Southport and Ormskirk Hospital NHS Trust

AGENDA
STRATEGY AND OPERATIONS (S&O) COMMITTEE (Part 1)

To be held at 0930 on Wednesday 01 March 2023

V = Verbal D = Document P = Presentation

Ref No.	Agenda Item	FOI exempt	Lead	Time
PRELIMINARY BUSINESS				***0930***
SO029/23 (P)	**Patient Story** *Purpose: To **receive** the patient story*	*No*	*L Barnes*	15 mins
SO030/23 (V)	**Chair's welcome and note of apologies** *Purpose: To **record** apologies for absence and confirm the meeting is quorate.*	*No*	*Chair*	
SO031/23 (D)	**Declaration of interests** *Purpose: To **record** any Declarations of Interest relating to items on the agenda.*	*No*	*Chair*	
SO032/23 (D)	**Minutes of the previous meeting** *Purpose: To **approve** the minutes of the meeting held on 01 February 2023*	No	*Chair*	10 mins
SO033/23 (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*	
INTEGRATED PERFORMANCE REPORT				**0955**
SO034/23 (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 Barnes* *L Neary* *J McLuckie* *J Royds*	20 Mins
QUALITY & SAFETY				**1015**
SO035/23 (D)	**Quality and Safety Reports** a) Committee AAA Highlight Report b) Bi-Annual Safe Staffing Report	*No*	*G Brown* *L Barnes*	30 mins

	*Purpose: To **receive** the Quality and Safety Reports for information and assurance*			
SO036/23 (D)	**Quarterly Maternity Assurance Report** *Purpose: To **note** the Maternity Assurance Report*	*No*	*L Barnes*	15 mins
SO037/23 (D)	**Mixed Sex Accommodation Annual Declaration** *Purpose: Purpose: To **approve** the Mixed Sex Annual Declaration*		*L Barnes*	10 mins
WORKFORCE				**1110**
SO038/23 (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* *J Royds*	20 Mins
FINANCE, OPERATIONS AND INVESTMENT				**1130**
SO039/23 (D)	**Finance, Performance and Investment Reports** a) Committee AAA Highlight Report *Purpose: To **receive** the Finance, Performance and Investment Reports*	*No*	*J Kozer*	20 mins
CORPORATE				**1150**
SO040/23 (D)	**Executive Committee AAA Highlight Report** *Purpose: To **receive** the Executive Committee AAA Highlight Report for meetings held in February 2023*	*No*	*AM Stretch*	10 Mins
CONCLUDING BUSINESS				**1200**
SO041/23 (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*
SO042/23 (V)	**Any Other Business** *Purpose: To **receive** any urgent business not included on the agenda*		*Chair*	*5 mins*
	Date and time of next meeting: 0930 Wednesday 05 April 2023			***12:15 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

Minutes of the Strategy and Operations Committee (Part 1)
Held on Microsoft Teams
Wednesday 01 February 2023
(Approved at the Strategy and Operations Committee on 01 March 2023)

Present

Name	Initials	Title
Ann Marr	AM	Chief Executive
Anne-Marie Stretch	AMS	Managing Director
Geoffrey Appleton	GA	Non-Executive Director, STHK (Chair)
Lynne Barnes	LB	Director of Nursing, Midwifery and Therapies
Gill Brown	GB	Non-Executive Director, STHK & S&O
Nicola Bunce	NB	Director of Corporate Services
Kate Clark	KC	Medical Director
Rob Cooper	RC	Managing Director and Director of Operations and Performance, STHK
Lisa Knight	LK	Non-Executive Director, STHK
Jeff Kozer	JK	Non-Executive Director, STHK
Gareth Lawrence	GL	Director of Finance, STHK
John McLuckie	JMcL	Director of Finance
Lesley Neary	LN	Chief Operating Officer
Sue Redfern	SR	Director of Nursing, Midwifery and Governance, STHK
Jane Royds	JR	Director of HR and OD
Rani Thind	RT	Associate Non-Executive Director, STHK
Christine Walters	CW	Director of Informatics, STHK
Peter Williams	PW	Medical Director, STHK

In Attendance

Name	Initials	Title
Clare Fitzpatrick	CF	Local Maternity and Neonatal System (Item SO014/23)
Debbie Gould	DG	Local Maternity and Neonatal System (Item SO014/23)
Catherine McClennan	CM	Local Maternity and Neonatal System (Item SO014/23)
Dawn Meredith	DM	Associate Director of Midwifery/Nursing and Therapies (Item SO014/23)
Brendan Prescott	BP	Deputy Director Quality, Risk and Assurance (Item SO014/23)
Kevin Thomas	KT	Deputy Medical Director (Item SO014/23)
Deborah Turner	DT	NHS England (observer)
Maryjo Waldron	MW	Consultant Midwife (Item SO014/23)
Juanita Wallace	JW	Assistant to Director of Corporate Services (minute taker)
Richard Weeks	RW	Corporate Governance Manager
Donna Winter	DW	NHS England (observer)

Apologies

Name	Initials	Title
Richard Fraser	RF	Chair, STHK
Ian Clayton	IC	Non-Executive Director, STHK & S&O
Paul Growney	PG	Associate Non-Executive Director, STHK
Nina Russell	NR	Director of Transformation

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		

SO001/23 **Patient Story**

CF introduced the patient story video in which Peter spoke about his experience during his short stay in hospital. It was noted that Peter's story was narrated by one of the Trust's volunteers on his behalf. Peter's story reflected on the positive multi-disciplinary team input during his stay as well as his positive experience in the discharge lounge. The story also highlighted the Trust's volunteer discharge role which commenced as a pilot in March 2021 with funding from NHSE. There are currently three volunteers who undertake this role, making patient follow up calls within 48hrs of discharge. A telephone proforma helped the volunteers to collect information about the patient and their hospital experience to provide valuable patient feedback to staff to help improve services.

LB commented that the Trust volunteers would escalate any issues or concerns raised by the patients to either herself or the Deputy Director of Quality, Risk and Assurance and these would be followed up.

GB asked about the opening hours of the Discharge Lounge and CF advised that the hours were 08:00 to 18:00 Monday to Friday, however, these hours could be extended at times of high escalation.

JK commented that he and GA had spent time in the Discharge Lounge during their recent site visit and had been impressed by it. JK noted that despite the busyness of the area, the staff ensured it remained a calm environment for patients.

GA noted the valuable addition of the volunteer role and congratulated the staff involved in the new Discharge Lounge.

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

SO002/23 **Chair's Welcome and Note of Apologies**

GA welcomed all to the meeting and in particular welcomed members of the Local Maternity and Neonatal System (LMNS) and staff from NSHE who were observing the meeting.

GA acknowledged the following Awards and Recognition that the Trust had received recently:

- Irene Smith celebrated 50 years of service

- The Trust's Neonatal Unit at Ormskirk has been awarded a GREEN rating as part of its Family Integrated Care accreditation
- Patsy Kensit (actress) had praised Accident and Emergency (A&E) staff on social media following a recent visit to A&E
- Peter Hughes and Amanda Jarvis had passed their level 2 food safety qualification.
- Denise Taylor, the first Trust adult nurse degree apprentice, graduated from the University of Central Lancashire (UCLAN)
- Mike Lightfoot, Associate Director of Business Intelligence, graduated from Lancaster University with a Masters in Senior Leadership which he completed through the apprenticeship programme with the Trust and was awarded a distinction.
- Librarian Stephanie Burns won a regional award for service developments with her 'Library in a Box' initiative.
- Sharon Turner and Luisa Granger have been awarded support worker of the year certificates.

In December 2022, the Medical Education team ran their own Medical Education awards, and the winners were:

- Innovator of the Year - Dr. William Bradley and Dr. Navi Challa-palli
- Rising Star of the Year - Dr. Sarah Bird
- Team Player of the Year - Dr. Nick Apostolou
- Medical Mentor of the Year
    - Dr. Taran Chaudhuri – (Foundation)
    - Sarah Newsham – (Clinical)
    - Dr. Iqra Khawaja – (Undergraduate)
- Student of the Year - Georgina Andersson & Rachel Hardman

AM advised that the Trust was awarded the Honorary Freedom of Borough by Sefton Council in recognition of the dedication, sacrifice and heroism shown by local healthcare workers throughout the Covid-19 pandemic.

Members congratulated all these staff on their achievements.

Apologies for absence were **noted** as detailed above.

SO003/23 **Declaration of interests**

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

SO004/23 **Minutes of the previous meetings**

The Committee reviewed the minutes of the previous meeting held on 07 December 2022 and approved them as a correct and accurate record of proceedings.

RESOLVED:
The Strategy and Operations Committee **approved** the minutes from the meeting held 07 December 2022

SO005/23 **Matters Arising and Action Logs**

The meeting considered updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions. Both open actions would be covered on the agenda, and it was noted that there were no other matters arising from the previous meeting.

RESOLVED:
The Strategy and Operations Committee **approved** the action log

STRATEGIC AND GOVERNANCE

SO006/23 **Audit Committee AAA Highlight Report**

GB, on behalf of IC, presented the AAA Highlight report and alerted that the meeting had not been quorate and advised that the two items requiring approval had been circulated to the members for approval.

GB advised that:

- The Healthcare Financial Management Association (HFMA) Checklist Report – Internal Audit had been mandated to audit the Trust's HFMA checklist submission, and this confirmed the self-assessment score. The Trust had also put in place action plans to address any elements with a score of less than 3. It was expected that this exercise would be repeated in future years.
- Declaration of Interests (DoI) – Actions had been taken to improve compliance with the DoI policy, although the manual process had only achieved marginal gains. Plans to move to the Electronic Staff Records (ESR) system for reporting declarations would be from February as part of the agreed rollout and the DoI policy had been updated to reflect this change. It was noted that the Audit Committee had made a recommendation to split the policy.
- Appraisal Process Update – the Director of HR presented the action plan that had been put in place since the limited assurance audit report in 2020/21. The Committee was assured by the work undertaken to improve compliance rates, although noted that despite these actions performance remained below target.

The Committee had been assured by the update on the 2022/23 audit plan and had noted that several of the planned reviews had been completed.

JMcL advised that the newly appointed Deputy Head of HR and OD had now been confirmed as the Trust's new anti-fraud champion.

RESOLVED:

The Strategy and Operations Committee **receive** the Audit Committee Highlight Report from the meeting held on 18 January 2023

SO007/23 **Charitable Funds Committee AAA Highlight Report**

GB on behalf of the S&O Chair, presented the AAA Highlight report and alerted that the Charitable Funds Manager had left the Trust in January 2023 and advised that the recruitment process for a replacement was underway.

The Committee had reviewed and approved the annual report and accounts for 2021/22 for the charitable funds.

RESOLVED:
The Strategy and Operations Committee **received** the Charitable Funds Committee AAA Highlight Report from the meeting held on 13 December 2022

SO008/23 **Board Assurance Framework**

NB presented the Board Assurance Framework (BAF) quarterly update and advised that each lead director had reviewed their risks and that the document had been presented at the Executive Committee as well as the individual strategic objectives being reviewed by the relevant assurance committee. It was noted that, whilst there were several updates to reflect progress, there were no recommendations to amend the risk scores.

GB asked how the new gap in controls for Risk 2b (Deliver services that meet NHS Constitutional and regulatory standards) concerning the national standards for cleaning and food safety would be mitigated. JMcL advised that, as the transaction had progressed, both trusts were reviewing the new standards to identify any gaps and develop an action plan to achieve compliance at all sites. GB commented that the cleaning standards had been discussed in several forums, but she was less aware of the national food strategy. NB explained that the cleaning standards had been published in 2021 but the national food strategy was much more recent and further guidance was expected to be published.

RT asked if the Electronic Prescribing and Administration of Medicines (EPMA) system risk should be included on the BAF. CW advised that currently both Southport and Ormskirk Hospital NHS Trust (S&O) and St Helens and Knowsley NHS Teaching Hospitals (STHK) had the same prescribing solution and that S&O, as part of the digital collaboration, would join the STHK solution. The S&O ePrescribing pilot was due to start shortly. Additionally, CW advised that S&O used the EMIS pharmacy system which did not meet the current NHS interoperability

standards and it had been recommended that S&O join the STHK pharmacy solution and that this would be the next stage after the ePrescribing pilot. It was noted that the pharmacy solution at STHK was not integrated with the ePrescribing solution. However, there were robust and rigorous quality assurance processes in place and CW advised that there had been no known incidents and recommended that S&O adopt the same process. AMS advised that this had been discussed at Executive Committee and that a further paper would be presented around the governance. The IT infrastructure risks on the BAF were more generic descriptions of the systems issues.

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

SO009/23 **Corporate Risk Register**

KC presented the Corporate Risk Register report which provided an update on the open risks and advised that the following new risks had been added:

- Risk 2471 (Sustained increased demand for Paediatric Accident and Emergency Services) - KC advised that the increased activity was linked to the increase in concerns about Group A Streptococcus (Strep A) in December 2022. It was noted that as activity had returned to a more manageable level the risk would be reviewed at the next Risk and Compliance Group where it was expected that it would be downgraded.
- Risk 2549 (Potential impact of regional industrial action to Southport & Ormskirk Hospitals Mental Health (in reach) and Walk-in Centres) - KC advised that this was managed via Silver Command and a weekly update was presented at Executive Committee.

GB reflected on the Paediatric (PAEDs) Emergency Department (ED) – attendances and asked if, there was any national work taking place to understand the drivers for this, as most trusts in the region appeared to be reporting an increase in paediatric attendances. KC advised that there were two ongoing pieces of work taking place. One of these was the review of the ambulance service pathway for attendance by children under five years of age. There was also a local piece of work being undertaken by Central Lancashire Place Partnership which included a review of frequent attendances to identify themes. Themes identified to date included the lack of access to primary care and the prevalence of respiratory illnesses.

LN advised that whilst demand for PAEDs ED had returned to average levels, attendances were 12% higher than in 2019/20. LN noted that this increase had not resulted in an increase in the conversion rate to patients being admitted to hospital.

AM asked about the walk-in centre at Ormskirk and if this could provide an appropriate alternative to PAEDs ED. LN advised that this was an urgent treatment centre which was run by HCRG and was open from 08:00 to 20:00. Additionally, LN advised that the Urgent Care Treatment Centre (UTC) had occasionally been closed due to staff shortages. LN added that, as the surge in PAEDs ED attendances was usually in the evening the UTC did not currently offer a viable alternative for parents.

GB asked if it was still necessary to book an appointment for the UTC as the website suggested that this was still the process to be followed and LN advised that an appointment was no longer necessary and walk in patients were seen. GB reflected on the lack of clarity around whether to take a sick child to the UCT Centre or the PAEDs ED and AM asked what impact this had on the PAEDs ED attendances. LN advised that she had been in discussions with the former Director of Integration and Transformation for West Lancs Clinical Commissioning Group (CCG) regarding future arrangements and would now pick this up again with the Central Lancashire Place team. KC advised that Central Lancashire Place were aware of the issues with access particularly for residents of Skelmersdale.

RESOLVED:
The Strategy and Operations Committee **received** the Corporate Risk Register

INTEGRATED PERFORMANCE REPORT

SO010/23

The Committee received the Integrated Performance Report (IPR) Summary which provided an update on the Trust's performance against key national and local performance metrics during December 2022.

a) Quality and Safety Performance Report

LB and KC presented the report which provided an overview of performance against the quality and safety metrics and KC advised that there had been extraordinary pressure on services across the region during December which was further compounded by an increase in sickness absence and the recent industrial action. No never events had been reported in December 2022.

LB highlighted the following:

- There had been a slight decrease in the Patient Friends and Family Test recommendation rate from 88.3% in November to 87.3% in December, however, the Trust still compared well to peers.
- The 2022 National Maternity Survey results indicated an improvement in the service and an action plan had been developed to respond to the feedback.
- 45% of complaints had been responded to within 40 working days against a target of 80%. There had been no re-opened complaints in quarter 3.
- The had been a marginal increase in the total number of falls reported and two falls had resulted in moderate harm.

KC advised that there had been a decrease in the number of Hospital Acquired Pressure Ulcers and that the number of category 2 pressure ulcers was at the lowest level since January 2021.

At the Strategy and Operations Committee meeting held on 07 December 2022 PW had commented on the spike in deaths of patients with learning difficulties and had asked if these were reviewed as part of the Structured Judgement Review (SJR) (Agenda item SO226/22). KC provided the following feedback:

- all deaths of hospital inpatients identified as having learning difficulties had two reviews:
  - SJR
  - LeDeR
- LD deaths frequently exhibited a significant variation as the numbers were so small and the recent spike did not appear to reflect a trend or a single underlying cause.
- A presentation at the recent Mortality Operational Group (MOG) provided feedback from recent LeDeR reviews, and none of the SJRs had been escalated to MOG for poor or very poor overall care.
- There was a mortality newsletter, which shared learning from all mortality reviews.

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 and constitutional standards and highlighted the following:

- Accident and Emergency (A&E) performance was 70% and the Trust had been ranked 22 out of 111 trusts nationally, despite the operational pressures.
- Levels of bed occupancy during December 2022 remained over 100% and the Emergency Department (ED) corridors, Same Day

Emergency Care (SDEC) area and several ward areas were used as escalation areas to create additional capacity.

- Due to the extreme pressure, the Trust had declared OPEL 4, the highest form of escalation in the NHS, for five days during December 2022 and this continued into early January 2023.
- Admissions peaked on 29 December for Covid-19 and 30 December for flu.
- The opening of the Chase Heys step-down beds had been delayed as the care home was closed to admissions due to an outbreak of Covid-19. The site opened again in January and was now providing 14 step-down beds.
- There had been a delay in converting Ward 11a to a step-down ward due to the level of escalation across the hospital. However, it had now started to operate as a ready for discharge (RFD) ward and it was hoped that there would be a reduction in the number of RFD and long length of stay (LLOS) patients, as well as a reduced number of complex care packages required on discharge.
- There had been an inconsistent SDEC offer across December and January as these areas were used for escalation. The situation had improved during the latter part of January.
- Elective recovery performance was 95% of 2019/20 levels in December, which was a reduction compared to November due to urgent care pressures, Covid-19, and flu.
- The Community Diagnostic Centre (CDC) pathway went live on 16 January with a phased approach and the Trust was now offering seven-day 12-hour days across several of the modalities.
- As part of the collaboration with STHK, Rheumatology, a fragile service, recorded outpatient activity in December 2022 at 136% of 2019/20 levels.

RT asked about the new streamlined Root Cause Analysis (RCA) process being rolled out in cancer services and asked for clarity on the plan to clear the backlog of patients waiting. LB advised that the backlog had now reduced from 105 to 19 and these would be cleared by the end of February 2023. LB advised that the new Cancer Lead nurse was now in post and was working with the cancer trackers to ensure all patients had an appointment.

GA reflected on the report and commented that the Trust was performing well and thanked all the staff, especially the frontline staff, for their hard work during such a challenging period.

RESOLVED

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

c) Financial Performance Report

JMcL presented the report which detailed performance against key financial performance indicators and advised that the Trust had reported a £13.8m deficit at Month 9 in line with the agreed 2022/23 Plan.

JMcL highlighted the following:

- The Trust has assumed 100% ERF funding to M9, and the Integrated Care Board (ICB) had recently confirmed that there would be no clawback for 2022/23.
- Continued escalation and operational pressures were currently being offset by allocations for elective restoration and executive contingency.
- The 2022/23 financial plan had set out a Cost Improvement Programme (CIP) requirement of 3.5% (£7.8m), plus a further £3.0m Stretch Target in the fourth quarter. The Trust had reported full delivery of CIP in 2022/23 and the Quality Impact Assessments (QIAs) were 95% completed.
- The cash balance at the end of November was £7.4m and the ICB confirmed that the cash support received during 2022/23 would need to be repaid in March 2023.
- The Trust remained on-track for the delivery of the 2022/23 capital programme.

RESOLVED

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

d) Workforce Performance Report

JR presented the Workforce Performance report and advised that:

- The Personal Development Review compliance had decreased in December to 75.3% against the 85% target.
- Core mandatory training had increased marginally in December to 87.8% against a stretch target of 90%.
- Sickness had increased by 0.9% in December to 7.7% and there had been an increase in sickness absence due to Covid-19. Health and Wellbeing continued to provide support to staff.
- The Trust's overall vacancy rate had increased in December to 10% from 8.8% in November. Medical vacancies continued to show improvement in December with a rate of 4.2% against a target of 5.8%.
- The Nursing vacancy rates continued to show special cause improvement but had increased to 10% in December against a target of 9% and the main area of concern was the Health Care Assistants (HCA) vacancy rate.
- The Allied Health Professionals (AHP) and Therapy vacancies rates, whilst still failing assurance, had exceeded the target.

GA commented that S&O had been singled out at a recent Cheshire and Merseyside Acute and Specialist Trust (CMAST) event as the best performing Trust for reducing the percentage of bank and agency spend as a proportion of pay.

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

QUALITY AND SAFETY

SO011/23 **Quality and Safety Reports**

a) Quality and Safety Committee AAA Highlight Report

GB presented the AAA Highlight report and advised that no alerts had been raised.

GB advised that:

- The Committee had received an update on Acute Kidney Injury (AKI) and the following had been noted:
    - Progress had been made against the quality metrics and the Trust was currently the fifth best performing Trust in the Northwest.
    - Urine dipstick analysers had been procured.
    - Gradual progress was being made with recruitment, workforce plan and access to ultrasound within 24hrs.
    - Education and Training remained a priority for the team
- The Committee received an update on the operational performance and the increased demand in PAEDs ED had been discussed.
- The Patient Safety Report noted an increase in the number of StEIS reports due to changes in reporting of cooled babies, following the feedback from the Local Maternity and Neonatal System (LMNS). Additional information regarding actions, themes and learning had been requested in future reports.
- The Committee had noted the transcription risk as part of the Electronic Prescribing and Medicines Administration (EPMA) rollout. The risk would be managed by the Program Board with learning and mitigation from STHK, who also held this risk.
- The Committee had asked for further assurance of the actions being taken to improve compliance with Fire Safety Training (Level 2 and Level 3).
- Feedback had been received from staff suggesting improvements to the catering service and JMcL had agreed to undertake a review and report back.

GB reflected on a compliment from the relative of a patient on the spinal unit about a member of staff who sang to the patient every day and the difference that this had made to the patient's recovery. JMcL confirmed that this was one of the catering assistants.

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

SO012/23 CQC Action Plan Progress Report

LB presented the CQC Action Plan Progress Report which provided a summary of the Trust's current position against the improvement themes from the 'Must and Should' do actions from the 2019 and 2021 CQC Inspections and the annual assessment against the fundamental standards.

LB advised that following the Trust's 2019 comprehensive and well-led inspection by the Care Quality Commission (CQC) the current rating was Requires Improvement (RI). Additionally, following an unannounced CQC inspection of the Medicine Core Service, which was undertaken in March 2021, the Trust was inspected but not rated, however, the Inspectors reported 'significant improvements' across all the reviewed areas with no regulatory breaches or 'must do' actions noted.

In March 2022, following a review of the status and progress of the remaining open actions from the improvement plan, it was recommended at the Quality and Safety Committee to close the CQC Improvement Plan and incorporate or monitor these actions through the usual governance processes. It was noted that out of the 130 Must and Should Do actions, 73% (95) had been fully delivered and closed, whilst the remaining 35 actions were split into 11 Trust-wide themes. LB highlighted the following key themes:

- Medical staffing and seven-day cover (amber) – the Kendall Bluck review had been completed and actions were currently being delivered.
- Up to date Policies (amber) – there was a central monitoring and review process in place with regular updates presented at the Executive Committee and work was now ongoing to align policies across S&O and STHK as part of the transaction.
- Patient Flow and Discharge (green) – work was ongoing and was being monitored by LB, KC, and LN

LB advised that, following a review of the S&O Hospitals Clinical Assessment & Accreditation Scheme (SOCAAS), there had been an

improvement in the assessments reviewed. It was noted that the SOCAAS was based on the key lines of enquiry (KLoE) from the CQC.

LB advised that, to support the Trust's Well-Led improvement journey, the Trust had undertaken a comprehensive Well-Led self-assessment across all eight of the well led domains using the CQC key characteristics and any current gaps that had been identified would be incorporated into an improvement plan.

LB reported that the Trust now had a positive relationship with the CQC, and the number of enquiries received had reduced. It was noted that the CQC had been engaged about the proposed transaction and S&O would need to de-register and the hospital sites be re-registered as additional sites of STHK.

AMS reflected on the improvement in the relationship with the CQC and all the hard work that had taken place and commented that it was encouraging that the staff now felt comfortable to raise issues internally and trusted the organisation to listen and change. SR agreed with this and advised that she had discussed the CQC action plan with LB and was assured that the Trust was moving in the right direction. GB commented that from her visits it was clear that all staff know the way to raise issues and report incidents which is a sign of a safe working culture.

GA congratulated staff involved in changing the organisational culture, particularly with the work around Freedom to Speak Up.

RESOLVED:
The Strategy and Operations Committee **received a**nd **noted** the CQC Action Plan Progress Report

SO013/23 **Progress in delivering the 2022/23 Quality Improvement Priorities**

LB presented the Progress in delivering the 2022/23 Quality Improvement Priorities and advised that progress against the Trust's Quality Priorities had been positive and highlighted the following key areas:

- AKI - Quarter 2 and 3 monthly data demonstrated that the Trust was on track to meet the 20% reduction trajectory for Hospital Acquired AKI and work was ongoing to improve ultrasound examinations and urine analysis.
- Pressure Ulcers - the number of category 2 pressure ulcers was the lowest since January 2021. Several issues around pressure ulcer care had been identified following a thematic review which related to the ongoing pressures in the A&E and the use of the corridor as an escalation area and it had been noted that there was inconsistent access to the correct pressure relieving care. LB assured that

following the review power points had been installed in the corridor to ensure that, if the corridor was used as an escalation area in the future, this would not be an issue.

- Work has continued to deliver the Ockenden action plan and following an audit by the MIAA the Trust received substantial assurance on the implementation of the first Ockenden action plan.
- Work was ongoing to improve the quality of the communications with families before discharge as well as end of life care.

RESOLVED:
The Strategy and Operations Committee **received** and **noted** the Quality Improvement Priorities update

SO014/23 **Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 4 Compliance**

LB explained that the representatives from the Local Maternity and Neonatal System (LMNS) were observing the meeting to provide assurance to the ICB on the governance of approving the CNST declaration. LB in collaboration with the maternity team and BP presented the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 4 Compliance report. LB advised that, based on the review of the evidence for the CNST Safety Actions, the Trust would declare compliance against all 10 actions.

BP, DM and KT presented an overview of the Trust's compliance with the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 4 Compliance report and highlighted the following:

- Safety Action 1: Use of the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard (Compliant) – the Trust was able to provide evidence that all eligible cases were reviewed in line with the relevant timescales and that there was a rota in place for the Perinatal Mortality Review consultant to attend these reviews. Additionally, the Trust was able to evidence that quarterly reports were presented to the Quality and Safety Committee as well as the Strategy and Operations Committee (SOC) and had also been discussed with maternity safety champions. BP advised that there was 100% compliance following an audit in December 2022 of parents' being informed of a review of their baby's death and parents views being sought and all families were provided with a Trust lead for maintaining contact.
- Safety Action 2: Submission of data to the MSDS (compliant)– BP advised that the Digital Maternity strategy had been completed and submitted to the LMNS in October 2022 with sign-off noted in the LMNS assurance minutes in November 2022. The Maternity CNST scorecard which related to activity in July 2022 data demonstrated the Trust's compliance to ten of the eleven Clinical Quality

Improvement Metrics as indicated in element 2. Additionally, the Maternity CNST scorecard demonstrated full compliance to six out of six criteria that was required for elements 3-7 and included the three Midwifery Continuity of Carer (MCoC) requirements.

- Safety Action 3: Demonstrate that TC services are in place and support the recommendations made in the Avoiding Term Admissions into Neonatal Units Programme (compliant) – BP advised that the Transitional care pathways were in place and had been approved by the Neonatal and Maternity teams. These pathways were part of the forward audit plan that had been completed and shared with the neonatal and maternity safety champion.
- Safety Action 4: Effective clinical workforce planning (compliant) – BP advised that the Trust had achieved 100% compliance with the monthly monitoring of attendance of consultant presence and the situations where a competent clinician attended clinical situations. The Anaesthetic medical workforce was compliant with ACSA standard 1.7.2.1. and compliance was demonstrated via duty rotas. KT advised, that following the non-compliance of the Neonatal medical workforce in MIS year three an action plan had been implemented and compliance had been achieved. The action plan had been reviewed in November 2022 and a business case was approved by the Executive Committee in December 2022 and recruitment was underway. DM advised that compliance for the Neonatal nursing workforce had been achieved in year three and the nursing workforce review was part of the approved business plan.
- Safety Action 5: Effective midwifery workforce planning (compliant) – DM advised that the Trust utilised Birthrate Plus as a systematic process to calculate the midwifery staffing establishment. Furthermore, the maternity staffing reports were presented at the Quality and Safety Committee as well as the Strategy and Operations Committee bi-annually and included a breakdown of funded vs actual establishment, mitigation and escalation, MW to Birth ratio and the ratio of specialist midwives. The Trust had also demonstrated 100 % compliance with one-to-one care in labour.
- Safety Action 7: Mechanisms for gathering service user feedback and work with service users through the MVP to coproduce local maternity services (compliant) – Evidence of feedback from services users and how the feedback was addressed by the maternity services was provided at the Maternity Voices Partnership (MVP) meetings.
- Safety Action 8: Training (compliant) – BP advised that the Trust was fully compliant with the six core modules of the Core competency framework with a Training Needs Analysis (TNA) and agendas covering three years. Additionally, there was over 90%

compliance that each relevant maternity unit staff group had attended an 'in-house' one day multi-professional training day, which included maternity emergencies, antenatal and intrapartum fetal monitoring and surveillance which included Midwives, Obstetric consultants, and Obstetric doctors

- Safety Action 9: Robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues (compliant) – DM advised that there was a quarterly reporting schedule and workplan for Trust safety champion meetings. Staff engagement sessions, listening events and walkabouts were undertaken by a Board member and there was a rota for the Maternity Safety Champion walkabouts, with feedback provided at the Trust Safety Champion meetings.
- Safety Action 10: 100% of qualifying cases reported to HSIB and to NHS Resolution's Early Notification scheme from 01 April 2021 to 05 December 2022 (compliant) – BP advised that eight reportable cases had been submitted and accepted by the Healthcare Safety Investigation Branch (HSIB) and that one of these cases was still active. Furthermore, all reportable cases had been forwarded to HSIB and NHS Early Notification (EN) scheme. It was noted that all families were informed of and participated in the HSIB reviews and Duty of Candour was undertaken with the families.

RESOLVED:
The Strategy and Operations Committee **approved** the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 4 Compliance

WORKFORCE

SO015/23 **Workforce Report**

a) Workforce Committee AAA Highlight Report

LK presented the AAA Highlight report and advised that no alerts had been raised.

LK advised that:

- A self-assessment for the Equality Delivery System 2022 (EDS 2022) was being undertaken and Domain 3 (Inclusive Leadership) remained outstanding. The team was working closely with S&O Executives and STHK to resolve this.
- Time to Hire had shown a three-day decline in month. A review had been undertaken and improvement was expected in the next few months.

Assurance was provided that:

- Board Assurance Framework SO4 and SO5 were reviewed and updated in January 2023 with mitigations and actions.
- The Patients Equality Monitoring report was approved by the Committee and LK advised that this will be uploaded to the Trust's website.
- Several HR policies were approved.

LK advised that there had been no thematic presentation at the start of the meeting and that this had been missed as it set the tone of the meeting. GB agreed with LK and commented that these presentations were invaluable and that she had learnt so much about the Trust.

LK advised that the risk in relation to industrial action had been reviewed.

b) 2022/23 People Plan Progress Report

JR presented the 2022/23 People Plan Progress Report which provided the quarterly update on progress and advised that of the 19 key deliverables 17 were in progress (green) and two required additional work (amber). JR provided an update on the key deliverables and highlighted the following:

- Schwartz rounds were picking up momentum and seven rounds had been completed in conjunction with Sefton Place partners and the feedback received has been positive.
- 30 staff members, mainly those on long-term sick, have been referred to the individual restoration programme that has been set up with Edge Hill University. It was noted that an evaluation of the effectiveness was being undertaken.
- The nursing and midwifery workforce plan was approved in September and an aligned medical workforce plan was under development.
- An Operations Career Framework was under development and work was underway to embed the Maternity Support Worker competency framework with Health Education England (HEE).
- The Trust was awarded the Navajo Charter Mark which signified good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBT+ people.
- The Trust is a Disability Confident Employer and was in the process of applying for the Fair Employment Charter at aspiring level.
- The Staff networks were launched in November 2022, and a second phase of networks was scheduled for January 2023.
- A full review of the recruitment and selection processes at the Trust had commenced and a statement for inclusion in all recruitment adverts (which offered support to individuals to access and complete online applications via NHS Jobs), had been developed.
- The Staff Voice Partnership engagement sessions have continued, and work was underway to align the Staff Voice Partnership programme and processes with STHK.

- There has been an extensive focus on health and wellbeing which included financial and psychological support systems which were available 24/7.
- The Trust launched its revised leadership development offer to include apprenticeships, NHS Leadership Academy and AQuA programmes and courses.
- A management guidance document for the Just and Learning culture has been created and work was ongoing to develop employee and witness guidelines.

JR advised that the two deliverables with identified issues/ slow progress were the rollout of the reverse mentoring programme and the management essentials training, and this would be reviewed with STHK to agree a single approach post transaction.

GB reflected on the success of the Schwartz rounds and asked how this was evaluated. JR advised that one of the Human Resources Administrators was a facilitator and a review was completed after each round. KC advised, that as the Executive sponsor, she regularly attended the Schwartz rounds and had seen them gather momentum, and this was evidenced by the number of attendees as well as the mix of clinical, non-clinical, community and local authority members at a recent round.

RESOLVED:
The Strategy and Operations Committee **received** the Workforce reports

SO016/23 **Guardian of Safe Working Report**

KC presented the Guardian of Safe Working (GoSW) Report for the periods 01 July to 30 September and 01 October to 31 December 2022 which provided an update on issues related to the Guardian of Safe Working. KC highlighted the following:

- There had been an improvement in the exception report process, and this would continue to be monitored through the operational groups and the Trainee Doctors' Forum (TDF).
- During the third quarter, two exceptions were reported on Datix which related to immediate patient safety issues. The first was related to short-term sickness and a junior doctor being requested to stay additional hours following a night shift until cover had been arranged. This was escalated and the Associated Medical Director (AMD) for Medicine and Emergency Care (MEC) held the bleep and released the doctor. The second was related to a gap in FY1 weekend cover which had not been filled by agency or bank. It was

noted that no patient incidents were linked to either of the exceptions.

- The Guardian role remained unfilled, and the process was being managed jointly between KC, the Head of Resourcing, and the Director of Medical Education with support from the STHK GoSW. An expression of interest had now been received and an interview would be arranged.

GB commented that one of the issues raised by the trainee doctors was delayed responses to annual leave requests and the cancellation of anticipated leave at short notice. KC advised that this was a historical issue as the Clinical Business Units (CBU) and the Roster Coordinators were managed separately with different Standard Operating Procedures (SOP), however, this was now managed through a centralised team with a consistent SOP and timescales were monitored via the CBU with medical oversight. As part of the work being undertaken by the TDF trainee doctors were more aware of the process to escalate any issues. KC assured that no further issues had been reported since there had been closer scrutiny of compliance. GB requested that the effectiveness of these measures be evaluated in the next GoSW report.

ACTION **KC**

GB requested that the effectiveness of the revised centralised annual leave booking processes be reviewed in the next GoSW report

GB asked about the outstanding proposal for the provision of additional sleeping facilities and whether this would remain on the agenda. KC advised that a discussion about the use of the available funding and how this would be prioritised would take place at the next Doctors Forum and it was expected that an outcome would be reached.

RT noted that several medical vacancies remained and there continued to be a reliance on bank and agency staff. KC advised that the Trust continued to peruse oversees recruitment and work with the Deanery to fill gaps.

There had been recent success in recruiting to some of the hard to fill posts, which was encouraging. AMS commented that one of the significant drivers for fragile services was the workforce and there was still a number of gaps in the MEC workforce which were filled with bank and agency staff.

RESOLVED:

The Strategy and Operations Committee **received** the Guardian of Safe Working Report for assurance

FINANCE, OPERATIONS AND INVESTMENT

SO017/23 **Finance, Performance, and Investment Committee AAA Highlight Reports**

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

- The cash balance at the end of December was £7.4m and the ICB finance team has facilitated the Trust being advanced £9m but as previously reported this would be repayable by the end of March. The Committee had agreed to recommend to SOC that a loan request be made in February of circa £8.7m, which would enable the Trust to draw down the cash in March.
- There were issues with the pharmacy robots on both sites, and this would be taken into consideration in the capital planning for 2023/24.

JK advised the following:

- The C&M ICB had confirmed that there would be no clawback for ERF under performance for the remainder of 2022/23.
- ERF Activity for December 2022 fell from 107% in November (the highest level on record) to 95% in December 2022.

Assurance was provided that:

- The Better Payment Practice Code (BPPC) performance at month 9 was 96%, which was slightly above the 95% target.
- The Trust was one of only two trusts in the C&M ICB to see a reduction in agency spend compared to 2021/22

RESOLVED:

The Strategy and Operations Committee **received** the AAA Report from the Finance, Performance, and Investment Committee and **approved** the recommendation that a loan request for circa £8.7m be made in February to enable the Trust to draw down the cash in March

CORPORATE GOVERNANCE

SO018/23 **Executive Committee Report**

AMS presented the AAA highlight report that detailed the activity and reports considered by the Executive Committee during December 2022 and January 2023 and advised that several items noted in the report had been addressed earlier in the meeting. AMS therefore highlighted the following:

- The Committee received weekly updates on the potential for industrial action from several unions representing NHS staff. The outcome of the Royal College of Nursing (RCN) and Unison ballots

for the Trust was that there was not a mandate to take strike action, however, there were plans in place for the indirect impact of industrial action at other trusts. It was noted that members of the Chartered Society of Physiotherapists had taken strike action on 26 January and plans had been put in place to mitigate the effect of this action.

- Remediation work had been undertaken by the supplier on the RF pagers in December 2022, which has had a positive impact on the reliability of the solution and there had been a reduction in the number of issues raised on Datix. It was noted that there were still issues with the wireless Ascom handsets.
- The Committee received a report on the issues that had been raised in relation to the standards of cleaning and infection prevention and control (IPC) risks in some theatres as well as the different operating models for cleaning on the two different sites. Remedial action had taken place and the Trust was working with STHK to develop a standardised approach.
- The Committee had reviewed the plan that had been developed to enable STHK to utilise a theatre at Ormskirk to continue delivery of orthopaedic activity while essential maintenance work was undertaken on the STHK suite of theatres, and this commenced on 09 January 2023. It was noted that any impact on S&O elective recovery capacity had been mitigated

RT commented on the absence of clinical photography provision at S&O and reflected on previous discussions about this and the potential for a partnership with STHK. AMS advised that the Committee had received a proposal from STHK and noted that there was significant cost involved for which there was currently no funding. AMS advised that there were mitigating actions in place. LB outlined the two main risks, namely the referral of child protection incidents to the police and the documenting of pressure ulcers. RT commented that she had taken part in a discussion about the clinical need for the documentation of pressure ulcers and had thought that this would have influenced the outcome of the decision and suggested this should be considered a priority. AMS advised that the care and treatment provided for pressure ulcers was appropriate, but lack of photographic records did influence validation and was therefore under consideration. SR commented that the new Tissue Viability Nurse (TVN) was working with her STHK counterpart on improving the reporting of pressure ulcers.

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

CONCLUDING BUSINESS

SO019/23/22 **Questions from Members of the Public**

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

SO020/23 **Any Other Business**

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 12:00

The next meeting would be held on **Wednesday March 2023 at 09.30**

Strategy and Operations Committee Attendance 2022/23												
STHK Members	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Richard Fraser	✓	✓	✓	✓		✓	✓	✓	✓		A	
Ann Marr	✓	✓	✓	A		✓	✓	✓	✓		✓	
Anne-Marie Stretch	✓	A	✓	✓		✓	✓	✓	✓		✓	
Geoffrey Appleton	✓	✓	✓	A		✓	✓	A	✓		✓	
Gill Brown	✓	A	✓	A		✓	✓	✓	A		✓	
Nicola Bunce	✓	✓	✓	✓		✓	✓	✓	✓		✓	
Ian Clayton	✓	✓	✓	A		✓	✓	A	✓		A	
Rob Cooper	✓	✓	A	✓		✓	✓	✓	✓		✓	
Paul Growney	A	A	A	A		A	A	A	A		A	
Lisa Knight	✓	✓	✓	✓		✓	✓	A	A		✓	
Jeff Kozer	✓	✓	✓	✓		✓	✓	✓	✓		✓	
Gareth Lawrence	A	✓	A	✓		✓	✓	✓	✓		✓	
Rowan Pritchard Jones	A	✓	✓									
Sue Redfern	✓	✓	✓	✓		✓	✓	✓	✓		✓	
Alan Sharples	✓	✓	✓									
Rani Thind	✓	✓	✓	✓		✓	✓	✓	✓		✓	
Peter Williams				✓		✓	✓	A	✓		✓	
Christine Walters	✓	✓	✓	✓		✓	✓	✓	✓		✓	
S&O Members	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Lynne Barnes	✓	✓	✓	✓		✓	A	✓	✓		✓	
Kate Clark	✓	✓	A	✓		✓	✓	✓	A		✓	
John McLuckie	✓	✓	✓	✓		✓	✓	✓	✓		✓	
Lesley Neary	✓	✓	✓	✓		✓	✓	✓	✓		✓	
Jane Royds	✓	✓	✓	✓		✓	A	A	✓		✓	
Nina Russell	✓	✓	A	✓		✓	✓	✓	A		A	
Richard Weeks						✓	✓	✓	✓		✓	
✓ = In attendance A = Apologies												

Strategy and Operations Committee (Part 1)

Matters Arising Action Log

Action Log updated 24 February 2023

Southport and Ormskirk Hospital NHS Trust

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
SO223/22	07/12/2022	**Intergrated Performance Report** a) Quality and Safety Performance Report	IC reflected on the additional information that had been included in respect of Complaints' compliance and asked what percentage of the complaints were follow ups from patients who were not happy with the original response what percentage of complaints did not find in favour of the patient and LB undertook to provide an update.	LB		Feb-23	**07/12/2022** - LB undertook to provide an update. **27/01/2023** - Upated has been included in the Integrated Performance Report. **Action closed**	**Completed**
SO226/22	07/12/2022	**Learning from Deaths** a) Quarterly Report	PW commented on the spike in deaths of patient with learning difficulties and asked if these were reviewed as part of the Structured Judgement Reviews and whether there was any reason for this increase. KT undertook to provide feedback.	KT		Feb-23	**07/12/2022** - KT to provide feedback regarding the spike in the death of patients with learning difficulties **27/01/2023** - KC to provide feedback at the Strategy and Operations Committee on 01 February. **01/02/2023** - KC provided feedback under Agenda Item SO010/23. **Action closed**	**Completed**
SO016/23	01/02/2023	**Guardian of Safe Working Report**	GB commented that one of the issues raised by the trainee doctors was delayed responses to annual leave requests and the cancellation of anticipated leave at short notice. KC advised that this was a historical issue as the Clinical Business Units (CBU) and the Roster Coordinators were managed separately with different Standard Operating Procedures (SOP), however, this was now managed through a centralised team with a consistent SOP and timescales were monitored via the CBU with medical oversight. As part of the work being undertaken by the TDF trainee doctors were more aware of the process to escalate any issues. KC assured that no further issues had been reported since there had been closer scrutiny of compliance. GB requested that the effectiveness of these measures be evaluated in the next GoSW report	KC		May-23	**01/02/2023** -The effectiveness of the revised centralised annual leave booking processes would be reviewed in the next GoSW report	**Green**

Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**STRATEGY AND OPERATIONS (S&O) COMMITTEE**	**Date**	**01 March 2023**
Agenda Item	**SO034/23**	**FOI Exempt**	**NO**
Report Title	**INTEGRATED PERFORMANCE REPORT SUMMARY**		
Executive Lead	Executive Management Team		
Lead Officer	Mike Lightfoot, Associate Director of Performance and Business Intelligence		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

To provide a summary on the Trust's performance against key national and local priorities.

Executive Summary

The IPR Performance Summary Report highlights the performance against Trust indicators relating to the NHS Constitutional standards, the 22/23 National Priorities and internal performance indicators which the Trust has identified as essential measures of operational delivery and assurance.

The IPR Performance Summary Report is grouped by Quality, Operations, Finance and Workforce. The detail for each domain is contained within the Integrated Performance Reports presented at the Assurance Committees, which includes Statistical Process Control (SPC) chart and commentary where required

Recommendations

The Strategy and Operations Committee is asked to receive the Integrated Performance Report.

Previously Considered By:

☐ **Strategy and Operations Committee**	☐ **Executive Committee**
✓ **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:**
Mike Lightfoot, Associate Director of Performance and Business Intelligence	Executive Management Team

Trust Board - Integrated Performance Report

Performance Summary

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

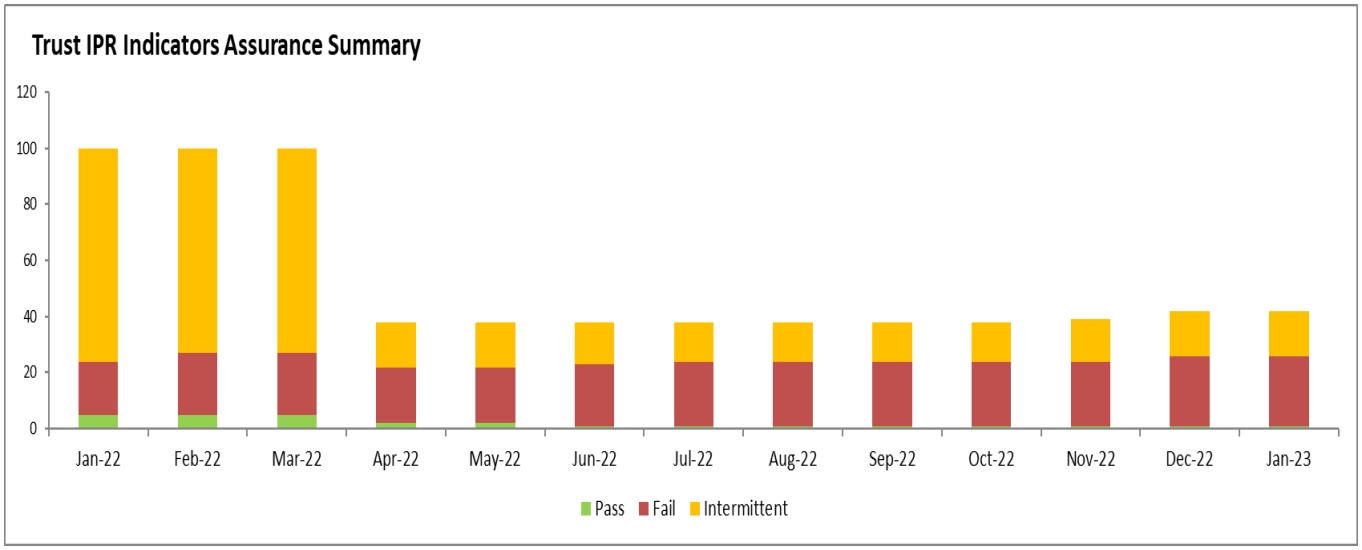
Quality - reflects those metrics aligned to Trust Objective – Care & Safety

Operations - Trust Objective – Service

Finance - Trust Objective – Financial performance and productivity.

Workforce - Trust Objectives – Supporting our workforce and Open and honest culture.

The indicator assured this month is Percentage of Patient Safety Incidents - Moderate/Major/Death(related). Finance indicators are not being reported using SPC.



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 reported in January 2022, there are 2 to date this year.

There were no cases of MRSA in January (2022/23 YTD = 0), last case January 2022.
There were three C. Difficile (CDI) positive cases reported in January 2023 (2022/23 YTD = 43).
Also one E. Coli case in January, (2022/23 YTD = 36).

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for January 2023 was 95%. This indicator has been ahead of the 90% target for 11 consecutive months.

There were two category 3 hospital acquired pressure ulcers reported in January (2022/23 YTD = 21). The Trust reports all Deep Tissue Injuries and Unstageable Pressure Ulcers as Category 3. Following validation, all category 3 pressure ulcers reported in 2022/23 are deep tissue injuries or unstageable pressure ulcers, with no avoidable category 3 pressure ulcers being reported in 2022/23 to date.

There were 77 patient falls in January of which four resulted in moderate harm (2022/23 20 Falls with Harm).

The Patient Friends & Family Test - % that rate the Trust as 'Very Good or Good' (Trust overall) increased to 92.3% in January, from 87.3% in December. ED improved by 6.9% to 88.7% with Acute Inpatients increasing by 1.8% to 94.9%.
The % of complaints responded to within timescales has achieved 50% in January against the 80% target and is 51% year to date.

The Percentage of Patient Safety Incidents resulting in Moderate or above harm continues to be assured however January performance increased to 2.1% which was statistically significant enough to flag with negative variation.

Operational Performance

Overall Accident and Emergency performance for January 2023 was 75.9%. This compares favourably with peers, with an England average of 72.4%, Northwest 70.1% and Cheshire & Mersey 72.7% (NHS Trusts only).

Paediatric ED returned to more expected attendance levels following the seasonal surge in late November and December, seeing 39% fewer patients than December but 18.4% more than January 2022.

Operational Performance continued

37.2% of Ambulance Handovers occurred within 15mins, an increase from December (28.6%) against the 65% target. 66.7% of Ambulance Handovers were within 30mins, compared to 56.9% in December, against the 95% target. 64 Ambulance Handovers breached 60mins in January, a significant decrease on the 140 reported in December.

Performance against the 14-day GP referral to Outpatients was 91.3% in December 2022, (88.2% in November), this is against an average of 80.3% for England, 75.2% Northwest and 77% for Cheshire & Mersey.

The 62-day cancer standard deteriorated to 56.6% (72.2% in November). This is below the NHS Trust average for Cheshire & Mersey (66.9%), below England (61.8%) and Northwest (63.4%) (NHS Trusts only). This is against the highest activity recorded.

The Trust did not achieve the 96% target for the 31-day target in December 2022 with 87.9% performance in month (November 82.4%). The Trust is lower than the England average of 92.7%, Northwest 93.6% and Cheshire & Mersey 95.1%.

The average daily number of stranded patients in January 2023 increased to 233 (December 223).

The number of super-stranded patients was 103 in January, from 92 in December.

The Criteria to Reside metric is in excess of the 30 target, averaging 52 in January.

All these metrics were impacted by patient acuity, delays in care packages, availability of community beds and care home capacity.

The 18-week Referral to Treatment target (RTT) was not achieved in January 2023 with 62.5% compliance, (61% in December), against the 92% target. The Trust continues to perform well in comparison to peers, for example the average for NHS Trusts in England was 58%, Northwest 55.4% and Cheshire & Mersey 54.8%.

There were 168 52+ week waiters at the end of January, slightly fewer than the 176 reported in December, with 5 patients waiting longer than 78 weeks, the target is to achieve 0 by the end of March 2023. There remained no 104-week waiters. SOHT is the top performing acute trust across C&M for both 52 week and 78 week waits.

The Diagnostic target was not achieved in January 2023 with 27% patients waiting longer than 6 weeks, against a target of 1%. This compares to an NHS Trust average of England 31.3%, North-West 24% and Cheshire & Mersey 24.8% (December 2022 data).

Financial Performance

The Trust is reporting a £14.0m deficit at Month 10 in line with 2022/23 Plan

Continued escalation and operational pressures are currently being offset by allocations for elective restoration and executive contingency.

The Trust has assumed 100% ERF funding to M10 on the basis of full allocations paid to Trust with ICB advising no clawback for 2022/23.

The 2022/23 financial plan sets out a CIP requirement of 3.5% (£7.8m), plus a further £3.0m Stretch Target in Q4. The Trust is reporting full delivery of CIP including Q4 stretch target in 2022/23.

Forecast Outturn - The Trust is forecasting a £13.8m deficit versus a planned £14.2m deficit following the distribution of ICB Capital Charges support linked to CDC & TIF schemes. Since charges will not be incurred in-year this national funding has been distributed on the basis of an improved financial forecast to reduce the ICB financial gap.

Capital - Delivery of the capital programme (£27.3m) in 2022/23 remains on track.

All capital PDC has either been drawn down or is scheduled to be drawn by 6th March 2023.
Of significant note is the inclusion of £10m in relation to the ICB transaction capital support and the successful frontline digitisation bid of £2.224m. These have both been built into the plan and the forecast outturn.

Workforce

Personal Development Review compliance has decreased in January to 74.4% against the 85% target. Performance in December was 75.3%. The 90% stretch target for Mandatory Training was implemented from June 2022 and the indicator is behind the target at 90% for January, a marginal increase on the previous month (87.8%).

In month overall sickness has decreased by 0.7% in January and is 7%. The rolling 12-month figure is 6.9%. This is against sickness targets for 2022/23 of 6% (5% non-Covid, 1% Covid). Covid absences on average account of in the region of 11.32% of all absences daily.

The overall Trust vacancy rate continues to fail its assurance measure however has decreased significantly in January to 7.7%, from 9.1% in December, against the 7.4% target. In-month Staff turnover has increased to 1% in January from 0.8% in December (target 0.83%).

Southport and Ormskirk Hospital NHS Trust

Integrated Performance Report

Board Report

January 2023

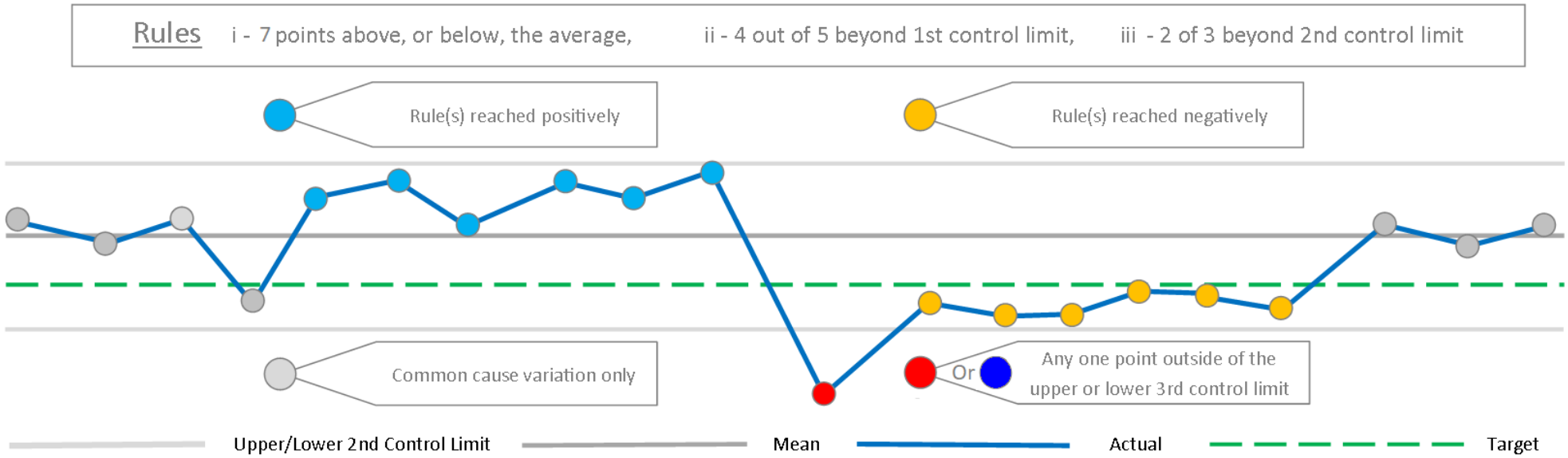
Guide to Statistical Process Control

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

	Improvement	VariationCommon	Concern
Consistently Passing			Percentage of Patient Safety Incidents - Moderate/Major/Death (related)
Inconsistent	E-Discharges within 24hrs I&E surplus or deficit/total revenue MRSA Safe Staffing TIA - High Risk Treated within 24Hrs - Medicine and Emergency Care	Cancelled Elective Operations (within 24 hours of operation) - % of Total Electives & Daycases in Month C-Diff E. Coli Falls - Moderate/Severe/Death Hospital Acquired Pressure Ulcers - Categories 3 & 4 Never Events No Criteria to Reside - Avg No of Patients Patient Falls - Trust Sickness Rate Staff Turnover	31 day treatment Capital Spend
Consistently Failing	14 day GP referral to Outpatients Diagnostic waits Friends and Family Test - Patients - % That Rate the service as Very Good or Good - Trust Overall Stroke - 90% Stay on Stroke Ward Trust Vacancy Rate – All Staff	28 Day Faster Diagnosis Standard 52 Week Waits 62 day GP referral to treatment Ambulance Handover Over 60 Mins Cash Balance Complaints - % closed within 40 working days Outpatient Letters to GP's within 7 Days Personal Development Review	% of Patients spending 12+ Hours in ED - Trust Accident & Emergency - 4 Hour compliance Ambulance Handovers - % within 15 Mins Ambulance Handovers - % within 30 Mins Mandatory Training Number of Patients spending 12+ Hours in ED - Trust Referral to treatment: on-going Sickness Rate (not related to Covid 19) - Trust Sickness Rate (Rolling 12 Month) Stranded Patients (>6 Days LOS) Super Stranded Patients (>20 Days LOS)

Quality

Harm Free

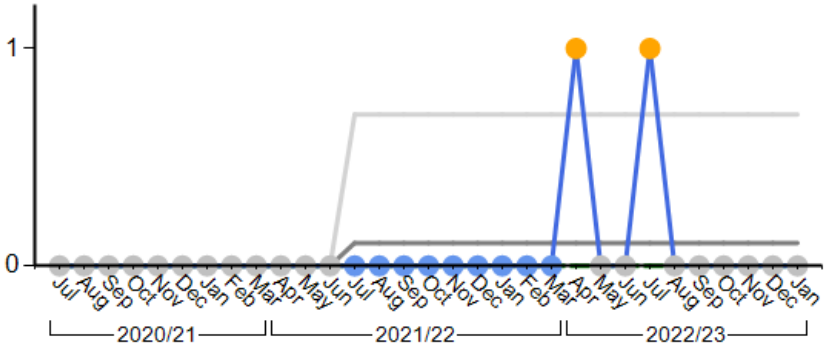
Safe Staffing/ CHPPD
Issues
- Safe staffing fill rate for January has shown an overall increase to RN average 99.5% : HCA average 90.94%. High acuity, sickness and increase in activity resulting in opening of multiple escalation areas, over the month has increased the bank and agency requests and subsequent costs.
- Care Hour per Patient Day has shown a very small increase to 8.5 for month.

Pressure Ulcers
Issues
- There was 1 category 2, and 2 category 3&4 pressure Ulcers in January. Both these are as expected and not statistically significant.
- All Hospital Acquired Category 3's reported in 2022/23 to date are Deep Tissue Injuries or Unstageable Pressure Ulcers. There have been no confirmed Hospital
- Acquired Category 3 Pressure Ulcers this financial year to date.
- Trend of HAPU cat 2 to sacrum – impacted by long waits on seats in AED, also noted on walkabout that the patients nursed in the corridor on a bed are unable to have an air mattress unless a plug socket is in the area where the bed is placed.
Management Actions
- Sustained reduction in HAPU's across all categories for December 2022 (1) and January 2023 (3). 6 suspected HAPU's reported for January and investigated by the TVN team. After investigation 2 of these were noted as external and present on admission and 1 was noted to be MASD and not a cat 2.
- 2 dates arranged for Pressure Ulcer prevention (PUP) training for December – low attendance from ward staff.
- Teaching session also for PUP on frailty study day in December.
- Continued identification of external pressure ulcers datixed in AED in a timely manner reducing the incidence of suspected HAPU's noted on transfer to inpatient wards.
- Medical team led by Dr N Khan – registered for pressure ulcer audit against NICE guidance starting in January 2023. TVN team as part of service improvement project with PMO & audit undertaking Waterlow audit to identify if risk assessment is accurate and filled in as per clinical policy on pressure ulcer prevention.

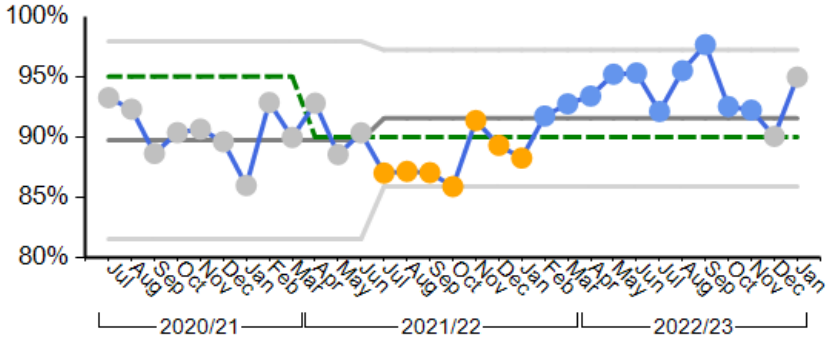
Patient Falls
Issues
- 77 falls reported in January, the same as December and the measure remains as expected with no significant variation in performance.
- 4 falls were classed as Moderate/ Severe/ Death which is an increase from 2 last month and the highest number in a month since January 2022.
- Reporting by bed days the number of falls per 1,000 bed days increased slightly from 0.2 to 0.3, however this remains not statistically significant.
Management Actions
- -Q3 review showed improved compliance with NICE CG161 and QS 86 'Patients to be identified as 'at risk of falls' using a multifactorial assessment' to 92% (target 95%)
- -New ELOC diary rolled out for patients with cognitive impairment with excellent feedback from staff to support best care for people with a cognitive impairment and documentation necessary to manage complex discharges for this patient cohort.
- -Consultant pharmacist has launched the process of medication reviews and has commenced teaching within the pharmacy department and is receiving a list of all falls each day to cascade and promote medication review
- -Trust Falls training is under review to incorporate the cardiovascular elements of the national package.
- -Simulation training being planned to review and improve the knowledge at a ward level of how to respond to a suspected/confirmed serious injury following a fall (including the use of a flojac). Clinical practice educators completing session (w/b 13/12/2023) on delivering the flojac training so this can be rolled out to more clinical staff at a faster pace.
- -Falls champions meetings commencing this month, to further open communication lines between Falls Lead and Ward Staff. Lessons learnt will be fed back through this meeting, as well as positive changes and QI initiatives.

		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
	Never Events	0	0	0	Jan 23		0	0	Dec 22	0	2	
	Safe Staffing	90%	95%	N/A	Jan 23		90%	90.1%	Dec 22	90%	93.9%	
	Hospital Acquired Pressure Ulcers - Categories 3 & 4	1	2	2	Jan 23		1	1	Dec 22	12	21	
	Patient Falls - Trust	63	77	77	Jan 23		63	77	Dec 22	756	691	
	Falls - Moderate/Severe/Death	1	4	4	Jan 23		1	2	Dec 22	17	20	
	Percentage of Patient Safety Incidents - Moderate/Major/Death (related)	2.1%	2.1%	16	Jan 23		2.1%	0.9%	Dec 22	2.1%	0.8%	

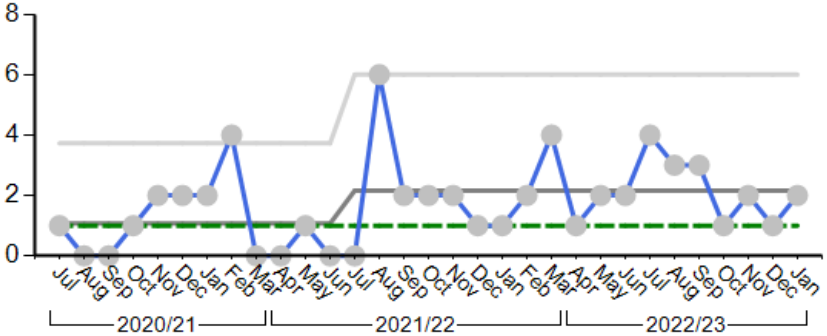
Never Events



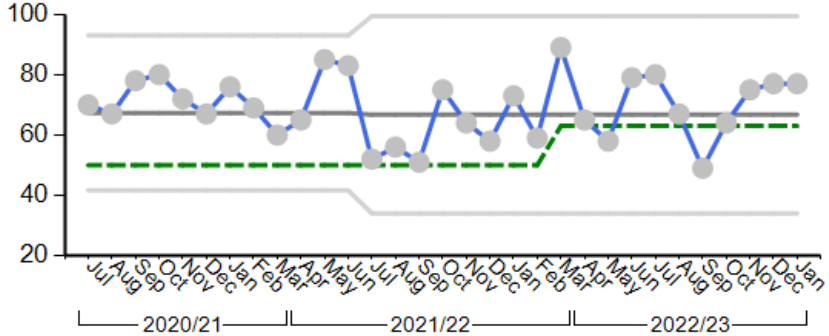
Safe Staffing



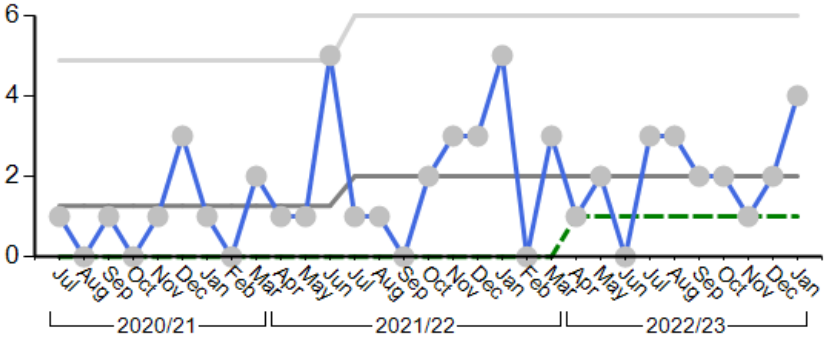
Hospital Acquired Pressure Ulcers - Categories 3 & 4



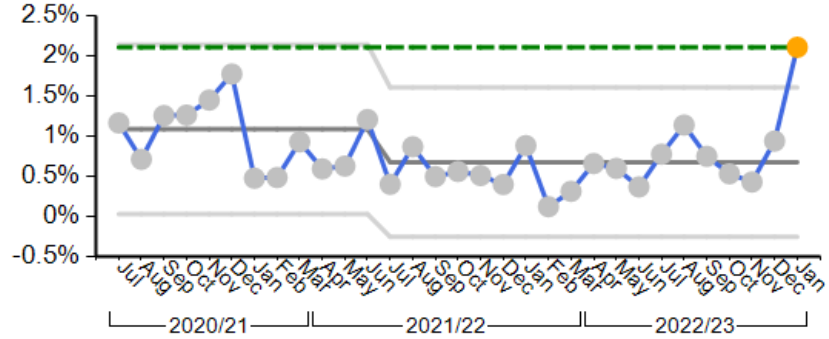
Patient Falls - Trust



Falls - Moderate/Severe/Death



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



Quality

Infection Prevention and Control

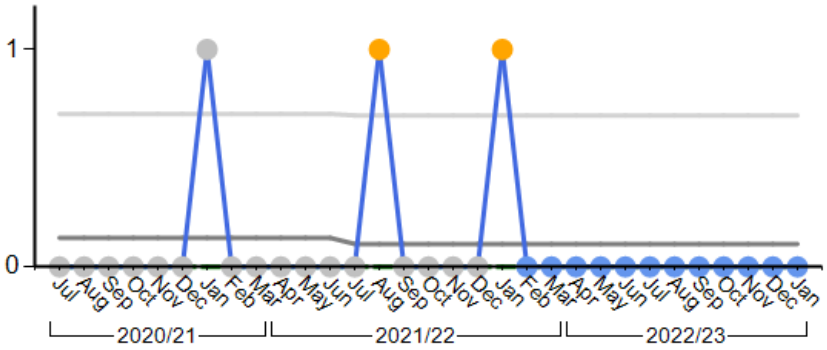
C. Diff
Issues
- Performance is statistically as expected with only natural variation.
- There were 3 Hospital acquired/associated cases of CDI to report in January 2023 attributed to 15A, 10A, 15B
- The Trust CDI trajectory for April 22 – March 23 = 49 cases. At the end of January 2023 our total was 44 cases
Management Action
- Each of the patients have been reviewed by the Microbiologist and the clinical team, with Antimicrobial pharmacist also supporting and providing teaching to medics.
- Patients identified with C.diff are isolated and treated for C Diff infection and vacated bed spaces and equipment are cleaned with chlorine dioxide infection.

E. Coli/ Klebsiella/ MSSA
Issues
- One E-Coli infection was recorded in January, this is within normal ranges for natural variation
Management Action
- The cases was reviewed by the Microbiologist and the patients doctor, and treatment was prescribed based on microbiological and diagnostic evidence.

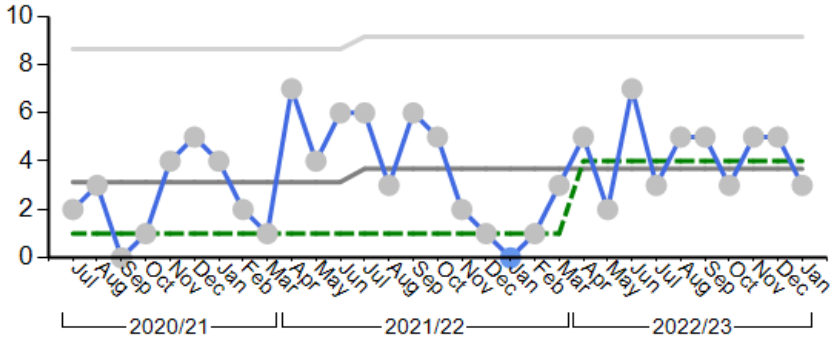
No MRSA or Pseudomonas cases were reported in January

		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
	MRSA	0	0	0	Jan 23		0	0	Dec 22	0	0	
	C-Diff	4	3	3	Jan 23		4	5	Dec 22	49	43	
	E. Coli	4	1	1	Jan 23		4	5	Dec 22	51	36	

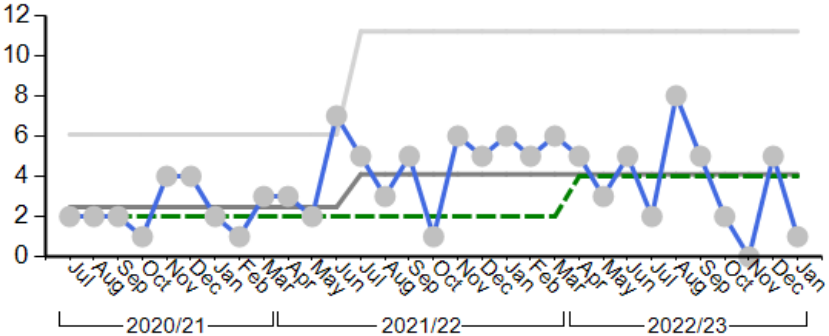
MRSA



C-Diff



E. Coli



Quality

Patient Experience

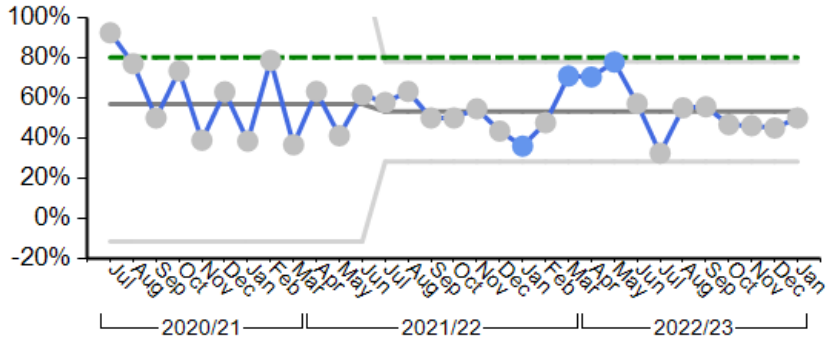
Complaints - % closed within 40 Working days
- See accompanying action plan

Friends & Family Test
Issues
- The overall indicator has improved significantly and at 92.3% is the best in month performance for a number of years.
- Acute patients has improved to 94.9% and, along with the response rate and overall score are all showing positive variation.
- Response rate is also assured with the measure consistently exceeding the 15% target.
- A&E performance overall is assured, but recent variation is still showing negatively despite an in-month improvement to 88.7%.
- Outpatients, Labour Ward and Post Natal ward are all showing improvements on last month.

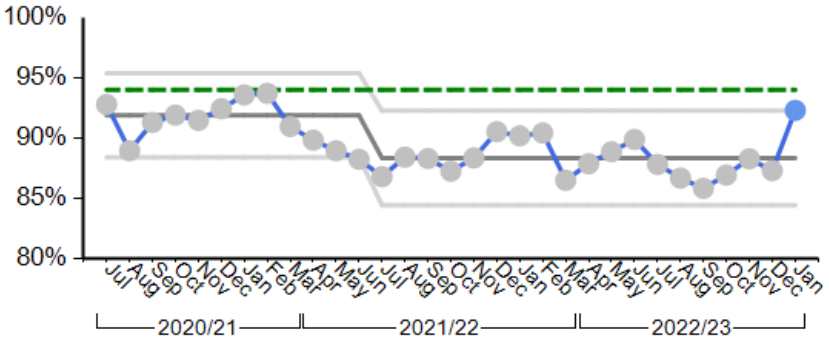
Management Action
- Monthly FFT summaries are shared with CBU's and are monitored through the Patient Experience and Community Engagement group where CBU updates and actions to improve FFT are provided.
- Inpatient areas continue to review comments to recognise any emerging themes or trends to inform a 'You said, we did' approach to improvement. FFT results are reviewed at ward/department level through a performance review process.
- Progress on the 2021 National Inpatient Survey action plan continues to be monitored via the Trust Patient Experience and Community Engagement group.

		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
!	Complaints - % closed within 40 working days	80%	50%	N/A	Jan 23		80%	45%	Dec 22	80%	51%	F
	Friends and Family Test - Patients - % That Rate the service as Very Good or Good - Trust Overall	94%	92.3%	N/A	Jan 23	H	94%	87.3%	Dec 22	94%	88.2%	F

Complaints - % closed within 40 working days



Friends and Family Test - Patients - % That Rate the service as Very Good or Good - Trust Overall

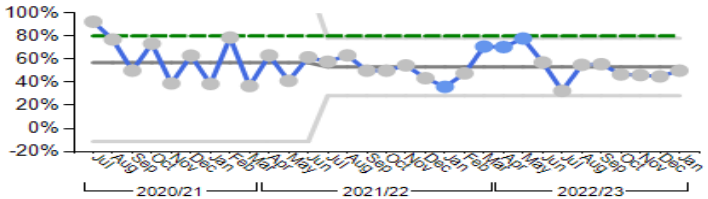


Complaints—% closed within 40 working days

Southport and Ormskirk Hospital NHS Trust

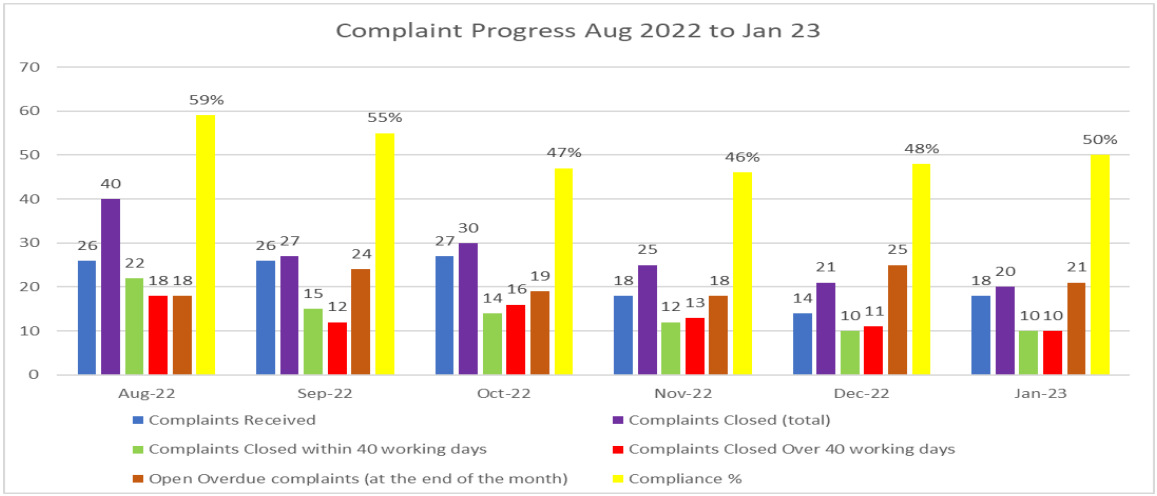
		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
!	Complaints - % closed within 40 working days	80%	50%	N/A	Jan 23		80%	45%	Dec 22	80%	51%	F

Complaints - % closed within 40 working days



Situation: This indicator has historically struggled to achieve the 80% target. Performance in December continues to be challenged.

	July 2022	Dec 2022
Overdue Complaints	32	25
Total Number of complaints closed	39	21
Overdue Complaints closed	26	11
Complaints closed within 40 working days	13	10
Average number of days to close	62 days	52 days
Compliance Percentage	33%	48%



Issues:

Backlog of overdue complaints.

Resource in CBU Governance Teams.

Delays with Quality Assurance processes.

Competing priorities of Clinicians to complete statements and responses.

Actions:

There has been one vacant post within Urgent Care for a patient safety manager for part of December and January however this post has now been filled and the business unit welcome their new team member at the beginning February. Urgent Care have a member of NHS P to support the division with their open/overdue complaints.

Planned care have also been in a similar position with a vacant patient safety manager post since November and vacant governance officer post since September. However, both posts have now been filled with the replacement safety manager(s) and governance officer are now in post. Positive progress has been made within planned care throughout January. Planned care are on target to meet their trajectory set by the DON to clear the backlog of overdue complaints whilst maintaining timely responses for all open and new complaints

Women & Children's complaint responses, have been impacted by Long term Consultant sickness, high levels of short term sickness and the unprecedented activity and acuity across Paediatrics. The plan is to continue to escalate and follow up weekly to ensure , the responses are collated within the timeframes going forward , with the support from the Governance team.

A Datix incident is reported for all complaints that breach the 40 working day timeframe so that an investigation can be carried out to identify any lessons learnt within the complaint investigation process. Lessons are identified by the completion and review of a chronology.

Mitigations: Although the trust is not reaching the 80% compliance target. Positive progress is still being made to reduce the number of overdue complaints and maintain timely responses for all new complaints. With the filled vacancies above it is anticipated that the trust will become compliant by March 2023.

The number of complaints being re-opened is showing an improving trend. In Jan—Mar 2022, an average of 3.7 complaints re—opened every month, in comparison, no complaints have been re-opened between Oct-Dec 2022.

Operations

Access

A&E

Issues

- All ED related metrics are failing in their assurance measure and showing special cause concern.
- Performance against the 4 hour target did see a significant improvement in January – up to 75.9%. This was against a reduction in attendances however.
- Trust performed better than the National average (72.4%), Northwest (70.1%) and C&M (72.7%). Southport was the highest performing non-specialist Trust in January, with only The Women's and Alder Hey scoring higher.
- 14.1% of patients spent longer than 12 hours in the department in January (945 patients). Although fewer patients than last month this is a higher percentage.
- Paediatric attendances returned to a more expected level in January after a significant surge in December, and were only 3% higher than the pre-Covid Jan 2020 baseline.

Management Action

- Full capacity trust meetings chaired by COO and relevant actions undertaken within Trust and system in line with escalation plan.
- Continuation of RATS (Rapid Assessment and Treatment model) to improve triage times and time to treatment, stability in clinical model from January due to change of shift patterns.
- 3 times daily huddles with flow and ED teams to maximise communication.
- Use of discharge lounge to expedite discharges.
- Development of clear clinical pathways for SDEC and CDU to maximise patient experience and avoid admission as clinical appropriate.
- Ensure patients are safe and receive quality of care in appropriate area as opposed

Ambulance Turnaround Times

Issues

- All metrics are failing their assurance measure but all showed improvement in January.
- % within 15 and 30 minutes are both showing special cause concern with those over 60 minutes remaining to be as expected.
- Arrivals by ambulance decreased by 102 compared to previous month, which is attributable to the NWAS strike action.
- Whilst performance against the 15 min handover standard demonstrated a 14% deterioration compared to 19/20, and an increased performance 8.6%. The new Rapid Assessment Triage (RATS) has contributed to this improvement. There are high numbers of patients awaiting admission who remain in ED until inpatient beds are available, CDU and ACU continues to be used as an escalation area which reduces capacity.
- Performance against the 30 min handover has seen a 9.8% improvement against previous month with deteriorated performance of 11.3% compared to 19/20 plan.
- Whilst a plan of 0 ambulance handovers above 60 minutes has been set, 7% of handovers in January were completed above 60 mins, which is an 6.8% improvement compared to last month.
- Southport's average Turnaround time (00:45) which was an improvement of 11 minutes compared to December. This was 7 minutes improvement than Cheshire and Merseyside average (0:52). Southport has the 3rd shortest time for average ambulance turnaround times out of 10 trusts in C&M.
- For handovers over 60 minutes though Southport was better than Warrington, Countess of Chester, Royal Liverpool and Aintree.
- For total time lost to handovers Southport was the third best in the region - at 136 hours and behind only both Cheshire Trusts. The longest delay at Southport was 5 hours - second best in the region with Chester with Aintree and STHK seeing the max recorded wait over 10 hours.

Management Action

- Use of NWAS checklist to assist with timely handover of patients from crews to the department where clinically appropriate .
- Standardised NWAS clinical criteria for SDEC Medical used by crews across LUFT, STHK and S&O to enable clinical consistency in patients appropriate for direct streaming
- ALO support to nursing staff to mitigate clinical risk.
- Use of additional ED Clinical Co-ordinator to ensure handover times adhered to by monitoring incoming ambulances, liaising with bed manager and undertaking early transfers from ED to wards.
- Senior clinician based in triage during periods of surge.
- Ensure appropriate patients are fit to sit to release cubicles and trolleys for those who clinically require them.
- Rapid Access Treatment pathways to release capacity from department.

Referral to Treatment

Issues
- RTT ongoing performance has improved slightly to 62.5% from 61% in December, this is still short of the 92% target and failing both assurance and variation measures.
- Patients waiting 52 weeks or more have improved marginally to 168 with 78 week waiters now down to less than 5.
- National RTT performance is 58% (Dec 22), regional 55.4% and C&M 54.8% so Southport is still out-performing the national and regional averages.
- Elective admitted activity is 1,849 which is 82% of plan and 90% of 19/20 activity.
- Elective non-admitted activity (Outpatients) is 13,828 which is 98% of plan and 93% of 19/20 activity. Outpatient 1sts delivered 99% of 19/20 activity.

Management Actions
- Clinical Haematology – As clinical pathways have permanently changed, request to adapt plan to meet new pathways has been submitted as part of 23/24 planning
- Gynaecology – Approval received for maternity leave cover – recruitment process has commenced. Interviews expected in March 23
- T&O – 2 x weekend lists per month to support routine elective activity will improve performance against plan

Diagnostics

Issues
- Diagnostic performance has dropped slightly in January to 27%, still failing assurance but recent trend is positive and expected to continue to improve.
- National performance is 31.3% (Dec 22), with regional 24% and C&M 24.8%.
- Clinical Haematology – As clinical pathways have permanently changed, request to adapt plan to meet new pathways has been submitted as part of 23/24 planning
- Gynaecology – Approval received for maternity leave cover – recruitment process has commenced. Interviews expected in March 23
- T&O – 2 x weekend lists per month to support routine elective activity will improve performance against plan

Management Actions
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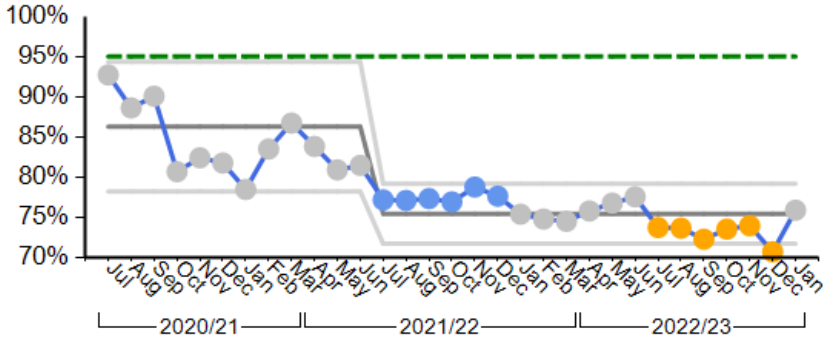
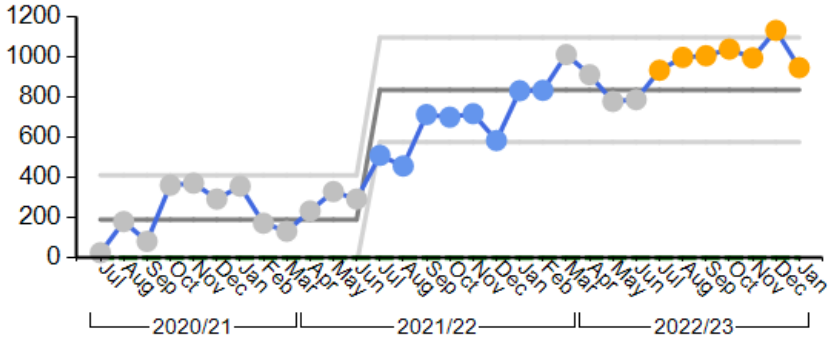
		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
!	Accident & Emergency - 4 Hour compliance	95%	75.9%	2317	Jan 23	L	95%	70.7%	Dec 22	95%	74.4%	F
	Number of Patients spending 12+ Hours in ED - Trust	0	945	N/A	Jan 23	H	0	1130	Dec 22	0	9510	F
	% of Patients spending 12+ Hours in ED - Trust	2%	14.1%	N/A	Jan 23	H	2%	13.1%	Dec 22	2%	12.6%	F
	Ambulance Handovers - % within 15 Mins	65%	37.2%	575	Jan 23	L	65%	28.6%	Dec 22	65%	38.9%	F
	Ambulance Handovers - % within 30 Mins	95%	66.7%	305	Jan 23	L	95%	56.9%	Dec 22		67%	F
	Ambulance Handover Over 60 Mins	0	64	64	Jan 23		0	140	Dec 22	0	789	F
	Diagnostic waits	1%	27%	1132	Jan 23	L	1%	25.5%	Dec 22	1%	37.3%	F
	Referral to treatment: on-going	92%	62.5%	6380	Jan 23	L	92%	61%	Dec 22	92%	69.2%	F
	52 Week Waits	20	168	168	Jan 23		20	176	Dec 22	0	242	F
	Cancelled Elective Operations (within 24 hours of operation) - % of Total Electives & Daycases in Month	1%	0.8%	18	Jan 23		1%	1.2%	Dec 22	1%	1%	?
	Stroke - 90% Stay on Stroke Ward	80%	86.7%	2	Nov 22	H	80%	63.2%	Oct 22	80%	54.4%	F
	TIA - High Risk Treated within 24Hrs - Medicine and Emergency Care	60%	62.5%	6	Nov 22	H	60%	66.7%	Oct 22	60%	76.6%	?
	Outpatient Letters to GP's within 7 Days	85%	76.2%	2509	Jan 23		85%	58.4%	Dec 22	85%	70.3%	F
	E-Discharges within 24hrs		53.3%	993	Jan 23	H	85%	82.7%	Dec 22		75%	?

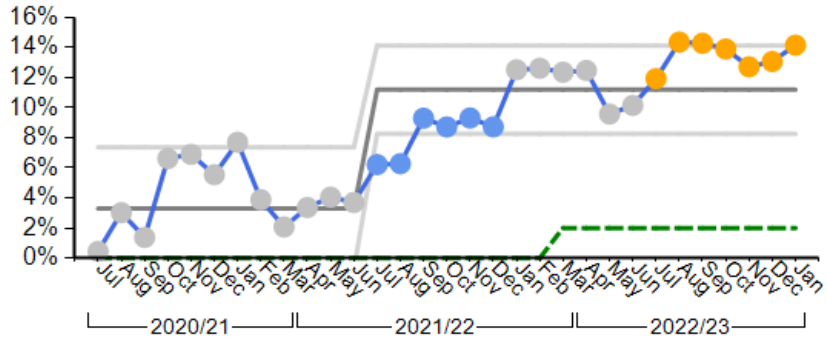
Accident & Emergency - 4 Hour compliance



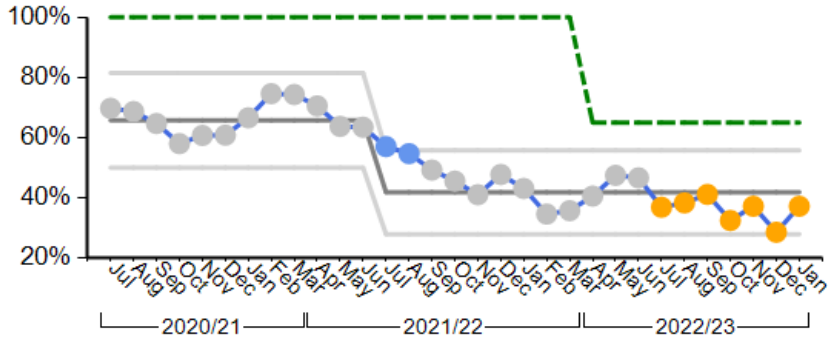
Number of Patients spending 12+ Hours in ED - Trust



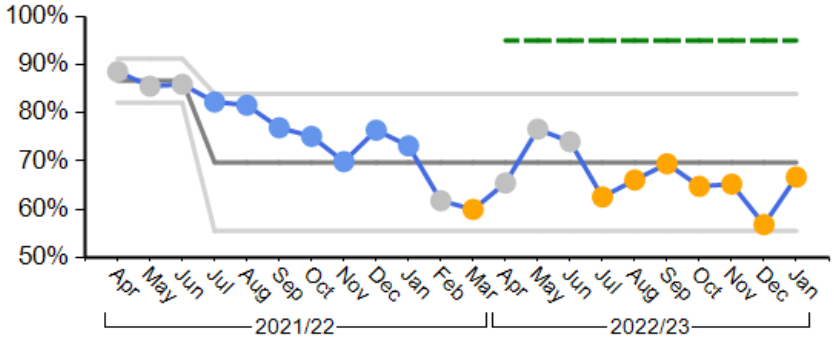
% of Patients spending 12+ Hours in ED - Trust



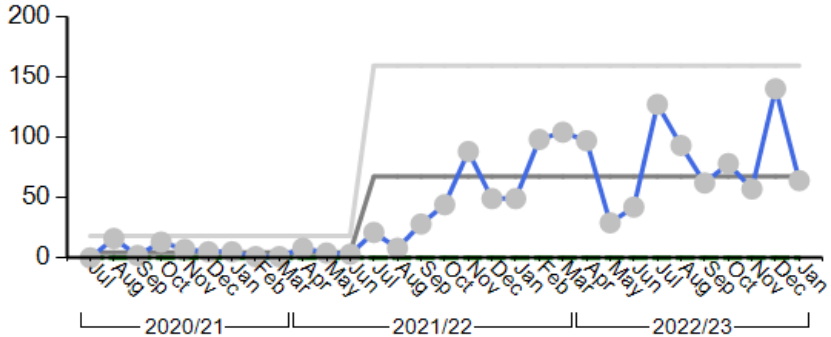
Ambulance Handovers - % within 15 Mins



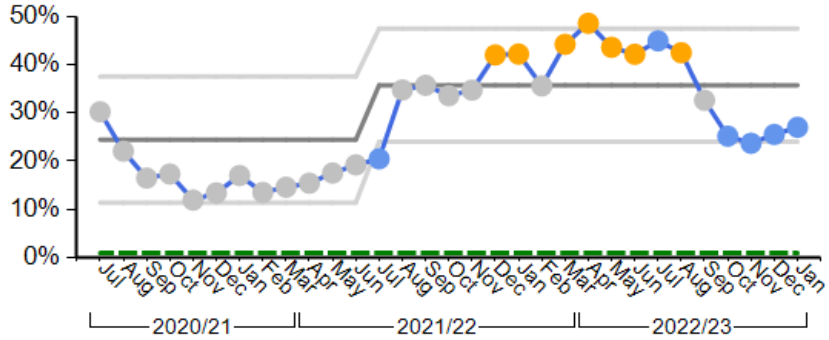
Ambulance Handovers - % within 30 Mins



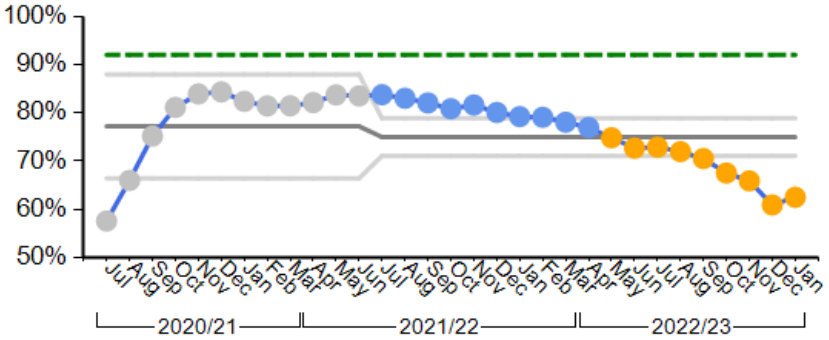
Ambulance Handover Over 60 Mins



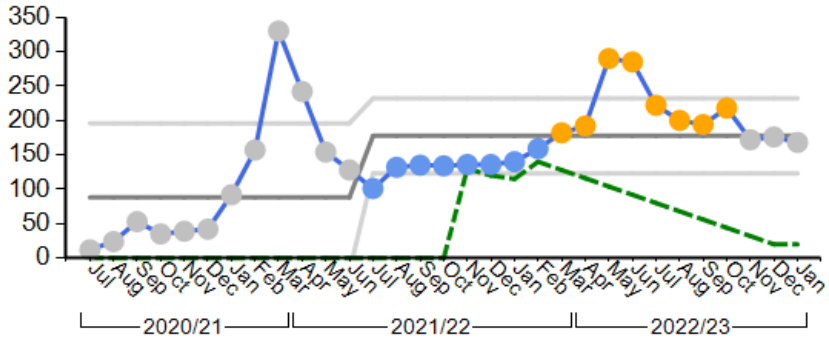
Diagnostic waits



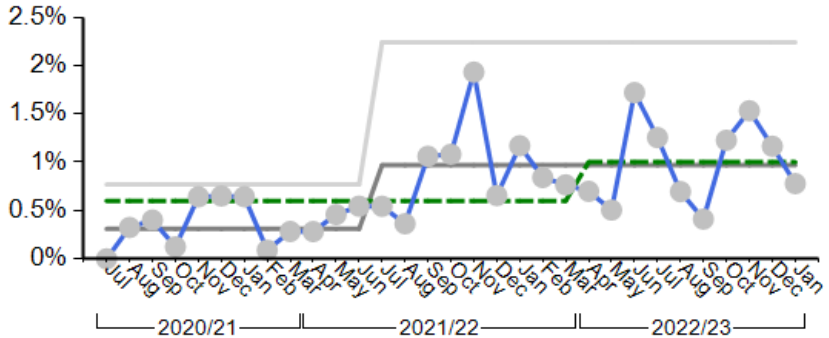
Referral to treatment: on-going



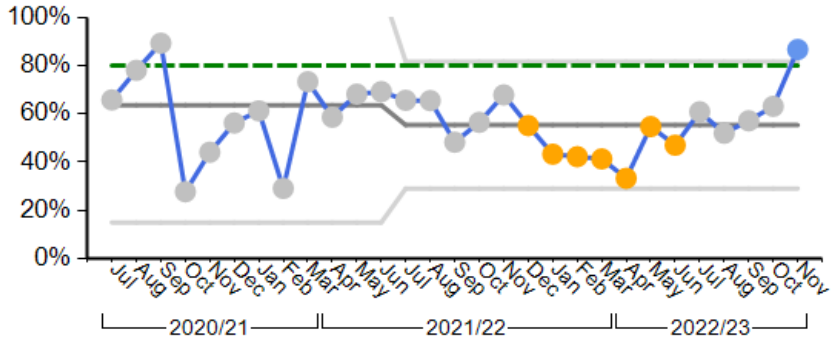
52 Week Waits



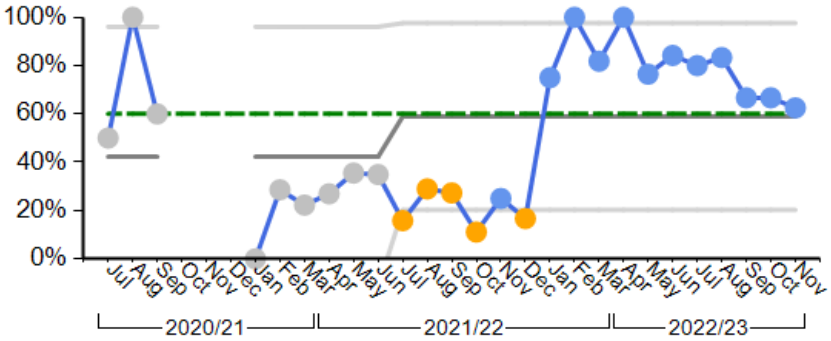
Cancelled Elective Operations (within 24 hours of operation) - % of Total Electives & Daycases in Month



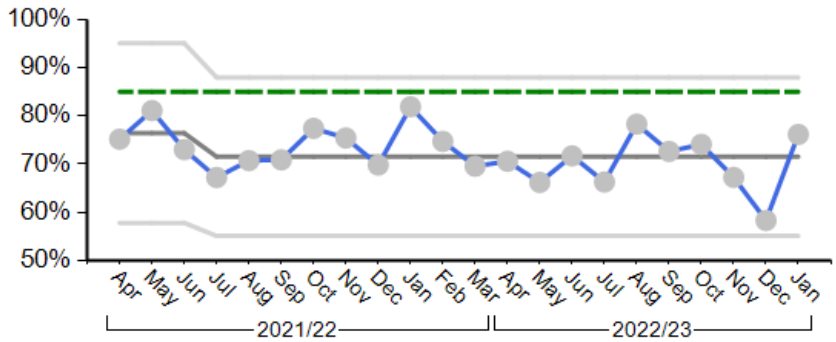
Stroke - 90% Stay on Stroke Ward



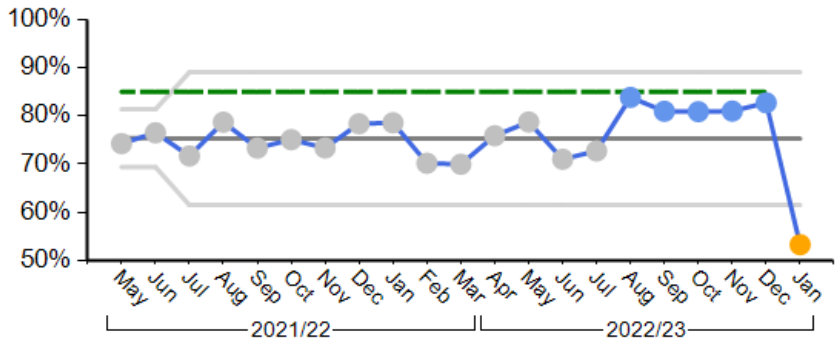
TIA - High Risk Treated within 24Hrs - Medicine and Emergency Care



Outpatient Letters to GP's within 7 Days



E-Discharges within 24hrs



Operations

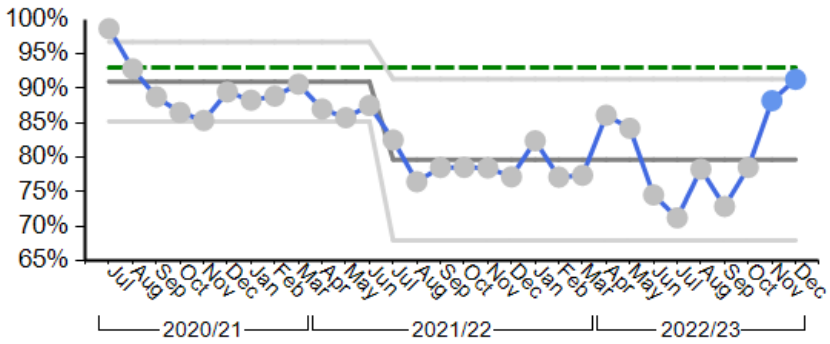
Cancer

Issues
- Cancer 14 day performance is now 91.3%, the highest monthly performance since Covid impacted. This is 1.7% short of meeting the 93% target.
- National performance is 80.3%, regional performance is 75.2% and C&M 77%.
- 31 Day treatment performance, despite an in month improvement to 87.9%, is still showing negative variation and assurance is intermittent.
- National performance is 92.7%, regional performance is 93.6% and C&M 95.1%.
- 62 day standard performance is 56.6%, a decline from Novembers position at 72.2%, overall assurance is failing but variation is as expected and not significant.
- National performance is 61.8%, regional performance is 63.4% and C&M 66.9%

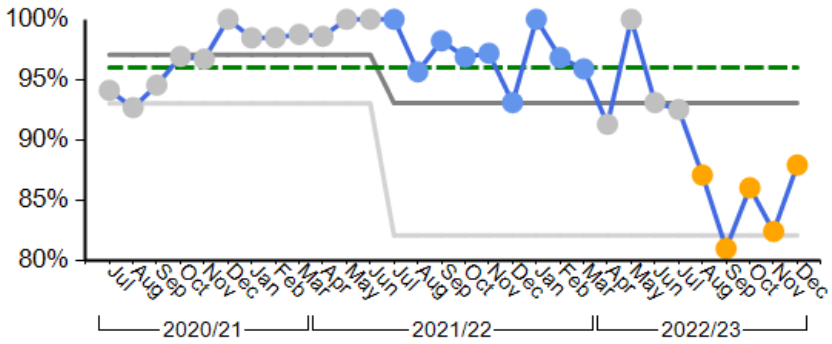
Management Actions
- Weekly PTL reporting with COO oversight. The backlog continues to decrease below the planned trajectory.
- Fortnightly steering group to escalate High Risk FIT issues and update on wait times.
- Cellular Pathology Manager attends the cancer performance meeting on a weekly basis to provide latest turnaround times, currently 14 days for escalation. STHK have doubled the number of trainees and are currently recruiting those who are due to qualify early 2023.
- Improvement plan submitted for Radiology. Significant improvements have been made with CT. Mobile scanner due onsite 17.01.23 should help with flexibility in capacity of CT's.
- Processes to be implemented in Radiology to support BPTP.

		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
	14 day GP referral to Outpatients	93%	91.3%	90	Dec 22		93%	88.2%	Nov 22	93%	80.3%	
	31 day treatment	96%	87.9%	7	Dec 22		96%	82.4%	Nov 22	96%	88.9%	
	62 day GP referral to treatment	85%	56.6%	33	Dec 22		85%	72.2%	Nov 22	85%	62.2%	
	28 Day Faster Diagnosis Standard	75%	67.4%	291	Dec 22		75%	69%	Nov 22		65.2%	

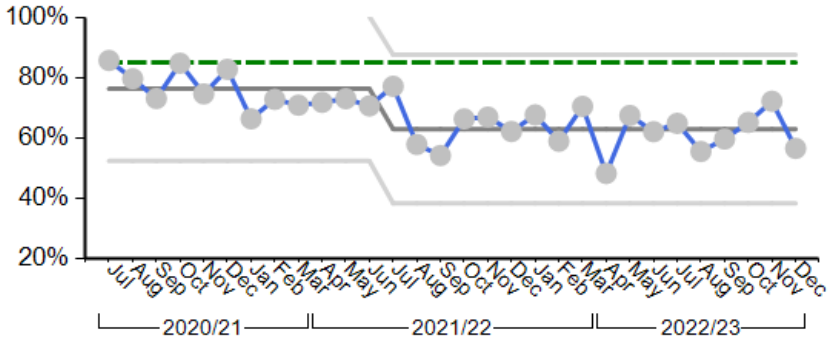
14 day GP referral to Outpatients



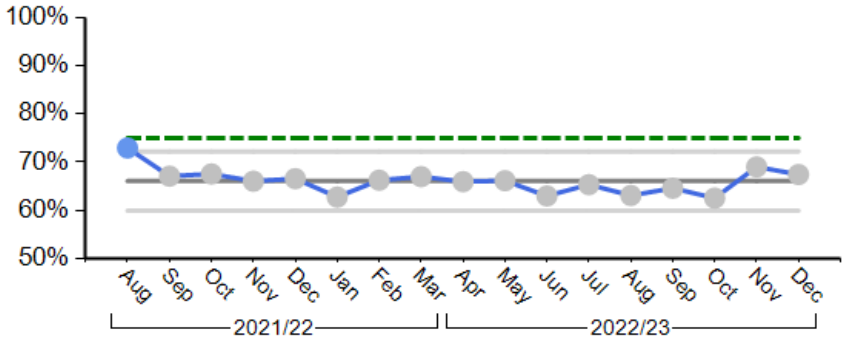
31 day treatment



62 day GP referral to treatment



28 Day Faster Diagnosis Standard



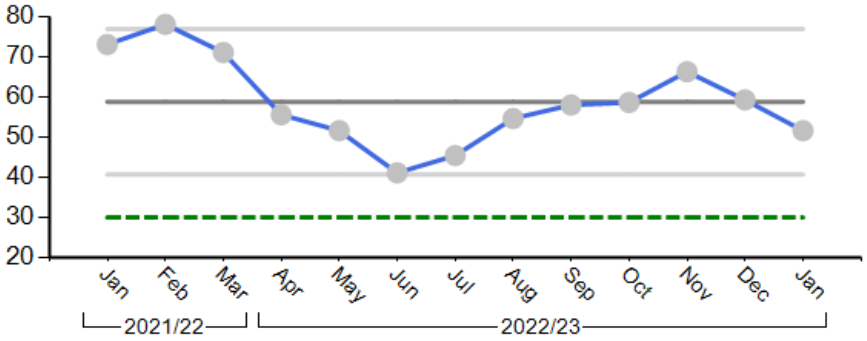
Operations

Productivity

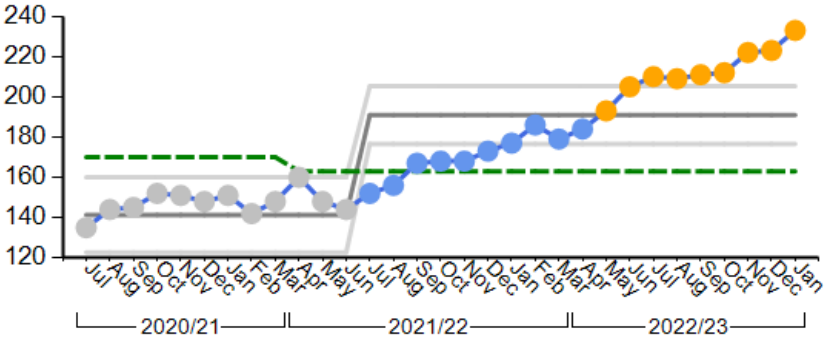
Stranded/ Super Stranded/ CTR
Issues
- Both long stay metrics are failing assurance and showing special cause concern with recent negative variation.
- Stranded patients has increased to 233 (+4.5%) and Super stranded to 103 (+12%)
- The increase in long stay patients can be attributed to patients requiring to availability of packages of care, acuity or patient need in residential and care homes.
Management Actions
- There is focus on improvement of patients discharged at 5pm to ensure meet trajectory. There is an improvement of 2.7% compared to previous month and 7.4% variance to plan following a successful discharge improvement and continuing the ethos and principle for the campaign for home is best.
- RFD numbers continue to increase at around 60 per day which is the equivalate to two wards, which can be attributed to acutely unwell patients; with significant delays in for care packages; community teams report high acuity and pressure to support the numbers of fast track patients at home; community beds exceeding 100% bed occupancy. 11a ward came into shadow form during mid January which is a new model of rehabilitation and nursing care was partially commenced to move medically optimised patients who are ready for discharge to avoid de-conditioning to an acute ward, to improve patient outcomes and reduce level of ongoing support when leaving hospital.

		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
	No Criteria to Reside - Avg No of Patients	30	52	51.58	Jan 23		30	59	Dec 22			
	Stranded Patients (>6 Days LOS)	163	233	233	Jan 23		163	223	Dec 22	163	2102	
	Super Stranded Patients (>20 Days LOS)	53	103	103	Jan 23		53	92	Dec 22	53	827	

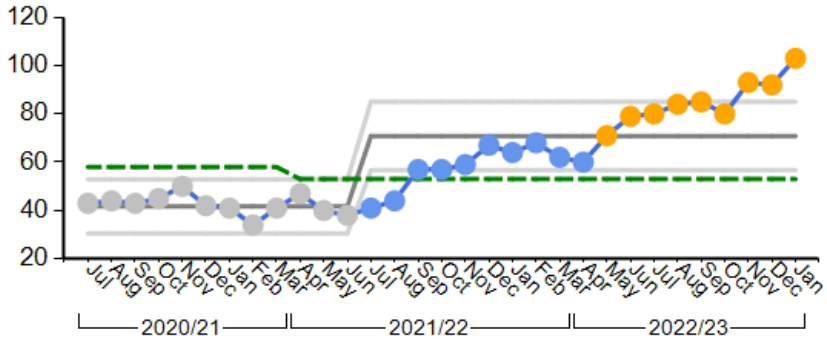
No Criteria to Reside - Avg No of Patients



Stranded Patients (>6 Days LOS)



Super Stranded Patients (>20 Days LOS)



Workforce

Organisational Development

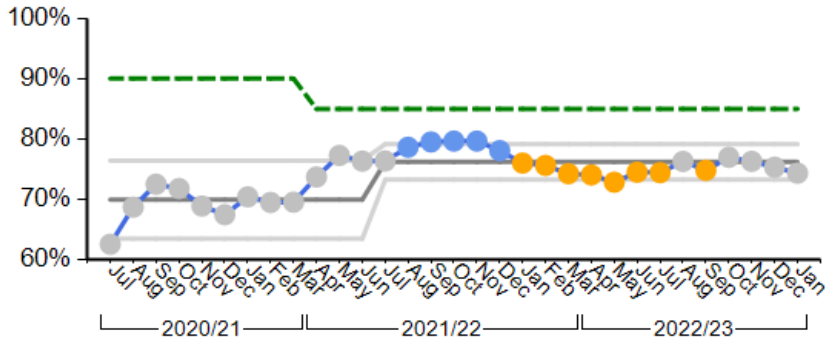
Personal Development Reviews
- See accompanying action plan

Mandatory/ Essential Skills Training
- Mandatory training compliance has improved from 87.8% last month to 88.4% this month against the 90% target. Overall is still showing failing assurance though and the recent improvement is not significant enough to remedy the special cause concern showing for its recent variation.
- Essential skills training has also improved slightly to 80.2% against an 85% target, and although assurance is still failing current performance is showing an improvement.

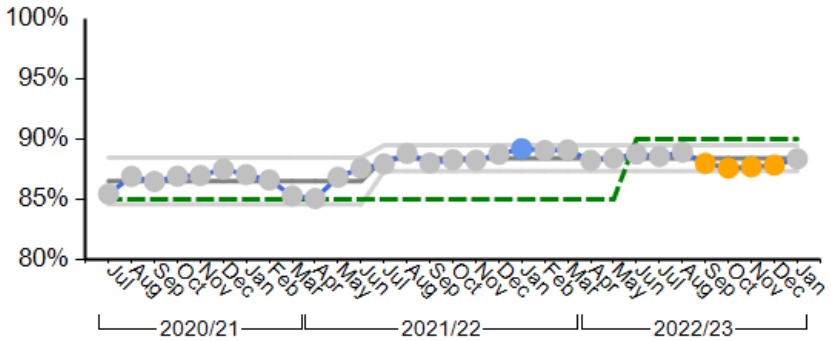
Management Action
- The 90% stretch target for core mandatory training was implemented in June 2022 which has resulted in compliance failing the Trust's assurance measure. Performance has increased slightly in month and remains 1.6% behind the stretch target at 88.4%Essential Skills training increased slightly in January and is 80.2% against the 85% target, up 0.43% on last month.
- There are no known training issues either with access to ESR or the availability of face-to-face courses. Releasing staff continues to remain an issue for departments as areas compete with sickness absence and annual leave. Moving & Handling training will resume as face to face only from 1st April onwards. Medical staff consistently remain below target for essential skills training at a median of 61% over the last quarter (Q3) reported to Executive Committee.

		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
!	Personal Development Review	85%	74.4%	N/A	Jan 23		85%	75.3%	Dec 22	85%	75%	F
	Mandatory Training	90%	88.4%	N/A	Jan 23	L	90%	87.8%	Dec 22	90%	88.2%	F

Personal Development Review



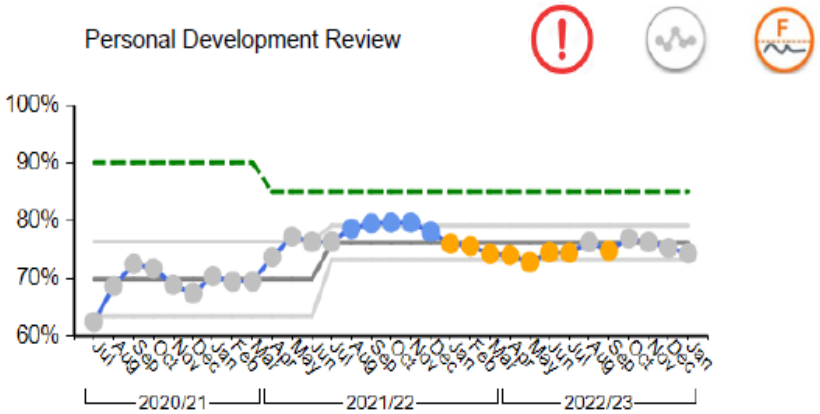
Mandatory Training



Non Medical Appraisal/Personal Development Reviews

Southport and Ormskirk Hospital NHS Trust

		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
!	Personal Development Review	85%	74.4%	N/A	Jan 23		85%	75.3%	Dec 22	85%	75%	F



Background: The annual appraisal/PDR is an AfC requirement for all non medical staff at the Trust and from April 2021 will be linked to pay progression. The Trust has an 85% compliance target and they form part of the Trust's performance framework and are monitored at PIDA. Appraisals are an indicator of overall staff engagement and form a crucial activity in the management of human resources.

Situation:

PDR compliance down by 1.00% overall with only Medicine and Emergency Care seeing an increase in month, but all areas in the Trust are below target. The biggest drop in compliance sat in Specialist Services with a drop of 1.97% in January. However, of greatest concern are Corporate Teams overall who have a compliance totalling only 53.87% - a substantial level of 31.13% off target.

Issues: Poor definition of the purpose of appraisals at the Trust

Poor management appraisal skills

Poor documentation and process

Lack of consistent recording impacting on the quality of data

Actions:

Whilst targeted intervention has taken place for those staff with no PDR in last three years, we have seen a repeat of drop off in compliance for Corporate teams. A focus by the HRD last year saw an immediate increase in compliance but this has not been sustained into 2022 from 2021. The HRD has written to all corporate managers highlighting non compliance and actions expected to rectify this. All Corporate managers will be advised separately of their compliance rates with an expectation by the end of March 2023 that these levels will increase.

PDR compliance raised at CBU monthly SLTs, Governance and budget meetings

How to guides have been provided to managers in respect of recording of completed activity

Escalation to SOLT has brought about no discernible sustained improvements

Trust will be working with STHK for an electronic version of PDRs once the Trust completes the TUPE transfer processes

Mitigations:

A further reduction in compliance in January of 1.00% which remains a disappointing situation as this is now the third consecutive reduction in compliance.

Managers have reported the inability to further increase compliance rates due to the lack of staff to safely staff the wards and other clinical areas, the absence rate within the Trust due to burn out following the regular covid rises in this time and the lack of time as they, themselves, find themselves having to work in the safer staffing numbers so that patient care has not been affected.

Workforce

Sickness, Vacancy and Turnover

Sickness
Issues
- In month sickness rate has improved from 7.7% down to 7% and remains statistically as-expected.
- 12 month rolling sickness has improved from 7.1% to 6.9% but is still significantly above plan and showing special cause concern in variation for recent performance.
- Whilst Nursing and Medical staff sickness have both improved in January, HCA sickness has increased to 11.4%.
- Only Medical staff sickness is consistently passing the target, with Nursing and HCA sickness rates both consistently failing the target.
- Sickness not related to Covid, despite a slight improvement down to 6.3%, is still showing special cause concern.

Management Action
- Sickness in month has dropped by 0.7% in January. Seasonal infectious diseases continue to make up the majority of the increase with coughs / cold / flu, covid and gastrointestinal absences being very prevalent amongst many staff groups. The rate is currently tracking at 1.0% above target.
- Sickness rates have fallen in all CBUs across the Trust with the biggest reduction of 1.78% being seen in Capital and Estates. Nursing absence has decreased but after a drop in December the absence rate for HCAs rose significantly again in January by 1.8%.
- Focus by operational managers and HR remains on closing long term absence as well as repeated short-term absence in teams.

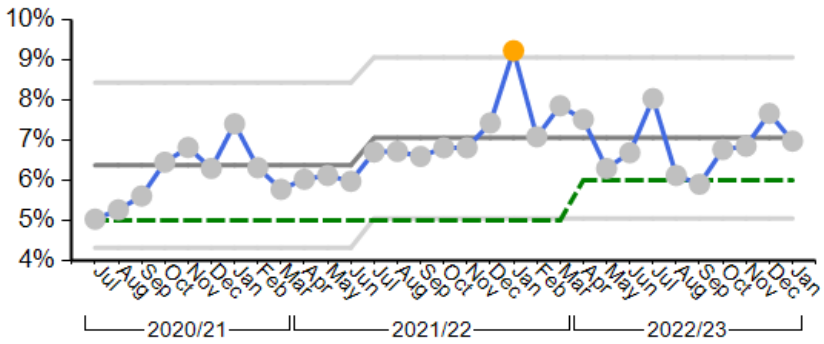
Vacancies
Issues
- Trust overall vacancy rate is failing its assurance target however is showing positive variation in month with a significant improvement to 7.7% against a target of 7.4%.
- This improvement is being driven by Medical vacancies (down to 2.7%) and Nursing vacancy rate (down to 8%) with both now showing positive variation in recent trend.
- Only the vacancy rate for AHP/ therapies staff has increased in month up to 6.6%, however based on recent trend this is also still showing positive variation.

Management Action
- Overall Trust vacancy rate is at its lowest for at least 2 years. This is a combination of the work to reduce HCA vacancies, the international recruitment campaigns for nurses and more recently for AHPs and Radiographers and the concerted efforts to reduce medical vacancies.
- Nursing vacancy rate has seen significant improvement and we now just have 8 of our international nurses yet to receive their PIN. Once they receive their Pin and with the students due to qualify in March this will further reduce the nursing vacancies. We have also had a further 9 HCAs start in month, and there are a further 4 that have completed checks and we are confirming start dates for. We also have a further 2 open days arranged, which when added to those under offer will further improve our nurse staffing levels.
- We have seen a slight increase in AHP vacancies, however we have 16 posts under offer and recruitment is progressing well.

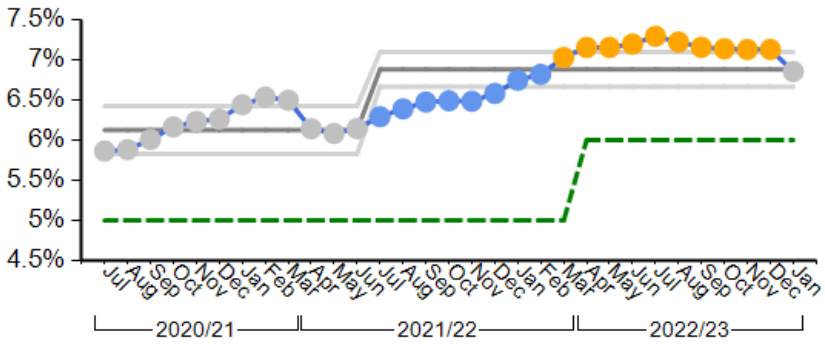
Staff Turnover
- Turnover is remaining fairly static, and improvements in staffing levels will support future reductions in turnover.

		Latest					Previous			Year to Date		
Alert	Indicator	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
	Sickness Rate	6%	7%	N/A	Jan 23		6%	7.7%	Dec 22	6%	6.9%	?
	Sickness Rate (Rolling 12 Month)	6%	6.9%	N/A	Jan 23	H	6%	7.1%	Dec 22	6%	7.1%	F
	Sickness Rate (not related to Covid 19) - Trust	5%	6.3%	N/A	Jan 23	H	5%	6.8%	Dec 22	5%	5.6%	F
	Trust Vacancy Rate – All Staff	7.4%	7.7%	N/A	Jan 23	L	7.4%	9.1%	Dec 22	7.4%	9.5%	F
	Staff Turnover	0.83%	1%	N/A	Jan 23		0.8%	0.8%	Dec 22	9%	6.8%	?

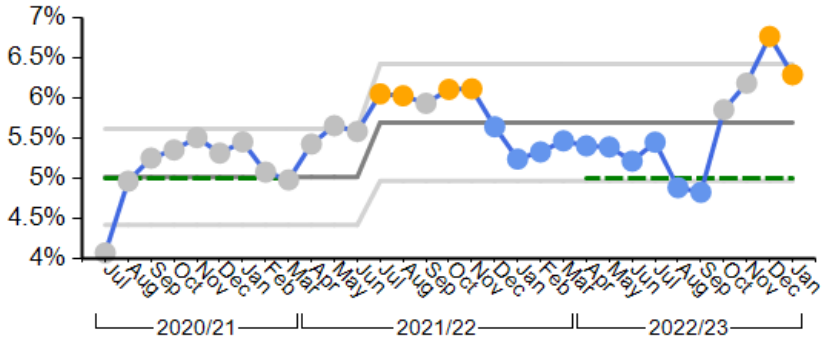
Sickness Rate



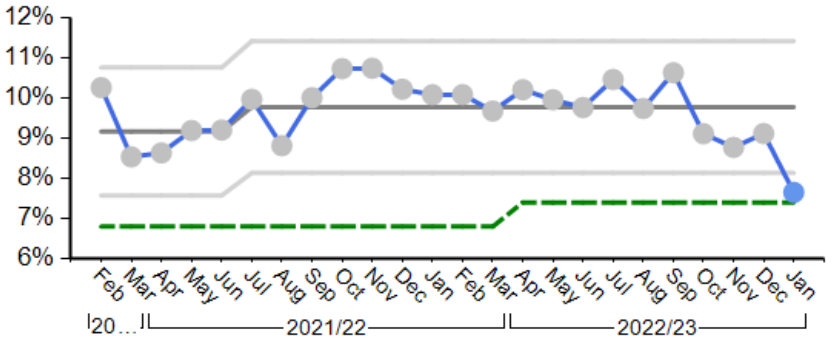
Sickness Rate (Rolling 12 Month)



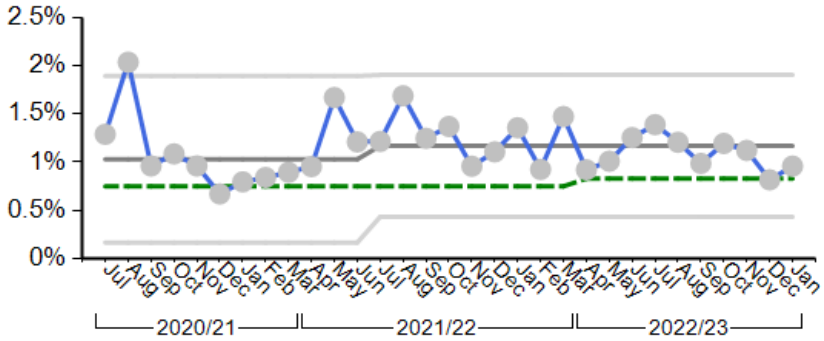
Sickness Rate (not related to Covid 19) - Trust



Trust Vacancy Rate – All Staff



Staff Turnover



Finance

Finance

The Trust is reporting a £14.0m deficit at Month 10 in line with 2022/23 Plan
Continued escalation and operational pressures are currently being offset by allocations for elective restoration and executive contingency
The Trust has assumed 100% ERF funding to M10 on the basis of full allocations paid to Trust with ICB advising no clawback for 2022/23
The 2022/23 financial plan sets out a CIP requirement of 3.5% (£7.8m), plus a further £3.0m Stretch Target in Q4. The Trust is reporting full delivery of CIP including Q4 stretch target in 2022/23.

Forecast Outturn
The Trust is forecasting a £13.8m deficit versus a planned £14.2m deficit following the distribution of ICB Capital Charges support linked to CDC & TIF schemes. Since charges will not be incurred in-year this national funding has been distributed on the basis of an improved financial forecast to reduce the ICB financial gap.

Capital
Deliver of the capital programme (£27.3m) in 2022/23 remains on track.
All capital PDC has either been drawn down or is scheduled to be drawn by 6th March 2023.
Of significant note is the inclusion of £10m in relation to the ICB transaction capital support and the successful frontline digitisation bid of £2.224m. These have both been built into the plan and the forecast outturn.

	Latest				Forecast			Year to Date		
Indicator	**Plan**	**Actual**	**Period**	**Variation**				**Plan**	**Actual**	**Assurance**
I&E surplus or deficit/total revenue	0%	1.2%	Jan 23					0%	-2%	
Capital Spend	£1,700K	£6100K	Jan 23					£8,800K	£17,300K	
Cash Balance	-£500K	£9900K	Jan 23						£84,900K	

ALERT | ADVISE | ASSURE (AAA)
HIGHLIGHT REPORT

COMMITTEE/GROUP:	**QUALITY & SAFETY COMMITTEE (QSC)**
MEETING DATE:	**20th February 2023**
LEAD:	**Gill Brown**

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- Radiology Incidents: A number of potentially serious incidents have been reported within radiology. A task and finish group has been established which will report to the executive committee. Immediate actions include a review of reporting processes.

ADVISE

No **Alerts** raised at previous meetings.

TVN presentation

- The TVN Lead Nurse gave an informative presentation regarding:
  - Guidance for reporting skin damage and the Trusts process for this
  - Education and training undertaken to support identification, prevention, and management of skin damage
  - Planned changes to our assessment tool to align to STHK

Operational Performance

- Urgent and Emergency Care:
  - Attendances for January 2023 were below plan by 11.5% with an increase of 5.2% in 4hr standard to maintain >70%. The Trust continues to remain in the top quartile nationally for ED performance and is working to achieve the revised 76% target.
  - 12.1% of patients spent longer than 12 hours in the department (185 less than December)
  - Paeds attendances in January 2023 were 3.3% more than January 2020 and 18.4% more than January 2022 but 39% lower than December 2022 following the surge in respiratory presentations.

- Elective Recovery:
  - Overall ERF activity is 97% of plan and 94% of 19/20 activity. Cheshire and Merseyside (C&M) at 91.8%.
  - Elective admitted activity is 82% of plan and 90% of 19/20 activity.
  - Elective non-admitted activity (Outpatients) is 98% of plan and 93% of 19/20 activity.
  - Improvements seen in radiology CT diagnostics due to increased capacity with second scanner. Urgent appointments offered within 24hrs and routine within one week.

- Silver Industrial Action Group continues to prepare for ongoing strikes. There was some cancellation and re-scheduling of activity from physiotherapy industrial action on 26 January.

Integrated Performance Report

- Improvements noted in friends and family results
- Further collaboration with STHK to review the use of bed rails in patients at risk of falls

Patient Safety Report

- See Alert above.
- Continued progress in positive reporting culture and management of actions

Maternity Report

- Comprehensive report covering the following areas:

- Ockenden
- Maternity Self-Assessment Tool.
- CQC Survey
- CNST.
- Midwifery Continuity of Carer.
- Quality & Safety. Alert included regarding concerns regarding staff exposure to Nitrous Oxide, risk assessment undertaken with required actions and escalated to corporate Risk Register
- Perinatal Mortality Quarterly Report.
- Maternity and Neonatal Improvements.
- Workforce.

Elimination of Mixed Sex Accommodation Declaration

- Issues noted within critical care and current actions in place to support and mitigate.
- Report approved for submission

Learning from deaths (Q3

- Of the 16 SJRs completed in Q3 all were considered definitely not avoidable. seven rated care excellent and four good. None were rated poor. One highlighted a healthcare concern relating to the length of stay in the Emergency Department. Themes for learning identified from good practice and areas for improvement:
  - Delayed Transfer of care
  - Delayed Treatments
  - Senior decision making and early diagnostics
  - Use of Treatment pathways
  - Documentation/transfer/handover
  - Initial response to deterioration

Clinical Effectiveness Committee

- Fragility of the Pharmacy robots impacting on flow, risk escalated, and business case partially funded for 23/24.
- Paediatric dietetics remain at risk, improved with support from STHK, funding from LSCICS remains unclear.
- Temperature monitoring of drug storage areas has highlighted lack of temperature control due to poor ventilation and lack of air conditioning – escalated to corporate risk register and estates review planned

Patient Experience & Community Engagement Group.

- Noted positive feedback regarding second CT scanner, ophthalmology service and patient story regarding discharge lounge.

Southport & Ormskirk Clinical Assessment and Accreditation Scheme (SOCAAS) and review of ward dashboard

- MIAA undertook an independent review of the effectiveness of the SOCAAS framework, the validity of the reported results and the effectiveness of learning. The overall outcome was that of 'substantial assurance'.
- Improvements continue across the Trust with 10 wards/departments having been presented with a gold award, seven silver awards and three bronze awards. Specific improvement work continues which links into the quality priorities, sustained improvements that are embedded in to practice are still not fully evident e.g., Initial MUST Assessments on Time and demonstrated by fluctuating performance metrics
- The Ward Dashboard is discussed at CBU Governance meetings and any areas of underperformance and plans for improvement are to be discussed at CBU and ward / clinical areas performance meetings.

ASSURE

<table>
<tr><td colspan="2">

- AAA reports received from:
  - Clinical Effectiveness Committee
  - Patient Experience & Community Engagement Group.

</td></tr>
<tr><td>New Risk identified at the meeting</td><td>No new risks were identified at the meeting.</td></tr>
<tr><td colspan="2">Review of the Risk Register: N/A</td></tr>
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Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**STRATEGY AND OPERATIONS (S&O) COMMITTEE**	**Date**	**01 March 2023**
Agenda Item	**SO035/22**	**FOI Exempt**	**NO**
Report Title	**BI-ANNUAL SAFE STAFFING REPORT**		
Executive Lead	Lynne Barnes, Director of Nursing, Midwifery and Therapies		
Lead Officer	Carol Fowler, Deputy Director of Nursing, Midwifery and Therapies Elaine Deeming, Assistant Director of Nursing, Workforce		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

To provide an update of the nursing, midwifery and therapies staffing and six-monthly establishment reviews undertaken in November/December 2022 (data collection July 2022 to December 2022 inclusive). This report follows the previous staffing report presented in September 2022 (Dec 2021-June 2022 data inclusive)

Executive Summary

- Six monthly nursing, midwifery, and therapies safe staffing report.
- Fill rate for nursing and midwifery remains consistently >90%.
- Care Hours per Patient Day (CHpPD) remains consistently above national target (7).
- December 2022 welcomed the last arrivals from the regional overseas Registered Nurse (RN) recruitment collaborative. The band 5 RN vacancy rate has decreased throughout this recruitment period from 147.76 wte vacancies to 20.64 wte vacancies as of the end of December 2022.
- Health Care Assistant (HCA) vacancy rates have continued to be a challenge. Current HCA vacancy rate 94.8 wte with offers of employment in the recruitment process and a trajectory to recruit to all vacancies by end March 2023.
- Bi-annual staffing establishment reviews completed.
- Theatre staffing on both hospital sites and the SIU requires a comprehensive establishment review.
- Due to increased activity in Children's ED, it is proposed that establishment should be increased but this will result in a reduction in bank/agency spend.
- An improved vacancy position within the therapy's directorate with progressed implementation of the Allied Health Professional (AHP) workforce recruitment and retention action plan, led by the newly appointed AHP workforce lead

Recommendations

The Strategy and Operations Committee is asked to receive the Bi-Annual Safe Staffing Report and to note the performance against maintaining minimum safe staffing levels and plans in place to address in challenges

Previously Considered By:

☐ **Strategy and Operations Committee**	☐ **Executive Committee**
☐ **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:**
Elaine Deeming, Assistant Director of Nursing, Workforce	Lynne Barnes, Director of Nursing, Midwifery and Therapies

Purpose

To report an update of the nursing, midwifery and therapies staffing position and establishment reviews undertaken in November/December 2022 (data collection July 2022 to December 2022 inclusive).

To provide the board with assurance that the Trust has a clear effective process to review staffing on a bi-annual basis to ensure safe staffing levels. The nursing, midwifery and Allied Health Professionals (AHP) establishment review comprises of a triangulated approach which includes evidence-based theory, professional judgements and outcomes. This will ensure every clinical area have the correct ratio and skill mix of staff to patients while maintaining a safe and health conducive environment.

National Standards

It is well documented that nationally the nursing and midwifery and AHP workforce remains challenged, as is still the biggest and most urgent concern the National Health Service (NHS) is required to address. Recruitment and retention remain the key focus for all NHS providers (NHSE 2020). A full staffing review is undertaken annually in line with national recommendations. This paper is supported by the data from a full Nursing and Midwifery Establishment Review conducted during November/December 2022.

The report further delivers a staffing update for Therapies as a full multidisciplinary team (MDT) approach to the delivery against the National Quality Board (NQB 2016) – Rights skills: working as a multi professional team Allied Health Professionals job planning: a best practice guide (NHSE 2019).

Guidance from the Royal College of Nursing (2021) and NICE (2021) determines the ratio of registered nursing staff to patients in general wards, intensive care, neo-natal and paediatric units. Emergent guidance from The Faculty of Intensive Care Medicine (2022) report supports required review of the nurse staffing ratios for Spinal Injuries Unit. Royal College of Midwives and Birthrate+ both set the standards for maternity units.

The Nurse & Midwifery staffing report and establishment review endeavours to ensure the staffing ratio is adhered to, it must be recognised however, that areas of specialism and high acuity of patients require a more individualised ratio supported through professional judgement to ensure the safety of staff and patients. It is vital to support each individual ward and department to ensure staffing skill mix fits the needs and requirements of the patients it cares for, while maintaining adequate safe staffing levels. Each ward should consider the knowledge of the service provided while focusing on the quality of care, skill mix of staff and patient safety rather than just the numbers staff. Skill mix should be able to flex to meet the needs of those in their care.

Unify Safe Staffing

S&O are required to submit staffing data to NHS England (NHSE) via a Unify Safe Staffing return monthly. The safe staffing data provides assurance on daily staffing fill rate. A monthly fill rate of 90% and over is considered acceptable nationally, and when the fill rate falls below this accepted level an individual ward review is undertaken to understand and mitigate the reasons for this.

Care Hours per Patient Day (CHpPD)

NHS Trusts are expected to collect and submit this data as a measure of workforce deployment and is a useful tool to benchmark not only against ward on ward but also against local peers and organisations.

CHpPD is calculated by adding the hours of registered nurses and the hours of healthcare support workers and dividing the total by every 24 hours of inpatient admissions (or approximating 24 patient hours by counts of patients at midnight). CHpPD is reported as a total and split by registered nurses and healthcare support workers to provide a complete picture of care and skill mix.

$$\textbf{Care Hours per Patient Day} = \frac{\text{Total hours of nurses and midwives plus total hours of care support workers}}{\text{Total number of inpatients}}$$

Safe staffing is offset against Care Hours per Patient Day (CHpPD), which reflects the total time calculated to be spend on direct patient care based on occupied bed numbers and patient acuity at midnight each night. The safe staffing rate and CHpPD from July 2022 to December 2022 are demonstrated below:

Safe staffing/CHpPD July 2022- December 2022

	Realtime Staffing (standard >90%)	CHPpD (standard >7)
July 2022	92.12%	8.6
August 2022	95.5%	8.5
September 2022	97.65%	8.8
October 2022	92.53%	8.3
November 2022	92.23%	8.2
December 2022	90.06%	8.1

Recruitment

Vacancy per month

BAND	2	3	4	5	6	7
Jul 2022	93.2	(24.56)	(0.59)	22.38	32.5	5.46
Aug 2022	92.56	(19.73)	(0.59)	26.28	24.02	2.13
Sep 2022	94.49	(14.27)	(1.7)	19.66	20.98	3.11
Oct 2022	98.93	(16.17)	(0.7)	15.32	31.2	7
Nov 2022	100.16	(13.88)	2.14	11.07	33.1	1.3
Dec 2022	102.8	(13.88)	2.27	18.48	19.94	9.67

Recruitment Registered Nursing/Midwifery

December 2022 welcomed the last arrivals from the regional overseas trained nurse recruitment collaborative. Over the last two years the international nurse recruitment (INR) programme has successfully supported 172 nurses in total to join our registered nursing workforce. The success of the programme has seen the band 5 nurse vacancy rate decrease over this period from 147.76 wte vacancies to less than 20 wte as of the end of December 2022. A successfully recognised preceptorship programme is reflective of a 97% retention rate to the INR programme.

Following on from the success of the INR programme, S&O has supported the recruitment of two overseas trained midwives who are both due to join the organisation by April 2023.

Twice yearly recruitment events for student nurses are now in the place with an expected uptake of students throughout the year to supplement band 5 Registered Nurse vacancy rate.

There is continued over establishment in band 3 HCAs related in part to the provision of Nurse Degree Apprentices (NDA) and Trainee Associate Practitioner (TAP) roles who are employed in a band 3 role while completing the 2-year accreditation programme. The over establishment in band 4 relates to the internationally trained nurses who are employed through a band 4 contract until registered with the Nursing and Midwifery Council (NMC) as UK registered nurses. Establishments, ledgers and Healthroster reporting tools will require alignment within the coming months as staff registrations are confirmed.

Recruitment Non-Registered Nursing/Midwifery

Band 2 vacancy rates have continued to be a challenge. A designated generic recruitment event in December 2022 resulted in offers of employment equating to 8 wte putting current outstanding HCA vacancies at 95 wte. Further events are planned in 2023, with a total of 72 offers of interview pending. There is a trajectory to achieve recruitment to the total 95 wte vacancies by the end of March 2023. Planned collaborative working with local Higher Education colleges aims to support the employment opportunities and pipeline of Health and Social Care students into non-registered nursing posts on completion of course.

Collaborative working with NHS Professionals (NHSP) has seen the recruitment of 12 new Care Support Worker (development programme), a cohort of staff who will receive additional training to support reduction in falls and supportive 1 to 1 care measures. NHSP plan more recruitment in March 2023. These cohorts of staff will be eligible to take up secured permanent position within the organisation in April and July 2023.

There is a requirement and request to support the enhanced level of care (ELOC) proposal because of the increased acuity and risk seen on wards which are across areas and fluctuate. The model of a pool of specifically ELOC trained band 2 staff has been successful elsewhere and used to support the proposal. The impact of the lack of an ELOC team is increased reliance on temporary workforce and inability to assure regarding competence, skills and experience to best support this vulnerable patient cohort, let alone the risk that the shifts are not filled. In addition, there is a clear theme in incidents with harm, particularly falls, of the lack of ELOC and therefore the requirement is increasingly pressing.

Retention

The established multi-professional preceptorship programme continues to grow. The preceptorship programme consists of a Core Knowledge and Skills Booklet and Preceptorship Handbook alongside monthly workshops, group coaching and wellbeing activities. The programme is aligned to the Health Education England (HEE) preceptorship framework (NHSE 2022) and has been recognised to be a “gold standard”. The preceptorship programme is now extended across all disciplines, including pharmacy and physiotherapy, for all newly qualified staff. We currently have 200 preceptees with a further 50 who graduated from the programme in September 2022.

Alongside this, is specific preceptor training to enable staff to guide and empower our newly registered professionals. We have 30 preceptorship champions in different areas and of different professional backgrounds.

Also available, is a successful “Stay and Thrive” programme which supports staff to develop their vocational skills through workshops and teaching, to forward their careers within S&O.

Training for the newly recruited HCAs continues with support through the Care Certificate, on-job training and external training courses. Plans are underway for supportive workshops and development days to encourage group discussions and create a supportive peer network.

The Professional Nurse Advocate (PNA) national programme launched in March 2021 has continued to be embraced. Currently we have 6 qualified PNAs with a further 7 working through training. This programme equips staff with the skills to facilitate restorative supervision to colleagues and teams, in nursing and beyond. Outcomes point to improved staff wellbeing and retention, alongside improved patient outcomes.

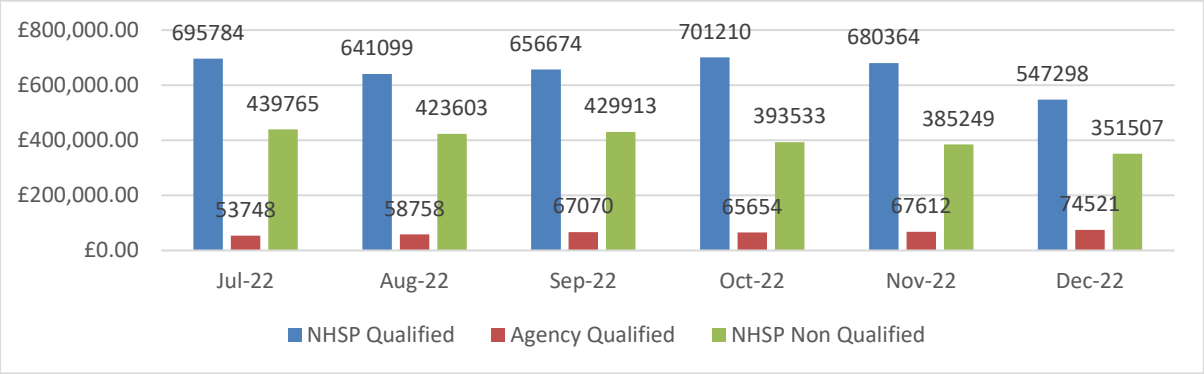
NHS Professionals Temporary Staffing

NHS Professionals (NHSP) continue to support with the provision of temporary staff during times of reduced staffing. Shifts are booked directly by ward/department areas when sickness and vacancy reduce planned staffing levels, or through Matron approval to provide additional allocate on arrival shifts which support the last-minute sickness and escalation requirements across the organisation. Both routes are an essential requirement to maintaining safe staffing, however this clearly incurs an additional cost implication to ward areas.

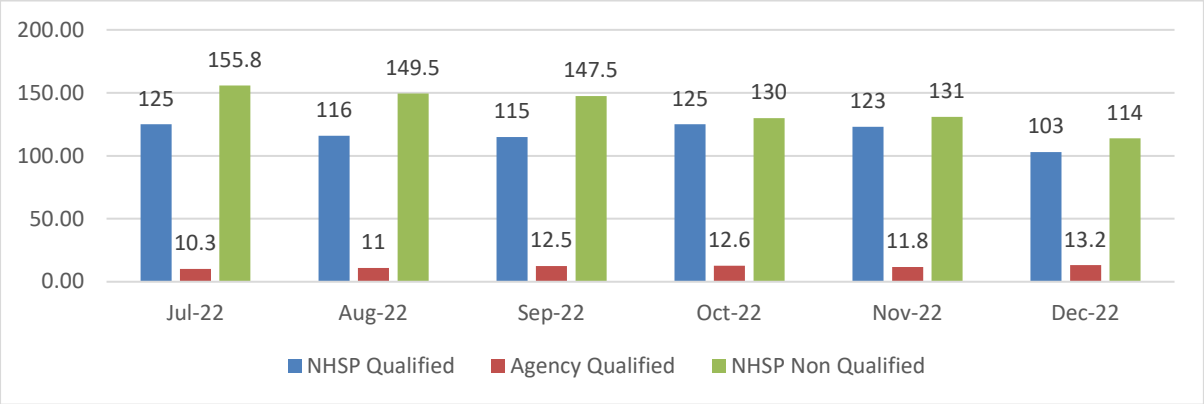
We had seen a decrease in the requirement for Agency staff to support staffing shortfalls in the earlier months of the year, however, it is to be noted this has increased from July to December. This directly correlates with the increase in temporary staffing request due to increase patient acuity, additional clinical areas opened to support patient flow and short-term staff sickness.

NHSP and Agency spend, usage and booking reason month on month, is outlined in the following graphs.

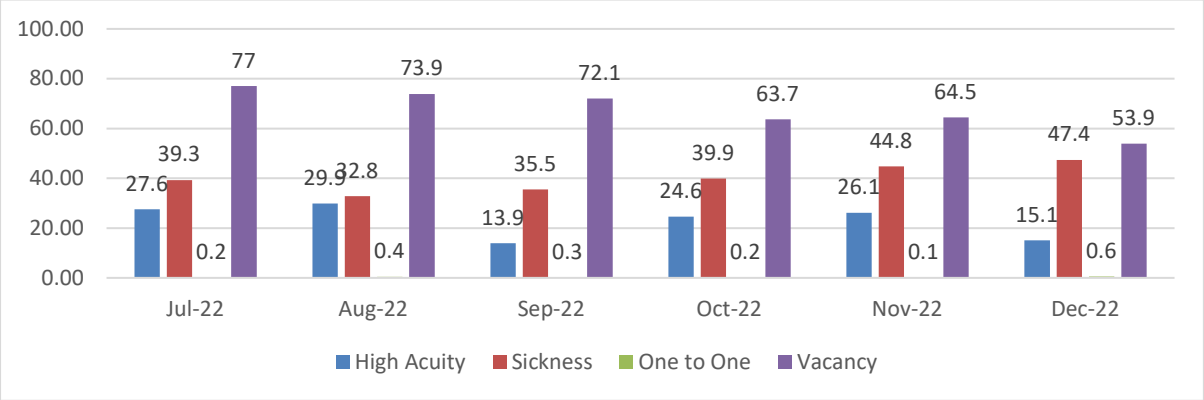
S&O NHSP & Agency spend



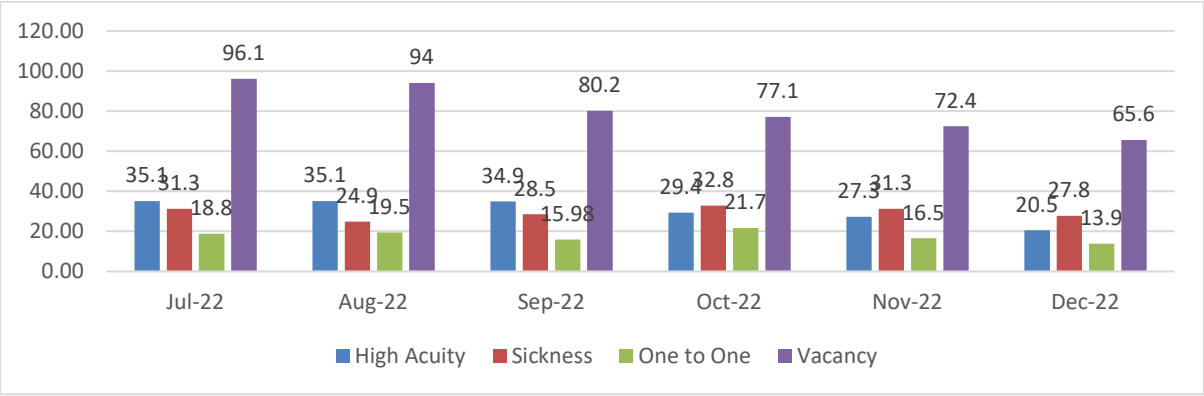
S&O NHSP & Agency usage (wte)



S&O NHSP Registered nurse wte booking reason



S&O NHSP Unregistered staff wte booking reason



Nursing/Midwifery Staffing Establishment Reviews

Reviews have been conducted in the following clinical areas:

- All adult inpatient wards
- Adult Emergency Department
- Medical Day Unit
- Treatment Centre
- Adult Outpatients
- Paediatric Ward, Outpatient and Emergency departments
- Maternity
- Neonatal Unit

Completing the Nurse and Midwife Establishment review has included the following tools to help support compliance with national guidance:

- Care Hours per Patient Day (CHpPD)
- Professional Judgement inclusive of skill mix against clinical need.
- Safer Nursing Care Tool (SNCT) Audit/census
- Daily Staffing Huddle data
- Review of e-rostering
- Review of Safe Care
- Individual ward budget information
- Review of Incidents/concerns via Datix

Ward Managers and Matrons met with finance leads to ensure validation of budget data and existing establishment numbers. As part of the review process, the Ward Manager and Matron for each area also met with senior nurses to discuss the requirements of the areas and collate budgets, establishments, and agreed professional clinical judgement. Most wards and departments concluded to have safe staffing levels within their current agreed establishments however it is recommended that Paediatric ED has additional established staff due to an increase in activity levels.

Healthcare Assistant (HCA) and Healthcare Support Worker (HCSW) job descriptions, as well as an Activity Support Worker job description, have now been agreed through the Trust Agenda for Change (AFC) process.

The establishment reviews have considered the band 2 versus band 3 roles and a recommendation would be to review in partnership with StHK in the new organisation.

Adult Emergency Department (AED) have undergone a full nurse staffing review with recommendations against a future nurse staffing establishment and skill mix reflected within the work earlier in the year as supported by Kendall Bluck. All necessary changes have been made.

The Treatment Centre have recently undergone an in-depth independent nurse staffing review and created a revised workforce establishment as a result and this is within budget.

In response to clinical pressures and CQC enquiries, Ward 11a has been supported to over recruit substantively to create a permanent bed base as part of the complex discharge pathway. The new model of care is now in the implementation stage and will be monitored.

Since the Covid-19 pandemic, we continue to see an increase in the complexity of patients, particularly in relation to mental health needs including dementia, and those requiring additional care needs. Consequently, patients are remaining in the acute settings for prolonged lengths of time whilst awaiting appropriate placements, putting additional pressures on the bed base and staffing requirements.

The impact of enhanced care needs is significant with patients requiring 1-1 care to maintain their safety and where this is not achieved the harm is demonstrable, therefore the ability to recruit to the organisation wide ELOC team within run-rate is advised. The ELOC team provides an exciting opportunity to recruit to a different role and skill set of individual and is anticipated to be an attractive role to recruit to and an enjoyable role providing the time to deliver true person-centred care with tangible benefits. This again will be considered in the new organisation post transaction.

Medicine and Emergency Care continue their improvements in safe staffing and reducing variable spend. In addition, the recommendation from a review by Kendal Bluck will enable delivery of an improved staffing model for Adult Emergency Department (ED) and a seven-day Same Day Emergency Care (SDEC) model. The CBU has also been successful in the recruitment of a dedicated Parkinson's Nurse funded from Health Education England.

Theatre staffing in Planned Care CBU, on both hospital sites, requires a comprehensive establishment review alongside improvement in efficiency and productivity. This work will be done in collaboration with StHK.

Review of the regional Spinal Injuries Unit (SPIU) has been subject to emergent recommendations from The Faculty of Intensive Care Medicine (2022) which aligns staffing to the acuity and dependency of patients. In considering this recommendation further establishment review will be required and does not therefore form part of this report. The review will look at skill mix as well as multi-disciplinary working.

Following on from the Ockenden report, maternity services has already undergone a full and extensive staffing review to support the necessary changes and investments. In line with Ockenden recommendations, workforce planning and sustainability including training needs, sickness and absence reviews, and vacancy position over the last three years, are all captured in a maternity workforce action plan. This work is led by the specialist services triumvirate and is currently ongoing against the national timescale.

Requirements to meet the Health Education England Maternity Support Worker framework which differentiates the roles of a band 3 maternity support worker and a band 2 Maternity Housekeeper, will be supported from within current budget.

A Neonatal workforce action plan was developed under the Maternity Incentive Scheme (MIS) as part of reporting compliance for the Clinical Negligence Scheme for Trust (CNST). A business case was approved in Q3 2022/23, and recruitment commenced. This will support both Neonatal and Paediatric capacity in delivery of services and more importantly safety for babies, children and young people.

Allied Health Professionals

Over the last six months, S&O has progressed implementation of the Allied Health Professional (AHP) workforce recruitment and retention action plan, led by the newly appointed AHP strategic workforce lead.

Speech and Language Therapy

The speech and language service remains a risk to S&O. Nationally it is recognised as a difficult to recruit to role, with a high number of vacancies impacting on service provision. A variety of recruitment and retention strategies have been implemented, including the substantive appointment of two new graduate Speech and Language Therapists (SLT) into Band 6 posts on a developmental basis, with an enhanced training and education programme, supporting a "grow our own" approach.

The expansion of the stroke service included an increase in SLT establishment, with the appointment of 1.13 wte highly specialist SLTs. A skill-mix process has also been undertaken in the “hard to recruit” roles, which has resulted in the successful appointment of a further highly specialist SLT. S&O has recently received recurrent funding from NHSE to appoint a substantive (0.2 wte) highly specialist neonatal SLT. This is a new role for the organisation. S&O is working in partnership with St Helens & Knowsley Teaching Hospitals NHS Trust (StHK) with a view to a joint appointment to this role, given the combined wte and highly specialist nature of the role.

Opportunities for further partnership working continue to be explored with StHK.

Dietetics

The adult dietetic service is fully established per head count.

The paediatric dietetic service remains challenged due to increased activity. S&O awaits the outcome of a business case submitted to West Lancashire Place to support investment and commissioning of a community paediatric dietetic service for West Lancashire. Delivery of this service is currently maintained with the use of agency staff as a cost pressure to the organisation.

Occupational Therapy

S&O is now fully established across band 5 and band 7 Occupational Therapists.

The successful over recruitment of two band 5 occupational therapists during graduation season, has helped to ensure S&O to remain at establishment despite turnover of band 5 staff. Two band 6 Occupational Therapists have been successfully recruited from overseas. These colleagues have been recruited directly.

S&O has also successfully secured a bid of £20k to support the recruitment of four overseas trained occupational therapists through the Cheshire & Merseyside AHP International Recruitment project.

Physiotherapy

S&O is now fully established across band 5 and band 7 physiotherapists. Two apprentice physiotherapists have successfully been appointed and commenced in post.

The recruitment of band 6 physiotherapists remains a challenge, with the highest vacancy rate across all staff lines within therapies. Partnership opportunities with StHK have been explored, with the potential for cross-organisational rotations to expand learning opportunities for senior physiotherapists. Whilst a pilot opportunity has been identified, vacancies within StHK has limited the opportunity to support this project.

Further opportunities to enhance recruitment and retention to roles continue to be explored. A new post within Trauma and Orthopaedics has seen S&O recruit its first advanced physiotherapist practitioner to the service.

Conclusion

The INR programme has successfully reduced the band 5 registered nurse vacancy rate within S&O. However, in-depth scrutiny of vacancy rates within the staff group remains and a rolling programme of student nurse recruitment must be supported with an active plan for all vacancies as they arise.

Whilst the HCA vacancy rate remains high, there is clear and robust recruitment plans in place with dedicated events aimed at attracting suitable candidates. These will continue at recurrent points throughout the year in a bid to capture students finishing health and social studies course. Dedicated working with local colleges and institutes of higher education will aim to fast-track students through to these positions.

Continued collaborative working with NHSP to secure additional staff through their dedicated CSW development programme to supplement the HCA reserve workforce.

Establishment reviews have identified areas that require consideration for investment which include the Children's ED as well as the HCA workforce banding and ELOC requirement. These ae being considered at the S&O Executive Committee and in collaboration of the new organisation with the StHK Director of Nursing.

Harder to recruit areas within the AHP workforce are looking towards developing education and training opportunities that make S&O an attractive organisation to work as well as developing cross organisational working patterns with our partners at St Helens and Knowsley as we move for with the transactional work.

Preceptorship programmes for overseas trained recruits, newly qualified registered nurses, Health Care Support Workers, and AHPs aims to provide a secure and learning environment that will aid retention and increase satisfaction.

We will continue to build upon the reduction of bank and agency spend as an organisation and look to support our staff to create a culture of lifelong learning and job satisfaction.

Supporting Literature

Health Education England North West RePAIR Hub. NHS England. learninghub.nhs.uk/Catalogue/NorthWestAttritionand-RePAIR/browse

National Institute for Health and Clinical Excellence (2021) Clinical guideline 1: Safe staffing for nursing in adult in patient wards in hospitals. London, Department of Health.

National Quality Board (2016) Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time. NQB, London

NHS Improvement (2018) Developing Workforce Safeguards. Supporting providers to deliver high quality care through safe and effective staffing. NHS Improvement, London

NHS Job planning the clinical workforce – allied health professional: A best practice guide. NHS England. www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf.

NHS People Plan 20-21- Action for Us All. NHS England. www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf.

NHS System Oversight Framework 2021/ 2022. NHS England. www.england.nhs.uk/wp-content/uploads/2021/06/B0693-nhs-system-oversight-framework-2021-22.pdf.

National preceptorship programme - National Workforce Skills Development Unit. NHS England. workforceskills.nhs.uk/projects/nhse-i-national-preceptorship-programme-2022/

Ockenden (2022) Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. www.gov.uk/government/publications/final-report-of-the-ockenden-review

Royal College of Nursing (2021). Nursing Workforce Standards. Supporting a safe and effective nursing workforce. London: RCN.

The Faculty of Emergency Care Medicine (2022). Guidelines for the Provision of Intensive Care Services. www.ficm.ac.uk/standardssafetyguidelinesstandards/guidelines-for-the-provision-of-intensive-care-services

Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**STRATEGY AND OPERATIONS (S&O) COMMITTEE**	**Date**	**01 March 2023**
Agenda Item	**SO036/23**	**FOI Exempt**	**NO**
Report Title	**MATERNITY SERVICES QUARTERLY ASSURANCE REPORT**		
Executive Lead	Lynne Barnes, Director of Nursing, Midwifery and Therapies		
Lead Officer	Dawn Meredith, Associate Director of Midwifery/Nursing		
Action Required	☐ **To Approve** ☐ **To Assure**	☐ **To Note** ✓ **To Receive**	

Purpose

To receive the Maternity Services Quarterly Assurance Report for the period November 2022 to January 2023. This report will provide an update on:

- Ockenden
- Maternity Self-Assessment Tool.
- CQC Survey
- CNST.
- Midwifery Continuity of Carer.
- Quality & Safety.
- Perinatal Mortality Quarterly Report.
- Maternity and Neonatal Improvements.
- Workforce.

Executive Summary

Maternity Unit Closure (ASSURE)
There have no closures/diverts within this reporting period.

Safety Champions (ASSURE)
The Safety Champions continue to meet monthly and conduct a safety walkabout bimonthly. Safety concerns are escalated and actioned appropriately

Neonatal Workforce (ASSURE)
Staff have been recruited to support Tier 1 and 2 rotas, 3 Advanced Neonatal Nurse Practitioners appointed.

Ockenden (ADVISE)
The Ockenden action plan has been broadened to encompass the recommendations from both the initial and final Ockenden Report. Progress continues and is closely monitored. Awaiting combined tool to encompass East Kent recommendation from LMNS.

CNST MIS Year 4 (ADVISE)
Full compliance of all 10 Safety Actions declared 02 February 2023.

Continuity of Carer (ADVISE)
Maternity Continuity of Carer (MCoC) suspended currently, to collaborate with StHK and look at models of care. following Transaction.

Maternity Dashboards (ADVISE)

Performance is monitored through our local and regional maternity dashboards. Region wide dashboards are discussed at forums such as the Regional Clinical Expert Group and Safety Special Interest Group quarterly

Serious Incidents (ALERT)
Serious incidents (SIs) continue to be reported monthly on the regional dashboard by all maternity providers in Cheshire & Mersey and in Lancashire and South Cumbria.

Quality & Safety (ALERT)
Concerns regarding staff exposure to Nitrous Oxide, risk assessment undertaken, escalated to corporate Risk Register

Recommendations

The Strategy and Operations Committee is asked to note the report and confirm that it is assured that Maternity and Neonatal services is:

- Making progress against the Ockenden actions.
- Managing staffing levels safely.
- CNST Complaint with 10 safety actions
- Facilitating appropriate oversight of Perinatal mortality cases within the Trust.
- Ensuring a safe working environment for staff

Previously Considered By:

☐ **Strategy and Operations Committee**	☐ **Executive Committee**
☐ **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:**
Dawn Meredith Associate Director Midwifery, Nursing and AHP's	Lynne Barnes, Director of Nursing, Midwifery and Therapies

Maternity Services Quarterly Trust Board Report

(Reporting period November 2022-January 2023)

February 2023

Title:	Maternity Services Quarterly Report November 2022 January 2023
Responsible Director:	Lynne Barnes, Director of Nursing, Midwifery and Therapies
Presented by:	Dawn Meredith, Associate Director of Midwifery/Nursing and AHP's

Introduction

The aim of this report is to provide the Trust Quality & Safety Committee and Strategy Operations Committee with an assurance and update of Maternity Services in line with the Annual Cycle of Business.

This report will provide an update regarding:

- Ockenden and The East Kent Report
- Maternity Self-Assessment Tool
- CNST
- CQC Survey
- Midwifery Continuity of Carer
- Quality & Safety
- Workforce
- Research

Maternity Services remains high on the agenda and KPI's are presented monthly at the Strategy and Operations Committee and the Maternity report is received quarterly.

1.Ockenden

The Maternity Services Improvement Committee chaired by Associate Director of Midwifery/Nursing has oversight of the progress of the Ockenden action plan. Benchmarked against the 92 actions using the Cheshire & Mersey Local Maternity and Neonatal Systems (LMNS)self-assessment template. A peer review with St Helens and Knowsley (StHK) of the assessment template was previously undertaken to seek opportunities to work collaboratively and share best practice.

Direction regarding key priorities is still awaited from the LMNS, following on from the East Kent report, an assessment tool is anticipated combining both the Ockenden and East Kent recommendations.

NHS England and Improvement has invested £92.8m into ICB baselines on a recurrent basis to support the system to address all 15 of the Ockenden Review's Immediate and Essential Actions, to bring sustained improvements in our maternity services. The Cheshire and Merseyside ICB share of this funding is £3,731,000.

It has been confirmed that local systems allocate this funding directly to Trusts. As a result, the allocations were made pro-rata to births, and the S&O Trust received £234,000.
The Trust gained Ockenden funding to extend the additional practice development midwife post focused on preceptorship this has been extended to 2024 and £27,000 funding has also been recently secured to support Early Career Midwives .The provision of Bereavement training (£4,470), and to increase the number of PAs to support and enhance local obstetric leadership capacity (£4,750) and to continue the employment of a dedicated resource for development and retention of support staff working in maternity services (28,500).

2.Maternity Self-Assessment Tool

The Maternity Self-Assessment Tool was designed to support Maternity Services to benchmark their service against best practice standards, guidance, and regulatory requirements. The tool reflects good safety principles, CQC and Ockenden findings and is recommended by the Chief Midwifery Officer to inform the Trust Board and Commissioners of the current position of their Maternity Services.

A self-assessment benchmark exercise was completed. A check and challenge exercise with peers from StHK was undertaken, leads and completion dates were assigned and included in the overarching Maternity Services Improvement Plan supported by the PMO and with a plan to update the Board on progress via the quarterly Maternity Report.

3.Maternity Incentive Scheme (MIS)

Now in its fourth year of inception, the MIS supports the delivery of safer maternity care through an incentive element to discount provider trusts' contributions to CNST. The MIS rewards trusts that meet all ten safety standards designed to improve safety and the delivery of best practice in both maternity and neonatal care.

Prior to submission there was a requirement that the Associate Director of Midwifery and Nursing, and Clinical Director to provide a joint presentation to Trust Board detailing compliance of the 10 safety actions prior to the Board declaration form to NHS Resolution being submitted. On February 2nd, 2023, the Trust declared **compliance** with all 10 safety actions, and a submission made to NHS Resolution (Appendix 1 & 2).

The 10 Maternity Safety actions are summarised below:

Safety action 1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
Safety action 2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
Safety action 3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?
Safety action 4	Can you demonstrate an effective system of clinical workforce planning to the required standard?
Safety action 5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?
Safety action 6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version 2?

Safety action 7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?
Safety action 8	Can you evidence that a local training plan to ensure that all six core modules of the core competency framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and New-born life support, starting from the launch of MIS year 4?
Safety action 9	Can you demonstrate that the trust safety champions (obstetrician, midwife and neonatologist) are meeting bimonthly with Board level champions to escalate locally identified issues
Safety action 10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification scheme from the 1st of April 2021 to 5th December 2022?

4. Continuity of Carer

Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births' and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services and be available to all pregnant women in England.

NHS England issued a statement on 21st September 2022 which set out essential and immediate changes to the national maternity programme in the light of the continued workforce challenges that maternity services face. There will no longer be a target date for services to deliver Midwifery Continuity of Carer (MCoC) and local services will instead be supported to develop local plans that work for them. Local midwifery and obstetric leaders will focus on retention and growth of the workforce and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths.

Preparation for the roll out of MCoC has been paused until Transaction is completed, with a plan to collaborate with the Maternity Team at StHK.

5.Quality and Safety

5.1 Perinatal Quality Surveillance Model (PQSM)

A national recommendation from the Ockenden Report was the introduction of a Perinatal Quality Surveillance Model (PQSM).

The purpose of the PQSM nationally is to implement five principles for improving oversight for effective perinatal clinical quality to ensure a positive experience for women and their families. The principles integrate perinatal clinical quality into developing integrated care system (ICS) structures and provide clear lines for responsibility and accountability for addressing quality concerns at each level of the system.

The five principles are:

Principle 1 – Strengthening trust-level oversight for quality
Principle 2 – Strengthening Local Maternity System and ICS role in quality oversight
Principle 3 – Regional oversight for perinatal clinical quality
Principle 4 – National oversight for perinatal clinical quality
Principle 5 – Identifying concerns, taking proportionate action, and triggering escalation

The regional NHSE/I team and the LMS reviewed its governance framework and reporting processes. Quality and Safety Surveillance Group report monthly to the LMNS Assurance Board.

In May 2022, in response to a serious incident in Maternity, S&O Quality Review meetings were commenced chaired by Marie Boles, Chief Nurse ICB, and attended by Cheshire & Mersey Regional Team and key representatives from the Trust. This was to review the incident and actions being taken both immediately and longer term, oversee implementation and provide check and challenge and scrutiny.

In line with the Perinatal Quality Surveillance Model (NHS 2021) to use a suite of metrics pulling together staff survey results, user feedback, and safety and quality metrics the Regional Safety Special Interest Group are reviewing a template produced by the Wirral with a view to adopt regionwide.

5.2 Clinical Outcomes/ Dashboard

Maternity Dashboards

Performance is monitored through our local and regional maternity dashboards. Region wide 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 Local Maternity & Neonatal System.

The LMNS are streamlining procedures for reviewing spikes or outliers on the Cheshire & Mersey regional dashboard to ensure Trusts are responsive to deadlines and there is a consistent approach to what is reported.

Current areas where the Trust is viewed as an outlier are:

- Induction of labour for the indication reduced fetal movements only
  An updated Induction of labour Guideline is awaiting ratification at MCF and should improve our status. Work had been completed regionally which lowered the mean making S&O outliers. The new guideline should improve this, and compliance will be reviewed and audited for consistency.
- Emergency caesarean section at full dilatation
  There is an ongoing review by the Lead Obstetrician which should be completed this month and findings reported to the LMNS.

The guidelines and patient information leaflets relating to these areas have been reviewed to compliance with best practice guidance. The induction of labour patient information was coproduced with the MVP.

There have been collaborative meetings held with data analysts within the regional team and S&O to ensure data reported is timely and correctly,

5.3 Perinatal Mortality

Perinatal mortality includes stillbirths and neonatal deaths in the first week of life. MBRACE-UK is notified of all eligible perinatal deaths and are reviewed using the national Perinatal Mortality Review Tool (PMRT)
All stillbirths and deaths are reviewed at the weekly patient safety meetings and reported to SIRG via a rapid review report.

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 and the full report is attached as appendix 1.

5.4 Serious Incidents

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

STEIS Reportable Incidents

Serious incidents (SIs) continue to be reported monthly on the regional dashboard by all maternity providers in Cheshire & Mersey and in Lancashire and South Cumbria. SIs are also reported to the LMNS by the Trust with the Quality and Safety Surveillance Group having further oversight of all SI's across the region.

During this reporting period we there have been two stillbirths:

12/22	29 weeks Twin pregnancy
01/23	28 weeks (approx.) Mother unbooked

Maternity Theatre

During the Insight Visit by the Regional Team on the 10th of June 2022 the theatre pathway was reviewed. Following this an action plan was put in place overseen by the executive team. A business case was completed to provide dedicated theatre staff for Maternity Theatres removing the need for midwives to scrub. As part of this business case 2wte additional midwives were funded to cover the elective caesarean section lists. The regional team returned on the 27th of July 2022 to review the actions taken and the embedding of the pathway and were assured by the progress that had been made. The dedicated recovery area for post caesarean section is now functional.

The elective theatre pathway lists have been reviewed as the nine sessions are not being fully utilised. A Clinical Reference Group has been set up within the Specialist Services CBU to review utilisation of these lists, with a pilot proposed to reduce one session, and increase on the remaining three days.

5.5 Health Care Safety Investigation Branch (HSIB)

HSIB undertake independent investigations into incidents within maternity services which fall under defined criteria that include maternal deaths, stillbirths and babies that require cooling.

The Trust is provided with a monthly update of cases by HSIB to support effective communication and to support the progression of the investigation. HSIB case reviews are shared with the Trust for accuracy prior to being finalised and shared with the woman and her family.

Cases to date	
Total referrals	16
Referrals / cases rejected	8
Total investigations to date	8
Total investigations completed	7
Current active cases	1
Exception reporting	No cases currently have exceptions

Within the current reporting period there has been 1 referral with 1 rejected by HSIB and 1 ongoing.

All HSIB cases are reported as StEIS to ensure executive oversight.

5.6 Saving Babies Lives Care Bundle (Version 2)

Saving Babies Lives Care Bundle (version 2) has been produced to build on the recommendations from version one and to further address perinatal mortality. This bundle includes 5 elements which focus on the recognition and detection of risks associated with perinatal mortality and morbidity, reporting and referral processes, training of staff and auditing of practice and outcomes. The five elements being:

- Reducing Smoking in Pregnancy – Smoking Lead Midwife
  Funding to support smoking cessation Lead Midwife in maternity services. Two band 4s to join the team in supporting families from April 2023.
- Risk Assessment and Surveillance of Fetal Growth Restriction – this continues to be audited and reported to the Perinatal Institute regarding any missed SGA babies by Midwife Sonographer
- Raising Awareness of Reduced Fetal movements- USS Midwife team to monitor compliance.
- Effective monitoring in labour – Lead Midwife for fetal Surveillance returned from maternity leave and development of fetal monitoring study day underway.
- Preventing Pre-term birth – identified Lead Obstetrician and pathway for referral for women with identified risk factors in place.

We have demonstrated full compliance with Saving Babies Lives Care Bundle 2. The leads are continuing to embed the process by monitoring compliance via audits.

5.7 Care Quality Commission CQC

Our current ratings are:

Safe	Effective	Caring	Responsive	Well Led	Overall
Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

The first SOCAAS inspection and joint mock CQC inspection took place on the 5th July 2022 including external representation. Findings were women said they had received good care and staff culture was good.
Some improvements were required on medicines management and information governance which the Maternity team are working supported by the Corporate Quality Team on improvements required.

The SOCAAS team have commenced individual area inspections on Maternity with the first inspection for Maternity Ward completed with the rating of Bronze. Staff across inpatient areas are focused on improving their position ready for the next inspection. Recent meeting with Tendable Committee clinical areas to arrange mini audits pertinent to their areas.

5.7.1 CQC Maternity Survey 2022

The CQC NHS Maternity Survey 2022 survey results have been, S&O ranked highly in many of the elements regarding women's satisfaction surrounding their care, for example being involved in the decision to be induced and being able to see and speak to a midwife after the birth.
Some areas for improvement were identified such as partners staying as much as the mothers wanted during their stay in the hospital and mothers having enough information regarding their induction of labour. There have been challenges around partners staying overnight and there have been discussions with senior leadership. An induction of labour leaflet has been coproduced with maternity staff and the Maternity Voices Partnership. In a proactive approach an action plan was developed to address all areas that needed improvement.

5.8 Safety Champion Report

The aim of Safety Champions is to support seamless communication from 'floor to board' and to ensure Board focus on Maternity issues and improving safety and outcomes. Weekly Safety Champions walkabouts are in place to speak with staff and women and their families. A Triple A report of the outcomes is submitted to the Clinical Effectiveness Committee.
Maternity and Neonatal Champions Committee meeting occurs monthly with representation from MVP Lead, Freedom to Speak up Guardians and maternity and neonatal staff, chaired by Director of Nursing, Midwifery and Therapies.

5.9 Staff Exposure to Nitrous Oxide

An alert came in January 2023 regarding staff exposure to Nitrous Oxide from LMNS and advised for an environmental survey to be undertaken. A risk assessment has been carried out by Head of Health, Safety, Security & Fire and Senior Health and Safety Advisor and the risk escalated to Corporate Risk Register (Appendix 7).

6. Workforce: Midwifery and Neonatal Staffing

Maternity

Maternity Services have seen significant changes and development over the last decade driven by national safety ambitions and the vision to deliver better quality of care to women and the families. More recently there have been national inquiries and scrutiny of maternity services such as Kirkup (2015), Ockenden (2022) and East Kent (2022) central to these is safe staffing levels.

S&O Maternity Services 'Standard Operating Procedure for Maternity Services Staffing' reflects the guidance, as recommended by NICE "Safe Midwifery Staffing for Maternity Settings (2015)., which also meets the requirement for Safety Action 5 CNST. It also recommends using a nationally recognised midwifery staffing tool and red flag indicators. This data is collected via the DATIX incident reporting system. Any incidents are cross referenced against staffing levels and any incidents regarding staffing levels discussed at weekly patient safety meeting.

A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing. If a midwifery red flag event occurs, the midwife in charge is informed of the incident. The midwife in charge will then determine whether midwifery staffing is the cause, and what action is required.
The following are the recommended red flags:

- Delayed or cancelled time critical activity.
- Missed or delayed care (delay of 60 minutes or more in washing and suturing).
- Missed medication during an admission to hospital or midwifery-led unit (e.g. diabetes medication).
- Delay of more than 30 minutes in providing pain relief.
- Delay of 30 minutes or more between presentation and triage.
- Full clinical examination not carried out when presenting in labour.
- Delay of 2 hours or more between admission for induction and beginning of process.
- Delayed recognition of and action on abnormal vital signs (e.g., sepsis or urine output). Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour.

For this reporting period the red flag data demonstrated:

- Delay in transfer to delivery suite for ARM (2) due to high acuity on delivery suite
- Delay of 2 hours or more between admission for induction and beginning of process (4) reported as due to number of inductions already in process
- Delayed or cancelled time critical activity. (3) 2 were reported due to women having their caesarean section brought forward due to clinical indications and therefore being cancelled off list (these were reported due to effect on elective caesarean section list and are not true red flags as the Women's care was appropriate) The 3rd was due to a patient awaiting a category 2 caesarean section being delayed due to Delivery Suite theatre being occupied. This incident was reviewed at Maternity patient safety where it was found that the management was appropriate, and no harm resulted.
- Missed medication during an admission to hospital or midwifery-led unit (1) A patient was not given prophylactic antibiotics when indicated. Incident discussed at patient safety meeting. Closed with feedback to midwife, no harm resulting.

Maternity Unit Closure
During this reporting period there have been no Maternity Unit Closures or diverts requested.

Staffing Numbers & Outcomes
Staffing is discussed as part of the Delivery Suite Shift Coordinator hand over. This takes place at least twice a day, and ward dependency, acuity and overall staffing ratios/ gaps are discussed. The following actions are agreed to support a reduction of risk:
1. Moving from outpatient areas
2. Moving staff from one ward to another
3. Moving from or to Community midwifery
4. Sanctioning additional staff if required due to a patient safety risk
5. Consider requesting mutual aid from other maternity units or divert/closure
The *Maternity Standard Operating Procedure for Staffing Levels* and *The Maternity Standard Operating Procedure for Escalation* is in place to support the decision-making process.

Supernumerary Status of the Delivery Suite Shift Coordinator

The role of the Delivery Suite Shift Coordinator is a key role on the Delivery Suite and therefore the Shift Coordinator is present for 24-hour period 7 days a week. The Delivery Suite Coordinator is supernumerary to enable them to fulfil their role, which is pivotal in providing effective leadership, clinical expertise, facilitating communication between professionals and overseeing appropriate use of resources. Where Supernumerary status cannot be achieved, this is escalated to the Matron and recorded on the Safety Huddle proforma.

The Clinical Leads for each area work in a semi supervisory capacity. However, there are times due to staffing challenges or peak in activity when it is not always achieved as patient care will always take president over management activities.

Oversight of Maternity

The Maternity Unit provides a maternity bleep holder 24 hrs per day. From 07:30-20:00 this is a separate role held on a rota basis and may be a Matron, Clinical Lead Midwife or Delivery Suite Shift Coordinator. From 19:30-07:30 the bleep is held by the Delivery Suite Shift Coordinator

The maternity bleep holder is a key role in supporting the daily operational running of the maternity services based at Ormskirk site. The role also provides senior clinical guidance and oversight to the maternity teams based both within the hospital and community settings.The maternity bleep holder also participates in the Trust Ormskirk site rota.

Following the requirements of HSIB and the Ockenden report work is being done to release midwives from the Ormskirk site rota to facilitate their focus being on maternity. Additional work is in progress to develop a senior midwifery manager on call rota.

Birthrate Plus

Birthrate Plus is a framework for workforce planning based on an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG. The most recent Birthrate Plus assessment was in November 2021, based on 3 month's birth data and bookings for the following 6 months to predict the birth rate for this period, the final report being received in January 2022 (Appendix 6).

Intrapartum Acuity

Utilising the Birthrate Plus tool ensures that Data is inputted into the system every 4 hours by clinical leads across both labour ward and wards areas., this is turn measures the acuity and number midwives on shift to determine the 'acuity score'. This acuity score is defined by Birthrate Plus as the 'volume of need for midwifery care at any one time based on the number of women and degree of dependency' This supports review of staffing to ensure correct numbers of midwives are available to work in the clinical areas which match the acuity levels and to ensure the Maternity Service Standard Operating Procedure (Number 52) for Staffing Levels and Maternity Services Standard Operating Procedure (Number 53) for Maternity Escalation adequately supports the movement of staff around the unit during periods of high acuity.
meeting

The daily sit rep is submitted to the region via an electronic submission. A weekly Gold Command meeting with the LMNS maintains good lines of communication between HoM's and DoM's across C&M to identify early pressure points in the system and seek mutual aid when required. Additional meetings have taken place in this last quarter providing support during the industrial action for North West Ambulance Services (NWAS). Regional oversight of delivery suites via the birthrate plus acuity app has been successful. Further work is now being done to improve the data input into the system and potentially to roll out the ward acuity tool with regional oversight, with a specific interest to Triage and the implementation of the Birmingham Symptom Specific Obstetric Triage System (BSOTS). S&O implemented this system in September 2022.

Maternity Staff engagement

During January, a number of midwifery staff attended workshops to support them in leading and supporting staff in developing a positive and progressive learning culture. This will conclude with a final workshop at the end of February, Staff engagement meetings across maternity have already taken place to continue and promote this work, there is also a plan to sign up to the Royal College of Midwives (RCM), "Caring for You Campaign: Working in Partnership".

Consultant Obstetricians
The Consultant Obstetrics & Gynaecology team currently consists of 12 Consultants, in post., 2 further consultants have been appointed and are due to join the Trust in April. Whilst the Clinical Director post remains open,

Neonatal Medical Workforce
CNST Safety Action 4 requirement regarding workforce achieved compliance following submission of a business case to support Tier 1 and Tier 2 rotas. Recruitment has taken place and appropriate staff appointed who will join the Trust may/June.

Nursing Workforce
Neonatal staffing is aligned to BAPM standards and monitored by the Regional Neonatal Operational Delivery Network. The team are able to roster a supernumerary shift coordinator on neonatal across all shifts. 3

The Associate Director for Midwifery & Nursing and the Matron for Paediatrics continues to work collaboratively with the Neonatal Network

Priorities
The following are priorities for the next 3 months:

1. Complete improvement plan for Ockenden 1 (2020)
2. Work towards actions/recommendations of Ockenden Final Report (2022)
3. Work towards completion of CNST Year 5Yr Safety actions
4. Continue to work collaboratively with LMNS and MVP's
5. Await direction from regional team regarding key priorities with the amalgamated tool for Ockenden and East Kent recommendations
6. Maintain a safe environment for all staff working in Maternity

Appendices:

Appendix 1 Ockenden action plan

Appendix 2 CNST compliance presentation

Appendix 3 CNST compliance to Executive Committee January 2023

Appendix 4Regional dashboard

Appendix 5 Local dashboard

Appendix 6 S & O NHST Birthrate plus final report

Appendix 7 Entonox Risk assessment

Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**STRATEGY AND OPERATIONS (S&O) COMMITTEE**	**Date**	**01 March 2023**
Agenda Item	**SO037/23**	**FOI Exempt**	**NO**
Report Title	**MIXED SEX ACCOMMODATION ANNUAL DECLARATION**		
Executive Lead	Lynne Barnes, Director of Nursing Midwifery and Therapies		
Lead Officer	Carol Fowler, Deputy Director of Nursing Midwifery and Therapies		
Action Required	✓ **To Approve** ☐ **To Assure**	☐ **To Note** ☐ **To Receive**	

Purpose

To provide assurance that Trust has complied with the national guidance to eliminate mixed sex accommodation.

Executive Summary

All trusts are required to make an annual declaration confirming compliance with the guidance in relation to elimination of mixed sex accommodation and the provision of appropriate single-sex facilities. Failure to comply with the guidance could result in financial penalties for breach of contractual standards, unless it would be in the overall best interests of the patient or is their personal choice. 108 breaches were declared in 2022-23 to date.

Recommendations

The Strategy and Operations is Committee is asked to approve the annual statement and declaration of compliance. This will be published on Trust website and submitted to NHS England.

Previously Considered By:

☐ **Strategy and Operations Committee**	☐ **Executive Committee**
☐ **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:**
Carol Fowler, Deputy Director of Nursing Midwifery and Therapies	Lynne Barnes, Director of Nursing Midwifery and Therapies

Southport and Ormskirk Hospital NHS Trust

Eliminating Mixed Sex Accommodation Declaration

1. Background

1.1 In November 2010, the Chief Nursing Officer (CNO) and Deputy NHS Chief Executive wrote to all NHS Trusts. The letter (PL/CNO/2010/3) set out the expectations that all NHS organisations 'are expected to eliminate mixed sex accommodation, except where it is in the overall best interests of the patient, or their personal choice'. The CNO letter included detailed guidance on what was meant by 'overall best interests', including situations, for example, when a patient is admitted in a life threatening emergency.

1.2 This was followed by another letter from the Chief Nursing Officer and Deputy NHS Chief Executive in February 2011 (Gateway ref 15552) setting out expectations regarding annual declarations of compliance.

1.3 Further guidance, 'Delivering same-sex accommodation' was issued by NHS England and NHS Improvement in September 2019 which provided clarification about what constitutes a breach.

1.4 Covid-19 Response, a letter dated 28 March 2020 from NHSE/I provided the trust with guidance relating to reducing burden and releasing capacity for staff so that emergency planning can be undertaken as part of the local NHS response to the Covid-19 pandemic. The letter stipulated that MSA breaches did not need to be returned to NHS Digital from 1 April 2020 to 30 June 2020.

1.5 Trust Boards are required to declare compliance annually and if they are not able to do so, they may declare non-compliance however significant financial penalties may apply under such a circumstance.

2. Declaration of Compliance

2.1 The Trust Board for Southport and Ormskirk Hospitals NHS Trust confirms mixed sex accommodation has been virtually eliminated within all its hospital sites, except where it is in the overall best interest of the patient or reflects their personal choice.

2.2 We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen by exception based on clinical need.

2.3 Sleeping accommodation does not include areas where patients have not been admitted, such as cubicles in the Emergency Department or assessment areas.

2.4 If our care should fall short of the required standard, the Trust will report it. Southport and Ormskirk Hospitals NHS Trust have assurance mechanisms in

place to monitor compliance, the management structure to manage any breaches and the desire to ensure we are communicating to patients and the public that we are continuing to meet our commitment to providing same-sex accommodation.

2.5 The Trust Board monitors compliance with mixed sex accommodation compliance monthly through escalation from the Integrated Performance Report (IPR) reported to the Quality & Safety Assurance Committee. It is also reported monthly to CCQRM with Place colleagues.

3. Data Collection and Performance

3.1 There were 108 reportable breaches in 2022-23. 100 of the breaches were delayed discharges from Critical Care (We declare a mixed sex breach for patients who no longer require critical care but are delayed transfers from critical care due to bed capacity across the Trust. We declare a mixed sex breach when they're delayed for 24hrs). The remaining 8 were patients admitted to the Post Operative Care Unit, which is part of the Critical Care environment, and were delayed over 24hrs awaiting transfer out to surgical beds.

4. Current Situation

4.1 Gender mixing only occurs within critical care units and the emergency department. This is in line with the overall best interests criteria stated by the CNO.

4.2 All adult in-patient wards are either single sex, or where they are mixed sex, areas within the ward are designated as male or female, with separate designated toilets and bathrooms. Where admissions and transfers may potentially cause a mixed sex breach ward teams are able to move patients to prevent this.

4.3 Children, young people and their parents will be asked at time of admission if they wish to be cared for with others of a similar age in a single sex bay or in a single room. This preference is used to determine where to place a child or young person in our children's wards.

4.4 Any changes proposed to the ward environment include a risk assessment to ensure that the requirements for single sex accommodation can continue to be met.

4.5 The Trust's Provision of Same Sex Accommodation Policy is currently going through the approval process.

5. Patient Experience

5.1 Year-to-date there has been no PALS or formals concerns raised regarding privacy and dignity in relation to mixed sex accommodation.

6. Recommendation

6.1 The Trust Board are asked to approve the annual statement of compliance. This will then be published on Trust website and submitted to NHS England.

ALERT | ADVISE | ASSURE (AAA)
HIGHLIGHT REPORT

COMMITTEE/GROUP:	Workforce Committee
MEETING DATE:	21 February 2023
LEAD:	Lisa Knight

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- Nil

ADVISE

- Patient Experience Facilitator presented the staff story on her experience whilst working on the Oasis Ward during the Covid-19 pandemic.
- PDRs – reduction in compliance seen in month. However, an increase is expected next month. Presentation given to WFC on progress made to date and work ongoing.
- Covid-19 vaccinations 59% - which is very good.
- Flu vaccinations 80% - excellent achievement.

ASSURE

- Vacancies:
  - Medics – currently at 2.7% against a target of 5.8%.
  - Nursing & Midwifery at 8% which is below target of 9%.
  - AHPs – slight increase in month at 6.6% but still under 9% target.
  - Time to Hire – Reduced in month by 14 days and is now showing at 50 days. The recruitment process has been totally reviewed.

- The following policies were approved:
  - *PERS 16 Policy Governing Professional Registration of Staff*
  - *CORP 88 Roster Management Policy*
  - *Registration Authority Policy*

New Risks identified at the meeting: Risk of industrial action which has been added to corporate risk register

Review of the Risk Register: Yes

Southport and Ormskirk Hospital NHS Trust

Title of Meeting	**STRATEGY AND OPERATIONS (S&O) COMMITTEE**	**Date**	**01 March 2023**
Agenda Item	**SO038/23**	**FOI Exempt**	**NO**
Report Title	**FREEDOM TO SPEAK UP QUARTERLY REPORT (QUARTER 3)**		
Executive Lead	Lynne Barnes, Director of Nursing, Midwifery and Therapies		
Lead Officer	Christine Griffiths-Evans, Freedom to Speak Up (FTSU) Guardian		
Action Required	☐ **To Approve** ☐ **To Assure**	✓ **To Note** ☐ **To Receive**	

Purpose

The Strategic Operational Committee is requested to both receive and review this report, as assurance, that staff members feel able to raise their concerns, from a wide constituent, across the organisation and that the appropriate systems and processes are in place for staff to do this safely and confidently, knowing that appropriate action will be taken.

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

Executive Summary

This report identifies the number of concerns raised through the Freedom to Speak Up service (FTSU) during Quarter 3 of 2022 (1 October to 31 December 2022). During the quarter, 11 concerns have been raised through the FTSU process, please note this does not include concerns that have been raised and resolved informally through the management/FTSU Champion structure within the organisation. Of the 11 concerns raised, none have required input from Human Resources directly, via the Guardian or Line Manager.

To assist with setting the context and to support ongoing review, some statistics are included from the last twelve months.

During Quarter 3 there were no emerging/actual themes identified from the concerns raised by staff. Some of the individual areas raised include:

- Concern regarding workload and work-related stress level within a group of Medical Secretaries
- Staff speaking rudely to patients
- Volunteer safety due to members of the public challenging behaviour and volunteers being able to sit at the front desk
- Concern over clinical care within neonatal services (individual staff member)
- Concern over equipment not being serviced regularly (maternity services)
- Concern over the ability to take annual leave (ward specific)

Recommendations

The Strategy and Operations Committee is asked to note the Freedom to Speak Up Report for Quarter 2 (01 October to 31 December 2022).

Previously Considered By:

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

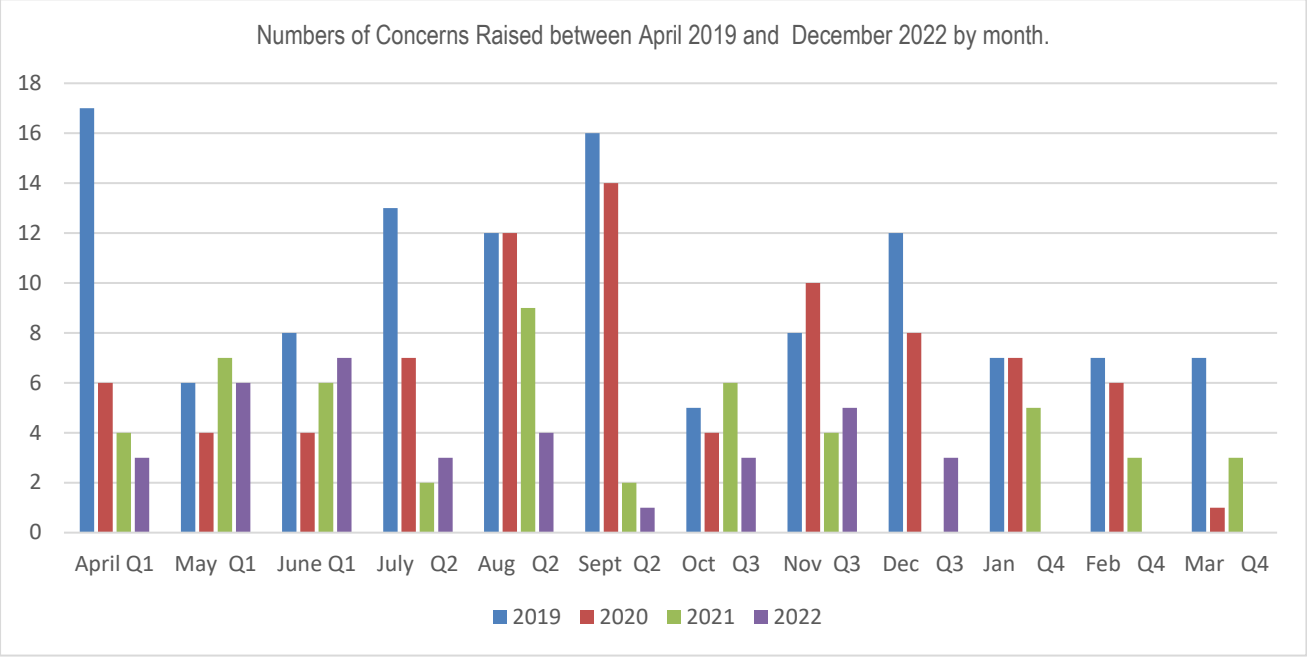
Strategic Objectives	
☐ **SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services	
☐ **SO2** Deliver services that meet NHS constitutional and regulatory standards	
☐ **SO3** Efficiently and productively provide care within agreed financial limits	
✓ **SO4** Develop 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:**
Christine Griffiths-Evans, Freedom to Speak Up (FTSU) Guardian	Lynne Barnes, Director of Nursing, Midwifery and Therapies

Southport and Ormskirk Hospital NHS Trust

Report on Submission to National Guardian's Office

Quarter 3	01 October – 31 December 2022
Date submitted to NGO:	06 February 2023
Date National Data to be published:	To Be Confirmed
Number of Concerns Raised -	11 concerns (October 3, November 5, December 3) This is an increase of 3 in the total number of concerns received, when compared to Quarter 2. All of these concerns were directly raised with the Freedom to Speak Up Guardian (FTSUG). When concerns are raised directly with FTSU Champions, the FTSUG is available to offer support and advice, which may include meeting those who have raised a concern and acting in a consultative role

The graph below highlights the concerns raised, per month, over the past four years from April 2019 and up to and including December 2022:



The same number of concerns, (11), were received in Q3 in both 2021 and 2022 compared to 22 received in 2020.

1.1 Themes Arising from Concerns Raised

There are no emerging or actual themes arising from concerns raised during Quarter 3.

The following areas have been raised by staff. Please note that for reasons of confidentiality, only general information is recorded within this report:

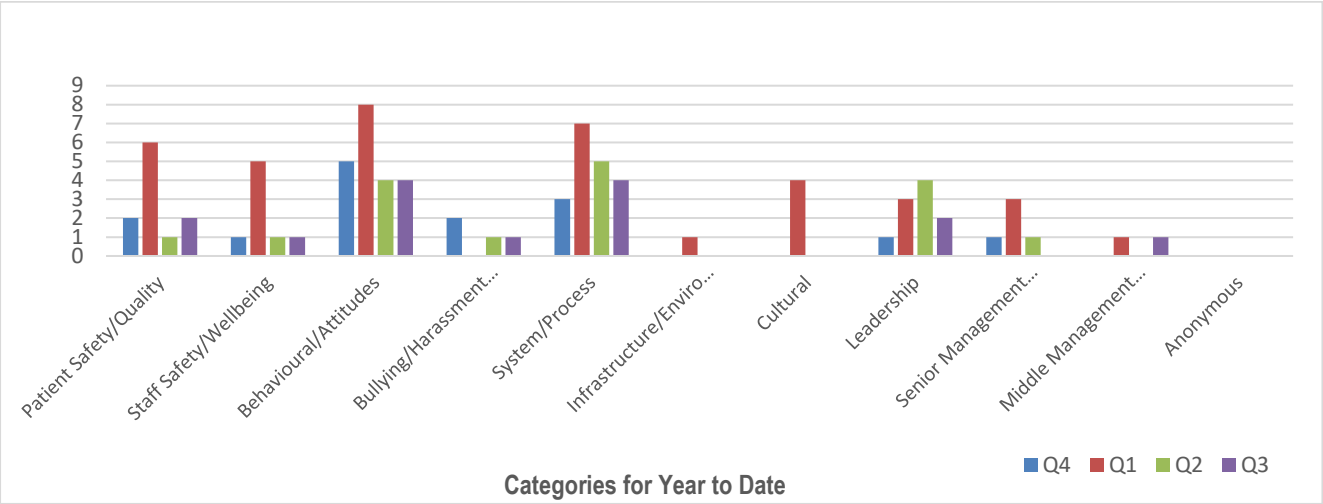
- Concern regarding workload and work-related stress level within Medical Secretaries of one service area
- Staff speaking rudely to patients
- Volunteer safety due to members of the public challenging behaviour and volunteers being able to sit at the front desk
- Concern over clinical care within neonatal service (individual staff member)
- Concern over equipment not being serviced regularly (maternity services)
- Concern over the ability to take annual leave (ward specific)

The National Guardians Office, (NGO), requires all concerns to be categorsied, to a pre determined category list, to enable consistent national reporting. The table below highlights the categories of the concerns raised, during the quarter, as a percentage, please note each concern can fall into multiple categories, which is reflected in the tables below:

Issues this quarter: Q3 (Q2 also shown for Comparison)

Theme	Quarter 3 2022/23	Last Quarter (Q2) 2022/23
Behavioural / Relationship	26.66%	23.52%
System / Process	26.66%	29.41%
Cultural	0%	0%
Bullying/Harassment	6.66%	5.88%
Middle Management issue	6.66%	0%
Staff Safety	6.66%	5.88%
Infrastructure/Environment	0%	0%
Leadership	13.33%	23.52%
Senior Management Issue	0%	5.88%
Patient Safety/Quality	13.33%	5.88%

As the number of concerns per quarter remains low, further analysis across the year to date is helpful in identifying any themes. The graph below highlights the number of concerns per NGO category raised over the last four quarters, *(Please note quarter 3 2022/23 is the most recent):*



1.2 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/email.

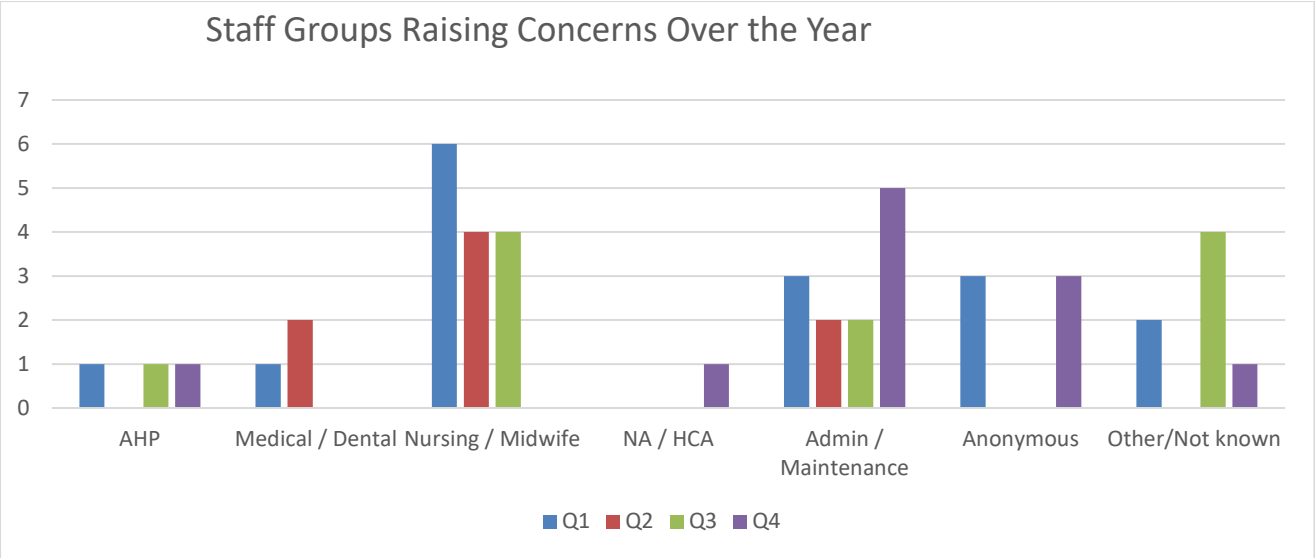
During the quarter, for all 11 concerns raised, the person raising the concern did not want to be identified and associated with the concern and therefore their details remain confidential, other than to the FTSU Guardian and administrator. Out of the concerns raised this quarter none were worried about potential repercussions, but still did not want their name to be known outside FTSU.

1.3 Staff Groups Raising Concerns

Concerns this quarter have been raised by a cross-section of staff, as shown in the table. These follow the definition of the National Guardian's Office. For comparison, the last Quarter's results are also shown.

Staff Group	Current Quarter (Q3)	Last Quarter (Q2)
AHP	9.09%	0%
Medical and Dental	0%	25%
Nursing / Midwives	36.36%	50%
HCA	0%	0%
Admin/Maintenance	18.18%	25%
Anonymous	18.18%	0%
Other/Not known	18.18%	0%

The Graph below shows the last 4 Quarters for comparison (Quarter 3 being our most recent)



1.4 Situations where detriment was expressed because of speaking up

In the last quarter there have been no new reports of perceived detriment.

1.5 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 seven of the staff members, who raised concerns with the FTSU service.

All the feedback received this quarter was Positive, including the following:

- Thanks for a speedy response
- Positive experience
- Felt able to speak up without recrimination

1.6 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 brief overview of some of the changes, however further work is required to strengthen this area. Whilst feedback is requested from those who have spoken up, further work is required to gather feedback on "what has changed" after each case is closed.

From the areas raised in Q3 the following actions have taken place:

- In one area, staff will be invited to a meeting where changes to their department are planned
- In one area a review of annual leave was undertaken to ensure that staff can take leave/ or carry over in line with Trust guidelines, and a weekly matron clinic has been established to allow staff to raise concerns
- A proposed plan is being taken forward to ensure that all medical equipment within Maternity services is serviced in line with its manufacturer's specification

1.7 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 one to one meetings with the FTSU Executive Lead and Managing Director.

1.8 Guardians Support

The FTSU guardian continues to be a member of the Regional and National network of Guardians. Although these are not meeting face to face, there is a monthly "teams" regional support meeting or workshop, with input from the national office.

2. Update on Freedom to Speak Up, Raising Concerns Policy (Corp 69)

The policy has now had final approval by PRG and is accessible on the intranet. The updated Policy is in line with NGO/NHS England guidance and has been approved in Workforce Committee.

3. Concerns Taken Directly to CQC

During Quarter 3, there were no concerns referred directly to CQC.

4. Freedom to Speak Up Champions – new guidance from the NGO

We continue to recruit Champions under the National Guardian's office (NGO). We have a total of 24 Champions currently across the Trust.

5. The National Picture

National Guardians Office Update

The National Guardians Office (NGO) published their Annual Report for 2021/22 in January 2023. A link to the report can be found below:

NGO_AR_2022_Digital.pdf (nationalguardian.org.uk)

The report highlights the following:

- The numbers of cases raised to FTSU guardians across the NHS remains at a similar number to those reported in the year 2020/21, with 20,362 cases reported in the year 2021/22 compared to 20,388 reported in the previous year.
- 10% of cases in 2021/22 were raised anonymously.
- In 86.7% of cases the person speaking up stated that they would speak up again, which supports the ongoing development of a positive FTSU culture.
- 19.1% of cases related to patient safety/quality, 32.3% related to bullying or harassment and 13.7% related to worker safety.

The report suggests that further work is needed to continue to foster a "*Speak Up, Listen Up, Follow Up"* culture*,* this assertion has been made following the learning arising from the Ockenden Report into Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust and the NHS England report into the raising of concerns at West Suffolk NHS Foundation Trust.
The report also highlights the following values that all Freedom to Speak up Guardians should strive to uphold:

- **Courage** to speak up to power and challenge appropriately to support positive change
- **Empathy**: Ability to emphasise and understand people experiences even if they are different to their own.
- **Impartiality:** Ability to deliver a high-quality service and to listen without judgement and to receive concerns at face value.
- **Learning:** Be able to demonstrate and evidence learning arising from FTSU concerns.

Southport and Ormskirk Hospital NHS Trust

National Guardian

Freedom to Speak Up

ALERT | ADVISE | ASSURE (AAA)
HIGHLIGHT REPORT

COMMITTEE/GROUP:	Finance, Performance, and Investment Committee
MEETING DATE:	20 February 2023
LEAD:	Jeff Kozer

RELATING TO KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- The cash balance at the end of January is £9.49m. The ICB finance team have facilitated the Trust being advanced £9m but as previously reported this will be repayable by the end of March. The Trust has submitted a loan request of £4.6m, which will enable the Trust to draw down the cash in March.
- A&E performance improved across the country and C&M in January to 72.4% and 72.7% respectively. S&O achieved 75.9%. Best across C&M acute trust and 2nd best all behind LWH.

ADVISE

- The Trust is reporting a £14m deficit at month 10, which is in line with the financial plan. £10.6m of the Cost Improvement Target (CIP) target is RAG rated as green and at month 10 the Trust is delivering to plan.
- The Trust received additional funding in relation to the capital charges of the CDC/TIF schemes, the costs for which will not be incurred in 2022/23 As a consequence, the agreement with all trusts that this related to was that the funding would improve its position, accordingly, resulting in a revised forecast of a £13.8m deficit at month 10.
- The draft plan submission for 2023/24 is due 23 February. This included a deficit position of £20.5m which is inclusive of the anticipated gas inflationary pressure. The CIP level assumed was 4.48%. In terms of capital, as per the agreement with the ICB the Trust has assumed £35.8m, inclusive of the full availability of internally generated resources £5.8m plus £30m for restructuring and further backlog schemes.
- ERF Activity for January 2023 reduced from 95% in December 2022 to 94% in January 2023 against C&M average of 88.6%.

ASSURE

- The Better Payment Practice Code (BPPC) performance at month 10 is 95.6%, which is slightly above the 95% target.
- The capital programme spend at month 10 is slightly below the plan of £18.7m at £16.8m, and all schemes including important backlog schemes such as fire safety and primary electrical infrastructure are on track to fully utilise the £37.3m allocated in 2022/23. To note the £2.2m funding for the IT MDF initiative has been resolved and the Trust is receiving an additional £10m funding for backlog maintenance.
- A draft capital plan for the use of the internally generated capital resource for 2023/24 was presented to the Executive Committee and Capital Investment Group. For assurance this included a sum to replace the broken pharmacy robot at Ormskirk and a sum to respond to the theatre review of the infrastructure which is due in March and will look at both sites.
- Remain best across C&M for 52 weeks, 78 weeks and zero 104+ week breaches.
- Significant progress with CT waiting times, less than 20 patients waiting over six weeks compared with 395 in April 2022.

New Risks identified at the meeting: None

Review of the Risk Register: No action taken

ALERT | ADVISE | ASSURE (AAA)
HIGHLIGHT REPORT

COMMITTEE/GROUP:	Executive Committee
MEETINGS HELD:	February 2023
LEAD:	Anne-Marie Stretch, Managing Director

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

Preparation for Industrial Action (standing item)
The Committee received weekly updates on the potential for industrial action from several unions representing NHS staff. The outcome of the RCN and Unison ballots for the Trust was that there was not a mandate to take strike action. The Committee also planned for the indirect impact of industrial action at other Trusts. The outcome of the British Medical Association (BMA) for the Trust was that there was an agreement to proceed with industrial action and it was expected that the 72-hour strike action would take place in mid-March. The Trust was in the process of developing an action place for the impact of this.

ADVISE

EPMA Exception Report for NHS Switcher (30/01/2023)
The Committee had received an update regarding the interface between Pharmacy and the Electronic Prescribing and Medicines Administration (EPMA) system and the options to address this.

Enhancement of Ward 11a (30/01/2023)
The Committee received an update on the approved plan to repurpose Ward 11a as a nurse and therapy led ready for discharge ward. A request for charitable funds to enhance the environment and improve patient experience was approved. The Committee had requested an update on the effectiveness of Ward 11a in six-months' time against the KPIs agreed.

Electronic Patient Records Partnership Memorandum of Understanding (06/02/2023)
The Committee approved the Memorandum of Understanding which set out the principles and proposed approach to partnership working with regards to the procurement and deployment of Electronic Patient Records (EPR) systems to access the Digital Maturity national funding.

Electronic Patient Record System Contract Extension (06/02/2023)
The Committee approved the request to extend the existing contract for an additional 12 months to enable the partnership procurement exercise to be completed.

Quarterly Rostering Update (06/02/2023)
The Committee received the report which provided an update on the progress made to fully rollout the electronic rostering system throughout the Trust. It was noted that the Trust was currently achieving Level 2 and was working on embedding the current processes and ensuring that all Level 2 foundations were in place to enable the Trust to achieve Level 3.

Theatre Cleanliness (13/02/2023)

The Committee received an update on the actions taken to improve the management of cleanliness, equipment, and environment of theatres on both sites. It was agreed that executive oversight would continue, until the changes were embedded.

Bi-Annual Staffing Report and Nursing Establishment Review (13/02/2023)
The Committee received the report which provided an update on the nursing, midwifery and therapies staffing as well as the six-monthly establishment reviews undertaken. It was noted that the Health Care Assistants (HCA) fill rate remained a concern, however, there were a substantial number of offers of employment in the recruitment process. The Trust had progressed with the implementation of the Allied Health Professionals (AHPs) workforce recruitment and retention action plan.

Mobile CT Scanner (13/02/2023)
The Committee received an update on the mobile CT scanner and reviewed the options regarding the extension of the rental contract and agreed to review this again in March. It was noted that a second CT scanner had been required as additional resilience to reduce the risk of the existing scanner breaking down and essential maintenance to take place, however, the maintenance work required for the existing scanner had taken place and this would reduce the risk.

2023/24 Operational Plan (13/02/2023)
The Committee approved the draft 2023/24 Operational Plan first submission.

Equality Diversity and Inclusion Flags (13/02/2023)
The Committee had approved the use of the Equality Diversity and Inclusion Flags to show the Trust's support.

Review of the Trust's Quality Priority Objectives (21/02/2023)
The Committee reviewed the Quality Priority Objectives and identified the proposed combined trust objectives for 2023/24, which would be subject to stakeholder consultation. It was noted that the Trust was making progress on the five quality priorities that were agreed for 2022/23.

Paediatric Emergency Department Establishment Review (21/02/2023)
The Committee reviewed the paper which provided an update to the establishment requirements within the Paediatric Accident and Emergency department as well as a recommendation to substantively fill a small amount of support posts within PAEDs ED.

Throne Project (21/02/2023)
The Committee approved the proposal for a multidisciplinary approach to reducing inpatient falls with harms within patient bathrooms, to ensure that the Trust met the current guidance from the Dementia Charter as well as the Trust's objective to reduce inpatient harms. The completion of the project would ensure that the Trust has a dementia / falls friendly standard bathroom template design, as well as providing the most appropriate environment for patients, especially those with dementia and visual impairments, with the overall aim of reducing falls. Charitable funds were being sought to support this project.

ASSURE

System Meetings (standing item)
Directors provided feedback from several external meetings and events with system partners where they had represented the Trust.

Capital Planning Assurance Group Weekly Update (standing item)
The Committee received the Capital Planning Assurance Group weekly progress report and remain assured of the progress being made to deliver the Targeted Investment Fund

(TiF) and Community Diagnostic Centre (CDC) developments, including the recruitment of staff.

Premium Rate Oversight Group (PROG) Update (30/01/2023)
The Committee received an update on the current progress made to support the reduction of bank and agency spend. The Trust has made good progress in reducing agency spend through substantive appointments.

CQC Maternity Survey Presentation from LMNS Assurance Board (13/02/2023)
The Committee received the presentation which provided the outcome of the national maternity survey in comparison to peers, and it was noted that the Trust compared favourably to peers regionally.

Essential Skills Training Update (13/02/2023)
The Essential Skills Training update was discussed, and it was noted that two of the three Clinical Business Units had shown an improvement in compliance rates. There was a full Resuscitation training programme in place and there had been an improved compliance in all areas of training except Adult Advanced Life Support (ALS), Paediatrics Basic Life Support (BLS) and ILS which had reflected a minor decline in month.

Equality Delivery System (EDS) 2022 Outcomes Report (21/02/2023)
The Committee received the report which provided an update on the Trust's overall EDS score and action plan, and it was noted that the Trust had a score of 19 and was rated as "Developing" (a score between 8 and 21). The Committee approved the submission of the report to the NHSE Patient Equality Team and the Cheshire and Merseyside Integrated Care Board. It was noted that the report would also be published on the Trust's website. The Committee recognised the work that had taken place across the organisation.

Monthly Nurse Staffing Report (21/02/2023)
The Committee received an update on the monthly nurse staffing, vacancy rates, recruitment, and establishment reviews and assurance was provided that measures were in place to maintain and deliver minimum safe nurse staffing levels.

Draft Quality Account Timetable (21/02/2023)
The Committee reviewed the draft timetable and governance processes to ensure that there was Executive oversight for the development of the 2022/23 Quality Account.

New Risk identified at the meeting	None

Review of the Risk Register