AGENDA

STRATEGY AND OPERATIONS (S&O) COMMITTEE

To be held at 0900 on Wednesday 02 March 2022

V = Verbal D = Document P = Presentation

Ref Nº.	Agenda Item	FOI exempt	Lead	Time
PRELIMINARY BUSINESS				***0900***
SO024/22 (P)	**Patient Story** *Purpose: To **receive** the patient story*	*No*	*L Barnes*	15 mins
SO025/22 (V)	**Chair's welcome and note of apologies** *Purpose: To **record** apologies for absence and confirm the meeting is quorate.*	*No*	*Chair*	
SO026/22 (D)	**Declaration of interests** *Purpose: To **record** any Declarations of Interest relating to items on the agenda.*	*No*	*Chair*	
SO027/22 (D)	**Minutes of the previous meeting** *Purpose: To **approve** the minutes of the meeting held on 02 February 2022.*	No	*Chair*	10 mins
SO028/22 (D)	**Matters Arising and Action Logs** *Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and **approve** completed actions.*	*No*	*Chair*	
STRATEGIC AND GOVERNANCE				**0925**
SO029/22 (D)	**Strategy and Operations Committee Annual Workplan 2022/23** *Purpose: To **receive** and **approve** the Cycle of Business*	*No*	*N Bunce*	10 Mins
INTEGRATED PERFORMANCE REPORT				**0935**
SO030/22 (D)	**Integrated Performance Report (IPR)** a) Quality and Safety b) Operations c) Finance d) Workforce *Purpose: To **receive and note** the IPR for assurance.*	*No*	*L Barnes* *K Clark* *L Neary* *J McLuckie* *J Royds*	30 mins

QUALITY & SAFETY				1005
SO031/22 (D/P)	**Quality and Safety AAA Highlight Report** a) Committee AAA Highlight Report b) Bi-Annual Safe Staffing Report c) Learning from Deaths Report (Quarter 3) d) Maternity Report *Purpose: To **receive** the Quality and Safety Reports for information and assurance*	*No*	*G Brown* *L Barnes* *K Clark* *L Barnes*	30 mins
WORFORCE				**1035**
SO032/22 (D)	**Workforce Reports** a) Committee AAA Highlight Report b) Freedom to Speak Up Report (Quarter 3) *Purpose: To **receive** the Workforce reports*	*No*	*L Knight* *L Barnes*	30 Mins
FINANCE, OPERATIONS AND INVESTMENT				**1105**
SO033/22 (D)	**Finance, Performance and Investment Reports** a) Committee AAA Highlight Report *Purpose: To **receive** the FPI reports for information and assurance*	*No*	*J Kozer*	15 mins
CORPORATE GOVERNANCE				**1120**
SO034/22 (D)	**Executive Management Committee Report** *Purpose: To **receive** the EMC AAA Report*	*No*	*AM Stretch*	5 Mins
CONCLUDING BUSINESS				**1125**
SO035/22 (V)	**Questions from Members of the Public** *Purpose: To **respond** to questions from members of the public received in advance of the meeting.*		*Chair*	*5 mins*
SO036/22 (V)	**Any Other Business** *Purpose: To **receive** any urgent business not included on the agenda*		*Chair*	*5 mins*
	Date and time of next meeting: 0900 Wednesday 06 April 2022			***1135 close***

RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC

The Board of Directors through its delegation to the Strategy and Operation Committee, 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: Richard Fraser

***Draft* Minutes of the Strategy and Operations Committee**
Held on Microsoft Teams
Wednesday 02 February 2022
(Subject to the approval of the Strategy and Operations Committee on 02 March 2022)

Present

Name	Initials	Title
Richard Fraser	RF	Chair, StHK
Ann Marr	AM	Chief Executive, StHK
Anne-Marie Stretch	AMS	Managing Director
Lynne Barnes	LB	Director of Nursing, Midwifery and Therapies
Gill Brown	GB	Non-Executive Director, StHK
Nicola Bunce	NB	Director of Corporate Services, StHK
Kate Clark	KB	Medical Director
Ian Clayton	IC	Non-Executive Director, StHK
Rob Cooper	RC	Director of Operations and Performance, StHK
Val Davies	VD	Non-Executive Director, StHK
Sharon Katema	SK	Associate Director of Corporate Governance
Lisa Knight	LK	Non-Executive Director, StHK
Jeff Kozer	JK	Non-Executive Director, StHK
Nikhil Khashu	NK	Director of Finance and Information, StHK
John McLuckie	JMcL	Director of Finance
Lesley Neary	LN	Chief Operating Officer
Rowan-Pritchard-Jones	RPJ	Medical Director, StHK
Sue Redfern	SR	Director of Nursing, Midwifery and Governance, StHK
Jane Royds	JR	Director of HR and OD
Nina Russell	NR	Director of Transformation
Rani Thind	RT	Non-Executive Director, StHK
Christine Walters	CW	Director of Informatics, StHK

In Attendance

Name	Initials	Title
Geoffrey Appleton	GA,	Board Advisor, StHK
Tony Ellis	TE	Communications and Marketing Manager *(Part 1 only)*
Stephen Mellars	SM	Interim Director of Nursing *(Item SO001/22 only)*
Alan Sharples	AS	Board Advisor, StHK
Juanita Wallace	JW	Assistant to ADCG (minute taker)
Angie Westwood	AW	Interim Matron, ITU *(Item SO001/22 only)*

Apologies

Name	Initials	Title
Paul Growney	PG	Non-Executive Director, StHK

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		
SO001/22	**Patient Story**	
	SM introduced the patient story video which was provided by a patient who had been admitted to the Intensive Care Unit (ICU) with Covid-19 in March 2020. The patient spoke about her positive experience of being cared for in	

the ICU, which included the clinical care that she received and the communication with her family. She also shared how she felt after being transitioned back onto a ward and highlighted the following:

- the positive impact of Letters to Loved ones, which was started during the first wave of Covid-19, had enabled families to stay in contact via sending an email and any photos. These were printed off, laminated and delivered to patients.
- the impact on her emotional wellbeing after moving from the ICU to a ward environment where there was less intensive support.

In response to SR's query around keeping patient diaries AW advised that these were kept for all ITU patients and shared with them once they were transferred out of ITU. It was noted that, once a patient was transferred out of ITU, there were daily follow up outreach visits until the patient was medically fit for discharge. There has been an improvement in the understanding of Covid-19 therapies since the start of the pandemic. SR asked about the availability of psychological support for patients that were moved from ITU to a ward and AW advised that the Trust does not currently have a psychologist on site but would refer the patient if necessary. Additionally, a bespoke clinic has been set up and patients were contacted after discharge to find out the type of on-going support that they needed, so that these services could be arranged for the patient's next clinic visit. Furthermore, the team was formulating a business case for the appointment of a Trust psychologist.

RF thanked AW for joining the meeting to explain more about the service and the patient for sharing her story and wished her a continued recovery.

RESOLVED
The Strategy and Operations Committee **received** the Patient Story

SO002/22 Chair's Welcome and Note of Apologies

RF welcomed all to the meeting and in particular welcomed LB to her first meeting in her new role as Interim Director of Nursing, Midwifery and Therapies. He also wished SK well ahead of her secondment to Bolton NHS Foundation Trust.

Apologies for absence were noted as detailed above.

SO003/22 Declaration of interests

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

SO004/22 Minutes of the previous meetings

The Committee reviewed the minutes of the previous meeting held on 02

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December 2021 and approved them as a correct and accurate record of proceedings subject to the following amendment:

- *Strategy and Operations Committee Attendance 2021/22 to be updated to reflect GA's correct surname.*

RESOLVED:
The Strategy and Operations Committee **approved** the minutes from the meeting held 02 December 2021

SO005/22 Matters Arising and Action Logs

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

JK highlighted that January 2021 should be amended to January 2022 on SO008/22a, Section 1.2

RESOLVED:
The Board **approved** the action log

RISK AND GOVERNANCE

SO006/22 Audit Committee AAA Highlight Report

IC presented the AAA Highlight report and alerted to the Committee that the Board Assurance Framework (BAF) had been reviewed at the meeting and that members had requested a review of the risk scores as well as Strategic Objective 6 to be updated to reflect the collaboration agreement with St Helens and Knowsley Teaching Hospitals NHS Trust (StHK).

He advised that the Committee had approved the Annual Work plan that reflected the collaboration with StHK and approved that the Risk Register would now fall within the remit of the Strategy and Operations (S&O) Committee.

The Committee had approved the revised Anti-Fraud and Losses and Special Payments Policies and received the External Audit Strategy Memorandum from Mazars.

RESOLVED:
The Strategy and Operations Committee **received** the AAA Highlight Report from the Audit Committee.

SO007/22 Board Assurance Framework

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SK presented the BAF which provided assurance that the principal risks to achieving the Trust's Strategic Objectives were identified, regularly reviewed and systematically managed.

The BAF had also been presented at the recent Audit Committee at which IC had requested a review of the risk scores and following discussions with the Executive team the principal risks were revised and this has been reflected in the current iteration.

SK highlighted the following updates:

- a new risk relating to the risk of major and sustained failure of essential IT systems had been added to the Strategic Risk Register as an Extreme Risk at 20 against an inherent Risk of 25.
- Risk ID 3: Efficiently and productively provide care within agreed financial limits was amended to an Extreme Risk with a score of 20
- Principal Risk 6 was updated to reflect the terms of the Agreement for Long Term Collaboration (ALTC).

KC advised that whilst Risk ID 1 had been reviewed, the consequence and risk scoring had not yet been amended. The proposed amendments would be discussed at the Risk and Compliance Group and Quality and Safety Committee prior to being submitted to the S&O Committee for final approval. Furthermore, she advised that the Terms of Reference (ToR) for the Clinical Effectiveness Committee were being reviewed to ensure greater scrutiny of outcomes and the provision of a forum for evidence to be easily viewable and demonstrated. IC commented that as both SO 4 and 5 referred to Workforce there was a need for clarity around the two risks. NB commented that the Strategy and Operations Committee needed to own the strategic BAF risks and be assured that there were sufficient controls in place and assurance provided by the Executive of effective mitigation.

It was noted that the newly included IT Risk (SO 7) was a work in progress and would need to be updated to include the Key Performance Indicators (KPI's) as well as mitigating actions. AS commented that it appeared that the IT risk should be split into two separate risks as the mitigating actions would be different for each aspect. JMcL recognised that there was additional work to be carried out on this risk and would present an update at the next meeting.

RF commented that the BAF was a live document which required input from numerous specialist areas and requested that the updated BAF be presented at the meeting in April 2022.

ACTION

EMC will attend a workshop in March 2022 to review the BAF and an **EMC**

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updated BAF will be presented at the S&O Committee meeting in April 2022

RESOLVED:
The Strategy and Operations Committee **received** the Board Assurance Framework

INTEGRATED PERFORMANCE REPORT

SO009/22 The Committee noted the Integrated Performance Report (IPR) Summary which provided an update on the Trust's performance against key national and local priorities during December 2021

a) Quality and Safety Performance Report

KC and LB jointly presented the report which provided an overview of performance against the quality and safety standards. It was noted that:

- There had been an improvement in the Clostridium difficile (C.Diff) trajectory following the implementation of the action plan. SR asked for confirmation of the Trust's tolerance level of C.Diff cases for 2021/22 and clarity on the number of reported cases year to date.
- There had been an increase in the number of hospital-acquired Covid-19 cases in December and January, however, the Trust still compared favourably against regional numbers and work was ongoing with the Infection, Prevention and Control (IPC) team to improve pathways.
- Following concerns around mortality screening and the introduction of a new process with the Medical Examiner's Office the Trust performance had increased to 95.5% in November. An action plan for a focus on the induction of labour was in place and was being monitored.
- There had been an improvement in staffing fill rates in December at 89.3%, however this remained below the target rate of 90%.
- The recently appointed Falls Coordinator was reviewing the themes from a medicine perspective and would be undertaking a piece of work around the environment.
- There had been an increase in Hospital Acquired Pressure Ulcers during December. It was noted that all Hospital Acquired Pressure Ulcers underwent a root cause analysis which was presented at the Harm Free Care Panels and themes identified would be reviewed at the Quality and Safety Committee.
- There had been deterioration in Patient Experience, assessed via the Family and Friends Test (FFT) but work was ongoing to improve this. Funding had been secured to extend the enhanced Patient Advice and Liaison Service (PALS) officer in the Adult Emergency Department (ED) for an additional three months and feedback has been very positive.

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In response to SR's query around C.Diff and emerging themes from investigations KC advised that there appeared to be a link to patients on waiting lists for gall stones and stents as well as the use of antibiotics in the community. Another emerging theme was around patients in the last few months of life being treated with antibiotics which may not be appropriate.

SR advised that StHK had recently completed a review of all Covid-19 deaths and would share the methodology with S&O.

KC advised that there had been two Covid-19 outbreaks during December and the restrictions around visiting had been reinstated. Furthermore, there had been several cases of Covid-19 on the Spinal Injuries unit, but this had not yet met the definition of an outbreak as they were separate cases. Following a deep dive two of the cases had been linked to visiting and the third case was unrelated.

RESOLVED

The Strategy and Operations Committee **received** the Quality and Safety Performance Report

b) Operational Performance Report

LN presented the report which provided a summary of operational activity against the constitutional standards and highlighted that:

- There were currently 29 Covid-19 patients in hospital, however only one of these patients was being treated specifically for Covid-19. At the peak of the Omicron wave there had been 79 patients.
- Covid-19 patients were being managed on two wards and modelling had suggested that these numbers would continue to reduce.
- Sickness absence during December and January including absence due to Covid-19 had been high and peaked at 13.7% on 07 January and this had impacted elective recovery as well as urgent and emergency care standards.
- Urgent and Emergency care remained challenged against the 4 hour standard with performance in December of 77.7% with the Paediatric ED achieving the 4 hour standard, however, the Trust compared favourably to peers in the Cheshire and Mersey (C&M) region as well as nationally.
- There had been a decrease in the number of ED attendances when compared to the same period in December 2019, but the number of 12-hour trolley waits remained high.
- There were currently 82 "super stranded" patients ready for discharge; however, there were challenges from a community and social care perspective that included the arrangement of packages of care to allow patients to leave hospital. LN reported that in the Trust's catchment area there were currently 75 care homes closed to admissions

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because of Covid-19 outbreaks.

- The Trust achieved 90% and 72% in November and December 2021 respectively for admitted patients and 98% and 109% in November and December 2021 respectively for non-admitted patients. Overall (admitted and non-admitted combined) the Trust achieved the 89% activity threshold in November and December 21 at 97% and 103% respectively. However, this was unlikely to generate Elective Recovery Fund (ERF) funding due to the case mix of patients being treated. Orthopaedics and ophthalmology were highlighted as two key areas where levels of activity needed to increase, and action plans were being developed.
- The Cancer Improvement Plan is being implemented to improve performance against the cancer access targets but there had been an 8.3% increase in cancer referrals in in November 2021.
- Endoscopy remained a key challenge to the delivery of cancer standards and the Endoscopy Improvement Group had been relaunched and a revised action plan was under development. Furthermore, discussions were taking place with StHK around mutual aid and the estates work on endoscopy facilities at Ormskirk was ongoing.

In response to LK's query around the increase in trolley waits and how these were managed from a patient experience perspective, LN advised that all 12-hour breaches had been reviewed and highlighted that the standard of care had been maintained and that there were no incidences of harm identified. A Lead Nurse had been appointed in ambulatory services and this had assisted in reducing congestion in the ED.

LN advised that the NHS 111 Care Navigator system has had very little impact as there are no alternatives for ED care in the local area, e.g. a walk-in centre, available in the community.

In response to GB's query around delayed discharges and access to nursing and care homes, LN advised that this remained a challenge which was further worsened by Covid-19 outbreaks. Furthermore, the lack of staff in the community and local authority created additional challenges around packages of care and impacted the work being accomplished in the Trust. LB advised that, if there were any concerns around safeguarding from a care home perspective, this would be addressed via the safeguarding team.

RESOLVED

The Strategy and Operations Committee **received** the Operational Performance Report

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c) Financial Performance Report

JMcL presented the report which detailed performance against financial indicators and highlighted that:

- The Trust was reporting a £2.6m deficit at Month 9 and was forecasting a deficit of £4.7m for 2021/22. However since the report had been produced a further £4.9m of funding had been allocated to the Trust which would result in a breakeven forecast for month 10 onwards.
- Medical and Emergency Care continued to control costs despite the current operational pressures.
- At the first S&O Committee held in October 2021, the Trust had reported a Better Payment Practice Code (BPPC) rate of 60%, however, this rate had now increased to 90% in month, and it was planned to achieve 95% by the end of March.
- The capital programme had increased to £12.7m following recent successful bids and with £3.7m spent at month 9, there were challenges but JMcL remained confident that the programme would be fully spent by the end of the financial year.

RF felt this was a very positive report and commended the finance team for the improvements in the BPPC performance.

RESOLVED
The Strategy and Operations Committee **received** the Financial Performance Report

d) Workforce Performance Report

JR presented the Workforce Performance report and advised that:

- Personal Development Reviews (PDRs) compliance was 78.1% in December.
- Core mandatory training compliance had increased to 88.7%.
- The sickness absence rate in December was 7.4%. The top three reasons for sickness absence in December were related to Covid-19, stress and anxiety as well as colds and flu. The Human Resources team continued to provide support to staff members returning to work.
- There had been an improvement in the medical vacancy rate and there were currently 14 medical posts under offer that would further improve the rate.
- The nursing vacancy rate had also shown an improvement in December 2021 as a result of the international nursing recruitment programme.
- There had been a slight increase in the turnover rate and flexibility of working had been identified as a key reason for staff leaving. Additionally, the Medical staff turnover figure included the rotational

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Foundation doctors.

RF was concerned that only 49.9% of staff would recommend the Trust as a place to work in the last staff survey reported in July 2021. This had reduced from the previous survey in December 2020. LK commented that this had been discussed at the Workforce Committee and the 2021 Staff Survey results were due to be published in March which would show if the situation had improved.

RESOLVED

The Strategy and Operations Committee **received** the Workforce Performance Report

QUALITY AND SAFETY

SO010/22 **Quality and Safety Committee AAA Highlight Report**

GB presented the AAA Highlight report and advised the Committee of the following:

- There were no issues that were escalated to the Committee as alerts.
- CQC activity was discussed with a focus on whistleblowing incidents, increased incidence of staff absence due to back pain and achieving compliant medical staff rosters.
- The CQC Inspection Report from another local Trust was discussed, and issues related to staff communications and approaches to integration were highlighted as lessons for the ALTC.
- The patient safety monthly report had highlighted the impact of the issues with the Trust estate on delivering high quality care
- S&O Clinical Assessment and Accreditation Scheme (SOCAAS) - one ward failed to meet the required standard. The issues were mainly related to documentation/recording issues and not training.

The Medical and Emergency Care team provided an update on improvement to care as well as the quality improvement work in place focusing on dementia.

GB commented that the Quality and Safety Committee showcased the excellent quality improvement work being undertaken by the Trust and the enthusiasm and commitment of staff to improve services for patients. LB reported that the Frailty Team were working with patients to focus on "What matters to you" so that care could be personalised.

RESOLVED:

The Strategy and Operations Committee **received** the AAA Highlight Report from the Quality and Safety Committee.

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SO011/22 **CQC Update and Action Plan Progress**

LB presented the report which provided an update about the ongoing engagement with the Care Quality Commission (CQC) and progress in delivering the 2019 report 'must do' and 'should do' actions.

Following the 2019 and 2020 inspections, several actions and themes for improvement had been highlighted and these have been incorporated and monitored through the Quality Assurance Panel (QAP) and Quality Improvement (QI) workstreams and feedback was provided to the Q&S Committee.

As part of the CQC's new monitoring framework there has been a move away from the reliance on comprehensive onsite inspections as the trigger for assessing quality and issuing ratings. Instead, there was more reliance on risk and good quality data from a variety of sources, including service users' feedback, combined with focused onsite inspections where necessary, to assess quality and change a rating. The Trust had successfully completed two 'core services' monitoring templates in 2020 for Maternity and Medicine core services. Following the submission, the CQC were satisfied with the evidence submitted and requested no further information or action. The Trust has continued to meet with CQC colleagues monthly with a joint agenda to discuss any areas of focus and enquiries with elective recovery being the area of focus for the next meeting. The engagement meetings provided an opportunity to resolve any issues in a timely manner.

IC commented that the recent CQC Inspection Report for another local Trust had also highlighted the importance of ensuring that risk and governance processes were robust.

LB reported that the majority of the CQC actions had now been achieved but there remained a few that were outstanding which would remain quality priorities for 2022/23.

RESOLVED:
The Strategy and Operations Committee **received** the CQC update and Action Plan progress report

WORKFORCE

SO012/22 **Workforce Committee AAA Highlight Report**

LK presented the AAA Highlight report and advised the following:

- A review of the HR Risk Register had been undertaken which had resulted in three risks being closed as they were linked to a new risk

that required approval by the Risk and Compliance Group. A paper on the future plans for improving clinical education had been requested for the next meeting.

- The Health Care Assistant (HCA) vacancy rate was high due to the number of international nurses who worked as HCAs whilst awaiting registration with the Nursing and Midwifery Council (NMC). The Trust was currently running a recruitment drive to fill the HCA roles.

The compliance in Mandatory training was above target and had increased slightly from 88.2% to 88.7%.

The Equality, Diversity and Inclusion (EDI) annual report had been received and further discussions would be taking place at the next meeting.

The MIAA audit – Professional Registration and Right to Work Review had provided substantial assurance and feedback would be provided around the medium risks that had been identified and the action plan to address them.

The staff survey and the recommendation of S&O as a place to work had been discussed and it was noted that the results of the 2021 staff survey were due to be reported in March.

RESOLVED:
The Strategy and Operations Committee **received** the AAA Report from the Workforce Committee

SO013/22 **Gender Pay Gap Report - Benchmarking**

JR presented the Gender Pay Gap Report which provided the Committee with the benchmarking of the Trust information relating to the 31 March 2020 Gender Pay Gap data against the Model Hospital peer group and advised the following:

- A comparison of the mean and median hourly pay gap had shown a reduction across the board
- Model Hospital Data had highlighted that the Trust had a larger percentage of males in the lower quartile as well as a smaller percentage of males in the top compared to other NHS organisations.

NK suggested that, whilst not mandated, it might be of interest to review the pay gap for other protected characteristics where possible.

RESOLVED:
The Strategy and Operations Committee **received** the Gender Pay Gap Report

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FINANCE, OPERATIONS AND INVESTMENT

SO014/22 **Finance, Performance and Investment Committee AAA Highlight Report**

JK presented the AAA Highlight report and alerted the Committee to the following:

- At month 9 the forecast deficit had reduced from £5.2m to £4.7m due to emergency care funding of £0.5m. However since the meeting the situation had improved as JMcL had reported in the finance report.
- The 62-day and 14-day cancer standards had not been achieved in November however; there had been an improvement against October's figures.
- There had been an increase in Covid-19 admissions due to the Omicron variant and this has impacted both urgent and emergency care and elective recovery.

JK advised that discussions were ongoing with NHSE/I about the potential reinstatement of financial undertakings as part of a licence breach, in which the Trust was originally placed in September 2018. JMcL commented that these undertakings were both financial and quality-related and that in November the quality undertakings had been removed. The financial undertakings were mainly related to consistency of reporting and the Trust would need to provide clarity around what would be achievable in the next financial year. AM commented that further discussion was required to understand the implications and she would raise this with NHSE/I. The issue of whether to accept the undertakings in the context of the ALTC and what the Trust could achieve needed to be a Strategy and Operations Committee decision. NK provided further background to the financial undertakings and would discuss this with AM.

Work was ongoing on the endoscopy upgrade at Ormskirk Hospital as well as the cabling replacement and the discharge lounge at the Southport site. Work was due to be completed before the end of March.

It was noted that the cyber risk had been updated in collaboration with StHK and would be included on the BAF once the internal governance process had been completed.

RESOLVED:

The Strategy and Operations Committee **received** the AAA Report from the Finance, Performance and Investment Committee.

SO015/22 **Financial Planning 2022/23 Update**

JMcL and LN presented an overview of the NHS planning guidance for 2022/23, including the national priorities and the implications for the Trust budget for the coming year.

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LN highlighted the following:

- The IPR would be updated to include Elective Recovery Funding and Referral to Treatment data which would be monitored against total activity from April 2022. She noted that this was rated as a high risk that would be affected by the Infection Prevention and Control guidance and that discussions would be taking place with national and regional teams to adjust the baseline to reflect the number of closed to referrals services since the 2019/20 baseline.
- Achieving targets based on diagnostic trajectories and Service Level Arrangements would be needed to maximise this.

RC commented that whilst the Trust was still ahead of peers in the region on the delivery of activity, a lot of thought would be needed to deliver on the new targets. LN commented that the Clinical Business Units were working on speciality level plans to understand what could be delivered within the available resources and required transformation plans.

In response to IC's comment around SLAs and the payment for these, JMcL advised that this was variable across the different services and NR and the finance team were working through this to understand the different mechanisms. AM commented that she hoped to discuss SLAs at the next meeting with NSHE/I as the arrangements were not always enforceable, which left the Trust vulnerable if the services were withdrawn.

JMcL outlined the financial guidance and advised that there would be a reduction in Covid-19 funding. He highlighted three elements of the Cost Improvement Programme (CIP) and advised that whilst there were opportunities for reduction in agency expenditure, this was currently being impacted by staffing pressures. A discussion around national themes had taken place at Executive Management Committee (EMC) and, there would be further discussions at the next Hospital Management Board.

RPJ commented that there was an opportunity to review, and risk assess waiting lists to investigate the possibility of cohorting patients to increase efficiency and would like to explore the opportunity to meet with the S&O surgical team and view the theatre set up.

GB stated that an assumption of 2.8% inflation now seemed unrealistic given current cost of living rises and asked if this would be an additional pressure. JMcL advised that he was currently working through this and stressed that the Trust would need to produce a realistic and achievable plan. NK commented that discussions were taking place nationally around inflation rates.

JMcL outlined the timetable and requested that, in order to meet the deadline authority to approve the draft planning submissions be delegated

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to the Executive Management Committee and the FP&I Committee. This request was approved.

RESOLVED:
The Strategy and Operations Committee **received** the Financial Planning 2022/23 Update

ITEMS FOR INFORMATION

SO016/22 Executive Management Committee Report

AMS presented the AAA Highlight report that detailed the activity and reports considered by the EMC during January and advised that following the recent Audit Committee and Assurance Committees, the EMC had conducted a review of the BAF with particular focus on risk scores, the controls in place to manage strategic risks and the level and effectiveness of assurance provided by and through these controls. It was noted that NB would be working with the EMC to support a refresh of the BAF.

The Terms of Reference (ToR) for the assurance committees were being reviewed and membership updated to expand the Executive Directors attendance.

In response to VD's query, JR advised that the Trust had not lost any staff due to the Vaccination as a Condition of Employment but that this had been difficult for some staff. It was noted that the formal HR process had been suspended following a national update, but HR would continue to provide support and advise staff to enable them to make decisions around vaccination.

RESOLVED:
The Strategy and Operations Committee **received** the AAA Highlight Report from the Executive Management Team.

CONCLUDING BUSINESS

SO017/22 Questions from Members of the Public

It was noted that no questions had been received from members of the public.

SO018/222 Any Other Business

In concluding the meeting, RF thanked SK for her support and contribution during her time with the Trust and wished her well for her secondment to Bolton NHS Foundation Trust.

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 1138.

The next meeting would be held on **Wednesday 02 March 2022 at 09.00**

Strategy and Operations Committee Attendance 2021/22												
StHK Members	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Richard Fraser							✓	✓	✓		✓	
Ann Marr							✓	✓	✓		✓	
Geoffrey Appleton									✓		✓	
Gill Brown							✓	✓	✓		✓	
Nicola Bunce							✓	✓	✓		✓	
Ian Clayton							✓	✓	✓		✓	
Rob Cooper							✓	✓	A		✓	
Val Davies							✓	✓	✓		✓	
Paul Growney							A	A	A		A	
Nikhil Khashu							✓	✓	✓		✓	
Lisa Knight							A	A	✓		✓	
Jeff Kozer							A	✓	✓		✓	
Rowan Pritchard Jones							✓	✓	✓		✓	
Sue Redfern							✓	✓	A		✓	
Alan Sharples									✓		✓	
Anne-Marie Stretch							✓	✓	✓		✓	
Rani Thind								✓	✓		✓	
Christine Walters							✓	✓	✓		✓	
S&O Members	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Lynne Barnes											✓	
Kate Clark							✓	✓	✓		✓	
Sharon Katema							A	✓	✓		✓	
Bridget Lees							✓	✓	✓			
John McLuckie							✓	✓	✓		✓	
Lesley Neary							✓	✓	✓		✓	
Jane Royds							✓	✓	A		✓	
Nina Russell							✓	✓	✓		✓	
✓ = In attendance A = Apologies												

Strategy and Operations Committee (Part 1)

Matters Arising Action Log

Action Log updated 25 February 2022

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
SCO021/21	03-Nov-21	**Board Assurance Framework**	A BAF training session to be arranged which would be beneficial when conducting reviews of the BAF	~~S Katema~~ N Bunce	03-Nov-21	~~Februray 2022~~ April 2022	**November Update**: A training session on BAF is planned for January / February 2021. All members will sent invites to the session. **Feb 2022:** Whilst there's been a slight delay to arranging the session, it is expected that the session would be scheduled during Q4 **March Update:** Session to be arranged for March 2022	Green
SCO021/21	03-Nov-21	**Board Assurance Framework**	SK and LN to arrange an NHSEI facilitated session on Statistical Process Controls (SPC) methodology.	S Katema and L Neary	03-Nov-21	~~February 2022~~ ~~March 2022~~ June 2022	**November Update**: A training session on SPC Charts is planned for February 2021. All members will sent invites to the session. **January Update:** We are waiting on NHSEI to advise their availability to present the training. **February Update:** A session has been arranged for 01 June 2022 and invites will be sent.	Green
SCO035/21	03/11/2021	**Learning from Deaths Report**	Dr Clark to provide a progress update which will include communication with the deteriorating patients following an update from the Resuscitation group in March 2022.	K Clark	03/11/2021	Mar-22	**November Update:** Action progressing and not due **January Update:** Action progressing with next quarterly report scheduled for presentation in March 2022 **February Update:** Item included on Agenda, Action completed	Included on Agenda
SCO031/21	03/11/2021	**Summary Report of changes to IPC Assurance Framework**	Mr McLuckie to present the outcome of the Six Facet once the updated national building standards guidance had been received.	J McLuckie	03/11/2021	~~March 2022~~ May 2022	**November Update:** Action progressing and not due **February Update:** Review is due to be completed by end March and update to be provided at the meeting scheduled for 04 May 2022	Green
SO044/21	01/12/2021	**Integrated Performance Report (IPR)** a) Quality and Safety Performance Report	In response to IC's query around the Care Quality Commission's (CQC) action plan and where it sat within the governance structure, BL advised that the updated action plan including the actions from the 2019 and 2021 inspections would be presented at the Quality and Safety Committee. IC suggested that actions concerning the Well-Led domain should be reported to this committee to ensure the governance across the organisation met requirements	L Barnes	01/12/2021	Mar-22	**December Update:** Actions around the Well-Led domain to be reported at S&O Committee to ensure governance across the organisation meets requirements **January Update:** Action progressing and not due **February Update:** This was discussed at the Executive Away Day held on 15 February and a plan for self-assessment and action plan to be completed in Quarter 1 and presented at Quality and Safety Committee and Strategy and Operations Committee as part of the regular CQC Updates. Action completed	Blue
SO007/22	02/02/2022	**Board Assurance Framework**	RF commented that the BAF was a live document which required input from numerous specialist areas and requested that the updated BAF be presented at the meeting in April 2022.	EMT	02/02/2022	Apr-22	**February Update**: EMC will attend a workshop in March 2022 to review the BAF and an updated BAF will be presented at the S&O Committee meeting in April 2022	Green

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG Status

COMPLETED ACTIONS

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	Status
SCO025/21	03/11/2021	**Gender Pay Gap Report**	An updated Gender Pay Gap Report including benchmarking information to be presented in February 2022	J Royds	03/11/2021	Feb-22	**November Update:** Action progressing and not due **January Update:** Item included on Agenda. Action completed	**Blue**

Title of Meeting	STRATEGY AND OPERATIONS COMMITTEE	Date	02 March 2022
Agenda Item	SO029/22	FOI Exempt	NO
Report Title	STRATEGY AND OPERATIONS COMMITTEE WORKPLAN 2022/23		
Executive Lead	Nicola Bunce, Director of Corporate Services		
Lead Officer	Nicola Bunce, Director of Corporate Services		
Action Required	✓ To Approve ☐ To Assure	☐ To Note ☐ To Receive	

Purpose
To purpose of this report is to present the Annual Workplan for review and approval.
Executive Summary
The Strategy and Operations Committee should approve an annual workplan which identifies reports that will regularly be presented for consideration during the year. The Annual Workplan is one of the key components for ensuring that the Strategy and Operations Committee is effectively carrying out its role in leading the Trust. Appendix A details the annual workplan for 2022/23 has been updated to reflect the changes discussed and agreed by the Committee since its formation and changes to regulatory and statutory requirements and includes a comprehensive description of the regular business to be transacted by the Committee. The Committee is asked to note that the workplan may undergo further revision once the Annual Effectiveness Reviews with the Assurance Committees have been completed to ensure all reporting is aligned.
Recommendations
The Strategy and Operations Committee is asked to approve the Annual Workplan for 2022/23.

Previously Considered By:	
☐ Finance, Performance & Investment Committee ☐ Remuneration & Nominations Committee ☐ Charitable Funds Committee	☐ Quality & Safety Committee ☐ Workforce Committee ☐ Audit Committee

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

Prepared By:	Presented By:
Nicola Bunce, Director of Corporate Services	Nicola Bunce, Director of Corporate Services

STRATEGY AND OPERATIONS COMMITTEE ANNUAL WORKPLAN 2022/23

Agenda Item/Report	Purpose	Lead	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
PRELIMINARY BUSINESS														
Chairs welcome & note of apologies	Note	Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Declarations of Interests	Note	All	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Minutes of previous meeting	Approve	Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Matters Arising	Receive	Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Action Log	Approve	Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
PATIENTS AND STAFF ENGAGEMENT														
Patient Story	Receive	DoN / Patient Exp. Matron	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
STRATEGIC CONTEXT														
Opening Budget and Operational Plan	Approve	DoF	✓											✓
Approval and review of annual Trust Objectives	Approve	ManD						✓						✓
Performance														
Integrated Performance Report	Receive	DoF	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Winter Plan	Approve	COO							✓				✓	
COMMITTEE ASSURANCE REPORTS														
Executive Management Committee	Receive	ManD	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Quality and Safety Committee	Receive	Committee Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Finance, Performance and Investment Committee	Receive	Committee Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Workforce Committee	Receive	Committee Chair	✓		✓			✓		✓			✓	
Audit Committee	Information	Committee Chair	✓		✓				✓				✓	
Charitable Funds Committee	Information	Committee Chair	✓		✓				✓				✓	
QUALITY AND SAFETY														
Infection Prevention and Control Assurance Framework	Receive	DoN				✓								
Quality Account and Quality Improvement Priorities	Approve	DoN / MD	✓										✓	
Learning from Deaths Report	Receive	MD	✓			✓			✓				✓	
Safe Nursing and Midwifery Staffing Establishment Report (bi-annual)	Approve	DoN						✓						✓
CQC Registration and Action Plan Progress Reports	Receive	DoN	✓			✓				✓				✓
Maternity Report	Receive	DoN			✓						✓			
Ockenden Series Incident QRT Report (PB)	Receive	DoN						✓			✓			✓
Mixed Sex Annual Declaration	Approve	DoN												✓
WORKFORCE														
Freedom to Speak Up Report and Annual Self-Assessment	Receive	DoN / FTSUG		✓				✓			✓			✓
Guardian of Safe Working Report	Receive	MD / GOSW		✓				✓			✓			✓
Annual Staff Survey Results and Action Plan	Receive	DoHR&OD		✓						✓			✓	
OD Strategy / Our People Plan Progress Report	Approve	DoHR&OD		✓						✓			✓	
Gender Pay Gap Annual Declaration	Receive	DoHR&OD		✓										
WRES and WDES Reports and Action Plans	Approve	DoHR&OD			✓									
Medical Revalidation Annual Report and Declaration	Approve	MD						✓						
REGULATORY, RISK AND CORPORATE GOVERNANCE														
Corporate Risk Register	Receive	DoN	✓			✓			✓				✓	
Board Assurance Framework	Approve	CoSec	✓			✓			✓				✓	
Committee Terms of Reference and Annual Work Plans (Meeting Effectiveness Review and SOC and Committee arrangements for the following year)	Approve	CoSec		✓						✓				
CONCLUDING BUSINESS														
Questions from the public	Receive	Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Meeting Evaluation and Effectiveness Review	Note	Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
AOB	Note	Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Date and Time of next meeting	Note	Chair	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓

STRATEGY AND OPERATIONS COMMITTEE ANNUAL WORKPLAN 2022/23

Agenda Item/Report	Purpose	Lead	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
ANNUAL REPORTS														
Annual Resuscitation Report	Receive	Medical Director				✓								
Infection Prevention and Control	Approve	DoN / MD				✓								
Annual Patient Safety Report	Receive	DoN				✓								
Safeguarding Annual Report	Approve	DoN				✓								
Health and Safety Annual Report	Receive	DoN				✓								
Annual Emergency Planning Report and EPRR Annual Compliance Statement	Approve	COO						✓						
Annual Complaints and Service Experience Reports	Receive	DoN		✓										
EPRR Annual Compliance Statement	Approve	COO						✓						
Information Governance Annual Report	Approve	DoF			✓									
CLOSED SESSION														
CEO Report (or more frequently if required)	Receive	CEO		✓		✓			✓		✓			✓
Serious Untoward Incidents	Receive	DoN	✓		✓			✓		✓			✓	
Staff suspensions	Receive	DoHR/OD	✓		✓			✓		✓			✓	
ALTC Progress Report, including feedback from the Quarterly Joint Meetings	Receive	ManD	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓

*Indicates time limited report

Title Of Meeting	**STRATEGY AND OPERATIONS COMMITTEE**	**Date**	**02 March 2022**
Agenda Item	**SO030/22**	**FOI Exempt**	**NO**
Report Title	**INTEGRATED PERFORMANCE REPORT (IPR)**		
Executive Lead	EXECUTIVE MANAGEMENT TEAM (EMT)		
Lead Officer	Michael Lightfoot, Head of Information Katharine Martin, Performance & Delivery Manager		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

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

Executive Summary

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.

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.

Recommendation

The Committee is asked to receive the Integrated Performance Report detailing Trust performance in December.

Previously Considered By:

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

Strategic Objectives

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

Prepared By:	**Presented By:**
Katharine Martin, Performance & Delivery Manager	The Executive Management Team

Trust Board - Integrated Performance Report

Performance Summary

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

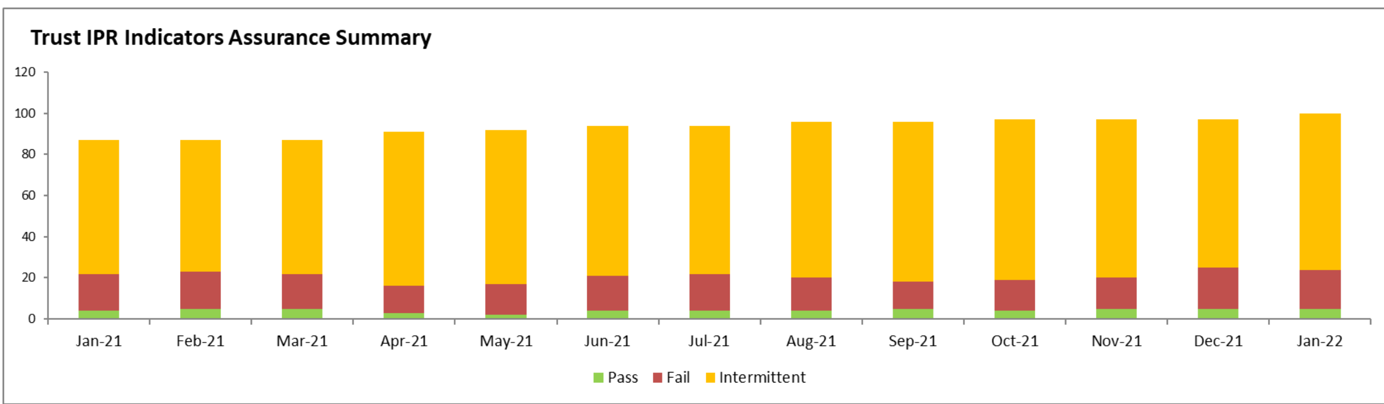
Quality - reflects those metrics aligned to Strategic Objective **S01** – *Improve clinical outcomes and patient safety to ensure we deliver high quality services.*

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, Patient Safety Incidents (Moderate & Above), HSMR, Friends and Family Test - Patients - % Response Rate and Mandatory Training are fully assured.



Harm Free, Infection Prevention & Control, Maternity, Mortality and Patient Experience

The CQC rated the Trust as **requires improvement** overall following its inspection in July/August 2019. The caring domain was rated as **good** and well-led, safety, responsive and effective domains rated as **requires improvement**. An unannounced CQC visit to Medicine and Emergency Care in March 2021 provided overall positive feedback with 9 'should-do' recommendations.

There were no Never Events in January 2022. (YTD = 0).

There was one case of MRSA in January. (YTD = 2).

There were no Hospital Onset Hospital Acquired C. Difficile (CDI) positive cases reported in January 2022.

There were 28 reported Hospital Acquired Covid infections reported in January.

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for January 2022 was 88.3%. This is based on 93.4% for Registered Nurses and 82.4% for Un-Registered Nurses. The 2021-22 YTD rate is 88.8%.

The Trust remains ahead of target for VTE Prophylaxis Assessment at 96.1% for January and 97.6% YTD.

There were 2 category 3 and 1 category 2 hospital acquired pressure ulcers reported in January.

There were 5 falls resulting in moderate harm in January. All pressure ulcers and falls with harm are managed through the Harm Free Care panel.

Induction of labour rates remain above plan but has reduced by 2% in January to 39.1%% (42.7% YTD).

In February 2022 NHSE/I recommended an immediate end to the use of total Caesarean Section percentages as a metric for maternity services. The reporting of this metric will be reviewed for future versions of this report.

The SHMI remains as expected at 99.9 (latest data Aug 21) and the HSMR is well ahead of plan at 75.1.

The mortality screening rate continues its improving trajectory and was 98.6% in January.

The Patient Friends & Family Test - % that would recommend was 90.2% in January, a marginal decline on the previous month, against a response rate of 25.7%.

Operational Performance

Overall Accident and Emergency performance for January 2022 was 75.5% and YTD 78.7% (Adults ED 55.1%, Paeds ED 98.1% in January). Total attendances for January 2022 were 8,475 compared to 8,746 in December. 108 Ambulance Handovers were 30-60 mins in January compared to 103 in December, with 49 delayed for longer than 60 mins, the same as the previous month.

Performance against the 62-day cancer standard was below the target of 85.0% in month (December 2021) at 62.2%. YTD 66.7%. This is a decrease in November which was 66.9%. The Trust failed to achieve the 96% 31-day target in December 2021 with 93.1% performance in month (November 97.2%), YTD remains ahead of target at 97.9%. The 2-week rule target was not achieved in December 2021 with 77.2% in month and 81.2% YTD against a target of 93.0%. Performance in November 2021 was 78.5%. Delays to diagnostics, in particularly Endoscopy, have affected the ability to meet the both the 2ww and 62-day cancer standards.

The average daily number of stranded patients in January 2022 increased to 189 from 171 in December. The number of super-stranded patients decreased to 62 in January from an average of 66 in December. Both metrics were impacted by delays in care packages, availability of community beds and multiple Covid outbreaks in care homes.

Operational Performance continued

The 18-week referral to treatment target (RTT) was not achieved in January 2022 with 79.2% compliance, a reduction on 80.1% reported in December, and YTD 82% (Target 92%). The Trust continues to perform well in comparison to peers. There were 140 52+ week waiters. The diagnostic target was not achieved in January 2022 with 42.2% patients waiting longer than 6 weeks compliance, a 0.2% deterioration on the previous month (Target 1%).

The covid crisis has had a significant impact on RTT and diagnostic performance, as all routine operating, outpatient and diagnostic activity had to be cancelled. All patients have been, and continue to be, clinically triaged to ensure urgent and cancer patients remain a priority for treatment.

Financial Performance

The Trust is forecasting financial breakeven from M10 following confirmation of £4.7m System Top Up Funding for 2021/22.

Income & Expenditure – reported position driven by £1.0m ERF income risk and a £4.2m gap in system allocations but partly reduced by £0.5m. The Trust has notified the HCP that year end allocations could be utilised to support the following whilst ensuring delivery of breakeven.

CIP – The Trust has delivered schemes totalling £6.0m to M10 and is anticipating continued reliance of non-recurrent schemes in order to deliver the full year target.

Cash - The cash balance at the end of January was £8.6m which at the time included £6m of temporary regional cash support. Cash flow has now been reworked and there are no risks in 2021/22. The Trust will have sufficient cash to repay £6m of temporary regional cash support and the year-end cash balance is forecast to remain at a similar level to the end of last year at £6.4m.

BPPC - The Trust's recovery plan submitted to NHSEI set out an improvement trajectory to achieve 95% on a monthly basis by the end of March 2022. The Trust has maintained 90% YTD to January.

Capital – £6.1m original capital plan for 2021/22, with successful bids for additional capital funding taking the 21/22 plan to £13.5m. Year to date investment to the end of January of £4.9m, reflecting 36% of the annual budget, with assurances provided by IM&T and Estates & Facilities schemes over delivery in full by 31 March 2022.

Workforce

Personal Development Review compliance has reduced in January to 76% against the 85% target. Performance in November was 78.1%. Mandatory training compliance remains ahead of target and has increased in January to 89.2%.

In January overall sickness increased by 1.8% from the previous month to 9.2%. The rolling 12-month figure is 6.7% in January. The medical vacancy rate continues to be ahead of plan at 6.4% (target 7.4%) with 19 additional medical posts under offer to further improve this position. The Nursing vacancy rate has decreased to 10% in January (11% in December) due to the International Nursing recruitment programme. There are 31 Un-Registered Nurse vacancies under offer with a recruitment event being planned. Staff turnover has increased with an in-month figure of 1.4% (target 0.75%). The rolling 12-month figure is 15.6%, against a target of 10%.

Activity Summary – January 2022

Indicator Name	January 2020	January 2021	December 2021	January 2022	Trend v Last month
Overall Trust A&E attendances	10,268	6,711	8,746	8,475	▼
SDGH A&E Attendances	4,758	3,668	4,489	4,546	▲
ODGH A&E Attendances	2,380	959	2,197	2,090	▼
WLHP WIC Attendances	3,130	2,084	2,060	1,839	▼
SDGH Full Admissions Actual	1,022	1,033	976	898	▼
Stranded Patients AVG	183	148	168	171	▲
Super Stranded Patients AVG	66	41	66	63	▼
MOFD Avg Patients Per Day	71	37	53	61	▲
GP Referrals (*Exc. 2WW*)	3,220	2,033	1,952	1,703	▼
2 Week Wait Referrals	748	657	723	898	▲
Elective Admissions	235	91	167	207	▲
Elective Patients Avg. Per Day	8	3	5	7	▲

Activity Summary – January 2022

Indicator Name	January 2020	January 2021	December 2021	January 2022	Trend V Last month
Elective Cancellations	23	12	48	57	▲
Day case Admissions	1,907	997	1,248	1,263	▲
Day Case Patients Avg. Per Day	62	32	40	41	▲
Day Case Cancellations	35	11	133	115	▼
Total Cancellations (EL & Day Case)	66	50	181	172	▼
Total Cancellations (On or after day of admission, non clinical reasons)	8	1	4	4	▶
Outpatients Seen	23,475	18,580	19,973	19,251	▼
Outpatients Avg. Per Day	757	599	644	621	▼
Outpatients Cancellations	4,008	3,724	3,817	4,159	▲
Theatre Cases	631	244	490	464	▼
General & Acute Beds Avg. Per Day	394	349	350	349	▶
Escalation Beds Avg. Per Day	16	11	0	12	▲
In Hospital Deaths	96	110	84	75	▼

Integrated Performance Report
Strategy and Operations
Committee Report

January 2022

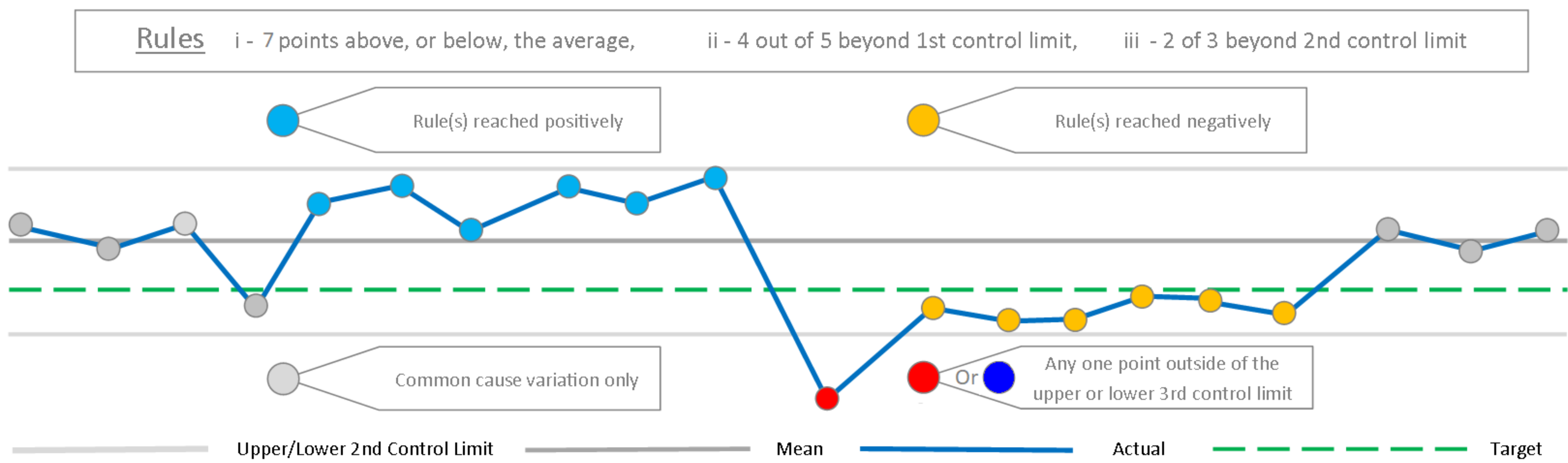
Guide to Statistical Process Control

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**

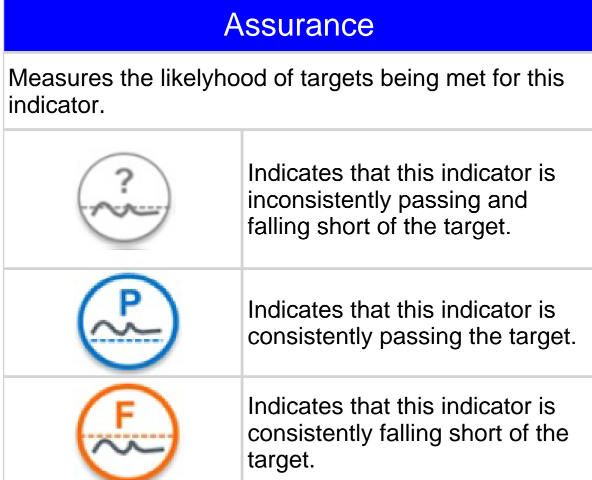
The SPC charts in this report are time series line charts with three reference lines that will hopefully help you appreciate variation in the data. The centre reference line (**dark grey**) is the mean, and the two **light grey** lines are the upper and lower control limits. The aim of these charts is 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				
		F	P	?	H	L	H	L	
Quality	Patient Experience	1	1	6	0	2	2	0	4
	Mortality	1	1	2	0	0	1	2	1
	Infection Prevention and Control	0	0	6	2	0	0	0	4
	Harm Free	0	2	11	2	1	2	1	7
	Maternity	0	0	11	1	0	0	1	9
Operations	Cancer	0	0	3	0	2	0	0	1
	Access	5	0	8	9	2	1	0	1
	Productivity	1	0	9	4	0	2	2	2
Finance	Finance	5	0	12	1	0	1	3	12
Workforce	Organisational Development	1	1	1	0	0	2	0	1
	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.
P	Indicates that this indicator is consistently passing the target.
F	Indicates that this indicator is consistently falling short of the target.

Variation (Past 3 Months)

Whether SPC rules have been triggered positively or negatively overall for the past 3 months.

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

Indicates that there is positive variation recently for this indicator.

Indicates that there is negative variation recently for this indicator.

Quality

Harm Free

Staffing

Issues
• 90% target not achieved in January but performance is statistically as expected.
• Overall rate impacted by care staff fill-rate. Registered Nurses achieved 93.4% with Care Staff 82.4%.
• Despite the staffing challenges, Care Hours per Patient Day (CHPPD) remains ahead of target and is assured.
• Impact of Omicron variant of Covid-19 resulting in a higher than usual number of staff absence due to illness or isolation than we would normally expect.
• This had a direct impact on safer staffing with an increased request for additional staff to bank and agency, both of whom had their own challenging staffing issues.
• Continuing vacancy rates impacting of ward level staffing.

Management Action
• Twice daily staffing meetings with robust focus on skill mix and staffing across the organisation ensuring patient and staff safety.
• Continued International nurse recruitment programme, alongside targeted Healthcare Assistant recruitment with recruitment events planned in February and March 2022.

Patient Falls – Moderate/Severe/Death

Issues
• Five reported falls with harm were reported in January, resulting in this metric showing special cause concern.
• The Trust falls audit has identified areas for ongoing work including identifying and recording lying and standing blood pressures.

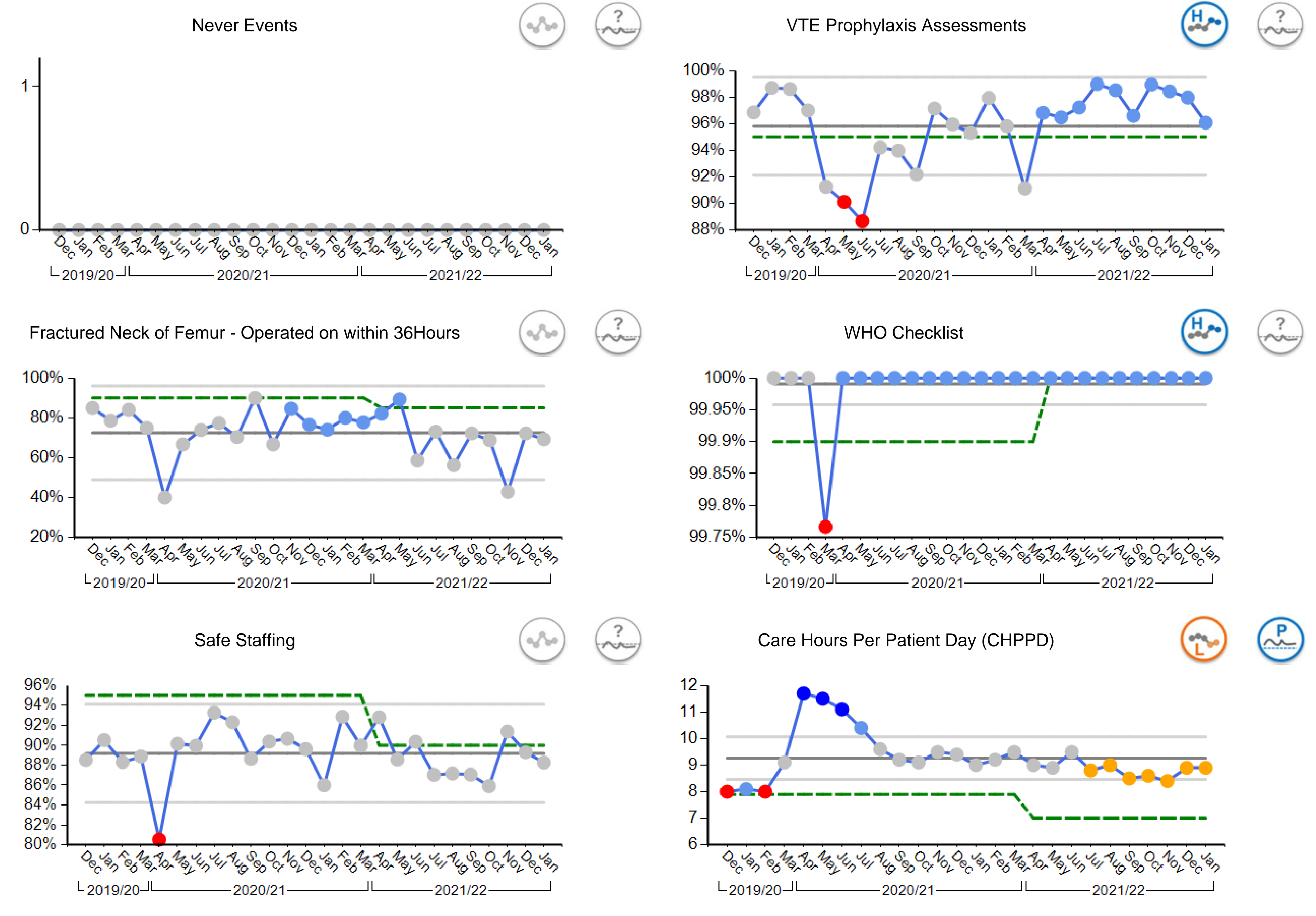
Management Action
• The Falls prevention group continues to meet on a regular basis to review progress of the current action plan. The February meeting was postponed due to Trust pressures.
• A recent thematic review of falls taking place in bathrooms have led to Trust plans to refurbish all bathrooms in 2022 to a dementia friendly standard to reduce the incidence of falls.
• The Falls Prevention Lead will take up employment on 28th February 2022. The lead will be supporting some key themes from the Trust falls action plan on assessment of risk of falls individualised for patients; consistent communication with patients on the need to call for staff aid (a common theme in recent Trust falls); the consistent application of aids to reduce falls (non-slip socks; falls alarms and appropriate use of side rails); encouragement for patients to wear own clothes and to move safely and post falls risk assessments.

Hospital Acquired Pressure Ulcers

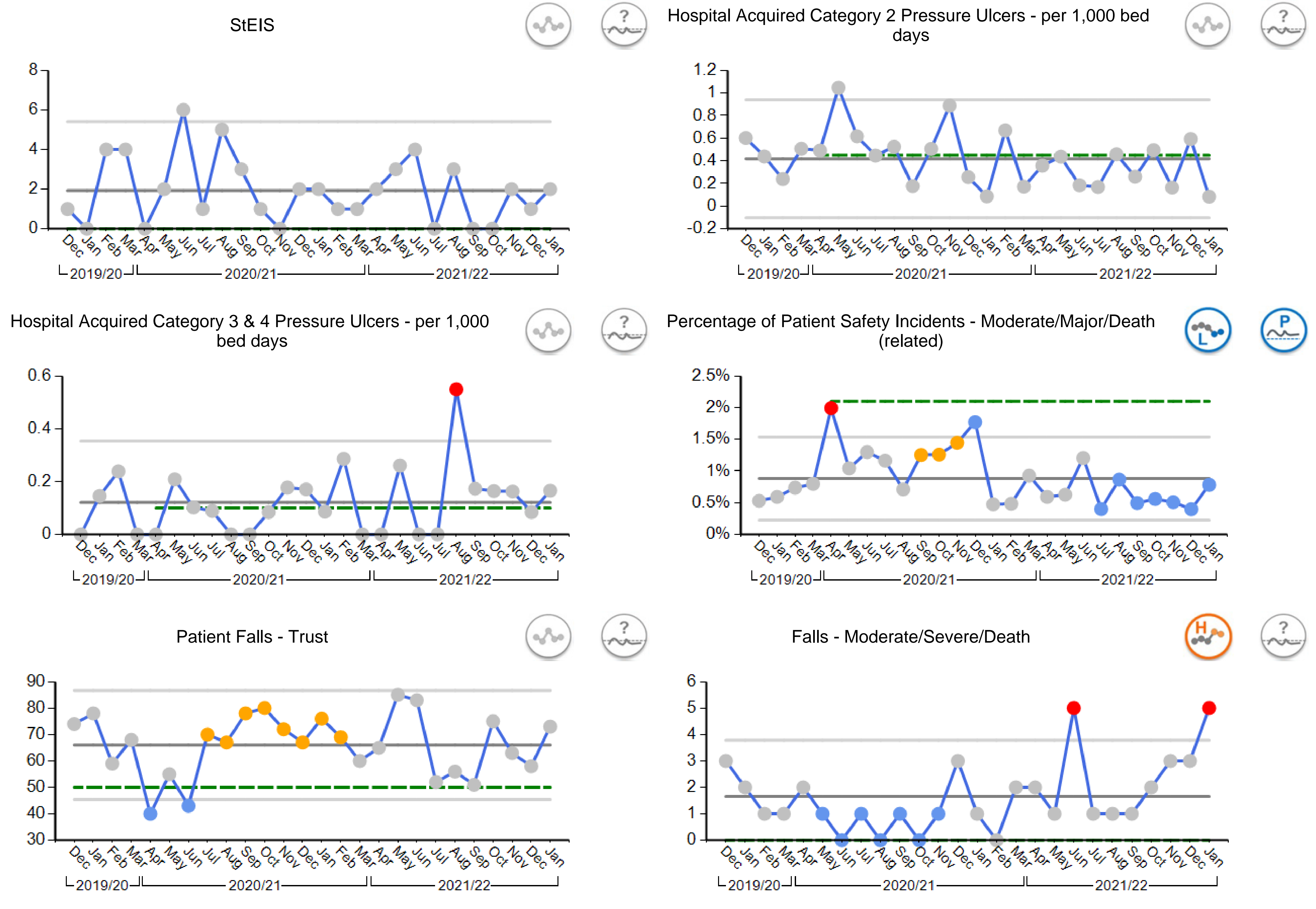
Issues
• Both metrics are performing statistically as expected, although there has been an increase in the number of category 3 HAPU's reported in January, with 2 in month, resulting in the target being breached.

Management Action
• All hospital acquired pressure ulcers are subject to root cause analysis which is presented at the Harm Free Care Panel.
• The recommendations which are being implemented include training for ward staff, purchasing new equipment such as mirrors and foot protectors and the introduction of the Care Flow Connect patient management system which enables digital images to be uploaded to aid earlier diagnosis.

Indicator	Latest					Previous			Year to Date		
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Never Events	0	0	0	Jan 22		0	0	Dec 21	0	0	?
VTE Prophylaxis Assessments	95%	96.1%	131	Jan 22	H	95%	98%	Dec 21	95%	97.6%	?
Fractured Neck of Femur - Operated on within 36Hours	85%	69.2%	8	Jan 22		85%	72.2%	Dec 21	85%	68.6%	?
WHO Checklist	100%	100%	0	Jan 22	H	100%	100%	Dec 21	100%	100%	?
Safe Staffing	90%	88.3%	N/A	Jan 22		90%	89.3%	Dec 21	90%	88.8%	?
Care Hours Per Patient Day (CHPPD)	7	8.9	N/A	Jan 22	L	7	8.9	Dec 21	7	8.9	P
StEIS	0	2	2	Jan 22		0	1	Dec 21	0	17	?
Hospital Acquired Category 2 Pressure Ulcers - per 1,000 bed days	0.45	0.1	1	Jan 22		0.5	0.6	Dec 21	0.45	37	?
Hospital Acquired Category 3 & 4 Pressure Ulcers - per 1,000 bed days	0.1	0.2	2	Jan 22		0.1	0.1	Dec 21	0.1	18	?
Percentage of Patient Safety Incidents - Moderate/Major/Death(related)	2.1%	0.8%	7	Jan 22	L	2.1%	0.4%	Dec 21	2.1%	0.7%	P
Patient Falls - Trust	50	73	73	Jan 22		50	58	Dec 21	600	661	?
Falls - Moderate/Severe/Death	0	5	5	Jan 22	H	0	3	Dec 21	0	24	?
Patient Falls - Moderate/Severe/Death - per 1,000 bed days	0.1	0.4	5	Jan 22	H	0.1	0.3	Dec 21	0.1	0.2	?

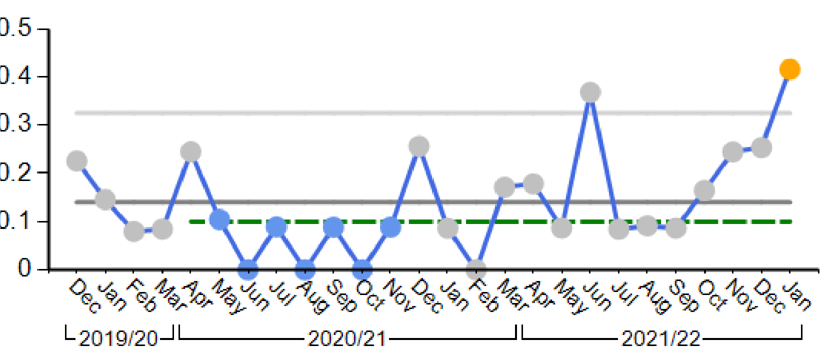


Never Events
VTE Prophylaxis Assessments
Fractured Neck of Femur - Operated on within 36Hours
WHO Checklist
Safe Staffing
Care Hours Per Patient Day (CHPPD)
2019/20
2020/21
2021/22



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 - Trust
Falls - Moderate/Severe/Death
2019/20
2020/21
2021/22

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



Quality

Infection Prevention and Control

MRSA

Issues
- The Trust recorded an MRSA bacteraemia in January, resulting in this metric showing special cause concern.
- The patient was colonised with MRSA.

Management Action
- An RCA has been completed and identified excellent care.
- Targeted training around antibiotic prescribing and MRSA colonisation to the relevant area.

E-Coli

Issues
- The Trust recorded 6 cases of E-Coli in January, of which 4 were Hospital Onset Hospital Acquired and 2 were Community Onset Hospital Acquired.

Management Action
- Each of the patients were appropriately reviewed and treatment prescribed in collaboration with the Consultant Microbiologist.

MSSA

Issues
- Two cases were reported in January, both were Community Onset Hospital Acquired.

Management Action
- Each of the bacteraemic patients were carefully reviewed by the clinicians and the Consultant Microbiologist and appropriate treatment prescribed.

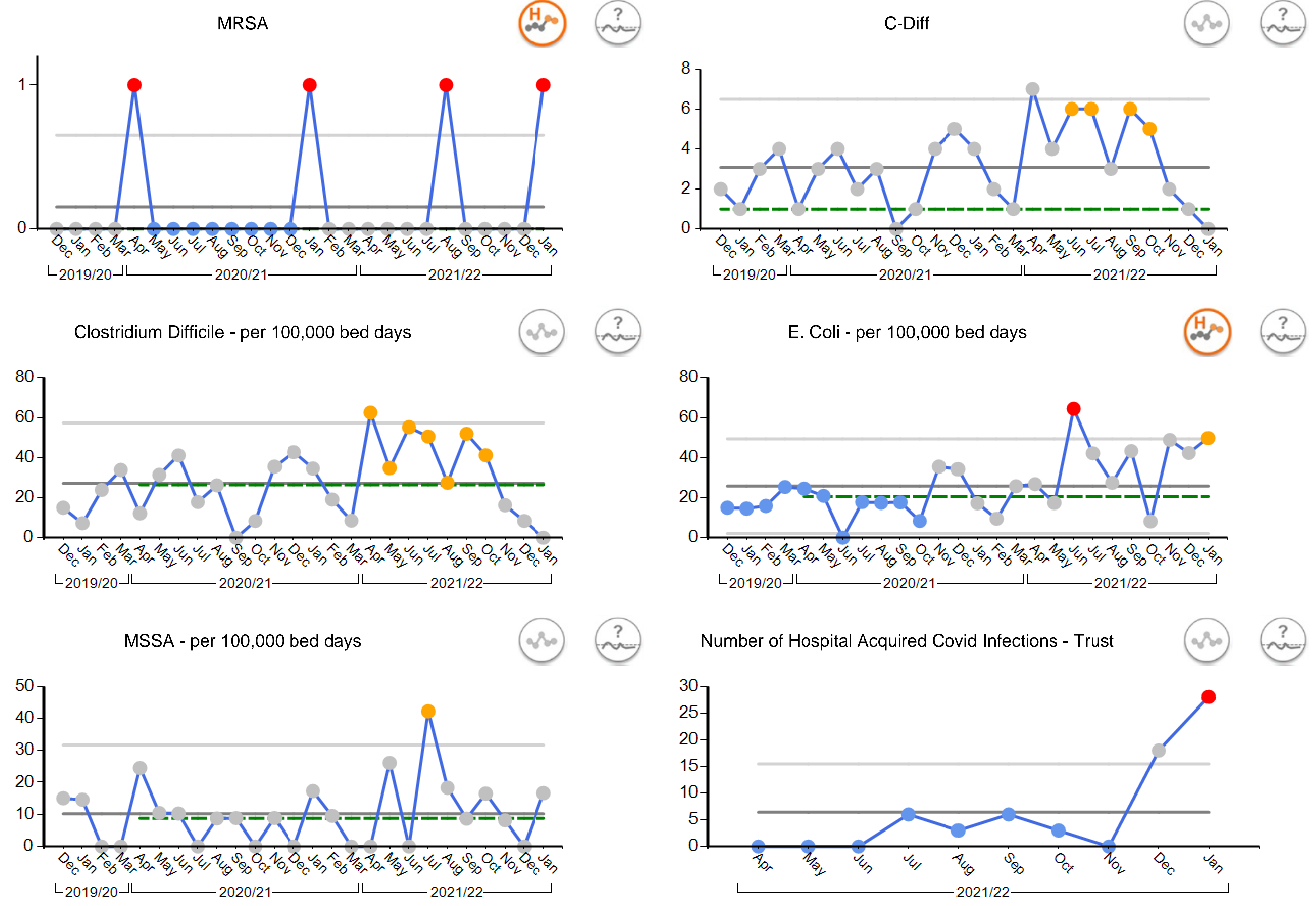
Covid

Issues
- 28 cases of hospital acquired Covid were reported in January.
- A number of patients testing positive at 8 plus days following their admission. These included nursing home patients from outbreak care homes who tested positive >10 days post admission.
- Each of the cases considered to be likely hospital acquired had contact with patients that were asymptomatic and negative on admission but subsequently tested positive 3-5 days post admission.

Management Action
- The Trust continues with admission, day 3, day 5 and then every day 5 later COVID screens.
- We have also introduced daily screening of patients that are contacts.
- The Trust is also installing Air purifiers and CO_2 monitors in multi patient bays that are reliant on natural ventilation.

No cases of C.diff were reported in January.

Indicator	Latest					Previous			Year to Date		
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
MRSA	0	1	1	Jan 22	H	0	0	Dec 21	0	2	?
C-Diff	1	0	0	Jan 22		1	1	Dec 21	15	40	?
Clostridium Difficile - per 100,000 bed days	26.5	0	0	Jan 22		26.5	8.5	Dec 21	26.5	34.5	?
E. Coli - per 100,000 bed days	20.6	49.9	6	Jan 22	H	20.6	42.3	Dec 21	20.6	37	?
MSSA - per 100,000 bed days	8.8	16.6	2	Jan 22		8.8	0	Dec 21	8.8	13.8	?
Number of Hospital Acquired Covid Infections - Trust		28	28	Jan 22			18	Dec 21		64	?


MRSA
C-Diff
Clostridium Difficile - per 100,000 bed days
E. Coli - per 100,000 bed days
MSSA - per 100,000 bed days
Number of Hospital Acquired Covid Infections - Trust
2019/20
2020/21
2021/22

Quality

Maternity

Induction Rates

Issues
• The Trust has been an outlier for Induction rates for several months in comparison to peers.
• The induction rate in January has reduced by 2% on the previous month but remains 1.1% above the target.
• An audit was undertaken to understand the reasons for induction and identified recommendations around large for gestational age babies and treatment for women with diabetes.
• Induction of labour for reduced fetal movements forms the majority of our IOL rates. This has been discussed through our Governance forums with actions agreed.

Management Action
• Guidelines revised in line with Northwest Regional Guideline for Reduced Fetal Movements.
• Staff learning in the form of education of the medical and midwifery staff, to become a regular part of teaching.
• Clinical decision support tools/prompts in the form of flowcharts and laminated pathways re the major contributors to our high rate of IOL.
• Regular audit and feedback.
• Plan to set up membrane sweep clinics prior to IOL.
• Weekly reviews of 3-5 cases of IOL cases that do not meet Trust's guidelines to identify areas for improvement including feedback re potentially avoidable/delayed IOL.
• Consultant to lead on lowering the IOL rate as a quality improvement project.

Caesarean Rates

In February 2022 NHSE/I recommended an immediate end to the use of total Caesarean Section percentages as a metric for maternity services, and that this be replaced by using the Robson criteria to measure Caesarean Section rates more intelligently. The reporting of this metric will be reviewed for future versions of this report.

Number of Occasions 1:1 Care Not Provided

Following 6 months reporting breaches in 1:1 care, the Trust has reported no breaches for two consecutive months. This demonstrates the commitment to ensuring safe care in labour.

3rd and 4th Degree Tears

The Trust continues to perform ahead of plan and has lower rates than peers. The Trust has been asked to share practice regionally. Any reported cases are reviewed through the Patient Safety Meeting to ensure the care and management was appropriate. A Quality Improvement bundle has been implemented.

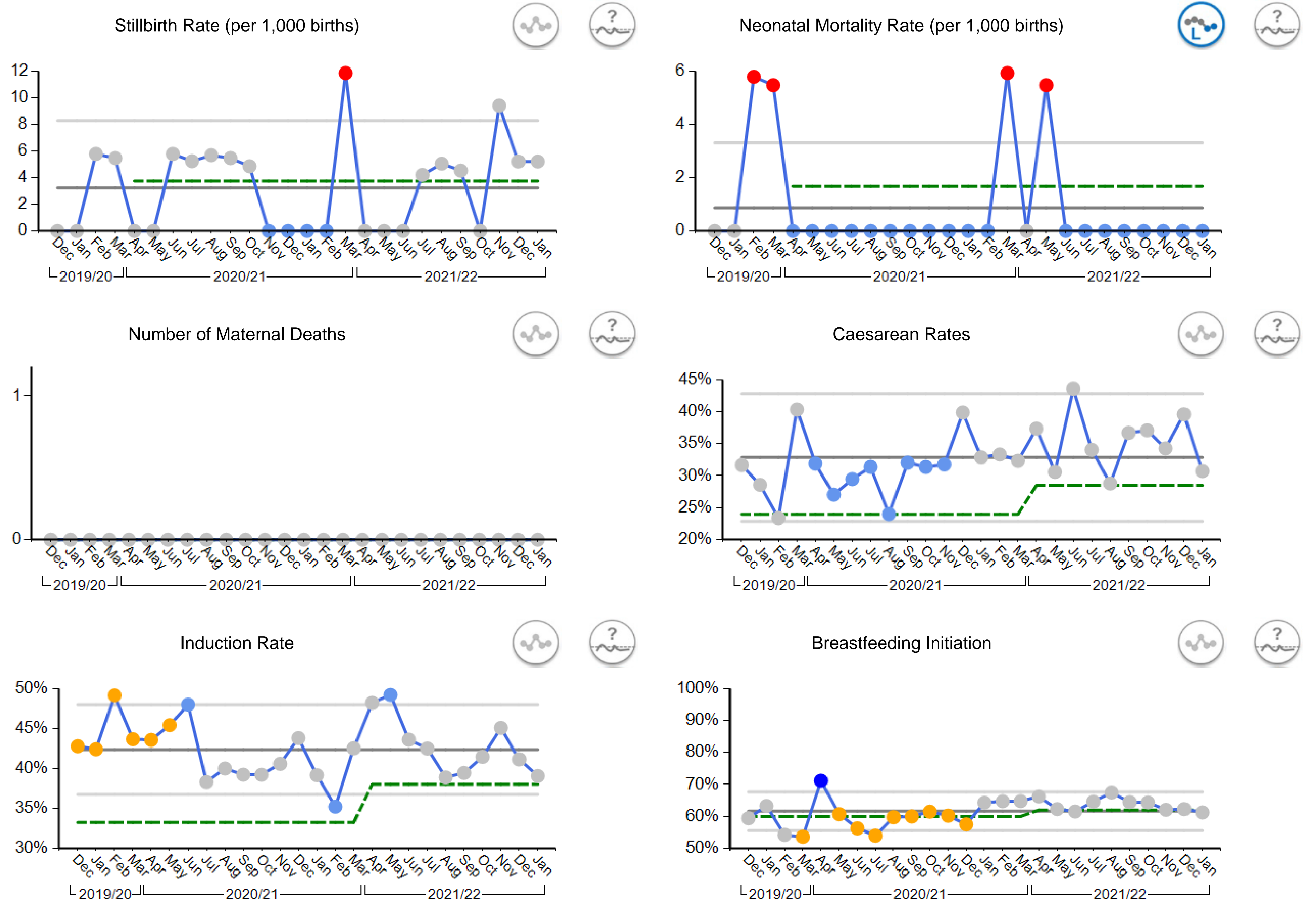
Stillbirth Rate

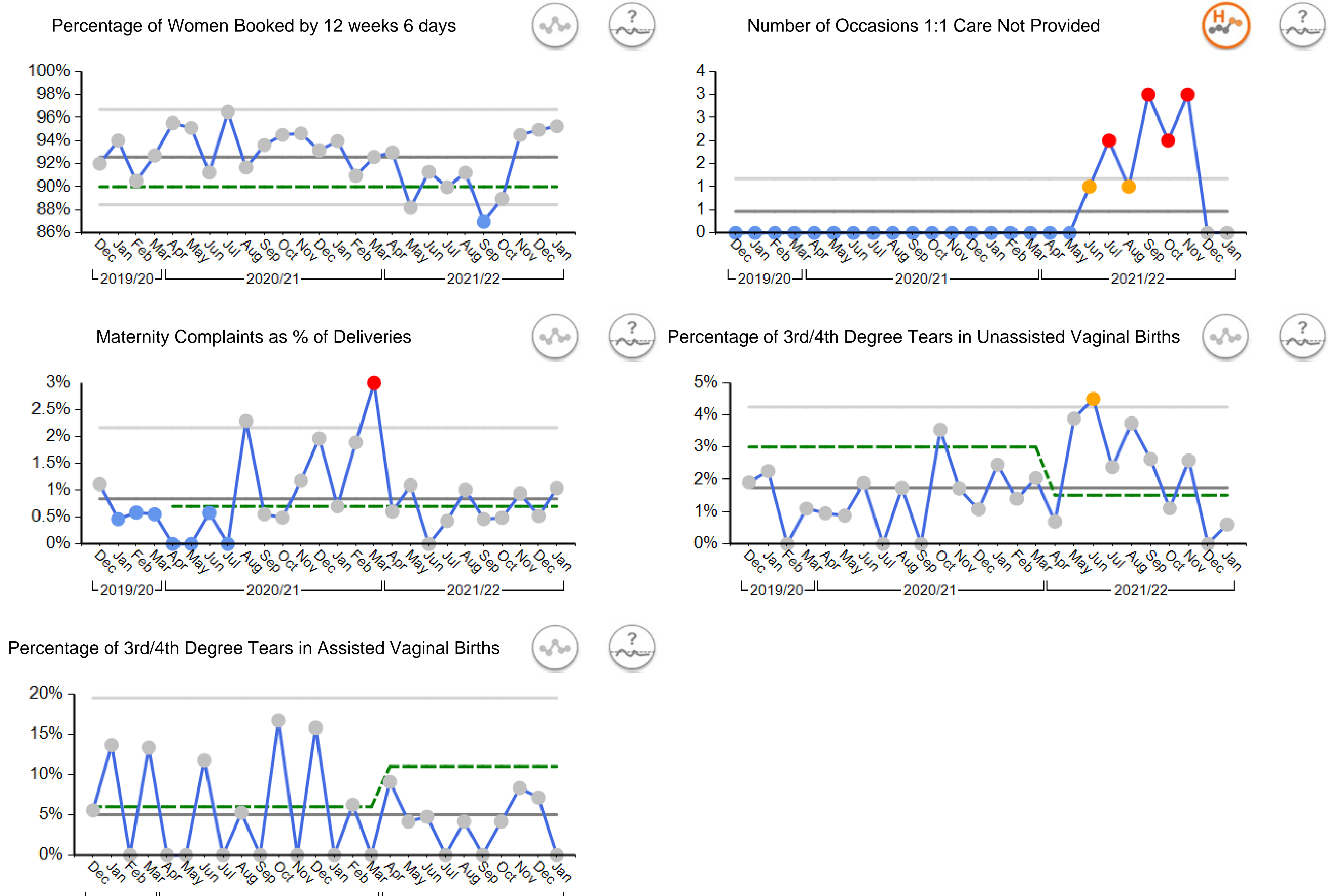
The one reported stillbirth related to a concealed pregnancy.

Breastfeeding Initiation

Whilst the Trust has not achieved the 62% target in January, the YTD position remains above plan at 63.7%.

Indicator	Latest: Plan	Latest: Actual	Latest: Patients	Latest: Period	Latest: Variation	Previous: Plan	Previous: Actual	Previous: Period	Year to Date: Plan	Year to Date: Actual	Assurance
Stillbirth Rate (per 1,000 births)	3.74	5.2	1	Jan 22		3.7	5.2	Dec 21	3.74	3.5	?
Neonatal Mortality Rate (per 1,000 births)	1.67	0	0	Jan 22	L	1.7	0	Dec 21	1.67	0.5	?
Number of Maternal Deaths	0	0	0	Jan 22		0	0	Dec 21	0	0	?
Caesarean Rates	28.5%	30.7%	59	Jan 22		28.5%	39.6%	Dec 21	28.5%	35.3%	?
Induction Rate	38%	39.1%	75	Jan 22		38%	41.1%	Dec 21	38%	42.7%	?
Breastfeeding Initiation	62%	61.3%	74	Jan 22		62%	62.3%	Dec 21	62%	63.7%	?
Percentage of Women Booked by 12 weeks 6 days	90%	95.3%	10	Jan 22		90%	94.9%	Dec 21	90%	91.4%	?
Number of Occasions 1:1 Care Not Provided		0	0	Jan 22	H		0	Dec 21	0	12	?
Maternity Complaints as % of Deliveries	0.7%	1%	2	Jan 22		0.7%	0.5%	Dec 21	0.7%	0.7%	?
Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Births	1.5%	0.6%	1	Jan 22		1.5%	0%	Dec 21	1.5%	2%	?
Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births	11%	0%	0	Jan 22		11%	7.1%	Dec 21	11%	4%	?


Stillbirth Rate (per 1,000 births)
Neonatal Mortality Rate (per 1,000 births)
Number of Maternal Deaths
Caesarean Rates
Induction Rate
Breastfeeding Initiation
2019/20
2020/21
2021/22



Percentage of Women Booked by 12 weeks 6 days
100%
98%
96%
94%
92%
90%
88%
86%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Number of Occasions 1:1 Care Not Provided
H
4
3
3
2
2
1
1
0
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Maternity Complaints as % of Deliveries
3%
2.5%
2%
1.5%
1%
0.5%
0%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Births
5%
4%
3%
2%
1%
0%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births
20%
15%
10%
5%
0%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22

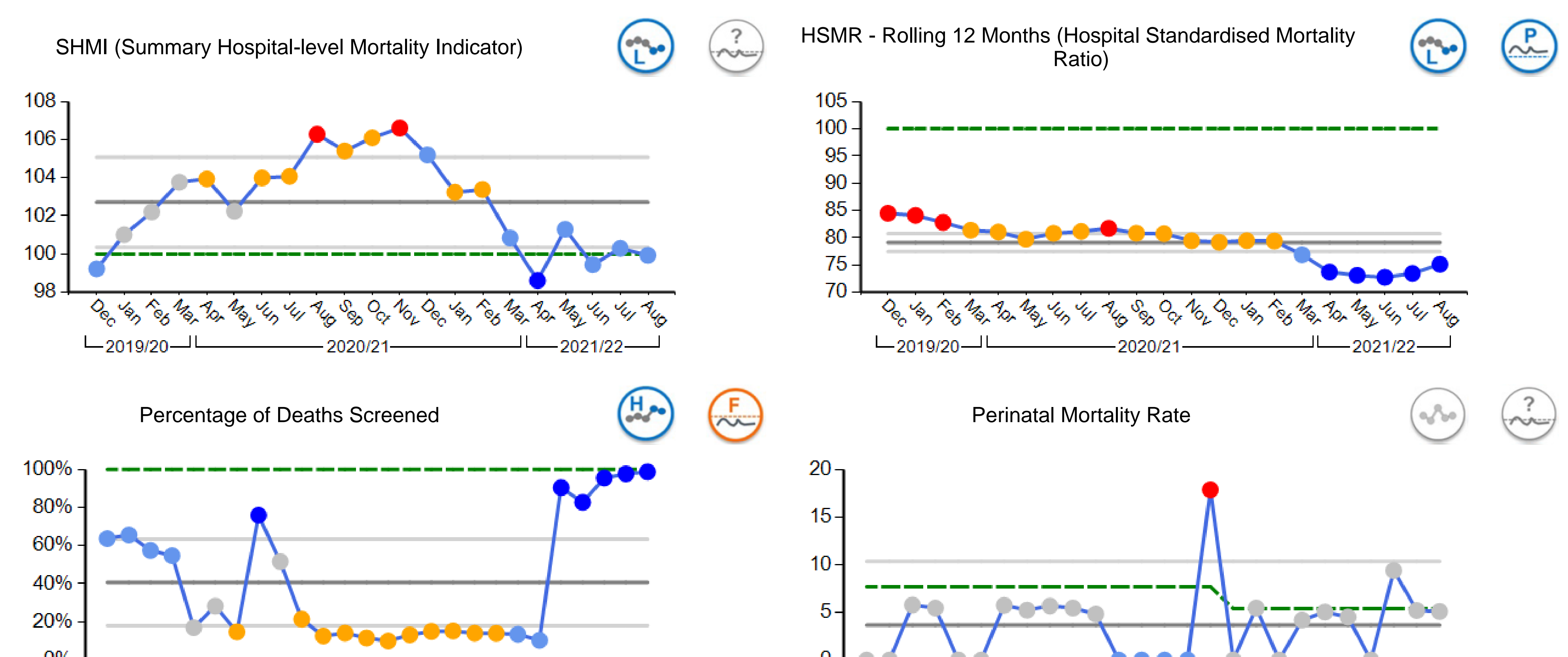
Quality

Mortality

Issues
• Both the HSMR and SHMI are showing special cause improvement.
• The HSMR continues to be assured with performance well below target.
• The SHMI has decreased marginally in the latest data month (August) and is below the target and 'as expected'.
• All local SMR's remain below 100.
• Following several months of performing well below the target, impacted by Covid and constraints in the Bereavement room, the mortality screening metric is showing special cause improvement.

Management Action
• The Mortality Operational group continues to meet monthly to review the Mortality dashboard.
• The Mortality Screening falls under the Medical Examiner's Office, with a resulting increase in compliance with screening.
• The outcome of completed structured judgement reviews (SJR's) into deaths are discussed at Mortality Operational Group with learning disseminated as required.

	Latest					Previous			Year to Date		
Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
SHMI (Summary Hospital-level Mortality Indicator)	100	99.9	N/A	Aug 21	L	100	100.3	Jul 21	100	99.9	?
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)	100	75.1	N/A	Aug 21	L	100	73.5	Jul 21	100	75.1	P
Percentage of Deaths Screened	100%	98.6%	1	Jan 22	H	100%	97.6%	Dec 21	100%	54.6%	F
Perinatal Mortality Rate	5.4	5.1	5.1	Jan 22		5.4	5.2	Dec 21	5.4	3.9	?



SHMI (Summary Hospital-level Mortality Indicator)
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)
Percentage of Deaths Screened
Perinatal Mortality Rate
2019/20
2020/21
2021/22

Quality

Patient Experience

Patient Experience

Complaints Response Times

Issues
• The Complaints closed within 40 working days metric has declined further in January, and although isn't statistically significant, is at the lowest level for 18 months. This has been impacted by staff sickness.

Management Action
• All open complaints are reviewed weekly to look at any delays within the investigation or quality assurance process.
• The Specialist Services CBU are focussing on meeting with Complainants rather than written responses.

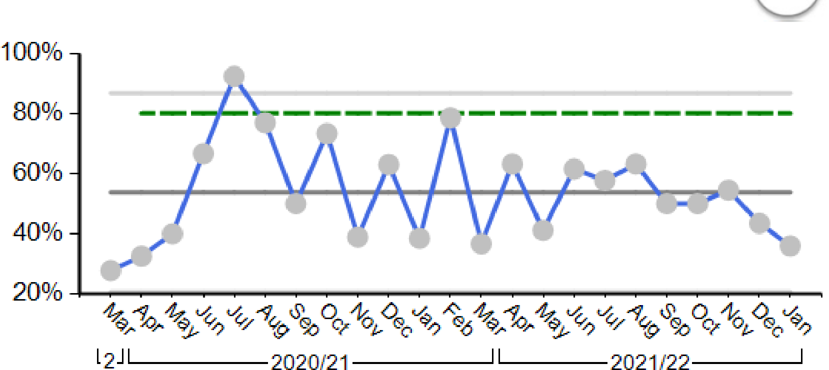
Friends and Family Test - % That Would Recommend

Issues
• The metric continues to show special cause concern with performance below the target.
• Whilst this had been on an improving trajectory, the rate in January has declined by 0.2% on the previous month.
• CBU figures are Medicine and Emergency Care 87.5%, Planned Care 95.2% and Women and Children's 93.4%.
• The decline in performance in January is related to Adults A&E.

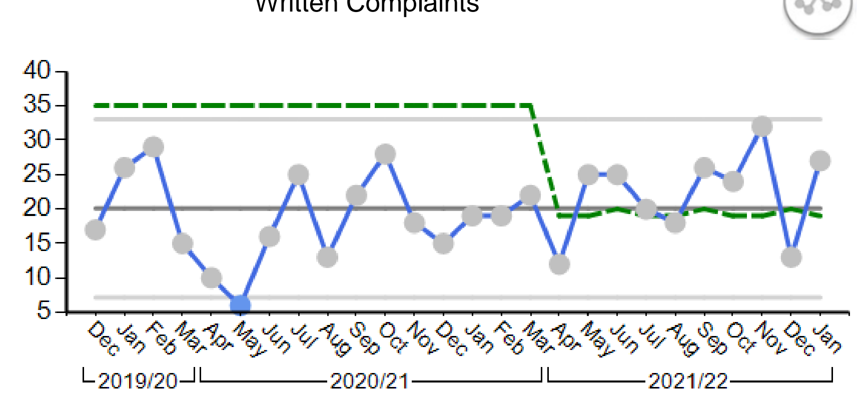
Management Action
• Friends and Family summaries shared with all matrons and ward /dept leaders and training is ongoing to support access to live data.
• Within Adult A+E the role of enhanced PALS officer is assisting with patient concerns during their time in the department. Two hourly hostess rounds have been introduced to support nutrition and hydration during extended waiting times.
• Work within the MEC FFT / National Inpatient Survey action plan continues. The Silent Night Campaign to reduce noise on wards at night launched. The CBU is now recording and scrutinising the number of bed moves a patient experiences particularly those living with dementia and a new communication care plan has been successfully piloted.
• Women's and Children's CBU are focussing on improving response rates particularly in antenatal and post-natal community through the provision of a QR code leaflet at defined points in the maternity journey.
• A number of new areas for FFT data collection have been launched within the sexual health team and the Community Children's Nurse Outreach team as to ensure all patients have an opportunity to offer feedback.
• FFT and the associated actions taken are monitored through the Patient Experience and Community Engagement Group along with any results of the National Patient Experience Surveys that have been completed.
• A broad selection of patient stories are presented to the Strategy and Operations Committee on a monthly basis for learning and action.

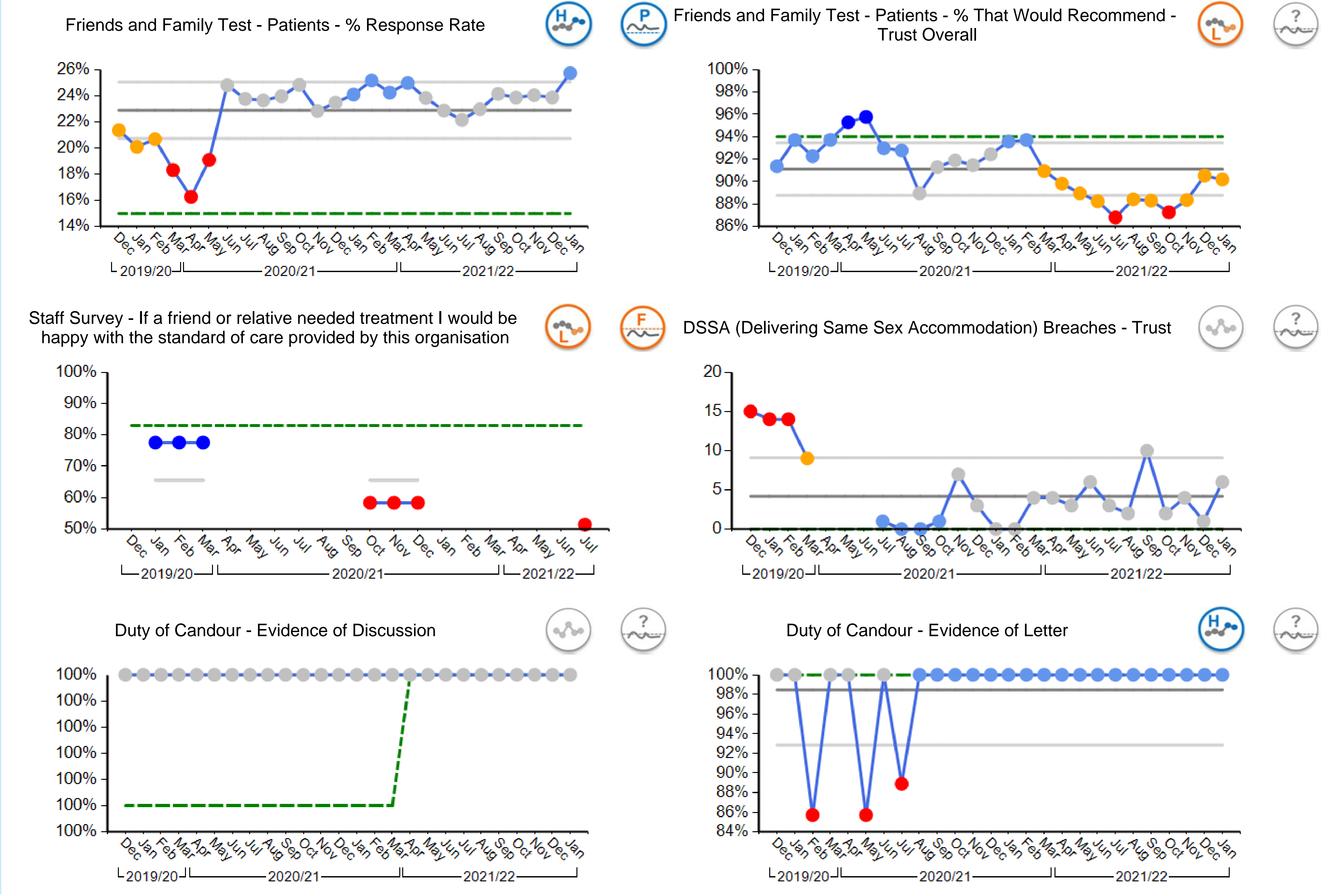
Indicator	Latest Plan	Latest Actual	Latest Patients	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Assurance
Complaints - % closed within 40 working days	80%	36%	N/A	Jan 22		80%	43.5%	Dec 21	80%	52.1%	?
Written Complaints	19	27	27	Jan 22		20	13	Dec 21	233	222	?
Friends and Family Test - Patients - % Response Rate	15%	25.7%	5295	Jan 22	H	15%	23.9%	Dec 21	15%		P
Friends and Family Test - Patients - % That Would Recommend - Trust Overall	94%	90.2%	180	Jan 22	L	94%	90.5%	Dec 21	94%	88.7%	?
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	L	83%	NTR	Jun 21	83%	51.5%	F
DSSA (Delivering Same Sex Accommodation) Breaches - Trust	0	6	6	Jan 22		0	1	Dec 21	0	41	?
Duty of Candour - Evidence of Discussion	100%	100%	0	Jan 22		100%	100%	Dec 21	100%	100%	?
Duty of Candour - Evidence of Letter	100%	100%	0	Jan 22	H	100%	100%	Dec 21	100%	100%	?

Complaints - % closed within 40 working days



Written Complaints




Friends and Family Test - Patients - % Response Rate
26%
24%
22%
20%
18%
16%
14%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Friends and Family Test - Patients - % That Would Recommend - Trust Overall
100%
98%
96%
94%
92%
90%
88%
86%
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
100%
90%
80%
70%
60%
50%
DSSA (Delivering Same Sex Accommodation) Breaches - Trust
20
15
10
5
0
Duty of Candour - Evidence of Discussion
Duty of Candour - Evidence of Letter
84%

Operations

Access

Stroke

Issues
• Performance against the 90% stay on a Stroke ward continues to be challenged and has declined in December to 55.2%.
• Compliance in December has been impacted by bed capacity issues, late referrals, delayed diagnoses, and stroke patients testing positive for Covid.

Management Action
• The Stroke Operational Group continues to focus on quality improvement.
• The Trust are engaging in collaborative work with LUFT to look at pathways around stroke and TIA.

A&E/Ambulance Handover
Issues
• Accident & Emergency - 4 Hour compliance continues to fail the assurance measure and show special cause concern and has declined in January to performance below the third lower control limit (75.5%).
• The number of 12-hour trolley waits and the proportion of patients spending more than 12 hours in ED are showing special cause concern with significant increases in January.
• Walk in attendances remain high with primary care/walk in type patients 70.7% of all attendances in January 22.
• The ED department continues to experience high occupancy levels, predominantly for patients awaiting admission to wards.
• Delays in inpatient bed availability and high bed occupancy levels.

Management Action
• Work is ongoing to look at opportunities to increase streaming at the front door to ambulatory pathways where clinically appropriate.
• A QI Project is also underway, supported by Aqua, looking at the clinical functionality of CDU to maximise its use to support reducing avoidable delays for patients in ED who do not require admission.
• The Medical Staff Statement of Case requests increasing the senior medical staff establishment to have greater senior decision-making presence on shift, particularly evenings when activity and acuity levels still remain high.
• All specialty reviews, post take consultant reviews and further senior reviews for 12hr breach patients undertaken in ED to ensure that admission was the most appropriate pathway prior to transfers to wards being completed.
• Reviews of 12-hour breaches demonstrate good standards of care, timely reviews and commencement of plans, and no instances of harm despite the significant time spent in ED. Assurance reports are summited to NHSE within 48 hours of occurrence.
• ED continues to work closely with NWAS on opportunities to drive down handover times and continue to keep NWAS updated on activity levels (either via the ALO or directly to NWAS Regional Operations Centre).
• The team will be meeting with ACU to re-review NWAS direct access to ambulatory pathways, as well as participating in the use of the delayed handover checklist that has been successfully implemented across Greater Manchester following PDSA cycles.

Diagnostics

Issues
• The Diagnostic Waits metric continues to fail its assurance measure and shows special cause concern with performance in January remaining static.
• Against a target of achieving 89% of 19/20 activity, the Trust achieved 72% in January for scopes and 101% for scans.
• Wave 4 has had a significant impact due to Covid amongst staff and short notice cancellations due to patients self-isolating.

Management Action
• Endoscopy Estates work for phase 1 remains on track for completion mid-March.
• Fit-test project commenced in January.

• The re vamped Endoscopy Efficiency Meeting has commenced which reviews session utilisation.
• Work has commenced on the reasons for late starts.

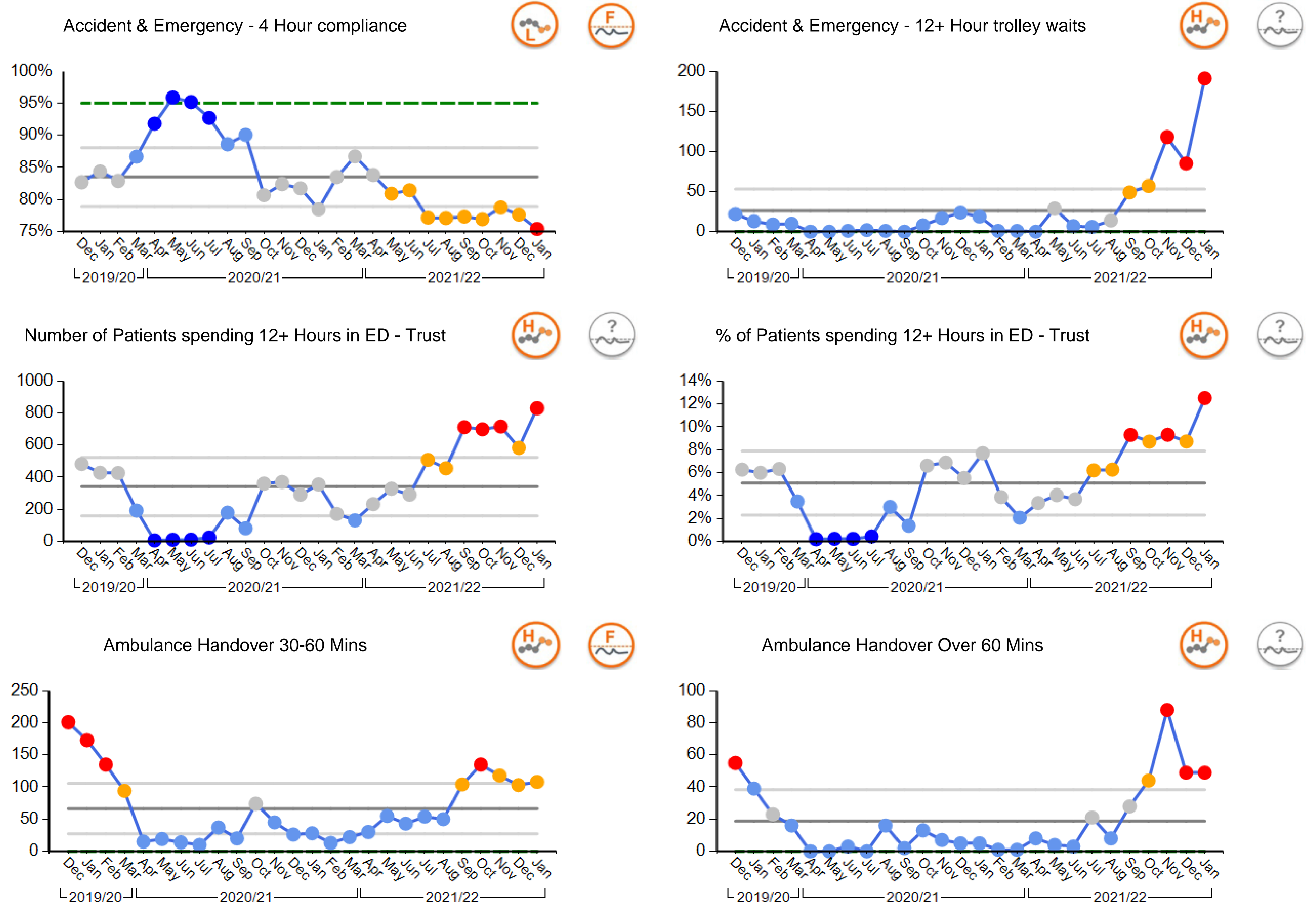
RTT

Issues
• The Referral to treatment: on-going metric has achieved 79.2% against the national 92% target. This is a slight reduction on the December position but is statistically as expected.
• RTT Admitted ERF performance of 74% against target of 89%.
• The 30-, 42- and 52-week waiter indicators are all showing recent negative variation. The 30-week waiters have increased and have breached the third upper control limit.
• Wave 4 had a significant impact on elective restoration plans due to bed capacity and staffing challenges.
• The Trust continues to perform well compared to peers.

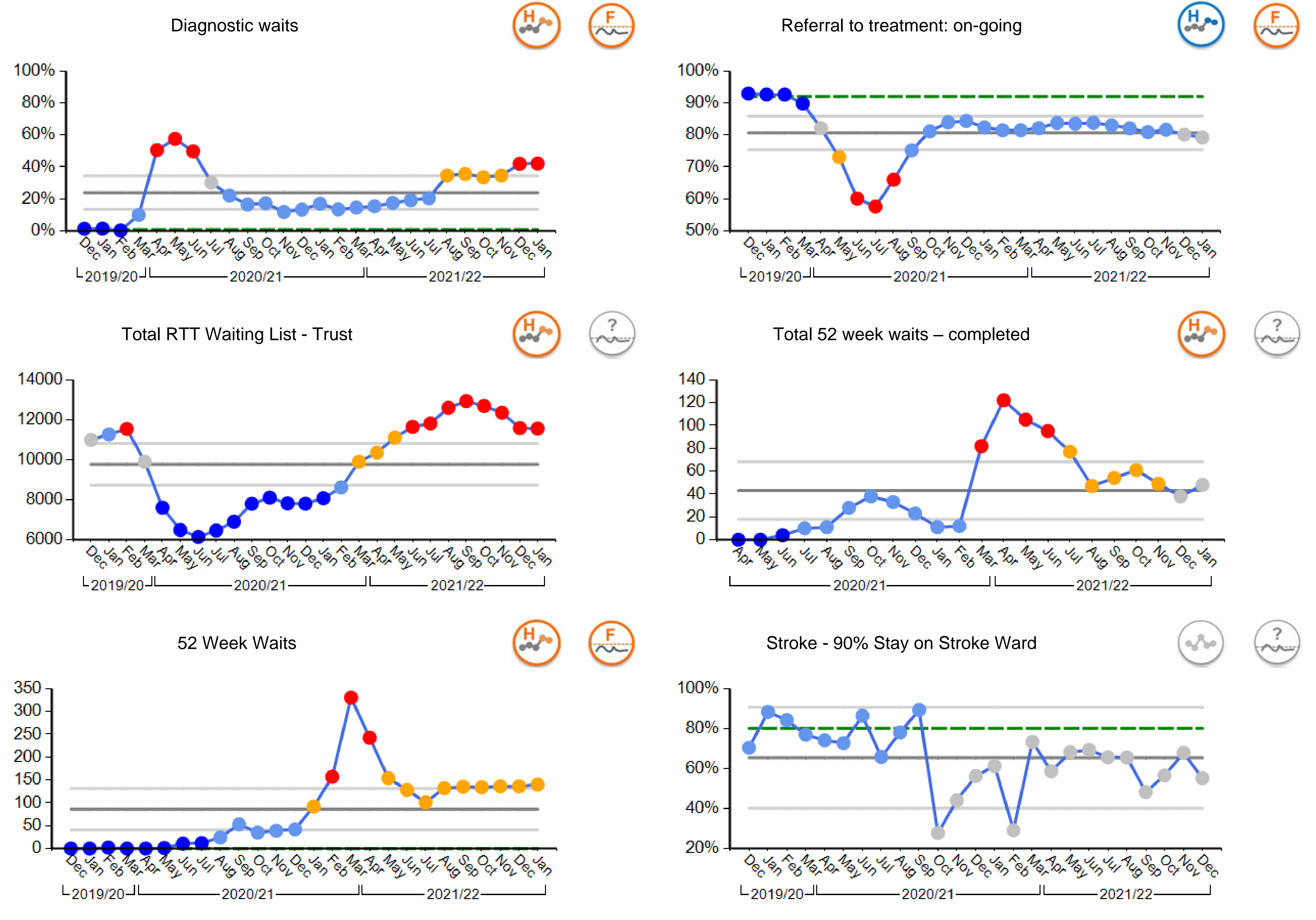
Management Action
• Continued risk stratification of the waiting list.
• Additionality being implemented.
• Enhanced speciality management as the Trust manages Covid absence.

Detailed papers relating to Elective Restoration and Urgent and Emergency Care were presented to Finance, Performance & Investment Committee in February.

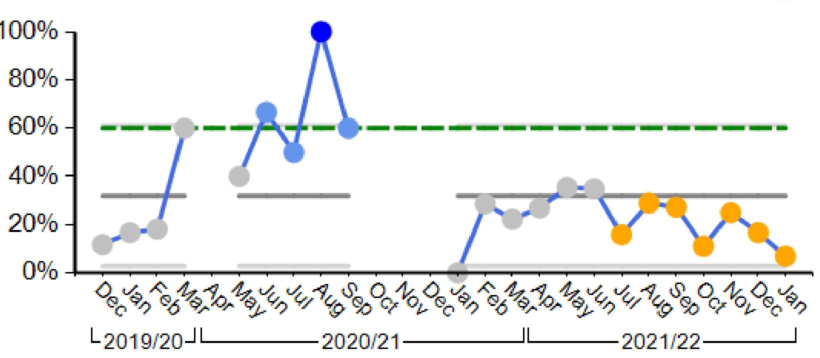
Indicator	Latest Plan	Latest Actual	Latest Patients	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Assurance
Accident & Emergency - 4 Hour compliance	95%	75.4%	2114	Jan 22	L	95%	77.7%	Dec 21	95%	78.7%	F
Accident & Emergency - 12+ Hour trolley waits	0	191	191	Jan 22	H	0	85	Dec 21	0	556	?
Number of Patients spending 12+ Hours in ED - Trust		830	N/A	Jan 22	H		583	Dec 21		5359	?
% of Patients spending 12+ Hours in ED - Trust		12.5%	N/A	Jan 22	H		8.7%	Dec 21		7.1%	?
Ambulance Handover 30-60 Mins	0	108	108	Jan 22	H	0	103	Dec 21	0	800	F
Ambulance Handover Over 60 Mins	0	49	49	Jan 22	H	0	49	Dec 21	0	302	?
Diagnostic waits	1%	42.2%	2716	Jan 22	H	1%	42%	Dec 21	1%	31%	F
Referral to treatment: on-going	92%	79.2%	2399	Jan 22	H	92%	80.1%	Dec 21	92%	82%	F
Total RTT Waiting List - Trust		11554	11554	Jan 22	H		11580	Dec 21		11554	?
Total 52 week waits – completed		48	N/A	Jan 22	H		38	Dec 21		696	?
52 Week Waits	0	140	140	Jan 22	H	0	136	Dec 21	0	242	F
Stroke - 90% Stay on Stroke Ward	80%	55.2%	13	Dec 21		80%	67.9%	Nov 21	80%	61.5%	?
TIA - High Risk Treated within 24Hrs - Medicine and Emergency Care	60%	6.9%	27	Jan 22	L	60%	16.7%	Dec 21	60%	23.1%	?



Accident & Emergency - 4 Hour compliance
Accident & Emergency - 12+ Hour trolley waits
Number of Patients spending 12+ Hours in ED - Trust
% of Patients spending 12+ Hours in ED - Trust
Ambulance Handover 30-60 Mins
Ambulance Handover Over 60 Mins
2019/20
2020/21
2021/22


Diagnostic waits
100%
80%
60%
40%
20%
0%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Referral to treatment: on-going
100%
90%
80%
70%
60%
50%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Total RTT Waiting List - Trust
14000
12000
10000
8000
6000
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Total 52 week waits – completed
140
120
100
80
60
40
20
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2020/21
2021/22
52 Week Waits
350
300
250
200
150
100
50
0
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Stroke - 90% Stay on Stroke Ward
100%
80%
60%
40%
20%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2019/20
2020/21
2021/22

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



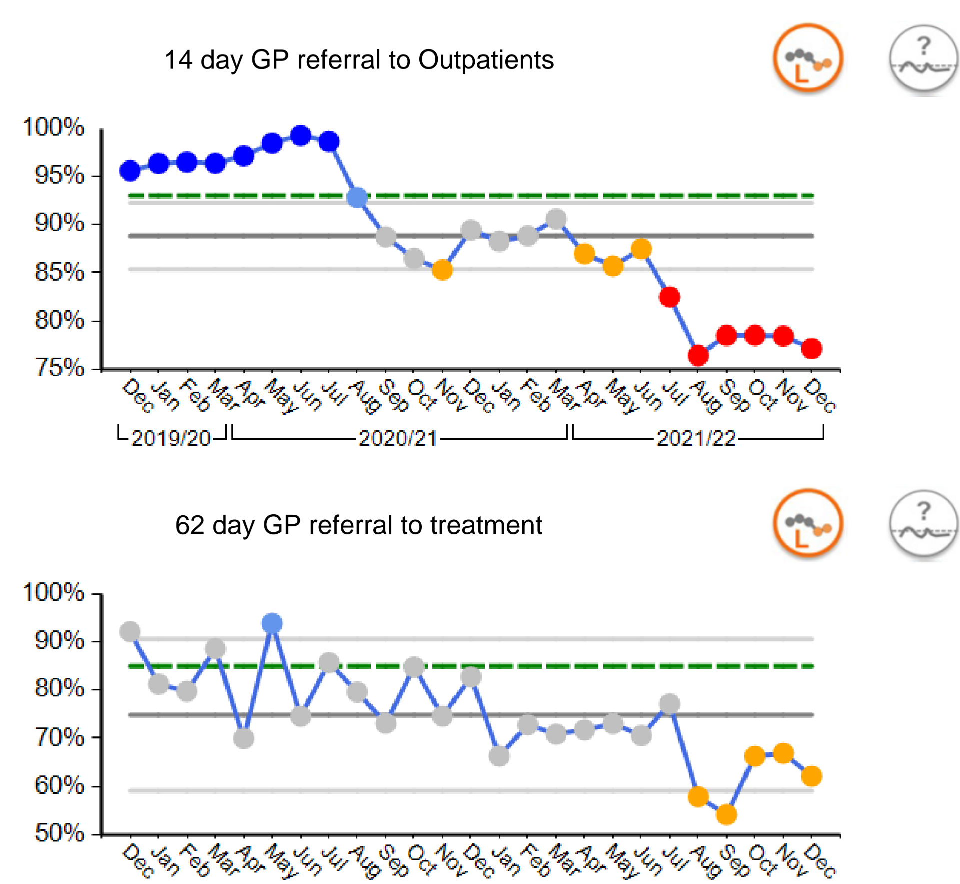
Operations

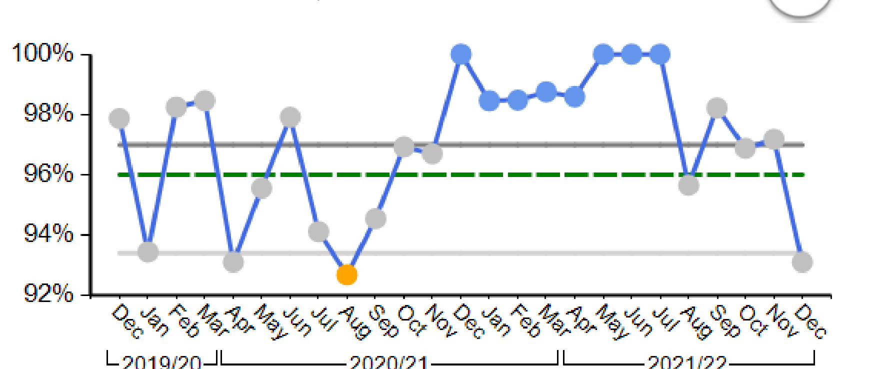
Cancer

Issues
• The 14-day GP referral to Outpatients continues to show special cause concern and has declined further in December to 77.2%.
• Although referrals into the Trust fell in December, endoscopy constraints continue to challenge the ability to meet the 14-day target.
• With the exception of upper and lower GI and lung patients, all other tumour groups are maintaining compliance against the 14-day target.
• The 14-day target for lung patients was impacted by small patient numbers and four breaches due to patient choice.
• Strained diagnostic services are making the 28-day target (where we tell a patient by day 28 whether their investigations are benign or malignant) increasingly difficult to meet, also impacting the 62-day target.
• 31-day performance fell below target in December with some dermatology breaches caused by patient choice and illness.
• In addition to delays in diagnostics, continued delays in histology reporting and capacity constraints, reduced staffing in the cancer services tracking team due to sickness and vacancies has negatively impacted on the monitoring and escalation on patients on a cancer pathway.

Management Action
• The Rapid Diagnostic Services programme of work will mean significant progress can be made against these targets when implemented.
• New staff have been recruited into the Cancer Tracking team. When they are in post and have completed a robust training schedule, it is anticipated that improved validation and escalation will reduce the numbers of patients on the PTL.
• The cancer improvement plan continues to be updated regularly with all areas working to improve services and compliance against the cancer targets.

	Latest					Previous			Year to Date		
Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
14 day GP referral to Outpatients	93%	77.2%	215	Dec 21	L	93%	78.5%	Nov 21	93%	81.2%	?
31 day treatment	96%	93.1%	4	Dec 21		96%	97.2%	Nov 21	96%	97.9%	?
62 day GP referral to treatment	85%	62.2%	22.5	Dec 21	L	85%	66.9%	Nov 21	85%	66.7%	?


14 day GP referral to Outpatients
100%
95%
90%
85%
80%
75%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2019/20
2020/21
2021/22
62 day GP referral to treatment
100%
90%
80%
70%
60%
50%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2019/20
2020/21
2021/22


31 day treatment
100%
98%
96%
94%
92%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2019/20
2020/21
2021/22

Operations

Productivity

Stranded/Super-Stranded Patients/RFD

Issues

• The number of stranded patients has breached the third upper control limit and is showing special cause concern.
• The number of super-stranded patients is showing special concern but has reduced on the previous month.
• January saw an inordinate number of bed closures both within the Trust and across the community with care home bed closures and reduced packages of care availability because of the ongoing impact and management of Covid-19.
• As many as 80+ patients at a time have been reported as being Ready for Discharge across the wards contributing to high bed occupancy levels, and high numbers of patients bedded in ED awaiting admission to wards.

Management Action

• Aqua QI events for flow and discharge continuing.
• Continued command and control, point prevalence and MADE events.
• Continued implementation of the winter plan.

Theatre Utilisation

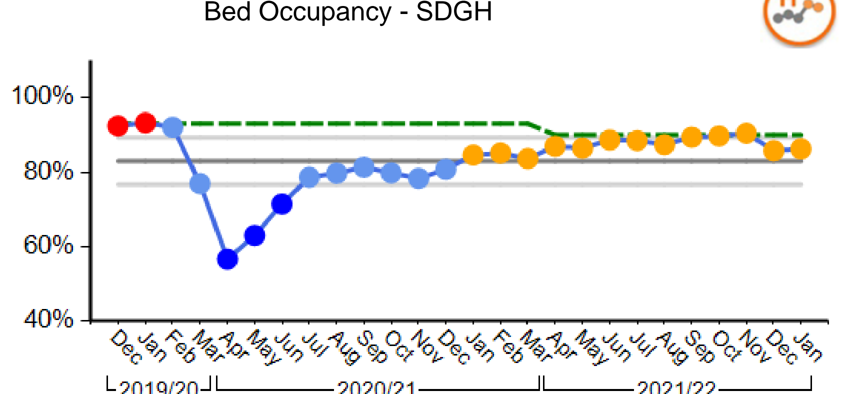
Issues

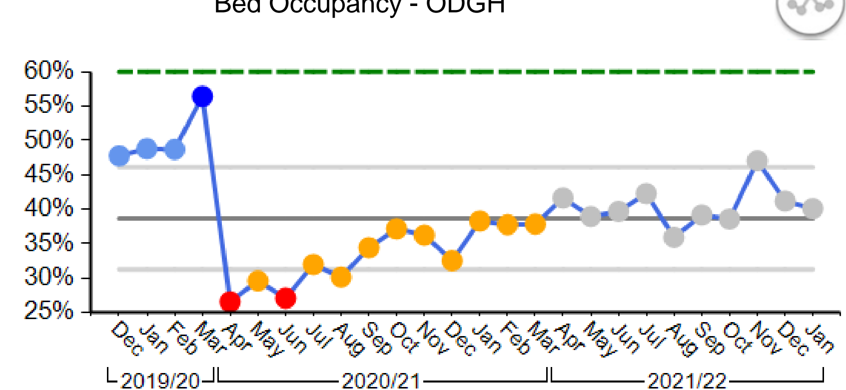
• Theatre Utilisation at ODGH showing special cause improvement although slight decline in January.
• Theatre Utilisation at SDGH has declined in month although this remains statistically as expected.
• Impact of loss of high-volume Ophthalmology lists and high sickness levels in January due to Covid.
• IPC challenges, case mix challenge due to focus on P1 and P2 and inability to backfill at late notice due to isolation rules.

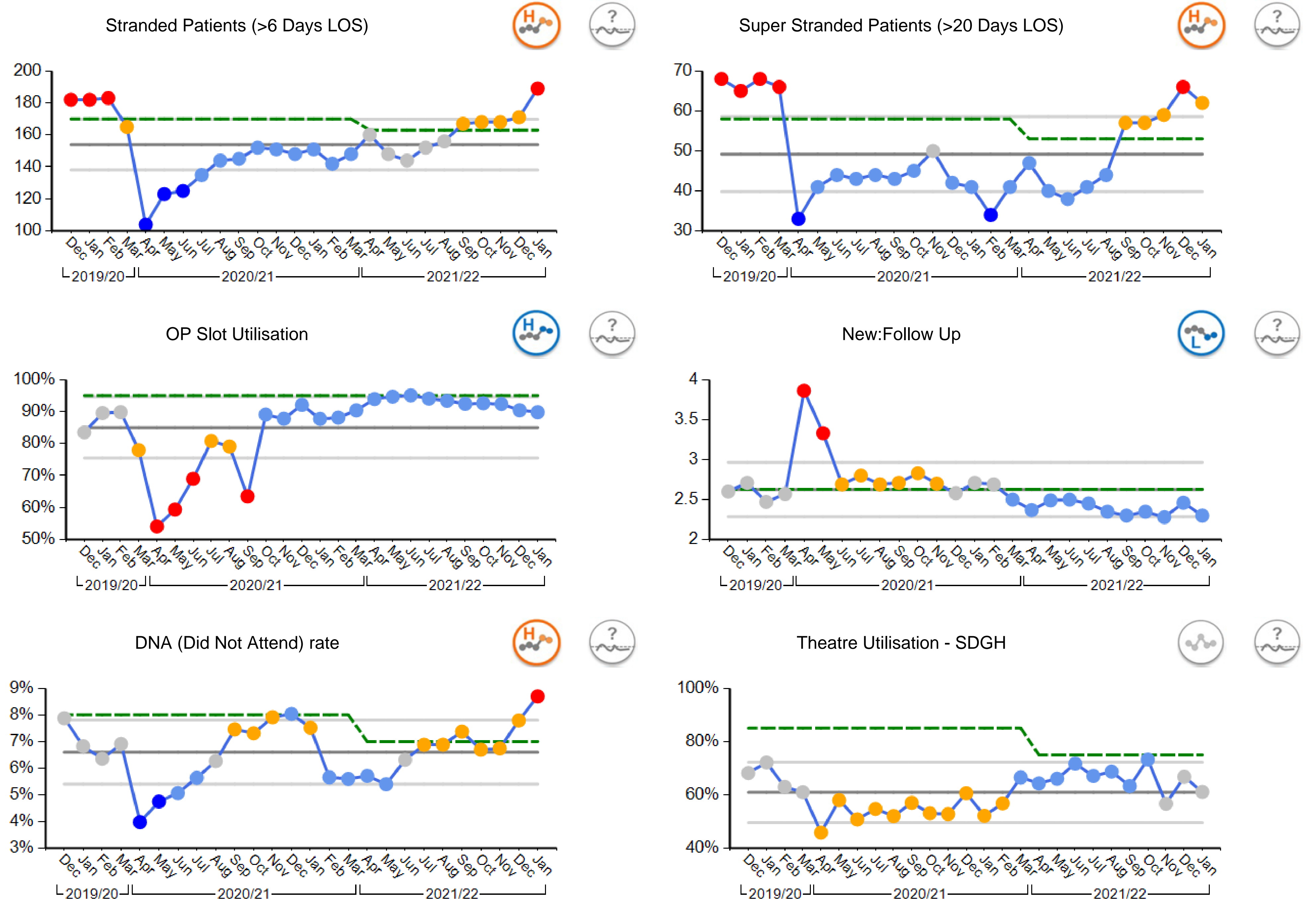
Management Action

• Continue to review and maximise theatre utilisation and productivity.

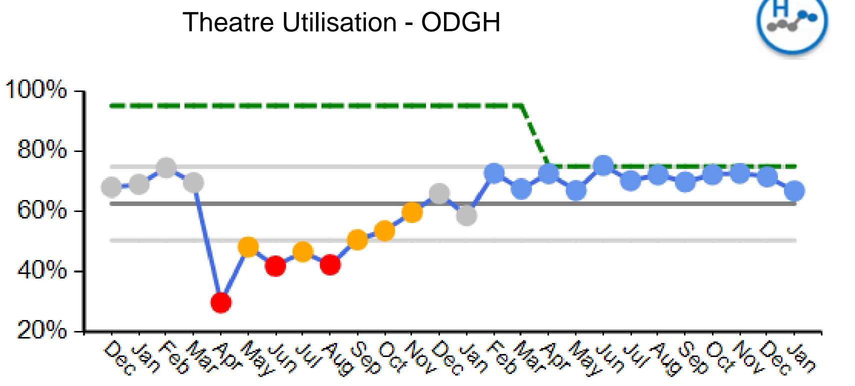
Indicator	Latest Plan	Latest Actual	Latest Patients	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Assurance
Bed Occupancy - SDGH	90%	86.2%	N/A	Jan 22	H	90%	85.8%	Dec 21	90%	87.9%	?
Bed Occupancy - ODGH	60%	40.1%	N/A	Jan 22		60%	41.2%	Dec 21	60%	40.5%	F
Stranded Patients (>6 Days LOS)	163	189	189	Jan 22	H	163	171	Dec 21	163	1623	?
Super Stranded Patients (>20 Days LOS)	53	62	62	Jan 22	H	53	66	Dec 21	53	511	?
OP Slot Utilisation	95%	89.8%	N/A	Jan 22	H	95%	90.4%	Dec 21	95%	92.8%	?
New:Follow Up	2.63	2.3	N/A	Jan 22	L	2.6	2.5	Dec 21	2.63	2.4	?
DNA (Did Not Attend) rate	7%	8.7%	1792	Jan 22	H	7%	7.8%	Dec 21	7%	6.8%	?
Theatre Utilisation - SDGH	75%	61.2%	N/A	Jan 22		75%	66.8%	Dec 21	75%	65.9%	?
Theatre Utilisation - ODGH	75%	66.8%	N/A	Jan 22	H	75%	71.5%	Dec 21	75%	71%	?
Southport A&E Conversion Rate	28%	21.8%	994	Jan 22	L	28%	23.1%	Dec 21	28%	21.1%	?



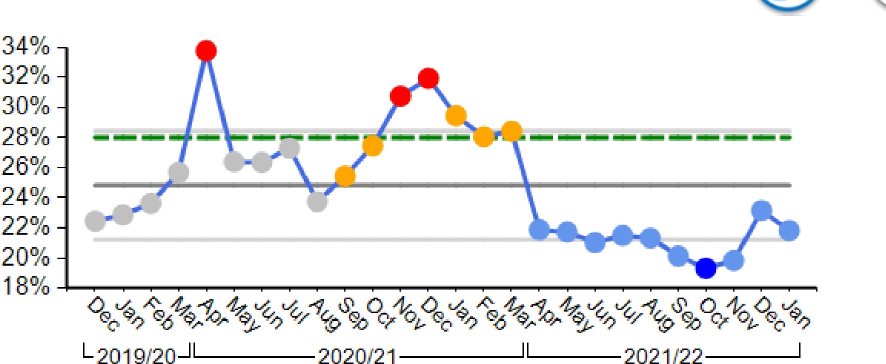




Stranded Patients (>6 Days LOS)
200
180
160
140
120
100
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Super Stranded Patients (>20 Days LOS)
70
60
50
40
30
OP Slot Utilisation
100%
90%
80%
70%
60%
50%
New:Follow Up
4
3.5
3
2.5
2
DNA (Did Not Attend) rate
9%
8%
7%
6%
5%
4%
3%
Theatre Utilisation - SDGH
100%
80%
60%
40%



Theatre Utilisation - ODGH
100%
80%
60%
40%
20%
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
2019/20
2020/21
2021/22



Southport A&E Conversion Rate
34%
32%
30%
28%
26%
24%
22%
20%
18%
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
2019/20
2020/21
2021/22

Finance

Finance

The Trust is forecasting financial breakeven from M10 following confirmation of £4.7m System Top Up Funding for 2021/22.

Income & Expenditure
The reported position is consistent with the risk highlighted as part of H2 planning, driven by £1.0m ERF income risk, and a £4.2m gap in system allocations – partly reduced by £0.5m UEC funding as previously reported.

The Trust is currently engaging with the HCP following notification of further system allocations arising for 2021/22. The Trust has notified the HCP that year end allocations could be utilised to support the following whilst ensuring delivery of breakeven:
Surge costs experienced during Q4 which were originally to be funded from surge funding
Year end accounting estimates

The Trust has agreement of the HCP and C&M DoFs for £2.5m additional funding for 21/22 – with formal notification and transaction arrangements due Friday 18th February.

CIP
The Trust has delivered schemes totalling £6.0m to M10, and is anticipating continued reliance of non-recurrent schemes in order to deliver the full year target

It should be noted that £3.8m is currently identified as delivered non-recurrently centrally. The potential recurrent nature of schemes identified across CBUs and Corporate budgets is being assessed as part of 2022/23 Financial Planning.

Cash - The cash balance at the end of January was £8.6m which at the time included £6m of temporary regional cash support.

Following confirmation of the £4.7m system top up in February and a further temporary injection of £3m, the cash position has changed significantly. In totality by the end of February the Trust would've received £10.7m of which now only £6m is repayable in March.

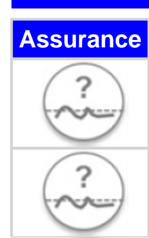
In addition the Trust will now be drawing down all of its capital PDC at the end of March (c £8.3m).

Cash flow has now been reworked and there are no risks in 2021/22. The Trust will have sufficient cash to repay £6m of temporary regional cash support and the year-end cash balance is forecast to remain at a similar level to the end of last year at £6.4m.

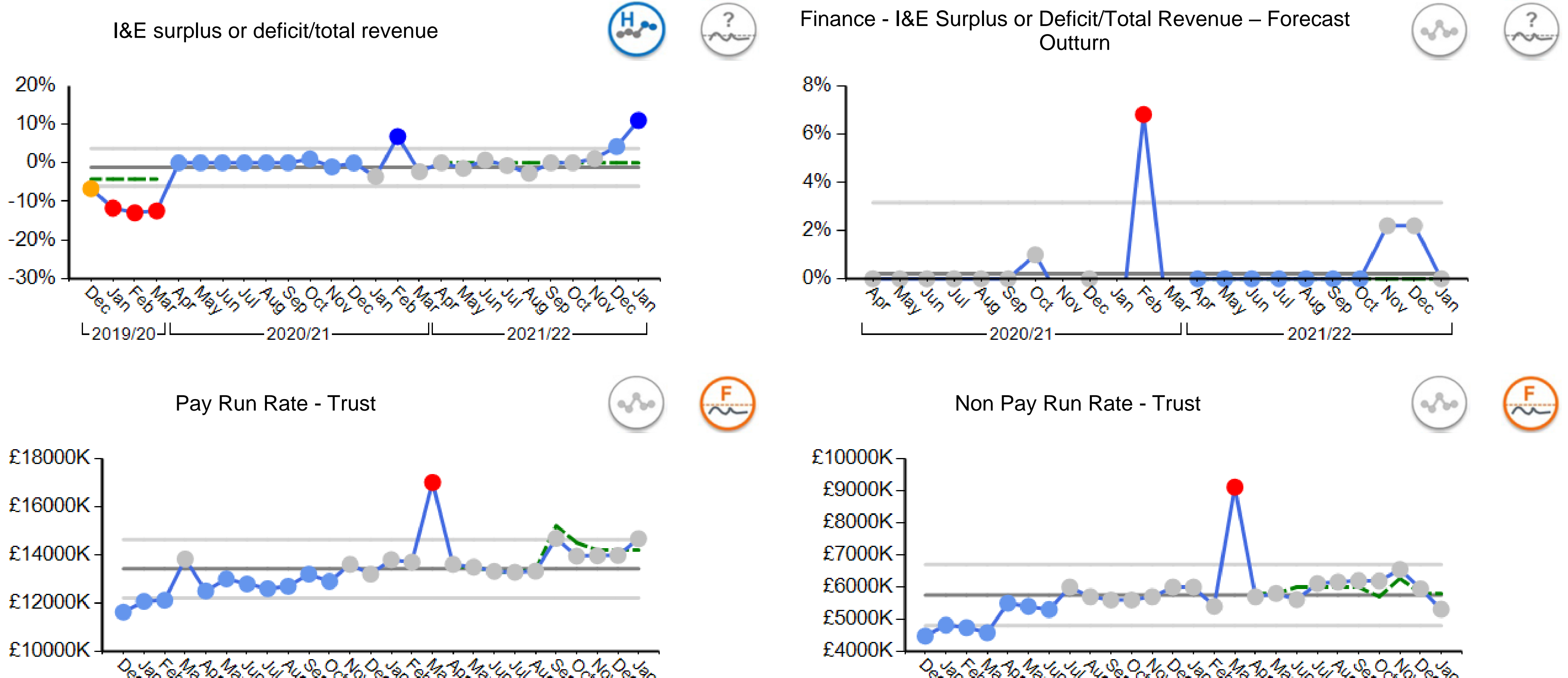
BPPC – The Trust's recovery plan submitted to NHSEI set out an improvement trajectory to achieve 95% on a monthly basis by the end of March 2022. The Trust has maintained 90% YTD to January.

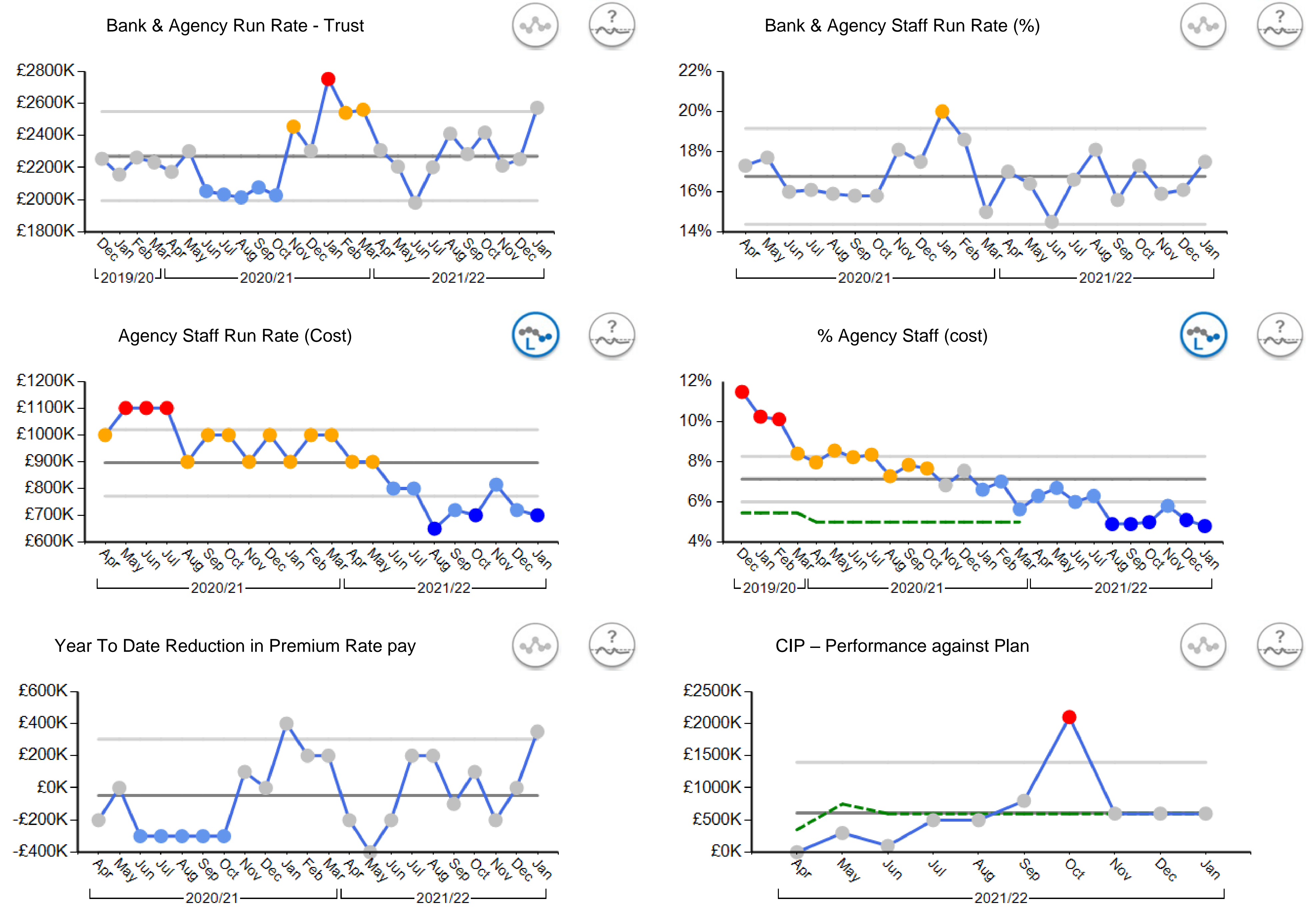
Capital - £6.1m original capital plan for 2021/22, with successful bids for additional capital funding taking the 21/22 plan to £13.5m. Year to date investment to the end of January of £4.9m, reflecting 36% of the annual budget, with assurances provided by IM&T and Estates & Facilities schemes over delivery in full by 31 March 2022

In addition, the Trust continues to pursue capital funding of £68m in order to address High Risk Critical Backlog Maintenance.

	Latest					Previous			Year to Date		
Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
I&E surplus or deficit/total revenue	0%	11%	N/A	Jan 22		0%	4.2%	Dec 21	0%	0%	
Finance - I&E Surplus or Deficit/Total Revenue – Forecast Outturn	0%	0%	N/A	Jan 22		0%	2.2%	Dec 21	0%	0%	

Pay Run Rate - Trust	£14,200K	£14671K	N/A	Jan 22	£14,200K	£13980K	Dec 21	£139,300K	£138,200K	
Non Pay Run Rate - Trust	£5,800K	£5310K	N/A	Jan 22	£5,800K	£5944K	Dec 21	£56,400K	£57,200K	
Year to date Budget in balance		No	N/A	Jan 22		No	Dec 21		Yes	
Budget in balance - forecast year end		Yes	N/A	Jan 22		No	Dec 21		Yes	
Bank & Agency Run Rate - Trust		£2572K	N/A	Jan 22		£2252K	Dec 21		£20,210K	
Bank & Agency Staff Run Rate (%)		17.5%	N/A	Jan 22		16.1%	Dec 21		16.5%	
Agency Staff Run Rate (Cost)		£700K	N/A	Jan 22		£720K	Dec 21		£7,700K	
% Agency Staff (cost)		4.8%	N/A	Jan 22		5.1%	Dec 21		5.7%	
Year To Date Reduction in Premium Rate pay		£350K	N/A	Jan 22		£00K	Dec 21		£150K	
CIP – Performance against Plan	£600K	£600K	N/A	Jan 22	£600K	£600K	Dec 21	£5,200K	£5,200K	
CIP – Forecast Outturn	£6,300K	£6300K	N/A	Jan 22	£6,300K	£6300K	Dec 21	£6,300K	£6,300K	
CIP on Target		Yes	N/A	Jan 22		Yes	Dec 21		Yes	
Capital Spend – Actual in Month	£1,700K	£1100K	N/A	Jan 22	£500K	£600K	Dec 21	£6,600K	£4,900K	
Capital Spend – Forecast Outturn	£13,500K	£13500K	N/A	Jan 22	£12,100K	£12100K	Dec 21			
Cash Balance	-£500K	£8600K	N/A	Jan 22	-£300K	£3800K	Dec 21			


I&E surplus or deficit/total revenue
20%
10%
0%
-10%
-20%
-30%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Finance - I&E Surplus or Deficit/Total Revenue – Forecast Outturn
8%
6%
4%
2%
0%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2020/21
2021/22
Pay Run Rate - Trust
£18000K
£16000K
£14000K
£12000K
£10000K
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Non Pay Run Rate - Trust
£10000K
£9000K
£8000K
£7000K
£6000K
£5000K
£4000K
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22


Bank & Agency Run Rate - Trust
£2800K
£2600K
£2400K
£2200K
£2000K
£1800K
2019/20
2020/21
2021/22
Bank & Agency Staff Run Rate (%)
22%
20%
18%
16%
14%
Agency Staff Run Rate (Cost)
£1200K
£1100K
£1000K
£900K
£800K
£700K
£600K
% Agency Staff (cost)
12%
10%
8%
6%
4%
Year To Date Reduction in Premium Rate pay
£600K
£400K
£200K
£0K
-£200K
-£400K
CIP – Performance against Plan
£2500K
£2000K
£1500K
£1000K
£500K
£0K
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan

CIP – Forecast Outturn
£10000K
£8000K
£6000K
£4000K
£2000K
£0K
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
2021/22
Capital Spend – Actual in Month
£4920K
£3920K
£2920K
£1920K
£920K
-£80K
2020/21
2021/22
Capital Spend – Forecast Outturn
£14000K
£12000K
£10000K
£8000K
£6000K
£4000K
Cash Balance
£25000K
£20000K
£15000K
£10000K
£5000K
£0K
-£5000K

Workforce

Organisational Development

Personal Development Reviews

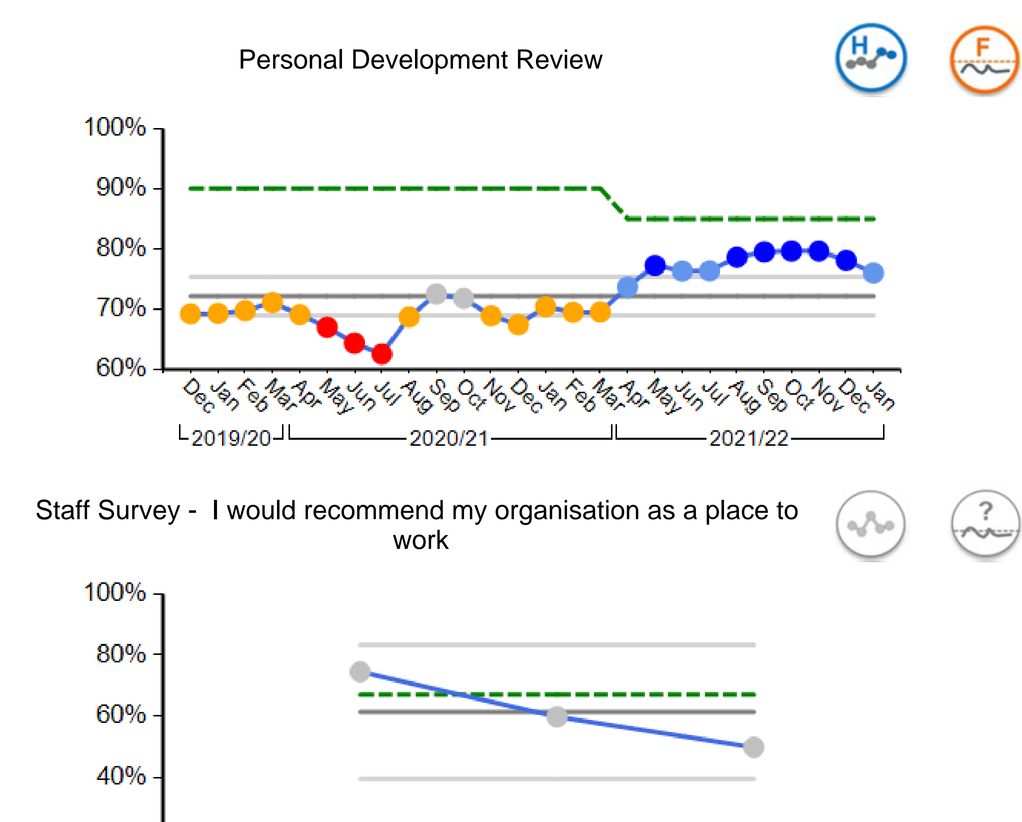
Issues
• The indicator continues to show special cause improvement although there has been a 2.1% decline in compliance in January.
• Performance in January has been impacted by high levels of staff sickness/isolation caused by the Omicron wave of Covid and the winter pressures faced by the Trust.

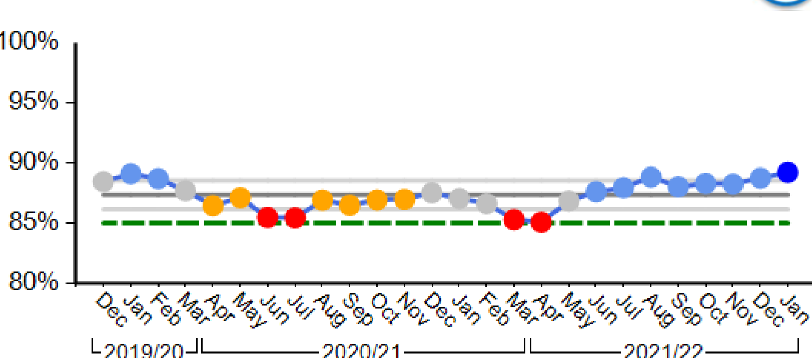
Management Action
• Improvement trajectories from CBUs have been requested to show a 10% improvement in compliance by the end of April.
• Compliance records are being monitored closely.
• Spotlight focus on those staff who have been in post more than three months who do not have a completed PDR.

Mandatory Training

Mandatory training continues to be assured and performs ahead of target with a further 0.5% increase in January.

	Latest					Previous			Year to Date		
Indicator	**Plan**	**Actual**	**Patients**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Personal Development Review	85%	76%	N/A	Jan 22	H	85%	78.1%	Dec 21	85%	77.5%	F
Mandatory Training	85%	89.2%	N/A	Jan 22	H	85%	88.7%	Dec 21	85%	87.9%	P
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
100%
90%
80%
70%
60%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Staff Survey - I would recommend my organisation as a place to work
100%
80%
60%
40%
20%
Mar
Dec
Jul
2019/20
2020/21
2021/22


Mandatory Training
100%
95%
90%
85%
80%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22

Workforce

Sickness, Vacancy and Turnover

Sickness Absence

Issues

- Sickness rates in January have risen by 1.8% and are showing special cause concern having breached the third upper control limit for the first time since April 2020, impacted by the 4th wave of the Covid pandemic.
- The rolling 12-month sickness rate continues to fail its assurance measure and at 6.7% is the highest reported.
- Sickness rates for Nursing staff are failing their assurance measure and showing special cause concern with an increase of 2.9% from December to January.
- Medical sickness rates have increased by 1.9% but remain below the target.

Management Action

- Coaching and mentoring of managers continues in line with policy requirements for management intervention
- Although LTS absence rate is falling, focus remains on returning colleagues to work
- Audit work in respect of RTWI compliance and follow up actions commenced to ensure appropriate support is in place post absence
- Drill down into non-registered nurse absence and management actions required

Vacancies

Issues

- The Medical Vacancy rate continues to show special cause improvement and with an incremental improvement in January is now 1% lower than the target.
- The Nursing vacancy rate is failing its assurance measure but is showing special cause improvement and has reduced by 1% in January, although remains above target.
- Future nursing vacancies are anticipated due to the aging nature of the nursing workforce and several band 6 nursing vacancies, many of which will be filled by the Trust's own band 5 nurses.
- HCA vacancies continue to be an issue.
- The overall vacancy rate remains static and is failing its assurance measure at 3.3% above target.

Management Action

- A further 19 medical posts are under offer to further improve the medical vacancy rate.
- The Recruitment Team are ensuring contact is maintained with candidates to get them into the Trust as quickly as possible.
- There are some difficulties with some Consultant vacancies and the recruitment teams are working with the departments to look at different staffing models, including the use of the Specialist Doctor.
- A further 46 international nurses are in the process of gaining registration, which is higher than the current level of vacancy to manage the anticipated retirement of some of the Trust's nurses and the potential progression of band 5 nurses into band 6 vacancies.
- There are 31 HCA vacancies under offer and a recruitment event is being organised to further boost this position.

Turnover

Issues

- The rolling staff turnover and the Medical staff turnover are failing their assurance measures although the Medical staff turnover has declined in January.
- Medical staff turnover continues to be skewed by the foundation doctors but excluding them the overall numbers are moving in a positive direction.
- The Nursing staff turnover has increased by 0.2% in January but remains within expected levels. This is due to predicted retirements.

Management Action

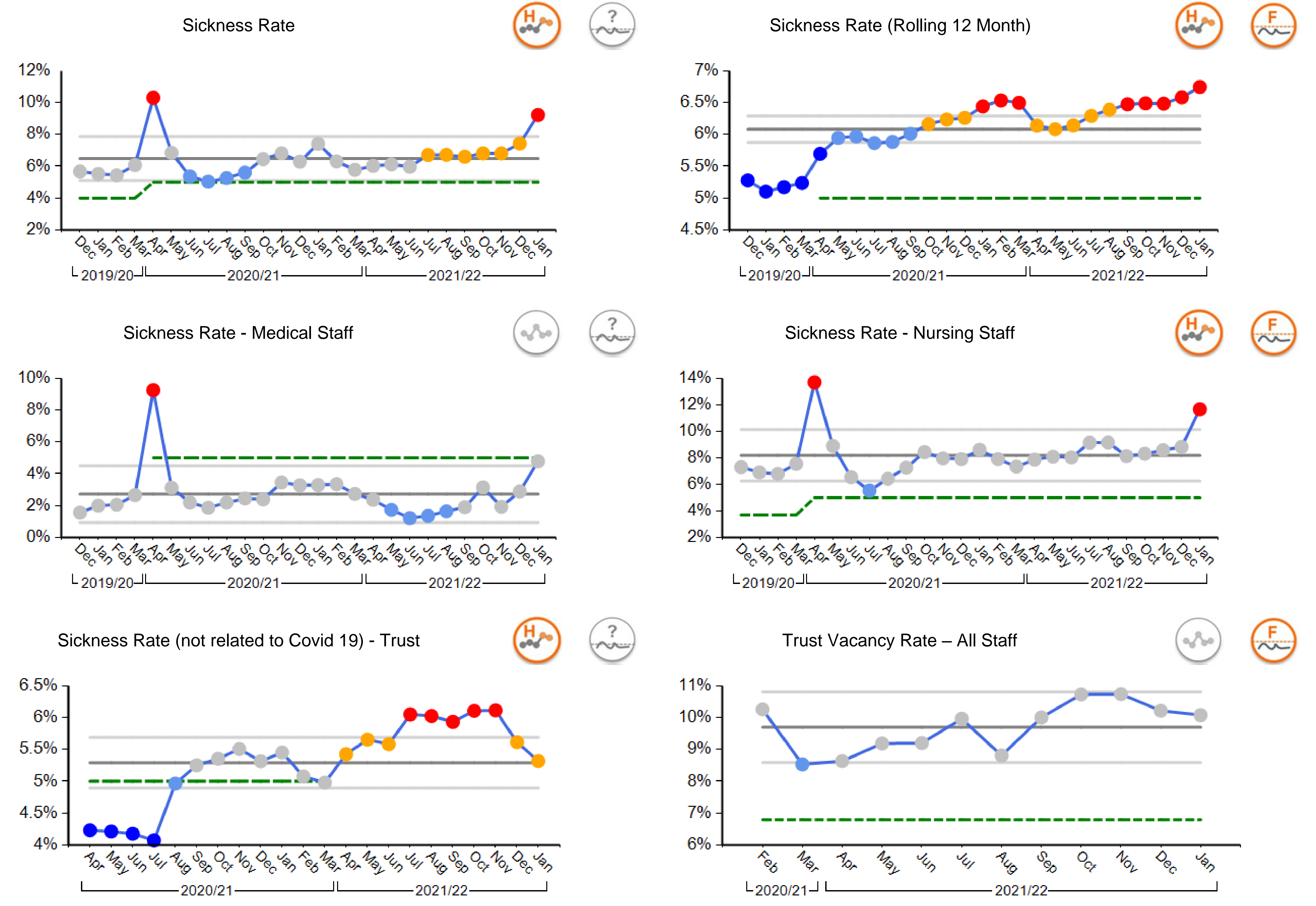
- The Trust is aware of the aging workforce and are utilising the STAR model to look to remodel some services.
- Work to be done to ensure that the Trust is offering flexible retirement options to retain skills in the Trust.

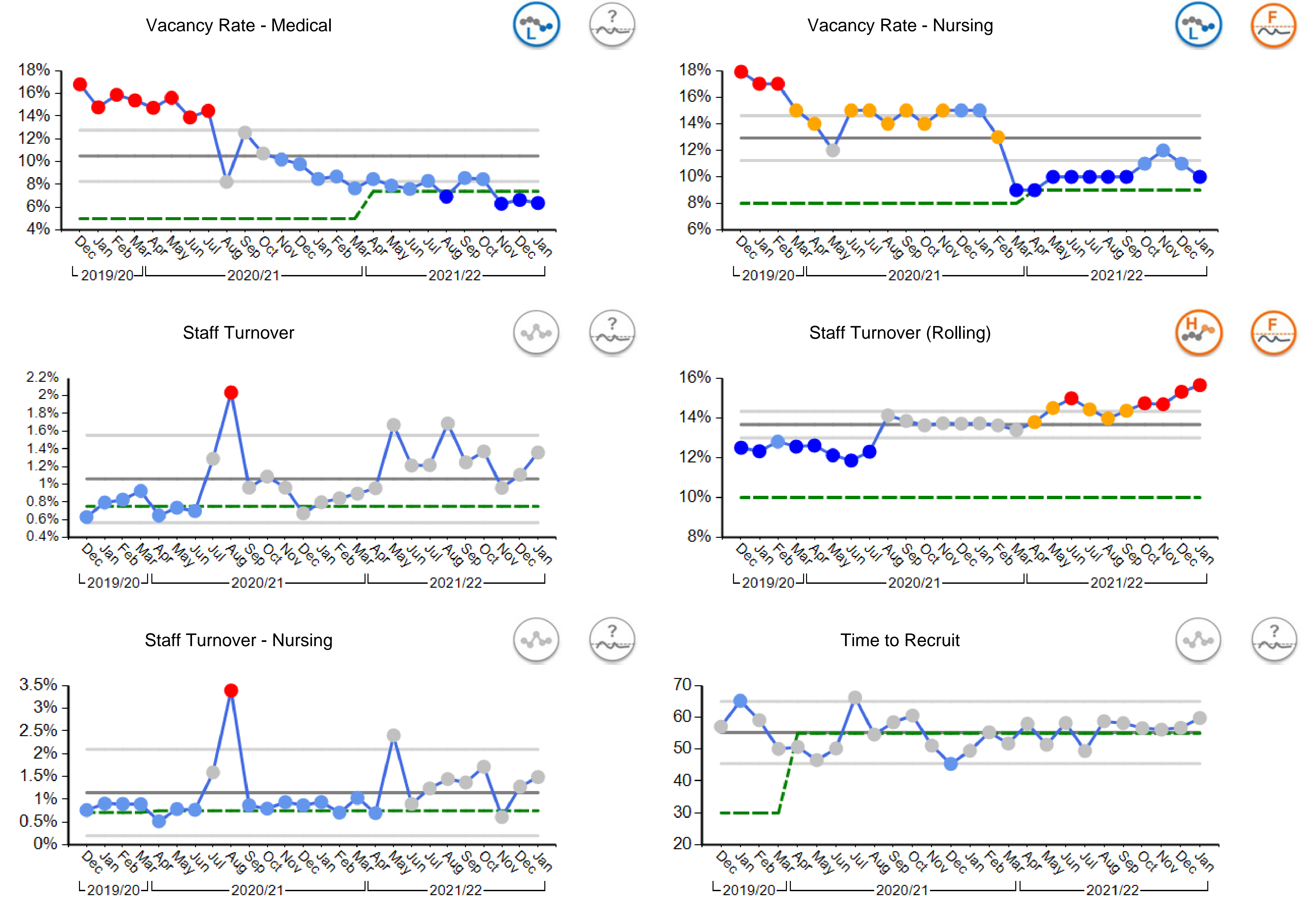
Time to Hire

Issues
- A slight increase in January, but performance remains within expected levels.
- Timescales impacted by international recruitment and long notice periods for higher grade posts.

Management Action
- The recruitment team continue to influence timescales as far as possible through close liaison with recruiting managers and maintaining contact with candidates.
- Improvements in non-medical recruitment timescales are expected following the Green January initiative.

	Latest					Previous			Year to Date		
Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Sickness Rate	5%	9.2%	N/A	Jan 22		5%	7.4%	Dec 21	5%	6.8%	
Sickness Rate (Rolling 12 Month)	5%	6.7%	N/A	Jan 22		5%	6.6%	Dec 21	5%	6.4%	
Sickness Rate - Medical Staff	5%	4.8%	N/A	Jan 22		5%	2.9%	Dec 21	5%	2.3%	
Sickness Rate - Nursing Staff	5%	11.7%	N/A	Jan 22		5%	8.8%	Dec 21	5%	8.8%	
Sickness Rate (not related to Covid 19) - Trust		5.3%	N/A	Jan 22			5.6%	Dec 21		5.8%	
Trust Vacancy Rate – All Staff	6.8%	10.1%	N/A	Jan 22		6.8%	10.2%	Dec 21	6.8%	9.8%	
Vacancy Rate - Medical	7.4%	6.4%	N/A	Jan 22		7.4%	6.6%	Dec 21	7.4%		
Vacancy Rate - Nursing	9%	10%	N/A	Jan 22		9%	11%	Dec 21	9%		
Staff Turnover	0.75%	1.4%	N/A	Jan 22		0.8%	1.1%	Dec 21	9%	6.8%	
Staff Turnover (Rolling)	10%	15.6%	N/A	Jan 22		10%	15.3%	Dec 21			
Staff Turnover - Nursing	0.75%	1.5%	N/A	Jan 22		0.8%	1.3%	Dec 21	0.8%	1.3%	
Time to Recruit	55	60	N/A	Jan 22		55	57	Dec 21	55	56	


Sickness Rate
12%
10%
8%
6%
4%
2%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2019/20
2020/21
2021/22
Sickness Rate (Rolling 12 Month)
7%
6.5%
6%
5.5%
5%
4.5%
Sickness Rate - Medical Staff
10%
8%
6%
4%
2%
0%
Sickness Rate - Nursing Staff
14%
12%
10%
8%
6%
4%
2%
Sickness Rate (not related to Covid 19) - Trust
6.5%
6%
5.5%
5%
4.5%
4%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2020/21
2021/22
Trust Vacancy Rate – All Staff
11%
10%
9%
8%
7%
6%
Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
2020/21
2021/22


Vacancy Rate - Medical
Vacancy Rate - Nursing
Staff Turnover
Staff Turnover (Rolling)
Staff Turnover - Nursing
Time to Recruit
2019/20
2020/21
2021/22

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	**Quality and Safety Committee (QSC)**
MEETING DATE:	21 February 2022
LEAD:	Gill Brown

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- **Maternity Reports (**Ockenden One Year On (OOYO) and Perinatal Mortality Review Report (PMR) – reports noted with an action to include further detail of themes and learning (PMR) and timescales for actions to be completed (OOYO).

ADVISE

- **Bi-Annual Safe Staffing Report (including Winter staffing Assurance** - Recognition of successful recruitment and continued work to train staff and reduce bank and agency spend
- **Core Mandatory & Essential Skills Training Compliance** - Improvements noted, approach to achieve compliance commended. Concerns noted with respect to resuscitation training and anticipated timescales to ensure compliance
- **Learning from Deaths** - Themes noted included communication between staff, staff and patients, and external partners. Triangulation of data within IPR and reports within QSC agenda were noted
- **Integrated Performance Report** - Concerns noted in relation to falls. Concern noted from staff survey with 51.5% of staff stating they would be happy with the standard of care provided

ASSURE

- **Dementia and Delirium presentation –** Team were congratulated by the Committee for the positive work being undertaken
- **Operational Update and Cancer Improvement Plan –** received and challenges noted.
- **Integrated Governance Report Q3 –** format and content of report commended
- **CQC Update: Well-led self-assessment –** in progress
- **Quality Improvement Plan –** Work continues
- **Meeting Effectiveness feedback:** Positive. Triangulation of data between reports was noted to provide further assurance

New Risks identified at the meeting: No new risks were identified at the meeting.

Review of the Risk Register:

(List any risks reviewed at the Committee meeting and state any adjustments to the scores, why they were adjusted, and any actions agreed for improvement)

Title of Meeting	STRATEGY AND OPERATIONS COMMITTEE	Date	02 March 2022
Agenda Item	SO031/22	FOI Exempt	NO
Report Title	BI-ANNUAL STAFFING REPORT		
Executive Lead	Lynne Barnes, Director of Nursing, Midwifery and Therapies		
Lead Officer	Stephen Mellars, Deputy Director of Nursing, Midwifery and AHPs Elaine Deeming, Assistant Director of Nursing Workforce (Interim)		
Action Required	☐ To Approve ☐ To Assure	☐ To Note ✓ To Receive	

Purpose

This report provides the S&O Committee with a comprehensive update on staffing for nursing and midwifery and Allied Health Professional (AHP) update. The update will focus predominantly on the inpatient bed base areas and includes an overview of the current staffing position and the measures taken to ensure staffing levels are safe and sustainable.

Executive Summary

This bi-annual report provides information around safe nurse/midwifery/AHP staffing between June 2021 and December 2021 inclusive. This was designed to provide update at mid-year point in the annual cycle of staff establishment reviews. Key points to note within the report are:

- Safer staffing rates for Dec 2021 – 89.31%
- CHPPD Dec 2021 - 8.9
- Band 5 vacancy rate reduced from 96 (20%) in June 2021 to 39 (8%) in Dec 2021
- Band 2/3 vacancy rates reduced from 150 in June 2021 to 120 in Dec 2021
- Currently 28 recruits in the Trainee Nurse Associates in the organisation
- 16 recruits in the Registered Nurse Degree Apprenticeship programme
- Bank and Agency costs reduce from £919,341 in June 2021 to £698,535 in Dec 2021
- AHP "grow your own" programme established with introduction of Annex 21 training positions

Recommendations

The Strategy and Operations Committee is asked to receive the Bi-Annual Safe Staffing Report and to support the direction of travel currently being taken particularly in relation to safe staffing, recruitment and ongoing establishment reviews.

Previously Considered By:

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

Strategic Objectives

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

✓ **SO2** Deliver services that meet NHS constitutional and regulatory standards

✓ **SO3** Efficiently and productively provide care within agreed financial limits

<table>
<tr><td colspan="2">✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated</td></tr>
<tr><td colspan="2">☐ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values</td></tr>
<tr><td colspan="2">☐ SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire</td></tr>
<tr><td>Prepared By:</td><td>Presented By:</td></tr>
<tr><td>Elaine Deeming, Assistant Director of Nursing Workforce (Interim)</td><td>Lynne Barnes, Director of Nursing, Midwifery and Therapies</td></tr>
</table>

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Purpose

The purpose of this report is to provide a comprehensive update and assurance with regard to the nursing and midwifery staffing levels from June 2021 up to and including December 2022. Southport & Ormskirk Hospital NHS Trust (S&O) has a duty to ensure staffing levels are sufficient to maintain safety and provide quality care. For nursing and midwifery, the review mainly focuses within the inpatient bed base areas and includes an overview of the current staffing position alongside the mitigation in place to ensure staffing levels are safe and sustainable.

Background

Demonstrating safe staffing is essential for all healthcare providers in order to comply with CQC regulation, NMC recommendations, NICE guidance, BAPM, RCPCH, RCN, RCM and Birthrate Plus (BR+).

It is acknowledged that ensuring appropriate staffing levels on wards in line with the above recommendations has many benefits including improved recruitment and retention, reduction in staff sickness levels, improved patient outcomes including mortality, high standards of care and a positive patient experience

Current position

Unify Safe Staffing

All Trusts are required to submit staffing data to NHS England via Unify Safe Staffing return and provide assurance to their own Trust Boards.

The safe staffing data consists of the "actual" numbers of hours worked by registered and unregistered staff on a shift-by-shift basis, measured against the number of "planned" hours to calculate a monthly fill rate for nights and days on each ward. A monthly fill rate of 90% and over is considered acceptable nationally and within the Trust. When the fill rate falls below 90% staffing is reviewed the reasons behind this drop in standard is considered and ward review action plans addressed to support a safer staffing model.

Safe Staffing is offset against Care Hours Per Patient Day (CHPPD), which reflects the total time calculated to be spent on direct patient care based on occupied bed numbers calculated at midnight every night.

The safe staffing combined fill rate for both Registered Nurses (RN) and Healthcare Assistants (HCA) and CHPPD for June to December 2021 are below:

	Realtime Staffing (standard >90%)	CHPPD8.6 (standar8.4d >7)
June 2021	90.35%	9.5
July 2021	87.02%	8.8
August 2021	87.16%	9.0
September 2021	87.05%	8.5
October 2021	85.9%	8.6
November 2021	91.37%	8.4
December 2021	89.31%	8.9
Average	**88.3%**	**8.8**

Recruitment & Retention

Improving the HCA supply through engagement with National Health Services Professionals (NHSP) and the Care Support Worker Development (CSWD) programme couple with an energised recruitment programme is anticipated to reduce the overall shortfall in this vital area.

A recent bid has seen the successful application for a further £30,000 funding to support recruitment of HCAs before 31 March 2022. This monies will be utilised to support bespoke HCA training with a view to aid retention and future recruitment.

The international nurse recruitment programme commenced in June 2020 and to date (Dec 2021) we have recruited 145 nurses to the organisation. By working with the Pan Mersey Collaborative we will have achieved our aim of 150 nurses recruited to the organisation by March 2022, and by June 2022 it is anticipated all 150 nurse will have successfully completed their training and obtained a NMC pin. Further anticipated work alongside the Pan Mersey Collaborative and the completion of our own pipeline will result in a further 51 nurses recruited during April to Dec 2022, with a view to have all international nurses fully in post in ward base numbers with NMC pin by March 2023. Pastoral support for our international colleagues continues with planned events designed to support and enhance their experience. Supportive links with local churches and organisations are designed to help ease our colleagues into the local community and support development of their own support networks.

Vacancy rate per month (band 5)

ALL CBU (band 5)	YTD funded WTE	In month WTE	Vacancy	%
Jun 2021	484	388	96	20%
Jul 2021	487	397	90	18%
Aug 2021	488	405	83	17%
Sep 2021	493	418	74	15%
Oct 2021	492	426	66	15%
Nov 2021	492	430	61	12%
Dec 2021	492	433	39	8%

Vacancy per banding (all CBUs)

Vacancies rates with the Band 5 bracket has shown a significant decrease, yet band 6 has remained stable at around 30-39 over the last six months. With the Trust ethos focused on a "grow your own" approach it is anticipated there will be a shift of band 5 staff to band 6 position, resulting in a migration of vacancies back to the band 5 bracket. The local and international nurse recruitment programme will continue in anticipation of this happening and therefore negate the potential for an increase vacancy rate.

HCA vacancy rate has increased over the previous 6 months. Planned staffing reviews will clarify the true position in preparation for planned recruitment events. The aim would be to reduce the vacancy rate to less than 10 whole time equivalent (wte) by April 2022 and ongoing recruitment programme will support the maintenance of a low vacancy rate in this staff group. Work alongside Human Resources (HR) is focusing on the roles and responsibilities of the different banding within this staff group and S&O will ensure the relevant job descriptions are aligned with partnership and neighbouring organisations. Collaborative working with NHSP and the Care Support Worker programme has resulted in new to care staff members entering the NHS in this training role.

Additional roles

The Trust has continued to promote the role of Trainee Nursing Associates (TNA) since January 2019, and a total of 28 recruits have been supported in training to date. Currently there are nine active TNAs within the organisation, all of whom are anticipated to qualify in September 2022. Five recruits are currently on a break from learning, seven have already successfully completed the training, of which six have been employed directly into the Trust.

The Trust currently has 16 active Registered Nurse Degree Apprenticeship (RNDA) students in training since the programme began in September 2020. We have successfully recruited a further 10 RDNAs due to commence training through University of Central Lancashire (UCLAN) in January 2022. All applicants were internal candidates and have previously completed a Band 4 development programme. This success story is a great inspiration for future recruits and support our ethos of “grow your own”. The Trust will welcome the first group of three newly qualified nurses from the RNDA route in September 2022.

A full benefits realisation review is currently under development to review the value for money this course of training provides. Work on this includes the review of the financial implications within ward budget to ensure this training role is accurately reflected.

As our recruitment continues at pace, focus is also on the proactive work that continues with strengthening our engagement with external partners including local Higher Education Institutions, Health Education England (HEE), and NHS Professionals to increase the availability of alternative routes into careers in healthcare specifically in our organisation.

Educational support

The Practice Education Facilitator (PEF) team have worked diligently throughout the year and were successful in increasing student placements to 256 in August 2021. A further HEE secured an additional 30 placements from September 2022. This will take our total placement availability for nursing, midwifery and AHP pre-registration learners to 286.

The preceptorship programme has been reviewed and a greater focus on soft skill development and pastoral support through action learning sets and peer support has now been introduced. The programme supports locally, as well as internationally, recruited staff and aims to promote retention of staff in the year post qualification and/or arrival in the country.

Outreach work is now being undertaken to promote this programme to student nurses and midwives via Career Cafes, recruitment events, attendance at external events and Trust social media platforms.

Temporary Staffing and NHS Professionals

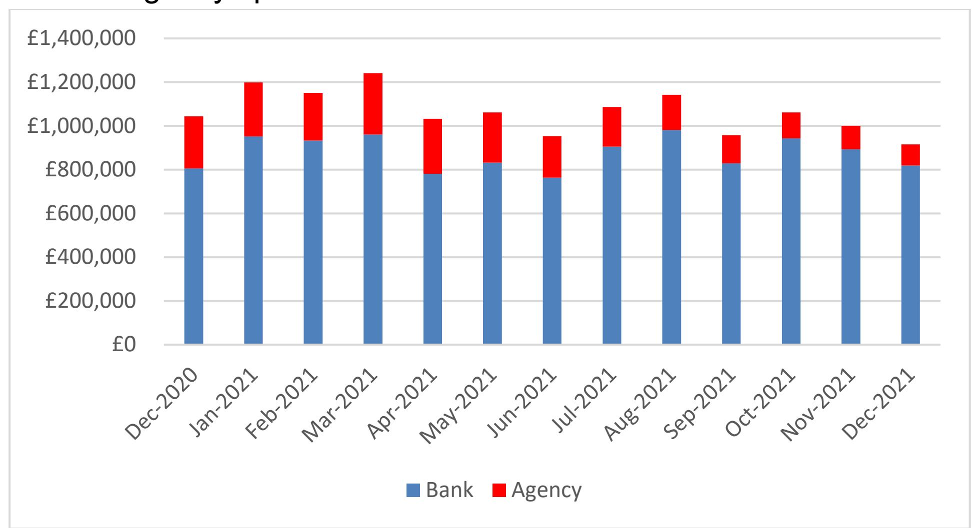
When staffing numbers fall below agreed staffing levels within an area, there are systems and processes in place to support deployment across CBUs to mitigate forecasted or immediate concerns. NHSE encouraged organisations to set out their staffing plans in preparedness for winter pressures in a Department of Health and Social Care paper (Nov 2021). In response to the request, S&O submitted and approved a process flow chart (appendix 1) and a quality impact assessment (appendix 2).

While these documents supported the immediate response to staffing shortages, managers also have the tools to fill gaps with temporary staffing through the Trusts collaborative working with NHS Professionals (NHSP).

From the period of June 2021 until Dec 2021 we have run incentive schemes aimed at offering financial bonuses to nurses working additional shifts via the NHSP bank.

This essential scheme supported clinical shift fill rate required due to staff absence relating to isolation or illness. The incentive provided a necessary boost to the numbers of staff taking up shifts and helped us to provide safer staffing levels.

The graph below demonstrates fill against spend over the last 12 months. Overall spend has shown a variable movement in run rate, agency spend has been significantly reduced which offers the reassurance of the success of the incentive schemes, and the benefits realised.



Costings of bank and agency use comparison

Clinical Business Units (CBU) update

Allied Health Professionals (AHP) overview

The following AHP review encompasses the disciplines of Audiology, Dietetics, Occupational Therapy (OT), Physiotherapy, Speech and Language therapy (SALT) and Wheelchair services.

Recruitment continues through a variety of avenues and while we are typically successful at these events, due to the turnover of these cohorts we do often see significant fluctuations in substantive establishment year to year. Over recruitment to these posts is being considered to balance turnover rate. In addition to recruitment for new staff we actively encourage return to practice through developed pathways and procedures. Close working with regional universities allows the Trust to offer student placements throughout the year.

There is a current piece of work transferring substantive staff onto the NHSP bank.

Month	Agency 20/21	Agency 21/22	Variance	Bank 20/21	Bank 21/22	Variance	Total 20/21	Total 21/22	Variance
Jun	419,993	189,171	230,822	617,420	730,170	-112,750	1,037,413	919,341	118,072
Jul	402,932	180,995	221,937	665,401	855,432	-190,031	1,068,333	1,036,427	31,906
Aug	358,860	193,085	165,776	729,815	1,109,652	-379,837	1,088,676	1,302,736	-214,061
Sep	262,017	180,991	81,025	662,286	1,107,271	-444,985	924,303	1,288,262	-363,959
Oct	272,578	158,387	114,191	790,642	1,175,459	-384,817	1,063,220	1,333,846	-270,626
Nov	238,822	173,208	65,614	981,687	890,957	90,730	1,220,509	1,064,164	156,344
Dec	242,949	97,516	145,432	936,979	601,018	335,961	1,179,928	698,535	481,393
YTD	1,375,226	803,187	572,039	4,101,410	4,884,357	-782,947	5,476,636	5,687,544	-210,908

Unfortunately, unlike nursing there is no existing pool of AHPs on NHSP, meaning Locums are sought to assist with vacancies, many of which are challenging. Recognition of fragile services has resulted in collaborative working with our partners at St Helens and Knowsley NHS Teaching Hospitals (StHK) to create a sustainable service.

The Trust continues to use the apprenticeship route to develop existing staff, with staff enrolled on both Physiotherapy Degree and Therapy Assistant Practitioner. To date there is no offer of apprenticeship courses for other therapies professions such as Dietetics or S<, with a new offer for OT as of 2022. The Trust has recently recruited a small cohort of trainee Advanced Physiotherapy Practitioners within the Muscoskeletal (MSK)/Joint Health interface. These are offered training posts which allows the post holders to attend University whilst completing on the job training, and competency frameworks. Additional work is underway to utilise the apprenticeship levies to support training and attract staff into the organisation through alternative training routes.

There are currently several fragile services within therapies with identified establishment shortfalls. These include Paediatric & Adult Dietetics, Speech and Language Therapy, Hand Therapy and Rheumatology. These issues have been raised and plans already under way to support target recruitment to the areas most at risk, combined with partnership working with StHK.

Medicine and Emergency Care (MEC) Nursing

A programme of work to redesign frailty pathways focusing on admission avoidance and re-direction of patients for assessment from the ED remains underway in partnership with the Acute Frailty Network (AFN). Due to the current impact of the ongoing surge of Covid-19 cases this critical piece of work forms part of the CBU business plans and strategy and has remained a key focus with PMO support through regular meetings to progress at pace with the intention of testing the concept during quarter 4 of 2022.

The Medicine and Emergency Care CBU has been required to support additional Covid-19 surges with opening additional escalation bed capacity. The substantive staffing resource has been deployed from within the substantive establishments across the CBU with flexible workforce supporting the shortfalls. Throughout the process additional funding has been required from within the winter pressures funding.

By working closely with Ward and Department Managers, Matrons, Finance, Human Resources and the Recruitment and International Recruitment Teams, we have increased the number of nursing staff working in our hospital in real terms, provided stability to our workforce and improved our patient's experience of care. This was across all nurse staff groups, including trained, untrained and specialist roles.

The Emergency Floor and Medical Assessment Unit received funding for additional nurse staffing to support bed occupancy and skill mix, and these posts have been successfully recruited to.

Recruitment is ongoing, including utilising the International Nurse Recruitment programme and Care Support Worker Development roles resulting in recruitment of substantive and skilled Registered nurses and Health Care Workers across our inpatient areas.

The CBU have worked hard in the last year to improve our vacancy position and reduce our use of bank and agency. This supports the continuity of care for patients, nursing teams' resilience in what has been a challenging time.

Within the CBU we have embedded a Lead Nurse supporting the quality and patient experience outcomes. A further Lead Nurse Role to support emergency and ambulatory care pathways has now been appointed ab will support improvement work within the CBU.

The CBU continues to support Advanced Clinical Practice, utilising advanced practitioners and Enhanced Nurse Practitioners across the Emergency Floor, the Acute Care Unit (ACU) and within the Frailty Team. The CBU are now recruiting a further three WTE Trainee Advanced Nurse Practitioners to support inpatient services within Cardiology, Respiratory and Older Peoples Care.

Within Older Peoples Care we have piloted the development of Activity Support Worker roles to assist with caring for patients living with dementia or experiencing delirium. These Band 2 roles have been piloted through NHS Professionals and will be evaluated in coming months. The CBU has welcomed a Frailty practitioner to the team and recruited a Falls lead.

Future plans include utilising funding from Parkinson UK to recruit a dedicated Parkinson nurse as well as a Therapy Workforce lead following a successful finding bid from Health Education England (HEE).

Planned Care

Vacancies within Planned Care continue to reduce, and each area has reviewed their advertisements to promote the individualised skill set requirements. These vacancies have also been greatly supported by the trust's international recruitment drive and staff members are being supported in their transition into the teams and remain supernumerary whilst undertaking training.

Review of services has allowed for a dedicated Post-op Care Unit (POCU) to be established with the critical care area. The staffing establishment review for Critical Care outlined the need for a further nine RNs to support this area, all post have now been recruited to.

There is currently a piece of work underway for a review of theatre staffing structure and establishment to ensure efficient service delivery.

Staff within the CBU have commenced as Nurse Degree Apprentices and our Anaesthesia Associates have completed their training and awaiting final sign off before taking up their posts.

The opportunity to access a central training budget for nursing staff is being well received and utilised to provide some specialist training within all areas of the CBU.

Specialist Services

Impact of Covid-19 has resulted in midwifery staffing pressures that continue regionally and nationally. Local internal escalation plans are in place. Maternity staffing remains fragile regionally and weekly regional calls continue.

The maternity unit hasn't closed for many years due to staffing levels but was required to so in June 2021 and in October 2021 following an unsuccessful request for divert. Both incidents have been StEIS reported and reviewed through appropriate trust governance forums.

There is senior midwifery oversight until 8pm in order to support staff by having a 'helicopter view'. This enables efficient response to any staffing shortfalls, unpredicted demands on the service and any other concerns that may arise. The Delivery Suite Shift Coordinator is supernumerary to enable maternity services to fulfil its function. The Shift Coordinator is rostered as supernumerary 100% of the time.

Maternity Services implemented the Birthrate Intrapartum Acuity tool in 2020. Data is inputted into the system every 4 hours by the Delivery Suite Coordinator on the Delivery Suite and Shift lead on the Maternity Ward. This measures the acuity and number Midwives on shift to determine the acuity score. Escalation adequately supports the movement of staff around the unit during periods of high acuity.

One to One care in labour, is when a woman is cared for by a midwife looking after only her, during the intra partum period. This standard historically has been achieved consistently. However, during the reporting period, a number of women did not receive this level of care due to staffing pressures at those times. There is no evidence that care has been compromised on these occasions.

Due to impact of Covid-19, the national and regional targets for every woman being on a continuity of carer pathway have been temporarily suspended, however we have made the decision to move forward with implementation of two "continuity of care" teams

In response to concerns raised via the Ockenden Inquiry (2020) and midwifery staffing levels in Maternity Units across the country, Cheshire & Mersey region funded Birthrate Plus assessments for all maternity units. This assessment has now been completed and the final report was received in January 2022. Whilst this assessment is based on the traditional model of midwifery and not the continuity of carer model, it confirms that Maternity services is safely staffed.

External funding has previously been sourced for Midwifery via Ockenden funds and the equivalent of six wte Midwives have since been recruited.

Neonatal staffing is measured against the British Association of Perinatal Medicine (BAPM) standards. Within the establishment review there was a deficit identified of five nurses. Following a regional review, it was agreed that the gap will be funded. The Trust have now recruited 2.5 wte Neonatal nurses with confirmation received for funding for 0.8 wte band 4.

Maternity Services has successfully secured a bid of £88,000 to support recruitment and retention of Maternity support workers.

Work has now commenced with regard to international midwifery recruitment and the Trust is working collaboratively with other Maternity Units in the region.

The Paediatric Unit aims to have supernumerary shift leaders to support the flow of activity and acuity, however there is a coordinator identified and staffing is flexed to support.

Conclusion

Nurse staffing continues to be a challenge, but with supported International Nurse recruitment and planned HCA recruitment events, the staffing position is predicted to improve considerably. Registered nurse vacancies has already reduced significantly. While the HCA vacancy rate has shown some increase, the ambition will be to return this rate to as low as possible before April 2020. The consequence of this should show a reduction in the bank and agency spend for vacancy rate.

Partnership working and alternative access routes to careers within Allied Health Professionals, supports planned recruitment to these specialities.

S&O's commitment to a "grow your own" culture will start to show dividend with the first wave of RNDA students due to qualify. Commitment to this programme will be evaluated.

S&O focus will not only centre on sustained recruitment but also an attractive retention package that demonstrates committed support to all our staff, with valued opportunity for education, training and development.

Reviews of staffing and skill mix continues to be monitored stringently on a daily basis. Annual establishment reviews are planned and will be reported through to Trust board.

Recommendations

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

References

NHS England & NHS Improvement (2021) *Vaccination as a Condition of Deployment (VCOD) for Healthcare Workers*

Department of Health and Social Care (2021) *The health and social care approach to winter*

Ockenden, D. (2020) *Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust.*

Appendices

Appendix 1: Staffing Surge Escalation Flowchart

STAFFING SURGE ESCALATION FLOWCHART

SAFER STAFFING MEETING (twice daily)

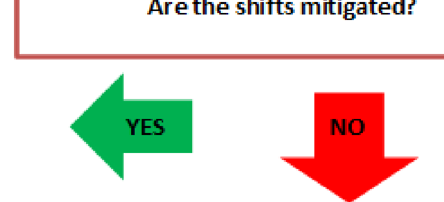
Areas of shortfall identified and managed through CBU and Trust wide approach including use of NHSP and off-framework agency providers following Executive agreement

To include review of safer staffing with professional judgment

Potential use of alternative shift times (e.g. twilights, lollipop and split shift)

Relocation of off duties to accommodate consistent staffing approach

Are the shifts mitigated?



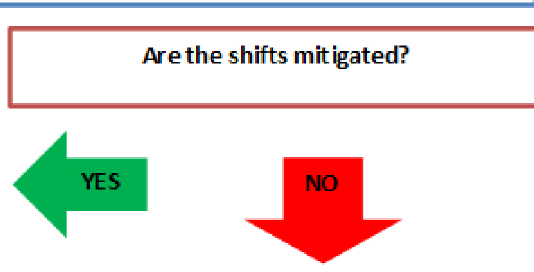
No further action required
Review e-Roster and mitigate where gaps are anticipated

ESCALATION THROUGH BED MEETING (trice daily)

Utilise clinical staff from non-clinical facing roles to support wards and departments

Use of non-clinical staff to support wards and departments with clerking, running and general housekeeping duties

Are the shifts mitigated?



No further action required
Review e-Roster and mitigate where gaps are anticipated

ESCALATION TO SILVER COMMAND AND FOLLOWING SENIOR EXECUTIVE AGREEMENT:

Utilise staff from other clinical areas that have been stood down to support wards and departments.

Further use of non-clinical staff to support wards and departments with clerking, running and general housekeeping duties.

Assistance requested from external partners and agencies

IN SUPPORT:

Ensure on individual basis each staff member has an up to date and appropriate risk assessment completed prior to re assignment to support role.

Staff member to be supplied with necessary training and IT access rights to support clinically in individual assigned area. HR support available to initiate this

Appendix 2: NHS Staffing Assurance Framework

Ref	Details	Controls	Evidence	Risk Score	Further Action required	Issues	Ongoing Monitoring / Review
1.	**Staffing Escalation**						
1.1	Staffing Escalation plans have been defined to support surge and super surge plans which includes triggers for escalation through the surge levels and the corresponding deployment approaches for staff. Plans are detailed enough to evidence delivery of additional training and competency assessment, and expectations where staffing levels are contrary to required ratios	• Surge flowchart in place to support staff movement. • Staffing meetings take place twice a day - monitoring and escalation process. • Staffing is also discussed at 3 times per day bed meetings • Matron on Duty 7 days per week • Incentive scheme for staff and bank workers to pick up additional shifts during challenging staffing periods • CBU led Nursing establishment reviews. • Bi-annual staffing report • Opening additional bed capacity where able and judged safe to do so. • Staffing risks are included on the risk register by speciality and included in Corporate Risk register for all risks above 15 ,which are agreed by the lead Executive Director • Staffing escalation plans are in place for surge and super surge • Utilisation of NHSP for support including the role of Allocate on Arrival, Twilight	• Redeployment is discussed and agreed by Matrons prior to redeployment to identify individual's skill set and scope of practice. • Records of decision at staffing meetings are made on the matron staffing template. • Safe staffing levels including trends are reported monthly to executive committee, quality committee and Trust board. • Safer staffing including CHPPD are included in IPR • Gaps still exist within the staffing of the wards, but safety is maintained utilising skill mix and swapping staff. • Patient safety / harms / falls and staffing incidents are incorporated in staffing reports and steis report which are reported to board • IPR includes mandatory training and sickness	20		Sickness and Covid isolation impact	Daily staffing meetings Silver Meetings

		shifts, and a broader skill mix of banding • Trust winter plan included requirements for additional workforce • Checklist in place for opening of additional ward/ capacity	absence data • Feedback used to make amendments to existing processes • Use of block bookings where appropriate with NHSP staff. Increase winter incentive payment for further time period.				
2. Operational delivery							
	There are clear processes for review and escalation of an immediate shortfall on a shift basis. Local leadership is engaged and where possible mitigates the risk. Staffing challenges are reported at thrice daily bed meetings.	• Daily staffing meetings take place twice a day - monitoring and escalation process. • Monitoring of future staffing by review of next day roster at 3pm meeting • Review of weekend and bank holiday staffing in advance • Staffing meeting chaired by Assistant Director of Nursing • Any concerns are immediately escalated to DDON/DON for review and actioning • In hours staffing issues are managed through the daily safer staffing meeting. NHSP in attendance • Matron On Duty 7 days per week • Matron on shift until 9pm to support staffing. Bed managers support out of hours • Bed meetings take place 3 times per day and staffing is discussed as an agenda item at this meeting. • Procedures in place to step down other activity via Gold Command if staffing requires it.	• Twice daily staffing meetings ensure that staffing is distributed across the wards to maintain patient safety. • Records of decision at staffing meetings are made on the daily safer staffing template • Safer staffing levels are reported via the Trust governance process and any escalation immediately addressed to maintain patient safety • The trust target is to achieve more than 90% RN fill rate in all wards • Gaps may exist within the staffing of the wards, but safety is maintained utilising skill mix and swapping staff. • Silver command meetings • Reporting of staffing through Unify Safer Staffing and CHPPD	20			Daily staffing meetings Silver command meetings Gold Command Meetings

		• Oversight of staffing rotas by Matrons and Associate Directors of Nursing prior to finalisation • Use of Escalation Management Solution (EMS) Triggers coding to ensure accurate daily staffing reporting					
2.2	The Nurse in charge who is handing over patients are clear in their responsibilities to check that the member of staff receiving the patient is capable of meeting their individual care needs.	• Checklist in place for handover of care. • Clinical handover from registered nurse to registered nurse • Registered nurse responsibilities discussed and disseminated at clinical induction	• Staff are required to work within their scope of professional practice. Staff provide care in a variety of settings, shift patterns and clinical specialties and the complexity of the provision of care puts extra emphasis on the quality of information shared when one team or clinician hands over responsibility of care to the next. • Minimal Registered Nurse to patient ratio is reviewed and escalated as required to support redeployment of suitably trained staff • Nurse in charge provides in depth handover	20	Prefect ward app to include handover question to audit data		Ward manager & matron meetings to audit the use/accuracy of clinical handover Quality and Safety walkabouts
2.3	Staff receiving the patient(s) are clear in their responsibilities to raise concerns they do not have the skills to adequately care for the patients being handed over.	• Checklist in place for handover of care • Clinical handover from registered nurse to registered nurse • Registered nurse responsibilities discussed and disseminated at clinical induction	• Checklist in place for handover of care • Staff have the required skills to meet patient needs.	20	Deployment checklist to be devised and implemented for staff who are moved on an ad-hoc basis		Prefect ward daily checklist audit Monthly mandatory training compliance, clinical, managerial & safeguarding supervision monitored.

			• Induction programmes in all areas are reviewed and enhanced • Registered Nurses report safe staffing incidents and escalate concerns to line manager/ manager on call (out of hours), where a lack of skills to care safely for a patient has been identified immediate review of staffing and patient needs/ acuity/ dependency levels • Preceptorship programmes in place for newly qualified staff. • New staff are provided with an induction programme, and this includes undertaking mandatory core training and role essential training. Staff are supported/ supervised (where applicable) to ensure competencies are met. • Safe staffing models implemented across services. Evidence based Safer Staffing Establishment reviews are undertaken and identify gaps in staffing -				Review of safe staffing incidents undertaken by Matrons & Lead Nurses Quality and Safety walkabouts

			propose safe staffing models and include training needs, Registered Nurse to patient ratio and continuous care delivery hours per patient per day.				
2.4	There is a clear induction policy for NHSP/agency staff. There is documented evidence that agency staff have received a suitable and sufficient local induction to the area and patients that they will be supporting.	Paperwork completed on wards for "new to area" agency workers	• Local inductions are provided to NHSP/agency staff on arrival to the area of work to include a full handover at the beginning of the shift. Induction is completed with individual agency staff members and an orientation to the ward environment is conducted by a substantive staff member. • Over recruited into a permanent pool to provide permanent flexible staff	20	Audit of induction checklists to ensure continuity across organisation		NHSP spot checks. Review through monthly NHSP staffing meeting Quality and Safety walkabouts
2.5	The trust has clear and effective mechanisms for reporting staffing concerns or where the patient needs are outside of an individual's scope of practice.	Freedom to speak up - Raising Concerns Policy Freedom to Speak Up (FTSU) Guardian Datix reporting	• Formal routes are available for raising staffing concerns -line manager-through the Datix reporting system, Daily staffing meeting • Board level involvement in FTSU and Raising Concerns schemes	20			Exec / Board overview Incidents/ staff concerns and measures in place to mitigate

			• Datix risks and incidents reviewed at CBU Levels.				
2.6	The trust can evidence that the mechanisms for raising concerns about staffing levels or scope of practice is used by staff and leaders have taken action to address these risks to minimise the impact on patient care.	Freedom to speak up - Raising Concerns Policy Freedom to Speak Up Guardian Datix reporting	• Board level involvement in FTSU and Raising Concerns schemes • Datix risks and incidents reviewed at CBU and Corporate Levels. • Actions taken recorded in systems and reports. • Datix's reviewed at directorate level. Datix's reviewed and reported in Harm Review meeting to identify if any harm caused and shared with executives	20			Exec / Board overview
2.7	The Trust can evidence that there are robust mechanisms in place to support staff physical and mental wellbeing. The trust is assured that these mechanisms meet staff needs and are having a positive impact on the workforce and therefore on patient care.	Wellbeing conversations built into appraisals Management Referrals to the Health & Well-being (HWB) team Self-Referral to the HWB team	• Initiatives implemented at the start of Covid to support staff wellbeing continue to be in place and staff encouraged to access. • Effectiveness of HWB is measured through the staff survey • Absence continues to be a concern as it is across the NHS and work is ongoing to	20			Daily review of staff absence and analysis of themes.

			reduce levels of sickness absence. • Workforce resource continues to be impacted by Covid self-isolation and the Trust continues to be proactive in managing cases and sourcing alternative staffing where possible.				
2.8	The Trust has robust mechanisms for understanding the current staffing levels and its potential impact on patient care. These mechanisms take into account both those staff who are absent from clinical duties due to required self-isolation, shielding, and those that are off sick.	Electronic rostering implemented enabling oversight of staffing levels including gaps, sickness absence and location of redeployed staff Daily staffing meetings take place twice a day - monitoring and escalation process. Electronic Covid risk assessment process in place to assess the need to redeploy staff.	• Twice daily staffing meetings ensure that staffing is distributed across the wards to maintain patient safety. • Records of decision at staffing meetings are made on the matron staffing template. • Risk assessments and reporting are undertaken for all staff who test positive or have C-19 symptoms • Gaps may exist within the ward staffing; safety is maintained utilising skill mix and swapping staff. • Gold Command meetings	20	Covid risk assessment to continue to be updated		Daily staffing meetings Gold Command Meetings

			• IPR includes review of sickness absence and Covid risk assessment • Sickness absence data for the Trust including specifically reporting on the Nursing staff group				
2.9	Staff are encouraged to report incidents in line with the normal trust processes.	Freedom to speak up - Raising Concerns Policy Freedom to Speak Up Guardian Datix reporting	• Datix supports reporting of all incidents, and the Trust policy guides all staff follow incident reporting process. • Review of data and themes from absence reporting and actions taken to support practitioners. • Team Huddles, forums for teams to feed into. • Board level involvement in FTSU and Raising Concerns schemes • Datix risks and incidents reviewed at CBU and corporate levels. • Actions taken recorded in systems and reports. • The Trust HWWB have a process in place to support staff to feel	20			Quality and Safety walkabouts

			confident in raising concerns about their mental health and impact of lived experience throughout the pandemic. • Listening events				

Title of Meeting	STRATEGY AND OPERATIONS COMMITTEE	Date	02 March 2022
Agenda Item	SO031/22	FOI Exempt	NO
Report Title	MATERNITY REPORT		
Executive Lead	Lynne Barnes Director of Nursing, Midwifery and Therapies		
Lead Officer	Lynne Eastham, Associate Director of Midwifery, Nursing and AHPs		
Action Required	☐ To Approve ✓ To Assure	☐ To Note ✓ To Receive	

Purpose

This report is intended to provide the Trust Board with an overview and update on:

- Ockenden Review of Maternity – One Year On (Letter from NHSE and I)
- Perinatal Mortality Review Tool (quarter 3)
- Quarterly Update on Maternity Services in line with the Trust Board Annual Cycle of Business

Executive Summary

Ockenden Review of Maternity – One Year On (Letter from NHSE and I)
On 25 January 2022, NHS England and Improvement sent a letter to Trust Chief Executives thanking them for progress to date and ask that progress on Ockenden is discussed at public Board at the end of March 2022 *(appendix 1).*

Progress with implementation of the 7 IEAs outlined in the Ockenden report and the plan to ensure full compliance
Fully compliant with the 7 IEA's and 12 Clinical Priorities with the exception of 2 ambers remaining**:**

- Managing complex pregnancy - This is being led by the LMS. We have pathways in place with tertiary centres, but Maternal Medicine Specialist Centres are not yet set up
- Informed Consent **-** Due to no MVP chair we have not been in a position to co-produce plans or receive a submission from MVP chair rating trust information

Status of the completion of the Self-Assessment Assurance Tool
NHSE provided all Trusts with an additional assessment and assurance tool in relation to the 7 IEAs. This was to support providing evidence and assurance to the Trust Board to enable them to assess the Trust current position. The tool was presented to the Quality & Safety (Q&S) Committee and thereafter Trust Board in February 2021, and the tool has been updated to evidence progress on the priorities

Morecambe Bay report (Kirkup 2015) action plan
Action plan reviewed in December 2020. No actions outstanding and progress report provided to the Local Maternity System. Also reviewed at Q&S Committee.

Maternity services workforce plans
Following the Ockenden Review, NHS England and Improvement have provided funding to ensure Maternity Services have the appropriate workforce to support safe services. A total of £590,788 has

been secured via bids and expressions of interest by the maternity team to support recruitment of additional roles.

The focus over the next 12 months will be:

- Embedding the new roles
- Rolling out two Continuity of Carer teams
- Focus on Health & Wellbeing of Maternity staff of carer roll out and in recognition of the effort staff have made over the last 2 years.

CNST Year 4

In December 2021, the Trust was notified that there would be a temporary pause in the reporting procedure regarding CNST for 3 months. I n February 2022, we were notified that we have received £460,242.53 from NHS resolution in response to full submission of CNST Safety Actions for Year 3 which was a huge achievement despite pressures caused by the pandemic

Perinatal Mortality Review (reporting Quarter 3)

In January 2022, Cheshire & Mersey Local Maternity System agreed a standardised regional reporting template for reporting stillbirths to Board quarterly to ensure a standardised approach *(appendix 3).* This template has been utilised for reporting perinatal mortality for this reporting period. Not all areas are complete at the stage as this is a new tool requiring further information going forward.

During quarter 3 the stillbirth rate was 4.92 per 1000 and neonatal mortality rate was 0 /1000. There were no intrapartum stillbirths. There were three stillbirths. One of these was a stillbirth at term.

Recommendations	
The Strategy and Operations Committee is asked to receive the Maternity Report.	
Previously Considered By:	
☐ **Finance, Performance & Investment Committee** ☐ **Remuneration & Nominations Committee** ☐ **Charitable Funds Committee**	✓ **Quality & Safety Committee** ☐ **Workforce Committee** ☐ **Audit Committee**
Strategic Objectives	
✓ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services	
☐ **SO2** Deliver services that meet NHS constitutional and regulatory standards	
☐ **SO3** Efficiently and productively provide care within agreed financial limits	
☐ **SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	
☐ **SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
☐ **SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire	
Prepared By:	**Presented By:**
Lynne Eastham, Associate Director of Midwifery, Nursing and AHPs	Lynne Barnes Director of Nursing, Midwifery and Therapies

This report is intended to provide the Trust Quality & Safety Committee and Trust Board with an overview and update on Maternity Services in line with the Annual Cycle of Business.

1. This report will give an update on:
2. Ockenden Review of Maternity – One Year On (Letter from NHSE and I)
3. Safer Care
4. Workforce
5. Personalised Care
6. How we compare to peer locally and regionally

1. OCKENDEN REVIEW OF MATERNITY – ONE YEAR ON

On 25 January 2022, NHS England and Improvement sent a letter to Trust Chief Executives thanking them for progress to date and ask that progress on Ockenden is discussed at public Board at the end of March 2022 *(appendix 1).* This discussion is to include:

- Progress with implementation of the 7 Immediate and Essential Actions (IEA) outlined in the Ockenden report and the plan to ensure full compliance
- Maternity services workforce plans
- Provide an update on the Morecambe Bay report (Kirkup 2015) action plan
- Provide status of the completion of the Self-Assessment Assurance Tool
- Report progress to the regional team by 15 April 2022.

Progress with implementation of the 7 IEAs that include 12 Clinical Priorities outlined in the Ockenden report and the plan to ensure full compliance
In March 2021, we demonstrated compliance with 8 of the 12 urgent clinical priorities and 4 of partial compliance. Over the last 12 months focus has been on embedding these and working towards full compliance. *(Appendix 2)*

There are 2 ambers remaining**:**

Managing complex pregnancy This is being led by Local Maternity System. We have pathways in place with tertiary centres, but Maternal Medicine Specialist Centres not yet set finalised.

Informed Consent Due to no MVP chair we have not been in a position to co-produce plans or receive a submission from MVP chair rating trust information

In January 2022, we received the final report from region based on the evidence submitted in response to 49 actions further embedding the 7 IEA's and an Improvement Plan has been developed to progress areas of development.

Areas needing further focus and embedding include:

- Role of the Non-Executive Director Maternity (Safety Champion) – there has been some change in recent months however this is now confirmed
- Amendments to guidelines, care pathways and audits to demonstrate they are in place and women are appropriately risk assessed
- Fetal monitoring leads are engaged with external forums and attend serious incident reviews
- Collaborative working with the Maternity Voices Partnership – This has been difficult due to the Chair resigning last year and as a consequence work has been paused. A new Chair was recruited in December 2021, and the Maternity team have met with her to put a workplan

in place. An improvement plan is in place and attached with progress monitored via the Maternity Improvement Programme Group.

Status of the completion of the Self-Assessment Assurance Tool
NHSE provided all Trusts with an additional assessment and assurance tool in relation to the 7 IEAs. This was to support providing evidence and assurance to the Trust Board to enable them to assess the Trust's current position.

The Maternity Services Assessment and Assurance Tool also factors in other considerations, taking the urgent actions further and triangulating with other standards, which include NICE Guidance, CNST 10 Safety Actions and Maternity Workforce Planning.

The tool was presented to the Trust Quality & Safety Committee in February 2021 and the tool has been updated to evidence progress on the priorities

Morecambe Bay report (Kirkup 2015) action plan
The Morecambe Bay Investigation (Kirkup Report) was established by the Secretary of State for Health to examine concerns regarding serious incidents that occurred at Furness General Hospital, part of Morecambe Bay NHS Foundation Trust, which included the deaths of mothers and babies.

In December 2020, the Local Maternity System asked that the action plan implemented at the time was reviewed and a position statement against outstanding actions was provided. This was completed on 21 December 2020, with no actions outstanding and returned to the Local Maternity System.

Maternity Services Workforce Plans
Following the Ockenden Review, NHS England and Improvement (NHSE/I) have provided funding to ensure Maternity Services have the appropriate workforce to support safe services. S&O Maternity has submitted expressions of interest or bids to NHSE/I at each opportunity as follows

- **Ockenden – Maternity Safety Support Programme - Funding Secured £433,788**
  To provide 6.0wte Midwives, and 0.64wte Consultant Obstetricians support twice daily Delivery Suite Ward rounds and a Consultant Obstetrician fetal surveillance led to ensure safe fetal monitoring. Additional funding for MDT training has also been included
- **Ockenden – Midwifery Retention Support - Funding £50,000 Band 7 Midwife**
  To support the enhancement of supernumerary support for newly qualified midwives and student midwives.
- **Birthrate Plus Assessment – Funding £5000**
  Funding was provided to have a Birthrate Plus assessment completed, the final report was published in January 2022 and presented to the S&O Workforce Committee in February 2022.
- **Support for Maternity Support Workers – Funding £88,000**
  This funding has been designed to reduce maternity support worker vacancies to minimal levels, the offer including enhanced pastoral and educational support
- **Funding to support International Recruitment of Midwives - Funding £14,000**
  Recruitment of International Midwives is recognised as being crucial to support the future. workforce and the funding will help support increasing international recruitment working collaboratively across the Northwest.

Workforce- The Next 12 Months
The focus over the next 12 months will be:

- Embedding the new roles supported by funding from NHSE/I

- Rolling out two Continuity of Carer teams in May 2022, with a view to moving to a full roll out over the next 12 months
- Focus on Health & Wellbeing of Maternity staff – This is in recognition of the pressures maternity have experienced along with the pandemic, future changes in response to continuity of carer roll out and in recognition of the effort staff have made over the last two years. External support is being sourced to support the maternity team.

Key Aims will be:
- To facilitate workshops to look at addressing some of the team challenges faced by staff, and where individual and collective aspirations for a conducive team can be explored
- To support the Maternity Services Senior Leadership team to lead and deliver on improvements required from staff surveys, staff feedback, and exit questionnaires
- To implement a robust structure of staff engagement within the maternity services

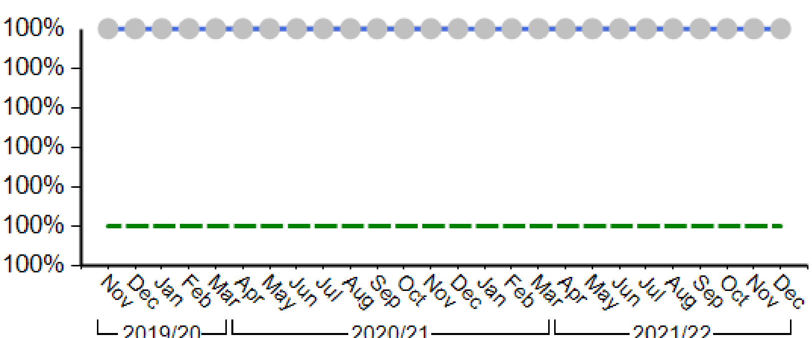
Outputs/Successes expected to be:
- Service wide team commitment
- Improved Quality of Care for Women
- Improved Work Life for Staff
- Reduced Sickness Absence
- Increased staff engagement
- Increased staff FFT

2. SAFER CARE

2.1 Incidents

Maternity Services have robust processes in place to manage incidents, to ensure openness and transparency and learn lessons. Patient Safety Meetings are held weekly to review incidents and in line with Trust guidelines. Moderate Incidents and above are presented via Rapid Review reporting to the Trust Serious Incident Reporting Group and we consistently achieve 100% compliance with Duty of Candour.

Duty of Candour metrics



Lessons learned from incidents and complaints are shared with the team on an individual basis and also wider via ‘Lessons of the Week’ and ‘Flash’ reports. Changes to practice are included in staff training and amendments to clinical guidelines.

We are now looking to different ways of sharing lessons and embedding changes in practice across the multidisciplinary team. This is being led by the leads for risk and quality in Maternity and includes innovative ways such as sharing lessons via video link

2.2 Overview of Maternity Serious Incident (SI), including Healthcare Safety Investigation Branch (HSIB) cases

Never Events
There have been no never events for this reporting period.

STEIS Reportable Incidents
There have been no reportable incidents for this reporting period. However, one incident was reported late to StEIS in December 2021, which happened in October 2021.

- In October the Maternity Unit requested closure in line with the Cheshire & Mersey side Escalation and Divert Policy (August 2021) due to suboptimal staffing levels and increased acuity but was unable to close or divert activity as no other Maternity Unit was able to support request. There was no harm to any women on babies as a result.

Healthcare Investigation Branch (HSIB)

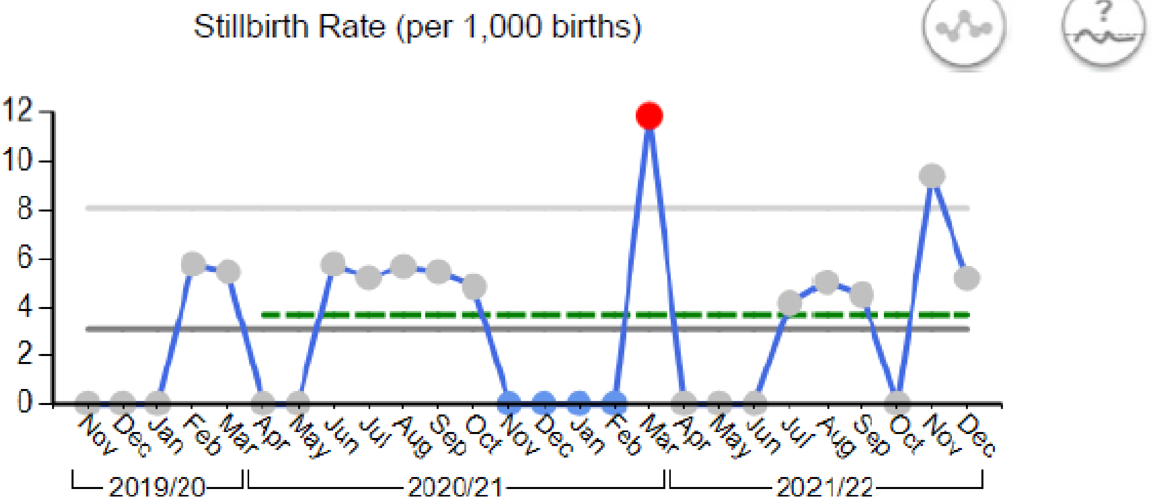
There have been no active or open investigations for this reporting period

Cases to date (since incidents referred to HSIB)	
Total referrals	8
Referrals / cases rejected	2 (2003-1866, MI-003565)
Total investigations to date	6
Total investigations completed	6
Current active cases	0
Exception reporting	0

The final report for MI – 003619 which involved an early neonatal death has been received and findings from the report discussed at the Trust Serious Incident Review Group and a debrief for staff to provide feedback is being arranged

2.3 Perinatal Mortality
Perinatal mortality includes stillbirths and neonatal deaths in the first week of life. All stillbirths and deaths are reviewed at the weekly patient safety meetings and reported to the Trust Serious Incident Review Group (SIRG) via a rapid review report.
There were three stillbirths in this reporting period:

- November 21 – 27 weeks gestation: history of reduced fetal movements attended Triage with absent fetal heart
- November 21 – 24 week gestation: fetal abnormality
- December 21 - 27 weeks gestation: concealed pregnancy, attended with absent fetal heart



All perinatal deaths are reviewed at the weekly patient safety meeting and reported to the Trust Serious Incident Review Group via rapid reporting. Each death is reviewed using the Perinatal Mortality Review Tool which is best practice.

2.4 Perinatal Mortality Review Tool (PMRT) Reporting

All perinatal mortality deaths eligible are notified to MBRACE-UK within seven working days. The National Perinatal Mortality Tool (PMRT) is used to review eligible deaths. The criteria for eligible deaths are:

- All late miscarriages/fetal loss (22 to 23+6 weeks)
- All stillbirths (From 24 weeks)
- Neonatal Deaths (Up to 28 days after birth)

The review takes place by the multi-disciplinary team including external representation. Parents are informed that the review is taking place and are invited to ask any questions which can be included in the review. Contact is maintained with the parents by the Bereavement Midwife.

CNST Safety Action 1 states that the Trust Board receive a quarterly report including details of deaths reviewed and consequent action plans *(Appendix 3)*

In January 2022, Cheshire & Mersey Local Maternity System agreed a standardised regional reporting template for reporting stillbirths to Board quarterly to ensure a standardised approach This template has been utilised for reporting perinatal mortality for this reporting period. Not all areas are fully populated but will evolve over the coming quarter.

2.5 Avoiding Term Admissions to the Neonatal Unit

Transitional Care was fully implemented at the beginning of October 2021, with Neonatal staff supporting Maternity in providing care to newborns by the mother's bedside which will reduce the number of term admissions to the Neonatal Unit.

All term admissions have MDT review and findings are discussed at the Maternity Care Forum. In addition to this any actions that arise from lessons learnt are shared with the team and are on the Safety Champions agenda.

2.6 Saving Babies Lives Care Bundle

We have demonstrated full compliance with Saving Babies Lives Care Bundle 2, with the exception of undertaking uterine dopplers at 20 weeks gestation. Plans were in place for implementation in June 2021, however due to scan capacity and training this has been reviewed with expectation of commencing April 2022. The team are now in the process of reviewing the requirements of CNST safety Action 6 (Year 4) and working towards compliance

2.7 Maternity Safety Champions

A new Non-Executive Director Safety Champion has been appointed, Rani Thind, and she attended her first Maternity Safety Champions meeting in February 2022. The Executive Safety Champion is Lynne Barnes as from January 2022.

The aim of Safety Champions is to ensure seamless communication from 'floor to board' to ensure Board focus on Maternity issues and improving safety and outcomes. Safety walkabouts with the new Executive and Non-Executive Safety Champion are being arranged.

2.8 CNST Maternity Incentive Scheme

In February 2022, we were notified that we have received £460,242.53 from NHS resolution in response to full submission of CNST Safety Actions for Year 3 which was a huge achievement despite pressures caused by the pandemic

3.0 WORKFORCE

3.1 Midwifery Workforce

Staffing levels across the maternity services has remained a challenge throughout this reporting period but is now starting to improve. Along with other maternity units in Cheshire & Merseyside we participate in daily regional calls to provide a Sitrep and to look at how we can support each other via mutual aid. These meeting have started to be stepped down in response to the improving picture regionally.

Any incidents are cross referenced against staffing levels and any incidents regarding staffing levels discussed at weekly patient safety meeting.

3.2 Birthrate Plus Assessment

The Trust has a duty to ensure that Midwifery staffing levels are adequate and that women are cared for safely by appropriately qualified and experienced staff and to provide assurance that the midwifery establishments are safe, and that staff are able to provide appropriate levels of care to women and babies with a level of care that reflects the Trust vision of providing safe, high quality services and the goal of right staff, right place, right time with the right skills.

The last Birthrate Plus Assessment was completed in 2019. Regional funding was provided for all maternity providers to have a Birthrate Plus assessment and this was completed in November 2021 with final report received in January 2022. The report offers assurances about the staffing in midwifery and was presented to the Workforce Committee in February 2022.

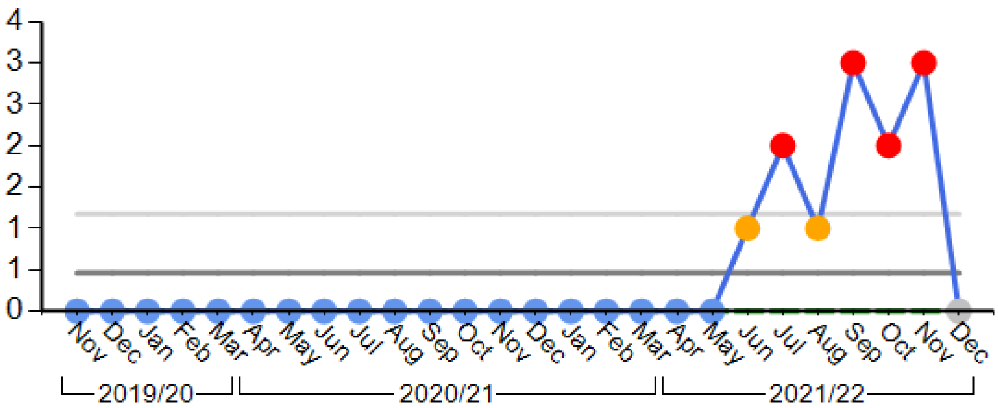
- It is evident that there has been a shift in women needing more support and intervention with category 3 shifting into categories 4 and 5
- The calculated total workforce requirement for Southport & Ormskirk NHS Trust is 115.14WTE. The comparative current funded establishment is 116.19WTE

- The case mix is unique to each service however the overall ratio for Southport & Ormskirk NHS Trust is 22.6 births to 1WTE midwife.

3.2 Percentage for Provision of One to One Care in Labour
One to one care is when a woman is cared for by a Midwife who is looking just after her. Maternity services aim to achieve 100% 1-1 care in labour and this is monitored via the Maternity Information System and where this cannot be provided a DATIX incident report is completed which is recorded as a 'red flag'. During the reporting period there has been five occasions when one to one care could not be provided. There have been no clinical incidents or harm to these women. Compliance remains good and this demonstrates the commitment to ensuring safe care in labour.

From December 2021, this metric has improved with all women having 1-1 care in labour.

1 to 1 Care in Labour



3.3 Multi-Professional Working
Evidence demonstrates that multi-professional working between the midwives, obstetricians, anaesthetists and other professionals to deliver safe and personalised care for women and their babies and that those who work together should train together. Whilst Covid-19 restricted face to face training we continued to facilitate many of the training elements and focused on training required to ensure safety. Over the last few months, we have been in a position to re-introduce face to face training which has been well received by the clinical teams

4.0 PERSONALISED CARE

4.1 Better Births – Continuity of Carer
Whilst we have been advised regionally that there has been a temporary pause on rolling out Continuity of Carer model, we are still moving forward with implementation. We have recruited a number of midwives into continuity of carer roles who are currently working through their induction and/or preceptorship. Two Continuity of Carer teams are set to be launched on 02 May 2022. The focus will be BAME Groups and those women from the most vulnerable postcodes and is expected to achieve 33% of women on the Continuity of Carer pathway.

Staff engagement sessions have been held and well attended with weekly drop-ins in place for troubleshooting and sharing information and concerns.

4.2 Listening to Women and Their Families

Collaborative working with the Maternity Voices Partnership has been temporarily suspended whilst a new chair has been recruited. The successful candidate commenced in post in January 2022 and has met with the team to look at priorities. These will include the requirements of Ockenden and CNST safety action 7 (Year 4)

5. HOW WE COMPARE TO PEER LOCALLY AND REGIONALLY

Dashboards

We monitor our performance through our local and regional dashboards. Regionwide dashboards are discussed at forums such as the Regional Clinical Expert Group and Safety Special Interest Group quarterly**.**

Where Maternity Services are outliers with their peers, this is challenged by the LMS.

For this reporting period:

What we are not doing so well in comparison to our peers?

Induction of labour (IOL) for reduced fetal movements forms the majority of our IOL rates This has been discussed through our Governance forums with the following actions agreed:

- Trust's guideline updated and now in line with the Regional guideline
- Staff learning in the form of education of the medical and midwifery staff - to make the need to reduce our IOL rate (including RFM) a regular part of juniors teaching, every four weeks
- Clinical decision support tools/prompts in the form of flowcharts and laminated pathways re the major contributors to our high rate of IOL
- Regular audit and feedback
- Plan to set up membrane sweep clinics prior to IOL
- Immediate individual feedback re potentially avoidable/delayed IOL
- Weekly reviews of 3-5 cases of IOL cases that do not meet trust's guidelines and identifying areas for improvement
- Consultant to lead on lowering our IOL rate as a quality improvement project – the lead consultant will be regularly (every 2 weeks) updating the Clinical Director on the progress re measures to reduce our IOL rate

Babies Born Before Arrival (BBA) of a Midwife in the community setting are reported via DATIX and have a senior review. There have been no themes identified but we will continue to monitor.

What are we doing better in comparison to our peers?

The management of **3rd and 4th degree perineal tears** from unassisted and assisted births. We have the OASI (Obstetric anal sphincter injury) quality improvement care bundle implemented.

Classification: Official
Publication approval reference: PAR1318

To: NHS Trust and Foundation Trust Chief Executives

cc. Trust Chairs and Directors of Nursing
ICS, CCG, LMS Leaders,
Regional Directors,
Regional Chief Nurses,
Regional Chief Midwives,
and Regional Obstetricians

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

25 January 2022

Dear colleagues,

Ockenden review of maternity services – one year on

Thank you for all your efforts in response to the Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020, and for your continued focus on the Immediate and Essential Actions (IEAs) despite the sustained pressure on your services throughout the pandemic. As well as ensuring progress continues, we need to prepare for the publication of further reports into maternity services during 2022.

The national response to the Ockenden report included a £95.6M investment into maternity services across England including funding for:

- 1200 additional midwifery roles,
- 100 wte equivalent consultant obstetricians,
- backfill for MDT training
- International recruitment programme for midwives
- Support to the recruitment and retention of maternity support workers

In our letter of 14 December 2020, we asked you to use the Assurance Assessment Tool, which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report, to support a discussion at your trust public Board. One year on, we are asking that you again discuss progress at your public Board before the end of March 2022.

We expect the discussion to cover:

- Progress with implementation of the 7 IEAs outlined in the Ockenden report and the plan to ensure full compliance,
- Maternity services workforce plans,

Ensuring local system oversight of maternity services was a key element in the Ockenden review and therefore you should ensure progress is shared and discussed with your LMS and ICS. Progress must also be reported to your regional maternity team by 15 April 2022.

As you will no doubt agree, women and families using our maternity services deserve the best of NHS care. We recognise the huge efforts being made across the system and thank you for your continued commitment and support in driving the improvements required.

Yours faithfully

Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement

Ruth May
Chief Nursing Officer, England
NHS England and NHS Improvement

7 Ockenden IEAs (including 12 Clinical Priorities):
Trust __S&O__ Exec Sign off _[illegible]___

NHS

	Compliant	Partially Compliant	Non-Compliant
1) Enhanced Safety			
A plan to implement the Perinatal Clinical Quality Surveillance Model			
All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB			
2) Listening to Women and their Families			
Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services			
Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion			
3) Staff Training and working together			
Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week			
The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that a MDT training schedule is in place.			
Confirmation that funding allocated for maternity staff training is ringfenced			
4) Managing complex pregnancy			
All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place			
Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres			
5) Risk Assessment throughout pregnancy			
A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance			
6) Monitoring Fetal Wellbeing			
Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.			
7) Informed Consent			
Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.			

Cheshire and Mersey Maternity Provider Standardised Quarterly Perinatal Board Report Template

(includes Perinatal Mortality Review Tool summary – see Appendix)

REPORT ALL DEATHS IN THAT QUARTER NOT THE REVIEWS COMPLETED IN THAT QUARTER

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PROVIDER:	SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST
COMPLETED BY:	**CATHERINE BOYLE MIDWIFE**
DATE COMPLETED:	**12/02/2022**

1. EXECUTIVE SUMMARY: Key findings section at the start of report to include

This report details the information in relation to the Perinatal Mortality for Quarter 3 2021-2022

a. Quarter 3 stillbirth rate

During quarter 3 the stillbirth rate was 4.92 per 1000…

b. Quarter 3 neonatal mortality rate is 0 /1000

There were no neonatal deaths at ODGH during this timeframe and therefore the neonatal mortality was 0.

c. *Progress on PMRT reports & action plans*

During quarter 3 feedback was received from one case reported to HSIB during May 2021. The report has been finalised and presented at the Trust SIRG meeting and the action plan agreed. This case is currently being reviewed using the PMRT with input from HSIB. An initial meeting has taken place on 5th January 2022 and a further meeting planned as the Consultant Neonatologist on the panel requested a further review to include input from a Consultant Neonatologist at a level 3 Unit plus input from Alder Hey hospital where the baby was transferred to on the day of birth.

The action plan in relation to this review has 2 outstanding actions identified including the update of Patient Information to include more detailed information about mode of delivery, and the facilitation of human factors training for the Maternity Team. Both actions are currently progressing on schedule.

There are no current cases awaiting review at the time of reporting.

2. DASHBOARD AND BENCHMARKING

Table. 1 Stillbirths and neonatal death dashboard

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	TOTAL
Total stillbirths						1	0	2	1				
Stillbirths (excluding terminations)						1	0	2	1				
Births						221	205	213	192				
Stillbirth Rate/1000 births													
Stillbirth Rate (excluding TOP)/1000													
	Apr-21	**May-21**	**Jun-21**	**Jul-21**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Jan-22**	**Feb-22**	**Mar-22**	**Total**
Discharges						0	0	0	0				
Total Neonatal Mortality						0	0	0	0				
Deliveries						217	205	213	192				
Neonatal Mortality Rate/1000 deliveries						0	0	0	0				

Table 2: Stillbirth (excluding terminations) & Neonatal Death Rate per quarter

Quarter	Stillbirth Rate	NMR
Q1		
Q2		
Q3	4.92	0
Q4		

Fig.1 *Feedback from Cheshire & Merseyside Insert funnel plot from C&M SAG report here – detail to be provided in next report*

Table 3: Stillbirth and NN Mortality by cause (*Quarter 3 21/22*)

Reported cause of death (based on CESDI 2018)	No.	In-utero transfers
Stillbirth		
Termination of pregnancy for fetal abnormality		
Fetal abnormality		
Pre-eclampsia		
Antepartum haemorrhage		
Medical disorder		
Multiple pregnancy		
IUGR		
Mechanical		
Infection		
Specific placental condition		
Unclassified		
Neonatal death		
Prematurity		
Infection		
Hypoxic ischaemic encephalopathy		

Congenital malformation		
Respiratory		
Abdominal		
Other		

We are awaiting availability of information to complete this section

3. MORTALITY REVIEWS AND KEY THEMES

Table 4. PMRT review panel grading of care provided in cases of Stillbirth

PMRT grading	Care provided to the mother up to the point that the baby was confirmed as having died	Care provided to the mother following confirmation of the death of her baby
PMRT grade A	2	
PMRT grade B		2
PMRT grade C		
PMRT grade D		
Total cases		

There is 1 case awaiting final review and grading

In addition to the information identified in the table above, during quarter 3 there were 2 cases where the woman had booked for care and delivery at Ormskirk & District General Hospital and care had been transferred to Liverpool Women's Hospital. Births occurred at Liverpool Women's Hospital and therefore details are not included in our stillbirth and neonatal mortality data.

Case 1 - This was a 38 year old woman in her first pregnancy. Transfer to Liverpool Women's Hospital took place at 24+2 weeks gestation. Twin 1 was a neonatal death aged 6 days.

The PMRT meeting led by Liverpool Women's Hospital has taken place and care was graded as A for the antenatal care provided by Ormskirk Maternity Services and no actions identified.

Case 2 – This was a 34 year old women in her second pregnancy whose care was transferred to Liverpool Women's Hospital due a fetal abnormality (spina bifida) in one of her twins.

The PMRT meeting is planned for 11/2/2022 which will be led by Liverpool Women's Hospital with representation from Ormskirk Maternity Unit. Feedback will be provided in the next report.

Table 4.1. PMRT review panel grading of care provided in cases of Neonatal Death

PMRT grading	Care provided to the mother up to the point that the baby was confirmed as having died	Care provided to the baby up to the point that the baby was confirmed as having died	Care provided to the mother following confirmation of the death of her baby
PMRT grade A			
PMRT grade B			
PMRT grade C			
PMRT grade D			
Total cases			

Nil applicable for quarter 3

Table 5. Reasons for review panel grading C&D *(example reasons given below)*

Review panel grading	Reason for grading	Level of investigation (StEIS/Level 2/Level 1/PMRT with external)	HSIB (yes/no)	Learning	QI plan aligned to theme
Nil cases where grading C & D were applicable					

a. PMRT PANEL ATTENDANCE

Case	External Obstetrician	External Midwife	External Neonatologist
Case 1 18/10/2021 (LWH lead)	N/A	N/A	N/A
Case 2 10/11/2021	✓	✓	N/A
Case 3 13/11/2021 (LWH lead)	N/A	N/A	N/A
Case 4 18/11/2021	✓	✓	N/A
Case 5 15/12/2021	✓	✓	✓
% external representatives	100%	100%	100%

4. INTRAPARTUM & TERM STILLBIRTHS

There were 0 intrapartum stillbirths in Quarter 3

There was 1 term stillbirth in Quarter 3

5. TERM NEONATAL DEATHS (in-hospital deaths – for Level 3 units add deaths in Alder Hey)

There were 0 term neonatal deaths in Quarter 3

6. SAFEGUARDING/UNBOOKED AND LATE BOOKERS

1 of 3 women with stillbirths in quarter 3 had safeguarding issues identified

In this case, the woman attended Ormskirk DGH via ambulance and was not booked for care. Birth occurred in the ambulance and the baby was brought to the Paediatric A&E Department.

One of the women whose care was transferred to Liverpool Women's Hospital had input from the Named Midwife for Safeguarding in the antenatal period. This was due to the identification of domestic abuse reported via the multi-agency team.

7. SOCIO-DEMOGRAPHICAL

1. Birth at ODGH	33 year old primigravida BMI 26.1 low risk pregnancy
2. Birth at ODGH	21 years G2P1 unbooked- unsure of gestational age assessed as term
3. Birth at ODGH	41 years G3P2 BMI 22.1 booked for Consultant Led Care- maternal age and history of postnatal depression

1. Birth at LWH	38 years old primigravida BMI 30 smoker booked for Consultant Led Care
2. Birth at LWH	34 years second baby BMI 26.7 twin pregnancy booked for Consultant Led Care

8. LANGUAGE BARRIER

There was one woman for whom difficulty in reading and understanding English was identified at the booking assessment.

9. SMALL FOR GESTATIONAL AGE

In one case the baby was found to be small for gestational age on the 0.2 centile at time of birth.

10. FETAL ABNORMALITIES DEATHS (known and unknown)

Fetal abnormalities were identified in 2 cases. For one woman whose care was transferred to Liverpool Women's Hospital, spina bifida was diagnosed in one of the twins. In the second case the baby was diagnosed with a sacro-coccygeal tumour. A referral to Liverpool Women's Hospital was made and care continued at Ormskirk Maternity Unit following the diagnosis of an intrauterine death.

11. LEARNING FROM DEATHS

In one case the woman was referred to Liverpool Women's Hospital due to a fetal abnormality where an intrauterine death was confirmed. Subsequently she was admitted to Ormskirk Maternity Unit for ongoing care and delivery.

The panel advised a review of the process of Liverpool Women's Hospital informing Ormskirk Maternity Unit to improve communication. Whilst the usual process was followed, the woman contacted Ormskirk Maternity herself as she had not been contacted by Ormskirk Maternity Staff and was unsure of the plan for her care.

12. LEARNING / GOOD PRACTICE.

In all cases there was continued input and support from the Bereavement Midwife with ongoing support once discharged home.

13. HORIZON SCANNING

As part of intelligence gathering the following sources were used for horizon scanning: CQC, NCEPOD,NHS Digital, NHSE/I (includes LMS), NHSR, PHE, RCOG, RCM, MBRRACE-UK, HSIB, Ockenden, CNST Maternity Incentive Scheme

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ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	Workforce Committee
MEETING DATE:	22 February 2022
LEAD:	Lisa Knight

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- N/A

ADVISE

PDR Compliance
PDR rates have reduced in month. This was expected due to operational pressures and sickness absence caused by Omicron wave. Trajectories for improvement have been agreed with CBUs to see improvement by April.

Sickness Absence
Sickness rates in January increased as expected due to the Omicron wave. Overall sickness in January reached 9.2% against a target of 5%. Nursing absence reached 11.7%, Medics 4.8% and Health Care Assistant sickness absence peaked at 13.9% in month.

ASSURE

Season's Greetings Campaign
The Committee opened with an update and feedback from staff on how well received the campaign had been. Reflection and learning will be taken forward but overall the campaign was real success.

Safe Staffing Report
The Committee were assured that staffing levels are safe and monitored well across the organisation following receipt of the Bi-monthly Safe Staffing Report which was noted.

Equality, Diversity and Inclusion
The Committee received an update on EDI and were asked to provide meaningful feedback. Good discussion and challenge took place.

Freedom to Speak Up
The quarterly FTSU Report was presented to the Committee and noted.

Future of NHS HR & OD
The Committee received the findings of a National Report into the People Profession and it's part in shaping the future of the NHS in 2030.

Communications & Engagement Plan
The Committee received an update on the plan which was noted.

Undergraduate Medical Education Plan
The Committee received assurance that progress was being made against the plan prior to Liverpool University returning for another visit in the Spring.

Recruitment

The committee were appraised of the number of posts which are currently under offer in the recruitment cycle - 22 Medics, 17 Band 6 Nursing posts, 31 AHPs and 31 Health Care Assistant posts.

Core Mandatory Training
Compliance has increased again this month from 88.7% to 89.2%. This is against a target of 85%.

Vacancy Rates
January has seen a reduction in vacancy rates across Nursing and Medics.

New Risks identified at the meeting: None

Review of the Risk Register:

Title of Meeting	STRATEGY AND OPERATIONS COMMITTEE	Date	02 March 2022
Agenda Item	SO032/22	FOI Exempt	NO
Report Title	FREEDOM TO SPEAK UP QUARTER 3 REPORT		
Executive Lead	Lynne Barnes, Director of Nursing, Midwifery and Therapies		
Lead Officer	Linda Douglas, Freedom to Speak Up (FTSU) Guardian		
Action Required	☐ To Approve ☐ To Assure	✓ To Note ✓ To Receive	

Purpose

The Committee is asked to receive this report to note the activity and response to staff members and their ability to feel able to raise their concerns, from a wide constituent across the organisation. and that the appropriate systems and processes are in place.

Executive Summary

This report identifies the number of concerns raised through the Freedom to Speak Up (FTSU) service during Quarter 3 of 2021 (01 October to 31 December*)*. Over the quarter, 10 concerns have been raised through FTSU. During this Quarter three concerns have had Human Resources input either directly via the Guardian or Manager. To put the data into context, some statistics are included from the last twelve months.

The report also provides assurance of the significant improvement journey that *speaking up* has made since the National Guardian's Office case review in summer 2017.

During the Quarter the themes of concerns raised have included:

- System/Process
- Bullying/Harassment. Leadership
- Behaviour/Relationship

Recommendations

The Strategy and Operations Committee is asked to receive and note Freedom to Speak Up Quarter 3 Report.

Previously Considered By:

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

Strategic Objectives

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

☐ **SO2** Deliver services that meet NHS constitutional and regulatory standards

☐ **SO3** Efficiently and productively provide care within agreed financial limits

✓ **SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated

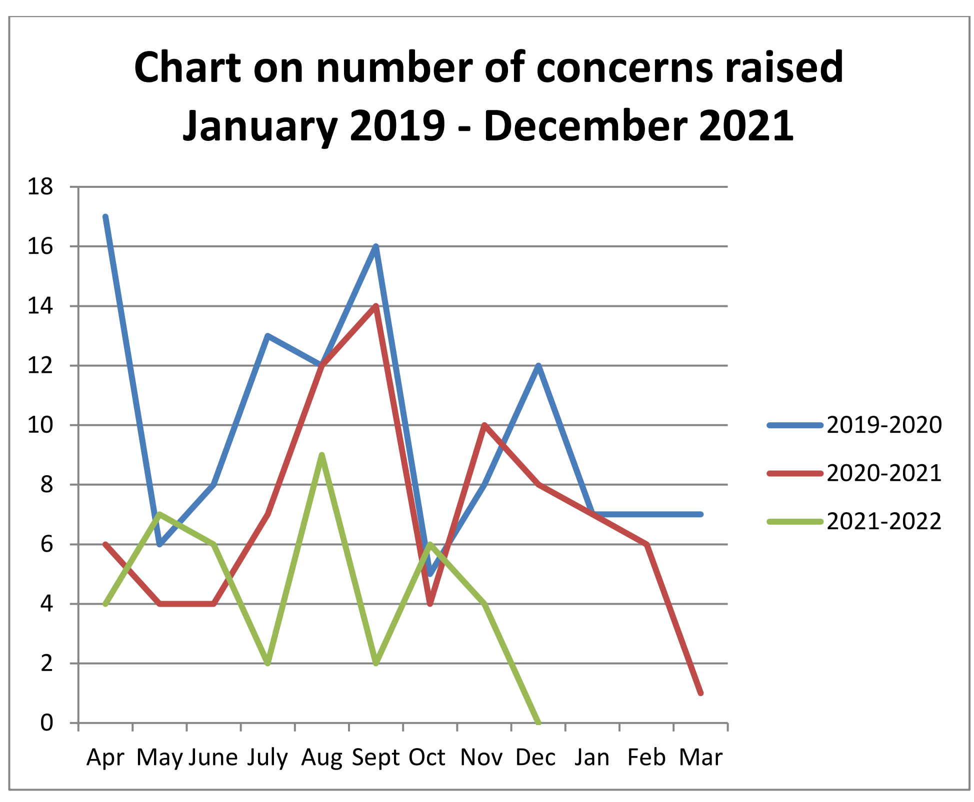
✓ **SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
☐ **SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire	
Prepared By:	**Presented By:**
Linda Douglas, Freedom to Speak Up (FTSU) Guardian	Linda Douglas, Freedom to Speak Up (FTSU) Guardian

Introduction

The report provides assurance that people can raise their concerns from a wide constituent across the organisation and that the appropriate systems and processes are in place for staff to do this safely and confidently, knowing that appropriate action will be taken.

1. Report on Submission to National Guardian's Office

Quarter 3	01 October – 31 December 2021
Date to be submitted to NGO:	19 January 2022
Date National Data to be published:	To Be Confirmed
Number of Concerns Raised	**10** concerns (October 6, November 4, December 0) 10 of these were directly raised through the Freedom to Speak Up service All of these were directly raised with the Freedom to Speak Up Guardian (FTSUG). Three concerns have had Human Resources support/input. There were none raised through FTSU Champions this quarter. When concerns are raised directly with FTSU champions, the FTSUG always gives support and advice, often meeting those who raise the concern, and sometimes being used in a consultative role.



2. Themes of Concerns

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

- System/Process
- Bullying/Harassment. Leadership
- Behaviour/Relationship

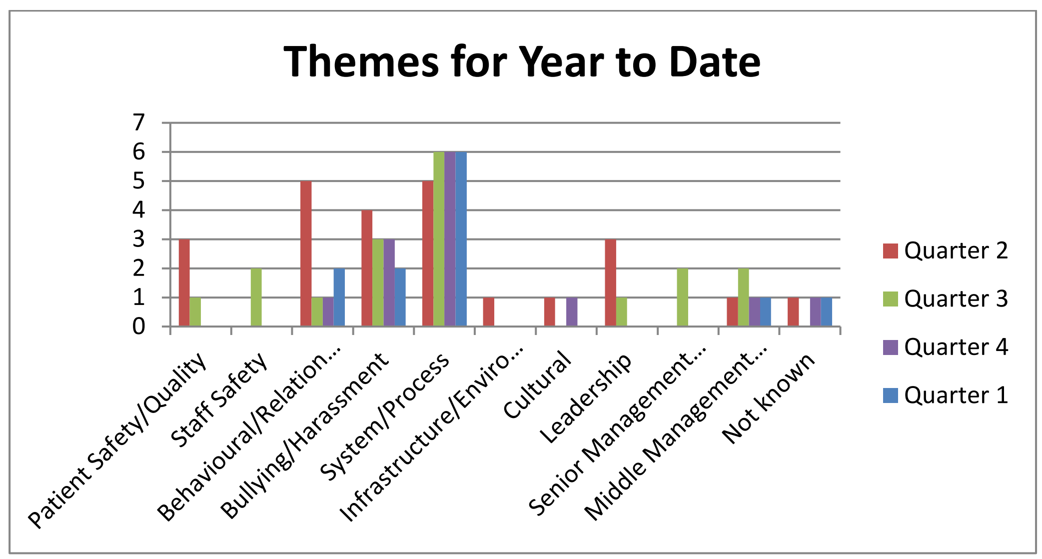
In terms of proportion, the table below expresses concerns raised as a percentage:

(Please note the themes in the %table and the graph are the categories required by the National Guardian's Office for submission)

Theme	% this Quarter
Behavioural / Relationship	16.66%
System / Process	50.00%
Cultural	0.00%
Bullying/Harassment	16.66%
Middle Management issue	8.33%
Not Known	8.33%
Patient Safety/Quality	0.00%
Staff Safety	0.00%
Infrastructure/Environment	0.00%
Leadership	0.00%
Senior Management Issue	0.00%

Graph of Themes for Year to Date

Below is a graph expressing the themes of concerns raised over the last four quarters:
(Please note quarter 3 is the most recent (01 October – 31 December 2021).



3. Anonymous Concerns

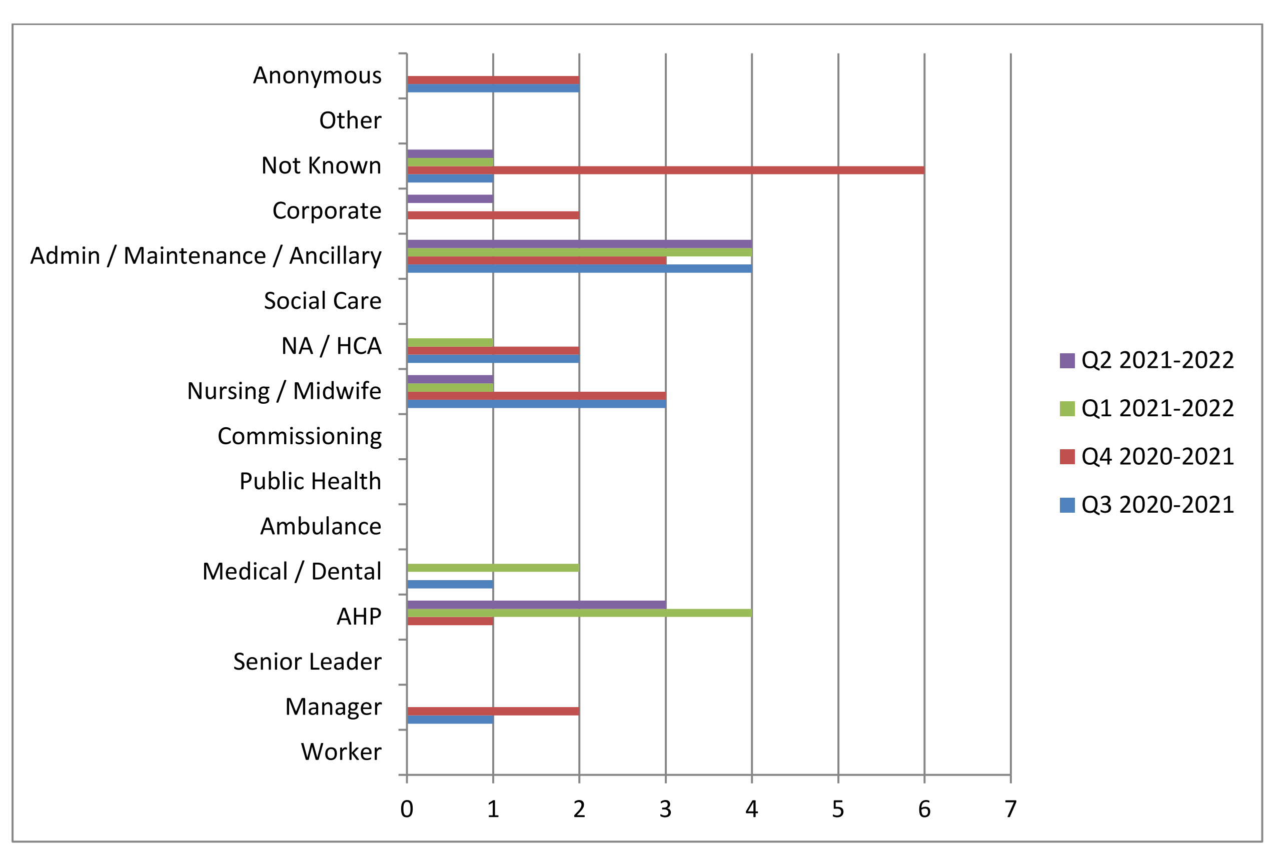
During Quarter 3, there were no anonymous concerns. This is where the person raising the concern cannot be contacted as there are no contact details, e.g. anonymous letter / phone call. There were also five concerns where the person does not want their name associated with the concern as they were worried about repercussions.

4. Staff Groups Raising Concerns

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

Staff Group	% this Quarter
AHP	30.00%
Medical and Dental	00.00%
Nursing / Midwives	10.00%
HCA	0.00%
Admin	40.00%
Corporate	10.00%
Not known	10.00%
Other	0.00%
Anonymous	0.00%

5. Staff Groups Raising Concerns Over the Year



6. Situations where detriment was expressed because of speaking up
In the last quarter there have been no new situations of perceived detriment highlighted.

7. Feedback Post Raising Concerns
The National Guardian's Office requires the FTSUG to invite those who have raised concerns, and have had their concerns closed, to offer feedback, specifically:

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

During this quarter feedback was received from 10 people who have raised concerns with the FTSU service. All of the feedback received this quarter was positive.

I've been more than happy with the way this has been dealt with, both confidentially from my half as I've wanted and still wish to remain anonymous. Should the need arise, I would do the same again. I would like to take the time to the Thank you for your time and the promptness in this being dealt with

Given your experience, would you speak up again? Yes – a very positive experience. Thank you for listening and actioning my concerns

Any other comments you would like to make or suggestions for improving the service offered? No – carry on the great work !

8. Changes as a Result of Speaking Up
The question is often asked *What things have changed as a result of people speaking up? Each quarter we try to offer a short overview of some of the changes.*

Recent conversations have also highlighted FTSU as providing:

- Leadership to ensure communication in team and across trust
- Medicine management
- System changes

9. How Concerns are Managed
Concerns are managed on a concern-by-concern basis, in line with the trust's FTSU policy. The FTSUG has regular 1-1's with the FTSU Executive lead and Managing Director.

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

11. Update on Freedom to Speak Up, Raising Concerns Policy (Corp 69)
The updated policy has now had final approval by Policy Review Group (PRG) and accessible on the intranet.

12. Concerns Taken Directly to CQC
During Quarter 3, no FTSU concerns by the Guardian was referred directly to CQC.

13. Freedom to Speak Up Champions – new guidance from the NGO
The new guidance on FTSU Champions provided by the National Guardian's Office in April 2021 was advised at the Southport and Ormskirk Trust Board meeting in Q2 2021. Additional Champions are now in the active recruitment process.

We are holding our refreshed and revised local Freedom to Speak Up Champion Network meeting during the month of February. Future meetings will take place bimonthly to ensure our local champions have access to peer support and shared learning from the Guardians.

14. The National Picture

The new National Guardian is Dr Jayne Chidgey-Clark. Her New Year message can be seen below –

New Year message from Dr Jayne Chidgey-Clark

Happy New Year to all Freedom to Speak Up Guardians.
Thank you for all your hard work supporting workers in these increasingly difficult circumstances.
I feel immensely privileged to start the new year as the National Guardian and I am looking forward to what 2022 will bring, both the opportunities and challenges. Most importantly, I am looking forward to getting to know you as we work together to improve the Speak Up, Listen Up Follow Up behaviours and culture in the sector.

15. Concluding Comments

The FTSUG is now fully inducted and engaged in the role and as this report demonstrates, is active in supporting colleagues throughout the organisation. The Trust is also pleased to welcome Meryl Andersen, to the role of Freedom to Speak Up Specialist Administrator and Lynne Barnes, Executive Champion.

ALERT | ADVISE | ASSURE (AAA)
HIGHLIGHT REPORT

COMMITTEE/GROUP:	Finance, Performance, and Investment Committee
MEETING DATE:	24 January 2022
LEAD:	Jeff Kozer

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- The first draft of the 2022/23 plan was presented. As per the ICS guidance it assumed efficiencies of 2% and showed an expenditure increase from 2021/22 of £19.7m. It was noted the presentation excluded income as the ICS had not yet agreed the allocation methodology.
- The first draft of the activity plan was presented and set out the challenges to delivery of the national targets.
- The Omicron variant has been responsible for an increase in Covid-19 admissions which has impacted significantly upon operational delivery both from an urgent and emergency care perspective and an elective recovery perspective.
- A&E performance in January 2022 was significantly below the national standard but compared positively to peers. The Trust however is an outlier with 12 hour breaches and delivered care in escalation areas in ED.
- Both the 62 day and 14 day cancer standards were not achieved in December 2021. Whilst there are a number of challenged pathways, upper & lower GI and H&N continue to be the most challenged in terms of performance.
- Elective activity for January 2022 was below the 89% ERF target.

ADVISE

- Work has almost been completed with regard to the endoscopy upgrade at Ormskirk.
- The ground works for the discharge lounge are almost completed and the modular build will be onsite by mid-March.
- Work at Southport on the cabling is ongoing. All will be completed before the end of March 2022.
- Discussions regarding IPR in particular SPC, board level training arranged for June 2022. It is expected that this will allay any issues.
- An update on actions pertaining to the 'red' fragile services was presented and the committee were advised of the change to service delivery for orthodontics.

ASSURE

- At month 10 the Trust has had confirmation of the £4.7m financial support from the ICS. As previously reported, the Trust had requested funding of £1.65m to deal with the recent surge. The update is that confirmation has been received that the funding will rise to £2.5m but it hasn't as yet been transacted. It's to be noted that the Trust is forecasting to breakeven for 2021/22. Discussions are ongoing with regard to further funding being available to the Trust for 2021/22, and once confirmation is received an update will be provided.
- The Trust's capital forecast for 2021/22 has increased from £12.1m at month 9 to £13.5m at month 10. The increase includes an additional £0.7m for radiology.
- The cyber risk has been updated following feedback at last month's Strategic and Operational Committee.

New Risks identified at the meeting: None

Review of the Risk Register: No action taken

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	EXECUTIVE MANAGEMENT COMMITTEE
MEETINGS HELD:	February 2022
LEAD:	Anne-Marie Stretch

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- No alerts to raise.

ADVISE

- The Executive Management Committee received regular weekly updates regarding Covid-19 Nosocomial Infections and Vaccination as a Condition of Deployment (VCOD).

- Other Agenda Items considered during February included:
    - ETM signed off 2022/23 Draft Activity Plans.
    - The Elective Restoration Operation Plan and the Urgent Care Performance Reports for January 2022.
    - Staff Survey Result 2021 - The results are embargoed until March 2022. ETM recognised the improvements in the staff survey and also recognised the areas for improvement going forward.
    - Cyber Security – EMT received a paper that provided assurance on the steps taken in response to the current cyber security threat (as per the ask from the National Cyber Security Centre). S&O and STHK are working collaboratively.
    - Quality Improvement Plan for 2022/23 – Staff Listening events will take place during February to engage with staff about what areas of improvement they feel should be included in the plan.
    - Robotic Process Automation (RPA) – ETM approved, in principle, the direction of travel with regards to RPA, noting the patient safety improvements and quality of service. A costed Business Case will be presented to ETM prior to final approval.
    - Community Diagnostic Centre (CDC) – ETM gave approval to proceed with the outline case for capital and revenue. Business Case will be developed with a decision and monies released in July 2022.
    - Cancer – Cancer Improvement Plan, trajectories and actions developed at tumour specific level and presented to QSC on 21.02.22.
    - NHSI National Estates Team Visit – This took place on 14 and 15 February across both sites. The Trust is awaiting formal feedback.
    - Biannual Staffing Report – The report provided an update on staffing and an overview of the current staffing position. The Director of Nursing will provide ETM with a monthly update.

ASSURE

- AMS informed ETM about the governance arrangements following the departure of the Associate Director of Corporate Governance.

New Risk identified at the meeting	None
Review of the Risk Register	