Southport and Ormskirk Hospital NHS Trust

AGENDA OF THE BOARD OF DIRECTORS' VIRTUAL MEETING

To be held at 0800 on Wednesday 03 June 2020

V = Verbal D = Document P = Presentation

Ref No.	Agenda Item	FOI exempt	Lead	Time
PRELIMINARY BUSINESS				***0800***
TB079/20 (V)	**Chair's welcome & note of apologies** *Purpose: To record apologies for absence and confirm the meeting is quorate.*	*No*	Chair	10 mins
TB080/20 (D)	**Declaration of Directors' Interests concerning agenda items** *Purpose: To record any Declarations of Interest relating to items on the agenda:*	*No*	*Chair*	
TB081/20 (D)	**Minutes of the previous meeting** *Purpose: To approve the minutes of previous meeting* held on 06 May 2020	No	*Chair*	
TB082/20 (D)	**Matters Arising and Action Logs** *Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and approve completed actions.*	*No*	*Chair*	
STRATEGIC CONTEXT				**0810**
TB083/20 (D)	**Chair's Report** *Purpose: To receive an update on key issues from the Chair*	No	Chair	10 mins
TB084/20 (D)	**Chief Executive's Report** *Purpose: To receive an update on key issues from the Chief Executive*	No	CEO	10 mins
TB085/20 (D)	**Strategy Update** [redacted] *Purpose: To receive update on the next stages and keys steps in the programme*	Yes	DCEO /DoS	40 mins

GOLD COMMAND UPDATE				**0910**
TB086/20 (P/D)	**COVID 19 Update** • Presentation • COVID19 Overview *Purpose : To receive the updates*	Yes	COO	30 mins
TB087/20 (D)	**COVID19 Risk Register** *Purpose : To receive the COVID19 Risk Register*	Yes	CEO /DON	10 mins
	COMFORT BREAK : 0950 to 1000			
PERFORMANCE AND GOVERNANCE				**1000**
TB088/20 (D)	**Finance, Performance and Investments Committee** • AAA Report • Minutes from the meeting held on 27 April 2020 *Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board*	*No* *Yes*	Cttee Chair	10 mins
TB089/20 (P/D)	**Integrated Performance Report (IPR)** *Purpose: To receive the IPR and consider any issues stemming from the report*	*No*	*COO*	30 mins
TB090/20 (D)	**Finance Report including** *Purpose : To receive the finance report for discussion and assurance*	*No*	*DoF*	15 mins
TB091/20 (D)	[redacted]	*Yes*	*DoF*	10 mins
TB092/20 (D)	[redacted]	*Yes*	*DoF*	5mins
TB093/20 (D)	[redacted]	*Yes*	*DoF*	5 mins
QUALITY AND SAFETY				**1115**
TB094/20 (V)	**Quality and Safety Reports** • AAA Report	No	Cttee Chair	5 mins

	• Minutes of Meeting held on 27April 2020 *Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board*			
TB095/20 (D)	**Quality & Safety Update** [redacted] • Annual Safeguarding Report • Learning from Deaths Report deferred to July 2020 • Medical Vacancies Report *Purpose : To receive the Quality and Safety update for information and assurance*	Yes No No No	DoN / MD	25 mins
TB096/20 (P)	**Maternity Report** *Purpose: To **receive** the report for assurance*	No	Head of Midwifery	15 mins
WORKFORCE				**1200**
TB097/20 (D)	**Workforce Committee** • AAA Report • Minutes from meeting held 28 April 2020 *Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board*	No Yes	Cttee Chair	10 mins
RISK AND GOVERNANCE				**1210**
TB098/20 (D)	**Draft Annual Governance Statement** *Purpose: To receive and consider the draft AGS*	Yes	CEO / ADCG	15 mins
CONCLUDING BUSINESS				**1225**
TB099/20	**Message from the Board** *Purpose: To agree the message to be circulated throughout the Trust*	Chair		3mins
TB100/20 (V)	**Any Other Business** *Purpose: To receive any urgent business not included on the agenda.*	Chair		2mins
TB101/20 (V)	**Date and time of next meeting:** • **1pm Extraordinary Board, Wednesday 17 June 2020** • **09:00, Wednesday 01 July 2020**	**Chair**		***1230 close***

Chair: Neil Masom

NHS
Southport and Ormskirk Hospital
NHS Trust

Register of Interests Declared by the Board of Directors 2020/21 as at 28 May 2020

NAME	POSITION/ROLE	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
ARMSTRONG-CHILD Mrs Trish	Chief Executive Officer	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**16 December 2019**
BIRRELL, Mr Jim	Non-Executive Director	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**25 September 2017**
BRICKNELL, Dr David	Non-Executive Director	**Pilkington Family Trust** **St Joseph's Hospice** **The World of Glass** **Pilkington Glass Collection**	**Nil**	**Nil**	**Director, St Joseph's Hospice** **Director, Pilkington Family Trust** **Trustee at The Rainford Trust**	**Director, St Joseph's Hospice** **Trustee at The Rainford Trust**	**Nil**	**Nil**	**Nil**	**20 February 2020** **27 March 2020**
CHRISTIAN, Mr Steven	Chief Operating Officer	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**27 February 2020**
GIBSON, Mrs Pauline	Non-Executive Director Designate		**Director; Excel Coaching & Consultancy. Provision of**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**25 July 2017**

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			coaching services to Directorate and senior NHS Management personnel							
GORRY, Mrs Julie	Non-Executive Director	**Catalyst Choices C.I.C.**	**Nil**	**Nil**	**Nil**	**Project Adviser: Hospice of the Good Shepherd** 2017 to date **Specialist Adviser CQC** 2015 to date **Macmillan Cancer Information & Support Specialist** 2017 to date	**Nil**	**Nil**	**NED Representative on the North West Coast Strategic Clinical Network for Palliative and End of Life Care**	**9 July 2019**
HANKIN Dr Terence	Medical Director	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**31 January 2020**
KATEMA Mrs Sharon	Associate Director of Corporate Governance	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**02 December 2019**

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LEES Ms Bridget	Director of Nursing, Midwifery and Governance	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Spouse employed as a Pharmacy Technician**	**Nil**	**Nil**	**7 February 2020**
MASOM Mr Neil	Chairman & Non- Executive Director	**Industrial & Financial Systems (IFS) AB** **NDLM Ltd**	**CQC Holdings Ltd** (manufacturer of textile products) **JSSH Ltd**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**4 February 2020**
PATTEN, Ms Therese	Deputy Chief Executive/Director of Strategy	**Nil**	**Nil**	**Nil**	**Nil**	**Trustee - Blackburn House Group**	**Nil**	**Nil**	**Nil**	**4 February 2020**
POLLARD Mr Graham	Non-Executive Director	**Nil**	**Nil**	**Nil**	**Nil**	**Trustee at Alder Hey Children's Kidney fund**	**Nil**	**Nil**	**Employed by the University of Liverpool**	**27 April 2020**
ROYDS, Mrs Jane	Director of Human Resources& Organisational Development	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**	**Vice Chair of Governors, Farnborough Road Junior School, Southport**	**24 February 2020**
SHANAHAN, Mr Steve	Director of Finance	**Nil**	**Nil**	**Nil**	**Member of the Board of Trustees**	Nil	**Nil**	**Nil**	**Trustee – Age Concern**	**5 February 2020**

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					for Age Concern Central Lancashire					
SINGH, Mr Gurpreet	Non-Executive Director	**Nil**	**GS Urology Ltd: providing practice & GMC work**	**Nil**	**Nil**	**Private practice at Ramsay Health** **Trustee of the Southport and District Medical Education Centre Fund** **Trustee of the Ormskirk and District Post Graduate Medical Trust.**	**Nil**	**Nil**	**Nil**	**19 February 2020**

Minutes of the Board of Directors' Meeting
held on Microsoft Teams
Wednesday 06 May 2020
(Subject to the approval of the Board on 03 June 2020)

Members Present

Mr Neil Masom	Chair
Mrs Trish Armstrong-Child	Chief Executive
Mr Jim Birrell	Non-Executive Director
Dr David Bricknell	Non-Executive Director
Mrs Julie Gorry	Non-Executive Director
Dr Terry Hankin	Executive Medical Director
Ms Bridget Lees	Executive Director of Nursing, Midwifery and Therapies
Ms Therese Patten	Deputy Chief Executive/ Executive Director of Strategy
Mr Steve Shanahan	Executive Director of Finance
Mr Gurpreet Singh	Non-Executive Director

In Attendance

Mr Steve Christian	Chief Operating Officer
Mr Tony Ellis	Communications and Marketing Manager
Mrs Pauline Gibson	Non-Executive Director Designate
Mrs Sharon Katema	Associate Director of Corporate Governance
Mr Graham Pollard	Non-Executive Director
Mrs Jane Royds	Director of Human Resources and Organisational Development
Mrs Juanita Wallace	Interim, Assistant to Associate Director of Corporate Governance

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		
TB056/20	**Chair's Welcome and Note of Apologies**	
	Mr Masom welcomed all in attendance including Mr Ellis who normally attends Board meetings held in public. He outlined that given the continuing challenges; the meeting would be following the same format as the previous month, with no members of the public present in line with government advice.	
TB057/20	**Declaration of Directors' Interests concerning agenda items**	
	There were no declarations of interests in relation to the agenda items. **RESOLVED:** The Register of Directors' Interests was **approved.**	
TB058/20	**Minutes of the previous meeting held on 01 April 2020**	
	In response to Mr Masom regarding items discussed under Part 2, Mrs Katema advised that agenda items exempt from Freedom of Information (FOI) Act were redacted before being uploaded onto the Trust website. The Board reviewed the minutes of the previous meeting held on 01 April 2020 and approved them as a correct and accurate record of proceedings subject to the below amendment:	

	• Minute ref. TB043/20b so it reads, "Ms Lees advised that whilst the trajectory of 40 day turnaround had not been achieved in month, there had been significant improvement and the expected compliance of 40 days was expected to be achieved by May 2020." **RESOLVED:** The Board **approved** the minutes as an accurate record of proceedings held on 01 April 2020 subject to the noted comments.	
TB059/20	**Matters Arising Action Logs – Outstanding & Completed Actions**	
	There were no matters arising from previous minutes. The action log was updated reflecting progress made in discharging outstanding actions.	
STRATEGIC CONTEXT		
TB060/20	**Chair's Report**	
	Mr Masom provided a brief update following his participation at the North West Regional Leads Forum. He outlined that the meeting had focussed on the current and future plans on managing Covid-19. Mr Masom outlined that he had briefly discussed with the NEDS, the proposed post Covid-19 changes which the Trust needed to embrace and understand in order to move forward. Mr Masom commended the Executive team for their leadership during the unprecedented challenges and acknowledged that workforce remained the biggest risk as there was an increase in sickness. **RESOLVED:** The Board **noted** the Chair's update.	
TB061/20	**Chief Executive's Report**	
	Mrs Armstrong-Child presented her report which provided an overview of the Trust news, current system pressures and governance arrangements. The following key points were noted: • Command and Control measures were likely to remain in place for the remainder of this year. • The system had initiated its response to the recovery phase which would be led by James Sumner, Chief Executive at Mid Cheshire Hospitals NHS Foundation Trust. • Service reconfigurations approved through the Hospital Cell such as the mutual aid agreement with Alder Hey for out of hour's paediatric emergency care would remain in place and could only be changed through the Hospital Cell. In response to Mr Masom's query on the accountability and role of the Board given the continuation of the Command and Control procedures, Mrs	

	Armstrong-Child advised that similar queries had been raised within the system and a revised governance framework was expected shortly. With regards to challenges around responding to complaints within the agreed timescale, Mrs Armstrong-Child advised that following a commitment in January to address all overdue complaints, there had been a substantial reduction down to four. She added that these were good quality responses and expressed thanks to Ms Lees and her team for the hard work undertaken It was noted that the Trust had continued to recruit into some of its key roles despite the current pressures; this also included the substantive appointment of the Deputy Director of Human Resources and the Charity Fundraising Manager (Ashley Flint) who had already made an impact in the short time that he had been with the Trust. The Board noted that the Trust had completed its registration under NHS Charities together, and thanked Mr Pollard for flagging the additional Charitable Funds that the Trust could apply for. Mr Birrell commended all involved in reducing the outstanding complaints adding that this had been a long standing issue which needed to be resolved. It was noted that issues around Complaints had been previously been picked up at Committee meetings. **RESOLVED** The Board **received** the Chief Executive's Report	
Gold Command Update		
TB062/20	The Executive Team delivered a presentation detailing the Trust's overall approach and response to the Covid-19 pandemic. The presentation highlighted that: **a) <u>Command and Control</u>** • Establishment of daily Gold Command meetings, chaired by the Chief Operating Officer (COO), which manages the Trust's overall response to Covid-19 ensuring there's continued focus on safe patient care and staff welfare. • Silver Command, whose role is to deliver the plans, is overseen by a dedicated a senior operational and clinical leadership team. • Throughout the period, the Trust has been clinically led by the Clinical Review Group (CRG) and operationally managed. The CRG's primary role has been to provide clinical oversight and underlying any clinical decisions and there were safe and effective actions in place to mitigate any clinical risks. Mr Christian commended the Business Intelligence team for being instrumental in transforming data into insights which inform the Trust's management of Covid-19. A key component of this has been the availability of real-time data	

	through data dashboards which are visible to wards. He advised that NHSE had adopted the Trust's practice of monitoring oxygen consumption by bed, as best practice as this enables reconfiguration and safe movement of patients in the event of high consumption in a specific area. Additionally, the ability to review test results by postcode has enabled identification of areas with a high rate of admissions allowing improved collaborative work with the local GPs' to identify any reasons behind this and to put solutions in place. Mr Christian advised that the provision of onsite testing for staff and their family had enabled the control of staff absence. The Trust would need to look at various ways to embrace the innovative practices that were put into place during Covid-19 such as the Attend Anywhere system which enable the provision of telephone consultations. The Board noted that the decrease in elective programme and outpatient activity was likely to impact on waiting lists. <u>Adapting and Reconfiguring</u> Ms Lees outlined the service reconfigurations and adaptations that demonstrated the Trust's quick and safe response to the pandemic. She highlighted that establishing a CRG was a significant enabler for the organisational changes adding that Phase 2 would involve an evaluation of what has been successful. The Trust had also trialled innovative ways of supporting patients and families during restricted visiting including taking the role of advocates for patient families. Ms Lees advised that 300 members had written to their loved ones and there had been 80% contact with bereaved families. The Trust continued to build on collaborative working within the local health system and was grateful for the overwhelming support from the community. The most notable success throughout this period had been the Trust's ability to provide staff with real time training. Mrs Royds advised that treatment of staff had been key during the challenges adding that a number of interventions were now in place, which would be evaluated through the Workforce Committee and taken forward. With regards to investment and procurement, Mr Shanahan commented that he had received a letter from NHS Supply Chain complimenting the professionalism of the Procurement Team throughout this difficult time. Ms Patten drew attention to the important roles undertaken by different teams including Estates; Information Technology; Catering and Laundry teams. Mr Masom echoed the thanks and added the Communications Team for the daily briefings and regular engagement across different platforms with the community. Overall, Mrs Armstrong-Child advised that she was especially proud of the collective leadership from the clinicians and executive team adding that there was a need to continue improving and embracing the clinical leadership.	

	Mrs Gorry highlighted the need to maintain focus on the wider impact on staff post Covid-19 as well as evaluating and building on the lessons learnt around family and patient support for the future. Mr Singh commented that a common feature of welfare calls was the concerns around PPE and uncertainty over situations warranting staff wearing high risk or standard PPE. He highlighted an additional issue raised by staff regarding waiting times for swab tests. It was noted that initial issues experienced during the early stages had been resolved. Mrs Armstrong-Child thanked the NEDs for their role in staff welfare calls and advised that the Trust also interacted with staff through different platforms. Mr Masom requested feedback around the "so what" and lessons learnt to be included in the update at the next Trust Board adding that there was need for consideration on how the Command and Control structure would evolve in the face of a second COVID-19 wave.	
	b) **COVID19 Data** Dr Hankin delivered a presentation on COVID19 Data for the period 16 to 29 April which provided an update and comparison by gender on the below topics: • Comorbidities and outcome • Outcome by age • Hospital Deaths by week • Staff sickness • Cross infection • Regional data • Antibody response **RESOLVED:** The Board **noted** the COVID19 Presentation,	
TB063/20	**COVID19 Risk Register**	
	Mrs Armstrong-Child presented the COVID-19 Risk Register which had been developed as a separate register to capture risks relating to Covid-19 as the risks were dynamic and subject to frequent change. The Risk Register is presented weekly to Gold Command. **RESOLVED** The Board **received** the COVID-19 Risk Register	

QUALITY AND SAFETY		
TB064/20	**Quality & Safety Report**	
	Dr Bricknell presented the minutes and AAA highlight report from the Quality and Safety Committee. He drew attention to the Alert relating to the significant drop in GP referrals, Emergency Department (ED) and outpatient attendances. Mr Masom queried if there was anything to draw from the observation that attendance at ED had increased but performance stayed high. Mr Christian responded that whilst there had been a slight increase in attendance at Ormskirk, there was no variance in ED attendances for the period mid-March to end April at Southport. **RESOLVED:** The Board **received** the minutes and AAA Highlight report from the Quality and Safety Committee.	
TB065/20	**Quality and Safety Update**	
	Ms Lees advised that the due to the current challenges with Covid-19 and redeployment of staff, the Southport & Ormskirk Nursing Assessment and Accreditation Scheme (SONAAS) had been paused and was now expected to recommence. She added that this would be aligned with Perfect Ward and the Ward to Board dashboard which will be presented in Quarter 2. **RESOLVED** The Board **noted** the Quality and Safety update.	
PERFORMANCE AND GOVERNANCE		
TB066/20	**Finance, Performance and Investments Committee**	
	Mr Birrell presented the AAA highlight report and minutes from the Finance, Performance and Investments Committee. **RESOLVED:** The Board **received** the AAA highlight Report and minutes from the Finance, Performance and Investments Committee.	
TB067/20	**Integrated Performance Report**	
	Mr Christian presented the Integrated Performance Report (IPR) advising that the next iteration would be in the new format, which was previously circulated to Board members for comment. He advised that the current Covid19 challenges had necessitated a change in the management of constitutional standards as non-urgent elective treatments had been deferred as mandated by NHSE/I.	

	Dr Bricknell observed that there was a need to understand the impact Covid19 had on key performance measures. It was noted that would be reviewed at the next Quality and Safety Meeting In response to Mrs Gorry query regarding the Trust's engagement with primary care, Mr Christian advised that whilst it had been highlighted at the system meetings that a few Trusts had deactivated access to their Choose and Book service, the Trust was engaging with GPs and actively encouraging referrals. It was agreed that there was a need to reinforce that message with communications to GPs. With regards to infection prevention and control, Mrs Gorry sought clarification on the ways the Trust was preparing for a second wave of the virus and the potential impact on winter planning. Mrs Armstrong-Child advised that a national assurance framework had been issued the previous day and would be presented once reviewed by the executive team. She highlighted that a number of aspects from the framework were Covid19 related and could be applied to other situations. It was agreed that Ms Lees would present the report at a future Board meeting. Mr Singh asked if the Trust was missing any urgent and non-urgent cancer referrals as patients could choose not to attend lest they potentially risk exposure to the virus and any reassurance that was given to the patients. Mrs Armstrong-Child responded that the Trust could provide guarded assurance and describe mitigating actions in place to reduce chances of infection and highlighted the need for caution regarding guarantees or assurance to patients. Furthermore, the Clinical Reference Group had also been asked to consider the latest time that could be given to screen patients before they came in. **ACTION:** Mr Ellis, in consultation with Mr Christian and Dr Hankin, to draw up formal correspondence to GPs regarding patient access to referrals. **RESOLVED:** The Board **received** the Integrated Performance Report.	**COO**
TB068/20	**Financial Reporting**	
	a) Finance Report Mr Shanahan presented the Finance Report for month 12 which included updates on the 2020/21 Financial Plan and Use of Resources Report. The report outlined that the 2019/20 financial plan had not been achieved as the Trust would be reporting a cumulative deficit £30.326 million. It was noted that the Trust would be completing a single site revaluation before submission of the draft final accounts in order to achieve the agreed £3.6 million overspend. **RESOLVED:** The Board noted the Month 12 Finance Report	

	b) **2020/21 Financial Plan** It was noted that the 2020/21 Financial Plan reflected the financial arrangements that were in place due to COVID-19 pandemic. Dr Bricknell queried if the Financial Plan for the remainder of the year would take into account historic over-spend on agency spend. Mr Shanahan advised that the average spend on agency for November, December and January had informed the budget. He added that this included funding for the escalation ward in winter and Covid 19 spend. Mr Shanahan highlighted that there was no alignment with commissioners, no expenditure challenges still outstanding. Mrs Armstrong-Child highlighted that she would raise this at the Senior Management Board meeting attended by accountable officers. **RESOLVED**: The Board **approved** the 2020/21 financial plan. **c) Use of Resources** Mr Shanahan advised that the Use of Resources Report provided an update on the key metrics and work being undertaken in Corporate Services in response to the November 2019 CQC Use of Resources report. With regards to the Capital Plan 2020/21, Mr Shanahan advised that a letter had been received outlining that the plan for Cheshire and Mersey region had not been approved. He advised that whilst the Trust awaited further guidance, the Capital Investment Group (CIG) would be meeting to finalise the plan prior to submission at the end of May. There was a possibility that the Trust would be requested to revise its plans to ensure that the allocation would be approved for the region. Mrs Armstrong-Child advised that a Use of Resources self-assessment could be presented to the Trust Board at a future meeting as assurance on progress made. **ACTION:** The Use of Resources self-assessment to be presented at the July Trust Board. **RESOLVED:** The Board **received** the Use of Resources Report.	**DoF / CEO**
WORKFORCE		
TB069/20	**Workforce Committee**	
	Mrs Gibson presented the minutes and AAA highlight report from the Workforce Committee. She commended the Mrs Royds and the HR and OD Directorate for the work they were undertaking during the Covid 19 pandemic. The following key points were noted: • an increase in the number of monthly sickness absence due to stress and	

	anxiety. • A 22% increase from the March 2019 position in bank and agency spend with demand recorded at 55% • The Time to hire target would remain a stretch target as there was variability due to the different staff groups. • There was a need to ensure that all staff who were currently working from home are made to feel valued members of the team. With regards to concerns around staff wellbeing and the support given to the staff dealing with COVID19 patients, Mrs Royds responded that there was wellbeing provision in place to support staff adding that in the long term, an evaluation would be conducted by the team with support from Boo consulting. Mrs Armstrong-Child, Mrs Royds and Dr Hankin met yesterday to discuss the workforce piece around International Recruitment. The Workforce plan would need to be refreshed and this will be done through the Workforce Committee with a focus on the recruitment offer as well as more pro-active reporting. Mr Mason requested that we reflect on the post COVID19 recruitment requirements. Mrs Armstrong-Child advised that this is something that is being looked at and would be discussed at the next ETM meeting. **RESOLVED:** The Board **received** the Workforce Committee Reports.	
RISK AND GOVERNANCE		
TB070/20	**Audit Committee**	
	Mr Birrell presented the minutes, AAA highlight report and Chair's Annual Report from the Audit Committee. He drew attention to the Alert from the Committee which related to the e-Rostering and Quality Spot Checks internal audit reviews that had received limited assurance. The Committee had agreed that the Quality and Safety Committee would monitor progress on the actions in place to address the issues and would provide feedback to the Audit Committee. Mr Birrell presented the Audit Committee Chair's annual report which summarised the work undertaken by the Audit Committee in discharging its responsibilities around governance structures and assurance processes. **RESOLVED:** The Board **received** the minutes, AAA highlight report and Chair's Annual Report.	
TB071/20	**Corporate Risk Register**	
	Ms Lees presented the Corporate Risk Register advising that a complete review of the Extreme Risk Register would be conducted with a view to downgrade risks 6 of the 10 risks that had been at that level for a period of time.	

	RESOLVED: The Board **received** the Risk Register.	
TB072/20	**Board Assurance Framework (BAF)**	
	Mrs Katema presented the BAF which had been reviewed by Executive leads and had been presented to respective assurance committees. Mr Masom requested that the agenda be re-sequenced to ensure that the Risk and Governance section was at the start of the agenda. **ACTION:** Future agendas to be re-sequenced to ensure that there was sufficient time for discussion of future reports. **RESOLVED:** The Board **received** the Board Assurance Framework.	**ADCG**
TB072/20	**Fit and Proper Person's Test (FPPT) Annual Report**	
	Mrs Katema presented the report which provided annual assurance that the Board of Directors was compliant with the regulatory requirements of the Fit and Proper Person Tests. **ACTION:** Mrs Katema to circulate the annual self-declaration to Board members. **RESOLVED:** The Board received the FPPT Report	**ADCG**
TB073/20	**Compliance with Licence Provider**	
	Mrs Katema presented the report which confirmed the Trust's compliance with the requirements of the NHS Self-Certification for the Provider Licence **RESOLVED:** The Board **approved** the recommendation that confirmed compliance with the NHS Self Certification for the NHS Provider Licence.	
ITEMS FOR INFORMATION		
TB075/20	**Annual Reports and Accounts**	
	Mrs Katema advised that the original deadline for submission of the Annual Report had been deferred from 29 May 2020 to 25 June 2020. An Extra-Ordinary Board of Director's meeting to consider and approve the Annual Reports and Accounts would be held prior to the submission.	

	RESOLVED: The Board **noted** the Annual Report and Accounts update	
CONCLUDING BUSINESS		
TB076/20	**Message from the Board**	
	Mr Ellis advised that the Chair's blog had been published earlier in the week and detailed Mr Masom's volunteering experience in different hospital departments. The blog had been positively received and echoed the sentiments from the Board that staff had done an outstanding job of pulling together for patients and the community since the pandemic began. He added, like other Trusts, there had been significant media and public interest in the work of staff and the hospitals.	
TB076/20	**Any Other Business**	
	Mrs Gibson asked the Leadership Team what they were doing to look after their health and wellbeing during this time. Mrs Armstrong-Child advised that the Executive Team was dealing with this on an informal basis and taking time off when needed. Mrs Gorry sought clarification on whether consideration had been given to engaging with the public given the continuing social distancing requirements. Mrs Katema responded that notice had been placed on the Trust website advising that the Public Board meetings were suspended due to Covid19. Whilst meeting papers would continue to be published on the website, members of the public were still invited to submit any questions before any Board meeting.	
	There being no other business, the chair thanked all for attending and brought the meeting to a close at 1030. The next Board meeting would be held on **Wednesday 04 June at 8am.**	

Board Attendance 2020/21												
Members	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Neil Masom (Chair)	✓	✓										
Trish Armstrong-Child	✓	✓										
Jim Birrell	✓	✓										
David Bricknell	✓	✓										
Bridget Lees	✓	✓										
Julie Gorry	✓	✓										
Terry Hankin	✓	✓										
Therese Patten	✓	✓										
Graham Pollard	✓	✓										
Steve Shanahan	✓	✓										
Gurpreet Singh	✓	✓										
In Attendance	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Pauline Gibson	✓	✓										
Steve Christian	✓	✓										
Jane Royds	✓	✓										
Sharon Katema	✓	✓										
✓ = In attendance A = Apologies												

BOARD OF DIRECTORS (Part 1)
Action Log updated 3 June 2020

Southport and Ormskirk Hospital NHS Trust

BRAG Status Key

Red	Significantly delayed and/or of high risk
Amber	**Slightly delayed and/or of low risk**
Yellow	**On Agenda**
Green	**Progressing on schedule**
Blue	**Completed**

OUTSTANDING ACTIONS

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG STATUS
TB048/20		**Medical Vacancies**	**ACTION:** Medical Vacancies report to be taken back to Workforce Committee in May 2020 with solutions against the vacancies	**MD**	May 2020	June 2020	Medical Vacancies report to be presented at Workforce Committee in May 2020 To be presented at FP&I Committee meeting at the end of May 2020 **June Update**: Item included on agenda. Action completed.	**YELLOW**

BOARD OF DIRECTORS (Part 1)
Action Log updated 3 June 2020

NHS Southport and Ormskirk Hospital NHS Trust

COMPLETED ACTIONS								
Agenda Ref	**Meeting Date**	**Agenda Item**	**Agreed Action**	**Lead**	**Original Deadline**	**Forecast Completion**	**Status Outcomes**	**BRAG STATUS**
TB043/20	1 April 2020	**Quality & Safety Reports**	CQC Use of Resources report to be presented to Board in May 2020	**DOF**	May 2020	May 2020	Report included on agenda. Action Completed	**BLUE**

Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 June 2020**
Agenda Item	**TB083/20**	**FOI Exempt**	**NO**
Report Title	**CHAIR'S REPORT**		
Executive Lead	Neil Masom, Trust Chair		
Lead Officer	Sharon Katema, Associate Director of Corporate Governance		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

To provide an update to the Board of Directors on the activities undertaken by the Chair since the last meeting.

Executive Summary

This report advises the Board of Directors of the Chair's activity since the previous meeting in relation to:

- Out and about
- North West Region System Update
- Governance during Covid-19 pandemic

Recommendations

The Board is asked to **receive** the Chair's Report.

Previously Considered By:

N/A

Strategic Objectives

- ✓ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services
- ✓ **SO2** Deliver services that meet NHS constitutional and regulatory standards
- ✓ **SO3** Efficiently and productively provide care within agreed financial limits
- ✓ **SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated
- ✓ **SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values
- ✓ **SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

Prepared By:	**Presented By:**
Sharon Katema, Associate Director of Corporate Governance	Neil Masom, Trust Chair

TB083_20 - Chair's Report

1. Chair's Report

1.1 Spending my time in working in different departments at both Southport and Ormskirk hospitals has enabled me to find out more about the impact that the Covid-19 pandemic is having on the daily routines of all members of staff.

1.2 The Trust, like every organisation, has had to adapt to different ways of working. I have had the opportunity to work alongside teams who are so committed to their work and despite these difficult times, continue to demonstrate passion and professionalism at all times. The teams have coped with tragic circumstances and have been there at the time of greatest need for people; and everyone I have seen and spoken to has risen to the challenge.

1.3 Our non-executive directors have also played a key role in assisting teams with welfare calls for all our staff who required support

2. Out and about

2.1 During March and April, I spent time with our team of porters primarily because this team visits most parts of the Trust during their day to day duties and also spent time with the catering teams from both Southport and Ormskirk sites. This provided a useful insight as it is here that most parts of the Trust visit at some point during the course of the day.

2.2 I have also continued to work in different areas which include:

- X-ray and scanning
- Emptying clinical waste bins
- Helping out in A&E
- Linen Services
- IT team where I observed the Attend Anywhere Service demonstration
- Pharmacy
- Southport theatres

3. System Update

The national emergency has led to a much greater degree of central command and control. Throughout the period, I have joined other chairs from our region in the NHSI/E North West Region Chairs' call.

4. Governance

4.1 In accordance with government directions on social distancing, the Board has not held meetings in public since March 2020. However, all meeting papers are published on the website and members of the public who have any questions are welcome to send them to the Company Secretary before each meeting.

4.2 To ensure key decisions are still made and important governance processes maintained, the Board has had to be innovative about how meetings are conducted and now meets virtually. The Trust is currently looking at different ways of making future meetings accessible to the public.

Southport and Ormskirk Hospital NHS Trust

Title Of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 June 2020**
Agenda Item	**TB084/20**	**FOI Exempt**	**No**
Report Title	**CEO Report**		
Executive Lead	Trish Armstrong-Child, Chief Executive Officer		
Lead Officer			
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

The Chief Executive's Report provides an overview of specific activity and issues that have occurred in the organisation since the last Trust Board meeting.

Executive Summary

The attached briefing paper provides an update on some high level updates since last Trust Board

Recommendation

The Board is asked to receive the report for information.

Previously Considered By:

☐ **Finance, Performance & Investment Committee**	☐ **Quality & Safety Committee**
☐ **Remuneration & Nominations Committee**	☐ **Workforce Committee**
☐ **Charitable Funds Committee**	☐ **Audit Committee**

Strategic Objectives

- ✓ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services
- ✓ **SO2** Deliver services that meet NHS constitutional and regulatory standards
- ✓ **SO3** Efficiently and productively provide care within agreed financial limits
- ✓ **SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated
- ✓ **SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values
- ✓ **SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

Prepared By:	**Presented By:**
Trish Armstrong-Child, CEO	Trish Armstrong-Child, CEO

CHIEF EXECUTIVE'S REPORT

1. Awards and Recognition

We have been delighted and humbled by the outpouring of kindness and generosity shown to staff by our local community. This has come in many forms most publicly on the Thursday night "clap for carers" event. These have been marked with drive by passing which have included emergency service vehicles, taxis, Royal Mail and Bates' Dairy. Staff have been so grateful for countless other gifts ranging from the very practical, such as scrubs, uniform bags and PPE visor headbands, to treats like iced lollies, cakes and plants from a market garden.

2. News and Developments

2.1 COVID-19 virus

The Chief Operating Officer has been involved in formulating the system response to the capacity planning work stream for the Cheshire & Mersey system. There has also been a significant focus with local system partners to design and create out of hospital pathways. A COVID recovery programme board has been developed and being led by the Chief Operating Officer, reporting into Gold. Further details will be included in the Covid 19 presentation later on in this agenda.

2.2 System Pressures

Whilst not operating at our full capacity, we have seen an increase in our emergency attendances. Maintaining social distancing requirements can prove challenging at times and our emergency flow pathways have been revised significantly over recent weeks. To highlight the changes the Trust has produced a short video so Trust Board members are able to visualise the changes that have been made.

2.3 Trust News

Appointments made since last Trust Board:

- Deputy Director of HR, Sonia Clarkson
- Charities Manager, Ashley Flint
- Deputy Director of Risk & Governance, Simon Regan

3. NHSI/E Meetings

3.1 Southport & Ormskirk Improvement Board

The Southport and Ormskirk Improvement Board (SOIB) is due to meet on the 4 June. This meeting will be chaired by NHSi Regional Medical Director and the focus will be on our progress with the CQC action plan.

4. Reportable Issues Log

Issues occurring between 30/04/2020 to 28/05/2020

4.1 Serious Incidents and Never events

There has been 1 serious incident reported relating to a confirmed MRSA bacteraemia. The full RCA will be presented to Infection Prevention and Control Committee

4.2 Level Four and Five Complaints
There are 2 complaints logged in month which relate to treatment and care
The historic backlog is now clear and the longest complaint in the complaints process is 33 days.

4.3 Regulation 28 Reports
No concerns were detailed in HM Coroner reports.

4.4 Whistleblowing
None to report

5. Media Coverage

5.1 Southport and Ormskirk Hospitals Charity launched a £50k urgent welfare appeal for staff, patients and volunteers in April. We have followed this up with a number of stories about fundraising by people in our local community. These included Seren Farrington, aged eight, from Southport, who raised £1,500 from "commissions" for artwork from friends and relatives around the world.

5.2 Launch of NHS Attend Anywhere video consultations, now available in 12 specialties.

5.3 Blood plasma donation by Trust nurse for therapeutic treatment of Covid-19.

5.4 We published a blog by our Chair, Neil Masom, about his experiences of volunteering in our hospitals during the pandemic.

5.5 A video about Intensive Care at Southport hospital showing families who are unable to visit loved ones how and where they are being treated.

6. Risk Register and Board Assurance Framework

There have been ten risks all scoring as extreme risks on the risk register for a significant amount of time. Since taking up chair of the committee the CEO requested that all identified risk leads review action plans and ensure all mitigations are up to date. These were presented at this month's Risk and Compliance Group and as a result risk leads have felt in a position to downgrade several key risks. Total number of extreme risk is now three. Further focus and work is required in the next few months and will form one of the key objectives for the incoming Deputy Director of Risk and Governance.

Trish Armstrong-Child
Chief Executive
27th May 2020

Alert, Advise, Assure (AAAs)
Highlight Report

Committee/Group:	FINANCE, PERFORMANCE & INVESTMENT COMMITTEE
Meeting date:	26 MAY 2020
Lead:	JIM BIRRELL

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- Whilst there is no requirement to deliver a CIP within the first four months on the 2020-21 Financial Year, it was agreed that work to identify cost savings will need to continue during this period. The drop in pay and non-pay expenditure in month one, whilst not reflective of a business-as-usual position, provides a good platform to identify sustainable opportunities to reduce the cost base longer term.
- The committee received workforce data, which illustrated growth in WTE across substantive, bank and agency staff, adding an additional 158 WTE in April 2020 compared with April 2019. The committee has asked for a review of the governance arrangements in relation to vacancy control and appointment approvals.

ADVISE

- Positive performance metrics relating to Medically Optimised for Discharge (MOFD) patients were reported during the COVID-19 emergency period. This includes a fall in the number of stranded and super-stranded patients over recent weeks. The ongoing System Improvement Work has helped deliver these reductions, which will need to continue.
- The integrated Performance Report (IPR) was received in the new format. The performance data within the report was noted. It was acknowledged that the roll out of the new IPR format is likely to require supplementary information, together with training and support for users, to ensure the Trust is able to maximise the usefulness of the data content.
- Disappointingly efforts to progress PLICS has temporarily been suspended due to immediate staffing pressures. A resolution is being sought to ensure PLICS roll-out can continue without further delay.
- The Committee received the 5 year Capital Plan and recommend this for approval.
- It was confirmed that the conversation of the Trust's loans from debt to equity will be cost neutral in 2020-21 as interest repayments are replaced by PDC dividend payments set at 3.5%.

ASSURE

- The committee received the Single Accountability Framework and commended the content. Discussions have been held with each of the CBUs in regards to the roll-out of the framework.
- The committee received assurance of the steps being taken to enable business alongside COVID, and to limit any detrimental impact upon performance.

New Risks identified at the meeting:

None identified

Review of the Risk Register: *No action taken*

NHS
Southport and Ormskirk Hospital
NHS Trust

Title of Meeting	**Public Trust Board**	**Date**	**3/6/2020**
Agenda Item	**TB089/20**	**FOI Exempt**	**No**
Report Title	**Integrated Performance report (IPR)**		
Executive Lead	Steve Christian, Chief Operating Officer		
Lead Officer	Michael Lightfoot, Head of Information		
Action Required	☐ **To Approve** ☐ **To Assure** ☐ **For Information**	☐ **To Note** ☑ **To Receive**	

Purpose

The Integrated Performance report is reviewed monthly by the Trust Board and specific indicators are reviewed by the sub committees of the Board which report assurance, alerts and advice to the Board.

Executive Summary

The performance report includes the Trust indicators relating to the NHS, Constitutional standards, the 19/20 SOF and internal performance indicators which the Trust has identified as essential measures of operational delivery and assurance. The performance indicators are grouped according to the domains used by regulators in the Well Led Framework.

Each indicator has a Statistical process Control (SPC) chart and commentary. Whilst this executive summary provides an overall view of the organisational improvements and risks, some indicators are also included as improvement measures for the four QI priorities and are covered in detail in the relevant reports.

The Executive summary highlights key changes in Trust performance (improvement or any areas of concern) and outlines specific actions linked to the Trust's improvement plan and key programmes of work.

Recommendations

The Trust Board is requested to note and acknowledge progress / risks outlined in the full Integrated Performance Report for February along with the executive summary complimenting the report.

Previously Considered By:

☑ **Finance, Performance & Investment Committee**	☑ **Quality & Safety Committee**
☐ **Remuneration & Nominations Committee**	☑ **Workforce Committee**
☐ **Charitable Funds Committee**	☐ **Audit Committee**

Strategic Objectives

☑ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services	
☑ **SO2** Deliver services that meet NHS constitutional and regulatory standards	
☑ **SO3** Efficiently and productively provide care within agreed financial limits	
☑ **SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	
☑ **SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
☑ **SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire	
Prepared By:	**Presented By:**
Michael Lightfoot	Steve Christian

Activity Summary – April 2020

Southport and Ormskirk Hospital NHS Trust

Indicator Name	April 2019	March 2020	April 2020	Trend
Overall Trust A&E attendances	10,248	7,529	4,308	↓
SDGH A&E Attendances	4,795	3,585	2,679	↓
ODGH A&E Attendances	2,280	1,934	726	↓
SDGH Full Admissions Actual	1,045	1,043	988	↓
Stranded Patients AVG	189	165	104	↓
Super Stranded Patients AVG	70	66	33	↓
MOFD Avg Patients Per Day	51	53	25	↓
DTOC Unconfirmed Avg Per Day	6	8	-	↓
GP Referrals (*Exc. 2WW*)	2,597	1,749	754	↓
2 Week Wait Referrals	703	541	378	↓
Elective Admissions	178	218	155	↓
Elective Patients Avg. Per Day	6	5	1	↓

Activity Summary – April 2020

Southport and Ormskirk Hospital NHS Trust

Indicator Name	April 2019	March 2020	April 2020	Trend
Elective Cancellations	16	44	11	▼
Day case Admissions	1,824	1,415	471	▼
Day Case Patients Avg. Per Day	61	46	16	▼
Day Case Cancellations	45	39	9	▼
Total Cancellations (EL & Day Case)	61	83	20	▼
Total Cancellations (On or after day of admission, non clinical reasons)	6	8	0	▼
Outpatients Seen	21,873	18,427	10,240	▼
Outpatients Avg. Per Day	729	594	341	▼
Outpatients Cancellations	4,035	6,813	9,188	▲
Theatre Cases	568	437	147	▼
General & Acute Beds Avg. Per Day	414	408	423	▲
Escalation Beds Avg. Per Day	23	25	5	▼
In Hospital Deaths	91	84	147	▲

Southport & Ormskirk Integrated Performance Report

Process for the reporting of key Trust Indicators in order to provide assurance or highlight areas for concern to the appropriate group, Committee or Board.

Process

1. **Performance, Improvement, Delivery & Assurance**

This monthly meeting, held at Clinical Business Unit (CBU) level, is a forum for each CBU to present their Integrated Performance Report (IPR) to Executive Leads. The indicators included in this report cover finance, quality, operations and workforce.

The Business Intelligence Analysts assigned to each CBU are here responsible for compiling this report and offering insight and expert intelligence relating to any indicators which are a) demonstrating a change in performance (positive or negative) or b) do not offer assurance. Operational leads, finance and HR business partners can provide rationale for these issues in order to ensure the ADO has the required knowledge to present the information to Executive leads and answer any questions they may have.

This process is facilitated by the Performance Manager, who will ensure that effective communication between key stakeholders is maintained and the quality of data being reported on is valid. They will also work with all stakeholders on promoting best practice in articulating performance through narrative and discussions at meetings.

2. **Trust Committee Meetings**

These monthly meetings include Finance, Performance & Investment, Quality and Safety and Workforce. Here Trust level data is presented in the same format IPR document but with indicators relevant to each committee. Again indicators will be reported on with a level of performance and assurance, with specific narrative supplied from Executive leads to support.

Each month the Performance Manager will liaise with Executive leads to complete this document and ensure they are prepared to present their data at each Committee.

3. **Trust Board**

At the highest level is the Trust Board IPR. Again this will follow the same look and feel as the underlying committee meeting reports with it's own specific set of indicators. Any indicators which are of particular concern will have already been discussed at Committee meetings with analysis having beed fed up from the finest granularity at the PIDA meetings.

The Performance Manager will be responsible for preparing the IPR for Board and ensuring that narrative is completed by each Executive to cover their designated area.

PIDA

- CBU Level data
- Specific set of indiators covering Finance, Operational, Workforce and Quality
- Review by Business Intelligence Analysts and Operational Leads
- ADO's given assurance of performance or action plans in place to improve poor perfornance

Committees

- Trust Level aggregated data
- Indicator set appropriate to the specific committee (FP&I, Workforce and Q&S)
- Review by Performance Manager and Executive leads
- Executives given assurance of performance or action plans in place to improve poor performance

Board

- Trust Level Data
- Compiled by Performance Manager and Executive Leads
- Board given assurance of performance or action plans in place to improve areas of concern

Using the Report

The report will include an Executive Summary as per the example below. Each indicator has an assurance rating and a variation rating.

Executive Summary

Ormskirk Hospital NHS Trust

		Assurance			Variation		
Quality	Infection Prevention and Control	0	1	0	1	0	0
	Mortality	2	0	0	2	0	0
	Patient Experience	1	0	2	1	0	2
Operations	Access	0	2	4	1	1	4
	Cancer	2	0	4	2	0	4
	Productivity	0	5	9	5	3	6
Finance	Finance	3	3	2	2	5	1
Workforce	Sickness, Vacancy and Turnover	0	2	3	1	2	2

Assurance

- Indicates that this indicator has not changed significantly although it may be underperforming.
- Indicates that there is a level of assurance around this indicator.
- Indicates that there is some concern around the performance of this indicator.

Variation

- Indicates that there is no significant variation recently for this indicator.
- Indicates that there is positive variation recently for this indicator.
- Indicates that there is negative variation recently for this indicator.

Each month, as new data is added, a relative score is calculated for the indicator based on the SPC rules as outlined on page 2 of the document. A composite score is taken of the last two data points to determine the level of '**Variation**' that the indicator is showing. This means that when an indicator is changing (either improving or deteriorating) it is only flagged when this is not a 'one-off event' and has become a 'statistically significant trend.'

In addition to the variation measure each indicator also has an '**Assurance**' measure. The assurance measure is also a composite score based on the rules of the SPC chart but factors in the performance against the indicators target. So when an indicator might be improving (positive variation), if it is still not meeting its target then it will show as a concern for assurance.

Current Progress

At present the new design of the IPR has been completed, the team is still working with executives to populate targets/ plans where they are not mandated or require re-basing. This is being presented to Committees and Boards starting May 2020.

Starting June 2020 the new PIDA meetings will receive their IPR's for discussion/ review at these meetings.

We are in the process of recruiting to the Performance Manager post, due to the impact of COVID-19 there have been delays in this process.

Southport and Ormskirk Hospital NHS Trust

Integrated Performance Report

Board Report

April 2020

Southport and Ormskirk Hospital NHS Trust

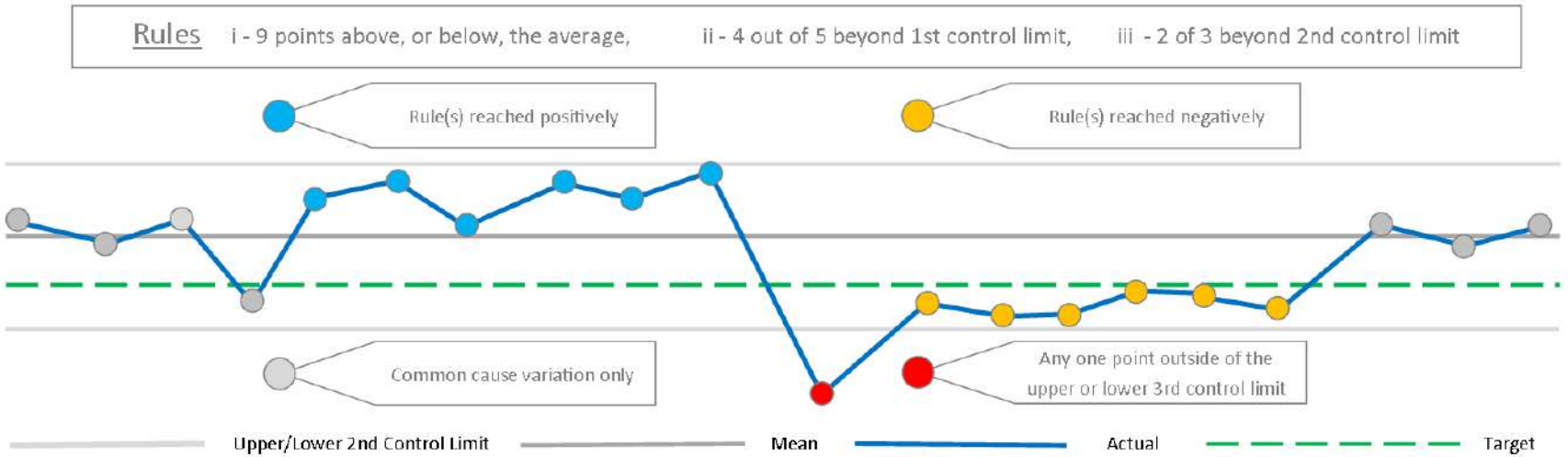
Guide to Statistical Process Control

Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail of the statistical rules that underpin SPC.

There are two excellent presentations available on the NHS Improvement Making Data count webpage (link below) that explain why Statistical Process Control is so valuable to Healthcare and how to understand SPC charts. We strongly recommend you view these to help you get the most out of this report. There are also other useful resources on the NHS Improvement page that you may find useful so it is definitely worth visiting **http://www.improvement.nhs.uk/resources/making-data-count**

The SPC charts in this report are time series line charts with three reference lines that will hopefully help you appreciate variation in the data. The centre reference line (**dark grey**) is the mean, and the two light grey lines are the upper and lower control limits. The aim of these charts is to distinguish special cause variation from common cause variation. There are a number of tests applied to the data to identify special cause variation which is then highlighted on the charts by colouring the corresponding data point markers. The tests applied in this report and the corresponding colours of the data point markers where special cause variation is found are outlined in the example chart below.

The report then uses the SPC icons developed by NHS Improvement to summarise the messages from SPC charts - an explanation of these icons can be found on the Executive Summary page of the report.



Executive Summary

		Assurance			Variation		
							
Quality	Harm Free	1	3	10	5	4	5
	Infection Prevention and Control	0	1	3	2	0	2
	Maternity	0	0	8	0	0	8
	Mortality	2	0	1	3	0	0
	Patient Experience	2	0	8	2	0	8
Operations	Access	0	2	7	1	1	7
	Cancer	2	0	4	2	0	4
	Productivity	0	5	5	4	2	4
Finance	Finance	2	3	2	2	5	0
Workforce	Agency	0	1	0	0	1	0
	Organisational Development	1	0	1	2	0	0
	Sickness, Vacancy and Turnover	0	6	4	1	6	3

Assurance	
	Indicates that this indicator has not changed significantly although it may be underperforming.
	Indicates that there is a level of assurance around this indicator.
	Indicates that there is some concern around the performance of this indicator.

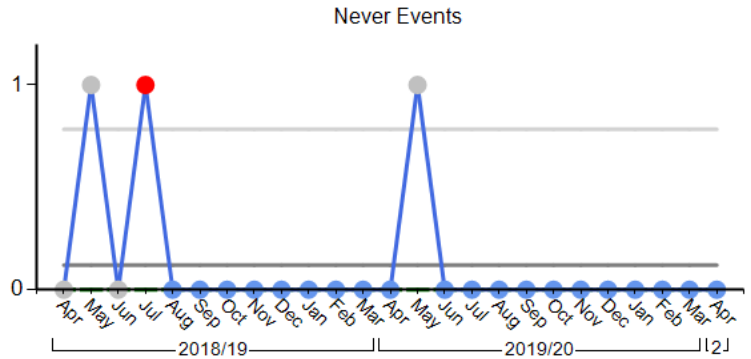
Variation	
	Indicates that there is no significant variation recently for this indicator.
	Indicates that there is positive variation recently for this indicator.
	Indicates that there is negative variation recently for this indicator.

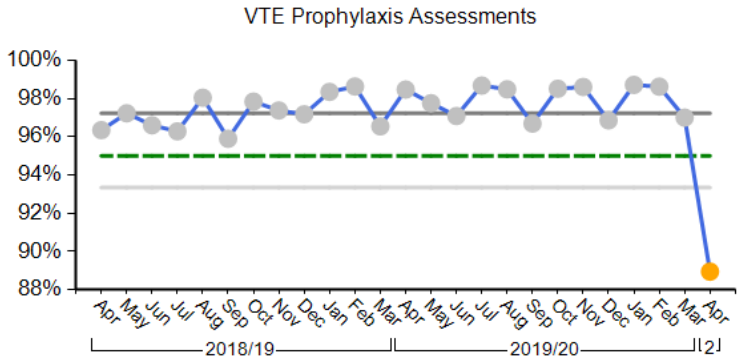
Quality

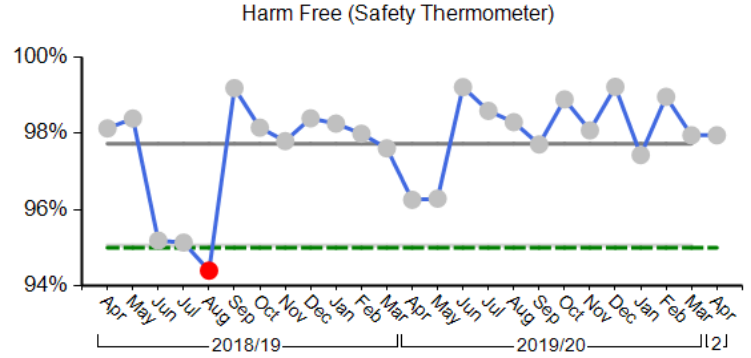
Harm Free

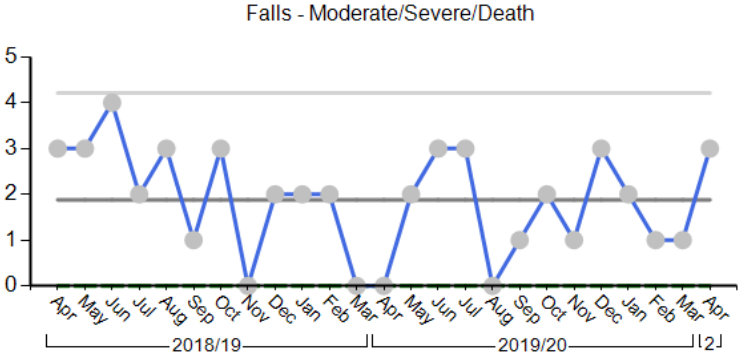
Pressure Ulcers and Falls – Harm Free Care Panels continue with MDT representation reviewing RCAs from falls and pressure ulcers and themes on a weekly basis. Lessons learnt are now circulated on a bi-monthly basis and any falls with harm, and Pressure ulcers grade 3 or above are referred to the Serious Incident Reporting Group (SIRG) chaired by the Director of Nursing or Medical Director. Quarterly reports are now produced and presented to the Quality and Safety Committee.
The measurement for harm free care has been maintained since June 19
Safe Staffing - The low figure of safe staffing in April 20 is being investigated in conjunction with COVID 19 plans and staff redeployment recording. Initial work suggests that whilst the fill-rate appears low at 73.7%, Care Hours Per Patient per day is significantly higher than average in month at 11.7 supporting a lower requirement of staff in some areas due to lower bed occupancy during this time. Appropriate assurance mechanisms were in place regarding safe staffing through reported 3 x a day staffing huddles 7/7 a week and appropriate staffing levels were maintained.
Neck of Femur - A Significant drop in NOF performance, 3 cases out of 8 delayed for medical reasons, 5 due to theatre time issues related to our covid response and enhanced PPE

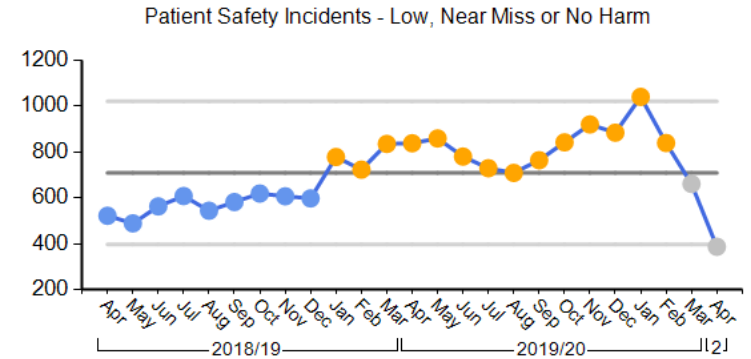
	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Never Events	0	0	0	Apr 20		0	0	Mar 20	1	0	
VTE Prophylaxis Assessments	95%	88.9%	239	Apr 20		95%	97%	Mar 20	95%	88.9%	
Harm Free (Safety Thermometer)	95%	97.9%	7	Mar 20		95%	99%	Feb 20	95%	98.1%	
Falls - Moderate/Severe/Death	0	3	3	Apr 20		0	1	Mar 20	1	3	
Patient Safety Incidents - Low, Near Miss or No Harm	822	387	387	Apr 20			661	Mar 20	823	387	
Safe Staffing	95%	73.7%	N/A	Apr 20		95%	88.9%	Mar 20	90%	73.7%	
Fractured Neck of Femur	90%	40%	8	Apr 20		90%	75%	Mar 20	90%	40%	
Hospital Pressure Ulcers - Grade 2	1	5	N/A	Apr 20		1	7	Mar 20	19	5	
Hospital Pressure Ulcers - Grades 3 & 4	1	0	0	Apr 20		1	0	Mar 20	2	0	
WHO Checklist	99.9%	100%	0	Apr 20		99.9%	99.8%	Mar 20	100%	100%	
Sepsis - Timely Identification	75%	100%	N/A	Feb 20		75%	100%	Jan 20		98.9%	
Sepsis - Timely Treatment	75%	70.8%	N/A	Feb 20		75%	85.2%	Jan 20		79.1%	
Care Hours Per Patient Day (CHPPD)	7.9	11.7	N/A	Apr 20		7.9	9.1	Mar 20	7.5	11.7	

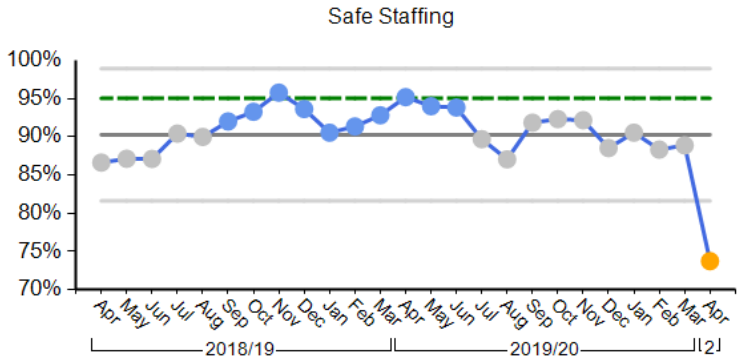

Never Events
1
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

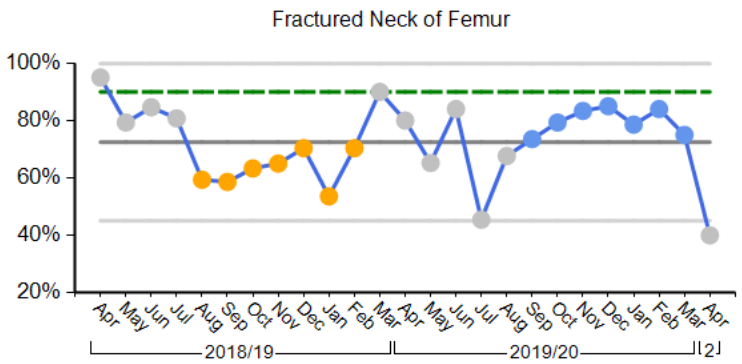

VTE Prophylaxis Assessments
100%
98%
96%
94%
92%
90%
88%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

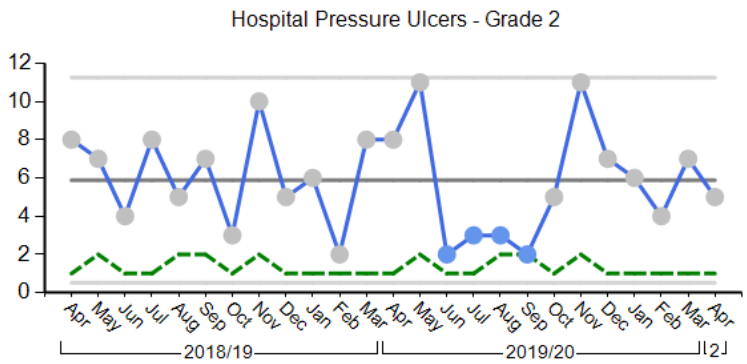

Harm Free (Safety Thermometer)
100%
98%
96%
94%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

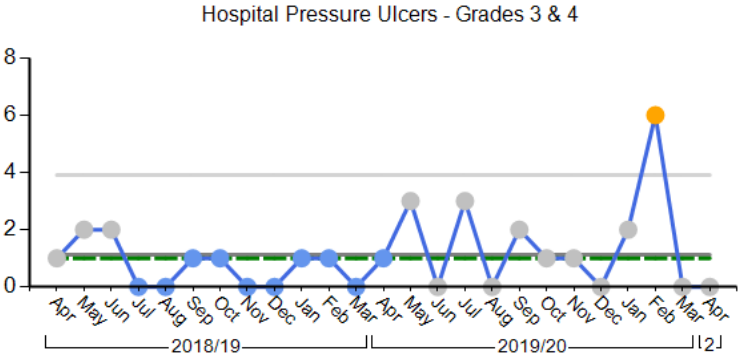

Falls - Moderate/Severe/Death
5
4
3
2
1
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

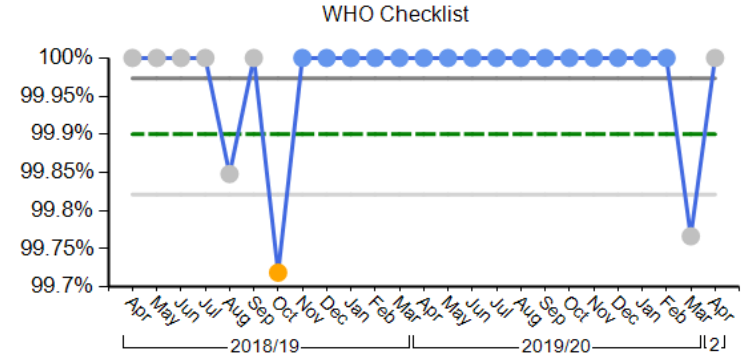

Patient Safety Incidents - Low, Near Miss or No Harm
1200
1000
800
600
400
200
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

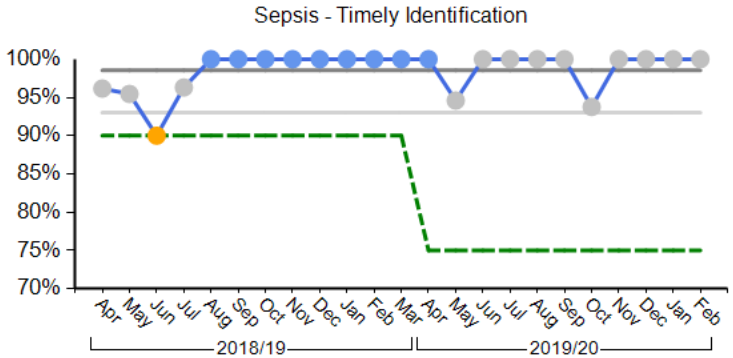

Safe Staffing
100%
95%
90%
85%
80%
75%
70%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

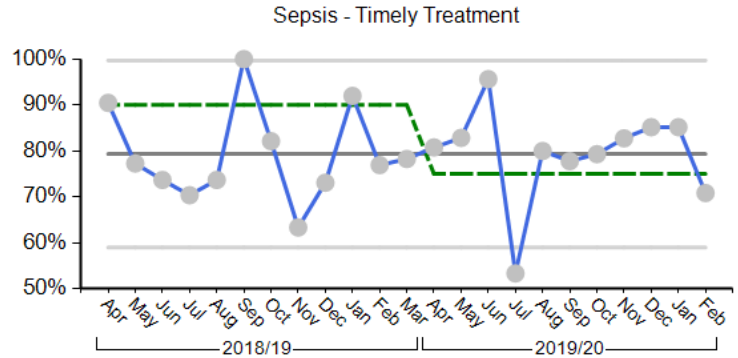

Fractured Neck of Femur
100%
80%
60%
40%
20%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

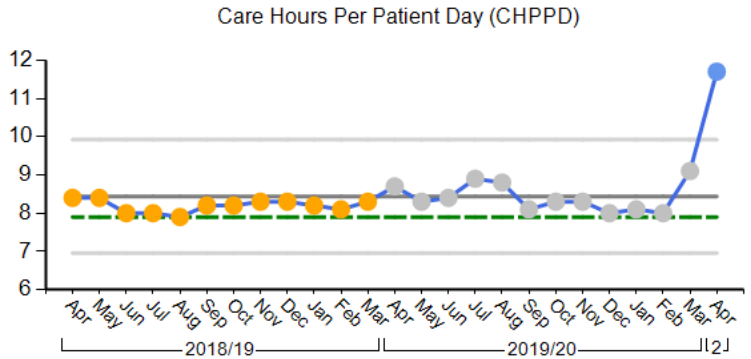

Hospital Pressure Ulcers - Grade 2
12
10
8
6
4
2
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

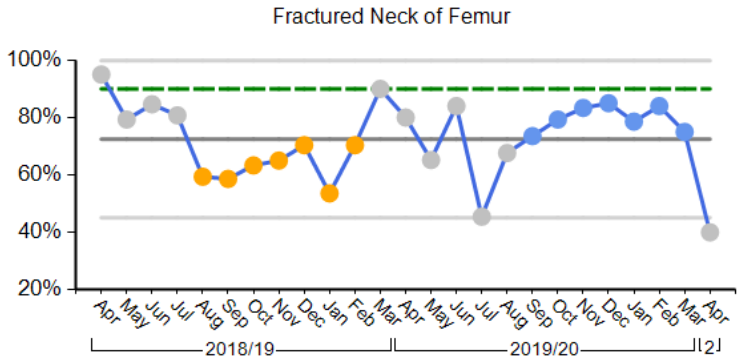

Hospital Pressure Ulcers - Grades 3 & 4
8
6
4
2
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12


WHO Checklist
100%
99.95%
99.9%
99.85%
99.8%
99.75%
99.7%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12


Sepsis - Timely Identification
100%
95%
90%
85%
80%
75%
70%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
2018/19
2019/20


Sepsis - Timely Treatment
100%
90%
80%
70%
60%
50%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
2018/19
2019/20


Care Hours Per Patient Day (CHPPD)
12
11
10
9
8
7
6
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
2

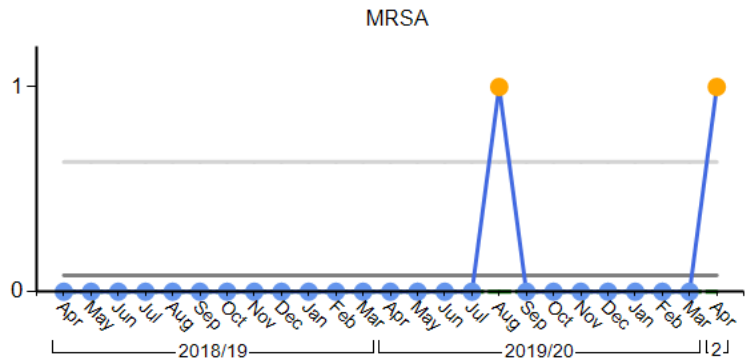

Fractured Neck of Femur
100%
80%
60%
40%
20%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
2

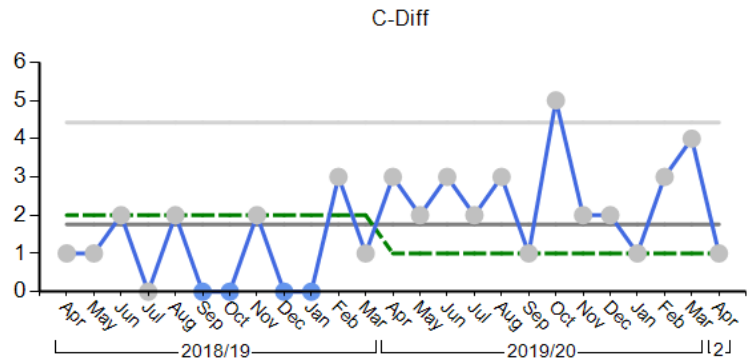
Quality

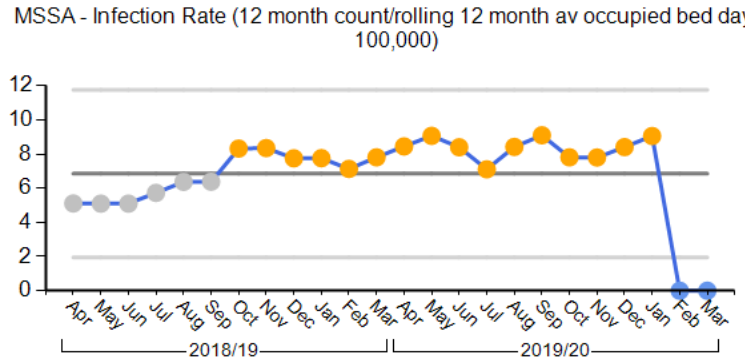
Infection Prevention and Control

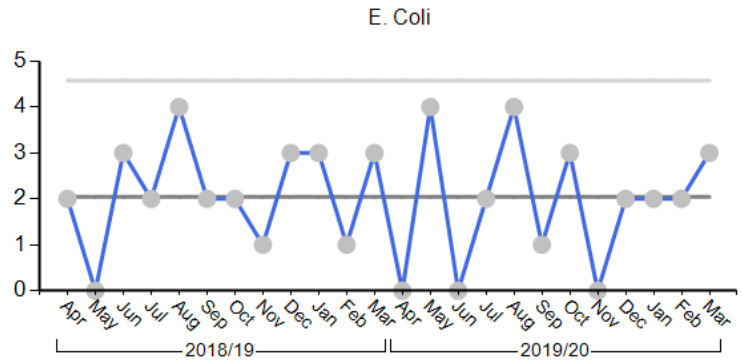
An MRSA Bacteraemia was reported this month and is the 1st since August 2019. A full RCA has been completed and lessons learnt and outcome will be reported through the Infection Control Assurance Committee.
An evaluation of C diff rates and conclusion on appeals cases for the year 2019/20 will be reported at the next Infection Control Committee June 20.
It is the intention to increase the number of indicators in this section for future reports

	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
MRSA	0	1	1	Apr 20		0	0	Mar 20	1	1	
C-Diff	1	1	1	Apr 20		1	4	Mar 20	16	1	
MSSA - Infection Rate (12 month count/rolling 12 month av occupied bed days x 100,000)		0	N/A	Mar 20			0	Feb 20			
E. Coli		3	3	Mar 20			2	Feb 20		23	


MRSA
1
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20


C-Diff
6
5
4
3
2
1
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20


MSSA - Infection Rate (12 month count/rolling 12 month av occupied bed days x 100,000)
12
10
8
6
4
2
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20

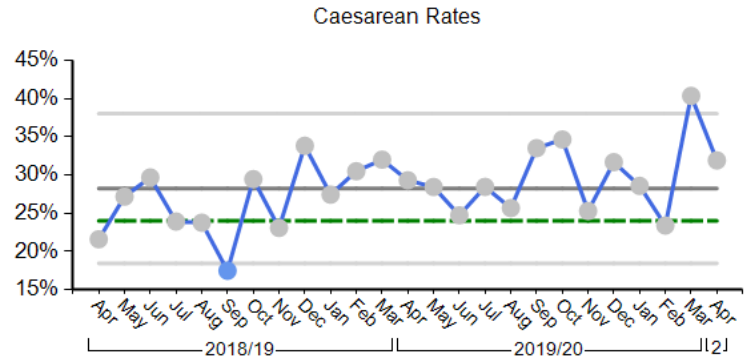

E. Coli
5
4
3
2
1
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20

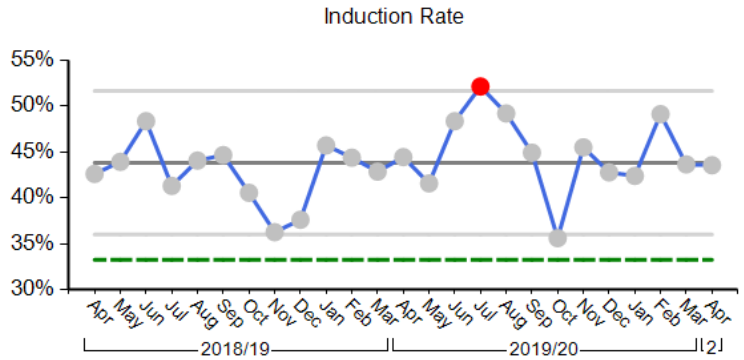
Quality

Maternity

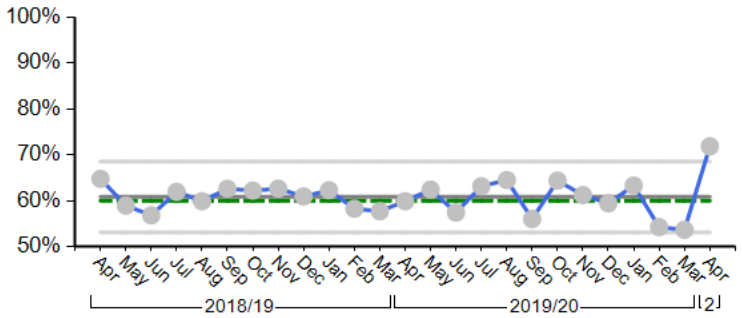
This is a new section of the IPR and it is anticipated that the number of indicators will increase in the future. A formal presentation and overview are included in this board agenda.

	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Caesarean Rates	24%	31.9%	52	Apr 20		24%	40.3%	Mar 20	24.1%	31.9%	
Induction Rate	33.3%	43.6%	71	Apr 20		33.3%	43.6%	Mar 20	33.3%	43.6%	
Breastfeeding Initiation	60%	71.9%	45	Apr 20		60%	53.7%	Mar 20	58%	71.9%	
Percentage of Women Booked by 12 weeks 6 days	90%	95.5%	9	Apr 20		90%	92.7%	Mar 20	85%		
Number of Occasions 1:1 Care Not Provided			0	Apr 20				Mar 20	1		
Percentage of 3rd/4th Degree Tears	0	1	1	Apr 20			3	Mar 20	1	1	
Number of Maternal Deaths	0	0	0	Apr 20		0	0	Mar 20	1	0	
Number of Maternity Complaints	0	0	0	Apr 20			0	Mar 20	1	0	

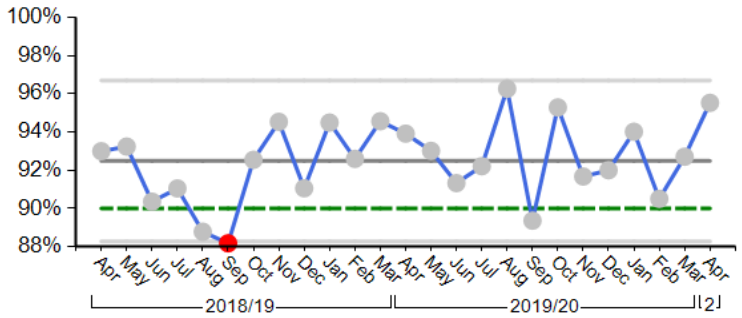




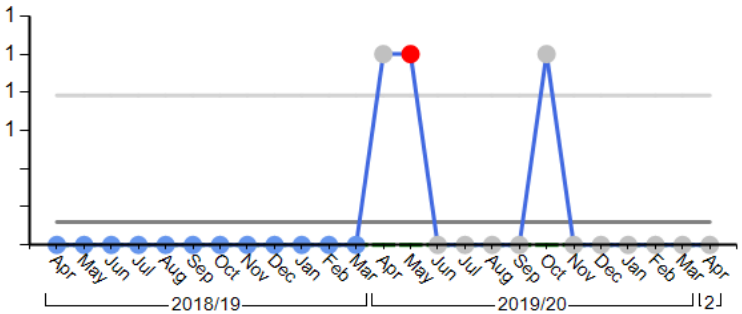
Breastfeeding Initiation



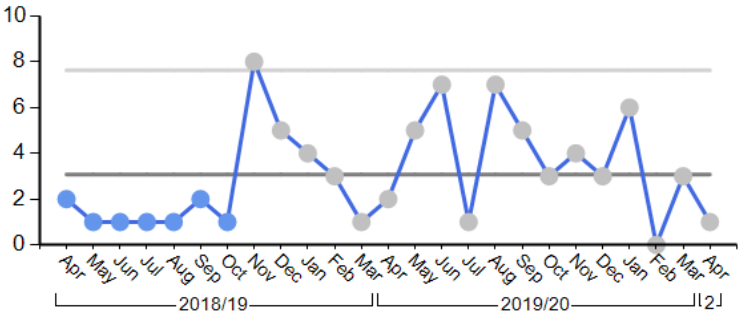
Percentage of Women Booked by 12 weeks 6 days



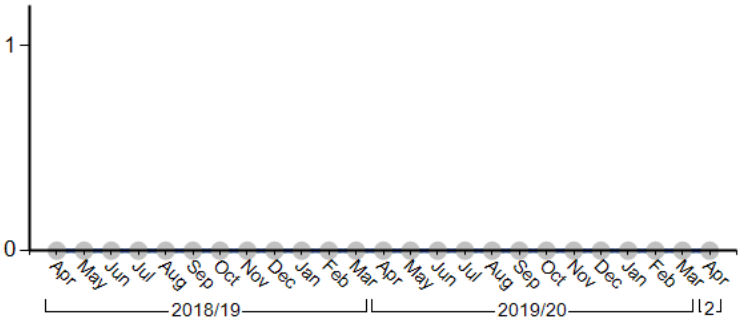
Number of Occasions 1:1 Care Not Provided



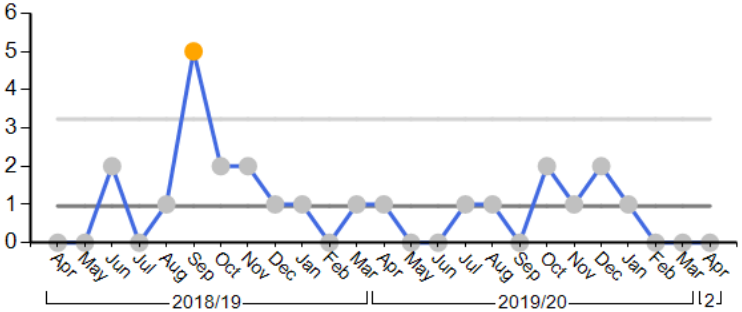
Percentage of 3rd/4th Degree Tears



Number of Maternal Deaths



Number of Maternity Complaints



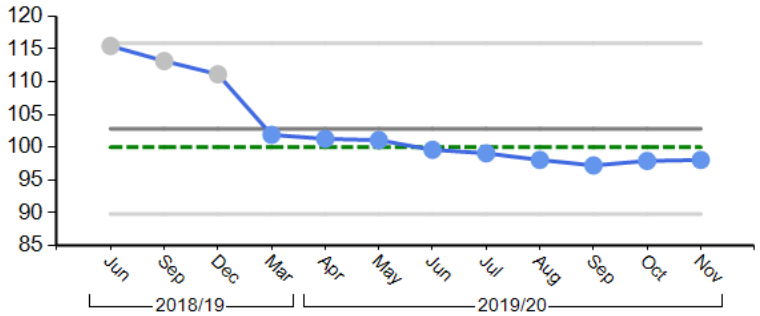
Quality

Mortality

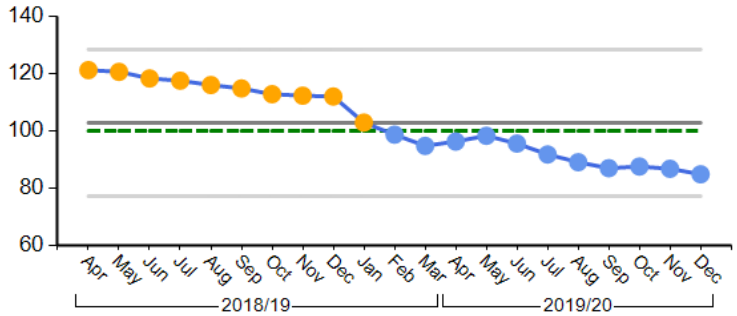
Continual improvement in both SHMI and HSMR.
The medical Director is leading discussions on options to improve percentage of deaths screened

	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
SHMI (Summary Hospital-level Mortality Indicator)	100	98.1	N/A	Nov 19		100	97.9	Oct 19	100.1	99.1	
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)	100	84.9	N/A	Dec 19		100	86.8	Nov 19	100.1	84.9	
Percentage of Deaths Screened	100%	53%	39	Mar 20		100%	57.5%	Feb 20		64.8%	

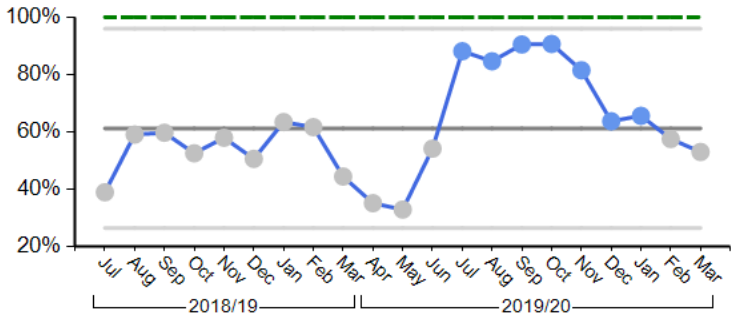
SHMI (Summary Hospital-level Mortality Indicator)



HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)



Percentage of Deaths Screened

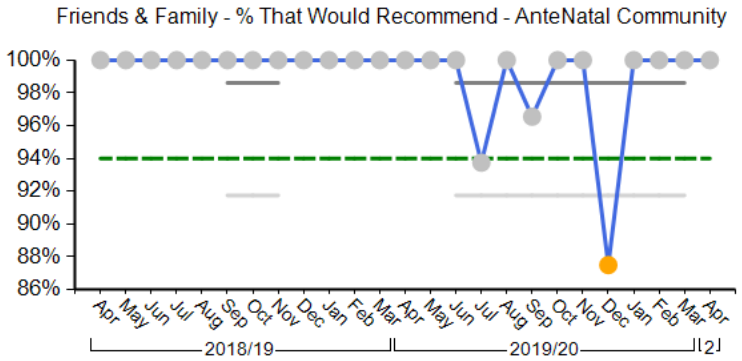


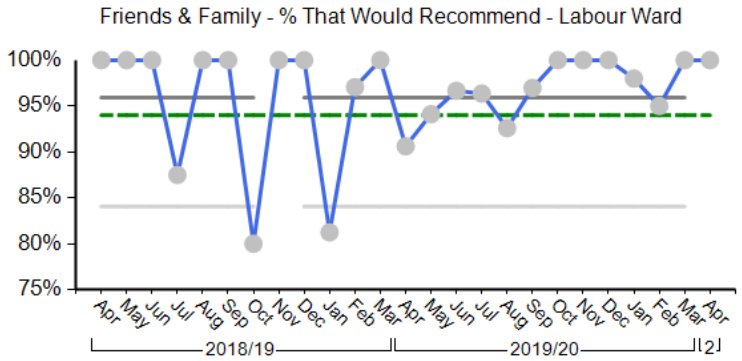
Quality

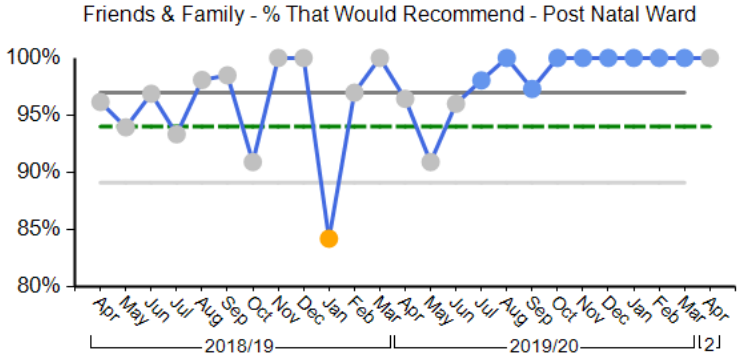
Patient Experience

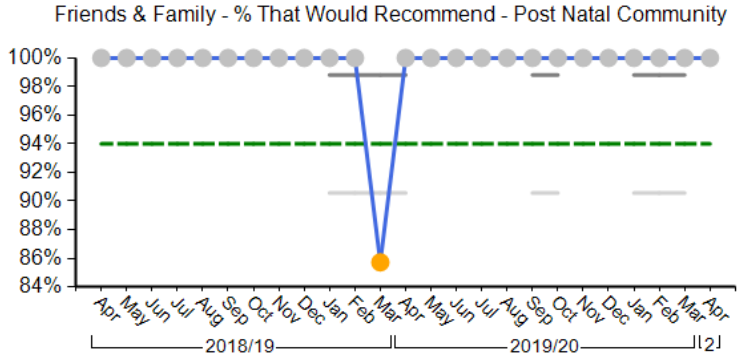
Nationally due to COVID, reporting of FFT and DSSA rates have temporarily been suspended, however as good practice the Trust has continued to collect and report this. It is expected going forward that additional metrics related to response rates for FFT will be added to this section in order to evaluate response rates v satisfaction rates.
Complaints - the trajectory of delivering complaint response times to 40 days by May 20 is on track to be achieved. It is expected that the metric for reporting complaint response time will change to reflect % of complaints in month that have achieved the 40 day timeframe.

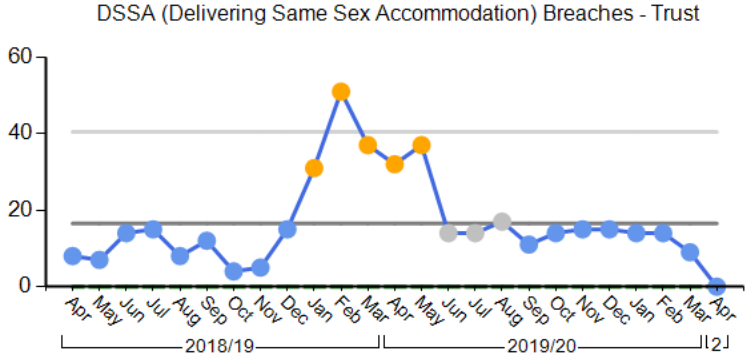
	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Friends & Family - % That Would Recommend - AnteNatal Community	94%	100%	0	Mar 20		94%	100%	Feb 20	80%		
Friends & Family - % That Would Recommend - Labour Ward	94%	100%	0	Mar 20		94%	95%	Feb 20	80%		
Friends & Family - % That Would Recommend - Post Natal Ward	94%	100%	0	Mar 20		94%	100%	Feb 20	80%		
Friends & Family - % That Would Recommend - Post Natal Community	94%	100%	0	Mar 20		94%	100%	Feb 20	80%		
DSSA (Delivering Same Sex Accommodation) Breaches - Trust	0	0	0	Apr 20		0	9	Mar 20	1	0	
Written Complaints	35	10	10	Apr 20		35	15	Mar 20	538	10	
Complaints Average Turnaround Time	40	72	N/A	Mar 20		40	72.1	Feb 20		930.7	
Duty of Candour - Evidence of Discussion	100%	100%	0	Mar 20		100%	100%	Feb 20	100%	98%	
Duty of Candour - Evidence of Letter	100%	100%	0	Mar 20		100%	85.7%	Feb 20	100%	96.9%	
Friends and Family Test - Staff - % That Would Recommend - Trust Overall		65.3%	124	Sep 19			69.2%	Jun 19		66%	

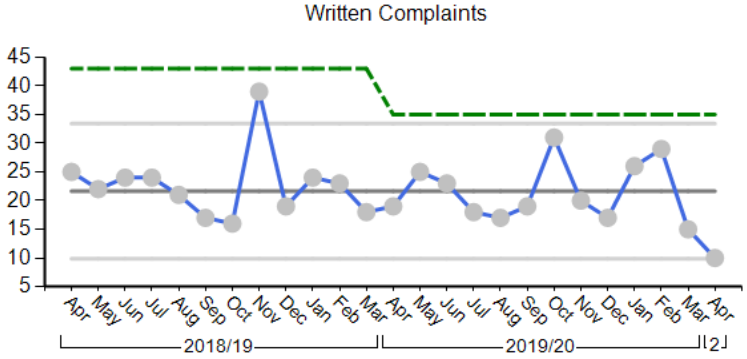

Friends & Family - % That Would Recommend - AnteNatal Community
100%
98%
96%
94%
92%
90%
88%
86%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

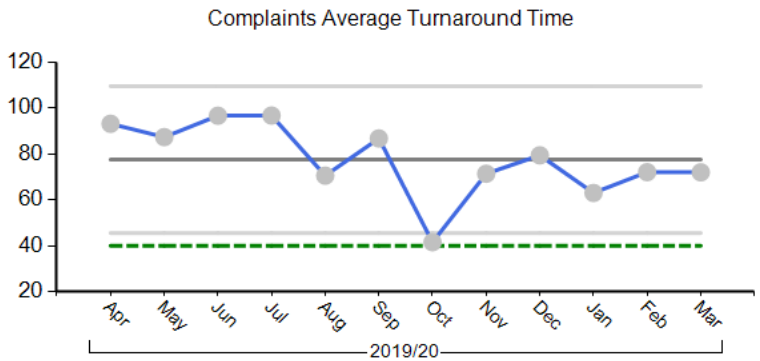

Friends & Family - % That Would Recommend - Labour Ward
100%
95%
90%
85%
80%
75%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

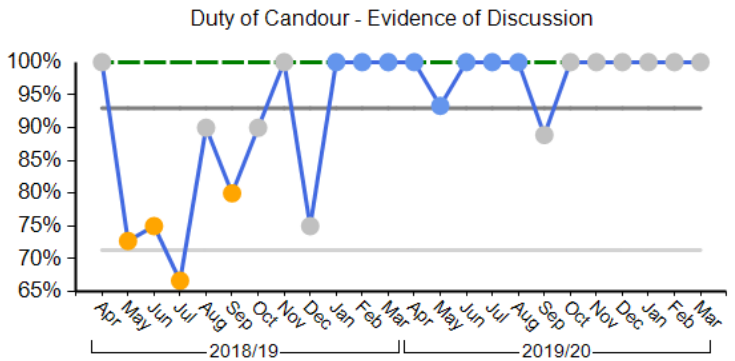

Friends & Family - % That Would Recommend - Post Natal Ward
100%
95%
90%
85%
80%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

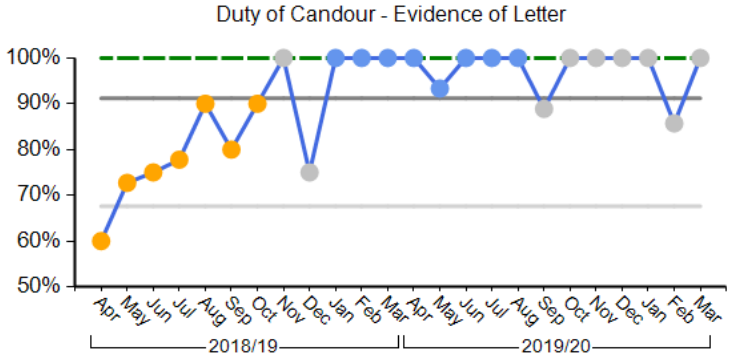

Friends & Family - % That Would Recommend - Post Natal Community
100%
98%
96%
94%
92%
90%
88%
86%
84%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

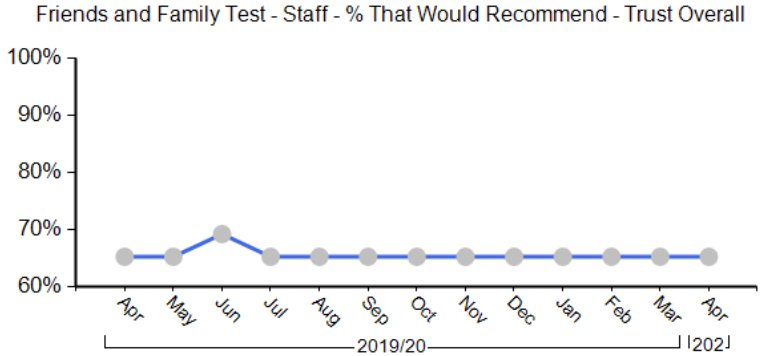

DSSA (Delivering Same Sex Accommodation) Breaches - Trust
60
40
20
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20


Written Complaints
45
40
35
30
25
20
15
10
5
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20


Complaints Average Turnaround Time
120
100
80
60
40
20
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2019/20


Duty of Candour - Evidence of Discussion
100%
95%
90%
85%
80%
75%
70%
65%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


Duty of Candour - Evidence of Letter
100%
90%
80%
70%
60%
50%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


Friends and Family Test - Staff - % That Would Recommend - Trust Overall
100%
90%
80%
70%
60%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2019/20
202

Operations

Access

4 hour performance and Urgent and Emergency Care KPIs: The Trust reported that 91.8% of patients were seen, treated and either transferred or discharged from ED. The month was the best performing month over the last 2 years. The Trust performance ranked 33 (out of 128) nationally and ranked 5 (out of 21) for the North West region. COVID-19 has had a profound and unprecedented impact on urgent & emergency care demand country-wide and the Trusts experience is no different. The ED has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England – which has contributed to the performance improvement.

The Trust experienced a 58% reduction in ED attendance activity for April against April 2019. For the same period the Trust experienced a 6% reduction in emergency admissions for the same period (the equivalent of one less patient per day). This shows that whilst ED attendances were down the Trust still needed to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays.

A critical element of the performance improvement is the system's ability to maintain good patient flows i.e. ensuring timely and safe discharge of patients who now no longer need to hospital bed. The Trust has seen a staggering 50% reduction in MOFD occupying a hospital bed has resulted in the freeing up of hospital beds and improved occupancy levels. This has helped eliminate 12 hour DTA breaches for the month as a bed has been available for patients requiring admission to hospital when the clinician has made a decision to admit.

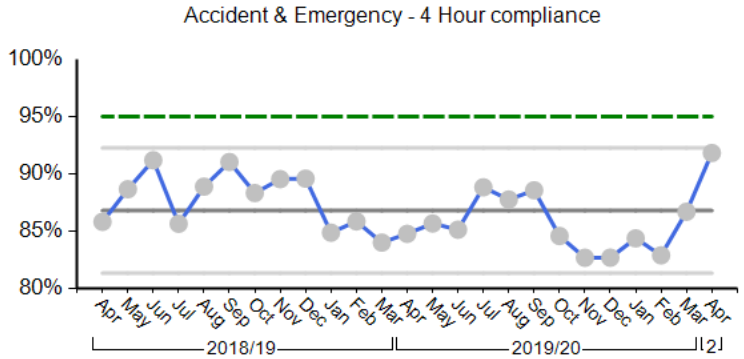
Whilst the Trust is now considering plans to bring non-urgent services on line we are still cognisant of a requirement to always manage Non Elective demand for COVID on top of routine Non Elective demand and therefore the Trust maintain vigilance in the need to plan for increased demand on adult services. The Trust has developed it clinically led Surge Plan to support Emergency Medicine preparedness which is being reviewed to move from 'responding to COVID-19' to 'business with COVID-19'. This will be a complex operation and the Trust has established a robust structure to ensure good governance and a clinically driven approach.

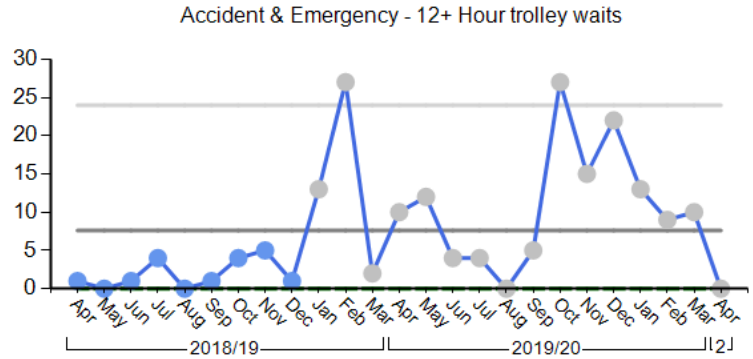
RTT and Diagnostics:RTT performance has decreased as expected but the decline is much less extreme, with current performance only dropping to 79%. The number of waiters over 40 weeks is following a similar trend to the 30 week waiters; at its current level of 70 patients this is more than 7 times higher than previous average. The major issue is Gynaecology which has been severely compromised with shortage of the medical workforce. Diagnostic performance has continued to deteriorate to 50.57% in April with 710 patients waiting over 6 weeks out of 1410 total waiters. The majority of long waiters are for ECG's and Audiology Assessments with a significant number also waiting for Endoscopy procedures.

Both RTT and Diagnostics performance has been adversely impacted by the NHS England mandate to defer non-urgent clinical activity from the beginning of April 2020. At this point each specialty produced business continuity plan (BCPs) using Royal Colleges' guidance, adapted for local conditions. This identified patient treatments that must be delivered such as cancer, urgent and time critical services – which the Trust has continued to deliver on through COVID-19 to the best our ability i.e. workforce shortages and IPC restrictions. This work included risk stratifying all current and future outpatient clinics to identify patients for potential cancellation, or delivering activity in a different way e.g. virtual clinics, telephone clinic, desktop reviews, risk stratification on waiting lists and virtual clinics.

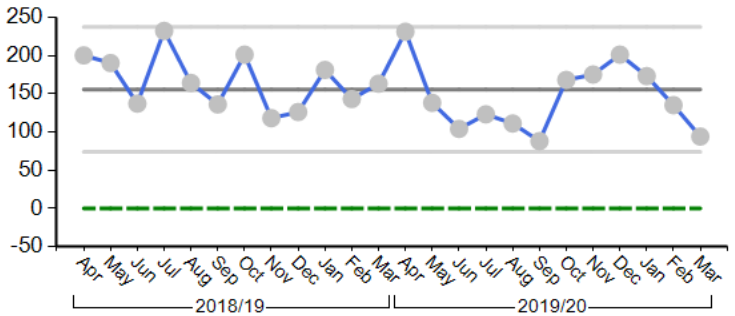
The Trust is now entering Phase II of the response to Covid-19. The first stage in Phase II is to step up non-Covid urgent services i.e. the backlog of patients created in the RTT and Diagnostic waiting lists. The logical next step will be to reintroduce elective care as guided by NHSE. The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements already described under the 4 hour performance update.

	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Accident & Emergency - 4 Hour compliance	95%	91.8%	352	Apr 20		95%	86.7%	Mar 20	95%	91.8%	
Accident & Emergency - 12+ Hour trolley waits	0	0	0	Apr 20		0	10	Mar 20	1	0	
Ambulance Handover 30-60 Mins	0	94	94	Mar 20		0	135	Feb 20	1	1741	
Ambulance Handover Over 60 Mins	0	16	16	Mar 20		0	23	Feb 20	1	420	
Referral to treatment: on-going	92%	82.1%	1362	Apr 20		92%	89.8%	Mar 20	92%	82.1%	
Diagnostic waits	1%	50.6%	710	Apr 20		1%	10.1%	Mar 20	1%	50.6%	
Stroke - 90% Stay on Stroke Ward	80%	74.1%	7	Apr 20		80%	76.9%	Mar 20	80%	74.1%	
TIA	60%	4.3%	22	Mar 20		60%	18.2%	Feb 20	60%	12.4%	
Cancelled Operations	0.6%	0.2%	1	Apr 20		0.6%	0.4%	Mar 20	0.6%	0.2%	

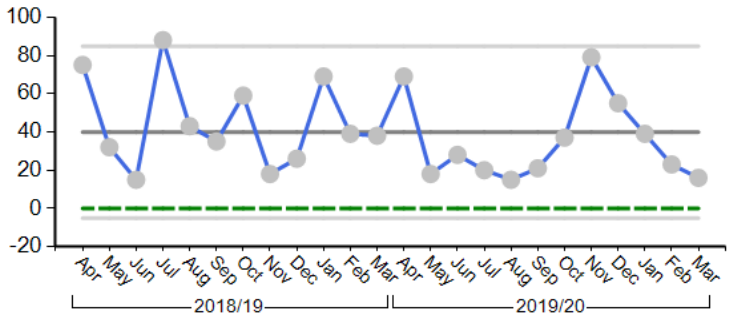




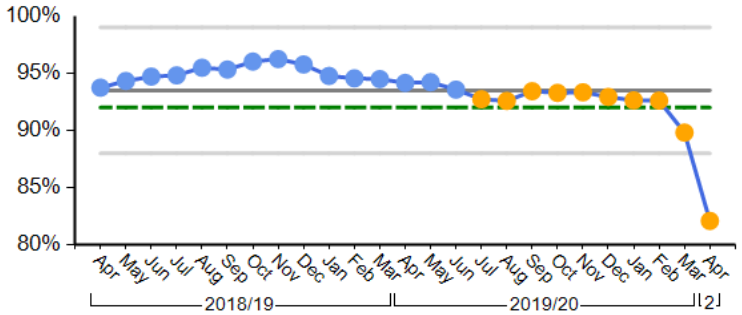
Ambulance Handover 30-60 Mins



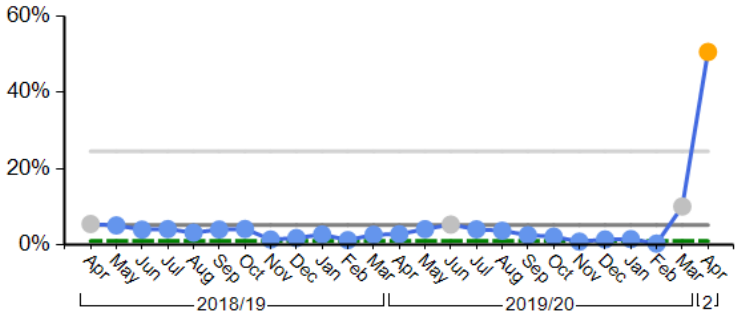
Ambulance Handover Over 60 Mins



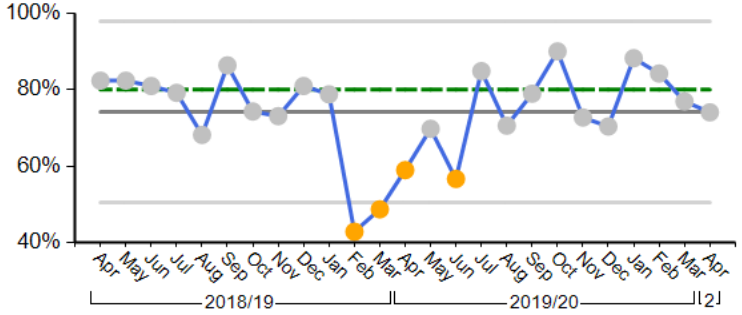
Referral to treatment: on-going



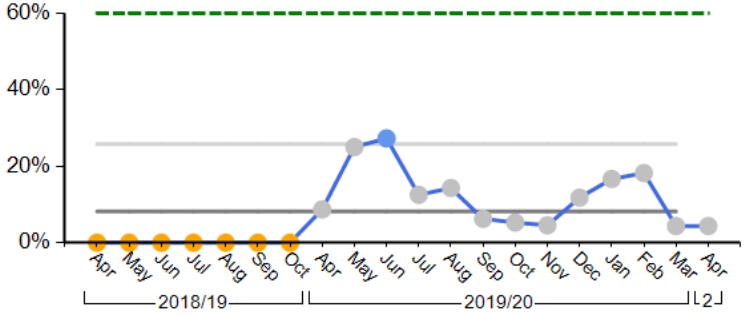
Diagnostic waits

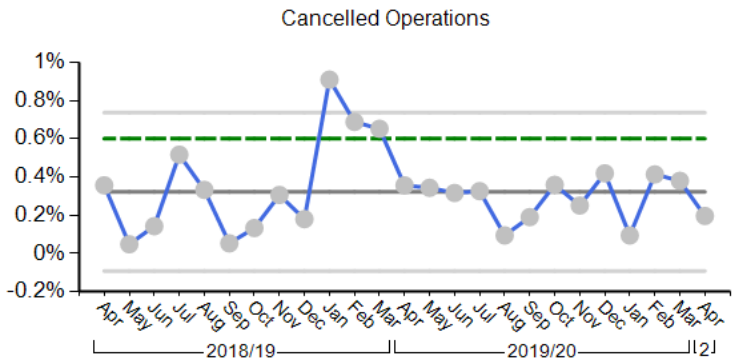


Stroke - 90% Stay on Stroke Ward



TIA



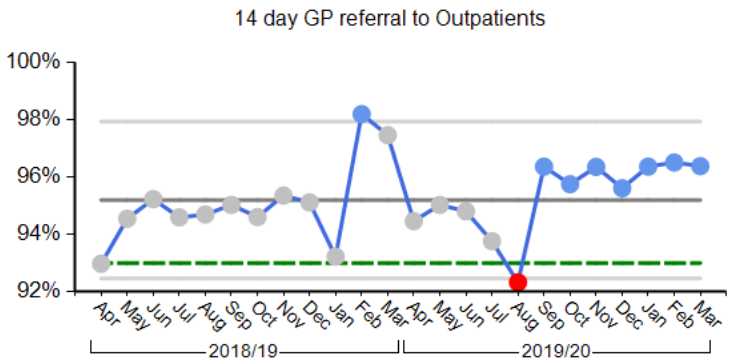

Cancelled Operations
1%
0.8%
0.6%
0.4%
0.2%
0%
-0.2%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

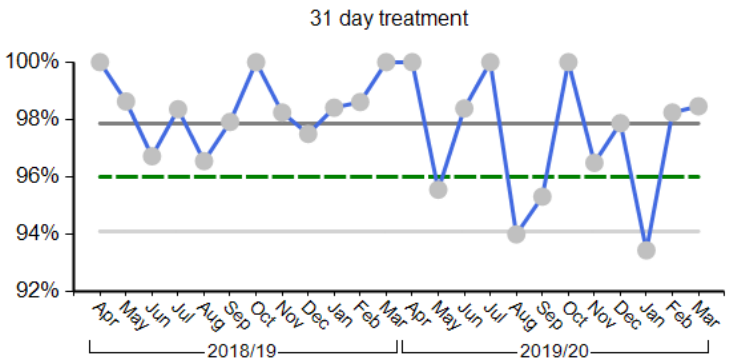
Operations

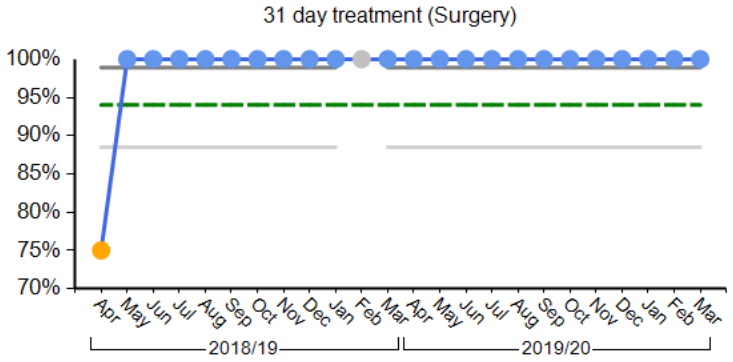
Cancer

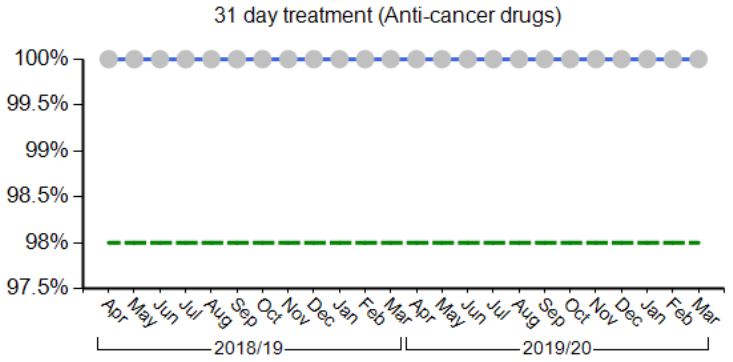
For the 62 day standard the Trust (with the exemption of Liverpool Heart and Chest) were the best performing Trust for 62 day performance for March 2020 and indeed achieved the national standard. This is a great achievement and testament to the hard work of all our teams. The performance is likely to worsen for April due to COVID-19 related issues i.e. patient choice, tertiary centres deferring treatment. The Trust continues to prioritise Cancer work and forms part of the Cheshire & Mersey Cancer Alliance Clinical periodisation meetings to consider capacity management in meeting the demand challenges.

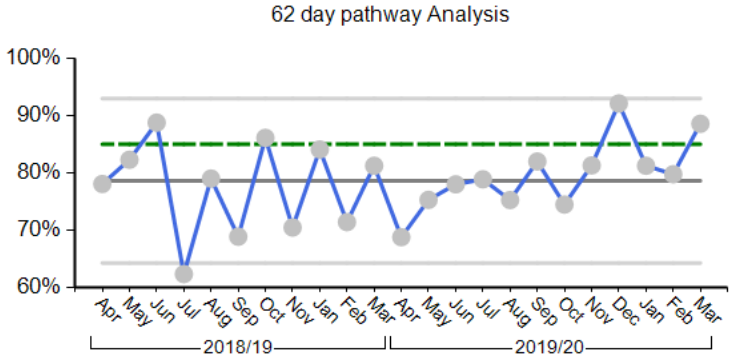
	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
14 day GP referral to Outpatients	93%	96.4%	27	Mar 20		93%	96.5%	Feb 20	93%	95.2%	
31 day treatment	96%	98.5%	1	Mar 20		96%	98.2%	Feb 20	96%	97.4%	
31 day treatment (Surgery)	94%	100%	0	Mar 20		94%	100%	Feb 20	94%	100%	
31 day treatment (Anti-cancer drugs)	98%	100%	0	Jan 20		98%	100%	Sep 19	98%	100%	
62 day pathway Analysis	85%	88.6%	6	Mar 20		85%	79.8%	Feb 20		81%	
62 day GP referral to treatment	85%	88.6%	6	Mar 20		85%	79.8%	Feb 20	85%	80.1%	

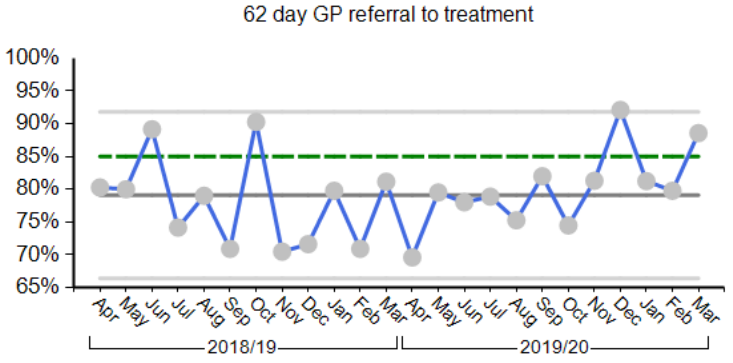

14 day GP referral to Outpatients
100%
98%
96%
94%
92%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


31 day treatment
100%
98%
96%
94%
92%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


31 day treatment (Surgery)
100%
95%
90%
85%
80%
75%
70%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


31 day treatment (Anti-cancer drugs)
100%
99.5%
99%
98.5%
98%
97.5%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


62 day pathway Analysis
100%
90%
80%
70%
60%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


62 day GP referral to treatment
100%
95%
90%
85%
80%
75%
70%
65%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20

Operations

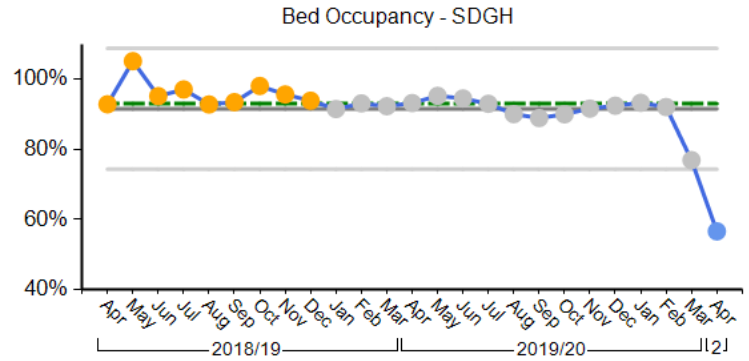
Productivity

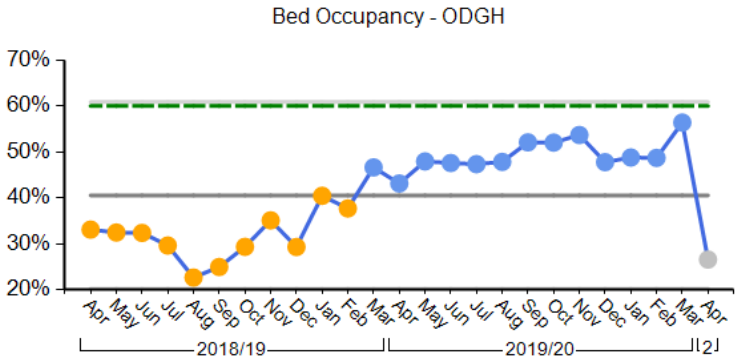
It must be noted that theatre and outpatient productivity will be impacted upon due to the profoundness of COVID-19 and the need to deliver safe and effective services. Whilst every effort will be made to ensure theatre and outpatient services are efficient there are factors that will inhibit our ability to deliver the internal KPI ambitions set pre COVID-19. All planning and reintroduction of activity is based on a number of factors:

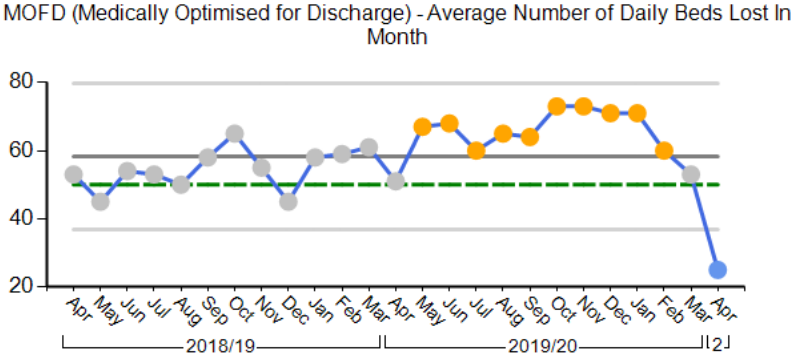
- Availability of our Workforce;
- Our estate and the effect of social distancing measures on capacity;
- Adapted processes to ensure maximum staff and patient safety;
- Localised Specialty Specific Royal College Guidance;
- Any effect on admissions due to the relaxation of lockdown measures.

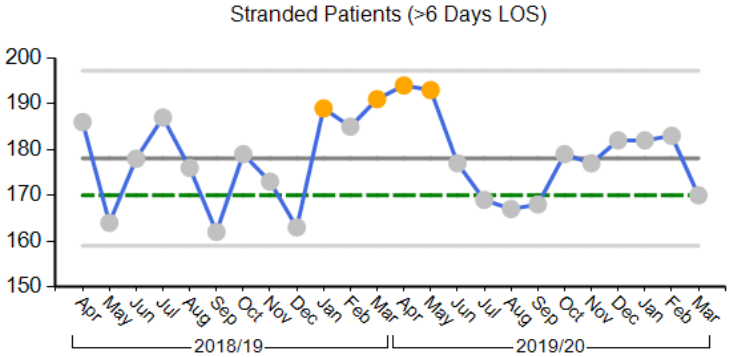
It is expected that the amazing advances that have been achieved in regards change of work practices and the use of digital technology will play a crucial role in delivering our business with Covid.

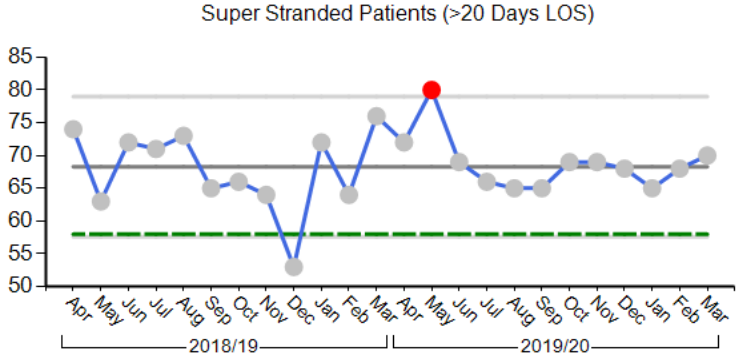
	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Bed Occupancy - SDGH	93%	56.6%	N/A	Apr 20		93%	76.9%	Mar 20	93%	56.6%	
Bed Occupancy - ODGH	60%	26.6%	N/A	Apr 20		60%	56.4%	Mar 20	60%	26.6%	
MOFD (Medically Optimised for Discharge) - Average Number of Daily Beds Lost In Month	50	25	25	Apr 20		50	53	Mar 20	50	25	
Stranded Patients (>6 Days LOS)	170	170	170	Mar 20		170	183	Feb 20		2141	
Super Stranded Patients (>20 Days LOS)	58	70	70	Mar 20		58	68	Feb 20		826	
New:Follow Up	2.63	2.8	N/A	Apr 20		2.6	2.6	Mar 20	2.6	2.8	
DNA (Did Not Attend) rate	8%	4.1%	425	Apr 20		8%	6.9%	Mar 20	8%	4.1%	
Theatre Utilisation - SDGH	85%	45.9%	N/A	Apr 20		85%	61.1%	Mar 20	80%	45.9%	
Theatre Utilisation - ODGH	95%	29.7%	N/A	Apr 20		95%	69.5%	Mar 20	90%	29.7%	
Southport A&E Conversion Rate	20%	33.8%	904	Apr 20		20%	25.7%	Mar 20	20%		

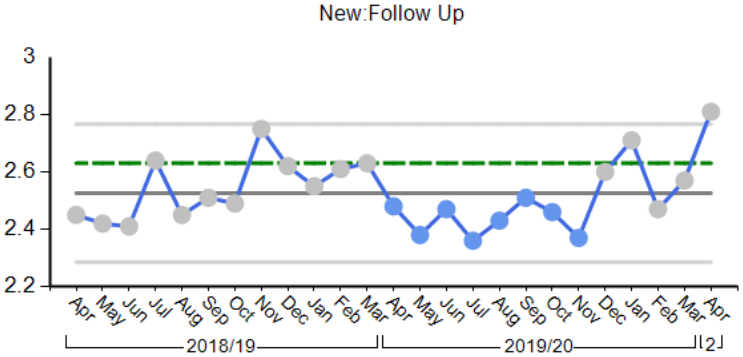

Bed Occupancy - SDGH
100%
80%
60%
40%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

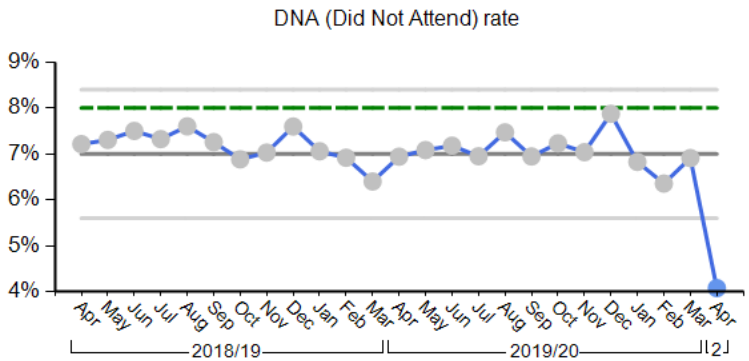

Bed Occupancy - ODGH
70%
60%
50%
40%
30%
20%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

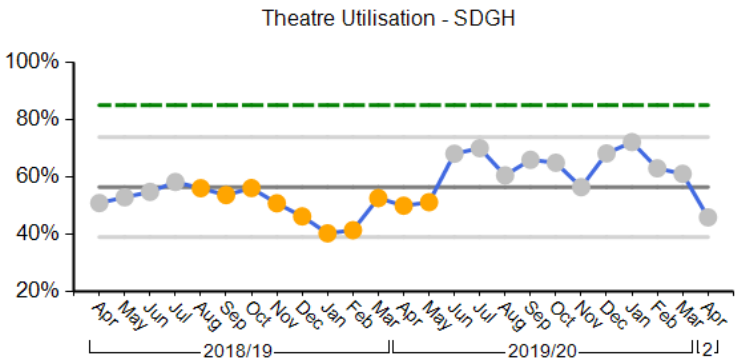

MOFD (Medically Optimised for Discharge) - Average Number of Daily Beds Lost In Month
80
60
40
20
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

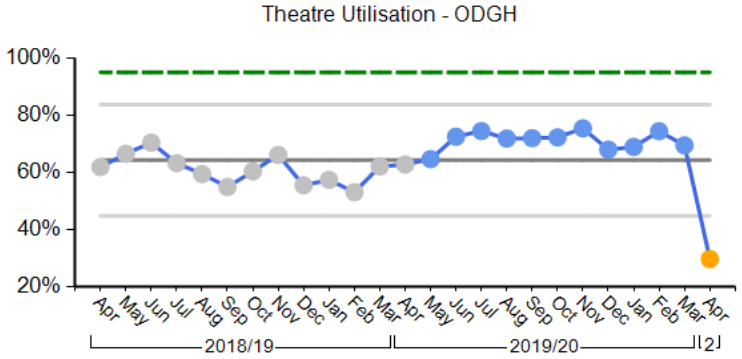

Stranded Patients (>6 Days LOS)
200
190
180
170
160
150
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20

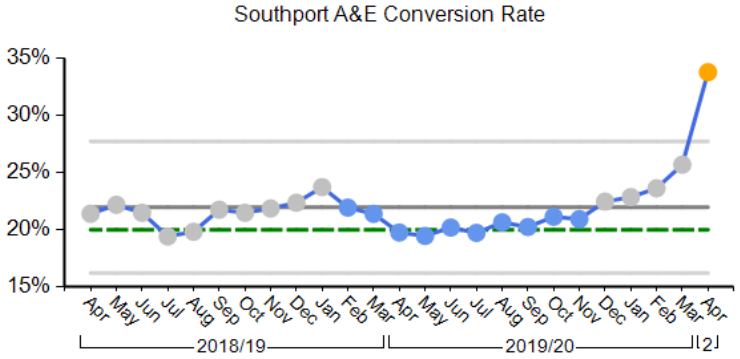

Super Stranded Patients (>20 Days LOS)
85
80
75
70
65
60
55
50
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


New:Follow Up
3
2.8
2.6
2.4
2.2
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20


DNA (Did Not Attend) rate
9%
8%
7%
6%
5%
4%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12


Theatre Utilisation - SDGH
100%
80%
60%
40%
20%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12


Theatre Utilisation - ODGH
100%
80%
60%
40%
20%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

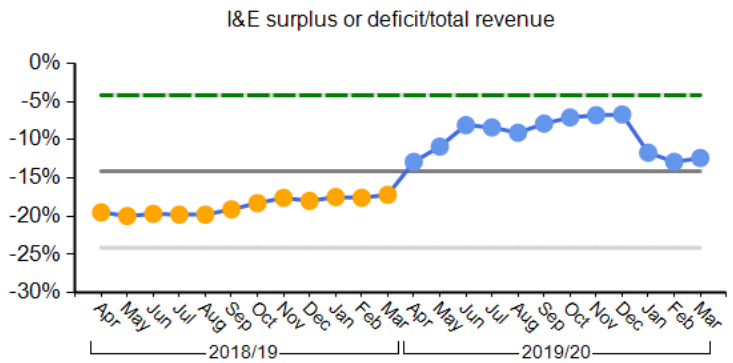

Southport A&E Conversion Rate
35%
30%
25%
20%
15%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20
12

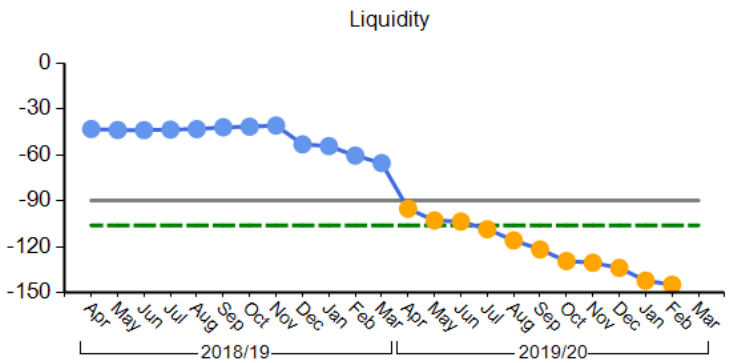
Finance

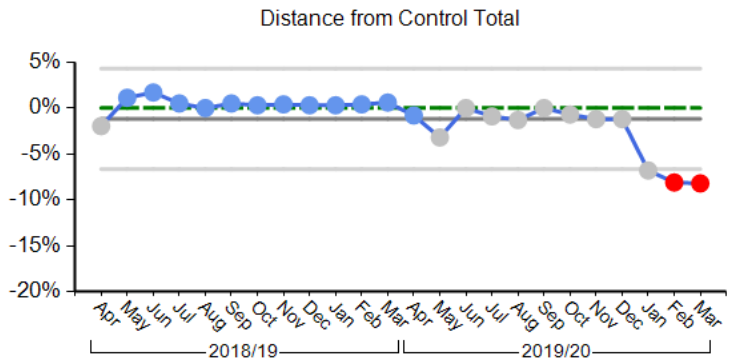
Finance

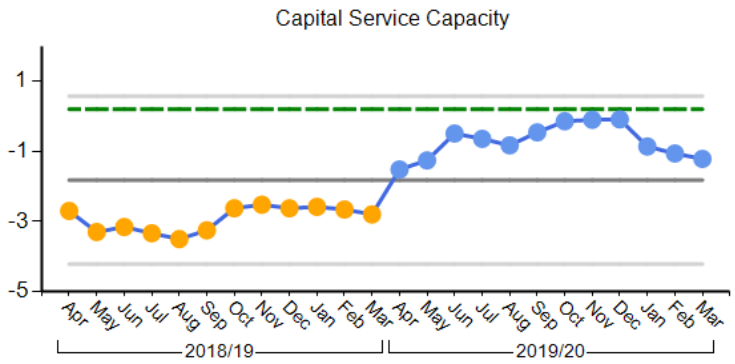
With the suspension of the 2020/21 Operational Planning process and a new financial framework introduced for the period 1st April to 31st July and the expectation from the Regulator is that the funding formula of block and top-up payments the Trust will break even on a monthly basis. Trusts can claim any additional marginal costs due to Covid and with therefore this avoids any interim working capital support. As a consequence the only metric being measured is Agency Spend.
In month 1, agency spend was £0.999 million 8% of the total paybill. This is improvement on March(8.4%). More significantly the spend in month 1 shows a reduction in spend of £0.250 million against the plan which is based on the average spend in month 8, 9 and 10 of last year. If you exclude Covid related agency spend £0.158 million, there has been a 33% reduction in agency spend against plan.

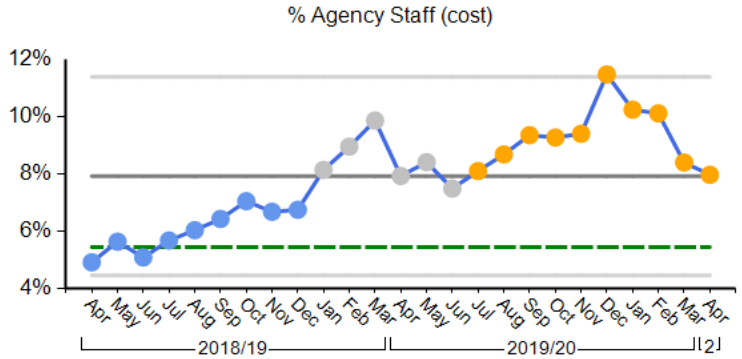
	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
I&E surplus or deficit/total revenue	-4.19%	-12.4%	N/A	Mar 20		-4.2%	-12.9%	Feb 20	-4.2%	-12.4%	
Liquidity	-106	-253	N/A	Mar 20		-106	-145	Feb 20	-106	-253	
Distance from Control Total	0%	-8.2%	N/A	Mar 20		0%	-8.1%	Feb 20	0%	-8.2%	
Capital Service Capacity	0.2	-1.216	N/A	Mar 20		0.2	-1.063	Feb 20	0.21	-1.216	
% Agency Staff (cost)	5.45%	8%	N/A	Apr 20		5.5%	8.4%	Mar 20	5.5%	8%	
Use of Resources (Finance) Score	3	4	N/A	Mar 20		3	4	Feb 20		3	
Distance from Agency Spend Cap	0%	167%	N/A	Mar 20		0%	166%	Feb 20	0%	167%	

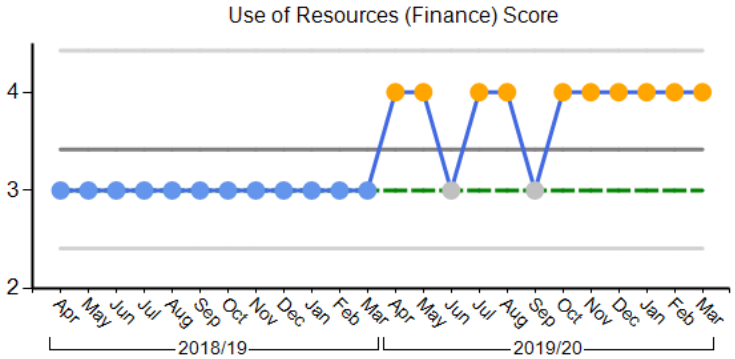


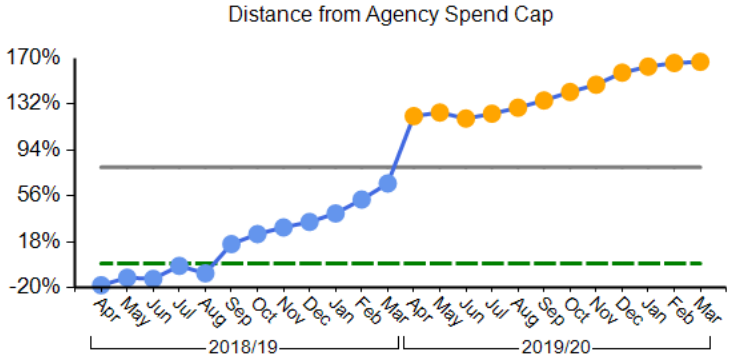



Distance from Control Total
5%
0%
-5%
-10%
-15%
-20%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


Capital Service Capacity
1
-1
-3
-5
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


% Agency Staff (cost)
12%
10%
8%
6%
4%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

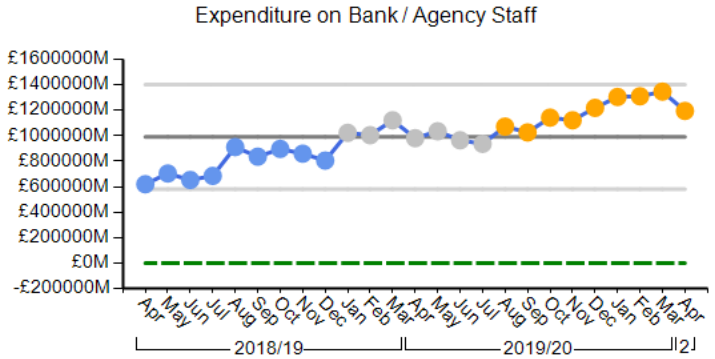

Use of Resources (Finance) Score
4
3
2
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20


Distance from Agency Spend Cap
170%
132%
94%
56%
18%
-20%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20

Workforce

Agency

	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Expenditure on Bank / Agency Staff	£	£1,193,753	N/A	Apr 20		£	£1	Mar 20		£1,193,753	

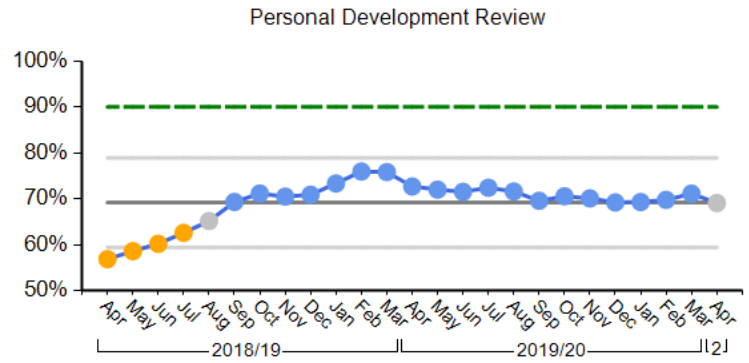


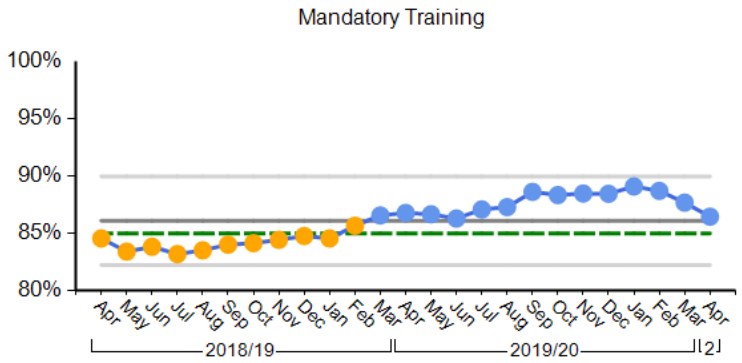
Workforce

Organisational Development

PDR and Medical PDR; the data for April shows compliance levels of 81% for medical PDRs and 69.1% for AfC staff. It is understood that those staff members shielding and homeworking have focused on their own PDR levels and undertaking PDRs remotely where possible to ensure the best viable compliance levels can be attained, especially whilst those frontline resources able to be operational have been most directly focusing their engagement on covid-19 related emergency response activities. Core mandatory training remains above the Trust's 85% compliance rate at 87.09 as at April 2020. This is a deterioration of 0.58% in month. All core mandatory training is now online and all staff are encouraged to complete via monthly reports and monitored via CBU PRBs.

	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Personal Development Review	90%	69.1%	N/A	Apr 20		90%	71.1%	Mar 20	85%	69.1%	
Mandatory Training	85%	86.4%	N/A	Apr 20		85%	87.7%	Mar 20	85%	86.4%	



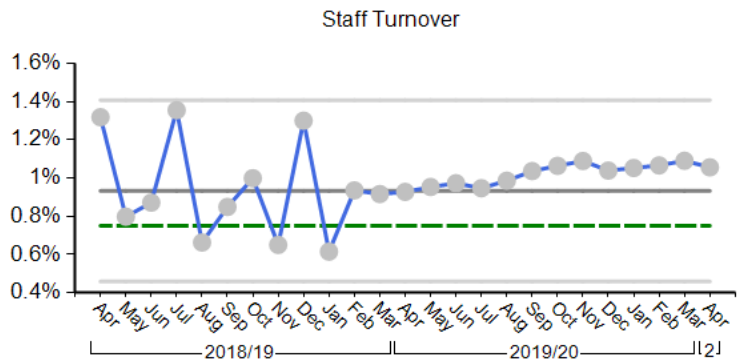


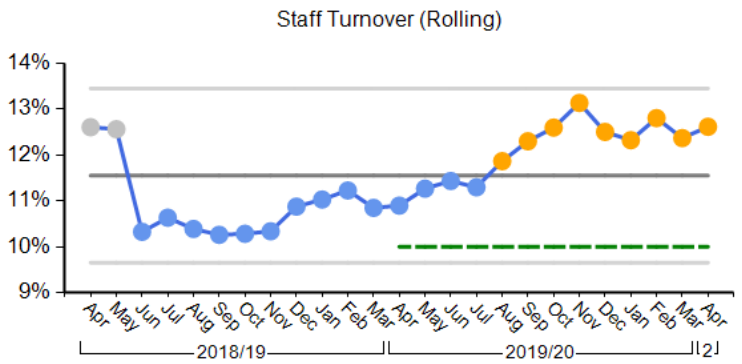
Workforce

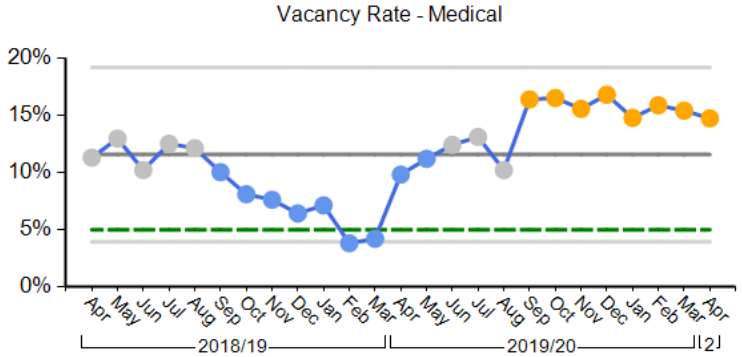
Sickness, Vacancy and Turnover

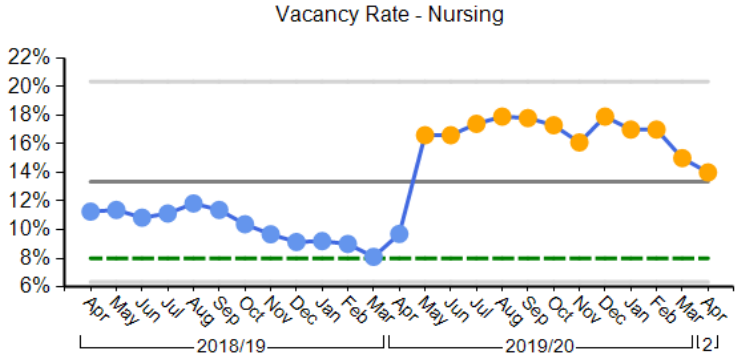
Sickness Absence; sickness absence increased during March and throughout the referenced period of April 2020, the vast majority of the absences in the period related directly to covid-19 and the increase in absence can be linked directly to covid-19 related sickness. The HR department have been and are continuing to monitoring new absences and the overall absence data twice daily, 7 days a week, the purpose of this is to ensure timely monitoring for patterns and concerns and rapid escalation of patterns as they emerge. The HR and HWB services are supporting managers to ensure absence support is provided to employees where it is required for covid-19 and none covid-19 related sickness whilst also working with OD to provide pro-active stress support across the Trust.

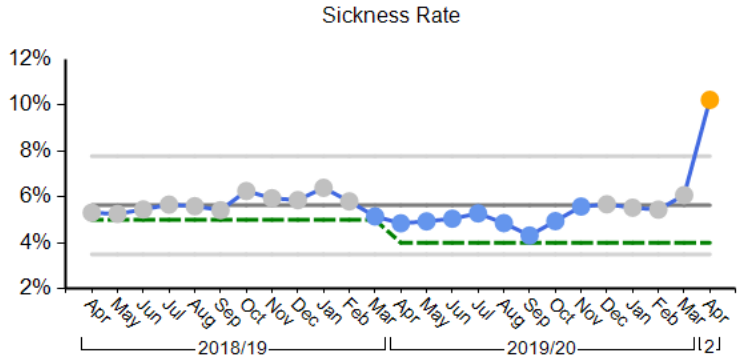
	Latest					Previous			Year to Date		Target
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Staff Turnover	0.75%	1.1%	N/A	Apr 20		0.8%	1.1%	Mar 20	9.1%	6.8%	
Staff Turnover (Rolling)	10%	12.6%	N/A	Apr 20		10%	12.4%	Mar 20			
Vacancy Rate - Medical	5%	14.7%	N/A	Apr 20		5%	15.4%	Mar 20	5%		
Vacancy Rate - Nursing	8%	14%	N/A	Apr 20		8%	15%	Mar 20	8%		
Sickness Rate	4%	10.2%	N/A	Apr 20		4%	6.1%	Mar 20	5.1%	10.2%	
Sickness Rate (Rolling 12 Month)	4%	5.7%	N/A	Apr 20			5.2%	Mar 20	4.1%	5.7%	
Time to Recruit	30	51	N/A	Apr 20		30	50	Mar 20	30	51	
Sickness Rate - Medical Staff	4%	9.2%	N/A	Apr 20			2.7%	Mar 20	4.1%	9.2%	
Sickness Rate - Nursing Staff	3.7%	13.5%	N/A	Apr 20		3.7%	7.5%	Mar 20	3.9%	13.5%	
Sickness Rate - Non-Clinical Staff	4%	7.2%	N/A	Apr 20					4.1%	7.2%	

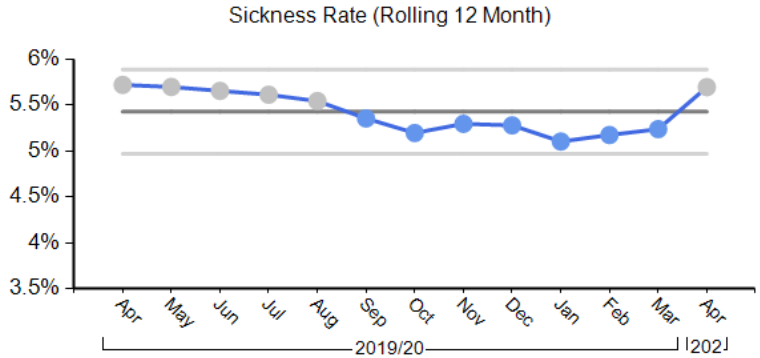

Staff Turnover
1.6%
1.4%
1.2%
1%
0.8%
0.6%
0.4%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

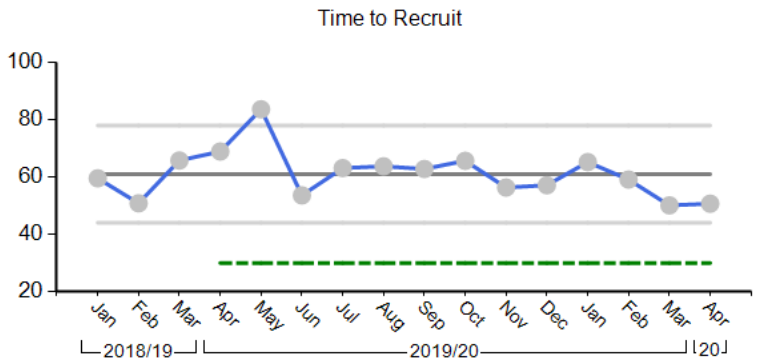

Staff Turnover (Rolling)
14%
13%
12%
11%
10%
9%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20

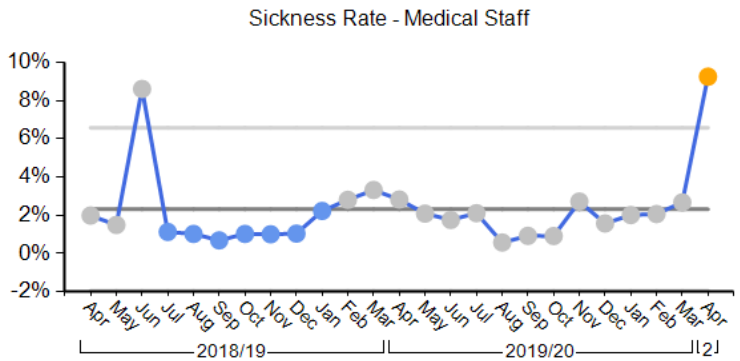

Vacancy Rate - Medical
20%
15%
10%
5%
0%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20


Vacancy Rate - Nursing
22%
20%
18%
16%
14%
12%
10%
8%
6%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20


Sickness Rate
12%
10%
8%
6%
4%
2%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2018/19
2019/20


Sickness Rate (Rolling 12 Month)
6%
5.5%
5%
4.5%
4%
3.5%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr
2019/20


Time to Recruit
100
80
60
40
20
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
2018/19
2019/20
20


Sickness Rate - Medical Staff
10%
8%
6%
4%
2%
0%
-2%
Apr
May
Jun
Jul
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Oct
Nov
Dec
Jan
Feb
Mar
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May
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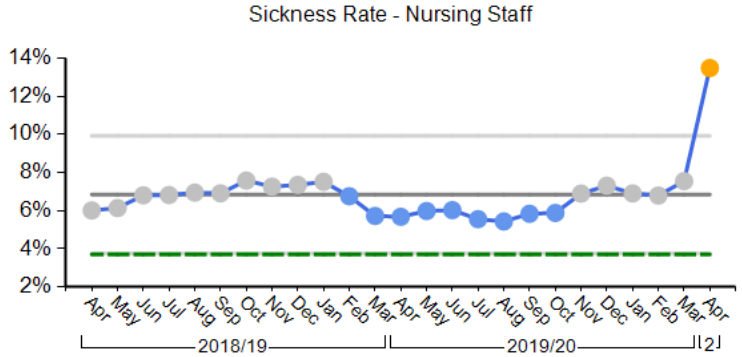
Apr
2018/19
2019/20
2


Sickness Rate - Nursing Staff
14%
12%
10%
8%
6%
4%
2%
Apr
May
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Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
2018/19
2019/20
2


Sickness Rate - Non-Clinical Staff
7.5%
7%
6.5%
6%
5.5%
5%
4.5%
4%
3.5%
Apr
2020/21

Ward Dashboard Matrix

	Apr 20	Planned Care									Specialist Services			Urgent Care													
		10B SSS/SAU	11A Gen Surg	14A	E - Gynae Surg	F Ward	G - Elective Ortho	H - Ortho Rehab	MFU	SIU	Maternity	NNU	Paeds	11B	14B	15A	15B Stroke Unit	7A	7B Rehab	9B	A/E	ACU	Critical Care	EAU	MDU	OBS	SSU
Governance	RM - Number of Patient Safety Incidents - Moderate / Major / Death (Related)	0	2	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0		0	0	0	0	1
	RM - Total Number of Incidents	15	17	23	3	0	2	4	0	11	32	13	17	16	18	3	1	9	12	13	91		13	13	4	9	29
Harm Free Care	Patient Falls	3	3	2	0	0	0	0	0	1	0	0	1	2	5	1	3	1	5	2	0		0	1	0	0	8
	Safety Thermometer - Percentage of Patients With Harm Free Care	NTR	NTR	NTR	NTR		NTR	NTR		NTR	NTR			NTR	NTR	NTR	NTR	NTR	NTR	NTR			NTR	NTR		NTR	NTR
IPC	IC - Cases of C.Diff	0	0	0	0		0	0		0	0	0	0	0	1	0	0	0	0	0	0		0	0	0	0	0
	IC - Hand Hygiene Compliance	NTR	NTR	NTR	NTR	NTR	NTR	NTR	NTR	NTR	NTR	NTR	100%	NTR	NTR	NTR	NTR	NTR	NTR	NTR	NTR		100%	NTR	NTR	NTR	NTR
	IC - MRSA Bacteraemias	0	0	0	0		0	0		0	0	0	0	0	1	0	0	0	0	0			0	0	0	0	0
Patient Experience	FFT Responses as % of Discharges	NTR	NTR	NTR	NTR	42.9%	NTR	NTR	16.7%	NTR	NTR	NTR	22.2%	NTR	NTR	NTR	NTR	NTR	NTR	NTR	32%			NTR	14.4%	NTR	NTR
	Friends & Family - % That Would Recommend	NTR	NTR	NTR	NTR	100%	NTR	NTR	100%	NTR	NTR	NTR	94.7%	NTR	NTR	NTR	NTR	NTR	NTR	NTR	95.2%			NTR	96.4%	NTR	NTR
	Number of Complaints	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	0	1		1	0	0	0	0
Staff Development	HR - Mandatory Training	83.45%	76.39%	79.69%	NTR	87.16%	NTR	NTR	97.92%	86.08%	84.8%	86.99%	89.46%	78.98%	75.61%	88.93%	84.01%	84.14%	75.44%	93.48%	85.61%		87.5%	93.33%	88.05%	96.32%	83.97%
	HR - Personal Development Reviews	75%	55.2%	53.1%	70%	66.7%	90.9%	44.4%	100%	68.8%	64%	76.9%	87%	70%	88.2%	80%	72.4%	68.4%	88.2%	76%	78.9%		79.2%	71.4%	75%	63.6%	71%
Staffing and Workforce	HR - Sickness Absence Rate	18.78%	14.3%	16.31%	10.16%	13.94%	18.36%		11.56%	13.83%	7.91%	1.35%	5.19%	26.26%	34.18%	15.55%	14.91%	18.72%	26.96%	7.66%	8.33%		3.62%	9.94%	5.68%	8.33%	28.42%
	HR - Staff Turnover	0%	3.28%	0%	0%	0%	0%	4.26%	0%	1.14%	0%	0%	0%	0%	0%	0%	2.99%	0%	0%	0%	0%		1.38%	2.53%	0%	0%	0%
	Realtime Staffing - Staffing against Minimum Compliance	77.4%	78.8%	77.1%	71.5%		45.3%	70.6%		88.2%	92.5%	94%	70.5%	85.2%	85.8%	72%	70.4%	85.3%	75.5%	86.2%	85.6%	70.8%	47%	72.8%	N/A	94.1%	67.3%

Southport and Ormskirk Hospital NHS Trust

Title Of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 June 2020**
Agenda Item	**TB090/20**	**FOI Exempt**	**No**
Report Title	**FINANCE REPORT – MONTH 1 2020/21**		
Executive Lead	Steve Shanahan, Director of Finance		
Lead Officer	Kevin Walsh, Deputy Director of Finance		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

This report provides the Board with the financial position for month 1 2020/21.

Executive Summary

Due to COVID-19 the Trust is operating within a revised financial framework and for the first four months of the financial year all Trusts will break-even due to a "top up" fund provided by NHSE/I and additional funding for COVID-19. The financial framework is being revised for the period August 1st to 31st October.

The Trust has achieved a break-even position in month 1 and did not require the full top up due to expenditure being significantly lower than budget. Due to the current focus on COVID-19 activity both pay and non-pay budgets have underspent due to the significant activity reduction in other areas of the hospital (elective, outpatients, A&E and other non-elective work).

There has also been a material reduction in premium rate pay expenditure for non COVID-19 activity. Month 1 expenditure excludes any accrual for annual leave not taken in month 1 due to work pressures for front line staff. A Trust wide approach is being discussed across Cheshire & Merseyside and initial estimates suggest that this could be in the region of £750,000 for month 1. However, the latest guidance suggests that the Trust will not now be required to accrue for this as the top up system will be utilised if and when additional expenditure is incurred when annual leave is taken later in the year.

There is no requirement to deliver a CIP in the first four months of the financial year.

The Trust has a healthy cash balance at the end of April.

Total Capital spend in April 2020 was £1.082 million split between COVID related capital spend oft £479,000 and non-COVID of £603,000.

Recommendation

The Board is asked to receive the Finance Report – Month 1 2020/21

Previously Considered By:

✓ **Finance, Performance & Investment Committee**	☐ **Quality & Safety Committee**
☐ **Remuneration & Nominations Committee**	☐ **Workforce Committee**
☐ **Charitable Funds Committee**	☐ **Audit Committee**

Strategic Objectives	
☐ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services	
☐ **SO2** Deliver services that meet NHS constitutional and regulatory standards	
✓ **SO3** Efficiently and productively provide care within agreed financial limits	
☐ **SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	
☐ **SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
☐ **SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire	
Prepared By:	**Presented By:**
Kevin Walsh	Steve Shanahan

Finance Report – Month 1 2020/21

1. Purpose

1.1. This report provides the Board with the financial position for month 1 2020/21.

2. Executive Summary

2.1. Due to COVID-19 the Trust is operating within a revised financial framework.

2.2. For the first four months of the financial year all Trusts will break-even due to a "top up" fund provided by NHSE/I and additional funding for COVID-19.

2.3. The financial framework is being revised and will cover the period August 1st to 31st October.

2.4. The Trust has achieved a break-even position in month 1 and did not require the full top up due to expenditure being significantly lower than budget.

2.5. Due to the current focus on COVID-19 activity both pay and non-pay budgets have underspent due to the significant activity reduction in other areas of the hospital (elective, outpatients, A&E and other non-elective work).

2.6. There has also been a material reduction in premium rate pay expenditure for non COVID-19 activity.

2.7. Month 1 expenditure excludes any accrual for annual leave not taken in month 1 due to work pressures for front line staff.

2.8. A Trust wide approach is being discussed across Cheshire & Merseyside and initial estimates suggest that this could be in the region of £750,000 for month 1.

2.9. Recent guidance suggests an accrual will not now be necessary as any additional expenditure incurred later in the year (as annual leave is taken) will be funded through the top up system.

2.10. There is no requirement to deliver a CIP in the first four months of the financial year.

2.11. The Trust has a healthy cash balance at the end of April.

2.12. Total Capital spend in April 2020 was £1.082 million split between COVID related capital spend at £479,000 and non-COVID at £603,000.

3. Income and Expenditure

3.1. NHSE/I set the Trust's I&E Plan for the first four months of the year based on average of months 8, 9 and 10 expenditure.

3.2. This excluded any financial impact of COVID-19.

3.3. The Trust set the opening annual budget based on the NHSE/I plan.

3.4. The month 1 budget has also been adjusted for non-recurrent issues that impacted on months 8, 9 and 10

3.5. The month 1 budget also now includes the financial impact of COVID-19 in April

3.6. The table below is a reconciliation of the movements between NHSE/I planning assumptions, the budget adjustments which the Trust assessed would materialise and the actual COVID-19

spend:

	Income	Pay	Non Pay/ Non Op	Total Exp	Income Top up	Income COVID	Total Income inc top up/COVID
	£000	£000	£000	£000	£000	£000	£000
NHSE/I plan	15,178	(12,164)	(5,799)	(17,963)	2,785	0	17,963
Budget adjustment to NHSE/I Plan *NHSE/I Plan was based on month 8/9/10 Trust data which included NR issues. Also NHSE/I Plan understated CNST premium.*		(167)	(100)	(267)	267		267
NHSE/I plan adj Base Opening Month 1 Budget	15,178	(12,331)	(5,899)	(18,230)	3,052	0	18,230
COVID month 1 *Income and expenditure budget set month 1 for £990k*		(696)	(294)	(990)		990	990
Other m1 adjustments including budget cleansing	61	(140)	79	(61)			61
NHSE/I plan adj Closing Month 1 Budget	15,239	(13,167)	(6,114)	(19,281)	3,052	990	19,281
Impact of month 1 financial performance on top up:-							
Budget adj to NHSE/I Plan not required-see above					(267)		
Expenditure less than original NHSI plan *(Exp excl COVID of £17.084m V budget of £17.963m)*					(879)		
COVID income loss-RTA/car park/catering *Guidance states-claim through monthly top up*					203		
SOHT actual month 1	14,975	(12,545)	(5,529)	(18,074)	2,109	990	18,074

3.7. The NHSE/I income top up was forecast to be £2.785 million for April.

3.8. The actual top up before COVID-19 expenditure was £2.109 million due to the under-spend on expenditure budgets and income lost (£203,000) which is also chargeable to the top up.

3.9. The table below is the I&E statement for month 1 2020/21:

I&E (Including R&D)	ANNUAL	IN MONTH		
	Budget £000	Budget £000	Actual £000	Variance £000
Commissioning Income	207,387	18,186	17,242	(944)
PP, Overseas & RTA	748	62	29	(33)
Other Income	11,839	1,033	803	(230)
Total Operating Income	**219,974**	**19,281**	**18,074**	**(1,207)**
PAY	(150,382)	(13,167)	(12,545)	622
NON PAY	(57,829)	(5,134)	(4,546)	588
Total Operating Expenditure	**(208,212)**	**(18,301)**	**(17,092)**	**1,210**
EBITDA	**11,762**	**980**	**983**	**3**
Net Financing Costs	(11,762)	(980)	(996)	(16)
Retained Surplus/Deficit	**0**	**0**	**13**	**(13)**
Technical Adjustments	0	0	13	13
SURPLUS/(DEFICIT) excluding PSF/FRF	**0**	**0**	**0**	**0**

4. COVID-19

4.1. The Trust's 2020/21 opening budget excluded any income or expenditure relating to COVID-19 as this will fluctuate month to month and was not included in the plan figures provided by NHSE/I.

4.2. Each month, the COVID-19 financial impact will be calculated and submitted to NHSE/I for approval and payment.

4.3. The table below identifies the financial impact in April 2020:

COVID-19 Financial Impact	Pay	Non Pay	Total Exp	Income Top up	Income COVID
	£000	£000	£000	£000	£000
COVID-19	(696)	(294)	(990)	203	990

4.4. In month 1 a budget has been set for £990,000 on both income and expenditure to reflect the additional income to be funded from NHSE/I in respect of pay and non pay.

4.5. A budget for those areas where £203,000 income has been lost (car park, catering, etc) has already been set in the 2020/21 base budget but this will be reimbursed by NHSE/I as part of the top up as shown in section 3.6 above.

4.6. The above financial arrangement will continue throughout 2020/21 and income will be accrued on a monthly basis in order to mitigate the financial impact of COVID-19.

5. Expenditure

5.1. Please refer to attached appendices for more detailed information regarding expenditure and Whole Time Equivalent (WTE).

5.2. The run rate appendix includes a column excluding COVID-19 related expenditure so a comparison can be made with previous months.

5.3. It should be noted that April's expenditure includes the 2020/21 pay award for most staff (only Consultants and Very Senior Managers have not received a pay award in April)

5.4. In summary excluding COVID-19 spend, the Trust is spending significantly less than it was in months 8, 9 and10.

5.5. Pay expenditure budgets are underspent by £622,000 (excluding COVID-19 costs which ae funded).

5.6. The largest area of underspend is within Nursing & Midwifery (£138,000) which all relates to Planned Care.

5.7. Scientific, Technical and Therapeutic is also underspent (£121,000), mainly in Rehabilitation and Theatres.

5.8. "Other Staff" underspend is mainly within Corporate (£131,000) in areas such as Estates & Facilities and Finance where vacancies have not yet been filled.

5.9. Pay reserves of £165,000 was required to fund run rate being incurred in 2019/20. At Trust level the higher run rate has not been incurred and, therefore, no reserves have been distributed to budgets.

5.10. The impact of reconfiguring services for COVID-19 has had a material impact within non pay where a number of budgets associated with elective activity are underspending.

5.11. Overall non pay is underspending by £588,000 with Clinical Supplies & Services the significant underspending area.

6. Bank and Agency spend

6.1. Overall bank and agency spend has reduced in month but the reduction is more significant when the impact of COVID-19 is taken into account.

6.2. The lack of activity elsewhere in the hospital such as A&E and elective procedures has reduced the need for additional premium rate expenditure.

6.3. Monthly agency spend in April has reduced to £1.0 million (8.0% of the pay bill) which is the lowest since July 2019; Medical staff £565,000 (month 12 £578,000); Nursing £358,000 (month 12 £536,000). This includes agency spend of £158,000 on COVID-19.

6.4. Monthly bank spend in April is £1.174 milion (9.3% of the total pay bill) which is the highest monthly figure to date. This includes bank spend of £420,000 on COVID-19.

6.5. The Trust has spent £2.173 million on bank and agency staff in month 1 (17.3% of the pay bill). However, £578,000 of this was on COVID-19.

7. Income and Activity Performance

7.1. There is no monitoring of Trust activity during the first four months due to the financial framework in place which has impacted on elective, outpatient and A&E activity levels.

7.2. Total income consists of block contracts, NHSE/I “top up”, COVID-19 funding and all other income.

7.3. A much lower income figure was required than budget due to lower levels of expenditure.

8. Cost Improvement Plan (CIP) Performance

8.1. The Trust is not required to make any savings in the first four months of the year.

8.2. No CIP programme has been established for 2020/21 and this will be reviewed as and when there are any changes to the COVID-19 financial framework.

9. Cash

9.1. To support cash flow NHS providers have been moved onto block contracts together with block funding which is coming from Clinical Commissioning Groups (CCGs) and NHS England.

9.2. In addition the timetable is that for April the Trust received funding for both April and May.

9.3. This continues until mid-June when the Trust will receive July’s funding.

9.4. It is anticipated that this arrangement will continue for the whole financial year.

9.5. As a result of this arrangement the Trust had a healthy cash balance at the end of April of £15.87 million.

10. Debtors

10.1. Overall debt has reduced from £6.7 million last month to £6.4 million this month.

10.2. In line with the cash arrangements, the Trust is no longer billing CCGs or NHS England so no adjustments are required for sales invoices raised in advance.

10.3. An analysis by customer type is shown in the appendices.

11. Capital

11.1. Total spend in April 2020 was £1.082 million.

11.2. This was split between COVID related capital spend of £479,000 and non-COVID of £603,000.

11.3. The relevant forms and evidence were submitted to NHSI/E for COVID spend and this will come to the Trust as public dividend capital.

11.4. Highlights from the non-COVID spend included £145,680 as a 40% deposit on the new car parking system with the balance mostly relating to IT particularly elements of the Electronic Patient Record.

12. Recommendations

12.1. The Board is asked to receive the Finance Report – Month 1 2020/21.

List of Appendices

1. **Expenditure run rate by month**
2. **WTE run rate by month**
3. **Statement of Financial Position (Balance Sheet)**

1. Expenditure run rate by month - £000

Class	STAFF GROUP	STAFF TYPE	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	COVID Apr-20	excl COVID Apr-20
PAY	Consultants	Substantive	(1,238)	(1,239)	(1,234)	(1,321)	(1,235)	(1,396)	(1,282)	(1,267)	(1,246)	(1,244)	(1,224)	(1,619)	(1,285)	*(20)*	*(1,265)*
		Bank	(98)	(70)	(65)	(112)	(65)	(75)	(84)	(80)	(77)	(40)	(94)	(107)	(86)	*(33)*	*(53)*
		Agency	(279)	(279)	(201)	(275)	(266)	(341)	(264)	(290)	(363)	(314)	(263)	(282)	(258)	*(24)*	*(234)*
	Consultants Total		(1,615)	(1,587)	(1,500)	(1,708)	(1,566)	(1,812)	(1,630)	(1,636)	(1,686)	(1,598)	(1,581)	(2,009)	(1,629)	*(77)*	*(1,552)*
	Other Medical	Substantive	(1,320)	(1,285)	(1,304)	(1,277)	(1,293)	(1,409)	(1,308)	(1,256)	(1,274)	(1,261)	(1,261)	(1,353)	(1,379)	*0*	*(1,379)*
		Bank	(165)	(167)	(195)	(155)	(174)	(171)	(146)	(182)	(139)	(151)	(184)	(211)	(214)	*(92)*	*(122)*
		Agency	(256)	(257)	(277)	(288)	(255)	(235)	(247)	(258)	(304)	(279)	(272)	(296)	(307)	*(75)*	*(232)*
	Other Medical Total		(1,742)	(1,709)	(1,776)	(1,720)	(1,722)	(1,815)	(1,701)	(1,696)	(1,717)	(1,691)	(1,717)	(1,860)	(1,900)	*(167)*	*(1,733)*
	Nurses & Midwives	Substantive	(3,954)	(3,818)	(3,797)	(3,745)	(3,722)	(3,771)	(3,749)	(3,820)	(3,769)	(3,816)	(3,780)	(3,878)	(3,938)	*(17)*	*(3,921)*
		Bank	(609)	(637)	(645)	(632)	(671)	(656)	(684)	(665)	(669)	(696)	(721)	(809)	(835)	*(287)*	*(548)*
		Agency	(372)	(397)	(319)	(303)	(400)	(370)	(458)	(455)	(549)	(608)	(588)	(536)	(358)	*(55)*	*(303)*
	Nurses & Midwives Total		(4,935)	(4,852)	(4,761)	(4,680)	(4,793)	(4,796)	(4,891)	(4,941)	(4,987)	(5,119)	(5,089)	(5,224)	(5,132)	*(359)*	*(4,773)*
	Scientific, Technical & Therapeutic	Substantive	(1,453)	(1,370)	(1,351)	(1,343)	(1,369)	(1,394)	(1,404)	(1,420)	(1,416)	(1,364)	(1,379)	(1,360)	(1,373)	*0*	*(1,373)*
		Bank	(7)	(7)	(7)	(8)	(6)	(5)	(5)	(4)	(12)	(10)	(12)	(7)	(9)	*(2)*	*(7)*
		Agency	(4)	(8)	(20)	(35)	(26)	(72)	(28)	(39)	(38)	7	(38)	(42)	(41)	*0*	*(41)*
	Scientific, Technical & Therapeutic Total		(1,465)	(1,384)	(1,378)	(1,386)	(1,400)	(1,471)	(1,437)	(1,463)	(1,466)	(1,367)	(1,429)	(1,409)	(1,424)	*(2)*	*(1,422)*
	Other Staff	Substantive	(2,284)	(2,156)	(2,147)	(2,090)	(2,115)	(2,150)	(2,120)	(2,126)	(2,128)	(2,190)	(2,177)	(2,168)	(2,348)	*(81)*	*(2,267)*
		Bank	(38)	(17)	(27)	(34)	(40)	(28)	(24)	(26)	(23)	(25)	(27)	(22)	(29)	*(6)*	*(23)*
		Agency	(59)	(54)	(48)	(64)	(78)	(34)	(112)	(87)	(80)	(42)	(64)	(17)	(35)	*(4)*	*(31)*
	Other Staff Total		(2,381)	(2,227)	(2,223)	(2,188)	(2,232)	(2,213)	(2,256)	(2,239)	(2,231)	(2,257)	(2,268)	(2,207)	(2,412)	*(91)*	*(2,321)*
	Pay Reserves	Substantive	(57)	(56)	149	(191)	(54)	914	(0)	0	501	(0)	(0)	(1,207)	(4)	*0*	*(4)*
	Pay Reserves Total		(57)	(56)	149	(191)	(54)	914	(0)	0	501	(0)	(0)	(1,207)	(4)	*0*	*(4)*
	Pay CIP	Substantive	0	0	0	0	0	0	0	0	0	0	0	0		*0*	*0*
	Pay CIP Total		0	0	0	0	0	0	0	0	0	0	0	0		*0*	*0*
	Apprenticeship Levy	Substantive	(44)	(42)	(38)	(50)	(36)	(43)	(46)	(39)	(46)	(43)	(40)	(46)	(45)	*0*	*(45)*
	Apprenticeship Levy Total		(44)	(42)	(38)	(50)	(36)	(43)	(46)	(39)	(46)	(43)	(40)	(46)	(45)	*0*	*(45)*
PAY Total			(12,239)	(11,857)	(11,527)	(11,924)	(11,803)	(11,235)	(11,961)	(12,014)	(11,632)	(12,075)	(12,124)	(13,962)	(12,545)	*(696)*	*(11,849)*
NON-PAY	Supplies & Services Clinical		(2,263)	(2,325)	(2,259)	(2,420)	(2,264)	(2,227)	(2,382)	(2,299)	(2,334)	(2,481)	(2,380)	(2,376)	(2,035)	(121)	*(1,914)*
	Supplies & Services General		(186)	(172)	(173)	(164)	(189)	(219)	(211)	(191)	(204)	(203)	(191)	(306)	(261)	(93)	*(168)*
	Non-Executive Directors		(6)	(6)	(6)	(8)	(4)	(6)	(6)	(10)	(6)	(6)	(7)	(8)	(9)	0	*(9)*
	Establishment Expenses		(191)	(226)	(232)	(221)	(245)	(242)	(237)	(231)	(249)	(214)	(204)	(210)	(199)	(27)	*(172)*
	Premises & Fixed Plant		(1,018)	(1,035)	(991)	(985)	(1,055)	(948)	(1,061)	(1,132)	(1,109)	(1,109)	(1,127)	(1,135)	(1,072)	(49)	*(1,023)*
	Miscellaneous		(717)	(720)	(716)	(735)	(717)	(666)	(740)	(723)	(460)	(705)	(684)	(684)	(806)	(4)	*(802)*
	Services From Other NHS Bodies		(103)	(61)	(69)	(145)	(188)	(136)	(137)	(106)	(114)	(100)	(149)	(53)	(141)	0	*(141)*
	Non Pay Reserve		(7)	7	0	0	0	0	0	0	0	0	0	0	(10)	0	*(10)*
	Non Pay CIP		0	0	0	0	0	0	0	0	0	0	0	0		0	*0*
NON-PAY Total			(4,491)	(4,538)	(4,446)	(4,678)	(4,662)	(4,443)	(4,775)	(4,692)	(4,477)	(4,818)	(4,743)	(4,773)	(4,533)	*(294)*	*(4,239)*
PAY	Substantive		(10,351)	(9,964)	(9,723)	(10,016)	(9,822)	(9,248)	(9,908)	(9,928)	(9,378)	(9,917)	(9,861)	(11,633)	(10,372)	*(118)*	*(10,254)*
	Bank		(918)	(898)	(940)	(942)	(956)	(936)	(944)	(956)	(920)	(922)	(1,037)	(1,157)	(1,174)	*(420)*	*(754)*
	Agency		(970)	(995)	(864)	(966)	(1,024)	(1,050)	(1,109)	(1,129)	(1,334)	(1,236)	(1,225)	(1,173)	(999)	*(158)*	*(841)*
PAY Total			(12,239)	(11,857)	(11,527)	(11,924)	(11,803)	(11,235)	(11,961)	(12,014)	(11,632)	(12,075)	(12,124)	(13,962)	(12,545)	*(696)*	*(11,849)*

2. WTE run rate worked by month

STAFF GROUP	STAFF TYPE	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
Consultants	Substantive	96	95	94	94	95	95	95	95	97	95	98	100	103
	Bank	5	5	3	5	3	3	4	5	4	1	5	10	7
	Agency	12	12	9	12	12	13	14	13	13	14	13	12	11
Consultants Total		114	111	106	111	110	111	113	114	115	110	117	122	121
Other Medical	Substantive	221	221	212	223	220	212	211	208	213	212	207	223	228
	Bank	13	11	9	12	12	9	12	16	12	5	17	16	37
	Agency	20	23	24	22	20	20	21	23	22	22	23	22	24
Other Medical Total		254	255	245	258	252	241	244	248	247	239	246	260	289
Nurses & Midwives	Substantive	1106	1121	1110	1109	1107	1102	1121	1142	1124	1148	1158	1168	1166
	Bank	178	185	186	189	196	187	197	199	194	203	205	231	207
	Agency	63	60	54	57	66	65	75	84	91	105	106	94	64
Nurses & Midwives Total		1347	1367	1350	1355	1369	1354	1394	1425	1409	1457	1469	1493	1437
Scientific, Technical & Therapeutic	Substantive	409	405	392	400	405	413	411	413	412	409	412	407	402
	Bank	2	2	1	2	2	1	1	2	2	2	2	2	3
	Agency	1	1	4	6	5	6	5	5	5	6	5	5	5
Scientific, Technical & Therapeutic Total		412	408	397	408	412	420	417	421	419	417	420	414	411
Other Staff	Substantive	810	802	805	797	803	804	824	818	810	816	819	844	841
	Bank	15	13	10	14	14	13	12	12	12	11	12	10	15
	Agency	8	10	13	10	12	9	11	10	10	5	9	7	4
Other Staff Total		833	825	828	821	829	826	848	839	833	832	840	861	860
Pay Reserves	Substantive	0	0	0	0	0	0	0	0	0	0	0	0	0
Pay Reserves Total		0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total		**2959**	**2966**	**2926**	**2952**	**2972**	**2952**	**3015**	**3047**	**3023**	**3054**	**3092**	**3151**	**3117**

	Substantive	2,642	2,643	2,613	2,623	2,630	2,626	2,663	2,677	2,657	2,680	2,694	2,741	2,741
	Bank	213	215	210	222	227	213	226	234	225	223	241	269	269
	Agency	103	108	103	107	115	113	126	135	142	152	156	140	108
Grand Total		**2,959**	**2,966**	**2,926**	**2,952**	**2,972**	**2,952**	**3,015**	**3,047**	**3,023**	**3,054**	**3,092**	**3,151**	**3,117**

3. Statement of Financial Position (Balance Sheet)

	Opening balance	Closing balance	Movement
	01/04/2020	30/04/2020	
	£'000s	£'000s	£'000s
NON CURRENT ASSETS			
Property plant and equipment/intangibles	108,562	109,090	528
Other assets	1,075	1,208	133
TOTAL NON CURRENT ASSETS	**109,637**	**110,298**	**661**
CURRENT ASSETS			
Inventories	2,469	2,576	107
Trade and other receivables	13,282	12,215	(1,067)
Cash and cash equivalents	1,067	15,870	14,803
Non current assets held for sale	0	0	0
TOTAL CURRENT ASSETS	**16,818**	**30,661**	**13,843**
CURRENT LIABILITIES			
Trade and other payables	(21,761)	(36,754)	(14,993)
Provisions	(536)	(467)	69
PFI/Finance lease liabilities	(1,137)	(1,137)	0
DH revenue loans	(130,260)	(129,607)	653
DH Capital loan	(1,342)	(1,335)	7
Other liabilities	(1,212)	(1,617)	(405)
TOTAL CURRENT LIABILITIES	**(156,248)**	**(170,917)**	**(14,669)**
NET CURRENT ASSETS/(LIABILITIES)	(139,430)	(140,256)	(826)
TOTAL ASSETS LESS CURRENT LIABILITIES	**(29,793)**	**(29,958)**	**(165)**
NON CURRENT LIABILITIES			
Provisions	(152)	(239)	(87)
DH revenue loans	0	0	0
PFI/Finance lease liabilities	(12,606)	(12,554)	52
DH Capital loan	(600)	(400)	200
TOTAL NON CURRENT LIABILITIES	**(13,358)**	**(13,193)**	**165**
TOTAL ASSETS EMPLOYED	**(43,151)**	**(43,151)**	**0**
FINANCED BY TAXPAYERS EQUITY			
Public Dividend Capital	99,965	99,965	0
Retained earnings	(149,036)	(149,036)	0
Revaluation reserve	5,920	5,920	0
TOTAL TAXPAYERS EQUITY	**(43,151)**	**(43,151)**	**0**

ALERT | ADVISE | ASSURE (AAA)
HIGHLIGHT REPORT

COMMITTEE/GROUP:	**QUALITY & SAFETY COMMITTEE (QSC)**
MEETING DATE:	**26 MAY 2020**
LEAD:	**DR DAVID BRICKNELL**

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- The planning for the second phase of the pandemic has started and it is clear that running normal care in parallel with Covid patients will severely affect capacity.
- The reduction in the number of extreme risks has highlighted the importance of a concerted effort to improve the level of clinical training.
- Although the transfer of responsibility for DoLS to the hospital has been postponed from October the significant rise in cases already puts a pressure on our administration and this could be severe when we are given full responsibility.
- It is planned that 30% of the 139 Covid deaths will be the subject of an SJR, although we are waiting for advice as to how hospital acquired infections are to be treated.
- There needs to be a review of the NEDs roles in championing various aspects of the hospital's activities, for example safeguarding.
- A case of MRSA will be the subject of a report to the Board.

ADVISE

- The new format of the Integrated Performance Report was supported, although there was need for some refinement and narrative.
- The new maternity report was welcomed, although there was need for some redrafting before submission to the Board.
- A review of the workforce establishment, both for safe staffing and on a wider basis, to be carried out in the light of the current spare capacity and the demands of Covid.
- Formal patient experience data gathering has been suspended, but we are capturing the informal feedback we are getting in the meantime.
- The Committee received the Annual Safeguarding Report 2019/20.

ASSURE

- The Integrated Governance Report showed that significant improvements had been made, and in particular the backlog of complaints had been eliminated.
- The Falls report showed nearly 100% falls assessment and implementation.
- The QIA process has been robust in relation to the Covid related changes already made, and this will continue as we enter the second phase.
- The exemplary and innovative End of Life (EOL) measures implemented on Oasis ward will be continued as that facility is closed and EOL patients are cared for on the wards.

New Risk identified at the meeting	• No new risks were identified at the meeting.

Review of the Risk Register
(Detail the risks on the committees risk register that were reviewed in the meeting, including scores C&L and current actions)

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 JUNE 2020**
Agenda Item	**TB096/20**	**FOI Exempt**	**No**
Report Title	**SAFEGUARDING ANNUAL REPORT 2019/20**		
Executive Lead	Bridget Lees, Director of Nursing, Midwifery and Therapies		
Lead Officer	Sharon Seton, Assistant Director of Safeguarding		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

The report provides an overview of Safeguarding Adults and Safeguarding Children activity for the period 1st April 2019 – 31st March 2020. The purpose of the annual report is to inform the Southport and Ormskirk NHS (S&O) Trust Board of safeguarding activity, providing assurance to the Trust Board that the organisation has robust processes in place to safeguard those who use Trust services and to highlight areas of challenges in safeguarding provision.

Executive Summary

All NHS bodies have a statutory duty to ensure they make arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from abuse or the risk of abuse and support the Home Office Counter Terrorism strategy (CONTEST), which includes a specific focus on PREVENT (preventing violent extremism / radicalisation), as safeguarding children, young people and adults at risk includes those vulnerable to violent extremism/ radicalisation. The key legislative frameworks include, The Children Act 1989 (2004), Working together to safeguard children (2015), No Secrets (2000), The Crime and Disorder Act (1998), The Health and Social Care Act (2008), Mental Capacity Act (2005) and the Care Act (2014).

The CQC fundamental standards require the Trust to ensure that suitable arrangements are in place to ensure that all service users are protected from the risk of abuse and that internal processes are in place to reduce the potential for abuse.

The Trust safeguarding team is responsible for ensuring that robust and effective systems are in place to support the Trust in working effectively to safeguard children, young people and adults who are at risk of abuse or neglect.

The safeguarding team is a multi-functional team providing both operational and corporate responsibilities across the hospital sites, with the adult's team based at Southport and the children team based at Ormskirk. The team work closely with both Sefton and Lancashire County Councils and support the work of the Local Safeguarding Boards for Merseyside and West Lancashire.

This report demonstrates the work S&O NHS Trust has in continuing to fulfil its responsibilities to safeguard children, young people and adults, in line with statutory requirements and national standards. The report details the effectiveness of safeguarding arrangements for children, young people and adults, including the Mental Capacity Act (MCA) during 2019-2020. It illustrates continued engagement with key partners and demonstrates compliance with the requirements and key objectives of the Local Safeguarding Children Boards (LSCBs/CSAP), and Local Safeguarding Adult Boards (LSABs). These Board's aim is to ensure agencies in Sefton and Lancashire are working together

effectively to keep children, young people and adults safe. The aim of this report is to provide an overview of the key developments, progress, achievements and challenges for the Safeguarding Team.
Recommendations
The Board is asked to recognise the achievements made by the Safeguarding Team this year outlined in the report and agree the suggested next steps for the year ahead.
Previously Considered By:

☐ **Finance, Performance & Investment Committee**	✓ **Quality & Safety Committee**
☐ **Remuneration & Nominations Committee**	☐ **Workforce Committee**
☐ **Charitable Funds Committee**	☐ **Audit Committee**

Strategic Objectives
✓ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services
✓ **SO2** Deliver services that meet NHS constitutional and regulatory standards
☐ **SO3** Efficiently and productively provide care within agreed financial limits
☐ **SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated
✓ **SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values
☐ **SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

Prepared By:	**Presented By:**
Sharon Seton	Bridget Lees

Southport and Ormskirk Hospital NHS Trust

Safeguarding Team Annual Report 2019/20

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Contents

1.0 EXECUTIVE SUMMARY

1.1 The safeguarding annual report for 2019 / 2020 provides an overview of Safeguarding Adults and Safeguarding Children activity for the period 1st April 2019 – 31st March 2020. The purpose of the annual report is to inform the Southport and Ormskirk NHS (S&O) Trust Board of safeguarding activity, providing assurance to the Trust Board that the organisation has robust processes in place to safeguard those who use Trust services and to highlight areas of challenges in safeguarding provision.

1.2 All NHS bodies have a statutory duty to ensure they make arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from abuse or the risk of abuse and support the Home Office Counter Terrorism strategy (CONTEST), which includes a specific focus on PREVENT (preventing violent extremism / radicalisation), as safeguarding children, young people and adults at risk includes those vulnerable to violent extremism/ radicalisation. The key legislative frameworks include, The Children Act 1989 (2004), Working together to safeguard children (2015), No Secrets (2000), The Crime and Disorder Act (1998), The Health and Social Care Act (2008), Mental Capacity Act (2005) and the Care Act (2014).

1.3 The CQC fundamental standards require the Trust to ensure that suitable arrangements are in place to ensure that all service users are protected from the risk of abuse and that internal processes are in place to reduce the potential for abuse.

1.4 The Trust safeguarding team is responsible for ensuring that robust and effective systems are in place to support the Trust in working effectively to safeguard children, young people and adults who are at risk of abuse or neglect.

1.5 The safeguarding team is a multi-functional team providing both operational and corporate responsibilities across the hospital sites, with the adult's team based at Southport and the children team based at Ormskirk. The team work closely with both Sefton and Lancashire County Councils and support the work of the Local Safeguarding Boards for Merseyside and West Lancashire.

1.6 **Key roles of the team include:**

- Providing support and an extensive safeguarding knowledge to all staff across the Trust.
- Providing daily operational responsibility for safeguarding concerns, recognising when a concern may require referral to external partners.

- Provide a Trust contact for the Local Authorities and all other external agencies for the process of referrals and for the sharing of relevant information.
- Work with partner agencies to ensure the decisions and processes support the ways of working for an acute trust
- Leading and ensuring a Trust-wide culture that supports staff in identifying and raising safeguarding concerns.
- Participate with Local Safeguarding Board processes to learn lessons from cases where children or adults die or are seriously harmed as a result of abuse.
- Ensuring engagement with Local Safeguarding Boards and any local arrangements for safeguarding both adults and children.
- Ensuring Trust staff access training that is complaint to the intercollegiate documents for safeguarding adults and children; monitoring and improving compliance and escalating as appropriate.
- Ensure the Trust works and is compliant with legislation and statutory responsibilities

1.7 This report demonstrates the work Southport and Ormskirk NHS Trust has in continuing to fulfil its responsibilities to safeguard children, young people and adults, in line with statutory requirements and national standards. The report details the effectiveness of safeguarding arrangements for children, young people and adults, including the Mental Capacity Act (MCA) during 2019-2020. It illustrates continued engagement with key partners and demonstrates compliance with the requirements and key objectives of the Local Safeguarding Children Boards (LSCBs/CSAP), and Local Safeguarding Adult Boards (LSABs).

1.8 From the submission of key performance indicators (KPIs), submitted quarterly to South Sefton Clinical Commissioning Group (CCG), the Trust achieves a RAG rating of GREEN in the domains of: Governance; Multi-agency Engagement; Supervision; Commissioning Standards.

1.9 Case scenarios at the end of the report will provide 4 examples of the impact of safeguarding on patient experience, the complexities of cases the safeguarding team become involved in and the diverse nature of safeguarding work. They will demonstrate how important it is that the Trust staff are professionally curious to understand the reason for attendance at the Trust and the importance of wider assessment to understand the risks.

2.0 INTRODUCTION

2.1 The team structure is set out in Appendix 1.

2.2 The safeguarding team has continued its journey of improving safeguarding arrangements within the Trust throughout 2019/20. The team continue to strive for continuous and sustained improvement, in particular in relation to the safeguarding policies being in place, training compliance, and responding proportionality and in a timely manner to safeguarding concerns. Last year the responsibilities for Learning Disabilities (LD) came under the remit of the safeguarding adult team, and the role ensures oversight of those patients with an LD being admitted to the Trust.

2.3 Key Achievements in 2019 -2020

- Participation in the Joint Targeted Multi-agency Inspection (JTAI) for children's mental health services in Sefton and addressing the recommendations
- Participation in the MIAA Safeguarding Audit
- Participation in the Trust's CQC visit and subsequent action plan
- Implementation of the FGM CP-IS (a national alerting system for FGM)
- Completion all recommendations from the CQC Looked After Children In Sefton Inspection
- Revised MCA and DoLS documentation
- Improve recognition of safeguarding <18's accessing adult services
- Improve recognition of safeguarding for <18's in Sexual health services
- Appointment of an Health Sexual Violence Liaison Officer (HSVLO) extended to 2 years
- Reduction the number of inappropriate referrals to Local Authority
- S42 inquiry review face to face meeting with Sefton Local Authority
- Establishment of regular meetings with the Patient Safety team to review S42's inquiries
- Review of the training needs analysis in line with both adult and children's intercollegiate documents
- Development of a network of Safeguarding Ambassadors
- Adults Safeguarding Policy reviewed and approved
- Domestic Abuse Policy reviewed and approved
- Restrictive Practice Policy developed and disseminated for approval
- Revision of the Missing Patient Policy
- Through the PAG process secured 100% funding for maternity leave
- Representation on all of the Sefton and Lancashire LSAB sub-groups.
- Sefton CCG S11 Compliance Site Visit undertaken
- Lancashire Safeguarding Children's Board S11 Compliance Site Visit undertaken
- 64% increase in DoLS applications.
- 100% compliance in the MARAC process (multi-agency risk assessment conference).

2.4 Support from the Safeguarding team has been utilised during the covid 19 pandemic with one staff member working in the Oasis ward and one member of the team supporting the testing POD.

2.5This year has seen a number of Safeguarding inspections. The Care Quality Commission (CQC) inspected the Trust in June 2019, and between 23 and 27 September 2019, the CQC, HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMIP) carried out a joint inspection of the multi-agency response to abuse and neglect in Sefton (JTAI). The team underwent Section 11 of the Care Act 2014 assurance visits from South Sefton CCG and the Lancashire Children's Safeguarding Board. In March 2020 the three yearly MIAA safeguarding was undertaken, although the final report has not been presented.

2.6 The team has utilised several methods to communicate and raise awareness across the Trust this includes:

Safeguarding children's link nurse	Monthly link nurse meeting undertaken
Safeguarding ambassadors	Launched January 2020 across the Trust to support sharing information and disseminate training/lessons learned
Representation at the planned and unplanned governance meetings	Core agenda item at the monthly meeting
Screen savers	Relating to domestic abuse and safeguarding training and CSE and PREVENT
Included in Trust news	7 minute briefings / LSCB and LSAB newsletters / shaken baby alert / safety notices / safeguarding ambassadors / links to LSABs
Facilitators	LSCB practitioner events and development days
Safeguarding Briefs	In relation to changes in process and or practise

3.0 GOVERNANCE ARRANGEMENTS

3.1 The Trust has a Safeguarding Assurance Group (SAG). The meeting is attended by representatives from the Local Authority and Designated Nurses from South Sefton and Lancashire CCG's. At the request of the Assistant Director of Safeguarding the meetings were increased to bi-monthly in March 2019 to ensure the regular review of assurance. The meeting has representation of the CBU's and this is extremely beneficial. The meetings have been chaired by the Deputy Director of Nursing (DDoN). An advice, alert, assure (AAA) report from the meeting is submitted to the Trust Safety and Quality Committee.

3.2 A quartile KPI report is submitted to South Sefton CCG after which the CCG provide an assurance report for the Trust. The Assistant Director of Nursing undertakes business meetings with the Designated Nurse and Designated Practitioner for South Sefton CCG. The meeting occurs prior to the SAG meeting and the purpose is to review the KPI return for the previous quarter. The KPI return feedback is an agenda item at the Trust Contract & Clinical Quality Review Meeting (CCQRM), which the Assistant Director of Safeguarding attends when requested.

3.3 The children's safeguarding teams have a monthly children's steering group meeting with attendance from the relevant CBU's. The Named Nurse adult has regular representation at the governance meetings for planned and urgent care.

3.4 The Named Nurse adult has facilitated the safeguarding ambassador's role for approximately 60 staff across the Trust. The first advanced training event was held in January 2020 and received positive feedback. It is the ambition of the team to have in all clinical and non-clinical areas at least one ambassador, who will receive additional awareness training in a range of subjects, in order that they are equipped to support the safeguarding agenda in their work area.

3.5 The Trust's safeguarding policies are currently all in date, and the safeguarding policies for adult, domestic abuse and safeguarding supervision have been updated this year. The children's safeguarding policy is currently being reviewed, as this expires in July this year. Policies are ratified by the Safeguarding Assurance Group and through the governance meeting for planned and urgent care, ensuring both external and internal governance.

4.0 ENGAGEMENT WITH EXTERNAL PARTNERS

4.1 The Assistant Director of Safeguarding provides Trust representation at the Sefton LSCB, and following the national revision of children safeguarding boards into the new Children's Safeguarding Assurance Partnership (CSAP), the Assistant Director of Safeguarding has represented the Trust during this transition. In Sefton, the LSAB does not have provider representation, although the Assistant Director of Safeguarding provides membership at the Lancashire LSAB. Membership at the Boards ensures that the Trust is sighted on all aspects of the safeguarding agenda, and attending the Board allows the Trust to influence the local and national agenda.

4.2 The Named Nurses and practitioners represent the Trust at both Lancashire and Sefton LSAB and LSCB/CSAP sub-groups and other working groups:

Representation by a member of the adults safeguarding team at:

- Pan Mersey LSAB Policy, Procedure and Practice Sub Group
- Pan Mersey LSAB Workforce Development Sub Group
- Pan Mersey LSAB Performance Sub Group
- Pan Mersey LSAB Quality Assurance Sub Group
- Sefton & Liverpool Health Group
- Lancashire LSAB MCA Sub Group
- Lancashire LSAB MCA Best Practice Sub Group
- Lancashire LSAB Learning & Development Sub Group
- MARAC Sefton
- Lancashire Serious Adult Review (SAR) Group
- Sefton Channel Panel
- Sefton SEND
- Sefton Domestic Abuse Steering Group

Representation by a member of the children's safeguarding team at:

- Strengthening Links Meeting Lancashire
- MACE LSCB Subgroup Sefton
- Multi Agency Audit group Lancashire and Sefton
- MARAC Lancashire
- LSCB training pool
- LSCB Learning & Development sub group Sefton

- Policy and Procedure sub group
- Early help sub group Sefton
- CE strategic sub group Sefton
- CE Health group Sefton
- Quality and Assurance Sub group Lancashire
- SCR sub group Lancashire
- SCR Business meetings Lancashire
- SUDCI Liaison meeting Lancashire CDOP sub group Lancashire and Sefton
- LAC Collaborative Task and Finish Group
- Health Forum Sefton
- Social Care Review meeting Sefton and Lancashire
- CDOP panel for both the LSCB/CSAP

4.3 The Assistant Director of Safeguarding provides representation at the Merseyside Safeguarding Providers Clinical Network meeting. This is a Merseyside group of health providers who meet bi-monthly to align local practice and share lessons learnt and developments. The group has representation from the CCG Designated Professionals across Merseyside.

4.4 Attendance at these groups allows the Trust to have up-to-date knowledge and informs areas for focus within the team's strategic agenda. Membership allows the team to be part of the development of safeguarding across Sefton and Lancashire, and ensures that Trust processes are in line with partner agencies. Through these subgroups, the team has been involved in the development of policies, audits, tools and training to meet the standards required by the LSAB's and LSCB/CSAP.

4.5 One of the children's Specialist Practitioners is a member of the Sefton 'Training Pool' supporting and delivering safeguarding training across the network. This year training has focused on physical abuse and shaken baby, Child exploitation (CSE and CE), County Lines, Modern day slavery and FGM.

4.6 The Named Midwife is a member of the National Maternity Safeguarding Network, and attends quarterly national meetings. The named Midwife has contributed to the development of the Concealed and Denied Pregnancy protocol, and the pre-birth assessment, which is now published on the Lancashire CSAP website, and participated in the development of the same for Sefton, which is published on their LSCB website. The Named Midwife facilitated at a workshop for social workers/EH/FSW in Sefton where the pre-birth assessment was finalised. The Named Midwife has monthly meetings with Sefton & Lancashire Children's Social Care Managers, in order to discuss and review referrals and open cases of the unborn.

4.7 The Named Nurse adult has informed the development of the Lancashire MCA and DoLS toolkit, and the MCA lead in the team continues to collaborate with colleagues in Lancashire to develop a 'way forward' plan, for acute health providers to manage the implementation of the Liberty Protection Safeguards (LPS). The adult team have supported

Sefton CCG and Sefton Local Authority with their Section 14 quality assurance process for 2019/20; informed the development of the LSAB's Domestic Abuse Strategy; supported the Lancashire serious adult review (SAR) process, as fulfilled the role of the Independent Chair for Adult L (still under review and waiting publication).

4.8 The Named Nurse children attends the 'Strengthening Links' meeting which is chaired by the Designated Nurse for Lancashire. The group is a strategic group to develop effective interagency working. Representation at the group includes social care; early help services; Lancashire Care community care, Lancashire Care Named Nurse; police; health visitors; school nurses. The Terms of Reference for the meeting are currently being reviewed and some changes are expected.

4.9 The safeguarding team provide 100% representation at all requested strategy meetings, child protection conferences and core group meetings. Reports for these meeting may be provided verbally, written or via email, as requested. The safeguarding team support the SAR/SCR process by providing requested chronologies; providing panel membership; ensuring participation at practitioner events. The safeguarding team provide representation at local MACE, CDOP and MARAC meetings. Prior to the meetings the team complete all requests for information within the given time-frame, and subsequent actions from these meetings are completed. The safeguarding team support clinical staff to complete court reports, and the team ensure all reports are quality assured prior to submission.

4.10 In order to recognise any safeguarding concerns the adult team attend the monthly 'regular attenders' meeting at Southport's AED, which includes representation from community Matrons; NWAS; community drug and alcohol service; mental health Liaison team (MHLT); local authority. When required the Named Nurses will organise and the Trust hosts multi- professional and multi-agency meetings, in order to share concerns and discuss specific cases and agree a plan of care.

5.0 TRAINING COMPLIANCE

5.1 Compliance in children's safeguarding training continued to demonstrate improvement, achieving compliance in all areas other than level 3, which still demonstrated an upward trajectory during each quarter, until Q4 (Table 1). This is further evident in the adults, and mental capacity training. This is being attributed to the global pandemic, and in response to the level 3 children's training (usually face to face), this has been provided to the relevant staff as a PowerPoint with additional notes. Once completed staff sign a completed form and return to the safeguarding team who will notify training to update the individuals training record.

5.2 The training report shows compliance for Level 3 safeguarding adult training has decreased to 59% at the end of Q4. This is the result of realigning the training required by this group of staff, following the publication of the adult roles and competencies intercollegiate document. The Assistant Director of Safeguarding presented to the CCG that a smaller number of people required level 3, n=20, as opposed to the previous number of 80. Of these 20 staff 14 have level 3 face to face training. The training database has yet to be updated with the new cohort, and the CCG have requested further understanding for the

number of staff trained at level 3. This is being provided to the CCG in the form of a training matrix.

5.3 Executive Board training was due in March 2020 but delayed due to the pandemic. In view of this the Board members will be asked to complete level 1 on-line, and with the addition of the annual report the Board members will be complaint for 3 years.

Table 1: Southport and Ormskirk NHS Trust Safeguarding Training Compliance

	Q1 18/19	Q2 18/19	Q 3 18/19	Q 4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Safeguarding Adults L1	92%	93%	94%	92%	92%	90%	90%	84%
Safeguarding Adults L2	94%	95%	94%	87%	89%	88%	86%	86%
Safeguarding Adults L3	92%	92%	90%	84%	85%	85%	66%	58%
Safeguarding Children L1	93%	94%	93%	94%	94%	93%	91%	87%
Safeguarding Children L2	91%	93%	91%	92%	93%	92%	90%	87%
Safeguarding Children L3	91%	93%	72%	79%	84%	85%	86%	80%
MCA	89%	90%	88%	88%	87%	88%	83%	76%
Prevent Awareness	98%	99%	99.4%	98%	97%	97%	97%	95%
Prevent WRAP	89%	87%	87%	90%	89%	90%	90%	88%
Level 4 Training	100%	100%	100%	100%	100%	100%	100%	100%
Executive /Board Training	100%	100%	100%	100%	100%	100%	100%	

5.4 Each month the team receive and review a compliance report and staff are contacted via email to provide details of how training can be accessed. The team further support the CBU managers by providing a compliance update.

5.5 E-learning is provided for Level 1 and Level 2 safeguarding adults; Level 1 and Level 2 safeguarding children; Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS); PREVENT Level 3 -5. In 2019 the single MCA training tier was replaced with 2 tier MCA training programme. The 2 tier programme is compiled from 5 modules (tier 1 = 3 modules, and tier 2 = 5 modules). It is intended this equips staff with more specific knowledge tailored to their working experience.

5.6 The Safeguarding team continue to deliver face to face sessions for Level 3 safeguarding children and adults, Trust induction and clinical induction. When requested the safeguarding team provide bespoke training sessions that meet the needs of the requesting

audience. Each year the training is adapted in order to ensure compliance to the intercollegiate documents.

5.7 The Adult Safeguarding team have supported the Older Peoples training throughout 2019/20 providing a face to face session in regard to MCA, and sharing real cases studies from the Trust to facilitate the sharing of lessons learned. The named nurse adults and MCA lead have undertaken an MCA train the trainer study day with the plan to share this with the newly identified Safeguarding Ambassadors, introduced January 2020.

5.8 Safeguarding children's training is reviewed yearly and the themes this year have included: physical abuse and shaken baby, Child exploitation (CSE and CE), County Lines, Modern day slavery and FGM. The adult training is delivered 3 yearly and this year this content was reviewed and re-designed in accordance with the new intercollegiate document.

5.9 The safeguarding team attend an array of multiagency training such as safeguarding supervision training; managing allegations; advanced investigation training; LIME culture training; Welsh model training; ACEs Conference; familial sexual abuse; concealed pregnancy; suicide awareness conference; leadership; SCR learning event; sexual offenders.

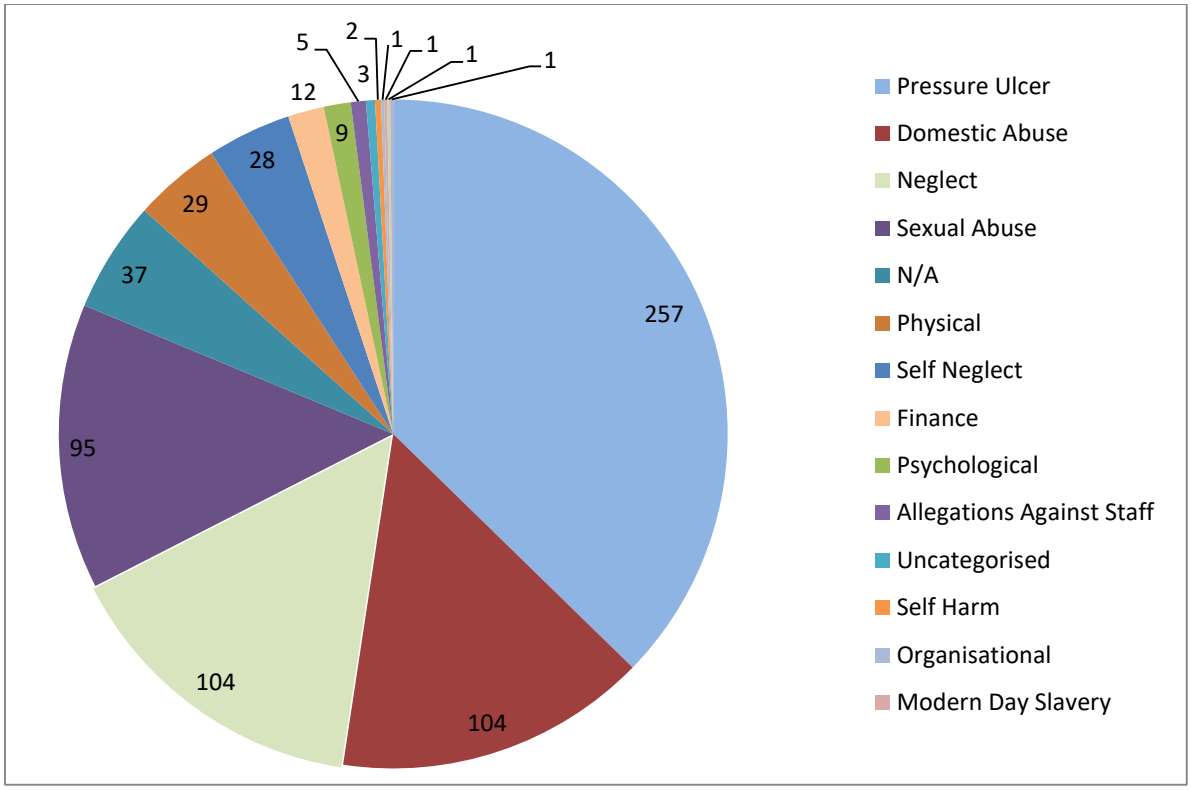
6.0 SAFEGUARDING ACTIVITY

6.1 Adults

6.2 The adult's team collates data regarding safeguarding referrals and safeguarding concerns raised within the Trust. The data is extrapolated from completed datix's and allows the team to identify areas of concern.

6.3 In 2019/2020 there have been 689 datix safeguarding concerns (Table 2) and 1129 applications for a DoLS authorisation. The number of datix has been constant from the previous year which had 639. The number of DoLS reflects a 64% increase in workload compared to 2018/2019, where there were 689, and a 208% increase compared to 2017/18 when there were 367 DoLS applications.

Table 2: Adult Safeguarding Concerns as reported via Datix (excluding DoLS)



6.4 The data base shows that of 689 datix 111 required a referral to a Local Authority (LA). Although not all referrals to the LA meet the criteria to be progressed to a safeguarding inquiry.

6.5 In the last year a new adult safeguarding internal referral process and internal referral form has been introduced. It is the intention that all safeguarding concerns will be quality assured and checked by the safeguarding team prior to submission to the LA. This excludes emergency safeguarding concerns out of hours were staff contact the LA 'duty team.' The new process and referral form has been subject to its first audit and any improvements required will be actioned accordingly.

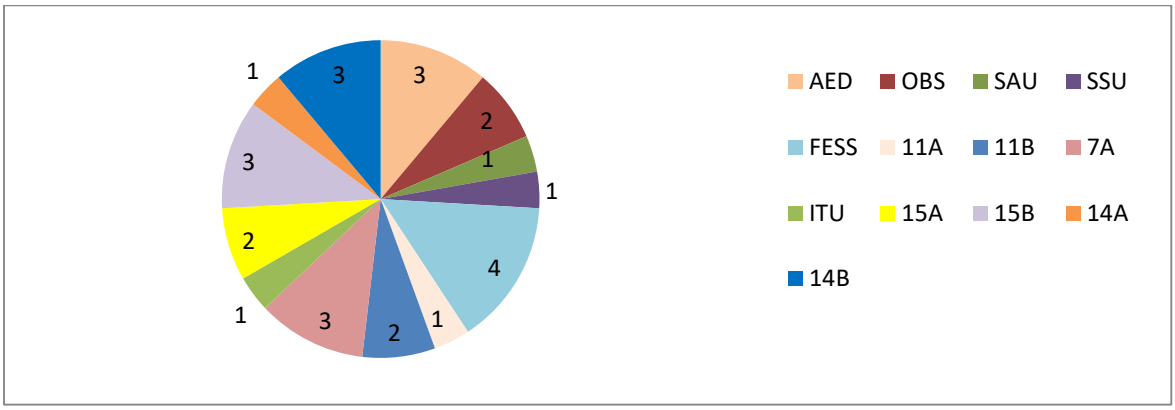
6.6 The adult team oversees 2 work-streams in terms of safeguarding referrals. The first relates to safeguarding alerts made by frontline staff, when they identify a safeguarding concern for a patient that occurred in the community. These are captured through the datix system, as staff are requested to complete an incident report when they identify a safeguarding concern. The second relates to safeguarding concerns raised against the Trust. These are investigated by the Local Authority under Section 42 of The Care Act 2014, and this process requires the Trust to complete an internal investigation, and develop an action plan to support recommendations made and address the lessons learnt, as a result of the investigation.

6.7 All safeguarding alerts against the Trust are sent from the Local Authority Safeguarding Team to the Trust's adult safeguarding team, who oversee the investigation and liaise with the Local Authority regarding the outcomes. In 2019/20 there have been 28 S42 concerns raised against the Trust by the Local Authority, this is an increase of 12 (75%) from the

previous year. The concerns were raised against planned care and urgent care across a number wards (Table 3). The Local Authority no longer provide outcomes when reporting on safeguarding concerns raised against the Trust, although they do provide recommendations, which the adult safeguarding team translate into actions, if not already identified by the Clinical Business Unit (CBU).

6.8 This year the Assistant Director of Safeguarding and the LA Safeguarding Managers undertook a review of the S42's inquiries for the period of January 2019 to January 2020. When reviewed the cases would individually not meet the criteria for a safeguarding. The review showed themes in relation to inappropriate care provision, standard of documentation and medicinal and or equipment supplied. Following meetings between the safeguarding team and the Tissue Viability Nurse, work has been undertaken with pharmacy and procurement to ensure that staff have access to appropriate surgical dressings for patients being discharged. In view of the number of cases relating to discharge it is recognised that there is clear learning for the Trust to consider. This has been addressed by the development of a 'Discharge Improvement' programme, which to date has undertaken several multi-professional process mapping and information finding workshops. The Assistant Director of Safeguarding will continue relationship meetings with the LA in order to review the S42's, and to provide assurance regarding work undertaken by the CBUs and the Trust.

Table 3: Adult Safeguarding Concerns against the Trust (S42)



6.9 Making Safeguarding Personal

6.10 Where adults have capacity 'Making Safeguarding Personal' (MSP) allows them to choose what outcomes they want and they have the right to refuse a referral (where there is no concern regarding the wider public interest or risk of serious harm to themselves). In accordance with the principal of MSP the team liaised with 84 individuals who had capacity to refuse intervention, and the referral was not made.

6.11 Children and Young People

6.12 In 2019/20 the children's team had 1057 referrals and information sharing calls into Children's Social Care (CSC) (Table 4). The themes identified in the referrals are detailed in Table 5, and these remain consistent with last year's finding.

Table 4: Safeguarding Referrals to Children's Social Care

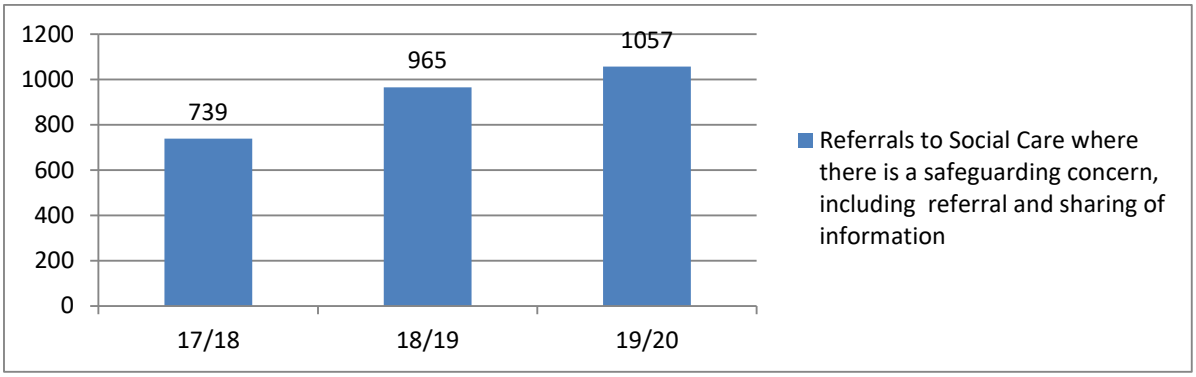
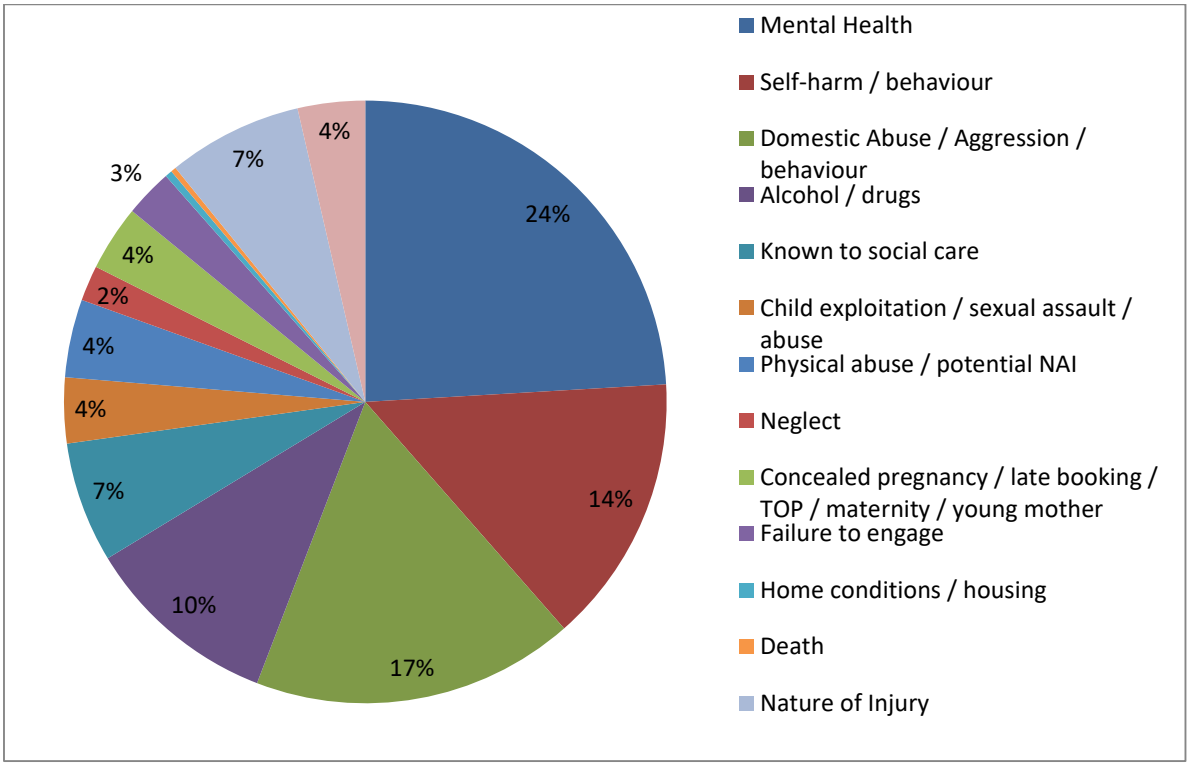


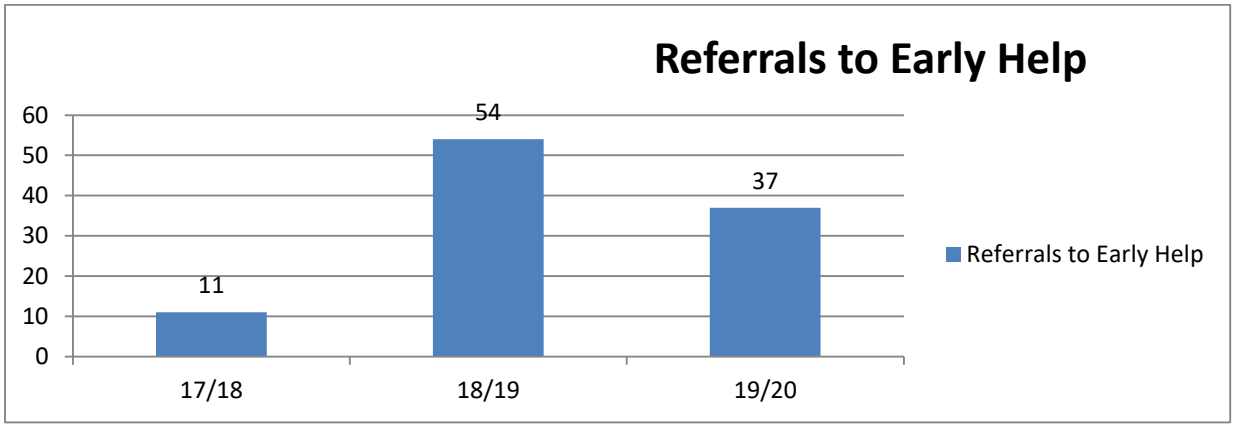
Table 5: Safeguarding Children themes



6.13 This year has seen a decrease in the number of referrals to Early Help services. A number of the Trust's referrals in to CSC resulted in the CSC outcome as a referral to Early Help. As a result the Trust has been questioned, if appropriate referrals are being made in the first instance. The children's team review all referrals and based on the often limited information that is presented at the time the concern is raised, a decision is made as to

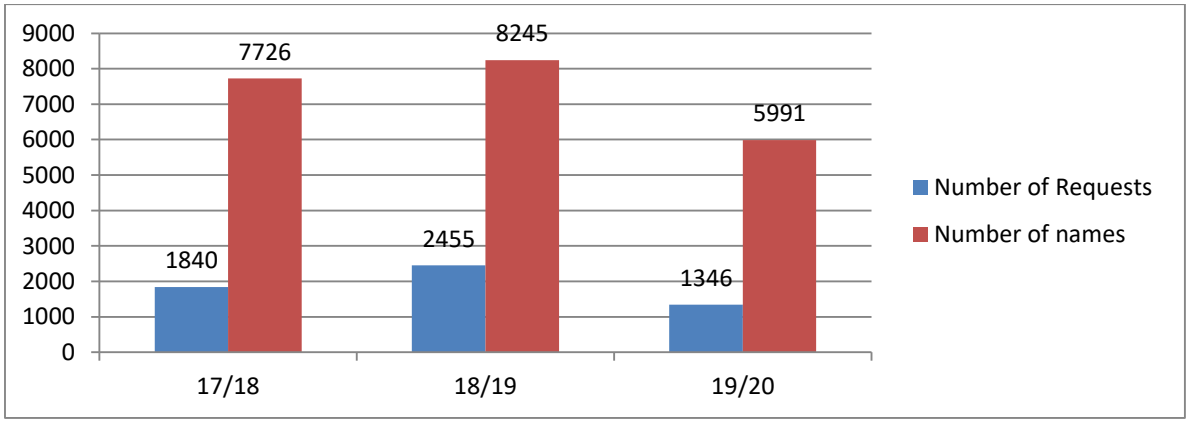
whether the referral is to CSC or Early Help services. The team will continue to review that the most appropriate referral is being made with the information available.

Table 6: Number of Referrals to Early Help



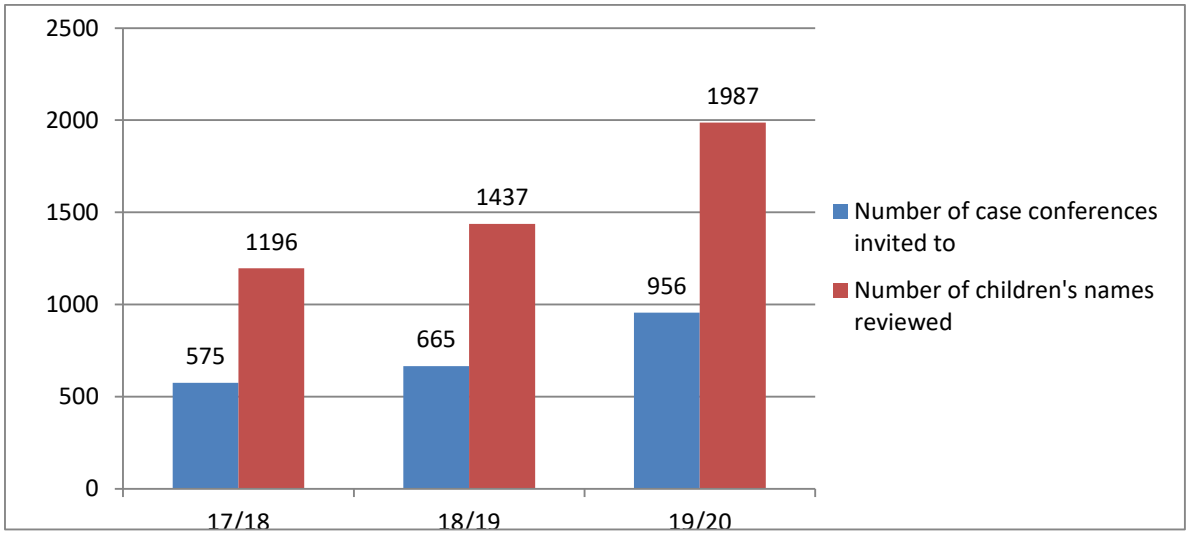
6.14 The children's team is required to provide an extensive amount of safeguarding information to external agencies. (Table 7). In order to deliver this information in a timely manner, the team has a 'duty 1' and 'duty 2,' with one duty responding to internal operational concerns and the other duty responding to external requests for information. The team has again recently been commended for their responsive and timely return of this information. A single request for information can involve searching the clinical records of a number of patients, as the search can include a child, their siblings, their parents, grandparents and other members of the extended family. Over the past year recognising the impact of this the MASH team has streamlined their process by only requesting information for relevant individuals, and by asking for information only dating back 2 years. The safeguarding practitioners will use their professional judgement as to whether to disclose information dating back further than 2 years.

Table 7: Multi-agency Safeguarding Hub Requests for information



6.15 This year the children's team have received invites to invites to 965 case conferences; (Table 8). This has resulted in the requirement to review the records of an additional 550 children compared to 2018/19.

Table 8: Case Conference Requests for Information



7.0 CHILD DEATH OVERVIEW PANEL (CDOP)

7.1 The Named Midwife and Named Nurse children are CDOP Panel Members. During this year the Trust received 48 child death notifications:

18 Sefton
23 Lancashire
8 other area

Of these children, 20 were known to the Trust. All requests for information were returned whether the child was known or unknown.

7.2 There were 5 children whose death was certified in the Trust: 1 in maternity; 1 in NNU; 1 in Paediatric AED; 1 in Adult AED; and 1 on children's ward. Of these 5 children, 3 were expected and 2 unexpected.

7.3 Four of the children were in 0-4 age group and the other child was a senior. The senior was unexpected and suffered a respiratory arrest. The one unexpected death of the child in 0-4 age group suffered a cardiac arrest, and had spina bifida. Of the remaining 3 children in this age group, 2 died from extreme prematurity and the other infant had Edwards Syndrome.

8.0 DOMESTIC ABUSE

8.1 There is recognition that domestic abuse (DA) covers a range of behaviors, and relationships and domestic abuse is recognised under The Care Act 2014 with its own

category. This highlights the importance of identifying and acting on suspicions of Domestic Abuse.

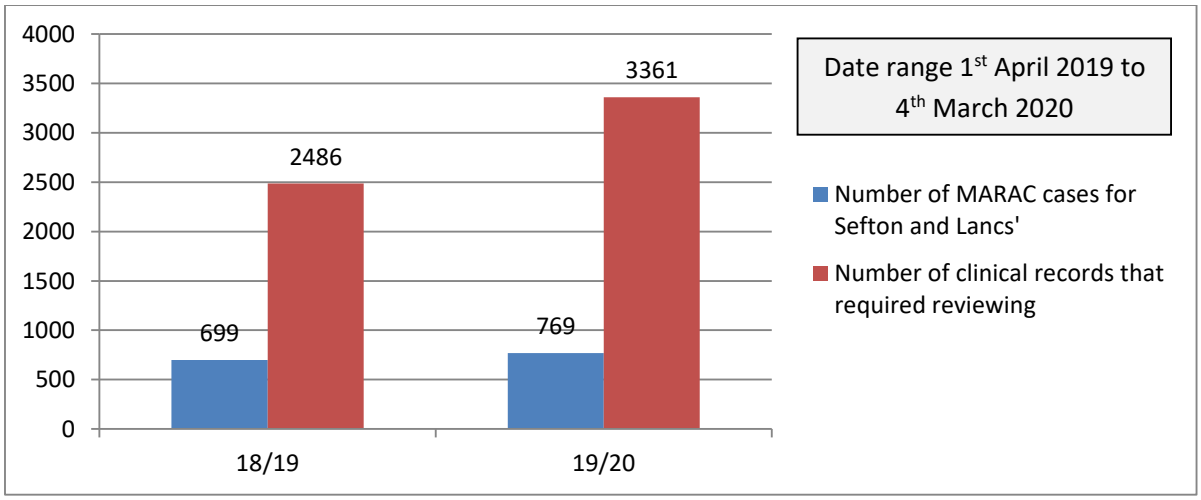
8.2 The Adult Specialist Practitioner remains the only health representative for the DA operational group for Sefton, which is responsible for providing the strategy for Sefton.

8.3 Two of the Adult and Children's Specialist Practitioners have developed a risk assessment for staff employed by the Trust who may be the subject of DA. The risk assessment has been included in the revised DA policy.

8.4 As per requirement the Trust has sustained 100% attendance at the MARAC meetings this year in Lancashire and Sefton, and flagging of relevant patient's clinical records has been undertaken. There is a process to remove the flag if in 12 months no further incidents are referred to MARAC. In March, with the agreement of the MARAC lead for Sefton, it was agreed that Southport and Ormskirk Trust would only attend the meeting if the Trust has completed a referral and or there is a 'Clare's Law' disclosure.

8.5 In 2020 there were an additional 70 MARAC cases compared to the previous year. This resulted in 3,361 electronic patient records being reviewed, as each case requires the patient's and their significant others electronic patient record to be searched, in order that relevant and proportionate information is shared during the MARAC meeting (Table 9).

Table 9: MARAC requests for information

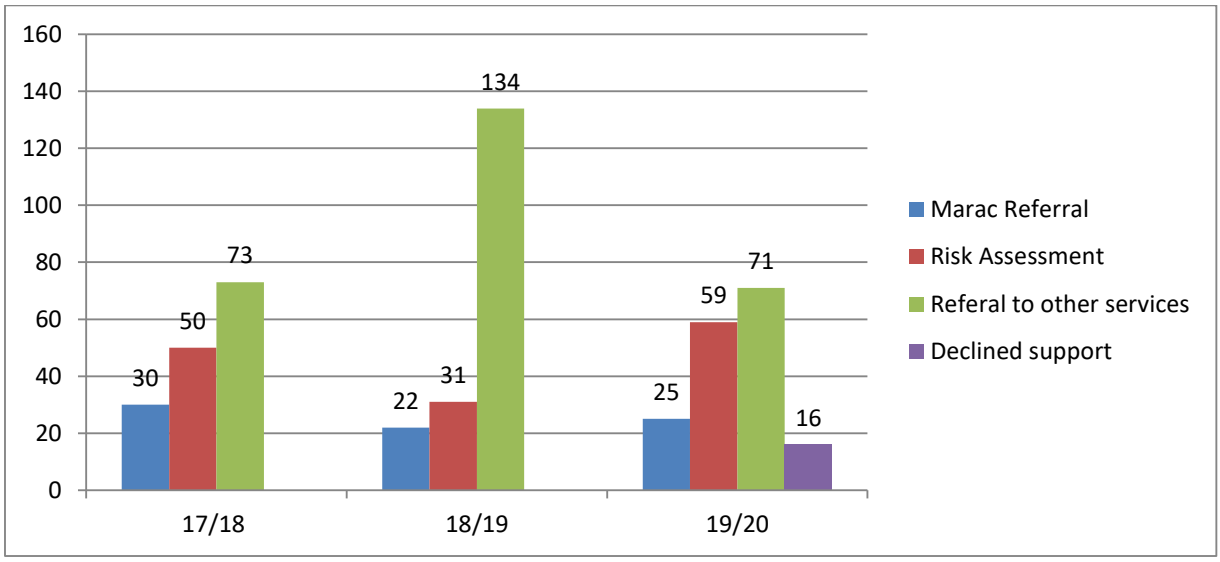


8.6 In incidents of actual or suspected domestic abuse staff use the domestic abuse risk assessment to determine the most appropriate referral (Table 10), although the referral to MARAC is undertaken by the safeguarding team following a review of the datix and the risk assessment, and after the engagement of the person disclosing the abuse.

8.7 In 19/20 there were 37 cases were a risk assessment was not completed due to:

- 3 Lacking capacity
- 3 Left department
- 16 Declined
- 11 Completed by other 3rd party or N/A
- 4 Missed opportunity

Table 10: Risk assessments and referrals to MARAC



8.8 Health Sexual Violence Liaison Officer (HSVLO)

The Office of the Police and Crime Commissioner, in conjunction with Lancashire Constabulary and Blackpool Teaching Hospitals, undertook a piece of work within Blackpool to map numbers of sexual offences reported to police, availability of support services, staff caseloads and links between them. Data obtained from Blackpool Teaching Hospitals based on a small dip-sample of 50 of Blackpool police's cases, threw up concerning data about the number of victims not in receipt of support who have subsequently presented at AED in crisis, and made no disclosure of any sexual offence to hospital staff.

The Office of The Police and Crime Commissioner Lancashire has in partnership with Blackpool Teaching Hospital Trust introduced Health Sexual Violence Liaison Officers (HSVLO), across Lancashire for a period of 2 years.

The Health Sexual Violence Liaison Officer (HSVLO) is based within the safeguarding team and provides specialised support to victims of sexual violence male or female, aged 16 years and above who have recently or in the past been subjected to any form of sexual violence.

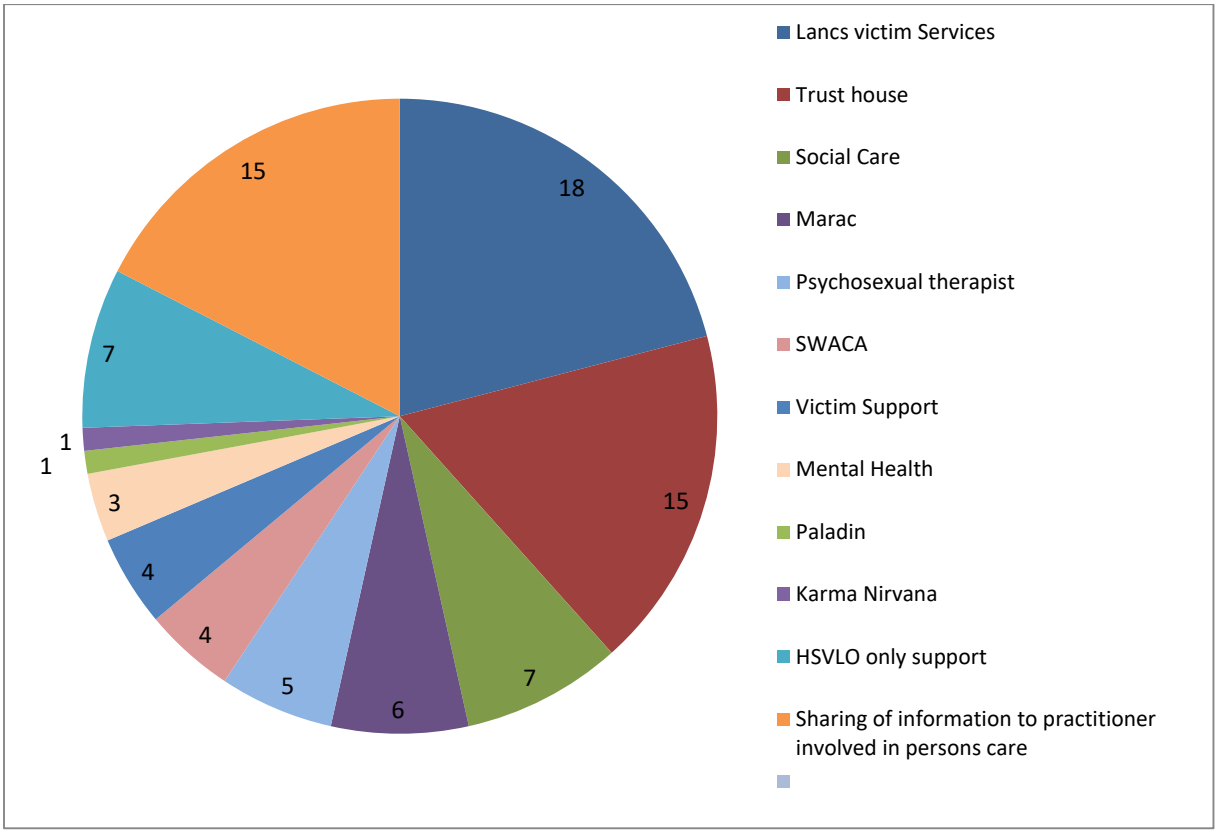
Since the introduction of the HSVLO in September 2019 there have been 94 referrals made from a range of sources:

- A&E: 47
- Sexual Health: 19
- Safeguarding Team: 6
- Ward: 3
- HALT: 2
- Maternity/ Gynaecology: 3
- External GP Surgery/ Other Health Service: 3
- Self-Referral: 11

Table 11: HSVLO Referrals

Date	Sefton	Lancs	Out of Area / Unknown	Recent abuse within last 6 months	Non recent abuse	Reported to the Police
Since Sept 2019	60	40	4	45	49	48

Table 12: Referrals to Support Services



8.9 Since taking on the role, the HSVLO has:

- Developed a training package ESAIR (Equipped in Sexual Abuse Identification and Referral).
- Trained over 320 staff by undertaking 40 engagement sessions providing training
- Developed relationships with both trust and external MDT partners/agencies including the Hospital Alcohol Liaison Team, GP surgeries, MerseyCare, A&E and Sexual Health Clinics.
- Redesigned the sexual abuse poster and strategically placed them throughout the Trust
- Shadowed various professionals to see how their role may involve victims of sexual abuse and create links with these individuals.
- Raised awareness in Safeguarding Awareness Week through a roadshow held within the Trust and the Atkinson Theatre in Southport.
- Raised awareness of the impact of sexual abuse in a domestic abuse setting within White Ribbon week.
- Created strong links with the A&E department so staff are skilled to respond to disclosure of sexual abuse.
- Incorporated the HSVLO documentation and referral processes into the Adult Safeguarding folders held on each ward.
- Submitted internal and external press releases through the Communications team.
- Played a key role in launching the Safeguarding Ambassador role within the Trust providing specialist support on sexual abuse, modern day slavery and human trafficking.
- Provided Safeguarding training at the Doctor's Trust Induction.
- Supported the Trust's sexual health team to develop sexual and domestic abuse proformas as part of their electronic patient records.
- Achieved 100% in all 3 completed modules of the Lime Culture Independent Sexual Violence Advisor Course.
- Quality assuring risk assessments and making appropriate referrals for victims of domestic abuse.

8.10 Feedback from training:

When attendees were asked for the overall rating of the session, 100% were very satisfied, with 79% being totally satisfied.

"Knowing signs and who to refer to, knowing we have an approachable lead now for any patients/concerns re sexual violence and having contact details for her".
"Knowing this help and support is available when referring".
"Very informative trainer was excellent all round – made a very emotive subject clear and relevant".

"I had no knowledge of this prior to the session, but feel more able to signpost is any disclosures are made".

9.0 DOMESTIC HOMICIDE REVIEWS

9.1 There have been no requests to the Trust for information regarding any domestic homicides during 2019 – 20.

10.0 SERIOUS CASE REVIEWS (SCR) and SERIOUS ADULT REVIEWS (SAR's)

10.1 The Named Nurse for adult safeguarding is a member of the Lancashire SAR review group. The Named Nurse for Children's safeguarding is a member of both the Lancashire and Sefton SCR review group. The Assistant Director of Safeguarding and the Named Nurse Children's attend and supports both SAR and SCR panel reviews for both Lancashire and Sefton, as requested. Members of the safeguarding team and clinical staff have attended practitioner events used during an SCR as part of the 'Welsh Model' methodology. The Named Nurse Adults is the independent chair for Adult L, reported under the Lancashire Adult Board SAR process.

10.2 The Trust has not been required to provide information to support any SARs 2019/20.

10.3 Currently the Trust is involved in 3 SCR's.

Child LN (Lancashire): This regards a child with serious head injury delivered at the Trust. To date there have been 3 panel meeting and a practitioner event, although the report is not yet published as this is awaiting the outcome of the Crown Prosecution Services.

Child LV (Lancashire): This regards a teenager found dead at home. To date there have been 2 panel meetings which the team attended and a practitioners event. There is no further Police investigation and the final report is awaiting publication.

Child LU (Lancashire) Scarlett: This relates to a child previously known to the Trust's out-patient's department, the child died unexpectedly and was found deceased in a car on way to Cornwall. To date 2 panel meetings have been held and the case is awaiting a police outcome.

The team review all learning from Lancashire and Sefton SARs and SCRs and as a result adapt processes and documentation and share information, for example including routine enquiry for DA at all ante-natal appointments; the inclusion of mental health assessments in admission and booking; ante-natal home visits and assessment of the baby's sleeping arrangement within the home.

11.0 MENTAL CAPACITY ACT and DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

11.1 The Mental Capacity Act 2005 (MCA) is an integral piece of legislation used by healthcare professionals. The Named Nurse adult along with the MCA Lead is an active

participant in the LSAB MCA subgroup, the MCA/DoLS Best Practice sub-group and the Planning and oversight group for the introduction of Liberty Protection Safeguards (LPS)...

11.2 In 2009, DoLS was bolted onto the MCA 2005 in order to create a procedure enshrined in law to deprive people, who are assessed as lacking capacity, of their liberty (in their best interest). In 2014, the case 'Cheshire West' created the acid test to enable practitioners to define whether a person is deprived of liberty. Under the acid test, any patient over the age of 18, who lacks capacity to consent to their arrangements (i.e. admissions to hospital), who is subject to continuous and effective supervision and control and is not free to leave, is defined as 'deprived of liberty,' and therefore a DoLS is required to safeguard their human rights. The impact for an acute Trust is that all patients who lack capacity and are in the acute hospital setting as an in-patient require a DoLS authorisation.

11.3 This poses a challenge not only to S&O as an acute trust but has also placed a heavy burden on the Supervisory Body (Lancashire and Sefton's County Council), who are required to complete Best Interest Assessments and authorise a significant number of DoLS in the community, as well as the hospital setting. As a result the Supervisory Bodies have been unable to meet the need, and therefore a number of patients remain deprived of liberty without any legal authorisation. This situation has been escalated through to the LSAB and in Lancashire and a review of the data demonstrated the extent of this issue.

11.4 This is detailed in the Trust risk register which refers to patients who are placed under an urgent 14 day DoLS authorisation, which expires before the Supervisory Body has been able to complete a best interest assessment. The risk was inputted 26/09/2016.

11.5 To mitigate the risk the Safeguarding team have developed a robust system for monitoring the DoLS process: all datix checked; all DoLS applications quality assured; if required the application is resubmitted to the Supervisory Body if information is missing or incorrect; revised applications are printed and taken to the ward to place in the patient's clinical record. Clinical areas are contacted to ensure that when patients are deprived of their liberty this is being undertaken in their best interests.

11.6 A spreadsheet is maintained detailing the expiry dates of the urgent and standard authorisations. This is enhanced by a DoLS proforma in Medway. The team sends an email regularly to the Supervisory Body advising of patients who no longer require a DoLS and the patients who are awaiting a Best Interest Assessment. When the team is aware they further escalate to the Supervisory Body, any patient who is in need of an urgent Best Interest Assessment for example, they strongly object to being in hospital, they are subject to a high level of restriction/restraint, or they have been an inpatient for significant period of time.

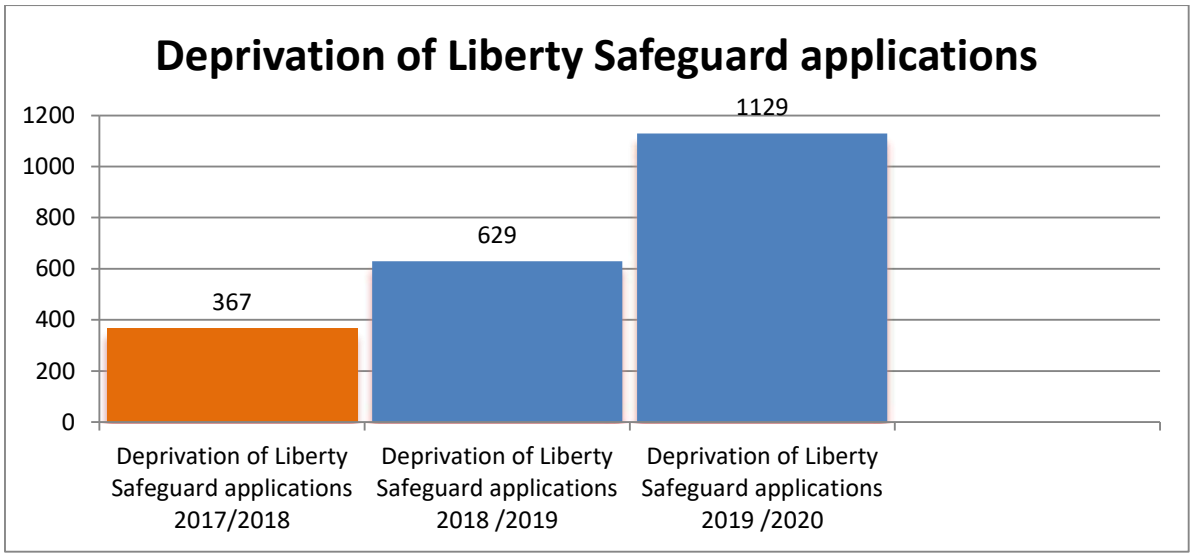
11.7 Raising awareness and education of MCA and DoLS remains paramount for the team and as a result this year has seen a 64% increase in the number of referrals for a DoLS authorisation (Table 13). DoLS referrals in 2017/18 were 367, in 2018/19 were 629 and in 2019/20 was 1132. Those that are not authorised by the Supervisory Body are due to discharge before the assessment is undertaken; patients regaining capacity; patients who

have deceased; the urgent authorisation lapses due to no assessment being undertaken by the Supervisory Body (Table 14).

11.8 The team strive to achieve 100% compliance with all patients who meet the criteria for a 2 stage capacity assessment and for a DoLS authorisation to be completed. Revised documentation was developed by the Named Nurse adults to ease the burden upon staff and this has impacted on the number of MCA 2 stage capacity assessments completed and DoLS applications.

11.9 It has further been highlighted by the Lancashire MCA sub-group that not completing a 2 stage capacity assessment prior to discharge to a D2A bed for patients who may lack capacity is a local concern. At Southport and Ormskirk an audit completed 2019/20 showed that while MCA was not always formally assessed, all patients being discharged to a D2A bed did have a Best Interest decision made, which included members of the MDT and the patient's families. Improvement work to address the findings of the audit is being undertaken by the MCA lead within the adult safeguarding team.

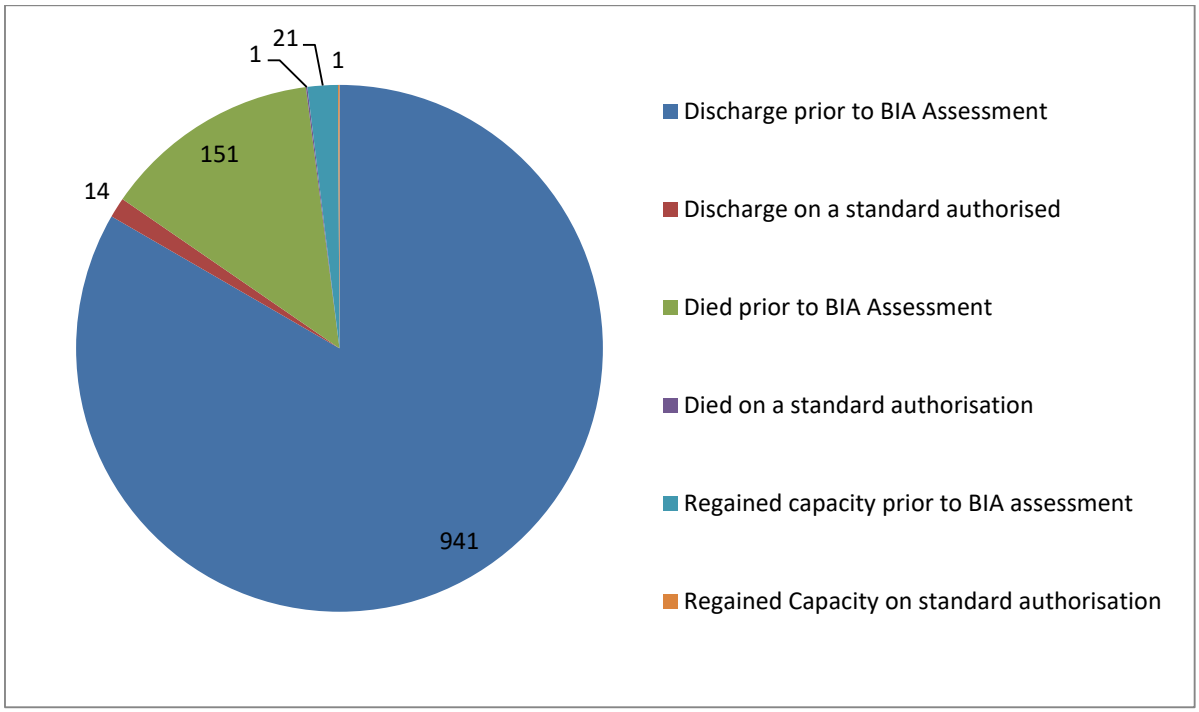
Table 13: Deprivation of Liberty Safeguards Applications



11.10 In 19/20 there were 1129 applications for a DoLS:

- 710 Sefton
- 5 Wigan
- 408 West Lancs
- 9 Other

Table 14: Outcomes of DoLS Applications



11.11 Liberty Protection Safeguards (LPS)

11.12 In July 2018, the government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (although the term is not used in the Bill itself). The target date for implementation was spring 2020, (Revised to October 2020). Given the pandemic this has been postponed and the Trust is awaiting further instruction from NHS E.

11.13 Key features of the Liberty Protection Safeguards (LPS) include:

- In line with the Law Commission's suggestion they start at 16 years old.
- Deprivations of liberty have to be authorised in advance by the 'responsible body'. For NHS hospitals, the responsible body will be the 'hospital manager'.
- For the responsible body to authorise any deprivation of liberty, it needs to be clear that:
    - The person lacks the capacity to consent to the care arrangements
    - The person has a mental disorder
    - The arrangements are necessary to prevent harm to the cared-for person, and proportionate to the likelihood and seriousness of that harm.

11.14 The LPS will have significant implications for acute NHS Trusts as the authorisation of the LPS will be the responsibility of the hospital and not the LA, as in the current arrangements. This will require a number of key staff within the Trust to be trained as an approved mental capacity professional or equivalent. It is unclear how the new LPS will affect the number of DoLS application, as a result of changes in the criteria. National training is still to be developed given there is uncertainty of the full implications and process of LPS.

11.15 The Named Nurse for adults and MCA Lead have membership in the LSAB working group who are reviewing and pre-planning the introduction of the new LPS, and the Assistant Director of Safeguarding has linked with colleagues in Sefton to review a standardised approach to the implementation. This work is ongoing in anticipation of the Code of Practice including the training required and the forecasted costs.

12.0 JOINT TARGETED AREA INSPECTION (JTAI) OF THE MULTI-AGENCY RESPONSE TO CHILDREN'S MENTAL HEALTH IN SEFTON.

12.1 Between 23 and 27 September 2019, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMIP) carried out a joint inspection of the multi-agency response to abuse and neglect in Sefton. This inspection included a 'deep dive' focus on the response to children's mental health. Inspectors focused on children's mental health and on how partners identify children who also need help and protection. Included was a 'deep dive' focus on children identified as being in need who have a range of emotional well-being and mental health needs.

12.2 Following the review South Sefton CCG established a task and finish group for all partners to develop a joint action plan (Table 16). The Assistant Director of Safeguarding and the Children's Named Nurse has provided representation at the group. The children's team have collaboratively with colleagues both internally and externally to address the recommendations of the report (Table 15).

Table 15: Practise noted at Southport and Ormskirk NHS Trust

There is also consistent oversight of children's attendances at Ormskirk hospital by paediatric liaison
In addition, there is effective, routine and consistent child protection information system checks at Ormskirk hospital
Staff at Ormskirk Hospital benefit from proactive case discussions with the safeguarding team that reflect on the clinicians' practice and appropriately identify whether additional actions are required to meet the child's needs
Emergency department staff at Ormskirk hospital appropriately seek ad hoc guidance and support from their safeguarding teams in order to support their decision-making.
The use of an agreed dedicated risk assessment tool to help identify children who may have poor mental health and who self-harm is not embedded in the paediatric emergency department at Ormskirk District General Hospital
Ormskirk District General Hospital has a different process to Alder Hey when recording MASH outcomes and this was considered inconsistent.

Leaders at Ormskirk District General Hospital report that the absence of a 24-hour crisis mental health team has resulted in some children being admitted to hospital who might otherwise have been safely discharged home with CAMHS follow-up. Furthermore, while staff in the emergency department have accessed the psychiatrist at Alder Hey children's hospital out of hours, there were no established procedures or pathways to underpin this practice

Table 16: JTAI Actions for Southport and Ormskirk NHS Trust

Ensure Southport and Ormskirk Accident and Emergency Department are aware of referral to on call psychiatry and Crisis Team cover	Alder Hey will communicate the arrangements and current offer of 24 hour on call psychiatry for Sefton and Liverpool to ODGH staff. A pathway will be developed to provide criteria for contact and the process for contacting Currently at Southport and Ormskirk staff out of hours the Paediatric staff will contact AH team for support. There is a process in place which has been shared. The Ward and AED Manager at S&ODGH will ensure the pathway is available and visible to all staff	The Ward and AED Manager will ensure the pathway is available and visible to all staff, awaiting feedback that this is now completed. Require update from Alder Hey regarding this being a formal agreement	
Information sharing on children records with outcomes from the MASH will be consistent across secondary care providers where Sefton children access services	Alder Hey to create SOP to ensure consistency with MASH process. This will include the process regarding requests for MASH information on children who do not have an Alder Hey AH No. (SOP to be shared with Southport and Ormskirk once completed). The Named Nurse at Southport and Ormskirk is to scope the feasibility of adding the MASH outcomes to the known children's records when deemed appropriate to do so, such as when there is safeguarding outcome. The Named Nurse at Southport and Ormskirk will discuss with the IG Lead the possibility of creating a record where the child is unknown and scope the workload associated with this	Awaiting meeting with Alder hey and IG post pandemic S&O can confirm that positive MASH outcomes will be added to the child's record were a record exists from March 2020. Where a record does not exist and in line with current local policy records cannot be created. This is being discussed further with colleagues in IG to consider if there is another solution. Where there is no positive outcome this requires further exploration in regard to such information being added to records, again this will need to be aligned with local policy. Expected date for completion of discussions with IG and to ensure that the process at Southport and Ormskirk is IG compliant is April 30th 2020.	
Southport and Ormskirk will introduce a risk assessment to be introduced to AED to help identify children who have poor mental health and who self-harm A CAMHS pathway has been developed and this is awaiting approval at the Paediatric	To provide a risk assessment score for referrals to partners in order to inform the child's / YP's care plan	This is action is awaiting feedback from the department regarding the date for implementation.	

Department Meeting. This pathway includes the completion of either the PIERCE or CADAS assessment tool. Once approved the pathway will be implemented.			
Southport and Ormskirk to review the AED documentation to ensure that it is fit for purpose	To ensure the documentation used in AED at S&ODGH is capturing appropriate information which may trigger a safeguarding referral	An audit of the AED documentation has been completed and will be repeated bi-monthly Evidence: March audit attached: 18-183 paeds A&E Doc'	
Southport and Ormskirk Trust will include voice of the child and professional curiosity in level 3 training. Southport and Ormskirk to ensure all staff are aware as opposed to level 3 training The safeguarding team will quality assure all referrals providing feedback to the referrer as required. If necessary further information will be provided to the partner in receipt of the referral Voice of the child and professional curiosity will be included in the level 3 children's safeguarding training. The team will explore other options for enhancing staff knowledge and embedding voice of the child	To ensure the child's voice is captured with assessment and to promote professional curiosity to provide further assurance on risk to the child.	Evidence attached: VOC audit Doc' Screenshot training doc' MY life tool doc' Screenshot training unborn doc' FW: CH email FW: referral LM email	

13.0 SECTION 11 SITE VISIT 19/20

13.1 Changes in the assurance processes in 2019-20 saw a significant reduction in the safeguarding Key Performance Indicators from previous years, and the introduction of safeguarding quality site visits to support reviewing evidence submitted by organisations against the audit tool. The aim of the safeguarding quality site visit is for the Sefton CCGs to have an additional method of oversight of how organisations are meeting statutory and

contractual safeguarding obligations, and to consider how safeguarding is embedded in practice. Following the site visit the CCG provided a number of points for the Trust to consider (Table 17)

Table 17: Points for the trust to Consider:

	Progress
Develop one overarching action plan to amalgamate all safeguarding action plans from audits and reviews.	
Review of existing committees to understand the communication flow and reporting pathway.	
Review of safeguarding policies to reflect current legislation and guidance (Safeguarding Policies, MCA Policy and CiC including Care Orders, Parental Responsibility and Care Leavers).	Aw approval
Review of agency staff training to ensure that it meets required standards.	To be confirmed
Including voluntary staff in training compliance data.	Not able as not included in ESR
How advice given by the safeguarding team is incorporated in the patient's record (including emails and supervision).	
Including the QR code for the NHSE Safeguarding APP on the safeguarding pages of the intranet.	
Assuring them on the consistent use of the Child Protection Information Sharing (CPIS) system.	Audit ongoing
How further consistency with the use of the under 18's CAS card can be achieved	Audit ongoing
Escalating issues of delayed discharges for Sefton LAC to the Designated Nurse LAC.	
How all staff will have an up-to-date DBS check (advised that all new starters have to have DBS and all current staff complete annual declaration).	
Testing out workforce knowledge of safeguarding/ roles/ responsibilities (possibly through re-introduction of SONAS process).	
How it will maintain a safeguarding team due to maternity leave, sickness etc.	

13.2 Lancashire Safeguarding Board undertook their site visit in October 2019, although there was no documented feedback the reviewer verbally reported that he was very happy with the Trust's safeguarding practices.

14.0 TRUST CQC INSPECTION 19/20

14.1 The inspection recognised that across the trust staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it.

Actions that have fallen in to the safeguarding agenda are:

- They must ensure when patients lack capacity to consent staff complete a capacity assessment in line with legislation, especially when using do not attempt resuscitation orders
- The trust must ensure staff complete a capacity assessment before depriving patients of their liberty and ensure they do not restrict patient's liberty of movement without legal authority
- The trust must ensure that all staff can complete documentation for Mental Capacity Act Deprivation of Liberty safeguards and do not attempt cardiopulmonary resuscitation plans appropriately.
- The trust should improve engagement at the Safeguarding Assurance Group from Heads of Nursing.
- The trust should improve safeguarding engagement by staff at ward and department level.

14.2 The safeguarding team have responded by undertaking a number of actions including:

- The completion of the DoLS documentation and the 2 stage mental capacity assessment is included in the SONAS process and in the co-ordinators and ward leaders checklists
- Audits of compliance and knowledge transfer commenced
- Introduction of safeguarding ambassadors
- The new Enhanced level of supervision and Falls documentation includes reference to the 2 stage mental capacity assessment and DoLS
- MCA has been included in revised missing person's policy
- The safeguarding administrator checks all DoLS applications each working day, any errors are rectified and the form re-submitted to the LA and a revised copy placed in the patients notes. The administrator maintains a spreadsheet of all DoLS applications.
- A DoLS proforma details the relevant dates of the DoLS has been built in Medway and the administrator is working with BI to develop a DoLS trust-wide report
- The DoLS application form has been simplified to support and encourage applications to be completed
- The Best Interest Tool has been simplified
- The 2 Stage Capacity Assessment form has been simplified
- In order to improve the QA process of safeguarding referrals a new safeguarding form has been introduced for staff to complete. The referral form includes consideration for capacity and the completion of a DoLS application
- The policy, care plans and datix template are being updated to include and reflect the new documents/process
- Folders with information, copies of all documents and the process as well as useful contacts have been created and have been provided to the clinical areas
- The Safeguarding team undertook a lessons learned exercise with Urgent Care
- The Safeguarding team presented to planned care governance to amplify the importance and demonstrate the new simplified documents/process
- Bespoke training has been delivered in areas such as on ward 14A MCA and DoLS training has been developed and provided on the Older Peoples Care Training Programme monthly

- The introduction of the Dementia and Delirium Team and their clinical presence has supported staff in ensuring appropriate assessment and application for DoLS, and completion of 2 stage capacity assessments/Best Interest Decisions
- The MCA/DoLS training module has been updated

15.0 PREVENT

15.1 Prevent is part of the Government's counter terrorism strategy and as the name suggests, it is the part of the strategy designed to identify people who may be vulnerable to radicalisation before they actually commit any crime. It therefore operates in the pre-criminal stage and essentially requires professional groups, particularly in the public sector, to be aware of the signs that an individual may be being radicalised, and then to refer such concerns onto the proper authorities to make the necessary interventions. Local Authorities, Health, Education and the Police amongst others form the CHANNEL Panel, which considers every case referred and determines which professionals should be engaged to intervene in addressing the individual's needs. The Named Nurse adult has secured the only health representation at the Sefton CHANNEL Panel Group.

15.2 Health workers come into contact with thousands of people every day and are, therefore, well placed to identify people at risk. During 2019 all Prevent training became available on-line and is available to all staff on ESR. There remain 2 tiers of training aligned to staff role. All new staff receive a Prevent awareness leaflet in their welcome pack and this is also available on the Trust intranet. A new screensaver has also been produced to highlight the need to be Prevent aware.

Table 18: Prevent Training Compliance

	Q1 18/19	Q2 18/19	Q 3 18/19	Q 4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Prevent Awareness	9%	99%	99.4%	98%	97%	97%	97%	95%
Prevent WRAP	89%	87%	87%	90%	89%	90%	90%	88%

15.3 The Trust has made 2 PREVENT referrals this year, neither of which progressed to Channel Panel.

16.0 MANAGING ALLEGATIONS

16.1 There have been 9 cases of allegations raised against staff. The Trust made an additional referral to the Local Authority Designated Officer (LADO) regarding a visitor at the Trust. The allegations mostly centre upon the way staff have spoken to patients. Three cases reported physical abuse towards patients. It is worth noting that in 2 cases video

evidence was reported to be available, although only in one case was the video evidence supplied.

Each case was managed accordingly and several members of staff were restricted from work while the allegation was investigated. One member of staff left the Trust prior to completion of the investigation and 2 cases have been managed by NHSP. None of the allegations have resulted in dismissal of investigation by the police.

16.2 The Assistant Director of Safeguarding recognises it is necessary to undertake a review of the Trust's Managing Allegations Policy, in order to ensure a consistent approach to the management of allegations.

17.0 SAFEGUARDING AUDITS

17.1 The safeguarding team have undertaken and responded to a number of audits this year including:

Completion of safeguarding documentation for adults attending Adult AED
The compliance of accessing the CP-IS system (19-004)
Completion of safeguarding documentation for children attending the Paediatric Department and identified as being at risk of deliberate self-harm (19-003)
The quality of children's social care referrals from Paediatrics, Maternity and adult AED referrals
The quality of adults safeguarding referrals
Safer sleep
Compliance to the MARAC process (18-215)
The completion of MCA and DoLS documentation
Voice of the Child
Under 18 AED card
Learning Disability Process

18.0 COMPLAINTS

There has been 1 complaint received on 31st March 2020. This relates to the patient being dissatisfied with a referral to children's social care. This has been investigated and the referral is upheld and was made in accordance of policy. Two other concerns mentioned in the complaint have been discussed with the staff member who made the referral.

19.0 COMMISSIONING STANDARDS

19.1 The Trust submits a quarterly update to South Sefton CCG as part of the KPI submission. The Commissioning Standards Action Plan has the below remaining domains rated as incomplete:

Commissioning Standards	**Assurance Required**

The organisation has effective allegation policies and systems in place for professionals and service users, which is compatible with MASA/LSAB Procedure and Guidance, including guidance on Person in a Position of Trust (PiPoT) guidance	The current policy is in date but the ADo safeguarding wanted to review and update accordingly
The children's policy and procedures have been reviewed since the introduction of Working Together 2018 and are Care Act 2014 compliant and includes reference to NICE guidelines (NG75 & CG89)	Policy has been updated since Working Together 2018/Care Act 2014 but only contains some of the elements, but the policy has required a further review which is in progress
Sub contracted/ commissioned services by the organisation who work with Children and are delivering statutory services are Section 11 compliant and have been audited. Other contracts require the organisation to achieve Safeguarding Standards, which are the same as those for Section 11.	The trust is working with the security team's area service manager to ensure the appropriate level of DBS is in place. The Head of Health and Safety has been asked to review the process for others contractors.
Development and introduction of a policy that includes all the below elements: Restraint used is documented, followed by assessment for signs of injury, emotional or psychological impact in line with policy.	The policy is completed and has been dissemination to the CBUs governance meetings
Review of operational safeguarding strategy and dissemination of any changes	Strategy requires reviewing and will fall in to Q1 20-21

20.0 RISK REGISTER

20.1 There are 2 risks relating to safeguarding in 2019/20:

DoLS- Lancashire Local Authority is not undertaking Best Interest Assessments; therefore the Trust may be restraining patients without the necessary legislation in place, putting us in breach of the law. This has been escalated via the Lancashire Safeguarding Board and the Local Authority has a process for prioritising their waiting list. This has been mitigated as detailed in 11.5 and 11.6

The Trust does not have a clinical photography team; as a result photographs provided by the Trust for the purpose of child protection and criminal investigation processes, and wound or pressure ulcer management do not represent the injury/harm/wound/pressure ulcer accurately. This has been reviewed by scoping of the risk and identifying equipment required. The team are currently reviewing the Clinical Photography standard operating procedure.

20.2 An additional risk that may require adding to the risk register in 2020/21 is:

- The Trust does not have the resources to meet its obligations under the new LPS arrangements; therefore patients may be illegally detained under the new arrangements.

21.0 RESPONSE TO THE COVID 19 PANDEMIC

21.1 Towards the end of this reporting period the covid 19 pandemic required the team to deliver services differently and introduce new ways working. These have included:

- Undertaking virtual meetings for MARAC, MASH, CDOP, MACE and some sub groups
- The introduction of bi-monthly monthly teleconferences with social care, community health and the CCG designated practitioners, with the purpose to keep up to date and prevent duplication of visiting families
- The named midwife has developed a virtual discharge plan which is being used by Sefton and Lancashire Social Workers
- To support frontline community midwives the Named Midwife has been completing all referrals for un-borns, writing reports and attending virtual conferences.
- Relocation in order to allow the office to be used for the covid team on the Ormskirk site
- Remote working in the children's team to reduce the number of staff in the office
- Two operational members of the team for both children's and adults on site during working hours
- The Named Nurses for children's and adults supporting the safeguarding operational role
- Core group, strategy meeting, case conferences held virtually. The safeguarding team is undertaking these in place of staff in order to free the time of frontline staff
- The Named Midwife is completing all case conference reports and virtual conferences for Maternity cases. In normal times staff would complete their own reports supported by the Named Midwife and attend the conference face to face.
- The safeguarding team is completing all referrals to CSC for Maternity and A & E in order to free the time of the staff in those departments.
- The children's team undertakes a daily call to all key areas: NNU; Maternity; Paedriatric to check if they require support, this has been to minimise face to face contact although the team visit the wards as required.
- Virtual conference calls with both Sefton and Lancashire CCG's Designated Professionals
- The Named Nurse adult safeguarding has established and is managing the Patient Information & Communication Officers (PICO), which is the new team developed to support families and patients and maintain communication while visiting restrictions are in place. This has included the introduction of zoom for patient and their families
- Development of safeguarding leaflet for dissemination at Trust induction
- Adult safeguarding specialist practitioner returned to frontline and redeployed to Oasis ward.
- Adult safeguarding specialist practitioner supported staff swabbing in POD.

- Adult team has engaged in 'Teams' and dial in meetings where previously would physically attend.
- Adult safeguarding team have supported with delivering Trust Daily COVID update brief to all areas.
- Adult safeguarding team have supported letters to loved ones delivery, produced fliers for H&WB, locating patient's property and delivering memory boxed to the bereaved

21.2 It is been widely anticipated and reported in the safeguarding network that the covid-19 pandemic will result in an increase in safeguarding concerns in particular domestic and sexual abuse, which may or may not involve children. It is expected that as the 'lockdown' restrictions are lifted there will be a surge in safeguarding activity for the elderly, adults and children, as services are able to re-engage with families, and visibility of vulnerable group's increases. In addition the pandemic has resulted in new ways of working with reduced face to face contact for out-patient appointments. The team will be required to ensure new processes must be able to provide the opportunity for professional curiosity, and for service users to disclose safeguarding concerns.

22.0 WORK PLAN 2019/2020

- Respond to the potential surge of safeguarding anticipated for 2020/21
- Introduce new LPS process and ensure the Trust meets it statutory obligations
- Review the revised MCA and DoLS documentation implemented
- Review of how electronic and digital processes can support safeguarding activity
- Review the criteria for the level 3 adult training
- Continue to develop the role of the HSVLO
- Reduce the number of inappropriate referrals to Local Authority
- Continue to improve the completion of the safeguarding documentation in AED
- Improvement in the number of unsafe discharges
- Review the Trust's Clinical Photography provision
- Continue to ensure the development of a network of safeguarding ambassadors
- Achieve training compliance ensuring compliance to the intercollegiate documents
- Approval of a Restrictive Practise Policy
- Revise the Managing Allegations Policy
- Complete the review of the Children's policy
- To ensure that when appropriate referrals are made to Early Help
- Completion of the JTAI action plan
- Completion of the CQC action plan
- Completion of the Site visit action plan

23.0 CONCLUSION

23.1 Progress continues to be made in the journey towards safeguarding being embedded in to practice and considered everyone's business. The team work operational within the Trust and engage extensively with external partners as expected, given the nature of safeguarding being a multi-agency and multi-professional practice.

23.2 The Safeguarding team over see and monitor key areas to ensure appropriate referrals and actions are made in order to safeguard children, young people and adults at risk of abuse. The challenge continues to be to engage all Trust staff to appreciate the important role they play in recognising and responding to safeguarding concerns within an acute setting, where often the focus remains on the physical well-being of the patient. The safeguarding team will continue to improve and simplify processes, embed training into practice, ensuring quality referrals are made, and enable staff to use their time with patients effectively to identify and manage safeguarding concerns.

23.3 The pandemic of this year has resulted in changes in practice amongst our multi-agency partners. It is expected that both for safeguarding and for the Trust new ways of working will develop and continue over the forthcoming year, and we must ensure that safeguarding is considered at all stages of change.

24.0 RECOMMENDATIONS

24.1 The Board is asked to recognise the achievements made by the Safeguarding Team this year outlined in the report and agree the suggested next steps for the year ahead.

25.0 CASE STUDIES

The 3 case studies below is an example of the safeguarding team role and value in safeguarding children, young people and adults at risk of abuse.

Case 1 - Situation
LB presented at A&E due to feeling highly suicidal and in low mood. LB is a regular attender. The triage nurse had recently received the E.S.A.I.R (Equipped in Sexual Abuse Identification and Referral) training and felt more confident in asking about the cause of the low mood/suicidal ideation and if it was trauma based. LB disclosed that she had been raped 10 years prior. The triage nurse subsequently completed a DATIX and Sexual Violence Referral Form.
Safeguarding input
The Health Sexual Violence Liaison Officer (HSVLO) attended A&E to visit LB. When completing a support and safety assessment (SAS), LB disclosed that she was raped in 2010 by an acquaintance resulting in a deterioration of her mental health. During the completion of the SAS, it was apparent that LB had a young child who she feels detached from, a husband who she feels doesn't understand, and constant anxiety that something will happen to her and her child. LB also felt unable to go through the Criminal

Justice System, she felt responsible for the perpetrator, if he were to commit any further sexual offences.

The HSVLO gave LB practical advice and support. During the meeting, the HSVLO informed LB about the option of Anonymous Intelligence Reporting. LB decided to give consent for the HSVLO to liaise with the police and provide information anonymously about the perpetrator. LB felt this would help improve her mental health. The HSVLO also gave LB a personal alarm.

After the meeting, the HSVLO sent LB information with regards to coping with the effects of a traumatic event, how to deal with disturbing dreams, an anxiety self-help book, and information about depression and low mood. The HSVLO also gave contact details for support lines and provided requested information about the impacts of sexual violence for LB to show her husband.

Due to disclosing that she felt detached from her daughter, the HSVLO completed a paediatric liaison form in order to inform her Health Visitor. With LB's consent, the HSVLO also made a referral to Lancashire Victim Services for emotional support and further advice on the Criminal Justice System, in addition to a referral to Trust House for counselling.

LB was also advised to contact her GP for further support. LB felt uneasy disclosing the trauma to another individual, as she felt like she was reliving the event. Consequently, the HSVLO advocated on behalf of LB to her GP and informed them of the sexual abuse with the LB's consent.

Outcome / Result

LB is currently on the waiting list for Trust House counselling. LB is feeling more like her normal self and also feels she has a better relationship with her husband and daughter due to the support from the Health SVLO and Health Visitor. LB has not had any readmission to A&E in relation to her mental health since receiving the HSVLO's support.

Feedback from LB:

"It has been really good having your support. They should have this role everywhere, it's the first time in 10 years I have felt listened to and have received the right information".

Case 2 – Situation

Patient B attended AED with her baby fleeing serious domestic abuse. She was experiencing extreme anxiety resulting in severe physical symptoms. The patient was being subjected to verbal and physical abuse by an ex-partner and his family, this included breaking and entering her property. She felt in fear of her and her baby's safety. The adult safeguarding team were alerted to her situation via a DATIX completed by AED staff and concerns were also raised for a lone animal at the property.

Safeguarding input

The safeguarding team were instrumental in ensuring multi-agency working with both

statutory and non-statutory agencies including animal welfare and charitable organisations. A significant amount of time was spent contacting agencies and orchestrating a complex discharge to a place of safety for all. Multiple referrals were completed for both the patient and her child.

Outcome / Result

The adult safeguarding team sourced a refuge placement for both the patient and her baby. The refuge was out of area providing an additional safety element. In addition due to the efforts of the safeguarding team contacting numerous agencies a suitable foster home was found for the patient's dog.

Case 3 – Situation

Patient A attended AED 6 times over a 9 week period in Q4. The patient presented with pain to left leg and decreased mobility, appeared unkempt, wearing odd shoes, reported to be sleeping on the sofa and taking excess alcohol. On occasion she was without underwear and there was always a strong smell of urine - safeguarding concerns were appropriately raised by staff in AED.

Safeguarding input

Enquires were made to adult social care (ASC) and the team were advised of current longstanding involvement of ASC. The patient's house was reported to be uninhabitable with human and animal faeces/urine evident throughout all areas. The patient was reported to be alcohol dependent and currently declining a care package.

The patient was deemed to have capacity in relation to determining her own discharge arrangements. It was agreed with the patient that an OT/PT would complete a home assessment and a food parcel would be arranged. A referral was made for HALT to review the patient in the community. Adult social care agreed to continue to monitor the situation and arranged a deep clean of the property.

Applying the MCA the patient was deemed to have capacity to make her own decision regarding discharge from hospital. Adult social care was consulted at each attendance.

Outcome / Result

A strategy meeting was arranged to implement the self-neglect framework within the MDT. The Trust Safeguarding team attended the strategy meeting and a patient centred care plan was formulated to continue to support the patient in her own home and with her animals. Through correct application of the MCA and working effectively with external agencies the outcome for the patient was to continue to live with her pets in a safer and healthier way. This respected both the patient's wishes and enabled external agencies to support. The patient has not represented in the 9 weeks following.

Case 4 – Situation

Child P was admitted in January 2020 after being found at a railway station and threatening to harm himself after arguments with mum. Child P was already known to Social Care for a Child & Family Assessment due to mental health issues. There were discussions between Paedriatric Liaison, Social Workers, CAMHS and the children's safeguarding team and P

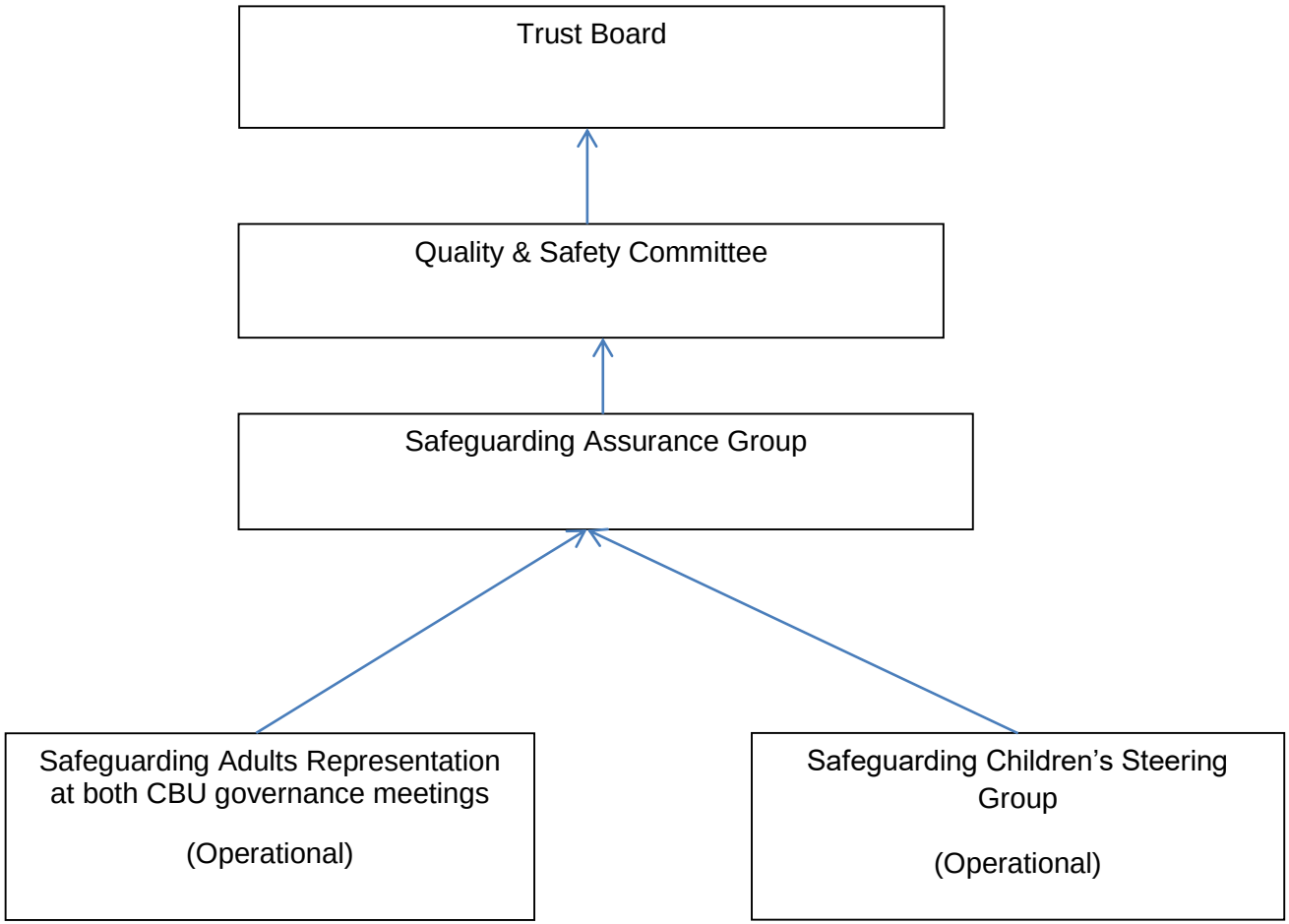
was discharged home. P re-attended again on 18/1/2020 and 21/1/2020 after a significant overdose of 64 paracetamol. There were complex issues with the parent's relationship and P's relationship with his parents and his siblings, and issues with a lack of boundaries and Peter feeling unsafe and insecure due to this.
Safeguarding input The safeguarding team arranged a multi-professional discharge meeting involving Sefton CAMHS, Tier 4 Practitioners, Social Worker, Crisis Team, Children's Safeguarding, child P and his parents. This was a very challenging meeting for all involved due to differences in opinion between parents and professionals regarding the way forward. However, a plan was agreed and P was discharged home with significant follow-up and support from CAMHS, Crisis team and the Social Worker.
Outcome / Result P has not attended A&E in crisis since. This is a good example of effective multi-agency working within a challenging and emotional set of circumstances for all concerned, particularly P and his family.

Appendix 1: Glossary of Terms

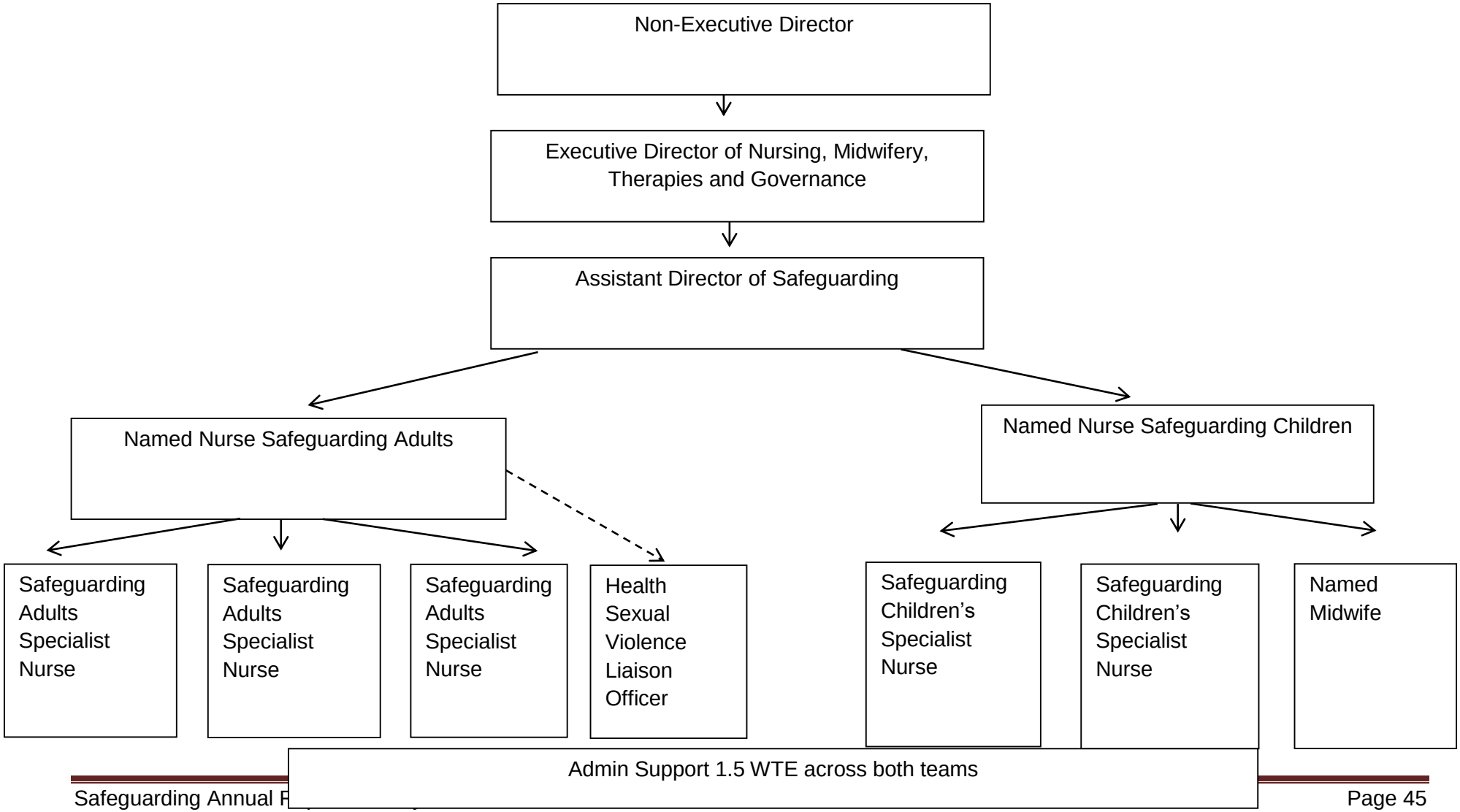
AED	Accident and Emergency Department
ASC	Adult Social Care
CBU	Clinical Business Unit
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CE	Child Exploitation
CP	Child Protection
CQC	Care Quality Commission
CP-IS	Child Protection Information System
CSC	Children's Social Care
DBS	Disclosure and Barring Scheme
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards

ESR	Electronic Staff Records
FGM	Female Genital Mutilation
GMC	Greater Medical Council
HSVLO	Health sexual violence liaison officer
JTAI	Joint Targeted Area Inspection (Ofsted, CQC,IPCC)
KPI	Key Performance Indicator
LD	Learning Disability
LA	Local Authority
LADO	(Local Authority) Designated Officer
LPS	Liberty Protection Safeguards
LSCB	Local Safeguarding Children's Board
MACSE	Multi Agency Child Sexual Exploitation
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MHLT	Mental Health Liaison Team
MSP	Making Safeguarding Personal
NHSE	National Health Service England
NHSI	NHS Improvement
NMC	Nursing and Midwifery Council
RAG	Red / Amber / Green
Section 42 Inquiry	Safeguarding Adults investigation coordinated by the Local Authority

Appendix 2: Governance Arrangements



Appendix 3: Southport and Ormskirk Trust Safeguarding Structure 2017



Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 June 2020**
Agenda Item	**TB096/20**	**FOI Exempt**	**NO**
Report Title	**Medical Vacancies**		
Executive Lead	**Dr Hankin, Executive Medical Director**		
Lead Officer	**Dr Hankin, Executive Medical Director**		
Action Required	☐ **To Approve** ☐ **To Assure**	✓**To Note** ☐ **To Receive**	

Purpose

To inform the Trust Board of our current position on Medical Vacancies and the challenges going forward. The report provides a snapshot for May 2020.

Executive Summary

This board paper outlines the current vacancies in the medical workforce in relation to establishment. The impact of the recruitment crisis is felt most acutely in Medicine (50% vacancies)and Anaesthesia (42%).

Our overall vacancy rate significantly higher than National average. The solution will not be found by international recruitment.

Recommendations

Expansion of non-medical practitioner base, rationalisation/transformation of services, partnerships with neighbouring Trust's is the way forward.

Previously Considered By:

☐ **Finance, Performance & Investment Committee**	☐ **Quality & Safety Committee**
☐ **Remuneration & Nominations Committee**	☐ **Workforce Committee**
☐ **Charitable Funds Committee**	☐ **Audit Committee**

Strategic Objectives

- ✓ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services
- ✓ **SO2** Deliver services that meet NHS constitutional and regulatory standards
- ✓ **SO3** Efficiently and productively provide care within agreed financial limits
- ☐ **SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated
- ☐ **SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values
- ☐ **SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

Prepared By:	**Presented By:**
Dr Hankin, Executive Medical Director	Dr Hankin, Executive Medical Director

Southport and Ormskirk Hospital NHS Trust

SOUTHPORT & ORMSKIRK MEDICAL VACANCIES –

May 2020 SNAP SHOT

INTRODUCTION

This brief Board paper gives a snap shot of current vacancies in the Trust. Many of these posts are filled with locums and it is a very dynamic picture. The paper gives context to our workforce challenges. It does not capture non-medical vacancies that support the Medical workforce that directly affect service delivery, for example we currently have both ANP and ENP vacancies that impact on ED's ability to work at maximum efficiency.

Planned Care Medical Vacancies

Anaesthesia	**Vacancies**	**Locums**	**Establishment**
Consultants	5	1	20
Speciality Doctors	11	1	18
Orthopaedics			
Non Consultant Grades	0		
Urology			
Consultants			3

Specialist services Medical Vacancies

Obstetrics and Gynaecology			
Consultants	1	0	12.7
Non Consultant Grades	1	0	13
Paediatrics			
Non Consultant Grades	1		9
Radiology			
Consultants	3	2.5	6.5

Urgent Care Medical Vacancies

Consultants	18.4	10	35.5
Non Consultant Grades	6		
Grand Total	**56**		

Medical Vacancies in context

The Trust has a medical vacancy rate of 14 % which is above the regional average of 8.6%.

Vacancies are spread throughout the specialities but felt most acutely in Medicine, Anaesthesia and Radiology.

Anaesthetic vacancies reduce delivery of planned care, but emergency services maintained. Radiology can outsource work and targets are met.

Medicine in my view is 'cliff edge' and heavily dependent on locums and additional activity (WLI) to maintain the service. This is the service most at risk of failure, as has no resilience.

This is a national problem as recently reported by the Kings Fund:

Hospital doctors

38% increase in hospital medical staff since 2004

67% increase in hospital consultants since 2004

The headcount of hospital medical staff grew substantially from 87,000 in 2004 to over 120,000 in July 2019 – a 38% increase. Within that figure, the number of hospital consultants rose by 67% (from 30,650 to 51,250).[7]

Nevertheless, hospitals are experiencing difficulties with medical staffing in a number of specialties and locations. Approximately one in 10 specialty postgraduate medical training posts go unfilled, though this varies regionally. **11% of places** in the North West went unfilled in August 2019, compared to 3% in London.

One recent survey found that two-in-five consultants (40%) and nearly two-thirds of senior trainee doctors (63%) said that there were daily or weekly gaps in hospital medical cover. [8] Where gaps in rotas mean there are not sufficient senior medical staff to assure the quality and safety of training, junior doctors may be withdrawn from hospitals, reducing the staffing complement even further.

It is anticipated that by 2030 in the 32 countries that make up the OECD there will be 450,000 Medical Vacancies and 2.5 million nursing vacancies.

SOLUTIONS

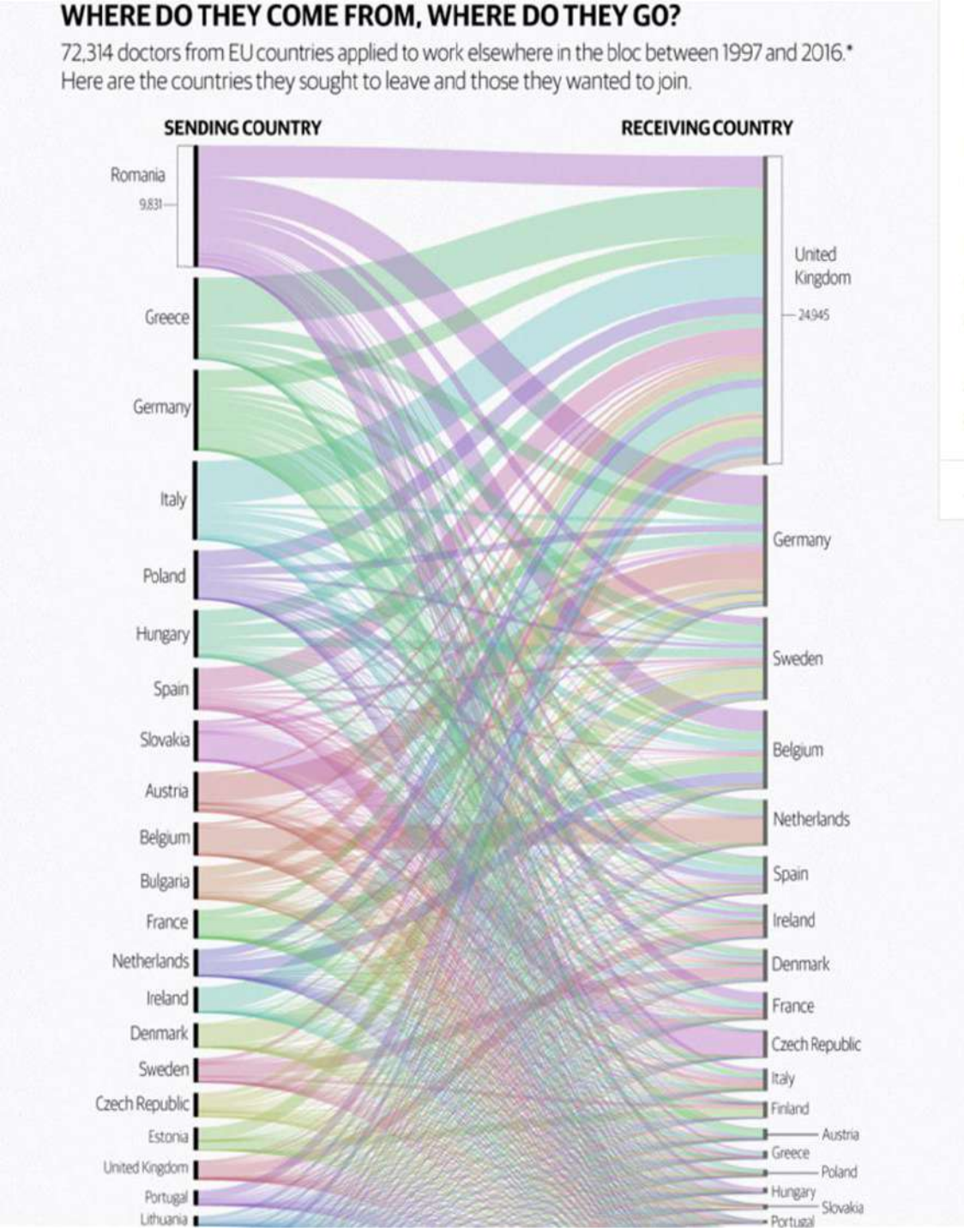
The Trust will continue to carry high vacancy rates for at least 5 years. Overseas recruitment will only deliver to the non-consultant grade role if any. Expansion of non-medical practitioner base, rationalisation/transformation of services, partnerships with neighbouring Trusts is the way forward.

Figure 1 – National Vacancy Rates

Medical % vacancy rate

Region	Sector	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2
East of England	Acute	12.9%	11.3%	10.0%	9.2%	12.1%	10.6%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	6.0%	5.5%	6.0%	6.0%	8.6%	9.5%
	Mental Health	10.8%	8.4%	11.2%	11.4%	14.4%	14.3%
	Specialist	8.1%	4.5%	3.5%	4.5%	8.1%	3.7%
East of England Total		12.6%	10.9%	9.9%	9.2%	12.1%	10.7%
London	Acute	9.0%	7.0%	6.2%	6.2%	7.5%	5.9%
	Ambulance	46.4%	86.8%	72.3%	59.7%	74.3%	76.4%
	Community	21.7%	25.7%	28.3%	30.6%	20.1%	16.6%
	Mental Health	9.1%	9.0%	9.6%	10.0%	12.0%	8.6%
	Specialist	11.2%	8.8%	5.8%	6.9%	10.6%	9.2%
London Total		9.3%	7.5%	6.6%	6.7%	8.3%	6.5%
Midlands	Acute	11.9%	9.1%	8.8%	8.1%	9.7%	8.2%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	13.3%	5.7%	6.8%	7.8%	11.1%	16.2%
	Mental Health	15.1%	14.6%	14.5%	16.0%	18.2%	15.5%
	Specialist	7.3%	9.0%	9.1%	7.2%	7.2%	5.6%
Midlands Total		12.1%	9.6%	9.3%	8.8%	10.4%	8.8%
North East and Yorkshire	Acute	8.8%	4.8%	4.7%	5.8%	6.8%	4.4%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Mental Health	11.3%	10.3%	11.0%	15.2%	17.5%	13.3%
	Specialist	2.6%	2.6%	2.4%	2.6%	2.5%	2.3%
North East and Yorkshire Total		8.8%	5.2%	5.2%	6.5%	7.6%	5.1%
North West	Acute	9.8%	9.4%	7.3%	7.5%	9.6%	7.4%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	12.8%	12.4%	12.5%	15.8%	21.0%	9.5%
	Mental Health	16.1%	13.6%	13.2%	10.7%	15.5%	14.4%
	Specialist	5.0%	2.4%	2.6%	2.1%	6.9%	5.6%
North West Total		9.9%	9.2%	7.4%	7.3%	9.9%	7.8%
South East	Acute	7.8%	6.7%	6.4%	6.9%	7.7%	6.5%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	11.9%	16.0%	11.9%	14.1%	22.3%	13.7%
	Mental Health	12.6%	14.5%	14.6%	14.7%	17.8%	17.0%
	Specialist	2.8%	0.0%	0.0%	0.0%	9.4%	6.1%
South East Total		8.3%	7.4%	7.1%	7.6%	8.9%	7.5%
South West	Acute	5.0%	3.5%	3.6%	3.6%	5.6%	2.6%
	Ambulance	0.0%	17.8%	32.0%	32.0%	91.9%	91.9%
	Community	5.9%	15.1%	14.7%	12.4%	0.5%	19.3%
	Mental Health	13.3%	9.1%	9.2%	10.8%	14.6%	11.7%
	Specialist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
South West Total		5.6%	4.0%	4.0%	4.1%	6.2%	3.2%
Grand Total		9.6%	7.7%	7.1%	7.2%	9.0%	7.1%

Figure 2 – EU Medical Migration



Dr T Hankin
Executive Medical Director
May 2020

Alert, Advise, Assure (AAA) Highlight Report

Committee/Group Meeting date:	Workforce Committee 27 May 2020
Lead:	Pauline Gibson

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

(Alert the Committee to areas of non-compliance or matters that need addressing urgently)

Sickness Absence

The monthly sickness absence rate has increased in month to 10.23% from 5.94% in March 2020, with the rolling year to date sickness absence rate increasing to 5.70% in April 2020 from 5.24% in March 2020. However, the sickness absence rate as at 26th May 2020 is 10.41%, with 5.46% of that percentage being sick due to Covid-19. It was noted that none of the services put in place for Covid-19 will be stopped as they are engaging staff; new learners and recruited staff are involved in weekly review meetings so check up on their wellbeing; and senior leaders have commenced reviewing working from home arrangements to ensure complete staff equality. The Committee requested for post-analysis report of staff having had Covid-19 and the Trust's response, for presentation in June 2020.

NHSP Performance

NHSP performance remains below the KPIs detailed in the contract; 53.40% of all shifts released through the roster were filled by Bank workers, 15.93% were filled by agency workers and 30.67% were unfilled in April 2020. Bank fill deteriorated compared to the prior month by 4.64%. The contract continues to be closely monitored.

Staff Turnover

The staff turnover rate in 12 months has increased to 12.61 in month from 12.37 in March 2020, with the in year rate decreasing to 20.84 in month from 21.93 in March 2020. The Chair commented that this issue is raised on a monthly basis and yet there is little assurance on how it will be addressed. It was agreed for a report to be presented in June 2020 on staff turnover and the significance of the issue it has on the organisation. The Chair also requested insight into the direct link between medical vacancies and turnover.

Core Mandatory Training

This is an extreme risk and the delivery of clinical skills training for the multi-professional workforce has halted slightly due to Covid-19, some progress is still occurring. The issue spans across the portfolios of three of the Executives and clear ownership and commitment from senior managers is required to deliver on mitigating this risk. The lead will feed into Quality and Safety Assurance Committee and Workforce Committee will continue to monitor and take Assurance from Q&S.

ADVISE

(Detail here any areas of on-going monitoring where an update has been provided to the sub-committee AND any new developments that will need to be communicated or included in operational delivery)

NHSP – Rapid Response

The Committee were informed that an extension to the NHSP contract has been agreed to support the staffing response to COVID-19 with a rapid response recruitment processing applicants to commence in post via bank within 24 hours. Additional staff groups have also been agreed on a temporary basis to support the estates and facilities and AHP staff groups. The rapid response recruitment processes achieved an additional 20 registered bank

workers actively working with the Trust with 159 registered nurse shifts booked via rapid response; the Trust has achieved one of the highest utilisations in the region for the rapid response processes.

Apprenticeships
Apprenticeships have continued to operate despite the Covid-19 pandemic, and plans are in place to continue this work. It was noted that payments have been affected by Covid-1. The issue relating to expiry of the levy was explained and this is being escalated regionally.

International Recruitment
Following discussion with NHSP on international recruitment, it is predicted, given the current travel restrictions and various other steps to progress through; the Trust could see the first international nurses arriving between December 2020 or early January 2021. The Committee were advised that a decision is due Friday 29th May on whether or not this can go ahead.

ASSURE

(Detail here any areas of assurance that the committee has received)

Time to Hire
The average Time to Hire in April 2020 was 52.57 days, from 62 days in March 2020 against the revised Trust target of 55 days. It was commented this reduction is very positive but noted the Medical and Dental figures are still high. The Head of Resourcing explained this figure was skewed by one consultant post which took 150 days to recruit to. Efforts to move towards the stretch target of 30 days will continue.

Supporting the Workforce during Covid-19 pandemic report
The Committee congratulated and commended the Workforce directorate on their exceptional contribution to Covid-19 as presented in the tabled report. It was suggested that these positive impacts should be communicated outside of the Trust to assure the community and the HRD will explore opportunities to gain external recognition and reward.

New Risk identified at the meeting	None.

Review of the Risk Register
(Detail the risks on the committees risk register that were reviewed in the meeting, including scores C&L and current actions)