NHS
Southport and Ormskirk Hospital
NHS Trust

AGENDA
BOARD OF DIRECTORS' MEETING

To be held at 1000 on Wednesday 03 March 2021

V = Verbal D = Document P = Presentation

Ref No.	Agenda Item	FOI exempt	Lead	Time
PRELIMINARY BUSINESS				***1000***
TB021/21 (V)	**Patient Story** *Purpose: To **receive** feedback*	*No*	*DoN*	10 mins
TB022/21 (V)	**Chair's welcome and note of apologies** *Purpose: To record apologies for absence and confirm the meeting is quorate.*	*No*	Chair	
TB023/21 (D)	**Declaration of interests** *Purpose: To record any Declarations of Interest relating to items on the agenda.*	*No*	*Chair*	5 mins
TB024/21 (D)	**Minutes of the previous meeting** *Purpose: To **approve** minutes of the meeting held on 3 Feb 21*	No	*Chair*	
TB025/21 (D)	**Matters Arising and Action Logs** *Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and **approve** completed actions.*	*No*	*Chair*	
STRATEGIC CONTEXT				**1015**
TB026/21 (D)	**Chair's Report** *Purpose: To **receive** an update on key issues from the Chair*	*No*	*Chair*	*5 mins*
TB027/21 (D)	**Chief Executive's Report** *Purpose: To **receive** an update on key issues from the CEO*	*No*	*CEO*	*10 mins*
COVID-19 UPDATE				**1030**
TB028/21 (P/D)	**Covid-19 Update** a) Covid-19 Update b) Infection Prevention Control Assurance Framework	*No*	*Execs DoN ADCG*	*45 mins*

*Purpose: To **receive** the Covid-19 Update*

INTEGRATED PERFORMANCE				**1115**
TB029/21 (D)	**Integrated Performance Report (IPR) Summary** *Purpose: To **note** the IPR for assurance.*	*No*	*CEO / DCEO*	
QUALITY & SAFETY				**1115**
TB030/21 (D)	**Quality and Safety Reports** a) Committee AAA Highlight Report b) Quality and Safety Performance Report *Purpose: To **receive** the reports for information and assurance*	*No*	*Cttee Chair DoN/MD*	15 mins
TB031/21 (D)	**Freedom to Speak up Guardian Quarterly Report (Q2&Q3)** *Purpose: To receive the Freedom to Speak up Guardian reports*	*No*	*DoN*	5 mins
OPERATIONS AND FINANCE				**1140**
TB032/21 (D)	**Finance, Performance and Investment** a) Committee AAA Highlight Report b) Operational Performance Report *c)* Financial Performance Report *d)* Director of Finance Report *Purpose: To **receive** the reports for information and assurance*	*No*	*Cttee Chair COO IDoF*	20 mins
WORKFORCE				**1200**
TB033/21 (D)	**Workforce Reports** a) Committee AAA Highlight Report *b)* Workforce Performance Report c) Safe Nursing and Midwifery Staffing Report *Purpose: To **receive** the reports for information and assurance.*	*No*	*Cttee Chair DoHR MD*	15 mins
ITEMS FOR INFORMATION				
CONCLUDING BUSINESS				**1215**
TB035/21 (V)	**Questions from Members of the Public** *Purpose: To **respond** to questions from members of the public received in advance of the meeting.*		*Public*	*5 mins*
TB036/21 (V)	**Message from the Board** *Purpose: To **approve** the key messages from the Board for cascading throughout the organisation*		*Chair*	*3 mins*

TB037/21 (V)	**Any Other Business** *Purpose: To **receive** any urgent business not included on the agenda*	*Chair*	*2mins*
	Date and time of next meeting: • 0900, Wednesday 07 April 2021		***1220 close***

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

Board of Directors Register of Interests
as at 01 March 2021

Southport and Ormskirk Hospital NHS Trust

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	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	Loyalty Interests	Other	Date of review and update
ARMSTRONG-CHILD, Mrs Trish	Chief Executive Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	25-Jan-21
BIRRELL, Mr Jim	Non-Executive Director	Nil	Nil	Nil	Lay Member of Cheshire & Merseyside Sub-Committee of Advisory Committee on Clinical Excellence Awards	Nil	Nil	Nil	07-Jan-21
BRICKNELL, Dr David	Non-Executive Director	Pilkington Family Trust St Joseph's Hospice The World of Glass Pilkington Glass Collection	Nil	Nil	Director, St Joseph's Hospice Director, Pilkington Family Trust Trustee at The Rainford Trust	Director, St Joseph's Hospice	Nil	Nil	20-Jan-21
CHRISTIAN, Mr Steven	Deputy CEO & Chief Operating Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	27-Jan-21
GIBSON, Mrs Pauline	Non-Executive Director Designate	Nil	Director: Excel Coaching and Consultancy	Nil	Nil	Nil	Nil	Nil	28-Jan-21
GORRY, Mrs Julie	Non-Executive Director	Nil	Nil	Nil	Nil	Specialist Adviser CQC (2015 to date) NHS Professionals-Public Health England (2020 to date) Project Adviser: Hospice of the Good Shepherd (2017 to 31 January 2021)	Nil	Nil	02-Feb-21

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as at 01 March 2021

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GREGORY, Mr Bill	Interim Director of Finance	Healthcare Business Partners Limited ND – Liaison Group	Shareholder – Healthcare Business Partners Ltd	Shareholder and person with significant control – Healthcare Business Partners Ltd	Trustee – Healthcare Financial Management Association (HFMA)	Lay member of Finance and General Purpose Cttee (University of Lancaster)			04-Jan-21
HANKIN, Dr Terrence	Medical Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	27-Jan-21
KATEMA, Mrs Sharon	Associate Director of Corporate Governance	Nil	Nil	Nil	Nil	Nil	Nil	Nil	26-Jan-21
LEES, Ms Bridget	Director of Nursing, Midwifery and Governance	Nil	Nil	Nil	Nil	Nil	Spouse employed by Trust as Pharmacy Technician	Nil	27-Jan-21
MASOM, Mr Neil	Chairman & Non-Executive Director	JSSH Ltd NDLM Ltd The Foundry (Loughborough) Management Company Ltd	Nil	Nil	Seashell Trust	Nil	Nil	Nil	27-Jan-21
POLLARD, Mr Graham	Non-Executive Director	Nil	Nil	Nil	Nil	Trustee at Alder Hey Children's Kidney fund	Nil	Employed by the University of Liverpool	27-Apr-20
ROYDS, Mrs Jane	Director of Human Resources& Organisational Development	Nil	Nil	Nil	Nil	Nil	Nil	Vice Chair of Governors, Farnborough Road Junior School, Southport	28-Jan-21

Board of Directors Register of Interests
as at 01 March 2021

NHS Southport and Ormskirk Hospital NHS Trust

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SHANAHAN, Mr Stephen	Director of Finance	Nil	Nil	Nil	Nil	Nil	Nil	Board Trustee – Age Concern Central Lancashire	05-Feb-20
SINGH, Mr Gurpreet	Non-Executive Director	Nil	GS Urology Ltd: providing practice & GMC work	Nil	Private practice at Ramsay Health Trustee at BAUS (British Association of Urological Surgeons) Trustee of the Southport and District Medical Education Centre Fund		Nil	Honorary Professorship with Bolton University	28-Jan-21

Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 MARCH 2021**
Agenda Item	**TB026/21**	**FOI Exempt**	**NO**
Report Title	**CHAIR'S REPORT**		
Executive Lead	Neil Masom, Trust Chair		
Lead Officer	Sharon Katema, Associate Director of Corporate Governance		
Action Required	☐ **To Approve** ✓ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

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

Executive Summary

This report seeks to apprise the Board of Directors of the Chair's activity since the last Board meeting held on 3 February 2021, in relation to:

- North West Regional Chairs' Meetings
- Covid19 Update
- Nurse recruitment
- Charitable Funds

Recommendations

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

Previously Considered By:

N/A

Strategic Objectives

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

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

Southport and Ormskirk Hospital NHS Trust

1. Introduction

1.1 This month, I begin by extending my personal thanks and gratitude to all our teams for the sterling work they continue to do in response to the Covid-19 pandemic. I have witnessed the pressures and challenges that both our clinical and non-clinical staff have faced and am acutely aware of how hard they have all worked in the last 12months.

2. Covid-19

2.1 Our Trust, like all other trusts, has had to respond to the impact of Covid-19 on our staff, and patients. To get a perspective of the quality of service we provide, in our patient story this month we will hear from Poppie and her mum Rosa who will share their experience of accessing our services at Ormskirk and how this was impacted by Covid-19.

2.2 In my last update, I advised that the Trust was seeing an increase in demand for Covid-19 beds. This position has shifted as it appeared, we are now on a downward curve due to the reduction in the number of inpatients and in critical care demand.

3. Feedback from External Meetings

3.1 In addition to the monthly Healthcare Partners call, I have continued to attend the fortnightly North West regional briefings to all NHS trust chairs. These meetings have proved to be a valuable networking opportunity with other trust chairs from across our region. The last briefings in February were focused on:

a) Workforce
b) Ethics
c) Future role of the Integrated Care System

4. Executive Director Recruitment

4.1 During February, the Trust conducted a selection process for the Chief Operating Officer and a Medical Director. A selection process for the Director of Finance is also scheduled in March.

5. Nurse recruitment

5.1 In my last update I advised that the Trust had welcomed 34 nurses as part of the international nursing recruitment campaign. A further 11 nurses have now joined the Trust and are currently in isolation in line with legislative requirements.

5.2 We will also shortly welcome a small of group of nurses from the refugee community. We are one of a three Merseyside trusts taking part in this pilot scheme run by NHSE/I.

6. Charitable Funds

6.1 In January, the Board received and approved the Southport and Ormskirk Charity Annual Report and Accounts for 2019/2020.

6.2 The Board is grateful to everyone who is raising money for Southport and Ormskirk Hospital Charity. We also continue to work with NHS Charities Together who are disbursing the tens of millions of pounds raised by the public this year.

Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**03 MARCH 2021**
Agenda Item	**TB027/21**	**FOI Exempt**	**NO**
Report Title	**CHIEF EXECUTIVE OFFICER'S REPORT**		
Executive Lead	Trish Armstrong-Child, Chief Executive Officer		
Lead Officer	Trish Armstrong-Child, Chief Executive Officer		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

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

Executive Summary

The attached briefing paper provides some high-level updates on activities within the Trust since the previous meeting of the Board of Directors in February. These include:

- Awards and Recognition
- News and Developments
- Trust News
- Reportable Issues Log
- Media Coverage
- Risk Register and Board Assurance Framework

Recommendation

The Board is asked to receive the report for information.

Previously Considered By:

N/A

Strategic Objectives

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

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

Southport and Ormskirk Hospital NHS Trust

CHIEF EXECUTIVE'S REPORT

1. Awards and Recognition

1.1 This month's Thanks A Bunch award went to Lauren-Jade Otto, Transformation Lead in the Project Management Office for her work organising our Covid-19 vaccination programme.

1.2 Congratulations to the Irritable Bowel Disease Team who had a poster presented at the Health Education England Advancing Practice Conference.

1.3 Easter came early for three colleagues who were among the top loggers of lateral flow test results. These kits were issued by the Trust before Christmas to help patient-facing staff test themselves for Covid-19. So, well done and Easter eggs for Amy Beardshaw, Radiographer; Alan Bond, Porter and Karen Clarke, Clerk on F ward, who were among the top loggers of their test results.

1.4 Our SO Proud Award are presented to staff who have gone above and beyond and selected from nominations by colleagues. This month ward manager Gayle Haney received her badge and certificate.

2 News and Developments

2.1 Covid-19

Over recent weeks, we have seen numbers of inpatients with Covid-19 reducing in line with community rates. At its peak in mid-January, 47% of inpatient beds at the Southport site were occupied with patients who were Covid-19 positive. At the time of writing this report this has reduced to 21%. We have also seen a reduction in critical care demand however, occupancy remains high and the Cheshire & Mersey system have been advised via GOLD command that we need to remain at surge level 3.

We have continued to focus on driving down nosocomial infections and daily Executive oversight continues 7 days a week. We are monitoring all our infection control practices and compliance through the Infection Prevention & Control Board Assurance Framework and an update was provided to this month's Quality & Safety Committee. The final piece of estates work around erecting Perspex screens within our ward areas has been completed this month.

Our vaccination programme continues and at the time of writing this report we have delivered 8,559 vaccines. From that total figure, that equates to 79.2% of our overall substantive staff. We recognise that staff who have been identified has Clinically Extremely Vulnerable (CEV) and from a BAME background are at a higher risk and we are monitoring vaccination uptake closely. At the time of writing 93.2% of staff identified as CEV and 76.5% of staff identified as BAME have been vaccinated. However, it is important to note we are continuously validating our data to ensure we capture staff who have had their vaccination at another site.

We have recently started to roll out vaccinations to some of our inpatients, it is recognised this needs planning and co-ordination. The first roll out began in our Spinal Injuries Unit in mid-February.

At the height of our Covid-19 peak it was more important than ever to maintain the flow of patients through the hospital. We have been helped in this by the roll out of a discharge taskforce

supported by the local NHS and social care partners. Their focus has been to seek out patients ready to step-down from hospital and expedite their discharge to a more suitable and safer setting. The work of everyone involved has paid huge dividends with a 32% drop in super-stranded patients in January alone (i.e. those waiting more than 21 days to go home).

There have been excellent examples of partnerships working for the benefit of patients and something we plan to build on.

2.2 Shaping Care Together

The Shaping Care Together discussions continue with local residents and community groups with a wide and diverse range of participation both in online discussion groups and on the engagement platform. Both West Lancashire and Southport & Formby Overview & Scrutiny Committees have received a briefing this month and we continue to work with all stakeholders across the area to gather their views. The programme is being promoted across social media and online media channels.

We are encouraging everyone to visit www.yoursayshapingcaretogether.co.uk for more information about the Shaping Care Together programme and to complete a short survey. However, if anyone would prefer to speak to someone or requires information in a different format or language, we have a designated number that they can call 01695 588025.

3 Trust News

3.1 Major Trauma Network Status Confirmed

Last month, the Cheshire and Merseyside Major Trauma network carried out an annual review of the Trust's suitability to form part of the regional Major Trauma Network as a trauma receiving unit. Status was granted for a further 12 months.

Of note, was the introduction of the Silver Trauma Assessment at Triage tool for identifying elderly trauma patients on arrival, and the "straight to CT" rule for elderly patients or patients with high risk factors and chest wall injury to undergo a chest CT rather than an X-ray. The peer review team was pleased by the quality of data submitted to the National Trauma Database and the trauma care provided during the pandemic.

3.2 Feel Good February

The wellbeing of our staff has never been more important given the pressures they have faced over the past year of the pandemic. Our Organisational Development Team led a programme of "feel good" events, including tips, ideas and signposting to help everyone feel a more positive during the cold, gloomy days of February. Thank you to local businesses who donated gifts to staff as part of Feel-Good February, including Morrison's at Maghull and Ormskirk, and John Lewis and Partners.

4 Reportable Issues Log

Issues occurring between 25 January 2021 – 22 February 2021

4.1 Serious Incidents and Never Events

No Never Events to report.

One Serious Incident reported which relates to a potential delay in diagnosis, this is currently subject to an investigation.

4.2 Level Four and Five Complaints

Two level 4 complaints received – one in relation to a hospital fall and one in relation to poor communication during a birth. These will be investigated through the Trust's complaints process.

4.3 Regulation 28 Reports

No regulation 28's issued.

5 Media coverage

- Mum, 25, discovers mental health problems were caused by brain tumour (Lancs Live, 29 Jan 2021): https://www.lancs.live/news/lancashire-news/mum-25-discovers-mental-health-19731325
- Southport and Ormskirk doctor's new book gives jargon-free insight into hormone conditions (In Your Area, 6 February 2021): https://www.inyourarea.co.uk/news/southport-and-ormskirk-doctors-new-book-gives-jargon-free-insight-into-hormone-conditions/
- Health leaders want your say on future plans (Champion newspapers, February 2021) https://champnews.com/story.asp?id=GN4_ART_1800852
- 300 student nurses from UCLan sent to the Covid frontline at hospitals across the North West (Blog Preston, 17 February 2021) https://www.blogpreston.co.uk/2021/02/300-student-nurses-from-uclan-sent-to-the-covid-frontline-at-hospitals-across-the-north-west/

6 Risk Register and Board Assurance Framework

Risk registers have been updated and presented at this month's sub committees. There are no significant changes to note.

Trish Armstrong-Child
Chief Executive
23 February 2021

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Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 MARCH 2021**
Agenda Item	**TB028/21b**	**FOI Exempt**	**NO**
Report Title	**INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK**		
Executive Lead	Bridget Lees, Director of Nursing, Midwifery, Therapy & Governance		
Lead Officer	Andrew Chalmers, Consultant Nurse/Deputy Director - Infection Prevention & Control		
Action Required	☐ **To Approve** ☐ **To Assure**	✓ **To Note** ✓ **To Receive**	

Purpose

The purpose of this report is to provide the Board with an update in relation to the Trust's position against the measures within the Infection Prevention and Control (IPC) Board Assurance Framework (BAF).

Executive Summary

The IPC BAF was first reported to the Board in July 2020, it was last presented to this committee in January 2021 and will be submitted to Quality & Safety Committee and Board monthly going forward. The latest version of the IPC BAF shows that we have completed 74 of the 98 areas included in the IPC BAF and we are progressing on schedule for the other 24. We have systems and processes in place to manage and monitor IPC guidance and identify risks.

In addition, NHSE/I have introduced the '10 Key actions: Infection Prevention and Control and Testing' document, a summary version of the full IPC BAF. We have developed a reporting template to monitor compliance, this is presented to Silver and Gold Command on a weekly basis.

Progress

Since the last report several initiatives have been developed to monitor progress including:

- All wards and clinical areas not compliant with the 2m bed spacing have now been fitted with screens with the exception of Ward 11b (due to this previously being a Covid-19 cohort area, this is due to be completed by the end of February 2021). This is currently an extreme risk on the risk register, and this will be downgraded on completion of the roll out plan.
- Trust has procured isolation screens between bed spaces in low risk areas and they are currently being installed across the Trust (both sites) - as of 03 March 18 wards and clinical areas on the Southport and Ormskirk sites, The Treatment Centre at Ormskirk is partially completed and 6 areas have had Tracks installed.
- Roll out of staff Covid-19 Vaccination Programme - as of 5 February 2021 6,839 first doses have been administered
- Fit Testing - Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available using a portacount machine to check the fit. As of 26 January, we are still reporting 1,991 staff training records and this figure has remained the same since December 2020. As from the week commencing 08 February the Trust has commissioned an external resource to carry out fit testing for staff. This will enable staff to access non-3M masks as per national PHE guidance. This will also enable a dedicated resource to fit test for two days a week at Ormskirk, this will also improve the data collection process for reporting.
- PPE Donning and Doffing training is now recorded on ESR. As of 09 February, a total of 887 staff from several disciplines have been recorded as compliant.
- In addition, IPC audits and mandatory training continues to be monitored:
  - Hand Hygiene Audits - Trust compliance for January 2021 was at 100% (above target)

Southport and Ormskirk Hospital NHS Trust

- PPE Compliance Audits - Trust compliance for January 2021 was 98.1% (below target)
- IPC Mandatory Training - Compliance –
  a. Level 1 - January 2021 at 91.24% (above target)
  b. Level 2 - January 2021 at 78.72% (below target)

- Mitigating Actions have been developed for potential gaps in assurance, details of which are included in the template.
- This framework will be regularly revisited to monitor progress and mitigation regarding gaps and compliance against any new or amended guidance. Updates will continue to be presented to IPC Assurance Group, Quality & Safety Committee and Trust Board.

Recommendations

The Board is asked to **receive** and **note** progress in relation to measures within the IPC BAF.

Previously Considered By:

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

Strategic Objectives

- ✓ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services
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- ☐ **SO6 Engage** strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

Prepared By:	**Presented By:**
Andrew Chalmers | Jo Simpson	Bridget Lees

Publications approval reference: 001559

Infection prevention and control board assurance framework

15 October 2020, Version 1.4

Updates since previous versions are highlighted in **bold**

Foreword

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

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

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

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

Ruth May
Chief Nursing Officer for England

1. Introduction

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

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

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

2. Legislative framework

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

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

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

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

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
Systems and processes are in place to ensure:					
• infection risk is assessed at the front door and this is documented in patient notes	Risk assessments used in • ED (Adults & Children's) also Red and Green areas • Out patients – patient temperatures monitored at front door • Maternity	None identified	N/A		
• patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	• Reviewed following updated guidance in relation to swabbing all admitted patients. • As part of surge plan Covid-19 wards identified, BI dashboard allows bed managers to review status of patients. • Asymptomatic patients awaiting swab results are risk assessed and co-horted. • Risk assessments in place. Patients moved accordingly. • All bed moves considered in 3x daily bed meetings (7 days a week) • No patient is moved unnecessarily	None identified	N/A		
• compliance with the national guidance around discharge or transfer of COVID-19 positive	• Patients are swabbed prior to discharge or transfer and status is documented in discharge summary • All patients discharged are given	None identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
patients	relevant information				
• **monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice**	• Ward Walking by Quality Matrons and IPC Team • Hand Hygiene Audits (Trust compliance end January 2021 **(100%),** this is an improvement on last month (99.3% December 2020) • PPE Compliance Audits for end January 2021 **(98.1%),** this is a slight decrease on last month (99% December 2020).	Potential for inadvertent non-compliance by individual staff in clinical areas	• Ward Walking by Quality Matrons, IPC Team and senior leaders • Weekly Perfect Ward audits commenced w/c 26.10.20 to monitor PPE compliance and IPC standards across wards		
• **monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice**	• As above - PPE Compliance Audits for end January 2021 **(98.1%)**	Potential for inadvertent non-compliance by individual staff in clinical areas Due to current pressures on wards, the role of Covid Champions has not been implemented.	• Staff redeployed to IPC Team to support Ward Walking and promoting PPE compliance • Ward Walking by Quality Matrons, IPC Team and senior leaders • Weekly Perfect Ward audits commenced w/c 26.10.20 to monitor PPE compliance and IPC standards across wards		
• **staff testing and self-isolation strategies are in place and a process to respond if transmission rates of COVID-19 increase**	1. Staff screening in place – wards with increased cases of Covid are screened and rescreened. 2. 500 staff enrolled in Siren Study (screening every 2 weeks) 3. Asymptomatic screening / Lateral Flow testing has been offered to all patient facing staff 4. Staff with symptoms are told to self-isolate and screening is arranged via Health & Wellbeing Team	None identified	N/A		
• **training in IPC standard infection control and transmission-based precautions are**	• IPC Mandatory Training - Compliance – Level 1 Jan 21 (**91.24%)** – Target achieved and improvement on previous month.	Not reached 85% target for Level 2 IPC training in December	CBUs to review staff who are shielding to ensure they are up to date with mandatory training.		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
provided to all staff • **IPC measures in relation to COVID-19 should be included in all staff Induction and mandatory training**	• Level 2 training Jan 2021 **(78.72%)** – below target and a slight decrease on previous month. • IPC training is covered in Clinical Induction which has remained mandatory for all new starters during Covid • Online You Tube training		Frequent reminders re IPC best practice circulated in Trust News. Information re IPC provided to staff at safety huddles Ward Walking by Quality Matrons, IPC Team and senior leaders		
• **all staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work**	• Communications briefs (over 30 key messages about wearing face masks, hand hygiene and social distancing have been included in Trust News since 11 Sept 20) • Ward Walking in place to remind staff re PPE compliance and provide training as needed • Matron of the day on site 7 days a week • IPC Team presence on site 7 days a week • All corporate staff required to wear face masks at desks in Corporate Management Office (CMO)	None identified	N/A		
• all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance	• As of **09.02.2021**, a total of **887** staff from a number of disciplines have been recorded on ESR as having received training in donning & doffing of PPE. This figure has declined from the previous week due to staff leaving the Trust and being taken off ESR. Work is ongoing to continuously update the central training records from local records, as local areas complete their training sessions.	Training records in relation to Donning & Doffing training is currently paper based but in process of moving to electronic (ESR)	Records are held locally and process underway to record training records electronically on ESR to enhance the reporting of IPC training, which will include sub-sections of donning and doffing – to date 886 records moved to ESR Enhance fit testing overview to allow procurement to be targeted to equipment already tested for.		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)

	• Fit Testing - Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available using a portacount machine to check the fit.
	  ○ Trust has now moved to an in-house built system and part of the improvements was data quality which has caused for erroneous records to be removed.
	  ○ As of **26.01.2021**, we are still reporting **1991** staff training records (this is figure has remained the same since December 2021. Silver command is reviewing the data collection process to ensure all data is being collected. As from w/c 08.02.2021 the Trust has commissioned an external resource to carry out fit testing for staff, this will enable staff to access non 3M masks as per national PHE guidance. This will also enable a dedicated resource to fit test for two days a week at Ormskirk.
	• Comms circulated to staff if / when guidance changes.
	• Staff redeployed to IPC Team to support Ward Walking and promoting PPE compliance
	• IPC Operational meetings in place
	• Since June 2020 (when all staff were required to wear face masks)				

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	'wearing face mask correctly' posters has been provided through Trust news and posters around hospital • All corporate staff required to wear face masks at desks in CMO and these are provided by the Trust at all access points with hand gel and signs indicating how to put the masks on safely.				
• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	• Yes, single point of contact (SPOC) e-mail monitored 7 days. Disseminated through IPC Operational Group, clinical reference group (CRG), CBU & Support Cells or Bronze, Silver and Gold to wards, clinical and corporate areas.	None identified	N/A		
• changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	• As above, risks in relation to Covid-19 (PPE, equipment, service moves and staffing). Reviewed by IPC group, Gold command and Clinical Reference Group (CRG).	None identified	N/A		
• risks are reflected in risk registers and the Board Assurance Framework where appropriate	• Yes, Covid-19 related risks reviewed on weekly basis and reported through Gold, ETM, QSC (monthly) and Board (monthly)	None identified	N/A		
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	• Work process in place for non covid infections which is linked into Medway and reported through the IPC epidemiological IT program. • Swabbing and screening processes in place for other infections such as MRSA, CDIFF etc. • Risk assessments in place, all clinical areas are zones into red or green.	Capacity in IPC Team has been temporarily reduced by two nurses.	IPC Team temporarily supported for a short time by redeployed staff and Quality Matrons for IPC audits. Two vacant posts successfully filled (permanent Matron and 6 months Band 6). Due to start in post 01/02/21		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	• Monthly IPC report in place • Quality Priority (including IPC) monthly reports submitted to QSC and Board.				
• **that Trust CEOs or the executive responsible for IPC approve and personally signs off, all data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner.**	• Deputy DIPC / IPC Team review and confirms the data produced by BI Team which is then ratified by the DIPC (in absence will be CEO) 7 days a week.	None identified	N/A		
• **ensure Trust Board has oversight of ongoing outbreaks and action plans.**	• Reported through Outbreak meetings to Silver and Gold command structures then to Board • Reported via Quality & Safety Committee. • Outbreak and Enhanced Operational IPC meetings in place • COVID Updates and Outbreaks reported to Trust Board	None Identified	N/A		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections					
Systems and processes are in place to ensure:					
• designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	• IPC Mandatory Training - Compliance – Level 1 Jan 21 (**91.24%)** – Target achieved and improvement on previous month. • Level 2 training Jan 2021 **(78.72%)** – below target and a slight decrease on previous month. • IPC training is covered in Clinical	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	Induction which has remained mandatory for all new starters during Covid • You Tube video remains on line and latest guidance available on intranet and in clinical areas. • Ward Walking by Quality Matrons and IPC Team to provide advice and support • Weekly Perfect Ward audits commenced w/c 26.10.20 to monitor PPE compliance and IPC standards across wards				
• Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	• Additional investment in domestic cleaning teams. • Enhanced cleaning teams already in place for high risk areas. • Enhanced cleaning and Covid isolation cleans are reported in the Covid Executive summary. In January 2021, 1159 Covid Isolation cleans and 259 other isolation cleans were carried out. • Specific training has been provided for cleaning staff including enhanced donning and doffing and fit testing. • Training records for Domestics (including fit test) and annual staff competencies are held centrally.	None Identified	N/A		
• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	• Yes –cleaning schedule in place. IPC team confirmed we use chlorine dioxide above the recommended guidance. • Additional investment in domestic cleaning teams. • Enhanced cleaning teams already in place for high risk areas. • Wards, bays and side rooms cleaned	Central overview of cleaning compliance.	• New sitrep in place monitoring sign off of cleaning schedules • Plans for development of a rapid response team to bolster the service for the winter period.		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	twice a day with enhanced cleansing for toilets and bathrooms – 5x across 24hrs • In January 2021, 1159 Covid Isolation cleans and 259 other isolation cleans were carried out.				
• increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	• Yes, A&E and ITU have dedicated cleaning teams. Enhanced cleaning schedules in place in line with national guidance • Wards, bays and side rooms cleaned twice a day with enhanced cleansing for toilets and bathrooms – 5x across 24hrs	None Identified	N/A		
• cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	• Trust uses Tristel disinfectant/cleaner containing chlorine dioxide throughout the Trust. Also use Clinell universal wipes which meet criteria specified in national guidance • Discussed at IPC Assurance meeting and agreed to continue to use Tristel throughout the Trust. This will continue to be reviewed	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance:'	• Domestic Staff – instruction included in cleaning procedures. Communications reminder to be shared with clinical and corporate staff • Staff comms circulated in Trust News (October 2020 and January 2021) regarding disinfectant products to make sure we allow to air dry for at least 60 secs.	None Identified	N/A		
• frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids	• Domestic Cleaning schedules have been revised and updated in clinical areas • Wards, bays and side rooms cleaned twice a day with enhanced cleansing for toilets and bathrooms – 5x across 24hrs • New sitrep in place monitoring sign off of cleaning schedules	None Identified	N/A		
• electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	• Multi use spaces and hot desking - responsibility of user to wipe down before and after use. • Reminder on Covid Ward Standards and promoted via Trust News and in addition reviews by ward walkers.	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff(at least twice daily)	• Domestic Cleaning schedules have been revised and updated in clinical areas, • Wards, bays and side rooms cleaned twice a day with enhanced cleansing for toilets and bathrooms – 5x across 24hrs	None Identified	N/A		
• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	• Laundry bagged in calcium alginate bags then wrapped in clear plastic packaging	None Identified	N/A		
• single use items are used where possible and according to Single Use Policy	• Yes, Single Use Policy is included in IPC Manual	None Identified	N/A		
• reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	Yes, all through HSDU. • Beds and equipment is wiped down with disinfectants at ward level • Air mattresses are bagged by Medical Equipment Library (MEL) staff and outsourced for cleaning and returning. • MEL cleans pumps and other equipment with clinell wipes	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• **ensure cleaning standards and frequencies are monitored in nonclinical areas with actions in place to resolve issues in maintaining a clean environment**	• Domestic Team Leaders monitor non-clinical areas at a reduced frequency. • Corridors and public areas – Trust completing enhanced cleaning overnight.	None Identified	N/A		
• **ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the dilution of air**	• Trust has a filtered balanced air ventilation system with supply and extract in all patient areas. In addition to this there is natural ventilation eg windows	None Identified	N/A		
• **there is evidence organisations have reviewed the low risk COVID-19 pathway, before choosing and decision made to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants**	• Discussed at IPC Assurance meeting and agreed to continue to use Tristel throughout the Trust. This will continue to be reviewed.	None Identified	N/A		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance					
Systems and process are in place to ensure:					
• arrangements around antimicrobial stewardship are maintained	• Daily Intensive Care Unit ward rounds have been maintained as previously, as have weekly C. difficile ward rounds. • NICE gap analyses are all up to date. • Regular monitoring of antimicrobial resistance on the Spinal Injuries Unit	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	is still being maintained, as planned following an outbreak of a Gentamicin-resistant Gram negative organism last year. • The new adult guidelines were approved at the Antimicrobial Stewardship Committee. Comments were invited from the rest of the trust and then approved by the Drugs and Therapeutics Committee. The new guidelines were published on 5th August via the new Microguide app with trust emails and junior doctor induction presentations alerting staff to the change. • Antimicrobial stewardship committee continue to meet quarterly, last meeting on 25 November 2020. • Audit results from Oct 20: indication (reason for prescribing) documented in 72%; appropriateness of prescription 84%; reviewed in 72h 94% • The most recent antibiotic audit (Dec 20) provided assurance (provisional results) - indication for antibiotics were documented in 73% of patients; appropriateness of prescription of 89%; and a review was done at 72 hours for 97%. Next audit due March 2021. • New planned Antimicrobial audits (to be run in Jan 21): Omitted doses over the weekend; gentamicin dosing (re-audit); renal adjustment in antimicrobials; Teicoplanin dosing.				

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• mandatory reporting requirements are adhered to and boards continue to maintain oversight	• Yes via AAA (Drugs and Theraputics Committee and IPC Assurance Committee to Quality & Safety Committee)	None Identified	N/A		
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion					
Systems and processes are in place to ensure:					
• implementation of national guidance on visiting patients in a care setting	• We are adhering to regional Cheshire & Merseyside guidance in relation to visiting. Exemptions are in place for End of Life patients, birthing partners in maternity. Parents or Carers in paediatrics and partners of women experiencing pregnancy loss	None Identified	N/A		
• areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	• Risks assessments in place and clinical areas are Zoned as Red, Amber and Green	None Identified	N/A		
• information and guidance on COVID-19 is available on all Trust websites with easy read versions	• Yes available on website and recorded message on Trust telephone. • Adequacy checked by Equalities Lead	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	• Yes, included in discharge summary • Discharge coordinators and planners also discuss and verify during discharge planning.	None Identified	N/A		
• **there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice.**	• Risk assessments in place, all clinical areas are zoned into red or green. • PPE posters in place in corridors and near entrances to wards and within wards • Ward walkers to regularly check visibility. • New posters in place around the Trust featuring the Medical Director	None Identified	N/A		
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people					
Systems and processes are in place to ensure:					
• **screening and triaging of all patients as per IPC and NICE Guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases.**	• (1) Emergency admissions – patients assessed for symptoms and also swabbed • (2) Planned admissions – patients swabbed prior to admission and provided with guidance and patients asked to phone in if they are symptomatic. • (3) Outpatients – Move to virtual clinics where possible, if need to attend in person, patients are provided with written information regarding signs and symptoms of Covid and asked to rearrange if symptomatic. In addition temperature checks and symptom checks	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	completed on entrance to clinics.				
• front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection as per national guidance	• Reconfiguration of adults and children's ED and Maternity services. Signs are displayed at all entrances. • Additional reconfiguration in other clinical areas in line with surge plan – QIAs completed and in place	None Identified	N/A		
• **triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible**	• Algorithm in place for assessing low risk, possible and probable patients as they enter ED and outpatient appointments. Patients are then allocated an appropriate pathway	None Identified	N/A		
• **face coverings are used by all outpatients and visitors**	• Masks are provided for all patients and staff as they come through front doors.	Some patients may be exempt as per Government guidelines.	N/A		
• **staff are aware of agreed template for triage questions to ask**	• Yes, set of questions identified and asked at ED and Outpatients	None Identified	N/A		
• **face masks are available for patients with respiratory symptom**	• Yes, all patients are encouraged to wear facemasks and provided with written guidance.	Some patients may be exempt as per Government guidelines.	N/A		
• provide clear advice to patients on use of face masks to encourage use of surgical facemasks by	• Yes, all patients are encouraged to wear facemasks and provided with written guidance.	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
all inpatients in the medium and high-risk pathways if this can be tolerated and does not compromise their clinical care					
• Ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff	• Patients are segregated and in addition we have screens for reception staff and volunteers at front door • Where able to Trust is increasing the distance between patient beds on wards and extended space between chairs in waiting areas. • Trust also reviewing the use of screens where social distancing is restricted	Potentially areas where patient social distancing will be less than 2 meters due to the environment Lack of side rooms to isolate	To mitigate we are providing face masks, reducing clutter, promoting the use of pulled privacy curtains between bed spaces and exploring the use of screens as a physical barrier between patients Readirooms being used where needs are identified. Trust has procured isolation screens between bed spaces – they are currently being installed across the Trust (both sites) – As of **03.02.2021** 18 wards and clinical areas on the Southport and Ormskirk sites, The Treatment Centre at Ormskirk is partially completed and 6 areas have had Tracks installed. All wards and clinical areas not compliant with the 2m bed spacing have now been fitted with screens with the exception of Ward 11b (due to this previously being a Covid co-hort areas, this is due to be completed w/c 15.02.21. Southport site has been prioritised, however the decision has been		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
			made to roll out screens between bed spaces in all clinical areas across both sites		
• **for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative**	• We isolate patients with new onset symptoms and investigate potential contacts • Labs report cases and PHE instigate track and trace	Lack of side rooms to isolate	Readirooms are used to isolate when side rooms not available		
• **patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested**	• Risk assessments completed for admissions and patients co-horted or allocated side rooms accordingly. Status data is displayed on BI dashboard – different status are colour coded	Patient could become positive whilst in an 'asymptomatic' bay or potential to develop Covid from positive patient	Patients moved to appropriate area based on clinical need. Readirooms are used to isolate when side rooms not available IPC Team to liaise with Patient Flow Team and Business Intelligence Team		
• patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	• SOPs in place, patients are risk assessed and swabbed (where appropriate)eg GAB, Maternity, Cancer, Outpatients and Radiology • Virtual appointments are / will be offered where appropriate	None Identified	N/A		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection					
Systems and processes are in place to ensure:					

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• **separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas**	• One way system (corridors and stairways) in place across Trust and designated lifts for Covid and non Covid patients.	None Identified	N/A		
• all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	• IPC Mandatory Training - Compliance – Level 1 Jan 21 (**91.24%)** – Target achieved and improvement on previous month. • Level 2 training Jan 2021 **(78.72%)** – below target and a slight decrease on previous month. • covered in Clinical Induction which has remained mandatory for all new starters during Covid • Ward Walking by Quality Matrons and IPC Team	Not reached 85% target for Level 2 IPC training in December	CBUs to review staff who are shielding to ensure they are up to date with mandatory training. Frequent reminders re IPC best practice circulated in Trust News. Information re IPC provided to staff at safety huddles Ward Walking by Quality Matrons, IPC Team and senior leaders		
• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	• As of **09.02.2021**, a total of **887** staff from a number of disciplines have been recorded on ESR as having received training in donning & doffing of PPE. This figure is a small decrease from the previous week. Work is ongoing to continuously update the central training records from local records, as local areas complete their training sessions.	Training records in relation to Donning & Doffing training is currently paper based but in process of moving to electronic (ESR)	Records are held locally and process underway to record training records electronically on ESR to enhance the reporting of IPC training, which will include sub-sections of donning and doffing – to date 887 records moved to ESR Enhance fit testing overview to		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	• Fit Testing - Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available using a portacount machine to check the fit. ○ Trust has now moved to an in-house built system and part of the improvements was data quality which has caused for erroneous records to be removed. • As of **26.01.2021**, we are still reporting **1991** staff training records (this is figure has remained the same since December 2021. Silver command is reviewing the data collection process to ensure all data is being collected. As from w/c 08.02.2021 the Trust has commissioned an external resource to carry out fit testing for staff, this will enable staff to access non 3M masks as per national PHE guidance. This will also enable a dedicated resource to fit test for two days a week at Ormskirk. • You Tube video remains on line and latest guidance available on intranet and in clinical areas • Weekly Perfect Ward audits commenced w/c 26.10.20 to monitor PPE compliance and IPC standards across wards		allow procurement to be targeted to equipment already tested for.		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• a record of staff training is maintained	• Yes mandatory training compliance is recorded on ESR and reported monthly • Fit Testing - Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available using a portacount machine to check the fit. o Trust has now moved to an in-house built system and part of the improvements was data quality which has caused for erroneous records to be removed. •	Training records in relation to Donning & Doffing training is currently paper based but in process of moving to electronic (ESR)	Records are held locally and process underway to record training records electronically on ESR to enhance the reporting of IPC training, which will include sub-sections of donning and doffing – to date 886 records moved to ESR Enhance fit testing overview to allow procurement to be targeted to equipment already tested for.		
• appropriate arrangements are in place that any reuse of PPE in line with the MHRA CAS alert is properly monitored and managed	• Existing CAS alert process is still in place and escalated via Silver Command or SOS cell • The original April guidance was withdrawn on 10/09/20 as PPE stocks had increased.	None Identified	N/A		
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	• Any incidents are recorded in Datix and investigated accordingly • Communications to staff to remind them to Datix any issues. Any incident responses are managed daily if required and SIRG if applicable and with Health & Safety	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• adherence to PHE national guidance on the use of PPE is regularly audited	• IPC Audits in place, any issues identified are raised at the time with individuals. Any patterns / themes and trends would determine what additional training is needed going forward. • Ward Walking by Quality Matrons and IPC Team • If individuals repeatedly fail to adhere to Trust standards, this will be escalated. • Weekly Perfect Ward audits commenced w/c 26.10.20 to monitor PPE compliance and IPC standards across wards • Hand Hygiene Audits -Trust compliance end January 2021 **(100%),** this is an improvement on last month (99.3% December 2020) • Monthly PPE audit compliance end January 2021 **(98.1%),** this is a slight decrease on last month (99% December 2020). • Use of the IPC NHSE/I audit tool published December 2020	None Identified	N/A		
• **hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as:** • **hand hygiene facilities including instructional posters**	• Hand Hygiene facilities in all clinical areas with automated soap dispensers and paper towel dispensers • Instructional posters adjacent to each hand-wash basin. • All patients are asked to wear face masks, all staff are required to wear facemasks and all visitors and patients attending outpatient clinics				

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• **good respiratory hygiene measures** • **maintaining physical distancing of 2 metres wherever possible unless wearing PPE as part of direct care** • **frequent decontamination of equipment and environment in both clinical and non-clinical areas** • **clear advice on use of face coverings and facemasks by patients/individuals, visitors and by staff in non-patient facing areas**	are asked to wear face coverings • We have segregation in place to minimise risks to patients and in addition we have screens for reception staff and volunteers. • Where able to Trust is increasing the distance between patient beds on wards and extended space between chairs in waiting areas. • Trust also reviewing the use of screens where social distancing is restricted • Posters visible promoting social distancing and wearing of face masks	Potentially areas where patient social distancing will be less than 2 meters	To mitigate we are providing face masks, reducing clutter, promoting the use of pulled privacy curtains between bed spaces and exploring the use of screens as a physical barrier between patients Trust has procured isolation screens between bed spaces – they are currently being installed across the Trust (both sites) – As of **03.02.2021** 18 wards and clinical areas on the Southport and Ormskirk sites, The Treatment Centre at Ormskirk is partially completed and 6 areas have had Tracks installed. All wards and clinical areas not compliant with the 2m bed spacing have now been fitted with screens with the exception of Ward 11b (due to this previously being a Covid co-hort areas, this is due to be completed w/c 15.02.21. Southport site has been prioritised, however the decision has been made to roll out screens between bed spaces in all clinical areas across both sites		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• staff regularly undertake hand hygiene and observe standard infection control precautions	• Process in place for hand hygiene audits and standard IPC observations. • Hand Hygiene Audits -Trust compliance end January 2021 **(100%),** this is an improvement on last month (99.3% December 2020)	None Identified	N/A		
• hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance	• All hand dryers have been deactivated and paper towel dispensers and waste bins are in place in all areas	None Identified	N/A		
• guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas	• Wipeable signs and pictorial guides on hand hygiene posted in public and staff toilets	None Identified	N/A		
• staff understand the requirements for uniform laundering where this is not provided for on site	• Yes, this has been communicated to staff through communications.	None Identified	N/A		
• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a	• Yes, this has been communicated to staff through communications. • SOP including flow chart in place explaining how to contact absence line and swabbing referrals •	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
member of their household display any of the symptoms					
• **a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals)**	• Daily sitreps in place produced by BI Team in conjunction with IPC and staff health and wellbeing. Circulated to all board members. • If outbreak detected IPC measures are put in place and reported via Outbreak meeting to Silver and Gold command structures then to Board	None Identified	N/A		
• **positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported.**	• All positive cases are reported to the consultant microbiologist and IPC Team who review cases and determine appropriate action based on NHSE/I guidelines. • COVID-19 RCA in place for infections where criteria is met. • DIPC signs off all cases. • Outbreak meetings are convened when criteria is met.	None Identified	N/A		
• **robust policies and procedures are in place for the identification of and management of outbreaks of infection**	• IPC Policy in place and IPC manual available for guidance. • Covid-19 policy also in place	None Identified	N/A		
7. Provide or secure adequate isolation facilities					
Systems and processes are in place to ensure:					
• **restricted access between pathways if possible, (depending**	• COVID-19 pathways in place. On admission patients are assigned to a covid zone (red, amber green).	Occasional movement of staff between wards and clinical areas due to capacity	If reallocation required this is advised to occur at the start of shifts to decrease the risk of cross		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff	Green areas are on the Ormskirk site, amber areas are paediatrics, maternity and emergency surgery and medicine wards. Red areas are wards with covid positive or strongly suspected patients primarily on the Southport site. • Staff are assigned individual wards and on the whole are kept within that ward unless there are extenuating circumstances		contamination		
• **areas/wards are clearly signposted, using physical barriers as appropriate to patients/individuals and staff understand the different risk area**	• All wards are locked down and clear signage indicating Covid zone status and PPE requirements	None Identified	N/A		
• patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	• As per surge plan, there are designated COVID and non-COVID wards and cohorted bays and side rooms, for additional isolation capacity Gama Redirooms are available.	Limited availability of Side Rooms	Bed base reviewed by Bed Manager, Gama Redirooms are available.		
• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	• Escalation plan is to cohort in larger areas to support patients and maintain distancing	Limited availability of Side Rooms Isolation screens installed between bed spaces	Bed base reviewed by Clinical Coordinator/Bed Manager, Gama Redirooms are available where possible Trust has procured isolation screens between bed spaces – they are currently being installed across the Trust (both sites) – As of **03.02.2021** 18 wards and clinical areas on the Southport and Ormskirk sites, The Treatment		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
			Centre at Ormskirk is partially completed and 6 areas have had Tracks installed. All wards and clinical areas not compliant with the 2m bed spacing have now been fitted with screens with the exception of Ward 11b (due to this previously being a Covid co-hort areas, this is due to be completed w/c 15.02.21. Southport site has been prioritised, however the decision has been made to roll out screens between bed spaces in all clinical areas across both sites		
• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	• Yes, IPC Team epidemiology package IC net interacts with Lab Systems or PAS systems	None Identified	N/A		
8. Secure adequate access to laboratory support as appropriate					
There are systems and processes in place to ensure:					
• **ensure screens taken on admission given priority and reported within 24hrs**	• Patient tests are processed by St Helen's and Knowsley NHS Trust who provide audit information on processing times.	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• **regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available**	• Audits are undertaken by St Helen's and Knowsley NHS Trust and reported to laboratory contracting group	None Identified	N/A		
• testing is undertaken by competent and trained individuals	• Yes, testing undertaken by labs at St Helen's and Knowsley NHS Trust, comply with all clear national guidance	None Identified	N/A		
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	• Yes, Trust commenced staff testing with private provider early March 2020 prior to national requirement • All patient and staff testing (including asymptomatic swabbing is completed promptly in line with national guidance	None Identified	N/A		
• **regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data)**	• Audits are undertaken by St Helen's and Knowsley NHS Trust and performance monitored and reported to laboratory contracting group • Also, monitored via patient dashboard by the patient flow team.	None Identified	N/A		
• screening for other potential infections takes place	• Yes, also screen for flu, MRSA, Strep, Legionella	None Identified	N/A		
9. Have and adhere to policies designed for the individual's care and provider organizations that will help to prevent and control infections					

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
Systems and processes are in place to ensure that:					
• staff are supported in adhering to all IPC policies, including those for other alert organisms	• IPC Policy and Covid Policy (including SOPS) are available to all staff via intranet or paper copy • IPC Staff also on site 7 days a week and on call provided by microbiologist	None Identified	N/A		
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	• Yes, changes to national guidance are reviewed at clinical reference group (CRG), Silver (now replaced by operational cells) and Gold, changes / amendments to policy and SOPs are cascaded via Comms Team and by IPC Team	None Identified	N/A		
• all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	• All waste from COVID confirmed or suspected patients is disposed of in Orange bags and classed as infectious clinical waste suitable for alternative treatment.	Some historic mixing of waste bags due to insufficient storage space. The capital scheme to address the storage is due to start on site w/c 25.01.21 with works planned to be complete by 31st March 2021.	All waste from clinical areas at Southport is currently classed as infectious therefore no issue with mixing of clinical waste In line with new NHSE/I requirements offensive waste (tiger bags) are being re introduced across Healthcare settings where possible. Areas at Southport site have started to introduce offensive waste back (eg ENT).		
• PPE stock is appropriately stored and accessible to staff who require it	• Yes, stored in dry, cool store with appropriate security • Monitored via Procurement Sitrep.	None Identified	N/A		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection					

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
Appropriate systems and processes are in place to ensure					
• staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	• Poster developed to aid staff and managers to identify 'extremely vulnerable' and 'at risk' staff. This has been communicated via the daily communications and in the 'staff zone' • Risk assessments developed to support managers and staff in mitigating risks. Risk assessments are regularly reviewed if changes to environment or staffs' health status • Risk assessments reviewed and updated in line with government guidance and advice • Self-referral form specifically for COVID-19 queries developed and circulated via daily communication and on 'staff zone' • COVID-19 poster 'it ok not to be ok' developed and circulated in COVID-19 comms and displayed in all areas. • We have 7 day provision for staff Health & Wellbeing • To date the staff Health & Wellbeing have provided specific advice to over 4,000 staff calls, in addition to responding to emails and supporting managers and staff with the risk assessment process • We are continuing to provide counselling both face to face and remotely. • Our OD team have developed resources and produced a 'wellbeing pack' that has been distributed to departments at both sites to	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	encourage **Well Being Walls:** 33 departments in Ormskirk 35 departments in Southport. • Our OD team is providing 'coaching' face to face and remotely. • Our OD team are working with teams who need support. • Our OD team are keeping in contact with our new starters				
• **that risk assessment(s) is (are) undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic (BAME) and pregnant staff**	• Risk assessments have been completed and are regularly reviewed. • The risk assessment template has been updated to reflect the most up to date government guidance and advice	None Identified	N/A		
• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained **and held centrally**	• FFP3 respirators currently in use in addition powered air purifying respirator (PAPR) respirators are also being used; SOP in place regarding use and maintenance. • Trust identified reusable respirators that can be used and where they can be located. 700 half face reusable respirators have been procured • Over 400 staff have been fitted with the reusable respirators. • Staff are being identified who will use the half face respirators and are being fit tested.	Given the move to automated fit testing and reassessments, the process needs to be embedded to enhance opportunities for procurement to provide the equipment already tested for, specific to the areas.	Enhance fit testing overview centrally and locally to allow procurement to be targeted to areas where equipment already tested for. Fit Testing - Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available using a portacount machine to check the fit. ○ Trust has now moved to an in-house built system and part of the improvements was data quality which has caused for erroneous		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
	• Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available. • Process in place for documenting Fit Testing centrally this also needs to be available locally on wards and clinical areas. The central record is now in place however does not contain corpro mask testing currently. Working on ensuring this information is included centrally. • Portacount system now in place and is gold standard for FIT testing. Testing Hoods also still in use.		records to be removed. ○ As of **26.01.2021**, we are still reporting **1991** staff training records (this is figure has remained the same since December 2021. Silver command is reviewing the data collection process to ensure all data is being collected. As from w/c 08.02.2021 the Trust has commissioned an external resource to carry out fit testing for staff, this will enable staff to access non 3M masks as per national PHE guidance. This will also enable a dedicated resource to fit test for two days a week at Ormskirk.		
• **staff who carry out fit test training are trained and competent to do so**	• Trainers have been trained by the IPC Team and external trainers. The list of trainers is held centrally by the BI Team and will be available at ward and clinical area level. • List of testers now included on central record	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• **all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used**	• Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available. • Staff are being identified who will use the half face respirators and are being fit tested. • Portacount system now in place and is gold standard for FIT testing. Testing Hoods also still in use.	Given the move to automated fit testing and reassessments, the process needs to be embedded to enhance opportunities for procurement to provide the equipment already tested for, specific to the areas.	Enhance fit testing overview centrally and locally to allow procurement to be targeted to areas where equipment already tested for.		
• **a record of the fit test and result is given to and kept by the trainee and centrally within the organization**	• The trainee receives a document including date of testing / training and type of respirator • Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available. • The central record is now in place however does not contain corpro mask testing currently. Working on ensuring this information is included centrally. • List of testers now included on central record	Given the move to automated fit testing and reassessments, the process needs to be embedded to enhance opportunities for procurement to provide the equipment already tested for, specific to the areas.	Enhance fit testing overview centrally and locally to allow procurement to be targeted to areas where equipment already tested for.		
• **for those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods**	• The trainee receives a document including date of testing / training and type of respirator • To date any member of staff who has failed a fit test has been given access to a powered air purifying respirator (PAPR)	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
• **for members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm**	• To date any member of staff who has failed a fit test has been given access to a powered air purifying respirator (PAPR) or staff are not rostered to work if there isn't a member of staff who has been successfully tested on duty.	None Identified	N/A		
• a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health	• To date no staff have needed to be redeployed because of failed fit tests, If this was to occur a record would be held centrally with BI and also with the local manager and staff health and wellbeing.	Not identified any staff to date	Process to be agreed and put in place		
• following consideration of reasonable adjustments e.g. respiratory hoods, personal reusable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a	• To date no staff have needed to be redeployed because of failed fit tests, If this was to occur a record would be held centrally with BI and also with the local manager and staff health and wellbeing	Not identified any staff to date	Process to be agreed and put in place		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
record kept in staff members personal record and Occupational health service record					
• **boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board**	• Due to the changing availability of FFP3 respirators staff are being reassessed for respirators currently available using a portacount machine to check the fit • Reported in IPC BAF which is presented at Quality & Safety Committee and Trust Board • Reported in IPC 10 Key Questions weekly to Silver and Gold Command.	None Identified	N/A		
• consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance	• There is a general principle that staff are not moved between wards unless there is an urgent need due to clinical need (cover wards). In general staff remain where they are allocated	Movement of ward staff to cover shifts (Safe Staffing)	If reallocation required this is advised to occur at the start of shifts to decrease the risk of cross contamination		
• all staff adhere to national guidance on social distancing (2	• Yes, corridors, restaurant and CMO have markings, one way system and posters in place. Masks are provided	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
metres) if not wearing a facemask and in non-clinical areas	at all entrances and in all areas (offices and clinical)				
• **health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone**	• We have identified Covid secure areas and are also staggering staff break / rest times. • Area risk assessments have been undertaken and relevant information regarding status and capacity is displayed to maintain social distancing.	None Identified	N/A		
• **staff are aware of the need to wear facemask when moving through COVID-19 secure areas.**	• Staff have to wear facemasks at all times in all areas. Communications have been circulated via Trust News and ward walkers. Signage is posted at the entrance to Covid secure areas.	None Identified	N/A		
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	• HR have set up an absence line, all staff report all absence including self-isolation. • The absence line team (HR) provide a daily report for the swabbing team and testing is available for staff who are isolating. • Staff who are self-isolating have been supported by managers as part of normal absence arrangements.	None Identified	N/A		
• staff that test positive have adequate information and support to aid their recovery and return	• All staff who are swabbed receive a call from Staff Health & Wellbeing who provide specific advice to them and their families, this applies to those staff whose swabs are positive or negative.	None Identified	N/A		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (Jan 21)	New BRAG Rating (Feb 21)
to work.	• Asymptomatic swabbing results, staff are informed by text if negative and Health and Wellbeing Team if positive.				

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Title Of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 MARCH 2021**
Agenda Item	**TB029/21**	**FOI Exempt**	**NO**
Report Title	**INTEGRATED PERFORMANCE REPORT (IPR)**		
Executive Lead	Executive Management Team (EMT)		
Lead Officer	Michael Lightfoot, Head of Information Katharine Martin, Performance & Delivery Manager		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

To provide an update on the Trust's performance against key national and local priorities during January 2021.

Executive Summary

The performance report includes the Trust indicators relating to the NHS Constitutional standards, the 19/20 SOF and internal performance indicators which the Trust has identified as essential measures of operational delivery and assurance. The performance indicators are grouped according to the domains used by regulators in the Well Led Framework. Each indicator has a Statistical Process Control (SPC) chart and commentary. Whilst this executive summary provides an overall view of the organisational improvements and risks, some indicators are also included as improvement measures for the four QI priorities and are covered in detail in the relevant reports.

The Executive summary highlights key changes in Trust performance and outlines specific actions linked to the Trust's improvement plan and key programmes of work. A Ward Dashboard matrix containing a set of KPI's relating to the 5 CQC domains is currently being refined and will be included from next month.

Recommendation

The Board is asked to **receive** the IPR detailing Trust performance in January.

Previously Considered By:

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

Strategic Objectives

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

Prepared By:	**Presented By:**
Michael Lightfoot	The Executive Management Team

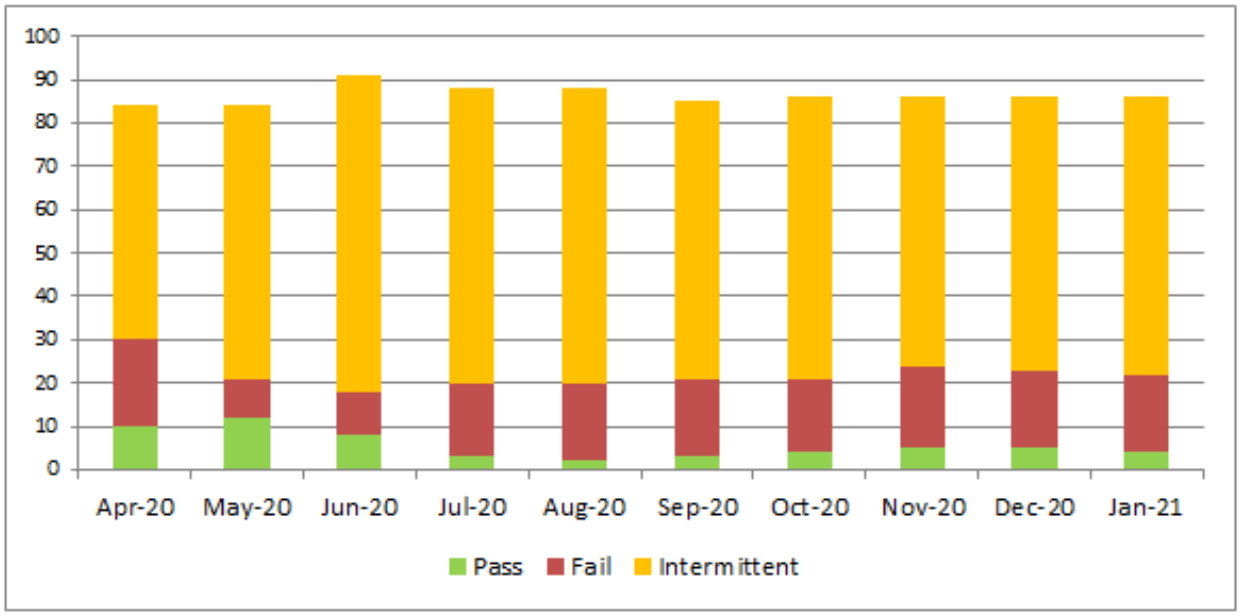
Southport and Ormskirk Hospital NHS Trust

Trust Board - Integrated Performance Report

Head of Information Summary

Across the 86 indicators which make up the IPR for Trust Board the Board can be assured of 4 which is 1 fewer than last month, as the CHPPD indicator has changed status. In the Quality section, the WHO Checklist and Sepsis – Timely Identification remain assured, with the HSMR and Mandatory Training metric in Mortality and Workforce.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Pass	10	12	8	3	2	3	4	5	5	4
Fail	20	9	10	17	18	18	17	19	18	18
Intermittent	54	63	73	68	68	64	65	62	63	64



The overall position is similar to previous months, with the majority of indicators showing intermittent performance (64).

Over the next month the Executive team will be reviewing their portfolio of metrics for the coming year and rebasing any targets which need to be reset, to account for the effects of Covid etc. This should show a significant change in the assurance ratings.

Reporting by exception,
The 18 indicators which are failing to provide assurance include:

- 3 from Quality,
- 5 in Operations
- 2 in Finance
- 8 in Workforce.

Quality
None of the Harm Free or IPC indicators are failing, with 2 Harm Free providing assurance as mentioned above. Induction rate in Maternity, Percentage of Deaths screened in Mortality and DSSA breaches are not assured. The number of stillbirths was flagged last month due to deteriorating performance but after 3 months with no incidents this has returned to 'no

significant variance.' SHMI continues to show negative variation, and the MSSA infection rate is also now showing negative variation in recent months' performance.

Operations

- A&E compliance and Ambulance handovers 30-60 minutes continue to show as failing however the Trust has the 4th best A&E performance in the region in January – with 2 of the top 4 Trusts specialist Trusts (Alder Hey & The Women's). Performance is in line with national average at present.
- A number of indicators relating to RTT are showing negative variation as the waiting list and elective programme is affected by the latest national lockdown and suspension of elective work.
- All cancer metrics remain with intermittent assurance; however, 14 day is showing negative variation with the last 4 months poor performance. Ormskirk bed occupancy and theatre utilisation over both sites are still failing and supplementary action plans have been embedded into the report to address these issues.
- Within this section both the stranded and super stranded metrics are improving significantly with positive variation now being shown.

Finance

There has been no real change from last month as contracting arrangements are rolled over.

- Agency Staff Cost(%) and Distance from Agency Spend Cap are failing, however both are showing recent positive variation.
- The Pay, Non Pay and Bank & Agency run rate are all showing negative variation.

Workforce

Finally, in Workforce, expenditure on bank/agency staff, PDR's, Staff turnover, Nursing and Medical vacancy rate and multiple sickness rate metrics are all failing to provide assurance, this has continued from the previous month.

Mandatory training is the only assured indicator. However, the Medical Vacancy rate is reducing consistently enough to now show positive variation.

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Integrated Performance Report
Board Report

January 2021

NHS
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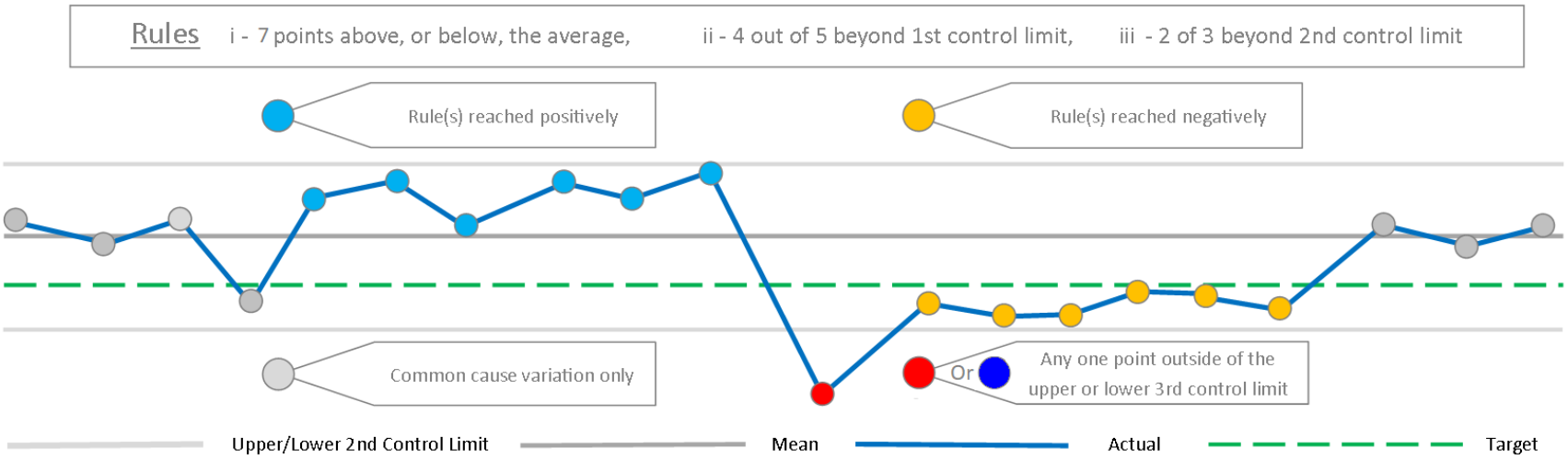
Guide to Statistical Process Control

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.



NHS Southport and Ormskirk Hospital NHS Trust

Executive Summary

		Assurance			Variation				
		F	P	?	H	L	H	L	
Quality	Harm Free	0	2	11	0	0	3	2	8
	Infection Prevention and Control	0	0	4	1	0	0	1	2
	Maternity	1	0	8	0	0	0	1	8
	Mortality	1	1	1	1	1	0	1	0
	Patient Experience	1	0	6	0	0	1	2	4
Operations	Access	2	0	11	4	2	0	3	4
	Cancer	0	0	3	0	1	0	0	2
	Productivity	3	0	7	2	2	0	4	2
Finance	Finance	2	0	8	3	0	4	3	0
Workforce	Agency	1	0	0	1	0	0	0	0
	Organisational Development	1	1	1	0	0	0	0	3
	Sickness, Vacancy and Turnover	6	0	5	4	0	0	1	6

Assurance

Measures the likelyhood of targets being met for this indicator.

?	Indicates that this indicator is inconsistently passing and falling short of the target.
P	Indicates that this indicator is consistently passing the target.
F	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.
L H	Indicates that there is positive variation recently for this indicator.
L H	Indicates that there is negative variation recently for this indicator.

ALERT | ADVISE | ASSURE (AAA)
HIGHLIGHT REPORT

COMMITTEE/GROUP:	**QUALITY AND SAFETY COMMITTEE (QSC)**
MEETING DATE:	**22 FEBRUARY 2021**
LEAD:	**DR DAVID BRICKNELL**

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- Although the Lost to Follow Up programme is progressing, and no further Moderate or Severe harms have been discovered, the recruitment agreed by the Board to deal with this issue in a timely manner has not taken place.
- The risks associated with each element of Fragile Services are now routinely reviewed by the Committee together with their mitigations. Head and Neck, Ophthalmology and Haematology are particularly high risk, but issues are system wide and need to be addressed at system level.
- The slight rise in SHMI was anticipated and understood. It reflects National Covid-19 reporting guidance and post discharge high mortality. Work is in progress to determine mortality drivers in the community.
- The report relating to historical Orthopaedic outcomes will be considered by Q&S in March. The Trust is no longer a National Outlier on the National Joint Registry.
- There will be an internal review of nosocomial Covid-19 infections, despite the delay in regional/national guidance. Currently nosocomial rates are low and continue to respond to suppressing measures. In the Perfect Ward reports any issues resulting in reporting gaps will be resolved. The current low rate of SJRs in relation to mortality will respond to the imminent appointment of the Medical Examiner, although it is likely that there will be a limited capacity to deal with any backlog accrued over the last few months.

ADVISE

- No points of note

ASSURE

- The response to the third wave of Covid-19 has been contained within the Hospitals escalated capacity. However, the number of patients currently in intensive care is still above the peak of the first wave, and those patients typically have a prolonged stay in hospital.
- The Maternity team gave assurance in relation to the required actions from the Ockenden report, and in particular the strength of the relationship between families and the maternity team. The hospitals c-section rates and induction rates are both clinically appropriate and in line with peers locally.
- The IPR would be annotated accordingly. The latest pressure ulcer reports indicate increased vigilance and improving figures.
- The nature of many issues raised in the Freedom to Speak Up Report indicate a willingness to be open about problems and an absence of severe complaints.

New Risk identified at the meeting

- No new risks were identified at the meeting

Review of the Risk Register

Quality

Harm Free

Analyst Narrative:

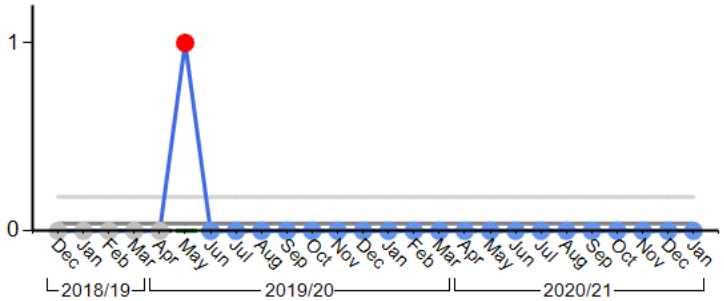
No indicators within this section are currently failing in their assurance, and two are now assured, this is one fewer than last month as Care Hours per Patient Day (CHPPD) is no longer assured due to a reduction in January. Safe staffing has also declined in month, due to the impact of the third wave of Covid, although not statistically significant.

Operational Narrative:

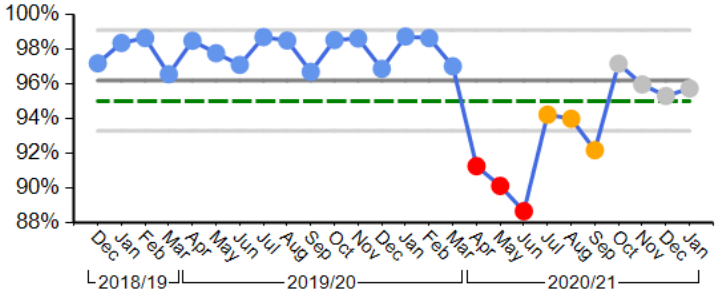
The 90% safe staffing has not been achieved in month. Given the continued fluctuations in bed occupancy in some areas and response to covid activity we continue to trigger escalation plans to support safe staffing requirements inclusive of staff re-deployment and utilisation of flexible workforce. This is further affected by short and long term sickness which has a focused plan to support an improvement trajectory. International recruitment has remained on trajectory throughout the pandemic with registrants starting to progress into trust substantive numbers.
Three hospital acquired pressure ulcers were reported in January; two have been investigated through the Harm Free Care Panel and showed there were some lapses in care. Appropriate action plans are now in place to address this. The third will be investigated through this forum.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Never Events	0	0	0	Jan 21	L	0	0	Dec 20	0	0	?
VTE Prophylaxis Assessments	95%	95.7%	122	Jan 21		95%	95.3%	Dec 20	95%	93.7%	?
Falls - Moderate/Severe/Death	0	1	1	Jan 21	L	0	3	Dec 20	0	10	?
Patient Safety Incidents - Low, Near Miss or No Harm	822	817	817	Jan 21		822	821	Dec 20	822	6980	?
Safe Staffing	95%	86%	N/A	Jan 21		95%	89.6%	Dec 20	95%	89.1%	?
Fractured Neck of Femur - Operated on within 36Hours	90%	74.1%	20	Jan 21		90%	76.7%	Dec 20	90%	72.6%	?
Hospital Pressure Ulcers - Grade 2	1	1	N/A	Jan 21		1	4	Dec 20	18	54	?
Hospital Pressure Ulcers - Grades 3 & 4	1	2	2	Jan 21		1	2	Dec 20	1	11	?
WHO Checklist	99.9%	100%	0	Jan 21	H	99.9%	100%	Dec 20	99.9%	100%	P
Sepsis - Timely Identification	75%	100%	N/A	Nov 20	H	75%	100%	Oct 20	75%	100%	P
Sepsis - Timely Treatment	75%	76.5%	N/A	Nov 20		75%	81%	Oct 20	75%	76.7%	?
Care Hours Per Patient Day (CHPPD)	7.9	9	N/A	Jan 21	H	7.9	9.4	Dec 20	7.9	10.1	?

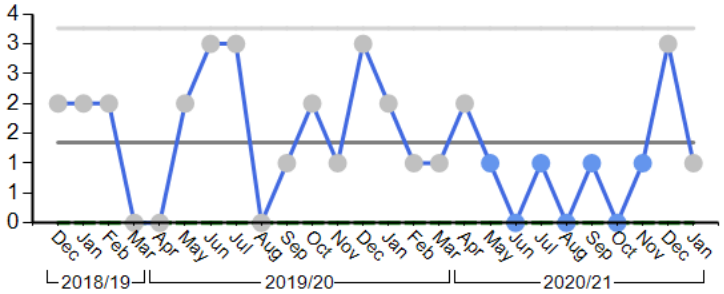
Never Events



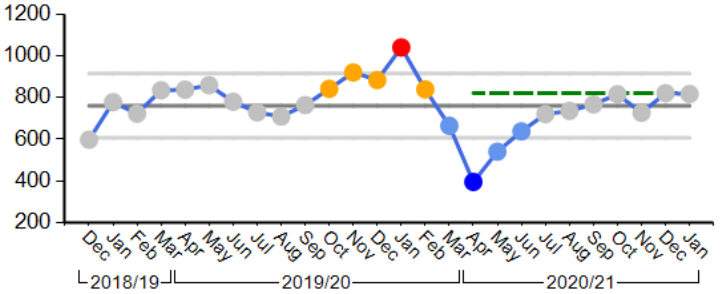
VTE Prophylaxis Assessments



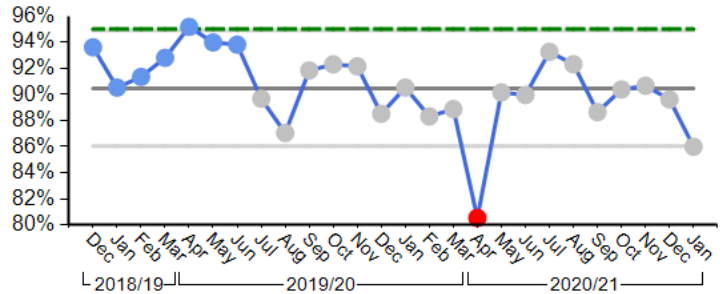
Falls - Moderate/Severe/Death



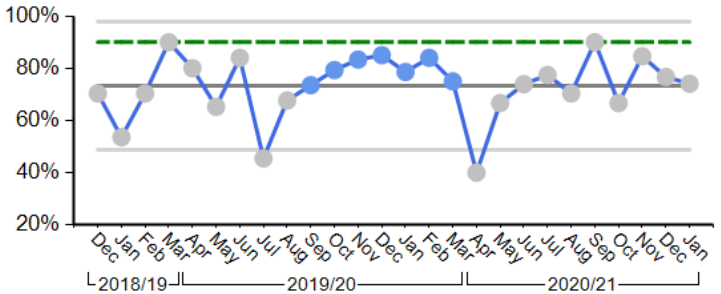
Patient Safety Incidents - Low, Near Miss or No Harm



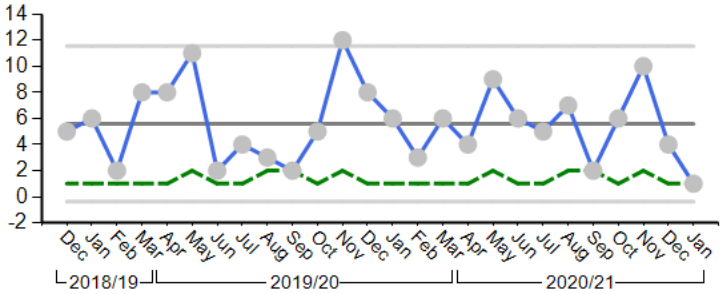
Safe Staffing



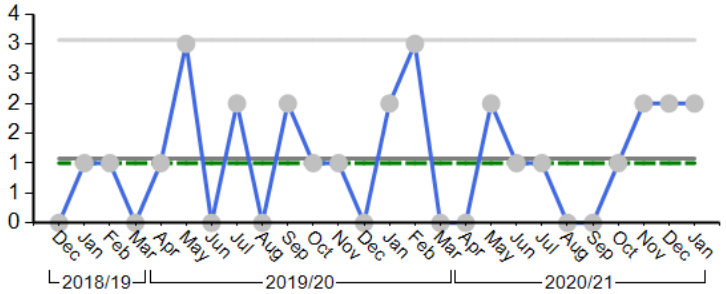
Fractured Neck of Femur - Operated on within 36Hours



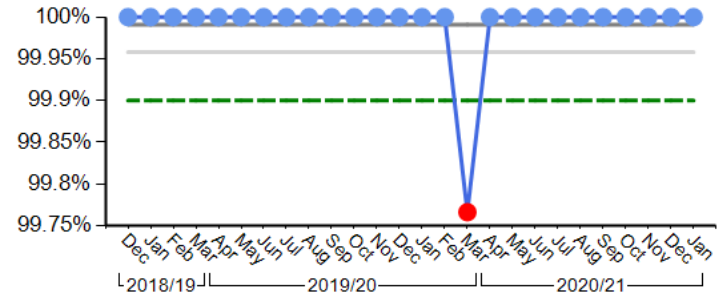
Hospital Pressure Ulcers - Grade 2



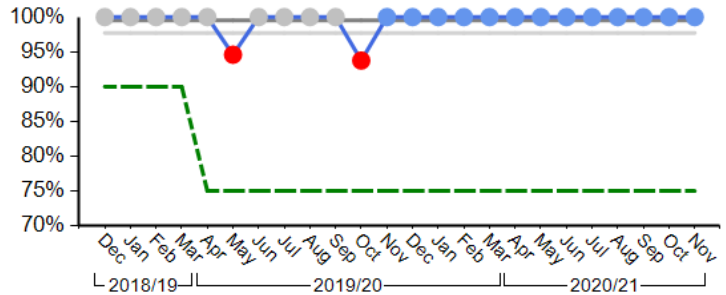
Hospital Pressure Ulcers - Grades 3 & 4



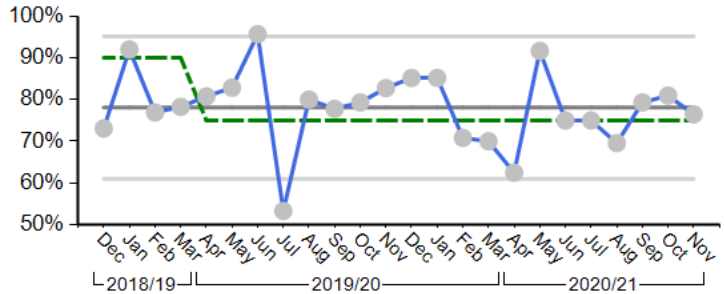
WHO Checklist



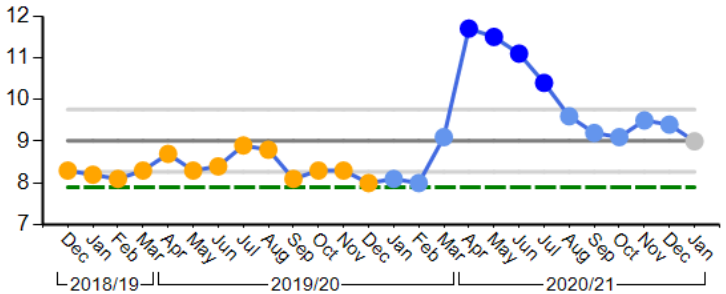
Sepsis - Timely Identification



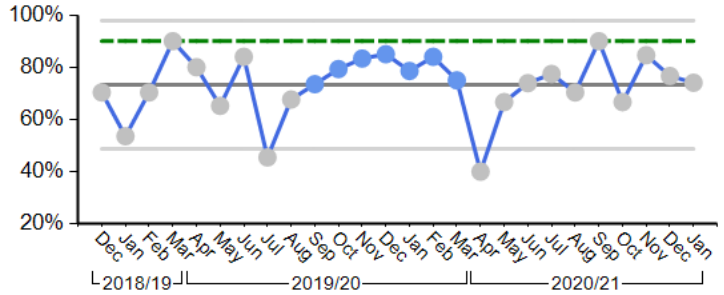
Sepsis - Timely Treatment



Care Hours Per Patient Day (CHPPD)



Fractured Neck of Femur - Operated on within 36Hours



Quality

Infection Prevention and Control

Analyst Narrative:

No indicators within this section are assured due to intermittent performance. MSSA, whilst showing negative variation, has performed in line with the plan for the last 2 months. After 8 months of no cases, there has been a case of MRSA in January. Cases of c.diff, whilst lower than the previous month, remain above average.

Operational Narrative:

MRSA
This patient was admitted with ITU. Colonisation was identified O/A and suppression treatment in place for duration. RCA has identified this was a contaminant and was not treated. RCA findings and learning in place.

C diff
4 C diff cases attributed to the Trust in January. Two were Community occurring Healthcare Associated (COHA); meaning they tested positive in community but were in-patients on wards in the last 4 weeks. Both were appropriately treated as in-patients and there were no lapses in care.

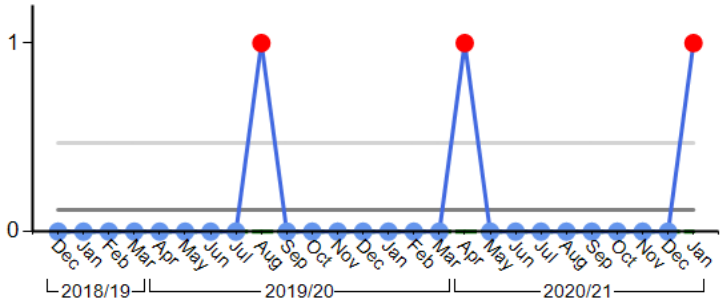
The remaining 2 cases were defined as Hospital Occurring Healthcare Associated (HOHA. The 1st case has been reviewed and there were no lapses in care. The second patient was treated for a number of infections - this case has to be reviewed by the CBU panel to identify the appropriateness of antibiotic prescribing. Trust Antibiotic Prescribing recommendations are currently being reviewed for admission pathways.

MSSA
2 hospital acquired cases in January; one was a contaminant. The 2nd was the source of cellulitis which was not preventable.

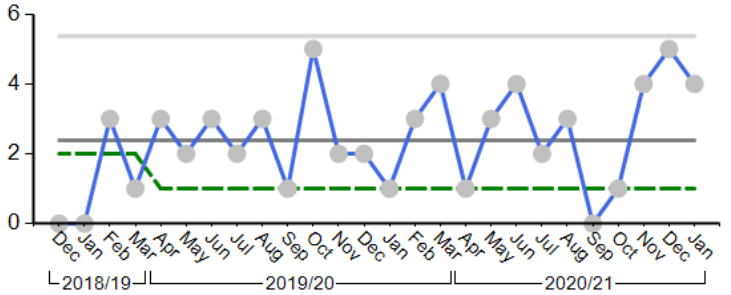
E coli
Two hospital acquired E coli blood stream infections were identified in January. Both of these cases had their sources as hepatobiliary and were not preventable as were part of admission diagnosis.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
MRSA	0	1	1	Jan 21		0	0	Dec 20	0	2	
C-Diff	1	4	4	Jan 21		1	5	Dec 20	15	27	
MSSA - Infection Rate (12 month count/rolling 12 month av occupied bed days x 100,000)	6.9	6.8	N/A	Jan 21		6.9	6.7	Dec 20			
E. Coli	2	2	2	Jan 21		2	4	Dec 20	2	21	

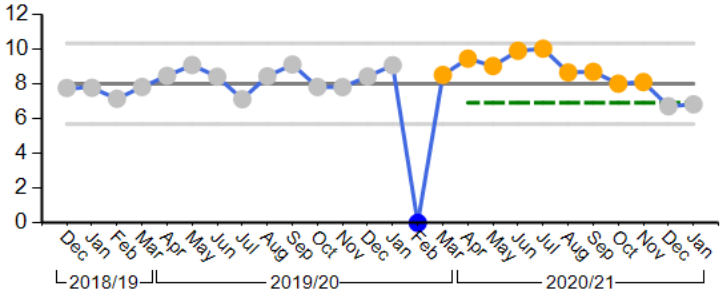
MRSA



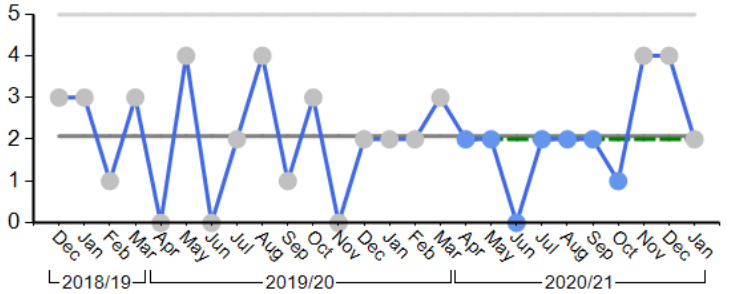
C-Diff



MSSA - Infection Rate (12 month count/rolling 12 month av occupied bed days x 100,000)



E. Coli



Quality

Maternity

Analyst Narrative:

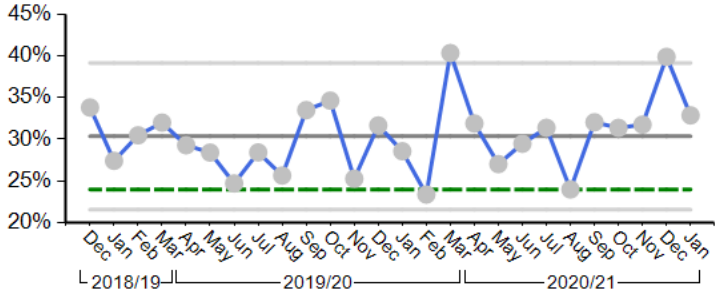
The induction rate is the only indicator failing to provide assurance. This indicator has consistently not achieved plan although there has been a reduction in the rate in January, with a correlated reduction in the c-section rate in month, although performance for this indicator remains above average. All other indicators within this section remain intermittent in their performance.

Operational Narrative:

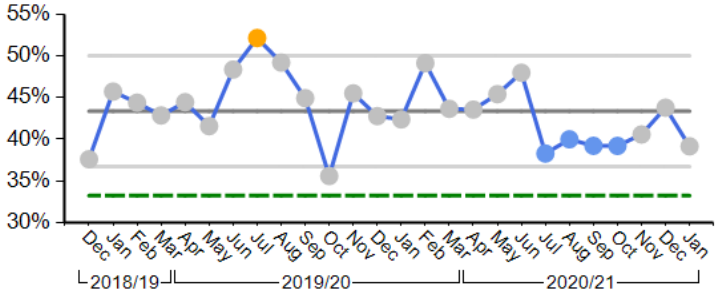
Induction rates are 39.2% with year to date performance of 41.7% which despite peaks and troughs through the year has remained fairly consistent. Poor fetal outcomes and stillbirths are associated with reduced fetal movements and growth. This has led to increase in induction of labour. The reduction this month in induction rates reflects a 6% decrease in numbers of babies being induced for reduced fetal movements/growth.
The Cheshire & Merseyside regional dashboard demonstrates variance between 36.5% and 42.5% with S&O not being an outlier for Quarter 3.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Caesarean Rates	24%	32.9%	47	Jan 21		24%	39.9%	Dec 20	24%	31%	?
Induction Rate	33.3%	39.2%	56	Jan 21		33.3%	43.8%	Dec 20	33.3%	41.7%	F
Breastfeeding Initiation	60%	64.3%	51	Jan 21		60%	57.5%	Dec 20	60%	60.4%	?
Percentage of Women Booked by 12 weeks 6 days	90%	94%	14	Jan 21		90%	93.2%	Dec 20	90%	94%	?
Number of Occasions 1:1 Care Not Provided	0	0	0	Jan 21	L	0	0	Dec 20	0	0	?
Number of 3rd/4th Degree Tears	0	3	3	Jan 21		0	4	Dec 20	0	26	?
Number of Maternal Deaths	0	0	0	Jan 21		0	0	Dec 20	0	0	?
Number of Stillbirths		0	0	Jan 21			0	Dec 20		5	?
Number of Maternity Complaints	0	0	0	Jan 21		0	2	Dec 20	0	7	?

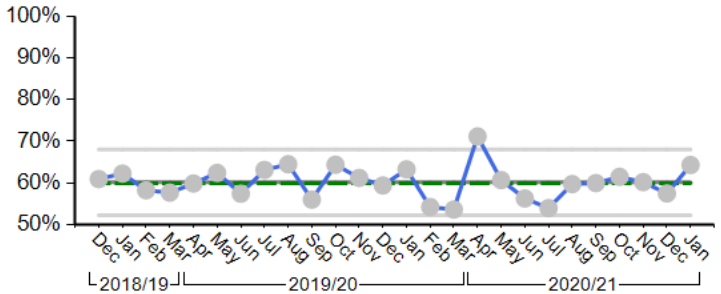
Caesarean Rates



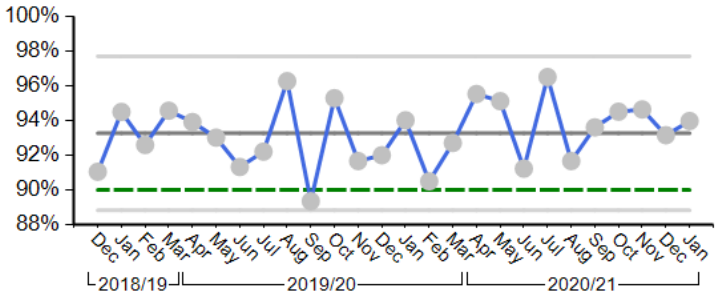
Induction Rate



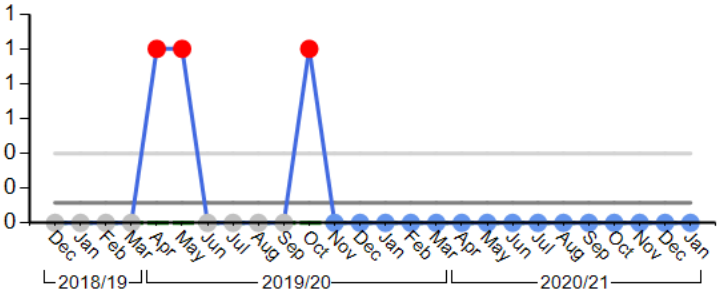
Breastfeeding Initiation



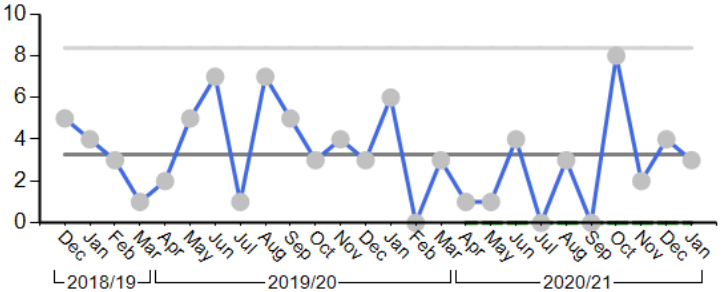
Percentage of Women Booked by 12 weeks 6 days



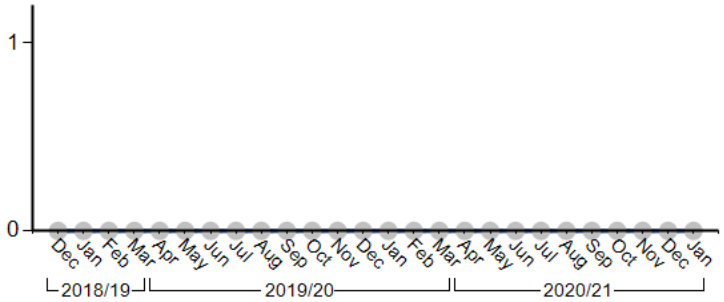
Number of Occasions 1:1 Care Not Provided



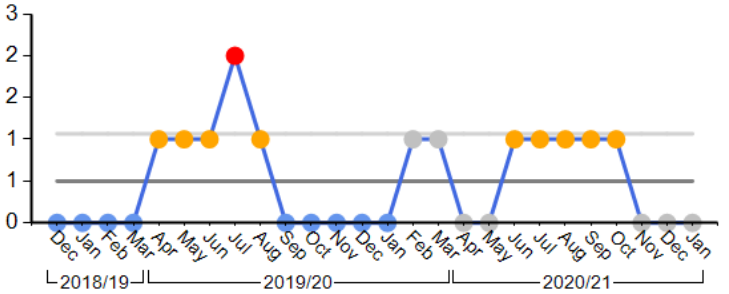
Number of 3rd/4th Degree Tears



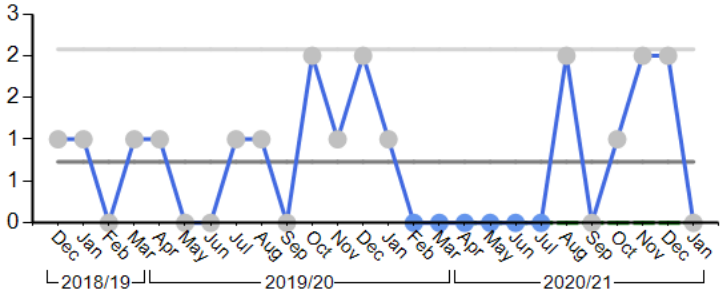
Number of Maternal Deaths



Number of Stillbirths



Number of Maternity Complaints



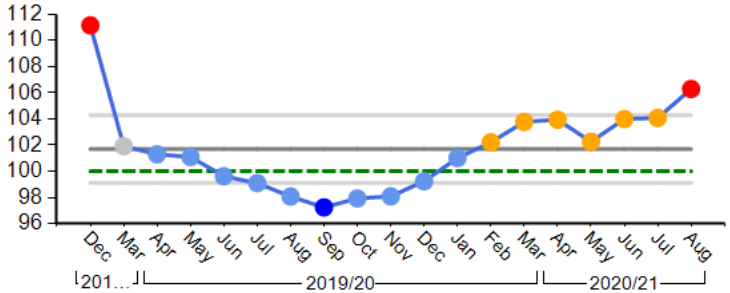
Quality

Mortality

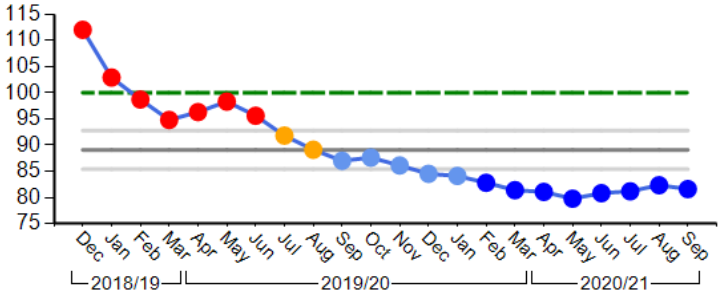
The latest SHMI, for the 12 month period ending August 2020 is 106.28 which is a small increase from the previous month but will now incorporate 5 months of Covid related omissions. Covid will continue to be a factor in mortality reporting for a long time to come as it continues to be a factor in Trust emergency admissions and mortality. The HSMR continues on a sustained downward trajectory and the Trust is now one of the best in the country for this metric. Unlike the SHMI this is a result of both an increase in the number of expected deaths and a decrease in the number of observed deaths. The percentage of deaths screened has deteriorated further in December. This will turnaround when the new Medical Examiner's Officer commences in post.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
SHMI (Summary Hospital-level Mortality Indicator)	100	106.3	N/A	Aug 20		100	104.1	Jul 20	100	104.1	
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)	100	81.6	N/A	Sep 20		100	82.3	Aug 20	100	81.6	
Percentage of Deaths Screened	100%	11.6%	76	Dec 20		100%	14.1%	Nov 20	100%	24%	

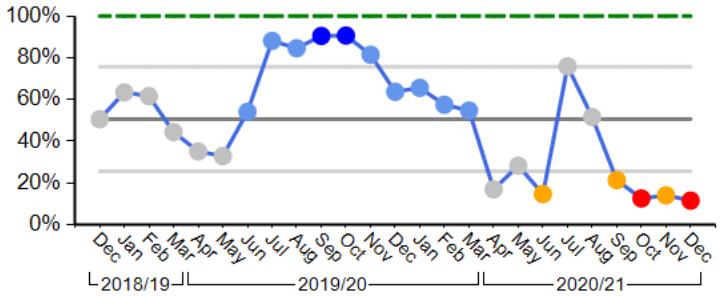
SHMI (Summary Hospital-level Mortality Indicator)



HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)



Percentage of Deaths Screened



Quality

Patient Experience

Analyst Narrative:

The only indicator failing it's assurance measure is Delivering Same Sex Accommodation (DSSA), however there were no reported breaches in January, this now needs to be sustained. The number of compliments continues to show negative variation as it has performed below the mean for the last 12 months. The complaints average turnaround time has increased in January and has breached the target. This indicator was impacted by the operational pressures caused by the third wave of Covid-19.

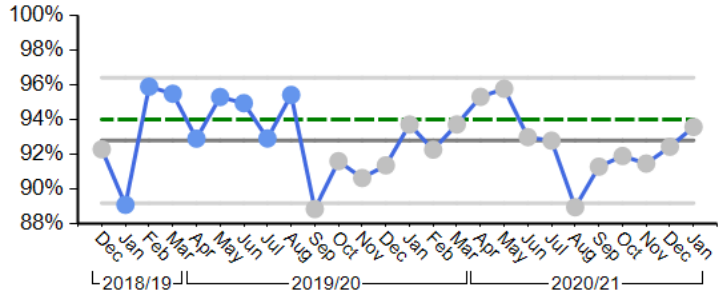
Operational Narrative:

Despite a challenging month due to the pressures of Covid, the percentage of patients who would recommend the Trust has increased to 93.6%; with the proportion of patients who rated the service 'Very Good' or 'Good' increasing within Urgent Care, Women & Children's, Paediatrics and both Adult's and Children's A&E's. What is also encouraging is that this is based on an increased response rate, increasing by 0.6% to 24.1%. The increased response rates are evident in all areas except Paediatrics.

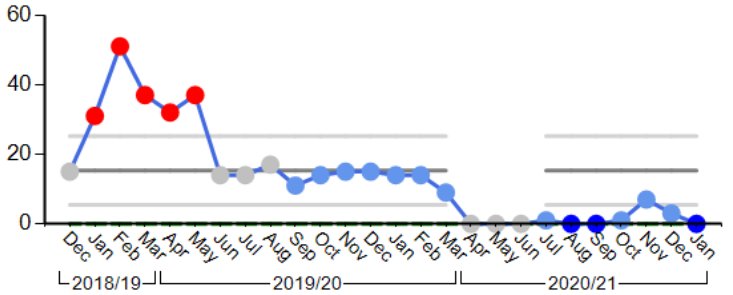
The Organisation will be re-launching the Patient Experience Strategy that was finalised in 2020. This will be led by the Patient Experience Committee now that meetings are re-established in anticipation of the end of third Covid wave. Patient stories are presented at Trust Board with a rota in place so that CBU's are encouraged to demonstrate a range of pathways that is provided across the Trust. The Maternity Voices Partnership (MVP) is an active forum and a model that we would like to replicate for children and adults accessing services. The work of the weekly complaints clinic will continue to drive improvements in the average time to close complaints.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Friends and Family Test - Patients - % That Would Recommend - Trust Overall	94%	93.6%	81	Jan 21		94%	92.4%	Dec 20	94%	92.2%	?
DSSA (Delivering Same Sex Accommodation) Breaches - Trust	0	0	0	Jan 21	L	0	3	Dec 20	0	12	F
Written Complaints	35	21	21	Jan 21		35	15	Dec 20	537	174	?
Complaints Average Turnaround Time	40	49.6	N/A	Jan 21	L	40	42.5	Dec 20	40	42.5	?
Duty of Candour - Evidence of Discussion	100%	100%	0	Jan 21	H	100%	100%	Dec 20	100%	100%	?
Duty of Candour - Evidence of Letter	100%	100%	0	Jan 21		100%	100%	Dec 20	100%	97%	?
Friends and Family Test - Staff - % That Would Recommend For Care/Treatment - Trust Overall	83%	77.6%	N/A	Mar 20		83%	65.3%	Sep 19	83%	66%	?

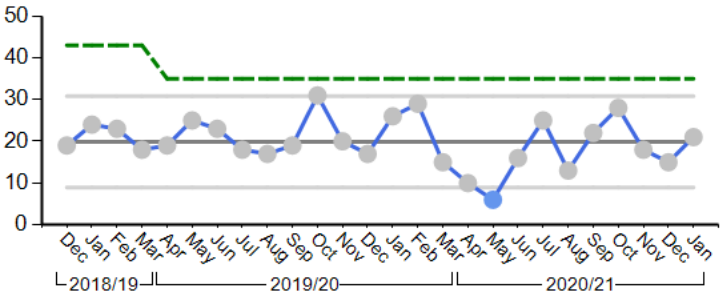
Friends and Family Test - Patients - % That Would Recommend - Trust Overall



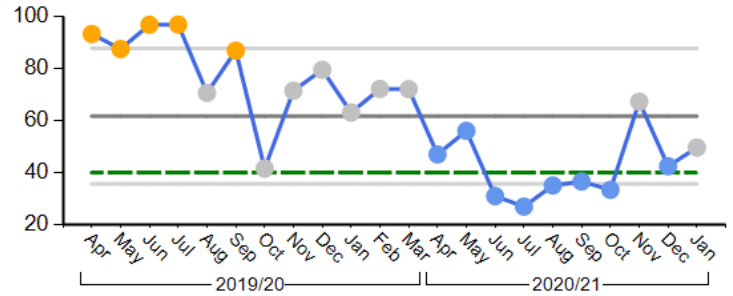
DSSA (Delivering Same Sex Accommodation) Breaches - Trust



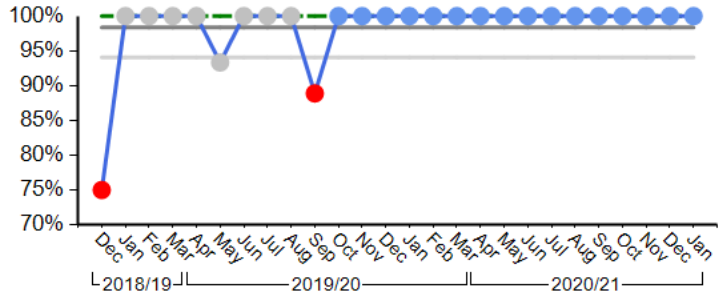
Written Complaints



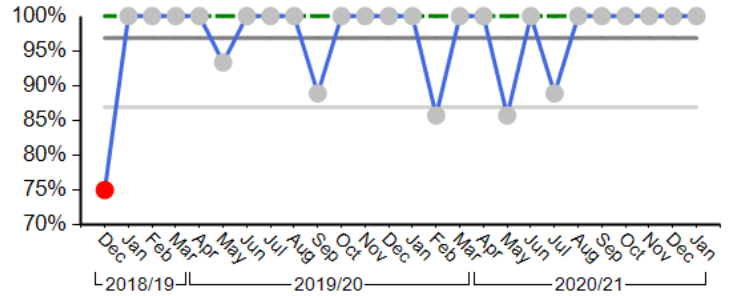
Complaints Average Turnaround Time



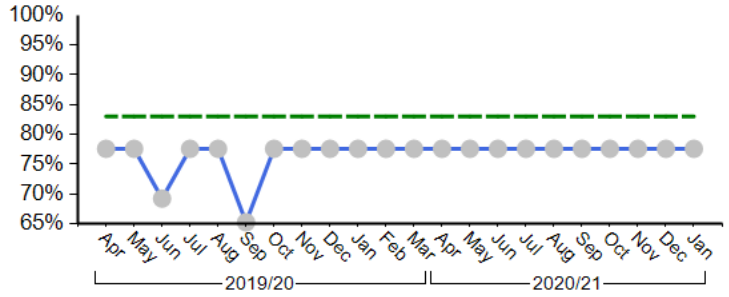
Duty of Candour - Evidence of Discussion



Duty of Candour - Evidence of Letter



Friends and Family Test - Staff - % That Would Recommend For Care/Treatment - Trust Overall



NHS
Southport and Ormskirk Hospital
NHS Trust

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 MARCH 2021**
Agenda Item	**TB031/21**	**FOI Exempt**	**NO**
Report Title	**FREEDOM TO SPEAK UP REPORT – QUARTER 2**		
Executive Lead	Bridget Lees, Executive Director of Nursing Midwifery & Therapies		
Lead Officer	Martin Abrams, Freedom to Speak Up (FTSU) Guardian		
Action Required	☐ **To Approve** ✓ **To Assure**	✓ **To Note** ✓ **To Receive**	

Purpose

This report identifies the number of concerns raised through Freedom to Speak Up Service (FTSU) during the period 1 July until 30 September 2020.

Executive Summary

Over the quarter, 33 concerns were raised through the FTSU Service with themes including Staff Safety due to Covid19, System/Process, Cultural, Behavioural/Relationship, Patient Safety/Quality, Bullying/Harassment, Leadership–middle and senior management and Infrastructure / Environmental.

Although Covid-19 has placed a great deal of pressure on local services, including FTSU, locally the guardian and champions have continued to provide support and the national significance of this is highlighted in an article written by the National Guardian to the HSJ. Freedom to speak up champions have continued to play a pivotal role within the service as five concerns were raised directly with the champions during the quarter. When concerns are raised with champions, the FTSUG is always used as a point of reference, support and often, with necessary permissions, manages the concern.

Recommendations

The Board of Directors is asked to **receive** and note the FTSU report for Q2

Previously Considered By:

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

Strategic Objectives

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

Prepared By:	**Presented By:**
Martin Abrams and Claire Harrington	Martin Abrams, (FTSU) Guardian

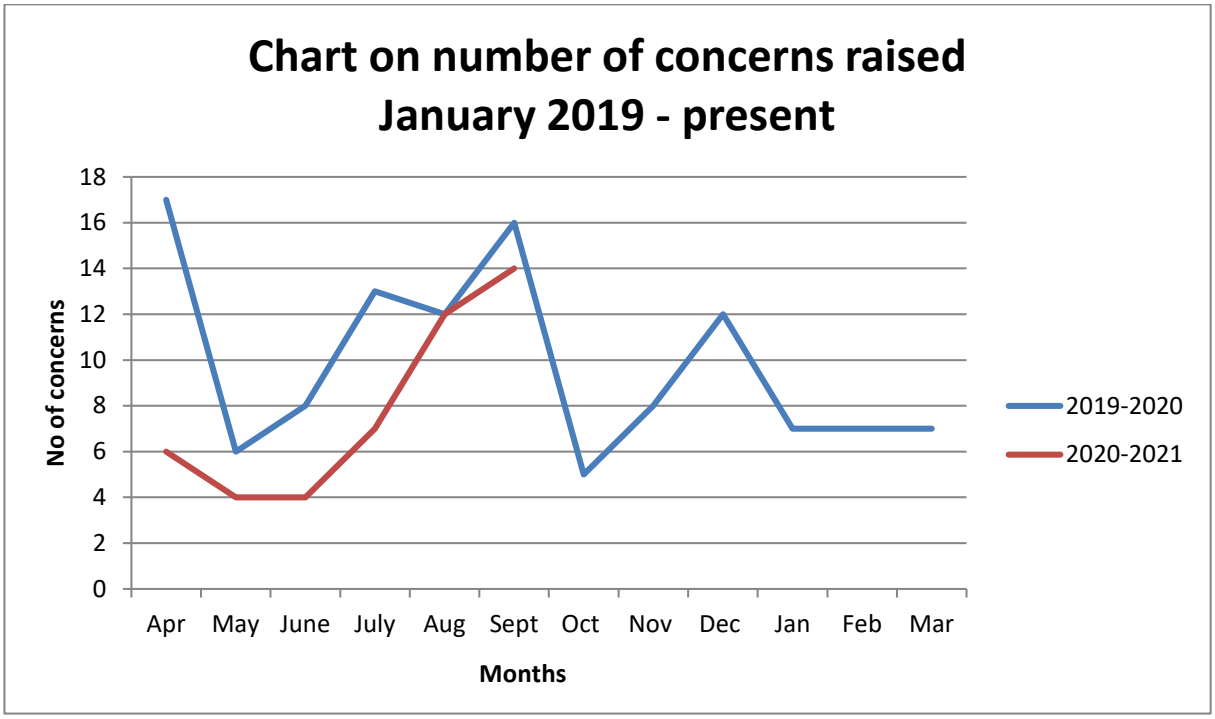
NHS
Southport and Ormskirk Hospital
NHS Trust

Introduction

The report provides assurance that people can 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.

1. Report on Submission to National Guardians Office

Quarter 2	1st July – 30th September 2020
Date to be submitted to NGO:	**19th October 2020**
Date National Data to be published:	**TBC** *Please note the deadline for submission has been extended again to 16th November due to ongoing Covid-19 pressures. This will mean NGO publication will be delayed*
Number of concerns raised:	**33** (July 7, August 12, September 33)



2. Number of Concerns Raised

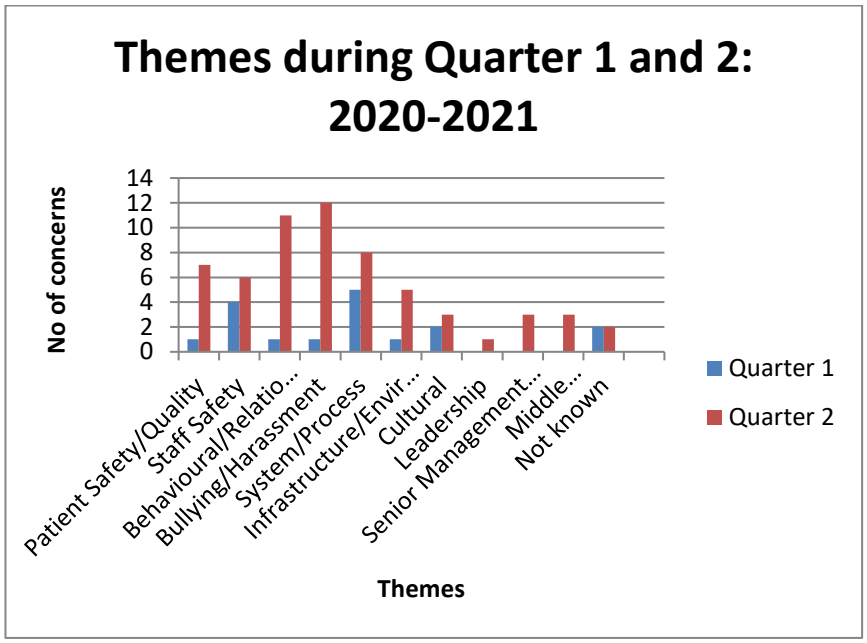
During quarter 2, 28 concerns were directly raised with the Freedom to Speak Up Guardian (FTSUG) and 5 were raised through FTSU Champions. When concerns are raised directly with Champions, the FTSUG always gives support and advice, often meeting those who raise the concern, and sometimes being used in a consultative role.

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

Southport and Ormskirk Hospital NHS Trust

3. Themes of Concerns

The most significant themes of the quarter include Bullying/Harassment, Behavioural/Relationship, Patient Safety and System/Process. Please note, following a conversation with a representative of the workforce committee, the current quarters' themes will be shown alongside previous quarters' themes.



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 known because initial conversations were held with FTSUG but other routes were taken to pursue concerns.

Concerns this quarter have been raised by a cross-section of staff, as shown in the opposite table.

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

4.1 Anonymous Concerns

- During Quarter 2, there were 2 “anonymous” concerns raised and 3 people did not want their name to be known other than by the FTSUG.
- During quarter 2, an anonymous submission was also made to the CQC, raising a number of concerns about the organisation. This was addressed and responded to by the organisation.

4.2 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.

4.3 Feedback Post Raising Concerns

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

Unfortunately, due to staffing issues, this data is not available at the time of writing the report. It will be carried over to quarter 3.

4.4 Changes as a Result of Speaking Up

One of the major recurring themes that has become apparent through FTSU is that of the behaviours being displayed by some staff which are not in keeping with the SCOPE values of the trust. It is hoped in the New Year there will be initiatives taken across the trust to address this issue.
Recent conversations have also highlighted FTSU as providing:

- Better working through supporting team / mediation
- Appreciation of ongoing support
- Independent advice that has enabled a positive change of approach
- Some safety improvements during Covid-19
- A very helpful check and balance to decisions having to be made under pressure
- Sensitivity to a minority group though enabling some official language / wording to be changed.

4.5 Speak up Month

Nationally, October is Speak Up Month and local trusts are encouraged to engage with the national campaign. Due to Covid-19, both nationally and locally, this was scaled down and locally, due to Covid-19 and other pressures, we were not able to deliver all we set out to do. However, there was some publicity within trust news and there was a very helpful lunchtime conversation, via teams, with some of the FTSU champions and the CEO and FTSU. executive.

4.6 How Concerns are Managed

Concerns are managed on a concern-by-concern basis. However, the FTSUG has regular meetings with the executive lead and CEO.

4.7 Training and Development for Guardians

The local guardian is part of the regional network of guardian. Prior to the first wave of covid-19, they met quarterly. Currently there is a "teams" support meeting or workshop fortnightly. The national conference was cancelled this year but there is regular support for guardians via webinars.

5 Finally

Although Covid-19 has placed a great deal of pressure on local services, including FTSU, locally the guardian and champions have continued to provide support and the national significance of this is highlighted in an article written by the National Guardian to the HSJ.

6 From the National Guardian


Dr Henrietta Hughes as featured in HSJ 22-10-20. Speak up, save lives

Dr Henrietta Hughes on making the fear of retribution a thing of the past and speaking up business as usual in the NHS

Speaking up saves lives. In every workplace, embedding an open culture is vital to allow workers to voice their concerns. In healthcare, when we fail to listen to people, it can compromise patient and worker safety.

Freedom to Speak Up is growing as a social movement. There is an appetite to drive out archaic attitudes which favour compliance over dialogue. It is the role of leaders to foster this culture, ensuring that when people speak up, they listen up and follow up. The challenge is to make the space to listen through the pressure.

The global pandemic has shown that Freedom to Speak Up has never been more important. "Voice" is one of the NHS People Plan's core pillars and why this is a critical part of workplace culture is twofold. Firstly, it is about unearthing matters before they become major problems. But also, worker experience is vital for delivering compassionate care; a happy workplace retains its employees and is a great place to work, which is another of the ambitions of the NHS People Plan.

With nearly 600 Freedom to Speak up Guardians in England, the network initially covered NHS trusts but has since expanded into primary care and beyond. Numerous national bodies and independent providers have appointed guardians to advance their own speak up cultures.

Over the last three years guardians have handled over 35,000 cases brought to them by NHS workers. The information that each of these cases provides to an organisation is a gift – an opportunity to learn, to change, to improve.

The importance of speaking up when something is wrong in healthcare is potentially the difference between life and death. Workers must feel they are able to raise concerns in a transparent culture, without fear of retribution, to identify and resolve any issue in its infancy. We have seen shocking examples during covid-19 where people have tried to voice their concerns and yet have faced victimisation and intimidation.

Freedom to Speak Up guardians have played a vital role during the covid-19 pandemic as an alternative channel where people can speak up safely. At the height of the first wave, our pulse surveys indicated that guardians were receiving speak up cases related to PPE, social distancing, fit tests and risk assessments for BAME colleagues.

The survey was first conducted in April, repeated in May and then again in June. Over that period my office tracked a definite change in attitude and perception. In April only 72 per cent of guardians who responded to the survey believed that workers continued to be encouraged to speak up. By June that had risen to 93 per cent.

As we prepare for a potential “second wave” of covid-19, Freedom to Speak Up is more important than ever. Many guardians are meeting and listening to workers as part of reset conversations, checking on wellbeing and enabling productive solutions to be found. Guardians meet regularly in regional networks to share ideas, buddy and support one another. Your guardians can support your workers, working in partnership with other parts of the organisation to identify areas of concern and escalate swiftly.

When our colleagues speak up, we need to be there to listen up, follow up and keep people safe so that fear of retribution becomes a thing of the past and speaking up is business as usual in the NHS.

Dr Henrietta Hughes *Dr Henrietta Hughes OBE, National Guardian for the NH*

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Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 MARCH 2021**
Agenda Item	**TB031/21**	**FOI Exempt**	**NO**
Report Title	**FREEDOM TO SPEAK UP REPORT - QUARTER 3**		
Executive Lead	Bridget Lees, Executive Director of Nursing Midwifery & Therapies		
Lead Officer	Claire Harrington: Martin Abrams, Freedom to Speak Up (FTSU) Guardian		
Action Required	☐ **To Approve** ✓ **To Assure**	✓ **To Note** ✓ **To Receive**	

Purpose

This report identifies the number of concerns raised through Freedom to Speak Up Service (FTSU) during the period 1 October to 31 December 2020

Executive Summary

During Q.3, one new FTSU Champion (BAME) was trained and a total of 22 concerns were raised through FTSU Service across a range of themes. An overview of the themes of the concerns raised along with statistics from Q.3 is included in the report. In addition, progress has been made towards embedding the principles of a Just and Learning culture (as detailed in 'Our People Plan'). This includes:

- establishing a Trust Wellbeing Guardian and recruitment to Cultural Ambassador roles
- introduction of Ward Wellbeing Guardians and Wellbeing Champions amongst all teams
- commissioning training to encourage staff to talk openly about issues affecting their mental wellbeing and a full review of our people management practices ensuring a more person-centred approach is adopted.

These initial steps are important in helping build a culture where individuals feel able to speak up, offering different levels of access (in addition to freedom to speak up guardians) and ensure that when they do speak up, they are fully supported within the organisation.

Recommendations

The Board of Directors is asked to **receive** and **note** the report.

Previously Considered By:

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

Strategic Objectives

☐ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services
✓ **SO2** Deliver services that meet NHS constitutional and regulatory standards
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✓ **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

Southport and Ormskirk Hospital NHS Trust

Prepared By:	Presented By:
Martin Abrams, Freedom to Speak Up (FTSU) Guardian Claire Harrington, Deputy Director of Nursing	Martin Abrams, Freedom to Speak Up (FTSU) Guardian

NHS
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NHS Trust

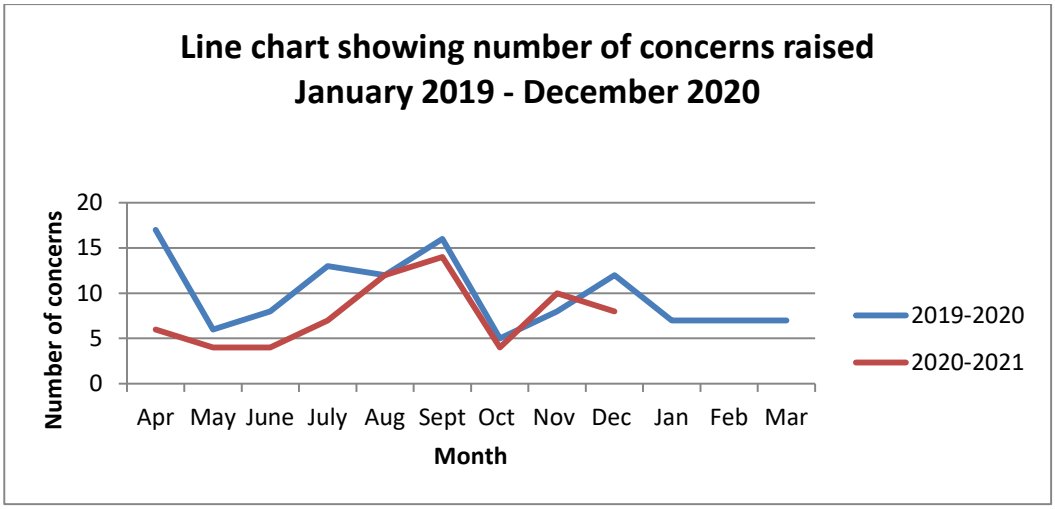
Report on Submission to National Guardians Office

Quarter 3	1st October – 31st December 2020
Date to be submitted to NGO:	15th February 2021
Date National Data to be published:	An overview of national data is included at the end of this report for Q1&2. As yet the publication of Q3 data has not been advised.

1. Number of Concerns Raised

1.1. During quarter 3, 22 concerns were directly raised through the Freedom to Speak Up service (October 4, November 10, December 8).

1.2. 20 of these were directly with the Freedom to Speak Up Guardian (FTSUG) and 2 were raised through FTSU Champions. When concerns are raised directly with FTSU champions, the FTSUG always gives support and advice, often meeting those who raise the concern, and sometimes being used in a consultative role.



2. Themes of Concerns

2.1. For reasons of confidentiality, only general themes are recorded within this report. During the quarter these have included:

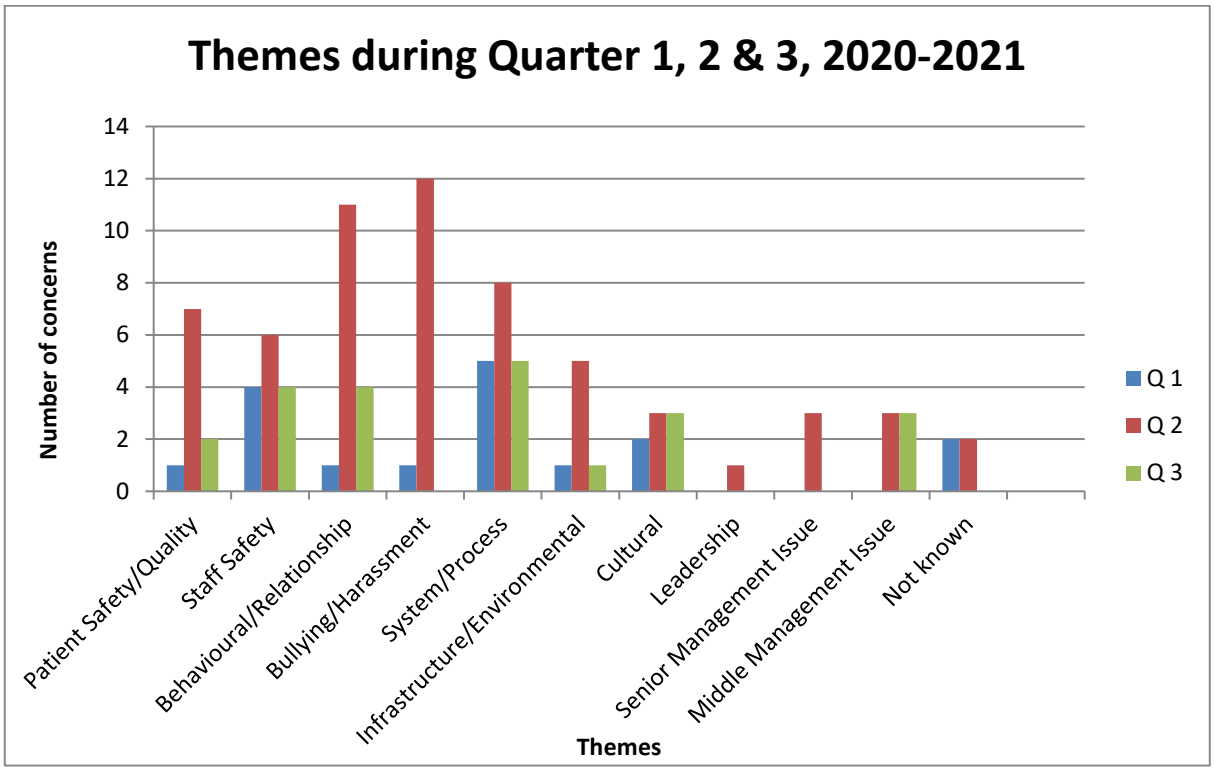
- Relational – issues between colleagues and between staff members and managers
- Culture issues
- Perceived bias in how different staff are treated
- Behaviours of colleagues and managers
- Patient safety due to low staffing levels
- Trust policies / procedures not being followed
- Unfair treatment
- Nepotism and conscious or unconscious bias being shown
- Concerns about signage not being up to date and accurate

2.2. In terms of proportion, the table below expresses concerns raised as a percentage:

Theme	% this Quarter
Patient Safety / Quality	9%
Staff Safety	18%
Behavioural / Relationship	18%
System / Process	22.5%
Infrastructure / Environmental	4.5%
Cultural	13.5%
Middle management issue	13.5%

2.3. Graph of Themes for Year to Date

Below is a graph expressing the themes of concerns raised over the year. Please note the themes at the bottom of the graph are the categories required by the National Guardian Office for submission.



2.4. Anonymous Concerns

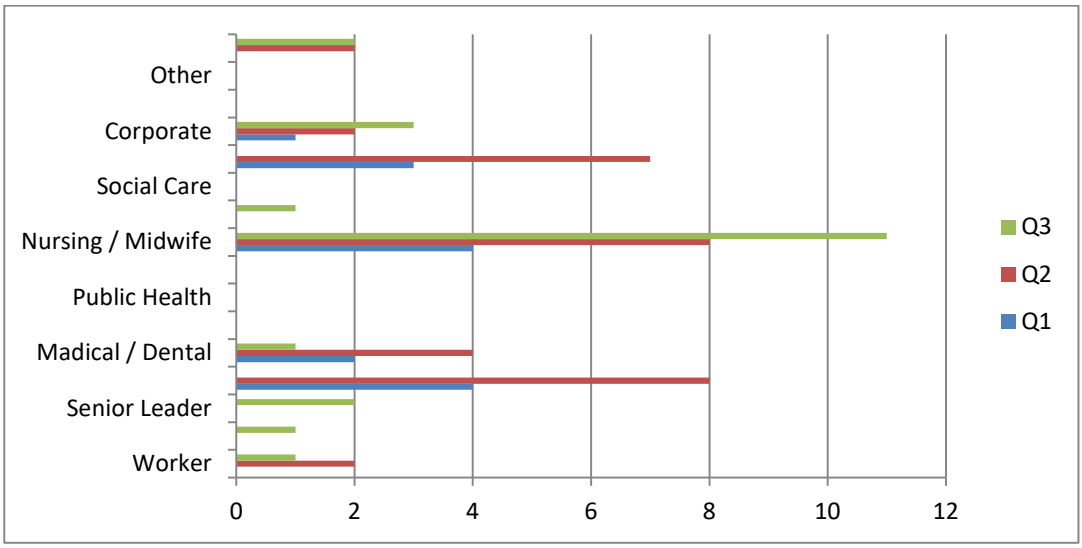
During Quarter 2, there were 2 anonymous concerns. This is where the person raising the concern cannot be contacted as there are no contact details, e.g. Anonymous letter / phone call. There are also a small number of concerns where the person does not want their name associated with the concern as they are concerned about repercussions.

3. Staff Groups Raising Concerns

Concerns this quarter have been raised by a cross-section of staff, as shown below. These follow the definition of the National Guardians Office.

Staff Group	% this Quarter
Worker	4.5%
Manager	4.5%
Senior Leader	9%
Medical / Dental	4.5%
Nursing / Midwives	49.5%
HCA	4.5%
Corporate	13.5%
Anonymous	9%

3.1. Staff Groups Raising Concerns Over the Year



3.2. Situations where detriment was expressed because of speaking up

In the last quarter there have been no new situations of detriment highlighted. However, there is still an open concern where it is believed detriment may have been experienced.

3.3. Feedback Post Raising Concerns

The National Guardians Office requires the FTSUG to invite those who have raised concerns, and have had their concerns closed, to offer feedback, specifically:

- Would they use the FTSUG again to raise a concern?
- Would they like to offer further comments about the service or the process?

Unfortunately, due to pressures of Covid-19 and staffing issues, full data is not available at the time of writing the report. However informal feedback has been received from five people, who have expressed that they have been very happy with the service received and they would raise a concern again through the FTSU process.

4. Changes as a Result of Speaking Up

One of the major recurring themes that has become apparent through FTSU is that of the behaviours being displayed by some staff which are not in keeping with the SCOPE values of the trust. The response to this is ongoing at executive level of the trust.

Recent conversations have also highlighted FTSU as providing:

- Better working through supporting teams and mediation
- Appreciation of ongoing support
- Independent advice that has enabled a positive change of approach
- Safety improvements during Covid-19
- Further changes to wording / titles that have been considered culturally insensitive
- Ways of working in Covid-19 testing pod changed and working environment improved
- Signage around the hospital changed to reflect changes
- Working conditions changed positively for a staff member who raised a concern
- Extra shifts put on NHSP as a result of concerns raised about staffing
- Other concerns about processes not being followed are currently under investigation

5. How Concerns are Managed

Concerns are managed on a concern-by-concern basis, in line with the trust's FTSU policy. The FTSUG has regular 1-1's with the FTSU executive lead and CEO. The FTSU policy is currently being reviewed.

6. Training and Development for Guardians

The FTSU guardian is part of the regional and national network of guardians and prior to the first wave of Covid-19 regularly attended quarterly regional events, and annual national events. Although these are not meeting face to face, there is a fortnightly "teams" regional support meeting or workshop, with input from the national office.

7. Freedom to Speak Up Index

Each year the National Guardians Office produces an Index Report in relation to speaking up across the NHS with an indicator for each trust based on staff survey questions.
The 2020 index indicates a local improvement (+1.6) within the index from 73% (2018) to 74.6% (2019). The index is based on the following four questions within the 2019 staff survey:

- % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

Our improvement is in line with regional and national trends; however, it still leaves us below average (77.9 % for acute trusts). Speaking up is still being promoted and accessed within the organisation, however Covid-19 has led to a temporary downscaling of plans for development. Improvement actions in relation to the four staff survey questions are incorporated into the Staff Survey Action Plan and specific work is being undertaken in relation to Organisational Development and culture.

This will also be incorporated into our CQC Well Led Improvement Plan as the index suggests a positive speaking up culture is associated with higher-performing organisations as rated by the Care Quality Commission (CQC). In other words, trusts with higher index scores are more likely to be rated 'Good' or 'Outstanding' by the CQC.

8. The National Picture

From the National Guardian, A reflection on the First Two Quarters of 2020 / 2021

Record number of cases brought to Freedom to Speak Up Guardians

Freedom to Speak Up Guardians reported receiving 9,754 speaking up cases in the first half of this year, an increase of 34% on the same period in the previous year.

Freedom to Speak Up Guardians submit non-identifiable information to the National Guardian's Office (NGO) about the speaking up cases raised with them. A report issued today (10th December 2020) by the NGO reveals that, between 1 April and 30 September 2020, a record number of cases were brought to Freedom to Speak Up Guardians.

The report is based on interim data submitted by Freedom to Speak Up Guardians. The interim data supports the results of a series of monthly Pulse Surveys the NGO carried out between April and June 2020. These surveys sought to understand how the pandemic was affecting speaking up and Freedom to Speak Up Guardians.

Dr Henrietta Hughes OBE, National Guardian for the NHS, said: *"The majority of respondents to the Pulse Surveys indicated that workers continued to be encouraged to speak up during the pandemic. This is supported by interim data that shows workers have continued to speak up to Freedom to Speak Up Guardians."*

Nineteen per cent (19%) of cases raised included an element of patient safety or quality, which was lower than the same period in 2019/20 (25%). Similarly, a smaller percentage (30%) of cases included an element of bullying and harassment compared to the same period in the previous year (38%).

Comments from Freedom to Speak Up Guardians on the data they submitted indicated the impact the pandemic has had. Nearly a quarter of comments referenced matters regarding the pandemic, including social distancing; availability, suitability and proper use of personal protective equipment (PPE); redeployment of workers and general anxiety around the pandemic. Worker safety and wellbeing during the pandemic was also a key theme, with some reluctant to speak up due to the crisis.

Dr Henrietta Hughes OBE said: *"I am so grateful for the commitment and passion of Freedom to Speak Up Guardians who continue to support workers to speak up in such challenging and difficult circumstances. Workers' voices form a key pillar of* the NHS People Plan*. But it is beholden on all leaders and managers to listen to what workers are saying and act upon what they hear."*

Released - December 10, 2020

Below is an article from the current FTSU newsletter reflecting on the full year 2019 – 2020

Appendix A

National Guardian
Freedom to Speak Up

Data report: Freedom to Speak Up Guardians report record numbers of cases from NHS workers last year

The National Guardian's Office latest annual data report reveals that last year Freedom to Speak Up Guardians received 16,199 speaking up cases, up 32 per cent on the previous year (12,244 cases) and more than double the number of cases handled two years ago (7,087) when we started collecting data.

There are now nearly 600 Freedom to Speak Up Guardians supporting workers to speak up about any issues impacting on their ability to do their job. Speaking up is about anything that gets in the way of providing good care. These figures tell us that more and more cases are being brought to guardians so that our health services can act upon to improve the experience of patients and workers.

The report provides some context around the nature of the cases guardians have been handling. Almost a quarter of cases (23 per cent) included an element of patient safety/quality of care, and just over a third (36 per cent) included an element of bullying/harassment.

The report also provides details about the different types of organisations, the correlation with CQC ratings, the professional background of workers speaking up, and the rates of cases reported anonymously and those workers that perceived detriment as a result of speaking up.
While detriment has dropped by two percentage points from the last couple of years (down from five per cent in both previous years, to three per cent last year), anonymity rose by a percentage point last year, up to 13 per cent after having dropped from 18 per cent to 12 per cent between years one and two.

When the National Guardian's Office was established in 2016 its remit extended to NHS trusts and Foundation Trusts. However, now nearly a third of Freedom to Speak Up Guardians are in other healthcare organisations such as primary care providers, the independent sector and national bodies. For the first time the report includes data returns from those organisations too.

The opportunity is for leaders to use this information in our report in order to learn and improve.

Speaking Up is continuing throughout the pandemic. In the first half of 2020/21, guardians reported receiving a record number of speaking up cases, an increase of 34 per cent on the same period in the previous year.

This report should resonate with Chairs and CEOs, Senior Partners, Accountable Officers, and everyone in a leadership role to foster a speaking up culture and improve their organisation. We need to move from defensive to curious:

Why do some workers speak up anonymously? Why are workers fearing or actually suffering detriment? What are we doing to address bullying and harassment?

These are questions that leaders need to ask so workers are not fearful about speaking up. This will bring about real improvements and help to make speaking up business as usual.

Dr Henrietta Hughes OBE

Read the Annual Data Report

National Guardian
Freedom to Speak Up

Freedom to Speak Up Index Report 2020

Contents

Foreword by Sir Simon Stevens

With the onset of the Coronavirus pandemic, NHS staff have been on the frontline of the greatest challenge our health service has ever faced.

In the NHS, speaking up is a fundamental matter of patient and staff safety, which is why we are so determined that NHS employers should support anyone who wants to make their voice heard.

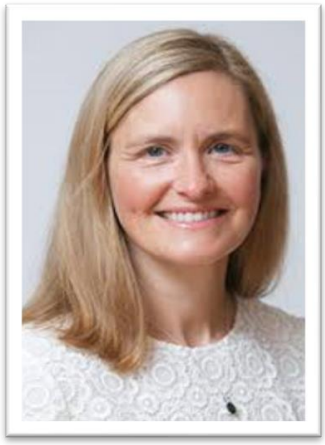
Freedom to Speak Up Guardians are therefore a powerful force for good in helping this happen. NHS England is proud to have tripled our funding to support them across the NHS.

And having first suggested the creation of a Freedom to Speak Index, I'm personally pleased to endorse this annual report, and grateful to all those who have helped shine a spotlight on this crucial aspect of the NHS's work.

This is the second year the 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.

Foreword by Dr Henrietta Hughes



Speaking up has never been more important, and the reality of whether leaders and organisations listen, act and learn is a critical part of this process. The introduction of Freedom to Speak Up Guardians in 2015 following the Francis Freedom to Speak Up Review has seen an improvement in the speaking up culture nationally.

Measuring the effect of culture change can be difficult, and the acid test is the view of staff. In NHS Trusts we can seek to measure the impact of improvements that have been put into place through the responses to the NHS Annual Staff Survey, on whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident.

The Freedom to Speak Up (FTSU) Index, first published in 2019, is a key metric for organisations to monitor their speaking up culture. The index has risen nationally from 75.5 per cent in 2015 to 78.7 per cent in 2019. When compared with other sectors, a score of 70 per cent is perceived as a healthy culture, so I believe that we have a lot to celebrate. But for us in health, the stakes are higher. Within this national average there continues to be variation, both within and between organisations. For example, in one trust only four in 10 responders believe that the organisation treats staff who are involved in an error, near miss or incident fairly. This can act as a barrier to speaking up, which could have devastating consequences for patient and worker safety and wellbeing. Fostering a positive speaking up culture sits firmly with the leadership, and we can see that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by CQC.

All organisations need to look at the results of their staff surveys, the FTSU Index score and the changes over time. The voices of workers who are otherwise unheard also need to be amplified, including those who do not have the opportunity or confidence to complete the survey. I would encourage organisations to use the index to identify pockets of their organisation where workers feel less supported to speak up and to focus on ways to improve this. We work with organisations with higher scores to share their experience and ideas for improvement, through our publications, regional and national network meetings and through October Speak Up Month. Similarly, for organisations with lower scores, there is an opportunity to use this information to listen to staff, reflect on the barriers, learn from others and implement changes to instil confidence in workers that speaking up will be heard and acted upon without risk of victimisation. I am delighted to announce that we will be working with the ambulance sector to share learning and to support improvement and innovation.

Introduction

Freedom to Speak Up is vital in healthcare – it can be a matter of life or death. When workers feel psychologically safe, they will speak up to avoid harm, bring great ideas and be able to express their concerns. The National Guardian's Office (NGO) believes a good speaking up culture makes for a safer workplace, for workers, patients and service users.

The NGO is working to make speaking up business as usual across the health sector.[1] This work includes developing, promoting and supporting an expanding network of Freedom to Speak Up Guardians, who work within their organisations to support workers to speak up and to effect culture change to make speaking up business as usual. The NGO also challenges and supports the health system in England on all matters related to speaking up.

Every year, NHS staff in trusts are invited to take part in the NHS Staff Survey to share their views about working in their organisation. The data gathered is used to monitor trends over time, as well as to compare organisational performance to improve the experiences of workers and patients.

Working with NHS England, the National Guardian's Office has brought together four questions from the NHS Staff Survey into a 'Freedom to Speak Up (FTSU) Index'. These questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident.

The FTSU Index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made. This is the second year in a row we have published the FTSU Index.[2]

This year's results show the national average for the FTSU index has continued to rise. This continued improvement is a fantastic achievement and testament to the hard work of Freedom to Speak Up Guardians and those who support them. However, we are starting from a place where many staff do not feel psychologically safe. The responses to the questions on which the index is based show there is still much to do to make speaking up business as usual. For example, less than two thirds of respondents nationally (59.7%) agreed their organisation treats staff who are involved in an error, near miss or incident fairly. Seventy-two per cent (71.7%) of respondents said they would feel secure raising concerns about unsafe clinical practice – which suggests that over a quarter of the workforce potentially does not feel secure raising concerns.

The index once again suggests a positive speaking up culture is associated with higher-performing organisations as rated by the Care Quality Commission (CQC). In other words, trusts with higher index scores are more likely to be rated 'Good' or 'Outstanding' by the CQC. However, this correlation is less apparent with ambulance trusts which tend to perform comparatively less well in the FTSU Index despite most of them receiving 'Good' ratings by the CQC (see Annex 1, below).

[1] National Guardian's Office, https://www.nationalguardian.org.uk/
[2] Freedom to Speak Up Index Report 2019, National Guardian's Office, https://www.nationalguardian.org.uk/wp-content/uploads/2020/02/ftsu-index-report-updated.pdf

We want the index to promote the sharing of good practice and learning, by encouraging trusts to work to improve their speaking up arrangements and culture.

The Freedom to Speak Up Index for each trust and the CQC ratings for Overall and Well Led are included in Annex 1. The information is taken from the CQC website and the annual NHS Staff Survey at the time of publication.[3]

[3] This information is correct as of July 3rd, 2020.

Survey questions and FTSU Index

The annual NHS staff survey contains several questions that are helpful indicators of speaking up culture. The FTSU index was calculated as the mean average of responses to the following four questions from the NHS Staff Survey:

- % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

This year's index is based on the results from the 2019 NHS Staff Survey.[4]

Please note all figures in this report are rounded to one decimal place.

[4] NHS England and NHS Improvement Staff Survey, https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/

Summary of results

A. *FTSU Index – National averages*

The national average for the Freedom to Speak Up (FTSU) Index score has continued to improve over the past year, up one percentage point to 79 per cent.

2015	2016	2017	2018	2019
75.5%	76.7%	76.8%	78.1%	78.7%

The FTSU index is based on four questions from the annual NHS Staff Survey (questions 17a, 17b, 18a and 18b).

Question 17a

Question 17a asks staff whether they agree their organisation treats staff who are involved in an error, near miss or incident fairly.

Question	2018	2019
% of staff agreeing that their organisation treats staff who are involved in an error, near miss or incident fairly (17a)	58.3%	59.7%

Of the four questions on which the index is based, the response to this question has seen the biggest improvement over the past year.[5]

However, it remains the case that fewer than two thirds of respondents agreed their organisation treats staff who are involved in an error, near miss or incident fairly.

This question saw the widest disparity in trust performance compared to the other questions making up the index. The highest scoring trust for this question, the Royal Marsden NHS Foundation Trust, scored 72.9 per cent, while the lowest scoring trust scored 40.3 per cent.

[5] This question has also seen the biggest improvement since 2015, with the percentage of respondents agreeing with the statement rising from 52.2 per cent in 2015 to 59.7 per cent in 2019.

Question 17b

Question 17b asks whether staff agree their organisation encourages them to report errors, near misses or incidents. Eighty-eight per cent (88%) of respondents agreed their organisation encourages them to report errors, near misses or incidents.

Question	2018	2019
% of staff agreeing that their organisation encourages them to report errors, near misses or incidents (17b)	88.1%	88.4%

Hounslow and Richmond Community Healthcare NHS Trust was the highest scoring trust for this question, achieving a score of 95.3 per cent. The lowest scoring trust scored 79.1 per cent.

Question 18a

Question 18a asks whether staff agree that if they were concerned about unsafe clinical practice, they would know how to report it. Ninety-five per cent (95%) of respondents agreed that if they were concerned about unsafe clinical practice, they would know how to report it.

Question	2018	2019
% of staff agreeing that if they were concerned about unsafe clinical practice, they would know how to report it (18a)	94.8%	94.6%

Isle of Wight NHS Trust (community sector) was the highest scoring trust for this question (99.3 per cent). The lowest scoring trust scored 89.5 per cent.

Question 18b

Question 18b asks whether staff agree that they would feel secure raising concerns about unsafe clinical practice. Seventy-two per cent (72%) of respondents agreed they would feel secure raising concerns about unsafe clinical practice.

Question	2018	2019
% of staff agreeing that they would feel secure raising concerns about unsafe clinical practice (18b)	70.7%	71.7%

Cambridgeshire Community Services NHS Trust was the highest scoring trust for this question (82.1 per cent). The lowest scoring trust achieved 58.6 per cent.

B. *FTSU Index – By region*

We reviewed performance in the index by region. The region with the highest index score was the South West (79.8 per cent), followed by the South East. The region with the lowest index score was the East of England (78.5 per cent).

All regions saw an improvement in their index score over the last year. The region which saw the biggest improvement was the South West, followed by the South East.

Region	2018	2019
South West	78.6%	79.8%
South East	78.6%	79.6%
North West	78.5%	79.1%
Midlands	78%	78.8%
London	78.4%	78.7%
North East and Yorkshire	78.3%	78.5%
East of England	78.3%	78.5%

C. *FTSU Index – By trust type*

Index scores varied by trust type. Community trusts had the highest score (83.9 per cent), with ambulance trusts achieving a score of 73.8 per cent.

Most trust types saw an improvement in their index score over the last year. The trust type with the biggest improvement was community trusts.

Trust type	2018	2019
Community Trusts	82.6%	83.9%
Acute Specialist Trusts	81.7%	81.2%
Combined Mental Health / learning Disability and Community Trusts	79.9%	80.2%
Mental Health / Learning Disability Trusts	78.7%	79.4%
Combined Acute and Community Trusts	78.5%	79%
Acute Trusts	77.4%	77.9%
Ambulance Trusts	73.8%	73.8%

D. *Trusts with the highest FTSU Index scores*

The following are the ten trusts with the highest score in the Freedom to Speak Up Index:

Name of trust[6]	2018	2019
Cambridgeshire Community Services NHS Trust	87%	86.6%
Solent NHS Trust	86.1%	86.1%
Northamptonshire Healthcare NHS Foundation Trust	84.9%	85.2%
Hounslow and Richmond Community Healthcare NHS Trust	85.1%	85%
Leeds Community Healthcare NHS Trust	84.1%	85%
Liverpool Heart and Chest Hospital NHS Foundation Trust	85.6%	84.7%
Wirral Community NHS Foundation Trust[7]	82.5%	84.5%
Derbyshire Community Health Services NHS Foundation Trust	82.7%	84.4%
The Royal Marsden NHS Foundation Trust	83.8%	84.3%
South Warwickshire NHS Foundation Trust	81.6%	84.3%

[6] Trusts highlighted in blue are new entries into the top ten trusts with the highest score in the Freedom to Speak Up Index.
[7] Also known as Wirral Community Health and Care NHS Foundation Trust.

E. *Trusts with the greatest overall increase and decrease in FTSU Index score*

The following are the ten trusts which have seen the greatest overall increase in their FTSU Index score:

Name of trust	2018	2019	Change
County Durham and Darlington NHS Foundation Trust*	75.1%	80.5%	5.4%
Taunton and Somerset NHS Foundation Trust	77.8%	82.5%	4.7%
Worcestershire Acute Hospitals NHS Trust	73.9%	78.5%	4.6%
Liverpool Women's NHS Foundation Trust	75.7%	79.8%	4.1%
Medway NHS Foundation Trust	72.2%	76.1%	3.9%
East Midlands Ambulance Service NHS Trust	68.2%	71.9%	3.7%
Whittington Health NHS Trust	75.9%	78.9%	3%
Great Ormond Street Hospital for Children NHS Foundation Trust	77.9%	80.9%	3%
Great Western Hospitals NHS Foundation Trust	79.1%	82.1%	3%
Oxford University Hospitals NHS Foundation Trust	76.7%	79.5%	2.8%

*Cate Woolley-Brown, Freedom to Speak Up Guardian at County Durham and Darlington NHS Foundation Trust, said, *"We're delighted with the response from our staff, indicating their confidence to speak up. The role of the Freedom to Speak Up Guardian is supported at the very top of the organisation. The Chair, Chief Executive, the wider executive team and non-executive directors are fully behind and engaged with the valuable role the Guardian plays in giving staff a channel through which they can speak up on any issue – and be listened to. This senior level support is critical in reassuring staff that they will be taken seriously. My role is widely promoted with the emphasis on concerns being dealt with speedily, a culture of openness, honesty and learning - to prevent recurrence."*

The following are the ten trusts which have seen the greatest overall decrease in their FTSU Index score:

Name of trust	2018	2019	Change
Tavistock and Portman NHS Foundation Trust	81.6%	77.5%	-4.1%
Sheffield Health and Social Care NHS Foundation Trust	76.2%	72.3%	-3.9%
University Hospitals of Morecambe Bay NHS Foundation Trust	79.1%	75.8%	-3.3%
North East Ambulance Service NHS Foundation Trust	76.2%	72.9%	-3.3%
Moorfields Eye Hospital NHS Foundation Trust	82.8%	79.7%	-3.1%
North Cumbria University Hospitals NHS Trust	71.6%	68.5%	-3.1%
The Princess Alexandra Hospital NHS Trust	78.4%	75.4%	-3%
Luton and Dunstable University Hospital NHS Foundation Trust	79.5%	76.9%	-2.6%
Basildon and Thurrock University Hospitals NHS Foundation Trust	76.8%	75%	-1.8%
Tees, Esk and Wear Valleys NHS Foundation Trust	80.7%	79.1%	-1.6%

What we will do next

- We will use the index as an indicator of potential areas of good practice and concern when it comes to the speaking up culture in trusts.

- We will share the index with our stakeholders, including the Care Quality Commission (CQC), and NHS England and NHS Improvement, so it may also inform their work to support trusts.

- We will also be working with the survey team at NHS England to develop the index to provide a more holistic understanding of speaking up culture.

Ambulance trusts

As mentioned above, the index suggests a positive speaking up culture is associated with higher-performing organisations as rated by the CQC. This correlation is less apparent with ambulance trusts which tend to perform comparatively less well in the index despite most of them receiving 'good' ratings by the CQC.

We will be undertaking a piece of work later this year to work with ambulance trusts and our partners to understand why ambulance trusts tend to perform comparatively less well in the index. We will also be working with ambulance trusts and our partners to develop a better understanding of the relationship between the FTSU index and CQC ratings.

Acknowledgements

We want to thank everyone who has helped with the preparation of the Freedom to Speak Up Index and this report. This includes all the trusts featured, the survey team at NHS England and members of the team at the National Guardian's Office.

Annex 1

FTSU Index including CQC Overall and Well Led Ratings

Outstanding
Good
Requires improvement
Inadequate

FTSU Index	Name of trust	CQC Overall	Well Led
86.6%	Cambridgeshire Community Services NHS Trust	Outstanding	Outstanding
86.1%	Solent NHS Trust	Good	Good
85.2%	Northamptonshire Healthcare NHS Foundation Trust	Outstanding	Outstanding
85%	Hounslow and Richmond Community Healthcare NHS Trust	Good	Good
85%	Leeds Community Healthcare NHS Trust	Good	Good
84.7%	Liverpool Heart and Chest Hospital NHS Foundation Trust	Outstanding	Outstanding
84.5%	Wirral Community NHS Foundation Trust	Requires improvement	Requires improvement
84.4%	Derbyshire Community Health Services NHS Foundation Trust	Outstanding	Outstanding
84.3%	The Royal Marsden NHS Foundation Trust	Outstanding	Outstanding
84.3%	South Warwickshire NHS Foundation Trust	Outstanding	Outstanding
84.2%	Kent Community Health NHS Foundation Trust	Outstanding	Good
84.1%	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Good	Outstanding
84.1%	Gloucestershire Care Services NHS Trust[8]	Good	Good
83.9%	Hertfordshire Community NHS Trust	Good	Good
83.9%	Sussex Community NHS Foundation Trust	Good	Good
83.8%	The Royal Orthopaedic Hospital NHS Foundation Trust	Good	Good
83.6%	Lincolnshire Community Health Services NHS Trust	Outstanding	Outstanding
83.4%	Norfolk Community Health and Care NHS Trust	Outstanding	Outstanding
83.3%	Northumbria Healthcare NHS Foundation Trust	Outstanding	Good
83.2%	Berkshire Healthcare NHS Foundation Trust	Outstanding	Outstanding
83.1%	Northern Devon Healthcare NHS Trust	Requires improvement	Requires improvement
83%	Royal Brompton and Harefield NHS Foundation Trust	Good	Good
82.9%	Worcestershire Health and Care NHS Trust	Good	Good
82.8%	Gateshead Health NHS Foundation Trust	Good	Good
82.6%	Guy's and St Thomas' NHS Foundation Trust	Good	Outstanding
82.5%	Hertfordshire Partnership University NHS Foundation Trust	Outstanding	Outstanding
82.5%	Cambridge University Hospitals NHS Foundation Trust	Good	Outstanding
82.5%	Taunton and Somerset NHS Foundation Trust[9]	Good	Good
82.4%	Dudley and Walsall Mental Health Partnership NHS Trust	Good	Good
82.4%	Shropshire Community Health NHS Trust	Good	Good

[8] Merged with 2gether NHS Foundation Trust to form Gloucestershire Health & Care NHS Foundation Trust in October 2019.
[9] Merged with Somerset Partnership NHS Foundation Trust to form Somerset NHS Foundation Trust in April 2020.

82.2%	The Christie NHS Foundation Trust	☆ ☆
82.1%	Dorset Healthcare University NHS Foundation Trust	☆ ☆
82.1%	Cambridgeshire and Peterborough NHS Foundation Trust	
82.1%	Great Western Hospitals NHS Foundation Trust	
82%	Midlands Partnership NHS Foundation Trust	
82%	Surrey and Borders Partnership NHS Foundation Trust	
82%	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	
81.9%	Lincolnshire Partnership NHS Foundation Trust	☆
81.9%	East Lancashire Hospitals NHS Trust	
81.9%	Surrey and Sussex Healthcare NHS Trust	☆ ☆
81.7%	Airedale NHS Foundation Trust	
81.6%	West Suffolk NHS Foundation Trust	
81.5%	Southern Health NHS Foundation Trust	
81.4%	Mersey Care NHS Foundation Trust	☆
81.4%	The Clatterbridge Cancer Centre NHS Foundation Trust	
81.3%	Yeovil District Hospital NHS Foundation Trust	
81.3%	Oxford Health NHS Foundation Trust	
81.2%	Bolton NHS Foundation Trust	☆
81.2%	University Hospital Southampton NHS Foundation Trust	
81.2%	St Helens and Knowsley Teaching Hospitals NHS Trust	☆ ☆
81.1%	Royal Berkshire NHS Foundation Trust	
81.1%	North Tees and Hartlepool NHS Foundation Trust	
81%	Harrogate and District NHS Foundation Trust	
81%	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust[10]	☆ ☆
80.9%	Somerset Partnership NHS Foundation Trust[11]	
80.9%	Great Ormond Street Hospital for Children NHS Foundation Trust	
80.9%	Kingston Hospital NHS Foundation Trust	☆ ☆
80.7%	Frimley Health NHS Foundation Trust	
80.7%	Royal Papworth Hospital NHS Foundation Trust	☆ ☆
80.7%	Cornwall Partnership NHS Foundation Trust	
80.7%	The Walton Centre NHS Foundation Trust	☆
80.7%	Royal Surrey NHS Foundation Trust[12]	
80.7%	University Hospitals Plymouth NHS Trust	
80.6%	2Gether NHS Foundation Trust[13]	
80.6%	The Newcastle upon Tyne Hospitals NHS Foundation Trust	☆ ☆
80.5%	Central London Community Healthcare NHS Trust	
80.5%	Salisbury NHS Foundation Trust	
80.5%	Portsmouth Hospitals NHS Trust	
80.5%	University Hospitals Coventry and Warwickshire NHS Trust	
80.5%	Sheffield Children's NHS Foundation Trust	

[10] The trust changed its name from Northumberland, Tyne and Wear NHS Foundation Trust to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in October 2019.
[11] Merged with Taunton and Somerset NHS Foundation Trust to form Somerset NHS Foundation Trust in April 2020.
[12] The trust changed its name from Royal Surrey County Hospital NHS Foundation Trust to Royal Surrey NHS Foundation Trust in September 2019.
[13] Merged with Gloucestershire Care Services NHS Trust to form Gloucestershire Health & Care NHS Foundation Trust in October 2019.

80.5%	County Durham and Darlington NHS Foundation Trust	
80.5%	North East London NHS Foundation Trust	
80.5%	North Staffordshire Combined Healthcare NHS Trust	☆
80.4%	Oxleas NHS Foundation Trust	
80.3%	University Hospitals Bristol NHS Foundation Trust[14]	☆ ☆
80.3%	Cheshire and Wirral Partnership NHS Foundation Trust	
80.3%	Poole Hospital NHS Foundation Trust	
80.2%	East London NHS Foundation Trust	☆ ☆
80.2%	Rotherham Doncaster and South Humber NHS Foundation Trust	
80.2%	Tameside and Glossop Integrated Care NHS Foundation Trust	
80.2%	Royal National Orthopaedic Hospital NHS Trust	
80.2%	Devon Partnership NHS Trust	
80.2%	Southend University Hospital NHS Foundation Trust[15]	
80%	East Sussex Healthcare NHS Trust	
80%	Bradford Teaching Hospitals NHS Foundation Trust	
80%	Buckinghamshire Healthcare NHS Trust	
80%	Cumbria Partnership NHS Foundation Trust[16]	
79.9%	Pennine Care NHS Foundation Trust	
79.9%	Sherwood Forest Hospitals NHS Foundation Trust	
79.9%	North West Boroughs Healthcare NHS Foundation Trust	
79.8%	Queen Victoria Hospital NHS Foundation Trust	
79.8%	Liverpool Women's NHS Foundation Trust	
79.8%	Nottingham University Hospitals NHS Trust	
79.7%	Moorfields Eye Hospital NHS Foundation Trust	
79.7%	South Tyneside and Sunderland NHS Foundation Trust	
79.6%	Birmingham Community Healthcare NHS Foundation Trust	
79.6%	Chelsea and Westminster Hospital NHS Foundation Trust	☆
79.6%	Royal Devon and Exeter NHS Foundation Trust	
79.6%	Leeds Teaching Hospitals NHS Trust	
79.5%	Oxford University Hospitals NHS Foundation Trust	
79.5%	Sussex Partnership NHS Foundation Trust	
79.5%	East Cheshire NHS Trust	
79.5%	Central and North West London NHS Foundation Trust	
79.4%	Leeds and York Partnership NHS Foundation Trust	
79.4%	Chesterfield Royal Hospital NHS Foundation Trust	
79.4%	Warrington and Halton Teaching Hospitals NHS Foundation Trust	
79.4%	Kent and Medway NHS and Social Care Partnership Trust	
79.3%	Leicestershire Partnership NHS Trust	
79.3%	Bradford District Care NHS Foundation Trust	
79.2%	Sheffield Teaching Hospitals NHS Foundation Trust	
79.2%	Blackpool Teaching Hospitals NHS Foundation Trust	
79.2%	Birmingham Women's and Children's NHS Foundation Trust	
79.2%	Essex Partnership University NHS Foundation Trust	

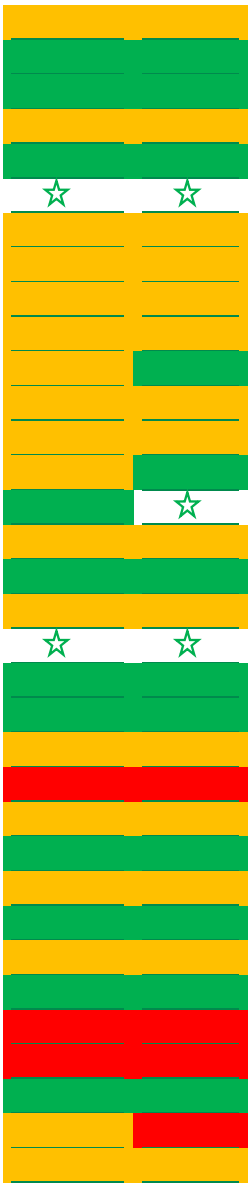
[14] Merged with Weston Area Health NHS Trust to form University Hospitals Bristol and Weston NHS Foundation Trust in April 2020.
[15] Merged to form Mid and South Essex NHS Foundation Trust.
[16] Merged with North Cumbria University Hospitals NHS Trust to form North Cumbria Integrated Care NHS Foundation Trust.

79.1%	Tees, Esk and Wear Valleys NHS Foundation Trust
79%	Homerton University Hospital NHS Foundation Trust
79%	North West Anglia NHS Foundation Trust
79%	Ashford and St Peter's Hospitals NHS Foundation Trust
79%	Sandwell and West Birmingham Hospitals NHS Trust
78.9%	Whittington Health NHS Trust
78.9%	Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
78.8%	Mid Cheshire Hospitals NHS Foundation Trust
78.8%	Isle of Wight NHS Trust (mental health sector)
78.8%	Derbyshire Healthcare NHS Foundation Trust
78.8%	University College London Hospitals NHS Foundation Trust
78.7%	Lancashire Teaching Hospitals NHS Foundation Trust
78.7%	Wye Valley NHS Trust
78.7%	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
78.6%	Bridgewater Community Healthcare NHS Foundation Trust
78.6%	Greater Manchester Mental Health NHS Foundation Trust
78.5%	Hull University Teaching Hospitals NHS Trust
78.5%	Calderdale and Huddersfield NHS Foundation Trust
78.5%	West London NHS Trust
78.5%	Worcestershire Acute Hospitals NHS Trust
78.4%	Dorset County Hospital NHS Foundation Trust
78.3%	Isle of Wight NHS Trust (community sector)
78.3%	Salford Royal NHS Foundation Trust
78.3%	Barnsley Hospital NHS Foundation Trust
78.3%	Gloucestershire Hospitals NHS Foundation Trust
78.3%	Humber Teaching NHS Foundation Trust
78.2%	South West Yorkshire Partnership NHS Foundation Trust
78.1%	Coventry and Warwickshire Partnership NHS Trust
78.1%	Countess of Chester Hospital NHS Foundation Trust
78.1%	North Bristol NHS Trust
78.1%	West Hertfordshire Hospitals NHS Trust
78.1%	Manchester University NHS Foundation Trust
78.1%	Milton Keynes University Hospital NHS Foundation Trust
78%	Black Country Partnership NHS Foundation Trust
78%	Camden and Islington NHS Foundation Trust
78%	The Royal Wolverhampton NHS Trust
77.9%	Imperial College Healthcare NHS Trust
77.8%	Kettering General Hospital NHS Foundation Trust
77.7%	Mid Yorkshire Hospitals NHS Trust
77.7%	Royal Cornwall Hospitals NHS Trust
77.7%	University Hospitals of Derby and Burton NHS Foundation Trust
77.6%	Torbay and South Devon NHS Foundation Trust
77.6%	Epsom and St Helier University Hospitals NHS Trust
77.6%	Brighton and Sussex University Hospitals NHS Trust

77.6%	Mid Essex Hospital Services NHS Trust[17]	
77.6%	Aintree University Hospital NHS Foundation Trust[18]	
77.6%	London North West University Healthcare NHS Trust	
77.5%	Stockport NHS Foundation Trust	
77.5%	Isle of Wight NHS Trust (ambulance sector)	
77.5%	Bedford Hospital NHS Trust[19]	
77.5%	Norfolk and Norwich University Hospitals NHS Foundation Trust	
77.5%	Tavistock and Portman NHS Foundation Trust	
77.3%	Barnet, Enfield and Haringey Mental Health NHS Trust	
77.3%	The Rotherham NHS Foundation Trust	
77.3%	Lewisham and Greenwich NHS Trust	
77.3%	East Kent Hospitals University NHS Foundation Trust	
77.2%	Dartford and Gravesham NHS Trust	
77.2%	Royal United Hospitals Bath NHS Foundation Trust	
77.2%	Alder Hey Children's NHS Foundation Trust	
77.1%	Maidstone and Tunbridge Wells NHS Trust	
77.1%	The Royal Liverpool and Broadgreen University Hospitals NHS Trust[20]	
77.1%	North Middlesex University Hospital NHS Trust	
77%	Hampshire Hospitals NHS Foundation Trust	
77%	Western Sussex Hospitals NHS Foundation Trust	
77%	Barts Health NHS Trust	
77%	York Teaching Hospital NHS Foundation Trust	
77%	University Hospitals of Leicester NHS Trust	
76.9%	Royal Free London NHS Foundation Trust	
76.9%	Luton and Dunstable University Hospital NHS Foundation Trust[21]	
76.9%	Avon and Wiltshire Mental Health Partnership NHS Trust	
76.9%	Northampton General Hospital NHS Trust	
76.8%	South Central Ambulance Service NHS Foundation Trust	
76.7%	Barking, Havering and Redbridge University Hospitals NHS Trust	
76.5%	Croydon Health Services NHS Trust	
76.5%	George Eliot Hospital NHS Trust	
76.4%	Wirral University Teaching Hospital NHS Foundation Trust	
76.3%	Pennine Acute Hospitals NHS Trust	
76.2%	Isle of Wight NHS Trust (acute sector)	
76.1%	East Suffolk and North Essex NHS Foundation Trust	
76.1%	Medway NHS Foundation Trust	
76%	The Dudley Group NHS Foundation Trust	
75.9%	Lancashire and South Cumbria NHS Foundation Trust[22]	

[17] Merged with Basildon and Thurrock University Hospitals NHS Foundation Trust and Southend University Hospital NHS Foundation Trust to form Mid and South Essex NHS Foundation Trust in April 2020.
[18] Merged with Royal Liverpool and Broadgreen University Hospitals NHS Trust to form Liverpool University Hospitals NHS Foundation Trust in October 2019.
[19] Merged with Luton and Dunstable University Hospital NHS Foundation Trust to form Bedfordshire Hospitals NHS Foundation Trust in April 2020.
[20] Merged with Aintree University Hospital NHS Foundation Trust to form Liverpool University Hospitals NHS Foundation Trust in October 2019.
[21] Merged with Bedford Hospital NHS Trust to form Bedfordshire Hospitals NHS Foundation Trust in April 2020.
[22] The trust changed its name from Lancashire Care NHS Foundation Trust to Lancashire and South Cumbria NHS Foundation Trust in October 2019.

75.9%	Nottinghamshire Healthcare NHS Foundation Trust	
75.9%	James Paget University Hospitals NHS Foundation Trust	
75.9%	South West London and St George's Mental Health NHS Trust	
75.8%	University Hospitals of Morecambe Bay NHS Foundation Trust	
75.8%	South London and Maudsley NHS Foundation Trust	
75.6%	Weston Area Health NHS Trust[23]	
75.6%	The Hillingdon Hospitals NHS Foundation Trust	
75.6%	St George's University Hospitals NHS Foundation Trust	
75.5%	University Hospitals of North Midlands NHS Trust	
75.5%	Walsall Healthcare NHS Trust	
75.4%	The Princess Alexandra Hospital NHS Trust	
75.3%	King's College Hospital NHS Foundation Trust	
75.2%	East and North Hertfordshire NHS Trust	
75%	Basildon and Thurrock University Hospitals NHS Foundation Trust[24]	
74.7%	University Hospitals Birmingham NHS Foundation Trust	
74.6%	Southport and Ormskirk Hospital NHS Trust	
74.5%	South East Coast Ambulance Service NHS Foundation Trust	
74.4%	Birmingham and Solihull Mental Health NHS Foundation Trust	
74.1%	West Midlands Ambulance Service University NHS Foundation Trust	
73.9%	London Ambulance Service NHS Trust	
73.8%	North West Ambulance Service NHS Trust	
73.7%	Norfolk and Suffolk NHS Foundation Trust	
73.6%	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	
73.5%	United Lincolnshire Hospitals NHS Trust	
73.5%	Yorkshire Ambulance Service NHS Trust	
73.3%	Northern Lincolnshire and Goole NHS Foundation Trust	
73.2%	South Western Ambulance NHS Foundation Trust	
73.1%	South Tees Hospitals NHS Foundation Trust	
72.9%	North East Ambulance Service NHS Foundation Trust	
72.3%	Sheffield Health and Social Care NHS Foundation Trust	
72.3%	The Shrewsbury and Telford Hospital NHS Trust	
71.9%	East Midlands Ambulance Service NHS Trust	
69.5%	East of England Ambulance Service NHS Trust	
68.5%	North Cumbria University Hospitals NHS Trust[25]	



CQC ratings are correct as of July 3rd, 2020.

If you any queries regarding this report, please contact enquiries@nationalguardianoffice.org.uk.

[23] Merged with Weston Area Health NHS Trust to form University Hospitals Bristol and Weston NHS Foundation Trust in April 2020.
[24] Merged with Mid Essex Hospital Services NHS Trust and Southend University Hospital NHS Foundation Trust to form Mid and South Essex NHS Foundation Trust in April 2020.
[25] Merged with Cumbria Partnership NHS Foundation Trust to form North Cumbria Integrated Care NHS Foundation Trust in October 2019.

Alert, Advise, Assure (AAAs)
Highlight Report

Committee/Group:	**FINANCE, PERFORMANCE & INVESTMENT COMMITTEE**
Meeting date:	**22 FEBRUARY 2021**
Lead:	**GRAHAM POLLARD**

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- The committee received an updated forecast that incorporated the revised estimates for the cost of annual leave carry forward and non-NHS income totalling £3.5m. The revised range of forecast outturn included confirmation of funding for the non-NHS income of £1.4m, and a range of scenarios for national funding of annual leave carry forward. The most likely outturn is £1.6m deficit, with a best case of £0.5m deficit and worst case of £2.9m deficit, all being subject to confirmation of actual levels of funding or annual leave.
- All providers across Cheshire and Merseyside have been asked to contribute to the STP economy deficit and the Trust is considering how best this could be done.
- The Trust moved to Level 3 status for critical care during January as a result of Covid-19, utilising up to 18 beds in comparison to the Trust's contracted 11 critical care beds.

ADVISE

- The performance in January against the four-hour standard to be seen, discharged or transferred was 78.4% - in line with national performance at 78.7%. In Cheshire and Merseyside, we were the second-best performing non-specialist Trust. Ambulance handovers have seen significant improvement with nearly 89% completed in 30 minutes in January compared to 78% last year. Next month will be a year since the last episode of corridor care in ED.
- The Trust has continued providing urgent elective and cancer surgeries through the pandemic. This commitment to patients is also reflected in how we got our elective services back on track with our restoration programme in the final four months of 2020:
  - Electives peaked at 92% of activity against 2019/20
  - Day cases at 75.76%
  - Outpatients at 96.29%
  - Scopes at 90.02%
  - Radiology scans at 98.4% meaning that only 1.4% of patients have waited over 6 weeks on the waiting list (back in April this was over 45%)
- In December, we treated 86 patients on the cancer 62-day referral to treatment pathway which is the second highest number recorded, ever, in a single month.
- The Trust is failing to meet national RTT standards, however, in the current environment is still performing amongst the best providers in the region. There are currently 126 patients on the Trust's waiting list in breach of 52 weeks (this is 1.5% of the total waiting list).
- It was reported that CIP savings were £38K adrift in January, with a target of £0.5M remaining in months 11 and 12. The committee requested further assurance that these targets will be met, and requested progress towards a comprehensive CIP schedule for 2021-22.
- The committee received an updated use of resources action plan, which has been developed across the executive team and now included further detail regarding milestone and completion dates. FP&I will receive monthly updates on delivery of the action plan, with a review scheduled in July.

- There is £2.9M remaining within the capital programme to be spent this financial year. This expenditure relates primarily to estates and IT projects, and assurance has been sought that these commitments will be met.
- The committee received and approved the final accounts timetable and accounting policies.
- It was reported that a working group has now been established with SS&SF CCG that is meeting weekly to progress options to address the Trust's three most fragile services, which are: Head & neck, ophthalmology; haematology. This is now being taken forward under the CCGs Vulnerable Services Policy.

ASSURE

- The committee received the Trust's Financial Management Framework, which is being rolled out to all budget holders.
- A solution has been agreed to meet the Clinical Safety Officer responsibilities from within the current IT team.

New Risks identified at the meeting:

- No new risks were identified at the meeting

Review of the Risk Register:

- No action taken

Operations

Access

Analyst narrative:

Two indicators are failing to provide assurance; A&E 4 hour compliance and Ambulance Handover 30-60 Mins, although this is related to historical performance as recent performance is good.

An incremental increase in the 90% stay on Stroke Ward in January means this no longer shows negative variation. Whilst there has been an improvement in month, the continued effect of Covid positive stroke patients and bed closures means this indicator has failed to achieve plan in January.

Several RTT indicators continue to show negative variation, as was expected due to Covid-19. This has been further impacted by a reduction in available theatres as a result of critical care escalation during this third wave of the pandemic.

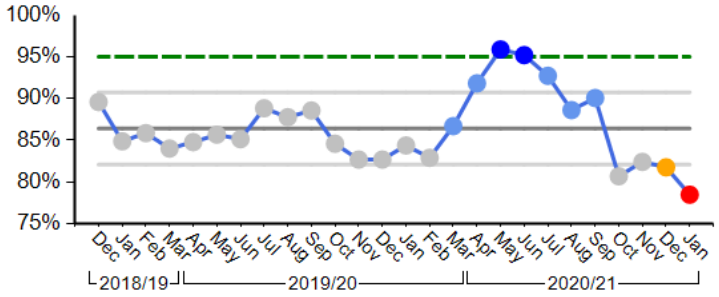
Operational Narrative:

The Trust performance against the national 4-hour standard in ED continues to decline. ED attendances at SDGH are down 21% against this time last year and ODGH attendances are down by 65% compared to this time last year. However, the conversion rate at SDGH is up 27% against last year signalling a significant shift in the acuity of presentations at SDGH. The overall reduction in attendances across both sites, particularly lower acuity patients and minors has presented challenges for streaming to SDEC and has lowered the overall denominator when comparing 4-hour breaches to attendances, this has contributed to the overall decline in performance in addition to the impact of the 3rd wave of the COVID pandemic. Additionally, the impact of multiple IPC cleans and fogs which last up to 3 hours per bay along with nurse staffing and skill mix in the SDGH ED continues to impact the flow throughout the department.
Despite having 19 12 hour breaches, all patient safety was maintained and the Trust continued to maintain its excellent performance, reporting zero patients cared for on the corridor despite the pressure of winter and the 3rd wave of COVID.
A number of actions have been identified to support recovery of the A&E 4 hour standard. These relate to Nurse Staffing, Additional support for the Clinical Coordinators, Review of the Referral and Admission Processes, Expansion of the SDEC offer, Focus on discharge and Improvements to Ward 1. A detailed report was taken to FP&I Committee in relation to this.

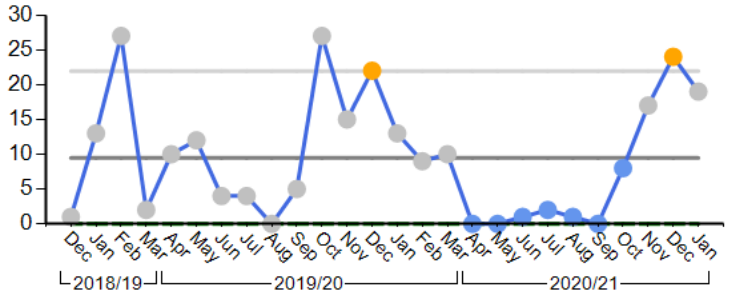
The increase in the RTT long waiters is as expected due to Covid-19. Critical Care was currently escalated to level 3 of surge plan and as a result only emergency, trauma, cancer and clinically urgent activity was going ahead in January. The position by speciality is monitored on an ongoing basis and recovery trajectories are in place.
Please also see supplementary action plan for TIA and Stroke.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Accident & Emergency - 4 Hour compliance	95%	78.5%	1447	Jan 21	L	95%	81.8%	Dec 20	95%	87.6%	F
Accident & Emergency - 12+ Hour trolley waits	0	19	19	Jan 21	H	0	24	Dec 20	0	72	?
Ambulance Handover 30-60 Mins	0	28	28	Jan 21	L	0	26	Dec 20	0	288	F
Ambulance Handover Over 60 Mins	0	5	5	Jan 21	L	0	5	Dec 20	0	51	?
Referral to treatment: on-going	92%	82.4%	1422	Jan 21	L	92%	84.4%	Dec 20	92%	75.4%	?
52 Week Waits	0	91	91	Jan 21	H	0	42	Dec 20	0	42	?
Diagnostic waits	1%	17%	513	Jan 21		1%	13.4%	Dec 20	1%	27.1%	?
Stroke - 90% Stay on Stroke Ward	80%	63.6%	12	Jan 21		80%	56.3%	Dec 20	80%	66.4%	?
TIA	60%	0%	2	Jan 21		60%	60%	Sep 20	60%	52.4%	?
Cancelled Operations	0.6%	0.6%	7	Jan 21		0.6%	0.7%	Dec 20	0.6%	0.3%	?
Total RTT Waiting List - Trust		8079	8079	Jan 21	L		7801	Dec 20		8079	?
Total RTT waiters > 30 Weeks - Trust		487	487	Jan 21	H		463	Dec 20		487	?
Total RTT waiters > 42 Weeks - Trust		302	302	Jan 21	H		275	Dec 20		302	?

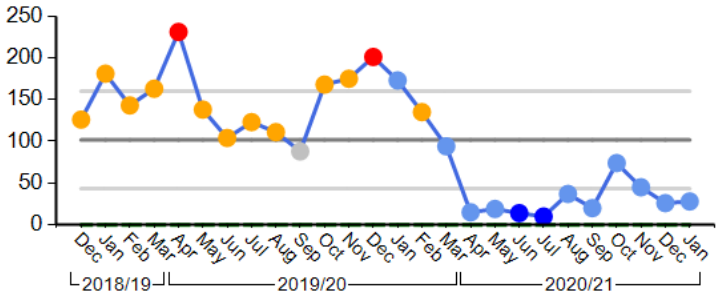
Accident & Emergency - 4 Hour compliance



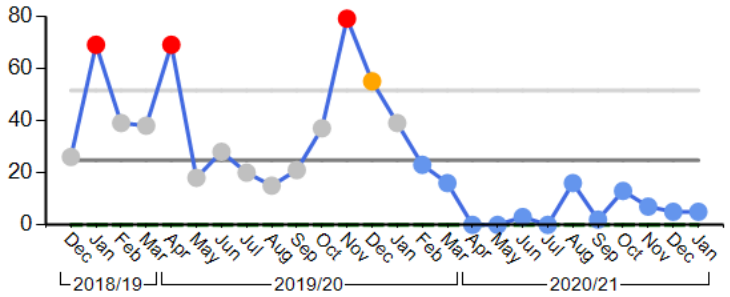
Accident & Emergency - 12+ Hour trolley waits



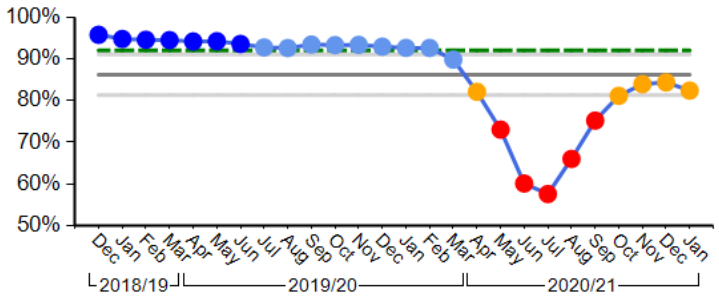
Ambulance Handover 30-60 Mins



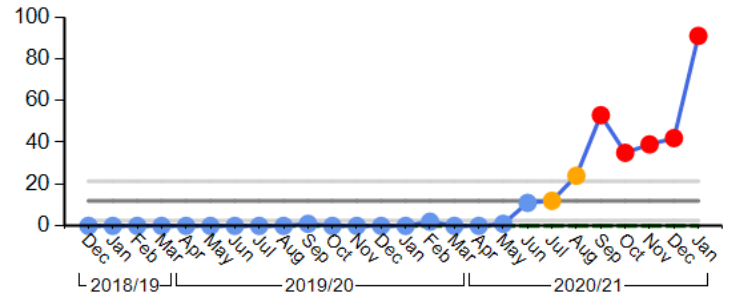
Ambulance Handover Over 60 Mins



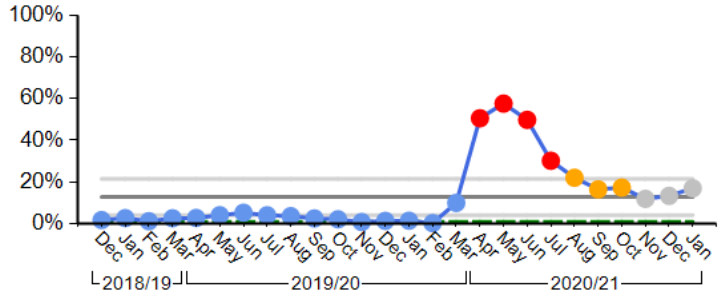
Referral to treatment: on-going



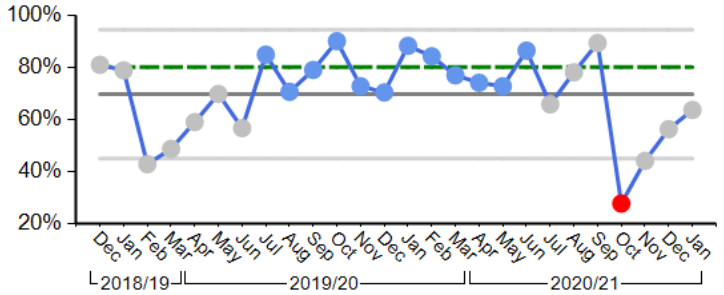
52 Week Waits



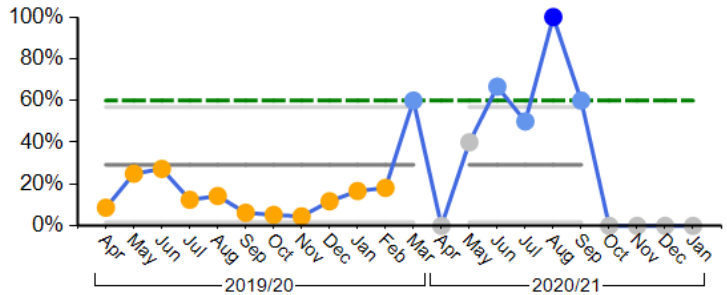
Diagnostic waits



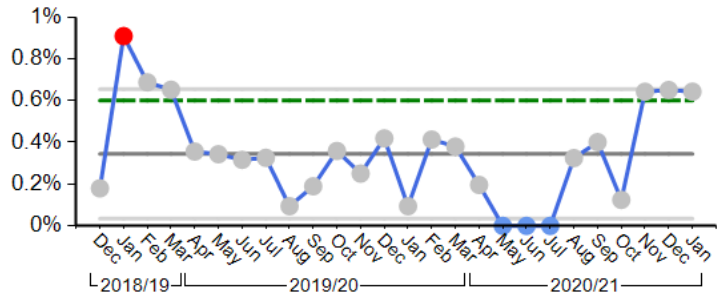
Stroke - 90% Stay on Stroke Ward



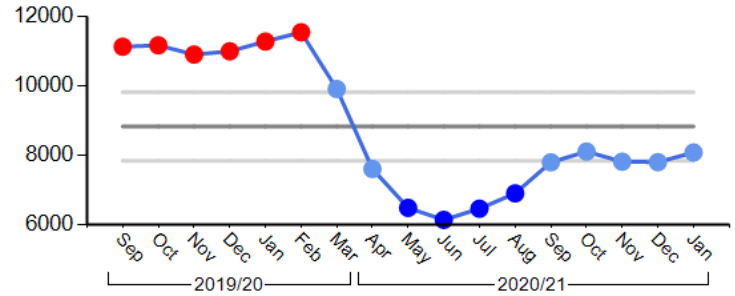
TIA



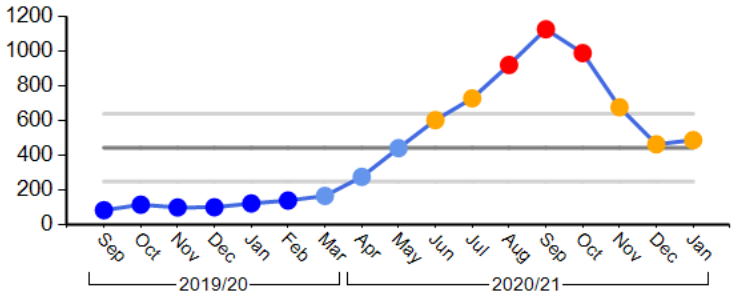
Cancelled Operations

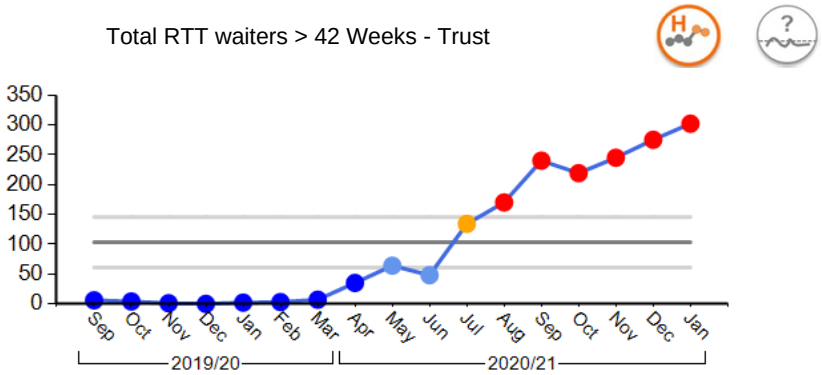


Total RTT Waiting List - Trust



Total RTT waiters > 30 Weeks - Trust

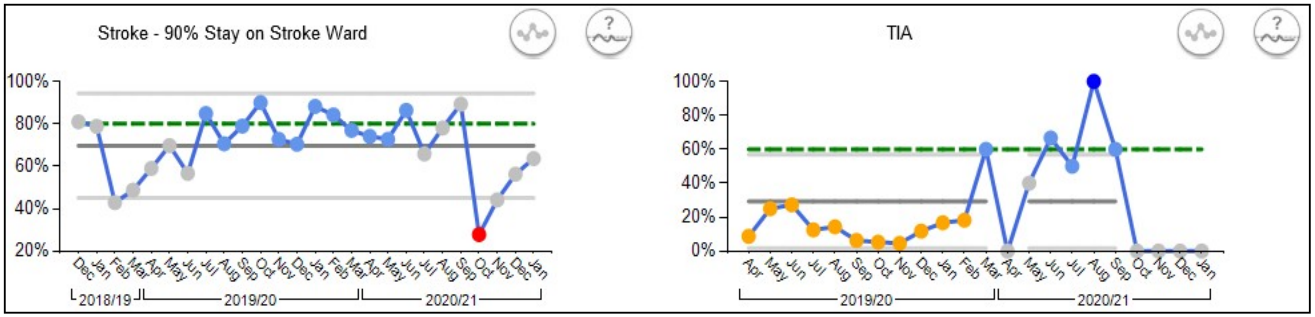



Total RTT waiters > 42 Weeks - Trust
350
300
250
200
150
100
50
0
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
2019/20
2020/21

TIA & Stroke

Southport & Ormskirk Hospital NHS
NHS Trust

	Latest					Previous			Year to Date		
Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Stroke - 90% Stay on Stroke Ward	80%	63.6%	12	Jan 21		80%	56.3%	Dec 20	80%	66.4%	
TIA	60%	0%	2	Jan 21		60%	60%	Sep 20	60%	52.4%	



Background: Proportion of patients diagnosed with a TIA Treated within 24 hours. Threshold 60%.

Proportion of stroke patients who have 90% of their hospital stay on a dedicated stroke ward. Threshold 80%.

Situation: for TIA—0% compliance for January based on 2 patients

For Stroke - a further incremental improvement in performance in January, this indicator is now inter-mittent in assurance and variation.

Issues:

1) Impact of C-19: Any Covid positive patients would be admitted to any Covid ward and then transferred to 7b once recovered for rehabilitation.

2). Bed capacity issues: not always the capacity to transfer patients to protected stroke bed due to impact of limited numbers of non-covid beds.

3) TIA 0% compliant (2 patients) due to weekend referrals.

Actions:

- Review of validation process following pilot of SOP.
- Addition of an alert to Medway to highlight Stroke admissions to improve oversight—currently with PAS Team for feasibility.
- MIAA Audit undertaken, report due next month.
- Review of Surge Plan to review speciality ward needs against Covid demand
- Work with outpatients to ensure clinic room availability for TIA clinics

Mitigations:

Impact of C-19:

Continue to monitor covid positive patients through bed meeting and transfer any patients from Stroke ward at earliest opportunity.

Surge Plan reviewed through Clinical Reference Group (CRG) as required. Ward 15B to be reinstated as ASU.

TIA – patients were reviewed by stroke nurse in A&E

Operations

Cancer

Analyst Narrative:

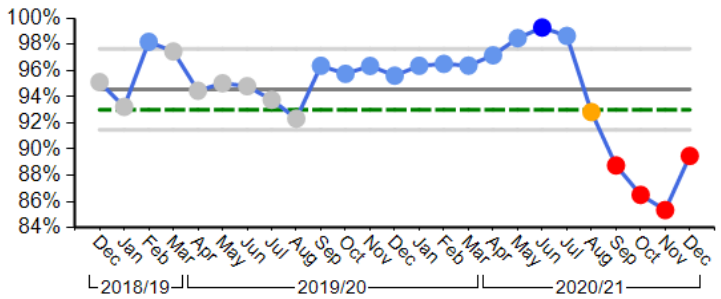
The 14 day GP referral to Outpatients is showing recent negative variation although there has been a 4% increase in December. This remains a cause for concern. The 31 day treatment achieved 100% in December, this performance needs to be sustained to be assured. Performance on the 62 day GP referral indicator is variable, although there has been an improvement in December.

Operational Narrative:

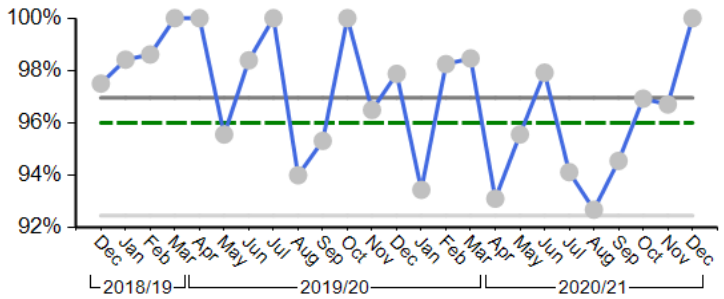
See supplementary action plan.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
14 day GP referral to Outpatients	93%	89.5%	102	Dec 20		93%	85.3%	Nov 20	93%	92%	
31 day treatment	96%	100%	0	Dec 20		96%	96.7%	Nov 20	96%	96.1%	
62 day GP referral to treatment	85%	82.8%	12.5	Dec 20		85%	74.6%	Nov 20	85%	79.5%	

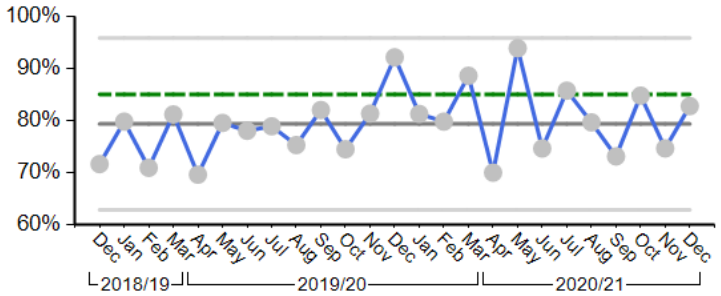
14 day GP referral to Outpatients



31 day treatment



62 day GP referral to treatment



Cancer Measures

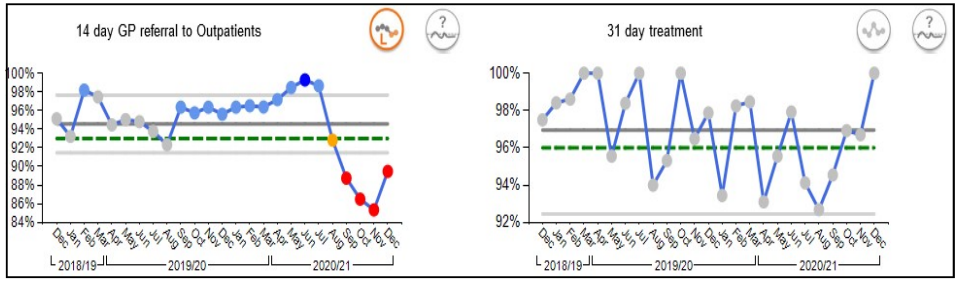
Southport & Ormskirk Hospital NHS
NHS Trust

	Latest					Previous			Year to Date		
Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
14 day GP referral to Outpatients	93%	89.5%	102	Dec 20		93%	85.3%	Nov 20	93%	92%	
31 day treatment	96%	100%	0	Dec 20		96%	96.7%	Nov 20	96%	96.1%	
62 day GP referral to treatment	85%	82.8%	12.5	Dec 20		85%	74.6%	Nov 20	85%	79.5%	
62 day pathway Analysis	85%	82.8%	12.5	Dec 20		85%	74.6%	Nov 20	85%	79.5%	

Situation: 14 Day cancer performance has failed to achieve plan in December but there has been a 4.2% improvement on the previous month.

31 day treatment achieved 100% in December.

The 62 day measure is intermittent in its performance. December saw the Trust treating more patients against this target than ever before.



Issues:

The Trust was not compliant for 62 and 14 day national standards. COVID continues to have a significant impact on our ability to provide timely services.

14 day target – failure of this target continues to be primarily due to issues in the endoscopy department around capacity and staffing. Increased COVID related delays has resulted in breaches for both upper and lower GI patients.

31 day target – the Trust was compliant at 100% against this target

62 day - there were 12.5 accountable breaches against this standard in

December. Themes that emerged from RCAs:

Changes to CWT rules have had a negative impact on bladder performance

Patients self isolating and swabbing delays, endoscopy & theatre capacity . Continue to be a concern.

Tertiary centres continue to have their own COVID related problems which impact on our patients when they are referred over, especially around theatre capacity.

Actions:

Activity in endoscopy is has returned to pre-COVID levels, but increasing numbers of TWW referrals has put extra strain on waiting times in department. In addition to restrictions resulting form the need for single-sex lists, there are now staff illness to accommodate. The building of new changing facilities, required for mixed sex lists to resume, has been pushed back until end of Feb which will continue to negatively impact on compliance against the 14 day target.

COVID restrictions are still impacting on capacity in theatres, with colorectal and urology losing most of their weekly lists. Some theatre staff have been redeployed to assist with ventilated patients. The shared surgical facilities of the cancer hub at Whiston is still being utilised.

Weekly cancer performance meeting has been revamped to concentrate on patient level detail at set points in the pathway. All patients without a plan and next steps in 7 days to be escalated at meeting.

Mitigations:

Weekly monitoring of endoscopy waiting times.

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. Urology is risk stratifying the urgency of its patients for surgery to better accommodate theatre session requirements.

Weekly monitoring of patients coming up to breach date (1-14 days left) to reduce size of 62-103 PTL.

New early diagnosis support worker STARTED IN Gynae and due to start in upper GI at the beginning of March.

New trackers now in post to ensure timely and robust management of PTL

Pre-op teams undertaking swabs for Target patients to avoid previous delays.

Operations

Productivity

Analyst Narrative:

Three of the indicators within the Productivity section are currently failing to provide assurance; Theatre Utilisation SDGH, Theatre Utilisation ODGH and Bed Occupancy.

Four indicators are showing recent negative variation; DNA rate, Theatre Utilisation ODGH, Bed Occupancy ODGH and A&E Conversion rate. The DNA rate has improved in January, impacted by the text reminder service being reinstated.

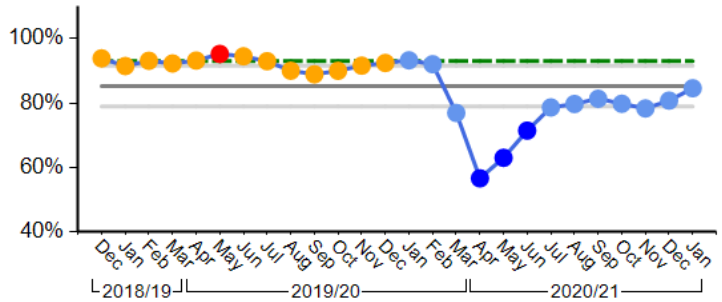
Operational Narrative:

The increased A&E conversion rate at SDGH signals a significant shift in the acuity of presentations at SDGH.

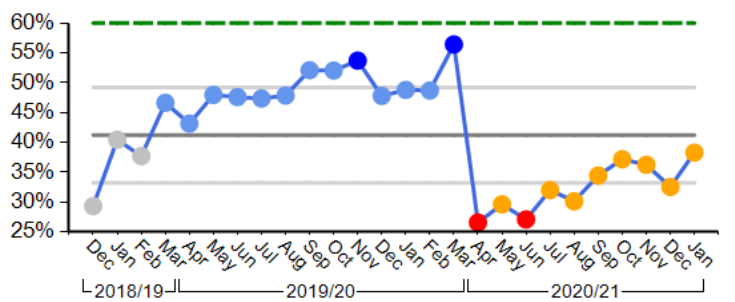
Also see supplementary action plans for Bed occupancy ODGH and Theatre Utilisation.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Bed Occupancy - SDGH	93%	84.6%	N/A	Jan 21	L	93%	80.7%	Dec 20	93%	75.5%	?
Bed Occupancy - ODGH	60%	38.3%	N/A	Jan 21	L	60%	32.5%	Dec 20	60%	32.2%	F
MOFD (Medically Optimised for Discharge) - Average Number of Daily Beds Lost In Month	50	37	37	Jan 21	L	50	42	Dec 20	50	36	?
Stranded Patients (>6 Days LOS)	170	155	155	Jan 21	L	170	151	Dec 20	170	1385	?
Super Stranded Patients (>20 Days LOS)	58	44	44	Jan 21	L	58	45	Dec 20	58	432	?
New:Follow Up	2.63	2.6	N/A	Jan 21		2.6	2.5	Dec 20	2.63	2.5	?
DNA (Did Not Attend) rate	8%	7.5%	1470	Jan 21	H	8%	8.1%	Dec 20	8%	6.6%	?
Theatre Utilisation - SDGH	85%	52.2%	N/A	Jan 21		85%	60.6%	Dec 20	85%	54.2%	F
Theatre Utilisation - ODGH	95%	58.6%	N/A	Jan 21	L	95%	65.9%	Dec 20	95%	52.3%	F
Southport A&E Conversion Rate	28%	29.5%	1078	Jan 21	H	28%	31.9%	Dec 20	28%	28%	?

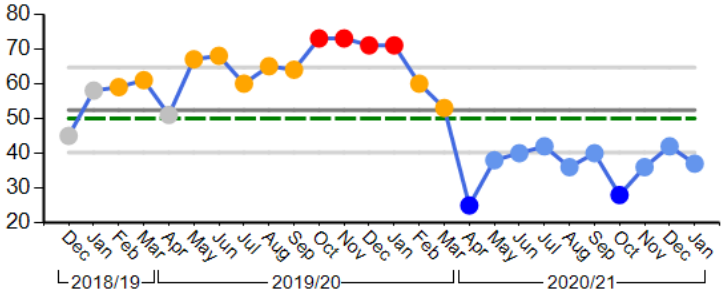
Bed Occupancy - SDGH



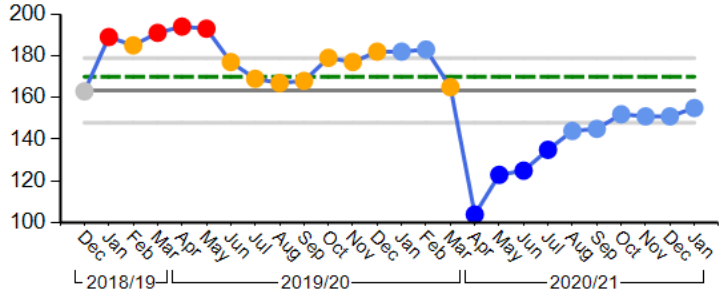
Bed Occupancy - ODGH



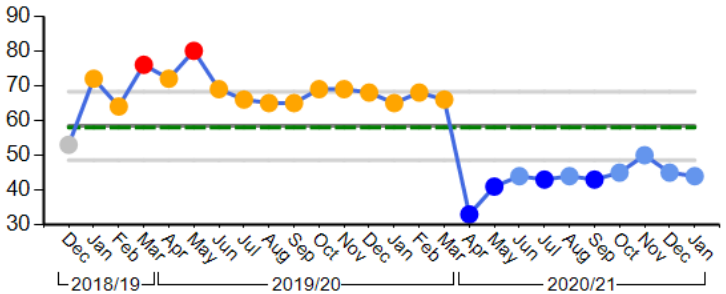
MOFD (Medically Optimised for Discharge) - Average Number of Daily Beds Lost In Month



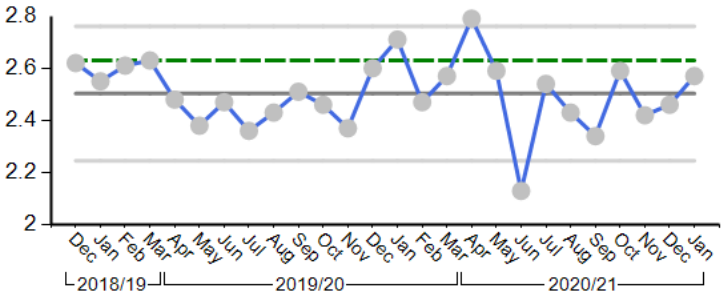
Stranded Patients (>6 Days LOS)



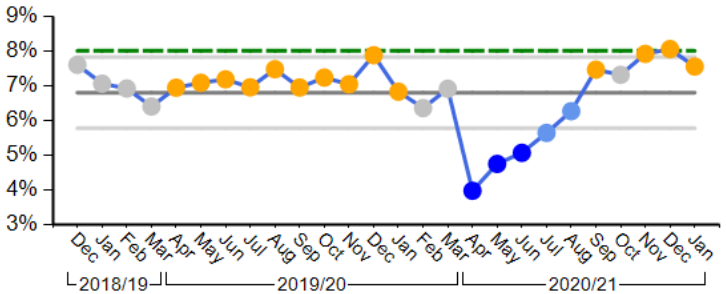
Super Stranded Patients (>20 Days LOS)



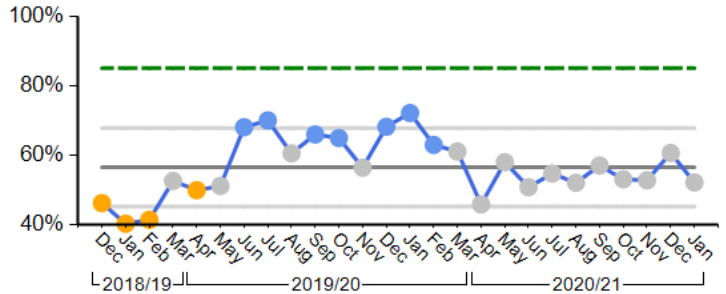
New:Follow Up



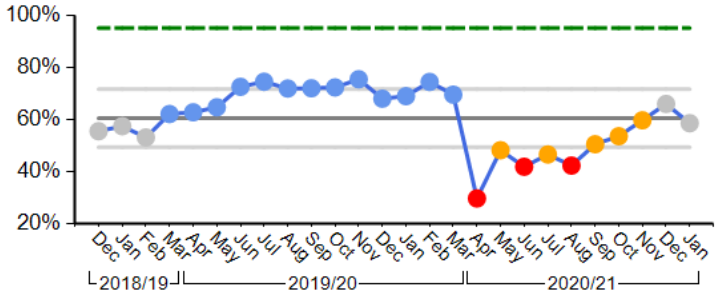
DNA (Did Not Attend) rate



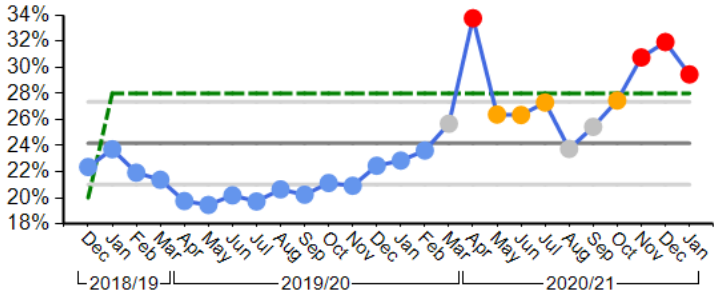
Theatre Utilisation - SDGH



Theatre Utilisation - ODGH



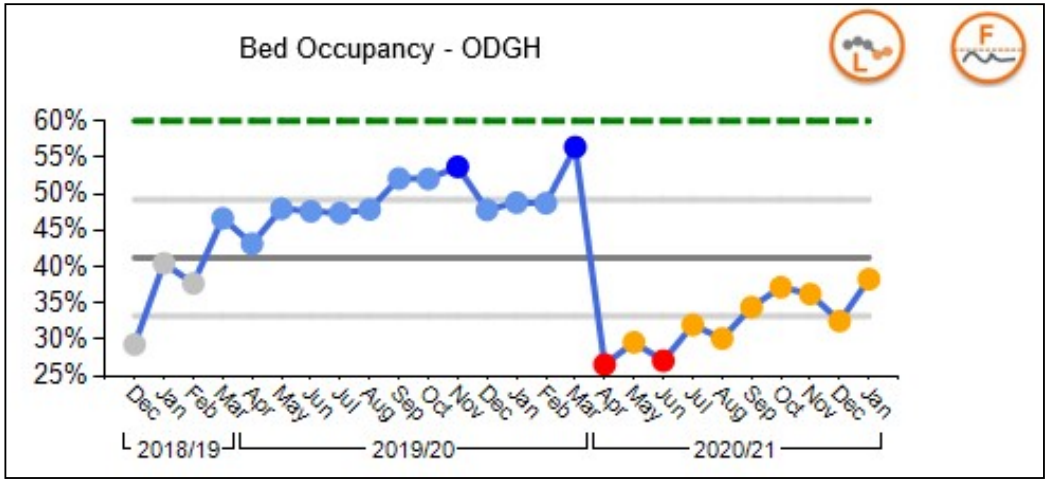
Southport A&E Conversion Rate



Bed Occupancy—ODGH

Southport & Ormskirk Hospital NHS
NHS Trust

Indicator	Latest Plan	Latest Actual	Latest Patients	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Assurance
Bed Occupancy - ODGH	60%	38.3%	N/A	Jan 21	L	60%	32.5%	Dec 20	60%	32.2%	F



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: Ormskirk bed occupancy is mostly reporting on the use of beds to support elective and day case admissions. Throughout January 2021 the Trust cancelled some elective lists to manage the third wave of the Covid pandemic. As a result, the Day Case Ward (F) and Orthopaedic Ward (H) were closed. This has led to an increase in the occupancy in January.

Issues: Bed occupancy varies across wards at Ormskirk, the largest wards include E, G and H. These wards have now been reconfigured to provide elective care, GAB and emergency Gynae admissions (E), specialist Orthopaedic rehabilitation (G) and ring fenced Orthopaedic theatre patients (H).

Whilst F Ward and H ward were closed in January, system issues meant the number of beds open on G Ward were unable to be flexed as required. This has resulted in lower occupancy on this ward.

Actions:

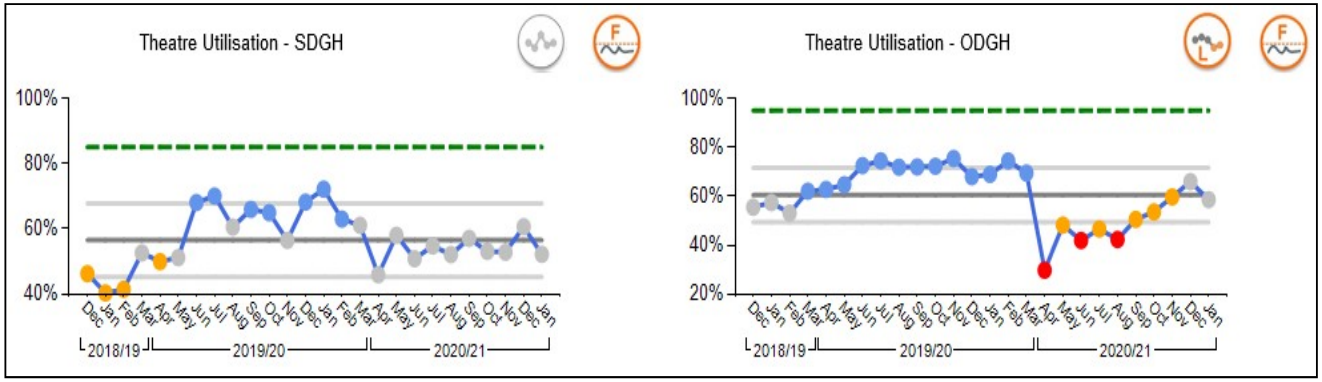
Nursing staff management now have access to Medway to amend the bed numbers to identify open beds based on nurse staffing. This came into effect mid January, therefore the effect will be seen partially next month with the full effect evident from February's reporting.

Mitigations: BI have created a number of internal reports to look at ward bed occupancy on a daily and monthly basis. It also shows the constitution of activity within each ward which helps to explain how each ward is being utilised for patient care.

Theatre Utilisation

Southport & Ormskirk Hospital NHS
NHS Trust

	Latest					Previous			Year to Date		
Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Theatre Utilisation - SDGH	85%	52.2%	N/A	Jan 21		85%	60.6%	Dec 20	85%	54.2%	F
Theatre Utilisation - ODGH	95%	58.6%	N/A	Jan 21	L	95%	65.9%	Dec 20	95%	52.3%	F



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

Deterioration in utilisation on both sites in January.

Issues:

Utilisation in January on both sites was impacted by the third wave of the Covid pandemic. All theatre activity, with the exception of cancers and clinically urgent procedures were cancelled due to the requirement to support Critical Care escalation.

The reduction in theatre utilisation in January was impacted by an increase in the proportion of sessions under-running and a reduction in the number of sessions, meaning under-runs had a greater impact on overall utilisation.

Actions: Monthly review and validation of theatre data.

Ongoing engagement of clinical teams.

Analysis of the theatre utilisation of peer Cheshire and Mersey Trusts to review the plan going forward.

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

Continued monitoring of specialty level KPI's through the Theatre Efficiency meeting and reported into PIDA.

Finance

Finance

Analyst Narrative:

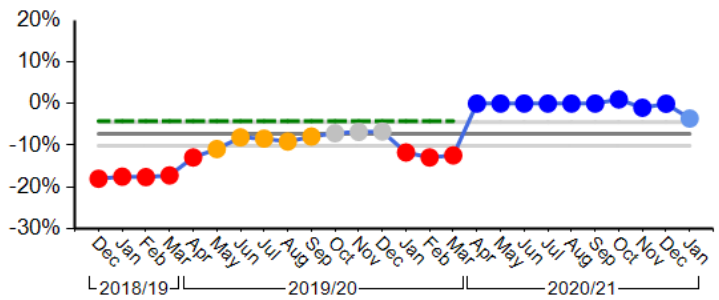
Two indicators are failing the assurance measure; Distance from agency spend cap and % Agency Staff (cost). The reason Distance from agency spend cap is failing to provide assurance is due to historical performance pre 2020/21. The % Agency staff (cost) whilst showing failing assurance is showing positive variation, and has decreased marginally in January. The pay run-rate, non-pay run rate and bank/agency run rate are all showing negative variation with further increases in January, most significantly the Bank & Agency Run Rate, which has breached the 3rd control limit in January due to the effect of the third wave of Covid on medical and nurse staffing. 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:

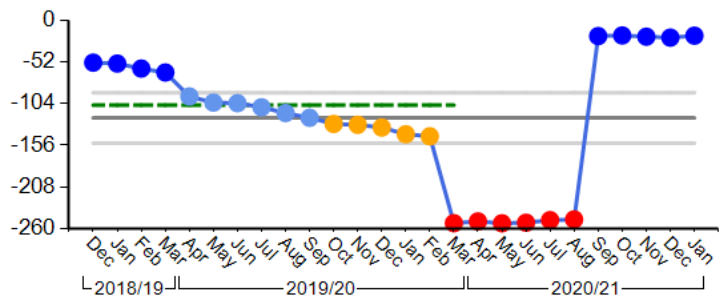
Following a break-even performance for the first half of 2020-21 the Trust was required to submit plans for months 7-12 following guidance issued by NHSE/I and the Cheshire & Merseyside Health Care Partnership (HCP). A financial plan of £1.7 million deficit was set for Months 7-12. The financial plan includes resource to fund additional expenditure for winter, activity restoration and Covid-19. The financial plan for Cheshire & Merseyside organisations continues to be unaffordable within the national position and the Trust has been asked to review the forecast outturn on a number of occasions with a view to providing an improved financial performance. Last month the Board were informed of the revised forecast submission of the “likely case” (£1.3 million deficit) which reflected the underspend in months 7 and 8. Since then, the forecast deficit has been changed to reflect deterioration in the annual leave accrual (from £0.6m to £3.6m) and non NHS income (from £0.9m to £1.4m). The latest forecast is, therefore, £4.8m deficit.
Distance from Control Total – for the purposes of this report the Control Total is the Month 7-12 Financial Plan. As at January this measure is being achieved.
I&E Surplus or deficit/total revenue – a deficit of -3.6% has been incurred in January which is well within the January plan. This reflects the phasing of COVID and winter schemes and the utilisation of reserves to fund the nurse bank incentive scheme.
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 unchanged from the November position. The funding of commissioning income one month in advance will be removed in March and the finance department is currently modelling the impact this will have on cashflow.
% Agency Staff Cost (%) – a decrease in month is mainly related to medical staff although this has been offset by increased bank expenditure, particularly in respect of COVID.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
I&E surplus or deficit/total revenue		-3.6%	N/A	Jan 21	H	-4.2%	-0.1%	Dec 20		-3.6%	?
Liquidity		-19	N/A	Jan 21	H	-106	-22	Dec 20		-19	?
Distance from Control Total	0%	-0.9%	N/A	Jan 21	H	0%	1.5%	Dec 20	0%	-0.9%	?
Capital Service Capacity		1.6	N/A	Jan 21	H	0.2	1.86	Dec 20		1.6	?
% Agency Staff (cost)	5%	6.6%	N/A	Jan 21	L	5%	7.6%	Dec 20	5%	7.7%	F
Use of Resources (Finance) Score	3	2	N/A	Jan 21	L	3	2	Dec 20	3	2	?
Distance from Agency Spend Cap	0%	0%	N/A	Jan 21	L	0%	0%	Dec 20	0%	0%	F
Pay Run Rate - Trust		£13,171K	N/A	Jan 21	H		£12,824K	Dec 20		£125,697 K	?
Non Pay Run Rate - Trust		£5,533K	N/A	Jan 21	H		£5,507K	Dec 20		£51,038K	?
Bank & Agency Run Rate - Trust		£2,752K	N/A	Jan 21	H		£2,306K	Dec 20		£22,199K	?

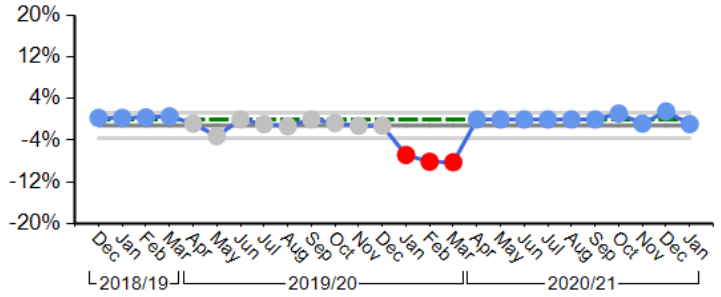
I&E surplus or deficit/total revenue



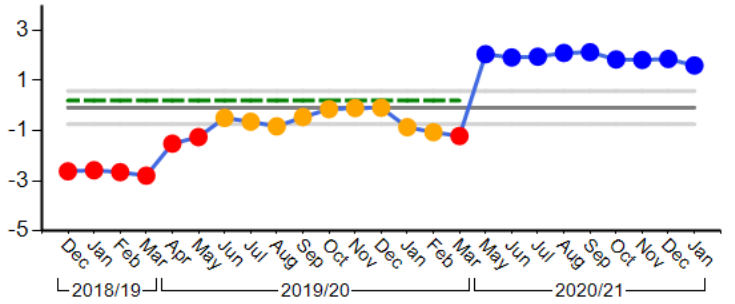
Liquidity



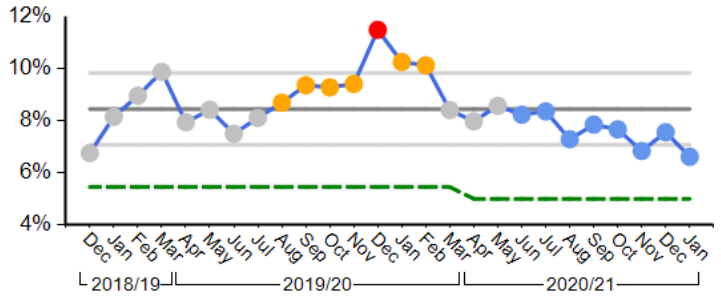
Distance from Control Total



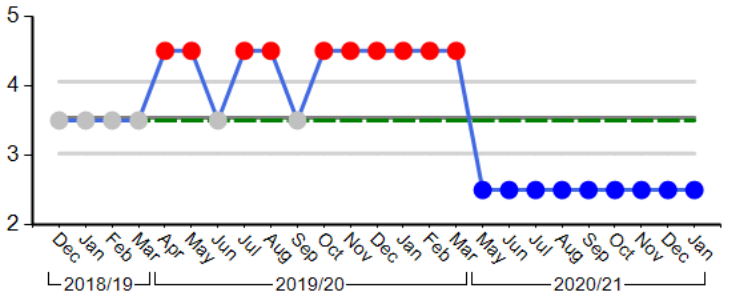
Capital Service Capacity



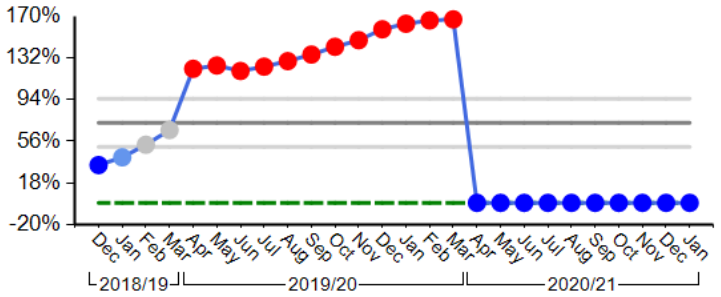
% Agency Staff (cost)



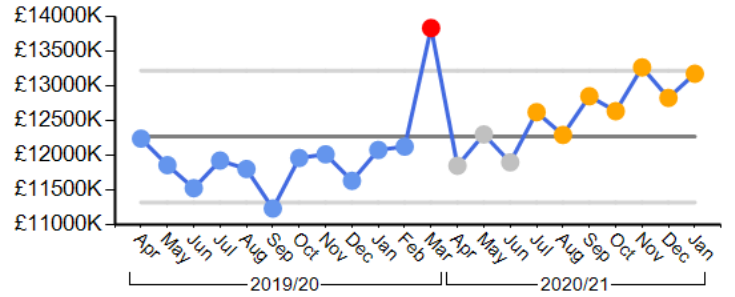
Use of Resources (Finance) Score



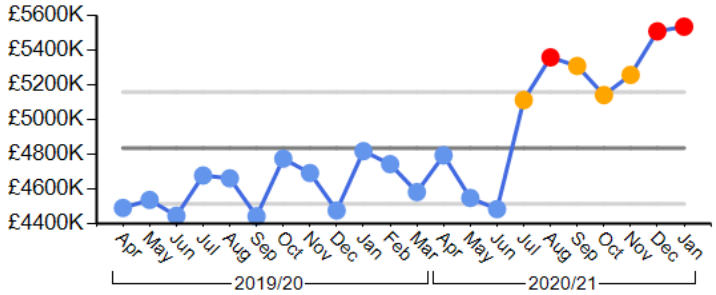
Distance from Agency Spend Cap



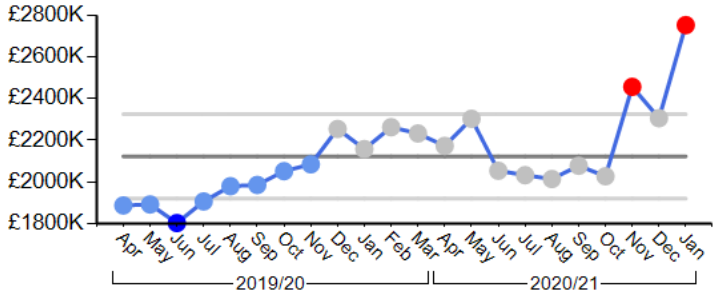
Pay Run Rate - Trust



Non Pay Run Rate - Trust



Bank & Agency Run Rate - Trust



NHS
Southport and Ormskirk Hospital
NHS Trust

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 MARCH 2021**
Agenda Item	**TB032/21**	**FOI Exempt**	**NO**
Report Title	**DIRECTOR OF FINANCE REPORT**		
Executive Lead	Bill Gregory, Interim Director of Finance		
Lead Officer	Kevin Walsh, Deputy Director of Finance		
Action Required	☐ **To Approve** ☐ **To Assure**	✓ **To Note** ☐ **To Receive**	

Purpose

This report provides the Board with the financial position to January 2021 (month 10).

Executive Summary

Monthly expenditure levels have increased in January mainly because of higher Covid-19 expenditure and payments in respect of the nurse incentive scheme. These costs are all covered by the Covid-19 funding the Trust has received.

Income levels have also reduced in respect of "non-NHS income" as forecast in the recent NHSE/I forecast outturn exercise.

The Trust signalled to NHSE/I on 6 January that a forecast of £1.3 million could be achieved, against the resource allocation made available. Since then, we have also revised our projections of annual leave carry forward and non-NHS income reductions, as requested by NHSE/I, as reported to Board last month. We have also had confirmation of funding of the non-NHS income reduction £1.4m and likely funding for annual leave carry forward based on, as yet unconfirmed, fixed number of days.

Although month 10 run rate has increased the Trust expects to deliver its adjusted forecast, and sensitivities against this are shown in the forecast section below, which indicates a likely outturn of £1.6m deficit with a range of best cast of £0.5m deficit and worst case of £2.6m deficit. With all scenarios dependent on the outcome of national funding position for annual leave carry forward.

The STP has asked all providers across Cheshire and Merseyside to contribute to the aggregate CCG deficit, in order to protect the total resource available to the whole system in 2021/22. Further information is provided in the System Forecast section of this report of the options available. The impact of this is anticipated in our scenario planning.

The cash flow forecast continues to indicate that the Trust has adequate resources to meet its liabilities as they fall due. However, more focussed cash management will be required in the first week of April, pending the April CCG block payments on the 08 April.

Recommendations

The Board is asked to **note** the report.

Previously Considered By:

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

Strategic Objectives

☐ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services

Southport and Ormskirk Hospital NHS Trust

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

Southport and Ormskirk Hospital NHS Trust

Finance Report – Month 10 2020/21

1. Purpose

1.1. This report provides the Board with the financial position for January 2021 (month 10).

2. Executive Summary

2.1. Monthly expenditure levels have increased in January mainly as a result of higher Covid-19 expenditure and payments in respect of the nurse incentive scheme. These costs are all covered by the Covid-19 funding the Trust has received.

2.2. Income levels have also reduced in respect of "non NHS income" as forecast in the recent NHSEI forecast outturn exercise.

2.3. The Trust signalled to NHSE/I on 6 January that a forecast of £1.3 million could be achieved, against the resource allocation made available. Since then we have also revised our projections of annual leave carry forward and non-NHS income reductions, as requested by NHSE/I, as reported to board last month. We have also had confirmation of funding of the non-NHS income reduction £1.4m and likely funding for annual leave carry forward based on, as yet unconfirmed, fixed number of days.

2.4. Although month 10 run rate has increased the Trust expects to deliver its adjusted forecast, and sensitivities against this are shown in the forecast section below, which indicates a likely outturn of £1.6m deficit with a range of best cast of £0.5m deficit and worst case of £2.6m deficit. With all scenarios dependent on the outcome of national funding position for annual leave carry forward.

2.5. The STP has asked all providers across Cheshire and Merseyside to contribute to the aggregate CCG deficit, in order to protect the total resource available to the whole system in 2021/22. Further information is provided in the System Forecast section of this report of the options available. The impact of this is anticipated in our scenario planning.

2.6. The cash flow forecast continues to indicate that the Trust has adequate resources to meet its liabilities as they fall due. However, more focussed cash management will be required in the first week of April, pending the April CCG block payments on the 8 April.

3. Year to date Income and Expenditure

3.1. The Trust has incurred a year to date (YTD) deficit £688,000 (in month deficit £680,000), which represents a favourable £189,000 to plan (YTD).

Table 2 Income & Expenditure for second half of the year– Month 10

I&E (Including R&D)	HALF YEAR	M7,8,9,10			MONTH 10		
	Budget £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioning Income	90,685	60,444	60,486	42	15,144	15,106	(38)
PP, Overseas & RTA	374	249	238	(11)	62	61	(1)
Other Income	5,526	3,713	3,492	(221)	1,007	913	(94)
NHSE/I Top up	17,667	11,719	11,719	0	2,973	2,973	0
Total Operating Income	**114,251**	**76,125**	**75,935**	**(190)**	**19,186**	**19,053**	**(133)**
PAY	(80,987)	(53,583)	(53,416)	167	(13,760)	(13,775)	(15)
NON PAY	(32,755)	(21,939)	(21,757)	182	(5,564)	(5,591)	(27)
Total Operating Expenditure	**(113,742)**	**(75,522)**	**(75,173)**	**349**	**(19,324)**	**(19,366)**	**(42)**
Operating surplus/deficit	**509**	**603**	**762**	**159**	**(138)**	**(313)**	**(175)**
NET FINANCE COSTS	(2,221)	(1,480)	(1,491)	(11)	(370)	(374)	(4)
Retained Surplus/Deficit	**(1,712)**	**(877)**	**(729)**	**148**	**(508)**	**(687)**	**(179)**
Technical Adjustments	0	0	41	41	0	7	7
Break Even Surplus/(Deficit)	**(1,712)**	**(877)**	**(688)**	**189**	**(508)**	**(680)**	**(172)**

3.2. The main adverse movement to budget in month relates to non-NHS income, and is consistent with our revised forecast reductions in income which includes car parking, local authority recharges and RVS shop rent.

3.3. Compared to run rate, January saw a number of expenditure increases compared to December which are covered by budgeted Covid-19 resources. This increase is mainly due to additional nurse expenditure of £389,000 resulting from a combination of additional shift costs of December bank holidays (paid in January) as well as the year to date impact of the nurse bank incentive scheme which included a catch up of November and December's costs following confirmation by NHSP. "Other staff" has also increased for Covid-19 related schemes including vaccinations.

3.4. We have included the ongoing impact where relevant in the year end forecast in section 11

3.5. The nurse bank incentive scheme appears to have been successful in filling more shifts during the period it has been operational, but not necessarily a further reduction in agency usage following supply led reductions earlier in the year. A more detailed review of the nurse bank incentive scheme is being done to assess the success of the scheme, which will be presented to the Directors of Finance and Nursing for evaluation.

3.6. The forecast outturn position is described in section 11.

4. Business Unit Budget Performance

4.1. The table below contains the budgetary performance by CBU and directorate:

Table 3 Budget Performance at Month 10 (January 2020)

Business Unit	Annual	Year to Date			In Month - Month 10		
	Budget	Budget	Actual	Var	Budget	Actual	Var
	£000	£000	£000	£000	£000	£000	£000
Urgent Care	(58,729)	(48,475)	(47,821)	654	(5,231)	(5,110)	121
Planned Care	(56,097)	(46,466)	(46,074)	392	(4,824)	(4,658)	166
Specialist Care	(35,105)	(29,030)	(29,302)	(272)	(2,965)	(3,180)	(215)
Corporate	200,857	168,156	167,096	(1,060)	16,903	16,812	(91)
Finance	(6,064)	(5,139)	(5,121)	18	(510)	(502)	8
Estates & Facilities	(17,009)	(14,234)	(14,257)	(23)	(1,353)	(1,429)	(76)
Human Resources	(3,058)	(2,539)	(2,663)	(124)	(264)	(331)	(67)
Nursing & Midwifery	(3,610)	(2,945)	(3,004)	(59)	(365)	(405)	(40)
Medical Director	(8,765)	(7,277)	(7,199)	78	(744)	(712)	32
Strategy	(9,080)	(8,618)	(8,583)	35	(785)	(791)	(6)
Financing Costs	(5,051)	(4,311)	(3,762)	549	(370)	(374)	(4)
Total	**(1,711)**	**(878)**	**(690)**	**189**	**(508)**	**(680)**	**(172)**

4.2. In month performance is adverse against plan in month 10 but this was as predicted previously in line with the anticipated £1.3 million deficit FOT.

4.3. Urgent Care – Covid-19, winter and activity restoration underspends are the main contributors.

4.4. Planned Care – Theatres due to the step down of non urgent elective programme

4.5. Specialist Care – The shortfall on Sexual Health income has been factored in this month and there is a catch up in relation to Radiology outsourcing costs which is currently being investigated.

4.6. Corporate – main issue is Service Increment for Teaching (SIFT) income shortfall which has been reported previously and relates to an in-year Health Education England (HEE) funding reduction based on lower student numbers.

4.7. Estates & Facilities – Car Park income loss plus additional spend on engineering to address backlog maintenance.

4.8. Human Resources – all non pay on legal/professional fees for employee investigations.

5. Activity Performance

5.1. There was no monitoring of Trust activity during the first six months due to the financial framework in place.

5.2. The table below illustrates the increase in activity since month 4 as the Trust began to restore activity following the first wave of Covid-19 and the impact that second/third wave Covid-19 is having.

Table 4 Activity and Income performance

PbR Activity & Income																						
	2019/20 Average		2020/21																			
			Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20		Jan-21	
POD Summary	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000	Activity Actual	PbR Income £'000
A&E	7,284	1,166	3,404	611	4,569	800	5,237	894	5,677	970	5,997	1,010	6,054	1,022	5,606	969	5,535	946	5,355	928	4,677	739
DC	1,701	912	436	194	453	206	657	348	1,050	550	1,051	550	1,311	746	1,338	746	1,304	748	1,179	627	931	442
DI	1,862	179	551	51	663	65	1,302	134	1,694	162	1,548	157	1,810	173	1,715	172	1,793	179	1,573	150	1,545	160
EL	175	504	32	93	41	110	44	89	91	235	111	296	124	337	174	437	163	380	134	399	90	179
NEL	2,838	5,358	1,626	2,543	2,053	3,284	2,223	3,931	2,287	4,667	2,094	4,340	2,201	4,544	1,952	3,916	2,060	4,086	2,014	4,449	1,833	3,346
OP F2F	10,196	1,151	2,275	269	2,505	311	3,767	448	5,891	680	5,989	695	7,757	898	8,077	909	7,687	892	7,084	808	6,412	736
OP NF2F	1,148	36	6,180	374	6,667	418	8,676	544	8,782	543	6,250	363	7,441	434	7,082	416	7,438	432	6,557	374	6,636	383
OPPROC	4,662	633	730	118	917	148	1,966	300	2,695	396	2,716	400	3,309	493	3,174	463	3,250	475	3,006	442	3,082	435
Grand Total	**29,866**	**9,939**	**15,234**	**4,253**	**17,868**	**5,342**	**23,872**	**6,689**	**28,167**	**8,202**	**25,756**	**7,811**	**30,007**	**8,646**	**29,118**	**8,028**	**29,230**	**8,137**	**26,902**	**8,177**	**25,206**	**6,418**

5.3. As expected the Trust observed a significant reduction in both elective inpatient and day case activity in January 2021 compared to 2019/20 average as a result of cancelling non-urgent elective work to assist with the management of Covid-19 patients. Elective activity in month was at 51% of 2019/20 average, whilst day case activity was at 55% of 2019/20 levels. This is compared to a target of 90% for both elective and day cases.

5.4. The Trust has received confirmation that the Elective Incentive Scheme (EIS) has been suspended across Cheshire and Mersey with effect from 1 October 2020 due to the high levels of Covid-19 bed occupancy across the region. EIS will remain suspended for the remainder of the financial year as Covid-19 numbers are predicted to remain above the 15% occupancy threshold.

5.5. Diagnostic Imaging performance is 83% in month against last year's average and this year's target for January 2021 of 90%.

5.6. Outpatient activity remains over 100% of 2020/21 levels as a result of significantly increased non-face-to-face attendances which now account for around 51% of all contacts.

5.7. A&E and Non-Elective activity continued to reduce in month 10 as a result of further Covid-19 impact.

5.8. Total income for month 7-12 has been set in line with NHSE/I plan and consists of a core block, system growth monies and Covid-19 funding.

6. Cost Improvement Programme

6.1. The table below shows the CIP Plan has over delivered in January YTD.

Table 5 CIP Performance at Month 10

CBU	Revised CIP Target (CYE)	Actual M1-6 (CYE)	Revised Target M7-12 (CYE)	M10 Plan	M10 Actual	M10 Variance	M7-10 Plan	M7-10 Actual	M7-10 Variance	M11-12 Required
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Corporate	315	124	196	3	21	18	49	84	34	112
Estates & Facilities	27	4	23	4	4	0	16	20	4	4
Finance	116	-	114	4	-	(4)	10	3	(7)	111
Strategy	36	15	18	3	5	2	14	19	5	(1)
Nursing &Midwifery	96	57	39	7	6	(1)	26	22	(4)	17
Planned Care	368	104	264	52	53	1	128	126	(2)	138
Specialist & Support	144	37	107	18	20	2	72	76	4	31
Urgent Care	527	106	421	77	21	(56)	237	333	96	88
Total	1,629	447	1,182	168	130	(38)	552	682	130	500

6.2. The CIP has fallen short in month 10. Whilst at £38,000 this is small in value, the Trust has a challenging requirement to deliver an average saving of £250,000 per month in February and March in order to achieve plan.

6.3. The CBU's have been tasked to confirm the forecast delivery for the remaining two months, together with detail of schemes that have failed to deliver.

7. Cash

7.1. The cash balance at the end of January was £19,935,000 which was close to the forecast position of £20,062,000.

7.2. Cash balance remains healthy as the Trust is still being paid a month in advance by the main CCGs.

7.3. Despite the fact that the Trust will receive no contract receipts in March as CCGs recover their payments in advance, the cash forecast looks very healthy due to the forecast receipts below.

7.4. In March, the Trust will receive approximately £1,400,000 to compensate it for lost non-NHS income plus. There will also be a drawdown of £2,667,000 public dividend capital to support the delivery of the Trust's 2020/21 capital programme.

7.5. Potentially, the Trust may also receive cash to support buying back annual leave in March, but the amount and timing of this is yet to be confirmed.

7.6. It is anticipated that the Trust will again receive a double block payment in April to aid cash flow in 2021/22.

7.7. There may be a timing issue between 1 and 7 April where payments may have to be delayed until funds come in on 8 April but other than that there are no concerns in terms of cash flow to alert to the Board.

8. Debtors

8.1. Overall debt has increased substantially from £3.6 million last month to £5.9 million this month.

8.2. The debt increase is split £1,651,000 non-NHS and £593,000 on NHS.

8.3. Non-NHS increases are entirely due to 2 invoices raised in January – one to Sefton Council for sexual health services (£1,573,000) and the other to NHS Property Services for the West Lancashire SLA (£177,000).

8.4. The majority of the NHS increase is also down to the raising of invoices in month - £331,000 to Lancashire & South Cumbria NHS Foundation Trust for Estates & Facilities costs at Ormskirk together with CCG invoices for healthcare at home drug recharges (£111,000) and an NHS England invoice for recruitment support (£45,000).

9. System financial position

9.1. Following submission of final month 9 forecasts the Health and Care Partnership (HCP) has confirmed that the overall system deficit has been brought below the £100m target. However, there is concern that with a residual £18m aggregate deficit in the CCG sector this will be clawed back from 2021/22 allocations.

9.2. The HCP has identified £11m of central resource that can be set against the CCG position, reducing the risk to £7m. However, the HCP is further proposing that the system collectively works to absorb the deficit away from the CCG sector.

9.3. For the Trust this is likely to fall in the range of £250k and £750k on a fair shares basis, but any deterioration in Trust positions are acceptable to NHSE/I on the basis the overall system position does not deteriorate. The range of options is set out in the forecast scenarios below.

9.4. The consensus across the system is that the HCP proposal should be supported. Symbolically this demonstrates a mature system that is working together to solve problems.

9.5. We anticipate we will need to review the carrying value of partially completed treatments at year end, as we have moved to a block contract arrangement instead of Payment By Results. A reduction in the value of partially completed treatments will benefit CCGs anyway and is likely to be of a similar magnitude indicated above. This issue is developing as we issue this paper, as such a further update will be provided at the Board.

10. Forecast Outturn

10.1. The Trust submitted plans for a £1.7 million deficit for the second half of the year (H2) following discussions with NHSEI and Cheshire & Merseyside Health & Care Partnership (HCP).

10.2. As highlighted last month there have been ongoing discussions to improve the deficit position with the Trust signalling to NHSEI that an improvement of £0.4 million (to £1.3 million deficit) could be made. This was on the basis that there were underspends in month 7 and 8 against Winter and Covid-19 schemes.

10.3. Over the last few weeks there have been further developments regarding additional external factors including annual leave accrual and reductions in non-NHS income that will adversely impact on the £1.3 million forecast deficit.

10.4. The most recent “likely case” forecast outturn submission on the 27 January 2021 incorporated the following changes:

Table 6 Explanation of Trust’s likely case deficit submission to NHSEI

Southport and Ormskirk Hospital NHS Trust

	£M	Comment
Planned Deficit	(1.7)	
Forecast Deficit	(1.3)	NHSEI submission 6th January 2021
A/L accrual	(3.0)	total £3.6m, (£0.6m in £1.3m deficit plan)
Non NHS income	(0.5)	total £1.4m, (£0.9m in £1.3m deficit plan)
Likely Case	**(4.8)**	**NHSEI submission 27th January 2021**

10.5. The A/L accrual has been subject to a number of iterations and will be finalised in early March utilising the projected figures from ESR at the end of February. The £3.6 million estimated figure has been calculated on an average of 8.64 days leave carried forward.

10.6. Non-NHS income has worsened by a further £0.5 million due to expected underperformance on a number of income issues such as sexual health cross charging, RVS shop rent rebate and car parking.

10.7. NHSE/I require a further iteration of the scenario deficit submission on 17 February. The table below is the current modelling:

Table 7 Explanation of Trust's best/most likely/worst case modelling

	Best Case £M	Most Likely £M	Worst Case £M			
A/L accrual	(3.6)	(3.6)	(3.6)			
Non NHS Income	(1.4)	(1.4)	(1.4)			
Operational budget underspend	0.2	0.2	0.2			
Total Forecast	**(4.8)**	**(4.8)**	**(4.8)**	**FOT FY21 Surplus/(Deficit) in 27th January submission to HCP:**		
Modelled Net Changes arising from:				**Best Case**	**Most Likely**	**Worst Case**
A/L accrual	2.6	2.1	1.7	as most likely case + £0.5m	5 days of the £3.6m funded centrally	80% of the 5 days of the £3.6m funded centrally
Non NHS Income	1.4	1.4	1.4	100% of £1.4m funded centrally	100% of £1.4m funded centrally	100% of £1.4m funded centrally
Provider to provider recharges	(0.1)	(0.1)	(0.2)	additional costs incurred eg hosting	additional costs incurred eg hosting	additional costs incurred eg hosting
CCG Break-even exercise	(0.3)	(0.4)	(0.7)	Share based on System providers and CCG's	Share based on N Mersey providers	Share based on whole S&F CCG issue
COVID underspend	0.8	0.6	0.4	£1.7m remaining reserve less £0.45m spend in Month 11 and 12	£1.7m remaining reserve less £0.55m spend in Month 11 and 12	£1.7m remaining reserve less £0.65m spend in Month 11 and 12
Nurse incentive scheme	(0.3)	(0.4)	(0.5)	1.2.-31.3.21 at lower weekly rate than phase 2	1.2.-31.3.21 at same weekly rate as phase 2	1.2.-31.3.21 at same weekly rate as phase 1
CIP Performance	0.0	(0.1)	(0.2)		CYE shortfall of £0.1m aganst M7-12	CYE shortfall of £0.2m aganst M7-12
Modelled FY21 Forecast Net Surplus/(Deficit)	**(0.5)**	**(1.6)**	**(2.9)**			

10.8. There is potential for other issues to impact on the above scenarios, particularly given the fluid nature of the current finance regime. In addition, we are currently reviewing the likely PDC dividend compared to plan, which is likely to provide some upside potential.

11. Underlying Deficit

11.1. It was reported in July's F,P&I committee that the Trust's underlying deficit going into 2020/21, before any CIP or investments, was £35 million. There is no indication that the Trust's underlying deficit has improved since then although future income levels are unclear.

11.2. All trusts were required to submit a run rate exercise to NHSE/I in order to inform discussions regarding the financial framework in 2021/22.

11.3. The exercise involved an analysis of 2020/21 run rates categorised into a number of areas such as ongoing Covid-19 spend which indicated recurrent spend implications.

11.4. Work is also ongoing to estimate the "System" deficit as part of the Shaping Care Together programme.

12. Recommendations

12.1. The Board is asked to:

- Note the risks and likely range of forecast outturn based current information
- Note the work being undertaken to evaluate the nurse bank incentive scheme
- Note the escalation of CIP performance in the last two months
- Support the principle of supporting the CCG sector following discussion at F,P&I Committee.

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	**WORKFORCE COMMITTEE**
MEETING DATE:	**23 FEBRUARY 2021**
LEAD:	**PAULINE GIBSON**

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- **Safe Nurse Staffing**
  For the month of January 2021, the Trust reports safe staffing at 86%, below the national target (90%). Despite this reduction, which is in response to Covid-19, activity has been undertaken to mitigate risks such as redeployment. The figures related to planned versus actual have been very fluid. The Workforce Committee were assured that the Senior Nursing Team have an ongoing plan to further mitigate any risks.

ADVISE

- **Medical Recruitment**
  The vacancy rate for the Medical staff group has reduced from 9.8% in December 2020 to 8.5% in January 2021. Significant improvements such as, increasing the number of search agencies to support identification of suitable applicants, improvements to the Trust's recruitment marketing material and partnership working with Edge Hill University, are underway to increase attractiveness to the Trust. Further work however is still required to recruit to more difficult to fill posts.
- **Medical Bank and Agency spend**
  It was noted that Agency spend has reduced and Bank utilisation has increased due to the use of the Patchwork bank. This is very positive and needs to be further embedded.
- **Temporary Nurse Staffing**
  As with Medical staff, there has additionally been a decrease in Agency Spend and increase in Bank utilisation. Furthermore, during the winter, the Trust had offered an incentive to all those working via the NHSP nursing bank, with a financial reward given for covering 57.5 hours during set six-week periods. This enabled the Trust to avoid using off-framework agencies. The final period of the NHSP incentive is due to end on 9th March 2021, and following this, a full review of costings and impact will be undertaken and reported to Workforce Committee.
- **Agenda for Change**
  The Committee acknowledged an appeal to release staff for Agenda for Change panels. Due to the backlog of posts going through the process, the team have been RAG rating jobs for prioritisation to ensure the most critical job descriptions are reviewed first.
- **Clinical Education Review**
  A six-month project has been developed to establish the key corner stones of a clinical education service for the Trust that provides assurance to the Board and Health Education England. This will include a new Project Group with an aim to introduce an Education Governance Framework. The project is currently on track.
- **PDR's**
  Compliance of PDR's has increased in month to 70.4% from 67.5% in December 2020. The Appraisal Deep Dive Analysis which was presented to the Committee in December 2020 will be tabled at Executive Team Meeting for sign off. The Director of HR & OD will provide the Committee with ongoing updates on the Analysis and corresponding action plan going forward.
- **Sickness Absence**
  The Trust's sickness absence rates remain high and generally static. The Business

Intelligence team are working with HR to develop an interactive dashboard for a more systematic approach to improving trajectories.

- **Apprenticeship Levy**
  There has been a loss to the apprenticeship levy of just under £20,000 per month. Whilst there are individuals coming through the pipeline, more are required, and plans need to be undertaken to achieve this to retain the levy income.

ASSURE

- **International Nursing**
  11 new colleagues from overseas arrived on Friday 19 February 2020 which totals 45 nurses currently in the UK. As per the pipeline, it is expected there will be 92 nurses on-boarded by the end of June 2021. This recruitment will significantly close the nursing vacancies gaps.
- **Flu Assurance**
  The Committee formally congratulated the team for achieving 92% compliance in the flu campaign in 2020.
- **Staff Story: Redeployment as Ward Clerks**
  The Committee were presented a Staff Story from the Ward Manager on 11B, providing feedback on the positive impact Corporate Services individuals had on the ward when being redeployed as Ward Clerks. The Committee noted how this project has increased the breadth of understanding for colleagues, allowed networking and professional relationships to develop and has served as an opportunity to increase training.
- **Bi-Annual Safe Nurse Staffing**
  The Committee formally commended the entire Nursing and Midwifery staff for the hard work and efforts they have managed to deliver throughout the pandemic. It was noted that the Trust has engaged to be a part of the A&E Safe Nursing Tool.
- **Core Mandatory Training**
  Compliance for Core Mandatory Training has remained above the 85% target rate which is very positive.
- **SEQOHS Accreditation**
  The Trust has achieved the Safe Effective Quality Occupational Health Service (SEQOHS) accreditation for this year which is a great outcome as this contributes to CQC assessments. The Committee commended the Health and Wellbeing team for pulling together all the evidence to become accredited, during the pandemic.
- **Recognition by members of staff and external senior recruitment candidates**
  The Committee acknowledged comments from a new member of staff who noted the phenomenal input of staff in the organisation and the tangible positive culture. They further received comments from external senior recruitment candidates who have appreciated the breadth of work the Trust in undertaking, focussed on its workforce.
- The Chair requested that a ‘Spotlight on the Workforce Directorate’ be published in coming months to celebrate the breadth of achievements.

New Risk identified at the meeting

- No new risks were identified at the meeting.

Review of the Risk Register

Workforce

Agency

Analyst narrative:

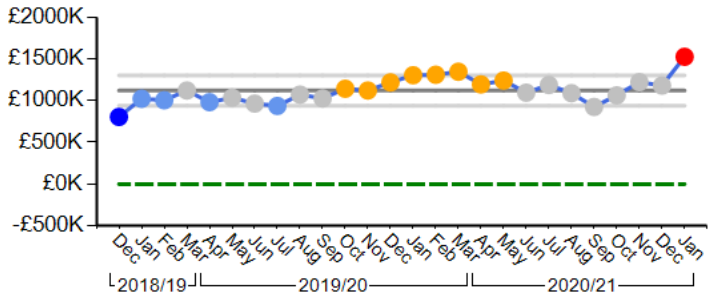
The Expenditure on Bank / Agency Staff is failing assurance with a significant increase in January in excess of the 3rd upper control limit.

Operational Narrative:

Bank and agency spend – the increase mainly relates to the nurse bank incentive scheme, COVID wave 2 related expenditure and the enhancement rates paid in January pay for December's two bank holidays.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Expenditure on Bank / Agency Staff	£00K	£1,524K	N/A	Jan 21	H	£00K	£1,180K	Dec 20		£11,715K	F

Expenditure on Bank / Agency Staff



Workforce

Organisational Development

Analyst Narrative:

Whilst Personal Development Reviews remain a cause for concern with failing assurance, there has been an increase in January in line with the mean. Mandatory training is now providing assurance as it continues to perform ahead of plan. This performance needs to be sustained. The Staff Friends & Family remains suspended due to Covid.

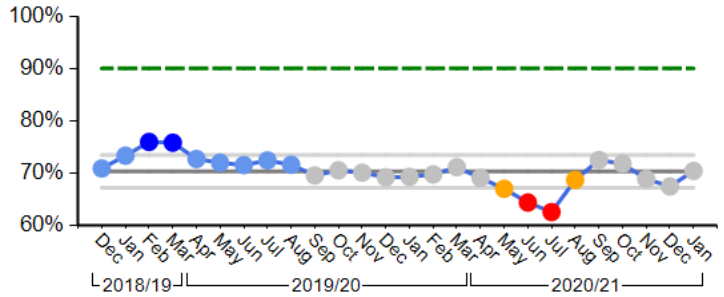
Operational Narrative:

The HR Business Partners continue to drive the PDR rate in their respective CBUs and the increase in January demonstrates the ongoing effectiveness of this.

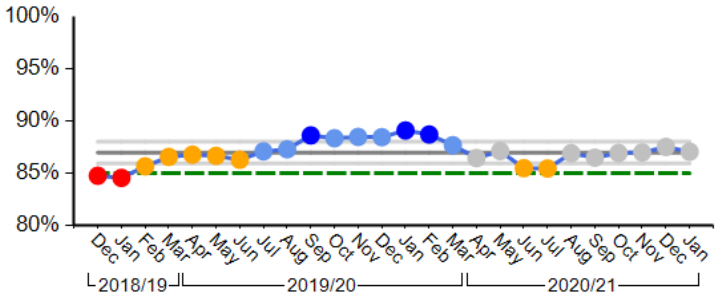
A recent MIAA report provides limited assurance and the recommendations from this are helping inform the action plan currently being finalised. It is anticipated the completion of these actions will have a positive impact on the PDR rate from August 2021 onwards. (See supplementary action plan for PDR's).

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Personal Development Review	90%	70.4%	N/A	Jan 21		90%	67.5%	Dec 20	90%	69%	F
Mandatory Training	85%	87.1%	N/A	Jan 21		85%	87.5%	Dec 20	85%	86.6%	P
Friends and Family Test - Staff - % That Would Recommend As Place To Work - Trust Overall	67%	74.5%	N/A	Mar 20		67%	63.6%	Jul 19	67%	69.9%	?

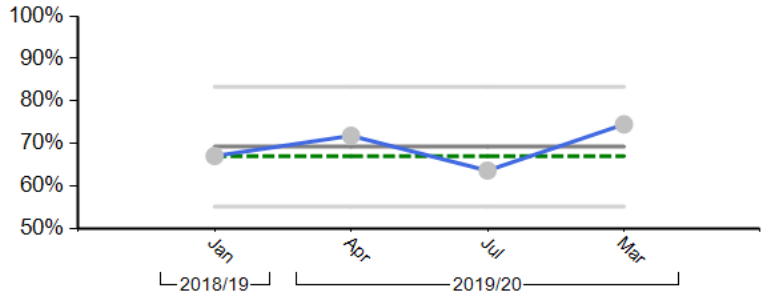
Personal Development Review



Mandatory Training



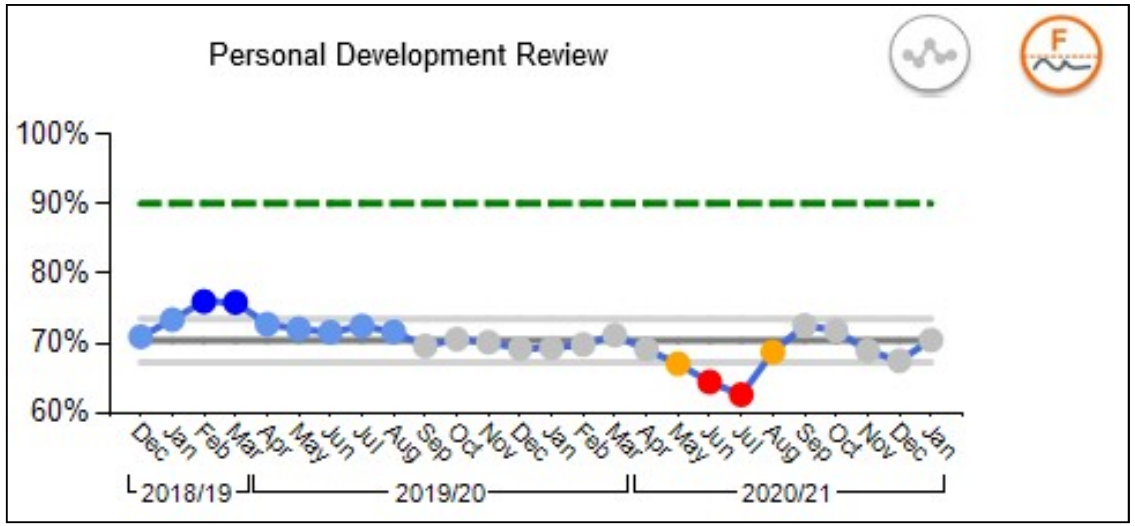
Friends and Family Test - Staff - % That Would Recommend As Place To Work - Trust Overall



Non Medical Appraisal/Personal Development Reviews

Southport & Ormskirk Hospital NHS
NHS Trust

	Latest					Previous			Year to Date		
Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Personal Development Review	90%	70.4%	N/A	Jan 21		90%	67.5%	Dec 20	90%	69%	



Background: The annual appraisal/PDR is an AfC requirement for all non medical staff at the Trust and from April 2021 will be linked to pay progression. The Trust has a 90% compliance target and they form part of the Trust's performance framework and are monitored at PIDA. Appraisals are an indicator of overall staff engagement and form a crucial activity in the management of human resources.

Situation: The Trust has consistently under-performed over the last 3 years, achieving between 60-75% appraisal compliance thereby failing to miss the 90% target. The Trust generally has its highest performance throughout the Spring and Summer months with a consistent deterioration in compliance throughout the winter months. The Trust falls below the national average for the quality of appraisals in the annual NHS Staff Survey.

Issues:

Poor definition of the purpose of appraisals at the Trust

Poor management appraisal skills

Poor documentation and process

Lack of consistent recording impacting on the quality of data

No quality assurance mechanism in place

Actions:

Action plan has been developed from the Deep Dive and recent internal audit recommendations. By September 2021, the Trust should expect

- All data reviewed in ESR to support accurate reporting information
- Updated training package and communications to managers & staff
- Improvements to the Appraisal policy informed by recommendations

Mitigations:

MIAA Audit undertaken Nov-Dec 2020

Bimonthly audit review on quality of appraisals to commence in August 2021

Workforce

Sickness, Vacancy and Turnover

Analyst Narrative:

Several indicators are currently failing to provide assurance, relating to sickness, turnover and vacancy rates. Sickness rates across all staff groups have increased in January, due to the impact of the third wave of the Covid pandemic. Vacancy rates remain high, but encouragingly there have been reductions within Medics and AHP/Therapies in month. In month turnover is in line with the plan, but the rolling position continues to be impacted by the spike in August 2020.

Operational Narrative:

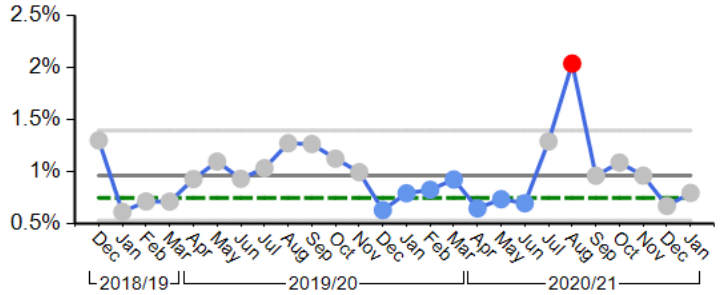
Covid-related absence continued to increase over the month of January, in line with the third surge. Stress and anxiety related absences continue to be a concern, particular, short term episodes and the absence rate amongst nursing and midwifery and health care assistants. With improved access to business intelligence, the HR department are now able to identify hotspot departmental areas that have high real time absence; Theatres, Maternity and Spinal Injuries Unit. A task and finish group has been initiated within the Workforce Directorate to ensure each staff member with high sickness absence rate has a plan in place to support attendance. In addition, immediate enhancements to the Staff Wellbeing offer are being introduced to increase support to staff and help reduce likelihood of sickness absence and raise awareness of the support available. These include; Ward Wellbeing Guardians, Wellbeing Champions within teams, training to help promote positive mental health, as well as engagement and wellbeing activities throughout the month of February as part of a ‘Feel Good February’ campaign.

As the longer term impact on staff of the pandemic start to emerge, a bid to the Charities fund will be submitted to further enhance the wellbeing support offered to staff, including proposals for dedicated Clinical Psychologist in Occupational Health to coordinate Schwartz Rounds and provide clinical support for those suffering PTSD. Whilst the current rolling turnover rate is reflective of the short term temporary contracts expiring (appointments made in April – June 2021 to aid the response to the pandemic), turnover will be closely monitored as an indicator of the effectiveness of the wellbeing support being offered to staff, in order to mitigate the potential impact on retention of the challenging period staff have been and continue to go through.

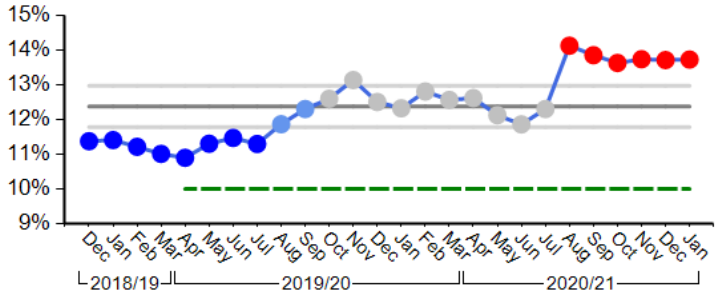
Significant improvements are being introduced to the recruitment of medical staff, such as increasing the number of search agencies utilised to support identification of suitable applicants, improvements to our recruitment marketing material and partnership working with Edge Hill University to increase attractiveness to the Trust. These improvements are reflected in the reduction in the vacancy rate for January and we anticipate this to reduce further in the coming months.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Staff Turnover	0.75%	0.8%	N/A	Jan 21		0.8%	0.7%	Dec 20	9%	6.8%	?
Staff Turnover (Rolling)	10%	13.7%	N/A	Jan 21	H	10%	13.7%	Dec 20			F
Vacancy Rate - Medical	5%	8.5%	N/A	Jan 21	L	5%	9.8%	Dec 20	5%		F
Vacancy Rate - Nursing	8%	15%	N/A	Jan 21		8%	15%	Dec 20	8%		F
Sickness Rate	4%	7.2%	N/A	Jan 21	H	4%	6.3%	Dec 20	5%	6.5%	?
Sickness Rate (Rolling 12 Month)	4%	6.4%	N/A	Jan 21	H	4%	6.3%	Dec 20	4%	6%	F
Time to Recruit	55	50	N/A	Jan 21		55	45	Dec 20	55	53	?
Sickness Rate - Medical Staff	4%	3.4%	N/A	Jan 21		4%	3.3%	Dec 20	4%	3.3%	?
Sickness Rate - Nursing Staff	3.7%	8.6%	N/A	Jan 21		3.7%	7.9%	Dec 20	3.7%	8.1%	F
Sickness Rate - Non-Clinical Staff	4%	6.7%	N/A	Jan 21		4%	5.1%	Dec 20	4%	5.8%	?
Sickness Rate (not related to Covid 19) - Trust	4%	5.4%	N/A	Jan 21	H	4%	5.3%	Dec 20	4%	4.9%	F

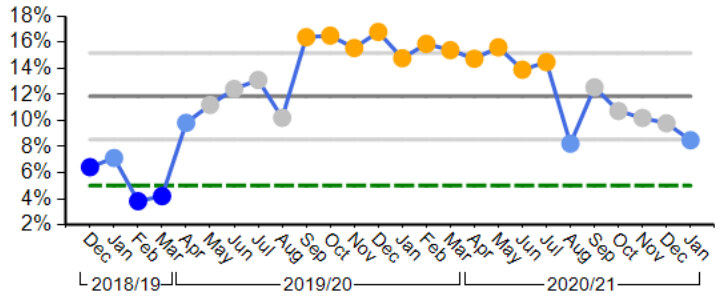
Staff Turnover



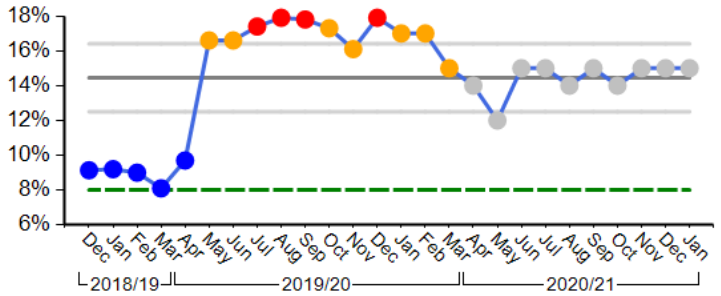
Staff Turnover (Rolling)



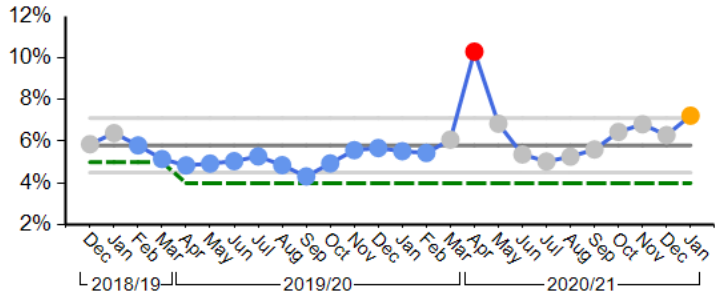
Vacancy Rate - Medical



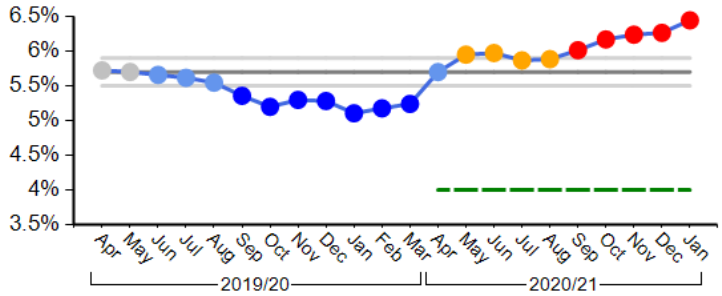
Vacancy Rate - Nursing



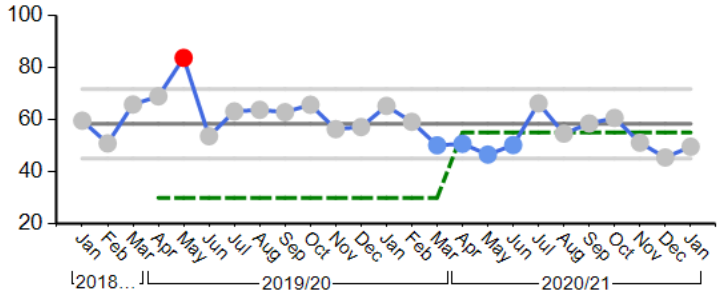
Sickness Rate



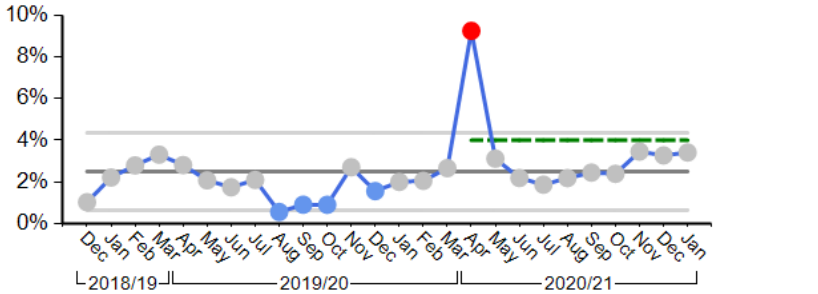
Sickness Rate (Rolling 12 Month)



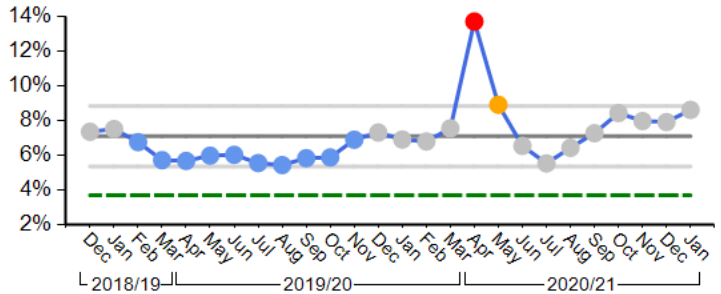
Time to Recruit



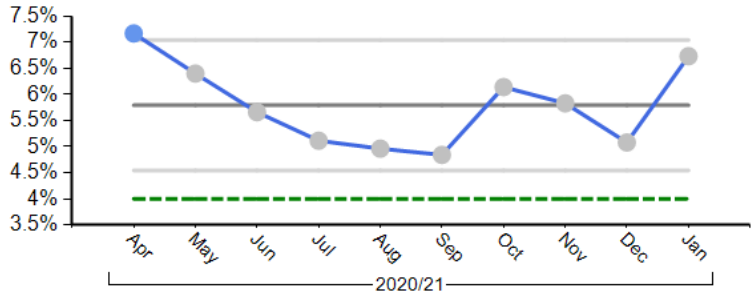
Sickness Rate - Medical Staff



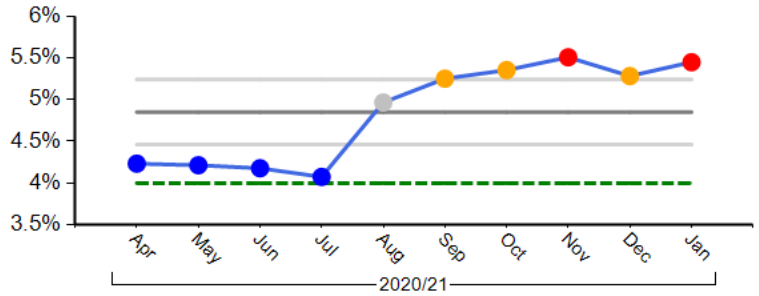
Sickness Rate - Nursing Staff



Sickness Rate - Non-Clinical Staff



Sickness Rate (not related to Covid 19) - Trust



NHS
Southport and Ormskirk Hospital
NHS Trust

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**3 MARCH 2021**
Agenda Item	**TB033/21**	**FOI Exempt**	**NO**
Report Title	**SAFE STAFFING AND MIDWIFERY STAFFING REPORT**		
Executive Lead	Bridget Lees, Executive Director of Nursing, Midwifery and Therapies		
Lead Officer	Lynne Barnes, Deputy Director of Nursing		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

This report provides the Workforce Committee with a comprehensive update on nurse and midwifery staffing, mainly focusing within the inpatient bed base areas within the Trust and includes an overview of the current staffing position and the work that has been taken and continues to be taken to ensure staffing levels are safe and sustainable.

Executive Summary

This Bi-annual report provides information on nurse staffing, establishment requirements and advanced practice between May 2020-Oct 2020 inclusive. This is aligned to the planned cycle of bi-annual nurse staffing establishment reviews for the Trust which reports to Workforce Committee. The purpose is to evaluate progress against revised establishment requirements and to provide an overview of nurse workforce activity and identify priorities and trajectories for the next 6 months.

Highlights

- Collaborative working and local communications and recruitment plan with universities resulting in additional 82 students Sept 20 cohort and ambitions set to 50% in student placements going forward
- Commencement of International Recruitment (IR) and initial agreement for 70 nurses to be recruited in this time period
- Successful NHSI funding applications for additional IR pipeline and healthcare support workers (HWSW) for 2020/21
- Launch of 3 new apprentice training options Sept 20 - Trainee Nursing Associate, Nursing BSc Apprentice and Nursing MSc Apprenticeship
- 38 nurse role type apprenticeships (p12) commenced in this period in Urgent Care
- 10 qualified Nursing associates in position and 21 in training
- Urgent Care 56.88 wte band 5 (inpatient ward area) vacancies as of Oct 2020 (inpatient ward areas) from 83wte in May 20
- Appointment of Non-Medical Educational Lead to support education, competency and development

Predicted Position and Future Priorities

- There are currently 35 advanced practitioners in the Trust. As part of considerations of delivery of services and use of alternative roles, all CBUs are reviewing growth opportunities using alternative roles as part of business and workforce planning against Trust priorities and risks.
- The current forecast for International recruitment (IR) in the next 6 months will significantly reduce RN vacancies and by November 20 Ward Band 5 vacancies could, based on the predictive modelling be significantly reduced. This does consider turnover but is multi-factorial and will rely on successful OSCE completion and improved retention. Therefore, a monthly prediction position against plan will be monitored through Workforce Committee.

- To underpin the IR programme the Trust has applied for additional funds available from NHSE&I to strengthen pastoral support for our IR teams. A designated Practice Educator is already in post, but additional pastoral support has also been built in.
- The Cultural Ambassador Programme has been commissioned for May 2021 that will enable identified and skilled staff to support our IRs and other staff from BAME+ communities.

Recommendations

The committee is asked to **receive** the report and **support** the direction of travel currently being taken particularly in relation to recruitment and ongoing establishment reviews.

Previously Considered By:

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

Strategic Objectives

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

Prepared By:	**Presented By:**
Lynne Barnes, Deputy Director of Nursing	Bridget Lees, Director of Nursing

Comprehensive Bi-Annual Nurse Staffing Paper

1. Purpose

This report provides the committee with a comprehensive update on nurse and midwifery staffing, mainly focusing within the bed base areas within the Trust and includes an overview of the current staffing position and the work that has been taken and continues to be taken to ensure staffing levels are safe and sustainable. The report summarises the review performed from May 2020 and offers any recommendations as a result.

2. Background and Context

Demonstrating safe staffing is essential for all healthcare providers in order to comply with Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and NICE guidance (2014).

It is acknowledged that ensuring appropriate Registered Nurse (RN) staffing levels on wards in line with the above recommendations has many benefits including improved recruitment and retention, reduction in staff sickness levels, improved patient outcomes including mortality and improved levels of patient care

As a result of the ongoing Covid-19 pandemic, the Trust has had to manage a constantly changing workforce situation to ensure patient and staff safety.

3. Current Position

The charts (Table 1, Graph 1) provide a breakdown of our UNIFY fill rate data (May 2020 to October 2020 inclusive) collected and submitted externally on a monthly basis for our inpatient areas. It shows a percentage of the Planned v Actual staffing levels for both the Day and Night shifts split by registered and unregistered.

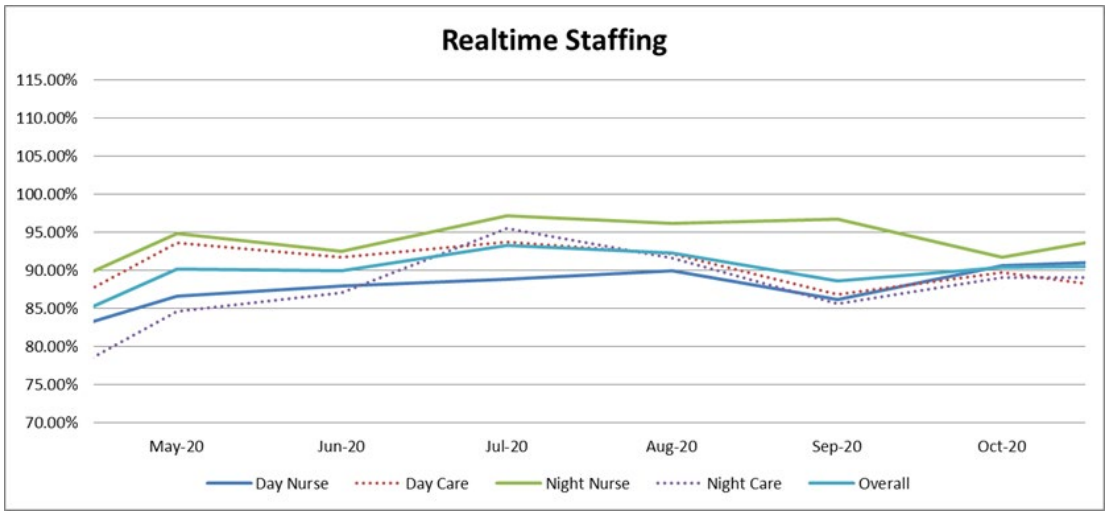
External reporting of Unify data recommenced 17 July 2020 with retrospective reporting from April. Nationally it was recognised during this reporting period concerns were raised that the reported figures did not reflect the true figures from the frontline due to the multifaceted reporting requirements i.e. Covid-19 re-deployment. As a trust however we maintained monthly reporting to the workforce committee to maintain a level of oversight and transparency.

We have continued to work on reviewing all the inpatient demand templates to ensure accuracy of reporting to consider all new and emerging roles (such as Assistant Practitioners (AP's), Nursing Associates (NA's), Advanced Nurse Practitioners (ANP/ACP's) etc.

4. **Table 1**- Percentage fill rate – Unify Submission May20-Oct 20

Month	Registered Day %	Unregistered Day %	Registered Night %	Unregistered Night %
May-20	86.59%	93.60%	94.87%	84.69%
Jun-20	87.96%	91.70%	92.55%	87.14%
Jul-20	88.84%	93.71%	97.15%	95.50%
Aug-20	90.03%	92.22%	96.20%	91.66%
Sep-20	86.19%	86.91%	96.78%	85.70%
Oct-20	90.66%	89.73%	91.72%	89.05%
Average	88.37%	91.31%	94.87%	88.95%

Graph 1- May 20 – Oct 20 Fill rates



Against the national target set at 90% the Trust has on average delivered for unregistered staff groups on day shifts and registered on night shifts. Areas below target have been supported by deployment of Allied Health Professionals and further supported through student deployment.

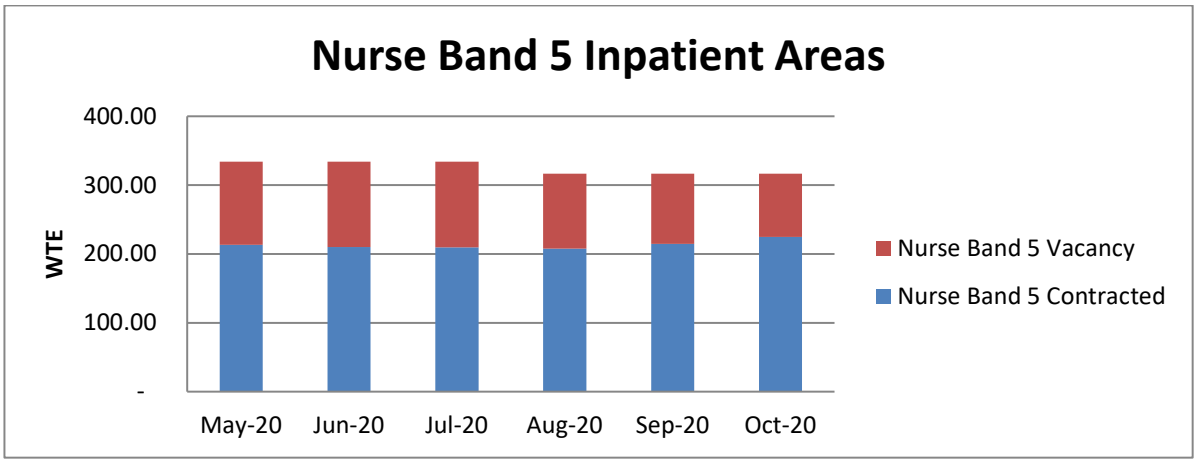
5. Vacancies

Graph 2 below demonstrates that the Trust has seen 24wte Registered Nurse starters across this reporting period. The starters data is taken from ESR and vacancy from the finance ledger.

Graph 3 shows stronger performance against recruitment of HCA staff with 78.44wte starters across this reporting period. The starters data is taken from ESR and vacancy from the finance ledger.

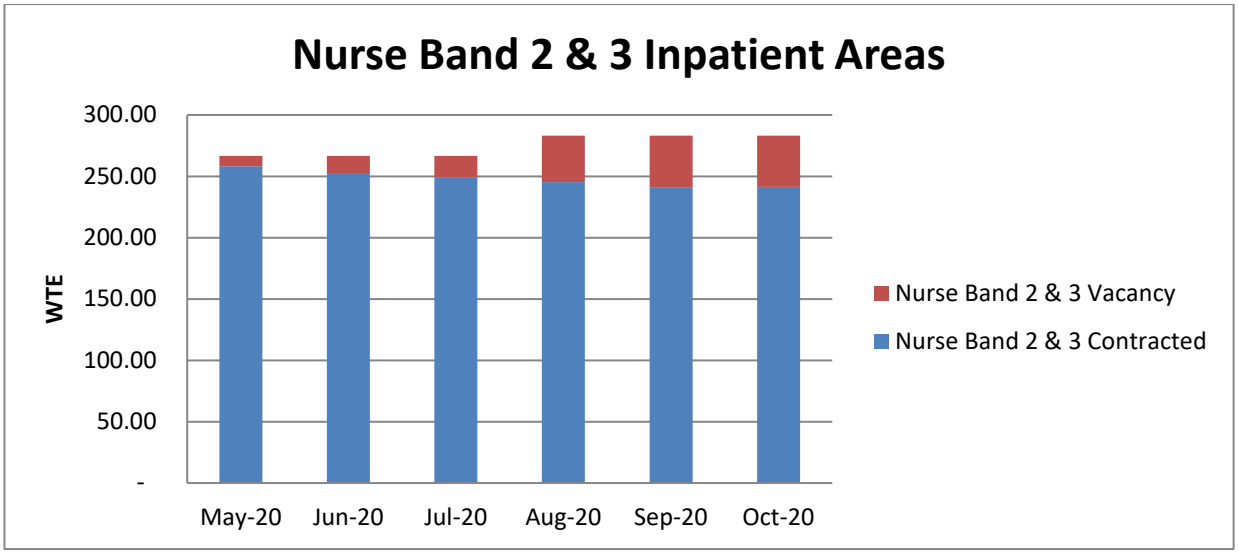
Graph 4 reflects the response to the pandemic and the recruitment to the students into band 4 roles prior to their registration to the Nursing and Midwifery Council (NMC). The starters data is taken from ESR and vacancy from the finance ledger.

Graph 2 -Trust inpatient Band 5 Vacancy vs Contracted



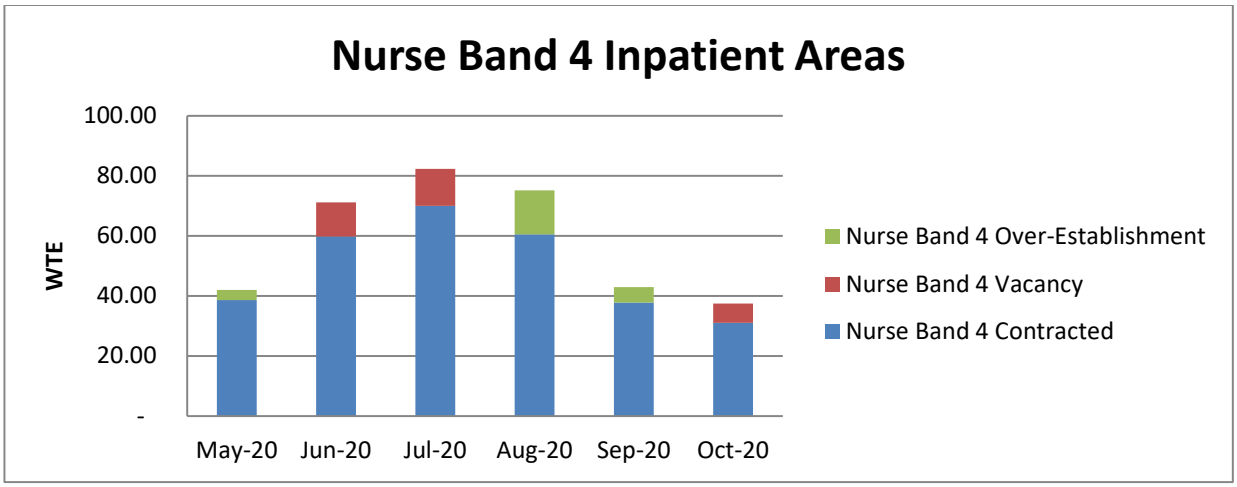
The overall nurse band 5 inpatient establishment reduced by approximately 17wte in August as a result of nurse establishment reviews converting band 5 posts into nurse band 2 and 3 positions.

Graph 3 -Trust inpatient HCA Vacancy vs Contracted



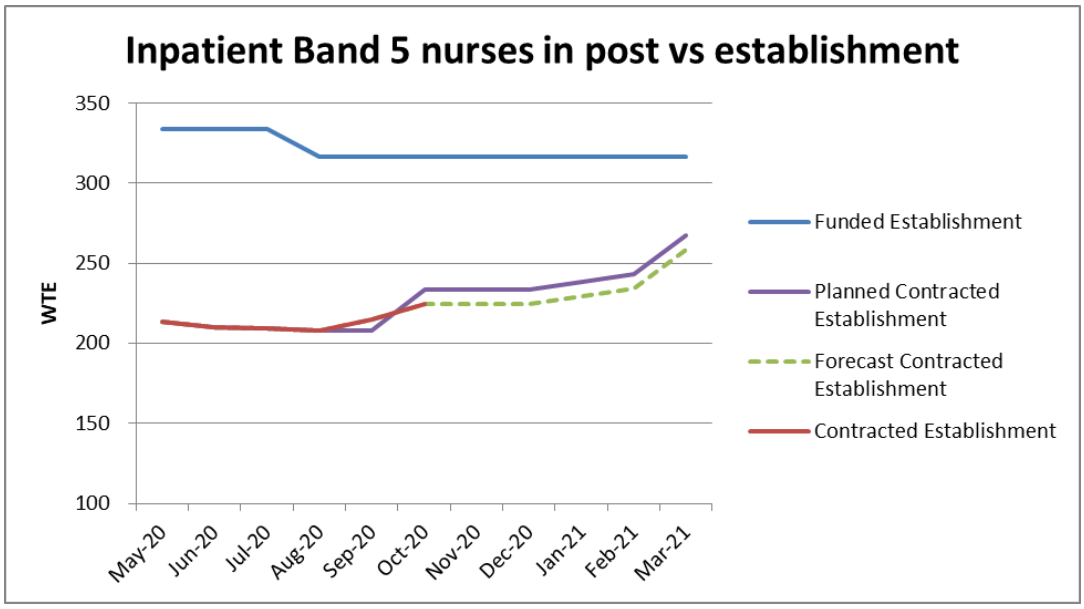
The nurse band 2 and 3 inpatient vacancy increased by approximately 20wte in August 20, this is as a result of the nurse establishment reviews which converted nurse band 5 posts to HCA positions.

Graph 4 -Trust inpatient Band 4 Vacancy vs Contracted



The funded nurse band 4 establishment fluctuated between May-20 and Oct-20 due to the Covid19 funding arrangements. Final year student nurses who joined the Trust as part of the Covid-19 response were placed into nurse band 4 vacancies, which as shown on the chart above resulted in the band 4 positions showing as over-established in May August and Sept with a vacancy position of 6.49 wte in October 2020.

Graph 5 –Trust Band 5 nurses versus establishments



Graph 5 illustrates both the funded and contracted establishments for nurse band 5s within inpatient areas between the period May 2020 to March 2021. From August 2020 onwards the planned contracted establishment was predicted based on a number of assumptions including turnover rate, student recruitment, retirees and international recruitment commencing in September 2020. The forecasted establishment is updated on a monthly basis and is dependent on what happened in month. The impact of the international recruitment campaign will be only be seen from January 2021 onwards as the international nurses remain on a band 3 contract for 3 months after arrival, until they have completed their OSCE qualification.

Table 3-Trust age profile > 55yrs -Band 5 – inpatient areas

Ward	56-60	61-65	66-70	>=71 Years
F WARD SURGICAL DAYCASE ODGH	1	1		
G Ward (EL Orthopaedics)		1		
Emergency Assessment Unit	1			
FESS Ward				
ITU	2	1		
Orthopaedic Rehab ward (H)	1			
Rehabilitation Ward ODGH	2			

Short Stay Surgical 10B				
Short Stay Unit	2			
Spinal Injuries Unit				
Stroke Ward			1	
E Ward	1	1	1	
11A Surgical Ward	2	2		
Ward 11B	1	1		
Ward 14A	1			
Ward 14B	1	2		
Ward 15A - General Medicine		1		
Ward 7A				
Total	15	10	2	0

Table 3 shows the age profile of our nurse band 5 workforce across inpatient areas Oct 2020 - 27 staff members over the age of 55 who, if they chose, could retire and subsequently further effect vacancy rates

6. **Recruitment and Retention**

There is an evolving recruitment strategy for the nursing workforce in place, with a significant amount of proactive work ongoing, including strengthening our engagement with external partners, including local Higher Education Institutions, HEE, other local Trusts and NHS Professionals and a positive International nurse pipeline is developing during this reporting period.

Key activities have been:

- Enhanced student placements and experience following the increase of 81 more students from September 2020 and work with several other local trusts on a pan-Cheshire and Merseyside placement expansion programme using HEE funding. This will help increase the number of students and strengthen the pipeline into newly qualified nursing posts.

- Launched three new apprentice training options starting September 2020 - Trainee Nursing Associate, Nursing BSc Apprentice and Nursing MSc Apprenticeship – again helping to generate future qualified nursing supply.

- Improving the Healthcare assistant supply through re-engaging with Southport College to reintroduce the ACORN programme, recommence the Care Support Worker Development

programme with NHSP and scope engagement opportunities with the NHS Cadet scheme (on hold during pandemic).

- International Nurse Recruitment programme commenced in June with international nurse arrivals during September 2020 despite the pandemic.

- The Trust was successful in securing central funding (strands A, B &C) to further secure increased international recruitment to registered nurse vacancies and upskill existing staff with registrations overseas but not currently practicing in the UK.

- Agency migration to bank and continued focus on block booking of flexible workers to maintain continuity of care

- Alignment to nationally funded NHSE/I band 2 HCA recruitment campaign

Advanced Nurse Practitioners (ANP)/Advanced Clinical Practitioners (ACP)

There is currently a total of 35 trained and trainee Advanced Clinical Practitioner posts within the Trust across the 3 Corporate Business Units including 8 Allied Health Professionals practising within physiotherapy, 2 consultant nurses working in ACU and 3 Frailty Practitioners.

- The Surgical Assessment Unit (SAU), which is primarily staffed by ACPs', have taken part on the NHS Surgical Ambulatory Emergency Care Network Programme. The ACPs' within the unit were asked to present its dynamic improvement for the patients and the Trust at the NHS Elect conference.
- The CBUs' and specialities are currently developing plans and obtaining funding for further ACP post and will hopefully apply for the next round of applications for HEE.
- Funding is being agreed at the present time for further ACP posts and the Trust proposes to have further trained or trainee ACPs within the next 12 months.

Additional Roles

The Nursing Associate Apprenticeship is very popular amongst our workforce of Health Care Support roles. The Trust is now attracting external applicants including the wider multidisciplinary workforce such as domestic, radiology and therapies. The Nursing Associate programme prepares the workforce with the skills to deliver care at home, close to home and in hospital and will support the Shaping Care Together programme.

We are actively engaged with Trainee Nursing Associates programmes at 3 local HEIs. Currently we have the following qualified, in training and vacant band 4 positions within our workforce

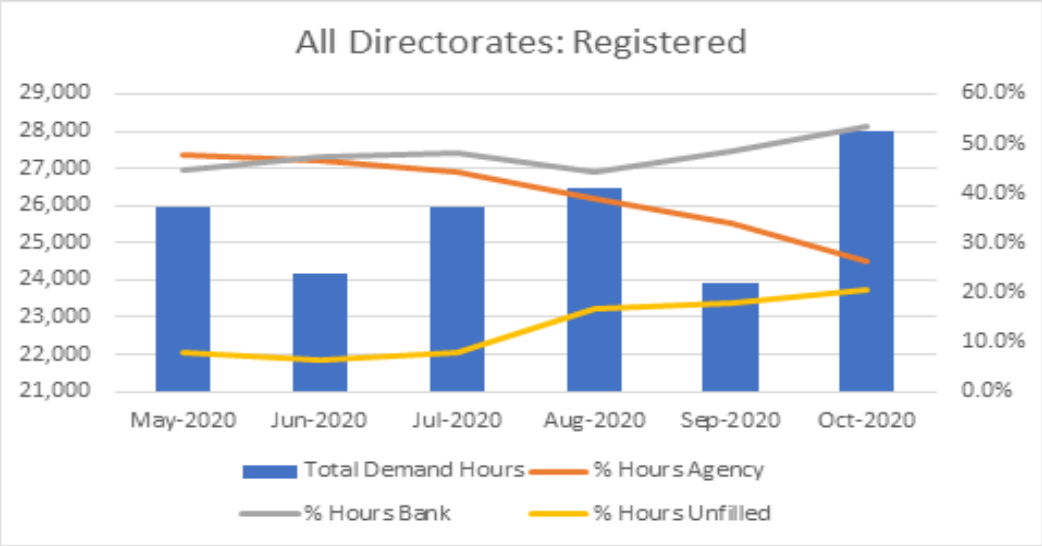
- Qualified Nursing Associates (NAs) 10
- In training (TNAs)21
- Waiting start date 2
- Vacancies 8

7. Temporary Staffing

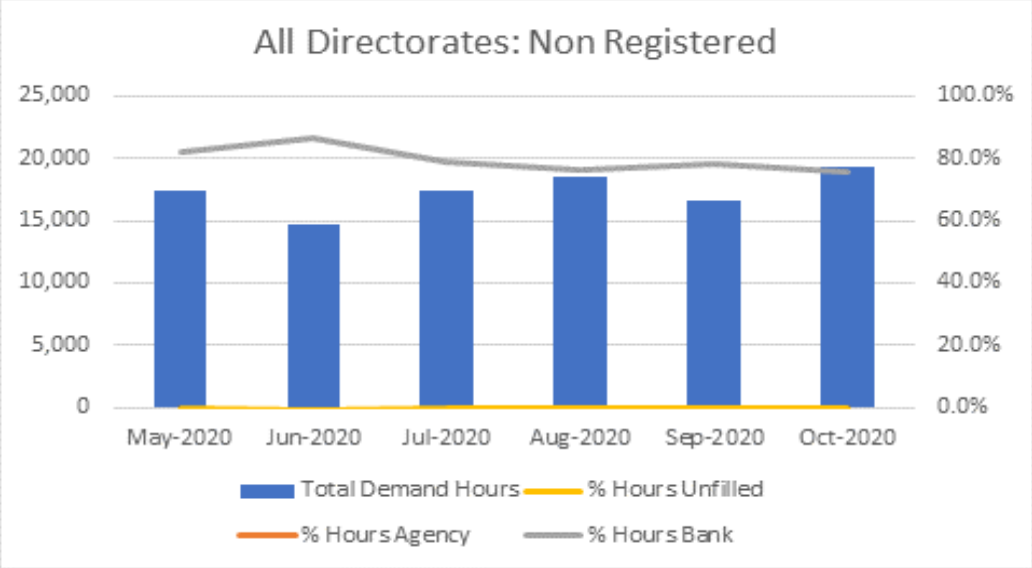
When staffing numbers fall below agreed staffing levels within an area there are systems and processes in place that supports deployment across CBU's to mitigate immediate needs. Managers have the tools to fill gaps with temporary staffing through the Trust's collaborative working with NHSP.

Graphs 6&7 demonstrate our trust current fill rates against requests.

Graph 6- Bank and Agency shifts filled – Registered



Graph 7- Bank and Agency shifts filled – Unregistered



<u>Staffing & Skill Mix Reviews Update by Clinical Business Unit (CBU)</u>

8. <u>Urgent Care Staffing Establishment Review</u>

Within the Urgent Care Clinical Business Unit (CBU), the ward establishment reviews have been undertaken for the inpatient ward areas, as well as the Emergency Department. The reviews have been undertaken between May and October with evidence based modelling (Safer nursing care tool –SNCT), the Model Hospital reviews and Care Hours Per Patient Per Day (CHPPD), professional judgement and a 'Confirm and Challenge' desk top review process partnered with acuity data including enhanced care requirements individual to each specialty. Reviews are conducted in conjunction with clinical staff, finance, roster leads and business managers. Local staffing profiles are discussed as well as education predictions to plan resources appropriately. This has helped us consider benchmarking comparisons currently and for future reviews, and we have utilised validated tools such as the BEST emergency care tool. The CBU is engaged and progressing with recruitment drives both nationally and internationally and is supporting the placement of students to improve recruitment. The CBU is also succession planning for professional development and utilising alternative roles such as degree nurse apprenticeships, nurse associates and assistant practitioners. The establishment reviews have had specific focus on recruitment and retention strategies, increasing senior clinical presence and leadership to influence quality and safety, and to reduce premium agency spend and the use of temporary workforce. The reviews also utilise individual work patterns to meet the needs of the patient group and roles such as therapy and therapy assistants within the ward establishment.

Staffing Reviews Undertaken by DoN/DDoN May2020-October 2020

- All ward-based areas and ED (See table 4)
- Seasonal planning reviews due to additional contingency capacity
- Accident and Emergency requirements has identified increase to establishment through winter funding however a full establishment review with peer review is planned to be re-scheduled within the scope of works required post Covid-19 pandemic.

Table 4 – Establishment review outcomes

Ward	Recommended change within establishment
15a	Underway awaiting confirmation from SoC – staffing model for management of high acuity, COVID-19 positive patients.
15b	Underway awaiting confirmation from SoC – additional shifts being utilised due to acuity and previous establishment not enacted, will be recertified in new establishment
7a	Completed – to be reviewed to include CCU establishment
7b	Completed – Increased Band 6 provision using Band 5 vacancies – 24/7 Band 6 provision
11b	Completed – Increased Band 6 provision using Band 5 vacancies – 24/7 Band 6 provision
EAU	Underway awaiting confirmation from SoC – additional RN LD and twilight to manage the additional beds funded from winter monies
9a SSU	Underway awaiting confirmation from SoC – to increase band 6 presence and reduce band 5 vacancy
9b FESS	Underway awaiting confirmation from SoC– to increase band 6 presence and reduce band 5 vacancy
14b	Underway awaiting confirmation from SoC – to increase band 6 presence and reduce band 5 vacancy, further review required for enhanced care
MDU	Nil – Pending service discussions
ED	Underway awaiting confirmation from SoC

The initial establishment review completed on ward 7A now requires further review to manage the CCU permanently. There is a plan to move the specialities from various estates enabling

appropriate environments to work in so that enhanced monitoring is provided in respiratory and stroke alongside an MDT and rehabilitation area in stroke. The CBU will be aiming to collocate appropriate specialties to improve flow and patient/staff experience in 2021. The establishment reviews have been costed based upon utilising recurrent run rate spend on agency and converting known difficult to recruit to posts to more attractive posts and shift patterns whilst focusing on patient and staff experience, quality and safety. The SoC is being finalised by finance and will be presented to progress to business case at pace.

Highlights

- Ward and ED establishment reviews undertaken
- Significant improvements in roster performance and management with established wad performance review process monthly
- There have been challenges exacerbated by sickness, isolation, risk assessment outcomes and shielding on fill rate and agency usage. However, where possible and appropriate this spend is being attributed to Covid-19 and block bookings have been secured to provide consistency and continuity in care. The redeployed/shielding staff have been provided IT equipment where possible to enable them to provide support to other CBU functions such as the governance team, bereavement support, FIT testing.
- The substantive Head of Older People's Care continues to work in the Head of Nursing position in Urgent Care.
- Coronary Care Unit (CCU) was moved out of Critical Care at the start of the Covid-19 pandemic; into a bay on 7a which is a General Medical/Cardiology ward. This was done with support from the cardiac nurses, coronary care nurses and senior staff who delivered teaching around clinical competencies needed to care for CCU patients. In addition, agency staff with cardiac experience were block booked to deliver cardiac care and this will feature in the next establishment review pending a decision regarding the long-term plan for this service provision. This has now been confirmed as a permanent move and as such a further establishment review is underway.

Re-modelling and Transformation Work streams update

In this period the CBU has seen the successful opening/closing of additional areas including the discharge lounge, ward 1, additional side rooms created on EAU and the estate work has been undertaken within the ward 1 template to make this a suitable more permanent fixture and environment. There has been a requirement to create additional roles and use staffing resources differently including the redeployment and upskilling of many staff who have been supported with skills/knowledge training and with support from Boo Coaching. Evidence from both quality and safety metrics and operational performance demonstrate that new models of working are effective and some of the temporary changes have led to discussions around opportunities to work differently in future.

A programme of work to redesign frailty pathways focusing on admission avoidance and re-direction of patients for assessment from Accident and Emergency has been underway with the practitioners working in AED and EAU to commence early comprehensive geriatric assessment, gain a full and holistic assessment and enable timely discussion about complex decision making in collaboration with the geriatric and medical colleagues. The team are enrolled on ACP training and funding was approved for the Trust to join the Acute Frailty Network, which has been postponed due to Covid-19. The team have needed to be redeployed during the Covid-19 pandemic although this critical piece of work forms part of the CBU business plans and strategy.

Previous discussions and approval in May 2019 focused on development of new roles and staffing requirements as part of considering new models of care aligned to the Trust and clinical

business unit strategic direction. As part of this, the stroke nurse provision was improved and has been hugely beneficial in providing timely stroke assessment in extended hours. In addition, the rehabilitation ward has been increasing the ability to manage more acute patients and particularly during Covid-19, the AED has been reconfigured to provide red (Covid-19) and amber (non-Covid-19) streams to protect patients. Ward 11A has been utilised as a medical ward and not a surgical ward during this time as has ward 14A at times, and the staff in all these areas have been supported in adapting to meet the demands.

Initiatives and Innovation

A review and business plan are being undertaken for the development of an enhanced care respiratory area within the respiratory ward, with improved central monitoring. The staffing model for this will be further developed when this work recommences.

AED and the emergency/same day care pathways are under review with a view to developing more streamlined and appropriate pathways for patients and managing surges through planning activity with primary care and community colleagues – workforce will be incorporated within this review. The management of the workforce for emergency is now done as one emergency floor giving the ability for flexibility, improved visibility and the opportunity to respond to demand in different areas within a shift.

Recruitment and Retention:

- Presence at all Trust recruitment events.
- Engagement in international nurse recruitment and assessment support.
- Proactive approach to recruit students on placement throughout Covid-19.
- Individuals supported to develop further skills undertaking CPD and training opportunities.
- Education provision for CCU has been provided to support upskilling and competency development, improving retention.
- Use of the Apprenticeship Levy to provide education opportunities at Masters, Degree and Diploma level (see table 5):

Table 5-Urgent Care Apprenticeships May 20-Oct 20

Advanced Clinical Practitioner (Degree)	3
Assistant Practitioner	10
Nursing Associate	18
Registered Nurse Degree Apprentice	7
Total	**38**

Advanced Nurse Practitioners (ANP)/Advanced Clinical Practitioners (ACP)

There are currently 10 practitioners working at an advanced level within the Urgent Care CBU.

- There are 2 consultant nurses working on ACU, both are due to retire soon.

- There are 5 ACPs within the Accident and Emergency department, 4 of whom have completed their MSc in Advanced Practice and their RCEM training and 1 ACP who has completed MSc in Advanced Practice and us currently undergoing their RCEM training.
- There is currently an advert on NHS jobs for a further trainee ACP within AED with a closing date of 17th December 2020.
- There are also 3 Frailty Practitioners currently on the MSC Advanced Practice pathway, which is funded by HEE and is due to complete their pathway in early 2022. Two are funded with the apprenticeship levy and have had their completion date deferred and are now due to complete in March 2023.
- An ACP working within the ACU has recently gained their MSc in advanced practice with a distinction.

Workforce Analysis

Registered Nurse Vacancy Position

The Urgent Care CBU has 57wte inpatient band 5 vacancies at the end of Oct 2020. This reflects the previous nurse staffing establishment uplift in May 2019 and requirements to staff seasonal contingency/Covid-19 areas. This is an improvement of 26 vacancies compared with May 2020's figure. Please note the funded establishment has dropped by approx. 9wte between May 2020 and Oct 2020 due to ongoing ward establishment reviews.

Table 6a – Urgent Care Band 5 inpatient ward areas vacancy

Nurse Band 5	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Funded WTE	165	165	165	148	148	156
Contracted WTE	82	83	83	83	86	99
Vacancy WTE	83	82	82	64	61	57

Table 6b – Urgent Care Band 5 vacancy - all areas within CBU

Urgent Care

Nurse Band 5	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Funded WTE	222	223	220	203	203	211
Contracted WTE	113	118	113	113	117	131
Vacancy WTE	109	105	107	90	85	80

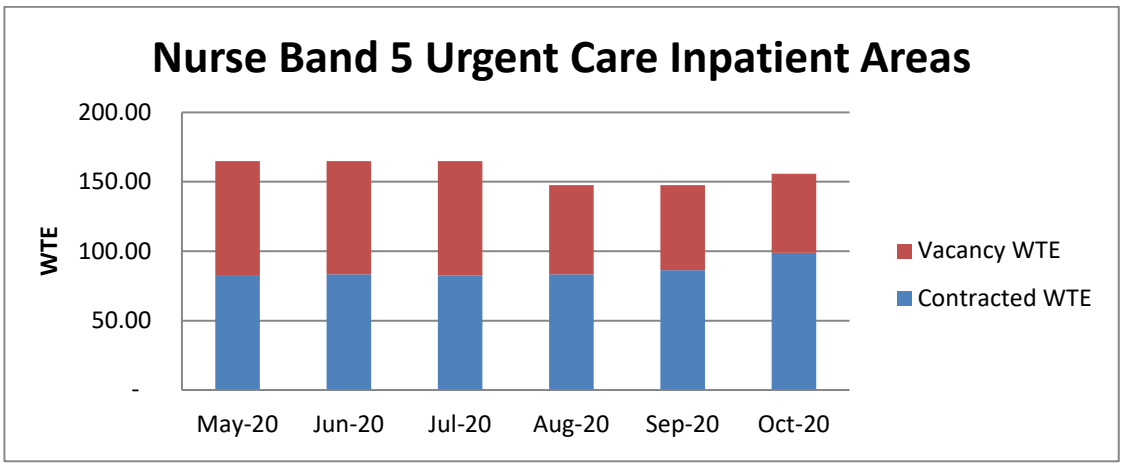
Table 7 below shows the age profile of our nurse band 5 workforce across inpatient areas in the Urgent Care CBU, currently reporting to have 13 staff members over the age of 55 (Trust inpatient total =30).

Table 7-Urgent Care Inpatient Band 5 age profile > 55yrs

Ward	56-60	61-65	66-70	>=71 Years
Emergency Assessment Unit	1			
FESS Ward				
Rehabilitation Ward ODGH	2			
Short Stay Unit	2			
Stroke Ward		1	1	
Ward 11B		1		

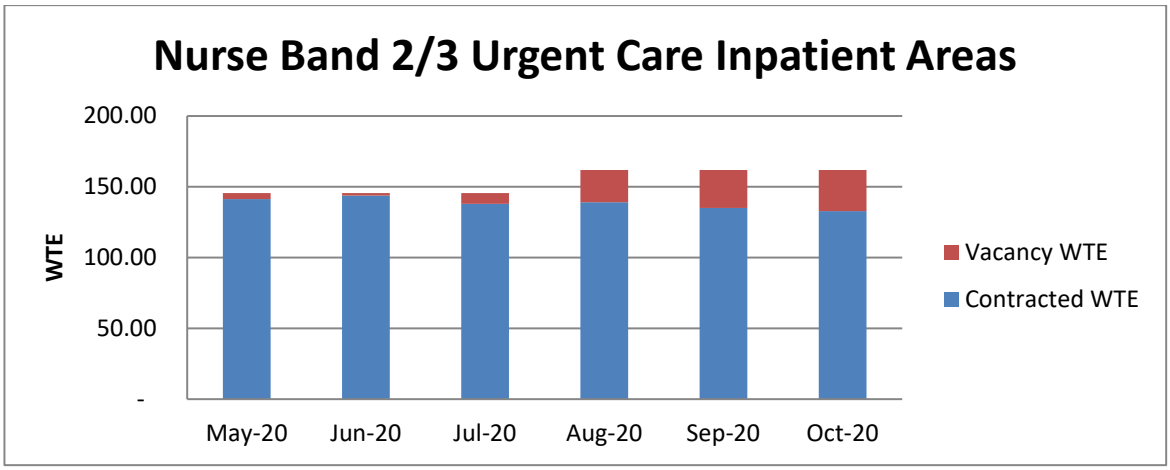
Ward 14B	1	2		
Ward 15A - General Medicine		1		
Ward 7A		1		
Total	6	6	1	0

Graph 8A – Urgent Care vacancy nurse band 5 inpatient areas



Urgent Care's band 5 vacancy position improved in August 2020 however this was as a result of the nurse establishment reviews – funding was converted from nurse band 5 posts into HCA band 2/3s. Urgent Care's band 5 establishment then increased by 8wte in October 2020 as a result of the staffing budget being transferred to Urgent Care's Coronary Care from Planned Care's ITU in line with the transfer of 4 beds.

Graph 8B – Urgent Care vacancy HCA band 2/3 inpatient areas



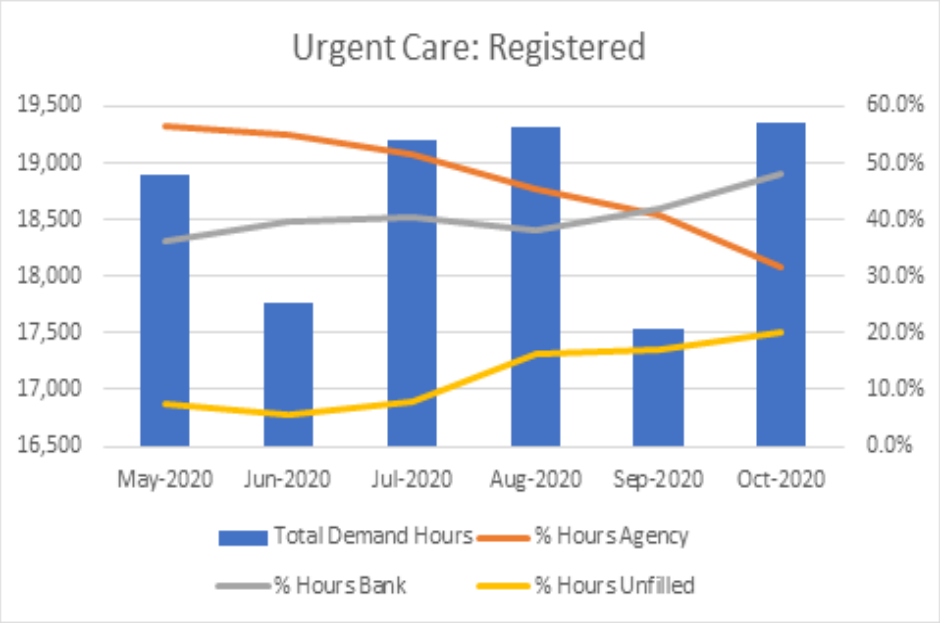
Urgent Care's HCA vacancy position widened in August 2020 as a result of the nurse establishment reviews – funding was converted from nurse band 5 posts into HCA band 2/3s.

Temporary staff

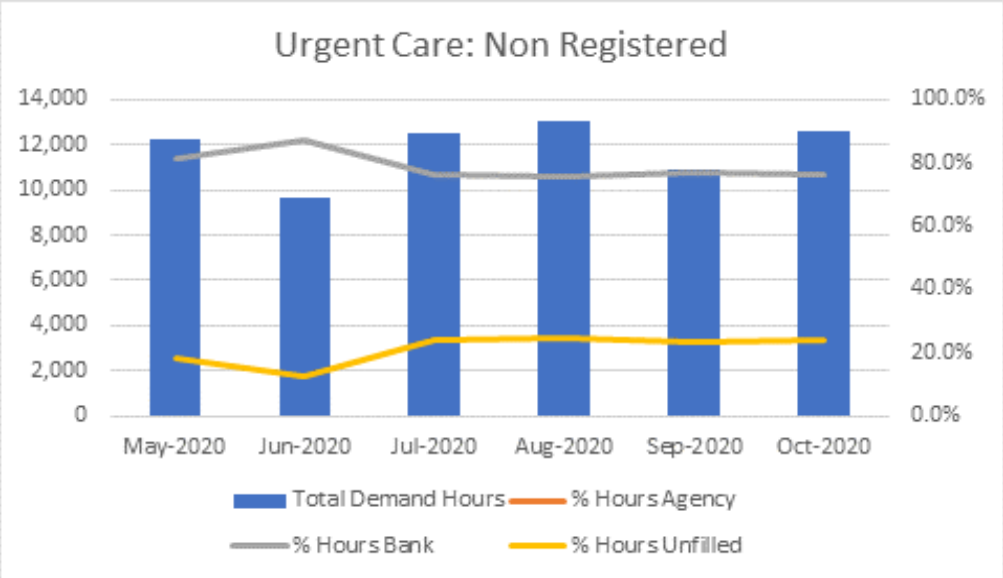
There has been a reduction in agency use however this has been masked due to staffing requirement for contingency ward areas and use of agency staff. Of particular note there has been a significant reduction in the reliance on premium rate agencies and off framework agencies and a clear process is now in place for escalation should off framework support be

needed only in the most exceptional circumstances. Agency block booking has supported areas with high level vacancy, until registered nurse recruitment figures improve.

Graph 9 –Urgent care inpatient Registered shifts filled bank/agency



Graph 10- Urgent care Non-Registered shifts filled by bank



9. Planned Care Clinical Business Unit -Staffing Establishment Review

In line with the Trust nurse staffing reviews the Clinical Business Unit (CBU) completed a comprehensive establishment review following previous review presented to Board in May

2029. The CBU used evidence based modelling (Safer nursing care tool –SNCT), professional judgement and 'Confirm and Challenge' desk top supportive review process alongside Model Hospital reviews and other key metrics including Care Hours Patient per Day (CHPPD), acuity data including enhanced care requirements. Reviews are conducted in conjunction with clinical staff, finance, roster leads and business managers. Local staffing profiles are discussed as well as education predictions to plan resources appropriately. This has helped us consider benchmarking comparisons currently and for future reviews, introduce alternative roles (i.e. Nursing Associates and Assistant Practitioners) and discuss predictive staffing models for 2020 – 2021 and beyond aligned to the trust workforce planning.

Staffing Reviews Undertaken May2020 – Oct 2020

- All ward-based areas (See table 11)
- Seasonal planning reviews due to additional contingency capacity
- 8 band 5 wte staff transferred to Ward 7a from ITU following CCU transfer

Table 8 – Establishment review outcomes

Ward	Required change within establishment
14a	Increase band 2 by 2.75 wte due to bank/agency spend.
11a	HCA Night funded by Covid-19 Proposed skill-mix within budget between
10b	1 x RN LD and 1 x RN LN plus 1 x HCA LN and 1 x HCA LN extra due to additional 6 beds added to Ward Profile from ACU currently winter pressures funded
ITU	No current changes
E, F & G	Band 5 vacancy to create development band 6 role
SIU	Balance between Band 3 and Band 2 roles to be reviewed through natural attrition against continued requirement for band 3 role within area of speciality and workforce modelling for area.
Outpatients	Further review needed. Research of OPD staffing models to be undertaken by Matron of area.
Theatres	Review Undertaken and will need further review due to Covid-19 activity.
Pre OP	Nil

Highlights May 2020- Oct 2020

- Remodelling and transformation of the ACP workforce
- Remodelling ODGH site
- COVID-19 – impact on Theatres and ITU

Re- Modelling and Transformation work streams update

Theatres

A complete staffing review for theatres is required with peer review and is planned within the future staffing establishment reviews. The current risks relating to theatre are detailed on the CBU risk register and reviewed on a monthly basis. In addition, we are working to develop new roles and models of working to assist in recruitment and retention of theatre staff

Recruitment and retention

- Presence at all Trust recruitment events.
- Use of the Apprenticeship Levy to provide education opportunities at Masters, Degree and Diploma level (see table 9):

Table 9 -Planned Care Apprenticeships May-Oct 2020

Advanced Clinical Practitioner (Degree)	3
Assistant Practitioner	3
ODP	3
Senior Healthcare Support Worker L3	7
Total	**16**

Additional roles

- ***Advanced Nurse Practitioners (ANP)/Advanced Clinical Practitioners (ACP)***

There are currently 11 trainee ACPs' and trained ACPs within the planned care CBU.

- There are 6 tACPs within planned care that look after the wards and department on the Ormskirk site. 1 tACP due to complete September 2021, 2 due to complete December 2021, 3 due to complete in December 2022
- The SAU department is staffed currently by 1 trained ACP, 1 tACP is currently awaiting the results of their final module, a Bank ACP and a Physicians Associate. All of these pathways are funded by the Trust except the tACP on SAU which is funded by HEE.
- There is an ACP within Orthopaedic Frailty who is currently undertaking their MSc pathway via the apprenticeship route and was due to complete their pathway in December 2022, unfortunately due to the Covid-19 epidemic this has been deferred to March 2023
- There are also 2 HEE funded ACCPs' working within ITU/ CCU who are on target to complete their MSc in August 2021
- Funding has recently been obtained for 2 trained ACPs' within Ophthalmology it is hoped that the Trust can attract trained ACPs but if not, these will be training posts initially. The speciality is currently discussing the job plans for these posts.
- Funding has also been obtained for 2 possibly 3 trainee ACPs' within the spinal injury department. Once trained these posts will be working alongside the medical teams including taking part on the on-call rota.
- A PICC line/ IV access service is currently being developed that will be led by an ACP working out of SAU.

Workforce analysis

Registered Nurse Vacancy Position

The Planned Care CBU has 35wte inpatient band 5 vacancies at the end of October 2020. This reflects the previous nurse staffing establishment uplift in May 2019 and requirements to staff

seasonal contingency/COVID-19 areas. Please note the funded inpatient band 5 establishment reduced by 8wte in October 20 as 8wte posts were moved to Urgent Care to support staffing for the 4 beds transferred to Coronary Care from Planned Care's ITU.

Table 10 – Planned Care Band 5 Vacancy

Nurse Band 5	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Funded WTE	169	169	169	169	169	161
Contracted WTE	131	127	127	124	129	126
Vacancy WTE	38	42	42	45	40	35

Predicted Vacancy

As with other CBUs, the ability to maintain the pace of recruitment to turnover presents a challenge which results in a continuous vacancy. The vacancy levels documented above include the acute ward areas, and critical care.

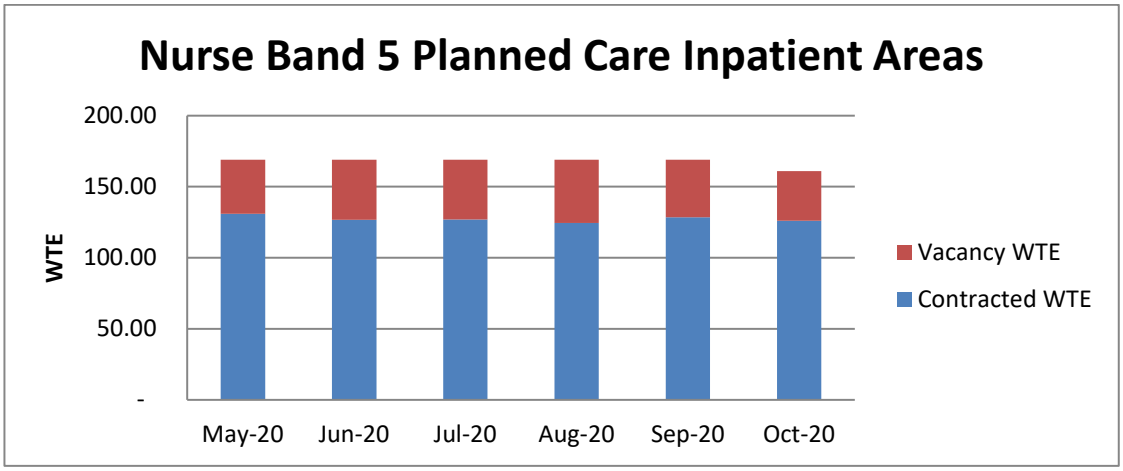
Working in collaboration with colleagues in Finance and HR, the CBU has committed to reviewing how by recruiting substantively to vacancy, turnover and mat leave, the need for bank and agency can be reduced. We will not get into a position whereby bank and agency can be eliminated until the CBU unit reaches its agreed and planned recruitment figure. International recruitment will feature in this plan alongside retention and increase to our student numbers.

Table 11 below shows the age profile of our nurse band 5 workforce across inpatient areas in Planned Care CBU, currently reporting to have 17 staff members over the age of 55 (Trust inpatient total =30).

Table 11- In patient Band 5 age profile > 55yrs

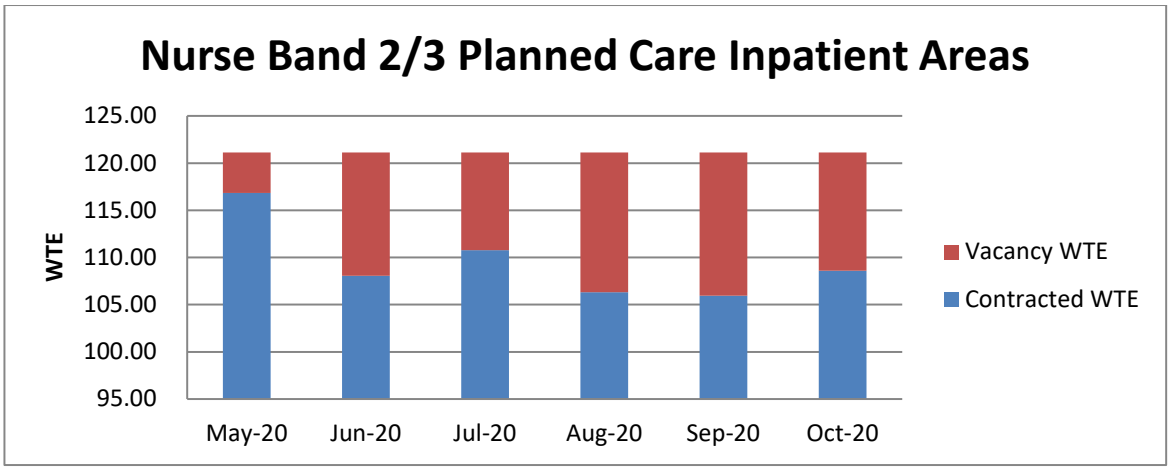
Ward	56-60	61-65	66-70	>=71 Years
F WARD SURGICAL DAYCASE				
ODGH	1	1		
G Ward (EL Orthopaedics)		1		
ITU	2	1		
Orthopaedic Rehab ward (H)	1			
Short Stay Surgical 10B				
Spinal Injuries Unit				
E Ward	1	1	1	
11A Surgical Ward	2	2		
Ward 14A	1			
Total	8	6	1	0

Graph 11A- Planned Care **band 5 vacancy inpatient areas v Contracted**



Planned Care's nurse band 5 inpatient establishment has remained consistent at 169wte between May 2020 and September 2020. However, this reduced by 8wte in October 2020 as a result of transferring this budget to Urgent Care's Coronary Care in line with the transfer of 4 beds from ITU to CCU.

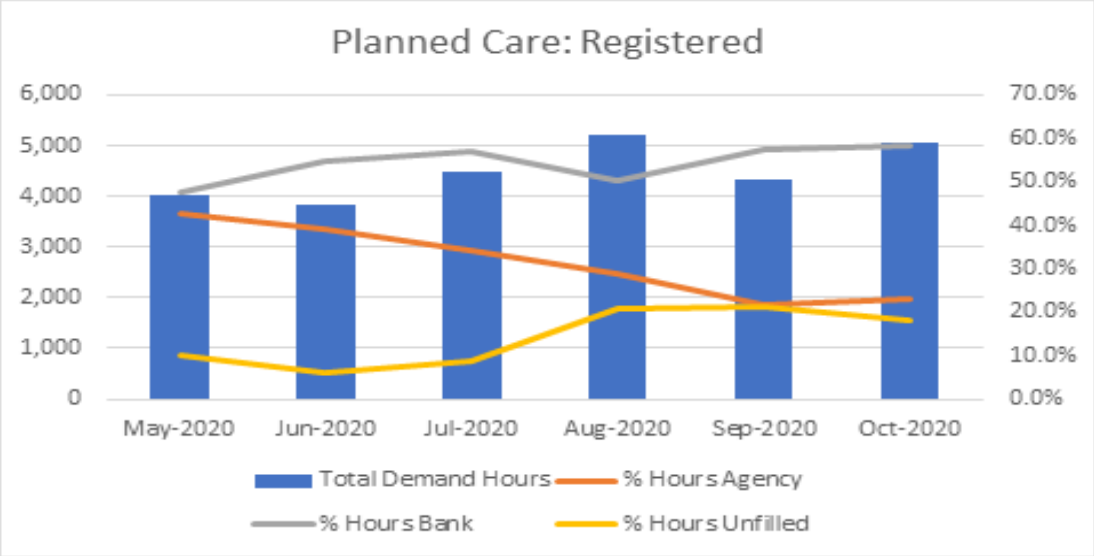
Graph 11B- Planned Care vacancy HCA band 2/3 inpatient areas v Contracted



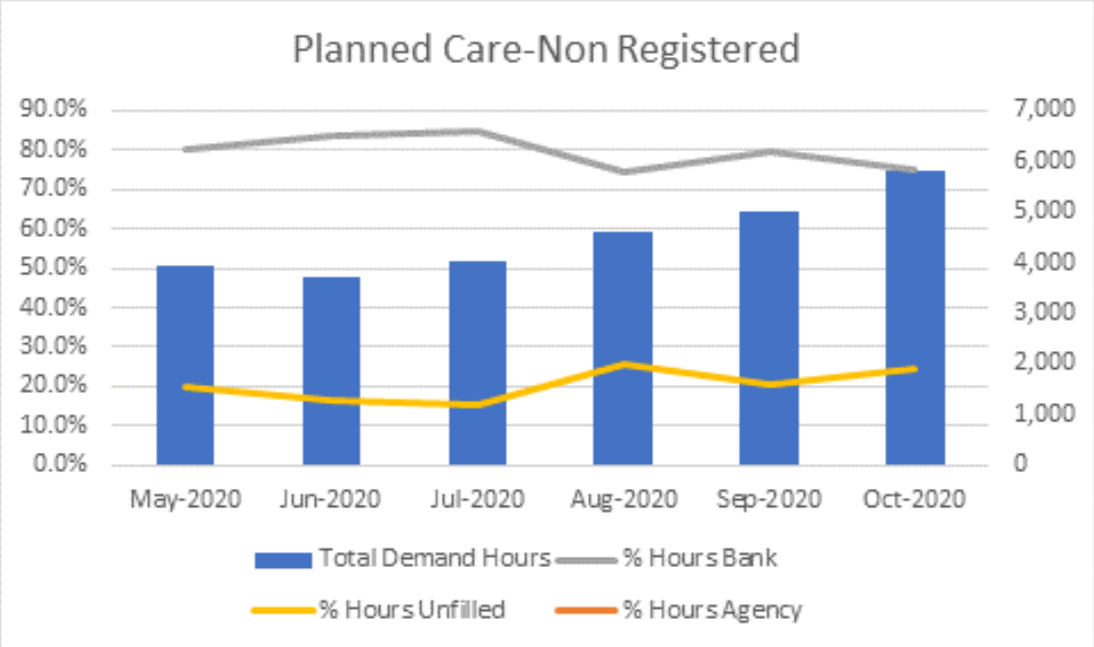
Contingency Area requirements

As part of contingency planning for winter, the CBU altered the use of the elective orthopaedic ward and the staffing establishment. This resulted in temporary staffing use. In addition the CBU moved staff to Acute Adult ward areas to support the bed base and patient flow on the Southport Hospital site and moved staff to support the opening of ward 1 on a number of occasions and during the pandemic. Preparation for next winter is underway along with a review of the staffing plan for Planned Care utilisation of beds on the Ormskirk site not forgetting additional capacity to minimise the impact of temporary staffing.

Graph 12-Planned Care inpatient Registered shifts filled by bank and agency



Graph 13- Planned Care Non-Registered shifts filled by bank



10. Specialist Services – (Children's Services and Maternity Services)

In line with the Trust nurse staffing reviews the CBU last completed a comprehensive establishment review and presented to Board in May 2019. To undertake the reviews, Paediatrics uses the Royal College of Nursing evidence-based modelling, professional judgement and 'Confirm and Challenge' desk top exercise. Model Hospital reviews and other key metrics, including Care Hours Patient per Day (CHPPD), and acuity data including enhanced care requirements are used alongside. Maternity Services uses Birthrate Plus (BR+) which is a framework for workforce planning based upon an understanding of the total midwifery

time required to care for women and includes a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings (2015) and has been endorsed by the Royal College of Midwives (RCM) and Royal College of Obstetrics & Gynaecology (RCOG). In line with recommendations from NICE safe staffing guidance and CNST standards, maternity staffing has been reported on separately.
Reviews are conducted in conjunction with clinical staff, finance, roster leads and business managers. Local staffing profiles are discussed as well as education predictions to plan resources appropriately. This has helped us consider benchmarking comparisons currently and, for future reviews, introduce alternative roles (i.e. Nursing Associates and Assistant Practitioners) and discuss predictive staffing models for 2020 – 2021 and beyond aligned to the trust workforce planning.

11. **Paediatric Services**
This service encompasses general and specialist care provision across neonates to young people up to the age of 16 years, with Cystic Fibrosis patients transitioning at 17 years, Diabetes patients transitioning at 18 years and young people with complex needs transition at 16 -17 years.

Workforce analysis
The Paediatric Unit does not currently always have supernumerary shift leaders due to the flow of activity and acuity, however there is a coordinator identified and staffing is flexed to support. Ward managers are supernumerary 3 - 5 days per week to provide leadership and operational management of their areas. A further review is planned to check the ratios against activity / acuity in preparation for the next staffing review.
Neonatal staffing is aligned to BAPM standards but does not currently have supernumerary shift leader. Within this establishment review a business statement of case has been developed to support a number of changes including transitional care and options for implementation of a supernumerary shift coordinator to comply with BAPM standards. This will be included in the CBU business plans for the coming year.

Table 12 Registered Nurse vacancy –all areas within CBU

Specialist Services

Nurse Band 5	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Funded WTE	56	56	56	56	56	56
Contracted WTE	62	55	55	55	55	63
Vacancy WTE	(6)	1	1	1	1	(7)

Historically there has been successful recruitment to vacancies, however over the last 12 months there have been problems with recruiting. This has been as a result of tertiary hospitals offering all the students posts and calibre of applicants.

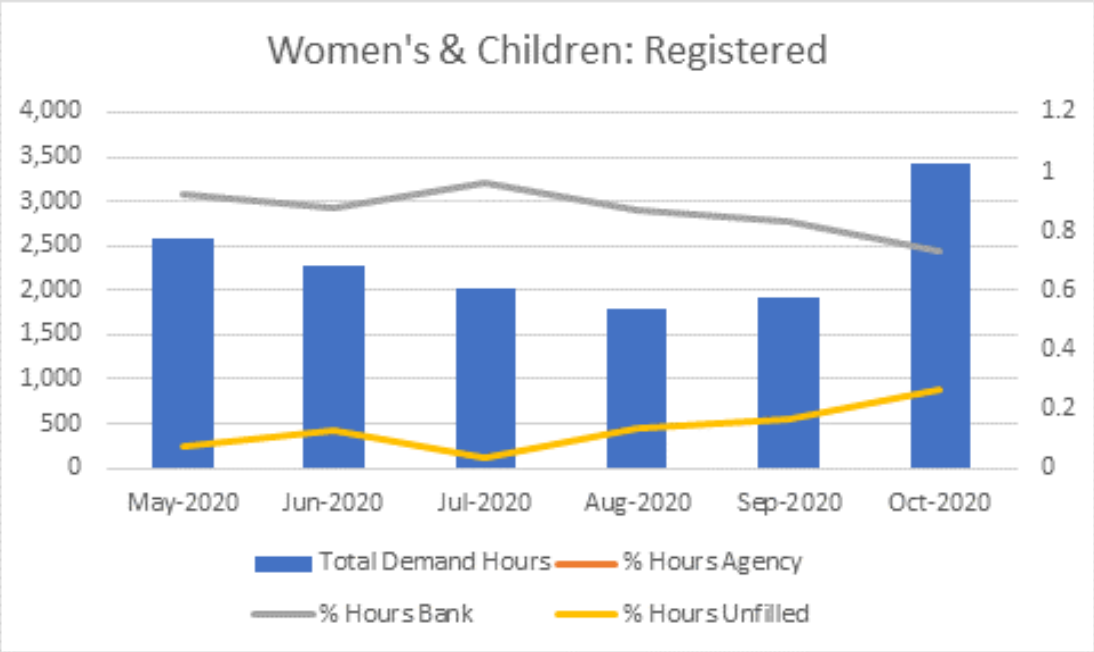
The trust has now recently appointed 7.96 wte paediatric nurses for across the Paediatric Unit due who commenced in post Mid-September 2020 after qualifying. The majority of these students were placed in the Paediatric unit during the first wave of Covid19 which meant that they developed their skills and competencies prior to starting in the substantive posts.

The unit has had very high levels of maternity leave over the last year and continuing this year. This has been supported via temporary staffing and NHSP. Funding was also agreed for 2.0wte nurses to cover maternity leaves however these posts are currently out to recruitment for the second time.

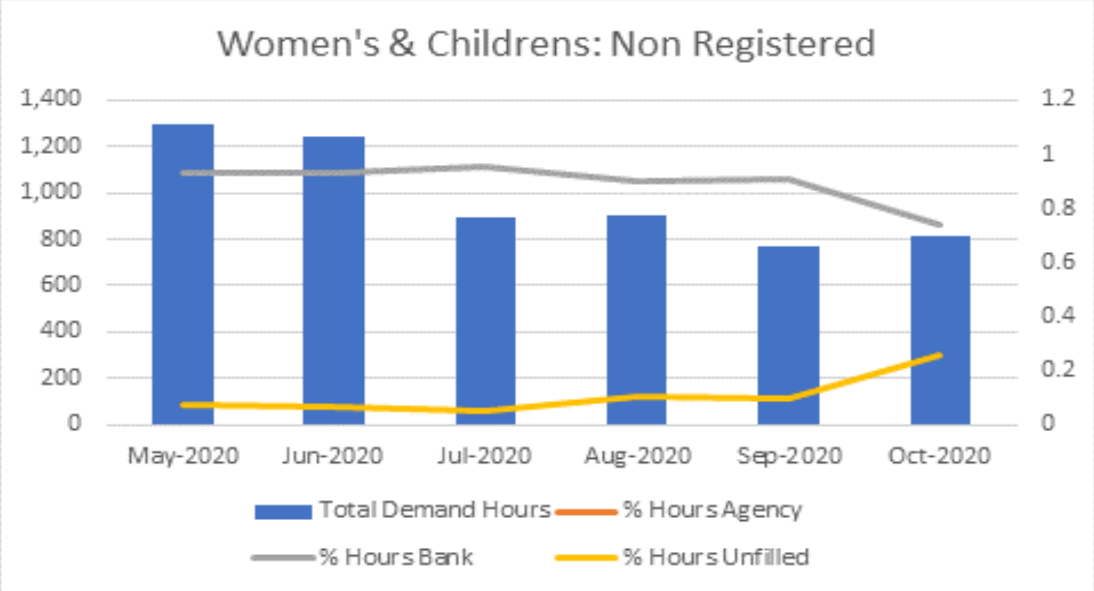
In response to Covid-19 and demands on medical staff, Paediatric A&E closed at night from the 6 April 2020, and this has allowed staffing to be managed safely with little reliance on NHSP along with reduction of activity during the pandemic. The patient flow is now starting to increase.

The Paediatric Matron meets with the Ward leaders on a weekly basis to discuss staffing for the week. Ward leaders are expected to review staffing on a daily basis. The weekend is always checked on a Friday, prior to the weekend to support contingency planning.

Graph 14 W&C inpatient Registered shifts filled by bank and agency



Graph 15 – W&C Non-Registered shifts filled by bank



Staffing is reviewed in the twice daily safe staffing huddles and Matron meets with Band 7's on a weekly basis to discuss staffing for the week and the ward managers review on a daily basis. The weekend is always checked on a Thursday.

Table 13 -Children's Services Apprenticeships May-Oct 2020

Advanced Clinical Practitioner (Degree)	1
Total	**1**

In response to the staffing review in December 2019, it was agreed to increase the number of Band 6 staff and slightly reduce Band 5 in order to ensure senior cover across all areas 24/7.

Advanced Nurse Practitioners (ANP) Advanced Clinical Practitioners (ACP)

- 5 trained ACPs working within Paediatric AED (2), ward based (2), neonates (1).
- There is currently a vacant post for a ward-based ACP which has been advertised
- There is also a Midwife undertaking their MSc in advanced practice on the apprenticeship pathway who is on target to complete their pathway in October 2022.

Maternity Staffing Review
For the Period May to October 2020 (inclusive)

Background
In accordance with requirements for NICE standards for Maternity staffing 'Safe Midwife Staffing in Maternity Settings' (2015), and Clinical Negligence Scheme for Trusts, a bi annual report should be submitted to the Board to provide assurance that the midwifery establishments are safe and that staff are able to provide appropriate levels of care to women and babies. The last staffing review was presented in June 2020 for period July 2019 – April 2020 inclusive.

The Clinical Negligence Scheme for Trusts (CNST) Safety Action 5 asks: Can you demonstrate an effective system of midwifery workforce planning to the required standard? And that:

a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed.
b) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service
c) All women in active labour receive one-to-one midwifery care
d) Submit a bi-annual midwifery staffing oversight report that covers staffing/safety issues to the Board.

The bi-annual report submitted will comprise evidence to support a, b and c progress or achievement. It should include:

a) A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated
b) Details of planned versus actual midwifery staffing levels. To include evidence of mitigation/escalation for managing a shortfall in staffing.
c) An action plan to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent undertaken, where deficits in staffing levels have been identified.

d) Maternity services should detail progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls.
e) The midwife: birth ratio. (Regular reviews and have plans to flexibly adjust midwife to woman ratio if needed due to Covid-19)
f) The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives.
g) Evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status and the provision of one-to-one care in active labour. Must include plan for mitigation/escalation to cover any shortfalls.
h) Did Covid-19 cause impact on staffing levels?
i) Was the staffing level affected by the changes to the organisation to deal with Covid-19? How has the organisation prepared for sudden staff shortages in terms of demand, capacity and capability during the pandemic and for any future waves?

Birth rate Plus assessment

A Birthrate Plus assessment (BR+) was last completed in February 2019. BR+ is a framework for workforce planning based upon an understanding of the total midwifery time required to care for women and includes a minimum standard of providing one-to-one midwifery care throughout established labour.

A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated was included in the last Maternity Staffing Review. In line with previous agreement at the Performance Review Board and Hospital Management Board we have continued to manage the current workforce for 2019/2020 with the utilisation of bank staff as required, to support acuity whilst Maternity Services is looking to progress with the 'Better Births' recommendations for the implementation of Continuity of Carer.

To support progression of a workforce model for Continuity of Carer we have had external support from Claire Mathews, North West Regional Midwife, NHS England, which took place in August 2020 and included a 'check and challenge' event with the Maternity team.

The feedback received at the Check and Challenge meeting will inform our business planning and vision for the development of the new maternity model. We have also requested support from Trixie Macree, National Midwifery Lead for Continuity of Carer, to see if changes to the workforce can be undertaken in a phased approach. At this current time, we have been unable to progress any organisational change due to Covid-19 guidance.

Action Plan to Address Findings from BR+

An action plan has been implemented to address the findings from the BR+ audit because deficits in staffing levels have been identified. This is attached in Appendix 2.

Birth Rate Plus Ratio

For this reporting period a 'table-top' exercise has taken place based on the criteria for birthrate plus for this reporting period with no change to previous report. The midwife to birth ratio is calculated on the number of midwifery whole time equivalents and the total number of births. The ratio of births to midwives is:

Birth Rate Plus Ratio	Recommended ratio of births to midwives is 1 Midwife to 26 births

The overall ratio for number of births to number of midwives for Maternity Services are not directly comparable to other Maternity providers because of the local factors involved.

Planned versus actual midwifery staffing levels including evidence of mitigation/escalation for managing shortfalls

Each month planned versus actual staffing levels are submitted and monitored through Allocate rostering system. These are reviewed at roster check and challenge meetings with the Matron, Head of Midwifery and Roster Manager and overseen by the Deputy Director of Nursing & Midwifery and Assistant Director of Nursing and Midwifery (Workforce). In addition to this:

- Roles and responsibilities for maternity staffing are outlined in the Maternity Services Standard Operating Procedure (Number 52) for Staffing Levels and Maternity Services Standard Operating Procedure (Number 53) for Maternity Escalation
- Maternity has roster check and challenge meetings to ensure effective and efficient use of the roster against E Rostering KPI's and completing of the daily safe staffing process.
- Fill rates are published monthly with Maternity consistently monthly over 90%
- Staffing is discussed as part of the Delivery Suite Shift Coordinator hand over as they have the overview of daily staffing levels. This takes place twice a day, and ward dependency, acuity and overall staffing ratios/ gaps are discussed.
- Staffing levels and staffing issues are reported via DATIX and reviewed as part of the Patient Safety Meetings

Intrapartum Acuity

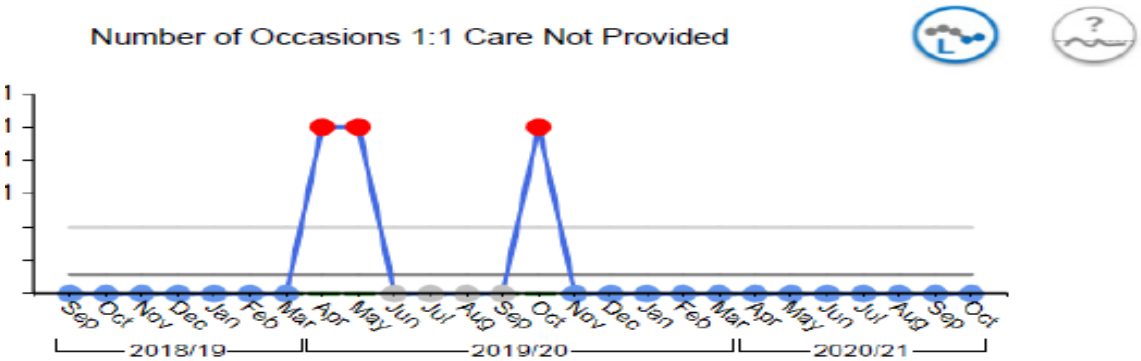
Maternity Services implemented the Birthrate Intrapartum Acuity tool in 2020. Data is inputted into the system every 4 hours by the Delivery Suite Coordinator on the Delivery Suite and Shift lead on the Maternity Ward which measures the acuity and number Midwives on shift to determine the 'acuity score'. This acuity score is defined by Birthrate as the 'volume of need for midwifery care at any one time based on the number of women and degree of dependency' Staff have now been trained in its use and the plan is now to access data monthly. This will help review of staffing to ensure correct numbers of Midwives are available to work in the clinical areas which match the acuity levels and to ensure the Maternity Service Standard Operating Procedure (Number 52) for Staffing Levels and Maternity Services Standard Operating Procedure (Number 53) for Maternity Escalation adequately supports the movement of staff around the unit during periods of high acuity.

Supernumerary Status of the Delivery Suite Shift Coordinator

Supernumerary status of the Shift Coordinator is defined as the Coordinator not having a case load. The Delivery Suite Shift Coordinator is supernumerary to enable them to fulfil their role, which is pivotal in providing effective leadership, clinical expertise, facilitating communication between professionals and overseeing appropriate use of resources. The Shift Coordinator was rostered as supernumerary 100% of the time. Compliance with supernumerary status was 90%. This was because there were some occasions where there has been a need for the coordinator to care for women for short term. It is recognised that collation of this information is manually recorded on a proforma and it is expected that with the implementation of the intrapartum acuity tool this will give a more robust picture.

Percentage for Provision of One to one Care in Labour

1 to 1 care is defined as 'care provided for a woman throughout labour exclusively by a Midwife solely dedicated to her care. This is not necessarily the same Midwife throughout her labour (NICE 2015). Maternity services aim to achieve 100% 1-1 care in labour and this is monitored via the Maternity Information System and where this cannot be provided a DATIX incident report is completed which is recorded as a 'red flag'. During the reporting period there has been no occasion when one to one care could not be provided.



Specialist Midwives

Birthrate Plus recommends 8-10% of the Maternity establishment is not included in clinical numbers. Maternity Services have 7.0wte specialist midwives in post. 1.4wte are externally funded to support LMS Safety Objectives

Non-clinical midwife time includes those roles required to support the services which includes:

- Infant Feeding Coordinator 1.0wte
- Perinatal Mental Health Midwife 0.2wte
- Antenatal & Newborn Screening Midwife 1.0wte
- Practice Development Midwife 1.0wte
- IT Midwife 1.0wte
- Bereavement Midwife 0.4wte
- Smoking Cessation Midwife 1.0wte (Externally Funded)
- Fetal Surveillance Midwife 0.4wte (Externally Funded)
- Named Midwife for Safeguarding (sits with the Safeguarding Team) 1.0wte

With the inclusion of the Head of Midwifery, Matron and Consultant Midwife posts this requirement is met.

Midwifery Red Flag Indicators

Staffing related incidents and Red flag indicators

A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing. Maternity Services Standard Operating Procedure for Maternity Services Staffing reflects the recommended reporting guidance. This data is collected via the DATIX incident reporting system and monitored via the Maternity Dashboard. All red flag incidents are also discussed at the weekly Patient safety Meeting and cross referenced with clinical incidents. For this reporting period there were 9 logged incidents in relation to maternity staffing.

May 2020 – October 2020	
Midwifery Red flag	**Incidents**
Delayed or cancelled time critical activity	3
Missed or delayed care (delay of 60 minutes or more in washing and suturing).	3
Missed medication during an admission to hospital or midwifery-led unit (e.g., diabetes medication).	
Delay of more than 30 minutes in providing pain relief or medication	
Delay of 30 minutes or more between presentation and triage.	
Full clinical examination not carried out when presenting in labour.	

Delay of 2 hours or more between admission for induction and beginning of process.	3
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour.	

The red flag data demonstrated an issue with '*Delayed or cancelled time critical activity' (3) Missed or delayed care (delay of 60 minutes or more in washing and suturing (3)* and '*Delay of 2 hours or more between admission for induction and beginning of process' (3)*

There were no patient safety issues identified.
The number of red flags reported seems low considering pressures related to COVID-19 and importance of completion of these has been reinforced.

Service Challenges –

Impact of Covid-19

The impact of Covid-19 has been a challenge due to staff infections, self-isolating and childcare issues related to children not being able to attend school. In response to Covid-19 staff in the 'at risk' groups have been supported either by working in non-patient facing environments, working from home, or being shielded.
Whilst Sickness absence rates increased to 14-15%, this has been managed well. To ensure safety the clinical areas were temporarily reconfigured to reduce capacity and condense activity with the support of staff working flexibly or supporting with NHSP. This has put pressure on the service especially at times of high activity with possible maternity closure only mitigated by using the maternity escalation policy and flexibility of staff. The recent incentive scheme has been well received and has now enabled the clinical areas to return to normal.
Senior Midwifery oversight until 8pm and at weekends has been introduced to support staff by having an 'helicopter view'. This enables efficient response to any staffing shortfalls, unpredicted demands on the service and any other concerns that may arise.
Any incidents are cross referenced against staffing levels and any incidents regarding staffing levels discussed at weekly patient safety meeting

Additional 3pm daily staffing huddles have also been implemented with the senior midwifery team to monitor and support.
Regionally through the Cheshire & Mersey Clinical Partnerships, staffing pressures are on the bi-weekly agenda so that mutual aid can be considered if individual maternity units are in a vulnerable position. Sickness absence rates are now starting to demonstrate improvements.

Highlights

- Senior Midwifery oversight until 8pm and at weekends has been introduced to support staff by having an 'helicopter view'. This enables efficient response to any staffing shortfalls, unpredicted demands on the service and any other concerns that may arise.
- Any incidents are cross referenced against staffing levels and any incidents regarding staffing levels discussed at weekly patient safety meeting
- An acuity tool has been implemented on Delivery Suite and the Maternity Ward to monitor activity and patient acuity against midwifery staffing. This is still being embedded.
- During the reporting period the maternity unit did not close
- In response to Covid-19 staff in the 'at risk' groups have been supported either by working in non-patient facing environments, working from home or being shielded. This has been managed well with the support of staff working flexibly or on NHSP.

- Maternity Services does not experience any difficulties recruiting staff with high numbers of applicants for posts. Turnover rates are currently less than 1% for this reporting period

Next Steps

- Confirm next steps regarding Continuity of Carer with Director of Nursing & Midwifery COC Workforce
- Embed the intrapartum/ward acuity tool

12. Conclusion

As with previous reports, the Trust continues to carry a number of nursing vacancies although this noted to be reduced from the last bi-annual report and a positive trajectory with international recruitment and supportive ongoing initiatives. This is reflected in the Trust Board Assurance Framework (BAF) and the Clinical Business Unit's Risk Registers. However prospectively it is expected that there will be a positive impact which will be seen in the next six-monthly review following commencement of the international nurse recruitment programme.

Reviews of staffing numbers and skill mix will continue to be ongoing with the next Bi-annual staffing review commencing February 2021. The trust will incorporate outcomes of national patient acuity tools with future establishment reviews and proposed changes will be based on triangulation of acuity, current quality indicators and outcomes and professional judgement, whilst taking into account any available national guidance.

13. Recommendation

The Committee is asked to receive the report. Support the direction of travel currently being taken particularly in relation to recruitment and ongoing establishment reviews.

Finally, the Committee is also asked to recognise and commend the work and efforts of the entire nursing and midwifery workforce who are committed to and continue to deliver safe and effective care whilst working in the recent challenging environment.

Claire Harrington – Deputy Director of Nursing

Carol Fowler – Assistant Director of Nursing – Workforce

In collaboration with:

Head of Nursing - Stephen Mellars

Head of Nursing - Megan Langley

Head of Midwifery and Nursing - Lynne Eastham