

# Annual Members' Meeting

Monday 14<sup>th</sup> November 2022

# Welcome

Sir David Henshaw, Chair



# 14<sup>th</sup> November 2022

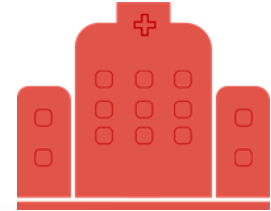
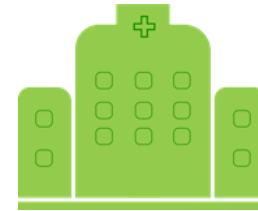
## Annual Members Meeting

### Agenda

Time	Item	Lead
16.00	Welcome and Chair's report	Sir David Henshaw, Board Chair
16.05	Chief Executive's video report	Janelle Holmes, Chief Executive
16.10	Council of Governor's Summary Report	Sheila Hillhouse, Lead Governor
<b>Clinical and Corporate Services presentations</b>		
16.15	Community Geriatrics	Dr Cindy Chu, Consultant Physician in DME / Community Geriatrician
16.25	Capital developments and estates investments	Matthew Swanborough, Chief Strategy Officer
<b>2021/22 Financial review and financial governance</b>		
16.35	2021/22 Financial review	Mark Chidgey, Chief Finance Officer
16.45	2021/22 Auditor's Report	Chris Brown, Partner Azets
16.50	Questions from the public	Sir David Henshaw, Board Chair
17.00	Close of meeting	Sir David Henshaw, Board Chair

# Who we are

- One of the largest employers in Wirral and one of the largest and busiest Acute Trusts in the North of England.
- Provide a comprehensive range of high quality services
- Operate from two main sites
- Serve a population of 400,000 across Wirral, Ellesmere Port, North Wales and the wider North West footprint
- Provide specialist services such as Robotic Surgery / Level 3 Neonatology & Intestinal Failure to a wider population in Merseyside, Cheshire and Wales.



# Chief Executive Video Report



# Council of Governors summary report

Sheila Hillhouse, Lead Governor

# Statutory Role of the Governor

- The Health and Social Care Act 2022
- Code of Governance 2022
- The Constitution of Wirral University Teaching NHS Foundation Trust
- The Council of Governors (CoG) are responsible for holding the non-executive directors to account
- The Cog are accountable to the members who elect them and represent their views and the interests of the public



# Membership Summary 2021/22

8,339

Public Members

6,643

Staff Members



# Governor Changes

## Inaugurated Governors:

Governor name	Constituency
<b>Chris Davies</b>	Appointed by Wirral Council
<b>Heather White *</b>	Neston and Burton

## Outgoing Governors:

Governor name	Constituency
<b>Gitana Diana Tyson</b>	Nurses & Midwives CBH & other sites
<b>Irene Williams</b>	Appointed by Wirral Council
<b>Heather White *</b>	Neston and Burton

NOTE: Heather White was elected to Neston and Burton but was unable to take up her post due to ill health. Neston and Burton remains vacant.

# Thank you Governors

- Your role is vital to support and challenge our teams and to share our vision for the people of Wirral, our patients and staff.
- This year has seen the restart of face to face meeting and Governor engagement work.



# Work to Date

- Induction of new governors
- Attendance at Committees and Board
- Participation in Patient Experience Strategy, including visiting ward areas, meeting staff, patients, and carers.
- Involvement in the PLACE based assessments across both hospital sites

# Work to date and next steps

- Membership Strategy approved by Council of Governors at October meeting
  - Governor Task and Finish Group to restart engagement
- Steps taken to ensure that membership is representative
  - Staff – all staff are enrolled as members on appointment, and may opt out if they choose.
  - Public – recruitment continues in underrepresented areas, and further work will be undertaken by the T&F Group above
- There are no proposed changes to the policy of the composition of the Council of Governors

# Non Executive Director - Changes

- John Sullivan retired on 30<sup>th</sup> June 2022
- Lesley Davies was appointed on a three year term from June 2022 – June 2025
- Rajan Madhok was appointed on a three year term from July 2022 – July 2025

# Questions

# Developments in Geriatric Medicine and Winter Strategy

## WUTH Annual General Meeting

Dr Cindy Chu

Consultant Community Geriatrician

Wirral University Teaching Hospital NHS Foundation Trust

Clinical Lead for the Ageing Well Programme, Wirral ICB and Healthy Wirral

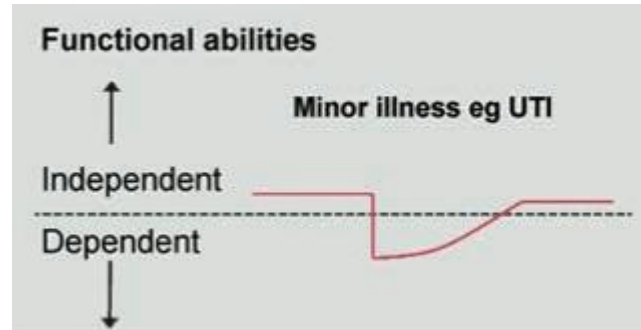
14<sup>th</sup> November 2022



# Geriatricians

- Specialist skills in looking after frail older people
- Comprehensive geriatric assessment
- Complexities, MDT working
- Holistic care / whole person medicine
- Dealing with frailty syndromes – reduced mobility, falls, incontinence, impaired cognition, polypharmacy
- Recognising futility – when to adopt a pragmatic approach
- EOL recognition and anticipatory clinical planning / advance care planning (depending on mental capacity status)
- Large subspecialty component
  - Orthogeriatrics, movement disorder (inc PD), surgical liaison, community geriatrics, falls
  - Overlap with mental health

# Frailty



- Vulnerability to sudden change in health state due to reduced functional reserve in frail older people
  - results in a sudden and disproportionately severe health state change from one of independence to one of dependence.
- \*\* Consider other reasons other than UTI

# Rockwood Clinical Frailty Scale

## Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

## Scoring frailty in people with dementia

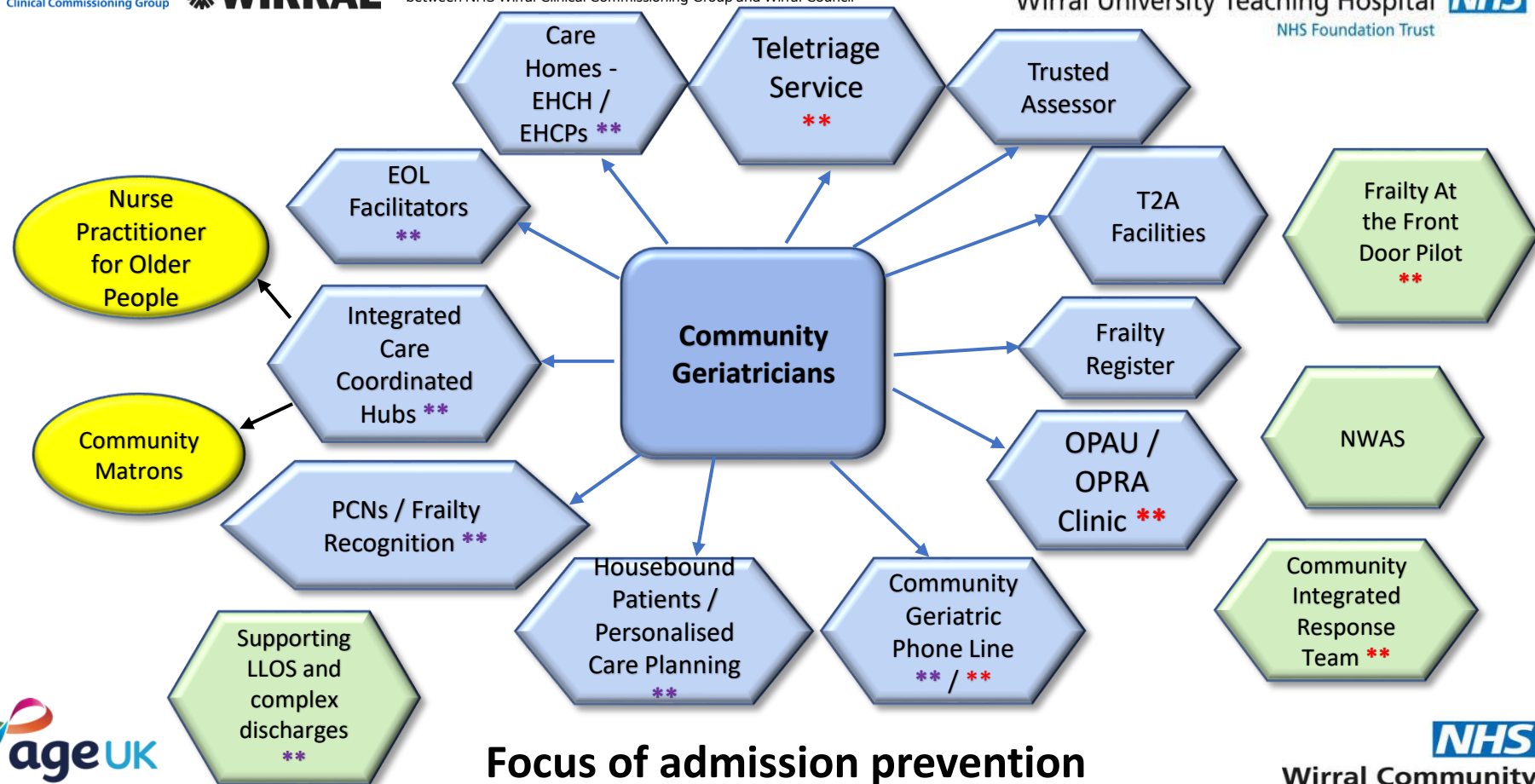
The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

**\*\* 2-4 weeks prior to acute deterioration**

\* 1. Canadian Study on Health & Aging, Revised 2008.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.



**Focus of admission prevention**

# NHS Long Term Plan <sup>1</sup>

- Urgent Community (Crisis) Response within 2 hours
  - Community based service provided to people in their own home or a care home within 2 hours of the need for the Crisis Response being identified
  - Clock start
    - Measured when the referral to the service is made
  - Clock stop
    - First direct face to face contact in the person's own home
- Enhanced Health in Care Homes
- Anticipatory Care Planning – Proactive MDT approach, for housebound people

**\*\* Fits with the NHSE Winter Resilience Guidance Oct 22**

# Urgent Crisis Response (2UCR) <sup>2</sup>

- Since April 2022
- Patients with an urgent health or social care need
- Provide urgent assessments, care and treatment within 2 hours
- At risk of hospital admission
- Wirral GP
- Age 18 or over
- Refer through Single Point of Access, and links closely with Frailty Virtual Ward, MDT approach
- Comprehensive Geriatric Assessment

# Frailty Virtual Ward <sup>3</sup>

- Wirral will be the first adopter for Cheshire and Mersey
- Collaboration between acute and community trust
- Working closely with ICB, Healthy Wirral, primary care, care sector, third sector and ICS
- Otherwise known as Hospital at Home <sup>3, 4</sup>
- Alternative to admission into an NHS acute hospital bed
- Or facilitate early supportive discharge
- Criteria to admit
- Exploit remote monitoring technology and wider digital platforms

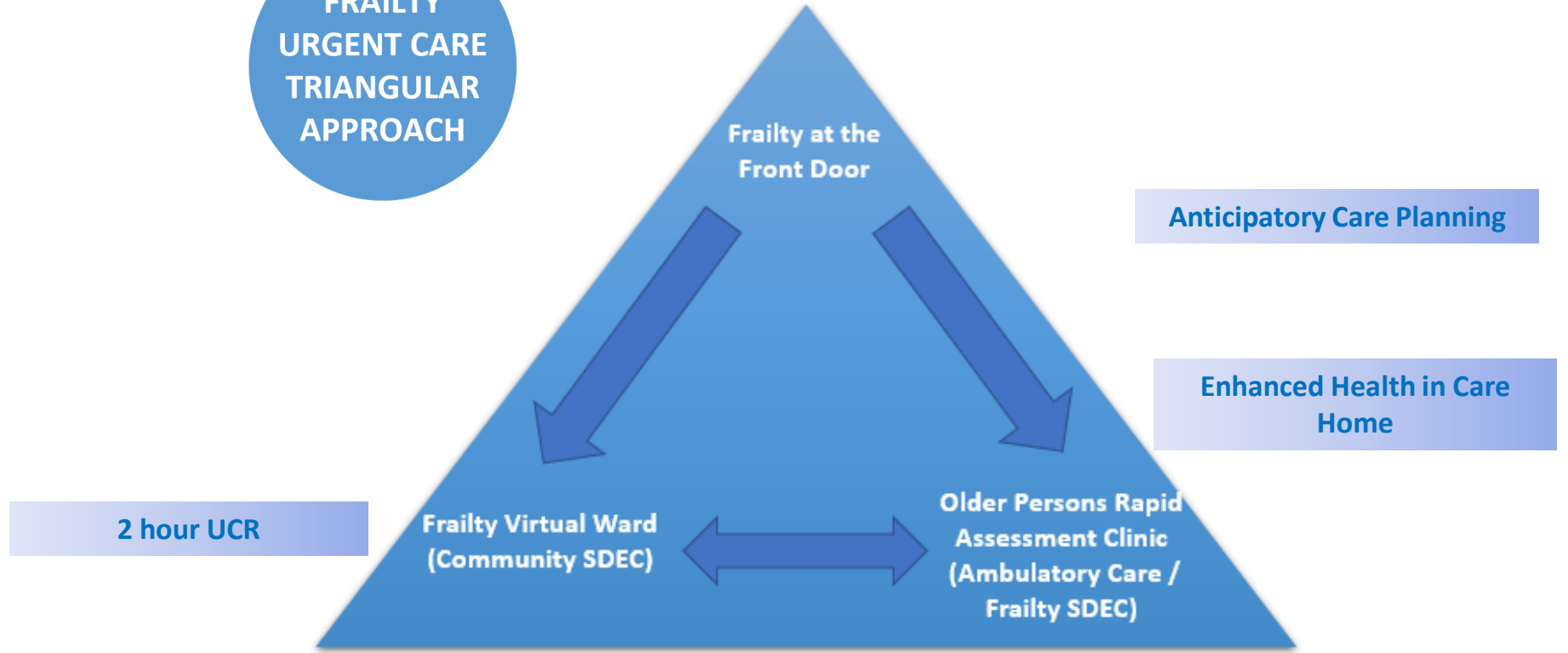


## WIRRAL PILOT

- Pilot started in March 2020
- Rapid Intervention and Consultant Medical Oversight
- Multi-Agency approach
- SMART goals and plans
- 149 patients in 2 months
- Optimum Independence, Reduced Deconditioning with the Patient at the Heart
- Highly Developed Workforce
- Presented regionally / nationally
- Shortlisted as finalist in the Nursing Times Awards



**FRAILTY  
URGENT CARE  
TRIANGULAR  
APPROACH**

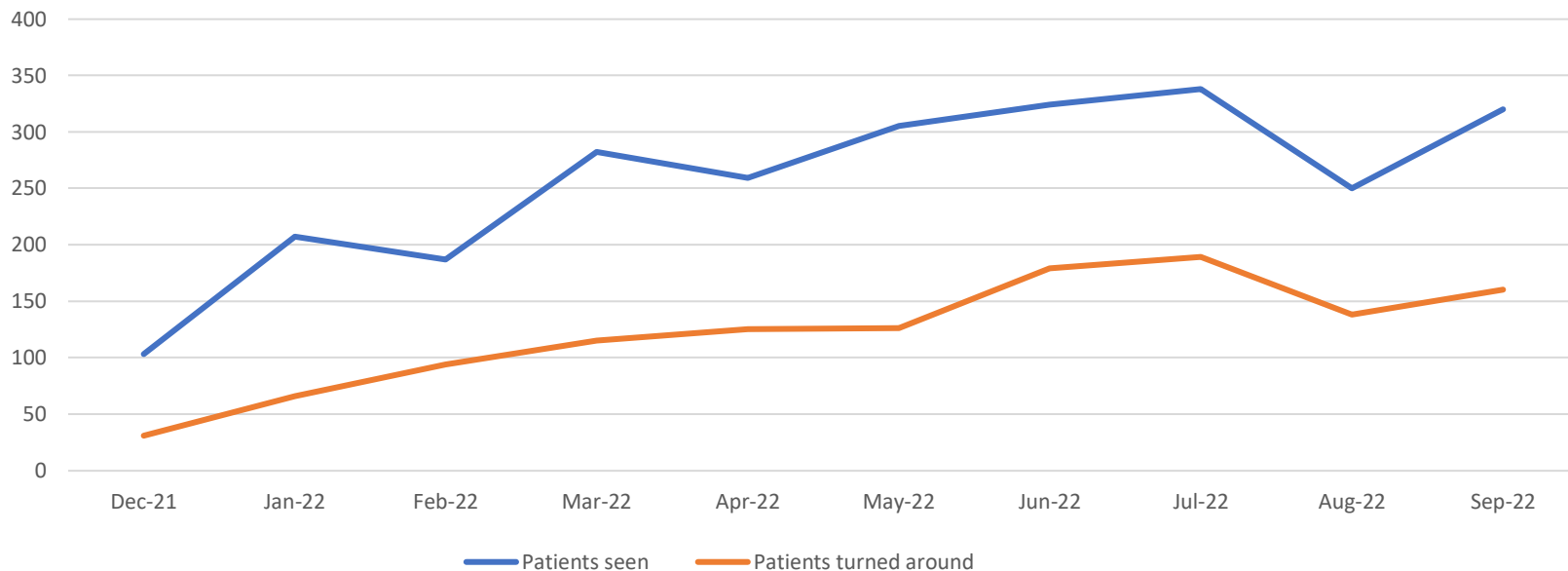


# Frailty at the Front Door

- £245k Winter Funding allocated to enhance Frailty Team structure in December 2021 for 6 months
- 2 x SNOP, 2 x Therapist, 3 x HCA
- Supported by allocated SHO daily
- See frail older patients who present with a frailty syndrome
- Managed in an SDEC fashion, discharged with CIRT / community geriatrician (“Virtual Ward”) or OPRA
- Benefits:
  - Risk of corridor queues reduced (increase the risk of de-conditioning and delirium in frail patients even in first few hours)
  - Provides better person-centered care and an improved health journey for patients
  - Will provide savings for the trust and across the health and social care economy as less patients will require 24 hour care – general RH / NH or EMI
  - Will optimise bed usage with less dependency on bank staff, helping support the recovery and reset programme

# Frailty at the Front Door

Frailty at the Front Door Service Impact (Dec 21 - Present)



# Patient story

- Presented to A&E with coffee ground vomiting, BNO 2/7
- 89 year old
- PMHx :-
  - Vascular dementia, Malignant melanoma, Bowel CA, Severely frail on Rockwood CFS (7/9)
- DNACPR & EHCP in place
- EMI NH resident, Transfer with assistance / Hoist, poor oral intake, all care, little sensible conversation, does not recognise family
- AXR – suggests SBO, WCC 33, CRP 154, Ur 15.7, Creat 179
- Family did not want admission, quite distressed in A&E, hitting out

# Patient story

- Surgical review suggested admission, IV fluids, antibiotics, NG tube
- IV antibiotics and IV fluids in A&E
- Following discussion with family, she was discharged with some pragmatism. NH staff know how best to manage her behaviour
- Discharged to frailty VW with SC fluids, oral antibiotics, palliative meds
- Family travelling back from Spain, knows prognosis is guarded
- Over the weekend, family helped push oral intake, managing 800mls
- Eating small amounts and BO
- Hoist transferred and sitting out in the lounge

# Hospital at Home Service



*Shortlisted as finalist  
for the Nursing Times  
Award for the  
Category of HRH  
Integrated  
Approaches to Care  
2020*



**What matters to you,  
not What is the matter with you?**

Thank You

Questions?



**@Cindychu828**

# Annual Members Meeting (AMM)

Matthew Swanborough  
Chief Strategy Officer

14<sup>th</sup> November 2022



## INFRASTRUCTURE

### Improve our infrastructure and how we use it

- ▶ Effectively use our estate to support the delivery of care
- ▶ Delineate the role and functions of the hospital sites
- ▶ Develop the case for the upgrades of the hospital campuses
- ▶ Improve travel and transport to our hospital campuses
- ▶ Promote sustainability and social value



# Content

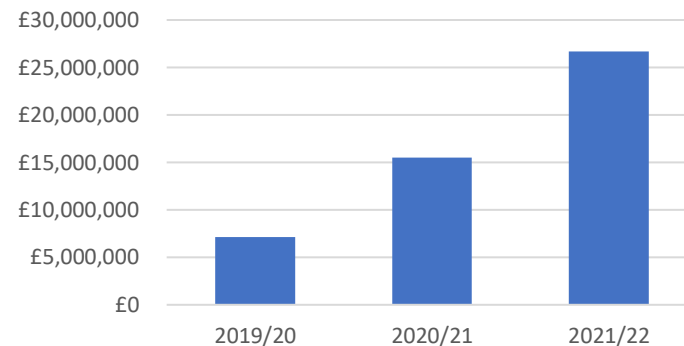
- Capital Investment 2021/22
- The Approach to Portfolio & Capital Management
- Capital Schemes Delivered
- Staff Well Being Initiatives
- Improving our Wards
- Urgent Emergency Care Upgrade Programme
- Campus Master Planning
- Questions



# Recurrent Annual Capital (Infrastructure) Investment

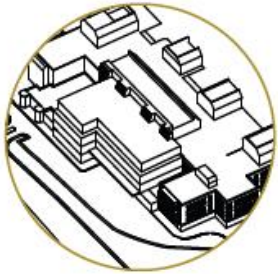
- £26.6m of capital investment in 2021/22, including infrastructure, clinical equipment and informatics
- 72% increase on 2020/21 capital expenditure and includes £16m of Public Dividend Capital funding from Department of Health and Social Care for specific capital infrastructure projects
- Risk and condition assessment approach to capital allocation across 2021/22
- 52 capital infrastructure projects across 2021/22, enhancing patient experience and outcomes, whilst supporting and delivering improve staff health & wellbeing , underpinned by operational backlog projects

Capital Expenditure 19/20-21/22



# The Approach to Portfolio & Capital Management

## CONSIDERATIONS



- Listen and Study
- Key Spatial Diagrams
- Site Analysis
- Obtaining Key Surveys
- Process Mapping

## CONCEPT DESIGNS



- Produce massing forms and footprints
- Develop Schedules of Accommodation
- Consult Authorities
- Precedent studies and visits

## DEVELOPMENT



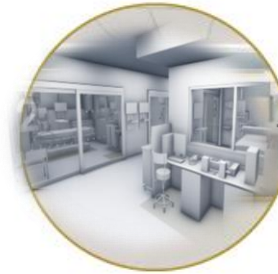
- Finalise floor plans and achieve a design freeze
- 3D axonometrics and walk through
- Continual cost planning and benchmarking
- Develop Room Data Sheets
- Sustainability Strategy
- VR Walkthrough

## FURTHER CONSULTATION



- Landscape design
- HBN derogations schedules
- Elevation and final 3D renders
- Develop and coordinate structural & M+E strategy
- Ongoing cost reviews

## INTERNAL DESIGN



- C-Sheet production
- 3D internal renders
- Mood & finishes boards
- Ongoing cost reviews

## REVIEW



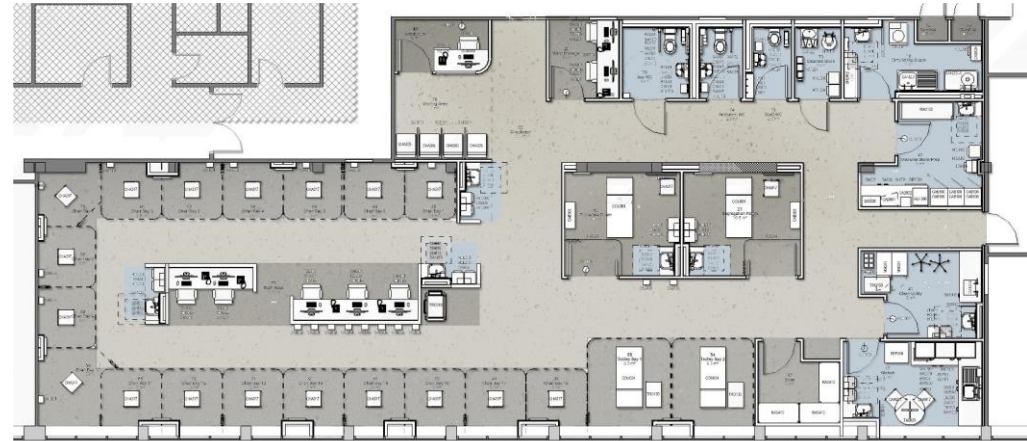
- As Built Drawings and information
- Review of the programme
- Review of the costs
- Lessons learnt

# Major Capital Schemes Delivered across 2021/22

## New Medical Day Unit & TOE Procedures Suite

- New Medical Day Unit, reducing requirement for inpatient stays across the Arrowe Park Hospital campus. Unit includes:
  - 18no. Patient Chair Bays
  - 2no. Patient Trolley Bays
  - 1no. Patient Segregation Side Room
  - Minors Procedures Rooms
  - Patient WC & Shower Facilities
  - Staff Ancillary Support Accommodation
- New transoesophageal echocardiogram (TOE) procedures suite, reducing pressure on theatres and cath lab
- Cost: ~£2m

Day Unit Architectural Plan



# Major Capital Schemes Delivered across 2021/22

## Modular Theatres and Refurbishments – Clatterbridge Hospital

- Targeted Investment Funded project for the establishment of the South Mersey Surgical Hub, providing additional elective surgery for Wirral, Merseyside and Cheshire patients.
- Multi-year programme which includes the installation of modular operating theatres and refurbishment of the theatre complex at Clatterbridge Hospital. Includes:
  - Two modular theatres to HBN standards
  - 12 Recovery bays
  - New ventilation systems
  - New staff change and rest areas
- Estimated project completion in October 2022
- Cost: £10.6m



Architectural Plan and photo





# Major Capital Schemes Delivered across 2021/22

## Staff Restaurant at Arrowe Park Hospital

- Utilisation of Captain Tom, WUTH and NHS England Charity Funding, to support project
- Refurbished staff restaurant, providing a more inviting space for staff wellbeing
- New servery and revised menu offering
- Renaming of the Restaurant to 'The Retreat'

Architectural Plan and photo



# Major Capital Schemes Delivered across 2021/22

## Urgent and Emergency Care Upgrade Programme (UECUP) Full Business Case

Architectural Plan and photo

- Delivery of the Full Business Case (FBC) for the redevelopment of Accident & Emergency Department and Urgent Treatment Centre at Arrowe Park Hospital, including design
- £28.5m redevelopment, with £18m of support from Department of Health and Social Care
- New clinical model for urgent and emergency care and redevelopment of 4,000sqm of buildings
- DHSC Joint Investment Committee in July 2022, with project preliminary construction works from August 2022 and main construction works from November 2022



# Major Capital Schemes Delivered across 2021/22

## Other minor schemes

- Hydrotherapy pool refurbishment at Clatterbridge Hospital
- Staff carpark expansion and space realignment
- Flooring replacement
- Ward bathroom upgrades
- Ventilation system upgrades
- Ward kitchen refurbishments
- Clatterbridge window replacement and upgrades
- Compartmentation surveys and upgrades
- Decontamination Unit upgrade

## Capital Improvements

- New Capital Team in place to deliver major and minor projects
- Continued implementation of the Estates Improvement Programme
- Major bids for TIF funding for 22/23
- Completion of Master Planning for Clatterbridge Hospital, in conjunction with Clatterbridge Cancer Centre



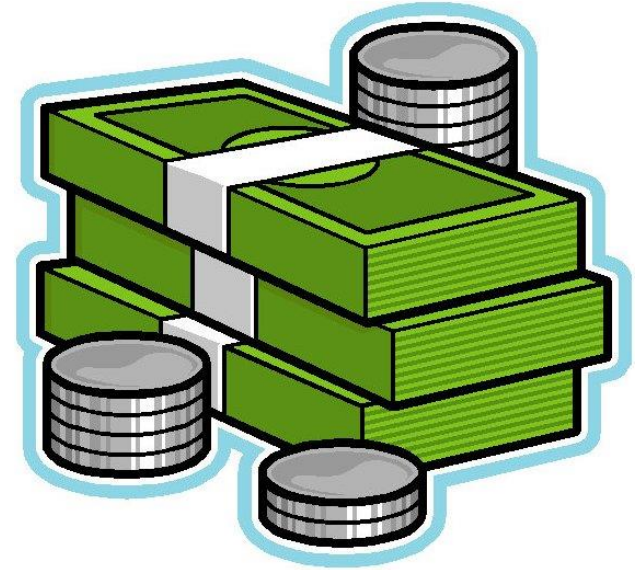
# Annual Accounts 2021/22

Mark Chidgey, Chief Finance Officer

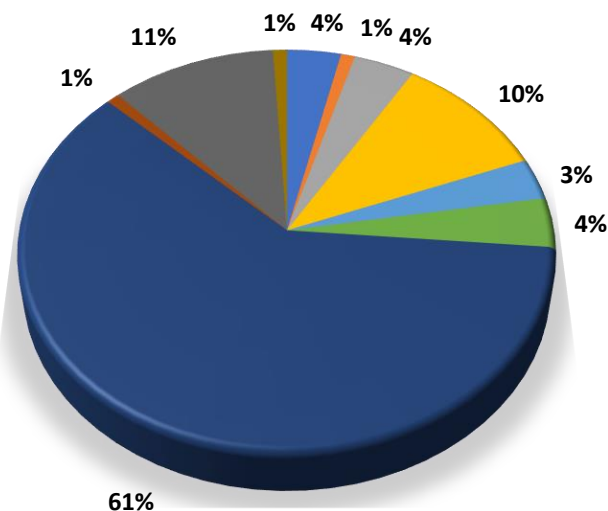


# Financial Headlines: 2021/22 in numbers

- Finance regime introduced in 20/21 remained in place throughout 21/22 to support NHS response to COVID-19.
- This gave all NHS providers a guaranteed minimum level of income based on historical expenditure with the expectation that break even was achieved.
- **Break even duty achieved (surplus of £0.034m)**
- **£36.4m** cash balances at the end of the year.
- Invested **£29m** in our Estate, Infrastructure and Critical Equipment.

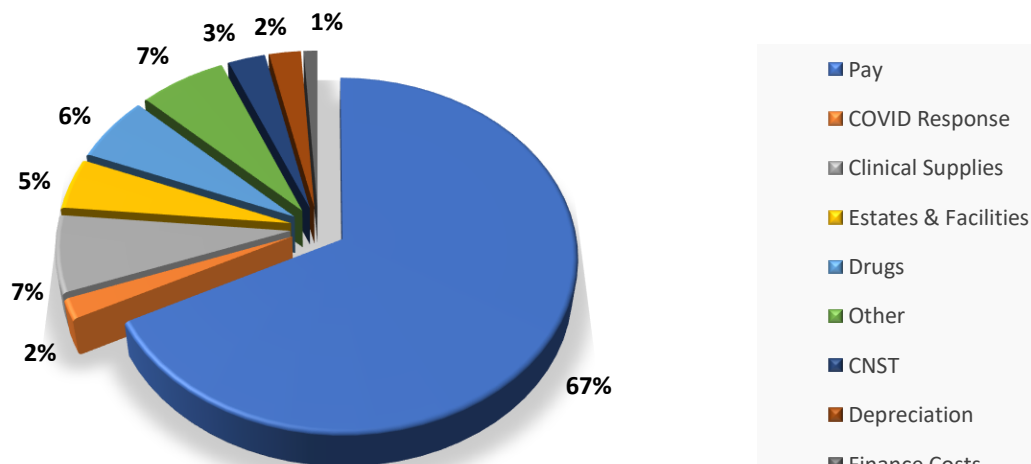


## Total income £463.1m



- Bodies External to Government
- Health Education England
- System monies
- NHS England and its sub-entities
- NHS Trusts / FT's
- NHS Cheshire CCG
- NHS Wirral CCG
- Other Government bodies
- Other NHS Bodies
- COVID reimbursement

## Total Expenditure £462.8m



# Capital Expenditure: £29m

The Trust made the following investments during the year:

**£9.3m** Improvements to the Trust's built estate including:

- Theatre ventilation
- Staff changing and restaurant refurbishment
- Critical care development
- Fire detection and control

**£7m** Phase One of the theatre expansion programme at Clatterbridge

**£5.8m** Information technology improvement schemes.

**£4m** Medical equipment including:

- CT scanner
- X Ray equipment
- Theatre equipment
- Endoscopy equipment

**£2.5m** Ward refurbishment

**together**  
we will

# Forward look...

## Finance Regime 2022/23

- Cheshire and Mersey Integrated Care Board created on 1 July 2022.
- The major focus of 2022/23 is continued recovery of the elective programme and delivery of activity levels which achieve maximum capacity.
- Trust has planned for a break-even financial position – all risks to achieve this yet to be fully mitigated.
- Challenging CIP target of 4.5% (3% recurrent and 1.5% non-recurrent).

## Capital Programme 2022/23

- Ambitious **£49m** programme to enhance patient environment and replace critical equipment. Including:
  - £18m theatre expansion (phase 1 and phase 2)
  - £18m UECUP
  - £4.1 Clinical Diagnostics Centre
  - £3.5m estates infrastructure improvement
  - £2.8m ward refurbishment
  - £2m Investment in Information Technology

# 2021/22 Auditor's Report

Chris Brown, Azets



# Wirral University Teaching Hospital NHS Foundation Trust

Annual Members' Meeting  
14 November 2022

Annual Auditor's Report - Summary  
Year ended 31 March 2022





# Framework for NHS external audit

- NAO Code of Audit Practice
  - Financial statements
  - Value for money
  - Public interest reporting
- Local Auditors Advisory Group
- National Technical Networks
- NHS Consolidated Provider Accounts



# Summary of audit opinions and findings

Findings	
Annual report and accounts	<ul style="list-style-type: none"><li>• Unqualified audit opinion on financial statements.</li><li>• Assurance obtained on all key audit risks.</li><li>• Annual report consistent with financial statements.</li><li>• Governance statement and remuneration and staff report prepared properly.</li></ul>
Other reporting	<ul style="list-style-type: none"><li>• We did not consider it necessary to issue any public interest reports.</li></ul>

## Value for money commentary

Reporting criteria	Risk assessment at audit planning	Risk areas	Findings
<b>Financial sustainability</b>	One potential risk of significant weakness identified.	Budget setting Financial management in new ICS Delivery of CIPs	No significant weaknesses identified.
<b>Governance</b>	No risk areas identified.	N/A	No significant weaknesses identified.
<b>Improving economy, efficiency and effectiveness</b>	One potential risk of significant weakness identified.	Estates procurement	No significant weaknesses identified.

## 2022 Accounts and audit timetable

Event	Date
Main audit started	27 April 2022
Clearance meeting to discuss audit findings	18 May 2022
Audit Committee meeting	23 May 2022
Board meeting to approve accounts	8 June 2022
Accounts and audit reports submitted	20 June 2022
National submission deadline	22 June 2022



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# Questions from the public