

AGENDA

BOARD OF DIRECTORS' MEETING

To be held at 1000 on Wednesday 01 September 2021

V = Verbal D = Document P = Presentation

Ref N ^o .	Agenda Item	FOI exempt	Lead	Time
PRELIMINARY BUSINESS				1000
TB127/21 (V)	Patient Story <i>Purpose: To receive the patient story</i>	No	DoN	10 mins
TB128/21 (V)	Chair's welcome and note of apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate.</i>	No	Chair	
TB129/21 (D)	Declaration of interests <i>Purpose: To record any Declarations of Interest relating to items on the agenda.</i>	No	Chair	
TB130/21 (D)	Minutes of the previous meeting <i>Purpose: To approve the minutes of the meeting held on 07 July 2021.</i>	No	Chair	5 mins
TB131/21 (D)	Matters Arising and Action Logs <i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and approve completed actions.</i>	No	Chair	
STRATEGIC CONTEXT				1015
TB132/21 (V)	Chair's Report <i>Purpose: To receive an update on key issues from the Chair</i>	No	Chair	5 mins
TB133/21 (D)	Chief Executive's Report <i>Purpose: To receive an update on key issues from the CEO</i>	No	CEO	10 mins
INTEGRATED PERFORMANCE				1030
TB134/21 (D)	Integrated Performance Report (IPR) Summary <i>Purpose: To note the IPR for assurance.</i>	No		5 mins
OPERATIONS AND FINANCE				1035

TB135/21 (D)	Finance, Performance and Investment Reports a) Committee AAA Highlight Report b) Operational Performance Report c) Financial Performance Report	No	Cttee Chair COO DoF	15 mins
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*Purpose: To **receive** the FPI reports for information and assurance*

TB136/21 (D)	Finance Report a) Month 4 Financial Position	No	DoF	10 mins
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*Purpose: To **note** the Month 4 Financial Position*

QUALITY & SAFETY 1105

TB137/21 (D)	Quality and Safety Reports a) Committee AAA Highlight Report b) Quality and Safety Performance Report c) Summary Report of changes to IPC Assurance Framework	No	Cttee Chair DoN/MD	15 mins
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*Purpose: To **receive** the Quality and Safety reports for information and assurance*

WORFORCE COMMITTEE 1125

TB138/21 (D)	Workforce Reports a) Committee AAA Highlight Report b) Workforce Performance Report	No	Cttee Chair DoHR MD	10 Mins
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*Purpose: To **receive** the reports for information and assurance.*

ITEMS FOR INFORMATION 1135

CONCLUDING BUSINESS 1135

TB140/21 (V)	Questions from Members of the Public		Public	5 mins
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*Purpose: To **respond** to questions from members of the public received in advance of the meeting.*

TB141/21 (V)	Message from the Board		Chair	5 mins
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*Purpose: To **approve** the key messages from the Board for cascading throughout the organisation*

TB142/21 (V)	Any Other Business		Chair	
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*Purpose: To **receive** any urgent business not included on the agenda*

Date and time of next meeting:
10.00 Wednesday 06 October 2021

1145
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 26 August 2021**

NAME	POSITION /ROLE	Any Interests to declare	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Date of review and update
ARMSTRONG-CHILD, Mrs Trish	Chief Executive Officer	No	Nil	Nil	Nil	Nil	25-Jan-21
BRICKNELL, Dr David	Non-Executive Director	Yes	Director, St Joseph's Hospice Director, Pilkington Family Trust Trustee at The Rainford Trust	Nil	Nil	Nil	20-Jan-21
CLARK, Dr Kate	Medical Director	Yes	Secondary Care Clinician Governing Body Member for Trafford CCG Director of TechPanda	Nil	Nil	Nil	07-Jun-21
CRAIG, Mr Ian	Non-Executive Director Designate	Yes	Trustee at Willowbrook Hopsital, St Helen's and The Brain Charity, Liverpool	Nil	Nil	Nil	01-Jun-21
GIBSON, Mrs Pauline	Non-Executive Director	Yes	Director: Excel Coaching and Consultancy	Nil	Nil	Nil	28-Jan-21
KATEMA, Mrs Sharon	Associate Director of Corporate Governance	No	Nil	Nil	Nil	Nil	26-Jan-21
LEES, Ms Bridget	Director of Nursing, Midwifery and Governance	Yes	Nil	Nil	Nil	Spouse employed by Trust as Pharmacy Technician	27-Jan-21
MASOM, Mr Neil	Chairman & Non- Executive Director	Yes	JSSH Ltd NDLM Ltd The Foundry (Loughborough) Management Company Ltd Seashell Trust	Nil	Nil	Nil	27-Jan-21
McLuckie, Mr John	Director of Finance	No	Nil	Nil	Nil	Nil	25-May-21
Neary, Ms Lesley	Chief Operating Officer	No	Nil	Nil	Nil	Nil	25-May-21

**Board of Directors Register of Interests
as at 26 August 2021**

NAME	POSITION /ROLE	Any Interests to declare	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Date of review and update
POLLARD, Mr Graham	Non-Executive Director	Yes	Employed by Royal Agricultural University	Nil	Nil	Nil	15-Mar-21
ROYDS, Mrs Jane	Director of Human Resources & Organisational Development	Yes	Nil	Nil	Vice Chair of Governors, Farnborough Road Junior School, Southport	Nil	28-Jan-21
Russell Mrs Nina	Director of Transformation	Yes	Substantively employed by NHSE/I	Nil	Nil	Nil	06-Apr-21
SINGH, Mr Gurpreet	Non-Executive Director	Yes	GS Urology Ltd: providing practice & GMC work Private practice at Ramsay Health Honorary Professorship with Bolton University	Trustee of the Southport and District Medical Education Centre Fund Trustee at BAUS (British Association of Urological Surgeons)	Nil	Nil	28-Jan-21

**Draft Minutes of the Board of Directors' Meeting
Held on Microsoft Teams
Wednesday 07 July 2021**

(Subject to the approval of the Board on 01 September 2021)

Present

Mr Neil Masom	Chair
Mrs Trish Armstrong-Child	Chief Executive
Dr David Bricknell	Non-Executive Director
Dr Kate Clark	Medical Director
Mrs Pauline Gibson	Non-Executive Director
Ms Bridget Lees	Director of Nursing, Midwifery and Therapies
Mr John McLuckie	Director of Finance
Mrs Lesley Neary	Chief Operating Officer
Mr Graham Pollard	Non-Executive Director
Mr Gurpreet Singh	Non-Executive Director

In Attendance

Ms Lynne Barnes	Deputy Director of Nursing, Midwifery and Therapies (<i>Item TB103/21</i>)
Mrs Sonya Clarkson	Deputy Director of HR and OD (<i>Item TB115/21</i>)
Miss Lynne Eastham	(Associate Director of Midwifery, Nursing & AHPs (<i>Item TB119/21</i>))
Miss Amy Grabe	Senior Communications and Marketing Officer
Mrs Sharon Katema	Associate Director of Corporate Governance
Mr Rob McGough	Partner Hill Dickinson LLP (<i>Item PB043/21</i>)
Mrs Jane Royds	Director of Human Resources and Organisational Development
Mrs Nina Russell	Director of Transformation
Mrs Emma Stockwell	Partner Hill Dickinson LLP (<i>Item PB043/21</i>)
Mrs Juanita Wallace	Assistant to Associate Director of Corporate Governance
Miss Joan Woods	Spinal Matron (<i>Item PB103/21</i>)

Apologies

Mr Ian Craig	Non-Executive Director
Mr Tony Ellis	Communications and Marketing Manager

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		

TB103/21 Patient Story

(Ms Barnes and Miss Woods joined the meeting)

Ms Barnes introduced Mr James Johnson, a patient on the Spinal Injuries Unit (SIU), who was a member of the British Army and had been injured on duty in 2012.

Mr Johnson relayed that the most valuable part of his stay had been the provision of patient education as he had developed pressure ulcers following admission to SIU. He felt reassured with the broad range of services which were beneficial to his long-term health and mental wellbeing. In terms of areas of improvement, Mr Johnson stated that an increase in portion size would be much appreciated as he was underweight and could not request food from his family and friends due to

visiting restrictions. Ms Barnes clarified that whilst the patient had been offered additional portions, his preference had been for more healthier options.

Mrs Armstrong-Child advised that a formalised Executive buddy system had recently been introduced whereby all Executive Directors and their deputies were allocated a ward or department which they were expected to visit and provide feedback at the Executive Team Meeting (ETM).

RESOLVED:

The Board **received** the Patient story

(Ms Barnes and Miss Woods left the meeting)

TB104/21 Chair's welcome and note of apologies

Mr Masom welcomed all in attendance and in particular welcomed Dr Clark to her first Board meeting.

The Board noted apologies for absence from Mr Craig and Mr Ellis.

TB105/21 Declaration of interests

There were no declarations of interests in relation to the agenda items.

TB106/21 Minutes of the previous meeting

The Board reviewed the minutes of the previous meeting held on 02 June 2021 and approved them as a correct and accurate record of proceedings.

RESOLVED:

The Board **approved** the minutes of the last meeting.

TB107/21 Matters Arising and Action Logs

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

STRATEGIC CONTEXT

TB108/21 Chair's Report

Mr Masom presented his report which detailed the activities undertaken since the previous meeting.

RESOLVED:

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

TB109/21 Chief Executive's Report

Mrs Armstrong-Child presented her report which provided an overview of activities that had occurred within the Trust since the last meeting of the Board. The report detailed the following awards and recognition:

- SO Proud Awards to Jill Downes, Kirsty Slinger, and Mel Pinnington
- Thanks a Bunch Awards to the Volunteer Workforce and the Sapphire post-natal maternity team
- Care Certificates were awarded to Susan Harris, Den Den, Jane Salter, Shirley Dickinson, Kyle Moore, Clare Nugent, Lesley McCabe, Mandy Turner, Holly Porter, Liz Fyles and April Jones.
- The first cohort of safeguarding ambassadors had received additional training to enable them to support staff in the practical implementation of the Mental Capacity Act 2005.
- In a change to normal practice, trainee doctors had taken the Declaration of Geneva outside of their graduation and were now ready to practice.
- Dr Kunle Oyeduken's paper on Meningioangiomas, had been published in the British Medical Journal (BMJ).
- The Trust had retained its accreditation as a Major Trauma Unit for 2021-2022.

With regards to News and Developments, improvements to surgical pathways and ward reconfigurations had taken place across both sites enabling the Trust to progress with restoration and recovery. The Trust had experienced an unprecedented level of demand for urgent care services as well as an increase in the number of Covid-19 patients being admitted. The Covid-19 regulations that were currently in effect within the Trust would remain unchanged despite the lifting of restrictions on 19 July.

RESOLVED

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

RISK AND GOVERNANCE

TB110/21 Audit Committee AAA Highlight Report

It was noted that the AAA Highlight report had featured in discussions held at the Extraordinary Board held on 09 June 2021.

RESOLVED:

The Board **noted** the Audit Committee.

TB111/21 Board Assurance Framework

Mrs Katema presented the report which provided assurance that the principal risks to achieving the Trust's Strategic Objectives had been identified, regularly reviewed, and systematically managed. She advised that the Board Assurance Framework (BAF) was presented monthly at ETM and had also been presented

at the Assurance Committees. With regards to SO6, Mrs Armstrong-Child commented that she anticipated that there would be significant amendments required following the formal review of the Shaping Care Together Programme and that this would include the work that was currently being undertaken around Fragile Services.

RESOLVED:

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

TB113/21 Corporate Governance Policies

Mrs Katema presented the Corporate Governance Policies which comprised of:

- a) Standing Orders
- b) Scheme of Reservation and Delegation
- c) Standing Financial Instructions

Mr McLuckie outlined that it was not his expectation that the policies were being presented to Board as he had not reviewed them. He commented that additional work was required before the policies could be approved and requested that approval be deferred to the September meeting.

INTEGRATED PERFORMANCE

TB114/21 Integrated Performance Report (IPR) Summary

The Board noted the Integrated Performance Report (IPR) Summary which provided an update on the Trust's performance against key national and local priorities during May 2021.

WORKFORCE

TB115/21 Workforce Reports

a) Committee Highlight Report

Mrs Gibson presented the report and alerted the Board that staff turnover had remained an area of ongoing concern. She added that the increase in staff turnover had been directly related to leavers from paid placements.

It was noted that there had been a decrease in medical vacancies and that a number of hard to fill posts had been recruited to. There had also been significant progress in converting from agency to bank staff. The Committee had been assured that despite the slight decrease in Time to Hire to 48.8 days, good progress had been demonstrated towards the stretch target of 30 days. Mrs Gibson had recognised the early indicators of improving trends and commended the Workforce Directorate, CBU Leads and Staff Side for strong partnership working.

In response to Dr Bricknell's query around the sickness figures Mrs Royds advised that there had been an increase in the number of staff self-isolating but that these figures were recorded separately to Sickness Absence

RESOLVED:

The Board **received and noted** the AAA Report from the Workforce Committee.

b) Workforce Performance Report

Mrs Royds presented the Workforce performance report and advised that the next cohort of international nurses would be joining the Trust on 08 July.

RESOLVED:

The Board **received and noted** the Workforce Performance Report.

c) Our People Plan – Progress Update

(Mrs Clarkson joined the meeting)

Mrs Clarkson presented the report which provided an update on the progress against the key programmes of work identified in 'Our People Plan.' The key programmes of work included in the plan had been shaped by feedback from staff following the 2020 Annual Staff Survey. Following presentation at the Board, the Plan had been regularly reviewed at Workforce Committee. Furthermore, the refresh and reintroduction of the Valuing People Group and Workforce Improvement Group provided a platform for ensuring that any improvements or actions were progressing.

Dr Clark commented on the really positive piece of work and advised that Mr Thomas, Deputy Medical Director, was a member of the Workforce Improvement Group and was reviewing how Our People Plan could be referenced in job plans and reviewed at consistency panels.

Mrs Armstrong-Child commented that the comprehensive and simplistic framework was a credit to team and sought clarity on how the Board could assist further. Mrs Clarkson advised that the Unconscious Bias session that would be taking place later in the day was the first part of the Board's Development programme.

Mrs Russell commented that the enhancements to workforce would have a positive impact on the fragile services risk.

Mr Singh commented that, whilst he had been impressed with the smart measures of success, he would welcome clarity around staff involvement in drawing up the plan. Mrs Clarkson responded that the deliverables for the next 12 months had been based on feedback from previous staff surveys and any future measures would incorporate feedback from quarterly surveys.

RESOLVED:

The Board **received** the Our People Plan, Progress Report.

(Mrs Clarkson left meeting)

OPERATIONS AND FINANCE

TB116/21 Finance, Performance, and Investment (FPI)

a) Committee AAA Highlight Report

Mr Pollard presented the report and alerted the Board to the month 2 financial report, which highlighted the risks to achieving a balanced budget in the first half of h1 2021-22. The Committee had received the final version of the Trust's IT Strategy for 2021-2024 and had requested a detailed workplan that would provide assurance and credibility of the deliverability of the strategy road map

In terms of Operational performance, the Committee had noted that:

- The surge in demand for urgent care, with record attendances in ED during May had resulted in substantial pressures upon the service which had impacted on the four and 12-hour performance targets, although corridor care had remained at zero. The 'Perfect Week' initiative had impacted positively on relieving bed occupancy in response to service pressures, and there was a view that the good practice demonstrated should be continued where possible.
- A full-service review of fragile services would be taking place to identify any emerging changes and co-dependencies to service fragility, and this would note the progress underway to support previously identified 'red' services.

RESOLVED:

The Board **received** and **noted** the AAA Report from the FP&I Committee.

b) Operational Performance Report

Mrs Neary presented the Operational Performance Report which provided a summary of operational activity against the constitutional standards and drew attention to the following key points:

- The unprecedented demand for urgent care during May and June had resulted in 12hour breaches in ED due to flow issues across the Trust.
- Improvements in addressing the 52-week wait patient list had been noted.
- The Cancer two-week pathway had deteriorated against the April position. However, there had been a 12.4% increase in referrals when compared to the same period last year.
- Theatre utilisation had improved as five theatres were now in use compared to two during April. The 6-4-2 rota planning had been relaunched which required the booking of annual leave six weeks in advance, the setting of the rota at four weeks and the locking down of the rota at two weeks.

RESOLVED:

The Board **received and noted** the Operational Performance Report

c) Financial Performance Report

Mr McLuckie presented the Financial Performance report which detailed performance against financial indicators and highlighted the following:

- Despite a reduction in agency spend and an increase in bank spend, there had been an overall reduction in this area but stressed that there was still room for improvement.
- 70% of agency spend had been incurred in the Medicine and Emergency Care (MEC) CBU and this would need to be reviewed.

Dr Clark commented that the MEC CBU linked into the fragile services and clarity would be needed around the medical workforce and that recruitment would need to be reviewed to reduce the high cost of locums.

Mr Singh raised a concern around the challenges of reducing workforce and agency spend whilst maintaining patient safety and quality of care. Dr Clark provided assurance that the intention was not on reducing staff numbers and quality of care but rather to gain an understanding of the roles of clinical staff and finding opportunities to work differently which should generate savings and improve the quality and safety of patient care.

RESOLVED:

The Board **noted** the Financial Performance Report

TB117/21 Finance Reports

a) Month 2 Financial Position Report

Mr McLuckie presented the report which detailed the financial position for May 2021 (month 2) and highlighted the following:

- the H1 gap after Elective Restoration Fund (ERF) contribution of £0.8 million was £3.7 million.
- a deficit of £266,000 had been incurred during month 2
- the month 2 YTD performance suggested that the Trust would not be heading for a deficit of £3.7 million due to the impact of ERF, CIP, and other favourable expenditure variances.
- CIP savings of £287,000 had contributed to the month 2 YTD position.

It was noted that the low spend to date against Capital had been planned as part of the approval process for the fire alarm.

RESOLVED:

The Board **received and noted** the Month 2 Financial Position

QUALITY AND SAFETY COMMITTEE

TB118/21 Quality and Safety Reports

a) Committee AAA Highlight Report

Dr Bricknell presented the AAA report advising that the Royal College of Medicine report into past orthopaedic shortcomings had been received and actioned. Whilst the report had highlighted areas of concern, all recommendations had been actioned and the Committee was reviewing all aspects of clinical governance in general in the light of the findings contained in the report.

The meeting had been assured, that despite record levels of attendances in ED, the reorganisation of the department had enabled it to cope with minimal delay, no corridor care, and good ambulance hand overs. Furthermore, exceptional work on safe discharge had led to availability of beds to meet demand as well as a decrease in stranded patients.

Dr Bricknell advised that the Quality Account, that had been delegated to the QSC for approval, had been received and approved by the Committee. He added that the recommendations following the meeting on 09 June had been implemented which had resulted in a better laid out report.

RESOLVED:

The Board **received** the AAA report from the Quality and Safety Committee.

b) Quality and Safety Performance Report

Ms Lees presented an overview of performance against the quality and safety standards. She advised that the Annual Patient Experience Report had been published and the Friends and Family Test had been on a downward trajectory. It was expected that this would be considered further through Performance Improvement Development and Assurance (PIDA) Board.

RESOLVED:

The Board **received** the Quality and Safety Performance Report.

c) Summary of Changes to IPC Assurance Framework

Ms Lees presented the report which provided an update in relation to the Trust's position against the measures within the Infection Prevention and Control (IPC) Framework. She advised that an action had been completed and the two remaining actions were progressing on schedule. It was noted that whilst maintaining the consistency of staff allocation and restricted movement between different areas, was not always possible due to the current vacancies, the staff movement between areas had been minimised.

Dr Bricknell provided assurance that the increase in methicillin-resistant Staphylococcus aureus (MRSA) would be reviewed in detail at the Quality and Safety Committee.

RESOLVED:

The Board **received** the IPC Assurance Framework for information and assurance

TB119/21 Clinical Negligence Scheme for Trusts (CNST) Maternity Services Incentive Scheme Report

(Ms Eastham joined the meeting)

Ms Eastham presented the report which provided an update on progress against the Clinical Negligence Scheme for Trusts (CNST) Maternity Services Incentive Scheme 10 safety actions. It was noted that the report, which outlined that the Trust was compliant with 8 of the ten safety actions, had been presented at the Quality and Safety Committee meeting in June 2021.

The Board noted the update to Safety Action 4 regarding the Clinical Workforce which was partially compliant due to shortfalls in the neonatal workforce. The Trust had been collaborating with the Cheshire & Mersey (C&M) neonatal network and funding had been secured to ensure compliance with this standard within the next 12 months. It was noted that there was a gap in the Paediatric Tier 2 doctors' workforce and an action plan had been put into place to resolve this.

Mrs Armstrong-Child stressed the need for clarity on funding arrangements and queried whether or not the Trust needed to sign off all ten safety actions to be able to receive the premium. Ms Lees advised that the standards had changed during the previous six months and commented that a piece of work had been carried out to assess the Trust against peers and that the MIAA function test had also been applied.

RESOLVED:

The Board **received** the CNST Maternity Services Incentive Scheme Report

(Ms Eastham left the meeting)

TB120/21 Care Quality Commission (CQC) Progress Report

Ms Lees presented the CQC Progress Report which provided an update against the action plan following the previous CQC inspections and other engagement with CQC.

RESOLVED:

The Board **noted** the CQC Progress Report

TB121/21 Update on Orthopaedics Service

Dr Clark provided an update on the Orthopaedic Royal College review and highlighted the following key points:

- Following an internal review of 58 cases of revision hip replacement, the Trust had commissioned an external review on 29 cases that warranted further scrutiny. The review had highlighted nine cases relating to a specific practitioner. It was noted that these patients had been contacted in line with the duty of candour and had been offered clinical follow-up reviews.
- A review of the governance process had been undertaken and actions were being implemented to address concerns raised.

Dr Bricknell commented that he had discussed the possibility of a wider clinical review as the Trust had been identified as an outlier in specific areas with Dr Clark.

Mr Singh commented that whilst this had been discussed at Quality and Safety Committee, he still had concerns regarding governance and sought assurance around what plans would be put in place to avoid this happening in the future. Dr Clark advised that there had been lessons learnt about raising concerns through governance structures and, that as she has only been in post for four weeks, she was in the process of gaining an understanding of governance reporting to gain assurance.

RESOLVED:

The Board **received** an update on Orthopaedics Service

ITEMS FOR INFORMATION

TB122/21 Annual Reports

The Board **received and noted** the following Annual Reports which had been endorsed by Quality and Safety Committee:

- a) Infection Prevention and Control Annual Report
- b) Health and Safety Annual Report
- c) Patient Experience Annual Report

CONCLUDING BUSINESS

TB124/21 Questions from Members of the Public

Noting that no questions have been received from members of the public, Mr Masom encouraged members of the public to submit questions 48 hours in advance of the meeting as this enabled the Board to respond to views and concerns of the patients and the local community to remain at the heart of Board discussions.

TB125/21 Message from the Board

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

TB126/21 Any Other Business

In concluding the meeting, Mr Masom thanked all for attending.

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 11.15

Board Attendance 2021/22												
Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Neil Masom (Chair)	✓	✓	✓	✓								
Trish Armstrong-Child	✓	✓	✓	✓								
Jim Birrell	✓	✓	✓									
David Bricknell	✓	✓	✓	✓								
Ian Craig				A								
Bridget Lees	✓	✓	✓	✓								
Steve Christian	✓											
Bill Gregory	✓	✓										
Pauline Gibson*		✓	✓	✓								
Julie Gorry	✓											
Terry Hankin	✓	✓	✓									
John McLuckie			✓	✓								
Graham Pollard	✓	✓	A	✓								
Steve Shanahan	A	✓	✓									
Gurpreet Singh	✓	✓	✓	✓								
In Attendance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Pauline Gibson	✓											
Sharon Katema	✓	✓	✓	✓								
Lesley Neary			✓	✓								
Jane Royds	✓	✓	✓	✓								
Nina Russell		✓	✓	✓								

✓ = In attendance A = Apologies

*became a voting member of Board

Board of Directors (Part 1)
Matters Arising Action Log
Action Log updated 26 August 2021

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

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG Status
TB051/21	07-Apr-21	Annual Staff Survey	With regards to seeking external support from other Trusts, it was agreed that, whilst this would be a good option, it would need to be approached with caution as each Trust worked in a unique way. It was agreed that a quarterly progress update around the actions outlined in the Annual Staff Survey feedback report would be presented.	DoHR	07-Apr-21	07-Jul-21	April Update: A report around progress against the actions be presented quarterly. July Update: Deferred to September meeting. August Update: Deferred to October meeting	Amber
TB098/21	02/06/2021	Workforce Committee b) Workforce Performance Report	Mr Birrell observed that, whilst there had been a number of interventions to support staff health and wellbeing, there appeared to be no correlation with a reduction in sickness absence. He added that it could be implied that there could be other factors affecting sickness absence and that this warranted a discussion at Board	DoHR	02-Jun-21	01-Sep-21	June Update: A detailed discussion around sickness absence rates was warranted as the action that had been put in place around staff welfare and wellbeing had not impacted the rate September Update: Sickness Absence is monitored and discussed at Gold Command, Workforce Senior Leaders Meetings, PIDA Meetings and Workforce Committee. Sickness has been directly impacted by Covid and its ongoing repercussions for staff. HWB support is vitally important and continues as a priority. Work is ongoing with NHSE/I reviewing our processes and policy – with very positive feedback on actions to date. Sickness absence monitoring, and the many factors impacting on it, will continue and be shared with Board as appropriate. Action Completed.	Green
TB113/21	07-Jul-21	Corporate Governance Policies	Mr McLuckie to review the additional work required before the policies could be approved at Board. Action superceded as all policies have been reviewed and are included on the agenda. <i>(Due to the commercially sensitive nature of these documents, these are being presented in Part 2)</i>	ADCG	07-Jul-21	01-Sep-21	July Update: The reviewed Corporate Policies to be presented at the Board meeting in September for approval. August Update: Item included on agenda. Action completed.	Green

COMPLETED ACTIONS

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	Status
TB092/21	02/06/2021	CQC Progress Report	Ms Lees advised that the full report as well as the current position alongside the 2019 action plan would be reviewed to determine the status of outstanding actions and a full update would be provided at the next Board meeting.	DoN	02-Jun-21	07-Jul-21	June Update : The full report as well as the current position alongside the 2019 action plan would be reviewed to determine the status of the outstanding actions and a full update would be provided at the next Board meeting July Update: Included on Agenda. Action complete	Blue

Title of Meeting	BOARD OF DIRECTORS	Date	1 SEPTEMBER 2021
Agenda Item	TB133/21	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	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> 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 July. These include: <ul style="list-style-type: none"> • 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	

CHIEF EXECUTIVE'S REPORT

1. Awards and Recognition

1.1 Children's Diabetes Team

Congratulations to the Children's Diabetes Team based at Ormskirk Hospital who have been chosen as one of only six in the country to pilot new life-changing diabetes care. They will be offering children with Type 1 diabetes hybrid closed loop insulin delivery which acts like an "artificial pancreas", automatically balancing high and low blood sugars.

1.2 Critical Care shortlisted in Nursing Times Awards

The Critical Care team have been shortlisted in the Emergency and Critical Care category of the 2021 Nursing Times Award with their entry "Tailoring critical care training to our local demographics and vision". The team won this category in 2020 awards, with their virtual video tour of the Critical Care Department, to help alleviate families fears during Covid-19 visiting restrictions.

1.3 Thanks a Bunch Award

Our Thanks A Bunch Award goes to teams who've worked together to make a difference for patients. Teams are selected from nominations made Trust colleagues. This month the award went to the Urgent Care and Planned Care operational management teams.

1.4 Care Certificate Successes

The following staff achieved their Care Certificates in July and August:

- Anisha Nuthakki
- Rebecca Jane Wycherley
- Alena Corfield
- Helen Fletcher
- Beata Wieslawa Jones
- Carol Lynn Sinclair
- Beverley Joy Rubi
- John Kevin Gonzales Cheng
- Laura Sophie Seed
- Christina Cook
- Janet Marie Griffiths
- Andrea Sutton
- Janet Garrett
- Susan Harris

2. News and developments

2.1 Director of Nursing to support Chief Nursing Officer's Team

Our Executive Director of Nursing, Midwifery and Therapies is one of three successful candidates to be appointed to the Inaugural Executive Clinical Nurse Fellowship Programme, supporting the Chief Nursing Officer for England 1 day per week.

The programme offers executive nurse fellows a unique opportunity to spend a day a week for a 6-12 month period outside their organisation, working alongside national executive and regional colleagues at NHS England and NHS Improvement to develop their skills in system-wide, strategic leadership, and health policy; delivering key objectives that support national programmes of work that relate to national policy, strategy and professional priorities in relation to the Nursing Group and the objectives of the CNO for England.

2.3 Shaping Care Together

Shaping Care Together (SCT) is progressing well through the options exploration phase of the roadmap. The engagement website has experienced over 14,000 visits and the online survey has had over 2,000 responses including nearly three hundred staff. Alongside the online survey there have been 11 focus groups held across our communities and the Engagement Process Advisory Group has been established who provide independent oversight and advice on how we engage with our public. From all this engagement activity we have pulled out key themes and potential solutions that are feeding into both our SCT Strategy work and the long list of options the programme is considering for public consultation.

To further support this development, the programme has completed its fourth round of clinical and care workshops to test out the models of care and has started work in pulling these together to describe an overarching model of care for the future.

The Clinical and Care Congress have also applied the hurdle criteria to the emerging long list of options and are developing a shorter list of options that will feed into the options development and appraisal phase of the programme. Independent clinical scrutiny has been sought from the Yorkshire and Humber Clinical Senate who will be talking to clinical and managerial staff on the progress of the models of care on the 15 September.

To ensure we have an effective evidence base to describe the emerging shorter list of options, work is underway to build on the baseline analysis of the current state that will model the activity, financial, workforce, travel, digital and estates impact of each shorter list option. Recognising the importance to engage with strategic partners at the earliest opportunity, the programme is in the perfect position to articulate the challenges, describe the opportunities new clinical models will bring to patients and continue to develop, with partners, a suite of options that will enable the delivery of that model of care.

To further support this engagement, specialist commissioners have been invited into the programme governance to ensure both alignment with longer term regional plans for reconfiguration as well as continued support for finding sustainable solutions in the medium term.

3. Trust News

3.1 £264,000 Award for Maternity Care

The Trust has been awarded £264,757 by NHS England to improve the experience and outcomes of women using our maternity services.

The funding will:

- Allow recruitment of a further six midwives and enhance the obstetric workforce
- Provide training for other staff groups working in maternity

3.2 Delivering the best Hyper Acute Stroke Care

Planning continues around the establishment of a north Mersey Hyper Acute Stroke Service. This is one of the Trust's long-standing "fragile" services and we are working with the local NHS and Liverpool University Hospitals NHS Foundation Trust to provide the very best possible service for patients.

A public consultation is planned for the early autumn when we will ask patients and relatives for their experience of stroke services. Staff will also be encouraged to give their views too.

Dr Paddy McDonald, our lead stroke clinician, says: "What is proposed reflects current NICE guidance and aligns with national targets for blood clot removal (thrombectomy) using interventional radiology techniques. We serve a very large older population who are more at risk of stroke and it's essential they have access to the very best care available."

3.3 Discharge Clothes for Patients

The Trust now has a stock of clothing for inpatients without their own clothes to go home in. Most patients come to hospital in their own clothes but occasionally what they arrive in is not suitable to leave in. This supply will ensure all patients are discharged with dignity and respect.

3.3 Personal Property Boxes Tested with Patients

Yellow cardboard personal property boxes are being tested in four areas of Southport hospital to reduce reports of lost patient property – and will be rolled out to the rest of Trust if successful.

The boxes are aimed at patients who are confused or lack the capacity to care for their own property. This group of patients is most at risk of losing their spectacles, dentures or hearing aids which, as well as being distressing for them, can slow down their recovery and discharge home.

4. Reportable Issues Log

Issues occurring between last date and most recent reportable data (25.06.21 – 19.08.21)

4.1 Serious Incidents and Never Events

No never events have been reported.

Two incidents have been reported to StEIS. One is in relation to a fall and the other is maternity. Both are in the process of investigation.

4.2 Level Four and Five Complaints

There was one level four complaint in the time-period. This complaint relates to a fall which is now going through the incident management process.

4.3 Regulation 28 Reports

There were no regulation 28 reports in the period

5. Media coverage

- “Hospital 'closure' rumours rubbished by bosses” ([Champion Newspapers](#), 18 August 2021)
- “Parents and carers being advised to be aware of the signs of respiratory illnesses and when to get help” ([My Sefton](#), 17 August 2021)
- “Almost 1.2m people waiting at least six months for vital NHS services in England” – but median waits are six weeks or less at Southport and Ormskirk ([The Guardian](#), 11 August 2021)
- “Departing hospital chief hailed by Trust for ‘outstanding job’” ([Champion Newspapers](#), 28 July 2021)
- “Southport Hospital ‘target of takeover’ after chief exec departure say experts” ([OTS News](#), 20 July 2021)
- “Children’s team at Ormskirk hospital to pilot life-changing diabetes technology” ([In Your Area](#), 20 July 2021)
- “Merseyside hospital trust left needing support for 'fragile' services” ([Liverpool Echo](#), 23 July 2021)
- “CEO move paves way for trust takeover” ([HSJ](#), 20 July 2021)

6. Risk Register and Board Assurance Framework

No significant changes to report

*Trish Armstrong-Child
Chief Executive
Date 26 August 2021*

Title of Meeting	BOARD OF DIRECTORS	Date	1 SEPTEMBER 2021
Agenda Item	TB134/21	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	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
To provide an update on the Trust's performance against key national and local priorities.			
Executive Summary			
<p>The performance report includes the Trust indicators relating to the NHS Constitutional standards, the 21/22 SOF and internal performance indicators which the Trust has identified as essential measures of operational delivery and assurance. The performance indicators are grouped according to the domains used by regulators in the Well Led Framework. Each indicator has a Statistical process Control (SPC) chart and commentary. Whilst this executive summary provides an overall view of the organisational improvements and risks, some indicators are also included as improvement measures for the four QI priorities and are covered in detail in the relevant reports.</p> <p>The Executive summary highlights key changes in Trust performance and outlines specific actions linked to the Trust's improvement plan and key programmes of work.</p>			
Recommendation			
The Board is asked to receive the Integrated Performance Report detailing Trust performance in July.			
Previously Considered By:			
<input checked="" type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input checked="" type="checkbox"/> Quality & Safety Committee <input checked="" type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives			
<input checked="" type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input checked="" type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input checked="" type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits			
<input checked="" type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input checked="" type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input checked="" type="checkbox"/> 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, Katharine Martin		The Executive Management Team	

Activity Summary – July 2021

Indicator Name	July 2019	July 2020	June 2021	July 2021	Trend
Overall Trust A&E attendances	10,890	8,251	9,782	10,324	▲
SDGH A&E Attendances	5,207	4,407	5,210	5,397	▲
ODGH A&E Attendances	2,448	1,211	2,696	2,801	▲
SDGH Full Admissions Actual	1,134	1,306	1,270	1,289	▼
Stranded Patients AVG	170	135	144	153	▲
Super Stranded Patients AVG	66	43	38	42	▼
MOFD Avg Patients Per Day	60	42	43	44	▲
GP Referrals (<i>Exc. 2WW</i>)	2,723	1,696	2,025	1,709	▲
2 Week Wait Referrals	929	890	932	960	▲
Elective Admissions	202	96	188	197	▲
Elective Patients Avg. Per Day	7	3	6	6	▲

Activity Summary – July 2021

Indicator Name	July 2019	July 2020	June 2021	July 2021	Trend
Elective Cancellations	2	16	24	41	▲
Day case Admissions	1,959	1,114	1,403	1,518	▲
Day Case Patients Avg. Per Day	57	23	39	47	▲
Day Case Cancellations	38	16	55	65	▲
Total Cancellations (EL & Day Case)	40	32	79	106	▲
Total Cancellations (On or after day of admission, non clinical reasons)	7	0	6	3	▲
Outpatients Seen	24,261	19,527	22,345	21,595	▲
Outpatients Avg. Per Day	783	630	745	697	▲
Outpatients Cancellations	4,749	5,015	4,129	4,186	▼
Theatre Cases	627	350	542	624	▲
General & Acute Beds Avg. Per Day	411	417	396	400	▼
Escalation Beds Avg. Per Day	3	0	0	0	
In Hospital Deaths	60	54	50	75	▲

Trust Board - Integrated Performance Report

Head of Information Summary

The Trust Integrated Performance Report covers 4 areas aligned to Trust Strategic Objectives as follows:

Quality - reflects those metrics aligned to Strategic Objective **S01** – *Improve clinical outcomes and patient safety to ensure we deliver high quality services.*

Operations - S02 – *Deliver services that meet NHS Constitutional Standards and regulatory standards*

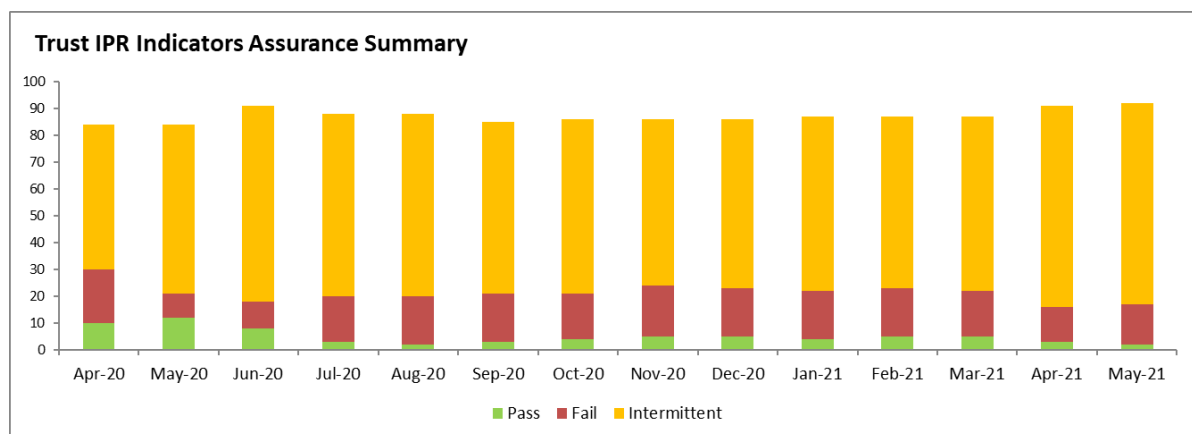
Finance - S03 – *Efficiently and productively provide care within agreed financial limits.*

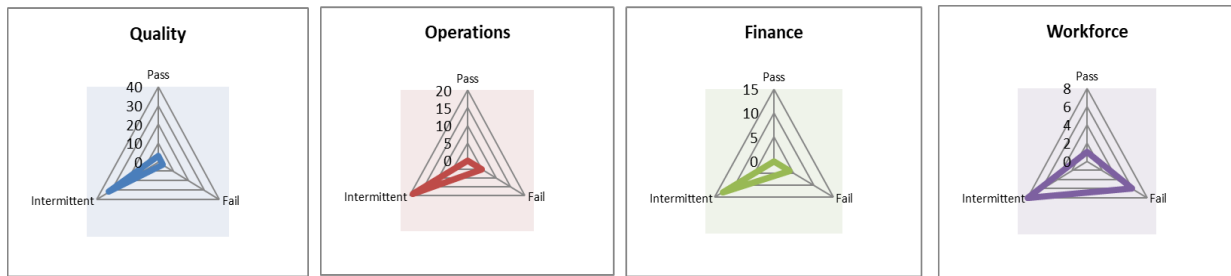
Workforce - S04 – *Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated and S05* – *Enable all staff to be patient-centred leaders building an open and honest culture and the delivery of the Trust values.*

The majority of indicators in this month’s IPR are still classed as intermittent. Only Care Hours Per Patient Day and Mandatory Training are classed as fully assured.

The following AAA will highlight any specific areas to the Board which they should be alerted, advised, or assured. These indicators have previously been presented to the Trust’s three assurance committees.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Pass	10	12	8	3	2	3	4	5	5	4	5	5	3	2	4	4
Fail	20	9	10	17	18	18	17	19	18	18	18	17	13	15	17	18
Intermittent	54	63	73	68	68	64	65	62	63	65	64	65	75	75	73	72





ALERT

Quality:

The death screening rate remains low at 14% although this is expected to increase in the next few months.

The Staff Survey – *If a friend or relative needed treatment I would be happy with the standard of care provided by the Trust* metric is reporting 51.5% in July (194/377) which is a further drop from nearly 80% reported in Q4 2019/20. The Q2 Pulse Check data is based on 11.6% of the workforce versus a 45% response rate for the Annual Staff Survey data 2020 (Q3), which may have impacted the overall %.

In addition the *Friends and Family Test – Patients - % that would recommend* is on a declining trajectory and down to 86.8% against a target of 94%.

MSSA per 100,000 bed days has increased significantly in month to 39.7% when it was 0 previous month.

Finance & Operations:

There is a forecasted surge in Paediatric ED attendances expected in coming months as RSV is still prevalent in the community and the schools are due to return.

Performance against constitutional standards continues to fail to meet national targets as the Trust continues its recovery – this includes ED performance, Diagnostic performance, RTT and Cancer. Diagnostic and Cancer performance continues to be impacted by Endoscopy.

CIP targets continue to be a challenge across all CBUs and has been raised as an Alert in each CBU's monthly PIDA meeting.

Workforce:

Maternity staffing continues to be a concern; root cause analysis has been completed and HR are supporting the team on tackling issues with sickness in the department.

PDR performance for the Trust has dropped further to 76.4% with all CBUs recognising their challenged performance in PIDA meetings.

Sickness increased in July to 9.1% in nursing and 1.3% in medical, with non-Covid related sickness seeing the largest increase to 6.1%.

ADVISE

Quality:

Fractured Neck of Femur metric, at 68.2% in July, is the second consecutive months performance at a reduced rate from the previous average, this is against a target of 85%.

The SHMI value is below the upper control limit for the second consecutive month, although still over 100 is remains 'as expected.' Falls work continues within Medicine and Emergency Care including the use of new walking frames.

Finance & Operations:

There has been an increase in demand for CT and Non Obstetric ultrasound (NOUS) scans, the Trust will be utilising Renacres for NOUS as part of the H2 plans for Independent Sector (IS) provision. The Trust is also supporting a bid from WLCCG for funding to provide community diagnostics hub in the community which will provide a range of diagnostic services but this will not be implemented for a number of months if successful.

52 week waits continue to decline in accordance with the elective recovery trajectory, although the overall waiting list continues to increase and has now surpassed pre-Covid levels.

Stroke performance remains below target at 69.2% although the Board should be assured that no harms have been caused.

Despite not achieving the 14 Day cancer standard (87.5%) Southport remains better than local peers (St Helens 85.1%, Chester 78.2% and East Cheshire 58.9%). For 62 Day standard Southport is 70.7% against the CMCA average of 77.15%.

Workforce:

The *Staff Survey – I would recommend my Trust as a place to work* has declined further to 49.9%, it was over 70% in March 2020.

The Medical (8.3%) and Nursing (10%) vacancy rates both continue to remain at much lower rates than in previous years demonstrating a sustained improvement.

ASSURE**Quality:**

Despite staffing difficulties performance for 1:1 care in labour has remained high.

There were no Steis incidents reported in July, this is the first time since November 2020 with no incidents. The breastfeeding target continues to be exceeded despite the staffing challenges within Maternity.

Finance & Operations:

Compliance with performance for the inclusion of D and P codes in weekly waiting list submissions has seen the Trust meet national targets well in advance of the target in December, this is one of the ERF gateways for national funding.

Data Quality of national waiting list submission has now met the required 95% confidence target well ahead of the December target. This is also an ERF gateway.

As a stand alone modality Endoscopy performance continues to remain high despite demand.

There have been no patients treated on the corridor despite another demanding month for ED services at Southport. The number of 12-hour breaches also remained the same as the previous month.

Workforce:

The Time to Hire metric was highlighted by all CBUs in their PIDA meetings for improved performance in the last month.

Mandatory Training, especially within Planned Care and Medicine and Urgent Care, have improved in month which is notable for its achievements against an increased demand in month.

Integrated Performance Report Board Report

July 2021

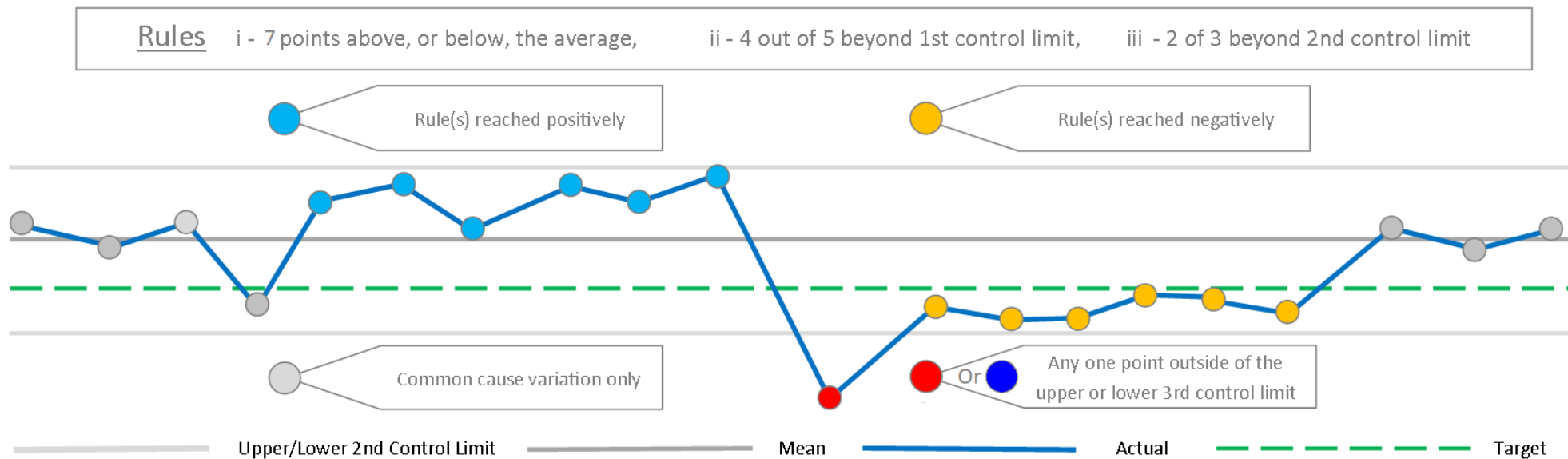
Guide to Statistical Process Control

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

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

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

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



Executive Summary

		Assurance			Variation				
Quality	Harm Free	0	1	10	0	0	1	1	9
	Infection Prevention and Control	0	0	4	2	0	0	0	2
	Maternity	0	0	11	2	0	1	0	8
	Mortality	1	1	2	1	1	0	1	1
	Patient Experience	2	1	5	0	2	3	1	2
Operations	Access	4	0	7	4	1	0	2	4
	Cancer	0	0	3	0	1	1	0	1
	Productivity	1	0	9	0	0	2	3	5
Finance	Finance	4	0	13	2	0	1	3	11
Workforce	Organisational Development	1	1	1	0	0	1	0	2
	Sickness, Vacancy and Turnover	5	0	7	5	0	0	2	5

Assurance	
Measures the likelihood of targets being met for this indicator.	
	Indicates that this indicator is inconsistently passing and falling short of the target.
	Indicates that this indicator is consistently passing the target.
	Indicates that this indicator is consistently falling short of the target.

Variation (Past 3 Months)	
Whether SPC rules have been triggered positively or negatively overall for the past 3 months.	
	Indicates that there is no significant variation recently for this indicator.
	Indicates that there is positive variation recently for this indicator.
	Indicates that there is negative variation recently for this indicator.

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	FINANCE, PERFORMANCE & INVESTMENT COMMITTEE
MEETING DATE:	28 JULY 2021
CHAIR:	GRAHAM POLLARD

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- Wave 3 Covid19 admissions peaked in mid-July, with a total of 33 patients. In absolute numbers SOHT had the fourth highest Covid-19 admissions within the region, and as a percentage of overall bed occupancy, SOHT have experienced the greatest impact. In regard to service delivery, it was reported to the Committee that the need for staff to self-isolate through the 'ping-demic' was having a significant impact upon staffing levels.
- There remains a risk in being able to achieve the financial plan for H1 of 2021-22, which is driven primarily by slippages in CIP, the operational impact following the easing of Covid-19 restrictions, and elective recovery. Whilst technical accounting adjustments and tighter controls on the use of the temporary staffing will help act as mitigation, there still remains a risk to our financial plan.

ADVISE

- There has been a reduction in the use of bank and agency staff in June, with costs reducing from £2.2m to £1.9m. For agency staff costs in particular, this represents a declining trajectory, primarily in regard to nursing.
- Theatre utilisation at both the Southport and Ormskirk sites are on an upward trend and had achieved the 75% target at SDGH. The 6-4-2 theatre booking system, which was introduced in May, is having a positive impact towards improving utilisation rates.
- It was reported to the Committee that the Trust is in a positive position regarding our elective restoration targets on track, and in-patient activity is 8% above a target of 80%. Elective day cases are 5% below plan, which is a result of the decision to focus resource upon reducing the number of P2 patients on the waiting list.
- The Committee were advised of the continued pressure Urgent Care is experiencing, with attendances at record levels during w/c 28 June. This has resulted in performance levels falling below target in some areas, particularly in relation to the 4-hour standard. Seven 12-hour breaches were reported in June, although corridor care has remained at zero.
- The Committee noted and endorsed the revised governance arrangements that were being developed that will provide more effective oversight to the development and implementation of the Trust's Use of Resources action plan.
- After first receiving the Trust's new Digital Strategy at the June meeting, FP&I requested to see the associated workplan, which was presented at July's meeting. The Committee approved the Digital strategy and workplan, and acknowledged the hard work which has gone towards producing the comprehensive plan.
- It was reported that, having undertaken a self-assessment of the Trust's cyber security using the online Data Security and Protection (DSP) tool kit, the review has produced two assurance levels: Veracity of the Trust's DSPT self-assessment is measured at Substantial Assurance, and the Trust's performance against the Ten Data Guardian Standards assessment is measured at Moderate Assurance. An action plan is in place to expedite measures that have been identified, which will improve performance further.

ASSURE

- The procurement team have achieved level 2 as a result of a recent accreditation assessment visit. The feedback was extremely positive and had lots of examples of good practice.

New Risks identified at the meeting: None

Review of the Risk Register: *No action taken*

Operations

Access

Analyst Narrative:

A&E – 4-hour compliance continues to fail assurance and shows special cause concern, with performance in July breaching the third lower control limit. Ambulance Handover 30-60 Mins is also failing assurance, but this is due to historical performance, with recent performance on this indicator, and the Ambulance Handover over 60 Mins both showing positive variation. Diagnostic waits its failing its assurance measure but despite a slight deterioration in performance in July is within expected levels. Similarly, Referral to treatment: ongoing is failing its assurance measure, but recent performance is within expected levels. Accident & Emergency - 12+ Hour trolley waits is showing recent special cause concern due to the spike in May, the numbers reported for the last 2 months are back within expected levels. The number of 52 week waits continues to show special cause concern but numbers are declining month on month. The Total RTT Waiting List is also showing special cause concern with numbers continuing to increase.

Operational Narrative:

Urgent Care – the Trust, like neighbouring providers, continues to be under sustained pressure with regards to ED attendances and flow; whilst still performing marginally better than other Cheshire and Merseyside trusts, SDGH in particular has seen a steady decline in overall performance and an increase in ambulance breaches over 1 hour; this has been due to 100% occupancy in the department and increased COVID presentations.

Diagnostics - Scopes - Single sex lists are still being utilised due to the unit needing cubicles to allow for mixed sex to reduce the pressure of scheduling lists for all different types of scopes. This is causing a difference within timescale for scheduling all scopes between the two sex for patients. Figures compared to April 20/19 the office continues to increase in 2WW referrals across all scopes, there has been over 50 % increase in referrals which is impacting on the timescale for recovery. There has been a revisit of plans for the pre-admission area, to see if this part of the building works can be delivered any early to help with the single sex lists.

We are currently covering the sickness of two nurse endoscopists with WLI sessions and insourcing which will continue through July- Sept. The nursing staff for endoscopy has impacted hugely on the amount of list that have been able to run. We have a reduce amount for staffing due to general retirement/resignation sickness and isolation reasons, from the second week of September our staffing level will greatly improve as new starters will be up and running.

The Endoscopy improvement Group has been reinstated with monthly targets and the focus will be to improve on the current performance for all KPI's.

There has been an increase in demand for CT and Non-Obstetric ultrasound (NOUS) scans, the Trust will be utilising Renacres for NOUS as part of the H2 plans for Independent Sector (IS) provision. The Trust is also supporting a bid from WLCCG for funding to provide community diagnostics hub in the community which will provide a range of diagnostic services.

RTT – performance against the 92% standard remains static, against an increase in the overall RTT waiting list. The Trust is in line with the Trust's elective restoration improvement trajectory.

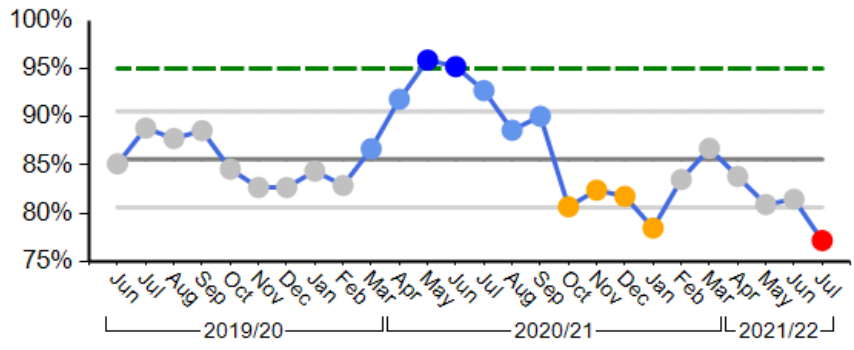
52-week waiters have seen a decrease from the previous month. Numbers will continue to decrease with the plan of opening further theatre lists. There is a continued focus on dating all P2 patients across all specialities.

Stroke – minimal improvement against the 90% Stay on Stroke ward standard; performance continues to be impacted by high occupancy, delayed discharges due to unavailability of POC and extended stay in AED awaiting review and admission.

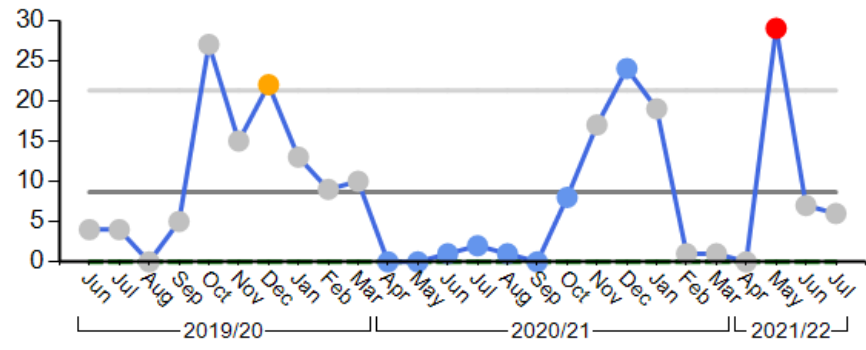
TIA – clinic mapping (gap analysis) was not undertaken in July due to operational pressures and absence; PMO have picked this up and this will feed into the wider gap analysis exercise being undertaken in conjunction with LUFT.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Accident & Emergency - 4 Hour compliance	95%	77.2%	2355	Jul 21		95%	81.5%	Jun 21	95%	80.8%	
Accident & Emergency - 12+ Hour trolley waits	0	6	6	Jul 21		0	7	Jun 21	0	42	
Ambulance Handover 30-60 Mins	0	54	54	Jul 21		0	43	Jun 21	0	182	
Ambulance Handover Over 60 Mins	0	21	21	Jul 21		0	3	Jun 21	0	36	
Diagnostic waits	1%	20.5%	1155	Jul 21		1%	19.2%	Jun 21	1%	18.4%	
Referral to treatment: on-going	92%	83.8%	1918	Jul 21		92%	83.5%	Jun 21	92%	83.3%	
Total RTT Waiting List - Trust		11814	11814	Jul 21			11639	Jun 21		11814	
52 Week Waits	0	101	101	Jul 21		0	128	Jun 21	0	242	
Total 52 week waits – completed		77	N/A	Jul 21			95	Jun 21		399	
Stroke - 90% Stay on Stroke Ward	80%	69.2%	8	Jun 21		80%	68.2%	May 21	80%	64.9%	
TIA - High Risk Treated within 24Hrs - Medicine and Emergency Care	60%	34.9%	28	Jun 21		60%	35.5%	May 21	60%	33%	

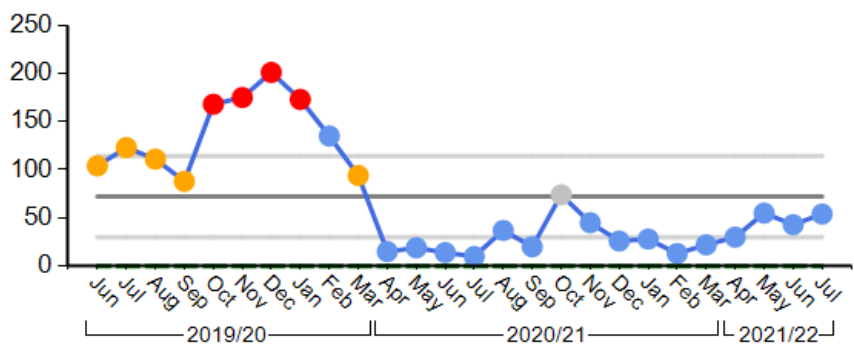
Accident & Emergency - 4 Hour compliance



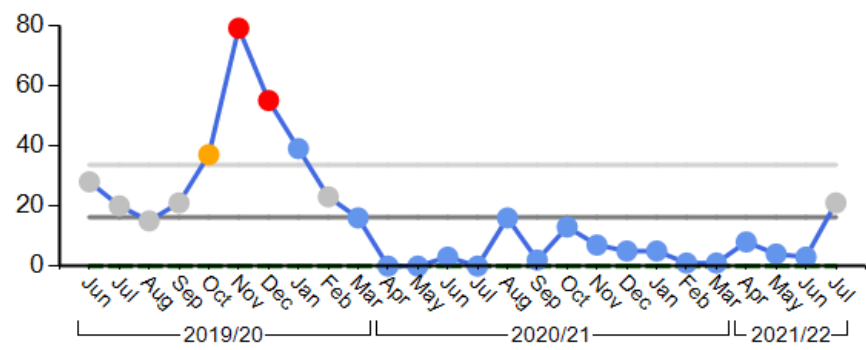
Accident & Emergency - 12+ Hour trolley waits



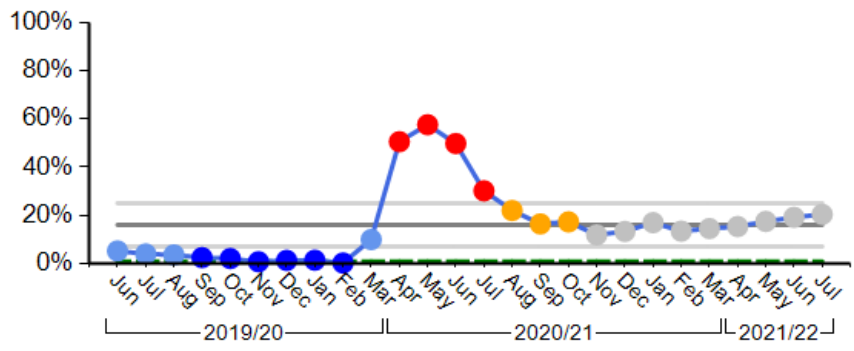
Ambulance Handover 30-60 Mins



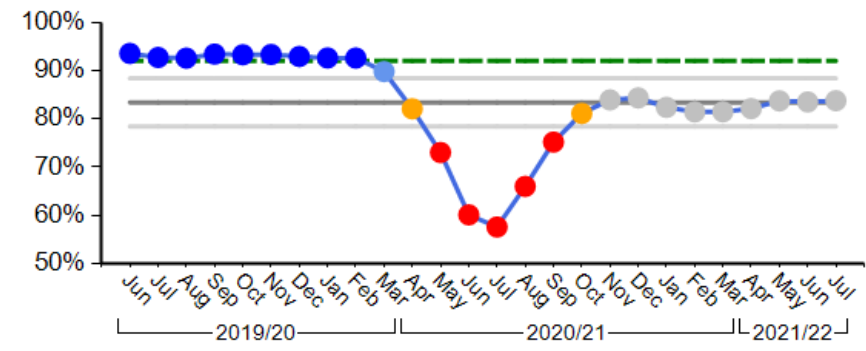
Ambulance Handover Over 60 Mins



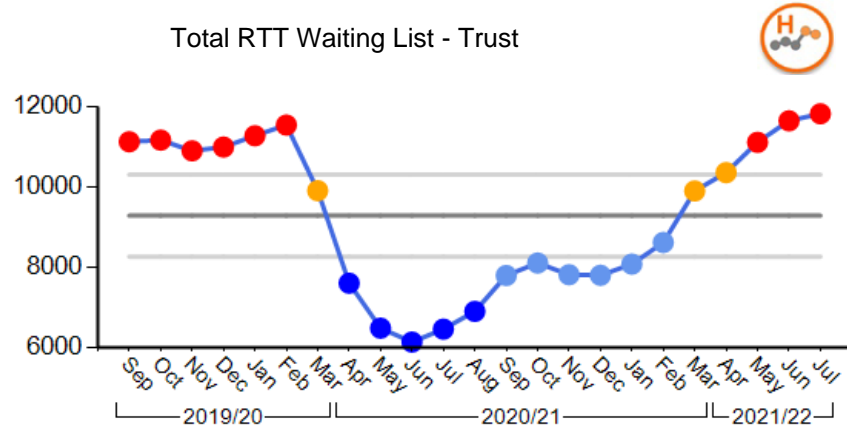
Diagnostic waits



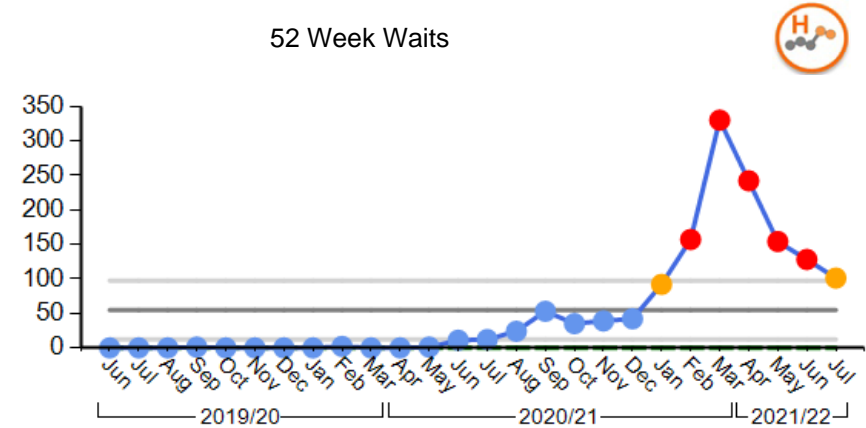
Referral to treatment: on-going



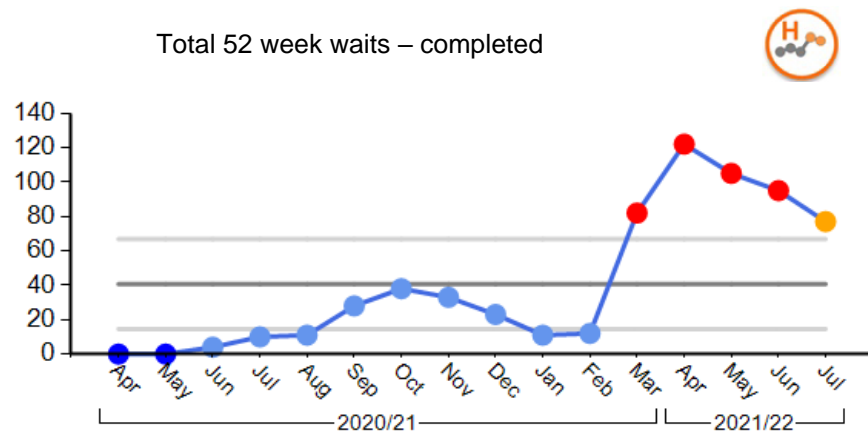
Total RTT Waiting List - Trust



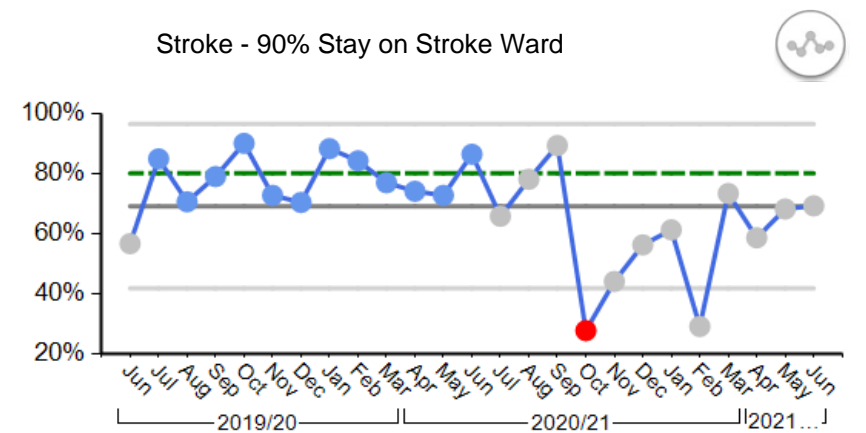
52 Week Waits



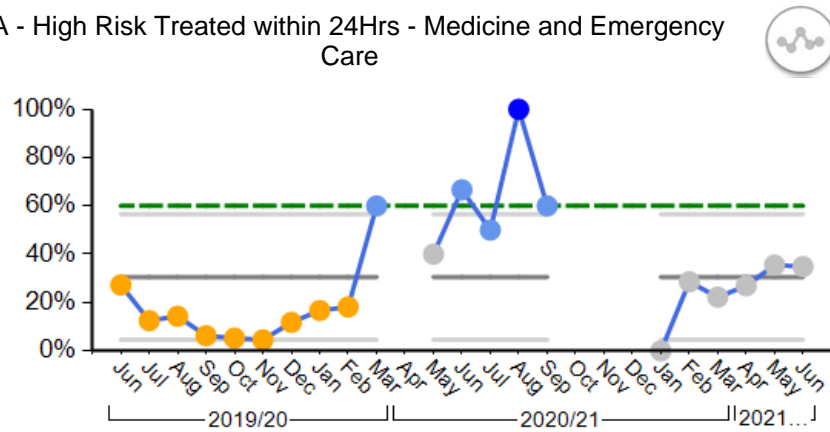
Total 52 week waits – completed



Stroke - 90% Stay on Stroke Ward



TIA - High Risk Treated within 24Hrs - Medicine and Emergency Care



Operations

Cancer







Analyst Narrative:

The 14 day GP referral to Outpatients metric continues to show special cause concern in June, although there has been an improvement in performance. The 31 day treatment metric is showing special cause improvement, with a second consecutive month at 100% compliance. Performance on the 62 day GP referral to treatment is intermittent, although has been below the mean for 6 consecutive months.

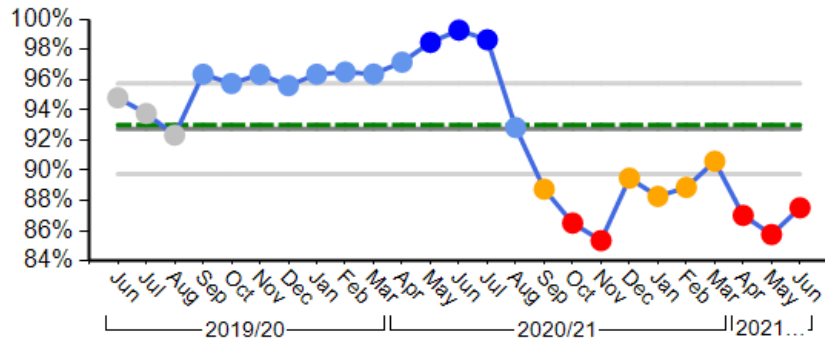
Operational Narrative:

The TWW target continues to be non-compliant for patients referred into the upper and lower GI services who require an endoscopy as first appointment. Staffing shortages due to annual leave, sickness and self-isolating continue to impact on provision of appointments in all services, but particularly in endoscopy. Increasing numbers of referrals are stretching the limited capacity even further than usual. However, Gynaecology has recovered its position from last month and is compliant. 31 day performance, a reflection of how long patients that are treated on site are waiting was compliant at 100% for the second month. Strains on diagnostic service capacity, result in late referrals to other Trusts and so meeting the 62 day target continues to be challenging. A reduction in the total number of patients treated in June, saw overall compliance fall, although numbers of patient not meeting the target remained similar. Patient choice also played a part with increasing numbers of patients delaying steps in their pathways due to holidays but delays due to covid fears have fallen.

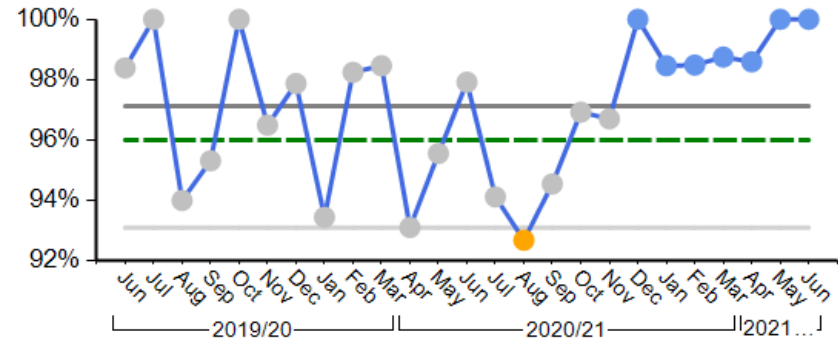
The monthly Cheshire & Mersey Cancer Alliance Report is included and shows that despite not achieving the 14 Day cancer standard (87.5%) Southport remains better than local peers (St Helens 85.1%, Chester 78.2% and East Cheshire 58.9%). For 62 Day standard Southport is 70.7% against the CMCA average of 77.15%.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
14 day GP referral to Outpatients	93%	87.5%	132	Jun 21		93%	85.7%	May 21	93%	86.8%	
31 day treatment	96%	100%	0	Jun 21		96%	100%	May 21	96%	99.5%	
62 day GP referral to treatment	85%	70.7%	13.5	Jun 21		85%	73%	May 21	85%	71.9%	

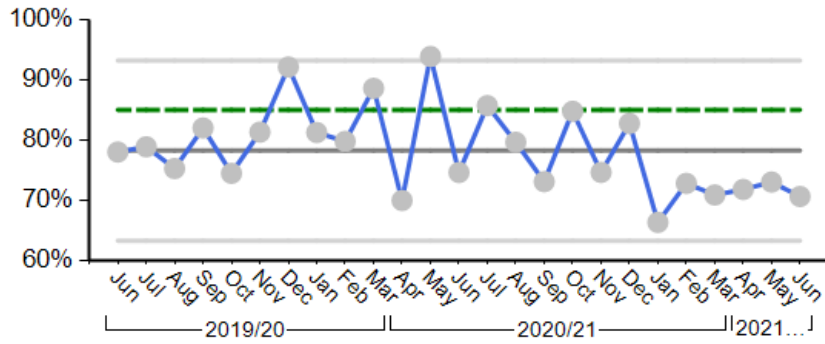
14 day GP referral to Outpatients



31 day treatment



62 day GP referral to treatment



Operations

Productivity

Analyst Narrative:

One indicator is failing its assurance measure: Bed Occupancy – ODGH. No indicators within this section are showing special cause concern and five indicators are showing special cause improvement: OP Slot Utilisation, DNA (Did Not Attend) rate, Theatre Utilisation – SDGH, Super Stranded Patients (>20 Days LOS) and Southport A&E Conversion Rate. Although not statistically significant, the number of stranded and super-stranded patients has increased in July.

Operational Narrative:

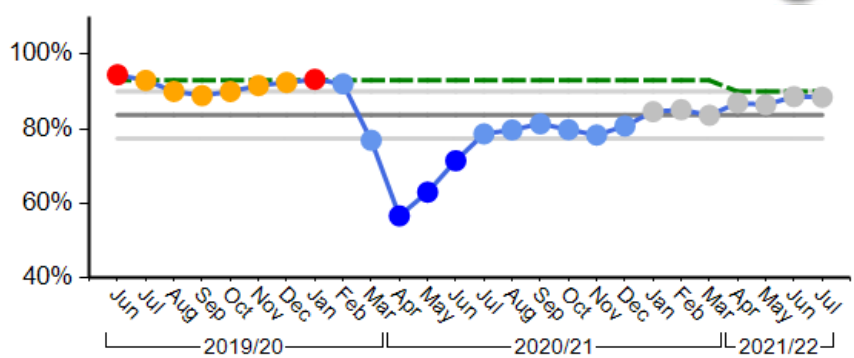
Stranded and Super-stranded – there is a worrying decline in the number of stranded and super-stranded patients due to unavailability of POC in the community; community providers report significant disruption due to staff isolating. Daily system huddles continued to monitor the RFD list; this is impacting the trust from a daily flow perspective; impacted further by temporary ward closures due to essential safety works.

Slot Utilisation - The Outpatient's Improvement Group have been reinstated with monthly targets and the focus will be to improve on the current performance for all KPI's. There will be a full review once again on all clinics and templates to ensure the Medway system is up to date with all the correct templates.

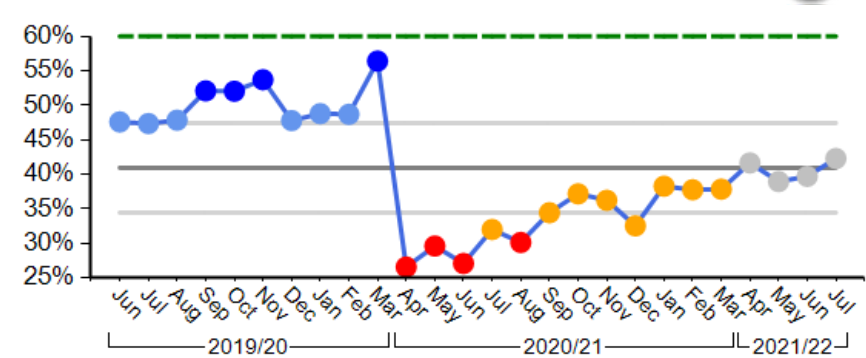
DNA Rate – There has been an increase in month but the Trust remains below the stretch target. Specialist Services CBU are looking at creating a dedicated role within Paediatrics to specifically work on improving performance in the specialty.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Bed Occupancy - SDGH	90%	88.5%	N/A	Jul 21		90%	88.6%	Jun 21	90%	87.5%	
Bed Occupancy - ODGH	60%	42.3%	N/A	Jul 21		60%	39.7%	Jun 21	60%	40.7%	
Stranded Patients (>6 Days LOS)	163	154	154	Jul 21		163	144	Jun 21	163	606	
Super Stranded Patients (>20 Days LOS)	53	42	42	Jul 21		53	38	Jun 21	53	167	
OP Slot Utilisation	95%	94%	N/A	Jul 21		95%	95%	Jun 21	95%	94.4%	
New:Follow Up	2.63	2.5	N/A	Jul 21		2.6	2.5	Jun 21	2.63	2.5	
DNA (Did Not Attend) rate	7%	6.9%	1591	Jul 21		7%	6.3%	Jun 21	7%	6.1%	
Theatre Utilisation - SDGH	75%	67.1%	N/A	Jul 21		75%	71.7%	Jun 21	75%	67.1%	
Theatre Utilisation - ODGH	75%	70.1%	N/A	Jul 21		75%	75.2%	Jun 21	75%	71.2%	
Southport A&E Conversion Rate	28%	21.5%	1162	Jul 21		28%	21%	Jun 21	28%	21.5%	

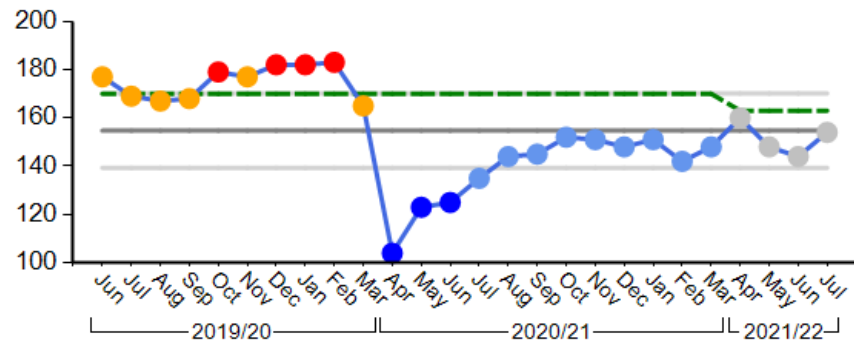
Bed Occupancy - SDGH



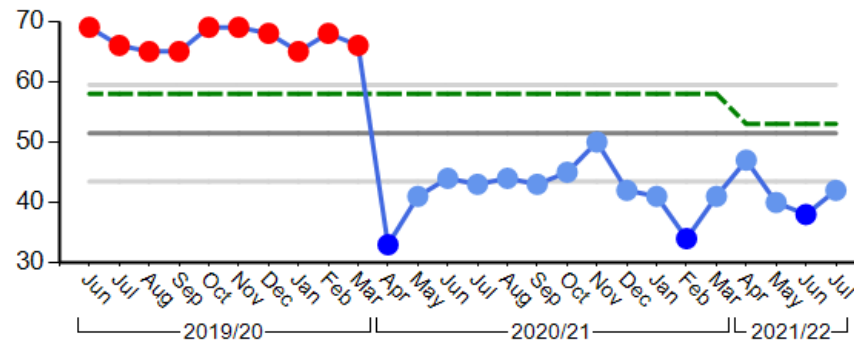
Bed Occupancy - ODGH



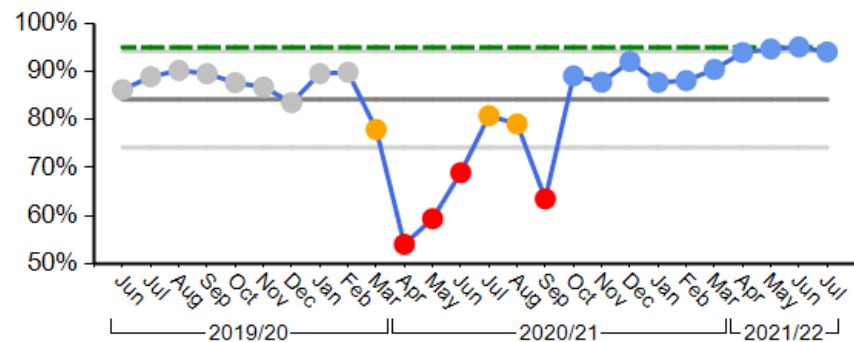
Stranded Patients (>6 Days LOS)



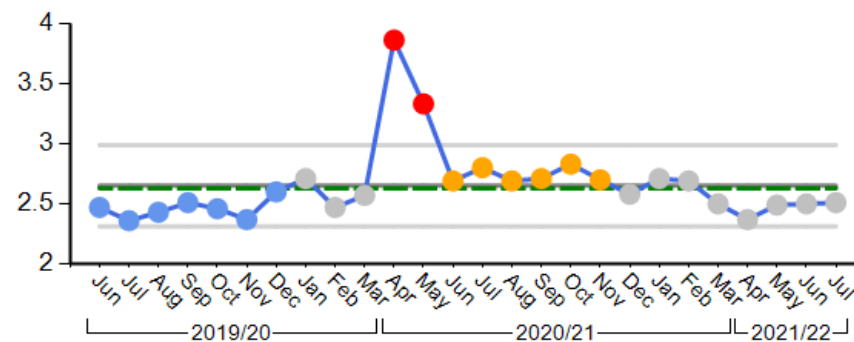
Super Stranded Patients (>20 Days LOS)



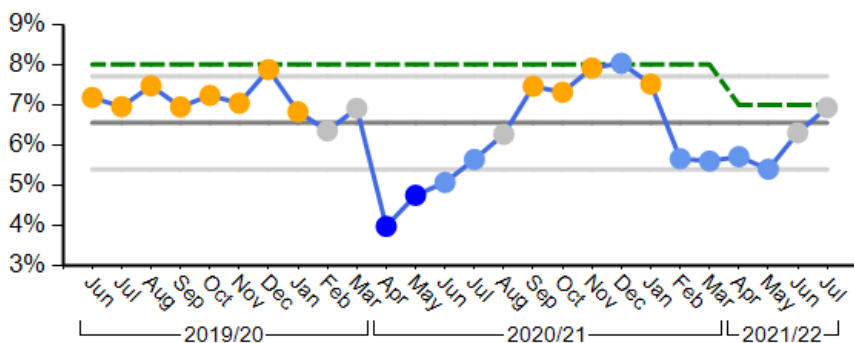
OP Slot Utilisation



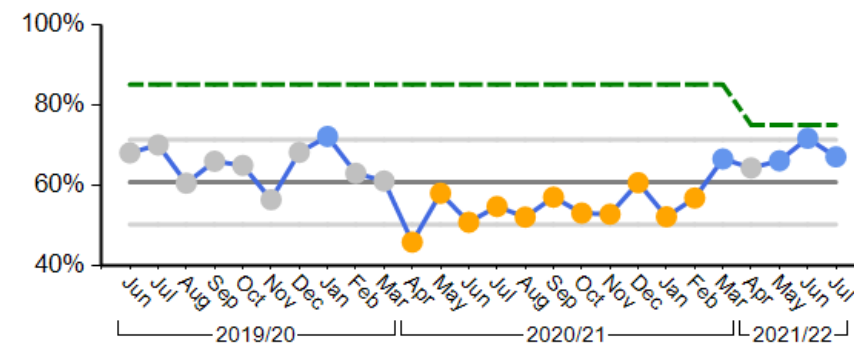
New:Follow Up



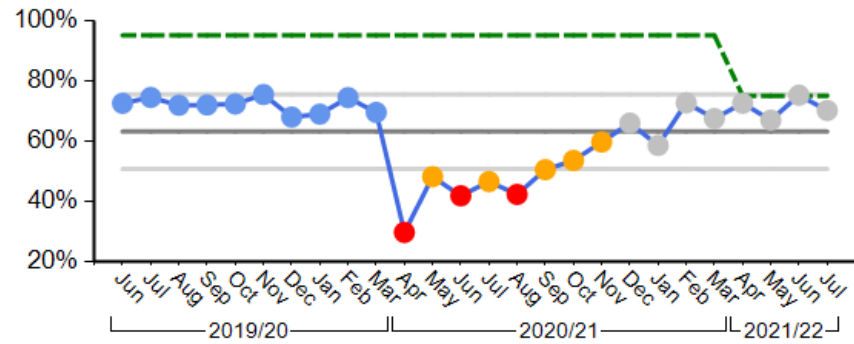
DNA (Did Not Attend) rate



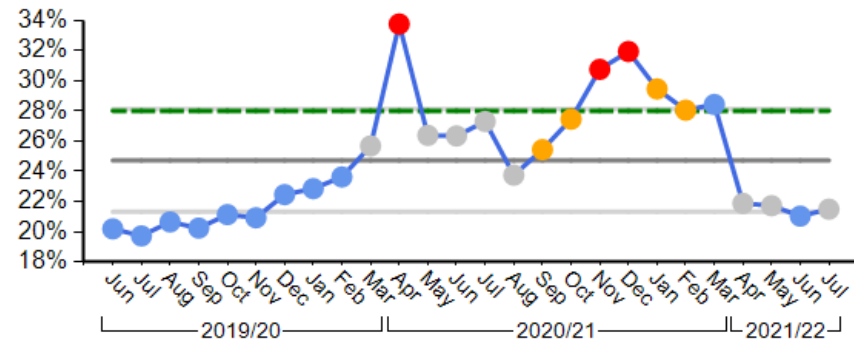
Theatre Utilisation - SDGH



Theatre Utilisation - OGDH



Southport A&E Conversion Rate



Finance

Finance

Analyst Narrative: Four indicators are failing their assurance measure: both Pay and Non-Pay Run Rate, Capital Spend – Forecast Outturn and Cash Balance. The Pay Run rate continues to show special cause concern although there has been a slight reduction in month. Non-Pay Run rate has increased in month but remains within expected levels. Capital Spend – Forecast Outturn is now performing within expected levels; cash balance is also now showing special cause improvement following the high levels reported at the end of 2020/21.

The Agency Staff Run Rate (%) and % Agency Staff (cost) are currently showing special cause improvement with levels remaining well below average. Additionally, the I&E surplus or deficit/total revenue is showing recent positive variation.

Operational Narrative: The Trust is required to break-even for the first half of the financial year ('H1')













At Month 4, the Trust has delivered services at a £254,000 cumulative deficit and is forecasting delivery of a break-even financial position for H1.









Month 4 results reflect favourable ERF funding performance being recognised in-month, increases experienced across Non-Pay Clinical Supplies commensurate with activity levels, and increased temporary staffing costs associated with sickness levels, and operational pressures.

Financial pressures are anticipated through the remainder of H1 arising from:

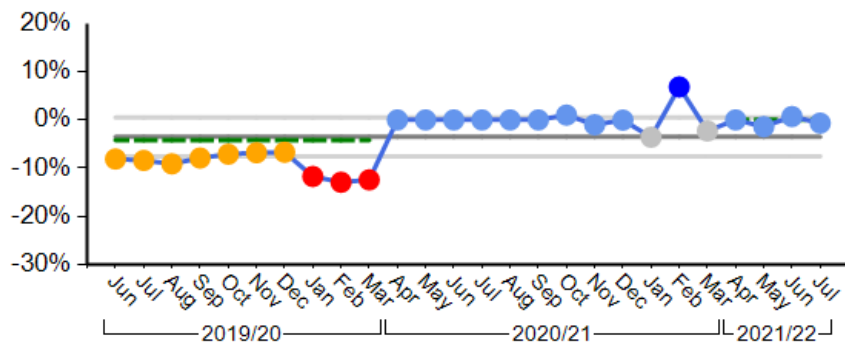
- Slippage against CIP plans
- Operational impact of easing of Covid restrictions coupled with early winter pressures
- Delivery of elective recovery in the context of the above
- Changes to Elective Recovery Funding (ERF) income thresholds

The Trust has access to limited non-recurrent technical provisions and is therefore continuing to forecast break-even for H1. However, the financial run rate, coupled with the above pressures likely to continue through H2 and beyond places the continued achievement of financial balance at risk.

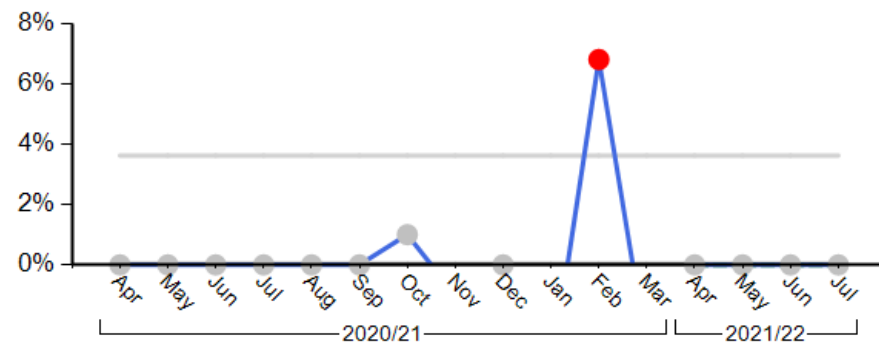
Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
I&E surplus or deficit/total revenue	0%	-0.7%	N/A	Jul 21		0%	0.7%	Jun 21	0%	-0.7%	
Finance - I&E Surplus or Deficit/Total Revenue – Forecast Outturn	0%	0%	N/A	Jul 21		0%	0%	Jun 21	0%	0%	
Pay Run Rate - Trust	£13,300K	£13280K	N/A	Jul 21			£13321K	Jun 21	£53,600K	£53,701K	
Non Pay Run Rate - Trust	£6,000K	£6112K	N/A	Jul 21			£5613K	Jun 21	£23,600K	£23,225K	
Year to date Budget in balance		No	N/A	Jul 21			No	Jun 21			
Budget in balance - forecast year end		Yes	N/A	Jul 21			Yes	Jun 21			

Bank & Agency Run Rate - Trust		£2203K	N/A	Jul 21			£1982K	Jun 21		£8,702K	
Bank & Agency Staff Run Rate (%)		16.6%	N/A	Jul 21			14.5%	Jun 21		16.1%	
Agency Staff Run Rate (Cost)		£800K	N/A	Jul 21			£800K	Jun 21		£3,400K	
% Agency Staff (cost)		6.3%	N/A	Jul 21			6%	Jun 21		5% 6.3%	
Year To Date Reduction in Premium Rate pay		£200K	N/A	Jul 21			-£200K	Jun 21		-£600K	
CIP – Performance against Plan	£600K	£500K	N/A	Jul 21			£100K	Jun 21		£2,500K £900K	
CIP – Forecast Outturn	£7,400K	£4400K	N/A	Jul 21			£4400K	Jun 21		£7,400K £19,000K	
CIP on Target		No	N/A	Jul 21			No	Jun 21			
Capital Spend – Actual in Month	£900K	£200K	N/A	Jul 21			£100K	Jun 21		£400K £600K	
Capital Spend – Forecast Outturn	£6,900K	£6900K	N/A	Jul 21			£6872K	Jun 21		£27,516K	
Cash Balance	£4,700K	£5100K	N/A	Jul 21			£6234K	Jun 21		£25,549K	

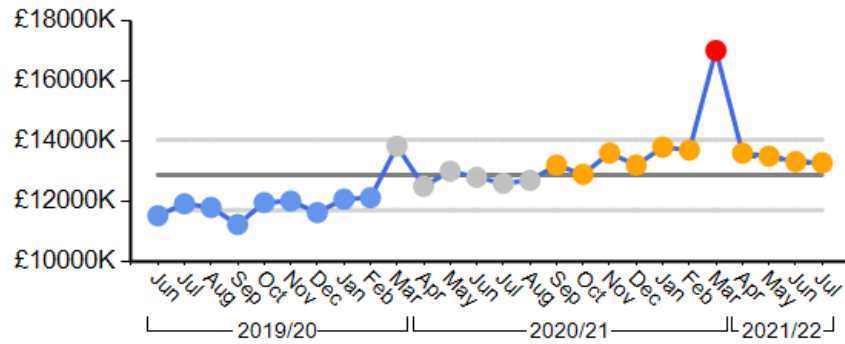
I&E surplus or deficit/total revenue



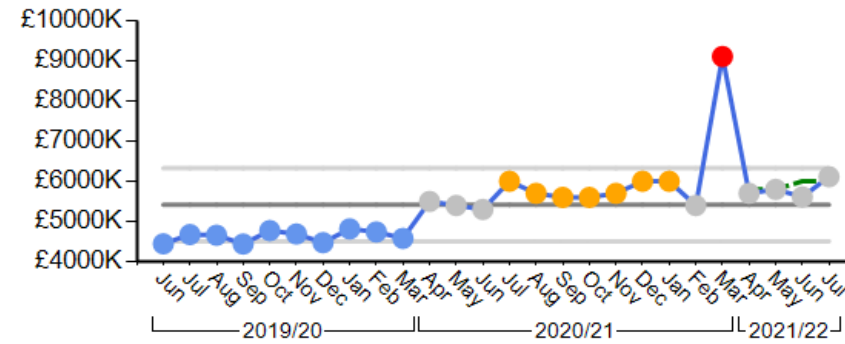
Finance - I&E Surplus or Deficit/Total Revenue – Forecast Outturn



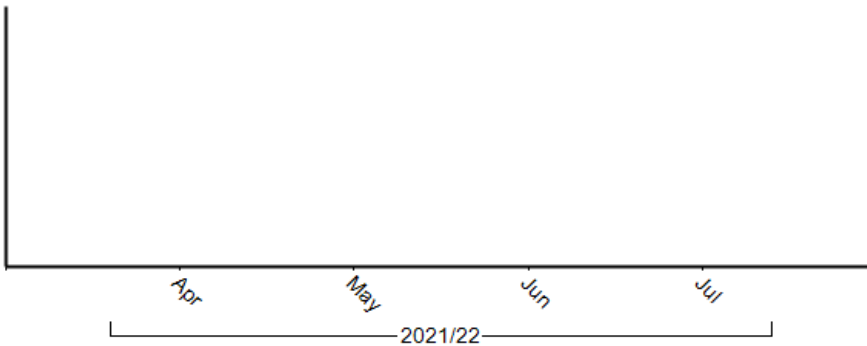
Pay Run Rate - Trust



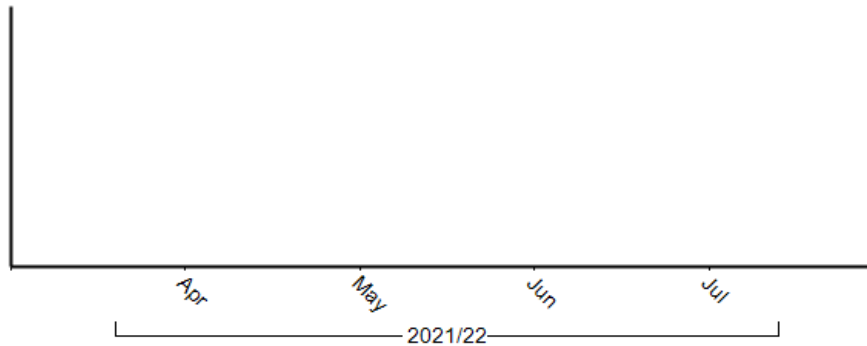
Non Pay Run Rate - Trust



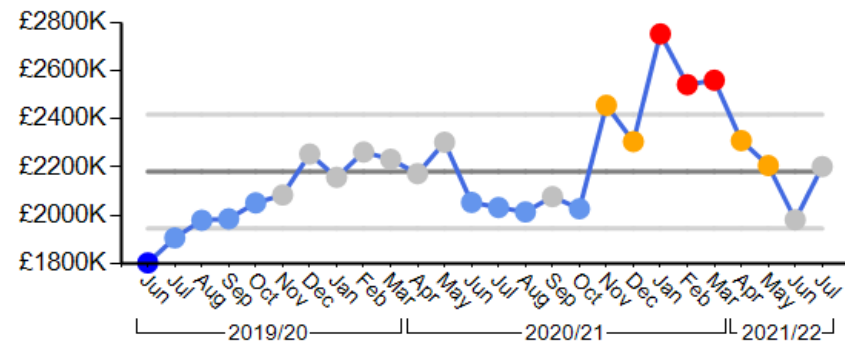
Year to date Budget in balance



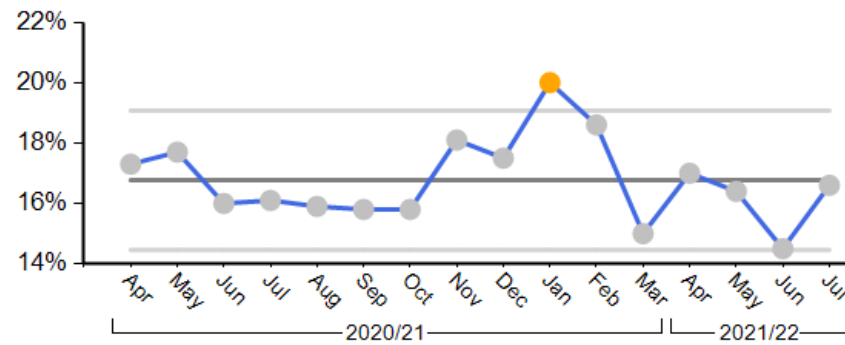
Budget in balance - forecast year end



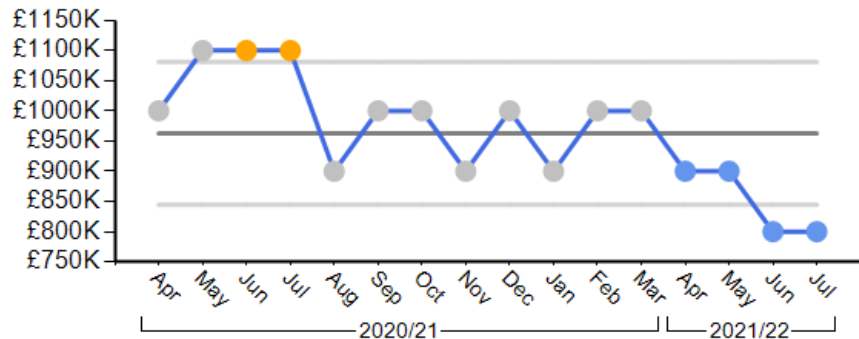
Bank & Agency Run Rate - Trust



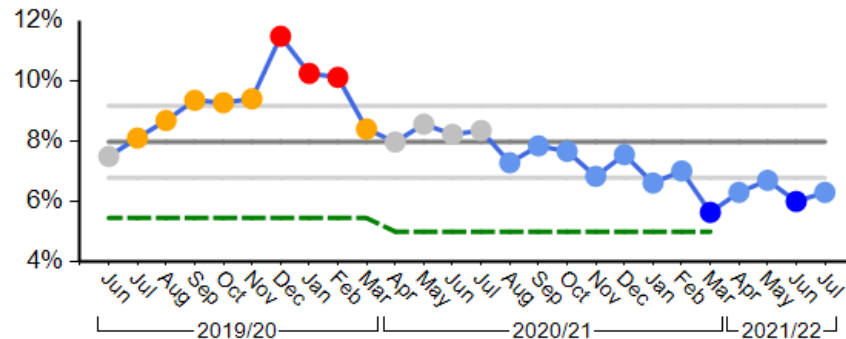
Bank & Agency Staff Run Rate (%)



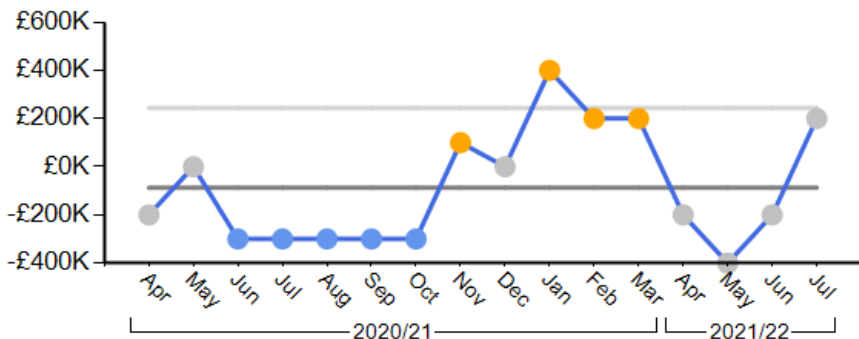
Agency Staff Run Rate (Cost)



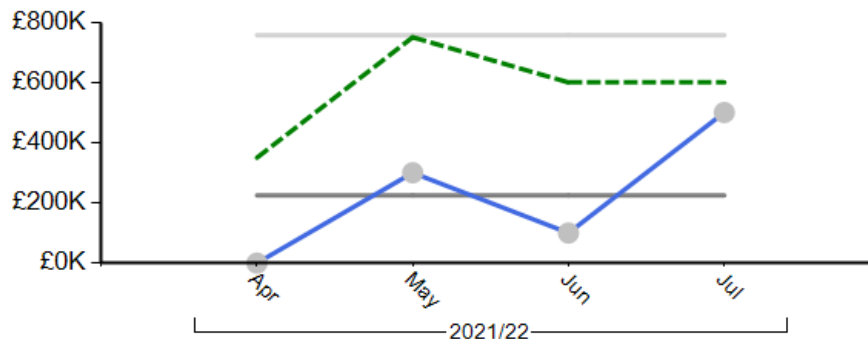
% Agency Staff (cost)



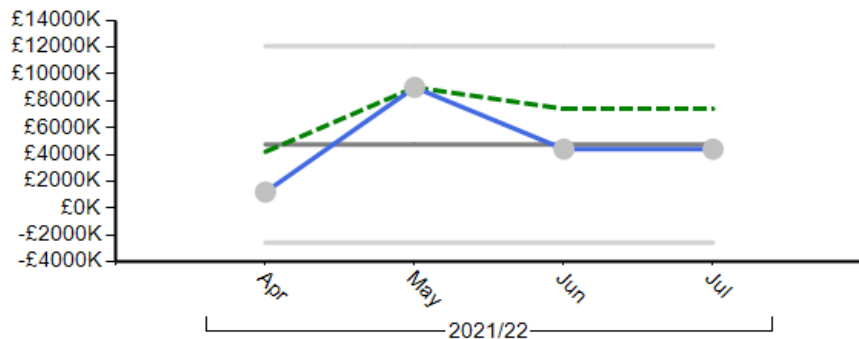
Year To Date Reduction in Premium Rate pay



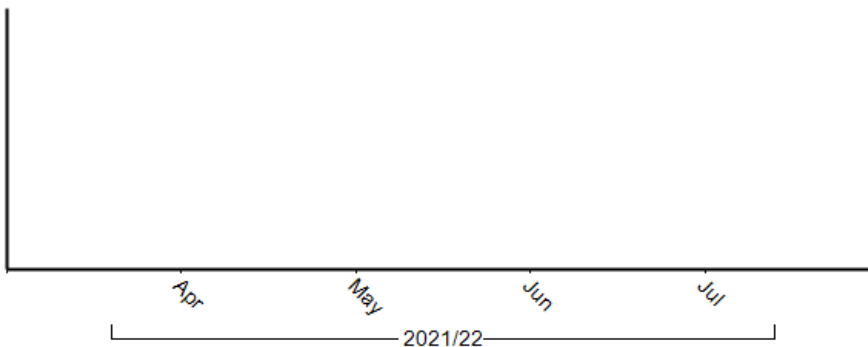
CIP – Performance against Plan



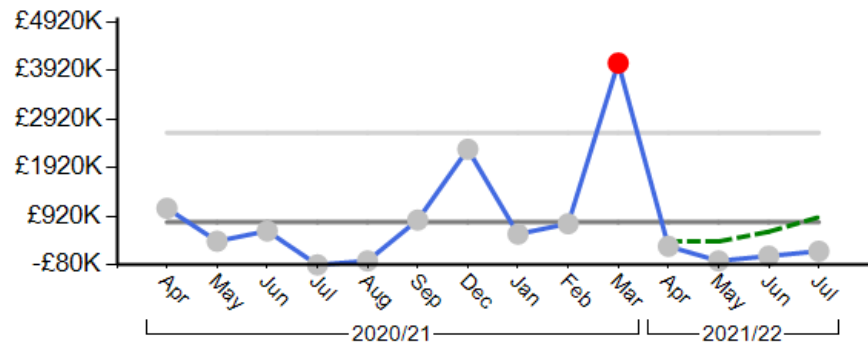
CIP – Forecast Outturn



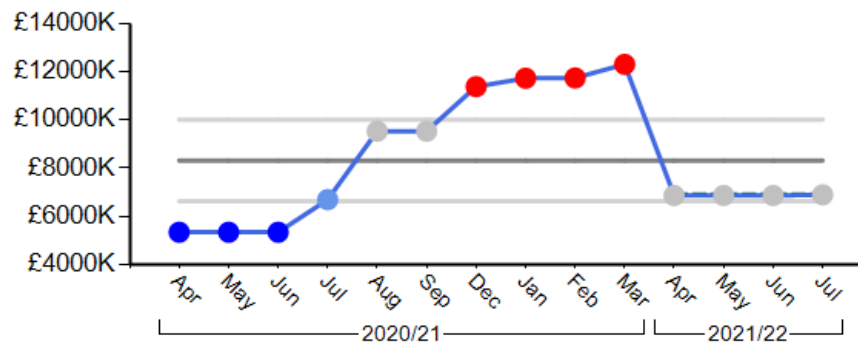
CIP on Target



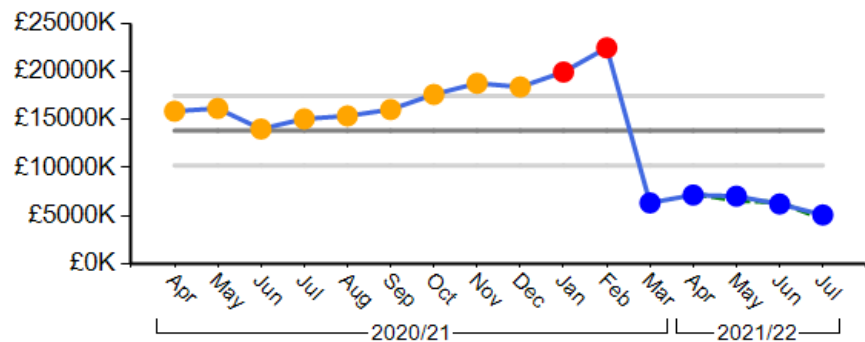
Capital Spend – Actual in Month



Capital Spend – Forecast Outturn



Cash Balance



Title of Meeting	BOARD OF DIRECTORS	Date	1 SEPTEMBER 2021
Agenda Item	TB136/21	FOI Exempt	NO
Report Title	MONTH 4 FINANCIAL POSITION 2021/22		
Executive Lead	John McLuckie, Director of Finance		
Lead Officer	Andy Large, Deputy Director of Finance		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
This report provides the Board with the financial position for July 2021 (month 4)			
Executive Summary			
<p>In month 4 a deficit of £127,000 has been incurred (£254,000 deficit year to date (YTD)). Monthly income and expenditure levels have been broadly consistent during quarter 1. However, there are potential financial pressures for quarter 2, arising from:</p> <ul style="list-style-type: none"> • Slippage against H1 CIP plans • Operational impacts following easing of Covid restrictions • Delivery of elective recovery in the context of the above • Changes to Elective Recovery Funding (ERF) income thresholds <p>Delivery of the H1 financial plan requires a combination of CIP and cost reduction against the plan totalling £3.7m, and achievement of a £0.8m contribution from Elective Recovery Funding (ERF). Based on current forecast projections, delivery of H1 can be achieved but only through use of technical adjustments and maintaining control of temporary staffing. CIP savings of £884,000 have contributed to the month 4 YTD position.</p>			
Recommendations			
<p>The Board is asked to note:</p> <ul style="list-style-type: none"> • Year to date deficit of £254,000 at Month 4 • The Trust is forecasting to achieve breakeven for H1 but only through the use of £1.0m of technical adjustments • Risks to delivery of H1 2021/22 • Proposed mitigation actions to H1 2021/22 • The importance of ERF to break-even. • The areas of focus to reduce expenditure. 			
Previously Considered By:			
<input checked="" type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives			
<input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			

<input type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards	
✓ SO3 Efficiently and productively provide care within agreed financial limits	
<input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	
<input type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
<input type="checkbox"/> 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:
Andy Large, Deputy Director of Finance	John McLuckie, Director of Finance

Finance Report – Month 4 2021/22

1. Purpose

1.1. This report provides the Board with the financial position for September 2021 (month 4).

2. Executive Summary

2.1. The Trust is required to break-even for the first half of the financial year ('H1')

2.2. At Month 4, the Trust has delivered services at a £254,000 deficit.

2.3. Monthly income and expenditure levels have been broadly consistent during quarter 1. However, there are potential financial pressures for quarter 2, arising from:

- Slippage against H1 CIP plans
- Operational impacts following easing of Covid restrictions
- Delivery of elective recovery in the context of the above
- Changes to Elective Recovery Funding (ERF) income thresholds

2.4. Delivery of the H1 financial plan requires a combination of CIP and or cost reduction against the plan totalling £3.7m, and achievement of a £0.8m contribution from Elective Recovery Funding (ERF).

2.5. Based on the latest forecast outturn scenarios, delivery of H1 will require urgent mitigation, which is covered later in this report.

3. Income & Expenditure for Month 4

3.1. Although the financial framework has only been formalised for H1 the Trust's 2021/22 baseline financial plan has been set based on H1 x 2.

3.2. The gross financial gap for H1 is £4.5 million.

3.3. The plan was established on the basis that ERF would contribute £0.8m in H1, with CIP bridging the remaining £3.7m gap.

3.4. The following table illustrates performance to date for month 4:

Table 1 Income & Expenditure Account – July 2021

I&E (Including R&D)	ANNUAL	YEAR TO DATE			IN MONTH		
	Budget £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioning Income	177,434	59,167	59,036	(131)	14,791	14,712	(78)
PP, Overseas & RTA	616	205	190	(16)	51	56	5
Other Income	10,382	3,587	3,471	(116)	903	871	(32)
NHSE/I Top up	42,493	14,164	14,189	24	3,541	3,609	68
Total Operating Income	230,926	77,124	76,886	(238)	19,286	19,248	(38)
PAY	(160,250)	(53,494)	(53,635)	(141)	(13,274)	(13,280)	(6)
NON PAY	(66,657)	(22,290)	(22,237)	53	(5,677)	(5,780)	(103)
Total Operating Expenditure	(226,906)	(75,784)	(75,872)	(88)	(18,951)	(19,060)	(109)
Operating surplus/deficit	4,019	1,340	1,014	(326)	335	188	(147)
NET FINANCE COSTS	(4,019)	(1,340)	(1,328)	12	(335)	(332)	3
Retained Surplus/Deficit	(0)	0	(314)	(314)	0	(144)	(144)
Technical Adjustments	0	0	60	60	0	17	17
Break Even Surplus/(Deficit)	(0)	0	(254)	(254)	0	(127)	(127)

- 3.5. At Month 4, the Trust has delivered services at a £254,000 deficit.
- 3.6. Non-NHS income is not recovering to the levels set in the H1 plan. Both car parking and catering levels are still underperforming, and we expect this to continue for the remainder of H1.
- 3.7. Following changes in payment thresholds during M3, requiring Trusts to deliver 95% elective recovery (up from 85%) from 1 July 2021, access to ERF funding from Month 4 is at risk.
- 3.8. The H1 plan includes £1.9 million for COVID which amounts to £316,000 per month.
- 3.9. COVID expenditure has reduced from £397,000 in month 1 down to £176,000 in June.
- 3.10. Temporary staffing has increased from £2.0m in June to £2.2m in July on nurse bank expenditure.
- 3.11. Unless vacancies are significantly recruited to the Scientific & Technical staff underspend will continue at the same rate.
- 3.12. It is expected that the Trust's non-pay underspend will not continue as activity is recovered.
- 3.13. A detailed review of the Medicine & Emergency Care CBU budget has commenced with a view to fully understanding the recurrent nature of any residual COVID and winter schemes, as well as changes to on call rotas.
- 3.14. The Medicine and Emergency Care CBU still have bank and agency costs of £1.227m in month 4.

- 3.15. In summary, the current expenditure run rate will result in a H1 deficit, with further risks identified through Q2, so remedial action is required against the issues identified and use of technical adjustments.

4. Business Unit Budget Performance

- 4.1. The table below provides a breakdown of Trust performance across business unit.

Table 3 Business Unit Budgetary Performance

Business Unit	Annual	Year to Date			In Month - Month 4		
	Budget £000	Budget £000	Actual £000	Var £000	Budget £000	Actual £000	Var £000
Medicine & Emergency Care	(56,674)	(18,914)	(21,151)	(2,237)	(4,980)	(5,264)	(284)
Planned Care	(56,689)	(19,107)	(19,137)	(30)	(4,531)	(4,884)	(353)
Specialist Care	(41,302)	(13,794)	(13,883)	(89)	(3,197)	(3,442)	(245)
Corporate	201,453	67,955	70,286	2,331	17,272	17,568	295
Finance	(6,556)	(2,185)	(2,111)	74	(612)	(568)	44
Estates & Facilities	(16,353)	(5,450)	(5,752)	(302)	(1,201)	(1,420)	(219)
Human Resources	(3,185)	(1,062)	(1,069)	(7)	(251)	(276)	(25)
Nursing & Midwifery	(4,787)	(1,484)	(1,439)	45	(409)	(406)	3
Medical Director	(8,693)	(2,898)	(2,991)	(93)	(643)	(738)	(95)
Strategy	(3,195)	(1,721)	(1,679)	42	(1,113)	(365)	748
Financing Costs	(4,019)	(1,340)	(1,328)	12	(335)	(332)	3
Total	0	0	(254)	(254)	0	(127)	(127)

- 4.2. Whilst analysing performance in the above table it is important to remember that some reserves (Winter schemes expenditure) are still to be allocated into business units.
- 4.3. Medicine & Emergency Care CBU's adverse variance is mainly driven by the premium rate expenditure as explained in section 4.
- 4.4. Even after the allocation of reserves the Medicine & Emergency Care CBU is expected to be adverse to budget.
- 4.5. Corporate contains the reserves which have not yet been allocated. This is the main reason for the underspend.

5. Activity Performance and Elective Recovery Fund (ERF)

- 5.1. The estimated ERF contribution towards the financial gap is £0.8 million in H1.
- 5.2. This is derived from income of £2.1 million and expenditure of £1.3 million.
- 5.3. The table below illustrates income performance at month 4:

Table 4 ERF Income forecast

	Apr-21			May-21			Jun-21			Jul-21			July 21
	National	Trust	ERF	National	Trust	ERF	National	Trust	ERF	National	Trust	ERF	ERF
	Trajectory	Actual	Income	Trajectory	Actual	Income	Trajectory	Actual	Income	Trajectory	Actual	Income	Income
	%	%	£000	%	%	£000	%	%	£000	%	%	£000	£000
Elective	70	66	0	75	76	0	80	79	0	95	88	0	0
Outpatient	70	96	444	75	96	526	80	99	362	95	93	98	1,430
System			32			0			0			0	32
Total			476			526			362			98	1,462

- 5.4. Income of £1,462,000 has been accrued month 4 YTD in relation to ERF income.
- 5.5. The elective plan was based on delivery of additional activity through Renacres, HBS and WLI's. YTD this activity is behind plan explaining an underperformance against income target.
- 5.6. The Trust's ERF income is dependent on HCP system performance. However, following a change in national guidance relating to ERF thresholds (95% requirement from 1 July compared to original 85%), access to £0.8m of income from M4 onwards is at significant risk, though the forecast based on the current thresholds is not reliant on further contributions from ERF.

6. Forecast Outturn Review – H1

- 6.1. Monthly income and expenditure levels have been broadly consistent during Q1. However, financial pressures are expected to be experienced during Q2, arising from:
 - Slippage against H1 CIP plans
 - Operational impacts following easing of Covid restrictions
 - Delivery of elective recovery in the context of the above
 - Changes to Elective Recovery Funding (ERF) income thresholds
- 6.2. At Month 4, the Trust forecast outturn is signalling a reduced gap of £1.0m as outlined below. This can only be bridged through the use of technical adjustments. Clearly if some of the risks to the forecast come to fruition during quarter 2 then the Trust's ability to achieve the breakeven plan is at risk.

Table 4 H1 Forecast

	M2 YTD £000	M3 YTD £000	M4 YTD £000	Comment for month 4	H1 Forecast £000
Plan Surplus/(deficit)	(1,500)	(2,250)	(3,000)	H1 £4.5M (before CIP/ERF) divided by 6 X 4	(4,500)
Income shortfall	(83)	(104)	(131)	Non NHS income (catering, car park)	(174)
CIP actual delivery	287	417	884	H1 requires £3.7M excluding ERF contribution CIP = £1.85M Month 3 YTD	2,211
ERF contribution	477	661	891	Income £1.462M; Exp £0.662M, Renacres and Trust non pay incurred in month 4	800
COVID underspend	(56)	176	280	£1264k budget; £984k actual	612
Scientific, Therapies underspend	240	297		Therapy services (Physio/OT) and radiology	0
Non Pay underspend	240	200	53	Non pay forecast increased expenditure in M5&6	(399)
Reserves profiled into M4 YTD	1,531	2,151	2,851	Excluding ERF and COVID (see above)	3,574
Medicine & Emergency Care CBU	(1,393)	(1,917)	(2,049)	Medical staff £1.4M; Nursing staff £0.6M	(3,074)
All other budgets	0	242	(33)	Planned, Specialist CBU's and Corporate	(50)
Technical Adjustments	0	0	0	Non-recurrent technical adjustments	1,000
Actual Surplus/(deficit)	(257)	(127)	(254)		0

6.3. The Trust is performing a detailed forecast outturn review, which will take into account the following risks identified to the delivery of H1

- CIP – anticipated under-delivery as reported elsewhere on the FP&I agenda
- Other Income – continued reduction in car parking and catering income
- ERF – following national changes to payment thresholds from Month 4
- Covid Costs – acknowledgement that the lifting of restrictions from 19 July will likely lead to escalating cases requiring hospital care
- ED & Paediatric Attendances – acknowledgement that attendances are likely to continue at higher levels than pre-Covid, with respiratory pressures already being experienced in paediatrics
- Premium rate staffing costs – acknowledgement that elective recovery, staff sickness rates and annual leave are likely to drive increased staffing costs at premium rates
- National Pay Award – to be funded nationally once agreed, however acknowledgement that a residual financial gap could arise

7. H1 Actions & Mitigations

The following key areas for action and mitigation have been identified:

7.1. CIP Delivery

The Trust is currently anticipating a shortfall against CIP plans, and a high-level forecast indicates that this marks a pressure to delivery of H1. A review of CIP schemes planned but not delivered will be undertaken, in order to identify schemes which could be accelerated during Q2.

7.2. Forecast Outturn exercise at CBU Level

Following a high-level review of the Trust financial run rate and forecast outturn during Month 4, this review is to be extended to quantify areas of risk and mitigation at CBU level.

7.3. Review of Covid Expenditure

Whilst costs coded to Covid cost centres have reduced during Q1, the financial run rate does not reflect a reduction in expenditure at overall Trust level. Covid costs will be kept under close review in the context of pressures arising following the lifting of legal restrictions from 19 July 2021.

7.4. Review of Bank & Agency Usage

Bank and Agency usage is being monitored in order to identify areas of heightened spend, and opportunities to mitigate this through controls in place. This will also link to tighter control of sickness management, roster monitoring, the impact of the international nursing recruitment, and a review of the temporary solutions to medical rotas put in place within Medicine and Emergency Care.

7.5. Review of NHS England/Improvement Financial Improvement Checklists

A review of NHS England/Improvement Financial Improvement Checklists will be undertaken in order to identify any further areas to mitigate financial risk.

8. Cash

8.1. The cash balance at the end of July was £5,102,000.

8.2. This was £364,000 better than the plan of £4,738,000.

8.3. In essence the variance is driven by the current deficit being more than offset with lower than planned capital spending:

	Year to date performance		
	Plan £'000s	Actual £'000s	Variance £'000s
Opening Cash	6,352	6,234	(118)
Operating surplus/(deficit)	1,296	1,016	(280)
Non cash - Depreciation	2,232	2,290	58
Movements in working balances	(650)	(582)	68
Capital expenditure	(3,608)	(2,972)	636
DHSC capital loans repaid	(200)	(200)	0
PDC received		0	0
PFI/finance lease capital payments	(230)	(230)	0
Interest payments	(454)	(454)	0
PDC dividend (paid)/refunded	0	0	0
Closing balance	4,738	5,102	364

8.4. Over the next couple of months, the rules on the Elective Recovery Fund (ERF) have changed resulting in lower income for August & September plus there is a significant push to improve our Better Payment Practice Code.

- 8.5. Both of these factors will reduce our cash balance.
- 8.6. However, despite the above, the Trust is still anticipating it will not need to apply for any cash support loans in H1.

9. Debtors

- 9.1. Overall debt now stands at £3.2 million as compared to June's value of £3.05 million.
- 9.2. Debt over one year old continues to be a focus and this has reduced from £1.042 million last month to £955,000 at the end of July.
- 9.3. Most of this debt is down to 10 customers, the majority of which are NHS.
- 9.4. Further progress has been made in August and it is anticipated that this area of debt over one year will continue to fall throughout the year.

10. Capital

- 10.1. Year to date expenditure to the end of June is £581,000.
- 10.2. In month spend was again relatively low at £242,000 with most of the spend betting on nurse call and paediatric piped air projects.
- 10.3. Actual spend to the end of July represents 8.5% and is well below the planned spend of 34.2%.
- 10.4. Currently a revised forecast is being worked on as there are a number of new risks and clinical priorities emerging.
- 10.5. Although spend is currently low, the Trust will be fully utilising all its capital resources by the year-end and there is no risk of an under-spend against the Trust's statutory Capital Resource Limit (CRL).

11. Better Payment Practice Code (BPPC)

- 11.1. There is a national focus on BPPC with organisations who are away from the target being asked to develop action plans to achieve paying 95% of all suppliers by value within 30 days.
- 11.2. On this measure the Trust's year to date performance at the end of July is 66% so significantly below what is required.
- 11.3. An action plan has now been devised and is being implemented.
- 11.4. The way the calculation on BPPC works means that the Trust will not be able to reach the cumulative 95% target by year-end, however, the commitment is that the Trust will achieve the 95% target in month by March 2022.
- 11.5. It should be noted that the steady improvement in BPPC will adversely affect cash flow which

may lead to a requirement for the Trust to borrow money in the second half of the financial year.

12. Conclusion

- 12.1. The Trust is behind plan at Month 4.
- 12.2. There are risks to delivery of H1 driven by CIP under-performance and ERF risk.
- 12.3. Actions for mitigation to be undertaken ahead of Month 5 reporting.

13. Recommendation

- 13.1. Board to note
 - Year to date deficit of £254,000 at Month 4
 - The Trust is forecasting to achieve breakeven for H1 but only through the use of £1.0m of technical adjustments
 - Risks to delivery of H1 2021/22
 - Proposed mitigation actions to H1 2021/22

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	QUALITY & SAFETY COMMITTEE (QSC)
MEETING DATE:	26 JULY 2021
CHAIR:	DR DAVID BRICKNELL
KEY ITEMS DISCUSSED AT THE MEETING	
ALERT	
<ul style="list-style-type: none"> • No Alerts. 	
ADVISE	
<ul style="list-style-type: none"> • As one of the extreme risk fragile services, Stroke is undergoing a system review in conjunction with, in particular, LUFT. Interim steps will be implemented in parallel with public consultation, to alleviate the risk. • Other fragile services have adequate short term measures to prevent harm and longer term solutions are in progress and under review. • Rapid discharge of MOFD patients remains a challenge, but working with all community partners is improving and there is a greater willingness to move to intermediate care. • The current low levels of mortality screening will improve with the arrival of the Medical Examiner, but there has been an uncomfortably long minimal level of formal screening, although informal review gives some assurance that there has been no drop in standards. • There is a renewed focus on understanding why there has been some decline in patients recommending S&O. 	
ASSURE	
<ul style="list-style-type: none"> • Waiting list and lost to follow up actions are benefitting from sophisticated risk assessment and planning and are close to ambitious targets. • The annual clinical audit report reflects many areas of good performance and no significant negative outliers. 	
New Risk identified at the meeting	No new risks were identified at the meeting.
Review of the Risk Register No action taken	

Quality

Harm Free

Analyst Narrative:

One indicator within this section is assured: Care Hours per Patient Day (CHPPD). Despite a decline in July performance in July is ahead of the target. WHO Checklist continues to show positive variation, maintaining 100% compliance. Percentage of Patient Safety Incidents - Moderate/Major/Death(related) also shows special cause improvement performing well ahead of the target and the average.

Although not statistically significant, safe staffing has declined in July and has failed to achieve the 90% national target.

Operational Narrative:

Two category 2 pressure ulcers were reported in July, both within the Medicine and Emergency Care CBU. Both incidents will be subject to a Root Cause Analysis which will be presented at the Harm Free Care Panel for learning.

The one moderate harm fall has been investigated and has since been downgraded to low harm.

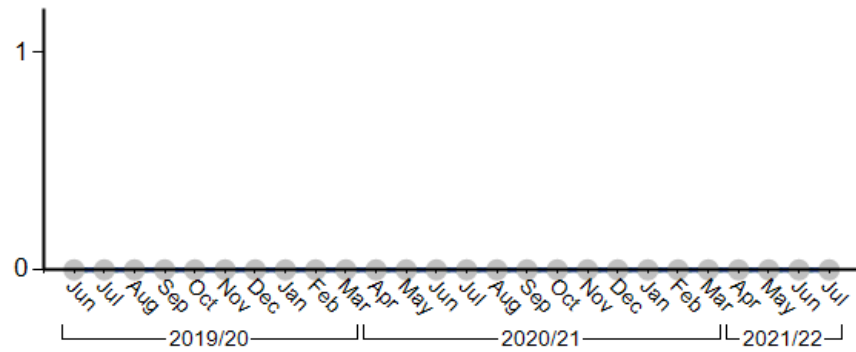
Seven patients breached the FNOF – Operated within 36 hours in July. Four of these were delayed due to awaiting space on the theatre list with a further two delayed for medical reasons. Performance on this metric was impacted in June and July by temperature issues in Theatres.

We continue to monitor fill rate to ensure we maintain safe staffing daily. Recognising the ongoing challenges reflective of the pandemic we are seeing continued impact in nurse staffing sickness & absence compounded further in patient acuity and demand resulting in agreed identified areas escalating in bed capacity. Actual staffing versus planned staffing within these challenges is therefore reflected in the July safe staffing data reporting at 87% against the national target (90%). Patient safety remains priority at daily staffing huddles reportable into trust forums to mitigate risks and action as required.

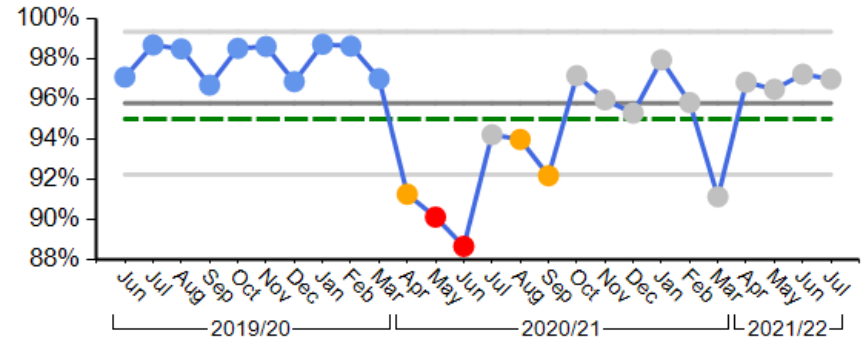
Care Hours per Patient Day performance reporting at trust average (8.8) and above the national benchmark of 7.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Never Events	0	0	0	Jul 21		0	0	Jun 21	0	0	
VTE Prophylaxis Assessments	95%	97%	124	Jul 21		95%	97.2%	Jun 21	95%	96.9%	
Fractured Neck of Femur - Operated on within 36Hours	85%	68.2%	7	Jul 21		85%	58.6%	Jun 21	85%	74.8%	
WHO Checklist	100%	100%	0	Jul 21		100%	100%	Jun 21	100%	100%	
Safe Staffing	90%	87%	N/A	Jul 21		90%	90.4%	Jun 21	90%	89.7%	
Care Hours Per Patient Day (CHPPD)	7	8.8	N/A	Jul 21		7	9.5	Jun 21	7	9.1	
StEIS	0	0	0	Jul 21		0	4	Jun 21	0	9	
Hospital Acquired Category 2 Pressure Ulcers - per 1,000 bed days	0.45	0.2	2	Jul 21		0.5	0.2	Jun 21	0.45	13	
Hospital Acquired Category 3 & 4 Pressure Ulcers - per 1,000 bed days	0.1	0	0	Jul 21		0.1	0	Jun 21	0.1	3	
Percentage of Patient Safety Incidents - Moderate/Major/Death(related)	2.1%	0.3%	3	Jul 21		2.1%	1.2%	Jun 21	2.1%	0.7%	
Patient Falls - Moderate/Severe/Death - per 1,000 bed days	0.1	0.1	1	Jul 21		0.1	0.3	Jun 21	0.1	0.2	

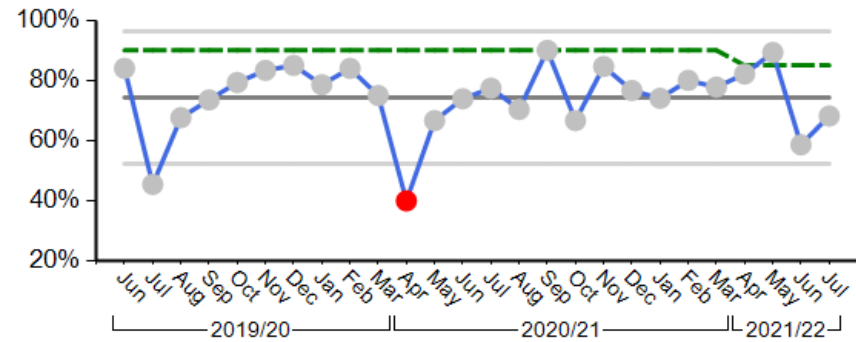
Never Events



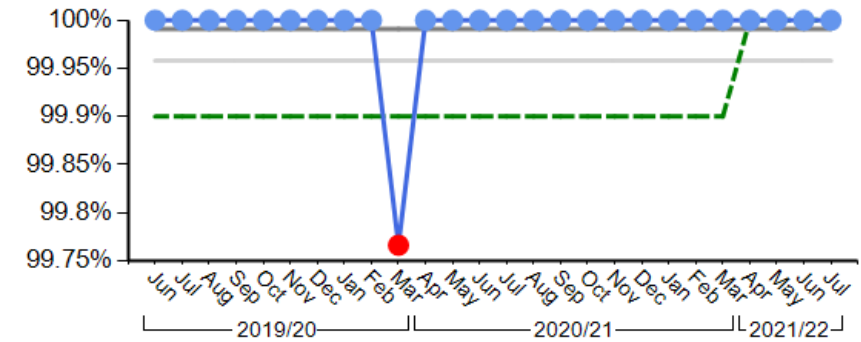
VTE Prophylaxis Assessments



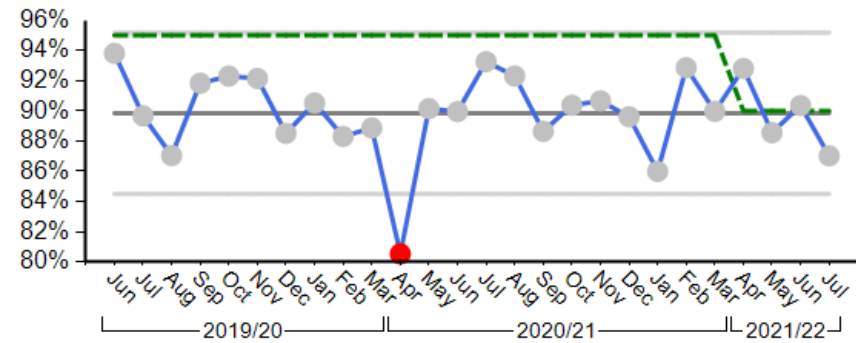
Fractured Neck of Femur - Operated on within 36Hours



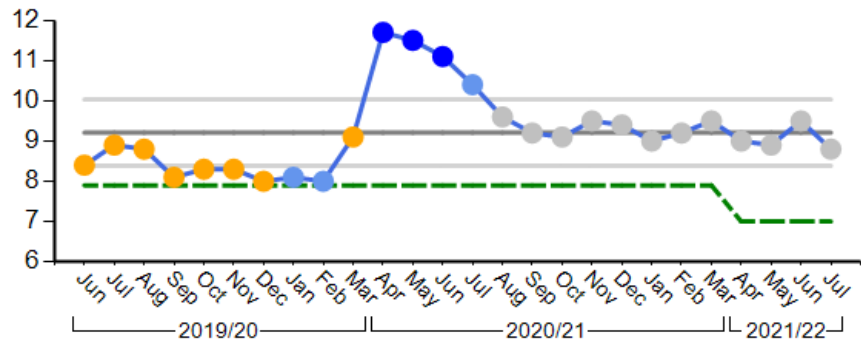
WHO Checklist



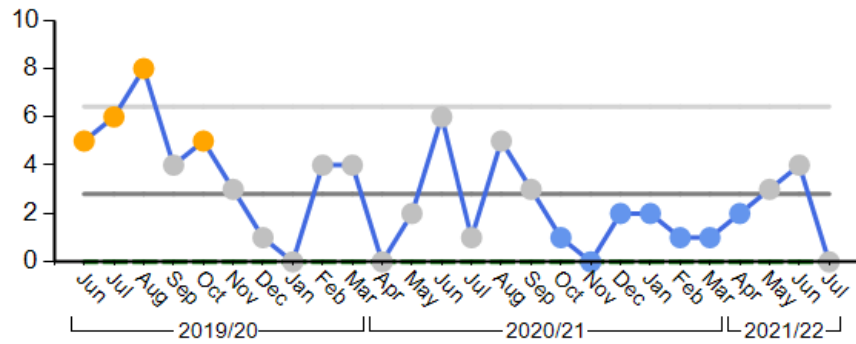
Safe Staffing



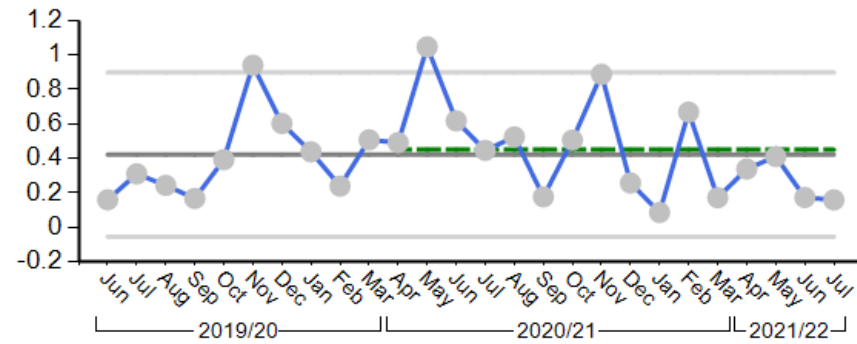
Care Hours Per Patient Day (CHPPD)



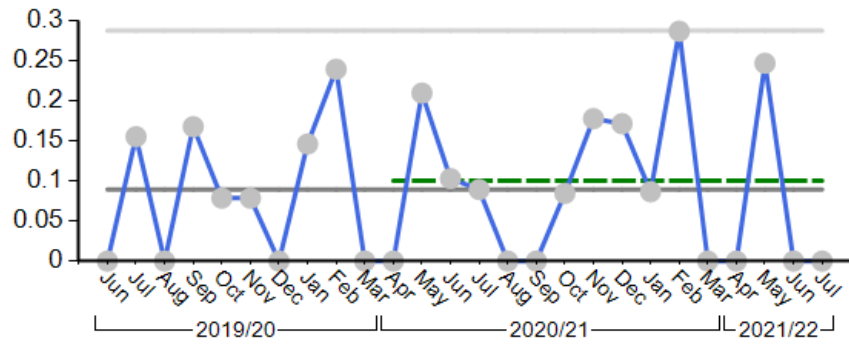
StEIS



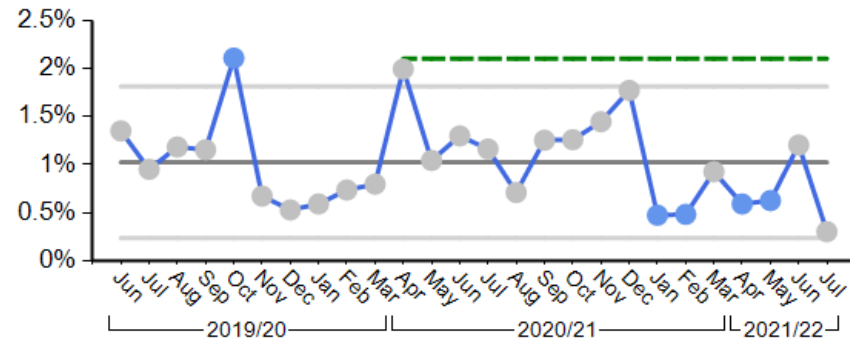
Hospital Acquired Category 2 Pressure Ulcers - per 1,000 bed days



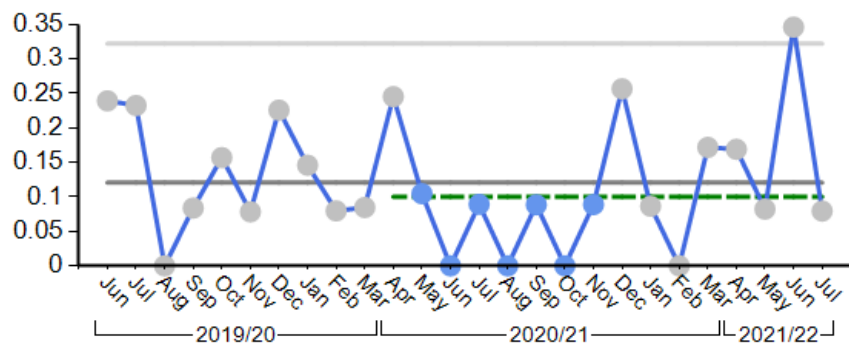
Hospital Acquired Category 3 & 4 Pressure Ulcers - per 1,000 bed days



Percentage of Patient Safety Incidents - Moderate/Major/Death (related)



Patient Falls - Moderate/Severe/Death - per 1,000 bed days



Quality

Infection Prevention and Control

Analyst Narrative:

No indicators are assured or failing their assurance measure. E-Coli is showing special cause concern due to a spike in June, although rates in July are within expected levels. Five reported cases of MSSA in July has resulted in the metric showing special cause concern. Whilst not statistically significant, rates of c.diff continue to be in excess of the target although have reduced slightly in July.









Operational Narrative:

C. diff – There were six reported cases in July. Three were Hospital Onset Hospital Acquired (HOHA), originating from 15A, 7A and 10B, two were Community Onset Hospital Acquired (COHA) originating from 11B and 14A, and there was one Community Onset Indeterminate Association (COIA) from 7A. The only lapse identified was on 10B – the initial sample was tested for H pylori instead of C diff and faecal culture and the 2nd sample leaked.

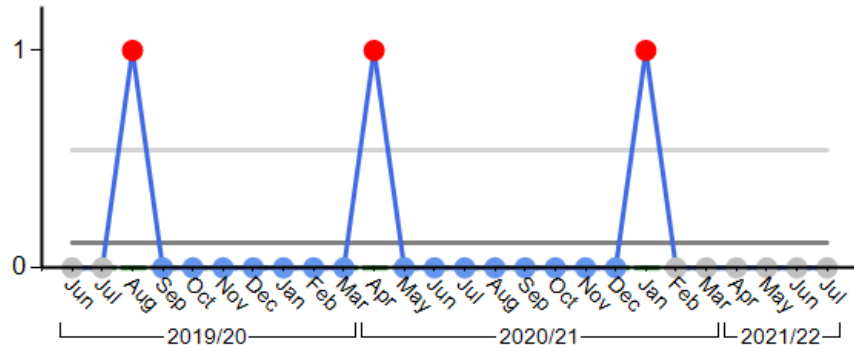
E coli - Five cases were reported in July. Four were Hospital Onset Hospital Acquired (HOHA), originating from 7A, 15B, 11B and FESS and one was a Community Onset Hospital Acquired (COHA) originating from Treatment Centre.

MSSA - Five cases were reported in July. Three were Hospital Onset Hospital Acquired (HOHA), originating from ITU (contaminant), 14B (unknown source) and 14A (HAP). Two Community Onset Hospital Acquired were also reported, one from FESS (Unknown source) and one from AMU (skin/soft tissue).

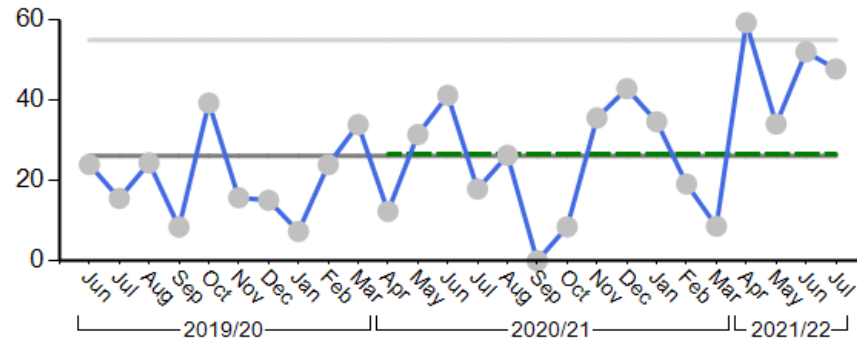
All hospital acquired infections are reviewed for lapses in care. Any identified lapses in care are disseminated for learning through the Infection Control Review Panel.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
MRSA	0	0	0	Jul 21		0	0	Jun 21	0	0	
Clostridium Difficile - per 100,000 bed days	26.5	47.7	6	Jul 21		26.5	51.9	Jun 21	26.5	48.2	
E. Coli - per 100,000 bed days	20.6	39.7	5	Jul 21		20.6	60.5	Jun 21	20.6	35.3	
MSSA - per 100,000 bed days	8.8	39.7	5	Jul 21		8.8	0	Jun 21	8.8	16.6	

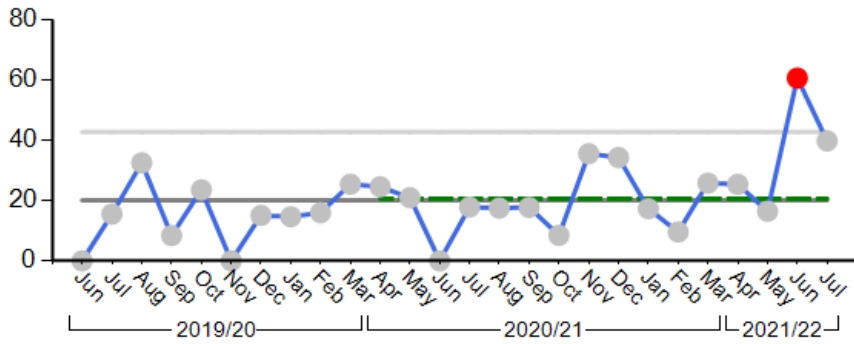
MRSA



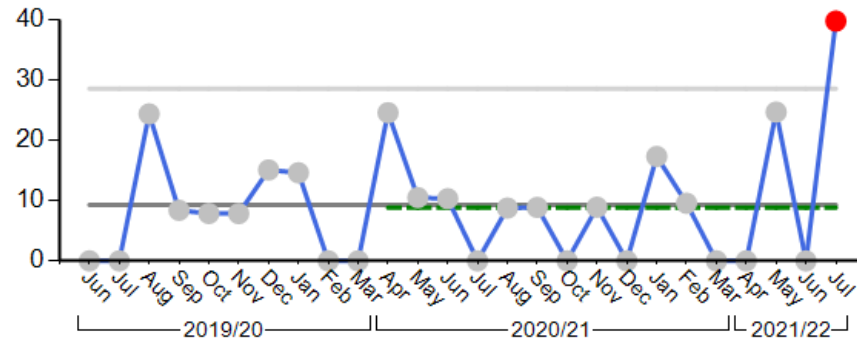
Clostridium Difficile - per 100,000 bed days



E. Coli - per 100,000 bed days



MSSA - per 100,000 bed days



Maternity

Analyst Narrative:























The caesarean rate is showing special cause concern due to the spike in June. A 9.5% decrease in July has brought the indicator back within expected range. The neonatal mortality rate is also showing special cause concern due to reported incidents in March and May, although for the second consecutive month none have been reported. Breastfeeding initiation is showing special cause improvement, performing ahead of the stretch target for 7 consecutive months. All other indicators within this section are intermittent in both their recent performance and assurance.

Operational Narrative:

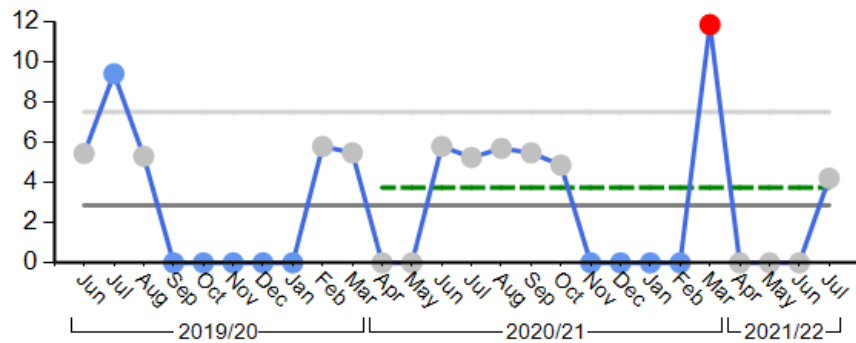
Caesarean section and Induction of Labour rates have reduced slightly in month. Audits are being completed by Clinical Director, Consultant Obstetricians and Consultant Midwife with a plan in place to report to Trust Board quarterly on findings and outcomes. The Associate Director of Midwifery has previously approached Head of Midwifery network for support with external review of Inductions with little success. They have now asked the Local Maternity System for support. The Trust has voluntarily registered for an Induction of Labour Survey Evaluation Project commissioned by the University of Birmingham and ARCOG. Updates will be provided at future PIDA meetings.

A data validation exercise has identified 2 occasions where 1:1 care was not provided in June rather than the 1 reported last month. These were caused by staffing pressures.

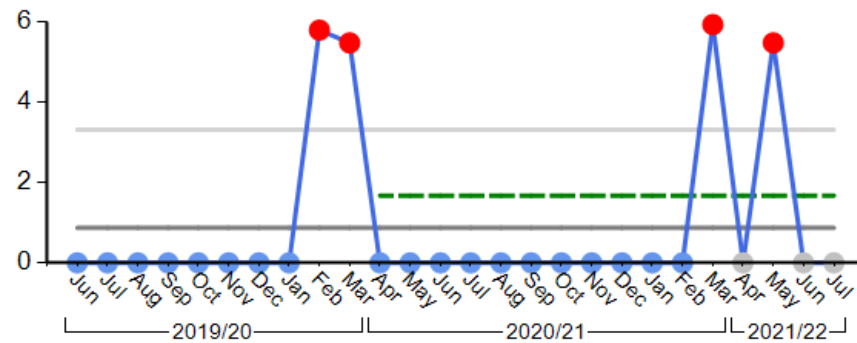
3rd and 4th degree tears from unassisted births decreased in month. All cases were reviewed, and care was appropriate. There were no themes with midwife conducting births.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Stillbirth Rate (per 1,000 births)	3.74	4.2	1	Jul 21		3.7	0	Jun 21	3.74	1.3	
Neonatal Mortality Rate (per 1,000 births)	1.67	0	0	Jul 21		1.7	0	Jun 21	1.67	1.3	
Number of Maternal Deaths	0	0	0	Jul 21		0	0	Jun 21	0	0	
Caesarean Rates	28.5%	34.1%	79	Jul 21		28.5%	43.6%	Jun 21	28.5%	36.3%	
Induction Rate	38%	42.7%	99	Jul 21		38%	43.6%	Jun 21	38%	45.6%	
Breastfeeding Initiation	62%	64.7%	82	Jul 21		62%	61.5%	Jun 21	62%	63.7%	
Percentage of Women Booked by 12 weeks 6 days	90%	90%	21	Jul 21		90%	91.3%	Jun 21	90%	90.5%	
Number of Occasions 1:1 Care Not Provided	0	0	0	Jul 21		0	2	Jun 21	0	2	
Maternity Complaints as % of Deliveries	0.7%	0.4%	1	Jul 21		0.7%	0%	Jun 21	0.7%	0.5%	
Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Births	1.5%	2.4%	3	Jul 21		1.5%	4.5%	Jun 21	1.5%	2.6%	
Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births	11%	0%	0	Jul 21		11%	4.8%	Jun 21	11%	4.3%	

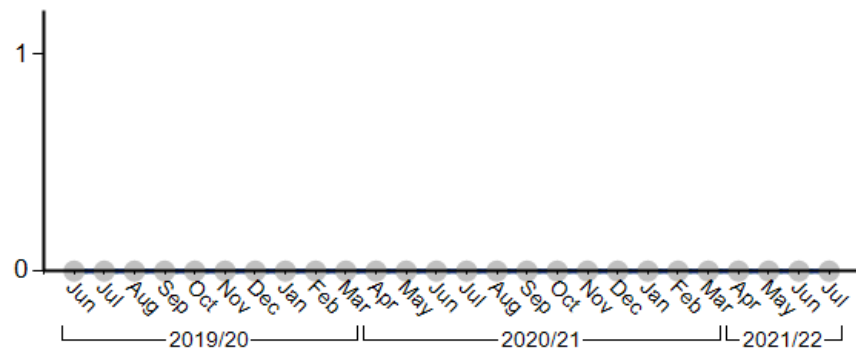
Stillbirth Rate (per 1,000 births)



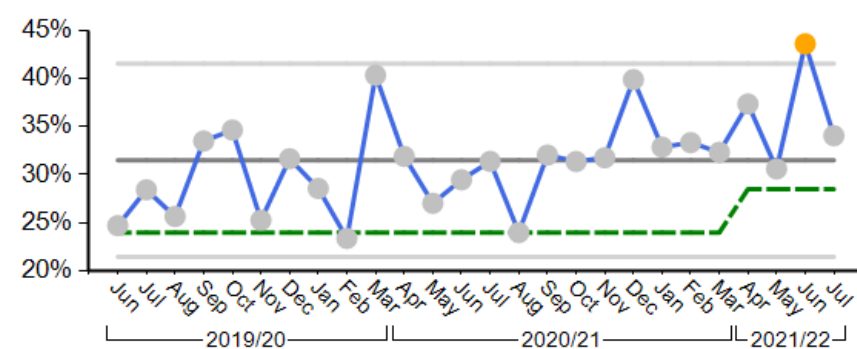
Neonatal Mortality Rate (per 1,000 births)



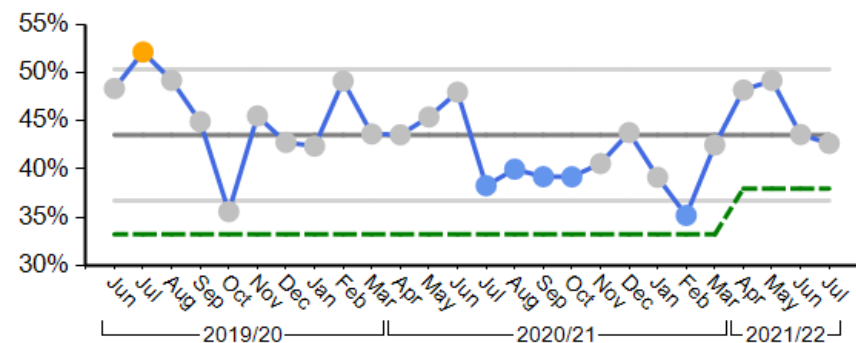
Number of Maternal Deaths



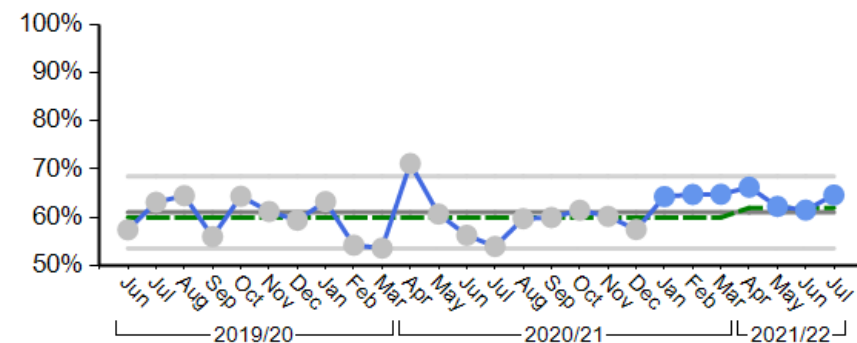
Caesarean Rates



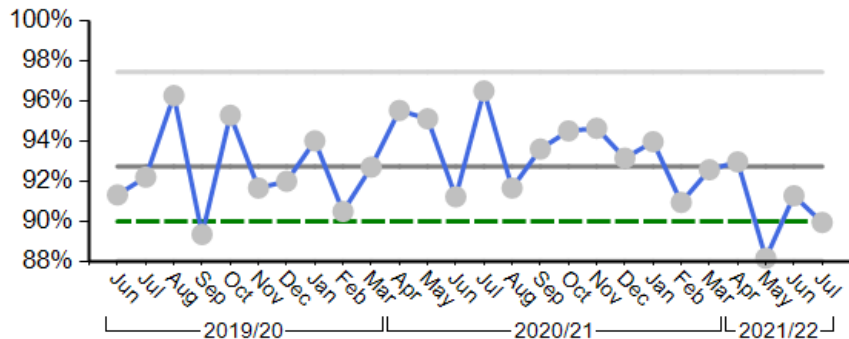
Induction Rate



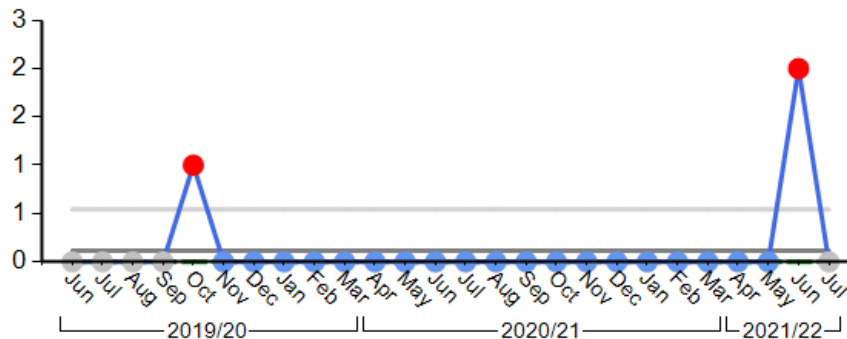
Breastfeeding Initiation



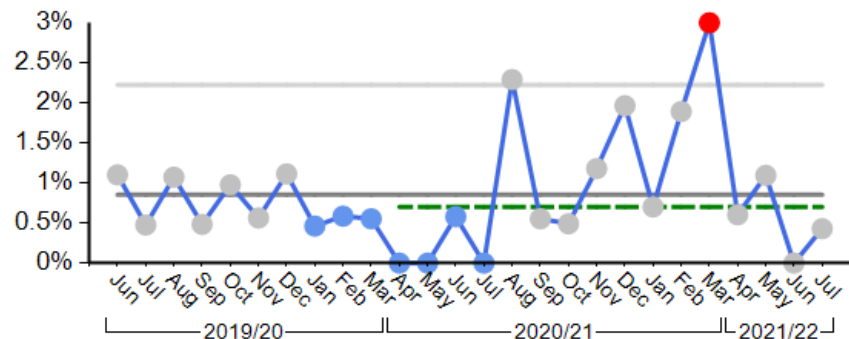
Percentage of Women Booked by 12 weeks 6 days



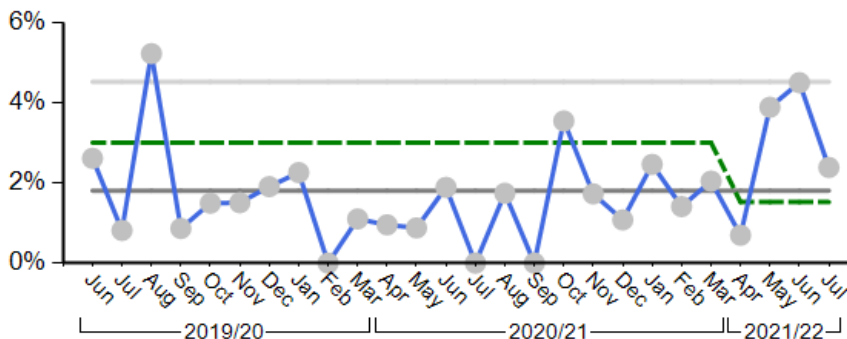
Number of Occasions 1:1 Care Not Provided



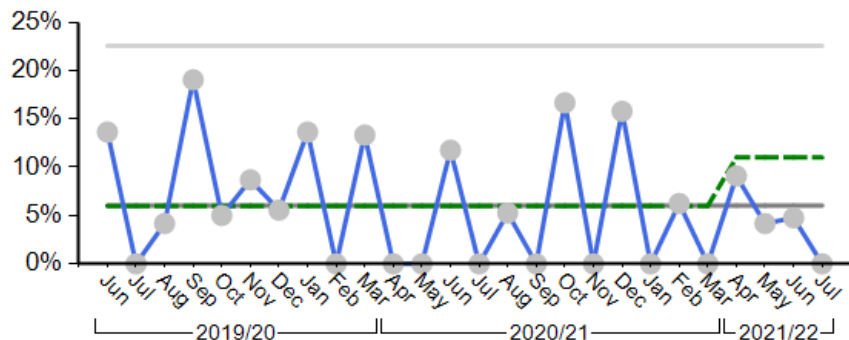
Maternity Complaints as % of Deliveries



Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Births











Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births



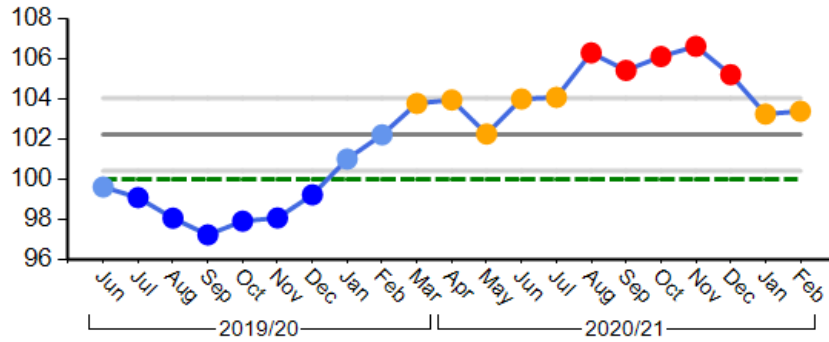
Quality

Mortality

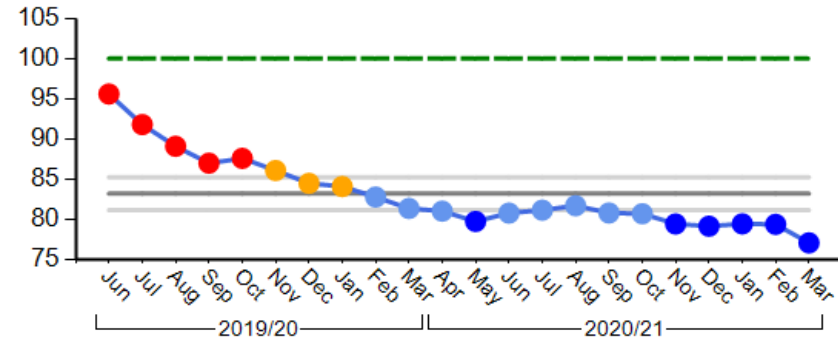
The latest SHMI, for the 12-month period ending February 2021 is 103.38. This is statistically as expected. The HES forecast is predicting Trust SHMI will remain at this level, with marginal fluctuations, for at least the next 2 periods. As the nationally sourced data now includes February 2021 the percentage of spells excluded from mortality reporting increases to 6.1% as expected. This is now 1,775 spells which have been removed from the mortality reporting process. The HSMR continues to be assured and show special cause improvement, continuing the downward trajectory in the latest reporting month (March). The Percentage of Deaths Screened continues to fail its assurance measure and show special cause concern, with performance remaining static. This is expected to improve in the coming months due to the Medical Examiner's roles.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
SHMI (Summary Hospital-level Mortality Indicator)	100	103.4	N/A	Feb 21		100	103.2	Jan 21	100	104.6	
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)	100	77.1	N/A	Mar 21		100	79.4	Feb 21	100	77.1	
Percentage of Deaths Screened	100%	14%	43	Jun 21		100%	14.1%	May 21	100%	14.4%	
Perinatal Mortality Rate	5.4	4.2	4.2	Jul 21		5.4	0	Jun 21	5.4	2.4	

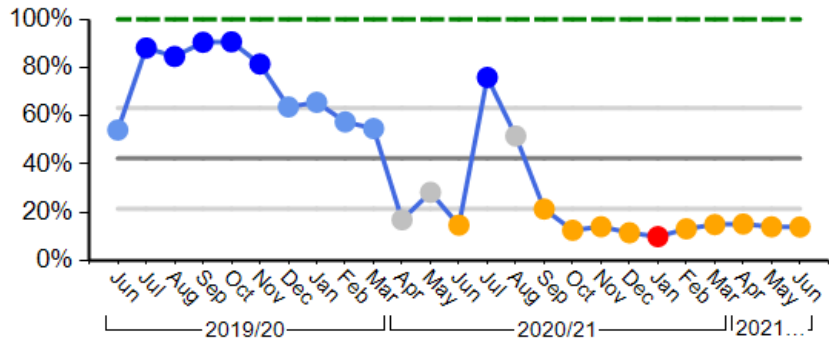
SHMI (Summary Hospital-level Mortality Indicator)



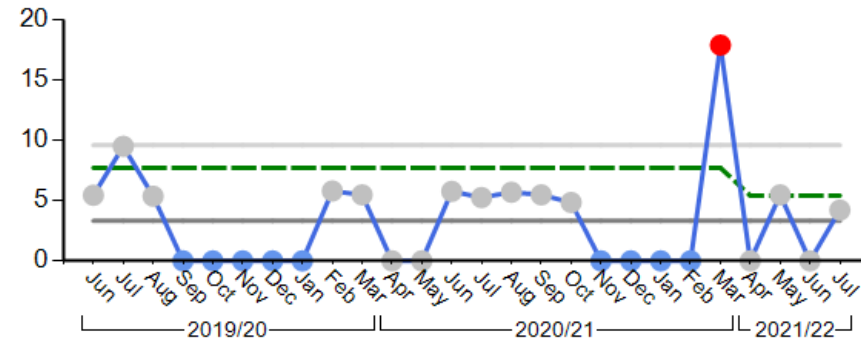
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)



Percentage of Deaths Screened



Perinatal Mortality Rate



Patient Experience

Analyst Narrative:

Two indicators within this section are failing their assurance measure; DSSA (Delivering Same Sex Accommodation) Breaches and Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. The DSSA Breaches is currently showing special cause improvement and has been consistently performing ahead of the mean for several months. The first quarterly Pulse Survey results have been received and show a deterioration in the 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' metric from the last annual Staff Survey, resulting in this indicator failing assurance and showing special cause concern. The Friends and Family Test - Patients - % That Would Recommend - Trust Overall metric is showing special cause concern with a further decline in July. This is against a response rate which is assured and consistently performs ahead of target. Both Duty of Candour indicators continue to show special cause improvement, with 100% compliance in July. This needs to be maintained for these indicators to be assured.

Operational Narrative:

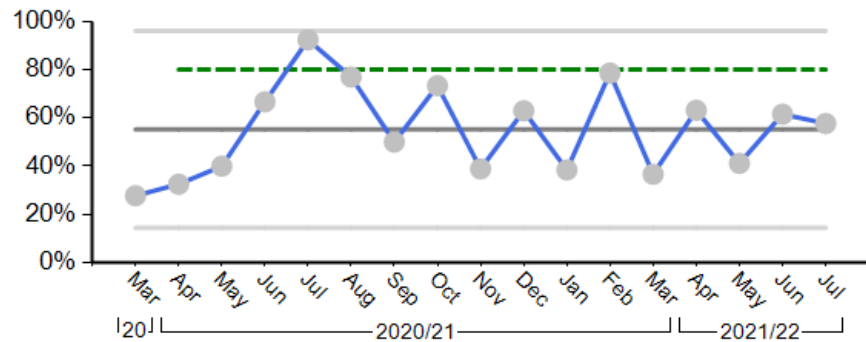
The three breaches in Delivering Same Sex Accommodation were due to delayed discharges from Critical Care. These are discussed and escalated through the 3 x daily bed meetings.

The Patient Friends and Family % That Would Recommend has declined again in July. This is due to Specialist Services, who have had a 6.5% reduction in the % that would recommend, impacted by a decline in their response rate. The response rate has deteriorated since the withdrawal of postcards and change to text messaging. The Women and Children's Team are working with the BI Team to source QI QR codes for Paediatrics, Neonatal and all clinical areas in Maternity and to include QR codes in leaflet form to be given to women. Use of the Maternity Facebook page will also be promoted. The action plan relating to the Patient Friends and Family Test has also been included.

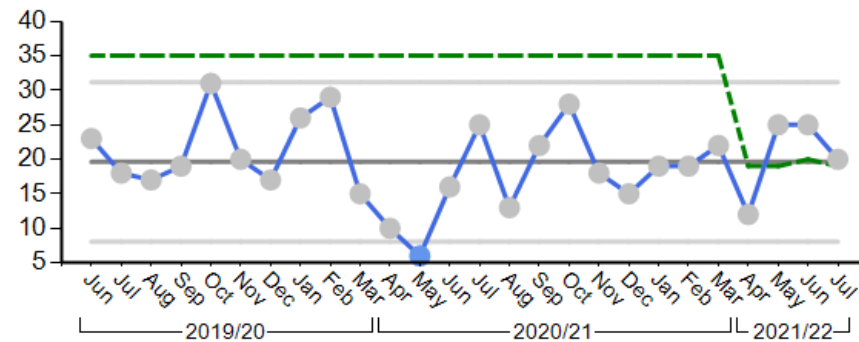
The staff survey If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation has been taken from the quarterly Pulse Survey. This replaces the Staff FFT. The Q2 Pulse Check (July 2021) shows that staff recommending the organisation for treatment has decreased 6.9%. Extensive work is underway to deliver the outcomes of the NHS People Plan with progress monitored through Workforce Improvement Group and the Valuing our People & Inclusion Group. The Pulse Check will be one way in which overall staff engagement will be tracked. Further narrative relating to this survey has been captured within the Organisational Development section of this IPR.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Complaints - % closed within 40 working days	80%	57.7%	N/A	Jul 21		80%	61.5%	Jun 21	80%	56.8%	
Written Complaints	19	20	20	Jul 21		19	25	Jun 21	233	82	
Friends and Family Test - Patients - % Response Rate	15%	22.1%	6344	Jul 21		15%	22.9%	Jun 21	15%		
Friends and Family Test - Patients - % That Would Recommend - Trust Overall	94%	86.8%	238	Jul 21		94%	88.2%	Jun 21	94%	88.5%	
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	83%	51.5%	N/A	Jul 21		83%	NTR	Jun 21	83%	51.5%	
DSSA (Delivering Same Sex Accommodation) Breaches - Trust	0	3	3	Jul 21		0	6	Jun 21	0	16	
Duty of Candour - Evidence of Discussion	100%	100%	0	Jul 21		100%	100%	Jun 21	100%	100%	
Duty of Candour - Evidence of Letter	100%	100%	0	Jul 21		100%	100%	Jun 21	100%	100%	

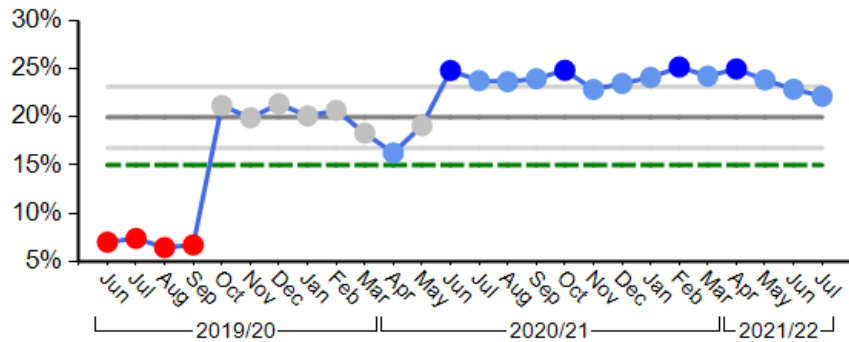
Complaints - % closed within 40 working days



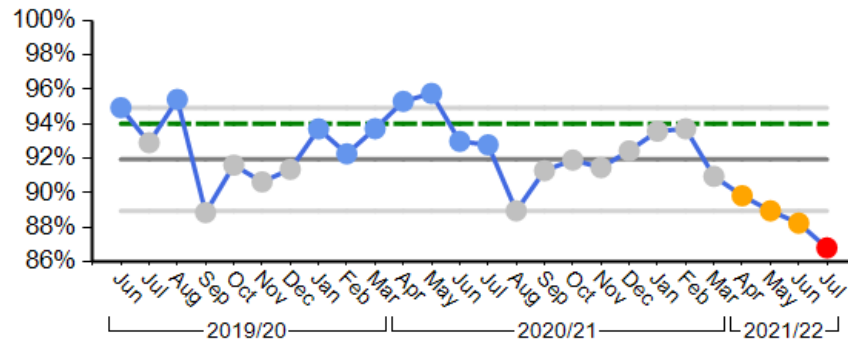
Written Complaints



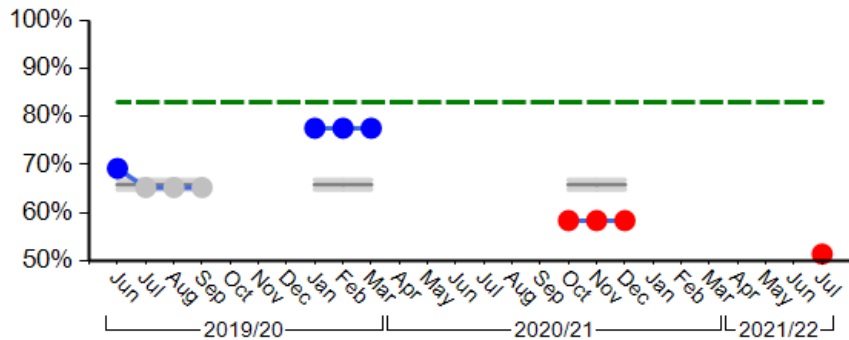
Friends and Family Test - Patients - % Response Rate



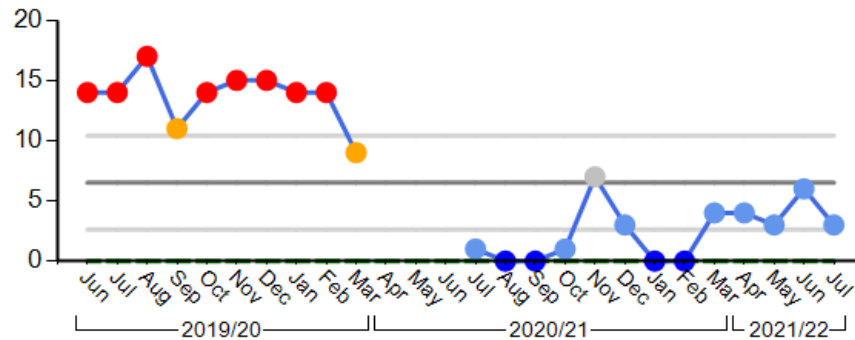
Friends and Family Test - Patients - % That Would Recommend - Trust Overall



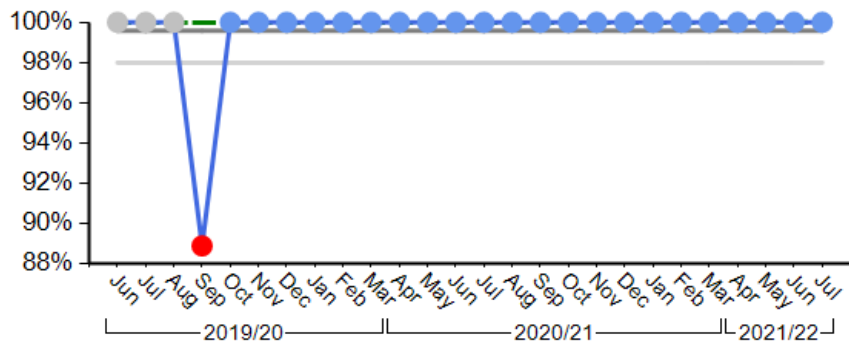
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



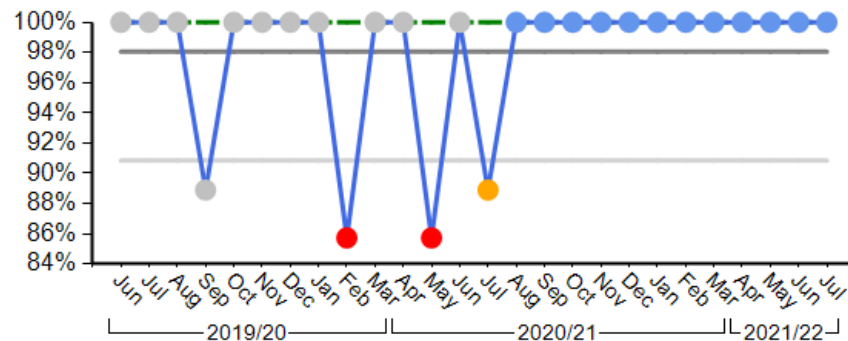
DSSA (Delivering Same Sex Accommodation) Breaches - Trust



Duty of Candour - Evidence of Discussion



Duty of Candour - Evidence of Letter



Title of Meeting	BOARD OF DIRECTORS	Date	1 SEPTEMBER 2021
Agenda Item	TB137/21	FOI Exempt	NO
Report Title	INFECTION PREVENTION AND CONTROL ASSURANCE FRAMEWORK		
Executive Lead	Bridget Lees, Director of Nursing, Midwifery and Allied Health Professionals		
Lead Officer	Andrew Chalmers, Consultant Nurse/Deputy Director - Infection Prevention & Control		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
This report provides the Board with an update in relation to the Trust's position against the measures within the Infection Prevention and Control (IPC) Assurance Framework			
Executive Summary			
<p>The IPC BAF was first reported to the Board in July 2020 and is now presented to Quality & Safety Committee and Board on a monthly basis.</p> <p>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 regular basis.</p> <p>Since the last report, for ease of review we have taken out the previously agreed BLUE / Completed Actions. To ensure these BLUE actions remain embedded and sustained the framework will be regularly revisited to monitor progress and mitigation regarding gaps and compliance against any new or amended guidance.</p> <p>In the last report there was a new version of the IPC BAF that was reported with additional actions, these have now been reviewed again and two of these actions have now been updated from green to blue. The latest version of the IPC BAF shows all but four of the key actions as Green and are progressing on schedule except for action 10 which acknowledges that even though staff movement between wards is minimised that due to current vacancies this is not always attainable. The Trust is actively recruiting additional staff to minimise this risk as well as ensuring that staff aren't moved mid-shift.</p>			
Progress			
IPC audits and mandatory training continues to be monitored:			
<ol style="list-style-type: none"> 1. Hand Hygiene Audits - Trust compliance July 2021 (93.5%) ↓ above target 2. PPE Compliance Audits - Trust compliance July 2021 (93.5%) ↓ above target 3. IPC Mandatory Training - Compliance – <ol style="list-style-type: none"> a. Level 1 July 2021 (92.91%) ↓ above target b. Level 2 training June 2021 (80.20%) ↓ below target 4. Visiting guidance is now linked with the Priority Area COVID Level Triggers to provide consistency across the Trust which has enabled restarting of visiting in the NWR SIC in addition to the visiting that was already in place – this will be extended to ward 11B as triggers decrease 			

<u>Areas requiring further improvement</u>	
<ul style="list-style-type: none"> Improving IPC Level 2 Mandatory Training – Targeting staff who have not yet completed level two training Consistency of staff allocation & restricted movement of staff between different areas – we are minimising staff movement between areas, however due to current vacancies this isn't always possible. A ventilation task and finish group has been commenced that is reviewing ventilation across the Trust to identify areas of concern and to make recommendations as required 	
Recommendations	
The Board is asked to receive and note progress in relation to measures within the Infection Prevention and Control (IPC) Board Assurance Framework.	
Previously Considered By:	
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee	<input checked="" type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee
Strategic Objectives	
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services	
<input type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards	
<input type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits	
<input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	
<input type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
<input type="checkbox"/> 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	Bridget Lees

Infection prevention and control board assurance framework

June 30th, 2021. V1.6
Updates from V1.5

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 (July 21)	New BRAG Rating (August 21)
<ul style="list-style-type: none"> • local risk assessments are based on the measures as prioritised in the hierarchy of controls. The risk assessment needs to be documented and communicated to staff. • the documented risk assessment includes: <ul style="list-style-type: none"> ○ a review of the effectiveness of the ventilation in the area. ○ operational capacity. ○ prevalence of infection/variants of concern in the local area. 	<ul style="list-style-type: none"> • Monthly ventilation meetings to review current guidance Deputy DIPC and estates, last meeting 23/6/21. August meeting scheduled for 25/8/21 • Estates to update IPC Bronze meeting 23/7/2021 – Audit completed on 1989 side of SFDGH, 14s and 15s ward templates to be completed then move onto ODGH • IPC & estates meet monthly • Prevalence of infection/variants of concern in the local area are communicated via PHE/CCG at IPC Bronze meetings • Ventilation authorized person is in place and is coordinating audit of current ventilation status across the two hospital sites and is producing a report • Comms sent out on Monday 16/8/21 with respect to IPC including ventilation and room capacity/social distancing 	<ul style="list-style-type: none"> • Ward areas need own Risk Assessment, Estates currently in process, BMS Contracting assessing all areas both sites. Expected completion date SDGH 13/8/21. To then start at ODGH 16/8/21 	<ul style="list-style-type: none"> • Once ventilation reports are received any recommendations will be reviewed and actioned if appropriate • Advice taken from PHE/CCG regarding variants and impact to Hospital reviewed and actions put in place if required • Guidance provided to all areas re ventilation, room capacity and social distancing • Daily IPC visits to wards to promote compliance 	New KLOE from July 21	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (July 21)	New BRAG Rating (August 21)
	<ul style="list-style-type: none"> On Friday 13/8/21 IPC presented to Trust Brief Live and included guidance on appropriate ventilation, room capacity and social distancing 				
<ul style="list-style-type: none"> Triaging and SARS-CoV-2 testing is undertaken for all patients either at point of admission or as soon as possible/practical following admission across all the pathways; 	<ul style="list-style-type: none"> COVID-19 pathways in place. On admission patients are assigned to a covid zone (red, amber, green). Currently, 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; these are risk assessed daily and subject to change (1) Emergency admissions – patients assessed for symptoms and swabbed for Covid (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 completed on entrance to clinics. Admission, Day 3, Day 5 , then screen every 5 days – A Day3 and Day 5 swabbing compliance report is 	None	<ul style="list-style-type: none"> BI generate a Day 3 and Day 5 swabbing compliance report, this is communicated to the wards via IPC Team 	New KLOE from July 21	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (July 21)	New BRAG Rating (August 21)
	<ul style="list-style-type: none"> generated by BI and is used to remind the wards daily by the IPC Team Day 5 screening was introduced 11/06/2020 MIAA Audit 2021 providing substantial assurance 				
<ul style="list-style-type: none"> when an unacceptable risk of transmission remains following the risk assessment, consideration to the extended use of Respiratory Protective Equipment RPE for patient care in specific situations should be given; 	<ul style="list-style-type: none"> Covid-19: Guidance for maintaining services within health and care settings published 1st June 2021 – guidance taken and changes to PPE communicated via Trust news and given to all clinical areas by IPCT Team to staff with pictures and examples 17/06/2021. If a clinician identifies an increased risk then extended use of PPE maybe recommended and put in place; this is communicated and discussed with IPC team and Microbiologist IPC team available 7 days a week and Microbiologist on-call 	None	<ul style="list-style-type: none"> Nursing and medical staff to identify risk and highlight the patient to IPC 	New KLOE from July 21	
<ul style="list-style-type: none"> resources are in place to enable compliance and monitoring of IPC practice including: <ul style="list-style-type: none"> patients, visitors and staff are able to maintain 2 metre social & physical distancing in all patient care areas, unless staff are providing clinical/personal care and are wearing appropriate PPE: 	<ul style="list-style-type: none"> Staff advise patients to wear a face mask if not wearing one. All inpatients are given information advising them of their actions to maintain their safety during their stay (this includes wearing of PPE and social distancing and cleaning) The IPC team audit compliance through the Perfect Ward app, IPC Audit for each ward – this is a new audit that has just been introduced; early results confirm that 100% of mobile in-patients wear a mask 	<ul style="list-style-type: none"> Patient and staff compliance can be variable due to varying factors, e.g., confusion with government advice that from 19th July face masks are not required, however healthcare settings are exempt from this, ward staff encourage daily, which is supported by IPC Team daily ward visits and local Matrons 	<ul style="list-style-type: none"> All visitors are asked on entering hospital site to be compliant with the wearing of PPE 	New KLOE from July 21	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (July 21)	New BRAG Rating (August 21)
	<ul style="list-style-type: none"> • Visiting is currently restricted. All visitors are required to wear PPE and are symptom checked • Visiting guidance is in line with Priority Area Covid level Triggers which was presented to CRG 20/07/2021 • Visiting guidance compliance with IPC practice is advertised on posters around the hospital site, social media, Trust website 				
<ul style="list-style-type: none"> • training in IPC standard infection control and transmission-based precautions are provided to all staff 	<ul style="list-style-type: none"> • IPC Mandatory Training - Compliance – Level 1 July 21(92.91%) – Target achieved. • Level 2 training July 2021 (80.20%) – below target and a small decrease on previous month (81.37%) • IPC training is covered in Clinical Induction which has remained mandatory for all new starters during Covid • Online You Tube training • Comms sent out on Monday 16/8/21 with respect to IPC including: PPE, COVID screens, hand hygiene, employee LAMP testing, ventilation and room capacity/social distancing • On Friday 13/8/21 IPC presented to Trust Brief Live and included guidance on: PPE, COVID screens, hand hygiene, employee LAMP testing, ventilation and room capacity/social distancing 	<p>Not reached 85% target for Level 2 IPC training in July 2021</p>	<p>Monthly training compliance report is circulated to CBUs monthly.</p> <p>Frequent reminders re IPC best practice circulated in Trust News.</p> <p>Information re IPC provided to staff at safety huddles Ward Walking by Quality Matrons, IPC Team and senior leaders; including adhoc training on the wards by the IPC team – recent ward-based training included MRSA, C diff and hand hygiene</p>		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (July 21)	New BRAG Rating (August 21)
<ul style="list-style-type: none"> • reusable non-invasive care equipment is decontaminated: <ul style="list-style-type: none"> ○ between each use ○ after blood and/or body fluid contamination ○ at regular predefined intervals as part of an equipment cleaning protocol ○ before inspection, servicing or repair equipment; 	<ul style="list-style-type: none"> • CORP 34 Medical Device SOP 8 Decontamination of Equipment • CORP 75 Decontamination of Medical Devices/Equipment and Reusable Surgical Instruments • Infection Prevention and Control Policy ICO2 • Mandatory training / e-learning package which includes decontamination, compliance is recorded on ESR and reported monthly. • Mandatory training as is covered in Clinical Induction which has remained mandatory for all new starters during Covid. 	None	None	New KLOE from July 21	

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

No outstanding Actions – all complete

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (July 21)	New BRAG Rating (August 21)
<p>• Implementation of the supporting excellence in infection prevention and control behaviours implementation Toolkit has been considered C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)</p>	<ul style="list-style-type: none"> • Toolkit has been considered and some points put in place or already in use for example: - • Staff work force – flexible working from home were appropriate • Staff encouraged to take staggered breaks to allow social distancing – messages from Matrons, IPC team, Trust brief • Cleaning- ‘I’m clean’ notice/stickers been embedded in practice for minimum 5 years • Estates-heated marquee was in place – Estates are now looking at a permanent fixture • Leadership – faceless sickness line for staff via HWB, where possible meetings have been moved to virtual via Teams • Use of posters with Trust staff used to promote PPE • Patient posters used to inform patients of the actions they can do to stay safe • Information/banners on work computers and intranet • IPC link workers in clinical areas • Trust Facebook page for staff “meeting place” • Trust Brief live every Thursday – Teams meeting with Execs with access by all staff 	None	None	New KLOE from July 21	

	<ul style="list-style-type: none"> Temperature and symptom check on patients coming into outpatients and for visitors 				
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5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	BRAG Rating (July 21)	New BRAG Rating (August 21)
<ul style="list-style-type: none"> Individuals who are clinically extremely vulnerable from COVID-19 receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g., priority for single room isolation. 	<ul style="list-style-type: none"> Patients are triaged and assessed on admission and daily by assigned medical/ surgical teams and if identified as clinically vulnerable/immune compromised they are placed into side room or PODS by the bed management team /IPC input 	None	None	New KLOE from July 21	

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

No outstanding Actions – all complete

7. Provide or secure adequate isolation facilities

No outstanding Actions – all complete

8. Secure adequate access to laboratory support as appropriate

No outstanding Actions – all complete

9. Have and adhere to policies designed for the individual’s care and provider organizations that will help to prevent and control infections

No outstanding Actions – all complete

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 (July 21)	New BRAG Rating (August 21)
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> There is a general principle that staff are not moved between wards unless there is an urgent need (cover wards). In general staff should 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		

Completed
Progressing on schedule
Slightly delayed and/or of low risk
Significantly delayed and/or of high risk

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP	WORKFORCE COMMITTEE
MEETING DATE	27 JULY 2021
CHAIR:	PAULINE GIBSON

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

Sickness Absence

The sickness absence rate overall has remained static in position in month. The Committee noted that whilst the Workforce Directorate are putting in lots of supportive measures to try and decrease rates, there are few beneficial outcomes occurring. The ratio of long vs short term absence are favouring towards long. The highest absence rates are due to anxiety and depression which could be due to the pandemic, the current pressures, short staffing and/or acuity of patients. 100% of long-term cases are actively being managed.

Staff Turnover

Whilst the staff turnover rate overall has decreased in month from 1.7% in May 2021 to 1.2%, the rolling staff turnover rate is causing concern. This is still being impacted by leavers from paid placements.

ADVISE

Staff Retention

The staff retention rate has decreased in month from 88.1% in May 2021 to 84.7%. This is causing concern and the Workforce Directorate are continuing to monitor. It remains within its assurance measure.

PDRs

Compliance in PDRs has decreased from 77.3% in May 2021 to 76.3% in month. The Committee expressed their lack of assurance that the action plan is working, however noted the continuing work being undertaken and that some CBUs were hitting compliance trajectories.

Medical Vacancies

The medical vacancy rate has dropped from 7.9% in May 2021 to 7.6% in June 2021. Medical recruitment has been good in month. The Resourcing Plan, which was received by the Committee, details the Trust's plan to grow its own consultants via investment.

Nursing Vacancies

The nursing vacancy rate has remained static in month. International recruitment is continuing to bring nurses into the organisation: 81 have currently joined; 52 of these have passed their OSCEs and Pins are starting to be sent through. The trajectory is that we will fill all Band 5 nursing vacancies by year end.

Bank and Agency staff costs

There has been a significant reduction in agency spend in June 2021 which is highly positive in terms of improvement. The Committee recognised this and highlighted how this area was once a real concern and seen as almost impossible to tackle. They noted these improvements show just how much hard work has been undertaken to support.

Apprenticeships

Whilst the Trust is losing funding due to lack of uptake of Apprenticeships, the Committee recognised the hard work being undertaken to resolve this. Work has commenced to make most Band 2 to Band 4 roles all offered under an apprenticeship scheme to aid recruitment and retention. Losses have also been mitigated by transfer of levy to Wellington Health.

ASSURE

Mandatory Training

Mandatory Training compliance has increased in month to 87.6% from 86.8% in May 2021. Compliance in this area regularly exceeds the current planned target and the Committee were strongly assured.

Time to Hire

Despite time to hire increasing in days in month, the Committee were assured with strong rationale as to the reasons why.

Band 5 Nurse Vacancies

It has been predicted that by the end of 2021/22, there will not be any Band 5 nurse vacancies in the organisation due to the additional international nurses. The Committee were strongly assured and congratulated the efforts being undertaken.

Freedom To Speak Up Annual Report

There have a number of changes to process within Freedom to Speak Up in year which the Committee noted. It was agreed that all reports were to be presented to the Workforce Committee before submission to Board.

NHSP Risk

The long-standing risk of NHSP fill rates was removed from the Risk Register in month, as significant improvements have been made.

AHP

Despite there currently being large AHP vacancy rate in the Trust, 21 job offers for this role have been given.

Physician Associates

7 Physician Associates will commence in the Trust in September 2021 in some hard to fill roles.

Safe Staffing

The Committee commended and congratulated the work being undertaken in recent months to ensure the Trust is safely staffed.

New Risk identified at the meeting

None.

Review of the Risk Register

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

Workforce

Organisational Development

Analyst Narrative:

Personal Development Reviews continues to fail the assurance measure but has been showing special cause improvement for the last four months, performance in July is 0.1% higher than the previous month. Mandatory training continues to be assured, with a further 0.3% increase in month. The results of the first quarterly Pulse Survey have shown a decrease in the proportion of staff who would recommend the organisation as a place to work.

Operational Narrative:

Mandatory training continues to provide assurance, this is thanks to the concerted efforts of our managers and staff across the organisation. Moving and handling and conflict resolution training remain an issue in the absence of face to face training although online training in these subjects are available for staff to update.







Quarterly Pulse Check

From 2021, the quarterly NHS Pulse Check replaces the Staff FFT and from now on, will act as a regular temperature check of overall staff engagement throughout the year monitored via the quarterly People Plan Update Report presented to Workforce Committee. From July 2021, all NHS organisations are mandated to deliver the Pulse Check three times a year with the Annual Staff Survey serving to fulfil the Q3 data capture.

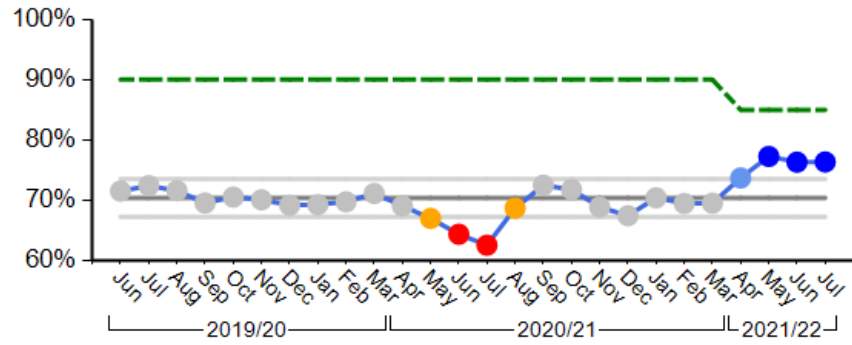
The Q2 Pulse Check (July 2021) shows that staff recommending the organisation as a place to work has decreased by 9.9% and staff recommending the organisation for treatment has decreased 6.9%. It is worth noting that the Q2 Pulse Check data is based on 11.6% of the workforce versus a 45% response rate for the Annual Staff Survey data 2020 (Q3), this may have impacted on the overall %. As further data is collected over the forthcoming year(s), patterns and trends will become more evident. Contextually, July 2021 saw the resignation of the CEO and rumours of a potential StHK takeover, which may have influenced staff responses.

Extensive work is underway to deliver the outcomes of the NHS People Plan with progress monitored through Workforce Improvement Group and the Valuing our People & Inclusion Group. The Pulse Check will be one way in which overall staff engagement will be tracked.

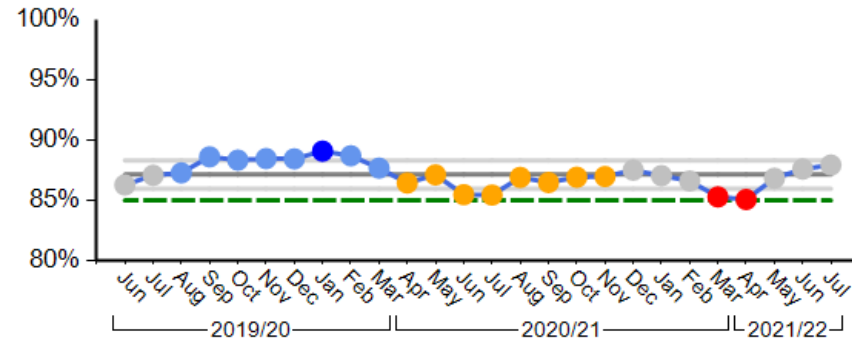
Please also see supplementary action plan for Personal Development Reviews.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Personal Development Review	85%	76.4%	N/A	Jul 21		85%	76.3%	Jun 21	85%	75.9%	
Mandatory Training	85%	87.9%	N/A	Jul 21		85%	87.6%	Jun 21	85%	86.8%	
Staff Survey - I would recommend my organisation as a place to work	67%	49.9%	N/A	Jul 21		67%	59.8%	Dec 20	67%	49.9%	

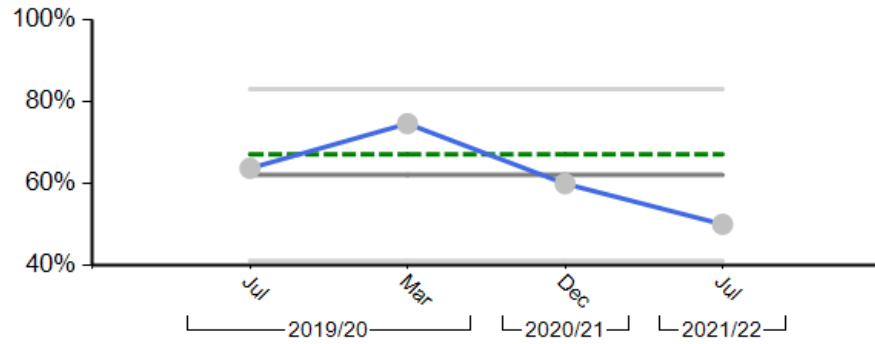
Personal Development Review



Mandatory Training



Staff Survey - I would recommend my organisation as a place to work



Sickness, Vacancy and Turnover

Analyst Narrative:

Several indicators relating to sickness, vacancies and turnover are failing their assurance measure. The rolling sickness rate and non-Covid sickness rates are both showing special cause concern. The in-month sickness rate, whilst not statistically significant, has increased by 0.8% with non-Covid increasing by 0.5%. This has been impacted by both registered and unregistered nurse sickness. In-month staff turnover is showing special cause concern and remains above target in July. Both Medical and Nurse vacancy rates continue to show special cause improvement but whilst nurse vacancy rates remain static at 10%, Medical vacancy rates have increased.

Operational Narrative:

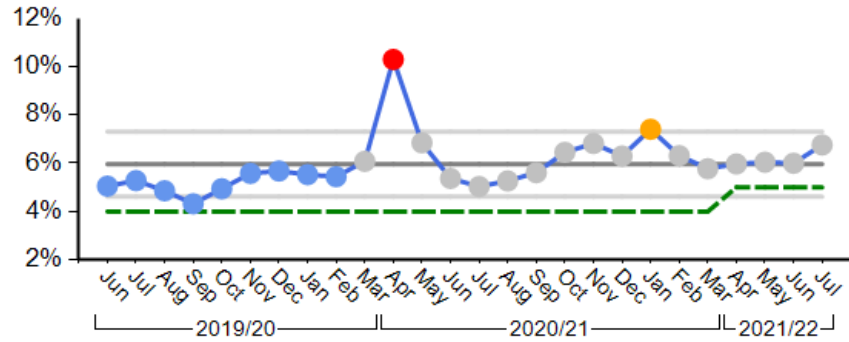
Turnover and medical vacancies do generally spike during July and August as we see the medical training rotations taking place, and this month we have 5 medical leavers that have returned to training. Whilst this does leave some vacancies it shows that we are giving our medics opportunities to develop which allows them to access the national training posts and this is always a positive. We have also had a significant number of retirements in July, with 14 retirees. Turnover will continue to be monitored to look for possible issues, and we do know that there will be a further spike in August, but it should then return to the expected levels.

In terms of vacancy rates our nursing team has seen a number of leavers, and half the retirees were nursing and midwifery. We are continuing to push forward with the international recruitment and we are certainly slowly closing the band 5 vacancies and we have noted an increase in the availability of OSCE tests which will help to speed up the process.

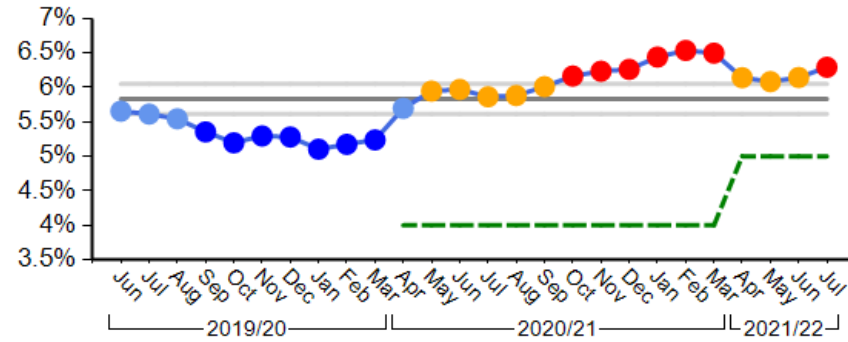
Please see supplementary action plan for Sickness Absence.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Sickness Rate	5%	6.8%	N/A	Jul 21		5%	6%	Jun 21	5%	6.2%	
Sickness Rate (Rolling 12 Month)	5%	6.3%	N/A	Jul 21		5%	6.1%	Jun 21	5%	6.2%	
Sickness Rate - Medical Staff	5%	1.3%	N/A	Jul 21		5%	1.2%	Jun 21	5%	1.7%	
Sickness Rate - Nursing Staff	5%	9.1%	N/A	Jul 21		5%	8%	Jun 21	5%	8.3%	
Sickness Rate (not related to Covid 19) - Trust		6.1%	N/A	Jul 21			5.6%	Jun 21		5.7%	
Trust Vacancy Rate – All Staff	6.8%	10%	N/A	Jul 21		6.8%	9.2%	Jun 21	6.8%	9.2%	
Vacancy Rate - Medical	7.4%	8.3%	N/A	Jul 21		7.4%	7.6%	Jun 21	7.4%		
Vacancy Rate - Nursing	9%	10%	N/A	Jul 21		9%	10%	Jun 21	9%		
Staff Turnover	0.75%	1.2%	N/A	Jul 21		0.8%	1.2%	Jun 21	9%	6.8%	
Staff Turnover (Rolling)	10%	14.4%	N/A	Jul 21		10%	15%	Jun 21			
Staff Turnover - Nursing	0.8%	1.2%	N/A	Jul 21		0.8%	0.9%	Jun 21	9.6%	1.3%	
Time to Recruit	55	49	N/A	Jul 21		55	58	Jun 21	55	54	

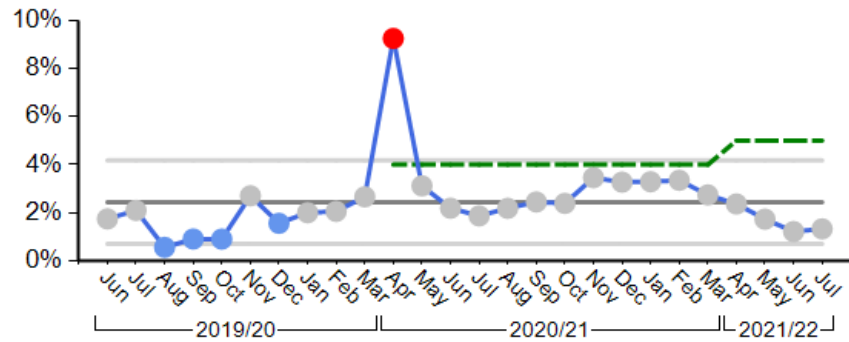
Sickness Rate



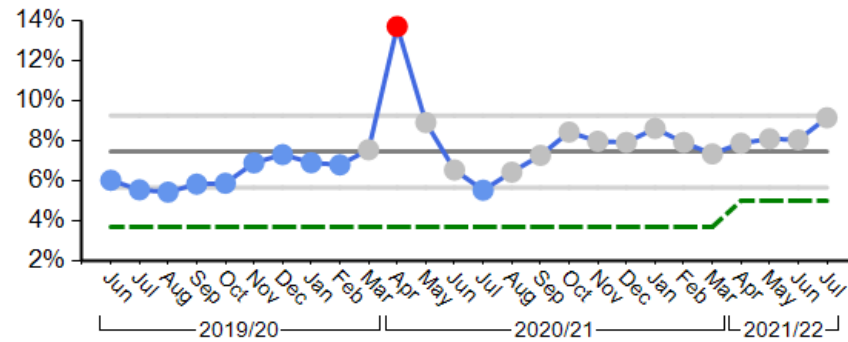
Sickness Rate (Rolling 12 Month)



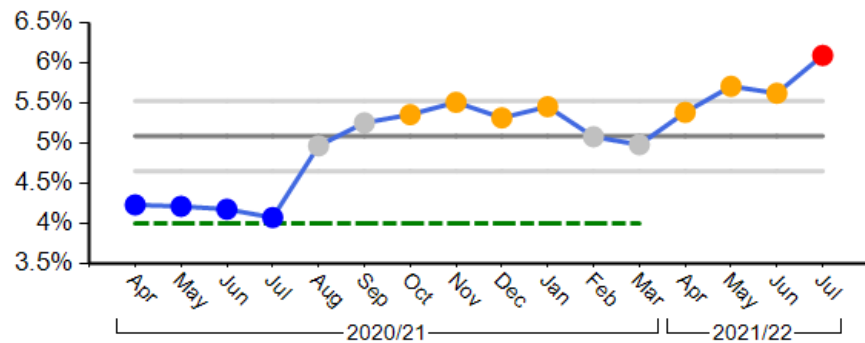
Sickness Rate - Medical Staff



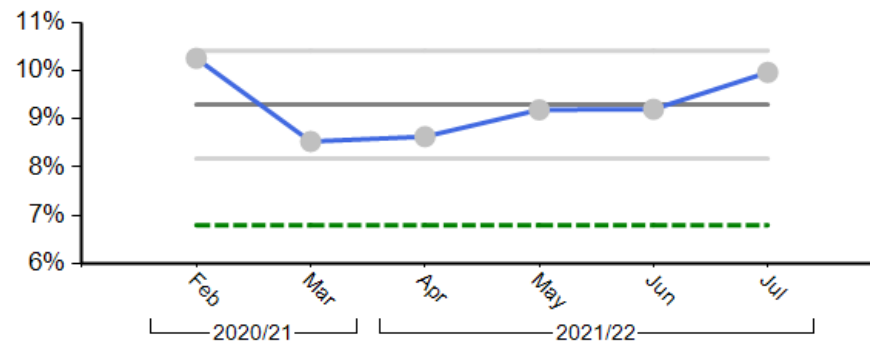
Sickness Rate - Nursing Staff



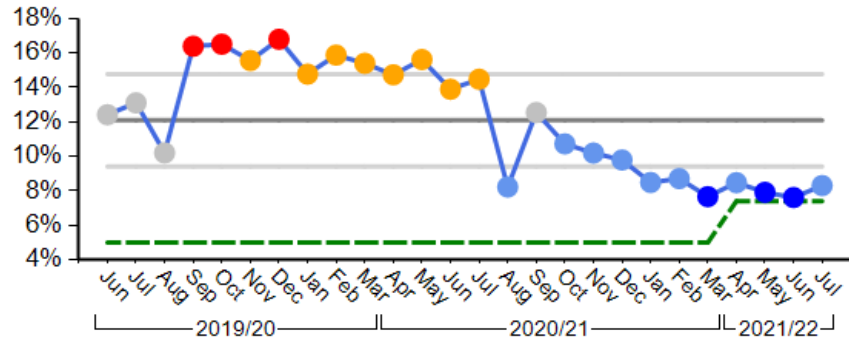
Sickness Rate (not related to Covid 19) - Trust



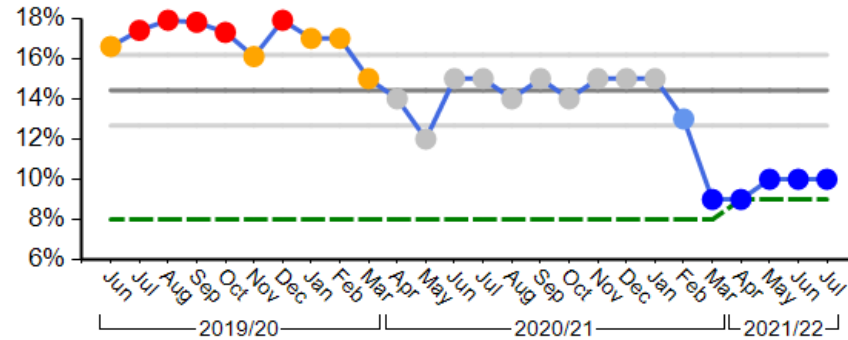
Trust Vacancy Rate – All Staff



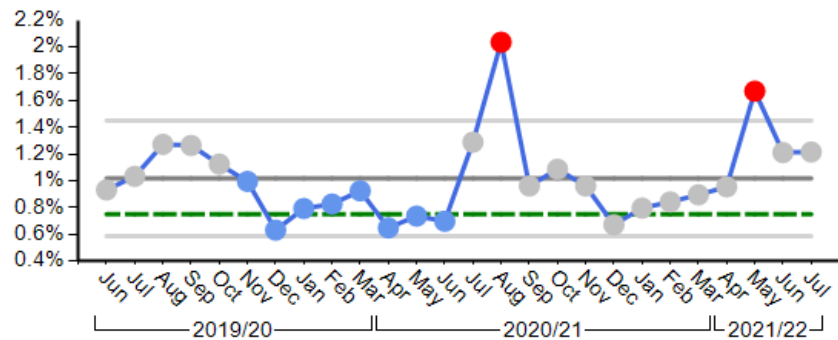
Vacancy Rate - Medical



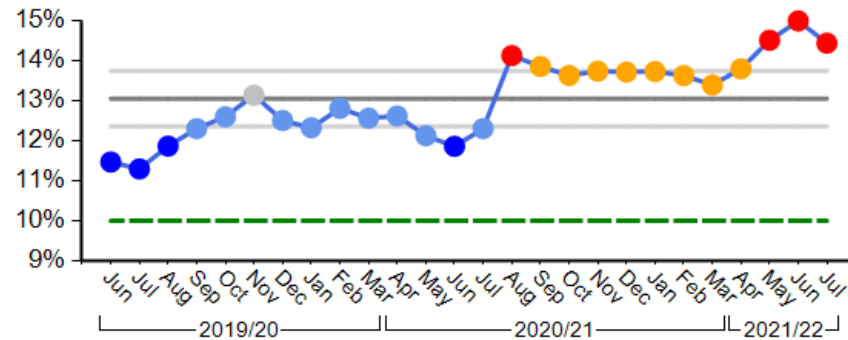
Vacancy Rate - Nursing



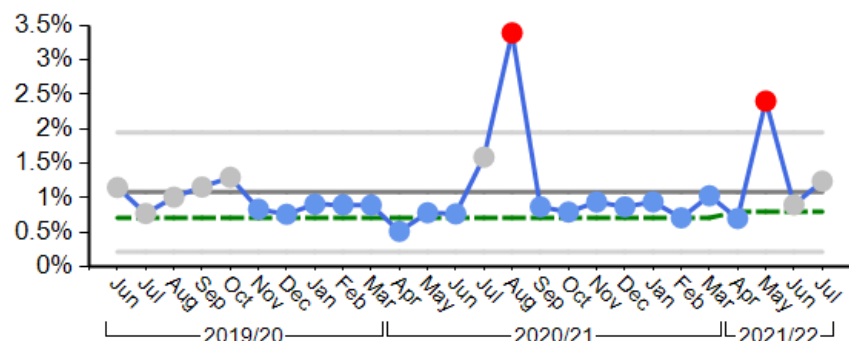
Staff Turnover



Staff Turnover (Rolling)



Staff Turnover - Nursing



Time to Recruit

