



Wirral University
Teaching Hospital
NHS Foundation Trust

Council of Governors (CoG) (Public)

Monday 27th January 2020

COUNCIL OF GOVERNORS (CoG)

Monday 27th January 2020
4.30pm-7.00pm, Boardroom, Education Centre, APH

AGENDA

Item	Item Description	Presenter	Verbal or Attached
CoG P19/20-047	Apologies for Absence	Chair	Verbal
CoG P19/20-048	Declaration of Interests	Chair	Verbal
CoG P19/20-049	Minutes and Actions of previous meeting (15 th October 2019)	Chair	Document
CoG P19/20-050	Matters Arising	Chair	Verbal
CoG P19/20-051	Patient Story	Chief Executive	Verbal
CoG P19/20-052	Chair's Business	Chair	Verbal
CoG P19/20-053	Key Issues	Chair	Verbal
TRUST PERFORMANCE			
CoG P19/20-054	Quality & Performance Dashboard	Chief Executive	Document
CoG P19/20-055	Infection Prevention Control	Chief Nurse	Document
GOVERNANCE			
CoG P19/20-056	Approach to developing the Trust Strategy & Strategic Framework	Director of Strategy & Partnerships	Presentation
CoG P19/20-057	Report from Governor Workshop (19 th December 2019)	Lead Governor	Verbal
CoG P19/20-058	Board of Directors' Minutes (2 nd October, and 6 th November)	Chair	Document
CoG P19/20-059	Board of Directors' Meeting Update (4 th December 2019)	Chair	Verbal
CoG P19/20-060	External Auditors <ul style="list-style-type: none"> • Fee 2019/20 • Procurement process 2020/21 onwards 	Audit Chair	Verbal
STANDING ITEMS			
CoG P19/20-061	Any Other Business	All	Verbal
CoG P19/20-062	Date, Time and Location of Next Meeting 14 th April 2020, 4.00pm in the Boardroom, Education Centre	Chair	Verbal

COUNCIL OF GOVERNORS

**Unapproved minutes of meeting held on Tuesday 15th October 2019
4.30pm-6pm, Boardroom, Education Centre, APH**

Present	<p>Sir David Henshaw Mike Collins Paul Dixon Mandy Duncan Steve Evans John Fry Janelle Holmes Eileen Hume Steve Igoe Richard Latten Sue Lorimer Helen Marks Paul Moore*</p> <p>Allen Peters Frieda Rimmer Norman Robinson Nicola Stevenson John Sullivan Angela Tindall Pauline West</p>	<p>The Chairman Nominated Governor Public Governor Public Governor Public Governor Public Governor Chief Executive Officer Public Governor Non-Executive Director Staff Governor Non-Executive Director Executive Director of Workforce Acting Chief Nurse/Director of Quality & Governance Public Governor Public Governor Staff Governor Executive Medical Director Non-Executive Director Public Governor (Lead Governor) Public Governor</p>
In attendance	<p>Andrea Leather Emma Todd Jay Turner-Gardner*</p>	<p>Board Secretary Executive Assistant Associate Director of Nursing - IPC</p>
Apologies	<p>John Coakley Karen Edge Sheila Hillhouse Ian Linford Anthony Middleton</p>	<p>Non-Executive Director Acting Director of Finance Public Governor Public Governor Chief Operating Officer</p>
*Denotes attendance for part of the meeting		

Ref	Minute	Action
CoG P19/20- 031	Apologies for Absence Apologies were noted as above.	
CoG P19/20- 032	Declarations of Interest None to declare.	
CoG P19/20- 033	Minutes of the Previous Meeting The minutes of the previous meeting held on 16 th July 2019 were approved as an accurate record.	

CoG P19/20- 034	Matters Arising There were no matters arising.	
CoG P19/20- 035	Patient Story The Chief Executive Officer (CEO) shared the story of Anne Pook who had concerns regarding the medical review process. The Council was informed that significant work has been undertaken in relation to managing persons who are medical outliers within gynaecology and the associated action plan was circulated.	
CoG P19/20- 036	Chair's Business The Chair confirmed this has been covered in the closed session.	
CoG P19/20- 037	Key Issues The CEO informed the Council that the Trust is under significant pressure in regard to non-elective patients using Accident and Emergency. There is pressure on bed bases due to difficulties discharging patients. The National Intensive Support Team (ECIST) are working with the Trust until December 2019 to unblock super long stay patients and support with streaming at the front door. There are currently a high number of patients who have been in hospital for over 21 days; options of transferring them into other care settings are being explored. This is a system wide approach and a review of services available in the community to receive these patients will be undertaken. WUTH are working closely with the CCG, Wirral Community Trust and Mental Health Social Care Providers. The Trust are also investigating the possibility of fast tracking patients who want to die at home but the availability of care packages is currently limited. The Council was assured that only a small number of surgical patients have been cancelled and capacity for urgent patients has always been made.	
CoG P19/20- 038	Quality & Performance Dashboard It was reported that significant progress has been made, although there is still considerable work to be done. Waiting times and high occupancy rate have reduced, both of which are an impact of patient flow. Safety measures have improved; evidence shows risk assessments are being undertaken, the amount of falls are low and the family and friends questionnaires are generally positive. In addition to this, the Infection Prevention Control outbreak has been stood down as the infection is now under control. Serious incidents remain low and Ward 38 has attained level 3 ward accreditation. The JAG accreditation inspection (within Endoscopy) has been passed and accreditation awarded which is a very positive outcome. The Chair iterated that the dashboard now demonstrates significantly more compliance. The Council was informed that same sex accommodation was breached in intensive care due to a patient flow issue as there are only 2 side wards available which come with significant challenges.	
CoG P19/20- 039	Infection Prevention Control The Associate Director of Nursing for Infection Prevention Control attended and presented to the Council regarding the Trust's progress in this area.	

	<p>An outbreak was declared in February 2019 which was then closed in April 2019. In May 2019, cases were still being seen and the decision was made to reopen the outbreak that had previously been closed. Different strains of <i>C.difficile</i> were looked at to identify any cross infection. Type 027 was identified which is a virulent strain and difficult to get rid of. In June 2019, outbreak measures were in place and the outbreak was closed in October 2019 and as no further cross contamination between patients has been identified. The Trust carried out an options appraisal which identified the need for new equipment which could be cleaned effectively and decluttering to enable thorough cleaning Trust wide.</p> <p>Cleaning was also reviewed including standards, frequency and processes. The Infection Prevention Control team worked closely with Estates and Facilities to simplify cleaning standards. Robust policies and procedures were introduced with an accountability framework. Patients are now isolated once a sample is taken, not once the results have been received. Individual IPC Action Plans are now in place for each ward and they are owned by the Divisions and monthly updates are provided at their local IPC meetings. Any exceptions are then reported to the Infection Prevention Control Group. The IPC team is supporting Divisions in meeting their Action Plans and a reduction in the number of <i>C.difficile</i> cases has been sustained.</p> <p>The Council discussed a rolling programme of maintenance as a result of a major review of the Estates and Facilities Division which will assist in the prevention of future outbreaks. Providing staff with a greater knowledge of how to risk assess is also being addressed.</p> <p>The Chairman thanked the Associate Director of Nursing for Infection Prevention Control for the presentation.</p>	
<p>CoG P19/20- 040</p>	<p>Report from Governor Workshop (8th August 2019)</p> <p>The Lead Governor reported to the Council that the Governor Workshop was cancelled due to lack of Governor availability which was disappointing. The Council was informed that the next workshop is scheduled for 19th December 2019 at 1pm. The Lead Governor requested that apologies be tendered as soon as possible and suggested if there is frequent low attendance the date can be changed as Governor engagement is essential.</p>	
<p>CoG P19/20- 041</p>	<p>Board of Directors' Meeting Minutes (3rd July 2019 7th August 2019 & 4th September 2019)</p> <p>The minutes were acknowledged and the Chairman asked the Council on their reflections on the Trust's progress. Discussion took place regarding outpatients and the need for issues to be addressed regarding duplication of letters, which is reliant upon Cerner working more effectively. The Chairman indicated that meetings with Cerner have taken place and there are currently gradual changes being made but it is a long process as there is a fundamental technological issue.</p> <p>The need for better communication between staff and patients was discussed, particularly around expected discharge, which ultimately impacts upon patient flow.</p> <p>It was indicated that staff turnover is higher this month than in previous months as 107 Junior Doctors left in August 2019. This led to discussion regarding return to work interviews and the surrounding processes.</p> <p>The Council agreed there is a definite sense of progress and this needs to be recognised. The CEO iterated that it easy to focus on the negatives but looking at what the Trust has achieved this year is very positive; Ophthalmology have made radical improvements through a complete service review and have received national recognition from the Getting It Right First Time (GIRFT) programme. The medical</p>	

	engagement scores from 2017 demonstrated WUTH as being the lowest Trust internationally across 10 domains but the latest survey results show that WUTH have scored significantly high in 3 areas, reflecting a higher level of engagement. The gap between managers views and Consultants views has also reduced which demonstrates the result if triumvirate working which is very encouraging.	
CoG P19/20- 042	Board of Directors' Meeting (2nd October 2019) The Chairman indicated that this has been covered earlier in the meeting.	
CoG P19/20- 043	Governors Elections Update The Board Secretary reported that one constituency has responded to the elections with two candidates and no nominations have been received from 3 constituencies. The constituencies that nominations are required from were identified as: <ul style="list-style-type: none"> • Bromborough and Clatterbridge • Heswall, Bebington and Thingwall • Liscard and Seacombe Therefore, the Governors have a number of options in how to proceed; go back to elections, look at previous candidates or roll over the existing vacancies until next year. The Board Secretary recommended that additional work is undertaken with the Communications team to proactively recruit and that the vacancies are rolled over to 2020. The Council was assured that other Foundation Trusts are experiencing the same difficulties as WUTH in terms of Governor recruitment The Lead Governor agreed that this was the consensus of Pre CoG. The Council highlighted that the current website is poor for Governors. The Board Secretary confirmed that she is working with the Communications team to create a Governor only area where some elements could be none private for any potential Governors.	
CoG P19/20- 044	Meeting Schedule 2020 An up to date meeting schedule was circulated and one change was highlighted; the Council meeting on Tuesday 28 th January has been moved to Monday 27 th January 2020. Pre CoG dates have also been added to encourage engagement. The Board Secretary confirmed that the new schedule would be circulated imminently with times and locations.	
CoG P19/20- 045	Any Other Business There was no other business.	
CoG P19/20- 046	Date and time of the next meeting The next Council of Governors meeting is Monday 27 th January 2020, 4pm-7pm, in the Boardroom, Education Centre.	

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Chairman

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Date



Council of Governors	
Agenda Item	CoG P19-20-054
Title of Report	Quality Performance Dashboard
Date of Meeting	27 th January 2020
Author	WUTH Information Team and Governance Support Unit
Accountable Executive	COO, MD, CN, DQG, HRD, DoF
BAF References Strategic Objective Key Measure Principal Risk	Quality and Safety of Care Patient flow management during periods of high demand
Level of Assurance Positive Gap(s)	Gaps in Assurance
Purpose of the Paper Discussion Approval To Note	Provided for assurance to the Board
Reviewed by Assurance Committee	None. Publication has coincided with the meeting of the Board of Directors.
Data Quality Rating	TBC
FOI status	Unrestricted
Equality Impact Assessment Undertaken Yes No	No adverse equality impact identified.

1. Executive Summary

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Council of Governors is asked to note performance to the end of December 2019.

2. Background

The Quality Performance Dashboard is designed to provide accessible oversight of the Trust's performance against key indicators, grouped under the CQC five key question headings.

The Quality Performance Dashboard is work-in-progress and will develop further iterations over time. This will include development of targets and thresholds where these are not currently established and the sourcing of data where new indicators are under development.

3. Key Issues

Of the 57 indicators that are reported for December (excluding Use of Resources):

- 22 are currently off-target or failing to meet performance thresholds
- 26 of the indicators are on-target
- 1 is awaiting final confirmation
- 8 do not yet have an identified threshold and therefore not rated

The metrics included are under continual review with the Directors to consider the appropriateness and value of inclusion, and also the performance thresholds being applied. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

4. Next Steps

WUTH remains committed to attaining standards through 2019-20.

5. Conclusion

Actions to improve are noted in the exception reports on the qualifying metrics to provide monitoring and assurance on progress.

6. Recommendation

The Council of Governors is asked to note the Trust's performance against the indicators to the end of December 2019.

Quality Performance Dashboard

Indicator	Objective	Director	Threshold	Set by	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019/20	Trend	
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	CN	≤0.24 per 1000 Bed Days	WUTH	0.13	0.17	0.14	0.13	0.18	0.22	0.03	0.09	0.09	0.09	0.18	0.04	0.13	0.13	0.13	
	Eligible patients having VTE risk assessment within 2 hours of decision to admit (audit sample size 150)	MD	≥95%	WUTH	80.6%	89.9%	95.0%	98.7%	95.2%	95.0%	91.9%	94.6%	94.6%	94.6%	96.1%	94.9%	94.1%	97.5%	94.0%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	MD	≥95%	SOF	95.3%	96.6%	96.8%	96.9%	96.4%	96.3%	96.3%	96.8%	97.7%	97.6%	97.6%	97.1%	97.8%	97.3%	97.2%	
	Harm Free Care Score (Safety Thermometer)	CN	≥95%	National	95.3%	95.5%	97.1%	96.4%	95.5%	95.7%	95.7%	95.5%	97.2%	95.0%	97.0%	96.5%	95.7%	95.1%	96.0%	
	Serious incidents declared	DQ&G	≤4 per month	WUTH	4	2	4	2	1	0	1	4	3	1	0	5	4	5	3	
	Never Events	DQ&G	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	CAS Alerts not completed by deadline	DQ&G	0	SOF	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Clostridium Difficile (healthcare associated)	CN	≤68 for WUTH financial year 2019-20, as per monthly maximum threshold	SOF	2	7	10	5	19	0	9	11	5	6	4	4	4	7	69	
	E.Coli infections	CN	≤542 pa (Max.3 per.mth)	WUTH	2	3	4	2	6	2	2	2	5	7	2	5	6	6	41	
	CPE Colonisations/Infections	CN	To be split	WUTH	9	10	6	5	12	0	9	8	5	9	7	13	5	1	8	
	MRSA bacteraemia - hospital acquired	CN	0	National	0	0	0	2	0	0	0	0	0	0	0	0	0	1	1	
	Hand Hygiene Compliance	CN	≥95%	WUTH	76%	83%	99%	99%	98%	91%	98%	98%	99%	100%	99%	100%	100%	99%	99%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	CN	0	WUTH	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	CN	≥90%	WUTH	91.4%	91.6%	92.8%	93.9%	93.6%	99%	98%	98%	98%	98%	96%	98%	99%	99%	98%	
	Protecting Vulnerable People Training - % compliant (Level 1)	CN	≥90%	WUTH	87.1%	87.6%	88.7%	90.7%	83.6%	83.6%	83.8%	93.7%	93.6%	92.9%	93.6%	92.4%	91.2%	91.2%	91.2%	
	Protecting Vulnerable People Training - % compliant (Level 2)	CN	≥90%	WUTH	91.4%	93.6%	92.6%	93.5%	90.9%	90.9%	91.0%	90.7%	90.4%	90.3%	91.2%	88.2%	85.9%	84.9%	84.9%	
	Protecting Vulnerable People Training - % compliant (Level 3)	CN	≥90%	WUTH	91.4%	93.6%	92.6%	93.5%	91.4%	91.4%	92.8%	91.5%	92.3%	90.3%	93.98%	87.46%	83.03%	83.65%	83.65%	
	Attendance % (12-month rolling average) (*)	DHR	≥95%	SOF	95.06%	95.05%	94.98%	94.90%	94.81%	94.74%	94.63%	94.63%	94.51%	94.40%	94.38%	94.33%	94.14%	94.10%	94.10%	
	Staff turnover	DHR	≤10%	WUTH	9.6%	9.7%	9.7%	9.8%	10.0%	10.2%	10.2%	10.5%	9.5%	10.6%	10.9%	11.0%	11.3%	11.3%	11.3%	
	Care hours per patient day (CHPPD)	CN	Between 6 and 10	WUTH	7.0	7.3	7.2	7.2	7.2	7.2	7.2	7.4	7.3	7.7	7.5	7.7	7.6	7.55	7.46	

Quality Performance Dashboard

Indicator	Objective	Director	Threshold	Set by	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019/20	Trend	
Effective	SHMI	MD	Band to be as expected or lower than expected!	SOE	103.12	104.92	106.06	107.49	107.88	107.35	108.45	110.03	-	-	-	-	-	110.03		
	HSMR	MD	≤100	SOE	97	98	99	99	100.1	98.4	100.2	102.19	-	-	-	-	-	102.19		
	Mortality Reviews Completed. Monthly reporting finalised 3 months later	MD	≥75%	WUTH	-	86%	71%	56%	76%	76%	78%	68%	75%	63%	44%	42%	28%	24%	67%	
	Nutrition and Hydration - MUST completed at 7 days	CN	≥95%	WUTH	87%	83%	81%	94%	92.0%	92.0%	95.0%	90.0%	93.0%	92.0%	96.0%	97.8%	97.2%	97.5%	94.5%	
	SAFER BUNDLE: % of discharges taking place before noon	MD / COO	≥33%	National	14.6%	14.2%	15.3%	14.3%	16.4%	16.4%	12.8%	15.7%	18.8%	16.1%	16.9%	16.4%	15.9%	17.9%	16.3%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	MD / COO	≤156 (WUTH Total)	WUTH	397	437	467	438	421	421	415	403	383	410	431	443	441	444	421	
	Long length of stay - number of patients in hospital for 21 or more days (°)	MD / COO	Reduces to 107 by March 2020	WUTH	-	-	-	-	206	206	190	171	171	203	183	194	208	207	207	
	Length of stay - elective (actual in month)	COO	TBC	WUTH	4.8	3.0	4.4	4.4	4.8	4.8	3.9	4.8	4.1	4.2	4.9	4.4	4.2	5.4	4.5	
	Length of stay - non elective (actual in month)	COO	TBC	WUTH	5.0	5.2	5.6	5.2	5.8	5.5	5.5	5.1	5.2	5.5	6.0	5.5	5.9	6.0	5.6	
	Emergency readmissions within 28 days	COO	TBC	WUTH	917	903	798	914	871	970	884	884	887	872	813	860	846	807	868	
	Delayed Transfers of Care	COO	TBC	WUTH	14	10	16	14	11	11	14	10	11	9	15	10	13	11	12	
	% Theatre in session utilisation	COO	≥65%	WUTH	86.0%	81.7%	83.6%	85.7%	89.5%	89.5%	86.3%	85.5%	88.5%	85.3%	81.0%	82.9%	81.0%	77.3%	84.3%	

Quality Performance Dashboard

Indicator	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019/20	Trend	
Caring	Same sex accommodation breaches	15	20	14	13	13	17	16	24	23	17	26	10	159		
	FFT Recommend Rate: ED	92%	85%	87%	87%	87%	91%	91%	92%	89%	87%	84%	87%	89%		
	FFT Overall Response Rate: ED	10%	11%	11%	13%	9%	11%	10%	12%	12%	11%	10%	11%	11%		
	FFT Recommend Rate: Inpatients	98%	98%	97%	97%	98%	97%	98%	97%	97%	96%	96%	97%	97%		
	FFT Overall response rate: Inpatients	18%	19%	15%	13%	19%	22%	31%	38%	34%	30%	33%	29%	28%		
	FFT Recommend Rate: Outpatients	94%	95%	94%	95%	94%	94%	95%	95%	94%	94%	94%	94%	94.5%		
	FFT Overall response rate: Outpatients	100%	99%	98%	98%	94%	97%	99%	93%	92%	92%	91%	94.8%	94.6%		
	FFT Recommend Rate: Maternity	37%	27%	36%	44%	25%	29%	44%	29%	24%	23%	22%	22%	33%		
	FFT Overall response rate: Maternity (point 2)															

Quality Performance Dashboard

Indicator	Objective	Director	Threshold	Set by	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019/20	Trend		
Responsive	4-hour Accident and Emergency Target (including Arrow Park All Day Health Centre)	COO	NHSI Trajectory for 2019-20	SOF	75.0%	74.0%	74.0%	76.7%	73.6%	81.1%	83.5%	81.9%	79.9%	75.6%	72.7%	70.8%	72.1%	72.1%			
	Patients waiting longer than 12 hours in ED from a decision to admit.	COO	0	National	0	0	0	0	0	0	0	0	1	0	1	33	95	130			
	Ambulance Handovers >30 minutes	COO	TBC	National	393	379	323	273	437	418	118	54	76	108	210	170	366	431	219		
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	COO	NHSI Trajectory: minimum 80% for WUTH through 2019-20	SOF	80.08%	78.32%	79.12%	80.00%	79.04%	80.72%	80.12%	80.12%	80.06%	79.88%	79.59%	79.03%	78.08%	78.10%	78.10%		
	Referral to Treatment - total open pathway waiting list	COO	NHSI Trajectory: maximum 24,735 by March 2020	National	26,157	27,506	26,367	27,309	26,223	27,317	25,733	24,733	24,733	24,846	24,721	24,368	23,587	23,233	23,233		
	Referral to Treatment - cases exceeding 52 weeks	COO	NHSI Trajectory: zero through 2019-20	National	28	28	19	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Diagnostic Waiters, 6 weeks and over -DMO1	COO	≥99%	SOF	98.6%	99.1%	99.7%	99.9%	99.5%	99.3%	99.5%	99.5%	99.2%	98.3%	99.1%	99.5%	99.2%	99.1%	99.2%		
	Cancer Waiting Times - 2 week referrals (latest month provisional)	COO	≥93%	National	93.1%	87.8%	93.7%	96.1%	91.9%	94.0%	94.0%	94.0%	94.0%	93.3%	94.3%	95.0%	93.7%	94.3%	93.8%		
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (latest month provisional)	COO	≥96%	National	96.9%	97.1%	96.7%	96.8%	96.5%	96.7%	96.7%	97.1%	96.7%	97.3%	96.5%	96.7%	97.0%	97.2%	96.9%		
	Cancer Waiting Times - 62 days to treatment (latest month provisional)	COO	≥85%	SOF	86.2%	85.4%	86.5%	85.8%	86.3%	85.3%	87.9%	86.3%	85.7%	89.9%	87.8%	85.0%	87.5%	85.2%	86.7%		
	Patient Experience: Number of concerns received in month - Level 1 (informal)	CN	TBC	WUTH	118	178	153	157	162	162	195	180	178	184	166	183	195	148	178		
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	CN	TBC	WUTH	13	27	28	17	17	17	12	15	17	22	15	31	13	10	17		
	Complaint acknowledged within 3 working days	CN	≥90%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%		
	Number of re-opened complaints	CN	≤5 pcm	WUTH	2	2	1	3	4	4	4	4	1	2	2	4	3	0	3		

Quality Performance Dashboard

Indicator	Director	Objective	Set by	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019/20	Trend
Well-led	D&G	Outstanding Patient Experience	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	MD	Outstanding Patient Experience	National	38	43	41	59	32	31	48	50	37	50	56	44	43	391	
	DHR	Safe, high quality care	WUTH	84.5%	84.6%	85.7%	88.2%	77.6%	81.1%	82.1%	83.6%	83.4%	82.7%	83.8%	81.4%	80.9%	80.9%	
Use of Resources	Director	Objective	Set by	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019/20	Trend
	CFO		WUTH	-4.038	-1.755	-4.037	-5.402	-3.340	-1.458	-0.098	-0.825	-1.488	1.468	0.088	-0.488	2.363	-3.788	
	CFO	I&E Performance (Variance to Plan)	WUTH	-1.127	-1.002	-1.338	-4.690	-0.237	-0.630	0.914	-0.828	-1.106	1.972	-1.507	-1.638	3.152	0.092	
	CFO	NHSI Risk Rating	NHSI	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	CFO	CIP Forecast	WUTH	-6.1%	-13.9%	-13.5%	-13.0%	-6.0%	-6.8%	-5.2%	-4.1%	-7.2%	-5.0%	-10.6%	-11.5%	-11.4%	-11.4%	
	CFO	NHSI Agency Ceiling Performance	NHSI	-0.5%	11.9%	-22.1%	-44.0%	-19.5%	-26.8%	-15.6%	-46.4%	-8.2%	-24.3%	-24.7%	1.8%	-6.4%	-8.4%	
	CFO	Cash - liquidity days	WUTH	-12.5	-12.9	-12.8	-20.9	-14.0	-21.3	-15.9	-16.5	-17.4	-15.0	-15.0	-14.6	-10.9	-14.1	-14.1
CFO	Capital Programme	WUTH	50.3%	62.3%	56.6%	12.2%	52.1%	31.0%	28.0%	14.7%	19.8%	64.2%	81.7%	57.2%	54.4%	54.4%		

Metric Change

Threshold Change

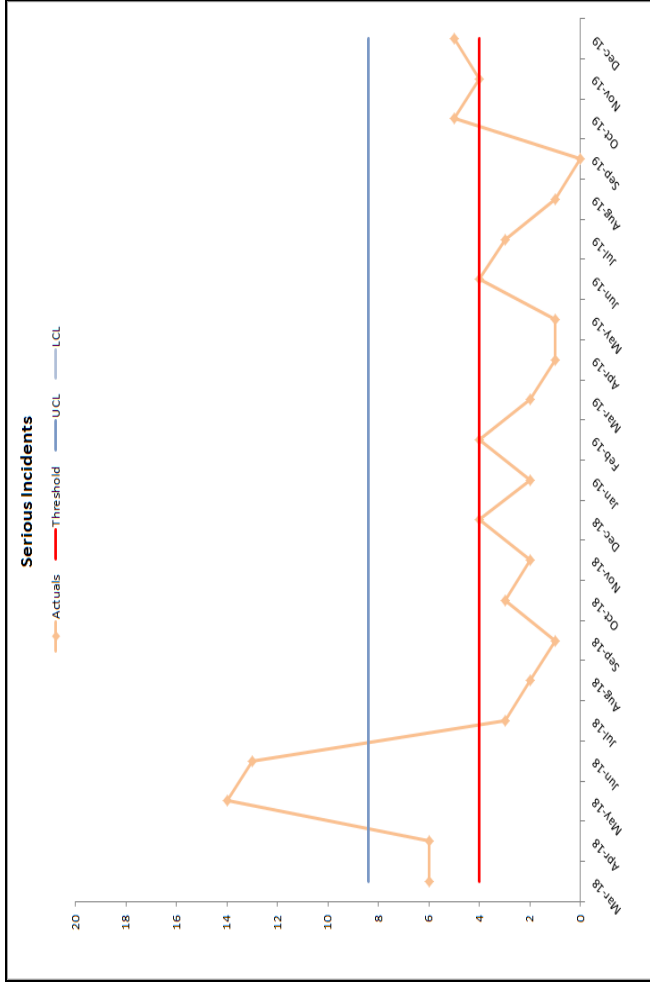
(*) Updated Metrics

(**) Updated Thresholds

Appendix 2
WUTH Quality Dashboard Exception Report Template as at December 2019
Safe Domain

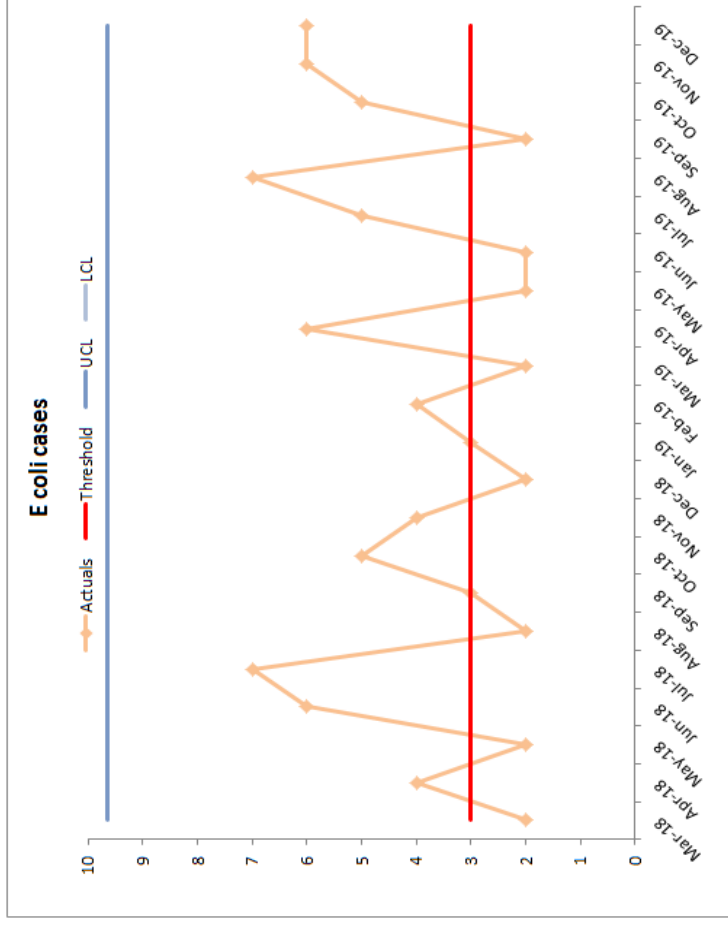
Serious Incidents

Executive Lead:	Director of Quality & Governance
Performance Issue:	<p>WUTH has a standard to minimise serious incidents, with a threshold of no more than 4 in any one month. For December 2019 five cases were reported.</p> <p>In December 2019 five Serious Incidents were declared. Three cases involved healthcare associated <i>Clostridium Difficile</i>; one concerned a baby born in poor condition requiring cooling; and one case involved concern about the recognition and management of a diabetic emergency in the emergency department.</p> <p>Action: Each incident is currently undergoing investigation to identify the root cause and contributory factors; analysis for any commonalities and other factors such as increased activity/ occupancy/ staffing levels/ acuity within the Trust will also be undertaken to establish whether additional control measures during times of increased pressure are required.</p> <p>Duty of candour undertaken.</p>
Expected Impact:	Uncertain, subject to close monitoring of implementation of learning and action.



E.Coli infections

<p>Executive Lead: Chief Nurse</p>	<p>Performance Issue:</p> <p>WUTH has an internal threshold set for a maximum 42 cases in 2019-20, with an indicative monthly tolerance of a maximum 3 in any one month. In December there were 5 cases reported, following the 5 in October and 6 in November.</p> <p>The cumulative number to the end of December is 41 cases, so one case within the maximum for the year.</p>
<p>Action:</p> <ul style="list-style-type: none"> • Review of the investigation tool to pull out themes and develop action plans to address lessons learnt. • Report by exception to the monthly Divisional IPC meeting. • Share lessons learnt with other Divisions at the monthly IPC meeting. • Reliable implementation of infection control precautions. • Delivery of Infection Prevention Action Plan. • Enhanced monitoring via IPCG introduced. 	<p>Expected Impact:</p> <p>Trust wide learning of investigations will promote best practice to promote prevention</p>

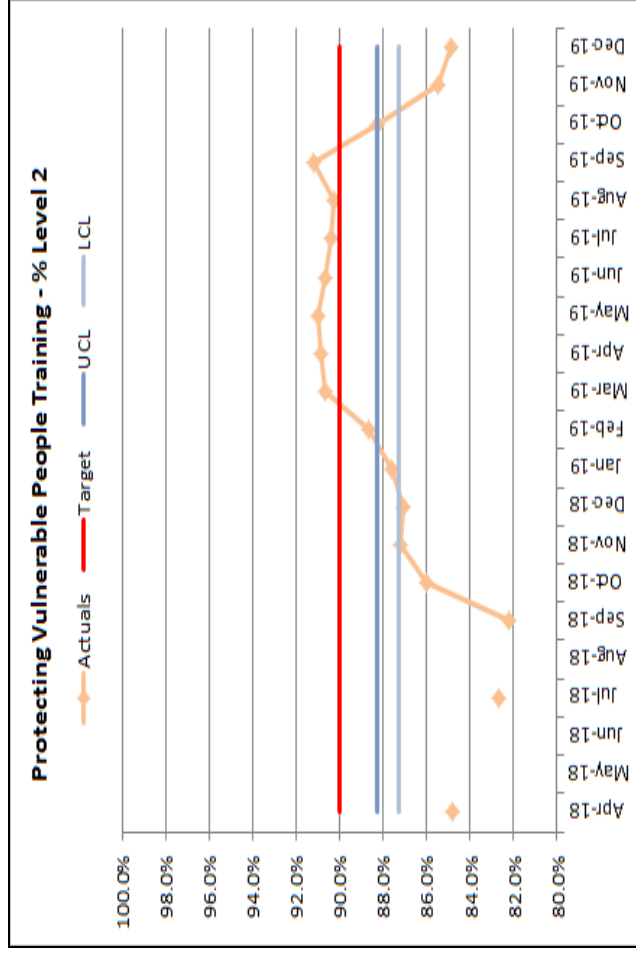


MRSA Bacteraemia – hospital acquired

Executive Lead: Chief Nurse
Performance Issue: <p>There is a national standard for zero MRSA bacteraemia cases that are hospital acquired.</p> <p>WUTH has not had any cases since March 2019, however there was a single case in December. The patient was known to be colonised with MRSA prior to sample being obtained. The sample was taken during an emergency situation and not all IPC procedures were able to be followed as a result of this. Only one of the blood culture bottles became positive and the patient had no clinical symptoms of a bacteraemia and was not treated for one.</p>
Action: <ul style="list-style-type: none">• Investigate the cause, in response to the lessons learnt develop an action plan to provide a framework of improvements.• Reinforce protocols for sample handling.• Further education for staff.• Reinforce during mandatory training.
Expected Impact: <p>The recommendations from the investigation are shared trust wide to avoid further incidence.</p>

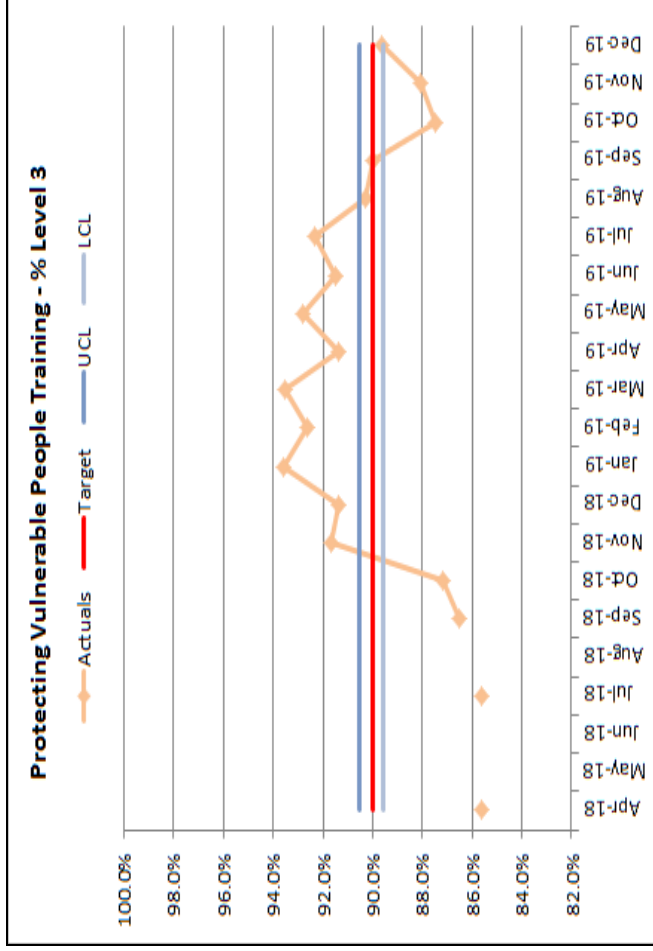
Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead: Chief Nurse
Performance Issue: WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard has been deteriorating and not achieved since September 2019, with December at 84.9%.
Action: Level 2 PVP training is now only accessible via the intranet and can be accessed by staff at any time. Divisional Directors of Nursing are monitoring compliance this will be managed via the Safeguarding assurance group and Divisional Performance Reviews
Expected Impact: Increase in compliance due to accessibility and escalation; although this could be impacted by service pressures and day-to-day operational decisions to balance safety.



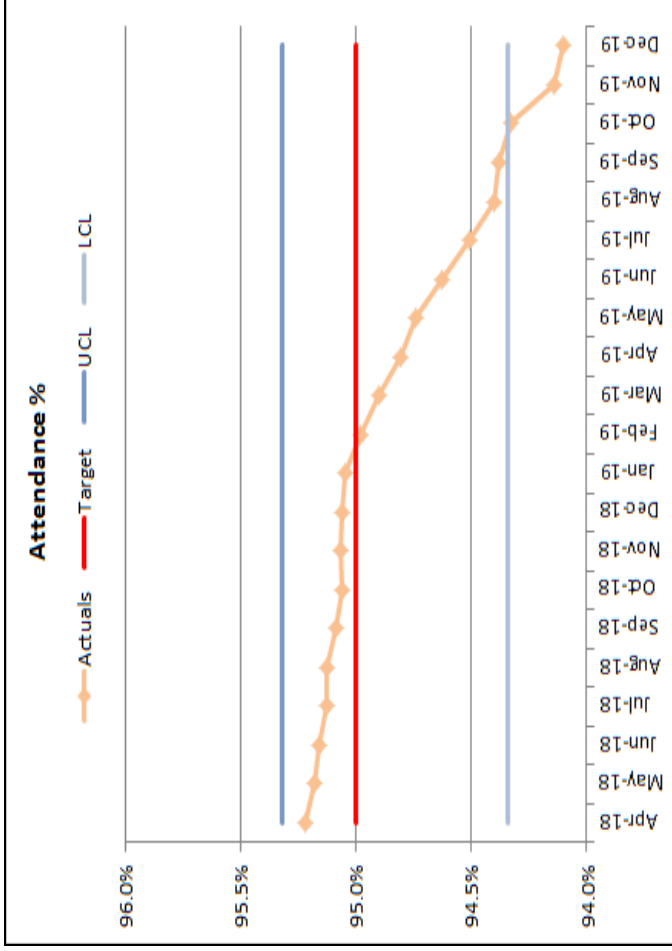
Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead: Chief Nurse
Performance Issue: WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard has not been achieved since August 2019, though has improved to just short of the threshold at 89.66% for December.
Action: Compliance of PVP level 3 escalated to Divisional Directors of Nursing and although below compliance it is increasing for quarter 3. Additional dates created for December and January for PVP 3
Expected Impact: January compliance is expected to increase if capacity uptake is reached; although this could be impacted by service pressures and day-to-day operational decisions to balance safety.



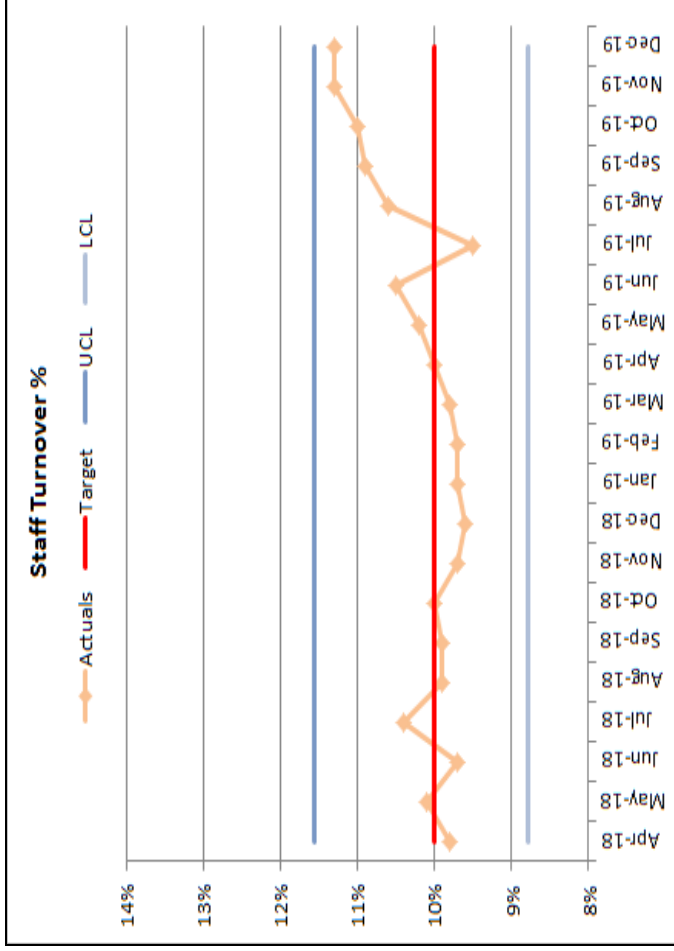
Staff attendance % (12 month rolling average)

<p>Executive Lead: Director of Workforce</p>	
<p>Performance Issue: WUTH has a target set at a minimum 95% attendance of staff, calculated as a 12-month rolling average. This standard is scrutinised by NHSE&I under the Single Oversight Framework. The 95% standard has not been achieved since January 2019, with the position continuing to deteriorate.</p> <p>Note: Improvement in some areas with Corporate and Diagnostics & Clinical Support achieving Trust target.</p>	
<p>Action:</p> <ul style="list-style-type: none"> Review of policies supporting attendance underway in partnership with Staff side to assess their effectiveness – a refreshed policy in place by March 2020. The refreshed policy will strengthen the options available to managers in addressing short term sickness absence Executive Director of Workforce continues to meet monthly with the HR. Business Partners to review every long term sickness case and establish proactive plans for return to work, as well as monitoring those members of staff with a high Bradford score. Provided additional clinical resource in Occupational Health to reduce waiting times for appointments – currently 2 week wait for an appointment. Introduced a fast track physiotherapy referral service for staff affected by musculo-skeletal problems – to date take-up has been very positive Review of progress regarding First Care pilot in Estates and Hotel Services ongoing - due for completion end January 2020. Piloting in one Division - staff who report sickness absence unable to undertake bank or overtime work for a designated period. Undertaking retrospective audit of short term sickness absence to understand compliance and impact as well as the impact on non-contracted pay Undertaking an exercise to review to average length of long term sickness cases over the past 6 months <p>Appendix A provides the current position on long term sickness absence (absences over 4 weeks) as at 31st December 2019, Trust wide and by Division.</p> <p>Expected Impact: To achieve the required target across all divisions and areas.</p>	



Staff turnover % (12 month rolling average)

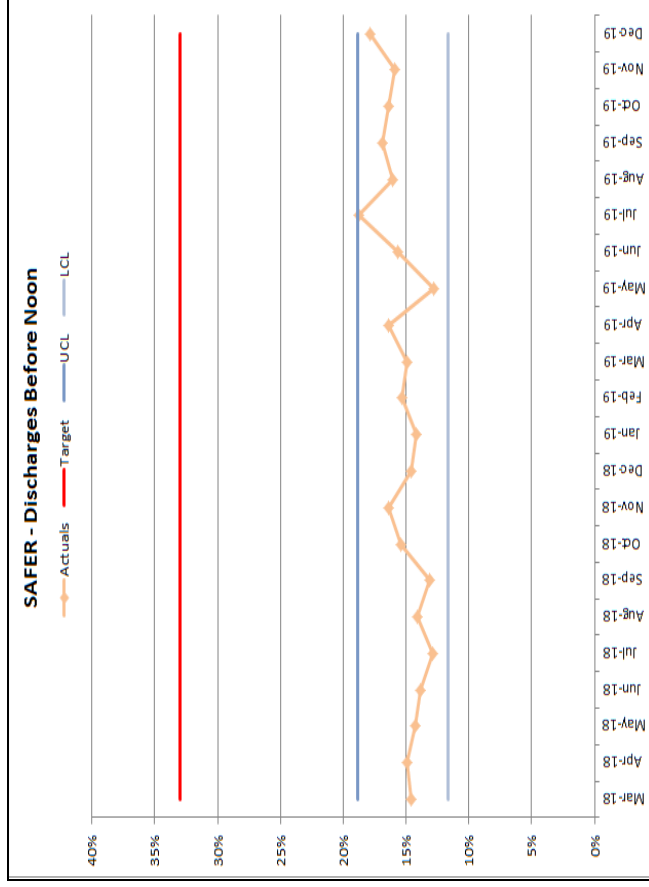
<p>Executive Lead: Director of Workforce</p>
<p>Performance Issue:</p> <p>WUTH has an internal target set at a maximum 10% turnover of staff, calculated as a 12-month rolling average. The % increased across 2019, with December reaching a plateau of 11.3%.</p> <p>There were a total of 59 leavers in December of which 11 were registered nurses, 5 allied health professionals and 3 consultants (which were due to retirement, end of fixed term contract and relocation). In December the Trust also had 14 admin staff leave the Trust.</p> <p>The reasons for the nurses leaving the Trust are as follows:</p> <ul style="list-style-type: none"> • Retirement • Lack of opportunities • Relocation • Work life balance • Promotion <p>The current vacancy rate for band 5 nurses is 16% (19% within the Medicine and Acute division).</p> <p>The current vacancy rate for consultants is 8%.</p>
<p>Action:</p> <p>The newly appointment Chief Nurse will be reviewing and refreshing the Trusts plans in relation to recruitment and retention. A progress report will be presented back at WAC in March 2020</p>
<p>Expected Impact:</p> <p>To meet the target of 10%</p>



Effective Domain

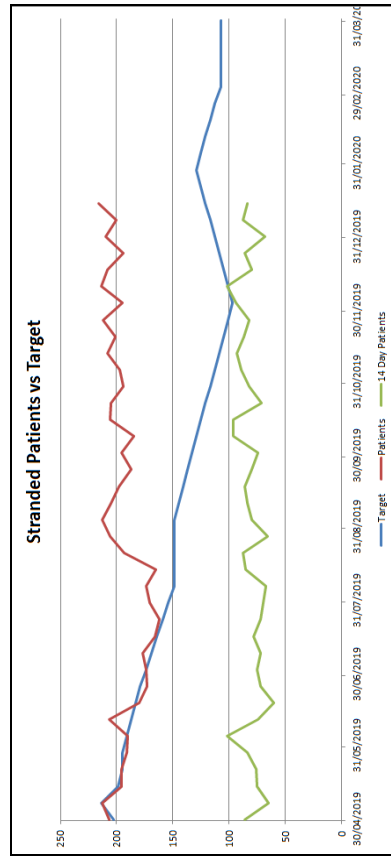
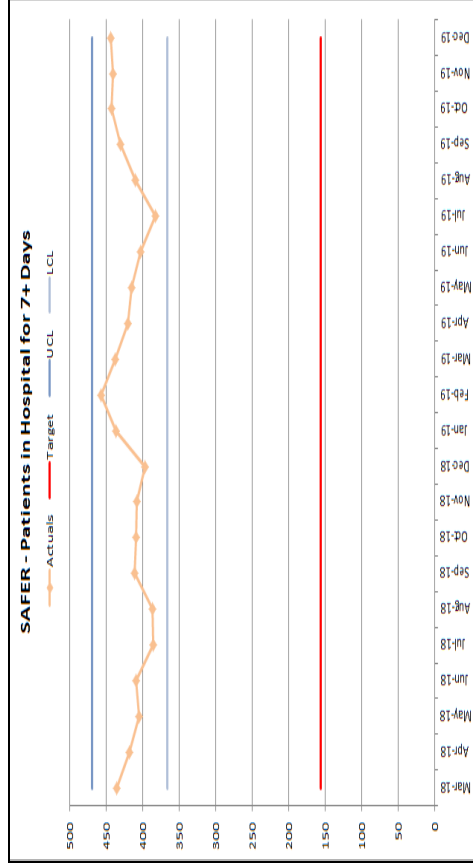
SAFER bundle: % of discharges taking place before noon

Executive Lead: Medical Director / Chief Operating Officer
Performance Issue: A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. This standard is consistently not achieved, with the average for 2019-20 at 16.3%.
Action: The Back Door workstream from Patient Flow Information Group (PFIG) is focused on improving Board Round form and function via roll out of the 'Perfect Board' round programme. Plan for developing nurse led criteria discharge is being developed via PFIG.
Expected Impact: Although it is not expected that the 33% target will be attained in the current financial year a staged increase is expected following roll out of Perfect Board round and criteria led discharge.



SAFER bundle: average number of patients in hospital for 7 days or more and 21 days or more

<p>Executive Lead: Medical Director / Chief Operating Officer</p>	<p>Performance Issue:</p> <p>A WUTH target has been set to reduce the number of patients in hospital for seven days or more to a maximum 156, and for 21 days or more to a maximum 107. The numbers remain considerably above this target, with an average of 7 days or more at 444, and the number at 21+ days at 207 at the end of December.</p>
<p>Action:</p> <p>The Trust's focus continues via the PFIG improvement programme with the key enabler being the consistent embedding of qualitative ward rounds. Economy partners efforts are focused on reducing length of stay through the step down community beds and increasing the provision of domiciliary care packages to enable greater outflow. ECIST is leading on a 'quick win' improvement scheme in the first 2 weeks of February around fast track and frailty.</p>	<p>Expected Impact:</p> <p>Following the revised national guidance, our target has been adjusted to reduce the number of 21+ day patients initially to 171 and subsequently to 107 by March 2021.</p>



Theatre in session utilisation %

Executive Lead: Chief Operating Officer

Performance Issue:

The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised. With the support of the theatre transformation programme this was regularly achieved from March 2019. However since August performance has deteriorated, largely due to the cancellation of elective activity resulting from pressures with non-elective patient flow. Patient choice was also a factor in the run up to the Christmas and new year period.

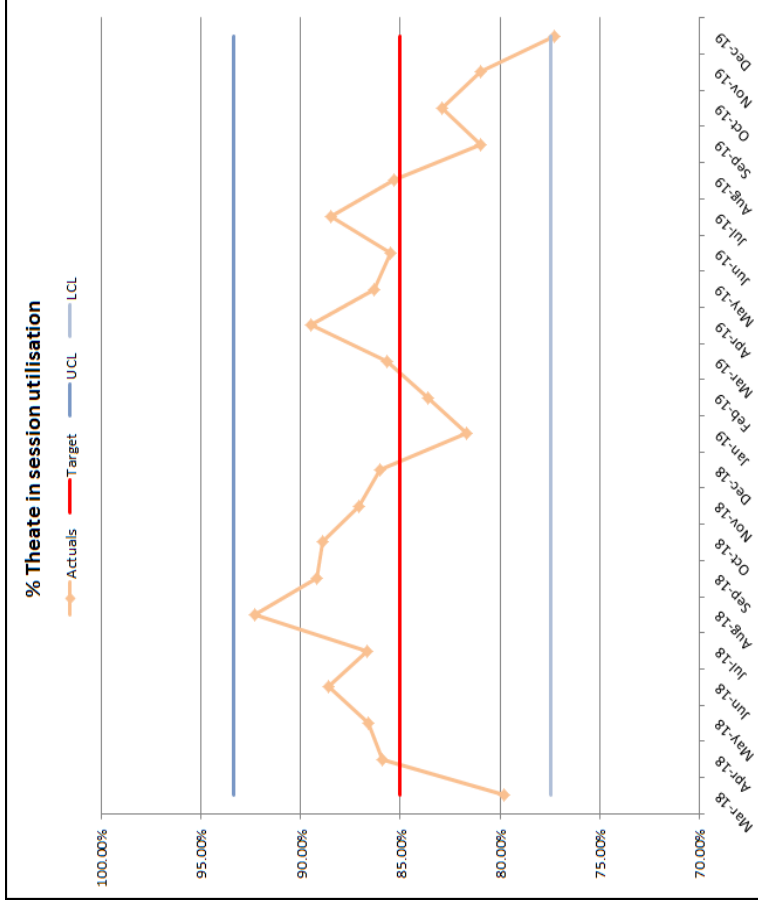
Action:

Activity transfers to Clatterbridge continue to mitigate against cancellation of surgery due to bed pressures and will mitigate against further deterioration in session utilisation.

From Mid February, the completion of the first element of the “3rd stage recovery” capital programme will create the physical environment to recommence day case surgery in patients who require <4hrs recovery.

Expected Impact:

It is expected that utilisation rates and overall volumes of elective activity will be improved from mid February.



Caring Domain

Same sex accommodation breaches

<p>Executive Lead: Chief Nurse</p> <p>Performance Issue:</p> <p>A national standard is set that providers should not have mixed-sex accommodation, except where it is the overall best interests of the patient or reflects personal choice. Patients in critical care areas do not count as a breach of these guidelines on clinical grounds, until 24 hours after they are well enough to be transferred to a more general ward area. WUTH breaches of the guidelines are consistently in relation to patients waiting more than 24 hours for transfer from critical care areas to general wards – there were 10 such breaches in December.</p> <p>There are no adverse safeties or quality implications identified as a consequence of these breaches in Intensive Care Unit (ICU).</p>	<table border="1"> <caption>Same Sex Accommodation Breaches (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Actuals</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>0</td></tr> <tr><td>Apr-18</td><td>0</td></tr> <tr><td>May-18</td><td>0</td></tr> <tr><td>Jun-18</td><td>0</td></tr> <tr><td>Jul-18</td><td>0</td></tr> <tr><td>Aug-18</td><td>0</td></tr> <tr><td>Sep-18</td><td>0</td></tr> <tr><td>Oct-18</td><td>0</td></tr> <tr><td>Nov-18</td><td>0</td></tr> <tr><td>Dec-18</td><td>0</td></tr> <tr><td>Jan-19</td><td>0</td></tr> <tr><td>Feb-19</td><td>0</td></tr> <tr><td>Mar-19</td><td>0</td></tr> <tr><td>Apr-19</td><td>0</td></tr> <tr><td>May-19</td><td>0</td></tr> <tr><td>Jun-19</td><td>0</td></tr> <tr><td>Jul-19</td><td>0</td></tr> <tr><td>Aug-19</td><td>0</td></tr> <tr><td>Sep-19</td><td>0</td></tr> <tr><td>Oct-19</td><td>0</td></tr> <tr><td>Nov-19</td><td>0</td></tr> <tr><td>Dec-19</td><td>28</td></tr> </tbody> </table>	Month	Actuals	Mar-18	0	Apr-18	0	May-18	0	Jun-18	0	Jul-18	0	Aug-18	0	Sep-18	0	Oct-18	0	Nov-18	0	Dec-18	0	Jan-19	0	Feb-19	0	Mar-19	0	Apr-19	0	May-19	0	Jun-19	0	Jul-19	0	Aug-19	0	Sep-19	0	Oct-19	0	Nov-19	0	Dec-19	28
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<p>Action:</p> <ul style="list-style-type: none"> • Ensure definite discharges are highlighted at every bed meeting • Ensure full review of any patient who is not admitted within 4 hours of needing a critical care bed • All patients who are delayed discharges have privacy and dignity documentation completed daily, to ensure all clinical and psychological needs are met. 10 patients are audited monthly to ensure this is happening. • Capacity and demand of department has been modelled, bed re configuration • Capacity manager for roll out March 2020 																																															
<p>Expected Impact:</p> <p>That every patient who needs a Critical Care beds gets one in a timely manner. That every patient has a very positive stay and understands the reason for their delayed discharge.</p>																																															

FFT recommend rate: ED

Executive Lead: Chief Nurse

Performance Issue:

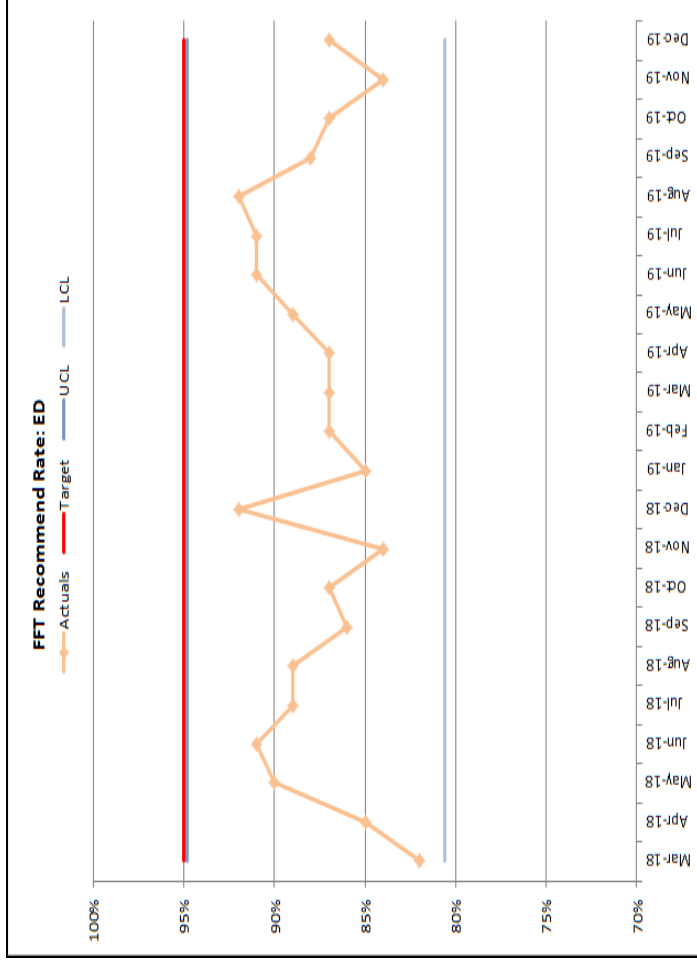
A WUTH target is set at a minimum 95% recommend rate. The December rate of 87% is an improvement on what has previously been a previously deteriorating rate from August onwards.

Action:

The latest available data in the NHS England portal September indicates the average National and regional recommend rate to be 84% compared with WUTH at 87% in December. There are no new themes identified this month themes continue to be waiting times, being informed of delays and some staff attitude. Deterioration unfortunately is a consequence an overcrowded department with extensive waiting times where patient experience is compromised. In order to improve address the issues the department regularly puts out tannoy messages to keep the patients fully up to date with expected waiting times. Support has been sought from Age concern who supplies volunteers in to support with comfort checks, nutrition and hydration. The provision of hot meals is being explored for the department, along with in house volunteers to also provide support. The corporate team provides additional support in times of severe overcrowding with apologies and tea and toast rounds and comfort checks. Communication has remained a consistent theme, the ED matron is raising awareness at staff huddles ensuring all members of the Multi-disciplinary team are aware to keep optimum levels of communication with all patients. Additional profile beds have been purchased for long stay patients to ensure patients are not spending excessive lengths of time on trolleys and are more comfortable. Trolley area now has bedside tables and chairs for patients with long lengths of stay to sit out.

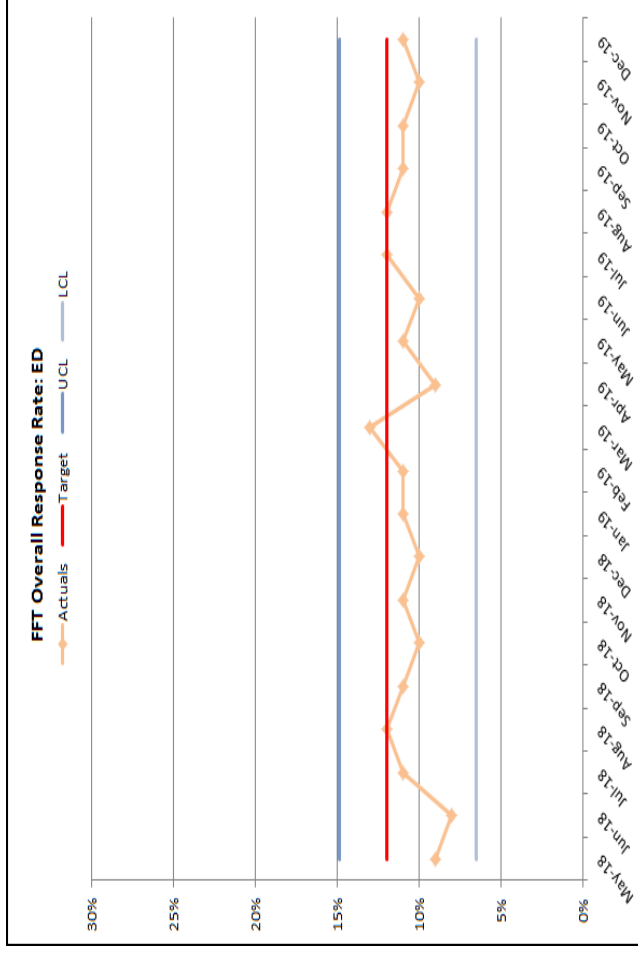
Expected Impact:

Improved recommend rate and a more positive patient experience.



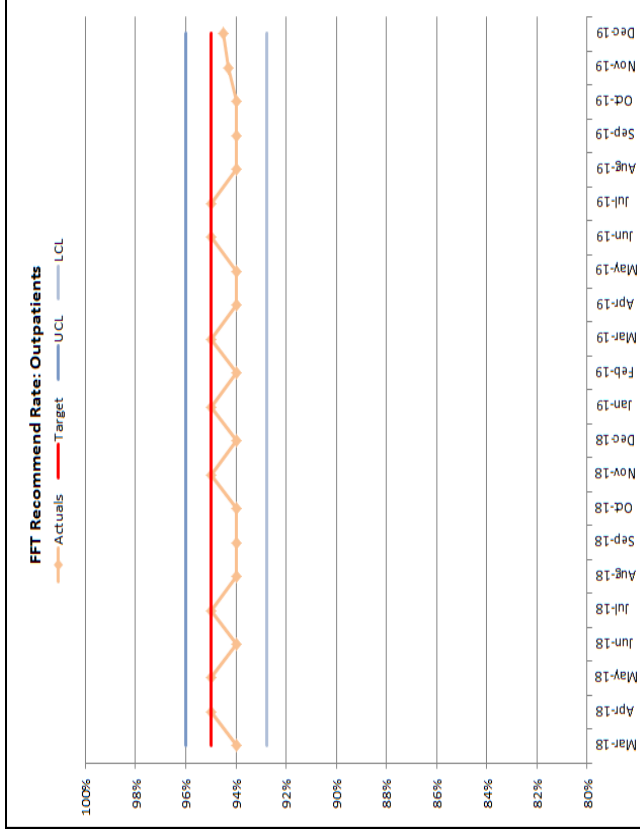
FFT response rate: ED

<p>Executive Lead: Chief Nurse</p>
<p>Performance Issue: A WUTH target is set at a minimum 12% response rate for ED. This has not been achieved since August, with December at 11%.</p>
<p>Action: The department FFT feedback is currently completed via a text messaging service this text service is being advertised so patients are aware they will be receiving this text and how we would welcome feedback to improve the department. New FFT standards live from April 2020 will give greater opportunities to seek feedback in a plethora of ways thus increasing the response rates. The Divisional Nurse Director has met with the communications team to ensure ED is included in the new FFT communications campaign.</p>
<p>Expected Impact: Increased response rates for FFT. Improved patient awareness.</p>



FFT recommend rate: Outpatients

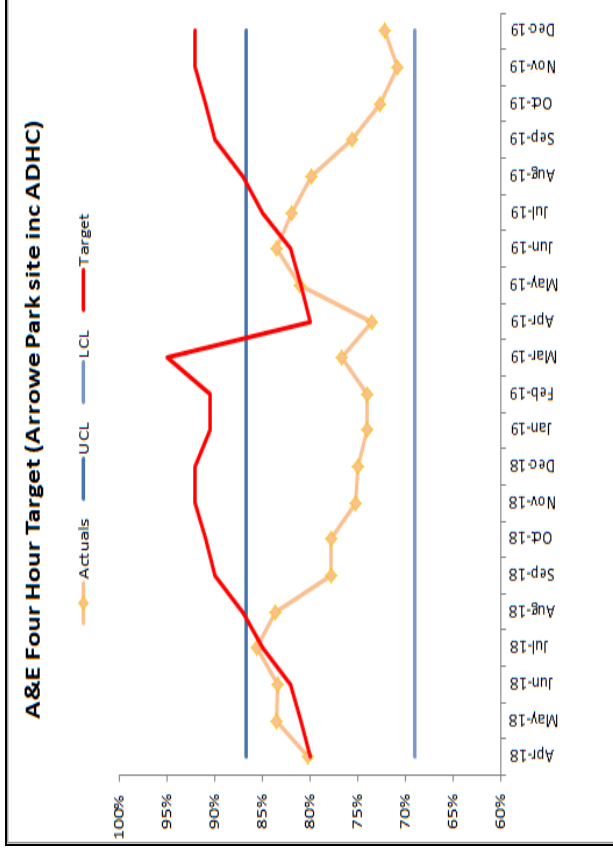
<p>Executive Lead: Chief Nurse</p>	<p>Performance Issue: A WUTH target is set at a minimum 95% recommend rate. December has continued the recent improvement and is just under the target at 94.5%.</p>
<p>2935 overall responses in December 2751 rates as good or excellent. Issues raised relate to staff attitude , waiting times</p> <p>Action:</p> <ul style="list-style-type: none"> • Department manager has arranged for Communications to develop posters and leaflets to let visitors to help patients understand the text service and how the information they give can be used for the benefit of future patients • Meeting arranged with Divisional Triumvirate and Department Manager 31/01/20 to see what support can be offered to improve rate and improve patient experience • Monthly meeting continue with Manager and Corporate Nursing to analyse the data, recognise good practice and challenge poor practice. • Teams briefed re communication / attitude feedback / awareness raising ongoing regarding importance of keeping patients informed / courteous and the importance of professional behaviors 	<p>Expected impact: Improved response rate, more accurate reflection of patients' experiences in the department.</p>



Responsive Domain

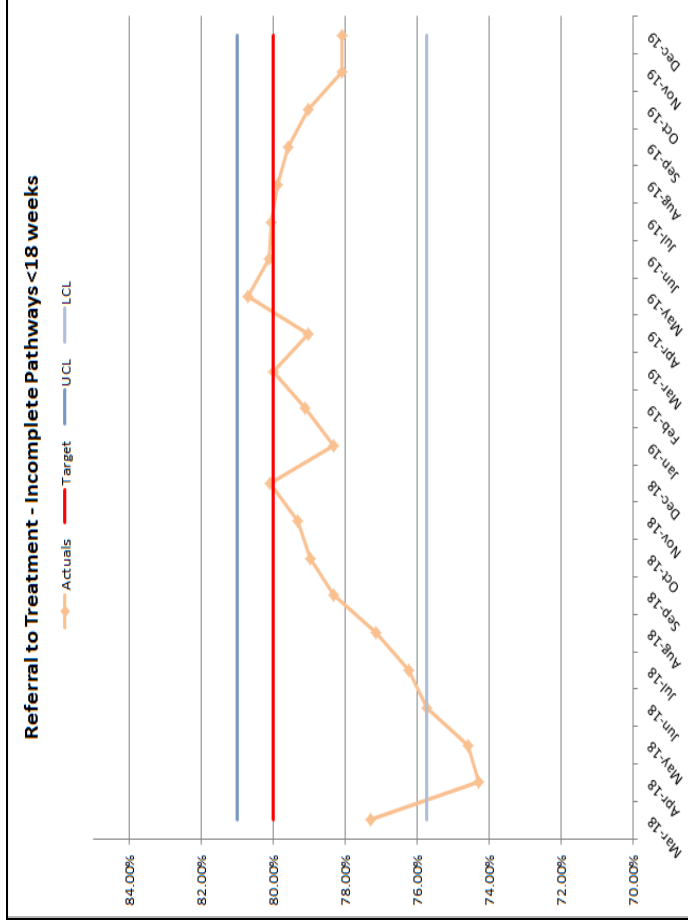
4-hour Accident and Emergency Target (including Arrowe Park Walk in Centre)

<p>Executive Lead: Chief Operating Officer</p>	<p>Performance Issue:</p> <p>The Trust has a recovery trajectory agreed with NHSI for 2019-20 for the 4-hour Accident and Emergency target. Performance continues to be considerably below this, with December at 72.13% against a trajectory target of 92%.</p> <p>In addition there were 94 patients in December that waited longer than 12 hours in ED from decision to admit to actual admission ('12 hour trolley wait').</p>
<p>Action:</p> <p>PFIG scope has been revisited; 3 key strategic workstreams established to support transformational changes to flow:</p> <ul style="list-style-type: none"> • Front Door workstream- focusing on improving utilisation of trolleys and chairs in all assessment areas and maximising appropriate admissions to assessment areas. • Back Door workstream- focusing on 'Perfect Board round' roll-out and implementation of criteria led discharge. • Capacity manager roll out workstream. <p>In addition, WUTH continues to work with healthcare economy partners to improve streaming numbers to APH UTC via regular governance meetings.</p>	<p>Expected Impact:</p> <p>Roll out of PFIG key initiative expected to leads to improved performance against a number of deliverables including:</p> <ul style="list-style-type: none"> • % utilisation of trolleys and chairs. • % utilisation of assessment area admissions. • % Same Day Emergency Care (SDEC) admissions. • Number of ≥21 day LOS inpatients. • Number of weekend discharges. • Number of discharges before 12pm. <p>Performance trajectories against these KPIs currently being developed via PFIG</p>



Referral to Treatment – incomplete pathways < 18 weeks

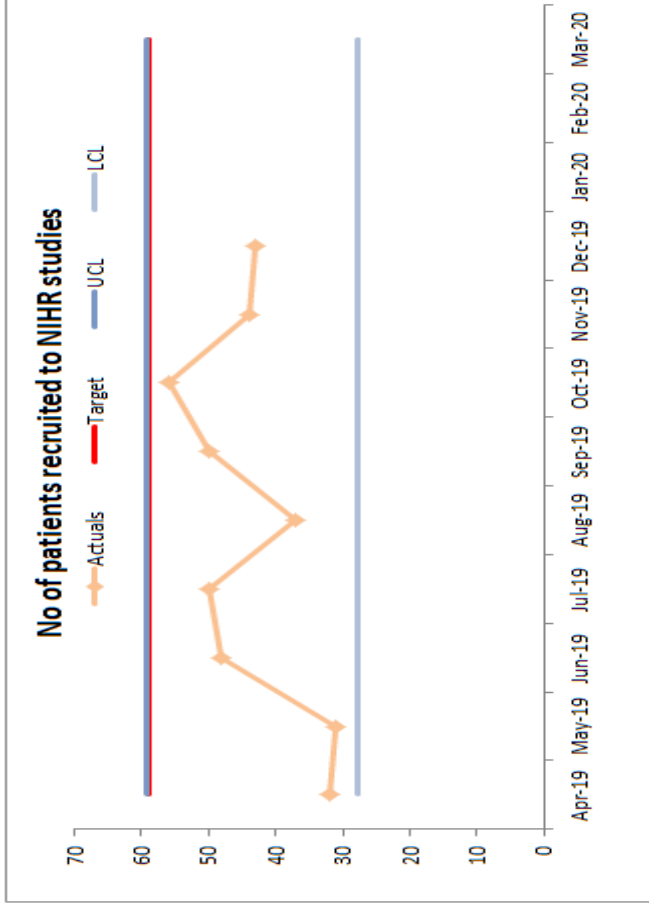
Executive Lead:	Chief Operating Officer
Performance Issue:	<p>The Trust has a trajectory agreed with NHSI for 2019-20 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks. This has not been achieved since July, with December at 78.1%. Urgent care pressures continue to impact on RTT performance as does the ability to deliver agreed activity plans.</p> <p>There are 3 elements to performance standards relating to elective activity with % RTT seen as the lowest priority.</p>
Action:	<p>Activity has been transferred to Clatterbridge and the 3rd stage recovery project will mitigate the need for a daycase ward on the Clatterbridge site.</p> <p>A de-escalation plan other compromised wards being used for urgent care provision is being locked down.</p>
Expected Impact:	<p>The Trust is currently meeting both total waiting list size and zero 52 week objectives. The 3rd standard of 80% is expected to be delivered subject to urgent care pressures.</p>



Well-led Domain

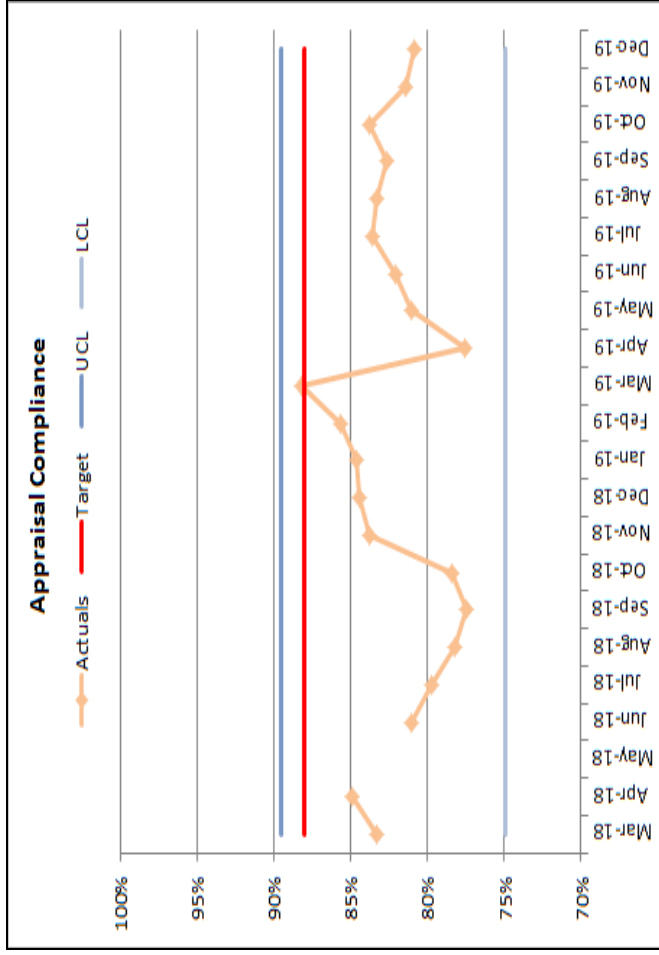
Number of patients recruited to National Institute for Health Research studies

<p>Executive Lead: Medical Director</p>	<p>Performance Issue:</p> <p>Following discussions with the Local Research Network, the initial internally set WUTH target of recruiting 500 patients to National Institute for Health Research (NIHR) studies in 2019-20 has been amended to 700. The revised trajectory is set at a target 59 per month until the annual 700 is reached.</p> <p>This has not been achieved in any month this year so far.</p>
<p>Action:</p> <ul style="list-style-type: none"> • To continue to work with the Local Research Network to find, and participate in, high recruiting studies. • To increase recruitment to studies already open. • New Research Divisional Leads to take part in NIHR research and • To encourage more clinicians to participate in research. • Going forward, in 2020/21 each division will be given its own research recruitment target. • Appointment of 2 academic consultant posts. 	<p>Expected Impact:</p> <p>Successful implementation of the above should result in recruitment increase to initial target of 500. Unlikely to achieve the amended target of 700 during 2019-20.</p> <p>Lack of increase in recruitment could potentially impact on research funding from the local research network.</p>



Appraisal compliance %

Executive Lead: Director of Workforce
Performance Issue: WUTH has a target set at a minimum 88% of staff to have had an appraisal within the expected timeframes. The 88% standard has not been achieved since March 2019, with December at 80.9%.
Action: <ul style="list-style-type: none"> A focus on Estate and Facilities to identify different ways to ensure appraisals are being conducted promptly and effectively. This will include the development of bespoke simplified appraisal documentation and talent process and team appraisals. This will be available by 1st February 2020.
Expected Impact: To achieve the Trust target by the end of quarter 4



Council of Governors	
Agenda Item	CoG P19/20-055
Title of Report	Infection Prevention progress report
Date of Meeting	27 January 2020
Author	Jay Turner-Gardner, Associate Director of Nursing/ Deputy Director - Infection Prevention and Control
Accountable Executive	Hazel Richards, Chief Nurse/ Director of Infection Prevention and Control
BAF References	PR 4 Patient Safety and Quality
<ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	
Level of Assurance	<p>Current Gaps:</p> <ul style="list-style-type: none"> • <i>Clostridium difficile</i> incidences 69 YTD vs FY target 88 • <i>E-coli</i> bacteraemia incidences 41 YTD vs FY target 42 • 1 MRSA bacteraemia reported <p>Positive assurance:</p> <ul style="list-style-type: none"> • Under Monthly trajectory for CDI • Detection of Norovirus and Influenza has declined. • No VRE bacteraemia reported • No CPE bacteraemia reported
Purpose of the Paper	For Noting
<ul style="list-style-type: none"> • Discussion • Approval • To Note 	
Data Quality Rating	Bronze - qualitative data
FOI status	Document may be disclosed in full
Equality Analysis completed Yes/No	No adverse equality impact identified
If yes, please attach completed form.	

1. Executive Summary

This report provides an update on the mandatory infections reported to Public Health England (PHE), the Trusts performance against National HCAI objectives, local objectives and the quality indicators reportable to Wirral CCG. This report also discusses the current challenges in the Trust.

The Trust remains over its cumulative trajectory for *Clostridium difficile* by 5 and has reported the first Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia against a zero target.

The Gram-negative bacteraemias - *Klebsiella sp*, *Pseudomonas aeruginosa* and *E.coli* have all seen an increase compared to the previous year.

Whilst there has been a reduction in locally reported Carbapenemase-producing Enterobacteriaceae (CPE) bacteremia, Vancomycin Resistant *Enterococcus* (VRE) bacteraemia has increased compared to the same period last year. The appendices provide the HCAI data for both this year and the previous year.

Whilst the seasonal influenza and norovirus outbreaks have been closed, increased surveillance continues to prevent further outbreaks.

2. Background

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

3. Mandatory reporting

Public Health England's Data Capture System provides an integrated data reporting and analysis system for the mandatory surveillance of:

- Meticillin-resistant *Staphylococcus aureus* bacteraemia (MRSA)
 - Meticillin-sensitive *Staphylococcus aureus* bacteraemia (MSSA)
 - *Escherichia coli* bacteraemia (*E.coli*)
 - *Klebsiella* spp bacteraemia
 - *Pseudomonas aeruginosa* bacteraemia
 - *Clostridium difficile* infections
- } Gram negatives

At present there are national objectives for *Clostridium difficile*, determined annually, there is zero tolerance for MRSA bacteraemia and Gram-negative bacteraemia has a reduction target of 50% set for 2023/24.

Meticillin resistant *Staphylococcus aureus* bacteraemia (MRSA)

The government considers it unacceptable for a patient to acquire a MRSA blood stream infection (BSI) while receiving care in a healthcare setting. It has set healthcare providers the challenge of demonstrating 'zero tolerance' of MRSA BSI through a combination of good hygienic practice, appropriate use of antibiotics, improved techniques in the care and use of medical devices as well as adherence to best practice guidance.

MRSA is a one of the HCAI quality indicators reportable to the CCG and we have reported 1 in December (*Appendix 1, table 1*). Preliminary investigations of the incidence suggest that the sample was contaminated during collection and therefore does not represent a 'true' infection. A report is

being prepared for the CCG outlining the lessons learnt during the RCA investigation and exploring approaches for quality assurance of taking blood cultures.

Meticillin-sensitive *Staphylococcus aureus* bacteraemia (MSSA)

Staphylococcus aureus that are sensitive to meticillin are termed meticillin sensitive *Staphylococcus aureus* (MSSA). There are currently no national or local objectives set at present. The Trust has reported 16 compared to 17 reported at this time last year. (*Appendix 1, table 2*)

Gram-negative bloodstream infections (BSIs)

Gram-negative bacteria - *Escherichia coli* (*E. coli*), *Klebsiella* species (*Klebsiella* spp.) and *Pseudomonas aeruginosa* (*P. aeruginosa*) are the leading causes of healthcare associated bloodstream infections. There was an initial focus on reducing healthcare associated *E. coli* bloodstream infections by 10% in 2017/18 because they represented 55% of all Gram-negative BSIs at the time. The current national ambition is to deliver a 25% reduction of all 3 healthcare associated Gram-negative blood stream infections by 2021-2022 with 50% by 2023-2024, (Jan 16 - Dec 16 data values).

There is a local target for *E-coli* bacteraemia, we have reported 41 against the annual internal trajectory set of 42 (*Appendix 1, table 3*). Actions to address this deficit are reported via the WUTH quality dashboard exceptions report.

At present there is no local trajectory for *Klebsiella* bacteraemia, there have been 20 reported compared to 13 reported for the same period last year. (*Appendix 1, table 4*)

At present there is no local trajectory for *Pseudomonas aeruginosa* bacteraemia, there have been 8 reported compared to 6 reported for the same period last year (*Appendix 1, table 5*)

Going forward there will be a review of the current local objectives for 2020/21.

***Clostridium difficile* (CDI)**

Objectives for this year have been set using the data from 1 April 2018 to 31 December 2018. This data has been annualised and a count of cases calculated for each Clinical Commissioning Group (CCG) and NHS acute provider using the new case assignment definitions using these two categories:

- Hospital onset healthcare associated: cases that are detected in the hospital two or more days after admission.
- Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

The Trust exceeded the CDI trajectory for the first three months of 2019/20 having 39 in Q1 against a trajectory of 22. Whilst the number of cases per month has remained under the monthly trajectory since July, resulting in Quarter 2 and Quarter 3 remaining below quarterly trajectory we remain above the cumulative trajectory, having reported 69 against a trajectory of 88. The ongoing Outbreak of Norovirus in December may account for the slight increase in figures. (*Appendix 1, table 6*)

Whilst the Trust remains over trajectory for the year to date the infection prevention initiatives introduced which are detailed in the *Clostridium difficile* action plan appear to have had a positive impact in reducing the number of cases and cross infection. Assurance against compliance to the action plan is monitored during RCA investigations of each CDI incidence, these RCA's are reviewed each week at the Executive led review meeting and presented to the CCG on a monthly basis.

Serious Incident (SI) investigations are underway relating to 3 patients with reported *Clostridium difficile* associated mortality.

The programme of work to undertake urgent repairs (as detailed in the CDI action plan) over the initial 13 wards identified, has 10 weeks remaining; the remainder of the wards will be the prioritised using infection prevention surveillance data along with the 6 facet survey, acuity and susceptibility of patients on wards, C4C cleaning and Estates conditional reports.

4. Local reporting

Carbapenemase-producing Enterobacteriaceae (CPE) bacteraemia

The spread of Carbapenemase-producing Enterobacteriaceae (CPE) is a matter of national and international concern as they are an emerging cause of healthcare-associated infections, which represent a major challenge to health systems. Infections caused by CPE are associated with an increase in morbidity, mortality attributed to CPE, and healthcare costs. The difficulty in detecting and treating CPE, added to its potential for spread, make containment a priority.

At present there are no national or local objectives. The Trust has reported 1 CPE bacteraemia compared to a total of 2 for the same period last year (*Appendix 1, table 7*).

A review of the Trust CPE screening will be undertaken in 2020 to ensure it is both cost effective and clinically effective.

Vancomycin resistant *enterococcus* (VRE) bacteraemia

Enterococci are bacteria that live in the gastrointestinal tract of most people without causing illness. This is called colonisation. Vancomycin is an antibiotic used to treat infections caused by enterococci. When *enterococci* become resistant to vancomycin (the antibiotic no longer works against the bacteria), they are called vancomycin-resistant *enterococci* or VRE. Someone who has an infection caused by VRE can be treated; however they will have to be given different antibiotics to the ones usually used.

At present there are no national or local objectives. The Trust has reported 4 VRE bacteraemia against a total of 3 for the same period last year (*Appendix 1, table 8*)

A review of the Trust VRE screening will be undertaken in 2020 to ensure it is both cost effective and clinically effective.

5. Outbreaks

Norovirus

Norovirus also known as winter vomiting disease causes gastroenteritis and is highly infectious. The virus is easily transmitted through contact with infected individuals from one person to another.

In excess of 300 patients have reported nausea and/or vomiting and diarrhoea since the start of the Trust wide outbreak declared in October 2019. There have been 98 cases confirmed by polymerase chain reaction (PCR) and over 430 lost bed days in total over 19 wards. At present there are no wards with reported outbreaks.

There have also been outbreaks of norovirus reported in the community. The causative factors of the outbreak have been multifaceted, including visitors coming into the trust with known symptoms, patients being admitted with symptoms of norovirus, and patients with symptoms not promptly isolated due to competing pressures for side rooms. Daily norovirus outbreak meeting convened in November and posters displayed on the entrances to all wards informing visitors of the situation and advising on control measures. In A&E and out-patients posters asked patients to inform a member

of staff if they have/have had recent symptoms to enable their patient journey to be managed in the best way to avoid spread to others.

Daily contact with community colleagues continued; 16 Nursing Homes have been closed at some time with norovirus since October, with 7 schools also reporting cases of diarrhea and/or vomiting during this time. Our joint media messages have been encouraging members of the public not to visit the trust if they are symptomatic and ensuring they refrain from visiting for at least 48 hours until free of symptoms. A decision to restrict visitors was made in late December. This has since been reviewed and communicated via local press. There is now a focus on enforcing the current visiting policy.

Seasonal influenza

Influenza (flu) is a viral infection affecting the lungs and airways, and predominantly occurs between January and March. There are two types of influenza; influenza A and influenza B with different subtypes within each. This year's predominant circulating type is Influenza A.

Influenza detection started earlier than previous seasons with 437 confirmed flu cases diagnosed between October - December 2019, compared to 66 confirmed cases for the same period last year.

27 of the 437 patients had been in-pts for 7 days or more before experiencing symptoms, high bed occupancy resulted in the inability to isolate suspected or confirmed influenza patients in a timely manner and must be considered as a contributory factor for patients acquiring flu after admission.

Long stay in-patients who may have missed the opportunity in the community of having the flu vaccine were identified in CGH and patients offered the flu vaccination; unfortunately this was offered too late to prevent the outbreak on Ward M1. On the AHP site pharmacy contacted clinicians to review their long stay patients to identify those who require the flu vaccination. In preparation for next year's flu season a clear protocol will be devised to identify patients who will require flu vaccination.

3 Year Strategy and delivery plan 2020/21

The Infection Prevention annual report 2019/20 is being prepared which will document the work of the Infection Prevention and Control team and the achievements of the divisions and their impact on patient health and safety in relation to the detection and prevention of healthcare associated infections.

The 3 year IPC strategy and delivery plan are in development and following approval will commence in 2020/21. This will include infection prevention and control objectives, the annual audit plan and other annual IPC activities. The strategy will focus on the development of robust evidence based policies, the implementation of prevention strategies and processes to monitor compliance to infection prevention practices; thereby increasing our ability to achieve national and local objectives.

Summary

HCAIs remain a significant challenge for the Trust. However, the incidences of CDI continue to be under the monthly trajectory, despite the norovirus outbreak and patient flow risks. The executive level scrutiny continues with weekly CDI reviews. The development of the IPC strategy will ensure a proactive delivery plan is devised and is integral to the estates strategy and learning and development plan.

The Council of Governors is asked to:

- Note that whilst the actions taken to control *Clostridium difficile* infections have been impactful we need to remain focused to sustain the improvement going forward ;
- Note the challenges faced preventing and managing norovirus and that these challenges are anticipated to continue over the winter months.

Appendix 1

Table 1 below provides a breakdown of **MRSA bacteraemia** by year and month

Table 1

MRSA bacteraemia													
Incidence	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	0	0	0	0	0	0	0	1	0	0	0	2	3
2019/20	0	0	0	0	0	0	0	0	1				1

Table 2 below provides a breakdown of **MSSA bacteraemia** by year and month.

Table 2

MSSA bacteraemia													
Incidence	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	2	1	5	1	1	2	0	4	1	2	0	3	22
2019/20	3	5	1	0	2	1	1	2	1				16

Table 3 below provides a breakdown of **E.coli bacteraemia** by year and month.

Table 3

E.coli bacteraemia													
Incidence	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	4	2	6	7	2	4	5	4	3	8	4	4	53
2019/20	6	2	2	5	7	2	5	6	6				41

Table 4 below provides a breakdown of **Klebsiella bacteraemia** by year and month.

Table 4

Klebsiella bacteraemia													
Incidence	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	0	2	3	3	3	1	1	0	0	2	0	1	16
2019/20	4	3	1	2	1	1	1	4	3				20

Table 5 below provides a breakdown of **Pseudomonas bacteraemia** by year and month.

Table 5

Pseudomonas bacteraemia													
Incidence	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	0	1	0	2	0	3	0	0	0	0	1	0	7
2019/20	1	1	1	1	1	2	0	1	0				8

Table 6 below provides a breakdown of **C.diff infections** by year and month.

Table 6

Clostridium difficile													
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Monthly trajectory	7	7	8	7	7	6	7	7	8	8	8	8	88
Incidence	19	9	11	5	6	4	4	4	7				69

Table 7 below provides a breakdown of **CPE bacteraemia** by year and month.

Table 7

CPE bacteraemia 2019/20													
Incidence	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	0	0	0	0	1	0	0	0	1	0	0	0	2
2019/20	0	0	0	1	0	0	0	0	0				1

Table 8 below provides a breakdown of **VRE bacteraemia** by year and month.

Table 8

VRE bacteraemia													
Incidence	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	0	0	0	0	1	0	0	2	0	0	0	0	3
2019/20	0	0	1	0	1	0	1	1	0				4

Lead Governor's Report on Governors Workshop 19th December 2019

On Thursday 19th December 2019, Sharon Landrum, Diversity and Inclusion Lead and Freedom to Speak Up Guardian facilitated a Governor Workshop on Diversity, Inclusion and Human Rights.

Diversity and inclusion means valuing and celebrating differences and encouraging an open culture for all and is at the heart of the NHS strategy. As the largest employer in Europe and locally in Wirral the NHS has a responsibility to remain at the forefront of the diversity and inclusion agenda. This impacts upon individual roles and responsibilities including the role of governors. Diversity training is now mandatory for WUTH staff and it was extremely useful and informative for governors to be included in this important, pertinent initiative.

The Equality and Diversity agenda is now part of the Care Quality Commissions Well-led domain and must have an equality impact upon staff and the community. Staff involvement is crucial. An equality analysis assessment will be completed to monitor improvements and shortfalls in race equality, disability, gender pay gap and the accessible Information standard. All workforce policies will go to Trustwide consultation and feedback given to staff, together with re-design training sessions. This is a 2020 target.

Sharon then went on to explain forms of discrimination , human rights and inclusions. An action plan will be developed to underpin the Trust's present Diversity and Inclusion strategy and key requirements by 2022. Steering and staff network groups will be established and an Equality Analysis Policy created and linked to the policy approval process.

WUTH Staff Survey scores for Diversity and Inclusion (2018) were above the national average and events such as quality buses, social networking , rainbow badges and positive leadership are contributing to WUTH status as an example of good practice in Diversity and Equality. Priorities will now be to encourage greater staff participation in order to combat D & I issues and to voice any concerns. The Trust has a Speak Up Policy on the website and provides twenty four hour confidential support and has contact details of Freedom to Speak Up Guardians. Speak Up data in 2019 indicated more staff are raising concerns and training compliance is increasing.

The workshop highlighted the need for governors to be aware of Speak Up data and their roles and responsibilities as part of the Disability and Inclusion agenda.

Nine governors were present, which was encouraging and an increase on previous attendances.

I would like thanks to be conveyed to Sharon Landrum for a well informed, pro-active interesting workshop.

Copies of the workshop handout have been sent to all governors.

Angela Tindall
Lead Governor

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

2nd OCTOBER 2019

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

John Sullivan	Non-Executive Director (Vice Chair)
Janelle Holmes	Chief Executive
Dr Nicola Stevenson	Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
Helen Marks	Director of Workforce
Steve Igoe	Non-Executive Director
Karen Edge	Acting Director of Finance
John Coakley	Non-Executive Director
Chris Clarkson	Non-Executive Director
Paul Moore	Acting Chief Nurse / Director of Quality & Governance

In attendance

Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Dr Ranjeev Mehra	Associate Medical Director, Surgery
Paul Charnley	Director of IT and Information
Andrea Leather	Board Secretary [Minutes]
Mike Baker	Communications & Marketing Officer
Steve Evans	Public Governor
Angela Tindall	Public Governor
Joe Gibson*	Project Transformation
Jane Kearley*	Member of the Public
Jennier Richardson	Member of the Public
Anne Pooke*	Member of the Public / Patient Story
Sue Milling-Kelly*	Patient Experience Team

Apologies

Sir David Henshaw	Chair
Jayne Coulson	Non-Executive Director
Gaynor Westray	Chief Nurse
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute

*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 19-20/136	Apologies for Absence Noted as above.	
BM 19-20/137	Declarations of Interest There were no Declarations of Interest.	
BM 19-20/138	Chair's Business The Vice Chair welcomed all those present to the monthly Board of Directors meeting. In opening the meeting, the Vice Chair informed the Board of Directors that key issues would be captured within items already contained on the agenda.	

Reference	Minute	Action
BM 19-20/139	<p>Key Strategic Issues</p> <p>Board members apprised the Board of key strategic issues and matters worthy of note.</p> <p>Director of Workforce – reported the launch of the NHS staff survey with a closing date of December. In addition the Trust has launched ‘Spring Board’ a women’s development programme and ‘Navigate’ the development programme for male colleagues is due for launch next year.</p> <p>Mr John Coakley – Non-Executive Director – informed the Board of Directors of recent successful clinical appointments, with start dates to be negotiated.</p> <p>Associate Medical Director, Women & Children’s – Mr Lund advised of recent concern regarding the use of Ward 54 as an escalation ward. The Medical Director reported that due to pressure on the system a Standard Operating Procedure (SOP) was in place that included Executive on call sign off for any such transfers to escalation areas to ensure the safety of all patients.</p> <p>Mrs Sue Lorimer – Non-Executive Director – informed that Board that following discussion at Finance, Business, Performance and Assurance Committee (FBPAC) and further scrutiny of options, a decision to renew Trust ‘top-up’ insurance policies for one year had been taken. Further investigations will take place during the next twelve months to establish the risk exposure if the Trust did not continue to purchase such policies.</p> <p>Medical Director – notified the Board of Directors that the medical engagement survey had now closed and the Board would be apprised of the outcome at a future meeting.</p> <p><i>The Board noted that although some members did not have detailed updates there were a number of topics already covered within agenda items.</i></p>	<p>NS</p>
BM 19-20/140	<p>Board of Directors</p> <p>Minutes</p> <p>The Minutes of the Board of Directors meeting held on 4th September 2019 were approved as an accurate record with the exception of a typo on page 6 – removal of ‘Nurse in their capacity as Acting Director of Infection Prevention Control (DIPC).’</p> <p>Action Log</p> <p>In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.</p>	
BM 19-20/141	<p>Chief Executives’ Report</p> <p>The Chief Executive apprised the Board of the key headlines contained within the written report including:</p>	

Reference	Minute	Action
	<ul style="list-style-type: none"> • Together Awards – across eight categories • In Touch with the Board • EU Exit • Serious Incidents • RIDDOR Update • Health Minister visit • System meetings • Executive team recruitment <p>The Board of Directors were informed of national awards and recognition in the following areas: Dementia, Maternity Services and a Florence Nightingale Award.</p> <p>The Board of Directors acknowledged the significant progress of the Ophthalmology department. This was underpinned with the opportunity to present at the national GIRFT event to outline improvements in the cataract pathway which has resulted in a reduction in patient waits and moved the Trust from being one of the worst performing to one of the best nationally. A primary factor for this is the close alignment of the operational and clinical leads along with the team being empowered to delivery change.</p> <p><i>The Board noted the information provided in the September Chief Executive's Report.</i></p>	
BM 19-20/142	<p>Patient Story</p> <p>The Board were joined by Anne Pook who appraised the Board of Directors of her poor in-patient experience.</p> <p>Anne attended A&E following the onset of a severe headache and vomiting. A CT was carried out and she was transferred to a short stay ward and then to an escalation area within a Gynaecology ward. During the next couple of days her health deteriorated further and friends and family were concerned that her symptoms did not appear to be being investigated thoroughly.</p> <p>Following escalation of their concerns the on-call doctor reviewed her case who subsequently requested review by the stroke team. Recognising the seriousness of Anne's condition a further CT scan was ordered which identified a bleed on the brain and she was transferred to The Walton Centre.</p> <p>Anne expressed her disappointment with the level of care received, being so poorly and feeling ignored. Subsequently Anne has discussed her concerns at a meeting with a number of actions identified that have consequently been implemented to ensure this experience is not repeated.</p> <p>The Board thanked Anne for sharing her experience and providing the opportunity to improve the patient experience.</p> <p><i>The Board noted the feedback received from Mrs Pook.</i></p>	
BM 19-20/143	<p>Emergency Care Intensive Support Team (ECIST) Update</p> <p>Chief Operating Officer introduce Karen McCracken, ECIST lead to provide a progress report regarding the streaming pilot currently being undertaken highlighting areas of good practice and those that the Trust could improve</p>	

Reference	Minute	Action
	<p>along with recommendations that will require the support of the wider health economy. The approach was appreciative enquiry initially, working alongside frontline and management teams.</p> <p>In summary there are two main concerns identified that required ECIST intensive support, a very over crowded Emergency Department (ED) and an inability to stream patients to other areas in conjunction with non existent primary care streaming, therefore impacting patient flow across the organisation. This compounded by the Trust having one of the highest 'long length of stay' performance indicators. Barriers across the health economy were identified namely due to an over complex system not working to the benefit of patients.</p> <p>Working with the ED team, operational plans were developed encompassing processes to stream patients in all specialities, it should be recognised that similar plans have since been implemented in other organisations to address similar issues. The A&E Board supported the approach and accepted that diagnostics within the community requires improvement.</p> <p>It was recognised that since implementation of the operational plans the wider health system were working together to address these matters. This was demonstrated recently when a 'call to action' introduced to address urgent concerns regarding long length of stay patients. For a period of two weeks senior leaders from all providers worked together to reduce the number of in-patients above 21 days length of stay. It was highlighted that although a significant number of patients had been moved out of hospital to appropriate care, as soon as these patients had been move other breached this threshold and therefore the numbers above the 21 days has not reduced significantly.</p> <p>The ECIST team observed the internal 'Board Rounds' and provided examples of ineffective practices currently in place and have identified a number of improvement actions for the Trust to implement.</p> <p>The ECIST lead recently attended the A&E Board to appraise them of the situation, it was realised that partners are now understanding the pressure on WUTH and the actions required by the system to deliver change. The Board emphasised the need for this to be the top priority for the system as it would drive quality, safety and financial benefits for all.</p> <p>It was stressed that the Trust is addressing processes that have been in place for a considerable length of time and therefore improvements will take time to embed.</p> <p>This review has been aligned to the 'patient flow' programme and future updates will be provided within the Change Programme report.</p> <p>The Board of Directors were advised that ECIST would continue to provide support to the system until the end of December.</p> <p><i>The Board noted the progress to date and acknowledged that although it may take some time for improvements to be embedded there were green shoots of change.</i></p>	

Reference	Minute	Action
BM 19-20/144	<p>Infection Prevention Control (IPC) Update – Outbreak of <i>Clostridium difficile</i></p> <p>A progress report concerning the outbreak of <i>Clostridium difficile</i> (CDI) was provided.</p> <p>The Board were provided assurance that substantial improvements have been made following the interventions implemented in recent weeks, such as environmental cleaning, hand hygiene and the correct use of policies and procedures to help keep risk under control.</p> <p>Although the Trust is above overall trajectory for quarters 1 and 2, the Board were provided assurance that as a consequence of a combination of interventions: environment, equipment, cleaning and policies and procedures as detailed in the report September had seen a significant reduction with three cases being reported.</p> <p>With effect from September the previous weekly outbreak meetings have been changed to bi-weekly due to the outbreak being brought under control. In the forthcoming weeks the Acting Chief Nurse in their capacity as Acting Director of Infection Prevention Control (DIPC) will consider standing down the ‘outbreak’ designation if performance continues on the improved trajectory. They reminded the Board that the risk remains high due to demand on the service and that Public Health England has also advised caution as they anticipate the trajectory may be not be linear.</p> <p>The Acting Chief Nurse / Director of Quality & Governance advised that going forward improvements will continue at pace until year end to ensure processes are embedded and IPC remains under control.</p> <p>The Chair of Quality Committee stated that in reviewing the IPC risks identified within the Board Assurance Framework the committee had considered reducing the overall risk rating to reflect improved performance. It was agreed that until the trends continue on a downward trajectory the score would remain the same.</p> <p>The Board thanked the teams for their continued hard work and effort to work towards better control of infection, prevention measures.</p> <p><i>The Board noted progress to date and the advice from the Acting Chief Nurse in their capacity as Acting Director of Infection Prevention Control (DIPC).</i></p>	
BM 19-20/145	<p>Learning from deaths quarterly report</p> <p>The quarterly learning from deaths report was presented providing the Board of Directors with an update against compliance and the wider mortality agenda.</p> <p>Progress continues in further developing the mortality review process to ensure the opportunity for learning is optimised. For quarter one 75% of mortality reviews have been completed. The number of Structured Judgement Reviews (SJRs) undertaken has increased and further work is required to ensure all speciality reviews report into the Trust mortality processes. It was highlighted that documentation issues continue to be</p>	

Reference	Minute	Action
	<p>identified and actions to support improvement have been identified. The report also described the next steps to provide greater assurance.</p> <p>As previously mentioned the approach to the introduction of a medical examiner office is currently being considered. A job description is being developed, this along with the proposed approach and will be provided to the Board of Directors for approval.</p> <p><i>The Board noted the Learning from deaths quarterly report and the improvements made to ensure the process is optimised.</i></p>	
<p>BM 19-20/146</p>	<p>Health & Safety Quarterly Update</p> <p>The report outlined an overview of Quarter 2 2019/20 Health & Safety performance and assurance activities, together with an update on progress against the Health & Safety action plan.</p> <p>Significant work has been undertaken to establish a framework by which health and safety can be effectively managed in line with ISO45001 and Divisions are currently progressing the actions from the inspection reports. The framework provides the building blocks to support implementation of health and safety processes across the organisation.</p> <p>The performance dashboard has now been replicated for Divisions and will require further development following feedback from Divisions to maintain H&S performance within their areas.</p> <p>The team continue to monitor the impact of increased reporting and the Director of Quality & Governance informed the Board that as a consequence of this an increase in RIDDOR reporting is likely.</p> <p>Chair of the Safety Management Assurance Committee congratulated the team for the significant progress made within a short period of time and the continued improvement trajectory.</p> <p><i>The Board noted the quarter 2 performance, the significant and rapid improvements made and the performance measures now available.</i></p>	
<p>BM 19-20/147</p>	<p>Quality & Performance Dashboard and Exception Reports</p> <p>The report provides a summary of the Trust's performance against agreed key quality and performance indicators.</p> <p>Of the 57 indicators with established targets or thresholds 21 are currently off-target or not currently meeting performance thresholds.</p> <p>Whilst improvement across a range of indicators continues the Board recognised slippage of some indicators particularly in the safe and responsive domains. The lead Director for a range of indicators provided a brief synopsis of the issues and the actions being taken.</p> <p>Areas of focus for discussion were:</p> <ul style="list-style-type: none"> • Long length of stay – deterioration in performance is correlated to A&E and ambulance handover performance. System 'call to action' implemented and review to establish resilience to continue to support 	

Reference	Minute	Action
	<p>underway. The targeted reduction will be required to support winter pressures.</p> <ul style="list-style-type: none"> • 4 hour A&E – as expected performance continued to dip in August impacted by long length of stay which is currently above the national average and therefore has an impact on this indicator. • Diagnostics – volumes higher than expected, robust weekly tracking implemented to monitor additional activity and requirements to support indicator achieving compliance. • RTT (18 weeks) – slight deterioration, impacted by opening of escalation beds leading cancellation of some day cases. • 12 hour ED waits – inconsistency in process for patients with mental health issues, revised admittance process agreed to reflect impact on an Acute Trust if a mental health provider is unable to identify a bed in time. This is the correct process for patients. • Friends & Family Test – in-patient satisfaction remains strong. National guidance has indicated the removal of reporting response rates with effect from 2020. • Infection Prevention Control (IPC) indicators – these indicators are covered within agenda item BM 19-20/144, earlier in the minutes. A project across Wirral implemented to review of negative bacteraemia, update to be provided at future meeting. • Same sex accommodation – whilst breaching this indicator, this was acknowledged as a tolerable risk mainly due to patient satisfaction with care. • VTE – this indicator is expected to achieve the 95% compliance threshold following ratification of all September data • Attendance management – progress against the actions reported in September is to be monitored by the Workforce Assurance Committee. Initial report of the First Care pilot reviewed at WAC meeting, reconciliation of data required to ensure clarity of performance. • Turnover – a breakdown provided with targeted actions identified eg training opportunities for clinical support workers. <p>The Board recognised the first time of reporting ‘zero’ never events over the past twelve months and the significance of this achievement based on previous performance.</p> <p>The Acting Chief Nurse alerted the Board of the possibility increased risk in the number of falls being reported due to the mobilisation of patients.</p> <p>The Board were advised of additional initiatives introduced to address attendance management performance such as fast track referrals to MSK service, requests for counselling directed through the Employee Assistance Programme and Cheshire & Wirral Partnership supporting occupational health checks for recruitment process.</p> <p><i>The Board noted the current performance against the indicators to the end of August 2019.</i></p>	
BM 19-20/148	<p>Month 5 Finance Report</p> <p>The Acting Director of finance apprised the Board of the summary financial position and at the end of month 5, the Trust reported an actual deficit of £7.1m versus planned deficit of £5.2m. However, this includes c£1.4m of</p>	

Reference	Minute	Action
	<p>non-recurrent support from Wirral Clinical Commissioning Group (CCG) to achieve the Trust planned position and allow the Provider Sustainability Funding and Financial Recovery Funding (PSF/FRF) to flow to the Trust and the system.</p> <p>The key headlines for month 5 include:</p> <ul style="list-style-type: none"> • The underlying position is £3.3m worse than plan cumulative and £1.1m worse in month. • Income is broadly in line with plan with elective and day case activity worse than plan reflecting in year trend, however, obstetrics (including One-to-One transfers) and excess bed days is higher than plan. Non-PbR is lower than plan reflecting activity variation in Critical Care, Rehab and Welsh neonatal. • In month, pay is exceeded plan by (£0.8m). This has deteriorated from the previous run rate with a higher medical staff variance £0.1m (Jnr Dr handover and Gastro) and higher nursing adverse variance £0.2m (CSW's sickness, acuity and escalation areas). Jnr Dr expected to improve from Sept and doing a review of Gastro capacity and costs. • Cost Improvement Programme (CIP) delivered in month and year to date with £3.9m against a plan of £3.9m. The profile of the CIP increases in Quarter 2 and some slippage is expected. • Cash is £2.6m, being above plan. • Capital is slightly behind plan but the available £7.5m is fully committed. The programme has been reduced by £1.6m related to the car park scheme which was deferred at national request and has subsequently been reinstated but the timeline to deliver means this would not be completed in 2019/20. <p>A detailed forecast has been completed as at Month 4 which shows a full year effect of c£10m deficit including undelivered CIP. If CIP risks are mitigated and the full programme is delivered this would be c£7.7m deficit.</p> <p>This does not include the potential foregone PSF/FRF of £10.6m if the system support is not received. (Q2 £2.5m, Q3 £3.8m, Q4 £4.4m.) It assumes the planned closure of beds in October, no winter contingency and repayment of non-recurrent support. Further risk of CQUIN maybe an issue but expect system reinvestment on this.</p> <p>A breakdown of the unplanned and operational pressures, were detailed, along with undelivered CIP. This led to detailed discussions regarding some of the cost pressure elements such as waiting list initiatives, medical staffing including junior doctors and locums.</p> <p>The Board of Directors understood that a short to long term plan to mitigate pressures is being developed with identified operational leads. It was recognised that due to the complexities of reviewing and revising job plans this could not be addressed in year and would be within the long term plans.</p> <p>Further mitigations from One-to-One and Welsh income would reduce the deficit to (£6.9m). At Divisional level, the risks are in Medicine and Surgery and any further action on cost would be clinical and would need to be balance against patient safety and risk.</p>	

Reference	Minute	Action
	<p>The Acting Director of Finance highlighted that the position gives rise to a potential cash shortfall and conversations are being held informally with NHS Improvement in relation to additional cash support.</p> <p>The Board noted the month 5 finance performance and approved the additional borrowing to support the forecast deficit.</p>	
BM 19-20/149	<p>Draft People Strategy 2019-22</p> <p>The draft People Strategy 2019-22 is the three year roadmap that informs, describes and guides the many activities that will shape, build and sustain the Trust's workforce.</p> <p>The Strategy is underpinned by the comprehensive Organisational Development Plan approved last year and set the direction of travel. This will be refreshed to identify metrics to monitor progress and delivery of the People Strategy. The Workforce Assurance Committee is to monitor implementation and progress of the Strategy.</p> <p>The Board approved the People Strategy and noted the existing Organisational Development plan is to be reviewed.</p>	
BM 19-20/150	<p>Influenza Plan</p> <p>The Influenza Plan describes the Trusts Occupational Health Department plan for the 2019/20 campaign to ensure delivery of the CQUIN 80% target for frontline staff.</p> <p>It was acknowledged that vaccines had been delayed compared to the previous year although first batch of vaccines has now been received and prioritisation will be for staff working with at risk patients such as children and the elderly. Receipt of further vaccines would be after the UK exits the EU ie post October 2019.</p> <p>A further update will be provided to the Board in December.</p> <p>The Board noted the 2019/20 Influenza Plan.</p>	HM
BM 19-20/151	<p>Change Programme Summary, Delivery & Assurance</p> <p>Joe Gibson, External Assurance provided an outline of the Change Programme amendments during the past month and performance relating to the three large priority projects; Patient Flow, Outpatients and Theatres Productivity. It was reported that the scope has been amended to include the 'Hospital Upgrade Programme' and the 'World Class Administration of Patient Services' project will bring its Project Initiation Document (PID) to the October meeting whereupon it will be introduced to the scope.</p> <p>The Board of Directors were advised that the 'improving patient flow' rating had been suspended whilst the external support provided by ECIST is aligned. A review is to take place in December.</p> <p>The overall governance rating has seen a slight deterioration and SRO's are working with the teams to transact additional assurance within each</p>	

Reference	Minute	Action
	<p>programme. It was highlighted that it is not unusual for the governance rating to fluctuate during programme schedules.</p> <p>From October Joe Gibson is to attend meetings of each programme with a focus on individual plan elements to ensure overall delivery of programmes. It was acknowledged that once the new team is in place the additional resource for each programme should enable to Divisions to achieve completion of actions.</p> <p>The Digital Board is to consider the realignment of the GDE projects and as discussed previously elements of the 'Digital' work stream have been transferred to others as an enabler to transform programmes.</p> <p><i>The Board noted the Change Programme summary, delivery and assurance report.</i></p>	
<p>BM 19-20/152</p>	<p>Report of Trust Management Board</p> <p>The Chief Executive provided a report of the Trust Management Board (TMB) meeting on 26th September 2019 which covered:</p> <ul style="list-style-type: none"> • Quality & Performance Dashboard • Divisional updates • Infection Prevention Control (IPC) Improvement Actions Update • First Care – Absence Management Pilot • Workforce Reviews – Emergency Department Medical and Nursing staff • Month 5 Financial Position • Business cases: <ul style="list-style-type: none"> ○ Capacity Management Handheld Devices for Porters ○ Acute Medicine Nursing Establishment Investment (requires review by FBPAC with recommendation to approve option 2) ○ Endoscopy – expansion to nursing workforce ○ Bed Management Review ○ Replacement of Cardiac Catheter Lab (recommendation that Board approve – note: FBPAC also considered at the September meeting) ○ Three Phase Recovery (recommendation that Board approve – note: FBPAC also considered at the September meeting) ○ Braun Containers • Chair reports from other meetings • Cheshire & Merseyside Pathology Network Collaboration • No Deal EU Exit. <p><i>The Board noted the report of the Trust Management Board and approved Replacement of Cardiac Catheter Lab and Three Phase Recovery business cases.</i></p>	
<p>BM 19-20/153</p>	<p>Quality Committee</p> <p>Dr John Coakley, Non-Executive Director, apprised the Board of the key aspects from the Quality Committee, held on 24th September 2019 which covered:</p> <ul style="list-style-type: none"> • Serious Incidents and Duty of Candour 	

Reference	Minute	Action
	<ul style="list-style-type: none"> • Infection Prevention & Control • CQC Action Plan • Quality Performance Dashboard • Wirral Individualised Safe-Care Everytime (WISE, Ward Accreditation). <p>The Committee expressed concern at the shortfall in the 'organisation and management' domains of the Ward Accreditation report. The Acting Chief Nurse described the elements currently within the domain and explained that a review of the methodology for this domain was underway.</p> <p><i>The Board noted the report of the Quality Committee.</i></p>	
BM 19-20/154	<p>Finance, Business, Performance and Assurance Committee</p> <p>Ms Sue Lorimer, Non-Executive Director, provided a report of the key aspects from the recent Finance, Business, Performance and Assurance Committee, held on 24th September 2019 which covered:</p> <ul style="list-style-type: none"> • Month 5 finance report • Capital programme • Cerner Contract Update • Quality Performance Dashboard • Board Assurance Framework • Renewal of Trust Insurances • Medical Workforce Contract • Chairs report of the Finance Performance Group <p>The Committee reviewed the Cardiac Catheter Lab replacement and the Three Phase Recovery business cases and recommended Board approval.</p> <p><i>The Board noted the Finance, Business, Performance and Assurance Committee report and approved Replacement of Cardiac Catheter Lab and Three Phase Recovery business cases.</i></p>	
BM 19-20/155	<p>Report of Workforce Assurance Committee</p> <p>Mr John Sullivan, Non-Executive Director, apprised the Board of the key aspects from the recent Workforce Assurance Committee, held on 25th September 2019 which covered:</p> <ul style="list-style-type: none"> • Staff story – Volunteer • Draft Workforce Strategy • Communications dashboard • Workforce Intelligence and KPI review • NHS Improvement – Lessons to improve staff disciplinary practices • Medical workforce contracts • Attendance Management – First Care pilot update • Recruitment Process Review Audit (MIAA) • Flu Plan update • Board Assurance Framework • Chairs Report of the Workforce Steering Group <p>It was accepted that whilst the initial feedback of the First Care attendance</p>	

Reference	Minute	Action
	<p>management pilot was received, it should be recognised that it would be a number of months before the benefits would transpire.</p> <p><i>The Board noted the report of the Workforce Assurance Committee.</i></p>	
<p>BM 19-20/156</p>	<p>Audit Committee</p> <p>Mr Steve Igoe, Non-Executive Director, apprised the Board of the key aspects from the Audit Committee, held on 25th September 2019 which covered:</p> <ul style="list-style-type: none"> • Internal Audit • Counter Fraud • External Audit • Financial Assurance Report • Financial systems • Risk Management. <p><i>The Board noted the report of the Audit Committee.</i></p>	
<p>BM 19-20/157</p>	<p>CQC Action Plan progress Update</p> <p>The Acting Chief Nurse/Director of Quality & Governance apprised the Board of the continued progress pertaining to the CQC Action Plan based on the 2018 inspection. All 219 actions have been completed with 218 fully embedded. The exception is due to a delay launching the Patient Experience Strategy due within the next two weeks.</p> <p>The Urgent Care overdue action relates to the use of 'corridor care'. Although the Trust achieved a period of zero corridor care usage in early summer, it has again used corridor care in August and September albeit at significantly reduced levels.</p> <p>The action related to compliance with the RCPCH recommended staffing levels for paediatric trained nurses within ED is expected to conclude within the next four weeks.</p> <p>The Board reiterated acknowledgement of the achievement to complete all actions within the identified timeframes as clear demonstration of a success story for all involved.</p> <p><i>The Board noted the progress to date of the CQC Action Plan.</i></p>	
<p>BM 19-20/158</p>	<p>Board and Board Assurance Committee 2020 Schedule</p> <p>The Board Secretary provided the proposed 2020 schedule of meetings encompassing Board, Assurance Committees and the management meetings that report to Trust Management Board.</p> <p>The scheduling of Board and Audit Committee in May 2020 is dependent on the Annual Report & Accounts timeframe yet to be confirmed.</p> <p>To enable clinical attendance at the Workforce Assurance Committee, this is</p>	

Reference	Minute	Action
	<p>to be scheduled on a Tuesday or Thursday.</p> <p>Discussion took place regarding the frequency of the Finance, Business, Performance & Assurance Committee to ensure pace and to facilitate the agenda. It was agreed to seek the views of member to change the frequency to monthly and report back to Board next month.</p> <p>The Board of Directors approved the 2020 schedule of meetings with the amendments described above.</p>	AL
BM 19-20/159	<p>Governor Election Report</p> <p>The Board Secretary apprised the Board of Directors of the current position in relation to the Governor election process currently underway.</p> <p>Of the four public constituencies that elections are being held, only one received nominations. A recommendation to the forthcoming Council of Governors will propose rolling over the three vacancies to the 2020 process. This would enable promotional activities with the support of the Communications team to be undertaken during the next twelve months to generate interest regarding the Governor role.</p> <p>The Board of Directors noted the 2019 Governor election update.</p>	
BM 19-20/160	<p>Any Other Business</p> <p>There were no items to report this month.</p>	
BM 19-20/161	<p>Date of next Meeting</p> <p>Wednesday 6th November 2019.</p>	

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Chair

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Date

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

6th NOVEMBER 2019

**BOARDROOM
 EDUCATION CENTRE
 ARROWE PARK HOSPITAL**

Present

Sir David Henshaw	Chair
Chris Clarkson	Non-Executive Director
John Coakley	Non-Executive Director
Jayne Coulson	Non-Executive Director
Karen Edge	Acting Director of Finance
Janelle Holmes	Chief Executive
Steve Igoe *	Non-Executive Director
Sue Lorimer	Non-Executive Director
Helen Marks	Director of Workforce
Anthony Middleton	Chief Operating Officer
Paul Moore	Acting Chief Nurse / Director of Quality & Governance
John Sullivan	Non-Executive Director
Dr Nicola Stevenson	Medical Director
Matthew Swanborough	Director of Strategy and Partnerships

In attendance

Paul Charnley	Director of IT and Information
Kate Daly-Brown *	Member of the Public
Steve Evans *	Public Governor
John Fry *	Public Governor
Joe Gibson*	Project Transformation
Victoria Heller *	Patient Story
Jane Kearley*	Member of the Public
Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Nigel MacLeod	EA to CEO and Chair [Minutes]
Sue Milling-Kelly*	Patient Experience Team
Ann Taylor *	Public Governor
Angela Tindall *	Public Governor
Lyndsay Young	Communications & Marketing Officer

Apologies

Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Andrea Leather	Board Secretary

*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 19-20/162	Apologies for Absence Noted as above.	
BM 19-20/163	Declarations of Interest There were no Declarations of Interest.	
BM 19-20/164	Chair's Business The Chair welcomed all those present to the Board of Directors meeting, and also extended a warm welcome to Matthew Swanborough, having joined the Trust 4 th November 2019 as Director of Strategy & Partnerships. In opening the meeting, the Chair informed the Board of Directors that his key issues, including Patient Streaming and the current heightened demand for services; replicated nationally, would be addressed via the agenda.	

Reference	Minute	Action
	<p>It was noted that Mr Alan Yates has been appointed Chair of Cheshire & Merseyside Health and Care Partnership.</p>	
<p>BM 19-20/165</p>	<p>Key Strategic Issues</p> <p>Board members apprised the Board of key strategic issues and matters worthy of note.</p> <p>Acting Director of Finance – apprised the Board that the Trust had been actively involved in formulating and submitting the latest iteration of the System wide Financial Recovery Plan [FRP]. Furthermore, the Trust had also supported the System approach pertaining to Financial Governance, via the completion of the Financial Grip and Controls NHSI checklist.</p> <p>Mrs Sue Lorimer – Non-Executive Director – advised the Board that a request for funding, via the Royal Voluntary Service [RVS], to support the purchase of bed side lockers had been declined. Board members were reminded that the introduction of new lockers is an integral aspect of the recently implemented Infection Prevention and Control measures.</p> <p>On behalf of the Board, it was noted that Mr Paul Moore, Acting Chief Nurse, had agreed to write to the RVS in order to appreciate any prerequisites that the RVS required to support such a bid. Sir David Henshaw, in fully endorsing the approach on behalf of the Trust Board, offered to support any forthcoming discussions as required.</p> <p>Chief Operating Officer – in echoing the Chair’s comments associated with unprecedented national demand, Mr Middleton reiterated the current pressures evident both internally within the Acute setting and the wider Health Economy. On behalf of the Trust Board, the Chief Operating Officer has thanked all of the staff for their continued help and support, not just within the immediate A&E setting but also the wider Hospital and overall Wirral System.</p> <p>It was noted that there is no one common factor attributing to the current number of attendances, and flu was not a contributing symptom. As already alluded to, the current position is replicated across the country.</p> <p>To provide some context, the Trust is validating 39 reported breaches of the ‘12 hour trolley standard’. The Board was assured that despite the extreme pressure, Patient Safety is being managed appropriately via focused Patient Flow and Streaming measures, and utilisation of all escalation and additional capacity areas. In some case, elective procedures are being deferred to provide further support. It is anticipated the position will improve over the next 48-72 hours.</p> <p>Mr John Coakley – Non-Executive Director – cognisant that flu was not an underlying reason for the current system pressures, felt it was important to be mindful that the reported number of flu cases from Australasia had been rapid but not however sustained over a prolonged period of time.</p> <p>Mr John Sullivan – Non-Executive Director – apprised the Board that as part of the Trust’s Talent Programme, it is anticipated that the Shadow Board initiative will be launched shortly. The intention being to support talent and leadership from within the Organisation, for those aspiring to hold a Trust</p>	

Reference	Minute	Action
	<p>Board/Senior Leadership position, by giving them sight of the Board papers and to participate in the process/discussion of a Unity Board.</p> <p>Director of Workforce – reported that to date over 3000 staff flu vaccinations have been administered across the Trust. A formal paper will be prepared for the December Trust Board meeting.</p> <p>Following discussions from the last ‘intouch with the Board’ event, the Trust has been collaborating with ‘The Smallest Things’, a charity registered to promote the good health of premature babies and their families.</p> <p>As a result, the Trust has now updated its policy to provide additional support for staff, who find themselves in this situation, to allow extended leave. The Trust will take into account the time little ones spend in the Neonatal Unit, and support staff with additional time off once the child returns home.</p> <p>The Executive Team recently had the opportunity to meet with the staff members, who had brought the charity to the Trust’s attention, to update them in regards to policy changes made.</p> <p>Associate Medical Director, Women & Children’s – Mr Lund advised the Board that Wirral University Teaching Hospital’s [WUTH] Cancer Programme had been recognised nationally for meeting the required cancer standards and targets.</p> <p>Medical Director – informed the Board that a number of Inspections had recently been undertaken. The Joint Advisory Group [JAG] had completed its accreditation of the Endoscopy Unit and had made a recommendation for a ‘clear pass’. The Aseptic Unit had also received positive feedback from a recent review, with a small number of actions to be completed to comply fully with good manufacturing practice guidance.</p> <p>Acting Chief Nurse / Director of Quality and Governance – provided the Board with a number of updates:</p> <ul style="list-style-type: none"> • Teams had been very supportive of the recent unannounced CQC Inspections. • The Macmillan Team – Urology Nursing Team won the Nursing Times Cancer Nursing Award. • Ward 38, the first Ward to progress to Level 3 of the Ward Accreditation Tool. • The <i>Clostridium difficile</i> outbreak has officially come to an end. • The Trust is preparing to submit the application to The Royal Society for the Prevention of Accidents [ROSPA] in January to support and recognise Safety Management endeavors. • The Chief Nursing Officer will be visiting the Trust 20 November 2019. <p>Action – The Acting Chief Nurse to share the standards required to attain Ward Accreditation.</p> <p>The Directory of Strategy and Partnerships – thanked all colleagues for making him feel so welcome, having commenced in role 4 November 2019. In doing so, Mr Swanborough reflected that the Trust had developed a very innovative induction and orientation programme. The market stall approach made for a very engaging and inclusive approach.</p>	<p>HM</p> <p>PM</p>

Reference	Minute	Action
	<p>The Board learned that the immediate priorities would be working with staff to develop the Trust's Organisational Strategy, over the next five years, with assimilation of both the Healthy Wirral and Cheshire & Merseyside Strategic Plans.</p> <p><i>The Board noted that although some members did not have updates there were a number of topics already covered within agenda items.</i></p>	
<p>BM 19-20/166</p>	<p>Board of Directors</p> <p>Minutes The Minutes of the Board of Directors meeting held on 2 October 2019 were approved as an accurate record.</p> <p>Action Log In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.</p>	
<p>BM 19-20/167</p>	<p>Chief Executives' Report</p> <p>The Chief Executive apprised the Board that Purdah had commenced at midnight (00:01) Wednesday 6th November.</p> <p>A number of key headlines, contained within the written report, were highlighted for Board members; including:</p> <ul style="list-style-type: none"> • The Trust had received two unannounced CQC inspections, reviewing four core services; Urgent and Emergency Care, Medicine and Acute, Children and Young People and Surgery. • The Staff 'Together' Awards had been held 11 October 2019. • Wards 37 and 38 had achieved Level 3 (Green) as part of the WISE Ward Accreditation. • Serious Incidents and RIDDOR updates. <p>To provide further context, the Chief Executive expanded on a number of the items contained within the report, and in doing so thanked all of those who had been directly involved in both the CQC unannounced inspections and also in preparedness for the forthcoming Well Led Inspection. It was a testament to the teams involved, that over 800 requests for data and information had been provided.</p> <p>On behalf of the Board, the Chief Executive recorded thanks to the independent judging panel for the 'Together Awards', comprising Execs, Staff Side and Governor representation.</p> <p>The Board was assured that the 5 Serious Incidents and 3 RIDDOR reportable incidents are all being fully investigated and reported to the Quality Committee.</p> <p>In referencing the NHS App, the Board learned that the Cheshire & Merseyside Health Care Partnership is working with NHS Digital to connect the WUTH portal to national and regional services including the newly launched NHS App.</p> <p>In concluding the Chief Executive report, Mrs Holmes reiterated the comments made by both the Chair and Chief Operating Officer, that the</p>	

Reference	Minute	Action
	<p>current demand for services is unprecedented. On behalf of the Trust Board, the Chief Executive recorded thanks to every member of staff who has worked tirelessly to support those Patients attending A&E, and by default the additional pressures then experienced across the wider Trust.</p> <p>The immediate focus for the Trust is to support those Patients with a Long length of Stay, exceeding 21 days, delivering same day emergency care and to continue preparedness for Winter, having agreed in principle the Wirral Winter and Unplanned Care System Sustainability Plan.</p> <p><i>The Board noted the Chief Executive's Report.</i></p>	
<p>BM 19-20/168</p>	<p>Patient Story</p> <p>The Board were joined by Victoria Heller, a WUTH Community Midwife, who apprised the Board of Directors of her mum's experience having attended A&E.</p> <p>Having concluded her mum's patient story, Victoria spoke of the very positive meeting that had ensued with the Associate Director of Nursing for the A&E Department, Mr Adam Brown, who had been extremely empathetic and has subsequently agreed a number of actions that will be taken to improve the overall experience within A&E.</p> <p>The Board thanked Victoria for sharing her experience and wished her mum well with her ongoing treatment.</p> <p>Action – A&E Department to be asked to attend a future Board meeting to position 'next steps' being taken to further improve Patient experience.</p> <p><i>The Board noted the feedback received from Victoria Heller.</i></p>	<p>AL</p>
<p>BM 19-20/169</p>	<p>Infection Prevention Control (IPC) Update – Outbreak of <i>Clostridium difficile</i></p> <p>A progress report concerning the outbreak of <i>Clostridium difficile</i> (CDI) was provided, and the Acting Chief Nurse confirmed to the Board that the Trust is no longer under an outbreak of <i>Clostridium difficile</i>.</p> <p>It was outlined that the number of cases being reported had stabilised. Furthermore, it was confirmed that since July, cases reported had been below the monthly trajectory. To underscore this strong recovery, it is anticipated that the December month end position based on current progress is likely to evidence the Trust either in line, or below, the annual trajectory. Focus and activity will however remain in supporting the CDI action plan, to ensure long term sustainability.</p> <p>The Board was apprised that there is some fragility associated with breakdowns such as hand washing facilities and macerators etc. This will continue to be an area of focus and improvement.</p> <p>The Board thanked the teams for their continued hard work and effort to work towards better control of infection, prevention measures.</p>	

Reference	Minute	Action
	<p>6 Monthly Nurse Staffing Report</p> <p>The Acting Chief Nurse presented the Safe Staffing Report and apprised the Board of a number of key aspects.</p> <p>The report provided assurance that the Trust has maintained safe staffing requirements, as set out by the National Quality Board, for the reporting period April – September 2019. Furthermore, Mr Moore reiterated that the establishments remained valid as of 31 October 2019.</p> <p>Within the summary provided, the Board reflected on the resulting impact when escalation areas remain open for prolonged periods of time. This can lead to some evidential establishment pressures and a reliance on recommended minimum staffing levels. As a result, steps are being implemented to utilise bank/agency support as required.</p> <p>It was confirmed that rotas have the ability to deploy sufficient suitably qualified and experienced staff. The Board was assured that every Ward area is utilising an electronic roster via the E-Roster platform.</p> <p>The Trust has developed a performance management framework to support the implementation of E-roster further, with the framework providing a range of indicators which are supporting the Trust's efforts to achieve greater rota benefits, financial efficiencies and reliability assurance.</p> <p>Whilst noting the high frequency incident reporting areas, between April 19 and September 19, the Board was assured that staffing was not an immediate consideration, or correlating factor. It was confirmed that safe staffing had been maintained. Furthermore, it was reiterated that there was no one specific theme attributing to the incidents.</p> <p><i>The Board noted and supported the Safe Staffing Report.</i></p>	
<p>BM 19-20/170</p>	<p>National In-Patient Survey</p> <p>The Acting Chief Nurse apprised the Board of the outcome of the National Adult Inpatient Survey, undertaken September 2018 – December 2018, which had been published June 2019.</p> <p>For reference, Mr Moore noted those indicative areas where there had been a reduced or static position; in doing so, it was also confirmed that the Trust has a detailed Action Plan to address findings:</p> <ul style="list-style-type: none"> • How do you feel about the length of time you were on the waiting list before your admission to hospital? • Did you see, or were you given, any information explaining how to complain to the hospital about the care you received? • If you brought your own medication with you to hospital, were you able to take it when you needed to? • How would you rate the hospital food? • Were you offered a choice of food? • Did you get enough help from staff to eat your meals? <p>The Board reflected on the findings, but felt the Organisation had made progress in recent months. The Board expressed its preference for real-time/more contemporaneous Patient feedback to better inform future</p>	

Reference	Minute	Action
	<p>improvements. To this end, as part of Campaign 1 (a positive Patient experience) the Acting Chief Nurse will explore alternative real-time feedback mechanisms.</p> <p>Similarly, the position pertaining to Patients being able to self-medicate was primarily representative of diabetic patients, having the ability to self-medicate and regulate insulin, it did not correlate directly with prescribed medications.</p> <p>In order to gauge current views and opinions, it was confirmed that a series of 'in-house testing' will be launched January 2020, thereby ensuring real time reflection and responses from Patients.</p>	PM
BM 19-20/171	<p>Quality & Performance Dashboard and Exception Reports</p> <p>The report provides a summary of the Trust's performance against agreed key quality and performance indicators.</p> <p>Of the 57 indicators reported for September, excluding Use of Resources, 19 are currently off-target, 30 indicators are on-target and 8 do not yet have an identified threshold and therefore are not rated.</p> <p>The lead Director for a range of indicators provided a brief synopsis of the issues and actions being taken.</p> <ul style="list-style-type: none"> • As already reported, the current focus remains aligned to improving A&E performance, thereby minimising impact on both waiting times and the cost associated with having escalation areas open. • Whilst Urgent Care remains under pressure, the effects therefore manifest themselves in other ways; the ability to achieve 80% RTT is impacted, escalation areas remain open, despite planned closure, and bed stock remains under pressure from an extended Patient Length of Stay perspective. • Some Orthopaedic procedures may be affected, so that resources can be utilised in meeting Urgent Care Demand. • Some patient discharges are being delayed whilst awaiting 'packages of care', specifically within the West Wirral geographical area. • Despite current demand, a number of positives were reported; Diagnostic performance is now back on track, Cancer pathways are within standards and the elective programme is being reviewed daily to minimise disruption. • Overall, the Safe Domain reported largely in the green. • A number of additional training sessions pertaining to Protecting Vulnerable people [Level 3] have been implemented having identified a small dip in completion. • It was confirmed that the <i>Clostridium difficile</i> indicator is expected to be back on trajectory by December 2019. • Having identified a trend towards lower levels of Patient satisfaction within the maternity unit, this is being monitored with the team. • The Trust continues to work with the Local Research Network in recruiting patients to the National Institute for Health Research studies. • Appraisal completion continues to be monitored and having identified a recording issue, within the Medical and Acute Division, compliance is now being reported at circa 84% completion within this Division. 	

Reference	Minute	Action
	<ul style="list-style-type: none"> A number of measures have been implemented to support staff during periods of long term absence, i.e. the Employee Assistance Programme. <p>The Chief Operating Officer apprised the Board that the System had reacted positively to the ECIST recommendation and processes, benefitting measurably by having one single point of co-ordination and management overseeing Long Length of Stay.</p> <p>The Board debated at length, the financial impact of heightened Patient Long Length of Stay and the associated costs for the Trust of funding 'step down' beds/care, via a combination of the Grove Discharge Unit, or the associated costs incurred when not being able to close escalation capacity.</p> <p>Whilst mindful that Wirral Health & Care Commissioning continue to underwrite the Trust's non-elective performance, the Board agreed to approach Wirral Health and Care Commissioning with proposals as to the way forward. It was agreed that the Director of Strategy and Partnerships would lead on this for the Trust. The Board reflected that within the approach, it would also be beneficial to seek clarity of the attributes and success rates, from both a cost and performance perspective, of the various schemes being funded to deflect attendances/conveyances from A&E via alternate pathways.</p> <p>The Director of Workforce apprised the Board of the newly introduced long term sickness dashboards, providing clear transparency across the Divisions and consequently being able to identify and implement support quicker for colleagues.</p> <p>By having the suite of Dashboards, it will enable and support Line Managers to identify trends and emerging themes, whilst also ensuring staff are being supported in returning to work with the most appropriate help and support.</p> <p>From a workforce perspective, the themes and trends also reiterated the importance of having clear plans implemented to support staff with a return to work programme or being supported with appropriate longer term plans.</p> <p><i>The Board noted the current performance against the indicators to the end of October 2019.</i></p>	
BM 19-20/172	<p>Month 6 Finance Report</p> <p>The Acting Director of Finance apprised the Board of the summary financial position at the end of Month 6. The Trust reported an actual deficit of £9.7m versus planned deficit of £5.7m. However, this excludes the non-recurrent support of £4.1m from Wirral Clinical Commissioning Group.</p> <p>The key headlines for Month 6 include:</p> <ul style="list-style-type: none"> Month 6 deficit of (£1.2m) vs planned deficit of (£0.5m). In month, income was broadly in line with plan. Elective and Day case activity is behind plan reflecting in year trend, however, obstetrics (including One-to-One transfers) and excess beddays is higher than plan. In month, pay exceeded plan by (£0.7m), with YTD overspend of (£2.8m). Medical and Nursing pressures continue partly as a result of additional escalation capacity. In month, non-pay is on plan, an improvement of previous run rate and reflecting underspend on clinical supplies related to activity. 	

Reference	Minute	Action
	<ul style="list-style-type: none"> • Cost Improvement Plans [CIP] delivered in month and YTD with £4.7m against a plan of £4.9m. • Cash is £2.7m; additional borrowing has been secured to cover any risk with the predicted deficit in Q4. <p>A detailed forecast had been completed as at Month 4 which showed a full year effect of the deficit, including undelivered CIP. If CIP risks are mitigated, and the full programme is delivered, this would result in a deficit of circa £7.0m. Having noted that the 'control total' will not be delivered, the Trust would therefore not have access to PSF/FRF of circa £4.4m, determining the increased overall deficit to circa £11.4m.</p> <p>Furthermore, a number of assumptions within the original forecast outturn are now unlikely to come to fruition, due to ongoing Operational 'winter'/capacity pressures. Whilst utilisation of 'Better Care Funding' is being explored, the CIP mitigated forecast position will increase the deficit to circa £12.9m.</p> <p>The Board of Directors is proactively managing expenditure, activity performance and delivery of the CIP plan. The cost improvement plan for 19/20 is £13.2m, and although challenging, good progress is being made.</p> <p>Having received the Month 6 Finance report, the Board discussed and debated in some detail the slippage of the overall forecast and the actions that could be taken to address the position.</p> <p>There was a recognition that addressing the current financial challenge was twofold; implementing a credible and robust internal plan, supporting improved financial controls and performance, whilst at the same time reviewing the Trust's approach to Healthy Wirral and the wider overall System Financial Recovery. The Board reflected on a diverse and broad range of measures that could be included, both internally within the Trust and externally with Healthy Wirral Partners, when considering options to return to a breakeven position.</p> <p>In order to progress this further, the Board agreed that Karen Edge and Matthew Swanborough would lead on this piece of work.</p> <p><i>The Board noted the Month 6 finance performance.</i></p>	
BM 19-20/173	<p>Long Term Plan Update</p> <p>The NHS long-term plan, published January 2019, outlined a vision for the next ten years which included a programme of phased improvements to NHS Services and outcomes.</p> <p>Incorporated was the requirement for local Systems/Partners to create five year strategic plans and submit a long term financial plan covering the period 2019/20 to 2023/24.</p> <p>Board members had therefore been pre-apprised of the correlating improvement trajectories, expected for the Trust, that had been incorporated with the Trust's long-term plan to achieve a 'break even position'.</p> <p>The Board debated the series of options, having been outlined by the Acting Director of Finance, which included both central support from the Financial</p>	

Reference	Minute	Action
	<p>Recovery Fund and the delivery of core CIP elements.</p> <p>The unease, on behalf of the Board, centred on the submission outlining a position of unsustainability over the coming four year period and a number of assumptions, including the delivery of recurrent CIP.</p> <p>There was also an acknowledgement that whilst the Healthy Wirral Partners Board had agreed proposals for sharing risk and gains, across the wider System, the allocation of deficit between System Partners was not deemed equitable; it [the deficit] primarily residing with WUTH.</p> <p>The Chief Executive confirmed that an approach had been made to the Accountable Officer for Wirral CCG, to review the position collaboratively from a wider System perspective.</p> <p>Furthermore, Mr Matthew Swanborough, Director of Strategy and Partnerships, has been asked to review the Healthy Wirral Plan and Programme, to outline the emerging issues and to provide potential solutions for improvement.</p> <p>Whilst appreciating submission by the Trust was a mandated nationally, the Board therefore recommend the submission of the plan, in line with the proposals made, with however a caveat by means of a side letter. The letter would reiterate the Trust's position, that a review of the Healthy Wirral Plan was required from both a service and financial sustainability perspective.</p>	
<p>BM 19-20/174</p>	<p>Freedom to Speak Up [6 Monthly Update]</p> <p>Sharon Landrum, Freedom to Speak Up Guardian [FTSU] and Diversity & Inclusion Lead, provided the Board with both an interim six monthly report and the further guidance received from the National Guardians Office.</p> <p>A number of key aspects were highlighted for the Board:</p> <ul style="list-style-type: none"> • The Trust has evidenced a positive increase in the number of staff speaking up. 41 cases received to date, compared with 46 for the previous year. • Having improved Organisational Culture, and identified that 'attitudes and behaviours' continue to feature as a key theme for staff, a number of actions have been taken to improve this further; including the launch of the Trust's new Values and Behaviours. • The Trust is recruiting additional Guardians and is also progressing with the establishment of a Champions network. • FTSU training has been reviewed and, with the support of the Guardians, the Trust has a platform in place to offer flexibility to attend face to face training sessions or complete national e-learning online programmes. • The Trust has scored lower than the Acute Trust average within the recently announced FTSU index, however scores are based on CQC ratings from 2018 and National staff survey results. The National Staff Survey and CQC Inspection for WUTH are currently in progress for 2019. <p>Having received guidance for Boards, from the National Guardians Office [NGO], assertion was given that this had been reviewed, to ensure the Trust is adhering to current best practice. The Trust conducted a self-review in 2018, which has also now been reviewed for 2019.</p>	

Reference	Minute	Action
	<p>As a consequence, the Trust's FTSU action plan has been updated to reflect new best practice and guidance, along with findings identified locally. Board members had been provided with a full iteration of the current Action Plan within the pre circulated Board papers.</p> <p>In line with NGO suggestions, the Board was assured that the Trust has linked with Liverpool Women's Hospital to conduct an external review and validation of current best practice, and perhaps consider how further improvements can be made. It was also suggested that contact be made with Ian Quinlan, Deputy Chair of Alder Hey Children's Hospital.</p> <p>The Board was also assured that any Safety Concerns raised are dealt with, and escalated via the correct governance committees, in line with the Trust's internal processes.</p> <p>The Director of Workforce placed on record the Board's thanks to Sharon Landrum, for providing additional support during a period of extended sick leave within the Guardian's team.</p> <p><i>The Board noted the freedom to Speak Up Guardians Report and revised Action Plan.</i></p>	
BM 19-20/175	<p>Change Programme Summary, Delivery & Assurance</p> <p>Joe Gibson, external Assurance, provided an outline of the Change Programme amendments during the past month. The Board was apprised that at the Programme Board meeting held 23 October 2019, it had been confirmed that where appropriate, the 'Digital' content has now been included as work streams, into the priority Programmes of Change.</p> <p>Having attended the last Programme Board, the Director of Workforce had suggested that with the appointment of the new Director of Strategy and Partnerships, joining the Trust November, it would be an opportune time to co-ordinate workforce planning with strategy, to integrate further and build on service planning. The Workforce Transformation pillar of work will now incorporate Medical Staffing and Specialist Nursing as specific projects.</p> <p>Whilst the Board had received the latest iteration of the Change Programme Assurance Report, the Board was given a summary position relating to the top three priority projects:</p> <p>Improving Patient Flow - whilst Programme Managers assist with the Operational measures, being taken to improve overall patient Flow, the Programme Board had agreed to currently suspend assurance ratings in this domain. The Flow Programme will however present revised proposals to the Programme Board in November, specifically relating to Front Door, Back Door and Capacity Manager.</p> <p>Perioperative Medicine Improvement - of the six measures defined in the Project Initiation Documentation [PID], 4 are being measured and reported to Programme Board. The Programme Board has therefore recommended that going forward all six measures is reported.</p> <p>Outpatients Improvement - to enhance the overall project plan, it was recommended that all six of the benefits defined within the PIO are measured</p>	

Reference	Minute	Action
	<p>and reported to Programme Board.</p> <p>Having considered the overall assurance recommendations, the Programme Board has requested that each of the three priority programmes prepare a comprehensive 12-18 month forward looking plan for the January 2020 Programme Board meeting.</p> <p>The Board was assured that recruitment to the new 'Hospital Upgrade Programme' had commenced. Work Stream Leads have been identified, and the roles of the Programme Director, Head of PMO and Project Manager will be advertised in November.</p> <p><i>The Board noted the Change Programme summary, delivery and assurance report.</i></p> <p>Following the update provided by Mr Gibson, the Board received a presentation from Shaun Brown, Programme Lead, pertaining to 'Improving Patient Flow'.</p> <p>The presentation apprised the Board with the benefits of good patient flow, ensuring that a patient has the best pathway for their needs that also contributes to safe, person centered and effective care. Conversely, it was demonstrated that poor Patient Flow results in crowded ED and assessment units and in some cases Ambulatory Care and Day Case Areas being utilised to support overnight inpatient admissions.</p> <p>The biggest challenge to sustained and improved Patient Flow is the ability to support Patients, by reducing Long Length of Stay. The qualifier being an inpatient for in excess of 21 days. Similarities can also be evidenced for Patients whose stay exceeds 7 days.</p> <p>It was reported that the Trust has circa 205 patients with a length of stay exceeding 21 days, and on average 72% of those Patients are Medically Optimised. The Board was apprised that the delays associated with timely discharge, for those Medically Optimised, can be a combination of both internal and external factors, for example; the integrated discharge team form and function, bed state visibility, social worker capacity, responsiveness of out of Area community/Social Services and community services to support patients returning home.</p> <p>With the support of the Patient Flow Improvement Group, also encompassing the ECIST recommendations, Mr Brown outlined the Restructured Patient Flow Programme focused on two key work streams; Front Door, Right Care, First Time and Back Door, Better Sooner, Home Faster.</p> <p>To support the work streams, a number of key projects have been implemented; Patient Streaming, timely assessment and discharge in the right area by the right staff, Accelerated Discharge and a cross System Integrated Discharge Team.</p> <p>The overall objectives to:</p> <ul style="list-style-type: none"> • Achieve 92% Bed Occupancy by 31 March 2020 • Stream 20% of all ED attendances to the Walk In Centre by December 2019 • Reduce Long Length of Stay of circa 107 Patients by 31 March 2020 	

Reference	Minute	Action
	<ul style="list-style-type: none"> • Implement the recommendations from the ECIST review • Roll out Cerner Capacity Management by 9 March 2020 <p>To support each of the stated objectives, the Board was apprised of the progress made to date and future plans.</p> <p>Having received the presentation, the Board debated a number of aspects, including how visibility of progress will be managed and how the wider Community will be engaged.</p> <p>In view of the current System pressures, the Board also discussed the overall ability to achieve the objectives and the pace and drive required to sustain improvements over the coming weeks and months. The board also reflected that a number of the objectives appeared quite challenging. Members of the Patient Flow Improvement Group assured the Board that evidential medical and clinical engagement, along with a number of external factors being borne, would suggest a level of confidence to achieve the required objectives.</p> <p>The Chair reiterated the observations made around pace, and underlined the collaboration required across the wider System to achieve the required objectives. Noting that statistically 45% of those Patients with a long length of stay are a factor of internal processes, it highlighted earlier conversions pertaining to Medical and Nursing engagement, coupled with efficient processes in undertaking/reviewing diagnostic tests/results as required.</p> <p>Board members were assured that the degree of collaboration with external Partners, coupled with internal triangulation of Medical Staffing/Ward Accreditation/IDT improvements evidenced sufficient pace and drive to achieve the required objectives. Thereby negating the need for a Board led 'Task and Finish' Group.</p>	
BM 19-20/176	<p>Report of Trust Management Board</p> <p>The Medical Director provided a report of the Trust Management Board meeting on 31st October, which covered:</p> <ul style="list-style-type: none"> • Quality & Performance Dashboard • Divisional updates and Month 6 Financial Position • Chronic Pain Service Update • Medical Equipment Risk Assessment Report • 6 Facet Survey • Diversity and Inclusions Annual Report • AHP Recruitment and Retention Plan • Medical Agency and Locum Pay Rates <p>Dr Stevenson apprised the Board that the overarching discussions had centred on the Bed Capacity Model Update, Patient Streaming and reducing Patient Long Length of Stay.</p> <p>A discussion ensued regarding the award of the Orthotics contract. The CCG have subsequently agreed a 'standstill', to enable ongoing negotiations pertaining to this and any future tender process.</p> <p><i>The Board noted the report of the Trust Management Board.</i></p>	

Reference	Minute	Action
BM 19-20/177	<p>Report of Charitable Funds Committee</p> <p>Mrs Sue Lorimer, Non-Executive Director, apprised the Board of the key aspects from the Charitable Funds Committee, held 29th October 2019, which included:</p> <ul style="list-style-type: none"> • Continued progress for WUTH Charity and for the Tiny Stars Appeal. • Receipt of the Finance Report. • Having agreed amendments, the re-approval of the Treasury Management and Reserves Policies. • Details of the Charity Events planned Q3/4, with all Board members invited to attend and support the planned fundraising activities. <p>As alluded to earlier, Trust Board engagement had been requested to liaise with the Royal Voluntary Service [RVS] Board of Trustees, to seek assistance in securing the accumulated funds of circa £250K.</p> <p>On behalf of the Board, it was noted that Mr Paul Moore, Acting Chief Nurse, had agreed to write to the RVS in order to appreciate any prerequisites that the RVS required to support such a bid.</p> <p><i>The Board noted the report of the Charitable Funds Committee.</i></p>	
BM 19-20/178	<p>Report of Safety Management Assurance Committee</p> <p>Mr Steve Igoe, Non-Executive Director, apprised the Board of the key aspects from the Safety Management Assurance Committee, held 8th October 2019, which included:</p> <ul style="list-style-type: none"> • A report from the Chair of the Health and Safety Committee. Mr Igoe highlighted some key aspects for the Trust Board: <ul style="list-style-type: none"> ➢ Positive engagement from the various attendees. ➢ 6 RIDDOR related injuries, the majority of which related to manual handling. • The Committee had considered the Quarter 2 Health and Safety update and dashboards, and had particularly noted: <ul style="list-style-type: none"> ➢ Given the position re manual handling, the Committee discussed the availability and engagement of the Trust's manual handling training. ➢ There was an acceptance, if not expectation, that given the enhanced emphasis and awareness across the Trust of H&S issues, an increase in reporting of such incidents was to be expected. • A report on control of contractors was presented. • The Committee warmly welcomed the submission for RoSPA recognition in the light of the strong progress made by the Trust over recent months. <p><i>The Board noted the report of the Safety Management Assurance Committee.</i></p>	
BM 19-20/179	<p>Business Case – Acute Medicine Nursing</p> <p>The Business Case had been reviewed at Trust Management Board, and as referenced within the earlier 'Patient Flow' programme presentation, the Acting Chief Nurse recommended the Business Case to the Board for approval.</p>	

Reference	Minute	Action
	<p>The Business Case described the nursing and admin model to be developed over the next year, seeking an additional £830K per annum. The Division was therefore seeking approval to utilise the funding, already allocated within the Medical & Acute Division's budget in 19/20 (£900K), specifically for Acute Medicine Nursing improvements to recruit to the additional posts outlined within the overall Business Case.</p> <p>The Board was apprised of a number of key benefits that will ultimately support the department; for example, improved Patient Triage times and increased efficiencies via timely discharges.</p> <p><i>The Board approved the staffing model and funding of £830K, referenced as 'option 2' within the Business Case submission.</i></p>	
<p>BM 19-20/180</p>	<p>Medical Engagement Survey Outcomes</p> <p>Having completed the Medical Engagement Survey [MES] in October 2019, the Medical Director apprised the Board of the considerable improvement, compared to the comparable 2017 survey.</p> <p>By way of background, the 2017 MES evidenced all ten MES scales being rated within the lowest relative engagement band, when compared to the external norms.</p> <p>Having subsequently focused on improved Leadership Development and Culture, the Medical Director apprised the Board of a 42% MES improvement across all ten measures. Seven of the MES scales were rated in line with the medium relative engagement band.</p> <p>The three rated in line with the high relative engagement band, when compared to the external norms, were:</p> <ul style="list-style-type: none"> • Having Purpose & Direction 48% Improvement • Participation in Decision-Making & Change 44% Improvement • Climate for positive Learning 42% Improvement <p>An action plan is being developed, to not only support sustained improvement, but all also support those groups evidencing low levels of engagement.</p> <p>The Board recognised the progress made and thanked all those who have supported and embraced the changes made. The full report will be circulated to Board members, once the Medical Director has shared the results with the Consultants and SAS Doctors.</p>	<p>NS</p>
<p>BM 19-20/181</p>	<p>CQC Action Plan progress Update</p> <p>The Acting Chief Nurse/Director of Quality & Governance apprised the Board of the continued progress pertaining to the CQC Action Plan. For the 2018 Action Plan, all 219 actions have been completed with 219 fully embedded.</p> <p>In effect, this therefore concluded the 2018 Action Plan. A refreshed iteration will be introduced upon receipt of feedback from the recent inspections.</p> <p>The 2019 Urgent Care overdue action relates to the use of 'corridor care'.</p>	

Reference	Minute	Action
	<p>Although the Trust achieved a period of zero corridor care usage in early summer, it has again used corridor care, as the safest option for Patient Care, having evidenced a significant surge in demand in recent weeks.</p> <p>The action relating to compliance with the RCPCH recommended staffing levels for paediatric trained nurses within ED had a target completion date of 30th September, which has now breached. The Division have developed a potential solution for this action, which will be considered by the Trust Management Board in November 2019.</p> <p>The Board was apprised that the initial reconfiguration of the Walk In Centre footprint will commence 11th November. Upon completion, it will provide additional clinical space to accommodate patients streamed from A&E.</p> <p>The Board reiterated acknowledgement of the achievement to complete all actions of the 2018 plan, within the identified timeframes, as clear demonstration of a success story for all involved.</p> <p><i>The Board noted the progress to date of the CQC Action Plan.</i></p>	
<p>BM 19-20/182</p>	<p>Board/Board Assurance Committees – Annual Meeting Cycle</p> <p><i>The Board approved the proposed schedule as proposed.</i></p>	
<p>BM 19-20/183</p>	<p>Board Assurance Framework</p> <p>On behalf of the Board Secretary, the Acting Chief Nurse apprised the Board of the summary of risks, and their associated risk scores in the Board Assurance Framework</p> <p>Having advised the Board that the <i>Clostridium difficile</i> outbreak had officially come to an end, and the activity undertaken to support this position, the Acting Chief Nurse recommended that Principal Risk 4 (Catastrophic failure in standards of safety and care) ‘likelihood’ be reduced to 3.</p> <p><i>The Board therefore agreed to the request to down grade the likelihood score from 4 to 3, based on the IPC assurances already provided.</i></p>	
<p>BM 19-20/184</p>	<p>Seven Day Services – Self Assessment Submission</p> <p>The Medical Director apprised the Board that the Seven Day Hospital Services Programme, had been developed to support providers of Acute Services to deliver high quality care and improve outcomes on a seven day basis for patients admitted.</p> <p>To summarise the current position, the Board’s attention was drawn to the findings against the four priority standards, with assurance that an Action Plan has been developed to support those Standards not being achieved. Governance Review and Oversight is being undertaken via the Patient Flow Improvement Group.</p> <p>Clinical Standard 2: specifies that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to</p>	

Reference	Minute	Action
	<p>hospital. The Trust is not meeting this standard.</p> <p>With the support of Clinicians, the Medical Director had agreed an action plan to standardise and optimise the flow of patients, who attend the ED to the appropriate care setting. The Board was apprised that there may at times be a record of non-compliance, when patients are following a clinically agreed pathway and does not warrant a consultant review.</p> <p>Clinical Standard 5: Hospital Inpatients must have scheduled seven day access to consultant-directed diagnostic tests for patients to clinically appropriate timescales, which is within one hour for critical patients, 12 hours for urgent patients and 24 hours for non-urgent patients. The Trust is compliant with this standard.</p> <p>Clinical Standard 6: Hospital inpatients must have 24-hour access seven days a week to key consultant-directed interventions that meet the specialty guidelines, either on – site or through formally agreed network arrangements with clear written protocols. The Trust is compliant with this standard</p> <p>Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least every 24 hrs unless it has been determined it would not affect their pathway. The Trust is partially meeting this standard</p> <p><i>The Board of Directors noted the report and actions identified to mitigate areas of non-compliance.</i></p>	
<p>BM 19-20/185</p>	<p>Any Other Business</p> <p>There were no items to report this month.</p>	
<p>BM 19-20/186</p>	<p>Date of next Meeting</p> <p>Wednesday 4th December 2019.</p>	

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Chair

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Date

