WHH Board of Directors Meeting Part 1

Wednesday 30 November 2022
10.00am-12.30pm
Trust Conference Room WHH/Via MS Teams

TRUST BOARD MEETING – PART 1 *(Held in Public)*
Wednesday 30th November 2022, 10.00am – 12.30pm
Trust Conference Room/Via MS Teams

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/DESIRED OUTCOME	PROCESS	PRESENTER
BM/22/11/137	10:00	Engagement Story – Simon's Experience of Cancer Care (to be presented on the day)	*To Note*	**Presentation**	Jen McCartney Head of Patient Experience & Inclusion
BM/22/11/138	10:15	Welcome, Apologies and Declarations of Interest	*To note*		Steve McGuirk Chairman
BM/22/11/139 PAGE 6	10:17	Minutes and Action Log of the previous meeting held on 28 September 2022	*For decision*	*Minutes*	Steve McGuirk, Chairman
BM/22/11/140	10:20	Matters Arising • Verbal update in relation to Adaptive Reserve Fund (IPR Dashboard) • Amendment to the Constitution	*For assurance*	*Verbal* *Verbal*	Steve McGuirk, Chairman Andrea McGee, Chief Finance Officer & Deputy CEO John Culshaw, Trust Secretary
BM/22/11/141 PAGE 22	10:25	Chief Executive's Report	*For assurance*	*Report*	Simon Constable, Chief Executive
BM/22/11/142 PAGE 43	10:30	Chair's Report	*For info/update*	*Report & Verbal*	Steve McGuirk, Chairman
BM/22/11/143 PAG 52	10:35	Board Assurance Framework	*For approval*	*Report*	John Culshaw, Trust Secretary

Quality   People   Sustainability

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/DESIRED OUTCOME	PROCESS	PRESENTER
BM/22/11/144 PAGE 89	10:40	Integrated Performance Reports (IPR) and Assurance Committee Reports i) IPR Dashboard	*For assurance*	*Report*	All Executive Directors
(a) PAGE 157		**Quality Dashboard** • Nurse Safe Staffing Report **Including** Assurance Reports – Quality and Assurance Committee (QAC) - 4.10.22 & 1.11.22	*For assurance*	*Report*	Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO; Dan Moore, Chief Operating Officer; Paul Fitzsimmons, Exec Medical Director Cliff Richards, Committee Chair
(b) PAGE 175					
(c) PAGE 181		**People Dashboard** **Including** Assurance Report - Strategic People Committee (SPC) - 23.11.22	*For assurance*	*Report*	Michelle Cloney, Chief People Officer Julie Jarman, Committee Chair
(d) PAGE 185		**Sustainability Dashboard** **Including** Assurance Report – Finance and Sustainability Committee (FSC) - 19.10.22 & 23.10.22	*For assurance*	*Report*	Andrea McGee, Chief Finance Officer & Deputy CEO John Somers, FSC Chair
(e) PAGE 196		Clinical Recovery Oversight Committee (CROC) - 18.10.22 & 15.11.22			Jayne Downey, CROC Chair
(f) PAGE203		Assurance Report – Audit Committee 17.11.22	*To note for assurance*	*Report*	Mike O'Connor, Committee Chair

Quality

| BM/22/11/145 PAGE 205 PAGE 211 PAGE 218 PAGE 233 PAGE 241 | 11:40 | Maternity Update including;
• Maternity Incentive Schemes
• Ockenden
• Cheshire & Merseyside Perinatal Mortality Report Q3
• ATAIN
• Independent Investigation into East Kent Maternity & Neonatal Services | *To note for assurance* | *Report* | Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO |

People

| BM/22/11/146 PAGE 243 | 11:55 | Engagement Dashboard Q2 Update | *To note for assurance* | *Report* | Kate Henry, Director of Communications & Engagement |

Sustainability

BM/22/11/147 PAGE 253 PAGE 276	12:00	Strategy Update • Bi-monthly update • Bi-annual Strategy KPI update	*To note for assurance*	*Report*	Lucy Gardner, Director of Strategy & Partnerships
BM/22/11/148 PAGE 309	12:05	Use of Resources Q2 Update	*To note for assurance*	*Report*	Andrea McGee, Chief Finance Officer & Deputy CEO
BM/22/11/149 PAGE 321 PAGE 329 PAGE 336	12:10	Winter Resilience Plans • Steps to Boost Resilience (letter from NHSE • Winter Planning • Industrial Action & Resilience Briefing	*To note for assurance*	*Letter* *Presentation* *Presentation*	Dan Moore, Chief Operating Officer; Laura Hilton, Associate Chief People Officer; Rachel Clint, EPRR Manager

FOR APPROVAL					
BM/22/11/151 PAGE 354	12:20	Breast Consultation Outcomes	*For approval*	*Report*	Lucy Gardner, Director of Strategy & Partnerships

GOVERNANCE					
BM/22/11/152 PAGE 400 PAGE 404 PAGE 411	12:25	• NHS Enforcement Guidance Consultation • NHS Provider Licence Consultation • NHS Code of Governance	*To note for assurance*	**Papers**	Lucy Gardner, Director of Strategy & Partnerships John Culshaw, Trust Secretary

SUPPLEMENTARY PAPERS (see Supplementary Pack for page numbers)

TO NOTE FOR ASSURANCE					
BM/22/11/153	WHH GMC National Trainee Survey Results 2022 and GMC Enhanced Monitoring Status Update	*To note for assurance*	Committee: Strategic People Committee Date of Meeting: 21.09.22 Agenda Ref: SPC/22/09/99 Outcome: Noted for assurance.	*Paper*	Paul Fitzsimmons Executive Medical Director
BM/22/11/153	Medical Appraisal and GMC Revalidation Annual Report: September 2022	*To note for assurance*	Committee: Strategic People Committee Date of Meeting: 21.09.22 Agenda Ref: SPC/22/09/100	*Paper*	Paul Fitzsimmons, Executive Medical Director
BM/22/11/155	Infection Prevention and Control - Board Assurance Framework	*To note for assurance*	Committee: Quality Assurance Committee Date of Meeting: 1.11.22 Agenda Ref: QAC/22/11/290 Outcome:	*Paper*	Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO
BM/22/11/156	Safeguarding Bi-Annual Report	*To note for assurance*	Committee: Quality Assurance Committee Date of Meeting: 1.11.22	*Paper*	Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO

			Agenda Ref: QAC/22/11/284 Outcome:		
BM/22/XX/157	Digital Strategy Group Report	*To note for assurance*	Committee: Finance & Sustainability Committee Date of Meeting: 19.10.22 & 23.11.22 Agenda Ref: Outcome: Noted for assurance and DRG Terms of Reference approved 23.11.22	*Paper*	Paul Fitzsimmons Executive Medical Director
BM/22/11/158	Learning From Experience Q2 (LFE)	*To note for assurance*	Committee: Quality Assurance Committee Date of Meeting: 1.11.22 Agenda Ref: QAC/22/11/286 Outcome: Noted for assurance.	*Paper*	Kimberley Salmon-Jamieson Chief Nurse & Deputy CEO
BM/22/11/159	Guardian of Safe Working Q2 Report	*To note for assurance*	Committee: Strategic People Committee Date of Meeting: 23.11.22 Agenda Ref: SPC/22/11/121 Outcome: Notes for assurance.	*Paper*	Paul Fitzsimmons Executive Medical Director
BM/22/11/160	Winter Plan	*To note for assurance*		*Paper*	Dan Moore, Chief Operating Officer
BM/22/11/161	Any other Business		*To note*	*Verbal*	Chair

Date and Time of next meeting – Wednesday 25ᵗʰ January 2023

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.

Warrington and Halton Teaching Hospitals NHS Foundation Trust Minutes of the Trust Board Meeting – Meeting held in Public Wednesday 28 September 2022 Halton Education Centre/Via MS Teams	
Present	
Steve McGuirk (SMcG)	Chair
Simon Constable (SC)	Chief Executive
Cliff Richards (CR)	Non-Executive Director
Michael O'Connor (MOC)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director
Jayne Downey (JD)	Non-Executive Director
Michelle Cloney (MC)	Chief People Officer
Dan Moore (DM)	Chief Operating Officer
Paul Fitzsimmons (PF)	Executive Medical Director
Apologies	
Terry Atherton	Non-Executive Director
Andrea McGee	Chief Finance Officer & Deputy Chief Executive Officer
Kimberley Salmon-Jamieson	Chief Nurse & Deputy Chief Executive Officer
In Attendance	
Lucy Gardner (LG)	Director of Strategy & Partnerships
Pat McLaren (PMcL)	Director of Communications & Engagement
Jane Hurst (JH)	Deputy Chief Finance Officer (*in attendance for Andrea McGee*)
Alison Kennah (AK)	Deputy Chief Nurse (*in attendance for Kimberley Salmon-Jamieson*)
John Culshaw (JC)	Trust Secretary
John Somers (JS)	Non-Executive Director Designate
Adrian Carridice-Davids (ACD)	Associate Non-Executive Director
Dave Thompson (DT)	Associate Non-Executive Director
Liz Walker (LW)	Secretary to the Trust Board (minute taking)
Jen McCartney (JMcC)	Head of Patient Experience & Inclusion (*in attendance to present the Patient Story BM/22/09/108*)
Observing Governors	
Norman Holding (NH)	Lead Governor
Akash Ganguly	Staff Governor, Medical & Dental
Cllr Allan Lowe	Partner Governor, Halton Borough Council
Cllr Paul Warburton	Partner Governor, Warrington Borough Council
Nichola Newton	Partner Governor, Warrington & Vale Royal College
Staff Observers	
Jen McCartney (JMcC)	Head of Patient Experience & Inclusion
Carl Roberts	Associate Chief People Officer
Dee Taylor	Divisional Administrator
Ian Wright	Associate Director, Estates & Facilities Management

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Agenda Ref	Agenda Item
BM/22/09/108	**ENGAGEMENT STORY – MULTI-DISCIPLINARY RESPONSE TO IMPROVE HEALTH OUTCOMES** JMcC presented the Trust Board with a presentation on Multi-Disciplinary response to improve health outcomes and this related to a patient who had been admitted to Ward A4 on the Warrington site as an emergency. The patient had severe learning disabilities and was also non-verbal, and the story provided background of the admission and the process around those patients admitted as an emergency with learning and/or disabilities. JMcC went on to explain that it was important the patient's needs were met and this situation required a range of treatment and interventions. The presentation explained the background of the process and the involvement of the multi-disciplinary team. The outcomes, due to reasonable adjustments being put in place, resulted in reduced anxiety for the patient and relative and supported privacy and dignity. It enabled ward staff to provide effective care and treatment and from a staff perspective, they felt positive and valued for being included in the decision-making process for the patient. In terms of next steps, staff had reflected on the importance of holistic care, the story was shared through ward safety briefings and the planned care group, it was also displayed in the ward accreditation file for wider sharing and learning and also shared at the Patient Equality, Diversity, and Inclusion Sub-Committee, for wider care group learning. DT referred to his role in the Warrington Disability Partnership and asked whether the Health Passport had made a difference in this particular case and JMcC responded it had had worked well and helped when in an emergency situation. DT shared information relating to the Health Passport, explaining there were two passports, and it was being recommended that families in the community completed these. The passports are also held by GPs, Dentists and Hospitals and helps to understand the needs of the patient in the different clinical settings. DT asked if it was possible the story could be made into a video and ACD asked if there were restrictions to promoting this without consent from the patient. PMcL advised the form had been redesigned and prompted staff to ask the question regarding sharing of the stories publicly, so if the box had been ticked then it was taken as consent to be able to share wider. **The Trust Board discussed and noted the Patient Story and thanked JMcC.**
BM/22/09/109	**WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST** The Chair welcomed everyone to the meeting, and apologies were received from Andrea McGee, Chief Finance Officer & Deputy Chief Executive Officer, Kimberley Salmon-Jamieson, Chief Nurse, and Deputy Chief Executive Officer and Terry Atherton, Non-Executive Director

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	The Chair also referred to the Leadership Observation visits that all NEDs and Execs had undertaken before the start of the Board meeting and identified that the intention was to undertake a few of these visits and then to consolidate on lessons learned, how they were assimilated in the organisation and whether the approach needed any adaptation **The Trust Board noted the welcome and comments regarding Leadership Observations.**
BM/22/09/110	**MINUTES AND ACTION LOG FROM THE PREVIOUS MEETING HELD ON 27 JULY 2022** The minutes of the meeting held on 27 July 2022 were agreed as an accurate record and approved subject to minor amendments. The Action Log was reviewed and BM/22/07/81 was closed, as it was presented on the agenda today. . **The Trust Board approved the minutes of the meeting held on 27 July 2022.**
BM/22/09/111	**MATTERS ARISING** The Chair noted that Terry Atherton was unable to attend and John Somers, who would formally take up his post as Non-Executive Director on 1st October would represent Terry at the meeting. Although 'technically' still not a voting member of the Board, it was agreed that JS should play a full and active part in the meeting 'as if' he was a voting member, however if anything required a vote , he would not be able to participate. It was also noted that it would be Pat McLaren's last meeting as she was retiring from the Trust in October. The Trust Board was also asked to note that the Board Assurance Framework (BAF) would be presented at the beginning of this agenda and future agendas, to ensure risk focus for the agenda items, and this would be reflected upon at the end of the meeting. **The Trust Board noted that the BAF would be presented at the beginning of the agenda.**
BM/22/09/112	**CHIEF EXECUTIVES REPORT** SC presented his briefing report which provided the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 27th July 2022, some of which were not covered elsewhere on the agenda. SC wanted to highlight that it was the first time a summary of output from the C&M Acute Specialist Trust (CMAST) Provider Collaborative had been included in the report. It was also noted that the supplementary papers contained (for the first time) an organisational chart detailing the structure of the Trust with names and job titles included; this would provide information in the interests of all, including NED

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	colleagues, in understanding the different areas within the Trust. SMcG highlighted the controversy surrounding the possibility of Trusts not undertaking work on the day of the Queen's funeral, and that the CEO report contained an overview explaining how this Trust had continued with as much "Business as Usual" on this day. SMcG also highlighted that the CEO's report included an overview of additional responsibilities now being undertaken on behalf of the ICB, and there would be a need to ensure that the value added by the ICB justified the additional work required. Nevertheless, the Chair wanted to express his thanks to colleagues for this additional work. **The Trust Board noted the Chief Executive's Report.**
BM/22/09/113	**CHAIR'S UPDATE** The Chair explained that this was his first written report to the Trust Board and explained why it was considered important in doing so going forward. The report reflected the expansive range of pressing issues facing the Trust directly, and the change in obligations and duties imposed on the Foundation Trust, associated with the introduction of Integrated Care Systems. The report provided a more sighted update on his activities, as well as the wider engagement across the system of the work undertaken on behalf of the Trust. SMcG added he was conscious that feedback from Governors to Board was not as good as it could be, and a synopsis of the highlights from the Council of Governor meetings is set out in the report and would also be included in future reports. ACD commented that Governor's observation visits, as mentioned in the report, provided a great insight and helped to balance views and asked if there was an ongoing programme of work for Governors to continue with the visits. NH was invited to comment as Lead Governor and advised that there was a full schedule for the rest of 2022/23 with reports submitted to Senior Management and to the Council of Governors. The reports were also discussed at Patient Experience meetings, and any areas for highlighting were reported at the Quality Assurance Committee. SMcG invited the Lead Governor (NH) to make any additional comment in relation to the intent to provide a more formalises two-way link between the Board of Directors and COG. NH responded that the relationships were very good but adding a little more structure to the governance around it was no bad thing. DT asked if Healthwatch fed into the triangulation for these reports and it was noted they were included. ACD asked for assurance that the feedback from the Trust Board was communicated, and anything urgent identified would be expedited immediately.

	AK advised that feedback was presented back to areas/wards of the visits. NH added for governors these visits would close the loop and enable the results of the Patient Experience and High-Level Briefing Papers to be seen implemented. In conclusion the Chair indicated that this was the first attempt at a written report and welcomed any feedback as to whether it was helpful. 1. **The Trust Board discussed and noted the Chair's update and that formal written reports would be presented going forward.** 2. **The Trust Board also noted the assurance that the governor's visits were acted upon.**
BM/22/09/114	**BOARD ASSURANCE FRAMEWORK (BAF)** JC presented the Board Assurance Framework update and noted since the last meeting there had been no new risks added, one risk rating had been reduced, two risks closed and the description of two risks amended with a proposal to update a further risk. **Risk #1579** had been reduced from a score of 16 to 12, and details included in the report. Description amendments to **Risks #1579** and **#1215** had been approved by the Quality Assurance Committee on 6th September 2022. The description of Risk **#1134** was proposed to be amended and had been supported by the Strategic People Committee on 21st September 2022, with the details of these amendments included in the report. Since the last meeting two risks had been closed, **Risk #1289** and **#1233.** ACD questioned whether system risk and understanding of mitigations in relation to Risk #1579 had been taken into consideration. It was noted that a review of mitigations and actions was undertaken in order to review the scores of a risk. This risk related to internal challenges faced by our own patients and did not cover the wider part the Trust plays within the Ambulance Service approach but was kept under evaluation. DT also questioned whether this was something that would be highlighted to the ICB, and SMcG responded that the Ambulance Service did relate to the duties and responsibilities of the ICB, but it was at what point would they intervene. SC added that Ambulance handover was a concern and was being reviewed from an ICB perspective, but it was in the early stages of how this would be framed and who would do what. MOC asked about the four risks rated RED which related to Covid, and challenged whether, in light of all the issues facing the Trust, Covid remained the biggest challenge? SC responded, it was dependent on how the Covid burden was viewed, as it was still a challenge within the Trust and does have an impact on staffing, partners, and the ability to discharge patients. This results in a knock-on effect on elective restoration and recovery, so it was still very much a concern, and the associated risks were being managed.

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	SMcG added there was still further work in relation to wording for these risks, and the reason for the recovery issues in relation to Covid.

JD noted Covid was still causing pressures on organisations in relation to sickness and staff retention, so the wording and scoring would need reflect that.

DM commented that there was a debate needed in relation to the wording of the risk and the direct consequences, but the genesis of it was Covid.

MC added Covid could come back and therefore a review of the BAF, and Risk Register needed to be undertaken. She also noted that the Strategic People Committee had reviewed the risks and taken into account workforce pressures with the caveat that Covid might be featured again as a significant risk.

JC responded that discussions were continuing around the wording of the risks and scores were constantly reviewed, work was progressing..

CR asked about the health burden on patients, and mitigations of Covid and the effect on the workforce and how patients were being handled in hospital. DM responded the risk was around *super stranded patients* but was wrapped up in other risks, and JC added this could be included in several risks.
SMcG added there was more work in relation to wording and scoring, but it was good that the number of risks had reduced. Through the agenda items, and discussions, this would bring to the surface any issues in relation to capacity, workforce, financial and digital.

1. **The Trust Board discussed and noted the.**
2. **Further review in relation to wording, rating and mitigations of risks would be undertaken by Exec Leads and discussed at Risk Review Group meetings, and any amendments will be taken in to account in the next BAF update.** |
| BM/22/09/115 | **COVID-19 SITUATION REPORT**

SC presented the Covid-19 Situation Report which outlines the key information pertinent to command and control of the pandemic.

As of 21 September 2022, there were 82,714 confirmed cases of Covid-19 reported in Warrington and 52,756 cases reported in Halton. The trend was in line with England, Cheshire & Mersey, and other Northwest positions.

PMcL added, from a Covid-19 perspective, there were still quite a high number of enquiries relating to this, and those making enquiries were signposted to this report in the finance instance, which provided the most up to date information.

It was agreed that this information would be included in the Chief Executive's Report going forward and additional supplementary papers would include the more detailed information.

1. **The Trust Board noted the report.** |

	2. SC to include Covid-19 information in his report to the Trust Board.
BM/22/09/116	**INTEGRATED PERFORMANCE REPORT** SC presented the report and noted that discussion would be concentrated on those actions where the greatest measures were required. It was noted there were issues with delayed, super stranded and no right to reside patients, which had a knock-on effect on ambulance handover, patient experience, sepsis screening and ED management. ***Quality*** DM went on to explain about the impact on restoration and recovery of super stranded patients and referred to performance in ED, noting a slight improvement during the summer months. The issues surrounding bed capacity and availability for those requiring admission was around those who fall under the no right to reside and who needed to be stepped down into community facilities. *Length of Stay* Those patients with a length of stay longer than 21 days, were classed as super stranded, and the figures were still high, with between 140-150 patients in this category at any one time. This means that this criterion covers 25% of the bed base, i.e., around three wards worth of patients at any one time that could be stepped down either into the community, or home care. The main challenges in ED were the long wait for a hospital bed and also the number of patients waiting. There had been discussions around how to fix the issues relating transferring patients into the community and work was underway to review the domiciliary care market. (It was also noted that officers from Warrington Council were attending the Private Board session later in the day to give assurance around what actions the Council were taking.) SMcG asked whether opening the SDEC had reduced the numbers in ED. DM responded, it was early days but from the data received SDEC shows the number of patients being seen was reducing overall occupancy level in ED, with levels reducing from c.150 patients down to c.110/120. ACD asked if there was encouragement to think as a system, i.e., data around workforce, for example, would the system support moving staff around to support where needed. DM advised there was a daily system call with partners and capacity pressures discussed, within a mutual aid approach. However, the workforce situation was similar elsewhere. DM added these key issues, in relation to difficulty recruiting into the domiciliary care sector and intermediate care at home teams, were being discussed through the adaptive reserve programme. This would help to target some of these issues and work was being undertaken collaboratively to address these problems. and would be discussed further with Officers of the Council in Part 2. *Sepsis*

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AK provided an update in relation to Sepsis and noted that the gold standard was to screen patients and provide antibiotic treatment within the hour. A recent publication from the Academy of Royal Colleges, however, had highlighted the need to shift some of the focus.

In relation to some of the pressures highlighted by DM, it had been incredibly difficult to screen and administer antibiotics within an hour. Support from SDEC had allowed less acute patients to be screened in this area, however there were also ambulance arrivals and walk ins, which also impacted on administering the right treatment within the timeframe for those patients.

The Academy publication talks purely about treatment of the patients most sick and then the less acute, and this was being reviewed by NICE, with a view to publication in October, at which time the Trust would review and implement. There had also been support from the Quality Improvement team with process mapping in place to make some improvement. Ready made antibiotics had made a difference and usage of this was being reviewed. The Medical Lead for Sepsis would support driving forward improvement. However, the fundamental contributory factor was overcrowding in ED and even though there was continued effort and awareness to the lack of space still posed difficulties in relation to Sepsis screening.

JS noted that it was overwhelming to see all the statistics at the same time, which makes it difficult to understand the concept of timescales and interventions. PF responded in relation to Sepsis when 22 patients were on the corridor, it would be a struggle to administer antibiotics within an hour. However, it was better that 20 patients received antibiotics after an hour rather than be in an ambulance or at home waiting for an ambulance. In relation to medication safety, it was difficult to see where interventions could be made, but this could be discussed in further detail.

There was further discussion in relation to data and volume of patients in ED, noting work around data cleansing was taking place and recruitment had been a problem for Pharmacy as it would likely take 3 -6 months for this to be complete. A piece of work had been undertaken to review harm to patients, presented to the Quality Assurance Committee (QAC) in September, where no moderate or severe harm had been reported, and this would continue to be reported through QAC.

PF reported that there had been a slump in August due to a new rotation of doctors and had been very light on medical staff, along with more bank and agency staff, not familiar with the processes and this does impact on delay in care. JD added there had been discussion with Kimberley Salmon-Jamieson regarding development of a new Quality Strategy and producing information in a timelier manner for QAC, along with inclusion of timelines and reducing numbers, and what was being done to achieve some of the targets.

SMcG talked about medicines reconciliation and recruitment of staff to support ED which provided some assurance, but further information was needed as to how we would be able to track this.

CR responded medicines reconciliation had been previously discussed at QAC, and no data provided from ED. Therefore, the concern was whether patients were being given the correct drugs to get the right treatment, and the data did not include information around potential harm for delayed or omitted medication.

The Trust Board noted the updates in relation to Delayed transfers, ED, and Sepsis.

Committee Assurance Report

Quality Assurance Committee
CR highlighted the key issues to the Trust Board from the Quality Assurance Committee meetings held on 2 August and 6 September 2022. These included :

- Patient story had been presented regarding Deaf patients, and the impact and issues they face
- Update in relation to the Human Tissues Authority (HTA) report, where concerns had been raised around moving deceased patients from wards to the mortuary and a review of this service was being undertaken.
- Hot Topic in relation to Maternity Diverts, noting 5 patients had been diverted on 3 occasions but this was not a regular occurrence and procedure had been followed
- Safeguarding concerns were raised as to the number of concerns raised for children, with c.300 reports each month and an increasing number for adults
- Impact of Enabling Strategies not being refreshed
- 12-hour breaches

It had been noted that SMcG had met with the Safeguarding Teams, and it was agreed that a report be presented to the Committee and then highlighted at the next Trust Board meeting.

Strategic People Committee
MC noted the following issues from the Strategic People Committee for highlighting;

- Vacancies and recruitment time to hire, with an additional 50% workload increase for staff, along with a new version of NHS Jobs which was causing issues. These concerns around the system had been raised with the national team, in particular pre-employment checks which could not be undertaken as previously.
- Supporting attendance had been introduced, which was being reviewed with feedback from those who had followed the policy as a pilot
- Reduction in long term sickness, in April it was 4.19% and in August it was 2.96%, with peaks and troughs through Covid.
- Rules regarding supporting staff off sick with Covid was now embedded within the supporting attendance policy and a report would be presented to Strategic People Committee in November.
- Appraisals had been reviewed and noted there were low areas of compliance, but there was a new national system being put in place called "Scope for

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Growth", from February this would relate to Steps in Pay Grade

DT asked about a decrease in long term sickness and would have expected an increase in welcome back conversations. MC explained due to a delay with data this did not necessarily correlate.

JJ highlighted to the Board, awareness that the On Call Harmonisation project was in hand with good assurance on the process, but there were significant sensitivities around potential winners and losers from the process, and also highlighted the following;

- To note the risk of industrial action (currently on the Corporate Risk Register but could be escalated to the BAF depending on what happened)
- To flag that in our deep dive on health and well-being we had good assurance around the offer to staff, but only moderate assurance on addressing the root causes of the levels of anxiety and stress that members of staff are experiencing which was partly a result of the pressure in the system.
- To flag the anomaly around the 8A salary increase and pension contributions which means staff will owe money (for pension) as a result of a pay increase rather than receiving any money.

Finance and Sustainability Committee
JH presented the key issues from the Finance and Sustainability Committee and noted the figures in relation to Month 5, stating that the current position was £6.5m against a plan of £6.3m, so was just off plan.

- The plan for the end of the year was £6.1m, with risks in the plan against CIP, previously reviewing the profile in detail and would be backloaded in order to get past Q3 and Q4, which would be challenging.
- ERF was had been achieved and was expected to receive the full amount for months 1 – 5.
- Pay award had assumed it would be fully funded, however this was not the case and currently there was a £1.3m shortfall.
- Forecast was presented as a best, likely, and worst-case scenario.
- It was expected to receive feedback in relation to not going off plan and access to bid for funds and capital monies had been reduced.
- Under peer-to-peer review and scrutiny which will also affect cash reserve.
- In relation to Capital, it was noted emergency items had been approved.

JS asked about deficit being an issue and concern around agreed funding, and that there was a need to push back to the system where possible. JS also raised concerns in relation to CIP and it being non-recurrent and would need to ensure CIP and GIRFT were aligned.

JH responded at Month 4, Cheshire & Mersey were showing a £15m deficit, so most acute providers were in the same position.

Audit Committee
MOC noted the renewal of the External Auditors contract. MIAA had asked for

	time extensions to a number of actions which had been agreed, and to ensure that actions had been closed in time for the next meeting. MOC commented on the attendance of attendees from other committees, and it was goo to have that triangulation in relation to risks, which was useful. 1. **The Trust Board discussed and noted the updates on the Performance Dashboard and the assurance provided in response to the challenges and questions.** 2. **The Trust Board noted the highlights from the Committee Assurance Reports.**
BM/22/09/117	**MOVE TO OUTSTANDING** AK introduced the report which provided an updated position for July 2022 and noted that, going forward, the intention was for the report to be presented as a slide deck rather than a report. The areas for highlighting included ED and Regulatory breaches, and at this point there was a high risk of remaining in regulatory breach as a result of system pressures and the very high number of super stranded patients, resulting in patients being cared for in the corridor on a regular basis. The report also provided information regarding the new CQC methodology, an update on WHH plans for CQC preparedness and on internal mock inspections. JS asked about the drop in figures regarding first treatment at 62 days, and DM responded there had been an improvement in recent months in terms of the benchmark position. Cheshire & Mersey showed a better performance but in terms of 62-day backlog, these were smaller numbers, due to complicated clinical pathways. CR questioned whether information could be provided in order to understand the severity of the patient's illness and if this caused delays. DM advised he would provide further information in the next report. SMcG highlighted the large number of actions in the report (368), and questioned how confident Execs could be that when an action was suggested to be complete what had, in fact, been done, was what was intended for the original action? Essentially, he questioned the risk of an over reliance on an abstract action plan that could appear to have been undertaken but, on the ground, the reality could be very different. AK responded with a description of the rigour with which the actions were followed up by her team and the wider governance team as well as other colleagues. SMcG went on to suggest that the paper had shifted over time away from being about moving to 'outstanding care' to being about regulatory compliance. This was not, of itself, a bad thing at all, on the contrary it was valuable and important for the for the Board. To be abreast of its regulatory responsibilities but regulatory compliance was not the same thing as moving to outstanding care. In other words,

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care could be less than outstanding yet still compliant with regulation or guidance.

During the subsequent discussion, it was agreed that there should be reflection about being clear in terms of regulatory reporting and a conversation about what outstanding care meant. PMcL added it was important to capture the good work the teams were undertaking and to promote this, and JD added we need to celebrate what we are doing going forward and improvements should be celebrated.

It was important, therefore, for the Board to debate and understand what "*outstanding*" means to the Trust and LG responded that this should be part of the strategy refresh. SC suggested that this was reviewed by Exec colleagues in preparation for the refresh.

1. **The Trust Board noted the update, and it was agreed to move to a slide deck approach for future reports.**
2. **The Trust Board noted the assurance provided regarding the fulfilment of actions**
3. **The Trust Board noted the action to review what outstanding care means to WHH as part of informing the strategy refresh.**

| BM/22/09/118 | **MATERNITY UPDATE** |

MATERNITY UPDATE

Two papers were presented, which had been discussed in detail at the Quality Assurance Committee on 6 September 2022. The areas to note included Continuity of Carer, where the Trust had done well and exceeded the target. However, a publication last week from NHSE/I notified that this would no longer be a target to deliver against.

There had also been a *Deep Dive* on Maternity Diverts and assurance provided in relation to no harm having taken place.

JD added that her Maternity Safety Champion's walk around had restarted and noted the size of the area and the breadth of responsibility covered by the Trust in relation to maternity.

She commented that the Birthing suite and Post Natal wards were not the most pleasant surroundings, and that it was a challenging environment to work in. AK agreed, accepting the limitations of being able to resolve this in a difficult financial climate. She further responded that there had been a mock CQC inspection, and there were some actions to look at the working environment that had been identified.

SC responded, the dilemma regarding maternity was around the safety agenda and the wide level of birthing choice, which were difficult to argue against as a 'good thing to have', but nevertheless applied significant pressure on the unit to deliver care in a multiplicity of settings and circumstances.

SMcG added that this was really good work with some positive feedback but questioned the way the paper stressed importance of the Maternity Voices Partnership (MVP), and whether a member from the Partnership should be invited

	to be a member of an assurance committee given the perceived significance of the MVP as laid out. AK responded that she would review and ask the question regarding membership or attendance at the meetings, and CR added that this should be reviewed as part of the governance and JD agreed that a review to be undertaken to decide on who should be presenting the information. 1. **The Trust Board noted the maternity update.** 2. **AK to discuss with KSJ/LA the MVP report and presenting at future meetings.**
BM/22/09/119	**WHH ANNUAL SEASONAL INFLUENZA VACCINE PLAN 2022-23** MC asked the Trust Board to note the report in relation to the Annual Influenza Plan. The target was 70 – 90% and this would be monitored weekly as it relates to a CQUIN. A bid had been made to the Charitable Funds Committee; however, the collective view was that the funds raised by charitable activity should be focused on the areas intended when the funding activity was undertaken, and equally focussed on the good of the patients, or supporting staff in areas that were not part of mainstream employment expectation. The bid was therefore declined. LG added that Covid boosters were also now being offered to staff. **The Trust Board noted the report.**
BM/22/09/120	**BI-MONTHLY STRATEGY UPDATE** LG presented the update, covering the period June and July, and several key issues were highlighted, including the Runcorn Shopping City development which was due to open its door on 31st October. In relation to the New Hospitals, it had been confirmed in the recent budget, that new hospitals remain a priority, however no further details were known and would continue to have proactive and positive support from MPs, The CDC Business Case had been approved with conditions, and the final consultation on the Breast Screening services moving from Kendrick to Bath Street was being undertaken. A further report would be presented to the Trust Board once completed. It was also noted that the Health Social Care Academy had now opened. **The Trust Board noted the update.**
BM/22/09/121	**AUDIT COMMITTEE ANNUAL REPORT** The Audit Committee Annual report was presented for approval by the Trust Board. **The Trust Board approved the Audit Committee Annual Report.**

The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

BM/22/09/122	**FINANCE AND SUSTAINABILITY COMMITTEE – TERMS OF REFERENCE** The Finance and Sustainability Committee Terms of Reference were presented, as part of the annual refresh. **The Trust Board approved the Finance and Sustainability Terms of Reference.**
SUPPLEMENTARY PAPERS	
BM/22/09/123	**LEARNING FROM EXPERIENCE REPORT Q1**
BM/22/09/124	**INFECTION PREVENTION CONTROL Q1**
BM/22/09/125	**INFECTION PREVENTION CONTROL – BAF**
BM/22/09/126	**SAFEGUARDING ANNUAL REPORT**
BM/22/09/127	**LEARNING FROM DEATHS REVIEW Q1**
BM/22/09/128	**GUARDIAN OF SAFEWORKING Q1**
BM/22/09/129	**FREEDOM TO SPEAK UP BI-ANNUAL REPORT**
BM/22/09/130	**EPRR ASSURANCE LETTER/STATEMENT OF COMPLIANCE**
BM/22/09/131	**DIGITAL STRATEGY GROUP REPORT**
BM/22/09/132	**HEALTH & SAGETY ANNUAL REPORT**
BM/22/09/133	**VIOLENCE REDUCTION STRATEGY**
BM/22/09/134	**TRUST ORGANISATIONAL CHART**
BM/22/09/135	**BI-ANNUAL SAFE STAFFING REPORT** Items BM/22/09/123 – 135 were presented for noting and assurance, there were no issues or concerns raised in respect to any of the agenda items. **The Trust Board noted the papers presented for noting and assurance purposes.**
BM/22/09/136	**ANY OTHER BUSINESS** There was no other business raised. The Chair reminded everyone that he very much welcomed any feedback on the style and content of his new, written report and reminded colleagues to reflect on whether the intended purpose of moving the BAF up the agenda had achieved that purpose of ensuring the conversation focused on the major risks facing the Trust. The meeting closed at 12.30 p.m.
The Date and Time of the next Trust Board Meeting is Wednesday 30 November 2022	

Approved ……………………………………………………………………………… Dated ………………………………………….

CHAIRMAN   S McGUIRK

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

AGENDA REFERENCE	BM/22/11/139	SUBJECT:	TRUST BOARD ACTION LOG	DATE OF MEETING	30 November 2022

1. ACTIONS ON AGENDA

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
BM/22/09/115	28.09.22	Covid-19 Situation Report	An update to be included in the Chief Executives Report & Appendices to be included as part of the supplementary papers as an agenda item.	Simon Constable	17.11.22	17.11.22	Agenda Item BM/22/11/141	■
BM/22/07/88	27.07.22	IPR Dashboard	To provide a verbal update in relation to Adaptive Reserve Fund	Andrea McGee/Dan Moore	30.11.22	30.11.22	Agenda Item BM/22/11/140	

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
								■
BM/22/09/117	28.09.22	Move to Outstanding	Execs to review what outstanding care means to WHH as part of informing the strategy refresh.	Simon Constable	14.12.22			■

3. ACTIONS COMPLETED AND CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
	28.09.22	Maternity Update	1. Actions to be identified in relation to the actions in relation to	Ali Kennah	1.11.22		Completed at Quality Assurnace Committee 1.11.22	■

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BM/22/09/118		1. **Maternity Diverts** 2. **MVP reporting**	surroundings and work environment for Maternity Staff. 2. Discussion in relation to MVP reporting and attendance/presenting at future Trust Board Meetings.					

RAG Key

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

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/22/11/141	
SUBJECT:	**Chief Executive's Briefing**	
DATE OF MEETING:	30th November 2022	
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 delivering safe and effective care and an excellent patient experience.	✓
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	✓
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.	✓
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	

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| **SUBJECT** | Chief Executive's Briefing | **AGENDA REF:** | BM/22/11/141 |

1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview a range of strategic and operational issues since the last meeting on 28th September 2022, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ISSUES

2.1   Current COVID-19 Situation Report

As at the time of writing (23rd November 2022), we have a total of 18 COVID-19 positive inpatients (14 days or less since their first positive sample). In total, 52 of our inpatients have tested positive at any time during their admission. There has been a gradual reduction in the number of our total COVID-19 inpatients over the last few weeks.

We have discharged a total of 4819 patients with COVID-19 to continue their recovery at home. Sadly, a total of 775 patients testing positive for COVID-19 have died in our care.

Total staff absence is just over 6.1% (a headcount of 283), a little higher than it has been otherwise of late.

Appendix 1 graphically represents the total number of patients in our hospitals, including critical care, since the start of the pandemic.

2.2   Overview of Trust Performance

Appendix 2 is a snapshot dashboard overviewing Trust performance across the domains of Quality, People and Sustainability for the last full month of complete datasets. In this case, this is month 7 - October 2022. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside the relevant Committee Assurance Reports.

Urgent and emergency care remains under significant pressure across the Northwest. This is experienced daily at WHH, where we invoke our Full Capacity Protocol every morning. In October, for the first time, we declared the highest level within the NHS Operational Pressures Escalation Level (OPEL) Framework, so called OPEL 4.

Our total number of super stranded patients with a length of stay greater than 21 days remains very high at 139. The number of patients that do not meet the criteria to reside (NCTR) is similarly very high at 130. For Warrington Borough Council residents in hospital, this latter number is 74 (21.5%); for Halton Borough Council residents in hospital, it is 44 (29.3%); for residents of other local authorities, it is 12 (20.3%).

Although there are other factors, such levels of patients who have a long length of stay and who do not meet the criteria to reside in an acute hospital is the major contributory driver to our inability to maintain a normal operating capacity through the non-elective/urgent care

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pathway, starting at our Emergency Department. We do our very best at all times to off-load ambulances, take handover from NWAS crews and allow them to turnaround quickly to be back in the community. However, sadly, we are not always able to do this as quickly as we would like given the amount of risk that exists in the pre-hospital element of our system (ie, patients waiting for an ambulance). Like all trusts in Cheshire and Merseyside, WHH is participating in an NWAS-led, region-wide initiative as part of an ambulance handover improvement programme. I am the lead chief executive/senior responsible owner for our Integrated Care System.

This level of demand clearly has a detrimental impact on urgent and emergency care, but it also has a deleterious effect on elective restoration and recovery, the general resilience of our workforce as well as our financial position. We incur significant extra costs in maintaining the level of escalation capacity that is required to meet the demand.

In order that all are aware of the situation and can take action accordingly, I provide a daily summary situation report to local health and social care leadership, including the chief executives of Warrington and Halton Borough Councils, and Bridgewater Community Healthcare NHS Foundation Trust. Our System Sustainability Group continues to do good work collaboratively on solutions for the short, medium, and longer term; our full winter plan is included on the agenda for our Trust Board Meeting.

The Trust continues to undertake an elective recovery programme, alongside diagnostic recovery. Activity reports and dashboards are reported routinely at Executive Team Meetings, Quality & Assurance and the Finance & Sustainability Committees. Furthermore, given our financial position and plan, the Executive Team receive additional reporting regarding activity and cost improvement plans from the Care Group and Corporate Team leadership every Wednesday. The Clinical Services Oversight group (CSOG) continues to oversee the waiting lists as well as the safety of patients on those waiting lists.

2.3   Preparedness for Industrial Action

Earlier this month, the Royal College of Nursing (RCN) announced the results of their recent strike ballot. Just over half of all NHS trusts in England will see their RCN members walk out in the dispute over pay. We heard that RCN strike action will not take place at WHH on this occasion - at least 50% of union members need to take part in a strike ballot, and that threshold was not achieved. However, there are several other Trade Unions currently undertaking statutory balloting and others that have yet to commence but have indicated an intention to do so.

In October, following several declared intentions from Trade Unions to ballot members for industrial action, the Trust stepped up an Industrial Action Task and Finish group to plan for the likely staffing and service implications on proposed strike days.

The Industrial Action Task and Finish group is lead jointly by the Associate Chief People Officer (Human Resources) and the EPRR (Emergency Preparedness & Resilience Response) Manager who oversee a representative group, including operational, nursing, governance, medical, corporate teams and volunteers. The group have identified key priorities for preparing for strike action based on national guidance. This includes, but is not limited to:

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- Derogation lists
- Governance, risk management and escalation protocols
- Focus on filling vacancies and rotas
- Redeployment options for strike day
- Communications and engagement approach
- Business continuity plans
- Industrial Action self-assessment
- Strike Service Recovery

The Trust continues to assess and exercise preparedness for any future potential instances of industrial action. Notice of industrial action will be served 14-days in advance of any activity. A Tactical response plan has been devised for any confirmed days of industrial action, with the response covering the week leading to and the recovery from the incident. National guidance first published on 2nd November 2022, and updated on 22nd November, is being used to complete a self-assessment, measuring preparedness for industrial action. The self-assessment is due to be submitted to NHS England via the ICB on 28th November 2022.

Care Groups and Corporate Services have commenced the identification of their Derogation of Services with a focus on patient safety and consideration to aligning as to what Christmas Day, Bank Holiday or night shift service levels would operate. Industrial action for each Trade Union will present differing challenges, and consideration has been given to any indirect industrial action affecting the Trust (for example, RCN action in surrounding trusts or NHS Ambulance Trust action).

An ICB-led exercise (Exercise Arctic Willow) has been initiated for completion by providers for 2nd December 2022. This exercise aims to test the resilience of providers and the interdependencies existing within the system. A system exercise is scheduled for Tuesday 29th November 2022.

The Executive Team is receiving a weekly update on preparedness by Michelle Cloney, Chief People Officer, and have provided approval on the Trust's approach to the following issues:

- Payroll Deductions
- Annual Leave
- Carer's Leave
- Study Leave
- Attendance Management related to sick leave
- Business Continuity/Working for Home
- Attending Picket Lines during breaks
- Use of Bank and Agency Workers

Weekly meetings have been established with the Senior People Directorate Management Team and the Trust's Staff Side Chair and Deputy Staff Side Chair. This meeting will be utilised to progress any negotiations and consultation related to Industrial Action, and to maintain good partnership relationships throughout this period.

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Industrial Action is on the corporate risk register and mitigation is being monitored. The HR and EPRR lead for industrial action continue to engage with the ICB for further direction and communications.

2.4   COVID-19 Public Inquiry

The UK COVID-19 Public Inquiry has commenced and is taking a modular approach. The NHS England Inquiry team met with the Public Inquiry earlier this month to understand its approach to how those organisations who delivered care will be asked to, or be able to, participate.

As a first step in its Module 3 investigations, the Public Inquiry will be conducting a short survey of trusts and ICBs via a questionnaire. I expect to receive a letter from the Public Inquiry with a short questionnaire (and accompanying FAQs) within the next week or so. NHS Trusts and ICBs will be asked to send the completed questionnaire to the Public Inquiry directly. The Public Inquiry will also be surveying other healthcare providers in due course.

This questionnaire will follow in the next week or so with accompanying FAQs. It is our understanding that:
- It will contain some broad open questions with a word limit for the total response.
- It is not going to be a request for a formal statement or be used in evidence, rather the Inquiry is looking to inform itself more generally on the sector's experience of the pandemic.
- It is highly unlikely it will need external or specialist legal advice to complete and the deadline for responding back to the Inquiry will be a couple of weeks.
- It is not mandatory but to secure the best learning outcomes for the future we will be encouraged to complete and return to assist the Inquiry in its early thinking on how to organise this module.

It has been suggested that we ensure our Trust Board is made aware of this request, and I do so here. We will ensure appropriate governance of the sign-off of any Trust response.

2.5   Launch of Virtual Ward

At the end of October, we saw the launch of the brand-new Acute Respiratory Infection Virtual Ward (ARI VW) format of Early Supported Discharge (ESD) for respiratory inpatients. We were the first in Cheshire and Merseyside to launch this unique service this winter, as an all-encompassing ARI VW, in what is a challenging time for the entire NHS. It is particularly relevant to us given the problems characterised above. It is a small but important component to our winter plan, with great potential for expansion in the future.

Patients presenting with suspected acute respiratory infections form a significant proportion of urgent care, general practice attendances and hospital admissions. ARI virtual wards are built on the learning from other virtual ward programmes nationally as well as our own experience with successfully running a COVID-19 virtual ward as well as a pilot respiratory Virtual Ward for certain lung disease patients. The aim of the virtual ward is to provide rapid assessment and wrap-around care to people in their own home who would normally be

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admitted to hospital or who are already under the care of the Trust and whose needs can be safely managed at home.

The virtual ward thus provides an alternative to hospital admission as well as supporting a speedier discharge, improving outcomes, and reducing the risk of hospital acquired adverse events including deconditioning.

The ARI Virtual Ward provides access to safe and effective management supported by cutting edge tele-health and timely specialist advice to patients with confirmed or suspected ARIs (including COVID-19, exacerbations of chronic lung disease, mild pneumonia and other chest infections) at home. This can include patients in care homes if that is where they normally reside.

Using the ARI Virtual Ward frees up hospital beds for seriously ill patients, reduces pressure in ED/AMU, reduces length of stay resulting in an overall better patient experience, and can achieve better outcomes for patients as they continue to be monitored remotely, extremely effectively in the comfort of their homes, with the latest technology. Our respiratory nurses are trained to effectively onboard suitable patients onto this new service. This will involve providing information leaflets, monitoring equipment, and oxygen to oxygen-reliant patients.

2.6   Freedom to Speak Up

October was Freedom to Speak Up (FTSU) month, and I thought it timely to include a reminder of what this means, as well as its importance within our Trust's governance infrastructure. Our Freedom to Speak Up Guardian is Jane Hurst, Deputy Chief Finance Officer, who has been in the Trust since 2016. Jane is supported by a great team of FTSU champions from across the organisation who support raising awareness and listening to staff issues.

In 2017, the Freedom to Speak up Guardian (FTSUG) role was announced nationally. The FTSU role was a new role and initiative brought about by the Francis Report after the Mid Staffordshire NHS Foundation Trust failings in care. In summary, the investigation found that patients were coming to harm unnecessarily and when staff raised the issues they were not always listened to, and worse, some staff were treated inappropriately for speaking up.

The Francis Report made a number of recommendations, including one recommendation that all Trusts should have a FTSUG who reported directly to the Board of Directors. The purpose was to enable the Board to hear the issues being raised, listen and take action. The FTSU agenda aims to 'normalise speaking up' and ensure people who speak up do not suffer any consequence as a result. From our Board perspective, the executive lead for FTSU is Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive. Julie Jarman is the Non-Executive Director (NED) lead for FTSU.

When things go wrong, we all need to make sure that lessons are learnt, and things are improved. If we think something might go wrong, it is important that we all feel able to speak up to stop potential harm.

As FTSUG, Jane makes herself freely available to listen to staff and patient challenges. When a member of staff contacts either Jane herself or one of the champions they will always thank

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them and talk to them about how any concern will remain anonymous, discussing what the issue is and what they would like to see happen to resolve it. Clearly, the FTSUG is not there to solve all staff problems, although she is able to support and sign post staff through the processes that exist in the Trust. Jane can put staff in touch with the right support, and she can escalate issues to senior leaders across the Trust, myself included. I can attest that this happens on a regular basis. All patient safety concerns and challenges are escalated to the executive lead for FTSU and these can also remain anonymous.

2.7 Quality Academy

Our Quality Academy continues to thrive and took the opportunity to show-case developments once again this year during World Quality Week in October. The various elements are:

- The Trust's Knowledge & Evidence Service provides reviews of the latest available research, evidence and best practice, to underpin clinical and corporate evidence-based decision making. The Knowledge & Evidence Service supports people involved in Quality Improvement projects throughout the Trust by providing the best available evidence. They produce a variety of regular current awareness bulletins (evidence updates) to help us keep up to date with new research.

- The Clinical Audit Team oversees all the clinical audit activity at the Trust including national, corporate and local audits. They help a range of clinical staff by advising on audit methodologies, analysing data and developing SMART action plans.

- Research & Development supports all aspects of clinical research in the Trust, providing governance and assurance for the studies we conduct as well as direct delivery of trials. We also want to make it easy for people interested in participating in research to gain access to trials suitable to them. We have therefore started *Pathway to Research*, a volunteer registry for people who want to be contacted about research. Staff, patients, friends, family can join this registry.

- The Quality Improvement team supports the organisation in delivering improvements to achieve the highest quality of care for our patients and service users as well as create a better working environment for colleagues. They provide facilitation to trust-wide harm reduction projects which are aligned to Trust quality priorities and the quality strategy more generally.

2.8 Armistice Day

For the second year running, WHH collectively paused for reflection on Armistice Day, 11th November 2022 at 11am. Our Armed Forces & Veterans Community Staff Network (AFVN) has been incredibly busy over prior weeks constructing the beautiful poppy river at Warrington (Appleton Wing Wellbeing Courtyard) and Remembrance Garden, Nightingale Building, Halton (Phase 1 courtyard close to Endoscopy). This is the second year the AFVN have built the Poppy River & Remembrance Garden with the poppies being made from soft drinks bottles with the majority being reused from last year.

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There was an opportunity for staff to lay a wreath or place a wooden remembrance cross during the service. Two-Minutes Silence was observed across both sites.

Armistice Day was the prelude to the Remembrance Weekend culminating in Remembrance Sunday which is the national opportunity to remember the service and sacrifice of all those that have defended our freedoms and protected our way of life. We remember the Armed Forces, and their families, from the United Kingdom and the Commonwealth, the vital role played by the emergency services and those who have lost their lives because of conflict or terrorism.

The laying of wreaths and planting of remembrances crosses is normally conducted on Remembrance Sunday. However, we have incorporated this into the WHH Armistice Service so that those staff on duty on Remembrance Sunday can attend and remember.

2.9   Launch of '*Your Future, Your Way*'

The theme for Black History Month this year has been 'Time for Change: Action not Words'. In October, Kimberley Salmon-Jamieson, Chief Nurse and Deputy Chief Executive, has launched a new leadership development programme - 'Your Future, Your Way', designed to develop aspiring nursing, midwifery and Allied Health Professional (AHP) leaders from multi-ethnic backgrounds, further recognising their talent and skills as well as helping to remove any barriers to professional career development.

This first pilot programme is running in two parts. Part A will ensure that our existing senior nursing, midwifery and AHP team develop a deeper understanding of the barriers that colleagues from a multi-ethnic background can face during their career. As part of this programme colleagues will reflect upon their experience as a leader, their opportunities to role model and change the direction of others. They will also explore what equality, diversity and inclusion truly is, and the barriers that are in place for others, whilst supporting others to hold difficult conversations and put meaningful actions in place to open up allyship.

Part B is aimed at nurses, midwives and AHPs from multi-ethnic backgrounds in professional bands 5-6. It will provide delegates with the leadership skills, peer support and senior professional sponsorship to enable career development. We will expand this pilot going forward to support staff from across the organisation and staff from varying bands.

The launch of the first cohort in October was very well received with some excellent, sometimes moving, feedback. It was great to see action being taken and I am really looking forward to seeing the difference this programme makes in practice. We will be running further cohorts of this pilot programme, following evaluation in the future.

2.10   WHH Chaplaincy

Earlier this month, we saw our former Lead Chaplain, Rev. John Duffield, retire. I have been delighted to welcome our new Lead Chaplain, Suzanne Quick. Suzanne joined the Chaplaincy Team in the summer, so has already met many members of staff, visitors and patients on the wards and around our hospitals. Suzanne joins from Stepping Hill Hospital in Stockport where she has worked for the NHS for the past five years, including through earlier phase of COVID times, which of course has seen another dimension to the role of chaplaincy in hospital.

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In addition to Rev. Duffield's retirement, there have been several other changes to the Chaplaincy Team this year: Rev. Phil Turner, Chaplain at Halton, retired at the end of May. Anne Donleavy, our Catholic Chaplain, and Alison Davies our part time Chaplain, who have been valued members of the team here for several years continue to visit patients at Warrington Hospital. Also, this month we have welcomed Rev. Karen Brady as a new Chaplain who will split her time between Warrington and Halton hospitals. Our new team will be complete in early 2023 as we will welcome two more part-time chaplains then.

Chaplaincy has such a varied role but much of the work of chaplains is spent on general visits to the wards which they do regularly to spend a few minutes with everyone. Although most Chaplains are people of faith and are licenced by their own faith community, they are here to support everyone - patients, visitors, staff, and volunteers, regardless of their faith and belief. Similarly, they are available for all situations, not just end-of-life and bereavement.

I know that Suzanne is keen to make new contacts with staff through our Multi-Ethnic Staff Network (MESN) and refresh our links with local faith communities so that we can continue to provide an inclusive Chaplaincy service for patients and staff.

2.11   Special Days/Weeks for professional groups

Since our last Board meeting in September 2022, a number of topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. WHH has recognised all of these:

National Inclusion Week: 26th September – 2nd October 2022
World Patient Safety Day: 17th September 2022 (celebrated on 28th September 2022)
Black History Month: October 2022
Freedom To Speak Up month: October 2022
Physician Associate Week: 3rd – 7th October 2022
World Thrombosis Day: 13th October 2022
Allied Health Professionals Day – 14th October 2022
World Quality Week: 7th – 11th November 2022
World Radiography Day: 8th November 2022
International Fraud Awareness Week: 13th – 19th November 2022
Stop the Pressure Day (Pressure Ulcers):17th November 2022
WHO World Antimicrobial Awareness Week: 18th – 24th November 2022

2.12   Local political leadership engagement

Since the last Board meeting, 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. I have also continued to be in regular communication 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, both in terms of COVID-19 as well as other significant issues; similarly, they have asked questions on behalf of their constituents. All of our senior stakeholders are active participants and members of our New Hospitals Strategic Oversight Group.

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2.13 Employee Recognition

Our *You Made a Difference Awards* is now into its second year of operation. Nominations are reviewed and awards made by a multi-professional panel.

You Made a Difference Award (August 2022): Halton Clinical Research Unit

This award was made to the whole team who have been so effective in the first year or so of the Clinical Research Unit being open, especially with the COVID-19 Vaccination Trials, often exceeding recruitment targets for participation. The unit goes from strength to strength and has great potential for the future.

You Made a Difference Award (September 2022): Amy Pearson, HCA – Ward B19

Amy's quick thinking and instincts almost certainly saved a young girl's life on the ward in difficult circumstances. Amy is one of our new HCAs who came to the Trust after being a hairdresser for many years. When caring for her grandmother it made her realise that caring for people was her future goal. Amy has gone above and beyond so many times whilst only just starting her career with the Trust, including cutting patients' hair before being discharged.

You Made a Difference Award (October 2022): Carole Daly, Respiratory Nurse Specialist

This award was initiated by feedback from one of Carole's young cystic fibrosis patients, aged 11. The citation says it all: "*Thank you Carole for helping me with my IV's, you are the best at doing them and helped me feel safe and calm. Thank you Carole, anyone under your care is extremely lucky. You're one in a million.*"

The winners of my own award since my last Board report have also been the following.

Chief Executive Award (October 2022): Jackie Jagne, Job Planning Lead

I was very pleased to present to present this award to Jackie upon her retirement, and I wanted to acknowledge Jackie's commitment to the Trust before she leaves. I worked especially closely with Jackie as Medical Director. She has been a truly committed, diligent and helpful individual who has worked hard to support consultant colleagues through the job planning process. Jackie has always remained positive and professional.

Chief Executive Award (October 2022): Captain Sir Tom Moore Ward, Halton Hospital

Over recent weeks I have had so many complimentary emails and letters of thanks from patients regarding the high standard of care from the whole multi-disciplinary team on the Captain Sir Tom Moore Ward at Halton. The team, led by Natalie Slater, Ward Manager, consistently deliver a very high standard of care with a great patient experience; that has been reflected in the notes of recognition and appreciation I have received directly from patients.

Chief Executive Award (October 2022): Rev. John Duffield

I presented this ward to Rev. John Duffield upon his retirement. John has obviously done a lot of patient visiting but he has also got to know many of the staff well over his time here. A lot of staff have said how John had helped them and how they had enjoyed his visits to the ward. Staff have had a lot of good and kind words to say about John. He has also been a big

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supporter of those interested in pursuing chaplaincy, so he has played a big part in the lives of those who are now becoming permanent chaplains or volunteers in hospitals.

Chief Executive Award (November 2022): Jane Hurst, Deputy Chief Finance Officer & Freedom to Speak Up Guardian

I was pleased to present this award following the completion of FTSU Month in October. Jane undertakes her role as FTSU Guardian on a part-time basis on top of her main role, which on its own has a very full list of responsibilities. She undertakes her FTSUG role especially with infinite kindness and integrity, alongside a wealth of experience to approach a very wide range of issues sensitively but thoroughly. She also leads a team of very active FTSU Champions.

Appreciation of WHH staff from patients, family, visitors and colleagues

I have also specifically recognised the work of the following colleagues:

- Phil Winstanley, Chair - Armed Forces and Veterans Network
- Andrea McGee, Chief Finance Officer & Deputy CEO
- Dr Norah Lovey, Consultant Rheumatologist - Medical Care
- Margaret Holman, Senior Therapy Assistant, Clinical Support Services
- Angelene Rusling, Catering Manager - Estates and Facilities
- Michelle Roberts, Catering Assistant - Estates and Facilities
- Dr Amir Baluwala, Consultant Physician - Medical Care
- Andrew Weedall, Electrician - Estates and Facilities
- Christine Pearson, Sister - Ophthalmology
- Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO
- Mark Emmison, Electrician - Estates and Facilities
- Dr Dilshad Shareef, Consultant Histopathologist - Clinical Support Services
- Terry Atherton, Non-Executive Director
- Lorraine Cleary, Medical Secretary - Surgical Specialities
- Philippa Fearnley, Medical Secretary - Surgical Specialities
- Sharon Brown, Ward Sister - Ward K25 (Integrated Medicine & Community)
- Glenna Smith, CBU Manager - Digestive Diseases
- Carol McEVoy, Matron - Digestive Diseases
- Susan Fyles, Staff Nurse - Surgical Specialities
- Pat McLaren, Director of Communications & Engagement
- Pam Hughes, Kitchen Production Manager - Estates and Facilities
- Dave Farrington, Chef - Halton Hospital
- Natalie Slater, Acting Ward Manager - CSTM (Surgical Specialities)
- Rebecca Wright, Staff Nurse – CSTM (Surgical Specialities)
- Ms Seema Prasad, Consultant Orthopaedic Surgeon - Surgical Specialities
- Jackie Jagne, Job Planning Lead - HR/OD
- Moe Fields, Urology Cancer Nurse Specialist - Surgical Specialities
- Mr Rajiv Sanger, Consultant Orthopaedic Surgeon - Surgical Specialities
- Dr Rav Sandu and team, Consultant Intensivist - Medical Care
- Professor Nikhil Pradhan, Consultant Orthopaedic Surgeon - Surgical Specialities
- Ann Knowles, Domestic Assistant - Estates and Facilities

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- Louise Harding, Senior Radiographer - Clinical Support Services
- Julie McGreal, Head of Facilities - Estates and Facilities
- Sarah Melvin, Support Services Manager - Estates and Facilities
- Alison Jordan, Associate Director of Information - Informatics
- Louise Ainsworth, Corporate Information Manager - Informatics
- Chris White, Head of Enterprise Solutions - Informatics
- Michael Lysons, Data Warehouse Manager - Informatics
- Allen Hornby, Lead Nurse - Medical Care
- Fiona Mae Davidson, Midwife - Women's & Children's Health

2.14   Signed under Seal

Since the last Trust Board meeting, the following items have been signed under seal:

- Warranty for the supply and installation of the steel frame for the Same Day Emergency Care Centre (SDEC)
- Warranty for the mechanical & electrical subcontractor for SDEC
- Warranty for the Metal Decking System for SDEC
- Warranty for the structural piling for SDEC

3   MEETINGS ATTENDED/ATTENDING

The following is a summary of key external stakeholder meetings I have attended in October and November 2022 since the last Trust Board Meeting.

- NHSE NW Region System Leadership (Monthly)
- C&M Provider Collaboration CEO Group (Monthly)
- C&M Acute and Specialist Trust (CMAST) Leadership Board (Monthly)
- C&M Acute and Specialist Trust (CMAST) Programme SROs (Monthly)
- CMAST Clinical Pathways Programme (Various)
- Steve Broomhead, Chief Executive, Warrington Borough Council
- Warrington Wider System Sustainability Group (Monthly)
- Clinical Research Network Northwest Coast Health Research Alignment (Monthly)
- Clinical Research Network Northwest Coast Partnership Group Meeting (Quarterly)

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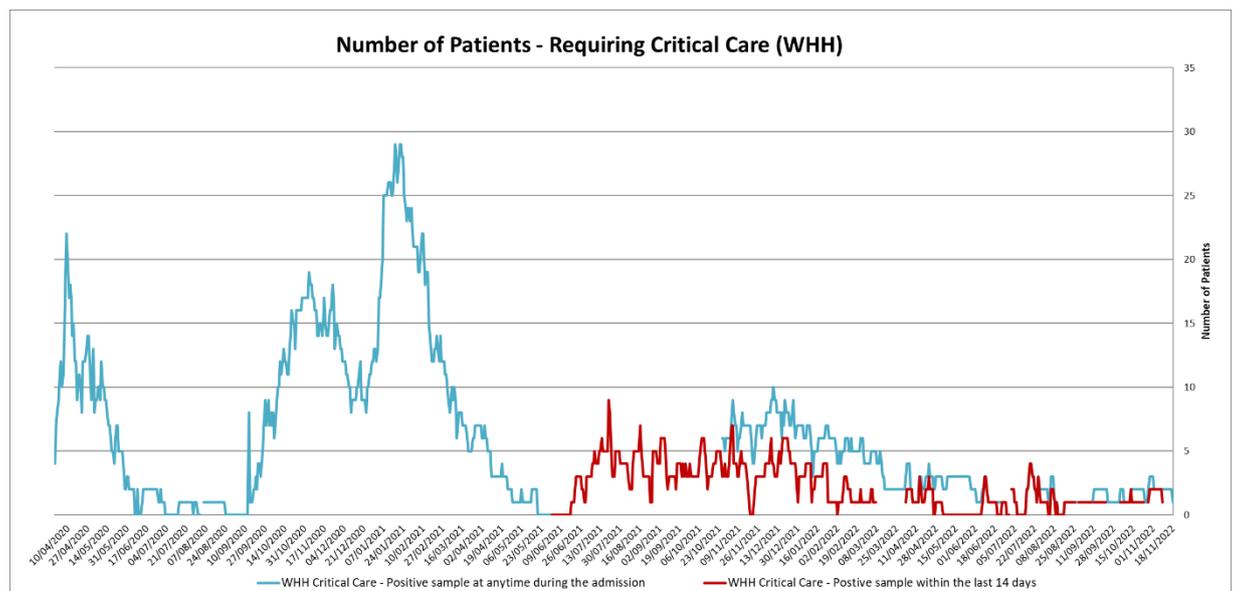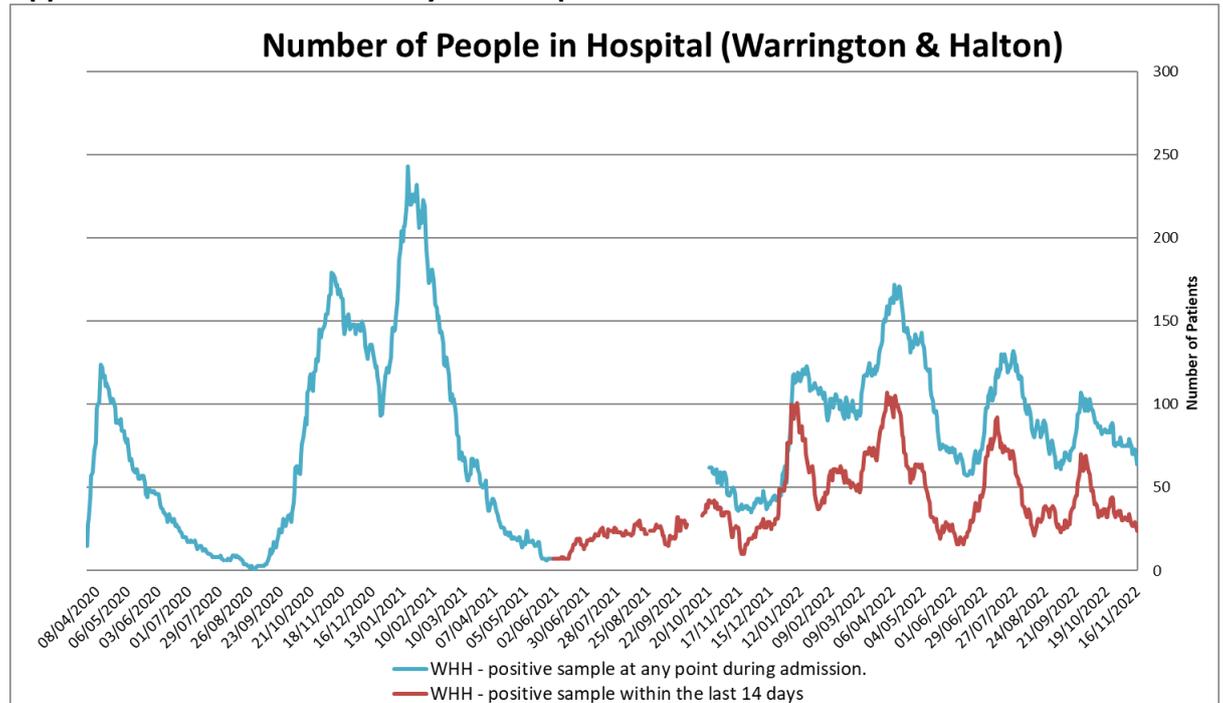
The Board is asked to note the content of this report.

Appendix 1: COVID-19 Summary: total inpatients and critical care
Appendix 2: CEO Dashboard – Month 7 (October 2022)
Appendix 3: Cheshire and Merseyside Acute and Specialist Trust (CMAST) Briefing
(October 2022)

Appendix 1: COVID-19 Summary: Total inpatients and Critical Care

Number of People in Hospital (Warrington & Halton)

Number of Patients - Requiring Critical Care (WHH)

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Appendix 2 - CEO Dashboard Month 7 – October 2022

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Quality

Operational Performance

Indicator	Target	Actual	SPC
Diagnostic 6 Weeks	99.00%	79.89%	
RTT 18 Weeks	92.00%	61.67%	
RTT 104 Weeks +	0	4	
A&E % patients seen within 4 hours	95.00%	71.46%	
A&E % waiting longer than 12 hours	< 2.00%	15.67%	No SPC
Cancer 14 Days	93.00%	88.89%	
Breast Symptomatic 14 days	93.00%	92.45%	
Cancer 28 Day Faster Diagnostic Standard	75.00%	71.21%	
Cancer 62 Days Urgent	85.00%	71.72%	
Ambulance Handovers within 60 mins	100%	59.63%	
Discharge Summaries 24 hours	95.00%	89.97%	
Cancelled Operations – 28 days	0	N/A	No SPC
Fracture Clinic – 72 Hours	95.00%	19.25%	
% Outpatient Appointments Delivered Remotely	25.00%	11.20%	
Super Stranded Patients	Trajectory	161	No SPC

Quality of Care

Indicator	Target	Actual	SPC
Incidents open over 40 days	0	0	
Sepsis Screening Emergency	90.00%	62.00%	
Sepsis Screening Inpatients	90.00%	77.00%	
Sepsis Antibiotics Emergency	90.00%	62.00%	
Sepsis Antibiotics Impatient	90.00%	54.00%	
Inpatient Falls (cumulative)	20.00% reduction	45	No SPC
VTE	95.00%	94.14%	
Pressure Ulcers (cumulative)	10.00% reduction	7	No SPC
Medication Reconciliation (24 hrs)	80.00%	52.00%	
Complaints over 6 months	0	0	
Continuity of Carer	51.00%	85.10%	

People

Workforce

Indicator	Target	Actual	SPC
Supporting Attendance	Less than 4.20%	5.97%	
Welcome Back Conversations	85.00%	72.34%	
Vacancy Rates	9.00% or less	12.26%	
Retention	85.00%	83.26%	
Core/Mandatory Training	85.00%	84.68%	
Role Based Training	85.00%	90.88%	
Payspend (month)	Budget (£19.7m)	£20.6m	
PDR Compliance	85.00%	63.12%	

Sustainability

Finance

Indicator	Plan	Actual	SPC
Income & Expenditure (culm)	-£6.28m	-£6.53m	
Capital Spend	£5.5m	£3.59m	
Cash	£21.76m	£40.7m	
Better Practice Payment Code (culm)	95.00%	93.00%	
CIP In Year Delivered (culm)	£2.1m	£2.1m	No SPC
CIP Forecast (Recurrent)	£6.5m	£2.1m	No SPC

Strategy

- **Overall Strategy Refresh** – The Trust's 5-year strategy is currently being refreshed for approval in March 2023.
- **Runcorn Town Deal** - The business case for the Runcorn Health and Education Hub, totalling £2.9 million, was approved by government in October 2022. The new hub is predicted to open in 2024.
- **New Hospitals** –The outcome of the Trust's expression of interest to secure one of the last remaining eight places in the national new hospitals programme has been delayed with no clear date in place.
- **Community Diagnostic Centre** (CDC) – Phase 1 of our business case has been approved. The aim for phase 1 is to refurbish the Nightingale building at Halton Hospital to accommodate additional ultrasound and phlebotomy as well as spirometry and sleep studies services. The facility should be operational by the end of March 2023. In addition, we have now formally submitted the business case for phase 2 of the project, which proposes a £15m new build CDC as an extension to the Captain Sir Tom Moore building on the Halton site.
- **Acute Collaboration** – An Oversight Group has been established with St Helens and Knowsley Teaching Hospitals NHS Trust to identify opportunities which might help both organisations to tackle care backlogs, reduce unwarranted variation in access and service delivery, address health inequalities and/or deliver more efficient, sustainable services for the populations we serve.

CMAST Briefing

Integrated Care Board Update

The latest NHS Cheshire and Merseyside Integrated Care Board meeting visited Cheshire East on Thursday, 27th October 2022.

In his Chief Executive report, Graham Urwin urged fellow board members to note the current staff consultation period and the "importance of understanding the difficult time currently being faced by staff across the organisation".

The ICB thanked all involved in the COVID-19 booster campaign and encouraged everyone to promote the importance of the vaccine at every opportunity. The efforts of Liverpool University Hospitals NHS Foundation Trust colleagues on moving into the new Royal Liverpool University Hospital was recognised as was the hard work and dedication of all staff working across health and care, during what are very challenging times.

Board members approved a proposal from Medical Director Prof Rowan Pritchard-Jones to implement NICE's recommendations for patients with Type 1 diabetes and some with Type 2 diabetes to be offered flash glucose monitoring.

A webcast recording of the meeting is available here

In month CMAST Leadership discussions

In November CMAST Leadership Board considered the system implications and opportunity for alignment with and from initiatives and priorities emerging from the Liverpool Clinical Services review. The Board also considered the implications and impact of the proposed BMA rate card and the need for further analysis and implications, for C&M, to be worked through. The Board also noted the importance of continued engagement and dialogue with the Trust medical community.

Further updates were received on system engagement during the month and delivery from key CMAST work programmes

Elective Recovery and Transformation Programme

Outpatients Programme

The C&M Outpatient Transformation Programme has undergone a refresh in response to the increased emphasis on non-admitted pathways. An updated programme plan will be communicated with stakeholders over the next few weeks and reflects newly formed governance and senior leadership. and dedicated clinical leads from both primary and secondary care.
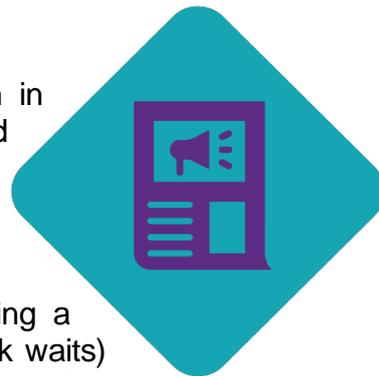
Super September saw us driving forward several outpatient initiatives, including a pilot project to validate and prioritise the longer waiters (focus on 50-60 week waits) for ENT patients at the COCH. This resulted in 38% of referrals redirected back to primary care with specialist advice on further management of the patients. This will help us free up capacity for new appointments and to support patients more quickly.

The next 'Action on Outpatients' will focus on Referral Optimisation and will see 6 sessions run over 2 weeks in early December covering a range of topics, including terminology, NHS eRS support, clinically led sessions on lived experience and contracting/commissioning mechanisms. These sessions have been circulated to colleagues within the system and further information can be requested from england.actiononoutpatients@nhs.net.

Patient Initiated Follow Up (PIFU) is also increasing month on month. In September we had 35,600 patients on an active PIFU pathway, with a large proportion being delivered in T&O, physiotherapy and dermatology. This upward trend is supporting the system to release outpatient capacity and ensure patients are empowered to manage their own conditions with flexible support when needed.

Elective hubs

The Clatterbridge hub opened in October, with Wirral and the COCH using the capacity. Other trusts have been contacted to offer access to the capacity. A video about the hub is available on YouTube: **Cheshire and Merseyside Surgical Centre at Clatterbridge - YouTube**

The Broadgreen treatment room hub is due to open in early January. Initially this will be used by LUHFT, who have the biggest waiting list for these procedures. Access to this capacity is also being explored with the Walton Centre.

The Cheshire Hub is in operational planning stages, and a programme manager has been appointed to support development of options for a North Mersey business case.

Long waits

We have seen an improvement in the number of 104 week waits, with numbers down to 33. including specified exemptions for patient choice or complexity. All patients within this cohort continue to be reported weekly through system PTL meetings and progress is monitored through weekly returns.

There is a total of 3400 patients on C&M's waiting lists over 78 weeks. In order to meet the March target of eliminating 78 week waits we need to treat just over 1000 patients per week. We have achieved this for the last 3 weeks, and trusts are working hard to maintain this level of performance, achieving 2389 patients cleared in the last 7 days.

We continue to utilise all available Independent Sector capacity as well as facilitating mutual aid conversations where there are fallow theatres, or staff available.

Theatre utilisation

The NW region are hosting a theatre efficiency workshop on 1st December, invites have been sent out to all trusts. Cheshire & Merseyside have been asked to share our methodology and processes with colleagues across the NW.

We have now completed four check and challenge sessions with trusts to review theatre productivity plans.

The C&M uncapped theatre utilisation (a measure of total time used) is 83%, and we are in the upper quartile of performance nationally. This compares favourably with NW colleagues: LSC ICB at 73% and GM at 68%, both in quartile 1. The capped theatre utilisation (a measure against planned session time which excludes any overruns) is 76%, in quartile 3. LSC and GM are 68% and 63% respectively for this measure. NHSE have asked for the C&M to achieve 85% utilisation (capped) by end of November, work and support is focussed on those trusts who are furthest from target.

The programme is due to launch a booking module jointly with NHSE this month. The aim is to give trusts the tools to improve their booking teams and processes. 4 trusts have agreed to be included in the pilot. Data is now also being made available to support focus on day cases.

Clinical Pathways

The second orthopaedics workshop has taken place and the report is being finalised ready for sharing with medical directors, CEOs, and clinical directors for orthopaedics. The key themes within the report are around improving performance against national standards such as GIRFT KPIs, and utilising cold sites wherever possible for elective orthopaedic surgery. The programme team are developing a dashboard for the Orthopaedic Alliance to use to monitor and manage performance.

ENT and dermatology are the next two specialties to be taken forward with the detailed review process. We have commenced the engagement process to set up meetings with clinical, operational and waiting list leads for each of the trusts and will be working on the current state pack and case for change over the next month. Workshops are scheduled for January/February.

Diagnostics Programme

Community Diagnostics Centres (CDC's)

CDC's are delivering 140,000 tests per year which has increased compared to previous months. We have 7 CDCs authorised. 5 are open. 2 (Halton and Southport) are due to open quarter 4 of 22/23. C&M CDCs have delivered the most activity in the Northwest. Our application for an endoscopy hub at Clatterbridge was not authorised due to new guidance. We continue to work through, scaled back activity, in line with a reduced revenue envelope
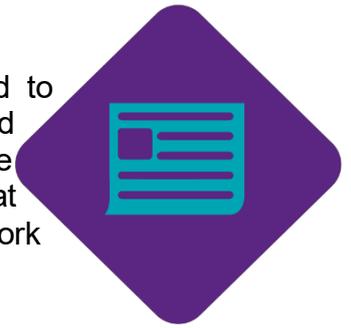
August Performance Headlines

- C&M ICS has improved its ranked position to 12th out of 42 ICSs for diagnostic waiting time performance (previously ranked 16th in April 2022 and 13th last month).
- The total number of patients waiting for a test has remained static at just over 70,000 patients.
- We are continuing to deliver more activity than we were before the pandemic in CT, MRI, Colonoscopy.
- For Gastroscopy and Non obstetric ultrasound we have increased activity to match pre pandemic levels.
- Key performance data on pathology turnaround times has begun to be included in system reporting.

Performance Improvement Plans

As per NHSEI request, a high-level plan has been submitted to ensure that 95% of patients are seen within 6 weeks by March 2025 and that no patient waits more than 13 weeks. Implementation plans for this are scheduled for discussion with Chief Operating Officers.

Diagnostics – Mapping of services

We do not have a comprehensive and complete picture of all diagnostic services in operation across C&M. Most knowledge is centred on our acute trusts. To understand fully the issues, opportunities and inequities that exist across C&M, a mapping exercise is to commence. This is a key requirement to enable us to then implement standardised pathways ensuring that patients in each of our places are referred for the same clinically appropriate tests based on the symptoms that they present with.

Diagnostics – Capital Slippage

A Diagnostics Programme capital underspend contingency list has been developed following a request from NHSE Oversight and sign off will be provided through the ICS Directors of Finance Meeting.

Cardio – Collaborative Cardiology Digital Imaging System

A proposal (jointly led by LHCT and the Imaging Network) for a unified system across C&M is in final draft. All providers will be asked to sign up to a single direction of travel that will enable image sharing (and therefore reduce duplication) for many tests including: Cardiac MR, ECG and Echocardiograms.

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Pathology – Vitamin D

Information is due to be circulated to all healthcare providers (in line with NICE Guidelines) regarding the requesting a Vitamin D blood test. This will outline when, and for which patients', assessment should be arranged for. It should reduce unnecessary testing (50% reduction which is c500 tests per month projected) and appropriately manage demand.

Imaging – North West Imaging Academy

The NW Imaging Academy will launch on 24 November 2022. All are invited to attend the event which takes place at Edge Hill University in Ormskirk. Covering more than 9 different roles including Sonographers, Radiologists, Radiology Nurses, Mamographers and Enhanced Radiographers. The Academy will enable:
- Training to be expanded quickly and more cost effectively
- Innovation in training through rapid at scale adoption of technologies
- More geographical equity in the distribution of training and the health professional workforce.

Endoscopy – Mega Hubs

Work is underway to review capacity and demand requirements across C&M to bring about recovery and to plan for future requirements. A strategic plan will be constructed to detail options and recommend a way forward that can deliver endoscopy services in the most effective and efficient way for our geographically diverse population. One option, likely, to be considered is the development of 'mega hubs' to provide high volumes of activity for areas where this is required.

Digital Diagnostics

C&M is leading the way as the only ICS currently implementing plans that will connect pathology and imaging. Access to national funding streams is being maximised.

Urgent and Emergency Care

- Acute Trusts remain pressured in terms of continued high occupancy. C&M G&A occupancy average for September was 96%-97% (Acute Trust range 89%-100%), with majority of Trusts consistently well over 95%. Most weeks: 4-5 Trusts commonly reporting between 98-100% over several days.

- Long length of patient stays over 21 days 26%-29% for previous 4 weeks.). A high and increasing number of patients continue to occupy beds who are medically fit for discharge and no longer meet criteria to reside across the system.

- Overall COVID occupancy and COVID G&A occupancy peaked around the middle of October, however, now appears to be steadily reducing. 381 patients occupying Acute G&A beds; equating to 7% for C&M on 25.10.2022.

- Patients occupying Level 2 and Level 3 critical care beds have remained low throughout October and in single numbers. Numbers of delayed discharges from critical care units remain high; generally, 22-23 patients spread across C&M units.

- C&M Acute Trust COVID related staff absence was 14% of all sickness absences, as of 25.10.2022, following a rise to 16% mid-month.

- High front door demand continues to impact on flow through/from Emergency Departments. Trusts reporting large numbers of A&E attendances and high patient acuity leading to high admission conversion rates, crowding in EDs leading to episodes of corridor care. Trusts continue to report nursing and medical staffing gaps. These issues have contributed to most of the Adult Acute Trusts reporting at OPEL 3 daily throughout the last 4 weeks, despite all possible mitigations in place.

- A&E Performance remains challenged, with high numbers of both ambulance handover delays over 60 minutes and patients waiting over 12 hours from decision to admit to admission/spending 12 hours in ED from time of arrival.

- Weekly monitoring of UEC pressures continues to take place through Chief Operating Officers' Group, led by ICB Director of Planning & Performance.

- Focus continues on winter planning, with monitoring of progress of plans via weekly C&M ICB Winter Planning Group, chaired by the ICB Director of Planning & Performance/Associate Director of Planning.

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Finance, Efficiency and Value workstream

The workstream name has been updated to reflect a broader remit in financial sustainability.

Month 6 position

The financial position for CMAST for month 6 is as follows:

Month 6	Plan £m	Actual £m	Variance
CMAST (deficit)	43.8	61.1	17.3
CM HLD (surplus)	3.7	3.7	
Total Providers (deficit)	40.1	57.4	17.3
Total systems (deficit)	30.2	55.0	24.7

Significant risks are building in the system with 5 CMAST providers accounting for the variance from plan. At this stage no organisation is forecasting non delivery of plan.

The full ICS month 6 system report was circulated to the CMAST Leadership Board on 4th November and will be discussed at the scheduled workshop on the 18th November along with options to support full delivery of plan.

Assurance

The draft financial report will be discussed at the 18th November workshop.

The agenda will cover update on performance, forecast, risks and consequences incl. limitations on access to additional resource; regional oversight and enhanced minority; delivery and sustainability including CIP; principles for intra-CMAST support and investment prioritisation.

Strategy – value and efficiency

The Collaboration at Scale work will be delivered with support from MIAA and led by Ged Murphy, CEO East Cheshire Trust, as SRO for the planned programme board. In the first instance the four priority areas identified are: procurement, financial systems, pharmacy and drugs and workforce, including collaborative bank and premium pay. Once the terms of reference have been finalised, they will be shared with CMAST and reported monthly.

Specialised commissioning

The pre-delegation assessment framework (PDAF) was submitted to NW Region on the 4th November. C&M have indicated that delegation agreements will need to be in place by 31st March 2024. Out of the 42 ICBs, only 2 are planning to request delegation from April 2023 (London)

NW Region are now reviewing the submissions before a recommendation to the NHSE Board in December. In the meantime, work will continue particularly once more detail on the allocation formula shift is provided.

Workforce

The Workforce Programme led by Kathryn Thompson is holding a workshop for Chief People Officers on Friday 9th December, the purpose of the session is to review project initiation documents and identify a number of priority programmes which the workstream will give their immediate focus to.

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REPORT TO TRUST BOARD

AGENDA REFERENCE:	**BM 22/11/142**	
SUBJECT:	**Chair's Briefing**	
DATE OF MEETING:	30th November 2022	
AUTHOR(S):	Steve McGuirk, Trust Chair	
LINK TO STRATEGIC OBJECTIVE: *(Please select as appropriate)*	SO1 We will…Always put our patients first delivering safe and effective care and an excellent patient experience.	✓
	SO2 We will…Be the best place to work with a diverse and engaged workforce that is fit for now and the future	✓
	SO3 We will…Work in partnership with others to achieve social and economic wellbeing in our communities.	✓
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): *(Please DELETE as appropriate)*	All	
EXECUTIVE SUMMARY *(KEY ISSUES):*	This report provides an overview of the external activity of the Chair of the Trust, as well as drawing attention to matters the Chair believes are of significance to the Board of Directors. This encompasses comments relating to the operational and financial impact of the large number of patients who do not meet the criteria to reside as well as the specific aspects of: • National Industrial Action • GGI Well-led Review • CMAST Update • ICS Update Governors' matters including constitutional change.	

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

RECOMMENDATION:	The Trust Board is asked: i) To note the meetings/engagement of the Chair over the reporting period (since the last Board meeting) ii) To make any comments or ask any questions arising from the report.
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Choose an item.

SUBJECT	Chair's Briefing	AGENDA REF:	BM 22/11/142

1. BACKGROUND/CONTEXT

This is the second, written Chair's report to the Board of Directors and the background to it has been previously explained. Essentially it is to highlight activity, draw attention to key strategic issues and represent the point of view of the Council of Governors at the Board level.

2. MEETINGS/ ENGAGEMENT SINCE PREVIOUS BOARD

2.1 Meetings & Engagement since the previous Board
The period covered runs from 28ᵗʰ September to 23ʳᵈ November 2022 and only outlines 'formal' meetings for information and does not encompass day-to-day business in the hospitals.

DATE	ACTIVITY
28 September 2022	Trust Board Day - Halton
29 September 2022	Interview for Consultant; meeting with Chair of Audit Committee
6 October 2022	Workforce Programme Update Meeting (CMAST)
11 October 2022	One to one meeting with Lead Governor; Governors Q and A Session
12 October 2022	CMAST Chairs meeting; GNARC Meeting; Meeting with Associate NED
19 October	One to one meeting with NED FSC Chair
20 October	Introductory meeting with new Dir Comms and Engagement
21 October	Observing in Theatres
25 October	One to one meeting with Chester University Representative (NED)
26 October	Board Development Session/GGI Well-Led Review Feedback/Risk Appetite training
27 October	Consultant interviews
28 October	Clinical Leaders 'walkabout'/ Meeting with Chair and CEO St Helens and Knowsley Teaching Hospitals NHS Trust
1 November	Observing Quality Assurance Committee
2 November	Meeting in London (Leadership College for Government – Board Member)
3 November	Interview for Corporate Governance and Membership Lead
4 November	Round table event in Manchester organised by Aiming for Success/Patient Wellbeing Project summary meeting in Trust
9 November	CMAST conference - Runcorn
10 November	Visit to Pharmacy/Council of Governors

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14 November	Consultant interview
15 November	Chair, Complaints Quality Assurance Group – Medial Care
22 November	Combined NW System Leaders and Chairs Meeting; Meeting with Chair of Bridgewater Community Trust
23 November	AFSA Conference session (Chester); Attendance at FSC
24 November	New Hospital Strategic Oversight Group

3. KEY ISSUES TO DRAW TO THE BOARD'S ATTENTION

Firstly, I would like to welcome a new Board Director, Kate Henry, who is now our Director of Communications & Engagement. Kate has a strong communications background, most recently as a consultant but, prior to that, as Director of Marketing, Communications and Engagement at Southwest Yorkshire NHS Partnership and before that, several other, NHS organisations. Kate will make a valuable addition to the Board.

Secondly, I would wish to draw attention to recent elections of new governors to our Council of Governors (referred to below) that has taken place. The results will be announced at the Board itself as the elections closed on 28th November 2022. I mentioned in my last update that there had been a lot of work done updating a new, membership database, producing a new handbook for governors and seeking to publicise the opportunity better. It is fair to say that this work paid off with an unprecedented number of people standing for election (over twenty nominations) and I would congratulate and welcome our new governors.

I would also wish to add my genuine and sincere thanks to the governors standing down this time, and to people who, on this occasion, may not have been elected but their willingness to make a difference and put themselves forward is nevertheless appreciated. I would stress that these appointments are completely unpaid, and the commitment and passion all our governors bring to their role is truly admirable.

The other important thank you, once more, though, is to all our staff and partners who continue to work together in incredibly challenging times, and I include in this our Chief Executive and Executive Management Team.

Having just been through the seventh wave of COVID at the time of my last update, we have 'segue-wayed' virtually immediately in to the eighth wave, illustrating the point that we are not going to see the end of COVID for many years, rather it is a fact of life with which we must now live. But it nevertheless has major impacts on our ability to deliver care, which is particularly heightened by the unprecedented demand we continue to face, and influences our challenging, elective recovery targets.

In months and years gone by, we would activate our '*full capacity protocol*' from time to time, to denote we were in an extraordinary situation with around 80/90 people in our ED. Now, it is virtually a daily occurrence that we regularly see between 120 and 130 people in the department at any one time. In addition, though, during this last period we have needed to implement the highest level of response in the NHS Escalation Framework – the so-called '**OPEL-4**', something we are very hesitant to do because of the knock-on effects to other parts

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of the system. For example, it encompasses the potential need for ambulance diverts. Nevertheless, such was the scale of challenge that we had no option.

Against this backdrop, I would also draw attention to the issue of patients who no longer meet the clinical criteria to *reside for inpatient care in an acute hospital*. That is to say, patients who may remain in less than good health (so they are not necessarily 'well' people), but for whom hospital is no longer the most appropriate or safest place.

To put the size of the problem in perspective, at some points during the last period we have had as many 170 people - (effectively) 8 wards of people – in this situation. Of course, we are doing all we can. But what it means for patients, inevitably, is a much longer wait in the Emergency Department until a bed can be made available. This is a less than satisfactory and regrettable situation, but for which there is little alternative. In addition to the patient impact, though, we should also acknowledge just how stressful this is for staff as well. They continue to do an amazing job for which we – and more importantly – patients are incredibly grateful. We regularly get feedback in this regard, and this was also covered in my last update. Nevertheless, it is a disheartening situation, and is leading to a loss of staff which, in a sense, is understandable, but which also, of course, further compounds the difficulties.

Finally, I should mention the financial impact. The costs of 'boarding' these patients (essentially on behalf of other agencies) as well as the knock-on costs of not being able to recover our elective work as fast as we would like are significant. In fact, those costs are approximately £11 million per year. If we were not having to absorb these costs we would likely 'break-even' - as it is, we will likely have a deficit, and the perverse outcome of this may bring enhanced financial controls and greater difficulties for the Trust in accessing Capital funding and other recovery funds.

From a formal governance perspective, the actions that we are taking, as a Trust, are covered extensively elsewhere on the agenda.

But, in many respects, as alluded to, the solutions to this issue lie outside the Trust's control as we are largely in the hands of the wider system working which includes us working alongside primary care colleagues, local government colleagues as well as community/mental health providers.

In this respect, there are regular and ongoing system meetings between Exec Directors and Local Government and other senior colleagues. Additionally, in recent months, there has also been several meetings between the full Trust Board and colleagues from Local Government. These have been important to test what activity is being undertaken in Halton and Warrington and how the approach here compares with other parts of the country so that, ultimately, we can be assured that everything that can be done, is being done.

The other specific matters that I wish to draw the Board's attention are as follows:

3.1 National Industrial Action
The CEO will cover this issue more comprehensively in his report. In summary, however, the Royal College of Nursing (RCN), which represents close to half a million nurses in total, has

conducted a ballot of its members who have now voted in favour of industrial action. At the time of writing, they have yet to agree on a timetable for action, so we are still seeking to understand the implications for staff and what form the action will take, and, of course, the impact patients at Warrington and Halton. I do not propose to make a comment about the decision itself, as it is a matter for the staff concerned and their representative body, and the decision has been taken after a legally conducted ballot. Our responsibility is to ensure, as far as possible, that any impact on patients - and it is inevitable that there will be an impact - will be minimal. And I know that will be the sincere wish of the staff concerned.

3.2 Good Governance Institute (GGI) – Well-led Review
Boards of NHS foundation trusts and NHS trusts are responsible for all aspects of the leadership of their organisations and have a duty to conduct their affairs effectively.

Robust governance processes should provide the leaders of those organisations, those who work in them, and those who regulate them, confidence about the leadership capability to maintain and endeavour to continuously improve services. In-depth, regular and externally facilitated developmental reviews of leadership and governance are considered by NHS Regulators as a vital aspect of good governance to safeguard against the risk of boards themselves been overly susceptible to an optimism bias. And, in addition to avoiding the risk of group think or a board 'echo chamber'. Trusts are, therefore, '*strongly encouraged'* to carry out externally facilitated, well-led reviews using the well-led framework every three to five years, according to their circumstances.

The last review for WHH was undertaken in 2017 and so we were at the limit of the allotted, recommended time period, due to delays caused by the COVID-19 pandemic. Consequently, the Good Governance Institute (GGI) were commissioned to undertake the review work. GGI have a strong reputation for their approach and for the breadth of experience they can bring to bear on these important reviews. The process itself entailed a review of documentation, a wide range of interviews, facilitated focus groups of staff and stakeholders (including governors and external partners) and observations of important governance meetings. Verbal and informal feedback was given to the Board at the end of October and the more detailed outcomes will come through our formal governance processes shortly (although the CEO did circulate all the feedback slides to all staff via his Good Morning WHH (GMWHH) message.

I would firstly like to thank everyone for their engagement with this work. Part of the reason we left the review so long was because there is a significant impact on leaders at all levels of the organisation to support the work. Accordingly, it is crucial that there are real benefits to the exercise and that is only possible if people engage in an authentic and committed way.

Secondly, the overall feedback was extremely positive, and what was very encouraging was that all the development areas identified were already areas of which we were aware, and/or for which work had already commenced. This reflects a lot of endeavour by all Directors to have integrity, be self-aware and transparent and shape the culture of the Trust from the top.

3.3 YOUR hospitals publication (Newsletter) – Trust Membership Database
In early October we published our most recent general circulation update – *YOUR hospitals.*

I would commend the publication as an excellent overview of the history of the Trust and a good update of the way we have invested over the last few years to try to ensure we remain at the best operational state we can, but at the same time working hard to build a strong case for new hospitals.

I mentioned in my last update that we had recently purchased a new membership database that was in the throes of being cleansed and repopulated and indicated that we would use the Newsletter to seek to recruit more Trust members. The effect of the cleansing exercise (checking to see if people who originally signed on as members continued to qualify) was to reduce the numbers significantly. This is what, in fact, has occurred in every trust that has undertaken the exercise and, indeed, our retention rate is good. But in respect of using the Newsletter for recruitment, we did circulate via social media and encouraged people to become members. But we need to return to recruitment as we did not make the timescale for editing the Newsletter with this slant, and we were keen to get out as it is some time since we published the Newsletter.

3.4 CMAST Update

CMAST stands for the Cheshire and Merseyside Acute and Specialist Trusts and is one of the two Provider Collaboratives - the other being mental health and community services' trusts – that form part of the Cheshire and Merseyside ICS architecture. (Confusingly, this is called the [Cheshire and Merseyside Health and Care Partnership](.)

In the spirit of sharing information related to the wider agenda, the latest CMAST briefing is attached to the Chief Executive's Briefing and, equally, in the spirit of not making comment for the sake of it, I do not propose to repeat that update in my report.

The only comments I would add reflects the fact that the National Audit Office (NAO) recently undertook [a piece of work](.) to evaluate the effectiveness and impact of the shift to Integrated Care Systems.

In summary, they suggest that this latest restructuring comes at a time of intense pressure on the NHS and its partners. NHS and social care providers have high levels of staff vacancies, and in 2019-20, the year before extraordinary financial arrangements were put in place in response to the COVID-19 pandemic, around a quarter of both NHS trusts and Clinical Commissioning Groups (CCGs) overspent their budgets. Local authorities are facing increasing demand for care services while local government spending power reduced by 26% between 2010-11 and 2020-21. These challenges have been further exacerbated by the pandemic which continues to put pressure on the NHS.

They also identify that ICSs are asked to take a long-term approach focused on preventing ill health. However, the targets so far set for ICSs are about short-term improvements, and principally elective care recovery. It is recognised that health outcomes are largely driven by wider factors beyond clinical healthcare, such as healthy behaviours, social and economic reasons, and the physical environment. However, the NAO found little evidence of progress on establishing a structured approach for addressing these wider factors, which are affected by the policies of almost all central government departments.

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Alongside this, ICSs have also been set challenging savings' targets. In this financial year, for example, ICSs across England must make savings of £5.7 billion (equivalent to 5% of their budgets) to balance the books and will then need to maintain this lower level of spending. (For information, Cheshire and Merseyside is the second largest ICS in the country and so the level of savings required across this system reflect that size.)

Finally, the report acknowledges that there is an inherent tension between the local needs-based care strategies that ICSs are expected to prepare, and a standardised health service delivering national NHS targets. ICSs must manage these tensions, achieving stretching efficiency targets and the national priorities set if they are to create capacity and resources to respond to local priorities. (See subsequent comments on Place Partnerships and CMAST.)

3.5 ICS Update

The ICS has now established its other formal regional body – the Integrated Care Partnership (ICP). The ICP is a statutory committee jointly formed between the NHS Integrated Care Board (ICB) and all (upper tier) local authorities (councils) that fall within the ICS area. The Cheshire and Merseyside region encompasses nine local authorities and is therefore the second largest in the country. The ICP will also bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population. It is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area. Acute and Specialist Trust Chairs will have a place on the ICP, and that role will be fulfilled by Dame Jo Williams, the Chair of Alder Hey. I have been asked and agreed to deputise for her at the ICP.

3.6 Place Partnerships – Warrington Together and One Halton

A presentation was given to the recent Council of Governors (10th November 2022) by the two Place Directors for Warrington and Halton (Carl Marsh and Tony Leo, respectively) in which they outlined the developing Place Partnerships. Governors were able to ask questions directly, considering the impact of the direction of travel for this important element of the local health system architecture.

3.7 Council of Governors

On a general point I would also like to thank our governors for the time and energy they expend on ensuring NEDs maintain a focus for the Board to fulfil its goals of patient safety and patient care. It is to governors' enormous credit that they give their time so generously, as they are a vital check and balance. They provide an important patient voice (for example, being part of our Patient Experience Committee) and they remind us of the importance of matters that might not, initially, appear 'strategic' in their locus, but which are critically important to the overall patient experience. Good examples of this include hospital food (nutrition), first impressions, transport arrangements (getting to the hospitals and getting around the hospitals), etc.

I would especially like to thank our Lead Governor, Norman Holding, who is a familiar figure both in the hospitals and at various Assurance and other committees, and who works tirelessly to ensure all our governors are involved, as well as Keith Bland, in his deputy lead governor role.

3.8 Governor Observation Visits

Governors have undertaken their first 'ward-based' observation visit since COVID (in my last update I referred to their visit to the ED, for example). In terms of recording their visits, governors complete an extensive and structured template and award a 'confidence score' from 1 to 3 to indicate whether they are broadly satisfied with what they have observed.

October's visit was to K25, and although there were several actions arising from the visit that will be addressed via normal governance and management arrangements, it is pleasing to note that most of the scores were at the highest level of 3 suggesting a lot of confidence that care was good.

3.9 Leadership Observation visits

Just prior to the last Board (September) we started a new programme of leadership observation visits. As with the governor approach these visits seek to help ensure there is a line of sight about what is happening on the ground from the ward to the board level. The programme entailed small teams of Exec and Non-Exec Directors spending time in different parts of the trust (on the Halton site in this case), meeting patients and staff and observing the quality of care in place. The same exercise will have been undertaken before today's board meeting.

Directors, again, completed an extensive template for feedback and lessons learned, and these will be handled through management and governance processes. All Board Directors are aware, however, that if there were to be anything urgent that needed addressing, then the fact that these visits occur just before board meetings enables immediate action to be taken.

3.10   Governors Q and A Sessions and Working Group

Governors have held two, Q and A sessions with myself as Chair since the last meeting (see list of activity above) they have also held two meetings of their Working Group that considers the need for any developments in the Governor role and constitutional changes. They have brought forward several constitutional changes that seek to address some of the medium to long term challenges facing the trust. These arise not just from the shift to integrated care systems but, equally pertinently, they arise from the huge, political and financial instability experienced over the last few months as it will dramatically affect the future strategy. Against this backdrop of turbulence and uncertainty, governors have been keen to secure as much of a sense of stability and continuity as possible and their proposed constitutional changes seek to give effect that notion. Their proposals have been taken through the respective Governor's Nomination and Renumeration Committee (GNARC) and of course, the Council of Governors (referred to below).

3.11   The Council of Governors – November Meeting

The Council itself met on 10th November 2022.

The matter relating to the COG that are worthy of note for the Board of Directors:

- Governors accepted the Annual Report and Accounts of the Trust.

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- Governors agreed to support two recommendations from the Governor Nominations and Renumerations Committees relating to a new Deputy Chair and a new Senior Independent Director, and also agreed to a change to the Constitution regarding the current Chair's term of office (subsequently agreed by Board prior to today's meeting).
- A new approach to governors' questions was adopted whereby the questions were developed in a new 'governor-only' meeting before the COG, and these questions were then dealt with 'on the record' by the respective Executive responsible and reported to the COG for information of all governors and for transparency.
- Governors noted Assurance Committee observations as well as providing constituency meeting updates.
- Governors noted the outcome of their annual effectiveness survey which was overwhelmingly positive and supportive.
- Governors discussed the value of the newly created governor constituent meetings.
- Governors noted several supplementary papers.

4. RECOMMENDATIONS

The Trust Board is asked:

i)   To note the meetings/engagement of the Chair over the reporting period.
ii)   To make any comments or ask any questions arising from the report.

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REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/22/11/143**	
SUBJECT:	**Board Assurance Framework**	
DATE OF MEETING:	30th November 2022	
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; • The ratings of two risks have been amended • The descriptions of four risks on the BAF have been amended • One risk has been closed and it is proposed to de-escalate one further risk to the CBU Risk Register Notable updates to existing risks are also included in the paper.	
PURPOSE: (*please select as appropriate*)	Information Approval ✓ To note Decision	
RECOMMENDATION:	The Trust Board is asked to discuss and approve the changes and updates to the Board Assurance Framework.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Assurance Committee
	Agenda Ref.	QAC 22/11/ 256 & QAC 22/11/281
	Date of meeting	04.10.2022 & 01.11.2022
	Summary of Outcome	Approved
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: (*if relevant*)	None	

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REPORT TO BOARD OF DIRECTORS

SUBJECT	Board Assurance Framework and Strategic Risk Register report	AGENDA REF:	BM/22/11/14 3

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 to the BAF

2.2 Amendment to Risk Ratings

Since the last meeting, the ratings of two risks on the BAF have been amended:

1. **Risk #1114**

Following discussion and support at the Risk Review Group on 10th October 2022 and the Finance & Sustainability Committee on 19th October 2022; and subsequent approval at the Quality Assurance Committee on 1st November 2022 and due to the increase in mitigating cyber security systems the Trust now has in place it was agreed to reduce the rating of risk **#1114** from 20 to 16

ID	Risk description	Rating (previous)	Rating (current)	Executive Lead
1114	If we see increasing demands upon current cyber defence resources and increasing reliance on unfit/end-of-life digital infrastructure solutions then we may be unable to provide essential and effective Digital and Cyber Security service functions with an increased risk of successful cyber-attacks, disruption of clinical and non-clinical services and a potential failure to meet statutory obligations.	20	16	Paul Fitzsimmons

2. **Risk #115**

Following approval at the Quality Assurance Committee on 1st November 2022 and as a result of an increase in staffing pressures in key areas of the Trust, it was agreed to increase the rating of **risk #115** from 16 to 20

ID	Risk description	Rating (previous)	Rating (current)	Executive Lead
115	If we cannot provide minimal staffing levels in some clinical areas due to vacancies, staff sickness, patient acuity and dependency then this may impact the delivery of basic patient care.	16	20	Kimberley Salmon-Jamieson

2.3 Amendments to descriptions

Since the last meeting there have been amendments to the descriptions of four of the risks:

1. **Risk #1114**

Following review and approval at the Quality Assurance Committee on 4th October 2022, it was agreed to amend the description of risk #1114 as described below to fit with the new risk wording template

Previous: *FAILURE TO provide essential and effective Digital Services CAUSED BY increasing demands upon resources (e.g. cyber defences), new technology skillsets (e.g. Cloud), unfit solutions (e.g. Maternity), end-of-life solutions (e.g. Telephony), poor performance (e.g. Lorenzo EPR) RESULTING in a potentially reduced quality of care, data quality, a potential failure to meet statutory obligations (e.g. Civil Contingency measures) and subsequent reputational damage.*

Current: *If we see increasing demands upon current cyber defence resources and increasing reliance on unfit/end-of-life digital infrastructure solutions then we may be unable to provide essential and effective Digital and Cyber Security service functions with an increased risk of successful cyber-attacks, disruption of clinical and non-clinical services and a potential failure to meet statutory obligations*

2. **Risk #224**

Following a review of the risks on the BAF relating to capacity constraints and in order to provide a single overarching risk in relation to capacity, it was agreed to update the description of risk #224 as describe below to incorporate risk #1273. The proposal was discussed and supported at the Risk Review Group on 10th October 2022 and the Patient Safety & Clinical Effectiveness Sub-Committee on 25th October 2022 and approved at the Quality Assurance Committee on 1st November 2022

Previous: *If there are capacity constraints in the Emergency Department, Local Authority, Private Provider and Primary Care capacity then the Trust may not meet the four hour emergency access standard and incur recordable 12 hour Decision to Admit (DTA) breaches, resulting in potential risks to the quality of care and safety to patient, staff health and wellbeing, Trust reputation, financial impact and below expected patient experience.*

Current: *If there are capacity constraints in the Emergency Department, Local Authority, Private Provider and Primary Care capacity, in part as a consequence of the COVID-19 pandemic; then the Trust may not be able to provide timely patient discharge, have reduced capacity to admit patients safely, meet the four hour emergency access standard and incur recordable 12 hour Decision to Admit (DTA) breaches. This may result in a potential impact to quality and patient safety.*

3. **Risk #1215**

Following discussion at the Clinical Recovery Oversight Committee (CROC) and subsequent support from the Risk Review Group and approval by the Quality Assurance Committee it was

agreed to update the description of risk #1215 as described below to accurately reflect the impact of the COVID-19 Pandemic

Previous: *If the Trust does not have sufficient capacity (theatres, outpatients, diagnostics) because of the ongoing COVID-19 pandemic then there may be delayed appointments and treatments, and the trust may not be able to deliver planned elective procedures causing possible clinical harm and failure to achieve constitutional standards.*

Current: *If the Trust does not have sufficient capacity (theatres, outpatients, diagnostics) as a consequence of the COVID-19 pandemic then there may be delayed appointments and treatments, and the trust may not be able to deliver planned elective procedures causing possible clinical harm and failure to achieve constitutional standards.*

4. Risk #134

Following discussion at the Trust Board on 28th September 2022 and the Finance & Sustainability Committee on 19th October 2022, it was agreed at the November Quality Assurance Committee to amend the description of risk #134 to better reflect the current risk.

Previous: *If the Trust is not financially viable then there may be an impact on patient safety, operational performance, staff morale and potential enforcement/regulatory action taken.*

Current: *If the Trust's services are not financially sustainable then it is likely to restrict the Trust's ability to make decisions and invest; and impact the ability to provide local services for the residents of Warrington & Halton*

2.4 De-escalation of Risks

Since the last meeting one risks has been closed and it is proposed to de-escalate one further risk to the CBU Register

Approved

Risk #1273

Following a review of the risks on the BAF relating to capacity constraints; and in order to provide a single overarching risk in relation to capacity, it was agreed at the November Quality Assurance Committee to merge risks #224 and #1273. As a consequence, risk #1273 has been closed. The proposal was discussed and supported by the Risk Review Group and the Patient Safety & Clinical Effectiveness Sub-Committee.

ID	Risk description	Rating	Executive Lead
1273	If we continue to experience system-wide Covid-19 pressures, then we may be unable to provide timely patient discharge and experience potential reduced capacity to admit patients safely.	20	Dan Moore

Proposed

Risk #1579

As there have been no incidents recorded as a result of delayed transfers for PPCI, stroke, major trauma as a result of delays to the new pathway or lengthy ambulance waits, it is proposed to de-escalate risk #1579 to the CBU Risk Register

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ID	Risk description	Rating	Executive Lead
1579	If the North West Ambulance Service is unable to provide the expected response times for critical transfers due to demand then the Trust may not be able to transfer patients with time critical urgent care needs to specialist units which may result in patient harm	12	Paul Fitzsimmons/Dan Moore

2.5 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	Current Risk Rating	Impact of update on risk rating
224	If there are capacity constraints in the Emergency Department, Local Authority, Private Provider and Primary Care capacity, in part as a consequence of the COVID-19 pandemic; then the Trust may not be able to provide timely patient discharge, have reduced capacity to admit patients safely, meet the four hour emergency access standard and incur recordable 12 hour Decision to Admit (DTA) breaches. This may result in a potential impact to quality and patient safety.	• Winter planning has commenced to identify additional community and Trust based capacity to support expected activity levels for winter • Plan to step up 14 bedded additional capacity in the old CAU portacabin (now known as A10) to open between November – March • Procurement of new CT Scanner supported by the Trust Board in October 2022. Plan to commence installation in March 2023 and complete in September 2023. • Plan to step up 20 bedded additional capacity in B2 at the Halton site from December 2022. This is being progressed collaboratively by the System Sustainability Group (SSG) and Bridgewater Community Healthcare NHS FT.	25	No impact on risk rating
1215	If the Trust does not have sufficient capacity (theatres, outpatients, diagnostics) as a consequence of the COVID-19 pandemic then there may be delayed appointments and treatments, and the trust may not be able to deliver planned elective procedures causing possible	• In September 2022 it has been confirmed that phase 1 of the CDC & the Targeted Investment Fund (TIF) for delivery of elective recovery at the Halton site have both been approved. The capital builds in these cases will substantially increase diagnostic & elective capacity for the Trust in the form of an additional Endoscopy room, a 5th Theatre as CSTM, a daycase unit and increased CT and MR capacity • To support additional care bed availability throughout winter to protect the elective programme the Trust is actively working with system partners on increasing the Warrington Borough Council ICAHT	25	No impact on risk rating

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Risk ID	Strategic Risk	Update since last Risk review	Current Risk Rating	Impact of update on risk rating
	clinical harm and failure to achieve constitutional standards.	service by 5-10 WTE before January 2023. This will be achieved by offering HCA secondment opportunities over the winter period and be financially supported by the adaptive reserve fund.		
115	If we cannot provide minimal staffing levels in some clinical areas due to vacancies, staff sickness, patient acuity and dependency then this may impact the delivery of basic patient care.	Assurances • 6 weekly rostering, sign off by Matrons, oversight by Lead Nurses and monitored through monthly Workforce Review Group (WRG) • Ward vacancies reviewed by Associate Chief nurses and Deputy Chief Nurse at WRG • Minimum staffing levels agreed for every ward, monthly shift fill reviews completed • Bi-annual acuity reviews completed with analysis of results to ensure establishment levels align to dependency and acuity • Twice daily review of red flag data to identify staffing, patient acuity and dependency across all clinical areas with movement off staff and consideration of skill mix to ensure safe staffing levels • Temporary staffing requested via NHS Professionals, process in place to fill shifts via bank prior to escalation to agency request via agreed Agency Managed Service • If required, authorisation to off framework agencies via Deputy Chief Nurse or Chief Nurse only • Rolling recruitment for RN and HCA posts, 2- 4 weekly interviews, over recruitment plans to commence 1st November 2022 • Workforce plan/ strategy under review and to be completed by 31 October 2022 • Local workforce plans in place for Emergency Department and Maternity • Part of the Cheshire and Mersey staff Retention Forum to share and benchmark retention plans and receive support from ICS Retention Lead Gaps • Increased turnover by 6% over last 12 months • Predicted 30 WTE Vacancies in Emergency Department (November 2022) • Predicted 60%-80% Band 6/7 Pharmacy vacancies (November 2022)	20	Rating increased from 16 to 20

Risk ID	Strategic Risk	Update since last Risk review	Current Risk Rating	Impact of update on risk rating
		• 10 WE Band 6 midwife vacancies & 2 Matron Vacancies		
134	If the Trust's services are not financially sustainable then it is likely to restrict the Trust's ability to make decisions and invest; and impact the ability to provide local services for the residents of Warrington & Halton	<u>Assurances</u> • Undertaken best/worst/likely scenario exercise with the 'likely' scenario of circa £12m highlighting a variance on plan of £6m • HFMA self-assessment completed and submitted to Auditors • All conditions and actions of the 2022/23 Operational Planning Round letter from Julian Kelly have been completed. <u>Gaps</u> • CIP of 15.7m . Of the £15.7m CIP target £14.4m has been identified (£1.3m unidentified), however £5.4m is high risk and the £3m income target to be identified. Therefore, the CIP risk at the end of month 5 is £9.7m	20	No impact on risk rating
1134	If we are not able to reduce the unplanned gaps in the workforce due to sickness absence, high turnover, low levels of attraction, and unplanned bed capacity, then we will risk delivery of patient services and increase the financial risk associated with temporary staffing and reliance on agency staff	**Sickness Absence** • Trust continues to be challenged by high sickness absence rates nationally the North West has higher sickness absence rates. North West Acute Trusts make up 45% of quartile 4 - Highest 25% for sickness absence nationally. WHH currently sit in quartile 3 nationally and rank 10th out of 20 for North West Trusts as at September 2022 (no further updates available in Model Hospital at this time). • Overall absence rate was 5.97% for October 2022 against a target of 4.25%. • Overall absence rate was 5.97% for October 2022 against a target of 4.25%. • New Supporting Attendance Policy has been live since February 2022. There is currenlty a post implementation review being undertaken to inform further enhancements to the policy and supporting porcesses. • Specific support continues within areas of high sickness and low compliance WBC figures. • The Supporting Attendance Steering Group, has been refreshed and reset to the People Health and Wellbeing Group. The group have focused on understanding the Trust's absence reasons and reducing the volume of absences recorded as 'unknown'. This will enable the Trust to	20	No impact on risk rating

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Risk ID	Strategic Risk	Update since last Risk review	Current Risk Rating	Impact of update on risk rating
		identify patterns and implement support interventions to assist prevent absences and support staff wellbeing. In September, the group focused on the data for stress / anxiety /depression, which has shown an ongoing decrease since April 2022, and interventions to support staff absent for these reasons. This will also inform the work regarding the Winter Well campaign to ensure the necessary targeted support for the workforce. • The team held a Supporting Attendance Month, whereby there has been a number of roadshows, drop-in sessions, comms and events to showcase the Trust's commitment to Supporting Attendance. The team plans to produce a flipping book of the Supporting Attendance Policy once the interim policy review has taken place and any subsequent actions actioned. **Turnover and Attraction** • Turnover in October 2022 is above the target of 13% at 16.5%. Turnover of permanent staff is 15.48%. • Work-life balance continues to be the number one known reason people leave WHH, followed by retirement. • A new Exit Interview process has been implemented to further understand the details as to why people are leaving. Collation and analysis of this data enables themes to be identified and targeted action to be taken to address these areas. This information is now available on the Trust Workforce Information Dashboard. • To support with the development of an Agile/Flexible Working Toolkit, views of the staff are being sought on the current agile working culture, barriers, opportunities and best practice. Once developed the toolkit will be promoted with Line Managers and drop in sessions will be setup to support managers to understand the principles of Agile/Flexible working and how it can be best implemented within their teams. • A significant number of people delayed their retirement plans in 2020 and 2021, and we have now seen a significant increase in the number of individuals choosing to retire. It is worth noting a number of retirees do return to the workplace (retire and return) and are supported to do so, however these still		

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Risk ID	Strategic Risk	Update since last Risk review	Current Risk Rating	Impact of update on risk rating
		count as a leaver for the purposes of retention and turnover. • Rugby League Cares have been supporting WHH since July 2021, providing a range of physical and mental fitness offers to our workforce. • Grief and Menopause cafes continue to be delivered to offer guided support sessions both virtually and face to face. • A Resourcing T&F group is being established to support retention, recruitment and temporary staffing actions • The Trusts wellbeing offers continue to be well utilised, supporting people to remain at WHH. From 1st April – 31st August, the Mental Wellbeing Team have been able to deliver: • 162 referrals • Over 700 counselling hours for individuals • 1004 telephone interactions • 1724 email interactions • Interventions to 885 participants • Social media accounts have been created to support recruitment attraction across a number of social media platforms • A recruitment marketing approach is being developed to support attraction to WHH • Financial wellbeing resources have been implmented to support the workforce and retention including Wagestream **Temporary Staffing & Agency spend** • Reliance on bank and agency staff increased was 15.67% in October 2022. • The additional controls and challenge for pay spend that have been identified to support a reduction in premium pay are: • ECF process for non-clinical vacancies approval • ECF process for bank and agency temporary staffing pay spend approval • Medical Rate Escalations approved by Medical Director • Through the Finance and Sustainability Committee, compliance against our processes and rate cards continues to be monitored. • There is currently work underway to establish clear actions that the Trust needs to undertake to reduce agency expenditure. This includes: • Assessment by Deputy Medical Director and Deputy Chief Nurse against a combined NHSE and East Lancs Best		

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Risk ID	Strategic Risk	Update since last Risk review	Current Risk Rating	Impact of update on risk rating
		Practice Toolkit for controlling agency spend • Development of recommendations and approaches to bring down agency costs including: • Reduction in commission for long line bookings • Walk down Medical and Dental agencies over a period of time; firstly, to within the 50% cap and then to close to the rate cap • Implementation of tiering of agencies, offering priorities to agencies who are within rate cap • Implementation of check and challenge around agency use • Review of the Frameworks being used to ensure best service and value for money • Upon completion of the best practice assessment tool, a Task and Finish group will be setup to review any gaps identified through the tool, support with the plans to hold the agencies to account and improve the use of the Trusts banks. • To support tighter agency controls, a refined ECF process for Medical and Dental temporary staffing bookings is in development. Streamlining the approval process to replace ECF will ensure better oversight of the use of Temporary Staffing within the Medical and Dental Staff group. This report will be updated accordingly. Gaps • Turnover continuing to be above target, review of actions to reduce and make impact • Agency spend above previous years, definitive actions to be identified to reduce agency spend • Compliance with NHSE Agency Rate card very low, need identified actions to support increase in compliance • Lack of assurance regarding reduction of unplanned bed capacity which impacts temporary staffing and agency spend		
1114	If we see increasing demands upon current cyber defence resources and increasing reliance on unfit/end-of-life digital infrastructure	• Local device (PC & laptop) based firewalls now enabled • Data Loss Protection (DLP) is currently disabled until the ePO service is upgraded on the server • MFA on limited number of systems	16	Rating reduced from 20 to 16

Risk ID	Strategic Risk	Update since last Risk review	Current Risk Rating	Impact of update on risk rating
	solutions then we may be unable to provide essential and effective Digital and Cyber Security service functions with an increased risk of successful cyber-attacks, disruption of clinical and non-clinical services and a potential failure to meet statutory obligations.			
1372	If the Trust is unable to procure a new Electronic Patient Record then then the Trust may have to continue with its current suboptimal EPR or return to paper systems triggering a reduction in operational productivity, reporting functionality and possible risk to patient safety	• Trust Board approved ceasing procurement process a relaunch complying with Managed Convergence is being planned to start November 2022 • EPR Project Board (and escalation/assurance through Digital and Trust Boards) • Regular, documented conference calls with the ICS NHSE and NHSD – external partners supportive of managed convergence relaunch.	16	No impact on risk rating
125	If the hospital estate is not sufficiently maintained then there may be an increase in capital and backlog costs, a reduction in compliance and possible patient safety concerns	• In September 2022 it was confirmed that phase 1 of the CDC & the Targeted Investment Fund (TIF) for delivery of elective recovery at the Halton site have both been approved. The capital builds in these cases will substantially increase diagnostic & elective capacity for the Trust in the form of an additional Endoscopy room, a 5th Theatre as CSTM, a daycase unit and increased CT and MR capacity	15	No impact on risk rating
145	If the Trust does not deliver our strategic vision, including two new hospitals and influence sufficiently within the Cheshire & Merseyside Integrated Care System (ICS) and beyond, the then Trust may not be able to provide high quality sustainable services resulting in a potential inability to provide the best outcome for our	• Clinical strategies at Specialty level have been refreshed • Breast Centre of Excellence opened. Bid for targeted investment fund (TIF) to further develop the elective offer at Halton has been approved. • Pathology – Draft outline business case for pathology reconfiguration across Cheshire & Merseyside has been approved. • Bid for Community Diagnostics Centre (CDC) at Halton site submitted. Phase 1 approved • Funding secured via Halton Borough Council and Liverpool City Region Town Centre Fund to provide some services within Shopping City in Runcorn. This	12	No impact on risk rating

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Risk ID	Strategic Risk	Update since last Risk review	Current Risk Rating	Impact of update on risk rating
	patient population, possible negative impacts on patient care, reputation and financial position.	contributes to a potential phased approach to delivering reconfiguration of the Halton site. Matched investment approved by the Trust Board to enable delivery of Ophthalmology, Audiology & Dietetics services to commence from Autumn 2022. Opening planned for end of November 2022 • Full Business Case for Health & Education Hub developed for approval and submitted with a response expected in November 2022 • Full refresh of the Trust 5-year strategy in progress and due to complete in April 2023		

3 RECOMMENDATIONS

The Board is asked to discuss and approve the changes and updates to the Board Assurance Framework.

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
224	Daniel Moore	If there are capacity constraints in the Emergency Department, Local Authority, Private Provider and Primary Care capacity, in part as a consequence of the COVID-19 pandemic; then the Trust may not be able to provide timely patient discharge, have reduced capacity to admit patients safely, meet the four hour emergency access standard and incur recordable 12 hour Decision to Admit (DTA) breaches. This may result in a potential impact to quality and patient safety.	1	25 (5x5)	8 (2x4)	TBC	Clinical Recovery Oversight Committee
1215	Daniel Moore	If the Trust does not have sufficient capacity (theatres, outpatients, diagnostics) as a consequence of the COVID-19 pandemic then there may be delayed appointments and treatments, and the trust may not be able to deliver planned elective procedures causing possible clinical harm and failure to achieve constitutional standards.	1	25 (5x5)	6 (3x2)	TBC	Quality Assurance Committee
115	Kimberley Salmon-Jamieson	If we cannot provide minimal staffing levels in some clinical areas due to vacancies, staff sickness, patient acuity and dependency then this may impact the delivery of basic patient care.	1	20 (5x4)	12 (4x3)	TBC	Quality Assurance Committee
1275	Kimberley Salmon-Jamieson	If we do not prevent nosocomial Covid-19 infection, then we may cause harm to our patients, staff and visitors, which can result in extending length of inpatient stay, staff absence, additional treatment costs and potential litigation.	1	20 (4x5)	5 (5x1)	TBC	Quality Assurance Committee
134	Andrea McGee	If the Trust's services are not financially sustainable then it is likely to restrict the Trust's ability to make decisions and invest; and impact the ability to provide local services for the residents of Warrington & Halton	3	20 (5x4)	10 (5x2)	TBC	Finance & Sustainability Committee
1134	Michelle Cloney	If we are not able to reduce the unplanned gaps in the workforce due to sickness absence, high turnover, low levels of attraction, and unplanned bed capacity, then we will risk delivery of patient services and increase the financial risk associated with temporary staffing and reliance on agency staff	2	20 (4x5)	8 (4x2)	TBC	Strategic People Committee
1114	Paul Fitzsimmons	If we see increasing demands upon current cyber defence resources and increasing reliance on unfit/end-of-life digital infrastructure solutions then we may be unable to provide essential and effective Digital and	1	16 (4x4)	8 (2x4)	TBC	Finance & Sustainability Committee

Board Assurance Framework

		Cyber Security service functions with an increased risk of successful cyber-attacks, disruption of clinical and non-clinical services and a potential failure to meet statutory obligations.		 	 		
1372	Paul Fitzsimmons	If the Trust is unable to procure a new Electronic Patient Record then then the Trust may have to continue with its current suboptimal EPR or return to paper systems triggering a reduction in operational productivity, reporting functionality and possible risk to patient safety	3	16 (4x4)	8 (2x4)	TBC	Finance & Sustainability Committee
125	Daniel Moore	If the hospital estate is not sufficiently maintained then there may be an increase in capital and backlog costs, a reduction in compliance and possible patient safety concerns	1	15 (3x5)	4 (4x1)	TBC	Executive Management Team
145	Simon Constable	If the Trust does not deliver our strategic vision, including two new hospitals and influence sufficiently within the Cheshire & Merseyside Integrated Care System (ICS) and beyond, the then Trust may not be able to provide high quality sustainable services resulting in a potential inability to provide the best outcome for our patient population, possible negative impacts on patient care, reputation and financial position.	3	12 (3x4)	8 (4x2)	TBC	Executive Management Team
1579	Daniel Moore	If the North West Ambulance Service is unable to provide the expected response times for critical transfers due to demand then the Trust may not be able to transfer patients with time critical urgent care needs to specialist units which may result in patient harm	1	12 (3x4)	8 (2x4)	TBC	Quality Assurance Committee

Strategic Objective 1: We will… Always put our patients first delivering safe and effective care and an excellent patient experience.
Strategic Objective 2: We will… Be the best place to work with a diverse and engaged workforce that is fit for now and the future
Strategic Objective 3: We will...Work in partnership with others to achieve social and economic wellbeing in our communities.

Board Assurance Framework

Risk ID:	224	Executive Lead:	Moore, Daniel	Rating	
Strategic Objective:	Strategic Objective 1: We will… Always put our patients first delivering safe and effective care and an excellent patient experience.				
Risk Description:	If there are capacity constraints in the Emergency Department, Local Authority, Private Provider and Primary Care capacity, in part as a consequence of the COVID-19 pandemic; then the Trust may not be able to provide timely patient discharge, have reduced capacity to admit patients safely, meet the four hour emergency access standard and incur recordable 12 hour Decision to Admit (DTA) breaches. This may result in a potential impact to quality and patient safety			**Initial:**	16(4x4)
				Current:	25(5x5)
				Target:	8 (2 x 4)
Assurance Details:	•Regular Trust Wide Capacity meetings led by the Senior Site Manager for the day •Systemwide relationships including social care, community, mental health and CCGs •Discharge Lounge/Patient Flow Team/Silver Command •ED Escalation Tool/2 Hourly Board Rounds ED Medical and Nursing •Controller •Private Ambulance Transport to complement patient providers out of hours •FAU/Hub operational from June 2018 - Now operating 5 days per week. •Discharge Lounge opened 26th November 2018 •Enhanced Paediatric ED opened in May 2021 that encompasses a larger footprint & more cubicle space. This supports compliance with RCEM guidance. •System actions agreed supporting the Winter Plan •Further development of Rapid Response to avoid admission •Increase IMC provided by the system such as the opening of the Lilycross site •Increase IMC at home •Regular monitored at the Mid Mersey A&E Board •Integrated Discharge Team – Daily huddle between hospital discharge team and the hospital social care team now in place. •Integrated Discharge Team – Daily huddle between hospital discharge team and the hospital social care team now in place. •The Trust participates at the system & regional UEC improvement meeting on each Wednesday •Redeveloped ED 'at a glance' dashboard •Trust implemented NHS 111 first successfully in August 2020 allowing for directly bookable ED appointments •Board approval of capital plan to build new £5m purpose built acute Medical Ambulatory Care area aka ED Plaza •Monitoring of utilisation of internal UC system i.e. GPAU, ED Ambulatory throughput. Reports monitored via Unplanned Care Group, ED & KPI Meetings •Integrated discharge Team now in place •Re-defined sections of ED to manage COVID-19 requirements and have the ability to segregate hot and cold COVID patients •ED Plan developed to manage surge in attendances should a further COVID-19 peak be realised. •Respiratory Ambulatory Care Facility agreed by CCG •Royal College Emergency Medicine Resetting ED Care guidance received, acted upon and achieved •Collaborative working with Orthopaedics in management ok MSK Minor injuries via Minor's Stream •Reinstated CAU 24/7 •Upgrade to Minor's resulting in Oxygen points in all cubicles •Non-Elective flow activity now above 2019/20 activity levels for type 1 & 3 •Meetings with senior leaders from the CCG and Local Authority to review and discharge taking place weekly. •Monthly Focus on Flow weeks scheduled every month until July 2022 • Additional Senior Manager on call support a weekends • Successful bid for c£618k to support urgent care pressure in H2 • Same Day Emergency Care Centre (SDEC) planned opening July 2022			INITIAL PREVIOUS CURRENT TARGET 16 16 25 8	

Board Assurance Framework

	• Command & Control initiative in place since 8th December 2022 and ongoing to support pathway 0 and pathway 1 discharges. This is creating necessary capacity to support wave 5. This is in line with national guidance. • w/c 3rd January 2022 Ward B4 at Halton converted to provide additional G&A capacity (additional 27 beds) and flow in ED • To support capacity for Wave 5, elective activity moved to CSTM Halton facility to protect elective programme • Senior Dr at Triage Function. • Extended Minor Injuries and Minor Illness functions • Plan being worked up to utilise what will be the the be old CAU as an additional area to support urgent care and decompression of A&E • Plans being progressed to procure and install a new CT scanner co-located in the main body of the ED department. This will support increases urgent care pathway efficiency in the ED • Procurement of new CT Scanner supported by the Trust Board in October 2022. Plan to commence installation in March 2023 and complete in September 2023. • Phlebotomy business case approved (5th May) to support earlier decision making and flow in AMU to support flow out of the ED for acute medical patients. • Plans to co-locate ED Minors in the SDEC building to enhance patient pathways being worked up for Winter 2022/23 • Revenue bid submitted to the ICS to open additional urgent care capacity (CAU) over Q3/4 2022/23 • Winter planning has commenced to identify additional community and Trust based capacity to support expected activity levels for winter • Plan to step up 14 bedded additional capacity in the old CAU portacabin (now known as A10) to open between November – March • Plan to step up 20 bedded additional capacity in B2 at the Halton site from December 2022. This is being progressed collaboratively by the System Sustainability Group (SSG) and Bridgewater Community Healthcare NHS FT.	
Assurance Gaps:	•Staffing pressure created as a direct result of COVID-19 Global pandemic. •Confirmed exponential growth in types 1 & 3 as a result of population need and lack of access to Primary Care	

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Continued Escalation of Breaches and Patients Requiring Admission	Escalation of 4 hours quality standard and 12 hour decision to admit emergency access standard.	Escalation per ed safety escalation via Bed Meeting, Silver Command and SMOC (out of hours) and Executive on Call.	Field-Delaney, Sheila	31/03/2023	
Ongoing Monitoring of the Emergency Access Standard	ED Insight report daily SITREP report National report and benchmarking outcome UEC north dashboard Robust ongoing monitoring	Ongoing monitoring of risk via daily report SITREP, Daily Capacity and Demand report from 4* daily bed meetings. Weekly PRG	Field-Delaney, Sheila	31/03/2023	

Board Assurance Framework

Risk ID:	1215	Executive Lead:	Dan Moore	Rating		
Strategic Objective:	Strategic Objective 1: We will… Always put our patients first delivering safe and effective care and an excellent patient experience.					
Risk Description:	If the Trust does not have sufficient capacity (theatres, outpatients, diagnostics) as a consequence of the COVID-19 pandemic then there may be delayed appointments and treatments, and the trust may not be able to deliver planned elective procedures causing possible clinical harm and failure to achieve constitutional standards.			**Initial:**	25 (5x5)	
				Current:	25 (5x5)	
				Target:	6 (3x2)	
Assurance Details:	- Live dashboards and weekly activity reporting in place to ensure oversight and transparency of Trust recovery - Operational planning to be monitored by Cheshire & Merseyside on a daily basis, by Cheshire & Merseyside elective restoration meeting weekly and the Clinical Recovery Oversight Committee (CROC) & Clinical Services Oversight Group (CSOG). This relates to elective surgical activity. - Reviewing workforce pay incentives to create additional capacity in non-contracted work time e.g. evening and weekends. This links to the MIAA WLI Review & recent review of the rate card payments - The emergency department has been reconfigured to provide hot and cold areas to minimise nosocomial transmission – adults and paediatrics in line with Royal College of Emergency Medicine (RCEM) guidance. - 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. - 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. - 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. - Reconfiguration of Paediatric ED completed and operational - Deployment of modular build at the Halton site to provide additional pre-operative assessment capacity in support of elective recovery. - All elective patients have been clinically reviewed and categorised in line with national guidance. - The Halton site is being developed as a covid secure site and will be run as an Elective Centre. - Capacity identified and being utilised at spire Healthcare - Clinical Services Oversight Group (CSOG) established - Clinical Recovery Oversight Committee (CROC) established - Clean/green pathways have been developed for those priority 2 patients (cancer & urgent) that cannot or are unable clinically to have their procedure undertaken at the Captain Sir Tom Moore site then they will be treated via Ward 5 on the Warrington site. This pathway is set to commence w/c 8th February and replaces the B18 pathway. - 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. - Weekly theatre scheduling to ensure listing of patients in line with national guidance. - Post Anaesthetic Care Unit (PACU) operational from January 2021 - Participation in the national 'My Planned Care' scheme to support and inform patient waiting time status and support safe management of waiting lists. - Working in collaboration with system partners to increase adult social care capacity for pathway 1 & 2 categories of patients. This will in turn create additional capacity for managing the pandemic, restoration & recovery in Q3 2022/23 - New Clinical Treatment Suite opened in the Nightingale Building in May 2022 (capital investment of £145K) to support the reduction in chronic pain waiting lists an increase theatre capacity to support restoration and recovery. - Waiting lists monitored and measured weekly - Continue to undertake harm review process and triangulate with waiting list process and Priority 2 patients					

Board Assurance Framework

	- Continue to specifically focus on and monitor patients waiting greater than 52 weeks & 104 weeks - Continue to ensure urgent cancers are prioritised in line with national guidance - Bioquell Pods deployed in ICU in March 2021 to support flow and IPC compliance. This will help reduce instances of having to escalate capacity to the Main Theatre at the Warrington site. - Bioquell Pods in ED live and operational - Harm and waiting lists reported to Quality Assurance Committee, Finance & Sustainability Committee and Patient Safety & Clinical Effectiveness Sub-Committee. - Safe staffing levels reviewed daily. If necessary this may mean a review of clinical services to support the release of staff on a temporary basis. - The re-start of the Warrington site green pathway commenced w/c 8th February in the newly established ward A5 elective footprint. At present this supports cancer and other green pathways on the Warrington site - Deployment of modular build at the Halton site to provide additional pre-operative assessment capacity in support of elective recovery. - Respiratory nursing business case approved to support step down of respiratory patients from ICU to B18 earlier in their care pathway thus creating ICU capacity to support planned care - Additional ultrasound contract awarded to start in January 2022 - Successful bid of c£3m to support elective recovery in H2 - All priority/urgent cancer P1 and P2 elective plans have been maintained - Elective activity moved to CSTM Halton facility to protect elective programme - Reviewing workforce pay incentives to create additional capacity in non-contracted work time e.g. evening and weekends. This links to the MIAA WLI Review & recent review of the rate card payments - Increase in Trust WLI rate extended until 31.05.2022 to support restoration and recovery. Business Case to support the increase in to 2023/24 approved by the Trust Board in June 2022 - Additional echo activity as per the H2 elective fund plan starting w/e 12th February 2022 delivery an additional c104 echos per week. - New Clinical Treatment Suite opened in the Nightingale Building in May 2022 (capital investment of £145K) to support the reduction in chronic pain waiting lists an increase theatre capacity to support restoration and recovery. - Appointment of Outpatient transformation role in July 2022 to support increased efficiency and effectiveness of Outpatients - Same Day Emergency Care Centre (SDEC) opened in August 2022 - In September 2022 it has been confirmed that phase 1 of the CDC & the Targeted Investment Fund (TIF) for delivery of elective recovery at the Halton site have both been approved. The capital builds in these cases will substantially increase diagnostic & elective capacity for the Trust in the form of an additional Endoscopy room, a 5th Theatre as CSTM, a daycase unit and increased CT and MR capacity - To support additional care bed availability throughout winter to protect the elective programme the Trust is actively working with system partners on increasing the Warrington Borough Council ICAHT service by 5-10 WTE before January 2023. This will be achieved by offering HCA secondment opportunities over the winter period and be financially supported by the adaptive reserve fund.	
Assurance Gaps:	Expansion of the emergency department is required to ensure any increase in demand can be accommodated in line with RCEM guidance Referrals do not include adequate information to triage and prioritise patients 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 Capacity challenge with social workers to keep on top of demand and necessary patient assessments. 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. Theatres 3 and 4 currently used for Endoscopy rather than as Theatres until the Endoscopy rooms are completed in October 2021	

Board Assurance Framework

	Limited bed base within A5 elective footprint Increase in COVID-19 ICU patients as a result of wave 4 (July 2021) impacted on scheduling for patients requiring ICU post op				
Recommendation	**Action Description**	**Actions Required**	**Responsible Officer**	**Deadline Date**	**Completion Date**
Working with wider system on wider sustainability	Recruit to Dom Care ICAHT & Discharge Team posts	Complete Recruitment	Dan Moore	31/03/2023	

Board Assurance Framework

Risk ID:	115	Executive Lead:	Salmon-Jamieson, Kimberley	Rating		
Strategic Objective:		Strategic Objective 1: We will… Always put our patients first delivering safe and effective care and an excellent patient experience.				
Risk Description:		If we cannot provide minimal staffing levels in some clinical areas due to vacancies, staff sickness, patient acuity and dependency then this may impact the delivery of basic patient care.		Initial:	20 (5x4)	
				Current:	20 (5x4)	
				Target:	12 (4x3)	

Assurance Details:	• 6 weekly rostering, sign off by Matrons, oversight by Lead Nurses and monitored through monthly Workforce Review Group (WRG) • Ward vacancies reviewed by Associate Chief nurses and Deputy Chief Nurse at WRG • Minimum staffing levels agreed for every ward, monthly shift fill reviews completed • Bi-annual acuity reviews completed with analysis of results to ensure establishment levels align to dependency and acuity • Twice daily review of red flag data to identify staffing, patient acuity and dependency across all clinical areas with movement off staff and consideration of skill mix to ensure safe staffing levels • Temporary staffing requested via NHS Professionals, process in place to fill shifts via bank prior to escalation to agency request via agreed Agency Managed Service • If required, authorisation to off framework agencies via Deputy Chief Nurse or Chief Nurse only • Staff numbers and skill mix recorded daily on Gold Command report for transparency of clinical decision making • Site Manager and Matron on site until 8pm (Warrington and Halton site) on weekends this is a full day shift • Rolling recruitment for RN and HCA posts, 2- 4 weekly interviews, over recruitment plans to commence 1st November 2022 • Part of National Recruitment Programme and Care Support Worker Development Programme for HCAs • Workforce Review Group in place to monitor progress against recruitment and retention planning across the Trust • Retention – Transfer policy in place for staff • Workforce plan/ strategy under review and to be completed by 31 October 2022 • Local workforce plans in place for Emergency Department and Maternity • Part of the Cheshire and Mersey staff Retention Forum to share and benchmark retention plans and receive support from ICS Retention Lead • International Nurse recruitment in place	[Chart showing rating trend: INITIAL 20, PREVIOUS 25, PREVIOUS 20, PREVIOUS 16, CURRENT 20, TARGET 12]

Assurance Gaps:	• Increased operational capacity and demand results in the need to open additional areas to provide patient care, increasing the staffing need (E.g. B3, B4, A10). • Increased staffing pressures anticipated due to winter surge. • Time to post when recruiting new staff. • Increased turnover by 6% over last 12 months • Predicted 30 WTE Vacancies in Emergency Department (November 2022) • Predicted 60%-80% Band 6/7 Pharmacy vacancies (November 2022) • 10 WE Band 6 midwife vacancies & 2 Matron Vacancies

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Focus upon the Workforce Strategy to proactively retain, fill and review vacancies alongside care need. To include succession planning and staff opportunities.	Assurance of Workforce Strategy progress through the Workforce Review Group and associated workplans.	Workforce Review Group to provide updates on specified workstreams to the Quality Assurance Committee and Strategic People Committee as part of the staffing report, ahead of submission to the Board of Directors. This will include:	Kennah, Ali	30/11/2022	

Board Assurance Framework

		- Domestic and international nursing recruitment - Position and plans for staff retention. - Planning for the future – succession planning and staff development. 6/12 establishment reviews. - Triangulation of staffing position alongside patient safety measures.			

Board Assurance Framework

Risk ID:	1275	Executive Lead:	Salmon-Jamieson, Kimberley	Rating	
Strategic Objective:		Strategic Objective 1: We will… Always put our patients first delivering safe and effective care and an excellent patient experience.			
Risk Description:		If we do not prevent nosocomial Covid-19 infection, then we may cause harm to our patients, staff and visitors, which can result in extending length of inpatient stay, staff absence, additional treatment costs and potential litigation.		Initial:	25 (5x5)
				Current:	
				Target:	5 (5x1)

Assurance Details:	Triage and testing on emergency admission using molecular and PCR testing; to pause for asymptomatic patients from 1/09/2022
	Planned procedure testing SOP
	Guidance for staff returning to on-site working (previously considered extremely vulnerable)
	COVID-19 incidents are monitored daily.
	Risk assessments are in place in all Wards/Departments and rest rooms and have been revised as per hierarchies of control.
	Mask stations and santiser remain in place at all entrances and designated points throughout the Trust.
	Agile working policy is in place.
	Information technology infrastructure is in place to support remote working.
	Risk assessment in place to support safe visiting.
	Providing and maintaining a clean environment that facilitates the prevention and control of infections.
	Communications through TWSB to staff reinforcing updates to Covid-19 SOPs.
	Environmental Safety Action plan in place reported by exception to Silver Infection Control; Silver Infection Control Group meeting paused from September 2022
	Outbreak meetings held with lessons learned shared across the Trust.
	PPE audits completed weekly on wards and increased frequency during outbreaks.
	PPE & swabbing champions identified.
	Clear curtains are in place in all wards as a form of mitigation whilst maintaining patient privacy and dignity with existing curtains.
	Process for assurance of 3 and 5 day swabs in place; to pause from 1/09/2022
	Bioquell Pods now in place in ICU, ED and B18.
	Trust completed learning from Nosocomial outbreaks sessions.
	COVID-19 quality metrics in place.
	Cohorting of COVID-19 positive patients in place.
	Surveillance of patient in bays for 7 days following Covid-19 exposure; early release plan from 1/09/2022 (5 days)
	Risk assessment in place for use of beds in Covid-19 exposed bays to protect immunosuppressed and unvaccinated patients.
	Asymptomatic staff testing using Lateral Flow Device testing is encouraged.
	Revised guidance in place for respiratory and non-respiratory pathway.
	Testing amended to included Influenza A&B & RSV. Agreed patient flow pathways based on results of screening.
	IPC Team liaison with clinical teams on AGP precautions
	IPC Team liaise with Patient Flow Team on patient placement
	FFP3 fit testing programme in place.
	Staff training in safe donning and doffing of PPE is included in mandatory training
	Updated IPC measures in place including the relaxation of mask wearing in certain areas of the Trust, a return to pre pandemic visiting arrangements and 1 relative/carer to accompany patients in the Emergency Department.
	Updates to Trust Guidance/SOPs in line with publication of national guidance and upload to the Hub
	Updated National Guidance in place from 1st September 2022

Assurance Gaps:	Increased risk from return to pre-pandemic standards with removal of social distancing requirements, removal of universal masking and opening up visiting
	Non-compliance with PPE

Board Assurance Framework

	Non-adherence to Trust Staff isolation policy
	Mask station not present at all entrances
	Cleanliness score (on small number of ward items) sit just below 95%
	Site-wide assessment of ventilation (mechanical and manual) – action plan required to ensure all areas with mechanical ventilation are compliant with standards
	Unknown uptake of asymptomatic staff testing – LFD testing as this is not centrally reported

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Review Nurse cleaning roles & responsibilities	Reviewed as part of a Task & Finish Group to implement revised cleanliness standards (published April2021) within an 18-month timescale	Agree roles and responsibilities	McGreal, Julie	30/09/2022	
Review findings of site-wide ventilation survey to assess compliance with HTM.	Reviewed within the Ventilation Group which reports to Health & Safety Sub-Committee	Develop action plan to address non-compliance with HTM ventilation standards	Wright, Ian	30/09/2022	

Board Assurance Framework

Risk ID:	134	Executive Lead:	McGee, Andrea	Rating	
Strategic Objective:		Strategic Objective 3: We will...Work in partnership with others to achieve social and economic wellbeing in our communities.			
Risk Description:		If the Trust's services are not financially sustainable then it is likely to restrict the Trust's ability to make decisions and invest; and impact the ability to provide local services for the residents of Warrington & Halton		**Initial:**	20 (5x4)
				Current:	20 (5x4)
				Target:	10 (5x2)

Assurance Details:	•Core financial policies controls in place across the Trust •Finance and Sustainability Committee (FSC), Financial Resources Group (FRG) and Capital Resources Group (CRG) oversee financial planning •Weekly review at extended Executive team meeting • Achieved Break Even in 2021/22 • Delivered 2021/22 Capital Plan • Unqualified audit opinion (2021/22) • Workshop undertaken with - Exec, CBU, Corporate to review 2022/23 cost pressures • Workshops undertaken 2022/2023 budget setting • Completed MIAA Governance Checklist received by Audit Committee • Capital Plan 2022/23 approved by Trust Board on 30th March 2022 • Monthly Report to Executive Team Meeting and FRG highlights the number of retrospective waivers compared to the previous year, the number of staff trained and the number of staff who have received training but not followed the correct process. • Procurement/tender waiver training in place • Capital is reported monthly to F&SC detailing all schemes above £500k monitoring underspends against plan and expected end date. This is in line with MIAA recommendations. • Phase 3 of the Health Infrastructure Programme (HIP) announced. WHH submitted an Expression of Interest (EOI) in September 2021. WHH assessed & submitted by Cheshire & Merseyside Health & Care Partnership to regional and national NHSE/I team as the top priority for the New Hospital Build Programme in C&M • TIF funding application to support recovery at Halton c£8m over 3 years and also £26.4m bid for a Community Diagnostics Centre (CDC) at Halton. CDC bid part of c£11m support provided the scanner is situated on the Halton site • Latest guidance from MIAA Counter Fraud Team circulated • Counter Fraud campaign taking place for national anti-fraud week in November 2022 • Clinical Review Oversight Committee (CROC) established to provide oversight and assurance on recovery performance. • Revised approach to GIRFT/CIP. Leadership from Executive Medical Director and joint reporting to F&SC introduced. • Financial strategy developed to support improvement in financial sustainability. 2022-2027 Financial Strategy approved by the Trust Board in May 2022 • ICS executive peer to peer review June 2022, and September 2022. Review undertaken of increases in WTE and pay run rates which are less than C&M ICS. Increases relate to Clinical Staffing in the main. • Bid for additional bed capacity £2.4m supported by NHSE/E in August 2022; however, the Trust has requested that this is re-purposed to support B3 and Ready for Discharge Lounge • Funding to support B3 confirmed and exit strategy requested as funding until 31.03.2023 • Appointed GIRFT Clinical Lead to commence in August 2022 and a GIRFT Finance Lead to commence in October 2022 • Three GIRFT Clinical Leads appointed across Planned & Unplanned Care Groups • Undertaken best/worst/likely scenario exercise with the 'likely' scenario of circa £12m highlighting a variance on plan of £6m • HFMA self assessment completed and audited. • All conditions and actions of the 2022/23 Operational Planning Round letter from Julian Kelly have been completed.	

Chart shows rating: INITIAL 20, CURRENT 20, TARGET 10

Assurance Gaps:	• CIP of 15.7m . Unidentified & higher risk CIP remains a priority to be addressed Of the £14.4m identified £12.2m is non recurrent (85%) • Non-recurrent and unidentified CIP presents a risk to in-year and future year financial position.

Board Assurance Framework

	• Requirement for £3m additional income and delivery of activity plan to achieve c £8m ERF. • No external funding support for Halton Healthy New Town or Warrington Hospital new build. • Increased threat of fraud as a consequence of global instability (e.g. conflict in Ukraine) • Risk of unforeseen costs due to further COVID-19 / Flu surge • Availability of social care to support the current super stranded position (currently c25% of bed base). Estimated annual cost of at least £11m • Current financial plan shows deficit of £6.1m, which is the control total set by the ICS • Operational activity plan not currently being delivered; therefore, placing ERF at risk • Introduction of protocol for changing forecast outturn with the potential impact of restricting financial freedoms and access to capital.

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Identify CIP to support delivery of the overall financial plan	Identify CIP	Establish Leadership and oversight with the Executive Medical Director and meeting with Care Groups. Joint reporting to F&SC	McGee, Andrea & Fitzsimmons, Paul	30.03.2023	
All Trusts asked to undertake review of the HFMA Improving NHS financial sustainability checklist	Complete the review self assessment completing the 72 question adding a score and evidence or improvement actions with timescales	Complete the review and arrange MIAA review by the 30/11/22	Forkgen, Alice	30.11.2022	

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:	If we are not able to reduce the unplanned gaps in the workforce due to sickness absence, high turnover, low levels of attraction, and unplanned bed capacity, then we will risk delivery of patient services and increase the financial risk associated with temporary staffing and reliance on agency staff	**Initial:**	20 (4x5)
		Current:	20 (4x5)
		Target:	8 (4x2)

Assurance Details:

Sickness Absence

- Trust continues to be challenged by high sickness absence rates nationally the North West has higher sickness absence rates. North West Acute Trusts make up 45% of quartile 4 - Highest 25% for sickness absence nationally. WHH currently sit in quartile 3 nationally and rank 10th out of 20 for North West Trusts as at September 2022 (no further updates available in Model Hospital at this time).
- Overall absence rate was 5.97% for October 2022 against a target of 4.25%.
- New Supporting Attendance Policy has been live since February 2022. There is currenlty a post implementation review being undertaken to inform further enhancements to the policy and supporting porcesses.
- Supporting Attendance bitesize briefings on the new policy continue to be offered, these include a focus on Welcome Back Conversations.
- Supporting Attendance clinics held in partnership with HR Business Partners and CBU areas to provide an overview of policy, associated paperwork and potential bespoke interventions to support managers.
- Full training sessions have been implemented with the offer communicated via informal and formal channels.
- In order to support accessible learning and development bitesize sessions continue to be offered via a hybrid format.
- Specific support continues within areas of high sickness and low compliance WBC figures.
- Occupational Health and Wellbeing continue to hold triangulation meetings with HR colleagues to review individuals who are under the formal stages Supporting Attendance Management, to progress the case through enhancing support and/or developing interventions.
- The Supporting Attendance Steering Group, has been refreshed and reset to the People Health and Wellbeing Group. The group have focused on understanding the Trust's absence reasons and reducing the volume of absences recorded as 'unknown'. This will enable the Trust to identify patterns and implement support interventions to assist prevent absences and support staff wellbeing. In September, the group focused on the data for stress / anxiety /depression, which has shown an ongoing decrease since April 2022, and interventions to support staff absent for these reasons. This will also inform the work regarding the Winter Well campaign to ensure the necessary targted support for the workforce.
- The team held a Supporting Attendance Month, whereby there has been a number of roadshows, drop-in sessions, comms and events to showcase the Trust's commitment to Supporting Attendance. The team plans to produce a flipping book of the Supporting Attendance Policy once the interim policy review has taken place and any subsequent actions actioned.
- The HR team are supporting improvements in welcome back conversation recording through the introduction of a coaching focused welcome back conversation internal audit
- The Trusts wellbeing offers continue to be well utilised, supporting people to remain in work. The Trust has received national recognition from NHS Employers for our Check In Conversation, and local recognition for our Health and Wellbeing Hub.

Turnover and Attraction
- Turnover in October 2022 is above the target of 13% at 16.5%. Turnover of permanent staff is 15.48%.
- Work-life balance continues to be the number one known reason people leave WHH, followed by retirement.

- A new Exit Interview process has been implemented to further understand the details as to why people are leaving. Collation and analysis of this data enables themes to be identified and targeted action to be taken to address these areas. This information is now available on the Trust Workforce Information Dashboard.
- To support with the development of an Agile/Flexible Working Toolkit, views of the staff are being sought on the current agile working culture, barriers, opportunities and best practice. Once developed the toolkit will be promoted with Line Managers and drop in sessions will be setup to support managers to understand the principles of Agile/Flexible working and how it can be best implemented within their teams.
- A significant number of people delayed their retirement plans in 2020 and 2021, and we have now seen a significant increase in the number of individuals choosing to retire. It is worth noting a number of retirees do return to the workplace (retire and return) and are supported to do so, however these still count as a leaver for the purposes of retention and turnover.
- Rugby League Cares have been supporting WHH since July 2021, providing a range of physical and mental fitness offers to our workforce.
- Grief and Menopause cafes continue to be delivered to offer guided support sessions both virtually and face to face.
- A Resourcing T&F group is being established to support retention, recruitment and temporary staffing actions
- The Trusts wellbeing offers continue to be well utilised, supporting people to remain at WHH. From 1st April – 31st August, the Mental Wellbeing Team have been able to deliver:
- 162 referrals
- Over 700 counselling hours for individuals
- 1004 telephone interactions
- 1724 email interactions
- Interventions to 885 participants
- Social media accounts have been created to support recruitment attraction across a number of social media platforms
- A recruitment marketing approach is being developed to support attraction to WHH
- Financial wellbeing resources have been implmented to support the workforce and retention including Wagestream

Temporary Staffing & Agency spend
- Reliance on bank and agency staff increased was 15.67% in October 2022.
- The additional controls and challenge for pay spend that have been identified to support a reduction in premium pay are:
- ECF process for non-clinical vacancies approval
- ECF process for bank and agency temporary staffing pay spend approval
- Medical Rate Escalations approved by Medical Director
- Through the Finance and Sustainability Committee, compliance against our processes and rate cards continues to be monitored.
- There is currently work underway to establish clear actions that the Trust needs to undertake to reduce agency expenditure. This includes:
- Assessment by Deputy Medical Director and Deputy Chief Nurse against a combined NHSE and East Lancs Best Practice Toolkit for controlling agency spend
- Development of recommendations and approaches to bring down agency costs including:
- Reduction in commission for long line bookings
- Walk down Medical and Dental agencies over a period of time; firstly, to within the 50% cap and then to close to the rate cap
- Implementation of tiering of agencies, offering priorities to agencies who are within rate cap
- Implementation of check and challenge around agency use

Board Assurance Framework

	• Review of the Frameworks being used to ensure best service and value for money • Upon completion of the best practice assessment tool, a Task and Finish group will be setup to review any gaps identified through the tool, support with the plans to hold the agencies to account and improve the use of the Trusts banks. • To support tighter agency controls, a refined ECF process for Medical and Dental temporary staffing bookings is in development. Streamlining the approval process to replace ECF will ensure better oversight of the use of Temporary Staffing within the Medical and Dental Staff group. This report will be updated accordingly.
Assurance Gaps:	• Turnover continuing to be above target, review of actions to reduce and make impact • Agency spend above previous years, definitive actions to be identified to reduce agency spend • Compliance with NHSE Agency Rate card very low, need identified actions to support increase in compliance • Lack of assurance regarding reduction of unplanned bed capacity which impacts temporary staffing and agency spend

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Establishment of Resourcing Task and Finish Group	Establishment of Resourcing Task and Finish group to review: agency cap, agency spend reduction, agency controls, retention and recruitment marketing	• Establish group and ToR • Establish governance structure for group to support reporting Establish action plan	Carl Roberts	30.11.2022	
Develop Trust approach to agile working	Establish a best practice toolkit, processes and policies to support agile working at WHH	• Establishment of T&F group • Survey of organisation to identify best practice • Review of national best practice recommendations • Development of toolkit	Carl Roberts	31.01.2023	
Design and implementation of 'Winter Well' campaign to support staff wellness in work	Develop and implement a 'Winter Well' campaign that supports staff to stay well and in work including OH and wellbeing support, face to face, online and via ward visits	• Work with Care Groups to understand support for workforce needed • Develop 'Winter Well' campaign including online platform, face to face events and ward visits • Robust communications plan to ensure staff, managers and organisation aware of support available from the Winter Well campaign	Rebecca Patel	30.11.2022	
Post implementation review of Supporting Attendance policy	Review the new Supporting Attendance policy with the workforce to understand and identify any further policy or process enhancements required	• Gather feedback from different staff groups and managers, face to face and online surveys to inform policy and process review	Laura Hilton	30.11.2022	

Board Assurance Framework

Risk ID:	1114	Executive Lead:	Fitzsimmons, Paul		Rating	
Strategic Objective:		Strategic Objective 1: We will… Always put our patients first delivering safe and effective care and an excellent patient experience.				
Risk Description:		If we see increasing demands upon current cyber defence resources and increasing reliance on unfit/end-of-life digital infrastructure solutions then we may be unable to provide essential and effective Digital and Cyber Security service functions with an increased risk of successful cyber-attacks, disruption of clinical and non-clinical services and a potential failure to meet statutory obligations.		**Initial:**		20 (5x4)
				Current:		16 (4x4)
				Target:		8 (2x4)

Assurance Details:

Assurance:
- Risks for Cyber on risk register in line of national requirements of the DSPT & NHS Digital
- **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 QAC and resource go to FSC. The **Quality Assurance Committee report provides** assurance against all key security measures (i.e. Risks/GDPR/Data Security & Protection Toolkit/Cyber Essentials Plus/Audit Actions/IG training figures).
- **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).
- ITHealth Assurance Dashboard is live, monthly external penetration testing is now in place using NHS Digital's VMS service and BitSight security score is live.
- Approval of the subsequent Annual Prioritised Capital Investment Plan as managed via the Trust Capital Management Committee. (March 2021)
- Digital Services have implemented all national guidance regarding Log4J vulnerabilities highlighted by NHS Digital (December 21)
- WHHT return for assurance re cyber security to NHS England (March 22)
- Cisco Phase 2 business case being approved (for financial year 22/23. Providing the procurement mini tender is done on time and the orders are place in advance and there are no other world-wide changes happen impacting on supplies, kit will be delivered and installed within 22/23.

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 Exec Board
- The use of automatic patching software to rollout security updates to devices.
- Existing external network traffic is monitored by NHS Digital for both HSCN & Internet links.
- 5 servers 2008 R2 unable to install security patches: Symphony document server, Data warehouse app server, Trust Print Server, Dawn Anticoagulant system & Winscribe dictation system (all issues resolved).

Rating chart: INITIAL 20, PREVIOUS 16, PREVIOUS 20, CURRENT 16, TARGET 8

	• Office 2010 being used while end of life due to the N365 deployment plan (100% migrated) • Secondary secure backup at Halton Data Centre • Remote devices no longer bypassing the web proxy • Active Directory password set to expire again (covid working from home-related). • Fully recruit to the Digital Service restructure Phase 1 restructure • Outcome of the second Phishing exercise by NHS Digital, communications have been sent out to staff members who entered details for awareness. • Local device (PC & laptop) based firewalls now enabled	

Assurance Gaps:	**Gaps In Assurance:** • Mostly achieving of mandated compliance with DSPT, incorporating CE+ (moderate assurance given by MIAA for the standards audited and substantial in respect of the veracity of the self-assessment) **Gaps In Controls:** • No real-time early warning of zero-day attacks due to the lack of network pattern matching software. • Development of staff behaviours to protect data evidenced via reduced IG incident report levels, impacted training due to Covid-19 pandemic. • Ability to mitigate cyber configuration of nationally provided systems (e.g. ESR) and non-Microsoft devices (that meet a clinical need). • Using generic logins staff usernames and passwords are stored in browser when selecting "remember me" • No dedicated logging tool to pull all key logs together and provide useable alerts. MIAA to review processes and tools (July 21) • Using SharePoint 2010 for the Hub • Lack of process to check antivirus alerts in console. MIAA to review processes and tools (July 21) • Administrator accounts still have access to the Internet & email, although only used when required (SIRO approved process, best solution between operational vs security).. • No controls in place for Bluetooth connectivity. • The extension of the mainstream support for SQL Server 2012 will end on 12 July 2022 • Vulnerability identified by Dedalus obtaining elevated SQL access to data in ORMIS • Data Loss Protection (DLP) is currently disabled until the ePO service is upgraded on the server • MFA on limited number of systems

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
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 Windows Server 2008 until Feb 2022 NB: Windows Server 2003 is out of support; however, Windows Server 2008 is still in support until March 22. [All simple migrations have been completed by IT Services. A report was presented at the October's Digital Board, providing progress made in the decommissioning of Windows 2003/2008 servers, the timetable for decommissioning the remaining servers	Deacon, Stephen	30/06/2023	

Board Assurance Framework

		and the mitigations identified for those servers which are unlikely to be decommissioned before 31st December 2020. The only server at risk is the Medicorr Server. As part of the DSPT requirements we have asked for an update action plan.]			
Cisco Phase 2 upgrade to replace aging network equipment	Approve the business case Complete mini tender Place orders in advance Delivery of equipment Install and configure equipment	Approve the business case Complete mini tender Place orders in advance Delivery of equipment Install and configure equipment	Waterfield, Tracie	31/03/2023	
Mitigations to be put in for ORMIS security issue	Mitigations to be put in for ORMIS security issue	To set up security groups to stop unauthorised access to the SQL database.	Deacon, Stephen	31/10/2022	
Support for Windows Server 2012 will cease . As a consequence, Microsoft will no longer provide security updates or technical support for these operating systems from that date going forward. We either need to migrate or decommission the 70 unsupported Windows Server 2012 to the latest server operating system.	Migrate/decommsion Server 2012 servers	• Engage with the CBU's/Departments regarding migration and potential costs and plan migration. • Migrate the servers to the latest Windows Server operating system or decommission them.	Waterfield, Tracie	31/10/2023	
Upgrade and enable DLP to enable USB read-only. Disabled as its is crashing desktops, needs the ePO agent on the server to be upgraded.	Upgrade and enable DLP	Upgrade and enable DLP	Waterfield, Tracie	31/12/2022	

Board Assurance Framework

Risk ID:	1372	Executive Lead:	Paul Fitzsimmons	Rating		
Strategic Objective:		Strategic Objective 3: We will...Work in partnership with others to achieve social and economic wellbeing in our communities.				
Risk Description:		If the Trust is unable to procure a new Electronic Patient Record then then the Trust may have to continue with its current suboptimal EPR or return to paper systems triggering a reduction in operational productivity, reporting functionality and possible risk to patient safety		Initial:	12 (3 x 4)	
				Current:	16 (4 x 4)	
				Target:	8 (2 x 4)	

Assurance Details:	Assurance: • A revised OBC is being progressed for August 2022 Trust Board approval in line with emerging guidance on managed convergence. • Trust Board approved ceasing procurement process a relaunch complying with Managed Convergence is being planned to start November 2022 • EPR Project Board (and escalation/assurance through Digital and Trust Boards) • Regular, documented conference calls with the ICS NHSE and NHSD – external partners supportive of managed convergence relaunch. Controls: • Business case approved and contract in place for a 3 (+2) year tactical Lorenzo contract in support of time required to complete the procurement and deployment of a new EPR • Trust financial modelling includes 3-year Lorenzo costs • ICB Executive Leads supportive of managed convergence relaunch – with output based specification (OBS) and pre procurement evaluation criteria complying with managed convergence guidance in development • Procurement relaunch to start November 2022 • Senior Programme Manager assigned. • Financial modelling of realistic collaboration options to provide genuine 5, 10 and 15 year options to control whole life costs • Identification of further realistic cash releasing benefits	 16 12 8 INITIAL CURRENT TARGET

Assurance Gaps:	Gaps In Assurance: • Limited assurance regarding ICS and NHSE sign off OBC and support for progression to FBC • ICS strategic approach to delivering managed convergence remains unclear Gaps In Controls: • Lorenzo is at end of life and is unlikely to see significant future development or enhancements

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Presentation of OBC v3 to Executive Team	Presentation of OBC v3 to Executive Team	Review the contents of OBC v3 Presentation of OBC v3 to Executive Team in May 22	Caisley, Sue	31/01/2023	

Board Assurance Framework

Risk ID:	125	Executive Lead:	Dan Moore		Rating	
Strategic Objective:		Strategic Objective 1: We will… Always put our patients first delivering safe and effective care and an excellent patient experience.				
Risk Description:		If the hospital estate is not sufficiently maintained then there may be an increase in capital and backlog costs, a reduction in compliance and possible patient safety concerns		**Initial:**		20 (5x4)
				Current:		15 (3x5)
				Target:		3 (3x1)

Assurance Details:	**Controls:**
	Annual capital funding is allocated to business critical, mandated and statutory estates projects
	Planned Maintenance Program
	Reactive maintenance process
	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
	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:
	Estates and Facilities Health, Safety and Risk Group – managing health and safety issues and monitoring risk registers
	Non funded capital schemes are risk rated and monitoired through the above group
	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 with subsequent action plan
	Capital Planning Group – determine how the trust capital is spent
	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
	Cleanliness monitoring identifies estates issues that are addressed through the estates building officer
	Ventilation Group – gives assurance on the appropriate levels of trustwide ventilation in particular approves upgrades and new installations
	Mechanical Craftsperson and Electrician business case approved providing stability of workforce and retention of skills
	In September 2022 it has been confirmed that phase 1 of the CDC & the Targetted Investment Fund (TIF) for delivery of elective recovery at the Halton site have both been approved. The capital builds in these cases will substantially increase diagnostic & elective capacity for the Trust in the form of an additional Endoscopy room, a 5th Theatre as CSTM, a daycase unit and increased CT and MR capacity

The rating chart shows: INITIAL 20, PREVIOUS 16, CURRENT 15, TARGET 4

Assurance Gaps:	
	Limited capital funding to address backlog
	Compliance – evidencing compliance in line with national guidelines and mandated returns (Premises Assurance model) PAM)
	Estates staffing - recruitment and retention of trade staff due to banding of technical trades being lower than local and national peers
	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 unforseen and emergency maintenance in I&E budget
	Threat to the delivery of capital schemes due to the pandemic e.g. manufacturing delays, additional costs of construction relating to IPC guidelines and the unavailability of an appropriately skilled workforce.

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Upgrade Warrington kitchen facilities	Following a review of the kitchen facilities at Warrington Hospital. An improvement plan in place to progress	Complete upgrade of kitchen facilities	Ian Wright	30/06/2022	

Board Assurance Framework

Develop estates maintenance compliance monitoring tools	Integrate performance and compliance into0 routing estates maintenance operations	Head of compliance and performance in post in April 2022 and will develop initiatives, processes and protocols to drive estates maintenance performance and in turn improve compliance against recommended guidelines and internal KPIs	Ian Wright	31/03/2023	

Board Assurance Framework

Risk ID:	145	Executive Lead:	Constable, Simon		Rating	
Strategic Objective:		Strategic Objective 3: We will...Work in partnership with others to achieve social and economic wellbeing in our communities.				
Risk Description:		If the Trust does not deliver our strategic vision, including two new hospitals and influence sufficiently within the Cheshire & Merseyside Integrated Care System (ICS) and beyond, the then Trust may not be able to provide high quality sustainable services resulting in a potential inability to provide the best outcome for our patient population, possible negative impacts on patient care, reputation and financial position.		**Initial:**	20 (5x4)	
				Current:	12 (3x4)	
				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.

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.
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.
- Council and CCG in both Warrington & Halton supportive of development of new hospitals. Agreement with key stakeholders to progress single.
- DoH launched Health Infrastructure Programme (HIP) announcing a £2.8b investment. WHH not included in the first 2 phases of investment. Phase 3 of the HIP announced. WHH submitted an Expression of Interest (EOI) in September 2021
- WHH assessed & submitted by Cheshire & Merseyside ICS to regional and national NHSE/I team as the top priority for the New Hospital Build Programme in C&M
- Strategic Outline Cases (SOC) for both new hospital developments approved by the Trust Board and both CCGs. Formally supported by wider partners through both Warrington & Halton Health & Wellbeing Boards, Warrington Health Scrutiny and Halton Health Policy & Performance Board.
- Regular Strategy updates are provided to the Council of Governors & Trust Board
- Clinical strategies at Specialty level have been refreshed
- Breast Centre of Excellence opened. Bid for targettied investment fund (TIF) to further develop the elective offer at Halton has been approved.
- Pathology – Draft outline business case for pathology reconfiguration across Cheshire & Merseyside has been approved. Currently options for further development do not include any option where WHH is a hub. All options proposed include Essential Services Labs (ESL) at WHH. Detailed feedback provided by the Trust included in strategic outline business case to ensure quality standards and turnaround time are sustained for proposed ESLs.
- Bid for Community Diagnostics Centre (CDC) at Halton site submitted. Phase 1 approved
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. Matched investment approved by the Trust Board to enable delivery of Ophthalmology, Audiology & Dietetics services to commence from Autumn 2022. Opening planned for end of November 2022
- 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 approved. Included the proposed provision of a Health & Wellbeing hub in the town centre and a Health & Social Care Academy. £22.1m funding approved for the Town investment plan, including £3.1m for the Health & Wellbeing Hub and £1m for the Health & Social Care Academy. Health & Social Care Academy opened. - Full Business Case for the Health & Wellbeing Hub approved by the Government
- Town Deal plan for Runcorn approved by the Government securing c£23m, including c£3m for Health Education Hub in Runcorn.
- Full Business Case for Health & Education Hub developed for approval and submitted with a response expected in November 2022
- Strategy refresh completed and approved at Trust Board to confirm 2022/23 priorities.

Chart:
20 — INITIAL
15 — PREVIOUS
12 — CURRENT
8 — TARGET

Board Assurance Framework

	- Full refresh of the Trust 5-year strategy in progress and due to complete in April 2023 - In February 2021 the Government White Paper, "Integration and Innovation: working together to improve health and social care for all - The Department of Health and Social Care's legislative proposals for a Health and Care Bill" was published. - £90k funding received from One Public Estate to support progression of the Halton site redevelopment and a full review of the public sector estate in Warrington. Drafts of both reviews complete. - WHH commenced a focussed programme of work on addressing health inequalities, the green agenda, and our role as an anchor institution. Initial work recognised as the exemplary within Cheshire & Merseyside. - Consistent Trust representation within Cheshire & Merseyside ICS. WHH CEO appointed as lead for Clinical Pathways within C&M and the Trust is playing an active role within the Cheshire & Merseyside Acute & Specialist Trust (CMAST) provider collaborative. - Trust representation on newly established place-based Boards within both Warrington & Halton. Trust continues to inform placed based strategies to ensure the Trust's priorities are reflected. - Discussions with neighbouring Trusts to accelerate collaboration taking place - Formal partnerships developed with key educational partners to enable tailored education & training and research opportunities.	
Assurance Gaps:	Risk to securing capital funding to progress new hospitals Self assessments of both Warrington & Halton place based governance development indicate that Halton is 'emerging' (stage 2 of 4) and Warrington is established (stage 3 of 4). There is a requirement to further develop as places to ensure both boroughs can benefit from potential future autonomy.

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Continue to progress plans for new hospitals to be best placed to secure funding when available	Further develop SOCs and participate in competitive process for HIP funding	Further develop SOCs and participate in competitive process for HIP funding	Lucy Gardner	31/03/2023	SOCs – March 2020
Actively participate in and contribute to the development of integrated care partnerships at PLACE & provider collaboratives at regional level.	Participate in meetings and influence new governance development.	Participate in meetings and influence new governance development.	Simon Constable	31/03/2023	

Board Assurance Framework

Risk ID:	1579	Executive Lead:	Daniel Moore		Rating	
Strategic Objective:	Strategic Objective 1: We will… Always put our patients first delivering safe and effective care and an excellent patient experience.					
Risk Description:	If the North West Ambulance Service is unable to provide the expected response times for critical transfers due to demand then the Trust may not be able to transfer patients with time critical urgent care needs to specialist units which may result in patient harm				**Initial:**	16 (4 x 4)
					Current:	12 (3 x 4)
					Target:	8 (2 x 4)

Assurance Details:	• LHCH PPCI pathways have been adjusted to give guidance for patients not being transferred for more than 120 minutes. • UEC are following the escalation process to the ROC/NWAS Control room to discuss patients transfer needs on an individual basis. • All SMOCs and Silver Command are aware of the escalation process. • With regards to trauma issues, UEC have raised this at the regional network meeting. For assurance a high level paper is presented to Trust Wide Trauma Group and Patient Safety and Clinical Effectiveness Sub Committee. • Trust continues to perform well against the ambulance handover times thus supporting the ambulance service • Implementation of a new handover escalation process in times of high demand went live in April 2022 with support from AQuA	

(Chart showing: 16 at INITIAL, 12 at CURRENT, 8 at TARGET)

Assurance Gaps:	NWAS assess there response times based upon current active and waiting calls when there regional activity is high. However, there is still significant delays.

Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Implement new escalated ambulance handover process	Work with NWAS to support the development of a regional escalated handover process.	Implement new escalated ambulance handover process	Sharon Kilkenny	30.04.2022	05.04.2022

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/22/11/144**
SUBJECT:	**Integrated Performance Report**
DATE OF MEETING:	November 2022
AUTHOR(S):	Marie Garnett – Head of Contracts, Performance and Commercial Development
EXECUTIVE DIRECTOR SPONSOR:	Paul Fitzsimmons, 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 delivering safe and effective care and an excellent patient experience.	x
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	x
	SO3 We will.. Work in partnership with others to achieve social and economic wellbeing in our communities.	x

LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)	**#224** Failure to meet the four-hour emergency access standard and incur recordable 12-hour Decision to Admit (DTA) breaches, caused by capacity constraints in the Local Authority, Private Provider and Primary Care capacity resulting in potential risks to the quality of care and safety to patient, staff health and wellbeing, Trust reputation, financial impact and below expected patient experience. **#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 **#1275** If we do not prevent nosocomial Covid-19 infection, then we may cause harm to our patients, staff, and visitors which can result in extending length of inpatient stay, staff absence, additional treatment costs and potential litigation. **#115** If we cannot provide minimal staffing levels in some clinical areas due to vacancies, staff sickness, patient acuity and dependency then this may impact the delivery of basic patient care. **#1289** Failure to deliver planned elective procedures caused by the Trust not having sufficient capacity (Theatres, Outpatients, Diagnostics) resulting in potential delays to treatment and possible subsequent risk of clinical harm **#134** 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. **#1125** Failure to achieve constitutional access standards caused by the global COVID-19 Pandemic resulting in high attendances and occupancy, non-compliance for RTT, Diagnostics, Cancer, and ED Performance.

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EXECUTIVE SUMMARY (KEY ISSUES):	The Trust has 79 IPR indicators which have been placed into the following categories based on SPC/Making Data Count "Assurance" principles and performance over the last 6 months:
	Consistently passes the target: 16
	Consistently fails the target: 26
	Inconsistently passes/fails the target: 11
	No SPC/Not enough datapoints: 26
	There is special cause variation of a concerning nature, as the Trust has consistently failed to meet the following indicator targets in the last 6 months: Medicines Reconciliation within 24 hours, Staffing Care Hours Per Patient Day, RTT 18 Weeks, A&E 4 Hour Standard, Super Stranded Patients, Outpatient Appointments Delivered Remotely, Welcome Back Conversations, Vacancy Rates and Retention.
	SPC assurance cannot be determined for the following indicators that have not achieved their target in the last 6 months: Friends and Family – ED and UCC and Sepsis Screening for all emergency patients within 1 hour.
	The Trust has submitted a £6.1m deficit plan for 2022/23. This includes achieving £7.9m ERF (Elective Recovery Fund), £15.7m CIP and a £3.0m income efficiency target. The month 7 position is a £7.8m deficit year to date which is slightly worse than plan by £0.2m.

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

RECOMMENDATION:	The Trust Board is asked to:
	1. Note the emergency capital requests approved by the Chief Finance Officer and Deputy Chief Executive
	2. Approve any changes to the capital plan to be delegated to the Finance & Sustainability Committee for the remainder of the financial year. set out in Section 2.5
	3. Note the amendments to the KPIs set out in section 2.6
	4. Note the contents of this report

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PREVIOUSLY CONSIDERED BY:	Committee	Clinical Recovery Oversight Group Finance and Sustainability Committee
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	• Capital Requests Supported • Changes to include new KPIs and update existing KPIs supported • Removal of KPIs no longer included within the Oversight Framework supported
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Choose an item.	

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REPORT TO BOARD OF DIRECTORS

SUBJECT	Integrated Performance Report	AGENDA REF:	BM/22/11/144

1. BACKGROUND/CONTEXT

1.1 IPR Indicators

All 79 IPR indicators have been placed into one of several "Assurance" categories and one of several "Variation" categories as determined by the principles of Statistical Process Control (SPC) and Making Data Count.

Appendix 1 details "Making Data Count" icons and data in relation to Statistical Process Control (SPC).

The Integrated Performance Dashboard (**Appendix 2**) has been produced to provide the Trust 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

1.2 NHSE Oversight Framework Changes to KPIs

In June 2022, NHSE published a new Oversight Framework which included a new set of oversight metrics. Section 2.6 of this paper sets out the suggested amendments to the Trust IPR in order to provide assurance in relation to the performance of these metrics.

2. KEY ELEMENTS

2.1 Making Data Count Assurance and Variation Categories

Table 1 contains the number of IPR indicators in each Making Data Count "Assurance" category. **Table 2** contains the number of IPR indicators in each Making Data Count "Variation" category.

Table 1: Assurance Categories*

		Quality	Access & Performance	People	Finance & Sustainability
P	**Consistently Passes the Target (based on the last 6 months)**	8	4	3	1
F	**Consistently Fails the Target (based on the last 6 months)**	5	13	7	1

?	**Inconsistently Passes/Fails the Target**	4	3	2	2
No SPC	**No SPC/Not Enough Datapoints/Not Applicable**	10	12	1	3
Total		**27**	**32**	**13**	**7**

*based on the last 6 months performance.

Table 2: Variation Categories

		Quality	Access & Performance	People	Finance & Sustainability
	Common Cause Variation	10	16	6	2
L / H	**Special Variation of an Improving Nature**	3	1	1	1
L / H	**Special Variation of a Concerning Nature**	1	4	3	0
No SPC	**No SPC/Not Enough Datapoints/Not Applicable**	13	11	3	4
Total		**27**	**32**	**13**	**7**

Descriptions of each KPI are available in **Appendix 3**. Further detail around interpretation of Statistical Process Control (SPC) charts and "Making Data Count" icons can be found in **Appendix 4**.

2.2 QUALITY
Assurance
There are 5 Quality indicators which are consistently failing the target, these are:
- 10. Medication Reconciliation within 24 hours – the Trust achieved 52.00% in October, against a target of 80.00%
- 12. Care Hours Per Patient Day (CHPPD) – the Trust achieved 8.4 hours against a target of 7.9 hours. Therefore, this target was achieved in October
- 18. Friends & Family Test (Urgent & Emergency Care) – the Trust achieved 74.00% in October, against a target of 87.00%
- 21. Sepsis Screening (Emergency Patients) – the Trust achieved 62.00% in October, against a target of 90.00%

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- 23. Sepsis Antibiotics Administration (Emergency Patients) – the Trust achieved 62.00% in October, against a target of 90.00%

There are 4 Quality indicators which are inconsistently passing/failing the target, these are:

- 3. Healthcare Acquired Infections – MRSA – the Trust reported 0 case of MRSA in October, against a target of 0. Therefore, this target was achieved in October
- 7. VTE Assessment – the Trust achieved 94.14% in October, against a target of 95.00%
- 22. Sepsis Screening (Inpatients) – the Trust achieved 77.00% in October, against a target of 90.00%
- 24. Sepsis Antibiotics Administration (Inpatients) – the Trust achieved 54.00% in October, against a target of 90.00%

SPC Assurance cannot be determined for the following indicators which have failed to meet the target in month:

- 11. Staffing Average Fill Rate – the average staffing fill rate for all four groups combined was 89.69% in October, against a target of 90.00%

Variation

There are 2 Quality indicators which are indicating special cause variation of a concerning nature, these are:

- 7. VTE Assessment
- 10. Medicines Reconciliation within 24 hours

2.3 ACCESS AND PERFORMANCE

Assurance

There are 13 Access & Performance indicators which are consistently failing the target, these are:

- 28. Diagnostics 6 Week Waiting Times – the Trust achieved 75.89% in October, against a target of 99.00%
- 29. Referral to Treatment – 18 Weeks – the Trust achieved 61.67% in October, against a target of 92.00%
- 30. Referral to Treatment – 104 Week Waits – there were 4 patients waiting over 104 weeks in October, against a target of 0. Whilst this indicator doesn't comply with the target, this is in line with the Trusts 2022/23 plan
- 31. A&E Waiting Times – 4 hours – the Trust achieved 71.46% in October, against a target of 95.00%
- 35. Cancer 14 Days – the Trust achieved 88.89% in September, against a target of 93.00%
- 36. Breast Symptoms 14 Days – the Trust achieved 92.45% in September, against a target of 93.00%
- 41. Cancer 62 Day Urgent – the Trust achieved 71.72% in September, against a target of 85.00%
- 43. Ambulance Handovers within 15 minutes – the Trust achieved 26.47% in October, against a target of 65.00%

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- 44. Ambulance Handovers within 30 minutes – the Trust achieved 47.99% in October, against a target of 95.00%
- 45. Ambulance Handovers within 60 minutes – the Trust achieved 59.63% in October, against a target of 100%
- 46. Discharge Summaries (24 Hours) – the Trust achieved 89.97% in October, against a target of 95.00%
- 55. % Outpatient Activity Delivered Remotely – the Trust achieved 11.20% in October, against a target of 25.00%
- 56. % Patients seen in the Fracture Clinic within 72 hours – the Trust achieved 19.25% in October, against a target of 95.00%

There are 3 Access & Performance indicators which are inconsistently passing/failing the target in the last 6 months, these are:
- 37. Cancer 28 Day Faster Diagnostic Standard – the Trust achieved 71.21% in September, against a target of 75.00%
- 42. Cancer 62 Days Screening – the Trust achieved 100.00% in September, against a target of 90.00%
- 47. Discharge Summaries (7 Days) – there were 0 discharge summaries not sent within 7 days to meet the requirement, against a target of 0. Therefore, the trust has met this target for October

SPC Assurance cannot be determined for the following indicators which have failed to meet the target in month:
- 33. A&E Waiting Times (12 Hours) – the Trust achieved 15.67% in October, against a target of 2.00% or less
- 52. COVID-19 Recovery (Inpatient/Daycase) – the Trust achieved an average of 85.07% for inpatient/daycases combined in October, against a target of 104%
- 53. COVID-19 Recovery (Diagnostics) – the Trust achieved an average of 94.73% across all diagnostic modalities combined in October, against a target of 104%
- 54. COVID-19 Recovery (Outpatients) – the Trust achieved 80.75% of outpatient activity in October, against a target of 104%

Variation

There are 4 Access & Performance indicators which are indicating special cause variation of a concerning nature, these are:
- 29. Referral to Treatment – 18 Weeks
- 31. A&E Waiting Times – 4 Hours
- 51. Super Stranded Patients
- 55. % Outpatient Activity Delivered Remotely

2.4 PEOPLE

Assurance

There are 7 People indicators which are consistently failing the target, these are:
- 60. Supporting Attendance – the Trust achieved 5.97% in October, against a target of 4.20% or less

- 61. Welcome Back Conversations – the Trust achieved 72.34% in October, against a target of 85.00%
- 62. Recruitment Time to Hire – time to hire average days was 81 in October, against a target of 65 days or less
- 63. Vacancy Rate – the Trust achieved 12.26% in October, against a target of 9.00% or less
- 64. Retention – the Trust achieved 83.26% in October, against a target of 86.00%
- 65. Turnover – the Trust achieved 16.50% in October, against a target of 13.00% or less
- 66. Bank & Agency Reliance – the Trust achieved 15.67% in October, against a target of 9.00% or less

There are 2 People indicators which are inconsistently passing/failing the target, these are:
- 67. Monthly Pay Spend – monthly pay spend was £20.6m in October, against a budget of £19.1m
- 72. PDR Compliance – the Trust achieved 63.12% in October, against a target/trajectory of 79.00%

SPC Assurance cannot be determined for the following indicator which has failed to meet the target in month:
- 70. Safeguarding Training – the Trust achieved 71.04% in October, against a target/trajectory of 83.00%

Variation
There are 3 People indicators which are indicating special cause variation of a concerning nature, these are:
- 61. Welcome Back Conversations
- 63. Vacancy Rates
- 64. Retention

2.5 FINANCE AND SUSTAINABILITY
Assurance
There is 1 Finance & Sustainability indicator which is consistently failing the target, this indicator is:
- 76. Better Practice Payment Code – the Trust achieved 92.00% (cumulative), against a target of 95.00%

There are 2 Finance & Sustainability indicators which are inconsistently passing/failing the target, these are:
- 73. Trust Financial Position – the Trust recorded a deficit position of -£7.8m against a plan of -£7.6m
- 75. Capital Spend – the Trust capital spend as at the end of month 7 was £4.8m against a plan of £7.7 m

SPC Assurance cannot be determined for the following indicator which has failed to meet the target in month:

- 79. Cost Improvement Programme (Recurrent Forecast) – the Trust is forecasting a recurrent CIP achievement of £2.1m, against a full year target of a minimum of £6.5m

Variation

There are no Finance & Sustainability indicators which are indicating special cause variation of a concerning nature.

The Income and Activity Statement for October 2022 is attached in **Appendix 5**.

The Trust has agreed a control total of £6.1m deficit with Cheshire & Merseyside ICS. There are several risks to the achievement of the planned £6.1m deficit. The Key risks to achievement of the plan are:

- CIP delivery
- Additional bed capacity (ward B3/A10/B4) due to the level of patients with no criteria to reside
- Achievement of Elective Recovery Fund (ERF) - during October 2022 all elective activity has underperformed against plan. The position also shows an under performance against all elective activity to date, however the income has been assumed in the forecast
- A&E staffing pressures

A detailed review is being undertaken to determine all actions that could support delivery of the financial plan.

Cash

The cash balance at the end of month 7 is £38.4m, which is £20.9m higher than plan (£17.5m). In the main this relates to timing differences in the payment of trade creditors.

CIP

At month 7 the Trust has delivered a CIP of £6.7m, and is on plan year to date, against a target of £15.7m. There remain several high-risk schemes to be delivered (circa £3.9m) and £1.1m remains unidentified. Only £2.1m recurrent CIP has been identified presenting a risk to future sustainability.

Capital Programme

The Trust has a capital programme of £22.7m (£12.5m CDEL and £10.2m externally funded). At 31st October 2022, the year-to-date capital spend is £4.8m, a variance of £2.9m compared to plan. To support decision making at pace in order to deliver the programme in full, it is requested that the Trust Board delegates authority for capital approvals to FSC for the remainder of the financial year.

Table 3: Capital Expenditure by category as at 31 October 2022

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	Annual Plan	Plan YTD	Actual YTD	Variance against Plan YTD
	£000	£000	£000	£000
Estates	7,794	5,221	3,848	1,373
IM&T	2,175	892	537	355
Medical Equipment	2,525	732	605	127
Contingency	0	0	(495)	495
Sub total	**12,494**	**6,845**	**4,495**	**2,350**
External Funded	10,204	910	350	560
Total	**22,698**	**7,755**	**4,845**	**2,910**

Table 4 highlights the current contingency and **Appendix 6** contains the updated Capital Programme.

Table 4: Capital Contingency

	DETAIL	£'000	£'000
	Contingency balance start of month 7		**262**
	Emergency capital request approved by the CFO & Deputy CEO		
	Blood Transfusion Cell Saver - 61649	-17	
	Estate Department Roof Upgrade - 61652	-175	
	Cell Saver - Maternity - 61655	-17	
	Sub Total		**-209**
Supported by FSC Oct	**Capital request from the Capital Planning Group (14 Oct 2022)**		
	ED Fire Barrier Addendum	-23	
	Sub Total		**-23**
	Capital change to plan from the Capital Planning Group (14 Oct 2022)		
	Return the Halton Systems and Network Security Disaster Recovery money due to a deferral of the assessment for this work.	200	
	Sub Total		**200**
	Contingency as at end of month 7		**230**
Supported by FSC Nov	**Capital request from the Capital Planning Group (11 Nov 2022)**		
	Anterion Addendum	-21	
	Ultrasound wider doors	-13	
	Breast kit - shortfall after external funding	-40	
	Pharmacy Robot - addendum - room configuration	-55	
	Sub Total		**-129**
	Contingency balance start of month 8		**101**

Capital Requests

The Trust Board is asked to:

- **Note the Capital requests of £209k approved as an emergency by the Chief Finance Officer & Deputy Chief Executive**
- **Approve the return of the Halton SAN schemes to the capital plan totalling £200k**
- **Approve the funds requested from the Capital Planning Group (CPG) and supported by the FSC, £23k from October and £129k from November**
- **Approve any changes to the capital plan be delegated to the Finance & Sustainability Committee for the remainder of the financial year.**

2.6 NHSE Oversight Framework Changes to KPIs

The below are the amendments **to the IPR are** supported by the Clinical Recovery Oversight Committee, **Table 5** shows amendments which are now included in the IPR. **Table 6** shows amendments which will take effect from January 2023, following the completion of the report building process. **Table 7** shows the KPIs which have now been removed from the IPR Report.

Table 5: Amendments to the IPR

Amendment	Detail	Rationale
Amendment to current KPI (Oversight Metric 9)	**KPI Name:** RTT **Target:** N/A **Amendment:** To include 78 week waits in addition to 52 & 104 week waits.	Included as a new KPI on the 2022/23 NHSE Oversight Framework.
New KPI (Oversight Metric 117)	**KPI Name:** % patients referred to long COVID service not assessed within 15 weeks. **Target:** Zero	Included as a new KPI on the 2022/23 NHSE Oversight Framework.

Table 6: Amendments to take effect from January 2023

Amendment	Detail	Rationale
New KPI (Oversight Metric 101)	**KPI Name:** Reduction in Outpatient Follow Ups **Target:** N/A **Amendment:** To include a specific KPI to outline the reduction in Outpatient follow up activity. The purpose of this is to measure the reduction in outpatient follow up appointments as per the operational planning guidance. Target: 75% or less based on 2019/20 activity.	Included as a new KPI on the 2022/23 NHSE Oversight Framework.
New KPI (Oversight Metric 10a)	**KPI Name:** COVID-19 Recovery Cancer First Treatment **Target:** N/A **New KPI:** The number of people each month who receive their first treatment for cancer compared to the equivalent month in 2019/20 adjusted for number of working days. Target: 100%	Included as a new KPI on the 2022/23 NHSE Oversight Framework.
New KPI (Oversight Metric 105)	**KPI Name:** % patients discharged to their usual place of residence. **Target:** No current threshold agreed.	Included as a new KPI on the 2022/23 NHSE Oversight Framework.

Table 7 – KPIs removed from IPR

Amendment	Detail	Rationale
Removal of KPI	**KPI Name:** Advice & Guidance **Removal of KPI:** This is replaced with the reduction in Outpatient follow up indicator.	Removed as a new KPI on the 2022/23 NHSE Oversight Framework.
Removal of KPI	**KPI Name:** Patient Initiated Follow Ups **Removal of KPI:** This is replaced with the reduction in Outpatient follow up indicator.	Removed as a new KPI on the 2022/23 NHSE Oversight Framework.

Table 8 outlines the suggested additions to the IPR supported by the Finance & Sustainability Committee, however the Trust is currently awaiting further guidance on these indicators before changes are implemented, once guidance is received the amendments will be implemented and reported in the following IPR Report.

Table 8: Suggested Additions to the IPR

Amendment	Detail	Rationale
New KPI	**KPI Name:** Agency Spend vs Price Cap **Target:** Price Cap	Included as a new KPI on the 2022/23 NHSE Oversight Framework.
New KPI	**KPI Name:** Agency Spend vs Ceiling **Target:** Agency Ceiling	Included as a new KPI on the 2022/23 NHSE Oversight Framework.

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
- Strategic People Committee
- Clinical Recovery Oversight Committee

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5. RECOMMENDATIONS

The Trust Board is asked to:

1. Note the emergency capital requests approved by the Chief Finance Officer and Deputy Chief Executive
2. Approve any changes to the capital plan to be delegated to the Finance & Sustainability Committee for the remainder of the financial year set out in Section 2.5
3. Note the amendments to the KPIs set out in section 2.6
4. Note the contents of this report

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Statistical Process Control - Assurance & Variation

Appendix 1

Key:

Special Cause Variation of a improving nature.

Common Cause (Normal Variation).

Special Cause Variation of a concerning nature.

Consistently passes the target*

Inconsistently passes and fail the target*

Consistently fails the target*
*based on the last 6 datapoints/months

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

	QUALITY	Latest				Previous		Assurance
		Plan/Target	Actual	Period	Variation	Actual	Period	
1	Incidents (over 40 days old)	0	0	Oct-22	(L)	0	Sep-22	(P)
2	Duty of Candour (serious incidents)	100.00%	100.00%	Oct-22		100%	Sep-22	(P)
3	Healthcare Acquired Infections - MRSA	0	0	Oct-22		1	Sep-22	(?)
4	Healthcare Acquired Infections – CDI	Less than 37 for 2022/23	3	Oct-22		7	Sep-22	No SPC
5	Healthcare Acquired Infections – Gram Negative (E.coli)	Less than 57 for 2022/23	10	Oct-22		7	Sep-22	No SPC
6	Healthcare Acquired Infections - COVID-19 Outbreaks	N/A	3	Oct-22	No SPC	5	Sep-22	No SPC
7	VTE Assessment	95.00%	94.14%	Oct-22		95.37%	Sep-22	(?)
8	Inpatient Falls & Harm Levels	20.00% annual reduction based on 590 in 2021/22	45	Oct-22		49	Sep-22	No SPC
9	Pressure Ulcers (Total)	10.00% reduction based on 91 in 2021/22	7	Oct-22		15	Sep-22	No SPC

Statistical Process Control - Assurance & Variation

Appendix 1

Key:

Special Cause Variation of a improving nature.

Common Cause (Normal Variation).

Special Cause Variation of a concerning nature.

Consistently passes the target*

Inconsistently passes and fail the target*

Consistently fails the target*
*based on the last 6 datapoints/months

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

10	Medication Safety (24 Hours)	80.00%	52.00%	Oct-22	L	53.00%	Sep-22	F
11	Staffing – Average Fill Rate (Combined)	90.00%	89.69%	Oct-22	No SPC	88.52%	Sep-22	No SPC
12	Staffing – Care Hours Per Patient Day	7.9	8.45	Oct-22		7.0	Sep-22	F
13	Mortality ratio - HSMR	N/A	89.87	Oct-22	No SPC	89.17	Sep-22	No SPC
14	Mortality ratio - SHMI	N/A	98.48	Oct-22	No SPC	98.10	Sep-22	No SPC
15	NICE Compliance	90.00%	92.61%	Oct-22	H	91.51%	Sep-22	P
16	Complaints (open over 6 months)	0	0	Oct-22		0	Sep-22	P
17	Friends & Family – Inpatients & Day cases	95.00%	97.00%	Oct-22	No SPC	97.00%	Sep-22	P
18	Friends & Family – ED and UCC	87.00%	74.00%	Oct-22	No SPC	71.00%	Sep-22	F
19	Mixed Sex Accommodation Breaches (Non ITU Breaches Only)	0	0	Oct-22	No SPC	0	Sep-22	P
20	Continuity of Carer	51.00%	85.10%	Oct-22	H	86.00%	Sep-22	P

Statistical Process Control - Assurance & Variation

Appendix 1

Key:

  Special Cause Variation of a improving nature.

 Common Cause (Normal Variation).

  Special Cause Variation of a concerning nature.

 Consistently passes the target*

 Inconsistently passes and fail the target*

 Consistently fails the target*
*based on the last 6 datapoints/months

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

21	Sepsis - % screening for all emergency within 1 hour.	90.00%	62.00%	Oct-22	No SPC	74.00%	Sep-22	F
22	Sepsis - % screening for all inpatients within 1 hour.	90.00%	77.00%	Oct-22	No SPC	68.00%	Sep-22	?
23	Sepsis - % of patients within an emergency setting, receive antibiotics administered within 1 hour of diagnosis.	90.00%	62.00%	Oct-22	No SPC	57.00%	Sep-22	F
24	Sepsis - % of patients within inpatient settings, receive antibiotics administered within 1 hour of diagnosis.	90.00%	54.00%	Oct-22	No SPC	77.00%	Sep-22	?
25	Ward Moves between 10:00pm and 06:00am	N/A	109.00	Oct-22	No SPC	N/A	N/A	No SPC
26	Number of Hospital Acquired Acute Kidney Injuries	Less than previous month	179	Oct-22	No SPC	188	Sep-22	No SPC
27	Number of CAS Alerts Actions Breached	0	0	Oct-22	(common cause)	0	Sep-22	P

Statistical Process Control - Assurance & Variation

Key:

Special Cause Variation of a improving nature.

Common Cause (Normal Variation).

Special Cause Variation of a concerning nature.

Consistently passes the target*

Inconsistently passes and fail the target*

Consistently fails the target*
*based on the last 6 datapoints/months

NHS
Warrington and Halton Teaching Hospitals
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	ACCESS & PERFORMANCE	Latest				Previous		Assurance
		Plan/Target	Actual	Period	Variation	Actual	Period	
28	Diagnostic Waiting Times 6 Weeks	99.00%	75.89%	Oct-22	H	76.81%	Sep-22	F
29	RTT - Open Pathways (18 Weeks)	92.00%	61.67%	Oct-22	L	60.53%	Sep-22	F
58	RTT – Number of Patients Waiting 78+ Weeks	0	216.00	Oct-22	No SPC	0	Sep-22	No SPC
30	RTT – Number of Patients Waiting 104+ Weeks	0	4	Oct-22	(common)	7	Sep-22	F
31	A&E Waiting Times – % patients waiting under 4 hours from arrival to admission, transfer or discharge.	95.00%	71.46%	Oct-22	L	70.71%	Sep-22	F
32	A&E Waiting Times – ICS Trajectory	Trajectory TBC for 2022/23			No SPC			No SPC
33	A&E Waiting Times – % patients waiting longer than 12 hours from arrival to admission, transfer or discharge.	2.00% or less	15.67%	Oct-22	No SPC	17.60%	Sep-22	No SPC
34	Average time in department ED (mins)	N/A	348	Oct-22	No SPC	355	Sep-22	No SPC
35	Cancer 14 Days*	93.00%	88.89%	Sep-22	(common)	85.81%	Aug-22	F
36	Breast Symptoms 14 Days*	93.00%	92.45%	Sep-22	(common)	93.67%	Aug-22	F

Statistical Process Control - Assurance & Variation

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NHS
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37	Cancer 28 Day Faster Diagnostic*	75.00%	71.21%	Sep-22		97.35%	Aug-22	?
38	Cancer 31 Days First Treatment*	96.00%	100.00%	Sep-22		100.00%	Aug-22	P
39	Cancer 31 Days Subsequent Surgery*	94.00%	100.00%	Sep-22		100.00%	Aug-22	P
40	Cancer 31 Days Subsequent Drug*	98.00%	100.00%	Sep-22		100.00%	Aug-22	P
41	Cancer 62 Days Urgent*	85.00%	71.72%	Sep-22		70.37%	Aug-22	F
42	Cancer 62 Days Screening*	90.00%	100.00%	Sep-22		100.00%	Aug-22	?
43	Ambulance Handovers within 15 minutes	65.00%	26.47%	Oct-22		35.19%	Sep-22	F
44	Ambulance Handovers within 30 minutes	95.00%	47.99%	Oct-22		57.90%	Sep-22	F
45	Ambulance Handovers within 60 minutes	100%	59.63%	Oct-22		69.61%	Sep-22	F
46	Discharge Summaries - % sent within 24hrs	95.00%	89.97%	Oct-22		89.56%	Sep-22	F
47	Discharge Summaries – Number NOT sent within 7 days	0	0	Oct-22		26	Sep-22	?

Statistical Process Control - Assurance & Variation

Key:

Special Cause Variation of a improving nature.

Common Cause (Normal Variation).

Special Cause Variation of a concerning nature.

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Warrington and Halton Teaching Hospitals
NHS Foundation Trust

No.	Indicator	Target	Value	Month	Variation	Value	Month	Assurance
48	Cancelled Operations on the day for a non-clinical reasons							No SPC
49	Cancelled Operations– Not offered a date for readmission within 28 days	Please note: Validation for this indicators was in progress at the time of reporting.						No SPC
50	Urgent Operations – Cancelled for a 2nd time	0	0	Oct-22		0	Sep-22	P
51	Super Stranded Patients	Trajectory TBC for 2022/23	161	Oct-22	H	141	Sep-22	No SPC
52	COVID-19 Recovery Elective (Inpatient/Daycase) - (Average)	104%	85.07%	Oct-22	No SPC	85.07%	Sep-22	No SPC
53	COVID-19 Recovery Diagnostic Activity - (Average)	104%	0.00%	Oct-22	No SPC	111.27%	Sep-22	No SPC
54	COVID-19 Recovery Outpatient Activity	104%	80.75%	Oct-22	No SPC	89.94%	Sep-22	No SPC
55	% Outpatient Appointments delivered remotely	25.00%	11.20%	Oct-22	L	12.28%	Sep-22	F
56	% of Patients seen in the fracture clinic within 72 hours	95.00%	19.25%	Oct-22		46.21%	Sep-22	F
57	% patients referred to long COVID service not assessed within 15 weeks	N/A	0	Oct-22	No SPC	0	Sep-22	No SPC
59	% of zero-day length of stay admissions (as a proportion of total)	N/A	85%	Oct-22	No SPC	89%	Sep-22	No SPC

Statistical Process Control - Assurance & Variation

Appendix 1

Key:

 Special Cause Variation of a improving nature.

 Common Cause (Normal Variation).

 Special Cause Variation of a concerning nature.

 Consistently passes the target*

 Inconsistently passes and fail the target*

 Consistently fails the target*
*based on the last 6 datapoints/months

NHS
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NHS Foundation Trust

	WORKFORCE	Plan/Target	Actual	Period	Variation	Actual	Period	Assurance
		Latest				**Previous**		
60	Supporting Attendance	4.20%	5.97%	Oct-22		5.45%	Sep-22	F
61	Welcome Back Conversations	85.00%	72.34%	Oct-22	L	77.81%	Sep-22	F
62	Recruitment Time to Hire (Days)	65	81	Oct-22		77	Sep-22	F
63	Vacancy Rates	9.00%	12.26%	Oct-22	H	11.71%	Sep-22	F
64	Retention	86.00%	83.26%	Oct-22	L	83.08%	Sep-22	F
65	Turnover	13.00%	16.50%	Oct-22		16.81%	Sep-22	F
66	Bank & Agency Reliance	9.00%	15.67%	Oct-22		15.22%	Sep-22	F
67	Monthly Pay Spend (Contracted & Non-Contracted)	£19,093,261.00	£20,641,718.60	Oct-22		£21,985,024.74	Sep-22	?

Statistical Process Control - Assurance & Variation

Appendix 1

Key:

 Special Cause Variation of a improving nature.

 Consistently passes the target*

 Common Cause (Normal Variation).

 Inconsistently passes and fail the target*

 Special Cause Variation of a concerning nature.

 Consistently fails the target*
*based on the last 6 datapoints/months

NHS
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NHS Foundation Trust

		Target	Value	Month	Variation	Value	Month	Assurance
68	Core/Mandatory Training	85.00%	84.68%	Oct-22	H	84.86%	Sep-22	P
69	Role Specific Training	85.00%	90.88%	Oct-22	No SPC	91.07%	Sep-22	P
70	Safeguarding Training	83.00%	71.04%	Oct-22	No SPC	71.40%	Sep-22	No SPC
71	% Workforce carrying out an Apprenticeship Qualification	2.30%	2.87%	Oct-22	No SPC	2.78%	Sep-22	P
72	PDR Compliance	79.00%	63.12%	Oct-22	⌁	64.71%	Sep-22	?

Statistical Process Control - Assurance & Variation

Appendix 1

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Key:

Special Cause Variation of a improving nature.

Common Cause (Normal Variation).

Special Cause Variation of a concerning nature.

Consistently passes the target*

Inconsistently passes and fail the target*

Consistently fails the target*
*based on the last 6 datapoints/months

FINANCE & SUSTAINABILTY	Latest				Previous		Assurance
	Plan/Target	Actual	Period	Variation	Actual	Period	
73 Trust Financial Position £m (Cumulative)	-7.62	-7.85	Oct-22	(Common Cause)	-7.50	Sep-22	(?)
74 Cash Balance £m	17.47	38.43	Oct-22	(H - improving)	37.02	Sep-22	(P)
75 Capital Programme Spend £m (Cumulative)	7.755	4.15	Oct-22	No SPC	3.53	Sep-22	(?)
76 Better Payment Practice Code (Cumulative)	95%	92%	Oct-22	(Common Cause)	92%	Sep-22	(F)
77 Use of Resources Rating	Please note: This indicator is currently suspended. The Trust is awaiting further guidance from NHSE/I.						No SPC
78 Cost Improvement Programme – Performance (Recurrent and Non-recurrent delivered) £m	2.10	2.10	Jun-22	No SPC	1.20	May-22	No SPC
79 Cost Improvement Programme – Forecast (Recurrent) £m	6.50	2.10	Jun-22	No SPC	N/A	N/A	No SPC

Key:

System Oversight Framework

Care Quality Commission

SOF

CQC

Risk Register — RR116

Trust Strategy

Quality Improvement - Trust Position

Appendix 2

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

SOF CQC
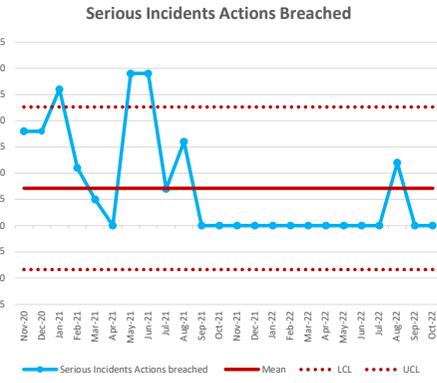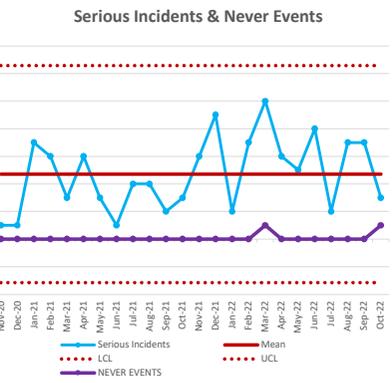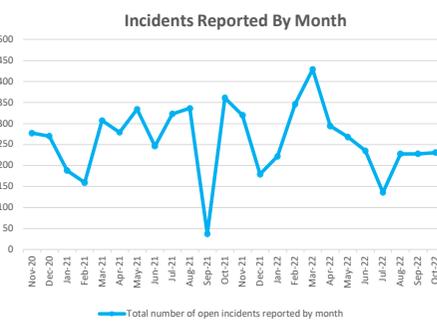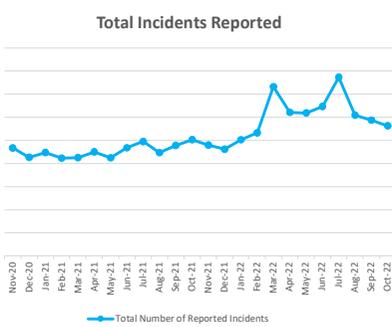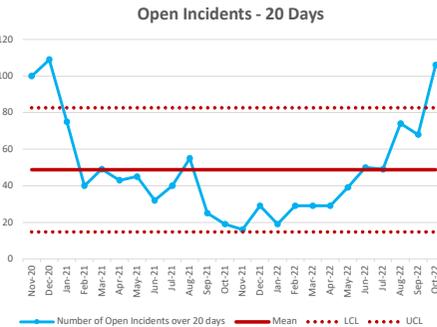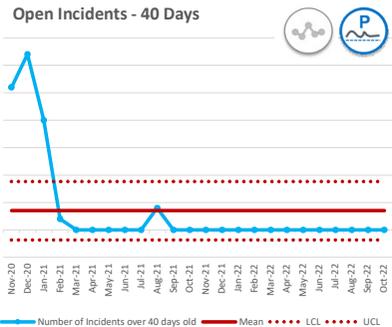
1. Incidents

Target: ZERO Open incidents outside 40 day timeframe and ZERO Never Events

There were 0 incidents over 40 days old and 106 incidents open over 20 days old. These have all had a first review and have been sent to the relevant department, no concerns noted with those over 20 days.

Open Incidents - 40 Days

Number of Incidents over 40 days old — Mean — LCL — UCL

Open Incidents - 20 Days

Number of Open Incidents over 20 days — Mean — LCL — UCL

Total Incidents Reported

Total Number of Reported Incidents

Incidents Reported By Month

Total number of open incidents reported by month

Serious Incidents & Never Events

Serious Incidents — Mean — LCL — UCL — NEVER EVENTS

Serious Incidents Actions Breached

Serious Incidents Actions breached — Mean — LCL — UCL

Incident reporting remains relatively static with higher levels of incident reporting in the latter part of the year, associated with system wide pressures.

Assurance: The Trust consistently passes the target.

Variation: There is special cause variation of an improving nature.

There are 0 incidents over 40 days: sustained position. Increase in incidents over 20 days (106) due to staffing deficits and operational pressures.

There were 3 serious incidents reported in October 2022 a variance of 4 when compared to the previous month (7). 1 Never Event declared. Not linked to 1 area.

There were 0 breached serious incident actions in September 2022: Sustained position.

Work continues with regard to the number of attends and those with no right to reside. Incident management systems continue: Weekly monitoring of incident reporting Trust wide, CBU and speciality incident reviews continue with oversight of the governance team. A weekly governance dashboard is overseen by the Executive Team monitoring themes and trends. Opportunities to enhance learning will support further improvement.

Weekly Executive led Safety Oversight Group in place. Weekly Governance meeting in place for overall position and escalation. Weekly CBU meetings in place. Recruitment within governance department complete.

Numerically within statistical control. Ensure actions for learning are evidenced and shared, supported by Learning Framework.

Weekly monitoring continues with appropriate escalation to the CBU leads and Care Groups.

Key:

System Oversight Framework | SOF | Risk Register | RR116

Care Quality Commission | CQC | Trust Strategy | ⭐

## Quality Improvement - Trust Position

Appendix 2

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

CQC

2. Duty of Candour

Target: 100%

The Trust achieved 100% for Duty of Candour in month.

Duty of Candour (DoC) - Moderate Incidents

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22

━●━ % Compliance rate with DoC (moderate incidents)

Duty of Candour (DoC) - Serious Incidents

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22

━●━ % Compliance rate with DoC (serious incidents)

Assurance: The Trust consistently passes the target.

Variation: Common Cause (Normal) variation.

There is no variance, the Trust remains 100% compliant: Sustained position.

Robust weekly monitoring is undertaken by the Patient Safety Manager to ensure compliance is maintained.

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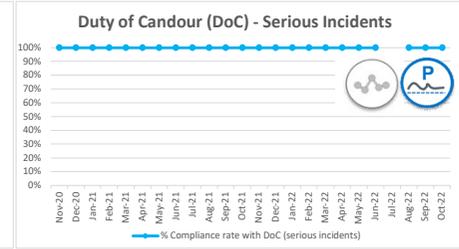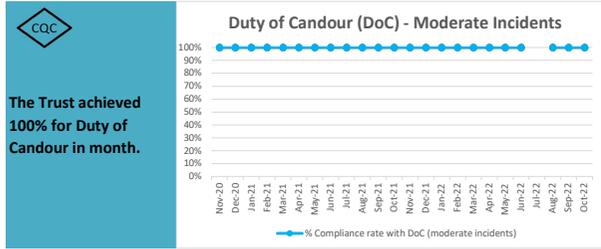## Quality Improvement - Trust Position

Appendix 2

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

SOF   CQC   S

**3. Healthcare Acquired Infections (MRSA)**

Target: ZERO

4. Healthcare Acquired Infections (CDI)
Target: Less than 37 -annual

5. Healthcare Acquired Infections (Ecoli)
Target: less than 57 - annual
(Klebsiella)
Target: Less than 19 - annual
(PA)
Target: Less than 6 - annual

6. Healthcare Acquired Infections COVID-19 Hospital Onset & Outbreaks (No Target)

RR1275

MRSA 3 cases over threshold
MSSA 13 cases YTD - no threshold set
CDI 31 cases YTD, above in year trajectory.
E. coli 43 cases YTD (10 cases over in year trajectory)
Klebsiella spp. 13 cases YTD (3 cases over in year trajectory)
P. aeruginosa 1 cases YTD (2 cases under trajectory).
Covid-19:
149 day 8-14 cases probable healthcare associated cases YTD
206 day 15+ cases definite healthcare associated YTD
3 COVID-19 outbreaks

Healthcare Acquired Infections - MRSA

Healthcare Acquired Infections - MSSA

Healthcare Acquired Infections - CDI

Healthcare Acquired Infections - ECOLI

Healthcare Acquired Infections - Klebsiella

Healthcare Acquired Infections - PA

COVID-19 - Nosocomial

COVID-19 Outbreaks
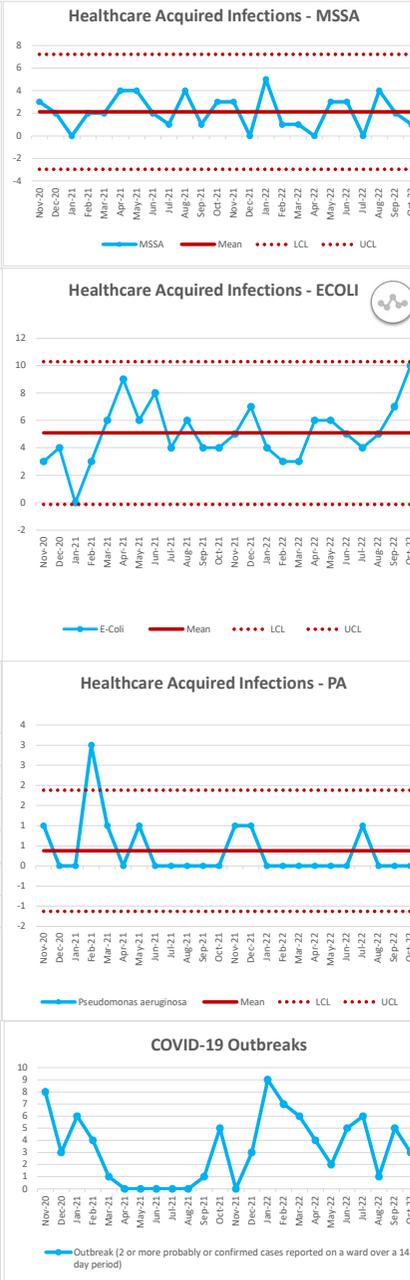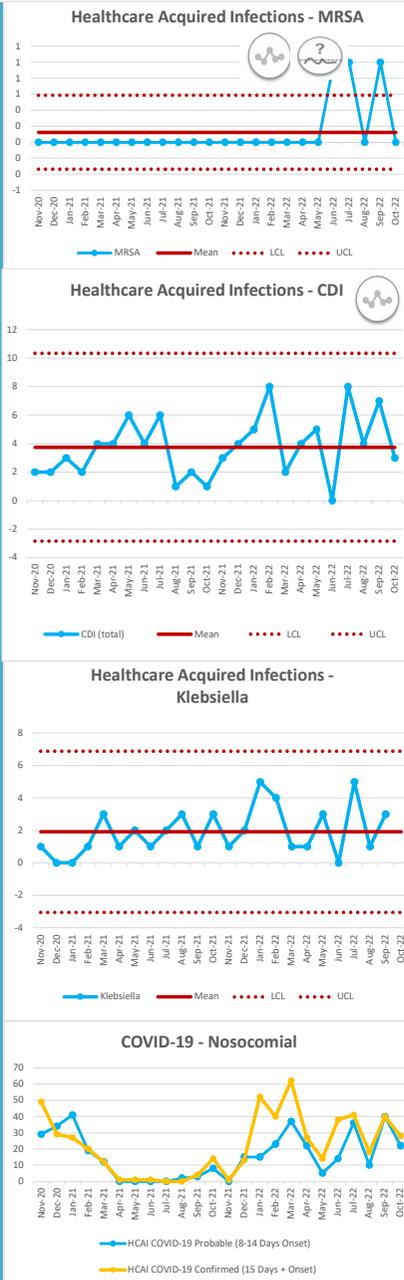
(MRSA) Assurance: The Trust inconsistently passes/fails the target.
(MRSA) Variation: Special Cause Variation of a concerning nature.

(CDI) Assurance: N/A Annual Target
(CDI) Variation: Common Cause (Normal) variation.

(ECOLI) Assurance: N/A Annual Target
(ECOLI) Variation: Common Cause (Normal) variation.

N/A - No target.

2 MRSA cases thought to be urinary tract infection associated. Case 1 avoidable. Case 2 likely household contact. Case 3 determined as unavoidable. Whilst not linked the increase in cases is concerning.

Higher incidence of C. difficile across the northwest which are reviewed in Place meetings. Increase in antibiotic prescribing associated with respiratory infections & Covid-19. Decrease in cases in October.

The change in the apportionment rule has increased the number of GNBSI cases apportioned to the Trust. Work has been carried out with the Quality Academy to implement improvements in patient care.

Implementation of revised national approach to testing. Admission, day 3 and day 5 testing paused.

Action plans are in place for the prevention of HCAIs with a focus on invasive device management, including catheter care. Plan in place to discuss requirement for an IV service.

CDI prevention strategy. Review use of proton pump inhibitor medication with the Gastroenterology Team. Continue focus on environmental hygiene/HPV. Hand Hygiene promotion strategy for patients. Topic Board on CDI in October and GMWHH publication to share SIGHT awareness raising campaign.

Work continues with the Quality Academy and a review of QI methodology/approach to GNBSA prevention is in progress. Focus areas include hydration, continence management, catheter care, hand hygiene and UTI detection and management. The nutrition and hydration workstream will support the patient hydration work for GNBSI prevention. There is a plan to audit hepatobiliary cases to identifiy any action areas for improvement.

Close liaison with the operational teams to support patient placement. SOP revised to protect immunosuppressed patients. Outbreak Control Groups convened to manage outbreaks to prevent transmission to additional patients, staff and visitors. Respiratory infection (including influenza ward escalation plans for winter pressures in place).

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Teaching Hospitals
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Key:

System Oversight Framework | SOF | Risk Register | RR116
Care Quality Commission | CQC | Trust Strategy | ★

Appendix 2

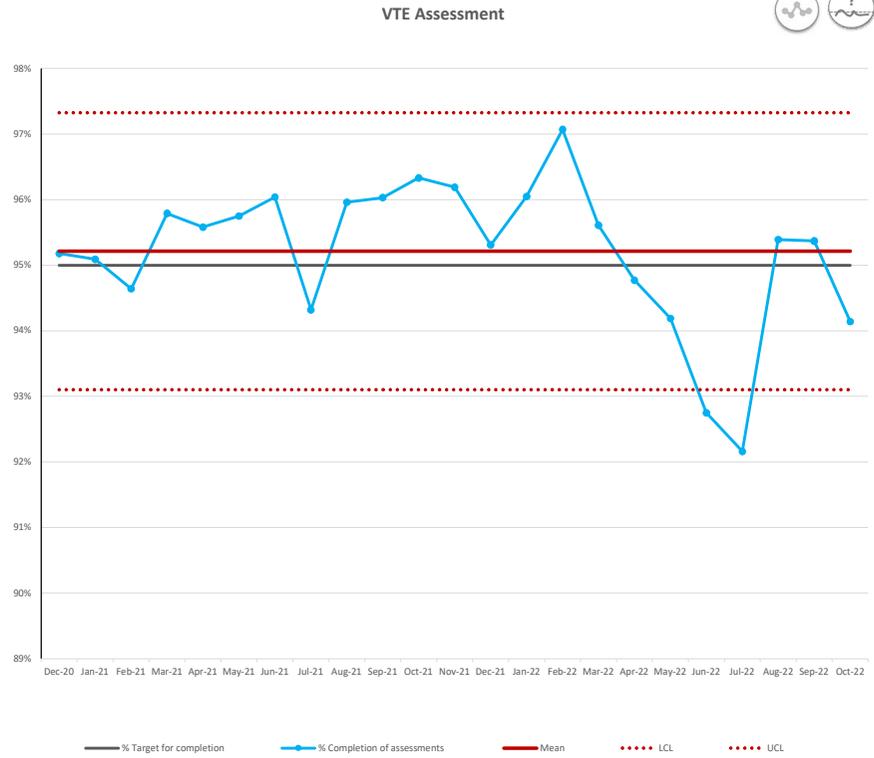| Trust Performance | Trend | Statistical Narrative | What are the reasons for the variation and what is the impact? | How are we going to improve the position (Short & Long Term)? |

7. VTE Assessment

Target: 95% (quarterly position)

The Trust achieved the required target at 94.14% for VTE assessments in October 2022.

VTE Assessment

Legend: % Target for completion —— % Completion of assessments —●— Mean —— LCL ••••• UCL •••••

Assurance: The Trust inconsistently passes/fails the target.

Variation: Special cause variation of a concerning nature.

A reduction is noted in compliance performance for October under the 95% threshold.

Current systems in place to improve VTE compliance:

1. Use of the standardised RWW CDC initial clinical assessment and ward round forms incorporated with RWW VTE risk assessment form for compliance within 14 hours of admission - launched as trust-wide with new intake of August 2022 trainees across all specialties excluding only maternity (badgernet system).

2. Monthly CBU VTE RA compliance data with the breakdown at the ward level has been distributed to all CBU governance meetings with October compliance data for CBU to analyse the data for feedback with improvement plans

3. All doctors responsible for non-completion of VTE RA risk assessment within 14 hours are emailed directly to raise the awareness of the importance of completion of VTE RA for learning purpose at stage 1 HA-VTE RCA review by patient safety nurses.

Future proactive approach/plan to improve VTE compliance within 14 hours of admission:

1. To get the feedback from all CBUs how to improve future CBU VTE risk assessment compliance

2. The current logic applied on monthly breakdown of to VTE RA data compliance on this spreadsheet needs to be changed to " admitting ward" rather than " admitting specialty" which will reflect the actual missing VTE RA compliance to improve overall data for more focused targeted approach.

Key:

System Oversight Framework

Care Quality Commission

| SOF | Risk Register | RR116 |
| CQC | Trust Strategy | ⭐ |

Quality Improvement - Trust Position

Appendix 2

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

8. Inpatient Falls & harm levels Target: 20% or more decrease from 21/22 (590 Inpatient Falls in 2021/22)

68 total falls were reported in October 2022. 45 of these were inpatient falls. There were 0 inpatient falls with harm for October.

Inpatient Falls

All Falls

Falls - All Harm

Falls Per 1000 Bed Days

Falls - Avoidable Harm
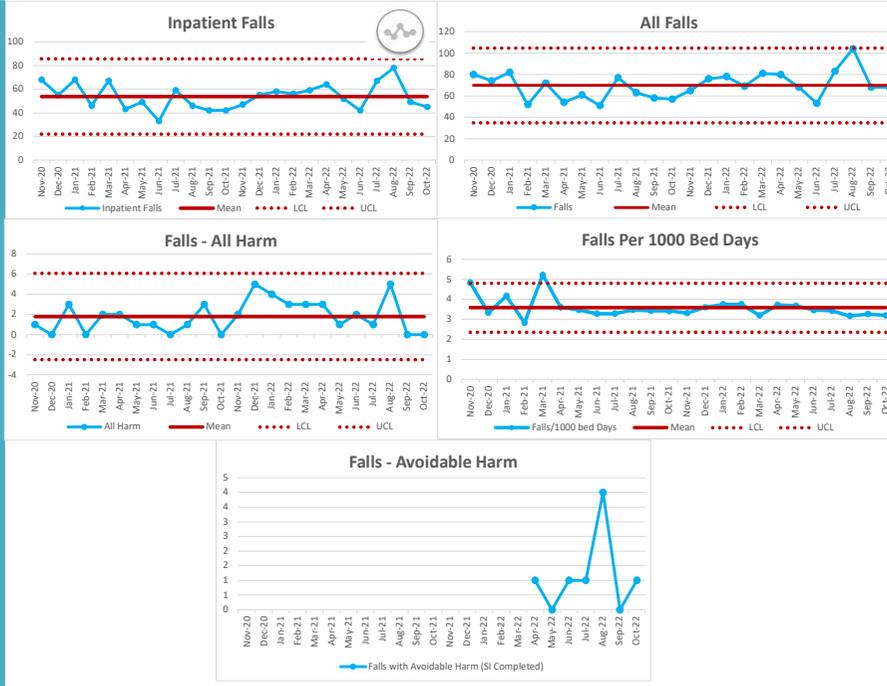
Assurance: N/A Annual Target.

Variation: Common Cause (Normal) variation.

The number of in patient falls recorded for October 2022 are below the mean average and within upper and lower control limits. A positive reduction in harm is noted. The increased demand for enhanced care as a result of the higher numbers of patients with no right to reside has contributed to the number of falls.

The Quality Improvement Team continue to support the clinical areas with the implementation of elements of the "Falls Change Package" monthly data and trends/themes are provided to determine if the change has led to improvement. Safety of the environment, correct equipment and accurate risk assessments are areas of focus for the prevention of falls. Areas with higher numbers of falls, A6, A7 and A9 have localised action plans with senior nurse oversight, supported by the Clinical Education Team and the Patient Safety Improvement Nurse with scenario based learning sessions. Standardisation of falls assessment documentation from paper to electronic will be completed end of November 2022, this will support accurate audit to improve quality of completion.

Quality Improvement - Trust Position
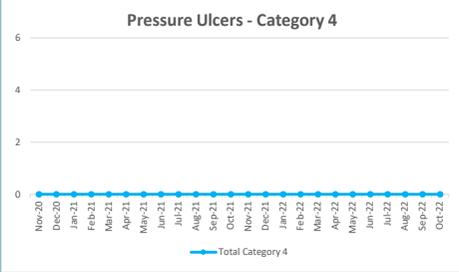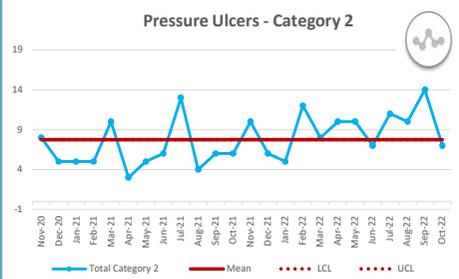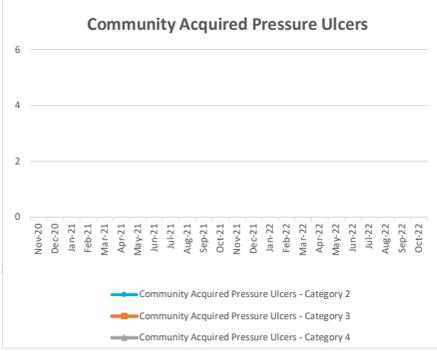
Appendix 2

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

CQC

9. Pressure Ulcers Target: 10% reduction based on 91 in 2021/22

There were 7 hospital acquired category 2 pressure ulcers and 0 unstageable pressure ulcer in October 2022.

Pressure Ulcers - Category 2

Legend: Total Category 2 — Mean ···· LCL ···· UCL

Pressure Ulcers - Category 4

Legend: Total Category 4

Pressure Ulcers - Category 3

Legend: Total Category 3 — Mean ···· LCL ···· UCL

Community Acquired Pressure Ulcers

Legend:
Community Acquired Pressure Ulcers - Category 2
Community Acquired Pressure Ulcers - Category 3
Community Acquired Pressure Ulcers - Category 4

Assurance: N/A Annual Target.

Variation: Common Cause (Normal) variation.

A 50% reduction in the number of category 2 pressure ulcers from September to October is noted. Themes identified are the delay in the application of the correct mattress and management of devices. One of the contributory factors is the prolonged length of time patients spend in the Emergency Department.

Planning for a repeat study day following a successful event in September is underway. The Quality Improvement Team are supporting the Matrons in their improvement work and implementation of change packages. Support for improvements:
1. Trust training and bespoke for the areas where higher incidence occurs.
2. Action plans overseen by the senior teams with close monitoring by the Associate Chief Nurses.
3. Regular shadowing opportunities available
4. Focus on timely application of matresses and support for patients waiting lengthy times in the Emergency Department eg. heel protection
Root cause analysis meetings continue monthly, lessons learnt are cascaded to ward teams. Lessons learned - early intervention to manage prevention of damage to heels and care and comfort round timings.

Key:

System Oversight Framework

Care Quality Commission
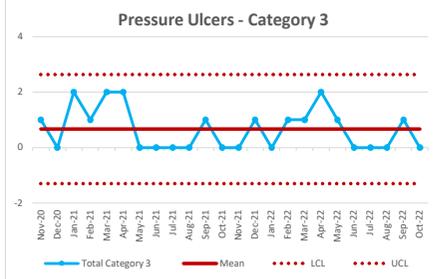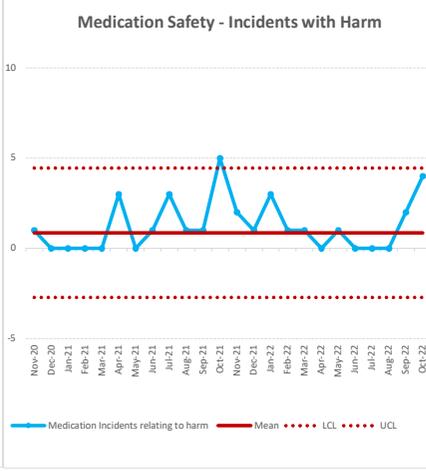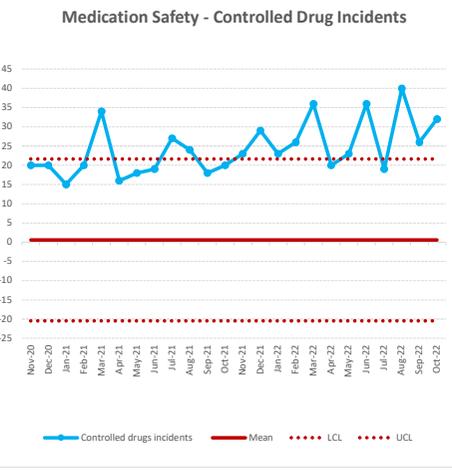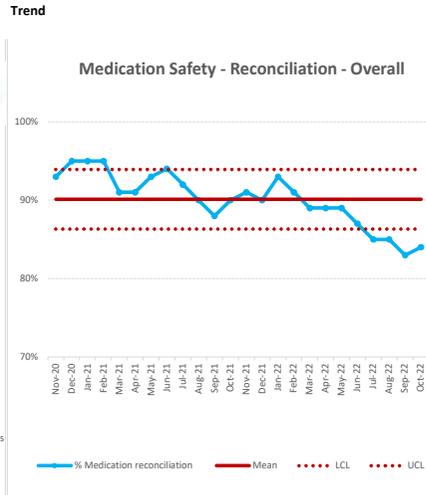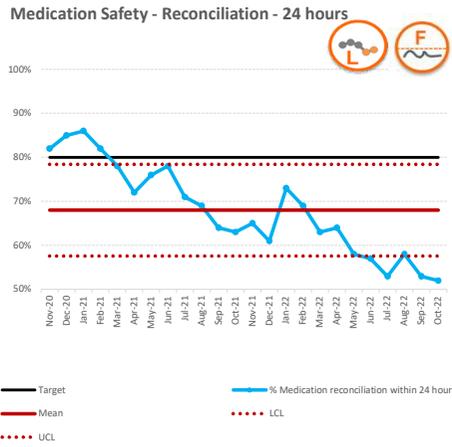
SOF

CQC

Risk Register   RR116

Trust Strategy

Quality Improvement - Trust Position

Appendix 2

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

10. Medication Safety Reconciliation within 24 hours Target: 80%

**The Trust achieved 52% for medicines reconciliation within 24 hours and 84% for overall medicines reconciliation.
There were 32 controlled drug incidents.
There were 4 medication harm incidents reported in October.**

Medication Safety - Reconciliation - 24 hours

Medication Safety - Reconciliation - Overall

Medication Safety - Controlled Drug Incidents

Medication Safety - Incidents with Harm

Assurance: The Trust consistently fails the target.

Variation: Special Cause Variation of a concerning nature.

% medicines reconciliation achieved within 24 hours continues to be adversely impacted by the need for a focus on managing system pressures coupled with significant vacancy rate within pharmacists establishment. Training of new members of staff and staff absences within the team that have resulted in gaps in rotas have also had an impact.

The majority of controlled drug incidents are documentation, policy or administration related, action plans for improvement are developed with each area and shared.

**An action plan to improve medicines reconciliation has been developed. Planned actions include:
1. Work with BI team to ensure accuracy of data reported
2. Ongoing recruitment to pharmacy vacancies, including skill mix review
3. Refresh of pharmacy technician rota to increase ward-based technician provision
4. Relaunch of processes for midwifery staff to capture MR status for maternity admissions.**

Medicines Governance Group will continue to monitor incidents for trends related to delays in MR.

Monthly self-assessment and quarterly CD audits continue. Lower performing areas provided with support, Medicines Improvement Group membership includes the Associate Chiefs of Nursing for Planned and Unplanned Care for oversight of process in their areas of responsibility

No specific action plan as no trends or themes identified. Serious medication incidents are investigated, co-ordinated by the governance team with support from pharmacy and other departments, to develop action plans to reduce identified risks. Incidents are monitored for trends to identify areas for improvement work.

Key:

System Oversight Framework

Care Quality Commission

| SOF | Risk Register | RR116 |
| CQC | Trust Strategy | ☆ |

Quality Improvement - Trust Position

Appendix 2

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

11. Staffing - Average Fill Rate
Target: 90%

In October 2022, the average staffing fill rates were:
Day (Nurses/Midwife) 87.87%
Day (Care Staff) 86.5%
Night (Nurses/Midwife) 96.45%
Night (Care Staff) 87.93%
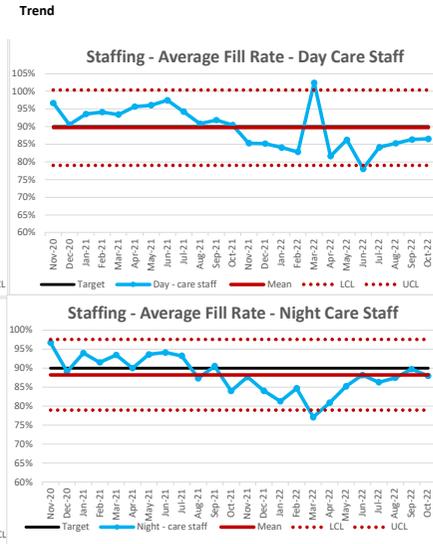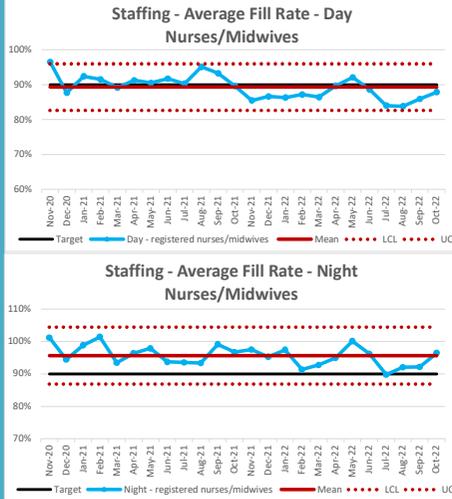
RR115   RR1108

Staffing - Average Fill Rate - Day Nurses/Midwives

Staffing - Average Fill Rate - Night Nurses/Midwives

Staffing - Average Fill Rate - Day Care Staff

Staffing - Average Fill Rate - Night Care Staff

Assurance: N/A Grouped Indicator

Variation: N/A Grouped Indicator

Additional beds (26-30 depending on demand) in use across the Trust due to increased demand in the Emergency Department alongside acuity and a large number of super stranded patients contribute to below mean average fill rates. The rates of sickness are a contributing factor.

Controls are in place to meet minimum staffing levels across the wards, overseen by the senior teams and reviewed 3 times daily. Continuous recruitment is in place for areas where vacancy numbers are higher in the Emergency Department and Maternity. A large scale recruitment event took place early November with over 30 posts recruited into. Health Care Support Worker vacancies are reducing with 9 new starters end of October and 54 in recruitment pipeline, 11 vacancies to fill. International recruitment continues with 56 nurses to join the Trust early 2023, on the wards by Autumn 2023, bringing the total to 180 International Nurses at WHH. Temporary staff are utilised to support the vacancy gap following rigorous reviews of rotas and available staff.

12. Staffing - Care Hours Per Patient Day (CHPPD)
Target: 7.9 CHPPD

In October 2022, the average CHPPD were:
Nurse/Midwife: 5 hours
Care Staff: 3.4 hours
Overall: 8.4 hours

Staffing - CHPPD - Overall

Staffing - CHPPD - by Staff Group

Staffing - CHPPD - Cumulative

Staffing - CHPPD - Benchmarking

Assurance: The Trust consistently fails to hit the target.

Variation: Special Cause Variation of a Concerning Nature.

An increase is noted in CHPPD in month for October, above the recommended standard. Ongoing challenges in achieving the 7.9 target are due to the high number of vacancies and increased sickness absence. Work continues on vacancy fill alongside NHSP increased shift fill and the reduction of agency usage through the NHSP Comprehensive Agency Managed Service project.

Safe Care system in place to tabulate acuity and dependency across the wards to determine the staff required. This is considered in the staffing reviews 3 times daily, staff are moved to areas of greater need to provide minimum safe staffing levels. Proactive recruitment is in place, international recruitment continues and retention planning working across the ICS with NHSEI, mirrors national retention challenges. Programmes in place to secure posts for students from first year, first placement from both local HEI's and across the wider Cheshire and Mersey footprint. A 'Buddy Programme' is in place for Health Care Support Workers. Over 30 staff recruited from an event in early November. Over recruitment planning underway.

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Quality Improvement - Trust Position
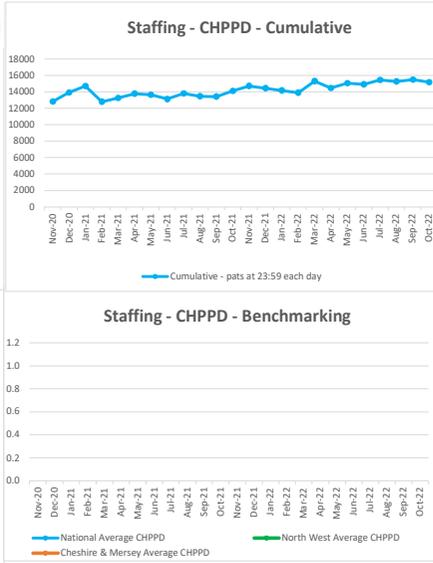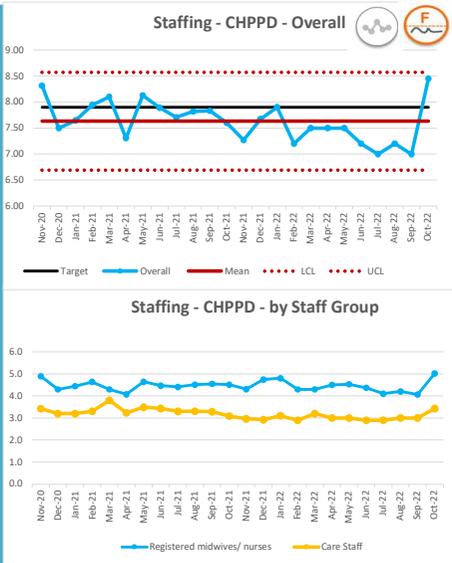
Appendix 2

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

13. Mortality ratio - HSMR

Target: Plan

14. Mortality ratio - SHMI

Target: Plan

SHMI and HSMR are within the expected range. The Hospital Standard Mortality Ratio (HSMR) in month was 89.87. The Summary Hospital Level Mortality Indictor (SHMI) ratio in month was 98.48.

HSMR

SHMI

N/A - No SPC/Target

No variation. HSMR and SHMI remain within expected range. NB: The gaps in the SPC relate to the time periods whereby our external provider (HED) did not produce a report with the HSMR/SHMI.

Review of Mortality Review Group undertaken by MIAA with recommendations complete. Further review being undertaken by the Deputy Medical Director to optimise learning alongside the governance team and Medical Examiner service.

15. NICE Compliance

Target: 90%

The Trust achieved 92.61% in month.
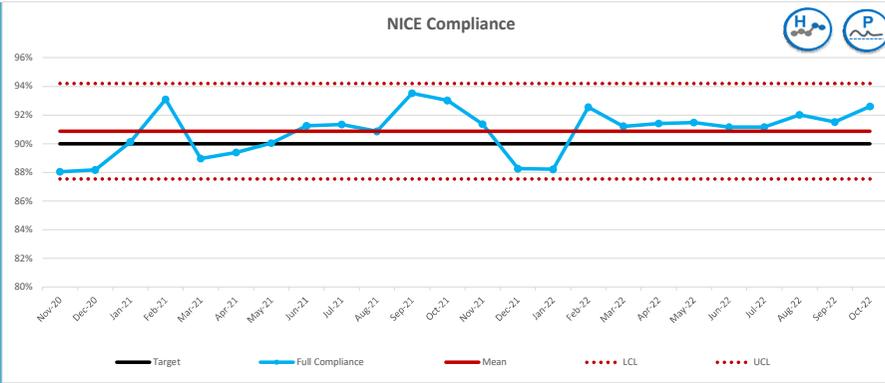
NICE Compliance

Legend: Target — Full Compliance — Mean — LCL — UCL

Assurance: The Trust consistently passes the target.

Variation: Special Cause Variation of an improving nature.

The Trust has met the target of achieving over 90% compliance. The number of outstanding guidelines continue to reduce.

The Clinical Effectiveness Team are in attendance at CBU Governance meetings to ensure and suport the timely completion of actions.

Key:

System Oversight Framework

Care Quality Commission

| SOF |
| CQC |

Risk Register | RR116 |

Trust Strategy | ☆ |

Quality Improvement - Trust Position

Appendix 2

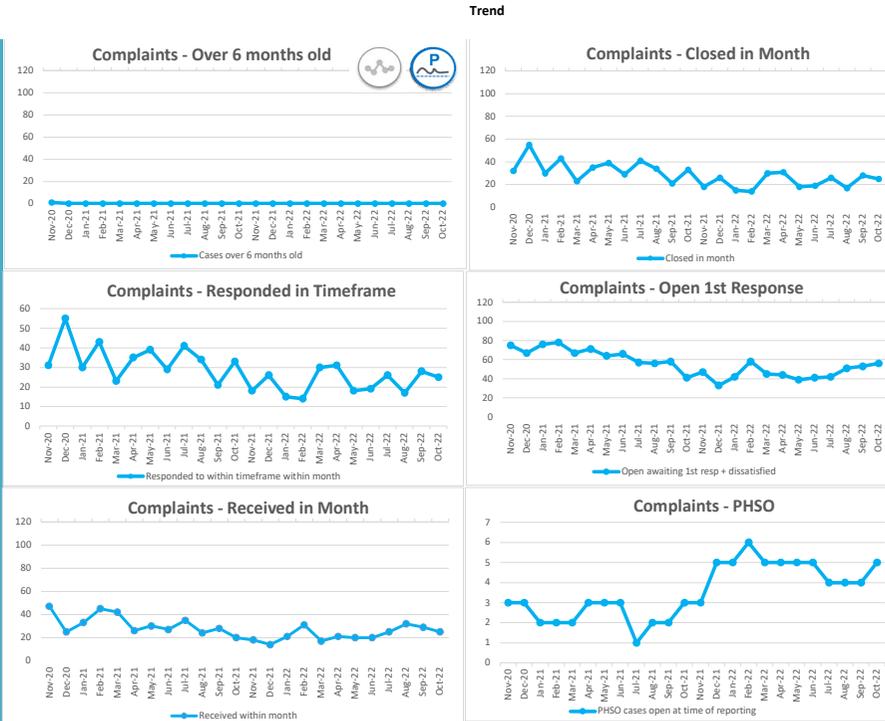| Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

☆

16. Complaints
Target: Zero complaints open over 6 months old/in the backlog.

In October, 25 new complaints were received to the Trust which was a decrease of 4 from the previous month. There were 0 dissatisified complaints received in month, which is a decrease from the previous month.

Complaints - Over 6 months old
(Cases over 6 months old)

Complaints - Closed in Month
(Closed in month)

Complaints - Responded in Timeframe
(Responded to within timeframe within month)

Complaints - Open 1st Response
(Open awaiting 1st resp + dissatisfied)

Complaints - Received in Month
(Received within month)

Complaints - PHSO
(PHSO cases open at time of reporting)

Assurance: The Trust consistently passes the target.

Variation: Common Cause (Normal) variation.

The Trust continues its performance in the timeliness of responding to complaints with an improved position of 0 dissatisfied. There continue to be no complaints over 6 months old.

All complaints continue to be monitored weekly by the Director of Governance. All complainants are offered a face to face meeting and the opportunity to address concerns through PALS where appropriate. Meeting scheduled to consider process for capture of concerns 'hotline' in the ward area ahead of notification to PALS or complaints. Satisfaction survey to identify further improvement scheduled for dissemination in January 2023.

Key:

System Oversight Framework   SOF   Risk Register   RR116

Care Quality Commission   CQC   Trust Strategy   ⭐

Quality Improvement - Trust Position

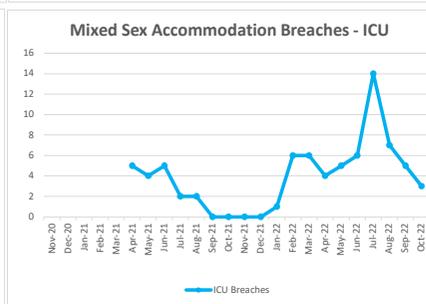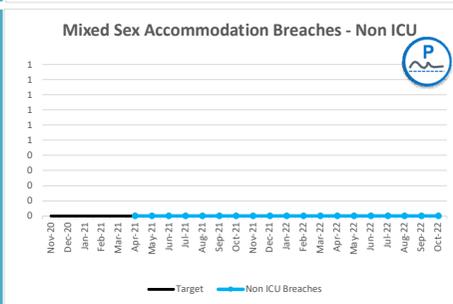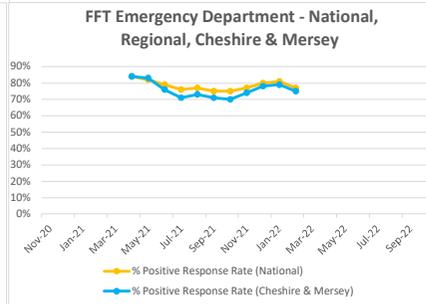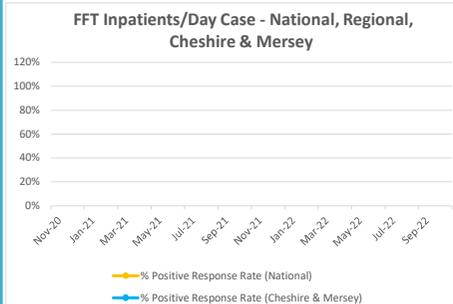| Appendix 2	Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

17. Friends and Family (Inpatients & Day cases)

Target: 95%

18. Friends and Family (ED and UCC)

Target: 87%

The Trust achieved 97% in month for Inpatient & Day case FFT and 74% for ED/UCC FFT.

Friends and Family (Inpatients & Daycase)

Legend: Target — % Positive Response Rate

Friends and Family (ED and UCC)

Legend: Target — % Positive Response Rate

FFT Inpatients/Day Case - National, Regional, Cheshire & Mersey

Legend: % Positive Response Rate (National) — % Positive Response Rate (Cheshire & Mersey)

FFT Emergency Department - National, Regional, Cheshire & Mersey

Legend: % Positive Response Rate (National) — % Positive Response Rate (Cheshire & Mersey)

(IP/DC) Assurance: The Trust consistently passes the target.

(IP/DC) Variation: N/A - Not enough datapoints.

(ED/UCC) Assurance: The Trust consistently fails the target.

(ED/UCC) Variation: N/A - Not enough datapoints

ED/UCC - The Trust achieved 74.00% positive feedback in Friends and Family Test results in October 2022 which is a 3% increase from the previous month. This data mirrors ED FFT performance across the Cheshire and Merseyside footprint who are currently reporting an average positive recommendation rate of 75% .

Inpatient/Day Case - The Trust achieved 97.00% positive recommendation rate in October 2022.

ED/UCC - Action plans in place with key themes for improvement being communication and wait times which is perpetuated by the super stranded position within the Trust. Measures taken in month to improve patient experience within the emergency department include but are not limited to:
 - Volunteer roles has been reviewed and planned with key tasks to support and adequate training in place. The advert for the volunteers in the system is now live with opportunities starting in November 2022.

Inpatient/Day Case – Patient Experience Sub-Committee continues to monitor feedback and subsequent themes on a monthly basis. The Trust continues to be highly recommended through the FFT responses for Inpatients and Outpatients.

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19. Mixed Sex Accommodation Breaches (Non ITU Only)

Target: Zero

There were 0 mixed sex accommodation incidents outside of the ITU during October 2022. There were 3 MSA incidents within the ITU.

Mixed Sex Accommodation Breaches - Non ICU

Legend: Target — Non ICU Breaches

Mixed Sex Accommodation Breaches - ICU

Legend: ICU Breaches

Assurance: The Trust consistently passes the target.

Variation: N/A - not enough datapoints.

There were 3 mixed sex accommodation breach reported in October 2022 in the Intensive Care Unit. There were zero breaches within any other ward area.

Work continues in the Unplanned Care Group in relation to ongoing patient flow to ensure the prioritisation of patients from ITU into the general bed base. Patients requiring step down from ITU are a standing agenda item at each bed meeting. A contributing factor to the number of breaches are the high number of superstranded patients within the Trust bedbase.

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Key:

System Oversight Framework — SOF   Risk Register — RR116

Care Quality Commission — CQC   Trust Strategy — ★

Quality Improvement - Trust Position
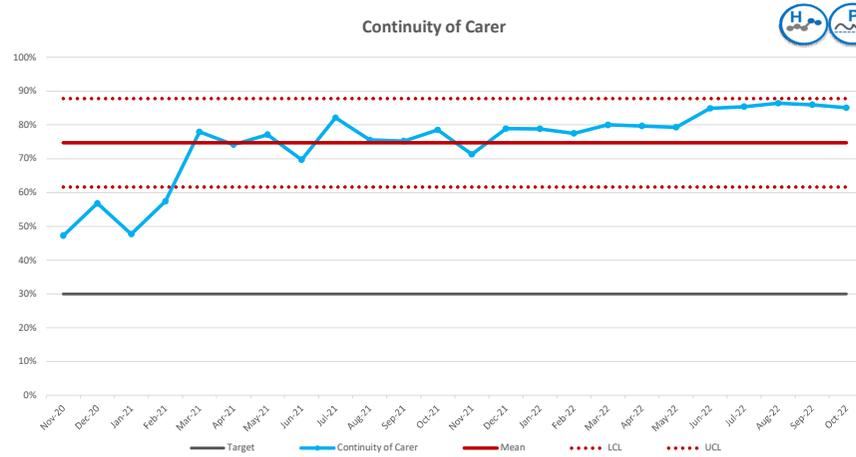
Appendix 2

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

20. Continuity of Carer Target: 51%

In October 2022, 100% of Warrington & Halton women are booked onto a MCoC pathway, if 'out of area' bookings are included the figure is 85.1% as we cannot provide the postnatal aspect of the pathway. 13 BME women were booked, all were in area, therefore all booked onto a MCoC pathway.

Continuity of Carer

Legend: Target — Continuity of Carer — Mean — LCL — UCL

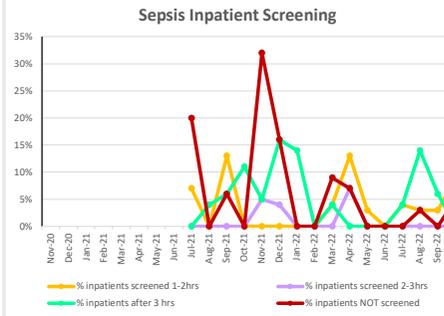**Assurance:** The Trust consistently passes the target.

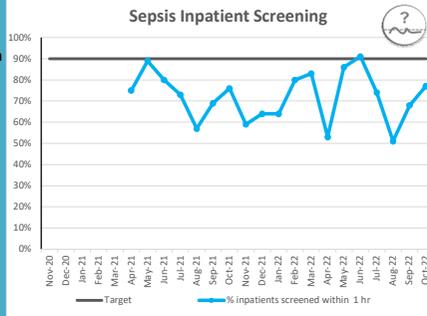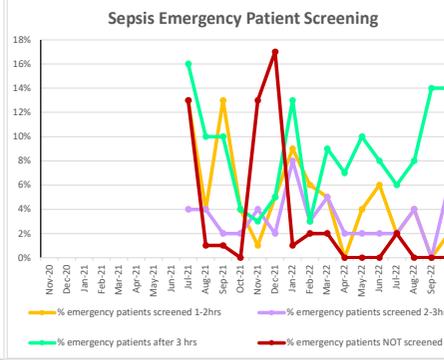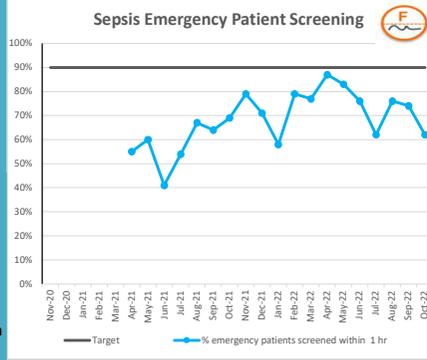**Variation:** Special Cause Variation of a improving nature.

WHH consistently achives this standard. Whilst not a nationally reported standard since September 2022, internally this measurement is maintained as assurance. 85.1% was achieved for October 2022.

WHH continues to work towards ensuring women booked on a pathway receive continuity across the pathway to support choice for Women at WHH.

---

21. Sepsis - % screening for all emergency patients. Target: 90%

22. Sepsis - % screening for all inpatients Target: 90%

The Trust achieved:
• 62% Sepsis screening for all emergency patients with suspected sepsis within 1 hour.
• 77% screening for all inpatients with suspected sepsis within 1 hour.

Sepsis Emergency Patient Screening

Legend: Target — % emergency patients screened within 1 hr

Sepsis Emergency Patient Screening

Legend: % emergency patients screened 1-2hrs — % emergency patients screened 2-3hrs — % emergency patients after 3 hrs — % emergency patients NOT screened

Sepsis Inpatient Screening

Legend: Target — % inpatients screened within 1 hr

Sepsis Inpatient Screening

Legend: % inpatients screened 1-2hrs — % inpatients screened 2-3hrs — % inpatients after 3 hrs — % inpatients NOT screened

(Emergency)
Assurance: The Trust consistently fails the target.
Variation: N/A - Not enough datapoints

(Inpatient)
Assurance: The Trust inconsistently passes/fails the target.
Variation: N/A - Not enough datapoints.

Improvements have been made in the time to inpatients screening within an hour, challenges continue in the Emergency Department to complete screening within the timeframe. Partial screening is completed. A noted contributory factor to full compliance for both inpatients and those in the Emergency Department is the non completion of blood cultures. Staff training to address this is underway.

The Trust Medical Sepsis Lead has now been appointed and will support education for the clinical teams to reinforce the time to take blood cultures. Sepsis Link Nurses will reinforce on the wards. Work underway with the Trust Digital Team to improve access to the electronic Sepsis 6 Bundle, to support the prompt to complete blood cultures within the timeframe standard. A full review of Sepsis screening practice across the wards and the Emergency Department will be completed with the Trust Medical Lead, Quality Improvement Team and clinical staff, to include consideration of the guidelines published in March 2022 by the Academy of Royal Medical Colleges, this is planned for completion in January 2023.

Key:

System Oversight Framework | SOF | Risk Register | RR116

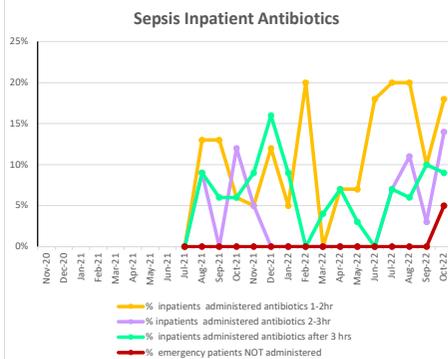Care Quality Commission | CQC | Trust Strategy | ★

Quality Improvement - Trust Position
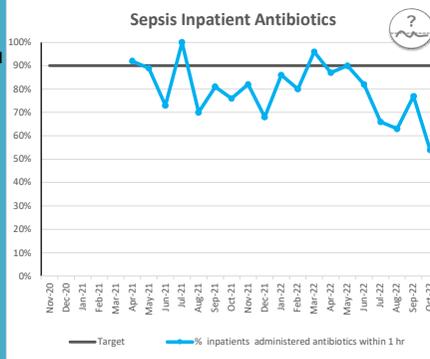
Appendix 2

| Trust Performance | Trend | Statistical Narrative | What are the reasons for the variation and what is the impact? | How are we going to improve the position (Short & Long Term)? |
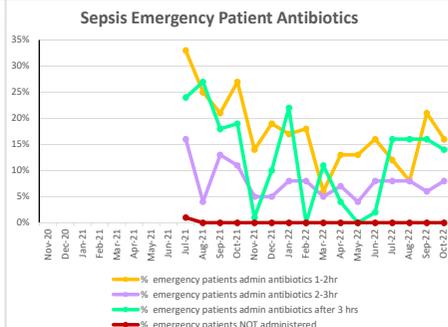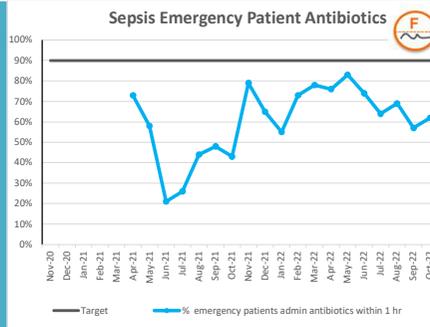
23. Sepsis - % of patients within an emergency setting, receive antibiotics administered within 1 hour of diagnosis to patients with red flag Target: 90%

24. Sepsis - % of patients within inpatient settings, receive antibiotics administered within 1 hour of diagnosis Target: 90%

The Trust achieved:
• 62% of emergency patients with suspected sepsis were administered antibiotics within 1 hour of a diagnosis of sepsis being made.
• 54% of inpatients had antibiotics administered within 1 hour of a diagnosis of sepsis being made.

Sepsis Emergency Patient Antibiotics

Sepsis Emergency Patient Antibiotics

- % emergency patients admin antibiotics 1-2hr
- % emergency patients admin antibiotics 2-3hr
- % emergency patients admin antibiotics after 3 hrs
- % emergency patients NOT administered

Sepsis Inpatient Antibiotics

- Target
- % inpatients administered antibiotics within 1 hr

Sepsis Inpatient Antibiotics

- % inpatients administered antibiotics 1-2hr
- % inpatients administered antibiotics 2-3hr
- % inpatients administered antibiotics after 3 hrs
- % emergency patients NOT administered

(Emergency)
Assurance: The Trust consistently fails the target.
Variation: N/A - Not enough datapoints

(Inpatient)
Assurance: The Trust inconsistently passes/fails the target.
Variation: N/A - Not enough datapoints.

Themes identified that contribute to non administration of antibiotics within an hour of diagnosis on in patient wards are unclear communication between medical and nursing staff related to the time antibiotics prescribed and the requirement to administer within timeframe, and increased numbers of patients in the Emergency Department.

A full review of the management of patients with suspected Sepsis across the wards and the Emergency Department will be completed with the newly appointed Trust Medical Lead, Quality Improvement Team and clinical staff. Sepsis Safety Rounds, completed by the Trust Safety Improvement Nurses, supported by ward staff, started in November to review knowledge and practice. Teaching for clinical staff is available with good compliance at 86% targeted teaching is available in clinical areas.

Key:

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**Quality Improvement - Trust Position**
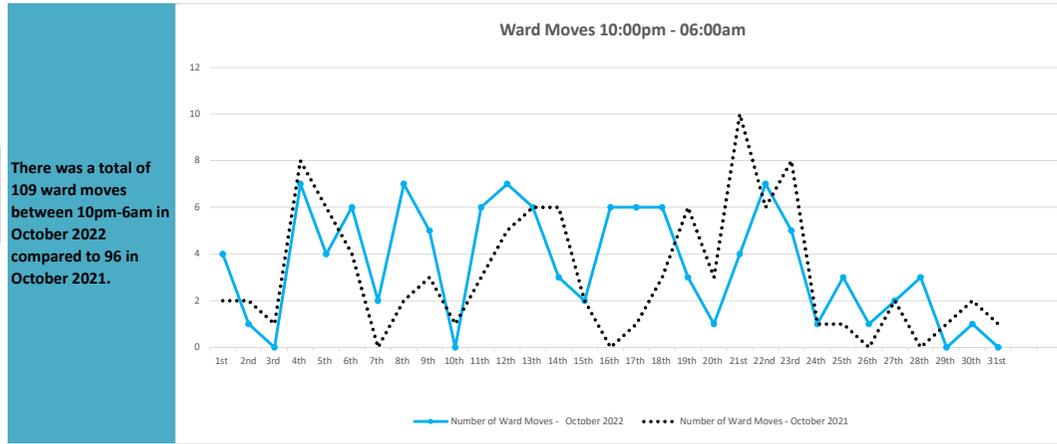
Appendix 2

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

25. Ward Moves between 10:00pm and 06:00am No Target

There was a total of 109 ward moves between 10pm-6am in October 2022 compared to 96 in October 2021.

Ward Moves 10:00pm - 06:00am

— Number of Ward Moves - October 2022   ···· Number of Ward Moves - October 2021

N/A - Monthly/Annual Comparison.

An increase is noted in ward moves after 10pm for this reporting period compared to last year due to the challenges with patient flow across the Trust.

The senior manager on call (SMOC) and Patient Flow Team continue to work together to minimise the movement of patients across the Trust after 10pm. Automatic notifications are applied for patients who have a learning disability or mental health needs to ensure no inappropriate moves have taken place. This notification is monitored by senior nurses who undertake a welfare check.

26. Acute Kidney Injury Target: Less than previous month
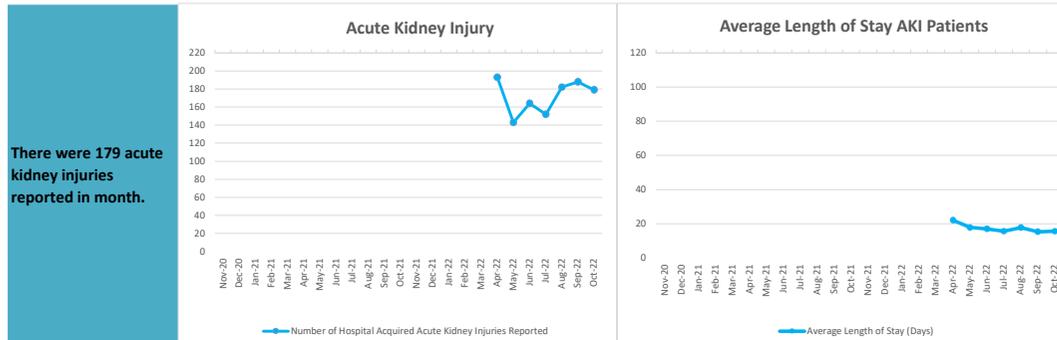
There were 179 acute kidney injuries reported in month.

Acute Kidney Injury

— Number of Hospital Acquired Acute Kidney Injuries Reported

Average Length of Stay AKI Patients

— Average Length of Stay (Days)

N/A - Not enough datapoints.

The increased length of Stay (LOS) across the Trust has been identified as a contributory factor to the development of AKI.

Since the introduction of the AKI nursing role within the Acute Care Team an improvement in Mortality, LOS and rates of progression of AKI is noted. WHH are no longer an outlier for Mortality. Hospital Aquired AKIs are also consitently down on 2019 levels.

27. CAS Alerts - Target: All relevant CAS Alerts actioned within timescales

There were 0 CAS alerts with breached actions in month.

CAS Alert Actions Breached

— Number of CAS alerts with actions not completed by the deadline

Assurance: The Trust consistently passes the target.

Variation: Common Cause (Normal) Variation.

There have been zero breaches to date.

CAS alerts are moniotred via the Trusts Health Safety Sub-Committee and Medical Devices Group. Action plans and monitoring arrangements are reviewed weekly by the Health & Safety Department.

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Key:

| | Risk Register | RR116 | System Oversight Framework | SOF |
| | | | Care Quality Commission | CQC |

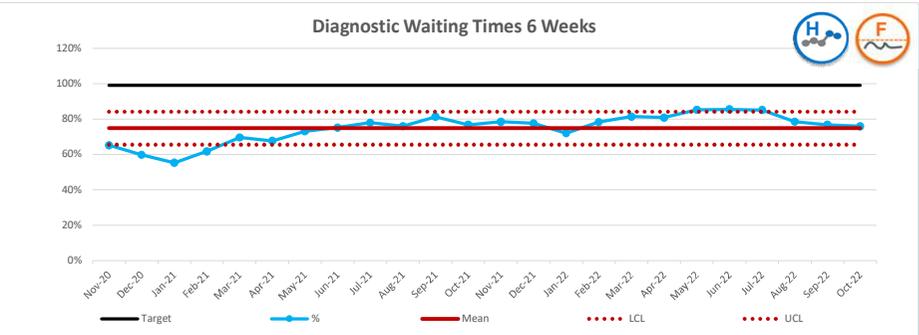# Access & Performance - Trust Position

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

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28. Diagnostic Waiting Times 6 Weeks

Target: 99%

RR1215 RR1125

The Trust achieved 75.89% in month.

Diagnostic Waiting Times 6 Weeks

Legend: Target — % — Mean — LCL — UCL

Assurance: The Trust consistently fails the target.
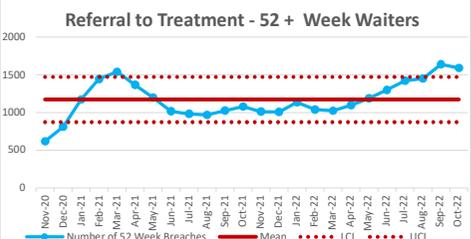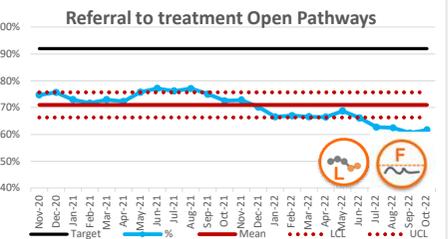
Variation: There is special cause variation of a improving nature

The diagnostic standard was not achieved. The position continues to be managed in line with the recovery trajectory.

A recovery plan has been agreed and patients are being clinically prioritised accordingly in line with national guidance. This links to the recovery plan for elective surgery and is monitored weekly at the Performance Review Group (PRG). Although there has been good progress in radiological modalities, challenges remain in Cardiorespiratory, mainly Echocardiography and Sleep Studies.

SOF CQC

29. Referral to treatment Open Pathways

Target: 92%

30. RTT - Number of patients waiting 104+ weeks
Target: ZERO

RR1125 RR1215

The Trust achieved 61.67% in month. There were 1587, 52 week breaches, 216, 78 week breaches and 4, 104 week breaches in October 2022.

Referral to treatment Open Pathways

Legend: Target — % — Mean — LCL — UCL

Referral to Treatment - 52 + Week Waiters

Legend: Number of 52 Week Breaches — Mean — LCL — UCL

Referral to Treatment - 78 + Week Waiters

Legend: Number of 78 Week Breaches — Mean — LCL — UCL

Referral to Treatment - 104 + Week Waiters

Legend: Number of 104 Week Breaches — Mean — LCL — UCL

Assurance: The Trust consistently fails the target.
Variation: There is special cause variation of a concerning nature.

Assurance: The Trust consistently fails the target.

Variation: Common Cause (Normal) Variation.

RTT performance, 52 and 104 week wait performance in the reporting period was in line with the Trust's 2022/23 plan.

Recovery of the elective programme is taking place with:
• Elective activity being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of patients.
• Elective capacity has been restored at the Halton Elective Centre and the Captain Sir Tom Moore Centre.
• Restoration and recovery plans for 2022/23 have been drawn up in line with Operational Planning Guidance.
• The 4 104 breaches were a combination of patient choice (P6) COVID positive and not medically fit for surgery.

Key:

Risk Register RR116 System Oversight Framework SOF

Care Quality Commission CQC

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

A&E Waiting Times - 4hr target

31. A&E Waiting Times – % patients waiting under 4 hours from arrival to admission, transfer or discharge.

Target: 95%

32. Four Hour Standard Waiting Times - ICS Trajectory

Target: Trajectory

The Trust achieved 71.46% excluding Widnes walk ins in month.

Legend: Improvement Trajectory — % (Excluding Walk-In) — Mean — LCL — UCL

Assurance: The Trust consistently fails the target.

Variation: Special Cause Variation of a concerning nature

Performance continues to be negatively impacted by high attends, long length of stay as a result of community discharge delays and the impact of COVID-19 Waves.

• System partners have been engaged to support the reduction of Super Stranded Patients in the bed base to create capacity in order to support flow.
• System resource investment in order to support Pathway 1 discharges.
• Additional beds remain open on the Halton site to support bed capacity and flow.
• Ward A10 opened in October (14 Beds) to support performance.

---

33. A&E Waiting Times – % patients waiting longer than 12 hours from arrival to admission, transfer or discharge. Target: 2% or less

34. Average time in department ED No Target

15.67% of patients in A&E were waiting longer than 12 hours from presentation to admission/discharge. The average time in department was 348 minutes.

% of Patients Waiting Longer than 12 Hours in A&E

Legend: Target — % patients waiting more than 12 hours

Average Time in Department

Legend: Average Time in Department (Minutes)

N/A - Not enough datapoints.

12 hour performance continues to be monitored. This is also in line with the trend seen regionally and nationally. The Trust continues to perform well when compared to other Trusts against this standard. The key themes for the breaches are the continuing high urgent care attends and high occupancy restricting flow through ED.

The Trust will continue to monitor and manage compliance around the 12 hour standard.

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NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Access & Performance - Trust Position

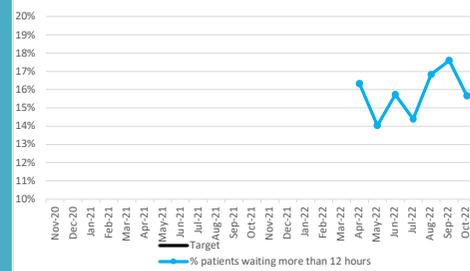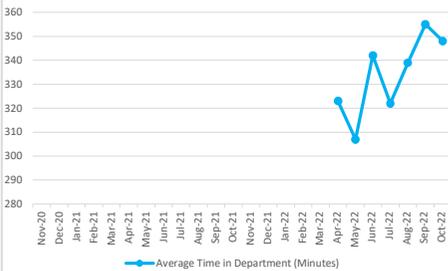| Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

SOF   CQC

35. Cancer 14 Days

Target: 93%

36. Breast Symptoms 14 Days

Target: 93%

RR1125

The Trust achieved 88.89% in September 2022 for Cancer 14 days and 92.45% in September 2022 for Breast Symptomatic.

Cancer 14 Days

Breast Symptoms 14 Days
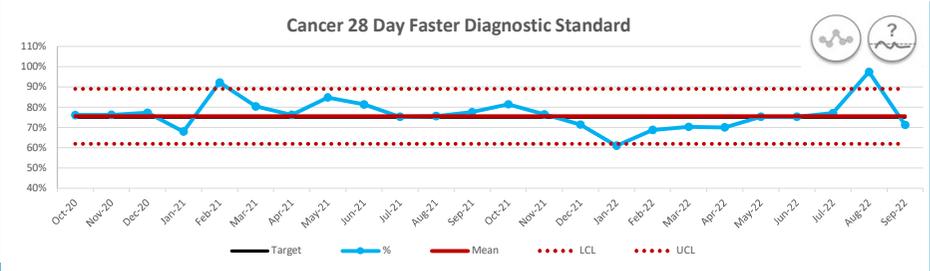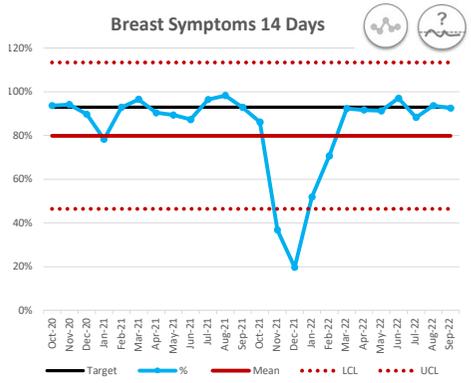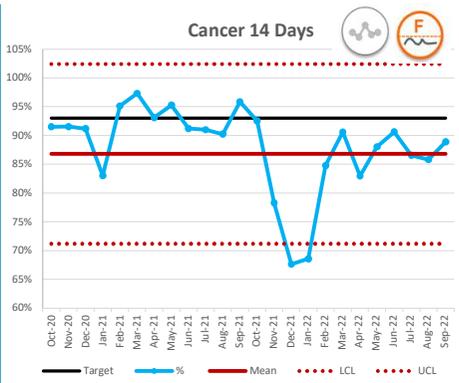
(C14) Assurance: The Trust consistently fails the target. **Variation:** Common Cause (normal) variation.

(Breast) Assurance: The Trust consistently fails the target. **Variation:** Common Cause (normal) variation.

Overall the 2 Week Wait narrowly missed the target in the reporting period with the continued. Breast symptomatic fell just below the standard.

The Trust will continue to review capacity with clinical service restoration plans to support ongoing compliance against this standard.

Performance against this standard is monitored via the Performance Review Group (PRG), the KPI sub-committee and the Clinical Services Recovery Oversight Group (CSOG).

Targeted capacity and demand work has been initiated for the Breast service.

SOF

37. 28 Day Faster Cancer Diagnosis Standard

Target: 75%

The Trust achieved 71.21% in September 2022.

Cancer 28 Day Faster Diagnostic Standard

Assurance: The Trust inconsistently passes/fails the target.

Variation: Common Cause (normal) variation.

This indicator is impacted by continued high volumes of referrals into General Surgery creating pressures on 2 week wait capacity. Short term additional capacity continues to be put in place.

The Trust will continue to monitor and review performance of this standard via the Performance Review Group (PRG) and the KPI Sub-Committee.

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Access & Performance - Trust Position

Key:

Risk Register [RR116] System Oversight Framework [SOF]

Care Quality Commission [CQC]

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

[SOF] [CQC]

38. Cancer 31 Days First Treatment
Target: 96%

39. Cancer 31 Days Subsequent Surgery
Target: 94%

The Trust achieved 100% for Cancer 31 days first treatment, 100% for surgery and 100% for drug treatment in September 2022.

40. Cancer 31 Days Subsequent Drug
Target: 98%

[RR1125]

Cancer 31 Days First Treatment

Cancer 31 Days Subsequent Surgery

Cancer 31 Days Subsequent Drugs

Assurance: The Trust consistently passes the target.

Variation: There is Common Cause (Normal) variation.

(Surgery)
Assurance: The Trust consistently passes the target.
Variation: Common Cause (Normal) variation.

(Drugs)
Assurance: The Trust consistently passes the target.
Variation: Common Cause (Normal) variation.

The 31 day cancer target was achieved in this reporting period. Good compliance against this standard continues to be tracked.

There remains a risk for performance due to the impact of the pandemic. Capacity is being reviewed in line with clinical service restoration plans.
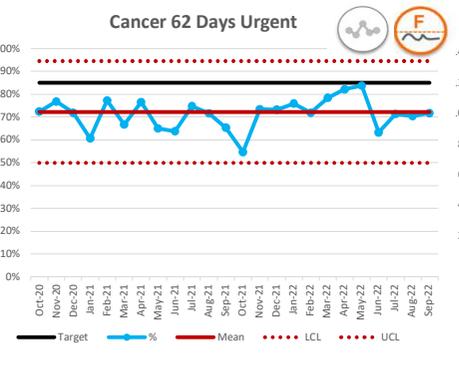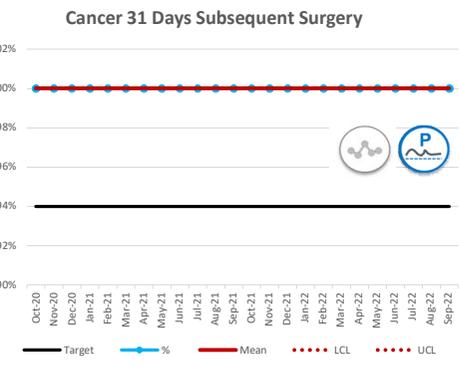

[SOF] [CQC]

41. Cancer 62 Days Urgent
Target: 85%

The Trust achieved 71.72% for Cancer 62 Day Urgent and 100% for Cancer 62 Day Screening in September 2022.

42. Cancer 62 Days Screening
Target: 90%

[RR1125]

Cancer 62 Days Urgent

Cancer 62 Days Screening

(Urgent)
Assurance: The Trust consistently fails the target.
Variation: Common Cause (Normal) variation.

(Screening)
Assurance: The Trust inconsistently passes/fails the target.
Variation: Common Cause (Normal) variation.

The 62 day urgent target was not achieved in this reporting period, despite an improving position. The Trust is meeting the Cheshire & Merseyside Cancer Alliance agreed trajectories for improvement.

There remains a risk for performance due to the impact of the pandemic and increased cancer referals.

Key:

	Risk Register	RR116	System Oversight Framework	SOF
			Care Quality Commission	CQC

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

43. Ambulance Handovers within 15 minutes

Target: 65%

44. Ambulance Handovers within 30 minutes

Target: 95%

45. Ambulance Handovers within 60 minutes

Target: 100%

In month 26.47% of patients were handed over within 15 minutes, 47.99% were handed over within 30 minutes and 59.63% were handed over within 60 minutes.

SOF

Ambulance Handovers within 15 minutes

- Target
- % of patients handed over within 15 minutes
- Mean
- LCL
- UCL

Ambulance Handovers within 30 minutes

- Target
- % of patients handed over within 30 minutes
- Mean
- LCL
- UCL

Ambulance Handovers within 60 minutes

- Target
- % of patients handed over within 60 minutes
- Mean
- LCL
- UCL

(15)
Assurance: The Trust consistently fails the target.
Variation: Common Cause (Normal) variation.

(30) Assurance: The Trust consistently fails the target.
Variation: Common Cause (Normal) variation.

(60)
Assurance: The Trust consistently fails the target.
Variation: Common Cause (Normal) variation.

Handover performance has declined as a result of the increase in bed demand and occupancy which impacts on flow out of the Emergency Department. This continues to be monitored and the Trust is working closely with NWAS to improve this.

In May 2021, the Trust began a service improvement collaborative with NWAS to improve ambulance handover waiting times. The Trust will continue to work in partnership with NWAS to identify and implement improvements.

A new service improvement initiative commenced in November aimed at releasing crews ahead of the 60 minute standard using a red card time awareness system.

46. Discharge Summaries - % sent within 24hrs

Target: 95%

47. Discharge Summaries - Number NOT sent within 7 days

Target: ZERO

The Trust achieved 89.97% in month. There was 1 discharge summary not sent within 23 days required to meet the 95.00% threshold.

Discharge Summaries

- Target
- %
- Mean
- LCL
- UCL

Discharge Summaries - NOT sent within 7 days

- Of the no. required to hit 95% how many not sent within 7 days
- Mean
- LCL
- UCL

(24 hrs)
Assurance: The Trust consistently fails the target.
Variation: Common Cause (Normal) variation.

(7 Days)
Assurance: The Trust inconsistently passes/fails the target.
Variation: Common Cause (Normal) variation.

Performance of discharge summaries within 24 hours has been maintained despite workforce challenges. The reporting logic for this metric has now been agreed.

The Performance Review Group (PRG) continues to monitor this standard to support improvements.

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Access & Performance - Trust Position

Key:

Risk Register [RR116] System Oversight Framework [SOF]

Care Quality Commission [CQC]

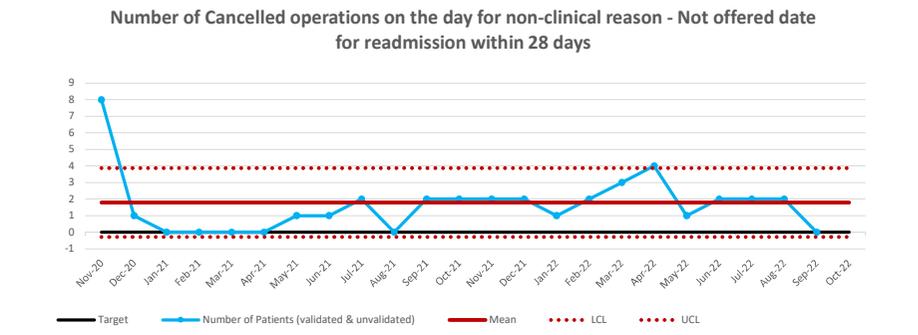| Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

[CQC]

48. Cancelled Operations on the day for a non-clinical reason

Target: Less than 2%

49. Cancelled Operations on the day for a non-clinical reason - Not offered a date for readmission within 28 days of the cancellation

Target: ZERO

50. Urgent Operations - Cancelled for a 2nd Time
Target: ZERO

Cancelled operations data validation for October is in progress.

Cancelled operations on the day for non-clinical reason

Legend: Target — % of Cancelled Operations — Mean ..... LCL ..... UCL

Urgent Operations - Cancelled for a 2nd Time

Legend: Target — No. of Patients

Number of Cancelled operations on the day for non-clinical reason - Not offered date for readmission within 28 days

Legend: Target — Number of Patients (validated & unvalidated) — Mean ..... LCL ..... UCL

(Urgent Ops) Assurance: The Trust consistently passes the target. Variation: Common Cause (normal) variation.

Compliance against this standard remains below the monitored threshold of 2.00% (positive).

Recovery of elective activity continues to be monitored via the Clinical Services Oversight Group (CSOG).

Access & Performance - Trust Position

Key:

Risk Register RR116 System Oversight Framework SOF

Care Quality Commission CQC

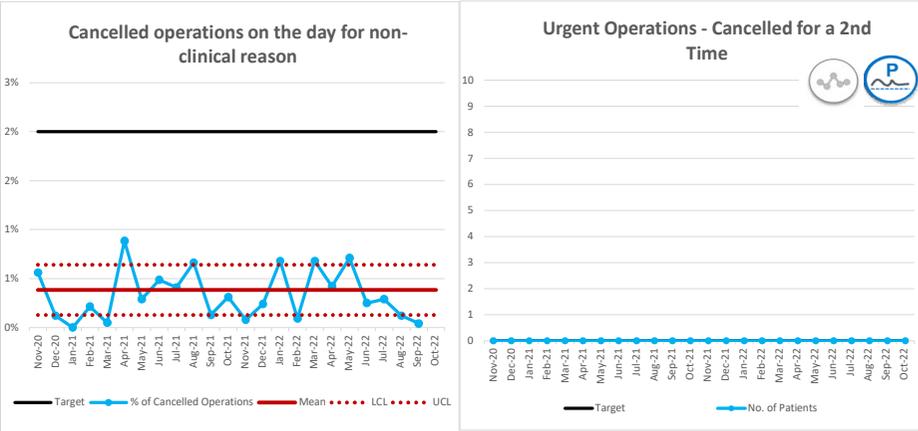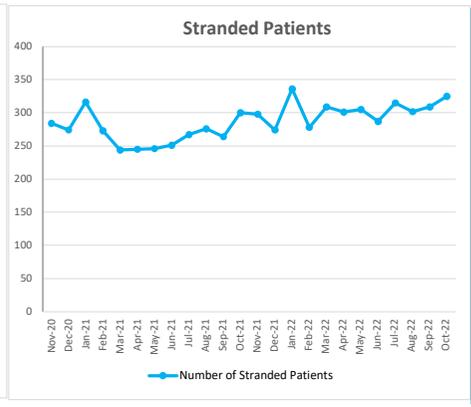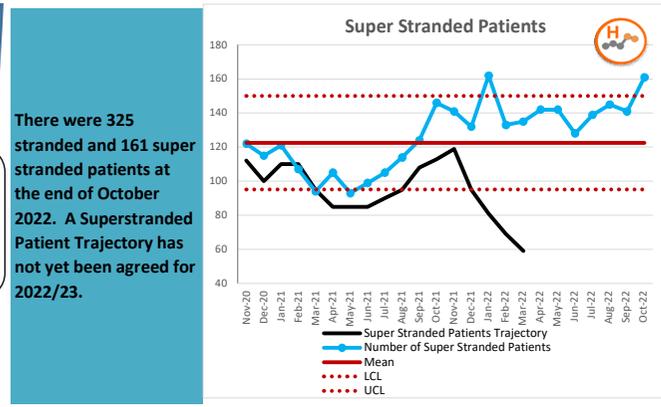| Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

51. Super Stranded Patients
Target: Trajectory

There were 325 stranded and 161 super stranded patients at the end of October 2022. A Superstranded Patient Trajectory has not yet been agreed for 2022/23.

Super Stranded Patients

- Super Stranded Patients Trajectory
- Number of Super Stranded Patients
- Mean
- LCL
- UCL

Stranded Patients

- Number of Stranded Patients

Assurance: N/A
Trajectory Not Agreed

Variation: There is special cause variation of a concerning nature.

The number of Super Stranded patients continues to remain higher than trajectory as a result of the impact of COVID-19 and community and Local Authority discharge delays.

The Trust is working in collaboration with partners from local authorities and community providers to ensure community capacity is available throughout the pandemic.

52. COVID-19 Recovery Elective Activity
Target: 104%
% activity is against activity in the same month in 2019/20

SOF

RR1125

In October 2022, the Trust achieved the following % of activity against October 2019. This included 84.65% of Daycase Procedures and 65.62% of Inpatient Elective Procedures.

COVID-19 Recovery Daycase

- Target
- Daycase Procedures Achieved

COVID-19 Recovery Inpatient

- Target
- Inpatient Elective Procedures Achieved

N/A - Grouped indicator.

Inpatient activity for the reporting period is below the Trajectory due to a higher than average profile as a result of additional activity being undertaken in October 2019 and a underperformance in key areas due to workforce constraints

The Trust monitors progress weekly via PRG and Clinical Services Oversight Group (CSOG)

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Access & Performance - Trust Position

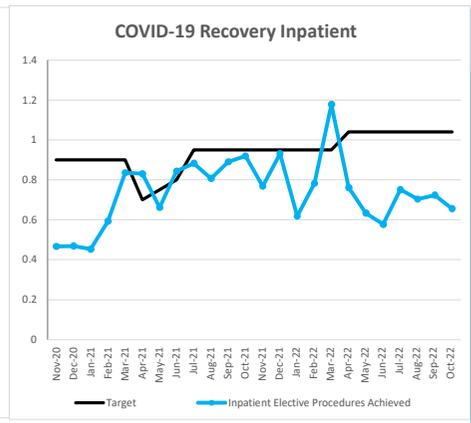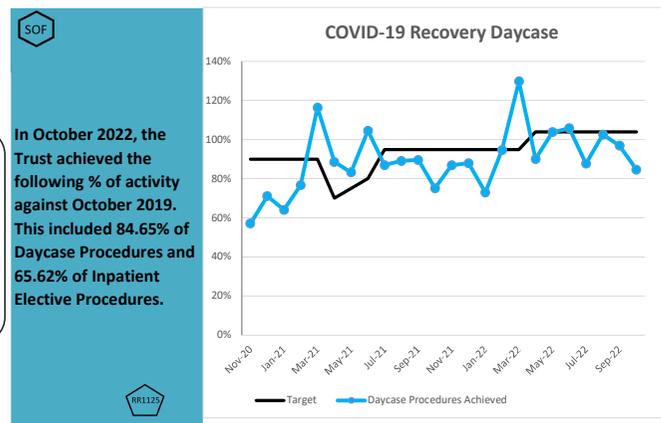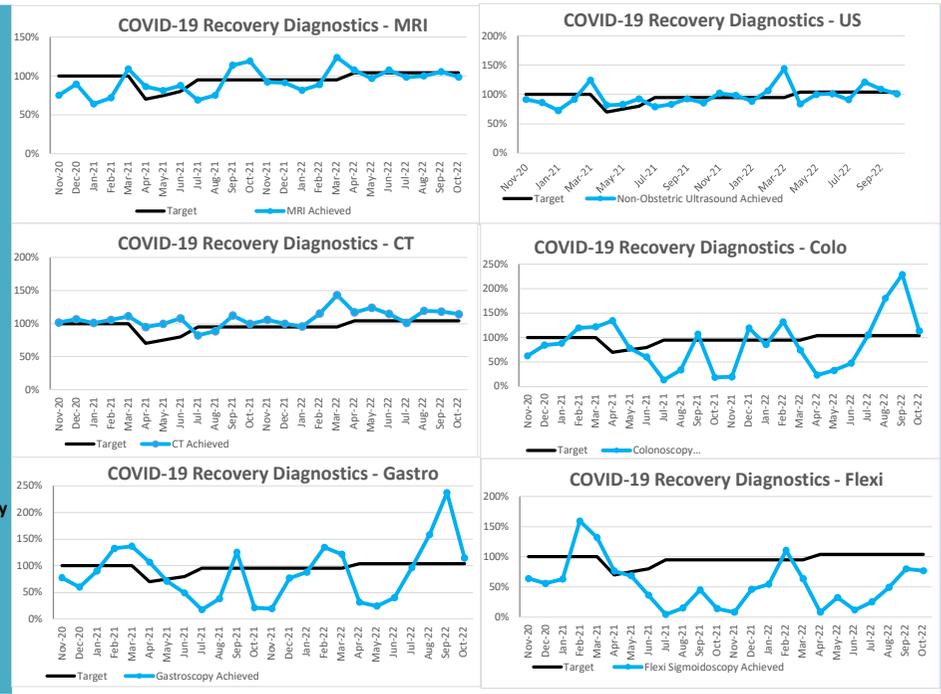| Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

53. COVID-19 Recovery Diagnostic Activity
Target: 104%
% activity is against activity in the same month in 2019/20

In October 2022, the Trust achieved the following % of activity against October 2019. This included:
98.51% of MRI
114.24% of CT
100.96% of Non-Obstetric Ultrasound
76.79% of Flexi Sigmoidoscopy
113.29% of Colonoscopy
114.52% of Gastroscopy

COVID-19 Recovery Diagnostics - MRI

COVID-19 Recovery Diagnostics - US

COVID-19 Recovery Diagnostics - CT

COVID-19 Recovery Diagnostics - Colo

COVID-19 Recovery Diagnostics - Gastro

**COVID-19 Recovery Diagnostics - Flexi**

N/A - Grouped indicator.

The Trust did not meet the diagnostic activity recovery trajectories for the reporting period across a number of specialties due to COVID-19 sickness. Colonoscopy, Flexi Sig and Gastroscopy have started to show an improvement. Cardiorespiratory, particularly Echo and sleep studies remain the most challenged areas although now improving.

he Trust continues to restore clinical services in line with the national operating guidance.

Additional insourcing support for Echo is being progressed to help reduce waiting times.

The Trust has approached the ICB to close Out of Area referals into the sleep service to help reduce demand.

---

54. COVID-19 Outpatient Activity
Target: 104%
% activity is against activity in the same month in 2019/20

In October 2022, the Trust achieved 80.75% of Outpatient activity against October 2019.

COVID-19 Recovery Outpatient Activity
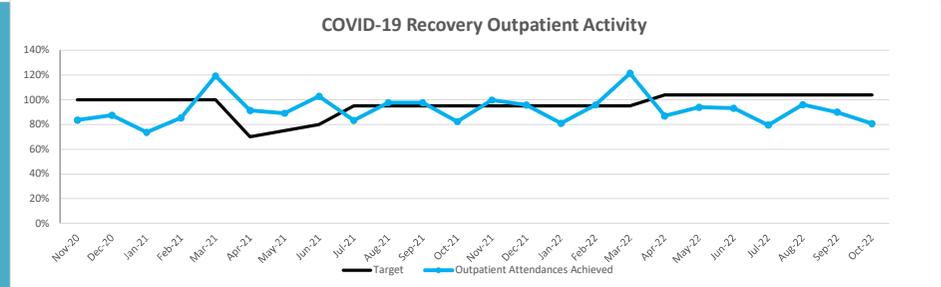
N/A - Grouped indicator.

The Trust continues to work towards outpatient recovery including a reduction in follow ups with signposting to alternative servcies such as patient initiated follow up

The Trust continues to restore clinical services in line with the national operating guidance.

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Access & Performance - Trust Position

Key:

Risk Register RR116 System Oversight Framework SOF

Care Quality Commission CQC

Warrington and Halton Teaching Hospitals NHS Foundation Trust
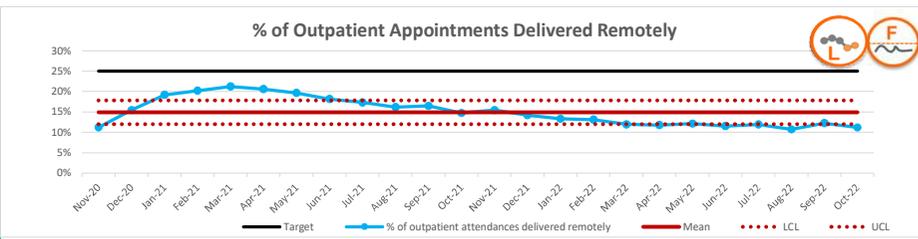
Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

55. Outpatient Activity Delivered Remotely
Target: 25%

11.2% of Outpatient Appointments were delivered remotely in month.

% of Outpatient Appointments Delivered Remotely

Target — % of outpatient attendances delivered remotely — Mean · · · · LCL · · · · UCL

Assurance: The Trust consistently fails the target.

Variation: There is special cause variation of a concerning nature.

The Trust did not achieve the standard in month for % of outpatient appointments delivered remotely. This is in line with reginal benchmarks and attributable to clinicains requesting first appointments being face to face given the time waited.

The Trust continues to identify opportunities to deliver additional outpatient activity remotely.

**56. Patients seen in the Fracture Clinic within 72 hours**
Target: 95%

19.25% of patients were seen in the Fracture Clinic within 72 hours in month.
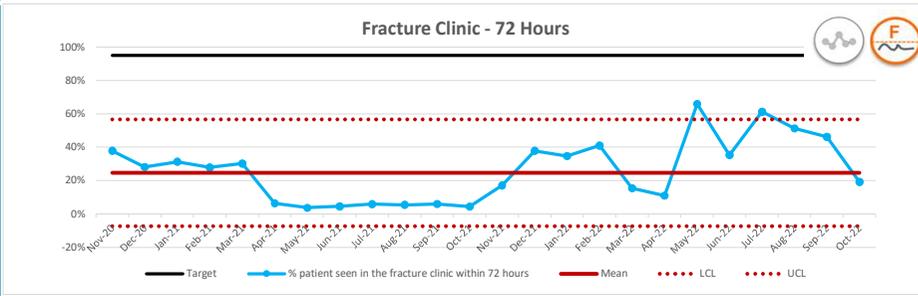
Fracture Clinic - 72 Hours

Target — % patient seen in the fracture clinic within 72 hours — Mean · · · · LCL · · · · UCL

Assurance: The Trust consistently fails the target.

Variation: Common Cause (Normal) variation.

The Dashboard data for this indicator is no longer reflective since the commencement of eTrauma.

This improvement is being sustained by the introduction of the Virtual Fracture clinic (VFC) and will be further improved with the introduction of e-trauma software to support the VFC implementation.

The Data from the etrauma system is outline below:
October – 91.7%
November – 100%

---

57. % patients referred to long COVID service not assessed within 15 weeks

The Trust had 0 patients referred to the Long COVID service who weren't assessed within 15 weeks for October

% Patients referred to Long COVID service not assessed within 15 weeks

—●— % patients
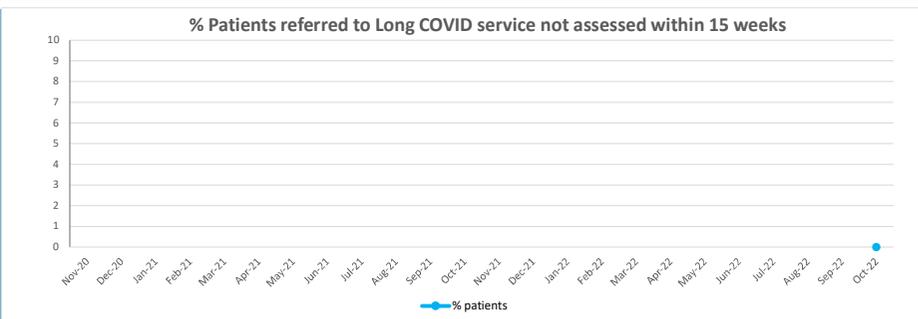
N/A - Not enough datapoints.

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59. % of zero-day length of stay admissions (as a proportion of total) based of SDEC Emergency Admissions
No Target

85.49% of SDEC Emergency Admissions had a zero day length of stay.

SDEC - % of Zero Length of Stay Admissions

—●— % of zero-day length of stay admissions (SDEC)
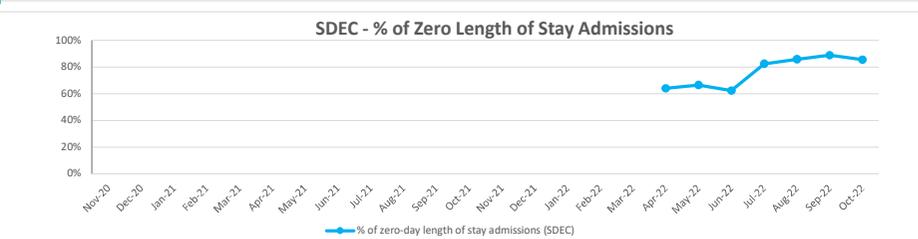
N/A - Not enough datapoints.

Workforce - Trust Position

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

UoR · SOF · S

Supporting Attendance

Target · Current Yr · Mean · LCL · UCL

60. Supporting Attendance

Target: Below 4.2%

The Trust's sickness absence rate was 5.97% in month. There were 8659 calendar days lost to sickness in month.

Supporting Attendance - Short and Long Term Sickness

Long Term Absence FTE · Short Term Absence FTE · Long Term Absence % · Short Term Absence %

Number of Calendar Days Lost to Sickness

Number of Calendar Days Lost to Sickness

Supporting Attendance - Monthly Sickness Absence By Staff Group

Add Prof Scientific and Technic · Additional Clinical Services · Administrative and Clerical · Allied Health Professionals · Estates and Ancillary · Healthcare Scientists

Assurance: The Trust consistently fails the target.

Variation: There is a common cause (normal) variation.

Sickness absence is 5.97% for October 2022, it was last reported as 5.54% in August 2022.
Sickness absence in October 2021 was 6.3%.

The Trust implemented an updated Supporting Attendance policy in February 2022. Consequently, the Trust has seen a significant improvement in long term sickness absence rates reducing from 4.19% in April 2022 to 2.68% in October 2022.

Short term sickness absence levels for the Trust have been challenging due to the spikes of infection of Covid since the new policy was introduced. October 2022 short term sickness absence is 3.29%, up slightly from September 2022 at 2.65%.

The rolling 12-month sickness absence rate it 6.81%.

The Supporting Attendance policy has been reviewed post implementation to ensure it is supporting the workforce. Overall, the feedback on the new policy is positive.

The Trust is continuing its' collaboration with NHSE and has developed a number of case studies for them to share as best practice.

The People Health and Wellbeing Strategy Group are actively in progress with the workplan covering a broad view of operational matters related to employee health and wellbeing. The group have focused on stress awareness as anxiety/stress/depression continues to be the Trust's highest sickness absence reason.

In recognition of the challenges for the WHH workforce during the winter period, a Winter Well campaign and programme has been developed which aims to:
1.Promote the existing wellbeing offer across all staff groups
2.Enhance the wellbeing offer by providing flexible delivery options to the workforce
3.Align key messaging to Winter Well Public Health messaging
4.Support the workforce from a financial, health and wellbeing perspective

Workforce - Trust Position

Key:

System Oversight Framework — SOF

Use of Resources Assessment — UoR
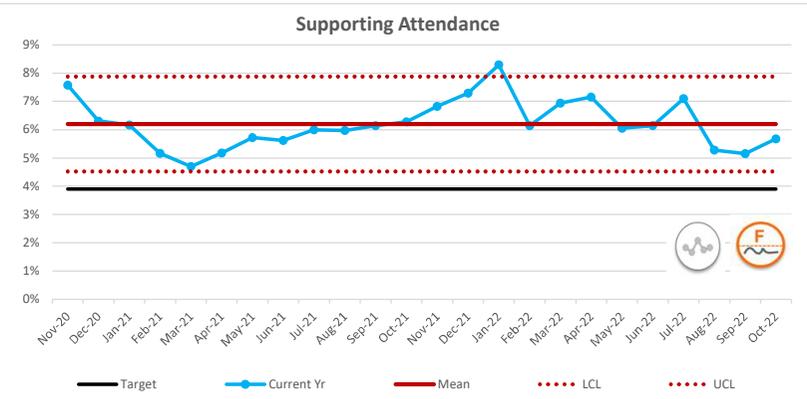
Risk Register — RR200

Care Quality Commission — CQC

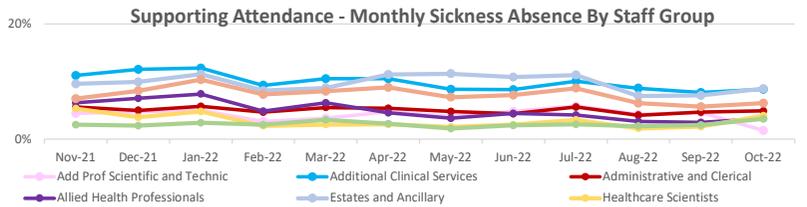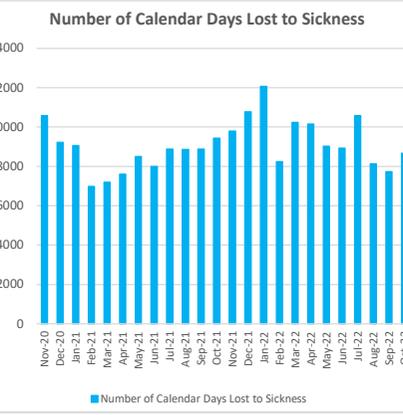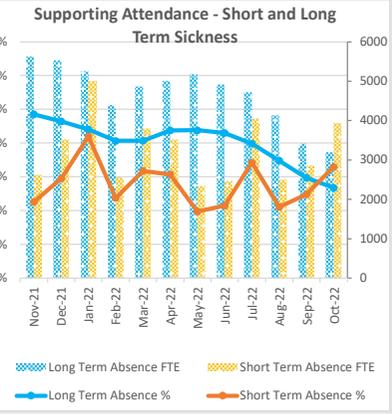Trust Strategy — S
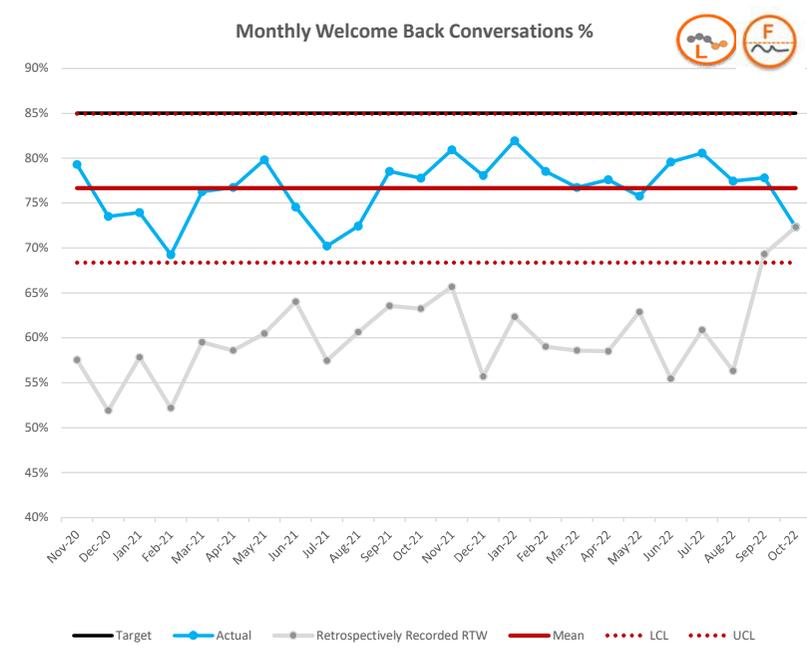
Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

RR1108   RR1134

61. Welcome Back Conversations

Target: 85%

Welcome Back Conversation compliance was 72.34% in October 2022.

Monthly Welcome Back Conversations %

Target — Actual — Retrospectively Recorded RTW — Mean — LCL — UCL

Assurance: The Trust consistently fails the target.

Variation: Special Cause Variation of a concerning nature.

Welcome Back Conversations (WBC) compliance is 72.34% in October 2022.

Reported Welcome Back Conversations (WBC) compliance in August 2022 was 56.33%.

It is worth noting that previous months WBC compliance increases as managers input historic WBCs that occurred but were not recorded on the system at the time of reporting.

The 12-month WBC compliance is 78.28%.

Bespoke training and one to one management coaching on Welcome Back Conversations continue to be offered across all CBUs.

Following the pilot that took place in Maternity services where WBC compliance improved from 20% to 85% and is now cited as a best practice case study by NHSE, the HR Business Partnering team are supporting improvements in WBCs through the introduction of a coaching focused WBC review with CBUs.

Monthly automated prompt emails have been developed for managers to remind them to complete WBC and log on ESR. Since implementation, there has been a month on month increase in WBC of over 16%.

There is also a pilot of absence reporting to alert managers when WBC are required, and triggers met with managers provided with a full toolkit to support completion of policy actions to ensure staff are fully supported.

Welcome back Conversations are a standing item on the People Health and Wellbeing group to monitor progress and improvement against the Trust target of 85% including data related to training bookings. Progress is as detailed below. The Trust figure (latest figure due to ongoing reviews) highlights the updated figure since it was reported in month which reflects the success of the review work with the departments and Care Groups:

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![NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust logo]

Workforce - Trust Position

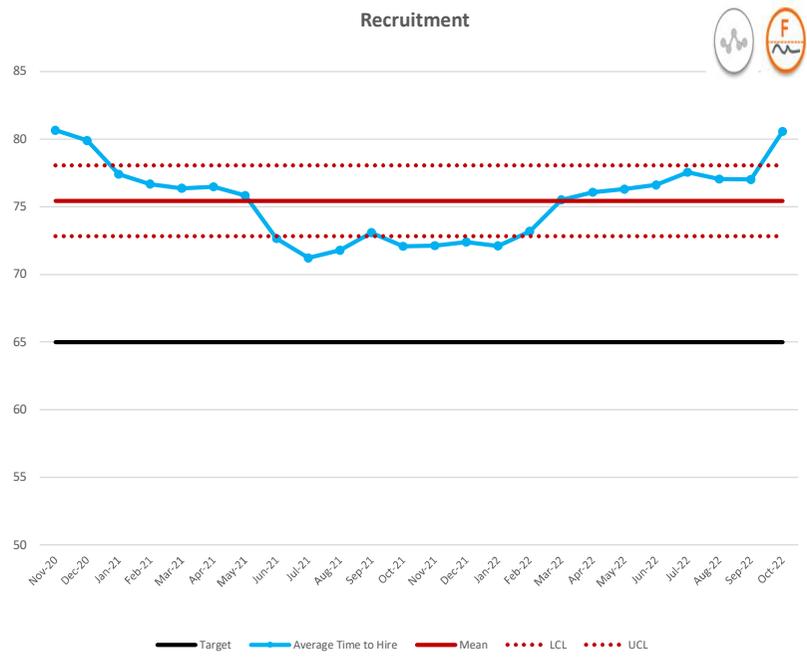| Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

62. Recruitment

Target: 65 days or below

The average number of working days to recruit is 76 days, based on the last 12 months average.

Recruitment

Legend: Target — Average Time to Hire — Mean — LCL — UCL

Assurance: The Trust consistently fails the target.

Variation: Common Cause (Normal) variation.

Recruitment time to hire for October 2022 is 80 working days, compared to 72 working days in October 2021. This includes notices periods.

In line with the implementation of NHS Jobs 3, the end-to-end recruitment process is currently being reviewed to ensure the approach continues to be in line with best practice and takes into account the changes brought by NHS Jobs 3.

There is a recognition that the new national system, NHS Jobs 3, does not have the system functionality of the previous system or the developments to the system expected, impacting time to hire. The Trust are currently seeking to procure an alternative recruitment system to support improved time to hire. NHS Jobs 3 was implemented nationally in June-22, demonstrating a direct correlation with the increases in time to hire.

The Recruitment team are undertaking a survey of new starters to feedback on their recruitment experience. These will support refining our services based on staff experience. One survey focuses on the interview experience and the other on the transactional recruitment process. Actions to reduce time to hire from the survey will be identified and implemented to streamline the process.

A new Occupational Health system implementation is underway which will digitalise new stater pre-employment checks, management referrals and staff records relating to occupational health with the aim of reducing time to hire, as well as improving the candidate experience.

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Workforce - Trust Position

Key:

System Oversight Framework — SOF

Use of Resources Assessment — UoR

Risk Register — RR200

Care Quality Commission — CQC
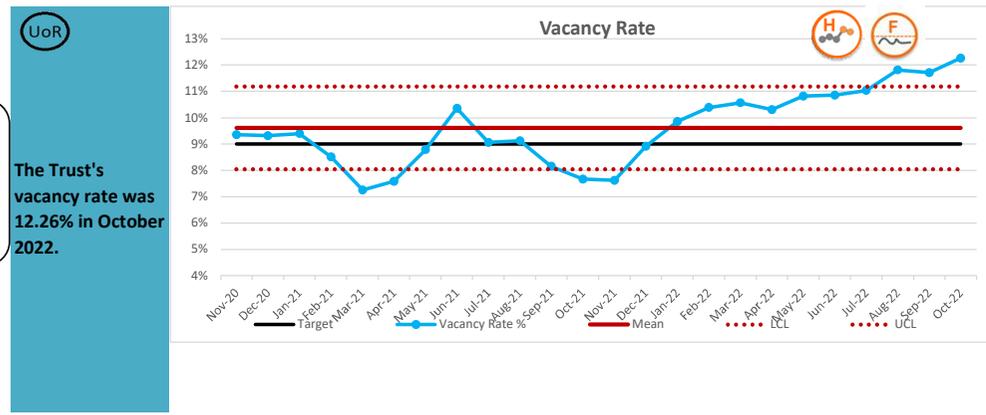
Trust Strategy — S

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

UoR

63. Vacancy Rates

Target: 9% or Below

The Trust's vacancy rate was 12.26% in October 2022.

Vacancy Rate

Legend: Target | Vacancy Rate % | Mean | LCL | UCL

Assurance: The Trust consistently fails the target.

Variation: Special Cause Variation of a concerning nature.

Trust Headcount is currently 4,492 (3946 FTE) compared to 4497 (3980.49 FTE) in October 2021.

The Trust continues to engage with national directives such as international Nurse recruitment, AHP return to practice, international Fellow recruitment and international AHP recruitment. Our current international nurse recruitment programme is progressing inline with expected trajectories.

For longer terms plans, the People Directorate are working in conjunction with the Trust Strategy Team and Senior Nursing/ Medical teams to develop a template for developing Workforce Plans at Service/Staff Group level to address workforce shortages through role redesign.

In addition, there are projects specifally focusing on recruiting into the vacancies within ED, Pharmacy and Maternity. These include:
- Recruitment open days
- Developing a recrutment brand and marketing campaign
- Improving our social media presence via a number of social media platforms

Workforce - Trust Position

Key:

System Oversight Framework — SOF — Care Quality Commission — CQC

Use of Resources Assessment — UoR — Trust Strategy — S

Risk Register — RR200

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

64. Retention

Retention of all staff was 83.26% and Retention of Permanent staff only was 88% in month.

S CQC
SOF UoR

Retention All Staff

L F

- Target
- Retention %
- Mean
- LCL
- UCL

Retention Permanent Staff

- Retention Permanent Staff Only (%)

Assurance: The Trust consistently fails the target.

Variation: Special Cause Variation of a concerning nature.

Work-life balance continues to be the number one known reason people leave WHH, followed by retirement.

A new Exit Interview process has been implemented to further understand the details as to why people are leaving. Collation and analysis of this data enables themes to be identified and targeted action to be taken to address these areas. This information is now available on the Trust Workforce Information Dashboard.

Work Life Balance
To support with the development of an Agile/Flexible Working Toolkit, views of the staff are being sought on the current agile working culture, barriers, opportunities and best practice.

The survey received 289 responses, however less than 50 of these were from clinical staff, and therefore the group have extended the survey to target clinical areas.

65. Turnover

Target: Below 13%

Turnover of All staff was 16.5% and Turnover of Permanent staff only was 15.48% in month.

Turnover All Staff

- Target
- Turnover
- Mean
- LCL
- UCL

Turnover Permanent Staff

- Turnover Permanent Staff Only

Assurance: The Trust consistently fails the target.

Variation: Common Cause (Normal) variation.

Retirement
A significant number of people delayed their retirement plans in 2020 and 2021, and we have now seen a significant increase in the number of individuals choosing to retire.

It is worth noting a number of retirees do return to the workplace (retire and return) and are supported to do so, however these still count as a leaver for the purposes of retention and turnover.

Health, Wellbeing & Development
The Trusts wellbeing offers continue to be well utilised, supporting people to remain in work. The Trust received national recognition from NHS Employers for our Check In Conversation and local recognition for our Health and Wellbeing Hub.

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Workforce - Trust Position

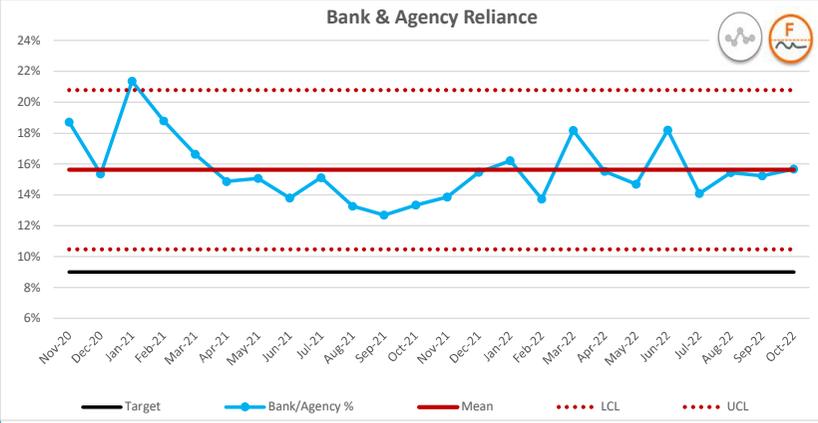| Trust Performance	Trend	Statistical Narrative	What are the reasons for the variation and what is the impact?	How are we going to improve the position (Short & Long Term)?

66. Bank and Agency Reliance

Target: 9% or Below

(UoR)

Bank and Agency Reliance was 15.67% in month.

Bank & Agency Reliance

Legend: Target | Bank/Agency % | Mean | LCL | UCL

Assurance: The Trust consistently fails the target.

Variation: Common Cause (Normal) variation.

Bank and Agency reliance is 15.67% in October 2022, in October 2021 it was 13.34%.

A Task and Finish group is being established to review any gaps identified through the Agency Controls best practice toolkit. This will support plans to work with agencies to ensure they are operating within controls and improve the use of the Trusts banks rather than agency staff.
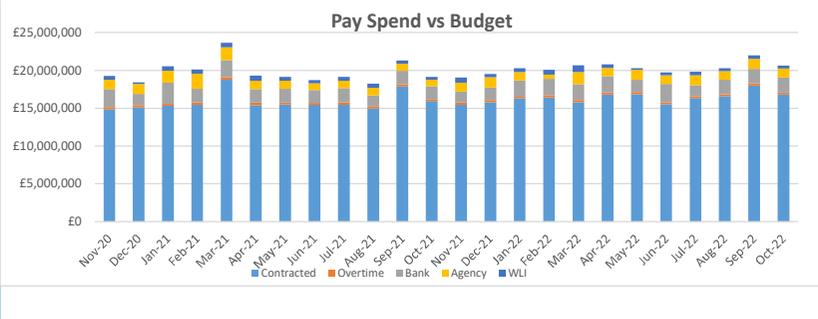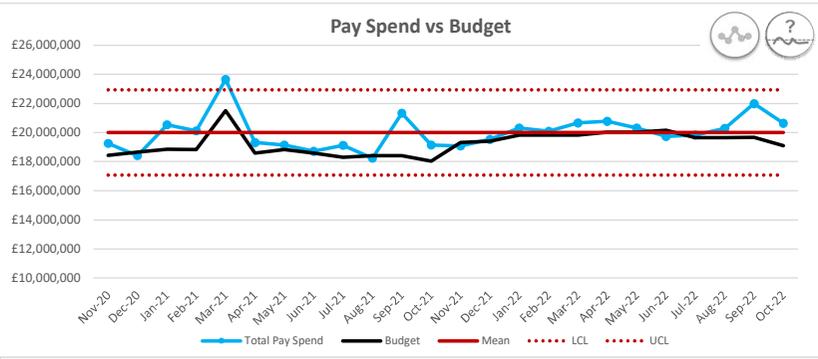
To support agency controls, a refined ECF process for Medical and Dental temporary staffing bookings is in development. Streamlining the approval process to replace the ECF will ensure better oversight of the use of Temporary Staffing within the Medical and Dental Staff group. This report will be updated accordingly.

67. Pay

Target: On or Less than Budget

(UoR) (CQC) (S)

Total pay spend in October 2022 was £20.6m against a budget of £19.0m.

(UoR)

Pay Spend vs Budget

Legend: Total Pay Spend | Budget | Mean | LCL | UCL

Pay Spend vs Budget

Legend: Contracted | Overtime | Bank | Agency | WLI

Assurance: The Trust inconsistently passes/fails the target.

Variation: Common Cause (Normal) variation.

Total pay spend in October 2022 is £20.6m against a budget of £19m. In October 2021, pay spend was £19.1m against a budget of £18m.

The total pay spend for October 2022 is made up of the following elements:
• £16.7m contracted
• £2m Bank
• £1.2m Agency
• £0.42m WLI
• £0.28m Overtime

The additional controls for pay spend that have been identified to support a reduction in premium pay are:
• ECF process for non-clinical vacancies approval
• ECF process for bank and agency temporary staffing pay spend approval
• Medical Rate Escalations approved by Medical Director

Through the Finance and Sustainability Committee, compliance against our processes and rate cards continues to be monitored.

There is currently work underway to establish clear actions that the Trust needs to undertake to reduce agency expenditure. This includes:
• Assessment by Deputy Medical Director and Deputy Chief Nurse against a combined NHSE and East Lancs Best Practice Toolkit for controlling agency spend
• Development of recommendations and approaches to bring down agency costs including:
• Reduction in commission for long line bookings
• Walk down Medical and Dental agencies over a period of time; firstly, to within the 50% cap and then to close to the rate cap
• Implementation of tiering of agencies, offering priorities to agencies who are within rate cap
• Implementation of check and challenge around agency use
• Review of the Frameworks being used to ensure best service and value for money

Workforce - Trust Position

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

CQC

68. Core/Mandatory Training

Target: 85%

Core/Mandatory training compliance was 84.68% in month.

69. Role Specific Training

Target: 85%

Role Specific Training compliance was 90.88% in month.

70. Safeguarding Training

Target: Trajectory

Safeguarding Training compliance was 71.04% in month.
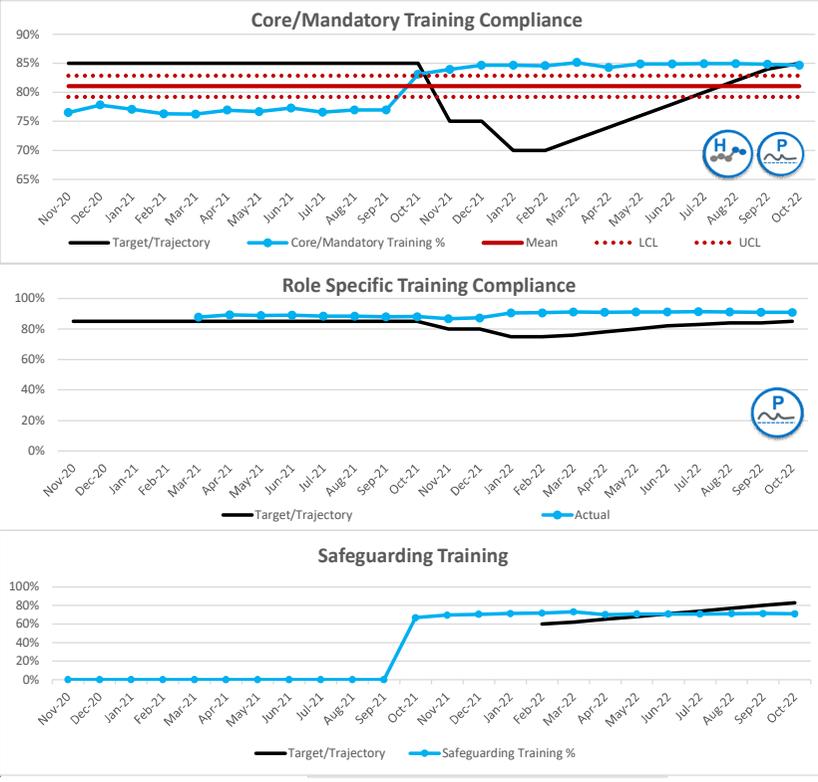
Core/Mandatory Training Compliance

Legend: Target/Trajectory, Core/Mandatory Training %, Mean, LCL, UCL

Role Specific Training Compliance

Legend: Target/Trajectory, Actual

Safeguarding Training

Legend: Target/Trajectory, Safeguarding Training %

Assurance: The Trust consistently passes the target.

Variation: Special Cause Variation of a improving nature.

Assurance: The Trust consistently passes the target.

Variation: N/A Not enough datapoints.

Assurance: The Trust inconsistently passes/fails the target.

Variation: N/A - Not enough datapoints.

In October 2022, CSTF Mandatory Training compliance is 84.63%, this now excludes Safeguarding Training (Children's and Adults); Safeguarding compliance is 71.04%, and Role Specific Training compliance is 91.62%.

In October 2021, CSTF was 83.16% and Role Specific 88.39% (Safeguarding was included in CSTF).

Mandatory Training compliance is now split by Mandatory, Safeguarding and Role Specific Training.

Trajectories have been developed in order to continue to improve compliance which continues to be monitored through workforce governance structures and QPS.

The Mandatory and Role Specific Training Group are reviewing all training offered by the Trust in relation to accessibility, training needs analysis and justification for mandatory status.

In order to further support the completion of mandatory and role specific training, block training sessions are being developed to support delivery of training to clinical and medical colleagues.

Workforce - Trust Position

Key:

System Oversight Framework

Use of Resources Assessment

Risk Register

Care Quality Commission

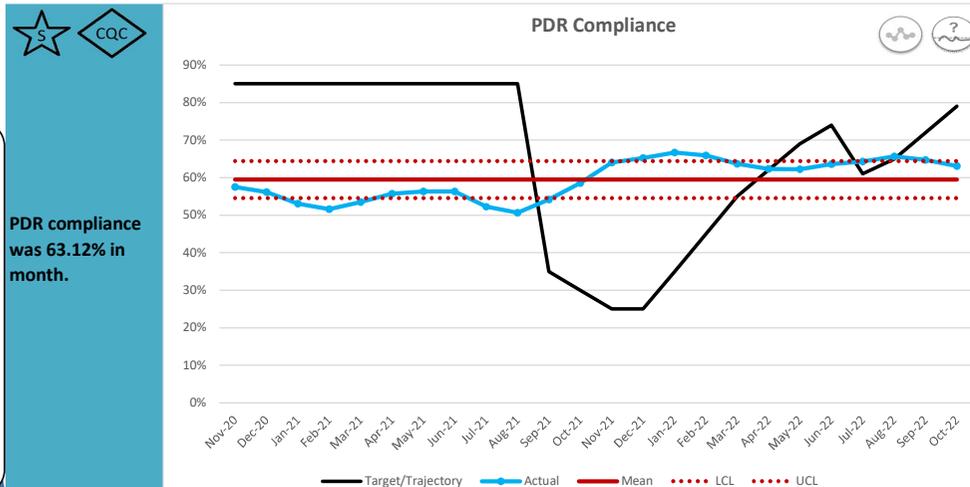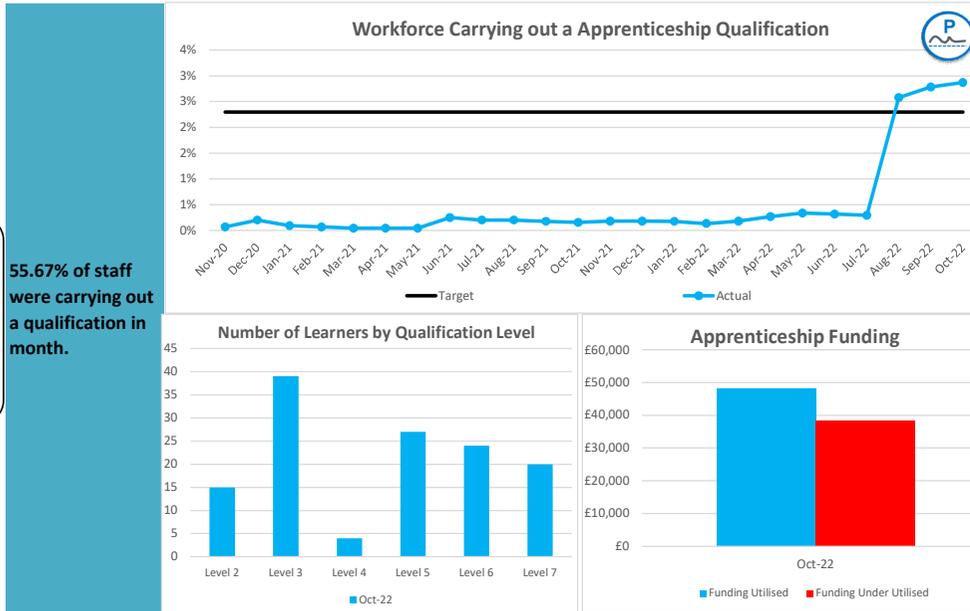Trust Strategy

SOF | UoR | RR200 | CQC | S

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

71. Workforce carrying out an Apprenticeship Qualification

Target: 2.3% or above

55.67% of staff were carrying out a qualification in month.

Workforce Carrying out a Apprenticeship Qualification

Number of Learners by Qualification Level

Apprenticeship Funding

Assurance: The Trust consistently passes the target.

Variation: N/A - Not enough datapoints.

In October 2022, 2.87% of the workforce is carrying out a qualification (previous year comparator data not available)Utilisation of the apprenticeship levy in October 2022 was 55.67% (previous year comparator data not available)

The organisation is currently supporting 5 local organisations through the Levy Transfer opportunity which supports the organisation's ambitions as an anchor institution and our corporate social responsibility within the local area.

The ECF Panel, supported by the Trusts Apprentice Team, continue to review all vacancies and support managers to supplement the vacancy with an external development offer, paid for by the Levy. This supports the Trust achieving above the 2.3% target of the percentage of the workforce carrying out a qualification.

Recently the team have been asked to present at a national NHS Employers conference regarding widening participation and apprenticeships due to our organisation's inclusive approach to providing opportunities.

The team have also worked with other local partnership organisations to develop a pathway for 70 local students who are interested in health and social care but have not progressed to university as part of the Cheshire and Merseyside Pledge. This programme aims to enable the students to be NHS employer ready and the team will be delivering a range of workshops on interview skills and techniques, application writing, individual branding and mock interviews. .

72. PDR

Target: 85%

S | CQC

PDR compliance was 63.12% in month.

PDR Compliance

Assurance: The Trust inconsistently passes/fails the target.

Variation: Common Cause (Normal) variation.

In October 2022, PDR compliance was 63.12%. In October 2021, PDR compliance was 58.57%.

Currently PDR rates are below the trajectories but higher than comparison to 2021.

The CBUs and Corporate Areas have been supported to develop trajectories and associated actions to improve PDR compliance, these continue to be monitored through the workforce governance structures and QPS.

The PDR talent management tool, Scope for Growth has been trialled across three pilot areas and the outcomes of this trial are currently being reviewed with results to be presented in December 2022 for implementation across the organisation.

To support the trajectories within CBUs and Care Groups, a Trust-wide PDR campaign has been developed aligned to the organisation's Trust values and behaviours which is currently being rolled across the organisation through the kindness, civility and respect campaign.

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Finance & Sustainability - Trust Position

Key:

System Oversight Framework

Use of Resources Assessment

Risk Register

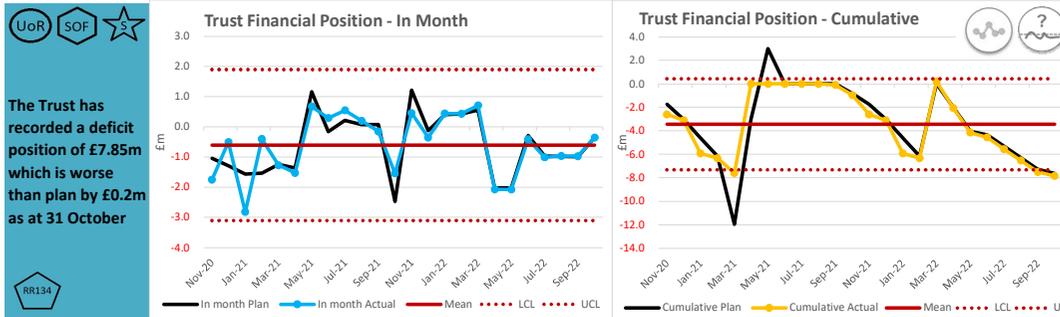| SOF | Care Quality Commission | CQC |
| UoR | Trust Strategy | S |
| RR116 | | |

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

73. Trust Financial Position

Target: Plan

UoR SOF S

RR134

The Trust has recorded a deficit position of £7.85m which is worse than plan by £0.2m as at 31 October

Trust Financial Position - In Month
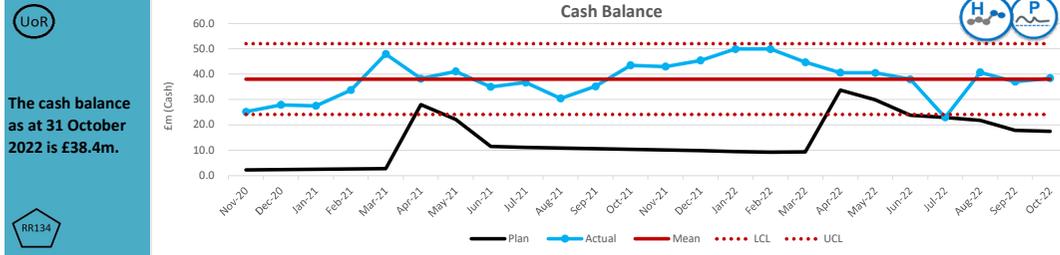

Trust Financial Position - Cumulative

Assurance: The Trust inconsistently passes/fails the target.

Variation: Common Cause (Normal) variation.

For the period ending 31 October 2022, the Trust has recorded a deficit of £7.85m, against a planned deficit of £7.62m. The position includes £4.7m ERF.

Investment in a clinical and financial GIRFT post will support acceleration of GIRFT schemes. Weekly Exec and Senior Leadership focus on activity delivery and CIP/GIRFT delivery.

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74. Cash Balance

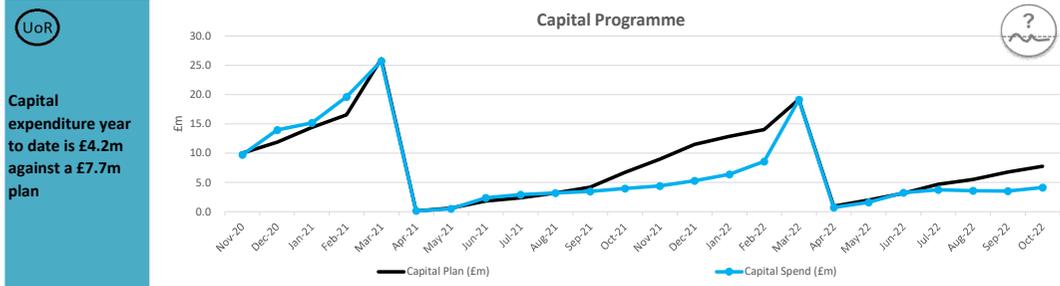Target: On or better than plan

UoR

RR134

The cash balance as at 31 October 2022 is £38.4m.

Cash Balance

Assurance: The Trust consistently passes the target.

Variation: Special Cause Variation of a improving nature.

The current cash balance is £38.4m which is £21m better than the initial cash plan. In the main this relates to a timing difference in the payment of trade creditors , a timing difference in the payment of capital creditors , additional income from contracts and additional VAT recovery.

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75. Capital Programme

Target: On plan 90%-100%

UoR

Capital expenditure year to date is £4.2m against a £7.7m plan

Capital Programme

Assurance: The Trust inconsistently passes/fails the target.

The Trust funded annual capital plan is £12.8m of which £2.8m is the ED Plaza monies brokered to the C&M system in 2021/22. Capital expenditure year to date is £4.2m against a £7.7m plan. There are a further £10.2m of schemes planned which will be funded from external sources.

The underspend year to date relates to a VAT rebate of £0.5m, delayed final invoices from ED Plaza, along with some delay on starting some backlog maintenance schemes which will catch up. There is an anticipated slippage on the catering scheme of 8 weeks which will require mitigation. The Trust will consider bringing slipped 'must do' items forward to 2022/23 to manage any in year slippage.

Finance & Sustainability - Trust Position

Key:

System Oversight Framework

Use of Resources Assessment

Risk Register

SOF — Care Quality Commission

UoR — Trust Strategy
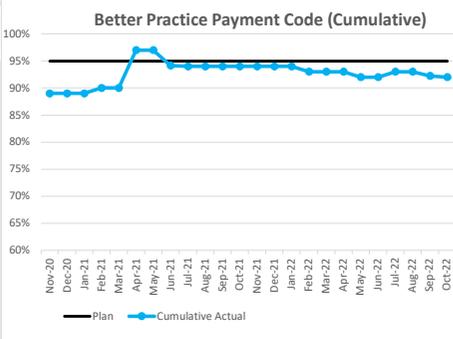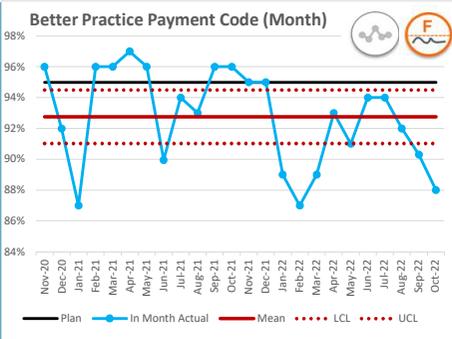
RR116

CQC

S

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

UoR

76. Better Payment Practice Code

Target: Cumulative performance 95%

The Better Payment Practice Code performance based on volume for NHS is 83% and non-NHS is 93%. The Better Payment Practice Code performance based on value for NHS is 85% and non-NHS is 93%.

Better Practice Payment Code (Month)

Legend: Plan — In Month Actual — Mean — LCL — UCL

Better Practice Payment Code (Cumulative)

Legend: Plan — Cumulative Actual

Assurance: The Trust consistently fails the target.

Variation: Common Cause (Normal) variation.

Cumulative performance is 92.00% which is below the national target of 95.00%.

Communications have been sent across the Trust to ensure the receipting of goods and services are recorded promptly to ensure faster payments.
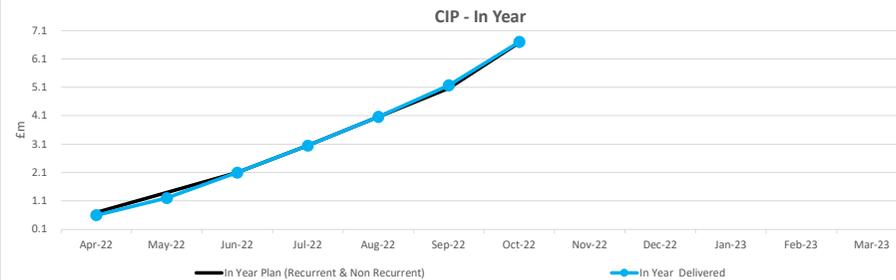
UoR

77. Use of Resources Rating
Target: Use of Resource Rating 1 and 2

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

UoR

78. Cost Improvement Programme (recurrent & non recurrent) - In year performance to date
Target: >90% Plan delivered YTD

The year to date CIP plan is £6.7m and £6.7m has been delivered.

CIP - In Year

Legend: In Year Plan (Recurrent & Non Recurrent) — In Year Delivered

79. Cost Improvement Programme (Recurrent Forecast) - Target: Recurrent Forecast is more than 90% of the annual target

The Trust is in the process of identifying recurrent CIP schemes for 2022/23.

CIP - Forecast

Legend: Recurrent Forecast — Recurrent Target
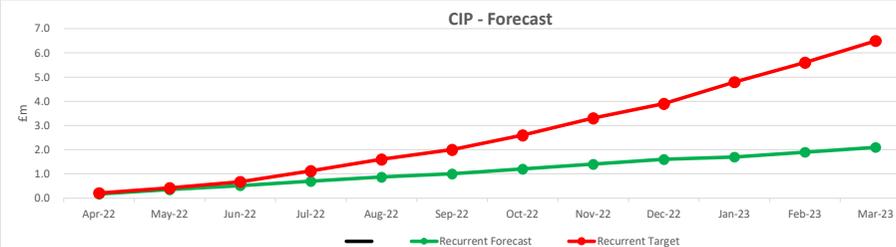
N/A - Not enough datapoints.

N/A - Not enough datapoints.

In year savings identified are £14.1m against a plan of £15.7m, many of these saving are high risk and further work is needed to finalise schemes. A significant amount of the CIP programme is non recurrent which if not resolved will impact on 2023/24.

CIP progress is reviewed on a weekly and monthly basis. The Medical Director is leading the GIRFT conversations with the Operational Teams supported by Finance and the Transformational Leads to drive greater efficiency across the Trust.

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Appendix 3 – Trust IPR Indicator Overview

	Indicator	Detail
	Quality	
1.	**Incidents**	• Number of incidents reported in month. • Number of incidents open over 20 days and 40 days. • Number of serious incidents reported in month. • Number of serious incidents where actions have breached the timescale. • Number of never events reported in month.
2.	**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 the Trust contacts the patient or their family to advise of the incident; this has to be done within 10 working days.
3. 4. 5.	**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. • MSSA, or methicillin-susceptible Staphylococcus aureus, is an infection caused by a type of bacteria commonly found on the skin. • Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel. • Escherichia coli (E-Coli) bacteraemia which is one of the largest gram negative bloodstream infections. • Klebsiella is a type of Gram-negative bacteria that can cause different types of healthcare-associated infections, including pneumonia, bloodstream infections, wound or surgical site infections, and meningitis. • Pseudomonas aeruginosa can cause infections in the blood, lungs (pneumonia), or other parts of the body after surgery.
6.	**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).
7.	**VTE Assessment**	• Venous thromboembolism (VTE) is the formation of blood clots in the vein. This data looks at the % of assessments completed in month, however this indicator is reported quarterly.
8.	**Inpatient Falls & Harm Levels**	• Total number of falls which have occurred in month. • Falls per 1000 bed days in month. • Total number of inpatient falls which have occurred in month. • Levels of harm reported as a result of a fall in month. • Level of avoidable harm which has occurred in month.
9.	**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. Pressure ulcers are reported by Category (2,3 & 4).

10.	**Medication Safety**	Overview of the current position in relation to medication, to include: • Medication reconciliation within 24 hours. • Medication reconciliation throughout the inpatient stay. • Number of controlled drugs incidents. • Number medication incidents resulting in harm.
11.	**Staffing Average Fill Levels**	• Percentage of planned verses actual fill rates for registered and non-registered staff by day and night. The data produced excludes CCU, ITU and Paediatrics.
12.	**Care Hours Per Patient Day (CHPPD)**	• Staffing Care Hours per Patient Per Day (CHPPD). The data produced excludes CCU, ITU and Paediatrics.
13.	**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.
14.	**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.
15.	**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. This indicator monitors Trust compliance against NICE guidance.
16.	**Complaints**	Overall review of the current complaints position including; • Number of complaints received in month. • Number of dissatisfied complaints in month. • Total number of open complaints in month. • Total number of cases over 6 months old in month. • Number of cases referred to the Parliamentary and Health Service Ombudsman (PHSO) in month. • Number of complaints responded to within timeframe in month. • Number of PALS complaints received and closed in month.
17.	**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?
18.	**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?
19.	**Mixed Sex Accommodation Breaches (Non-ITU)**	• Number of MSA Breaches in month (outside of ITU).
20.	**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.
21. 22. 23. 24.	**Sepsis**	• To strengthen oversight of sepsis management in regard to treatment and screening. All patients should be screened within 1 hour and if necessary administered anti-biotics within 1 hour.
25.	**Ward Moves Between 10pm and 6am**	• Root Cause Analysis findings in relation to serious incidents has shown that patients who are transferred at night are more susceptible to a longer length of stay. It is also best practice not to move patients between 10:00pm and 06:00am unless there is a clear clinical need as research shows restful sleep aids recovery.
26.	**Acute Kidney Injury**	• Number of hospital acquired Acute Kidney Injuries (AKI) in month. • Average Length of Stay (LoS) of patients within a AKI.
27.	**National Patient Safety Alerts not completed by deadline**	• Number of CAS (Central Alerts System) alerts with actions not completed by the deadline.
	Access & Performance	
28.	**Diagnostic Waiting Times – 6 weeks**	• All diagnostic tests need to be carried out within 6 weeks of the request for the test being made.
29. 30.	**RTT Open Pathways and 52 & 104 week waits**	• Percentage of incomplete pathways waiting within 18 weeks. • Number of patients waiting over 52 weeks. • Number of patients waiting over 104 weeks.
31. 32.	**Four hour A&E Target and ICS Trajectory**	• All patients who attend A&E should wait no more than 4 hours from arrival to admission, transfer or discharge.
33.	**A&E Waiting Times – % patients waiting under 12 hours from arrival to admission, transfer or discharge.**	• % of patients who has experienced a wait in A&E longer than 12 hours from arrival to admission, transfer or discharge.
34.	**Average Time in Department (ED)**	• How long on average a patient stays within the emergency department (ED).
35.	**Cancer 14 Days**	• All patients need to receive their first appointment for cancer within 14 days of urgent referral.
36.	**Breast Symptoms – 14 Days**	• All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral.
37.	**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.
38.	**Cancer 31 Days - First Treatment**	• All patients to receive first treatment for cancer within 31 days of decision to treat.
39.	**Cancer 31 Days - Subsequent Surgery**	• All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat/surgery.

40.	**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.
41.	**Cancer 62 Days - Urgent**	• All patients to receive first treatment for cancer within 62 days of an urgent referral.
42.	**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.
43.	**Ambulance Handovers 15**	• % of ambulance handovers that took place within 15 minutes (based on the data recorded on the HAS system).
44.	**Ambulance Handovers 30 – 60 minutes**	• % of ambulance handovers that took place within 30 minutes (based on the data recorded on the HAS system).
45.	**Ambulance Handovers – more than 60 minutes**	• % of ambulance handovers that took place within 60 minutes (based on the data recorded on the HAS system).
46.	**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 patient's discharge. This metric relates to Inpatient Discharges only.
47.	**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 patient's discharge.
48.	**Cancelled operations on the day for non-clinical reasons**	• % of operations cancelled on the day or after admission for non-clinical reasons.
49.	**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.
50.	**Urgent Operations – Cancelled for a 2nd Time**	• Number of urgent operations which have been cancelled for a 2nd time.
51.	**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.
52.	**COVID-19 Recovery Elective Activity**	• % of Elective Activity (Inpatients & Day Cases) against the same period in 2019/20.
53.	**COVID-19 Recovery Diagnostics**	• % of Diagnostic Activity against the same period in 2019/20.
54.	**COVID-19 Recovery Outpatients**	• % of Outpatient Activity against the same period in 2019/20.
55.	**% Outpatient Attendances Delivered Remotely**	• Part of the transformation of outpatient care, this indicator will monitor the % of outpatient appointments delivered remotely via telephone or video consultation.
55.	**Fracture Clinic**	• The British Orthopaedic Association recommends that patients referred to fracture clinic are thereafter reviewed within 72 hours of presentation of the injury.
56.	**% Outpatient Attendances Delivered Remotely**	•
57.	**Advice & Guidance (A&G) Activity Levels**	• Number of Advice & Guidance contacts in month.
58.	**Patient Initiated Follow Up (PIFU) Activity Levels**	• Number of Patient Initiated Follow Ups (PIFU) in month.
59.	**% of zero-day length of stay admissions (SDEC)**	• % of zero length of stay admission (SDEC).

	Workforce	
60.	**Supporting Attendance**	Comparing the monthly sickness absence % with the Trust Target (4.2%) previous year.
61.	**Welcome Back Conversations**	A review of the completed monthly return to work interviews.
62.	**Recruitment Timeframe**	A measurement of the average number of days it is taking to recruit into posts.
63.	**Vacancy Rates**	% of Trust vacancies against whole time equivalent.
64.	**Retention**	Staff retention rate % over the last 12 months.
65.	**Turnover**	A review of the turnover % over the last 12 months.
66.	**Bank & Agency Reliance**	The Trust reliance on bank/agency staff.
67.	**Pay Spend – Contracted and Non-Contracted**	A review of Contracted and Non-Contacted pay against budget.
68.	**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.
69.	**Role Specific Training**	A summary of role specific training compliance.
70.	**Safeguarding Training**	A summary of safeguarding training compliance.
71.	**Workforce carrying out an Apprenticeship Qualification**	% of the workforce carrying out an apprenticeship qualification.
72.	**Performance & Development Review (PDR)**	A summary of the PDR compliance rate.
	Finance	
73.	**Trust Financial Position**	The Trust operating surplus or deficit compared to plan.
74.	**Cash Balance**	The cash balance at month end compared to plan.
75.	**Capital Programme**	Capital expenditure compared to plan.
76.	**Better Payment Practice Code**	Payment of non NHS trade invoices within 30 days of invoice date compared to target.
77.	**Use of Resources (Finance)**	Suspended – awaiting further guidance from NHSE/I
78.	**Cost Improvement Programme – Plans in Progress in Year**	Cost savings schemes in-year compared to plan.
79.	**Cost Improvement Programme – Recurrent)**	Cost savings schemes recurrent compared to plan.

Appendix 4 - Statistical Process Control

1.0 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.

2.0 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 trends or patterns.
- 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
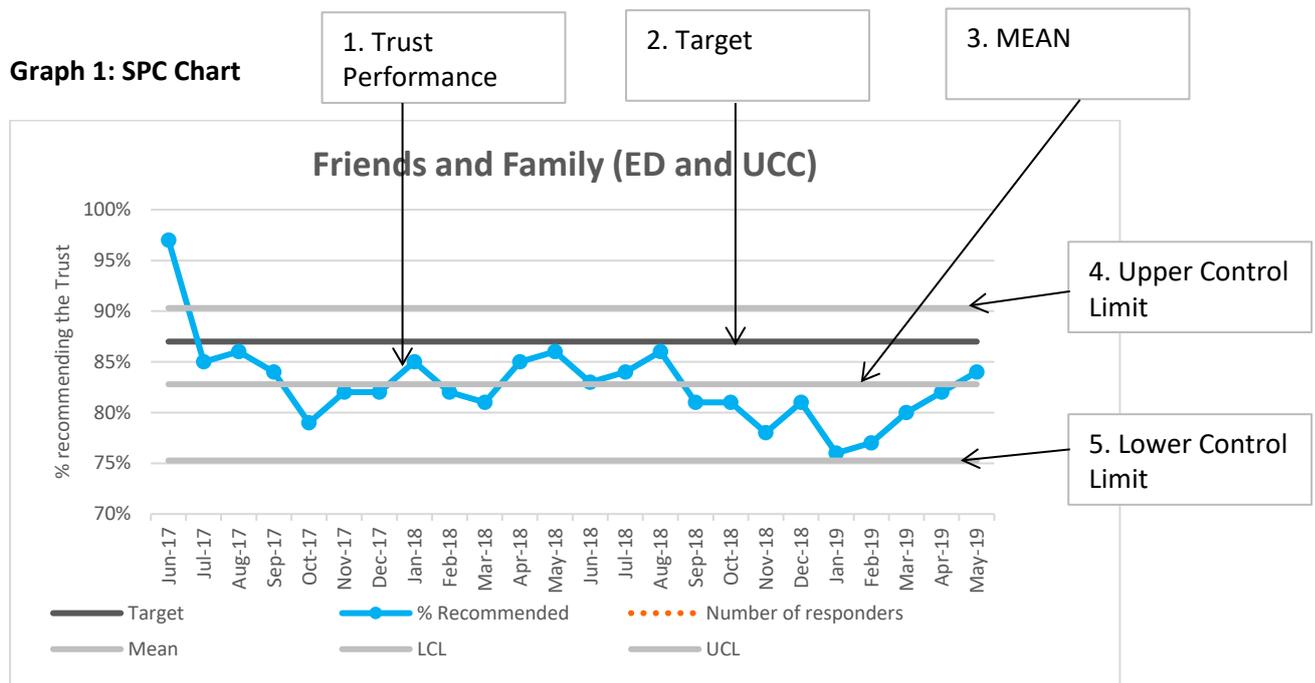
2.1 Interpreting a SPC Chart

There are 3 main rules to interpreting a SPC chart, if one of these rules is broken, this means that there is special cause variation present and that the process is not in control and requires investigation. Please note that breaching a rule 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.

Graph 2: Outlining Special Cause Variation
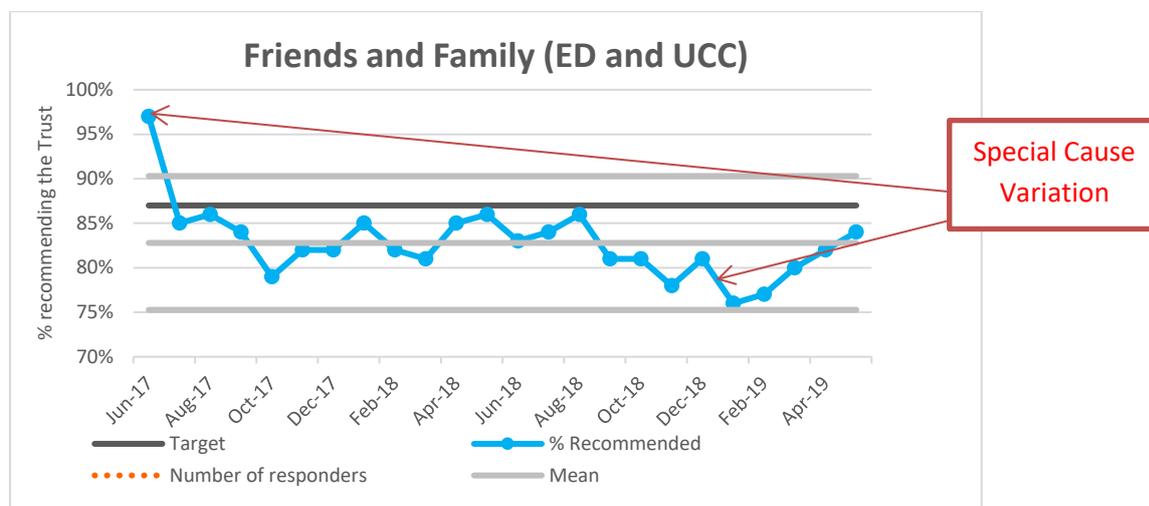
In the example above, there are two instances of special cause variation; in June 2017 the data point was outside of the upper control limit. Between September 2018 and April 2019, the data points all fall below the mean line.

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 is possible for a process to be within control but not meeting the target.

3.0 Making Data Count Assurance & Variation Icons

For 2022/23 the Trust has introduced the "Making Data Count" variation and assurance icons. These can be found in Appendix 2. Each indicator (where relevant) has been given one of the three assurance icons and one of the five variation icons which is based solely on the data and the SPC rules. Ideally the assurance icon should be blue "P" icon which notes the indicator is consistently passing its target over the last 6 months. Again, ideally the variation icon should be either the grey "common cause variation" icon or a blue "H" or "L" icon noting improving variation. The orange icons note potential concern.

Table 1: Making Data Count Assurance & Variation Icons

3.1 Business Rules

- Where there are not enough data points for an SPC chart, the target is based on a cumulative position (e.g. an annual target) or SPC is not appropriate, a "No SPC" icon is utilised as outlined below.

- Assurance icons are based on the last 6 months. E.g. if the Trust has consistently passed a target in the last 6 months the blue "P" icon will be used.
- The Variation icon is based on the last data point. If the last data point means that the one of the SPC rules described in section 2.1 of this appendix is broken, the appropriate coloured "H" or "L" icons will be used to indicate special cause variation. The variation is common cause, the grey common cause variation icon will be used.

Income Statement, Activity Summary and Use of Resources Ratings as at 31st October 2022

Income Statement	Annual Budget £000	Month Budget £000	Month Actual £000	Month Variance £000	Year to date Budget £000	Year to date Actual £000	Year to date Variance £000
Operating Income							
NHS Clinical Income							
Elective Spells	33,658	2,990	2,675	-314	19,466	17,605	-1,861
Elective Excess Bed Days	360	31	0	-30	212	28	-184
Non Elective Spells	76,974	7,249	6,763	-487	43,397	40,316	-3,081
Non Elective Bed Days	2,049	173	271	97	1,155	1,695	540
Non Elective Excess Bed Days	2,930	248	269	21	1,652	1,237	-415
Outpatient Attendances	47,788	5,185	3,430	-1,755	27,656	23,287	-4,369
Accident & Emergency Attendances	15,398	-26	42	68	9,547	9,723	176
Other Activity	70,669	4,804	7,944	3,140	41,480	53,948	12,468
ERF	7,964	664	375	-289	4,645	4,645	0
COVID Block Income (Liverpool CCG)	35,420	2,952	3,073	121	20,662	20,662	0
Sub total	**293,208**	**24,269**	**24,841**	**572**	**169,871**	**173,146**	**3,274**
Non NHS Clinical Income							
Private Patients	0	0	0	0	0	5	5
Non NHS Overseas Patients	0	0	8	8	0	62	62
Other non protected	996	83	53	-30	581	485	-97
Sub total	**996**	**83**	**61**	**-22**	**581**	**552**	**-29**
Other Operating Income							
Training & Education	9,093	758	784	26	5,304	5,521	217
Donations and Grants	2,910	40	0	-40	426	350	-76
Miscellaneous Income	13,248	1,021	1,701	680	7,146	9,259	2,113
Sub total	**25,251**	**1,819**	**2,484**	**666**	**12,876**	**15,131**	**2,254**
Total Operating Income	**319,456**	**26,170**	**27,387**	**1,217**	**183,329**	**188,828**	**5,499**
Operating Expenses							
Employee Benefit Expenses	-233,200	-19,054	-20,107	-1,052	-138,015	-141,443	-3,428
Drugs	-17,585	-1,460	-1,520	-60	-10,316	-11,398	-1,082
Clinical Supplies and Services	-20,415	-1,681	-1,776	-94	-12,129	-12,792	-663
Non Clinical Supplies	-32,995	-2,747	-2,924	-177	-19,298	-20,485	-1,187
Depreciation and Amortisation	-13,760	-1,147	-1,126	20	-8,027	-7,930	97
Net Impairments (DEL)	0	0	0	0	0	0	0
Net Impairments (AME)	0	0	0	0	0	0	0
Restructuring Costs	0	0	0	0	0	0	0
Total Operating Expenses	**-317,955**	**-26,089**	**-27,453**	**-1,364**	**-187,784**	**-194,047**	**-6,263**
Operating Surplus / (Deficit)	**1,501**	**82**	**-66**	**-147**	**-4,456**	**-5,219**	**-764**
Non Operating Income and Expenses							
Profit / (Loss) on disposal of assets	0	0	24	24	0	32	32
Interest Income	166	14	69	55	97	338	242
Interest Expenses	-192	-16	-14	2	-112	-90	23
PDC Dividends	-4,863	-405	-405	0	-2,837	-2,837	0
Total Non Operating Income and Expenses	**-4,889**	**-407**	**-327**	**80**	**-2,852**	**-2,556**	**296**
Surplus / (Deficit) - as per Accounts	**-3,388**	**-326**	**-393**	**-67**	**-7,308**	**-7,775**	**-468**
Adjustments to Financial Performance							
Less Impact of I&E (Impairments)/Reversals DEL	0	0	0	0	0	0	0
Less Impact of I&E (Impairments)/Reversals AME	0	0	0	0	0	0	0
Less Donations & Grants Income	-2,910	-40	0	40	-426	-350	76
Add Depreciation on Donated & Granted Assets	192	16	39	23	112	276	164
Total Adjustments to Financial Performance	**-2,718**	**-24**	**39**	**63**	**-314**	**-74**	**240**
Adjusted Surplus / (Deficit) as per NHSI Return	**-6,106**	**-350**	**-353**	**-3**	**-7,622**	**-7,850**	**-228**

Activity Summary	Planned	Planned	Actual	Variance	Planned	Actual	Variance
Elective Spells	33,409	3,109	2,536	-573	19,236	17,112	-2,125
Elective Excess Bed Days	1,131	96	0	-96	666	87	-579
Non Elective Spells	44,692	3,778	2,602	-1,176	25,197	17,209	-7,988
Non Elective Bed Days	5,421	458	541	83	3,056	4,484	1,428
Non Elective Excess Bed Days	9,763	825	0	-825	5,504	4,123	-1,381
Outpatient Attendances	482,612	43,677	34,990	-8,687	280,748	249,556	-31,192
Accident & Emergency Attendances	108,597	9,463	9,463	0	67,332	70,287	2,955

Appendix 6: Capital Programme
As At 31st October 2022 - M07

Scheme Name	Approved Programme 2022/23 £000	Budget Amendments Mths 1-6 2022/23 £000	Emergency Requests Mth 7 2022/23 £000	Proposed Budget Adjustments in Mth 7 2022/23 £000	PDC/External Funding Adjustments in Mth 7 2022/23 £000	Total Revised Budget 2022/23 £000
ESTATES						
ED Plaza	2,859					2,859
Paeds (Childrens Outpatients)	130					130
Urology (Estates)	240					240
ED Plaza further slippage	115					115
L Shaped Roof	129	37				166
Nurse Call Minor injuries	25					25
CMTC Replacement Emergency Lighting	72					72
ED Plaza - Dr Mess room (Exec Lead)	141	(141)				0
Breast Relocation of Breast Equipment (Kendrick to Bath Street)	30	39				69
Shopping City 21/22 underspend	35	128				163
Shopping City Retension of 2.5%	18					18
Appleton Ventilation Upgrade	300					300
Fire schemes deferred from 21/22	300	(100)				200
Estates Capital Staffing	260					260
Appleton Fire doors final phase	200	(200)				0
Dementia & Accessibility - Site Wide	200					200
Repairs to roads & footpaths across both sites	150	(150)				0
Fixed electrical testing site wide	150	100				250
Emergency lighting to stairwells and exits	115					115
Appleton Wing fire dampers final phase	100	(100)				0
CCTV Upgrade site wide	50	(50)				0
6 Facet Annual Survey Review	55					55
Replacement of AVSU's - part 2	40	(40)				0
Safe surface temperatures (radiators) final part	30	(30)				0
Annual Asbestos Site Management survey	30					30
ED Fire Barrier (actual work for above - added 28/02/2022)	125			23		148
Catering Upgrade	1,800					1,800
Removal of C21 Bathroom and installation of storage	24					24
Induction of Labour Ward (Lucy Gartside)	300					300
Replacement Hot Water Cylinder CSTM	0	13				13
Boiler Block 1	0	21				21
Fire - Relocate and replace medical gas AVSU's to clinical wards	0	8				8
CSTM Ward Modification	0	114				114
Corporate Offices Decoration	0	14				14
Chiller Compressor - Daresbury Theatres	0	7				7
Roof Leaks - Halton	0	59				59
Appleton Fire doors final phase	0	200				200
Repairs to roads & footpaths across both sites	0	150				150
Appleton Wing fire dampers final phase	0	100				100
CCTV Upgrade site wide	0	50				50
Replacement of AVSU's - part 2	0	40				40
Safe surface temperatures (radiators) final part	0	30				30
Estate Department Roof Upgrade	0		175			175
Estates Total	**8,023**	**299**	**175**	**23**	**0**	**8,520**

Scheme Name	Approved Programme 2022/23 £000	Budget Amendments Mths 1-6 2022/23 £000	Emergency Requests Mth 7 2022/23 £000	Proposed Budget Adjustments in Mth 7 2022/23 £000	PDC/External Funding Adjustments in Mth 7 2022/23 £000	Total Revised Budget 2022/23 £000
IM&T						
005 Cisco Refresh (Phase 1)	22	(22)				0
007 IP Telephony	27	(27)				0
EPMA 1-4	8					8
Electronic Patient Record Procurement	50					50
Patient Flow (Tif)	10					10
Cisco Refresh Phase 2	817					817
IT Staffing	316					316
Tech Refresh 22/23	85					85
Halton SAN Refresh (DR site)	200			(200)		0
Network Switches - reduced network switches to £49k per HG 16.02.22	49					49
Programme and Benefits Resource/Phase 2 Structure	165					165

EPR	155					155
New Maternity System - Extended Project Management Support	109					109
Comms Cabinets (Phase 3)	100					100
MRI Software Upgrade					17	17
Information Technology Total	**2,113**	**-49**	**0**	**-200**	**17**	**1,881**

MEDICAL & OTHER EQUIPMENT						
Image Intensifer	78					78
Urology Equipment - Bladder Scanner	10	(10)				0
Video Laryngoscope	13					13
Decontamination Shelter	2					2
Hamilton Cold Vent	0					0
Radiology - Fluoroscopy Room (turnkey costs)	105	16				121
Mammography Equipment Replacement (enabling works only)	50					50
Video Laryngoscopes	77					77
Neonatal Scanner	104					104
Security - NEST/neonatal unit/C23/Paediatrics	50					50
Obstetric Portable Ultrasound Machine	27					27
UCC X-ray Turnkey costs	80					80
Microtomes and slide writers	25	3				28
Platelet Incubator / Agitator	8					8
Audiology ABR replacement	22					22
Resuscitaires	91					91
Replacement of the Pharmacy Automated Dispensing System	1,084	-744				340
Boiling Pan - Estates and Facilities	0	8				8
A3 Dishwasher	0	6				6
Spine Coil	0	19				19
CT Scanner	0	200				200
V60 Machine - V800	0	130				130
Ophthamology	0	308				308
Echo Machines	0	500				500
Concealment Trolley	0	6				6
TV Transducer	0	6				6
Curvilinear Transducer	0	7				7
Upper Limb Articulated Surgical Positioning Attachment	0	19				19
Portable operating lights in theatres	0	10				10
Breast Screening Pad at CSTM	0	25				25
MRI Turnkey	0	6				6
Cell Saver Theatres			17			17
Cell Saver Maternity			17			17
Medical Equipment Total	**1,826**	**515**	**34**	**0**	**0**	**2,375**

Total Trust Funded Capital	**11,962**	**765**	**209**	**-177**	**17**	**12,776**

CONTINGENCY						
Prior Year Adjustments (VAT Rebates)	0					0
Contingency	802	(799)	(209)	177		(29)
Slippage fron Schemes	0	(236)				(236)
Contingency Total	**802**	**(1,035)**	**(209)**	**177**	**0**	**(265)**

Total Trust Funded Capital	**12,764**	**(270)**	**0**	**0**	**17**	**12,511**

Schemes that can only go ahead if Externally Funded						
Warrington Town Deal Health and Wellbeing Hub- Capital Works*	2,560					2,560
Shopping City 21/22 underspend (added 04/02/2022)	350					350
Halton Elective Centre (TIF Funding/PDC)	1,367					1,367
Community Diagnostic Centre (CDC) - Estates	2,400					2,400
Community Diagnostic Centre (CDC) - Equipment	3,510					3,510
Total Externally Funded	**10,187**	**0**	**0**	**0**	**0**	**10,187**
Grand Total						**22,698**
Schemes that can only go ahead if further funding identified						
ED Plaza - Dr Mess room (Exec Lead)	0	141				141
Total of additional schemes if funding available	**0**	**141**	**0**	**0**	**0**	**141**
Grand Total	**22,951**	**-129**	**0**	**0**	**17**	**22,839**

REPORT TO TRUST BOARD

AGENDA REFERENCE:	**BM/22/11/144**
SUBJECT:	**Safe Staffing Assurance Report – August & September 2022**
DATE OF MEETING:	30th November 2022
AUTHOR(S):	Ali Kennah, Deputy Chief Nurse
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 delivering safe and effective care and an excellent patient experience.	
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.	
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)	**#224** If there are capacity constraints in the Emergency Department, Local Authority, Private Provider and Primary Care capacity, in part as a consequence of the COVID-19 pandemic; then the Trust may not be able to provide timely patient discharge, have reduced capacity to admit patients safely, meet the four-hour emergency access standard and incur recordable 12 hour Decision to Admit (DTA) breaches. This may result in a potential impact to quality and patient safety. **#1215** If the Trust does not have sufficient capacity (theatres, outpatients, diagnostics) as a consequence of the COVID-19 pandemic then there may be delayed appointments and treatments, and the trust may not be able to deliver planned elective procedures causing possible clinical harm and failure to achieve constitutional standards. **#115** If we cannot provide minimal staffing levels in some clinical areas due to vacancies, staff sickness, patient acuity and dependency then this may impact the delivery of basic patient care. **#1275** If we do not prevent nosocomial Covid-19 infection, then we may cause harm to our patients, staff and visitors, which can result in extending length of inpatient stay, staff absence, additional treatment costs and potential litigation. **#134** If the Trust's services are not financially sustainable then it is likely to restrict the Trust's ability to make decisions and invest; and impact the ability to provide local services for the residents of Warrington & Halton **#1134** If we are not able to reduce the unplanned gaps in the workforce due to sickness absence, high turnover, low levels of attraction, and unplanned bed capacity, then we will risk delivery of patient services and increase the financial risk associated with temporary staffing and reliance on agency staff **#1114** If we see increasing demands upon current cyber defence resources and increasing reliance on unfit/end-of-life digital infrastructure solutions then we may be unable to provide essential and effective Digital and Cyber Security service functions with an increased risk of successful cyber-attacks, disruption of clinical and non-clinical services and a potential failure to meet statutory obligations. **#1372** If the Trust is unable to procure a new Electronic Patient Record then then the Trust may have to continue with its current suboptimal EPR or return to paper systems triggering a reduction in operational productivity, reporting functionality and possible risk to patient safety **#125** If the hospital estate is not sufficiently maintained then there may be an increase in capital and backlog costs, a reduction in compliance and possible patient safety concerns

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	#145 If the Trust does not deliver our strategic vision, including two new hospitals and influence sufficiently within the Cheshire & Merseyside Integrated Care System (ICS) and beyond, the then Trust may not be able to provide high quality sustainable services resulting in a potential inability to provide the best outcome for our patient population, possible negative impacts on patient care, reputation and financial position. **#1579** If the Northwest Ambulance Service is unable to provide the expected response times for critical transfers due to demand then the Trust may not be able to transfer patients with time critical urgent care needs to specialist units which may result in patient harm
EXECUTIVE SUMMARY *(KEY ISSUES):*	This paper details ward staffing data for the months of August and September 2022. Ward staffing data continues to be systematically reviewed to ensure the wards and departments are safely staffed. Mitigation was provided and associated actions put in place when a ward was below 90%, minimum staffing percentage of planned staffing levels. In August, 8 of the 21 wards were above 90% target fill rate, with 12 wards above threshold in September. To ensure safe staffing levels are maintained, mitigation and responsive plans were implemented to provide safe patient care. Care hours per patient day (CHPPD) in August was 7.3 and 7.1 in September, with a year-to-date rate of 7.2. A reduction in the vacancy figures for Health Care Support Workers (HCSW) has been seen in September due to collaborative system working with Cheshire and Mersey Workforce Teams and focussed internal recruitment processes. Month 6 shows a decrease in registered nurse vacancies due to proactive recruitment. A cohort of 30 International Nurses join allocated areas as Registered Nurses between September and December 2022. A further 56 International Nurses will join WHH early 2023, taking the total to 170. Maternity services have recruited a 'Retention Midwife' who will focus on retention plans. Student capacity has increased for the last 2 years through a consortium led by WHH with an overall increase across Cheshire and Mersey of 87% of which 29% is at WHH, this equates to an increase in capacity for 81 students. Safe staffing plans are monitored, amended, and reviewed by senior nursing teams via the twice daily staffing meetings and staffing escalation processes were followed to ensure mitigation plans were in place such as the use of temporary staffing. Registered Nurse and Midwife sickness absence in the month of August was recorded at 6.30% with a decrease in September to 5.77%. Health Care Support Worker sickness absence in the month of August was recorded at 9.42% with a decrease in September to 8.91%.

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Turnover for Nursing and Midwifery staff was 16.49% in August increasing to 16.80% in September against a trust target of 13% with the main reason for leaving as work-life balance. Hot Spot areas for staffing vacancies are:

- Emergency Department: 28 WTE vacancies which equates to 21% of their nursing workforce

- Maternity: 21 WTE vacancies which equates to 17% of registered midwives

Both areas have workforce plans, oversight meetings are held weekly with Trust Workforce Leads and other stakeholders to monitor progress, actions include:
- Block booking via NHS Professionals bank
- Rolling recruitment
- Staff feedback platforms
- Support for skills training for bank staff (Maternity)
- Flexible working
- Wellbeing support

This report provides assurance that the Trust is safely staffed, and staffing is closely monitored and escalated appropriately

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

RECOMMENDATION:	The Trust Board is asked to receive and note the content of this report.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Strategic People Committee
	Agenda Ref.	
	Date of meeting	26th November 2022
	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None	

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REPORT TO BOARD OF DIRECTORS

SUBJECT	Safe Staffing Assurance Report – August and September 2022	AGENDA REF:	BM/22/11/144

1. BACKGROUND/CONTEXT

Safe Staffing Assurance Report – August and September 2022.

The purpose of this report is to provide assurance with regard to the nursing and midwifery ward staffing levels during the months of August and September 2022. 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.

The safe staffing report with the 6-month acuity review was presented to Trust Board in June 2022 which provided an overview of the current nursing/midwifery staffing workforce data, recruitment and retention plans and Care Group updates with a further bi-annual paper to be presented to Trust Board in January 2023.

This paper provides assurance that shortfalls on each shift are reviewed and addressed, with actions to ensure safe minimum staffing levels are provided and reviewed at the daily staffing meeting. Substantial evidence exists which demonstrate nurse staffing levels significantly contribute to patient outcomes (mortality and adverse events, including levels of harm), patient experience, quality of care and the efficiency of care delivery and therefore essential that the Trust delivers the right staff, with the right skills, in the right place at the right time.

2. KEY ELEMENTS

All Trusts are required to submit staffing data to NHS England via the Unify Safe Staffing return, which is a national requirement for all hospitals to publish information about staffing levels on wards, including the percentage of shifts meeting their agreed staffing levels. In addition, assurance is provided to Trust Board of Directors via the Chief Nurse and Deputy Chief Executive.

During the months of August and September 2022 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, when fill rates are below 90%, the ward staffing is reviewed at the daily staffing meeting considering acuity and activity, and where necessary staff are moved from other areas to support.

In August 2022, 8 of the 21 wards were above their planned 90% target of registered nursing staff for the day shift and 12 above threshold in September, (Appendix 1&2). To ensure safe minimum staffing levels, mitigation and responsive plans were implemented by the senior nursing team based on acuity and activity for the areas that did not meet 90%.

Care Hours Per Patient Day (CHPPD)

CHPPD was developed, tested, and adopted to provide a single, consistent, and nationally comparable way of recording and reporting staff redeployment on all inpatient wards across all healthcare settings. CHPPD is the total time spent on direct patient care based on the number of occupied beds at midnight. The data is valuable because it consistently shows how well patient care requirements are met alongside outcome measures and quality indicators. The August and September 2022 Trust wide staffing data has been analysed and cross-referenced, with ward level data for validation by the Deputy Chief Nurse and Lead Nurses. The senior nursing team currently collects and reports CHPPD data monthly.

Table 1 illustrates the monthly CHPPD data. In the month of August 2022 CHPPD was recorded at 7.2 and September 2022 7.0 with a 2022/23 YTD figure of 7.2.

Table 1 – CHPPD Data

Finyear	Month	Cumulative count over the month of patients at 23:59 each day	CHPPD - Registered	CHPPD - Care Staff	CHPPD All
2022/23	Apr	14461	4.5	3.0	7.5
	May	15060	4.5	3.0	7.5
	June	14903	4.4	2.9	7.2
	July	15446	4.1	2.9	7.0
	August	15280	4.2	3.0	7.2
	September	15480	4.1	3.0	7.0
2022/23 Total		90629	4.3	3.0	7.2

Cross reference of CHPPD and Unify fill rates supports the Trust internal assurance oversight of staffing.

Red Flags

Existing evidence indicates that reducing nurse staffing and/or skill mix adversely affects care quality. A presentation to Quality Assurance Committee in May 2022 demonstrated the correlation between lower numbers of staff and increasing harm.

Staffing levels are reviewed twice daily in the staffing meeting with all areas. Red flags are created where staffing levels drop below the planned establishment. A process has been put in place where red flags are reviewed, resolved, and closed at the staffing meetings which has shown a reduction in open/unresolved red flags and provides assurance of safe staffing levels to meet the patient's needs. All open flag areas are reviewed by the site manager and matron to ensure the area is safe and staffing is reviewed and modified where necessary with appropriate closure of red flags if actions put in place.

Staffing Levels and Harm

The monthly report that is produced and shared with the senior nursing team to enable them to triangulate staffing red flags, gold command nurse staffing red status, falls, pressure ulcer development against staffing incidents for each of their areas. Table 2 and 3 shows the overall data for each of these elements for August and September 2022.

Table 2 – August 2022

Total number of red flags rasied	464
Total number of gold command red status	229
Total number of falls with harm	4
Total number of pressure ulcer development	10
Total number of staffing incidents	67 Negligible/None minor 4

The falls with harm occurred on ward A7, A8 and ACCU. When triangulated against red flags raised in month and red staffing status it shows a correlation between lower staffing levels and actions to mitigate. Wards AMU, A2, ACCU, A6, B14, K25 and ITU reported pressure ulcers with ACCU reporting both harms, and a correlation between red flags and red staffing status. The increased need for enhanced care on the wards where lower staffing numbers have been recorded has contributed to inpatient falls. Areas of increased harm have improvement action plans in place. Progress is monitored by the senior nursing teams.

Table 3 – September 2022

Total number of red flags rasied	382
Total number of gold command red status	151
Total number of falls	1 moderate
Total number of pressure ulcer development	14
Total number of staffing incidents	38 Negligible/None 1 minor

Increased incidence of pressure ulcers has demonstrated knowledge gaps in practice across highlighted areas who have local action plans for improvement. There is a correlation between the wards with higher acuity and dependancy and harms, areas such as A7, A8 & A9 when triangulated against staffing numbers, red flags and red status. Plans are made to mitigate utilising temporary staffing. Senior nurse oversight is in place and the wards where harm has occurred have local action plans in place for improvement. Wider improvement work is underway with support from the Quality Improvement Team.

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Sickness Absence – August and September 2022

Registered Nurse and Midwife sickness absence in the month of August was recorded at 6.30% with a decrease in September to 5.77%. Health Care Support Worker sickness absence in the month of August was recorded at 9.42% with a decrease in September to 8.91%.

The cost of bank/agency cover of Registered Nursing and Midwifery staff sickness (at usual bank/agency fill rates) was £363,274 in August and £376,039 for September 2022.

Table 4– Sickness Absence Rate

Month	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	July-22	Aug-22	Sep-22
N&M Registered	7.87%	7.89%	9.06%	10.61%	7.98%	8.56%	9.08%	7.38%	7.73%	8.81%	6.30%	5.77%
Band 2 HCSW	12.93%	13.71%	14.10%	12.56%	9.93%	11.58%	12.36%	9.39%	8.42%	9.63%	9.42%	8.91%

	Aug-22
Contracted Nursing WTE (Band 5 to 7)	925.81
% Sickness	8.08%
WTE Equivalent of Sickness	74.81
NHSP Fill Rate	90%
WTE Covered by Temporary Staffing	67.47
Cost at Average NHSP Rates	**363,274**

	Sep-22
Contracted Nursing WTE (Band 5 to 7)	934.17
% Sickness	8.04%
WTE Equivalent of Sickness	75.11
NHSP Fill Rate	93%
WTE Covered by Temporary Staffing	69.85
Cost at Average NHSP Rates	**376,039**

Vacancy Summary

Table 4 below shows Registered Nursing (Band 5) and Health Care Support Worker Vacancies (Excluding Theatres)

Table 5 – RN and HCSW vacancies (excluding Theatres)
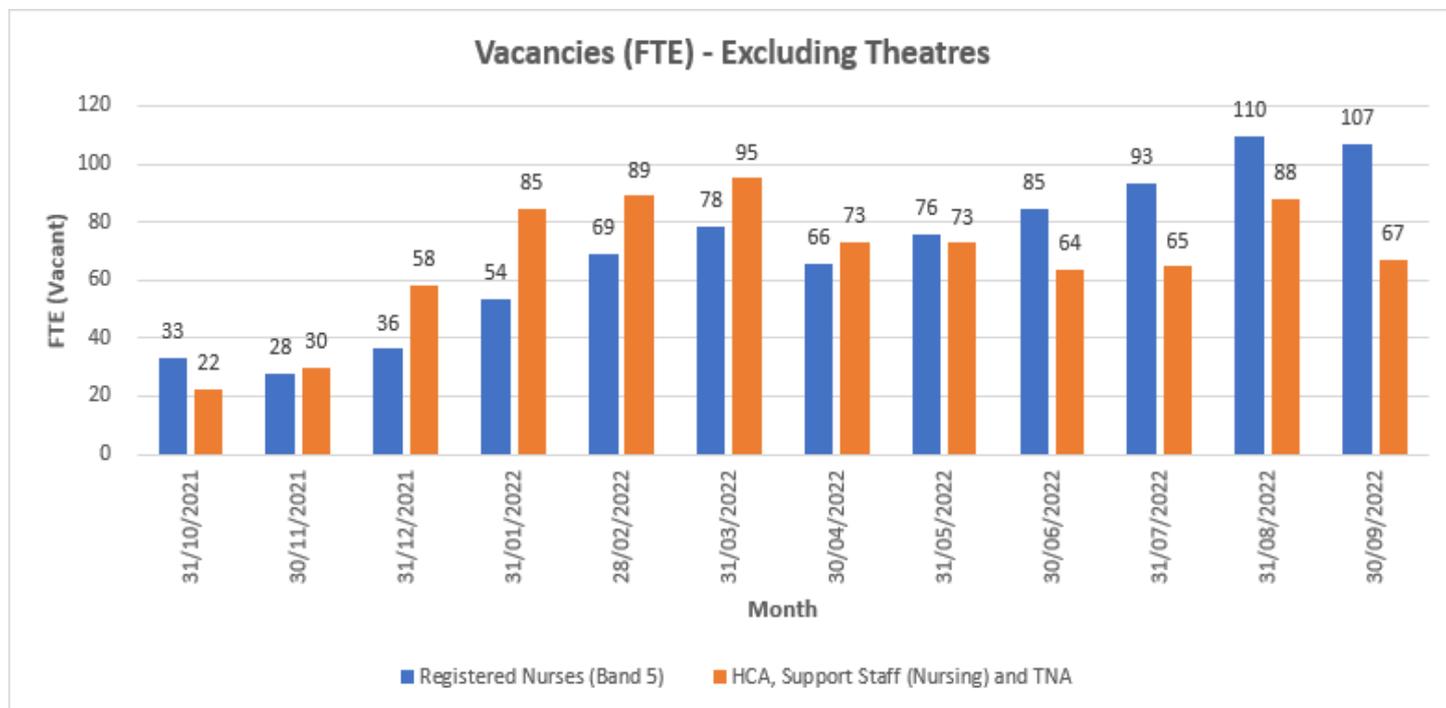
Health Care Support Worker (HCSW) Vacancies

Month 6 vacancy data shows a decrease in HCSW vacancies with the reducing trajectory supported by WHH successful collaborative work with NHSE/I in the HCSW Recruitment Programme. Ongoing recruitment continues as part of overall workforce recruitment. As part of a collaborative approach to working across the system, WHH has committed to recruit 5 HCSW's to place on secondment with Warrington County Council to support social care needs in the community, and in turn release patients into social care.

Table 6 below demonstrates the various stages of the recruitment pipeline and the remaining number of vacancies out to advert.

Table 6 – Month 6 PWR HCSW vacancy data

Overall Vacancy	74	Figure reported externally to NHSEI
Started 31st October	9	
In recruitment process	54	Weekly tracking meetings with recruitment in place.
Total remaining vacancies	**11.0**	**Rolling advert and recruitment ongoing**

WHH continues to utilise the NHSP Care Support Worker Development (CSWD) programme with currently 27 CSWD staff members completing their 6-month training programme with another cohort commencing the trust in early 2023.

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It should be noted there is a risk of challenge to recruitment and retention due to other Trusts having uplifted their band 2 HCSW pay rates to B3.

Registered Nursing Vacancies

Registered nurse vacancies have decreased to 150.41 FTE in Month 6 with 15 international nurses commencing in their allocated areas in September 2022 and a further 15 in December 2022. A further 56 International Nurses will join WHH in early 2023. Table below demonstrates where newly appointed staff are in recruitment pipeline

Table 7 – Month 6 PWR RN vacancy data

Overall Vacancy	150.41	Figure reported externally to NHSEI
Awaiting Interview	7 (18/11/22)	
In recruitment process	84 (27 awaiting qualification summer 2023)	Weekly tracking meetings with recruitment in place.
International recruits ready to join wards	15 (December 2022)	
International recruits yet to join WHH	56 (Jan-March 2023)	
Total remaining vacancies	**-11.59**	**Rolling advert and recruitment ongoing**

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PROUD
to make a difference

NHS
Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Table 8 – Shows band 5 and band 2 vacancies- Theatres only
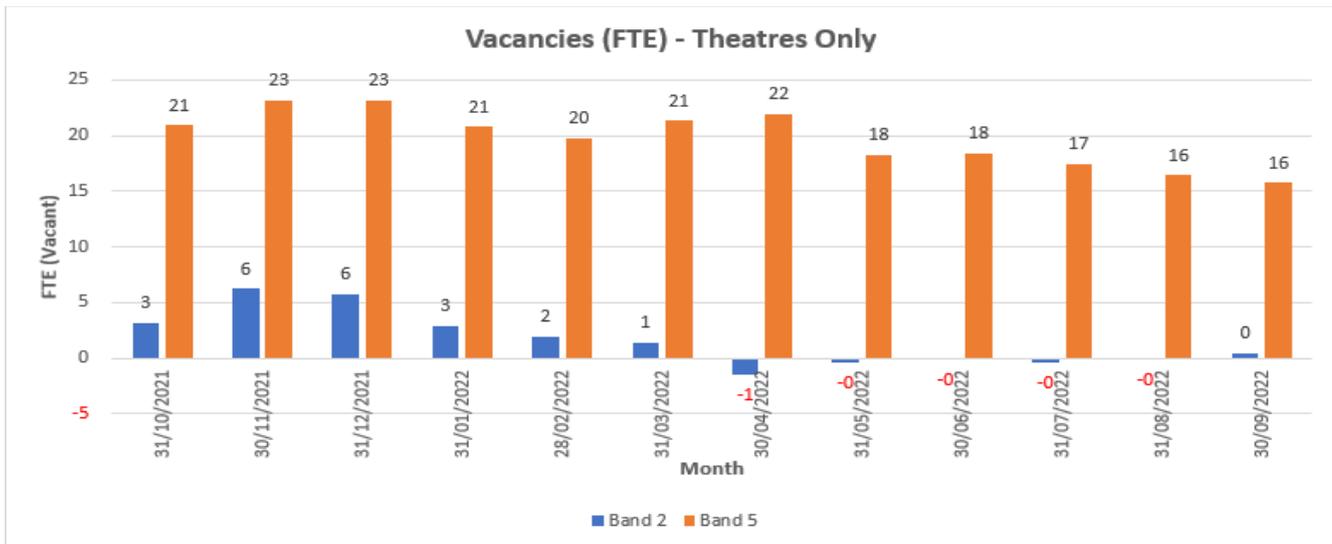
Theatres vacancy numbers have remained static at month 6 however the department have successfully recruited to vacancies at the recent Trust recruitment event in November 2022. The senior nursing team in planned care are working closely with the Theatre Manager and the Trust Workforce lead to improve recruitment in that area.

Table 9 – Maternity Vacancies
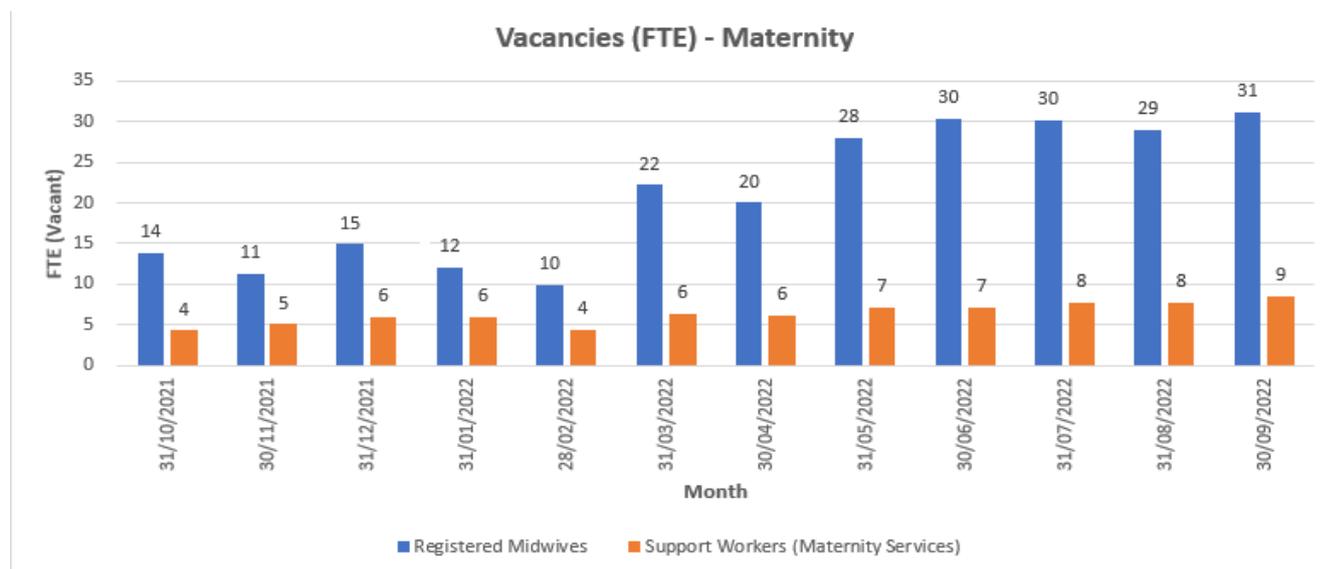
The above table shows the position at month 6, however the number of vacancies has positively reduced since due to proactive recruitment. The department now has a vacancy figure of 21.39 WTE registered midwives with 11.74 WTE of those posts within the recruitment pipeline. Further interviews are scheduled, and a recruitment event planned in November.

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Recruitment

A recruitment event was held on the 1st November, at the Village Hotel Warrington, with over 90 attendees. Interviews and appointments took place during the day with 31 nurses appointed. The continuous advert for registered nurses remains in place with regular shortlisting and interviewing. Further interviews will take place on the 18th November with currently 7 shortlisted for interview. Further large-scale recruitment events will take place 4 times per year with smaller focussed recruitment in between for "Hot Spot" areas such as the Emergency Department, Maternity and B18.

Retention Planning

A retention action plan, tracked at the Trust Workforce Review Group, is in place which includes collaborative working with the ICB Workforce and Education Transformation Lead. Rotational posts, flexible working, as outlined in the NHS People Promise, wellbeing focus and support for clinical staff from practice education facilitators are areas for focus. Collaborative working between HR colleagues, Finance and Workforce is underway to complete an over recruitment piece of work to support the "Hot Spot" areas fill vacancies and minimise recruitment pipeline timeframe.

Turnover

Turnover for Nursing and Midwifery staff stands at 16.59% which is an increase from 15.67% in July and 14.95% in June. Main reason cited for leaving is work-life balance, work is underway with HR colleagues to gain a greater understanding of reasons for leaving.

Escalation Beds

It is important to note that the Trust continues to be extremely challenged with increased numbers of patients with no right to reside, this results in reduced flow through the Emergency Department. As a result, additional beds have remained open during August and September.

Extra beds are open in the following areas:
- 12 beds across B3/B4
- Between 12-16 depending on acuity A10
- Treatment rooms on B18 and A4 (Executive approval only)

Temporary staffing

The Trust continues to work with NHS Professionals (NHSP) and the Comprehensive Agency Managed Service (CAMS) which moved to a permanent contract on the 1st August 2022. The aim is to remove the responsibility of managing agencies from NHS Trusts, drive performance, efficiency, and cost reduction. No off-framework agency staff have been utilised in the Trust since May 2022 and a financial benefit to the service which stands at a total of £217, 980 (April – Oct). Since Agency Reduction Action plan in place a 33% reduction in agency shifts from September (121) to October (81) has been noted.

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Agency Reduction Plan

To support WHH to reduce agency costs by 18%, as nationally directed by NHSEI, an Agency Reduction Action Plan is in place, progress against this is monitored at the Trust Workforce Review Group and more recently as part of the Trust Task and Finish Group for the reduction of agency. Actions include:

- Migration of Trust clinical staff from Agencies to NHSP. Theatre, ITU and ED are higher users of agency work is underway to support migration plans
- Comprehensive Agency Managed Service (CAMS) through NHSP supports more control over agency spend, no direct bookings
- Ongoing review of staffing rotas to examine the ratio of staff substantive staff and temporary staffing across 7 days monitoring reducing higher cost shift cover
- Benchmark against East Lancashire Best Practice Agency Reduction Diagnostic Tool completed with 100% compliance
- Further work is taking place to further reduce the agency cost per hour, table 9 below demonstrates this reduction
- Improve shift fill by NHSP

Table 10
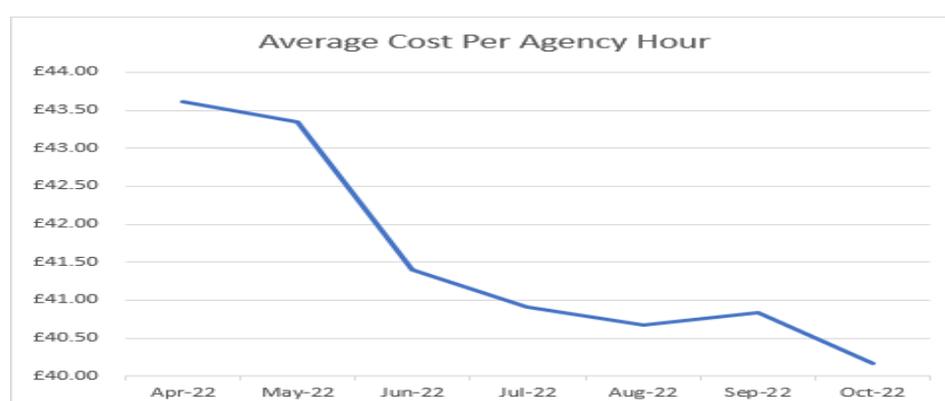
Students and Learners

The WHH STEPP Programme

WHH currently receive pre-registration nursing students, predominantly from Chester University, with smaller numbers from other HEI's current cohort numbers for University of Chester students from the adult field are detailed below.

Cohort	Adult
Sep 2022 (1st year)	76
Sep 2021 (2nd Year)	86
Sep 2020 (3rd year)	78
Mar 2020 (transitional)	17

Due to the current and predicted shortfall of newly qualified staff to job vacancies, students are in a very positive position within the job market. Competition for staff is high across Trusts, therefore the offer we provide for learners has increased to meet these expectations.

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The Practice Education Facilitator Team have reviewed our current support offer to student nurses from day one of their programme and enhanced the programme further, to increase the frequency of opportunities to keep in touch with learners throughout their pre-registration programme. The STEPP programme has been developed to highlight the programme of support that WHH will offer to students. STEPP stands for Support, Transition, Empowerment and Progress (to Preceptorship), supporting learners to progress every step of the way.

Every new student to WHH will be given a guaranteed interview and provisional offer of a post, dependent upon completion of their assessments. This will be a promise from our Chief Nurse at Induction.

The aims of the STEPP Programme are:
- Students will feel supported in developing their clinical and professional skills, ultimately providing safe and effective care to patients
- Students will foster a sense of belonging towards the Trust, encouraging them to apply for employment opportunities
- Increase of the Trust's reputation as the employer of choice across the student base and region
- Students will be prepared for practice clinically and as leaders, improving quality of patient care

Key actions to support delivery of the programme will include:

- Promise from the Chief Nurse added to induction electronic handbook
- Welcome from the Chief Nurse/Deputy Chief Nurse to provide a personal letter outlining our commitment of a guaranteed interview through a conditional offer letter
- Track learners jointly with Trust Workforce Leads
- Recruitment workshops throughout training periods
- Collaborative working between workforce and clinical education teams to deliver all elements of the programme, bi-monthly programme review meetings.
- To introduce and increase development sessions for final year students with senior management to link with their management and leadership proficiencies.
- To increase face to face group sessions to promote the trust and encourage belonging.
- To extend training opportunities outside of the curriculum, to demonstrate commitment to safety and student development (student voice sessions – extending our offer). Communication campaign in development

The WHH Home Grown Student Programme

The Practice Education Facilitation (PEF) Team have developed a pilot programme called the WHH Home Grown Student Programme. The aim of the programme is to talent spot pre-registration nursing students from three local HEIs and provide them with a bespoke training package which leads to employment at the Trust. The learners will we identified through an application process in year one of their programme. The key difference between the Home-Grown Student Programme and STEPP programme, is that the Home Grown Programme will engage with universities that do not send significant numbers of learners to placements here at WHH including Edgehill University and Liverpool John Moores University. Each learner will have access to quarterly meetings with a designated PEF and a Clinical Educator to be their 'Buddy' / 'Professional Friend'.

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Home Grown Students will be given a WHH Home Grown Student pin badge. The students will remain at WHH for the duration of their three-year course, except for their community or private, voluntary, and independent section placements organised by their HEI.

Unplanned Care Group

The establishment for AMU is being reviewed following the release of new guidelines from Society of Acute Medicine (SAM) and the repurposing of the three pods to support the opening of an Enhanced Care Unit area within the AMU footprint.   Additionally, there is an ongoing review of ITU staffing, including how WHH compares with the Guidelines for the Provision of Intensive Care Services (GPICS) standards for ITU staffing levels. A7, A8, A9 have seen an increase in the number of enhanced care patients and those with no right to reside, the dependency of these patients has impacted on the delivery of safe care and is reflected within the SNCT indicative data (reported to Quality Assurance Committee August 2022). A further professional judgment review is being undertaken looking at the enhanced care requirements for patients on these wards as part of a safe staffing review for those areas. A business case has been approved which supports B19 functioning as the CDT Cohort ward. ED has seen an increase in the number of registered nurse vacancies from early October, and an ED workforce group has been established with action plans in place to support retention and recruitment, which reports to the Executive Team. As part of this process there will be an external review of ED staffing establishment.

Planned Care Group

Urology Investigation Unit opens November 2022, with nurse led clinics in place. Estates work has commenced at CSTM to support separation of patients in line with IPC standards. The new Halton Matron post will be filled and B3 will be fully recruited to by end of November. and new Halton Matron post filled by the end of November. Pre-operative staffing consultation has commenced to reconfigure skill mix, within existing establishment. Specialist area updates from Planned Care Group are reported below.

Update from Specialist Areas

Paediatrics and Neonatal Unit

- Daily acuity and staffing levels are reported externally to Cheshire and Mersey Network, challenges across the network have been experienced in relation to the care and management of children with complex mental health needs, who are managed on a case-by-case basis.
- A Neonatal staffing review has been completed which is currently going through the CBU governance processes
- A review of capacity within the NNU has been undertaken to ensure acuity and activity is reflected accurately across the network, this will support the reduction of the requirement to close to network repatriation, the review was completed by the NNU oversight group
- The Child Health Matron continues to represent WHH at the Silver Command meetings for the Cheshire and Mersey Network on a weekly basis. There are discussions across the network to reintroduce Gold Command meetings during the Winter months.
- A positive reduction in vacancies within the NNU has recently seen the appointment of 6 nurses, 1 with qualified in speciality training (QIS), particularly difficult to recruit into. Not yet in post but will start to join WHH in December 2022

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- 2 TNAs currently on secondment undertaking their nurse training they will return to B11 in June 2023
- 1 refugee nurse, currently a Band 3, awaiting results of her OET test
- The service has developed a Long-Term Conditions Team who support our outpatient specialist services. This team consist of a Health Youth Worker, Transition Nurse, and a Children's & Young Persons Wellbeing Practitioner. This team work collectively together to provide a wraparound service to our Children and young people to cater for their needs beyond the direct health implications of their health condition.

Theatres

- Theatres have supported the international recruitment programme with overseas recruits at both sites
- Successful recruitment of 5 staff at the Trust recruitment event on 1st November 2022
- Theatres are growing their own with several staff on ODP apprenticeships 3 still in training and 3 now qualified. Plans in place for further opportunities, backfill for these posts is currently sitting as a cost pressure, working with CBU leads and finance to review position
- Interviews for B6 posts planned November 2022
- Migration of 5 agency staff to NHSP with plans to continue, this will support the reduction in agency spend required.

Therapy

- August and September 2022 AHP vacancy data shows there has been a reduction of 10.00 WTE following a successful recruitment drive. Total qualified therapy vacancies are currently 27.05 WTE with CSW 7.98 WTE
- Turnover for permanent qualified staff has fallen for 2 consecutive months and was 16.24% in July 2022 and 14.9% in August against a Trust target of 13%. It currently now stands below target at 12.43% for September
- The overall sickness for qualified AHP's continues to reduce, standing at 2.9% in September and 3.11% in August. Welcome back conversation compliance has improved and currently stands at 94.6% for September
- WHH AHP 18-month strategic workforce plan has been approved and a plan on a page has been widely disseminated
- WHH has been successful in the collaborative bid to NHSE/I to recruit 3 International Occupational Therapists
- The WHH AHP Return to Practice policy has been updated for approval November 2022
- AHP representatives are working closely with our nursing and midwifery colleagues to design the Trust wide Health Care Support Worker Plan
- AHP placement forum – HEE are leading the Northwest Dietetics, Physiotherapy and Speech and Language Therapy Placement Reform which will change the way that placements are allocated within the region
- The physiotherapy degree apprenticeship programme is currently being scoped for staff which has recently awarded to the University of Central Lancaster
- Since April 2022, all AHP newly qualified staff have access to the Trust Preceptorship Programme.
- All AHP staff have been supported with putting in successful bids to access the HEE CPD and recovery grants

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- The AHP Career Promotion work stream has been launched in September 2022

Maternity

- A slight increase in sickness absence in noted in September 2022 at 7.81% which is an increase from 6.96% in August, pro-active sickness management is in place
- A positive reduction in vacancies is noted in Maternity with 21 WTE vacancy and of those 6WTE in recruitment pipeline
- The Midwifery team attended the recent Trust wide recruitment day, and a bespoke maternity recruitment event is planned for 27th November 2022
- a recruitment event is planned in November
- Targeted recruitment is in place for triage and the WHH Midwifery led Intrapartum Pathway
- The Maternity Department is supporting the recruitment of 5 International Midwives, early 2023
- Matrons and Ward Managers complete a daily staffing review to monitor and ensure safe staffing levels
- The tracking of vacancies and escalation is supported through the Trust Workforce Review Group.
- The Deputy Head of Midwifery is working closing with the WCH HR Business Partner to develop a robust midwifery workforce strategy which will include the Implementation of several initiatives to support recruitment and retention
- Retention Midwife in post

3.   RECOMMENDATIONS

Members of the Trust Board are asked to receive and note the content of this report.

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Appendix One – Monthly Staffing Data – August 2022

		Monthly Safe Staffing Data – August 2022																	
		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
DD	Ward A4	1782.5	1472.0	1426.0	1414.5	83%	99%	1426.0	1380.0	1426.0	1380.0	97%	97%	1011	2.8	2.8	0.1	0.0	5.7
DD	Ward A5 G	1069.5	989.0	1069.5	977.5	92%	91%	713.0	713.0	1069.5	989.0	100%	92%	620	2.7	3.2	0.1	0.0	6.0
DD	Ward A5 E	713.0	713.0	690.0	645.5	100%	94%	690.0	690.0	690.0	397.0	100%	58%	250	5.6	4.2	0.0	0.0	9.8
MSK	Ward A6	1782.5	1537.0	1782.5	1658.0	86%	93%	1069.0	1207.0	1782.5	1606.0	113%	90%	1054	2.6	3.1	0.1	0.0	5.8
MSK	CMTC	1069.5	1077.5	713.0	677.5	101%	95%	713.0	713.0	713.0	356.5	100%	50%	143	12.5	7.2	0.0	0.0	19.9
W&C	C20	984.0	921.0	690.0	600.1	94%	87%	713.0	713.0	356.5	276.0	100%	N/A	430	3.8	2.0	0.0	0.3	6.1
W&C	Ward C23	1426.0	1150.0	713.0	621.0	81%	87%	713.0	529.0	713.0	701.5	74%	98%	849	2.0	1.6	0.0	0.0	3.5
W&C	Birth Suite	2139.0	1495.0	356.5	345.0	70%	97%	2139.0	1840.0	356.5	322.0	86%	90%	358	9.3	1.9	0.0	0.0	11.2
W&C	The Nest	356.5	195.5	356.5	241.5	55%	68%	356.5	218.5	356.5	218.5	61%	61%	2	207.0	230.0	0.0	0.0	437.0
W&C	Ward B11	3057.5	2504.0	827.5	779.8	82%	94%	1596.0	1376.2	322.4	312.0	86%	97%	283	13.7	3.9	0.8	0.0	18.6
W&C	NNU	1782.5	1116.5	356.5	287.5	63%	81%	1782.5	1081.0	356.5	333.5	61%	94%	350	6.3	1.8	0.0	0.0	8.1
UEC	Ward A1	2327.7	2308.4	2841.9	1855.8	99%	65%	1654.9	1615.0	1319.9	984.6	98%	75%	981	4.0	2.9	0.0	0.0	6.9
UEC	Ward A2	1549.2	1307.7	1938.0	1602.2	84%	83%	996.5	1072.8	993.5	972.9	108%	98%	792	3.0	3.3	0.0	0.0	6.3
UEC	ED	7242.1	7767.6	2933.8	2194.2	107%	75%	4836.9	5819.9	2220.4	1747.1	120%	79%	0					
MC	ACCU	2495.5	2197.0	1069.5	1001.0	88%	94%	1782.5	1782.5	1069.5	1023.5	100%	96%	781	5.1	2.6	0.0	0.0	7.7
MC	ICU	5704.0	4485.0	1069.0	747.0	79%	70%	5704.0	4485.0	1069.5	736.0	79%	69%	453	19.8	3.3	0.0	0.0	23.1
MC	B18	2495.5	1901.5	1426.0	1368.5	76%	96%	2139.0	2169.5	1426.0	1092.5	101%	77%	868	4.7	2.8	0.0	0.0	7.5
IM&C	Ward A7	1782.5	1595.0	1782.5	1437.5	89%	81%	1426.0	1483.5	1426.0	1306.5	104%	92%	1054	2.9	2.6	0.0	0.1	5.6
IM&C	Ward C21	1426.0	1230.5	1426.0	1217.5	86%	85%	1069.5	1069.5	1069.5	1035.0	100%	97%	775	3.0	2.9	0.0	0.0	5.9
IM&C	Ward B14	1069.5	1065.0	1794.0	1476.5	100%	82%	713.0	713.0	1069.5	1046.5	100%	98%	744	2.4	3.4	0.0	0.0	5.8
IM&C	Ward B12	1035.0	971.0	2495.5	2171.8	94%	87%	713.0	713.0	1782.5	1817.0	100%	102%	630	2.7	6.3	0.3	0.0	9.4
IM&C	Ward B19	1426.0	1143.0	1426.0	1196.5	80%	84%	1069.5	1023.5	1069.5	989.0	96%	92%	744	2.9	2.9	0.0	0.0	6.8
IM&C	Ward A8	1782.5	1602.0	1782.5	1573.0	90%	88%	1426.0	1426.0	1426.0	1426.0	100%	100%	1054	2.9	2.8	0.0	0.0	5.7
IM&C	Ward A9	1782.5	1423.0	1782.5	1530.5	80%	86%	1426.0	1460.5	1782.5	1362.5	102%	76%	1054	2.7	2.7	0.1	0.0	5.6
	Total	48280.4	42167.2	32748.2	27619.9	87%	84%	36867.8	35294.5	25866.7	22431.1	96%	87%	15280	4.2	3.0	0.0	0.1	7.3
		= above 100%		= above 90%			= above 80%			= below 80%									

Appendix Two – Monthly Staffing Data – September 2022

		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**
DD	Ward A4	1782.5	1426.0	1426.0	1397.3	80%	98%	1426.0	1299.5	1426.0	1253.5	91%	88%	1020	2.7	2.6	0.1	0.0	5.4
DD	Ward A5 G	1035.0	979.5	1035.0	989.0	95%	96%	690.0	690.0	1035.0	920.0	100%	89%	655.5	2.5	2.9	0.0	0.0	5.5
DD	Ward A5 E	690.0	696.0	690.0	573.5	101%	83%	713.0	713.0	690.0	466.0	100%	68%	253	5.6	4.1	0.0	0.0	9.7
MSK	Ward A6	1725.0	1582.5	1725.0	1646.5	92%	95%	1035.0	1184.5	1725.0	1603.5	114%	93%	1054	2.6	3.1	0.1	0.0	5.8
MSK	CMTC	1035.0	1141.0	690.0	738.5	110%	107%	690.0	690.0	690.0	322.0	100%	47%	206	8.9	5.1	0.2	0.0	14.3
W&C	C20	916.0	908.5	667.0	565.5	99%	85%	690.0	690.0	330.0	264.0	100%	N/A	426	3.8	1.9	0.0	0.1	5.8
W&C	Ward C23	1380.0	1201.8	690.0	598.0	87%	87%	690.0	609.0	690.0	644.0	88%	93%	880	2.1	1.4	0.0	0.0	3.5
W&C	Birth Suite	2070.0	1736.5	345.0	345.0	84%	100%	2070.0	1863.0	345.0	310.5	90%	90%	343	10.5	1.9	0.0	0.0	12.4
W&C	The Nest	345.0	333.5	345.0	264.5	97%	77%	345.0	230.0	345.0	184.0	67%	53%	0					
W&C	Ward B11	2992.5	2551.5	775.0	770.0	85%	99%	1542.8	1454.6	312.0	312.0	94%	100%	357	11.2	3.0	0.1	0.0	14.7
W&C	NNU	1725.0	1025.0	345.0	322.0	59%	93%	1725.0	1012.0	345.0	356.5	59%	103%	342	6.0	2.0	0.0	0.0	7.9
UEC	Ward A1	2237.4	2201.8	2820.0	1791.8	98%	64%	1601.9	1695.1	1273.3	991.1	106%	78%	970	4.0	2.9	0.0	0.0	6.9
UEC	Ward A2	1490.5	1369.0	1916.4	1584.3	92%	83%	968.7	958.0	956.3	882.0	99%	92%	864	2.7	2.9	0.0	0.0	5.5
UEC	ED	6987.9	7508.8	2777.4	2342.6	107%	84%	968.7	958.0	956.3	882.0	99%	92%	0					
MC	ACCU	2415.0	2203.5	1037.0	1037.0	91%	100%	1725.0	1722.5	1035.0	1035.0	100%	100%	808	4.9	2.6	0.0	0.0	7.4
MC	ICU	5520.0	4174.5	1035.0	310.8	76%	30%	5520.0	4255.0	1035.0	851.0	77%	82%	451	18.7	2.6	0.0	0.0	21.3
MC	B18	2415.0	1944.0	1380.0	1526.0	80%	111%	2070.0	1989.5	1380.0	1265.0	96%	92%	869	4.5	3.2	0.0	0.0	7.7
IM&C	Ward A7	1725.0	1617.0	1725.0	1414.5	94%	82%	1380.0	1426.0	1380.0	1368.5	103%	99%	1054	2.9	2.6	0.0	0.1	5.6
IM&C	Ward C21	1426.0	1242.0	1380.0	1253.0	87%	91%	1035.0	1035.0	1068.5	1127.0	100%	105%	750	3.0	3.2	0.0	0.0	6.2
IM&C	Ward B14	1035.0	1042.0	1725.0	1435.5	101%	83%	690.0	690.0	1035.0	1196.0	100%	116%	720	2.4	3.7	0.0	0.0	6.1
IM&C	Ward B12	1035.0	908.5	2415.0	2178.5	88%	90%	690.0	690.0	1725.0	1763.5	100%	102%	630	2.5	6.3	0.2	0.0	9.1
IM&C	Ward B19	1380.0	1136.0	1380.0	1226.5	82%	89%	1035.0	1012.0	1380.0	1173.0	98%	85%	719	3.0	3.3	0.0	0.0	6.4
IM&C	Ward A8	1725.0	1521.0	1725.0	1561.5	88%	91%	1380.0	1344.0	1380.0	1345.0	97%	97%	1054	2.7	2.8	0.0	0.0	5.5
IM&C	Ward A9	1782.5	1322.5	1782.5	1553.0	74%	87%	1380.0	1391.5	1725.0	1276.5	101%	74%	1054	2.6	2.7	0.2	0.0	5.4
	Total	46870.3	41772.4	31831.3	27424.7	89%	86%	32061.2	29602.2	24262.3	21791.7	92%	90%	15479.5	4.1	3.0	0.0	0.0	7.1
		= above 100%		= above 90%			= above 80%			= below 80%									

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BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/22/11/144 a		Trust Board	DATE OF MEETING	30 November 2022

Date of Meeting	4 October 2022
Name of Meeting & Chair	Quality Assurance Committee, Chaired by Cliff Richards
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/22/10/254	Hot Topic – Histopathology	The Committee received a presentation on Histopathology, focussed on turnaround times (TAT), noting these targets times were audited on a monthly basis against national targets. Of particular note was performance against **National Targets**: ▪ Not compliant for Urgent Requests – 61% within 7 days ▪ Not compliant for Routine Requests– 32% within 14 days ▪ Compliant for Breast requests – 95% within 7 days (actual 5 days) ▪ Not compliant for prostate – 16% within 7 days ▪ Not compliant for skin requests – 45% within 7 days Performance against **Local Targets**: ▪ Compliant for Urgent Requests – 90% within 14 days ▪ Compliant for Routine Requests– 96% within 37 days ▪ Cumulative performance (May – Aug) showed consistent compliance for urgent specimens and consistent compliance with an improving trajectory for routine specimens. ▪ Compliant for Breast requests – 95% within 14 days (actual 5 days) ▪ Not compliant for prostate – 64% within 14 days	**The Committee discussed the presentation receiving moderate assurance and requested a further update to be presented to the November Committee**	01.11.22

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		▪ Not compliant for skin requests – 89% within 14 days Risks and actions were highlighted and discussed and a further update requested for the next meeting		
QAC/22/10/255	**Deep Dive – Missed Fractures ED**	The Committee received a presentation concerning missed ED Fractures. Of particular note was that of the 15 cases identified, no consistent patterns or concerning trends had been identified. 5 of the 15 cases related to rib fractures which were all in older persons with other injuries and not using the thoracic injury pathway It was agreed that further information be provided on how missed fracture backlogs were reported.	**The Committee discussed the presentation and received good assurance.**	**On-going**
QAC/22/10/260	**Maternity Update**	The maternity paper was presented which provided updates in relation to Ockenden and the three action plans to be updated and the Maternity Incentive Scheme, the current position and trajectory of the 10 safety actions. Of particular note was: ▪ Ockenden Part 1: WHH is 95% compliant and will be compliant by 30th September 2022. ▪ Ockenden Part 1 Phase 2: WHH is 92.6% compliant and on trajectory to be 100% compliant by 30th November 2022. ▪ Ockenden Part 2: WHH is 40.0% compliant and on trajectory to be 100% compliant by 30th June 2022. There was discussion in relation to Maternity Voices Partnership (MVP) and the governance reporting arrangements and an update would be provided in the next report in November.	**The Committee noted and discussed the report and received good assurance. Further update in relation to MVP to be provided at the next meeting**	01.11.2022
QAC/22/10/265	**Health & Safety Sub Committee**	It was noted there had been 237 reported Health & Safety incidents, which was a decrease compare the last 2 months, and incidents affecting staff had reduced, with the majority related to ED.	**The Committee noted and discussed the report and received good assurance.**	

		Specifically regarding Conflict Resolution Training, it was noted that the Trust compliance rate is currently 87%. De-escalation training compliance has improved since the last reporting period from 5.6% to 15.7% with trajectories in place. The number of sessions has been increased and additional trainers sourced.		

The Committee also received the following items:

QAC/22/10/256 - Patient Story - Shared Reading-A different kind of medicine

Matters for Approval
QAC/22/10/256 – Strategic Risk Register & BAF
QAC/22/10/257 – Committee Terms of Reference

Papers to Discuss and Note for Assurance
QAC/22/10/258 – Sepsis High Level update
QAC/22/10/259 - Quality Dashboard
QAC/22/10/260 – Maternity Update

Papers to Note for Assurance
QAC/22/10/261 – DNACPR 6 Monthly Position
QAC/22/10/262 – Discussion Points from CROC

High Level Briefing Report
QAC/22/10/263 – Patient Safety & Clinical Effectiveness Sub Committee
QAC/22/10/264 – Safeguarding Sub Committee
QAC/22/10/266 – Complaints Quality Assurance Group
QAC/22/10/267 – Infection Control Sub Committee
QAC/22/10/268 – Patient Experience Sub Committee
QAC/22/10/269 – Quality Academy Committee
QAC/22/10/270 – Patient Equality, Diversity & Inclusion Sub Committee

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/22/11/144 a ii		Trust Board	DATE OF MEETING	30 November 2022

Date of Meeting	1 November 2022
Name of Meeting & Chair	Quality Assurance Committee, Chaired by Cliff Richards
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/22/11/278	Hot Topic – Liberty Protection Safeguards (LPS)	The Committee received a presentation providing an update on Liberty Protection Safeguards (LPS). It was particularly noted : • LPS will form part of the Mental Capacity Framework. • Biggest change in health and social care since the Care Act began. • LPS scheduled to go live on 1st October 2020. Remains delayed. • Code of Practice for LPS and a revision of the MCA Code is awaited ahead of implementation. • Current scheme continues to remain unchanged and in place until the new scheme comes into effect. • There will be national training programme to support competence. • Funding position unclear. The update was discussed and concerns raised about the impact of the change on acute trusts	**The Committee discussed the Hot Topic and received moderate assurance.**	**To be highlighted to Trust Board.**
QAC/22/11/279	Deep Dive – National Hip Fracture Database	The Committee received a presentation on the National Hip Fracture Database (NHFD) and the Trust's performance. The following performance was noted: • National average 2021- 2022 financial year = 51.15% • WHH average 2021-2022 financial year = 25.54%	**The Committee discussed the presentation and received moderate assurance.**	**To be highlighted to Trust Board.**

		The gap in performance was noted to be due to the lack of a dedicated Orthogeriatric service following the loss of two Locums It was highlighted that there had been a recent significant improvement in the in-reach service which was now provided three to four times per week with further improvements expected.		
QAC/22/11/280	Histopathology Update	An update was presented following on from the Hot Topic at the October meeting. The presentation set out the background and current situation, including the challenges within the department. It was noted: **Clinical Impact by Cancer Specialty- measured by local target of 90% reported within 14 days:** • Breast – July, August & September – 100% • Colorectal – July (92%), August (90%), September (100%) • Upper GI - July (92%), August (90%), September (100%) • Prostate – July (60%), August (64%), September (60%) • Dermatology – July (60%), August (93%), September (66%) It was agreed that a strategic piece of work was needed on the long term model, and that in relation to the targets for Prostate, this would have an impact on CQUIN performance.	**The Committee discussed the presentation and received moderate assurance.**	To be highlighted to Trust Board.
QAC/22/11/285	SI & Complaints Annual Report Q2	As part of the update on serious incidents and complaints, an increase in pressure ulcers was noted. Two main areas had been identified and there were also pressure ulcer champions in place to promote good practice. It was agreed that further information would be provided at the next meeting, particularly on the actions taking place in the key areas identified.	**The Committee discussed the report and received moderate assurance. A further update would be provided to the December Committee meeting.**	QAC – Dec 2022
QAC/22/11/291	Enabling Strategies 6 Month Progress Report	A progress report was provided following papers presented to the Committee in May and September, which had detailed the approval status of all Enabling Strategies and a request for further extensions of the refresh of seven strategies that had been delayed due to Covid.	**The Committee discussed the report and received moderate assurance**	Trust Board – November 2022

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		There was discussion as to the number of strategies and it was questioned whether they were all necessary and if they were all strategies, rather than action plans. It was agreed a review of all strategies would take place to ensure realignment and streamlining and this would be discussed and clarified at the Trust Board meeting on 30th November.		

The Committee also received the following items:

Matters for Approval
QAC/22/11/281 – Strategic Risk Register & BAF

Papers to Discuss and Note for Assurance
QAC/22/11/282 - Maternity Update
QAC/22/11/282 – Safeguarding Adult & Children Service Review
QAC/22/11/283 – Safeguarding Bi-Annual Report

Papers to Note for Assurance
QAC/22/11/286 – Learning from Experience Report Q2
QAC/22/11/287 – Clinical Audit Report Q2
QAC/22/11/288 – Quality Priorities Report Q2
QAC/22/11/290 – DIPC BAF – Bi Monthly Report
QAC/22/11/292 – CIP/GIRFT Update

High Level Briefing Reports
QAC/22/11/293 – Patient Safety & Clinical Effectiveness Sub Committee
QAC/22/11/294 – Injection Control Sub Committee
QAC/22/11/295 – Palliative End of Life Steering Group
QAC/22/11/296 – Risk Review Group
QAC/22/11/297 – IG & Corporate Records

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/22/11/144	MEETING:	Trust Board	DATE OF MEETING	30th November 2022

Date of Meeting	23rd November 2022
Name of Meeting & Chair	Strategic People Committee, Julie Jarman
Was the meeting quorate?	Yes
Escalations to Board	SPC/22/11/111 – SPC to be monthly from January 2023 SPC/22/11/112 – Industrial action preparedness SPC/22/11/113 – Agency controls and workforce impact SPC/22/11/119 – On-call harmonisation

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
SPC/22/11/110	BAF & Risk Register - Staff	The Committee review the Workforce Risks overseen by the Strategic People Committee. The updated BAF risk was presented. The Committee advised that good assurance was provided to address all areas of the risk. The Committee noted the 8 additional new corporate risks have been added to Datix and are going through the required governance processes to add to the Corporate Risk Register. Further to the previous risk highlighted to the Board in September 2022 regarding industrial action, it was noted that the RCN did not meet the threshold to strike at WHH. The Trust is awaiting the outcome of other Trade Union ballots to consider whether escalation to a BAF risk is required.	**The Committee received good assurance regarding the updated BAF risk.**	**Not applicable**
SPC/22/11/111	Committee Effectiveness	The Committee received the outcomes from the Committee Effectiveness survey.	**The Committee received good assurance of the overall effectiveness of**	**Not applicable**

		The Committee agreed to move to monthly meetings from January 2023 and to reduce the time to 2 hourly with a review of the Cycle of Business. The Committee agreed that the Workforce Review Group for Nursing, Midwifery and AHPs will report into SPC. Further discussion to be had regarding how the Committee support assurance regarding patient safety.	the Committee from the results of the survey.	
SPC/22/11/112	**Hot Topic – Industrial Action**	The Committee received a detailed presentation and assurance regarding the organisation actions to ensure the required processes are in place to support industrial action. There is a weekly internal Task and Finish group with good engagement across the organisation. The Derogation list is currently being reviewed for agreement with the Executive team and review with Staff Side. A number of decisions have been made by the Executive team regarding the approach to leave and absence during periods of industrial action. There is also a weekly ICB Task and Finish group the Trust are engaged with. There was a presentation from Emergency Preparedness detailing the national self-assessment tool. Lessons learnt from Artic Willow were presented and assurance of learnings from previous major incidents.	**The Committee discussed the presentation and received good assurance of the processes in place to support industrial action.**	**Not applicable**
SPC/22/11/113	**Deep Dive – Agency Controls and Workforce Impact**	The Committee received a presentation which focussed on the Trusts' approach to reducing the reliance on agency staff to better improve the experience of substantive staff. Assurance was provided by the People Directorate, Operations, Medical and Nursing, Midwifery and AHPs of the Trust approach and actions to address recruitment and retention to reduce the reliance on agency staff. The Committee considered the current national and regional context and potential impact on continued use of agency staff including industrial action and the costs of living crisis.	**The Committee received good assurance on the actions to ensure agency controls. Limited assurance received on the opportunity to reduce agency reliance due to national and regional challenges.**	**Not applicable**

SPC/22/11/115	Chief People Officer Report	The Committee received and discussed the report summarising a number of key people related topics including a review of the Trust's sickness absence policy, industrial action and approach to widening participation and utilisation of the apprenticeship levy which has resulted in the People Directorate being invited to present at a national conference as a best practice case study.	**The Committee received good assurance on the topics.**	**Not applicable**
SPC/22/11/116	People and WEDI Strategy Report	The Committee received and discussed the progress on the People and WEDI strategy. The Committee noted the progress to support the organisation during Winter and the 'Winter Well' campaign as well as financial wellbeing support.		
SPC/22/11/119	On-Call Harmonisation	The Committee received and discussed the On-Call Harmonisation report further to the Decision-Making panels and review of recommendations by the Executive team. It was advised that the Executive team agreed to the recommendations from the Decision-Making panel and work would now be taken forward to implement. Further updates will be provided to the Committee regarding progress of the agreed recommendations. Assurance was provided that the approach would be reviewed in 2 years.	**The Committee received good assurance of the process for moving to Harmonisation and noted the requirement to monitor the outcomes of the project. Moderate assurance on the likely outcomes because of the sensitivity of the project which is being delivered at a difficult time for staff relations.**	**SPC January 2023**
SPC/22/11/120	Employee Relations Report	The Committee received and discussed the Employee Relations report. The Committee noted the current increase in Conduct and Grievance cases and assurance regarding reasons for occurrence.	**The Committee received good assurance on ER processes.**	**Not applicable**
SPC/22/11/1221	Guardian Safe Working Hours	The Committee noted the report for assurance.	**The Committee received good assurance on the**	**Not applicable**

		The Committee noted the increase in reporting which is a positive as Trainees have been encouraged to utilise the system.	**process and exception reporting.**	

The Committee also received the following items:

Matters to Discuss for Assurance
SPC/22/11/114 – Kindness, Civility and Respect presentation deferred to January 2023 SPC
SPC/22/11/117 – Move to Outstanding Red Flags Report

Matters for Approval
SPC/22/11/118 - Policies and Procedures Report – policies approved: Recovery of Overpayments; Adoption Leave; Trade Union Time Off

Matters to Note for Assurance
SPC/22/11/122 – Staffing Assurance Report August and September 2022 – Key Issues

Sub-Committee Minutes/Notes
SPC/22/11/123 - Operational People Committee (20.10.2022 and 17.11.2022)
SPC/22/11/124 - Workforce Recovery Steering Group (19.10.2022 and 15.11.2022)
SPC/22/11/125 - Workforce Equality Diversity and Inclusion Sub-Committee (14.10.2022 and 9.11.2022)

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BOARD OF DIRECTORS CHAIR'S COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/22/11/144		TRUST BOARD OF DIRECTORS	DATE OF MEETING	30th November 2022

Date of Meeting	**19 October 2022**
Name of Meeting + Chair	**Finance and Sustainability Chaired by John Somers**
Was the meeting quorate?	**Yes**

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
		Matters to discuss and note for assurance		
FSC/22/10/168	BAF & risk register	The committee considered the BAF report noting:- • No changes in terms of risks added, deleted or amended • Full details of the risks included in the report. • Risk 1114 to be reduced from 20 to 16 due to additional mitigations • Suggested amendments to finance risk 134 to be concluded after the meeting and proposed to QAC The Committee came back to the BAF at the end of the meeting and reflected that the time spent at FSC had adequately covered the strategic risks identified in the BAF which FSC had oversight for.	The Committee **noted** the report	FSC November 2022
FSC/22/10/169	Pay Assurance	The Committee considered and reviewed the report noting: - • Turnover increase • Annual leave usage of circa 45% against plan of 50%	The Committee **noted** the report and asked for further explanation of the agency usage including rate card compliance	FSC November 2022

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		• Establishment control process highlighted focus needed on agency usage. Reviewing best practice with NSHE / East Lancs Trust • Agency rate card compliance discussed and the need for the system to support collectively. Further work being undertaken internally to provide a focus on improving compliance rates. • Under WLI the Committee discussed the new process requested detail on its impact	issues raised, and the outcome of the East Lancashire Trust agency exercise for the next meeting	
FSC/22/10/170	CIP & GIRFT	The Committee considered and reviewed the monthly CIP & GIRFT report noting: - • Delivered £5.2m against a plan of £5.1m • Profile shows £10m to deliver in the second half of the year • Concern for next year as only £2.2m recurrent CIP highlighted • Identified £14.4m to date however £5.4m high risk, £1.3m unidentified and £3m Income giving a £9.7m risk • Noted other C&M Provider Trusts with A&E Department are all in similar position. ICS have noted the need for Place to play a role in supporting including social care. • How will we fill the gap further discussion is required at Board to consider bringing forward schemes and to consider other opportunities. The Committee considered the significant risk.	The Committee **noted** the progress achieved so far but noted the risk to the financial position.	FSC November 2022
FSC/22/10/171	Digital Strategy Group Report	The Committee considered the report noting items to escalate to FSC include: • ICS Digital & Data Strategy • Storage Area Network (SAN) capital scheme • Prioritisation of Patient Flow project • Lorenzo outage (16/09/22) • GP Connect Go Live • Inpatient ePMA rollout • PACS anti-virus update	The Committee **noted** the report	FSC November 2022

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		• WHH Digital Maternity Strategy Members of FSC were invited to review the ICS Digital & Data Strategy and to provide any feedback or queries. The Digital Refresh Strategy will come back to FSC in December 2022 and reflect the ICS strategy. The Committee is asked to confirm approval of the Digital Maternity Strategy.		
FSC/22/10/172	WLI	The Committee noted the report: • Noted the progress • Verbal confirmation received from MIAA that all actions are complete, and this will be updated at Audit Committee	The Committee **noted** the report	FSC November 2022
FSC/22/10/173	COVID Pay related expenditure	The Committee noted the report: • 37 COVID schemes continue to spend as budgeted • Agreed to continue to monitor the COVID expenditure and review any schemes that can be switched off or reduced	The Committee **noted** the report	FSC November 2022
FSC/22/10/174	Reference cost report	The Committee noted the report: • The NCC score for 2020/21 is 104 4% higher than average Trust. The NCC score has increased over the last few years. The indicative score for 2020/21 is 101 linked to increased activity in 2020/21 compared to 2021/22	The Committee **noted** the report	
FSC/22/10/175	Monthly Finance report	The Committee considered the report and capital proposals. Key points to note included: • Month 6 position £7.5m deficit, slightly worse than plan £0.2m • Are you getting the basics right (HFMA self-assessment and audit by MIAA) • CDC phase 1 approved however there is risk regarding ordering and receipting equipment by 31 March • C&M Provider Trust month 5 position is a year to date deficit of £51m with a forecast outturn plan of £50m deficit	The Committee **noted** the update The Committee supports the capital changes for **approval** at the Trust Board	FSC November 2022 Trust Board October 2022

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		• Activity continues to underperform against plan, NHSE/I advice is to assume ERF monies achieved for month 1 to 6, there is a **risk** this could be clawed back and a further risk this will not be received for the second half of the year • There was a local agreement with Commissioner that if CQUIN was not achieved the money would still flow, however the ICS is reviewing all contracts, and this might not be the case. • Pay award back pay is shown in September • Pay pressures noted – A&E nurse staffing due to increased demand and vacancies. Also, additional inpatient capacity in Ward B3 and possibly further escalation will need to be opened • Agency is spending higher than the expected agency ceiling • Drugs and energy expenditure are being reviewed further and escalated to the ICS • Capital plan will be amended for CDC once we have the MOU • Capital is behind on the capital plan by £2.6m we are being told currently the Trust will not get underspend back in 2023/24 • Supported the changes to capital plan to take to Board for approval • Support the £0.3m breast lease which technically will now come under capital • The forecast was presented as a best, likely and worse scenario considering the risk areas such as energy, ERF, agency, pay award, B3 and A&E, with the likely case c£6m from plan at £12m deficit		
FSC/22/10/176	Capital Expenditure Update	The Committee considered and reviewed the presentation noting: - • Capital plan amended to match £12.5m CDEL in line with NHSE I plan • Month 6 position underspent by £2.6m due to finalisation of the ED Plaza scheme and a delay in commencement of backlog maintenance and VAT rebate Emergency requests totalling £77k noted for equipment and ward modifications	The Committee **noted** the update	FSC November 2022 Trust Board October 2022

4

	- Additional requests for breast screening pad £25k and MRI turnkey £6k - CISCO scheme delayed for revenue request awaiting for delivery date - ECHO machine delivery dates in December - Catering has an expected slippage of 8 weeks and potential £500k move to 2023/24 - Shopping city completed within revised budget, there has been an increase in revenue costs of £43k covered by budget in year they relate to utilities and management costs to be reviewed after 3 months - Urology & Paediatrics –completed on time, however there is currently a risk of a £500k overspend. Latest update is that the final costs had not yet all been received and those that have had not been verified by cost surveyors. Further review will be required, and external review will be considered	

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BOARD OF DIRECTORS CHAIR'S COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/22/11/144	TRUST BOARD OF DIRECTORS	DATE OF MEETING	30 November 2022

Date of Meeting	**23 November 2022**
Name of Meeting + Chair	**Finance and Sustainability Chaired by John Somers**
Was the meeting quorate?	**Yes**

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
		Matters to discuss and note for assurance		
FSC/22/11/182	BAF & risk register	The committee considered the BAF report noting: - • No changes in terms of risks added, deleted, or amended • Risk 134 description updated • The Committee came back to the BAF at the end of the meeting and reflected that the time spent at FSC had adequately covered the strategic risks identified in the BAF which FSC had oversight for. • Risk 165 deescalated to the department	The Committee **noted** the report	FSC December 2022
FSC/22/11/183	Protocol for changing the forecast	The Committee considered and reviewed the report noting: - • Restriction to make investment decisions as a Trust if we go off plan in 2022/23 • Going off plan in Q4 will be seen by the system as an indication of poor financial control • If the Trust declares off plan – decisions on expenditure above £50k will be escalated to the ICS (double lock) or to NHSE for	The Committee **noted** the report	FSC December 2022

1

		regional approval for £100k if the ICS forecasts going off plan (triple lock) • If the system is off plan this could impact access to additional capital such as digital • Investment versus productivity is a key focus • The slides highlighted the approach to close the current gap to the planned £6.1m deficit, further work is required however good progress has been made and will be discussed in the November private board • This item is reflected in the BAF under risk 134		
FSC/22/11/184	Pay Assurance	The Committee considered and reviewed the report noting: - • Vacancies and utilisation of temporary workforce, clinical service shows over utilisation for a second month so this will be reviewed further and is possibly due to sickness • In January 2022 there was an additional 118 wte but with leavers and starters there is still a significant gap and there is a need to focus on retention • Reasons given for booking agency include A&E capacity challenges and vacancies • Nursing turnover is challenging and has worsened in the month – retirement is a key reason and whilst some staff do return they generally do less hours • Annual leave management is 50% achieved against target of 58% • The challenge of compliance with the NHS rate card was discussed, with difference between the national and ICS rates (which are higher)	The Committee **noted** the report	FSC December 2022

2

FSC/22/11/185	Agency utilisation and Controls	The Committee considered and reviewed the presentation noting: - • Current controls and processes • £8m spend on agency (an anticipated reduction target would mean the Trust should be potentially at a level of c£6m) • Retention and recruitment are key • Highlighted the A&E vacancy issue • Bank and agency rates and non-clinical utilisation to be reviewed collectively	The Committee noted the presentation and will received an update when appropriate	FSC – TBC 2023
FSC/22/11/186	CIP & GIRFT	The Committee considered and reviewed the monthly CIP & GIRFT report noting: - • Delivered £6.7m against a plan of £6.7m • Profile shows month risk in the plan as the level of CIP increases in the latter part of the year • Annual leave management scheme is a risk • Concern for next year as only £2.2m recurrent CIP highlighted • Identified £14.4m to date however £3.9m high risk, £1.1m unidentified giving a £5m risk • Consider how do we incentivise / reward CIP achievement in 2023/24 The Committee considered the significant risk.	The Committee **noted** the progress achieved so far but noted the risk to the financial position.	FSC December 2022
FSC/22/11/187	Community Diagnostic Centre	The Committee considered and reviewed the presentation noting: - • Capital spent in year • Changes that have been made to phase 2 business case • Phase 2 submitted 1 month earlier than plan for December approval	The Committee **noted** the update	
FSC/22/11/188	Winter Planning	The Committee considered and reviewed the presentation noting: - • NCTR and Super stranded patients • Anticipate OPEL 4 during winter • Winter plans linking workforce, operational and finance	The Committee **noted** the update The Committee **supported** the Ward A10 revenue request	FSC December 2022

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		• Mindful of funding that will cease 31 March 2023 causing sustainability issue for the following year • A10 funded to end of Q4 from ICB monies £2.4m and balance is being used for B3 Q4	for approval at the Trust Board	Trust Board November 2022
FSC/22/11/189	Monthly Finance report	The Committee considered the report and capital proposals. Key points to note included: • Month 7 position £7.8m deficit, slightly worse than plan £0.2m • Activity continues to underperform against plan, NHSE/I advice is to assume ERF monies achieved for month 1 to 7, there is a **risk** this could be clawed back. Forecast assumes £8m full year. • Pay pressures noted – A&E nurse staffing due to increased demand and vacancies. Also, additional inpatient capacity on Ward B3 • Drugs over spend is being reviewed further and escalated to the ICS • Care Groups are reviewing non pay as per FRG discussion • Capital is behind on the capital plan by £2.9m. The Trust will not get any underspend back in 2023/24 • Supported the changes to capital plan to take to Board for approval • The forecast was presented as a best, likely, and worse scenario considering the risk areas such as energy, ERF, agency, pay award, B3 and A&E, with the likely case c£6m from plan at £12m deficit. Discussion earlier in the meeting highlighted how the Trust might improve, the current position is £8.2m deficit which includes risk, with further work to do	The Committee **noted** the update The Committee **supported** the capital changes for **approval** at the Trust Board	FSC December 2022 Trust Board November 2022
FSC/22/11/190	Capital Expenditure Update	The Committee considered and reviewed the presentation noting: - • Emergency requests totalling £209k noted for equipment and roof upgrade • Additional spend requests from CPG from October and November CPG **supported** to take to Trust Board	The Committee **noted** the update The Committee **supported** the capital	FSC December 2022

		• Committee asked to **support** a request to Trust Board to delegate capital approval to FSC for the remainder of the financial year • Urology & Paediatrics – Final report received on 16 November, the Team is satisfied £416k plus VAT overspend is correct. A review of the management of these schemes is taking place which will include external advice	changes for approval at the Trust Board	Trust Board November 2022
FSC/22/11/191	Revenue Requests – Critical Care	The Committee considered and reviewed the presentation noting: - • Profiled cost avoidance of implementing the Business Case	The Committee **supported** the paper to be taken to Trust Board	Trust Board December 2022
FSC/22/11/192	Digital Strategy Group Report	The Committee considered the report noting items to escalate to FSC include: • Nominations for membership of Paper/Print • Reduction T&F Group • Maternity reporting issues resolved • NHS Digital Health Technology Audit • Frontline Digitisation Investment Agreement • Resolution of PACS Antivirus issues Highlighted the appendices include ToR and Governance Model	The Committee **noted** the report	FSC December 2022
FSC/22/11/193	WLI	The Committee noted the report: • Closed at Audit Committee	The Committee **noted** the report	FSC December 2022
FSC/22/11/194	Strategy & Sustainability report	The Committee noted the report: • Confirmed approval for Runcorn scheme	The Committee **noted** the report	FSC January 2023
FSC/22/11/195	Benefits Realisation Q2	The Committee considered and reviewed the report noting: - • 12 due to be returned 8 received and 1 asked for an extension • The 3 with no response will be followed up and reported before the next quarterly report	The Committee **noted** the report	FSC February 2023

FSC/22/11/196	Medical Staffing Review Q2	The Committee considered and reviewed the presentation noting: - • Back on track with business cases	The Committee **noted** the report	FSC February 2023
FSC/22/11/197	Service Line Report Q2	The Committee considered and reviewed the report noting: - • The use of the SLR data to support the GIRFT programme	The Committee **noted** the report	FSC February 2023
FSC/22/11/198	CQUIN Update	The Committee considered and reviewed the presentation noting: - • The CQUINs with financial incentive • CCG4 Compliance with timed diagnostic pathways for cancer service is a challenging CQUIN which the Trust signed up to as the right thing to do for patients, financial impact should be mitigated with evidence of the improvement achieved but contract is not yet clear. • The Trust is assuming full CQUIN in the forecast and there is an element of risk in this which will be reviewed at December FSC.	The Committee **noted** the report	FSC December 2022 (include in Finance Paper)

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BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/22/11/144 f		Trust Board	DATE OF MEETING	30 November 2022

Date of Meeting	18 October 2022
Name of Meeting & Chair	Clinical Recovery Oversight Committee (CROC) Chaired by Jane Downey
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
22/10/111	PRESENTATION and UPDATE on Trauma and Orthopaedic (T&O) activity at Captain Sir Tom Moore (CSTM)	Val Doyle and Cheryl Finney provided an update on the current position at CSTM and actions taken with regard to the T/O and Arthroplasty activity and CSTM/infection. The situation: • The aim for 2022/2023 is to deliver 104% of activity so that the Trust can access the Elective Recovery Funding (ERF). • In April 2022, we were red flagged by Public Health for Q3 2021/22 due to an increase in infections to 0.9% in T/O surgical site infection surveillance. Background: • At CSTM there are 44 beds. • The aim was to facilitate our enhanced recovery programme in joint replacement surgery and provide assurance that safe services are in place whilst utilising the available capacity for the treatment of other speciality patients in the area. • To continue to fully utilise 4 theatres and ward and provide assurance on safety to the T&O the consultant body requested that the T&O	The Committee noted the presentation update on T/O activity at CSTM and measures taken plus the outstanding actions on the Action Log.	Update due at November meeting

service was ringfenced in accordance with BOA elective guidance released in February 2021.

Assessment:
- In order to protect the T&O service and in accordance with BOA elective standard there is a recommendation that beds are ringfenced for arthroplasty patients.
- Capital funding was agreed to support the ward segregation to enable the other services to remain at the CSTM.
- A weekly task and finish group was established to work through Operational, staffing, Estates and Infection Control challenges.
- Root Cause Analysis was completed for each infection externally reported.
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Next Steps:
- Estates work on the ward started on Monday 10th October 2022 which is not disrupting activity with the aim to complete works by December 2022.
- Proactively utilising the new oversight process to provide assurance related to external reporting criteria.

| | Changes around cancer fit testing | • The Trust is currently on track and meeting the trajectory for patients 104+ days on the cancer PTL.
• Patients waiting over day 62 is currently 11 patients over trajectory because of continued diagnostic delays and is also representative of larger numbers of referrals into the Trust and the PTL.
• The cancer PTL is routinely 300 patients larger than the previous 2 years. There is increased focus nationally on returning the backlog size to numbers as at Feb 2020. There is also increased focus on the delivery of the 28-day FDS which is showing improvement but particularly challenged in the colorectal and prostate pathways which are also a focus for a national CQUIN. Plans will be monitored for effectiveness and areas of concern will be managed through the weekly Performance Management Group. | **The Committee discussed the highlights from the presentation and received moderate assurance.** | Update due at November meeting |

		• Areas for concern currently are pathways in Colorectal, Gynae and Prostate. Current constraints in pathology are contributing to delays in these pathways. 62-day performance for June is 62.3%. Work taking place to improve this position include: • Delivering the Rapid Diagnostic Service (RDS) programme of work with the Cancer Alliance which looks to improve pathways and the patients experience and assist compliance against both the 28-day Faster Diagnosis Standard and the 62 Day Standard. This programme of work will cover all pathways but in the first phase is looking at our most challenged pathways in prostate, colorectal and Upper GI. • Other targeted work is happening in gynaecology with the introduction of a one stop clinic for post-menopausal bleeding. • Working with the CBUs to ensure capacity is monitored and adequate to cope with the demand for 2ww appointments.		
	Fragility of hitting the 78 week target	Predictions for Year end show the Trust will not be compliant by c200-250 patients. Those specialties include: T&O (Knees), General Surgery (Lap Cholies and Hernias), Maxio Facial (GA Dental) and Gyanae (Hysteroscopy). Different options for insourcing, mutual aid and internal incentivisation are being explored. Big risk of elective capacity being bedded over winter to support urgent care. Particularly B4 on the Halton site.	**The Committee**	Update due at November meeting

The Committee also received the following items:

Papers to Discuss and Note for Assurance
22/10/112 - Draft Minutes from the Clinical Services Oversight Group meeting held on 7th Sept & 5th Oct 2022
22/10/113 - Harm Profile Update

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22/10/114 - Corporate Performance Report

22/10/115 - Waiting List Updates

22/10/116 - 78 Week Wait Analysis

22/10/117 - Access to recovery fund update

22/10/118 - Cheshire & Merseyside update

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BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/22/11/144 f		Trust Board	DATE OF MEETING	30 November 2022

Date of Meeting	15 November 2022
Name of Meeting & Chair	Clinical Recovery Oversight Committee (CROC) Chaired by Jane Downey
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
22/11/130	78-week target	October submission finalised at 216 below the revised trajectory and has reduced in September. November is showing early indications of another reduction. All Trusts have been asked to resubmit an updated 78 Week Wait target. WHH has submitted theirs.	**The Committee noted the update**	Update due at December meeting
22/11/131	A&E Recovery – possible impact on recovery	JH confirmed that WHH was still receiving funding but failing to achieve the target that has been set. It was achieved in May. Other trusts are in a similar position. The ERF total is £8m. CR asked if half the region does not receive the funding, where does the money go? JH replied that some of the funding would need to be clawed back from those trusts who are not performing. CR commented it was a difficult incentive scheme if no trust was able to achieve it. JH acknowledged it was all about recovery versus money. DM added that Graham Irwin, Chief Executive for Cheshire & Merseyside, had received an email two weeks ago that the region was not achieving ERF as a system. Four tertiary trusts in the region had. The ERF equation is complicated.	**The Committee noted the update**	Update due at December meeting

22/11/129	Echo issues due to staffing,	Deterioration in performance in: Echo and stress echo; • Recruitment of band 7's complete but one has handed in notice to leave • 1 x B7 sickness no date to return • Visit planned to Aintree to scope role of Support Worker to improve efficiency of echo lists • Exploring funding to support continuation of agency support to increase activity and improve performance • Unlikely to be able to provide any mutual aid until performance recovers By exception improvement in sleep studies; • Increase in OP activity continues • Closed to out of C&M referrals • New OP activity 327 above plan and follow up OP activity 1437 above plan • Exploring funding to support additional consumables and short term additional reporting sessions	**The Committee noted the update**	Update due at December meeting
22/11/129	Cancer	• >104 day being achieved in line with the Cancer Alliance trajectories- currently 1 patient over day 104. • >62 trajectory currently 27, this Trust is not deemed to be a risk at Cancer Alliance level with one of the smallest backlogs in the patch. This trajectory will have to be reviewed for 2022/23 to include patients who do not have cancer but are waiting to be told- cancer ruled out (CROs). Work is going on at Alliance level to understand the impact but would likely double the size of the backlog. Levels of patients over day 62 are rising across the patch and are reflective of overall growing PTL size due to increased referrals, however the national focus remains on reducing numbers to Feb 2020 levels. Trusts have been given a chance to review the trajectory to bring it in line with where we are now which has been done however the end goal remains the same. Key Points for the implementation of the pathway include: • No high or low risk FIT- patients presenting with symptoms to their GP will have a FIT test ordered • GPs will manage the results and refer on a 2ww dependent of the FIT result	**The Committee noted the update**	Update due at December meeting

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		- Numbers of referrals should reduce as a result of this - There will be safety netting in place to ensure that high positive results are referred and help for GPs to identify non returners using existing processes in the current pathway and admin staff - Primary Care engagement will be key but we already have two very engaged GP Leads on both the Halton and Warrington sides.		

The Committee also received the following items:

Papers to Discuss and Note for Assurance
22/11/125 – Board Assurance Framework (BAF) / Risk update
22/11/126 - Draft Minutes from the Clinical Services Oversight Group meeting held on 19th October 2022
22/11/127 - Harm Profile Update
22/11/129 - Corporate Performance Report
22/11/130 - 78 Week Wait Analysis
22/11/131 – Access to recovery fund update
22/11/132 - Cheshire & Merseyside update
22/11/135 - Committee Effectiveness – annual review

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BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/22/11/144 f	COMMITTEE OR GROUP:	Trust Board	DATE OF MEETING	30th November 2022

Date of Meeting	17 November 2022
Name of Meeting & Chair	Audit Committee, Chaired by Michael O' Connor
Was the meeting quorate?	Yes

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

Agenda Reference	Agenda Item	Issue and Lead Officer	Recommendation / Assurance/mandate to receiving body	Follow up/ Review date
AC/22/11/80	**Progress Report on Internal Audit Follow Up Actions**	The Committee received a report providing a summary of the agreed management actions following audits. It was noted there were 3 audits which have 4 overdue management actions, 1 of which was partially complete and 1 had since been completed. In relation to Patient Level Information and Costing Systems (PLICS) it was agreed that due to this being partially complete, that an update be provided at the next meeting in February 2023.	**The Committee noted the update and it was agreed a further update be presented to the meeting in February.**	**Audit Committee 23.02.23**
AC/22/11/84	**Review Losses and Special Payments 01.07.22 – 30.09.22**	The Committee received the report detailing the recent losses and special payments. Of particular note was the £29,405 stores losses (£103,271 ytd) which was an increase of £37,697 compared to the same period in 2021-22. it was agreed that further detail in relation to the these losses be provided in the next update report in February 2023.	**The Committee discussed the noted the update and it was agreed a further update be presented to the meeting in February.**	**Audit Committee 23.02.23**

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Other items included on the agenda were:

AC/22/11/78 – Changes and updates to the BAF
AC/22/11/79 – Update from Chairs – FSC, SPC, QAC, CFC and CROC
AC/22/11/81 - Internal Audit Follow Up Report
AC/22/11/82 - Internal Audit Progress Report
AC/22/11/83 – Counter Fraud Progress Report
AC/22/11/85 – Review of Quotation & Tender Waivers 01.01.22 – 31.03.22
AC/22/11/86 – Committee Effectiveness Review

REPORT TO TRUST BOARD

AGENDA REFERENCE:	**BM/22/11/145**
SUBJECT:	**Maternity Update: Maternity Incentive Scheme**
DATE OF MEETING:	30th November 2022
AUTHOR(S):	Ailsa Gaskill-Jones
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 delivering safe and effective care and an excellent patient experience. X
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)	
EXECUTIVE SUMMARY (*KEY ISSUES*):	NHS Resolution (NHSR) is operating year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care by implementing 10 safety standards. Revised specifications and timelines have been released in October 2022 and advised Trusts must submit the completed Board declaration form to NHS Resolution by 12 noon on Thursday 2 February 2023. This paper will update the Quality Assurance Committee of the current position and trajectory of the 10 safety actions as recommended by NHSR. **Safety Action 1** WHH will be 100% compliant in all elements of Perinatal Mortality Review Tool (PMRT) following submission of Quarter 2 report by 1st November 2022 **Safety Action 2** The Maternity Strategy has been approved at FSC and Board Committee on the 19 October 2022 **Safety Action 3** WHH is on track to be 100% compliant following submission of Quarter 1 Avoiding Term Admissions to Neonatal Unit (ATAIN) and Transitional Care (TC) reports for all requirements by 1st of November 2022 **Safety Action 4** WHH is on track to be 100% compliant for all medical and neonatal staffing specifications by 30th December 2022 **Safety Action 5** WHH will be 100% compliant in all elements of Maternity staffing specifications in November 2022 following bi-annual staffing review **Safety Action 6** WHH is 100% compliant with delivering all elements of Saving Babies Lives Version 2 (SBLV2) and is on track to submit 6 months of consistent SBLV2 smoking data by 31 January 2022 **Safety Action 7** WHH is on track to complete all Maternity Voice Partnership (MVP) specifications by 31st January 2023

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	• **Safety Action 8** WHH is on track to meet training standards by 30th December 2022 • **Safety Action 9** WHH is on track to be 100% compliant for all requirements in relation to Maternity and Neonatal Safety Champions • **Safety Action 10** WHH is on track to be 100% compliant for all requirements related to Healthcare Safety Investigation Bureau (HSIB) reporting and investigations. Maternity Incentive Scheme (MIS) actions are all on track to be compliant by the 31 January 2023			
PURPOSE: *(please select as appropriate)*	Information X	Approval	To note X	Decision
RECOMMENDATION:	The Trust Board is asked to note the contents of this report.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Assurance Committee		
	Agenda Ref.	QAC/22/11/282		
	Date of meeting	1st November 2022		
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Choose an item.			

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REPORT TO BOARD OF DIRECTORS

SUBJECT	Maternity Incentive Scheme Year 4 Update	AGENDA REF:	BM/22/11/145

1. BACKGROUND/CONTEXT

NHS Resolution is operating year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care by implementing 10 safety standards.

Trusts that can demonstrate all 10 safety standards will recover 10% of their CNST contribution and receive a share of unallocated funds. The Year 4 scheme paused in December 2021 due to the challenges placed on Trusts during the COVID pandemic.

Revised specifications and timelines were released in October 2022 and advised Trusts must submit their completed Board declaration form to NHS Resolution by 12 noon on Thursday 2 February 2023.

In preparation of the submission deadline a monthly update report will be provided. This paper will update the Quality Assurance Committee of the current Warrington and Halton position for the month of October 2022.

2. KEY ELEMENTS

The Women's and Children's Clinical Business Unit (W&C CBU) triumvirate has undertaken a benchmarking exercise and met with each Maternity Incentive Scheme (MIS) Action Lead to monitor progress of each safety action and specifications as stipulated in the MIS Year 4 Guidance relaunched in May 2022 and revised in October 2022.

2.1 MIS 10 Safety Standards and Warrington and Halton Teaching Hospital (WHH) position:

- Safety action 1: Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?

  WHH is 100% compliant in all elements of SA1 PMRT MIS Year 4 specifications.

  SA1 PMRT was also audited externally by MIAA on 13th and 14th June and provided additional assurance of WHH PMRT pathway and processes.

  The W&C CBU present quarterly PMRT reports to QAC which are shared with the Trust Board. Quarter 1 (Q1.) was presented in September 2022 and Quarter 2 (Q2.) will be presented to QAC in November 2022. Each PMRT review has met all MIS Standards in terms of reporting timelines, multi-disciplinary review and Duty of Candour.

- Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

  WHH is on track to complete all SA2 specifications by 30th October 2022

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SA2 specifications stipulates each maternity provider has their own digital strategy and must reflect the '7 Pillars of What Good Looks Like' framework into the strategy. The Maternity Strategy has been approved at FSC and Board Committee on the 19 October 2022

- Safety action 3: Can you demonstrate that you have transitional care (TC) services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units (ATAIN) Programme?

  WHH is on track to be 100% compliant by 30 December 2022.

  ATAIN and TC quarterly reports have been submitted to QAC and updates are included in to the quarterly Maternity Trust Board Report. WHH will be compliant when Q1 ATAIN have been shared with QAC and Trust Board in November 2022 and the Q2 TC audit is submitted to December QAC.

- Safety action 4: Can you demonstrate an effective system of clinical* workforce planning to the required standard?

  WHH is on track to be compliant by November 2022.

- Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

  WHH is 100% compliant with MIS SA5 specifications.

  WHH Midwifery workforce has been assessed externally using the National Midwifery Acuity Tool. The Birth Rate plus assessment was completed in February 2022 and staffing ratio identified as 1 midwife:24 births. Staffing paper and action plan presented to QAC and summary shared with Trust Board in July 2022 as part of quarterly maternity update report.

  Maternity staffing is reviewed by W&C CBU Governance meeting and Workforce Review meeting monthly. Maternity staffing is also included in the Trust bi-annual Safe Staffing Report. In light of the ongoing national, regional and local issues in relation to maternity staffing an action plan is being developed and once agreed within the CBU will be shared.

- Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives Care Bundle Version 2 (SBLV2)?

  WHH is 100% compliant with all 5 elements of SBLV2
  WHH is on track to submit SBLV2 data

  Women's and Children's Clinical Business Unit has previously escalated to QAC the technical challenges in submitting smoking data due to the previous Lorenzo maternity database. As previously discussed in SA2, MIS SA2 submission is reliant on evidencing 6 months smoking data consistently. Previously Lorenzo did not facilitate the required data fields to be compliant. Since the implementation of BadgerNet in May 2022 WHH is on track to report 6 months' worth of continuous data and to be MIS compliant by 31 January 2023.

- Safety action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to co-produce local maternity services?

WHH is on track to be 100% compliant in all specification by 31 January 2023.

Outstanding specification of SA7 relates to new MIS guidance which specifies the MVP Chair is invited to attend maternity governance meetings and actions and themes and trends from meetings are shared with the MVP chair. Following discussion with the Trust Lead for the Patient Safety work programme it is recommended that the MVP role is aligned to that of the Patient Safety Partner role as part of the National Patient Safety Strategy. This will provide an appropriate framework and governance structure to the MVP Chair role. The W&C CBU are working alongside the Patient Safety Lead for the Trust in conjunction with the Patient Safety programme to implement this. It is anticipated this new approach which will meet the standard of SA7 will be implemented by January 2023.

- Safety action 8: Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4?

  WHH is on track to meet SA8 training standards by 30 December 2022.

  Training updates are monitored monthly at W&C's Governance meeting.

  In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and new-born life support, starting from the launch of MIS year 4?

  Training Trajectory on track to be compliant by December 2022. To meet this trajectory is dependent on staff attending the scheduled training. Within the CBU this training is prioritised and closely monitored to ensure all staff will meet the necessary compliance. In the wider MDT team, there is a lack of compliance within the Anaesthetist cohort. Non-attendance will prevent WHH from meeting the required 90%. This has been escalated as a priority.

- Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

  WHH is 100% compliant with all specification of SA9.

- Safety action 10: Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme from 1 April 2021 to 5 December 2022?

  WHH is 100% compliant with SA10 HSIB specification.

5

2.2 WHH MIS Next Steps and timeline:

Month/Date/2022	Action
6th September	The Women's and Children's Clinical Business Unit Triumvirate is meeting with each MIS Safety Action Lead to benchmark all evidence in relation to their associated Safety Action on the 6th of September 2022.
21st September	Bi monthly Triumvirate MIS review of outstanding actions
29th September	The Trust Board will be updated on the MIS Trajectory including September benchmarking report.
4th October	MIS update paper presented to QAC meeting
25th October	Bi Monthly Triumvirate review of outstanding actions
1st November	MIS update paper presented to QAC Final CBU Sign off
November	Final CBU Sign off
24th November	Present MIS Evidence and presentation to Trust Board and Trust Board sign off
December	Share evidence and sign off with Accountable officer within Integrated Care Board prior to Chief Executive Officer sign off
MIS compliance declaration is to be submitted no later than 12 noon on 2 February 2023	

2.3 Summary

WHH is on track to be 100% compliant with MIS Year 4 Safety Standards by 31 January 2023.

3. MEASUREMENTS/EVALUATIONS

MIS safety actions are monitored at W&C CBU Governance meeting monthly.

4. ASSURANCE COMMITTEE

This report has been presented at Quality Assurance Committee on 1st November 2022.

5.   RECOMMENDATIONS

The Trust Board is requested to note the findings of this paper for information as per MIS Year 4 recommendations.

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REPORT TO TRUST BOARD

AGENDA REFERENCE:	BM/22/11/145	
SUBJECT:	**Maternity Update Ockenden Report**	
DATE OF MEETING:	30th November 2022	
AUTHOR(S):	Ailsa Gaskill-Jones	
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 delivering safe and effective care and an excellent patient experience.	X
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)		
EXECUTIVE SUMMARY (*KEY ISSUES*):	The Ockenden recommendations require the Trust Board to be informed and have oversight of maternity safety updates. This paper provides the Quality Assurance Committee (QAC) oversight of the update with regards to Ockenden recommendations, and the report will also be noted at Trust Board. In summary, WHH has 3 Ockenden action plans: Ockenden Part 1 following release of the first Report, Ockenden Part 1, Phase 2 following receipt of the Trust Provider Report of Ockenden 1 evidence submitted, and Ockenden Part 2 following the launch of the second Report. The WHH Ockenden update for end October 2022 is: • **Ockenden Part 1a**: WHH is 96% compliant and on trajectory to be compliant by 30th November 2022. • **Ockenden 1b**: WHH is 91% compliant and on trajectory to be 100% compliant by 30th December 2022. • **Ockenden 2**: WHH is 44% compliant and on trajectory to be 100% compliant by 30th June 2022. This trajectory has been extended due to the 6-month timeline to undertake a High Dependency Training Programme required for Band 7 to complete to facilitate a band 7 to be on duty at each shift. • Ockenden 2 does not have any national timelines. WHH has set internal timelines to complete all actions by 30th June 2023.	

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

RECOMMENDATION:	The Trust Board is asked to note the contents of this report.	

PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Assurance Committee
	Agenda Ref.	**QAC/22/11/282**
	Date of meeting	1st November 2022

1

	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Choose an item.	

2

SUBJECT	Maternity Incentive Scheme Year 4 Update	AGENDA REF:	BM/22/11/145

1. BACKGROUND/CONTEXT

The report will update the Quality Assurance Committee of the Ockenden reports position.

Each element of the Ockenden action plans have been presented using pie charts to aid visualisation and tracking of all actions. The following key describes the colour coding of each chart:

KEY

Purple	Action not initiated
Red	Action initiated but risk to achieving completion date
Amber	On track to achieve completion date
Green	Complete but assurance embedded not received
Blue	Complete, assurance evidence embedded received and passed to CBU for monitoring
White	Action for LMNS/National/Regional

2. KEY ELEMENTS

2.1 Warrington and Halton Teaching Hospital (WHH) compliance with the Immediate and Essential Actions (IEAs) outlined in Part One and Part Two of the Ockenden Report.

The initial Ockenden Report (December 2020) presented the findings of an inquiry into maternity care at Shrewsbury and Telford NHS Trust following a letter from families raising concerns about significant harm and deaths of neonates and mothers. Following this, 7 Immediate and Essential Actions were recommended to improve safety within maternity services and improve the experience of women and families.

1. Enhanced Safety
2. Listening to Women and their Families
3. Staff Training and Working Together
4. Managing Complex Pregnancies
5. Risk Assessment Throughout Pregnancy
6. Monitoring Fetal Well Being
7. Informed Choice

2.1.2 WHH Compliance with Ockenden 1a Report

Chart 1: WHH Ockenden Part 1a Compliance

**Ockenden 1a
54 actions in total**

Green 2 4%
LMNS 1 2%
Blue 51 94%
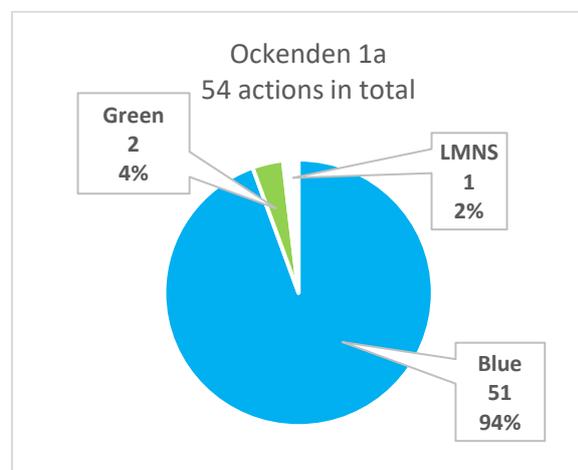
Update
<u>0 Amber (previously 2)</u>

<u>2 Green (previously 5)</u>: -
On track to move to blue:-
1 end September 2022
1 end November 2022

<u>51 blue (previously 46)</u>

1 –action not for WHH

The remaining 2 Amber actions are in relation to resolving teething problems following implementation of the new BadgerNet system. It is anticipated that all maternity patient records will be recorded on BadgerNet by the end of November 2022.

Excluding the LMNS action, Ockenden Part 1a action plan is currently 96% compliant.

2.1.3 WHH Compliance with Ockenden 1b Report

Following the initial Ockenden 7 IEA's recommendations all maternity providers submitted their evidence of compliance to the national maternity team. Ockenden 1b was actioned following feedback of the initial evidence submitted.

Chart 2: WHH Ockenden 1b Compliance

**Ockenden 1b
122 actions in total**

Red 4 3%
LMNS 1
Green 3 3%
Amber 4 3%
Blue 110 90%
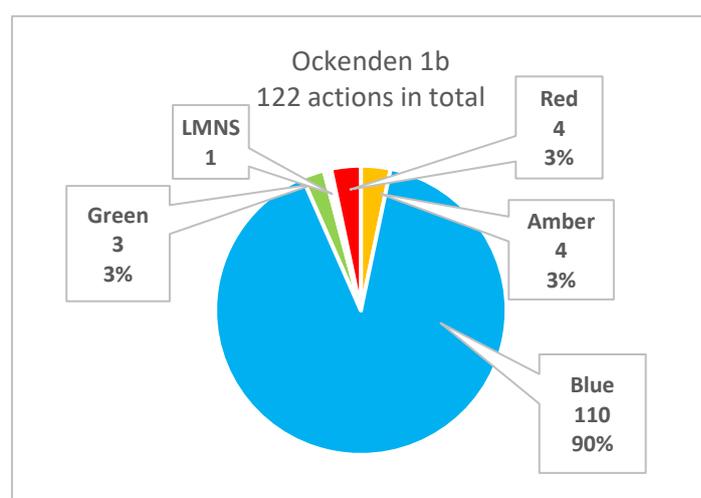
<u>Update</u>

<u>4 Red (previously 0)</u>
Relating to appointment to role

<u>4 Amber (previously 8)</u>: -
On track to move to green as follows:
3 end October 2022
1 end November 2022

<u>3 Green (previously 4)</u>: - –
On track to move to blue as follows:
2 end November 2022
1 end December 2022

<u>110 blue (previously 110)</u>

<u>1 – action not for WHH</u>

4

The 4 Red actions relate to the appointment to the role of Lead Obstetrician in Fetal Surveillance. A Consultant Away Day took place on 10 October 2022 when the role was discussed, but it was not possible to identify anyone at that time due to competing commitments. The CBU is actively exploring this issue and will be taken forward by the triumverate to identify a solution

4 amber actions relate to:-

- 3 actions are for scheduled audits concerning complex pregnancies having a named consultant lead, and informed decision making around place of birth and caesarean section.
- 1 action in regard to evidence gathering concerning trust safety champions bi-monthly meetings.

3 Green actions relate to:-

- Following results of the staff survey, the W&C triumvirate is developing a communication strategy for the CBU, which will include MVP involvement to ensure all voices are represented.
- 2 actions concerning evidence gathering relating to ongoing review of intended place of birth based on developing clinical picture.

Excluding the LMNS action, Ockenden Part 1b action plan is currently 91% compliant.

2.1.4 WHH Compliance with Ockenden 2 Report

Ockenden 2 was launched on 30th March 2022 and reported on the care provided to 1862 families examined during the investigation and identified internal and external factors that may have contributed to failings in care.

Chart 3: WHH Ockenden 2 Compliance
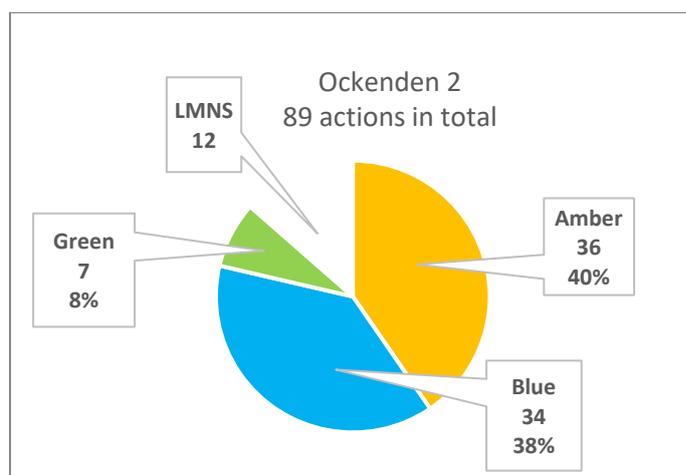
Update

36 Amber (previously 41)
On track to move to green as follows:
7 end October 2022
18 end November 2022
7 end December 2022
2 end January 2023
1 end March 2023
1 end June 2023

7 Green (previously 11)
On track to move to blue as follows:
8 end September 2022
1 end October 2022
1 end November 2022
1 end December 2022

34 blue (previously 25)
12 white – actions not for WHH

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36 Amber and 11 Green actions relate to evidence gathering and completion of audits which have been scheduled and are all on track.

The trajectory for completion of this action plan is the end of June 2023. This trajectory relies on completion of the action relating to training of the Birth Suite Coordinators completing training in High Dependency care skills, and ensuring a High Dependency trained midwife in is on duty on each shift. The training has been identified at the University of Salford; 3 members of staff will complete the 6-month course in June 2023.   High Dependency care skills will be developed across W&Cs CBU on completion of the training programme.

Excluding the 15 LMNS action, Ockenden 2 action plan is currently 44% compliant.

2.2 WHH Risks for Escalation

Ockenden Part 2 identifies the introduction of specific roles within the maternity workforce. Roles include Lead Obstetrician in Fetal Surveillance and Audit Midwife. Currently WHH has not received any additional funding to support the Trust in becoming compliant in these recommendations.

Following Ockenden 1 the Trust incurred a financial deficit in the region on £179K due to a discrepancy in projected and actual funding received.

PROMPT training and CTG Competency Assessment is on track to meet the necessary trajectory. However, to meet this trajectory is dependent on staff attending the scheduled training. Within the CBU this training is prioritised and closely monitored to ensure all staff will meet the necessary compliance.

Ockenden Summary

Ockenden recommends Trust Boards have oversight of the implementation of Ockenden IEAs. This paper provides the QAC of WHH current Ockenden position:

- Ockenden 1a is 96% compliant and on trajectory to be 100% compliant by 30th November 2022.
- Ockenden 1b is 91% compliant and on trajectory to be 100% compliant by 30th December 2022.
- Ockenden 2 is 44% compliant and on trajectory to be 100% compliant by 30th June 2023. This trajectory has been extended due to the unexpected 6-month timeline to undertake a High Dependency Training Programme required for Band 7 to complete to facilitate a band 7 to be on duty at each shift.
- Ockenden 2 does not have any national timelines. WHH has set internal timelines to complete all actions by 30th June 2023.

3. MEASUREMENTS/EVALUATIONS

The Ockenden Action Plan is monitored at Women's and Children's Clinical Business Unit Governance Meeting monthly and Senior Management Oversight Meeting Bimonthly.

4. ASSURANCE COMMITTEE

This report has been presented at Quality Assurance Committee on 1st November 2022.

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5. RECOMMENDATIONS

The Trust Board is requested to note the findings of this paper for information as per as per Ockenden recommendations.

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Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

AGENDA REFERENCE:	**BM/22/11/145**
SUBJECT:	**Quarter 2 Perinatal Mortality Review/Audit 2022/2023**
DATE OF MEETING:	30th November 2022
AUTHOR(S):	Annabel Grossmith / Emma Bentham
EXECUTIVE DIRECTOR SPONSOR:	Ailsa Gaskill-Jones – Deputy Head of Midwifery/Gemma Taylor – Bereavement Specialist Midwife
LINK TO STRATEGIC OBJECTIVE: (*Please select as appropriate*)	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.	X
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)	

EXECUTIVE SUMMARY (*KEY ISSUES*):	The NHS Long Term Plan is to achieve a 50% reduction in stillbirths and neonatal deaths by 2025. The Perinatal Review Tool has been developed to standardise the reviews of stillbirths and neonatal deaths across England, Scotland and Wales. NHS Resolution have incorporated the use of the National Perinatal Mortality Review Tool (PMRT) into Safety Action One of the Maternity Incentive Scheme (Year 4) in September 2021 to ensure Trust Boards receive quarterly perinatal mortality review reports. This report presents Warrington and Halton Teaching Hospitals (WHH) NHS Foundation Trust Quarter 2 (Q2.) PMRT report for the period covering 01/07/2022 – 30/09/2022. During Q2. WHH reported four babies to Mothers and Babies Reducing Risk through Confidential Enquires across the UK (MBRRACE-UK): One late fetal loss: • One baby born at 23+2 weeks One term stillbirth: • One baby born at 37+3 weeks Three Neonatal Deaths: • One live baby born at 21+1 weeks gestation. The baby's death was notified to MBRRACE-UK who advised the use of the perinatal mortality review tool is not supported in this case. • One live baby born at 31+2 weeks • One live baby born at 23 weeks The key findings, learning, good practice and action plan for these cases will be reported in the Quarter 3 QAC following a PMRT review panel for each case.

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WHH stillbirth rate for Q2 2022/23 was 3.59 per 1000 births. WHH annual Mean stillbirth rate is 3.22 per 1000 births. The MBRRACE-UK national rate is 3.51 per 1000 births.

WHH Neonatal mortality rate Q2 2022/2023 was 5.19 per 1000 live births. WHH Neonatal mortality rate during Q2 2022/2023 was 5.19 per 1000 live births. However, this includes 2 babies who were born at the threshold of viability (threshold of viability is defined as newborns born at 23+0 weeks to 24+6 weeks of gestation) where standard practice was followed, and resuscitation was not carried out.

When calculating national neonatal mortality rates we exclude all babies born before 24+0 weeks. The figure adjusted to exclude these neonatal deaths is 1.73 per 1000 live births. The MBRRACE-UK national rate is 1.64/1000 live births.

During Q2 WHH undertook three PMRT stillbirth review panels and one PMRT neonatal death review panel. Parental perspective of the care they received were sought in all cases.

Q2 PMRT panel reviewed 3 stillbirths:
• One baby born at 25+1 weeks
• One baby born at 26+2 weeks
• One baby born at 27+6 weeks

Q2 PMRT panel reviewed 1 Neonatal Death:
• One live baby born at 36+1 weeks

In all 4 cases no issues with care were identified which may have or were likely to make a difference to the outcome for the baby.

In 1 case an issue with care was identified which may have made a difference to the care provided to the mother following confirmation of the death of her baby. An action plan has been implemented.

The PMRT Action Plan is monitored at Women's and Children's Governance Committee.

Full compliance is reported in relation to Maternity Incentive Scheme, Safety Action 1 standards being met.

To provide further assurance a five year Perinatal Mortality Review is to be completed and presented to Quality Assurance Committee in January 2023.

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

RECOMMENDATION:	The Trust Board is asked to note the contents of this report	
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Assurance Committee
	Agenda Ref.	**QAC/22/11/282**
	Date of meeting	1st November 2022
	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Choose an item.	

REPORT TO BOARD OF DIRECTORS

SUBJECT	Quarter 2 Perinatal Mortality Review/Audit 2022/2023	AGENDA REF:	BM/22/11/145

1. BACKGROUND/CONTEXT

The NHS Long Term Plan is to achieve a 50% reduction in stillbirths and neonatal deaths by 2025.

The Mothers and Babies Reducing Risk through Audits and Confidential Enquires (MBRRACE) -UK confidential enquiries, reported that 60-80% of term perinatal deaths might have been prevented and recommends Trusts should undertake robust reviews and develop lessons learned to reduce the rate of stillbirth.

NHS Resolution (NHSR) have incorporated the national Perinatal Mortality Review Tool (PMRT) into Safety Action One of the Maternity Incentive Scheme (MIS) Year 4 standards and recommended each maternity service audits all babies born stillborn and neonatal deaths to its Trust Boards using a PMRT reporting template. The audit and reports must be presented quarterly.

This quarterly report includes details of all WHH perinatal deaths reviewed and action plans implemented.

This report presents WHH Quarter 2 PMRT audit data for 2022/2023 and highlights good practice and lessons learned during the mortality reviews. Q2 covers the reporting period from 01/07/2022 to 30/09/2022.

Definitions:
- **Perinatal mortality** refers to the number of stillbirths and early neonatal deaths in the first week of life.
- **Late Fetal Loss** is when a baby is born between 22+0 weeks and 23+6-weeks gestation showing no signs of life.
- **Stillbirth** is when a baby is born showing no signs of life after 24+0 weeks of pregnancy.
- **Early Neonatal death** occurs when a baby is born after 20+0 weeks gestation or weighs 400grams or more and lives but dies within 7 days of being born.
- **Neonatal Mortality Rate** refers to the number of babies which have died within the first 28 days of life.
- **Perinatal Mortality Review Tool (PMRT)** is a national standardised approach to systematically review circumstances and care leading up to and surrounding each stillbirth and neonatal death. The review should incorporate a multidisciplinary approach which includes communication with parents on their experience of care provided and any questions they may have. Following the review, a grading of care is provided by the multidisciplinary review team.

2. KEY ELEMENTS

The Perinatal Review Tool has been developed to standardise the reviews of still births and neonatal deaths across England, Scotland and Wales.

This paper has extracted the key findings of the report for information and noting.

During Q2 reporting period 5 cases were reported to MBRRACE-UK.

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MBRRACE-UK advised the use of the perinatal mortality review tool is not supported for 1 case.

One baby was reported as a late fetal loss:

One baby born at 23+2 weeks

Their death was notified to MBRRACE and surveillance completed within the specified timescale. The PMRT review panel this this case is scheduled for 2nd November.

One baby was reported as a stillbirth:

One baby born at 37+3 weeks. Their death was notified to MBRRACE and surveillance completed within the specified timescale. The PMRT review panel this this case is scheduled for 2nd November.

Three babies were reported as a neonatal death:

One baby born alive at 21+1 weeks gestation was an early neonatal death. The baby's death was notified to MBRRACE-UK who advised the use of the perinatal mortality review tool is not supported in this case. The infant's death has also been notified to the Child Death Overview Panel (CDOP) and the coroner; no further action was required from the coroner.

One baby born alive at 31+2 weeks gestion was an early neonatal death Their death was notified to MBRRACE and surveillance will be completed within the specified timescale. The PMRT review panel this this case is scheduled for 23rd December.

One baby born alive at 23 weeks gestion was an early neonatal death. Their parents were counselled antenatally regarding resuscitation and the parents declined resuscitation. Their death was notified to MBRRACE and surveillance will be completed within the specified timescale. The PMRT review panel this this case is scheduled for 23rd December.

Warrington and Halton Teaching Hospital (WHH) have been notified of two neonatal deaths in a tertiary unit where antenatal care was provided by WHH maternity services. WHH will participate in the PMRT review; this is being arranged by the tertiary provider.

2.1 Quarter 2. WHH Stillbirth Rate:
- WHH Q2 stillbirth rate for 2022/2023 is 3.59 per 1000 births.
- WHH mean stillbirth rate is 3.22/1000 births which is below the MBRRACE-UK national stillbirth rate which is 3.51/1000 births
- WHH had nil intrapartum stillbirths
- WHH had 1 term stillbirth (babies born from 37 weeks gestation)

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Table 1: WHH Stillbirth Data Over 12-month Period:

Metric	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	12-month total
Number of live births	687	644	573	577	2481
Total number of stillbirths >24 weeks	3	1	3	1	8
Total Stillbirth Rate >24 weeks	**4.34**	**1.55**	**5.20**	**3.59**	**3.22**
Number of intrapartum still birth rate	**0**	**0**	**0**	**0**	**0**
Number of stillbirths >37 weeks	**1**	**0**	**0**	**1**	**2**

In view of the small number of babies being stillborn when reviewing the data, it is also important to measure the numbers and findings over a longer time to contextualise the overall rate and learning. WHH current annual stillbirth rate between the time from the 1st September 2021 to 30th September 2022 is 3.2 per 1000 births.

Table 2: Comparison of WHH stillbirth rate versus national stillbirth rate 2015-2021

Comparison of WHH stillbirth rate versus national stilbirth rate

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NHS Foundation Trust
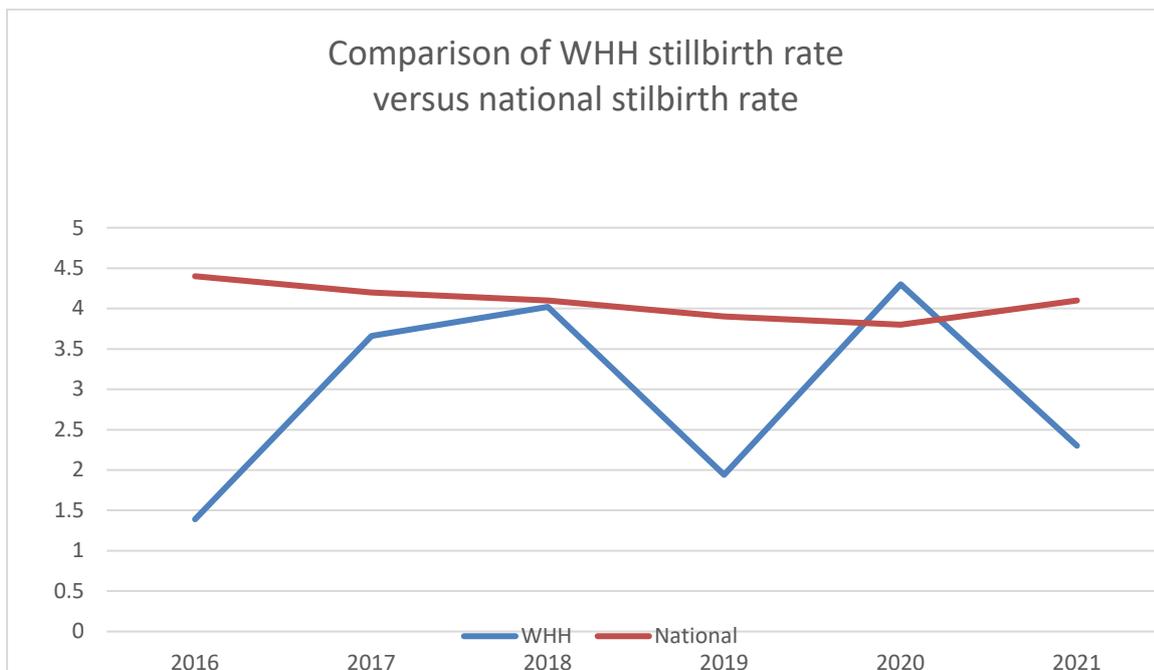
2.3 Q2. WHH Neonatal Mortality Rate:

There were three neonatal deaths reported in Q2 2022/2023

WHH Neonatal mortality rate during Q2 2022/2023 was 5.19 per 1000 live births. This includes 2 babies who were born at the threshold of viability where standard practice was followed, and resuscitation was not carried out. The figure adjusted to exclude these neonatal deaths is 1.73 per 1000 live births.

MBRRACE-UK national rate of 1.64/1000 live births.

The key findings, learning, good practice and action plan for these cases will be reported in the Quarter 3 QAC report following a PMRT review panel for each case.

2.4 Quarter 2 PMRT Review Panel Key Findings

Synopsis of Findings

One baby was born stillborn at 25 weeks gestation. The mother had duplex kidneys and mental health issues. Sadly, this was the second stillbirth for this woman. The cause of death identified at post-mortem was severe maternal vascular malperfusion of the placenta, these findings were compared to the previous stillbirth post mortem report and found to be similar.

One baby was born stillborn at 26 weeks gestation The mother had several risk factors including cardiac disease, type 2 diabetes and polycystic ovary syndrome, increased risk associated with maternal age over 40 years and a raised BMI. The baby was diagnosed with a cardiac abnormality in the antenatal period. The cause of death identified at post-mortem was truncus arteriosus and ventricular septal defect (VSD).

One baby was stillborn at 27+6 weeks gestation. The mother attended maternity triage with a history of no fetal movements for a number of days. The mother had no obstetric risk factors identified. The cause of death identified at post-mortem was fetal vascular malperfusion and a probable contributory factor was cord entanglement.

One baby was live born at 36 weeks gestation following antenatal haemorrhage due to placental abruption. The baby was resuscitated and transferred to the neonatal unit but sadly died 4 hours and 8 minutes following birth. The mother had several obstetric risk factors identified including grand multiparity (had birthed more than 5 babies) and smoked cigarettes. Antenatal Carbon Monoxide (CO) reading was 11 parts per million (PPM) (normal reading is below 4 PPM). Compliance with pathways of care in relation to smoking cessation were considered as part of the PMRT review and care was reviewed as appropriately managed. The infant's death has been routinely notified to the Coroner, Cheshire CDOP and MBRRACE-UK. The cause of death was maternal placental abruption.

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Surveillance Findings:

- All 4 babies were of a singleton pregnancy

- 1 woman was aged between 20-24
  1 woman was aged between 30-34
  1 woman was aged between 35-39
  1 woman was aged over 40

- All 4 women were identified as white ethnicity.

- All 4 women spoke English as their first language

- None of the women had any communication problems as a consequence of learning difficulties/hearing problems

- 2 women had a healthy BMI between 18.5 - 24.9
  1 woman had a BMI between 25 -29.9
  1 woman had a BMI between 30-34.9. A BMI over 30 is associated with increased risk of complications in pregnancy.

- 2 women were non-smokers and had a carbon monoxide (CO) level below 3 parts per million (PPM)

- 1 woman with a CO reading above 4 PPM had given up smoking in pregnancy.

- 1 woman reported smoking in pregnancy and had a CO reading of 11 PPM (normal reading <4PPM). Compliance with pathways of care in relation to smoking cessation were considered as part of the PMRT review and care was reviewed as appropriately managed.

- In 2 cases the woman booked late. Assessment of the late booking affecting the outcome was considered as part of each PMRT review and decided to be not relevant to the outcome in both cases.

- In all 4 cases there were no issues identified with the care provided in relation to safeguarding

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2.5 PMRT Grading of Care

Each PMRT review panel consists of senior obstetric, midwifery, bereavement, and governance representation from WHH and external peer review members from another maternity provider within

PMRT grading	Care provided to the mother up to the point that her baby was confirmed as having died	Care provided to the mother following confirmation of the death of her baby
PMRT grade A The review group concluded that there were no issues with care identified	1	1
PMRT grade B The review group identified care issues which they considered would have made no difference to the outcome	2	1
PMRT grade C The review group identified care issues which they considered may have made a difference to the outcome	-	1
PMRT grade D The review group identified care issues which they considered were likely to have made a difference to the outcome	-	-
Not Graded	-	-
Total Cases	3 cases	3 cases

Cheshire and Mersey Local Maternity System. Parental perspective is also included as part of the PMRT review and contributes to the grading of care.

The PMRT review concludes with each panel member reporting if, in their professional opinion, the care given up to the point where the baby was confirmed as having died and or care provided following the birth of the baby could have made a difference.

Table 3: Q2 PMRT Grading of Stillbirth:

During Q2 reporting period three PMRT stillbirth review panels took place. Parental perspective of the care they received were sought in all cases.

No issues with care were identified which may have or were likely to make a difference to the outcome for the baby.

One issue with care was identified which may have made a difference to the care provided to the mother following confirmation of the death of her baby. Parents' feedback about their experience indicated that confusion about the appropriate mode of birth may have caused a delay in the timing

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of birth leading to deterioration of their baby and resulted in them spending less time with their baby than they wished. An action plan has been implemented (Table 6).

Q2 WHH Grading of Care Following Neonatal Death

During Q2 one neonatal death PMRT review panel took place. Parental perspective of the care they received was sought.

Table 4: Q2 PMRT Grading of Neonatal Death:

PMRT grading	Care provided to the mother up to the point that the baby was confirmed as having died	Care provided to the baby from birth to the point that the baby was confirmed as having died	Care provided to the mother following confirmation of the death of her baby
PMRT grade A The review group concluded that there were no issues with care identified	-	-	1
PMRT grade B The review group identified care issues which they considered would have made no difference to the outcome	1	1	-
PMRT grade C The review group identified care issues which they considered may have made a difference to the outcome	-	-	-
PMRT grade D The review group identified care issues which they considered were likely to have made a difference to the outcome	-	-	-
Not Graded	-	-	-
Total cases	1 case		1 case

No issues with care were identified which may have or were likely to make a difference to the outcome for the baby.

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2.6 Q2. WHH PMRT Panel Attendance

There have been 4 PMRT panel reviews in Q2 which were attended by multidisciplinary internal and external panel members.

Table 5: Q2 WHH PMRT Panel Attendance

Number of participants involved in PMRT reviews Total number of reviews from 01/07/22 -30/09/2022 = 4			
Role	Total Stillbirth Review Sessions	Total Neonatal Death Review Sessions	Reviews with a least one in attendance
Chair	3	1	4
Vice Chair	0	0	0
Admin/Clerical	0	0	0
Bereavement Midwife	3	1	4
External Rep	3	1	4
Management Team	3	1	1
Midwife	3	1	4
Neonatal Nurse	n/a	1	0
Neonatologist/Paediatrician	n/a	1	1
Obstetrician	3	1	4
Other	3	1	4
Governance Manager	3	1	1
Safety Champion	3	1	1

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2.7 Maternity Incentive Scheme Year 4 Compliance

Table 6: PMRT MIS Safety Action 1 Compliance

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	
Standard Required	**Compliant Y/N**
a) i All perinatal deaths eligible to be notified to MBRRACEUK from 1 September 2021 onwards must be and the **surveillance information** where required must be **completed within one month of the death**.	Yes
a) ii A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 8 August 2021 **will have been started within two months of each death. This includes deaths after home births where care was provided by your Trust**	Yes
b) At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from **8 August 2021** will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool **within four months of each death and the report published within six months of each death.**	Yes
c) For at least 95% of all deaths of babies who died in your Trust from **8 August 2021,** the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any questions and/or concerns they have about their care and that of their baby have been sought. **This includes any home births where care was provided by your Trust staff and the baby died either at home or in your Trust.** If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion.	Yes
d) Quarterly reports will have been submitted to the Trust Board from 8 August 2021 onwards that include details of all deaths reviewed and consequent action plans. **The quarterly reports should be discussed with the Trust maternity safety and Board level safety champions.**	Yes

2.8 Learning and Good Practice

- The cases have all been notified and surveillance completed within the required timescale.
- Antenatal care was graded A at one of the PMRT panel meetings, which included feedback from the parents.
- Bereavement care was graded A at two of the PMRT panel meetings, which included feedback from the parents.
- Parental involvement was sought in all cases as part of PMRT panel review

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- The review panel noted that a request from a family to be able to take their baby for a walk in their pram was facilitated. This learning has been shared with the national bereavement care steering group and trusts nationwide are now adopting this practice
- Good situational awareness by the Obstetrician was noted in one case
- Rapid administration of blood products was commended in one case

Action Plan Summary

All actions identified following PMRT reviews are recorded in full on the Datix incident reporting system and monitored through Women's and Children's Governance Meetings.

Six PMRT actions are in progress:

Table 7: PMRT Action Plan

ID	Action	Lead	Start date	Due Date	RAG rating
14555	Develop a standard script for Community Midwives	Team Leader	28/07/2022	31/08/2022	
14558	CO monitoring at every contact	Community Manager	28/07/2022	30/09/2022	
14559	Review the access to care when women live out of area	Community Manager	28/07/2022	30/09/2022	
15320	Reflection of the decision for mode of delivery Add to the PMRT presentation to share the wider learning to be added to our wise learning.	Consultant	30/09/2022	23/10/2022	
15321	Raise awareness of the option to offer bereaved families the opportunity to take their baby home. Add this to the PMRT presentation to share the wider learning to be added to our wise learning.	Specialist Midwife	30/09/2022	23/10/2022	
15324	Raise awareness of parent's feedback with the Consultant anaesthetist	Consultant	30/09/2022	16/10/2022	

Actions rag rated as red have been escalated and will be completed by 30th November 2022.

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2.9 Summary

➢ WHH Q2 PMRT audit recorded five babies reported to MBRRACE that were born between 01/07/2022 and 30/09/2022.

Five babies reported to MBRRACE UK:

- One late fetal loss at 23+2 weeks gestion
- One term stillbirth at 37+3 weeks gestation
- One Neonatal death at 21+1 weeks gestion (MBRRACE-UK advised the use of the perinatal mortality review tool is not supported in this case)
- One Neonatal death at 31+2 weeks
- One Neonatal death at 23 weeks

The key findings, learning, good practice and action plan for these cases will be reported in the Quarter 3 QAC report following the PMRT review panels which are being held on 2nd November 2022 and 23rd December 2022.

➢ WHH stillbirth rate for Q2 2022/23 was 3.59 per 1000 births. WHH annual Mean stillbirth rate is 3.22 per 1000 births which is below the MBRRACE-UK national rate 3.51 per 1000 births.

➢ WHH Neonatal mortality rate during Q2 2022/2023 was 5.19 per 1000 live births. This includes 2 babies who were born at the threshold of viability where standard practice was followed, and resuscitation was not carried out. The figure adjusted to exclude these neonatal deaths is 1.73 per 1000 live births.

➢ Four PMRT review panels were held in Q2 which were attended by multidisciplinary internal and external panel members. PMRT reviews are all graded as either A B C or D as per outcome incurred.

➢ Parental perspective of the care they received were sought in all cases.

➢ In all 4 cases no issues with care were identified which may have or were likely to make a difference to the outcome for the baby.

➢ In 1 case issues with care were identified which may have made a difference to the experience of care provided to the mother following confirmation of the death of her baby. An action plan has been implemented.

➢ The PMRT Action Plan is monitored at Women's and Children's Governance Committee and 6 current actions to be completed by 23/10/ 2022

➢ Full compliance reported in relation to Maternity Incentive Scheme, Safety Action 1 standards are being met.

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3. MEASUREMENTS/EVALUATIONS

MIAA undertook an external audit of PMRT on the 13th and 14th of June 2022 and were assured by the processes and governance of the PMRT process and pathways at WHH.

4. ASSURANCE COMMITTEE

This report has been presented at Quality Assurance Committee on 1st November 2022.

5. RECOMMENDATIONS

The Trust Board is requested to note the findings of this paper for information as per MIS Year 4 recommendations.

REPORT TO TRUST BOARD

AGENDA REFERENCE:	BM/22/11/145	
SUBJECT:	**2022/2023 Quarter 1 Avoiding Term Admission into Neonatal Unit (ATAIN) Report**	
DATE OF MEETING:		
AUTHOR(S):	Annabel Grossmith / Emma Bentham	
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 delivering safe and effective care and an excellent patient experience.	X
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): *(Please DELETE as appropriate)*		
EXECUTIVE SUMMARY *(KEY ISSUES):*	- Q1 2022/23 ATAIN rate (Avoiding Term Admission into Neonatal Unit) is 4.5% which is a significant and continued improvement. The Q1 ATAIN rate in 2021/22 was 6.5%. - The WHH ATAIN rate has met and gone beyond the national ambition of 6% and the North West Neonatal Operational Delivery Network (NWNODN) target of 5.6%. - All term admissions in Q1 were reviewed and learning from these cases informs the ATAIN action plan. - The ATAIN action plan is monitored via WCH Governance. - Q2 ATAIN report will be reported to in December 2022	

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

RECOMMENDATION:	The Trust Board is asked to note the contents of this report.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Assurance Committee
	Agenda Ref.	**QAC/22/11/282**
	Date of meeting	1st November 2022
	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Choose an item.	

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REPORT TO BOARD OF DIRECTORS

SUBJECT	2022/2023 Quarter 1 Avoiding Term Admission into Neonatal Unit (ATAIN) Report	AGENDA REF:	BM/22/11/145

1. BACKGROUND/CONTEXT

NHS Resolution is operating a fourth year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme (MIS) to continue to support the delivery of safer maternity care.

The ATAIN objective is to reduce the number of unexpected term admission of infants >37 weeks to the neonatal unit (NNU). The national ambition is to ensure that term admission rates are below 6%. North West Neonatal Operational Delivery Network (NWNODN) has set a separate target of 5.6% for term admissions to neonatal units. This initiative is to keep mothers and babies together as much as possible and avoids separating them at the crucial time after birth.

This paper describes the current position of Warrington and Halton Teaching Hospital (WHH) against Safety Action 3 of MIS Year 4 which relates to Avoiding Term Admissions into Neonatal Units (ATAIN) Programme. More specifically MIS Year 4 specify the ATAIN action plan should be shared with Trust Board, Local Maternity and Neonatal System (LMNS), and Integrated Care System (ICS) quality surveillance meetings.

2. KEY ELEMENTS

WHH ATAIN position
The findings of this report have been collated from the review of all cases of term babies that were admitted to the Neonatal Unit (NNU) during the Q1 reporting period from 1st April 2022 to 30th June 2022.

Each case is reviewed by a multidisciplinary team (MDT) of Obstetricians, Neonatologist, Midwives and Neonatal nurses. The ATAIN MDT group meet fortnightly to ensure any learning is captured in a timely manner but with capacity to increase frequency where indicated.

MIS specification directs providers to report the ATAIN data to the Trust Board on a quarterly basis. However, when reviewing the quarter data, it is important to review the data over a longer time period due to the small number of babies involved.

Summary of unexpected term admissions to NNU

WHH is pleased to report a Q1 ATAIN Rate of 4.5% which is a significant and continued improvement since March 2021.

WHH Reporting Period	Total Number of Live Births	Total Number of term admissions	Total Number of term admissions as a % of live births	National target 6%	NWNODN Target 5.6%
Q4 Jan – Mar 2021	597	47	7.9%		
Q1 April- June 2021	617	40	6.5%		
Q2 July – Sep 2021	706	44	6.2%		
Q3 Oct – Dec 2021	687	36	5.2%		
Q4 Jan – Mar 2022	647	36	5.6%		
Q1 Apr – Jun 2022	574	26	4.5%		

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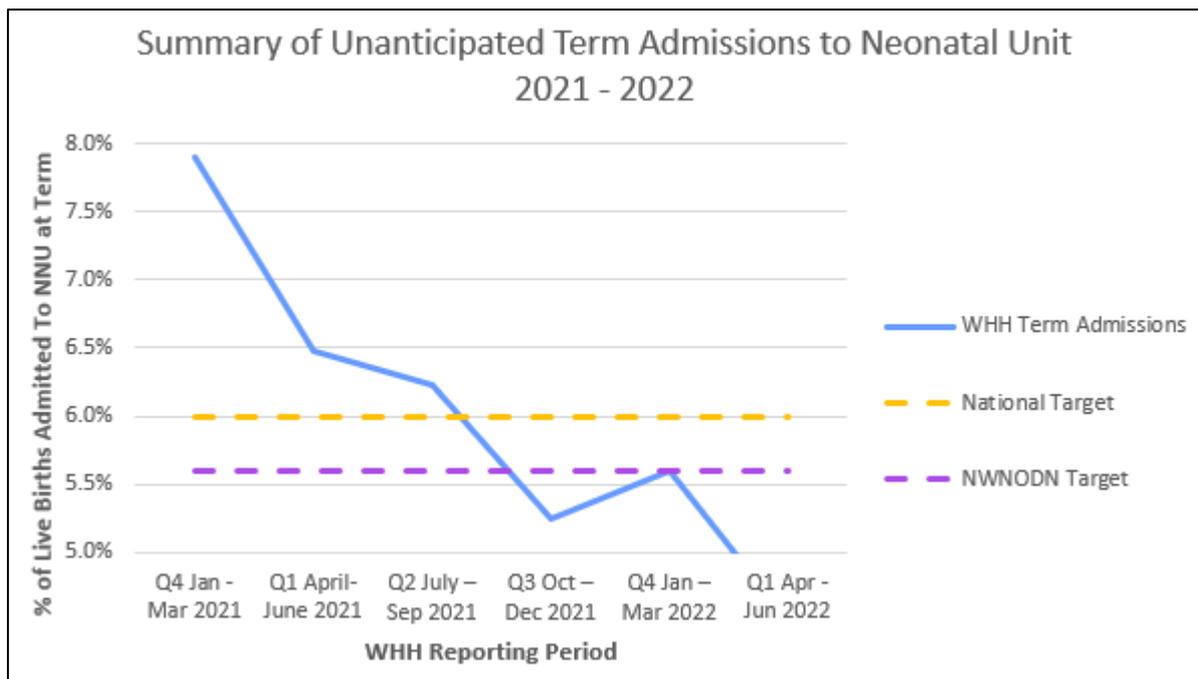
Reasons for term admissions (recorded on Badgernet by ATAIN admission criteria)

WHH Number Live Births 2021-2022		Term Admissions		Respiratory Symptoms		Sepsis/ Suspected Infection		Hypoglycaemia		Jaundice		Hypothermia		Suspected HIE	
		Number	% live births	Per 1000 live births	No of babies	Per 1000 live births	No of babies	Per 1000 live births	No of babies	Per 1000 live births	No of babies	Per 1000 live births	No of babies	Per 1000 live births	No of babies
Q2 Jul-Sep	706	44	6.2%	32.6	23	4.2	3	0.0	0	4.2	3	0.0	0	0.0	0
Q3 Oct-Dec	687	36	5.2%	18.9	13	8.7	6	2.9	2	2.9	2	0.0	0	0.0	0
Q4 Jan-Mar 2022	647	36	5.6%	20.1	13	4.6	3	4.6	3	0.0	0	0.0	0	0.0	0
Q1 Apr-Jun 2022	574	26	4.5%	22.6	13	7.0	4	0.0	0	3.5	2	3.5	2	0.0	0

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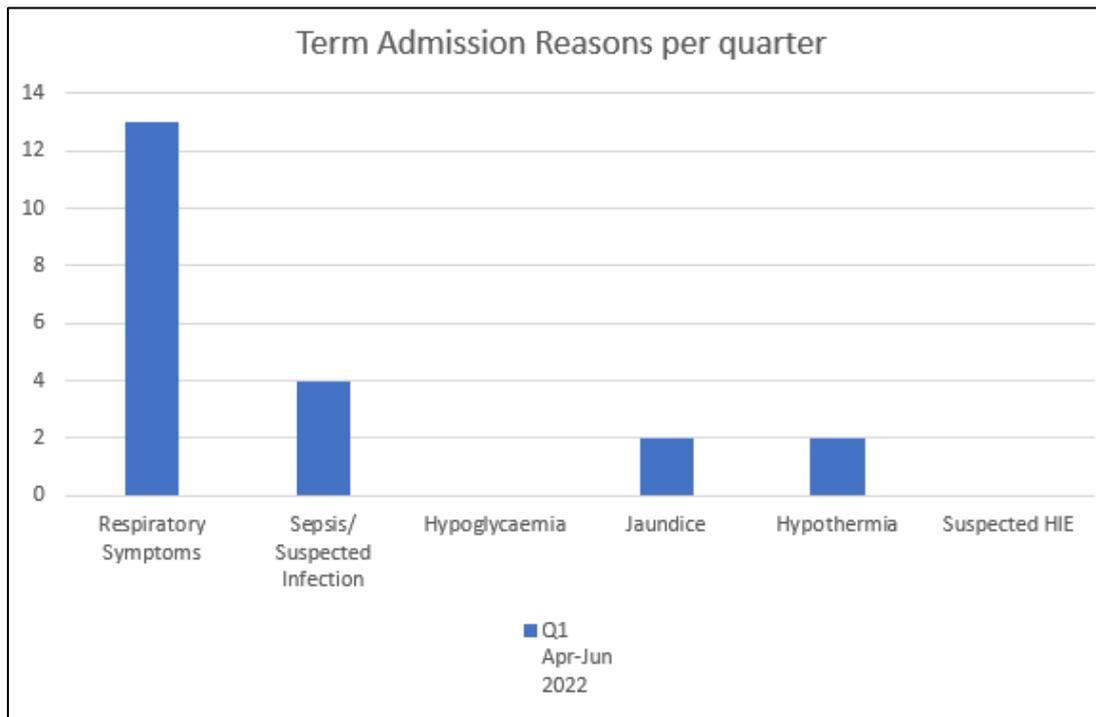
22.6% (13) of Term Admissions were respiratory-related, i.e. required admission or additional observations due to signs of respiratory distress which includes grunting and low oxygen saturation (SATs or oxygen requirement). Of those, the causes were ascertained after later investigation with septic screen and warming etc.

3 babies admitted to the NNU were deemed avoidable admissions:
- 1 baby may have avoided admission with better implementation of the warm care bundle.
- 1 baby was admitted following an elective caesarean section for maternal request and may have avoided admission by delaying elective caesarean section for maternal request to 39 weeks.
- 1 baby may have avoided admission if signs of sepsis had been recognised earlier.

Themes and Learning: Outcomes of ATAIN review

WHH 2020/21 2021/2022	Term Admissions	Outcome of ATAIN review		
		Avoidable Admissions	Unavoidable Admissions	Data unavailable
Q2 July – Sep 2021	44	9	32	3
Q3 Oct – Dec 2021	36	10	26	0
Q4 Jan – Mar 2022	36	16	20	0
Q1 Apr – Jun 2022	25	6	19	0
TOTAL	141	41	97	3

Included in the avoidable admissions are those babies that would have been suitable for Transitional Care had there been a) correct identification as such and b) sufficient staffing to facilitate transitional care. This accounts for some of the increase in avoidable admission numbers. This has recently improved with better staffing of the current Transitional Care offering and is expected to improve further with Maternity Neonatal Safety Improvement Programme (MatNeo SIP) focus on improvements in Transitional Care.
A common theme amongst the avoidable admissions was elective delivery prior to 39 weeks for either maternal request or maternal/fetal indications where delivery could safely have been deferred until one week later, which may have reduced the likelihood of Transient Tachypnoea of the Neonate (TTN).

Good Practice:
- Generally excellent neonatal care resulting in reduced separation of mother and baby noted
- Recent reduced figures are in part due to better staffing and implementation of Transitional Care
- Good personalised care/birth choices evident in numerous cases
- Good early identification of potential sepsis with timely escalation
- Some good documentation on BadgerNet, which makes the reviews much more streamlined

Learning Points/Themes/Actions:
- Induction of Labour (IOL) guideline to be reviewed in relation to timing of induction for Large for Gestational Age (LGA) and maternal request; no Propess to be given following Spontaneous Rupture of Membranes (SROM)
- General culture change to avoid elective caesarean sections before 39 weeks without fetal or maternal indication - to be consultant decision
- Review of process of transferring women from the Nest for emergency delivery
- Women in triage who have had fetal fibronectin to stay until results back

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- CTG learning – multidisciplinary
- If CTG abnormal when changing from intermittent auscultation (IA), regard as pathological immediately
- Warm care bundle to take into account seasonal environmental challenges

Individualised learning has taken place for specific intrapartum and postpartum care issues as appropriate with the support of colleagues including Fetal Surveillance Lead Midwife, Birth Suite Manager and Educational Supervisors.

Recommendations:
- Continuation of targeted support for staff as required from cases requiring individualised learning
- Regular ATAIN meetings to discuss cases and actions/progress
- Focussed learning from ATAIN to continue to be included on the lessons learned to be shared and discussed with all midwifery and obstetric staff
- Focus on improvement of culture systems and guidelines to reduce overall incidents of avoidable term admissions
- Consistent staffing and provision of Transitional Care (TC) including recognition of babies suitable for TC to reduce unnecessary admissions and separation
- Regular review of ATAIN actions to ensure timely completion

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No	Action	Owner	Review Date	Target Completion Date	RAG status
	ATAIN ACTION PLAN				
1	Induction of Labour (IOL) guideline to be reviewed in relation to timing of induction for Large for Gestational Age (LGA) and maternal request; no Propess to be given following Spontaneous Rupture of Membranes (SROM).	Associate Clinical Director	Working group reviewing this at present	31/10/22	
2	General culture change to avoid elective caesarean sections before 39 weeks without fetal or maternal indication - to be consultant decision. To be disseminated by AKG at new doctors' induction and discussed at CBU Governance meeting.	ATAIN Lead Consultant		Completed 3/8/22. Further audit to confirm if successful	
3	Review of process of transferring women from the Nest for emergency delivery.	Nest Manager / Obstetric Governance Lead Consultant		31/10/22 (NB Nest not currently open)	
4	Women in triage who had fetal fibronectin test not to be discharged until results known. Learning to be shared via Our Wise Learning (OWL).	Governance Lead		Completed July 2022	
5	To achieve 90% or greater compliance with CTG training as per MIS Safety Action 8 recommendations.	Fetal Monitoring Lead Midwife		31.10.2022	
6	If CTG abnormal when changing from intermittent auscultation (IA), regard as pathological immediately. Disseminate to obstetric team.	ATAIN Lead Consultant		Completed July 2022	
7	Warm care bundle to take into account seasonal environmental challenges. Additional measures in colder ward areas undertaken (warmer hats and blankets, theatre recovery doors to be kept closed at all times).	Birth Suite Co-ordinator		Completed July 2022. Winter figures to be re-assessed for further action need.	
8	Appointment of fetal monitoring lead consultant as per Ockenden requirements. RA currently fulfilling role.	Clinical Director / CBU Manager		CD fulfilling this role still. New Cons recruitment plans confirmed at Cons away day 10/10/22	
9	Participation in Maternity and Neonatal Safety Improvement Programme (MatNeoSIP) training with a focus on improving ATAIN outcomes and Transitional Care.	Director of Midwifery / Associate Chief Nurse		Training commenced already 20/9/22	

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

3. MEASUREMENTS/EVALUATIONS

The ATAIN programme and action plan is monitored at Women's and Children's Governance Committee and reported through Quality Assurance Committee.

4. ASSURANCE COMMITTEE

This report has been presented at Quality Assurance Committee on 1st November 2022.

5. RECOMMENDATIONS

The Trust Board is requested to note the findings of this paper for information as per MIS Year 4 recommendations.

NHS England

To:
- Trust Chief Executives
- Trust Chairs
- ICB Chief Executives
- LMNS Chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

20 October 2022

cc.
- Regional Directors
- Regional Chief Nurses
- Regional Medical Directors
- Regional Chief Midwives
- Regional Obstetricians

Dear colleagues

Report following the Independent Investigation into East Kent Maternity and Neonatal Services

Yesterday saw the publication Reading the Signals; Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation.

The report sets out the devastating consequences of failings and the unimaginable loss and harm suffered by families for which we are deeply sorry.

This report reconfirms the requirement for your board to remain focused on delivering personalised and safe maternity and neonatal care. You must ensure that the experience of women, babies and families who use your services are listened to, understood and responded to with respect, compassion and kindness.

The experiences bravely shared by families with the investigation team must be a catalyst for change. Every board member must examine the culture within their organisation and how they listen and respond to staff. You must take steps to assure yourselves, and the communities you serve, that the leadership and culture across your organisation(s) positively supports the care and experience you provide.

We expect every Trust and ICB to review the findings of this report at its next public board meeting, and for boards to be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals'.

The report outlines four areas for action:
- To get better at identifying poorly performing units

- Giving care with compassion and kindness
- Teamworking with a common purpose
- Responding to challenge with honesty.

NHS England will be working with the Department of Health and Social Care and partner organisations to review the recommendations and implications for maternity and neonatal services and the wider NHS.

In 2023 we will publish a single delivery plan for maternity and neonatal care which will bring together action required following this report, the report into maternity services at Shrewsbury and Telford NHS Foundation Trust, and NHS Long-Term Plan and Maternity Transformation Programme deliverables.

The publication of the delivery plan should not delay your acting in response to this report and the actions you are taking in response to the report of the independent investigation at Shrewsbury and Telford NHS Foundation Trust. Immediate and sustainable action will save lives and improve the care and experience for women, babies and their families.

Yours sincerely,

Sir David Sloman
Chief Operating Officer
NHS England

Dame Ruth May
Chief Nursing Officer
NHS England

Professor Stephen Powis
National Medical Director
NHS England

REPORT TO TRUST BOARD

AGENDA REFERENCE:	**BM/22/11/146**
SUBJECT:	**Communications, Engagement and Involvement Dashboard**
DATE OF MEETING:	30 November 2022
AUTHOR(S):	Kate Henry, Director of Communications and Engagement
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications and Engagement

LINK TO STRATEGIC OBJECTIVE: (*Please select as appropriate*)	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.	X
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	X
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.	X

LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)	
EXECUTIVE SUMMARY *(KEY ISSUES):*	The enclosed Engagement Dashboard is for the period Jul- Sep 2022 inclusive (Q2) and addresses: 1. Level of success in managing the Trust's reputation in the media and across digital and social platforms 2. Our engagement with patients, staff and public via our social media channels 3. The Trust's website and levels engagement with this platform 4. Patient enquiries via our website 5. Patient/public feedback on the independent platforms 6. Engagement and Involvement as part of our Working with People and Communities Strategy 2022-25 7. Level of staff engagement with internal communications channels, including a new WHH Staff App (launched on 5th September) and engagement with Team Brief. Key items to note are: **Media** 8. **Media sentiment** was mostly positive or neutral and included coverage of the WHH Governor elections, the forthcoming outpatients hub at Runcorn Shopping City and the delayed decision on the new hospitals bid. There was also some significant negative coverage in the period including articles on the sad circumstances of a father who was diagnosed with terminal cancer after blood tests in A&E which was syndicated to titles in other regions. **Social Media** 9. **Twitter** – Followers reached 13K, up slightly on the previous period with an audience of 480K recorded 10. **Facebook** reach in the period was 180K which was a 10% reduction on the previous period.

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11. **Instagram** – our following on this platform popular with younger users continued to increase to 3,300 followers.
12. **External sources** As part of the Your Hospitals supplement in the Warrington Guardian w/c 30th September we received a free digital advertising campaign (online and social media). This was used to support promotion of a 1st November recruitment event for clinical roles. Targeted at social and web browsers aged 21 to 55 in Warrington and surrounding areas this campaign delivered:225,772 impressions on the media group websites and on Facebook. As a result 1,860 people clicked through and landed on the WHH recruitment web page for the event with a combined 580.51 hours of viewing time.

Website

13. **Website visits** remained steady at around 50K for each of the 3 months in the reporting period with a minor dip in August. The most popular page remained the Covid-19 status with 11,649 visits.
14. It was positive to see the 'Working at WHH' website page appear in the most visited pages this quarter with 6,710 visits. Given the challenging recruitment marketplace a key objective for the next quarter should be to achieve an increase in engagement with these pages by working with recruitment and other colleagues to drive more traffic to recruitment focused content.
15. On 4th August a website accessibility upgrade was implemented by our external web supplier to ensure the platform is compliant with current Web Content Accessibility Guidelines (WCAG 2.2). Web accessibility training was also completed by all members of the Communications Team to support our commitment to the Accessible Information Standard.
16. **Patient/visitor enquiries** through the website totalled 411 and remained relatively constant during the quarter with a slight dip in August.

Patient Feedback

17. There were 39 patient reviews on the three main external review platforms: NHS Choices (and Care Opinion which mirrors NHS Choices content), I Want Great Care and also Google reviews. There were 31 reviews on Google, 7 on NHS Choices and 1 on I Want Great Care, of which 18 were positive and 21 negative.
18. **Google Reviews** Following the recent introduction of Google reviews into this dashboard we can see the ratings and reviews on this platform, which appear when the user searches for an organisation or establishment. Warrington Hospital is at 3.2* where users most often mention A&E and Car Park in their reviews. Halton General is at 3.9* with users most often mentioning 'professional service, treatment and

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	triage time' and CSTM at Halton scored 4.9* with positive comment in this period on the shuttle bus service. **Communicating with staff** 19. **Team Brief** attendance remained constant during the period with a slight dip in August. 20. **Staff App** launched on 5th September and saw 674 downloads during the reporting period.			
PURPOSE: *(please select as appropriate)*	Information	Approval	To note X	Decision
RECOMMENDATION:	The Trust Board is asked to note the contents of the report and dashboard			
PREVIOUSLY CONSIDERED BY:	**Committee**		Council of Governors	
	Agenda Ref.		COG/22/11/86	
	Date of meeting		10 November 2022	
	Summary of Outcome		The dashboard was noted.	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Choose an item.			

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REPORT TO BOARD OF DIRECTORS

SUBJECT		AGENDA REF:	

1. BACKGROUND/CONTEXT

2. KEY ELEMENTS

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

4. IMPACT ON QPS?

5. MEASUREMENTS/EVALUATIONS

6. TRAJECTORIES/OBJECTIVES AGREED

## 7. MONITORING/REPORTING ROUTES

8. TIMELINES

9. ASSURANCE COMMITTEE

10. RECOMMENDATIONS

4

# WHH Communications, Engagement and Involvement
Dashboard Q2 July – September 2022
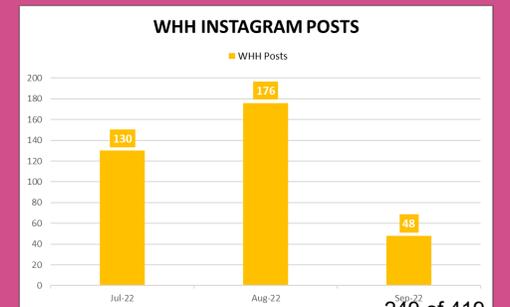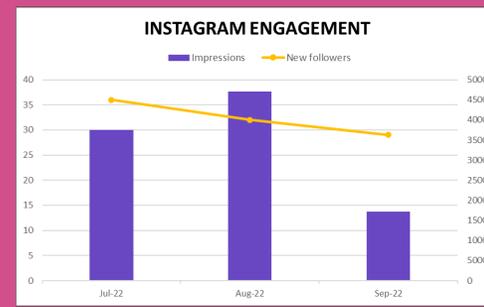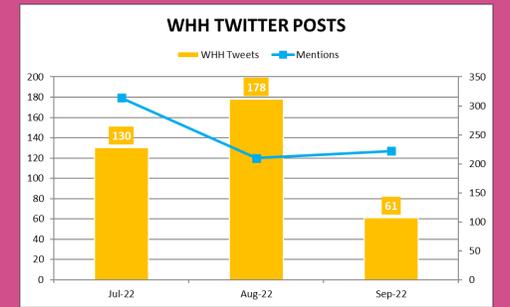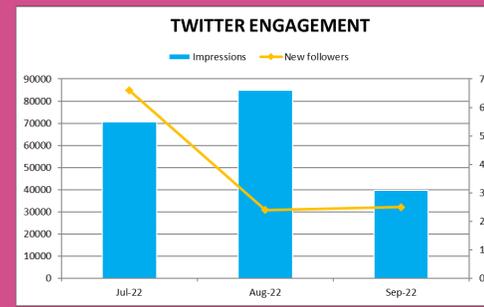
'Well-Led' KLOE 7: Communicating with the Public

Metric	Media coverage Visits to the public website
Current Performance	During quarter two, there were 120 **media** articles/broadcast items about the Trust. **Top positive news stories:** • *Warrington Guardian Inspiration Awards 2022: Nominate your charity champions and health heroes* • *Outpatients hub at Runcorn Shopping City nearing completion* **Most viewed/shared negative news stories**: • *Dad who refused to leave A&E after 20 hour wait had terminal cancer blood test proved* Website: 'COVID-19 current status' continues to be the most visited **website** pages, followed by 'Contact us' and Maternity web page
Actions / Comments	• Media coverage was largely positive during quarter two, mainly attributed to the Outpatients hub at Runcorn Shopping City nearing completion. • In Q2 'COVID-19 current status' remained the most visited web page after the home page, with 11,649 views. The peak was Monday 11 July 2022. • 61.64% of those visits came directly from Google. • During Q3 our aim should be to drive more traffic to the working at WHH page as we work with the Trust Recruitment team to support promotion of vacancies and benefits of working at WHH in a challenging recruitment climate, particularly for clinical posts. As a benchmark, in Q2 there were 6,710 visits to the Working at WHH section of the website.

Mentions

WEBSITE ENGAGEMENT
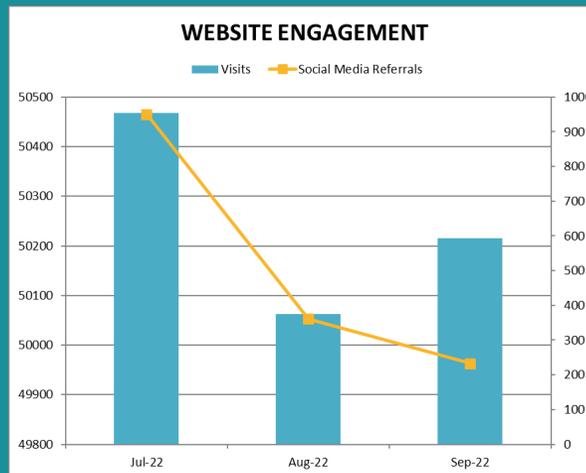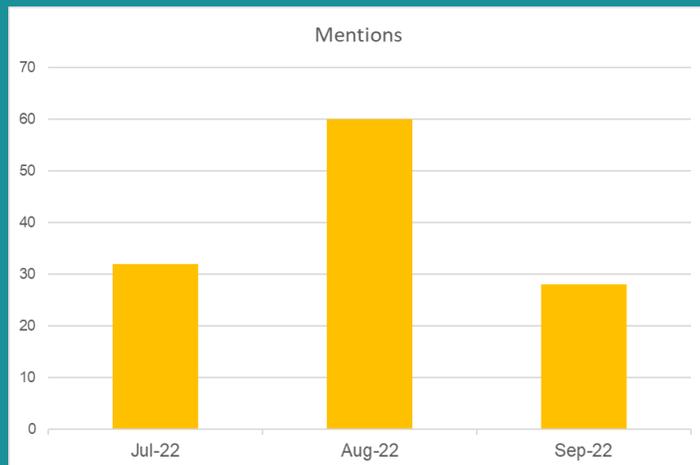
Website visits: most popular sections	277,566
/	35,351
/Covid-19 status	11,649
/Contact us	8,306
/Maternity	8,160
/Blood test clinic	7,675
/Halton General Hospital	6,833
/Working at WHH	6,710
/Ward contact numbers	6,685
/Services	6,282

Metric	Social media posts, engagement and sentiment
Current Performance	This quarter, there were a total of 1,105 social posts across three social media channels (Facebook, Twitter and Instagram) WHH social media channels reached an audience of over 480k, with a combined following of 27k
Top Posts for Engagement	

Top Tweet earned 4,605 impressions

Are you a former AHP or know someone who is and looking to return to practice? WHH can help! #AHP #AHPreturntopractice
Find more information ow.ly/pgLv50JSVES
pic.twitter.com/RaRVh97LJ1

↩ 2   ↻ 12   ♥ 19

Top post
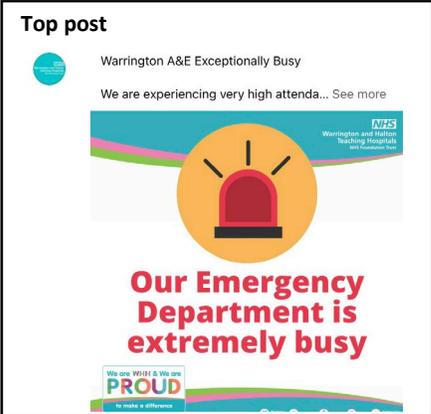
Warrington A&E Exceptionally Busy

We are experiencing very high attenda... See more

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Our Emergency Department is extremely busy

We are WHH & We are PROUD to make a difference

FACEBOOK ENGAGEMENT
Total Reach — Page Likes
(Jul-22, Aug-22, Sep-22)

WHH FACEBOOK POSTS
WHH Posts
Jul-22: 135, Aug-22: 182, Sep-22: 65

TWITTER ENGAGEMENT
Impressions — New followers
(Jul-22, Aug-22, Sep-22)

WHH TWITTER POSTS
WHH Tweets — Mentions
Jul-22: 130, Aug-22: 178, Sep-22: 61

INSTAGRAM ENGAGEMENT
Impressions — New followers
(Jul-22, Aug-22, Sep-22)

WHH INSTAGRAM POSTS
WHH Posts
Jul-22: 130, Aug-22: 176, Sep-22: 48
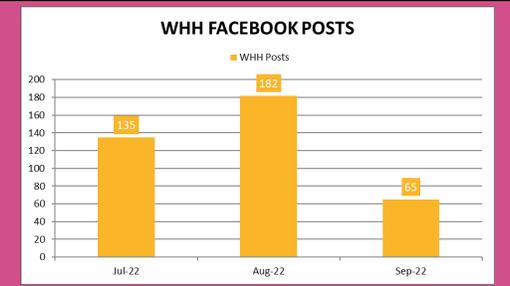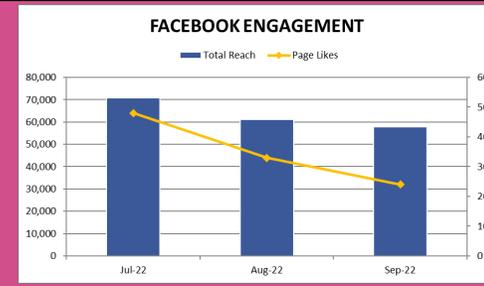
'Well-Led' KLOE 7Metrics: Engaging with and Involving our community

Metric	Engagement opportunities
Current Performance	 **Public Consultations:** **Reconfiguration of Breast Services (Phase 2)** • Expert by Experience on site visit of Breast Screening service at Bath Street rescheduled to mid November due to period of mourning for Queen Elizabeth II. • Consultation outcomes and recommendations report will be presented to WHH Trust Board on 30th November. **Engagement:** **Working With People and Communities Strategy 2022-2025** • WHH was represented by staff from seven teams at Warrington's annual Disability Awareness Day on 17th July which had over 10,000 attendees throughout the day • The Foundation Trust Members database has been transferred to Civica Engage platform to support improved engagement and the Governor elections. This will support improved communication with members and the wider engagement agenda. • A communications campaign has been deployed with the aim of increasing the number of Governor nominations – which included a Governor Handbook, posters, social media posts, media releases, face-to-face event at both hospital sites plus an MS Teams Live event. **Governors Engagement Group** • Governor Action Plan and four priorities.. Governor Engagement and Promotion, Hospital Food, Patient letters/accessible Information, Patient and Public Engagement and Involvement **Experts by Experience (EbyE)** • EbyE request form now available on Extranet and recruitment form on Trust Website to aid staff and patients to participate in the programme. • Experts by Experience SOP received final approval • 21 Experts by Experience were recruited in Q2 and 18 were allocated to Trust committees or projects as follows - 1 to EDI Metric Steering Group, 3 to patient Letters Task and Finish Group, 3 Green Plan/Zero Carbon patients Pilot, 10 Estates and First Impressions project, 1 Quality Improvement/GNSI **Social Value:** • Forget-me-Knot volunteers invited to awards ceremony at RHS Britain in Bloom Northwest In Your Neighbourhood (IYN) campaign • A Moobs and Boobs fundraiser at Laskey Farm, Thelwall, raised £2k for WHH Charity • A Healthy Art Competition engaged local primary school children in Halton in the design of art for window decoration at the new Halton Health Hub at Runcorn Shopping City

PATIENT ENQUIRIES HANDLED VIA THE WEBSITE

(Jul-22: 142, Aug-22: 121, Sep-22: 148)
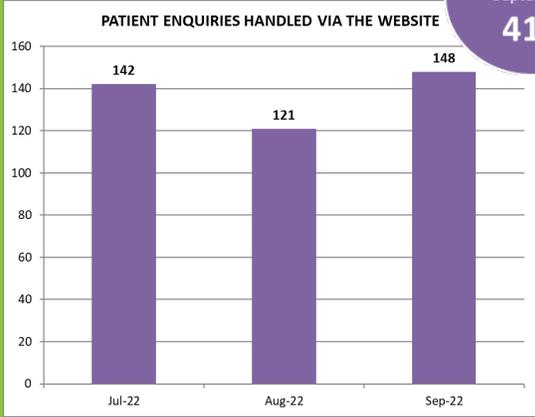
'Well-Led' KLOE 7 Metrics : Patient engagement through public channels and media

Metric	**ENGAGEMENT WITH FEEDBACK CHANNELS** Feedback include channels in the public domain : Google reviews, NHS Choices and I Want Great Care
Current Performance	In Q2 there were 38 reviews about the Trust, of which 45% were positive.
Actions / Comments	**Top online source for public feedback:** Google reviews **General Theme:** A&E is most reviewed both positively and negatively **Positive feedback:** "Visited Warrington A&E today, It was very busy but I can only describe as 5 star care from all staff members, and especially to Dr Al-Ubaidi who was outstanding and a credit to the hospital with his lovely bedside manner, patient care was his main priority and I would like to say Thank You to him and to the hospital as they are all under pressure at this time."

G **WHH REVIEWS** 🔍

Warrington Hospital
Lovely Lane, Warrington
3.2 ★★★½

Halton General Hospital
Hospital Way, Runcorn
3.9 ★★★★

Halton General Hospital - CSTM
Earls Way, Runcorn
4.7 ★★★★★

Online Patient Reviews

- NHS Choice: 7
- Google: 31
- I Want Great Care: 1

TOTAL SENTIMENT PATIENT REVIEW

	Jul-22	Aug-22	Sep-22
Positive	4	5	8
Negative	6	7	8

Legend: Positive (green bar), Negative (red line)
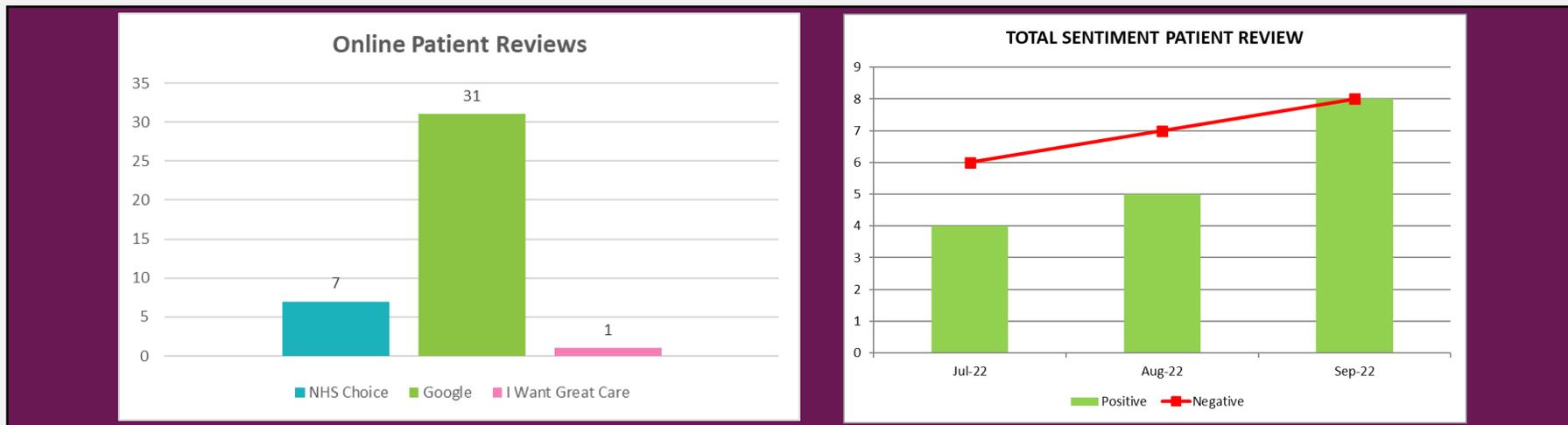
'Well-Led' Metrics : Communicating with staff

Metric	Engagement with Staff Communication Channels Trust-wide staff communications channels include: The Daily Safety Brief Good Morning WHH from the CEO The Week A closed staff-only Facebook group WHH People Monthly Team Brief Extranet announcements Staff App – launched on 5th September and currently being trialled by 50+ staff	
Current Performance	**TEAM BRIEF TOTAL ENGAGEMENT FOR 2021-22** Attendance • 2pm slot - 685 • 7pm slot - 60 • September saw the highest attendance, top story – The New Children's and Young Person's Outpatients **MEMBERS ON WHH PEOPLE FB PAGE** 610 staff members.	**STAFF APP DATA** Analytics Downloads This period 626 Total Downloads 674 iOS 366 Android 260 Popular Blocks Rosters/Rotas 29.4% Employee Online 21.2% Login 9% Webmail 7.7% ESR Login 6% Other 26.7% Visits — Total: 3861 Visits Time in App 60% (<20 sec), 10% (20-40 sec), 5% (40-60 sec), 7% (1-2 min), 7% (2-5 min), 11% (5+ min)

Team Brief Attendance

Legend:
- Team Brief Attendance/Views Daytime 2pm
- Team Brief Attendance/Views Evening 7pm

(Bar chart: July 2022 MS Teams, August 2022 MS Teams, September 2022 MS Teams)

REPORT TO TRUST BOARD

AGENDA REFERENCE:	**BM/22/11/147**	
SUBJECT:	**Bi-monthly Strategy Programme Highlight Report**	
DATE OF MEETING:	30th November 2022	
AUTHOR(S):	Stephen Bennett, Head of Strategy & Partnerships	
EXECUTIVE DIRECTOR SPONSOR:	Lucy Gardner, Director of Strategy & Partnerships	
LINK TO STRATEGIC OBJECTIVE: *(Please select as appropriate)*	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.	X
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	X
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.	X
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): *(Please DELETE as appropriate)*	**#145** If the Trust does not deliver our strategic vision, including two new hospitals and influence sufficiently within the Cheshire & Merseyside Integrated Care System (ICS) and beyond, the then Trust may not be able to provide high quality sustainable services resulting in a potential inability to provide the best outcome for our patient population, possible negative impacts on patient care, reputation and financial position.	
EXECUTIVE SUMMARY *(KEY ISSUES):*	The following Strategy Programme Highlight Report provides a progress update on key strategic projects and initiatives that underpin WHH's Quality, People and Sustainability (QPS) Aims and Objectives.	

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

RECOMMENDATION:	The Trust Board is asked to note the report for information.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Finance + Sustainability Committee
	Agenda Ref.	
	Date of meeting	23rd November 2022
	Summary of Outcome	Report received for information
FREEDOM OF INFORMATION STATUS (FOIA):	Choose an item.	
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Choose an item.	

1

REPORT TO BOARD OF DIRECTORS

SUBJECT	Bi-monthly Strategy Programme Highlight Report	AGENDA REF:	BM/22/11/147

1. BACKGROUND/CONTEXT

This report summarises the progress of key strategic projects which underpin WHH's Quality, People and Sustainability (QPS) Aims and Objectives. It is intended to be a useful reference point for regular updates.

2. KEY ELEMENTS

The Strategy Programme Highlight Report consists of the following elements:
- The stakeholder engagement log provides a snapshot of external stakeholder engagement over the 2-month period. It is not a comprehensive list of all stakeholders engaged and does not include the extensive stakeholder engagement via regular external meetings and forums
- Individual project updates, including budget updates, key milestones (RAG rated), progress since the last report, risks
- Details of how the overall Trust Strategy is being developed
- Description of strategic opportunities that are in the pipeline

The report is produced every two months and therefore the most recent version (appended to this paper) reflects the status of the key strategic projects as at the end of September 2022.

Since the end of September, the following key updates should be noted:

Runcorn Town Deal – business case for the project formally approved by the Department for Levelling Up, Housing and Communities allowing the project to commence to the delivery phase.

Halton Health Hub – the work to create the Health Hub at Runcorn Shopping City is now complete and CQC have formally approved the use of the location for delivery of healthcare services. The Health Hub will open to the first patients on 30th November.

Community Diagnostic Centre – the business case for phase 1 of the CDC was formally approved by NHS England at the very end of September. The case for phase 2 (new build) has been submitted to the regional programme team for review and approval. A response is anticipated before the end of 2022.

Health and Social Care Academy – the academy is now officially open on the Winwick Road site of Warrington and Vale Royal College.

2

The next full report produced will reflect these updates and the status of the key strategic projects as at the end of November 2022.

3. MONITORING/REPORTING ROUTES

Key strategic projects report to the Strategy and a Greener WHH sub-committee which reports to Finance and Sustainability Committee.

4. TIMELINES

This report is be produced and circulated every two months.

5. RECOMMENDATIONS

It is recommended that the Trust Board note the report for information.

Strategy Programme
Highlight Report – September 2022

Page	Project	SRO	Strategy Lead	Status
5	Living Well Hub in Warrington	LG	SB/CL	🟧
6	Runcorn Town Deal	LG	CM	🟩
7	Halton Health Hub	LG	CM	🟥
8	New Hospitals Programme	LG	KJ	🟧
9	Community Diagnostic Centre	LG	SB	🟩
10	WHH Green Plan	IW	VR	🟩
11	Warrington Wider Estates Review	LG	KJ	🟩
12	Halton Blocks	LG	CM	🟧
13	Breast Service Reconfiguration – Phase 2	LG	CL	🟧
14	C&M Pathology Network	LG	KJ/VR	🟥
15	Health & Care System Reconfiguration	LG	KJ/SB/CM	🟩
16	Health & Social Care Academy	WVRC	SB/CL	🟩
17	Anchor Programme Development	LG	KJ	🟩
18	Development of Overall Trust Strategy	LG	KJ/SB	🟩

Key code	
🟩	On track
🟧	Potential delay that is recoverable and/or does not impact materially on completion date
🟥	Likely material delay to completion date

Pipeline of Strategic Opportunities

19	Brief updates on other potential strategic opportunities for the Trust

This strategy report provides a progress update on key strategic projects and initiatives that underpin WHH's Quality, People and Sustainability (QPS) Aims and Objectives.

The stakeholder engagement log provides a snapshot of external stakeholder engagement over the 2 month period. It is not a comprehensive list of all stakeholders engaged and does not include the extensive stakeholder engagement via regular external meetings and forums.

Should further information be required on any projects contained within the report, please contact the strategy team directly.

NHS
**Warrington and Halton
Teaching Hospitals**

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Lisa Sculpher	Strategic Estates, NHSEI	New Hospitals Programme & staff facilities – health and wellbeing framework development
Andy Carter	MP	New Hospitals Programme and promotion of case of need to key decision makers
Charlotte Nichols	MP	New Hospitals Programme and promotion of case of need to key decision makers
Mike Amesbury	MP	New Hospitals Programme and promotion of case of need to key decision makers
Derek Twigg	MP	New Hospitals Programme and promotion of case of need to key decision makers
Warrington System Clinical Leaders (PCN Clinical Directors)	Warrington Together Clinical and Care Professional Leadership Forum	Living Well Hub and need to support investment in prevention agenda across Warrington
Amanda Amesbury	Director of Children's Services, WBC	Involvement of Warrington Children's Services in Living Well Hub
Eleanor Blackburn	Head of Inclusive Growth and Partnerships, WBC	Potential use of UK Shared Prosperity Fund to support Living Well agenda
Cllr Tony Higgins	Elected Member, WBC	Warrington Central 6 programme board and links to Living Well Hub
Martin Griffiths	CAPITA	Halton Blocks
Nicki Goodwin	Senior Programme Manager, One Halton	One Halton Programme, Shopping City Clinical Hub, Prevention Pledge at Place
Hannah Flemming	Regeneration Development Manager, Riverside Housing Ass.	Halton Lea Regeneration / Levelling Up Opportunity
Thara Raj	Director of Public Health, Warrington	Population Health
Ian Triplow	CDC Programme Director Cheshire & Merseyside	Development and approval of Halton CDC plans
Emma Washbourn	OPE and Land Commission Officer	New Hospitals Programme, Halton Blocks project and potential future funding opportunities
Alison Cullen	Head of Warrington Voluntary Action	Involvement of voluntary and charity sector in Living Well programme and Living Well Hub

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Linda Buckley	MD Provider Collaborative, Cheshire & Merseyside	Regular catch up with Provider Collaborative leadership
Neil Hutchinson, Mark Lloyd	Owen Ellis Architects/NHS Property Services	Further review latest stage 4 designs for the Living Well Hub and sign off room plans
Hitesh Patel	CEO, Halton Citizens Advice	Runcorn Shopping City
Lauren Sadler	Transformation and Change Lead – Warrington Together Partnership	Living Well programme branding and impact on Living Well Hub
Steve Park	Growth Director, Warrington Borough Council	Local plan, new hospitals
Tony Leo	Place Director, Halton	Place development
Carl Marsh	Place Director, Warrington	Place development
Stephen Young	CEO, Halton Borough Council	New hospitals, place development
Steven Broomhead	CEO, Warrington Borough Council	New hospitals
Nichola Newton	CEO, Warrington Vale Royal College	Health and Social Care Academy, Living Well hub
Donna McLaughlin	Director of Social Value Creation, Northern Care Alliance	Anchor, sharing best practice
Danny Woodworth	Merseyside Sports Partnership	C&M Physical Activity strategy
John Boileau	NHS Transformation Unit	C&M pathology collaboration
Andy Davies	CCO, Warrington and Halton CCGs	New hospitals
David Cooper	Associate Director Finance, Place, Warrington and Halton	Place development
Sinead Clarke	Associate Medical Director for System Quality and Improvement C&M ICS	Addressing health inequalities
Leonora Volpe	Senior Policy Manager, NHS Providers	Anchor, sharing best practice
Colin Thomasson	Executive Director, CBRE	Commercial property advice
Wesley Rourke	Operational Director, Economy, Enterprise and Property	Runcorn Shopping City, Levelling up, Runcorn Town Deal

Living Well Hub in Warrington

Project Overview

WHH is leading a major project to develop a system-wide Health and Wellbeing Hub in Warrington Town Centre. The project forms part of the Town Deal programme, which covers 7 different infrastructure projects across Warrington, funded as part of the Government's "levelling up" agenda. The Health & Wellbeing Hub (to be known as the Living Well hub) will be designed to target and address health inequalities in Warrington by providing a range of services focussed on prevention and early intervention in a town centre location with close proximity to the areas of the town with the highest levels of deprivation. The Hub will be a space where providers from across mental and physical health, social care and the third sector can come together to deliver integrated services, support and learn from one another for the collective benefit of the local population.

Progress since last report

- Heads of terms have been issued for review by WHH. These will now be reviewed internally and by external legal experts.
- Owen Ellis architects are preparing the tender documents for the procurement of a builder.
- Informal consultation for the proposed change of traffic orders around the contact centre have been published.
- Initial enquiries made regarding CQC registration of the Hub have been made with a plan for ensuring registration will be achieved in time for the opening of the building
- Conversations continue with potential service providers to identify targeted and complementary services which will form the basis of the model for the hub.
- Planning permission application submitted in September including change of use and addition of second floor space.
- An initial draft job description for the centre manager role has been produced

Financial Implications/ Budget Update

Total project value is £3.1m, which is funded via central government. Ongoing revenue implications and how they will be covered across all system partners are to be confirmed.

Upcoming Key Milestones	Date	Status	Comments
Tender for build contractor	Aug 22		Post stage 4 completion. Delayed to October due to addition of second floor space and associated structural engineer and costing work required
Agree provisional timetable	Oct 22		
Lease Heads of Terms agreed	Nov 22		
Hub operational	May-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Formal agreement to be reached with all partners around ongoing financial and management arrangements of the Hub.	Significant impact on project if agreement is not reached. Alternative options will need to be considered.	12	All partners fully engaged in discussions around possible options and impacts.	8
Failure to secure preferred building from Landlord Caused by: Landlord having other plans for the building/ unsuccessful lease negotiations	Project delays whilst scoping new location for the hub	12	Progress lease negotiations as quickly and strategically as possible	4

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project Overview

WHH is a key partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long term conditions from a central location in Runcorn.

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

Progress since last report

- Full business Case submitted to Department of Levelling Up, Housing and Communities

- Heads of Terms of lease currently under review and negotiation.

- Press release drafted with input from the Trust, Halton Borough Council and Riverside College. Awaiting confirmation of funding ahead of launch

Financial Implications/ Budget Update

Total value of project as submitted through Runcorn Town Deal Programme: £3.89mil (across 5 years). Town Deal contribution: £2.85mil. Providers, including education, Council and Health bodies expected to meet remaining project costs of: £1.04m (across 5 years)

Upcoming Key Milestones	Date	Status	Comments
Expected funding announcement	Nov 22		
Recruitment of project officer	Dec-22		
Appointment of Design Partner	Dec-22		
Procurement exercise for contractor	April-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Failure to: secure funding Caused by: Government rejecting business case Resulting in: failure of project	Failure of project, no health and education hub	9		9
Failure to: reach formal agreement regarding ongoing financial and management arrangements Caused by: various causes	Alternative options for delivery will need to be considered	9	All partners fully engaged in discussions around options, mitigations and impacts	6

Halton Health Hub

Project Overview

The Halton Health Hub programme aims to utilise void space in Runcorn Shopping City to deliver health and wellbeing services closer to community in line with the NHS Long Term Plan.

The scheme includes a refurbishment of retail space to re-purpose for access to hospital services, including audiology, ophthalmology and dietetics. This programme is part funded by Liverpool City Region Combined Authority.

Progress since last report

- Unit refurbishment programme complete and unit handed over to Trust 23rd September 2022

- Project Group stepped up to weekly to enable increased levels of operational delivery planning ahead of planned service start in November. Remit includes detailed operational plans and assurance around CQC requirements

- Further capital investment approved by Trust Board in August 2022.

- Installation of medical equipment commenced

- IT installation complete

- SOPs drafted

Financial Implications/ Budget Update

Total Programme Budget: £950.4k, funded via:

Internal Trust Capital Programme: £600.1k
Donated income: £350k (via LCR Town Centre Commission)

Current forecast cost: £913.57k

Actions being taken to identify sources of additional funding and reduce costs.

Upcoming Key Milestones	Date	Status	Comments
FFE Installation, unit readiness and organisational sign off (including Service Delivery Plans)	Oct-22	🟩	
Service Delivery Commencement	May-22	🟥	Delivery due to begin November/December 22 following delays to construction programme

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Failure to: complete the programme to time and / or budget Caused by: programme overruns / unforeseen issues requiring spend	Resulting in: added complexity, delayed delivery, risk to project	15	All variations reviewed in detail to identify any cost reductions achievable. Additional capital funding secured through Trust and external partner organisations	6
Failure to: secure long term sustainability of services	Resulting in: reconfigured service offer, delayed	12	Revenue case agreed March 2021	8

NHS
Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Anchor Institution
Social Value | Green Agenda | Health Inequalities

Project Overview

Development of new WHH hospital estate and infrastructure.

Within Warrington, this is the development of a new hospital for Warrington, either on the current site or elsewhere in the town.

Within Halton this is the redevelopment of the Halton Hospital site, including extending CSTM to incorporate all existing services and additional services, whilst releasing land to support Health and Wellbeing Campus vision.

Progress since last report

- Financial modelling workshops have commenced with input from PA Consulting.
- A briefing has been held with MPs to review the changing political landscape and identify opportunities to ensure the case for need is understood by key decision makers. A letter has been prepared for Andy Carter setting out the rational and benefits of the programme. He has agreed to issue this to Therese Coffey, Health Secretary and Robert Jenrick MP.
- Core case for need posters have been produced are and being used on electronic screens across our hospital sites.
- A request has been made to the National New Hospitals Team to ascertain their views on the future of the scheme and the timescales for announcing the next stage of the EOI process.
- A partial draft of the initial site selection scoring was presented to the Strategic Oversight Group in September. The Group queried whether proceeding with the stakeholder workshops would be helpful at this stage. A decision is pending.
- A meeting has been scheduled with Mersey Care to discuss the future of the Brooker Centre on the Halton site.
- New hospital engagement question has been included in Warrington Health & Wellbeing patient survey to support ongoing engagement.

Financial Implications/ Budget Update

Agreed capital funding to progress with financial affordability model and benefits enhancement work has been spent as planned. Capital costs for the programme have been revised by Turner and Townsend, following a review from EDGE and updated drawings from Gilling Dodd. This will determine future budget requirements

Upcoming Key Milestones	Date	Status	Comments
Outcome received from EOI stage of application to the New Hospitals Programme	Spring-22	🔴	Results will determine next steps in the comms plan and project direction. Have been advised EOI results could arrive towards the end of the year due to government delays
Refresh of the Warrington and Halton financial and economic cases within the SOCs.	Nov-22	🟠	Original deadline of September-22 has been extended. No material impact to the programme due to the delay as this is prep for the next stage EOI.
Selection of preferred site for new Warrington Hospital	Sep-22	⬛	On hold pending review by the Strategic Oversight Group

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
The required investment may not be available if unsuccessful with the EOI process	May lead to scope of implementation being limited to meet an affordability envelope, reducing the benefits able to be achieved.	12	Exploring opportunities for external funding and buy in from C&M for investment prioritisation	12

Community Diagnostic Centre

NHS
Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Project Overview

As part of the national strategic vision to create Community Diagnostics Centres (CDC) across England, the Trust is working alongside the regional team to develop a centre for outpatient diagnostics to serve the populations of Warrington and Halton. This will also be a regional resource.

The Trust has submitted two business cases to the regional/national programme team. The first is to develop a Fast-Track CDC within the next 12 months based within the existing Nightingale building on the Halton site. The second is for a full new build CDC as an extension to the CSTM building on the Halton site.

Progress since last report

- Feedback on the Fast-Track CDC case received from the national team in early September 2022. The majority of the case was approved but some amendments were requested.

- A revised plan for the Fast-Track case was subsequently developed via the operational delivery group in conjunction with the CDC regional team. This was approved by Trust Board in September 2022.

- The revised plan no longer includes the installation of a CT scanner at Warrington or an MRI scanner /additional plain X-ray facility as part of the phase 1 proposal.

- Alternative funding sources are being explored by the Trust Imaging team for the installation of a CT scanner at Warrington (in ED).

- The formal Letter of Approval for the phase 1 case was received in late September 2022.

Financial Implications/ Budget Update

Fast-Track CDC (phase 1) - £11.5m capital
Full New Build CDC (phase 2) - £14.9m capital

Upcoming Key Milestones	Date	Status	Comments
Project Lead to commence in post	Oct-22		3rd October – planned start date
Complete design work for Fast-Track CDC	Jan-23		Revised date following amendment to plan.
Decision from regional/national team on Full CDC	Jan-23		Phase 2 case to be formally submitted in December 2022.
Fast-Track CDC operational	Mar-23		
Full CDC operational	Jul-24		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Availability of workforce across multiple specialties to staff a potential large scale CDC in the short to medium term	Will significantly impact on ability to operate enhanced capacity.	10	National discussions re: workforce development strategy.	8
Financial risk with revenue beyond year 2	Potentially need to decommission beyond year 2 if funding does not match costs	10	Regional team have confirmed plan to develop national CDC tariff.	6

WHH Green Plan

Project Overview

The NHS has set the target to achieve net zero by 2040. The "For a Greener NHS" campaign was launched in 2020 by NHS England. While this is a nationally mandated programme, the Trust has a strategic commitment to developing and expanding on its role as an anchor organisation. The Green Plan will form a core pillar of this programme.

WHH has worked in partnership with WRM Sustainability to assess the Trust's current position and develop an implementation plan to achieve our emissions targets.

Progress since last report

- Bid submitted to the NHS Healthier Futures Action Fund for funding to trial a staff car sharing app for 12 months, to reduce staff commuting emissions. Outcome expected 30th September 2022.

- Trust successful in becoming one of four pilot sites within the region for the National Climate Change Risk Assessment. Training will commence in October 22 with risk assessment completed January 23.

- Met with external consultants to explore feasibility of undertaking a site assessment and prioritisation exercise to establish priority actions for Estates to achieve net-zero

- Met with Chair of Warrington Climate Emergency Commission and WBC Climate Change and Sustainability Manager to discuss green plan alignment and potential mutual assistance to deliver respective aims.

Financial Implications/ Budget Update

TBC. Significant investment will be required to enhance Trust estates to meet required carbon savings.
External funding opportunities are being researched.

Upcoming Key Milestones	Date	Status	Comments
National Climate Change Risk Assessment pilot commences	Oct 2022	🟩	
SBRI Healthcare Competition bids deadline 6th October	Oct 2022	🟩	
Determine feasibility of engaging external expertise to conduct site assessment and prioritisation	Nov 2022	🟩	

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Insufficient funding to enable deliver against actions e.g. estate improvements, technological solutions	Do not achieve required reductions in emissions	15	Capital pressures to be assessed and logged via Capital Planning Group -External funding sources to be found	9
Capacity and expertise – prog lead required to oversee and progress plan supported by technical expert	Do not achieve required reductions in emissions	15	Explore funding recurrent roles to provide Sustainability	9

Warrington Wider Estates Review

Anchor Institution
Social Value | Green Agenda | Health Inequalities

Project Overview

The Trust, in partnership with Halton Borough Council and Warrington Borough Council, submitted a bid to the One Public Estate Programme in November 2020, via the Liverpool City Region Combined Authority, partly to:
- Review the wider estate across the Warrington region, and produce a shared delivery plan, recommendations and opportunities to improve utilisation of buildings, with an end product of a framework to utilise estate asset database to enable informed decisions on future use, configuration and occupancy

AIM: To get more from collective public sector assets, and take a strategic approach to asset management.

Progress since last report

- Stakeholder engagement is now complete with 22 partners involved across the Borough.
- Asset Map has been shared with Partners along with identified opportunities.
- Asset Map and opportunities socialised with co-chairs of Warrington Together Partnership Board and shared with the partnership Board.
- Scoping discussions have been held with Warrington Borough Council who are exploring opportunities to host the asset map online.
- Discussions progressing with Place partners aimed at ensuring the asset map is governed appropriately and embedded as a key tool to support shared decision making and maximise efficiencies.
- Learning from the project scheduled to be shared with Liverpool City Region via the ICS Estates Group.

Financial Implications/ Budget Update

Total costs (inc. VAT) = £42,637
Externally funded via One Public Estate 8 funding agreement

Upcoming Key Milestones	Date	Status	Comments
Agree ongoing governance arrangements for the asset map	Oct-22		
Agree digital solution for the asset map	Jan-23		
Partners to work through their individual opportunities identified in the Delivery Plan and report back on the outputs.	Jul-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Technical queries around database hosting and enabling external access to refresh the database remain unresolved.	The potential solution may require capital investment and/or capacity from WHH to support a refresh.	12	Technical queries around database investigated, resolutions identified and escalated to Place for discussion on resolution across the partnership.	6

Halton Blocks

Project Overview

The Trust has been engaged with local partners, including Halton Borough Council, since 2016 in contributing to regeneration schemes within Halton Lea. This is reflected within the Trust's New Hospitals Programme, which outlined a bold and exciting future for the site as the Halton Hospital and Wellbeing Campus.

The Trust and its local partners are now keen to identify how best the Halton Blocks could be used to generate social value in line with the regeneration plans of the area, as well as providing a financial benefit if developed as part of the wider masterplan for the Halton site.

Progress since last report

- A fully drafted report has been issued and shared with key individuals for comment.

- Final draft delivered July 2022.

- Final draft reviewed internally. Additional changes requested.

- Bid submitted to Department of Levelling Up, Housing and Communities to relocate staff and facilities from the Blocks and decommission the site, totalling £1.41million

Financial Implications/ Budget Update

Total costs (inc. VAT) = £44,733.60
Externally funded via One Public Estate 8 funding agreement

Upcoming Key Milestones	Date	Status	Comments
Sign off Appraisal Paper, including costed options and detailed delivery plan	June-22		Delayed to October due to Annual Leave, Covid absence within Consultancy team, and staffing pressure within Strategy Team
Report to execs outlining report recommendations and next steps	Aug-22		Delayed to November as above
Outcome expected for Levelling Up bid	Nov-22		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
If Halton Blocks aren't reconfigured, then the Trust won't contribute to the Halton Lea regeneration programme in full and elements of the Halton Hospital and Wellbeing Campus masterplan will not be delivered in short term	Resulting in reputational damage among local delivery partners including Halton Borough Council, impacting access and opportunities for future funding	10	A number of other schemes are in development with Council to identify sources of funding and opportunities to strengthen the Trust's contribution to local regeneration	8

Breast Service Reconfiguration – Phase 2

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project Overview

The Trust is looking to consolidate and expand Breast Screening Services at Bath St Health & Wellbeing Centre in Warrington through a relocation from Kendrick Wing on the Warrington Hospital site.

This is phase 2 of a reconfiguration and improvement of Breast services for Warrington, Halton, St Helens and Knowsley (WHSKBSS) following the relocation of Breast Assessment and Symptomatic clinics from Warrington Hospital to the new £1.2m Breast Care Centre located in the Captain Sir Tom Moore building at Halton.

The planned reconfiguration will improve WHSKBSS by increasing staffing efficiencies, modernising facilities and increasing the physical space available to carry out the screening.

Progress since last report

- The results of the public consultation are currently being circulated via Warrington, Halton and St Helen's local authority meetings, Warrington and Halton CCG and Specialised Commissioning routes

- Funding for a replacement mammography machine has been secured via NHSE/I which will replace the machine that is currently located at Bath Street and which has a lease that is due to expire

- A quote for the upgraded internet connection for the breast screening unit has been obtained. This will ensure a much more effective and efficient transfer of large data files will be achieved by the service

- Contingency plans in the event of loss of internet connectivity are being explored and risk assessments to be produced based on the new site situation

- Heads of Terms for the new combined lease are currently being reviewed internally and by external legal experts

- Procurement of IT hardware has been completed

Financial Implications/ Budget Update

The renovation works for this project are being financed and completed by Renova. As such, the Trust do not share any of the financial risk surrounding the renovation element of the project. Funds secured for the first phase of the project included £30,000 for relocation of existing equipment from Kendrick Wing to Bath Street. Their will be a one off 6% capital charge which will be jointly financed by WHH and Warrington CCG (50:50 split). Ongoing rental agreements have also been agreed with Warrington CCG funding the majority of the costs.

Upcoming Key Milestones	Date	Status	Comments
Lease to be approved and signed off by Trust	Nov-22	🟩	
Experts by experience event to be held at Bath Street to review plans for the unit	Nov-22	🟩	
Project completed and allocated capital for this financial year spent.	Jan-23	🟧	Delayed until January due to increased refurbishment works to accommodate new improved design and delay of finance agreements

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Disruption to current service caused by build works	Reduced number of appointments available	9	Produce a contingency plan and liaise closely with build team to minimise disruption	6

Cheshire & Merseyside Pathology Network

Project Overview

The transformation of the provision of pathology services in Cheshire & Merseyside by restructuring pathology services to generate levels of efficiency savings to the local health economy whilst maintaining and improving high quality standards.

Progress since last report

- The Transformation Unit have completed a readiness assessment to progress to FBC. This was shared with the Network in September 22. An update is awaited on the outputs and next steps.
- A localised procurement approach for histopathology has been agreed with the network. Costs have been obtained to identify the financial viability of aligning the contract term with the network's suggested 4 year period and a paper is being prepared for discussion with the Network and Execs.
- The Network have been asked if funding is in place to support the financial implications of moving to short-term contracts of bring forward harmonisation opportunities at scale. Discussions are ongoing.
- The expression of interest process was undertaken by the Network to replace the Microbiology Clinical Workstream Lead who stood down, this was unsuccessful and a further EOI process has been announced with partners encouraged to consider taking a lead. At present WHH does not have capacity.

Financial Implications/ Budget Update

Financial implications to be worked up through development of Collaboration Agreement to Business Case.

Upcoming Key Milestones	Date	Status	Comments
Sign off of Collaboration Agreement at Cheshire and Merseyside HCP.	Nov-20	🔴	Collaboration agreement reviewed but not formally approved. This may resurface through the readiness assessment.
Risk and Gain Share Principles agreed	Jun-21	🔴	Paused pending network direction on next steps
Next steps from readiness assessment agreed	Nov-22	🟢	
FBC produced and reviewed by Board	TBC	🔵	

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Cellular Pathology – Cohort of Pathologists nearing retirement.	Shortage of staff in service and difficulties in recruiting until service configuration confirmed.	16	Mutual aid being provided by STHK.	8

Health & Care System Reconfiguration

Project Overview

System reforms mean a transition to Integrated Care Systems (ICS) from 1st July 2022, comprising an Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to:
- improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access,
- enhance productivity and value for money and help the NHS support broader social and economic development
During this transition, WHH is working with system leaders to ensure organisational prioritises and interests are understood at region and place level and relationships developed to support attainment of organisational objectives.

Progress since last report

- Integrated Care Systems were formally constituted on 1st July 22 with the Cheshire & Merseyside Integrated Care Board formally commencing its duties from this date.
- Place Based Boards – One Halton and Warrington Together Partnership Board were also constituted on 1st July 2022.
- While the legal structures underpinning system reforms have been established, a significant amount of work remains to ensure the benefits are leveraged. Work continues to ensure Trust representation across region and place and to ensure appropriate influence.
- At Place, work has commenced to refresh the existing health and wellbeing strategies which will then be translated into Place Delivery Plans.
- Place Directors for both Warrington and Halton have commenced in post.
- Views have been sought and provided on the devolvement of specialised commissioning to ICS and providers.
- Fragile services prioritised for action by medical and strategy director networks in CMAST, joint session arranged to agree plan and action. Solution for dermatology accelerated.

Financial Implications/ Budget Update

The ICS will be the regional commissioning body through which finances will flow. Relationships may influence the status of WHH at region and any financial benefits or risks derived by will be captured and quantified.

Upcoming Key Milestones	Date	Status	Comments
Revised health and wellbeing strategies completed	TBC		
Place delivery plans developed	TBC		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
If WHH does not appropriately influence at place and regional level there is a risk that priorities will not be supported or delivered and that future funding and service delivery could be negatively impacted.	Potential negative impact on service delivery. Potential reduced funding allocated.	10	Ensure appropriate representation and influence. Demonstrate delivery.	8

Health & Social Care Academy

Project Overview

The Trust is working closely with another local anchor institution, Warrington and Vale Royal College, to develop a Health & Social Care Academy on the college's main campus in Warrington.

The project is led by the college team and forms part of the Town Deal programme but WHH is a key partner and will play a fundamental role in helping shape the curriculum and identify the areas of greatest need in terms of the health and social care workforce in future.

Progress since last report

- Joint oversight committee meetings with the Health and Wellbeing hub are ongoing to ensure synergy across both projects. The college Principal attends these meeting.

- The Health and Social Care Academy has begun delivering it's curriculum from the new facility.

- Site visit was conducted to share learning of the Town Deal projects and the Health and Social Care Academy and to develop an understanding of the continued development of the curriculum.

- As a result of this project, closer links have now been developed with WVRC which are resulting in ongoing mutually beneficial opportunities.

Upcoming Key Milestones	Date	Status	Comments
Joint Strategic Oversight Group to be held from the HSCA to incorporate a visit	Oct-22		
Official opening of the Health and Social Care Academy	Oct-22		3rd October 2022

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
No risks identified at this stage.				

Anchor Programme Development

Project Overview

As an anchor institution, WHH has an opportunity to positively influence the health and wellbeing of the patients we service and the local communities we are part of. The anchor programme seeks to ensure we use our position and influence to work with others in responsible ways, to have an even greater impact on the wider factors that create happy, healthy and thriving communities.

Collectively the Trust's strategic projects support delivery of the ambitions of the anchor programme

Progress since last report

- Progress continues to be made in advancing the Trust's anchor maturity and the anchor programme has been recognised as exemplary both within Cheshire and Merseyside and nationally.
- Discussions have commenced to identify the best route to a Place based focus on prevention as part of the Trusts commitment to the Prevention Pledge.
- An inclusion for Trust wide job descriptions has been drafted to ensure sustainability and social value are key considerations for all roles. This has been shared with workforce for review and refinement.

Upcoming Key Milestones	Date	Status	Comments
Incorporating Anchor into Strategy refresh Embedding our anchor ambitions will be further cemented by including them as core features of the Trust wide strategy refresh. Anchor priorities will also be included in Place based delivery plans.	Apr-23		
Streamlining reporting Reporting against the key strategic projects which constitute the anchor programme will become part of reporting against the Trust's overall strategy	Apr-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
The anchor programme is vast and there is a risk the totality of work is not captured.	Gaps and opportunities may be missed and not reflected. Equally impact may be underrepresented.	8	Reporting linked to overall strategy report. Mechanism to visually identify anchor work to be implemented	6

Development of Overall Trust Strategy

NHS
Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Project Overview

Development and subsequent delivery of overall WHH Trust strategy.

Support to the development, delivery and governance of enabling strategies, clinical strategies, and strategic priorities.

Progress since last report	Upcoming Key Milestones	Date	Status	Comments
• CBU and Care Group priorities for 22/23 defined and mapped to Quality, People and Sustainability objectives. These will be monitored via QPS. • Trust and clinical strategy refresh underway and on-track. • Conversations have taken place with Finance to discuss using the business planning round to create greater links between strategic priorities and operational delivery via annual plans. A workshop in planned to map how improvements could be embedded. • New mapping document introduced by Strategy & A Greener WHH Sub-Committee to map new/refreshed enabling strategies to wider corporate strategy. • Work ongoing to ensure all enabling strategies are in date following some delays due to operational pressures stemming from the pandemic.	Corporate strategy info and engagement stalls held at Warrington and Halton Hospitals	Oct-22		
	Discussions to look at alignment of corporate, enabling strategies and annual business planning processes.	Oct-22		
	Refreshed 5 year strategy approved	April -23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
No risks identified to date.				

Overview

This section lists the strategic opportunities that are currently in the pipeline and are in the process of being explored/assessed for the potential to progress by the Strategy Team. For more information about these opportunities or to suggest any further opportunities, please contact a member of the Strategy team.

Proposal Name	Brief Description	Strategy Team Contact
Warrington Wolves – Combined Training and Wellbeing Facility	Early discussions around the potential to create a new facility combining state of the art training space for the rugby team with community health and wellbeing space(s)	Lucy Gardner
Halton Health Hub– Phase 2	Additional space is available for development in Runcorn Shopping City adjacent to the facility that is being developed by the Trust and partners (see slide 7). A bid has been submitted within Halton Borough Council's Levelling Up programme to DLUHC for £1.6million	Carl Mackie
Halton Primary Care Collaboration	Potential opportunities to work in collaboration with Primary Care services in Halton on a number of opportunities including; provision of health checks in Runcorn Health & Education Hub, use of GP ARRS roles, Use of Runcorn UTC, and the use of fallow sessions and out of hours at Halton Health Hub	Carl Mackie
Burtonwood Parish Council Building	Working alongside Warrington Borough Council (WBC) to scope out potential to repurpose some disused space in Burtonwood as a sports and wellbeing facility. Links to the wider Living Well agenda. Capital refurbishment requirements have been submitted by WBC under the latest Levelling Up bids.	Steve Bennett
Levelling Up funding - Halton	Two bids submitted, one for the creation of Halton Health Hub phase 2 (£1.66m) and one for the Halton Blocks project (£1.42m). Decisions expected in November 2022.	Carl Mackie
Shared Education Facility	Very early discussions with WBC about potential to develop a new education facility that could provide a space for learning and education for both the council and the Trust.	Lucy Gardner
Time Square phase 2 development	Discussions with WBC to look at potential for the Trust to utilise some space within the proposed new Time Square phase 2 development in Warrington town centre.	Kelly Jones
UK Shared Prosperity Fund - Warrington	Working with WBC to develop plans to make use of the UK Shared Prosperity Fund (UK SPF) monies – a UK replacement for European Regional Development Funding post-Brexit. Current ideas include investment in digital solutions to support improved health including a new Warrington Directory of Services and investment in voluntary sector to recruit and train volunteers to support good health and	Steve Bennett

Proposal Name	Brief Description	Strategy Team Contact
One Public Estate £140k	The Liverpool City Region One Public Estate programme was awarded £140k in April 2022. The funding is being utilised to complete an NHS Place Estates Asset Review across the boroughs in Liverpool City Region, with the goal of producing a five-year strategic pipeline which identifies opportunities to optimise current and future NHS estate and outline potential non-NHS funding routes to achieve this. Work is currently ongoing with outputs expected by March 2023.	Carl Mackie

REPORT TO TRUST BOARD

AGENDA REFERENCE:	**BM/22/11/147**
SUBJECT:	**WHH Strategy – Governance and delivery progress summary**
DATE OF MEETING:	30th November 2022
AUTHOR(S):	Carl Mackie, Halton Healthy New Town and Strategy Manager
EXECUTIVE DIRECTOR SPONSOR:	Lucy Gardner, Director of Strategy & Partnerships
LINK TO STRATEGIC OBJECTIVE: (*Please select as appropriate*)	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience. X
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future X
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities. X
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)	**#115** If we cannot provide minimal staffing levels in some clinical areas due to vacancies, staff sickness, patient acuity and dependency then this may impact the delivery of basic patient care. **#134** If the Trust's services are not financially sustainable then it is likely to restrict the Trust's ability to make decisions and invest; and impact the ability to provide local services for the residents of Warrington & Halton **#1134** If we are not able to reduce the unplanned gaps in the workforce due to sickness absence, high turnover, low levels of attraction, and unplanned bed capacity, then we will risk delivery of patient services and increase the financial risk associated with temporary staffing and reliance on agency staff **#125** If the hospital estate is not sufficiently maintained then there may be an increase in capital and backlog costs, a reduction in compliance and possible patient safety concerns **#145** If the Trust does not deliver our strategic vision, including two new hospitals and influence sufficiently within the Cheshire & Merseyside Integrated Care System (ICS) and beyond, the then Trust may not be able to provide high quality sustainable services resulting in a potential inability to provide the best outcome for our patient population, possible negative impacts on patient care, reputation and financial position.
EXECUTIVE SUMMARY *(KEY ISSUES):*	This paper provides an update on the governance and delivery of the Trust's strategic objectives, included in the Trust's strategy which was approved in May 2018 and refreshed in July 2021. The report is provided twice yearly to assess progress against the Trusts strategic priorities within our 3 - 5 year strategy. This report shows that at the end of Q2 2022/23 the Trust is ahead of plan or on track to deliver the outcome/KPI on 20 indicators, behind plan with mitigation on 15 indicators, and behind plan with significant challenges to recovery on 1 indicator. There are 0 indicators which are not rated at this stage.
PURPOSE: *(please select as appropriate)*	Information Approval **To note X** Decision
RECOMMENDATION:	The Trust Board is asked to note the progress made against delivery of the strategic objectives.
PREVIOUSLY CONSIDERED BY:	**Committee** Choose an item.

	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Whole FOIA Exemption	
FOIA EXEMPTIONS APPLIED: *(if relevant)*	Section 43 – prejudice to commercial interests	

REPORT TO BOARD OF DIRECTORS

SUBJECT	WHH Strategy – Governance and delivery progress summary	AGENDA REF:	BM/22/11/147

1. BACKGROUND/CONTEXT

At the start of the 2021/22, the Trust board reviewed and refreshed the overall strategy for the organisation. Quality Assurance Committee and Strategic People Committee have reviewed and refreshed the Quality and People priorities and key performance indicators (KPIs) respectively in 2022/23. The Sustainability priorities and KPIs have not been refreshed.

The latest priorities and their KPIs are set out below:

Quality

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
Quality - We will...always put our patients first delivering safe and effective care and an excellent patient experience.	Patient Safety - We are committed to developing and enhancing our patients' safety and learning culture where quality and safety is everyone's top priority.	We will have safe systems of work in place. We will ensure that we minimise harm for patients.	We are committed to developing and enhancing our patients' safety through a learning culture where quality and safety is everyone's top priority.	1. Early recognition of deteriorating patients in ED and Inpatients. 2. 90% of patients who meet criteria are screened for sepsis within 1 hour. 3. 90% of patients receive IV antibiotics within 1 hour where red flag sepsis is diagnosed.	Quality Assurance Committee	Quarterly	Yes
			Continue to develop models of waiting list management in line with national guidance ensuring appropriate clinical prioritisation.	1. Continue to undertake clinical triage process. 2. Continue to undertake harm review process 3. Continue to report for assurance via Clinical Oversight Group and Quality Assurance Committee.	Quality Assurance Committee	Bi-Annually	No

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
			Continue to evidence a culture of quality, safety and learning aligned to the National Patient Safety Framework	1. Ensure a patient safety culture continues to be embedded across the organisation in accordance with the requirements of the patient safety strategy and alterations to the investigation process utilising new methodologies. 2. Evidenced through the use of incident reporting, learning, risk management and triangulation of clinical governance. 3. Evidenced through implementation of a learning framework.	Quality Assurance Committee	Quarterly	Yes
Clinical Effectiveness is about ensuring practice is based on evidence so that we do the right things the right way to achieve the right outcomes for our patients.	We will ensure that we providing care that is evidence based. We will ensure that we are focused on outcomes for patients and that are benchmarking/peer reviewing ourselves against the 'best in class'. We will ensure that we foster a culture of Quality Improvement. Every patient should have the opportunity to give feedback about their experience and we promise to use this to improve care and services.	Ensuring practice is based on evidence so that we do 'the right things the right way to achieve the right outcomes' for our patients.	1. Implementation and Audit of LOCSIP safety standards which apply to invasive procedures 2. Audit of WHO checklist effectiveness and with evidence of effective operative debriefs delivering effective learning, team culture and improvement. 3. Improve patient safety through the delivery and evaluation of human factors training.	Quality Assurance Committee	Quarterly	No
			'Get It Right First Time' Clinical Productivity programme to be implemented across all specialities to deliver enhanced quality and productivity.	1. Each speciality to identify and commit to deliver 2 Clinical Productivity priorities as agreed with an Exec led GIRFT Steering Group. 2. Improvement to be measured with agreed productivity metrics utilising internal data for assurance. 3. To be monitored by GIRFT Steering Group reporting to the Patient Safety and Clinical Effectiveness Sub Committee.	Quality Assurance Committee	Quarterly	No

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
			Discharge processes will be strengthened to improve the quality of discharge to home and community providers.	1. Ensuring early measures are in place to facilitate timely discharge, improving length of stay, with data presented by each ward. 2. Patients will be partners in their care through communication and information sharing, measured through survey feedback. 3. Plan for discharge from the point of admission with effective management of EDDs identified at Board rounds and high quality discharge summaries. • Increase in incident reporting to show a culture of openness and transparency.	Quality Assurance Committee	Quarterly	Yes
	Patient Experience - By focusing on patient experience we want to place the quality of patient experience at the heart of all we do where ''seeing the person in the patient'' is the norm.	We will communicate in line with our values. We will ensure partnership working and needs based care. We will simplify patient focused processes.	By focusing on patient experience, we want to place the quality of patient experience at the heart of all we do, where "seeing the person in the patient" is the norm.	1. Implement and monitor the action plan to deliver the outlined recommendations of the 2020 'Independent Review of NHS Hospital Food' report ensuring access to high quality food and choice supported by an independent industry expert. 2. To ensure all patients hydration needs are met and monitored in accordance with their health needs, utilising ward-based quality metrics. 3. Refresh and implement the Nutritional Care Strategy in collaboration with patients.	Quality Assurance Committee	Quarterly	No

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
			Ensure the Mental Health and Learning Disability Strategies are implemented Trust wide.	1. Audit the use of patient's passports by Care Group via the Learning Disability and Mental Health Steering Groups. 2. Evidence effective and robust alert processes for the Trust EPR system. 3. Competency based training for Learning Disability, Autism and Mental Health available for all staff groups in the Trust.	Quality Assurance Committee	Quarterly	No
			Through patient centred communication and service development address inequalities for access to health.	1. Work with partners to support our population to access preventative and early intervention services specific to the needs of each person through the co-design of digitally enabled services. 2. Deploy and audit the accessible information standards policy across WHH. 3. Monitor and deliver against the First Impressions project – listening and improving the experience for patients, service users, their families, carers and our workforce.	Quality Assurance Committee	Quarterly	No

People

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
People - We will…be the best place to work with a diverse and engaged workforce that is fit for now and the future.	Looking After Our WHH People	Prioritising the health and wellbeing of all our people	All leaders have the skills, competencies, and behaviours to support staff's health and wellbeing	• Reduction in sickness absence	Strategic People Committee	Quarterly	Yes
			WHH staff are supported to remain in work and be present through the adoption of best practice as evidenced through utilisation of the NHS Health and Wellbeing Cultural Framework				
			Bespoke health promotion programmes offered to our workforce to address population health inequalities impacting on their health and wellbeing				
		Looking After Our WHH People	Line managers are equipped to use person centred engagement practices which improve employee experience.	• Reduction in time to hire	Strategic People Committee	Quarterly	Yes
			Employee recognition and appreciation schemes accessible which are valued by our staff.				
			Onboarding process consistently applied to the recruitment of our leaders ensuring they have a personal priority to establish a great first impression for our patients and staff.				
	Innovating the Way we Work	Enabling new ways of working and planning for the future	Annual workforce plans which are reflective of the needs of WHH and the wider health and social care system to meet the changing health needs of our patients and which create new health care roles within clinical and non-clinical teams.	• Reduction in Vacancy Rate	Strategic People Committee	Quarterly	Yes
			System wide process of workforce planning aligned to workforce supply and demand across the wider health and social care system, leading to recruitment and retention campaigns, and informed commissioned, resourced and funded external education and training.	• Reduced Staff Turnover	Strategic People Committee	Quarterly	Yes

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
			New roles within multidisciplinary teams, which harness available skill sets of a diverse workforce and promote adaptable ways of working and create agile teams.	• Improved Retention	Strategic People Committee	Quarterly	Yes
			Attract and retain a transformed and flexible workforce that can deliver care to patients in new and different ways.				
		Empower the workforce to improve, change and innovate within WHH and across the healthcare system	Workforce equipped to shape and deliver effective and changing models of care.	• Reduction in bank/agency reliance	Strategic People Committee	Quarterly	Yes
			Enhanced digital capability, skills and leadership which embraces digitally enabled services.				
			Attract and retain a transformed and responsive workforce that can deliver care to patients in new and different ways.				
	Growing our WHH Workforce for the Future	Support and develop our teams and individuals	Managers and leaders recruited and developed using the WHH Line Management standards within the Line Management Training Framework.	• Improved mandatory and role-specific training compliance	Strategic People Committee	Quarterly	Yes
			Pipeline of career development opportunities aimed at nurturing and growing diverse teams from Kickstart Scheme recruits, work experience placements, apprenticeships, pre-registers multi professional students, inhouse training programmes and continuous professional development programmes (Further and Higher education) aligned to annual workforce plans.				
			Accessible development programmes, including apprenticeship programmes, Continuous Professional Development programmes, role specific training and leadership development.				

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
		Harness the talents of all our staff	NHS Talent Management and Succession Planning framework - Scope for Growth implemented and line managers clear about their responsibilities for their staff.	• Improved mandatory and role-specific training compliance	Strategic People Committee		
			All staff seeking career progression have a range of options available, including professional education, training, shadowing, mentoring, coaching, and secondments.				
			Team leaders equipped to use structured tools and techniques to develop effective team working, within their Care Groups, across Care Groups and with the wider health and social care system.				
	Belonging in WHH	Develop a culture that values the voice of our staff	Staff able to speak up and feel heard, without fear of reprisal – including access to staff networks, Freedom to Speak Up channels and trade unions.	• Improved PDR Compliance	Strategic People Committee	Quarterly	Yes
			All leaders and line managers have the skills to create psychological safety and enable workforce recovery consistent with the principles of restorative and just cultures.				
			Compassionate interventions for individuals and teams who have experienced hurt due to people practices, incivility, bullying, harassment, or discrimination				
		Develop a learning culture that encourages compassionate leadership and values diversity and inclusion	Leaders and line managers have access to co-created resources designed to assist them to deliver compassionate and inclusive people practices.	• Increased rate of Welcome Back conversations	Strategic People Committee	Quarterly	Yes
			Principles of a restorative and just culture evident in all workforce policies and procedures.				
			Behavioural framework embedded in WHH appraisal process for each Trust Values which promotes civility, kindness, and respect for all staff.				

Sustainability

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
Sustainability - We will...work in partnership with others to achieve social and economic wellbeing in our communities	Enhance our role as an anchor institution by building on the provision of integrated place-based care and addressing health inequalities within our populations, being guided by the principles of social value.	Provider of integrated services. Improved pathways for local residents to ensure that everyone receives the right support, care and treatment at the right time.

Strong relationships and collaborative working with all partners, including councils, CCGs, mental health and community | Further development of out-of-hospital services with partner organisations. | • Opening of Health Hub in Runcorn Shopping City and Warrington and Runcorn Town Deal Hubs | Finance & Sustainability Committee | Quarterly | No |
| | | | Play a key role in the development of Cheshire & Merseyside Integrated Care System as an enabler to the development of local place-based integrated care models. | • ICS Partnership Board created with WHH having representation alongside representation at C&M Acute and Specialist Provider Collaborative.

• Trust strategic priorities reflected in ICP strategies and implementation plans. | Finance & Sustainability Committee | Quarterly | No |
| | | | Full roll-out of new Continuity of Carer model across maternity services and integration of Halton community midwifery services. | • 75% of BAME community will be in receipt of CoC by 2024.

• 51% of women in receipt of CoC | Finance & Sustainability Committee | Quarterly | Yes |

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
		services providers and the voluntary sector. Develop the Trust as an anchor institution within the locality.	Develop partnerships with other local anchor institutions	• Develop partnership with St Rocco's Hospice and formulate agreed workplan to address partnership opportunities. • Develop partnership with University of Chester and formulate agreed workplan to address partnership opportunities. • Develop partnership with Warrington and Vale Royal College • Submit application for Institute of Technology • Completion of business case for Health & Social Care Academy • Ensure syllabus for H&SA Academy reflects Trust priorities	Finance & Sustainability Committee	Quarterly	No
			Exploit future opportunities to access central government funding for town regeneration and schemes to address health inequalities via national "levelling up" scheme.	• Secure initial funding commitment from MHCLG for Runcorn Town Deal programme. • Submit bids for any future levelling up funding for both Halton & Warrington.	Finance & Sustainability Committee	Quarterly	No
			Lead the implementation of a Health & Wellbeing Hub in Warrington Town Centre and a Health & Education Hub in Runcorn Town Centre under the national Town Deal initiative.	• Secure funding for Warrington Town Deal Health & Wellbeing Hub via business case to MHCLG. • Establish governance and delivery infrastructure for Runcorn Town Deal project following confirmation of commitment to funding.	Finance & Sustainability Committee	Quarterly	No

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
			Embedding the principles of supporting the prevention agenda and enhancing social value across the organisation.	• Complete baseline assessment of local health inequalities and opportunities to add social value, identify gaps and establish workplan to address gaps. • Establish Strategy & Sustainability sub-committee as primary mechanism for governance.	Finance & Sustainability Committee	Quarterly	No
	Work with other acute care providers to ensure that those services which need to be provided by an acute environment are the best they can be and are clinically and financially sustainable.	Ensure services meet the demand of our populations. Provide services on behalf of others where our services are clinically and financially superior. Disinvest in or transform services which are not financially sustainable and do not currently provide high quality outcomes. Share best practice and collaborate to ensure the best outcomes for our populations. Maintain and then improve financial position.	Work collaboratively with acute and specialist providers through the Provider Collaboration to ensure delivery of sustainable services which meet the needs of our population.	• Development and implement of optimal pathways for Cardiology patients with LHCH. • Development of out-of-hospital pathways for management of follow up appointments in community settings	Finance & Sustainability Committee	Quarterly	No
			Collaboration with St Helens and Knowsley and across Cheshire and Merseyside to deliver sustainable Pathology services on a regional footprint.	• Develop agreed operational plan for regional Pathology service	Finance & Sustainability Committee	Quarterly	No
			Response to the Covid-19 pandemic including recovery of elective surgery.	• Zero 104-week waiters	Finance & Sustainability Committee	Quarterly	Yes
	Provide our services in an estate that is fit for purpose, supported by the realisation of digital opportunities, and aligned to the needs of our	New hospital and wellbeing campus in Halton.	Further enhance and improve the Trust's estate.	• Development of ED Plaza. • Develop Urology Investigations Unit. • Develop Community Diagnostic Centre at Halton Site	Finance & Sustainability Committee	Monthly	No

QPS Domain	Objectives	Required Outcomes	22/23 Priorities	KPIs	Committee	Frequency of Monitoring	In IPR
	patients, staff, and populations.	New hospital in Warrington.	Continue to develop the Trust's B.I. capability through real time and predictive analytics.	• By year end 21/22 50% of reports will be available on LiON for self service use by the Trust.	Finance & Sustainability Committee	Monthly	No
			Procurement and implementation of new EPR system for maternity.	Badgernet implemented March 2022	Finance & Sustainability Committee	Monthly	No
		Recognised digital exemplar.	Full roll-out of electronic prescribing, electronic observations and clinical decision support tools.	Inpatient nursing observations complete - June 21 ED nursing observations complete – July 21 By year end 21/22 the last remaining features of electronic prescribing – Dose range checking and close loop will be live.			
			Develop automated data capture solutions and automated safety alerts.	Ward round data capture for complete – Live July 21			
			Progress plans for new hospitals for Warrington and Halton.	• Develop programme plan based on successful receipt of funding and alternative plan if unsuccessful.	Finance & Sustainability Committee	Quarterly	No
			Work with organisations across our localities to ensure that services are delivered in the most effective places, making best use of publicly owned estate.	• Complete review of publicly-owned estate across Warrington including disposals tracker and identification of opportunities to improve utilisation of existing estate. •Develop plan for vacation of blocks and release of land on Halton site.	Finance & Sustainability Committee	Quarterly	No

The assessment of the Trust performance against the agreed strategic outcomes for 2021/22 is below.

Where KPIs are reflected in the Trust's Integrated Performance Report, this is noted within the KPI description.

Each is rated on RAG system, over a variable time frame (indicator-dependent), as described below:

RAG	Meaning
Red	KPI is off track, mitigation in place is not effective or sufficient and requires escalation
Amber	KPI is off track and mitigation is in place to achieve
Green	KPI is on track and will deliver
White	KPI not currently rated

QPS Domain	22/23 Priorities	KPIs	Current Indicator		Current Position	Baseline	Indicator Description	Commentary
Quality - We will...always put our patients first delivering safe and effective care and an excellent patient experience.	We are committed to developing and enhancing our patients' safety through a learning culture where quality and safety is everyone's top priority.	1. Early recognition of deteriorating patients in ED and Inpatients. 2. 90% of patients who meet criteria are screened for sepsis within 1 hour. 3. 90% of patients receive IV antibiotics within 1 hour where red flag sepsis is diagnosed.	-14% (ED) / +15% (Inpatient)	➡	74% (ED) / 68% (Inpatient)	87% (ED) / 53% (Inpatient)	Sepsis screening within 1 hour (ED / Inpatient) September 2022 against April 2022	• ED performance has shown a decline in screening within 1 hour and the administration of antibiotics within 1 hour. This has been contributed to by staffing challenges and continued increased attendances. • Inpatient compliance for both screening and antibiotic administration has increased in September • All patients who do not receive Sepsis Six treatment within the standard timeframe are reviewed to ensure no harm occurred. • In some cases, delay in treatment decisions are found to be appropriate when deciding which antibiotics to treat with and what the diagnosis is. Progress update: • Continued work with Aqua. • Updated national process on sepsis screening awaited, anticipated October 2022. • The Trust has a Sepsis Task and Finish Group and associated Sepsis action plan which is monitored bi-monthly through the Quality Assurance Committee. • MIAA audit, August 2022. Report due October 2022 • The recruitment of the new sepsis medical lead is being progressed and final confirmation awaited. • Through internal audit data, it was identified that blood culture training was required, therefore sessions have been organised and 58 band 6 staff have been trained since the improvement work began. • Maternity have developed a single point lesson plan for sepsis. • The Patient Safety Improvement Nurses began to use the new sepsis audit logic devised in collaboration with the Data Warehouse Team. This includes patients in Paediatrics and Maternity. The patient safety team will audit 50 inpatients each month to bring audits in line with the current ED monthly sample size to ensure that audit data is representative.

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Continue to develop models of waiting list management in line with national guidance ensuring appropriate clinical prioritisation.	1. Continue to undertake clinical triage process. 2. Continue to undertake harm review process 3. Continue to report for assurance via Clinical Oversight Group and Quality Assurance Committee.	+0.0% ➡	97%	97%	% of Trust waiting list assigned a priority code September 2022 against April 2022	• A localised RAG rated outpatient's system has been developed with the following parameters identified; high/medium/low risk with clinically agreed overdue dates for follow ups. This is an ongoing piece of work, and an update will be provided in Q3. • As of the end of September, 6439 harm reviews have been completed, against 5290 patients. Harm reviews are conducted on every patient who breaches 52 weeks and any patient who has an expired priority code. • The harm review process has recently changed and will be implemented in October. This consists of every patient who breaches 52 weeks and a random 10% snapshot of any patients who have an expired priority code. • Bi-weekly presentations on the current position are given to Clinical Oversight Group which then feed into the Clinical Recovery Oversight Committee with any assurances/risks escalated to the Quality Assurance Committee. The data is also sent to the Performance Review Group for oversight. • The target to clear 104 week wait by the end of June was achieved, discounting those patients who were on a P6 code where they have chosen to delay surgery, currently have Covid-19, or are medically unfit. • The waiting list management and harm review process continues. This is monitored at the Clinical Recovery Oversight Committee, led by a Non-Executive Director.

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Continue to evidence a culture of quality, safety and learning aligned to the National Patient Safety Framework	1. Ensure a patient safety culture continues to be embedded across the organisation in accordance with the requirements of the patient safety strategy and alterations to the investigation process utilising new methodologies. 2. Evidenced through the use of incident reporting, learning, risk management and triangulation of clinical governance. 3. Evidenced through implementation of a learning framework.	+0.3% ➡	1.64%	1.33%	Incidents graded as moderate to catastrophic harm as a proportion of all incidents Q1&Q2 2022/23 (Current Position) against Aggregate value for 2020/21	There was a 6% increase in incident reporting across the Trust in Q2 (3728 in Q1 vs 3940 in Q2). The number of no harm incidents reported increased by 4% indicating that whilst incident reporting has increased the harm profile has remained static. The increase in incident reporting is reflective of continued increased attendances, patient acuity and operational pressures. • A learning questionnaire has been developed which asks several key questions to staff on how we take learning forward. The input from this will be included in the learning framework plans. • The Patient Safety manager continues to provide Junior Doctor training around governance related issues and there is a plan in Q3 for this to be rolled out to nursing and ACP colleagues. • Incident reporting continues to increase in most CBUs, demonstrating a positive reporting culture and is also reflective of recognised organisational pressures. • The Patient Safety Incident Response Framework is in the planning phase and a work program has been developed. This will be implemented over the next 12 months. Sessions with PSIRF early adopters have taken place and their learning incorporated into the WHH approach. Possible alternative systems to support PSIRF being scoped. • Amber wing has successfully delivered training in risk management to dedicated staff. The risk portfolio has been redesigned to change the description of the risk to IF and THEN. All CBU risk registers have been realigned to the new portfolio. • The Trust Board are in discussion with regard to risk appetite. • A learning framework is in draft. • Positive complaints position sustained. • Duty of Candour 100% compliance sustained. • MRG review being undertaken to support learning by Deputy Medical Director.
	Ensuring practice is based on evidence so that we do 'the right things the right way to achieve the right outcomes' for our patients.	1. Implementation and Audit of LOCSIP safety standards which apply to invasive procedures 2. Audit of WHO checklist effectiveness and with evidence of effective operative debriefs delivering effective learning, team culture and improvement. 3. Improve patient safety through the	⬆			See commentary	• All MIAA LOCSSIPs recommendations were implemented and completed in 2021/22 with the latest update coming to PSCESC in June 2022 and a further update due in December 2022. • Documentation Audits in Q2 have provided high levels of assurance in Paediatrics and Gynaecology and moderate assurance in Neonatal services. • LOCSSIPs observational audits have commenced in Q2 2022, and results will be reported in the December

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
		delivery and evaluation of human factors training.					update to PSCESC. • LocSIPP Awareness e-learning (ESR) went live in August 2021. The latest reported compliance rate is 87.94%. • Human factors training has been undertaken by all individuals who develop LOCSSIPs for their areas. • Simulation and further human factors training is delivered in areas that may require further support whether due to incidents or concerns raised.
	'Get It Right First Time' Clinical Productivity programme to be implemented across all specialities to deliver enhanced quality and productivity.	1. Each speciality to identify and commit to deliver 2 Clinical Productivity priorities as agreed with an Exec led GIRFT Steering Group. 2. Improvement to be measured with agreed productivity metrics utilising internal data for assurance. 3. To be monitored by GIRFT Steering Group reporting to the Patient Safety and Clinical Effectiveness Sub Committee.	➡			See commentary	The Medical Director has been reorganising the GIRFT (Getting it Right First Time) programme and structure at Warrington and Halton Teaching Hospitals NHS Foundation Trust. The National GIRFT toolkit recommended integration of a GIRFT programme into the organisation's operation and governance structure with specified GIRFT roles. • An Associate Medical Director for GIRFT/Clinical Productivity has been appointed in September 2022 and will commence in post in October 2022. • A Head of Finance GIRFT has also been appointed to manage and support the programme. • The appointment of GIRFT Clinical Leads for Planned (x2) and Unplanned Care Group will be led by the above in the coming weeks • A reporting structure has been established. There will be a GIRFT steering group which then reports to the Finance and Sustainability Committee and the Quality Assurance Committee. • GIRFT productivity programme plans are in preparation. This is relating to establishing the priority service lines with agreed metrics and timelines. • All national GIRFT communications relevant to the Trust are forwarded to the appropriate specialties, including national reports, action plan updates, and webinars. Interrogation and prioritisation of action plans will occur once the GIRFT team structure is fully in place.

QPS Domain	22/23 Priorities	KPIs	Current Indicator		Current Position	Baseline	Indicator Description	Commentary
	Discharge processes will be strengthened to improve the quality of discharge to home and community providers.	1. Ensuring early measures are in place to facilitate timely discharge, improving length of stay, with data presented by each ward. 2. Patients will be partners in their care through communication and information sharing, measured through survey feedback. 3. Plan for discharge from the point of admission with effective management of EDDs identified at Board rounds and high quality discharge summaries. • Increase in incident reporting to show a culture of openness and transparency.	+1.6	🔺	5.98	4.40	Average Length of stay April - September 2022 against Average Length of Stay 2017/18	• A trial on 2 wards K25, C21 has taken place. The Operations team are planning to do a small audit of patients on these wards to establish a baseline of what patients are aware of, a measure of how effective the communication is and whether discharge letters are being sent consistently. When this audit is complete and if it shows improvements, the strategy will be rolled out across all wards. • There is a 100 day discharge action plan supporting 14 improvement recommendations in relation to discharge processes and this is progressing well. • Unplanned care are looking at how they monitor length of stay and taking steps to reduce this. There have been meetings to consider the annual strategy going forward and this work will continue into Quarter 3. • Some longer lengths of stay are driven by no right to reside patients, where patients are medically optimised for discharge but need a package of care/support for them to go home and there is currently a gap in adult social care/ community care. This continues to be escalated externally to the Trust as well as internally via the Clinical Quality Focus Group. • There is a therapy led piece of work to understand the impact of deconditioning because of increased length of stay and no right to reside – Active hospitals. • The Trust continue to use the red, green and safe care bundle. • The longest length of stay remains as expected for stroke and elderly patients.
	By focusing on patient experience, we want to place the quality of patient experience at the heart of all we do, where "seeing the person in the patient" is the norm.	1. Implement and monitor the action plan to deliver the outlined recommendations of the 2020 'Independent Review of NHS Hospital Food' report ensuring access to high quality food and choice supported by an independent industry expert. 2. To ensure all patients hydration needs are met and monitored in accordance with their health needs, utilising ward-based quality metrics. 3. Refresh and implement the Nutritional Care Strategy in collaboration with patients.	6.7	🔼	6.7	5.5	Trust score CQC Inpatient Survey for food rating 2021 (Current Position) against 2018	• Senior nurse and AHP workshops were undertaken in September to review and standardise practice in relation to nutrition for patients including but not limited to mealtime standardisation, snack boxes, red tray initiative, out of hours provision. • A lunch time trial to ensure hot food provision on the Warrington site commenced in September 2022 as a pilot on 3 wards. • A Digital meal ordering system has been explored with procurement and this process is underway. • On 28th September 2022, the Trust Board took part in a patient meal tasting session on the Halton site for WHH site food and found the overall quality to be good. • The Trust Food and Drink Strategy 2022 - 2025 has been refreshed and ratified in July 2022. • Catering have received a £1.8 million capital bid for equipment which was approved at Trust Board in May.

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
							There is now a full design programme for the project with construction due to commence on 20th February 2023. • An action plan is in place which reports into the Patient Experience Sub Committee and Nutrition and Hydration steering group monthly. • Plant based chef training with the vegetarian society has taken place on 7th September 2022. • New crockery for patients living with Dementia have been ordered.
	Ensure the Mental Health and Learning Disability Strategies are implemented Trust wide.	1. Audit the use of patient's passports by Care Group via the Learning Disability and Mental Health Steering Groups. 2. Evidence effective and robust alert processes for the Trust EPR system. 3. Competency based training for Learning Disability, Autism and Mental Health available for all staff groups in the Trust.	⬆			See commentary	• Steering Groups are in place. • The strategies and associated work plans are in place. • This year's Learning Disability national improvement standards audit has commenced, and the Trust have registered to take part on this. • Mental Health training is being planned and the Trust have approached Mersey Care for support. • Mental Capacity Act training continues, and 2 trainers have been appointed. This will support in preparation for the introduction of Liberty Protection Safeguards which will replace the Deprivation of Liberty (DoLS). These posts will support ward staff directly. • MCA training being scoped through legal team to support.
	Through patient centred communication and service development address inequalities for access to health.	1. Work with partners to support our population to access preventative and early intervention services specific to the needs of each person through the co-design of digitally enabled services. 2. Deploy and audit the accessible information standards policy across WHH. 3. Monitor and deliver against the First Impressions project – listening and improving the experience for patients, service users, their families, carers and our workforce.	⬆			See commentary	• The Patient Experience and Inclusion Team is working with services to commence preventative programmes with regards to health outcomes. Currently, they are supporting diabetes youth workers and maternity services. • For 2022/23 WHH is reviewing Maternity Services and the Long COVID Service. The review which is led by Operational Teams with support of the Patient Experience and Inclusion Team will review the following questions: § Patients (service users) have required levels of access to the service § Individual patients (service users) health needs are met. § When patients (service users) use the service, they are free from harm. § Patients (service users) report positive experiences of the service. • The Trust participated in Disability Awareness Day 2022 held on 17th July 2022 – this included representation from Patient Experience and Inclusion, Maternity, Engagement and Involvement, the Children

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
							and Young People's Youth Worker and Volunteers. • At present, the Trust is below the national target of 25% attend anywhere digitally enabled outpatient appointments. This will be monitored monthly, determine barriers to access, and organise workshops to increase awareness with the wider aim of supporting the Trust's green plan. • A benchmark review of the Trust performance against the Integrated Care System Green and EDI Plan was completed in Q2. This found that of the 6 sections linked to EDI, the Trust was progressing or had achieved the recommendations. • Further work has continued for the Accessible Information Standard with a full deployment plan being monitored at both Patient EDI Sub-Committee and Patient Experience Sub-Committee. The First impressions project launched in April 2022 and Task and Finish Groups/ actions are in place. • Following a successful launch of Text, a task in June 2022, a review of the programme was completed in August, this was relaunched in line with information and datasets. This is monitored via the 'See' Task and Finish Group. • In July 2022, the updated Patient, Service User and Carers Diversity, Inclusion and Belonging Strategy was ratified.

Table 5: Quality KPIs and Commentary

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

QPS Domain	22/23 Priorities	KPIs	Current Indicator		Current Position	Baseline	Indicator Description	Commentary
People – We will…be the best place to work with a diverse and engaged workforce that is fit for now and the future.	All leaders have the skills, competencies, and behaviours to support staff's health and wellbeing	• Reduction in sickness absence	+0.6%	⬆	6.86%	6.30%	Sickness absence rate (past 12 months) September 2022 (Current Position) against September 2021	**Winter Well Campaign** In recognition of the challenges for the WHH workforce during the winter period, a Winter Well campaign and programme has been developed which aims to: 1. Promote the existing wellbeing offer across all staff groups 2. Enhance the wellbeing offer by providing flexible delivery options to the workforce 3. Align key messaging to Winter Well Public Health messaging 4. Support the workforce from a financial, health and wellbeing perspective The programme has been developed on the basis of staff feedback and from members of the Workforce Recovery Steering Group programme. It includes self-care packs being distributed to all wards and departments. There will also be a key focus on supporting the workforce to "Go Home Healthy". Individuals, teams, managers and Care Groups will all receive personalised approaches to 'Winter Well'. The team have partnered up with Optima Life and will be launching a digital wellbeing platform in the New Year to further consolidate the offers that are available within the organisation. **Supporting Attendance** The Trust implemented an updated Supporting Attendance policy in February 2022 and transitioned existing employees under attendance management to the policy in April 2022 making the new framework fully operational. Part of the new policy was the amalgamation of trigger points in order to manage long term and short-term sickness absence. Consequently, the Trust has seen a significant improvement in long term sickness absence rates reducing month on month for 7 months since the full implementation and transition on to the new policy in April 2022. The Supporting Attendance policy has also been reviewed post implementation to ensure it is supporting the workforce.
	WHH staff are supported to remain in work and be present through the adoption of best practice as evidenced through utilisation of the NHS Health and Wellbeing Cultural Framework							
	Bespoke health promotion programmes offered to our workforce to address population health inequalities impacting on their health and wellbeing							
	Line managers are equipped to use person centred engagement practices which improve employee experience.	• Reduction in time to hire	+5.4%	⬆	77.00	73.08	Time to hire (whole Trust) September 2022 (Current Position) against September 2021	**Financial Wellbeing** The Trust has developed a comprehensive package of financial wellbeing support for our employees. We have contributed to national task and finish groups and due to our work in this area, have been specifically invited by NHS Employers to attend financial
	Employee recognition and appreciation schemes accessible which are valued by our staff.							

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Onboarding process consistently applied to the recruitment of our leaders ensuring they have a personal priority to establish a great first impression for our patients and staff.						wellbeing forums for the NHS. In November 2022, the Wagestream platform has gone live. Wagestream is a smartphone app-based product that allows staff to access advanced salary drawdown, saving and budgeting tools. The implementation of Wagestream aims to empower our staff through financial wellbeing management, using a smartphone app-based product. It is designed to minimise the risk of employees accessing pay day loans and the high percentage interest costs associated with these, as well as encouraging saving and giving access to budgetary tools. Our work on financial wellbeing includes: • Financial Wellbeing Leaflet • Dedicated extranet pages • Regional focus on access to Citizens Advice • WHH Winter Wellbeing Campaign food on a budget, signposting to regional and local support • Barclays Financial Wellbeing Platform implemented • Access to financial wellbeing advice • Access to Money Mentors During the Winter Well campaign, there will be a range of supportive financial wellbeing measures in place through the provision of a toy swap shop and school uniform campaign in the lead up to the festive period and in the new year as well. **Staff Recognition** The Staff Engagement and Wellbeing team have refreshed the monthly employee recognition approach within the organisation and re-branded to "You Made A Difference". A monthly panel to judge the nominations takes place and now includes Executive membership in order to provide a cross-section of clinical and non-clinical judges. In addition, a range of supportive materials regarding You Made A Difference have been disseminated across ward and departments including the installing of nomination post boxes with staff information boards which are available across both sites. **Onboarding** In order to enhance the onboarding experience of our staff, particularly with the implementation of NHS Jobs 3, the Recruitment team have developed surveys for new starters to complete and feedback on their recruitment experience, which will enable the team to further enhance the service they provide in order to support a positive onboarding experience at Team WHH. The results of the surveys are currently being collated and analysed with a full analysis completed for Q4 to develop an action plan.
	Annual workforce plans which are reflective of the needs of WHH and the wider health and social care system to meet the changing health needs of our patients and which create new health care roles within clinical and non-clinical teams.	• Reduction in Vacancy Rate	+3.6% ⬆	11.71%	8.15%	Vacancy Rate September 2022 (Current position) against September 2021	The People Directorate continue to actively contribute and support the Workforce Review Group, supporting with national directives such as International Nurse recruitment, AHP return to practice, International Fellow recruitment and potential AHP international recruitment. Annual workforce plans are being developed in

QPS Domain	22/23 Priorities	KPIs	Current Indicator		Current Position	Baseline	Indicator Description	Commentary
	System wide process of workforce planning aligned to workforce supply and demand across the wider health and social care system, leading to recruitment and retention campaigns, and informed commissioned, resourced and funded external education and training.	• Reduced Staff Turnover	+2.0%	🔺	16.81%	14.81%	Staff Turnover September 2022 (Current Position) against September 2021	collaboration with strategic members of the People Directorate. In addition, the Directorate are key members of the North West Apprenticeship strategy group which provides an indication of future pipelines for apprenticeships and wider development recruitment campaigns which can be implemented within WHH. This information is shared internally and as part of Workforce Review Group as appropriate.
	New roles within multidisciplinary teams, which harness available skill sets of a diverse workforce and promote adaptable ways of working and create agile teams.	• Improved Retention	-1.7%	🔻	83.08%	84.73%	Retention Rate September 2022 (current position) against September 2021	**Agile Working** To support with the development of an Agile/Flexible Working Toolkit, views of staff have been sought on the current agile working culture, barriers, opportunities and best practice. The survey received 289 responses, however less than 50 of these were from clinical staff, and therefore the group requested to extend the survey and target the clinical areas. The toolkit will be promoted with Line Managers and drop-in sessions will be setup to support managers to understand the principles of Agile/Flexible working and how it can be best implemented within their teams.
	Attract and retain a transformed and flexible workforce that can deliver care to patients in new and different ways.							
	Workforce equipped to shape and deliver effective and changing models of care.	• Reduction in bank/agency reliance	+2.5%	🔺	15.22%	12.68%	Bank and agency relience rate September 2022 (Current Position) against September 2021	The Occupational Health and Wellbeing service is currently implementing a new system to support with the digitalisation of records to be completed by 31st March 2023 which will further enhance the digital capabilities of the Occupational Health service to support our workforce ambitions. In addition, the flu campaign for 2022-23 has been completely digitised in terms of consent form. The Trust is the only organisation in Cheshire and Merseyside to implement a digital consent form solution for flu. From a recruitment system perspective, NHS Jobs 3 was nationally implemented in July 2022, however it does not have the system functionality of the previous system or the developments to the system expected. The Trust are currently seeking to procure an alternative recruitment system to support improved time to hire and enhance candidate experience.
	Enhanced digital capability, skills and leadership which embraces digitally enabled services.							
	Attract and retain a transformed and responsive workforce that can deliver care to patients in new and different ways.							
	Managers and leaders recruited and developed using the WHH Line Management standards within the Line Management Training Framework.	• Improved mandatory and role-specific training compliance	+7.9%	🔺	84.86%	76.96%	CSTF Compliance September 2022 (current position) against September 2021	Our supported internship programme has commenced with Willow Green College, a yearlong internship with Project Search who support people with disabilities to choose their path towards education and long term paid employment. The team have a well-developed communications programme to promote the Apprenticeship Levy, including educating managers and staff about the various courses/development offers available through the Apprenticeship Levy. This includes the provision of drop-in awareness clinics regarding apprenticeships and also the celebration of apprenticeships within the workplace. Recently the team have been asked to present at a national NHS Employers
	Pipeline of career development opportunities aimed at nurturing and growing diverse teams from Kickstart Scheme recruits, work experience placements, apprenticeships, pre-registers multi professional students, inhouse training programmes and continuous professional development programmes (Further and Higher education) aligned to annual workforce plans.							

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Accessible development programmes, including apprenticeship programmes, Continuous Professional Development programmes, role specific training and leadership development.						conference regarding widening participation and apprenticeships due to our organisation's inclusive approach to providing opportunities. The team have also worked with other local partnership organisations to develop a pathway for 70 local students who are interested in health and social care but have not progressed to university as part of the Cheshire and Merseyside Pledge. This programme aims to enable the students to be NHS employer ready and the team will be delivering a range of workshops on interview skills and techniques, application writing, individual branding and mock interviews. A future action for this strategic objective in Q4 is to complete an OD diagnostic of the current organisation learning requirements, triangulating this data with our Clinical Education colleagues, staff survey outcomes and insights from our HR Business Partners. This will ensure a fully informed offer is developed that supports our leader's development with a diverse and inclusive approach to learning.
	NHS Talent Management and Succession Planning framework - Scope for Growth implemented and line managers clear about their responsibilities for their staff.	• Improved mandatory and role-specific training compliance	+3.0% ⬆	91.07%	88.03%	Mandatory Training Compliance September 2022 (Current Position) against September 2021	**Appraisals** The talent management tool, Scope for Growth has been trialled in three areas and feedback from this trial is currently being collated prior to responding to feedback and enhancing the guidance and paperwork to implement across the organisation. The OD team continue to work towards creating a framework to supplement the Scope for Growth conversation training that will support managers and leaders to hold effective career conversations that will support in signposting to a range of learning and development opportunities within WHH and across our wider Integrated Care System/place. L&OD are offering support and guidance to managers, departments and Care Groups to ensure appraisal compliance including 1:1 coaching and attendance at team meetings. Areas with low compliance are being specifically targeted to provide personalised interventions to address low compliance. **Career Development** The Organisational Development (OD) team continue to provide both group workshops and one to one career development coaching conversations. Future actions against this strategic objective will include further development of learning opportunities that include sponsorship, leadership circles and action-based learning experiences that will be based upon the scope for growth development plans data evaluation.
	All staff seeking career progression have a range of options available, including professional education, training, shadowing, mentoring, coaching, and secondments.						
	Team leaders equipped to use structured tools and techniques to develop effective team working, within their Care Groups, across Care Groups and with the wider health and social care system.						
	Staff able to speak up and feel heard, without fear of reprisal – including access to staff networks, Freedom to Speak Up channels and trade unions.	• Improved PDR Compliance	+10.6% ⬆	64.71%	54.14%	PDR Compliance September 2022	The month of October 2022 marked Freedom to Speak up month and was led by the Freedom to Speak Up Guardian with a number of engagements plans taking place across the Trust. Additionally, both

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	All leaders and line managers have the skills to create psychological safety and enable workforce recovery consistent with the principles of restorative and just cultures.					against September 2021	the RCN and Unison have had stands in order to speak to members regarding the ballots to ensure that they have all the information that they require in order to vote. In relation to the Improving People Practices agenda, Investigating Officer and Mediation Training has taken place and completed within the months of October and November. The training will ensure that there are trained individuals to deal with employee relations matters on both an informal and formal basis. In house mmanagement Training in employee relations policies and procedures is in development with HR subject matter experts and the L&OD team. These training options are on target to be launched in the new year period with course dates available from the new training programme 2022-23.
	Compassionate interventions for individuals and teams who have experienced hurt due to people practices, incivility, bullying, harassment, or discrimination						
	Leaders and line managers have access to co-created resources designed to assist them to deliver compassionate and inclusive people practices.	• Increased rate of Welcome Back conversations	+3.6% ⬆	78.73%	75.15%	Rate of Welcome Back Conversations September 2022 (Current Position) against September 2021	In addition to the work outlined above in relation to Improving People Practices. The Trust continues with its rolling workplan for policy and procedure reviews including learning from people practices through lessons learned processes. Additionally November 2022 will see the launch of the Trust's civility, kindness and respect campaign aligned to the updated WHH values and behaviour framework
	Principles of a restorative and just culture evident in all workforce policies and procedures.						
	Behavioural framework embedded in WHH appraisal process for each Trust Values which promotes civility, kindness, and respect for all staff.						

Table 6: People KPIs and Commentary

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
Sustainability - We will...work in partnership with others to achieve social and economic wellbeing in our communities	Further development of out-of-hospital services with partner organisations.	• Opening of Health Hub in Runcorn Shopping City and Warrington and Runcorn Town Deal Hubs	⬆			Progress of Shopping City and other out-of-hospital hub developments	Following several programme delays, Runcorn Shopping City Clinical Hub will open to patients on 30 November 2022

Warrington Town Deal Health and Wellbeing Hub due to open Summer 2023.

The Trust received notification that the business case submitted for the Health and Education Hub as part of the Runcorn Town Deal Health bid had been accepted by the Department of Levelling Up, Housing and Communities. Currently planning for a 2024 opening. |
| | Play a key role in the development of Cheshire & Merseyside Integrated Care System as an enabler to the development of local place-based integrated care models. | • ICS Partnership Board created with WHH having representation alongside representation at C&M Acute and Specialist Provider Collaborative.

• Trust strategic priorities reflected in ICP strategies and implementation plans. | ➡ | | | See commentary | Integrated Care Systems were formally constituted on 1st July 22 with the Cheshire & Merseyside Integrated Care Board formally commencing its duties from this date.
Place Based Boards – One Halton and Warrington Together Partnership Board were also constituted on 1st July 2022.
While the legal structures underpinning system reforms have been established, a significant amount of work remains to ensure the benefits are leveraged. Work continues to ensure Trust representation across region and place and to ensure appropriate influence.
At Place, work has commenced to refresh the existing health and wellbeing strategies which will then be translated into Place Delivery Plans.
Place Directors for both Warrington and Halton have commenced in post.
Views have been sought and provided on the devolvement of specialised commissioning to ICS and providers.
Fragile services prioritised for action by medical and strategy director networks in CMAST. |
| | Full roll-out of new Continuity of Carer model across maternity services and integration of Halton community midwifery services. | • 75% of BAME community will be in receipt of CoC by 2024.

• 51% of women in receipt of CoC | +86.4% ⬆ | 86.40% | 0% | All Women in receipt of CoC (August 2022) Against Baseline | WHH continues to work towards ensuring women booked on a pathway receive continuity across the pathway. Updated national guidance was published in October 2021 in relation to Continuity of Carer and a revised action plan has been agreed and submitted to the LMNS and national team. This is monitored through W&C CBU governance meeting and the Ockenden Part Two Oversight Group. |

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Develop partnerships with other local anchor institutions	• Develop partnership with St Rocco's Hospice and formulate agreed workplan to address partnership opportunities. • Develop partnership with University of Chester and formulate agreed workplan to address partnership opportunities. • Develop partnership with Warrington and Vale Royal College 　• Submit application for Institute of Technology 　• Completion of business case for Health & Social Care Academy 　• Ensure syllabus for H&SA Academy reflects Trust priorities	⬆			See commentary	Linked St Rocco's COO with WHH senior HR team to explore potential for specific collaboration. Site visit to Halton Haven and meeting with Hospice CEO set up to open discussions around opportunities for improvements and joint working. A list of opportunities for partnership working have been identified and an initial programme of work subsequently compiled between the Trust and the University of Chester. The specific outcome required from each individual project has been agreed and a named individual from both WHH and University of Chester have been identified to take each individual project forward. The Health and Social Care Academy has formally opened. WHH is able to directly influence the curriculum and jointly develop new course offerings. As a result of this project, closer links have now been developed with WVRC which are resulting in ongoing mutually beneficial opportunities. The Institute of technology application has been submitted and approved.
	Exploit future opportunities to access central government funding for town regeneration and schemes to address health inequalities via national "levelling up" scheme.	• Secure initial funding commitment from MHCLG for Runcorn Town Deal programme. • Submit bids for any future levelling up funding for both Halton & Warrington.	⬆			See commentary	The business case for the Runcorn Health and Education Hub, totalling £2.9 million, has been approved by government in October 2022. The Trust is working closely with partners, including Halton Borough Council and Riverside College, as well as a number of local health and care provider organisations, to develop the multi-use hub in Runcorn Old Town. This is predicted to open in 2024. The Trust has worked with Halton Borough Council and a range of partners to submit a bid to central government as part of the national Levelling Up Fund, to contribute to the regeneration of Halton Lea. A total bid of £12.3 million has been submitted, containing two submissions from the Trust totalling £3.1 million. These bids are to expand the outpatient clinic within Halton Health Hub at Runcorn Shopping City, and to develop plans around the blocks at Halton General Hospital, as previously described in the Halton Hospital Masterplan. An outcome is expected from government in winter 2022/23.

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Lead the implementation of a Health & Wellbeing Hub in Warrington Town Centre and a Health & Education Hub in Runcorn Town Centre under the national Town Deal initiative.	• Secure funding for Warrington Town Deal Health & Wellbeing Hub via business case to MHCLG. • Establish governance and delivery infrastructure for Runcorn Town Deal project following confirmation of commitment to funding.	⬆			See commentary	Initial funding commitment totalling £3.12m confirmed by DLUHC for Warrington Town Deal Health and Wellbeing Hub. Grant Funding Agreement approved by Board in March 2022. Governance structures established and in place following notification of successful bid for RTD Health and Education Hub. The Project Team continues to work with internal (WHH) and external partners to fully realise the service provision and offering. Designs and Construction costs have been received - Hub is expected to open in 2024.
	Embedding the principles of supporting the prevention agenda and enhancing social value across the organisation.	• Complete baseline assessment of local health inequalities and opportunities to add social value, identify gaps and establish workplan to address gaps. • Establish Strategy & Sustainability sub-committee as primary mechanism for governance.	⬆			See commentary	An Anchor Programme Update was given to Trust Board in July 22, which provided a summary of progress since November 2021 and progress against additional priorities agreed at Trust Board in January 2022. The programme has been reviewed against the Cheshire & Merseyside Anchor Institute Charter and Principles which was released in July 22 and the Trust is already making progress against each of the identified priorities.Progress continues to be made in advancing the Trust's anchor maturity and the anchor programme has been recognised as exemplary both within Cheshire and Merseyside and nationally. Strategy and a Greener WHH sub-committee established.
	Work collaboratively with acute and specialist providers through the Provider Collaboration to ensure delivery of sustainable services which meet the needs of our population.	• Development and implement of optimal pathways for Cardiology patients with LHCH. • Development of out-of-hospital pathways for management of follow up appointments in community settings	⬆				The Trust is now formally part of The Cheshire and Merseyside Acute and Specialist Trust (CMAST) provider collaborative. Simon Constable is the lead for the clinical pathways programme of work. The initial focus is on ENT, T&O and dermatology to ensure consistency in access and outcomes across C&M. Executive level discussions with St Helens and Knowsley have recommenced with a view to prioritising our collaboration to ensure sustainability of services. Collaboration at pace with STHK is being undertaken within ENT and Pathology. We are currently undertaking a refresh of our strategic clinical priorities, the output of which will further inform this work.
	Collaboration with St Helens and Knowsley and across Cheshire and Merseyside to deliver sustainable Pathology services on a regional footprint.	• Develop agreed operational plan for regional Pathology service	➡			See commentary	The Transformation Unit have completed a readiness assessment to progress to FBC. This was shared with the Network in September 22. An update is awaited on the outputs and next steps. STHK is currently providing mutual aid to WHH for histopathology.

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Response to the Covid-19 pandemic including recovery of elective surgery.	• Zero 104-week waiters	-13 ⬇	8	21	Number of patients waiting more than 104 weeks August 2022 (current position) against September 2021	RTT performance, 52 and 104 week wait performance in August was in line with the Trust's 2022/23 plan. Recovery of the elective programme is taking place with: • Elective activity being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of patients. • Elective capacity has been restored at the Halton Elective Centre and the Captain Sir Tom Moore Centre. • Restoration and recovery plans for 2022/23 have been drawn up in line with Operational Planning Guidance. • The 8 104 breaches were a combination of patient choice (P6) COVID positive and not medically fit for surgery.
	Further enhance and improve the Trust's estate.	• Development of ED Plaza. • Develop Urology Investigations Unit. • Develop Community Diagnostic Centre at Halton Site	⬆			See commentary	ED Plaza, Urology Investigation Unit and Children's Outpatient schemes have all been delivered as summer 2022. The Breast Care Centre at CSTM is fully operational. Work continues to consolidate and expand the Breast Screening Service at Bath Street in Warrington, via relocation of activity from Kendrick Wing. The Trust has submitted two business cases to the regional/national programme team. The first is to develop a Fast-Track CDC within the next 12 months based within the existing Nightingale building on the Halton site. The second is for a full new build CDC as an extension to the CSTM building on the Halton site. Feedback on the Fast-Track CDC case received from the national team in early September 2022. The majority of the case was approved but some amendments were requested. A revised plan for the Fast-Track case was subsequently developed via the operational delivery group in conjunction with the CDC regional team. This was approved by Trust Board in September 2022. The revised plan no longer includes the installation of a CT scanner at Warrington or an MRI scanner /additional plain X-ray facility as part of the phase 1 proposal. Alternative funding has been secured for the installation of a CT scanner at Warrington (in ED). The formal Letter of Approval for the phase 1 case was received in late September 2022.

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Continue to develop the Trust's B.I. capability through real time and predictive analytics.	• By year end 21/22 50% of reports will be available on LiON for self service use by the Trust.	⬆			See commentary	Deliverables completed in August and September **August** • Elective Recovery Fund Dashboard – summary of Financial baseline position by POD • Final 4 systems for the move to the new TIE Infrastructure • RTT Weekly PTL replaced with WLMDS uploads via the Data Landing Portal **September** • Migration of Lorenzo from the old Integration Engine to the New Integration Engine completing the project of all systems now moved to the new infrastructure • ED&I Dashboard for the Emergency department • AKI (Acute Kidney Injury) dashboard – Phase 2

	Procurement and implementation of new EPR system for maternity.	Badgernet implemented March 2022	⬆			See commentary	Badgernet Go Live - Monday 9th May
							- Trained 98% of Midwives
							- Training also covered- Obstetric Doctors, Theatre Staff, Anaesthetics Doctors, Coding Team, Information Team, Midwife Support Worker, Admin staff
							- Lorenzo will be still used as the Master ePR which includes, admissions, discharges, transfers and appointments and ePMA
							- Badgernet will be the main single source of clinical information for the service user
							- During the 4 week go live period there will be a Go Live Command Centre held in Croft Conference Room
							- 24 x 7 Go Live cover supported by Clinical and Digital floorwalking staff and some virtual cover covering all shifts
							- Escalation process has been approved and will be used when necessary ;
							   -In hours - contact Command Centre where issue will be triaged and if Clinical will be escalated to Clinical Lead if Digital escalated to Digital Lead
							   -Out of hours – will follow out of hours process

	Full roll-out of electronic prescribing, electronic observations and clinical decision support tools.	Inpatient nursing observations complete - June 21 ED nursing observations complete – July 21 By year end 21/22 the last remaining features of electronic prescribing – Dose range checking and close loop will be live.	⬆				Paperless Care • Final ePMA inpatient area Neonatal go live 10 October - removing recording prescriptions and medication on paper to digital • Digital Nursing Documentation and new Nursing Clinical Charts Project Initiation Document approved by SRO, final go/no go meeting scheduled 25 November for 28 November go live. • Clinical Data Capture to support ITU discharge pathways and OncoAlerts Place (Warrington Together & One Halton) • The Virtual Ward for ARI (phase 1) went live 19th October. Plans for

QPS Domain	22/23 Priorities	KPIs	Current Indicator	Current Position	Baseline	Indicator Description	Commentary
	Develop automated data capture solutions and automated safety alerts.	Ward round data capture for complete – Live July 21					Phase 2 for referrals from Community are being progressed with go live in Q3. • Work continues with ICS assessing what platform for Share Care Records and Personal Held Records still awaiting a recommendation to go the Transformation Board formal Sign off Digital Diagnostics • Working with finance colleges to complete the business case for the Digital Diagnostics Capability Programme for Radiology and Pathology (DDCP) new provision of a networked Picture Archiving Communication Software Solution end of November.
	Progress plans for new hospitals for Warrington and Halton.	• Develop programme plan based on successful receipt of funding and alternative plan if unsuccessful.	➡				Financial and economic modelling to underpin the refreshed Strategic Outline Cases is ongoing. However, changes to the political and economic environment have meant the outcome of the Trusts expression of interest to secure one of the last remaining eight places in the national new hospitals programme has been delayed with no clear date in place. As such, work has continued but at a slower pace. Work has commenced to refresh the Trusts estates plan and through this, opportunities will be explored to work towards the new hospitals vision.
	Work with organisations across our localities to ensure that services are delivered in the most effective places, making best use of publicly owned estate.	• Complete review of publicly-owned estate across Warrington including disposals tracker and identification of opportunities to improve utilisation of existing estate. •Develop plan for vacation of blocks and release of land on Halton site.	⬆				The Warrington Wider Estates Review concluded Phase 1 of the Project in June 2022. A Data Asset Map has been produced that details all public sector estate across Warrington, as well as some Third Sector organisations who also participated in the project. Systematic utilisation of the asset map is being embedded into the emerging place estates plan for Warrington and will be monitored via the place Transforming Estates Enabling Group to ensure opportunities are maximised. The Trust has worked with Halton Borough Council and a range of partners to submit a bid to central government as part of the national Levelling Up Fund, to contribute to the regeneration of Halton Lea. A total bid of £12.3 million has been submitted, containing two submissions from the Trust totalling £3.1 million. These bids are to expand the outpatient clinic within Halton Health Hub at Runcorn Shopping City, and to develop plans around the blocks at Halton General Hospital, as previously described in the Halton Hospital Masterplan. An outcome is expected from government in winter 2022/23.

Table 7: Sustainability KPIs and Commentary

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

The board is asked to note the progress against delivery of the strategic objectives and the governance arrangements in place.

4. IMPACT ON QPS?

Delivery of our strategy enables the Trust to deliver our aims under Q, P and S, and it is essential that this is monitored for assurance and escalated where necessary.

5. MEASUREMENTS/EVALUATIONS

The strategy delivery summary is provided to Trust board every six months by the Director of Strategy and Partnerships. Key strategic developments are discussed at each Trust board as appropriate.

6. TRAJECTORIES/OBJECTIVES AGREED

The KPIs support the delivery of the Trust Strategy to 2023. It is to be noted that the Trust Strategy will be refreshed in 2023 and as such this is the penultimate report against the 2018 strategy.

7. MONITORING/REPORTING ROUTES

The governance for each strategic objective is outlined in section 2.

8. ASSURANCE COMMITTEE

Each KPI is assured at a number of committees/sub-committees as indicated above.

9. RECOMMENDATIONS

The Board is asked to note the progress against delivery of the strategic objectives and the governance arrangements in place.

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/22/11/148**		
SUBJECT:	**Use of Resource Assessment (UoRA) Update – Q3 2022/23**		
DATE OF MEETING:	30th November 2022		
AUTHOR(S):	Phil Ainscough, Business and Performance Manager		
EXECUTIVE DIRECTOR SPONSOR:	Andrea McGee, Chief Finance Officer and Deputy Chief Executive		
LINK TO STRATEGIC OBJECTIVE: (*Please select as appropriate*)	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.	x	
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	x	
	SO3 We will.. Work in partnership with others to achieve social and economic wellbeing in our communities.	x	
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)	**#134** 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.		
EXECUTIVE SUMMARY **(KEY ISSUES):**	The Trust continues to progress improvement in its Use of Resources both internally and in collaboration with system wide partners. This paper outlines the current status of the Use of Resources Dashboard. It should be noted that a number of the indicators have not been updated on the Model Hospital since 2019 and therefore have been removed from the report.		

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

RECOMMENDATION:	The Board of Directors is asked to: 1. Note the contents of this report. 2. Support moving to an annual 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*)	Choose an item.

1

REPORT TO THE BOARD OF DIRECTORS

SUBJECT	Use of Resource Assessment (UoRA) Update – Q3 2022/23	AGENDA REF:	BM/22/11/148

1. BACKGROUND/CONTEXT

The Use of Resource Assessment (UoRA) is designed to improve understanding of how effectively and efficiently the Trust uses its resources. The UoRA is based on 5 key lines of enquiry (KLOEs) these are; clinical services, people, clinical support services, corporate services and finance. The UoRA workstream has prepared narrative for each KLOE and has developed a dashboard. This forms the basis from which to review and improve each KLOE indicator.

UoRA data is from the Model Hospital and has been benchmarked against peer and national median groups. The RAG rating is based on the Trust's position against the national median on the model hospital. The peer median group is based on NHSI's peer finder tool.

2. KEY ELEMENTS

This paper presents the update for Quarter 3 2022/23. Performance against each UoRA KLOE is set out in **Appendix 1**, the full detail for each KLOE indicator can be found in the UoR dashboard **(Appendix 2)**.

The following movements have taken place on the UoR Dashboard since Quarter 2 2022/23:
- Finance Costs per £100m turnover – The Trust has moved from Red to Green for this indicator (£604k against a national median of £637k in 2021/22 vs £657k against a national median of £636k in 2020/21).
- Human Resources Costs per £100m turnover - The Trust has moved from Red to Green for this indicator (£925k against a national median of £1.1m in 2021/22 vs £980k against a national median of £936k in 2020/21).

Further to a request from Trust Board, this paper has been updated to support the streamlining of information. A number of indicators have been removed from the dashboard as set out below, with signposting to alternative existing reporting routes where appropriate:

KLOE 2: People
- Staff Retention rate – This indicator is no longer available on Model Hospital; however, this is reported in the Trust IPR which goes to Board every 2 months.
- Staff Sickness rate – This indicator is no longer available on Model Hospital; however, this is reported in the Trust IPR which goes to Board every 2 months.

Therefore, the data usually reported in this KLOE will continue to be reported to Trust Board.

KLOE 4: Corporate Services

- Procurement Process Efficiency and Price Performance Score – It has been confirmed that this indicator is no longer updated on Model Hospital, the last update was in Q2 2019/20.

This information is currently reported as a series of efficiency metrics in Appendix B of the FSC finance paper which is also reported to Trust Board.

KLOE 5: Finance
All the following indicators have not been updated on Model Hospital since February 2019.
- Capital Services Capacity
- Income & Expenditure Margin
- Liquidity (Days)
- Distance From Financial Plan
- Agency Spend – Cap

However, financial information in respect of all these aspects of finance is reported into FSC and Trust Board.

Following these changes, the information remaining on the dashboard (**Appendix 2**) is:

KLOE 1: Clinical/Operational
- Pre-Procedure Elective Bed Days
- Pre-Procedure Non-Elective Bed Days
- Did Not Attend Rate
- Emergency Readmission Rates (30 Days)

KLOE 3: Clinical Support
- Top 10 Medicines – Percentage Delivery of Savings (Pharmacy)
- Pathology – Cost Per Test
- Imaging – Cost Per Test

KLOE 4: Corporate Services
- Finance Costs per £100m Income
- Human Resource Costs per £100m Income
- Estates & Facilities Costs (£ per m^2)

All of the above indicators are currently Green, with the exception of "Did Not Attend Rate" within KLOE 1. This information is currently reported to the Trust Board through the Clinical Recovery Oversight Committee (CROC).

It is proposed that as the information in the dashboard is updated annually on Model Hospital, that this paper is replaced with an annual report from the UoR group. The annual report will include progress in year on each of the workstreams and information from the National Corporate Benchmarking Return.

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The UoR group meets on a quarterly basis with a programme of deep dives into all areas of the Model Hospital which then regularly reports into the Moving to Outstanding group. Anything which needs to be escalated throughout the year will be brought to the Trust Board through FSC by exception.

3. RECOMMENDATIONS

The Board of Directors is asked to:
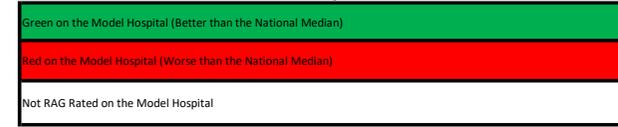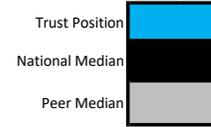1. Note the contents of this report.
2. Support moving to an annual report.

Andrea McGee
Chief Finance Officer and Deputy Chief Executive
18th November 2022

Appendix 1 – Benchmarking Performance against the National Median

KLOE Indicator	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
KLOE 1 - Clinical																		
Pre-Procedure Elective Bed Days	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q2 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q4 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22
Pre-Procedure Non-Elective Bed Days	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q2 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q4 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22
Emergency Readmission (30 Days)	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q2 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q4 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22
Did Not Attend (DNA) Rate	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q2 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q4 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22
KLOE 2 - People																		
Staff Retention Rate	June 2018	September 2018	December 2018	December 2018	December 2018	December 2018	March 2020	March 2020	June 2020	Sept 2020	December 2020	March 2021	March 2021	September 2021	February 2022	March 2022	March 2022	March 2022
Staff Sickness	May 2018	August 2018	November 2018	November 2018	June 2019	October 2019	March 2020	March 2020	June 2020	Sept 2020	January 2021	March 2021	June 2021	September 2021	February 2022	March 2022	March 2022	March 2022
KLOE 3 – Clinical Support Services																		
Top 10 Medicines - Percentage Delivery of Savings	March 2018	March 2018	March 2018	March 2018	September 2019	November 2019	March 2020	March 2020	August 2020	November 2020	February 2021	May 2021	July 2021	July 2021	July 2021	July 2021	July 2021	March 2022
Pathology - Overall Costs Per Test	Q4 2017/18	Q4 2017/18	Q2 2018/19	Q2 2018/19	Q4 2018/19	Q2 2019/20	Q3 2019/20	Q3 2019/20	Q3 2019/20	Q1 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q2 2021/22	Q3 2021/22	Q3 2021/22	Q3 2021/22	2021/22
Radiology Cost Per Report	March 2018	March 2018	March 2018	March 2018	March 2018	March 2018	March 2018	March 2018	March 2018	March 2018	March 2018	March 2018	2020/21	2020/21	2020/21	2020/21	2020/21	2021/22
KLOE 4 – Corporate Services																		
Finance Costs per £100m Turnover	2016/17	2017/18	2017/18	2017/18	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2020/21	2020/21	2020/21	2020/21	2021/22
Human Resource Costs per £100m Turnover	2016/17	2017/18	2017/18	2017/18	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2020/21	2020/21	2020/21	2020/21	2021/22

Indicator																	
Procurement Process Efficiency and Price Performance Score Clinics	Q4 2016/17	Q4 2017/18	Q3 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19	Q2 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20
Estates Costs Per m2	2017/18	2017/18	2017/18	2017/18	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2019/20	2019/20	2020/21	2020/21	2020/21	2020/21	2020/21	2021/22

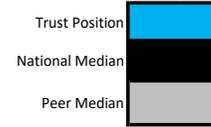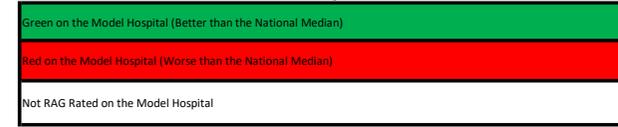| KLOE 5 - Finance	
Capital Services Capacity*	
Liquidity (Days)*	The model hospital does not benchmark these indicators against the national median and therefore there is no RAG rating available. The data on the model hospital has not been updated since February 2019.
Income & Expenditure Margin*	
Agency Spend - Cap Value*	
Distance from Financial Plan*	

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Appendix 2

Use of Resources Assessment Dashboard - Q3 2022/23

Action/ Recommendation	Benchmarking/Progress	Trend	Narrative - Warranted/Unwarranted & Justifiable

KLOE 1: Clinical/Operational   KLOE Operational Lead: Zoe Harris

Pre Procedure Elective Bed Days - The number of bed days between the elective admission date and the date that the procedure taken place.	National Median: 0.10 days Peer Median: 0.06 days Best Quartile: 0.05 days WHH Position: Ranking: Quartile: Monitoring: KPI Sub-Committee Source: Hospital Episode Statistics	Q4 2021/22 Target: Maintain 0.00 days 01/09 Peer Group 1 (Best)	 Pre-procedure elective bed days	**The Trust is performing in the best quartile for this metric and is performing better than the national and peer medians.** The Trust continually reviews opportunities to provide same day admission. The surgical transformation programme supported the reduction in theatre cancellations and in improving productivity and efficiency. The position has been sustained throughout the COVID-19 pandemic and continues to be monitored.
Pre Procedure Non Elective Bed Days - The number of bed days between an emergency admission date and the date the procedure taken place.	National Median: 0.60 days Peer Median: 0.75 days Best Quartile: 0.41 days WHH Position: Ranking: Quartile: Monitoring: KPI Sub-Committee Source: Hospital Episode Statistics	Q4 2021/22 Target: Best Quartile 0.58 days 03/09 Peer Group 2 (2nd Best)	 Pre-procedure non-elective bed days	**The Trust is performing better than the national and peer medians.** The Trust continually reviews opportunities to provide same day admission. The surgical transformation programme supported the reduction in theatre cancellations and in improving productivity and efficiency. The position continues to be monitored. There is a significant proportion of diagnostic procedures within medical specialties data.

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Use of Resource Graph Key

Trust Position	(blue)
National Median	(black)
Peer Median	(grey)

Key

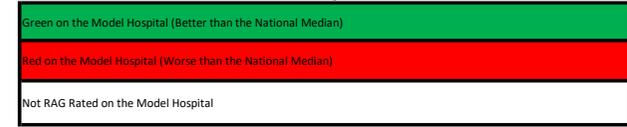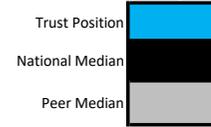|	
Green on the Model Hospital (Better than the National Median)	
Red on the Model Hospital (Worse than the National Median)	
Not RAG Rated on the Model Hospital	

Appendix 2

Use of Resources Assessment Dashboard - Q3 2022/23

Action/ Recommendation	Benchmarking/Progress		Trend	Narrative - Warranted/Unwarranted & Justifiable
Did Not Attend Rate - Rate of patients not attending their outpatient appointment	National Median: 7.78% **Peer Median: 8.59%** Best Quartile: 6.26% WHH Position: Ranking: Quartile: Monitoring: KPI Sub-Committee Source: Hospital Episode Statistics	Q4 2021/22 Target: National Median **8.15%** 03/09 Peer Group 3 (2nd Worse)	Did not attend (DNA) rate	**The Trust is performing worse than the national median but is performing better than the peer median.** The Trust has utlised several initiatives to support improvement in the DNA rate. This has proved challenging during the COVID-19 pandemic and the Trust continues to see seasonal variation and variances between specialties. The Trust has established the Outpatient Recovery Improvement Group incorporating 5 workstreams; Risk Stratification, Workforce, Performance & KPIs, Operational and Access Policy. DNA performance is monitored through the Performance & KPI workstream. The DNA policy have been reviewed and individual CBUs are monitoring frequent DNAs to ensure that these patients are clinically reviewed for potential discharge. Patient Initiated Follow Ups (PIFU) are also being utilised and will reduce DNAs. The Trust's Access Policy is currently under review, initial work through the transformation team have started to realise benefits with a decrease in DNA seen over the last month
Emergency Readmission Rates (30 Days) - This indicator measures the percentage of admissions of people who returned to hospital as an emergency within 30 days of the last time they left hospital after a stay. Admissions for cancer and obstetrics are excluded as they may be part of the patient's care plan.	National Median: 4.47% Peer Median: 4.59% Best Quartile: 3.51% WHH Position: Ranking: Quartile: Monitoring: KPI Sub-Committee Source: Hospital Episode Statistics	Q4 2021/22 Target: Maintain 3.67% 02/09 Peer Group 2 (2nd Best)	Emergency Readmission 30 days	**The Trust is performing better than national and peer medians** Every effort is made when discharging a patient to ensure that the discharge is appropriate. Readmissions are reviewed by the clinical directors to understand any inappropriate discharges and to ensure lessons are learned. The Trust is fully engaged with GIRFT (Getting It Right First Time) and continues to use intelligence to make improvements in efficiencies and in the quality of services.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Use of Resource Graph Key

Trust Position	(blue)
National Median	(black)
Peer Median	(grey)

Key

Green on the Model Hospital (Better than the National Median)	(green)
Red on the Model Hospital (Worse than the National Median)	(red)
Not RAG Rated on the Model Hospital	(white)

Appendix 2

Use of Resources Assessment Dashboard - Q3 2022/23

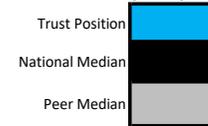| Action/ Recommendation	Benchmarking/Progress	Trend	Narrative - Warranted/Unwarranted & Justifiable

KLOE 3: Clinical Support

KLOE Operational Lead: Paul Mooney
KLOE Operational Lead: Neil Gaskell
KLOE Operational Lead: Mark Jones

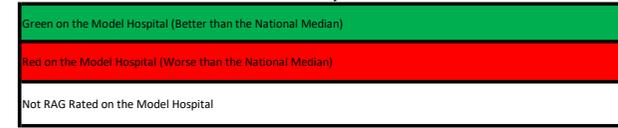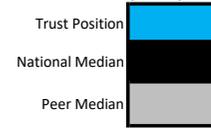| Action/ Recommendation	Benchmarking/Progress	Trend	Narrative - Warranted/Unwarranted & Justifiable
Top 10 Medicines - Percentage Delivery of Savings (Pharmacy)	Benchmark: N/A Peer Median: £1.12m Best Quartile: N/A WHH Position: Ranking: Quartile: N/A **March 2022** **Target:** Benchmark £941k Monitoring: Medicines Governance Committee Source: Rx-Info Define© (processed by Model Hospital)	Top 10 Medicines – Savings Delivered (2021-22)	**The Trust is performing better than the national benchmark.** The Trust is exceeding the national benchmark and has achieved savings of £311k as of July 2021 (this is the latest available information on the Model Hospital). The Pharmacy Team is working with Finance colleagues to review savings for 2021/22. The Trust maintains low drug costs in comparison with the national median e.g. £326/Weighted Activity Unit (WAU) compared with £687/WAU for Acute Trusts. Medicines optimisation remains a prioritised workstream. Processes continue to be aligned between the Trust, ICB/ICS and the Pan Mersey Area Prescribing Committee. Collaboration is ongoing to ensure opportunities for further improvements are identified. WHH is engaged in a ICS level medicines optimisation workstream which will look to collaborate on medicines efficiencies across the network.
Pathology - Cost Per Test - The cost per test is the average cost of undertaking one pathology test across all disciplines, taking into account all pay and non-pay cost items.	National Median: £2.21 Peer Median: £1.88 Best Quartile: £1.72 WHH Position: Ranking: 1/4 Peer Group Quartile: 2 (2nd Best) £1.79 Monitoring: Pathology Business Meeting Source: NHSI Q Pathology Data Collection 21/22	Overall cost per test	**The Trust is performing better than the national and peer medians and is in the best quartile for this metric.** Overall the Trust's pathology service is efficient with the use of streamlined processes, technology and procurement opportunities. The Trust continues to perform well with regards to overall cost per test during the recovery period following the COVID-19 pandemic. Q1 22/23 Cost per test = £1.54

		Use of Resource Graph Key		Key	
		Trust Position		Green on the Model Hospital (Better than the National Median)	
		National Median		Red on the Model Hospital (Worse than the National Median)	
		Peer Median		Not RAG Rated on the Model Hospital	

Appendix 2

Use of Resources Assessment Dashboard - Q3 2022/23

Action/ Recommendation	Benchmarking/Progress		Trend	Narrative - Warranted/Unwarranted & Justifiable
Imaging - Cost Per Report - Total cost of reporting one image, irrespective of modality	**National Median: £41.13** **Peer Median: £29.48** **Best Quartile: £32.47** **WHH Position:** **Ranking:** **Quartile:** **Monitoring:** **Source: NHS Imaging Productivity Data Collection (Annual)**	**2021/22** **Target: Maintain** **£38.79** **7/8 Peer Group** **2 (2nd Best)**		**The Trust Imaging Cost Per Report is better than the national median.** Overall the Trust is now more cost effective per report than previously. This has been achieved by: 1. The successful move to bring Vascular Ultrasound in house in March 2021. 2. An increase utilisation of Radiographer Reporting within the department from 19% of x-ray to 30.3% x-ray. 3. The cessation of outsourcing of reporting in late 2021.

UoR

Use of Resource Graph Key	
Trust Position	(blue)
National Median	(black)
Peer Median	(grey)

Key	
Green on the Model Hospital (Better than the National Median)	(green)
Red on the Model Hospital (Worse than the National Median)	(red)
Not RAG Rated on the Model Hospital	(white)

Appendix 2

Use of Resources Assessment Dashboard - Q3 2022/23

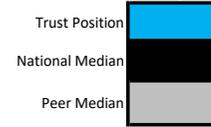| Action/ Recommendation	Benchmarking/Progress	Trend	Narrative - Warranted/Unwarranted & Justifiable

KLOE 4: Corporate Services

Finance
HR & OD
Estates & Facilities

KLOE Operational Lead: Jane Hurst
KLOE Operational Lead: Carl Roberts
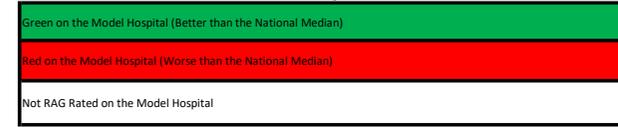KLOE Operational Lead: Ian Wright

Row 1

Finance Costs per £100m Income
- Total finance cost divided by trust turnover multiplied by a £100m

National Median: £637k
Peer Median: £590k
Best Quartile: £586k

WHH Position:
Ranking:
Quartile:

2021/22
Target: Benchmark

£604k
6/9 Peer Group
2 (2nd Best)

Monitoring: FSC
Source: Annual Corporate Services return to NHS Improvement

UoR

Cost per £100m income, National Distribution

The Trusts Finance costs per £100m income are lower than the national and higher than the peer medians based on national benchmarking data from 2021/22. The Trust has improved from £658k to £604k cost per £100m income which is £23k better than the national median and £14k worse than the peer median. The Trust is reviewing the benchmarking data to understand the areas of variation and areas of improvement. Further investigation is required on how outsourced function costs are benchmarked. There are potential saving in some sub-functions through utilisation of automation and review of processes.

Row 2

Human Resource Costs per £100m Income - HR is made up of a number of sub compartments taken into consideration when considering total HR costs per £100m turnover.

National Median: £1.10m
Peer Median: £994k
Best Quartile: £888k

WHH Position:
Ranking:
Quartile:

2021/22
Target: Benchmark

£925k
4/8 Peer Group
2 (2nd Best)

Monitoring: SPC
Source: Trust consolidated annual accounts and NHSI improvement 20/21 data collection template

UoR

HR Cost per £100m income, National Distribution

The Trusts HR costs per £100m income are lower than the national median and lower than the peer median based on national benchmarking data for 2021/22. The Trust is reviewing the benchmarking data to better understand the areas of variation and to look for any areas for further improvement.

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

UoR

Appendix 2

Use of Resources Assessment Dashboard - Q3 2022/23

Action/ Recommendation	Benchmarking/Progress		Trend	Narrative - Warranted/Unwarranted & Justifiable
Estates & Facilities Costs (£ per m2) - The total estates and facilities running costs is the total cost of running the estate in an NHS trust including, staff and overhead costs. In-house and out-sourced costs, including PFI costs, will be included.	**Benchmark: £462** **Peer Median: £370** **Best Quartile: £299** **WHH Position:** **Ranking:** **Quartile:** **Monitoring: Estates and Facilities Operational Group** **Source: ERIC 2020-21 Total Estates and Facilities Running Costs**	**2021/22** **Target: Maintain** **£327** **4/11 Peer Group** **1 (Best)**		**The Trust Estates and Facilities costs are better than the national benchmark and the peer median.** The Trust has invested year on year to reduce backlog maintenance. The Trust has received the outcome of the ERIC return (for 2020/21) and the Trust continues to benchmark well in overall Estates & Facilities costs.

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Printed on 23/11/2022 at 11:26

NHS England

To:
- ICB chief executives
- All NHS Foundation Trust and Trust:
  - Chief executives
  - Medical directors
  - Chief nursing officers
  - Chief people officers and HR directors
- All GP practices
- PCN Clinical Directors

cc.
- ICB chairs
- NHS Foundation Trust and Trust Chairs
- All local authority chief executives
- NHS regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 October 2022

Dear colleagues,

In August we set out a number of steps to boost capacity and resilience, with funding ahead of winter, including providing extra bed capacity and better support for staff. Thank you to you and your teams for the incredible hard work that is ongoing to make progress and deliver these focused actions, which remain crucial.

More than eight million people have already had their autumn booster COVID-19 vaccination in just over a month. However, we continue to be in a Level 3 incident, and services are under continued, significant pressure, with challenges including timely discharge of patients impacting on patient flow within hospitals, alongside ongoing pressures in mental health services.

Over the past few weeks this has been exacerbated by an increase in the number of COVID-19 inpatients and related staff absences. We continue to prepare for the possibility of high prevalence of flu, based on the evidence from other countries and advice from public health experts.

We therefore all need to be prepared for things to get even tougher over the coming weeks and months. We will support you in doing your best under these very difficult circumstances, including as you work with and support clinical leaders to ensure risk is managed appropriately across local systems. We are working with the relevant regulators to support this.

This clinical risk management is especially important to support the ongoing work to improve ambulance handovers and response times. Many of you already have access to the data platforms that you will need to drive performance or will be getting access in the coming weeks. These data platforms will inform national, regional, and local oversight, including the NHS Oversight Framework.

Going further on our winter resilience plans

In August we set out key actions to improve operational resilience, built in partnership with you. Following further engagement with systems over recent weeks we are now setting out a necessary expansion of these plans. These actions have been co-created with systems and clinical leaders and build on best practice that you have shared with us. They have been selected based on this evidence showing that they will make the biggest additional impact. In particular we want to work with you to ensure the NHS can:

- **Better support people in the community** – reducing pressures on general practice and social care, and reducing admissions to hospital by:
    o Putting in place a community-based falls response service in all systems for people who have fallen at home including care homes
    o Maximising the use of virtual wards, and actively considering establishing an Acute Respiratory Infection (ARI) hub to support same day assessment
    o Providing additional support for care homes through reducing unwarranted variation in ambulance conveyance rates

- **Deliver on our ambitions to maximise bed capacity and support ambulance services** – bed occupancy continues to be at all-time highs, and we need to take all opportunities to make maximum use of physical and virtual ward capacity to increase resilience and reduce delays elsewhere in the system. This includes:
    o Supporting delivery of additional beds including previously moth-balled beds
    o All systems setting up a 24/7 System Control Centre to support system oversight and decision making based on demand and capacity across sites and settings
    o Ensuring all ambulance services deploy 24/7 mental health professionals in emergency operation centres and on-scene

- **Ensure timely discharge and support people to leave hospital when clinically appropriate** – more than 10,000 people a day are clinically ready to leave hospital but can't be discharged, and this causes significant and fundamental issues for patient flow. In addition to maintaining focus on the high impact actions from the 100 day challenge, the Government recently announced £500m to support social care to speed up discharge across mental and physical health pathways. More details about distribution of this fund will be shared with you when available.

Winter Improvement Collaborative

In August we committed to launching new improvement initiatives to support ambulance handover and response times, in addition to the focussed work that we are continuing to do with the 10 most challenged systems and providers.

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Providers, systems, and regions have done a significant amount of work on these issues, but we have heard that we need to work with you on a faster way of identifying good practice and helping you to spread it at scale. We will therefore establish a new national Winter Improvement Collaborative by the end of October. We will review the effectiveness of this programme after 10 weeks and are committed to learning and iterating the approach to ensure it has maximum benefit. This will focus on the root causes of delay in each area. It will support teams to identify, evaluate, quantify, and scale innovation and best practice in improving handover delays and response times and reducing unwarranted variation at pace, supported by a single set of metrics.

We wish to learn from providers and systems who are tackling these issues successfully and are asking all systems to participate. The collaborative will be clinically-led, and we will work in partnership with staff using an Adapt and Adopt approach.

Continuing to support elective activity

We have proved we can deliver the ambitions set out in the elective recovery delivery plan with the virtual elimination of 2 year waits in July. Now we are in the second phase of the elective recovery plan, we need to continue to have a strong operational grip across both overall long waits and care for patients with suspected cancer. It is essential that all elective procedures go ahead unless there are clear patient safety reasons for postponing activity. If you are considering cancelling significant levels of elective care you should continue to escalate to your Regional Director for support and mobilisation of mutual aid where possible. We will be writing shortly on the next steps in recovery of elective and cancer services for our most challenged providers.

We are asking every Trust providing elective and cancer services to have their Board review the relevant performance data and delivery plans for the coming months. The Board should reflect on whether the assurance mechanisms are effective and in line with your elective recovery plan. Delivery should be managed in line with the plans and trajectories that have been agreed with NHS England regional teams. These plans should also be shared with your ICB.

On cancer, the key drivers of the cancer 62-day backlog are clear. The hard work of GPs and their teams has meant that the proportion of cancers diagnosed at Stage 1 and 2 has now fully recovered and is higher than pre-pandemic. Urgent cancer referrals are at 118% of pre-pandemic levels, while cancer treatment and diagnostic activity levels are nearer 100% of pre-pandemic levels. Three pathways (Lower GI, Skin and Urology) make up two-thirds of long waiting patients and have seen the largest increases.

Given this context, there are priority actions we are asking you to implement:

1. Faecal Immunochemical Testing (FIT) in the Lower GI pathway including for patients on Endoscopy waiting lists
2. Best Practice Timed Pathway for prostate cancer including the use of mpMRI
3. Tele-dermatology in the suspected skin cancer pathway
4. Greater prioritisation of diagnostic and surgical capacity for suspected cancer.

Infection prevention and control (IPC) measures and testing

Existing [UKHSA guidance on the management of COVID-19 patients](#) remains in place, along with the appropriate IPC measures detailed in the [IPC Manual.](#) Ahead of winter, providers should self-assess their compliance with this guidance using the [IPC board assurance framework](#).

This guidance will continue to be reviewed based on advice from UKHSA, in line with the latest scientific evidence including the impact of COVID-19 and other respiratory diseases in the coming months. Local healthcare organisations, with clinically appropriate advice, may also continue to exercise local discretion to test specific individuals or cohorts in line with broader IPC measures.

Symptomatic testing is continuing for patients and staff, based on the current list of symptoms. Symptomatic staff should test themselves using LFDs at the earliest opportunity. Staff testing positive should follow UKHSA's [return to work guidance](#).

Staff vaccination

It is important that health and social care workers receive both the COVID-19 and flu vaccines to protect themselves and their patients; the viruses can be life-threatening and getting both flu and COVID-19 increases the risk of serious illness. The vaccines offer the best protection for staff to better support patients and the people we care for.

All frontline healthcare workers should be offered both vaccines by their employer. Employers will confirm where both vaccines can be received, either at place of work, or, at a neighbouring provider. Health and Social Care workers can also book on the National Booking System by visiting www.nhs.uk/get-vaccination or calling 119.

Systems should continue to look at sections of their community where vaccine uptake is lower and focus significant efforts with partners to ensure community-based support is provided, building on approaches that have proved successful in the past. Trusts should also ensure that those attending for other reasons are signposted or offered vaccination.

Oversight and incident management arrangements

We will work with ICBs to ensure that oversight arrangements and associated support are appropriately focused on winter resilience and the delivery of elective recovery, including cancer, as set out above. This includes updating the NHS Oversight Framework metrics to reflect those set out in the Board Assurance Framework.

The NHS continues to operate at Level 3 Incident Response. Local systems will have their own response arrangements in place, and it is important that these continue, with robust escalation processes. There will be an opportunity to test these arrangements with a desktop exercise on winter pressures and escalation planned for November. This will be led by Regions working with ICBs, though participation will be open to all local partners. Seven day reporting against the UEC sitrep will start from Monday 31 October. Arrangements for the COVID-19 sitrep remain unchanged.

Thank you again to you and your teams for your continued hard work, and the leading role ICBs are playing in strong partnership working across the system. Since we published the winter plan in August, you have shared excellent examples of best practice

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taking place across the country, and this good work has been used to inform the actions set out in this letter. The coming weeks and months will be difficult, but we will continue to support you in these challenging circumstances to ensure that we collectively deliver for patients and support our staff.

Amanda Pritchard
NHS Chief Executive
NHS England

Julian Kelly
Chief Financial Officer
NHS England

David Sloman
Chief Operating Officer
NHS England

Appendix A – Further Actions Ahead of Winter

Relevant service specifications for the actions outline in the letter can be found here.

New variants of COVID-19 and respiratory challenges

- *Systems should actively consider establishing Acute Respiratory Infection (ARI) hubs as part of preparing for managing increased ARI in the community.*

Demand and capacity

We will work with local systems to:

- *Support delivery of additional beds available to admit patients to across England to reduce the number of patients waiting in ED for a suitable bed, ambulance handover delays, and ambulance response times.*

- *Deliver their agreed contribution to the winter planning ambition of delivering an additional 2,500 Virtual Ward (VW) beds. VW capacity must be included within overall bed capacity plans and monitoring and all local VW providers must submit timely, high-quality data through the national sitrep by 24 October 2022. Systems should ensure that virtual wards are effectively utilised both in terms of addressing the right patient cohort and optimising referrals.*

- *Ensure all systems establish 24/7 System Control Centres (SCCs). SCCs will balance the risk across acute sector, community, mental health, and social care services with an aim of ensuring that clinical risk is appropriately dispersed across the whole ICS during periods of surge. SCCs will need to be supported by senior operational and clinical decision-makers to proactively manage clinical risk across the country in a 24/7 format for 365 days per year. The expectation is that systems will develop the operating model for approval via the BAF and that all systems will have an operational SCC by 1 December 2022.*

- *Improve the accuracy of information provided in the capacity tracker. The accuracy of information submitted to the capacity tracker will be key to ensuring that we can effectively manage demand and capacity at a system, regional and national level. We will work with regional teams to ensure that all providers have plans in place to submit accurate data to the capacity tracker, and that updates are submitted in line with the collection timetable.*

- *Continue to invest into acute-workforce training in managing mental health need (including paediatric acute) and embed the integration framework with associated resources for systems to support children and young people with mental health needs within acute paediatric settings.*

Discharge

- *We know that discharge challenges are causing significant issues for flow and are impacting emergency care for patients. The 100-day challenge work will continue, as local systems continue to embed the 10 best practice interventions. We will work with regions to understand the specific actions where national support is*

required to go further, and a similar programme will be extended to community and mental health trusts. Intensive discharge support will also continue for a small number of our most challenged systems and Trusts. A national data focus, beginning with a drive to improve data quality, will support real-time operational decisions.

- *We are working with cross-government colleagues through the National Discharge Taskforce to explore further options to reduce delays to discharge. This includes supporting the £500m fund to recruit and retain more care workers and speed up discharge. Looking ahead to next year, with colleagues in DHSC and DLUHC we are selecting a number of discharge Frontrunners to identify radical, effective and scalable measures for improving discharge processes and joint working between and adult social care.*

- *Mental health remains a challenge for UEC activity and delayed discharge. It is important that systems continue to invest in mental health as planned in crisis alternatives, community transformation, primary care, and liaison services in acute hospitals, and that 12 hour delays are avoided.*

Ambulance service performance

We will work with local systems to:

- *Ensure all ambulance services deploy 24/7 mental health professionals in emergency operation centres and on-scene and implement new models of improving flow out of emergency departments. Staff may be employed on a rotational or joint basis with mental health trusts. This additional capacity will prevent unnecessary mental health related ambulance trips to A&E and enable more people in mental health crisis to access the right support in their community. Further guidance will be shared shortly.*

Preventing avoidable admissions

All local systems should:

- *Have a community-based falls response service in place between 8am and 8pm for people who have fallen at home including care homes. The service should be in place by 31 December 2022 and be available as a minimum 8am-8pm 7 days per week.*

- *Address unwarranted variation in ambulance conveyance rates in care homes working collaboratively with care homes to identify and access alternative interventions and sources of support.*

- *Consider targeted, proactive support for people who have high probability of emergency admission, sometimes called High Frequency Users. For example, work in one area identified that 1% of people (~600 people) accounted for 1,925 ED attendances and 54,000 GP encounters over a 12 month period.*

Workforce

In July we wrote to you asking you to prioritise five high impact actions to maximise the retention and experience of nursing and midwifery staff. Significant progress has already been made and we are asking you to continue working across key areas, including:

1. **Nursing and midwifery retention self-assessment tool** – completed self-assessment tool and retention improvement plans should be shared with your ICS retention lead or equivalent.
2. **National Preceptorship Framework** went live on 10 October. The framework includes a core set of standards and a gold standard for organisations wanting to further develop their preceptorship programmes.
3. **Flexible working –** Your staff should be made aware and encouraged to explore flexible working options. Information and tools are available on the NHS Futures site.

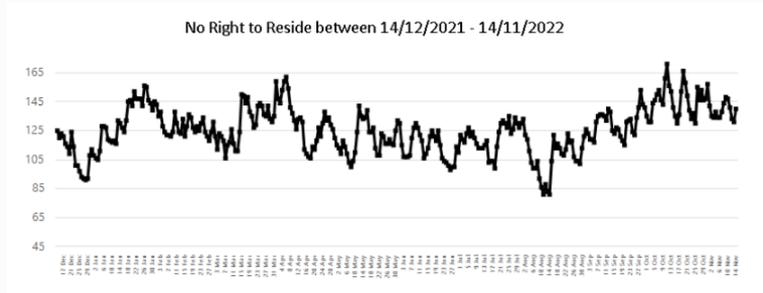*We are now extending our workforce support by:*

- *Re-launching the National NHS reserve campaign to bolster local surge capacity.*
- *Launching a staff offers hub to support spread of local good practice over winter.*
- *Providing a full list of recommended workforce solutions for Integrated Care Boards.*
- *Providing targeted support teams to any region or system that falls into difficulty.*

Winter Planning 2022-2023

Public Trust Board Update

Daniel Moore, Chief Operating Officer

Current context

No Right to Reside between 14/12/2021 - 14/11/2022

LOS 21+days - No Right to Reside between 14/12/2021 - 14/11/2022

- Declared Opel 4: 28th March 2022, 11-13th October
- Continued rise in NC2R and Super stranded
- Challenges in Pathway 1 (ICAHT – link to adaptive reserve Investments)
- Routinely 11-18 patients on the corridor (high of 27)
- All capacity open: B3 Open and full, PLUS 6 beds on B4. Ward A10 full.

It is anticipated that there may be some additional demands this winter

- Increasing community rates / new variants of COVID-19
- Managing influenza alongside COVID-19, with winter 2022/23 predicted to have an increased incidence of influenza compared with the previous two winters
- Sustained or increased attendances in the ED
- Continued rise on NC2R and Super stranded to levels not seen before, resulting in increased demands on the Trust's capacity
- Maintaining elective activity safely and ensuring the Elective restoration and recovery plan is maintained (78 week delivery)
- Workforce challenges
- Paediatric demand – increased RSV and respiratory attends
- Managing periods of industrial action
- Providing robust plans to support winter energy resilience plans.

National and System Core Objectives

- National letter (dated 12th Aug 2022) sent to all ICB Chief Executives & Chairs, and all NHS trust Chief Executives and Chairs
- Letter outlines next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter
- Despite the NHS having reached its first key ambition on recovering services as a result of COVID-19 (focused on patients who had been waiting more than 104 weeks for treatment), Urgent and Emergency Care remains under significant pressure.
- In addition to maintaining progress on 2022/23 operational priorities, the next steps are to rapidly increase capacity and resilience ahead of winter
- Collective core objectives and actions are to:

Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme. ✔	**Increase capacity outside acute trusts,** including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter	**Increase resilience in NHS 111 and 999 services,** through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.	**Target Category 2 response times and ambulance handover delays,** including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services. ✔	**Reduce hospital occupancy,** through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway ✔	**Ensure timely discharge,** across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'. ✔	**Provide better support for people at home,** including the scaling up of virtual wards and additional support for High Intensity Users with complex needs

- On 18th October 2022, NHSE released an update 'Going further on our winter resilience plans'(Appendix 3) and this referenced the above along with the following highlights relevant to acute trusts.

Better support for people in the community • Community falls response service (system) • Virtual wards including Acute Respiratory Infection hub (System) ✔	**Deliver on our ambitions to maximise bed capacity and support ambulance services** • Supporting delivery of additional beds • 24/7 System Control Centre has oversight across sites (System) ✔	**Ensure timely discharge and support people to leave hospital when clinically appropriate** • £500million to support social care to speed up discharge (System) ✔

WHH Winter Plan (i)

- Winter escalation wards and capacity planning
- The use of SDEC as an assessment area and for hot clinics across a range of services
- Sustaining the senior MDT reviews of long length of stay (LLOS) patients
- Optimisation of virtual wards (Respiratory and Frailty)
- A reduction in the number of long-stay patients in hospital (21 days or more) to release beds
  - Home for Christmas Campaign (Create capacity on Ward A10 and C21)
- Increasing healthcare worker vaccination levels for both flu and COVID-19 (booster programme)
- Maintaining the elective programme (Ward B4/B2 at Halton)
- Additional On call support at peak times and weekends.
- Workforce incentives – Focus on Nursing.
- 100 day discharge challenge work programme.
- Collaboration with system partners is key to supporting the delivery of WHH Winter Plan.

WHH Winter Plan (ii)

Prepare for variants of COVID-19 and respiratory challenges
- Flu campaign launched September 2022
- COVID-19 Autumn booster campaign
- Respiratory winter escalation ward plan
- Launch of the Acute Respiratory Infection virtual ward

Deliver on our ambitions to maximise bed capacity and support ambulance services
- Winter escalation plan with escalation beds identified (varying degrees of operational impact and risk)
- Pilot use of red cards to support NWAS handover times in ED

Reduce crowding in A&E departments and target the longest waits in ED, reduce hospital occupancy and ensure timely discharge
- Full utilisation of SDEC as an assessment area
- Hot clinics through SDEC (currently confirmed for Respiratory, Cardiology, AKI and further adoption by Frailty and Planned Care services)
- GP direct referrals to SDEC and exploration of NWAS direct arrivals
- **Home for Christmas Campaign December 2022 – January 2023**
- Weekend consultant cover – business case approved and this will support patient flow across 7-days
- **Virtual wards for Respiratory, Cardiology and Palliative Care. Frailty to follow**
- Frailty in reach in ED twice per week and consideration of extended hours for FAU

Ensure timely discharge and support people to leave hospital when clinically appropriate
- Continued senior oversight of NCTR patients
- The Integrated Hospital Discharge Team are recruiting an additional 15 employees to support a 7-day service by December 2022. This is to support the reduction of internal delays associated with the completion of referral documentation in addition to working with patients to promote their independence and wellbeing following a hospital stay

Continue to support elective activity
- **Ongoing commitment to reducing long waiting patients in line with nationally agreed trajectories and plan to eliminate any patients waiting over 78 weeks for treatment by the end of the financial year**
- Outpatient Transformation Group and Surgical Transformation Group managing the reduction of the elective waiting list by significantly improving the productivity
- Winter elective plan to support delivery of trajectories

Wider Winter Schemes
- Christmas and New Year holiday planning across Planned Care, Unplanned Care and Clinical Support Services
- Workforce incentives to support clinical and nursing staffing across holiday periods and during peak winter pressures
- Operational management plan compliments the on-call / OOH shifts by doubling-up at weekends and over holiday periods
- **Daily system partner meetings continue**
- Planning for impacts of Industrial Action
- Energy Resilience – Preparation for winter rota disruptions

Summary

- The Trust complying and reviewing on national guidance in relation to winter planning
- Making use of Virtual Ward Capacity
- Additional capacity is Open and planning to be open where possible – significant financial and workforce challenges
- Plans to protect Elective restoration and recovery – significant capacity risks
- Continued System working to increase community capacity
- Participation in the national Winter NHSE/I Collaborative

- "This will be the most challenged winter yet"

NHS England to set up 'war rooms' for 'tough winter ahead'

Resilience plan includes new control centres to help navigate pressures on hospitals across the country

INDUSTRIAL ACTION BRIEFING FOR
Trust Board 30.11.2022

Laura Hilton, Associate Chief People Officer

Rachel Clint, EPRR Manager

Industrial Action Task and Finish Group

- T&F established 28/10/22

- Weekly meeting every Friday 10-11am

- Terms of reference drafted, reviewed and established
  - Membership established and reviewed
  - Work plan for the group drafted and agreed
    - Will be review regularly as more information is shared

- Working closely with EPRR lead and key stakeholders

- IA is on the risk register

Role of the ICB

- **ICB EPRR Lead is the Lead for Industrial Action**
  - Leading on industrial relations exercises

- **Regional C&M HR focus lead by ICB HR Lead**
  - Focus on workforce issues and concerns
  - Managing updates on guidance
  - Sharing best practice and information

- **Role of the ICB is to:**
  - Coordinating mutual aid
  - Coordinate C&M responses
  - Coordinate C&M SiT rep to national team

Industrial action plans so far…

Forward Look – Potential Industrial Action

	October 2022				November 2022					December 2022				January 2023					February 2023				March 2023			
	w/c 3	w/c 10	w/c 17	w/c 24	w/c 31	w/c 7	w/c 14	w/c 21	w/c 28	w/c 5	w/c 12	w/c 19	w/c 26	w/c 2	w/c 9	w/c 16	w/c 23	w/c 30	w/c 6	w/c 13	w/c 20	w/c 27	w/c 6	w/c 13	w/c 20	w/c 27
Royal College of Nurses (RCN)	6 Oct - 2 Nov →					18 November - 2 May [dates on ballot notes] →																				
GMB [all 10 Ambulance Trusts in England and in other selected Trusts]			24 Oct – 29 Nov →						14 Dec – 28 May [dates on ballot notes] →																	
Unite [all 10 Ambulance Trusts in England and in other selected Trusts]			Open 26-28 Oct, Close 30 Nov– 02Dec →						15-17 Dec – 15-17 May →																	
Unison (also representing British Association of Occupational Therapists)			27 Oct – 25 Nov →						9 Dec – 9 May →																	
Chartered Society of Physiotherapy (CSP)					7 Nov – 12 Dec →					27 Dec – 27 May →																
Royal College of Midwives (RCM)					11 Nov – 9 Dec →					24 Dec – 24 May →																
BMA Junior Doctors														Early January – dates TBC →					TBC – depend on ballot dates →							

Key   Ballot dates →   Potential Action period →   Dates not confirmed - - -

Department of Health & Social Care

RCN Ballot Outcome for WHH

- Trust has received confirmation that the RCN ballot for WHH did not meet the 50% threshold
- Results of the ballot received 08/11/22
  - Ballot closed on 02/11/22 – 678 members were entitled to ballot - 311 cast a vote in the ballot
  - = 45.87% Votes cast in the ballot as a % of individuals who were entitled to vote
  - Result of voting:
    - Yes 289 – 92.93%
    - No 22 – 7.07%
    - **Yes votes as a % of individuals where were entitled to vote 42.63%**
- Consequently RCN strike action will not be taking place at WHH
- Caution there may be some re-balloting
- Also hearing regionally that some Unions are recruiting RCN members from Trust's who have not met the threshold to bolster their balloting position

Legal's

- The Trust is following NHS Employers guidance and also regional guidance re industrial action:
  - Capsticks Contingency Planning & Industrial Action Guidance
  - Industrial Action and Contingency Planning Summary Flowchart
- The Trust is also referring national guidance:
  - Taking part in industrial action and strikes: Overview - GOV.UK (www.gov.uk)
- Where there is a gap in national guidance legal advice is being sought

Derogation list

- Derogation list has been pulled together by ops and some corporate services
  - Consistent theme for derogation list is what would run on "Christmas Day"
    - There is some conflicting definitions from the national team therefore a Trust decision will need to be made as to what is in scope – latest NHS Employers Guidance is below
  - Services in red have not advised where they believe they should be
  - List in the green column identifies the 'essential' services that are covered considering Christmas Day services and the urgent elective (including planned urgent elective) in line with what the SitRep will be asking and the ICB be monitoring.
  - Execs need to review and sign off

- Latest update from NHS Employers in relation to derogation planning:
  - The indication from the RCN is that they will work with members in organisations impacted by industrial action to provide a bank holiday level of service. The question of what other patient-critical services might be provided in addition to this bank holiday minimum also arises.
  - Advice to NHS England is that the majority of these additional services (derogations) will probably be agreed locally between trust leaders and RCN representatives. We have however asked the RCN to meet us and colleagues from NHS England regarding derogations, to establish principles and to see if any service specific agreements can be reached nationally. We will continue to provide further updates to you, but local conversations will be hugely important.

Derogation list considerations

- No clear national steer at the moment unions are not participating in discussing derogations
  - Current advice is begin local discussions
- Ops are keen to highlight the risks to planned activity
  - Asked at the HRD update yesterday re support around recovery and was not responded to suggest this needs escalating through ICB via ops
- Once approved final list it will be taken to the Trust local staff side chair and deputy for review and sign off
- Once approved this will be shared regionally to help with consistency
- EIA's will need completing
- Feedback to national team re SiT rep contradicting national guidance re derogation list

Partnership Working

- Commenced weekly meetings with staff side lead and deputy

- Key to ensuring good relationship throughout IA

- Approve derogation list

- Understanding of proposed picket sites

- Ensuring safety of staff picketing

- Information sharing

- Agreed approach to asking who is participating in IA

Industrial action agreed outputs to date:

- Recommendation that staff working from home to come onto site to support site
- Redeployment will be via:
  - Helping hands – led by Finance
  - Redeployment of clinical staff – led by Nursing
  - Redeployment of medical staff – led by Care Group Clinical Directors
  - Volunteers – led by Patient Experience
  - Training considerations are underway for the above with clinical education stitched in
- Review of draft derogation list to reflect Christmas Day services
- Standard items for agenda:
  - Communications and engagement approach
    - Internal and External
  - Update on FAQ and staff comms
  - Update on TU activity
  - Update on rosters and fill
  - Update on students
- Nursing rosters completed into new year

Industrial Action (IA) Communications Planning

- Communications Plan to support Trust response in the lead up to, during and following IA
- A working document to be updated in conjunction with the WHH IA T&F Group
- Includes:
  - List of key internal and external stakeholders
  - Details of channels to support communication internally and externally
  - Key Messages based on NHSE toolkits issued to date
  - List of FAQs for patients/carers/public
  - Links to Staff FAQs (developed by colleagues in HR)
  - Key milestones in the timeframe for ballots/periods of action that may require communications outputs
  - Log of communications issued so far. Future communications to be added to this log as developed/published.
- Plan will be developed further in collaboration with NHS C&M communications and to incorporate regional and national communication protocols
- Plan will provide a framework for the approach for any future periods of IA and updated based on feedback/outcomes

Key HR Policy Change Proposals

The following policy amendments have been approved by Executive Committee on 17/11/22 and will be incorporated into the relevant Trust policies, after discussion with staff side:

Annual Leave Policy	All current booked and approved annual leave on industrial action days will be honoured.

Once dates of industrial action are announced, no new requests for annual leave on the days of industrial action will be approved.

If staff have Annual Leave booked on Industrial Action days and want to cancel this to enable them to be in work to support service delivery this would be supported. If the annual leave cannot be accommodated by the service before the end of the annual leave year, it can be carried over in to the 2023/24 allocation providing that this is validated by the line manager.

If staff have annual leave booked on industrial Action days and want to cancel this so they can go on strike this will be approved noting that they will not be paid for this day, their annual leave entitlement for 2022/23 will be adjusted to reduce their annual allowance AND they will not be able to carry forward their annual leave into 2023/24. |
Special Leave Policy	Unpaid carer's leave to be granted on days of Industrial Action.
Trust's Maternity, Adoption, Parental and Shared Parental Leave policies	Recommended that these policies are all amended to include that staff may delay commencement of their leave to participate in industrial action
Agile/Flexible working Policy	Recommended that the agile working and flexible working policies are amended to include the above re industrial action.

Cheshire and Merseyside IA – Key HR Principals

Trusts in Cheshire and Merseyside have worked collaboratively to agree a set of principles to support a consistent HR approach during any periods of upcoming industrial action separate paper outlines those for policy consideration. The following would be the Trust positions and would be incorporated into FAQ's:

Exemptions from industrial action	A way of maintaining safe staffing levels during periods of industrial action is through derogations, which are exemptions provided to a member or service from taking part in strike action. Trusts will discuss and request derogations locally with their Staff Side / Trade Unions.
Payroll deductions	The timing of any deductions to pay will be in line with each Trust's normal payroll processing deadlines.
Attending picket lines during breaks	The Trusts recognise that some staff who are not taking part in strike action may wish to show their support on picket lines. If staff wish to use their break times to be present on picket lines they are able to do this, however, the Trusts may not be able to facilitate arranging or extending breaks in order to facilitate this. Trade Unions will remain responsible for ensuring peaceful picketing and adherence to the Code of Practice on picketing.
Use of Bank and Agency workers	Whilst it is now legally permissible to use agency workers to cover services during periods of industrial action, Trusts would only look to do this in exceptional urgent circumstances and where all alternative options have been fully explored and exhausted. Whilst staff may be able to work via their own or other Trust banks on days of industrial action (ie where they were on strike from their substantive role), it would depend upon the detail of each Trust's local policies whether there was any provisions that would prevent this. In situations where it is permissible, Trusts may consider use of bank shifts to support essential services.
Study leave	Once dates for industrial action are confirmed, no further study leave will be approved for those dates. Any existing study leave will be reviewed and consideration will be given as to whether or not this should be rearranged, taking into account any potential financial impact of cancelling and operational impact of the individual being absent on study leave.

Exercise Arctic Willow

- National UKHSA designed and EPRR led Exercise Arctic Willow was received 17th November, with the instruction to complete all three handbooks and submit to the ICB by 2nd December

- This is a winter preparedness exercise consisting of 3 scenarios which will focus on the ability to respond to concurrent incidents as an acute provider and in addition to review interdependencies on local systems following the establishment of the ICB

- The ICB will be facilitating a system wide approach to Exercise Arctic Willow on Tuesday 29th November 2022, 09:00-13:00hrs. The EPRR Lead will represent WHH and feedback outcomes of the internal exercise during this event. Further learning from the exercise will be shared with internal IA stakeholders at the meeting occurrence on 2nd December

- **Exercise Aim:** To explore the health response to multiple, concurrent operational and winter pressures in England, and the interdependencies with Local Resilience Forum partners in responding to these pressures.

- **Exercise Objectives:**
  1. To exercise the EPRR arrangements in place at ICB's as a Category One responder facing concurrent operational issues and winter pressures.
  2. To identify the likely type and range of decisions that would need to be made by senior leaders across health and partner organisations when responding to multiple, concurrent operational issues and winter pressures.
  3. To explore the practicalities of mutual aid support from resilience partners, in order to identify areas for further development, and to explore the response to simultaneous operational issues and winter pressures that reduce the facility for mutual aid.
  4. To identify options for maintaining patient flow during multiple, concurrent operational issues and winter pressures.
  5. To explore business continuity arrangements, at Trust and ICB level, in relation to potential medical supply disruption, energy supply disruption, adverse winter weather, and prolonged and significant industrial relations action, including strikes, and reduced staffing numbers resulting from multiple concurrent operational issues and winter pressures.

Exercise Arctic Willow – The WHH response

- Scenarios 1-2 were completed 21-22nd November, the third is scheduled for 28th November

- Participation includes the Chief Operating Officer, Estates and FM Leads, Associate Chief People Officer, Executive Medical Director, Deputy Chief Nurse and EPRR Lead

- The outcomes of Exercise Artic Willow to date will be added to this weeks IA agenda so an update can be provided to all leads, learning shared and further resilience can be sought

Areas of good practice	Key learning
Embedded learning from COVID-19 – responses to range of challenges have been met during 2020-2022	Confirm system approach to non-urgent elective care and outpatient activity
Tactical response model is well known and forward planning for winter challenges means WHH is equipped to respond to the potential incidents outlined in the exercises this winter	Understanding of Local Authority approach to support the children of key workers if IA in schools impacts on childcare arrangements
Energy resilience work has commenced with action and assurance plan under development	Understanding of what 'Work to rule' will look like – inexperience of this type of action
The Industrial Action T&F group is well established and has considered many of the risks explored in the exercise	Challenge of not knowing the exact numbers who will be involved in IA, combined with workforce sickness absence
Risks have been considered and are on the Trust risk register	Understanding of the role of the private sector in supporting activity during IA – is this in the BCPs of the ICB or is it something acute providers need to establish
Senior leads have been briefed on the implications of industrial action, but more information is required at CBU and department level	Consideration of local accommodation for staff if there is severe weather in the area
Redeployment models from COVID-19 have been explored as part of resilience planning	The Trust anticipate further direction to come from the ICB
	Actions relating to winter energy resilience need to be fed in to Care Groups and CBUs

Self-Assessment Checklist

- A draft self-assessment was populated Wednesday 16th November, and subsequently updated on 22nd November following the receipt of an updated framework (22nd November).

- The draft self-assessment has been shared with senior leads for care groups and corporate services for additional input and confirmation of entries.

- Internal stakeholders have been asked to consider service plans in line with the details set out in the self-assessment, and system input is also required.

- Input from system partners will be followed up during a Winter Planning meeting later today.

- This is not a complete assessment as there are fields that cannot be finalised without agreement of derogation of services at ICB level (for consistent approach) and confirmation of the trade union industrial action (each TU will have varying degrees of impact and will impact on different services).

- The national guidance received on 22nd November suggested the ICB needed to coordinate all responses to the self-assessment by midday on Monday 28th November, therefore WHH will aim to have the self assessment completed by 14.00hrs Friday.

Industrial Action – planned incident response

Time	Action
5 working days ahead of the planned industrial action	Tactical Response Meeting – include all stakeholders as per ToR of industrial action working group + Chief People Officer, Chief Operating Officer, Chief Nurse, Medical Director (or nominated deputies)
5 working days ahead of the planned industrial action	Agreement for all non-urgent meetings to be cancelled for the day of the industrial action – Executive approval required
Day prior to industrial action	Tactical Response Meeting – include all stakeholders as per ToR of industrial action working group + Chief People Officer, Chief Operating Officer, Chief Nurse, Medical Director
Day prior to industrial action	Populate known SitRep fields – all wards, departments, and services to capture required information
Industrial action day 08.00-20.00	Incident Control Room to be managed between 08.00 and 20.00
Industrial action day	Nominated lead for each Care Group, service, and corporate area Use of WLO to support the leads
Industrial action day 08.00	Tactical Response Meeting – check point 1
Industrial action day 08.00-09.00	Populate SitRep fields – all wards, departments, and services to capture required information
Industrial action day 09.00-09.30	Nominate lead for each Care Group, service and corporate area support the completion of the SitRep fields (Acute tab- operational metrics)
Industrial action day 09.00-09.30	Workforce tab populated through E-ROSTERING / workforce
Industrial action day 09.30-09.45	SitRep complete and readied for sign off via COO, CN and MD
Industrial action day 09.45-10.00	SitRep submission
Industrial action day 09.30-11.30	Nominated lead for each Care Group, service, and corporate area Use of WLO to support the leads in walking the wards, clinical areas and departments and flagging any risks
Industrial action day 11.30-12.00	Tactical Response Meeting – check point 2
Industrial action day 13.00-14.30	Nominated lead for each Care Group, service, and corporate area Use of WLO to support the leads in walking the wards, clinical areas and departments and flagging any risks
Industrial action day 14.30-15.00	Tactical Response Meeting – check point 3
Industrial action day 16.00-17.30	Nominated lead for each Care Group, service, and corporate area Use of WLO to support the leads in walking the wards, clinical areas and departments and flagging any risks
Industrial action day 17.30-18.00	Tactical Response Meeting – check point 4
Industrial action day 18.00-19.30	Nominated lead for each Care Group, service, and corporate area Use of WLO to support the leads in walking the wards, clinical areas and departments and flagging any risks
Industrial action day 20.00	Incident Control Room closed, and incident managed via on-call teams
Post industrial action 11.00-12.00	Tactical Response Meeting – check point 5 Recovery and hot debrief
Post industrial action	Incident report, lessons learned, and action report write up

Next steps

- Executive briefing update to be provided on progress and preparedness on a weekly basis
- Continuing weekly meeting with staff side leads
- Continue with weekly T&F group
- Complete ICB Industrial Action Preparedness self-assessment
- Complete Emergency Preparedness exercise Arctic Willow
- Continue to provide information at both a regional and national level.

REPORT TO TRUST BOARD

AGENDA REFERENCE:	**BM/22/11/151**
SUBJECT:	**Reconfiguration of Breast Services – Phase 2 Consultation Outcomes Report**
DATE OF MEETING:	30 November 2022
AUTHOR(S):	Pat McLaren, Associate Director Strategic Communications Projects
EXECUTIVE DIRECTOR SPONSOR:	Lucy Gardner, Director of Strategy & Partnerships
LINK TO STRATEGIC OBJECTIVE: (*Please select as appropriate*)	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience. X SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities. X
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): (*Please DELETE as appropriate*)	
EXECUTIVE SUMMARY *(KEY ISSUES):*	WHH is the lead provider of the Breast Screening Service for Warrington, Halton, St Helens and Knowsley which is commissioned by NHS Specialist Commissioning. In 2021, following formal public consultation, breast assessment and symptomatic services were consolidated at two centres for the region – Captain Sir Tom Moore at Halton Hospital and the Burney Centre at St Helens Hospital. At that time there was no change to the regional breast screening service. In 2022 it became possible to reconfigure the screening service within Warrington only, with the proposal to consolidate the service at Bath St Health and Wellbeing Centre and discontinue the service at Kendrick Wing, Warrington Hospital. As this was a significant service change public consultation was required and was carried out in May-June 2022. The consultation supported the proposal and the final outcomes report is now submitted for assurance and decision.

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

RECOMMENDATION:	The Trust Board is requested to: - Acknowledge the outcomes of the public consultation and - Approve the consolidation of breast screening at Bath St Health and Wellbeing Centre and - To discontinue the service at Kendrick Wing, Warrington Hospital.

1

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	

2

REPORT TO BOARD OF DIRECTORS

SUBJECT	Reconfiguration of Breast Services – Phase 2 Consultation Outcomes Report	AGENDA REF:	BM/22/11/151

1. BACKGROUND/CONTEXT

Reconfiguration of Breast Screening Services for Halton, Knowsley, St Helens and Warrington

In 2021, following formal public consultation, **breast assessment** and **symptomatic** services were consolidated at two centres for the region; a new £2.1m breast care centre at Halton Hospital (Captain Sir Tom Moore centre) and the existing Burney Centre at St Helens Hospital. At the same time, breast screening services at Halton's Delamere Centre were relocated across site to the new Breast Care Centre.

As this was a significant service change public consultation was required. This was carried out and the outcome supported the consolidation of symptomatic and assessment services. The consultation outcomes report for what is known as Phase 1 is available on the Trust's website at the following link:
https://whh.nhs.uk/application/files/4716/3120/2269/Reconfiguration_of_Breast_Services_-_Public_Consultation_Outcomes_Report_July_2021.pdf

There was no change to the locations for **breast screening** at that time.

In 2022, work began on the second - and final - phase of the reconfiguration where it was proposed

- Warrington's breast screening service be consolidated at a single site, the Bath Street Health and Wellbeing centre, and
- The breast screening service at Warrington Hospital's Kendrick Wing be discontinued.

The case for this change included:

- The number of patients screened each year by the service has doubled over the last 20 years. However, the service provided from the base at Warrington Hospital's Kendrick Wing has retained the same basic estate footprint, which is no longer fit for purpose and has no opportunity for obvious expansion.
- There are real opportunities to create a significantly enhanced patient experience and improve access, create a more efficient service and support the longer-term sustainability of the service by consolidating at a superior facility at Bath St. Warrington.
- The service at Warrington's Kendrick Wing has become inaccessible to some patients due to aged estate and persistent issues with elevator outage.
- The Warrington Hospital site is already at capacity and there are no other suitable locations on the site to relocate the screening service
- The current multi-site nature of the screening service and split-site nature of the assessment service creates inefficiencies in use of estate, equipment and workforce.
- The workforce challenges are significant with a local and national shortage of Breast Radiologists and Mammographers making recruitment into crucial posts challenging
- Car Parking at Warrington Hospital, and especially at Kendrick Wing, are increasingly problematic due to the highly congested nature of the hospital site

3

To note:

- If the proposal was agreed, Kendrick Wing space would be refurbished for the screening administration team and any additional space reallocated for other non-clinical services.
- Staff consultation was not required as the same team of mammographers already provide screening in Warrington at both sites on a rotational basis.

This was also a significant service change and public consultation was again required which took place between 6th May – 20th June 2022.

2. KEY ELEMENTS

Working with the former NHS Halton and NHS Warrington CCGs (this work concluded prior to the Cheshire and Merseyside Integrated Care Board launch on 1st July 2022), the Trust undertook a six-week public consultation on the proposal. The process for this was as follows:

Defined objectives of formal consultation

1. To ensure the local population is made aware of the proposals and provided with a number of platforms to engage and participate
2. To ensure the local population are able to make alternative recommendations and suggestions relating to the proposed <u>consolidation</u> of the breast screening service at Bath St and the subsequent <u>cessation</u> of the breast screening service at Kendrick Wing, Warrington Hospital.
3. To ensure any emerging issues and themes are considered and any potential mitigating actions included
4. To prepare consultation outcomes reports for the appropriate stakeholder and advisory groups.

Formal Public Consultation took place between 6 May to 20 June 2022 (6 weeks)

3. OUTCOMES

There were 163 responses to the consultation of which:

- ✓ 94% participants had used the Breast Screening Service
- ✓ 65% participants had been made aware of the proposals
- ✓ 85% had enough information to form an opinion
- ✓ 75% would prefer to have their screening at Bath St.
- ✓ 87% would be very satisfied or satisfied to have screening at Bath St.
- ✓ Most important considerations were (1 is high):

  1. Outcome of screening
  2. Staff Expertise
  3. Waiting times
  4. Location
  5. Environment and facilities
  6. Car parking

4

Additional efforts were made to ensure that the consultation was diverse, inclusive and representative of the service's patient population:

Responses: 2 organisations responded and 161 individuals

- 94% participants were female
- 97% participants were in the eligible age range for breast screening
- 16% considered themselves to have a disability
- 25% cared for someone
- 2.5% had recently given birth or were pregnant
- **Representative of patient population in religious belief, sexual orientation, gender identity, ethnicity and relationship status.**

Following the closure of the consultation, a panel of 'Experts by Experience' ie service users with a special interest in the breast service convened at Bath St on 2 November to meet the landlord's project manager, review the plans and test out the outcomes of the consultation. This was a diverse group comprising public governors, breast screening service users, those with a breast cancer diagnosis and those with profound physical disabilities. All feedback was taken by the project management team at the time and is represented in the attached outcomes report.

4. MONITORING/REPORTING ROUTES

The consultation process and outcomes have been received by the following organisations/groups:

- Warrington Health Scrutiny Committee
- Warrington Health and Wellbeing Board
- Halton Health Policy and Performance Board
- Halton Health and Wellbeing Board
- St Helens Adult Social Care and Health Scrutiny Committee
- The former NHS Warrington CCG
- Warrington Together
- WHH Executive Team
- NHS England Specialised Commissioning (Nov 22 – NHSSC is the commissioner of the breast screening service)

5. RECOMMENDATIONS

The proposal to consolidate the breast screening service in Warrington at a single site was well supported by participants in the public consultation and the outcomes acknowledged at the various borough health and wellbeing boards and scrutiny committees.

The Trust Board is therefore requested to:

- Acknowledge the outcomes of the public consultation and
- Approve the consolidation of breast screening at Bath St Health and Wellbeing Centre and
- To discontinue the service at Kendrick Wing, Warrington Hospital.

5

Public Consultation Outcomes Report - November 22

Reconfiguration of Breast Screening, Assessment and Symptomatic Services – Phase 2

CONTENT

1. INTRODUCTION

1.0 The Breast Screening Service

The aim of breast screening (mammography) is to detect breast cancer at an earlier stage, often before the woman is aware of any problem. Early detection may mean simpler and more successful treatment. Scientific evidence shows that regular breast screening, between the ages of 50 - 70 years, reduces the death rate from breast cancer. Currently the NHS Breast Screening Programme saves an estimated 1,400 lives each year in England.

Warrington and Halton Teaching Hospitals (WHHNHS) is the lead provider for the Warrington, Halton, St. Helens, and Knowsley Breast Screening Service (WHSKBSS) which is commissioned by NHS England Specialist Commissioning.

WHSKBSS provides routine breast screening to a population of approximately 92,000 from across the four boroughs. Breast Screening is offered to all women aged 50 - 70 (up to their 71st birthday), in line with national programme/guidance where screening is conducted once every three years.   Patients over the age of 70 able to self-refer for screening.

In 2019/20* the service invited over 28K women for screening and performed a mammogram on around 22K. The WHSKBSS service is currently provided from the following locations:

- Warrington (Kendrick Wing Warrington Hospital and Bath St. Health & Wellbeing Centre (c.33k patients per annum)
- Halton Hospital (c.20k patients per annum)
- St Helens Hospital (c.29k patients per annum)
- Knowsley – mobile units at Medical Centres (c.9k per annum)
- Mobile Units (numbers counted in locations above)

This is the most recent full comparative year that was unaffected by the Covid-19 pandemic.

1.1 Breast screening outcomes

There are three possible outcomes following routine breast screening:

1. **Normal** - mammograms are reported within two weeks and have shown no signs of cancer and a repeat invitation will be sent again in three years' time. Over 70s may book directly for three yearly screenings as invitations automatically cease at 71.

2. **Technical repeat** - The mammogram needs to be repeated for technical reasons. Occasionally not all the breast tissue can be seen on the x-rays, or the pictures may be blurred. The mammogram is repeated to ensure all the breast tissue can be clearly seen. Approximately 3 out of every 100 women screened will be called back for a technical repeat to get a good quality mammogram

3. **Assessment** – Further investigation is required, which will include repeat mammograms. Appointments for assessment take place at the Breast Care Centre at Halton Hospital (Captain Sir Tom Moore centre) or St Helens Hospital (Burney Centre). This additional appointment is part of routine screening and for most women invited back nothing of concern will be found. Approximately 5 out of 100 women who have breast screening will be asked to come back to our clinic for a further examination and 4 of these 5 women will be found to have a normal result.

In 2019/20 approximately 900 women were referred into the assessment service following routine screening. Around 200 of these patients per year are subsequently referred into the Breast Symptomatic treatment service following a positive cancer diagnosis from the assessment/results clinic.

1.2 Symptomatic Breast Services

The symptomatic service at Halton Hospital and St Helens Hospital comprise outpatient rapid access breast clinics and inpatient surgical services and are usually accessed via GP referrals where women have detected an abnormality on self-examination. The first stage of the Symptomatic Service involves an outpatient meeting with a Consultant and undergoing similar investigations to the Screening pathway Assessment Clinics. Symptomatic service triple assessment comprises:

- mammography/ultrasound scans
- clinical examination
- Image-guided needle biopsy, if required

Treatment can include any combination of surgery, chemotherapy, radiotherapy and hormone tablet treatment.

2.0   Reconfiguration of Breast Screening Services for Halton, Knowsley, St Helens and Warrington

Phase 1 - In 2021, following formal public consultation, **breast assessment** and **symptomatic** services were consolidated at two centres for the region; A new £2.1m breast care centre at Halton Hospital (Captain Sir Tom Moore centre) and the existing Burney Centre at St Helens Hospital. At the same time, breast screening services at Halton's Delamere Centre were relocated across site to the new Breast Care Centre.

There was no change to the locations for **breast screening** at that time. The public consultation outcomes report for Phase 1 is available here: https://whh.nhs.uk/application/files/4716/3120/2269/Reconfiguration_of_Breast_Services_-_Public_Consultation_Outcomes_Report_July_2021.pdf

Phase 2 - In 2022 the second and final phase of the reconfiguration was proposed which is to consolidate **Warrington's** breast screening service at a single site, at the Bath Street Health and Wellbeing centre and to discontinue the breast screening service at Warrington Hospital's Kendrick Wing

To move forward with this proposal, public consultation was required and this took place between 6th May – 20th June 2022.

2.1 The Case for Change

a. The number of patients screened each year by the service has doubled over the last 20 years. However, the service provided from the base at Warrington Hospital's Kendrick Wing has retained the same basic estate footprint, which is no longer fit for purpose and has no opportunity for obvious expansion.

b. There are real opportunities to create a significantly enhanced patient experience and improve access, create a more efficient service and support the longer-term sustainability of the service by consolidating at a superior facility at Bath St. Warrington.

c. The service at Warrington's Kendrick Wing has become inaccessible to some patients due to aged estate and persistent issues with elevator outage.

d. The Warrington Hospital site is already at capacity and there are no other suitable locations on the site to relocate the screening service

e. The current multi-site nature of the screening service and split-site nature of the assessment service creates inefficiencies in use of estate, equipment and workforce.

f. The workforce challenges are significant with a local and national shortage of Breast Radiologists and Mammographers making recruitment into crucial posts challenging

g. Car Parking at Warrington Hospital, and especially at Kendrick Wing, are increasingly problematic due to the highly congested nature of the hospital site

h. If the proposal was agreed, Kendrick Wing space would be refurbished for the screening administration team and any additional space reallocated for other non-clinical services

2.2 Options

As with all proposed service change, all options were considered, of which there were only two viable options:

1. **Do nothing – i.e. continue offering a two-site screening service in Warrington** This option has become increasingly challenging due to:
- The current multi-site nature of the screening service creates inefficiencies in use of estate, equipment and workforce. The workforce challenges are significant with a local and national shortage of Breast Radiologists and Mammographers making recruitment into crucial posts challenging
- Kendrick Wing lacks opportunity for expansion and retains the same basic estate footprint despite a doubling of case load, Warrington Hospital lacks alternative locations for the service
- Kendrick Wing is inaccessible to some patients, with aged estate issues and frequent lift outages, two sets of stairs plus double doors to access the service. The waiting room is cramped and lacks privacy and dignity
- Car Parking at Warrington Hospital, especially at Kendrick Wing, is increasingly problematic due to the highly congested nature of the hospital site

2. **Consolidate Warrington's breast screening service at Bath St.**
- This is a purpose-built outpatient centre which is already home to the breast screening service – expansion opportunities are now being realised to expand the footprint and offer more appointments from this site.
- It is a fully accessible, modern facility with dedicated car parking - free for 90 minutes.
- The centre is in the town centre and is 1mile from the existing Kendrick Wing service. It is closer to the main public transport interchange in Warrington town centre:
  - ➢ Warrington Bus and Rail interchange to Bath St – 0.3m, 5min walk
  - ➢ Warrington Bus and Rail interchange to Kendrick Wing – 1.0m, 19min walk

2.3 Proposal - The proposal is to:
1. <u>Consolidate</u> Warrington's Breast Screening Service at a single site – Bath St.
2. <u>Cease</u> the screening service at Warrington Hospital's Kendrick Wing.

2, APPROACH TO CONSULTATION

2.1 Requirement for Consultation

NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (as amended) to 'make arrangements' to involve the public in the commissioning of services for NHS patients ('the public involvement duty'). For CCGs this duty is outlined in Section 14Z2 (and Section 13Q for primary care services) of the Act to fulfil the public involvement duty, the arrangements must provide for the public to be involved in (a) the planning of services, (b) the development and consideration of proposals for changes which, if implemented, would have an impact on services and (c) decisions which, when implemented, would have an impact on services.

Further to this the Consultation Institute states "…there are many statutory requirements for consultation, but the truth is that ALL significant changes to long-standing services need consultation.

The Courts provide their own incentive to engage. It's called the '*doctrine of legitimate expectation*'. If the public has a sound basis for expecting to be consulted, then failure to do so can lead to losing a Judicial Review. And Judges have ruled that if people have been accustomed to the benefit of a service, then its withdrawal without consultation can in many circumstances, be unlawful".

2.2 Consultation plans

Working with NHS Halton and NHS Warrington CCGs, the Trust undertook a six week public consultation on the proposal. The process for this was as follows:

Defined objectives of formal consultation

1. To ensure the local population is made aware of the proposals and provided with a number of platforms to engage and participate
2. To ensure the local population are able to make alternative recommendations and suggestions relating to the proposed consolidation of the breast screening service at Bath St and the subsequent cessation of the breast screening service at Kendrick Wing, Warrington Hospital.
3. To ensure any emerging issues and themes are considered and any potential mitigating actions included
4. To prepare consultation outcomes reports for the appropriate stakeholder and advisory groups.

Methodology

The methodology for the pre-engagement and consultation exercises was designed based on the Gunning Principles (see appendix 1) and comprised:

Formal Public Consultation 6 May to 20 June 2022 inclusive (6 weeks)

The aims of the formal consultation were:

- To inform and involve service users of the proposals and seek their input and views
- To ensure the local population was made aware of the proposals and provided with multiple platforms to engage and participate by sharing their views and opinions
- To ensure the local population (including those people that were harder to reach) were able to make alternative recommendations and suggestions relating to the proposed changes to the services
- To ensure any emerging issues and themes were taken into account by the project team and any potential mitigating actions were considered
- To inform a final decision about the proposed changes following the conclusion of the consultation period.

Consultation Process

A comprehensive consultation plan was deployed comprising:

Consultation materials – range of formats plus paper/online response materials AND verbal scribe
Website and social media campaign
Stakeholder Briefing
Press coverage
Experts by Experience panel (circa 6 members)
GP and PCN communication
Face to Face engagement @ Kendrick Wing • Tuesday 24th May - all day • Wednesday 25th May – all day
Face to Face engagement @ Bath St • Thursday 12th May 10.30-2.30pm • Tuesday 17th May 10.30-2.30pm • Monday 30th May 10.30-2.30pm
MS Teams LIVE virtual consultation event
Consultation FAQs, continually updated
Healthwatch Halton and Healthwatch Warrington
Partner organisations PLACE level

Respondents

Further details on the respondents can be found in the appendices.

Targeted, accessible engagement - emphasis on diversity in participation:

Protected Characteristics	Forum
Gender:	Groups for men – Directions for Men/Dads Matter/ Wolves Foundation Offload, WHH Menopause Cafe
Sexual Orientation:	TAGS - Teenagers, Gender and Sexuality 17-24yrs Warrington, Progress Staff Network
Gender Reassignment	Trans Warrington

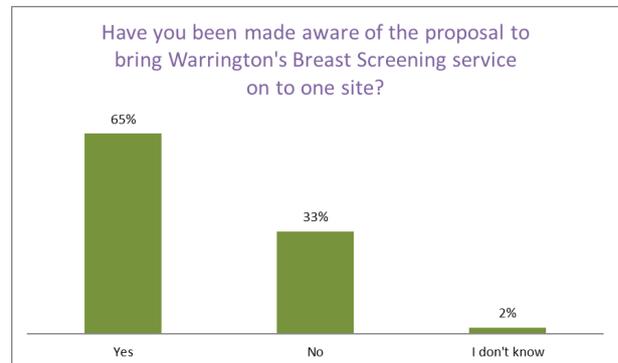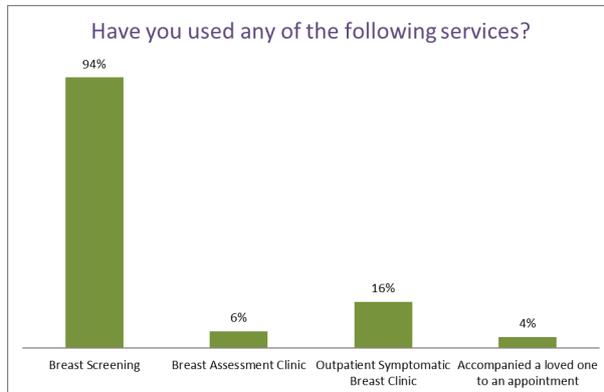|	
Race:	Warrington Ethnic Community Association, Warrington Ethnic Women's Group, WHH Muti Ethnic Staff Network
Religion or Belief:	Council of Faiths plus race groups above
Disability:	Breast clinics (cancer), Halton Disability Partnership membership, Staying Connected Forum Warrington, WHH Disability Staff Network, Warrington Deaf Society, Alternative futures, Muscular Dystrophy Lymm, Deafness Resource
Marriage and Civil partnership	All
Pregnancy and Maternity	Maternity Voices Partnership
Age:	Age UK Mid Mersey, Warrington Lifetime, Halton Carers Centre, Wired Carers Centre
Other Vulnerable/under-represented groups	Warrington BC Wellbeing lead for Asylum Seekers and Refugees, Cheshire Gypsy Roma Traveller Education Adviser, Change Group Live, Veterans Associations in Halton and Warrington, WHH Armed Forces Network

3, MAIN FINDINGS

The following section highlights the main findings from the consultation. The information is from the survey results, attending various groups and meetings and the public engagement events and have been themed to form the findings.

Outcomes - summary:

- ✓ 94% participants had used the Breast Screening Service
- ✓ 65% participants had been made aware of the proposals
- ✓ 85% had enough information to form an opinion
- ✓ 75% would prefer to have their screening at Bath St.
- ✓ 87% would be very satisfied or satisfied to have screening at Bath St.
- ✓ Most important considerations were (1 is high):

    1. Outcome of screening
    2. Staff Expertise
    3. Waiting times
    4. Location
    5. Environment and facilities
    6. Car parking

Responses

Have you used any of the following services?

Service	Percentage
Breast Screening	94%
Breast Assessment Clinic	6%
Outpatient Symptomatic Breast Clinic	16%
Accompanied a loved one to an appointment	4%

Have you been made aware of the proposal to bring Warrington's Breast Screening service on to one site?

Response	Percentage
Yes	65%
No	33%
I don't know	2%

Do you feel that you have been given enough information to form an opinion on our proposals?

Response	Percentage
Yes	84.57%
No	9.88%
I don't know	5.56%

In Warrington where would you prefer to have your breast screening appointment?

Location	Percentage
Bath Street	75%
Warrington Hospital's Kendrick Wing	7%
None of these	17%

How satisfied would you be to access breast screening at Bath Street?

Response	Percentage
Very satisfied	70.37%
Satisfied	16.67%
Neither satisfied nor dissatisfied	7.41%
Dissatisfied	2.47%
Very dissatisfied	1.85%
Don't know	1.23%

Which of the following are/would be most important for you?

Factor	Score
Outcome of my treatment	4.53
Waiting times to access the service	4.28
The environment and facilities	2.61
The location of the service	3.14
Car parking	2.21
Staff expertise	4.44

Themed Feedback

More than 80 individual comments/pieces of feedback were submitted as part of the formal consultation – these have been collated into key themes as below:

COMMON THEMES	REPRESENTATIVE FEEDBACK	PROPOSED SOLUTIONS/ACTION
TRANSPORT AND COSTS *Car parking difficulties at Kendrick Wing and Bath St was the subject of almost all feedback*	1. *Parking at Warrington Hospital is extremely difficult and expensive – Bath St is much easier to access* 2. *Bath St is a much better facility but it is really difficult to get a parking space.* 3. *Staff occupy all the spaces from early morning* 4. *Disabled parking is usually no problem at Bath St. Warrington is terrible and Kendrick Wing is impossible to get into without going all the way round* 5. *Shoppers take all the spaces at Bath St.*	• On publication of the consultation outcomes advise neighbouring car parks • Explore two dedicated breast screening spaces as the average appt time is 9 minutes and would have fast turnaround • Promote free 90mins parking at Bath St, inform of costs at Golden Square which are less expensive than Kendrick Wing • Advise walking times/distance from train/bus stations in a fact sheet/website
ACCESSIBILITY	1. *Signage directing to Bath St is very poor from the main roads* 2. *Bath St is designed for those with additional needs – very accessible facility easy to access* 3. *Very difficult to access for sight-impaired service users – consider more audible aids* 4. *Access to mammography is challenging for wheelchair users that have additional health problems/disabilities* 5. *Access from bus/train stations difficult for those with disabilities*	• Audit of signage and recommendations • Promote accessibility in patient letters – prompt at appointment making time to ask for additional requirements to support participants to access equally • Offer alternative tests for women who cannot access normally • Promote distance/walking times and best routes from bus/train stations for those using public transport.
PATIENT CHOICE	1. *Ensure women are made aware of ALL the locations where they can have their screening – don't just offer one centre to suit the service*	• At time of booking ensure that patients are aware that they can choose to have their screening appointment at Bath St, Halton Hospital or St Helen's Hospital plus mobile units.
OTHER	1. *Post-partum women attending with mastitis are not treated differently at screening centres* 2. *Older women sometimes care for grandchildren and are turned away at their screening appointment as there is no-one to care for the children* 3. *Ensure carers/partners are welcomed and there is a good space for them to wait – screening is nerve-racking!*	• On publication of the consultation, clearly advise that Bath St is for breast screening only • Ensure that women attending for screening are aware that there is no provision for small children • Welcome carers and direct to waiting room.

FOCUS GROUP - EXPERTS BY EXPERIENCE – Post formal consultation.

On conclusion of the consultation, the themed outcomes were subject to further scrutiny and testing by a panel of 'WHH Experts by Experience' ie service users with current or past experience of the Breast Screening Service. A focus group was convened at Bath St Health and Wellbeing Centre on Thursday 3rd November 2022 (previous arrangements were deferred due to the unplanned Bank Holiday following the death of Her Majesty Queen Elizabeth II.)

Attendees included:

EBEs
- Wheelchair user (motorised) with very limited upper body mobility
- Carer of wheelchair user
- Service user with almost complete sight loss
- Patient post-stage 3 breast cancer (surveillance mammography programme)
- Service user and public governor x 2

Others
- Head Of Strategy and Projects, Fulcrum Group (architect)
- Tenant Manager, Bath St Health and Wellbeing Centre
- Engagement and Involvement Officer, WHH NHS
- Strategic Project Manager (Breast Reconfiguration project), WHH NHS

Summary feedback – on key elements (free text feedback) from the consultation

Key themes from public consultation	Focus group
Car parking at Bath St	• Signage required from Sankey St and Midland Way – very difficult to find if not familiar with Warrington • Already aware that there are frequent difficulties parking at Bath St so parked elsewhere • Have been a regular attender at Bath St (for PICC line) and really struggled to park – even for an 8:30am appt. • The car parking was fine. I was dropped off and we found a disabled parking space.
Use of local car parks	• Was aware of Golden Square and Town Hall • Yes very aware of alternative parking arrangements
Use of public transport	• Aware of bus and train stations and reasonable distance if walking • Reasonable distance to walk, to ensure that wheelchair users and frail/elderly have an obstruction-free walk • Aware of public transport as live locally • Might be difficult for sight-impaired/blind service users to find their way there
Expectations once service consolidated at Bath St.	• Easier access to the service in terms of waiting times and physical access • Very quick appointment and results • Short waiting times

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	• More choice of appointment times such as very early or after work appts.
Provisions for: Carers, Partners or Friends, Grandparents of babies/young children	• Made to feel welcome, directed to pleasant waiting area • Understand that there is no provision to care for babies/young children while grandparent being screened – recommend that this is included in a 'fact sheet' to accompany the invitation or in telephone call booking the appt. • Plenty of room for carers to support and wait
Meeting privacy and dignity needs	• Suggest that radiographers ask women if they want a privacy cape • Reintroduce capes – they used to have them. • Women with upper body disabilities/mobility issues are excluded as they cannot lean forward/hold themselves upright/hold themselves onto the chair – please address this and promote alternative tests (such as ultrasound) for this cohort.
Any other suggestions?	• Audible buttons/Braille for lift/wayfinding for sight impaired patients • Signage to highlight one lift is wider (wheelchair accessible) • Would expect larger changing rooms, possibly a fold up seat to give plenty of room for wheelchair users as no turning circle. • Staff need more training on screening blind/sight impaired service users • Nice background music, magazines • Found the centre to be considerably more accessible than Kendrick Wing.

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Warrington and Halton Teaching Hospitals
NHS Foundation Trust

4, EQUALITY IMPACT ASSESSMENT

The law requires that any new service, significant change in service, reduction or removal of service has an equality impact assessment to see if there are negative impacts, i.e. direct or indirect discrimination on particular people because of their protected characteristic, relating to the action.

Any change to function, provision or policy that may have an effect on people would automatically be subject of the Equality Act 2010. The parts of the acts that are 'engaged' (i.e. that would be active in relation to this proposal) would be:

- Section 4 – protected characteristics
- Section 13 - direct discrimination
- Section19 – indirect discrimination
- Section 20 – duty to make adjustments
- Section 29 – provision of a service
- Section 149 – Public Sector Equality Duty

Equality Impact Assessment documents:

- Set out the detail of the change in relation to the equality legislation.

- Analyse the input from interested parties.
- Identify any concerns and worries related to equality issues.
- assess the impact of change against the health inequalities duty
- Propose recommendations for committees to consider.
- Determine if the Public Sector Equality Duty (PSED), section 149 Equality Act 2010 has been met.

Summary: Equality Assessment (EA)

- The majority of consultees supported the proposal and rich feedback provided relating to equality concerns
- Public Sector Equality Duty will be met subject to actions and mitigations being actioned.
- Consultation was conducted and responses were received across the demographic spectrum
- No appreciable discrimination was discerned although people who were unsure or disagreed with the proposal had legitimate concerns about accessibility – chiefly transport, and mitigations have been set out to resolve this, predominately awareness raising of the alternative methods available

Overview Details			
CBU/Department	**Strategy**	**Date of This Assessment**	Ongoing – live document, last updated October 2022
Title and overview of what is being assessed / considered	Consolidation of Breast Screening Services at Bath Street Health and Wellbeing Centre and cessation of breast screening service at Kendrick Wing, Warrington Hospital.	**Review Date**	Ongoing
Who will be affected by this activity? (Please tick)	Patients ☒	Staff ☐	Public ☒
Author of Equality Impact Analysis	Caroline Lane	**Equality Analysis Assessed by**	Adam Harrison, Patient Experience, Equality, Diversity and Inclusion Manager

The purpose of undertaking an equality impact analysis and assessment is to understand the potential and/or actual impact that a service or policy may have on protected groups within the Equality Act (2010). The protected groups are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity

- Race
- Religion and / or belief
- Sex (gender)
- Sexual orientation

Support:
- For Patient and Public Equality Impact Assessments please contact Adam.Harrison15@nhs.net

Impact Analysis		
1	**What evidence have you used to think about any potential impact on particular groups?** (Please highlight any evidence that you have considered to help you address what the potential impact may be) **Example evidence:** • ONS Census data • Regional or local demographic information • WHH Equality reports available via website here • National guidance from NHS England, NICE or Department of Health and Social Care • Joint Strategic Needs Assessment • Risk Assessments • NHS Staff Survey Results • Research / epidemiology studies • Updates to legislation • Engagement records or analysis	**Evidence:** **Disability** *Figure 1: Residents of Warrington who identify as having a long-term disability or health problem* **Date** 2011 **Geography** Warrington **Measures** value |	All categories: Age	Age 0 to 15	Age 16 to 49	Age 50 to 64	Age 65 and over
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All categories: Long-term health problem or disability	198,828	38,737	91,599	37,594	30,898
Day-to-day activities limited a lot	15,578	498	3,123	3,867	8,090
Day-to-day activities limited a little	17,624	767	4,341	4,534	7,982
Day-to-day activities not limited	165,626	37,472	84,135	29,193	14,826	 In order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies *Source: Nomis Web (Census 2011 data)* The above record shows how residents of Warrington in 2011 identified as having a long-term disability or health problem. With regards to this impacting day to day activities either a little or a lot, there are 33202 residents (total population 202228) = 16%. **Age** It can be seen that the proportion of the population aged 65+ is due to grow by approximately 55% by 2041.

Figure 4: Estimated Population Change to 2041
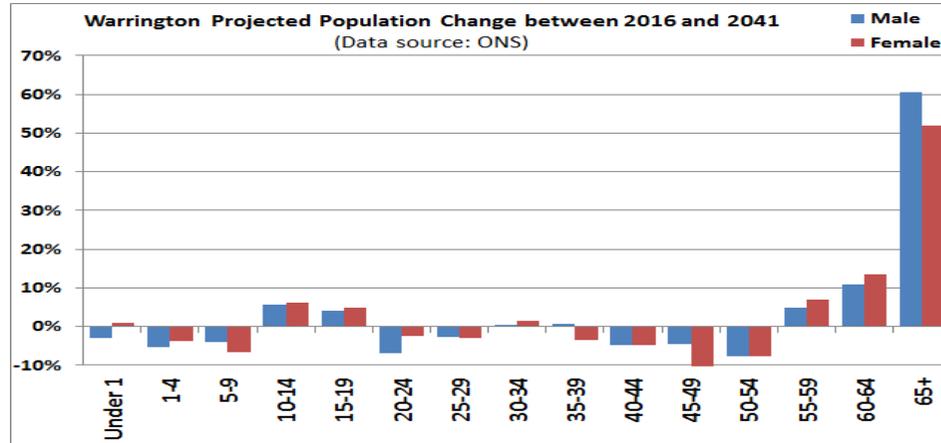
Anecdotally, it has been noted that since the re-opening of society post-lockdown, many of the elderly population are fearful of entering community spaces due to fear of Covid-19 transmission. Many have been shielding in their own homes for many months and are now afraid to leave home for fear of the virus.

Age of attendees invited and participating in screening through Warrington, Halton, St Helens and Knowsley Breast Screening service:

19/20

Age when first offered appointment	Number invited	Number Screened	%screened/invited
45-49	2685	1985	74%
50-52	3914	3031	77%
53-54	2765	2144	78%
55-59	6567	5053	77%
60-64	5598	4330	77%
65-69	5129	3922	76%
70	1048	768	73%
71-74	849	973	115%
>75	1	427	

Race

The distribution of the population by ethnic group is shown below.

Figure 6: Distribution of Warrington Population by Ethnic Group 2011

	value
All usual residents	202,228
White	193,992
English/Welsh/Scottish/Northern Irish/British	187,968
Irish	1,357
Gypsy or Irish Traveller	66
Other White	4,601
Mixed/multiple ethnic groups	2,144
White and Black Caribbean	654
White and Black African	357
White and Asian	663
Other Mixed	470
Asian/Asian British	4,911
Indian	1,803
Pakistani	1,179
Bangladeshi	152
Chinese	849
Other Asian	928
Black/African/Caribbean/Black British	694
African	389
Caribbean	214
Other Black	91
Other ethnic group	487
Arab	237
Any other ethnic group	250

Source: Nomis Web (Census 2011 data)

Religion

It can be seen that the most prevalent religion in Warrington is Christianity, however, there is a significant Muslim and Hindu population along with other religions as shown below:

Figure 7: Distribution of Warrington Population by Religion 2011

nomis
official labour market statistics

Home	Data Sources	Area reports	Standard reports	Data downloads	Census	Need h...

You are here: home > 2011 Census > Key Statistics > KS209EW > Data Viewer

KS209EW - Religion

Download (.xlsx) - or older .xls format
Table population: All usual residents
Religion by measures
Units: Persons

Date 2011
Geography Warrington

	value
All categories: Religion	202,228
Has religion	149,098
Christian	144,405
Buddhist	457
Hindu	1,118
Jewish	147
Muslim	2,097
Sikh	361
Other religion	513
No religion	41,293
Religion not stated	11,837

In order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies

The voluntary question on religion in the 2011 Census was intended to capture people's religious affiliation and identification at the time of the Census irrespective of whether they practised or believed in that religion or how important it was in their lives. If a person had no religion then the first of a series of tick boxes could be selected. Care should be taken when using these data not to infer, or allow the inference by others, that the practice of a religion or specific religious activities that are expected of believers has been measured. Unlike other census questions where missing answers are imputed, this question was voluntary, and where no answer was provided the response is categorised as 'not stated'.

Source: Nomis Web (Census 2011 data)

Gender Reassignment

1. Screening for trans people at a glance

Trans women and non-binary people assigned male at birth who are registered with a GP as female:

- are invited for breast screening
- are invited for bowel cancer screening
- do not need cervical screening as they do not have a cervix
- are not routinely invited for abdominal aortic aneurysm (AAA) screening but can request screening

Trans women and non-binary people assigned male at birth who are registered with a GP as male:

- are not routinely invited for breast screening but can request screening
- are invited for bowel cancer screening
- do not need cervical screening as they do not have a cervix
- are invited for AAA screening

Trans men and non-binary people assigned female at birth who are registered with a GP as female:

- are invited for breast screening
- are invited for bowel cancer screening
- are invited for cervical screening
- are not invited for AAA screening

Trans men and non-binary people assigned female at birth who are registered with a GP as male:

- are not routinely invited for breast screening but can request screening
- are invited for bowel cancer screening
- are not routinely invited for cervical screening but can request screening
- are invited for AAA screening but do not have a high risk of AAA

Trans men who are pregnant should be offered the same antenatal and new-born screening tests as all other pregnant individuals.

Source: NHS population screening: information for trans and non-binary people - GOV.UK (www.gov.uk)

2	**Do you have all the evidence you need in order to make an informed decisions about the potential impact?** (Please tick)	**Yes** ☒ If you feel that you have enough evidence, then you will **not** need to undertake any engagement activity	**No** ☐ If you feel that you do not have enough evidence to make an informed decision then you **will need to** undertake engagement activity with the patients, staff or members of the public as applicable
3	**What engagement is taking place or has already been undertaken to understand any potential impact on patients, staff or members of the public?** Examples include: <u>Patients and public</u> • Interviews • Focus groups • Carer Forums • Friends and Family Test questions • Complaints, comments, compliments <u>Staff</u> • Staff event / workshop • Existing staff meetings / committees • Staff Networks (BAME, LGBTQA+, Disability)	**Completed** **Public** Public Consultation ran from 6th May 2022 to 20th June 2022. Elements of the Consultation included: • Stakeholder briefing – to all partners and advocacy groups, CCGs for GP newsletters and PPGs • Press release • Face to Face engagement at Kendrick Wing, Warrington Hospital • Face to Face engagement at Bath St., Warrington Hospital • Face to Face engagement at Halton CSTM • Delivery of 1 x MS Teams LIVE virtual consultation event • Social media messaging Targeted efforts were made to share the consultation information across all our channels and stakeholder networks including Healthwatch/VCA and an extensive stakeholder list, we issued targeted follow ups to ensure the inclusion of seldom heard/underrepresented groups.	<u>Planned from beginning of EIA</u> 1) Full public consultation will commence in May 2022 – **Completed by 20th June 2022** 2) HR will be speaking with affected members of staff; it is not expected that this change will need to go to full staff consultation as all staff are all required to work at Bath Street on rotation at present.

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		• Staff Side • Annual Staff Survey questions • Staff Friends and Family Test questions	This included groups such as: • **Sex**: Groups for men – Directions for Men/Dads Matter/ Wolves Foundation Offload, WHH Menopause Cafe • **Sexual Orientation**: TAGS - Teenagers, Gender and Sexuality 17-24yrs Warrington, Progress Staff Network • **Gender Reassignment:** Trans Warrington – via email and through Facebook • **Race**: Warrington Ethnic Community Association, Warrington Ethnic Women's Group, WHH Muti Ethnic Staff Network • **Religion or Belief**: See above plus Council of Faiths • **Disability**: Warrington Disability Partnership – shared verbally at Staying Connected and consultation info shared virtually with wider network, shared with Halton Disability Partnership. WHH Disability Awareness Staff Network, Warrington Deaf Centre, Alternative futures, Muscular Dystrophy Lymm and Warrington plus many others • **Marriage and Civil partnership**: not specific • **Pregnancy and Maternity**: Maternity Voices Partnership • **Age:** Age UK Mid Mersey, Warrington Lifetime (all stakeholder/advocacy contacts received the comms x 2), Young Carers service • **Vulnerable/underrepresented groups** including: Warrington BC Wellbeing lead for Asylum Seekers and Refugees, Cheshire Gypsy Roma Traveller	

		Education Adviser, Change Group Live (homeless support group). Michelle Osborne at Halton BC agreed to share info across similar networks in Halton, Veterans Associations in Halton and Warrington, WHH Armed Forces Network All comms included an offer to request attendance at meetings. **Staff** The changes were outlined to staff during their team meeting, with opinions sought and in the presence of a HR representative. The move was seen as positive by staff and doesn't represent a significant impact as they already work across multiple sites including Bath Street. Staff will continue to have access to the wellbeing services and multifaith rooms at Warrington and Halton Hospital however these are not available at Bath Street. Golden square shopping centre (which is just across the road from Bath Street) does have a multi faith space available for members of the public which could be utilised by staff. Staff work across multiple sites and have access to wellbeing services online via the digital wellbeing offer as well as across multiple other sites.	
4	**Will there be an impact against the protected groups as described in the Equality Act (2010)?** Summarise what impact there may be against each of the protected	What is the **actual** or **potential** impact on **age?** (if no actual or potential impact then add N/A) **Patients** **Neutral:** Appointments are offered that fit within school times which allow those with young families to attend. **Positive:**	

	groups. Embed or provide a hyperlink to any reports or electronic files to which you are referring. If there is **no impact** please state that there is no impact.	There is a predicted significant ageing of the population to be seen within the next 20 years, shown in Figure 4, this will result in an increased demand for breast screening services by an ageing cohort of users. The facilities at Bath Street are more modern than Kendrick Wing at the hospital and as such are more physically accessible. A smaller building, Bath Street is easier to navigate for those with potential cognitive impairments.
		What is the **actual** or **potential** impact on **disability?** **Patients** and **Staff** **Neutral:** GPs provide the service with details of any patients who have additional needs/adjustments prior to screening. Additionally, patients are invited through their appointment letter to contact the team if they need any additional measures putting in place to support their needs. Where pre-appointment calls are undertaken staff ask about reasonable adjustments for each appointment. Easy Read documents, some translated information and a guide with access information is sent with appointment letters and will be sent with details for Bath Street appointments. The following facilities are currently provided in Kendrick Wing and will be provided at the new expanded site at Bath Street: • Hearing loop • Hoist • Stand aid • Wheelchair **Positive**: According to Figure 1 approx. 16% of Warrington residents identify as having a long-term disability or health problem. It is important that this signifcant proportion of the population is considered in the move to Bath Street. The building design and layout is more accessible for those with physical disabilities than Kendrick wing as the footprint of the building is smaller and parking is available right outside the building (so patients will have a shorter distance to walk to their appointment), also the lift at Bath Street is far more reliable than the one at Kendrick Wing in Warrington Hospital which will also help to improve accessibility.

		Plans for the site will be further developed over the coming months depending on the results of the public consultation. As this progresses, the needs of those with disabilities will be incorporated into the design by involving experts by experience and design experts to incorporate inclusive design elements to the site.
		What is the actual or potential impact on gender reassignment? **Patients** **Neutral**: Transgender females will be called for breast screening in line with the national breast screening programme. Transgender males who still have breast tissue can also be screened. A leaflet aimed at the Trans and non-binary community is sent out within the initial information pack to GPs prior to a round of screening being implemented. The layout of the breast screening unit at Bath Street means that patients can be screened one at a time if necessary, ensuring privacy and dignity is maintained. During engagement with the public, Trans and Non-Binary information has been available for sharing with potential patients.
		What is the actual or potential impact on marriage and civil partnership? No potential/actual impacts identified.
		What is the actual or potential impact on pregnancy and maternity **Patients** **Positive:** The improved accessibility of Bath Street compared to Kendrick Wing will assist pregnant mothers or those with young children. Bath Street has baby changing facilities.
		What is the actual or potential impact on race? **Patients** **Neutral:** The service at Bath Street will have access to interpreter services via LanguageLine Solutions and The Big Word, allowing for an on-demand interpretation service or physical interpreter to be present. Data for the current service at Warrington Hospital or 2021 highlights LanguageLine was used 143 times to enable communication where English is not the individuals first language.

		What is the **actual** or **potential** impact on **religion and / or belief?** **Staff** **Neutral:** Bath Street does not have any allocated faith rooms. However, staff work on rotation around various sites some of which do. If it transpires that a staff member has faith needs that aren't being met by working at Bath Street then alternative arrangements can be made on rotation.
		What is the **actual** or **potential** impact on **sex?** **Patients** **Neutral:** Transgender females will be called for breast screening in line with the national breast screening programme. Transgender males who still have breast tissue can also be screened. The breast screening unit at Bath Street will add extra capacity to the system. The layout of the breast screening unit at Bath Street means that patients can be screened one at a time if necessary, ensuring privacy and dignity is maintained – respecting the gender of all patients. Space in Bath Street allows for privacy and dignity for male service users to use the Bath Street clinics.
		What is the **actual** or **potential** impact on **sexual orientation?** No potential/actual impacts identified.
5.	**Will there be an impact against any other vulnerable groups?** Summarise what impact there may be against each of the protected groups. Embed or provide a hyperlink to any reports or electronic files to which you are referring.	What is the **actual** or **potential** impact on **carers?** **Patients** There is **no negative/positive** impact but a neutral impact of carers supporting patients and service users. **Positive:** The facilities at Bath Street include two accessible changing facilities for those with limited mobility. Because of the larger size of these changing rooms compared to at Kendrick Wing, it would be easier for carers to accompany patients during the screening process. What is the **actual** or **potential** impact on deprived communities? **Patients**

	If there is **no impact** please state that there is no impact.	**Positive** Parking at Bath Street is free for patients for 90 minutes. This contrasts with parking charges applying at Warrington Hospital. This cost saving will be a benefit to the most deprived communities. Generally, a screening appointment takes 7 or 8 minutes, with a double slot allocated to those with additional needs and adjustments to be made. It is therefore highly likely that 90 minutes would be more than enough time to attend an appointment. **Patients** **Negative:** A small proportion of patients attending the Warrington hospital site may have made use of the free shuttle bus from Halton Hospital. If the screening service were to move solely to Bath Street, this free shuttle bus would no longer be as useful as this would then entail a 15minute walk from the hospital to Bath Street for the patient. However, to mitigate this, patients can choose to attend the screening clinic at Captain Sir Tom Moore Building in Halton. Waiting times are not impacted by where you choose to attend.

Action Plan

What actions need to be taken in order to mitigate the impacts identified in sections 4 and 5?			
Impact	**Action Required**	**Target Date**	**Responsibility**
Potential impact on those using the free Halton shuttle bus to access screening at Warrington hospital.	Ensure the patient is able to choose to have screening at an alternative location if it is more convenient for them. This will include the newly appointed facility at the Captain Sir Tom Moore building at Halton Hospital. This will be achieved by bringing this option to the attention of patients when the appointment letter is sent out.	December 2022	Janette Richardson

How will these actions be monitored and where will the outcomes be reported?
NHSE/I, as commissioners for this service, monitor closely that the service offers convenient locations for users. Alongside SQAS (screening quality assurance service), uptake rates and DNA rates are also scrutinised. Actions and outcomes are monitored and reported locally, regionally and nationally to different groups and various organisations (NHSE/I, SQAS, Champs and Public Health). In addition, a post has been funded recently within screening services by Champs with the aim of improving uptake and focussing on addressing inequalities and the actions/interventions and outcomes are reported into various group via a number of channels and an evaluation report is being compiled by public health representatives.

Summary findings from EIA
The proposed changes to breast screening services in Warrington involve ceasing services currently held in Kendrick Wing, Warrington Hospital and replacing these with increased capacity at the current screening service held at Bath Street, Warrington, the distance between the two sites is 0.9 miles.

This EIA has analysed in detail the potential impact that this would have on public, staff and patients. It has been found that there are no negative impacts without mitigation and further the consolidation at Bath St. will impact positively in terms of community outreach and greater accessibility. There is neutral impact on the service being same as the current service. The only identified negative impact could potentially be to those who utilised the free shuttle bus from Halton to access screening services at Warrington's Kendrick Wing, where walking the additional 0.9miles would be problematic. This is however mitigated by offering patients the option to be seen at their preferred location (one of which Halton Hospital). |

Completed by	Caroline Lane, Strategy Project Manager	Signature	C M Lane
(Please print name /Designation)		Date	21/06/22

1. NEXT STEPS

The consultation outcomes have been shared with Health and Wellbeing Boards, Health Scrutiny Committees and NHS England Specialist Commissioning, Warrington Together and the acute Trust (see the log at appendix 2)

- Share outcomes from formal consultation with Health and Wellbeing Boards in Halton and Warrington and Scrutiny committees in Halton, St Helens and Warrington
- Share outcomes with the Trust's Patient Experience committee and Patient Equality, Diversity and Inclusion committee and Foundation Trust Governors
- Full outcomes report shared with Warrington Together and NHS England Specialist Commissioning
- Final decision on proposed changes by WHH Executive Team to Trust Board based on scrutiny of public feedback throughout formal consultation and feedback from Health and Wellbeing Boards and Scrutiny groups - *Recommend consolidation of screening services at Bath St and cessation of screening at Warrington Hospital's Kendrick Wing*

The main findings and appropriate mitigations will be shared as part of the publication and service change process to ensure that actions required are achieved.

APPENDIX 1. ADHERENCE TO THE GUNNING PRINCIPLES

When undertaking any public consultation in the UK the Gunning Principles must be applied. This has been confirmed by the Court of Appeal in 2001 (Coughlan case).

When assessing this consultation the four principles will be applied as below.

1. When proposals are still at a formative stage - *Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.*

The model proposed was developed following NHS England's quality assessment of Breast Screening and Assessment services in the Halton, Knowsley, St Helen's and Warrington boroughs and was in response to the need to consolidate and build on scarce resources across the areas.

During the pre-consultation engagement general questions were asked to gather views and experiences that the Trust used to refine and develop the proposals. During the pre-consultation stage it became clear that people were unclear about the differences between screening, assessment and symptomatic services and we went to lengths to make this clearer. A service user joined the Trust's working group in 2018 and staff from a wide range of disciplines and services were involved in developing proposals.

The consultation questions enabled people to give their opinions on the proposals and discuss any potential impact.

The Trust was clear from the outset that development of the Captain Sir Tom Moore estate could proceed at pace since capital was available, on the premise that NO services would be relocated until conclusion of a public consultation.

2. Sufficient reasons for proposals to permit 'intelligent consideration' - *People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.*

The consultation documents made the reasons for the proposals clear, as below:

- The case for change
- Full description of what services were available and where
- Data on usage of the services that were proposed to change

Throughout the consultation a Frequently Asked Questions document was produced and added to, to ensure that any additional questions or concerns were addressed.

An Equality Impact Assessment was undertaken to determine where specific engagement should be undertaken and to consider any potential impact to protected characteristics. As well as general engagement and communications focused work was undertaken. This included:

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- Attending a wide range of meetings, holding pop up and drop in sessions (Covid-19 restrictions were in place hence many virtual attendances)
- Targeted engagement at Third Sector Organisations who represent the wider community
- Targeted communications (paper copy) at service users on the Trust's current case load
- Electronic online questionnaire advertised via Trust channels incl. social media.
  Face to face consultation at several current screening locations (adhering to current social distancing requirements) inc MS Teams Live sessions with an open invite to all interested parties.

3. Adequate time for consideration and response - *Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?*

There was a planned period of pre-consultation followed by an eight-week consultation. Halton's Health Policy and Performance Board and Warrington Health Scrutiny Committees were briefed on the pre-consultation and consultation plans.

The engagement and communications methods used were wide and varied. The full communications activity log can be seen in Appendix 2.

Full analysis of the outcomes of the consultation and the equality impact assessment informed a final decision ('go/no go') on proposed changes by WHH Executive Team. This followed close scrutiny of public feedback throughout pre-consultation and consultation and feedback from HWWB, Scrutiny and the multi-agency interest group

4. Must be conscientiously taken into account - *Think about how to prove decision-makers have taken consultation responses into account.*

 Full analysis of the outcomes of the consultation and the equality impact assessment informed a final decision ('go/no go') on proposed changes by WHH Executive Team. This followed close scrutiny of public feedback throughout pre-consultation and consultation and feedback from HWWB, Scrutiny and the multi-agency interest group.

APPENDIX 2 ENGAGEMENT AND CONSULTATION – ACTIVITY LOG

Task	Date	Task Lead	RAG
Briefing to Warrington Health and Scrutiny Committee	23.11.21	WCCG/ WHH Strategy	
Briefing to Halton Health Policy and Performance Board	15.02.22	HCCG/ WHH Strategy	
Briefing to St Helens Adult Social Care and Health Scrutiny Committee	14.03.22	WHH Strategy	
Communications, Engagement and Involvement Plan finalised internally	03/04/22	Comms	
Share draft plan with Warrington CCG and NHSE	21/04/22	Comms/Strategy	
• Incorporate all feedback/amends/suggestions. • Produce consultation materials • Create media, social and website content to go live on consultation start date	25/04/22	Comms	
Share plan and content of materials at Breast Screening Phase 2 Project Team Meeting	11.4.22	PMc	
Slides for stakeholder engagement/health forums	25/04/22	Comms	
Slides for Team Brief	May22	Comms	
Raise at local engagement forums eg Stay Connected, Health Forums etc	May meetings	Comms	
Posters and consultation materials distributed to service locations	06.05.22	Comms	
Schedule social media throughout consultation period	06.05.22		
Consultation commences	**06.05 22**	Engagement/ Comms	
Issue stakeholder briefing – to all partners and advocacy groups, CCGs for GP newsletters and PPGs for onward cascade.	09.05.22	Comms	
Shared with WHH NEDS and Governors Governors also informed of forthcoming consultation at Governor Engagement Group on 04.05.22	09.05.22	Trust Secretary/Comms	

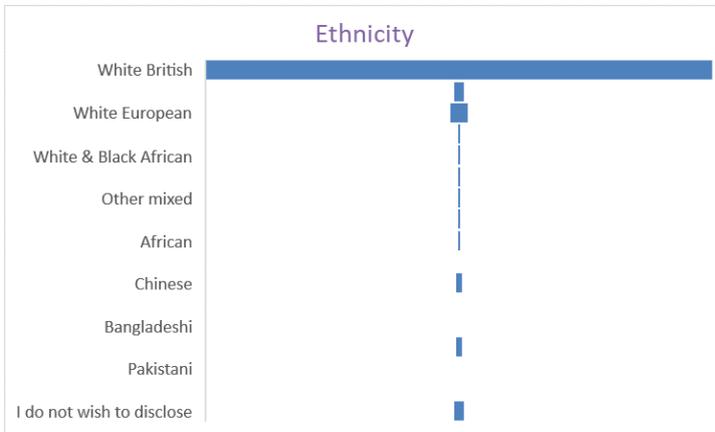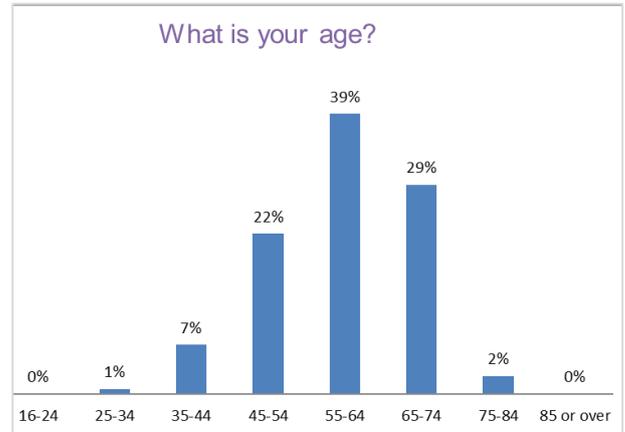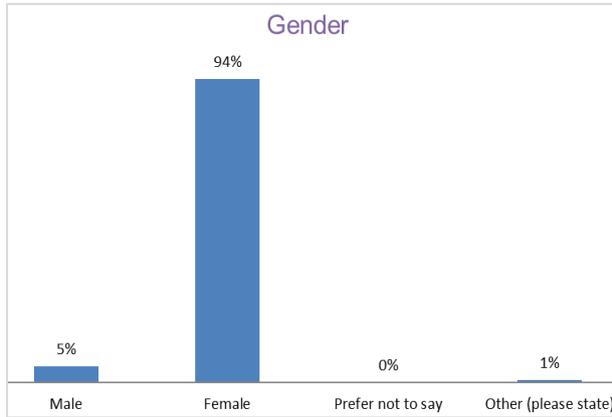|			
Issue press release Example coverage: Public consultation on final phase of expansion of breast screening services (warrington-worldwide.co.uk) Public consultation on final phase of expansion of breast screening services in Warrington, Halton, Knowsley and St Helens :: Cheshire & Merseyside Cancer Alliance (cmcanceralliance.nhs.uk) Consultation on proposals for final phase of reconfiguration of Breast Services - Healthwatch Warrington Plans to move last hospital breast services to Bath Street clinic | Warrington Guardian	09.05.22	Comms	
Recruit 'Experts by Experience' to inform design aspects at Bath St	From 6.5.22	Engagement & Involvement	
Shared at Staying Connected Forum Shared by email to all Staying Connected members	09.05.22 17.05.22	Engagement & Involvement	
Shared with CCG comms for onward cascade to PCNs/GP practices	10.05.22	Engagement & Involvement	
Shared with Bridgewater Community Healthcare	11.05.22	Engagement & Involvement	
Shared with Warrington BC and Halton Council colleagues	11.05.22	Engagement & Involvement	
Patient Experience Sub Committee HLBP May and June included information on consultation and link Patient Equality, Diversity and Inclusion Sub Committee HBLP included information on consultation and link	May/June 2022 May/June 2022		
Face to Face engagement @ Kendrick Wing, Warrington Hospital Tuesday 24th May - all day Wednesday 25th May – all day	From 9.5.22	Engagement & Involvement	
Face to Face engagement @ Bath St., Warrington Hospital Thursday 12th May 10.30-2.30pm	From 9.5.22	Engagement & Involvement	

Tuesday 17th May 10.30-2.30pm Monday 30th May 10.30-2.30pm			
Delivery of 1 x MS Teams LIVE virtual consultation event, including social media to advertise 19.5.22 @2pm-3pm	19.05.22	Service/ Strategy team	
Consultation web page updated with Q&As from virtual consultation session on 19.5.22	25.05.22	Engagement & Involvement	
Shared at Healthwatch Warrington People's Panel by invitation	26.05.22	Engagement & Involvement	
Engagement event with Experts by Experience via MS Teams 26 May 2022 @ 2pm-3pm	26.05.22	Engagement & Involvement	
Follow ups to ensure diverse representation to ensure representation from seldom heard groups or those with protected characteristics, including Cheshire and Warrington travellers team, homeless support group and Trans Warrington, Dad Matters, Direction for Men. Plus WHH Staff Networks – Progress (LGBTQA+), Multi Ethnic Staff Network, Armed Forces Staff Network and Disability Awareness Staff Network, WHH Menopause Cafe – to share across their own networks	30.05.22	Engagement & Involvement	
Issue reminder press release and stakeholder update before consultation end date.	14.06.22	Comms, Engagement & Involvement	
Update social media message	19.06.22	Comms	
Consultation closes – update website	21.06.22	Comms	
PESC and PEDISC High Level Briefing Papers Consultation Outcomes update included High Level Outcomes with full report to follow	July 2022	Comms	
Evaluation of consultation feedback and outcomes including identification of themes and suggestions	From 20.6.22	Engagement/ Comms	
Outcomes to WHH Executive Team	7.7.22	Director of Strategy and Partnerships and Director of Communications	
Outcomes to NHS Warrington and NHS Halton CCG	20.7.22	Director of Communications	

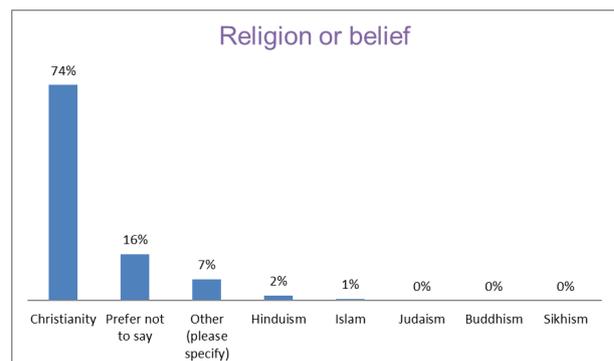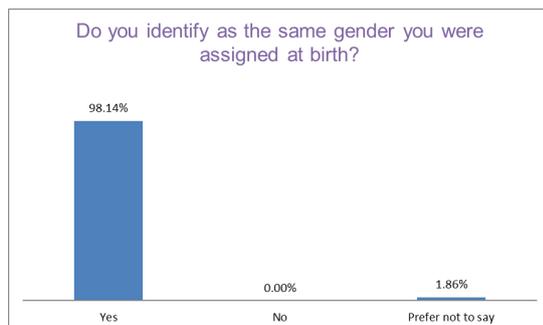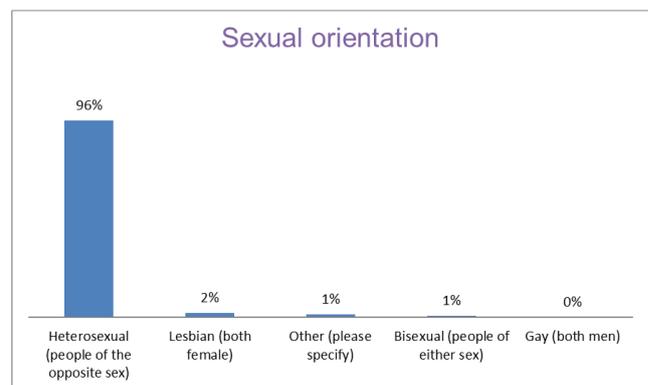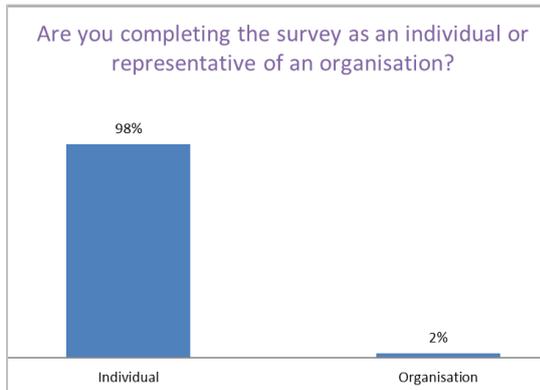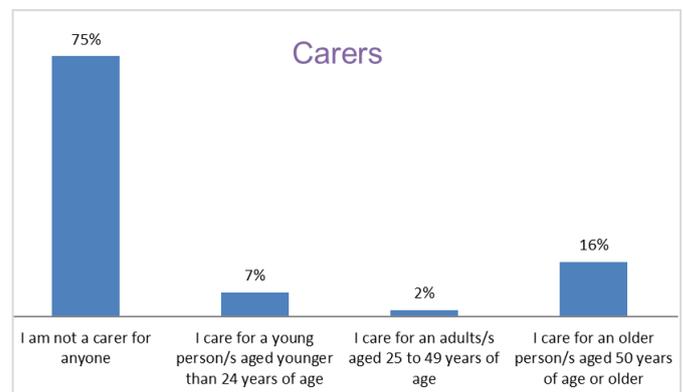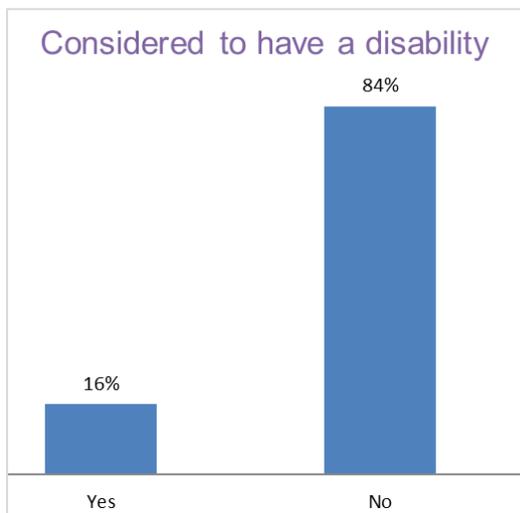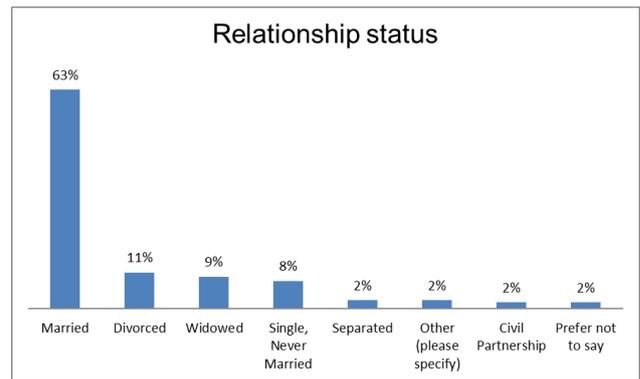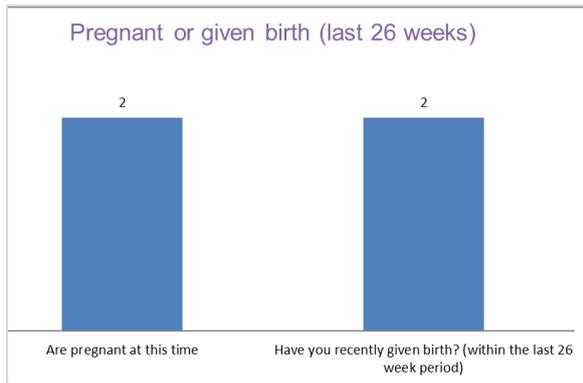|			
Halton Health Policy and Improvement Board meeting – slide pack of outcomes (consultation plan submitted)	28.06.22	Director of Strategy and Partnerships	
Halton Health and Wellbeing Board	6.07.22	Director of Strategy and Partnerships	
Warrington Health and Wellbeing Board	14.07.22	Director of Strategy and Partnerships	
St Helens Adult Social Care and Health Scrutiny Committee	26.07.22	Director of Strategy and Partnerships	
Warrington Health Scrutiny Cttee	8.09.22	Director of Strategy and Partnerships	
Publish consultation outcomes on Trust website	30.11.22	Comms	
Warrington and Halton Teaching Hospitals Trust Board	30.11.22	Director of Strategy and Partnerships	
End of consultation comms Publish consultation outcomes on Trust website Update Breast service website and produce/update service leaflet	After 30.11.22	Comms	

Appendix 3 – Involvement

ADVOCATES/THIRD SECTOR GROUPS	
Red Cross	Autism Together
Halton Red Cross	Young Disabled Persons Forum
Halton Carers	Warrington Parents & Carers
Wired Carers	Home Start Warrington
Deafness Resource Centre	Families United
Warrington Disability partnership	WYC - Warrington Youth Club
Warrington Disability partnership	Arty Smarty
Speak Up, Warrington	Accent Warrington & Halton Music Ed Hub
Speak Up, Warrington	Young Carers Service
Wellbeing enterprise	Warrington Speak Up
Healthwatch Warrington	Warrington Armed Forces Community Support
Healthwatch Halton	WECA - Warrington Ethnicity Community Assoc
Council of Faiths	The Proud Trust Warrington
Age UK Mid Mersey	Conservative Cllr and Helping Hands
Warrington MENCAP	Directions for Men (male group)
Warrington Voluntary Action	Offload via Wolves Foundation
Halton and St Helen's VCA	CAB Halton
Halton and St Helen's VCA	CAB Warrington
Halton Older People Empowerment Network	Arthritis Action.
Warrington Deaf Centre	Autism Together
Warrington Lifetime (older people)	Young Disabled Persons Forum
Bipolar Group	Warrington Parents & Carers
Alternative Futures	Home Start Warrington
Deafness Support Network	Families United
Older Persons Forum	WYC - Warrington Youth Club
Warrington MS Society	Arty Smarty
Warrington Mencap Leisure	Accent Warrington & Halton Music Ed Hub
Cheshire Autism Practical Support ChAPS	Young Carers Service
Citizens Advice Warrington	Warrington Speak Up
Clair's Parents Meeting Parents ADHD Supp	Warrington Armed Forces Community Support
Community Integrated Care	WECA - Warrington Ethnicity Community Assoc
Healthwatch Warrington	The Proud Trust Warrington
MNDA South Lancs Branch	Conservative Cllr and Helping Hands
Muscular Dystrophy Lymm & Warrington	Directions for Men (male group)
Room at the Inn	Offload via Wolves Foundation
Spinal Injuries Association	CAB Halton
SWAN uk syndromes with no name	CAB Warrington
Talking Matters Warrington	Arthritis Action.
The Brain Charity	Autism Together
Torch Trust for the Blind	Young Disabled Persons Forum
Warrington & Vale Royal College	Warrington Parents & Carers
Warrington BSL Signing Choir	Home Start Warrington
Warrington Stroke Association	Families United
Warrington Wolves Charitable Foundation	WYC - Warrington Youth Club
Wired	Arty Smarty
Veterans Hearing Support	Accent Warrington & Halton Music Ed Hub

Appendix 4 – About the Participants

Gender

Male	Female	Prefer not to say	Other (please state)
5%	94%	0%	1%

What is your age?

16-24	25-34	35-44	45-54	55-64	65-74	75-84	85 or over
0%	1%	7%	22%	39%	29%	2%	0%

Ethnicity

White British	142
White European	5
White Irish	3
I do not wish to disclose	3
Chinese	2
Indian	2
White & Black Caribbean	1
White & Black African	1
White & Asian	1
Other mixed	1
Caribbean	1
African	1
Other Black	0
Other Asian	0
Bangladeshi	0
Pakistani	0
Other Ethnic Group	0
Total	**163**

Are you completing the survey as an individual or representative of an organisation?

Individual	Organisation
98%	2%

Sexual orientation

Heterosexual (people of the opposite sex)	Lesbian (both female)	Other (please specify)	Bisexual (people of either sex)	Gay (both men)
96%	2%	1%	1%	0%

Do you identify as the same gender you were assigned at birth?

Yes	No	Prefer not to say
98.14%	0.00%	1.86%

Religion or belief

Christianity	Prefer not to say	Other (please specify)	Hinduism	Islam	Judaism	Buddhism	Sikhism
74%	16%	7%	2%	1%	0%	0%	0%

Pregnant or given birth (last 26 weeks)

2	2
Are pregnant at this time	Have you recently given birth? (within the last 26 week period)

Relationship status

Married	Divorced	Widowed	Single, Never Married	Separated	Other (please specify)	Civil Partnership	Prefer not to say
63%	11%	9%	8%	2%	2%	2%	2%

Considered to have a disability

Yes	No
16%	84%

Carers

I am not a carer for anyone	I care for a young person/s aged younger than 24 years of age	I care for an adults/s aged 25 to 49 years of age	I care for an older person/s aged 50 years of age or older
75%	7%	2%	16%

Respondent – summary

Responses: **2 organisations responded and 161 individuals**

- 94% participants were female

- 97% participants were in the eligible age range for breast screening

- 16% considered themselves to have a disability

- 25% cared for someone

- 2.5% had recently given birth or were pregnant

- ➢ **Representative of patient population in religious belief, sexual orientation, gender identity, ethnicity and relationship status.**

NHS England - Consultation on changes to the NHS enforcement guidance

Trust Board briefing
November 2022

Lucy Gardner, Director of Strategy and Partnerships

NHS England Consultations

NHS England (NHSE) has commenced 2 consultations:

- A consultation on changes to the NHS provider licence.

- A consultation on changes to the enforcement guidance, setting out how NHSE intends to deal with breaches of the provider licence.

The consultations close on 9th December 2022.

This presentation provides an overview of the proposed changes to the enforcement guidance.

Enforcement guidance consultation (1)

- The current enforcement guidance was issued by Monitor and relates primarily to providers.

- The revised enforcement guidance describes NHSE's intended approach to using its enforcement powers, including by setting out the use of powers to direct an ICB and the licence enforcement mechanisms that apply to providers of NHS services.

- It explains the regulatory and statutory processes in the event of enforcement action and subsequent rights of appeal.

- The basic processes that NHSE would follow when taking provider enforcement action have not changed in the revised guidance.

- However, it sets out that NHS England will exercise its enforcement powers in line with the principles set out in the NHS Oversight Framework, working with and through ICBs wherever possible and with an emphasis on systems working together to resolve problems.

Enforcement guidance consultation (2)

NHSE is proposing to introduce a two-tier approach to enforcement that reflects ICB legislation in relation to patient choice, and ensures parity with NHS provider organisations in terms of NHSE's approach to ICB enforcement.

ICBs may be subject to:	Providers may be subject to:
▪ directions ▪ undertakings	▪ discretionary requirements ▪ undertakings ▪ additional governance licence conditions (foundation trusts only) ▪ monetary penalties ▪ revocation of licence ▪ directions for NHS trusts

NHS England - Consultation on changes to the NHS provider licence

Trust Board briefing
November 2022

Lucy Gardner, Director of Strategy and Partnerships

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This presentation provides an overview of the proposed changes to the NHS Provider license.

Proposed changes to NHS Provider licence

The proposed changes will reflect new legislation supporting providers to work effectively as part of integrated care systems.

A shift of emphasis from economic regulation and competition to system working and collaboration.

The consultation proposes four types of changes to the licence, aimed at:
- Supporting effective system working
- Enhancing the oversight of key services provided by the independent sector
- Addressing climate change
- Technical amendments

Supporting effective system working

- New condition for providers to work together across the newly formed integrated care systems to deliver on core system objectives.
  - This includes planning, service improvement and delivery, delivery of system financial objectives and system workforce plans.
- New condition for providers to consider the triple aim and health inequalities in their work.
  - NB. Triple aim = improving the individual experience of care, improving the health of populations and reducing the per capita costs of care for populations
- New condition on digital obligations to enable system working and promote digital maturity.
- Amendment to integrated care condition to encourage providers to *actively participate* in service integration.
- Expanding the patient choice condition to reflect the importance of personalised care.
- Removal of the competition condition to reflect a shift in healthcare priorities from competition to collaboration.

Enhancing the oversight of key services provided by the independent sector

- Broadening the range of providers where continuity of services conditions will apply.
  - The proposal is to expand NHSE's oversight beyond the narrow definition of commissioner requested services, to providers which deliver services that are considered hard to replace.

- Expanding the scope of continuity of services conditions to include quality governance standards.
  - Aim to enhance risk mitigation and cooperation with NHSE in the event that an independent sector provider is experiencing serious quality issues which threaten service delivery.

Addressing climate change

- A requirement for NHS trusts and foundation trusts to tackle climate change and contribute to the delivery of net zero carbon emissions.

- Adherence to any NHSE guidance on tackling climate change needs to be part of good corporate governance, requiring boards to nominate a board-level net zero lead and deliver a green plan.

Technical amendments

- Shifting the focus of the costing conditions.

- Amending the pricing conditions to reflect changes to national policy.

- Streamlining reporting requirements.

- Applying conditions to NHS trusts and updating language to reflect the current statutory framework.

- Removing obsolete conditions.

- Amending the Fit and Proper Persons condition.

Code of Governance & Related Documents (Guidance on

Good Governance and Collaboration & Addendum to your statutory duties (FT Governors))

[NHS England » Code of governance for NHS provider trusts](#)

John Culshaw, Company Secretary & Associate Director of Corporate Governance

Code of governance for NHS provider Trusts - 1

- The new code will replace the NHS Foundation Trust Code of Governance, which was last updated in 2014 and for the first time, the code will apply to all Trusts, not just FTs. The code will apply from April 2023, giving Trusts some time to review and implement any changes to their arrangements.

- The code has been updated to reflect:
  - its application to NHS Trusts, aligning with the proposed extension of the NHS Provider Licence to them
  - changes to the UK Corporate Governance Code in 2018
  - the establishment of Integrated Care Systems under the Health and Care Act 2022
  - the evolving NHS System Oversight Framework, under which Trusts will be treated similarly regardless of their constitution as an NHS Trust or Foundation Trust.

Code of governance for NHS provider Trusts - 2

- The revised code continues to take a 'comply or explain' approach to providing guiding principles around good governance as well as setting out statutory requirements that must be complied with.

- In general, the provisions of the code do not greatly differ from the current version since the Health and Care Act 2022 does not change the statutory role, responsibilities and liabilities of provider Trust Boards of Directors.

However, there are some themes underlying the key changes:

- Incorporation of requirements related to system working inc. greater engagement

- Inclusion of the Board's role in assessing and monitoring the culture of the organisation, including the wellbeing of its workforce

- Focus on addressing health inequalities, and on equality, diversity and inclusion among Board members but also training for those undertaking director-level recruitment

- For Foundation Trusts, potentially greater involvement for NHSE in recruitment and appointment processes

- Governors to consider the wider benefits to 'the public' and not just the population served by the FT.

What's new?

- Incorporation of the requirement for Boards of Directors to assess the Trust's *"contribution to the objectives of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), and place- based partnerships"* as part of its assessment of its performance, and *"system and place-based partners"* are highlighted as key stakeholders throughout.

- The inclusion of the Board's role in assessing and monitoring the culture of the organisation and taking corrective action as required, alongside *"investing in, rewarding and promoting the wellbeing of its workforce"*. The previous code only mentioned wellbeing in the context of the finances of the organisation.

What's new? (continued)

- A new focus on equality, diversity and inclusion, among Board members but also training in EDI should be provided for those undertaking Director-level recruitment. The Board should have a plan in place for the Board and Senior Management of the organisation to reflect the diversity of the local community or workforce, whichever is higher.

- For Foundation Trusts, potentially greater involvement for NHSE in recruitment and appointment processes, including utilising NHSE's Non-Executive (NED) Talent and Appointments team in preference to external recruitment consultancies and having representation from NHSE on NED recruitment panels. When setting remuneration for NEDs, including the chair, foundation trusts should use the *Chair and non-executive director remuneration structure*.

Related Documents

- **Guidance on Good Governance and Collaboration**

  NHS England » Guidance on good governance and collaboration

- **Addendum to your statutory duties (FT Governors)**

NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors

Guidance on Good Governance and Collaboration

This new guidance, seeks to clarify the expectations around collaboration on all provider Trusts and to set out the governance characteristics that Trusts should have in place to facilitate effective collaboration.

- It sets the expectation that providers collaborate with partners to agree shared objectives through integrated care partnerships (ICPs) and deliver five-year joint plans and annual capital plans through collaborative arrangements.

- It sets expectations of providers in terms of collaboration in respect of three key areas
  - engaging consistently in shared planning and decision-making
  - consistently take collective responsibility with partners for delivery of high quality and sustainable services across various footprints including system and place
  - consistently taking responsibility for delivery of agreed system improvements and decisions.

Guidance on Good Governance and Collaboration (Cont)

- The guidance describes five characteristics of governance arrangements to support effective collaboration

- The five characteristics expected of providers are:
  - developing and sustaining strong working relationships with partners
  - ensuring decisions are taken at the right level
  - setting out clear and system-minded rationale for decisions
  - establishing clear lines of accountability for decisions
  - ensuring delivery of improvements and decisions.

Addendum to Your statutory duties – reference guide for NHS foundation Trust Governors

- Governors' statutory duties have not changed: Governors should not expect any material change to their day-to-day role. However, the context of system working and collaboration brings additional considerations for Governors.

- It describes what representing the interests of the public means in the new context, emphasising that 'the public' should include the population of the local system of which the Foundation Trust is part.

- It focuses on the statutory duties of Governors and additional considerations in relation to each: holding the Non-Executive Directors to account for the performance of the Board; representing the interests of members and public; and taking decisions on significant transactions.

- It emphasises that Governors' key relationships remain with the Directors and the Secretary of their own Trust, who should facilitate information sharing about, and any engagement with, system partners.