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NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

WHH Board of Directors Meeting Part 1

Wednesday 30 September 2020
10.00am-12.30pm
Via MS Teams

Warrington and Halton Teaching Hospitals NHS Foundation Trust
Agenda for a meeting of the Board of Directors held in public (Part 1)

Wednesday 30 September 2020 time 10.00am -12.30pm

TDue to the ongoing COVID-19 situation Trust Board Meetings are being held virtually. If you wish to observe any of our public Board meetings, please contact the Foundation Trust Office at the following address: whh.foundation@nhs.net

REF BM/20/09	ITEM	PRESENTER	PURPOSE	TIME	
BM/20/09/90	Engagement Story (COVID-19 Journey)		PPT	10.00	
BM/20/09/91	Welcome, Apologies & Declarations of Interest	Steve McGuirk, Chairman	N/A	10.15	Verb
BM/20/09/92 PAGE7	Minutes of the previous meeting held on 29 July 2020	Steve McGuirk, Chairman	Decision	10:17	Encl
BM/20/09/93 PAGE 17	Actions & Matters Arising	Steve McGuirk, Chairman	Assurance	10:20	Encl
BM/20/09/94 PAGE 19	Chief Executive's Report	Simon Constable, Chief Executive	Assurance	10:25	Encl
BM/20/09/95	Chairman's Report	Steve McGuirk, Chairman	Information	10:35	Verb

Quality People Sustainability

BM/20/09/96 PAGE 28	COVID-19 Performance Summary Report and Situation Report –	Simon Constable Chief Executive	To note for Assurance	10:45	Enc
BM/20/09/97 a PAGE 51	Integrated Performance Dashboard M5 and Assurance Committee Reports	All Executive Directors	To note for assurance	10:50	Enc
i PAGE 114 ii	Monthly Safe Staffing Report June, July IPR Key issues, Quality, Access and Performance	Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO Alex Crowe, Executive Medical Director Daniel Moore, Acting Chief Operating Officer			Encs
(a) iii PAGE 148	- Committee Assurance Report, Quality Assurance Committee (04.08.2020 + 01.09.2020)	Margaret Bamforth Committee Chair			Enc
(a) i	People	Michelle Cloney Chief People Officer			
(b) ii PAGE 154	- Committee Assurance Report Strategic People Committee (23.09.2020)	Anita Wainwright Committee Chair			Enc
(c) i	Sustainability	Andrea McGee Chief Finance Officer & Deputy CEO			
(c) ii PAGE 160	- Committee Assurance Report Finance and Sustainability Committee (19.08.2020 + 23.09.2020)	Terry Atherton, Committee Chair			Enc

(d) PAGE 166	- Committee Assurance Report Audit Committee (06.08.2020)	Ian Jones Committee Chair			Enc

Quality

BM/20/09/98 PAGE 170	Moving to Outstanding Report	Kimberley Salmon-Jamieson Chief Nurse & Deputy CEO	To note for assurance	11.40	Enc

People

BM/20/09/99 PAGE 182	Engagement Dashboard Q1	Pat McLaren Director of Communications & Engagement	To note for assurance	11.50	Enc

GOVERNANCE

BM/20/09/100 PAGE 190	Strategic Risk Register + BAF	John Culshaw Trust Secretary	To note for assurance	12.00	Enc

MATTERS FOR APPROVAL

	ITEM	Lead (s)				
BM/20/09/101	Council of Governors Terms of Reference	John Culshaw Trust Secretary	Committee	Council of Governors		Enc
			Agenda Ref.	COG/20/08/		
			Date of meeting	13.08.2020		
			Summary of Outcome	Approved		
BM/20/09/102	Audit Committee Chairs Annual Report	John Culshaw Trust Secretary	Committee	Audit Committee		Enc
			Agenda Ref.	AC/20/08/		
			Date of meeting	06.08.2020		
			Summary of Outcome	Approved		
BM/20/09/103	Flu Programme 2020	Michelle Cloney Chief People Officer	Committee	N/A		Enc
			Agenda Ref.			
			Date of meeting			
			Summary of Outcome			
BM/20/09/104	WHH Charity Annual Report and Accounts	Director of Communications & Engagement	Committee	Charitable Funds Committee		Enc
			Agenda Ref.	CFC/20/06/16		
			Date of meeting	04.06.2020		
			Summary of Outcome	Approved		

MATTERS FOR ASSURANCE/NOTING

	ITEM	Lead (s)				
BM/20/09/105	Learning from Deaths Q1 Report	Alex Crowe Executive Medical Director	Committee	Quality Assurance Committee		Enc
			Agenda Ref.	QAC/20/08/139		
			Date of meeting	04.08.2020		
			Summary of Outcome	Noted		
BM/20/09/106	Learning from Experience Q1 report	Kimberley Salmon-Jamieson Chief Nurse & Deputy CEO	Committee	Quality Assurance Committee		Enc
			Agenda Ref.	QAC/20/09/165		
			Date of meeting	1 September 2020		
			Summary of Outcome	Noted		

BM/20/09/ 107	**Director of Infection Prevention + Control (DIPC)** - **Q4 (def May) and Q1 Report**	**Kimberley Salmon-Jamieson Chief Nurse & Deputy CEO**	**Committee**	Quality Assurance Committee		**Enc**
			Agenda Ref.	QAC/20/08/141		
			Date of meeting	4 August 2020		
			Summary of Outcome	Noted		
BM/20/09/ 108	**Freedom to Speak Up Guardian Bi-Annual Report**	**Kimberley Salmon-Jamieson Chief Nurse & Deputy CEO**	**Committee**	Strategic People Committee		**Enc**
			Agenda Ref.	SPC/20/09/		
			Date of meeting	23.09.2020		
			Summary of Outcome	Noted		
BM/20/09/ 109	**Nurse Safe Staffing Escalation Audit May – June 2020**	**Kimberley Salmon-Jamieson Chief Nurse & Deputy CEO**	**Committee**	Strategic People Committee		**Enc**
			Agenda Ref.	SPC/20/09/		
			Date of meeting	23.09.2020		
			Summary of Outcome	Noted		

	Any Other Business - **Staff and Welfare Support Services**	**Steve McGuirk, Chairman**			**Enc**
	Date of next meeting: Wednesday 25 NOVEMBER 2020 , 10.00am				

Conflicts of Interest

At any meeting where the subject matter leads a participant to believe that there could be a conflict of interest, this interest must be declared at the earliest convenient point in the meeting. This relates to their personal circumstances or anyone that they are of at the meeting.

- Chairs should begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s) on completion of a Declaration of Interest Form.
- The Vice Chair (or other non-conflicted member) should Chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**
  Where an individual may get direct financial benefit[1] from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**
  Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**
  Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**
  Where an individual has a close association[1] with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

GLOSSARY OF TERMS

CEO	Chief Executive	QIPP	Quality, Innovation, Productivity + Prevention
ANP	Advanced Nurse Practitioner	**RTT**	Referral To Treatment
AQP	Any Qualified Provider		
BAF	Board Assurance Framework		
BCF	Better Care Fund	**StH&KHT**	St Helens & Knowsley Hospitals Trust
CBU	Clinical Business Unit	SFIs	Standing Financial Instructions
CCG	Clinical Commissioning Group	SLR	Service Line Reporting
CHC	Continuing Health Care	SORD	Scheme of Reservation and Delegation
CIP	Cost Improvement Plan	SIs	Serious Incidences
COO	Chief Operating Officer	SJRs	Structured Judgement Reviews
COI	Conflicts of Interest ***(or Register of Interest)***	STF	Sustainability Transformation Fund
CNST	Clinical Negligence Scheme for Trusts		
CNO	Chief Nursing Officer		
CRR	Corporate Risk Register	**WDES**	Workforce Disability Equality Standard
CQC	Care Quality Commission	WEAR	Workforce Employment Assurance Report
CQUIN	Commissioning for Quality and Innovation	WRES	Workforce Race Quality Standard
DIPC	Director Infection Prevention + Control		
DoH	Department of Health	AC	Audit Committee
DTOC	Delayed Transfers of Care	CFC	Charitable Funds Committee
ED+I	Equality, Diversity + Inclusion	FSC	Finance + Sustainability Committee
EoL	End of Life	SPC	Strategic People Committee
ESD	Early Supported Discharge	QAC	Quality Assurance Committee
EDs	Executive Directors	COG	Council of Governors
FTSU	Freedom To Speak Up		
FT	Foundation Trust		
GoSW	Guarding of Safe Working	SEOG	Strategic Executive Oversight Group
HCAIs	Health Care Acquired Infections	CPG	Capital Planning Group
HEE	Health Education England	FRG	Finance Resources Group
HWBB	Health + WellBeing Board	PSCEC	Patient Safety + Clinical Effectiveness Cttee
IAPT	Integrated Access Point to Treatment	PEC	Patient Experience Committee
JSNA	Joint Strategic Needs Assessment	PPSRG	Premium Pay Spend Review Group
KLOE	Key Line of Enquiry	RRG	Risk Review Group
KPI	Key Performance Indicators	OP	Operational People Committee
MIAA	Mersey Internal Audit Agency	SDDG	Strategic Development + Delivery Group
NCA	Non-Contracted Activity	GEG	Governors Engagement Group
NED	Non Executive Director	QiC	Quality in Care
NEL	Non Elective	CQAG	Complaints Quality Assurance Group
NHSE/I	NHS England/NHS Improvement	H&SSC	Health + Safety Sub Committee
OSC	Overview and Scrutiny Committee	EoLSG	End of Life Steering Group
PbR	Payment by Results	MRG	Mortality Review Group
PHE	Public Health England		
PPA	PPA Prescription Pricing Authority		

Warrington and Halton Teaching Hospitals NHS Foundation Trust
Minutes of the Board of Directors meeting held in Public (Part 1) on Wednesday 29 July 2020
Via MS Teams

Present	
Steve McGuirk (SMcG)	Chairman
Simon Constable (SC)	Chief Executive
Terry Atherton (TA)	Deputy Chair, Non-Executive Director
Margaret Bamforth (MB)	Non-Executive Director
Alex Crowe (AC)	Executive Medical Director & Chief Clinical Information Officer
Chris Evans (CE)	Chief Operating Officer
Ian Jones (IJ)	Non-Executive Director / Senior Independent Director,
Andrea McGee (AMcG)	Chief Finance Officer & Deputy Chief Executive
Cliff Richards (CR)	Non-Executive Director,
Kimberley Salmon-Jamieson (KSJ)	Chief Nurse & Deputy CEO and Director of Infection Prevention & Control (DIPC)
Anita Wainwright (AW)	Non-Executive Director
In Attendance	
Michelle Cloney (MC)	Chief People Officer
Lucy Gardner (LG)	Director of Strategy
Phillip James (PJ)	Chief Information Officer & Senior Information Risk Officer
Dan Moore (DM)	Director of Operations and Performance
John Culshaw (JC)	Trust Secretary
Clive Lewis OBE, DL,	CEO of Globis Mediation Group *(Item BM/20/07/62 only)*
Julie Burke	Secretary to The Trust Board
Observing	N Holding, Lead Governor, Public Governors: C McKenzie, A Robinson, Staff Governor: L Mills
	Deborah Smith, Deputy HRD + OD (*Item BM/20/07/62 only)* Christine Ellis, Accountant, Financial Services
Apologies	Pat McLaren, Director of Communications & Engagement

BM/20/07/62	**Engagement Story – Fixing Broken Windows** The Chairman welcomed Clive Lewis to the meeting who led a session aimed to stimulate thinking and discussion as to what the Board might as role model and lead the way on the equality and inclusion agenda, specifically, on this occasion, for BAME colleagues and patients. CL explained mechanisms to support this including psychological safe spaces, ensuring Line Managers are equipped with appropriate skills and knowledge, organisational diagnosis and Civility Coaching/Training. CL shared his background and how his work, life experiences and his own role models had come to play a pivotal role in the work that he had become involved in. The Trust WRES data indicated a BAME population average of 10% across the health system and low level of Agenda For Change positions occupied by BAME colleagues. The Chairman thanked Clive for his introduction and invited comments/questions: - KSJ referred to recent social media comments of 'white privilege', and what the Board needed and could do to support and effect change for the workforce. CL referred to his experience of the impact role models can have on individuals as well as strategic organisational actions.

	- PJ and MC referred to the challenges to effect cultural and behavioural change, complexities of unconscious and conscious bias and difficulties some staff feel to be able to speak up or challenge when they have observed such behaviour, not reflecting Trust Values and Behaviours. Referring to WRES data, MC asked for examples of best practice. Examples were given in Nursing, Midwifery and AHP cohort where some staff are still not comfortable challenging behaviour and raising issues, despite Forums held by the Chief Nurse to hear concerns, adding that some of this group did not feel that action had been taken. - CL commented in some instances staff are not always aware of colleague's feelings, cultures etc. and how their behaviour could be perceived in these circumstances. - IJ enquired of any examples where Civility Coaching had been implemented in large organisations as best practice. CL had supported similar work at Wiltshire Hospitals, coaching would need to be tailored according to area and organisational demographic. - AW enquired about the organisational diagnostic tool, CL explained the tool included a Research tool to support organisations to understand what is happening. - SMcG asked if CL had examples of work undertaken with Patients for them to challenge such behaviours. CL explained there are examples of patients receiving different treatment due to ethnicity / culture / background etc. - TA referred to demographic of Warrington (96% White) and Halton (98% White), incidences of inappropriate behaviour to BAME staff and time it will take to eradicate such behaviours. He also referred to the exceptional support from the Sikh Community during the Pandemic and ways to sustain this engagement with minority groups. It was recognised that the challenge is higher in Warrington and Halton due to demographic. The Chairman thanked Clive and colleagues input which demonstrated long term plans/vision is needed to support changes as opposed reactive, knee jerk reaction. A multi-strand approach was referred to, setting standards required as a Trust initially and the need to understand and acknowledge many diverse cultures. The CEO concurred adding that practical next steps need to work with MC and BAME Network, Executives to consider next steps.
BM/20/07/63	**Welcome, Apologies & Declarations of Interest** The Chairman welcomed all to the meeting. Apologies noted above. No declarations made in relation to the agenda.
BM/20/07/64	**Minutes of the meeting held 27 May 2020** Page 8 BM/20/05/52. 3rd paragraph post meeting note and last paragraph to be added to section BM/20/05/58. 2nd sentence last paragraph amended accordingly. The minutes of 27 May 2020 were agreed as an accurate record.
BM/20/07/65	**Actions and Matters Arising. Action log and updates noted and recorded.** BM/20/05/49. Narrative to read Risk Reduction Framework. Risk #1207 had been added to BAF, approved at QAC on 07.07.2020 and reported to SPC on 22.07.2020 with continued monitoring at SPC through the 'People' risk register. Action closed.
BM/20/07/66	**Chief Executive's report** The CEO referred to his report, which contained a number items that will be addressed in other items in today's meeting, in particular performance and recovery where services had been paused and impact on the Trust Constitutional Standards, Access, Performance and

	Waiting Lists. Referring to the 'Green' pathway and designated 'green' theatre and recovery area, the Chair asked that a Press Release is prepared for local media. SMcG enquired about the process of swab testing and any support from partner organisations. SC explained the Trust is part of the Elective Surgery Home Testing Pilot. The Trust is engaging with C&M Fire and Rescue Service to assist with local swab testing including Elective procedures. CR referred to the restart of Paediatric Services, if this was Warrington site and scope of services, eg ENT. SC explained services to be restarted will not be different from those carried out historically. Paediatric Recovery is slow and separation of pathways to be restarted is needed. The Trust is working with Alder Hey Children's Hospital Paediatric Surgeons and Anaesthetist colleagues to enable more elective treatment at Warrington. **The Board noted the report and NHS Provider Summary of Board papers.**
BM/20/07/67	**Chairman's Report** The Chair congratulated C Evans on his appointment as COO to Portsmouth NHS Foundation Trust thanking Chris on behalf of the Board for his work and support and wished him every success. The Chair reported internal meetings with Non-Executives (NED) continue with the NED Assurance Committee meetings, Board, Council of Governors and Governor Briefing meetings. The Complaints Quality Assurance Group had recommenced following a pause during the Pandemic. He continues to keep in touch with Regulators, local partners and MPs and stakeholders. The Chairman referred to current Command and Control situation, particularly stance to virtual meetings and if the Board should be moving to increased physical visibility on site and for Board and Assurance meetings, whilst abiding to COVID-19 Infection Control measures. AC commented, Command and Control need to understand what the orders and recommendations are, what consensus is to implementation of some of the guidance, with prescriptive communication to allow responsive approach. CR noted some caution and concern if the Trust moved to holding larger physical meetings in the very near future whilst still dealing with the Pandemic, as the Trust could be seen as an outlier. • **The Board noted the report.**
BM/20/07/68	**COVID-19 Performance Summary and Situation Report** The CEO referred to the evolving situation report and supporting Elective Recovery plans. All data is submitted through Emergency Planning Resilience Reporting to NHSE/I and provides headline figures and outcomes data from a regional, national and local perspective. There were no further questions were raised from Board members. • **The Board noted the report.**
BM/20/07/69	**IPR Dashboard and IPR Key Issues** The CEO introduced the report. **Quality** – The CEO asked KSJ to provide an update on Complaints in addition to any other matters of note for the Board.

Complaints – current position had been discussed at Strategic Executive Oversight Group (SEOG) on 28.7.2020, 95 open Complaints, the average run position is 85, 20 Complaints are due to be signed off by 31 July 2020, 6 complaints are over 6 months, 3 of which will be signed off by 31 July 2020. Oversight and monitoring processes explained including a Complaints Oversight Group meeting two weeks ago Chaired by herself, with CBU and Senior Recovery leads. A breakdown of all complaints was discussed to understand next steps and action that had been taken to resolve open Complaints. Bi-weekly meetings to continue to maintain momentum, monitor and review the action log. KSJ further explained some Complaints were outstanding primarily due to staff not able to resolve in height of Pandemic, the formal national pause in the Complaints process and not seeing the anticipated reduction of Complaints received during this period. Formal reporting and monitoring will continue through the Complaints Quality Assurance Group, High Level Briefing and formal reports to Quality Assurance Committee, with any escalation highlighted in the Committee Assurance Report to Board. No other questions were raised.

Access and Performance – The CEO asked CE to provide an update on Constitutional standards in addition to any other matters of note for the Board.

Non-Elective:

- A&E standard achieved, 92.16% in June reflecting steady performance above 90% since April 2020 and against the pre COVID-19 agreed trajectory of 86.5% for June 20.
- A&E attendances have returned to 85-90% of normal activity compared to same period last year, and a sustained consistent performance in excess of 90%, whilst managing segregation of flow and normal attendances as per RCEM guidance.

Elective:

The elective standards are more challenged due to pause of these services during COVID-19:

- RTT achieved 61.78% in June against the standard of 92.00%. There is an aspiration to achieve 90% of usual activity as part of phase 3 planning guidance. This is being reviewed as part of the theatre expansion programme from week commencing 10th August 2020.
- At present the Trust is approximately 50% of elective and 60% of day case activity from our own recording. It was relayed via the regional team that the highest performing Trust in the North West was operating at circa 65% with the lowest at 14%.
- The in-patient waiting list is stable which is a positive position reflecting management throughout the pandemic and ability to undertake the urgent and cancer activity. In addition, the trust has effectively been utilising the Independent Sector to support backlog.
- Cancer – as per all elective activity clinical prioritisation of patients has been the guiding principle. This has meant a number of patients waiting above 62 days have been treated in month therefore missing the 62 day standard. It is anticipated that it will take approximately 2-3 months to be on track.
- Diagnostics – significant improvement has been made for those waiting above 6 weeks for a diagnostic test. In May 2020 this was 73% of those waiting were over 6 weeks, this has now reduced in June 2020 to 56.75%. Progress is being made across all modalities, with particular improvement in MR which is envisaged to be back on track within the next month.
- Endoscopy – focusing on internal plans to improve and expedite throughput. The clinical team presented at recovery board regarding expansion plans to increase activity in this area.

SMcG asked what the challenges are to achieve 90% elective performance, mindful of Recovery Plans, winter, any further spikes in COVID-19 and impact of PPE and infection control requirements.

CE explained challenges multi-factorial however, some are within our scope of influence including the theatre expansion plan to increase elective activity. There are plans in place to increase elective capacity at Warrington from 10 August 2020 and from 17 August 2020 at Halton and Sir Captain Tom Moore Building (CSTMB) [CMTC). In relation to Infection Control and PPE, CE explained the most recent change in NICE guidance regarding the 14 day swab testing for all activity will support a change in practice as it recommends a test at 72 hours pre-procedure for less vulnerable cohorts as opposed to the 14 day self-isolation period. This guidance is being reviewed and a Trust position will be adopted.

In relation to Lorenzo Discharge Medication Summary, PJ advised the upgrade which caused the issue was in September 2019. 359 summaries had been reviewed, 20 patients followed-up, 1 potential, minor harm identified. PJ assured the Board that work continues reviewing summaries, review of April data to be concluded. Internal framework for review of IT and digital systems to become embedded in all aspects of patient safety and quality to mitigate future errors. CR referred to possible double running on information as electronic and manual verification had been undertaken. PJ and AC explained the manual process had ceased on 10 July 2020, replaced with a simplified electronic discharge process with summary only containing discharge drugs prescribed.

CR concurred with observations of challenges to achieve 90% activity as part of Recovery Plans, whilst 'living' with COVID-19, estate challenges to provide COVID and secure non COVID areas for treatment and workforce challenges.

AMcG enquired about scenarios to bring activity back on line and where there may be risks or limiting factors. Guidance anticipated relating to incentives for health care systems to increase capacity over Autumn and possible penalties if recovery of activity is not expedited quickly.

CE explained monitoring and oversight of all Recovery service plans is at the Recovery Board, focus is on clinical prioritisation in line with Infection Control guidance, balanced with workforce and being mindful of starting some services at the expense of clinical prioritisation and other service prioritisation.

In relation to query raised by LG relating to 62 day waits and clinical prioritisation and any potential change to current standards whilst in Recovery, CE referred to the clinical review of standards pre COVID-19, potential for new ED standard pre-Winter, but has not received any information regarding further changes anticipated currently.

Quality Assurance Committee (QAC) Assurance Report 7 July 2020. MB highlighted CQC action log; Interim CQC Inspector assigned to WH; assurance received relating to Care Home Discharge Process; Waiting List report received, monthly reports for Waiting List Oversight; Maternity Digital Systems escalated, to be discussed in Part 2 of the Board as functionality of current system not adequate to support the service. Hot topic update received relating to Lorenzo Discharge Medication Summary.

Workforce - CEO asked ME to provide an update on sickness absence in the context of COVID-19 in addition to any other matters of note for the Board.

MC explained increase in April. Reduction in absence in line with decrease of COVID-19 related absences, 5.75% absence rate in June, highest incidence of absence is Mental Health related. Assurance given this is comparable with C&M peers, (St Helens & Knowsley reporting 5.45%), recognising C&M is in the lower quartile nationally. A number of workforce offers and support had been implemented during COVID-19, focus on sustaining these to provide long-term provision of support. Occupational Health Swab testing in place for staff and families displaying symptoms to support staff to return to work. Two part Risk Assessment for all staff introduced, Part 1 Self-Assessment, if issues identified a Part 2 Individual Assessment to be carried out with Line Manager to ensure COVID-19 secure safe working environment for staff.
SMcG enquired if the Trust had furloughed any staff. MC explained, in line with NHSE/I and NHS Employers, Trusts had been instructed not to furlough staff, and that this would only apply to Bank and Agency staff. Social Partnership Forum agreements guide direction of travel with oversight at the SPC who had discussed some constraints of these agreements.

Strategic People Committee (SPC) 22.07.2020 AW reported SPC had also discussed constraints of pause in HR Disciplinary cases, assurance provided that meetings had taken place WHH and Staff Side to review cases, anticipated that this process will recommence in September 2020; assurance provided on medical appraisal of temporary staff; assurance not provided relating to temporary medical staff compliance with local induction and a position statement requested to September SPC; approved evaluation for Improving People Practices action plan; proposal to amend Committee reporting arrangements revised, broader discussion required, approval deferred, update requested to September SPC; comprehensive update on H&WB offers provided and those to continue. Thanks were conveyed to LG and Welfare Team for the support offered to staff, at pace, during the Pandemic.

Sustainability – Since the report had been submitted, AMcG brought the following matters to the attention of the Board:

- Written confirmation received on 24 July 2020 of write off of the Trust £57.8m debt by PDC (£1.2m capital loan and £56.6m revenue support) in tranches from 1 April 2020. There will be no financial impact, no revenue penalty, increase will be eradicated by financial top-up.
- £2.4m Critical Infrastructure funding received.

Breakeven position achieved in June, £9m total retrospective top up received, this was less than COVID-19 expenditure incurred due to reduction in Elective activity in Q1

Capital Programme - AMcG highlighted proposed changes detailed below which had been supported at July 2020 Finance + Sustainability Committee for the Board to review and approve/support:

- Emergency capital request approved by CFO & Deputy CEO, £7k (Paediatric Ultrasound Inducer) from Contingency.
- Funding changes to increase Contingency supported by FSC Backlog **(£200k)** and Halton Residential Blocks 2+3 Fire Doors **(£2k)**. 6 Facet Survey had been removed, total **(£202k).** These changes would give the Trust a contingency of £0.37m and enable approval of requests within the report. Approval of the £0.2m requests in the report would provide a remaining contingency of £0.17m.

	In response to query from CR to level of risk to defer Electrical Infrastructure Scheme, AMcG explained Director of Estates has assured this can be mitigated until next year. The scheme however will be taken into consideration as part of the Critical Infrastructure funding. • **The Board reviewed and noted the report and changes in reporting of VTE to assessment within 14 hours of admission.** • **The Board approved the addition of COVID-19 KPI to the Quality section of the IPR.** • **The Board noted the COVID-19 capital approved as an emergency by the Chief Finance Officer & Deputy Chief Executive, supported at FSC in July 2020.** • **The Board approved the changes to the Capital Plan increasing the contingency to £385k enable new bids to be approved, supported at FSC in July 2020.** Finance & Sustainability Committee (FSC) 17.06.2020 + 22.07.2020. TA reported FSC had received and approved changes to reporting of Pay Assurance and closing of Premium Pay Spend Review Group (PPSRG) to refocus efforts on workforce planning and delivery. Refreshed Pay Assurance Report to provide enhanced assurance of processes and monitoring in place of enhanced control measures. Medical Establishment Review had been deferred due to COVID-19. Review to be reported in August, baseline will enable clear distinction reporting staffing requirements above the agreed establishment. Discussed future investment cases, pressures of £11m to be discussed in Part 2 of the Board. Discussed income shortfall related to B1, requested Executive action relating to this and staff redeployment and escalation to CEO of Halton BC. SC explained the Trust is working with staff to redeploy staff and discussions ongoing with Halton BC relating to longer term commissioning of Intermediate Care beds in Halton. Audit Committee 17.06.2020). IJ reported the Committee had approved the 2019-20 Final Accounts and Annual Report in line with national reporting schedules.
BM/20/07/70	**COVID-19 Infection Prevention & Control (IPC) Board Assurance Framework** KSJ highlighted key points to note which provides assurance on actions in place to meet legislative requirements relating to Infection Prevention and Control. - Framework is monitored through the Infection Control Sub Committee and QAC. - The Trust had been assessed as compliant on 11 assurance questions and also a number of sub questions. The CQC stated that the Trust had been responsive in relation to COVID-19 to support staff, patients and visitors. - SMcG commented that the Non-Executive Directors had received assurance at their weekly NED Assurance Meetings and for this to be included in KLOE evidence, he had also attended the BAME Staff Network Group. Framework to be updated. • **The Board noted the report and its assurance on actions in place to meet legislative requirements.** • **SMcG asked for Clarification if framework extends to inclusion of obligations relating to Health & Safety at Work Act** • **Page 134 – add COVNED Meeting to evidence of oversight meetings.** • **Page 149 add S McGuirk in attendance at BAME Staff Network Group.**
BM/20/07/71	**Moving to Outstanding(M2O) Action Plan** The report was taken as read by KSJ highlighted key points to note:

	- Of the original 63 actions in the CQC action plan, 7 actions remain to be completed by August 2020 (6 Should, 1 However). Updates on these actions will be reported to the M2O Steering Group. Major focus to recommence work on M2O Framework and next steps. Child Health and Women's workstream recommenced, Well Led, Use of Resources and Urgent Care and End of Life workstreams to recommence. - There were no 'Must Do' actions or regulatory breaches on the CQC action plan. - 53 actions related to 'Should Do' actions. - All actions and timeframes have been agreed by Executive leads and core service leads. - Working with CQC on the 4 areas of the Emergency Services Framework, safe care and treatment; staffing arrangements; protection from abuse; assurance, monitoring and risk management. - Interim CQC Inspector in place, permanent Inspector to be confirmed. - Future CQC inspection not anticipated, CQC using organisational data to inform next steps. Changes in process for Provider Information Requests (PIR) and more focus on information shared at the 3 weekly liaison meetings. • **The Board noted the report and its assurance on actions in place to meet legislative requirements.**
BM/20/07/72	**Quarter 4 and Q1 Progress on Carter and Use of Resources Assessment (UoRA)** AMcG introduced the report, highlighting key points to note: - Inspections and Model Hospital reporting had been suspended during COVID-19 and no timescales when inspections will resume or their format. Use of Resources internal workstream paused as current data would not be available. Oversight will continue and reporting resumed in Q3 if appropriate. - The original Carter Recommendations had provided a baseline at the time and the Board was asked to consider the proposal to assign the remaining ongoing actions to appropriate groups and committees and to agree a new streamlined UoRA report aligned to the Key Lines Of Enquiry, an example template being enclosed within the report. • **The Board noted and approved the proposal to streamline future reports.**
BM/20/0774	**Strategic Risk Register and Board Assurance Framework (BAF)** The report was taken as read and JC highlighted the following for the Board to review and consider the following proposals since the last meeting and the rationale: Proposal to add new COVID related risks had been approved at the QAC on 7 July 2020: - **Risk #1215** Failure to deliver the capacity required caused by the ongoing COVID-19 pandemic and potential environmental constraints resulting in delayed appointments, treatments and potential harm, rating of 25. - **Risk #1207** Failure to complete workplace risk assessments for all staff in at-risk groups, within the timeframes set out by NHSI/E, rating of 16. - **Risk #1205** Failure to send accurate continuity of care information medication and / or allergies information from the Lorenzo EPR to external stakeholder. E.g. GPs, rating of 15. Proposed changes to risk ratings of two risks had been approved at the Quality Assurance Committee on 7 July 2020:

	- **Risk 1135 –** An additional risk (#1215) had been added to the BAF to monitor the Trust's ability to deliver the capacity required during the recovery period. This inclusion, the restoration of services, the re-opening of the CMTC and completion of associated actions, it was agreed to reduce the risk rating from 25 to 15 and to de-escalate the risk to the Corporate Risk Register for continued monitoring. - **Risk 224** – The Emergency Department has returned to 85-90% of normal activity and recorded a consistent performance of in excess of 90%, it was agreed to reduce the risk rating from 16 to 12 and to de-escalate to the Corporate Risk Register for continued monitoring. Also included in the report were notable updates to existing risks, #1135; #1124; #115; #134; #1134; #1114; #224. There had been no amendments to the descriptions of any of the risks on the BAF. • **The Board reviewed and noted the BAF and Strategic Risk Register.** • **The Board approved the addition of three new risks to the BAF, reduction in rating for two risks and de-escalation of two risks to the Corporate Risk Register.**
MATTERS FOR APPROVAL/RATIFICATION	
	JC introduced these items explaining that 7 of the 9 items for approval/ratification had been ratified through the Trust's due diligence and governance process at its Assurance Sub Committees.
BM/20/07/75	**Complaints Annual Report** The Board **ratified** the Complaints Annual Report which had been approved at the Quality Assurance Committee on 7 July 2020**.**
BM/20/07/76	**Safeguarding Annual Report** The Board **ratified** the Safeguarding Annual Report which had been approved at the Quality Assurance Committee on 7 July 2020.
BM/20/07/77	**Risk Management Strategy Annual Report** The Board **ratified** the Risk Management Strategy Annual Report which had been approved at the Quality Assurance Committee on 7 July 2020**.**
BM/20/07/78	**Health & Safety Annual Report** The Board **ratified** the Health & Safety Annual Report which had been approved at the Quality Assurance Committee on 7 July 2020**.**
BM/20/07/79	**Quality Strategy Annual Update Report** The Board **ratified** the Quality Strategy Annual Update Report which had been approved at the Quality Assurance Committee on 7 July 2020**.**
BM/20/07/80	**Medicines Management & Controlled Drugs Annual Report** The Board **ratified** the Medicines Management & Controlled Drugs Annual Report which had been approved at the Quality Assurance Committee on 7 July 2020**.**
BM/20/07/81	**Quality Committee Chairs Annual Report** The Board **ratified** the Quality Committee Chairs Annual Report which had been approved at the Quality Assurance Committee on 7 July 2020**.**
BM/20/0782	**Microsoft N365 Licencing** The Board **ratified** the Trust's participation in N365. The proposal had been approved at Strategic Executive Oversight Group (SEOG) on 14 July 2020, by the Chair and Non-Executives at the COVNED meeting on 14 July 2020 and support and approval by the Trust Board virtually on 15 July 2020. This approval process had been followed to enable to the Trust to confirm its participation in N365 by Friday 14 July 2020.

BM/20/07/83	**Charitable Funds Committee Governing Document (Terms of Reference)** The Board **ratified** the Charitable Funds Committee Governing Document which had been approved at the Charitable Funds Committee on 4 June 2020.

MATTERS FOR NOTING FOR ASSURANCE	
BM/20/07/85	**Emergency Preparedness Annual Report** CE explained the Trust had achieved 'Substantial' compliance against the EPRR Core Standards. This was an improvement in last year's compliance and highlighted the work that had been undertaken in the past 12 months specifically around business continuity and EPRR staff training and exercising. • **The Board noted the report.**
BM/20/07/86	**Learning From Experience Q4 Report** This report had been reviewed and discussed at the Quality Assurance Committee on 7 July 2020 • **The Board noted the report.**
BM/20/07/87	**Patient Experience Strategy Annual Report** This report had been reviewed and supported at the Quality Assurance Committee on 7 July 2020. • **The Board noted the report.**
BM/20/07/88	**Mortality Review Q4 Report** This report had been reviewed and supported at the Quality Assurance Committee on 7 July 2020. AC reported the Trust had appointed 2 Medical Examiners in line with NHSE/I requirements. • **The Board noted the report.**
	Any Other Business SC asked the Board to consider proposal to extend free car parking for staff and patients during the month of August 2020 which had been introduced nationally during the COVID-19 Pandemic • **The Board approved the proposal.**
	Next meeting to be held: Wednesday 30 September 2020

Signed …… Date …….

Chairman ……..

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NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS ACTION LOG

AGENDA REFERENCE	BM/20/09/93	SUBJECT:	TRUST BOARD ACTION LOG	DATE OF MEETING	30 September 2020

1. ACTIONS ON AGENDA

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
BM/20/01/10	29.01.2020	Digital Strategy	Medical Electronic Handover presentation to future QAC and reported to Board through Key Issues	**Executive Medical Director**	**QAC 01.09.2020 Board 30.09.2020**		25.032020 Date for presentation to QAC to be confirmed. Action on hold due to COVID-19 Pandemic. 15.07.2020 update received at August QAC, to be reported in Committee Assurance Report in September. 29.07.2020 deferred to September QAC.	

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
BM/18/07/57	26.05.2020	Junior Doctor/Trainee Engagement update Trello)	6 mth update presentation.	**Executive Medical Director + CCIO**	**Paused nationally 2020, date TBC**		14.01.2019. Deferred to March 27.03.2019. Referred to future BTO 29.05.2019. Update to September Board to include results from GMC survey results. 06.09.2019. Deferred to November Board due to deferred HEE visit. 18.11.2019. Deferred to January Board due to HEE visit. 13.01.2020 Date of HEE visit still to be confirmed. 9.03.2020 HEE visits cancelled on 3 occasions. HEE visit confirmed for 22.5.2020. Verbal	

							update to May Board 27.05.2020 Visit cancelled. HEE visits paused due to COVID, future date to be confirmed 29.07.2020. Visit confirmed for Autumn 2020.	

3. ACTIONS COMPLETED AND CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
BM/20/07/70	29.07.2020	COVID-19 IPC Board Assurance Framework	Clarification if framework extends to inclusion of obligations relating to Health & Safety at Work Act	**Chief Nurse & Deputy CEO**		**22.09.2020**	Completed – does link to HSWA	
BM/20/07/70	29.07.2020	COVID-19 IPC Board Assurance Framework	Pg 134 – add COVNED Meeting, Page 149 add S McGuirk in attendance at BAME Network.	**Chief Nurse & Deputy CEO**		**22.09.2020**	Completed – information added as listed	

RAG Key

	Action overdue or no update provided		Update provided and action complete		Update provided but action incomplete

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REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/20/09/94**			
SUBJECT:	**Chief Executive's Briefing**			
DATE OF MEETING:	30th September 2020			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will…Always put our patients first through high quality, safe care and an excellent patient experience. ✓ SO2 We will…Be the best place to work with a diverse, engaged workforce that is fit for the future. ✓ SO3 We will...Work in partnership to design and provide high quality, financially sustainable services. ✓			
LINK TO BAF RISK:	All			
EXECUTIVE SUMMARY *(KEY ISSUES):*	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: *(please select as appropriate)*	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Board is asked to note the content of this report.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None			

SUBJECT	Chief Executive's Briefing	AGENDA REF:	BM/20/09/94

1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 29th July 2020, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ELEMENTS

2.1 Briefings shared with the Board since the last meeting

- Elective Letter from Amanda Pritchard, Chief Operating Officer NHSE/I & Julian Kelly, Chief Financial Officer NHSE/I
- The appointment by Cheshire & Merseyside Health Care Partnership of two new Executive Directors

2.2 Key issues

2.2.1 Current COVID-19 situation

There has been an increase in inpatients with COVID-19 over the last two weeks following the rise in community prevalence.

As at the time of writing, 24th September 2020, we have a total of 23 COVID-19 inpatients at WHH – 6 more than one week previously; 1 of these 22 patients has been retested during their stay and are now COVID-19 negative, which makes the current swab-positive number of COVID-19 positive inpatients actually 22. Four patients are being looked after in critical care.

Since March, we have performed 22982 COVID-19 tests on patients; 1338 have been positive in total. We have discharged a total of 425 patients with COVID-19 to continue their recovery at home. Sadly, a total of 141 patients have died in our care.

Since March, we have performed 2073 COVID-19 tests on staff; 398 have been positive in total (this will include repeat tests). A COVID-19 Risk Assessment has been offered to all staff. 81.33% of all staff have been risk assessed; 95.65% of risk assessments have been completed for staff who are known to be 'at risk', with mitigating steps agreed where necessary. 98.65% of risk assessments have been completed for staff who are known to be from a BAME background, again with mitigating steps agreed where necessary.

In terms of PPE stock, based on estimated current usage, we have 136 days' worth of FFP3 masks (although not all masks previously available are now available, which therefore means repeat FIT testing), 22 days' worth of Fluid Resistant Surgical Masks, 186 days' worth of gowns, 21 days' worth of gloves and 24 days' worth of aprons. Mutual aid with other C&M/NW organisations is available, in both directions.

In terms of recovery, and in the last 7 days and compared to the same period last year: Emergency Department attendances at Warrington and Urgent Care Centre attendances at Halton approximate 95% and 80% respectively. Elective inpatient surgical admissions approximate 75% activity and day-case surgical admissions approximate 60% activity compared to the same period last year; similarly new and follow up outpatient appointments approximate 80%.

2.2.2 NHS Pensions Agency Data Quality

The NHS Pensions Agency provides all trusts with yearly statistics to provide a clear indication of how accurate the Trust's Pension data is in the Electronic Staff Record (ESR) and the data held in the Pensions On-Line system (POL) at year end. WHH year-end statistics scored 98.78% accuracy. We achieved a good rating when compared to other NHS organisations, with another year of improvement and high level of accuracy, with significant efforts to improve the quality of data submissions.

Our Payroll and Pensions team, under the stewardship of Carl Roberts, Gillian Greggs and Sharon Travis, maintain an excellent service on behalf of us all, and the high compliance demonstrates our ability to process pensions accurately, giving us confidence that pensions are in safe hands.

2.2.3 WHO World Patient Safety Day – 17th September 2020

The World Health Organisation (WHO) observes World Patient Safety Day annually on 17th September. Patient safety is a serious global public health concern as demonstrated by this sobering statistic on the WHO website: the estimated risk of dying while travelling by airplane is 1 in 3 million. In comparison the risk of patient death occurring due to a preventable medical accident, while receiving healthcare, is estimated to be 1 in 300.

World Patient Safety Day aims to bring together patients, families, caregivers, communities, health workers, health care leaders and policy-makers to show their commitment to patient safety.

The COVID-19 pandemic has been one of the biggest challenges faced by healthcare systems worldwide. Health workers have been facing the challenge of working in stressful environments (learning, adhering and adapting to rapidly changing clinical guidance, infection prevention and control measures, PPE precautions) and facing the risk of exposure to healthcare associated infections, illness and death. It is known that stress, both physical and mental, makes staff more prone to errors which might lead to patient harm.

"Health Worker Safety: A Priority for Patient Safety" was, therefore, selected as the theme for World Patient Safety Day 2020, which focused on the interrelationship between health worker safety and patient safety, depicted in the slogan 'Safe health workers, Safe patients'. This emphasises the need for a safe working environment for health workers as a prerequisite for ensuring patient safety.

2.2.4 World Sepsis Day – 13th September 2020

One of the concerns about the current pandemic is that there is the potential to 'over-diagnose' COVID-19 and miss other common and important infections such as sepsis. The

Trust marked the ninth consecutive year of healthcare professionals and charities across the world coming together to raise sepsis awareness. The pledge this year was: "It's all about TIME - Think Sepsis". The value of time in healthcare is imperative. The sooner patients get the right care in the right place with the right resources, the better the chances for a positive outcome. We have once again been raising the awareness of sepsis across our Trust and with our patients and their relatives or carers and that will increase the chance of early identification and successful treatment.

2.2.5 999 Emergency Services Day – 9th September 2020

9th September 2020 was 999 Emergency Services Day - an opportunity to remember our NHS and emergency service colleagues, their families and friends. It is held annually on 9th September, starting at 0900 (9th hour of the 9th day of the 9th month). This year it seemed even more poignant and fitting to send a message of thanks to all those staff and volunteers working to serve the public within the emergency services, including the NHS.

After the last few months, we can take heart in the way that we have seen new partnerships form between and greater sense of a unity between the NHS and emergency services and I will soon be able to share some detail of how these are starting to deliver real benefits for patients in our own boroughs. One of these is a really different partnership with Cheshire Fire & Rescue Service offering a COVID-19 home swabbing service for some of our most vulnerable patients needing elective procedures.

The National Emergency Services Memorial (NESM) Charity is supported by HRH The Duke of Cambridge, Her Majesty's Government, the Prime Minister, The Governments and First Ministers of Northern Ireland, Scotland and Wales, the Home Secretary, Health Secretary, National Police and Fire Chiefs' Councils, the Association of Ambulance Chief Executives and many more. The Charity is raising at least £3.2 million to build the UK's first national '999 cenotaph' to honour all who have served in the NHS and emergency services. This important national monument will be a national symbol of gratitude, sacrifice and remembrance to the brave men and women who serve in the NHS, Police, Ambulance Service, Fire Service and Search and Rescue services.

2.2.6 NHS 111 First 'First Mover' Go-Live Status

On 8th September 2020 our Warrington ED and our Runcorn Urgent Care Centre were at the forefront of a significant change in the NHS – one that will hopefully improve the experience of patients and also staff working at what is often referred to as the 'front door' to NHS care.

Just over two months or so ago we were selected to be one of two the 'first mover' sites in the North West region to implement an enhancement to the NHS 111 service within urgent and emergency care. From 8th September, residents in Warrington and Halton can contact NHS 111 first if they need urgent - but not emergency - NHS care. An expanded pool of advisors at NHS 111, backed up by clinical expertise from a local Clinical Assessment Service, will be able to book timed slots, where appropriate, for people to attend for same day emergency care within our services.

This is a rapid local implementation of a new national initiative designed to smooth out the familiar and challenging issue of patient flow into emergency departments and also to prevent the spread of COVID-19 in healthcare settings. By the end of the year all areas will be adopting this model and hopefully waiting rooms up and down the country will be a lot less packed at peak times - and safer - as a result.

This is a big change and one that will need time to embed to ensure the best experience for patients. Promotion will step up over the coming months and culminate in a national campaign to bring about the scale of behaviour change in the population required to deliver the desired outcomes.

I would like to thank all those involved for the huge amount of work done in such a short timeframe to deliver this. It has been a great team effort from the whole local health economy. A significant number of services sit behind this and will be increasingly involved over coming weeks and months as the 'offer' expands, bringing some predictability and control over what was once assumed to be wholly unpredictable and uncontrolled.

It is good for WHH to be at the forefront of delivering something like this and to be able to use our experience and insight to influence the future development and roll-out.

Since launch and the time of writing 120 patients have attended with a booked appointment. This is comparable with other 'First Mover' sites.

2.2.7 WHH Spotlight on Safeguarding

Over the first three weeks of August the WHH Safeguarding Team ran a programme of live learning sessions using MS Teams Live and the daily Hot Topic in the Safety Huddle. The objective was to further raise awareness among all staff of all elements of safeguarding, their own responsibilities and further learning for front line staff across all staff groups. The event was welcomed by partner agencies in Warrington and Halton boroughs and at national level with NHS England Safeguarding team being involved.

Eleven teaching sessions where held on MS Teams live, which were recorded and uploaded to the Trust's YouTube channel – WHH Comms. Externally, the MS Team Live events were shared with the following organisations to share with their staff and also advertised on our Twitter: @WHHNHS:

- Warrington Borough Council
- Halton Borough Council
- Warrington CCG
- Halton CCG
- North West Boroughs NHS Healthcare Trust
- Bridgewater Community Healthcare Trust
- NHS Safeguarding
- NHS England and Improvement
- Newcastle Gateshead CCG
- Cheshire Police
- St Rocco's Hospice

- Torus Housing
- Morecambe Bay CCG
- Newcastle Gateshead CCG
- Garland Training
- Penketh High School
- Virgin Care
- Midlands and Lancashire Commissioning Support Unit
- St Helens and Knowsley Hospitals NHS Trust
- Knowsley CCG
- Greater Manchester West Mental Health NHS Foundation Trust
- Home Start Warrington
- Lancashire and South Cumbria NHS Foundation Trust
- Rotherham NHS Foundation Trust
- Wirral Council
- Sefton CVS

"Thought provoking", "emotional", "such an important message" were just a few of the comments that have been said to me regarding our WHH Spotlight on Safeguarding event.

I would like to give thanks to all who have supported this successful event. Safeguarding is everybody's responsibility and it is important that we keep safeguarding at the forefront of everything we do.

2.2.8 Project Wingman Legacy

The Project Wingman Foundation has selected WHH to be one of just 10 'Legacy Lounges' as it winds up its COVID-19 support programme. Project Wingman – Aircrew supporting the wellbeing of NHS Staff – started at Kendrick Wing as we worked through the COVID-19 pandemic and has had well over 15K staff visits since the lounge opened in May 2020. We've also been able to run some 'pop up lounges' at Halton and had the pleasure of serving more than 600 staff over the last two visits!

Wingman is a national programme and was established at over 80 hospitals around the UK during the pandemic with WHH being the first to open in the Cheshire and Merseyside region. The Wingman Foundation is now winding up its support project as the airline industry beings to restart. However, PW would like to leave a legacy behind and has selected the Warrington Lounge as one of just 10 Wingman Legacy Lounges nationally and the only one in an acute hospital in the North of England. This means we will continue to enjoy our 'first class lounge' experience permanently, although with reduced hours in future.

The ability to retain a permanent facility is thanks to the willingness of our amazing Wingmen Volunteers to continue to support us, despite their own very challenging situations, and our fantastic WHH Charity Community Hub which is working tirelessly to keep the lounge stocked for staff to enjoy.

We are also working with the air crew on patient safety and human factors training, learning from their vast experience of this important topic.

2.2.9 Local political leadership communication

Over the last few months both the Chairman and I have continued regular communication and updates with our local political leadership, through the chief executives of both Warrington Borough Council and Halton Borough Council and the respective council leaders. This is extremely important and helpful in the whole system response to the pandemic. I have also been in regular dialogue with all four of our local Westminster MPs – Derek Twigg MP (Halton), Mike Amesbury MP (Weaver Vale), Charlotte Nichols MP (Warrington North) and Andy Carter MP (Warrington South). I have been updating them on the WHH situation; similarly they have asked me questions on behalf of their constituents, and asked if they could do anything to assist us.

Topics covered have include the recovery of elective services, estates and facilities improvements as well as signficiant discussions about the potential for hospital redevelopment in the future.

2.2.10 Family Liaison Officer (FLO) Service

It has always been part of our holistic patient care to involve the families of our patients wherever possible and appropriate. Within hours of the national suspension of visiting, we were working to find ways to connect our patients with their loved ones and by early April our Family Liaison Service (FLS) was up and running. Set up by volunteer Dr Suzanne Smith from the Disclosure and Barring Service, the service had a core team of three matrons (working remotely) and FLO Leads based at Halton Hospital's outpatients.

At a time when family contact could not function as normal, the Family Liaison Service helped maintain contact, keeping families and loved ones involved and informed and allowed ward staff that much needed headspace to deal with the pandemic - while still ensuring their involvement for the most sensitive and complex discussions with families. We also knew that relatives were reluctant to contact the wards as they knew staff were so busy at this time and didn't want to bother them.

Since the start of service, the FLS has made over 11000 phone calls to relatives and named contacts!

We then augmented the FLS with the 'Contact a Patient' service operated by our Communications Team, where loved ones can post messages to our patients through our website, email or traditional post. Messages from the FLS taken during calls were also printed on our now legendary FLO-grams and delivered to the ward by the Comms Team. More than 1,300 FLOgrams and messages have now been delivered to some very happy and relieved patients.

There have been 50 - 70 staff redeployed to work on the FLO Service over time, although most staff have been returning to their substantive posts. All staff who join the team are made welcome, valued and know that their opinion counts – actively encouraged to contribute to even more refinements and developments to the service. It has been a

pleasure to see such a diverse group of staff, from various disciplines with differing levels of experience working collectively for our patients and their loved ones; feeling part of a team 'on the front line' and that they are making a real difference.

2.2.11 South Asian Heritage Month – August 2020

During August we celebrated South Asian Heritage Month (SAHM). SAHM aims to commemorate, mark and celebrate South Asian history and culture, and help build an understanding of the diverse heritage that continues to link the UK with South Asia, as well as improving levels of social cohesion between communities. South Asia is formed of 8 countries, namely Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. The British South Asian community is over 3 million people strong, with at least 1 out of every 20 people in this country having South Asian heritage.

At WHH we celebrated this landmark by hosting two events – one at Warrington and one at Halton.

2.2.12 NHS Winter Pressures Capital Fund

On 11th August 2020 it was announced that we have been allocated £4.3m of a £300m national pot to expand and redevelop our Emergency Department and build a bigger and better Assessment Unit/Plaza. Allocations ranged from between £9m to £200K for 117 acute trusts; we received the 13th largest allocation nationally and the most in Cheshire and Merseyside, recognition that our Emergency Department is too small to manage the number of patients we routinely look after, especially in the COVID-19 era when separation of flows and spacing of patients is at the core of good infection control.

After an early downturn throughout the earliest phase of the pandemic, emergency activity has been returning to pre-COVID levels. This development will be a large modern assessment plaza for use by all teams for emergency patients will go a long way, again part of our strategy of making the best of what we have got until the long term plan for our hospitals' development is worked through.

2.2.3 Employee Recognition

During the COVID-19 pandemic the WHH employee recognition scheme (*Employee of the Month and Team of the Month)* has been temporarily suspended.

Chief Executive Award (August 2020): Macy Owen

This was as special award for 9 year old Macy Owen who also received a Points of Light Award from the Prime Minister for raising over £10,000 to buy treats and care packages for NHS staff in WHH by selling her handmade beaded rainbows.

Chief Executive Award (August 2020): Alison Parker and the Supplies and Procurement Team

Alison and the team have worked tirelessly over the pandemic 7 days a week to keep staff safe and ensure we had sufficient PPE supply. We did not have a stock-out of this important equipment.

Chief Executive Award (August 2020): Joanne Thomas, Advanced Respiratory Therapist

Jo Thomas is an Advanced Respiratory Therapist and has led the Therapy Respiratory Service throughout the COVID period. Jo was instrumental in working alongside the ITU team to use the sleep apnoea black boxes with patients. Jo has a breadth of knowledge on different ventilators and was able to share this with colleagues given the range ventilators we had to use. Jo also worked to support patients transitioning from ITU to ward A7 to ensure the therapy intervention was maintained and staff appropriately trained and supported. Jo was proactive in the training and mobilisation of the therapy workforce to meet the respiratory needs of patients. Jo worked tirelessly from morning until night within the unit supporting staff to ensure all patients received the level of respiratory therapy required.

Chief Executive Award (September 2020): Warrington Hospital & Halton Hospital Domestic Assistants and Supervisors

I was very pleased to make this award to teams on both hospital sites in recognition of the significant part they have collectively played in infection prevention and control during the COVID-19 pandemic, keeping both hospital sites spotlessly clean and inspiring confidence in patients and staff.

3) MEETINGS ATTENDED/ATTENDING

The following is a summary of key external stakeholder meetings I have attended in August and September 2020 since the last Trust Board Meeting (meetings generally taking place via conference call or MS Teams). It is not intended to be an exhaustive list.

- NHSE/I COVID-19 System Leadership (Weekly)
- Warrington & Halton COVID-19 System Assurance Meeting and Health Protection Board (Weekly/Biweekly)
- C&M CEO Provider Group Calls (Biweekly)
- C&M Medical Directors Clinical Prioritisation & Mutual Aid meeting (Weekly)
- NHS 111 Oversight Group (Biweekly)
- Update calls with our local MPs: Andy Carter MP, Charlotte Nichols MP, Derek Twigg MP, Mike Amesbury MP
- David Parr, Chief Executive, Halton Borough Council
- Bed Capacity Planning NHSE/I (ad-hoc)
- NW Mortality Cell (weekly)
- Restoration Plan, Ann Marr, C&M Hospital Cell CEO Lead
- Warrington Health & Wellbeing Board
- Steve Broomhead, Chief Executive, Warrington Borough Council
- Dr Andy Davies, Clinical Chief Officer, NHS Warrington and Halton CCG
- Cheshire & Merseyside Health & Care Partnership Assembly

4) RECOMMENDATIONS

The Board is asked to note the content of this report.

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/09/96	
SUBJECT:	**COVID-19 Performance Summary**	
DATE OF MEETING:	30th September 2020	
AUTHOR(S):	Dan Birtwistle, Deputy Head of Contracts & Performance	
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive	
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience. SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future. SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.	x x x
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): **(*Please DELETE as appropriate)***	1126 – Failure to provide the required levels of oxygen for ventilators caused by system constraints, resulting in a lack of adequate oxygen flow at outlets. 1134 – Failure to provide adequate staffing caused by absence relating to COVID-19, resulting in resource challenges and an increase within the temporary staffing domain.	
EXECUTIVE SUMMARY ***(KEY ISSUES):***	The Trust has robust operational and reporting procedures in place to respond to the COVID-19 pandemic. The Trust Executive Team receives a daily COVID-19 Executive Summary which outlines key information pertinent to the command and control of the situation. This paper provides an overview of this summary since the start of the pandemic, showing trends and benchmarking data where possible. This is the sixth iteration of this report which is part of the continuing development of understanding of demand, capacity and outcomes that will determine future strategic planning. Data up to 26th September 2020 is included.	

PURPOSE: *(please select as appropriate)*	Information	Approval	To note X	Decision

RECOMMENDATION:	The Trust Board is asked to: 1. Note the contents of this report.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Choose an item.
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

REPORT TO BOARD OF DIRECTORS

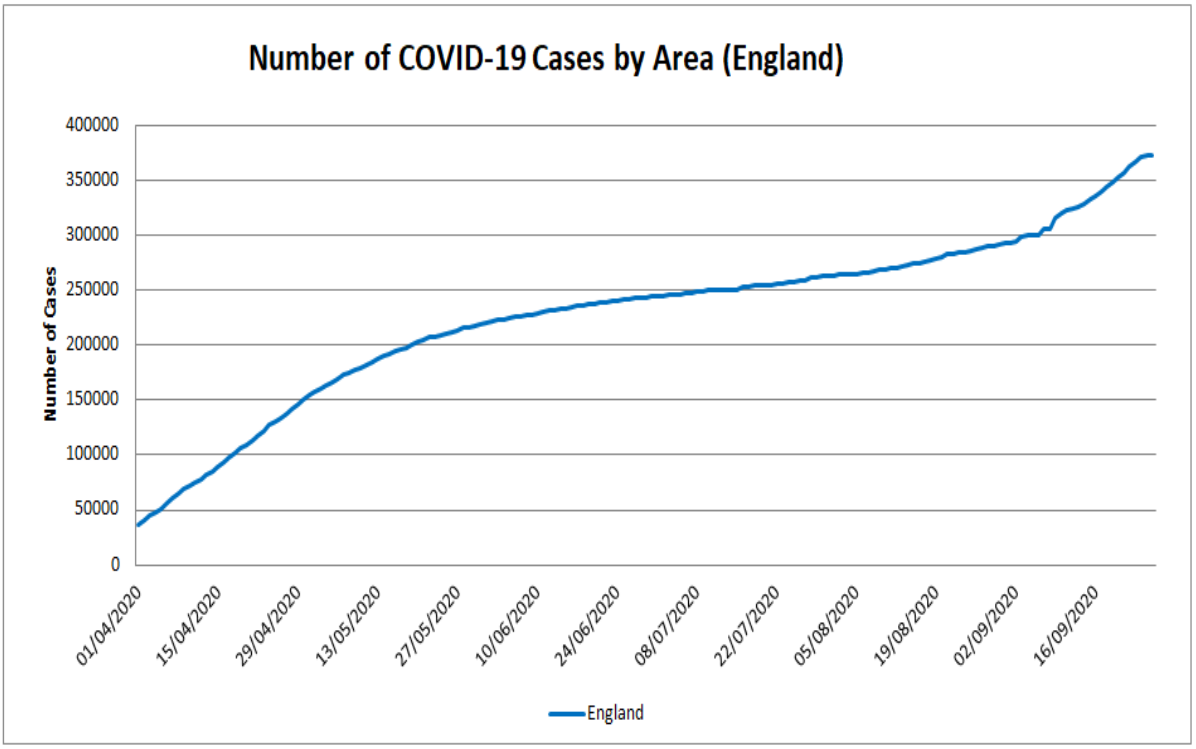
SUBJECT	COVID-19 Performance Summary	AGENDA REF:	BM/20/09/96

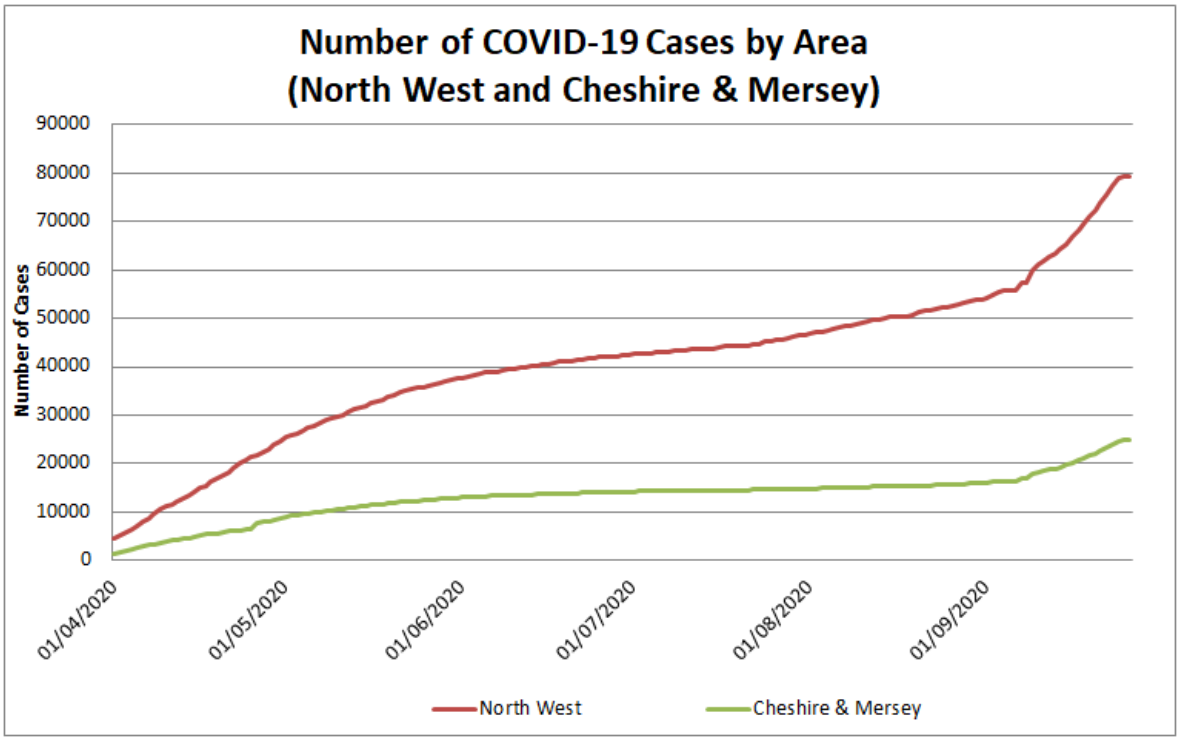
1. BACKGROUND/CONTEXT

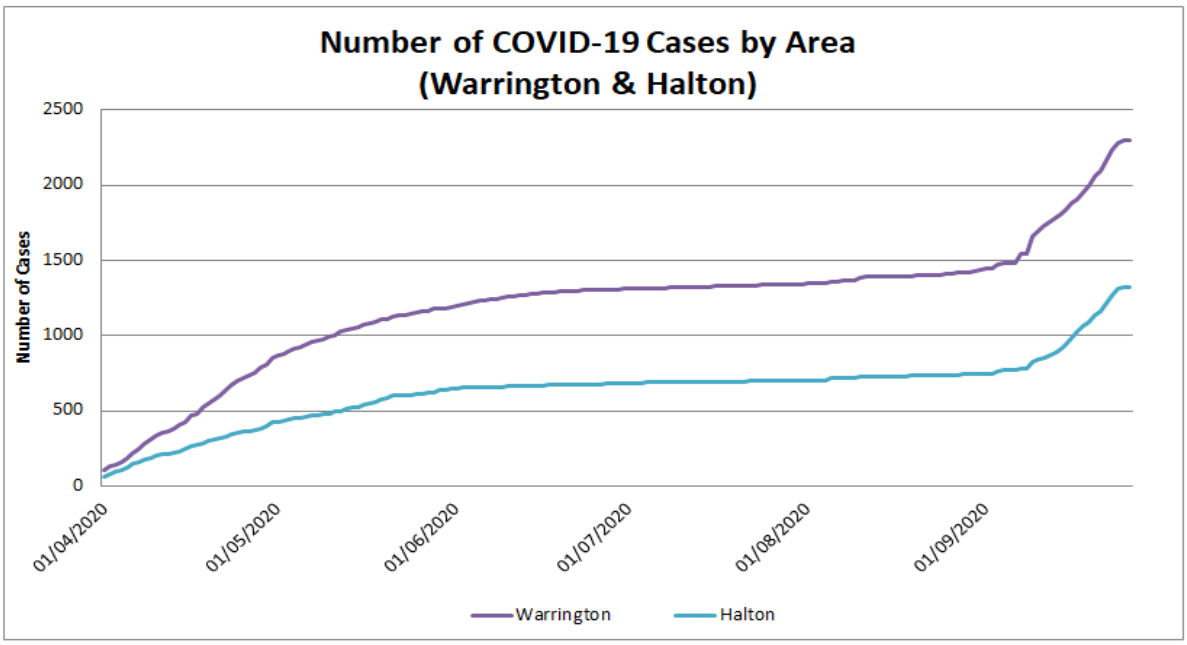
The Trust has robust operational and reporting procedures in place to respond to the COVID-19 pandemic. The Trust Executive Team receives a daily COVID-19 Executive Summary which outlines key information pertinent to the command and control of the situation. This paper provides an overview of this summary since the start of the pandemic, showing trends and benchmarking data where possible. This is the sixth iteration of this report which is part of the continuing development of understanding of demand, capacity and outcomes that will determine future strategic planning. Data up to 26th September 2020 is included. The report has been refreshed in line with the development of the COVID-19 Executive Summary.

2. KEY ELEMENTS

Number of Reported Cases



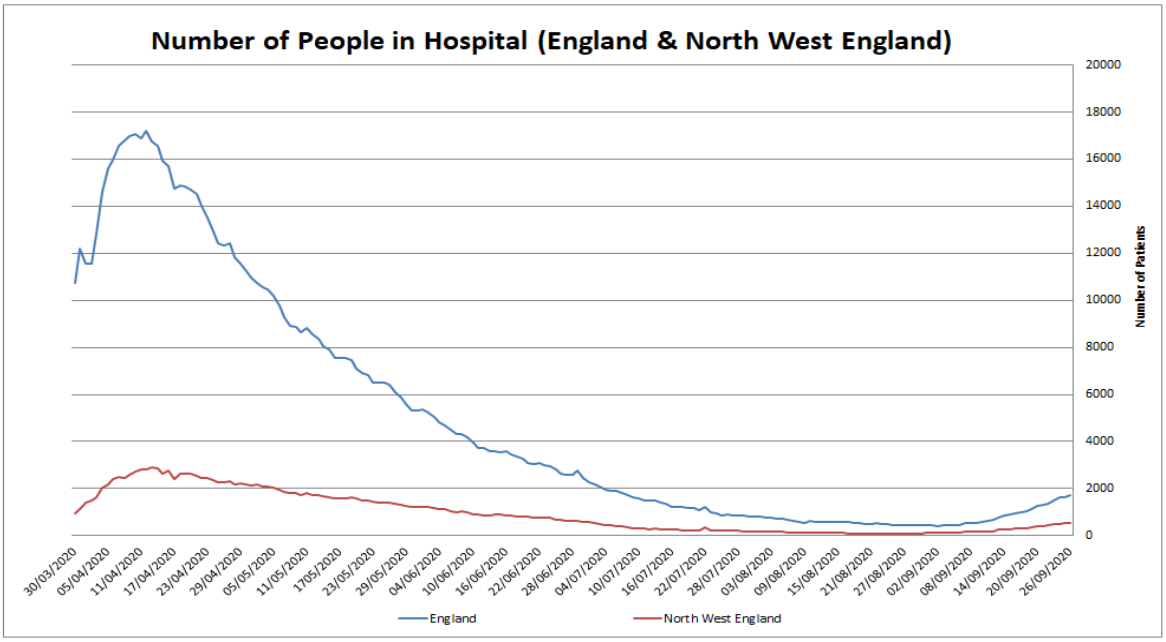


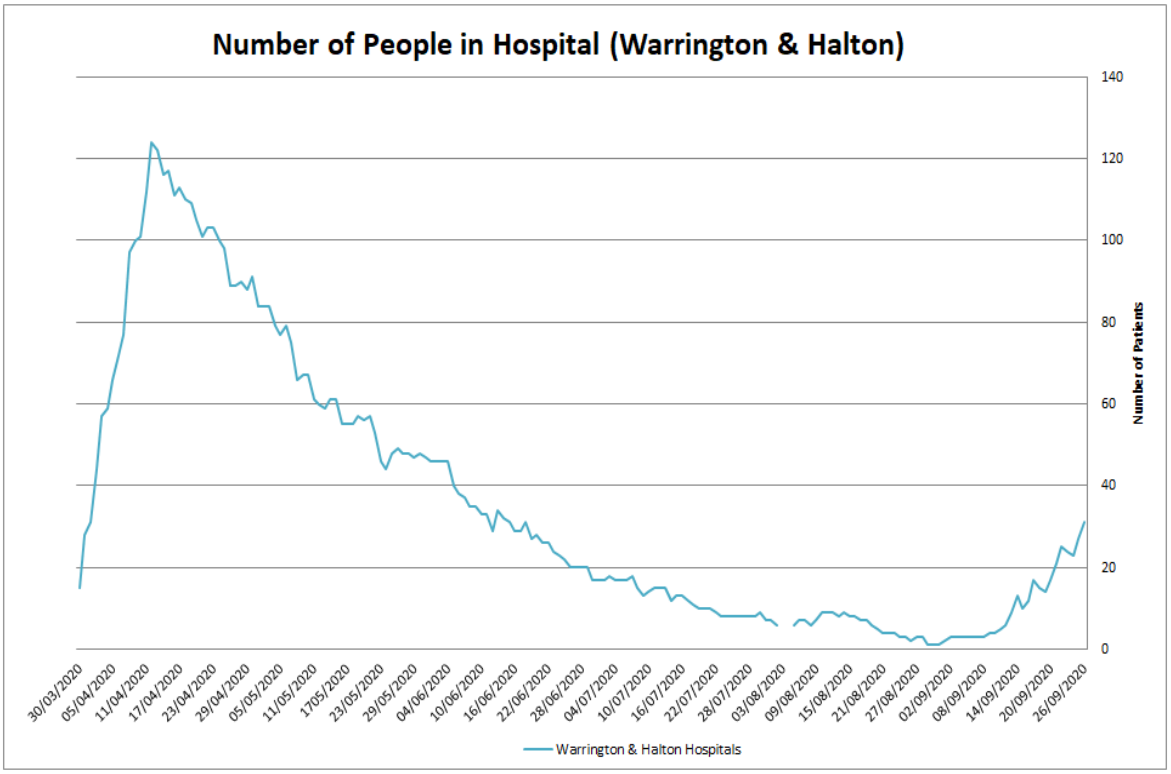


Narrative: As of 26/09/2020, there were 2,301 cases (from 1400 cases on 22/08/2020) of confirmed COVID-19 reported in Warrington and 1,319 (from 735 on 22/08/2020) cases reported in Halton. Over the past 4 weeks Warrington, Halton as well as the Cheshire & Mersey and North West England regions have seen a significant increase in the number of cases, which has resulted in a number of local restrictions. As a result, the Trust has seen an increase in the number of patients with a COVID-19 diagnosis. The Trend is in line with Cheshire & Mersey and the North West positions, however the increase is greater than the England average.

Source: https://coronavirus.data.gov.uk/

Number of People in Hospital

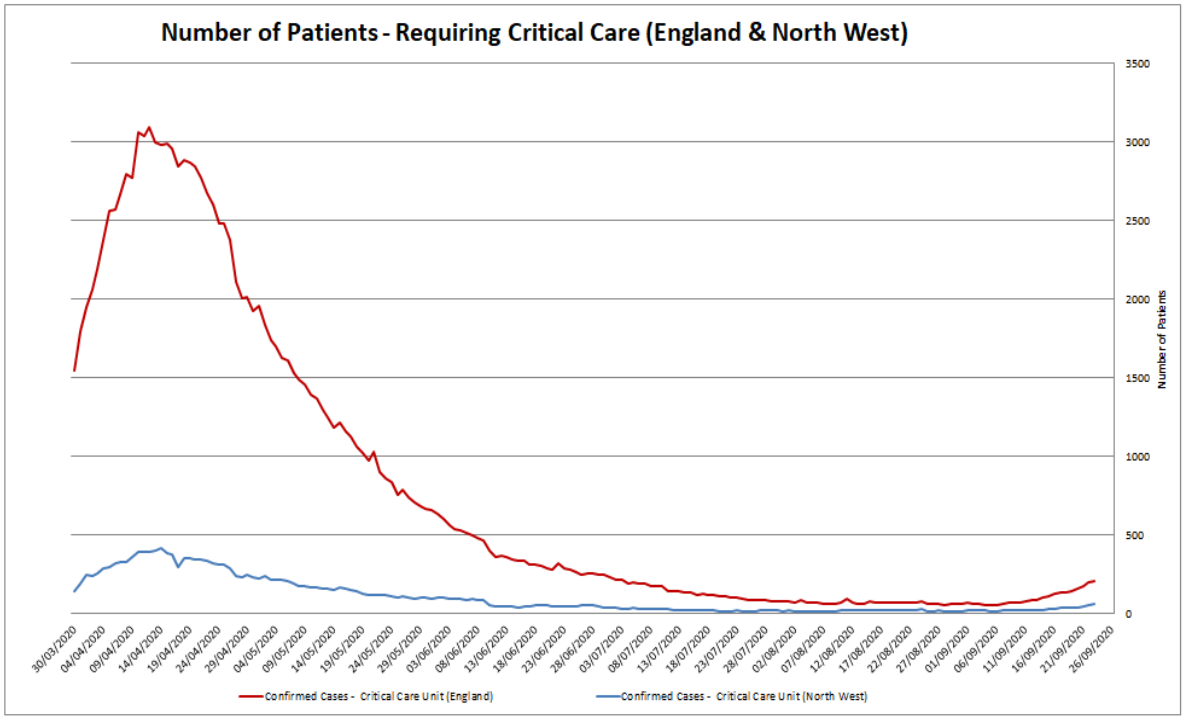


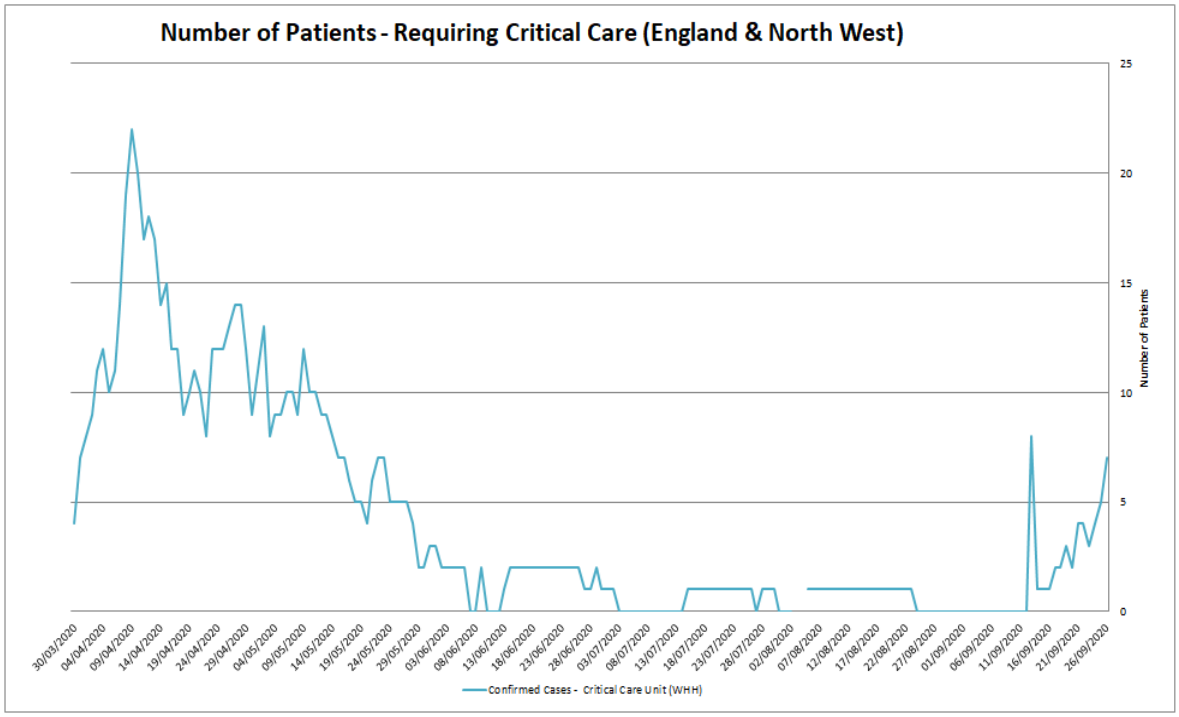


Narrative: As of 26/09/2020, there were 31 inpatients being treated by the Trust with confirmed COVID-19 (from 4 patients on 22/08/2020). This is the highest number of patients since 14/06/2020 (32 patients). The peak came on 12/04/2020 with 124 inpatients. The increase is higher than the England and North West averages, however this is due to the small numbers in the numerator /denominator and would be expected given the increase in cases.

Source:https://www.gov.uk/government/collections/slides-and-datasets-to-accompany-coronavirus-press-conferences (England & North West) and Trust Data (Warrington & Halton).

Number of Patients Requiring Critical Care

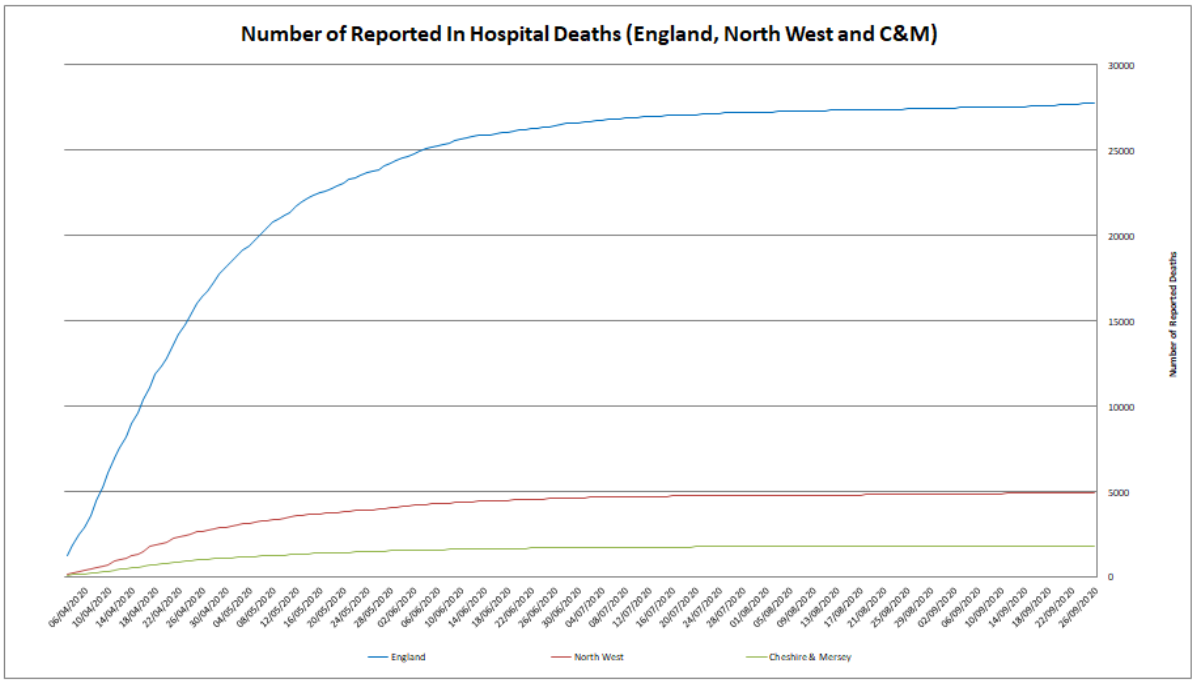


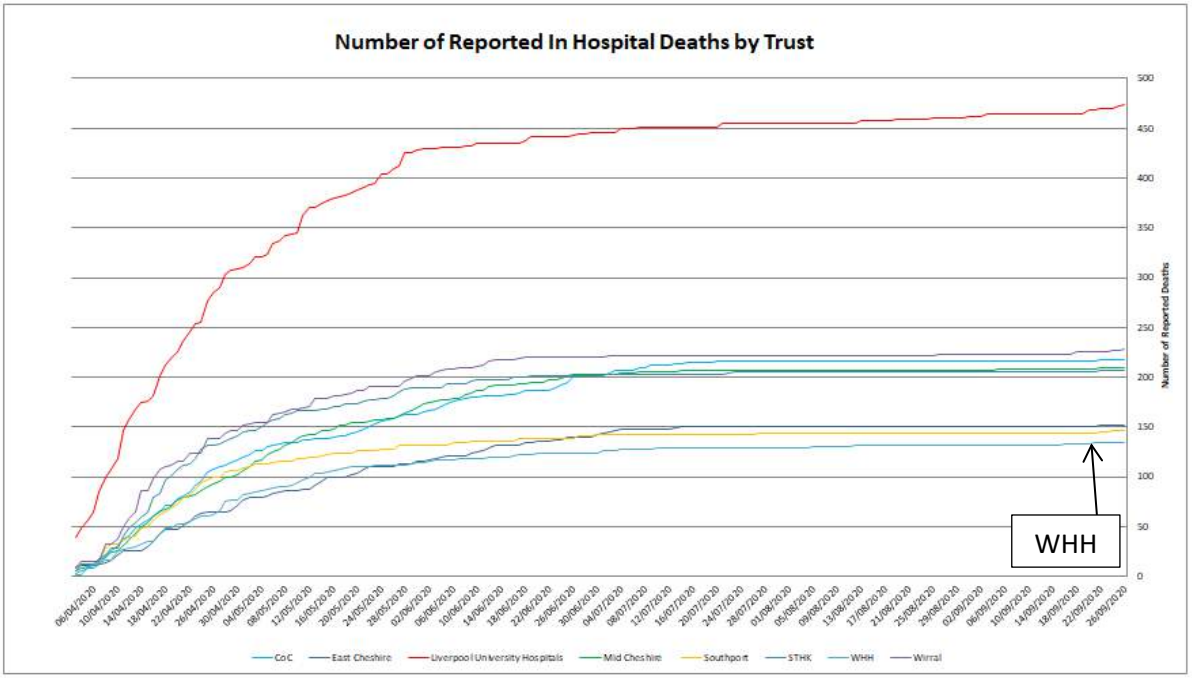


Narrative: As of 26/09/2020, there was 7 inpatients with confirmed COVID-19 and 1 inpatient with suspected COVID-19 in critical care (from 1 confirmed case and 0 suspected cases on 22/08/2020). There were 8 inpatients in critical care on 13/09/2020. This is the highest number of COVID-19 positive patients in critical care since 12/05/2020 when there were 9 patients. The Trust saw a peak of 22 patients on 09/04/2020. The increase is greater the National and North West positions, however this is due to the low numerator/denominator.

Source: National SITREP data (England & North West) and Trust Data (Warrington & Halton).

Number of In-Hospital Deaths



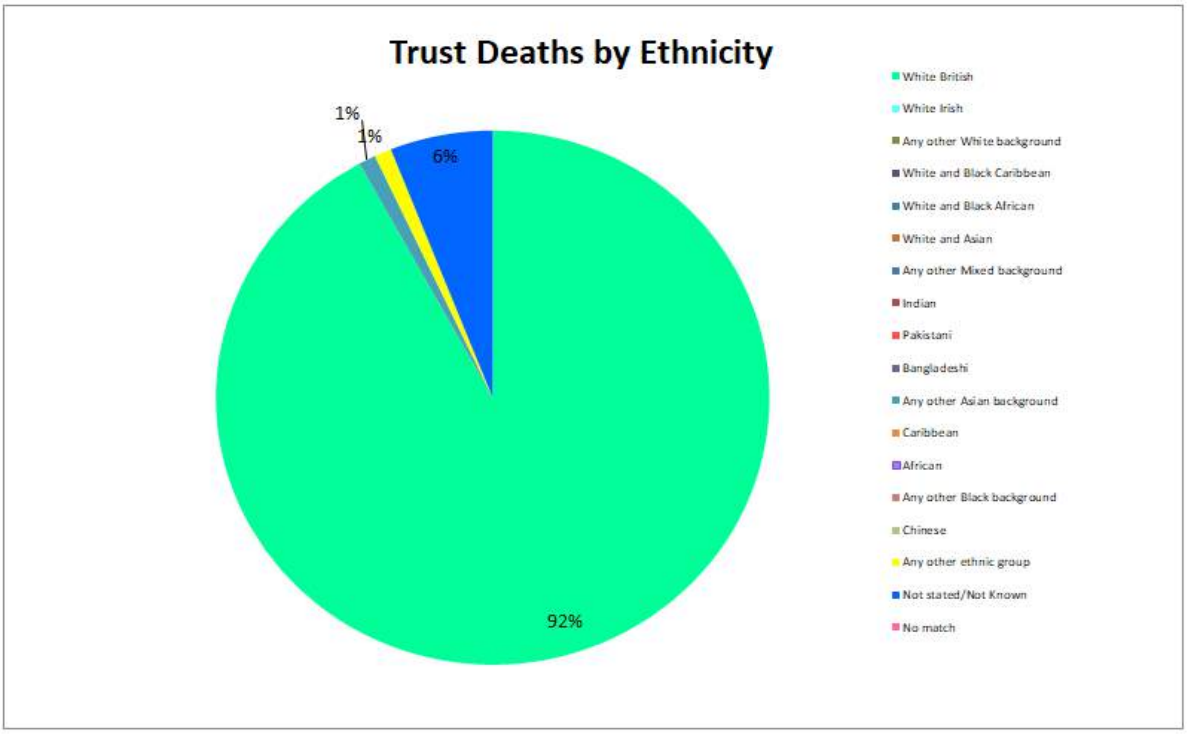


Narrative: As of 26/09/2020, the Trust had reported 141 deaths of inpatients with confirmed COVID-19 (from 138 on 22/08/2020). The trend is in line with the North West and Cheshire & Mersey positions. From 02/03/2020 – 26/09/2020, the Trust recorded 552 inpatient deaths in total (all causes). Between March – September 2019, the Trust recorded a total of 583 deaths (all causes).

Notes: There is a time lag between the date the death was reported and actual date of death for national data.

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/ and Trust Data.

Number of In Hospital Deaths (Ethnicity)

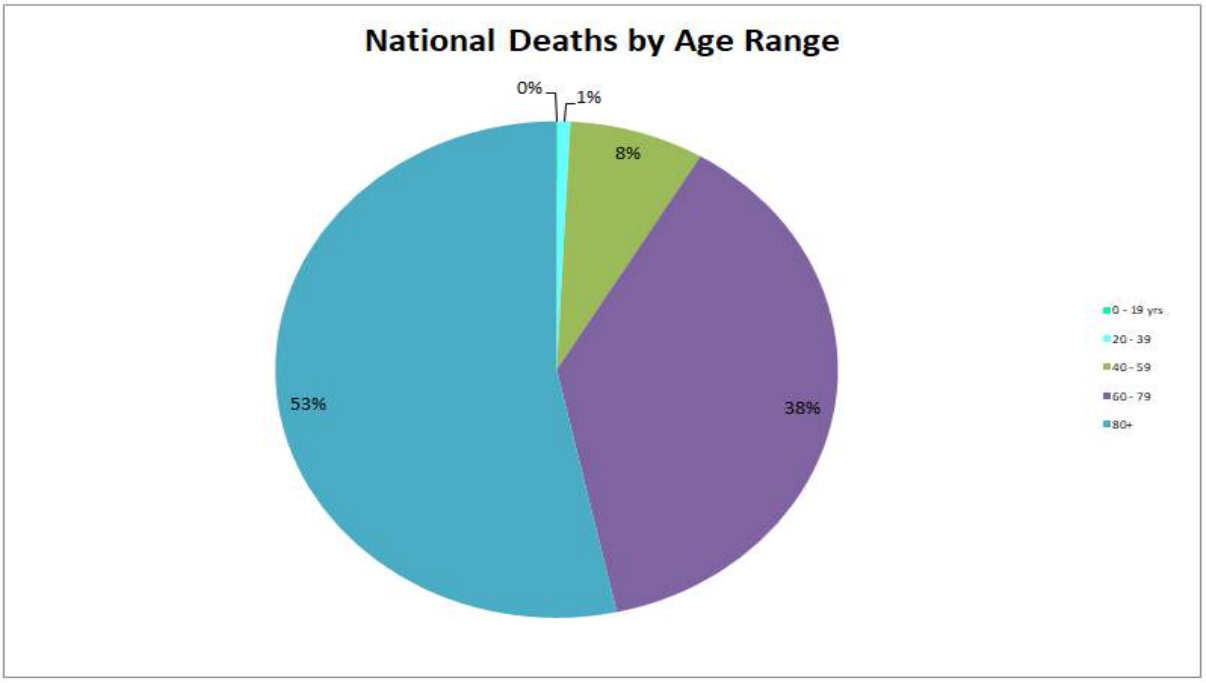


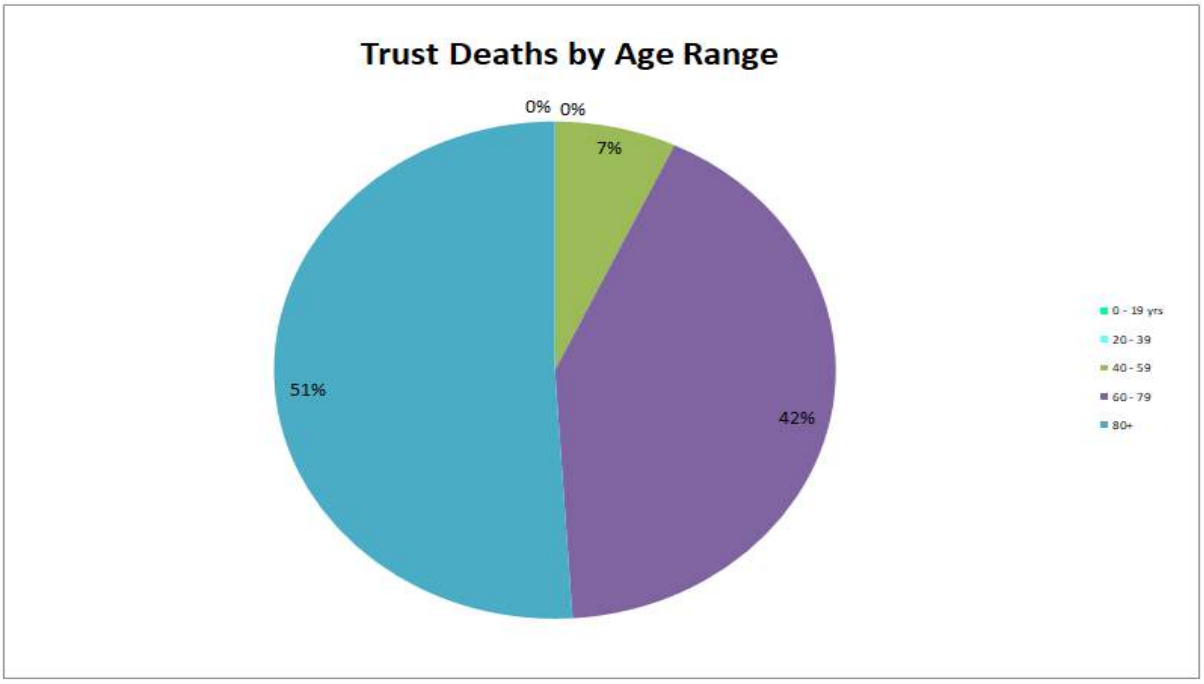
Narrative: As of 26/09/2020, 130 of the 141 reported deaths were patients who identified as "White British", with 8 patients' ethnicity "Not Stated/Not Known", 2 patients' ethnicity stated as "Any Other Ethnic Group" and 1 patient stated as "Asian" or "Asian British". The proportion of White British patient deaths is greater than the national position, however this is as expected when comparing the population of Warrington (96.00% White British) & Halton (98.00% White British).

Notes: National data for COVID-19 deaths by ethnicity was not available at the time of writing, having previously been made available on the NHSE website.

Source:https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/
(England, North West, Cheshire & Mersey) and Trust Data (Warrington & Halton)

Number of In Hospital Deaths (Age Range)



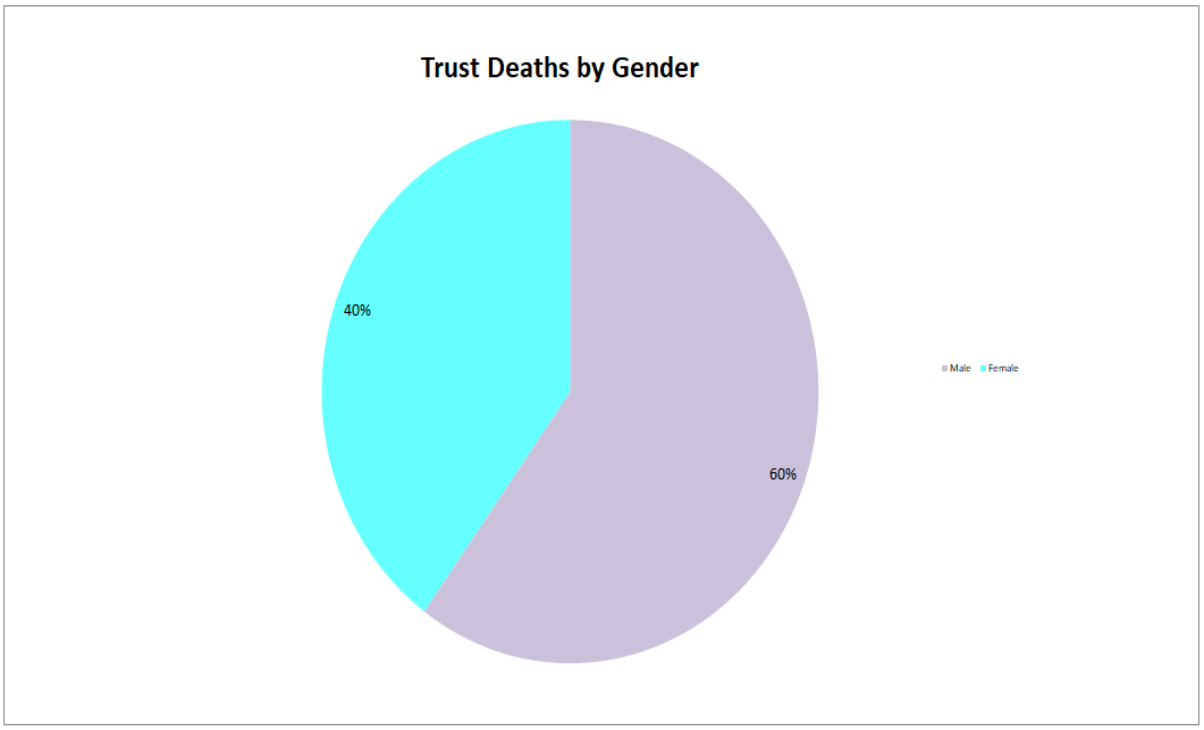


Narrative: As at 26/09/2020, 93.00% of COVID-19 related deaths were inpatients over the age of 60, which is line with the national position. The average age of death was 72 years.

Notes: Data utilised is for the date each death was reported, not the date the death occurred and therefore there is a 3-5 day time lag for national data.

Source:https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/ (England, North West, Cheshire & Mersey) and Trust Data (Warrington & Halton)

Number of In Hospital Deaths (Gender)

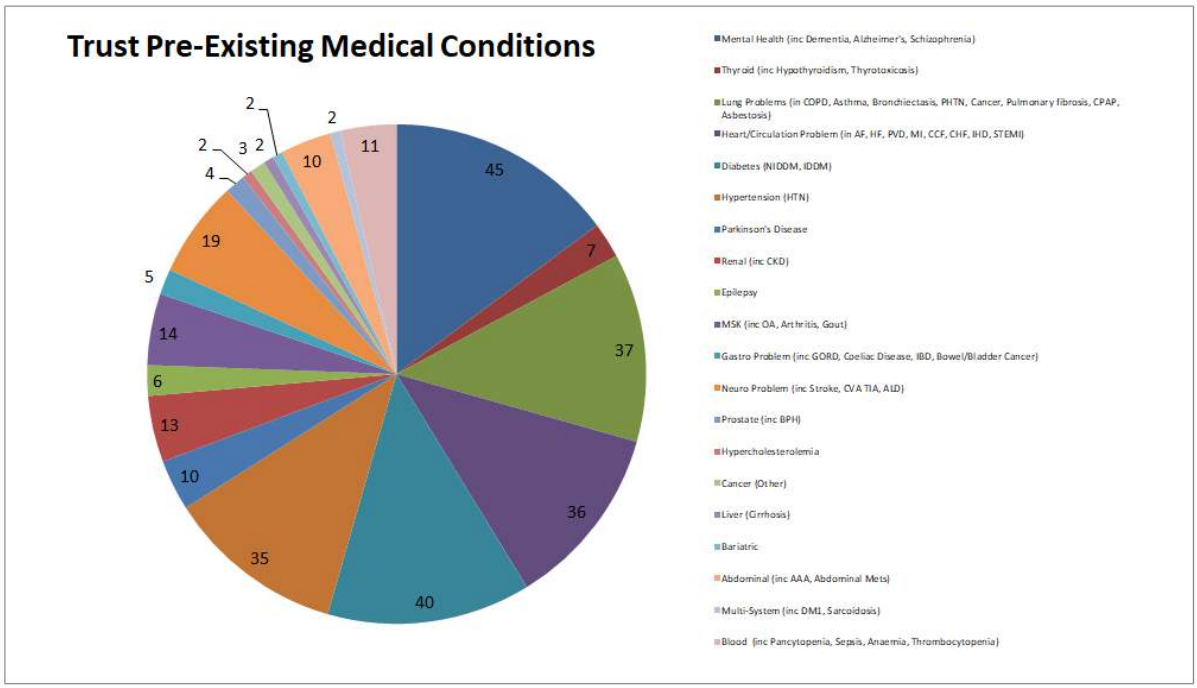


Narrative: As at 26/09/2020, 60.00% of COVID-19 deaths were male patients and 40.00% of deaths were female patients.

Notes: National data for COVID-19 deaths by gender was not available at the time of writing, having previously been made available on the NHSE website.

Source:https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/ (England, North West, Cheshire & Mersey) and Trust Data (Warrington & Halton)

In Hospital Deaths - Pre-Existing Medical Conditions



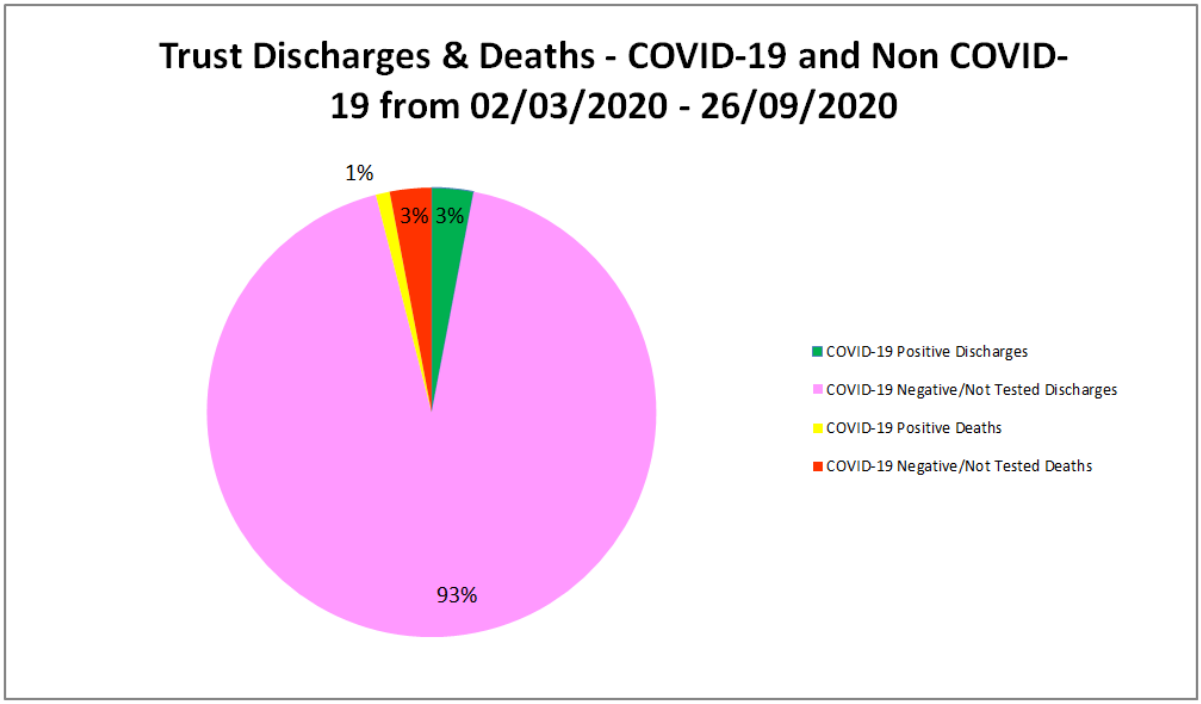
Narrative: As at 26/09/2020, 89.00% of Trust inpatients who have died as a result of COVID-19 had a pre-existing medical condition recorded. The most common of these were Heart and Lung conditions in additional to organic mental health conditions such as Dementia and Alzheimer's.

Notes: The majority of patients had more than one pre-existing medical condition, therefore are counted multiple times in the data.

This data was obtained from a review of free text fields in Lorenzo and is not coded data, therefore there maybe some omissions.

Source:https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/ (England, North West, Cheshire & Mersey) and Trust Data (Warrington & Halton)

Trust Outcomes

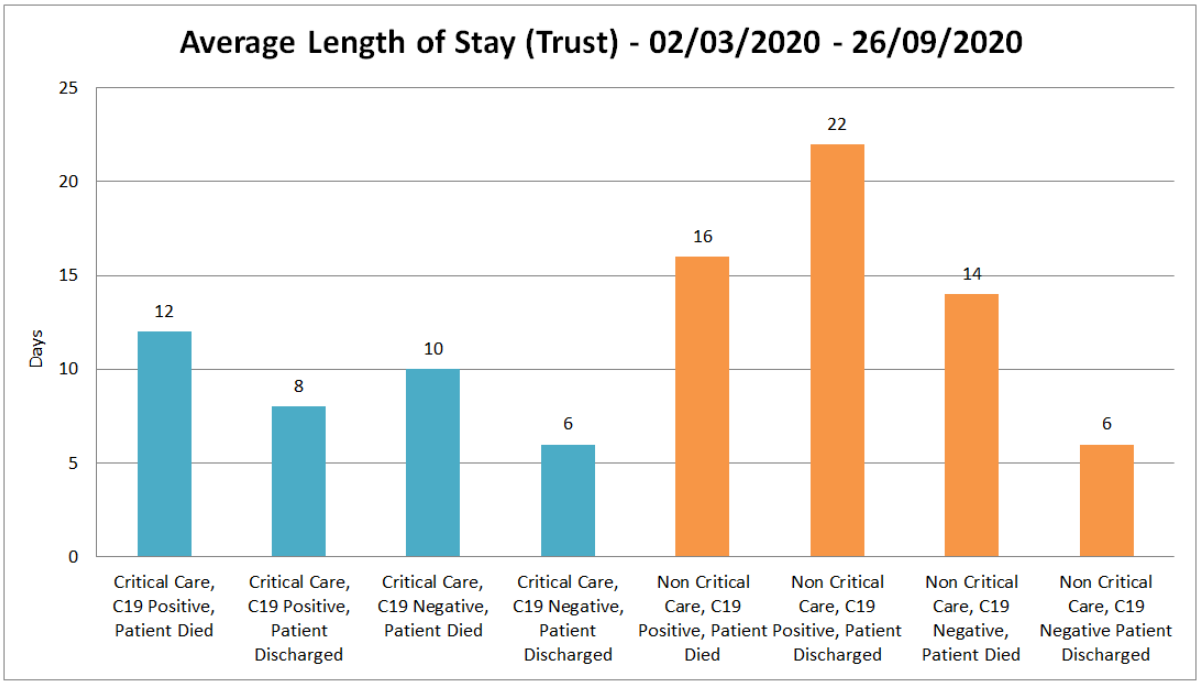


Narrative:

- Between 02/03/2020 – 26/09/2020, the Trust treated 12,616 inpatients (any patient with at least 1 night stay). 549 (4.35%) inpatients had tested positive for COVID-19.
- 95.62% of all patients were discharged from hospital.
- There were a total of 552 inpatients (all causes) who have died, this represents 4.37% of all inpatients.
- 141 inpatient deaths were related to COVID-19 which represented 1.18% of all inpatients, 25.54% of all inpatient deaths and 25.68% of all inpatients who had tested positive for COVID-19.
- 42 patients who have died and who had tested positive for COVID-19 were admitted from a care home, 7.65% of all COVID-19 positive inpatients.

Source: Trust Data

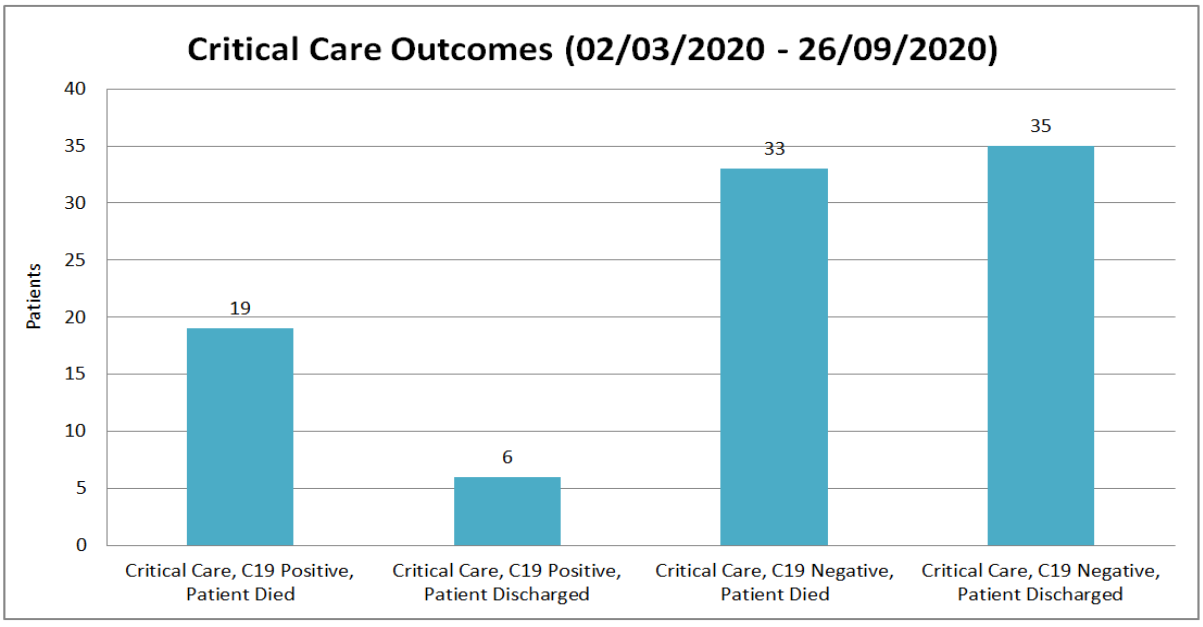
Average Length of Stay



Narrative: From 02/03/2020 - 26/09/2020, the average length of stay for patients who had tested positive for COVID-19 was 16 days - 11 days in critical care, 21 days non-critical care.

Source: Trust Data

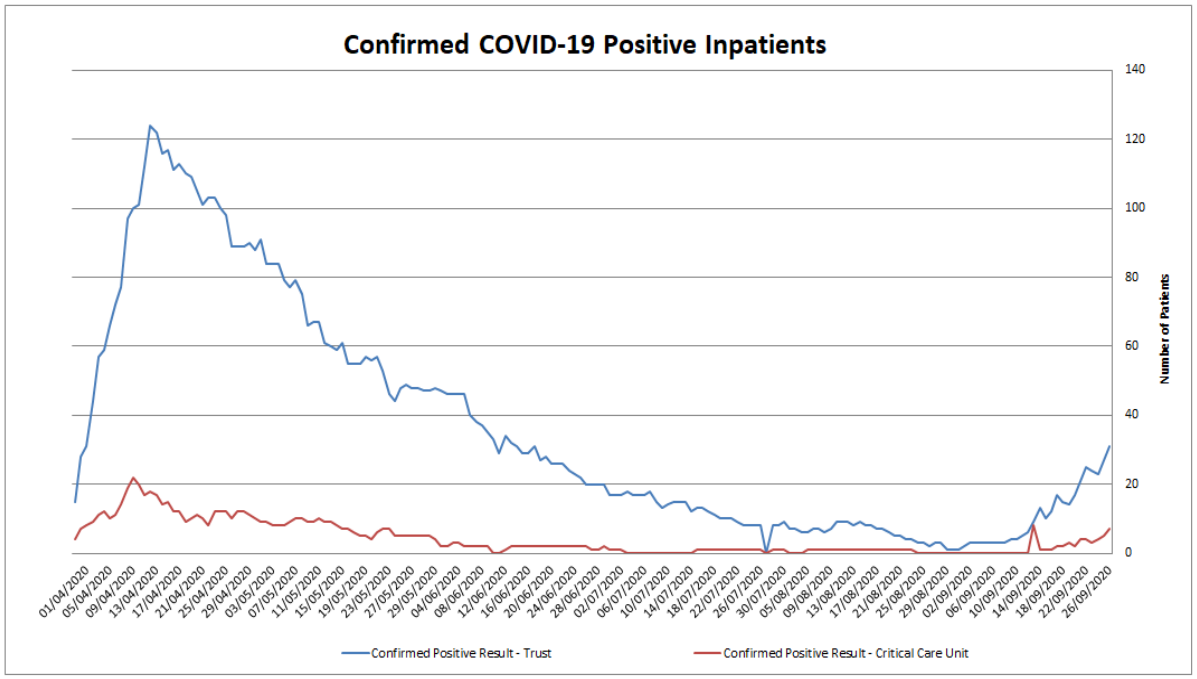
Critical Care Outcomes



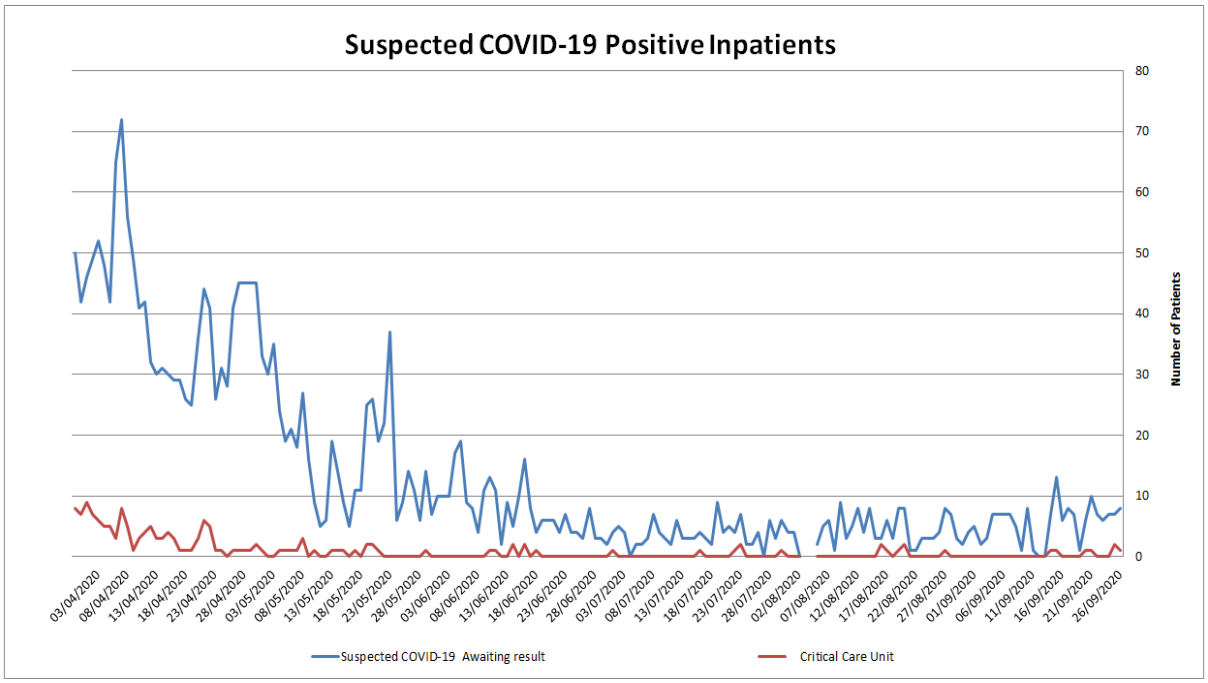
Narrative: From 02/03/2020 – 26/09/2020, there were 63 critical care inpatient deaths (21 COVID-19, 42 Non-COVID-19) and 58 critical care inpatient discharges (6 COVID-19, 52 Non-COVID-19).

Source: Trust Data

Confirmed Positive & Suspected Positive COVID-19 Patients



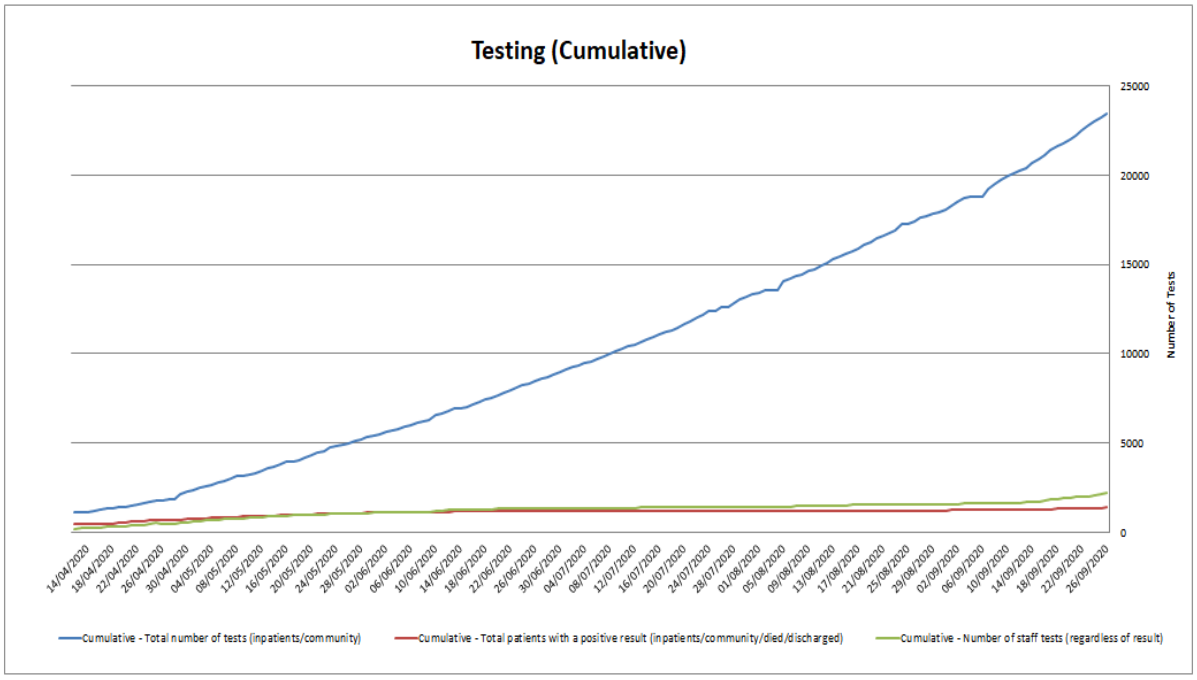
Narrative: As of 26/09/2020, there were 31 confirmed COVID-19 positive inpatients with 4 patients in critical care. The increase is expected given the increase in cases.



Narrative: As of 26/09/2020, there were 8 current inpatients with suspected COVID-19 (1 in critical care), with a peak of suspected cases on 07/04/2020 at 72 cases. There are 29 asymptomatic patients awaiting a COVID-19 test result. The increase is as expected given the increases in cases.

Source: Trust Data

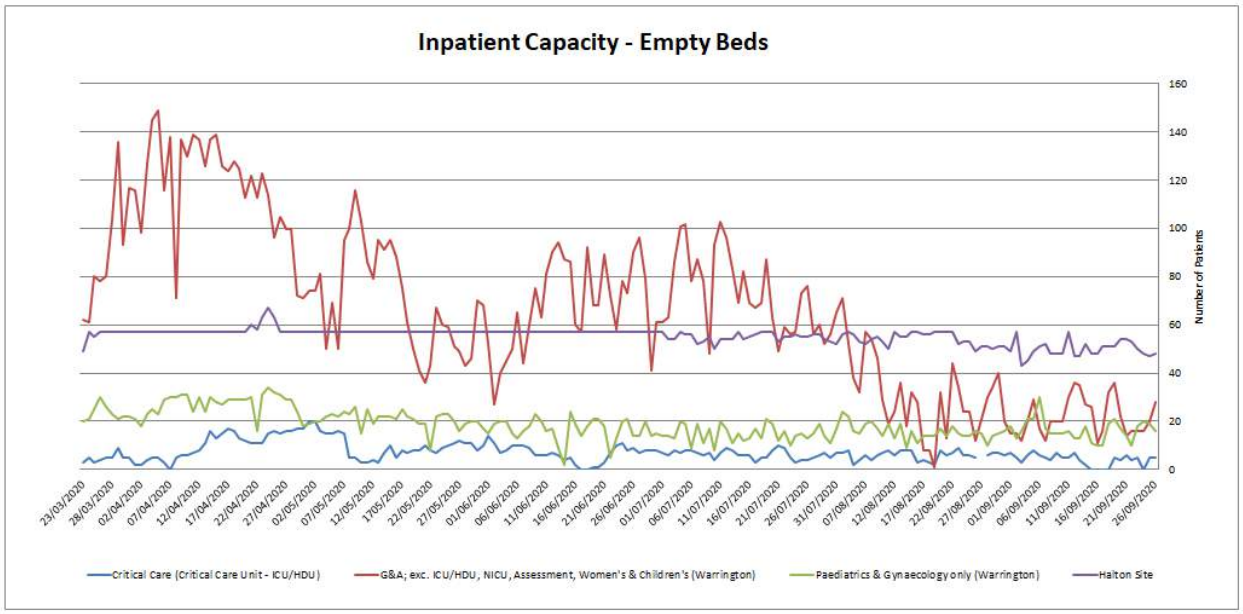
COVID-19 Testing



Narrative: As of 26/09/2020, 23,439 patients (inpatients & community) have been tested and 2,160 staff tests have been carried out. Of the 23,439 patients tested, 1,373 (5.85%) patients have tested positive.

Source: Trust Data

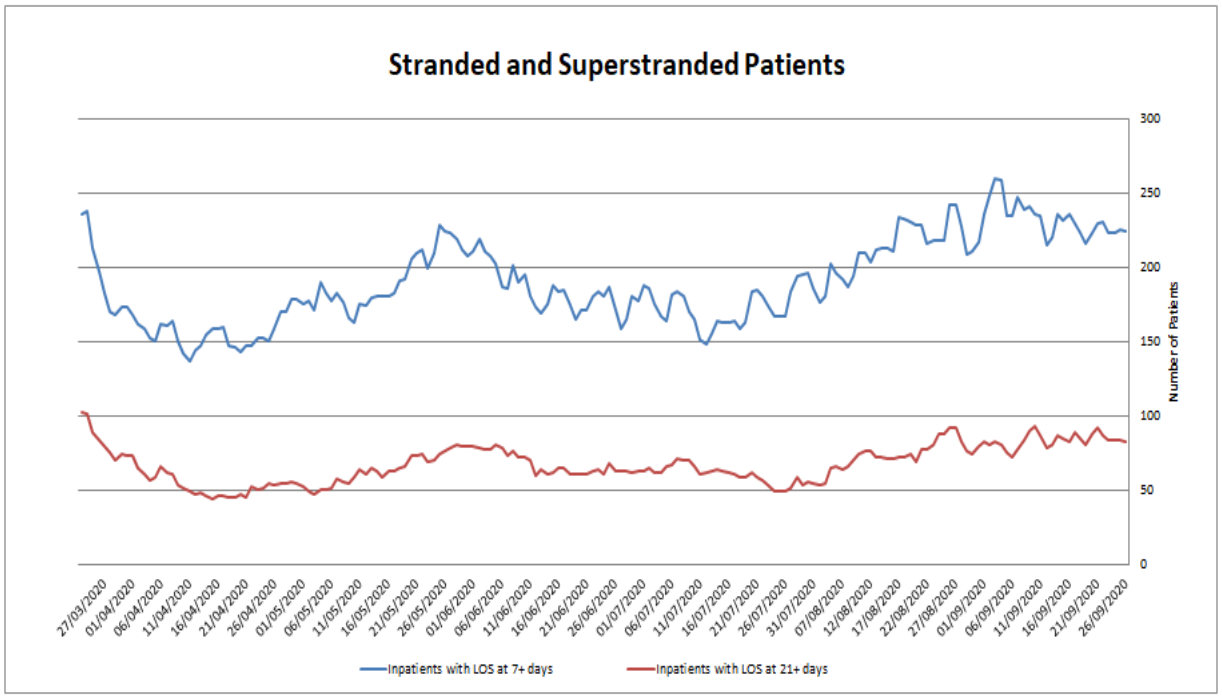
Capacity/Empty Beds



Narrative: There were 0 critical care beds available between 15/09/2020-18/09/2020 which was the first time since 18/06/2020.

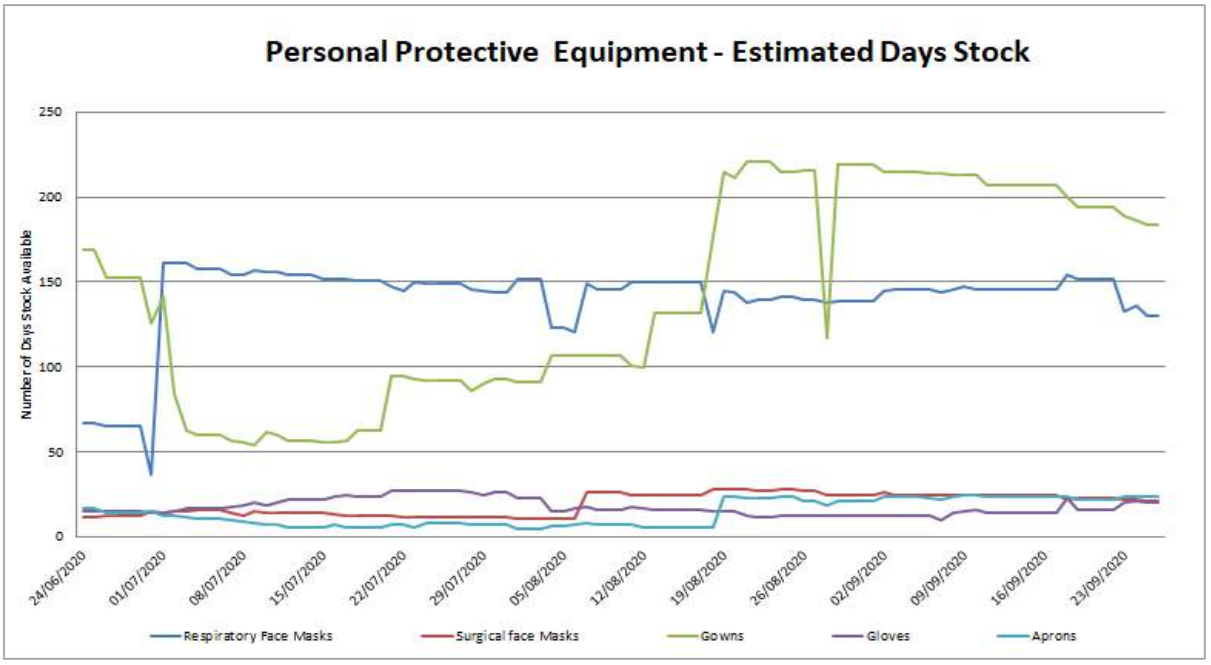
Source: Trust Data

Stranded/Super Stranded Patients



Narrative: On 26/09/2020, there were 224 Stranded and 83 Super Stranded patients.
Source: Trust Data

Personal Protective Equipment (Stock Days)



Narrative: The Trust closely monitors PPE stock on a daily basis and any concerns are escalated regionally and nationally. Between 22/08/2020 – 26/09/2020, the minimum stock levels of PPE was 10 days (Aprons) on 07/09/2020.
Source: Trust Data

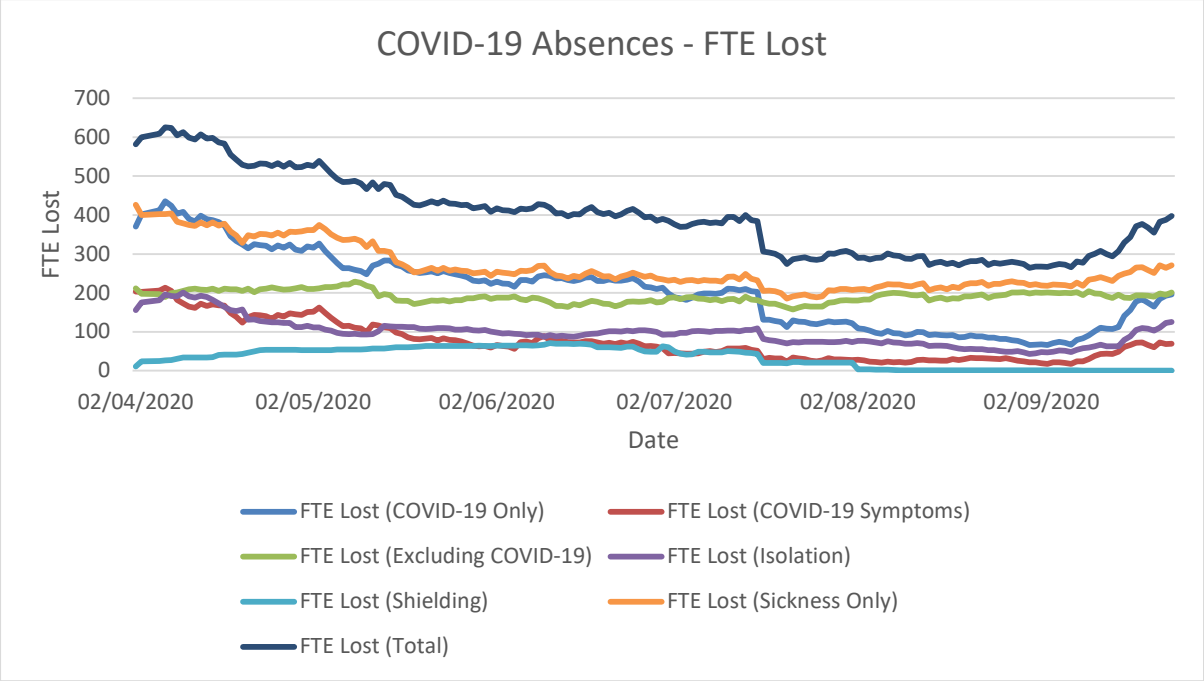
Hospital Onset COVID-19

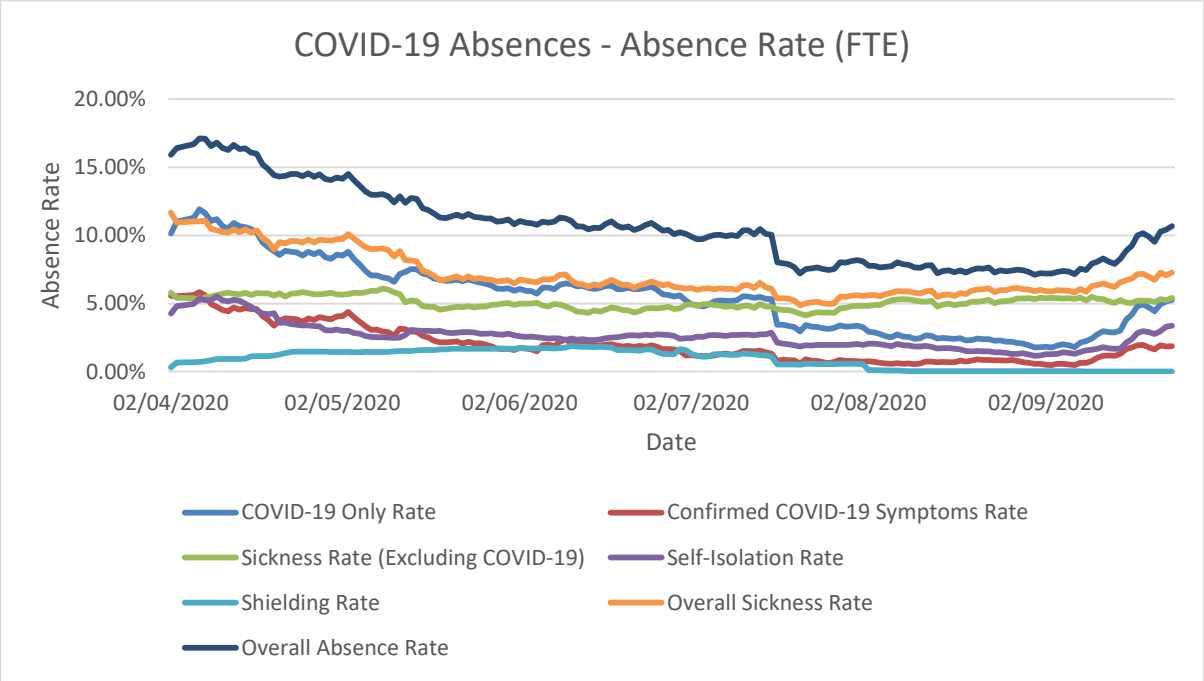
Standard	23/08/2020 - 26/09/2020
Number of inpatients with a Positive COVID diagnosis in the last 24 hrs	**47**
The number with a sample taken within 48hrs of admission	**36**
The number with a sample taken within 3-7 days of admission	**8**
The number with a sample taken within 8-14 days of admission	**0**
The number with a sample taken within 15+ days of admission	**0**

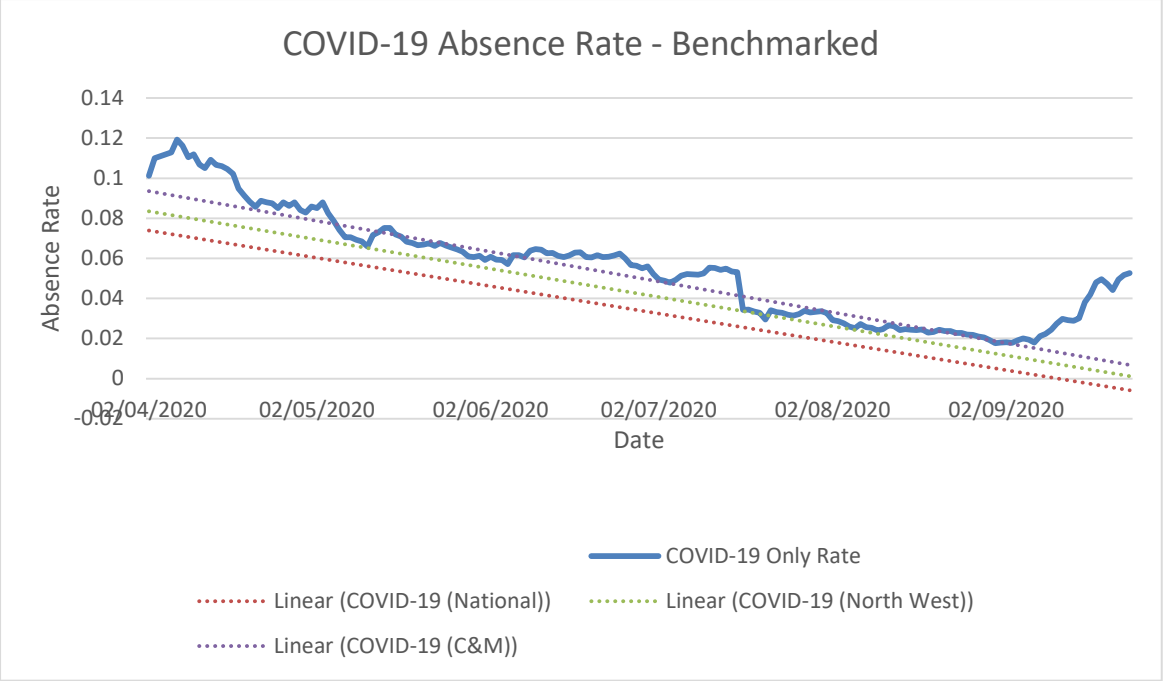
Narrative: Between 22/08/2020 – 26/09/2020, there were 47 current inpatients swab tested and diagnosed with COVID-19. Of these, 36 had a sample taken within 48 hours of admission, 8 had a sample taken between 3-7 days of admission, 0 had a sample taken between 8-14 days of admission and 0 had a sample taken 15+ days after admission.

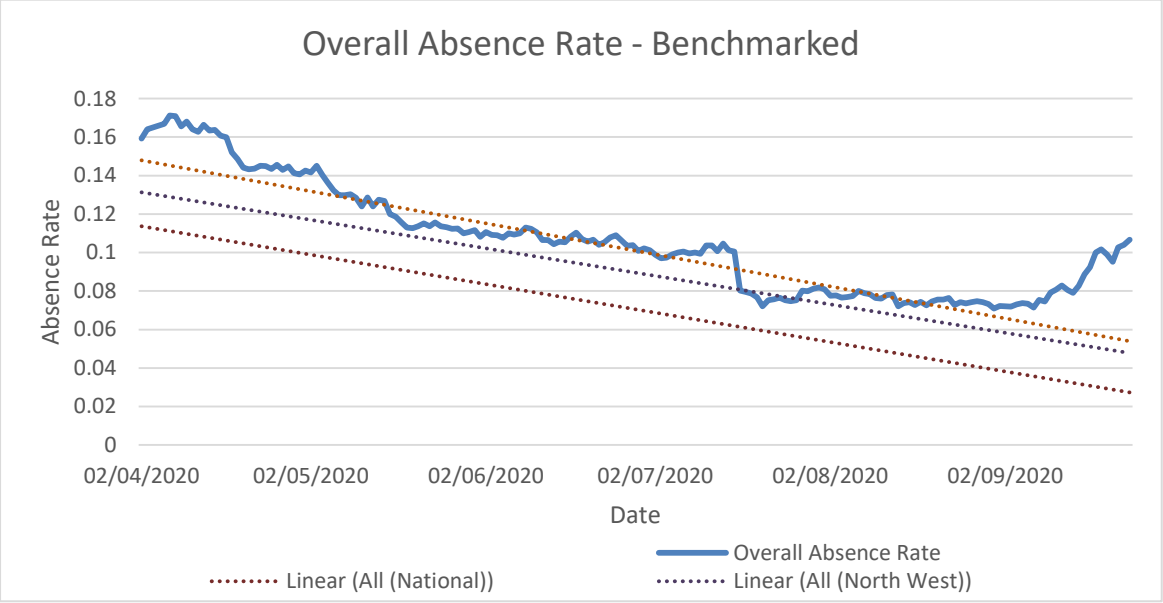
Source: Trust Data

Staff Sickness







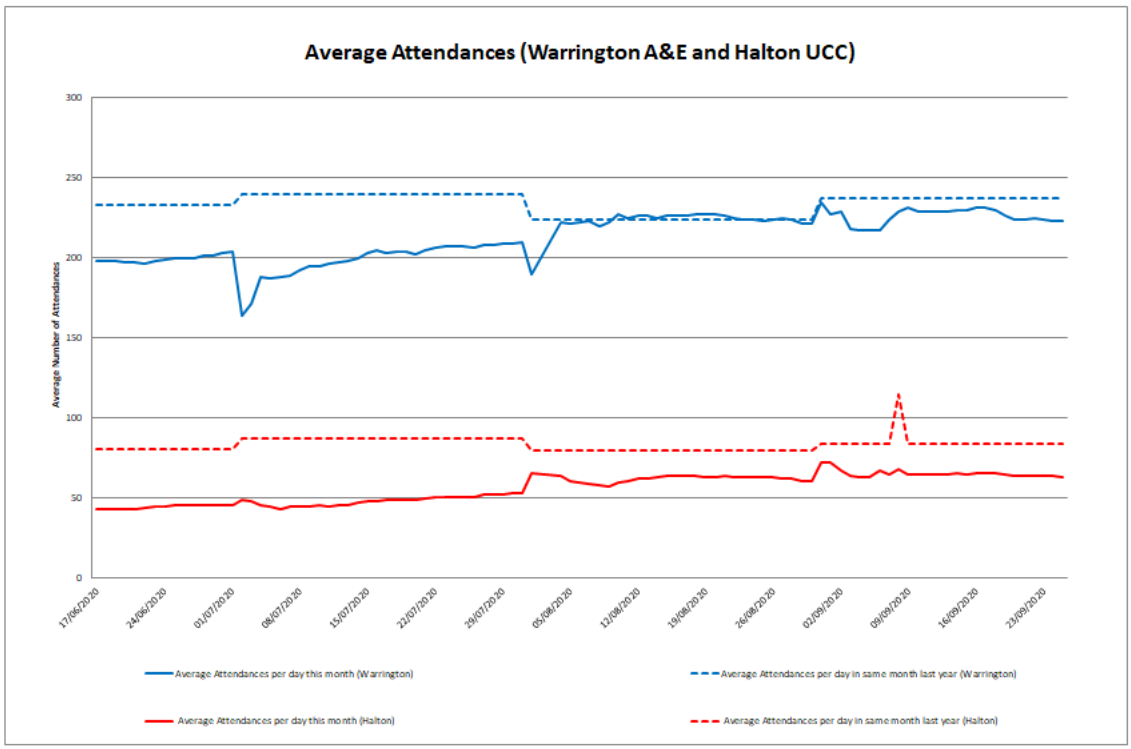


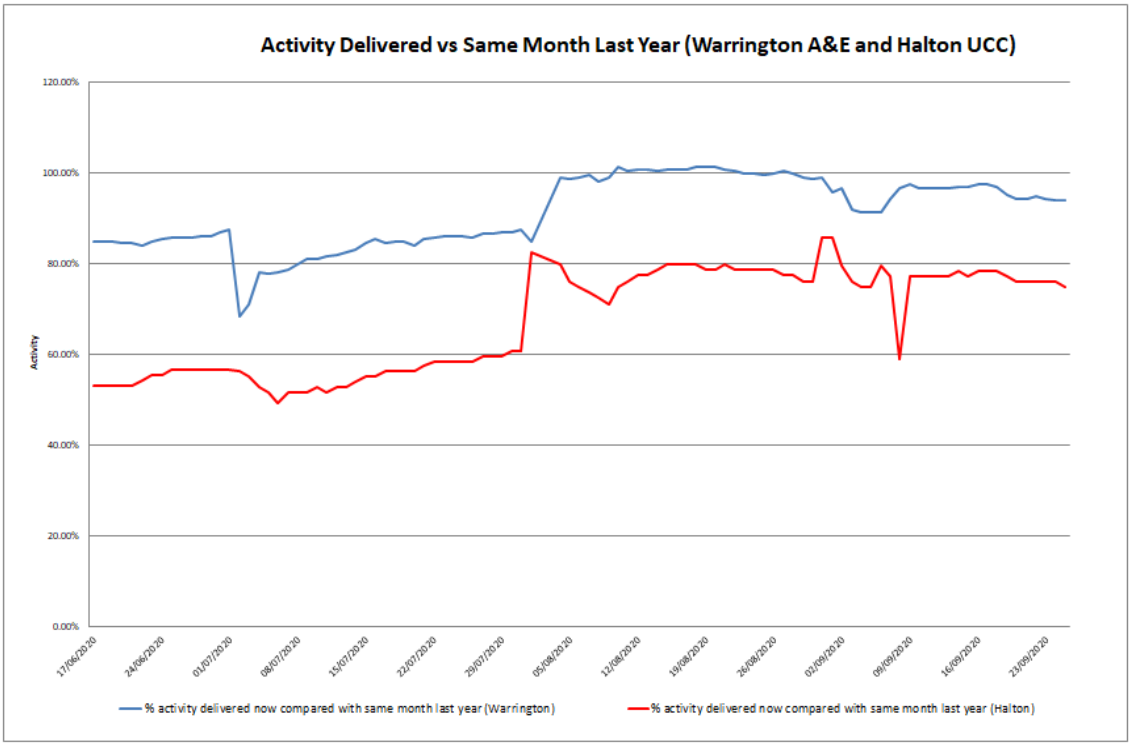
Narrative: Non COVID-19 related sickness absence is increasing and accounts for over 5.40% of absences. COVID-19 related sickness absence has increased to 1.87%, an increase of 0.98% (21/08/2020) and the highest since 25/06/2020. There has been an increase in the number of staff isolating to 149 FTE the highest since 24/04/2020. The Trust continues to support those staff shielding back into the workplace when Risk Assessments are approved.

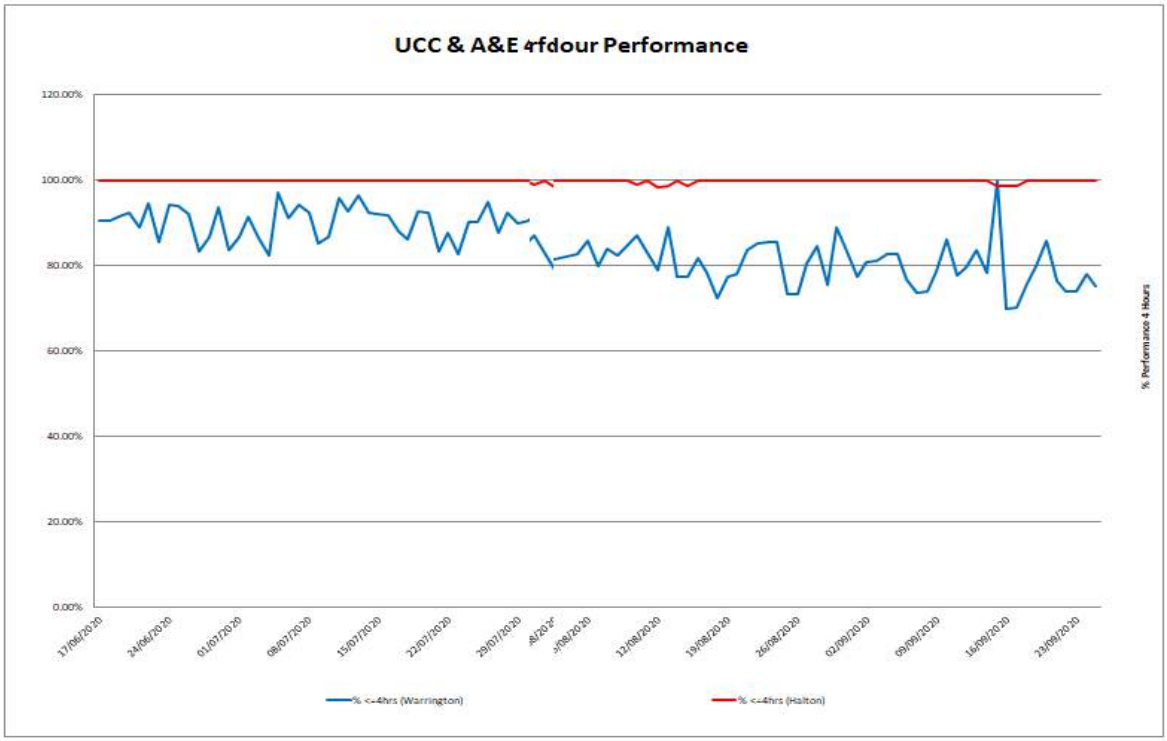
Nationally absences are increasing, COVID-19 absence rate (sickness and isolation/shielding) is 1.60%, in the North West it is 2.30% and C&M is reporting 2.90%. Due to an increase of 2.00% in the number of WHH staff self-isolating, the comparable WHH COVID-19 absence rate is 4.20%.

Note: The Walton Centre and The Clatterbridge Centre are included in the C&M averages, these specialist Trusts have low absence rates, reducing the whole C&M average.
Source: Trust Data

Urgent Care


Average Attendances (Warrington A&E and Halton UCC)
Average Number of Attendances
300
250
200
150
100
50
0
17/06/2020
24/06/2020
01/07/2020
08/07/2020
15/07/2020
22/07/2020
29/07/2020
05/08/2020
12/08/2020
19/08/2020
26/08/2020
02/09/2020
09/09/2020
16/09/2020
23/09/2020
Average Attendances per day this month (Warrington)
Average Attendances per day in same month last year (Warrington)
Average Attendances per day this month (Halton)
Average Attendances per day in same month last year (Halton)

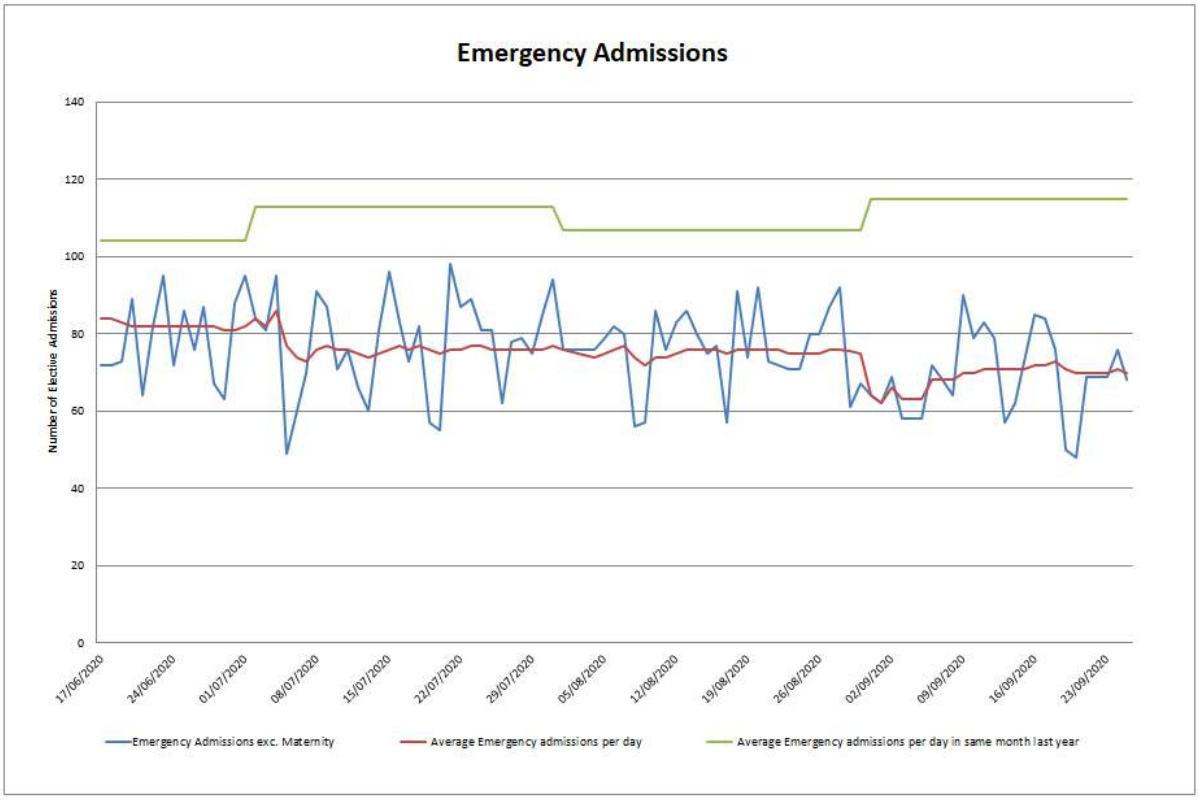

Activity Delivered vs Same Month Last Year (Warrington A&E and Halton UCC)
Activity
120.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
17/06/2020
24/06/2020
01/07/2020
08/07/2020
15/07/2020
22/07/2020
29/07/2020
05/08/2020
12/08/2020
19/08/2020
26/08/2020
02/09/2020
09/09/2020
16/09/2020
23/09/2020
% activity delivered now compared with same month last year (Warrington)
% activity delivered now compared with same month last year (Halton)



Narrative: The Trust has seen the number of A&E attendances increase since the start of the pandemic. Since the beginning of August, Warrington A&E activity levels have been approaching and on some days have exceeded 100.00% of the activity on the same day last year. Activity in Halton remains c80.00% of the activity for the same day last year.

Source: Trust Data

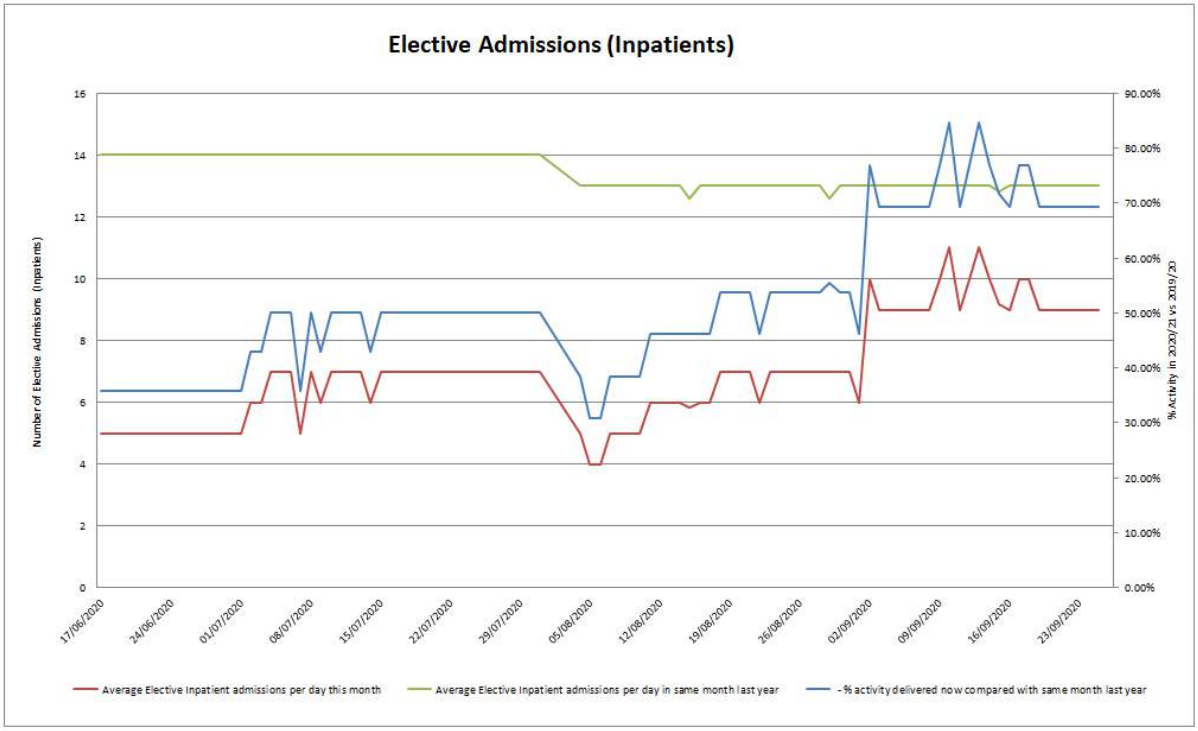
Emergency Admissions

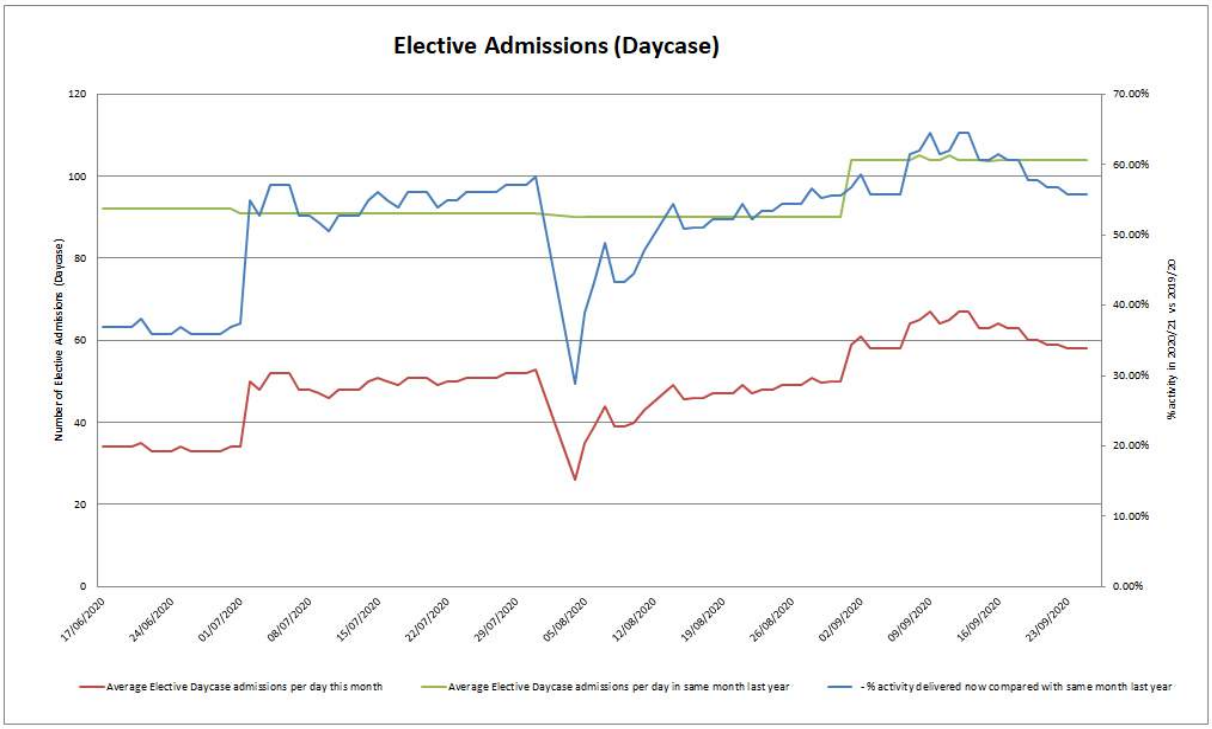


Narrative: The average number of emergency admissions in September 2020 was c60.00% of the average number of emergency admissions in September 2019.

Source: Trust Data

Elective Admissions



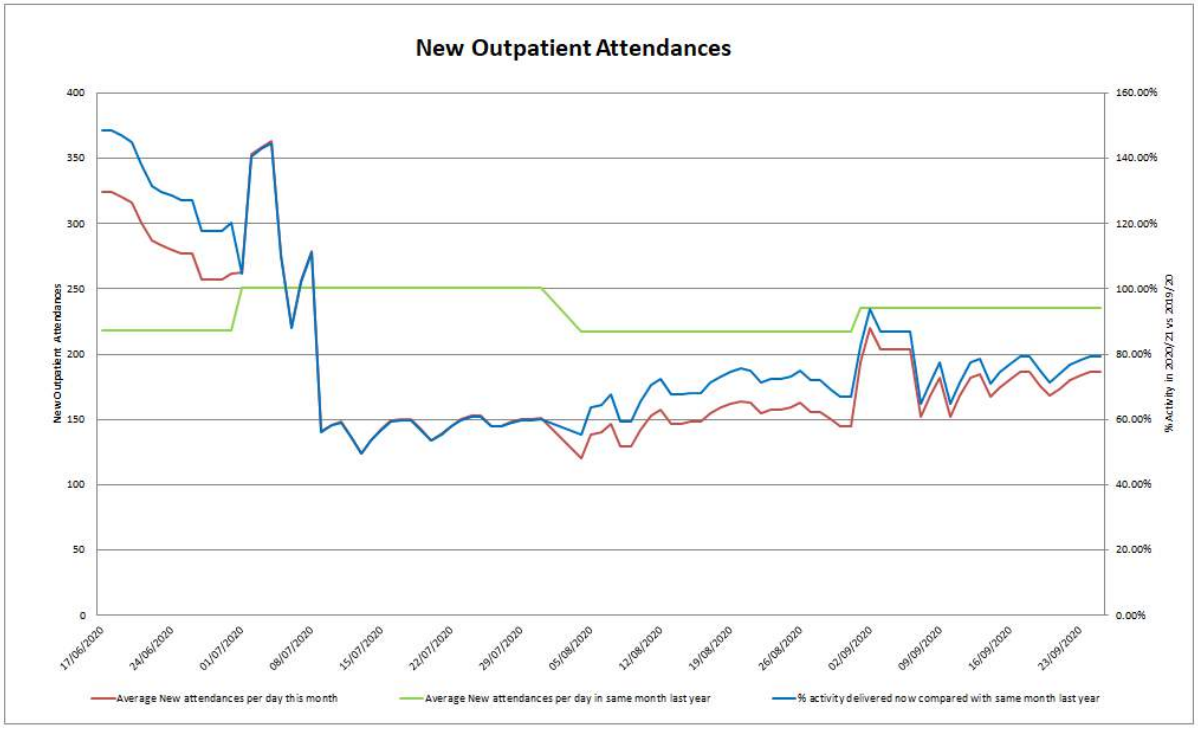


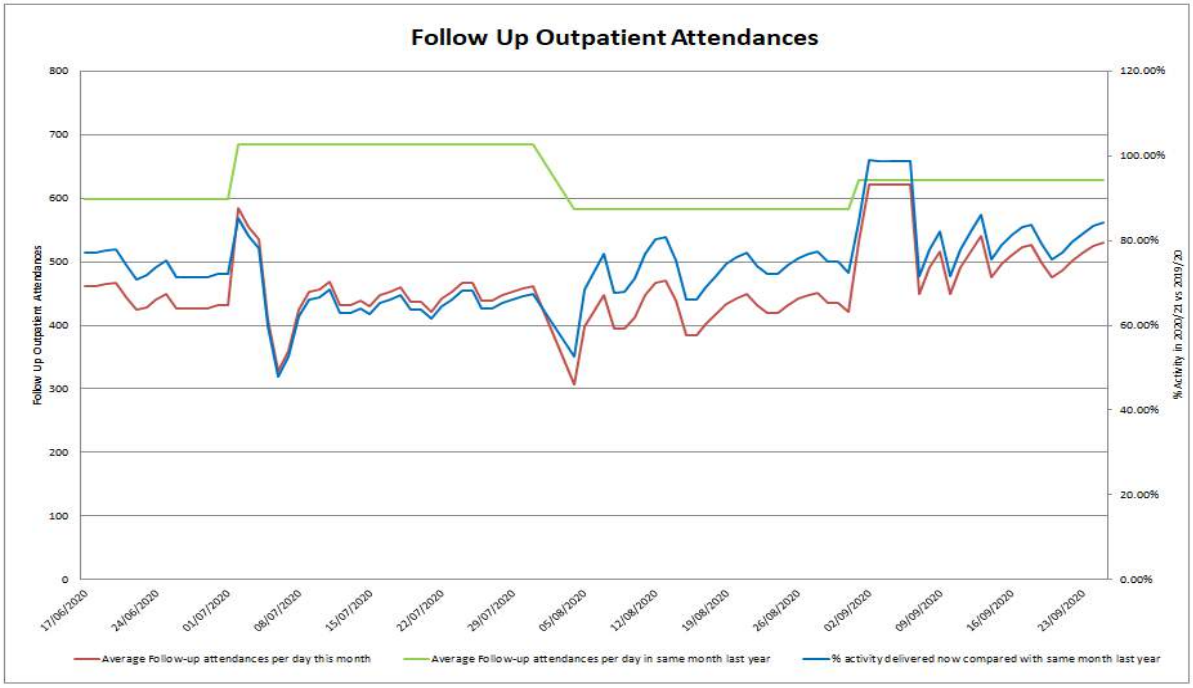
Narrative: The average number of elective inpatient admissions in September 2020 was c71.00% of the average number of elective inpatient admissions in September 2019.

The average number of elective daycase admissions in September was c59.00% of the average number of elective daycase admissions in September 2019. The increase is in line with the Phase 3 plan.

Source: Trust Data

Outpatient Attendances





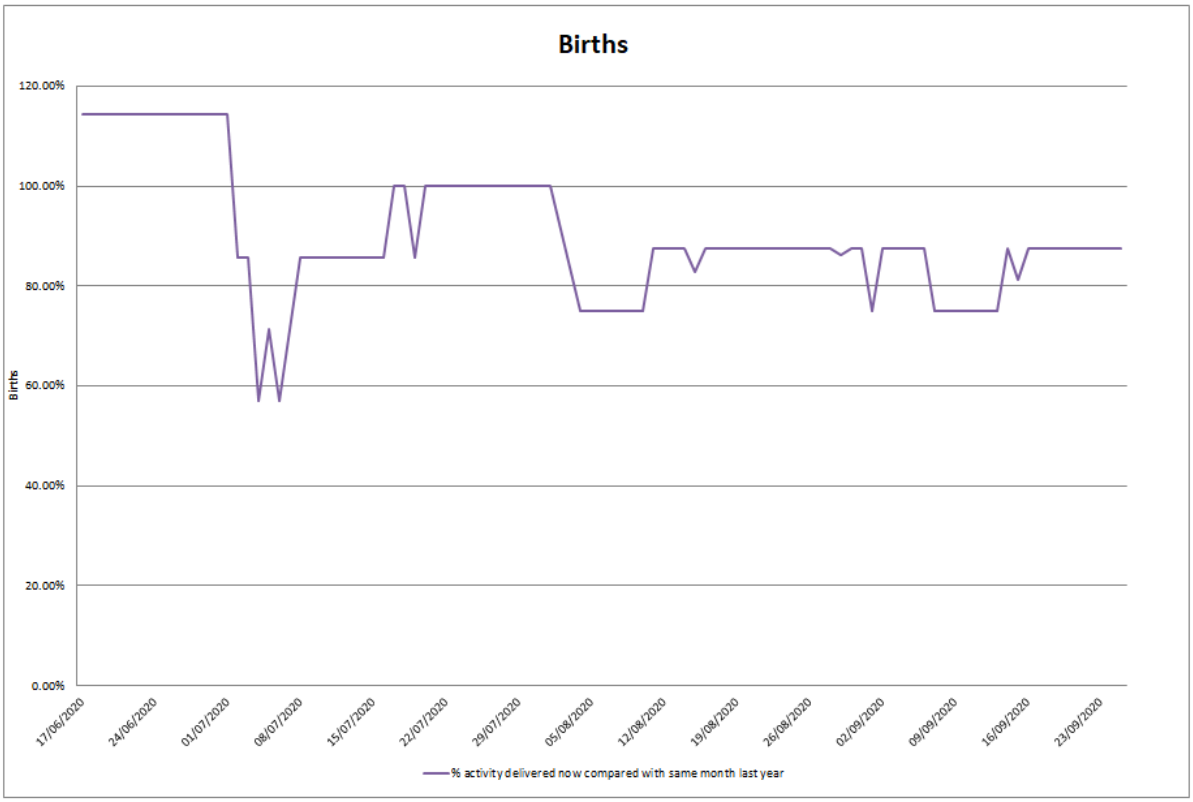
Narrative: The average number of new outpatient attendances in September 2020 was c77.00% of the average number of new outpatient attendances in September 2019.

The average number of follow up outpatient attendances in September 2020 was c84.00% of the average number of follow up outpatient attendances in September 2019.

The increase is in line with the Phase 3 plan.

Source: Trust Data

Births



Narrative: The average number of births in September 2020 was 83.00% of the average number of births in September 2019.

Source: Trust Data

3. CONCLUSION

The Executive Team will continue to monitor this data on a daily basis and will take immediate action as appropriate where concerns are noted in any area.

4. RECOMMENDATIONS

The Trust Board is asked to:

1. Note the contents of this report.

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/09/97a	
SUBJECT:	**Integrated Performance Report Dashboard**	
DATE OF MEETING:	30th September 2020	
AUTHOR(S):	Dan Birtwistle, Deputy Head of Contracts & Performance	
EXECUTIVE DIRECTOR SPONSOR:	Alex Crowe, Executive Medical Director Kimberley Salmon-Jamieson, Chief Nurse, Director of Infection Prevention & Control and Deputy Chief Executive Michelle Cloney – Chief People Officer Andrea McGee - Chief Finance Officer and Deputy Chief Executive Dan Moore - Chief Operating Officer	
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience. SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future. SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.	x x x
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): **(*Please DELETE as appropriate)***	#115 Failure to provide adequate staffing levels in some specialities and wards. #134 (a) Failure to sustain financial viability. #134 (b) Failure to deliver the financial position and a surplus #224 Failure to meet the emergency access standard.	
EXECUTIVE SUMMARY ***(KEY ISSUES):***	The Trust has 69 IPR indicators which have been RAG rated in August as follows: **Red: 23 (from 19 in July)** **Amber: 7 (from 6 in July)** **Green: 27 (from 34 in July)** **Not RAG Rated: 12 (from 10 in July)** As a result of the COVID-19 pandemic, the Trust has not met the RTT 18 weeks, RTT 52 weeks, Diagnostics 6 weeks, Cancer 14 days or Cancer 62 days standards. Prior to COVID-19, the Trust had consistently met these standards. The Trust has robust recovery plans in line with the Phase 3 planning guidance and clinical prioritisation is in place to address this. The Trust will continue to utilise independent sector support to address the backlog. The Trust has ensured that processes remain in place to monitor and improve quality during the COVID-19 pandemic. Open Incidents are monitored, with progress tracked weekly via the Trust Meeting of Harm. CBUs continue to be supported to ensure the timely closure of incidents. Falls, Pressure Ulcers	

	and Healthcare Acquired Infections continue to be monitored and action is taken to address any concerns as they arise. There have been 4 Mixed Sex Accommodation Breaches in month, all of which occurred in ICU. For the period ending 31 August 2020, the Trust has recorded a breakeven position. The position includes a retrospective year to date top up of £14.2m (£2.5m in April, £2.8m in May, £3.7m in June, £2.3m in July and £2.9m in August) to support COVID-19 expenditure and income loss of £16.6m year to date. The operational planning process was suspended in March 2020. For the period 1 April to 30 September 2020, a top up system was introduced to ensure a breakeven position is achieved in each of these months. Top ups will be put on hold for further review where they exceed COVID-19 costs. In month 5, the Trust top up exceeds COVID-19 costs by £0.3m. In August, providers were required to accrue for the medical pay award which was £0.4m. For the remainder of the year incentives and disincentives linked against delivery of activity will be implemented. An additional COVID-19 allocation will be made to the Cheshire and Mersey Health and Care Partnership (C&MH&CP) for distribution. The cash balance is £21.3m. The Trust received £57.8m on 21 September 2020 to repay working capital and capital loans which took place on 23 September 2020.

PURPOSE: ***(please select as appropriate)***	Information	Approval	To note	Decision
		X	X	

RECOMMENDATION:

The Trust Board is asked to:

1. Note the contents of this report.
2. Approve the changes to the Capital plan as follows:
   A. Approve the increase of the capital plan from £24.1m to £24.6m to include the new endoscopy funds.
   B. Approve the exchange of the Dexa scanner for the additional X-ray room refurbishment.
   C. Approve the use of contingency relating to the purchase of a Radio Frequency Generator for £0.042m.
3. Approve the addition of 3 COVID-19 Recovery KPIs to be included in the Access & Performance section of the IPR.

PREVIOUSLY CONSIDERED BY:	**Committee**	Finance & Sustainability Committee
	Agenda Ref.	FSC/20/09/125
	Date of meeting	FSC – 23/09/2020
	Summary of Outcome	COVID-19 Recovery KPIs - Supported
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	Choose an item.	

REPORT TO BOARD OF DIRECTORS

SUBJECT	Integrated Performance Report Dashboard	**AGENDA REF:**	BM/20/09/97a

1. BACKGROUND/CONTEXT

The RAG ratings for all 69 indicators from September 2019 to August 2020 are set out in **Appendix 1**. The Integrated Performance Dashboard (**Appendix 2**) has been produced to provide the Board with assurance in relation to the delivery of all Key Performance Indicators (KPIs) across the following areas:

- Quality
- Access and Performance
- Workforce
- Finance Sustainability

2. KEY ELEMENTS

In month, there has been a movement in the RAG ratings as outlined in **Table 1**:

Table 1: RAG Rating Movement

	July	August
Red	19	23
Amber	6	7
Green	34	27
Not RAG Rated	10	12
Total:	69	69

Due to the validation and review timescales for Cancer, the RAG ratings on the dashboard for these indicators are based on July's validated position. VTE is reported as a quarterly position and is therefore not RAG rated in month.

Due to the impact of COVID-19, 10 indicators cannot be RAG rated in month, as the data is not available or not reportable. These are:

Quality

- Friends & Family Test (Inpatients & Daycases) – the FFT has been suspended nationally.
- Friends and Family Test (ED & UCC) – the FFT has been suspended nationally.
- CQC Insight Report – the CQC Insight Report has not been published.

Access & Performance

- Ambulance Handovers 30-60 Minutes – data from the North West Ambulance Service was unavailable for August 2020.
- Ambulance Handovers 60 Minutes Plus – data from the North West Ambulance Service was unavailable for August 2020.

Finance

- Use of Resource Rating – UoR rating is not currently reportable. The Trust is awaiting further guidance from NHSE/I.
- CIP x 3 (In Year, Recurrent & Plans in Progress) – CIP has been suspended nationally with no requirement for delivery or reporting, the Trust is awaiting guidance on next steps.
- System Financial Position – system reporting is currently on hold.

Descriptions of each KPI are available in **Appendix 3**. Statistical Process Control (SPC) charts are included on the IPR dashboard; **Appendix 4** contains further information on these charts.

Quality

Quality KPIs

There are 3 Quality indicators rated Red in August, increased from 2 in July.

The 2 indicators rated Red in July, which have remained rated Red in August are as follows:

- Incidents - There were 11 open incidents over 40 days old at the end of August, an improvement from 15 in July, against a target of 0. Performance has been impacted by the COVID-19 pandemic, as clinical areas have been required to focus on providing direct patient care. All areas continue to be supported by the Governance Department and virtual meetings continue.
- Complaints - There were 4 complaints open over 6 months at the end of August, increased from 3 at the end of July, against a target of 0. At the time of writing this report, these 4 complaints have been closed.

There is 1 indicator which has moved from Green to Red in month as follows:

- Mixed Sex Accommodation Breaches – there were 4 breaches in August, increased from 0 in July, against a target of 0. All 4 breaches occurred in ICU.

There is 1 indicator which has moved from Green to Amber in month as follows:

- Care Hours Per Patient Day (CHPPD) – the Trust achieved 7.8 CHPPD in August, reduced from 8.8 CHPPD in July, against a target of 7.9 hours.

Access and Performance

Access and Performance KPIs

There are 11 Access and Performance indicators rated Red in August, increased from 10 in July. Performance against these indicators has been significantly impacted by the COVID-19 pandemic.

The 8 indicators which were rated Red in July and remain rated Red in August are as follows:

- Diagnostic 6 Week Target – the Trust achieved 57.78% in August, a deterioration from 58.85% in July, against a target of 99.00%.

- Referral to Treatment Open Pathways – the Trust achieved 59.78% in August, an improvement from 52.98% in July, against a target of 92.00%.
- Referral to Treatment 52+ Week Waiting – there were 211 patients waiting over 52 weeks in August, a deterioration from 162 patients in July, against a target of 0.
  RTT and Diagnostic performance is as a result of the reduction in the elective programme, suspension of services and the associated backlog during the initial phases of the pandemic. The Trust has robust recovery plans with clinical prioritisation in place.
- A&E Waiting Times 4 hour National Target – the Trust achieved 85.65% (excluding Widnes Walk ins) in August, a deterioration from July's position of 92.11%, against a target of 95.00%.
- Cancer 62 Days Urgent Treatment – the Trust achieved 66.29% in July, a deterioration from 80.70% in June, against a target of 85.00%.
- Cancer 62 Days Screening - the Trust achieved 0.00% in July, a deterioration from 50.00% in June, against a target of 90.00%. This was due to 1 breach, with 1 patient on the pathway. Screening programmes were suspended during the peak of the pandemic which has significantly impacted this cohort.
- Discharge Summaries % sent within 24 hours – the Trust achieved 82.61% in August, a deterioration from 83.06% in July, against a target of 95.00%.
- Cancelled Operations on the Day (for non-clinical reasons, not rebooked within 28 days) – there were 2 patients whose operation was cancelled on the day and not rebooked within 28 days in August. This is a deterioration from 1 patient in July, against a target of 0.

There are 3 indicators which have moved from Green to Red in month as follows:

- A&E Improvement Trajectory – the Trust did not achieve the improvement trajectory of 86.50% in August.
- Cancer 14 Days – the Trust achieved 84.16% in July, a deterioration from 97.58% in June, against a target of 93.00%.
- Breast Symptomatic – the Trust achieved 51.85% in July, a deterioration from 96.43% in June, against a target of 93.00%.
  There has been a reduction in capacity due to a consultant leaving the Trust, however this is being actively managed and plans are in place to increase capacity.

There is 1 indicator which has moved from Red to Green in month as follows:

- Cancer 31 Days First Treatment – the Trust achieved 100.00% in July, an improvement from 85.71% in June, against a target of 96.00%.

Ambulance Handovers (30-60 Minutes) has not been RAG rated in month, this indicator was rated Red in July.

PEOPLE

Workforce KPIs

There are 7 Workforce indicators rated Red in August, an increase from 5 in July.

The 4 indicators which were rated Red in July and remain rated Red August are as follows:

- Sickness Absence – The Trust's sickness absence was 5.69% in August, a deterioration from 5.51% in July, against a target of less than 4.20%. Sickness Absence is in line with Cheshire & Mersey, however it is above the North West and National Averages. The Trust has received correspondences from the NHSE/I Regional Chief People Officer noting concerns around sickness absence to which the Trust has responded acknowledging the positon, providing assurance and setting out our work to improve the position.
- Return to work – Trust compliance was 64.42% in August, a deterioration from 71.69% in July, against a target of 85.00%.
- Bank/Agency Reliance – The Trust's reliance was 13.11% in August, an improvement from 14.03% in July, against a target of less than 9.00%.
- % Use of the Apprenticeship Levy – the Trust's use of the apprenticeship levy was 38.00% in August, an improvement from July's position of 27.00%, against a target of 85.00%.

There are 2 indicators which have moved from Green to Red in month as follows:

- Agency Shifts Compliant with the Cap – 34.26% of agency shifts were compliant with the cap in August, a deterioration from 49.00% in July, against a target of 49.00%.
- Monthly Pay Spend – the Trust's monthly pay spend in August was £17.9m against a budget of £16.5m.

There is 1 indicator which has moved from Amber to Red in month as follows:

- Agency Rate Card Compliance – 44.00% of agency shifts were compliant with the rate card in August, a deterioration from 55.00% in July, against a target of 60.00%.

There is 1 indicator which has moved from Green to Amber in month as follows:

- Retention – the Trust's retention rate was 85.64% in August, a deterioration from 86.32% in July, against a target of 86.00%.

There is 1 indicator which has moved from Red to Green in month as follows:

- % of Workforce carrying out an apprenticeship qualification – 2.39% of the Trust's workforce is carrying out an apprenticeship qualification, an improvement from 0.98% in July, against a target of 2.30%.

SUSTAINABILITY

Finance and Sustainability KPIs

There are 2 Finance & Sustainability indicators rated Red in August, the same number as July.

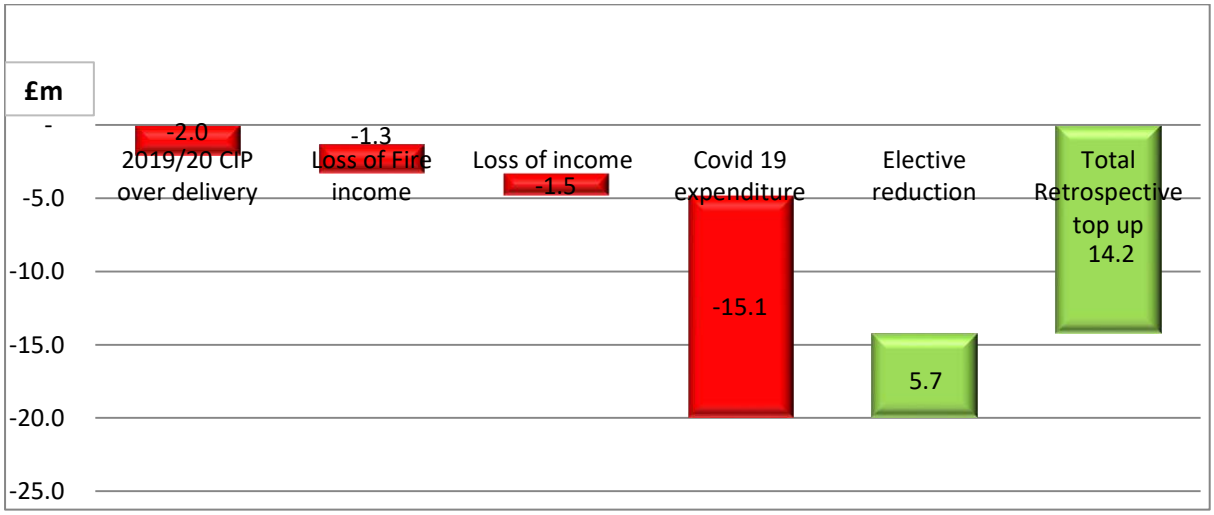
The 2 indicators which were rated Red in July and remain rated Red in August are as follows:

- Capital Programme – The actual spend year to date is £3.7m which is £3.4m below the planned spend of £7.1m. In addition, the Trust has committed orders of £2.7m. It should be noted that the Board agreed the capital plan of £24.1m. This is profiled across the year with a 50.00% spend in quarter 4.
- Agency Spending – The actual spend in August was £0.8m which is £0.1m above the planned spend of £0.7m. Year to date agency spend is £5.3m of which £2.6m relates to COVID-19.

The Income and Activity Statement for month 5 is attached in **Appendix 5**.

The Trust has received income based upon the run rate across months 8-10 2019/20. The Trust has required a retrospective top up of £14.2m to achieve breakeven. The key movements are shown in **Graph 1**.

Graph 1: Break Down of Top Up Bridge – Year to Date



Capital Programme

The revised capital programme was approved at the Trust Board in August 2020. **Table 2** provides detail of the capital plan including COVID-19 and spend year to date.

Table 2 - Capital plan and spend year to date

Capital	Annual Plan	Plan To Date	Expenditure and Committed Orders to Date	Variance Year to Date
	£000	£000	£000	£000
Core Programme	9,634	4,196	3,509	627
Non Covid-19 Loan Programme (PDC)	4,851	-	-	-
Critical Infrastructure Risk (CIR) Funding	2,410	-	-	-
A&E Plaza	4,300	-	-	-
Phase 1 Covid-19	2,930	2,930	2,930	0
Total Approved Capital Programme	**24,125**	**7,126**	**6,439**	**627**
Endoscopy	511	-	-	-
Total Planned Capital Investment	**24,636**	**7,126**	**6,439***	**627**

*Expenditure is £3.7m plus £2.7m committed orders

The Trust submitted a PDC loan request in August for £4.9m which was supported by the regional C&M NHSE/I team. The Trust has received questions for clarification and has submitted responses. The Trust is now awaiting national approval.

Critical Infrastructure Risk funding of £2.4m is expected to be awarded imminently.

A&E Plaza funding of £4.3m was approved in September and planning and design meetings have commenced.

A cash payment of £2.9m COVID-19 Phase 1 funding is expected in September 2020.

The Trust has not received any update on Phase 2 COVID-19 funding i.e. COVID-19 funding requested by the Trust post 18 May 2020, therefore Phase 2 has now been excluded from the capital programme. Any items that are classed as high priority have been moved into the main plan.

Capital Plan Changes

The Trust has received additional capital funding for Endoscopy of £0.5m and is **requesting that the Trust Board approves** this to go onto the capital programme in September 2020.

A priority has emerged for a second X-ray film room which is not on the capital programme. The issue has arisen due to the second room being required for the revised pathway to reduce infection risks associated with COVID-19.

It was agreed at the Executive meeting on the 10th September 2020 to exchange the Dexa

Scanner that is currently in the capital programme, for the X-ray room due to the urgency identified. The Dexa scanner cost is £0.25m and the X-ray room costs are £0.25m, therefore there is no financial impact. The Dexa scanner is currently operational and does scans which are of a non-urgent clinical nature. Therefore the requirement of the X-ray room is being prioritised on the capital programme to manage the risk.

Another priority which has been identified is the requirement for a Radio Frequency (RF) Generator. Due to COVID-19, the use of steroid injections has been limited due to the potential immunosuppressant effect which could compromise the patients condition. Radio Frequency Treatment can in some cases replace the requirement for steroid injections. This has been supported by guidance by the pain society and will support the Trust to address the waiting lists within the pain service. The cost of the generator is £0.042m which will be funded from contingency. The contingency available will therefore be reduced by £0.042m to a revised contingency of £0.24m.

The Trust Board is requested to:

A. **Approve the increase of the capital plan from £24.1m to £24.6m to include the new endoscopy funds.**
B. **Approve the exchange of the Dexa scanner for the additional X-ray room refurbishment.**
C. **Approve the use of contingency relating to the purchase of a Radio Frequency Generator for £0.042m.**

It should be noted that the capital programme is profiled with 50.00% expenditure occurring in the last quarter, this includes; the ED Plaza, MRI purchase and estates, Captain Sir Tom Moore Building (formally CMTC), X-ray and WI-FI. Increased monitoring will be provided from month 6 to the Finance & Sustainability Committee given the risk to delivery.

A draft revised capital programme is attached in **Appendix 6**.

KPI Amendments

COVID-19 Phase 3 Recovery

In response to the Phase 3 national guidance around returning non COVID-19 NHS Services to normal levels, the Trust submitted a plan which was approved by the Trust Board on 10 September 2020. To provide the Board with assurance around Trust performance, the Finance & Sustainability Committee (FSC) has supported the addition of 3 new indictors to the Trust IPR. These indicators are:

- Elective Recovery - % activity for Inpatient & Daycase Procedures against 2019/20 activity.
- Diagnostic Recovery - % activity for Diagnostics against 2019/20 activity.
- Outpatient Recovery % activity for First and Follow Up Outpatient Appointments against 2019/20 activity.

The new indicators were supported by the Finance & Sustainability Committee (FSC) on 23 September 2020. A copy of the paper presented to the FSC is available in **Appendix 7**.

These additional indicators will result in an increase in the overall number of indicators from 69 to 72.

The Trust Board is asked to approve the addition of the 3 new KPIs for COVID-19 Recovery Activity.

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

The KPI's that are underperforming are managed in line with the Trust's Performance Assurance Framework.

4. ASSURANCE COMMITTEE

The following committees provide assurance to the Trust Board:

- Finance and Sustainability Committee
- Audit Committee
- Quality & Assurance Committee
- Trust Operational Board
- Strategic People Committee

5. RECOMMENDATIONS

The Trust Board is asked to:

1. Note the contents of this report.
2. Approve the changes to the Capital plan as follows:
   A. Approve the increase of the capital plan from £24.1m to £24.6m to include the new endoscopy funds.
   B. Approve the exchange of the Dexa scanner for the additional X-ray room refurbishment.
   C. Approve the use of contingency relating to the purchase of a Radio Frequency Generator for £0.042m.
3. Approve the addition of 3 COVID-19 Recovery KPIs to be included in the Access & Performance section of the IPR.

Key

Improvement in Performance	↑
Deterioration in Performance	↓
Static Performance	↔

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Appendix 1 – KPI RAG Rating September 2019 – August 2020

	KPI		Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
	QUALITY													
1	Incidents		↑	↓	↓	↓	↑	↑	↓	↑	↑	↓	↑	↑
2	CAS Alerts		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
3	Duty of Candour		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
4	Healthcare Acquired Infections - MSRA		↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
5	Healthcare Acquired Infections – Cdiff		↑	↓	↑	↑	↓	↑	↓	↑	↑	↑	↓	↑
6	Healthcare Acquired Infections – Gram Neg		↓	↑	↓	↑	↓	↓	↓	↑	↔	↓	↑	↓
7	Healthcare Acquired Infections – COVID-19 Hospital Onset & Outbreaks													
8	VTE Assessment		↓	↑	↑	↓	↓	↓	↑	↑	↑	↑		
9	Total Inpatient Falls & Harm Levels		↓	↑	↓	↓	↓	↑	↓	↑	↓	↓	↑	↓
10	Pressure Ulcers		↓	↓	↑	↑	↑	↓	↑	↔	↓	↑	↔	↓
11	Medication Safety (24 Hours)		↑	↑	↑	↓	↑	↓	↑	↑	↑	↑	↑	↓
12	Staffing – Average Fill Rate		↑	↓	↓	↓	↓	↓				↑	↓	↓
13	Staffing – Care Hours Per Patient Day		↑	↑	↓	↑	↓	↑				↑	↑	↓
14	Mortality ratio - HSMR													
15	Mortality ratio - SHMI													
16	NICE Compliance		↑	↓	↓	↓	↑	↔	↓	↓	↔	↑	↑	↑
17	Complaints													
18	Friends & Family – Inpatients & Day cases		↑	↓	↑	↔	↓	↔	-	-	-	-	-	-
19	Friends & Family – ED and UCC		↓	↔	↓	↑	↑	↔	-	-	-	-	-	-
20	Mixed Sex Accommodation Breaches		↓	↑	↑	↓	↑	↔	↓	↔	↔	↔	↔	↓
21	Continuity of Carer		↓	↑	↑	↓	↓	↑	↑	↑	↓	↑	↑	↓
22	CQC Insight Indicator Composite Score		↑	↓	↓	↓	↓	↓	↓	-	-	-	-	-

Key

Improvement in Performance	↕
Deterioration in Performance	↕
Static Performance	↔

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Appendix 1 – KPI RAG Rating September 2019 – August 2020

	KPI	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
	ACCESS & PERFORMANCE												
23	Diagnostic Waiting Times 6 Weeks	↓	↑	↑	↓	↑	↑	↓	↓	↑	↑	↑	↓
24	RTT - Open Pathways	↑	↑	↑	↓	↓	↓	↓	↓	↓	↓	↓	↑
25	RTT – Number Of Patients Waiting 52+ Weeks	↔	↔	↔	↔	↔	↔	↔	↓	↓	↓	↓	↓
26	A&E Waiting Times – National Target	↓	↓	↓	↓	↑	↑	↑	↑	↑	↓	↓	↓
27	A&E Waiting Times – STP Trajectory	↓	↓	↓	↓	↑	↑	↑	↑	↑	↓	↓	↓
28	A&E Waiting Times – Over 12 Hours	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
29	Cancer 14 Days								↓	↓	↑	↑	↓
30	Breast Symptoms 14 Days								↓	↓	↑	↓	↓
31	Cancer 28 Day Faster Diagnostic								↓	↓	↓	↓	↑
32	Cancer 31 Days First Treatment*	↑	↓	↑	↑	↓	↓	↑	↓	↑	↓	↑	↑
33	Cancer 31 Days Subsequent Surgery*	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↑	↓
34	Cancer 31 Days Subsequent Drug*	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
35	Cancer 62 Days Urgent*	↓	↑	↑	↑	↑	↓	↓	↑	↑	↓	↑	↓
36	Cancer 62 Days Screening*	↓	↑	↓	↓	↑	↓	↑	↑	↑	↓	↑	↓
37	Ambulance Handovers 30 to <60 minutes	↑	↓	↓	↓	↑	↑	↑	↑	↓	↓	↓	-
38	Ambulance Handovers at 60 minutes or more	↓	↑	↓	↓	↓	↑	↑	↑	↑	↑	↔	-
39	Discharge Summaries - % sent within 24hrs	↓	↑	↓	↓	↑	↓	↑	↓	↓	↑	↑	↓
40	Discharge Summaries – Number NOT sent within 7 days	↔	↔	↔	↔	↔	↓	↑	↓	↓	↑	↑	↔
41	Cancelled Operations on the day for a non-clinical reasons	↓	↑	↑	↓	↑	↑	↓	↓	↑	↑	↔	↓
42	Cancelled Operations– Not offered a date for readmission within 28 days	↔	↓	↑	↔	↓	↑	↑	↓	↑	↑	↔	↓
43	Urgent Operations – Cancelled for a 2nd time	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
44	Super Stranded Patients	↓	↑	↓	↑	↓	↑	↑	↑	↓	↑	↑	↓

Key

Improvement in Performance	
Deterioration in Performance	
Static Performance	

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Appendix 1 – KPI RAG Rating September 2019 – August 2020

	KPI	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
	WORKFORCE												
45	Sickness Absence	↔	↓	↓	↓	↑	↑	↓	↓	↑	↑	↑	↓
46	Return to Work	↓	↓	↓	↓	↑	↓	↓	↓	↑	↓	↓	↓
47	Recruitment	↑	↓	↓	↑	↓	↓	↑	↑	↓	↑	↑	↓
48	Vacancy Rates	↑	↑	↑	↑	↓	↓	↓	↑	↑	↓	↑	↓
49	Retention	↑	↑	↑	↓	↓	↓	↑	↑	↓	↑	↓	↓
50	Turnover	↑	↓	↑	↓	↓	↓	↓	↑	↓	↑	↓	↓
51	Bank & Agency Reliance	↑	↓	↑	↑	↓	↓	↓	↓	↑	↑	↑	↑
52	Agency Shifts Compliant with the Cap	↓	↓	↓	↑	↓	↑	↔	↓	↑	↑	↑	↓
53	Agency Rate Card Compliance									↓	↑	↓	↓
54	Monthly Pay Spend (Contracted & Non-Contracted)	↑	↓	↑	↑	↓	↑	↓	↑	↑	↑	↑	↓
55	Core/Mandatory Training	↓	↑	↑	↓	↑	↓	↑	↓	↓	↓	↑	↑
56	Role Specific Training									↓	↑	↑	↑
57	% Use of Apprenticeship Levy									↑	↓	↓	↑
58	% Workforce carrying out an Apprenticeship Qualification									↑	↓	↓	↑
59	PDR	↑	↑	↑	↓	↓	↑	↑	↑	↓	↓	↓	↓

Key

Improvement in Performance	↕
Deterioration in Performance	↕
Static Performance	↔

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Appendix 1 – KPI RAG Rating September 2019 – August 2020

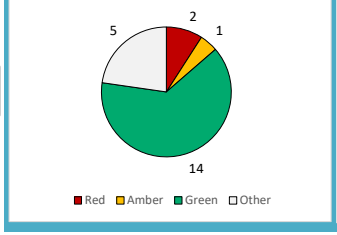
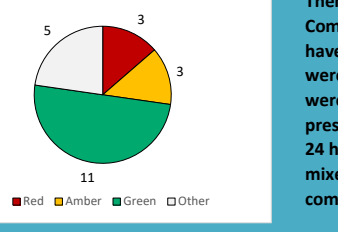
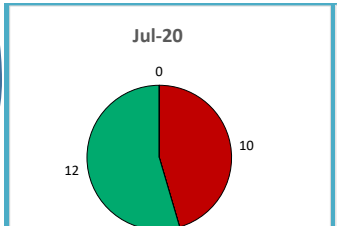
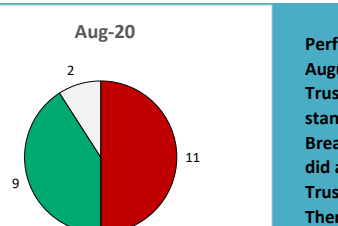
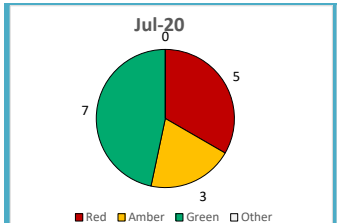
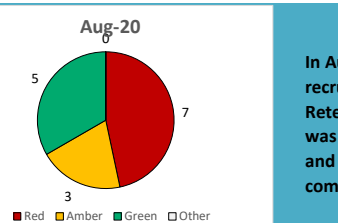
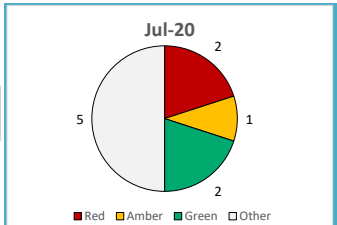
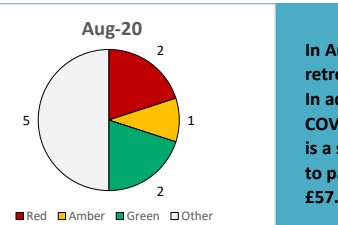
	KPI	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
	FINANCE												
60	**Trust Financial Position**	↑	↑	↓	↑	↑	↑	↑	↑	↔	↔	↔	↔
61	**System Financial Position**								-	-	-	-	-
62	**Cash Balance**	↓	↓	↑	↑	↓	↑	↓	↑	↑	↓	↓	↑
63	**Capital Programme**	↓	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
64	**Better Payment Practice Code**	↔	↑	↔	↑	↓	↕	↕	↑	↑	↑	↑	↑
65	**Use of Resources Rating**	↔	↔	↔	↔	↔	↔	↔	-	-	-	-	-
66	**Agency Spending**								↔	↔	↔	↓	↑
67	**Cost Improvement Programme – Performance to date**	↑	↑	↓	↓	↑	↑	↑	-	-	-	-	-
68	**Cost Improvement Programme – Plans in Progress (In Year)**	↕	↕	↕	↕	↕	↑	↕	-	-	-	-	-
69	**Cost Improvement Programme – Plans in Progress (Recurrent)**	↕	↓	↓	↓	↑	↑	↑	-	-	-	-	-

*RAG rating is based on previous month's validated position for these indicators.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Integrated Dashboard - August 2020

Appendix 2

	Jul-20	Aug-20	Key Points/Actions
Quality Improvement			There were 282 open incidents that require review and sign off, of which 11 have been open over 40 days. Compliance in relation to Duty of Candour remains 100% in month. Healthcare Acquired Infection objectives have not been published nationally and CDI reviews with the CCG have been delayed due to COVID-19. There were 5 cases of CDI (under review), 6 cases of E.coli, 2 MSSA and 2 cases of Klebsiella reported in month. There were 5 category 2 pressure ulcers and 2 category 3 pressure ulcers reported in month with no category 4 pressure ulcers reported. There were 61 falls, of which 50 were inpatient falls. Medication reconciliation within 24 hours was 80.00% and overall reconciliation was 93.00%. NICE compliance was at 88.01%. There were 4 mixed sex accommodation breaches in month. Care Hours Per Patient Day was at 7.8. Continuity of Carer compliance was 56.00%.
Access & Performance			Performance against the Access & Performance standards has been significantly impacted by COVID-19. In August, the Trust did not achieve the RTT (59.78%) or the 6 week Diagnostic Standard in month (57.78%). The Trust is in the process of implementing recovery plans to address this. The Trust did not meet the 4 hour A&E standard (85.65%) or the improvement trajectory in month. The Trust did not meet the two week wait (84.16%), Breast Symptomatic (51.85%) or 62 day cancer standards (66.29% Urgent, 0.00% Screening); however the Trust did achieve the 31 day (100% First, 95.45% Surgery, 100% Drug) and faster diagnostic standards (76.53%). The Trust did not achieve the 24 hour discharge summary standard (82.61%) but did achieve the 7 day standard. There were 2 patients whose operation was cancelled and not rebooked within 28 days, however the number of operations cancelled on the day for non-clinical reasons has met the standard (0.50%). The number of Super Stranded (83) patients remains positive. Data was unavailable from the North West Ambulance Service for Ambulance Handovers.
Workforce			In August, the Trust's sickness absence was 5.69%. Return to work compliance was 64.42%. Average recruitment timeframes over the 12 month rolling period are on target at 58 days. Turnover was at 14.02% and Retention was 85.64%. Vacancy rates was 7.65%. Bank and Agency reliance was 13.11%. Core Skills Training was at 86.56% with Role Specific Training at 93.09%. Agency shift compliance against the pay cap was at 34.26% and compliance against the rate card was 44.00%. Pay spend was £17.9m against a budget of £16.5m. PDR compliance was 70.64%.
Finance			In August, the Trust recorded a breakeven position which included £16.6m COVID-19 expenditure and £14.2m retrospective top up. The actual spend year to date is £3.7m which is £3.4m below the planned spend of £7.1m. In addition, the Trust has committed orders of £2.7m. Agency spend was £5.3m of which £2.6m relates to COVID-19. Better Practice Payment Code was 98.00% in month which is 3.00% above the target of 95.00%. This is a significant improvement on March's position due to the early receipt of block income, supporting the Trust to pay creditors within 7 days of receipt of goods and services. The cash balance is £21.3m. The Trust received £57.8m on the 21 September to repay working capital and capital loans which took place on the 23 September.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:
Single Oversight Framework (SOF) | Risk Register (RR116)
Care Quality Commission (CQC) | Trust Strategy (S)

Quality Improvement - Trust Position

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

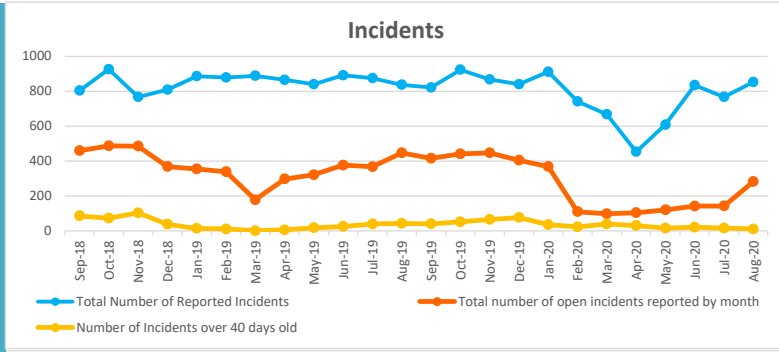
Patient Safety

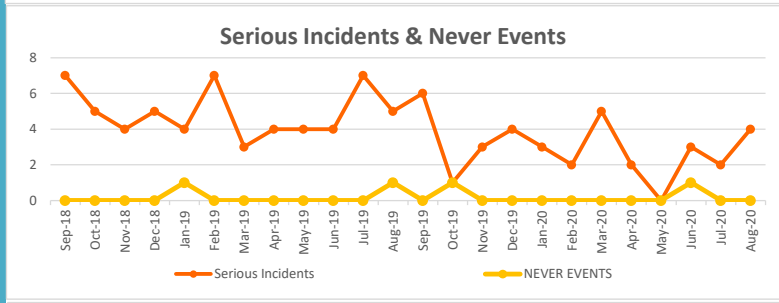
SOF CQC

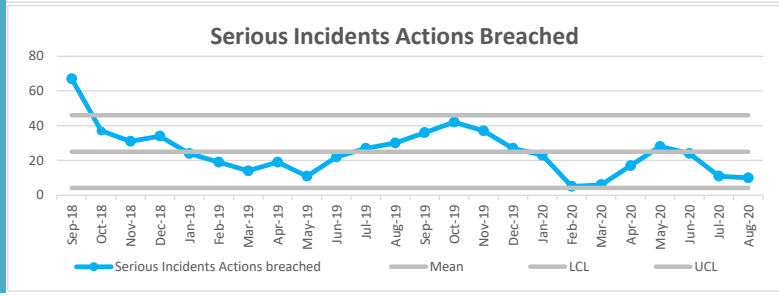
Incidents

Red: Open incidents outside 40 day timeframe
Amber: Open incidents between 20 - 40 days old.
Green: Open incident within timeframe of 20 days.

There were 11 incidents over 40 days old open in August 2020 across the 6 CBUs and Clinical Support Services. This is an improvement compared to the previous month and will be continuously reviewed to ensure incidents are closed in a timely manner during the COVID-19 period.







There were 4 Serious Incidents reported in August 2020. Incidents and Actions continue to be a focus to ensure that they are reviewed and completed in a timely manner. This is being reported through the Patient Safety & Effectiveness Sub Committee and weekly Meeting of Harm.

Governance managers will continue to support the CBUs in reviewing and closing incidents and actions. This will be monitored by the Patient Safety Manager and the Deputy Director of Governance. Weekly oversight of incidents and actions is provided at the Meeting of Harm.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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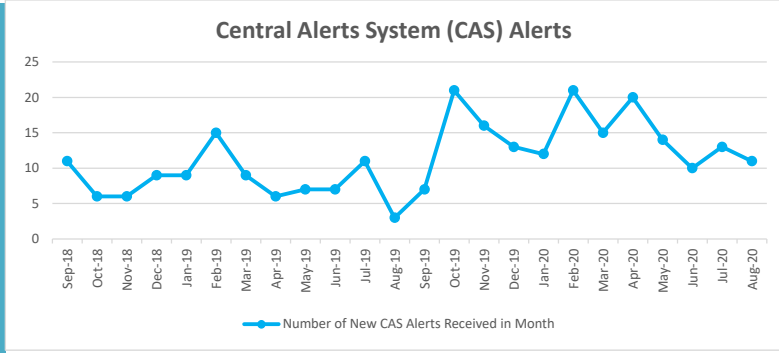
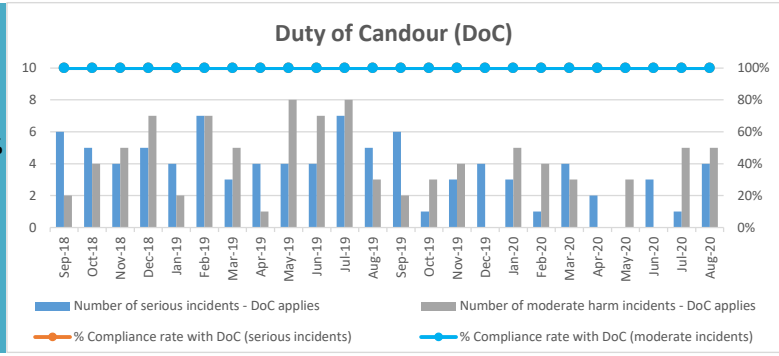
Quality Improvement - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
CAS Alerts - Green - All relevant CAS Alerts actioned within timescales Red - Applicable CAS Alert not actioned within the timescale.	CQC There were 11 new CAS Alerts received in month. There were no CAS alert actions which have breached the timescale in month.		The Trust received 11 CAS alerts in month with no action breaches.	There is ongoing monitoring and oversight at the Health and Safety and Patient Safety and Effectiveness Sub-Committees to ensure the current position is sustained.
Duty of Candour Red: <100% Green: 100%	CQC The Trust achieved 100.00% for Duty of Candour in month.		Compliance with Duty of Candour remains in line with Trust policy at 100% compliance.	Training for senior managers and clinicians continues as part of clinical governance training, delivered by the Patient Safety Manager. Weekly scrutiny and monitoring in place by the Patient Safety Manager.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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Quality Improvement - Trust Position

Trust Performance

Healthcare Acquired Infections

MRSA
Red: 1 or more
Green: 0

Healthcare Acquired Infections

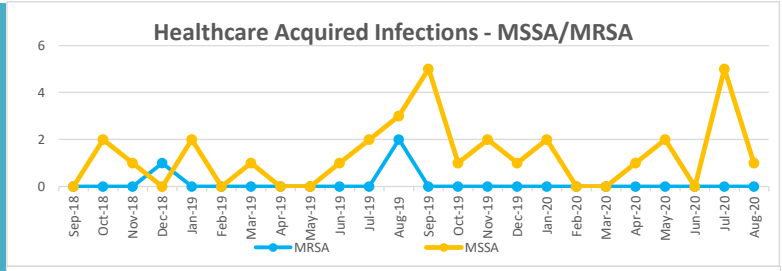
C-Difficile
Red: 44+ per annum
Green: Less than 44 per annum

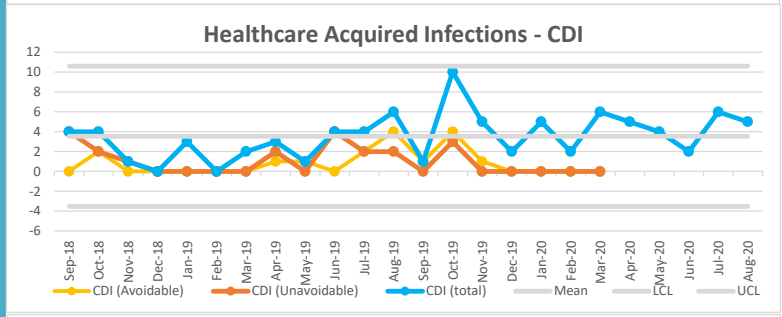
Healthcare Acquired Infections - Gram Negative

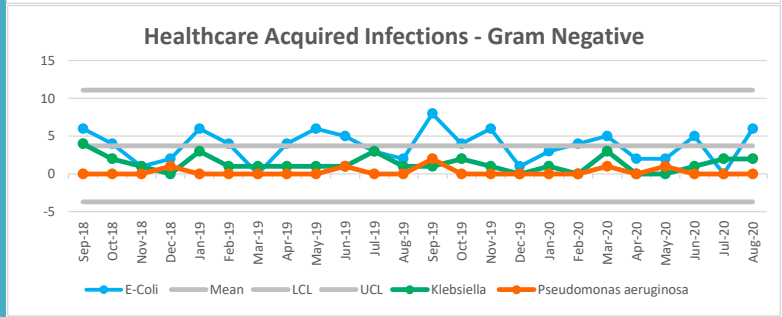
E-Coli
Red: 47+ per annum
Green: Less than 47 per annum
Pseudomonas aeruginosa & Klebsillea - No Threshold Set

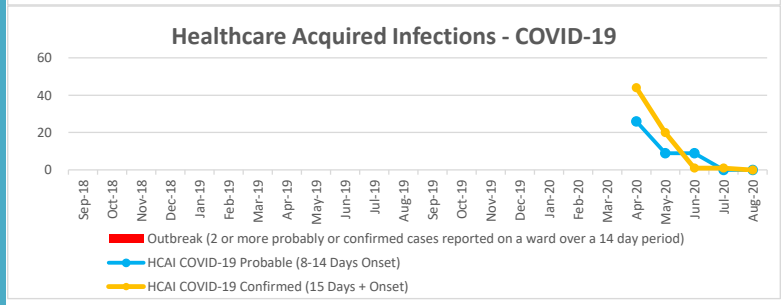
Healthcare Acquired Infections COVID-19 Hospital Onset & Outbreaks

Trend









What are the reasons for the variation and what is the impact?

Healthcare Acquired Infection (HCAI) objectives have not been published nationally by NHSE/I for Gram Negative or C. difficile. The current RAG rating is based on 2019/20 thresholds. There was 1 case of MSSA, 5 cases of CDI (under review), 6 cases of E.coli and 2 cases of Klebsiella reported in August 2020.

There may be an increase in pneumonia cases following viral infection with SARS-CoV-2 (COVID-19). A different inpatient profile due to the coronavirus pandemic will make comparisons with previous year's data difficult.
COVID-19: Caution is required on data interpretation. Testing of all patient admissions was introduced on 24/04/2020. The definitions for hospital onset cases and the definition of an Outbreak was published by NHSE/I on 09/06/2020.

How are we going to improve the position (Short & Long Term)?

Action plans are in place for the reduction of all HCAIs and will be applied throughout the COVID-19 recovery period. Plans will be reviewed and adapted according to Root Cause Analysis report findings.
Robust processes are in place for COVID-19 admission and day 5 testing with Infection Prevention and Control (IPC) guidance on isolation and Personal Protective Equipment (PPE).

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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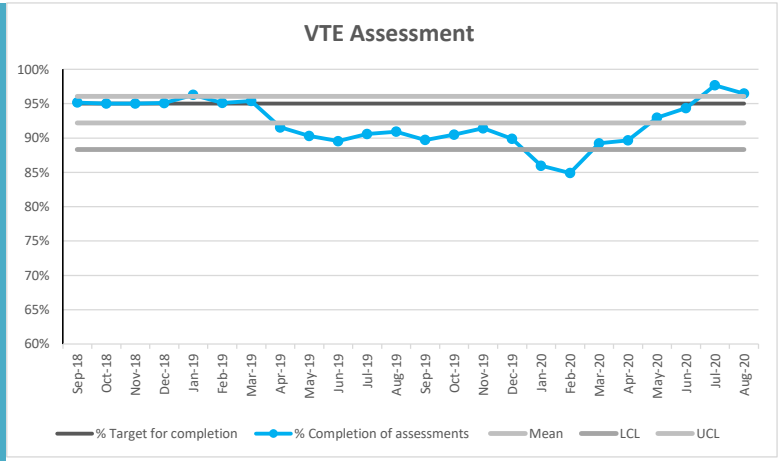
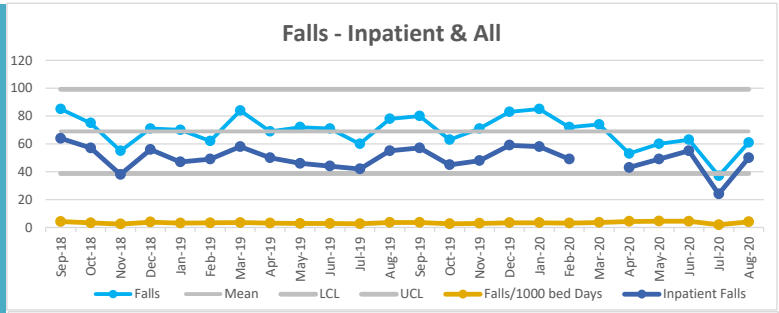
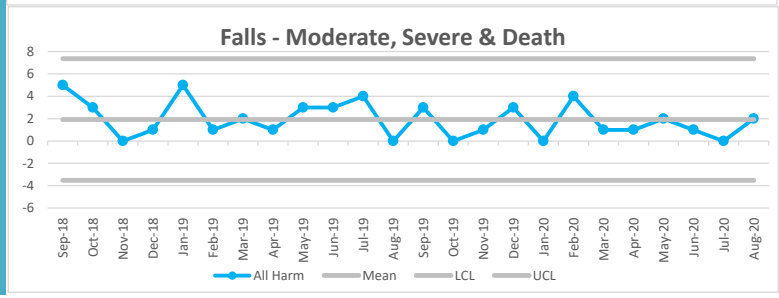
Quality Improvement - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
VTE Assessment **Red: <95%** **Green: 95% or above based on previous months' figures due to timescales for validation of data**	SOF, S **The Trust achieved 92.32% for VTE assessments on average in Q1 2020/21.** RR128		**The Trust achieved 96.46% for VTE assessments in August 2020 this is 1.46% better than the target. An average for this indicator is reported quarterly in relation to the National Trajectory of meeting the 95.00% target for VTE.**	**Focused work is taking place with clinical teams to improve VTE electronic risk assessment compliance. Daily progress updates are escalated to clinicians, supported by the Associate Medical Director to ensure completion of risk assessments.**
Total number of Inpatient Falls & harm levels **Red: <10% decrease from 19/20** **Amber: 10-19% decrease from 19/20** **Green 20% or more decrease from 19/20**	CQC, S **There were a total of 61 falls in the month; of which 50 were inpatient falls.** RR120	 	**There was 2 moderate harm falls reported in August 2020; 1 inpatient fall; 1 staff fall.**	**The Trust continues to review Falls daily at the Trustwide Safety Huddle and weekly at the Inpatient Falls Review meeting. The Trust action plan has been updated to reflect the Trust Falls Quality priority for 2020/21.**

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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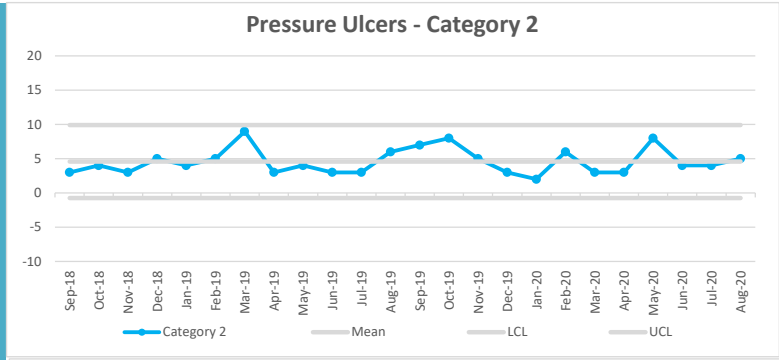
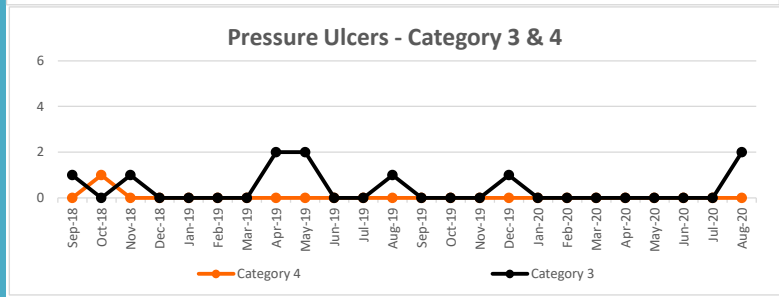
Quality Improvement - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Pressure Ulcers Based on 65 in 2019/20 Red: 4% reduction or below Amber: 5%-9% reduction Green: 10% reduction or above.	CQC There were 0 hospital acquired Category 4 pressure ulcers, 2 Category 3 pressure ulcers and 5 Category 2 pressure ulcers reported in month.	 	The Trust has had a total of 24 Category 2 pressure ulcers YTD, which is an increase of 4 pressure ulcers compared the same reporting period in 2019. The Trust has had a total of 2 Category 3/ Unstageable pressure ulcers which year to date is a reduction of 3 pressure ulcers compared the same reporting period in 2019. Overall moderate harm from pressure ulcers has reduced by 8.5% compared to the same reporting period in 2019.	Pressure Ulcer reduction is a key collaborative supported by the Quality Improvement team.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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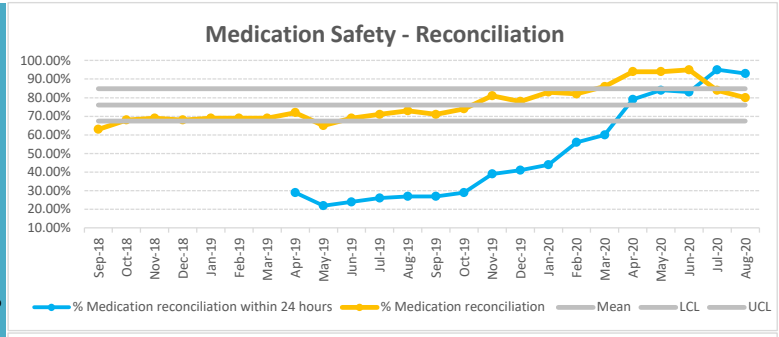
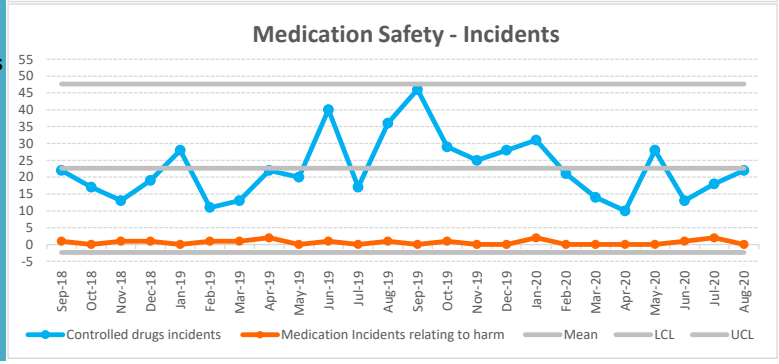
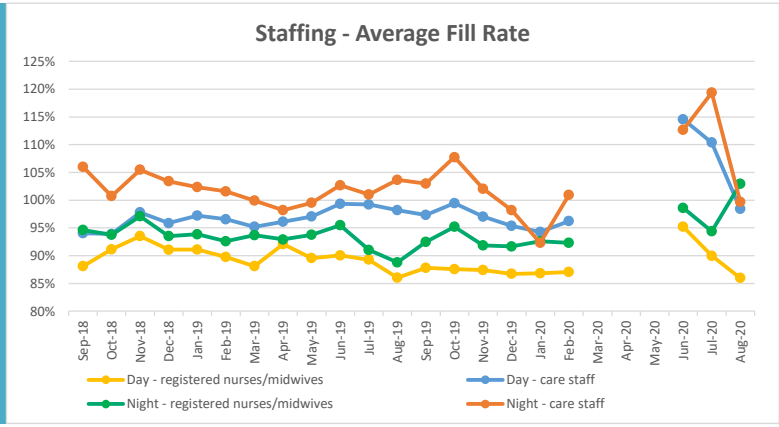
Quality Improvement - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Medication Safety Reconciliation within 24 hours Red: below 60% Amber: 60% - 79% Green: 80% or above	S, RR415 The Trust achieved 80.00% for medicines reconciliation within 24 hours and 93.00% for overall medicines reconciliation. There were 22 controlled drug incidents No incidents resulted in harm.	 	Performance against both medicines reconciliation targets is being maintained. Factors influencing this are: 1. Staff hours directed to ward-based clinical pharmacy. 2. Use of modified daily rotas with time allocations that reflect workload at ward level and tight control of staffing resources. 3. Flexible use of the work force across 7 days with an emphasis on supporting safe prescribing at weekends.	The 7 day service review is underway to support an effective distribution of staff to ward pharmacy services across 7 days. Staffing resources continue to be allocated for controlled drugs and medicines audits and reports i.e. medication safety related activities during the COVID-19 pandemic.
Staffing - Average Fill Rate Red: 0-79% Amber: 80-89% Green: 90-100%	RR115 In month the average staffing fill rates were: Day (Nurses/Mwife) 85.99% Day (Care Staff) 98.45% Night (Nurses/Mwife) 102.94% Night (Care Staff) 99.70%		17 of the 21 wards reported staffing levels under 90.00% in August 2020 for registered nurses. However, 15 wards were above 90.00% for HCA staff in response to the recruitment of student nurses into the HCA vacancies as part of the COVID-19 pandemic response. Some of these staff are remaining on the wards until they receive their registration with the Nursing & Midwifery Council.	Staffing is reviewed twice daily by the senior nursing team and staff are moved based on acuity and activity to ensure safe patient care at all times.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:
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Care Quality Commission (CQC) | Trust Strategy (S)

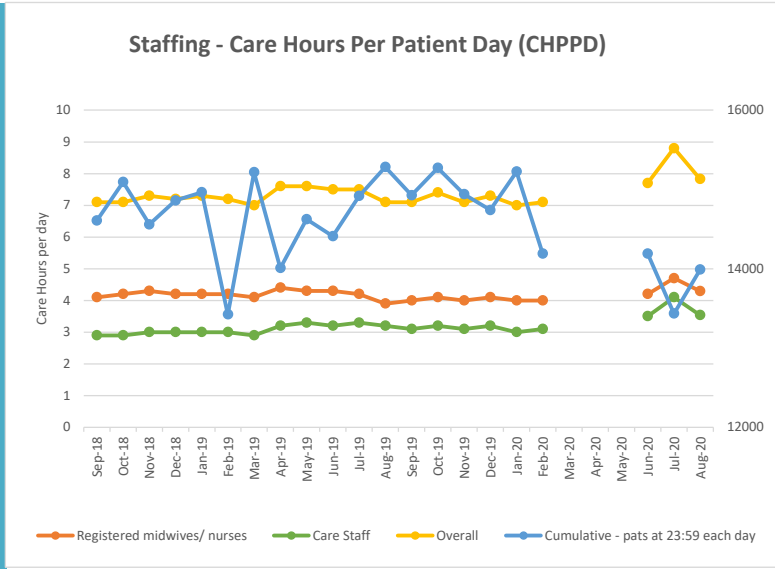
Quality Improvement - Trust Position

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

Staffing - Care Hours Per Patient Day (CHPPD)
Red: Below 6.0
Amber: 6.0 - 7.8
Green: 7.9 or More

RR115

In month, the average CHPPD were:
Nurse/Midwife: 4.3 hours
Care Staff: 3.5 hours
Overall: 7.8 hours



In August, CHPPD was recorded at 7.8 with a 2020/21 YTD figure of 8.1, against the national YTD figure of 8.1. The improvement in CHPPD is in response to the recruitment of the student nurses into the HCA vacancies as part of the COVID-19 pandemic response. Another factor that has influenced the improvement in month, is the number of ward changes with the ability to redeploy staff and the graduated commencement of the elective programme, releasing staff to support other wards.

Ward staffing levels continue to be systematically reviewed, which includes Planned vs. Actual staffing levels. These are reported monthly as part of the Unify submission and any ward that falls below 90.00% provides mitigation to ensure safe, high quality care is consistently being delivered in those areas.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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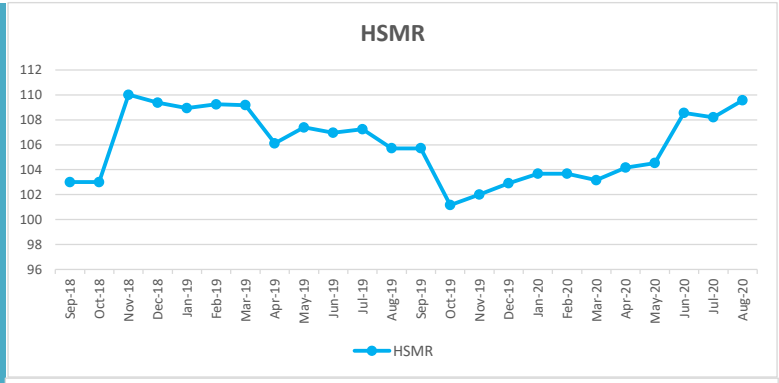
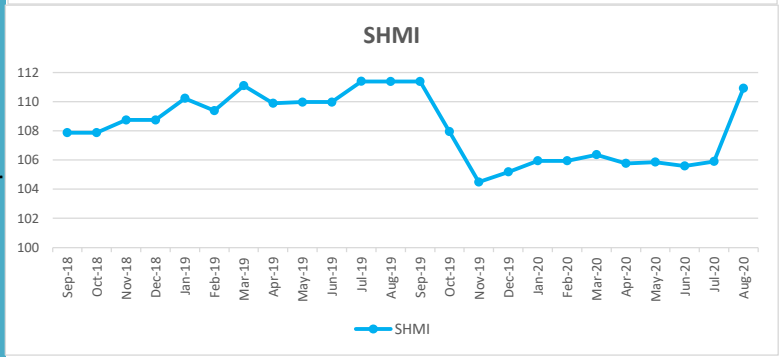
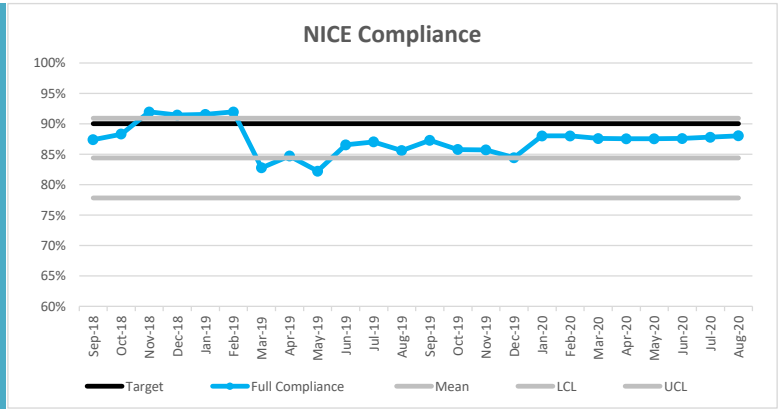
Single Oversight Framework (SOF) | Risk Register (RR116)
Care Quality Commission (CQC) | Trust Strategy (S)

Quality Improvement - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Mortality ratio - HSMR Red: Greater than expected Green: As or under expected	CQC The most recent HSMR is within the expected range and is 109.57 against 101.06 for peers. The Trust is ranked 15/20 in the peer group.		HSMR and SHMI have shown an increase when compared to the previous month, though they remain within the expected range: 109.57 for HSMR and 110.92 for SHMI.	Mortality reviews will continue to be undertaken alongside the governance incident process to ensure triangulation and learning. The process will continue to be overseen by the Trust Mortality Lead with escalation to the Deputy Director of Governance.
Mortality ratio - SHMI Red: Greater than expected Green: As or under expected	SOF CQC The most recent SHMI is within the expected range at 110.92 against 109.92 for peers. The Trust is ranked 10/18 in the peer group.			
NICE Compliance Red: Below 75% Amber: 75% to 89% Green: 90% or Above	SOF The Trust achieved 88.01% in month.		The overall Trust compliance level is currently 88.01%. Plans are in place to achieve the required standard of 90.00%.	The Trust expects a delay in assessing the outstanding NICE compliance due to the COVID-19 pandemic. This is reported to Patient Safety and Effectiveness Sub Committee.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:
Single Oversight Framework (SOF) | Risk Register (RR116)
Care Quality Commission (CQC) | Trust Strategy (S)

Quality Improvement - Trust Position

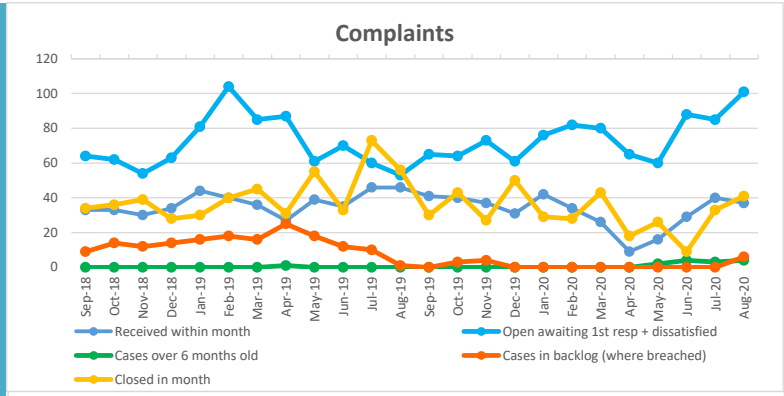
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

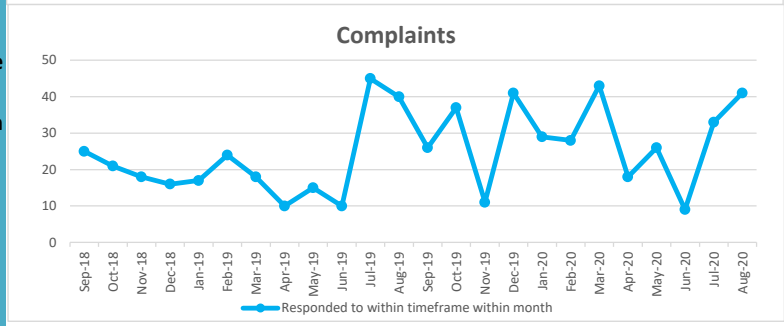
Patient Experience

Complaints
Red: Complaints over 6 months old/69% or less responded to within the timeframe
Amber: No complaints over 6 months old, 70% - 89% responded to within the timeframe
Green: No backlog, 90% responded to within the timeframe.

S

The Trust has increased the number of closed complaints compared to the previous month. However, 4 of the 101 open complaints are now over 6 months old. This is a result of the paused placed on complaints during the COVID-19 pandemic. At the time of writing this report these complaints have been closed.





As per the directive from NHSE/I the complaints process was paused during the period of 30 March to 22 June 2020. During this period, the Trust continued to investigate high level complaints and respond where possible. During August, 41 complaints were closed. This an increase compared to the previous month. To ensure that complaints are responded to timely, the CBUs are working closely with the Complaints team with a weekly panel meeting held by the Chief Nurse and Deputy Director of Governance.

The Head of Complaints, Claims and PALS will continue to work with the CBU's to ensure that responses are received by the Complaints team within internal timeframes and will support staff to improve the quality of the responses.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:

Single Oversight Framework 

Risk Register 

Care Quality Commission 

Trust Strategy 

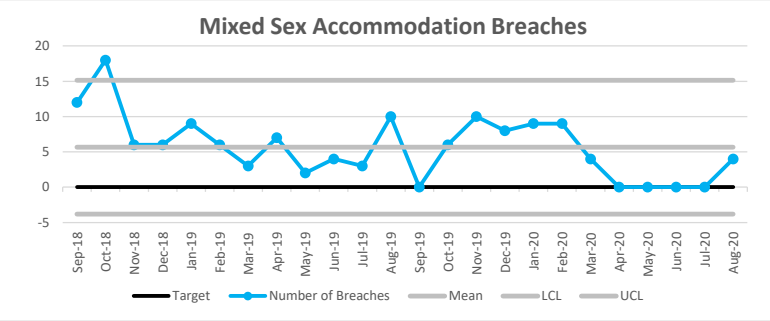
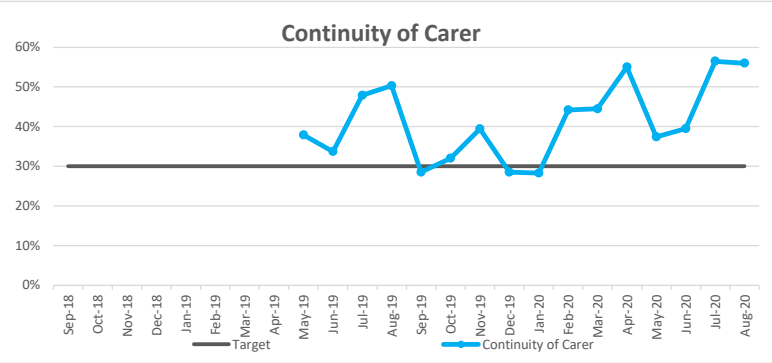
Quality Improvement - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Friends and Family (Inpatients & Day cases) Red: Less than 95% Green: 95% or more		**The Friends and Family Test has been suspended as per NHSE/I COVID-19 pandemic guidance.**		
Friends and Family (ED and UCC) Red: Less than 87% Green: 87% or more		**The Friends and Family Test has been suspended as per NHSE/I COVID-19 pandemic guidance.**		

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:
Single Oversight Framework (SOF) | Risk Register (RR116)
Care Quality Commission (CQC) | Trust Strategy (S)

Quality Improvement - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Mixed Sex Accommodation Breaches Red: 1 or more Green: Zero	SOF There were 4 mixed sex accommodation breaches reported in month.		There were 4 MSA breaches reported in August 2020. National Trajectory: The Trust has not met the national target of 0.	All breaches occurred in ICU. Patients are cohorted to minimise breaches and step down is expedited as soon as is practicable.
Continuity of Carer Green: 35% or Above Amber: 25% - 34% Red: below 25%	The target for women being booked onto a continuity of carer pathway by March 2021 is over 51.00% (National). The Trust achieved 56.00% in August 2020.		The Trust achieved 56.00% in August 2020 which is above the national target for March 2021.	New care new models have been developed by the CBU to enable the Trust to deliver 100% against the Continuity of Carer standard. New models will require investment in staffing for which a business case is being progressed.

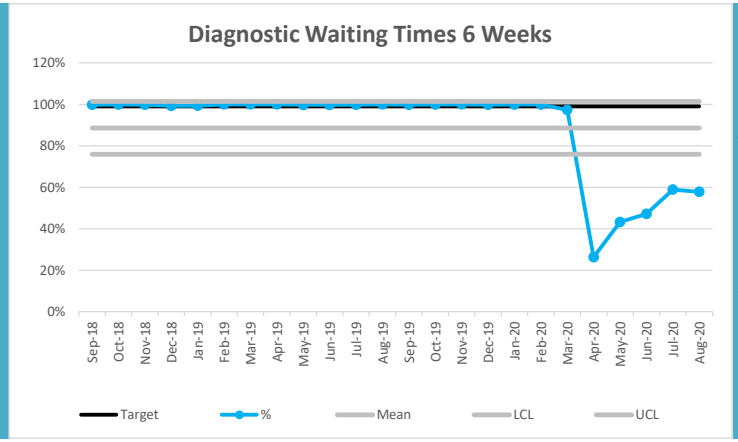
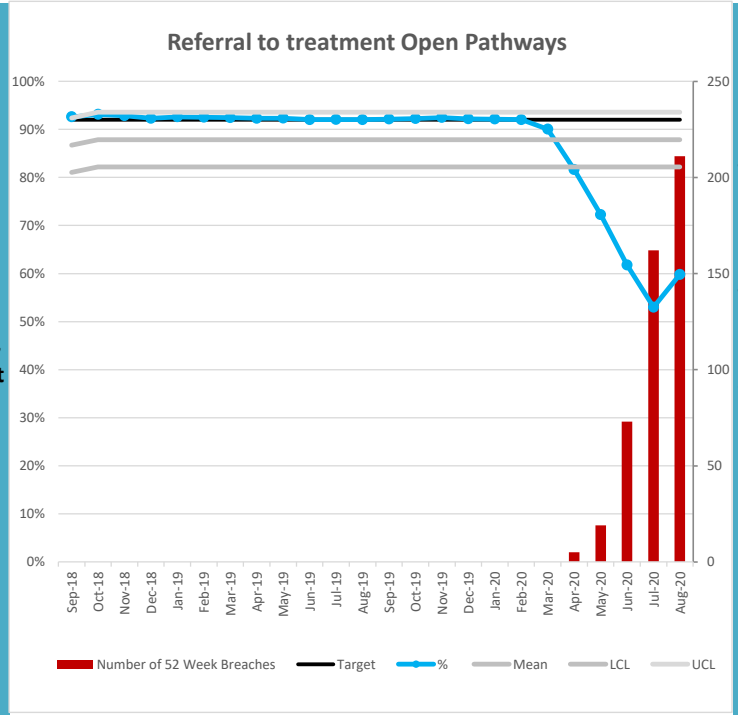
CQC

CQC Insight Composite Score Red (inadequate): <-3 Amber (req improvement): >-2.9 - 1.5 Green (good/outstanding): >1.5	CQC RR115 **CQC Insight reporting has been suspended.**

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Access & Performance - Trust Position

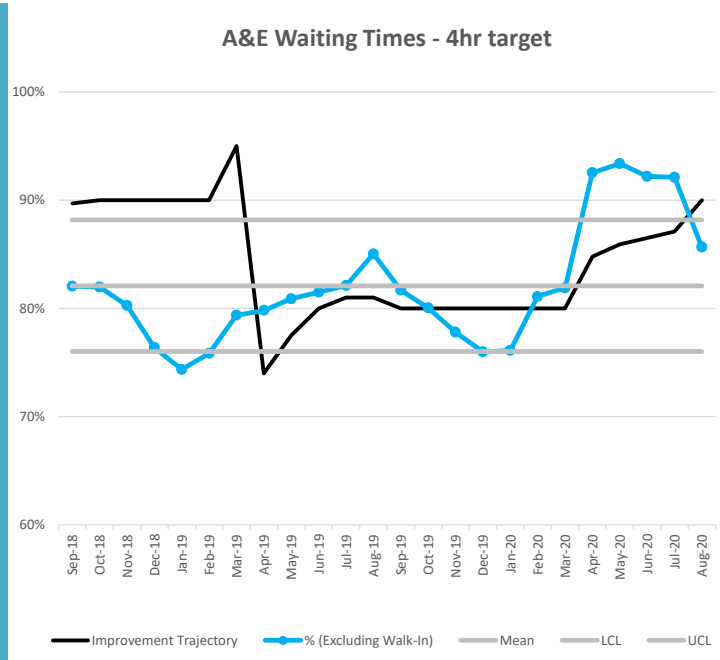
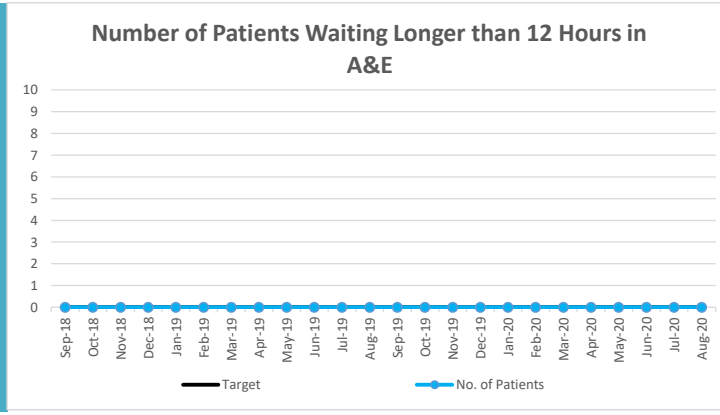
Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Diagnostic Waiting Times 6 Weeks **Red: Less than 99%** **Green: 99% or above**		**The diagnostic standard was not achieved in August 2020, this was due to the to the impact of the COVID-19 pandemic. The number of breaches significantly increased as services were suspended due to adherence to national guidance.**	**A recovery plan has now been agreed and patients are being clinically prioritised accordingly, in line with national guidance. The recovery plan is demonstrating that the actions agreed are delivering recovery with fewer breaches recorded as services are brought back on-line. This links to the recovery plan for elective surgery and is monitored weekly at the Performance Review Group (PRG).**
The Trust achieved 57.78% in month.			
Referral to treatment Open Pathways **Red: Less than 92%** **Green: 92% or above**		**The Trust did not achieve the 18 week Referral to Treatment standard in August 2020. This was associated with the reduction of the elective programme due to COVID-19. The Trust ceased all routine work in April 2020 following national guidance to prepare capacity to manage the anticipated demand from COVID-19. Performance has improved in August with a reduction in the number of patients waiting > 18 weeks. The number of patients waiting 52 week + is expected to peak in October in line with Phase 3 planning.**	**Recovery of the elective programme is taking place with:** **• Urgent cancer and elective activity being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of vulnerable patients.** **• Elective capacity has been restored at the Halton Elective Centre.** **• The Trust continues to utilise Independant Sector until the end of October although there is potential for this to continue following this period.** **• A paper on the management of patients on waiting lists is reviewed by the Quality & Assurance (QAC) Committee. An updated report will be available for Patient Safety and Effectiveness Committee and QAC as a regular agenda item on these committees.**
The Trust achieved 59.78% in month. There were 211, 52 week breaches in August 2020.			
RTT - Number of patients waiting 52+ weeks Green = 0, otherwise Red			

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Access & Performance - Trust Position

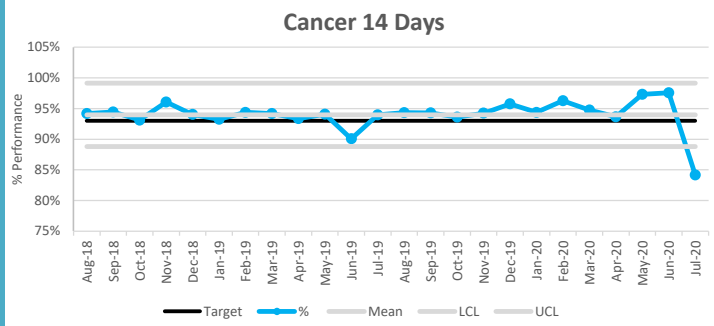
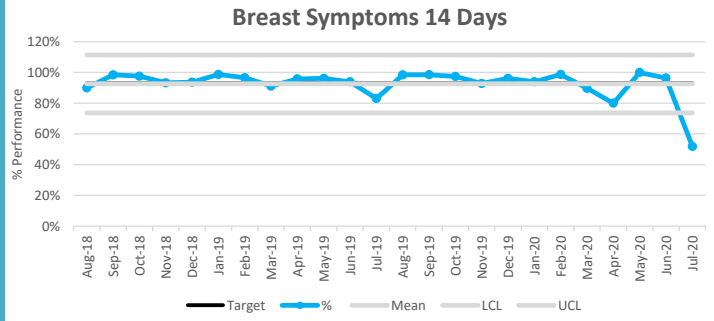
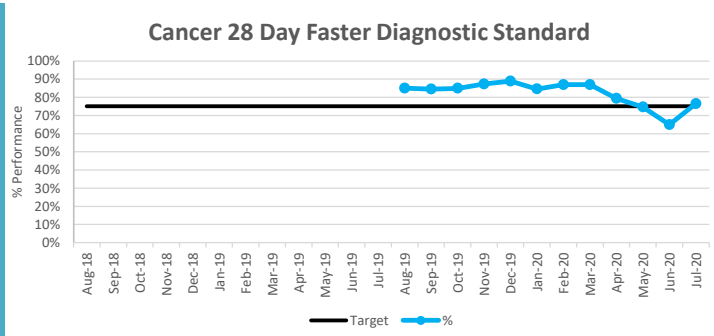
Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Four Hour Standard - National Target Red: Less than 95% Green: 95% or Four Hour Standard Waiting Times - STP Trajectory Red: Less than trajectory	SOF CQC The Trust achieved 85.65% excluding walk ins in month. RR224		There was a reduction in performance in August to 85.65% (excluding Widnes Walk-in activity). This is attributable to attendances reaching circa 96.00% on the same period as last year, whilst having to accommodate the complexities of caring for COVID-19 patients. As activity has increased on the Warrington site in line with Phase 3 planning, bed capacity has become more constrained. In support of this, Ward K25 was opened to inject additional bed capacity. However, the Trust still needs to manage the complexities of segregated flows throughout the department which has been successfully achieved.	• System partners have been engaged to support the reduction of Super Stranded patients in the bed base to create capacity to support flow. • The Trust was successfully awarded capital funding to develop and build a new ED Plaza, this will in the longer term, support ED Flow. • The actions developed in response to the Royal College of Emergency Medicine guidance, Resetting Emergency Department Care, continue to be taken forward and monitored via the COVID-19 Recovery Group.
The number of patients who has experienced a wait in A&E longer than 12 hours from the decision to admit. Green = 0 Red = > 0	SOF There were 0 patients waiting longer than 12 hours in A&E in month.		The Trust has achieved the standard of not having any patients waiting longer than 12 hours from the decision to admit in August 2020. This standard has been consistently achieved over time.	Maintain compliance against the 12 hour standard from the decision to admit.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Access & Performance - Trust Position

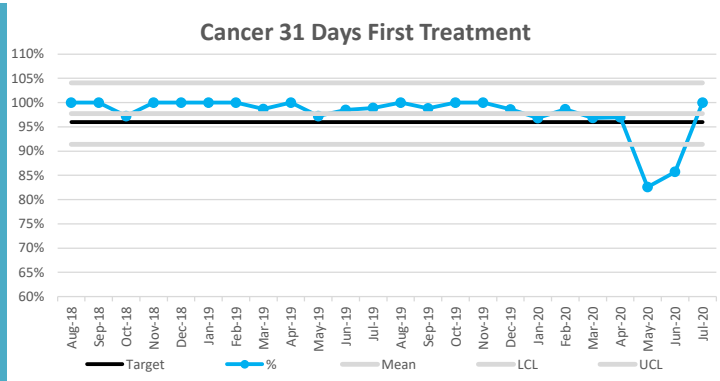
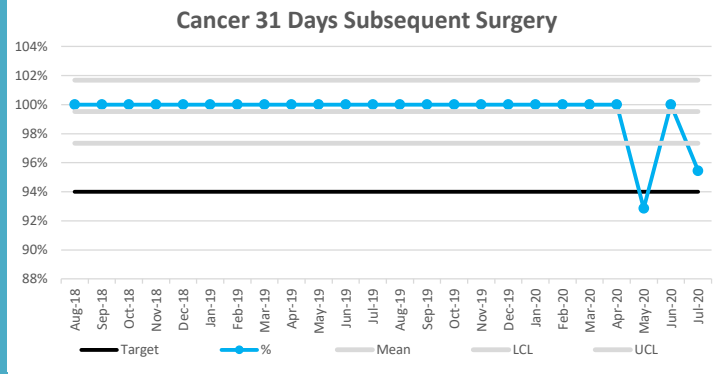
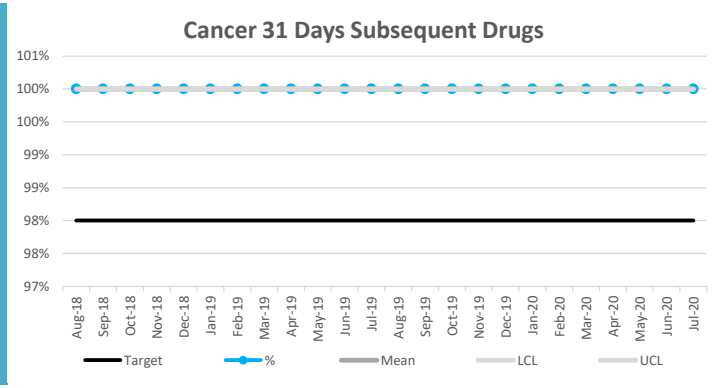
Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Cancer 14 Days Red: Less than 93% Green: 93% or above	SOF CQC The Trust achieved 84.16% in July 2020.		The Trust did not achieve the 2 week wait standard or breast symptomatic standard in July 2020. However, it should be noted that this is being actively monitored due to a reduction in capacity within the breast service following a consultant leaving the Trust in recent months.	A locum consultant has been appointed to support capacity whilst a longer term plan is developed.
Breast Symptoms 14 Days Red: Less than 93% Green: 93% or above	RR116 SOF CQC The Trust achieved 51.85% in July 2020. RR116			
28 Day Faster Cancer Diagnosis Standard Red: Less than 75% Green: 75% or above	The Trust achieved 76.53% in July 2020.		The Trust continues to participate as the test site for the 28 day Faster Diagnosis standard as part of the clinical review of all cancer access standards. The Trust achieved 76.53% in August 2020 against a target of 75.00%.	Continue to maintain improvement against the FDS clinical review of standards pilot.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Access & Performance - Trust Position

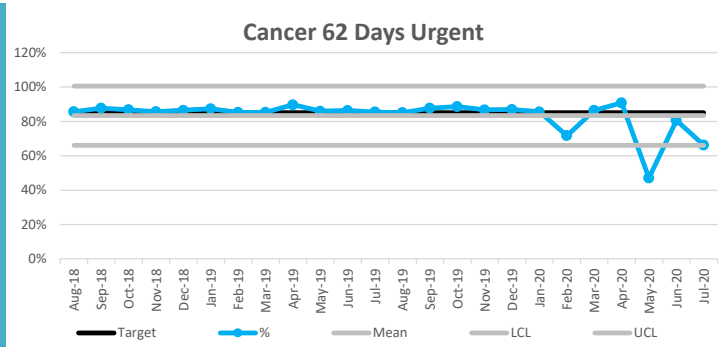
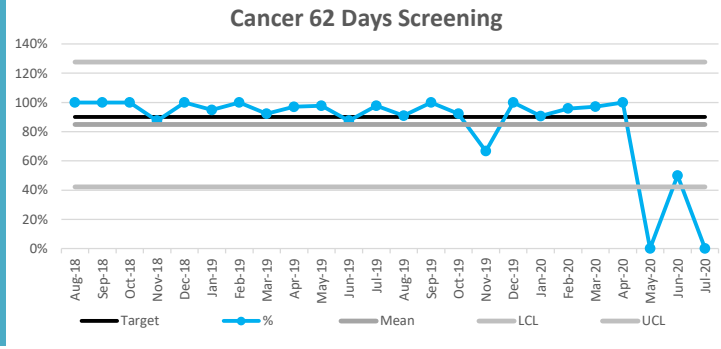
Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Cancer 31 Days First Treatment Red: Less than 96% Green: 96% or above	SOF CQC The Trust achieved 100% in July 2020. RR116		The 31 day cancer target was achieved in July 2020. This was the result of a positive action to utilise the capacity to treat these urgent cases in the same month.	There remains a risk for performance for approximately the next 2-3 months due to the number of patients who had their diagnostic suspended and are now returning to active management.
Cancer 31 Days Subsequent Surgery Red: Less than 94% Green: 94% or above	SOF CQC The Trust achieved 95.45% in July 2020. RR116			
Cancer 31 Days Subsequent Drug Red: Less than 98% Green: 98% or above	SOF CQC The Trust achieved 100% in July 2020. RR116		The Trust achieved 100% in July 2020.	Maintain compliance against the 31 day subsequent treatment (drug) standard.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

Access & Performance - Trust Position

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Cancer 62 Days Urgent Red: Less than 85% Green: 85% or above SOF CQC The Trust achieved 66.29% in July 2020. RR116		The 62 day targets were not achieved in July 2020. This is largely attributable to the level of breast surgical cases treated in month which accounted for most of the breaches recorded, as they were previously suspended due to COVID-19. Positively however, the number of patients above day 62 and day 104 are reducing in line with improvements plans.	There remains a risk for performance for approximately the next 2-3 months due to the number of patients who had their diagnostic suspended and are now returning to active management.
Cancer 62 Days Screening Red: Less than 90% Green: 90% or above SOF CQC The Trust achieved 0.00% in July 2020. RR116			

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Access & Performance - Trust Position

Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

Ambulance Handovers 30 to <60 minutes

Red: More than 0
Green: 0

Ambulance Handovers at 60 minutes or more

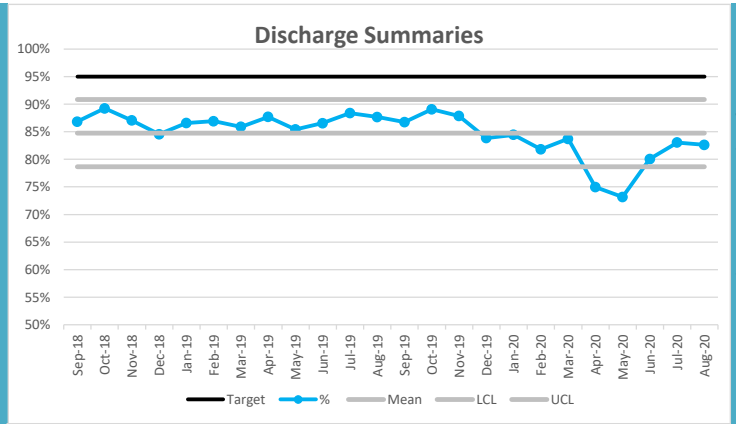
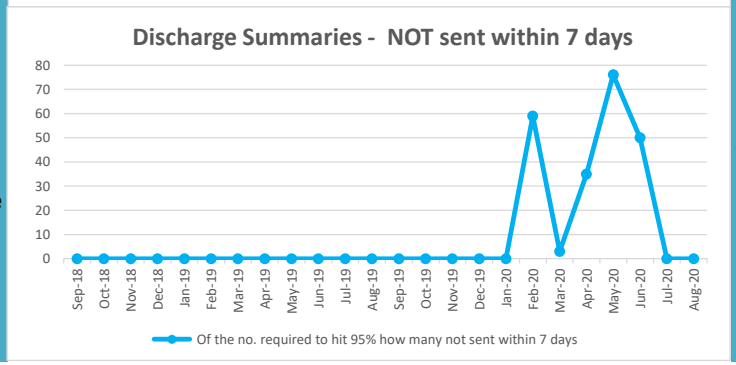
Red: More than 0
Green: 0

At the time of writing this report, data was unavailable for August from the North West Ambulance Service.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

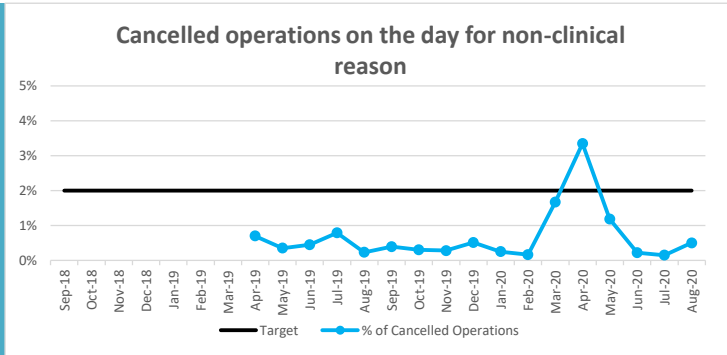
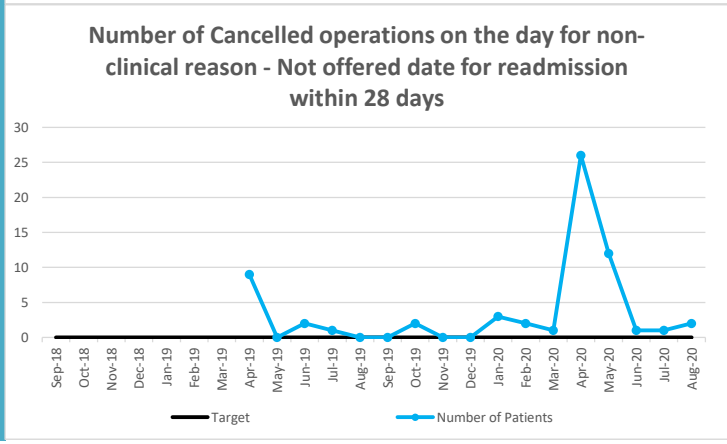
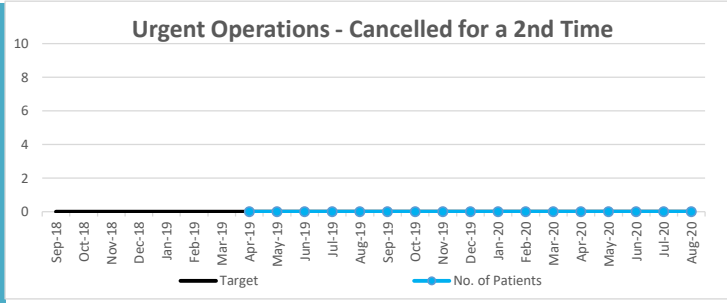
Access & Performance - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Discharge Summaries - % sent within 24hrs Red: Less than 95% Green: 95% or above	RR123 The Trust achieved 82.61% in month.		There has been a sustained improvement in the number of discharge summaries sent within 24 hours in August. Performance is starting to return to pre COVID-19 levels. However, the standard remains a focus of the CBUs. There is weekly scrutiny at the PRG and monthly at the KPI meeting.	The Performance Review Group continues to monitor this standard to support improvements.
Discharge Summaries - Number NOT sent within 7 days Red: Above 0 Green: 0	RR123 There were 0 discharge summaries not sent within 7 days required to meet the 95.00% threshold.		The Trust did achieve compliance against the 7 day discharge summary standard in August 2020.	

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

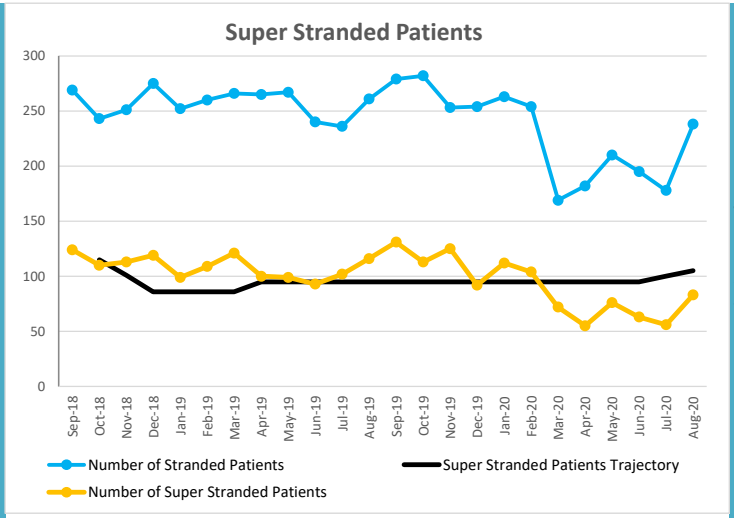
Access & Performance - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Cancelled Operations on the day for a non-clinical reason Red: > 2% Green: < 2%	CQC 0.50% of operations were cancelled on the day for non clinical reasons in month.		In August 2020, there was a slight increase in the number of cancelled operations on the day. This remains below the monitored threshold of 2%.	Recovery of all activity as a consequence of the COVID-19 pandemic is being monitored via daily elective meetings, supported by Recovery Board.
Cancelled Operations on the day for a non-clinical reason - Not offered a date for readmission within 28 days of the cancellation Red: Above zero	There were 2 cancelled operations on the day for non clinical reasons in month, where the patient was not booked in within 28 days.		There were 2 cancelled operations not offered a date for readmission within 28 days in August 2020 as the patient declined a date and the unavailability of a consultant.	
Urgent Operations - Cancelled for a 2nd Time Green = 0 Red = > 0	There were 0 urgent operations cancelled for a second time in month.		This is an additional standard to enhance monitoring of cancelled operations. The Trust continues to maintain this standard.	Maintain the standard that no urgent operations are cancelled for a second time.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Key:
Risk Register RR116
Single Oversight Framework SOF
Care Quality Commission CQC

Access & Performance - Trust Position

	Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Super Stranded Patients Green: Meeting Trajectory Red: Missing Trajectory	There were 238 stranded and 83 super stranded patients at the end of the August 2020.		The number of Stranded and Super Stranded on the last day of the month increased in August. The rise in patients is in line with the trend of 2019/20.	The Trust is working in collaboration with partners from the Local Authorities and community providers to ensure community capacity has been available throughout the pandemic. The Trust has introduced "Focus on Flow" Length of Stay meetings on a daily basis to support timely discharge.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Workforce - Trust Position

Key:
Single Oversight Framework (SOF)
Use of Resources Assessment (UoR)
Risk Register (RR200)
Care Quality Commission (CQC)
Trust Strategy (S)

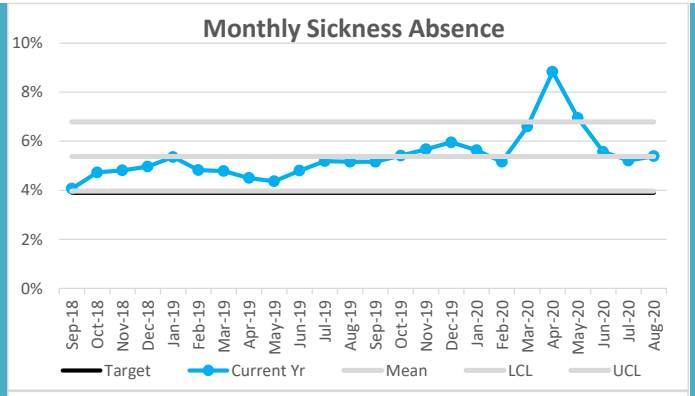
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

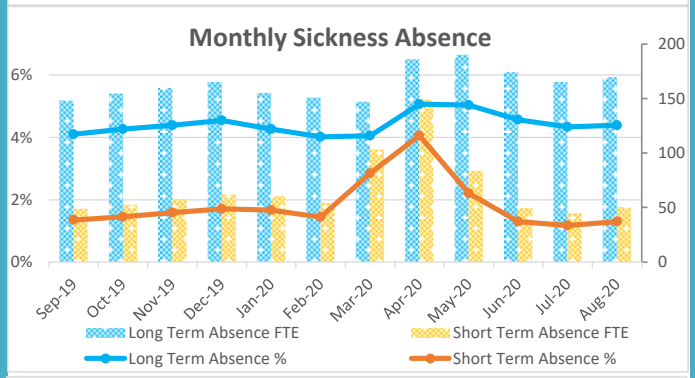
Sickness Absence

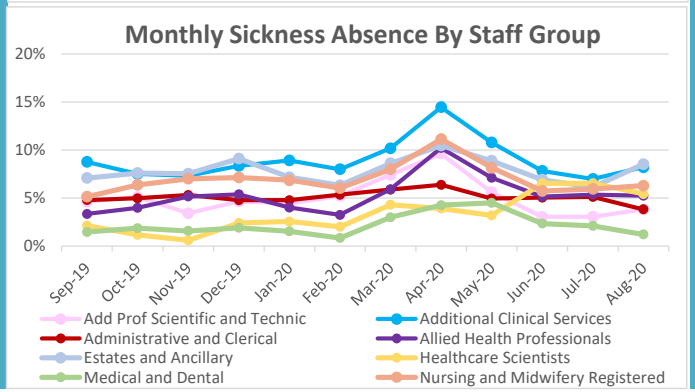
Red: Above 4.5%
Amber: 4.2% to 4.5%
Green: Below 4.2%

UoR SOF S RR200

The Trust's sickness absence was 5.69% in month.
SPC - There is evidence of special cause variation for sickness absence.







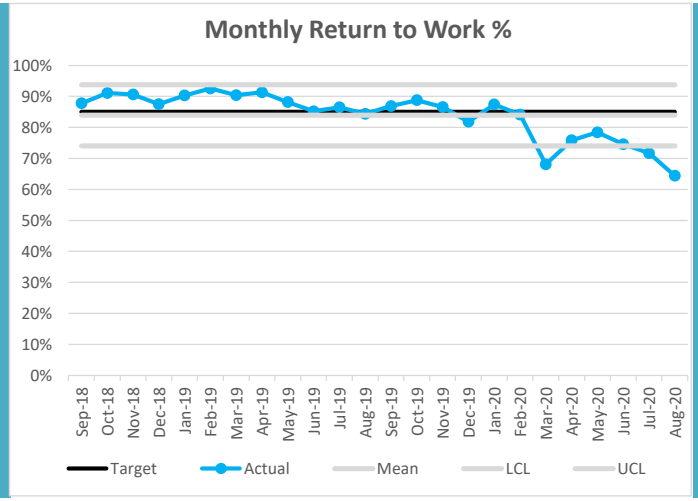
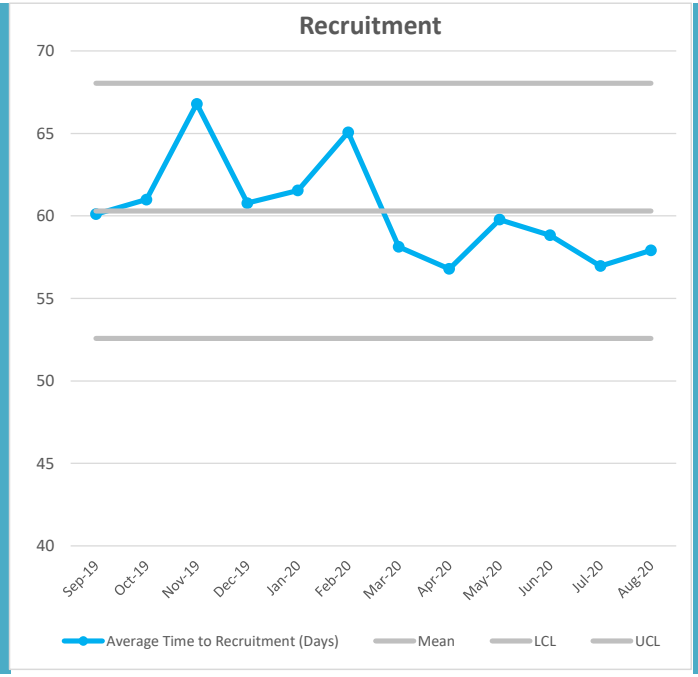
Following the sickness absence peak in April 2020, there has been a significant reduction in sickness absence in May, June and July 2020. The position in August 2020 was 5.69%, which is 0.18% higher than July 2020.
There has been a reduction in both short term and long term sickness since April 2020, both have returned to the pre-COVID position and when compared to August 2019, there are minor increases; 0.08% in long term and 0.15% in short term sickness.
COVID-19 related sickness absence has increased to 1.65%, demonstrating the increasing impact of COVID-19 again. Overall COVID-19 absence (sickness and Isolation) is 3.81%.
There has been a reduction in mental health related absence, which had been increasing since March and peaked at 2.25% in May 2020. This has reduced to 2.08% in August 2020. In September 2019, the Trust reported 1.39%, demonstrating the importance of the Health and Wellbeing and the delivery of the Strategic People Delivery Plan.
Absences related to MSK have reduced by 30.00% compared to September 2019.

Please see the end of this Workforce dashboard for additional detail around actions taking place to address sickness absence.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Workforce - Trust Position

Key:
Single Oversight Framework (SOF)
Use of Resources Assessment (UoR)
Risk Register (RR200)
Care Quality Commission (CQC)
Trust Strategy (S)

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Return to Work Red: Below 75% Amber: 75% to 85% Green: Above 85%	**The Trust's return to work compliance was 64.42% in month.** **SPC - There is evidence of special cause variation for Return to Work compliance.**		**Return to work interview compliance has reduced significantly due to pressures relating to COVID-19.**	**Return to work interviews remain a vital part of the support in place for our workforce. A review of this process will form part of workforce recovery planning.** **The HR Business Partners continue to support the CBUs to improve their compliance through the monthly meetings. Following a review of the Trusts Essential Manager programme, the importance of Return to Work interviews remains a key focus to absence management within the new "How am I Developed" programme.**
Recruitment Red: 76 days or above Amber: 66 to 76 days Green: 65 days or below	**The average number of working days to recruit is 58, based on the last 12 months average.** **SPC - Recruitment time is within common cause (expected) variation.**		**Recruitment time to hire remains better than target, taking an average of 58 working days as at August 2020.**	**Following national guidance amendments, the Trust continues to support speedier recruitment with the:** **• Verification of original documents: the Trust is now able to accept scanned and emailed copies of original documentary evidence for urgent appointments.** **• References and Employment History – the Trust is able to accept one reference from the individual's current or previous employer (previously, references had to cover the last 3 years).** **• Work Health Assessments – fast track Occupational Health clearance has been sought, with a 24 hour turnaround.** **• Inductions are now weekly providing much more flexibility with start dates.** **• Contractual change letters are now emailed using the information supplied on the contractual change form (ECF).**

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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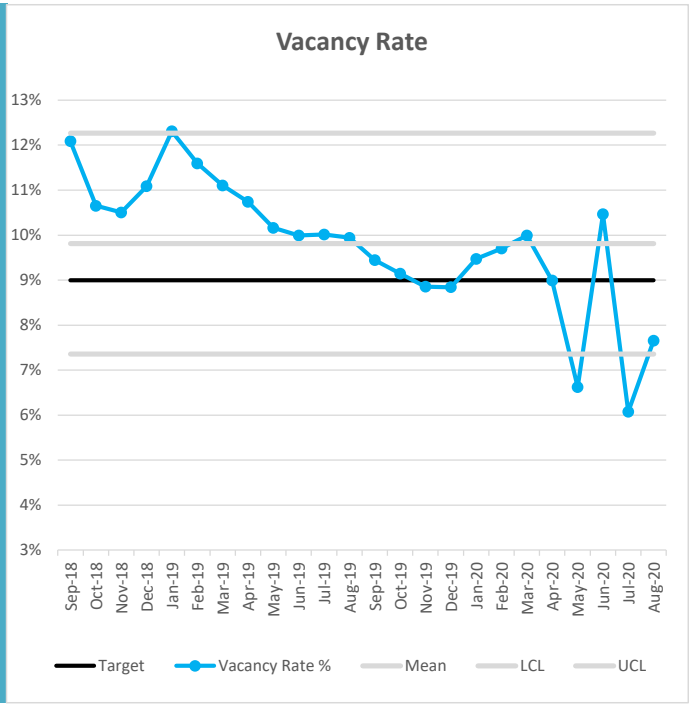
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

Vacancy Rates

Red: 11% or Above
Amber: 11% to 9%
Green: 9% or

UoR

The Trust vacancy rate was 7.65% in month. SPC - there is evidence of special cause variation for Vacancy Rates.



Vacancy rates have increased in August 2020, this has been impacted by both an increase in the budget, due to COVID-19 and the majority of those who joined the Trust during March to July, now having left their post to return to their studies or retirement.

The current vacancy rate is 7.65%.

Recruitment has continued as per the usual processes. During the last 12 months, the Trust's headcount has increased by 252, this is despite 222 (the majority of whom were temporary support for COVID-19) individuals leaving the Trust in July and August 2020.

The significant increase in the Trust's headcount demonstrates the improved ability to both attract candidates and retain it's current workforce.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Workforce - Trust Position

Key:
Single Oversight Framework (SOF)
Use of Resources Assessment (UoR)
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Trust Strategy (S)

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

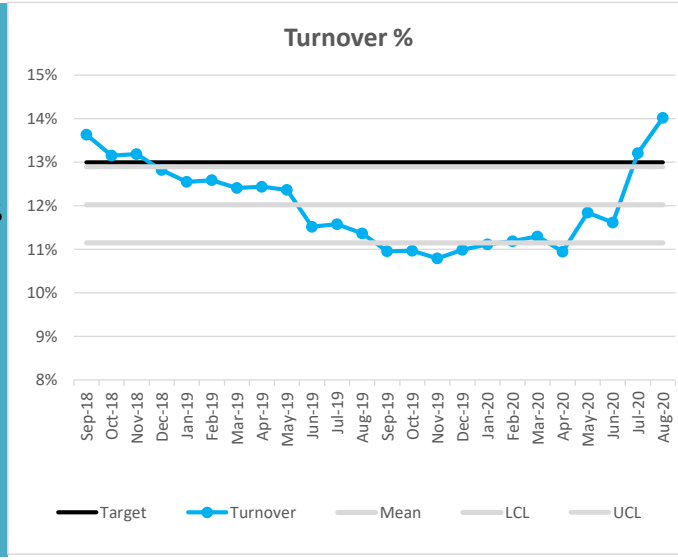
Turnover

Red: Above 15%
Amber: 13% to 15%
Green: Below 13%

CQC UoR

Trust turnover was 14.02% in month.
SPC - There is evidence of special cause variation for Turnover.

S SOF



Turnover has increased above target due to the increased number of leavers of temporary staff recruited to support the Trust during the months of March to July. Turnover was 14.02%.

To provide context, the Turnover of the Trusts permanent staff only was 8.50%, which is testament to improved employee engagement (as evidenced by the 2019 Staff Survey results) and to the work undertaken as part of the NHSI Retention Programme.

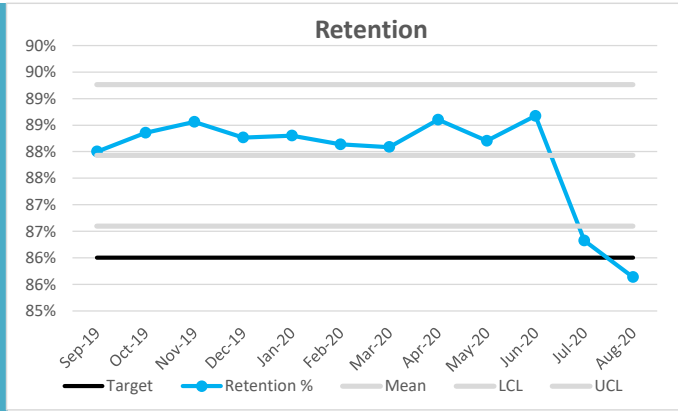
Workforce recovery planning is in place and includes consideration relating to:
- **A range of health and wellbeing interventions, based on evidence following pandemics and serious incidents.**
- **Supporting minority groups across the workforce such as Black Asian and Minority Ethnic staff and LGBTQ+ staff.**
- **Restarting and enhancing training and development opportunities for staff.**
- **Review of the Exit Interview process.**
- **Review of the Trust Offer to staff.**

Retention

Red: Below 80%
Amber: 80% to 85%
Green: Above 86%

UoR

Trust Retention was 85.64% in month.
SPC - There is evidence of special cause variation for Retention.



Similar to Turnover, Retention has been impacted on the temporary staff support for COVID-19 leaving the Trust. Retention was 85.64% in August 2020 compared to the peak in June of 88.67%.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Workforce - Trust Position

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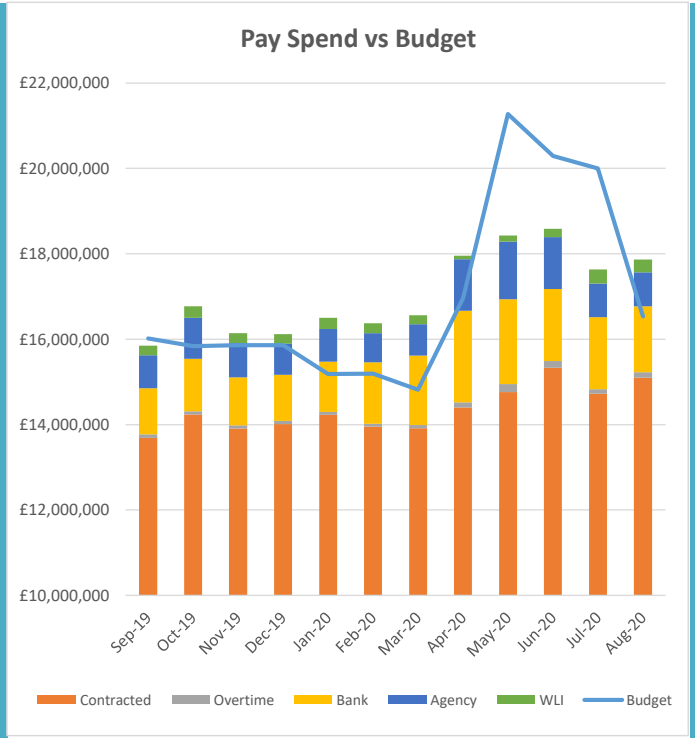
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Pay Red: Greater than Budget Green: Less than Budget	UoR SOF RR199	Total pay spend in August 2020 was £17.9m against a budget of £16.5m. The total pay spend is broken down into the following elements: • £15.1m Contracted Pay (i.e. substantive staff) • £1.5m Bank Pay • £0.8m Agency Pay • £0.3m Waiting List Initiative (WLI) Pay • £0.13m Overtime Pay	Additional controls and challenge around pay spend have been identified to support a reduction in premium pay: • Enhanced ECF process for non-clinical vacancies; • Expanded ECF process for some temporary staffing pay spend; • Implementation of Cheshire and Mersey Rate Cards; • Introduction of Patchwork Medical Bank system; • Introduction of +Us Medical Agency System; • Introduction of central bank and agency team Through the Finance and Sustainability Committee, compliance against our processes and rate cards is being monitored. This has enabled the Trust to identify where additional support from the central bank and agency team is required.
Trust pay spend was above budget in month.			

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Workforce - Trust Position

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Single Oversight Framework (SOF)
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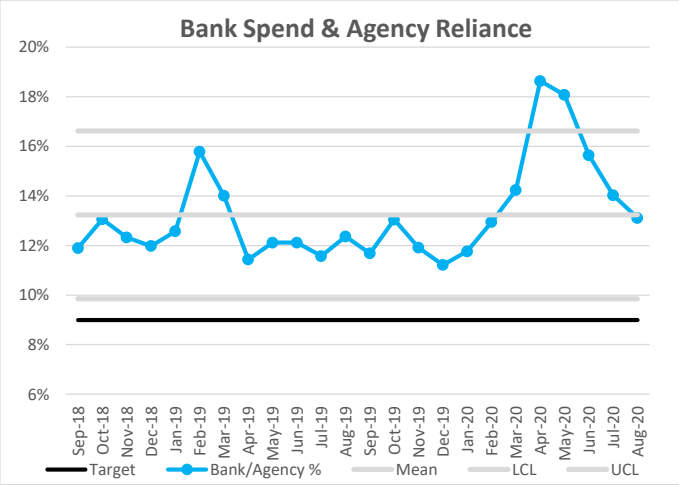
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Bank and Agency Reliance Red: 11% or Above Amber: 11% to 9% Green: 9% or Below	UoR RR199 **Bank and Agency Reliance reduced to 13.11% in month.** **SPC - Bank/Agency reliance is within common cause (expected) variation.**	 **Bank spend decreased by £0.14m in August 2020, whereas agency spend increased by £0.01m** **Reliance on both bank and agency continues to reduce, and was 13.11%.**	**The Bank and Agency Team continue business as usual. Processes are in place to ensure appropriate sign off of the need for temporary staffing, the on-going negotiation of rates and recruitment onto the bank, removing the requirement for an agency worker.** **The Team are currently working with both the Workforce Information Team to enhance reporting and with the CBUs to support their compliance with the approval and booking processes in place.**

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Workforce - Trust Position

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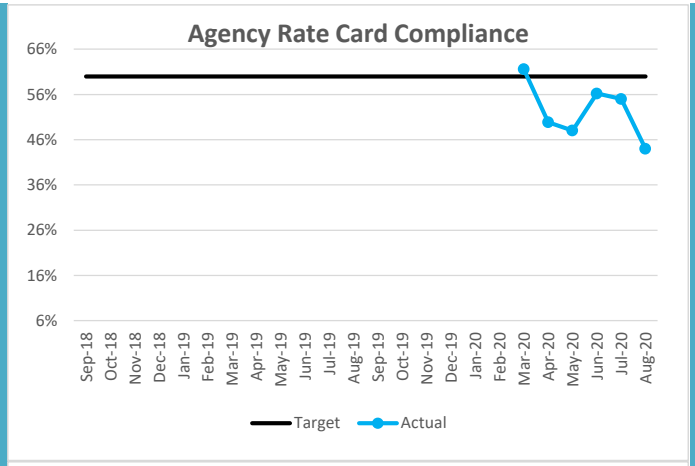
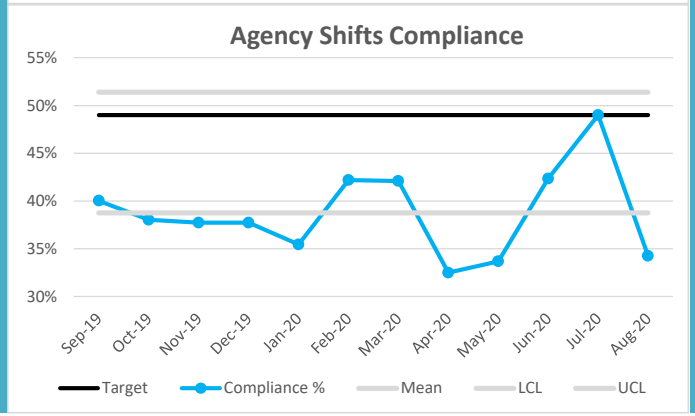
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Agency Rate Card Compliance Red: below 50% Amber: 50-59% Green: 60% or above		34.26% of the overall agency shifts are compliant with the NHSI Price Cap and 44.00% with the C&M rate card.	The Central Bank and Agency team continues to negotiate rates down towards the Cheshire and Mersey Rate Card and the NHSI Price Cap. Increasing medical bank usage will support improving the compliance. 86.00% of our Nursing agency shifts worked within the day, breach the C&M rate card. Where the rates are more generous (unsocial), the Trust is able to stay within the rate card. The Trust is working with NHS Professionals to challenge the agencies on this.
UoR Agency Rate Card Compliance was 44.00% in month.			
Agency Shifts Compliant with the Cap Red: below 49% Green: above 49%			
UoR 34.26% of shifts were compliant with the NHSI Price Cap. SPC - There is evidence of special cause variation within Agency Shift Compliance.			

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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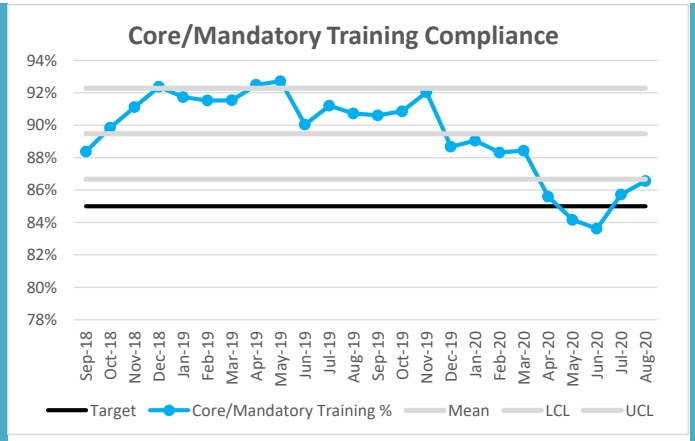
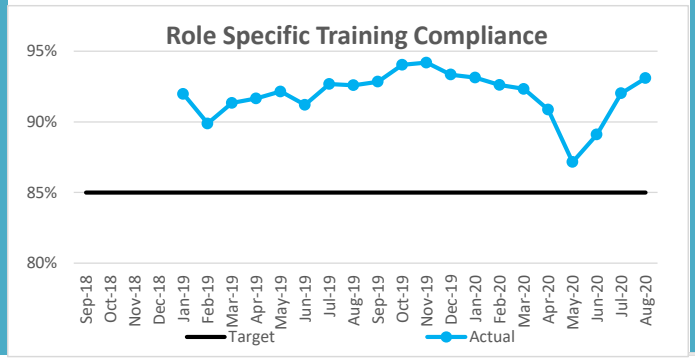
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Core/Mandatory Training Red: Below 70% Amber: 70% to 85%		Mandatory and Role Specific training are both better than their respective target compliance.	Mandatory and role specific training requirements were paused during the COVID-19 pandemic in line with national guidance, although it should be noted that staff have been encouraged to complete this via e-learning where possible. Face to face training, where required was restarted in June 2020 with increased frequency to mitigate the reduced capacity as a consequence of social distancing limitations.
CQC Core/Mandatory training compliance was 86.56% in month. SPC - there has previously been evidence of special cause variation which has now stabilised. RR153			
Role Specific Training Red: Below 70% Amber: 70% to 85%			
Role Specific Training compliance was 93.09% in month.			

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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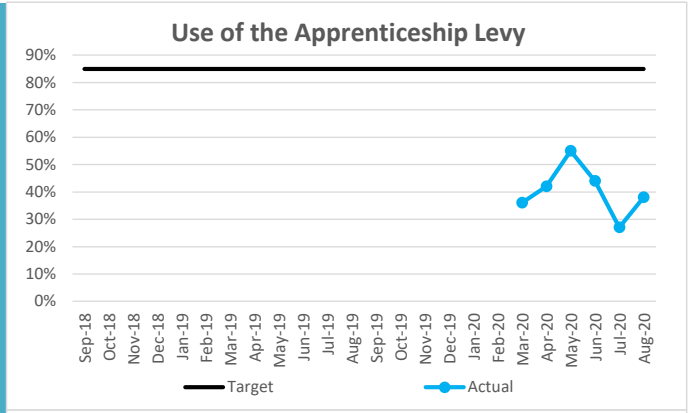
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

Use of Apprenticeship Levy

Red: below 50%
Amber: 50-84%
Green: 85% or above

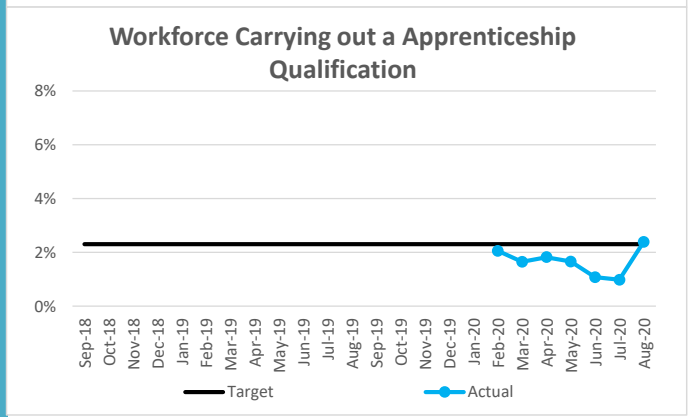
Use of the Apprenticeship Levy was 38.00% in month.



Workforce carrying out an Apprenticeship Qualification

Red: below 1.5%
Amber: 1.5% - 2.2%
Green: 2.3% or above

Percentage of the workforce carrying out a qualification was 2.39% in month.



Use of the apprenticeship levy was at 38.00% in August 2020. The reduction is a reflection of the impact of COVID-19 where learners and/or training providers paused learning.

Cumulative total levy spend has continued to rise despite limitations during the COVID-19 period.

The Trust currently have 106 members of staff undertaking an Apprenticeship with a further 33 due to start in September 2020. 74 of the 106 are existing staff in our workforce with 30 being employed on an Apprenticeship contract.

The predicted spend for September will significantly increase the monthly spend and assist in the target spend of £60,000 a month being met.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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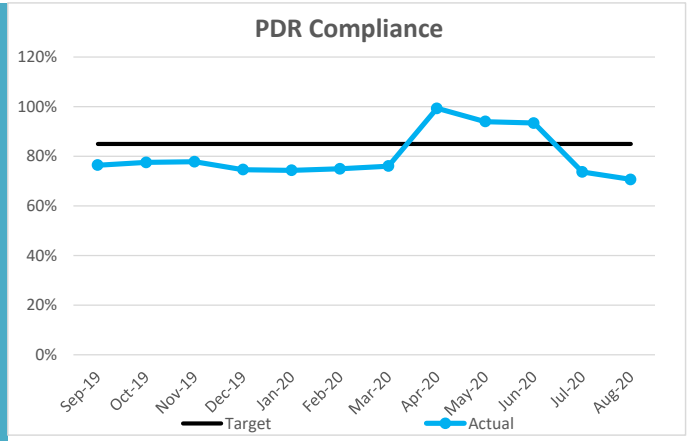
Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
PDR Red: Below 70% Amber: 70% to 85% Green: Above 85%		At present the Check in Conversation tool designed by the Organisational Development team remains in use and can be used in lieu of the full appraisal where this is the preference of the staff member. As of the 1st October, Check in Conversations will cease to be used in lieu of a full Appraisal.	There will be a focus on PDR during October with revised paperwork due to be launched. The aim is to focus on improving compliance. There will be training sessions developed and launched in November in regards to pay step progression, highlighting the need for PDR to be completed in relation to going through the pay step which is anticipated to have a positive impact on PDR compliance.

PDR compliance was 70.64% in month.

Sickness Absence Actions

The Trust received a letter regarding sickness absence from Anthony Hassall, Regional Chief People Officer (NW), NHS England and Improvement (NHS E/I), on 21 August 2020. The letter set out concerns about sickness absence rates across the North West and highlighted high levels of absence at this Trust, and an additional 9 Trusts, in particular. The letter requested a specific response relating to the following areas:

- Investment in a robust approach to health and wellbeing, which includes an active approach to the support and management of stress related absence, and psychological support.
- A well enacted and understood attendance policy
- Good partnership working between organisation and trade union colleague
- Employee access to a comprehensive occupational health function
- Engagement with and training of line managers to confidently manage absence
- Utilisation and understanding of the data available, to inform different strategies to address short and long-term absence
- The organisations' approach to flexible working/staff retention and the links they have to effective sickness management
- Alignment between health and wellbeing, absence management and the national People Plan and People Promise

The Chief Executive's response queried the absence rate included in the letter and included accurate absence information. The response also acknowledged the need to further reduce absence levels and set out the proactive and robust measures in place to achieve this, against each of the areas above.

Staff Testing

COVID-19 testing continues to be available to staff, both on and off-site, booked via OH Team. The recent increase demand in the service indicates more individuals are experiencing symptoms. The team are working to increase capacity of tests available.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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Use of Resources Assessment (UoR)
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Care Quality Commission (CQC)
Trust Strategy (S)

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

Protecting Staff – Risk Assessments

An electronic COVID-19 Workforce Risk Assessment Tool has been successfully launched which has enabled rapid redeployment of the Risk Assessment. Currently just under 80.00% of the entire workforce have engaged with the tool, resulting in 92.89% of our known "at risk" staff having had a risk assessment. Work continues to reach 100% compliance.

Details of the Trusts approach to COVID-19 Workforce Risk Assessments have been provided to the NHE E/I Regional Lead for Workforce Risk Assessments. The Regional Lead confirmed that the Trust is working in line with the Health and Safety at Work Act, and that the approach is effective and efficient. Feedback was very positive overall and the Trust approach was described as exemplary.

The Trust continues to submit compliance to NHS England when required. At 15th September 2020 the Trust compliance is as follows:

- 79.94% of all staff have been risk assessed (all staff have been offered a risk assessment).
- 92.89% of known "at risk" staff have been risk assessed with mitigating steps agreed where necessary.
- 96.78% of staff known to be from a BAME background has been risk assessed with mitigating steps agreed where necessary.

Workforce Recovery

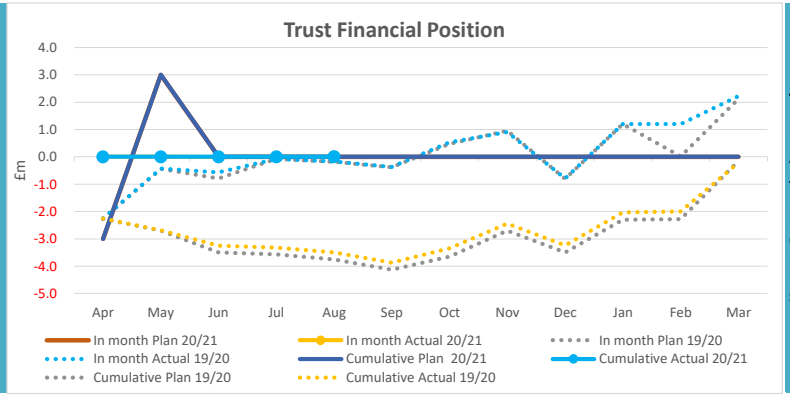
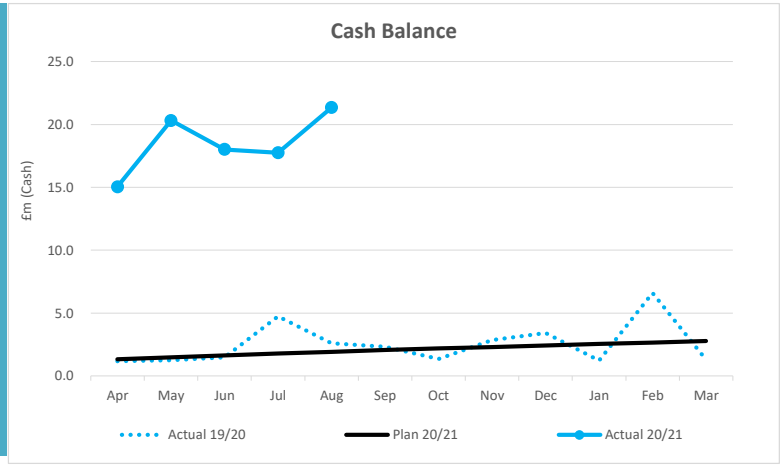
Workforce recovery following the pandemic is likely to be long term and could significantly impact the health and wellbeing of our workforce. The workforce recovery support plan has now been delivered. Any ongoing actions have been integrated into the Strategic People Delivery Plan. The following interventions are currently available to staff and managers:

- Health and Wellbeing booklet
- Health and Wellbeing Extranet Page
- Expansion of Mental Health First Aiders (+PFA)
- Care First Employee Assistance Programme
- Occupational Health Service
- Mental Health Drop in Sessions
- Facilitated Debrief Conversations
- Going Home Healthy
- MSK telephone clinics
- Project Wingman
- BAME Staff Network
- LGBTQ+ Staff Network
- Managers Guidance: Workforce Implications of Restarting Services
- COVID-19 Recovery Check In
- Self-Compassion at Work Programme
- Understanding each other as a team
- Coaching
- Resilience Sessions (Virtual and Face to Face)
- Bite Size Wellbeing Sessions online
- Outstanding Teams Principles Guide
- Bringing Teams Together' workshops
- Enhanced On-site Staff Counselling Service
- Sharing Stories Sessions
- Bite Size On-line Master classes
- Understanding my Leadership Style

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Finance & Sustainability - Trust Position

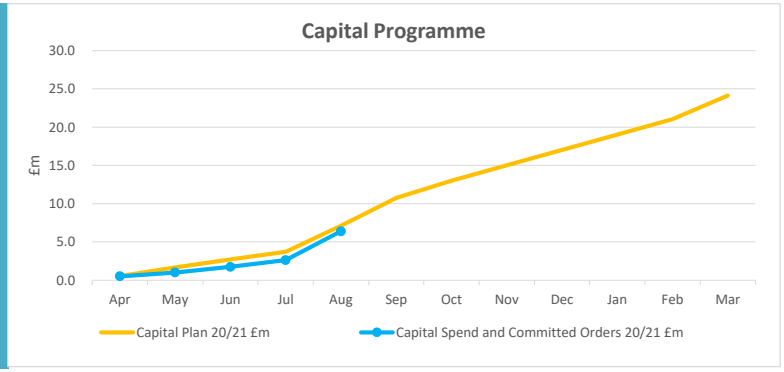
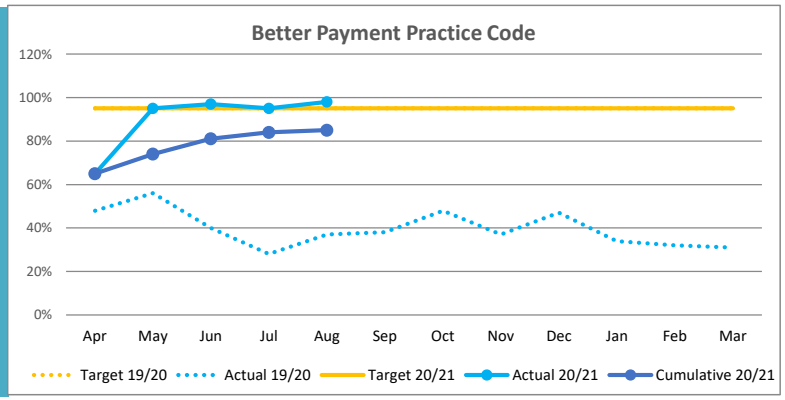
Key:
Single Oversight Framework (SOF) | Use of Resources Assessment (UoR) | Risk Register (RR116) | Care Quality Commission (CQC) | Trust Strategy (S)

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Trust Financial Position Red: Deficit Position Amber: Actual on or better than planned but still in deficit Green: Surplus Position	UoR SOF S **The Trust has achieved a breakeven position as at 31 August.** RR134		**The Trust has achieved a breakeven position as at 31 August. This is supported by the changes in the financial regime due to the national COVID-19 response and the introduction of a top up system.**	**The Trust is applying national guidance as this emerges in relation to financial planning.**
System Financial Position Red: Deficit Position Amber: Actual on or better than planned but still in deficit Green: Surplus	**System reporting is currently on hold.**		
Cash Balance Red: Less than 90% or below minimum cash balance per NHSI Amber: Between 90% and 100% of planned cash balance Green: On or better than plan	UoR SOF **The current cash balance is £21.35m.** RR134		**The current cash balance is £21.35m which is £19.42m better than plan. This is due to early receipt of block income and top ups as part of the new financial regime. The cash is to be used to achieve the new target of paying suppliers within 7 days for the receipt of goods and services. The Trust received £57.8m on 21 September to repay working capital and capital loans which took place on 23 September.**	**The cash flow forecast has been remodelled based on the current financial regime to 31 August and will need to be updated as further guidance emerges.**

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Finance & Sustainability - Trust Position

Key:
Single Oversight Framework (SOF) | Care Quality Commission (CQC)
Use of Resources Assessment (UoR) | Trust Strategy (S)
Risk Register (RR116)

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Capital Programme Red: Off plan <80% - >110% Amber: Off plan 80-90% or 101 - 110% Green: On plan 90%-100%	UoR SOF RR669 **The actual capital spend in month is £0.6m.**		**The Board approved capital plan is £24.1m. The actual spend year to date is £3.7m which is £3.4m below the planned spend of £7.1m. In addition, the Trust has committed orders of £2.7m. The forecast for the core programme is under review. The core programme is supported by a loan programme of £4.8m, PDC for COVID-19 spend of £2.9m, PDC for ED Plaza £4.3m and PDC for Critical infrastructure of £2.4m.**	
Better Payment Practice Code Red: Cumulative performance below 85% Amber: Cumulative performance between 85% and 95% Green: Cumulative performance 95% or better	UoR SOF **In month, the Trust has paid 98.00% of suppliers within 30 days. This results in a cumulative performance of 85.00%.**		**Performance of 98.00% is above the national standard of 95.00%, this is due to the additional month block payment.**	**Communications have been sent across the Trust to ensure the receipting of goods and services are recorded promptly to ensure faster payments.**

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Finance & Sustainability - Trust Position

Key:
Single Oversight Framework (SOF) | Care Quality Commission (CQC)
Use of Resources Assessment (UoR) | Trust Strategy (S)
Risk Register (RR116)

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

Use of Resources Rating
Red: Use of Resource Rating 4
Amber: Use of Resource Rating 3
Green: Use of Resource Rating 1 and 2

UoR SOF

The Use of Resources Rating is not currently being reported. The Trust is awaiting further guidance from NHSE/I.

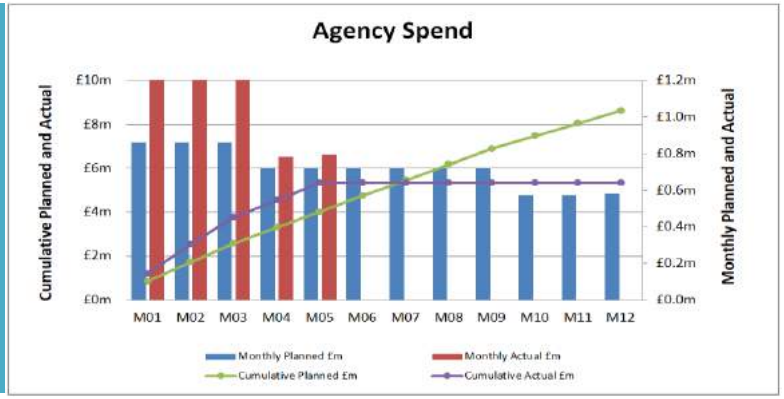
Agency Spending

Red: More than 105% of ceiling
Amber: Over 100% but below 105% of ceiling
Green: Equal to or less than agency ceiling.

UoR SOF

The actual agency spend in month is £0.8m.

RR199



The spend of £0.8m is £0.1m above the plan of £0.7m. Of the total YTD expenditure of £5.3m, £2.6m relates to COVID-19.

The Trust continues to monitor and report the use and spend on agency as well as the use of efficient models to reduce costs. The Trust is part of a Cheshire & Mersey collaborative that has established a standard rate card across all staff groups and specialties to reduce rates and is enhancing processes and controls to ensure appropriate and best use of agency staff.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Finance & Sustainability - Trust Position

Key:
Single Oversight Framework (SOF) | Care Quality Commission (CQC) | Use of Resources Assessment (UoR) | Trust Strategy (S) | Risk Register (RR116)

Trust Performance	Trend	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?
Cost Improvement Programme - In year performance to date Red: 0-70% Plan delivered YTD Amber: 70-90% Plan delivered YTD Green: >90% Plan delivered YTD	UoR	**CIP has been suspended nationally with no requirement for delivery and reporting. The Trust is awaiting guidance on next steps.**	
Cost Improvement Programme - Plans in Progress - In Year Red: Forecast is less than 50% of annual target Amber: Forecast is between 50% and 90% of the annual target Green: Forecast is more than 90% of the annual target	UoR		
Cost Improvement Programme - Plans in Progress - Recurrent Red: Forecast is less than 50% of annual target Amber: Forecast is between 50% and 90% of the annual target Green: Forecast is more than 90% of the annual target	UoR		

Appendix 3 – Trust IPR Indicator Overview

Indicator	Detail
Quality	
Incidents	Number of Serious Incidents and actions breached. Number of open incidents is the total number of incidents that we have awaiting review. As part of the 2018 - 2021 Trust Quality Strategy, the Trust has pledged to Increase Incident Reporting to ensure that we don't miss opportunities to learn from our mistakes and make changes to protect patients from harm.
CAS Alerts	The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. Timescales are individual dependent upon the specific CAS alerts.
Duty of Candour	Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. Duty of Candour is where we contact the patient or their family to advise of the incident; this has to be done within 10 working days. Duty of Candour must be completed within 10 working days.
Healthcare Acquired Infections (MRSA, CDI and Gram Negative)	Meticillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. Those that are sensitive to meticillin are termed meticillin susceptible Staphylococcus aureus (MSSA). MRSA - National objective is zero tolerance of avoidable MRSA bacteraemia. Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel. Clostridium difficule (c-diff) due to lapses in care; agreed threshold is <=44 cases per year. Escherichia coli (E-Coli) bacteraemia which is one of the largest gram negative bloodstream infections. A national objective has been set to reduce gram negative bloodstream infections (GNBSI) by 50% by March 2024.
Healthcare Acquired Infections COVID-19 Hospital Onset and Outbreaks	Measurement of COVID-19 infections onset between 8-14 days and 15+ days of admission. Measurement of outbreaks on wards (2 or more probably or confirmed cases reported on a ward over a 14 day period).
Total Falls & Harm Levels	Total number of falls per month and their relevant harm levels (Inc Staff Falls).
Pressure Ulcers	Pressure ulcers, also known as pressure sores, bedsores and decubitus ulcers, are localised damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.
Medication Safety	Overview of the current position in relation to medication, to include; medication reconciliation (overall and within 24 hours of admission), controlled drugs incidents and medication incidents relating to harm.
Staffing Average Fill Levels	Percentage of planned verses actual for registered and non-registered staff by day and night. Target of >90%. The data produced excludes CCU, ITU and Paediatrics.
Care Hours Per Patient Day (CHPPD)	Staffing Care Hours per Patient Per Day (CHPPD). The data produced excludes CCU, ITU and Paediatrics.
HSMR Mortality Ratio	Hospital Standardised Mortality Ratio (HSMR 12 month rolling). The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in- hospital deaths (multiplied by 100) for 56 specific Clinical Classification System (CCS) groups.
SHMI Mortality Ratio	Summary Hospital-level Mortality Indicator (SHMI 12 month rolling). SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

NICE Compliance	The National Institute for Health and Clinical Excellence (NICE) is part of the NHS and is the independent organisation responsible for providing national guidance on treatments and care for people using the NHS in England and Wales and is recognised as being a world leader in setting standards for high quality healthcare and are the most prolific producer of clinical guidelines in the world.
Complaints	Overall review of the current complaints position, including; Number of complaints received, number of dissatisfied complaints, total number of open complaints, total number of cases over 6 months old, total number of cases in backlog where they have breached timeframes, number of cases referred to the Parliamentary and Health Service Ombudsman and the number of complaints responded to within timeframe.
Friends and Family Test (Inpatient & Day Cases)	Percentage of Inpatients and day case patients responding as "Very Good" or "Good". Patients are asked - Overall, how was your experience of our service?
Friends and Family (ED and UCC)	Percentage of AED (Accident and Emergency Department) patients responding as "Very Good" or "Good". Patients are asked - Overall, how was your experience of our service?
CQC Insight Composite Score	The CQC Insight report measures a range of performance metrics and gives an overall score based on the Trust's performance against these indicators. This is the CQC Insight Composite Score.
Continuity of Carer	Better Births, the report of the National Maternity Review, set out a clear recommendation that the NHS should roll out continuity of carer, to ensure safer care based on a relationship of mutual trust and respect between women and their midwives. This relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience.
Access & Performance	
Diagnostic Waiting Times – 6 weeks	All diagnostic tests need to be carried out within 6 weeks of the request for the test being made. The national target is 99% or over within 6 weeks.
RTT Open Pathways and 52 week waits	Percentage of incomplete pathways waiting within 18 weeks. The national target is 92%.
Four hour A&E Target and STP Trajectory	All patients who attend A&E should wait no more than 4 hours from arrival to admission, transfer or discharge. The national target is 95%
A&E Waiting Times Over 12 Hours (Decision to Admit to Admission)	The number of patients who has experienced a wait in A&E longer than 12 hours.
Cancer 14 Days	All patients need to receive first appointment for cancer within 14 days of urgent referral. The national target is 93%.
Breast Symptoms – 14 Days	All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral. The national target is 93%.
Cancer – 28 Day Faster Diagnostic Standard	All patients who are referred for the investigation of suspected cancer find out, within 28 days, if they do or do not have a cancer diagnosis. The national target is 75%.
Cancer 31 Days - First Treatment	All patients to receive first treatment for cancer within 31 days of decision to treat. This national target is 96%.
Cancer 31 Days - Subsequent Surgery	All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat/surgery. The national target is 94%.
Cancer 31 Days - Subsequent Drug	All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat – anti cancer drug treatments. The national target is 98%.

Cancer 62 Days - Urgent	All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%. This metric also forms part of the Trust's STP Improvement trajectory.
Cancer 62 Days – Screening	All patients must wait no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers. The national target is 90%.
Ambulance Handovers 30 – 60 minutes	Number of ambulance handovers that took 30 to <60 minutes (based on the data record on the HAS system).
Ambulance Handovers – more than 60 minutes	Number of ambulance handovers that took 60 minutes or more (based on the data record on the HAS system).
Discharge Summaries – Sent within 24 hours	The Trust is required to issue and send electronically a fully contractually complaint Discharge Summary within 24 hrs of the patients discharge. This metric relates to Inpatient Discharges only.
Discharge Summaries – Not sent within 7 days	If the Trust does not send 95% of discharge summaries within 24hrs, the Trust is then required to send the difference between the actual performance and the 95% required standard within 7 days of the patients discharge.
Cancelled operations on the day for non-clinical reasons	% of operations cancelled on the day or after admission for non-clinical reasons.
Cancelled operations on the day for non-clinical reasons, not rebooked in within 28 days	All service users who have their operation cancelled on the day or after admission for a non-clinical reason, should be offered a binding date for readmission within 28 days.
Urgent Operations – Cancelled for a 2nd Time	Number of urgent operations which have been cancelled for a 2nd time.
Super Stranded Patients	Stranded Patients are patients with a length of stay of 7 days or more. Super Stranded patients are patients with a length of stay of 21 days or more. The number relates to the number of inpatients on the last day of the month.
Workforce	
Sickness Absence	Comparing the monthly sickness absence % with the Trust Target (4.2%) previous year, and peer average.
Return to Work	A review of the completed monthly return to work interviews.
Recruitment	A measurement of the average number of days it is taking to recruit into posts. It also shows the average number of days between the advert closing and the interview (target 10) to measure if we are taking too long to complete shortlisting and also highlights the number of days for which it takes successful candidates to complete their pre-employment checks.
Vacancy Rates	% of Trust vacancies against whole time equivalent.
Retention	Staff retention rate % over the last 12 months.
Turnover	A review of the turnover percentage over the last 12 months.
Bank & Agency Reliance	The Trust reliance on bank/agency staff against the peer average.
Agency Shifts Compliant with the Price Cap	% of agency shifts compliant with the Trust cap against peer average.
Agency Rate Card Compliance	% of agency shifts which comply with the Cheshire & Mersey rate card.
Pay Spend – Contracted and Non-Contracted	A review of Contracted and Non-Contacted pay against budget.
Core/Mandatory Training	A summary of the Core/Mandatory Training Compliance, this includes: Conflict Resolution, Equality & Diversity, Fire Safety, Health & Safety, Infection Prevention & Control, Information Governance, Moving & Handling, PREVENT, Resuscitation and Safeguarding.
Role Specific Training	A summary of role specific training compliance.
Use of Apprenticeship Levy	% of the apprenticeship levy being utilised.
Workforce carrying out an Apprenticeship Qualification	% of the workforce carrying out an apprenticeship qualification.

Performance & Development Review (PDR)	A summary of the PDR compliance rate.
Finance	
Trust Financial Position	The Trust operating surplus or deficit compared to plan.
System Financial Position	The system operating surplus or deficit compared to plan.
Cash Balance	The cash balance at month end compared to plan (excluding cash relating to the hosting of the Sustainability and Transformation Partnership).
Capital Programme	Capital expenditure compared to plan (The capital plan has been increased to £10.2m as a result of additional funding from the Department of Health, Health Education England for equipment and building enhancements).
Better Payment Practice Code	Payment of non NHS trade invoices within 30 days of invoice date compared to target.
Use of Resources Rating	Use of Resources Rating compared to plan.
Agency Spending	Agency spend compared to agency ceiling.
Cost Improvement Programme – In Year Performance	Cost savings schemes deliver Year to Date (YTD) compared to plan.
Cost Improvement Programme – Plans in Progress (In Year)	Cost savings schemes in-year compared to plan.
Cost Improvement Programme – Plans in Progress (Recurrent)	Cost savings schemes recurrent compared to plan.

Appendix 4 - Statistical Process Control

What is SPC?

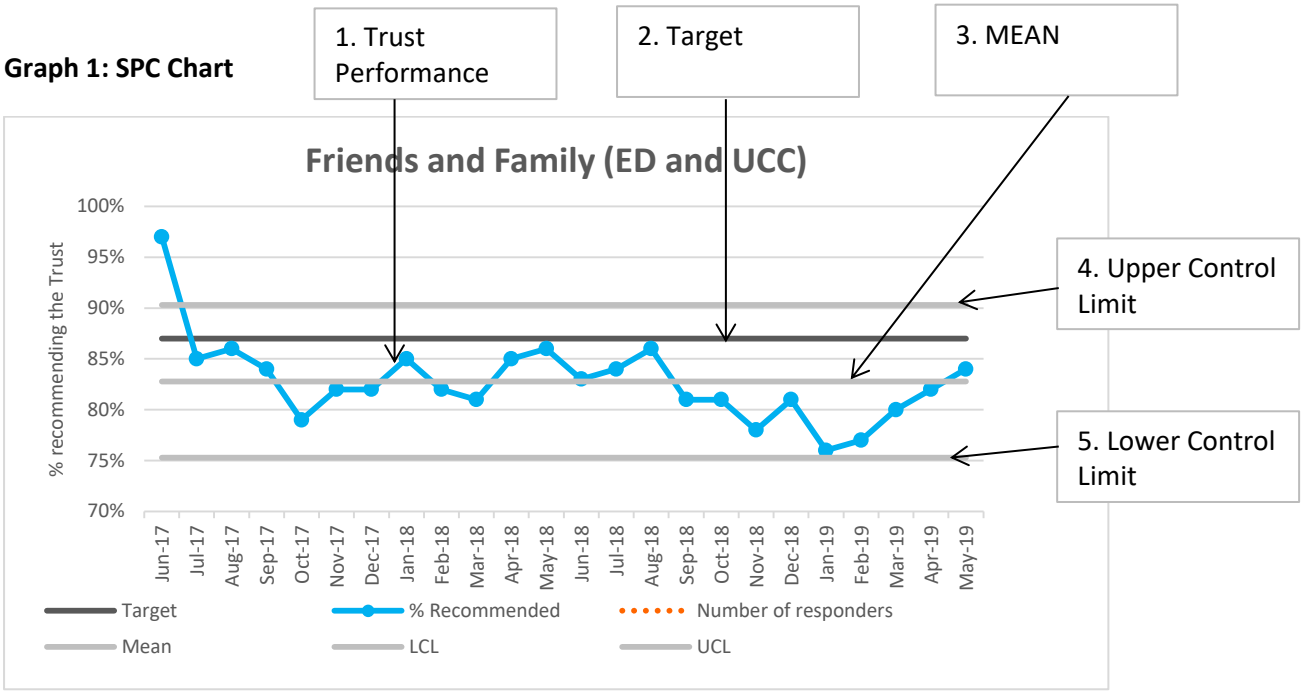
Statistical Process Control (SPC) is method used to measure changes in data/processes over time and is designed to move away from month to month data comparisons. SPC charts help to overcome the limitations of RAG ratings, through using statistics to identify patterns and anomalies, distinguishing changes and both common cause (normal) and special cause (unexpected) variation.

SPC Charts

In addition to the process/metric being measured, SPC charts on the IPR have 3 additional lines.

- Mean – is the average of all the data points on the graph. This is used a basis for determining statistically significant trend or pattern.
- Upper Control Limit – the upper limit that any data point should statistically reach within expected variation. If any one datapoint breaches this line, this is what is known as special cause variation.
- Lower Control Limit – the lower limit than any data point should statistically reach within expected variation. If any one datapoint breaches this line, this is what is known as special cause variation.

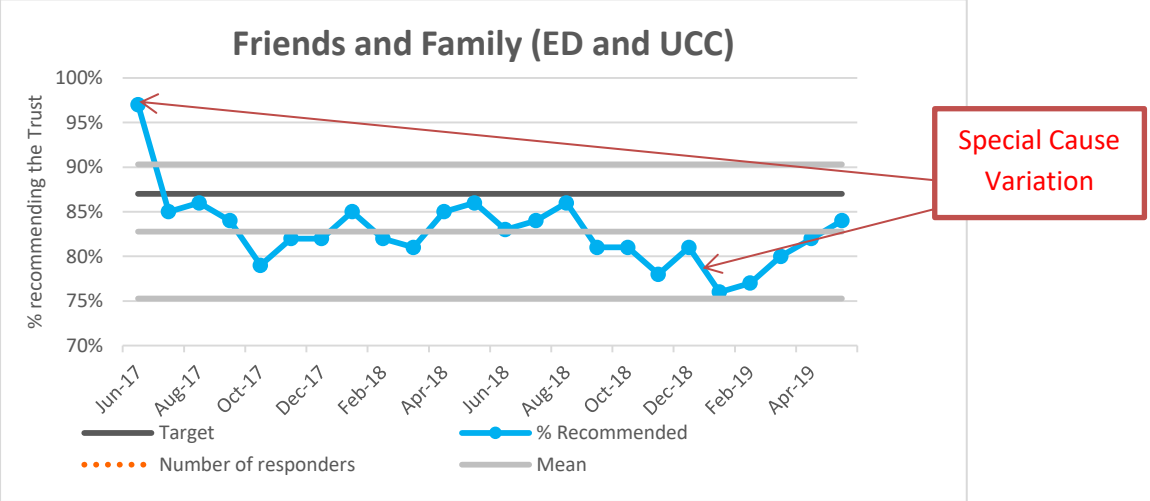
Graph 1: SPC Chart



Interpreting a SPC Chart

There are 3 main rules to interpreting a SPC chart, if one of these rules is broken, there special cause variation present and this means the process is not in control and requires investigation. Please note that breaching the rules does not necessarily mean the process needs to be changed immediately, but it does need to be investigated to understand the reasons for the variation.

1. All data points should be within the upper and lower control limits.
2. No more than 6 consecutive data points are above or below the mean line.
3. There are more than 5 consecutive points either increasing or decreasing.



In the example above, there are two instances of special cause variation; in June 2017 the data point was outside of the upper control limit. Between September 2018 and April 2019, the data points all fall below the mean line.

For high targets (e.g. above 90%) if the upper control limit is below the target, it's unlikely the Trust will achieve the target using the current process.

For low targets (e.g. below 10%) if the lower control total is above the target, it's unlikely the Trust will achieve the target using the current process.

For the purposes of the Trust IPR, the RAG ratings (Red, Amber, Green) will be maintained to understand the Trusts current performance against the outlined targets. SPC should be considered side by side with the RAG rating as it's possible for a process to be within control but not meeting the target.

Appendix 5

Income Statement, Activity Summary and Use of Resources Ratings as at 31st August 2020

Income Statement	Month			Year to date		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income						
NHS Clinical Income						
Elective Spells	2,628	1,456	-1,172	12,888	4,536	-8,352
Elective Excess Bed Days	18	6	-12	92	10	-82
Non Elective Spells	6,044	5,248	-796	30,408	25,943	-4,465
Non Elective Bed Days	166	68	-99	832	866	34
Non Elective Excess Bed Days	105	28	-77	525	284	-241
Outpatient Attendances	3,061	1,932	-1,129	15,405	9,228	-6,178
Accident & Emergency Attendances	1,411	1,418	8	7,299	6,187	-1,112
Other Activity	5,649	8,769	3,120	27,965	48,175	20,210
Sub total	**19,083**	**18,925**	**-158**	**95,414**	**95,229**	**-185**
Non NHS Clinical Income						
Private Patients	0	2	2	0	2	2
Non NHS Overseas Patients	6	1	-5	30	14	-16
Other non protected	82	61	-21	411	164	-247
Sub total	**88**	**63**	**-25**	**441**	**180**	**-261**
Other Operating Income						
NHSE Top Up	1,866	1,848	-18	9,330	9,330	0
Retrospective Income	614	2,918	2,304	18,445	14,181	-4,264
Training & Education	679	533	-146	3,397	3,252	-145
Donations and Grants	0	0	0	0	0	0
Miscellaneous Income	546	777	230	2,688	3,394	706
Sub total	**3,706**	**6,077**	**2,371**	**33,859**	**30,156**	**-3,703**
Total Operating Income	**22,877**	**25,065**	**2,188**	**129,714**	**125,566**	**-4,148**
Operating Expenses						
Employee Benefit Expenses	-16,539	-17,864	-1,324	-95,060	-90,472	4,588
Drugs	-1,209	-1,054	155	-6,148	-5,902	246
Clinical Supplies and Services	-1,661	-2,091	-430	-10,226	-9,751	475
Non Clinical Supplies	-2,537	-3,099	-562	-13,633	-14,722	-1,089
Depreciation and Amortisation	-609	-680	-71	-3,045	-3,337	-292
Net Impairments (DEL)	0	0	0	0	0	0
Net Impairments (AME)	0	0	0	0	0	0
Restructuring Costs	0	0	0	0	0	0
Total Operating Expenses	**-22,556**	**-24,788**	**-2,233**	**-128,111**	**-124,183**	**3,928**
Operating Surplus / (Deficit)	**321**	**277**	**-44**	**1,603**	**1,383**	**-220**
Non Operating Income and Expenses						
Profit / (Loss) on disposal of assets	0	0	0	0	1	1
Interest Income	3	0	-3	15	-5	-20
Interest Expenses	-46	-1	45	-234	-1	233
PDC Dividends	-276	-276	0	-1,378	-1,378	0
Total Non Operating Income and Expenses	**-319**	**-277**	**42**	**-1,597**	**-1,383**	**214**
Surplus / (Deficit)	**2**	**0**	**-2**	**6**	**0**	**-6**
Adjustments to Financial Performance						
Less Impact of I&E (Impairments)/Reversals DEL	0	0	0	0	0	0
Less Donations & Grants Income	0	0	0	0	0	0
Add Depreciation on Donated & Granted Assets	17	16	-1	85	79	-6
Total Adjustments to Financial Performance	**17**	**16**	**-1**	**85**	**79**	**-6**
Adjusted Surplus / (Deficit)	**19**	**16**	**-3**	**91**	**79**	**-13**

Activity Summary	Planned	Actual	Variance	Planned	Actual	Variance
Elective Spells	2,835	1,618	-1,217	13,994	5,894	-8,100
Elective Excess Bed Days	68	23	-45	341	37	-304
Non Elective Spells	3,629	2,328	-1,301	17,890	11,546	-6,344
Non Elective Bed Days	466	236	-230	2,331	2,426	95
Non Elective Excess Bed Days	392	60	-332	1,958	1,052	-906
Outpatient Attendances	25,854	17,519	-8,335	130,131	85,016	-45,115
Accident & Emergency Attendances	9,572	8,731	-841	49,822	35,920	-13,902

Appendix 6

Capital Bid Analysis 2020/21

Scheme Name	Funding Source	Value £000's	Risk
Backlog - All Areas Fixed Installation Wiring Testing	Mandated	100	No risk
6 Facet Survey	Mandated	55	No risk
Backlog - HV Maintenance Annual	Mandated	40	No risk
Backlog - Annual Asbestos Management Survey & Remedials	Mandated	30	No risk
Fire - Remove Final Stepped Exits from Kendrick Wing	Mandated	20	No risk
Anaesthetic Machines (ASCA accreditation standards) Was £260k	Mandated	167	No risk
Call Alarms for all Anaesthetic Rooms (ASCA Accreditation standards)	Mandated	60	No risk
MRI Turnkey/Enabling Work (Estimate)	Business Critical	200	No risk
Devices Replacement (Tech Refresh)	Business Critical	194	No risk
Electronic Patient Record Procurement (£70k for scoping / £180k for procurement)	Business Critical	250	No risk
E-Outcome Resilience	Business Critical	100	No risk
Additional Network Cabinets	Business Critical	30	No risk
Backup Storage	Business Critical	20	No risk
Replacement for Trackit	Business Critical	30	No risk
EPMA Phase 1 & 2	Board Approved	20	No risk
Balance of Midwifery Led Unit (Building Works)	Board Approved	289	No risk
Induction of Labour Ward (Building £22k, Equipment £56k)	Board Approved	78	No risk
Workplace Health & Wellbeing Service Development (Building works only)	Board Approved	52	No risk
MRI Estates Work	Board Approved	1,008	No risk
Estates Capitalisation of Staff Costs	Board Approved	177	No risk
IM&T (current structure) Capitalisation of Staff Costs	Board Approved	316	No risk
Bridgewater Executive Team Relocation	Board Approved	154	No risk
EPMA Phase 1 & 2 (Additional areas)	Board Approved	60	No risk
EPMA Phase 3 & 4	Board Approved	210	No risk
Lorenzo Digital Exemplar plus	Board Approved	285	No risk
Falsified Medicines Directive	Board Approved	83	No risk
Finance & Commercial Development - Refurbishment	Board Approved	400	No risk
Finance & Commercial Development - Office/Kitchen Equipment	Board Approved	50	No risk
Refurbishment of Warrington Education Centre	Board Approved	5	No risk
Schemes carried forward from 2019/20	Board Approved	1,518	No risk
MRI PDC Funded	PDC	875	No risk
Fire - Replacement of Obsolete 5000 Series Fire Alarm Panels	CIR	600	Low risk
Backlog - Electrical Infrastructure Upgrade	CIR	200	Low risk
Fire - Halton 30 Minute Fire Compartmentation	CIR	150	Low risk
Appleton Wing Circulation Areas 60 Minute Fire Doors	CIR	100	Low risk
Warrington and Halton Gas Meter Replacement	CIR	100	Low risk
Fire - Thelwall House Emergency Lighting Final Phase	CIR	100	Low risk
Backlog - Kendrick Wing Works To Emergency Lighting	CIR	75	Low risk
Backlog - Water Safety Compliance	CIR	50	Low risk
Pharmacy Fire Doors Sliding Type	CIR	30	Low risk
Fire - Alarm System Monitoring	CIR	30	Low risk
Halton Residential Blocks 2 & 3 Fire Doors	CIR	25	Low risk
Estates Department Fire Doors	CIR	20	Low risk
Thelwall House - Improvements to Fire Alarm System	CIR	20	Low risk
Backlog - Kendrick Wing Fire Alarms to Portakabin Buildings	CIR	15	Low risk
Cheshire House Fire Alarm	CIR	25	Low risk
Cheshire House Emergency Lighting	CIR	20	Low risk
Replacement Water Tanks : Boiler House 1&2	CIR	280	Low risk
Appleton Wing Roof Repairs	CIR	570	Low risk
IM&T Digital Refresh	PDC (Loan)	1,048	Low risk
IM&T Cardiology Systems Upgrade – CRD	PDC (Loan)	16	Low risk
IM&T Health & Wellbeing Workplace	PDC (Loan)	13	Low risk
IM&T Labour Ward Bedside Touch Screens and Archiving Software/Licences	PDC (Loan)	101	Low risk
IM&T Medisoft diabetic retinopathy module software	PDC (Loan)	14	Low risk
IM&T Wi-Fi Upgrade	PDC (Loan)	240	Low risk
IM&T Integration of Coagucheks with POCcelerator	PDC (Loan)	12	Low risk
IM&T Interface connection of GeneXpert to MOLIS LIMS	PDC (Loan)	6	Low risk
IT 'Other'	PDC (Loan)	71	Low risk
Radiology - Dexa Scanner	PDC (Loan)	250	Low risk

Monitoring Equipment - Carescape Monitors	PDC (Loan)	203	Low risk
Ultrasound Machine for Vascular scanning	PDC (Loan)	71	Low risk
Microbiology Safety Cabinet	PDC (Loan)	13	Low risk
Portable ventilation/ extraction system for CT scanner	PDC (Loan)	15	Low risk
ENT Scope	PDC (Loan)	17	Low risk
Replacement of Electrocardiogram (ECG) Machines	PDC (Loan)	14	Low risk
Portable Echo ITU & CRD	PDC (Loan)	7	Low risk
Ebike EL Stress Echocardiogram	PDC (Loan)	11	Low risk
Visual Field Analyser - Halton	PDC (Loan)	36	Low risk
Optical Coherence Tomographs - Halton	PDC (Loan)	61	Low risk
Digital Gonioscope	PDC (Loan)	22	Low risk
Wide field non-contact fundus camera combined with ICG, FFA and swept source OCT	PDC (Loan)	174	Low risk
CMTC Endo (Estates £600k; Equip £200k)	PDC (Loan)	800	Low risk
Kendrick Wing Enhancements	PDC (Loan)	50	Low risk
Enhancements 'Other'	PDC (Loan)	120	Low risk
Creation of High Care Area on AMU	PDC (Loan)	146	Low risk
Install Hand Washing Station	PDC (Loan)	5	Low risk
OPD Configuration	PDC (Loan)	65	Low risk
X-Ray room 2	PDC (Loan)	250	Low risk
Mortuary	PDC (Loan)	1,000	Low risk
Plaza	PDC	4,300	Low risk
MRI Additional	BAU	326	No risk
Covid pre 18th May	PDC	2,802	Medium risk
Halton CMTC	BAU	2,000	No risk
Contingency Spent	Board Approved	170	No risk
Contingency	BAU	390	No risk
Total As agreed at August Board		**24,125**	

Appendix 7

FINANCE & SUSTAINABILITY COMMITTEE

AGENDA REFERENCE:	**FSC**			
SUBJECT:	**COVID-19 Phase 3 Key Performance Indicators for the Trust Integrated Performance Report (IPR)**			
DATE OF MEETING:	23rd September 2020			
ACTION REQUIRED	**To Note/Support**			
AUTHOR(S):	Dan Birtwistle, Deputy Head of Contracts & Performance			
EXECUTIVE DIRECTOR SPONSOR:	Andrea McGee, Chief Finance Officer and Deputy Chief Executive Dan Moore, Chief Operating Officer			
EXECUTIVE SUMMARY (KEY ISSUES):	The Trust received correspondence from NHS England on 31 July 2020 which outlined the requirements and expectations in relation to Phase 3 of COVID-19 Recovery Planning. This paper outlines the performance requirements and makes a recommendation to add 3 new key performance indicators to the Trust Board Integrated Performance Report (IPR) to ensure monitoring and oversight is in place.			
PURPOSE: (please select as appropriate)	Information	Approval	To note	Decision X
RECOMMENDATION:	The Finance & Sustainability Committee is asked to: 1. Support the addition of 3 new key performance indicators to the Trust IPR in relation to COVID-19 Phase 3 Recovery.			
FREEDOM OF INFORMATION STATUS (FOIA):	Whole FOIA Exemption			
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	Section 41 – confidentiality			

1. BACKGROUND/CONTEXT

The Trust received correspondence from NHS England on 31 July 2020 which outlined the requirements and expectations in relation to Phase 3 of COVID-19 Recovery Planning.

This paper outlines the performance requirements and makes a recommendation to add 3 new key performance indicators to the Trust Board Integrated Performance Report (IPR) to ensure monitoring and oversight is in place.

2. KEY ELEMENTS

To support the accelerated return to non-COVID health services and making full use of capacity between now and the winter period, clear performance expectations have been outlined. It is recognised that a careful balance is required between being ambitious and avoiding patient harm, whilst setting trajectories/targets which are deliverable.

The following additional indicators are recommended to be added to the Trust IPR, which if supported by the Finance & Sustainability Committee (FSC) will be put forward to the Trust Board for final approval.

New Indicators

KPI	Proposed RAG Criteria	Rationale
Access & Performance		
COVID-19 Recovery Elective Activity – this will be split into Inpatient Elective Procedures, Outpatient/Daycase Procedures. The position will also be combined to show an overall percentage of elective activity based on 2019/20.	RED = Below Target GREEN = On Target **National Target** August – 70% of 2019/20 activity September – 80% of 2019/20 activity October onwards – 90% of 2019/20 activity	To support COVID-19 Recovery Phase 3 in line with national guidance.
COVID-19 Recovery Diagnostics – this will be split into MRI, CT & Endoscopy. The position will also be combined to show an overall percentage of diagnostic activity based on 2019/20.	RED = Below Target GREEN = On Target **National Target** August – 90% of 2019/20 activity September – 90% of 2019/20 activity October onwards – 100% of 2019/20 activity	
COVID-19 Recovery First and Follow Up Outpatient Appointments. The position will also be combined to show an overall percentage outpatient activity based on 2019/20.	RED = Below Target GREEN = On Target **National Target** August – 90% September onwards – 100%	

Whilst the indicators will be RAG rated against the national targets, the IPR will also show the Trust's plan against these indicators on the graph. The plan was approved by the Trust Board on 10 September 2020.

These additional indicators would result in the total number of indicators on the IPR increasing from 69 to 72.

3. NEXT STEPS

The Trust Board will be asked to approve this change at its meeting on 30 September 2020.

4. RECCOMENDATIONS

The Finance & Sustainability Committee is asked to:

1. Support the addition of 3 new key performance indicators to the Trust IPR in relation to COVID-19 Phase 3 Recovery.

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/20/09/97 a**			
SUBJECT:	**Safe Staffing Assurance Report – June 2020**			
DATE OF MEETING:	30 September 2020			
AUTHOR(S):	Browning, Assistant Chief Nurse, Clinical Effectiveness			
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive			
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience. SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future. SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.			 *
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): **(*Please DELETE as appropriate)***	#115 Failure to provide adequate staffing levels in some specialities and wards.			
EXECUTIVE SUMMARY *(KEY ISSUES):*	In June 2020 ward staffing data recommenced after a temporary pause between March and May 2020, during the COVID 19 pandemic response. In March 2020, the Trust initiated a level 4 incident response to the COVID 19 pandemic, with a gradual and systematic approach managing the demands in activity and workforce challenges during that time, this included a registered nurse vacancy position of 107 wte and 84 wte HCA's. Further significant challenge in managing the workforce demands was the sudden increase in staff sickness absence rates which peaked at 11.15% for registered nurses and 14.46% for health care assistants in April 2020. The sickness rates are currently 5.94% for registered nurses and 10.82% for health care assistants. There are currently 11 RN's and 2 HCA's shielding. In the month of June 2020 it was noted that 6 of the 19 wards that were open at the time, were below the 90% target during the day, which demonstrates an improvement from February 2020; however we need to be cognisent that there has been a number of ward changes during this time. In order to ensure safe staffing levels, mitigation and responsive plans continue to be put in place to ensure that the safe delivery of patient care is discussed at every bed meeting and escalated as appropriate. CHPPD in June 2020 is 7.7 which is an improvement from January and February 2020 when the rate was 7.1. Due to the temporary pause of data submission to Unifiy there is no CHPPD data available during March to May 2020. The report demonstrates the progress that continues to be made across the organisation in nursing and midwifery staffing levels as the number of wards reporting staffing levels below the 90% and CHPPD levels remain consistent.			
PURPOSE: *(please select as appropriate)*	Information *	Approval	To note *	Decision

RECOMMENDATION:	Trust Board asked to receive the contents of this report as discussed and received at the Strategic People Committee	
PREVIOUSLY CONSIDERED BY:	**Committee**	**Strategic People Committee**
	Agenda Ref.	SPC/20/09/
	Date of meeting	23 September 2020
	Summary of Outcome	Noted
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

REPORT TO BOARD OF DIRECTORS

SUBJECT	Safe Staffing Assurance Report – June 2020	AGENDA REF:	

1. BACKGROUND/CONTEXT

Safe Staffing Assurance Report – June 2020

The purpose of this report is to provide assurance with regard to the nursing and midwifery ward staffing levels during June 2020. The Trust has a duty to ensure nursing and midwifery staffing levels are sufficient to maintain safety and provide quality care. It forms part of the expectation set out in the National Quality Board (NQB) guidance published in 2016 and in their recommendations in 2018, that Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full responsibility for nursing, midwifery and care staffing capacity and capability.

This paper provides assurance that any shortfalls on each shift are reviewed and addressed, with actions to ensure safe staffing levels are provided and reviewed at the daily staffing meeting. It is well documented that nurse staffing levels make a difference to patient outcomes (mortality and adverse events, including levels of harm), patient experience, quality of care and the efficiency of care delivery.

During the COVID 19 pandemic expansion of our respiratory care provision and critical care was undertaken with revised staffing models implemented across the organisation. These staffing models used a systematic evidenced based acuity data (SNCT) model in order for WHH to meet the needs of patient acuity on the critical care unit and respiratory wards. This required an overall uplift of 60.5wte registered nurses and 72.78wte health care assistants between 24th March 2020 and 20th June 2020

The expansion of ICU was undertaken using national and local practice guidance. Caring for a critical care patient requires staff with a specific skill set and expertise. In order to expand the critical care unit into the theatre footprint WHH accessed off-framework agencies Thornbury Nursing Services and Greenstaff Medical Agency. In normal circumstances the Trust do not use off-framework agencies as they do not provide the same assurances as on framework agencies which have stringent criteria set by recognised framework providers. A full report of the nurse staffing resoonse to the COVID 19 pandemic which includes off framework agency use was presented to the Finance and Sustainabiliy Committee in June 2020.

The senior nursing team review the high cost associated with Thornbury Nursing Services and shift requests/demand on a weekly basis with a focus on reducing the number of spifts requested as soon as activity permitted. During the month of April, WHH saw the expansion of critical care and acute respiratory ward care (A7) leading to a greater demand ICU trained nurses. We have seen a number of staff return from sickness absence and occupancy of both areas has diminished, we have been able to reduce the Thornbury shift requests as seen in chart 1.

Chart 1

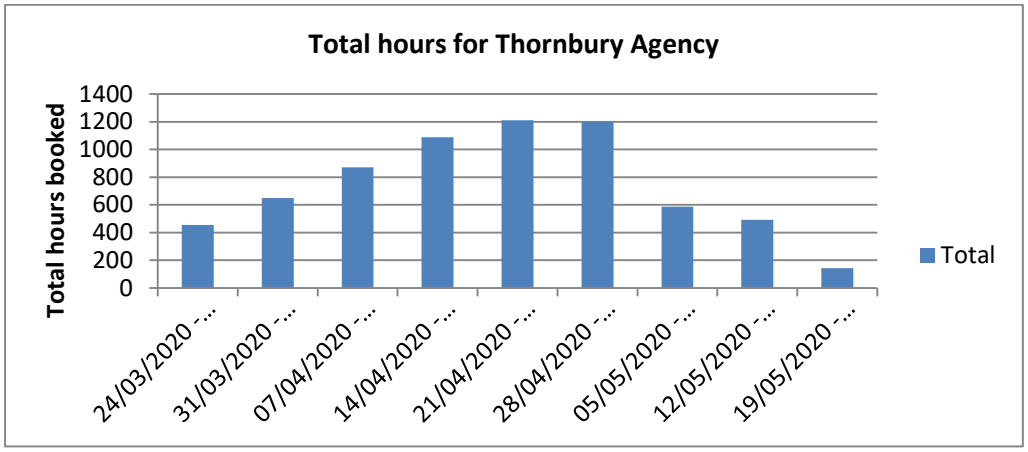


Table 1 shows the planned v's actual based on the shift demand as detailed above to provide some transparency of the costs associated with the workforce expansion during the COVID 19 pandemic.

Table 1

Thornbury Nursing Agency Spend												
Ward	March 2020 £			April 2020 £			May 2020 £			Total to 31/05/2020 £		
	Planned	Actual	Variance	Planned	Actual	Variance	Planned	Actual	Variance	Planned	Actual	Variance
Others	-	7,913	**7,913**	-	22,831	**22,831**	-	887	**887**	-	31,631	**31,631**
A7	-	-	-	158,467	102,481	**- 55,986**	158,467	64,923	**- 93,544**	316,934	167,404	**- 149,530**
ITU	30,262	33,329	**3,066**	289,963	226,653	**- 63,310**	289,963	81,175	**-208,788**	610,188	341,157	**- 269,031**
Grand Total	**30,262**	**41,242**	10,979	**448,430**	**351,965**	**- 96,465**	**448,430**	**146,986**	**-301,444**	**927,122**	**540,192**	**- 386,930**

2. KEY ELEMENTS

All Trusts submit staffing data to NHS England via the Unify Safe Staffing return and provide assurance to the Board of Directors via the Chief Nurse. In June 2020 ward staffing data recommenced after a temporary pause from March to May 2020, during the COVID 19 pandemic response. Staffing data will continue to be systematically reviewed to ensure we safely staff our wards and provide mitigation and action when a ward falls below 90% of planned staffing levels.

The safer staffing data consists of the 'actual' numbers of hours worked by registered nursing and health care support staff on a shift by shift basis, measured against the numbers of 'planned' hours to calculate a monthly fill rate for nights and days by each ward. A monthly fill rate of 90% and over is considered acceptable nationally and when fill rates are below 90% the ward staffing is reviewed at the daily staffing meeting taking into account acuity and activity, where necessary staff are moved from other areas to support.

Care Hours Per Patient Day

Warrington and Halton Hospitals NHS Trust currently collects and reports CHPPD data on a monthly basis. CHPPD is the total time spent on direct patient care based on the number of occupied beds at midnight. The June 2020 Trust wide staffing data was analysed and cross-referenced, with ward level data for validation by the Deputy Chief Nurse, Lead Nurses, and the Associate Chief Nurse (Clinical Effectiveness).

Chart 2 illustrates the monthly data and in June 2020 CHPPD was seen at 7.7. The Trust overall position for 19/20 was 7.3. This is in comparison to the peer median of 7.8 and the national median

figure of 8.1 hours over the same period and represents an improvement from 2018 / 19 where we ended the year with an overall rate of 7.0.

During the COVID-19 Trust response we didn't submit staffing data to Unifiy as part of the pause of some activities, therefore the data has resumed collection in June 2020. During the pause staffing reviews were undertaken three times per day with responsive and robust plans in place to ensure that all wards were adequately staffed. Staff data continued to be recorded on Gold Command and in E-roster.

The monthly CHPPD will continue to be monitored via the Trust monthly Safer Staffing Report.

Chart 2 – CHPPDD Data 2019/20 and 2020/21

Financial year	Month	Cumulative count over the month of patients at 23:59 each day	CHPPD - Registered	CHPPD - Care Staff	CHPPD All
2019/20	April	14008	4.4	3.2	7.6
	May	14623	4.3	3.3	7.6
	June	14410	4.3	3.2	7.5
	July	14917	4.2	3.3	7.5
	August	15282	3.9	3.2	7.1
	September	14927	4.0	3.1	7.1
	October	15271	4.1	3.2	7.4
	November	14940	4.0	3.1	7.1
	December	14740	4.1	3.2	7.3
	January	15224	4.0	3.1	7.1
	February	14189	4.0	3.1	7.1
2019/20 Total		162531	4.1	3.2	7.3
2020/21	June	14189	4.2	3.5	7.7
2020/21 Total		14189	4.2	3.5	7.7

Key Messages

Although there are areas above the 90% fill rate in month, it is acknowledged that the percentage of registered nurses/midwives on 6 of the 19 wards open, is below target during the day which demonstrates an improvement from February 2020 where there were 13 wards below 90%. However, it is important to note that there has been a number of ward changes during this time, which has released staff to work in other areas; for example ward closures due to the pause in elective activity.

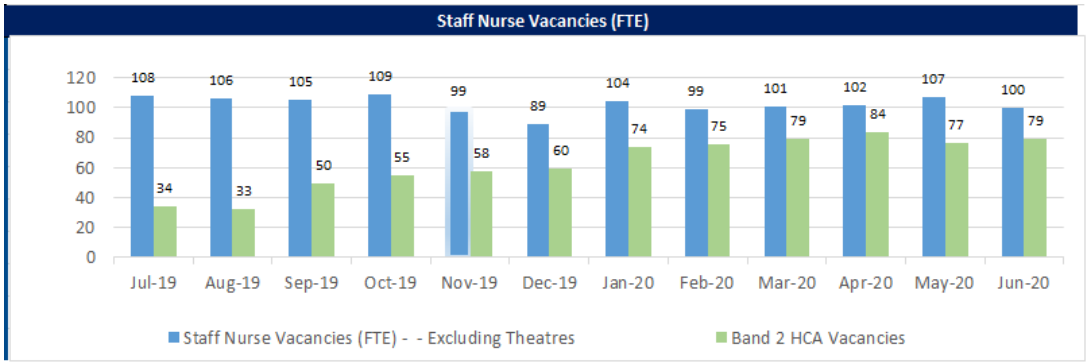
In order to ensure safe staffing levels, mitigation and responsive plans continue to be put in place to ensure that the safe delivery of patient care is discussed at every bed meeting and escalated as appropriate. Shift fill rates continue to improve month on month.

Maternity (ward C23) although showing below the 90% target on the ward (86.7%), use their responsive staffing plans in the unit to move staff to support if acuity requires additional staffing.

Vacancy Summary

Currently we have 100 registered nurse and 79 health care assiatant vacancies at WHH, as seen in chart 3, which requires reliance on temporary staffing to ensure safe staffing levels on the wards.

Chart 3



Recruitment and retention remains a priority for the senior nursing team. A recruitment calendar is in place to ensure recruitment for both registered nurses and health care assistants. The recruitment campaign will include rolling adverts on NHS jobs and targeted recruitment campaigns. The most recent nurse advert resulted in 12 registered nurses accepting a job offer with WHH. This is an improvement from previous adverts, allowing WHH to secure a number of experienced nurses from neighbouring organisations. WHH are committed to recruiting the students who train with us and all of those who want jobs have secured positions (30 registered nurses) when they complete their training in September 2020. As part of our commitment to these staff who have supported the Trust in the COVID 19 response by working on the wards in HCA vacancies, we will continue to keep them employed with us until the register in September. Chart 1 shows a band 2 HCA vacancy rate of 79 however these vacancies have been covered by our student colleagues and we have continued recruiting to the vacancies over the past few months. We have recently welcomed 37 Health Care Assistants and have a further 31 currently going through pre employment checks.

WHH have been approached by Wigan, Wrightington and Leigh NHS Trust to participate in a regional pilot for recruitment of international nurses. The partnership includes HEE and aims to establish a North West Hub, recognising the need to address the urgent nursing workforce shortages across the region. This approach has utilised the 'toolkit' commissioned by the Department of Health and Social Care produced by NHS Employers (January 2020). A business case has been developed and has been presented to the Executive Team via the Finance and Sustainability Committee for consideration in July 2020.

Escalation Beds and Costs

In the month of June 2020 there were no escalation beds in use. The Trust continues to manage its bed occupancy and staffing in a responsive and planned way as we move to recovery following the COVID 19 pandemic.

Sickness Absence – June 2020

During the month of June registered nurse and midwifery absence rates were recorded at 5.74% showing a slight reduction from the February report at 6.85%. The cost of bank/agency cover of qualified nursing sickness (at usual bank/agency fill rates) is £213,121 for June as detailed in the table below.

Registered nurse and midwifery sickness cover – June 2020

Contracted Nursing WTE (Band 5 to 7)	907.47
% Sickness	5.74%
WTE Equivalent of Sickness	52.09
NHSP Fill Rate	76%
WTE Covered by Temporary Staffing	39.59
Cost at Average NHSP Rates	***213,121***

Staffing levels are reviewed daily to determine the additional staffing required ensuring patient safety as part of the daily operational staffing plans.

Temporary Staffing

Any shortfalls in staffing are covered using NHS Professionals (NHSP) which is managed by the Trust Temporary Staffing Lead, Deputy Chief Nurse. Monthly NHSP usage reports are presented to the senior nursing team and a deep dive review is undertaken for any of the wards that are using the highest number of agency shifts. These meetings are led by the Deputy Chief Nurse and in June 2020 the two wards which were reviewed were wards AMU and A2. An action plan is put in place following the deep dive meetings, with an update on progress provided to the Operational People Committee by the Deputy Chief Nurse.

Staffing Escalation Audit

The 6 monthly staffing escalation Audit was undertaken in June 2020. The aim of the audit is to ensure that the staffing escalation plans are utilised effectively, are fit for purpose and determine the awareness and impact of the current Trust process at ward and departmental level.
The audit was undertaken during the COVID-19 Pandemic and at a time when we had a senior nurse (matron or lead nurse) on site 8am-8pm 7 days per week. The audit demonstrated significant assurance acorss all standards with a 100% being achieved in each of the standards audited. The full report can be seen as Appendix 3.

Patient Harm by Ward

In June 2020 we have reported 4 category 2 pressure ulcers on wards A6, A8, A9 and C21. There have been 2 patient falls with major harm reported on ward A9 in June 2020 that are currently being investigated as per process.

Infection Incidents

In June 2020 we haven't reported any cases of MRSA bacteraemia.

Appendix 1	MONTHLY SAFE STAFFING REPORT – JUNE 2020

Monthly Safe Staffing Report – June 2020

		Day	Day	Day	Day	Day	Day	Night	Night	Night	Night	Night	Night		CHPPD				
CBU	Ward	Planned RN hours	Actual RN hours	Planned HCA hours	Actual HCA hours	% RN fill rate	% HCA fill rate	Planned RN hours	Actual RN hours	Planned HCA hours	Actual HCA hours	% RN fill rate	% HCA fill rate	Cumulative count over the month of patients at 23:59 each day	RN	HCA	RNA	AHP	Overall
		= above 100%		= above 90%			= above 80%			= below 80%									
DD	Ward A5	1725	1989.5	1380	2334	115.3%	169.1%	1035	1506.7	1035	1679	145.6%	162.2%	957	3.7	4.2	0.0	0.0	7.9
DD	Ward A6	1725	1724.5	1380	1446.5	100%	104.8%	1035	1219	103.5	1253.5	117.8%	121.1%	928	3.2	2.9	0.3	0.0	6.4
DD	Ward B4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DD	Ward A4	1633	1309	1380	1902.6	80.2%	137.9%	1035	977.5	1035	1426	94.4%	137.8%	928	2.5	3.6	0.1	0.0	6.3
MSK	CMTC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MSK	Ward A9	1725	1623	1725	1778	94.1%	103.1%	1380	1334	1380	1483.5	96.7%	107.5%	879	3.4	3.7	0.0	0.0	7.2
W&C	Ward B11	2815	2815	941	941	100%	100%	1521.2	1510.4	333.6	301.2	99.3%	90.3%	389	11.1	3.2	1.5	0.0	15.8
W&C	NNU	1725	1184.5	345	589	68.7%	170.7%	1725	1299.5	345	333.5	75.3%	96.7%	204	12.2	4.5	0.0	0.0	16.7
W&C	Ward C20	966	920	644	680	95.2%	105.6%	644	644	0	36	100%	-	504	3.1	1.4	0.0	0.0	4.5
W&C	Ward C23	1380	1196	690	609.5	86.7%	88.3%	690	667	690	644	96.7%	93.3%	291	6.4	4.3	0.0	0.0	10.7
W&C	Birth Suite	2415	2227.5	345	375	92.2%	108.7%	2415	2079.5	345	339.5	86.1%	98.4%	249	17.3	2.9	0.0	0.0	20.2
UEC	Ward A1	2250	1887.5	2250	2725	83.9%	121.1%	1575	1478	1251.6	1095.6	93.8%	87.5%	972	3.5	3.9	0.0	0.0	7.4
UEC	Ward A2	1380	1173	1725	1736.5	85%	100.7%	1035	1115.5	1035	1380	107.8%	133.3%	812	2.8	3.8	0.0	0.0	6.7
IM&C	Ward C21	1380	1261	1350	1483	91.4%	109.9%	1035	851	1380	1207.5	82.2%	87.5%	696	3.0	3.9	0.1	0.0	7.1
IM&C	Ward A8	1725	1418	1380	1814.8	82.2%	131.5%	1380	1334	1380	1449	96.7%	105%	986	2.8	3.3	0.0	0.2	6.4
IM&C	Ward B12	1069	980	2415	2456	91.7%	101.7%	690	690	1725	1971	100%	114.3%	609	2.7	7.3	0.0	0.0	10.2
IM&C	Ward B14	1035	1035	1725	2134.5	100%	123.7%	690	690	1035	1253.5	100%	121.1%	696	2.5	4.9	0.1	0.0	7.5
IM&C	Ward B18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IM&C	Ward B19	1069	1293.5	1725	1698	121%	98.4%	1035	1023.5	1380	1403	98.9%	101.7%	696	3.3	4.5	0.0	0.0	7.8
MC	Ward A7	1725	2104.5	1380	1703.5	122%	123.4%	1380	1673.5	1035	1679	121.3%	162.2%	957	3.9	3.5	0.0	0.0	7.5
MC	ACCU	2415	2334.5	1035	1174	96.7%	113.4%	1725	1702	1035	1196	98.7%	115.6%	726	5.6	3.3	0.0	0.0	8.8
MC	ICU	4830	4830	1035	885.5	100%	85.6%	4830	4680.5	1035	701.5	96.9%	67.8%	476	20.0	3.3	0.0	0.0	23.3

Appendix 2

June 2020 - Mitigating Actions

The Unify Safe Staffing return guidance states that all wards with inpatient beds need to be included, with the exception of:

- Day care wards
- CDU/other clinical assessment units
- Additional capacity wards (B3)

Ward B1 at Halton is a CCG Ward and therefore is not part of the Trusts Unify return

	DAY		NIGHT		MITIGATING ACTIONS
	Average fill rate - registered nurses/midwives (%)	Average fill rate – Health Care support staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - Health Care support staff (%)	
Ward A5	115.3%	169.1%	145.6%	162.2%	**Vacancy -** band 6 0.72 wte band 5 3.48 wte band 2 2.51 wte **Sickness rate** - 10.88% **Action taken:** Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support as appropriate. Attendance management policy followed. Ongoing recruitment plans in place
Ward A6	100%	104.8%	117.8%	121.1%	**Vacancy -** band 6 0.49wte band 5 5.45 wte band 2 2.81 wte **Sickness rate** -10.74% long term band 2 x2 wte Band 1 1.0WTE Band 6 1.0wte shielding band 2 .0wte shielding **Action taken -** Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support as appropriate. Attendance management policy followed. Targeted recruitment plan in place
Ward B4	-	-	-	-	Ward closed
Ward A4	80.2%	137.9%	94.4%	137.8%	**Vacancy -** band 5 2.3wte band 2 0.57 wte **Sickness rate** - 20.89% **Action taken -** Staffing and acuity reviewed daily. Recruitment programme in place. Sickness absence being managed in line with the Trust policy.
Ward CMTC	-	-	-	-	Ward closed
Ward A9	94.1%	103.1%	96.7%	107.5%	**Vacancy -** no current vacancy to review due to bed reconfiguration staffing changes **Sickness rate -** 7.70% **Action taken –** Staffing reviewed daily by senior nursing team.
Ward B11	100%	100%	99.3%	90.3%	**Vacancy -** Band 5 2.77wte **Sickness rate** – 3.94% **Action taken -** Ongoing recruitment , Sickness managed through Trust Attendance Policy

NNU	68.7%	170.7%	75.3%	96.7%	**Vacancy –** band 4 nursery nurse 1.0 wte band 5 1.0 wte band 7 ward manager 1.0 wte **Sickness rate – 6.60%** **Action taken –** Staffing and acuity reviewed daily. Recruitment programme in place.
Ward C20	95.2%	105.6%	100%	-	**Vacancy –** band 6 0.60 wte **Sickness rate -** 31% **Action taken -** Ongoing recruitment , Sickness managed through Trust Attendance Policy
Ward C23	86.7%	88.3%	96.7%	93.3%	**Vacancy –** Fully Established **Sickness rate** - 4.3% **Action taken -** Daily review of staffing and staffed moved from other areas depending on acuity and occupancy. Sickness policy followed and supported by HR
Delivery Suite	92.2%	108.7%	86.1%	98.4%	**Vacancy –** Fully Established **Sickness rate** - 11.66% **Action taken** - Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Sickness is being managed in line with Trust policy.
Ward A1	83.9%	121.1%	93.8%	87.5%	**Vacancy -** band 5 4.66 wte, band 2 1.62 wte **Sickness rate -** 4.80% **Action taken** - Ongoing recruitment, 1 xB6 starting Aug 20 1xB7 PBE starting sept 20 agency/nhsp usage and WM filling shortfalls in staffing.
Ward A2	85%	100.7%	107.8%	133.3%	**Vacancy –** band 5 1.0 wte, band 2 2.0wte **Sickness rate** - 9.93% **Action taken** - Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Recruitment plans in place. Sickness is being managed in line with Trust policy.
Ward C21	91.4%	109.9%	82.2%	87.5%	Temporary ward for Trauma and Orthopaedic in a smaller ward footprint therefore staffing appropriate in the month of June
Ward A8	82.2%	131.5%	96.7%	105%	**Vacancy -** band 5 7.0 wte, 1.0 wte **Sickness rate -** 10.11% **Action taken** - Trust wide recruitment in place Ward support by the continued use of NHSP and agency to ensure safe staffing levels.
Ward B12	91.7%	101.7%	100%	114.3%	**Vacancy -** band 5 2.57wte Band 4 0.69wte Band 2 4.49wte **Sickness rate** - 10.77% **Action taken -** Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support.3.0 wte CSWD in post awaiting dates for new starters
Ward B14	100%	123.7%	100%	121.1%	**Vacancy -** 4.74 wte Band2 **Sickness rate** - 5.22% **Action taken** - - Ward reviewed daily for acuity and staffing.CSWD x2 in post & awaiting new starters to commence
Ward B18	-	-	-	-	Ward Closed for most of the month opened for elective activity mid month therefore no data collected.
Ward B19	121%	98.4%	98.9%	101.7%	**Vacancy –** band 5 6.78 wte Band 2 8.32 wte **Sickness rate** - 6.89%

					Action taken - awaiting CSWD to start & advert in progress for Band 5
Ward A7	122%	123.4%	121.3%	162.2%	Ward reviewed daily for acuity and staffing.Band 6 2.24wte , band 5 8.53wte, band 2 0.53wte **Sickness rate** - 15% **Action taken -** Adverts for band 5 and 6 out, all sickness managed in line with policy. Ward reviewed daily for acuity and staffing.
ACCU	96.7%	113.4%	98.7%	115.6%	**Vacancy -** Band 2 1.6 wte **Sickness rate** - 6.4% **Action taken** - Ward reviewed daily for acuity and staffing, sickness managed in line with policy
ICU	100%	85.6%	96.9%	67.8%	**Vacancy -** band 5 7.16wte **Sickness rate** – 5.6% **Action taken** - Ward reviewed daily for acuity and staffing. band 2-fully recruited on 07/07/2020. Band 5 interviews 14/07/20
Total Fill Rate (%)	115.3%	169.1%	145.6%	162.2%	

Appendix 3

Staffing Escalation Audit June 2020

Staffing Escalation Process Audit
0062
8th July 2020
Ellis Clarke, Informatics Matron
Ellis Clarke
Lead Nurses for staffing
Assurance Level - Significant

Clinical Audit Report

Background:

The Trust has a duty to ensure that all wards and departments are staffed with the appropriate number and skill mix of nurses. Nurse staffing levels have been set using nationally recognised methodologies and the Trust is committed to ensuring that there are the right number and skill mix to care for our patients safely, and to effectively utilise our workforce through efficient resource allocation.

Where shortfalls in nurse staffing are identified, the Trust has a staffing escalation process for assessing and managing and recording nurse staffing levels across the Trust on a shift by shift basis.

The National Quality Board paper, Safe Sustainable and Productive Staffing (2018) recommends that organisations should ensure that they have appropriate staffing escalation processes in place as part of their expectations and framework for nurse staffing in adult inpatient wards in acute hospitals.

Aim:

The aim of the audit is to ensure that the staffing escalation plans are utilised effectively, are fit for purpose and determine the awareness and impact of the current Trust process at ward and departmental level.

Objective(s)

An action identified by the Care Quality Commission (CQC) in their 2017 inspection of the Trust was to ensure that there were staffing escalation plans in place across the Trust and that these are audited to assess effectiveness and compliance.

Methodology:

This is the 5th staffing escalation audit, the 2nd report indicated that the questions in the audit needed to be reviewed and updated to better reflect the process as well as to minimise the variability of response. The senior nursing team devised a Microsoft Excel based proforma for the data collection, using the standards and expectations identified in the Trust Nurse Staffing Escalation Plan of Safe staffing across wards and departments.

The data was collected over a 2 week period, between the 25th May & 7th June 2020. The audit was undertaken daily, by the senior nurse for staffing that day. The data was collected using a range of information, the daily staffing template on the P: drive, the information in the staffing meeting, the plan and mitigation records and the handover process.

The information for both was recorded on individual Excel spreadsheets and returned to the Clinical Audit Department for analysis.

Results:

Please see an example table below for a breakdown of the standards with results- show comparison with previous audits if applicable for example re-audits.

	Compliance Scores				
Standard	Yes	No	N/A	Total	Compliance RAG
Where are the staffing levels recorded?	14 100%	0 0%		14	100%
Has the proforma been completed by all wards/depts?	14 100%	0 0%		14	100%
Wards with Amber & Red levels have a documented plan?	14 100%	0 0%		14	100%
Have shortages been escalated to NHSP?	14 100%	0 0%		14	100%
Have ward requiring enhanced care escalated to Matron/Lead Nurse?	14 100%	0 0%		14	100%
Night team to daytime staffing lead	14 100%	0 0%		14	100%
Daily staffing meeting attendance	14 100%	0 0%		14	100%
Daytime staffing lead to night team	14 100%	0 0%		14	100%
Number of Red Flags raised	14 100%	0 0%		14	100%
Red Flag responses in time?	14 100%	0 0%		14	100%

Red Flags:

During the audit we kept a record of the Red Flags that were entered onto the SafeCare system for escalation to the Staffing Lead of the day.

Red flags were raised on just 1 of the 14 days and the response was seen as acceptable. The reason for low numbers of Red Flags was that there was extra vigilance with nurse staffing due to the COVID-19 response, so the number of issues was reduced by the employment of extra staff and Matrons/Lead Nurses dealing with any issues before they became reportable.

Key Findings:

The results of the audit have all improved against all standards providing significant assurance. Staffing concerns are escalated via the Site Manager and the audit confirms that this happened despite the Red Flag issue.
The audit was undertaken during the COVID-19 Pandemic response, during this time there was a senior nurse on duty to support with staffing 8am until 8pm 7days a week. This senior support provided oversight and responsive action to the nurse staffing processes across the Trust at this time.

Recommendations:

- It is recommended that the audit is repeated in 6 months' time.
- Share the report at the Safe Staffing Group and the Workforce Committee

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/20/09/97 a**	
SUBJECT:	**Safe Staffing Assurance Report – July 2020**	
DATE OF MEETING:	30 September 2020	
AUTHOR(S):	Browning, Assistant Chief Nurse, Clinical Effectiveness	
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive	
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience. SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future. SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.	 *
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): **(*Please DELETE as appropriate)***	#115 Failure to provide adequate staffing levels in some specialities and wards.	
EXECUTIVE SUMMARY *(KEY ISSUES):*	In July 2020 ward staffing data continued to be systematically reviewed to ensure the wards and departments were safe. Mitigation was provided and the action when a ward falls below 90% of planned staffing levels. The sickness rates are currently 5.34% for registered nurses and 6.99% for health care assistants which is an improved position from June 2020. In the month of July 2020 it was noted that 12 of the 21 wards that were open, were below the 90% target during the day. In order to ensure safe staffing levels, mitigation and responsive plans were implemented to ensure that the safe delivery of patient care. CHPPD in July 2020 was 8.8 which is an improvement from June 2020 at 7.7. The improvement in CHPPD is largely in response to the recruitment of the student nurses into the HCA vacancies as part of the COVID-19 pandemic response, resulting in an increase in CHPPD for HCA'S from 3.1 to 4.1. As part of the COVID-19 Pandemic response in line with NMC guidance a total of 133 nursing students were welcomed to the Trust, with 30 of them accepting substantive posts when the join the register in September 2020. WHH have been approached by Wigan, Wrightington and Leigh NHS Trust to participate in a regional pilot for recruitment of international nurses. A business case has been developed for 30 registered nurses which have been approved by the Executive Team and the Finance and Sustainability Committee in July 2020. A task and finish group will now be initiated to implement this programme. The report demonstrates the progress that continues to be made across the organisation in nursing and midwifery staffing levels as the	

	number of wards reporting staffing levels below the 90% and CHPPD. In June and July 2020 there has been an improvement in the planned v's actual staffing levels and CHPPD.			
PURPOSE: ***(please select as appropriate)***	Information *	Approval	To note *	Decision
RECOMMENDATION:	Trust Board asked to receive the contents of this report as discussed and received at the Strategic People Committee.			
PREVIOUSLY CONSIDERED BY:	**Committee**	**Strategic People Committee**		
	Agenda Ref.	SPC/20/09/XXX		
	Date of meeting	23/09/2020		
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None			

REPORT TO BOARD OF DIRECTORS

SUBJECT	Safe Staffing Assurance Report – July 2020	AGENDA REF:	

1. BACKGROUND/CONTEXT

Safe Staffing Assurance Report – July 2020

The purpose of this report is to provide assurance with regard to the nursing and midwifery ward staffing levels during July 2020. The Trust has a duty to ensure nursing and midwifery staffing levels are sufficient to maintain safety and provide quality care. It forms part of the expectation set out in the National Quality Board (NQB) guidance published in 2016 and in their recommendations in 2018, that Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full responsibility for nursing, midwifery and care staffing capacity and capability.

This paper provides assurance that any shortfalls on each shift are reviewed and addressed, with actions to ensure safe staffing levels are provided and reviewed at the daily staffing meeting. It is well documented that nurse staffing levels make a difference to patient outcomes (mortality and adverse events, including levels of harm), patient experience, quality of care and the efficiency of care delivery.

2. KEY ELEMENTS

All Trusts submit staffing data to NHS England via the Unify Safe Staffing return and provide assurance to the Board of Directors via the Chief Nurse.

In July 2020 ward staffing data continued to be systematically reviewed to ensure we safely staff our wards and provide mitigation and action when a ward falls below 90% of planned staffing levels.

The safer staffing data consists of the 'actual' numbers of hours worked by registered nursing and health care support staff on a shift by shift basis, measured against the numbers of 'planned' hours to calculate a monthly fill rate for nights and days by each ward. A monthly fill rate of 90% and over is considered acceptable nationally and within the Trust and when fill rates are below 90% the ward staffing is reviewed at the daily staffing meeting taking into account acuity and activity and where necessary staff are moved from other areas to support.

Care Hours Per Patient Day

The Trust currently collects and reports CHPPD data on a monthly basis. CHPPD is the total time spent on direct patient care based on the number of occupied beds at midnight. The July 2020 Trust wide staffing data was analysed and cross-referenced, with ward level data for validation by the Deputy Chief Nurse, Lead Nurses, and the Associate Chief Nurse (Clinical Effectiveness).

Chart 2 illustrates the monthly CHPPD data. In the month of July CHPPD was recorded at 8.8 with a 2020/21 YTD figure of 8.2, against the national YTD figure of 8.1. The improvement in CHPPD is in response to the recruitment of the student nurses into the HCA vacancies as part of the COVID-19 pandemic response, resulting in an increase in CHPPD for HCA'S from 3.1 to 4.1. Another factor that has influenced the improvement in month is the number of ward changes at the current time, with the closure of wards B1 and B3 and the subsequent redeployment of staff with the graduated

commencement of the elective programme, releasing staff to support other wards. These changes are temporary and have been seen in July 2020.

During the COVID-19 Trust response the Trust was not required to submit staffing data to Unify as part of the pause of some activities, therefore the data has resumed collection in June 2020. During the pause staffing reviews were undertaken three times per day with responsive and robust plans in place to ensure that all wards were adequately staffed. Staff data continued to be recorded on Gold Command and in E-roster.

The monthly CHPPD will continue to be monitored via the Trust monthly Safer Staffing Report.

Chart 2 – CHPPDD Data 2020/21

		Data			
Financial year	Month	Cumulative count over the month of patients at 23:59 each day	CHPPD - Registered	CHPPD - Care Staff	CHPPD All
2020/21	June	14189	4.2	3.5	7.7
	July	13433	4.7	4.1	8.8
2020/21 Total		27622	4.4	3.8	8.2

Key Messages

Although there are areas above the 90% fill rate in month, it is acknowledged that the percentage of registered nurses/midwives on 12 of the 22 wards reported staffing levels under the 90% in July 2020 for registered nurses. 16 wards were above 100% for HCA staff due to the recruitment of student nurses as part of the COVID response. Staffing is reviewed twice daily by the senior nursing team and staff are moved based on acuity and activity to ensure safe patient care at all times.

It is important to note that there have been a number of ward changes during this time, which has released staff to work in other areas; for example ward closures due to the pause in elective activity.

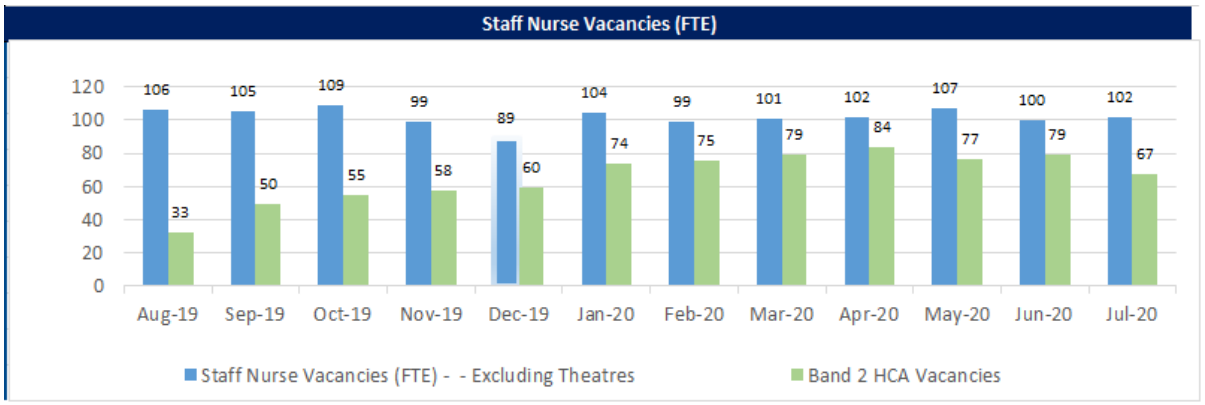
In order to ensure safe staffing levels, mitigation and responsive plans continue to be put in place to ensure that the safe delivery of patient care is discussed at every bed meeting and escalated as appropriate. Shift fill rates continue to improve month on month.

Maternity (ward C23) although showing below the 90% target on the ward (82.6%), use their responsive staffing plans in the unit to move staff to support if acuity requires additional staffing.

Vacancy Summary

Currently we have 102 registered nurse and 67 health care assistant vacancies at WHH, as seen in chart 3, which requires reliance on temporary staffing to ensure safe staffing levels on the wards.

Chart 3



Recruitment and retention remains a priority for the senior nursing team. A recruitment calendar is in place to ensure recruitment for both registered nurses and health care assistants. The recruitment campaign will include rolling adverts on NHS jobs and targeted recruitment campaigns. The most recent nurse advert resulted in 11 registered nurses accepting a job offer with WHH. This is an improvement from previous adverts, allowing WHH to secure a number of experienced nurses from neighbouring organisations.

WHH have been approached by Wigan, Wrightington and Leigh NHS Trust to participate in a regional pilot for recruitment of international nurses. The partnership includes HEE and aims to establish a North West Hub, recognising the need to address the urgent nursing workforce shortages across the region. This approach has utilised the 'toolkit' commissioned by the Department of Health and Social Care produced by NHS Employers (January 2020). A business case has been developed for 30 registered nurses which has been approved by the Executive Team and Finance and Sustainability Committee in July 2020. A task and finish group will now be initiated to implement this programme.

Recruitment and retention of HCA remains a priority for the Trust. A deep dive into HCA vacancies was undertaken in June 2020 (full report - appendix 3) one of the reasons why HCA staff cited for leaving the Trust was for career progression. It is pleasing to note that in the last 12months we have retained 21wte in the Trust who have been given the opportunity to further their career pathways by undertaking further training and development.

Since February 2020 we have recruited 79 HCA staff, 38 staff have commenced in post and a further 25 are currently undergoing pre-employment checks. We have recently moved to a monthly recruitment process for HCAs supported by the rent ion action plan as detailed in the HCA deep dive paper in Appendix3. The student nurses, who were employed as part of the COVID response, were employed as HCA, which resulted in a significant improvement in the HCA fill rates of ward achieving rates of 90% and above as seen in Appendix 1. The number of vacancies is monitored monthly at the workforce group.

National Recruitment Campaign

Following a recent call to action by NHS England and NHS Improvement for case studies for inclusion in a national health care assistant recruitment campaign, it is pleasing to note WHTH has been selected to support and will be represented by Faye Roberts, HCA on our paediatric ward. Although confirmation on what the campaign will entail is yet to be received it is anticipated Faye will be included in social media, posters, job adverts and possibly case studies.

Expansion of Clinical Placement Capacity

We have recently been successful in our application for a consortium bid for £350,000 from HEE. The Clinical Placement Expansion Programme is a fund provided by Health Education England (HEE) and supported by NHS England/Improvement (NHSE/I) to deliver sustainable placement growth in the NHS workforce, in line with the ambitions of the Long-term Plan, throughout the academic year 2020/2021. The funding is for undergraduate placement expansions of nursing and midwifery places across Wirral &Cheshire and will support the growth of education and training across healthcare professions and the management of the programme will be led by the Deputy Chief Nurse, Patient Safety.

Escalation Beds and Costs

In the month of July 2020 there were no escalation beds in use. The Trust continues to manage its bed occupancy and staffing in a responsive and planned way as we move to recovery following the COVID 19 pandemic.

A number of additional beds have recently been opened following a Trust wide side room review. Any wards with additional beds have undergone a staffing review and have revised staffing levels, which have been funded before the beds have been opened.

Sickness Absence – July 2020

During the month of July registered nurse and midwifery absence rates were recorded at 5.9% showing a slight increase from the June report at 5.74%. The cost of bank/agency cover of qualified nursing sickness (at usual bank/agency fill rates) is £218,516 for July as detailed in the table below.

Registered nurse and midwifery sickness cover – July 2020

Contracted Nursing WTE (Band 5 to 7)	905.21
% Sickness	5.90%
WTE Equivalent of Sickness	53.41
NHSP Fill Rate	76%
WTE Covered by Temporary Staffing	40.59
Cost at Average NHSP Rates	***218,516***

Staffing levels are reviewed daily to determine the additional staffing required ensuring patient safety as part of the daily operational staffing plans.

Temporary Staffing

Any shortfalls in staffing are covered using NHS Professionals (NHSP) which is managed by the Trust Temporary Staffing Lead, Deputy Chief Nurse. Monthly NHSP usage reports are presented to the senior nursing team and a deep dive review is undertaken for any of the wards that are using the highest number of agency shifts. These meetings are led by the Deputy Chief Nurse and in July 2020 the two wards which were reviewed were wards A7 and A8, actions following the meeting included a review of the roster interface system to improve NHSP fill rates and removing the NHSP enhanced rates for these areas. An action plan is put in place following the deep dive meetings, with an update on progress provided to the Operational People Committee by the Deputy Chief Nurse.

Patient Harm by Ward

In July 2020 we have reported 4 category 2 pressure ulcers on wards A8, B14, B19 and C21. There have been no patient falls with major harm reported in July 2020.

Infection Incidents

In July 2020 the Trust did not report any cases of MRSA bacteraemia.

Appendix 1	MONTHLY SAFE STAFFING REPORT – JULY 2020

Monthly Safe Staffing Report – July 2020

		Day	Day	Day	Day	Day	Day	Night	Night	Night	Night	Night	Night		CHPPD				
CBU	Ward	Planned RN hours	Actual RN hours	Planned HCA hours	Actual HCA hours	% RN fill rate	% HCA fill rate	Planned RN hours	Actual RN hours	Planned HCA hours	Actual HCA hours	% RN fill rate	% HCA fill rate	Cumulative count over the month of patients at 23:59 each day	RN	HCA	RNA	AHP	Overall
		= above 100%		= above 90%			= above 80%			= below 80%									
DD	Ward A5	1725	1408.55	1426	1891.75	81.7%	132.7%	1069.5	1253.5	1069.5	1449	117.2%	135.5%	839	3.2	4.0	0.1	0.0	7.3
DD	Ward A6	1391.5	1375.5	1552.5	1750.4	98.9%	112.7%	1069.5	1184.5	1518	1460.6	110.8%	96.2%	786	3.3	4.1	0.2	0.0	7.6
DD	Ward B4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DD	Ward A4	1690.5	1399	1426	2019	82.8%	141.6%	1069.5	1288	1069.5	1731.5	120.4%	161.9%	950	2.8	3.9	0.0	0.0	6.9
MSK	CMTC	943	839	934	838.5	89%	89.8%	713	667	713	335.5	93.5%	46.8%	125	12.0	9.4	0.0	0.0	21.4
MSK	Ward A9	1587	1345.5	1782.5	1840	84.8%	103.2%	1230.5	1126.9	1426	1437.5	91.6%	100.8%	873	2.8	3.8	0.0	0.0	6.6
W&C	Ward B11	2869.5	2757	790	765	96.1%	96.8%	1627.6	1638.4	333.6	301.2	100.7%	90.3%	285	15.4	3.7	1.7	0.0	20.9
W&C	NNU	1782.5	1417.5	356.5	490	79.5%	137.4%	1782.5	1311	356.6	368	73.5%	103.2%	207	13.2	4.1	0.0	0.0	17.3
W&C	Ward C20	1069	1028	713	828	96.2%	116.1%	713	713	0	2415	100%	-	434	4.0	7.5	0.0	0.0	17.0
W&C	Ward C23	1426	1178	713	713	82.6%	100%	713	678.5	713	678.5	95.2%	95.2%	331	5.6	4.2	0.0	0.0	9.8
W&C	Birth	2495.5	2233.5	356.5	421.5	89.5%	118.2%	2495.5	2079.5	356.5	356.5	83.3%	100%	246	17.5	3.2	0.0	0.0	20.7
UEC	Ward A1	2325	2007.5	2325	2587.5	86.3%	111.3%	1627.5	1562.82	1293.32	1126.4	96.0%	87.1%	1116	3.2	3.3	0.0	0.0	6.5
UEC	Ward A2	1426	1265	1782.5	1897.5	88.7%	106.5%	1069.5	1069.5	1069.5	1219	100%	114%	930	2.5	3.4	0.0	0.0	5.9
IM&C	Ward C21	1437	1296	1610	1721.5	90.2%	106.9%	1725	1058	1253	1456	61.3%	116.2%	887	2.7	3.6	0.0	0.0	6.2
IM&C	Ward A8	1725	1491.5	2070	2001	86.5%	96.7%	1725	1449	1725	1564	84%	90.7%	1054	2.8	3.4	0.0	0.1	6.4
IM&C	Ward B12	1069.5	958.5	2495.5	2488.5	89.6%	99.7%	713	713	1782.5	2058.5	100%	115.5%	651	2.6	7.0	0.1	0.0	9.8
IM&C	Ward B14	1069.5	1075.5	1782.5	2041	100.6%	114.5%	713	713	1069.5	1288	100%	120.4%	744	2.4	4.5	0.1	.0.0	7.0
IM&C	Ward B18	713	713	356.5	356.5	100%	100%	713	713	356.5	356.5	100%	100%	300	4.8	2.4	0.0	0.0	7.1
IM&C	Ward B19	1437	1065	1782.5	1842.5	74.1%	103.4%	1437	1437	1610	1541	100%	95.7%	919	2.7	3.7	0.0	0.0	6.4
MC	Ward A7	1782.5	1843.75	1426	2141	103.4%	150.1%	1437.5	1736.5	1035	1679	120.8%	162.2%	615	5.8	6.2	0.0	0.0	12.0
MC	ACCU	2495.5	2409.5	1069.5	1071	96.6%	100.1%	1782.5	1774	1069.5	1242	99.5%	116.1%	726	5.8	3.2	0.0	0.0	8.9
MC	ICU	4991	4663.3	1069.5	966	93.4%	90.3%	4991	4588.5	1069.5	805	91.9%	75.3%	415	22.3	4.3	0.0	0.0	26.6

Appendix 2

July 2020 - Mitigating Actions

The Unify Safe Staffing return guidance states that all wards with inpatient beds need to be included, with the exception of:

- Day care wards
- CDU/other clinical assessment units
- Additional capacity wards (B3)

Any temporary wards are not part of the Trusts Unify return.
Ward B4 is currently closed.

	DAY		NIGHT		MITIGATING ACTIONS
	Average fill rate - registered nurses/midwives (%)	Average fill rate – Health Care support staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - Health Care support staff (%)	
Ward A5	81.7%	132.7%	117.2%	135.5%	**Vacancy -** band 6 0.72 wte band 5 3.48 wte band 2 2.51 wte **Sickness rate** – 7.79% **Action taken:** Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support as appropriate. Attendance management policy followed. Ongoing recruitment plans in place
Ward A6	98.9%	112.7%	110.8%	96.2%	**Vacancy -** band 5 4.11 wte band 2 2.81 wte **Sickness rate** -5.71% **Action taken -** Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support as appropriate. Attendance management policy followed. Targeted recruitment plan in place
Ward B4	-	-	-	-	Ward closed
Ward A4	82.8%	141.6%	120.4%	161.9%	**Vacancy -** band 5 2.3wte band 2 0.57 wte **Sickness rate** - 8.47% **Action taken -** Staffing and acuity reviewed daily. Recruitment programme in place. Sickness absence being managed in line with the Trust policy.
Ward CMTC	89%	89.8%	93.5%	46.8%	**Vacancy Rate**:band 5 3.77 wte **Sickness Rate:**5.95% **Action Taken:** The ward re-opened 29/6/20 and not at full elective capacity
Ward A9	84.8%	103.2%	91.6%	100.8%	**Vacancy –** Band 5 3.0 wte **Sickness rate –** 4.0% **Action taken –** Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support as appropriate..
Ward B11	96.1%	96.8%	100.7%	90.3%	**Vacancy –** No vacancies **Sickness rate** – 6.24% **Action taken -** Sickness managed through Trust Attendance Policy
NNU	79.5%	137.4%	73.5%	103.2%	**Vacancy –** band 4 nursery nurse 0.9 wte

					band 5 0.9 wte band 7 ward manager 1.0 wte **Sickness rate –** 4.28% **Action taken –** Staffing and acuity reviewed daily. Recruitment programme in place.
Ward C20	96.2%	116.1%	100%	-	**Vacancy –** band 6 0.40 wte **Sickness rate -** 6.5% **Action taken -** Sickness managed through Trust Attendance Policy
Ward C23	82.6%	100%	95.2%	95.2%	**Vacancy –** band 5 1.0wte **Sickness rate** – 8.25% **Action taken -** Daily review of staffing and staffed moved from other areas depending on acuity and occupancy. Sickness policy followed and supported by HR
Delivery Suite	89.5%	118.2%	83.3%	100%	**Vacancy –** Fully Established **Sickness rate** – 7.57% **Action taken** - Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Sickness is being managed in line with Trust policy.
Ward A1	86.3%	111.3%	96.0%	87.1%	**Vacancy -** band 5 6.66 wte, band 2 5.96 wte **Sickness rate –** 5.96% **Action taken** - Ongoing recruitment, 4 x B5 starting sept, 2.96 wte band 2 going through pre employment checks. nhsp usage and WM filling shortfalls in staffing.
Ward A2	88.7%	106.5%	100%	114%	**Vacancy –** band 2 2.21wte **Sickness rate** – 2.08% **Action taken** - Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Recruitment plans in place. Sickness is being managed in line with Trust policy.
Ward C21	90.2%	106.9%	61.3%	116.2%	**Vacancy:** Bamd 5 5.8wte, band 2 7.6wte **Sickness Rate:12.67** **Action Taken**: Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Recruitment plans in place. Sickness is being managed in line with Trust policy. Backfill from B1 staff supporing to maintain safe staffing levels
Ward A8	86.5%	96.7%	84%	90.7%	**Vacancy -** band 5 5.3 wte, band 2 0.64 wte **Sickness rate –** 7.81% **Action taken** - Trust wide recruitment in place Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support
Ward B12	89.6%	99.7%	100%	115.5%	**Vacancy -** band 5 2.57wte Band 2 3.0wte **Sickness rate** – 9.14% **Action taken -** Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support.3.0 wte CSWD in post
Ward B14	100.6%	114.5%	100%	120.4%	**Vacancy -** Band2 4.0wte **Sickness rate** - 2.94% **Action taken** - - Ward reviewed daily for acuity and staffing.CSWD x2 in post & awaiting new starters to commence
Ward B18	100%	100%	100%	100%	**Vacancy –** band 5 - 1.39 wte Band 2-

					2.65wte **Sickness rate** - 5.71% **Action taken** - - New transfer of ward team Ward reviewed daily for acuity and staffing.
Ward B19	74.1%	103.4%	100%	95.7%	**Vacancy –** band 5 1.6 wte Band 2 5.4 wte **Sickness rate** – 10.6% **Action taken –** Recruitment plan in pace. Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support.
Ward A7	103.4%	150.1%	120.8%	162.2%	**Vacancy**: ., band 5 10.61wte **Sickness rate** – 13.23% **Action taken –** awaiting start date for 4.8wte Adverts for band 5 and 6 out, all sickness managed in line with policy. Ward reviewed daily for acuity and staffing.
ACCU	96.6%	100.1%	99.5%	116.1%	**Vacancy -** Band 2 2.55 wte **Sickness rate** -4.54 % **Action taken** - Ward reviewed daily for acuity and staffing, sickness managed in line with policy
ICU	93.4%	90.3%	91.9%	75.3%	**Vacancy -** band 5 -5.86wte. **Sickness rate** – 7.13% **Action taken** - Ward reviewed daily for acuity and staffing. band 5 going through pre employment checks
Total Fill Rate (%)	**81.7%**	**132.7%**	**117.2%**	**135.5%**	

Appendix 3

HCA Vacancy Deep Dive

Background

Warrington and Halton Hospitals has always recognised the value and contribution of the Health Care Assistants (HCA's) in the Trust. Healthcare Assistants work within a range of departments across the hospital under the guidance of a variety of healthcare professionals. The nature of the role will vary depending upon the area of work.

The types of duties undertaken by HCAs may include the following:

- observing, monitoring and recording patients' conditions by taking temperatures, pulse, respirations and weight
- communication with patients, relatives and carers
- assisting with clinical duties
- personal care including infection prevention and control, food, personal hygiene and overall reassurance, comfort and safety
- promoting positive mental/physical/nutritional health with patients
- checking and ordering supplies

Recognising the importance of this role and the impact that it has on improving the experience of our patient's significant investment was made in 2018 by increasing the number of HCAs across the Trust by 70wte.

Despite a number of successful recruitment events we have failed to sustainably bridge the investment gap and increase the overall number of HCAs in post at WHH. This paper will review the possible reasons for this including a review of the current workforce, turnover and development opportunities and provide a plan to outline next steps and approach to be taken.

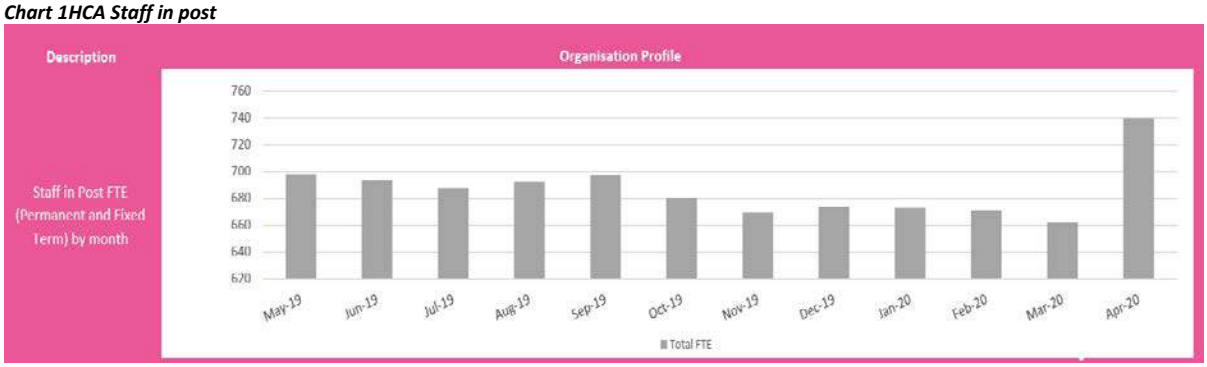
Staff in post

Chart 1 below shows the total number of budgeted Health Care Assistant staff in post by month from May 2019 to April 2020. The number of staff in post has remained consistent at approximately 700wte between May to Oct 2019. However following a significant investment in HCA staff as part of the Trust Wide Nurse Staffing Business case where an additional 70 HCAs were employed, we have experienced challenges to increase the numbers of HCAs following this investment. We have seen a steadily increasing vacancy rate for HCA's since Oct 2019 with the current rate of 84wte.

Chart 1 also shows a significant increase in the number of HCAs in the Trust from April 20, this is attributed to the employment of year 2 and 3 students as part of the National COVID-19 workforce expansion plan.

HCA recruitment remains a priority with a number of targeted recruitment events having taken place locally. Bespoke recruitment for areas with high number of vacancies supported by enhanced social media campaigns has also been undertaken.

Chart 1HCA Staff in post



Vacancy Rates

The model hospital provides workforce data including HCA vacancy data for Warrington and Halton Hospitals. This data is shown as a comparison being benchmarked against the national and peer hospital rates as shown in chart 2. Chart 2 shows WHH in black with a HCA vacancy rate of 13.90% this is in comparison to the national rate of 7.42% and a peer Trust comparison rate of 4.84%. This data is taken from November 2019 which is in line with the increase of our vacancy rate as seen in chart 3.

Chart 2 Model Hospital HCA Vacancy Data

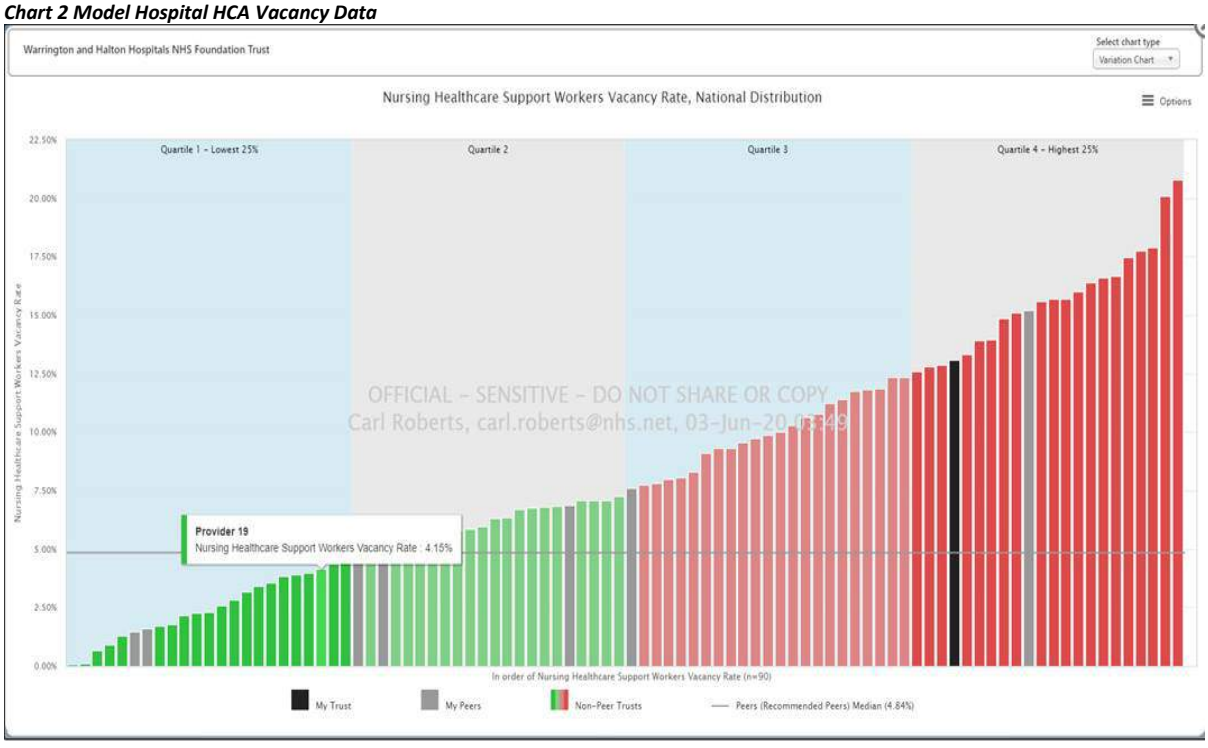


Chart 3 - HCA Vacancy Rate

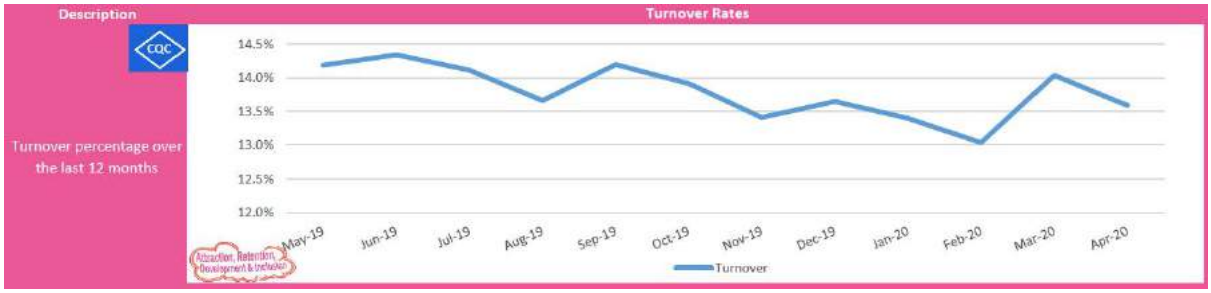
Chart 3 details the increase in the number of HCA vacancies from September to November 2019, with no major reduction in the number of vacancies from this time. Following the investment in 70 additional HCA's successful recruitment campaigns were undertaken however it was disappointing to see that we were unable to retain all of these staff and therefore we have undertaken a more detailed analysis into the reasons the HCA staff are leaving the Trust.

Turnover

The Trust joined a national programme with NHS Improvement (NHSI) Retention workforce collaborative in 2019, which enabled access to best practice and exemplar practice from other organisations as well as identifying our retention priorities and plan for 2019/20. This methodology was applied to HCAs as well as the Registered Nurses.

Initial assessment of the turnover data for HCAs was provided in the workforce dashboard. A more detailed dashboard was developed as part of the programme which provided turnover rates month on month for additional clinical staff which includes HCA's. This information along with staff engagement events was used to support a reduction in HCA turnover rates. Significant progress has been made since the Trust joined the NHSI collaborative in November 2018 as we reported a HCA turnover rate of 15.29% at the start of the programme. Chart 4 details turnover rates for HCA's since May 2019 and a gradual reduction can be seen. In the 12 month reporting period for NHSI an overall reduction in HCA turnover was 2.13% in this period.

Chart 4 – HCA Turnover Rate



Following the significant investment in HCA's as part of the staffing business case the Trust recruited 70 new staff to join the organisation. Due to the high numbers of recruits we adopted a different approach which included employing staff with no previous experience and those wanting an apprenticeship role. Unfortunately a number of these new starters left the Trust between August and September 2019 and a significant number of staff left between February and March 2020, which

prompted a deep dive into the reasons why they chose to leave the organisation to enable us to learn and develop new recruitment and support strategies for these members of staff.

Reason for leaving

A detailed review of the reasons why staff left the Trust has been undertaken to enable the team to focus on action that will support the retention of this vital staff group. Chart 5 details the reasons for leaving against the specific age groups of our HCA staff and from this data a number of work streams where developed in order to make improvements.

- Work life balance
- Continued professional development
- Recognising and Valuing Experience (RAVE)

Chart 5 Reason for Leaving Additional Clinical Services (which includes HCAs)

Description	Leaving Reasons	<=20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71	Total
12 months analysis of the reasons people leave WHH against an age profile	Death in Service	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.7%	0.0%	0.0%	0.0%	0.0%	0.0%	1.00
	Dismissal	0.0%	6.7%	19.5%	0.0%	0.0%	11.5%	0.0%	37.7%	0.0%	0.0%	0.0%	0.0%	7.13
	End of Fixed Term Contract	0.0%	6.7%	12.7%	11.4%	15.1%	0.0%	0.0%	0.0%	0.0%	11.2%	0.0%	0.0%	4.40
	Flexibility	0.0%	6.7%	0.0%	0.0%	0.0%	5.7%	10.7%	25.7%	0.0%	13.9%	0.0%	0.0%	5.27
	mpatible Working Relationships	0.0%	0.0%	0.0%	0.0%	0.0%	5.7%	0.0%	0.0%	0.0%	11.2%	0.0%	0.0%	1.40
	Pay/Reward	0.0%	11.6%	0.0%	0.0%	9.1%	2.5%	5.7%	0.0%	0.0%	0.0%	0.0%	0.0%	3.30
	Progression/CPD	33.3%	30.9%	24.8%	28.2%	36.3%	43.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	21.10
	Relocation	0.0%	6.7%	0.0%	18.2%	15.1%	0.0%	0.0%	13.3%	0.0%	0.0%	0.0%	0.0%	4.52
	Retirement	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.6%	100.0%	63.8%	46.5%	0.0%	7.30
	Work Life Balance	0.0%	30.8%	43.0%	42.2%	24.4%	30.8%	73.0%	11.6%	0.0%	0.0%	53.5%	0.0%	28.24
	Previous 12 Months	3.00	15.00	7.87	8.79	6.61	17.41	9.37	6.89	3.01	3.59	1.72	0.40	83.67
	18/19 Total	0.00	10.00	17.45	8.90	14.17	11.90	12.20	20.59	13.61	7.27	0.45	0.00	116.54

A ward manager development day was undertaken to share the data and information and to inform our senior leaders on things they could do to support the retention initiatives for this group of staff.

One of the main reasons for staff leaving was career progression and continuous professional development. This was something that we were keen to support out staff in achieving as we saw great potential in some of our new starters in developing into new roles and starting a career path in the Trust. On a positive note we have seen 21.10wte staff that have left their post for this reason have remained in the trust in other roles, for example Trainee Nurse Associates a number of these staff commenced their course in March 2020 which corresponds with the significant rise in turnover at that time. This is really important to retain expertise and develop these staff within the organisation.

The development of an *internal transfer process* for nursing and health care assistants was successfully tested in September 2019 and has supported staff to remain at WHH. This initiative has been shared regionally and is currently being considered for adoption across Cheshire and Merseyside.

One of the initiatives that we have developed in the Trust for registered nurses is the Recognising and Valuing Experience programme (RAVE). Given the age profile of our HCA's this is something that we are planning to roll out for all staff groups as clearly retaining staff who are due for retirement would again have an impact on our turnover rates.

Starter and Leavers

Despite successful target recruitment campaigns, we have seen a gradual increase in the number of HCA vacancies in the Trust. The data on chart 6 shows the number of leavers from the Trust month on month and the number of staff who have left in the first 12months of employment (shown in grey on the chart). Since the investment in HCA and the successful recruitment of 70 HCAs following the nurse staffing business case, we did see an increase in the number of staff who left within their first 12months.

Chart 6 Starters and Leaver Data

When we undertook the focused recruitment campaigns we did adopt a different approach offering staff the opportunity to join the Trust as a development opportunity, without prior experience or on and apprenticeship scheme. The fact that we have seen an increase in leavers in their first 12month suggests that the role is not suited to all of these staff or that their expectations were not met however we have also seen a significant number of staff go on for career development since joining the Trust.

The month of April 2020 shows a significant number of staff joining the Trust; this represents the year 2 and year 3 students who have been employed into HCA vacancies as part of the national workforce expansion campaign for COVID-19.

Summary

Following a significant investment in HCA staff as part of the Trust wide nurse staffing business case an additional 70 HCA's were added to the overall establishment. Despite a number of successful recruitment campaigns vacancy rates in this group of staff have fluctuated and have peaked at 84 in April 2020. Detailed data analysis of reasons for leaving has been undertaken which identified a number of key areas for further work to be undertaken. One of the reasons for leaving was continued professional development and career progression, it is positive to note 21.10wte HCA's have taken the opportunity to progress their career, many of whom have stayed at WHH in other roles.

Analysis of the starter and leaver data has identified that recruitment campaigns are successful although having a targeted campaign every 4 months or so might be better being replaced with a monthly CBU specific campaign to target hotspot areas.

Following the information provided in the report the workforce improvement team will develop an action plan for the next 6 – 12 months to ensure that we continue to make HCA recruitment and reducing turnover a continued priority.

Recommendations

Area for improvement	Actions to be taken	Implementation Date	Lead	Completion
Reduce HCA vacancies to less than 20wte	Implement a rolling advert for HCA's	June 2020	Jen McCartney/Recruitment team	Complete – June 2020
	Undertake monthly recruitment process for HCA's by CBU to target hotspots • Programme to be developed • CBU Lead for recruitment identified	July 2020	Jen McCartney – CBU nursing lead	Complete – July 2020
	Communication plan to share career development opportunities at WHH commencing at HCA level. • Plan to be shared at the Workforce meeting • Communication Plan share via ward managers • Trust wide career event planned for July 2020 to include Health Care Assistant opportunities • Monthly progress report to Operational Staffing and Workforce meeting	September 2020	Jen McCartney/Julie Cheston	
Reduce turnover in HCA's by 1% in the next 12 months	Use the leavers data to identify priorities for the turnover reduction work streams • Deep Dive Paper presented at Workforce Committee • Monthly review of leaver data	June 2020	Carl Roberts/Rachael Browning/Jen McCartney	Complete – June 2020
	Continue workstreams already In place: - Work life balance - Continued Professional Development - Recognise and Value Experience (RAVE)	July 2020	Rachael Browning/Jen McCartney	Complete – July 2020

	Review Transfer Window opportunity on a more regular basis across WHH. • Communication plan in place	July 2020	Ellis Clarke / Jen McCartney / Julie Cheston	
Career Development and Role Definition	Ensure that clear career pathways are in place and shared across the organisation and in the wider community to support HCA recruitment • Careers clinics to continue • Share Career Pathway across the Trust	September 2020	Deb Howard/ Jen McCartney	
	Clinical education team to ensure that all staff are given the opportunity to complete Care Certificate and other training requirements for example physiological observations.	September 2020	Deb Howard / Clinical Education Team	Care Certificate promoted via Hot Topic 01/09/2020 and via desktop screen saver w/c 31/08/2020. Extranet pages are in the process of being updated. Physiological observations, cannula removal and catheter removal training delivered to all new HCA starters on induction since May 2020. Separate training sessions available and advertised for

				existing staff – also promoted at Safety Huddle. Posters circulated to ward managers with training information.
Staff Engagement	Develop HCA champion role working closely with Clinical Education Team	September 2020	Jen McCartney/Deb Howard	
	Review current HCA forum to improve attendance and enhance engagement.	September 2020	Allen Hornby/Jen McCartney	
	Consideration of a HCA / education newsletter	September 2020	Chelsea Hilton-Dukes/Deb Howard	Draft in development. A template for the newsletter has been provided by Communications. We are anticipating completion by end September 2020.

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BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM 20/09/97a iii	COMMITTEE OR GROUP:	Trust Board	DATE OF MEETING	30 September 2020

Date of Meeting	1 September 2020
Name of Meeting + Chair	Quality Assurance Committee, Chaired by Margaret Bamforth
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
QAC/20/09/ 155	**Matters arising**	The Committee received the following updates: <u>Digital Systems</u> An outline business case is being developed for maternity an if approved will become part of the capital programme <u>Maternity Digital Risk</u> Risk was discussed at the August Risk Review Group <u>Medical Electronic Handover</u> The Committee received a presentation on Medical Electronic Handover. The presentation outlined key issues such as how the trialled process differed from that in widespread use.	The Committee noted the updates and received moderate assurance. The Committee noted the significant improvement in the Electronic Handover process for patients	**F&SC 23.09.2020**
QAC/20/09/ 157	**Moving to Outstanding Action Plan update**	The received an update on the Moving to Outstanding action plan and noted the following: • Reduction in outstanding action to 6 • Mental Health and Disability Strategies remain outstanding although they are near completion.	The Committee noted the updates and received good assurance.	**Trust Board 30.09.2020 & QAC 06.10.20**

QAC/20/09/160	**Committee Structure Proposal (EDI&)**	The Committee approved proposed changes to the reporting arrangements, frequency of meetings and membership of the ED&I Sub-Committee and approved the refreshed priorities and work plan.	The Committee approved the proposals	
QAC/20/09/161	**Phase 3 Recovery – Activity Update**	The Committee particularly noted: • Plan to open sixth theatre at Warrington Hospital • Continuing to work with private sector until end of November 2020 • Business case for Post Anaesthetic Care Unit to be submitted to Trust Board • Review of Waiting List Prioritisation to consider any potential harm at Weekly Meeting of Harm	The Committee noted the updates and received good assurance.	**Trust Board 30.09.2020 & QAC 06.10.20**
QAC/20/09/162	**Digital update report – Assuring Lorenzo Activities**	The Committee received an updates on progress is respect of key digital activities, particularly noting: • Timely Lorenzo upgrades • Target date of deployment of maternity EPR Q1 2021/22 • Timescales for possible Lorenzo EPR contract extension • Timescales and process for Lorenzo SPR strategic procurement • Digital will report resource assurance to the Finance & Sustainability Committee	The Committee noted the updates and received moderate assurance	**F&SC 23.09.2020** **QAC 06.10.20**
QAC/20/09/173	**High Level Briefing - Patient Safety & Clinical Effectiveness Sub Committee**	The Committee received updates from the Patient Safety & Clinical Effectiveness Sub-Committee and particularly noted: • Whilst there has been improvement in compliance for the completion of VTE risk assessments, actions are ongoing to ensure appropriate monitoring and continued improvement to optimise patient safety. • Aim for compliance with Diagnostics Policy Review of documents on ICE by 31st March 2021. Update to October QAC	The Committee noted the updates and received moderate assurance	**QAC 06.10.20**
QAC/20/09/175	**High Level Briefing – Patient Experience Sub Committee**	The Committee particularly noted: • Safeguard training • Spotlight on safeguarding three week initiative	The Committee noted the updates and received moderate assurance	**QAC 06.10.20**
	Multiple	Following the receipt of several papers describing a backlog in mandatory training, the Committee requested a paper presenting a stocktake of mandatory training to be presented at the next meeting.	The Committee noted the updates and received moderate assurance	**QAC 06.10.20**

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM 20/09/97a iii	COMMITTEE OR GROUP:	Trust Board	DATE OF MEETING	30 September 2020

Date of Meeting	4 August 2020
Name of Meeting + Chair	Quality Assurance Committee, Chaired by Margaret Bamforth
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
QAC/20/ 08/126	Cycle of Business	The Committee **approved** the revised Cycle of Business to reflect the change in frequency of meetings to monthly.	The Committee approved the revised Cycle of Business.	
QAC/20/ 08/132	**Hot Topics**	The Committee received the following Hot Topic update: **Lorenzo Discharge Summary Medication** - Emergency change implemented 10 July 2020 amending discharge process to remove reliance on the problematic code. - Awaiting written confirmation from DXC on Root Cause and an RCA. DXC unable to provide reason why the fault had been introduced and assurance that similar faults in the future will not be introduced as part of system upgrades. Risk to implementation of Maternity Data Set 2 in November 2020 if there is no Trust-wide solution. - Mitigations - risk reflected on the BAF, the Datix incident is ongoing and a new procedure had been issued for assessment of future PANs. - Confident no incidents had occurred pre September 2019 following review of discharge summaries in that time period and this was the correct time point for the upgrade error. CQC notified the incident had been reported. CQC stated the	The Trust will not support future upgrades until RCA is received. Assurance not provided in relation to Maternity Digital Systems if Lorenzo upgrades cannot be accepted and wider implications for other Trust Digital Systems Maternity Risk on the BAF to be reviewed to include risk to Trust digital	**QAC 01.09.2020** **Board 30.09.2020** **QAC 01.09.2020**

		situation and actions put in place had been handled robustly by the Trust.	upgrades, PJ/HW/TC with proposal to Risk Review Group. Report including timeframe for implementation of upgrades and associated risk / mitigations if not implemented	**QAC 01.09.2020**
QAC/20/ 08/134	**Infection Prevention + Control BAF**	The Committee considered and reviewed the IPC BAF. - The Trust had been assessed as compliant on 11 assurance questions and a number of sub questions. - The CQC stated that the Trust had been responsive in relation to COVID-19 to support staff, patients and visitors. - Amendments requested at Trust Board on 29 July 2020 had been incorporated.	The Committee received significant assurance on progress being made	**QAC 06.10.2020** **Trust Board 30.09.2020**
QAC/20/ 08/135	**Digital Maternity Programme of Work**	The Committee considered the report and proposals including: - A refreshed Digital Maternity programme of work, led by dedicated Project Support; - CTG procurement and archiving solution by contract renewal date of October 2020 – business case to Executives to consider in prioritisation of funding requests. - Complete Maternity ePR procurement by December 2020; - Continued deployment of enhancements for Maternity MSDS2 and data quality reports – at risk until PAN issue is resolved, discussed earlier. - Continued amendment to Lorenzo ePR workflows to mitigate further risk; - A business case to be drafted to support investment - Resource options – 'buy-in' from Commissioning Support Unit (CSU) who are experienced in deploying digital Maternity solutions. - Achievement of compliance with CNST at risk if MSDS2 issues are not resolved. - Contractual elements should not be done in isolation and that a holistic approach needs to be taken to ensure a whole Maternity end to end system.	The Trust were not assured and will not support future upgrades until this information is received. Lorenzo functionality not fit for purpose to deliver the Digital requirements for the Trust. Resource and financial support to underpin the changes required to be reviewed. Maternity digital risk to be reviewed by Risk Review Group	**Trust Board 30.09.2020** **Risk Review Group** **QAC**

			Progress on Lorenzo upgrades/future IT supplier / digital systems Trust-wide to September QAC.	**01.09.2020**
QAC/20/ 08/136	**Waiting List Report**	The Committee particularly noted the following: - Theatre expansion programme to increase elective capacity from week commencing 10th August 2020 and 17th August 2020. - Diagnostics - improvement for patients waiting above 6 weeks for a diagnostic test with waits for MRI almost back to standard. Increase in In-Patient, Out-Patient appointments, Cancer 2 week and 62 day waits activity. - Improved performance relating to admitted Clock Stops, March 2020 average 700-800 per month for In-Patient, steady improvement May, June, and July Current position 398, doubling since peak of COVID. - Long-term waits / 52 weeks, dipped to 20-30 clock stops per month, July reported 44, early August position 48. - Phase 3 NHS Guidance outlining- Command and Control stepped down from Level 4 to Level 3 from 01.08.2020; priorities for 2020-21 and financial regime ahead of Winter; 80% of last year's activity rising to 90% in October; MRI/CT and Endoscopy 90% of last year's, to reach 100% by October; 100% of last year's activity for first Out-Patient attendances and follow-ups from September 2020. - Further guidance awaited relating to impact and any payments to achieve increased activity.	The Committee noted the updates and received moderate assurance	**QAC 01.09.2020**
QAC/20/ 08/136	**Enabling Strategies**	The Committee particularly noted the following: - 10 of the strategy programmes of work had been given revised refresh dates. - 7 are within three months or less; 3 in excess of three month time frame as requested by Leads - IPC, Women & Children and Nursing and Midwifery. - Changes to the current governance for delivery of the Enabling Strategies pending the outcome of the review of Trust Governance Structure and Good Governance Institute review. Enabling Strategies to report to Executive Oversight through SEOG. - Strategies will continue to be reported / approved by the relevant Assurance Sub Committee.	**The Committee approved the reviewed dates and supported the continued development and refresh of the strategies** **The Committee approved the reviewed dates and supported the continued development and refresh**	**Trust Board 30.09.2020**

			of the strategies	
QAC/20/08/138	**Maternity Safety Champion Report**	The Committee particularly noted the following: - Saving Babies Lives Care Bundle v2 – Digital CTG archiving system due for renewal November 2020, risk highlighted to achieve compliance, data recording may then be replaced with the option to complete an in-house audit. - Maternity Service COVID-19 report. - Discussed concerns and risks relating to Digital Maternity workstream within the Maternity Improvement Committee	**The Committee were not assured of actions in place to meet the different timescales relating to Digital systems for a Trust-wide Digital solution and will escalate to Board.**	**QAC 01.09.2020** **Trust Board 30.09.2020**
QAC/20/08/`39	**Mortality Review Q1 Report**	- Q1 - 319 deaths occurred with the Trust; 58 Structured Judgement Reviews (SJRs) had been competed; 12 of the 58 SJRs had been presented to the Mortality Review Group (MRG). - Focus review on Ward C21 completed, SJR undertaken, findings reported to NHSE/I who had complimented the report. Assurance provided that recommendations following the review had been or are in progress. - 1 Medical Examiner Officer appointed and 2-3 Medical Examiner appointments anticipated within the next week.	**High level of assurance of continued SJRs and review by the MRG and the high level of assurance provided.**	

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BOARD OF DIRECTORS CHAIR'S KEY ISSUES REPORT

AGENDA REFERENCE:	BM/2009/97 b		TRUST BOARD OF DIRECTORS	DATE OF MEETING	30 September 2020

Date of Meeting	**23 September 2020**
Name of Meeting + Chair	**Strategic People Committee** **Anita Wainwright, Non-Executive Director**
Was the meeting quorate?	**Yes**

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
SPC/20/09/67	**Matters Arising:** Local Induction for Temporary Medical Staff:	**Local Induction for Temporary Medical Staff, Medical Director** The Committee received a verbal update following discussions in the previous meeting: • This item is included in the medical establishment review agenda • This item is part of work undertaken by a task and finish group of junior doctors	**Further Action Required** The Committee noted the update and the fact that compliance has increased slightly in August 2020 however felt that further improvement is required before the item can be closed. The Medical Director will take a more detailed paper to the Committee in November 2020.	November 2020

		• Communications have been issued by the Medical Director to Assistant CBU Managers • The checklist will be reviewed as part of continuous improvement • The procedures put in place centrally by the HR Team are appropriate and fit for purpose		
SPC/20/09/68	**Workforce Race Equality Standard**	**Workforce Race Equality Standard, Deputy Director of HR and OD** The Committee received an update on the Workforce Race Equality Standard for the Trust.	**Further Action Required** The Committee noted the publication of the metrics and supported the proposed approach for developing the WRES action plan. SPC noted the following improvements in the following areas: • Percentage of staff in the non-clinical AfC paybands when compared with the overall workforce • Relative likelihood of staff being appointed from shortlisting across all posts • Relative likelihood of staff accessing non-mandatory training and CPD • Percentage of staff believing that the trust provides equal opportunities for career progression or promotion However, there are areas which have deteriorated in comparison with the previous year (2019), these areas focus on likelihood of BAME staff entering the disciplinary process, BAME staff experiencing bullying, harassment or abuse from staff, patients,	November 2020

			line managers, team leaders or other colleague sand voting board membership in comparison with the overall workforce. The Committee agreed to approve the action plan virtually in October 2020. The Committee noted the concerns raised by Deputy Director of HR and OD in relation to those metrics which had declined since the previous submission and requested a deep dive and further report to the Committee in November 2020.	
SPC/20/09/69	**Workforce Disability Equality Standard**	**Workforce Disability Equality Standard, Deputy Director of HR and OD** The Committee received an update on the Workforce **Disability** Equality Standard for the Trust.	**Further Action Required** The Committee noted the publication of the metrics and supported the proposed approach for developing the WDES action plan. SPC noted improvements in the following areas: • Percentage of disabled individuals appointed from shortlisting • Disabled members of staff experience of harassment, bullying or abuse from managers • Reporting experience of bullying, harassment and abuse • Disabled members of staff feeling that the organisation values their work • Adequate adjustments being made for disabled members of staff • Staff engagement score However, there are areas which have deteriorated in comparison with the previous year (2019). These areas focus on disabled members of staff	November 2020

			experiencing bullying, harassment and abuse from other colleagues and patients or service users, disabled members of staff feeling that there are equal opportunities for career progression and promotion and voting membership on the board. The Committee agreed to approve the action plan virtually in October 2020. The Committee noted the concerns raised by Deputy Director of HR and OD in relation to those metrics which had declined since the previous submission and requested a deep dive and further report to the Committee in November 2020.	
SPC/20/07/52	**Committee Structure Review: EDI Sub-Committee**	Committee Structure Review: EDI Sub-Committee Chief People Officer The Committee received a proposal to amend the reporting arrangements for Equality, Diversity and Inclusion Sub-Committee.	**Decision** The Committee approved the proposal and updated Terms of Reference. It was noted that in the letter dated 31 July 2020 from NHSE/I Chief Executive Simon Stevens and Amanda Pritchard, Chief Operating Officer, - **Important – For Action – Third Phase of NHS Response to Covid-19** - which states: 1. ***Strengthen leadership and accountability***, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders. The Committee supported the proposal to retain Executive responsibility for Workforce EDI with the Chief People Officer and to support the proposal to	Escalated to Trust Board

			transfer the Executive responsibility for patient EDI from Chief People Officer to Chief Nurse. This matter to be escalated to Trust Board for approval and noting.	September 2020
SPC/20/09/73	**On-Call Harmonisation**	**On-Call Harmonisation,** **Chief People Officer** The Committee received an update paper on on-call harmonisation	**Decision** The Committee approved the proposal to pause the on-call harmonisation process pending further national updates from the Social Partnership Forum.	
SPC/20/09/74	**Chief People Officer Report**	**Chief People Officer Report,** **Chief People Officer** The Chief People Officer updated the Committee on: • NHS People Plan and WHH People and EDI Strategies • Equality, Diversity and Inclusion – Commissioned Review into Embedding ED&I • Health and Wellbeing at Work – Sickness Absence Levels • Workforce COVID-19 Risk Assessments • Nursing Times Shortlisted Award • WoVEn ESR Data Quality • MIAA review of Pensions data accuracy	**Assurance** The Committee the following noted in particular and passed their congratulations and thanks to the HR and OD Directorate: • Nursing Times Shortlisted Award – shortlisted for best recruitment experience • WoVEn ESR Data Quality – best Trust in North West • MIAA review of Pensions data – excellent feedback on data accuracy • COVID-19 Workforce Recovery 'Check In Conversations' – request received from NHS Employers to publish the Trust's approach as an example of best practice	
SPC/20/09/81	Quality Visit Report	**Quality Visit Report,** **Medical Director** The Committee received the outcome report following the University of Liverpool School of	**Assurance** The Committee noted the report and congratulated the Medical Education Team on the positive feedback and improvements made.	

		Medicine quality visit on 15 July 2020.		

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BOARD OF DIRECTORS CHAIR'S ASSURANCE REPORT

AGENDA REFERENCE:	BM/20/09/97		TRUST BOARD OF DIRECTORS	DATE OF MEETING	30 September 2020

Date of Meeting	18 August 2020
Name of Meeting + Chair	Finance & Sustainability Committee – Terry Atherton
Was the meeting quorate?	Yes

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	RECEIVING BODY (eg Board or Committee)	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
FSC/20/08/100		• Received presentation on Lion			
FSC/20/08/107	Pay Assurance Report	• Received revised report which highlighted funded establishment verses in post and temporary staff exceeds vacancies • The report is designed to give assurance that processes are being followed and give value of money • The opportunity for cost reduction was noted	Committee	The Committee noted the report.	FSC August 2020
FSC/20/08/108	Medical Establishment	• Noted the review of tiers 1-3 looking at funded, actual and what is required (noting the time in motion work from 2018) • Noted further analysis is required – including the sickness		The Committee noted the progress	FSC October 2020
FSC/20/08/105	Corporate Performance Report	• July A&E performance is 92.11% • Increase in admissions higher than same period last year • RTT 52.98% recovery is underway with increase in activity at CMTC.	Committee	The Committee noted the report.	FSC August 2020

		• Diagnostics 41.95% • Noted outpatient face to face DNA is lower than virtual (8.83% compared to 10.81%)			
FSC/20/08/110	Monthly Finance Report	• Achieved breakeven position with retrospective top up of £11.3m. • Capital bids of £2.4m for Critical Infrastructure and £4.9m for PDC have been submitted • Noted there is a pause in CIP delivery for the first 6 months of 2020/21. • Guidance has been released stating that penalties will start to be applied from September. • Recovery plans are being developed with potential c£11m additional cost and £4.4m cost pressure still to be managed which poses risk to sustainability. The Trust Board will consider finalised plans which will require scrutiny and prioritisation. • Changes to the financial regime extending the breakeven to month 6 have been reflected in the revised budget	Committee	The Committee reviewed, discussed and noted the report. Committee supported the revised revenue budget.	FSC September 2020 Revised revenue budget to go to Trust Board for approval. Recovery plans to go to Trust Board for update on progress
FSC/20/08/111	BAF/Risk Register	• Noted the report • No new BAF risks or amendments • Corporate no new risks • Noted LION will reduce risk and score will be reviewed	Committee	The Committee noted the report.	FSC August 2020
FSC/20/08/108	Key issues to the Board	• Note the increase in activity for A&E • Increased focus from the pay assurance report • Review of phase 3 recovery and penalties • Review of medical establishment review and impact on cost pressures • Note the fluidity around capital and revenue allocation	Committee		Board September 2020

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NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS CHAIR'S ASSURANCE REPORT

AGENDA REFERENCE:	BM/20/09/97 c		TRUST BOARD OF DIRECTORS	DATE OF MEETING	23 September 2020

Date of Meeting	23 September 2020
Name of Meeting + Chair	Finance & Sustainability Committee – Terry Atherton
Was the meeting quorate?	Yes

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	RECEIVING BODY (eg Board or Committee)	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
FSC/20/09/118	Corporate Performance Report	• 85.65% August A&E performance with year to date 90.83%. • Urgent care activity same as same period last year with an increase at weekends • Increase in super stranded is a concern • RTT 59.78% in August, those waiting in excess of 18 weeks has reduced • Failed 62 week wait but reducing the longer waits • Diagnostics 42.22% those waiting in excess of 6 weeks have reduced.	Committee	The Committee noted the paper.	FSC October 2020
FSC/20/09/125	Clinical Excellence Awards	• Reviewed the options for distribution of the CEA. • Equality Impact analysis to be completed • Noted the increase in budget required to comply with the guidance.	Board	The Committee noted the paper and can only comment on the budget adjustment that would be required if the Board	Trust Board September 2020

				approve the approach.	
FSC/20/09/123	Phase 3	• Changes to IPR KPIs to reflect Phase 3 • Reviewed 10th September submission assumptions • Maintain governance around all investment with business cases being completed • Overview of the Cheshire and Mersey envelope including growth and Covid-19 monies	Board	The Committee noted the changes to KPIs and the overview of the Phase 3 update	FSC October 2020
FSC/20/09/119	Pay Assurance Report	• Highlighted over established areas • Discussed issues with NHSP data • Establishment Control Processes has 2 doctors in the RED section these have been addressed and linked to extension of contracts • Discussed link to medical review process and monitoring • Going forward the report will start to show trends • Some increased requests for agency "off framework" however assured the process is being followed.	Committee	The Committee noted the report.	FSC October 2020
FSC/20/09/120	Covid-19 Expenditure	• Review of Covid-19 spend and forecast, noting the change in forecast from July to August linked to self-isolation	Committee	The Committee noted the report.	FSC October 2020
FSC/20/09/121	WHH System Governance	• System meetings have not been regular • Reviewing the previous recovery plan to consider if issues and solutions are still live • Agreed to share each other's financial recovery plans (WCCG, HCCG, BW and WHH). • Noted operational team working closely with partners	Committee	The Committee noted the progress	FSC October 2020
FSC/20/09/122	Monthly Finance Report	• Achieved breakeven position with retrospective top up of £14.2m. This is the first month where the top up is higher than Covid spend and this was linked to back dating of the medical pay award. Year to date top up	Committee	The Committee reviewed, discussed and noted the report. Committee supported	FSC October 2020

		remains below the level of Covid spend. • Penalties expected for activity under performance to be introduced in September but mechanism unknown. • Report now includes a detailed pay section • Halton Council has not given formal notice regarding ward B1 but payments continue to be received. Proposal suggested which is being considered • Capital - Board approved £24.1m programme. Additional funding of £511k for endoscopy received and look for support to add to the programme at September Board. Also look for support to exchange Dexa scanner for Xray room. • Scale of the capital programme and Q4 profile presents a delivery challenge. Additional oversight and scrutiny in future FSC meetings.		the revised capital budget. Requested additional information from CPG on the capital progress for the larger schemes.	
FSC/20/09/124	BAF/Risk Register	• Noted the report • No new BAF risks or amendments	Committee	The Committee noted the report.	FSC October 2020
FSC/20/09/126	Committee effectiveness	• Survey will be circulated after this Committee	Committee		FSC October 2020
FSC/20/09/127	Digital stocktake	• Noted the Digital Board Terms of Reference; • Note the information provided within this stocktake in respect of: o The Digital Services Programme Of Work; o The Digital Services Key Issues; o Digital Services Finances; o Digital Services Governance; • Confirm the future Digital Board assurance reporting regime into the committee. • Agreed to review IM&T audit plan, deep dive on BAF impacting on the digital agenda and gain	Committee	The Committee noted the progress and requested minutes and work plan to come to FSC.	FSC October 2020

		understanding of digital programmes that significantly impact on staff costs			
FSC/20/09/128	Future reporting and revised ToR	• Updated for titles, adding Digital Board and inviting Chief of Information Officer to FSC	Committee		
FSC/20/09/129	Key issues to the Board	• Note the increase in activity for A&E • Note the concerns around the super stranded patients and the impact on patient flow • Note the concern of the capital profile in Q4 and additional monitoring required • Note the support to the financial elements of the Clinical Excellence Award proposal ahead of Board discussion • Note the year to date financial position, the penalties and the lack of clarity on the future funding • Note the governance of the Digital Board and future reporting to FSC	Board		Board September 2020

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NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/20/00/97 d	COMMITTEE/ GROUP	TRUST BOARD OF DIRECTORS	DATE OF MEETING	30 September 2020

Date of Meeting	6 August 2020
Name of Meeting + Chair	Audit Committee, Chaired by Ian Jones, Non-Executive Director
Was the meeting quorate?	Yes

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
AC/20/08/51	**Matters Arising MIAA IT Service Continuity & Resilience Review**	The Committee discussed: - Back-Up Policy documents, functionality and sustainability of Lorenzo as a Trust-wide digital system, Infrastructure procurement at Halton and succession planning for Lorenzo. - Lorenzo contract due for renewal 2021. - Board Assurance Sub Committee to be identified as the 'lead' Committee for IT reporting.	**The Committee were not assured of long term functionality and sustainability of Lorenzo as Trust-wide digital solution.**	**Position statement Audit Committee 19.11.2020 + 25.02.2021** **Trust Board 30.09.2020**
AC/20/08/54	**Progress report on Internal Audit Follow-Up actions**	The Committee particular noted the following: - No audits with overdue management actions - Extended deadline for 2 reviews due to COVID-19 o Data Quality Review 2018/19 - Sickness Absence Reporting and Policy – extended deadline to 01/11/2020 from 28/02/2019. o Data Quality Review 2019/20 - PDR Processes - extended deadline to 01/09/2020 from 31/03/2020. - No reported critical or high recommendations overdue.	**The Committee discussed the report and received good assurance**	**Audit Committee 19.11.2020**

AC/20/08/55	**Internal Audit Progress Report on Follow-Up actions**	Committee reviewed proposed revised deadlines of a number of reviews and **approved** the extension of dates of 12 reviews. **Diagnostic Policy Review** - (1) sustainable and functional IT solution, formal review of functionality of ICE to be undertaken. Decision deferred to extend deadline (2) review of documents on ICE by Consultants – revised deadline to 31.12.2020 approved. Proposal to Patient Safety Clinical Effectiveness Sub Committee and Quality Assurance Committee to consider any patient safety risks	**The Committee discussed the report and received moderate assurance** **Diagnostic Policy – long term IT Solution to PSCESC and verbal update to next Audit Committee - PJ**	**Patient Safety & Clinical Effectiveness Sub Committee 27.10.2020** **Quality Assurance Committee 03.11.2020** **Audit Committee 19.11.2020**
AC/20/08/56	**Internal Audit Progress report**	The Committee particular noted the following: - A number of reviews had been delayed due to COVID-19. - Internal Audit Programme restarted with focus on SIs, Change Management and A&E. Two reports had been issued. - CQC Review 2019-20, compliance levels were assigned to action: Compliant (5); partially compliant (5); non compliant (9)	**The Committee noted and discussed the report and progress against actions will be reported at the next meeting.**	**Audit Committee 19.11.2020**
AC/20/08/58	**Annual Audit Letter 2019-20**	The Committee received the Annual Audit letter approved at Year End Audit Committee on 17 June 2020, findings to be presented to Council of Governors on 14 August 2020. - Financial Statements - Unqualified Audit Opinion issued. - Value For Money - Unqualified conclusion issued.	**The Committee noted the report and assurance provided of the work undertaken by the Auditors.**	**Council of Governors 14.08.2020**
AC/20/08/60	**Losses and Special Payments Report Q1 01.04.2020-30.06.2020**	The Committee particularly noted: - The value of Losses and Special Payments for the year to 30 June 2020 after recovery of monies from NHS Resolution amounts to £20,175.	**The Audit Committee reviewed and discusses the report noting and received moderate**	

		- Reduction in payments £17,367, compared to Q1 2019-20 £32,409. - Reduction in store losses in Q1 2020-21 £17k compared to Q1 2019-20 (£32k). - Reduction in Loss of Personal Effects, Q1 £189 compared to Q1 2019-20 (£3,864)	**assurance**	
AC/20/08/63 (a)	**On-Call Harmonisation Report**	- Proposal for the on-call harmonisation process to remain on hold, to be reviewed in September 2020 at Strategic People Committee approved.	**The Committee notes the annual update and approved the proposal for the on-call harmonisation process to remain on hold and be reviewed at SPC in September 2020**	**Strategic People Committee 23.09.2020**
AC/20/08/63 (b)	**Overtime Annual Report**	The Committee received a progress report received on recommendations following MIAA review - All pay spend reported through a refreshed report to FSC and SPC for elements of workforce planning and utilisation. - Local audits of compliance with Overtime Policy to be completed December 2020. - Further expanded ECF process to include overtime authorisation to be in place by 30 August 2020. - Workforce planning monitoring to Operational People Committee to be implemented by December 2020.	**The Committee noted the report and assurance of progress in monitoring and management of Overtime across the Trust, through FSC and SPC.**	**Trust Board 30.09.2020 FSC SPC 23.09.2020**
AC/20/08/66	**North West Skills Development Network (NWSDN)**	Committee received the NWSDN biannual update report including the Risk Register and details of the hosting arrangements.	**The Committee received assurance on the framework for hosting the service**	**Audit Committee 25.02.2021**
AC/20/08/67	**Trust Treasury Management Policy**	The Committee approved the Trust Treasury Management Policy.	**The Committee approved the Trust Treasury Management Policy**	**Trust Board 30.09.2020 Audit Committee**

				August 2021
AC/20/08/68	**MIAA COVID-19 checklists - Financial Governance and Procurement Governance**	The Committee received and reviewed the Checklists demonstrating the Trust's response during the Pandemic and assurance provided of the robust processes and procedures had been implemented.	**The Committee received good assurance on COVID-19 Financial and Procurement Governance arrangements**	**Trust Board 30.9.2020**

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/09/98	
SUBJECT:	Moving to Outstanding Update	
DATE OF MEETING:	30 September 2020	
AUTHOR(S):	Layla Alani, Deputy Director Governance	
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive	
LINK TO STRATEGIC OBJECTIVE:	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience.	**x**
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF):		
EXECUTIVE SUMMARY ***(KEY ISSUES):***	The following are key issues to highlight within the report: Action plan update: • Of the original 63 actions in the CQC action plan there are 7 actions remaining. All actions and timeframes were agreed by Executive leads and core service leads. • These will be completed by October 2020 (6 Should, 1 However) and will be overseen by the Associate Director of Governance and Compliance. Delays in the closure of actions has been due to operational pressures and the Covid-19 response. **Changes to CQC Inspection and next steps** • The CQC are developing clear areas of focus for monitoring, based on existing Key Lines of Enquiry (KLOE) and will specifically target three key areas: Safety, Access and leadership. Greater emphasis will be on other areas, such as fostering a culture of learning and improvement. This will be supported by a number of modalities including recent investment to expand the Quality Academy. • From September 2020, the CQC began introducing a Transitional Regulatory approach which brings together	

	existing methodologies for learning. Importantly this will include the CQC visiting providers. Focus will also be on intelligence and data to identify risk within providers			
PURPOSE: ***(please select as appropriate)***	**Information**	**Approval**	**To note** **x**	**Decision**
RECOMMENDATION:	The Board of Directors is asked to discuss and receive the CQC action plan, progress and update on the approach to future inspections.			
PREVIOUSLY CONSIDERED BY:	**Committee**	**Choose an item.**		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	**Choose an item.**			
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	**Choose an item.**			

REPORT TO BOARD OF DIRECTORS

SUBJECT	CQC Update Report	AGENDA REF:	BM/20/09/98

1. BACKGROUND/CONTEXT

The Trust received the Care Quality Commission (CQC) Report in June 2019, following the inspection in April and May 2019.

A 63 point action plan was developed in response to the CQC report, seven actions remain outstanding. These are detailed in Appendix 1. This action plan and actions are approved by Executive and core service leads and is monitored by the Moving to Outstanding Steering Group, which is chaired by the Chief Nurse/ Deputy Chief Nurse.

The paper will also provide an update on the method to be taken for CQC inspections during and following the COVID-19 pandemic with focus on three domains; safety, access and leadership. This will detail aspects that need to be considered by the Trust and next steps to determine and revise the next phase in moving to outstanding.

2. CQC Action Plan and Recovery Phase

During the Covid19 pandemic a pause was placed on the Moving to Outstanding meetings and completion of the action plan. This has now resumed with an updated position as follows:

- There were originally 63 actions across 35 recommendations made by CQC.
- There were no 'Must Do' actions or regulatory breaches.
- There were 53 actions relating to 'Should Do' recommendations.
- There are 7 actions remaining which will be completed by October 2020 (Appendix 1- 6 Should do actions and 1 However action).

3. CQC Requests for Information and Feedback since July 2020

Since July 2020 the Trust has received 3 enquiries from the CQC:

- Neurophysiology backlog – This relates to IT communication challenges following transfer to mediservices. This challenge has also been experienced by other Trusts. At present no harm has been identified following completion of the RCA though this cannot be confirmed until all patients have been reviewed by mediservices. This will be overseen by the Deputy Medical Director for clinical assurance. A further update will be provided following the reporting and clinical review of these patients.

- A query regarding discharge to a care home – no issues identified.

- A request for our meeting structure which has been provided.

The Trust has received the following feedback from the CQC:

- Following presentation of the Infection Prevention and Control (IPC) Board Assurance Framework (BAF) the Trust were commended on their thorough and proactive response to IPC during the pandemic.

- Positive feedback for the support shown to a family from mortuary staff following post-mortem.

4. Assurance During Covid19 Pandemic and thereafter

During the pandemic three weekly meetings were undertaken with the CQC, with the Deputy Director of Governance, Chief Nurse and Deputy Chief Nurse. Formal quarterly meetings have now resumed with the next meeting scheduled for January 2020. At each meeting the Trust provides assurance around safety, access and leadership in the new methodologies to be adopted by the CQC. This currently involves a response to KLOE under the safe and well-led domains, information regarding winter plans, the trust's current position regarding Covid-19 and key operational changes.

4.1 New approach to Inspection

The CQC will no longer undertake inspections as previous. Instead from September 2020, the CQC will be introducing a Transitional Regulatory Approach. This will be a flexible, iterative, approach that brings together the best of their existing methodologies with learning from the COVID-19 response. Importantly this includes the CQC visiting providers using a risk based methodology focusing on KLOE. These inspections are short-notice inspections that can focus from specific concerns in one core service to combined core service and well-led inspections. Currently CQC are completing these inspections on a risk basis, identified from a combination of previous ratings, intelligence and data. A revised agenda is in place to provide assurance to the CQC during quarterly meetings and the Trust have been commended on their proactive approach during the Covid-19 pandemic and IPC BAF.

Since September 2020 CQC have been developing a monitoring approach to capture a much broader range of topics as part of the monitoring process and will use all information available that they have about a provider to present a clear view of risk and quality. Moving forwards CQC aim to focus on four key areas: assessment of how providers are meeting people's needs smarter regulation, how providers are providing safe care for people (particularly those in vulnerable groups) and driving and supporting improvement. In Autumn CQC will focus on safety, access and leadership whilst starting to place greater emphasis on other areas, such as improvement and learning cultures. This will be supported by a number of disciplines and work streams including work to undertaken following further investment in the Quality Academy.

As a trust we need to consider what our current position is in relation to compliance as our last inspection was over a year ago and a lot has changed with the Covid pandemic. Initial discussions have started to consider how best to test this either via mock inspection or a review of data in line with the way CQC would do this. Consideration of how a robust assessment can be completed safely, utilising data, ward dashboards, assessment of brilliant basics and triangulation with complaints, incidents, health and safety alongside accreditation is underway. This will be overseen by the Associate Director for Governance and Compliance and Deputy Director of Governance.

4.1.1 Safety

The CQC want to promote safe care for people to ensure a safety culture is evidenced across health and care. This would include setting an expectation that providers will actively and visibly promote 'speaking up' at all levels; identifying priority areas where safety risks are present and setting demanding standards for improvement together with partners. The trust monitor and report upon incidents and complaints monthly via the Patient Safety and

Clinical Effectiveness Sub- Committee and via the Quality Assurance Committee. These reports are further shared with commissioners and data is provided as required to CQC during engagement meetings. Staff are encouraged to report concerns via freedom to speak up and through incident reporting recognising that this is pivotal to an open, transparent learning culture across the organisation. There has also been further investment in the Quality Academy which will support both quality and the patient safety agenda.

An inspection will also focus on the implementation of the 'Should' and 'However' actions which relate to 'safety' from the previous inspection undertaken in 2019 and these will be of specific importance for the Trust to focus upon to ensure improvements are embedded across the Trust. Some examples of these include:

- To continue to monitor staffing levels and follow escalation plans to ensure levels of nursing and medical staff are sufficient to provide safe care and treatment -clear process is in place to ensure appropriate escalation
- To monitor audit performance to identify further potential improvements. To improve audits for stroke, lung cancer, hip fractures to improve performance. This will form part of the audit plan moving forward.
- To sustain improvement and practice in application of capacity assessment and application of Deprivation of Liberty Safeguards. This will continue to be supported through training delivered by the safeguarding team. A Learning Disability Specialist has also been appointed.
- The application of the Mental Health Act processes to be reviewed to be in line with current guidance and trust policy. Mental capacity assessments and best interest decisions to be recorded in patient records. This will continue to be supported through training delivered by the safeguarding team. A Learning Disability Specialist has also been appointed.
- To review the training available for staff on updating patients' risk assessment records.
- Ensure controlled drugs are stored securely at all times in theatres.
- Review the process for fridge checks so they are completed daily.
- Prescriptions to have the indication for the antibiotic recorded.
- Review the processes for identifying, reporting and investigation of missed doses for critical medicines across the trust
- Improve medicines reconciliation rates across the trust. Improvement has been evidenced through the implementation of programmes such as additional support on weekends.
- Review the levels of safeguarding training with reference to the intercollegiate documents on safeguarding.
- Review the process for monitoring consumables so they remain in date and fit for use.
- Continue the work around safer surgery and the pre-operative briefing and documentation.

- Review the process for senior clinician input into structured judgment reviews. The Trust has a robust process in place for mortality with good attendance and regular reporting.

A number of the above recommendations will require a review of process for further assurance. This will be undertaken by the appropriate disciplines.

4.1.2 Access

The CQC will focus on Mental Health and Learning Disability services with a focus upon staff having the skills, training and experience or clinical support to care for patients with complex needs. Focus will also be on young people accessing community child and adolescent Mental Health services and 'good care' being accessible for all, particularly for those in vulnerable groups. The trust have developed a mental health strategy and a learning disabilities strategy which is to be presented at QAC on 6 October 2020.

The CQC are strengthening their approach to consider these services so that they can move more quickly to spot and act upon poor care. They note that providers having the right staff to deliver good care is crucial, as is having better integrated community services. The CQC are calling for a system-wide action on workforce planning to encourage more flexible and collaborative approaches to skills and career paths for staff, ensuring that patients receive appropriate care. There are a number of approaches at present to support this work including international recruitment.

The CQC are highlighting their focus on a range of operational performance targets and thresholds as published in the Operating Framework, with an emphasis on Urgent Care performance indicators, understanding cancer performance; Referral to Treatment - 18 Weeks Performance Indicators and cancelled elective operations. Access to the right care at the right time is one of the biggest challenges facing health and social care services further impacted by the Covid-19 pandemic.

The Trust's Should' and 'However' actions that relate to 'access' from the previous inspection undertaken in 2019 which the CQC will focus on during an inspection relate to the following examples as detailed below:

- Ensure the actions plans in place for reduction of waiting times for specialties are scrutinised. This is reviewed regularly with oversight provided by the Chief Operating Officer and Medical Director.
- Review the provision for children visiting ultrasound, CT and the radiology hub.
- Ensure there is a review of the action plan in place to reduce urology readmissions; this work is led by the Deputy medical Director.
- Review the time for specialty reviews in A&E, this is continually reviewed by the Chief Operating Officer.
- The trust to continue to reduce delays in patient discharges where possible. This is supported by a joint appointment of an Associate Director of Integrated care, part funded by the Council.
- Ensure there is a daily review of outlying patients at the bed meeting. A clear process is in place to ensure that all patients are reviewed.
- The Moving to Outstanding action plan actions for these areas are complete. Plans are being completed to decide how best to assess progress in these areas during the pandemic.

4.1.2 Leadership

Under CQC's current methodology they are continuing to assess trusts against eight KLOE, leadership, strategy, culture, governance, risk, information management, engagement and learning, continuous improvement and innovation. Currently inspections are risk based

where ratings, intelligence and data indicate potential risk to patients. The CQC currently are focusing on and assessing key leadership behaviours and values so that they can determine whether trusts have the appropriate leadership in place to ensure that they are performing effectively and improving. They are collating intelligence from a range of sources, review data contained within insight reports and assess whether there is any indication of a significant breakdown in leadership before inspecting trusts or approaching them for further information.

4.1.3 Current Performance

In our recent 'insight report', for well-led there are 33 indicators. Of these, 8 indicators are better than the national average (3 of which have recently improved). A further five indicators are showing improvement, so these areas are now in line with the national average. In total we now have 22 indicators that are similar to the national average. In 2 areas we are worse than the national average, relating to sick days for midwifery and clinical staff.

One indicator of a well-led trust is effective 'speaking up' arrangements. These must be set up and supported by senior leaders. NHS Improvement has published guidance on the expectations of boards in relation to Freedom to Speak Up.

In relation to Moving to Outstanding, actions will be closed by October 2020, this has been delayed due to the Covid-19 pandemic. Work is underway to establish further plans to progress with the moving to outstanding agenda. To ensure that this is both accurate and meaningful following the first phase of the pandemic, a baseline assessment will be undertaken via a mock inspection process. A revised action plan following the 'mock inspection' will then be created.

4.1.4 CQC Insight Report

CQC have recommenced the sharing of their insight reports. The trust's latest report shows:

- The trust has 1 active outlier for maternity. This is being monitored within CQC by the regional team who will require an update at our next engagement meeting.

- Of the 79 trust wide indicators, 0 (0%) are categorised as much better, 9 (11%) as better, 3 (4%) as worse and 0 (0%) as much worse. 63 indicators have been compared to data from 12 months previous, of which 10 (16%) have shown an improvement and 2 (3%) have shown a decline. These relate to sick days for midwifery and clinical staff, partly affected by the Covid-19 pandemic.

5. Recommendations

The Board of Directors is asked to discuss and receive the CQC action plan, progress and update on the approach to future inspections.

APPENDIX 1 – MOVING TO OUTSTANDING REMAINING ACTIONS

Ref	Core service	Domain	Areas for Review	Action
MC01d	**Medical Care**	**Safe**	The trust should continue to monitor staffing levels and follow escalation plans to ensure levels of nursing and medical staff are sufficient to provide safe care and treatment. In medical care there were not always enough staff to meet planned staffing levels, although there were processes to review staff shortages and take action to keep people safe. The service did not always have enough staff with the right qualifications, skills, training and experience to meet planned staffing levels, although it had processes to review staff shortages and take action to keep people safe.	Review escalation processes for medical staff and develop a Standard Operating procedure SOP approved and fully embedded – proposed to close at next Moving to Outstanding Meeting

CC01a	**Critical Care**	**Effective**	The trust should consider increasing the number of isolation rooms with negative and positive ventilation, in accordance with Department of Health guidelines. The unit only had two isolation rooms with negative and positive ventilation. This was below the recommended number in national guidance.	Ensure capital bid is developed and timeframe agreed Provide an option paper to enable decision on what can be done 19/20 or 20/21 to share with CQC with risk appraisal Proposal to move to action log and CBU to monitor at Moving to Outstanding meeting (action provisionally agreed with KSJ)
MC01c	**Medical Care**	**Safe**	The trust should continue to monitor staffing levels and follow escalation plans to ensure levels of nursing and medical staff are sufficient to provide safe care and treatment. In medical care there were not always enough staff to meet planned staffing levels, although there were processes to review staff shortages and take action to keep people safe. The service did not always have enough staff with the right qualifications, skills, training and experience to meet planned staffing levels, although it had processes to	Implementation of electronic rostering for Medical Staff Proposal to move to action log and CBU to monitor at Moving to Outstanding meeting (KSJ provisionally agreed)

			review staff shortages and take action to keep people safe.	
MC04i	**Medical Care**	**Responsive**	The trust should continue work to reduce delays in patient discharges where possible. In medical care, there were delays in discharge for patients. Delays in discharge were a frequent issue for patients, particularly in elderly care and dementia ward.	Development of the Trust Frailty pathway Frailty Pathway provided - proposed to close at Moving to Outstanding meeting (provisionally agreed KSJ)
CC05b	**Critical Care**	**Safe**	Not all prescriptions had review of stop dates documented; the indication for the antibiotic was not always recorded. Medicines reconciliation had been completed for most of the records reviewed.	standardise where information will be documented audit in 3 months for effectiveness Compliance audit due to be completed 6 October after new computer system installed in September 2020. Propose to close this 31 October 2020 as this will be monitored through Medicines Improvement Group

TW03c	**Trustwide**	**Well Led**	The trust should review the progress of the implementation of strategies for patients living with dementia and with a learning disability and consider the implementation of a strategy for patients with mental health needs. The trust did not currently have strategies to support patients living with dementia, learning disabilities or mental health illness. Some of the enabling strategies lacked clear delivery plans.	Ensure there is a strategy and implementation plan for patients living with Mental Health needs Strategy to go through Safeguarding Committee for approval and Quality Assurance Committee on 6th October.
TW03b	**Trustwide**	**Well Led**	The trust should review the progress of the implementation of strategies for patients living with dementia and with a learning disability and consider the implementation of a strategy for patients with mental health needs. The trust did not currently have strategies to support patients living with dementia, learning disabilities or mental health illness. Some of the	Ensure there is a strategy and implementation plan for patients living with Learning Disabilities Strategy to go through Safeguarding Committee for approval and Quality Assurance Committee on 6th October.

			enabling strategies lacked clear delivery plans.	

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/20/09/99**
SUBJECT:	**Trust Engagement Dashboard**
DATE OF MEETING:	30th September 2020
AUTHOR(S):	Pat McLaren, Director of Communications & Engagement
EXECUTIVE DIRECTOR SPONSOR:	Pat McLaren, Director of Communications & Engagement
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience. SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future. SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF):	#145 (a) Failure to deliver our strategic vision.
EXECUTIVE SUMMARY *(KEY ISSUES):*	The Dashboard is for the period 2020 Q1 Apr – Jun and addresses: - Level of success in managing the Trust's reputation in the media and across digital and social platforms - Our engagement with patients, staff and public via our social media channels - The Trust's website and levels engagement with this key platform - Patient enquiries via our website - Patient/public feedback on the independent platforms - Engagement with the Trust through the Freedom of Information process. **Key items to note in Q1** • **Media** – This was an intense period for media activity as the Trust worked its way through the Covid-19 pandemic. Key activities during the period included hosting a Sky News film crew where outcomes included two news segments including the 'Black Box' innovation plus a one-hour documentary 'Covid on the home front' on Sky Atlantic. Media sentiment was largely neutral, ie where media reported on Covid statistics released by NHS England daily. • **Twitter** – Followers continue to climb steadily to 11.8K with engagements exceeding 400K during the pandemic • **Facebook** likes again surged at 8.8K during the pandemic both Facebook and Twitter channels were extensively used to promote Public Health England Covid-19 messaging. • **Website visitors** peaked at almost 40K in April – largely due to changes in visiting and visitors to news and jobs pages. Visitors continued to access via a mobile platform. • **Website enquiries** – we dealt with almost 1K patient enquiries through our website • **Patient Feedback:** There were very low numbers of ratings in the quarter as elective treatments were postponed and A&E/UTC attendences fell to very low levels. To note that NHS Choices

<table>
<tr><td></td><td colspan="4">provides a rating only at level. The Trust is currently recording a 4* rating on NHS Choices.
• Freedom of Information Requests (FOI) Supported by the Information Commissioner, the processing of FOIs during the pandemic was paused to ensure front line staff were not distracted from providing patient care. The Trust recommenced processing FOIs in July 2020 and in the last two months has focused on clearing the backlog with the aim of processing FOIs within the normal 20 working day timeline.</td></tr>
<tr><td>PURPOSE: (please select as appropriate)</td><td>Information
X</td><td>Approval</td><td>To note
X</td><td>Decision</td></tr>
<tr><td>RECOMMENDATION:</td><td colspan="4">The Board is requested to receive and note the Trust’s engagement dashboard for Q1.</td></tr>
<tr><td>PREVIOUSLY CONSIDERED BY:</td><td colspan="2">Committee</td><td colspan="2">Choose an item.</td></tr>
<tr><td></td><td colspan="2">Agenda Ref.</td><td colspan="2"></td></tr>
<tr><td></td><td colspan="2">Date of meeting</td><td colspan="2"></td></tr>
<tr><td></td><td colspan="2">Summary of Outcome</td><td colspan="2"></td></tr>
<tr><td>FREEDOM OF INFORMATION STATUS (FOIA):</td><td colspan="4">Release Document in Full</td></tr>
<tr><td>FOIA EXEMPTIONS APPLIED: (if relevant)</td><td colspan="4">Choose an item.</td></tr>
</table>

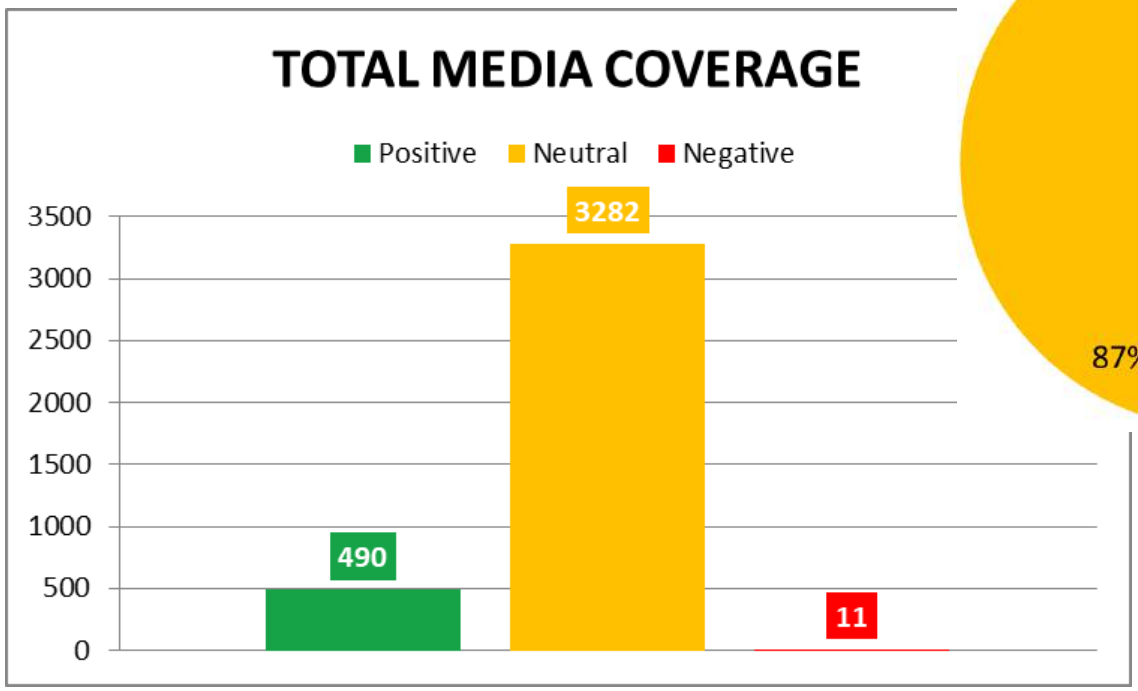
HIGH QUALITY, SAFE HEALTHCARE
QUALITY PEOPLE SUSTAINABILITY

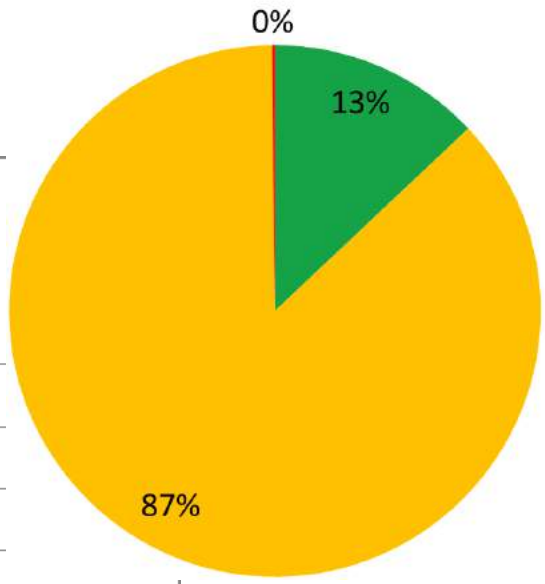
NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

WHH Engagement Dashboard

Q1: April 2020 – June 2020

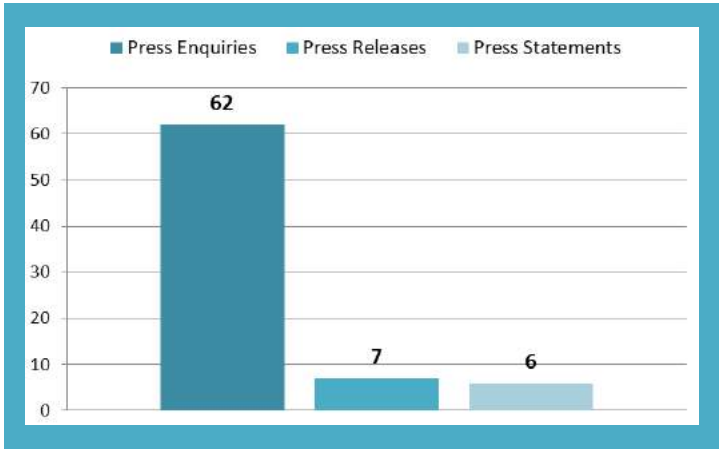
Media Sentiment: Q1





TOTAL MEDIA COVERAGE

3,779



KEY PRESS COVERAGE

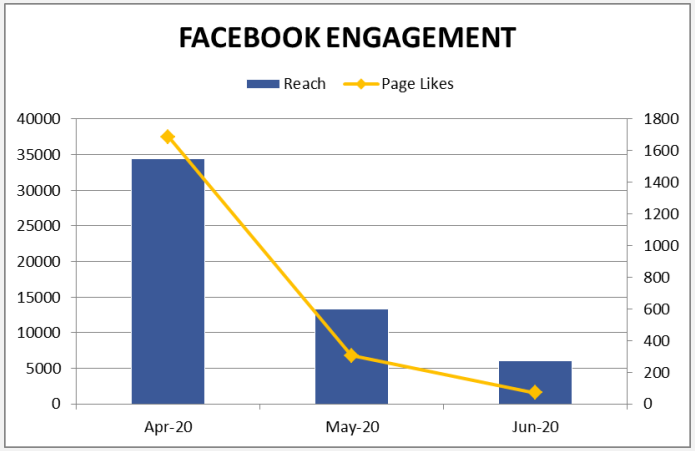
- Warrington Hospital plays key part in COVID Recovery Trial.
- Sky Atlantic – Covid on the home front

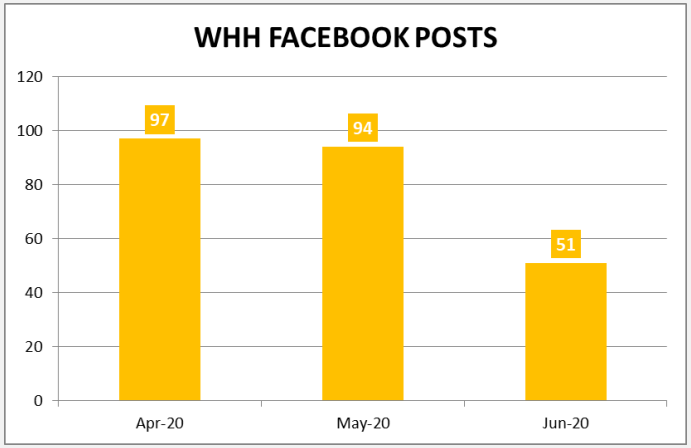
KEY PRESS STATEMENTS

Funeral of Jo (Joselito) Habab, RIP

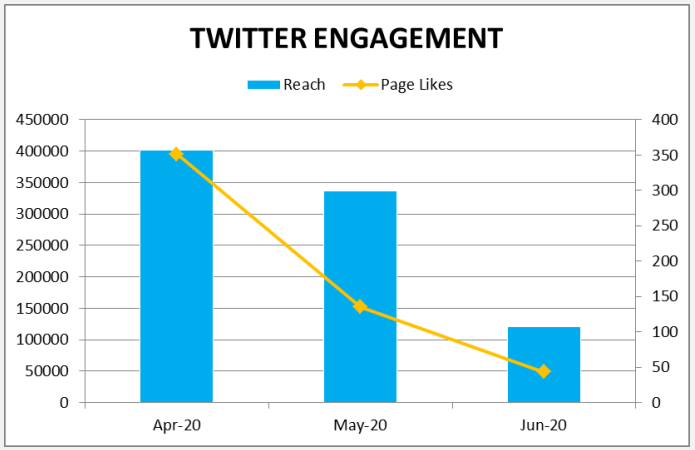
WHH Social Media: Q1

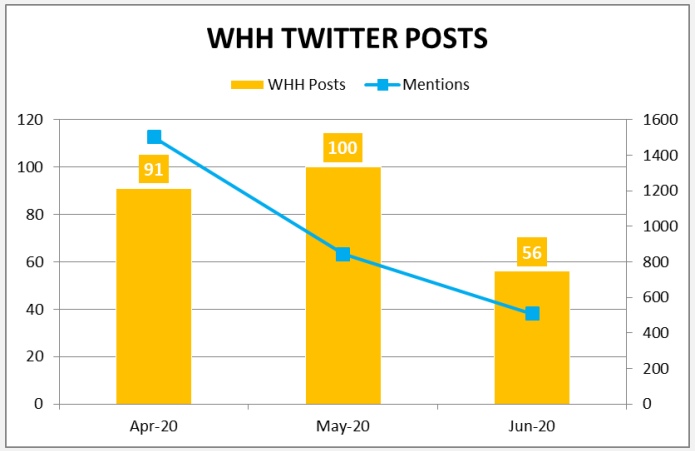
TOTAL FACEBOOK FOLLOWERS
8,893





TOTAL TWITTER FOLLOWERS
11,847

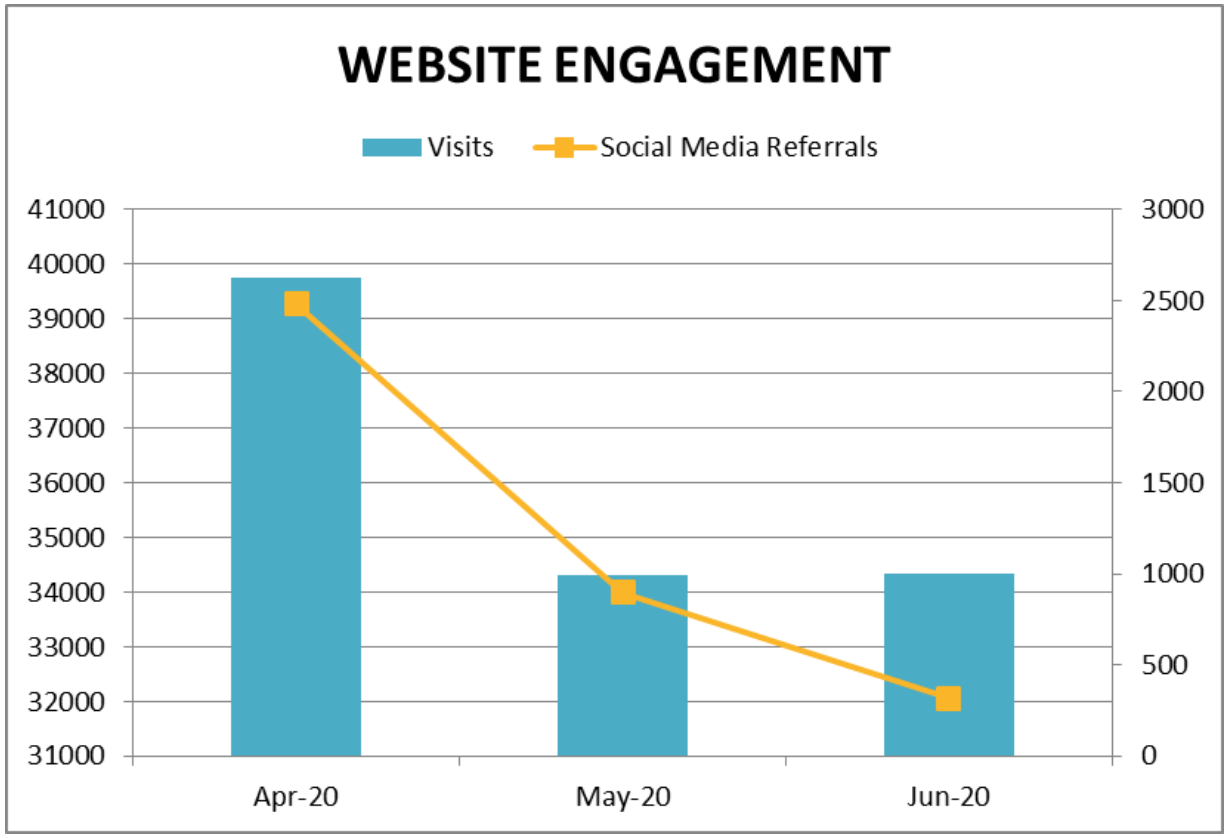


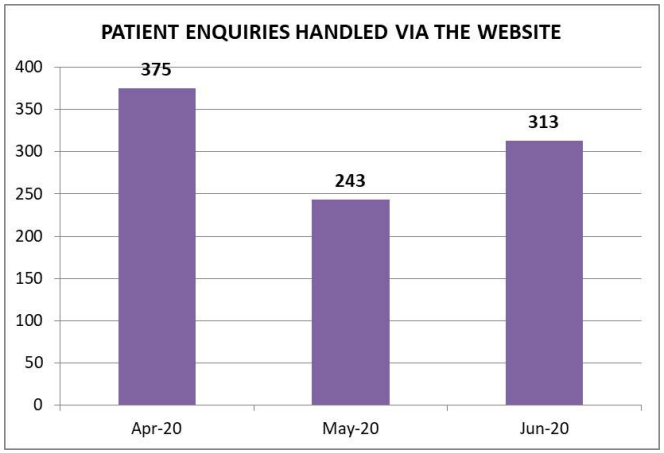


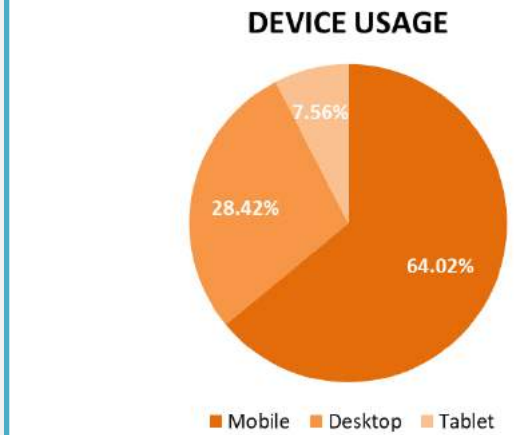
CAMPAIGNS

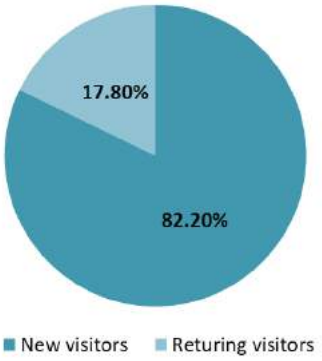
- Changes to blood tests
- Facebook the Midwife (maternity)
- Coronavirus – PHE campaign:
  - Stroke
  - Maternity appointments
- Face masks

WHH Website: Q1

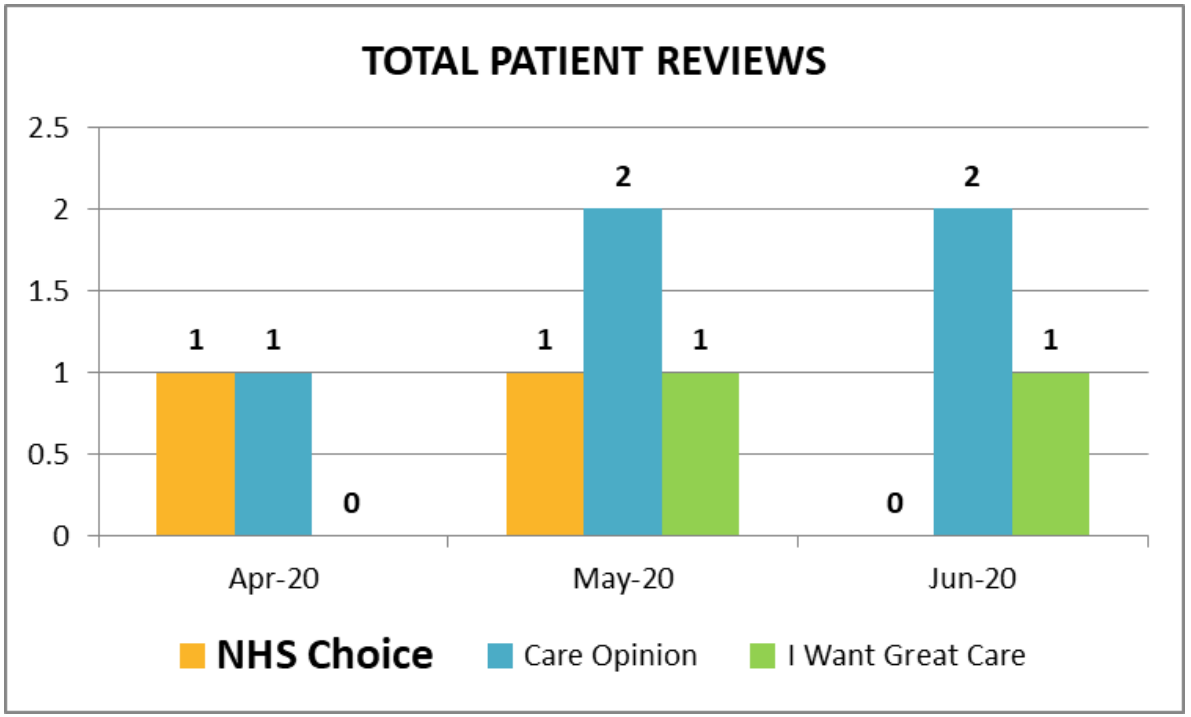






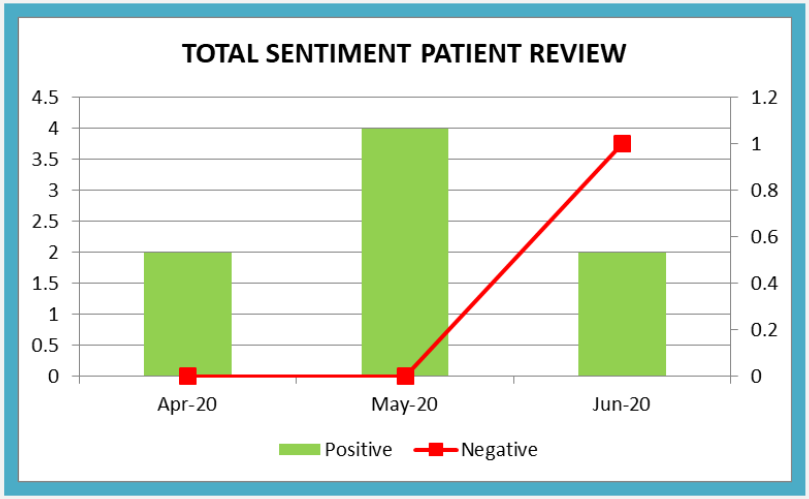


Patient Experience: Q1



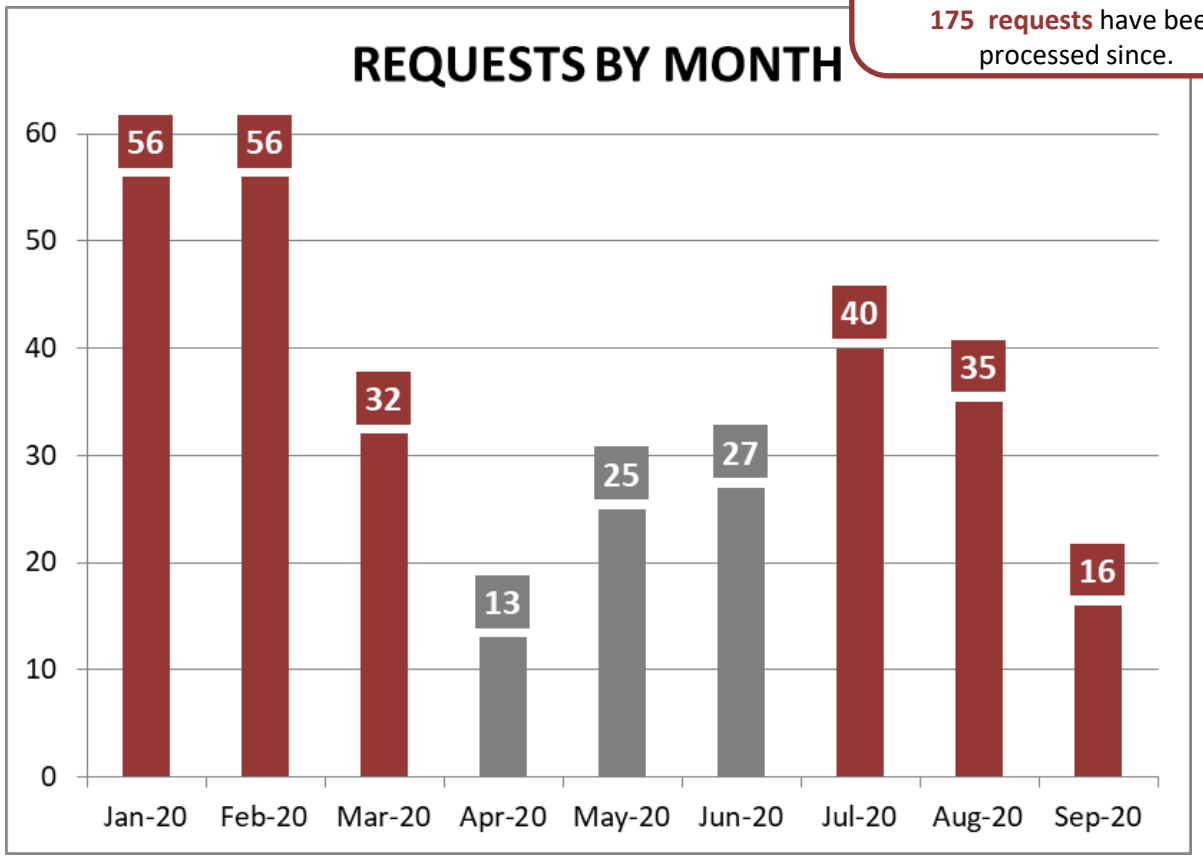
TOTAL ONLINE PATIENT FEEDBACK

9



Freedom of Information update: January – 16th September 2020

The FOI process was paused due the COVID-19 pandemic on 19th March 2020. FOIs re-commenced on 14th July 2020, **175 requests** have been processed since.



TOTAL REQUESTS
307

CURRENTLY IN PROCESS
177

OVERDUE
87

FOIs COMPLETED OVER THE 20 WORKING DAY DEADLINE
26

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/20/09/100**	
SUBJECT:	**Board Assurance Framework**	
DATE OF MEETING:	30th September 2020	
AUTHOR(S):	John Culshaw, Trust Secretary	
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive	
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience.	✓
	SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future.	✓
	SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.	✓
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): **(*Please DELETE as appropriate)***	All	
EXECUTIVE SUMMARY ***(KEY ISSUES):***	It has been agreed that the Board receives an update on all strategic risks and any changes that have been made to the strategic risk register, following review at Quality Assurance Committee. A Risk Review Group has been established reporting to Quality Assurance Committee, for oversight and scrutiny of strategic risks and for a rolling programme of review of CBU risks, to ensure risks are being managed and escalated appropriately. Since the last meeting: • No new risks have been added to the BAF; • The rating of one risk (#1134) has been reduced. • There have been no amendments to the descriptions of any risks on the BAF. • No risks have been de-escalated from the BAF since the last meeting . Also included in the report are notable updates to existing risks.	
PURPOSE: ***(please select as appropriate)***	Information	
	Approval ✓	
	To note	
	Decision	
RECOMMENDATION:	Discuss and approve the changes and updates to the Board Assurance Framework.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Assurance Committee
	Agenda Ref.	QAC 20/09/159
	Date of meeting	1st September 2020
	Summary of Outcome	The Committee reviewed, discussed and approved the amendments
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

REPORT TO BOARD OF DIRECTORS

SUBJECT	Board Assurance Framework and Strategic Risk Register report	AGENDA REF:	BM/20/09/100

1. BACKGROUND/CONTEXT

This is an update of strategic risks on the Trust Strategic Risk Register. It has been agreed that the Board receives an update on all strategic risks and any changes that have been made to the strategic risk register, following review at Quality Assurance Committee. A Risk Review Group has been established reporting to Quality Assurance Committee, for oversight and scrutiny of strategic risks and for a rolling programme of review of CBU risks, to ensure risks are being managed and escalated appropriately.

The latest Board Assurance Framework (BAF) is included as Appendix 1.

2. KEY ELEMENTS

2.1 New Risks

Since the last meeting no new risks have been added or are proposed for addition.

2.2 Amendment to Risk Ratings

Following approval at the Quality Assurance Committee on 1st September 2020, the rating of the following risk has been reduced from 20 to 15.

Risk 1134 - *Failure to provide adequate staffing caused by absence relating to COVID-19 resulting in resource challenges and an increase within the temporary staffing domain*

It was agreed that the risk rating should be reduced following a reduction in sickness rates in June and July 2020 to 5.55%.

2.3 Amendments to descriptions

There are no proposals to amend the descriptions of any of the risks that are currently on the BAF

2.4 De-escalation of Risks

Since the last meeting, no risks have been de-escalated

2.5 Changes to monitoring Committees

It has been agreed that the Finance and Sustainability Committee has become the Board Committee responsible for oversight and assurance for Digitial Services. Therefore, the Committee will no be the monitoring Committee for risk:

#1114 - *Failure to provide essential, optimised digital services in a timely manner in line with best practice governance and security policies, caused by increasing and competing demands upon finite staffing resources whom lack emerging skillsets, sub-optimal solutions*

or a successful indefensible cyber-attack, resulting in poor data quality and its effects upon clinical and operational decisions / returns and financial & performance targets, reduced operational efficiencies, denial of patient access to services, inferior quality of care including harm, failure to meet statutory obligations (e.g. Civil Contingency measures) and subsequent reputational damage.

2.6 Existing Risks - Updates

Detailed below are the updates that have been made to the risks since the last meeting.

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
1124	Failure to provide adequate PPE caused by failures within the national supply chain and distribution routes resulting in lack of PPE for staff	• Participation in Quality Improvement Programme with NHE/I on Fit Testing with focus in high risk areas • 8833 respirators and small Alpha Solway are no longer available • National managed PPE inventory process starting in September. Plan is to have a more secure supply of FFP3 (and gowns etc. after FFP3 pilot). Inventory will include details of FFP3 masks required. There may be some additional support for Fit Testing where the product changes due to outage. There are anticipated issues with 3M supply. Government have made the purchasing decisions and this is reported as final. General consensus that Trusts need a ring fenced number of staff to provide a Fit Testing service	No impact on risk rating
1215	Failure to deliver the capacity required caused by the ongoing COVID-19 pandemic and potential environmental constraints resulting in delayed appointments, treatments and potential harm	**Assurances** • Phase 3 second submission -10th September 2020 • Live dashboards and weekly activity reporting in place to ensure oversight and transparency of Trust recovery <u>Radiology</u> • Current building works to increase the footprint of the CT department will bring increased patient areas. This will allow addition Outpatients to be imaged at Warrington where currently due to lack of waiting areas, the service is almost 100% Inpatient based. This completion if works will increase capacity and flexibility for CT. Completion date due end of September 2020 • Improvement against all modalities for numbers waiting more than 6 weeks noted in July performance. • MR Waits now compliant with 6 week standard • CT Business case approved to increase	No impact on risk rating

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
		CT capacity and support expediting recovery. <u>Unplanned Care</u> • Minor injuries is provided in an area in close proximity but separate to the main emergency department. This has provided an opportunity to use the old minors department as Majors 2 to support management of surge demand and avoidance of corridor care. • NHS 111 First pilot went live on 8th September 2020 to reduce attendances to the emergency department and to support the planning of activity in a more streamlined way to reduce overcrowding and risk of nosocomial infection. • £4.3m Business Case for ED Plaza Scheme approved. <u>Planned Care</u> • Increase in elective activity continued throughout July 2020 • Theatre expansion programme in place from 10th August to support delivery of Phase 3 guidance • Patients waiting more than 62 days & 104 days have reduced and is noted in June performance • Weekly theatre scheduling to ensure listing of patients in line with national guidance being 1) Urgent cancer, 2) 52 weeks, 3) Routine • Post Anaesthetic Care Unit (PACU) Business Case approved by the Board on 10th September 2020 for implementation in November 2020. • 52 week backlog stabilising in line with trajectory. **Gaps** <u>Unplanned Care</u> • Reduction in face to face primary care appointments having a negative impact on increased attendances. <u>Planned Care</u> • 52 week backlog increasing Capacity challenge with social workers to keep on top of demand and necessary patient assessments.	
115	Failure to provide adequate staffing levels in some specialities and	• International Nurse Business Case has been approved for 30 Registered Nurses – we have set up a task and finish group	No impact on risk rating

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
	wards, caused by inability to fill vacancies, sickness, resulting in pressure on ward staff, potential impact on patient care and impact on Trust access and financial targets.	to implement this. We have recruited 73 HCAs since February 2020 with rolling HCA recruitment programme in place • Care Hours Per Patient Day increase to 8.8 in July, which is an improvement from June of 7.7. This change was largely due to the employment of students as part of the COVID-19 response. • Registered Nurse Turnover for July is improved to 11.39% <u>Recruitment Gaps</u> • 102 RN Vacancies • 67 B2 Vacancies <u>Retention Gaps</u> • 11.39% nursing turnover	
134	Risk: Financial Sustainability a) Failure to sustain financial viability, caused by internal and external factors, leading to potential impact to patient safety, staff morale and enforcement/regulatory action being taken. b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.	<u>Assurance updates</u> • Positive Value for Money conclusion & unqualified audit opinion • Head of Internal Audit Opinion of Significant Assurance • Block contract approach for all trusts for months 1 - 6 with income matched to expenditure and similar anticipated for the whole year due to the impact of Covid19 with additional controls and constraints • Completed MISS Governance Checklist received by Audit Committee • £4.3m Business Case for ED Plaza Scheme approved • Critical Infrastructure Capital Funding (£2.41m) to support schemes with critical and high levels of backlog maintenance approved • Cancer Alliance funding of £0.5m for endoscopy enabling work at Halton to improve the environment • Receive £51.8m PDC on 21st September to be repaid 23rd September. • Phase 3 plan submitted approved by Trust Board and submitted on 10th September 2020 <u>COVID-19</u> • Monthly Report to F&SC on COVID Pay Costs • Achieved 98% BPPC August	No impact on risk rating
1207	Failure to complete workplace risk assessments for all staff in at-risk groups, within the timeframes set out by NHSI/E.	• Training for line managers is in place and on-going Audit process is in place and live Staff communications have included: • Trust-wide comms • Individual letter from CPO to home addresses	No impact on risk rating

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
	This will be caused by a lack of engagement in the set process by line managers, resulting in a failure to comply with our legal duty to protect the health, safety and welfare of our own staff, for which the completion of a risk assessment for at-risk members of staff is a vital component.	• Flyers(I showed this to Naveed via Teams) • Staff side • Staff networks • New starter paperwork • Corporate Induction •Local Induction • Regular reporting to Recovery Board (twice weekly) and Executive Team (daily) is in place • Daily meetings are held with Deputy Director of HR and OD and Deputy Chief Operating Officer to review all outstanding risk assessments with CBU/Corporate Managers. Position @ 11th September • 79.27% staff risk assessed • % of risk assessment have been completed for staff who are known to be "at risk", with mitigating steps agreed where necessary – 91.29% • % of risk assessment have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary – 96.35%	
125	Failure to provide a safe, secure, fit for purpose hospitals and environment caused by the age and condition of the WHH estate and limited availble resource resulting in a risk to meeting compliance targets, staff and patient safety, increased backlog costs, increased critical infrastructure risk and increased revenue and capital spend	• £4.3m Business Case for ED Plaza Scheme approved • Critical Infrastructure Capital Funding (£2.41m) to support schemes with critical and high levels of backlog maintenance approved • Cancer Alliance funding of £0.5m for endoscopy enabling work at Halton to improve the environment	No impact on risk rating
1134	Failure to provide adequate staffing caused by absence relating to COVID-19 resulting in resource challenges and an increase within the temporary staffing domain	• July sickness rate reduced to 5.55%Regular reporting on compliance with risk assessment requirements is in place •	Risk rating has reduced from 20 to 15

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
145	Influence within Cheshire & Merseyside a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position. b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.	• Council and CCG in both Warrington & Halton supportive of development of new hospitals. Agreement with key stakeholders to progress single programme and proceed with OBC development. • Breast Centre of Excellence being implemented as a priority to support COVID-19 recovery. • Progressing repatriation of general surgery activity as a priority during COVID-19 recovery. • Strategy refresh completed and approved at Trust Board to confirm 2020/21 priorities. • -Strategic Outline Case (SOC) for both new hospital developments approved by the Trust Board • Letter written to Government from senior stakeholders requesting funding as part of HIP • Town Deal plan for Warrington submitted. Included the proposed provision of a Health & Wellbeing hub in the town centre and a Health & Social Care Academy.	No impact on risk rating
1205	FAILURE TO send accurate continuity of care information medication and / or allergies information from the Lorenzo EPR to external stakeholder. E.g. GPs CAUSED BY errors within the Lorenzo EPR electronic discharge summary code and/or configuration, i.e. the DXC PAN summarises the issue as: *"Discharge medications documented in Lorenzo do not match those*	<u>Assurance:</u> • Creation of a Datix incident to manage the clinical investigation of the impact of the fault; • Presence of affected discharge summaries within the EPR (inpatients and discharged patients) • Confirmation that GPs have acted upon the alert and amended their records as required. • Receipt of confirmation of harm / no harm from GPs of affected patients and follow on actions where necessary; • Identification and correction of root cause within the Lorenzo EPR; • Proven identification of first date that the fault affected WHH Lorenzo ERP and subsequent manual review of all	No impact on risk rating

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
	showing on the discharge summary – this results in some medications being duplicated, missing completely or being incorrectly cited into appropriate sections." The medications section of the Discharge summary is split into the four heading of "Continued", "Stopped", "Changed" and "UnChanged" but the Trust response has deduced that medications are also appearing in the allergies section of the discharge summary. RESULTING IN patient harm due to errors and/or omissions within the medications and allergies information that is transmitted from the WHH FT Lorenzo EPR to its external stakeholders for approximately 4% of all patient discharges for the affected period. *** There is currently no evidence of patient harm but there is evidence of potential for harm to result *****	discharge summaries back to and including that date; <u>Controls:</u> • Manual review of all discharge summary records from 1st May 2020 through 10th July 2020; • Implementation of a script change to facilitate a simple list of medications and/or allergies appending to the discharge summary; • Provision of copies of the discharge prescriptions to the GPs for the period during which no medication information is provided on the discharge summary plus corrected medication information where discharge summaries have been identified as incorrect. • De-risking of Lorenzo EPR releases via thorough WHHFT discharge summary tests;	

3 RECOMMENDATIONS

Discuss and approve the changes and updates to the Board Assurance Framework.

Appendix 1

Board Assurance Framework

Board Assurance Framework

The Board Assurance Framework (BAF) focusses on the key strategic risks i.e. those that may affect the achievement of the Trust's Strategic Objectives

Risk ID	Executive Lead	Risk Description	Strategic Objective at Risk	Current Rating	Target Rating	Risk Appetite	Monitoring Committee
1124	Kimberley Salmon-Jamieson	Failure to provide adequate PPE caused by failures within the national supply chain and distribution routes resulting in lack of PPE for staff	2	25 (5x5)	8 (4x2)	TBC	Quality Assurance Committee
1215	Chris Evans	Failure to deliver the capacity required caused by the ongoing COVID-19 pandemic and potential environmental constraints resulting in delayed appointments, treatments and potential harm	1	25 (5x5)	6 (3x2)	TBC	Quality Assurance Committee
115	Kimberley Salmon-Jamieson	Failure to provide adequate staffing levels in some specialities and wards. Caused by inability to fill vacancies, sickness. Resulting in pressure on ward staff, potential impact on patient care and impact on Trust access and financial targets.	1	20 (5x4)	12 (4x3)	TBC	Trust Operations Board
134	Andrea McGee	Financial Sustainability a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken. b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.	3	20 (5x4)	10 (5x2)	TBC	Finance & Sustainability Committee
1114	Phill James	Failure to provide essential, optimised digital services in a timely manner in line with best practice governance and security policies, caused by increasing and competing demands upon finite staffing resources whom lack emerging skillsets, sub-optimal solutions or a successful indefensible cyber-attack, resulting in poor data quality and its effects upon clinical and operational decisions / returns and financial & performance targets, reduced operational efficiencies, denial of patient access to services, inferior quality of care including harm, failure to meet statutory obligations (e.g. Civil Contingency measures) and subsequent reputational damage.	1	16 (4x4)	8 (2x4)	TBC	Finance & Sustainability Committee
1207	Michelle Cloney	Failure to complete workplace risk assessments for all staff in at-risk groups, within the timeframes set out by NHSI/E. This will be caused by a lack of engagement in the set process by line managers, resulting in a failure to comply with our legal duty to protect the health, safety and welfare of our own staff, for which the completion of a risk assessment for	2	16 (4x4)	8 (2x4)	TBC	Strategic People Committee

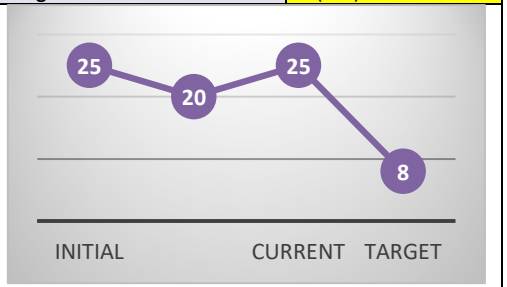
Board Assurance Framework

		at-risk members of staff is a vital component.					
125	Chris Evans	Failure to maintain an old estate caused by restriction, reduction or unavailability of resources resulting in staff and patient safety issues, increased estates costs and unsuitable accommodation.	1	16 (4x4)	4 (4x1)	TBC	Trust Operations Board
1134	Michelle Cloney	Failure to provide adequate staffing caused by absence relating to COVID-19 resulting in resource challenges and an increase within the temporary staffing domain	2	15 (3x5)	8 (4x2)	TBC	Strategic People Committee
145	Simon Constable	Influence within Cheshire & Merseyside a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position. b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.	3	15 (3x5)	8 (4x2)	TBC	Trust Operations Board
1205	Phill James	FAILURE TO send accurate continuity of care information medication and / or allergies information from the Lorenzo EPR to external stakeholder. E.g. GPs CAUSED BY errors within the Lorenzo EPR electronic discharge summary code and/or configuration, i.e. the DXC PAN summarises the issue as: *"Discharge medications documented in Lorenzo do not match those showing on the discharge summary – this results in some medications being duplicated, missing completely or being incorrectly cited into appropriate sections." The medications section of the Discharge summary is split into the four heading of "Continued", "Stopped", "Changed" and "UnChanged" but the Trust response has deduced that medications are also appearing in the allergies section of the discharge summary.* RESULTING IN patient harm due to errors and/or omissions within the medications and allergies information that is transmitted from the WHH FT Lorenzo EPR to its external stakeholders for approximately 4% of all patient discharges for the affected period. *** There is currently no evidence of patient harm but there is evidence of potential for harm to result *****	1	15 (3x5)	5 (1x5)	TBC	Quality Assurance Committee

Board Assurance Framework

Strategic Objective 1: We will … always put our patients first through high quality, safe care and excellent patient experience.
Strategic Objective 2: We will … be the best place to work with a diverse, engaged workforce that is fit for the future.
Strategic Objective 3: We will … work in partnership to design and provide high quality, financially sustainable services.

Board Assurance Framework

Risk ID:	1124	**Executive Lead:**	Salmon-Jamieson, Kimberley	**Rating**
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.			
Risk Description:	Failure to provide adequate PPE caused by failures within the national supply chain and distribution routes resulting in lack of PPE for staff			**Initial:** 25 (5x5) **Current:** 25 (5x5) **Target:** 8 (4x2)
Assurance Details:	Centralised PPE store in place , giving out in accordance with the Control Centre approval (number of stock), supplies are controlling, in and out of hours process in place, daily monitoring process and escalation to the NSDR, extended opening hours in procurement and 7 day service, issuing PPE material management services i.e topping up areas, etc Centralised Cheshire & Merseyside mutual aid plan in place led by the Trust's Director of Finance & Deputy CEO Regional mutual aid arrangements in place Training and education of staff, Fit Testing programme in place for FFP3/FFP2 respirators, risk assessment and contingency plan in place if recommended PPE stock is not available. Where services are re-started, recovery forms and PPE burn rate to be documented on appropriate proformas with monitoring via the Elective Planning Meeting, with escalation to the Recovery and Strategic Groups. No staff member to work without appropriate PPE. Supplies are seeking alternative supplies of PPE with a safety check that essential standards are met before purchasing any items. Participation in Quality Improvement Programme with NHE/I on Fit Testing with focus on high risk areas National managed PPE inventory process starting in September. Plan is to have a more secure supply of FFP3 (and gowns etc. after FFP3 pilot). Inventory will include details of FFP3 masks required. There may be some additional support for Fit Testing where the product changes due to outage. There are anticipated issues with 3M supply. Government have made the purchasing decisions and this is reported as final. General consensus that Trusts need a ring fenced number of staff to provide a Fit Testing service			
Assurance Gaps:	Current shortage of specific PPE equipment e.g. small Solway FFP3 respirators and expected shortage of 8833 respirators, Repeated Fit Testing will be required as different makes/models of FFP3 respirators are supplied – with potential to disrupt service provision. Increased demand for PPE as recovery plans will increase demand, service provision may be affected if PPE is not available. Balance of usage required to ensure recovery plans do not impact on PPE for care of patients with Covid-19. Supply of gowns with adequate fluid repellency level Availability of fluid resistant surgical masks and visors Current shortage in gowns which may lead to inadequate protection Fragile and uncertainty of future PPE availability 8833 respirators and small Alpha Solway are no longer available Revised IPC Guidance with 3 distinct pathways – Red, Amber and Green. Trustwide risk assessments in place. Visiting to be re-introduced which will impact PPE usage			

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Provide sufficient PPE for all staff.	PPE	Sourcing alternative suppliers, escalation into NSDR (National Supply Disruption Service), establish procurement networking, interhospital cel, looking at alternative PPE, etc	McKay, Lesley	31/11/2020	

Board Assurance Framework

Risk ID:	1215	**Executive Lead:**	Dan Moore	**Rating**	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to deliver the capacity required caused by the ongoing COVID-19 pandemic and potential environmental constraints resulting in delayed appointments, treatments and potential harm			**Initial:**	25 (5x5)
				Current:	25 (5x5)
				Target:	6 (3x2)

Assurance Details:

Phase 3 planning guidance received on 31st July 2020 expediting the return of near normal health services between August – December 2020

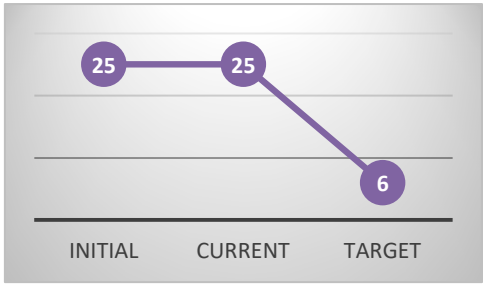
- Phase 3 second submission -10th September 2020
- Live dashboards and weekly activity reporting in place to ensure oversight and transparency of Trust recovery

Radiology

- Capacity is reduced across Radiology by 30-40%.
- New working arrangements are in place to maximise capacity whilst operating in line with IPC guidance.
- Department has been supported by the Trust through £380K recurrent funding to recruit additional staff. Advert out 11th June 2020. Recruiting 4 Radiographers, 2 Sonographers, 2 Healthcare Assistants.
- Additional staff will support additional capacity through extended working days across all scanners – currently unable to achieve this due to Covid-19 demands.
- Additional capacity for CT and MRI (70 exams per week total) has been secured at Spire Cheshire under National Contract – due to finish end Aug 2020.
- Additional CT capacity (15 exams per week) will be provided mid-July 2020 via use of mobile CT scanner supported by the National Imaging Team Covid-19 Response initiative. This is sited at Whiston Hospital – WHH patient will have to travel to this site.
- All outstanding requests are clinically reviewed by Senior Consultant Radiologists as per local SOP. Exams are deferred in line with clinical priority. Cancer and Urgent patients are being imaged as per pre-Covid-19 as per national guidance.
- Those deferred patients are sent a letter informing of delay, and to contact their Doctor if any concern. The referrer of delayed patients are also sent a letter informing of delay, but this referrer letter includes a direct telephone number to the Senior Radiology Consultants, and also an email address should there be a concern with delaying. Any exams that are highlighted from referrers as not suitable for delay are appointed on the next available appointment.
- This delay process has been discussed via Medical Cabinet and agreed as most appropriate process.
- This clinical review and delay process is ongoing daily.
- Current building works to increase the footprint of the CT department will bring increased patient areas. This will allow addition Outpatients to be imaged at Warrington where currently due to lack of waiting areas, the service is almost 100% Inpatient based. This completion if works will increase capacity and flexibility for CT. Completion date due end of September 2020
- Improvement against all modalities for numbers waiting more than 6 weeks noted in July performance.
- MR Waits now compliant with 6 week standard
- CT Business case approved to increase CT capacity and support expediting recovery.

Unplanned care

- The emergency department has been reconfigured to provide hot and cold areas to minimise nosocomial transmission – adults and paediatrics
- Minor injuries is provided in an area in close proximity but separate to the main emergency department. This has provided an opportunity to use the old minors department as Majors 2 to support management of surge demand and avoidance of corridor care.



Board Assurance Framework

	• New working arrangements are in place to maximise capacity whilst operating in line with IPC guidance. • In patient capacity is reviewed with the patient flow and CBU teams daily to ensure that there is adequate capacity for all patient groups to be admitted. • ITU business continuity plans have been agreed to escalate critical care as and when required. • Clinic templates have been revised to ensure social distancing measures are in place and patients are not brought to a face to face appointment unless clinically indicated. Virtual appointments are in place (telephone and video) for use where this is clinically appropriate. • Suspected cancer, cancer and clinically urgent patients are allocated out patients and diagnostic appointments as a priority. • Waiting lists are reviewed through the performance review group weekly – outpatients and diagnostics. • Workforce is continually reviewed to ensure that all wards and teams are staffed safely. • NHS 111 First pilot went live on 8th September 2020 to reduce attendances to the emergency department and to support the planning of activity in a more streamlined way to reduce overcrowding and risk of nosocomial infection. • £4.3m Business Case for ED Plaza Scheme approved. Planned Care • All elective patients have been clinically reviewed and categorised in line with national guidance. • Suspected cancer, cancer and clinically urgent patients are treated as a priority. • Theatre capacity has been reviewed and additional capacity is now available with the de-escalation of the theatre PODs • The Halton site is being developed as a covid light site and will be run as an Elective Centre. • Two theatre PODs have been retained in the event they are required and plans are in place to utilise if required. • Elective Surgery Standard Operating Procedure (SOP) in place • Capacity identified and being utilised at spire Healthcare • An elective meeting takes place three times a week to plan the recovery of individual services • Clean/green pathways have been developed and category 2 patients are being treated on B18 and at Halton Elective Centre • A separate pathway has been developed for Emergency surgery and future plans and bed base has been agreed as part of the ward reconfiguration process. • New working arrangements are in place to maximise capacity whilst operating in line with IPC guidance. • Workforce plans are continually reviewed to ensure that all wards and teams are staffed safely. • Waiting lists are reviewed through the performance review group weekly • Increase in elective activity continued throughout July 2020 • Theatre expansion programme in place from 10th August to support delivery of Phase 3 guidance • Patients waiting more than 62 days & 104 days have reduced and is noted in June performance • Weekly theatre scheduling to ensure listing of patients in line with national guidance being 1) Urgent cancer, 2) 52 weeks, 3) Routine • Post Anaesthetic Care Unit (PACU) Business Case approved by the Board on 10th September 2020 for implementation in November 2020. • 52 week backlog stabilising in line with trajectory.	
Assurance Gaps:	Radiology 1. Harm may be caused due to the incompleteness of clinical information on a referral. This may also be compounded by the referrer incorrectly entering the wrong priority code on the referral. • It is thought that the letter to the referrer will highlight the exam has been delayed and that the provision of a direct link to the Radiology Consultant team by phone/email will allow these cases to be expedited where appropriate.	

Board Assurance Framework

	2. Harm may be caused by the delay of a routine examination where there is an unlikley serious pathological finding present. • This risk is present in all routine exmas as the waiting time for routine diagnostic imaging is up to 6 weeks as per national targets. This risk is hightened due to Covid-19 and the reduced capacity at present. It is thought the letter to the patient advising to contact their Doctor with any concern will reduce this risk. Unplanned care 1. Estates work is required to complete the segregation of paediatric patients in the emergency department. • This is being progressed with the support of the estates and capital planning team. 2. Expansion of the emergency department is required to ensure any increase in demand can be accomodated in line with RCEM guidance 3. Referrals do not include adequate information to triage and prioritise patietns appropriately • Regular meetings and communication with the CCG and GP's to inform them with recovery progress within the organisation and to highlight/address any identified problems 4. Reduction in face to face primary care appointments having a negative impact on increased attendances. 5. Capacity challenge with social workers to keep on top of demand and necessary patient assessments. Planned Care 1. Estates work is required to complete the development of the Elective Centre at Halton and the reconfiguration of the day case facility. • This is being progressed with the support of the estates and capital planning team. 2. Waiting list do not include adequate information to triage and prioritise patients appropriately • Regular meetings and communication with the waiting list and scheduling teams and inform them of recovery plans and to highlight/address any identified problems

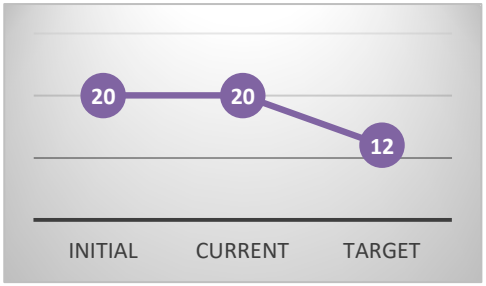
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
CT Department building works	Completion of building works increase CT Footprint	Complete Building work	Hilary Stennings	30/09/2020	

Board Assurance Framework

Risk ID:	115	**Executive Lead:**	Salmon-Jamieson, Kimberley	**Rating**	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to provide adequate staffing levels in some specialities and wards. Caused by inability to fill vacancies, sickness. Resulting in pressure on ward staff , potential impact on patient care and impact on Trust access and financial targets.			**Initial:**	20 (5x4)
				Current:	20 (5x4)
				Target:	12 (4x3)

Assurance Details:

- Monthly workforce information produced via workforce dashboard. Information is reviewed and monitored at the Workforce Group Chaired by the Chief Nurse
- Robust staffing escalation process across WHH to manage staffing daily – This has become the forum for responsive staff management during the COVID 19 pandemic
- Lead Nurse identified daily to co-ordinate staffing supported by a senior nurse rota 7 days a week 8am – 8pm which commenced in April 2020
- 4 hourly update shared as part of Gold Command template
- Wards & Departments use E-Roster and Safecare data to support staffing ratios
- New models of care currently being implemented in Maternity in line with BR+. Business case being developed as there will be a requirement for a staffing uplift
- Recruitment / media plan produced and recruitment campaign ongoing
- Rolling advert for RN's continue with 12 nurses accepted an offer of employment at WHH in July 2020. Students who were redeployed to the Trust during the COVID 19 pandemic have been offered substantive posts
- International Nurse Business Case has been approved for 30 Registered Nurses – we have set up a task and finish group to implement this. We have recruited 73 HCAs since February 2020 with rolling HCA recruitment programme in place
- National staffing guidance has been utilised to inform new staffing models
- Care Hours Per Patient Day increase to 8.8 in July, which is an improvement from June of 7.7. This change was largely due to the employment of students as part of the COVID-19 response.



Recruitment Assurances

- Rolling advert for B5 Nurses
- 12 month recruitment plan in place taking into consideration social distancing restrictions
- Developing WHH recruitment campaign
- Career advice events in local schools and colleges
- Production of monthly and bi-annual staffing reports received by the Trust Board
- 73 HCAs recruited from February 2020 to July 2020 currently undergoing pre-employment checks.
- Students who have re deployed to the Trust have been offered substantive posts
- International Nurses recruitment is part of the Trusts overall plan for recruitment in the next 12months. As such WHTH have produced a business case in partnership with Wigan Wrightington and Leigh and HEE as part of a North West Hub within the Global Training and Education Centre. The business case has recently been signed off by the Board of Directors and we will be moving to the implementation part of the project in September 2020.

Retention Assurances

- Workforce Dashboard reporting monthly in relation to leavers
- WHH Nursing retention plan to be refreshed for 2020
- Burdett Nursing Trust award winners
- Highly commended for nursing retention data provision
- 'Transfer Window' implemented allowing staff to move to other specialties without having to apply for role
- Registered Nurse Turnover for July is improved to 11.39%

COVID-19 Assurances

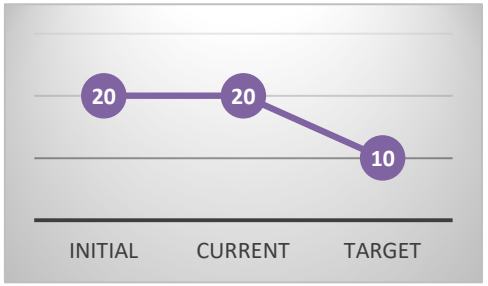
- Implemented a graduated and planned nurse staffing response to the COVID-19 Pandemic.

Board Assurance Framework

	• Revised staffing models for the expansion of critical care capacity, acute and supportive respiratory wards • Strengthened daily staffing meetings chaired by the Associate Chief Nurse for senior oversight • Workforce expansion initiative in place, including the development of a redeployment Hub, local and national call to arms and student deployment • Increased use of temporary staffing through NHSP and off framework agencies – close monitoring arrangements in place	
Assurance Gaps:	Increase staffing pressure due to ongoing use of temporary winter ward for which there is no funded establishment <u>Recruitment Gaps</u> • 102 RN Vacancies • 67 B2 Vacancies <u>Retention Gaps</u> • 11.39% nursing turnover	

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date

Board Assurance Framework

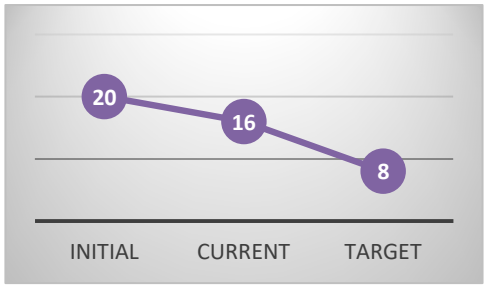
Risk ID:	134	**Executive Lead:**	McGee, Andrea	**Rating**	
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.				
Risk Description:	Financial Sustainability a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken. b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.			**Initial:** **Current:** **Target:**	20 (5x4) 20 (5x4) 10 (5x2)
Assurance Details:	•Core financial policies controls in place across the Trust •Revised governance structure within the Trust to enable strengthened accountability •Finance and Sustainability Committee (FSC) established overseeing financial planning •Regular financial monitoring with NHSI •Regular review at Executive team meeting and development sessions •Annual plan development process •Performance monitoring in QPS meeting •Block contract approach for all trusts for months 1 - 6 with income matched to expenditure and similar anticipated for the whole year due to the impact of Covid19 with additional controls and constraints •Work with the Commissioners on QIPP and CIP schemes through the Collaborative and Sustainability Group to ensure the schemes have a positive impact on sustainability across the whole health economy •Corporate Trustee Charities Commission Checklist, reporting bi-annually through Board •Monitoring of charitable funds income, assessment of return on investment and controls on overhead ratios via quarterly financial reports •Regular updates to Executive Team, FSC and Trust Board - Financial Resources Group (FRG)that reports to FSC • Workshop undertaken with - Exec, CBU, Corporate to review of 2020/21 cost pressures • Achieved 2019/20 Control Total. •Trust Board approval of Capital Plan including the requirement for PDC as part of the final programme •On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust. •Positive Value for Money conclusion & unqualified audit opinion •Head of Internal Audit Opinion of Significant Assurance •Completed MISS Governance Checklist received by Audit Committee •£4.3m Business Case for ED Plaza Scheme approved •Critical Infrastructure Capital Funding (£2.41m) to support schemes with critical and high levels of backlog maintenance approved •Cancer Alliance funding of £0.5m for endoscopy enabling work at Halton to improve the environment •Receive £51.8m PDC on 21st September to be repaid 23rd September. •Phase 3 plan submitted approved by Trust Board and submitted on 10th September 2020 <u>COVID-19</u> • Governance process in place to ensure all additional costs are being approved and monitored. • Reporting to NHSE/I • Regular attendance to regional and national conference calls • Attend Recovery Board to monitor financial impact of the changes relating to Covid19 Recovery plans – identifying revenue and capital expenditure • Review of latest guidance NHSE/I established block payments for the first 6 months of 2020/21 to ensure no impact of loss of				

Board Assurance Framework

	elective activity • Accessed additional cash to pay outstanding creditors £16m paid in April 2020 • Achieved 95% BPPC May, June & July 2020 • Achieved 98% BPPC August • Circulate latest guidance from MIAA Counter Fraud team • Ensure governance and processes in place including checks in place for all expenditure in particular procurement, contracts, payroll and HR. • Highlighted the different methods of fraud/ scam in operation to all staff and share it as widely through Trust • Weekly update to Strategic Executive Oversight Group (now Executive Team Meeting) in relation to the cost impact of COVID-19 – Monthly from June 2020 • Receiving Charitable donations that will support sustainability of Trust Charity • Submitted COVID-19 capital bids to NHSE/I & Hospital Cell to support Business as Usual & Recovery plans • Monthly Report to F&SC on COVID Pay Costs	
Assurance Gaps:	• Inability to develop a strategic plan to deliver a break even position over the next 5 to 10 years • Risk of under delivery of CIP due to impact of Covid19 and insufficient schemes identified to deliver the full program and the organisational ability to translate improvement work into financial improvement. • Non-recurrent CIP presents a risk to in-year and future year financial position. – CIP is currently paused for the first 4 months of the financial year as per national guidance • Failure to fully comply with emerging national employment litigation resulting in additional pay costs or the trust receiving potential claims. • Medical Staffing pressures identified at budget settings have not all been addressed putting pressure on the financial position. • No external funding support for Halton Healthy New Town or Warrington Hospital new build. • Risk that capital needs exceed capital funding resources available. • Hospital Infrastructure Programme (HIP) announcement. WHH not included in with phase 1 or phase 2 funding allocation.. • Submitted 5 Year Plan on 2nd March, jointly with Warrington & Halton CCGs & Bridgewater Community Healthcare NHS FT with system gap of £26.5m <u>COVID-19</u> • Increased threat of fraud during COVID-19 global pandemic • Unclear on financial envelope to support COVID-19 capital & revenue needs. • Awaiting further information re: Financial regime post September 2020	

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Submit requested Workforce & CIP information to NW Intensive Support Director	Cheshire and Merseyside Health & Care Partnership in receipt of Tier 1 Intensive Support – Information requested by NHSE/I on workforce & CIP	Submit requested Workforce & CIP information to NW Intensive Support Director	Andrea McGee	30/03/2020	Paused

Board Assurance Framework

Risk ID:	1114	**Executive Lead:**	James, Phill	**Rating**	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	FAILURE TO provide essential, optimised digital services in a timely manner in line with best practice governance and security policies, CAUSED BY increasing and competing demands upon finite staffing resources whom lack emerging skillsets, sub-optimal solutions or a successful indefensible cyber attack, RESULTING IN poor data quality and its effects upon clinical and operational decisions / returns and financial & performance targets, reduced operational efficiencies, denial of patient access to services, inferior quality of care including harm, failure to meet statatory obligations (e.g. Civil Contigency measures) and subsequent reputational damage.			**Initial:** **Current:** **Target:**	20 (5x4) 16 (4x4) 8 (2x4)
Assurance Details:	**Assurance:** • **Digital Governance Structure** including weekly structured Senior Leadership Team meetings, Risk Register Reviews, monthly Budget Meetings (where CIP and cost pressures are reviewed), Data Standards Group reporting to the Information Governance and Corporate Records Sub-Committee with escalations to the Quality Assurance Committee and onwards to the Digital Board, which itself submits highlights to the Trust Operations Board. The **Quality Assurance Committee report provides** assurance against all key security measures (i.e. Risks / GDPR / Data Security & Protection Toolkit / Cyber Essentials Plus). • **Digital annual IT audit** plan inclusive of ever-present overarching Data Security & Protection Toolkit baseline and final report, with progress monitored at the Trust Audit Committee. • **Trust benchmarking** activities including Use of Resources reviews (Model Hospital). • The Information Governance And Corporate Records Sub-Committee records assurances regarding Digital risks and incident management data. **Controls:** • **Digital Operations Governance** including supplier management, product management, cyber management, Business Continuity And Disaster Recovery Governance and customer relationship management with CBUs (e.g. The Events Planning Group) and an Information Security Management System (ISMS) based upon the principles of ISO27001 security standard. • Active membership of the **Sustainability Transformation Partnership Cyber Group.** • **Digital Change Management** regime including the Solutions Design Group, the Technical Request For Change Board, the Change Advisory Board, The Digital Optimisation Group, Trust communication channels (e.g. the Events Planning Group) and structured Capital Planning submissions. • **Trust Data Quality** Policy and Procedures (e.g. Data Corrections in response to end user advice) plus supporting **EPR Training** regime for new starters including doctor's rotation and annual mandatory training. • **Cyber Training** for the Trust Board • Secured annual capital investment to increase Digital skills and capacity. • Approval of a 7 Year Capital Profiling based upon asset replacement cycle and strategic roadmap (to deliver the approved Digital Strategy (January 2020)) plus the approval of the subsequent Annual Prioritised Capital Investment Plan as managed via the Trust Capital Management Committee.				
Assurance Gaps:	**Gaps In Assurance:** • Annual external penetration testing out of date (27/03/20). Due to Covid-19 pandemic the CIO confirms to delay testing until autumn, this is inline with other Trusts in the C&M Region. No significant changes top our infrastructure has been made since the last test, e.g. change of firewall. The DSPT will be updated with this decision. **Gaps In Controls:** • Approval of a **7 Year Capital Profiling** based upon asset replacement cycle and strategic roadmap (to deliver the approved Digital Strategy (January 2020)) plus the approval of the subsequent **Annual Prioritised Capital Investment Plan** as managed via the Trust Capital Management Committee. • **Implementation of an effective workforce plan** via an approved structure investment business case that delivers fit for purpose levels of skills, resilience and capacity.				

Board Assurance Framework

	• **Implementation and normalising of cyber measures** for contributing to the mandated levels of compliance with DSPT, GDPR and Cyber Essentials Plus and the EU NIS directive. • **Normalising of staff behaviours** to protect data evidenced via reduced IG incident report levels. • **Top down approach to cyber leadership** via evidence of completion of accredited Board Level National Cyber Security training coupled with annual mandatory Data Security Training. • Ability to mitigate cyber confiuration of **nationally provided systems** (e.g. ESR) and **non-Microsoft devices** (that meet a clinical need). • Deployment of NHS Digital Secure Boundary for the Internet connection

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Standardised policies and procedures across the C&M STP using the core documentation from standard of ISO 27001 and the DSPT	Standardise policies and procedures across the C&M STP	• MIAA to map the basic standards to form the minimum and gold standard of documentation for Cyber. MIAA and WHHT to create the documentation templates from the mapping: • ISO 27001 (ISMS) • Data Security & Protection Toolkit (DSPT) • Information Security Standard (ISF) • Center for Internet Security (CIS) • Information Systems Audit and Control Association (ISACA) • National Institute of Standards and Technology (NIST) • Cyber Security Body Of Knowledge (CyBOK) [Basic mapping of the standards now complete, the mapping will go to the next C&M Cyber Group for discussion before moving onto the writing of the documentation]	Deacon, Stephen	31/10/2020	
Act on recommendations made in the Cyber essentials report to ensure improved cyber security. [Delivers: Best Practice]	Implement the recommendations made in the Cyber essentials report and DSPT to ensure improved cyber security. *NHS Digital have commented they are looking at whether to continue with Cyber Essentials+ revision (relies upon NHS Digital negotiations).*	• Cyber and External Audits Task and Finish Group set up to track the remaining Cyber Essentials recommendations. The outcomes will be reported regularly to the Information Governance and Corporate Records Sub-Committee. • Enhanced Firewall controls on Trust network (30/09/20 - Simon Whitfield) • Fully documented Firewall infrastructure (31/10/20 - Phil Smith)	Deacon, Stephen	31/11/2020	

Board Assurance Framework

		• Enforced 90 Day System Password refresh (30/11/20 - Joe Garnett) • Regular vulnerability scans of internal network via IT Health Assurance Dashboard (30/04/20 - Stephen Deacon) (COMPLETE) [Outstanding tasks been to be discussed at the next Cyber and External Audits Task and Finish Group (28/08/20)]			
Move medical devices into VLAN bubble. This will involve participation of multiple 3rd parties and internal WHH staff. [Delivers: Best Practice]	Add medical devices to the Medical VLAN bubble	• A better solution to isolate the medical devices have been devised. It's the same as the "VLAN bubble" in that it's a firewalled VLAN, its more secure as devices within a VLAN are not limited in communicating with each other, keeping all PACs devices separate is better than isolating them all together with other medical devices.	Deacon, Stephen	29/01/2021	
Support for Windows Server 2003 has now ceased and Windows Server 2008 becomes unsupported from January 2020. As a consequence, Microsoft will no longer provide security updates or technical support for these operating systems. Consequently, any server or system reliant on Windows Server 2003 and Windows Server 2008 (from Jan 2020) presents a cyber-security risk to the Trust. We either need to migrate or decommission the unsupported Windows Server 2003 and Windows Server 2008 to Windows 2016 (Latest server operating system). [Delivers: Best Practice]	Migrate all 2003 and 2008 servers to 2016.	• Engage with the CBU's/Departments regarding migration and potential costs and plan migration. • Migrate the servers to Windows Server 2016 • Extend Support for 2008 [Status July 20] Total Completed % Complete 2003 Servers 21 14 66.7% 2008 Servers 56 22 39.3% All simple migrations have been completed by IT Services. The remaining servers are complex migrations and require more analysis to look at licenses, resources and impact on other systems. A business case may be needed for any associated costs.	Deacon, Stephen	30/06/2021	

Board Assurance Framework

To upgrade all windows 7 to Windows 10 before end of March 2020 [Delivers: Best Practice]	To upgrade all windows 7 to Windows 10 before end of March 2020	• Deployment and Desktop Team to go out and reimage the devices around the Trust. [99% migrated – July 2020] 10 outstanding devices to be migrated: Department: Outstanding Pathology 2 (Issues with the software – a mitigation plan will be needed by IT Seniors) Catering 1 (Waiting on MenuMark system upgrade) Ophthalmology 4 (Waiting on 3rd party post Covid-19) Theatres 2 (Covid-19 hotspot, unable to access) ED 1 (Covid-19 hotspot, unable to access) The 5 devices in Audiology have now been migrated to windows 10. IT Services have completed the migration as far as they can until the issues above can be resolved. CIO/SIRO has been made aware and is happy with the current risk. The Virtual Desktops (VDI) Windows 7 image migration to the Windows 10 image is set to be complete by the end of September 20	Deacon, Stephen	31/10/2020	
As part of Cyber Essentials+ all unsupported software should be updated or isolated from internet based networks. Office 2010 will need upgrading to the latest version of Office for all endpoint devices on the WHHT network. [Delivers: Best Practice]	Migrate from Office 2010	• Secure funding and take advantage of the NHS Digital's N365 discount licensing offer (May 20 – COMPLETE) • Submit the Trust's licensing requirement (June 20 - COMPLETE) • NHS Digital approval (August 20) • Migrate to N365 using remote installing software SCCM (Sept 20) [£1.7 million investment currently identified within Trust capital plan for 20/21]	Deacon, Stephen	30/09/2020	
Deliver fit for purpose Lorenzo EPR Performance and agility of changes to deliver the paperless strategy.	Work with supplier to assure EPR performance whilst enhancing Digital capability (people and finance).	• Work with EPR supplier to safely migrate Lorenzo to the modern	Gardner, Matthew	30/09/2020	

Board Assurance Framework

[Delivers: Optimisation / Timeliness]		cloud solution. • Implement staffing structure enhancements within financial opportunities (i.e. capitalisation of roles).			
To promote the risks of phishing, NHS digital will perform simulated phishing campaign targeted at the users of the Trust. The information will be collated and discussed at the Information Governance and Corporate Records Sub-committee	Perform simulated phishing campaign	NHS Digital to perform the simulated phishing campaign and report back to the Trust of the results. [The date of 7th September has been approved with CIO, IT Manager and NHS Digital. The campaign will run for 2 weeks. NHS Digital have confirmed they have received the updated .csv file of WHHT staff email addresses. NHS Digital stated that they would be using the pre-approved ESR template]	Deacon, Stephen	33/09/2020	
Installation of Pervade – Finding Harma Virus in the NHS	Installation of Pervade – Finding Harma Virus in the NHS	• Obtain agreement from CIO/SIRO (28/05/20 – COMPLETE) • Sign up for the Pervade SOC offer (28/05/20 – COMPLETE) • Setup virtual server, firewall rules and Active Directory Account (22/06/20 – COMPLETE) • Arrange an installation date (24/05/20 – COMPLETE) • Install Pervade (03/07/20 – COMPLETE) • Obtain results from the scans (03/07/20 - 30/08/20) [The definitive process for feeding back results from the scans for the Trusts who are taking part in the Harma Monitor SOC Offer is being finalised at STP/NHS Digital level]	Deacon, Stephen	30/09/2020	
Scoping exercise for Secure Boundary for Trust Internet connection for the following services initially: • Staff Wi-Fi Internet • Potentially Govroam /Eduroam Internet Access • Inbound Web Services hosted within WHH	Scoping exercise for Secure Boundary	• Express our interest to NHS Digital (Phill Smith - COMPLETE) • Arrange a 1-2-1 scoping call to discuss our requirements (Phill Smith - COMPLETE) • Decide whether to take the service (Tracie Waterfield/Stephen Deacon/Phill Smith - COMPLETE) • Kick off meeting to start the project	Deacon, Stephen	31/10/2020	

Board Assurance Framework

		(24/08/20 - Tracie Waterfield/Stephen Deacon/Phill Smith) • Implementation (31/10/20) [Scoping exercise complete, IT Services and Digital Compliance happy to proceed, kick off meeting to be arranged to kick start the project, subject to SLT approval]			
Use BitSight and VMS to provide a Security Credit Score against our peers and monthly external penetration testing	Onboard with BigtSight & VMS Security Assurance Platforms	• Express our interest to NHS Digital (COMPLETE) BitSight • Arrange for service to commence (27/07/20 - COMPLETE) • Give access to additional team members (27/07/20 – COMPLETE) • Obtain results (27/07/20 - COMPLETE) • Complete the training (31/07/20 - COMPLETE) VMS • Arrange for service to commence (30/07/20 – Stephen Deacon / Phil Smith - COMPLETE) • Sign agreement (14/08/20 – Stephen Deacon / Phill Smith / Phill James / Matt Garnder) • Obtain results (30/08/20) [BitSight Security Score: 720 – Intermediate]	Deacon, Stephen	30/09/2020	

Board Assurance Framework

Risk ID:	1207	**Executive Lead:**	Michelle Cloney, Chief People Officer	**Rating**	
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.				
Risk Description:	Failure to complete workplace risk assessments for all staff in at-risk groups, within the timeframes set out by NHSI/E. This will be caused by a lack of engagement in the set process by line managers, resulting in a failure to comply with our legal duty to protect the health, safety and welfare of our own staff, for which the completion of a risk assessment for at-risk members of staff is a vital component.			**Initial:**	16 (4 x 4)
				Current:	16 (4 x 4)
				Target:	8 (2 x 4)

Assurance Details:

The development of a Workplace Risk Assessment form (NHSI/E state, using online risk assessments to achieve better adoption) and accompanying database will enable the Trust to quickly and smartly deploy the workplace risk assessments and monitor completion and quality.

Trust Board and NHSI/E will seek assurance from the completion of the following metrics:

- Number of staff risk-assessed and percentage of whole workplace
- Number of black, Asian and minority ethnic (BAME) staff risk assessments completed, and percentage of total risk assessments completed and of whole workplace
- Percentage of staff risk-assessed by staff group
- Additional mitigation over and above the individual risk assessments in settings where infection rates are highest

Having already deployed a Workplace Risk Assessment for BAME staff, both managers and co-ordinators have gained experience in the process to enable improvements to be made.

Nominated accountable managers will take the lead for the completion of the Workplace Risk Assessments in their area, and will start ensuring their line managers are booked on the available training to ensure the Trust take a competent and consistent approach to completing the Workplace Risk Assessments.

As recommended by NHSI/E the Trust has a clear direction that this is an organisational priority by the leadership team, including CEO ownership and making it a standing item at board meetings.

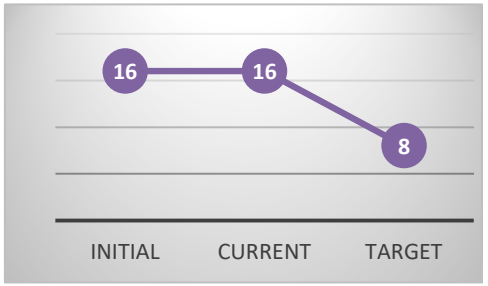
Training for line managers is in place and on-going Audit process is in place and live Staff communications have included:

- Trust-wide comms
- Individual letter from CPO to home addresses
- Flyers(I showed this to Naveed via Teams)
- Staff side
- Staff networks
- New starter paperwork
- Corporate Induction
- Local Induction

Regular reporting to Recovery Board (twice weekly) and Executive Team (daily) is in place
Daily meetings are held with Deputy Director of HR and OD and Deputy Chief Operating Officer to review all outstanding risk assessments with CBU/Corporate Managers.

Position @ 11th September

- 79.27% staff risk assessed
- % of risk assessment have been completed for staff who are known to be "at risk", with mitigating steps agreed where necessary – 91.29%

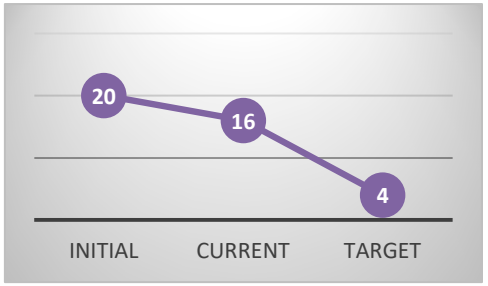


Board Assurance Framework

	• % of risk assessment have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary – 96.35%	
Assurance Gaps:	The required quick turnaround requires enagement at all levels of the organisation. The Trust requires all staff to recongnise the imprortance of the Workplace Risk Assessment and therefore make accessing the training and support available a priotiy. To ensure the Workforce Risk Assessments are completed in a timely manner and to a high standard. Due to the nature of COVID-19 our knowledge of it is changing constantly; therefore it is a challenge to keep up-to-date with the guidance and then react appropriately through changes in our processes	

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Close scrutiny and monitoring of compliance is required to ensure local implementation.	Ensure senior level oversight and awareness of the progress of compliance ant staff group and CBU / Department level.	• Daily reporting to Chief People Officer and follow up with accountable managers where required • Inclusion in daily SITREP • Weekly reporting to Recovery Board • Monthly reporting to Operational People Committee	Deborah Smith, Deputy Director of HR and OD	31/10/2020	

Board Assurance Framework

Risk ID:	125	**Executive Lead:**	Dan Moore	**Rating**	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to provide a safe, secure, fit for purpose hospitals and environment caused by the age and condition of the WHH estate and limited availble resource resulting in a risk to meeting compliance targets, staff and patient safety, increased backlog costs, increased critical infrastructure risk and increased revenue and capital spend.			**Initial:**	20 (5x4)
				Current:	16 (4x4)
				Target:	4 (4x1)
Assurance Details:	Controls: 2018 C&M H&CP Estates strategy – updated annually Six Facet survey – condition appraisal of estate (annually) which informs a prioritised schedule for managing backlog maintenance Estates 10 year capital program which is updated annually as a result of the 6 facet survey and any capital works that have been carried out Capital Planning Group and associated capital funding allocation process Planned Maintenance Program Reactive maintenance regime Annual asbestos survey - asbestos management survey makes an assessment of the condition of any materials present and determine the likelihood of any fibres being released. Annual PLACE assessments Assurance: External estates compliance audit carried out in November 2019 which has in formed a number of remedial actions to improve compliance across the estate Monthly Estates compliance audit Estates and Facilities Health, Safety and Risk Group – managing health and safety issues and monitoring risk registers Fire Safety Group – monitors fire safety issues across the trust and provides assurance to Cheshire fire and rescue service on Fire Safety Management PLACE assessment action plan and monitoring - Capital Planning Group – determine how the trust capital is spent Trust Ops Board Use of resources group – monitors how cost effective and value for money estates and facilities are in relation to a number of national and regional benchmarks New hospitals for Warrington and Halton groups – providing a platform to address the critical infrastructure and backlog risk 20-21 capital programme approved which includes £2.27m to address backlog maintenance £4.3m Business Case for ED Plaza Scheme approved Critical Infrastructure Capital Funding (£2.41m) to support schemes with critical and high levels of backlog maintenance approved Cancer Alliance funding of £0.5m for endoscopy enabling work at Halton to improve the environment				
Assurance Gaps:	Capital funding 19-20 (£ of requested schemes : £ of actual funding) Estates staffing - reduced staffing numbers since 2011 has impacted on ability to carry out elements of essential maintenance Accessibility – some equipment is not accessible for maintenance due to age and design. Without a permanent decant ward this proves difficult to overcome Cost pressures – unfunded elements of maintenance in I&E budget Use of Resources - benchmarking against backlog maintenance and critical infrastructure risk are below national medium Reduced estates compliance				

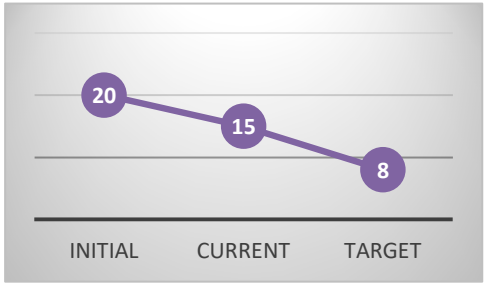
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Develop and monitor action plan to address compliance	Action plan to address non compliance issues highlighted in report (Nov 2019)	Develop and monitor action plan to address compliance	Wardley, Darren	31/12/2020	

Board Assurance Framework

Risk ID:	1134	**Executive Lead:**	Cloney, Michelle	**Rating**	
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.				
Risk Description:	Failure to provide adequate staffing caused by absence relating to COVID-19 resulting in resource challenges and an increase within the temporary staffing domain			**Initial:**	20 (4x5)
				Current:	15 (3x5)
				Target:	8 (4x2)

Assurance Details:

- A COVID-19 nursing advice line has been created, to provide a range of advice and guidance to the workforce.
- An OH call centre has been created, which enables all calls to be answered and triaged by a team of administrators.
- The OH Service has also developed the co-ordination and advice service for staff testing (for symptomatic staff)
- Enhanced Occupational Health Service to 7 days per week with additional staffing both administration and clinical.
- An enhanced wellbeing offer has been developed, linked to learning from Wuhan, Italy and the British Psychological Society.
- A specialist extranet page has been developed which includes all national wellbeing offers, and links to discounts for our NHS staff during this period of time.
- Mental health wellbeing drop in sessions have been introduced across both Warrington and Halton sites, with a specific wellbeing email address created for any enquiries to the wellbeing hub.
- Facilitated conversations are available to staff working on COVID-19 wards.
- Face to face counselling on-site.
- Telephone counselling.
- Alternative therapies such as relaxation therapy.
- A Workforce Welfare Hub has been established by the Director of Strategy to support the practical needs of our workforce.
- Additional support put in place for Black, Asian and Minority Ethnic staff including a specific risk assessment
- Guidance on risk assessments for various groups of staff has been issued to managers with clear expectation on completion.
- Staff events have been stood down to support socially distancing in work.
- Additional groups of staff have been brought into the organisation, including:
  - Medical Students
  - Nursing Students
  - AHP Students
  - Medical 'Returners'
  - Nursing 'Returners'
  - AHP 'Returners'
- Following national guidance, amendments have been made to the pre-employment check process to support speedier recruitment
- The Workforce Information Hub has supported the 'real time' reporting of absence, to enable a clear picture of current staffing.
- A Temporary Workforce Redeployment Hub has been established to support staffing levels by identifying staff who are available for redeployment and match them with demand.
- Retirement Policy has been updated to allow a shorter break (24 hours) in service.
- National annual leave changes mean that staff can carry forward any untaken annual leave above 20 days into the next leave year. In addition, a local scheme has been introduced to allow substantive staff to sell annual leave back to the Trust during the period 26th March 2020 to 30th June 2020.
- Flat rate overtime has been introduced for staff in band 8A and above.
- All additional hours and bank shifts worked by medical staff between 7th April 2020 and 31st May 2020, will be paid at the enhanced rates. This arrangement was extended until 9 June 2020 to review the scheme and consider whether this should

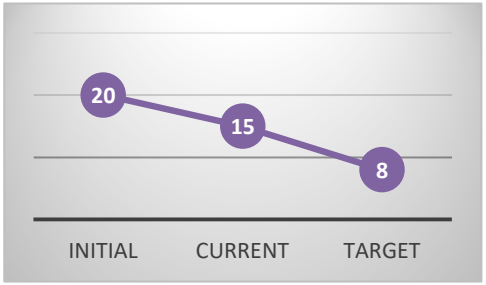


Board Assurance Framework

	continue – decision taken by Strategic Oversight Group to revert back to Pre-Covid Enhanced and Standard rates of pay. • A plan is in place to support workforce recovery including health, wellbeing, leadership, teams, HR and resourcing. • All staff who are shielding are have individual reviews with line managers, supported by HR, to discuss impact on role and support to work from home. • Partnership working is in place with Cheshire Fire and Rescue to utilise their staff members available for redeployment. • Antibody testing for staff is now in place. Approximately 3440 have been tested as at 15.06.2020. • Pilot of testing for asymptomatic staff complete. SOP signed off via Tactical Meeting. • Process in place for escalation of any potential local 'hot spots' of COVID-19 in teams on a weekly basis to Infection, Prevention and Control and Microbiology Teams • Central log in HR Department to capture all sheilding staff – process in place for on-going updates • Electronic system is in place to support the roll out of a new COVID-19 Workforce Risk Assessment Tool in line with Risk Reduction Framework • Regular reporting on compliance with risk assessment requirements is in place • Regular training on COVID-19 Workforce Risk Assessment is in place • July sickness rate reduced to 5.55%	
Assurance Gaps:		

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Produce and deliver a workforce recovery support plan based on evidence and learning.	Ensure that a range of support offers are designed, in place and easily accessible by staff. Ensure that they are designed based on the learning from the available evidence relating to the impact of COVID-19 and other events such as the Manchester Arena bombing.	• Produce and deliver all offers set out within the workforce recovery support plan. • Undertake an equality impact assessment of all offers within the plan.	Deborah Smith, Deputy Director of HR and OD	30 September 2020	
Deliver the NHS People Plan 2020-2021	Deliver on the local implementation of the NHS People Plan 2020-2021, prioritising those elements that relate to supporting the workforce recovery.	• Produce integrated strategic workforce delivery plan, amalgamating WHH People Strategy priorities, WHH EDI Strategy workforce priorities, NHS People Plan. • Monitor delivery of plan via Operational People Committee	Deborah Smith, Deputy Director of HR and OD	31 March 2020	

Board Assurance Framework

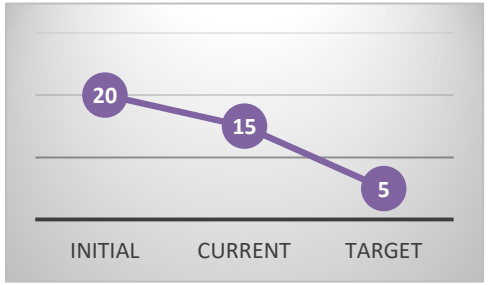
Risk ID:	145	**Executive Lead:**	Constable, Simon	**Rating**	
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.				
Risk Description:	Influence within Cheshire & Merseyside a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position. b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.			**Initial:**	20 (5x4)
				Current:	15 (5x3)
				Target:	8 (4x2)
Assurance Details:	The board has developed the Trust's strategy and governance for delivery of the strategy to ensure that all risks are escalated promptly and proactively managed. No service changes with a detrimental impact on the Trust or our patient population have been agreed to date or included within the C&M Health and Care Partnership plans. The Trust has developed effective clinical networking and integrated partnership arrangements. Some examples include: - The Trauma and Orthopaedic service has developed excellent links with the Royal Liverpool and the Walton Centre for complex spinal patients. - Collaboration with Bridgewater - Council and CCG in both Warrington & Halton supportive of development of new hospitals. Agreement with key stakeholders to progress single programme and proceed with OBC development. - Agreement of sustainability contract with Warrington CCG and subsequently Warringotn & HaltonSystem Finacial Recovery Plan - Collaboration with STHK - Regular GP engagement events held - Regular Strategy updates are provided to the Council of Governors - Clinical strategy wide engagement - Clinical Strategy approved by Trust Board - CBU specialty level strategies complete and incorporated in business plans. - Successful in One Public Estate revenue funding bid for Halton - Initial talks held with Elective Care C&M Lead in relation to the suitability of Halton as a potential Elective Care Hub. Opportunity to accelerate elective hub as part of Covid recovery - Trust has met with Cheshire & Merseyside leads for Women's and Children's review to demonstrate strength of local Women's and Children's services and help inform outcomes of regional review. - NHSE and local Commissioners supportive of draft strategy for breast screening. Breast Centre of Excellence being implemented as a priority to support COVID-19 recovery. - Initial meeting for Cheshire & Merseyside respiratory review held. Trust presentation well received. - DoH launched Health Infrastructure Programme (HIP) announcing a £2.8b investment. WHH not included in the first 2 phases of investment. The Trust has written to NHSP to seek support in raising the profile of our needs – NHSP has used the Trust as a case study in their national campaign - Strategic Outline Case (SOC) for both new hospital developments approved by the Trust Board - Letter written to Government from senior stakeholders requesting funding as part of HIP - Positive meeting the Medical Director and Director of Strategy at Alderhey confirming their intention to work with the Trust to repatriate WHH patients. Progressing repatriation of general surgery activity as a priority during COVID-19 recovery. - Pathology – Draft outline business case for pathology reconfiguration across Cheshire & Merseyside. Currently options for further development do not include any option where WHH is a hub. All options proposed include an Essential Services Lab (ESL) at WHH. Detailed feedback provided by the Trust included in strategic outline business case to ensure quality standards				

Board Assurance Framework

	and turnaround time are sustained for proposed ESL. Pathology OBC supported by the Trust Board - Funding secured via Halton Borough Council and Liverpool City Region Town Centre Fund to provide some services within Shopping City in Runcorn. This contributes to a potential phased approach to delivering reconfiguration of the Halton site. - Director of Strategy invited to be a member and the health representative on both Runcorn and Warrington Town Deal Boards, tasked with planning for the investment of £25m (each) to regenerate Runcorn Old Town and Warrington - Town Deal plan for Warrington submitted. Included the proposed provision of a Health & Wellbeing hub in the town centre and a Health & Social Care Academy. - Strategy refresh completed and approved at Trust Board to confirm 2020/21 priorities.	
Assurance Gaps:	Organisational sovereignty and the need for individual Trusts, CCGs and others to meet performance targets at an organisational level have the potential to slow or block progress. Risk to Women's and Children's future provision due to Cheshire & Merseyside led review. Risk to securing capital funding to progress new hospitals	

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Strengthen Women's & Children's Services	Establish Programme of Development	Develop & Complete Action Plan	Salmon-Jamieson, Kimberley	30/10/2020	
Progress plans for new hospitals to be best placed to secure funding when available	Develop SOCs and OBCs	Develop SOCs and OBCs	Lucy Gardner	SOCs – April 2020 OBCs – Q4 2021/22 Warrington Q3 2021/22 Halton	SOCs – March 2020

Board Assurance Framework

Risk ID:	1205	**Executive Lead:**	Phill James, Chief Information Officer	**Rating**	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	FAILURE TO send accurate continuity of care information medication and / or allergies information from the Lorenzo EPR to external stakeholder. E.g. GPs CAUSED BY errors within the Lorenzo EPR electronic discharge summary code and/or configuration, i.e. the DXC PAN summarises the issue as: *"Discharge medications documented in Lorenzo do not match those showing on the discharge summary – this results in some medications being duplicated, missing completely or being incorrectly cited into appropriate sections." The medications section of the Discharge summary is split into the four heading of "Continued", "Stopped", "Changed" and "UnChanged" but the Trust response has deduced that medications are also appearing in the allergies section of the discharge summary.* RESULTING IN patient harm due to errors and/or omissions within the medications and allergies information that is transmitted from the WHH FT Lorenzo EPR to its external stakeholders for approximately 4% of all patient discharges for the affected period. *** There is currently no evidence of patient harm but there is evidence of potential for harm to result **** **Assurance:** • Receipt and review of updates to the DXC Product Alert Notice (in response to new data as their investigation progresses and intelligence improves); • WHH FT has spoken with other Lorenzo Trusts to compare known information to inform the WHHFT response plan; • Registration of a BAF risk for this issue, to ensure the Trust Board are sighted on the salient and able to provide constructive challenge. • Creation of a Datix incident to manage the clinical investigation of the impact of the fault; • Presence of affected discharge summaries within the EPR (inpatients and discharged patients) • Confirmation that GPs have acted upon the alert and amended their records as required. • Receipt of confirmation of harm / no harm from GPs of affected patients and follow on actions where necessary; • Identification and correction of root cause within the Lorenzo EPR; • Proven identification of first date that the fault affected WHH Lorenzo ERP and subsequent manual review of all discharge summaries back to and including that date; **Controls:** • Immediate removal of affected discharge summary sections; • Manual review of all June 2020 and 1/3 of May 2020 discharge summary records; • Issue of an urgent communication to the CCG to inform the GPs of the issue, our actions and our plan; • Issuing of lists of all affected patients to GPs with a copy of the discharge prescription; • Safe re-introduction of known good headers in medications section of discharge summary. • Creation of a Datix incident to manage the clinical investigation of the impact of the fault • Manual review of all discharge summary records from 1st May 2020 through 10th July 2020; • Implementation of a script change to facilitate a simple list of medications and/or allergies appending to the discharge summary; • Provision of copies of the discharge prescriptions to the GPs for the period during which no medication information is provided on the discharge summary plus corrected medication information where discharge summaries have been identified as incorrect. • De-risking of Lorenzo EPR releases via thorough WHHFT discharge summary tests;			**Initial:**	20 (4x5)
				Current:	15 (3x5)
				Target:	5 (1x5)
Assurance Details:					

Board Assurance Framework

Assurance Gaps:	**Gaps In Assurance:** • No further gaps in assurance **Gaps In Controls:** • Issue, test and deployment of a proven resolution; • Robust WHHFT PAN receipt, review and act process for all PANs.

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Investigate All gathered intelligence must be shared to the supplier to contribute to a timely and safe resolution.	Ensure all identified affected records are communicated to DXC to aid the technical investigation.	Communicated summary of all affected records to DXC [Final Validation check for August/Sept 2019]	Caisley, Sue	06/08/2020	.
Recover As this is a third similar event in the past 12 months the Trust should now de-risk the lack of assurance demonstrated by DXC and implement more robust and comprehensive site testing.	Ensure a range of test patients records are exercised in all Lorenzo acceptance tests to incorporate a range of patient complexities and history permutations.	Document and implement strengthened Trust discharge summary acceptance test process for all Lorenzo EPR releases (Emma O'Brien) Revised SOP issued for review regarding PAN process and Clinical Safety Officer engagement. Amended target close date to reflect timeline.	O'Brien, Emma	31/08/2020	
Recover Ensure PAN notices are processed robustly and without delay and dovetail into clinical risk processes.	Document and implement more robust PAN receipt, confirmation, triage and management process.	• Review existing PAN management process (10/07/20 - Sue Caisley) • Consider automation of Datix for all PANs (10/07/20 - David Kelly) • Ensure Email is not a weakness (10/07/20 - Sue Caisley) • Ensue DXC seek formal response of receipt and action (10/07/20 - Sue Caisley) • Review PAN format for aiding Trust triage and prioritisation in response to potential threat to patient care, i.e. understand why the DXC assessment of this risk was "Medium" (17/07/20 - Sue Caisley) Revised SOP issued for review regarding PAN process and Clinical Safety Officer engagement. Amended target close date to reflect	Caisley, Sue	31/08/2020	

Board Assurance Framework

		timeline.			
DXC must provide a thorough root cause analysis report that sets out the facts leading to the issue, actions taken to resolve the issue, lessons learnt and subsequent corrective actions to prevent a reoccurrence.	INVESTIGATE - Seek DXC's estimated date for an investigation RCA report	• Maintain daily contact and action list with DXC (Sue Caisley) 1. DXC have root cause identified – this has been identified as introduced as part of TXT text changes introduced in Sept 2019. The tool version upgrade required stored procedure changes to align and during the SP amendment we have introduced the issue marked 2 below and the upgrade to the new version introduced point 1 below 2. DXC have two separate detection scripts that identify potential patients who may have problematic discharge summaries – this is broken down below 3. DXC have fixes available and we are working to agree on appropriate delivery vehicles currently DXC contractually obliged to provide formal RCA 20 days after identified issue. Amended target close date to reflect timeline. Interim RCA now received (4.8.20) from DXC to assure the Trust that the root cause and trigger event was identified. Trust accepted RCA, though the final RCA is pending. Sufficient assurance gained to support subsequent upgrades.	Caisley, Sue	31/08/2020	

We are WHH & We are PROUD to make a difference

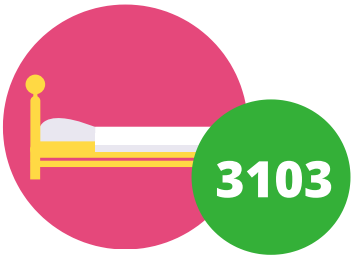
NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Staff Support and Welfare Services

provided during COVID-19 Pandemic

During the first phase of the Trust's COVID-19 response we introduced and extended a number of services to support our staff and their families through this challenging time including:

40
Welfare Champions appointed

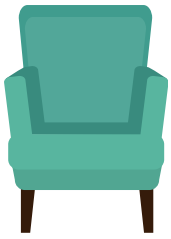


3103
Nights of accommodation provided

605
Queries resolved

159
Areas supported

18790
Hot meals delivered



32
Staff rest spaces improved

26880
Hours of childcare used

3157
Welfare visits

We are WHH & We are PROUD to make a difference

COVID-19

Staff Welfare Services

Additionally, the Trust put in place staff welfare services during the national lockdown, to ensure staff would feel safe and able to continue to come to work to support patients and their families.

Welfare Champions

40 staff members volunteered to ensure that staff concerns were captured, resolved, or appropriately escalated, and to promote the range of complementary services available to support staff. They looked after 159 areas across Warrington Hospital, Halton Hospital and CMTC. Our Champions conducted 3,157 visits between May and July, and delivered over 18,000 meals to staff across the Trust, over 7 days a week.

Childcare

Between 20/03/2020 and the end of August the Trust funded 2,637 places for children of staff, totalling 26,880 hours of childcare. This ensured that staff impacted by the closures of schools, nurseries and childminders had access to high quality services to ensure they were still able to work.

Feedback

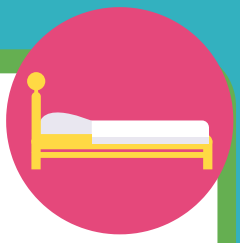
"I can honestly say they have been amazing, my little girl has the best time there and absolutely loves the staff... I couldn't praise the staff enough and I couldn't thank everyone enough."

"Just wanted to say a big thanks to everyone involved in making this possible."

"They have been a huge help with childcare for my 3 children. Without their support I wouldn't have been able to get to work on-call for the ED"

"I have been able to go to work and also to do extra shifts to support the unit I work on and my colleagues. Without the support from yourselves this whole situation could have been a lot more stressful not just for me but also for my children. "

Accommodation



The Trust funded over 3,000 nights of accommodation for staff between March and August to ensure that staff members were able to protect vulnerable family members through voluntary isolation and still continue to work.

Feedback

"*Gulliver's staff have gone above and beyond... It's those small things which make such a difference."*

"It feels like you're not on your own you feel like you're staying somewhere safe and with people around you that truly care."

Staff Spaces

To ensure that staff have access to quality rest areas, where they are able to relax before, during and after shifts, a programme of improvements to staff spaces was started. 32 staff areas were identified, with improvements including new carpet, over 100 items of furniture, white goods and electrical items, and outside furniture. Additionally, a staff yoga service has been set up in Warrington gym.

Feedback

"The new fridge is a delight! It's so much better now. Before it was a struggle to find any space, but now there is enough room for all of us to store our food. It really has made a difference."

"The vinyl floor is so much better, and more hygienic! And there is more space; before we were almost sitting on top of each other and would slide off the chairs.

Food

To make sure staff had access to food throughout the pandemic, the Trust organised provision of alternative services, including Dave's Butty Van and Superior Sandwiches on site at various times during lockdown. Additionally a nutritious takeaway service was set up in partnership with a local professional chef which provided 166 meals to staff up to May, alongside a service providing staff with basics like bread and milk. The community kindly donated a range of items including 18,790 hot meals that were delivered to all areas. We were overwhelmed with the generosity of the community, especially the Sikh community in making sure staff were energised on their weekend shifts.

Feedback

"Just wanted to say the food was delicious and if you could please pass on our big thanks to the kind gentleman who has been providing it."

"It was lovely and easy to just stick it in the oven after we all got home (my husband works at Whiston hospital and my kids are in school) and have some good food, rather than some quick pasta pesto thing :-)"

Transport

To ensure that staff are able to get to work despite changes to public transport timetables, the Trust set up a number of initiatives. This included discounts from local taxi firms and Uber; and the provision of a free bike loan service in partnership with Cycling Projects, a national charity, which resulted in the loan of 21 bikes to staff during lockdown.

The Trust also set up a number of enhanced offers to support our workforce, which are still ongoing. These include:

- **Health and Wellbeing booklet -** A one-stop-shop for staff to access information and signposting to other support.
- **Expansion of Mental Health First Aiders (+PFA) -** Psychological support, guidance and advice at a time to suit staff. Mental Health First Aiders provide mental health and resilience support plus a listening ear.
- **Care First Employee Assistance Programme -** Trained counsellors 24 hours per day, seven days per week for mental health support.
- **Occupational Health Service-** Clinical advice and telephone support seven days per week.
- **Mental Health Drop in Sessions -** Support from the organisation's trained counsellor available to teams.
- **Facilitated Debrief Conversations -** Available to teams upon request through a network of trained staff to provide.
- **Going Home Healthy -** A visual reminder of the importance of going home on time and adequate rest and recuperate.
- **MSK telephone clinics -** Staff can talk to a physiotherapist about any MSK concerns relating to MSK, Monday to Friday without an appointment.
- **Project Wingman -** A space to un-wind, de-compress and de-stress before, during and after hospital shifts.
- **BAME Staff Network -** A peer support network for our Black, Asian and Minority Ethnic Staff.
- **LGBTQ+ Staff Network -** A peer support network for our LGBTQ+ Staff.

- **Managers Guidance: Workforce Implications of Restarting Services -** Information for managers on how to support staff as services restart after COVID-19
- **COVID-19 Recovery Check -** Best practice programme for promoting team leaders/line managers to connect with each team member 12 weeks after the team has reformed to review wellbeing or development needs.
- **Self-Compassion at Work Programme -** A learning opportunity for leaders develop awareness of self-compassion and the impact on compassionate leadership.
- **Understanding each other as a team -** A bespoke offer, using a range of tools such as Team MBTI, strength deployment index, pack types.
- **Coaching -** Provided to leaders from within WHH or via NHS People - to support in achieving individual goals.
- **Bringing Teams Together workshops -** Supporting teams in coming back together.

Trust Board

DATES 2019-2021

All meetings to be held in the Trust Conference Room

Date of Meeting	Agenda Settings	Deadline For Receipt of Papers	Papers Due Out
2020			
Wednesday 29 January	Thursday 9 January (EXECS)	Monday 20 January	**Wednesday 22 January**
Wednesday 25 March	Thursday 5 March (EXECS)	Monday 16 March	**Wednesday 18 March**
Wednesday 27 May	Thursday 7 May (EXECS)	Monday 18 May	**Wednesday 20 May**
Wednesday 29 July	Thursday 9 July (EXECS)	Monday 20 July	**Wednesday 22 July**
Wednesday 30 September	Thursday 10 September (EXECS)	Monday 21 September	**Wednesday 23 September**
Wednesday 25 November	Thursday 5 November (EXECS)	Monday 16 November	**Wednesday 18 November**
2021			
Wednesday 27 January	Thursday 7 January (EXECS)	Monday 18 January	**Wednesday 20 January**
Wednesday 31 March	Thursday 10 March (EXECS)	Monday 22 March	**Wednesday 24 March**