	No	
15/07/2022	Gifts	Daniel Garner	07/04/2022	Overwritten for Data Protection	Patient	Wooden carvings of penguins and stand for my daughter	Single	40	No	No	
04/07/2022	Gifts	Jacqueline Pearce	01/04/2022	Dr Richard Sheppard	Other	Paper back book entitled "Unnatural Causes". Dr Sheppard and a consultant from the hospital morgue came into the library to take some photographs. A week or two later we received 3 copies of the book for our assistance. One copy was for me, one for my colleague and one for the library stock	Single	8.99	No	No	
02/05/2022	Gifts	Girendra Sadera	29/04/2022	Overwritten for Data Protection	Patient	I had anaesthetised this patient for an operation a few months ago. The patient left these gifts and a card with the surgeon (Mr Nambi) who then delivered them to me. They contained a card, a coffee pouch, chocolates and a John Lewis gift voucher of £20.	Single	30	No	No	

Board of Directors in Public
3 May 2023

Item No 11.1

Report Title	Committee Chairs Reports – People Committee
Author	Lesley Davies, Non-Executive Director, and People Committee Chair

The People Committee met on the 29 March 2023.

Overview of Assurances Received

The Committee commenced with a presentation from a member of staff who identified with a disability. These presentations and follow up discussions give the Committee significant insight into the impact the work of the Trust has on staff and highlights what is working well and helps the Trust identify where improvements can be made. The member of staff talked in detail about how the use of technology enabled him to carry out his role effectively and certainly highlighted the power of technology to not only provide good patient care but also retain staff in role. There were some identified areas for improvement, and it was agreed that a deep dive regarding staff with disabilities would be brought to the May meeting. Good assurance was given on the work of the Trust to ensure that inclusion was a priority and significant work is being undertaken to build inclusion into all aspect of the People and cross- Trust strategies.

The Committee received its usual standing reports which enables the Committee to examine the progress that continues to be made against the strategic plan as well as gain assurance across the areas that fall within the Committee's remit and terms of reference.

The reports received were:

- Chief People Officer Report
- People Strategy Update
- Workforce Key Performance Indicator Report
- Employee Relations Report
- Guardian of Safe Working Report
- Staff Staffing Report

The Committee also received a detailed presentation on the 2022 staff survey and the work being undertaken to analyse the results and where improvements are identified, actions put in place to improve staff experience and satisfaction. The overall staff results, given the working context, were positive and in most areas were comparable with the national picture. It was good to learn that the response rate was 48%.

The CPO also provided an overview of the progress made in year 1 of the People Strategy and made recommendations for the work streams and approach for year 2. The Committee was given good assurance of the work that had been carried out and the early impact already being achieved.

Good progress has been made on embedding a Just and Learning culture across the trust. Of note is the excellent work being undertaken in employee relations and the detailed analysis and lessons learned activity that is undertaken of each case. It was also good to learn how the Just and Learning principles are embedded into the Managing Essential & Leading Teams development programme. Good assurance was provided on the considerable progress made in these areas of work.

New/Emerging Risks

The CPO provided the committee with an update on the Industrial Action planned by Junior Doctors and the mitigation that was being put in place to minimise disruption and continue to provide patient safety. However, the length of the action following an Easter weekend with staff holidays planned will made covering the action challenging.

Other comments from the Chair

The Committee thanked the staff for its continued impressive work in delivering on the priorities of the Trust and for providing good assurance on the quality of the work and the commitment shown to deliver outstanding patient care. Specifically, the Committee commended the work of the staff in the delivery of the year one work plan against a particularly challenging environment. In addition, the enthusiasm demonstrated and high levels of engagement at the Committee is noteworthy.

Board of Directors in Public
3 May 2023

Item 11.2

Report Title	Committee Chairs Reports – Quality Committee
Author	Steve Ryan, Non-Executive Director, and Quality Committee Chair

This report provides a summary of business conducted during a meeting of the Quality Committee held on 30 March 2023.

Overview of Assurances Received

Learning from Deaths

The Board will receive the Learning from Deaths report for Quarter 3 2022-2023, which was also considered at the Committee. We considered the increase in the Trust's Hospital Standardised Mortality Rate (HSMR) since February 2021 from 93 to 97 (100 being the expected range). Any increase in mortality rates is of concern, but Telstar Health who independently provide our and national statistics noted that our increase mirrors precisely that seen nationally, and they believe that national systemic issues in health and healthcare provision are likely candidate causal factors. The Committee were assured that the Trust was not an outlier and that we will continue to receive peer-referenced data to identify if the Trust does become an outlier for its overall mortality rates.

Telstar Health (previously Dr Foster) also examine diagnostic groups where a signal may suggest that there is a concern about raised mortality rates in a specific diagnosis or clinical pathway. These concerns are subject to additional scrutiny by the Mortality Review Group (MRG). Two previous alerts have been responded to with assurance and 2 further alerts (for secondary malignance and pneumonia) are currently being reviewed by the MRG.

By way of assurance, it is also positive to note that all perinatal and neonatal deaths for the reporting period were subject to peer review which includes external scrutiny, in keeping with our recent Maternity Incentive Scheme submission to NHS Resolution.

Impact of patients not meeting "criteria to reside" who cannot be discharged from the hospital

An increase in the number of patient falls with harm was reported in the Patient Safety and Quality Board – Chair's Report and a range of appropriate analysis and actions detailed. This was echoed in the Quality and Patient Safety Intelligence Report (Q3 2022/23). It is believed that the high number of "no criteria-to-reside" patients present an increasing risk of patient falls occurring because of the specific vulnerabilities of these often frail and elderly patients; especially since they are away from their usual care environment in the community. This places increased requirements on our staff in these clinical areas who are managing this risk. There may be different models of observation and supervision that are required.

It may also be that some of the Trust's high coding rates for palliative care may relate to such patients who are not in hospital for "curative" medical intervention but whose care plan is supportive, and which may include advanced care planning. A review of our use of palliative care coding is planned, noting a previous review gave positive assurance. Three may be a direct impact on our HSMR rate as outlined in section A.

CQC action plan

The Committee received and update on the plan and noted of the 14 of 46 actions that remained overdue, some seemed to have very challenging timelines. For example, for the upgrade to the environment of the neonatal unit, a key part of the funding is being raised by the WUTH Charity and with the economic downturn funding is slower than anticipated and will likely cause a delay. For such actions it was agreed to re-examine timescales to ensure they are achievable and in such cases that management of risks in the interim is clearly reported. For other overdue actions the Committee were assured that interventions were planned to close the actions.

Patient consent to procedures and interventions

Under the auspices of the Clinical Outcomes Group (COG) a piece of work has begun to ensure the robustness of our patient consent procedures – as COG believed we did not have sufficient assurance. The Trust is using a hybrid of paper (then scanned into the electronic record) and electronic consent processes. It is important that the system can readily capture changes to treatment plans when these are made. This important piece of work should help reduce the risks of never events.

Deteriorating patients

Although we have seen improvements in our use and recording of our early warning system (NEWS2) the Chief Nurse and Medical Director are seeking further improvement and have instituted a task and finish group to provide the means to further improvements and dissemination of required practice.

Quality and Patient Safety Intelligence Report

As usual we received a very high-quality quarterly report pulling key themes and intelligence from many sources of data. Further work is planned with the divisions to improve the use of the current functionality in the Ulysses System, which hosts much of the data we use – which will further improve the quality of our insights. However modest-cost enhancements to Ulyssess would bring even greater benefits in our understanding of our quality and safety issues and opportunities. The Committee therefore noted that the constrained financial environment was a barrier to such an investment and hence to moving to outstanding processes.

Implementing National Institute for Health and Care Excellence (NICE) Guidance

A gap had been identified in our processes for considering and implementing such guidance. Usually, the guidance is specific to a clinical service and an appropriate clinician is identified to advise on the applicability and implementability of such guidance. Two recent sets of guidance on rehabilitation and homelessness did not map to such a specific clinician and hence task and finish groups have been established to manage the process

Other comments from the Chair

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

Board of Directors in Public
5 May 2023

Item 11.3

Report Title	Committee Chairs Reports – Estates and Capital Committee
Author	Sir David Henshaw, Chair of Estates and Capital Committee

This report provides a summary of business conducted during a meeting of the Estates and Capital Committee held on 19 March 2023.

Overview of Assurances Received

Estates, Facilities and Capital Update

A report was provided to members detailing estates and facilities compliance, national cleaning standards, switchboard call handling, sickness rates, portering and patient meals. This included a range of KPIs across the areas listed above.

There was particular focus on estates statutory compliance and reactive maintenance, with a request for a more detailed analysis, highlighting areas of risk, at the next meeting.

22/23 Capital Programme

A presentation was presented by the A/Director of Estates, detailing the £44m 22/23 Capital Programme for the Trust. This included infrastructure projects completed in year, such as the Modular Theatres (Phase 1), Pharmacy administration, UTC relocation, Ward 1 Renal Unit, Limb Centre refurbishment, patient bathroom replacement and ventilation systems.

The presentation detailed the highlights of this year's programme including team approach, professional standards and asset management as well as some of the challenges such as resources, historical record keeping and permits.

Capital Financial Position

The CFO presented a paper on the 22/23 capital programme financial position detailing overall delivery to plan across CDEL schemes. The CFO noted the rephasing of UECUP funding from NHS England, into 23/24, supporting revisions to timeframes for the A&E redevelopment.

Fire Surveys and Improvements

The A/Director of Estates provided a presentation of historic fire compartmentation risk across the Arrowe Park Hospital, detailing the recent fire surveys undertaken by the Trust.

The A/Director of Estates included detail of the fire compartmentation improvement programme, which included repair and strengthening of fire compartmentation, repair and replacement of fire doors and dampers, removal of potential ignition sources in offices and re-education and training of staff. The paper also highlighted at £1.4m of 23/24 capital funding had been allocated support this programme of work.

Three-year capital bid process

The Chief Strategy Officer presented the three-year capital bid approach and process, detailing the capital funding, allocation methodology, approach and allocation of funding for 23/24-25/26, along with the contingency.

Benchmarking of estates and facilities

The Chief Strategy Officer presented benchmarking analysis of the Trust's estates and facilities functions, comparing the Trust to a range of peers and national averages, across areas including costs, maintenance spend, backlog maintenance, food and cleaning. Overall, this highlighted a lower spend per m2 compared to peers and national averages.

UECUP

The Deputy Director of Estates and Capital Planning provided a progress update of the Urgent and Emergency Care Upgrade Programme at Arrowe Park Hospital. Overview of progress to date with construction, detail of contract completion and revised timelines for completion.

The costed risk register was also presented as part of the item, detailing project risk and mitigations.

Risks (New and ongoing)

The Committee discuss a number of risks through the meeting, including:

- Statutory compliance of estates
- Fire compartmentation works
- Delivery of capital programme to budget
- Backlog maintenance and capital requests
- UECUP delivery and costs to timeframes

Telephony Update

The Committee were provided with an update of the switchboard performance as part of the Estates KPIs. The telephony improvement project continues across the Trust.

Annual Report of the Committee & Statement of Effectiveness

The Committee confirms that it is properly comprised with the appropriate skills, and has met a sufficient number of times to conduct its business. The Committee has reviewed its work and confirms that it has discharged its duties in line with the authority delegated to it by the Board via its Terms of Reference, and is therefore operating effectively.

Board of Directors in Public
3 May 2023

Item 11.5

Report Title	Committee Chairs Reports – Finance Business Performance Committee
Author	Steve Ryan, Non-Executive Director, and member of Finance Business Performance Committee

This report provides a summary of business conducted during a meeting of the Finance Business Performance Committee held on 26 March 2023.

Overview of Assurances Received

Staffing analysis

At the request of the Committee, the Chief Finance Officer and the Chief People Officer provided a report on the movement in numbers of WTE substantive staff at the Trust from December 2020. In that time there had been an increase of 475 staff from a base of 5,364. The largest proportion had been as a result of filling vacancies (233) followed by those recruited from approved business cases (123 – with Maternity and the elective surgical centre at Clatterbridge being the majority). Analysis was also available by Division. The Committee gained a great deal of assurance that increases in substantive staffing were appropriate. The report was clear and of high quality and a good basis for on-going oversight and would help the Trust in clarifying its position to any external scrutiny. It was agreed that reviewing the benefits realisation of business cases would continue to be important.

Costing/Service line reporting

The Committee received an excellent presentation from the Deputy Chief Financial Officer on the background to this on-going project & it's current status. It will be an important element of our understanding our clinical business and support decision making on future service developments. Reporting information is peer-referenced by our provider-type, which ensures that it reflects our type and shape of organisation. Continued honing of the outputs and increasing credibility of the reports provided will support the take-up of the use this system by clinical services and particularly by clinicians

Productivity and efficiency position

A detailed presentation was given which outlined the good progress being made in our productivity and efficiency work. It showed the interaction between our executive-led Transformation Workstreams and Divisional delivery of benefits. The Committee were assured that there were active and supportive processes for focussing on moving forward on the steps to delivery for each identified scheme, with focussed interaction where it was needed, alongside robust tracking arrangements. There is a strong focus on Quality Impact Assessment. The part-year effect so far identified stands at £23,893 of which £11,045 is in the green category, £7,934 in amber and £4,915 red.

Change to element of contract with Oracle Health (Cerner)

The Committee received a proposal to use the option of a break clause in this contract. The specific elements under consideration are two shared digital solutions. The first that supports population health management (Wirral Care Record) and the second that provides interconnectivity

between our clinical information systems for individual patients. (Health Information Exchange). Evidence was presented that for the latter – with 2,500 to 3,000 interactions per day with the system and positive feedback form users. For the latter, although feedback was also positive – only 10-20 interactions per day were recorded. Following discussion of opportunities and risks and any potential impact on quality, the Committee supported the decision that the break clause be activated to WCR, and that this functionality is delivered instead through an extant Cheshire and Merseyside solution (CIPHA).

Business cases approved

The committee received 2 business cases for approval. The first case was for the recruitment of two consultant haematologists for an annual increase in spend of £5, OOO, which would deliver considerable benefits in service delivery and the resilience of the service. The second case was for a significant investment in the gastroenterology service, including the recruitment of 4 consultants, over a two-year period. This would involve additional expenditure in staff of £ 1,260, 000 (FYE) but would yield a financial benefit next of expenditure of £795,000 (FYE) as well as increasing the number of patients receiving clinical care.

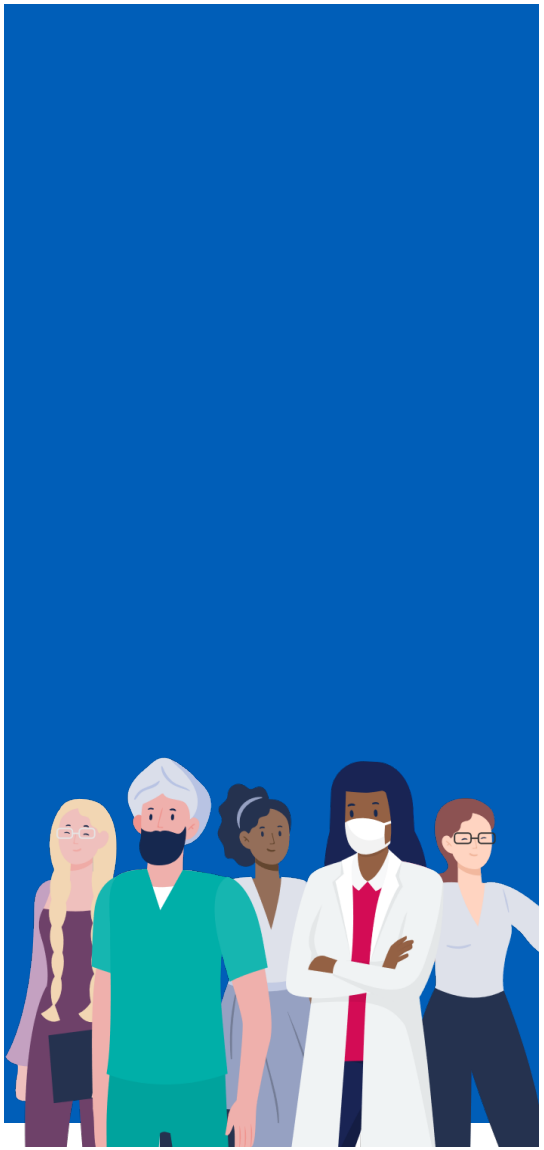
Both cases were very well developed, clear and evidence based, and the Committee supported both of them fully.

Board Assurance Framework

The Committee did not feel that nay adjustments were required in terms of risks in its purview.

Annual Report of the Committee & Statement of Effectiveness

The Committee confirms that it is properly comprised with the appropriate skills, and has met a sufficient number of times to conduct its business. The Committee has reviewed its work and confirms that it has discharged its duties in line with the authority delegated to it by the Board via its Terms of Reference, and is therefore operating effectively.



NHS England

NHS delivery and continuous improvement review: recommendations

How can improvement-led delivery enhance the quality of outcomes for our patients, communities and our health and care workforce?

19 April 2023

Publishing ref: PRN2137

Contents

Foreword

Our health and care systems have navigated the impact of an unprecedented global pandemic, which has taken its toll on our workforce, our communities and the services we deliver. Current challenges across the NHS in its immediate aftermath have posed the question of how we use learning to effectively and systematically deliver real-time improvements at scale and at pace on our shared priorities, while developing the capacity and capability of the service to improve over time.

As a result, I was asked to lead the delivery and continuous improvement review in April 2022, to consider how the NHS can develop a culture for continuous improvement while focusing on its most pressing priorities.

NHS England understands that its role is to support and champion providers and systems in delivering for people (both those who deliver and use our services) and cannot do this in isolation. To this end, while NHS England has co-ordinated this review, its content has been co-designed by engagement with more than 1,000 patients, health and care leaders including clinicians and frontline staff, managers, improvement leads, senior executives across local government, the VCSE sector, NHS providers, ICSs, regional and national teams, and the Care Quality Commission.

We felt these partnerships were crucial in ensuring that recommendations were driven by those who deliver and receive NHS services, and that this document was relevant and reflective of your experiences.

The outcome of this review is 10 recommendations that have been consolidated into three actions, which collectively have the potential to provide immediate practical support to meet the short- and medium-term challenges outlined. This document is not intended to be static. In fact, it will be refined and iterated as we receive feedback from its users on how it has been used, and where it can be improved.

Over the last year, I have been overwhelmed by the interest in this work which I believe has the capacity to give not only hope, but real benefit to every layer of our health and care system, every staff member and every patient.

Together we can learn and embed process improvement, building clinical leadership for results and in doing so address the unwarranted variation in care.

We look forward to taking the next steps with you on this continuous improvement journey.

Anne Eden, Regional Director South East, NHS England

Review findings at a glance (1)

The delivery and continuous improvement (DCI) review considered how the NHS, working in partnership through integrated care systems (ICSs), delivers on its current priorities while continuously improving for the longer term. We know that focusing on improvement, as an essential component of quality, enables us to achieve more consistent, high-quality care. The review team explored how we 'improve with purpose', using all the assets at our disposal: data and evidence, digital transformation and the skills and experience of our health and care workforce.

Having assessed the current approach to delivery-led improvement both within NHS England and more widely, the review team made 10 recommendations which were endorsed by NHS England's Executive Group (outlined in this report). NHS England's Board has now consolidated these recommendations into three actions:

1. Describe a single, shared **NHS improvement approach**. NHS England will set an expectation that all NHS providers, working in partnership with their integrated care boards, will embed a quality improvement method aligned with the improvement approach to support increased productivity and enable improved health outcomes. This will require a commitment from NHS England itself to work differently, in line with the improvement approach and the new Operating Framework.

2. Co-design with our health and care partners a **leadership for improvement programme**, commissioned and supported by NHS England, enrolling all providers and systems (including primary care) in it to support a whole-system focus on improving healthcare outcomes with our workforce, patients and communities.

3. Establish a **national improvement board**, to agree the small number of shared national priorities on which NHS England, with providers and systems, will focus our improvement-led delivery work, with national co-ordination and regional leadership. The new board will support more consistent, high-quality delivery of services to improve performance and reduce unwarranted variation.

Review findings at a glance (2)

NHS England's structures and governance

do not yet optimise our ability to focus on a small number of shared national priorities effectively. Creating the new NHS England gives us the opportunity to bring together specialist delivery and improvement resource in a centrally co-ordinated, regionally-led way, with delivery of improvements through systems

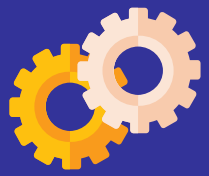
Effective improvement-led delivery of shared national priorities

requires NHS England to invest in a new approach to engaging with clinicians and operational managers at the point of care. We now need to develop a new model for how we tackle improvement challenges system-wide, sharing our learning and good practice more effectively.

A systematic approach to improvement

is embedded in many NHS organisations that deliver consistent, high-quality services with improved patient outcomes. All evidence-based quality improvement methodologies share common principles. We now need to support all leaders across providers and integrated care systems to embed those principles in practice.

Improvement methodology is important



to support a focus on improved quality and better patient outcomes. But it isn't enough. Our quality improvement efforts need to be focused on our most pressing operational and strategic challenges, within an overall focus on quality across planning, improvement and assurance.

There are further opportunities to support our most challenged organisations and systems

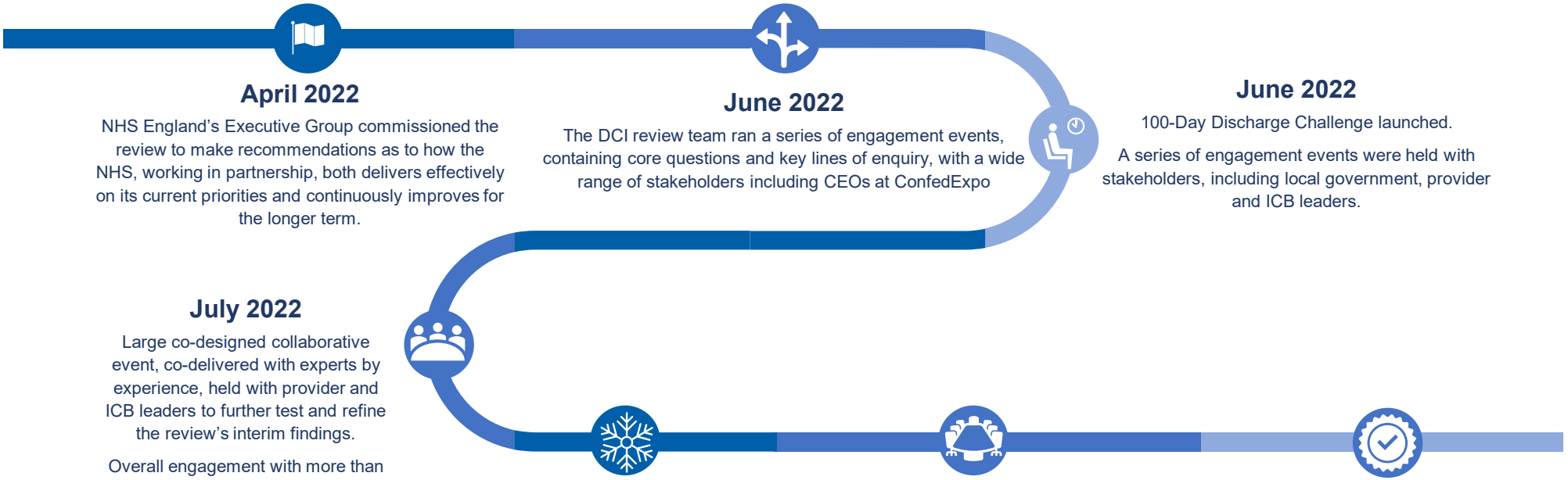
more consistently and effectively. During the DCI review, people told us that NHS England's recovery support programme works well and marks a positive shift from the previous special measures regime. We increasingly need to focus on earlier intervention for support and sustainable improvement.

NHS England can do more to provide credible and practical support for improvement-led delivery.

NHS England has a key role to incentivise a universal focus on embedding and sustaining improvement practice across our providers and integrated care systems. This includes regulatory incentives alongside clearer and more timely offers of support.

Background to the DCI review

In April 2022 Amanda Pritchard requested a review of the way in which the NHS, working in partnership, delivers effectively on its current priorities while developing the culture and capability for continuous improvement. Led by Anne Eden, NHS Regional Director South East, with a steering group chaired by Sir David Sloman, Chief Operating Officer, NHS England, the review team co-developed 10 recommendations with health and care leaders that have been consolidated into 3 actions.



April 2022

NHS England's Executive Group commissioned the review to make recommendations as to how the NHS, working in partnership, both delivers effectively on its current priorities and continuously improves for the longer term.

June 2022

The DCI review team ran a series of engagement events, containing core questions and key lines of enquiry, with a wide range of stakeholders including CEOs at ConfedExpo

June 2022

100-Day Discharge Challenge launched.

A series of engagement events were held with stakeholders, including local government, provider and ICB leaders.

July 2022

Large co-designed collaborative event, co-delivered with experts by experience, held with provider and ICB leaders to further test and refine the review's interim findings.

Overall engagement with more than 1,000 health and care leaders.

Endorsement of the review's final lines of enquiry by NHS England Executive Group.

September 2022

100-Day Discharge Challenge concluded.

Winter Collaborative launched.

October 2022

The review's findings were presented at the NHS England leadership event with ICB and provider chief executives. The review reported its findings and 10 recommendations to NHS England's Executive Group.

February 2023

NHS England's Board consolidated the 10 recommendations into three actions.

The three NHS England actions

Three actions formed from the consolidation of the DCI review's initial recommendations

	NHS improvement approach	Leadership for improvement programme	National improvement board
What is it?	Universal application of one shared high level 'NHS approach to improvement' to draw and build on the best approaches to organisational quality assurance, planning and improvement and to support increased productivity and enable improved health outcomes.	A leadership for improvement programme, commissioned and supported by NHS England, enrolling all providers and systems (including primary care) in it to support a whole-system focus on improving healthcare outcomes with our workforce, patients and communities.	A board that sets the direction for improvement-led delivery across the NHS, working with our partners. The scope and remit of the board will be informed by the new Operating Framework, with a focus on local delivery through system-working, with regional leadership and national co-ordination.
What does it mean?	All NHS providers, working in partnership with their integrated care systems, will embed an improvement method and culture aligned with the NHS improvement approach. This includes acute, community, mental health, primary care and ambulance providers.	It will create a more standardised approach to supporting providers and systems with shared priorities across England. It will help to support our most challenged organisations and systems more consistently and effectively by offering focused board level training.	It will agree a small number of shared national priorities and oversee the development and quality-assure the impact of the NHS improvement approach across all providers and systems.

NHS improvement approach

The NHS improvement approach

NHS England

NHS England will set an expectation that all NHS providers, working in partnership through integrated care systems, will embed a quality improvement method aligned with the NHS improvement approach. This will inform our ways of working across services at every level of place: primary care networks, local care networks, provider collaboratives and integrated care systems. It will require a commitment from NHS England itself to work differently, in line with the new NHS operating framework.

Drivers and enablers:

- Co-production with people and communities
- Clinical leadership
- Workforce, training and education
- Digital transformation (including federated data platform and model health system)
- Addressing health inequalities

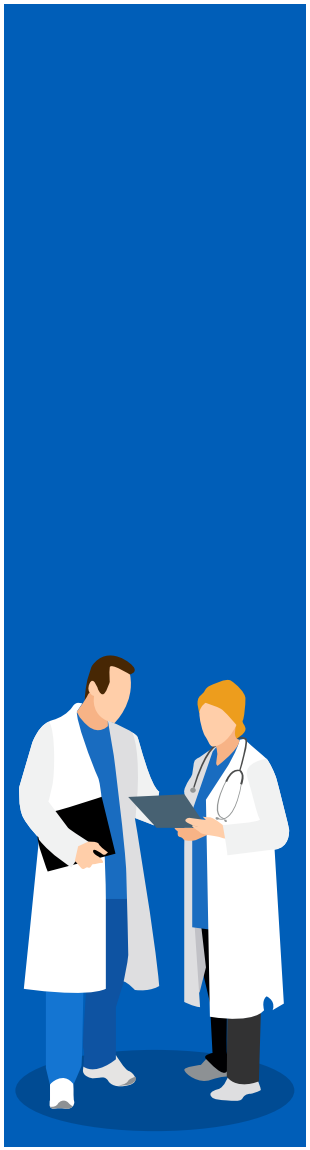
Building a shared purpose and vision
Our workforce, trainees and learners understand the direction and strategy of the organisation/system, enabling an ongoing focus on quality, responsiveness and continued learning

Building improvement capability
All our people (workforce, trainees and learners) have access to improvement training and support, whether embedded within the organisation/system or via a partner collaboration

Developing leadership behaviours for improvement
A focus on instilling behaviours that enable improvement throughout organisations and systems, role-modelled consistently by our Boards and Executives

Investing in culture and people
Clear and supported ways of working, through which all staff are encouraged to lead improvements

Embedding a quality management system
Embedding approaches to assurance, improvement and planning that co-ordinate activities to meet patient, policy and regulatory requirements through improved operational excellence



Context: the evidence for improvement-led delivery

What is improvement-led delivery?

Improvement-led delivery involves a whole-system (or whole-organisation) focus on quality, using evidence-based quality improvement methods to increase productivity and deliver better health outcomes for patients and communities. It is underpinned by the use of data and measurement to achieve these outcomes.

Improvement-led delivery and people and communities

In organisations where improvement-led delivery has been embedded, the needs of people and communities have remained at the centre and resulted in the following:

- **Increased engagement:** People (patients and staff) have been involved in new improvement projects focused on organisational priorities, with outcomes informing the future of service provision. This has contributed to reduced health inequalities and PALS complaints and improved feedback.
- **Increased patient awareness:** Results of improvement initiatives are made visible to patients and in turn accelerates implementation.
- **Evaluation of improvement ideas:** Patients are able to support testing and evaluation of improvement ideas, before they are delivered more widely.

NHS University Hospitals Sussex NHS Foundation Trust

University Hospitals Sussex NHS FT fall reduction programme oversaw a 30% reduction in in-hospital falls.

NHS East London NHS Foundation Trust

Increase in accepted referrals for early intervention psychosis from 21% to 62% using improvement principles.

Improvement-led delivery and our health and care workforce

Our health and care workforce are tired, having supported people and communities through one of the toughest periods in the NHS's history. Organisations where improvement-led delivery has been embedded have noted the following:

- **Empowerment:** The workforce, including clinical leaders, have been engaged and equipped with the tools, routines and autonomy to drive improvements.
- **Purpose and direction:** The workforce is aligned in how their work feeds into the organisation and / or system's strategy, contributing to improved staff survey scores.
- **Improved staff morale:** They are encouraged to work on a small number of priorities that align with national and regional priorities.

NHS Berkshire Healthcare NHS Foundation Trust

Berkshire Healthcare NHS FT finished in the top 5 and 3 nationally in the NHS Staff Survey for questions related to empowerment to make changes and improve.

NHS Surrey and Sussex Healthcare NHS Trust

SASH+ improvement work is embedded across the organisation with leaders ranging from AfC Band 4 to executives able to train and coach their own staff.

What is the evidence?

Improvement-led delivery is a long term approach to delivery that facilitates stronger organisational governance, productivity and positive cultural change over time. Many parts of the NHS have a long tradition of embedding approaches focused on quality improvement:

Alder Hey Children's NHS Foundation Trust

- Jumped from a baseline patient experience score of 59% at the beginning of the approach in 2020 to 92% in August 2022.
- 20% reduction in administration and prescribing errors for 2021-2022.
- HR time-to-hire fell from 68 to 28 days.

Surrey and Sussex Healthcare NHS Trust

- Consistently rated "Outstanding" by CQC since 2019.
- SASH+ improvement work is embedded across the organisation with leaders ranging from AfC Band 4 to executives able to train and coach their own staff.
- Collaborative quality improvement award in 2021 for their ICU clinic, increasing patient experience.

Berkshire Healthcare NHS Foundation Trust

- Rated "Outstanding" by the CQC since March 2020. CQC commented that 'staff across the trust felt valued and there was a real focus on doing what was best for staff, patients and carers'.
- NHS Staff Survey results were in the top 20 percent of scores.
- Reduced prone restraint use in adult acute and children settings by 61% in 15 months.

University Hospitals Sussex NHS Foundation Trust

- Transitioned from "Quality / Financial Special Measures" to "Outstanding" on all sites in all domains in 2019.
- The CQC noted exceedingly high 'buy in' from staff.
- Fall reduction programme oversaw a 30% reduction.
- Reduced 24 hour delayed discharges by as much as 75%.

East London NHS Foundation Trust

- Consistently rated "Outstanding" by CQC.
- A Total Quality Management System has been embedded. This applies across quality planning, assurance and improvement.
- Increase in accepted referrals for early intervention psychosis utilising improvement methods.

The Leeds Teaching Hospitals NHS Trust

- Rated "Good" by the CQC, improved from "requires improvement".
- Transitioned from a £100m deficit to a £19m surplus.
- 26% reduction in falls across the organisation - equating to approximately 65 falls per month and 780 falls per year.

Appendices

These DCI review's 10 recommendations were presented to NHS England's Executive Group in October 2022

NHS England

Create a more standardised approach to shared priorities across England

1. NHS England's Executive Group will agree a small number of more consistently executed priority improvement initiatives, offering national co-ordination and regional leadership to support delivery.
2. NHS England will consolidate capability and expertise into a national priority improvement function, whose role is to co-ordinate action on a small number of pan-national improvement priorities on a rolling basis.
3. NHS England will test the model for the new priority improvement function through delivery of a winter collaborative. Action co-ordinated through the winter collaborative will be codified into more standardised approaches to delivery and improvement to support the spread and scale of learning.

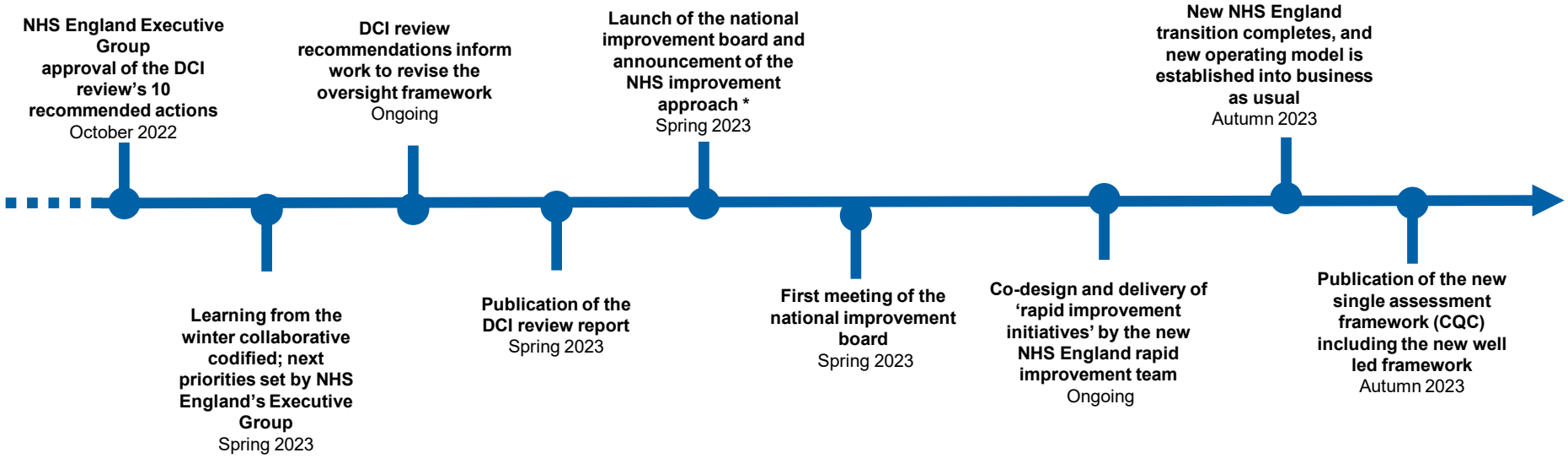
Embed continuous improvement-led delivery across all providers and integrated care systems

4. NHS England will set an expectation that all NHS providers, working in partnership with integrated care boards, will embed a quality improvement method aligned with the NHS improvement approach.
5. NHS England will collaborate with partners to co-develop leadership development products that support health and care boards, executives and the wider workforce to embed the NHS improvement approach in their organisations and systems.
6. NHS England will work with the CQC to align the revised CQC well-led with the improvement approach.
7. NHS England will critically review the NHS oversight framework, to incentivise providers and systems to embed improvement-led delivery.

Support our most challenged organisations and systems more consistently and effectively

8. NHS England's Support for Challenged Systems team will work with and through the regions to more consistently co-ordinate intensive support. This will include continued collaboration with other regulators and royal colleges to ensure consistent support and no duplication.
9. Further develop peer support between providers and systems, including through enhanced support for provider collaboratives programmes and pre-existing provider peer support networks.
10. NHS England will review the balance of national and regional resources between intensive support, pathway programmes and general capacity building. This will include an assessment of how national and regional teams more consistently support organisations in segment 3 and offer longer-term support to organisations exiting segment 4.

Proposed timeline for implementing the three actions



*** 19 April 2023: Publication of this Delivery and Continuous Improvement Review at NHS England's NHS leadership event with ICB and trust CEOs**

DCI review method and engagement process

The review team gathered evidence and insights directly from more than 1,000 people across the health and care system. Participants who have provided their insights and feedback include:

- Lived experience partners through NHS England's experience of care team
- ICB chief executives and non-executive directors (NEDs)
- Provider chief executives and NEDs
- Clinical leaders and people working at the point of care, such as nurses, GPs, consultants, and pharmacists
- Strategic roles including operational, improvement and transformation specialists
- ALB partners and collaborators, such as AQUA, CSUs and Health Data Research UK
- Networks, think tanks and academics, such as Q community, The King's Fund, and The Health Foundation.
- National bodies, such as CQC, local government representatives, and NHS Confederation
- Regional groups, such as local health and social care partnerships, and Academic Health Science Networks
- NHS England national and regional teams

Emerging insights were reported to the review's fortnightly steering group chaired by Sir David Sloman and Anne Eden.

During the course of the review, we provided inputs into several concurrent work programmes, seeking to align our emergent findings where appropriate. These included:

- The operating framework programme
- The Creating the new NHS England change programme
- Finance and productivity board
- NHS England business planning and guidance

The review team did not undertake original quantitative research or analysis. It focused on collating and considering existing research and evidence to inform our recommendations.

While we have set out implementation plans to sit alongside these recommendations, we recognise that:

- our recommendations are closely interdependent with the ongoing NHS England change programme, which will shape how NHS England's operating framework is realised.
- full implementation of our recommendations across the NHS (and, in time, health and care systems) will require ongoing co-design between national and regional teams with leaders in systems and providers as well as wider partners, using a collaborative approach centred on learning.