

# AGENDA

## BOARD OF DIRECTORS' MEETING

To be held at 0900 on Wednesday 4 November 2020

V = Verbal D = Document P = Presentation

Ref N <sup>o</sup> .	Agenda Item	FOI exempt	Lead	Time
<b>PRELIMINARY BUSINESS</b>				<b>0900</b>
TB166/20 (V)	<b>Chair's welcome and note of apologies</b>  <i>Purpose: To record apologies for absence and confirm the meeting is quorate.</i>	No	Chair	
TB167/20 (D)	<b>Declaration of interests</b>  <i>Purpose: To record any Declarations of Interest relating to items on the agenda.</i>	No	Chair	
TB168/20 (D)	<b>Minutes of the previous meeting</b> a) Meeting held on 07 October 2020  <i>Purpose: To <b>approve</b> the minutes of the previous meetings</i>	No	Chair	10 mins
TB169/20 (D)	<b>Matters Arising and Action Logs</b>  <i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and <b>approve</b> completed actions.</i>	No	Chair	
TB170/20 (V)	<b>Patient Story</b>  <i>Purpose: To <b>receive</b> the patient story</i>	No	DoN	20 mins
<b>STRATEGIC CONTEXT</b>				<b>0930</b>
TB171/20 (D)	<b>Chair's Report</b>  <i>Purpose: To <b>receive</b> an update on key issues from the Chair</i>	No	Chair	10 mins
TB172/20 (D)	<b>Chief Executive's Report</b>  <i>Purpose : To <b>receive</b> an update on key issues from the CEO</i>	No	CEO	10 mins
<b>COVID-19 UPDATE</b>				<b>0950</b>
TB173/20 (P)	<b>Covid-19 Update</b> a) Covid-19 Update	No	Execs	20 mins

b) Infection and Prevention Control Assurance Framework		DON	15
c) Covid 19 Risk Register		ADCG	mins

*Purpose: To **receive** the updates*

**INTEGRATED PERFORMANCE** **1025**

<b>TB174/20</b>	<b>Integrated Performance Report (IPR) Summary</b>	No	CEO / DCEO	5
<b>(D)</b>				mins

*Purpose: To **receive** the IPR for assurance.*

**QUALITY & SAFETY** **1030**

<b>TB175/20</b>	<b>Quality and Safety Reports</b>			15
<b>(D)</b>	a) Committee AAA Highlight Report	No	Cttee Chair	mins
	b) Quality and Safety Performance Report		DoN/MD	
	c) Freedom to Speak Up Quarterly Report (Q1)			

*Purpose: To **receive** the reports for information and assurance*

<b>TB176/20</b>	<b>Quality Improvement Plan</b>	No	DoN/MD	10
<b>(D)</b>				mins

*Purpose: To **receive** the report for information and assurance*

**OPERATIONS AND FINANCE** **1055**

<b>TB177/20</b>	<b>Finance, Performance and Investment</b>	No	Cttee Chair	15
<b>(D)</b>	a) Committee AAA Highlight Report		IDoF	mins
	b) Operational Performance Report			
	c) Financial Performance Report			

*Purpose : To **receive** the reports for information and assurance*

**WORKFORCE** **1110**

<b>TB178/20</b>	<b>Workforce Reports</b>	No	Cttee Chair	10
<b>(D)</b>	a) Committee AAA Highlight Report		DoHR	mins
	b) Workforce Performance Report			

*Purpose: To **receive** the reports for information and assurance.*

<b>TB179/20</b>	<b>Workforce Disability Equality Standard Report</b>	No	DoHR	10
<b>(D)</b>				mins

*Purpose: To **receive** the report*

<b>TB180/20</b>	<b>Workforce Race Equality Standard Report</b>	No	DoHR	10
<b>(D)</b>				mins

*Purpose: To **receive** the report*

**RISK AND GOVERNANCE** **1140**

<b>TB181/20</b>	<b>Audit Committee AAA Highlight Report</b>	No	Cttee Chair	5
<b>(D)</b>				mins

*Purpose: To **receive** the report for information and assurance*

**COMMITTEE MINUTES FOR INFORMATION 1145**

<b>TB182/20</b>	<b>Committee minutes</b>	Yes	Chair
<b>(D)</b>	<ul style="list-style-type: none"> <li>a) Audit Committee</li> <li>b) Finance, Performance and Investment Committee</li> <li>c) Quality and Safety Committee</li> <li>d) Workforce Committee</li> </ul>		

*Purpose: To **note** the Committee minutes*

**CONCLUDING BUSINESS 1145**

<b>TB183/20</b>	<b>Questions from Members of the Public</b>	Public	10 mins
<b>(V)</b>	<p><i>Purpose: To <b>respond</b> to questions from members of the public received in advance of the meeting.</i></p>		
<b>TB184/20</b>	<b>Message from the Board</b>	Chair	5 mins
<b>(V)</b>	<p><i>Purpose: To <b>approve</b> the key messages from the Board for cascading throughout the organisation</i></p>		
<b>TB185/20</b>	<b>Any Other Business</b>	Chair	
<b>(V)</b>	<p><i>Purpose: To <b>receive</b> any urgent business not included on the agenda</i></p>		
	<b>Date and time of next meeting:</b>		<b>1200</b>
	<ul style="list-style-type: none"> <li>• 0900, Wednesday 02 December 2020</li> </ul>		<b>close</b>

**RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC**

The Trust Board resolves that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. Chair

Chair: Neil Masom



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
<b>GIBSON, Mrs Pauline</b>	Non-Executive Director Designate		<b>Director; Excel Coaching &amp; Consultancy. Provision of coaching services to Directorate and senior NHS Management personnel</b>	Nil	Nil	Nil	Nil	Nil	Nil	25 July 2017
<b>GORRY, Mrs Julie</b>	Non-Executive Director	Nil	Nil	Nil	Nil	<b>Project Adviser: Hospice of the Good Shepherd</b> 2017 to date  <b>Specialist Adviser CQC</b> 2015 to date  <b>Macmillan Cancer Information &amp; Support Specialist</b> 2017 to date  <b>Public Health England Clinical Case Worker (bank)</b> 2020 to date	Nil	Nil	<b>NED Representative on the North West Coast Strategic Clinical Network for Palliative and End of Life Care</b>	24 August 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
<b>HANKIN Dr Terence</b>	Medical Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	31 January 2020
<b>KATEMA Mrs Sharon</b>	Associate Director of Corporate Governance	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	02 December 2019
<b>LEES Ms Bridget</b>	Director of Nursing, Midwifery and Governance	Nil	Nil	Nil	Nil	Nil	Spouse employed as Pharmacy Technician	Nil	Nil	7 February 2020
<b>MASOM Mr Neil</b>	Chairman & Non- Executive Director	<b>Industrial &amp; Financial Systems (IFS) AB</b>  <b>NDLM Ltd</b>	<b>CQC Holdings Ltd</b> (manufacturer of textile products)  <b>JSSH Ltd</b>	Nil	Nil	Nil	Nil	Nil	Nil	4 February 2020
<b>POLLARD Mr Graham</b>	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

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
<b>ROYDS, Mrs Jane</b>	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
<b>SHANAHAN, Mr Steve</b>	Director of Finance	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Trustee – Age Concern	5 February 2020
<b>SINGH, Mr Gurpreet</b>	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

**Draft Minutes of the Board of Directors' Meeting**  
**held on Microsoft Teams / Livestream**  
**Wednesday 07 October 2020**

(Subject to the approval of the Board on 04 November 2020)

**Members Present**

Mr Neil Masom	Chair
Mrs Trish Armstrong-Child	Chief Executive
Mr Jim Birrell	Non-Executive Director
Mrs Yvonne Bottomley	Interim Director of Finance
Dr David Bricknell	Non-Executive Director
Mr Steve Christian	Deputy Chief Executive/ Executive Director of Strategy
Mrs Pauline Gibson	Non-Executive Director Designate
Mrs Julie Gorry	Non-Executive Director
Dr Terry Hankin	Executive Medical Director
Ms Bridget Lees	Executive Director of Nursing, Midwifery and Therapies
Mr Graham Pollard	Non-Executive Director
Mr Gurpreet Singh	Non-Executive Director

**In Attendance**

Mr Tony Ellis	Communications and Marketing Manager
Mrs Sharon Katema	Associate Director of Corporate Governance
Mr Simon Regan	Deputy Director of Quality, Risk and Assurance <i>(Item TB149/20)</i>
Mrs Jane Royds	Director of Human Resources and Organisational Development
Dr Sharryn Gardner	Consultant Paediatric Emergency Medicine / Guardian of Safe Working <i>(Item 156/20)</i>
Mrs Juanita Wallace	Assistant to Associate Director of Corporate Governance

**Apologies**

Mr Steve Shanahan	Executive Director of Finance
-------------------	-------------------------------

AGENDA ITEM	DESCRIPTION	Action Lead
-------------	-------------	-------------

<b>PRELIMINARY BUSINESS</b>		
-----------------------------	--	--

<b>TB142/20</b>	<b>Chair's Welcome and Note of Apologies</b> Mr Masom welcomed all in attendance.  The Board noted apologies for absence from Mr Shanahan.	
-----------------	---	--

<b>TB143/20</b>	<b>Declaration of interests</b> There were no declarations of interests in relation to the agenda items.	
-----------------	---	--

**RESOLVED:**  
The Register of Interests was **approved**.

<b>TB144/20</b>	<b>Minutes of the previous meetings</b> The Board reviewed the minutes of the meeting held on 02 September and approved them as a correct and accurate record of proceedings.	
-----------------	--	--



**RESOLVED:**

The Board **approved** the minutes from the meeting held on 2 September.

**TB145/20 Matters Arising and Action Logs**

The Board considered updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions.

**RESOLVED:**

The Board **approved** the action log

**TB146/20 Patient's Story**

Mrs Armstrong-Child introduced the patient story, which provided an insight into the experiences of a first time mother during the Covid-19 pandemic. It was noted that this was the first time that a Patient's Story had been presented at Trust Board since March 2020.

The patient outlined that overall they had found their presence in the hospital challenging but were grateful for the support and attention given by the midwives and all staff within maternity at what is a pivotal experience for most expectant mothers. A video of the Patient Story recording was also accessible from the Trust website.

**RESOLVED:**

The Board **received** the patient story.

**STRATEGIC CONTEXT**

**TB147/20 Chair's Report**

Mr Masom presented the report which highlighted the Chair's activity since the previous meeting. Reflecting on the improvements within the Trust since his appointment in 2018, Mr Masom drew attention to the notification from NHS England / Improvement (NHSE/I) which outlined the Trust's removal from "challenged provider" status. It was recognised that whilst there were opportunities for improvement, particularly with the Care Quality Commission (CQC) inspection and actions arising from the review, the Trust continued to make progress in delivering its quality improvement objectives.

Mr Masom outlined that he would be resuming Back to Floor sessions on Wednesday afternoons in a bid to revisit the same areas that he visited at the start of the pandemic and to note any progress.

The Charitable Funds Committee had approved two significant investments which related to the Staff Health and Wellbeing garden, and the development of an Adolescent Diabetes Needs Assessment Tool (ADNAT) App. The ADNAT app sought to engage and support children with Type 1 diabetes in decision-making and improving their mental health and wellbeing.

The Trust was holding its first ever virtual Open Week which provided an insight into different services offered by the Trust. The series of specially commissioned videos had commenced on 5 October with campaigns on

social media platforms.

In conclusion, Mr Masom welcomed and congratulated Mr Christian on his appointment as Deputy Chief Executive and Director of Transformation.

**RESOLVED:**

The Board **received** the Chair's update.

**TB148/20 Chief Executive's Report**

Mrs Armstrong-Child presented the report which provided an overview of specific activity and issues that have occurred within the Trust since the last Trust Board meeting.

In addition to the events highlighted in the report, the following key points were noted:

- Nominations were being invited for the Time to Shine Awards which would be closing on 11 October 2020.
- Thanks a Bunch Awards were presented to Lisa Stone (Personal Assistant Specialist Services CBU) and Ward 14B.
- Ward E, Ormskirk Hospital, became the first Gold Award winner in the Southport and Ormskirk Nursing Assessment and Accreditation Scheme (SONAAS) ward quality programme.
- Dr Murty Jonnalagedda received the Vamsee Vaidya Ratna Award. The citation outlined the significant contributions to healthcare that he had made by offering free services to children with polio and supporting orphaned children's education.
- The SO Proud Awards were launched in September, asking staff to nominate colleagues who best displayed the Trust Values. Staff selected for this award would receive a specially-commissioned badge and letter from the Chief Executive.
- Significant efforts had gone into preparing the Trust's winter plan with additional challenges posed by Covid-19. These included:
  - The opening of the Same Day Emergency Clinic (SDEC)
  - The Medical Day Unit (MDU) would remain at Ormskirk (temporarily over the winter period).
  - Capital improvements in both Emergency Departments (ED) were underway.
  - Following a review of the Children's ED's temporary closure at Ormskirk by the clinical teams, the Trust would be extending the opening hours, with effect from 19 October, from 8am to midnight (with medical cover available until 2am)
  - The launch NHS111 First would enable the Trust to better manage patient flow by offering bookable appointments for non-urgent patients.

Mrs Armstrong-Child outlined that the Trust was continuing to see an increase in the number of Covid-19 cases adding that there was also an increase in activity around critical care. It was noted that the ED attendances were back to pre-Covid levels and that the elective programme was up and running.

**RESOLVED**

The Board **received** the Chief Executive's Report

**RISK AND GOVERNANCE**

**TB149/20 Board Assurance Framework (BAF)**

*(Mr Regan joined the meeting)*

Mr Regan presented the Board Assurance Framework (BAF), which provided an update on the strategic risks that may impact the achievement of the Trust's strategic objectives for 2020/21. The BAF had undergone a substantial review and had been presented at each Committee meeting. The Board reviewed the BAF in turn.

Ms Lees provided reassurance to the meeting that Strategic Objective 1 was on track to deliver the objectives by end of October. It was noted that these would be reviewed monthly at the Quality and Safety Assurance Committee.

Mr Christian provided an oversight on the key risks included in Strategic Objective 2 as well as the impact that Covid-19 has had on maintaining and improving on key constitutional standards. The clinical stability of a number of service lines was noted and the Trust has formally embarked on a number of hub and spoke arrangements with system partners. The Performance Improvement Development Assurance (PIDA) boards have been set up and each CBU will be held accountable for improvements via the single accountability framework.

Mrs Bottomley advised that Strategic Objective 3 remained an ongoing challenge and a number of actions have been put into place to look at the wider financial recovery plan. It was anticipated that the initiatives put in place throughout the autumn would have a positive impact on the Trust's finances. These challenges would also be influenced by external factors and the Finance, Performance and Improvement (FP&I) Committee would play an important role in managing these risks and achieving of objectives.

Mrs Royds presented the Strategic Objectives 4 and 5 which focussed on Workforce. It was noted that the improvement in Time to Hire has shown a step change.

Mrs Armstrong-Child presented Strategic Objective 6 and advised the meeting that a programme and action plan had been put in place to close some of the gaps in assurance around the public engagement piece. In response to Mrs Armstrong-Child's question, Mr Masom requested that as this objective is part of the key strategy going forward, he would like Strategic Objective 6 to be discussed at Trust Board on a quarterly basis.

Mr Birrell advised the meeting that the BAF had been included on the Audit Committee Agenda for October for discussion with a more in depth review at the January meeting. It was noted that the new format satisfied two of the Audit Committee actions that were included in the annual report.

Mrs Armstrong-Child advised that the action to overlay the BAF with the last Audit Committee review is outstanding and Mr Regan has undertaken to complete this.

Mr Masom commented that the BAF in its new format should underpin all sub-committees work going forward. He was impressed with the step change that had taken place and thanked Mrs Katema and Mr Regan, as well as the Executive Team, for their work on the report

**ACTION:** Mr Regan to ensure that the next iteration of the BAF reflects recommendations from the last Internal Audit Review of the BAF. **DDQRA**

**RESOLVED**

The Board **received and approved** the Board Assurance Framework.

*(Mr Regan left the meeting)*

**TB150/20 Corporate Risk Register**

Ms Lees presented the Corporate Risk Register which indicated that there was one extreme risk. She outlined that the preliminary phase had been completed adding that the Trust was now in Phase 2, (diagnostic and investigation phase) with monitoring of progress taking place via the Quality and Safety Assurance Committee. There has been evidence of the system partly funding work during Covid-19. This has been a complicated area as the strategy going forward would include other organisations. Dr Hankin advised the meeting that he had tabled the Ophthalmology service at the Medical Directors network meeting. Whilst there has been co-operation from neighbouring trusts a system wide solution would be needed to provide a coherent solution.

The System Management Group, which was chaired by Mr Christian, had been meeting weekly and sought to review the existing models of care and look at joint posts. The group included commissioners who have been working alongside providers and this has been seen as a positive step to bring health care workers and systems partners together.

**RESOLVED:**

The Board **received** the Corporate Risk Register

**INTEGRATED PERFORMANCE**

**TB151/20 Integrated Performance Report (IPR) Summary**

Mrs Armstrong-Child presented the Integrated Performance Report (IPR) summary. A summary report was now included in the report and the next step would be to ensure that the narrative correlated to any areas of concern that have been highlighted. It was noted that narrative training would be critical, however timescales for the training session with NHSE/I were yet to be finalised.

**RESOLVED:**

The Board **received** the IPR summary report.

## QUALITY AND SAFETY

### TB152/20 Quality and Safety Reports

#### a) Committee AAA Highlight Report

Dr Bricknell presented the AAA highlight report from the Quality and Safety Committee meeting held on 28 September and drew the Board's attention to the Alerts included in the report.

#### b) Quality and Safety Performance Report

Ms Lees presented the Quality and Safety Performance report. It was noted that incident reporting remained under expected limits but that it had shown a month on month increase since the drop experienced during Covid-19.

#### RESOLVED:

The Board **received** the Quality and Safety reports.

### TB153/20 CQC Progress Report

Ms Lees presented the CQC Improvement Plan Update report which provided an update on the progress of the CQC Improvement Plan, governance arrangements, and assurance processes.

It was noted that following the 2019 inspection, the CQC had identified 31 'must do' actions that related to breaches of regulation and 92 actions that were recommended that the Trust 'should do' to prevent further breaches. These have been linked to the BAF and actions should be completed by the end of January 2021.

#### RESOLVED:

The Board **received** the CQC Progress Report.

## OPERATIONS AND FINANCE

### TB154/20 Finance, Performance and Investment

#### a) Committee AAA Highlight Report

Mr Pollard presented the AAA Highlight Report from the Committee meeting held on 28 September. He drew the attention to the potential risk around the System Winter Plan which had been presented to the Committee and highlighted substantial risks in regards to the uncertainty of funding that was required to implement the plan.

#### b) Operational Performance Report

Mr Christian presented the Operational Performance Report which provided a summary of operational activity for August 2020. Compliance with the ED 4hr Standard had decreased due to issues surrounding high occupancy levels, delays in transfers to wards and reliance on specialties to undertake reviews down on ED instead of in assessment areas. However, whilst there had been operational challenges, the Trust had remained in the top five Trusts in the North West region.

August had seen an improved performance in diagnostic waiting times due to the opening up of services and the Royal College's easing of guidance. Once the Medical Day Unit (MDU) had moved over to their temporary home on Ward B the Endoscopy unit would be able to expand capacity to return to pre-Covid activity levels.

Referral To Treatment performance had shown a month on month improvement and referral numbers started to increase as patients started to visit GPs again. There had been an increase in patients waiting over 30 weeks due to the activity restrictions that were in place in Outpatients and Theatres. The Trust has continued to utilise facilities at Renacres for Surgery and Endoscopy activity.

**c) Financial Performance Report**

Mrs Bottomley presented the Financial Performance report advising that there had been an increase in both pay and non-pay expenditure. The increase in non-pay expenditure could be attributed to the restart of the elective programme.

It was noted that as the Department of Health and Social Care (DHSC) had converted the loans into public dividend capital the Trust's liquidity calculation would significantly improve.

**d) Finance, Performance & Investment Committee Terms of Reference**

Mrs Katema presented the updated Finance, Performance and Investment (FP&I) Committee Terms of Reference (ToR) following periodic review.

**RESOLVED:**

The Board **received** the Financial Performance Reports and **approved** the FP&I Terms of Reference.

**WORKFORCE**

**TB155/20 Workforce Reports**

**a) Committee AAA Highlight Report**

Mrs Gibson presented the Committee AAA Highlight Report from the Committee meeting held on 29 September 2020. It was noted that a number of ongoing HR cases were paused during Covid-19 in line with the Social Partnership Forum. However, the HR team continued to work with Staff Side to ensure that this arrangement does not negatively impact on any staff involved in any processes.

Mrs Gibson advised that whilst there was an improvement in the Medical vacancy rates, this issue remained an area of concern and work to address this has been ongoing. The Workforce Committee requested a review paper around sickness absence targets along with additional narrative to support the metrics within IPR. A separation between Covid-19 sickness and non Covid-19 sickness has also been requested.

**b) Workforce Performance Report**

Mrs Royds presented the Workforce Performance Report advising that there had been a slight increase in compliance with Mandatory Training and PDRs. These items had been discussed with each CBU at their respective PIDA boards.

Staff turnover has continued to be an issue and the Retention Strategy was now linked to the BAF. There had been an improvement in medical vacancy rates with a number of panels being held recently. The Trust had continued to work with staff side to ensure that staff are kept supported and in work. There had been a significant improvement in the Time to Hire.

It was noted that five of the international nurses arrived at the Trust and were currently quarantining in line with national guidelines. The Trust was expecting a further five nurses to arrive towards the end of October.

**RESOLVED:**

The Board **received** the reports for information and assurance

**TB156/20 Guardian of Safe Working**

*(Dr Gardner joined the meeting)*

Dr Gardner presented the Guardian of Safe Working report which detailed the issues affecting the working hours, rotas and working conditions of trainee doctors. She advised that overall, the junior doctors had felt well supported throughout the Covid-19 pandemic, adding that one of the main challenges highlighted in the report related to the request for assistance with deteriorating patients by ward nursing staff.

Dr Hankin responded that that this formed a part of the escalation pathway which the Trust has been trying to reinforce. He emphasised the importance of junior doctors in the escalation pathway from the start as this was recognised as a fundamental part of their professional development.

**RESOLVED:**

The Board **received** the Guardian of Safe Working Report

*(Dr Gardner left the meeting)*

**ITEMS FOR INFORMATION**

**TB157/20 Self-Assessment Report (Health Education England)**

Mrs Royds presented the Self-Assessment Report which was to inform the Board of the responses to the HEE Multi-Professional Self-Assessment report. The report had been considered and endorsed by the Workforce Committee who also noted with concern that the Trust was an outlier with regards to training and had approved the report with this caveat.

**RESOLVED:**  
The Board **noted** the report

**TB158/20 Committee Minutes**

The minutes of the following Committees were noted:  
 a) Finance, Performance and Investment Committee  
 b) Quality and Safety Committee  
 c) Workforce Committee

**RESOLVED:**  
The Board **noted** the Committee minutes

**CONCLUDING BUSINESS**

**TB159/20 Questions from Members of the Public**

It was noted that no questions had been received from members of the public. Mr Masom encouraged the public to submit their questions going forward.

**TB160/20 Message from the Board**

The Board agreed the messages to be circulated across the organisation.

**TB161/20 Any Other Business**

Mrs Gorry provided an update around Charitable Funds governance and advised that a meeting date would be set to agree the governance processes. She also advised that she and Mrs Katema had a meeting with Mrs Bottomley who had shared her experiences as Executive Lead for Charitable Funds Committees in other Trusts.

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 10.57.

<b>Board Attendance 2020/21</b>												
<b>Members</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Neil Masom (Chair)	✓	✓	✓	✓		✓	✓					
Trish Armstrong-Child	✓	✓	✓	✓		✓	✓					
Jim Birrell	✓	✓	✓	✓		✓	✓					
Yvonne Bottomley						✓	✓					
David Bricknell	✓	✓	✓	✓		✓	✓					
Bridget Lees	✓	✓	✓	✓		✓	✓					
Julie Gorry	✓	✓	✓	✓		✓	✓					
Terry Hankin	✓	✓	✓	✓		✓	✓					
Therese Patten	✓	✓	✓	✓		✓						
Graham Pollard	✓	✓	✓	✓		✓	✓					
Steve Shanahan	✓	✓	A	A		A	A					



Gurpreet Singh	✓	✓	✓	✓		✓	✓					
<b>In Attendance</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Pauline Gibson	✓	✓	✓	✓		A	✓					
Steve Christian	✓	✓	✓	✓		✓	✓					
Jane Royds	✓	✓	✓	✓		✓	✓					
Sharon Katema	✓	✓	✓	✓		✓	✓					
✓ = In attendance      A = Apologies												

DRAFT

**Board of Directors (Part 1)**  
**Matters Arising Action Log**  
**Action Log updated 29 October 2020**

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

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG Status
TB068/20	06-May-20	<b>Use of Resources</b>	The Use of Resources self-assessment to be presented at the July Trust Board.	<b>DoF / CEO</b>	06-May-20	03-Jun-20	June Update: Included on agenda. Action completed July Update: To be presented first at July's FP&I Committee and then at Board in Sept. August Update: Not complete. Interim DoF to complete self-assessment for September FP&I Committee <b>October Update:</b> Use of Resources report and Action Plan submitted to September's FP&I Committee. To be submitted to November's Board	On Agenda
TB149/20	07-Oct-20	<b>Board Assurance Framework (BAF)</b>	Mrs Armstrong-Child advised that the action to overlay the BAF with the last Audit Committee review is outstanding and Mr Regan has undertaken to complete this.	<b>DDQR&amp;A</b>	03-Feb-21	03-Feb-21	<b>October Update:</b> Mr Regan to ensure that the next iteration of the BAF reflects recommendations from the last Internal Audit Review of the BAF and provide an update at the January Board.	Green

## COMPLETED ACTIONS

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	Status
TB109/20	Jul-20	<b>Board Assurance Framework</b>	A review of risk appetite to be undertaken at the next Board meeting	<b>CEO</b>	Sep-20	Sep-20	<b>July Update:</b> Will be reviewed at the October meeting. <b>September Update:</b> An update will be provided at the meeting <b>October Update:</b> Included on Agenda for October meeting. Action complete	Blue
TB109/20	Jul-20	<b>Board Assurance Framework</b>	A review of risk appetite to be undertaken at the next Board meeting	<b>CEO</b>	Sep-20	Sep-20	<b>July Update:</b> Will be reviewed at the October meeting. <b>September Update:</b> An update will be provided at the meeting <b>October Update:</b> Included on Agenda for October meeting. Action complete	Blue
TB113/20	Jul-20	<b>Finance Report</b>	Mr Walsh and Mr Pollard to review earned value measures.	<b>IDoF</b>	Sept	Sep-20	July Update: Will be discussed. <b>August Update:</b> Meeting to be arranged and the interim DoF to be included in the meeting invite. <b>September Update:</b> A meeting has been arranged and feedback would be provided as part of the AAA following the FP&I September meeting. <b>September Update:</b> Mrs Bottomley advised that a meeting had been arranged to discuss value measures and feedback would be provided to the FP&I Committee in September and to the Trust Board in either October or November via the FP&I AAA report <b>October Update:</b> Discussion has taken place. Action completed.	Blue
TB136/20	02-Sep-20	<b>Annual Resuscitation Report</b>	A question was raised as to whether or not the Trust had modified their policies to include the amendment made by the Resus Council Dr Hankin advised that he would look into this and advise.	<b>MD</b>	Oct-20	Oct-20	September Update: Dr Hankin to advise whether or not the Trust policies have been amended to reflect the amendments made by the Resus Council. <b>October Update:</b> The issues raised regarding conflicting advice in relation to 'Resus' and Covid are being taken to the Clinical Reference Group (CRG) for clarification and agreement <b>October Update:</b> Following discussions at the CRG a decision was made to follow Public Health England guidance. Action completed	Blue

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG Status
TB088/20	03-Jun-20	Finance, Performance and Investments Committee	The Executive Team to provide an update to the Board through FP&I of a 360 overview on aligning workforce with the financial oversight.	IDoF	01-Jul-20	01-Jul-20	<p><b>July Update</b> : The work to address this action is progressing. An update will be presented at the September meeting</p> <p><b>September Update</b>: Update will be provided at FP&amp;I in September and to Board in October.</p> <p><b>October Update</b>: Update will be provided at November Board</p> <p><b>November Update</b>: The report was provided at October FPI who were assured that the increase in nursing establishment had been through the appropriate governance, and that the reporting of nurse staffing is consistent across both Workforce Committee and FP&amp;I Committee. The Committee will continue to have oversight of this and will provide assurance to the Board as required. <b>Action Completed.</b></p>	BLUE

<b>Title of Meeting</b>	<b>BOARD OF DIRECTORS</b>	<b>Date</b>	<b>04 NOVEMBER 2020</b>
<b>Agenda Item</b>	<b>TB171/20</b>	<b>FOI Exempt</b>	<b>NO</b>
<b>Report Title</b>	<b>CHAIR'S REPORT</b>		
<b>Executive Lead</b>	Neil Masom, Trust Chair		
<b>Lead Officer</b>	Sharon Katema, Associate Director of Corporate Governance		
<b>Action Required</b>	<input type="checkbox"/> <b>To Approve</b> <input checked="" type="checkbox"/> <b>To Assure</b>	<input type="checkbox"/> <b>To Note</b> <input checked="" type="checkbox"/> <b>To Receive</b>	
<b>Purpose</b>			
To provide an update to the Board of Directors on the activities undertaken by the Chair since the last meeting.			
<b>Executive Summary</b>			
This report advises the Board of Directors of the Chair's activity since the previous meeting in relation to: <ul style="list-style-type: none"> <li>• North West Regional Chairs' Meetings</li> <li>• Personal Activity in the Trust</li> <li>• Charitable Funds</li> <li>• Acute Sustainability Strategy ('Shaping Care Together')</li> </ul>			
<b>Recommendations</b>			
The Board is asked to <b>receive</b> the Chair's Report.			
<b>Previously Considered By:</b>			
N/A			
<b>Strategic Objectives</b>			
✓ <b>SO1</b> Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ <b>SO2</b> Deliver services that meet NHS constitutional and regulatory standards			
✓ <b>SO3</b> Efficiently and productively provide care within agreed financial limits			
✓ <b>SO4</b> Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
✓ <b>SO5</b> Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
✓ <b>SO6</b> Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
<b>Prepared By:</b>		<b>Presented By:</b>	
Sharon Katema, Associate Director of Corporate Governance		Neil Masom, Trust Chair	

## **1. Introduction**

- 1.1 October has seen a significant increase in Covid-19 admissions into our hospitals with there now being more than treble the number of inpatients that we had at the beginning of October. This has put an enormous strain on staff in the Trust and I would like to extend my personal thanks to everyone's efforts in rising to the challenge of this second wave.
- 1.2 There are a number of differences between this second wave and the first, but the biggest single impact on patients and indeed staff is our ongoing effort to recover and restore non Covid-19 services.
- 1.3 During the first wave many procedures had to be cancelled to make sure hospitals had capacity for what was then a completely unknown potential surge of Covid-19 patients. Unlike some NHS trusts, we continued with much of our cancer care and clinically urgent surgery and the Planned Care team has worked over the summer and into the autumn to get patients' appointments back on track. They are now at 70% of pre-Covid activity – a tremendous achievement while simultaneously managing the second wave of Covid-19 infection. Better still, radiology diagnostics are almost back to where they were before Covid-19 struck and Endoscopy too is now able to operate at full capacity.
- 1.4 During October the Trust was also able to ease the restrictions we had to make to Children's A&E opening times. In April we began a temporary closure between 10pm and 8 am but from mid-October we have now been able to extend opening until midnight with medical cover available until 2am. We will further review this in January to assess the impact of the pandemic on this service.

## **2. Feedback from North West Regional and Cheshire & Mersey Chairs Meetings**

- 2.1 The NHSE/I North West Regional Director and his team, have continued to deliver fortnightly briefings to all NHS trust chairs' within the region during the pandemic. These have recently been complemented by monthly meetings across the Cheshire & Mersey Health Care Partnership (HCP).
- 2.2 The last briefings on 27 October focused on:
  - a) Staff welfare during the second wave
  - b) Managing the effect of asymptomatic infection and the resulting impact on infection control measures within the hospital setting
  - c) Ongoing emphasis on achieving restoration of non-Covid-19 services

## **3. Personal Activity in the Trust**

- 3.1 It had been my intent in October to re commence the Wednesday afternoon back to the floor sessions I did during the first wave of Covid-19 in the spring and early summer. I have delayed this in support of our efforts to minimise the presence of non-clinical staff in clinical areas but hope to resume these soon.

## **4. Charitable Funds**

- 4.1 The charity appeal to support staff, patients and volunteers through the Covid-19 pandemic has continued to be supported in a fantastic way by the community with more than £116,000 having been raised in the six months since we launched the appeal in April with a video from staff explaining what life was like at the height of the first wave of infection.
- 4.2 All funds raised for the appeal will go towards the purchase of key equipment and services. Anything raised over and above what we might need now will go towards helping our hospitals continue to give exceptional care in the future.  
Funds committed so far include:
- a) A wellbeing garden at Southport hospital to enable and enhance recovery, rehabilitation, mental well-being, post-traumatic stress and depression, especially around Covid-19, for both patients and staff
  - b) iPads, portable DVDs and Nintendo Switches for the children's department at Ormskirk hospital
  - c) Subscription to Nightingale Frontline, a NHS England leadership support service, providing remote, small groups sessions for nurses and midwives to lead effectively and be inspired to lead beyond the Covid-19 crisis
  - d) Extra-long outdoor benches for socially-distancing sitting out

## **5. Shaping Care Together**

- 5.1 The Shaping Care Together Programme Board, which I chair, met once again during October and discussed the potential impact of a second Covid-19 wave.
- 5.2 The programme was suspended in the spring during the first wave of the pandemic. However, with the Trust Strategy being so critical this time, and although we will keep the position under review, we have decided to continue programme activities, in particular commencing with the communication and engagement process during the autumn.

## **6. Trust Virtual Open Week**

- 6.1 Our first ever virtual Open Hospital event was held during October with a series of videos shared on the Trust's website, Facebook and Twitter accounts. Perhaps understandably the video which attracted the most interest was the one showing how we care for our Covid-19 patients but all of the videos were popular and I would like to thank everyone that contributed in putting them together. The videos can all still be accessed through the Trust website at the following link – [news story](#).

## **7. In Closing**

- 7.1 I would like to congratulate our Non- Executive Director and former Trust surgeon Mr Gurpreet Singh on being awarded an MBE in the Queen's Birthday Honours List for services to healthcare, diversity and equality.

<b>Title Of Meeting</b>	<b>BOARD OF DIRECTORS</b>	<b>Date</b>	<b>04 NOVEMBER 2020</b>
<b>Agenda Item</b>	<b>TB172 /20</b>	<b>FOI Exempt</b>	<b>NO</b>
<b>Report Title</b>	<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>		
<b>Executive Lead</b>	Trish Armstrong-Child, Chief Executive Officer		
<b>Lead Officer</b>	Trish Armstrong-Child, Chief Executive Officer		
<b>Action Required</b>	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
<b>Purpose</b>			
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.			
<b>Executive Summary</b>			
The attached briefing paper provides an update on some high level updates since last Trust Board			
<b>Recommendation</b>			
The Board is asked to receive the report for information.			
<b>Previously Considered By:</b>			
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
<b>Strategic Objectives</b>			
✓ <b>SO1</b> Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ <b>SO2</b> Deliver services that meet NHS constitutional and regulatory standards			
✓ <b>SO3</b> Efficiently and productively provide care within agreed financial limits			
✓ <b>SO4</b> Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
✓ <b>SO5</b> Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
✓ <b>SO6</b> Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
<b>Prepared By:</b>		<b>Presented By:</b>	
Trish Armstrong-Child, CEO		Trish Armstrong-Child, CEO	

## **CHIEF EXECUTIVE'S REPORT**

### **1. Awards and Recognition**

#### **1.1 Thanks a Bunch**

This month's Thanks a Bunch award goes to Ward Manager Kath Todd and Sister Tracy Collins from 14 A for their commitment to patients and colleagues for whom "nothing is too much trouble and they go extra mile for everyone on every shift".

The Time to Shine Awards judging is getting under way – the plan is to do those presentations towards the end of November.

#### **1.2 Informatics Award**

Congratulations to everyone involved after the Trust was awarded Excellence in Informatics Level 1 accreditation by the North West Skills Development Network. Accreditation was a collaborative effort between the Information team, IT and the Project Management Office. We are one of the first organisation to be accredited by remote assessment. The assessors praised "a cohesive team approach" and commitment to developing the workforce including graduate roles and clinical coding apprenticeships; team communications; a succession planning tool being shared with other organisations and flexible working.

#### **1.3 Blood Donor**

Congratulations to housekeeper Jackie Bailey who recently clocked up donating her 80<sup>th</sup> pint of blood – and now has her eyes of giving 100 pints. She began giving in 1977 after her late son was diagnosed with leukaemia.

### **2. News and Developments**

**2.1** Covid-19 rates continue to rise across the North West and this is certainly impacting the organisation. Our inpatient rates have risen and at the time of writing this report our critical care areas are at full capacity and have moved into the first stage of the 'surge' plan. We are maintaining the elective programme. Given the rise in COVID cases, we have just completed an exercise of mass testing of all our frontline staff.

**2.2** Through the Shaping Care Together Programme, we have spent several months working with our CCG colleagues to develop a comprehensive communication and engagement plan that will enable us to engage with our staff, public and key stakeholders on the services currently provided across the system and seek views on how we should consider shaping services in the future to ensure they meet the needs of the population we serve. This is planned to be launched in November.



### **3. Trust News**

Joanna Stark appointed as Interim Deputy Chief Operating Officer on a six month secondment to start at the beginning of November. We wish Joanna, every success in her new role.

### **4. NHSI/E/ Regulatory Meetings and Visits**

**4.1** The Trust recently has had a visit from the regional Infection Control and Prevention Lead. This was a planned assurance visit to review our current practices and compliance. The feedback was positive in terms of policies, practices, governance and executive oversight. It was recognised that older buildings bring challenges around environments and ensuring social distancing. However, we were commended for the proactive and innovative work we had done within the Emergency Department footprint to enable social distancing. We are anticipating receiving the formal report shortly.

### **5. Reportable Issues Log**

*Issues occurring between 29/09/2020 to 26/10/2020*

#### **5.1 Serious Incidents and Never events**

Two incidents reported on STEiS, one involving a case in maternity and the second relating to a potential misdiagnosis. Both will be investigated in line with our policy.

#### **5.2 Level Four and Five Complaints**

One complaint received following a potential safeguarding incident that is currently being reviewed through the safeguarding process.

#### **5.3 Regulation 28 Reports**

None to report.

### **6 Media Coverage**

- We tried to get the full picture of the coronavirus situation in Liverpool City Region hospitals (Liverpool Echo, 25/10/20) <https://www.liverpoolecho.co.uk/news/liverpool-news/tried-full-picture-coronavirus-situation-19157048>
- Ormskirk NHS volunteer secures job in radiology department (In Your Area, 15/10/20) <https://www.inyourarea.co.uk/news/ormskirk-nhs-volunteer-secures-job-in-radiology-department/>
- Ex-surgeon humbled by MBE accolade (Ormskirk Advertiser, 15/10/20)
- Ormskirk Hospital Children's A&E opening hours to be extended Stand Up for Southport, 13/10/20) <https://standupforsouthport.com/ormskirk-hospital-childrens-ae-opening-hours-to-be-extended/>
- Dedicated nurses up for award (Southport Visitor 15/10/20)

- Southport Hospital reveals rainbow of hope plan to remember our lost loved ones (Stand Up For Southport, 29/9/20) <https://standupforsouthport.com/southport-hospital-reveals-rainbow-of-hope-plan-to-remember-our-lost-loved-ones/>

## **7 Risk Register and Board Assurance Framework**

No new risks to report.

*Trish Armstrong-Child  
Chief Executive  
Date 28/10/20*

<b>Title Of Meeting</b>	<b>BOARD OF DIRECTORS</b>	<b>Date</b>	<b>04 NOVEMBER 2020</b>
<b>Agenda Item</b>	<b>TB174/20</b>	<b>FOI Exempt</b>	<b>NO</b>
<b>Report Title</b>	<b>INTEGRATED PERFORMANCE REPORT (IPR)</b>		
<b>Executive Lead</b>	Executive Management Team (EMT)		
<b>Lead Officer</b>	Michael Lightfoot, Head of Information		
<b>Action Required</b>	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
<b>Purpose</b>			
To provide an update on the Trust's performance against key national and local priorities.			
<b>Executive Summary</b>			
<p>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.</p> <p>The Executive summary highlights key changes in Trust performance and outlines specific actions linked to the Trust's improvement plan and key programmes of work.</p>			
<b>Recommendation</b>			
The Board is asked to receive the Integrated Performance Report detailing Trust performance in July.			
<b>Previously Considered By:</b>			
<input checked="" type="checkbox"/> <b>Finance, Performance &amp; Investment Committee</b> <input type="checkbox"/> <b>Remuneration &amp; Nominations Committee</b> <input type="checkbox"/> <b>Charitable Funds Committee</b>		<input checked="" type="checkbox"/> <b>Quality &amp; Safety Committee</b> <input checked="" type="checkbox"/> <b>Workforce Committee</b> <input type="checkbox"/> <b>Audit Committee</b>	
<b>Strategic Objectives</b>			
<input checked="" type="checkbox"/> <b>SO1</b> Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input checked="" type="checkbox"/> <b>SO2</b> Deliver services that meet NHS constitutional and regulatory standards			
<input checked="" type="checkbox"/> <b>SO3</b> Efficiently and productively provide care within agreed financial limits			
<input checked="" type="checkbox"/> <b>SO4</b> Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input checked="" type="checkbox"/> <b>SO5</b> Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input checked="" type="checkbox"/> <b>SO6</b> Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
<b>Prepared By:</b>		<b>Presented By:</b>	
Michael Lightfoot		The Executive Management Team	

# Activity Summary – September 2020

Indicator Name	September 2019	August 2020	September 2020	Trend
Overall Trust A&E attendances	10,429	8,860	8,774	▼
SDGH A&E Attendances	4,795	4,633	4,317	▼
ODGH A&E Attendances	2,480	1,333	1,650	▼
SDGH Full Admissions Actual	1,120	1,233	1,221	▲
Stranded Patients AVG	166	144	145	▼
Super Stranded Patients AVG	63	44	43	▼
MOFD Avg Patients Per Day	64	36	40	▼
DTOC Unconfirmed Avg Per Day	6	-	-	
GP Referrals ( <i>Exc. 2WW</i> )	2,280	971	1,289	▼
2 Week Wait Referrals	754	732	783	▼
Elective Admissions	180	121	154	▼
Elective Patients Avg. Per Day	6	4	5	▼

# Activity Summary – September 2020

Indicator Name	September 2019	August 2020	September 2020	Trend
Elective Cancellations	20	25	20	▼
Day case Admissions	1,953	1,112	1,357	▼
Day Case Patients Avg. Per Day	65	36	45	▼
Day Case Cancellations	51	11	19	▼
Total Cancellations (EL & Day Case)	71	36	39	▼
Total Cancellations (On or after day of admission, non clinical reasons)	2	3	5	▼
Outpatients Seen	22,944	17,324	20,710	▼
Outpatients Avg. Per Day	765	559	690	▼
Outpatients Cancellations	4,246	4,091	4,122	▲
Theatre Cases	639	359	428	▼
General & Acute Beds Avg. Per Day	365	445	446	▲
Escalation Beds Avg. Per Day	2	0	0	▼
In Hospital Deaths	63	60	56	▼

## **IPR - Head of Information Summary**

Across the 85 indicators which make up the IPR for Trust Board the Board can be assured of only 2; Sepsis – Timely Identification and A&E Conversion rate. There are however a number of indicators which are intermittent in their assurance – that is they are neither consistently passing nor failing – but whose recent variation is statistically significant enough to flag them as having positive variation. Positive variation is an indication that the measure has shown significant improvement in performance over the past three months but does not indicate whether the measure has hit its target or plan in this time so may still require scrutiny from the Exec lead.

The 18 indicators which are failing to provide assurance include 3 from Quality, 5 in Operations, 2 in Finance and 8 in Workforce. In addition to these there are a number of indicators which are not assured, whose recent variation is not statistically significant or negative, and are not close to meeting their target or plan.

These indicators require a) clarification and explanation b) a corrective action plan which aims to identify issues; defines actions with timeframes; and offers mitigations to improve in the immediate future.

In the Quality section the following indicators were highlighted to the Executive lead for additional comments this month – VTE, Dementia (both), Safe Staffing, Pneumonia – Initial Antibiotic therapy, Care Hours per Patient Day, C-Diff, MRSA, Caesarean Rates, Induction rates and the Friends & Family indicators relating to staff and patients who would recommend the Trust.

For Operations indicators in Access, Cancer and Productivity were identified including Stroke, TIA, RTT (various), Cancer 14 Day, 31 Day treatment and 62 Day, ODGH bed occupancy, SDGH and ODGH theatre utilisation and outpatient slot utilisation. The Operations section this month includes the new proforma indicator support templates which outlines the additional detail being asked for to support the IPR. Going forward these will be used to cover indicators from all sections.

In the Finance section the % Agency staff (cost) was highlighted to require additional narrative however given the extraordinary financial contracting arrangements at present an over-arching position should be provided.

Finally in the Workforce section Expenditure on bank/agency staff, PDR's, Consultant PDR's, Nursing sickness rate, Non clinical staff sickness rate, Sickness rate non Covid related, Medical vacancy rate and Nursing vacancy rate all require additional narrative.

As the country moves into a Covid second wave and prevalence of Covid both within the Trust and wider community becomes more prevalent, there will be inevitable impacts on hospital services. The mitigations put into place though should see a very different impact on certain indicators which were affected during the first wave. These will be monitored through the Trust IPR, CBU level PIDA meetings and other dashboards over the coming weeks and months.

# Integrated Performance Report Board Report

September 2020

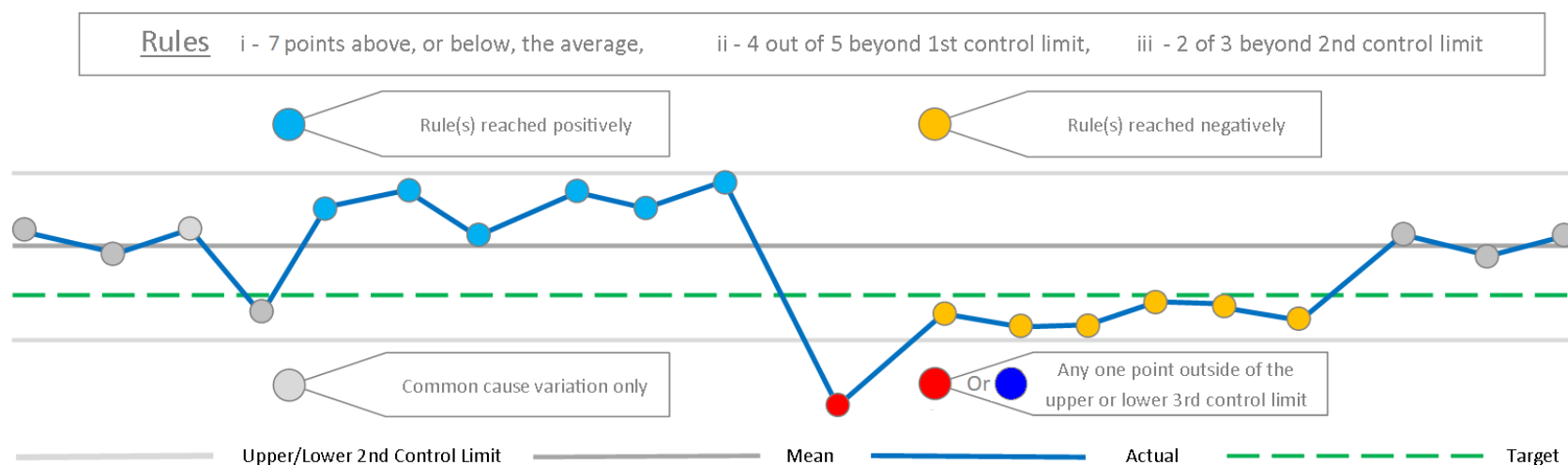
## Guide to Statistical Process Control

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	0	1	12	0	2	2	2	7
	Infection Prevention and Control	0	0	4	1	0	0	0	3
	Maternity	1	0	8	0	0	0	2	7
	Mortality	1	0	2	0	1	0	1	1
	Patient Experience	1	0	5	0	0	1	2	3
Operations	Access	2	0	11	4	1	2	4	2
	Cancer	0	0	3	0	1	1	0	1
	Productivity	3	1	6	1	2	0	5	2
Finance	Finance	2	0	8	1	1	3	2	3
Workforce	Agency	1	0	0	1	0	0	0	0
	Organisational Development	1	0	1	0	1	0	0	1
	Sickness, Vacancy and Turnover	6	0	5	4	0	0	1	6

Assurance	
Measures the likelihood of targets being met for this indicator.	
	Indicates that this indicator is inconsistently passing and falling short of the target.
	Indicates that this indicator is consistently passing the target.
	Indicates that this indicator is consistently falling short of the target.
Variation (Past 3 Months)	
Whether SPC rules have been triggered positively or negatively overall for the past 3 months.	
	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.



<b>ALERT   ADVISE   ASSURE (AAA) HIGHLIGHT REPORT</b>	
<b>COMMITTEE/GROUP:</b>	<b>QUALITY AND SAFETY COMMITTEE (QSC)</b>
<b>MEETING DATE:</b>	<b>26 OCTOBER 2020</b>
<b>LEAD:</b>	<b>DR DAVID BRICKNELL</b>
<b>KEY ITEMS DISCUSSED AT THE MEETING</b>	
<b>ALERT</b>	
<ul style="list-style-type: none"> <li>Although we had recently experienced an increase in nosocomial Covid infections, this was in line with experience elsewhere in the Northwest. Measures, approved by NHSI, had been implemented and already the infection rate appeared to have reduced.</li> <li>This year's winter plan is even more robust than the past, and there is even better planning with the system. However, the deliverability of the system plans is challenging and so in-Trust escalation has been fully built into our plans.</li> </ul>	
<b>ADVISE</b>	
<ul style="list-style-type: none"> <li>Anticipating an elevated public concern about alleged rationing of care in the first wave of Covid infection, it was reported that there had been no rationing or abnormal triaging within the Trust. There had never been a shortage of critical care beds, ventilators or other relevant treatment, and no patient had been deprived of the intensity of care appropriate to their condition, on age related grounds or otherwise.</li> <li>More detailed reports of the levels of mandatory training highlight shortfalls in limited topics, but also support targeted measures to redress the issue.</li> <li>Within the IPR C-Section and Induction appear to be over target. However, the figures are being closely reviewed and will be discussed in the next Maternity Report to the Board.</li> </ul>	
<b>ASSURE</b>	
<ul style="list-style-type: none"> <li>The routine report on Quality Priorities Improvement Programme was much clearer, reflecting both progress and the focus on those areas still requiring attention.</li> <li>Although Fragile Services are still an extreme risk, measures have been taken to mitigate in the short-term and the in-depth study being conducted by the COO is looking at root causes and system solutions for the long-term. One caveat is that system partners may be too distracted by Covid to address the matter in a timely way.</li> <li>The Health and Safety Forward Plan is comprehensive and while much is to be done, there is assurance that it now has the degree of attention it merits.</li> <li>The overview of the implementation of lessons learned gave assurance in this key area and we will devise a regular comprehensive overview to enhance the assurance.</li> <li>The IPR is raising understanding in the committee, and focussing attention on areas both of concern and congratulation.</li> <li>The Annual Complaints Review highlighted the significant improvement in response. There is always scope to use this process to enhance learning.</li> <li>The National Cardiac Arrest Audit showed that, with a relatively small number of relevant patients, we were within the expected range of the audit criteria.</li> </ul>	
<b>New Risk identified at the meeting</b>	<ul style="list-style-type: none"> <li>No new risks were identified at the meeting.</li> </ul>
<b>Review of the Risk Register</b>	

## Quality

























### Harm Free

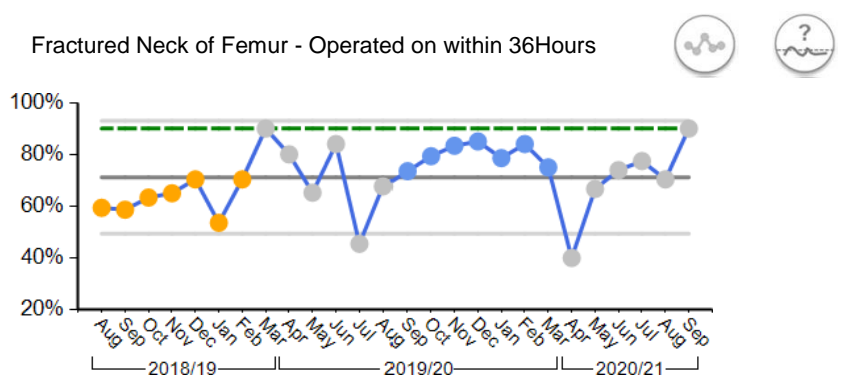
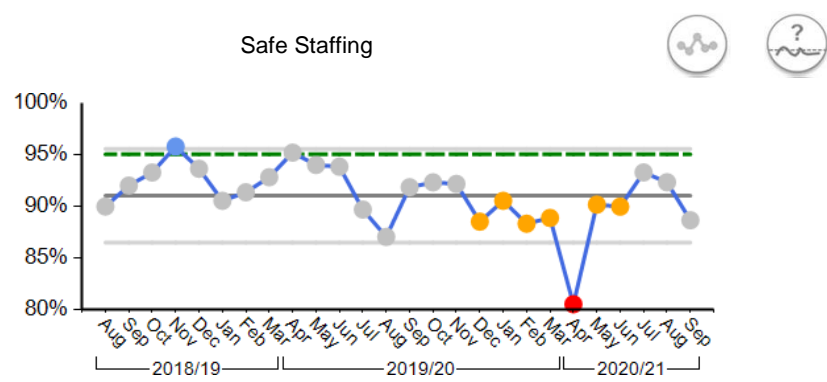
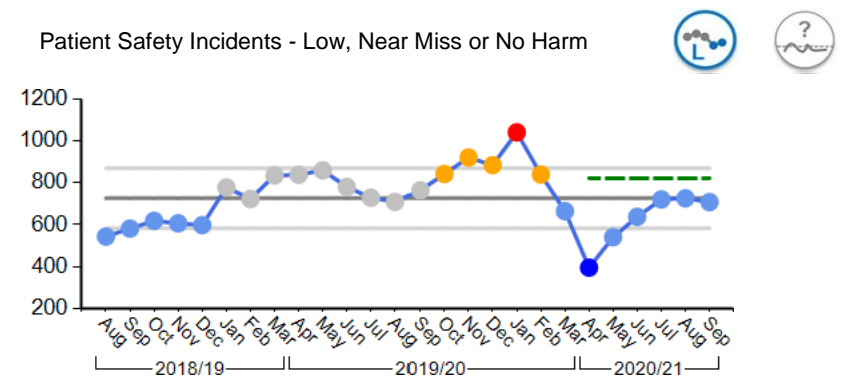
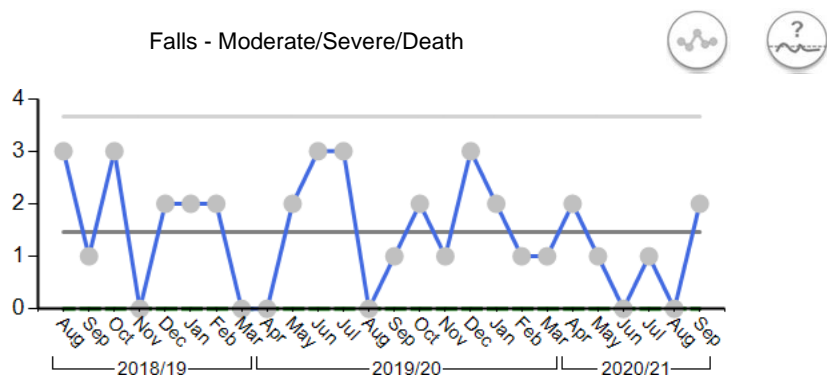
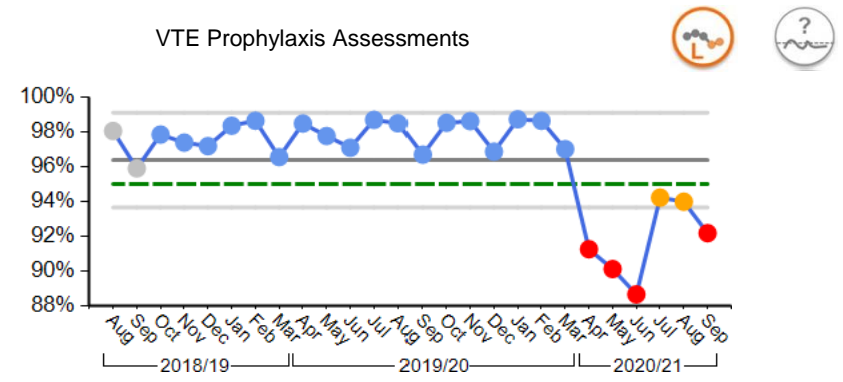
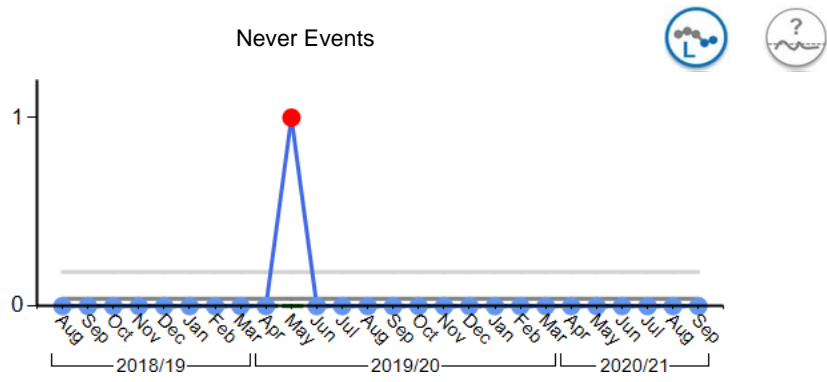
Analyst Narrative: Even though no indicators are failing to provide assurance there are several which require corrective action and/ or action plans. VTE, which was compliant pre-Covid, has failed to meet plan for 6 months now so requires addressing. The same is required for Pneumonia despite recent positive variation from the 4 hour chest X-ray indicator. Safe Staffing and CHPPD are also indicators requiring a more detailed explanation of issues and plans to address performance.

Operational narrative: The 90% safe staffing has not been achieved as in the last previous month however given the high bed occupancy in some areas and activity we are responding to, we are now triggering further escalation plans to support safe staffing requirements.

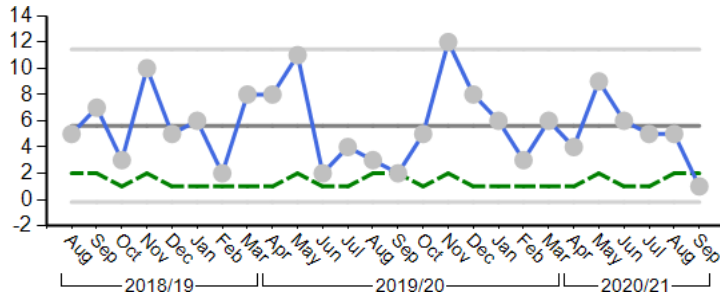
VTE - The reduction in month largely relates to Urgent Care performance. This is linked to the re-organisation in the emergency department and the conversion of some areas to assessment areas for COVID-19 escalation. Work is being undertaken to ensure the data accurately captures the right people who need assessment following these changes. All other areas are performing in line with target.

Dementia - This measure involves small numbers and as a result the percentages are skewed. This affected two patients negatively. Notwithstanding this, we are striving to ensure every patient has the right assessment and referral so that no patients are negatively affected going forward.

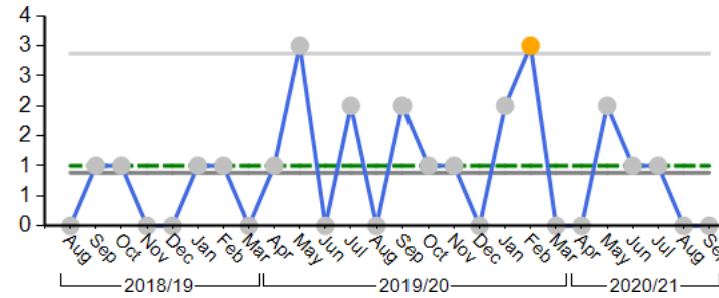
Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Never Events	0	0	0	Sep 20		0	0	Aug 20	0	0	
VTE Prophylaxis Assessments	95%	92.2%	278	Sep 20		95%	94%	Aug 20	95%	91.9%	
Falls - Moderate/Severe/Death	0	2	2	Sep 20		0	0	Aug 20	0	6	
Patient Safety Incidents - Low, Near Miss or No Harm	822	708	708	Sep 20		822	726	Aug 20	822	3730	
Safe Staffing	95%	88.6%	N/A	Sep 20		95%	92.3%	Aug 20	95%	89.1%	
Fractured Neck of Femur - Operated on within 36Hours	90%	90%	18	Sep 20		90%	70.4%	Aug 20	90%	70.4%	
Hospital Pressure Ulcers - Grade 2	2	1	N/A	Sep 20		2	5	Aug 20	18	30	
Hospital Pressure Ulcers - Grades 3 & 4	1	0	0	Sep 20		1	0	Aug 20	1	4	
WHO Checklist	99.9%	98.6%	6	Sep 20		99.9%	100%	Aug 20	99.9%	99.6%	
Sepsis - Timely Identification	75%	100%	N/A	Jul 20		75%	100%	Jun 20	75%	100%	
Sepsis - Timely Treatment	75%	75%	N/A	Jul 20		75%	75%	Jun 20	75%	76.8%	
Care Hours Per Patient Day (CHPPD)	7.9	9.2	N/A	Sep 20		7.9	9.6	Aug 20	7.9	10.6	



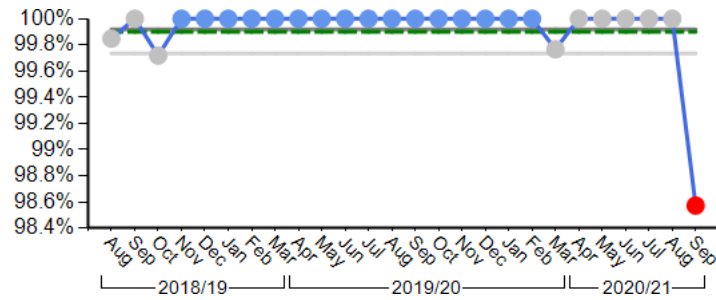
Hospital Pressure Ulcers - Grade 2



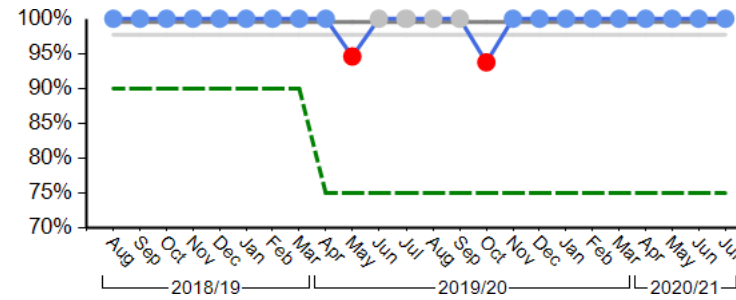
Hospital Pressure Ulcers - Grades 3 & 4



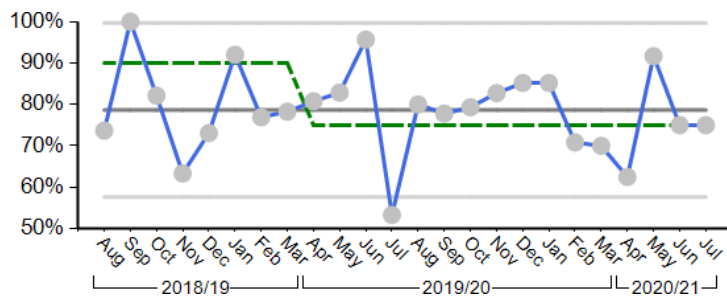
WHO Checklist



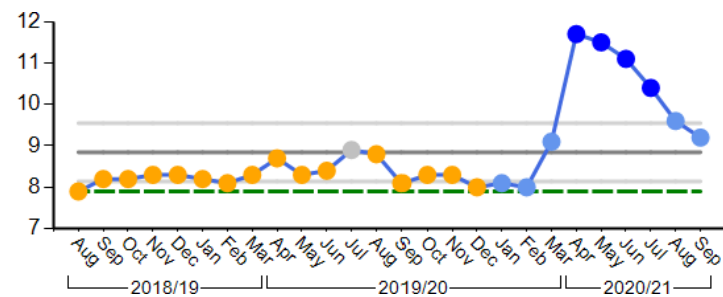
Sepsis - Timely Identification



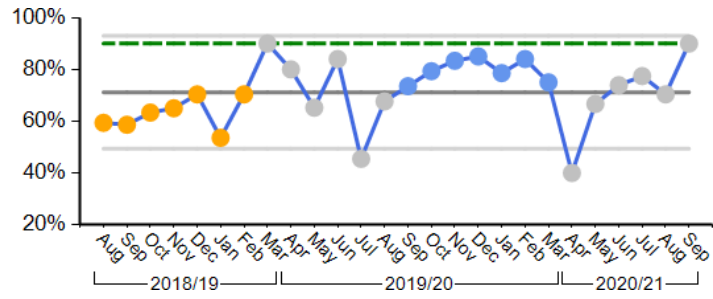
Sepsis - Timely Treatment



Care Hours Per Patient Day (CHPPD)



Fractured Neck of Femur - Operated on within 36Hours













## Quality

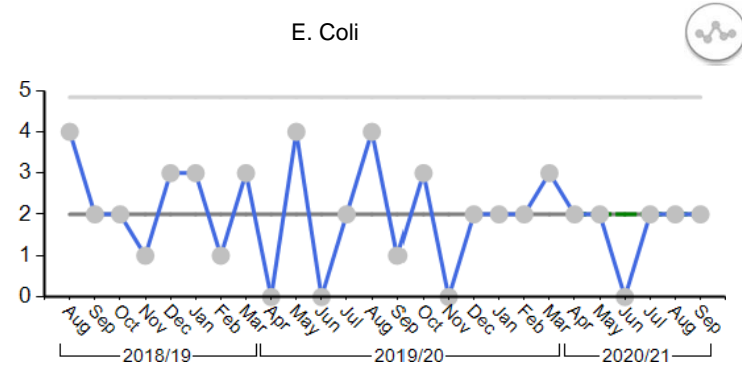
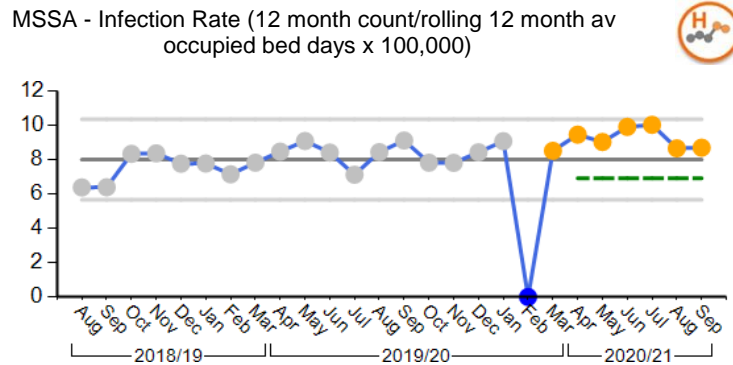
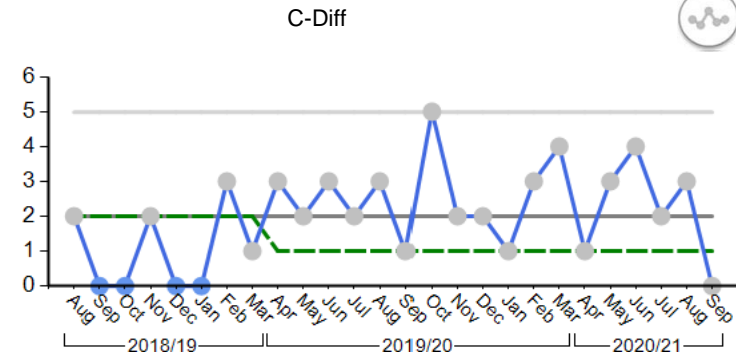
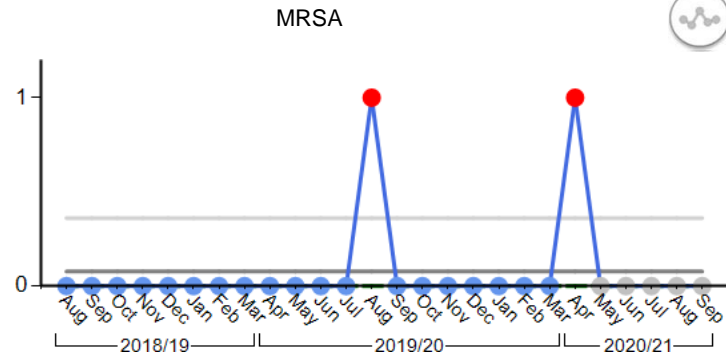
### Infection Prevention and Control

Analyst Narrative: MSSA is showing recent negative variation, with the others all not statistically significant. None are fully assured but C-Diff and MSSA in particular are further away from plan so ongoing issues with these need addressing and mitigating or correcting.

Operational Narrative: There were no C diff cases in September and the in review the 12 monthly trend the cases appear to have plateaued since April. YTD there have been 13, however 8 of these cases there are no lapses in care identified. The IPC Consultant nurse has met with the CCG representatives and reviewed our current processes and as these are robust there is no requirement to present the non-lapse cases to the CCG for appeal, however there will be continued meetings with CCG and neighboring providers to share lessons learned and review as a health economy methods we can use to reduce infection in our population.

MSSA - There was a single case of MSSA bacteraemia attributed to ITU in September. This case has been reviewed as part of an RCA and actions have been identified. The source of this infection was a femoral line. Over the last 3 months there has been a total of 2 hospital acquired MSSA bacteraemia, hence a low incidence.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
MRSA	0	0	0	Sep 20		0	0	Aug 20	0	1	
C-Diff	1	0	0	Sep 20		1	3	Aug 20	15	13	
MSSA - Infection Rate (12 month count/rolling 12 month av occupied bed days x 100,000)	6.9	8.7	N/A	Sep 20		6.9	8.6	Aug 20			
E. Coli	2	2	2	Sep 20		2	2	Aug 20	2	10	



## Quality

### Maternity

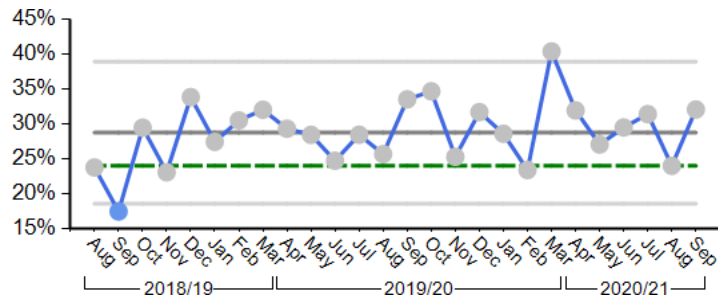
Analyst Narrative: Only the Induction rate is failing to provide assurance, all others indicators are intermittent. There are no maternity indicators which are assured and most are showing no statistically significant variation in recent months, with a large number of these indicators failing to get close to plan at present they either need revised plans or detailed action plans to address issues.

Operational Narrative: Caesarean rates - Caesarean Section rates for September 32% (Plan 24% Actual 29.3%) Current target not aligned to national and regional rates which evidence that target should be 29%. Discussed at PIDA – agreed in principle. This will align performance with national statistics whilst continuing to strive to drive caesarean section rates down in response to performance of other units in region.

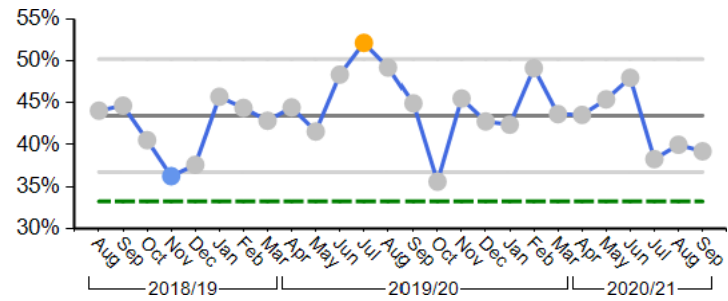
Induction rates - Remain ongoing challenge as Trust is outlier. Audit of 29 cases completed by HOM and Consultant Midwife offers assurances that decision making follows best practice guidance. BI audited the 29 cases against data that entered into Maternity Information System against each woman's management plan and outcomes which offered assurances that data was accurate. Plan to request oversight by external lead to offer final assurances

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Caesarean Rates	24%	32%	58	Sep 20		24%	24%	Aug 20	24%	29.3%	
Induction Rate	33.3%	39.2%	71	Sep 20		33.3%	40%	Aug 20	33.3%	42.4%	
Breastfeeding Initiation	60%	60%	72	Sep 20		60%	59.8%	Aug 20	60%	60.1%	
Percentage of Women Booked by 12 weeks 6 days	90%	93.6%	11	Sep 20		90%	91.7%	Aug 20	90%	93.9%	
Number of Occasions 1:1 Care Not Provided			0	Sep 20				Aug 20			
Percentage of 3rd/4th Degree Tears	0	0	0	Sep 20		0	3	Aug 20	0	9	
Number of Maternal Deaths	0	0	0	Sep 20		0	0	Aug 20	0	0	
Number of Stillbirths		1	1	Sep 20			1	Aug 20		4	
Number of Maternity Complaints	0	0	0	Sep 20		0	2	Aug 20	0	2	

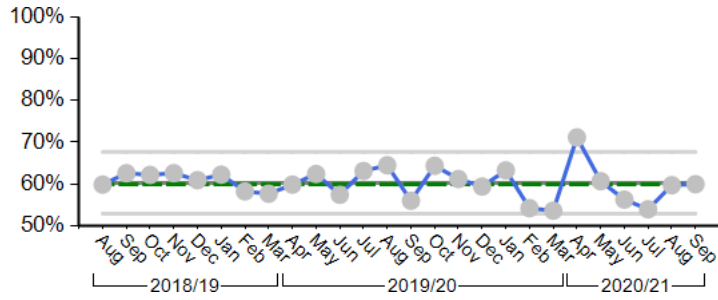
Caesarean Rates



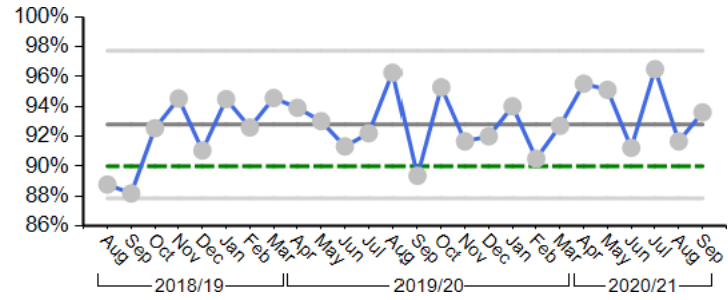
Induction Rate



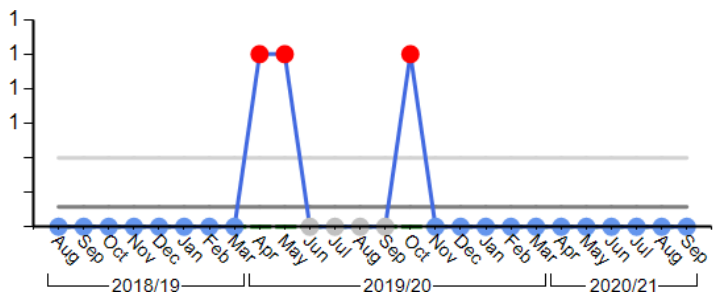
Breastfeeding Initiation



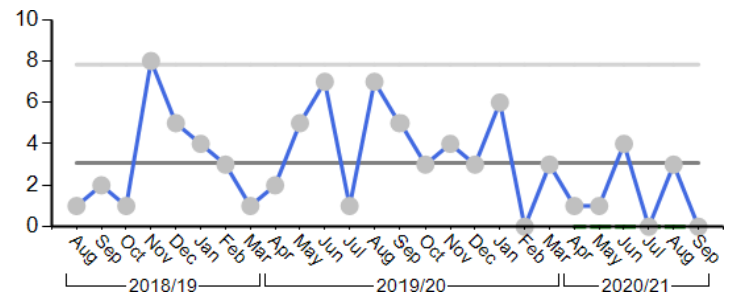
Percentage of Women Booked by 12 weeks 6 days



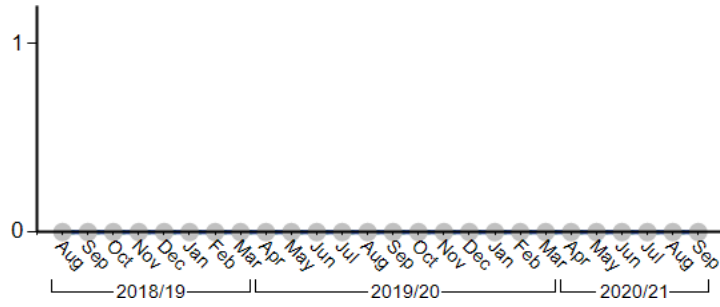
Number of Occasions 1:1 Care Not Provided



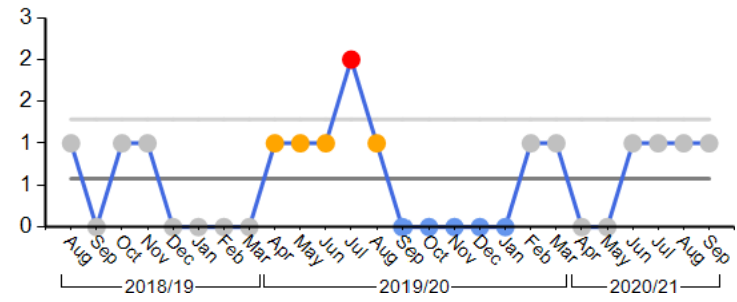
Percentage of 3rd/4th Degree Tears



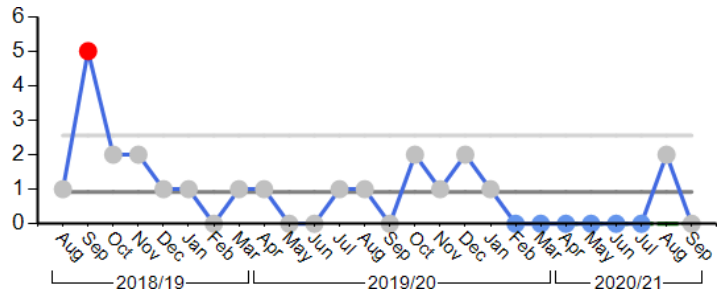
Number of Maternal Deaths



Number of Stillbirths



Number of Maternity Complaints









## Quality

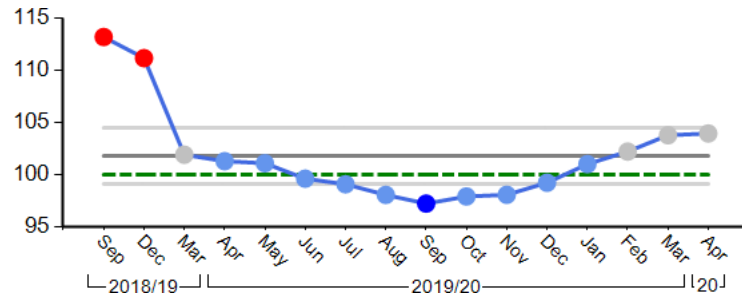
### Mortality

Analyst Narrative: Assurance of both the HSMR and SHMI is intermittent. Recent variation is showing the HSMR continuing to trend downwards in a positive way. The death screening rate saw improvement in July but has since stalled again so variation is negative and assurance is failing.

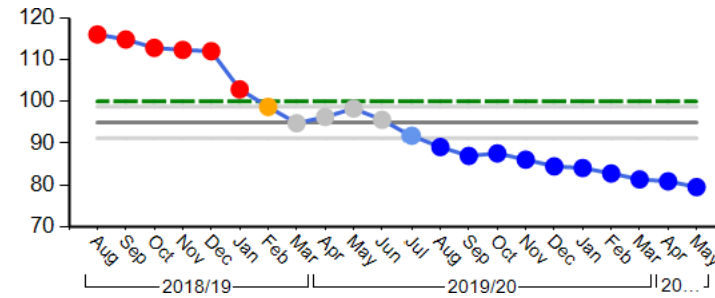
Operational Narrative: National indicators are currently having Covid-19 related diagnoses removed from their data, this is having marginally different effects from Trust to Trust. Despite the HSMR continuing to decline the SHMI has been marginally increasing recently, this is due to an increasing rate of out of hospital deaths as a percentage of all deaths included in the SHMI. An extensive suite of reports have been added to the Mortality Operational Group to identify changes in community deaths trend at GP Practice level.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
SHMI (Summary Hospital-level Mortality Indicator)	100	103.9	N/A	Apr 20		100	103.8	Mar 20	100	103.9	
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)	100	79.6	N/A	May 20		100	80.9	Apr 20	100	79.6	
Percentage of Deaths Screened	100%	48.3%	31	Aug 20		100%	75.9%	Jul 20	100%	31.7%	

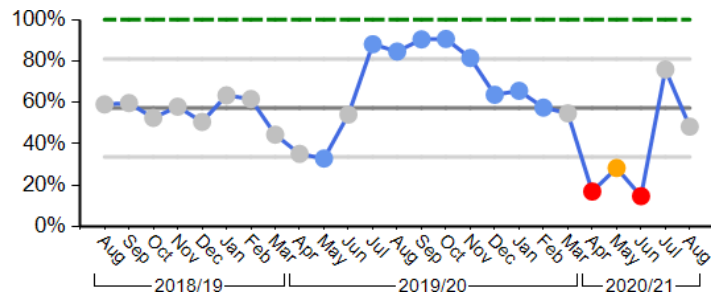
SHMI (Summary Hospital-level Mortality Indicator)



HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)



Percentage of Deaths Screened















## Quality

### Patient Experience

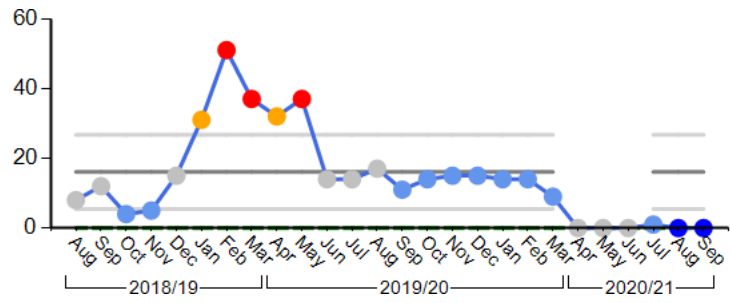
Analyst Narrative: DSSA breaches and Complaints average turnaround time have both shown similar trends in the past 12-18 months with both demonstrating consistent performance improvements. The Friends & Family test indicator doesn't not appear to be showing any sign of improvement and is well short of plan so would require corrective action to start showing improvement.

Operational Performance: A Trust overall increase in recommendations rates in inpatient areas is noted at 91.28%. Further increase in percentage of recommendation rate is still required to meet the Trust target of 94% and the interim Associate Director of Patient Experience is supporting work within the CBUs to mitigate this. Further targeted work is also underway to improve the number of responses in specific areas where numbers are noted to be low.

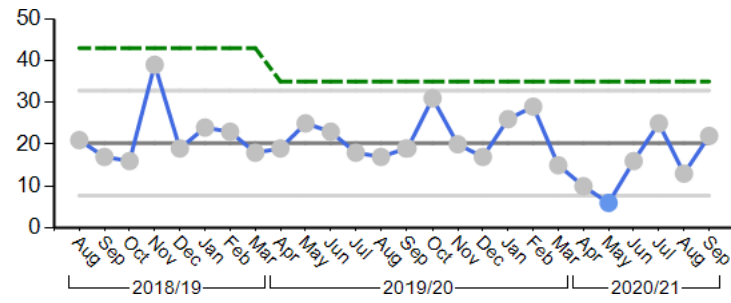
Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
DSSA (Delivering Same Sex Accommodation) Breaches - Trust	0	0	0	Sep 20		0	0	Aug 20	0	1	
Written Complaints	35	22	22	Sep 20		35	13	Aug 20	537	92	
Complaints Average Turnaround Time	40	36.6	N/A	Sep 20		40	35.1	Aug 20	40	38.8	
Duty of Candour - Evidence of Discussion	100%	100%	0	Sep 20		100%	100%	Aug 20	100%	100%	
Duty of Candour - Evidence of Letter	100%	100%	0	Sep 20		100%	100%	Aug 20	100%	95.5%	
Friends and Family Test - Staff - % That Would Recommend - Trust Overall		65.3%	124	Sep 19			69.2%	Jun 19		66%	



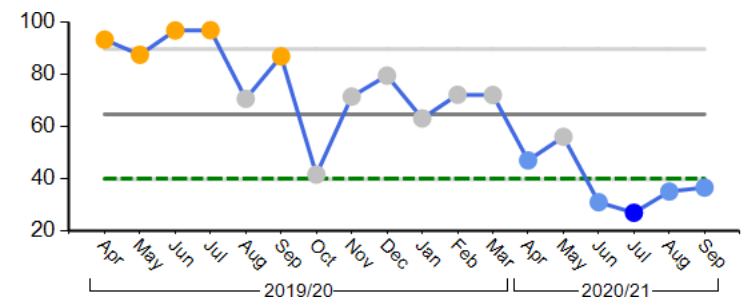
DSSA (Delivering Same Sex Accommodation) Breaches - Trust



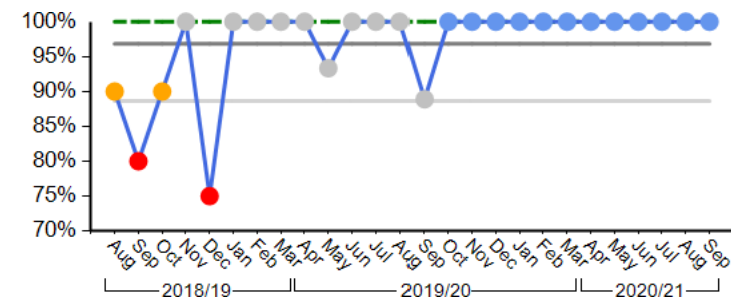
Written Complaints



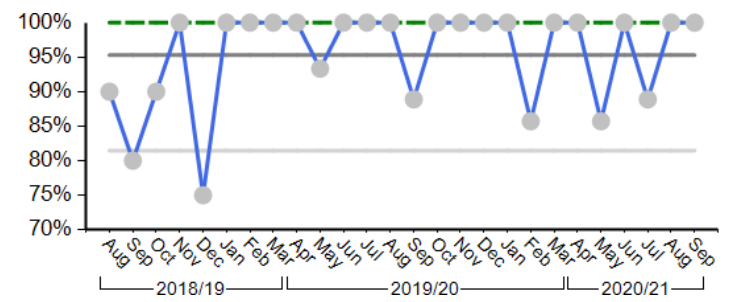
Complaints Average Turnaround Time



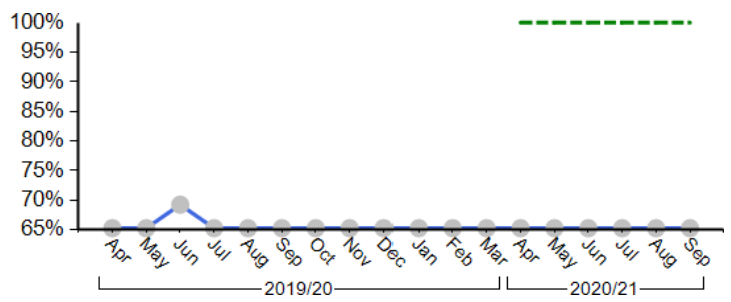
Duty of Candour - Evidence of Discussion



Duty of Candour - Evidence of Letter



Friends and Family Test - Staff - % That Would Recommend - Trust Overall





<b>Title Of Meeting</b>	BOARD OF DIRECTORS	<b>Date</b>	04 NOVEMBER 2020
<b>Agenda Item</b>	TB175/20	<b>FOI Exempt</b>	NO
<b>Report Title</b>	FREEDOM TO SPEAK UP REPORT QUARTER 1		
<b>Executive Lead</b>	Bridget Lees, Executive Director of Nursing Midwifery & Therapies		
<b>Lead Officer</b>	Martin Abrams, Freedom to Speak Up (FTSU) Guardian		
<b>Action Required</b>	<input type="checkbox"/> To Approve <input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
<b>Purpose</b>			
To provide an update on concerns raised to the FTSU Guardian Service during Quarter 1 of 2020/21.			
<b>Executive Summary</b>			
<p>This report identifies the number of concerns raised through the FTSU Guardian's Office. Throughout the period, 14 concerns were raised through the FTSU Service. The themes of concerns were as follows:</p> <ul style="list-style-type: none"> <li>• Staff Safety (due to Covid-19)</li> <li>• System / Process</li> <li>• Cultural, Behavioural / Relationship,</li> <li>• Patient Safety / Quality</li> <li>• Bullying / Harassment</li> <li>• Infrastructure / Environmental</li> </ul> <p>Two concerns have been raised in Quarter 1 directly with Champions. When concerns are raised directly with Champions the FTSUG is always used as a point of reference. We have not trained any new Champions during this quarter as training was put on hold due to the Covid-19 pandemic. We are planning to hold training in the next few months as and when conditions allow. Over the year, we have increased the number of Champions and currently have 18 active. Freedom to Speak Up Month (October) will be a focus for recruitment, training of champions and Freedom to Speak Up in general.</p> <p>The first quarter of the year was at the heart of the Covid-19 pandemic. Nationally up to two thirds of Freedom to Speak Up Guardians were redeployed to other duties. Locally, although there was no formal redeployment, the ending of the secondment of the Freedom to Speak Up Administrator and her return to her substantive post, and the significantly higher demands on the chaplaincy and spiritual care service, effectively meant Freedom to Speak Up was less prominent.</p> <p>The Board is asked to receive this report as a form of assurance that people are feeling able to raise their concerns from a wide constituent across the organisation and that the appropriate systems and processes are in place for staff to do this safely and confidently, knowing that appropriate action will be taken. The report also provides assurance of the significant improvement journey the Freedom to Speak Up Service has taken since the National Guardian's case review in summer 2017.</p>			
<b>Recommendation</b>			
The Board is asked to receive the Freedom to Speak Up Report for Q.1			
<b>Previously Considered By:</b>			
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input checked="" type="checkbox"/> Quality & Safety Committee <input checked="" type="checkbox"/> Workforce Committee <input checked="" type="checkbox"/> Audit Committee	

Strategic Objectives	
<input type="checkbox"/>	<b>SO1</b> Improve clinical outcomes and patient safety to ensure we deliver high quality services
<input checked="" type="checkbox"/>	<b>SO2</b> Deliver services that meet NHS constitutional and regulatory standards
<input type="checkbox"/>	<b>SO3</b> Efficiently and productively provide care within agreed financial limits
<input checked="" type="checkbox"/>	<b>SO4</b> Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated
<input checked="" type="checkbox"/>	<b>SO5</b> Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values
<input type="checkbox"/>	<b>SO6</b> 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:
Martin Abrams, FTSUG	Martin Abrams, FTSUG

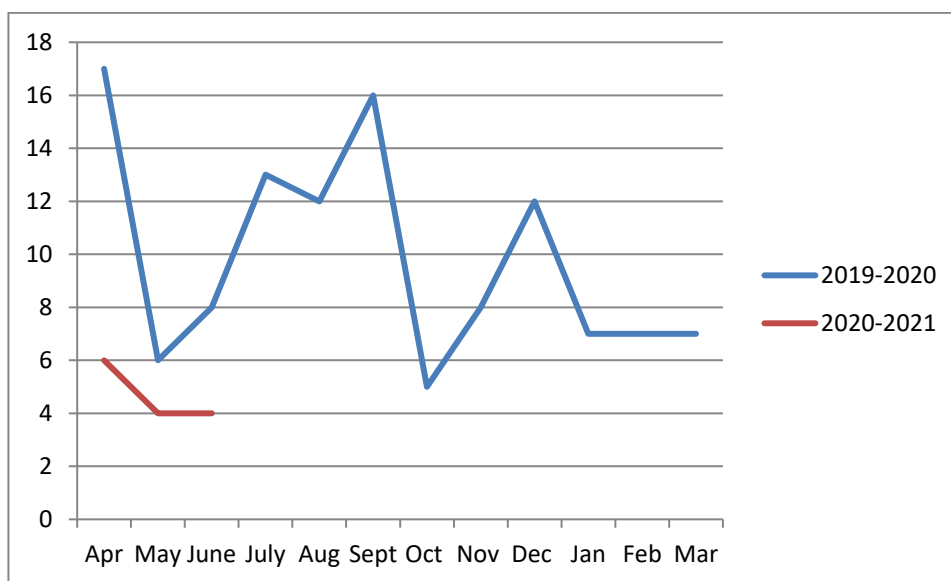
# 1 Report on Submission to National Guardians Office

**Quarter 1** 1 April – 30 June 2020

**Date to be submitted to NGO:** TBC (*Portal not open for submission yet*)

**Date National Data to be published:** **TBC**

**Number of concerns raised:** 14



The first quarter of 2020 (April, May and June) was in the midst of the Covid-19 pandemic. Although there were some related concerns these were resolved quickly. The national picture saw a lot of Guardians redeployed to other roles. Locally this was not formalised, but informally the local guardian was required, due to significant increase in demand and low staffing levels amongst the on-call chaplaincy staff, to spend more time working within the chaplaincy and spiritual care service. This coincided with secondment of the specialist administrator coming to an end. Although a permanent appointment was made in early March the person could not start until mid-July. This all led to the FTSU team not being as pro-active as previously. The plan this year is to once again link into *Speak up Month* (October) with a recruitment drive and training for champions and other initiatives to highlight FTSU.

The number of concerns rose in July and early part of August to 14 and 10 respectively.

**1.1** During quarter 1, 12 concerns were directly raised with the Freedom to Speak Up Guardian (FTSUG) and 2 were raised through FTSU Champions. When concerns are raised directly with Champions, the Freedom to Speak Up Guardian always gives support and advice, often meeting those who raise the concern, and sometimes being used in a consultative role.

For reasons of confidentiality only general themes are recorded within this report.

## Themes of Concerns

The most significant themes of the last quarter include System/Process, Staff Safety, Behaviour/Relationship

and Organisation Culture.

Theme	% this Quarter
Patient Safety / Quality	4.76
Staff Safety	19.05
Behavioural / Relationship	14.29
Bullying / Harassment	4.76
System / Process	28.57
Infrastructure / Environmental	4.76
Cultural	9.52
Middle management issue	4.76
Not known	9.52*

***\*This is recorded as not know because initial conversations were had with FTSUG but other routes were taken to pursue concerns.***

Concerns raised by a mixture of nursing, health care support, administration and medical staff from a variety of areas.

Staff Group	% this Quarter
Nursing	28.57
Estates	7.14
Junior Doctor	14.28
Corporate	7.14
Administration	14.28
AHP	28.57

## 1.2 Anonymous concerns

Although there have been no “anonymous” concerns raised over the last quarter, 6 people did not want their name to be known other than by the FTSUG.

During quarter 2 an anonymous submission was made to the CQC raising a number of concerns about the organisation. This was addressed and responded to by the organisation.

Boo coaching, who spent a lot of time supporting the organisation and individuals from April – August 2020 provided us with general themes they were picking up. These included:

- File notes being issued without exploring underlying problems
- Sickness warnings issued despite significant problems outside of work
- Lack of kindness and compassion in interactions – rudeness being described in some areas
- Some Managers taking a one size fits all to managing the entire team
- Lack of understanding around styles and approaches to leadership

## 1.3 Situations where detriment was expressed because of speaking up:

In the last quarter there has been none highlighted. However there is still an ongoing concern where it is believed detriment may have been experienced. This is currently part of an externally led investigation.

One staff member raised a concern because they felt it was the right thing to do but are unsure if they would raise a concern again:

*"If I'm honest I would probably never speak up again.....I think the consequences wasn't worth it. The work base culture destroyed me for doing the right thing! Some injustice in that. Like I said I cannot thank you enough for all you did for me."*

#### **1.4 Feedback post raising concern**

The National Guardians Office also requires the FTSUG to invite those who have raised concerns, and their concerns have been closed, to offer feedback. Specifically would they use the FTSUG again to raise a concern and they are invited to offer further comments.

During quarter 1 feedback was received from 4 people. Nine concerns have been closed. All have been asked for feedback. Of the feedback received all was positive about the service and positive outcomes received, other than the reflection in 1.3 above.

#### ***Given your experience, would you speak up again?***

All answered yes.

#### ***Any other comments you would like to make or suggestions for improving the service offered?***

All feedback for this quarter has been positive and those raising the concerns have been very grateful to FTSU.

There were no suggestions this quarter for improving the service.

They are all pleased with the outcome and with the service and support offered by FTSU and would recommend it to others.

#### **Some examples:**

*Martin was very helpful - he met with me promptly and helped me to clarify my concerns. He encouraged me to put my concerns in an email which, with my permission, he escalated to the Director of Nursing and Therapies. I had a one to one meeting with her and felt I had been listened to. Thanks for your support*

*Given my experience I would be more than happy to raise my concerns again. I felt it was handled efficiently and discreetly.*

*I felt that talking to yourself was easy and I was happy that you kept emailing for updates to check I was happy with the ongoing concerns I had.*

#### **Changes as a Result of Speaking Up:**

Changes in the last quarter relate to Covid-19. These include a ward name changed due to cultural appropriation, PPE action plan put in place, screens installed around desks in one area and it was agreed that a structure be built outside the Covid end of life ward to enable visitors to keep dry whilst talking to their loved ones. This was not built due to closure of the ward.

# The National Picture – From the Last National Newsletter

National Guardian  
Freedom to Speak Up

August 2020  
Issue 12

## Freedom to Speak Up News

Making speaking up business as usual

### News from the National Guardian



#### Welcome to this latest edition of Freedom to Speak Up News.

As a GP, I have seen the impact of COVID-19 on my patients and their families, as well as on my colleagues. Speaking up has never been more important and March feels like a lifetime ago when our [Annual Report](#) was laid before Parliament and I [collected an OBE](#) from the Queen.

Throughout this crisis, the National Guardian's Office has continued to support Freedom to Speak Up Guardians.

We converted our activities to operate in the virtual space, including training, pulse surveys, one-to-one support, network meetings, conferences, webinars, regional integration plans and case reviews. We have established new national networks to support Freedom to Speak Up Guardians in Hospices and in [Nightingale Hospitals](#). You can read more

about this in this newsletter.

From the outset, it was clear that Freedom to Speak Up had an important role to play in the pandemic response.

I would like to pay tribute to Freedom to Speak Up Guardians and their networks. I am humbled and inspired by the incredible work they have been doing, and their enduring commitment to supporting workers to speak up throughout this crisis and show that they were #StillListening. You can read an example of how guardians have adapted to continue to be accessible in a case study from [Solent NHS Trust](#) in this newsletter.

To learn more about the impact of the pandemic on speaking up, we undertook [three pulse surveys](#). The results showed the values of guardians shining through as they continued to bring forward the voices of those who may otherwise not be heard.

Yet, the pandemic has also highlighted how communications can have the unintended consequences of suppressing speaking up. As the [Doctors Association UK survey](#) showed, poor leadership behaviours, including reports of workers being criticised for speaking up, risked having a chilling effect on the system.

1

National Guardian  
Freedom to Speak Up

I wrote to [Chairs of trusts](#), and sent a [joint letter with the Chief Inspectors](#) to all Care Quality Commission (CQC) inspected healthcare providers reminding them of the importance of speaking up and to ensure that speaking up channels were maintained, which has helped to support the work of guardians. As one guardian commented in a pulse survey: "I have also pushed the national letters messages coming from NGO and the co-signed letters from CQC [chief inspectors] to show that our local message is supported nationally and that people can see all tier level support to speak up."

Within this newsletter you can see examples of the impact the pandemic has had – and continues to have – on workers in health. We share the perspective of [community pharmacy](#) in this newsletter, who have continued to provide front line services within the community during the pandemic.

On the disproportionate impact of COVID-19 on Black, Asian and ethnic minority colleagues, we are working closely with the [Workforce Race Equality Standards team at NHS England](#) to help remove additional barriers which these workers may face in speaking up.

We can learn so much from outside the NHS, and it is incumbent upon us to listen to experiences from other sectors and apply them. Protecting workers from detriment for speaking up is a challenge and something which the CQC will be asking about in Well Led inspections. You can read how [SSE plc](#) have adopted a Speak Up, Listen Up, Follow Up approach to detriment below.

The [Freedom to Speak Up Index](#), drawn from a subset of questions from the NHS Annual Staff Survey, continues to improve nationally but also highlights variation in the experience of workers across England. As we begin to think about recovery, there is the opportunity to do things differently. We do not want to go back to normal – if normal for the NHS is a culture where, for example, [40 per cent of staff feel unwell from work related stress](#).

I welcome the publication of the [NHS People Plan](#), and in particular, the NHS People Promise which states: "We each have a voice that counts."

Freedom to Speak Up Guardians are a cultural barometer, both for their organisations and for the health sector as a whole. By listening to workers' voices, they provide valuable insights into areas of concern and ideas for learning and improvement. That is why, as we start upon the road to recovery, it is important that guardians are involved in discussions on the best way forward.

We are a learning organisation, and the pandemic has offered us many lessons to be learned, but also a chance to make speaking up business as usual as part of the reset process.

Finally, I would like to pay tribute to the overarching passion and commitment of the NGO team to ensure that Freedom to Speak Up Guardians, and those who work with them have the support they need to continue to make speaking up business as usual. We look forward to celebrating [Speak Up Month](#) together in October.

*Henrietta*

Dr Henrietta Hughes OBE FRCGP  
National Guardian for the NHS

2

National Guardian  
Freedom to Speak Up

## COVID-19 Pulse Surveys of Freedom to Speak Up Guardians

The pandemic has highlighted that Freedom to Speak Up had never been more important.

As the Coronavirus pandemic swept through the health sector, it became clear that Freedom to Speak Up had never been more important.

The media reports reflected on some of what the National Guardian's Office was hearing from guardians – workers were raising issues such as struggles with access to appropriate PPE, concerns about social distancing and the safety of vulnerable colleagues.

We undertook a series of monthly pulse surveys to understand the impact COVID-19 was having on Freedom to Speak Up Guardians and their networks. Almost two-thirds of respondents reported that they – or someone in their organisation's Freedom to Speak Up network – had been asked to take on other duties to support efforts to respond to the pandemic.

The results showed speaking up was continuing.

"More people are expressing and looking for ways to be heard," reported one Freedom to Speak Up Guardian. "The role has been published more via trust-wide communications, managers have been showing commitment and advertising the role more. Freedom to Speak Up has been able to tap into psychological wellbeing training, wellbeing as a whole and BAME employee networks. COVID-19 has really helped with the exposure of Freedom to Speak Up. Trust leadership has really supported the exposure of this role in supporting BAME staff and PPE/COVID-19 issues."

National Guardian  
Freedom to Speak Up

### FREEDOM TO SPEAK UP IN THE COVID-19 PANDEMIC

RESULTS OF THIRD PULSE SURVEY OF FREEDOM TO SPEAK UP GUARDIANS

- WORKERS CONTINUE TO BE ENCOURAGED TO SPEAK UP**  
93% of respondents said workers were being encouraged to speak up during the COVID-19 pandemic - up from 72% in April.
- WORKER SAFETY AND WELLBEING REMAINS THE TOP TYPE OF ISSUE**  
79% cite worker safety and wellbeing as the type of issue raised. But behavioural issues are being raised by 74% - up from 57% in last month's pulse survey.
- SOCIAL DISTANCING HAS TAKEN OVER PPE AS THE TOP WORKER CONCERN**  
AND SUPPORT FOR RETURNERS TO THE WORKFORCE HAS ALSO INCREASED AS AN ISSUE.
- THE IMPACT OF COVID-19 ON BLACK, ASIAN AND MINORITY ETHNIC COLLEAGUES**  
MORE RESPONDENTS SAY WORKERS ARE SPEAKING UP ABOUT THIS (46%).
- FREEDOM TO SPEAK UP IN THE RECOVERY PHASE**  
This crisis is a chance to use workers' voices for learning and improvement. Yet most respondents (56%) reported that as Freedom to Speak Up Guardians, they were not involved in recovery discussions.

#FTSU

www.nationalguardian.org.uk

3

National Guardian  
Freedom to Speak Up

The surveys also helped to identify how matters being raised evolved as the pandemic unfurled.

"In March, concerns were all PPE and 'lockdown' or 'self-isolation' based," said another guardian in the third survey. "Now in June, we are seeing social distancing, cleanliness and communication of messages from managers up/down to staff about these issues being the main concerns. As one member of staff said, "Patients are sorted and safe – now it's staff who aren't safe in the tiny spaces we work in."

Next phase response to COVID-19 recovery discussions were beginning to take place as we ran our third survey. However, most respondents reported they were not involved in these discussions. Of those respondents who were aware of recovery plans taking place, 56 per cent said they were not involved.

This crisis is a chance to listen to workers' voices for learning and improvement; it is essential that Freedom to Speak Up Guardians are included in these reset conversations.

### Read more about our COVID-19 Pulse surveys

"It still feels very early in terms of being able to judge the impact of COVID-19 in terms of people speaking up.

I think everyone has been extremely pre-occupied with the gravity and reaction to the pandemic.

I feel that in many instances, it is only now as we make moves towards a less high alert and perhaps more medium to long-term way of thinking that workers are having a chance to reflect and consider some of the impacts on them, their patients and colleagues."

Respondent to Third Pulse Survey

4



## Supporting vulnerable colleagues to Speak Up

The impact of COVID-19 on vulnerable colleagues is a speaking up matter.

As the [Public Health England report showed](#), COVID-19 has a disproportionate impact on Black, Asian and Minority Ethnic (BAME) communities.

As 20 per cent of all NHS staff are from a minority ethnic background, the disproportionate toll on NHS workers is shocking. We welcome [Sir Simon Stevens' recommendation](#) that employers risk assess the working environment for vulnerable workers, including those who are from BAME backgrounds.

Freedom to Speak Up is a valuable tool for hearing about workers concerns and ideas for improving safety and wellbeing. Effective speaking up can prevent avoidable deaths.

*We must keep safe speaking up channels available and promoted to those whose voices are not so often heard.*

*One way of doing this is for leaders to engage with their Freedom to Speak Up Guardian and equality network leads.*

*In this way they will quickly hear about concerns before they become problems and know whether these are being acted upon without any detriment to workers.*

Dr Henrietta Hughes OBE

The National Guardian's Office is working with the Workforce Race Equality Standards (WRES) team at NHS England and NHS Improvement to proactively address this issue. [A joint letter from the NGO and the WRES Team was sent to all leaders in health](#) encouraging them to examine the efficacy of their speaking up arrangements for these vulnerable groups.

We are looking into ways that we can support Freedom to Speak Up Guardians and WRES experts to work together and have encouraged guardians to seek out WRES experts locally, so that they can support one another. Directories of WRES experts are available [here](#) and [here](#).

How to best support minority ethnic colleagues has been the subject of recent webinars with the Freedom to Speak Up Guardian network, including one with Yvonne Coghill CBE, former Director of WRES programme at NHS England and currently Director of WRES at NHS London.

Guardians shared some of the ways they and their organisations have been seeking to engage with vulnerable groups to support and encourage them to speak up. You can read their suggestions on our website in the article link below.

[Read the article](#)

5

## Supporting Guardians in the Nightingale Network



As the COVID-19 pandemic spread across England, the NHS started to mitigate the risk of becoming overwhelmed by COVID-19 patients with the establishment of critical care temporary hospitals.

These Nightingale Hospitals were created at speed as the country prepared for the worst possible scenarios.

The Nightingale hospitals were new organisations, with new teams, new structures and new challenges. It was clear that in these unprecedented circumstances, the ability for workers to have channels for speaking up would be critical.

The National Guardian's Office set up a Nightingale Network, modelled on our regional and ambulance networks, to provide a safe and supportive space for the Freedom to Speak Up Guardians who were working at the hospitals to network, provide peer support and share the challenges and ideas they had used to overcome these.

It was essential that we were able to provide a supportive network for these guardians who were operating under extraordinary circumstances; in effect the Nightingale guardians were doing two jobs and working with new leadership teams. As the situation unfolded, guardians at those hospitals which were already up and running were able to share their learning with others who were on standby. Initially the network met every two weeks as the situation was moving quickly.

The core challenge for the guardians was in raising awareness of the availability of Freedom to Speak Up Guardians for workers in the new settings. Many of those employed were redeployed, or staff who had previously

retired before Freedom to Speak Up had been implemented. Others were volunteers, or furloughed from different sectors, for example cabin crew, or redeployed from the army. An introduction to Freedom to Speak Up was included at induction and clinical and non-clinical workers were fully informed of the routes they could use to speak up.

One of the issues which the Nightingale Network explored is the anxiety of workers who have been redeployed, and their confusion as to who to speak up to – the guardian in their own trust or the Nightingale guardian.

Guardians quickly established collaborative ways of working to make sure that workers knew that it didn't matter who they spoke up to, and that there were guardians available if they felt unable or unsure of where to turn. In the North West, for example, Freedom to Speak Up Guardians worked alongside Integrated Care Systems. We are hoping to continue these different ways of working, and the positive learnings and collaborations.

As we enter the recovery phase, new issues are emerging, for example worker fatigue and supporting colleagues who have been shielding. What is clear is the importance of guardians to be there to facilitate open and honest conversations.

6

## Freedom to Speak Up Index Report

"This is the second year the FTSU Index has been published and we've seen an improvement in people's sense of power to speak up, with this year's results showing the national FTSU Index has now risen to 78.7 per cent.

This is both important progress and a reminder that more is needed.

The impact of Covid-19 will be felt for a long time, but all the evidence shows that when colleagues feel empowered to speak up, the NHS will make great progress in our founding mission of health high quality care - for all."

Sir Simon Stevens  
Chief Executive, NHS England & NHS Improvement



#FTSU

Working with the survey team at NHS England, in July we published the second Freedom to Speak Up Index.

The FTSU Index brings together four questions from the annual NHS Staff Survey which give us a picture of the speaking up culture in the NHS. The questions relate to whether staff feel they are encouraged, supported or secure to report unsafe clinical practices and whether they think they will be treated fairly if they report a near miss or error.

This year's results show that all trust types and regions have seen improvements in their FTSU Index score, albeit to different levels. The national average for the FTSU index has continued to improve, from 75.5 per cent in 2015 to 78.7 per cent in 2019.

Fostering a positive speaking up culture sits firmly with leadership. We can see that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by the Care Quality Commission.

The FTSU Index can be used as a tool to help identify areas within organisations where workers may feel less supported to speak up and to focus on ways to improve.

It is good practice for all organisations to look at the results of their staff surveys to understand the reality of how workers feel about speaking up.

[Read the FTSU Index Report](#)

7

## Adapting Freedom to Speak Up to cope with the pandemic

Pamela Permalloo-Bass, Freedom to Speak Up Lead Guardian, Solent NHS Trust



This year has been challenging for everyone across the NHS. COVID-19 and the lockdown has meant we have all had to work differently and take on more responsibilities to ensure excellent patient care.

These changes and challenges mean that providing our colleagues and teams with the freedom and ability to speak up has never been more important.

Solent NHS Trust achieved the second-highest score in the country for its positive speaking up culture in the recent FTSU Index Report. A lot of work has gone into promoting the service across the trust over the last 12 months, and this has been crucial in maintaining our excellent score.

We put great emphasis on how a speaking up culture has a beneficial impact on the care that we provide to our patients and on our ambitious vision of keeping more people healthy, safe and independent at, or close to, home.

Over the last few months, we've had to adapt and alter the way we work. Remote virtual working has meant we've had to create a different way for colleagues to contact us so we can continue to provide an accessible service.

We set up dedicated surgeries every weekday morning – with one of the team of seven guardians on hand to support colleagues with questions or queries. We've dealt with everything from issues around social distancing and hot-desking to Personal Protective Equipment.

We have had many more colleagues from the Black, Asian and Minority Ethnic (BAME) community contact us following national guidance around high-risk groups. Having our guardians in place really helped those with concerns as we were able to signpost them to what the trust has been doing around risk assessments, the support

available through our BAME and Allies Staff Resource Group and our dedicated BAME staff Zoom calls where anyone could ask questions or seek support.

Prior to COVID-19, we had already established good communication with our colleagues and embedded Freedom to Speak Up within our culture. We promoted how we could help colleagues in regular internal communications and our team of guardians actively attended team meetings across the trust to encourage greater reporting.

I believe having that trust and confidence in our guardians at Solent has enabled us to continue to score highly in the Index Report – people know our names and faces and feel comfortable sharing their concerns creating a safe, warm and friendly space for people to speak up.

All our guardians have different skill and abilities – from clinical to non-clinical and working across levels within the organisation. This means that colleagues can find the relevant guardian who is best placed to help them.

We want to continue to drive this forward with a positive speaking up culture and better performance. We believe that maintaining this culture really provides us with solid foundations for us to move from 'good' to 'outstanding' in our CQC rating

8

## Integrating Freedom to Speak Up throughout the patient pathway

As the coronavirus pandemic has highlighted, it is crucial that workers in all healthcare settings are able to speak up, so that patient care is protected across the system.

Freedom to Speak Up Guardians are already established in NHS trusts and many other health settings, with some vanguard organisations in primary care.

In March, the National Guardian's Office held three Regional Integration and Development Events before we had to move to virtual events due to the approaching pandemic. These events formed part of our strategy to embed Freedom to Speak Up throughout the NHS in England

We received a [video of support](#) from Nadine Dornes MP, Minister for Mental Health, Suicide Prevention and Patient Safety, who was unable to attend in person due to the crisis unfolding.

We heard from speakers across the regions, and from different health care settings, discussing how to integrate Freedom to Speak Up across the patient pathway. We would like to thank all the guest speakers who took part. Guardians took part in development sessions in the afternoons and shared their Speak Up pledges with each other and on social media.

Karyn Richards-Wright, Freedom to Speak Up Guardian for St George's University Hospitals



NHS Foundation Trust, said "The table work and pledges was a good way for guardians to actually start conversations with each other about how they feel professionally and personally and what is necessary for the health and wellbeing of not only staff raising concerns but for the guardians supporting staff. I saw guardians speaking about pledging to look after themselves more and their psychological safety which is great as I feel that not enough is talked about regarding the stresses the role has on our guardians and champions."

Our final three Regional Integration and Development Events went ahead as virtual conferences due to the COVID-19 situation. Recordings of the virtual events are available via the links below.

[North East & Yorkshire Virtual Event](#)  
[Midlands Virtual Event](#)  
[North West Virtual Event](#)

### Regional Integration Plans

We have published three Regional Integration Plans for the North West, North East and Yorkshire, and South West of England.

These Regional Integration Plans support the development of a fully integrated approach to making speaking up business as usual across the patient pathway.

They set out a summary of current Freedom to Speak Up arrangements in these regions and how the National Guardian's Office will increase the reach of Freedom to Speak Up into the primary care landscape.

[Read our Regional Integration Plans](#)

## Case Review: Whittington Health NHS Trust

The latest case review by the National Guardian's Office outlines a variety of processes addressed by Whittington Health NHS Trust to foster an environment in which workers are encouraged to speak up and to show the organisation is listening and acting.

Our case reviews are focused on learning; learning both for the trust at which the review is carried out and for all other trusts and organisations committed to making speaking up business as usual. Their aim is to help the NHS move to a learning culture so that we can drive change and embed improvements.

National Guardian  
Freedom to Speak Up  
"Ensuring that people feel safe to raise concerns is vitally important. That is why one of my first acts as Chief Executive in 2017 was to begin a review into our culture."  
This Report highlights how far we have come in recent years in providing a service to support those who wish to speak up.  
We strongly believe that better never stops and so the findings will also support us in improving the service and embedding it in what we do day in, day out."  
Siobhan Harrington  
CEO of Whittington Health NHS Trust



The case review, carried out at the end of last year, reveals encouraging areas of good practice around speaking up. These include regular support of the Freedom to Speak Up Guardian; sufficient resource for the role to be undertaken full-time; and regular meetings with HR business partners to promote understanding and support speaking up.

The range of actions being taken go from helping workers better understand the Freedom to Speak Up Guardian role through to simply thanking those workers who do speak up. Very often simply engaging people on that level so that workers are assured the organisation wants to listen to what they have to say can make a huge impact.

However, there were also 14 areas of improvement identified by the case review that highlighted issues around the wording and application of the trust policy relating to speaking up, support and feedback to those who do speak up, and the way in which the trust manages grievances.

Read the Case Review report with details of the findings of the NGO and actions of the trust. Organisations are encouraged to use the findings of the review to help them examine their own speaking up processes.

We continue to work closely with our partners in NHS Improvement and CQC to support organisations to implement the improvements we have identified.

[Read the Case Review report](#)

## National Guardian's Office Annual Report



Our Annual Report was published in March and laid before Parliament meeting a commitment called for by the Secretary of State in his response to the events at Gosport War Memorial Hospital.

This report provides an overview of the work achieved by the National Guardian's Office to date, with greater visibility and awareness of Freedom to Speak Up – including the launch of a new independent website, the annual Speak Up Month in October, the National Freedom to Speak Up Conference, the expansion of the Pan-Sector Network and the HSJ Award for Freedom to Speak Up Organisation of the Year.

As well as case studies from high performing organisations to support improvement nationally, the report also highlights the challenges ahead, particularly in the expansion of our remit to cover primary care organisations

[Read our Annual Report](#)

### 100 Voices



Alongside our Annual Report, we also published our 100 Voices publication, which shares some of the powerful evocative stories which are the real-life experiences of workers in health.

The story linked below, from Salford Care Organisation, about responding to an anonymous case, is just one example of how Freedom to Speak Up is making a difference to workers and by extension, improving patient's experiences.

[Responding to an anonymous case](#)

We continue to collect stories from workers who have spoken up or guardians. Stories can be submitted by contacting the National Guardian's Office.

[Read 100 Voices](#)

## Dr Henrietta Hughes awarded OBE in New Year's Honours List



Dr Henrietta Hughes was awarded the OBE in the New Year's Honours List, in recognition of her services to the NHS, including her current roles at the National Guardian's Office and Brunswick Medical Centre.

She collected her award from the Queen in March, who seemed very interested in Freedom to Speak Up.

"I am very honoured to receive this award and humbled by the recognition," says Henrietta. "I've been extremely privileged to work with some wonderful people during my career and feel this honour is something that reflects on each and every one of them too."

"Not least the courageous workers who have spoken up, the Freedom to Speak Up Guardians who have listened to their concerns and the leaders in organisations who have supported speaking up."

"While we have now seen over 30,000 individual cases of speaking up in the NHS, we are really still just starting out and this honour only heightens my sense of ambition to ensure speaking up becomes business as usual."

## Speak Up and Protect the Frontline

### Learn not Blame Team, Doctors' Association UK

#### Who are we?

The Doctors' Association UK (DAUK) was founded in 2018 to ensure that UK doctors have a strong collective voice, empowering members to speak out about the issues that matter to them. Run by doctors at all stages of training, from medical students to senior consultants, DAUK has grown from a community of over 37,000 supporters which include doctors and medical students. We advocate for both the medical profession and patients, and we're fighting for a better NHS for everyone.



Our *Learn Not Blame* campaign advocates for transformational change of the culture of fear and blame that still prevails in parts of the NHS. It promotes a culture in which we can learn in a constructive, fair way when things go wrong, and in which staff feel willing and safe to speak up early about concerns. We are frequently contacted by doctors expressing patient safety concerns in both the NHS and private sector, who say that they have been singled out for blame.

Throughout the COVID-19 crisis our members have raised concerns about their ability to speak out about issues at work, in relation to personal protective equipment and other matters. One of the main pillars of our *Protect the Frontline* campaign has been the call for a commitment to protect staff who speak out about concerns.

#### Summary of the DAUK Raising Concerns around COVID-19 survey

Between April 26th and 9th May we ran a survey to better understand these concerns. This was an in-depth questionnaire published across our social media platforms, receiving over 230 detailed responses, the majority from doctors. The results were featured on *Newsnight on 14th May*.

Over 75 per cent had concerns about not having access to Public Health England (PHE)-mandated PPE. There was evidence of good practice by some hospitals and community organisations, with 50% of respondents reporting that they had not been discouraged from speaking up.

The issues raised were broadly in line with concerns that Freedom to Speak Up Guardians reported being brought to them in NGO pulse surveys, namely worker safety and wellbeing, and behavioural issues.

- 58.6% had raised concerns about the lack of access to PPE at work
- 46.9% had been told not to raise concerns about COVID-19 or PPE via social media
- 47.6% had been told not to speak to the press about COVID-19 or PPE
- 15.2% reported having offered opinions on social media and being challenged or disciplined as a result
- 32.0% had experienced bullying around the issues of raising concerns about PPE

Although good practice was highlighted in many cases, the survey painted a worrying picture in some trusts of how individuals were being treated. Even as they were attempting to secure donations of PPE or to source PPE for their workplace at a point when it was not provided by their employer, some of those trying to speak up reported instances of bullying and suppression or threats of detriment to their terms of employment.

#### Next steps

The 'command, control, coordination and communication' arrangements mandated by the declaration of an NHS England Level 4 incident should not prevent staff speaking up locally about safety concerns. As part of our 'Learn Not Blame' campaign we are looking to partner hospital trusts and community organisations to work with us to promote a culture in which staff are allowed to learn when things go wrong, rather than being singled out for blame.

We are committed to promoting the work and role of Freedom to Speak Up Guardians to our networks and continuing to empower our members to speak up about their concerns and experiences. Continuing to develop robust and trusted local/internal processes supporting those who speak up is a crucial cornerstone in moving away from a culture of fear and blame in the NHS. We also work to strengthen protections for those for whom internal NHS processes have not worked.

Changing the culture should be a top priority as we emerge from the current crisis. Our COVID-19 survey highlighted many instances of good practice, and we are keen to continue to work with the Office of the National Guardian and other stakeholders such as *Protect* to build on this.

You can find out more about our work at [www.dauk.org](http://www.dauk.org) and contact us at [contact@dauk.org](mailto:contact@dauk.org).

#### Authors:

*Learn Not Blame* team, DAUK – Dr Katie Sanderson, Dr Jenny Vaughan, Dr Ben Evans, Dr Saurabh Bahl, Dr David Nicholl and Dr Rinesh Pamar (Chair, DAUK)

## Freedom to Speak Up for Community Pharmacists

### Luvjit Kandula FRPharms, Director of Pharmacy Transformation, Greater Manchester Local Pharmaceutical Committee



During the COVID-19 pandemic, there is no doubt that community pharmacies are facing their biggest challenge. Whilst we have often been branded simply as a 'distributor of medicines', it has become apparent that our role within primary care is much more than that.

As GP practices moved to remote provision of patient care and it seemed wider primary care shut their doors, pharmacies were faced with never-ending and often unmanageable queues. Demands for home deliveries for prescriptions doubled and phones rang incessantly, with anxious patients looking for clinicians to reassure them. NHS 111 was facing so much

pressure that it was taking hours for patients to receive a call back. It seemed the whole of the NHS had closed their doors, except for community pharmacy.

Patients with possible COVID-19 symptoms freely came into pharmacies putting both pharmacy teams and local communities at risk unnecessarily. In the initial response phase, this was without adequate access to PPE and COVID-19 testing. Even simple tools such as posters and banners to manage patient access were unavailable, so we had to create our own local posters, guidance and advice until the national teams approved their publications.

Community pharmacy teams responded by using measures such as isolating areas, limiting patient numbers and closing their doors at certain times of the day to protect patients and staff in the best way possible. The problems escalated further when pharmacy teams faced abuse, spitting and coughing from angry members of the public.

Many of our Pharmacy teams are entirely BAME communities and these pharmacists have been public facing and risking themselves throughout the whole period without the proper guidance and support to protect themselves.

Freedom to Speak Up is essential to ensuring that all NHS workers have an independent and appropriate channel to safely and comfortably

be able to speak up about anything that affects the wellbeing and quality of care provision to patients, or anything that affects their ability to provide that care.

These issues were raised on multiple occasions, but it felt that these were ignored until there was enough noise in the system. This is why I feel passionately about becoming part of the Freedom to Speak Up network and beginning our journey to embed Freedom to Speak Up within community pharmacy.

Appointing Freedom to Speak Up Guardians within community pharmacy would allow recognition of the challenges faced to enable these core issues to be tackled and addressed in a fair and equitable manner, ensuring the wellbeing of workers and patients.

The COVID-19 crisis has shown the contribution of community pharmacy in responding to the pandemic. As we see many changes and challenges in light of financial constraints, adoption of technology and limited resources available, promoting a culture where people feel safe to speak up and their voices are heard will be even more vital for the NHS now and in the future.

## Trust & Transparency: the SSE approach

### Stewart Hughes, Head of Group Security, SSE plc



Trust is the foundation of any and every Speak Up programme – without trust, there is no programme.

So, if it is as easy and simple as that, why do we face so many challenges in implementing a system that allows our people to speak up first time, every time?

Firstly, you cannot have one without the other. Building trust takes time, and until you have proved your commitment to doing the right thing - investigating fully, feeding back and ensuring there is no detriment suffered by the worker speaking up - there is a risk that wrongdoing within your organisation will continue unchecked.

#### Speak Up, Listen Up, Follow Up

One of the biggest barriers to receiving information from your people is fear of retribution. This feels like a good place to start in building trust and faith in your system. Messaging has to come from the top down and has to be reinforced, followed up, spoken about and evidenced by leaders, managers and boards.

Providing an outlet to speak up about wrongdoing is only the first stage within an effective system. Equally important is to ensure that adequate time and attention is given to listening and understanding what you are being told and why. Understand that the individual who has taken the enormous step to come forward will very often feel vulnerable and you might only get one chance to fully appreciate what you are being told.

Outlining your process in terms of recording, investigating, reporting and feeding back is critical to ensure that the contact knows what to expect – this is your first shot at trust.

#### Aftercare – why so important?

You have to demonstrate your commitment to integrity and follow up where, and when you have indicated you will if you are to establish trust. Developing an aftercare programme is a huge indicator of this commitment and should be carefully considered. Any such programme should be designed to ensure that the person has not suffered detriment – and both sides should ensure that they understand what detriment is and how it can manifest itself.

Reaching out proactively in a confidential manner on more than one occasion, with the aim of continuing to support, establishing detriment and learning how to improve your process, is a unique opportunity. At SSE we aim for month three and month six after someone has reported a matter - which coincidentally ties with proposed legislation. When you say you won't tolerate retaliation, prove what you state and follow up. In terms of building trust, this is a huge step.

#### Transparency

Going hand-in-hand with trust is transparency – not just to the person speaking up as outlined above, but to your entire workforce. We want people to come forward and do the right thing at the

earliest opportunity so that we can support them, investigate and put an end to any nefarious activity. The quicker we can do this, the healthier an organisation we are. It is important to understand that having a good speak up platform is not an indicator of the health of an organisation. Nor is the usage rates as these are incredibly difficult to benchmark. The indicator lies in the proportion of your people who indicate they are prepared to speak up should they become aware of wrongdoing.

Therefore, we have to tell the story. Our numbers should be publicised, and our system consistently well marketed to our people top-down and bottom-up. The people chosen to operate and involved in the processing of information and subsequent investigations should be carefully selected to ensure their integrity is beyond reproach and they are viewed well within the organisation.

The development of a trusted speak up platform is not an immediate process. The implementation can be quick, the marketing can be done by saying all the right things, but trust takes time to build.

Even once you become established, you have to get it right, first time every time. Failing your workers is not an option. You may find yourself back at square one with a task infinitely harder than you started with.

Without trust, you don't have an effective system and you won't get the information you need to protect yourselves and your people. Without trust you have nothing.

*"The perception of detriment is one of the barriers which stops workers from speaking up."*

*From our analysis of last year's speaking up data, guardians record that 5% of their cases continue to face detriment."*

*We are developing a programme of work looking at what happens when detriment is recorded, and examining ways to protect workers from it."*

Dr Henrietta Hughes OBE

## Speak Up Month 2020

### The Alphabet of Speak Up

Speak Up Month in October is the highlight of our calendar – a chance to raise awareness of Freedom to Speak Up and the work which is happening across organisations to make speaking up business as usual.

This year's Speak Up Month will be a real celebration of Freedom to Speak Up and all that has been achieved in working towards making speaking up business as usual. 2020 has been an extraordinary year, and everyone, whatever their role or sector, has been under increased pressure from the COVID-19 crisis.

This year the National Guardian's Office is planning a national campaign to showcase the depth and breadth of the Freedom to Speak Up movement.

We're devising the Alphabet of Speak Up, from 'anonymity' to 'zero-tolerance'; 26 letters of the alphabet and 26 days to explore the issues, the people, the values, the challenges – everything which goes into what Freedom to Speak Up means in the NHS and beyond.

Each day in October will be assigned a different letter of the alphabet. We would love to include a diverse range of voices to share what speaking up means to you and your organisation. This could be with videos, blogs, twitter cards, case studies or endorsements.

If you would like to get involved with this national campaign, please contact the [NGO Comms team](#). If you have a specific letter, word or idea, do let them know.

You are of course welcome to create your own Alphabet of Speak Up and collaborate with different groups within your organisation to find out what speak up means to them.

To help us collate and share the great work you'll be doing, we'll be using the hashtag #SpeakUpABC

If you have any comments or queries about this newsletter, please contact the National Guardian's Office [enquiries@nationalguardianoffice.org.uk](mailto:enquiries@nationalguardianoffice.org.uk)



<b>Title of Meeting</b>	<b>BOARD OF DIRECTORS</b>	<b>Date</b>	<b>4 NOVEMBER 2020</b>
<b>Agenda Item</b>	<b>TB176/20</b>	<b>FOI Exempt</b>	<b>NO</b>
<b>Report Title</b>	<b>QUALITY IMPROVEMENT PLAN</b>		
<b>Executive Lead</b>	<b>Bridget Lees</b> , Director of Nursing, Midwifery, Therapy & Governance		
<b>Lead Officer</b>	<b>Jo Simpson</b> , Assistant Director of Quality <b>Liz Carr</b> , Programme Manager		
<b>Action Required</b>	<input type="checkbox"/> <b>To Approve</b> <input type="checkbox"/> <b>To Assure</b>	<input type="checkbox"/> <b>To Note</b> <input checked="" type="checkbox"/> <b>To Receive</b>	
<b>Purpose</b>			
To provide the Board with an update on progress against the Trust's Quality Priorities.			
<b>Executive Summary</b>			
<p>Since the last update, focus has been given on agreeing measures that would offer meaningful data to support board assurance. This report provides a summary of the progress for September 2020 for each of the quality priorities:</p> <p><b>Deteriorating Patient</b> - Data shows an upward trend in all but one of the indicators for Deteriorating Patient. That being the percentage of observations within tolerance limits for patients with NEWS score of 5+, the Associate Medical Director for patient safety is currently reviewing the data. A Deteriorating Patient workshop was held on 10 September 2020 with a specific focus on patient observations and documenting the AKI pathway.</p> <p><b>Medicines Management</b> - indicators also show an upward trend in the main where fridge temperature checks have been done and action taken where found to be out of range. The % expired drugs on medicine trolley appears to be low however we are currently validating the data from the recent audit, the Pharmacy Technician roles on wards will support improvement. Discussions are also underway to determine ways we can support the wards to monitor medicines trolleys electronically so as to alert the ward and pharmacy to any potential expired medicines recorded on the trolleys so they can be safely removed.</p> <p><b>Older Peoples Care</b> - shows stability in indicators of Falls Assessments whilst the number of falls has increased. A new Head of Older People's Care has commenced in post this month and a priority is to reinstate the Falls group to address this.</p> <p><b>Infection Prevention Control</b> - Hand hygiene and Bare below the Elbow have seen falls against target and consequently communications have been issued to remind staff about the importance of this. Quality Matrons are currently undertaking supportive walk rounds to review and remind staff of the correct PPE requirements. Infection Prevention and Control leads are heavily involved in current Covid-19 response and thus affect programme activity.</p> <p>Similarly, there is a risk that all programme boards may not be able to meet in the coming weeks due to Covid-19 escalation.</p>			
<b>Recommendations</b>			
The Board is asked to receive the Quality Improvement Plan.			
<b>Previously Considered By:</b>			
<input type="checkbox"/> <b>Finance, Performance &amp; Investment Committee</b>		<input checked="" type="checkbox"/> <b>Quality &amp; Safety Committee</b>	

<input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee	<input type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee
<b>Strategic Objectives</b>	
✓ <b>SO1</b> Improve clinical outcomes and patient safety to ensure we deliver high quality services	
✓ <b>SO2</b> Deliver services that meet NHS constitutional and regulatory standards	
<input type="checkbox"/> <b>SO3</b> Efficiently and productively provide care within agreed financial limits	
✓ <b>SO4</b> Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	
✓ <b>SO5</b> Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
<input type="checkbox"/> <b>SO6</b> Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire	
<b>Prepared By:</b>	<b>Presented By:</b>
Liz Carr, Programme Manager Rachel Flood-Jones, Project Manager Lauren-Jade Otto, Programme Support Lead	Jo Simpson

## Quality Priorities – 2020/21

### 1. PURPOSE OF THE REPORT

The purpose of this report is to provide the Board with an update on progress in relation to the Trust's Quality Priorities for 2020/21.

### 2. BACKGROUND

The Quality Priorities were agreed in line with the Trust's agreed strategic vision - Vision 2020. The agreed priorities were:

- To deliver a safe and optimum acute medicines management system from admission to discharge, which will achieve a CQC Rating of 'Good' and Model Hospital metrics in line with or improved against peer median measures by December 2021
- To reduce the average time for the recognition, review and treatment of the deteriorating patient by April 2021.
- We aim to improve the care of older people by reducing length of stay, reducing re-admission rates and reducing the recorded incidence of harm from care of older people by the end March 2021
- We aim to pro-actively prevent, reduce and manage hospital associated infections

### 3. PROGRESS

Since the last update, focus has been given to agreeing measures that would offer meaningful data to support board assurance.

KPIs have been agreed at the relevant governance meeting for each of the priorities and are submitted here for information. Programme Boards have been established for each of the Quality Priorities with dates in the diary until April 2021. It is intended that the updates provided in this report will be agreed and signed off at each of the Programme Boards going forward. However, it is worth noting that there is a risk that all programme boards may not be able to meet in the coming weeks due to COVID-19 escalation.

The agreement of new measures will give a stability of progress monitoring that has been varied to this point. Project Teams have been working within PRINCE 2 frameworks to deliver improvement but the COVID 19 pandemic has fundamentally affected the ability and availability of clinicians and support staff to drive delivery. An overview of progress to date is provided below:

**Deteriorating Patient** - Data shows an upward trend in all but one of the indicators for Deteriorating Patient. That being the percentage of observations within tolerance limits for patients with a NEWS score of 5+, the Associate Medical Director for patient safety is currently reviewing the data.

A Deteriorating Patient workshop was held on 10 September 2020 with a specific focus on patient observations and documenting the AKI pathway. The Band 6 Observations, Fluid Balance and AKI role will support the learning from this workshop and will provide ward based training, advice and support to facilitate good practice regarding patient observations.

**Medicines Management** - indicators also show an upward trend in the main where fridge temperature checks have been done and action taken where found to be out of range. The one decline is the presence of expired drugs on the Resus trolley and this is still well within tolerance at 98%. The % expired drugs on medicine trolley appears to be low however we

are currently validating the data from the recent audit, the Pharmacy Technician roles on wards will support improvement. Discussions are also underway to determine ways we can support the wards to monitor the medicines trolleys electronically so as to alert the ward and pharmacy to any potential expired medicines recorded on the trolleys so they can be safely removed.

5 projects identified from QI workshops:

- Medicines stock information availability
- Patients own Meds
- Pharmacy in-house Continuous improvement system
- Pharmacy ward communication board
- Standard medication discharge process

Project team members identified, sponsors allocated to each project and project planning sessions have begun

**Older Peoples Care** shows stability in indicators of Falls Assessments whilst the number of falls has increased. A new Head of Older People's Care has commenced in post this month and a priority is to reinstate the Falls group to address this.

A training and ward support plan has been developed by the Dementia and Delirium Team to roll out the adapted crockery and cutlery for patients who need additional support. The Team are working with the catering department to collect user feedback, this will inform any future procurement of adapted catering items to be used on wards.

The Oasis Team continue to work with ward staff to develop holistic patient centred care, this includes role-modelling for Health Care Assistants and ward staff. With the support of the PMO the Team are trailing a QI project involving labelling the linen cupboards or one often used cupboard so every ward is standardised and makes a difference

**Infection Prevention Control** - Hand hygiene and Bare below the Elbow have seen falls against target and consequently communications are being issued to remind staff about the importance of this. Quality Matrons are currently undertaking supportive walkarounds to review and remind staff of the correct PPE requirements. Infection Prevention and Control leads are heavily involved in current COVID-19 response and thus affect programme activity. The IPC BAF is currently being reviewed with the support of the Quality Team, this will be reviewed through the agreed governance processes.

#### 4. NEXT STEPS

Each element of the report now carries highlights of the work planned for the next reporting period along with indicators of activity delivered to inform the data. It is anticipated that the reporting and measures will remain stable until the end of this financial year in order to offer a consistent picture of progress against plan.


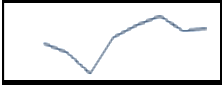


- **Deteriorating Patient** – focus on observation improvements
- **Medicines Management** – focus on actions from medicines audits
- **Older Peoples Care** – focus on Oasis Team support for wards
- **Infection Prevention Control** – focus on Personal Protective Equipment (PPE)

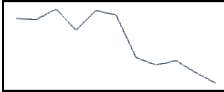
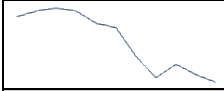
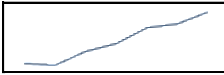
#### 5. RECOMMENDATIONS


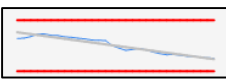
The Board is asked to receive this report for information.



## Recognition and Care of the Deteriorating Patient Project

KPI	Trend	Actual	Target	Month	Comment	Trajectory
Percentage of Observations within Tolerance Limits (All observations)		86.93%	80%	September	<p>September's data reports a small increase for this metric from the previous month. Levels of compliance have fluctuated between 81% and 88% since February 2020.</p> <p>The inclusion of all patients with a NEWS of &lt;4 boosts the level of overall compliance by over 34%. This tells us that observations are proportionately more manageable when required less frequently.</p>	
Percentage of Observations within Tolerance Limits (NEWS 5+)		51.6%	80%	September	<p>September saw a decline for the third month in a row, to 51.6% compliance, the lowest figure since April this year.</p> <p>Improvements over the summer have been attributed in part to a reduction of patients in the hospital due to COVID Phase 1, and the ability of staff to therefore provide more time to the care of the individual.</p> <p>Ward Managers who attended the Deteriorating Patient workshop in September identified some changes to be trialled.* These included:</p> <ol style="list-style-type: none"> <li>1. Patients who are Medically Fit for Discharge (MOFD) to have observations taken once every 24 hours (unless there are overriding requirements for patient).</li> <li>2. Shift managers are to provide the</li> </ol>	



KPI	Trend	Actual	Target	Month	Comment	Trajectory
					<p>second sign off to authorise the removal of a patient from protocol.</p> <p>The outcome of the PDSA approach was to be followed up at a session on 22/10 but this has been postponed due to COVID pressures.</p> <p><i>*Any improvements driven by the change will not be identifiable until October data is reported.</i></p>	
<b>Average time from observations to referral to Critical Care Outreach Team (CCOT)</b>	↑	<b>1hr:33 mins</b>	This target still to be agreed by Project Board Oct 20	September	<p>Both measures show a distinctive and continuous improvement* The Critical Care Outreach Team attributes this to the use of the COVID Proforma which requires the documentation of both the required level of escalation and DNACPR status.</p> <p>It was feared last month that adherence to the documentation and continued review of the patient's escalation status was on the decline; however the outcomes shown here suggest that behaviours are supporting continued improvement.</p> <p>*N.B. the lower the number the better as it denotes that we are getting to the patients faster; in less time.</p>	
<b>Average time from referral to CCOT Review</b>	↑	<b>0hr:28 mins</b>	<b>0hr:30 mins</b>	September	<p>It was feared last month that adherence to the documentation and continued review of the patient's escalation status was on the decline; however the outcomes shown here suggest that behaviours are supporting continued improvement.</p> <p>*N.B. the lower the number the better as it denotes that we are getting to the patients faster; in less time.</p>	
<b>AKI Composite Process Score (AQUA)</b> <i>(Composite score of seven clinical processes)</i>	↑	<b>55.0%</b>	55.2%	July	<p>July saw a 3.4% increase to the Trust's Composite Process Score for AKI to 55.0%. This is just 0.2% off the target set by the Advancing Quality Alliance for Southport &amp; Ormskirk for 2020/21 and the highest score this year.</p>	

KPI	Trend	Actual	Target	Month	Comment	Trajectory
					Improvements are most significantly noted in Specialist Renal or Critical Care Discussion within 12 Hours of 1st and AKI 3 Alert and Urine dipstick test within 24 hours of 1st AKI Alert .The latter is attributable to the new temporary AKI /Fluid Balance Nurses are providing both AKI and Fluid Balance training on the wards.	
<b>Standard Hospital Mortality Indicator (SHMI)</b>	↑	102.25	<100	May	<p>Latest SHMI from NHS Digital is 102.25 for period Jun 19 to May 20 , an improvement on previous period,(from 103.8 in April)</p> <p>Healthcare Evaluation Data (HED) benchmarking had predicted it was going to be higher based on their data.</p> <p>The indicator is above trajectory, in part due to the elevation of deaths within 30 days of discharge. Analysis of these deaths is not possible because they have occurred in the community.</p> <p>It is to be noted that 'COVID deaths have been removed from the figures. The Trust currently sits mid table with a similar score to Kettering, Shrewsbury, Bedfordshire and Bath</p>	
<b>Hospital Standard Mortality Ratio (HSMR) (Rolling 12 Month)</b>	↓	81.2	<100	April	<p>Again, data for May is not yet available: as reported last month, the <b>rolling HSMR</b> for April was 81.2 with an increase in the <b>in-month HSMR</b> for April to 131. This was due to the exclusion of all COVID related spells from the calculation. With COVID excluded from the calculation, there are 48 expected deaths and</p>	








KPI	Trend	Actual	Target	Month	Comment	Trajectory
					the Trust had 63.	
Key Activity delivered in month				Key Activity planned for next month		
<ol style="list-style-type: none"> <li><b>Physiological Observations:</b> Deteriorating Patient Workshop (including RED days training) was held for Ward Managers and as detailed above agreed changes to be trialled, to improve observations compliance.</li> <li><b>Escalation Planning:</b> Revision of the COVID Proforma (DNACPR &amp; confirmation of the levels of escalation). Consultation on the amalgamation with the Post Take Ward Round Proforma.</li> <li><b>Effective Application of Clinical Pathways:</b> BMJ Comorbidities App Trial: roll out and commencement in A&amp;E with a cohort of the junior doctors. The trial is a collaborative project with BMJ Best Practice and the Advancing Quality Alliance (AQUA).</li> <li><b>AKI Clinical Pathway:</b> Education and training on the wards by the dedicated AKI nurses is ongoing.</li> <li><b>Senior Ownership:</b> The Applications and Interface Manager has implemented all of the changes identified as part of the PDSA process. Work stream leads are reviewing the new version with a view to piloting on a chosen ward.</li> </ol>				<ol style="list-style-type: none"> <li><b>Physiological Observations:</b> Deteriorating Patient follow up workshop was to have taken place on 22<sup>nd</sup> October but has been postponed due to hospital pressures.</li> <li><b>Escalation Planning:</b> Follow up meetings for the Revision of the COVID Proforma (DNACPR &amp; confirmation of the levels of escalation) were also set for October but have been put on hold.</li> <li><b>Effective Application of Clinical Pathways:</b> The BMJ Comorbidities App trial is to continue in A&amp;E. The App will support junior doctors in their assessment of patients with comorbidities. Formative evaluation will continue with the BMJ and AQUA.</li> <li><b>AKI Clinical Pathway:</b> Meetings chaired by the Critical Care function which support the work of the project, such as the Deteriorating Patient Steering Group and the AKI Steering Group will not be taking place for the foreseeable future. These support the activity for AKI improvement in particular.</li> </ol>		



**TREND ARROW KEY**

Improving position	
--------------------	---

Worsening position	
Unchanged /No previous data	

## Medicines Management Optimisation Development Programme

KPI	Trend	Actual	Target	Month	Comment	Trajectory
Are the clinical room & fridge temperature checked daily		80.95%	90%	September	Continued improvements are due to an ongoing campaign of communications, guidance and regular checks. Compliance is audited monthly through the Perfect Ward Matrons Audit which is driving the focus on / a culture of compliance.	
Has action been taken and documented if temperatures out of range?		100.00%	90%	September		
% Wet signature on CD TTO before issue in Pharmacy		100.00%	100%	September	Briefings and communications have been instrumental to ensuring a universal understanding of the correct process to ensure compliance.	
% of wards with no expired drugs on Medicines Trolleys		47.00% (awaiting data validation)	100%	September	This is an improvement on the previous audit. Pharmacy audits are bimonthly. Additional ward based technician support is expected to drive improvement.	<i>Inadequate historical data</i>




<b>% of wards with no expired drugs on Resus Trolleys</b>		<b>98.54%</b>	95%	September	This compliance figure incorporates expired equipment as well as expired medicines	
<b>% of wards that have no expired CDs in CD Cupboards</b>		<b>73.00%</b>	100%	July <i>(Quarterly)</i>	First audit took place in July and will be undertaken quarterly. Omnicell is expected to ensure compliance in A&E and the Intensive Care Unit going forward.	<i>Inadequate historical data</i>
<b>Administered CDs signed for as per Trust Policy</b>		<b>100.00%</b>	100%	July <i>(Quarterly)</i>	First audit took place in July and will be undertaken quarterly.	<i>Inadequate historical data</i>
<b>Multi-Skilled Pharmacy Ward Team</b>		<b>50.00%</b>	50% (Sept 100% by Mar 21)	September	Successful recruitment continues within the team. Expected to be 100% recruited in line with business case for pharmacy technicians by March 2021	
<b>Key Activity delivered in month</b>				<b>Key Activity planned for next month</b>		

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Phase 3 of the 5 stage <b>Quality Improvement Program</b> has established the following mini improvement projects: <ul style="list-style-type: none"> <li>• Medicines stock information availability,</li> <li>• improved use of Patients own Medicines,</li> <li>• Pharmacy in-house Continuous improvement system,</li> <li>• Pharmacy ward communication board,</li> <li>• Standard medication discharge process with teams of Pharmacy and Nursing staff. This is Phase 3 of a five phase program.</li> </ul> </li> <li>2. <b>Omnicell, Electronic Automated Drugs Ward Storage:</b> medicines storage cabinets go live in AED</li> <li>3. The inaugural meeting of the <b>Controlled Drug Oversight Group</b> has taken place.</li> <li>4. Medicines Management - <b>Safe and Secure Handling of Medicines</b> poster unveiled on both SDGH and OGDH corridors</li> <li>5. <b>Comms: The Medicines Management message of the week</b> to clinical areas for four consecutive weeks including: <ul style="list-style-type: none"> <li>• Drug trolley management,</li> <li>• Insulin prescribing and management</li> <li>• Critical drug / missed dose management.</li> </ul> </li> <li>6. <b>Standards: Patient Group Directions</b> and <b>ward drug monographs</b> are up to date and on the intranet</li> <li>7. <b>Pharmacy Skills Mix:</b> All <b>recruitment to the Medicines Management business case</b> has now taken place with one exception. The impact of increased staffing has delivered increased ward presence of Pharmacists and Pharmacy technicians. This has resulted in reduced missed doses and increase in medicines reconciliation rates. Seven wards now have some input from ward based Technicians</li> <li>8. <b>Enhanced Service / Weekend Cover:</b> Although Pharmacy</li> </ol> | <ol style="list-style-type: none"> <li>1. Two further <b>Quality Improvement workshops</b> will take place next month: a coaching sessions and one to further the project work identified by the teams</li> <li>2. <b>Omnicell, Automated Drugs Ward Storage:</b> Second go live due in ITU awaiting full cascade training of ward staff</li> <li>3. <b>Controlled Drug Oversight Group</b> quarterly meetings are now set up at which Controlled Drug incidents, Pharmacy Department stock checks and ward audits to be presented.</li> <li>4. <b>Comms: the Medicines Management message of the week</b> to clinical areas will continue. The next communication will highlight drug key management and patient's own Controlled drug Management</li> <li>5. <b>Standards:</b> A process is now in place to monitor expiry dates of documents</li> <li>6. <b>Pharmacy Skills Mix:</b> One medicines administration Technician vacancy still requires recruitment. Subject to agreement with Director of Nursing ward work will be supported in the short term with the recruitment of a ward based technician. Pharmacy will continue to roll out ward based services and develop them as per the QI projects.</li> <li>7. <b>Enhanced Service / Weekend Cover:</b> Consultation has to take place to move the service onto a robust footing and to provide a limited clinical service at weekends</li> <li>8. <b>Medicines Management Training:</b> a variety of methods for the delivery of training and knowledge sharing are being considered such as e learning and Medicines Management message of the week</li> </ol> |
|--|--|

continue to provide a **weekend service** until 4pm this is on a volunteer basis due to lack of staff consultation due to COVID restrictions

9. **Medicines Management Training** has been reviewed and provision shortened to deliver to more staff. Attendance is still low and concern regarding delivery across the clinical staff in a timely manner.

### TREND ARROW KEY

Improving position	
Worsening position	
Unchanged /No previous data	






## Care of Older People

KPI	Trend	Actual	Target	Month	Comment	Trajectory
Falls across the trust (Threshold 71)	↓	78	71 Agreed threshold with head of OPC	September	New Interim Head of Older People's care is now in post and priority is to re-establish falls group.	
% of patients receiving a MUST screening assessment within 24 hrs of admission	↓	76.86%	85%	September	The Dietetic Team are supporting a piece of targeted work to determine the impact of increased visibility of the Dietetic team, providing education and training on the ward and promoting the importance of completing the MUST score and new Nutritional Care Plan. The sample size is every applicable patient with a MUST score of 2+, Source: Vital Pac	
% of patients having a cognitive awareness assessment	↓	71.43%	80%	September	Cognitive assessment documentation training is provided as part of the two day Dementia Training event. The Dementia and Delirium Team are providing target training with ward staff	

KPI	Trend	Actual	Target	Month	Comment	Trajectory
% of patients have a falls risk assessment and a falls care plan in place		97.6%	95%	September	New Interim Head of Older People's care is now in post and priority is to re-establish falls group. Sample size is all applicable patients who have been identified at risk of falling. Data source: Perfect Ward	
% Fluid Balance compliance		87.6%	90%	September	The Fluid Balance, Observations & AKI project team are undertaking a piece of QI work with wards providing training in clinical areas. Team currently working with staff on 7a to improve compliance	
<b>Key Activity delivered in month</b>				<b>Key Activity planned for next month</b>		
<ul style="list-style-type: none"> <li>Oasis Team modelling fundamental patient care– Ward 15B have received positive feedback, appears well led and good examples of patient care observed and staff have now started to ask if the ward have vacancies because they see the ward as caring and well led.</li> <li>Dementia and Delirium – Purple pillow cases have been introduced on 14A and FESS to identify patients living with dementia .This will be monitored and evaluated to gauge impact. Tier 2 training has been rolled out, 24 dates have been added to the diary. The team are commencing bitesize training starting at ODGH, from January.</li> </ul>				<ul style="list-style-type: none"> <li>Oasis - Due to an insight discovered whilst observing wards, PDSAs to take place to adopt a QI approach to small improvements as follows;                             <ul style="list-style-type: none"> <li>Wards 10B and 15b had some success with labelling of cupboards and shelves in order to inform agency staff and temporary staff. This has several impacts-                                     <ul style="list-style-type: none"> <li>Staff can see where stocks should be, for example in a linen cupboard and low stocks are more easily identified and rectified</li> <li>Staff can clearly see where things are kept without disturbing busy colleagues</li> <li>The ward looks tidy and well organised</li> <li>Wards can be standardised to some extent so that moves of staff between wards becomes less problematic</li> <li>Agency staff are more likely to take shifts on that ward; vacancies may also be more likely to be filled.</li> </ul> </li> </ul> </li> </ul>		

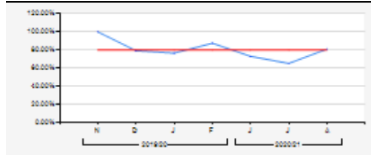

KPI	Trend	Actual	Target	Month	Comment	Trajectory
					<ul style="list-style-type: none"> <li>Dementia and Delirium – Setting up a focus group to develop a training plan across the trust for 14 different disciplines Inc. Dieticians, Therapy &amp; Pain, Frailty and Speech and Language. Plan to introduce new adapted crockery across the organisation.</li> <li>The Fluid Balance, Observations &amp; AKI project team are undertaking a piece of QI work with wards providing training in clinical areas. Team currently working with staff on 7a to improve compliance by introducing a new process at handover to monitor and review fluid balance chart completion using PDSA.</li> </ul>	

**TREND ARROW KEY**

Improving position	
Worsening position	
Unchanged /No previous data	




## Infection Prevention and Control

KPI	Trend	Actual	Target	Month	Comment	Trajectory
Compliance with Hand Hygiene policy	↓	98.3%	95%	September	Currently achieving Trust target, there is a marginal reduction on last month (98.6%) but still achieving trust target.	
Compliance with Bare below the elbow policy	↓	98%	100%	September	Marginal reduction on August figure. Main themes for non-compliance are jewellery (stoned rings and wrist watches). Currently being addressed by Quality Matrons through daily IPC walk arounds, IPC to issue reminder in trust communication this month.	
Blood culture contamination rate	↑	6.5%	4%	September	Marginal improvement on August figure. Staff are reminded to follow the pictorial guide which is contained within each blood culture pack Further analysis will be done on receipt of data supporting the ANTT training uptake. Blood culture sampling is an ANTT (aseptic non-touch technique) – ANTT e-learning is available on the Trust intranet by going to the Training portal, in addition Practice Education Facilitators can	

KPI	Trend	Actual	Target	Month	Comment	Trajectory
					arrange training.	
<b>Compliance with appropriate IPC signage</b>	↑	81.01%	80%	September	Currently achieving Trust target	
<b>Compliance with Cannulation Policy</b>	→	75%	80%	September	IPC to aim to set up a cannulation group by the end of October to improve the level of care maintenance and ensure documentation of cannulas to determine whether changes within our current cannula procedures should be implemented.	
<b>PPE Compliance</b>	→	98%	95%	September	Currently achieving Trust target agreed at IPC Assurance Committee	<i>Inadequate historical data</i>
<b>Key activity delivered in month</b>				<b>Key activity planned for next month</b>		
<ul style="list-style-type: none"> <li>Antibiotic audit guidelines have been updated on the Trust's Antimicrobial App.</li> <li>RCA in relation to IPCs compliance rate has improved with most being completed within time (within the month of the incident)</li> <li>Zero C. Difficile infections reported in September 2020</li> </ul>				<ul style="list-style-type: none"> <li>Review of C. Difficile appeals process with CCG</li> <li>Review of IPC Board Assurance Framework (BAF) to be undertaken.</li> <li>Launch of the IPC Perfect Ward Audits</li> <li>Continuation of HEAT (now renamed IPC Audits) in clinical areas.</li> <li>Quality Matrons are supporting wards with IPC compliance through daily audits which will support raising of ward standards as we move</li> </ul>		

KPI	Trend	Actual	Target	Month	Comment	Trajectory
				forward		

**TREND ARROW KEY**

Improving position	
Worsening position	
Unchanged /No previous data	

## Alert, Advise, Assure (AAAs) Highlight Report

<b>Committee/Group:</b>	FINANCE, PERFORMANCE & INVESTMENT COMMITTEE
<b>Meeting date:</b>	26 OCTOBER 2020
<b>Lead:</b>	GRAHAM POLLARD

### RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

#### ALERT

- Whilst the CCG and local authorities have confirmed funding for the out-of-hospital schemes detailed within the system winter plan, substantial concerns remain as to whether the schemes can be delivered. The Trust has raised this concern with the regulator, the CCG and the local authorities.
- Recovery and restoration targets have stabilised at the levels reported in September, and progress to increase activity has been impacted by workforce constraints, primarily staff absence.
- The IPR highlighted the current number of 52-week breaches, which stands at 53. The trajectory for the remainder of the year suggests that approximately 700 patients will have waited in excess of 52 weeks by the end of March. Although this is a system-wide issue and the projected number of breaches for the Trust represents less than 3% of the total across Cheshire and Mersey, it is still a concern.

#### ADVISE

- The Committee confirmed the requirement for the Trust to maintain focus upon improving its financial performance despite the in-year variation of the deficit position. Whilst the temporary change in funding model across the NHS appears to reduce the Trust deficit substantially, this does not address underlying concerns regarding the Trust's longer term financial sustainability.
- The outcome of the COVID and growth funding bids were reported to the Committee and it was noted that the proposed funding is greater than the initial bid. The Committee has requested further detail in regards to how the 'managing with COVID' spend will be reconciled, but the Committee supported the recommendation to approve and allocate the remaining 50% of growth bid monies in order to implement the relevant schemes.
- The Committee received proposals to make adjustments to the 2020-21 Capital Plan. Whilst the Committee supports the recommendation for Board to approve the in-year changes, the Committee has requested sight of a revised three-year capital plan in light of these changes and other emerging capital investment demands.
- The IPR exception report for managing TIA and stroke cases, highlighted a potential risk in regards to having the appropriate SOPs in place for the monitoring and validation of data. MIAA have been asked to undertake an audit the Trust's procedures.
- The Committee received an update on winter plan in-hospital schemes, and the Ambulatory Emergency Care Village is now operational. The impact that the AEC Village and other schemes have upon hospital admissions is be monitored in order to help assess the return on investment. The Committee also requested that a report be provided on any elements of the service redesign that may become permanent service enhancements.

#### ASSURE

- The Committee were assured that the increase in nursing establishment has been through the appropriate governance, and that the reporting of nurse staffing is consistent across both Workforce Committee and FP&I Committee.
- The Non RTT Tracking Team business case was received, and the Committee were assured that investment required for option 2 of the paper, was proportionate to the level of risk exposure. The recommendation to process with option 2 was approved.

**New Risks identified at the meeting:** None

**Review of the Risk Register:** *No action taken*





























## Operations

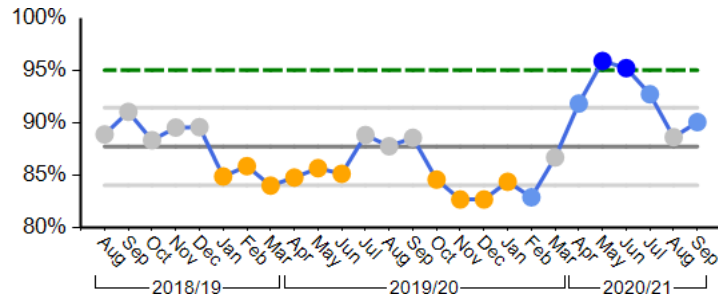
### Access

Analyst Narrative: Within the A&E related indicators the 4 hour standard and Ambulance handovers 30-60 minutes are failing but all 4 are showing positive variation with recent performance. TIA is failing assurance but recent variation is positive so this needs to be maintained to provide assurance in the future. Even though Stroke is intermittent it is not showing significant signs of improvement so still needs a credible action plan to ensure delivery. Diagnostics is showing positive variation as it continues its recovery trajectory after being impacted by Covid-19. RTT, which was also severely impacted, by Covid19 will take longer to recover so the worsening variation performance seen at present is continued to continue for several more months.

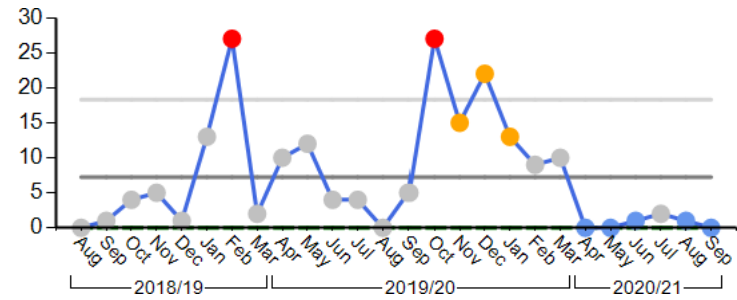
Operational Narrative: See supplementary action plans

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Accident & Emergency - 4 Hour compliance	95%	90.1%	873	Sep 20		95%	88.6%	Aug 20	95%	92.1%	
Accident & Emergency - 12+ Hour trolley waits	0	0	0	Sep 20		0	1	Aug 20	0	4	
Ambulance Handover 30-60 Mins	0	20	20	Sep 20		0	37	Aug 20	0	115	
Ambulance Handover Over 60 Mins	0	2	2	Sep 20		0	16	Aug 20	0	21	
Referral to treatment: on-going	92%	75.2%	1933	Sep 20		92%	66%	Aug 20	92%	69.6%	
52 Week Waits	0	53	53	Sep 20		0	24	Aug 20	0	53	
Diagnostic waits	1%	16.5%	543	Sep 20		1%	22.1%	Aug 20	1%	35.9%	
Stroke - 90% Stay on Stroke Ward	80%	89.3%	3	Sep 20		80%	78%	Aug 20	80%	77%	
TIA	60%	60%	2	Sep 20		60%	100%	Aug 20	60%	57.9%	
Cancelled Operations	0.6%	0.4%	6	Sep 20		0.6%	0.3%	Aug 20	0.6%	0.2%	
Total RTT Waiting List - Trust		7797	7797	Sep 20			6905	Aug 20		7797	
Total RTT waiters > 30 Weeks - Trust		1124	1124	Sep 20			919	Aug 20		1124	
Total RTT waiters > 42 Weeks - Trust		240	240	Sep 20			170	Aug 20		240	

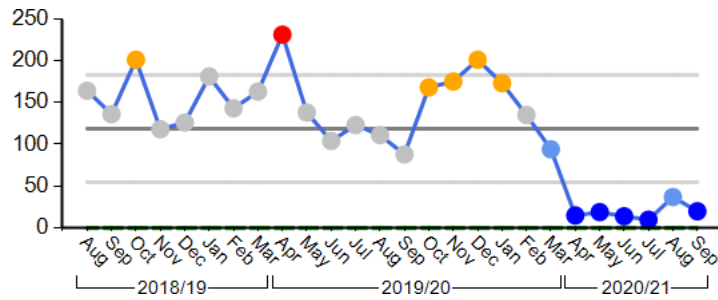
Accident & Emergency - 4 Hour compliance



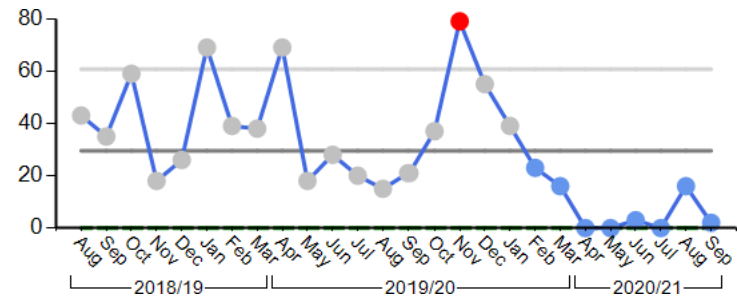
Accident & Emergency - 12+ Hour trolley waits



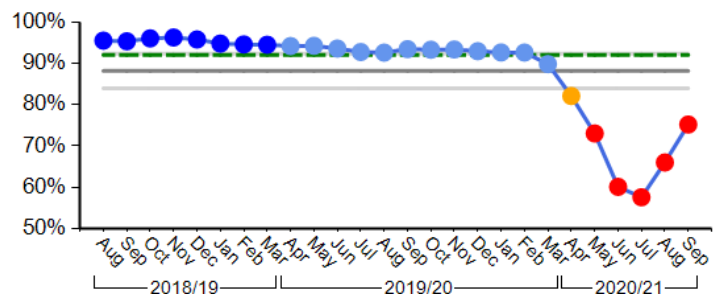
Ambulance Handover 30-60 Mins



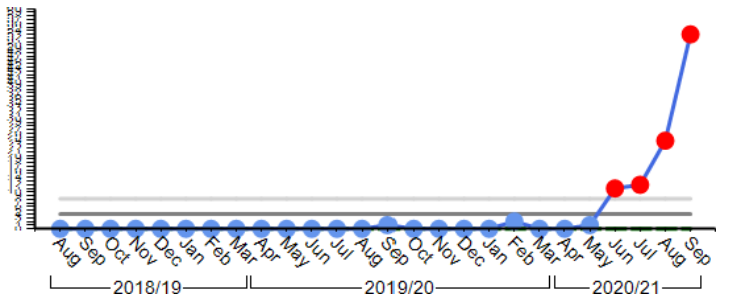
Ambulance Handover Over 60 Mins



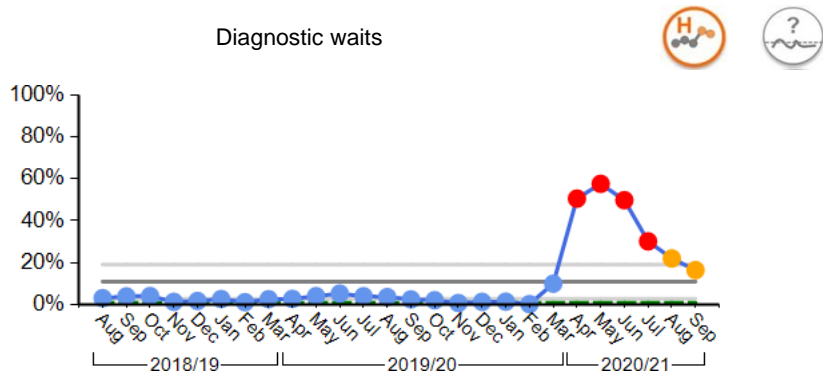
Referral to treatment: on-going



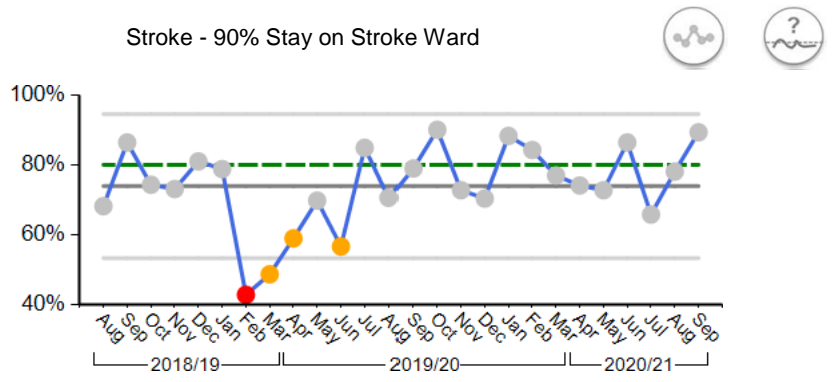
52 Week Waits



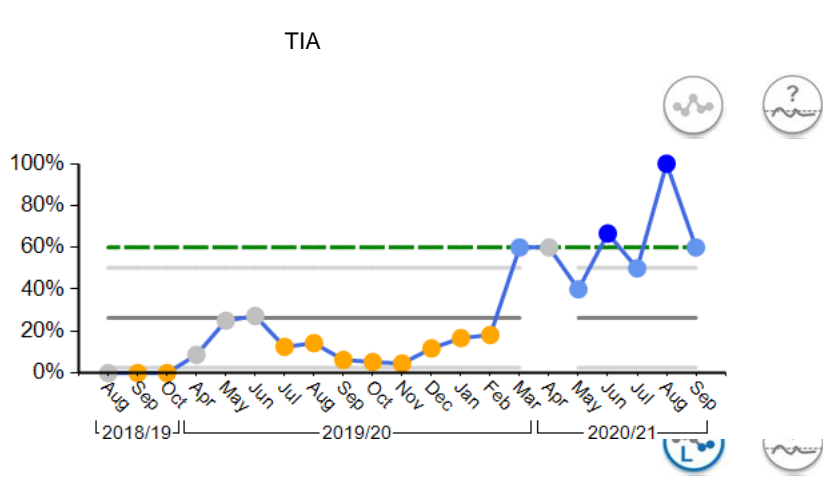
Diagnostic waits



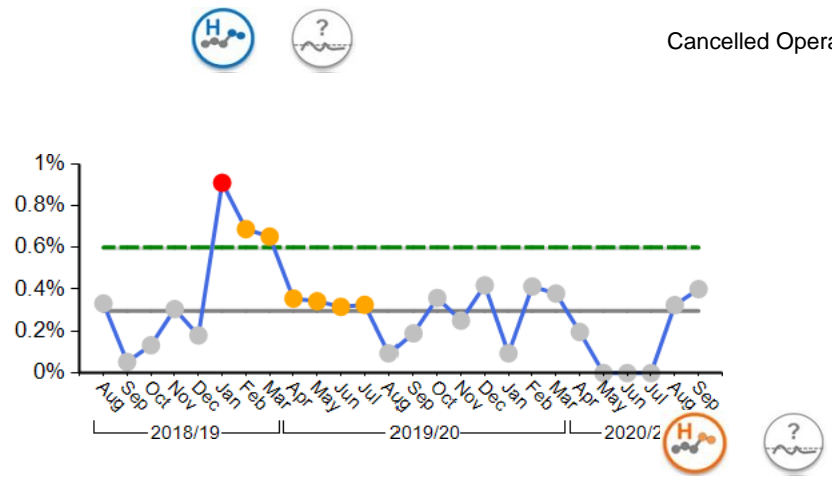
Stroke - 90% Stay on Stroke Ward



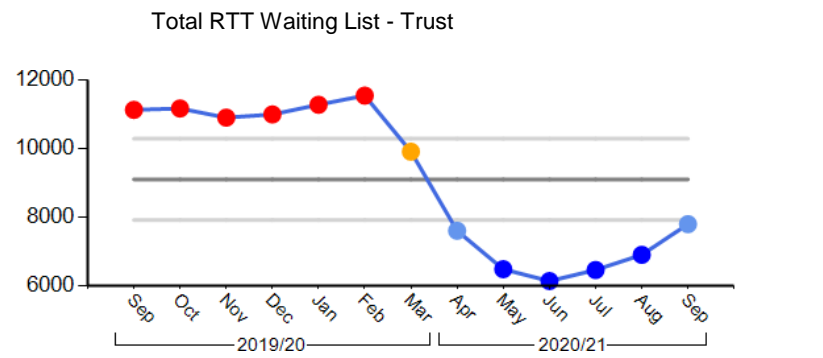
TIA



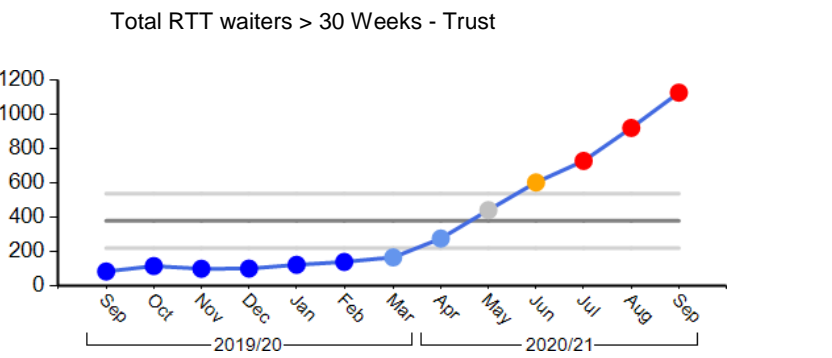
Cancelled Operations

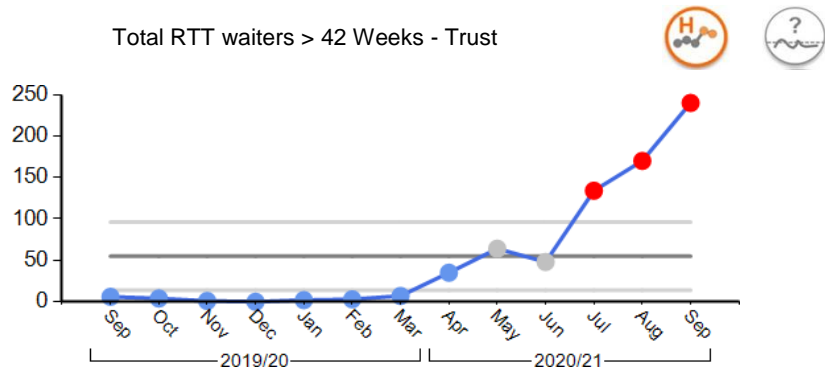


Total RTT Waiting List - Trust



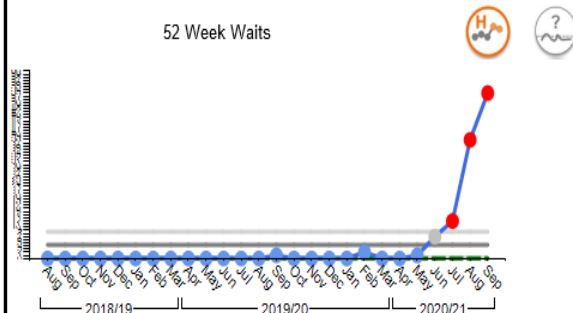
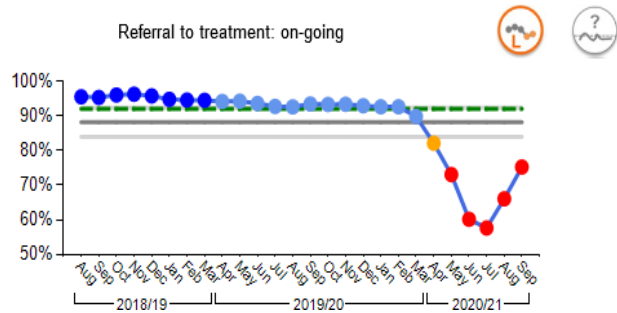
Total RTT waiters > 30 Weeks - Trust





# Referral to Treatment

Indicator	Latest					Previous			Year to Date		
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Referral to treatment: on-going	92%	75.2%	1933	Sep 20		92%	66%	Aug 20	92%	69.6%	
52 Week Waits	0	53	53	Sep 20		0	38	Aug 20	0	38	



**Background:** Percentage of patients on an incomplete pathway with a current wait experience of 18 weeks or less. Threshold 92%.  
 Number of patients on an incomplete pathway waiting over 52 weeks

**Issues:** Post the 1st surge of Covid-19, elective activity recommenced. As part of this process there has been the need to follow national and college guidance by specialty to ensure safety of our staff and our patients. There are still some patients, for whom we are unable to offer appointments/ surgery e.g. squint surgery. Oral and pain procedures have been allowed to recommence during Sept.

OP has been able to recover relatively quickly as we have continued to utilise telephone and virtual clinics. However template numbers have been under review and increased gradually to ensure safety within our waiting areas.

There are a number of specialties with workforce challenges e.g. Ophthalmology and Gastroenterology which have impacted on the ability to recover.

**Actions:** The specialties have recovery plans that are actively managed which is overseen by the COO at weekly SOLT meetings and monthly at CBU PIDA Boards.

OP templates have been reviewed to include F2F, telephone and virtual clinics.

Theatre sessions have increased on the ODGH site to 4 all day sessions per day Mon – Thurs from mid Sept and 5 from 03 Oct 2020. Operating at Renacres continues.

Insourcing, outsourcing and interim solutions are being implemented in the specialties with workforce challenges.

**Situation:** RTT performance was assured pre-Covid, then suffered a sharp decline to 51% as a result of stopping the elective plan during the 1st surge of Covid-19 as per the government man date. It has since recovered to 75.2% against the 92% target.

There are currently 53 52-week breaches. The Trust has submitted it's 52 week breach trajectory with a total of 700 patients until end March 21.

This makes up 2.9% of the total forecasted Cheshire and Mersey 52 week breaches.

**Mitigations:** Patients have been risk stratified and are being managed accordingly.

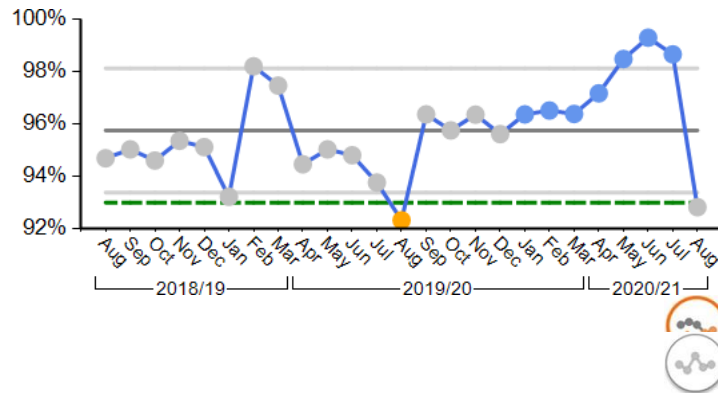
**Cancer**

Analyst Narrative: No indicators are providing assurance, although 14 day performance is showing positive variation the latest months dramatic change is of concern. 31 treatment measure has further deteriorated which is also a cause for negative variation.

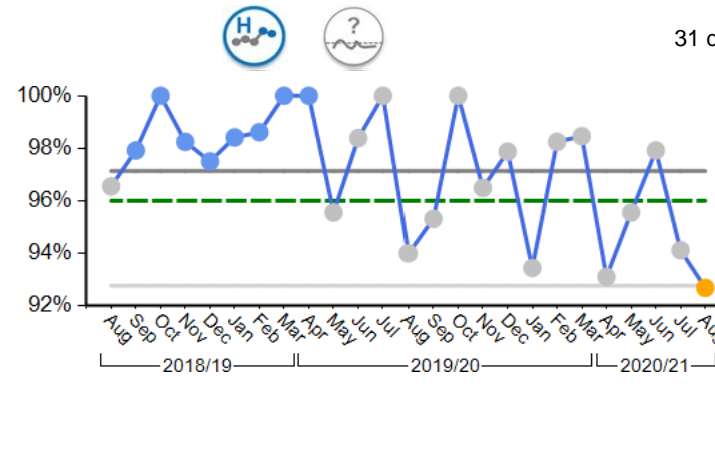
Operational Narrative: See supplementary action plans

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
14 day GP referral to Outpatients	93%	92.8%	62	Aug 20		93%	98.6%	Jul 20	93%	97%	
31 day treatment	96%	92.7%	3	Aug 20		96%	94.1%	Jul 20	96%	94.7%	
62 day GP referral to treatment	85%	79.6%	5.5	Aug 20		85%	85.7%	Jul 20	85%	80.3%	

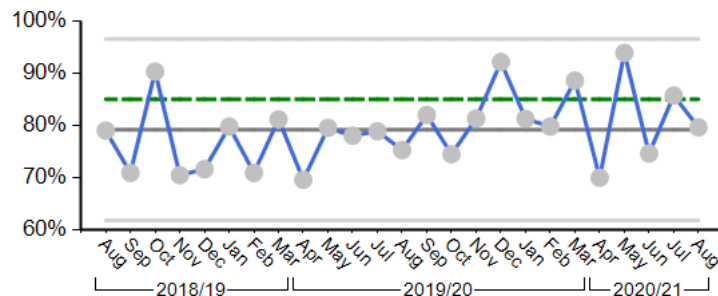
14 day GP referral to Outpatients



31 day treatment











62 day GP referral to treatment







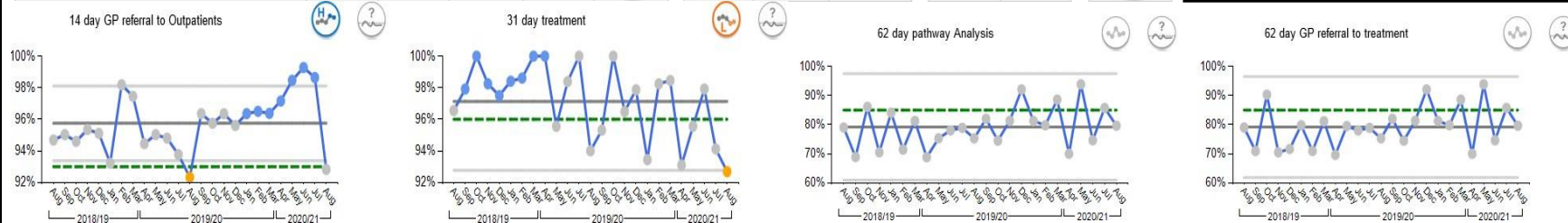
# Cancer Measures

Indicator	Latest					Previous			Year to Date		
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
14 day GP referral to Outpatients	93%	92.8%	62	Aug 20		93%	98.6%	Jul 20	93%	97%	
31 day treatment	96%	92.7%	3	Aug 20		96%	94.1%	Jul 20	96%	94.7%	
62 day pathway Analysis	85%	79.6%	5.5	Aug 20		85%	85.7%	Jul 20	85%	80.3%	
62 day GP referral to treatment	85%	79.6%	5.5	Aug 20		85%	85.7%	Jul 20	85%	80.3%	

**Situation:** 14 Day cancer performance has deteriorated sharply in August following a period of outstanding performance.

31 day treatment is now showing with negative variation following a second month of falling performance.

Both 62 day measures are not assures and are not showing signs of improvement.



**Issues:**

Although the Trust was not compliant for any of the national standards we achieved against the 62 day 0.5% recovery trajectory and 104 day+ trajectory. A significant number of our pathways are reliant on other providers to ensure compliance.

**14 day target** – failure of this target was due primarily to capacity delays in endoscopy now that RAS has been restarted

**31 day target** – 2x skin, 1 x urology – theatre capacity

**62 day** - RCAs completed for all 5.5 breaching patients. Issues identified:

patients self-isolating and swabbing delays, & theatre capacity.

**Actions:**

The move of MDU out of the treatment centre has resulted in reinstated activity in the endoscopy department, with a gradual staggered resumption of activity. This started mid-October so should start to have an impact on performance for 14 days from November.

Covid-19 restrictions are still impacting on capacity in theatres and for minor ops. Work underway with Urology and Colorectal teams to look at patient priority levels and identification of surgery dates and potential breaches to allow referral to HUBS in timely manner. PTL tool will look to support identification of these patients. If Hub not utilised 31 day trajectory dependent on theatres recovery.

Dermatology undertaking WLIs to increase minor op capacity.

**Mitigations:**

Continue to protect cancer surgery at all times

Weekly monitoring of endoscopy waiting time.

Extension of RCA process to include upgraded patients to better understand pathway bottlenecks

Weekly review of surgical waiting lists to identify patients suitable for transfer to hub. Colorectal team to offer choice of surgeon to patient to increase flexibility around theatre schedule.

## Operations

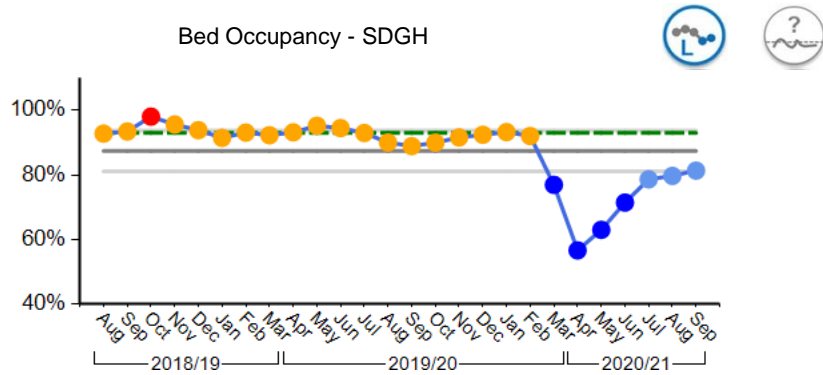
### Productivity

Analyst Narrative: Of the 10 indicators 3 are failing to provide assurance and 1 is assured. Ormskirk bed occupancy and theatre utilisation require the most attention as these are also showing negative variation so are actively deteriorating. Stranded and super stranded metrics are worth noting as even though there is no assurance they are both showing recent positive variation and the current performance is a significant step change down from the pre-Covid baseline.

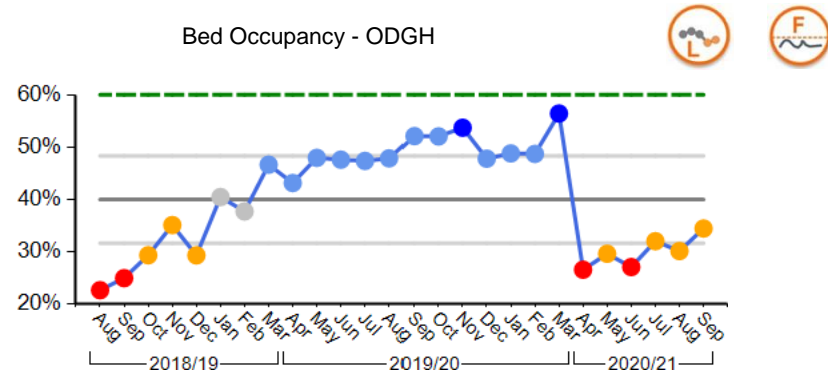
Operational Narrative: See supplementary action plans

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Bed Occupancy - SDGH	93%	81.3%	N/A	Sep 20		93%	79.7%	Aug 20	93%	71.9%	
Bed Occupancy - ODGH	60%	34.4%	N/A	Sep 20		60%	30.1%	Aug 20	60%	30%	
MOFD (Medically Optimised for Discharge) - Average Number of Daily Beds Lost In Month	50	40	40	Sep 20		50	36	Aug 20	50	37	
Stranded Patients (>6 Days LOS)	170	145	145	Sep 20		170	144	Aug 20	170	776	
Super Stranded Patients (>20 Days LOS)	58	43	43	Sep 20		58	44	Aug 20	58	248	
New:Follow Up	2.63	2.4	N/A	Sep 20		2.6	2.5	Aug 20	2.63	2.5	
DNA (Did Not Attend) rate	8%	7.5%	1682	Sep 20		8%	6.3%	Aug 20	8%	5.8%	
Theatre Utilisation - SDGH	85%	57.1%	N/A	Sep 20		85%	52.1%	Aug 20	85%	53.6%	
Theatre Utilisation - ODGH	95%	49.9%	N/A	Sep 20		95%	42.3%	Aug 20	95%	44.8%	
Southport A&E Conversion Rate	28%	25.4%	1102	Sep 20		28%	23.7%	Aug 20	28%	26.7%	

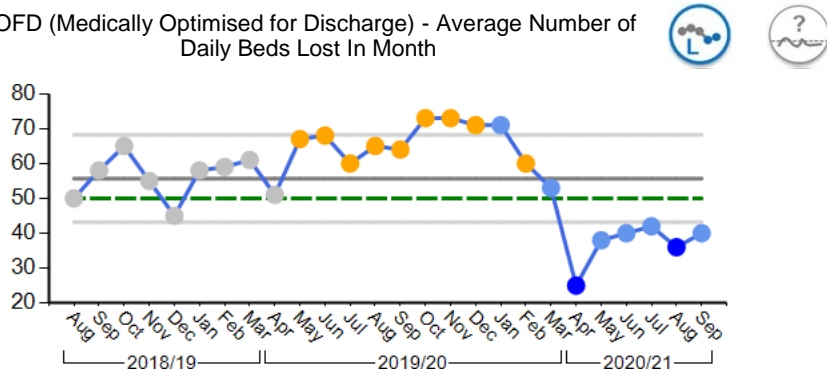
Bed Occupancy - SDGH



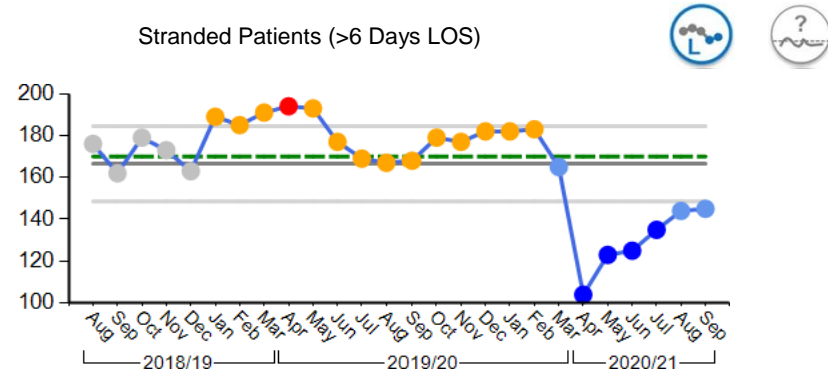
Bed Occupancy - ODGH



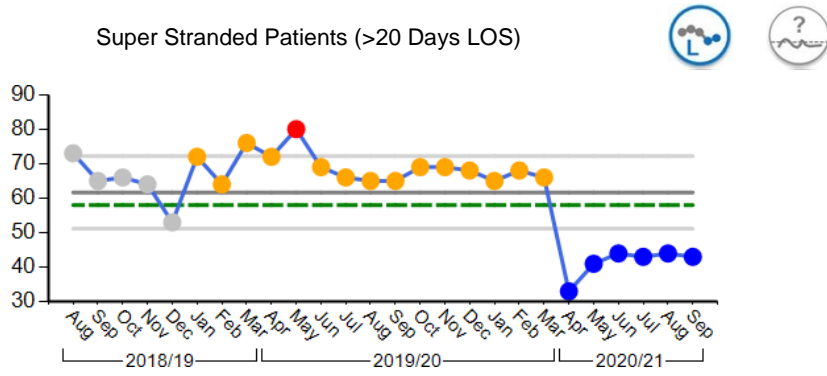
MOFD (Medically Optimised for Discharge) - Average Number of Daily Beds Lost In Month



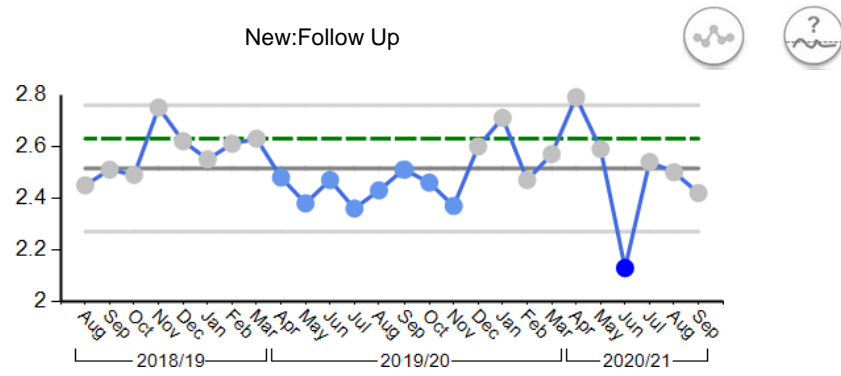
Stranded Patients (>6 Days LOS)



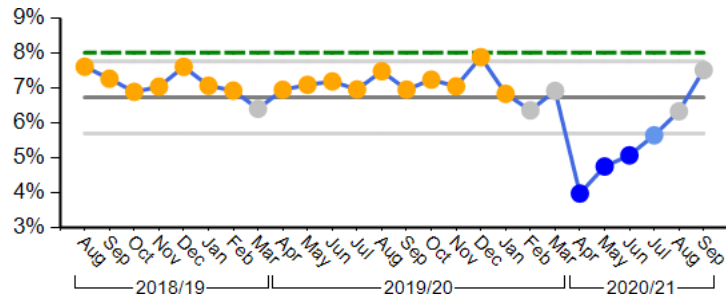
Super Stranded Patients (>20 Days LOS)



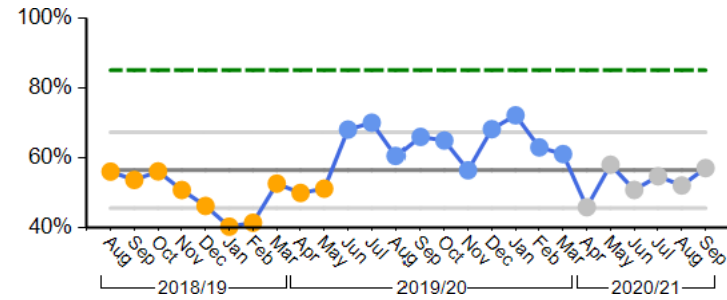
New:Follow Up



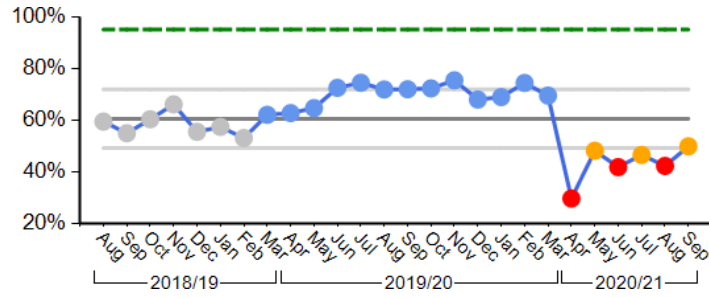
DNA (Did Not Attend) rate



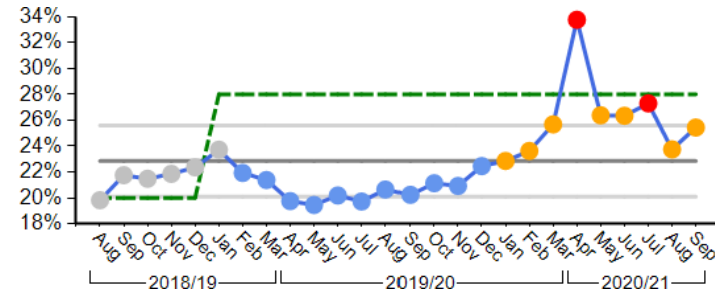
Theatre Utilisation - SDGH



Theatre Utilisation - ODGH

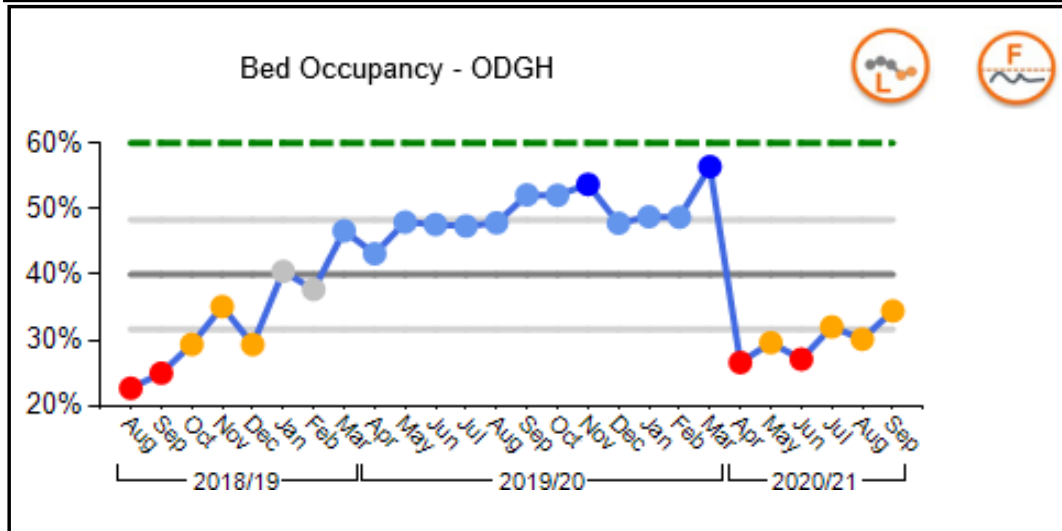


Southport A&E Conversion Rate



# Bed Occupancy—ODGH

Indicator	Latest					Previous			Year to Date		
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Bed Occupancy - ODGH	60%	34.4%	N/A	Sep 20		60%	30.1%	Aug 20	60%	30%	



**Background:** The bed occupancy figure is a ratio of the number of occupied beds used in the month against the number of beds available for use in the month. The overall total for the site is a combination of all the wards with general & acute beds. Where beds are used for day case patients these are excluded from the occupancy figure which is taken as a midnight position each day.

**Situation:** Following a sustained period of increasing performance from August 2018 to March 2019 there has been a sharp decline in the occupancy rate. Despite marginal improvements over the 6 month Covid-19 period occupancy remains low at around 30-35%.

The specialist G&A beds are showing very low utilization due to reduced demand namely Pediatrics and the Neonatal Unit System discussions underway to look at utilisation of ODGH

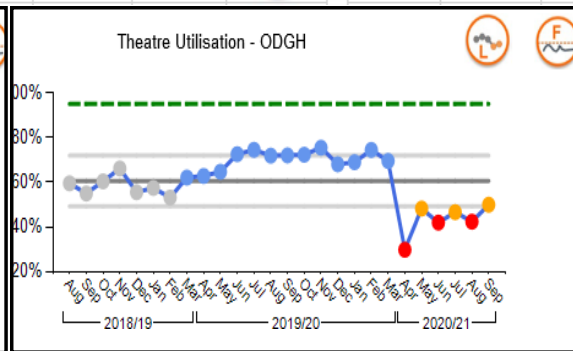
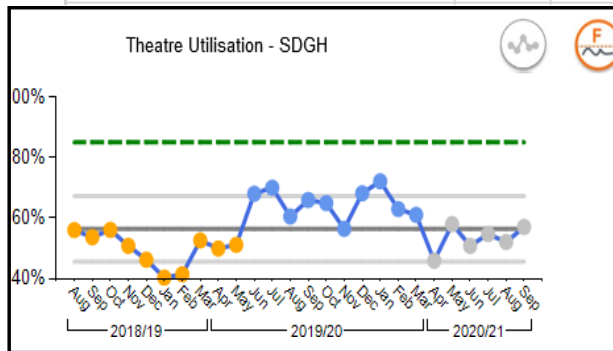
**Issues:** An increased number of surgical lists only recommenced in September (4 per day Mon—Thurs).  
Specialties are managing clinically urgent cancer patients as priority which tend to be IP as oppose to DC.  
Ophthalmology has a shortage of Medical cover which has effected F ward utilisation.  
Due to the impact on theatre utilisation of the Covid-19 turnaround times, all day case lists are very unproductive and a mix of DC and IP is more efficient use of theatre and anesthetic time.

**Actions:** Increasing numbers of lists (5 from October).  
Looking to move day case activity from SDGH to ODGH in General Surgery.  
Activity in ENT/ ophthalmology are increasing, but remain dependent on Covid-19 surge and business continuity  
G ward and H ward have been switched to increase the overall bed capacity for Ortho rehab transfers from 14A and increase the number of side rooms to improve the flow rate from SDGH to ODGH. When there is low utilisation of H ward the staff are utilised across planned care to reduce requirements on bank and agency.

**Mitigations:** BI to investigate the allocation of day case beds within each ward to ensure they are not being counted in mid-night occupancy capacity figures. Also to investigate patients admitted to F ward but then transferred to E ward as they are not ready for D/C at 6pm when ward closes.

# Theatre Utilisation

Indicator	Latest					Previous			Year to Date		
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Theatre Utilisation - SDGH	85%	57.1%	N/A	Sep 20		85%	52.1%	Aug 20	85%	53.6%	
Theatre Utilisation - ODGH	95%	49.9%	N/A	Sep 20		95%	42.3%	Aug 20	95%	44.8%	



**Background:** The proportion of elective Theatre slots used over the total elective planned capacity. Split by the site of delivery.

**Situation:** SDGH performance has failed to achieve more than 60% since March 2020  
 ODGH performance has failed to achieve more than 50% since March, with a YTD average of 44.8%. This is in line with neighboring Trusts.

**Issues:** Theatre utilisation as a whole continues to be impacted by a number of Covid-19 restrictions. These mainly impact on the turnaround times of patients due to AGP procedures, namely intubation, extubation and suction. Pre-Covid turnaround times have been lengthened by a minimum of 12—15 minutes as extubation is taking place within the theatre prior to moving to recovery. Further suction required also remains within theatre due to the current estate of recovery. Clearly lists that have bigger cases and fewer turnarounds are impacted less.

Historically, we were able to backfill elective lists following cancellations. However this is now limited due to isolation guidance. This leads to underutilised lists on the day when patients either cancel or when swab results come back positive. We are currently looking at how we might have a reserve list, whilst complying with national swabbing. The bed challenges at SDGH mean that small non-urgent (filler) cases are frequently reviewed/ can- celled due to bed capacity. This means that these lists run underutilised despite best efforts.

ODGH is currently managing Covid red, amber and green pathways through theatres which adds to the logistical challenges causing delays

**Actions:** Issues that are under the control of the trust are start times and underruns. Both theatres are currently impacted by poor performance in these areas. Work has been reinvigorated in these areas and is being led by the clinicians. This is being led by the new Planned Care AMD.

Start times are monitored and reported on weekly and activity challenged at the weekly scheduling meeting where consistent under runs are evident.

**Mitigations:** Additional scrutiny of theatre start times and underruns, being led by clinicians and monitored weekly.

The data is available at specialty level for review and management of performance. Oversight of specialty progress is given at the theatre efficiency meeting and reported into PIDA.



## Finance

### Finance

Analyst Narrative: The % Agency Staff (Cost) and Distance from agency spend cap are both failing in their assurance measure, although the recent changes to the financial contracting mean the latter has been 0 since Covid-19 so is showing positive variation. The current financial agreements are impacting on most measures so assurance and variation are not entirely representative in this section of the report.

Operational Narrative: Covid-19 led to the suspension of the 2020/21 Operational Planning process and a new financial enabled all NHS organisations to break even in the first six months of the financial year through monthly block contracts and “top up” funding. The I&E break-even plan for September has been achieved requiring a higher top up figure than previous months. This was due to a number of issues including higher monthly expenditure than previously incurred although a large element of this was the payment of £330,000 to doctors for the 2020/21 pay award backdated to 1 April 2020.

Non Pay – the rise in July was due to the restoration of the elective programme and this has continued into September although COVID non pay spend has reduced during this period due to PPE being centrally funded.

Bank and agency spend – a marginal increase in September with a high level of vacancies and absences relating to Covid-19 continuing to contribute.

Agency levels have risen back over the £1 million per month mark but are currently lower than the levels incurred during the second half of 2019/20.

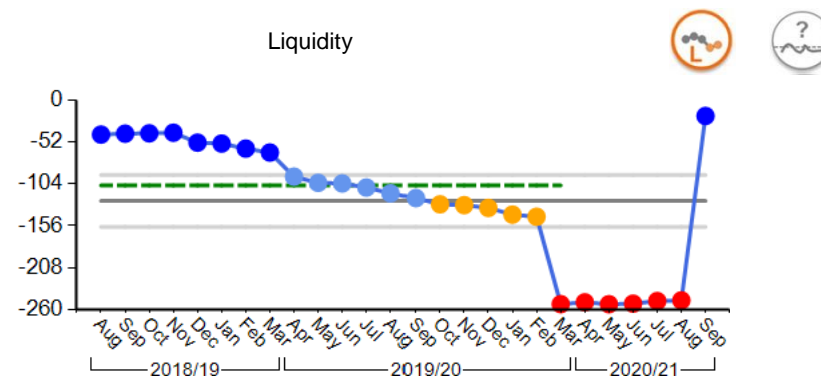
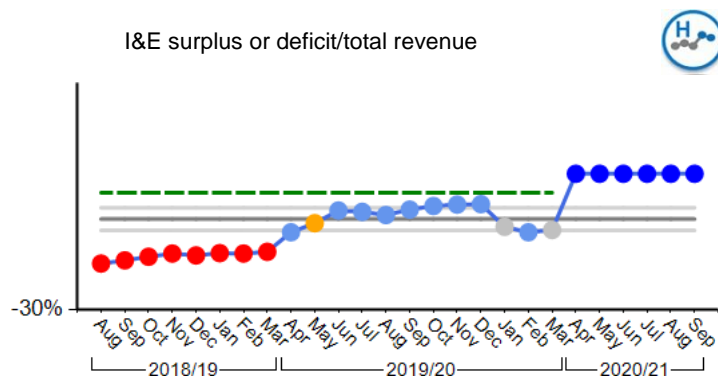
Capital service capacity - there has been a step change in this metric from last year and this has been driven by the fact that the Trust is now in a breakeven position and has a positive EBITDA.

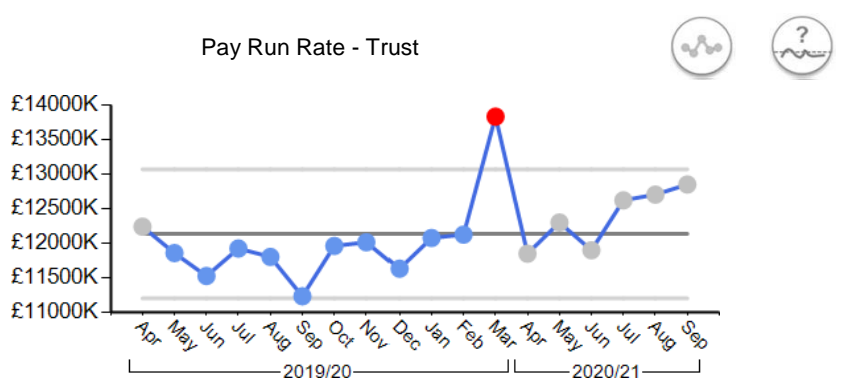
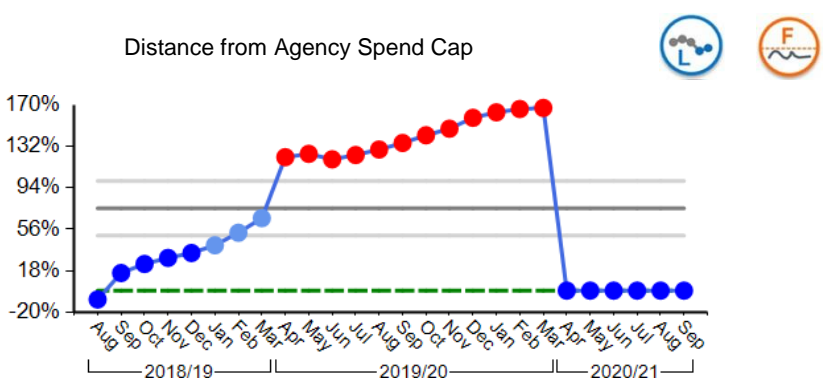
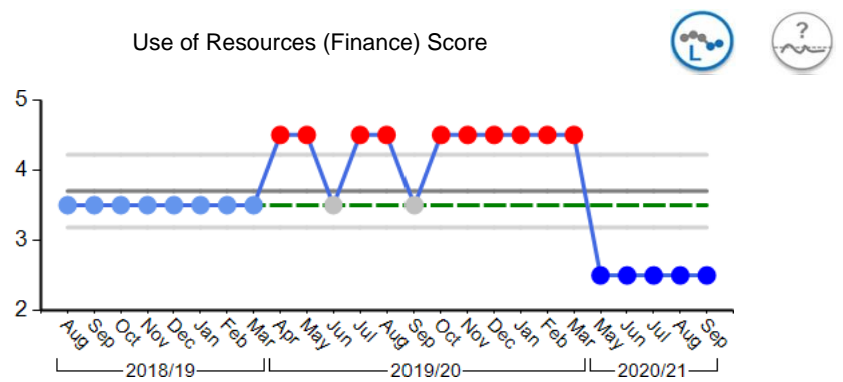
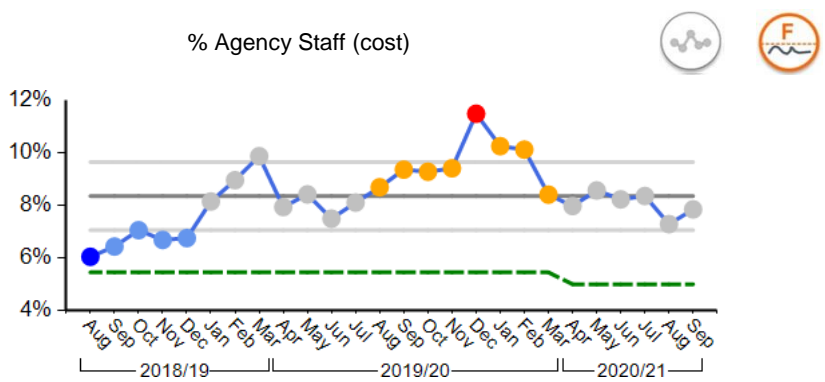
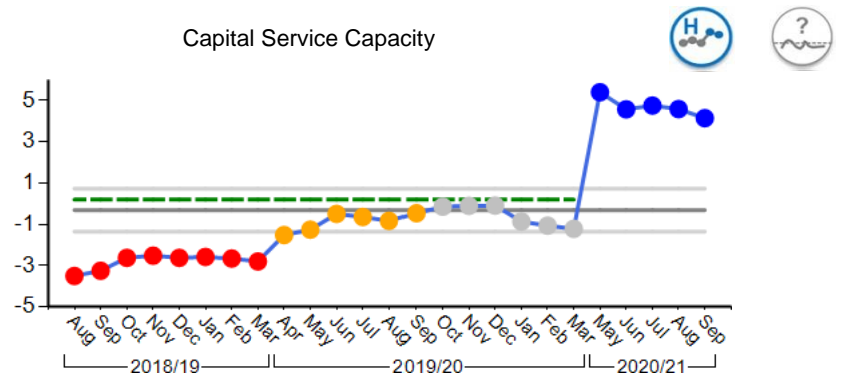
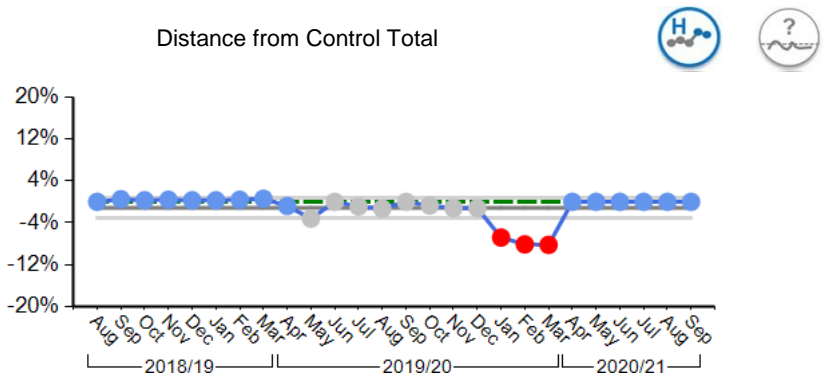
Liquidity - DHSC have now converted all the Trust loans into public dividend capital (PDC) resulting in an improved liquidity calculation. In practical terms there are no cash flow issues as the Trust is being paid in advance by the Commissioners and also receiving a monthly top up. The Trust's liquidity situation is likely to change after month 6 following the expected change in the financial framework in the second half of the year. There is a possibility that the new framework will result in a monthly deficit position which would require a cash solution although current estimates indicate the deficit will not be significant.

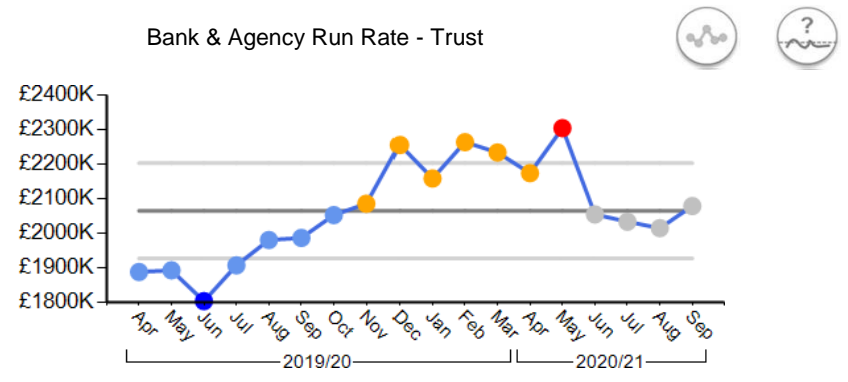
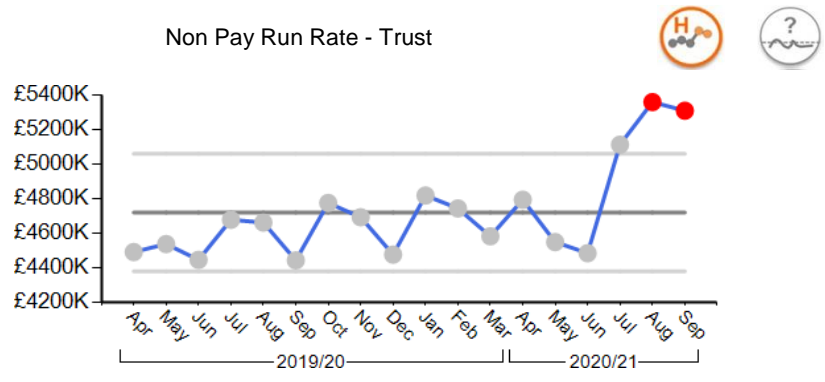
Use of Resources – currently a score of 2 but this reflects the current artificial break even position of all NHS organisations.



Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
I&E surplus or deficit/total revenue		0%	N/A	Sep 20		-4.2%	0%	Aug 20		0%	
Liquidity		-20	N/A	Sep 20		-106	-248	Aug 20		-20	
Distance from Control Total	0%	0%	N/A	Sep 20		0%	0%	Aug 20	0%	0%	
Capital Service Capacity		4.15	N/A	Sep 20		0.2	4.59	Aug 20		4.15	
% Agency Staff (cost)	5%	7.8%	N/A	Sep 20		5%	7.3%	Aug 20	5%	8%	
Use of Resources (Finance) Score	3	2	N/A	Sep 20		3	2	Aug 20		3	
Distance from Agency Spend Cap	0%	0%	N/A	Sep 20		0%	0%	Aug 20	0%	0%	
Pay Run Rate - Trust		£12,848K	N/A	Sep 20			£12,702K	Aug 20		£74,216K	
Non Pay Run Rate - Trust		£5,307K	N/A	Sep 20			£5,357K	Aug 20		£29,602K	
Bank & Agency Run Rate - Trust		£2,078K	N/A	Sep 20			£2,015K	Aug 20		£12,657K	









## Alert, Advise, Assure (AAA) Highlight Report

<b>Committee/Group</b>	WORKFORCE COMMITTEE
<b>Meeting date:</b>	27 OCTOBER 2020
<b>Lead:</b>	PAULINE GIBSON

### KEY ITEMS DISCUSSED AT THE MEETING

#### ALERT

##### Safe Staffing

For the month of October 2020 the Trust reports safe staffing against the national average (90%) at 88.64%. This drop can be explained by COVID-19, high sickness absence levels and redeployment. There has been an increase in reported red flag events due to low safe staffing levels, however the positive is that staff are more confident in reporting these incidents. It is to be noted that the Trust has secured bids for two funding streams A to support accelerating the arrival of international registered nurses (£105,000) and C to support overseas trained nurses to pass exams to join NMC.

We joined the Pan Mersey collaborative bid, which has been successful (£300k) and will be represented this month in consultation on next steps.

#### ADVISE

##### E-Rostering and Job Planning

The Team have reached 86% completion of rosters for all areas which is highly positive. The Trust is on track to meet attainment level 2 by 31 December 2020, it is unlikely that we will meet Level 4 attainment by 31<sup>st</sup> March, which is the required target. This is entirely related to the impact and delay as a result of COVID. A review is underway to establish revised timelines. Job Planning is on track and in place for rollout commencing April 2021.

##### PDRs

Whilst PDR's remain a risk compliance has shown a steady increase over the last 3 months to 72.5% in September. Progress with the Appraisal Deep Dive analysis is ongoing. It was advised that next steps include: ESR data review and staff and manager engagement programmes. The Committee will receive an update on feedback in November 2020.

##### Temporary Staffing Utilisation

The main reason for temporary medical staffing utilisation is vacancy cover. There are inconsistencies between hard to fill vacancies and the volume of medical recruitment, which creates a risk of increased spend. Controls will be increased in this area and a focus will be given to further improve the use and reliability of "Patchwork" which is proving more effective at filling demand. The Committee will receive an update on progress in February 2021.

##### Staff Survey 2020

The Trust has currently received a response rate of 30% in this year's Staff Survey. The Trust's target is 50% and the team are feeling positive that it will be reached. The Committee acknowledged the tremendous achievement of reaching 95% already, by the Kitchen staff.

##### IPR Targets

The Committee reviewed proposed revised targets for metrics such as sickness absence from 4% to 5%, and agency spend from 5% - 7%. A further revision of the paper is due to be presented in November 2020 to include insight into National targets that are fixed and audit requirements on any proposed changes.

##### Medical Education

In the absence of the Medical Director (due to operational requirements) the Committee signed off the TOR for the Integrated Educational Governance Structure, Undergraduate Medical Education Committee, Postgraduate Medical Education Committee and Academic year Planning Group. The Committee requested presentation of a plan of activity for November.

## ASSURE

### Supporting Attendance Audit

The MIAA's audit report on the Trusts management of absence provided substantial assurance. The Committee questioned the small sample size used in the testing of this audit and this will be further investigated to establish validity prior to submission to Audit Committee.

### Apprenticeships

The Trust is continuing apprenticeships during the second wave of COVID-19 due to the success experienced during the first wave. Whilst the Digital Apprenticeship System is showing there will be a loss of funding, to date this has not come to fruition. There is a trajectory for more enrolments that should ensure funding is not lost.

### New Risk identified at the meeting

None.

### Review of the Risk Register



## Workforce

### Agency

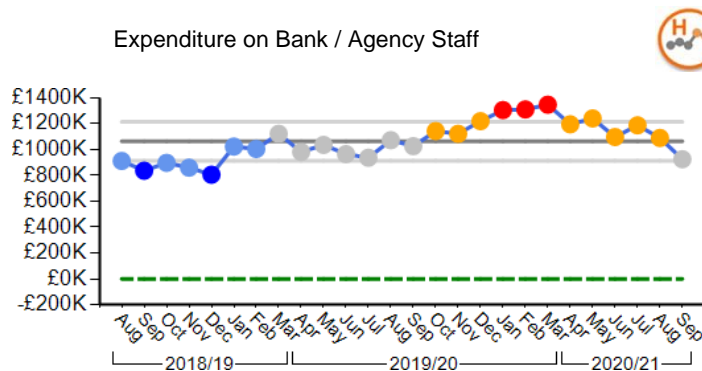
**Analyst Narrative:** This indicator is not assured and current performance is statistically significant as it is showing a negative trend. Performance has improved since last month but remains well above the plan.

**Operational Narrative:** Going into winter, the 'Phase 3' plans submitted (i.e. workforce requirements against Covid-19 back log and winter pressures) project increased workforce requirements that can only be met in the majority of cases by temporary medical staffing, so a month on month increase is anticipated.

All attempts are being made to ensure these requirements are filled with bank or longer term bookings/fixed term contracts to reduce cost. Increased controls are also being implemented to ensure agency usage is for unpredictable surges in demand, as opposed to other reasons such as 'vacancy cover'. That said, high vacancy levels are a key driver for agency usage amongst medical and nursing staff groups, so controls will be reinforced with robust recruitment plans. These are already in place for nursing and the projected workforce trajectory is currently on track. Work is underway to ensure this is replicated for medics.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Expenditure on Bank / Agency Staff	£00K	£924K	N/A	Sep 20		£00K	£1,089K	Aug 20		£6,728K	

Expenditure on Bank / Agency Staff



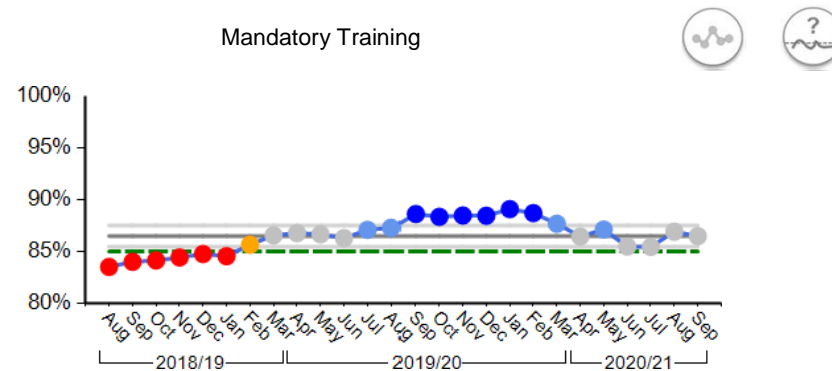
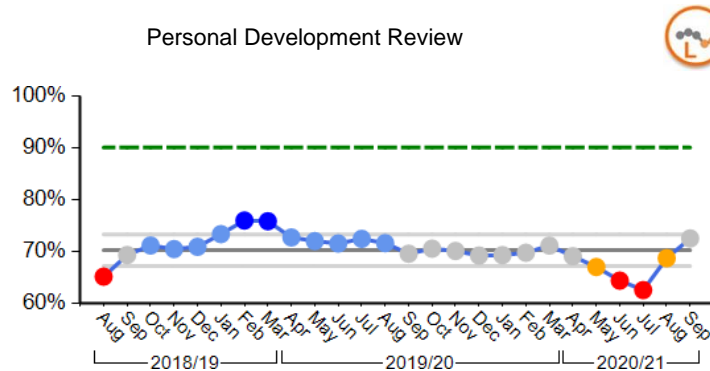
## Workforce

### Organisational Development

Analyst Narrative: PDRs are the main cause for concern with failing assurance and a negative variation in recent months, performance is also historically short of the plan. Mandatory training assurance is intermittent and has no significant variation of late but as this indicator is achieving its plan there is no cause for concern at present.

Operational Narrative: PDR - PDR compliance has shown a steady increase over the last 3 months to 72.5% in Sept 2020. Performance Improvement (PIDA) CBU meetings are tasked with improving PDR compliance and all CBU's have provided improvement trajectory from September – October 2020. An appraisal deep dive analysis has been commissioned in Sept for a 4 month period (Sept-Dec 2020) to investigate the contributing factors for continued poor compliance and quality with recommendations to be presented at Workforce Committee in Dec 2020.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Personal Development Review	90%	72.5%	N/A	Sep 20		90%	68.7%	Aug 20	90%	68.5%	
Mandatory Training	85%	86.5%	N/A	Sep 20		85%	86.9%	Aug 20	85%	86.3%	





## Workforce

### Sickness, Vacancy and Turnover

Analyst Narrative: There are a number of indicators failing to provide assurance in this section, mainly related to sickness, staff turnover and vacancy rates. Specific analysis should be provided for the Medical and Nursing vacancy rate as these are significantly above plan and not showing signs of improvement. Sickness rates have been impacted by Covid-19 this year but recent performance is encouraging and needs to be maintained into the winter months.

Operational Narrative: Nursing sickness rate - Absence of unqualified nursing in all areas is high, reasons for absence are predominantly stress and anxiety and MSK issues. Sickness rates are being considered in line with other supportive measures across the trust in order to achieve and maintain positive attendance. A working party is due to be set up to address staggered breaks to ensure staff health and wellbeing is paramount.

Non clinical staff sickness rate – Estate and Facilities have seen an increase in their absence due to the number of individuals who were initially shielding and have now moved to sickness absence. The HR team are working collaboratively with line managers to ensure supportive measures are in place and redeployment opportunities are being explored as appropriate.

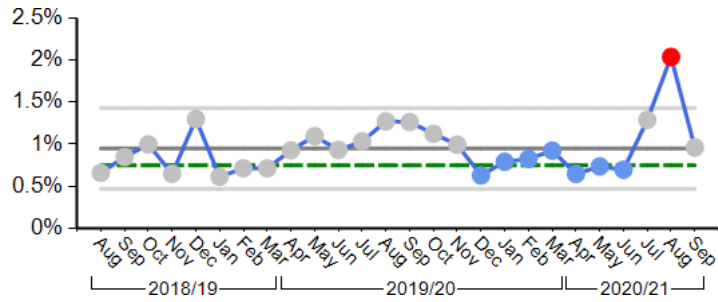
Sickness Rate - Non-Covid related – The Trust continues to support individuals whose absence was initially Covid-19 related and has now altered to another form of absence i.e. anxiety or changes in their existing health condition. The rate of sickness has slightly increased for the second month. The HR team are actively supporting managers particularly around assessing the capacity of staff to undertake other duties for a temporary period in order to assist an earlier return to the working environment. Daily reports produced throughout October already indicate that absence levels overall are increasing, with a notable increase in the number of Covid-19 related absences both due to sickness absence and self-isolations.

Medical vacancy rate - The Trust strategy for resourcing the medical workforce is under development, with a key focus on improving the attraction to our Consultant vacancies which may include structured joint appointments. This will help to attract staff who may not have been initially considering a position at the Trust due to opportunities offered by other, often larger local Trusts. Turnover is reducing following the junior doctors rotation for August, this is expected to continue to reduce.

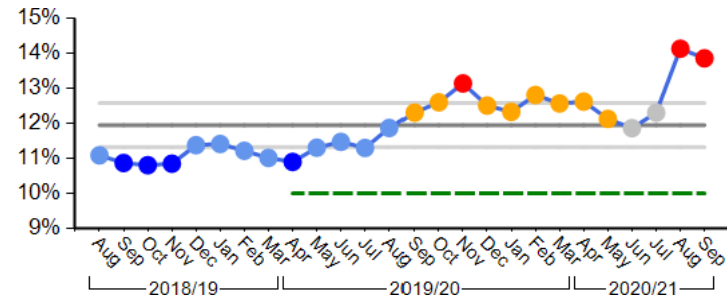
Nursing vacancy rate - The resourcing strategy is well underway with the first key milestone being October 2020 when the staff in post figure is expected to increase by 25.8 WTE. The rolling programme for International nurses will continue into 2021.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Staff Turnover	0.75%	1%	N/A	Sep 20		0.8%	2%	Aug 20	9%	6.8%	
Staff Turnover (Rolling)	10%	13.8%	N/A	Sep 20		10%	14.1%	Aug 20			
Vacancy Rate - Medical	5%	12.5%	N/A	Sep 20		5%	8.2%	Aug 20	5%		
Vacancy Rate - Nursing	8%	15%	N/A	Sep 20		8%	14%	Aug 20	8%		
Sickness Rate	4%	5.6%	N/A	Sep 20		4%	5.2%	Aug 20	5%	6.4%	
Sickness Rate (Rolling 12 Month)	4%	5.6%	N/A	Sep 20		4%	5.9%	Aug 20	4%	5.9%	
Time to Recruit	55	58	N/A	Sep 20		55	55	Aug 20	55	54	
Sickness Rate - Medical Staff	4%	2.2%	N/A	Sep 20		4%	2.2%	Aug 20	4%	3.4%	
Sickness Rate - Nursing Staff	3.7%	7.3%	N/A	Sep 20		3.7%	6.4%	Aug 20	3.7%	8%	
Sickness Rate - Non-Clinical Staff	4%	4.8%	N/A	Sep 20		4%	5%	Aug 20	4%	5.7%	
Sickness Rate (not related to Covid 19) - Trust		5.3%	N/A	Sep 20			5%	Aug 20		4.5%	

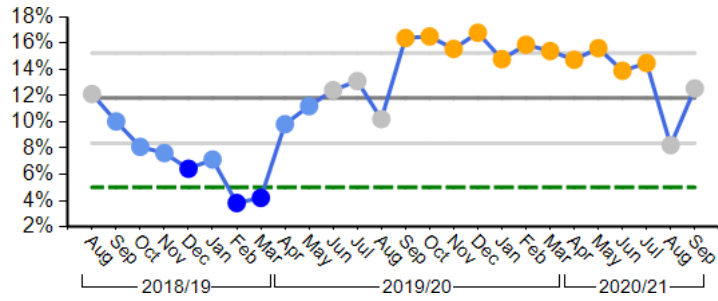
Staff Turnover



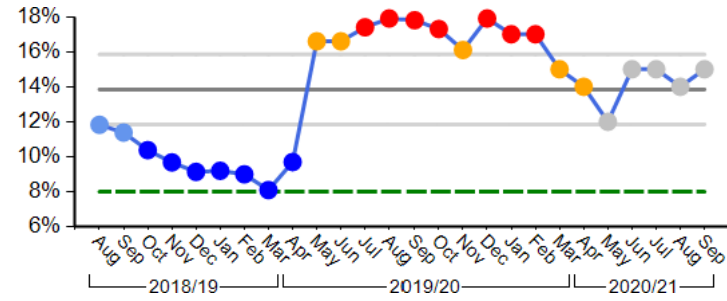
Staff Turnover (Rolling)



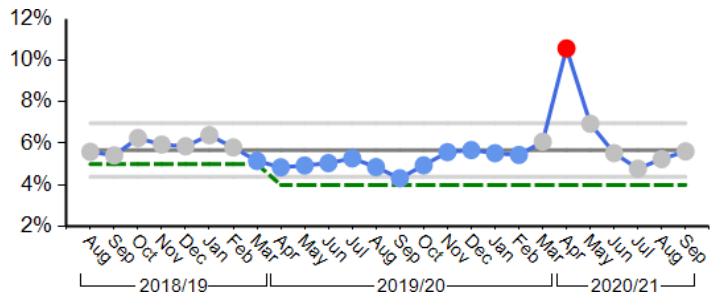
Vacancy Rate - Medical



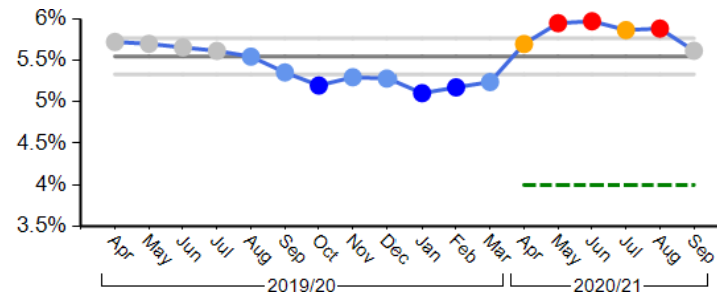
Vacancy Rate - Nursing



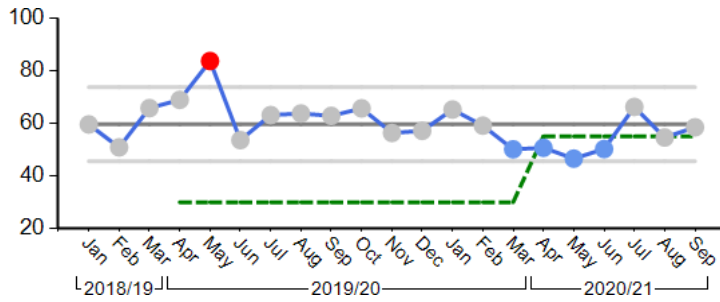
Sickness Rate



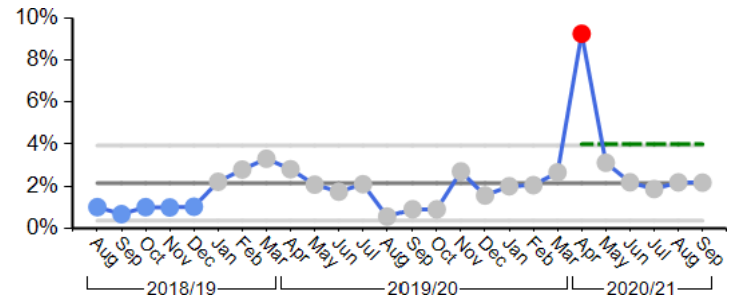
Sickness Rate (Rolling 12 Month)



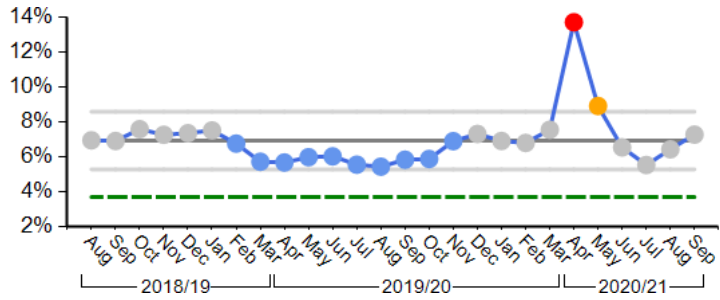
Time to Recruit



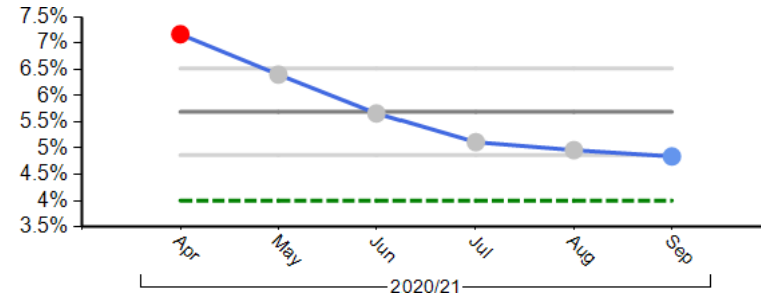
Sickness Rate - Medical Staff



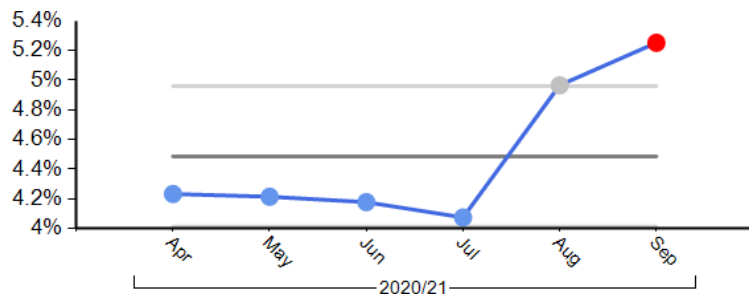
Sickness Rate - Nursing Staff



Sickness Rate - Non-Clinical Staff



Sickness Rate (not related to Covid 19) - Trust



<b>Title of Meeting</b>	<b>BOARD OF DIRECTORS</b>	<b>Date</b>	<b>04 NOVEMBER 2020</b>
<b>Agenda Item</b>	<b>TB179/20</b>	<b>FOI Exempt</b>	<b>NO</b>
<b>Report Title</b>	<b>WORKFORCE DISABILITY EQUALITY STANDARD (WDES) REPORT 2020</b>		
<b>Executive Lead</b>	Jane Royds: Director of Human Resources and OD		
<b>Lead Officer</b>	Robert Davies - Equality Lead		
<b>Action Required</b>	<input type="checkbox"/> To Approve <input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
<b>Purpose</b>			
This report provides a general overview of the Workforce Disability Equality Standard (WDES) report 2020.			
<b>Executive Summary</b>			
<p>The attached WDES report 2020 provides an overview of the Trusts information/responses to the 10 indicators within the Workforce Disability Equality Standard (WDES). The metrics have been developed to capture information relating to the experience of staff with a disability working in the NHS. Research has shown that staff with a disability have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to the wider staff population. The annual collection of the WDES metrics allow NHS Trusts to better understand the employment experiences of staff with a disability in the NHS and to focus on how to improve this.</p> <p><b>WDES Highlights:</b></p> <ul style="list-style-type: none"> <li>• The 2019-20 figures recorded on the Electronic Staff Record (ESR) system for the Trust show that <b>2.63%</b> of staff reported having a disability although <b>22.5%</b> of staff highlighted they have a disability in the annual NHS staff survey in 2019 (1,348 staff NHS staff survey respondents).</li> <li>• Staff with a disability being appointed following shortlisting across all posts is <b>8.19% less</b> than non-disabled staff.</li> <li>• ESR figures confirm that no disabled or non-disabled staff entered the formal capability process on the grounds of performance in 2019-20. Only staff who enter the formal capability procedure on the grounds of performance are included in the figures.</li> <li>• Staff with a disability experiencing harassment; bullying or abuse from <b>patients, relatives or the public</b> has seen a <b>reduction of 5.1%</b>.</li> <li>• Staff with a disability experiencing harassment; bullying or abuse <b>from managers</b> have seen a <b>reduction of 2.6%</b>.</li> <li>• Staff with a disability experiencing harassment; bullying or abuse from <b>other colleagues</b> have seen a <b>reduction of 6.7%</b>.</li> <li>• The percentage of staff believing that the Trust provides equal opportunities for career progression or promotion is <b>76.3%</b> for disabled staff. This is a <b>reduction of 2.2%</b>.</li> </ul> <p><b>Ongoing Action</b></p> <ul style="list-style-type: none"> <li>• A WDES action plan is being compiled and will be regularly monitored and updated.</li> <li>• Update reports will be provided to Trust groups and Committees via the cycle of business.</li> <li>• Reports and updates, which are also a requirement of the Equality section of the Quality Contract, will be provided to the CCG's.</li> </ul>			
<b>Recommendations</b>			
The Board is asked to receive the report and be assured that the Trust has completed all necessary actions to ensure compliance with the Workforce Disability Equality Standard – as follows:			

- WDES Reporting template completed and submitted to NHS England.
- WDES Report completed and will be uploaded onto the Trust website following this report to Board.

**Previously Considered By:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Finance, Performance &amp; Investment Committee</b><br><input type="checkbox"/> <b>Remuneration &amp; Nominations Committee</b><br><input type="checkbox"/> <b>Charitable Funds Committee</b> | <input type="checkbox"/> <b>Quality &amp; Safety Committee</b><br><input checked="" type="checkbox"/> <b>Workforce Committee</b><br><input type="checkbox"/> <b>Audit Committee</b> |
|---|---|

**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:**

Robert Davies – Equality Lead

**Presented By:**

**Jane Royds: Director of Human Resources and OD**

## Southport and Ormskirk Hospital NHS Trust Workforce Disability Equality Standard Information Report April 2019 – March 2020

### 1. Executive Summary

This paper provides a general overview of the Workforce Disability Equality Standard (WDES) and the metrics against the 10 indicators within the Workforce Disability Equality Standard (WDES). It also provides analysis of the metrics and a WDES action plan will be compiled to address the gaps between the experience of disabled and non-disabled staff.

### 2. Introduction

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and will apply to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of disabled staff in the NHS.

The WDES comprises of a set of Metrics. All of the Metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, HR data) with the exception of one; Metric 9b asks for narrative evidence of actions taken, to be written into the WDES annual report.

The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. Research has shown that disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to non-disabled staff. The ten Metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England, and by Disability Rights UK on behalf of NHS Employers.

The annual collection of the WDES Metrics will allow NHS Trusts and Foundation Trusts to better understand and improve the employment experiences of disabled staff in the NHS.

The WDES Metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including disabled staff, trade unions and senior leaders.

### 3. WDES Highlights

The information below provides highlights of the WDES report for 2019-20.

#### 3a Recording a disability:

Trust figures on ESR highlight 2.63% staff out of 3115 staff have a disability

NHS Staff Survey highlights 22.5% of staff out of the 1,348 who completed the NHS Staff Survey highlighted they have a disability.

**3b/** Disabled staff being appointed from shortlisting is 3.81% for disabled compared to 12% for non-disabled staff.

**3c/** ESR data highlights the relative likelihood of staff entering the formal capability process for disabled or non-disabled staff is the same at 0%

**3d/** Disabled staff experiencing harassment; bullying or abuse from patients, relatives or the public is 6.3% higher than for non-disabled staff.

**3e/** Disabled staff experiencing harassment, bullying or abuse from managers is 10.8% higher than non-disabled staff.

**3f/** Disabled staff experiencing harassment, bullying or abuse from other colleagues is 7.8% higher than non-disabled staff.

**3g/** Percentage of Trust staff believing that Trust provides equal opportunities for career progression or promotion is 76.3% for disabled staff and 84.7% for non-disabled staff,

#### 4. Staff Profile

As of March 2020 Southport and Ormskirk Hospital NHS Trust employed 3115 people of whom **2.63%** of the workforce has disclosed that they consider themselves to have a disability, **69.30%** of staff have told us they don't consider themselves to have a disability with the remainder **28.05%** either not declaring, preferring not to say and the others unspecified

Disability	Headcount	Percentage %
No	2159	69.30% of staff don't consider themselves to have a disability
Not Declared	108	28.05% of staff have not declared preferred not to say or unspecified
Prefer Not To Answer	1	
Unspecified	765	
Yes	82	2.63% of staff have highlighted they have a disability
<b>Grand total</b>	<b>3115</b>	

#### 5. Workforce Metrics

Three workforce Metrics, compares the data for both Disabled and non-disabled staff.

**Note:** Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

##### Workforce Disability Equality Standard Indicators:

For each of workforce indicators, the standard compares the metrics for disabled and non-disabled staff were the figures don't equate to 100% this is due to the information not stated / not given

**Workforce Indicator 1/** Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

- Cluster 1 (Bands 1 - 4)
- Cluster 2 (Band 5 - 7)
- Cluster 3 (Bands 8a - 8b)
- Cluster 4 (Bands 8c - 9 & VSM)
- Cluster 5 (Medical & Dental Staff, Consultants)
- Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)
- Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)



**Current Year 2019 - 20**

Non – Clinical		
Cluster	Disabled	Non-Disabled
Cluster 1	3.72%	59.64%
Cluster 2	3.77%	66.03%
Cluster 3	2.43%	63.41%
Cluster 4	0%	100%
Clinical		
Cluster	Disabled	Non-Disabled
Cluster 1	2.16%	72.27%
Cluster 2	2.46%	73.46%
Cluster 3	2.27%	68.18%
Cluster 4	0%	92.30%
Cluster 5: Med & Dental Consultant		
	Disabled 0%	Non-Disabled 63.63%
Cluster 6: Med & Dental Consultant Non –Consultant Career Grade		
	Disabled 2.23%	Non-Disabled 66.66%
Cluster 7 Medical & Dental Trainee Grades		
	Disabled 0%	Non-Disabled 100%

**Indicator 2/** Relative likelihood of non-disabled staff to disabled being appointed from shortlisting across all posts

WDES Category	Head Count		Relative likelihood of staff shortlisted /appointed
	Shortlisted	Appointed	
Disabled	50	6	0.12 3.81%
Non-Disabled	1188	111	0.09 12%
Not declared	229	2	0.01 0.87%
Relative likelihood of relative likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled staff.			0.78 times more likely

**Indicator 3/** Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

*Note: This Metric will be based on data from a two-year rolling average of the current year and the previous year.*

### 2018-19 and 2019-20

Average over 2 years	Entering formal capability Process	Trust Headcount	Relative likelihood of staff entering the formal capability process
Disabled	0	82	0%
Non-Disabled	0	2160	0%
Not declared	0	873	0%
Prefer not to answer	0		
Unspecified	0		
<b>Total</b>	<b>0</b>	<b>3115</b>	<b>0%</b>
Relative likelihood of Disabled staff compared to Non-disabled staff			0

### NHS Staff Survey Responses::

The 2019 NHS Staff Survey was completed by **1,348** staff this is a response rate of **47.1%** which is average for combined acute and community trusts in England **47.5%** and compares with a response rate in the Trust in 2018 of **40%**

**Indicator 4a/** Percentage (%) of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from:

Category	Question	2018	2019	Average from Trusts
Non-disabled	Patients/service users, relatives or public	26.7%	25.9% 0.8% <b>Reduction</b>	27.3% <b>1.4% below average</b>
	Manager	11.5%	11% 0.5% <b>Reduction</b>	11% - <b>Same</b>
	Other colleagues	15.9%	16.3% 0.4% <b>Increase</b>	18.4% <b>2.1% below average</b>
Disabled	Patients/service users, relatives or public	37.3%	32.2% = <b>5.1% reduction</b>	33.9% <b>1.7% below average</b>
	Manager	24.4%	21.8% <b>2.6% reduction</b>	19.7% <b>2.1% above average</b>
	Other colleagues	30.8%	24.1% <b>6.7% reduction</b>	28.1% <b>4% below average</b>

The results from the latest staff survey in 2019 indicate that disabled staff are more likely to have experienced harassment, bullying or abuse from Patients/Service users, relatives or other members of the public and from their managers than non-disabled staff.

**Indicator 4b/** Percentage of disabled staff compared to non – disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Category	2018	2019	Average from Trusts
Non-disabled	46.5%	48% <b>1.5% increase</b>	45.6% <b>2.4% above average</b>
Disabled	52.8%	48.5% <b>4.3% reduction</b>	46.7% <b>1.8% above average</b>

The result from the latest staff survey could indicate that staff with or without a disability could have an issue with reporting an experience of harassment, bullying or abuse at work.

**Indicator 5/** Percentage believing that trust provides equal opportunities for career progression or promotion

Category	2018	2019	Average from Trusts
Non-disabled	80.9%	84.7% <b>3.8% increase</b>	85.6% <b>0.9% below average</b>
Disabled	78.5%	76.3% <b>2.2% reduction</b>	79.1% <b>2.8% below average</b>

The results show a reduction in disabled staff believing the Trust provides equal opportunities or career progression or promotion compared to last year, there has been an increase for non-disabled staff.

**Indicator 6/** Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Category	2018	2019	Average from Trusts
Non-disabled	19.7%	17.9% <b>1.8% decrease</b>	22.4% <b>4.5% below average</b>
Disabled	31.8%	32.1% <b>0.3% increase</b>	32.7% <b>0.6% below average</b>

The results highlight that disabled staff are MORE likely to feel pressure from their manager to come to work than none disabled staff.

**Indicator 7/** Percentage of disabled staff compared to non – disabled staff saying that they are satisfied with the extent to which their organisation values their work

Category	2018	2019	Average from Trusts
Non-disabled	37.8%	44.4% <b>6.6% increase</b>	49.5% <b>5.1% below average</b>
Disabled	26.9%	31.0% <b>4.1% increase</b>	37.4% <b>6.4% below average</b>

The results of the latest survey highlight that disabled staff are LESS likely to feel satisfied to which the Trust values their work.

**Indicator 8/** Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Category	2018	2019	Average from Trusts
Disabled	76.2%	70.5% <b>5.7% decrease</b>	73.3% <b>2.8% below average</b>

**Indicator 9a/** The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Category	2018	2019	Average from Trusts
Non-disabled	6.6%	6.9% <b>03% increase</b>	7.1% <b>0.2% below average</b>
Disabled	6.2%	6.2% <b>Same</b>	6.6% <b>0.4% below average</b>
Trust average	6.5%	6.7%	

**Indicator 9b/** Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? **(Yes)** or **(No)**

Staff & Family Friends Test	NHS Staff Survey
Big Brew / Conversation	Setting Up of a Disability Staff Network
So Proud Pulse Check	Disability Confident Employer Scheme
Reasonable Adjustment Disability Passport	

**Indicator 10/** Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated

Disability	Headcount	Headcount %	Board Headcount	Board Headcount %
No	2160	69.34	14	100.00
Not Declared	108	3.47	0	0.00
Prefer Not To Answer	1	0.03	0	0.00
Unspecified	765	24.56	0	0.00
Yes	82	2.63	0	0.00

## 5. Trust Actions taken to be compliant with the WDES

- WDES Reporting template completed and sent to NHS England
- WDES Report completed and will be uploaded onto the Trust website
- WDES Action plan completed and to be reviewed and updates to be provided at each Valuing Our Peoples Assurance Group and Workforce Committee meeting

## 6. Recommendations

- WDES paper to be presented to the appropriate Trust Valuing Our Peoples Assurance Group and Workforce Committee meeting
- The Valuing Our Peoples Assurance Group and Workforce Committee meeting to:
  - Note that the NHS Workforce Disability Equality Standard (WDES) came into effect on the 1st April 2019 and will be completed by the Trust on an annual

basis.

- Note that the Trust will put in place WDES action plan and agree that the performance against the plan will be reported through the various Trust wide Valuing Our Peoples Assurance Group and Workforce Committee meeting
- An annual report will be compiled for submission to the NHS England Coordinator, Commissioner outlining progress on the Workforce Disability Equality Standards.
- Workforce Disability Equality Standard report will be published on the Trust website
- A copy of the WDES Indicators has been sent to NHS England

<b>Title of Meeting</b>	<b>BOARD OF DIRECTORS</b>	<b>Date</b>	<b>04 NOVEMBER 2020</b>
<b>Agenda Item</b>	<b>TB180/20</b>	<b>FOI Exempt</b>	<b>No</b>
<b>Report Title</b>	<b>WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT 2020</b>		
<b>Executive Lead</b>	Jane Royds: Director of Human Resources and OD		
<b>Lead Officer</b>	Robert Davies - Equality Lead		
<b>Action Required</b>	<input type="checkbox"/> <b>To Approve</b> <input type="checkbox"/> <b>To Assure</b>	<input type="checkbox"/> <b>To Note</b> <input checked="" type="checkbox"/> <b>To Receive</b>	
<b>Purpose</b>			
This report provides a general overview of the Workforce Race Equality Standard (WRES) Report 2020.			
<b>Executive Summary</b>			
<p>The attached WRES report 2020 provides an overview of the Trust's information/responses to the 9 metrics contained within the WRES.</p> <ul style="list-style-type: none"> <li>• 4 of the metrics are specifically on workforce data</li> <li>• 4 of the metrics are based on data derived from the national NHS Staff Survey indicators and highlight any differences between the experience and treatment of white staff and BME staff in the NHS, with a view to closing the gaps highlighted by those metrics.</li> <li>• The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve.</li> </ul> <p>The annual collection of the WRES metrics allow NHS Trusts to better understand the employment experiences of BME staff in the NHS and to focus on how to improve this.</p> <p><b>WRES Highlights:</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• BME staff in non-clinical roles has increased in Bands 2, 4 and 7.</li> <li>• BME staff in clinical roles has seen an increase in Bands 4, 7 and 8a.</li> <li>• BME staff being appointed following shortlisting across all posts has seen an increase from <b>3.70% in 2018/19 to 15.22%</b>, an increase of <b>11.52%</b>.</li> <li>• The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation is the same for BME and white staff in 2019-20.</li> </ul> <p><b>Staff survey data</b></p> <ul style="list-style-type: none"> <li>• BME staff experiencing harassment, bullying or abuse from <b>patients, relatives or the public</b> in last 12 months has seen a <b>2% increase</b>.</li> <li>• BME staff experiencing harassment, bullying or abuse <b>from staff</b> in last 12 months has seen a <b>decrease of 0.9%</b>.</li> <li>• BME staff experiencing discrimination at work from <b>manager/team leader or other colleagues</b> have seen a <b>decrease of 1.8%</b> from 2018.</li> <li>• Percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion is <b>78.3%</b> which is a <b>decrease of 1.8% from 2018</b>. The Trust figure is <b>3.9% higher</b> than the average combined acute and community Trusts which reports 74.4%.</li> </ul> <p><b>Ongoing action</b></p> <ul style="list-style-type: none"> <li>• A WRES action plan is being compiled and will be regularly monitored and updated.</li> <li>• Update reports will be provided to Trust groups and Committees via the cycle of business.</li> <li>• Reports and updates, which are also a requirement of the Equality section of the Quality Contract, will be provided to the CCG's.</li> </ul>			

Recommendations	
The Board is asked to <b>receive</b> the report and be assured that the Trust has completed all necessary actions to ensure compliance with the Workforce Race Equality Standard.	
Previously Considered By:	
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee	<input type="checkbox"/> Quality & Safety Committee <input checked="" type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee
Strategic Objectives	
✓ <b>SO1</b> Improve clinical outcomes and patient safety to ensure we deliver high quality services	
✓ <b>SO2</b> Deliver services that meet NHS constitutional and regulatory standards	
<input type="checkbox"/> <b>SO3</b> Efficiently and productively provide care within agreed financial limits	
✓ <b>SO4</b> Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	
✓ <b>SO5</b> Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
<input type="checkbox"/> <b>SO6</b> 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:
Robert Davies - Equality Lead	Jane Royds: Director of Human Resources and OD

## **Southport and Ormskirk Hospital NHS Trust Workforce Race Equality Standard Information Report April 2019 – March 2020**

### **1. Executive Summary**

This paper provides a general overview of the Workforce Race Equality Standard (WRES) and the Trust's metrics against the nine indicators within the Workforce Race Equality Standard (WRES). It also provides analysis of the metrics and outlines actions (Appendix 1 WRES Action Plan) to address the gaps between the experience of BME and White staff.

### **2. Introduction**

The NHS Equality and Diversity Council agreed in July 2014 that action across the NHS needs to be taken to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The move follows recent reports which have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

Following a period of consultation, the NHS Equality and Diversity Council agreed two measures that complement each other whilst being distinct to improve equality across the NHS and these would be mandatory requirements embedded within the NHS Contract from April 2015.

1. The Workforce Race Equality Standard (WRES)
2. NHS Equality Delivery System 2 (EDS2)

There are nine metrics. Four of the metrics are specifically on workforce data and four of the metrics are based on data derived from the national NHS Staff Survey indicators. The latter will highlight any differences between the experience and treatment of White staff and BME staff in the NHS, with a view to closing the gaps highlighted by those metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve.

### **3. Staff Profile**

As of March 2020 Southport and Ormskirk Hospital NHS Trust employed 3115 people of which consisted of 7.70% from Black Minority and Ethnic groups 83.88% White staff and 8.42% not stated unspecified prefer not to answer.

### **4. WRES Highlights:**

The information below provides a comparison for the WRES reports for 2018-19 and 2019-20, the information also provides the Trust figures compared to the average for combined acute and community hospital. All figures are self-populated off the WRES template provided by NHS England

#### **BME staff increase in clinical and non-clinical bands:**

The 2019-20 WRES report highlights that BME staff in non-clinical roles has seen an increase in bands 2, 4, 7. BME staff in clinical roles has seen an increase in bands 4, 7, 8a



**Relative likelihood of BME and white staff being appointed from shortlisting across all posts**

15.22% of BME staff were hired from those shortlisted compared to 24.84% of white applicants hired from shortlisting in 2019-20.

The 2019-20 WRES data highlights that there has been an increase in BME staff being successful at interview and being hired by the Trust. 2019-20 = 15.22% compared to 3.70% in 2018-19 this is an increase of 11.52%

**Relative likelihood of BME and white staff entering the formal disciplinary process**

The number of BME staff (1) entering the disciplinary process in 2019-20 is the same as the 2018 -19 WRES figures.

**NHS staff survey responses that are specific to WRES questions:**

**Q1/ The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.**

In the last 12 months Trust figures for white staff has seen a decrease of -1.4% and a +2% increase for BME staff.

The Trust figures compared to the average combined acute and community Trusts is -1.2% lower for white staff and +1.5% higher for BME staff.

**Q2/ Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

Experiences of Trust staff experiencing harassment; bullying or abuse from staff in last 12 months has seen a -2.1% decrease for white staff and a decrease of -0.9% for BME staff.

The Trust figures compared to the average combined acute and community Trusts is 2.2 lower for white staff and -3.2% lower for BME staff.

**Q3/ Percentage of Trust staff believing that Trust provides equal opportunities for career progression or promotion.**

Experiences of white staff have seen an increase of +2.8% and a decrease of -2.1% for BME staff.

The Trust figures compared to the average combined acute and community Trusts is -3.4% lower for white staff and +3.9% higher for BME staff.

**Q4/ In the last 12 months have you personally experienced discrimination at work from any of the following manager/team leader or other colleagues?**

Experience of white staff has seen a 0.6% decrease from 2018 and there has been an decrease of 1.8% from 2018 for BME staff

The Trust figures compared to the average combined acute and community Trusts is 0.4% higher for white staff and 2% lower for BME staff.

**Staff Data: Clinical & Non-Clinical Workforce:**

1/  Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: • Non-Clinical staff • Clinical staff - of which - Non-Medical staff - Medical and Dental staff  Note: Definitions are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.  PLEASE NOTE WERE THE % RATE DOES NOT EQUATE TO 100% THIS IS DUE TO INFORMATION- NOT STATED	Non – Clinical				
	2018-19			2019-20	
	Band	BME	White	BME	White
Band 1	7.17%	84.75%	.0%	0%	
Band 2	1.29%	93.89%	4.20%	87.61%	
Band 3	4.0%	86.40%	1.84%	88.96%	
Band 4	0.61%	95.09%	1.23%	93.87%	
Band 5	1.96%	90.20%	1.56%	92.19%	
Band 6	1.96%	94.12%	1.85%	88.89%	
Band 7	3.45%	86.21%	4.88%	87.80%	
Band	4.76%	90.48%	3.70%	85.19%	
8a	0.00%	100%	0.00%	92.86%	
Band	0.00%	100%	0.00%	100%	
8b	14.29%	85.71%	0.00%	100%	
Band 8c	0.00%	100%	0.00%	0.00%	
Band					
8d					
Band 9	16.67%	83.33%	16.67%	83.33%	
	0.00%	100%	0%	0%	
<b>2017-18</b>	0.00%	100%	0%	0%	
VSM	0.00%	100%	0%	0%	
CQIR					
IRPM					
WCOO					
Clinical					
2018-19			2019-20		
Band	BME	White	BME	White	
Band 2	9.68%	80.24%	6.41%	79.72%	
Band 3	2.97%	91.82%	2.51%	92.05%	
Band 4	0.00%	96.08%	3.70%	91.36%	
Band 5	7.10%	87.33%	6.87%	82.82%	
Band 6	5.32%	90.05%	5.16%	89.67%	
Band 7	1.35%	91.89%	2.65%	88.94%	
Band	8.62%	86.21%	9.84%	88.52%	
8a	0.00%	91.30%	0.00%	92.59%	
Band	0.00%	100%	0.00%	100%	
8b	0.00%	100%	0.00%	50%	
Band					
8c	0.00%	100%	0.00%	100%	
Band					
8d	0.00%	66.67%	16.67%	66.67%	
	16.67%				
VSM					
WHO3					
WHO7					
Med & Dental Consultant					
2018-19			2019-20		
BME	White		BME	White	

	42.06%	42.99%	45.45%	40.40%
	<b>Med &amp; Dental Consultant Non –Consultant Career Grade</b>			
	<b>2018-19</b>		<b>2019-20</b>	
	<b>BME</b> 56.38%	<b>White</b> 28.72%	<b>BME</b> 55.95%	<b>White</b> 28.57%
	<b>Medical &amp; Dental Trainee Grades</b>			
	<b>2018-19</b>		<b>2019-20</b>	
	<b>BME</b> 23.91%	<b>White</b> 66.30%	<b>BME</b> 31.57%	<b>White</b> 61.90%
	<b>Board- Ex- Non Exec</b>			
	<b>2018 -19</b>		<b>2019-20</b>	
	<b>BME</b> 18.18%	<b>White</b> 84.62%	<b>BME</b> 14.29%	<b>White</b> 78.57%

2/ Relative likelihood of white staff being **appointed from shortlisting** compared to BME staff is.

	<b>2018-2019</b>	<b>2019-20</b>	<b>Difference</b>
2	times more likely 1.61 Auto calculated	times more likely 1.63 Auto calculated	0.02

<b>2019 -20</b>	<b>Headcount</b>		<b>Relative likelihood of appointment from shortlisting</b>
	Shortlisted	Hired	Hired- %
BME	335	51	15.22%
White	1727	429	24.84%
Unknown	84	10	11.90%

<b>2018 - 19</b>	<b>Headcount</b>		<b>Relative likelihood of white staff appointment from shortlisting</b>
	Shortlisted	Hired	Hired%
BME	432	16	3.70%
White	2515	150	5.96%
Unknown	80	9	11.25%

3/ Relative likelihood of BME staff entering into **formal disciplinary process** compared to white staff

	<b>2018-2019</b>	<b>2019-20</b>	<b>Difference</b>
3	times more likely 0.45 Auto calculated	times more likely 2.72 Auto calculated	2.27

2019-20	Head Count	Relative likelihood of BME staff entering into formal disciplinary process compared to white staff
BME	1	0.42%
White	4	0.15%
Not Stated	1	0.38%
<b>Total</b>	<b>6</b>	

2018-19	Head Count	Relative likelihood of BME staff entering into formal disciplinary process compared to white staff
BME	1	0.41%
White	23	0.90%
Not Stated	1	0.52%
<b>Total</b>	<b>25</b>	

4/ Relative likelihood of white staff accessing **non-mandatory training & CPD** compared to BME staff is

	2018-2019	2019-20	Difference
4	White staff 0.91 times more likely Auto calculated	White staff 0.99 times more likely Auto calculated	0.08

2019-20	Head Count	Enrolment Count	Head	Ratio
BME	240	240		100%
White	2612	2589		99.12%
Not Stated / Not Given	263	263		100%

2018-19	Head Count	Enrolment Count	Head	Ratio
BME	245	243		99.19%
White	2551	2315		90.75%
Not Stated / Not Given	191	176		92.15%

**5/ NHS Staff Survey:**

The 2019 NHS Staff Survey was completed by **1,348** staff this is a response rate of **47.1%** which is average for combined acute and community trusts in England (**47.5%**) and compares with a response rate in the Trust in 2018 of (**40%**) ,

For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.

Key Findings KF25, KF26, and KF21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

Note that for question Q17, the percentage featured is that of “Yes” responses to the question.

Key Finding and question numbers are the same in 2019 as 2018.  
**Figures in bold highlight BME figures**

**Indicator 5:**

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

Experiences of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has seen the figures for **white staff decrease by 1.4%** and a **2% increase for BME staff**

Data for previous year 2018	Data for reporting year 2019	2019 Average (median) for
White staff 28.4 % BME staff : 29.4%	White staff 27.0 % BME staff : 31.4%	Combined Acute and Community Trusts White staff- 28.2% BME staff- 29.9% <b>SOHT- 1.5% above average for BME staff</b>

**Indicator 6:**

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Experiences of experiencing harassment, bullying or abuse from staff in last 12 months has seen a **2.1% decrease for white staff** and a **decrease of 0.9% for BME staff**.

Data for previous year 2018	Data for reporting year 2019	2019 Average (median) for
White staff 25.7 % BME staff : 26.5%	White staff 23.6 % BME staff : 25.6%	Combined Acute and Community Trusts White staff- 25.8% BME staff- 28.8% <b>SOHT- 3.2% below average for BME staff</b>

**Indicator 7:**

Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

Experience of white staff has seen an increase of **2.8% increase for white staff** and an **increase decrease of 2.1% for BME staff**.

Data for previous year 2018	Data for reporting year 2019	2019 Average (median) for
White staff 80.5 % BME staff : 80.4%	White staff 83.3 % BME staff : 78.3%	Combined Acute and Community Trusts White staff- 86.7% BME staff- 74.4% <b>SOHT+ 3.9% above average for BME staff</b>

**Indicator 8:**

In the last 12 months have you personally experienced discrimination at work from any of the following manager / team leader or other colleague

Experience of white staff has seen a 0.6% decrease from 2018 and there has been a **decrease of 1.8% from 2018 for BME staff**

Data for previous year 2018	Data for reporting year 2019	2019 Average (median) for
White staff 7.0 % BME staff : 13.6%	White staff 6.4 % BME staff : 11.8%	Combined Acute a Community Trusts White staff- 6.% BME staff- 13.8% <b>SOHT- 2.% below avera for BME staff</b>

**Indicator 9:**

Percentage difference between the organisations’ Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

The information below provides information on the headcount and percentage difference between the organisations board membership and its overall workforce for BME and White Staff

By executive and non-executive board membership =  
BME: 14.29% White:78.57% Not Stated: 7.14%

**2019-20**

	Headcount	Headcount %	Board Headcount	Board Headcount %
<b>BME</b>	246	7.70%	2	14.29%
<b>White</b>	2791	83.88%	11	78.57%
<b>Not Stated</b>	310	8.44%	1	7.14%

**2018-19**

	Headcount	Headcount %	Board count	Board Headcount %
<b>BME</b>	258	8.18%	2	14.29%
<b>White</b>	2679	84.97%	11	78.57%
<b>Null</b>	23	0.73%	0	0.00
<b>Not Stated</b>	193	6.12%	1	7.14%

**10. Trust Actions taken to be compliant with the WRES (need to complete)**

- WRES Reporting template completed and sent to NHS England
- WRES Report completed and will be uploaded onto the Trust website
- WRES Action plan completed and to be reviewed and updates to be provided at each Valuing Our Peoples Assurance Group and Workforce Committee meeting

**11. Recommendations**

- WRES paper to be presented to the appropriate Trust Valuing Our Peoples Assurance Group and Workforce Committee meeting
- The Valuing Our Peoples Assurance Group and Workforce Committee meeting to:
  - Note that the NHS Workforce Race Equality Standard came into effect on the 1st April 2015 and is completed by the Trust on an annual basis.
  - Note that the Trust has put in place WRES action plan and agree that the performance against the plan will be reported through the various Trust wide Valuing Our Peoples Assurance Group and Workforce Committee meeting
  - An annual report will be compiled for submission to the NHS England Coordinator, Commissioner outlining progress on the Workforce Race Equality Standards.
  - Workforce Race Equality Standard report will be published on the Trust website
  - A copy of the WRES Indicators has been sent to NHS England

<b>ALERT   ADVISE   ASSURE (AAA) HIGHLIGHT REPORT</b>	
<b>COMMITTEE/GROUP:</b>	<b>AUDIT COMMITTEE</b>
<b>MEETING DATE:</b>	<b>14 OCTOBER 2020</b>
<b>LEAD:</b>	<b>MR JIM BIRRELL</b>
<b>KEY ITEMS DISCUSSED AT THE MEETING</b>	
<b>ALERT</b>	
<ul style="list-style-type: none"> <li>No Alerts arose at the meeting</li> </ul>	
<b>ADVISE</b>	
<ul style="list-style-type: none"> <li>The next meeting will review the 'control' sections of the Board Assurance Framework in order to help discharge its responsibilities for scrutiny of the Trust's control arrangements.</li> <li>A detailed Trust Assurance Map will be produced for consideration by the Committee.</li> <li>The Trust had received £250k to enhance Cyber Security resilience.</li> <li>A new Code of (External) Audit Practice had been introduced from 01 April 2020 but the detailed statutory Auditor Guidance Notes were still to be finalised. It was anticipated that the latter would include strengthening of the Value for Money Conclusion such as a need to provide a sharper focus on reporting in the key areas of financial sustainability, governance and improving economy, effectiveness and efficiency. Our External Auditors would advise the Trust of potential implications as soon as the information became available.</li> <li>There had been a significant improvement in the Declaration of Interest register compliance rate - the June figure of 56% had risen to 86%</li> <li>The Committee's choice of subject for a deep dive is "examination of the standard of data quality within clinical information systems". The actual work plan will be agreed with the Director of Nursing, Midwifery and Therapies.</li> </ul>	
<b>ASSURE</b>	
<ul style="list-style-type: none"> <li>The Committee received "substantial assurance" Internal Audit reports on Recruiting and Safeguarding</li> <li>The Anti-Fraud Service update highlighted that all of the 16 recent fraud warnings involved changing bank mandates. The Committee was assured that the Trust's systems were comparatively robust, although it was pointed out that human error was often the factor leading to fraud and that could not always be mitigated against.</li> <li>Following a referral for advice from the Workforce Committee, it was reported that there were sufficient processes and systems in place to ensure that staff concerns would surface appropriately within the Trust.</li> <li>An update on the risk management arrangements within the Trust enabled the Committee to reconfirm their belief that the approach was effective and meaningful</li> </ul>	
<b>New Risk identified at the meeting</b>	No new risks were identified at the meeting.
<b>Review of the Risk Register</b>	