Wirral University Teaching Hospital
NHS Foundation Trust

18th October 2021

Council of Governors

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Wirral University Teaching Hospital
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COUNCIL OF GOVERNORS (CoG)

Monday, 18th October 2021
4.15 pm-5.00pm, via Microsoft Teams

AGENDA

Item	Item Description	Presenter	Purpose
	OPENING BUSINESS		
CoG 1	**Apologies for Absence**	Chair	For Noting
CoG 2	**Declaration of Interests**	Chair	For decision
CoG 3	**Minutes and actions of previous meeting:** 19th July 2021	Chair	For Approval
CoG 4	**Matters Arising**	Chair	For Assurance
CoG 5	**Chairman's Report to be provided verbally**	Chair	For noting
	GOVERNANCE		
CoG 6	**Feedback from Board Assurance Committees: Chairs Reports:** • **Workforce** • **Audit** • **Quality** • **Finance** • **Safety**	Non- Executive Directors	For Assurance
	STRATEGY AND QUALITY		
CoG 7	**Quality & Performance Dashboard**	Executive Directors	For Assurance
	OTHER ITEMS FOR INFORMATION / CLOSING BUSINESS DISCUSSION BY EXCEPTION		
	CLOSING BUSINESS		
CoG 8	**Any Other Business**	All	For information
CoG 9	**Date, Time and Location of Next Meeting** Monday 17th January 2021, 4.30pm via Teams unless otherwise notified	Chair	For Information

Agenda

COUNCIL OF GOVERNORS'

UNAPPROVED MINUTES OF MEETING HELD ON 19 July 2021 @ 4.30PM

Present:
John Sullivan, Non-Executive Director (V/Chair)
Christopher Clarkson, Non-Executive Director
Steve Igoe, Senior Independent Director
Steve Ryan, Non-Executive Director
Sue Lorimer, Non-Executive Director
Angela Tindall, Lead Governor
Steve Evans, Public Governor
Sheila Hillhouse, Public Governor
Eileen Hume, Public Governor
Allen Peters, Public Governor
Philippa Boston, Staff Governor
Richard Latten, Staff Governor
Ann Taylor, Staff Governor
Pauline West, Staff Governor

In Attendance:
Nikki Stevenson, MD/Deputy Chief Executive
Hazel Richard, Chief Nurse
Claire Wilson, Chief Finance Officer
Mathew Swanborough, Director of Strategy & Partnerships
Debs Smith, Interim Director of Workforce
Sally Sykes, Director of Communications & Engagement
Tracy Fennell, Deputy Chief Nurse
Molly Marcu, Interim Director of Corporate Affairs
Oyetona Raheem, Board Secretary

Apologies:
Sir David Henshaw, Chair
Alison Owens, Public Governor
Irene Williams, Nominated Governor
Paul Dixon, Public Governor

Reference	Minute
21-22 / 016	**Apologies for Absence** Apologies were noted as above.
21-22 / 017	**Declarations of Interest** No new interests were declared
21-22 / 018	**Minutes of previous meeting:** 19th April 2021
	The minutes were agreed as an accurate record.
21-22 / 019	**Matters Arising**
	All matters arising were discussed as part of the agenda items.
21-22 / 020	**Key Issues**
	No new key issues were reported to the meeting.
21/22 / 021	**Chairman's Report Business**
	The Chair commented on the continued domination of the hospital by the

Reference	Minute
	pandemic and the increasing infection rate on the Wirral. There was the additional challenge of getting elective work back to the pre-pandemic position and reduction in waiting list. The Chair also commented on some of the strategic changes taking place in the NHS including the formation of the ICS/ICP and the impact on staff members. The daily situation report had shown a trend of increasing staff absence some of which were driven by Track & Trace and other COVID-19 related absence; as well as the increased utilisation of the Arrow Park Hospital ED; and the attendant pressure on the workforce.
21-22 / 022	**Feedback from Board Assurance Committees:**
	Workforce: The Chair reported that the May 21 Workforce Assurance Committee (WAC) had been cancelled due to the unexpected, prolonged absences of both the Workforce Executive Director and her Deputy and that the next WAC was scheduled to take place on 23 July 2021. Governors welcomed the Interim Director of Workforce, Debs Smith who was also present at the meeting. **Audit**: Steve Igoe reported on the key issues discussed at the 22nd April Audit Committee which had focused on year-end and financial reports. Report of going concerns had been received including judgements made in terms of valuations for provisions and estimates in relation to liabilities. Other issues discussed included internal audit reports which had given limited assurance for sickness absence but substantial assurance for key financial systems. The Annual Governance Statements had also been reviewed whilst there was further work to be done on Value for Money exercise, to be completed in early September. **Quality**: Steve Ryan reported on the key issues discussed at the 20th May Committee including report on detecting and reducing risk of harm from extended waiting times. Good assurance had been received on the process for managing the risks. Good assurance had also been received on developing safer systems for learning from incidents. Other issues discussed included the internal and external assurances received on infection prevention and control as well as reduction in serious healthcare related infections. Good assurance had also been received on the process for developing the Quality Improvement Programme. Sheila Hillhouse asked a question on how the staff shortage was impacting on quality and how the issue was being resolved. The Medical Director and the Chief Nurse gave explanations on how the two issues of staff shortage and quality improvement were being resolved, citing the positive outcome of a recent IPC inspection as an example. The meeting was informed that staff members had demonstrated their willingness to be part of the quality improvement effort and that the vacancy rates had started to come down.

Reference	Minute
	Allen Peters wanted to know the impact that the staff shortage and increase in COVID-19 cases were having on the waiting list for operations. The Medical Director advised that the number of 52-weeks wait had increased nationally but the Trust's Elective Reset and Recovery programme had been progressing well. There were no cancer patients waiting but there were a number of patients waiting for routine procedures in some specialities for whom harms review was being done. She advised that If any patient on the waiting list had not received their P-Status letter from the Trust, the patient should be advised to get in touch as soon as possible. Angela Tindall raised the question about how dissemination of information from the Board and Assurance Committees could be improved. The Director of Communications and Engagement gave explanations on how highlights of discussions at the Board are regularly publicised as 'messages from the Board'. Another method of disseminating information to staff members was through the regular 'Leaders in Touch' programme. **Finance**: Sue Lorimer reported on the key issues discussed at the 24th June Committee including a review of the Month 2 financial position which had been better than planned; the permanent recruitment into 5 consultant positions which had previously been occupied by high cost locum. Other issues highlighted were the difficulties around the Elective and Recovery Fund (ERF) which was an important component of the Trust's funding; the CIP plan which had been going well for the first half of the year but subject to further changes depending on the financial planning regime. The Committee had also reviewed the benefits of the investment in Patient Flow with assurance received that it was a worthwhile investment based on the achievements of key performance indicators. Angela Tindall wanted to know how another COVID-19 surge would affect the Trust's finances. The Chief Finance Officer explained that some element of risks had been built into the financial plans but if there was a significant surge, the elective programme might be affected and the ERF income. In that case, a new financial planning model would be would be made to the authorities on the additional capacity required. **Safety Management**: The Chair had chaired the Safety Management Committee held on 14th May 21 and he reported that good progress had been made on implementing some of the outstanding actions but not as rapidly as anticipated. Given the pressure of the pandemic, there had been good progress in the area of Health & Safety Management which had been recognised externally with RoSPER Gold award for the second year in succession. **Resolved:** **That the Council of Governors:** **NOTED the feedback from Assurance Committees.**
21-22 / 023	**Governor Elections update / Appointments to Board Assurance Committees**

<table>
<tr><th>Reference</th><th>Minute</th></tr>
<tr><td></td><td>
The CoG received the report on the progress of the governorship election process which began on 15th July 21.

The CoG also considered the expression of interests to serve on the Board Assurance Committees as follows:

<table>
<tr><td>Quality Committee</td><td>Angela Tindall (no change)
Robert Thompson</td></tr>
<tr><td>Audit Committee</td><td>Eileen Hume</td></tr>
<tr><td>Workforce Assurance Committee</td><td>Sheila Hillhouse (no change)</td></tr>
<tr><td>Finance & Business Performance Committee</td><td>Allen Peters
Eileen Hume</td></tr>
<tr><td>Charitable Funds Committee</td><td>Paul Dixon (no change)</td></tr>
<tr><td>Safety Management Assurance Committee</td><td>Robert Thompson</td></tr>
<tr><td>Capital Committee</td><td>None</td></tr>
</table>

The Lead Governor agreed to liaise with governors to identify a suitable representative to observe on the Capital Committee. ACTION: Angela T

Resolved:
That the Council of Governors:
• NOTED the elections update
• APPROVED the appointments to Board Committees
</td></tr>
<tr><td>21-22 / 024</td><td>Nominations Committee terms of reference</td></tr>
<tr><td></td><td>
The CoG received the report on the Nominations Committee ToR which had been reviewed by the Committee and recommended for CoG approval.

Resolved:
That the Council of Governors:

APPROVED the Nominations Committee terms of reference
</td></tr>
<tr><td>21-22 / 025</td><td>Nominations Committee membership</td></tr>
<tr><td></td><td>
The CoG received a verbal report on a vacancy on the Nominations Committee following the resignation of Frieda Rimmer as a governor. Following request for expression of interests, Eileen Hume and Sheila Hillhouse had expressed interest in serving on the Nominations Committee.

The two candidates exited the meeting to allow a (governors only) vote by show of hands and the following was the outcome:

Eileen Hume 2
Sheila Hillhouse 5

Resolved:
That the Council of Governors:

APPROVED the appointment of Sheila Hillhouse to the Nominations Committee.
</td></tr>
</table>

Reference	Minute
21-22 / 026	**Quality & Performance Dashboard**
	The Executive Directors present talked the meeting through the performance dashboards, highlighting areas in need of improvements and where the Trust had met or exceeded thresholds.
21-22 / 027	**COVID- 19 Update (verbal)**
	The Medical Director gave COVID-19 updates during which she highlighted the current situation on the Wirral as having weekly rate of 150 which was the second highest in Cheshire and Mersey region, where below 30 was the threshold for low prevalence. She highlighted that the high prevalence was probably due to the Delta variant and that the largest proportion of cases had been occurring in young people majority of who were yet to be vaccinated. She advised that hospitals had been advised to plan for 50% increase in flu cases above normal baseline which indicates that there would be a challenging winter. The Medical Director gave explanations on the infection control measures taken to mitigate the spread within the hospital including screening of all new patients prior to admission; and how the hospital had been coping with the increasing number of admissions including the plan to expand to an additional Red Ward. **Resolved:** **That the Council of Governors:** **NOTED the COVID-19 update**
21-22 / 028	**Strategy Update**
	The Director of Strategy and Partnerships made a presentation on the approach for the development of the enabling strategies for the Trust, following the development and launch of the 21-26 Trust Strategy in January 2021. The Chair, on behalf of the Council acknowledged the progress that the Trust had made in terms of strategic direction which had been very impressive given the backdrop of global pandemic. The Council commended how the different elements of the strategies interconnected and thanked the Strategy team for their hard work. **Resolved:** **That the Council of Governors:** **NOTED the Strategy update**
21-22 / 029	**ICS and ICP Update**
	The Director of Strategy and Partnership made a presentation provides on the ICS Design Framework as well as an update on the approach being taken with the development of Place and a provider collaborative across Wirral. During the presentation, explanations were given on the definition of ICS

Reference	Minute
	(Integrated Care System) and ICP (Integrated Care Partnership) and how the framework had gone through legislation. The 3 stages of the development were given as Neighbourhood, Place (ICP) and System (ICS. Further explanations were given on the governance structure as well as on how the system aims to bring all NHS providers under one umbrella. Sheila Hillhouse inquired about where specialised commissioning sat within the ICS/ICP arrangements. The Director of Strategy and Partnerships gave explanations on how certain commissioning functions would be delegated to the ICSs. **Resolved:** **That the Council of Governors:** **NOTED the ICS/ICP update**
21-22 / 030	**Any Other Business** Sheila Hillhouse also asked about the changes in the leadership team and how the vacancies were being filled. The Medical Director explained that due to the Workforce Director having been off sick for some time, Debs Smith had joined the Trust on secondment from Warrington to provide cover. She added that the Chief Nurse was retiring in September and a recent interview for replacement did not produce a suitable candidate. Tracy Fennell, the current Deputy Chief Nurse would be acting Chief Nurse until there's a permanent appointment to the post. Anthony Middleton, the Chief Operating Officer had been released on secondment to serve as the Director of Performance for ICS. An experienced Interim COO, Mags Barnaby had been appointed while the search had continued for a suitable permanent replacement. **Hazel Richard** The meeting noted that it was Hazel's last meeting as she was due to retire in September 21. The Council thanked Hazel for her support and wished her a happy retirement.
21-22 / 031	**Date, Time and Location of Next Meeting** Monday 18th October 2021, 4.30pm via Teams unless otherwise notified

Agenda Item: 6 a

COUNCIL OF GOVERNORS
18 October 2021

Title:	Workforce Assurance Committee Chair's Report
Author:	John Sullivan, Vice Chairman
Responsible Director:	Debs Smith, Interim Director of Workforce
Presented by:	John Sullivan, Vice Chairman

Executive Summary
The Workforce Assurance Committee met on 22 September 2021. Positive progress was reported in a number of areas. However, higher than target sickness absence levels remain significant Trust and NW Region risks.

Recommendation:
• To note the progress made in a number of Workforce Assurance areas. • To continue to support the proposed reorganisation of the Workforce Directorate

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Risks 2.1, 2.2, 2.3 and 2.4 from July 2021 BAF
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
Specific communications and stakeholder /staff engagement implications
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
Compliance with Disability Equality Standards and Race Equality Standards
Council of Governors implications / impact (e.g. links to Governors statutory role,

significant transactions)	
Previous considerations by the Board / Board sub-committees	
Background papers / supporting information	

BOARD OF DIRECTORS
6 October 2021

Workforce Assurance Committee Meeting held 22 September 2021 -- Chair's report

Purpose

To provide the Trust Board with assurance on Workforce matters including:

- Workforce performance metrics
- Recruitment
- Diversity and Inclusion annual report approval
- Monthly Safe Nurse Staffing reports (July & August 2021)
- Staff Flu Vaccination Programme 2021
- Workforce Well Being Winter Plan
- Communications and Engagement activities and outcomes
- Contractors and DBS
- Midwifery Staffing -- Use of the Birthrate+ Staffing Tool
- Fit & Proper Persons Policy approval
- Workforce Assurance Committee Cycle of Business approval

Introduction / Background

The Workforce Assurance Committee met on 22 September 2021.

Conclusions

- The analysis of organisational issues in Estates remains in the Diagnostic stage and external help facilitation and support will be sought to define the 'Lessons Learned'. The lessons will be shared at a future Private Board meeting rather than at Workforce Assurance Committee. The committee were assured that detailed work on sickness absence rates was continuing in Estates.
- The Trust's Workforce & Education Strategy process will begin October 4 with a progress report back to this committee at its November meeting.
- There appears to be an annual seasonal peak in short term (< 30 days) sickness absence during July and August. This coincides with summer school holidays.
- The North West region has also experienced higher than average sickness absence rates for some years and the region is promoting more holistic management of individual well being rather than only micro management of short term absence.
- Some excellent results reported for Care Support Worker (CSW) recruitment and subsequent reduction in vacancy rates. 10% to 0.2%.
- Extensive Diversity & Inclusion work at the Trust has enhanced the Trust's reputation.
- 105 of 160 external Registered Nurse (RN) recruitments are complete.

100% OSCE accreditations of overseas RNs have been achieved after no more than 2 attempts. This recruitment work is forecasted to reduce RN vacancy rates from 20% to the current 12% to 0% by November 2021.

- The Committee welcomed the proactive and flexible nature of the Winter Well Being Plan.
- The Committee supported the proposed update of the Trust's Recruitment Policy to improve DBS Checks compliance amongst contractors working in Trust premises.
- The Committee supported the proposed business case for Midwifery which would allow a move from 35% compliance with the Continuity of Carer model of care to 100% by increases in net staffing of 7.46 FTE. (Note the Trust is 1 of only 2 Maternity units to currently achieve 35% compliance).
- The Fit & Proper Person Policy is part of the Workforce Assurance Committee remit. The Committee supported the update of the 2018 policy, which will also include Interim appointments.
- The refresh of the Cycle of Business for period ending March 2022 and proposal for year 2022 / 2023 were approved
- Substantial assurance was received on Trust recruitment processes.

Recommendations to the Board

- To note the progress made in a number of Workforce Assurance areas.
- To continue to support the proposed reorganisation of the Workforce Directorate

Agenda Item: 6 b

COUNCIL OF GOVERNORS
18th October 2021

Title:	Audit Committee Update
Author:	Steve Igoe
Responsible Director:	Claire Wilson
Presented by:	Steve Igoe

Executive Summary
To update the Council of Governors on the Audit Committee meeting held on 13th September 2021

Recommendation:
To note

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
Specific communications and stakeholder /staff engagement implications
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)

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

BOARD OF DIRECTORS
6th October 2021

Report to the Board on the Audit Committee meeting held on 13th September 2021

1.Introduction

This report updates the Board on the details considered at the Audit Committee meeting on 13th September 2021. Of note is the final piece of work from Azets our external auditors in relation to their value for money statement which was delayed when we signed the Trust accounts earlier this year. Their report as detailed below was positive confirming that their work uncovered no significant weaknesses in the trust's arrangements for securing value for money

2.Internal control and risk Management

The Committee received reports on losses and special payments and a summary of outstanding debts. It also received the most recent quarterly report on procurement spend controls and waivers.

Some minor amendments to the trust's Governance manual including the standing financial instructions were considered and approved.

A detailed risk management strategy was presented and discussed .NED's had already had a chance to comment on the detail included therein .Members were asked to feedback any further comments in advance of the document coming to the Board in due course .Colleagu7es will recollect that this is part of a suite of items which we have been considering recently as a Board including the BAF and specific risks, mitigations and risk appetite.

3.Internal Audit

Audit reports were reported on as follows:

Data Quality (Limited Assurance) – Recognised as a risk by management hence its inclusion in the workplan. A detailed response plan was presented, and actions will continue to be monitored by the Committee

Recruitment (Substantial Assurance) – The committee welcomed this positive report given the previous issues with the area. As reported elsewhere I'm hopeful that by the end of the next meeting of the Extraordinary Audit Committee overseeing the HR and payroll related control weaknesses we will have made sufficient progress to lay that special committee down.

Clinical Negligence Scheme for Trusts /CNST (No opinion) – Positive report overall although some improvements in control required.

COVID-19 Expenditure claim review (Substantial Assurance).

The Committee considered a report following up previous recommendations made by Internal Audit which in the main was positive with most actions recommendations accepted being followed up and resolved satisfactorily.

The Anti-Fraud progress report was received, and the work and activity noted given the increasing threats from cyber related risks given the substantial levels of on line activity

4.External Audit

The final piece of work on the Trust's annual financial statements from Azets regarding value for money was discussed and their report considered.

In summary as a result of all of their work they confirmed:

1.The Financial statements give a true and fair view of the financial performance and position of the Trust.

2.They confirmed that the Governance statement had been prepared in line with DHSC requirements

3.They were required to identify if they found any matters indicating significant weaknesses in the Trust's arrangements for achieving value for money. They confirmed that they had nothing to report in this regard.

5.NED's meeting with Internal and External Auditors

NED's met in private session with both External and Internal Audit. There is nothing specific to report from that meeting.

Steve Igoe
Chair of Audit Committee
17th September 2021

Wirral University Teaching Hospital NHS Foundation Trust

Agenda Item: 6 c

COUNCIL OF GOVERNORS
18 OCTOBER 2021

Title:	Report of the Quality Assurance Committee
Author:	Steve Ryan, Non-Executive Director
Responsible Director:	Dr Nikki Stevenson, Executive Medical Director/Deputy CEO
Presented by:	Steve Ryan, Non-Executive Director

Executive Summary
This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 30th September 2021.

Recommendation:
For noting

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Principle BAF Risk 4: Catastrophic Failure in Standards of Care
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
CQC standards on safety and effectiveness
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
N/A
Specific communications and stakeholder /staff engagement implications
N/A
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
N/A
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)
N/A

Previous considerations by the Board / Board sub-committees	Quality Assurance Committee
Background papers / supporting information	

BOARD OF DIRECTORS
6th October 2021

Report of the Quality Assurance Committee
Held on 30th September 2021

Purpose

This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 30th September 2021.

Introduction / Background

1. Maternity service

The quarterly update report noted that the Trust was successful in its bid for additional funding for a 0.6wte Consultant Obstetrician funded and a total of 10.1wte Band 6 Midwives (c. £400,000). This takes us to within 7.46 wte to meet our target to deliver our commitment 100% continuity of carer by March 2023. A bid for the necessary resources will be developed. A variety of internal and external reports and metrics were reviewed to provide assurance on the quality of care.

2. Emergency Department

A detailed report was presented to provide assurance of the Delivery of Reliable Safe Care within the Emergency Department. As background the committee noted the extreme patient workload pressures the service was currently dealing with as well as workforce shortages. Key quality and safety metrics were outlined along with proposed approaches to support their delivery. More detailed analysis and planning will be discussed at the next Patient Quality and Safety Board after which the Committee will be updated.

3. Complaints

The Committee received the Annual Complaints Report for 2020-21 and the Quarterly complaints report for Q1 2021-22. Key areas of patient complaint included communication, which had been exacerbated by the visiting restrictions required during the pandemic. Action has been taken in response, with all divisions having an action plan and access to a toolkit to promote effective communication. The visiting policy is reviewed weekly and when appropriate a pilot of more accessible visiting will be recommenced. The Trust's internal target of a response within 40 days was not met during the pandemic falling to as low as 23% in Q1 of 2020-21 but was 46% by Q2. A newly established complaints and claims management group now oversees a recovery trajectory and also supports cross specialty responses to complaints.

4. Patient safety

Two key areas for focus and improvement were: the Identification and response to patient deterioration: and the prevention of never events.

It was acknowledged that the burden of the Covid pandemic, through high workload and the need to adapt new ways of working at great pace had contributed significantly to both these issue. As an example to ensure that patients can continue to get procedures undertaken in a timely way, many procedures are now taking place away from their previous locations – e.g. not in operating theatre but in outpatients or radiology. Established and embedded ways of working in operating theatres (such as the WHO surgical checklist) are less familiar in other department and present a higher risk of untoward occurrences such as never events. Intelligence suggests that this issue has been seen in other hospitals.

Assurance has been sought from all divisions that the relevant procedures have been identified in all areas and controls have been put in place and audit and cross-checking are undertaken to validate assurance.

Work underway about patient deterioration (Quality Improvement Collaborative across 4 inpatient wards and in the Emergency Department) was being bolstered with a rapid task and finish group.

The Committee received an update on the modified harm review process. The process, based on national guidance, appears to be well calibrated. 3 episodes of moderate harm were detected in 176 patients reviewed, 2 within orthopaedics As a result sampling rates in orthopaedic patients in priority group 3 will be increased from 20% to 50%.

5. Infection Prevention and Control

The Committee received a report on the Infection Prevention and Control Board Assurance Framework version 1.6 (2nd edition) and was able to acknowledge the controls in place to minimize all infections and specifically Covid-19. It was noted that the Trust had set itself an ambitious target for *Clostridioides difficile* that exceeded the externally mandated trajectory.

6. Learning from Deaths

The Board will receive an update report at its meeting on 6th October. The Committee noted the continued improvement in the processes for the appropriate scrutiny of all deaths in the Trust and the sharing of learning. The Mortality review group is able to identify potential outliers for mortality by diagnosis or procedure & working with Dr. Foster and to determine any systematic issues that require addressing.

7. The Committee complemented the new Quality and Patient Safety Intelligence Report that replaces the CLIPPE report. Thematic analysis is much clearer so that key issues can be identified and interrogated.

Conclusions

The Committee received appropriate and detailed documentation in relation to the items it considered on 30th September and was able to scrutinise this and note areas of progress,

areas for development and areas of risk, receiving relevant assurance on actions to meet the objective of providing outstanding care

Recommendations to the Board

The Board is requested to note this report.

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: 6 d

Council of Governors

18 October 2021

Title:	Finance & Business Performance Assurance Committee Update
Responsible Director:	Claire Wilson, Chief Finance Officer
Presented by:	Sue Lorimer, Non-Executive Director

Executive Summary

Recommendation: (e.g. to note, approve, endorse)
To note the contents of the report

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
Specific communications and stakeholder /staff engagement implications
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)

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

Board of Directors

6th October 2021

Finance & Business Performance Assurance Committee Update

Purpose

To update the Board of Directors on the work carried out by the Finance & Business Performance Assurance Committee in its meeting on 23rd September 2021.

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

Update

The Committee received several reports from the Executive team with the key points being as follows:

Financial position and Cost Improvement Plan (CIP)

- The Trust continues to deliver a strong financial performance in the current financial year, but it is recognised that strong Elective Recovery Funding (ERF) was supporting this position non-recurrently.
- Committee reviewed divisional financial performance in detail, with a particular focus on Medicine and Acute division who are reflecting a £3.3m overspend in pay costs at month 5.
- The committed received assurances on the progress of the Capital programme and reviewed the forecast for the year to satisfy itself that this could be delivered.
- The CIP programme continues to make steady progress through each stage of scheme maturity. In response to Committee questions, members were assured that several schemes would move to the final gateway at the next meeting as a number of QIAs were ready to be approved this month.
- We noted need to keep focussed on maturing and embedding the Trusts Cost Improvement Plan (CIP) to support longer term sustainability

Operational Performance

- The Committee received an update on all key areas of operational performance with A&E being the biggest area of concern.
- In response to a request at a previous meeting, the committee received a presentation from the Chief Operating Officer which specifically focussed on progress of the A&E improvement project. Concerns were raised that the work was not as embedded and delivering the outcomes as expected and so this needs to be a key focus for the Trust.
- The Committee also asked for assurance that the Quality Committee reviewed the quality impact of increased waiting times for our patients.

Recommendations to the Board

The Board is asked to note the contents of the report with two key points of escalation.

- Further assurances needed on the impact and pace of A&E improvement work.
- The Committee asked for assurance that the Quality Committee reviewed the quality impact of increased waiting times for our patients*

*The Chair of the Quality Committee has subsequently provided assurance that the QAC has oversight of the impact of patients exceeding agreed waiting times for scheduled care and that a relevant paper had been considered by that committee. The FBPAC would be taken through it at their next meeting.

COUNCIL OF GOVERNORS	
Agenda Item	6 e
Title of Report	Report of the Safety Management Assurance Committee
Date of Meeting	17th September 2021
Author	Steve Igoe, Non-Executive Director
Accountable Executive	Nikki Stevenson, Medical Director
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	
Level of Assurance • **Positive** • **Gap(s)**	
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To note
Reviewed by Assurance Committee	Not applicable
Data Quality Rating	Not applicable
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	Not applicable

Report of the Safety Management Assurance Committee

This report provides a summary of business conducted during a meeting of the Safety Management Assurance Committee on 17th September 2021

1.Fire Safety Update

The Committee were provided with a detailed update on Fire Safety issues across the Trust as a result of works done in relation to risks identified and reported by Merseyside Fire and Rescue Service (MFRS) .It is fair to say that a substantial number of significant issues were identified which had previously not been visible to the Trust Board .Having sight of these has now enabled the newly appointed Estates team to start to address the historic failings in management in the area. A detailed review has been commissioned by Capita which will report towards the end of the year however in the meantime the Trust has developed a fire safety programme which includes:

- Appointed an authorized Fire engineer and drafted a programme of works
- Conducted a detailed Asset survey
- Is developing a comprehensive fire strategy for all sites and buildings
- Developing a detailed maintenance fire safety PPM schedule
- Developing training on vertical evacuation and escape strategies
- Developing a 5-year strategy to ensure full fire safety compliance by the trust.

A further progress report will be discussed by SMAC at its next meeting.

2.GAP analysis following HSE spot inspections of 17 acute trusts (Not WUTH)

The HSE inspected 17 acute hospitals as part of the national HSE COVID-19 spot check inspection programme. The inspections were led by an HSE Occupational Health Inspector and focused on 7 key areas:

- Risk Assessments
- Management Arrangements
- Social Distancing
- Cleaning and hygiene measures
- Ventilation
- PE
- Dealing with suspected cases

As a result of the gap analysis 9 detailed recommendations were identified. These will be discussed and agreed with key stakeholders and an improvement plan developed to address the gaps identified. Delivery of the plan and the resolution of these issues will be monitored by the Health and Safety Management Committee.

3.Health and Safety Trust Dashboard

The Committee received an update on Health and safety performance and activity alongside relevant data actions taken in connection with previous recommendations.

6 RIDDOR incidents were reported which is lower on a monthly basis than the previous year.

The top 6 non-clinical incidents continue to be:

- Violence and Aggression
- Unsafe environment (a substantial increase in number of issues reported this time as a result of the newly appointed Estates team getting under the skin of issues within the area)
- Sharps
- Collision with an object
- Slips, trips and falls
- Manual Handling

These continue to be managed within the trust.

Divisional Exception reports were received from:

- Diagnostics and clinical support
- Medicine and acute
- Surgery
- Women's and children's

There is good evidence of risk management and engagement with risk in these clinical areas which is a major improvement from the position a few years ago.

Corporate divisional reports were received from:

- Estates and Facilities (It's fair to say that the newly appointed team are still establishing a baseline in terms of activity and compliance for this are. This is reflected in the fire issues reported earlier but also in previous reports discussed by the Board on the challenges in this area). This will remain an area of scrutiny for some time to come.
- Finance and performance
- HR and OD
- IT

4.Annual Health and Safety work plan progress update

A detailed report on the above was received and discussed.
As of 8th September 2021, of the 73 remaining actions at the start of the period, 58 have been completed ,9 are underway and 6 are yet to be started.
It is envisaged that these actions will all have been resolved by the end of the calendar year and a further update will be provided to SMAC in January 2022 to confirm this.

5. Health and Safety Committee (HSMC) Chairs' report

The Committee received and discussed the reports from the HSMC meetings on 21st July 2021 and 18th August 2021. These included update reports from sub-committee chairs for; Water safety, violence prevention and aggression (VAP) group, Needle-stick injuries and trends of sharps (NITS) group, PPE group, Ventilation group and Environmental group.

8.Summary

The above and attached serve to update the Board of Directors on the work and discussions of the Safety management assurance committee at its meeting on 17th September 2021

S J Igoe

Chair of Safety Management Assurance Committee

28th September 2021

Agenda Item: 7

Council of Governors
18 October 2021

Title:	Quality & Performance Dashboard
Author:	J Halliday Assistant Director of Information
Responsible Director:	COO, MD, CN, DoW, DoF
Presented by:	COO, MD, CN, DoW, DoF

Executive Summary
Contextual and background information pertinent to the situation / purpose of the report.

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Council of Governors is asked to note performance to the end of August 2021.

Of the 46 indicators that are reported (excluding Use of Resources):

- 22 are currently off-target or failing to meet performance thresholds
- 24 of the indicators are on-target

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

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

Recommendation:
(e.g. to note, approve, endorse)

For noting.

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

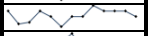
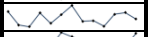
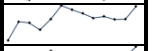
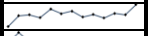
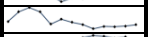
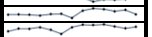
Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Quality and Safety of Care. Patient flow management during periods of high demand.
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
The dashboard Includes NHSI Oversight Framework metrics, considered as part of provider segmentation.
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
N/a
Specific communications and stakeholder /staff engagement implications
N/a
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
N/a
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)
N/a

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	N/a	
Background papers / supporting information	N/a	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021/22	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	CN	≤0.24 per 1000 Bed Days	WUTH	0.18	0.21	0.00	0.11	0.21	0.15	0.11	0.16	0.10	0.20	0.05	0.05	0.10	0.10	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	95.3%	95.4%	95.1%	95.3%	94.7%	94.2%	94.9%	94.0%	94.4%	94.5%	94.7%	93.3%	95.2%	94.42%	
	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	97.2%	97.4%	96.8%	96.9%	96.9%	96.5%	96.6%	96.2%	96.4%	96.6%	96.6%	96.2%	97.6%	96.7%	
	Serious Incidents declared	Safe, high quality care	CN	≤48 per annum (max 4 per month)	WUTH	4	2	3	2	4	4	5	4	5	4	8	7	4	28	
	Never Events	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	1	0	0	1	0	2	0	3	
	CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
	Clostridium difficile (healthcare associated)	Safe, high quality care	CN	≤88 WUTH maximum from 2019-20 retained, with a varying trajectory of a max 6 to 8 cases per month	SOF	4	1	5	10	8	4	7	6	5	7	5	1	6	24	
	Gram negative bacteraemia	Safe, high quality care	CN	Maximum 63 for financial year 2021-22, with a varying trajectory of a maximum 5 or 6 cases per month	WUTH	5	3	7	3	1	3	6	6	3	5	7	3	3	21	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	99.0%	99.6%	100.0%	100.0%	100.0%	99.3%	98.9%	100.0%	99.2%	99.2%	99.0%	99.3%	99.0%	99.1%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	4	0	0	1	0	1	0	0	0	0	1	1	0	2	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	98%	96%	94%	91%	93%	Not avail	Not avail	96%	96%	96%	95%	96%	96%	96%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	75.9%	72.9%	73.2%	75.1%	76.6%	77.9%	79.1%	79.9%	84.3%	85.9%	87.5%	89.1%	91.0%	87.6%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	72.1%	73.9%	74.5%	77.6%	81.3%	82.9%	84.1%	82.3%	83.0%	83.6%	83.9%	86.1%	85.9%	84.5%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	48.3%	53.2%	54.7%	60.9%	77.8%	79.0%	80.1%	67.0%	69.5%	70.8%	72.3%	74.3%	75.5%	72.5%	
	Attendance % (12-month rolling average)	Safe, high quality care	DoW	≥95%	SOF	94.41%	94.40%	93.58%	93.61%	93.66%	93.48%	93.42%	93.48%	93.79%	93.90%	93.95%	93.88%	93.83%	93.83%	
	Attendance % (in-month rate)	Safe, high quality care	DoW	≥95%	SOF	94.63%	94.41%	93.81%	94.04%	94.14%	92.30%	93.91%	94.71%	94.62%	94.32%	94.32%	93.52%	93.47%	94.05%	
	Staff turnover % (in-month rate)	Safe, high quality care	DoW	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	1.79%	0.97%	0.64%	0.97%	0.82%	0.98%	0.67%	0.77%	0.95%	0.72%	0.79%	1.22%	1.86%	1.11%	
	Staff turnover (rolling 12 month rate)	Safe, high quality care	DoW	≤10%	WUTH	11.1%	12.7%	12.6%	13.2%	13.3%	13.7%	13.9%	13.0%	13.5%	13.2%	13.3%	13.0%	12.6%	12.6%	
	Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	9.9	8.0	8.5	10.1	9.5	8.1	8.9	9.0	8.7	8.3	8.8	8.5	8.4	8.5	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021/22	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	99.0%	96.8%	97.4%	97.5%	96.2%	94.1%	95.3%	98.0%	98.4%	98.3%	98.3%	95.9%	96.7%	97.5%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	98%	96%	96%	98%	97%	95%	97%	97%	99%	98%	98%	98%	97%	98.0%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	18.6%	17.8%	17.7%	18.5%	17.9%	18.4%	18.9%	18.0%	18.0%	17.7%	18.4%	18.5%	18.1%	18.2%	
	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	239	309	305	279	319	371	354	341	323	329	318	319	367	367	
	Long length of stay - number of patients in hospital for 21 or more days	Safe, high quality care	MD / COO	Maintain at a maximum 52 (revised Sept 2020)	WUTH	59	92	95	86	112	98	106	88	96	85	99	95	126	126	
	Length of stay - elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤5.3 days average	WUTH	3.8	4.8	3.9	4.1	3.4	2.8	3.2	3.1	3.6	3.3	3.5	3.8	3.8	3.6	
	Length of stay - non elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤7.3 days average	WUTH	4.5	5.4	5.8	5.4	4.3	4.7	4.4	4.2	3.8	4.0	4.0	4.1	4.2	4.0	
	Emergency readmissions within 28 days	Safe, high quality care	COO	≤1,110 per month	WUTH	1012	1014	1007	992	1020	1027	938	1097	1149	1131	1084	1115	1018	1099	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	75.6%	79.3%	79.2%	81.3%	77.7%	71.9%	81.3%	84.9%	84.5%	85.5%	82.5%	79.8%	82.0%	82.8%	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021/22	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	5	1	0	0	3	2	0	0	2	2	3	4	1	12	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	87.0%	84.0%	87.0%	85.0%	84.0%	83.0%	82.0%	76.0%	76.0%	80.2%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	TBC	92.0%	91.0%	92.0%	94.0%	95.0%	95.0%	95.0%	96.0%	95.0%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	93.0%	94.0%	94.2%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	80.0%	100.0%	67.0%	94.0%	99.0%	95.0%	93.0%	97.0%	98.0%	96.4%	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021/22	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory 2020-21, and Q2 21-22	SOF	85.0%	76.9%	71.6%	76.2%	71.8%	64.6%	76.8%	77.8%	76.1%	73.5%	78.0%	67.8%	66.2%	72.3%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	0	0	0	0	0	0	1	7	8	
	Time to initial assessment for all patients presenting to A&E - % within 15 minutes	Safe, high quality care	COO	TBD	National	71.4%	64.8%	64.9%	71.4%	69.6%	65.3%	77.8%	78.8%	73.4%	68.1%	73.4%	57.7%	66.7%	67.9%	
	Proportion of patients spending more than 12 hours in A&E from time of arrival	Safe, high quality care	COO	TBD	National	0.7%	2.7%	4.3%	3.1%	4.3%	6.7%	2.3%	1.6%	1.7%	2.6%	2.3%	7.9%	4.9%	3.9%	
	Proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed	Safe, high quality care	COO	TBD	National	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Ambulance Handovers: > 30 minute delays	Safe, high quality care	COO	<5%	WUTH	4.2%	8.3%	13.8%	9.2%	13.2%	18.0%	8.7%	9.1%	11.0%	13.0%	9.3%	18.9%	18.6%	14.2%	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	51.30%	59.76%	65.66%	69.16%	69.81%	68.40%	67.89%	69.26%	69.61%	72.57%	75.64%	75.13%	74.14%	74.14%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 22,980 for WUTH by March 2021	National	24486	24212	22945	21633	21792	21880	21955	23444	24774	25873	26671	26979	27306	27306	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2020-21	National	733	806	777	704	666	899	1108	1168	874	633	526	507	560	560	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	83.5%	88.8%	90.5%	93.7%	94.9%	94.0%	94.3%	97.4%	97.7%	98.5%	96.8%	87.5%	86.0%	93.3%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	89.3%	92.6%	94.9%	90.5%	97.2%	96.0%	97.6%	98.8%	96.9%	97.6%	97.2%	95.4%	93.6%	96.1%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	–	92.48%	-	-	94.20%	-	-	97.64%	-	-	97.21%	-	-	97.2%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	94.8%	92.1%	98.0%	97.4%	97.2%	98.0%	93.0%	93.5%	94.7%	95.2%	99.2%	96.3%	97.1%	96.5%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	–	92.44%	-	-	97.55%	-	-	94.73%	-	-	96.26%	-	-	96.3%	
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	78.6%	82.6%	82.9%	85.3%	85.4%	80.9%	82.1%	84.1%	84.5%	84.1%	85.3%	84.7%	85.6%	84.8%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	–	80.68%	–	–	84.60%	-	-	82.56%	-	-	84.66%	-	-	84.7%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	≤173 per month	WUTH	124	183	178	161	150	196	165	170	157	156	145	209	213	176	
	Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	≤3.1	WUTH	3.40	4.20	3.80	3.20	1.32	3.80	3.56	4.07	4.09	2.56	4.04	4.20	3.31	3.64	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	100%	100%	94%	100%	97%	100%	95%	100%	93%	95%	100%	94%	96%	
	Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	0	2	1	4	2	2	4	4	0	2	1	2	5	2	

Quality Performance Dashboard

September 2021
Upated 22-09-21

	Indicator	Objective	Director	Threshold	Set by	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021/22	Trend
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	CN	100%	National	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY 21/22 (cumulative 59 per month until year total achieved)	National	31	126	329	215	163	599	206	87	19	37	109	281	455	455	
	% Appraisal compliance	Safe, high quality care	DoW	≥88%	WUTH	84.3%	76.3%	73.0%	74.1%	76.2%	72.9%	74.7%	77.0%	81.0%	81.3%	82.7%	82.7%	82.2%	82.2%	

	Indicator	Objective	Director	Threshold	Set by	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021/22	Trend
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.8	0.7	0.5	-0.2	-5.4	3.5	0.8	-0.5	-0.2	0.0	0.2	0.2	
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.4	0.5	0.3	-0.1	-5.4	3.9	0.8	-0.4	-0.4	0.0	0.2	0.2	
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2	
	CIP Performance	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.02%	6.03%	9.05%	9.0%	
	NHSI Agency Performance (monthly % variance)	Effective use of Resources	CFO	On Plan	NHSI	34.5%	22.3%	12.1%	0.5%	10.2%	18.5%	-22.5%	-21.9%	-50.5%	-27.7%	-32.4%	-40.5%	-11.7%	-32.5%	
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-97.9	-16.3	-15.0	-15.6	-17.4	-28.0	-17.8	-16.9	-15.0	-15.5	-10.4	-15.7	-15.4	-15.4	
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	44.6%	42.1%	41.8%	46.2%	66.3%	67.5%	-74.8%	100.0%	2.0%	5.0%	12.0%	17.4%	21.8%	21.8%	

(*) Updated Metrics

(**) Updated Thresholds

Safe Domain

Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead: Chief Nurse

Performance Issue:

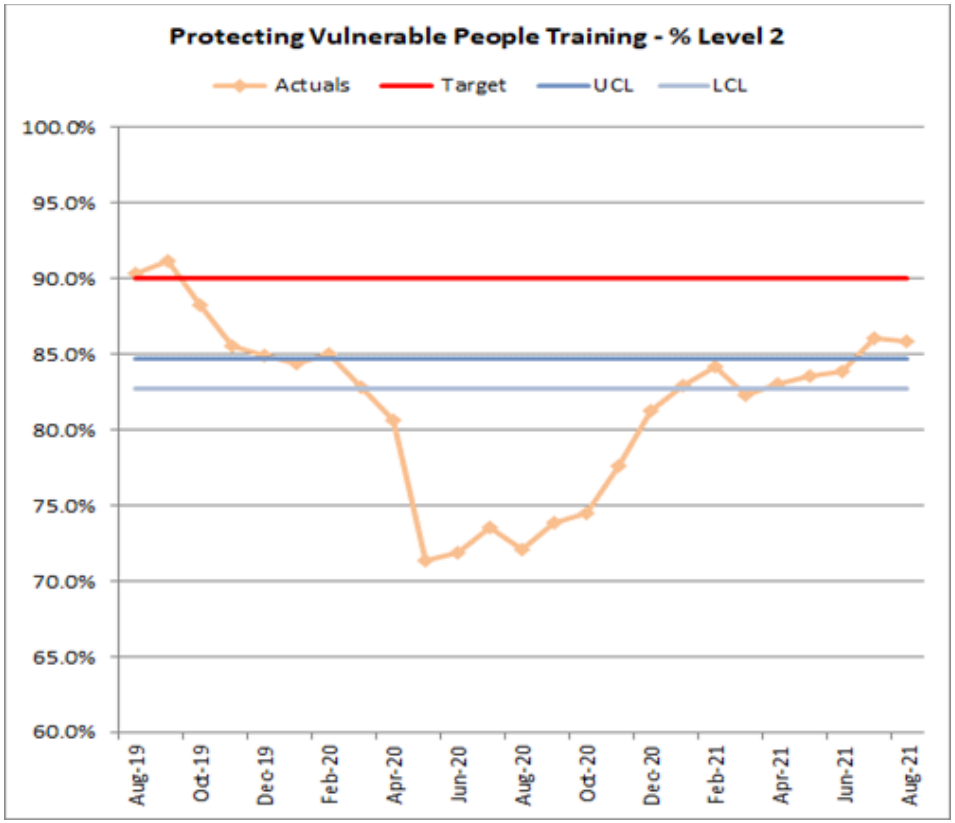
Compliance target for level 2 training is set at a minimum of 90%. Performance against this standard had been improving since February 2021, however August 2021 shows a slight deterioration with current compliance at 85.9%.

Action:
A slight deterioration was noted this month for PVP Level 2 due to the focus on ensuring level 1 compliance was achieved. Divisional triumvirates are asked to provide a trajectory to achieve compliance for level 2 PVP training for all relevant staff; this is monitored at Safeguarding Assurance Committee. Training is available as eLearning via ESR, therefore there are no capacity challenges for delivery of the training.

Associate Director of Nursing for Safeguarding will continue to provide detailed monthly breakdown of compliance to the Divisions to enable key areas to be focused upon.

Expected Impact:

Level 2 PVP training is expected to increase to the mandatory 90% compliance and above mark by end of Q3.



Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead: Chief Nurse

Performance Issue:

Compliance target is set at a minimum of 90% of relevant staff have undertaken training every 3 years (available via eLearning). Performance against this standard has made a steady progression, with August 2021 compliance increasing to 75.5%.

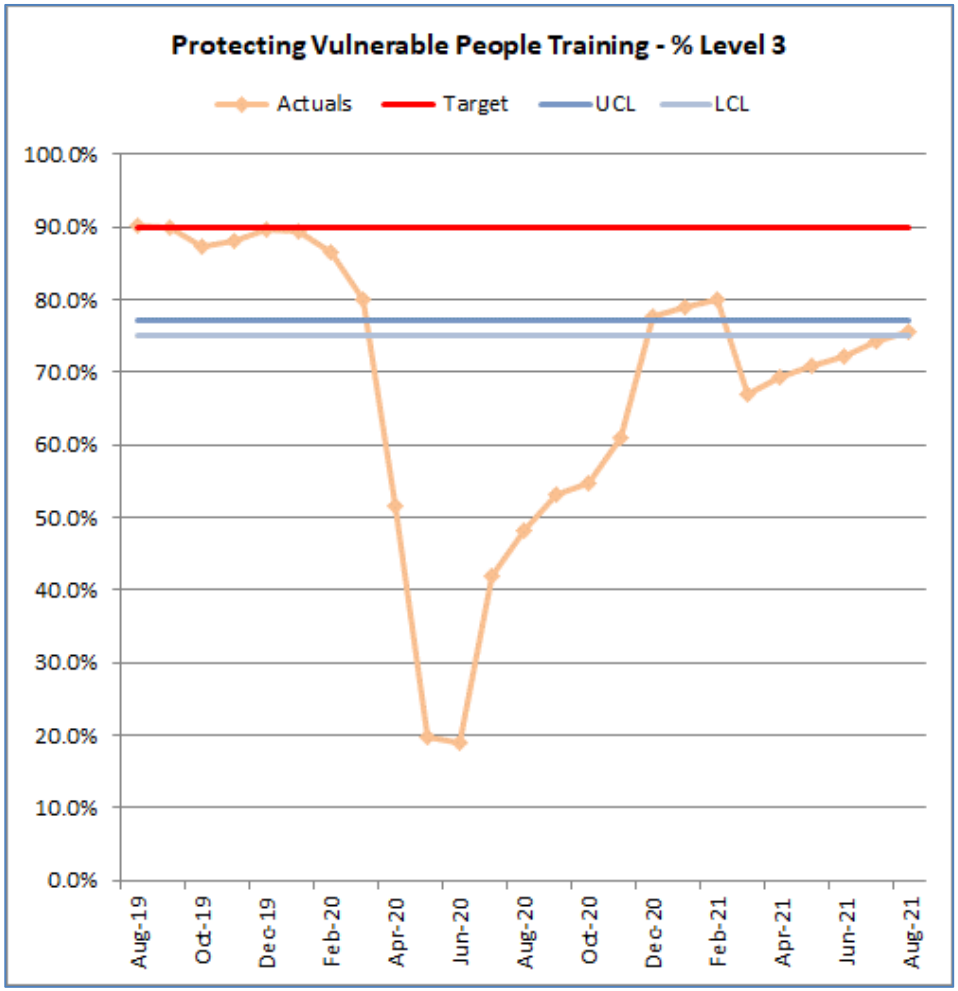
Identified staff need an additional face to face element of level 3 to comply with Working Together Intercollegiate requirements: This is set at a minimum of 90%. Performance has improved from 70.4% July 2021 to 71.8% for August 2021.

Action:

Divisional triumvirates have developed trajectories determining when compliance of each aspect of level 3 will be achieved. These are monitored via Safeguarding Assurance Group. The Associate Director of Nursing for Safeguarding continues to provide monthly reports to enable triumvirates to target areas on non-compliance. Adequate training capacity is available across the year to enable the Trust to meet its requirements.

Expected Impact:

Level 3 safeguarding training is expected to continue to increase to the mandatory 90% and above mark during Q2.



Staff attendance % (in-month rate)

Executive Lead: Director of Workforce

Performance Issue:

The Trust compliance threshold for sickness absence is 5%, both for in-month sickness and over a rolling 12-month period. The increase in sickness absence levels continue to be above the Trust's 5% target, both for in-month sickness and over a rolling 12-month period.

The in-month sickness absence for August 2021 has increased to 6.53% which is a 0.05% increase from July 2021 and is the highest since January 2021 (7.70%).

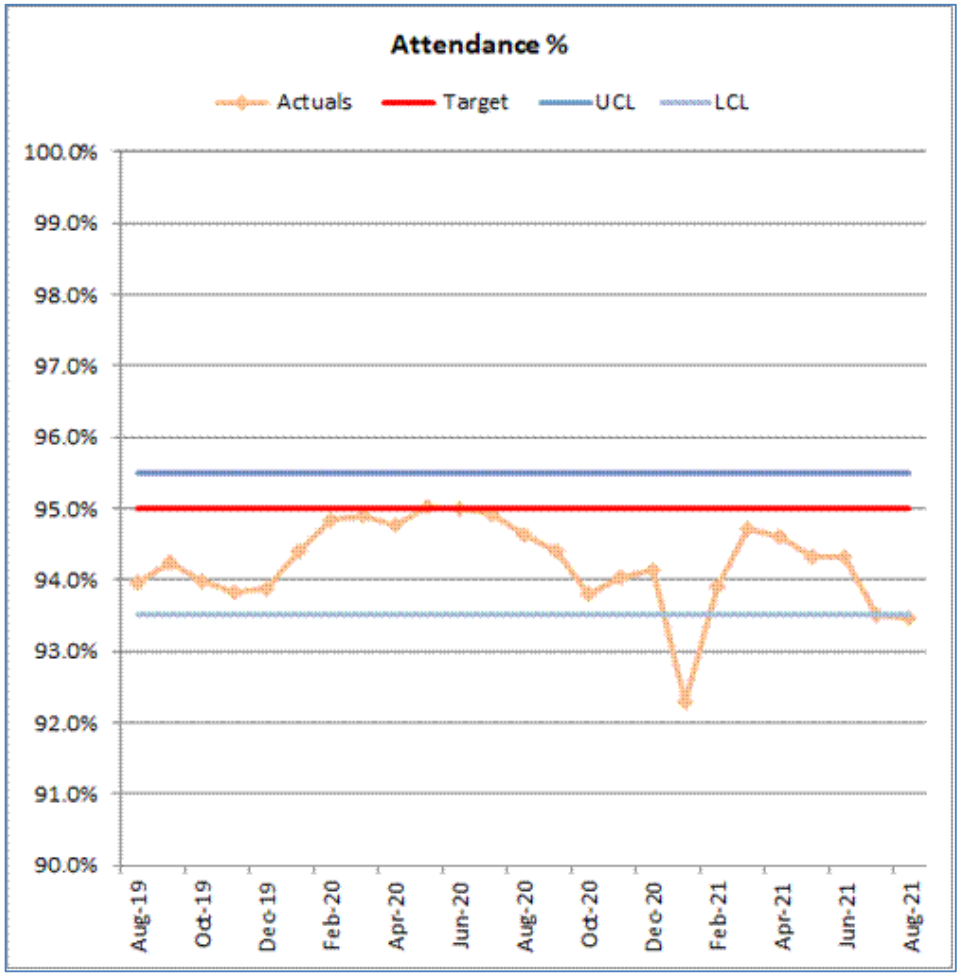
6 Divisions have exceeded the 5% KPI in August 2021:

- Diagnostics & Clinical Support (5.59%)
- Corporate Support (5.25%)
- Estates and Hotel Services (10.68%)
- Medical & Acute (6.5%)
- Surgery (6.05%)
- Women & Children's (6.74%)

There was an increase in long-term sickness absence in August although the position is mostly impacted by short term sickness absence, which accounted for 67% of all absence.

Anxiety, Stress and Depression remains the highest reason for long term sickness absence at 33.82% (116 episodes) in August, followed by Musculoskeletal Health at 11.37% (39 episodes).

Gastro problems were the highest reported reason for short term sickness absence at 23.41% (177 episodes) followed by Cough, Cold & Flu at 15.48% (117 episodes).



Action:

Work is being undertaken strategically, operationally, and locally. The following are updates on initiatives in place to improve workforce wellbeing and address sickness absence, over and above the information previously provided to Trust Board.

Managing Sickness Absence

A review is taking place on the Trust Attendance Management Policy, as part of the NHS England and NHS Improvement Deep Dive. There has been increased engagement with Staff Side and discussions have taken place regarding more fundamental changes to the Attendance Management Policy that have been learnt from benchmarking against low sickness absence Trusts.

North West Wellbeing Workshop

A North West Wellbeing Workshop was held on 21 September 2021, which aimed to begin discussions around different ways of working to address the long-standing high levels of sickness absence in the NHS across the North West. Trust Boards will be asked to make a commitment to taking a new approach to workforce wellbeing by shifting the focus from absence management to holistic wellbeing support. Further information is awaited following the workshop and this will be provided to Board members for discussion and consideration.

Mental Health and Wellbeing Support

Following investment into the Occupational Health and Wellbeing Department to enable to appointment of a substantive Psychological Wellbeing Practitioner, a review of the provision mental health and wellbeing support to the workforce has been instigated. The impact of the current Employee Assistance Programme is also within the scope of this review.

Workforce Wellbeing Winter Plan

The Workforce Directorate is in the process of producing a Workforce Wellbeing Winter Plan. The plan will be based on evidence around wellbeing across the NHS workforce and on the specific needs of the Trust workforce. The plan will articulate the support available to our staff

throughout winter, over and above that which is already in place. The plan will be published in early November 2021 and will be evaluated in April 2021, to inform the Trust approach to wellbeing going forward.
Expected Impact: The impact of high sickness is increased pressure on existing staff whose resilience is already compromised and an over reliance on temporary staff which may impact on quality, performance, and safety. Risks to Trust financial management, quality, patient safety and operational performance due to cost of sickness absence, expense of bank and agency cover will reduce as the sickness absence is gradually improved over the next quarter.

Staff turnover % (in month rate)

Executive Lead: Director of Workforce

Performance Issue:

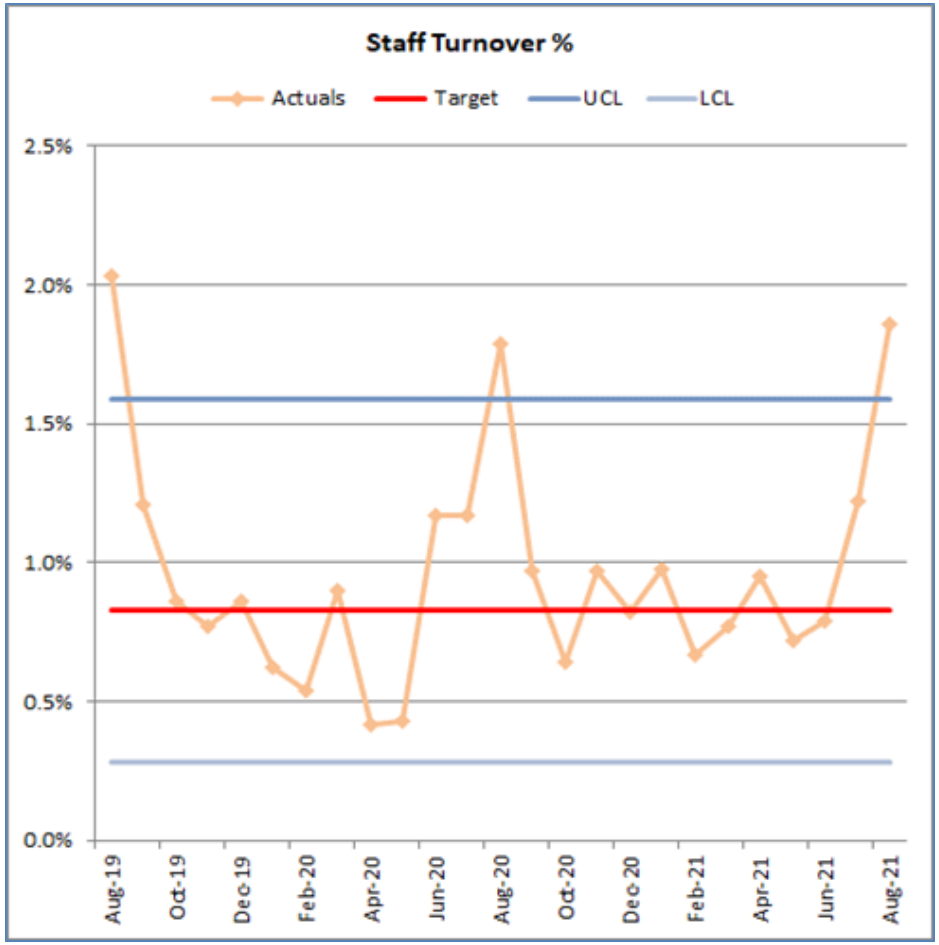
The Trust target is set as a maximum rolling 12-month turnover threshold of 10%. Turnover in August 2021 spiked significantly however this was due to the planned turnover of foundation year doctors and students. This increase does not therefore represent unplanned turnover, although the number of leavers within the Additional Clinical Services staff group was an outlier in month and will be reviewed in September 2021.

Actions:

Operational, clinical and HR staff continue to ensure that attention is focused on retention by reviewing the preceptorship programme, responding at pace to staff feedback via staff side colleagues, the freedom to speak up guardian, and guardian of safe working, and maximising access to wellbeing and staff support initiatives. An additional focus for 2021/22 is planned on development and support for line managers on key skills following feedback from the national NHS Staff Survey. Divisional level staff survey action plans have been produced.

Expected Impact:

Embedding and benefit realisation from Recruitment & Retention Strategy and benefit from September 2021 following cohorts of managers receiving additional L&OD intervention to support them in their leadership roles.



Effective Domain

SAFER bundle: % of discharges taking place before noon

Executive Lead: Medical Director / Chief Operating Officer

Performance Issue:

A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. The pattern of delivery has improved over the long term but is short of the optimum figure of 33%.

Action:

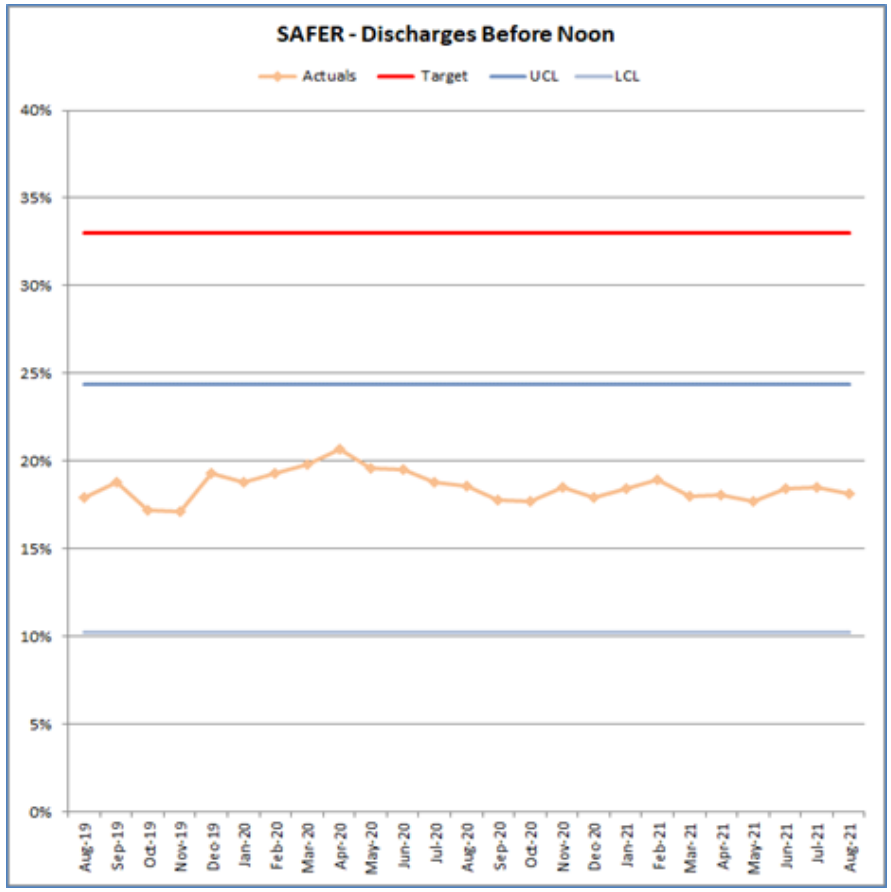
The patient flow improvement programme has a dedicated workstream working on improving ward-based discharge processes. It is specifically focusing on:

1. the roll out of SAFER principles on board rounds
2. the improvement of discharge processes via the development of PDSAs.

Controls have been put in place to ensure ward rounds have commenced as planned and is comprehensively staffed by senior decision makers.

Expected Impact:

August data shows we are currently at 18.1% for patients discharged before midday.



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. During COVID prevalence increases there is a direct correlation to reduced in session utilisation.

Key reasons for this are patients are now being COVID swabbed on the day of surgery, as well as the established 3 days prior to admission, which is identifying asymptomatic COVID positive patients resulting in cancellations on the day.

Patients COVID swabbed 3 days prior to surgery who test positive means there is insufficient time to “backfill” as the patient wouldn’t be able to isolate for the required 3 days.

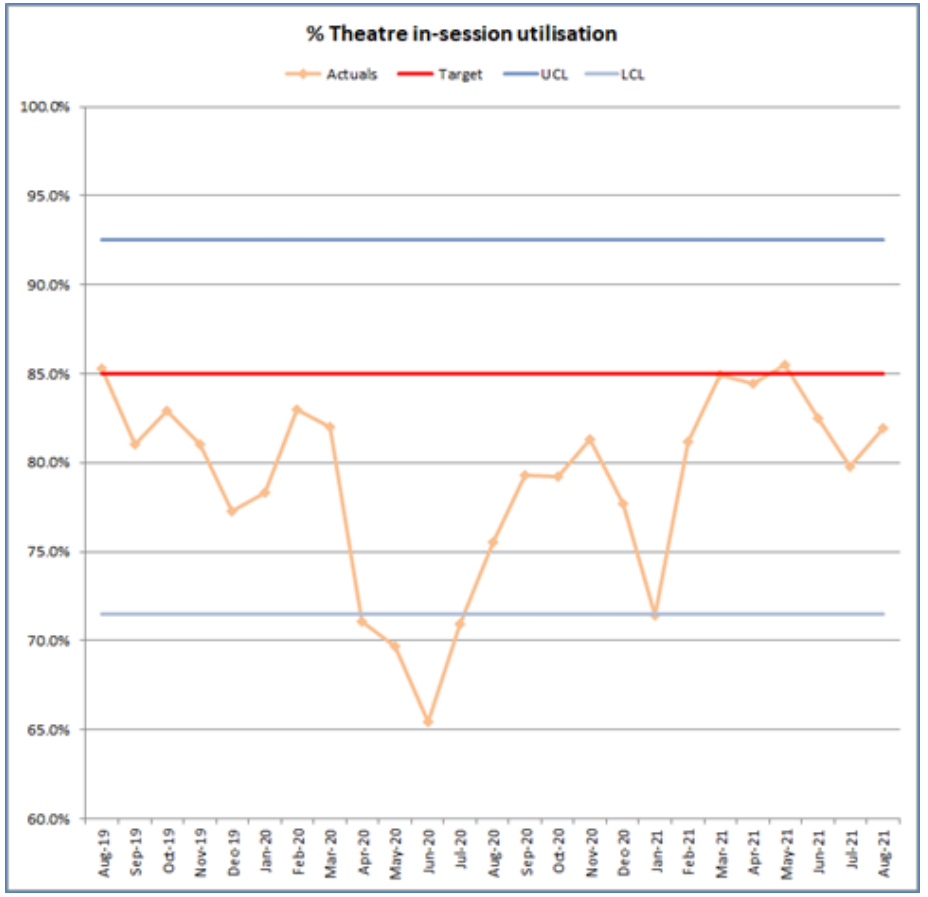
August has seen improved performance back up to 82.0%, with September on track to be at 85%

Staffing issues across the Trust in August remain a concern and have potential impact on theatre utilisation with theatre sessions cancelled to move theatre staff into ED and Critical Care.

COVID measures regarding PPE remain in place.

Action:

From March 8th the Trust has restarted its non-urgent elective programme in a phased manner. Monthly theatre activity has largely increased to typical pre-pandemic levels, though still impacted when a Surgeon or



Anesthetist, including household member shows COVID symptoms on the day.
Expected Impact: The increase in utilisation rates is expected to continue as activity returns to pre-pandemic levels on a consistent basis.

Same sex accommodation breaches

Executive Lead: Chief Nurse

Performance Issue:

The national standard is set that providers should not have mixed-sex accommodation, except where it is considered in the overall best interests of the patient or reflects personal choice.

Mixed sex breaches are largely due to patients waiting more than 24 hours for transfer from critical care areas to general wards – there was 1 such breach in August 2021. These reported breaches did not cause any delays or refused admissions to the Critical Care Unit as sufficient critical care bed capacity was available at this time. Patient's privacy and dignity needs are met whilst in critical care and the team ensures their specialty care is not compromised due to a lengthened critical care stay.

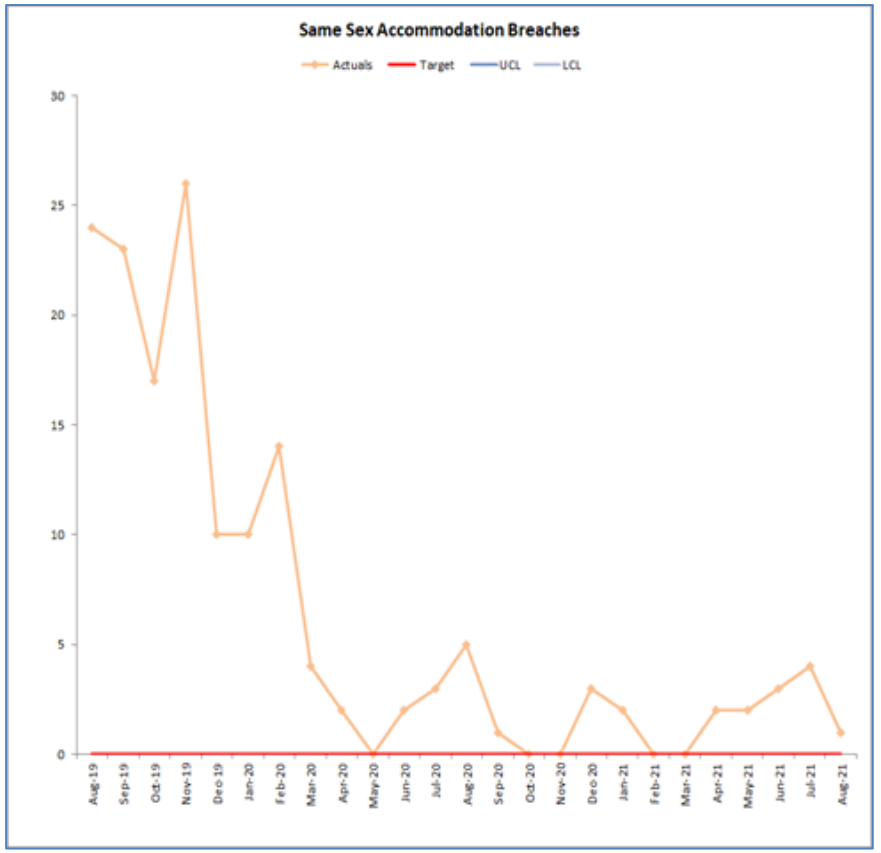
Action:

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

The management of mixed sex breaches is considered as high priority and will continue to be managed via Bed Capacity and Bronze Command Meetings to ensure actions are taken to address these promptly. Critical Care Matron continues to attend the bed meetings to ensure focus remains high on any patients that are at risk or reported as mixed sex breaches.

Expected Impact:

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



Responsive Domain

4-hour Accident and Emergency Target (including Arrowe Park Walk in Centre)

Executive Lead: Chief Operating Officer

Performance Issue:

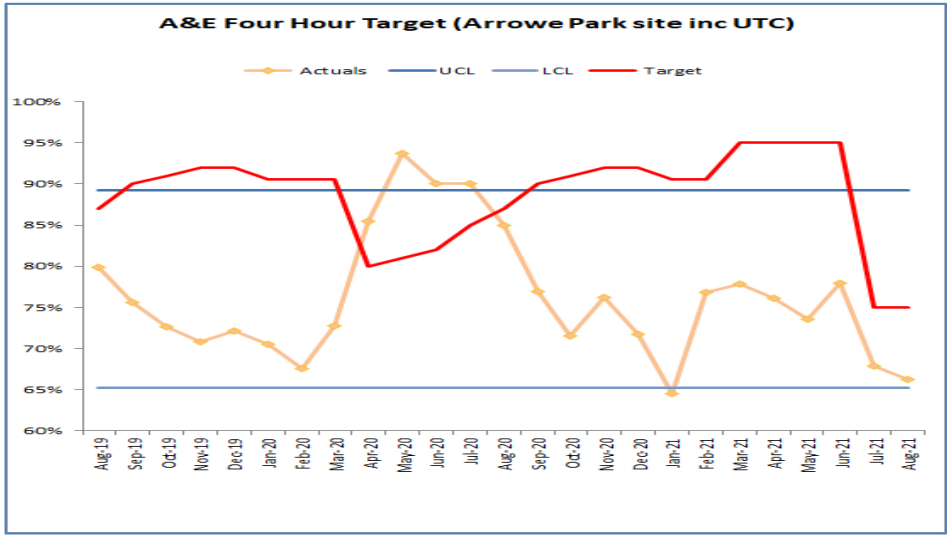
ED attendances have continued to exceed pre-covid levels since March 2021, hitting a peak during May-July of >300 attendances. July had started to see a reduction, but activity has started to increase again and is consistently >15% higher than 2019 levels. Hospital occupancy has remained consistently over 90% and has peaked at 99% in September. This compromises patient flow.

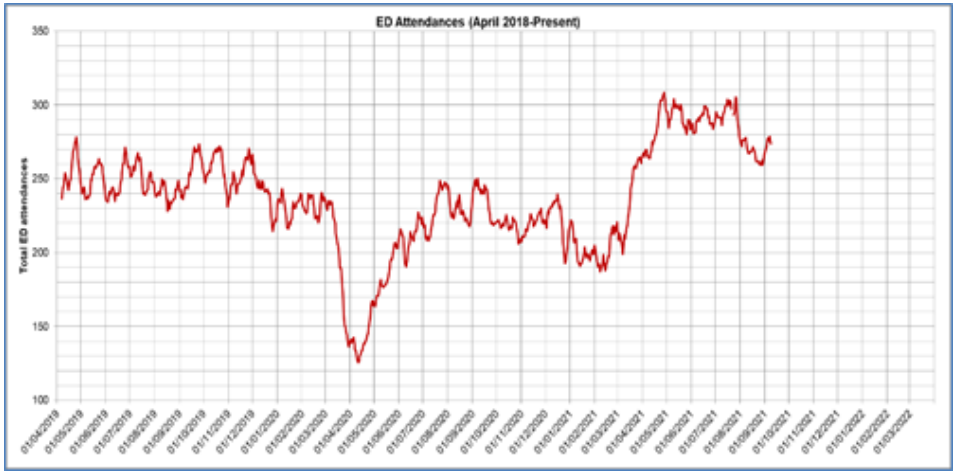
Bed capacity has been further compromised with the 3rd wave of covid with two designated covid wards and in September this has been compounded by an increase in nosocomial infections resulting in a number of beds being closed as part of the Trusts outbreak policy. The impact has resulted in performance of around 66.2% against the 4-hour standard. The challenges across mental health services have resulted in further 12-hour breaches in the Trust in August due to capacity of mental health beds.

Action:

The improvements in bed breaches have been maintained and accounts for only 5% of breaches in ED, however the delays have been challenged with the high number of attendances which is impacting on available capacity to see patients. Triage times and the time taken for initial assessment is the focus of the improvement plan and is tracked through the transformation agenda.

A new nursing leadership model has been implemented at the end of September with the focus on triage, diagnostics, rounding and quality. This is expected to improve triage times, diagnostics times and support wait to be seen by medic.





The workforce transformation plan will be presented to TMB in October following the work done with ECIST, this is an addition of the mobilisation of the winter plan.
Expected Impact: The Trust winter plan and the ED workforce plan is expected to bring the Trust back in line with its ED performance trajectory from October.

Referral to Treatment – incomplete pathways < 18 weeks

Executive Lead: Chief Operating Officer

Performance Issue:

The Trust had a trajectory agreed with NHSI for 2020-21 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks.

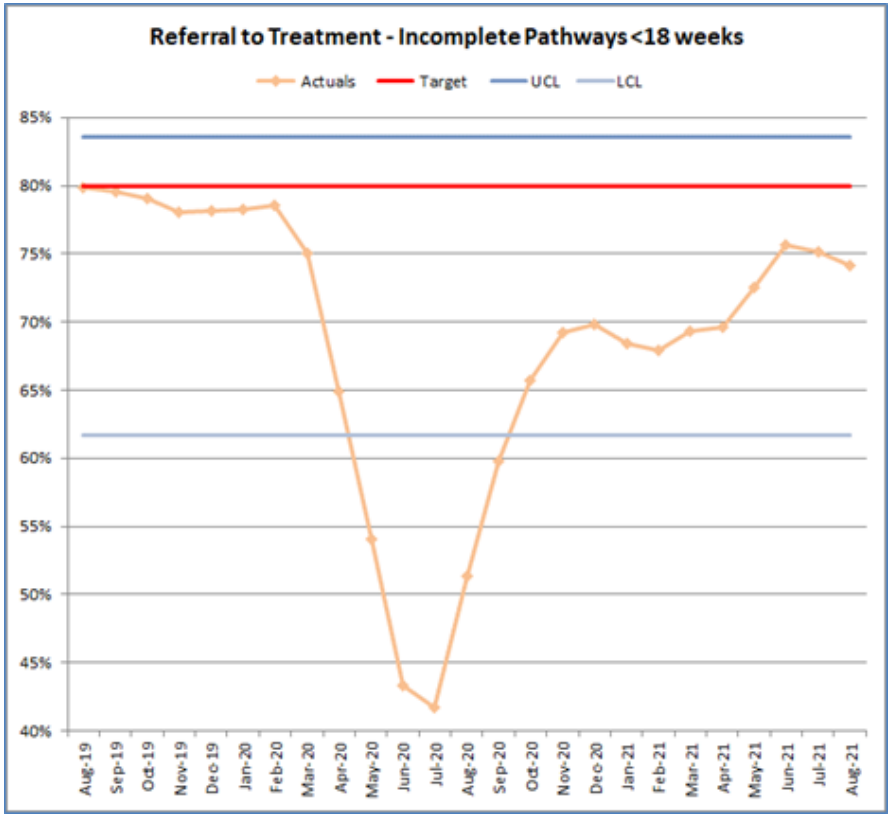
Following the directive to cease all non-urgent elective activities as part of the COVID response this metric sharply declined. The subsequent resumption of elective activity from July 2020 saw performance improve, until the onset of the Covid third wave from January 2021.

Referral to Treatment (RTT) performance for the Surgical Division in August 2021 was 65.98% against the agreed NHSI trajectory of 80%. September 2021 is currently at 65.13% as a result of staff taking higher amounts of leave (carried over from 20/21) and increase in COVID related sickness.

Underperformance of Divisional activity in August 2021 had an impact on RTT performance, increasing waiting times and list sizes. August activity performance when compared to August 19: New % (97) FUP % (106) DC % (79) IP % (82) against a target of 100% delivery across all four PODs.

Factors impacting activity delivery:

- Inability to staff extra lists (WLIs)
- Anaesthesia – On the day sickness, though do flex non-DCC sessions
- Oral Surgery – 1 consultant down and 1.5 SAS doctors down
- Vascular – theatre staff pulled to backfill lists with higher P status
- Cancellation of patients testing positive at day 3 swab and too short notice to backfill list due to isolation requirements



- Staff moved to support ED demands
- Higher A/L than in August 2019

Activity delivery will continue to be an issue largely due to nursing staff shortages within ED/Critical Care for which theatre lists have been taken down to enable theatre staff to support in those areas

National focus is moving to delivery of P2 patients (WUTH is ahead of trajectory) and having zero 104+ week waits from 31/3/22, which WUTH is on trajectory for.

Risks linked to medical admissions and challenges in Domiciliary care is restricting discharges, putting at risk the elective program. Winter plans are in place to minimize the impact which may mean only Cancer Elective surgery takes place.

Action:

From March 8th the Trust has restarted non urgent activities and has developed activity and performance trajectories.

To address Divisional activity underperformance the Division will:

- Offer consultants WLIs where possible (however reliant on consultant uptake)
- Use the independent sector, Insourcing & Outsourcing where possible
- Establishing High Volume Low Complexity lists at CGH

Expected Impact:

It is expected that the performance will improve moderately month on month but scenarios around referral growth will be monitored closely.

Activity levels in September are anticipated to increase as lower levels of A/L which will support improved Referral to Treatment performance.

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 August 2021 was 86.0%. The main area of underperformance lies with endoscopy diagnostics (gastroscopy and colonoscopy). Whilst Endoscopy backlog and waiting times have steadily improved post-COVID, as of July 2021 overdue surveillance patients are now placed on the inpatient waiting list (as per national best practice) and counted within the DM01 denominator. This has negatively impacted on DM01 performance.

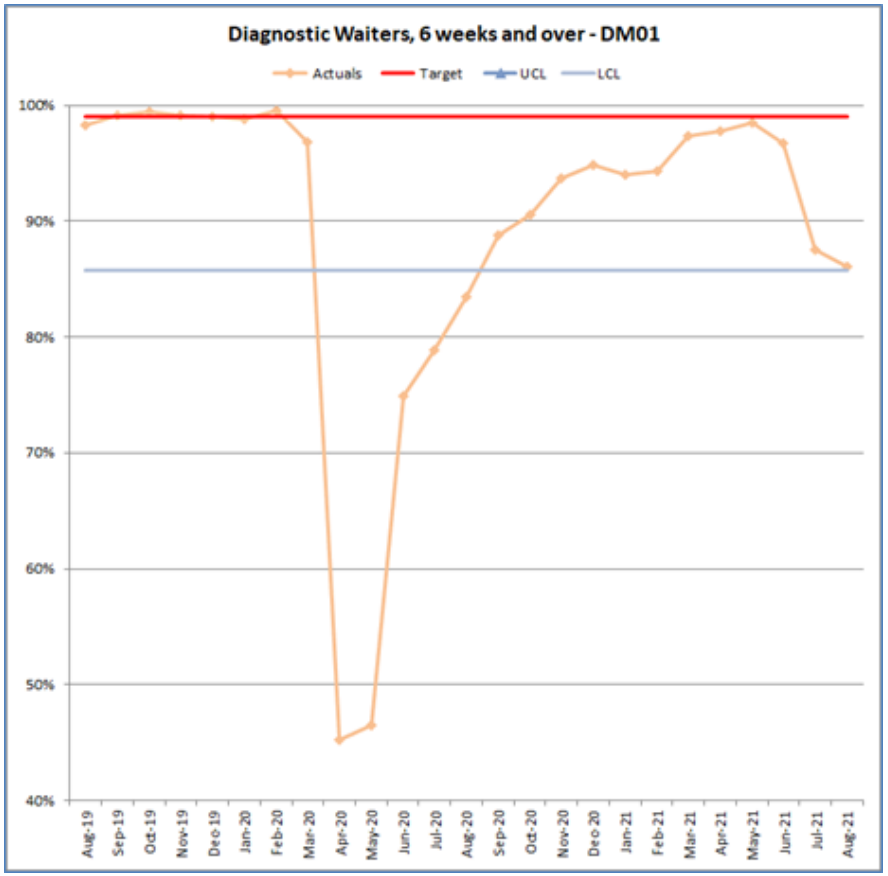
Under national waiting time rules, patients waiting for medically planned investigations are excluded. However, if they wait beyond their expected waiting time, they should become active waiters and included.

WUTH have a number of planned pathways where patients are now waiting beyond the time to be seen, and those waiters are now being included in the total position – hence the deterioration since the end of May.

Action:

The recovery of diagnostic backlogs is part of the overall reset and recovery programme and trajectories, including the clinical validation of priority.

Endoscopy have submitted an improved activity trajectory for October-December that takes into account the additional activity that can be performed as a result of two recent improvements: 1) successfully sourced a second insourcing provider to delivery additional activity, 2) decontamination washer replacement programme now full complete.



Expected Impact:

The ongoing inclusion of ‘overdue’ planned cases is expected to further deteriorate the Trust position, with subsequent improvement through the reset and recovery programme

Number of complaints received in month per 1000 staff

Executive Lead: Chief Nurse

Performance Issue:

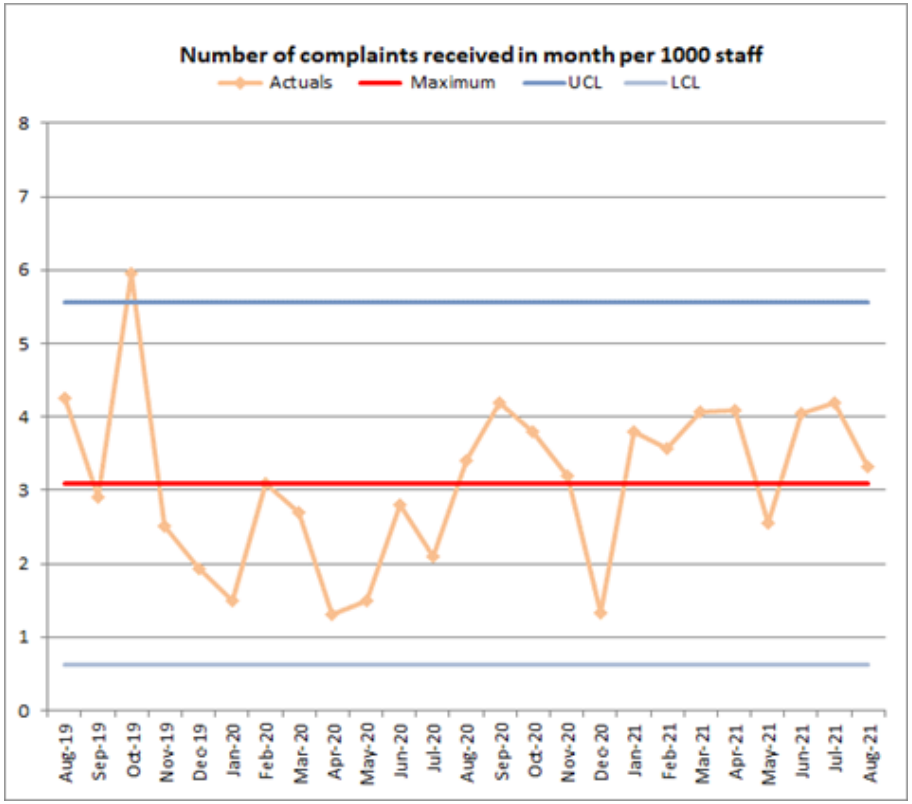
WUTH has set a maximum threshold for the number of complaints received in month at less than or equal to 3.1 per 1000 staff. The rate for August 2021 was 3.31

Action:

In August 2018 we registered 18 formal complaints. The average for this year, 2021/22 has been 19. In 2020/21, the average was 15, in 2019/20 it was 16, and in 2018/19 it was 23.
The largest thematic category for complaints in August 2021 was 'Treatment and Procedure' (50%) – most frequently delay in emergency care treatment / waiting times. The other significant category was 'Communication' (28%) – usually a perceived lack of communication with patient or family. During the past 18 months, with visiting restricted, this has been a consistent theme, with relatives and patients encountering difficulties in contacting wards and departments respectively.
Targeted work to improve communication has been led via the Clinical Advisory Group, the Trust continues with the Family Support Team also to support communication with families.

Expected Impact:

It is not practicable to suggest actions to reduce the number of complaints received in month, given that they are still under investigation and actions – if any – are yet to be established. Work is, however, already ongoing to review ED care, while 'Communication' and current divisional strategies to address this was discussed at a recent CAG meeting, as it was acknowledged that this problem had been amplified by the restriction on visiting.



Well-led Domain

Appraisal compliance %

Executive Lead: Director of HR / OD

Performance Issue:

The target for annual appraisal compliance is 88%. Compliance at the end of August 2021 was 82.23%.

Although this standard has not been achieved, the previous month's compliance has been sustained despite an increase in sickness absence in month.

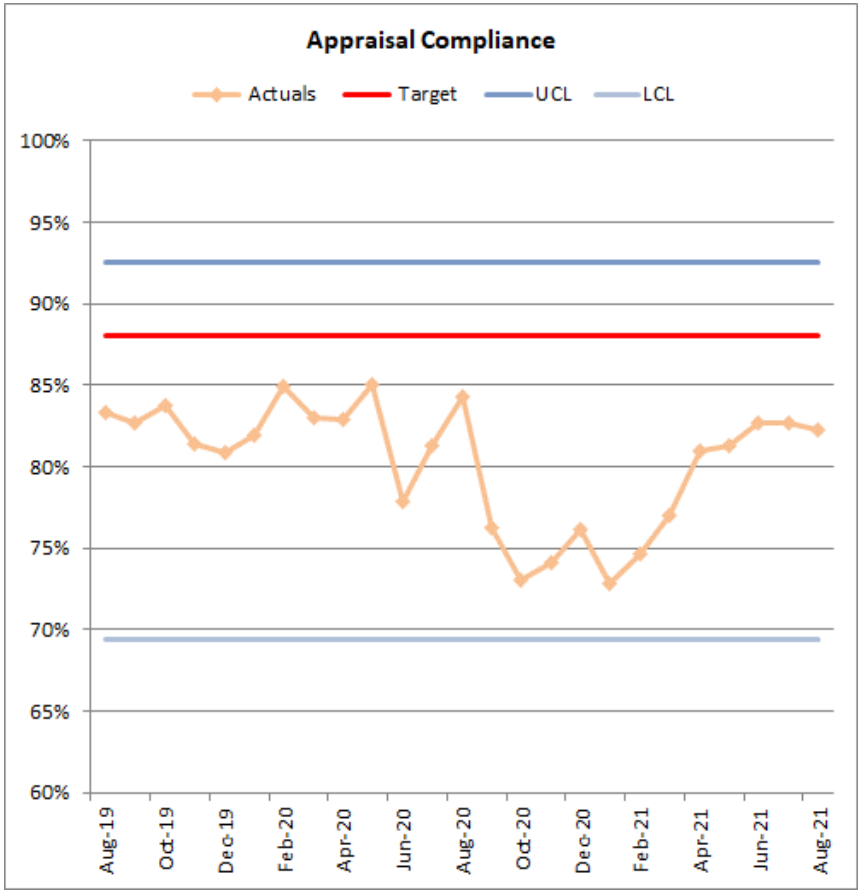
From a divisional perspective, Corporate, Medicine and Acute, Surgery, and Women's and Children's, have all continued to increase compliance since February 2021. Women's and Children's and the COVID-19 Vaccination Hub met the 88% compliance target at the end of August 2021.

Corporate Division continues to have the lowest compliance rate at 73.70%.

Please note that Medical appraisal is currently excluded from the above figures.

Action:
Workforce compliance data is available to Divisions and the HR Services team to enable them to manage non-compliance for their areas and alerts of appraisals due are generated via the ESR system.

Detailed compliance reports are received by the Education Governance Group and the OD Team and HR Business Partners continue to support Divisional Management teams to identify and deliver actions to address low levels of compliance in specific areas. Targeted action will be undertaken to alert Corporate



Leads of outstanding appraisals in their area to support improvements in compliance across this Division. Check and challenge discussions take place at a divisional triumvirate levels and recommencement of divisional performance review meetings will see this challenged further.
Expected Impact: Improvement in trajectory as the Trust returns to business as usual.