Wirral University Teaching Hospital
NHS Foundation Trust

Public Board of Directors

3 June 2020

together we will

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NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Meeting of the Board of Directors
12.30pm - Wednesday 3rd June 2020

via Microsoft Teams

AGENDA

Item	Item Description	Presenter	Verbal or Paper	Page Number
20/21 037	Apologies for Absence	Chair	Verbal	N/A
20/21 038	Declaration of Interests	Chair	Verbal	N/A
20/21 039	Chair's Business	Chair	Verbal	N/A
20/21 040	Key Strategic Issues	Chair	Verbal	N/A
20/21 041	Minutes of Previous Meeting – 6.5.2020	Board Secretary	Paper	4
20/21 042	Board Action Log	Board Secretary	Paper	13
20/21 043	Chief Executive's Report	Chief Executive	Paper	14
Performance & Improvement				
20/21 044	Quality and Performance Dashboard and Exception Reports	Chief Operating Officer, Medical Director, Director of Workforce and Chief Nurse	Paper	17
20/21 045	Month 1 Finance Report 2020/21	Chief Finance Officer	Paper	33
20/21 046	COVID-19 Recovery & Reset Update	Director of Strategy & Partnership	Presentation	N/A
Governance				
20/21 047	Hospital Upgrade Programme (Urgent Care)	Director of Strategy & Partnership	Presentation	N/A
20/21 048	COVID-19 Workforce Risk Assessment & Personal Protective Equipment	Chief Nurse, Director of Workforce and Chief Finance Officer	Paper	49
20/21 049	Infection Prevention & Control Board Assurance Framework	Chief Nurse	Paper	66
20/21 050	CQC Action Plan 2020 Approach	Chief Nurse	Paper	93
20/21 051	Report of Quality Assurance Committee	Chair of Quality Assurance Committee	Paper	102
20/21 052	Report of Workforce Assurance Committee	Chair of Workforce Assurance Committee	Paper	104

20/21 053	Report of Trust Management Board	Chief Executive	Paper	107
20/21 054	Communications and Engagement Monthly Report	Interim Director of Communications & Engagement	Paper	111
Standing Items				
20/21 055	Any Other Business	Chair	Verbal	N/A
20/21 056	Date of Next Meeting – 1.7.2020 **Note:** As a consequence of changes to the timeframe for year-end submissions the Board will also meet on • 24th June at 9.30am (Annual Report & Accounts only)	Chair	Verbal	N/A

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

6th MAY 2020

BOARDROOM EDUCATION CENTRE ARROWE PARK HOSPITAL

Present

Sir David Henshaw	Chair
Chris Clarkson	Non-Executive Director
John Coakley	Non-Executive Director
Claire Wilson	Chief Finance Officer
Janelle Holmes	Chief Executive
Helen Marks	Director of Workforce
John Sullivan	Non-Executive Director
Dr Nicola Stevenson	Medical Director
Matthew Swanborough	Director of Strategy and Partnerships
Steve Igoe	Non-Executive Director
Sue Lorimer	Non-Executive Director
Jayne Coulson	Non-Executive Director
Hazel Richards	Chief Nurse
Anthony Middleton	Chief Operating Officer

In attendance

Andrea Leather	Board Secretary [Minutes]
Paul Charnley	Director of IT and Information
Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Sally Sykes	Interim Director of Communications & Engagement

Apologies

Dr Ranjeev Mehra	Associate Medical Director, Surgery
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute

*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 20-21/017	**Apologies for Absence** Noted as above.	
BM 20-21/018	**Declarations of Interest** There were no Declarations of Interest.	
BM 20-21/019	**Chair's Business** In opening the meeting, the Chair informed the Board of Directors that the majority of key issues would be captured within items already contained on the agenda. The Healthy Wirral Programme is continuing to progress, as part of the COVID response, with many of the identified service improvements being undertaken as part of the wider COVID recovery. The Healthy Wirral Team will be supporting the system as part of the COVID recovery, coordinating system wide improvements and changes. The Team will also begin to explore the major service changes over the coming months, which will aim to improve patient flow, patient outcomes and reduce cost. It was also noted that Mr Paul Satoor, Chief Executive, Wirral Borough Council is to join the Healthy Wirral Chair / Chief Executive Group meeting to improve the co-ordination of NHS and Social Care services.	

Reference	Minute	Action
BM 20-21/020	**Key Strategic Issues** There were no additional key strategic issues to report. ***The Board noted that there were no additional items to report as there were a number of topics already covered within agenda items.***	
BM 20-21/021	**Board of Directors** **Minutes** The Minutes of the Board of Directors meeting held on 1st April 2020 were approved as an accurate record. **Action Log** In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.	
BM 20-21/022	**Chief Executives' Report** A number of key headlines, contained within the written report, were highlighted for Board members; including: • Hospital Upgrade • Recovery Theatre Refurbishment • Decommissioning of the Clatterbridge Cancer Centre • Serious Incidents and RIDDOR updates. To provide further context, the Chief Executive expanded on a number of the items contained within the report. All serious incidents are being fully investigated and reported to the Quality Committee and the investigations regarding the two RIDDOR reportable incidents have been completed and the actions are identified within the Divisional exception tracker, along with the lessons learned being reviewed by the Health & Safety Committee. The Recovery Theatre Refurbishment work was paused to support increased capacity for Intensive Care Unit during COVID-19 outbreak, and the remaining minor works are to be completed imminently. The new facility will mitigate the need to use Ward 1 during periods of increased activity and provide an improved patient experience by offering a 'one stop' admission and discharge process. Discussions are continuing with Wirral Community Trust and Wirral Borough Council to create a single intermediate care facility within the vacated space at the Clatterbridge Cancer Centre, who are shortly relocating their in-patient services to the new Liverpool campus. A summary of the scope for the hospital upgrade was provided and the report outlining the governance arrangements and timeframes that was presented at the Finance, Business, Performance and Assurance Committee to be circulated to Board members. The evaluation process is underway for the external support required for the development of the Outline Business Case (OBC), with the appointment to be identified in early June. ***The Board noted the Chief Executive's Report.***	**MS**

Reference	Minute	Action
BM 20-21/023	**Quality & Performance Dashboard and Exception Reports** The report provides a summary of the Trust's performance against agreed key quality and performance indicators. Of the 45 indicators with established targets or thresholds 12 are currently off-target or not currently meeting performance thresholds. The Board noted that during the COVID-19 pandemic a number of metrics have been suspended from national reporting, as identified in the dashboard. The lead Director for a range of indicators provided a brief synopsis of the issues and actions being taken: • 4 hour A&E – as part of the COVID-19 response, the A&E department along with urgent care systems have been dramatically restructured to support both COVID-19 and non COVID-19 services. With effect from mid-March both the A&E department and Walk-In Centre have seen attendances significantly reduce, consequently performance has considerably improved. In addition, ambulance handover performance has improved due to the reduced activity and there have been no 12 hour breaches since mid-April. • The planned recovery of RTT in quarter 4 was severely impacted by the cessation of all non-urgent activity due to the COVID-19 response; consequently there was a downturn of referrals of 30%. • As part of the wider Trust approach for the reinstatement of non urgent activity, trajectory plans for RTT, diagnostics and theatre utilisation are being developed. • The reduction in numbers of long length of stay patients in March, continuing throughout April was as a result of collaborative working across the health economy to free up capacity for COVID-19 patients. The lessons learned both internally and externally during the pandemic are to be reviewed to ensure changes implemented are embedded and sustainable going forward. • The 'Hospital at Home' programme has been very effective and the success of the programme was primarily due to the cancellation of clinics to enable 7 day consultant cover. Therefore some additional resource may be required to maintain the programme once job plans revert back to business as usual. • The Trust is participating in a number of COVID-19 trials which will provide significant benefits for patient treatments. • The Trust failed to meet the year end C-diff target of 88 cases by one with a total of 89 cases at the end of March 2020. • IPC indicators are to be reviewed post COVID-19 to include national guidance for gram-negative bloodstream infections. A three year IPC Strategy is being developed with a focus on works required at Arrowe Park and is awaiting updated national guidance. • Although the Friends and Family Test has been suspended in line with national guidance, the Trust is reviewing informal (PALS) and formal complaints to monitor patient experience during the pandemic and will report through Patient, Safety and Quality Board. • The attendance data reported for March is based on non COVID-19 occurrences and subsequently performance during March/April has been impacted by an additional 1.1% and 9.2%, respectively. Of those, 2% are those staff shielding due to health conditions, pregnancy and over 70's.	

Reference	Minute	Action
	• In line with national guidance Appraisals were suspended towards the end of March and are to recommence shortly via alternative methods such as 'teams' The Board were advised that the 'First Care' pilot introduced to assist with attendance management has now been stood down with a number of the practices to be introduced within the in-house processes. A report is to be provided to the Finance, Business, Performance & Assurance Committee ***The Board noted the current performance against the indicators to the end of March 2020.***	**HM**
BM 20-21/024	**Month 12 Finance Report** The Chief Finance Officer apprised the Board of the summary financial position at the end of Month 12. The Trust reported an actual deficit of £17.2m including the loss of Provider Sustainability Fund (PSF)/Financial Recovery Fund (FRF). The key headlines for Month 12 include: • Month 12 operational position was (£0.3) better than had been forecast, therefore ensuring the year end position agreed with NHSI was achieved. • In month, pay is exceeded plan by (£0.7m), with a YTD overspend of (£7.7m) including (£0.3m) in relation to quarantine and COVID-19 response. Medical and Nursing pressures together with trainee grades / trainee nurse associates continue as a result of gaps and COVID-19. • In month, non-pay exceeds plan by (£2.8m), this mainly relates to clinical supplies and outsourcing costs with sub-contractors to manage waiting times as part of the MSK services, and includes (£1.4m) of costs in relation to quarantine and COVID-19. • CIP delivered £10.8m YTD, (c£2.0m) below plan. • Cash is £5.9m, (£4.2m) above plan. • Capital is behind the revised plan by £2.0m as a result of slippage on a number of schemes. In order to utilise the funding a number of schemes were brought forward from the 2020/21 programme. However, due to the national impact of COVID-19 on medical equipment suppliers and the ability of the Trust to receive equipment a small number of high value equipment purchases could not be completed pre year end. In addition, COVID-19 pressures also delayed the expected completion of a number of estates projects £0.3m. Discussion ensued regarding non pay consultancy fees, the Board were provided a summary of the activity undertaken and advised that a full breakdown would be provided in the annual accounts. The Board were assured that stringent controls are in place to monitor this element of non pay expenditure. ***The Board noted the Month 12 finance performance.***	
BM 20-21/025	**Financial Plan 2020/21** In March 2020, the operational planning process for 2020/21 was suspended and NHS England/Improvement announced amended financial arrangements for the initial period between 1 April and 31 July 2020, to enable the NHS to respond to COVID-19.	

Reference	Minute	Action
	To reflect this change the Board received a report outlining the financial planning process for 2020/21, this included: • Months 1 – 4, block contract and top up payments to reflect the difference between expected baseline net costs and block contract, where modelling of the expected cost base is higher. • During months 1 – 4 the efficiency factor has been suspended. • Months 5 – 12 budget has been set in line with the plan originally approved by the Board in February. It was reported that further national guidance is expected imminently for the period from 1 August 2020, which is still subject to significant uncertainty. The plan will be reviewed and updated as further guidance is received. • It was noted that the plan for months 5 to 12 still incorporated the previously agreed CIP target as the requirement to deliver this is still formally in place, however, it is expected that this requirement will be revised in the next iteration of the guidance in the light of the continued pressures relating to COVID-19 over the remainder of the year. Chair of Finance, Business, Performance & Assurance Committee confirmed the Committee had reviewed the interim Financial Plan 2020/21 and supported the pragmatic approach taken and therefore recommended Board approval. ***The Board approved the interim Financial Plan 2020/21, noting the limitations of planning for the year when the impact of COVID-19 is unknown.***	
BM 20-21/026	**COVID-19 Trust Response Update** The Board were provided an update of the Trusts response to COVID-19 outlining the actions taken to maintain business continuity and those actions that have been taken internally to ensure that the Trust is able to respond in real time to the clinical and operational challenges it is facing. In summary the report encompassed: • the Strategic response to COVID-19 • the Clinical and Operational model • Workforce • Financial update • Governance • Reset and renewal/recovery. As reported nationally, due to the significant global demand there have been some issues regarding the procurement and distribution of Personal Protective Equipment (PPE). This is being managed closely and the Board were assured that the measures implemented to proactively manage the situation to ensure that staff are protected at all times, were appropriate. A comprehensive report detailing workforce risk assessment and PPE to be provided at the next meeting. It was acknowledged that in line with national guidance and as agreed at the April Board meeting, the Board had taken the decision to reduce the number of Assurance Committees or in some cases suspended them for the period April to July 2020. To support this, agenda's would be focused on business	**HR/HM**

Reference	Minute	Action
	critical matters and a review of meetings would be undertaken during June to establish timeframes to re-establish the schedule. It was confirmed that although the Safety Management Assurance Committee had presently been stood down, Health & Safety meetings are being resumed to meet statutory requirements. As a consequence of the gradual reduction of inpatients with COVID-19 symptoms, the Trust is seeking to develop a recovery plan in line with NHS England (North West) guidance. The Board were apprised of the approach to the development of such a plan and in summary, the report provided details of the system short term plans through to planning for April 2021 onwards that would be undertaken in three stages. It was recognised that within the timeframes outlined organisations would need to build resilience for the winter period. A number of key steps for the Trust to support the development and delivery of a Recovery and Reset Plan were outlined and would be discussed at a forthcoming Executive workshop. The Board to be appraised of progress at the next meeting. Discussion ensued pertinent to how the Recovery and Reset Plan would be triangulated with the wider Trust and Clinical Strategies. The Board were assured that the accelerated measures implemented during the pandemic such as those introduced for outpatients are to be maintained rather than reverting back to previous practices. ***The Board noted the updated response to COVID-19 and were assured that all appropriate measures have been taken to support the Trusts response.***	**MS**
BM 20-21/027	**Report of Finance, Business, Performance & Assurance Committee** Ms Sue Lorimer, Non-Executive Director, provided a report of the key aspects from the recent Finance, Business, Performance and Assurance Committee, held on 28th April 2020 which covered: • Month 12 finance report • Operational update in relation to COVID-19 • Hospital Upgrade Programme • Financial Plan 2020/21 • Quality Performance Dashboard • Risk Register The Committee recognised that the Trusts response to COVID-19 would have a significant impact on a number of the Trusts operational and financial performance objectives and these are being captured and monitored separately in the risk register and Board Assurance Framework. ***The Board noted the Finance, Business, Performance and Assurance Committee report.***	
BM 20-21/028	**Report of Workforce Assurance Committee** Mr John Sullivan, Non-Executive Director, apprised the Board of the key aspects from the recent Workforce Assurance Committee, held on 28th April 2020 which concentrated on COVID-19 critical workforce issues:	

Reference	Minute	Action
	• Sickness absence • Health & Wellbeing • Workforce Supply • Training • Communications The Committee highlighted the significant mitigation actions taken by the HR team to minimise the impact of COVID-19 on staff attendance, morale, training and workforce supply risks. The Board of Directors supported this view and thanked the team for their efforts. ***The Board noted the report of the Workforce Assurance Committee.***	
BM 20-21/029	**Report of Audit Committee** Mr Steve Igoe, Non-Executive Director, apprised the Board of the key aspects from the recent Audit Committee, held on 24th April 2020 which covered: • Internal Audit Reports including the outcomes of recent audit reviews • Counter Fraud update • External Audit update including the revised timeframes for year-end reporting • Review of losses and special payments and debtors • Review of the draft Annual Governance Statement • Review and approval of accounting policies • Going Concern in light of the Secretary of State's announcement to convert loan funding into capital. The statement provided to the Committee was approved subject to a further review at the time of signing the accounts. The Committee confirmed that there were no areas of escalation for Board consideration. ***The Board noted the report of the Audit Committee.***	
BM 20-21/030	**Report of Trust Management Board** The Chief Executive provided a report of the Trust Management Board meeting on 23rd April 2020 summarising those items not already discussed earlier in the meeting: • Decision making outside of Command Structure • Performance Update (including breach of the 4 hour standard) • Strategy Update • Clinical Update / CQC • Finance • Non COVID-19 Divisional Updates • Development of Recovery Cell.	

Reference	Minute	Action
	Following receipt of the CQC final report an action plan is being finalised with Divisional Leads. The initial submission of 'Must Do' actions is due by 12th May 2020, with the remaining actions due for submission at the end of June 2020. ***The Board noted the report of the Trust Management Board.***	
BM 20-21/031	**Communications Monthly Report** The Chair welcomed Sally Sykes, Director of Communications & Engagement to the meeting who presented the first report informing the Board of recent communication activity including: • Internal and external communications • Top Tweets • Stakeholder, local health system partners and MP engagement • Charity. ***The Board noted the Communications monthly report.***	
BM 20-21/032	**Board Assurance Framework 2019/20 – 2020/21** The Board Secretary apprised the Board of the summary of risks, and their associated risk scores in the Board Assurance Framework (BAF). The Board considered the additional threat in relation to COVID-19 that had been added within 'primary risk 5', along with the proposed revised overall risk score. It was noted that this threat had also been cross referenced with other principle risks, namely PR1, 2 and 4. The Board acknowledged that as the BAF transitioned into 2020/21 the relevant Assurance Committees had not had the opportunity to review the updates and therefore the assurance rating for this month were omitted. The assurance ratings are to be considered by the Assurance Committees at the next meeting. The Chair of Audit Committee reported that the Board Assurance Framework had been externally validated and rated 'green' across all metrics. The Committee had received assurance that the BAF is structured to meet the NHS requirements, is visibly used by the organisation and clearly reflects the risks discussed by the Board. ***The Board of Directors approved the Board Assurance Framework 2020/21; the additional COVID threat identified in PR5 and the revised overall risk rating for PR5.***	
BM 20-21/033	**Any Other Business** The Board noted one exclusion, with an investigation being undertaken. Non Executive Directors reiterated the message of the extraordinary effort of all staff, recognising the superb work being undertaken whilst dealing with the challenges.	

Reference	Minute	Action
BM 20-21/034	**Date of next Meeting** Wednesday 3rd June 2020. **Note:** Additional meeting on **24th June 2020**, for sign off of Annual Report & Accounts 2019/20.	

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Chair

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Date

Board of Directors Action Log
Updated – 6th May 2020
Completed Actions moved to a Completed Action Log

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 06.05.20						
1	BM 20-21/022	Circulate Hospital upgrade report outlining the governance arrangements and timeframes presented at the FBPAC to Board members.	**MS**	**Complete**	June '20	See agenda item BM 20-21/047
2	BM 20-21/023	'First Care' attendance management pilot report to be presented to FBPAC.	**HM**		July '20	
3	BM 20-21/026	Report detailing workforce risk assessment and PPE to be provided at the next meeting.	**HR/HM**	**Complete**	June '20	See agenda item BM 20-21/048
4		The Board to be appraised of Recovery and Reset progress at the next meeting.	**MS**	**Complete**	June '20	See agenda item BM 20-21/046
Date of Meeting 01.04.20						
1	BM 20-21/006	Development of CQC Action Plan	**HR**	**Complete** - The CQC Action Plan 2020 approach to be presented to the Board.	June '20	See agenda item BM 20-21/050
Date of Meeting 04.03.20						
1	BM 19-20/237	Discussion at future Board meeting regarding internal productivity to support financial sustainability	**CW**		July '20	April '20 – agreed to defer until Q2 following stabilisation of COVID activities.
Date of Meeting 29.01.20						
2	BM 19-20/214	Report outlining opportunities for inclusion in the Estate master plan to ensure full utilisation of hospital sites	**MS**		October '20	

Board of Directors	
Agenda Item	20/21 043
Title of Report	Chief Executive's Report
Date of Meeting	3.6.2020
Author	Janelle Holmes, Chief Executive
Accountable Executive	Janelle Holmes, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	All
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Noting
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

This report provides an overview of work undertaken and any important announcements in May 2020.

Internal

Serious Incidents

In April 2020, three serious incidents were declared. The cases pertained to a patient fall, a delay in the delivery of a baby and a patient's deterioration of skin integrity. Immediate actions to improve safety were implemented and investigations initiated which will be reported and monitored via the Trust governance arrangements.

RIDDOR Update

The Trust reviewed one RIDDOR reportable incident in April. The incident involved a member of staff who slipped on water resulting in a period of absence. An investigation has been completed, 'lessons learned' shared and the associated actions have been recorded in the Divisional exception tracker, with progress monitored at the Health & Safety Committee.

COVID-19 Update

During May the numbers of both positive and suspected COVID-19 patients being cared for in critical care and ward environments reduced in comparison with April, and has plateaued in the final weeks of the month. The Trust has revised its pathway for suspected COVID-19 admissions which will reduce the number of patient moves and the risks of cross infection.

Staff absences related to COVID have also reduced, aided by increasing testing availability.

The national level 4 incident level has remained in place, which requires systems to maintain the emergency response structures but a greater emphasis is now placed on the recovery and reset phase of the response.

Hospital Upgrade

The Trust has continued with the planning of the Hospital Upgrade Programme during COVID-19 management, with a revision to the planning and delivery timelines. External support for the development of the Outline Business Case (OBC) and Full Business Case (FBC) will commence in June 2020

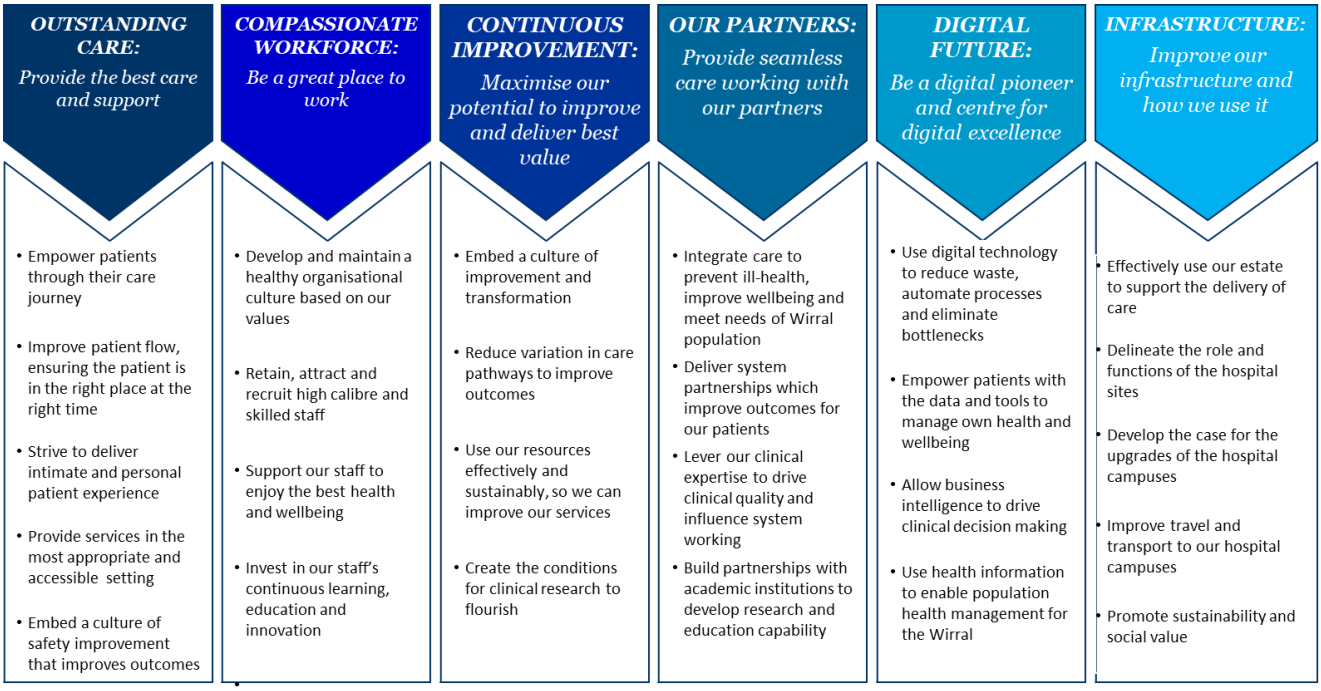
At present, the Trust is aiming to submit the OBC for the Hospital Upgrade Programme to NHS England in late September/early October 2020.

Trust Strategy 2020-2025

As part of developing the Trust's 2020-2025 Strategy, the Strategy Team, in conjunction with the NHS Transformation Unit, held four strategy development workshops across January and February 2020. The focus of these workshops were to identify and develop the strategic goals and objectives for the Trust, across the next five years.

The workshops were attended by over 100 staff and local stakeholders, including representation from WUTH Governors, Wirral Council and Wirral Community Health and Care Trust, with individuals providing insight into ways to improve service delivery, configure care and develop our infrastructure.

Due to the COVID response, the development of the Strategy was put on hold, with members of the NHS Transformation Unit directed into operational roles in neighbouring Trusts. In the last week, the NHS Transformation Unit has recommenced support to the Trust and worked with the Strategy Team to synthesize the outputs from the workshops and develop the strategic goals and objectives for the Trust's 2020-2025 Strategy. These goals and objectives are highlighted in the diagram below.



As a next step, the Strategy Team will be producing the 2020-2025 Strategy document, with an aim to present at the July Board meeting. In addition, the Strategy Team and NHS Transformation Unit will now commence the development of the individual clinical service strategies, working in conjunction with clinical specialties to set out the objectives and plans for the next five years. This will be conducted in phases, commencing with Care of the Elderly and Neonatal Services.

The development of the clinical service strategies will support the Trust to examine the future campus configurations and redevelopment requirements across the next ten years.

Local

Decommissioning of the Clatterbridge Cancer Centre

The Trust continues to work with Clatterbridge Cancer Centre to support the relocation of their inpatient services to the new Liverpool campus. This has been deferred to the end of June 2020, due to site commissioning. The Trust also is supporting Wirral Community Health and Care NHS FT to examine options to occupy up to three wards for future intermediate care provision, following the relocation of cancer services to Liverpool.

Janelle Holmes
Chief Executive
June 2020

Board of Directors	
Agenda Item	20/21 044
Title of Report	Quality Performance Dashboard
Date of Meeting	3.6.2020
Author	WUTH Information Team and Governance Support Unit
Accountable Executive	COO, MD, CN, DQG, HRD, DoF
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	Quality and Safety of Care Patient flow management during periods of high demand
Level of Assurance **Positive** **Gap(s)**	Gaps in Assurance
Purpose of the Paper **Discussion** **Approval** **To Note**	Provided for assurance to the Board
Reviewed by Assurance Committee	None. Publication has coincided with the meeting of the Board of Directors.
Data Quality Rating	TBC
FOI status	Unrestricted
Equality Impact Assessment Undertaken **Yes** **No**	No adverse equality impact identified.

1. Executive Summary

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note performance to the end of April 2020.

2. Background

The Quality Performance Dashboard is designed to provide accessible oversight of the Trust's performance against key indicators, grouped under the CQC five key question headings.

The Quality Performance Dashboard is work-in-progress and will develop further iterations over time. This will include development of targets and thresholds where these are not currently established and the sourcing of data where new indicators are under development.

3. Key Issues

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

- 14 are currently off-target or failing to meet performance thresholds
- 22 of the indicators are on-target
- 11 do not have an identified threshold or are not rated

Please note during the current Covid-19 pandemic a number of metrics have been suspended from national reporting, and departments within the Trust have been focused on operational priorities over some internal reporting. Where the information is still available and reported within the Trust it has been included.

The metrics included are under continual review with the Directors to consider the appropriateness and value of inclusion, and also the performance thresholds being applied. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

Appendix 2 details the indicators that are not meeting the required standards within month in an exception report, excluding finance indicators which are covered in the separate finance report. The report includes a brief description of the Issue, the remedial Action and expected Impact.

4. Next Steps

WUTH remains committed to attaining standards through 2020-21.

5. Conclusion

Actions to improve are noted in the exception reports on the qualifying metrics to provide monitoring and assurance on progress.

6. Recommendation

The Board of Directors is asked to note the Trust's performance against the indicators to the end of April 2020.

Quality Performance Dashboard

May 2020
updated 22-05-20

	Indicator	Objective	Director	Threshold	Set by	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	2020/21	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	0.18	0.22	0.09	0.09	0.09	0.18	0.04	0.13	0.13	0.08	0.14	0.05	0.00	0.00	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	96.2%	86.0%	91.9%	94.6%	94.6%	96.1%	94.9%	94.1%	97.5%	98.7%	98.0%	97.7%	97.7%	97.7%	
	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%	96.3%	96.8%	97.7%	97.6%	97.6%	97.1%	97.8%	97.3%	97.8%	97.7%	97.5%	96.7%	97.3%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	CN	≥95%	National	96.5%	95.7%	95.5%	97.2%	95.0%	97.0%	96.5%	95.7%	95.1%	95.2%	97.0%	96.9%	National reporting ceased	National reporting ceased	
	Serious Incidents declared	Safe, high quality care	DQ&G	≤48 per annum (max 4 per month)	WUTH	1	1	4	3	1	0	5	4	5	5	4	4	3	3	
	Never Events	Safe, high quality care	DQ&G	0	SOF	0	0	0	0	0	0	0	0	0	0	2	0	0	0	
	CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Clostridium Difficile (healthcare associated)	Safe, high quality care	CN	≤88 WUTH financial year 2019-20 retained, as per mthly maximum threshold	SOF	19	9	11	5	6	7	8	6	7	4	4	3	6	6	
	E.Coli gram negative bacteraemia infections	Safe, high quality care	CN	TBC - new definition adopted from April 2020	WUTH	6	2	2	5	7	2	5	6	6	8	9	1	7	7	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	98%	91%	98%	99%	100%	99%	100%	100%	99%	100%	100%	100%	100%	100%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	0	0	1	0	0	0	1	0	1	0	0	2	2	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	99%	99%	98%	98%	96%	98%	99%	99%	99%	96%	96%	96%	96%	96%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	93.6%	93.9%	93.7%	93.6%	92.9%	93.6%	92.4%	91.2%	91.2%	92.2%	92.3%	90.18%	90%	90%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	90.9%	91.0%	90.7%	90.4%	90.3%	91.2%	88.3%	85.5%	84.9%	84.4%	85.0%	82.81%	81%	81%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	91.4%	92.8%	91.5%	92.3%	90.3%	89.98%	87.46%	88.09%	89.66%	89.53%	86.67%	79.94%	51%	51%	
	Attendance % (in-month rate) (*)	Safe, high quality care	DHR	≥95%	SOF	94.84%	94.91%	94.49%	94.07%	93.96%	94.25%	93.99%	93.82%	93.87%	94.40%	94.85%	94.90%	94.78%	94.78%	
	Staff turnover % (in-month rate) (* & **)	Safe, high quality care	DHR	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.86%	0.83%	0.85%	0.68%	2.03%	1.21%	0.86%	0.77%	0.86%	0.62%	0.54%	0.90%	0.42%	0.42%	
	Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	7.2	7.2	7.4	7.3	7.7	7.5	7.7	7.6	7.55	7.9	7.7	National reporting suspended	National reporting suspended		

Quality Performance Dashboard

May 2020
updated 22-05-20

	Indicator	Objective	Director	Threshold	Set by	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	2020/21	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	92.0%	95.0%	90.0%	93.0%	92.0%	96.0%	97.8%	97.2%	97.5%	98.3%	99.1%	98.7%	93.6%	93.6%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	17.6%	18.0%	18.7%	20.2%	17.9%	18.8%	17.2%	17.1%	19.3%	18.8%	19.3%	19.8%	20.7%	20.7%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	421	415	403	383	410	431	443	441	444	446	448	383	174	174	
	Long length of stay - number of patients in hospital for 21 or more days (*)	Safe, high quality care	MD / COO	Reduce to 107 by March 2020	WUTH	206	190	171	171	203	193	199	200	217	204	195	118	51	51	
	Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.2	3.2	4.1	3.5	3.5	3.5	4.0	3.6	4.6	3.4	3.6	3.9	3.5	3.5	
	Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	5.1	4.9	4.5	4.6	4.6	5.1	4.8	5.0	5.2	5.1	5.2	6.7	4.8	4.8	
	Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	1104	1236	1130	1126	1130	1092	1118	1057	1080	1115	1006	827	667	667	
	Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	11	14	10	11	9	15	10	13	11	16	16	23	6	6	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	89.5%	86.3%	85.5%	88.5%	85.3%	81.0%	82.9%	81.0%	77.3%	78.3%	83.0%	82.0%	71.1%	71.1%	

Quality Performance Dashboard

May 2020
updated 22-05-20

	Indicator	Objective	Director	Threshold	Set by	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	2020/21	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	13	13	17	16	24	23	17	26	10	10	14	4	2	2	
	FFT Recommend Rate: ED	Outstanding Patient Experience	CN	≥95%	SOF	87%	89%	91%	91%	92%	88%	87%	84%	87%	85%	80%	National reporting suspended	National reporting suspended		
	FFT Overall Response Rate: ED	Outstanding Patient Experience	CN	≥12%	WUTH	9%	11%	10%	12%	12%	11%	11%	10%	11%	10%	11%	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	98%	97%	96%	98%	97%	96%	97%	96%	97%	97%	97%	National reporting suspended	National reporting suspended		
	FFT Overall response rate: Inpatients	Outstanding Patient Experience	CN	≥25%	WUTH	19%	22%	31%	38%	34%	30%	33%	29%	27%	27%	27%	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	94%	94%	95%	95%	94%	94%	94%	94%	94.5%	94.1%	95.0%	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	94%	97%	99%	93%	92%	92%	91%	94.8%	99%	97%	98%	National reporting suspended	National reporting suspended		
	FFT Overall response rate: Maternity (point 2)	Outstanding Patient Experience	CN	≥25%	WUTH	25%	29%	44%	29%	24%	23%	22%	22%	33%	22%	20%	National reporting suspended	National reporting suspended		

Quality Performance Dashboard

May 2020
updated 22-05-20

	Indicator	Objective	Director	Threshold	Set by	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	2020/21	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2020-21	SOF	73.6%	81.1%	83.5%	81.9%	79.9%	75.6%	72.7%	70.8%	72.1%	70.5%	67.6%	72.7%	85.5%	85.5%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	1	0	1	33	95	40	24	21	0	0	
	Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	437	118	54	76	108	210	170	366	431	198	76	80	148	148	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2019-20	SOF	79.04%	80.72%	80.12%	80.06%	79.89%	79.59%	79.03%	78.09%	78.10%	78.26%	78.51%	75.01%	64.88%	64.88%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 24,735 by March 2020	National	26,223	27,317	25,733	24,733	24,846	24,721	24,368	23,597	23,233	22,988	23,207	22,350	21,284	21,284	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2019-20	National	0	0	0	0	0	0	0	0	0	0	0	15	56	56	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	99.5%	99.3%	99.5%	99.2%	98.3%	99.1%	99.5%	99.2%	99.1%	98.8%	99.5%	96.8%	45.2%	45.2%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	91.9%	94.0%	94.0%	94.0%	93.3%	94.3%	95.0%	93.7%	94.4%	90.5%	92.7%	96.9%	70.4%	70.4%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	–	–	93.3%	–	–	93.8%	–	–	94.4%	–	–	93.4%	–		
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	96.5%	96.7%	97.1%	96.7%	97.3%	96.5%	96.7%	97.0%	97.1%	97.2%	96.9%	98.5%	100.0%	100.0%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	–	–	96.8%	–	–	96.8%	–	–	96.9%	–	–	97.6%	–		
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	85.3%	87.9%	86.3%	85.7%	89.9%	87.8%	85.0%	87.5%	85.9%	85.9%	85.9%	86.0%	90.6%	90.6%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	–	–	86.5%	–	–	88.0%	–	–	86.1%	–	–	85.9%	–		
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	TBC	WUTH	162	195	180	178	184	166	193	195	148	186	160	125	74	74	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	TBC	WUTH	17	12	15	17	22	15	31	13	10	8	16	14	7	7	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	86%	86.0%	
	Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	4	4	4	1	2	2	4	3	0	3	0	1	0	0	

Quality Performance Dashboard

May 2020
updated 22-05-20

	Indicator	Objective	Director	Threshold	Set by	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	2020/21	Trend
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	DQ&G	100%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY19/20 (ave min 59 per month until year total achieved) - retained	National	32	31	48	50	37	50	56	48	41	55	49	117	245	245	
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	77.6%	81.1%	82.1%	83.6%	83.4%	82.7%	83.8%	81.4%	80.9%	81.9%	84.9%	83.0%	82.9%	82.9%	

	Indicator	Objective	Director	Threshold	Set by	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	2020/21	Trend
Use of Resources	I&E Performance		CFO	On Plan	WUTH	-3.340	-1.458	-0.098	-0.825	-1.498	1.468	0.088	-0.488	-9.543	-0.668	-2.929	2.377	0.00	0.00	
	I&E Performance (Variance to Plan)		CFO	On Plan	WUTH	-0.237	-0.630	0.914	-0.828	-1.106	1.972	-1.507	-1.638	-8.755	-1.818	-2.445	-0.589	0.00	0.00	
	NHSI Risk Rating		CFO	On Plan	NHSI	3	3	3	3	3	3	3	3	3	4	4	4	2	2	
	CIP Performance		CFO	On Plan	WUTH	-6.0%	-6.8%	-5.2%	-4.1%	-7.2%	-5.0%	-10.6%	-11.5%	-11.4%	-18.1%	-18.1%	-17.7%	0.0%	0.0%	
	NHSI Agency Ceiling Performance		CFO	NHSI cap	NHSI	-19.5%	-26.8%	-15.6%	-46.4%	-8.2%	-24.3%	-24.7%	1.8%	-8.4%	-14.4%	4.3%	53.3%	9.8%	9.8%	
	Cash - liquidity days		CFO	NHSI metric	WUTH	-14.0	-21.3	-15.9	-16.5	-17.4	-15.0	-14.6	-10.9	-14.1	-28.0	-32.3	-30.4	-97.4	-97.4	
	Capital Programme		CFO	On Plan	WUTH	52.1%	31.0%	28.0%	14.7%	19.8%	64.2%	61.7%	57.2%	54.4%	53.8%	50.7%	74.8%	134.4%	134.4%	

(*) Updated Metrics — **Metric Change**

Safe : E.coli infections — **Amended to E.coli gram negative bacteraemia from April 2020**
Safe : CPE colonisations / infections — **Metric removed**
Safe: Harm Free Care (Safety Thermometer) — **National collection discontinued, to be replaced by new metrics not yet defined**

(**) Updated Thresholds — **Threshold Change**

Wirral University Teaching Hospital NHS Foundation Trust

Appendix 2

WUTH Quality Dashboard Exception Report Template as at May 2020

Safe Domain

Pressure Ulcers – hospital acquired category 3 and above

Executive Lead: Chief Nurse

Performance Issue:

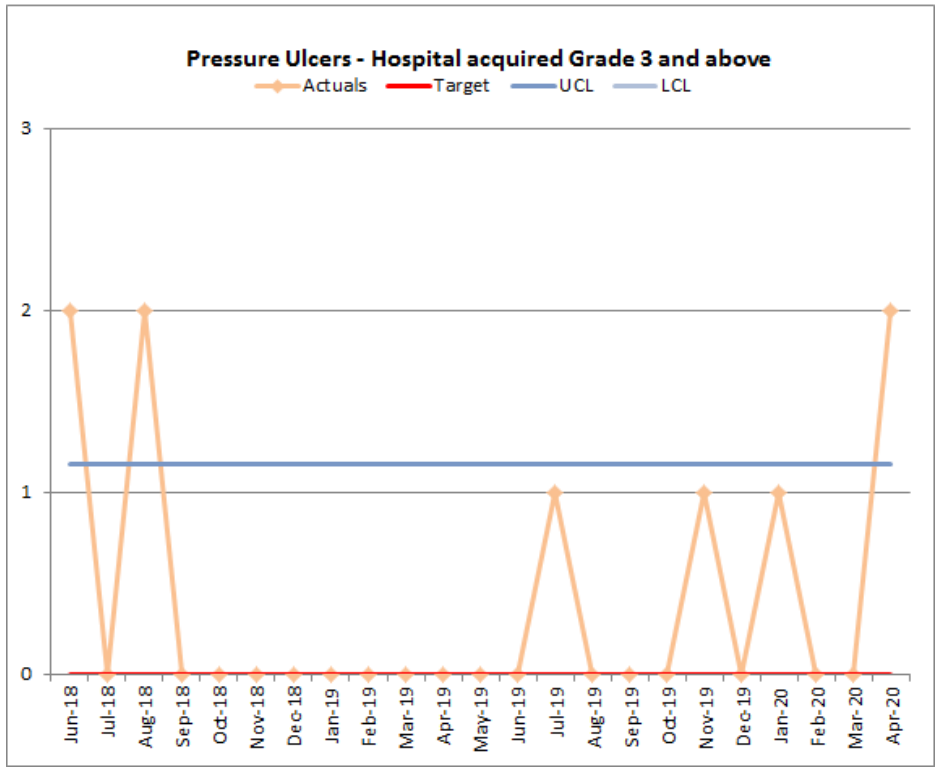
WUTH has in an internal standard of zero hospital acquired pressure ulcers at category 3 or above. There were 2 category 3 pressure ulcers reported in April 2020. The most recent previous case was in January 2020.

Action:

Serious incident investigations have commenced to identify any learning points. The Trust has a tissue viability action plan that supports prevention of skin damage including a full review of products and devices available to prevent pressure damage. The Trust has a full training plan to upskill front line clinicians. Senior Nurses have also been trained with an agreed competency to validate wounds to increase the capacity to offer support and training to junior staff. Each Division has a quality matron who supports the Tissue Viability Team leading quality improvement and supporting the management of pressure ulcers. Clinical pathways are in development to support staff in the appropriate management of low category skin damage to prevent deterioration. Weekly assessment protocols are in place to ensure ungradable wounds are seen weekly to track changes and ensure appropriate management plans are in place.

Expected Impact:

The Trust will see a reduction in hospital acquired pressure ulcers.



Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead: Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard has been deteriorating and not achieved since September 2019, with April at 80.6%.

Action:

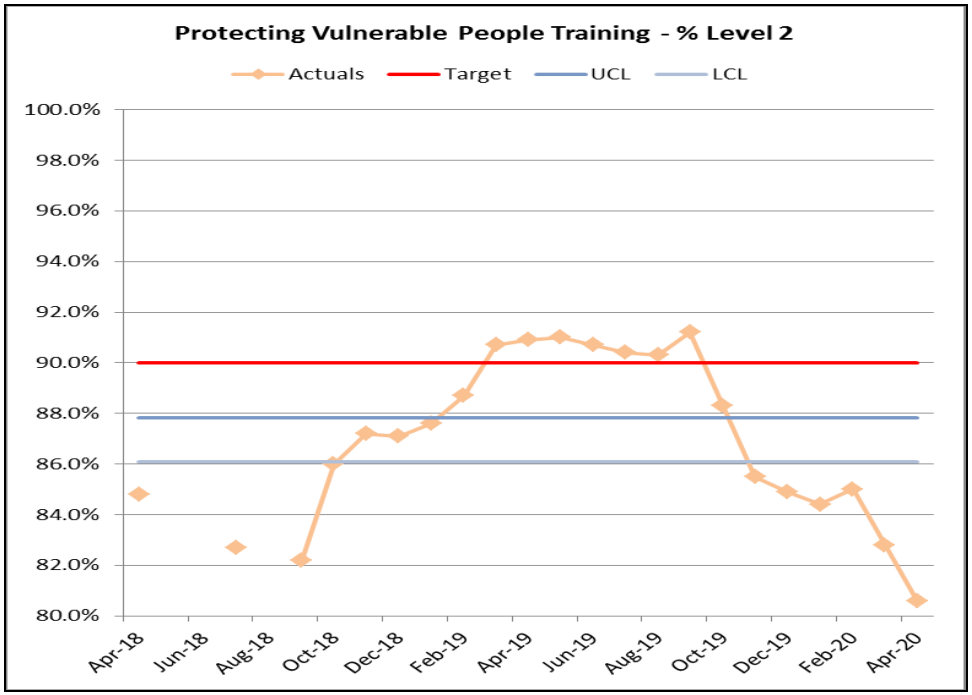
Compliance is monitored via the Safeguarding Assurance Group and at Divisional Performance reviews. PVP training compliance was also reported in the Safeguarding Performance Report last presented at PSQB in May 2020.

In March 2020 all mandatory training was suspended temporarily due to the COVID 19 pandemic which has had a detrimental impact on the compliance levels. Training has now recommenced across the divisions for eLearning,

PVP level 2 is completed via the intranet and can accessed by staff at any time.

Expected Impact:

PVP level 2 training compliance will increase month on month expecting to achieve the Trust target by the end of quarter 2.



Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead:
Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard has not been achieved since August 2019, with April greatly reduced at 51.5%.

Action:

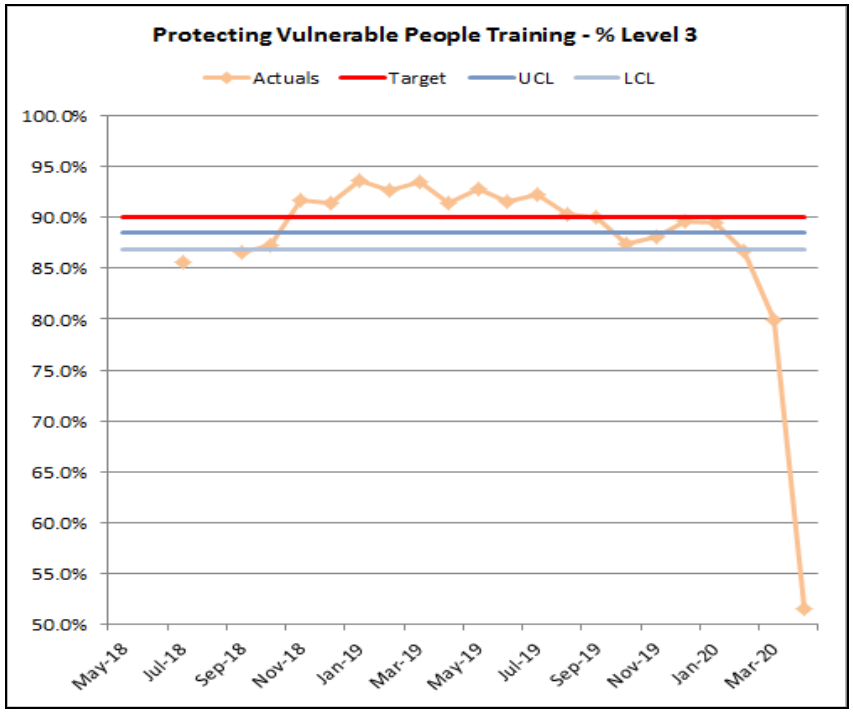
Compliance is monitored via the Safeguarding Assurance Group and at Divisional Performance reviews. PVP training compliance was also reported in the Safeguarding Performance Report last presented at PSQB in May 2020.

In March 2020 all mandatory training was suspended temporarily due to the COVID 19 pandemic which has had a detrimental impact on the compliance levels. Training has now recommenced across the divisions.

PVP level 3 training sessions have been scheduled from June 2020. Due to the reduced capacity of face to face sessions due to social distancing the Trust is expected to achieve the Trust target at the end of quarter 3. (The course is required to be face to face as mandated in the Safeguarding Intercollegiate Document, 2019)

Expected Impact:

PVP level 3 training compliance will increase month on month expecting to achieve the Trust target by the end of quarter 3.



Effective Domain

Nutrition and hydration – MUST completed at 7 days

Executive Lead: Chief Nurse

Performance Issue:

An internal WUTH target is set at a minimum 95% compliance with MUST recording every seven days. Although consistently achieved since September 2019, compliance in April 2020 reduced to 93.6%.

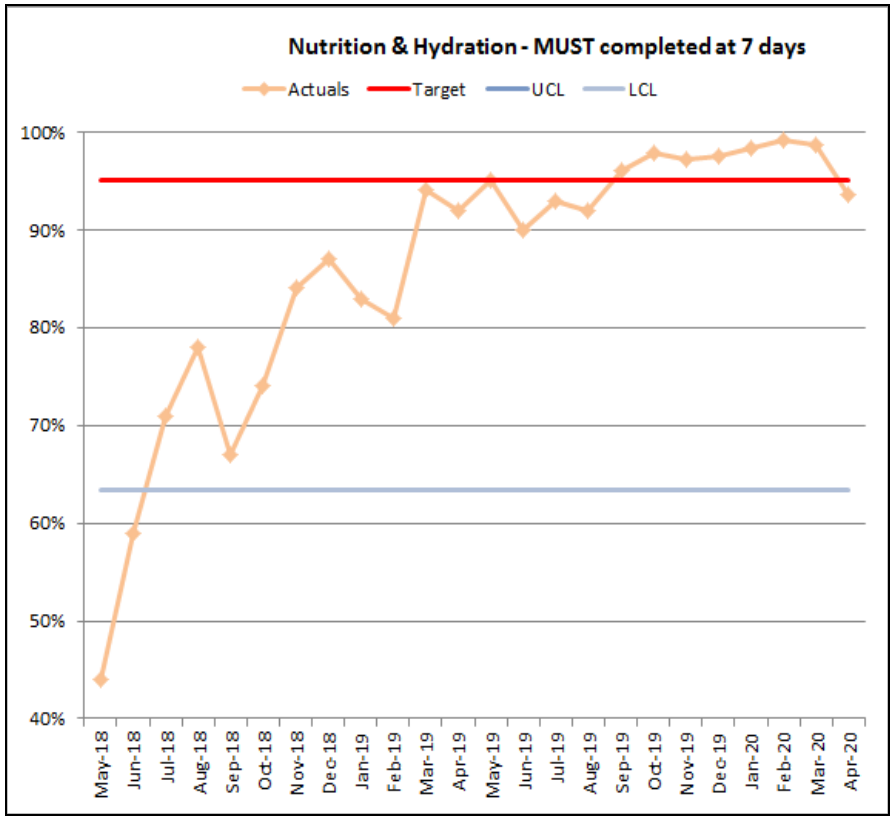
Action:

A standardised patient safety huddle is currently being piloted across Medicine & Acute Division and Surgical Division and is to be used in conjunction with the M Page on Wirral Millennium. This ensures that all risk assessments (including MUST) due for completion are highlighted.

The introduction of an afternoon huddle enables the Ward Manager/Nurse in Charge to check that these have been completed as requested. Matron ward rounds to ensure that risk assessments are completed when due or as the patient's condition changes.

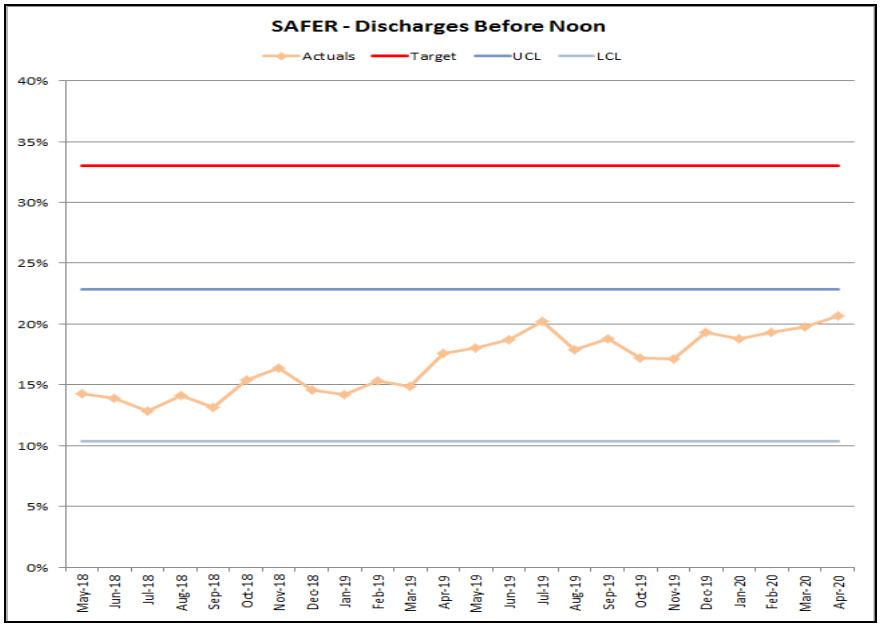
Expected Impact:

At least 95% completion of MUST assessments completed in line with Trust policy, ensuring that any signs of malnutrition are addressed timely thus maintaining patient safety and quality of care.



SAFER bundle: % of discharges taking place before noon

Executive Lead: Medical Director / Chief Operating Officer
Performance Issue: A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. Performance during April 2020 rose to 20.7%.
Action: Reduced admissions, reduced bed occupancy and comprehensive capacity is aiding the numbers of patients able to be discharged before noon. Community and social care teams capacity increase have also improved flow for patients on these pathways.
Expected Impact: A key objective of the recovery and reset will be to ensure this rate is built upon.



SAFER bundle: average number of patients in hospital for 7 days or more and 21 days or more

Executive Lead: Medical Director / Chief Operating Officer

Performance Issue:

A WUTH target has been set to reduce the number of patients in hospital for seven days or more to a maximum 156, and for 21 days or more to a maximum 107. Over the last two months numbers have reduced considerably from the joint efforts across the economy to free up capacity for Covid-19 patients. At the end of April the number of inpatients over 7 days had reduced to 174, and the number over 21 days reduced to 51.

Action:

Reduced admissions, lower bed occupancy and comprehensive clinical availability coupled with a significant expansion in community care provision has enabled a marked change in the number of long stay inpatients.

As part of the systems recovery and reset plan, the maximum occupancy level is to be set at 80% and community provision will not step down to help achieve this.

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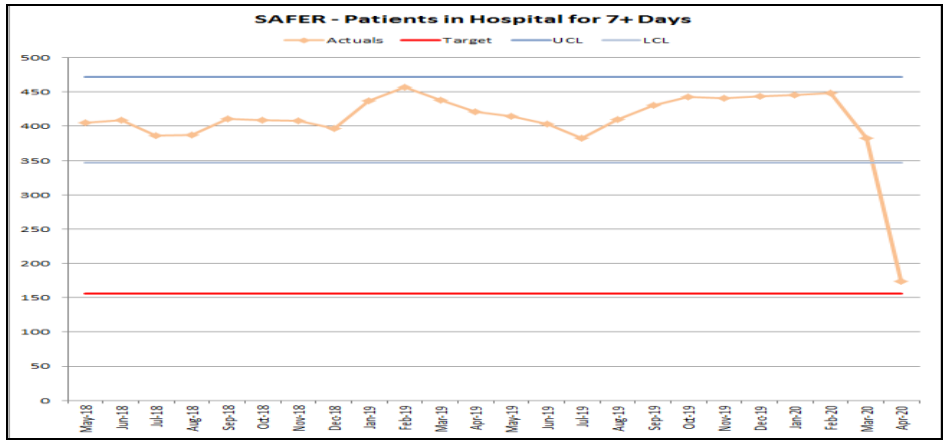
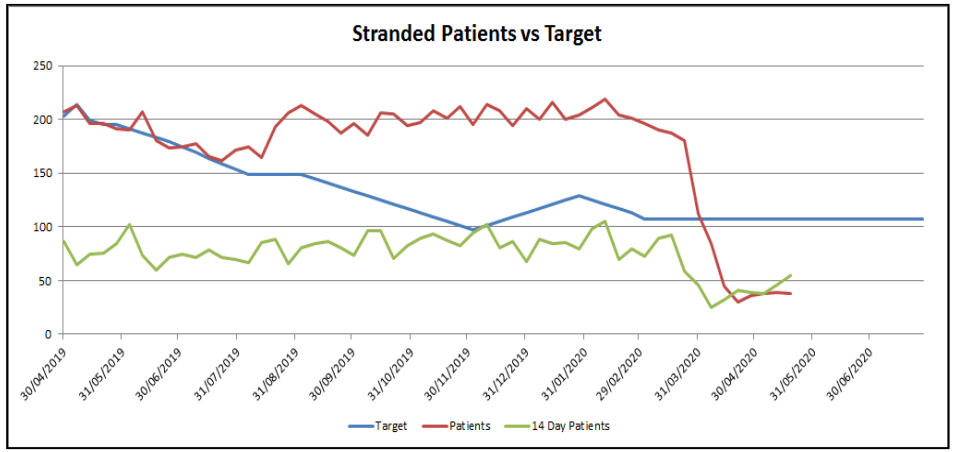
There are daily system meetings focusing specifically on this, as well as the restart of long lengths of stay reviews.

Expected Impact:

National standards and trajectories are yet to be published, but the system remains focused on improving delivery against this indicator.





Theatre in session utilisation %

Executive Lead: Chief Operating Officer

Performance Issue:

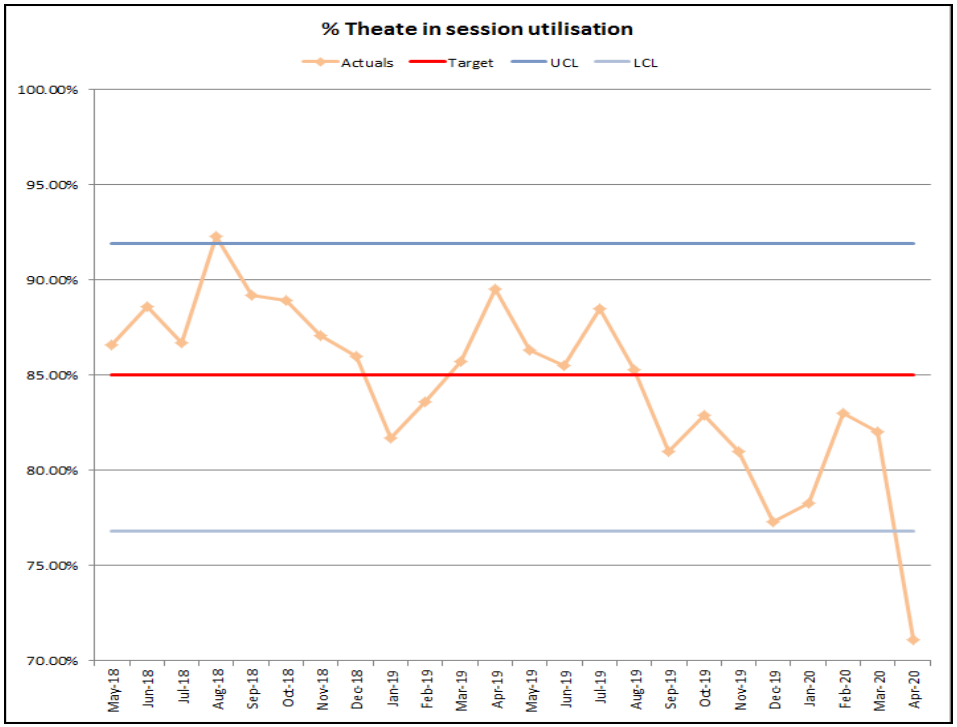
The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised. With the support of the theatre transformation programme this was regularly achieved from March 2019. However since August performance has deteriorated, largely due to the cancellation of elective activity resulting from pressures with non-elective patient flow. This was further affected by the further cessation of elective activity from March due to Covid-19. The rate for April was 71.1%.

Action:

Activity has been maintained for urgent cases but the cessation of routine activity has meant sessions are not fully filled.

Expected Impact:

The detail of the recovery and reset plan for restarting elective activity will be share with the board in July, which will include the impact on this indicator.



Responsive Domain

Referral to Treatment – incomplete pathways < 18 weeks

Executive Lead: Chief Operating Officer

Performance Issue:

The Trust has a trajectory agreed with NHSI for 2019-20 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks. The position at the end of April 2020 was 64.88%.

In addition there were 56 patients that had waited more than 52 weeks on RTT pathways and had not yet commenced treatment at the end of April 2020.

Both of these positions reflect the cessation of routine elective activity in response to the Covid-19 situation

Action:

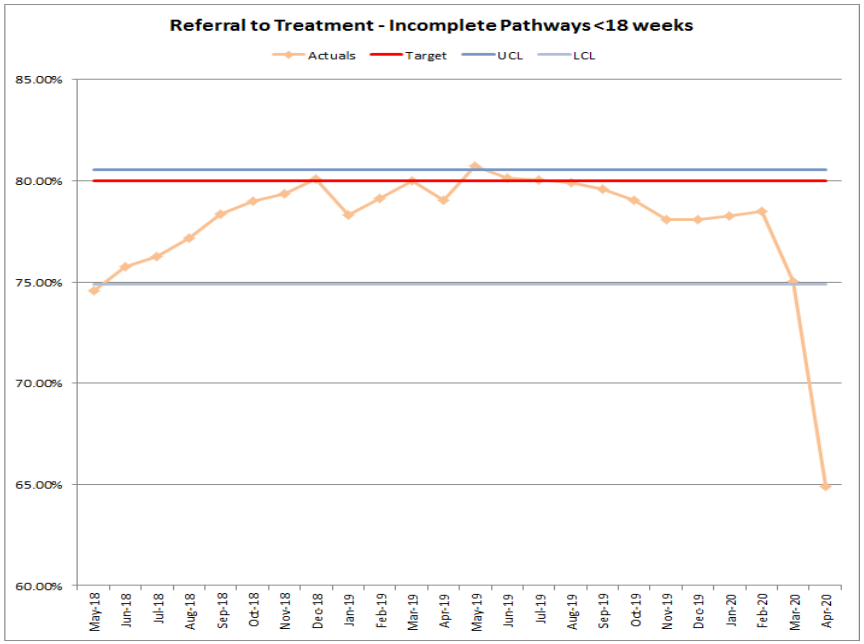
The deterioration is directly attributable to the cessation of routine elective activity in response to the Covid-19 situation.

Activity during late May has been restarted primarily at Clatterbridge and Spire Murrayfield as part of the restart and reset plan.

Harm reviews are being undertaken for all 52 week waiters.

Expected Impact:

The detail of plan and performance trajectories will be shared with the Board in July.



Diagnostic Waiters, 6 weeks and over

Executive Lead: Chief Operating Officer

Performance Issue:

There is a national standard that patients awaiting diagnostic investigations should wait a maximum of six weeks. This is measured based on a specific subset of investigations, and with an expected tolerance that 99% or more patients waiting will be under six weeks.

The position at the end of April was 45.2%, reflecting the national directive to release capacity to cope with the Covid-19 pandemic.

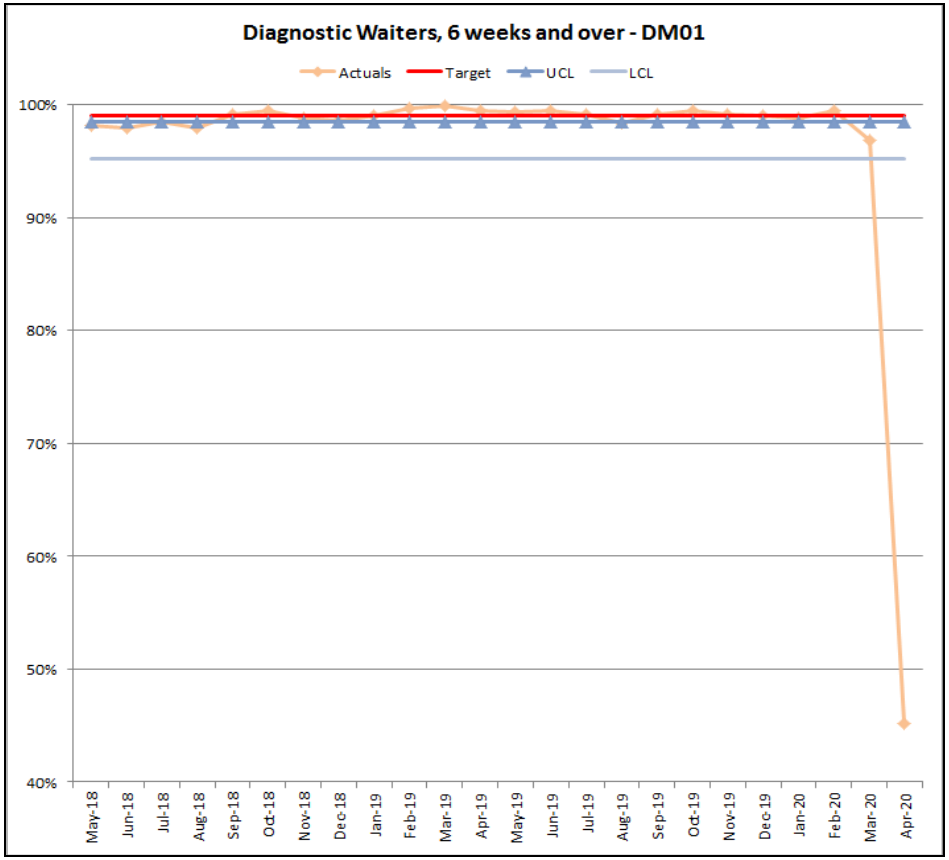
Action:

April saw a significant impact on the waiting times for routine diagnostic procedures as a result of the national COVID-19 directive to cease all non urgent activities.

The Trust is finalising the phased plan to restart and reset non urgent activities to the end of June, with a consistent delivery pattern from July.

Expected Impact:

The details of the plan and performance trajectory will be shared with Board in July.



Board of Directors	
Agenda Item	20/21 045
Title of Report	Month 1 Finance Report
Date of Meeting	3.6.2020
Authors	Shahida Mohammed
Accountable Executive	Claire Wilson, Chief Finance Officer
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR1 PR3 PR5
Level of Assurance • **Positive** • **Gap(s)**	Gaps: Financial performance below plan
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To discuss and note
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

Month 1 Finance Report 2020/21

Contents

1. Executive summary

- The Mth 1 performance position is break-even, this is in-line with NHSI's expectations and reflects the new financial infrastructure support provided to organisations to support the national response to the Covid pandemic.

- The position includes:
  - "Income guarantee support" to offset the reduced activity presenting in the Trust during April of £11.6m.
  - Revenue costs incurred in responding to Covid locally of c£1.6m.

- In 2019/20, all costs incurred in relation to the management of Covid were funded directly by NHSI. However, following the change in the financial infrastructure for 2020/21, all on-going Covid costs will now be included in the overall Trust position and 'top up' income will then be provided for any ***net*** increase to expenditure.

- Overall, at Month 1 operational pay and non-pay expenditure is below plan, this is offset by costs incurred for Covid of £0.8m, on pay and £0.8m in non-pay costs.

- As the Trust has delivered a "break-even" position including costs incurred to manage Covid, the Trust does not need any "additional" top-up funding in month 1, this was largely driven by offsetting underspends relating to a significantly reduced bed occupancy (c. 50%) but is likely to change in month 2 as non-covid urgent activity increases.

- The operational underspend (excluding covid costs) has been driven by a significant reduction in non-covid patients presenting to the Trust, including a suspension of the elective programme. Variable costs associated with this routine activity i.e. drugs, clinical consumables, outsourcing and premium staff costs have all decreased from previous levels.

- Cash balances at the end of April 2020 were £43.6m; this reflects the accelerated cash payments made to providers for both Mth 1 and 2 to support the liquidity position. NHSI have committed to supporting the cash position for all providers through to October 2020. This arrangement will then be reviewed in conjunction with the overall financial infrastructure for the NHS for the remainder of 2020/21.

- The Trust's formal cost improvements/efficiencies program has been "paused" to enable it to focus on responding to the pandemic, this is in line with the removal of the national efficiency requirement by NHSI. However, productivity improvements that have been made to support the covid response are being developed further and we are working with our Healthy Wirral system partners on areas which can further support system capacity as part of the phase 2 recovery reset.

- Capital spend for 2020/21 can be sub-divided into two key work streams,
  - Operational capital spend - following the submission of the draft plan in March 2020, adjustments have been made to address both the slippage of the 2019/20 plan, and the impact of the C&M capital limit on the 2020/21 plan for WUTH. This is detailed in Section 4.
  - Capital requirements to support the local response to Covid 19, this is detailed in Section 5.

2. Background

- On 17th March 2020, the operational planning process for 2020/21 was suspended and NHSE/I announced amended financial arrangements for the initial period between 1 April and 31 July 2020, to enable the NHS to respond to COVID-19.

- A key part of these changes included moving to a nationally determined monthly 'block contract' payment and where necessary 'top-up' payment designed to cover costs.

- The base period for the payments is the average of the Mth 8 – Mth 10 (19/20), activity. A national top-up payment will be allocated to providers to reflect the difference between the actual costs and income guaranteed. Providers are required to ensure that robust financial governance arrangements are in place and that financial grip is maintained.

- The aim of this proposal is to free-up the maximum possible inpatient and critical care capacity and to remove routine burdens. This also includes the cancellation of all non-urgent elective activity for a period of 3 months.

- Organisations will be expected to properly account for all expenditure through the period and audits will be undertaken to ensure appropriate accounting rigour is applied.

3. Financial Performance

3.1 Income and expenditure

For April to July 2020, the Trust has a guaranteed income figure which has been set nationally based upon our average expenditure run rate for November 2019 to January 2020. Where the impact of covid results in a net increase in expenditure, this will be funded via a 'top up' payment.

For April 2020 (month 1), the Trust has delivered a "break-even" position overall. This was largely driven by underspends relating to a significantly reduced activity levels and bed occupancy falling to c. 50%. This was offset by £1.6m of incremental expenditure related to the management of covid. A top up payment has not been required in month 1 but is likely to change in month 2 as non-covid urgent activity increases.

The operational underspend (excluding covid costs) has been driven by a significant reduction in non-covid patients presenting to the Trust, including a suspension of the elective programme. Variable costs associated with this routine activity i.e. drugs, clinical consumables, outsourcing and premium staff costs have all decreased from previous levels.

An analysis of this is provided in Table 1 below.

Table 1: Financial position for the period ending 30th April 2020

Month 1 Financial Position	Budget (Mth 1)	Actual (Mth 1)	Variance	Year To Date Budget	Year To Date Actual	Variance
NHS income from patient care activity	27,599	15,868	(11,732)	27,599	15,868	(11,732)
Income Guarantee	0	11,647	11,647	0	11,647	11,647
National Top-up	2,562	2,562	0	2,562	2,562	0
Covid 19 income	0	0	0	0	0	0
Non NHS income from patient care	457	322	(135)	457	322	(135)
Other income	2,557	2,178	(378)	2,557	2,178	(378)
Total Income	**33,176**	**32,578**	**(598)**	**33,176**	**32,578**	**(598)**
Employee expenses	(22,394)	(21,735)	658	(22,394)	(21,735)	658
Operating expenses	(10,356)	(9,168)	1,187	(10,356)	(9,168)	1,187
Covid 19 costs	0	(1,558)	(1,558)	0	(1,558)	(1,558)
Total expenditure	**(32,750)**	**(32,461)**	**288**	**(32,750)**	**(32,461)**	**288**
Non Operating Expenses	(426)	(136)	290	(426)	(136)	290
Actual Surplus / (deficit)	**0**	**(19)**	**(19)**	**0**	**(19)**	**(19)**
Reverse capital donations / grants I&E impact	0	23	23	0	23	23
Surplus/(deficit)	**0**	**4**	**4**	**0**	**4**	**4**

The income position includes:

- **Income guarantee** – the impact of the block agreement received from our commissioners to provide income certainty given impact of covid and loss of elective activity for example. This is calculated by rolling forward last year's contracts as a block contract.

- **National top up** – payment made to support additional expenditure above the income guarantee calculated based upon 2019/20 run rate.

Operational pay costs excluding covid are c£0.7m below plan; this predominantly reflects the reduced need of non-core staff in clinical areas.

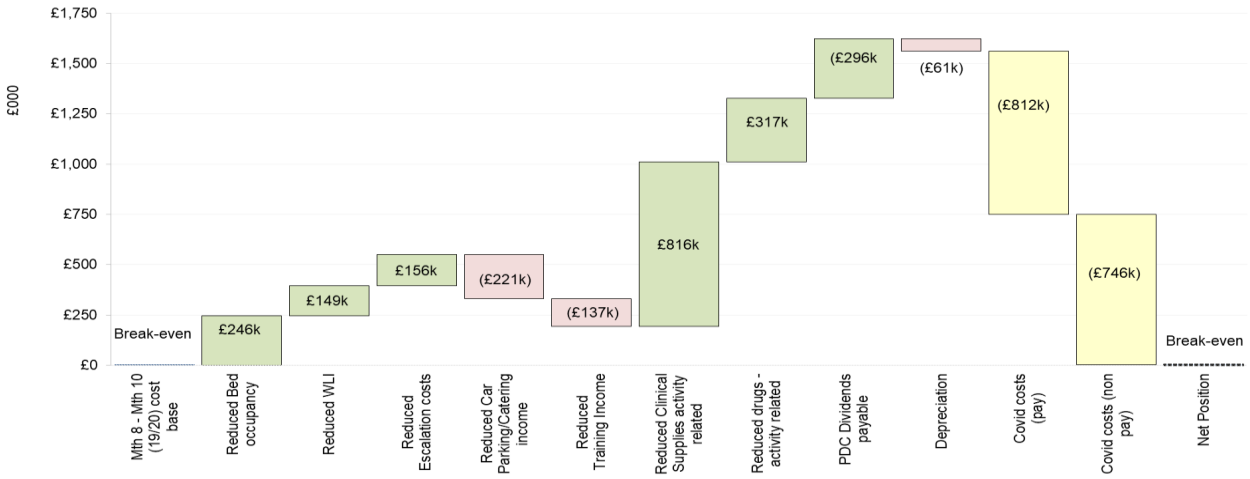
Operating non pay costs expenditure, excluding costs associated with covid are c£1.2m underspend, this predominantly relates to reduced clinical supplies and drugs costs. This is consistent with the operational activity performance during April.

Actual agency staff costs in April were (c£0.6m), of this (£0.5m) was in medical staff, and the balance relates to Pharmacy staff.

In total, c£1.6m was incurred on covid related activities; this is detailed in Section 5 of this report.

The bridge chart below details the reconciliation of movements in the actual Mth 1 position including the impact of covid and the impact of covid costs.

Chart 2 – Income and Expenditure Bridge – April 2020



3.2 Income

At the end of April 2020, the Trust overall income position is below plan by (c£0.6m), as the clinical income position is supported by the "block" agreement the under recovery predominately reflects shortfalls in non-contract income below 2019/20 run rate, such as private patients, car parking, and catering. As detailed in the financial infrastructure support for 2020/21, this shortfall is recovered via the "national" top up if required. Table 3 below provides a detailed analysis by point of delivery.

Table 3: Income analysis for the period ending 30th April 2020

	Month 1 (Activity)			Month 1 (Income)		
	Plan	Actual	Variance	Plan £'000	Actual £'000	Variance £'000
Income from patient care activity						
Elective & Daycase	3,940	631	(3,309)	4,281	473	(3,807)
Elective excess bed days	303	126	(177)	83	52	(31)
Non-elective	3,632	2,193	(1,439)	8,487	5,651	(2,836)
Non-elective Non Emergency	434	418	(16)	986	1,031	45
Non-elective excess bed days	1,300	960	(340)	357	257	(100)
A&E	7,595	4,330	(3,265)	1,286	717	(569)
Outpatients	25,001	8,857	(16,144)	3,056	1,106	(1,950)
Diagnostic imaging	2,764	443	(2,321)	189	28	(161)
Maternity	535	477	(58)	483	464	(19)
Non PbR				7,185	4,941	(2,244)
HCD				1,299	1,075	(224)
CQUINs				190	190	0
National Top up				2,562	2,562	0
Income Guarantee				0	11,746	11,746
Total NHS Clincial Income	45,504	18,435	(27,069)	30,444	30,294	(150)
Other patient care income				89	60	(29)
Non-NHS: private patients & overseas				13	2	(11)
Injury cost recovery scheme				72	43	(29)
Total income from patient care activities				30,619	30,399	(220)
Other operating income				2,557	2,178	(378)
Total income				33,176	32,578	(598)

Key points are as follows:

- Overall patient-related income is below plan by c£0.6m.
- Based on the "block" arrangements in place for clinical income, the Trust position has been supported by £11.7m in April.
- Operational activity performance was :
  - A&E activity below run rate by 40% (average attendances in April were 144 per day, compared to 240 per day in 2019/20)
  - NEL activity was below 2019/20 levels by 40%
  - EL/DC activity was 85% down (reflecting the national directive for the suspension of this for a period of 3 months)
  - Births were consistent with 2019/20 levels
  - Neonatal cot days were also in-line with 2019/20 levels.
  - Direct Access Radiology/Pathology/Physio was below expectation reflecting the reduced number of GP referrals.

3.3 Pay

Overall pay costs were below plan by c£0.2m.

The table below details pay costs by staff group.

Table 4: Overall pay expenditure (including covid) for the period ending 30th April 2020

STAFF GROUP	MONTH 1 (£'000) BUDGET	ACTUAL	VARIANCE
CONSULTANTS	3,535	3,410	125
OTHER MEDICAL	2,592	2,626	-33
TOTAL MEDICAL	**6,127**	**6,035**	**92**
NURSING & MIDWIFERY	6,132	6,167	-35
CLINICAL SUPPORT WORKERS	2,297	2,245	52
TOTAL NURSING	**8,429**	**8,412**	**17**
AHP'S, SCIENTIFIC & TECH	2,911	2,940	-29
ADMIN & CLERICAL & OTHER	4,927	5,160	-233
TOTAL	**22,394**	**22,547**	**-153**

The under spend on Consultants from the previous run-rate predominantly reflects reduced WLI payments, and agency staff utilisation.

With the exception of Admin & Clerical staff, costs associated with all other staff groups have remained consistent with 2019/20 levels with many staff being redirected to support covid related activity. The increase in Admin. & Clerical staff costs is due to the commencement of staff into previously vacant substantive posts during February and March, which was outside of the calculation of the base period by NHSI in the development of the budget. This also includes the impact of overtime being paid to support covid activity e.g procurement and in-formatics support.

Table 5 below details pay costs by category for April (incl. covid costs).

Table 5: Pay analysis by type

Pay analysis (inc Covid)	Annual Budget £'000	April Budget £'000	Actual £'000	Variance £'000
Substantive	(250,945)	(19,963)	(20,345)	(382)
Bank	(4,729)	(1,061)	(1,083)	(22)
Medical bank	(5,092)	(625)	(443)	182
Agency	(4,857)	(655)	(592)	63
Apprenticeship Levy	(1,026)	(90)	(84)	5
Total	(266,649)	(22,394)	(22,547)	(153)

Pay costs excluding the spend associated with Covid is detailed in the table 6 below.

Table 6 – Operational pay costs (excluding Covid)

STAFF GROUP	MONTH 1 (£'000) BUDGET	ACTUAL	VARIANCE
CONSULTANTS	3,535	3,339	196
OTHER MEDICAL	2,592	2,433	159
TOTAL MEDICAL	**6,127**	**5,772**	**355**
NURSING & MIDWIFERY	6,132	6,005	127
CLINICAL SUPPORT WORKERS	2,297	2,091	206
TOTAL NURSING	**8,429**	**8,095**	**333**
AHP'S, SCIENTIFIC & TECH	2,911	2,894	17
ADMIN & CLERICAL & OTHER	4,927	4,973	-47
TOTAL	**22,394**	**21,735**	**658**

Key points are as follows:

- Non-core costs such as bank and agency for medical and nursing staff groups have reduced substantially due to reduction in non-covid activity.
- Given the pause on the non-emergency elective programme, no WLI were undertaken during April.
- The reduction in the attendances in A&E and non-elective patients eliminated the need for any escalation areas to be open in April; this is reflected in the above position.

Non pay

Table 8: Non-pay analysis (excluding Covid-19 costs)

Non pay expenditure, excluding depreciation, is below plan by c£1.2m in April.

Non Pay Analysis (exc Covid)	Annual Budget £'000	April Budget £'000	April Actual £'000	April Variance £'000
Supplies and services - clinical	(34,672)	(2,983)	(2,168)	816
Supplies and services - general	(5,158)	(445)	(357)	87
Drugs	(24,690)	(1,951)	(1,590)	361
Purchase of HealthCare - Non NHS Bodies	(8,439)	(642)	(656)	(15)
CNST	(13,235)	(1,070)	(1,119)	(49)
Consultancy	(474)	(69)	(38)	31
Other	(25,996)	(2,364)	(2,345)	18
Total	(112,664)	(9,523)	(8,274)	1,249
Depreciation	(11,644)	(833)	(894)	(61)
Total	(124,308)	(10,356)	(9,168)	1,187

Key points are as follows:

- The main driver of the underspend is reduced clinical supplies costs of c£0.8m, a direct correlation to the reduced/paused elective programme.
- Drug costs are also reduced which is consistent with activity position.
- The “Other” category above incorporates a number of areas, including energy, and interpreter fees.
- Consultancy costs have reduced from the previous run-rate. The spend in month relates to two areas, on-going Service Transformation leadership, and the recent appointment of interim support for the overall Trust Operational Service delivery, particularly given the demands of the current operational environment.

4. Capital

4.1 2020/21 Revised Capital Plan

In the initial draft operational plan submitted to NHSI on 5th March 2020, the Trust had included a Capital expenditure plan of c£12.9m. This was predominantly funded by internally generated depreciation £12.4m, with the balance £0.5m funded from PDC relating to the Hospital Upgrade Programme (UTC).

The initial plan has required revision following the occurrence of two key variables:

1. Slippage of the 2019/20 plan, mainly due to a number of large schemes which were due to deliver in March 2020 but were delayed due to the impact of covid. Medical equipment suppliers were unable to deliver high value equipment pre year-end, including Surgical Stacker System replacement £0.5m and Cath Lab £0.5m. Covid pressures also delayed the expected completion of a number of estates projects. The slippage on these schemes of c£1.6m needs to be "rolled forward" into the 2020/21 capital plan, this would increase the 2020/21 plan to £14.5m

2. The Cheshire and Merseyside system requirements for capital in 2020/21 exceeded the allocation by c£25m; therefore there was a need for all providers in the economy to reduce their Capital plans by c14% where appropriate. WUTH's pro-rata share of this reduction being £1.8m (on the original plan of £12.9m)

Therefore the total "challenge" for the Trust to address, is a reduction of £3.3m if the 2019/20 slippage is to be managed internally. Not only does this address the national affordability requirements but it also provides a programme which, when run alongside the substantial IPC developments required, can be delivered without impacting on operational delivery.

The changes proposed are as follows:

- **Change to accounting policy**: £0.7m schemes removed due to the delay in implementation of IFRS16 until 2021/22 (£0.7m reduction).
- **Slippage into 2021/22:** It is inevitable, given the size of the original 2020/21 programme and the operational impact of covid, that there will be now be slippage on some schemes into 2021/22. An initial review has identified potential schemes which can be delayed, the most significant being the APH Car Park. Work is underway to determine the profiling of schemes over the year and therefore what expenditure would potentially fall into 2020/21 (£2.6m reduction).

Crucially, this revised plan assumes all IPC costs associated with COVID phase 2 would be funded separately. The initial estimate of this cost is c£8m and work is ongoing to firm up these estimates.

Table 9 below summarises these changes.

Table 9: Proposed changes to 2020/21 capital plan

	£m
Original Plan	12.95
Add: Slippage from 19/20	1.6
Less:	
Delays in IFRS 16	(0.70)
20/21 Schemes delayed	(2.60)
Adjusted Plan	**11.25**

5. Covid - 19

Costs incurred to manage the local response to Covid -19

From 1st April 2020, revenue costs incurred as part of the on-going response are not funded separately as they were in 2019/20, instead all costs are included in the overall Trust position and a top up payment made to cover any additional **net** costs incurred. For April c£1.6m costs for both pay and non-pay have been incurred. The revenue cost impact of COVID-19 will be collected and submitted to NHSI as part of routine monthly reporting to allow national cost tracking.

For the purposes of ascertaining Covid costs, NHSI have issued detailed guidance as to the "allowable" cost that can be assigned.

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This means organisations should ***include*** the following:

- The costs of specific COVID-19 policies, directives or nationally approved business cases. This includes the costs of workforce initiatives put in place to enable the expansion of services to deal with the expected increase in demand as a result of COVID-19 (Paragraph 3.1);
- Costs that are a consequence of policies relating to COVID-19 but don't directly relate to the treatment of COVID-19 patients (e.g. paying sick pay at full pay for all staff)
- Some of the above can be subjective and hence Trusts are required to record assumptions.

Table 9 details pay costs by staff group incurred as part of the response.

Table 9: Covid revenue costs April 2020 - Pay

STAFF GROUP	MONTH 1 ACTUAL (£000)
CONSULTANTS	70
OTHER MEDICAL	192
TOTAL MEDICAL	**263**
NURSING & MIDWIFERY	163
CLINICAL SUPPORT WORKERS	154
TOTAL NURSING	**317**
AHP'S, SCIENTIFIC & TECH	45
ADMIN & CLERICAL & OTHER	187
TOTAL	**812**

- During April £0.8m was spent on pay costs, directly associated with Covid.
- Other medical staff costs include the additional final year medical students recruited to support the Trust for an initial 8 week period.

- Expanding medical / nursing / other workforce, this includes ITU nurses redeployed to support the immediate requirements.
- The pay costs above include staff backfill cost for sickness, and those required to self-isolate.
- Sick pay is paid at full pay (for all staff types); this is consistent with NHSI guidelines.
- Additional shifts undertaken during the month

Table 10 below details non-pay costs

Table 10: Covid revenue costs April 2020 – Non-pay

Non Pay Analysis (inc Covid)	April Actual £'000
Supplies and services - clinical	(189)
Supplies and services - general	(240)
Drugs	(70)
Purchase of HealthCare - Non NHS Bodies	(30)
Other	(216)
Total	(746)

Non pay costs associated with Covid were c£0.7m in April. This includes:

- On-going rental costs for the Isolation Pod, currently used for swabbing
- Equipment and consumable costs in relation to increasing ITU capacity
- Personal Protective Equipment (PPE) procured by the trust (in excess of the national push deliveries)
- 'Other' includes, lease cost of dialysis equipment, transport costs, and vehicle hire, and signage needed across the ward areas.

Capital costs incurred in relation to Covid 19

The national process for approving Capital expenditure has also changed, for April c£0.1m capital expenditure was incurred on a number of "smaller" items such as Respiratory Hoods, equipment testing kit, Estates improvements, and computer software licenses, the details of this were supplied to NHSI retrospectively, going forward all Capital items needed will have to be approved prospectively by NHSI before orders are place.

Prospective approval has been sought and received for the following items where orders were placed in March 2020.

- 14 x patient monitoring system – £0.3m
- 24 ITU beds - £0.3m

Phase 2 Recovery/Reset capital requirements

It will be critical to ensure that the Trust takes appropriate measures to stop the spread of infection as we step up our non-covid and elective activity. Detailed planning work is ongoing to assess the IPC infrastructure changes required in each ward and department to support this and to understand the impact this will have on capacity.

As part of an indicative exercise requested by NHSI, we have estimated the cost of achieving compliance with standard IPC requirements at WUTH to be c. £8.0m, although this is only a high level estimate. A bid for phase 2 covid capital funding is being developed and will be submitted to NHSI for approval. We will be required to ensure that our planning is aligned to the planning work being undertaken by the C&M hospital cell. Further updates will be provided as this work develops.

6. Risks and Mitigations

Risk 1 - Operational Management of the position

- Management of the operational position to understand the marginal impact of cost increases as activity beings to resume. This is being reviewed by analysing actual pay costs compared to bed occupancy and LOS to understand the impact step-changes in activity.
- Ensuring all revenue Covid -19 spend is accurately recorded, this is reviewed as part of the monthly reporting cycle and analysed in detail, and assumptions are "stress tested" internally. The reported position is submitted to NHSI where national and regional finance teams perform analytical reviews and reasonableness test for all COVID-19 costs as part of the overall assurance process.
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Risk 2 – Cash

- Formal confirmation has been received that the Trust overall cash position will be supported from Mth 1 – Mth 4. This position will be reviewed, and further guidance as to the financial regime from August onwards is due imminently.

Risk 3 – Capital Expenditure

- A revised Capital plan has been developed, although this needs further work to refine the exact schemes which will be delayed, work needs to be progressed to deliver the schemes. Divisions have been asked to refine their Capital plans and risk assessed schemes for approval by the end of May 2020.
- Ensuring prior approval is received on all Covid 19 capital spend, regular dialogue is held with NHSI to ensure the Trust is on the "front-foot" and costs identified are approved prior to schemes commencing.

- IPC compliance costs estimated at c£8.0m, this needs to be finalised and plans progressed to ensure once approved the scheme can be mobilised.

7. Use of Resources

Table 10: UoR rating (financial) - summary table

	Metric	Descriptor	Weight %	Year to Date Actual	
				Metric	*Rating*
Financial sustainability	**Liquidity (days)**	Days of operating costs held in cash-equivalent forms	20%	-97.4	4
Financial sustainability	**Capital service capacity (times)**	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	7.5	1
Financial efficiency	**I&E margin (%)**	Underlying performance: I&E deficit / total revenue	20%	0.0%	2
Financial controls	**Distance from financial plan (%)**	Shows quality of planning and financial control : YTD deficit against plan	20%	0.0%	1
Financial controls	**Agency spend (%)**	Distance of agency spend from agency cap	20%	-10.0%	1
	Overall NHSI UoR rating				**2**

UoR rating summary

- The overall trust UoR rating is 2
- The position reflects the Trust position break-even position, and the accelerated cash position.

8. Conclusion and Recommendations

At the end of April 2020 (Mth 1), the Trust is reporting a “break-even” position.

This position reflects the operational reality of reduced routine activity undertaken in relation to A&E, Emergency and Planned care, this has led to a reduction in the requirement of non-core staff i.e. clinical bank and agency, and reduced clinical supplies and drug costs.

This resource has been re-directed to manage the Covid response locally. In total c£1.6m costs have been incurred, this includes additional staff costs for expanding medical / nursing /other workforce, staff backfill cost for sickness, and those required to self-isolate, and additional shifts undertaken during the month. Non pay costs include equipment and consumables, decontamination, and locally procured PPE. All cost identified as Covid are subject to review by NHSI.

The Capital plan for 2020/21 has required further review due to the slippage in the 2019/20 plan, mainly due to the impact of Covid in March, and the requirements for the C&M System to remain within the capital limit. The reduction in the previous draft plan submitted is c£3.3m.

The financial environment for 2020/21 to date has been unprecedented the Board are asked to note the limitations of planning for the year when the impact of COVID is unknown and the NHS financial framework has only been set for 4 months of the financial year so far. We are also aware that the “block” support position will be extended to October 2020 (Mth 7) however this has not yet been confirmed.

Recommendation

The Board of Directors is asked to note the contents of this report, and approve the revised capital planning envelope detailed in section 4.

Claire Wilson
Chief Finance Officer
June 2020

Board of Directors	
Agenda Item	20/21 048
Title of Report	COVID-19 Workforce Risk Assessment & Personal Protective Equipment
Date of Meeting	3.6.2020
Author	Helen Marks, Director of Workforce Hazel Richards, Chief Nurse Claire Wilson, Chief Finance Officer
Accountable Executive	Janelle Holmes, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR5
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Noting
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

Executive Summary

The safety of staff is front and centre in the approach of Wirral University Teaching Hospital (WUTH) to the current global pandemic.

Consequently, nothing could be more important than ensuring our staff have been appropriately risk assessed, trained and provided with the personal protection equipment they need.

Underpinning this has been a concerted collective effort, overseen by the Gold Command, which has coordinated a cohesive response to the risk assessment of the workforce, training & the provision of appropriate PPE for staff.

The approach has also dovetailed with the activity of the Cheshire & Mersey (C&M) 'In and Out of Hospital Cells', thereby ensuring, as far as possible, all C&M Organisations have access to PPE via the concept of mutual aid.

The pillars of the WUTH action have been:

- Robust individual health risk assessment process in place to identify health considerations such as comorbidities, ethnicity and pregnancy, to minimise any risks and aid role adjustments.
- Comprehensive training package to upskill the workforce and create staffing capacity in the emerging pandemic.
- WUTH strategy aligned with both EPRR and Infection Prevention/Control expertise and their recommendations.
- Strong and innovative procurement strategy supported by the development of a dashboard documenting procurement requirements and subsequent provision.
- Immediate and deep involvement of the Clinical Advisory Group thereby utilising expert Clinicians (including Infection Control) in evaluating the guidance issued to staff.
- Daily (including weekends) reporting of PPE matters via WUTH Command structures.
- Engagement with Regional and National teams to ensure PHE guidance reflects operational reality.
- Thorough and extensive risk assessments of the alternatives to 'gold standard' PPE as recommended by PHE as their guidance is updated.
- Visible leadership by Executive including personal attendance across all sites and CEO communications.
- Comprehensive dialogue with staff side representatives recognising the legitimate concern of colleagues.
- Clarity of communication to staff around the different levels of PPE necessary in various clinical areas based on the Public Health England (PHE) guidance.

This far-reaching and broad strategy has been pivotal in maintaining the confidence of our dedicated staff and essential in ensuring their safety-as much as practicable at all times.

The paper summarises the approach taken and provides detailed, explicit commentary on highly relevant matters concerning risk assessment.

1. Introduction

The safety of staff is front and centre in the approach of WUTH to the current global pandemic. Consequently, nothing could be more important than ensuring our staff have the personal protection equipment (PPE) they need.

In addition we put in place very early on in the preparations for the pandemic a health risk assessment tool and process to ensure that we minimise and mitigate any risks to staff. The tool has been developed and updated as we learn more about COVID-19 to ensure risks are captured and mitigated dynamically.

2. Background

The Trust has taken a very focused approach to COVID-19 pandemic in relation to our workforce, ensuring that our staff are supported and looked after. This approach is concentrated on the following key areas:

- Training and upskilling new, existing and re-assigned members of the workforce
- Health & Wellbeing including risk assessment, staff swabbing and counselling and debriefing support
- Workforce supply
- Sickness absence
- Communication & Engagement

The Trust has ensured that national guidance has been adhered to, making sure policies and approaches follow best practice. A cross referencing exercise, which is part of the Trust's board assurance, was undertaken against the 'Secondary Care Preparedness' document to identify any gaps.

This paper describes the detail and processes behind this vital role of optimally risk assessing, equipping and preparing frontline staff to maintain both their own personal safety and that of their patients as they deliver clinical care within the confines of the current, unprecedented pandemic.

The COVID-19 outbreak has created an unprecedented and exceptional global demand for PPE which has affected all NHS and health and social care organisations across the country. The response from the government was to issue national pandemic stock to all NHS organisations to meet the demand for the treatment of confirmed or suspected COVID-19 patients. The volumes required by all NHS organisations have put a significant strain on the supply chain meaning that security and visibility of future deliveries of PPE stock is only on a 24 hour basis. This makes planning for surges in activity related to the treatment of these patients extremely challenging, meaning the reliability on national supply routes remains a significant risk.

Consequently, and on a daily basis (including weekends), Executive Directors - with the assistance of a multidisciplinary team of senior leaders and subject experts - review and contribute to all aspects of sourcing and distributing optimal PPE requirements. This task is enormously challenging yet is fundamental to the commitment of the leadership in taking every practicable step to ensure the safety of our staff.

Aligned to the strong clinical expertise, our wide ranging proficiency (including authorities in EPRR, infection control and procurement) provides a composite of expertise which has enabled the organisation to be agile and responsive to the procurement challenges.

In addition, the ethos of transparency and honesty has fostered a constructive dialogue whereby staff can voice their understandable and legitimate concerns around PPE (and consequently their safety) in an unfettered manner. This honesty has both enabled these concerns to be addressed and also facilitated solutions and mitigations.

This ethos has also unlocked the innovation of staff whereby on occasions, we have been 'ahead of the curve' with colleagues utilising leading age technology to develop and then manufacture items of PPE (3D printing of visors is a key example). The Trust has also exploited a number of non-traditional routes of supply.

2.1 Infections

The World Health Organisation have recently reviewed modes of transmission of COVID-19 and transmission is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces.

To interrupt the transmission of infections in healthcare a range of infection prevention and control measures are used including where possible isolation of persons suspected of having an infection, hand washing the use of personal protective equipment (PPE) along with effective environmental cleaning.

2.2 What is PPE

PPE is equipment that will protect the user against health or safety risks at work. It includes items such as, gloves, eye protection, and respiratory protective equipment (RPE) and must be CE marked. The level of PPE required is dictated by the infection being treated and its transmission potential. PPE is required to comply with various UK standards and legislation which is documented in the form of a BS EN number which refers to the testing processes the PPE has complied with.

The Department of Health & Social Care has released the Technical Specifications of various PPE during the COVID-19 outbreak to ensure any procurement meets the appropriate specification.

During the COVID-19 outbreak, The World Health Organisation (WHO), Public Health England (PHE), who consulted with the Royal college of Nursing and other Royal Colleges and professional societies and the Health & Safety Executive (HSE) have given advice of the type of PPE that is required to protect health care workers who are treating patients with known or suspected COVID-19. These include face masks, gowns/coveralls, plastic aprons, eye protection and gloves. The type of equipment needed will vary dependent on the type of environment staff are working in and what procedures are being carried out.

2.3 Types of PPE Used

Masks

Fine particles and aerosols are two of the most dangerous airborne risks to human health in the workplace, and because they are nearly almost always invisible in the air we breathe, respirators or filtering face piece/masks (FFP) offer protection according to the danger and the level of protection required and are available in differing separate classes.

There are two different types of masks: surgical masks and respirators.

Surgical mask

A surgical mask is a disposable medical device that protects against infectious agents transmitted by droplets. These droplets can be droplets of saliva or secretions from the upper respiratory tract when the wearer exhales. If worn by the care giver, the surgical mask protects the patient and their environment. If worn by a contagious patient, it prevents the patient from contaminating their surroundings and environment. A fluid repellant surgical mask can also protect the wearer from the risk of splashes of biological fluid.

A surgical mask does not protect against airborne infectious agents so it will not protect the wearer from being potentially contaminated when performing aerosol generating procedures.

The HPA have recently recommended that Fluid repellent surgical face masks (FRSM) are worn in the clinical area by all staff and may be worn for a period of time when caring for different patients.(this is classed as sessional use). Patients are advised to wear non fluid repellant face masks

Respirator

A respirator is personal protective equipment that prevents the wearer from inhaling aerosols (dust, smoke, mist) as well as vapors or gases and it also protects the wearer from infectious agents i.e. Viruses. Respirators can be disposable or re-usable and they create a protective seal against the face. Respirators are either insulating or filtering, those with a filter consist of a face piece and a filtering device. Sometimes the filter can be integrated into the face piece.

Depending on the type of filter chosen depends on the protection it offers. Some filtering respirators have an exhalation valve to improve users comfort.

Each of these two types of masks are subject to different standards and regulations depending on the country or geographical area.

FFP2 masks have a minimum of 94% Bacterial Filtration Efficiency (BFE) and a maximum 8% leakage to the inside. They are mainly used in construction, agriculture, and by healthcare professionals against influenza viruses. They are currently used for protection against the coronavirus in the USA and Europe.

FFP3 masks are the most filtering mask of the FFPs. With a minimum BFE of 99% and maximum 2% leakage to the inside, they protect against very fine particles such as asbestos and are recommended in the UK for use against aerosols.

An FFP3 mask (respirator- either disposable or re-useable) is the usual recommended respirator in areas where high risk aerosol generating procedures (AGPs) are being performed, ‘hot zones’. When FFP3 respirators are not available (e.g. if global supplies of FFP3 masks are low during a pandemic or there is a failure to fit test to an FFP3 mask) an FFP2 respirator can be used as an alternative, as recommended by PHE and endorsed by WHO pandemic guidance. The Trust has not adopted their use whilst FFP3 masks are currently available.

2.4 Fit Testing

Fit testing is required by law.

Surgical masks are tested in the direction of exhalation (from inside to outside). The tests take into account the efficiency of bacterial filtration.

Respirators are tested in the direction of inspiration (from outside to inside). The tests take into account the efficiency of the filter and leakage to the face.

In order for FFP2/3 masks to provide adequate protection they rely on having a good seal with the wearer's face. A major cause of leaks is ill fitting masks – tight fitting face pieces need to fit the wearers face to be effective. A face fit test must be carried out before staff wear respiratory protective equipment (RPE) for the first time to ensure it fits correctly to offer protection. WUTH has a coordinated approach to fit testing undertaken by the Learning & Development and Corporate Nursing Teams.

As people come in all sorts of shapes and sizes it is unlikely that one particular type or size of RPE facepiece will fit everyone. Fit testing will ensure that the equipment selected is suitable for the wearer.

A fit test should be repeated whenever there is a change to the RPE type, size, model or material or whenever there is a change to the circumstances of the wearer that could alter the fit of the RPE; for example:

- weight loss or gain
- substantial dental work
- any facial changes (scars, moles, effects of ageing etc.) around the face seal area
- facial piercings
- introduction or change in other head-worn personal protective equipment (PPE

During the pandemic there were continuous changes to the masks issued from the national stock supplies due to availability of the different manufacturers and model numbers , therefore staff were face fit tested multiple times to ensure the correct fit of each type of mask that was supplied.

A note on facial hair

Many masks rely on a good seal against the face so that, when you breathe air in, it is drawn into the filter material where the air is cleaned. If there are any gaps around the edges of the mask, 'dirty' air will pass through these gaps and potentially into the lungs of the wearer. It is therefore very important that the mask is put on correctly and checked for a good fit every time.

Facial hair – stubble and beards – make it impossible to get a good seal of the mask to the face.
If staff clean-shaven when wearing tight-fitting masks (i.e. those which rely on a good seal to the face), this will help prevent leakage of contaminated air around the edges of the mask and promote staff health and safety.

If there are good reasons for having a beard (e.g. for religious reasons), alternative forms of PPE, that do not rely on a tight fit to the face, are available, however these are in limited supply i.e. breathing apparatus and powered respirators.

2.5 Eye Protection:

Eye and face protection provides protection against contamination to the eyes from respiratory droplets, aerosols arising from AGPs and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.

Eye and face protection can be achieved by the use of any one of the following:

- surgical mask with integrated visor
- full face shield or visor
- polycarbonate safety spectacles or goggles

Regular corrective spectacles are not considered adequate eye protection.

2.5.1. Goggles

This protection should fit snuggly over and around the eyes, be indirectly-vented (to prevent penetration of splashes or sprays) and have an anti-fog coating to help maintain clarity of vision. The lens is made of plastic, commonly polycarbonate and there is an adjustable elastic strap to allow snug fit around the eyes. Goggles used for healthcare applications are typically reusable following strict guidelines for cleaning and decontamination.

2.5.2 Visors

Provide staff with barrier protection to the facial area and related mucous membranes (eyes, nose, lips). Staff members who work in areas that require higher levels of PPE (FFP3 level) should wear face visors rather than goggles as these provide additional protection to the mask. Visors should be used if aerosol-generating procedures are performed. They should cover the forehead, extend below the chin, and wrap around the side of the face. Visors are available in both disposable and reusable options (reusable following strict guidelines for cleaning and decontamination).

Eye protection should be CE marked and fall into the most stringently checked category. However, the Office of Product Safety and Supply have recently issued new guidance (March 2020) on derogation of PPE requirements subject to meeting the essential safety requirements. This has allowed the use of donated visors, produced by 3D printing. These items are checked by infection prevention teams and health & safety teams to ensure they meet the requirements as specified above

2.5.3 Aprons

Disposable aprons are worn to protect staff uniform from contamination when providing direct patient care and during environmental and equipment decontamination. Aprons are single patient use and are disposed of between each patient.

2.5.4 Gowns/Coveralls

Disposable fluid resistant gowns are worn to protect staff uniform when a plastic apron provides inadequate cover when there is a risk of extensive splashing of bodily fluids (typically during aerosol generating procedures). A disposable apron can also be worn over a gown as additional protection to increase the fluid repellent nature of the gown. Gowns may be re-useable (launderable) or disposable. During times of gown shortages disposable coveralls have been provided, these require additional training for the doffing (removal) stage and the Trust have used posters available on the PHE web site to highlight this procedure.

2.5.5 Gloves

Gloves are available in a variety of materials, are single use and must be disposed of after each use. Non-powdered, nitrile gloves are the most commonly recommended for healthcare as they offer a higher protection against blood borne viruses. The trust has historically procured vinyl gloves however in the current COVID-19 pandemic these have been replaced with nitrile gloves and nitrile gloves will continue to be used for all procedures going forward.

2.5.6 Miscellaneous

Any donations of PPE are checked against the Technical Specifications before they are accepted. During the pandemic guidance on any changes to PPE requirements are produced jointly by Public Health England and the Health & Safety Executive

2.5.7 Scrubs/Uniforms

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. Healthcare facilities are advised to provide changing rooms/areas where staff can change into uniforms on arrival at work. During the current pandemic areas that have been closed have been utilised for use as staff changing areas. All staff are required to change out of uniform/scrubs prior to leaving the Hospital.

The use of Theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients (for example, medical staff) for long periods was considered and staff working in areas that have been designated for the care of patients confirmed with COVID-19 are wearing scrubs .

3. PPE in COVID-19 Pandemic/ Infection Control

Standard infection control precautions (SICPs) and transmission based precautions (TBPs) must be used when managing patients with suspected or confirmed COVID-19.

Standard Infection Control Precautions (SICP's): the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources. Sources include blood and other body fluids, secretions and excretions (excluding sweat), non-intact skin or mucous membranes, and any equipment or items in the care environment. SICPs should be used by all staff, in all care settings, at all times, for all patients.

Transmission Based Precautions (TBP's): TBPs are applied when SICPs alone are insufficient to prevent cross transmission of an infectious agent. TBPs are additional infection control precautions required when caring for a patient with a known or suspected infectious agent. TBPs are categorised by the route of transmission of the infectious agent:

- **Contact precautions:** Used to prevent and control infection transmission via direct contact or indirectly from the immediate care environment (including care equipment). This is the most common route of infection transmission.

- **Droplet precautions:** Used to prevent and control infection transmission over short distances via droplets. The maximum distance for cross transmission from droplets has not been definitively determined, although a distance of approximately 2 metres (6 feet) around the infected individual is reported in the medical literature as the area of risk.

- **Airborne precautions:** Used to prevent and control infection transmission without necessarily having close contact via aerosols from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.

Interrupting transmission of COVID-19 requires both droplet and contact precautions; if an aerosol generating procedure (AGP) is being undertaken then airborne precautions are also required in addition to contact precautions.

These precautions are the basis for the national guidance on controlling and minimising the spread of COVID-19, as the emerging evidence base on COVID-19 is rapidly changing the Trust review the PHE guidance on a daily basis via the Clinical Advisory Group (CAG). This group was set up to identify new additions to the guidance, review these additions and communicate them in a timely manner to ensure advice and support is given that is current and relevant to promote the health and safety of our staff and patients.

4. Procurement of PPE

Under the direct leadership of WUTH Executive Team, via the COVID-19 Command structures, the Procurement team undertake a significant number of procurement exercises to ensure adequate PPE stock remains available for all staff.

In the NHS, in the event of a major pandemic, the procurement and distribution of PPE moves under national command. The significant global demand, fixed supply in the short term and international constraints on movement, means that the availability of supply to NHS organisations is constrained. To manage this, distribution is being managed on a 'push' basis, where deliveries are determined nationally rather than the usual 'pull' system where organisations order the levels of stock that they need. A 'Just in Time' approach means that stock is delivered in small quantities based upon projected levels of demand. The Trust has little influence on the levels and nature of stock delivered and no visibility of future distribution until a few hours before delivery. Typically we are receiving 24 to 48 hours of stock in a single delivery and not all items are being provided as required as national stocks run short – gowns are a particular example - this has required alternative sourcing strategies to be implemented for this and other products.

Some of the clinical and operational issues this is presenting are as follows:

- Stock levels for key items often run very low which needs constant management and contingency planning between procurement, operational and clinical teams on a daily and hourly basis.

- Our inability to secure reliable and consistent levels of stock is an understandable source of anxiety for staff who are concerned that supply may run out.

- No control over types of equipment being delivered can sometime cause operational difficulties. For example, changing the models of FFP3 masks being delivered means that separate fit tests for every staff member need to be undertaken before they can be used.

This makes planning for surges in activity related to the treatment of these patients extremely challenging, meaning the reliability of national supply routes remains a significant and continuous risk.

This section describes the processes put in place to secure PPE for the organisation as well as the inventory control measures introduced to monitor and manage the usage of the PPE that is sourced.

4.1 Maximising procurement of preferred PPE.

The Trust is actively engaged in the daily Cheshire and Merseyside (C&M) Supply Resilience Cell which coordinates and manages PPE issues across the system, links in with the Ministry of Defense (MOD) distribution arrangements and escalates through regional command structures where required.

- **Bulk Orders:** The C&M group has placed bulk orders for a number of PPE items and has established a storage and distribution center at Liverpool Arena and Conference Centre from which the PPE is being collected on a weekly basis.

  The table below summaries the bulk orders placed by the group and WUTH's allocation of PPE.

Table 1: Bulk Orders coordinated by Cheshire and Merseyside Procurement Group

PPE Item	WUFT Quantity	WUFT Cost
Sterile Gowns (i)	7,000	£57,760
Sterile Gowns (ii)	23,360	£266,307
Surgical Masks	103,000	£74,199
Body Bags	900	£10,000
Hand Gel (5l)	24	£0

In addition, the Trusts procurement service has sourced PPE outside of this arrangement where suppliers have been able to offer items where the quantities that can be supplied do not make it viable to place a collective order. These orders are too numerous to list in this report but include gowns, coveralls, hoods (used in place of the FFP3 mask) visors and other eye protection.

- **Mutual Aid:** Participating trusts also provide mutual aid to each other wherever possible; this has been invaluable and is the first port of call when stocks run low in an individual organisation. The Trust has both provided and been a recipient of mutual aid on a number of occasions.
- **Innovative supply:** The Trust is also exploiting all non-traditional routes of supply where possible, we have been able to source small stocks of items from industry, schools and other volunteer groups (e.g. goggles from high schools and gowns from Vet practices)
- **Emergency Supply:** When the Trust experiences a significant shortage of an item (i.e. there is less than 24 hours of stock remains within the Trust) an emergency request for stock can be submitted via the national emergency hotline known as NSDR. This has supported us on a small number of occasions where gown supply was critically low.

A letter from the Department of Health dated 1st May 2020 set out a new procurement operating model which expressly prohibits trusts from competing with the UK Government for the supply of PPE, and suggests that any orders for significant volumes of PPE will be diverted to the national stock pile for onward allocation and distribution. The Trust is complying with this direction and will only place orders from smaller UK suppliers at levels which are permitted within the guidance.

4.2 Inventory control

In order to manage PPE stock across the Trust, a centralised COVID-19 PPE store has been established to stock and distribute PPE items to ITU, A&E and other COVID-19 areas as identified on the ward escalation plan. This is managed by the procurement service with designated materials managers in place to support the management and distribution of these items within clinical areas.

Stock is managed electronically using the EDC Gold stock management system where stock is receipted in and booked out in real time and activity reports are produced daily, seven days a week.

4.3 PPE Dashboard

Given the issues described above, the Trust has developed a number of management information tools to support day to day management of stock levels. A PPE stock management dashboard is reviewed daily though the incident command structures to ensure risks are visible and mitigation strategies adopted in real time.

This dashboard works on a RAG rating methodology agreed by Gold Command which provides visibility of the stock holding each day and the expected days of stock available based on usage. Stock included is based on inventory within the COVID-19 PPE store; additional stock exists within the individual COVID-19 escalation wards but at stage is considered ‘stock in use’. An example dashboard is shown in Table 2 below.

More detailed analysis of the distribution of PPE stock by area, and also the usage of each product over time is also available to operational and procurement teams. An example is shown in Table 3 below.

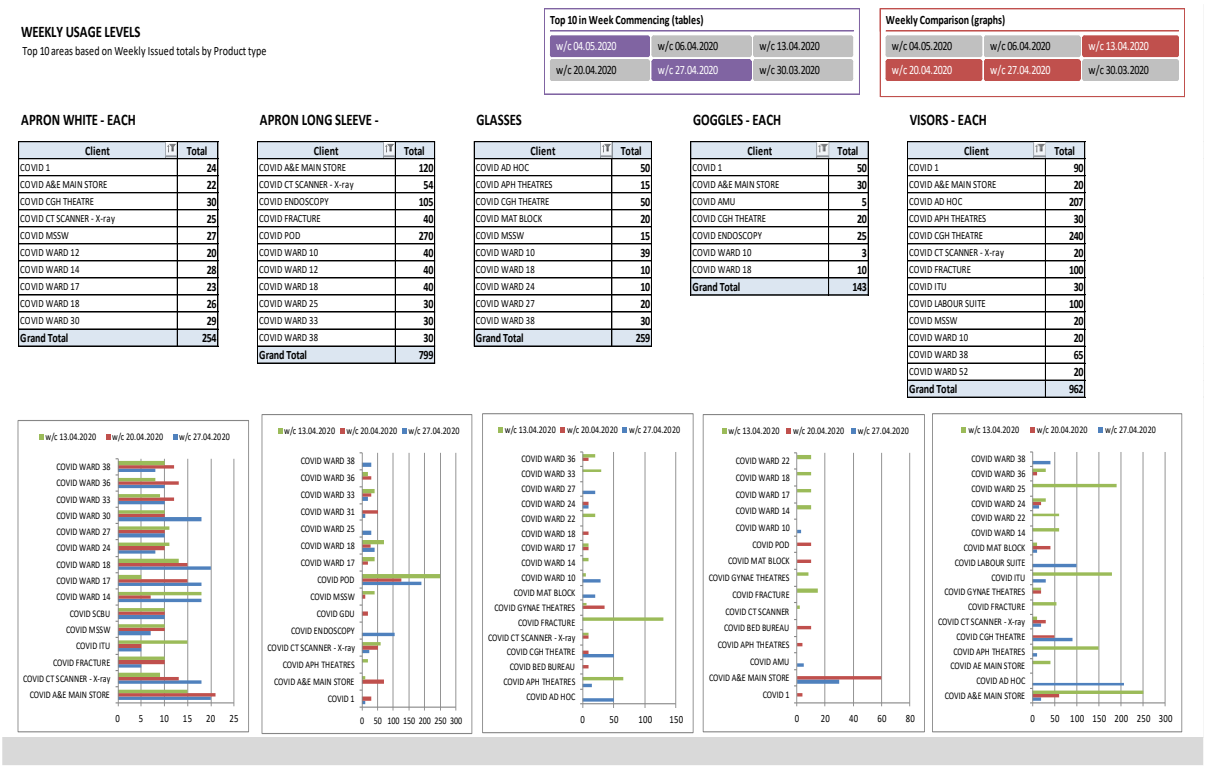
Table 2: *PPE Dashboard reported to the Trusts Incident Command Centre (07/05/2020)*

Covid19 PPE Stock - RAG Status Date of report: **06/05/2020**

RAG status	Items
Red	10
Amber	6
Green	46
Total	62

NPC	Item	Current Stock (previous day)	Current day receipts	Current stock + Receipts	Issued (current day)	Weekly usage projection	RAG status
21610-20	Scrub Top (Small)	144	0	144	0	0	
21620-20	Scrub Top (Medium)	96	0	96	0	0	
21630-20	Scrub Top (Large)	144	0	144	0	0	
21640-20	Scrub Top (X Large)	144	0	144	0	0	
21710-20	Scrub Pants (Small)	96	0	96	0	0	
21720-20	Scrub Pants (Medium)	96	0	96	0	0	
21730-20	Scrub Pants (Large)	96	0	96	0	0	
21740-20	Scrub Pants (X Large)	144	0	144	0	0	
832209-00	SCRUB SUIT PURPLE MEDIUM	205	0	205	0	0	
832309-00	SCRUB SUIT PURPLE LARGE	205	0	205	0	0	
832409-00	SCRUB SUIT PURPLE X LARGE	225	0	225	0	0	
839109-00	SCRUB SHIRT GREEN SMALL	225	0	225	0	0	
839409-00	SCRUB SHIRT GREEN LARGE	90	0	90	0	0	
839409-00/L	SCRUB SHIRT GREEN X LARGE	225	0	225	0	0	
APRON LONG SLEEVE -	Apron Long Sleeve - Each	350	0	350	50	600	
APRON WHITE - EACH	Apron White - Each	455	0	455	90	630	
ARM COVERS - PACK	Arm Covers - Pack	75	0	75	0	7	
BODY BAG	BODY BAG	53	0	53	7	67	
CHLOR CLEAN TUBS -EA	CHLOR CLEAN TUBS -EA	52	0	52	0	26	
CLINICAL WASTE ORANG	CLINICAL WASTE BAGS ORANGE	3063	48	3111	252	1764	
CLINICALWASTE YELLOW	CLINICAL WASTE BAGS YELLOW	156	60	216	101	737	
CLINNEL WIPE - PK100	Clinnel Wipe - Pack 0f 100	440	0	440	0	81	
CLOROX WIPE - TUB200	Clorox Wipe - Tub of 200	108	0	108	0	0	
GLASSES - THICK EACH	Glasses - Thick - EACH	253	0	253	0	138	
GLASSES - THIN -EACH	Glasses - Thin - Each	17800	0	17800	0	82	
GLOVES LC M - BOX 50	Gloves LC Med - Box of 50	67	0	67	0	7	
GLOVES LC S - BOX 50	Gloves LC Small - Box of 50	0	0	0	0	19	
GLOVES LC XL - BOX50	Gloves LC Extra Large - Box of 50	6	0	6	0	33	
GLOVES NITRILE L B50	Gloves Nitrile - Large - Box of 50	642	0	642	59	413	
GLOVES NITRILE M B50	Gloves Nitrile - Med - Box of 50	927	0	927	67	469	
GLOVES NITRILE S B50	Gloves Nitrile - Small - Box of 50	662	0	662	23	161	
GLOVES NITRLE XL B50	Gloves Nitrile XL Box of 50	128	0	128	3	44	
GLOVES NITRLE XS B50	Gloves Nitrile - XS - Box of 50	71	0	71	0	19	
GOGGLES - EACH	Goggles - Each	88	0	88	50	350	
HAND SANITIZER 1L	HAND SANITIZER 1 LITRE	141	0	141	0	0	
HAND SANITIZER 500ML	Hand Sanitizer – 500ML	688	0	688	0	0	
HAND SANITIZER 50ML	Hand Sanitizer 50ml	350	0	350	0	0	
HAND SANITIZER 5L	HAND SANITIZER 5 LITRE	88	0	88	0	0	
HS HAND GEL – 1000ML	HS Hand Gel – 1000ml	6	0	6	0	47	
HS HAND SOAP 1000ML	HS Hand Soap 1000ML	64	0	64	4	70	
HS HAND GEL – 300ML	HS Hand Gel – 300ml	324	0	324	0	0	
LAB SWABS	Lab Swabs	198	250	448	261	1827	
FFP2 MASK- 2NRD PK5	FFP2 MASK- 2NRD - Pack of 5	0	0	0	0	36	
FFP2 9320+ AURA EACH	FFP2 9320+ AURA EACH	4400	0	4400	0	0	
MASK - 1863 BOX20	Mask - 1863 FFP3 - Box of 20	789	0	789	16	112	
MASK - 1863+ BOX20	Mask - 1863+ - Box of 20	7	0	7	0	7	
MASK - 1873V - BOX10	Mask - 1873V - Box of 10	39	0	39	0	47	
MASK - 8833 - BOX 10	Mask - 8833 - Box of 10	233	0	233	15	105	
MASK - FSM16 - BOX30	Mask - FSM16 - Box of 30	4	0	4	1	9	
MASK -SURGICAL- BX50	Mask - Surgical - Box of 50	911	0	911	126	923	
MOP CAP - EACH	Mop Cap Each	121	0	121	4	34	
PATIENT PROPERTY BAG	Patient Property Bags	5973	0	5973	127	1646	
SURGICAL GOWNS - EAC	Surgical Gowns - Each	223	0	223	223	1561	
SYRINGE 9210	SYRINGE 9210 EACH	1015	0	1015	0	0	
SYRINGE 9320	SYRINGE 9320 EACH	3920	0	3920	0	0	
THTR GOWN NON-STE EA	Theatre Gown - Non Sterile - Each	0	80	80	0	0	
THTR GOWN STERILE EA	Theatre Gown - Sterile - Each	0	2098	2098	0	0	
THTR REINFORCED GOWN	THEATRES RE-INFORCED GOWN - EACH	108	0	108	0	70	
VERNAGEL - BOX OF100	Vernagel - Box of 100	76	0	76	0	0	
VISORS - EACH	Visors - Each	6374	0	6374	104	809	
VISORS-UNSUITABLE EA	Visors - Unsuitable - EACH	4980	0	4980	0	0	
WHITE SUIT - ASSORTE	White Suit - ASSORTED	687	0	687	0	292	

***Table 3**: PPE Stock Usage by Product & Area*



WEEKLY USAGE LEVELS

Top 10 areas based on Weekly Issued totals by Product type

Top 10 in Week Commencing (tables)

w/c 04.05.2020	w/c 06.04.2020	w/c 13.04.2020
w/c 20.04.2020	w/c 27.04.2020	w/c 30.03.2020

Weekly Comparison (graphs)

w/c 04.05.2020	w/c 06.04.2020	w/c 13.04.2020
w/c 20.04.2020	w/c 27.04.2020	w/c 30.03.2020

APRON WHITE - EACH

Client	Total
COVID 1	24
COVID A&E MAIN STORE	22
COVID CGH THEATRE	30
COVID CT SCANNER - X-ray	25
COVID MSSW	27
COVID WARD 12	20
COVID WARD 14	28
COVID WARD 17	23
COVID WARD 18	26
COVID WARD 30	29
Grand Total	254

APRON LONG SLEEVE -

Client	Total
COVID A&E MAIN STORE	120
COVID CT SCANNER - X-ray	54
COVID ENDOSCOPY	105
COVID FRACTURE	40
COVID POD	270
COVID WARD 10	40
COVID WARD 12	40
COVID WARD 18	40
COVID WARD 25	30
COVID WARD 33	30
COVID WARD 38	30
Grand Total	799

GLASSES

Client	Total
COVID AD HOC	50
COVID APH THEATRES	15
COVID CGH THEATRE	50
COVID MAT BLOCK	20
COVID MSSW	15
COVID WARD 10	39
COVID WARD 18	10
COVID WARD 24	10
COVID WARD 27	20
COVID WARD 38	30
Grand Total	259

GOGGLES - EACH

Client	Total
COVID 1	50
COVID A&E MAIN STORE	30
COVID AMU	5
COVID CGH THEATRE	20
COVID ENDOSCOPY	25
COVID WARD 10	3
COVID WARD 18	10
Grand Total	143

VISORS - EACH

Client	Total
COVID 1	90
COVID A&E MAIN STORE	20
COVID AD HOC	207
COVID APH THEATRES	30
COVID CGH THEATRE	240
COVID CT SCANNER - X-ray	20
COVID FRACTURE	100
COVID ITU	30
COVID LABOUR SUITE	100
COVID MSSW	20
COVID WARD 10	20
COVID WARD 38	65
COVID WARD 52	20
Grand Total	962

5. Considerations for acute personal protective equipment (PPE) shortages.

Some of the PPE required is designated by the manufacturers as being single use. However, these are exceptional circumstances and the Health and Safety Executive (HSE), although not their standard approach has recognised that some compromise is needed to optimise the supply of PPE in times of extreme shortages.

In reflection of this, expert members from the Infection Prevention Society (IPS) and the Central Sterilising Club (CSS) released guidance aligned to Public Health England (PHE), World Health Organisation (WHO) and the Centre for Disease Prevention & Control (CDC) regarding the re-use and reprocessing of PPE. The underlying message in all the guidance is that it must be a last-resort temporary measure that is implemented for a limited time period to enable stocks to be replenished. Trusts must also consider all measures to manage usage of PPE effectively I.e. sessional use

5.1 Sessional use

The Trust has been following the guidance released regarding sessional use of certain equipment by one health care worker during one shift while working and includes the practice of leaving a ward area to continue to care or transfer a patient with the same PPE on. We have also advised that when wearing PPE for certain procedures, face masks/respirators, gowns/ coveralls and eye protection should only be changed when taking a break or when visibly contaminated or damaged.

Certain PPE equipment (for example gloves and aprons) cannot be reused and this practice is adhered to across the hospital.

5.2 Re-use

As suggested in the PHE guidance the Trust considered moving from disposable gowns and coveralls to re-usable options, retaining disposable gowns only for high risk AGP's. There is a national shortage of reusable gowns so this was not an option, reusable (washable) laboratory coats were unsuitable, reusable (washable) long sleeved patient gowns did not offer the coverage and protection required. The Trust undertook a risk assessment of the guidance and deemed it unsuitable.

5.3 Re-use of single use

The single use disposable gowns that the Trust are able to procure are very robust, and a decision was made to send these away to our off site laundry to review the condition they returned in. The national standards for laundering infected linen were followed. Out of 70 items (Gowns and coveralls) only 2 returned damaged by the laundering process. A decision was made at silver command to launder a limited amount of single use gowns and coveralls each week and have them on standby should our supply of gowns/coveralls ever become critical. A SOP was developed regarding their use and includes where they can be used, for what occasions and how. The items would only be re-used once and then disposed of. To date these have not been required.

At present no other items of PPE that are single use are being reprocessed or reused.

6. Workforce

Risk Assessments

The Trust has implemented an individual health risk assessment for COVID-19, which all 6000 staff must complete in order to analyse their level of underlying risk factors, the risk of exposure to COVID-19 and any control measures that may need to be taken by their line manager. This is particularly vital for our vulnerable staff in the 'very high risk' and 'high risk' groups as defined by Public Health England (PHE)

This assessment tool has been developed in line with PHE guidance and has been supported by Occupational Health, HR, specialist clinicians and staff side representatives to ensure the requirements of COSHH and the Management of Health & Safety at Work regulations are met. The assessment identifies specific categories such as ethnicity, comorbidities (diabetes, heart disease, COPD, etc.) and pregnancy that require actions to be taken to minimise any risk to those staff groups.

The Trust is systematically collecting the risk assessment forms from staff and holding them centrally as well as ensuring that the forms have been completed correctly and that required mitigation plans have been identified and actioned.

In relation to BAME staff we have taken the proactive step to facilitate them receiving vitamin D supplements from the Trust and access to health surveillance through occupational health.

As part of keeping staff safe and protected, as soon as the Trust received guidance in March 2020 we supported 40 members of staff, who are over 70 years old, to stay at home to shield along with 130 employees who have a medical condition and 16 women who were over 27 weeks pregnant.

In addition there are 800 employees working from home. The Trust is developing guidelines for home working linked with risk assessments. These will be in place in June 2020.

Training and Upskilling

Since March 2020 there has been a focus on COVID-19 training and competency and ensuring staff are able to provide care to COVID-19 patients as well as create staffing capacity in the emerging pandemic.

A COVID-19 Training Task and Finish Group was established to determine the training required and a suite of COVID-19 training programmes were developed utilising a variety of delivery methods: face to face training, presentations, slide packs, videos, e-learning, information packs/booklets, self-competency declarations. These programmes are detailed below:

- Upskilling for Medical Staff, ANP's and Trainee ANP's
- Pre F1 Induction and training
- Respiratory Booklet for Nurses and Midwives
- Respiratory Session
- Upskilling for Assistant Practitioners
- Upskilling Paediatric Nurses
- Upskilling Midwives
- Core Skills for CSWs
- Safer Use of Medicines
- Simulation – COVID-19 CPR and Simulation COVID-19 Paediatric
- COVID-19 Blood Culture Session and ABG's Session
- ITU Basic and Advanced training for staff reassigned to support ITU
- Fit Testing
- Proning
- Palliative and supportive Care
- Theatre Training/Upskilling – CPR, Donning and /Doffing, Proning, Respiratory Simulation, Theatre 8/9 Walkthrough, Maternity Walkthrough
- Student nurse induction and upskilling
- Millennium Doctor Training
- Pharmacist Upskilling – Respiratory and Critical Care
- Pharmacy Escalation Renal and Palliative Care
- Physiotherapist Upskilling (Chest Physio, Critical Care, Proning)

As part of the process to increase workforce supply to support the COVID-19 pandemic, 42 5th year Medical Students and 37 3rd years student nurses in the final 6 months of their training, were appointed as Pre Foundation 1 Doctors and Band 4 student nurses. Training needs for these staff as well as those reassigned across the Trust and volunteers have been taken into consideration in developing relevant COVID-19 related training packages and induction programmes.

The Pre F1's were allocated an educational supervisor and clinical work area and are carrying out a range of clinical duties that are within the clinical competencies they have already acquired. They are not permitted to make the legal or final medical decisions that would require General Medical Council registration. The Pre-F1 medics will remain with the Trust until they graduate at the end of May 2020.

Medical Staff

Considerable work has been undertaken to ensure the safe reassignment of staff. The principles for medical staff redeployment have encompassed many factors including supervision arrangements, competency, induction, rosters, staff wellbeing, prioritisation, productivity, leadership, monitoring of attendance and clear escalation (appropriate to the situation).

All reassignments/redeployments of staff and trainee roles have received the appropriate Trust and local induction. This work has been led by the Trust's Director of Medical Education.

The Trust has completed an exercise based on a self-assessment process for consultants, SAS, Junior Doctors and the ANP Workforce to understand their competency requirements. 170 consultants (81%), 181 Junior Doctors (58%), 45 ANPs (80%) and 20 (61%) SAS Doctors took part in this self-assessment process. The low completion rate for Junior Doctors is due to the fact that these have recently undertaken training.

ITU Nurses and ITU Medical Staff

A range of training and support programmes have been put in place as detailed below:

- Access to all literature and guidance via the critical care guideline section prepared by Critical Care Consultants.

- COVID-19 updates are provided at every shift for every procedure both within and outside of the unit, adhering to safe practice, based on individual risk assessments to protect staff and all patients in line with advice from NHS England.

- This has included geographical moves outside the COVID-19 red and amber areas and pre preparation and discussion from the lead nurses, band 7 and medical staff daily. Preparation for surges has also been undertaken with areas in main theatre recovery planned by lead nurses and theatre lead staff.

- A training booklet with guidance and recommendations from NHSE/I has been distributed to all staff, which has been endorsed by the NMC and the relevant bodies via the critical care network.

- A team approach has been adopted to promote safe practice, meaning that one or two trained critical care nurses would look after a group of patients with a group of “buddies “from support teams.

- Prior to the admission of COVID-19 patients, daily training sessions have been held for all nursing and medical staff in the procedure for donning, doffing and PPE equipment. This was agreed with the infection control Matron supported by a booklet demonstrating the procedure to support staff.

- All existing critical care staff receive competency based training in all equipment including high flow therapies and are signed off by their mentors or senior staff members and those that have the existing critical care modular course

Reassigned Nurses and Operating Departing Practitioners to support ITU

The Practice Educators in ITU have provided two key programmes for staff who have been identified to support Critical Care. There are 128 staff classed as the ITU support team and this includes theatre and recovery registered nurses and Operating Department Practitioners. We have also had 12 returners who have previous critical care experience. These staff members have completed either the Basic Support Training or the Advanced Training for returners, enabling the latter to support level 3 Patients. The Trust have 63 members of staff who have completed the Basic training and nine have completed the Advanced training.

An induction booklet has been provided to all support team members which has been produced by the UK Critical Care Nursing Alliance with a competency checklist. (“*Emergency Induction for non-critical care staff working in Critical Care to support the escalation process in times of surge” March 2020).*

Theatre Staff
In addition to the above the Theatre Team developed their own programme of COVID-19 training which is consultant led with the support of the simulation Team.

Allied Health Professionals
Physiotherapists have been up-skilled in Respiratory Skills and Critical Care to support rotation and some have completed Proning Training. The department have identified that "Awake Proning" would be of benefit. Therefore, training has been developed and will be rolled from the beginning of June 2020.

There are seven AHP students who have opted in for their last six months of their training programme. As is the case for the student nurses they have completed their induction and COVID-19 preparation training i.e. PPE, Palliative Care and Respiratory.

Other staff

The COVID-19 training provision for the following staff groups has been completed:

- Radiology staff
- Healthcare scientists (e.g. respiratory, physiologists)
- Mortuary staff – the mortuary standards incorporate the requirements for COVID-19
- Orthotists – Three members of staff have undertaken PPE training
- Orthoptics – Followed the ophthalmology guidance which included PPE advice
- Laboratory scientists – PPE included in their working practices and are following the standards identified by Health and Care Professions Council
- Pharmacists – 64 members of staff have been up-skilled in Respiratory COVID-19 training
- Women's & Children's – staff have completed the Respiratory Booklet and have access to PPE and donning and doffing videos through social media technology.

Volunteers
To date we have 203 new volunteers, half of whom have been placed in goods distribution and stores, hotel services, main reception, wards, wellbeing hubs, charity and fundraising, administration, grounds maintenance and the family support unit. A further 100 volunteers are ready to be deployed to assist the organisation with its new arrangements for accessing the hospital.

PPE Guidance has been incorporated into volunteer local induction on commencement and this was supplemented by PPE poster guidance distributed to all volunteers. This will also go into the next edition of the volunteer newsletter during National Volunteers Week 1-7th June 2020.

NHSI/E Education and Training Framework
On 15th April, NHSE/I published an Education and Training Framework to support organisations across the NHS and independent sector to ensure clinicians have the necessary skills and knowledge to deliver safe care for our population during these extremely challenging times.

The Trust undertook a review of training against the secondary care preparedness and the NHSI/E guidance documents in relation to education and training. As a result of that exercise the organisation has met the training requirements.

7. Communication

The delivery of timely, accurate and up to date information and communications around the supply, availability and guidance in relation to PPE continues to be a key area within our staff communications. Fundamental to these communications are the principles of clarity, trust, and honesty.

All key updates and operational communications related to PPE are planned and coordinated as part of a wider strategy through our Silver and Gold Command meetings, which works closely with the Clinical Advisory Group (CAG) and the regional EPPR structures in place to ensure the content and information for staff is clinically-led, consistent and aligned to national guidance.

As part of our communications, priority is placed on ensuring staff in all disciplines, roles and functions, at all levels, and across our acute sites, have access to and fully understand the appropriate PPE guidance and core messages around supply, access and stock levels. This is important to help reassure and support staff, particularly those on the frontline, and to ensure we maintain safety for our workforce and our patients.

Staff are routinely kept informed and updated through a variety of communications channels:

- COVID-19 daily communication daily bulletin update for staff, circulated following key messages agreed by CAG, Silver and Gold.
- The communication daily briefing is also cascaded via bronze and silver leadership teams to their own staff as an integral component of their own daily bulletins to colleagues.
- Dedicated COVID-19 intranet and web section (PPE & clinical guidance), with remote online access.
- Chief Executive's monthly 'Leaders in Touch' live web broadcast
- Where appropriate all staff user emails are circulated in the event of urgent operational messages.
- Use of Trust text messages to issue key messages to all staff.
- Role for clinical leaders to ensure their teams are fully briefed and receive the latest information utilising WHATSAPP groups.
- A range of posters and leaflets have been produced regarding PPE which have been regularly distributed around the Trust.
- Complimenting this comprehensive package, wellbeing hubs have been established across the Trust that use visual aids to highlight the range of PPE in use within the organisation, the differences between these and the safe methods of disposal.
- Utilisation of the TVs across the organisation detailing the correct donning and doffing procedures in relation to PPE.

Ensuring staff have the ability and mechanisms to feedback or raise any questions or concerns are essential to reassure staff. Feedback is received through our Bronze and Silver, meetings, Wellbeing team (floorwalkers), staff side, and Freedom to Speak Up Guardians (FTSU). We also have dedicated staff email mailboxes including staff views and staff experience at 'Ask the senior team'.

Any change or trigger related to the supply, availability and level of PPE will require a communications response that will consider the impact to internal and external audiences, including our staff, patients and the media, to mitigate risk to safety and reputation. Appropriate information for patients, the public, and our external partners, as well as for the media, will be considered as part of these communication triggers.

The Trust's communication function operates a service seven days a week, with communications advice and support for the Executive team and Gold and Silver commands available in core hours and out of hours when required.

Recommendation

The Board is asked to review the information provided and confirm the robustness of the plans in place to ensure the safety of staff.

Board of Directors	
Agenda Item	20/21 049
Title of Report	Infection Prevention and Control Board Assurance Framework May 2020.
Date of Meeting	3.6.2020
Author	Tracy Fennell, Deputy Chief Nurse Sue Heyes, Assistant Chief Nurse Jay Turner Gardner, Assistant Director of Infection Prevention and Control Hazel Richards, Chief Nurse and Director of Infection Prevention and Control
Accountable Executive	Hazel Richards, Chief Nurse and Director of Infection Prevention and Control
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	4, 5, 6.
Level of Assurance • **Positive** • **Gap(s)**	Positive • WUTH has reviewed IPC control measures and mitigations as outlined in the IPC Board Assurance Framework (V. 1 May 2020) and has many areas of good practice and systems in place. Gaps • The Trust has self-assessed against the 10 standards and assigned 5 as having “significant assurance” and 5 as having “limited assurance”. • Whilst this paper was being finalised an updated version (version 2) of the IPC Board Assurance Framework has been released therefore the Trust is undertaking a further review of assurance mechanisms and controls in line with the updated document.
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Discussion
Data Quality Rating	Bronze - qualitative data
FOI status	Document may be disclosed in full
Equality Analysis completed Yes/No **If yes, please attach completed form.**	No

1. Executive Summary

NHSE/I published the Infection Prevention and Control Board Assurance Framework in May 2020. This was to enable trusts to undertake a self-assessment against the existing 10 quality standards set out in the Infection Prevention Control Code of Practice (2008) which links directly to Regulation 12 of the Health and Social Care Act (2008).

The Trust has self-assessed against the 10 standards and assigned 5 as having "significant assurance" and 5 as having "limited assurance". This is not a prefect science and will be refined and tested over the coming months.

Whilst this paper was being finalised an updated version (version 2) of the IPC Board Assurance Framework has been released; therefore the Trust is undertaking a further review of assurance mechanisms and controls in line with the updated document.

The reporting arrangements beyond this will be via the Infection Prevention & Control Committee, into PSQB and the Quality Committee, and onto Board of Directors.

2. Background

The purpose of this paper is to provide the Board of Directors with information and assurance of how well the Trust is performing against the *Infection Prevention and Control Board Assurance Framework* (IPC BAF NHS England, May 2020), which has been developed by NHSE/I. The framework is structured around the existing 10 quality standards set out in the *Infection Prevention Control Code of Practice* (2008) which links directly to Regulation 12 of the *Health and Social Care Act* (2008). The IPC BAF is largely specific to COVID19 but also includes IPC practices in general.

The Trust has had the advantage of establishing and running the quarantine facility in January 2020 for repatriated citizens from Wuhan and other British nationals. The lack of understanding of the virus at that time meant the Trust had to work at pace with Public Health England (PHE) to develop protocols and procedures to ensure the safety of staff, partners and guests entering and supporting the facility.

The national emergency response to the COVID 19 pandemic has produced vast amounts of information, guidance and control measures. These have had to be implemented rapidly to ensure the safety of patients, service users, casual workers, visitors and staff. This remains a continuous process due to emerging knowledge of the virus. Significant changes to the way teams work have to happen quickly and these are still being refined. We are now focusing on consistent application of practice across all areas.

The Trust responded to the pandemic by developing internal command structures to enable agile decision making and implementation. The Board of Directors has previously received detailed information on this.

In May 2020 the IPC BAF was released to Trusts as a self-assessment tool to provide information and assurance on IPC standards. The self-assessment against the 10 standards has produced a baseline review of the controls currently in place and identified gaps with mitigating actions.

It is acknowledged WUTH has also made progress to increase controls around infection control following the outbreak of *Clostridium difficile* (CDI) in 2019. The outcome of these actions allowed the Trust to significantly reduce the cumulative deficit of positive CDI cases and achieve a year end position of 1 CDI case over trajectory. This resulted in WUTH seeing its biggest improvement in meeting its CDI objectives in the last 5 years.

3. Current Position

It is recognised that consistent application of, and adherence to IPC policies and procedures remains a challenge across the Trust. The Chief Nurse/DIPC and Assistant Director of Nursing, Infection Prevention and Control are leading the implementation of the following actions to strengthen current foundations achieved from the delivery of the CDI action plan (2019):

- Development of an Environmental Safety Team (PPE, Access, Egress, Cleaning, Health & Safety)
- Recruitment of a matron for environmental safety to build effective working between facilities and the clinical areas.
- Strengthening relationships between facilities and clinical teams. For example, our domestics being known as part of the IPC team and critical to patient safety.
- Introduction of a COVID Audit on Perfect Ward to be completed three times a week.
- Strengthen the quality of ward / environmental assessments by utilising a multidisciplinary approach including clinical team's estates / facilities and IPC teams.
- Increased Senior Nursing and IPC visibility and support.
- Programme for robust PPE and FIT testing programme.
- Introduction of IPC education and training programme.

The Trust has completed an analysis against the 10 standards detailed within the IPC BAF. The overview can be seen in section 3.3. The IPC BAF with examples of evidence is in Appendix 1.

As this report was being finalised an updated version of the IPC BAF was published (26 May 2020), a secondary review against additional elements is currently being undertaken and will be reported to Patient Safety Quality Board in due course.

3.3 Assurance

The self-assessment was undertaken by representatives from each division, corporate teams and supported by colleagues from IPC (Appendix 1).

An assurance classification has been given to given to each standard to mirror those used by Merseyside Internal Audit (MIAA) (Appendix 2).

The assurance classification is not a perfect science, however if applied consistently over time it should guide areas of activity and focus to drive improvements. This self-assessment has concluded there are 5 standards that have "Significant Assurance" and 5 "Limited Assurance".

Whilst policies, procedures and training are extensively available, updated frequently and communicated widely in line with national guidance it is acknowledged these are not always consistently applied across the Trust. The established governance systems and command structures help to reduce the variability of this; however due to the pace of change and other workforce challenges, consistent application remains an issue.

5 areas of the IPC BAF were self-assessed to have **"Significant Assurance"**:

IPC BAF Standard	
1	Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and risks posed by their environment and other service users.
3	The use of antimicrobials to optimise patient outcomes and manage adverse effect.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
8	Secure adequate access to laboratory support as appropriate.
10	Have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

5 areas were considered to have **"Limited Assurance":**

IPC BAF Standard	
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
9	Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infection.

The IPC BAF will be monitored monthly with progress reported to Infection Prevention & Control Group then to PSQB quarterly; a further formal update will be presented to the Quality Committee and Board of Directors in November 2020.

4. Conclusion

It has been acknowledged the Trust has been forefront in responding rapidly and effectively to the national response to COVID -19 partly due to the experience gained through the management of the quarantine facility in January 2020.

With the emergence of COVID-19 WUTH it is recognised staff adapted quickly to the significant changes placed upon the Trust. A review of the IPC BAF has highlighted a number of successes including:

- Over 3000 staff have been fit tested and retested on the most appropriate respirator masks utilising latest FIT testing technology.
- Development and implementation of a robust fit testing reporting data base.
- Upskilling of clinical staff to enable flexibility in the workforce
- Full organisation environmental review to enable social distancing
- Implementation and review at pace of SOPs / policies, and procedures to ensure clear guidance is available (in line with national recommendations) and communicated.

The Trust is now moving forward with its recovery programme which will require continued vigilance and commitment to ensure appropriate assurance and controls remain strong. Regular monitoring and reporting of progress against the 10 IPC BAF standards will continue as described.

5. Recommendations

The Board of Directors is asked to discuss and note the contents of this report and self-assessment and the level of assurance provided against the 10 quality standards. A progress report will be provided to the Board of Directors in November 2020.

Publications approval reference: 001559

Appendix 1

Infection prevention and control board assurance framework

4 May 2020, Version 1

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

Ruth May
Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, PHE and related guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Health and Safety at Work Act 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are

treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes	Risk assessment templates used in all entrances e.g. Adult ED, Children's ED and Maternity. Infection alerts are on Cerner for all patients with a previous IP alert organism. On admission Cerner initiates admission screening as per specific screening policy i.e CPE, MRSA	Adherence to policy	Audits completed by quality matron. Daily report generated to monitor adherence to policy.
• patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	Screening/swabbing policies and SOPs are in place for clinical pathways e.g. pre-op/elective and emergency pathways. Patient admissions to appropriate ward as outlined in the ward escalation plan. Bed management operating procedures in place to monitor COVID results and appropriate allocation of beds.  Bed Escalation Plan 15.05.20 1230.xlsx	Potential asymptomatic patients who are co-horted may be in incubation phase, therefore risk of infecting other patients.	Risk assessments in place. Patients results monitored transferred to appropriate area as per positive/negative results. Contact tracing in place for pts who have been exposed to positive patients.

• compliance with the national guidance around discharge or transfer of COVID-19 positive patients	Transfer and discharge procedures in place , pre swabbing process in place for discharge to social care , all patients provided with discharge advice.  6.1 Patient leaflet - patients who may hav		Cerner amendment required to mandate swab request and result prior to discharge, audit of documentation in place to monitor adherence to standard.
• patients and staff are protected with PPE, as per the PHE national guidance	Local policies reflecting national guidance updated regularly are available on the intranet staff are updated via regular communications updates, messages reiterated by Staff Support Team. Posters displaying correct use of PPE in all clinical areas. Information leaflets and videos available to down load for ongoing education, Daily sitrep of ward stock availability in place to ensure appropriate supply to meet demand. Comprehensive fit testing plan and reporting mechanisms via BI. PPE managed via command and control structure.	National supply of FFP3 masks limited and unable to stipulate the model and manufacture of mask required locally.	Ongoing Fit testing schedule to ensure staff are fit tested to available masks. Trust plan for FFP2 in event of FFP3 depletion. Trust plan in place for the event of limited availability of gowns.
• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	Guidance reviewed via Clinical Assurance Group, pathways updated timely and approved and operationalised via command and control structure. Staff communications. Training plans and staff support team to continually update. Dedicated COVID site on Internet. Messages reiterated via Staff Support Team.		

• changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	As above changes managed via control command structure, IPC papers regularly to PSQB, Quality Committee and Trust Board re IPC position, Risk register articulates level of risk. Head of Governance attends gold command daily. COVID risk register in place to monitored via Risk Management Committee.		
• risks are reflected in risk registers and the Board Assurance Framework where appropriate	As above, risks in relation to Covid-19 included in the risk register along with other IP risks, RE: CDI, shortage of essential PPE/equipment, environmental standards and standards of cleanliness. All risks reflected in BAF. Head of Governance attends gold command meetings. Risks reviewed at Risk Management Board.		
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	IPC Environmental and Perfect Ward audits are reported by exception to the Infection prevention and control group. Clinical system able to flag patient specific infection history Swabbing protocols RCA/PIR process for alert organisms Outbreak management policy Mandatory training compliance reported Surveillance programme for all alert organisms and weekly reporting to the divisions.		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	E-Roster system and flexing of shifts to ensure staff skills and deployment is are appropriate to requirement. IPC mandated training continues on induction and as part of Core Skills. Clinical skill and simulation training re-commenced. Upskilling training days for clinical staff e.g. Specialist Nurses/ AHP's/Research. Videos- Donning and Doffing video and demonstrations at Fit testing sessions. Training recorded on ESR. Theatres and ITU- recorded on OLM.	Potential gaps in training records, some records manual and not electronic. Not all training is competency assessed nor do staff self-declare compliance with course preparation eg pre-course reading material. Potential gaps in training records, some records manual and not electronic. Some training is only face to face as there are no e-learning modules.	Recruitment of Environmental Matron who will support Estates/IPC/Ward/ Matrons. Discussions ongoing with Training, IPC and BI to develop a regular compliance report. Manual processes currently in place to monitor compliance. Adding self-declaration on the intranet to keep a record of training that can be audited. Reviewing additional on line training opportunities. Daily review of rotas by senior nursing team's staff deployed appropriately following daily risk assessment of areas.
• Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Video available on intranet with the latest guidance that can be accessed in all areas by Hotel Services. Specific training has been provided for cleaning staff including enhanced donning and doffing and fit testing. SOP available.	Supervisor vacancies mean that there is a gap in completing audits to obtain assurance. Variability in standards of cleaning. Gaps in rotas due to staff vacancies and COVID related sickness particularly out of hours.	Recruitment drive, review of current roles within the team. Walk rounds to assess standards of cleanliness of wards of the wards with supervisor and matrons. Assessment process being agreed for Estates / facilities and clinical teams to assess all clinical areas cleanliness.

• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	IPC Trust policy and procedures/flow charts Decontamination Policy Decontamination equipment guidelines Increased cleaning in line with national guidance using chlorine based disinfectant.	Availability of suitable chlorine based products through NHS Supply Chain.	Disinfection wipes used as a mitigation when there are shortage of supplies as these are effective against Coronavirus. Recent awareness week regarding the correct use of the wipes.
• increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	Hotel Services coordinate two additional enhanced cleans ensuring disinfection of all high touched horizontal surfaces. Clinical areas- SOPs in place.	Standards of cleaning across the Trust is variable.	Increased capacity of team through agency support, and WUTH staff providing additional hours Perfect Ward Audits monitoring standards. IPC audits monitoring standards reported to IPCG/ Executive CDI panel.
• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	Standard procedures in place as per Trust IPC policy. Included in IPC mandatory training and uniform policy. Managed service assurance from national accredited service provider that all linen is laundered according to NHS standards.		Walk rounds of the wards with supervisor and matrons to review standards and agree actions. Increased senior leadership capacity to support compliance in some areas (ITU)
• single use items are used where possible and according to Single Use Policy	Single use policy. Training provided to all staff re the appropriate use of single use products.		Guidance is communicated through the command structure from NHSE/PHE regarding items that can be used more than once. Daily PPE meeting reviewing and mitigating issues

• reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	Decontamination Policy IPC Audits Cleaning standards agreed. C4C audit		C4C audit
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained • mandatory reporting requirements are adhered to and boards continue to maintain oversight	Ward based antimicrobial stewardship ward rounds undertaken by Consultant Medical Microbiologist (CMM) with antimicrobial pharmacist and ward based clinical team. This was commenced as a pilot on; • gastroenterology (once weekly) • orthogeriatrics (once weekly). The pilot was then extended to • Acute Care (three times weekly) • Elderly Care ward 22 (once weekly) • Respiratory (twice weekly) • Older persons admission unit (once weekly) Antimicrobial stewardship team (AST) meetings (quarterly). To recommence Q2.	Rounds intermittently stopped during COVID pandemic	Ward rounds being recommenced 8 June 2020

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting	Trust wide visiting guidance developed based on national guidance. Currently being updated with reasonable adjustments. Divisional and trust communications. Leaflets	Currently unrestricted access to building.	Lock down protocol in development and to commence early June 2020. Thermal cameras will be piloted.
• Areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	Clear signage across the Trust including ward entrances identifying the category of ward it is in relation to COVID and what the correct PPE is for that area. Restricted access to Trust from 1 June 2020. Monitoring of all visitors to the building, visitor pass process in place from 1 June 2020. Information leaflets outlining expectations available from 1 June 2020.	Check compliance with Equalities and Diversity Lead – June 2020	
• information and guidance on COVID-19 is available on all Trust websites with easy read versions	Current information available on the website. Browse Aloud technology which enable easy read and alternative language options. Interpreter contract in place to include sign language, ability to do remotely. Family support team available.		
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	Captured within discharge summary. Cerner transfer document. Verbal handover. C-Diff letter sent to GP's from IPC		

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection	Reconfiguration of adults and children's ED and Maternity services pathways to allow appropriate triage processes. Appropriate signage displayed at all entrances. Additional reconfiguration in other clinical areas in line with surge plan. All admissions are swabbed and COVID status is displayed on Cerner.	Audit of all admissions to ensure swabs taken.	If swab not taken in ED or assessment, it will be taken on the ward.
• patients with suspected COVID-19 are tested promptly	All urgent suspected COVID-19 tests are processed in-house with a 2 hour TAT using the Cepheid GeneXpert test (other tests referred out). We monitor TATs for assurance  COV19_WUTH_DASH.xlsx	All tests are monitored so we have assurance but we are seeking to improve referred out TATs	Due to the demand on the Manchester Lab test results take 24 hrs so switching from Manchester to Liverpool where the turnaround will be 8-11 hrs. Investigating 2 other in-house PCR methods that can handle higher volumes than the GeneXpert
• patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	IPC Policy in place. Re-testing protocols. Bed escalation plan according to patient infection status and clinical presentation. Number of beds reduced on wards to enable social distancing and reduce the risk of nosocomial infection.		

• patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	Risk assessments completed for admissions and patients co-horted or allocated side rooms accordingly. SOPs in place, patients are risk assessed and swabbed (where appropriate)eg Maternity, Cancer, Outpatients and Radiology. Virtual appointments are / will be offered where appropriate, Designated COVID areas in all departments.		Chairs in the waiting room are marked to ensure social distancing measures are in place.
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • all staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	IPC mandated training for all employees. Video remains on line and latest guidance available on intranet and in clinical areas. Specific training has been provided for facilities, estates and contactors including enhanced donning and doffing and fit testing. PPE displays at main reception. Daily monitoring of application of PPE standards. IPC standards re-iterated to all outside contractors.	Not all training records are held centrally. Ad-hoc arrangements need to be formalised for the future.	Process is being developed to ensure all records are updated on OLM. Currently managed manually.

• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	PPE policy COVID protocols follow PHE guidance FIT testing sessions Demonstrations of DON / DOF processes at each session.	Competency framework not formally assessed	Audit of PPE protocols completed by IPC team when visiting every ward and advice and support given in real time. Compliance assessed visa COVID perfect ward audit
• a record of staff training is maintained	OLM maintained Local records available	Not all records on OLM Audit required	Manual records in place , plan for development of BI portal for live recording of training records
• appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	CAS alerts are managed through GSU team, reported to PSQB. Head of Governance attends Gold Command Meetings. Re-use of PPE is overseen by the IPC team Trust policies in line with national guidance re reuse of PPE.		Communications to staff to remind them to Datix any issues Re-use of PPE is managed by Estates and IPC / monitored via control and command structure and PPE daily meeting
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	Ulysses Incident Reporting System – COVID section. Incident Management Policy GSU process in place monitoring of incident management.		Three times a week COVID-19 Perfect Ward Audit
• adherence to PHE national guidance on the use of PPE is regularly audited	Audit of PPE protocols completed by IPC team when visiting every ward and advice and support given in real time COVID perfect ward audit completed three times a week.	Frequency reduced due to PPE requirements and social distancing	Daily Hand Hygiene Audit Adding the hand hygiene competency for all staff to the ANTT Policy for all staff
• staff regularly undertake hand hygiene and observe standard infection control precautions	Process in place for hand hygiene audits and standard IPC observations. Handwashing competence to be approved as part of ANTT protocol for ALL staff. Staff Support team	Variability of standard of hand hygiene compliance	Monitoring of compliance via CDI panel, IPCG, Corporate ward reviews. Matrons

• staff understand the requirements for uniform laundering where this is not provided for on site	Uniform Policy Trust Communications		perfect ward audits Monitored via matrons audit – perfect ward.
• All staff understands the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	SOP including flow chart in place explaining how to contact absence line and swabbing referrals. Trust intranet COVID site. All pathways revised in line with new symptoms guidance and communicated to staff via Trust communications.		Covid-19 Perfect ward audit to be completed three times a week. Contains a question regarding symptoms.
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	SOP in place identifying designated wards : Red for COVID positives Amber for swabbed pts awaiting results Green areas for pts swabbed and negative and clinically unlikely to be COVID 19. White for elective patients who have self-isolated. Designated areas in Ed and Critical Care	Limited availability of side rooms resulting in cohort areas. The pressure differentials for all the rooms and bays is not known. Lack of side rooms does not mean that this can always happen. Not all side rooms or cohort areas have ensuite facilities.	Operationalised with up to date daily bed escalation plans. Monitored via command and control structure. Charting processes in place Bed base reviewed by Bed Manager continually

• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Patients are admitted to a single negative pressure room area or neutral pressure room. Cohort areas when no single rooms. Isolation policy Decontamination policy. All efforts are made to continue with isolation/cohorting of patients with alert organisms. SOPs in place Isolation policy Standard IPC precautions are adhered to for all patients Ward audits		Ventilation management included within the IPC strategy. Designated toilet for pts with known or suspected infections IPC guidance updated to include COVID for prioritisation of side room use based on the organisms and risk of transmission Identified cohort areas when isolation is not possible
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals	SOP in place, authorised by the Clinical Director, the process has been validated (to UKAS accreditation standard) and staff have been trained appropriately and this has been logged.		
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	All urgent suspected COVID-19 tests are processed in-house with a 2 hour TAT using the Cepheid GeneXpert test (other tests referred out). We monitor TATs for assurance.	Staff are observed, standards of documentation vary regarding competencies.	Competency sign off process for approval.

	COV19_WUTH_DASH .xlsx Our trust testing algorithm is based on PHE guidance. COVID Screening in place: a) Diagnostic testing of patients b) Discharge screening of patients to Nursing homes and CRX/WNRU c) Screening of elective cancers surgeries d) Screening of staff e) Screening of admissions f) Criteria for rapid testing		
• screening for other potential infections takes place	All admissions are screened in line with the local screening guidance. -Routine diagnostics operational in lab -Systems and SOPs exist in Laboratory for screening all alert organisms (e.g. MRSA, VRE, C-difficile, CPE, etc).		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms	IPC Policy and COVID Policy (including SOPS) are available to all staff via intranet		IPC Staff on call provided 24/7 Annual mandatory IPC training
• any changes to the PHE national guidance on PPE are quickly identified and effectively	Command structure. Bronze command communicate changes		Add hoc learning sessions take place with staff as and

communicated to staff • all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	after each meeting via Trust Communications Guidance on the intranet reviewed on an ongoing basis to ensure it is current. Waste disposal policy based on national standards. SOP procedures.	Waste contractor cannot meet unprecedented demand.	when required Reviewing contract provision / safe onsite waste storage been identified.
• PPE stock is appropriately stored and accessible to staff who require it	The Trust has a dedicated secure COVID-19 PPE store. Stock issues and receipts are managed electronically, and reported to the ICC on a daily basis. PPE stocks are topped up daily (7 days) to all areas identified in the Ward Escalation Plan and other areas agreed by the Command Centre. Additional PPE stock is held in the Bed Bureau in case of out of hour's shortages, and there is a second emergency PPE store room- the details of which are known to the Manager on Call. PPE Distribution Hubs have been created to manage and control the distribution of those PPE items in limited supply (specifically FFP3 masks) whilst ensuring staff have access to PPE when required.	Stock deliveries via the national PPE Dedicated Distribution channel are regular but unpredictable and this has led to stock shortages of some items of PPE. Inability to request a preferred manufacturer and model of FFP3 masks from the centre has meant that there is a requirement for staff to be fit tested on available stock.	CMHP Procurement has established a group that meets daily with the purpose of finding solutions to PPE shortages. This includes placing **bulk PPE orders** for the region (distributed from the ACC Liverpool). CMHP has also established a **Mutual Aid** programme, and is developing a system to ensure a more equitable distribution of stock across the region based on accurate daily "burn rate" data provided by each trust. Requests for PPE in very short supply (less than 48 hours in stock) are raised via **NSDR** (National Supply Disruption Route). Fulfilment rates are variable and dependent on the number of COVID-19 patients being treated and the volume of stock held by the Trust.

			Ongoing fit testing programme to ensure staff are tested on the current stock
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Risk assessments are being completed for all staff which includes mitigating actions and control measures to protect those at risk. This is being centrally co-ordinated and supported with clinical advice from Occupational Health, HR advice and staff side representatives. BI portal reporting of Trust position Staff in high risk groups for medical or other reasons have been supported to work from home or reassigned to low risk areas. Other staff working in high risk areas have been supported through the provision of wellbeing hubs, counselling services, floor walkers (via staff support team), night time welfare calls, distribution of food donations, wellbeing packs and information as well as communications and training regarding PPE. Information has been placed on the intranet and regularly communicated to all staff within the Trust who wish to access available wellbeing support services.	Adequacy of the risk measures and controls not yet reviewed	A process is being put in place managed by the Occupational Health team to review and assess measures and controls identified and ensure implemented ensuring a hr follow up review is carried out

• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	The trust currently has a limited supply of reusable masks (three distinct types) and has issued these out for staff members that have failed a fit test on non-reusable masks. Masks are tested using two methods, one using a hood and sprays to identify the closest fit, the other using The Portocount Fit Testing Machine Fit testing is based on PHE national guidance The outcome of the fit testing process is recorded on paper (Hood Method) and within the BiPortal (Portocount Machine).	Variable approaches to cleaning the masks when they were first introduced.	Cleaning SOP (developed by IP&C team) and link to Elipse company video (demonstrating filter changes) circulated to staff recorded as having an Elipse Mask Divisional Fit Test Leads have identified all staff using a reusable mask and circulating cleaning SOP and filter changing process video as required. IP&C have provided a list of masks that they had distributed prior to fit test centralisation.
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	A central absence team is in place for all staff to report absence of any kind and also to report return to work	Not all staff are reporting absence via this central team and instead reporting directly to manager who are entering absence details directly into ESR	A reconciliation has been carried out between the central absence team daily records and the information directly input into ESR to ensure all absence is captured Absence team to carry out regular 'chaser' calls to managers with 'open' absences and regularly send out text messages to staff who have passed their predicted return to work date
• Staff that test positive have adequate information and support to aid their recovery and return to work.	HR department make contact with all staff who are on long term sick with covid to check on their welfare and establish a predicted time frame to return to work.		The HR team will regularly contact divisions to ask them to update their staff list of people who are shielding. An agreed line of questions / advice is followed including questions to checking if people are shielding or WFH

	HR are also contacting all staff who are shielding to carry out a welfare check and to ensure there is support available if needed e.g. EAP HR guidance is also available on the Trust internet and details how been widely and frequently circulated in Trust communication bulletins. Details of all covid related absence is sent to the testing team enabling all individuals to be assessed for swabbing in accordance with the agreed criteria and SOP Managers also have access to the testing team to refer any individual they deem needing a swab test All staff who receive a positive result are notified accordingly by a clinician on behalf of the Trust Occupational Health service. Any concerns and questions are addressed and advice is given as requested. Follow up support is also available if required. HR speak to people who have tested positive following the end of their isolation period when they telephone the absence line to notify of their return to work or continuation of symptoms. Staff are signposted to their GP or 111 service if they need medical advice.		

Appendix 2 MIAA classification

Level of Assurance	Description
High	Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process.
Significant	There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.
Limited	There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.
No	There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.

Wirral University Teaching Hospital
NHS Foundation Trust

Board of Directors

CQC Action Plan Approach - 2020

Board of Directors	
Agenda Item	20/21 050
Title of Report	CQC Action Plan Approach 2020
Date of Meeting	3.6.2020
Author	Jacqueline Robinson, Head of Quality Governance Hazel Richards, Chief Nurse
Accountable Executive	Hazel Richards, Chief Nurse, Executive Director for Midwifery and Allied Health Professionals, Director of Infection Prevention & Control
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR4 Catastrophic failure in standards of safety and care PR6 Fundamental loss of stakeholder confidence
Level of Assurance • **Positive** • **Gap(s)**	The action plan provides assurance that actions have been agreed, to ensure gaps identified through CQC inspection are being adequately addressed
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Discussion
Data Quality Rating	Bronze - qualitative data
FOI status	Document may be disclosed in full
Equality Analysis completed Yes/No **If yes, please attach completed form.**	No

1. Executive Summary

The report following the CQC inspection in October/ November 2019 was received within the Trust on the 31st March 2020. The report reflects and confirms the substantial improvements made since the Trusts last inspection in 2018 but also identifies further improvements that are required in order for the Trust to meet all of its regulatory obligations and further progress on its improvement journey.

This report provides an update on the development of action plans and how they are effectively progressed and implemented, in order to achieve sustained improvements in outcomes.

An outline of considerations currently being undertaken to ensure that the Trust is able to maintain momentum in its improvement journey, building upon the work that has been undertaken to date across all of the fundamental standards of care and the governance arrangements utilised to ensure adequate assurance is received for both the ongoing improvement work and the delivery of the action plans to address the issues highlighted within the CQC report.

An update is also provided regarding the CQC's Emergency Support Framework (ESF) which is part of their regulatory approach during the coronavirus (COVID-19) pandemic.

2. Background

The Care Quality Commission (CQC) published its report on Tuesday 31st March 2020 following the CQC inspection carried out at the Trust on 8-10 October 2019, 15-17 October 2019 and 12-14 November 2019.

During the visit the CQC inspected urgent and emergency services, medical care, surgery, children's and young people's services, out patients and diagnostic services provided from Arrowe Park Hospital and medical care at Clatterbridge hospital.

The well-led aspect of the overall trust leadership was also included.

The CQC inspection report reflects the substantial progress made since the previous inspection in 2018 to ensure compliance with regulations, particularly within the safe and well-led domains; and the demonstrable improvements in medicines management, medical engagement, leadership development and governance.

The CQC rated the Trust as 'Good' overall for Caring, Maternity, End of Life and Diagnostic Imaging Services. Whilst the overall Trust rating remained as 'Requires Improvement' a comparison between the CQC ratings tables from the 2018 inspection and the 2019 inspections demonstrates the progress made and provides assurance the Trust remains on course to improve ratings further going forward.

Arrowe Park - 2018

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement → ← May 2018	Requires improvement ↓ May 2018	Good → ← May 2018	Requires improvement → ← May 2018	Inadequate ↓ May 2018	Requires improvement → ← May 2018
Medical care (including older people's care)	Inadequate ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement → ← May 2018	Inadequate ↓ May 2018	Inadequate ↓ May 2018
Surgery	Requires improvement → ← May 2018	Requires improvement ↓ May 2018	Good → ← May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018
Critical care	Requires improvement → ← May 2018	Good → ← May 2018	Good → ← May 2018	Good ↑ May 2018	Requires improvement → ← May 2018	Requires improvement → ← May 2018
Maternity	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
End of life care	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Outpatients	Requires improvement Sept 2015	Not rated	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Overall*	Requires improvement → ← May 2018	Requires improvement → ← May 2018	Good → ← May 2018	Requires improvement → ← May 2018	Inadequate ↓ May 2018	Requires improvement → ← May 2018

Arrowe Park - 2019

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement → ← Jan 2020	Good ↑ Jan 2020	Good → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement → ← Jan 2020
Medical care (including older people's care)	Requires improvement ↑ Jan 2020	Requires improvement → ← Jan 2020	Good ↑ Jan 2020	Requires improvement → ← Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement ↑ Jan 2020
Surgery	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020	Good → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020
Critical care	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Requires improvement May 2018	Requires improvement May 2018
Maternity	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Services for children and young people	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020	Good → ← Jan 2020	Good ↑ Jan 2020	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020
End of life care	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Outpatients	Requires improvement Jan 2020	N/A	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020
Diagnostic imaging	Good Jan 2020	N/A	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Overall*	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020	Good → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement → ← Jan 2020

Clatterbridge - 2016

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Surgery	Requires improvement Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Outpatients	Requires improvement Sept 2015	Not rated	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Overall*	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015

Clatterbridge - 2019

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Jan 2020	Good → ← Jan 2020	Good → ← Jan 2020	Requires improvement ↓ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Surgery	Requires improvement Mar 2016	Good Mar 2016	Outstanding Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Outpatients	Requires improvement Mar 2016	N/A	Good Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016
Diagnostic imaging	Requires improvement Mar 2016	N/A	Good Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016
Overall*	Requires improvement → ← Jan 2020	Good → ← Jan 2020	Good → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020

Whilst the progress seen is extremely encouraging, there remains considerable work to do to improve patient flow, both internally and throughout the wider health system. Consistent and reliable standards of care and treatment are not evident across the Trust and also require significant improvement work.

3. Key Issues/Gaps in Assurance

Following the 2018 inspection we successfully completed 220 actions to address 34 must do's and 78 should do's.

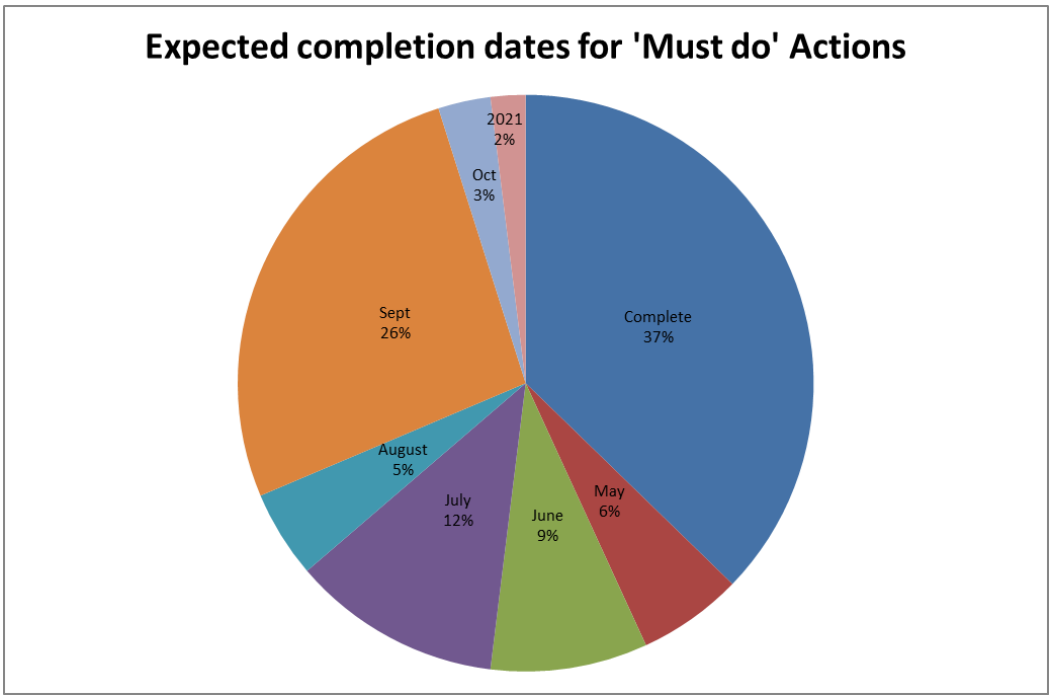
Following the inspection in October/ November 2019 the CQC inspection report identified 23 'Must Do' actions for the Trust to ensure we meet regulatory obligations; and 77 'Should Do' actions to ensure we prevent breaches and or improve services.

3.1 'Must Do' action plan

The CQC report was analysed in detail to ensure that the Trust captured the detail of what was required to meet the regulatory requirements and 122 actions were identified and agreed through consultation with Divisional; Corporate and Exec teams. The action plan was submitted to the CQC on the 12/05/20 within the agreed timescale requested by the CQC.

37% of the actions have been completed since the CQC inspection. By October 2020 it is anticipated that 98% of actions will be complete. The remaining 2% are related to the large scale patient flow improvement programme and will take longer to fully complete.

Where actions are not yet fully completed, mitigation and control measures have been identified to ensure people accessing services in the meantime are not negatively impacted.



3.2 'Should Do' action plan

A similar process is being adopted for the 'Should Do' action plan. This is required to be submitted to the CQC by the end of June.

Divisions have been asked to return their completed action plans by the 25th May, to enable sufficient time for internal checking and governance processes to take place prior to submission at the end of June.

3.3 Monitoring implementation of action plans

In the first instance, confirm and challenge meetings will be established, these will continue for as long as necessary. However via PSQB and Programme Board (as many of the actions are about improving patient flow), assurance will be sort and tested. Progress will then be reported via the Quality Committee and to Board of Directors.

3.4 Journey to outstanding

Whilst the actions identified to address the issues highlighted by the CQC are important it is unlikely that completion of them will result in an improved CQC rating. When undertaking their inspections the CQC do not just look for compliance but also consider the characteristics of the organization. The table below is extracted from CQC guidance.

Safe			
By safe, we mean people are protected from abuse* and avoidable harm. *Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.	People are protected from avoidable harm and abuse. Legal requirements are met.	There is an increased risk that people are harmed or there is limited assurance about safety. Regulations may or may not be met.	People are not safe or at high risk of avoidable harm or abuse. Normally some regulations are not met.

Effective			
By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
Outcomes for people who use services are consistently better than expected when compared with other similar services.	People have good outcomes because they receive effective care and treatment that meets their needs.	People are at risk of not receiving effective care or treatment. There is a lack of consistency in the effectiveness of the care, treatment and support that people receive. Regulations may or may not be met.	People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise. Normally some regulations are not met.

Caring			
By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.	People are supported, treated with dignity and respect, and are involved as partners in their care.	There are times when people do not feel well-supported or cared for or their dignity is not maintained. The service is not always caring. Regulations may or may not be met.	People are not treated with compassion or involved in their care. There are breaches of dignity and significant shortfalls in the caring attitude of staff. Normally some regulations are not met.

Responsive			
By responsive, we mean that services meet people's needs.			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.	People's needs are met through the way services are organised and delivered.	Services do not always meet people's needs. Regulations may or may not be met.	Services are not planned or delivered in a way that meets people's needs. Normally some regulations are not met.

Well-led			
By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.	The leadership, governance and culture promote the delivery of high-quality person-centred care.	The leadership, governance and culture do not always support the delivery of high-quality person-centred care. Regulations may or may not be met.	The delivery of high-quality care is not assured by the leadership, governance or culture. Normally some regulations are not met.

To demonstrate these characteristics an organisation needs to embed a culture of continuous improvement and learning, with a view to delivering sustained improvements in the quality and experience of care.

The Health Foundation learning report 'The improvement journey' published in 2019 sets out what has worked at trusts across the country and beyond providing examples from Trusts that have achieved outstanding ratings.

The report advocates '*an integrated approach throughout an organisation – not just from board to ward, but across corporate as well as clinical services – along with a series of interdependent elements that support and enable initiatives to thrive'*. It describes the six steps of the improvement journey that trusts must go on to put in place an organisation-wide approach:
1. assessing readiness
2. securing board support
3 securing wider organisational buy-in and creating a vision
4. developing improvement skills and infrastructure
5. aligning and coordinating activity
6. sustaining an organisation-wide approach.

WUTH have significantly progressed towards this organisational approach which has led to the improvements seen so far.

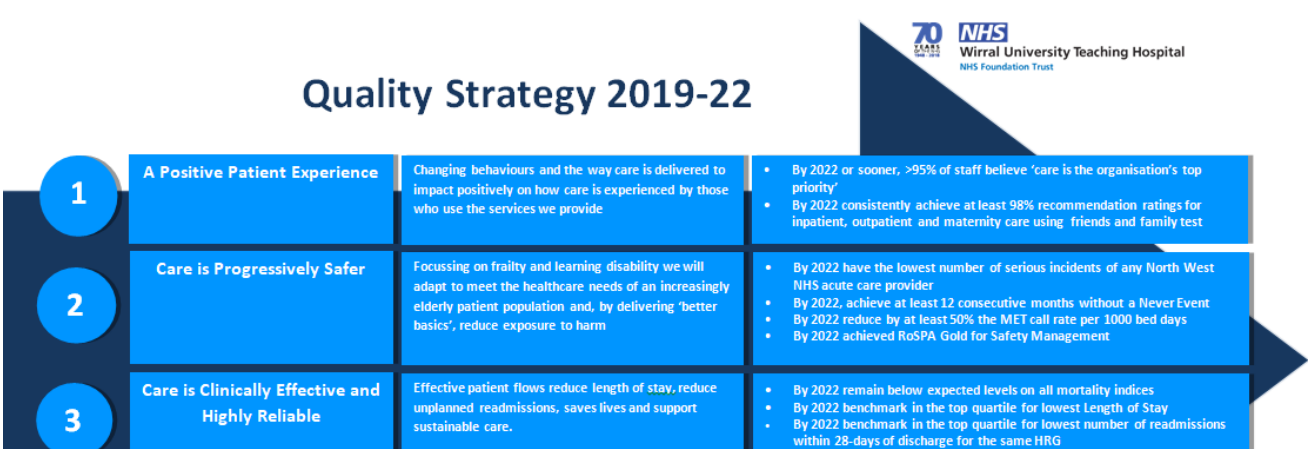
In 2019 the Trust approved the organisation's Quality Strategy (2019-22) setting out the commitment to quality improvement and the partnership approach which is reflective of the characteristics of an outstanding Trusts as described by the CQC:-

(i) united by shared quality goals - a partnership which brings about much closer integration across the health and social care system to deliver safer and more sustainable clinical services;

(ii) a partnership with patients which seeks to put them more in control of their own care – promoting self-management and involving them in service developments and decisions about their care; and

(iii) through our workforce strategy a partnership with staff that fosters an open, inquisitive, responsive and learning culture.

The strategy was centred around four quality campaigns, which in turn align to the CQC's key lines of enquiry.



Year 1 of the Quality Strategy was predominantly around establishing the framework for implementation; establishing baselines and training for Quality Improvement Pioneers to ensure a firm foundation for driving improvement through year 2.

Twenty quality pioneers were trained through the AQuA programme and Quality Improvement also forms part of the leadership programme.

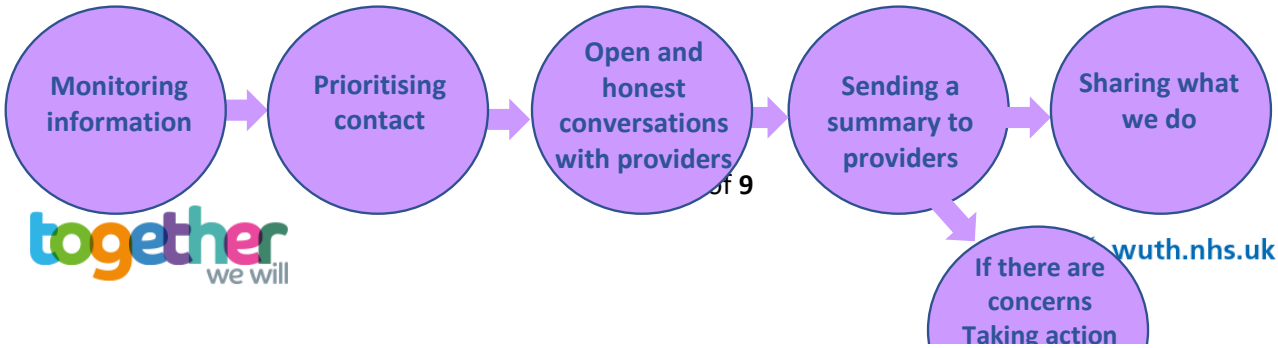
However, it is suggested that further work is required to ensure the infrastructure is in place to align and coordinate improvement activity undertaken to meet the fundamental standards of care and sustaining an organisation-wide approach.

Therefore it is recommended that the following be considered:-

i. Undertake a self-assessment (referencing the CQC Key lines of Enquiry and the characteristics of an outstanding organisation, including a well-led review)
ii. Review and if necessary refresh the Quality Strategy to ensure it reflects the Trusts Strategic priorities in light of the CQC inspection, the impact of COVID-19 and the Trusts overarching strategy
iii. Review all quality improvement activity to ensure it is aligned and efforts are not duplicated
iv. Ensure assurances against all key lines of enquiry are built into 'business as usual' governance processes and kept in a central repository so that we can easily demonstrate to external bodies the progress we have made.

4. CQC Emergency Support Framework – COVID-19

The CQC have paused their routine inspections, during the pandemic, however their regulatory role and core purpose of keeping people safe has not changed. They have therefore developed an emergency support framework (ESF). The ESF is not an inspection, and is not used to rate performance but rather an interim approach to enable them to support organisations in keeping people safe during the pandemic. The ESF with a number of elements:



This emergency approach will be utilised in all health and social care settings registered with CQC during the pandemic, and for a period afterwards. The CQC will use information to identify key trends and issues and share it with local and national partners to help them mitigate and manage risks, and to mobilise additional support where it's needed most. This means collecting and monitoring information through their usual data sources, increasing efforts to encourage feedback from the public and care staff, and introducing new sources where required.

There are four areas of focus:

- Safe care and treatment
- Staffing
- Protection form abuse
- Assurance processes / risk management

In addition, they are likely to seek evidence relating to:

- IPC procedures
- PPE availability
- Adapting the environment
- Is it safe for visitors, staff and patients
- Medicines management
- Risk management
- Staffing arrangements
- Workforce plans
- Systems to protect people from abuse
- Assurance processes staff health and wellbeing
- How is quality of care monitored
- How do staff raise concerns
- Maintenance of records
- Working with others across system

Whilst it has been rolled out to adult social care services, it has not been rolled out to hospitals as yet.

5. Next Steps

i. CQC confirm and challenge arrangements will be established – June 20
ii. CQC assurance dashboard will be developed – June 20
iii. Action plan to meet the CQC 'Should do's' will be finalised – Mid June 20
iv. 'Should do' action plan will be approved through Trust governance arrangements and submitted to the CQC - 30 June 20
v. Further paper outlining plans on how to continue our improvement journey – July 20.

6. Conclusion

The CQC inspections conducted in October and November confirmed progress made since the previous inspection in 2018 but highlighted areas where further improvements are required. Divisional and Corporate teams have engaged in the development and ownership of action plans to ensure these areas are appropriately addressed. Progress has been made against 'must do's' with 37% of identified actions

completed. Mitigation and controls have been implemented where actions are progressing but will take longer to fully complete to ensure the safety and quality of care for patients.

Consideration has been given to ensuring appropriate governance arrangements are in place which will provide assurance not just of implementation but the achievement and sustainability of improvements.

The 'Should do' action plan is currently being finalised and will be submitted to the CQC, after internal approval, at the end of June.

Consideration is currently been given to how continuous quality improvement work will be embedded; this will take into account new working arrangements due to the COVID 19 pandemic. The improvement journey to outstanding will be described over the coming months.

7. Recommendations

The Board of Directors is asked to:

i. Note the contents of this paper and the attached 'must do' action plan.
ii. Confirm that they are satisfied with the governance arrangements outlined to ensure the CQC action plans are implemented and sustained.
iii. Consider and approve the proposals to support the organisations continued quality improvement journey.

Subject:	Board of Directors Item 20/21 051 Proceedings of the Quality Committee	**Date:** 3.6.2020	
Prepared By:	Dr J Coakley, Non-Executive Director		
Approved By:	Dr J Coakley, Non-Executive Director		
Presented By:	Dr J Coakley, Non-Executive Director		
Purpose			
For assurance		**Decision**	
		Approval	
		Assurance	**X**

Risks/Issues				
Indicate the risks or issues created or mitigated through the report				
Financial	None identified			
Patient Impact	Potential risk to quality or safety of care: • Maternity CNST • Maternity resolution • ED safety report • Incidents			
Staff Impact	None identified			
Services	None identified			
Reputational/ Regulatory	CQC action plan			
Committees/groups where this item has been presented before				
N/A				

Executive Summary

The Quality Committee met on 22nd May 2020. This paper summarises the proceedings.

Maternity CNST

The maternity incentive scheme (Safety Action 9) requires a demonstration that trust safety champions (obstetrician and midwife) meet bi-monthly with board (executive) level champions. Regular meetings had been cancelled because of the Covid19 crisis but have now been reinstated.

Safety Action 6 requires assurance that the Trust is compliant with all elements of the Saving Babies' Lives care bundle. In the light of Covid19 this was suspended in March 2020 and will be reinstated in August 2020. Work by the directorate has however continued.

The committee noted this progress and approved.

Maternity Resolution

The committee received and approved a report on the maternity update relating to the early notification scheme. NHS Resolution initiated a review because of concerns at the standard of initial assessment leading to a review of 17 cases. The review identified several themes including CTG interpretation and escalation, management of large babies, culture and reporting. The review showed that these cases were from 2017, and that continuous improvement models have been in place since then. A review of the reporting template will be carried out.

The review, undertaken by NHSR, identified that in the majority of cases the management was fine; however, there was evidence of recurrent themes which has been shared with us to help improve safety and prevent future harm. The Board is asked to note that these cases are historic, dating back to 2017, following which there has been a model of continuous improvements within the service

ED Safety Report

The Chief Nurse had requested a review of the quality and safety processes in place in ED, particularly at times of overcrowding. A number of audits exist and will be strengthened. The compliance with ED safety checklist is not high and improvement work has been instigated by the matron and ADN. Greater medical involvement in safety oversight is required. A report will be submitted to PSQB quarterly.

CQC Action Plan

In response to the CQC report received in March 2020, an action plan has been drawn up in response to the 'must dos' and 'should dos'. Since the inspection almost 40% of actions are complete and there are deadlines in place up to January 2021 for the remaining actions.

Progress will be monitored by this committee and the Board of Directors.

Serious Incidents & Duty of Candour

- A summary of recent SIs and completed investigations was received and noted. SIs have been stable over the last six moths, at four or five per month. Four recently completed SI investigations were reviewed and approved. Duty of candour has been carried out and learning disseminated across the Trust.
- Two RIDDOR incidents occurred in March and investigation reports have been completed.
- Seven new claims have been received and were noted by the committee.
- The investigation into a never event from February 2020 ((swab retention) was reviewed and approved (note that this arrived during the meeting).

Summarised and drafted by the Quality Committee Chair
John Coakley
27th May 2020

Board of Directors	
Agenda Item	20/21 052
Title of Report	Report of Workforce Assurance Committee
Date of Meeting	3.6.2020
Author	John Sullivan
Accountable Executive Director	Helen Marks
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	PR2
Level of Assurance	Gaps
Purpose of the Paper	To note
Reviewed by Executive Committee	Workforce Assurance Committee
Data Quality Rating	
FOI status	Minutes may be disclosed in full
Equality Impact Assessment Undertaken	

1. Chair's business

The fourteenth meeting took place on Tuesday 26 May 2020 via Microsoft Teams. The normal agenda was partly truncated to concentrate on Covid 19 critical workforce issues.

The Committee recorded its recognition and thanks for the tremendous contributions made to the Workforce Agenda by Helen Marks. Helen has resigned and is now in her six month notice period.

2. Staff Attendance

WUTH staff are currently being swabbed if they or a household have COVID-19 symptoms. Currently the Trust is following PHE advice with regard to self-isolation. Absence predictions for May show 2.76% of staff absent from work with symptoms of COVID-19, and 4.05%

absent for other COVID related reasons - including being at risk or having a household contact with symptoms. Non-COVID sickness absence is 5.2%.

The committee discussed whether the COVID sickness absence will become the 'new normal' attendance pattern for the foreseeable future and whether this needs to be planned for going forward.

Staff Attendance data quality remains an issue and plans are in place to improve data reconciliation as well as the development of a business case to retain a central sickness absence reporting function.

3. Health & Well Being

The Committee noted the wellbeing services that have been made available for staff impacted by the pandemic and supported the longer term plan to embed a range of initiatives for staff.

The Committee agreed that post pandemic leadership styles need to be defined in order to successfully and compassionately shape the Trust's culture. There will also be greater emphasis on system working all of which need to be considered as part of the Trust's reset process.

4. Re-introduction of Training

The postponement of non COVID training until 31/5/20, enabled the Trust to focus on preparing and upskilling our staff to deliver care to our patients with COVID-19. Given the emerging capacity and need to increase clinical activity, this training will be re-started. However, should there be a further surge, this will be reviewed.

The face to face sessions within mandatory training framework will commence from 1 June (whilst respecting social distancing rules). PVP will become e-learning from 1st July.

Apprenticeships programmes have started in May on a phased basis and a prioritised number of clinical skills programmes have recommenced from 1st June 2020, whilst medical education will commence from July. Induction, Shadow Board and the Top Leaders programme will also recommence from 1st July.

The Committee were assured by the very small reduction in Mandatory Training compliance from January to April 2020, from 89.75% to 88.61%.

5. Workforce Supply -- Volunteers Position Report

The Workforce assurance committee received an overview of the current position with regard to hospital volunteers in the context of the COVID Pandemic and the further plans for this aspect of workforce supply.

Action plans to increase recruitment and retention of volunteers were discussed and supported.

6. Health Risk Assessments

WUTH has decided to health risk assess all staff with a documented process which has been communicated out to all staff for them to complete a Health Risk Assessment and

return it to a central point where the returns are checked for completeness and accuracy and details recorded on a central database.

The Occupational Health Team are responsible for the process. As such all completed forms are reviewed and an assessment made of the adequacy of the actions and controls agreed with line managers, to ensure they appropriately mitigate all health risks identified. The process has been developed to ensure all agreed actions and controls are carried out and followed up for review after an appropriate time.

Approximately 25% of staff have to date completed the process satisfactorily with a similar number in the review/return stage. Full compliance is the target.

7. Communication and Engagement

A comprehensive list of all the communications and engagement activities was presented. The meeting was advised that a pulse check was being conducted to understand how our communication has been received by the workforce.

The committee noted the significant increase and focus of the activities and thanked the team for their efforts.

8. Freedom to Speak UP Guardian 2019 / 2020 Annual Report (including Q4 data)

The committee was provided with an annual review of Freedom to Speak Up (FTSU) matters and associated issues across the Trust. Whilst the report confirms data for 2019/20, due to the COVID-19 pandemic, this report also highlighted the concerns raised linked to COVID-19 for the committee's awareness. A copy will be appended to these notes so that formal Trust Board approval can be obtained at the next Trust Board meeting.

In the last 12 months, the Trust has made significant improvements in FTSU. The Committee recorded its thanks to Sharon Landrum for accepting her additional FTSU responsibilities and for the high completion rate of the comprehensive action plan.

9. Board Assurance Framework

The committee reviewed the risks delegated to it by the Board, considered the assurances and mitigating actions and decided to maintain the current assurance ratings for each of the risk vectors.

10. Items for the Risk Register

No additional items for the risk register

11. Recommendations to the Board of Directors

To note the Freedom to Speak UP Guardian 2019 / 2020 Annual Report and to support the Executive to consider and plan for the post pandemic changes at the Trust and in the wider Health Economy.

12. Next Meeting

30 June 2020 1pm via Microsoft Teams

John Sullivan
28.5.2020.

BOARD OF DIRECTORS	
Agenda Item	20/21 053
Title of Report	Report of the Trust Management Board
Date of Meeting	3.6.2020
Author	Janelle Holmes, Chief Executive
Accountable Executive Director	Janelle Holmes, Chief Executive
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	All
Level of Assurance	Gaps
Purpose of the Paper	To note
Reviewed by Executive Committee	
Data Quality Rating	
FOI status	Chairs report may be disclosed in full
Equality Impact Assessment Undertaken	

1. Background

The Committee met on 14th May 2020 via Microsoft Teams. The agenda was condensed to enable focused discussion outside of COVID-19 management. A summary of the topics covered is provided below:

2. ED Performance

There has been an 8 week action plan focusing on:

- Re-embedding huddles – now 7 times a day with senior management team rep
- Redefining the roles of shift leader and lead consultant
- Developing clinical decision unit including thresholds and escalation
- Reinstated ED Manager of the day for 12 hour period, 7 days a week
- Triumvirates dedicated breach analysis

Tracking of performance improvement monitored daily and for formal review at next TMB

3. Finance Update

The M1 financial position was discussed in detail with a focus on the capital plan & strengthening delivery. Main points discussed:

- The Trust is being separately reimbursed for COVID-19 costs.
- Currently under-spend against plan based on the above and 50% bed occupancy.
- Temporary staffing spend has reduced in M1.
- Capital Programme
    - Included all schemes with risk scoring of 15 or above with contingency of £1.9m for items with risk scores of 12 or below
    - International Deliveries delays due to COVID impacted on Cath Lab and diagnostics stacker equipment schemes.
    - Alternative funding received for COVID related capital items.
    - Estates work is required for IPC Assumption that these will be funded separately.
    - Business as usual schemes will be reviewed.
    - Extension on deadline to for sign-off of accounts to 24th June.
    - Consider schemes such as Clatterbridge urology village 'cold site' to COVID
    - Funding likely to be by region going forward
    - Agreed a capital management group to track progress against plan
    - Reduce paper work in capital bidding process and improve discussion around bids.
    - Larger capital items via to Programme Board.
    - Look at governance arrangements around design, build and sign-off of schemes.

TMB approved option 2 of the Hospital On-Call Payment proposal circulated in the pack.

4. Non COVID-19 Divisional Update

TMB received Non COVID-19 updates from each of the Divisions and these are summarised below:

(i) Surgery

- Elective work commenced at Spire, mainly oral surgery and max fax and more recently ophthalmic cancer work.
- Some issues for Spire in acquiring equipment, last resort will be to loan WUTH kit
- Spire's NHSE contract ends in June, undertaking review of further provision
- Increasing activity at Clatterbridge for breast and urology lists.
- Reduction in on call to release anaesthetists to support Clatterbridge lists.
- PPE is being monitored through Bronze Command.

(ii) Diagnostics & Clinical Support

- EBME moving into division from April.
- CCC move date deferred.
- Critical Care plan is for 150% of previous capacity – currently assessing impact on recovery.
- Need to ensure sufficient side rooms for non-COVID in Critical Care.
- Considering using LCL for staff swabbing following pressures on Manchester labs.
- Reviewing establishment of internal COVID testing facility in Bromborough lab to improve turnaround times.
- Pharmacy supporting System partners to deliver care home offer. Support has also been given to hubs and palliative care across the system, with second check for every discharge to avoid medication related readmissions.

(iii) Women's & Children

- Induction and labour suite in place to support the new model for patient induction introduced during COVID.
- Consultant Paediatrician and Foetal Medicine recruitment is underway.
- Planning workshops held on recovery and wider transformation.
- Review of alternative delivery models for IVF and a counselling service for terminations underway.
- Improved engagement with Maternity Voices.
- Positive feedback received from service users.
- Maternity care community hub has been developed.

(iv) Medicine & Acute

- Focus on re-establishing pre-COVID divisional governance infrastructure.
- Directorate performance reviews recommenced in line with divisional performance reviews.
- Ward 30 capital work to restart.
- Dermatology outpatient activity recommenced.

(v) Estates

- Planned maintenance continues with Ward 22 now completed.
- Contractors now returning and work is restarting on the capital programme.
- Specification for delivery of services received from CCC and discussions have been held with staff side and identification of staff impacted by the move.

5. Recovery

Developing a Recovery Reset Plan

Paper presented to TMB to be used as a guide for conversations at divisional level with a more detailed plan will be circulated next week. Requested Divisions shared with their teams to support development of future phases

Programme Board on 27th May will look at three areas to support reset / recovery:

- Review of patient portal – to build on virtual appointments
- Review of Capacity Manager
- Outpatients – to ensure we maintain new approaches

Restarting the Elective Programme

Work has commenced on defining the restart for OPD which will be a phased approach to a new 'norm'. There is a requirement to ensure meeting urgent OPD referral demand using Video/telephone appointments wherever possible/appropriate. Need to ensure face to face appointments are safe. The priority is on +40 week waits from referral or +1 year for follow-up. Plans in for development for elective surgery restart. However needs to maintain maximum 80% bed occupancy in case of COVID resurge. Bed model submitted to regional and national teams based on assessment of Cheshire & Mersey total. WUTH position strengthened in terms of having two sites which can be 'hot' and 'cold'. Agreed to implement a flexible restart which can be stepped down quickly in case of a COVID resurge.

6. CQC Update (HR)

Action plan submitted to CQC earlier in the week with confirm & challenge sessions to be held monthly. CQC reviewing its future emergency support framework and the basis of responsive inspections for the next couple of years. CQC also reviewing their approach to comprehensive inspections in light of the pandemic situation.

Janelle Holmes
CEO
June 2020

Board of Directors	
Agenda Item	20/21 054
Title of Report	Communications and Engagement Monthly Report
Date of Meeting	3.6.2020
Author	Sally Sykes, Interim Director of Communications and Engagement
Accountable Executive	Helen Marks, Executive Director of Workforce
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	
Level of Assurance • **Positive** • **Gap(s)**	
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Noting
Data Quality Rating	Silver - quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Analysis completed Yes/No **If yes, please attach completed form**	No

1. Executive Summary

The Committee members are asked to note this report on activity since its last meeting in the areas of staff engagement, media and social media, charitable fundraising and stakeholder relations.

There are a number of positive highlights this month including celebrating International Nurses Day and International Day of the Midwife. The Trust also put on a full programme of events to mark Mental Health Awareness Week

Committee members are also asked to note how the Trust assisted the family of a staff member when she died of COVID-19 in Arrowe Park.

2. Background

This is the second report of the interim Director of Communications and Engagement providing an update on the team's work to generate proactive coverage of WUTH and to keep staff informed of critical matters to help them work safely and to keep patients safe.

3. Key Issues/Gaps in Assurance

Whilst some data are verifiable, the Trust currently does not have a media evaluation agreement in place. The interim Director has raised this with NHSE/I in the North West and is seeking to procure this under an existing framework.

Some metrics, such as social media statistics, are externally verifiable and will be added to the development of an evaluation report as outlined above.

Staff engagement is measured in the annual NHS Staff Survey and does provide a robust benchmark for both year on year changes and comparisons with other Trusts.

Charitable fundraising is measured by the funds raised, but is also a significant factor in staff engagement.

4. Conclusion

There has been a significant amount of activity in support of the Trust's objectives and the Committee are asked to note the progress in the report.

5. Recommendations

None

Report of the Interim Director of Communications and Engagement

Campaigns, media, social media, internal communications, staff engagement and stakeholder relations

Campaigns – media and social media

- We supported International Day of the Midwife (May 5th) with a series of videos of staff on social media. We also facilitated an interview on BBC Radio Merseyside with midwife Karen Cullen. You can hear the interview at 1 hour 8 minutes into the show **here**. Karen spoke of her passion for midwifery and what motivates her in her job, in a really engaging discussion with BBC presenter Lisa Marrey, who had her second child at Arrowe Park.

- We promoted International Nurses Day, May 12th, with over 20 videos of staff on social media. Our nursing staff really supported the activity with not just a spotlight on nursing but also on the range of special nursing roles such as working with patients with learning disabilities. International Nurses Day was extra special this year as it marked the 200th anniversary of the birth of Florence Nightingale.

- We also highlighted our nurse Julia Richards who is one of 20 nurses in her family Julia Richards news story

- As part of Mental Health Awareness Week, there were a series of social media posts and information in the staff bulletin. We also supported the #Spare 5 campaign with Healthwatch Wirral, including a video from Dr Nicola Stevenson. Spare 5 is the Healthwatch current campaign to encourage people to take five minutes to check in with friends, family and colleagues to support mental wellbeing.

- Our own WUTH wellbeing team were very active and each day we promoted a different service from drop in counselling to the bike hire scheme, Bikes for the NHS, which has proved to be incredibly popular with staff.

- We highlighted through social media that WUTH is celebrating the 2020 theme of kindness and shining a light on some of our services for staff. This generated 1208 Twitter impressions and engagements (likes and shares) of 51, with 1010 Facebook impressions (opportunities to see) and 14 engagements.

- In addition we supported NHS national campaigns around alerting people to attend Emergency Department if they need to.

Media and social media

Arthur Jacobs - COVID-19 patient

- To highlight positive news of our recovered patients, we produced an article on an 84-year-old patient Arthur Jacobs who recovered from COVID-19 and is set to become a great, great, grandfather. He wanted to thank staff on Ward 14 and we supported him through interviews. A video we put out on social media received over 500 likes. The story was featured in news articles and on radio and here is an example of the coverage, from ITV Granada news item

COVID-19 patient Gerard Small

- To highlight the recovery of the first COVID-19 patient at WUTH, Gerard Small, who was in hospital for 7 weeks including ICU, we produced an article and supported him with media interviews. As he is an Everton FC fan, we asked the club to provide a comment, wishing him well. A video we put out on social media received over 300 likes. His article was featured in the below news. His uplifting recovery story and return to his wife and two sons was widely shared on social media and in local news outlets the Liverpool Echo and The Wirral Globe, as well as the BBC
  Gerard Small - Liverpool Echo

Tribute to Staff Nurse Julie Anna (Julie) Penfold

- We produced a tribute to staff nurse Julie Penfold who sadly passed away from COVID-19 at Arrowe Park where she had worked in Outpatients (but was on a career break at the time of her death), which was sent out to the media with her family's permission. Articles were featured in national and local news outlets and enabled the family to share their memories of Julie and her life, not just as a dedicated nurse, but also as a foster mum. Julie was also remembered at the national minute's silence held at both Arrowe Park and Clatterbridge on 28th April in memory of healthcare workers who have died during the COVID-19 pandemic. Here is the tribute in the Wirral Globe.

- With permission from Julie's husband Nick, we also supported the family with media in relation to the guard of honour at Arrowe Park on the day of her funeral as staff lined the Arrow Park site road to pay their last respects to Julie. ITV Granada -News

Charity Appeal

- There's more updates on the charity in the charity section of this report but specifically to support the news on charity initiatives and keep up the momentum of the COVID-19 Appeal in the Wirral Globe, we produced an article on a member of staff Sally Taylor running to raise funds.

Wirral Life Magazine and Sefton Life Magazine:

- Members of our staff appeared on separate front covers of Wirral Life Magazine and Sefton Life magazine. There was also an article inside including a quote from Janelle Holmes about the support we have had from the local community. The articles also highlighted nurse Dawn Miller and the work of the new Family Support Team service, which has been providing invaluable assistance to families during COVID-19 pandemic.

Media statements:

- A statement was provided to the Liverpool Echo following an enquiry arising from CCG board papers on contingencies for oxygen supply and mortuary.

- We supplied a statement to a freelance journalist following an enquiry about supply of FFP3 masks, fit testing and use of hoods. We emphasised that all PPE is used in accordance with guidance.

Safety Alerts

- Via our Twitter and Facebook feeds, we communicated vital safety information on COVID-@19 in children, which generated - impressions: 5,196, engagements: 211

- *'Please see communication today from @wuthnhs regarding COVID-19 in children at bit.ly/2VUpSS6 @WUTHstaff pic.twitter.com/8tOcPJWvbh'*

Internal Communications and staff engagement

- We produced three of more staff Bulletins a week with important information on PPE, clinical guidance, staff wellbeing and support and charity updates.

- We continue to highlight the need for social distancing and important initiatives like all staff completing their role-based health risk assessment.

- We trialed new ways of working to communicate with Leaders via MS Teams and relayed a session in the lecture theatre with Janelle Holmes, CEO and the Exec team to 50 leaders and managers, with a video playback sent afterwards to 500 senior leaders.. Matthew Swanborough, Director of Strategy and Partnerships led a session specifically on planning to reset operations for the future, resume elective work and outpatient procedures, whilst retaining positive and agile ways of working we've adopted during the COVID-19 crisis.

- We were fortunate to be one of the hospitals selected for free food for frontline staff via 'Salute the NHS' mobilised by McLaren's founder and former chair Ron Dennis CBE and Nigel Harris of Absolute Taste. This meant that we were also able to move our other donations to staff groups not classed as frontline under the Salute the NHS criteria to ensure equity and also to allow staff to benefit from the incredible generosity that's been shown to us and NHS colleagues.

- We conducted a short Pulse survey to gauge staff views on communications and will follow this with regular temperature check surveys on important topics like wellbeing and staff support.

- We introduced a Staff Ideas Board to garner ideas form staff on what to invest charity funds in for staff and patient benefit and also received many helpful suggestions for other areas of improvement.

- Staff produced a thank you card and video for Colonel, soon to be Sir, Tom Moore who raised £33m for NHS charities. WUTH will be one of the beneficiaries of his fundraising efforts.

- We continued to share with staff the many thank you letters we receive each week and took part each week in the 'Clap for Carers' that's become a regular feature of our national life under COVID-19.

Charity

- We have exceeded £50,000 in donations for the COVID-19 support appeal including £11,000 online donations, £15,000 via fundraising activities, 19,000 direct donations to the charity office with more arriving each day and £5,000 in claimed gift aid. Donor stewardship work is now underway to ensure all new supporters' data is captured in line with GDPR for the team to develop relationships for continued support.

- A further grant has been secured from national appeal for NHS Charities Together of circa £42,000 (awaiting confirmation). This is second contribution from phase one funding, which is for rapid response according to our local need; second and third phases to follow.

- In Corporate volunteering, the Charity team have been successful in securing corporate volunteering support from Scottish Power Networks based at Prenton. They have recruited local contractors to support improvements to the front of the hospital, including clearing overgrown areas, trees and general maintenance such as painting and tidying up the garden by the Neonatal Unit. All work has been approved by Estates Team. The estimated value of this project is £10,000. The work will be completed week commencing 25th May.

- A grant of up to £4000 has been successful to purchase additional outdoor seating for staff from the VINCI UK Foundation.

- The team continue to support the previously mentioned 6 day 'Salute the NHS' food service, with newly recruited volunteers. Other donations of goods (toiletries / snacks etc.) are being distributed to all other areas. These gifts in kind continue to arrive- further examples from Ferrero Roche, Curry's (30 iPads), Moreton Bakeries and Premier Plants. The new volunteers have made a huge impact in recent weeks and we are really grateful to them.

- We recruited a communications specialist volunteer, Penny Richards, who joined us having retired from a former role in NHS Blood and Transplant, adding to our proactive communications and campaigns capabilities within the team.

Stakeholders

- We continue to work with our system partners in Wirral and our CEO takes part in a regular update for local MPs.

- We are developing our relationship with local Healthwatch and are sharing information and campaigns in a mutually supportive way.

- Our Women and Children's Hospital have developed a very good working relationship with our local Maternity Voices group, which has provided a channel for engagement over COVID-19 issues for maternity and birth.

Sally Sykes
Interim Director of Communications
June 2020