



Trust Board Meeting

Thursday 30 April 2020

Agenda and Papers





OPEN TRUST BOARD MEETING AGENDA

Virtual Meeting
WCFT Thursday 30th April 2020
09:30 – 10.50

V = verbal, d = document p = presentation

Item	Time	Item	Owner	Purpose	Reference
1	09.30	Welcome and Apologies	J Rosser	N/A	v
2	09.30	Declaration of Interests	J Rosser	N/A	v
3	09.30	Minutes and actions of meeting held on 26 th March 2020	J Rosser	Decision	d
STRATEGY					
None this month					
PERFORMANCE					
4	09.35	4.1 COVID-19 Update Report 4.2 COVID -19 Staff Health & Wellbeing Report	H Citrine M Gibney	Information Information	d d
5	09.50	Integrated Performance Report	CEO/NED Chairs	Assurance	d
QUALITY					
6	10.00	Same Sex Accommodation Compliance Declaration	L Salter	Information	d
7	10.05	Q4 Governance Report	L Salter	Assurance	d
8	10.15	8.1 Q3 Mortality Report 8.2 Q4 Mortality Report	A Nicolson	Information	d
GOVERNANCE					
9	10.35	Board Assurance Framework	J Hindle	Assurance	d
10	10.40	Standing Orders and Emergency Powers, Urgent Decision Making	J Hindle	Assurance	d
CONCLUDING BUSINESS					
11	10.45	AOB	J Rosser	Information	v

Date and Time of Next Meeting: 22nd May 2020, WCFT

UNCONFIRMED

Minutes of the Open Trust Board Meeting

Meeting via teleconference due to national lockdown and COVID19 outbreak

Thursday 26 March 2020

Present:

Ms J Rosser	Chair
Mr S Crofts	Non-Executive Director
Ms S Rai	Non-Executive Director
Ms S Samuels	Non-Executive Director
Ms B Spicer	Non-Executive Director
Professor N Thakkar	Non-Executive Director
Ms H Citrine	Chief Executive
Mr M Burns	Director of Finance and IT
Dr A Nicolson	Medical Director
Ms J Ross	Director of Operations and Strategy
Ms L Salter	Director of Nursing and Governance
Mr M Gibney	Director of Workforce and Innovation

Trust Board Attendance 2019-20										
Members:	Apr	May	Ext May	Jun	Jul	Sept	Ext Oct	Nov	Jan	Mar
Ms J Rosser	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr S Crofts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ms A McCracken	✓	✓								
Ms S Samuels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr A Sharples	✓	✓	✓	✓	✓					
Ms B Spicer				✓	✓	✓	A	✓	A	✓
Ms S Rai						✓	A	✓	✓	✓
Prof N Thakkar	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ms H Citrine	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
Mr M Burns	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr M Gibney	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Dr A Nicolson	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
Ms J Ross	A	✓	✓	✓	✓	✓	A	✓	✓	✓
Ms L Salter	✓	✓	✓	✓	✓	✓	✓	A	A	✓

Agenda items listed in order of discussion.

TB159/ Welcome and apologies

19-20

Ms Rosser welcomed those present to the meeting via teleconference.
No apologies were received.

TB 160/ Declarations of interest

19-20

There were no declarations of interest in relation to the agenda.

TB161/ 19-20 Minutes and matters arising from the meetings of 30 January 2020
Open

It was taken that any amendments would have been forwarded to the Corporate Secretary and so the minutes were agreed as an accurate record of the meeting.

The following items were updated on the Action Log:

TB 151/19-20 Guardian of Safe Working

TB 153/19-20 Model Employer Aspirational Targets

Ms Spicer was able to join the teleconference at this point.

TB 162/ 19-20 Integrated Performance Report

The IPR report had been circulated to provide assurance on integrated performance for the month of February 2020.

The Chief Executive provided the overview incorporating feedback from each Executive on their section. Key highlights:

- It was a good initial report. The cancer patient exception was due to a reporting time period and therefore not a treatment breach. The patient was not put at risk or harm as a consequence.
- Average wait overall was satisfactory.
- Neurosurgery and Neurology Division performance was considered excellent.
- The Pain service continued to be a concern. Some action had been taken to improve this prior to COVID. No electives would be taking place for a number of weeks but there would be fewer referrals coming through. The situation would be re-assessed post COVID but the main concern was the 52 week patient breaches which were envisaged.
- The financial position was considered to be reasonable and a settlement had been agreed with NHSE which would help meet the Control Total. COVID expenses would be coded separately as per national guidelines though would need to follow appropriate financial governance to be reimbursed. The planning round had been suspended. A four month block contract had been agreed with Commissioners to cover the period April to July 2020 and may possibly be extended depending on COVID.
- Quality was in a strong position and on target for most of the reduction thresholds and in some cases significantly under thresholds.
- There had been one patient with Clostridium Difficile in ITU and a Serious Untoward Incident around a patient with a pressure ulcer in Lipton Ward.
- Patient assessments were low in some areas but were considered to be a data gap rather than them not being carried out.
- There was nothing new to report on Workforce but the situation post COVID would almost certainly change due to turnover, recruitment, sickness so would be discussed further next month.

Comments and questions from Non-executives were taken (particularly in relation to the COVID 19 outbreak) and assurance provided around the following:

- Audit trails were in place with the use of log books for both Executive and Divisional decisions;
- The following of national guidance was being adhered to as well as learning and

- shared experiences from across the country ;
- The correct reporting processes remained in place;
- The continuation of responding to complaints;
- The pensions situation;
- The maintenance of the recruitment programme;
- Assurance that newly published NMC guidance would be followed around students and students working as HCAs; and
- The importance of staff being kept informed and updated with the continuation of the daily huddle followed by a resilience meeting and key messages communicated to all staff daily.

The Board

- **Noted the report.**
- **Acknowledged the importance of thanking and rewarding staff.**

TB 163/ 19-20 Freedom to Speak Up Guardian Report

The report had been circulated to provide the Board of Directors with assurance on the effective working of the Trust's Freedom to Speak Up arrangements.

The Board acknowledged that the Trust had a good Freedom to Speak Up Guardian, Julie Kane, who was also the Quality Manager. Ms Kane was presently doing additional work allowing her to talk to staff during the current situation.

Comments from the Chair on the report was that it would be useful to look at the results of the 2019 staff survey to see if the league table of benchmarking performance changed as a consequence. It was further commented by a Non-Executive Director if staff could be separated by profession to see what the key concerns were of each staff group.

Further comments were made around the low survey return rates (11%) and if that compared to other trusts. It was agreed this would be picked up by the Director of Nursing with the Freedom to Speak Up Guardian and fed back remotely.

The Board

- **Noted the report and the Freedom to Speak Up Guardian was thanked by the Chair on behalf of the Board for her contribution.**

ACTION: Director of Nursing to discuss with FTSU Guardian the low response rate to the survey and feedback remotely.

TB 164/ 19-20 Implications of Corona Virus (COVID 19)

The report had been circulated to provide the Board with an update of the Trust's arrangements to manage the Corona Virus outbreak.

The Director of Operations and Strategy updated the Board that the Trust had one patient who had tested positive. She provided an update on working arrangements with most non-essential staff now working from home in order to have minimal people in the organisation.

The Trust was being managed from a top down approach and all decisions were being logged from Command & Control. Regional and National calls were taking place daily and the Trust was receiving suitable direction.

Within the last couple of days there had been a structure put in place across Cheshire and Merseyside to coordinate hospital information / capacity issues / bed modelling availability and capacity. Some of the discussions had been around stroke services and neurosurgery across the wider footprint.

Questions from Non-Executive were wide and Executives were able to answer and provide assurance around the following:

- The patient who had tested positive was being managed appropriately.
- National volunteers would be a good resource to have although the Trust would be looking to redeploying some non-clinical staff.
- PPE and the concerns around stock levels, fit testing, brands and national guidance. Lead Microbiologist Susan Larkin had been communicating the correct messages to the clinical teams. At the present time the Trust had adequate supply but the biggest challenge was ensuring stocks last and that staff were wearing the correct equipment.
- Capacity issues and what was currently available. A lot of bed modelling had been carried out and presently the Trust had a couple of wards that were still full. Initial modelling had been based on every critical care bed across Cheshire & Merseyside being full by 26 March – that had not happened as yet. The Trust presently had capacity at ward level and to support the wider system.
- Funding would be provided and all COVID expenses were being coded separately and would be refunded.
- Support in the community and the potential that some aspects of this could continue post COVID.
- Food for staff and patients was continuing through ISS. Donations were starting to be made and Head of Fundraising together with Interim Head of Facilities were coordinating.

Non Executives were supportive of the Executive Team and the offer was made by them to be available for any support as and when needed. The Executive Team were thankful for this offer. Executives were looking to take individual days annual leave in order to rest and look after their health and this was currently being arranged.

The Chief Executive added that later that day the Trust hoped to have an agreed direction of whether it would be undertaking the regional neurosurgery non-elective role or just Cheshire and Merseyside. A communication would be provided to the Chair for escalation.

The Board

- **Noted the report setting out the implications of Corona Virus and were assured of the response by the Executive Team to mitigate the impact.**

ACTION: Chief Executive to provide Chair with final decision on regional neurosurgery for escalation to Non-Executive Directors.

The items below were circulated in advance of the meeting.

**TB 165/ Staff Survey results and Action Plan
19-20**

The Board

- **Noted the Staff Survey and were in agreement with the Action Plan.**

TB 166/ 19-20 Declaration of Healthy Weight Report and Action Plan

The Board

- **Noted the Healthy Weight Report and were in agreement with the Action Plan.**

TB 167/ 19-20 Model Employer Aspirational Targets

The Board

- **Were happy to endorse the Report.**

TB 168/ 19-20 Chair's Assurance Reports

- **Business Performance Committee** – It was requested that the Chair's Report for the February 2020 meeting be circulated for information.
- **Quality Committee**
- **RD&I – March 2020**
- **Walton Centre Charity Committee – February 2020**

The Chair's reports and updates were noted.

ACTION: BPC February 2020 Chair's Report to be circulated for information. JH

TB 169/ 19-20 AOB
None.

There being no further business the meeting closed.

TRUST BOARD Matters arising Action Log April 2020

	Complete & for removal
	In progress
	Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
27.06.2019	TB 78/19	<u>Annual Safeguarding Report/DBS Checks</u> Director of Workforce & Innovation to provide an update on benchmarking with other organisations regarding DBS check approach/ funding	M Gibney	M Gibney to provide a paper outlining the position, options and risks. <u>January 2020</u> Item on the agenda. Regional solution awaited. Update to be provided when agreement reached.	Oct 2019 Jan 2020	
25.07.2019	TB 96/19	<u>Quality Committee Terms of Reference</u> To review the membership and Terms of Reference for all of the Board Committees	J Hindle	Quality Committee, BPC and Audit Committee complete. <u>Jan 2020</u> RDI, Charity and Rem Com to be agreed by each committee before approval by Board. <u>March 2020</u> Comments following Charity Committee to be included in the next version. RDI need to factor in the changes to the sub-groups.	Nov 2019 March 2020 April 2020	
30.01.2020	TB153/19-20	<u>BPC Chairs Report</u> Model Employer Aspirational Targets to be presented to the Trust Board if the Trust is to commit to this.	M Gibney	Item on the agenda. Board agreed to endorse the Report (also noted in the minutes for March).	March 2020	

30.01.2020	TB/151/19-20	<u>Guardian of Safe Working</u> To provide the data for January for circulation to members.	C Burness	J Hindle not as yet heard from Dr C Burness – item to be deferred.	March 2020	
26.3.2020	TB163/19-20	<u>Freedom to Speak Up Guardian Report</u> Director of Nursing to discuss with FTSU Guardian the low response rate to the survey and feedback remotely.	L Salter			
26.3.2020	TB164/19-20	<u>Implications of Corona Virus (COVID 19)</u> Chief Executive to provide Chair with final decision on regional neurosurgery for escalation to Non-Executive Directors.	H Citrine			

For future meetings

30.01.2020	TB147/19-20	<u>Governance Report</u> To consider the most appropriate means of benchmarking complaints e.g comparison with other outstanding trusts or others with Neuro Services and provide appropriate narrative.	L Salter		April 2020	
30.01.2020	TB150/19-20	<u>Mortality & Morbidity report</u> Members to feedback comments re summarising the report to enable the Board to see the high level trends and enable Quality Committee to see a more detailed version.	A Nicolson		April 2020	



The Walton Centre NHS Foundation Trust

REPORT TO THE Trust Board
Date 30th April 2020

Title	COVID-19 Update Report	
Sponsoring Director	Name: Hayley Citrine Title: Chief Executive	
Author (s)	Name: Hayley Citrine Title: Chief Executive Name: Jan Ross Title: Deputy Chief Executive Name: Dr Andy Nicolson Title: Medical Director	Name: Mike Burns Title: Director of Finance and IM&T Name: Lisa Salter Title: Director of Nursing and Governance Name: Mike Gibney Title: Director of Workforce & innovation
Previously considered by:	<ul style="list-style-type: none"> • NA 	
Executive Summary The purpose of the report is to summarise the approach to COVID-19 to date; to inform the Board of new ways of working, emergency resilience and operational preparedness, recognising regional and national responses and directives.		
Related Trust Ambitions	All	
Risks associated with this paper	<ul style="list-style-type: none"> • BAF COVID risk 	
Related Assurance Framework entries	<ul style="list-style-type: none"> • BAF COVID risk 	
Equality Impact Assessment completed	<ul style="list-style-type: none"> • N/A 	
Any associated legal implications / regulatory requirements?	<ul style="list-style-type: none"> • Follows national and regional guidance related to Coronavirus 	
Action required by the Board	<ul style="list-style-type: none"> • To receive, comment on and note 	

Revised in July 2018

Filepath: S:drive/BoardSecretary/FrontSheets

S:drive/ExecOfficeCentreMins/FrontSheets

COVID-19 Update Report

Executive Team Communication

The Executive Team have a joint teleconference every morning to update each other on key points in their portfolios and professional/regional /national calls we have been on to ensure everyone is aware of the full picture. This has assisted the executive team being prepared and able to manage the key priorities when team members have gone off. This meeting has been held twice a day when needed but has now reverted to once a day.

In addition, the executive team have also continued the weekly exec team meeting via Microsoft teams with a reduced agenda. The team have discussed COVID related decisions in the main and some core governance/safety issues and critical business. e.g. COVID risk for the BAF, prioritising which papers must go to Trust Board and which ones should be deferred or amalgamated with future Board reports.

Patient Data

There are currently 79 inpatients within the Trust (19th April 2020), of which, 18 patients are positive and 1 is suspected to have covid-19. To date there have been 43 patients with covid-19 in the hospital. There have been 5 deaths reported as a consequence of the virus.

Staff Data

There have been 84 staff tested to date (19th April 2020), with 53 being identified as positive and 24 as negative. We are awaiting results for 7 staff from the labs. Staff have been requested to contact their manager and Julie Kane if they are symptomatic or if one of their household contacts is symptomatic so that staff / household contact can be tested. A clear SOP was written and this is being managed well. Staff are being tested on day 3 as this is the optimum day for accurate results.

Quality Assurance / Communication Updates

Each morning Monday to Sunday at 09.30 hours, the Trust safety huddle takes place via Microsoft Teams. The huddle focuses on several key themes, notably, staffing, procurement updates, infection prevention updates, fit testing, incidents and elements of risk to both patients and staff. The Trust huddle has on average 35 – 40 staff members from all disciplines and staff have the opportunity to raise concerns as needed. At the end of the huddle, an update is given verbally following the regional Chief Operating Officers teleconference in relation to covid-19. This information is shared daily via an email except for the weekend when it is shared as a text on WhatsApp to the Heads of Departments.

Staff on the WhatsApp group also have the ability to question or share information quickly and to seek support on an issue if required.

Command and Control

The command and control rota is updated on a weekly basis and is managed via the Boardroom by silver and gold on call. Information is shared through the day at set times. In addition, queries and information provision can be sent through to 'Command and Control' via email so things can be collated. Communication Team work closely with Command and Control to ensure staff receive regular updates each day when national guidance changes.

Patients in the Trust are reviewed on a daily basis by Command and Control to ensure patients are stepped down on the correct date and swab results chased. Staffing is reviewed to ensure safe delivery of care is given and that staff breaks are being taken.

Staffing

It has been positive to observe how staff from clinical areas such as Neurophysiology have transitioned to the wards and are delivering care to patients across all shift patterns of long days and nights which has been fantastic. This staff group commented that they had recognised how tired they were after a shift and the impact this must have on nursing staff who work the wards on a daily basis.

Our specialist nurses have been moved onto wards and ITU to deliver care and this has been positive seeing the teams work together to deliver high quality patient care.

The Trust has seen non-clinical staff from various disciplines across the Trust working within clinical areas answering telephones, passing on messages, enabling facetime between patients and their families, undertaking cleaning duties, portering services, to name but a few. Teamwork and the Walton Way has definitely been observed throughout each day during the covid crisis.

PPE

Nationally there has been a continued focus on PPE shortages, especially related to gowns. This has also been the case regionally in Cheshire & Merseyside (C&M), where providers have not been able to access any additional stocks through the relevant national process until all regional mutual aid has been explored. The shortage of gowns has led to collaboration across the C&M Trusts to review alternative sources for obtaining gowns. This has resulted in 2 bids via the C&M regional hub for additional gowns which the Trust has been party to. There is some risk to this in that the additional costs related to covid-19 may not be borne by NHSI/E and so fall on the individual providers to cover.

At the time of writing, an order has been placed for 12,500 gowns which is due to be delivered on 5th May and a further order is being investigated across C&M for a further 400,000 gowns (for the region) and we are awaiting confirmation regarding whether this will be successful (a previous attempt was not). Locally, the trust continues to manage its PPE on an ongoing basis, regularly reviewing its stock and usage, and is in a relatively stable position, bar a couple of areas e.g. gloves, hand sanitiser. This will be under continual review as this can fluctuate quickly. High usage of PPE has reduced somewhat over the period of the virus to date as regular deliveries of PPE are made to the wards via materials management.

Finance

Nationally, there is a bi-monthly update on the financial processes in relation to covid-19. The last national finance meeting took place on the 16th April. The main areas of discussion were with regards to Procurement, cash and capital in 20/21 and 19/20 year end. In terms of Procurement (Procurement Policy Note – issued 21st April), there were 3 specific areas of discussion:

- Prompt payment (within 7 days);
- Pre-payment (in exceptional circumstances);
- Payment for goods and / or services where provision is reduced or paused temporarily.

All national guidance highlights the fiduciary responsibilities of trusts and appropriate governance around financial processes in relation to expenditure during the current outbreak.

Regionally, given the importance of financial governance, MIAA have produced a detailed checklist relating to financial governance during covid-19 which the trust is currently reviewing. There are regular regional DoF meetings for the NW (twice weekly) and weekly C&M DoF meetings where various topics are discussed and approaches to different areas are shared to try and get consistency of approach e.g. staff food, provider to provider invoicing etc. There have also been discussions about recovery following covid-19 and this will be a major task, across a number of areas as the environment in which we have been used to working in has changed as a result of the pandemic.

The Trust has achieved its year end control total for 2019/20 (primarily due to settlements agreed with main commissioners). The first claims related to covid-19 have been reimbursed by NHSI/E however, the financial governance around expenditure needs to remain sound given some trusts have not had all claims reimbursed. In terms of 2020/21, the finance team are still reviewing the impact of the arrangements that are being put into place for the first 4 months under the block and top up payments scheme (as these have changed a number of times over the last 3 weeks). The finance team will review performance against the draft plan that was approved by BPC on behalf of Board (given the timescales) although the target during the pandemic is for providers to break even.

Health and wellbeing

Preserving and protecting the health, safety and wellbeing of our staff is critical as we respond to the COVID 19 pandemic. It is essential we support the physical and mental wellbeing of staff enabling them to stay healthy and to protect themselves, colleagues, patients and their families as we continue to deliver services through this challenging period. Inline with the Walton Way Values we will be offering staff support across all stages of the epidemic with the focus currently on the preparation and acute stages. We have an enhanced wellbeing offer at a local and national level which is detailed in a separate paper.

Working with new and diverse partners

The COVID-19 pandemic has created unprecedented challenges for the NHS. Working as an anchor institution, The Walton Centre has worked closely with local companies to supplement the provision of protective clothing and equipment.

One example is DoES Liverpool, an independent organisation of “makers” founded in 2011 that brings together independent manufacturers and other professionals to support collaborative working, education and events. Clinical and non-clinical staff provided advice to DoES Liverpool to help them design and manufacture visors for key workers in the NHS and social care. In addition, we were connected to the “Helping Dress Medics” group who usually make garments for films, but who have been making scrubs etc for the NHS (<https://uk.gofundme.com/f/helping-dress-medics>).

As well as making donations of scrubs to the Trust, the group connected procurement colleagues to suppliers of gowns. Business networks have been helpful in sourcing products in very short supply. For example, the company Charge Point connected us via another link to the innovation company Kesslers who provided mask fit testing solution without charge on the date we needed the product. The Professional Liverpool healthcare group also provided lists of contacts that could support procurement, estates and other functions if required. Clearly, there are many other very generous examples of support offered and received through charitable and other routes. Due to the significant economic impact of the Covid-19 pandemic, the role of anchor institutions as purchasers of local goods/services (where appropriate) could become more significant going forward.

Charity

The support for the Trust via the charity is twofold; donations to a dedicated covid19-appeal set up on the charity website, and product / gift in kind donations from community and corporate supporters. The Fundraising Team is co-ordinating approaches to, and offers from, the community/corporate supporters, and is logging and distributing products received to ward and department areas as needed. The Walton Centre Charity is also a member of NHS Charities Together, so benefits from the very high profile national fundraising campaign currently taking place, with funding made available for specific objectives including staff wellbeing; psychological support; accommodation/travel if/as necessary; food provisions; and other items as identified by staff during the crisis. A first instalment grant of £35,000 was received last week, with a further grant due w/c 20 April. Expenditure from the designated funds received is approved in line with existing SFI via the Charity Committee.

Ethics Committee

It was recognised early in the COVID pandemic that NHS resources may be insufficient to cope with the demands on services. This was particularly considered to be the case for beds on intensive care units. In such an eventuality clinicians could be faced with extremely difficult and distressing decisions over allocation of resources. Intensive care units in their usual day to day practice will make decisions over whether individual patients would benefit from admission to the unit, and what would be an appropriate ‘ceiling of care’. However, it was seen as possible that the decision making in such scenarios could shift from a focus on each individual patient, to treating the population as a whole. To support clinicians in such situations the Trust have set up a Clinical Ethics Group. This is chaired by the Medical Director with the Director of Nursing and Deputy Medical Director as members. The group also consists of senior Consultants from neurology, neurosurgery and anaesthetics. The group meets weekly but is also available for consultation over decisions out of hours. As the demand on resources has not yet been as high as anticipated the group have not been called upon for specific decisions as yet but has provided some general guidance to some clinicians.

Stroke service

The stroke service transitioned to The Walton Centre on 6th April 2020 from Aintree Hospital. 18 patients were transferred. The Walton Centre received three RNs, two HCAs, one advanced practitioner, two specialist nurses, six nurse clinicians and one clinical fellow who is ward based. There has been positive feedback from staff from both Trusts and patients alike. Weekly meetings are held between both Trusts to review the service provision and determine any queries.

ENT – Head and neck cancer

Due to a decrease in theatre sessions at Aintree during the COVID-19 pandemic, the Walton Centre was approached to help facilitate the provision of Head and Neck cancer surgery for those patients who were already on a cancer pathway. It was agreed that WCFT would provide a theatre with equipment such as a microscope, anaesthetic machine and monitor, any specialist equipment is to be provided by Aintree. Drugs and consumables in the main will be provided by WCFT and recharged as per financial guidance due to COVID as and when available. WCFT staff are required in the main to be the clean ODP, HCA and Scrub, any requirements for WCFT to provide a dirty HCA and Scrub are agreed between the theatre team leaders before the case.

The first operation was successfully undertaken Wednesday 8th April and there have been a total of 10 cases carried out. Initial feedback has been positive and the list will remain in place for as long as safely possible.

Patient Experience

On a daily basis patient families are contacted by senior nurses and an update is given regarding their patient's progress. Feedback has been positive that they feel engaged and included with what is happening in these extreme circumstances.

Patients have been given the opportunity to facetime families and keep in touch via the use of ipads. Where patients do not have the ability or functionality, the staff use WCFT owned ipads specifically for this purpose.

Matron and Divisional Nurse Director presence remains high on the wards and staff and patients are being spoken to on a regular basis to check satisfaction.

For families who have a patient that has passed away, we have memory boxes in Critical care, where we provide them with a handprint, a lock of hair and a sympathy card. This is being reviewed so it can be delivered for all families across the hospital.

Whilst occupancy is lower, complaints are being followed up to try to prevent further delay in responses to patients and families. Patient feedback received via social media includes,

"I'm a long term patient with you. Yesterday I rang as my regular treatment has been stopped for now due to #COVID2019 and I'm struggling. But within 40mins I had my consultant on the phone with a plan to help me - you are incredible, absolutely amazing."

"PATIENT NAME is now at home and doing really well; you all saved her life and in turn mine too. Stay safe, this country needs you now more than ever."

Ext Recc Status	External Organisation	Inspection Date	Review/Report	Report received?	Presented where	Presented	Action plan required?	Being monitored by	Lead	Complete?	Item Type	Path
2. Ongoing	MHRA	11/2/2016	MHRA - Good Clinical Practice Compliance	Yes	Exec Team	Yes	Yes	RDI Committee	Maria Thornton / Gill Hamblin	No	Item	sites/firesafety/ExternalRecommendations/Lists/External Recommendations
2. Ongoing	General Medical Council	3/21/2018	GMC national training survey	Yes	Medical Education Board	Yes	Yes	Medical Education Committee	Medical Education manager	No	Item	sites/firesafety/ExternalRecommendations/Lists/External Recommendations
2. Ongoing	Care Quality Commission	4/16/2019	CQC formal inspection 16 - 19th April 2019	Yes	Exec Team	Yes	Yes	Quality Committee	Head of Quality	No	Item	sites/firesafety/ExternalRecommendations/Lists/External Recommendations
2. Ongoing	Fire (MFRS)	11/11/2018	MFRS - Revisit following OPD fire	Yes	Exec Team	Yes	Yes	Resilience Planning Group	Head of Risk	No	Item	sites/firesafety/ExternalRecommendations/Lists/External Recommendations
2. Ongoing	UKAS	10/23/2019	UKAS ISO 15189:2012	Yes	Neurosurgery Divisional Gov Group	Yes	Yes	Buxton Laboratories Quality Management Group	Quality & Governance Manager (Labs)	No	Item	sites/firesafety/ExternalRecommendations/Lists/External Recommendations
3. Planned in year	NHS England, Specialised Commissioning Quality Surveillance Team (QST)	9/17/2019	Specialist Rehab for Pt's with Highly Complex Needs service	Yes	Specialist Rehab Board	Yes	No	Neurology Divisional Governance Meeting	Julie Peacock	Yes	Item	sites/firesafety/ExternalRecommendations/Lists/External Recommendations

Agenda Item (Ref)	4.2	Date of Meeting	30/04/20
Report to	Trust Board		
Report Title	Staff Health & Wellbeing - COVID 19		
Executive Lead	Mike Gibney, Director of Workforce & Innovation		
Lead Officers	Jane Mullin, Deputy Director of Workforce & Innovation. Madeleine Fletcher, Head of Fundraising.		
Action Required	To note only.		

Report Purpose	Board are asked to note the support offered to staff internally, externally and via the charity.		
Strategic Priority (s) This work Supports	Deliver best practice care and treatments in our specialist field.	<input checked="" type="checkbox"/>	
	Provide more services closer to patients' homes , driven by the needs of our communities, extending partnership working.	<input checked="" type="checkbox"/>	
	Be financially strong , meeting our targets and investing in our services, facilities and innovations for patients and staff.	<input checked="" type="checkbox"/>	
	Lead research, education and innovation , pioneering new treatments nationally and internationally .	<input checked="" type="checkbox"/>	
	Adopt advanced technology and treatments enabling our teams to deliver excellent patient and family centred care.	<input checked="" type="checkbox"/>	
	Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing.	<input checked="" type="checkbox"/>	
Related Board Assurance Framework (BAF) risk	0011 If the trust does not establish effective plans for the management of patients & staff with COVID 19 then it may not fulfil its role as a category 1 Responder leading to widespread loss of life, loss of public confidence & an inability to deliver strategic objectives.		
Business Plan Priority	N/A		
Equality Impact Assessment required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Next Steps	To continue to engage in the evolving local & national agenda.
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REPORT HISTORY				
Committee/Group Name	Agenda Ref	Report Title	Date of Submission	Brief summary of Outcome
Meeting Title	Ref	Enter Title	Meeting Date.	Outcome
Meeting Title	Ref	Enter Title	Meeting Date.	Outcome
Meeting Title	Ref	Enter Title	Meeting Date.	Outcome

Executive Summary
To present the actions taken by the Trust to support the health & wellbeing of staff during the Covid 19 pandemic. It is more important than ever for staff to look after themselves and colleagues during the current challenges and also to be mindful of longer term issues that will arise if some of the worst case scenarios play out. All staff are being encouraged to be as patient as possible when interacting with others at a time when everyone is under increased pressure due to the unprecedented conditions both at work and home.
Background
1. In response to COVID 19 pandemic.
Key Issues/Proposals
2. For information.
Implications
3. Enhanced health & wellbeing requirements of staff during and post COVID 19 pandemic.
Financial
4. Note nationally funded, enhancement to existing offer or charity.
Workforce
5. N/A
Other
6. N/A
Recommendations
7. Board are asked to note the support offered to staff internally, externally and via the charity.
References and Further Reading
8. N/A

Author	Jane Mullin, Deputy Director of Workforce & Innovation. Madeleine Fletcher, Head of Fundraising.
Date	22/04/20

STAFF HEALTH & WELLBEING – COVID 19

REPORT TO TRUST BOARD

30th APRIL 2020

1. Purpose of Report

To present the actions taken by the Trust to support the health & wellbeing of staff during the Covid 19 pandemic. It is more important than ever for staff to look after themselves and colleagues during the current challenges and also to be mindful of longer term issues that will arise if the some of the worst case scenarios play out. All staff are being encouraged to be as patient as possible when interacting with others at a time when everyone is under increased pressure due to the unprecedented conditions both at work and home.

2. Recommendations

Board are asked to note the support offered to staff internally, externally and via the charity.

Relevant Information

There has been a triad response to staffs health and wellbeing from a local, national and charity perspective. The detail is as follows:

2.1 Internal guidance and advice

Posters-The attached posters have tips on looking after yourself and colleagues, as well as advice for those working from home for the first time.

Staff Facebook Group Staff can stay informed by joining the Trust's closed staff group on Facebook.

Advice and support: Occupational Health helpline is a great first port of call and can signpost to services which could be beneficial.

Talking it through: NOSS provide the Trusts staff counselling service, including an out of hours helpline that is manned 5.30pm to 8.30am. At the current time, all counselling is provided by phone. These sessions are entirely confidential.

Temporary 24/7 Employee Assistance Programme: Additional support via Vivup. This support is for problems at work and home including anxiety, stress, and depression. Following assessment staff can receive six weekly 30 minute counselling telephone calls. It is important to note that these calls are entirely confidential.

Physiotherapy service: Staff can self-refer to this service via Occupational Health

VIVUP: The Trust's new staff benefits and wellbeing platform. As well as containing a lot of useful advice about maintaining good health and wellbeing, the service enables staff to access benefits such as discounts at high street stores, and to pay for a selection of items including home electronics and appliances through salary sacrifice. Vivup is free for our staff to use, and is accessible on both work and home computers.

PSYCHOLOGY SUPPORT: All The Walton Centre staff (clinical and non-clinical) can now access the confidential staff wellbeing and psychological support line. This confidential and anonymous hotline is manned between 8am -5pm Monday to Friday, and messages can be left 24 hours a day.

ED&I: The Trust has continued to support the wider ED&I agenda.

3.2 External guidance and advice

Our NHS People: The Our NHS People support offer incorporates Health and Wellbeing initiatives launched at the beginning of April 2020. The ways to access support during COVID-19 include:

- [Website and app](#) - Information, and access to group and 1-1 support direct to your phone, laptop or PC
- Helpline - a free wellbeing support helpline 0300 131 7000, available from 7.00 am – 11.00 pm seven days a week, providing confidential listening from trained professionals and specialist advice - including coaching, bereavement care, mental health and financial help
- Text - a 24/7 text alternative to the above helpline - simply text FRONTLINE to 85258
- [Silver Cloud](#) - Mental Health Modules for Stress, Resilience, Sleep and Anxiety. Use the code NHS2020
- Apps - free access to mental health apps including [Unmind](#), [Headspace](#), [Sleepio](#) and [Daylight](#)

NHS Employers resources: NHS Employers has created a hub page [here](#) containing links to all their staff wellbeing resources including mental, physical, and financial wellbeing.

Good teamwork under pressure: The charity Clinical Human Factors Group has produced some key points on how to work as a team under pressure. The document is attached to the report.

Transport: Mersey travel have provided free transport for staff

Schools: Local Education Authorities have facilitated a number of school places for key workers

3.3 Charity Support

The support for the Trust via the charity is twofold; donations to a dedicated covid19-appeal, and product / gift in kind donations from community and corporate supporters. We are also a member charity of the NHS Charities Together, so benefit

from the very high profile national fundraising campaign currently taking place, with funding made available for specific objectives including staff wellbeing; psychological support; accommodation/travel if/as necessary; food provisions; and other items as identified by staff during the crisis. A first instalment grant of £35,000 was received last week.

Below is a summary/outline of other support received to date:

Walton Centre Charity Appeal: a dedicated appeal has been set up on the charity website for supporters wishing to contribute during the crisis. Over £12,000 has been raised to date. www.thewaltoncentrecharity.org/appeal/teamwalton The objectives of the appeal are in line with the national objectives for the NHS Charities Together – i.e. to support staff physical and mental wellbeing during the crisis. It has also been made clear to donors, that any funds ‘left over’ in the appeal when the crisis ends, will be used to support charitable projects in the hospital which may be impacted from the loss of general fundraising activities and initiatives during this period.

Staff room refreshments: the fundraising team are aiming to keep staff rooms stocked with tea/coffee/biscuits/milk during this period and are receiving and co-ordinating gifts from individuals, community groups and local retailers for this purpose.

Treats: Easter eggs were donated to staff from local retailers as well as a national/global company. LFC 1st team players also donated 20 sweet/chocolate hampers which were distributed out to ward/departments/ISS/labs.

Scrubs/Scrub bags: Volunteers in the community are making scrubs and scrub bags for staff, as well as headbands with buttons for use with masks.

Toiletries: Donated for over-night on-call rooms, Home from Home (which is currently used by staff needing to isolate) and also for patients who are no longer able to receive visitors.

Amazon Smile: A wishlist has been set up for the Charity account, with items such as hand-cream, snack bars and other treats. These are distributed to ward/staff rooms as and when they become available.

Breakfast/Snack bag: the charity is using some of the funds donated to fund breakfast bars/hot drink for day staff, and snack bags delivered to wards for night staff. It will be trialled for a week and then reviewed based on feedback from staff.

Portable Changing/Shower facilities: supporters of the charity from the construction industry are providing portable changing/shower facilities free of charge – fundraising team liaising with Estates and Facilities to implement.

On-call rooms: two temporary on-call rooms with two overnight beds in each have been set up over in PMP, Sid Watkins Building. Jay-beds donated by Very Group.

3. Conclusion

Board are asked to note the support offered to staff internally, externally and via the charity.

Key human factors messages – when working under pressure

Good teamwork, leadership and communication – non-technical skills – will give you, patients and colleagues a **better chance of staying safe**.

1. Brief the whole team, even if rapid and short

Best at the start of a shift but can be done at any stage. Check their understanding – don't assume they know what to do, don't make assumptions about shared insight and knowledge.

Tips

- Agree clear language protocols to avoid ambiguity and speed-up responses.
- Check staff skills before assigning roles. Ensure clarity of roles: Who, how & what if?
- Agree a way to share concerns.
- Brief prior to donning PPE if possible.

2. Take deliberate action when under stress

Anxiety and stress drive action in simple situations, but our current situation is not simple. Take a moment before trying to think about what to do.

You're hard-wired to act – when there's high stress:

Tips

- Take deep breaths or count to 10.
- Pause the team – with an agreed action or word.
- Use a mnemonic such as ABCDE to guide initial action.
- Ask an open question – What do *you* think is happening?
- Use a task, such as, donning PPE, to pause.

3. Lead by being open and inclusive for rapidly changing scenarios

'Ask questions first and lead second'. Listen to expertise based on who knows what's happening now. Listen to staff from different disciplines and levels of seniority for further insight to threats and error.

Tips

- Ask open questions before acting – What do we think is happening? What do we need to do?
- Focus on *what's* right, not *who's* right.

4. Help staff unfamiliar with the work

New staff, such as, retired staff or non-ICU and emergency staff, may feel under-prepared or insecure if unfamiliar. Ensure protocols are clear and practices and equipment are explained. If time, give new staff the opportunity to practise using simulation.

Tips

- Be kind and empathise and anticipate stress triggers.
- Explain why things are done in a specific way.

5. Use checklists and aide memoires to support tasks

Do the action, then check output not input, for example, turn oxygen on and check the flow, not the position of the switch. Don't move-on until you've checked the output or received the appropriate response. Try to avoid interruptions, these significantly increase errors.

Tips

- Make each action deliberate and thoughtful.
- If interrupted, stop and consider if starting from the beginning is safer.

6. Encourage staff to speak-up

Encourage all staff to speak-up about their concerns; they might be the one who prevents an avoidable disaster. A low authority gradient makes it easier for junior or new members to speak-up, for example, making sure everyone has been introduced by name and ensuring eye contact.

Tips

- Praise and don't belittle anyone who asks a question or raises issues.
- Give permission explicitly for all staff to raise concerns.

7. Recognise performance limiting factors

Good team players recognise colleagues who are under stress and support them by sharing workload and giving emotional support. Look out for the stresses that affect performance, such as, tiredness, worries, other's poor behaviour, illness, noise, distractions and hunger.

Tips

- Remind each other to take a break – we may not recognise this ourselves.
- Adhere to break schedules and ensure staff eat, drink and use the bathroom, especially if wearing PPE for long periods.

8. Debrief as a team to learn from experiences

Your experiences can play on your mind, especially the mistakes you think you might have made. At the end of a shift debrief as a team and share thoughts to enable learning and maintain mental wellbeing. Sign-post staff to available support measures and check the Open Disclosure Policy.

Tips

- Ask open questions – What were we proud of? What were the challenges?
- Use huddles to listen to each other and establish learning.

9. Think about the wider healthcare team and the hospital as a system

All staff will be under pressure, for example, reception, pharmacy, porters, but they may not have the training and experience for this situation. They may look to you for ideas and support. And they may have critical insights that you don't have.

Tips

- Listen to questions and issues they raise about patients - they may have crucial information.
- Support them with their PPE use and listen to their concerns about contact with potential COVID patients.



Integrated Performance Report

End of Year 2019/20 Executive Summary

Overview

The last 12 months has seen both successes and challenges in terms of performance in the key domains. Performance in March 2020 has been affected by the COVID-19 international pandemic which has impacted significantly on throughput, performance of key metrics and how the Trust operates; by following national guidance which balances ensuring sufficient capacity within the healthcare system to treat pandemic patients, ensuring that patients with urgent or life threatening conditions can receive the care and treatment they need whilst minimising the spread of the infection amongst our patients, staff and the wider general population. Trusts were mandated to cancel all non urgent activity from 15th April 2020 however it was necessary to implement reduced activity to enable crucial training of staff to take place in March 2020 in preparation.

The most significant challenge in year was the tax changes implemented which affected the NHS pension scheme. This impacted a significant number of our Consultants and resulted in a reduction in willingness to undertaken WLI activity and actively reduce contracted PA's, making the delivery of planned activity extremely difficult.

In June 2019 the Trust was approached to take part in a clinical review of the referral to treatment standard. The review recommended testing the use of an average (mean) wait measure for people on the waiting list as a potential alternative to a threshold target, currently set at 92% of incomplete pathways being within 18 weeks, to see whether keeping the focus on patients at all stages of their pathway can help to reduce long waits. The trial began early August 2019 and the initial memorandum of understanding was until March 2020, however the national team have recommend that this testing continues during 2020/21, however the Trust are yet to receive formal confirmation of the arrangements for 20/21.

In summary, the Trust had successfully maintained all mandated standards and targets (cancer and diagnostic waiting times) until March 2020, when the diagnostic waiting times over 6 weeks exceeded 1.00%, at 1.33% due to cancelations as a result of COVID-19. Due to the Access Target pilot, the Trust had been monitoring waiting times via Average Wait as a

designated pilot site. The threshold of 8.2 weeks wait was not achieved at March 2020 in any speciality. Financially, our year end control total was successfully achieved as at 31st March 2020.

Further detail by key area has been summarised below.

Operations

Current performance against the Cancer 31 day Decision to Treat to Treatment target is at 87%, this is due to two patients where we are yet to receive the final histology result. It is expected that these will be low grade and therefore removed from the performance figures once confirmed.

Although, the activity actual significantly underperformed plan across all points of delivery at the year end, a large proportion of the variance against plan occurred in March 2020 as a result of activity cancellations related to COVID-19. The non-elective activity within the Trust was 102 spells under plan at year end; there was a -7 spell variance in March 2020. Inpatient elective activity was 298 spells under plan at year end; there was a -90 spell variance in March 2020. Day case activity was 820 spells under plan at year end; there was a -368 spell variance in March 2020. Overall 38% of the activity underperformance for inpatients related to March 2020 and 74% of the activity underperformance for outpatients related to March 2020.

The open pathway numbers increased to 9,770 March 2020 compared with 8,996 at March 2019. The majority of the increase is attributable to Pain within the 'Other' specialty.

Overdue FOWL waiting list decreased by 748 (3.96%) to 18,121 when comparing March 20 to March 19. The decrease would have been higher without the impact of COVID-19

Non clinical cancelled operations performance in 19/20 improved when compared with 18/19 with 113 cancellations compared with 156 in 18/19; a cancellation rate reduction from 0.98% to 0.75%. The number of patients not re-scheduled within 28 days did however increase from 7 to 8 patients in the year to March 2020.

The patient delayed days has decreased when comparing 18/19 with 19/20, with 7,526 days in 18/19 and 5,190 in 19/20. This represents a decrease of 31%.

The average daily patient delayed days for March was 13.3 which is a decrease of 4.8 days from February. This equated to 27 individual patients experiencing a reportable delay in March; 66.5% of the bed days lost in March are patients awaiting discharge from the Trust's complex rehabilitation service, where patients were awaiting funding decisions or placements being found. Finding placements is a lengthy and challenging process due to the complex nature of these patients, limited bed availability and the number of CCGs the Trust has to liaise with.

The bed days associated with delayed transfers (non reportable) has increased when comparing 18/19 with 19/20, with 4,212 days in 18/19 and 5,635 in 19/20. This represents an increase of 34%.

The total number of bed days in March was 256 compared to 366 in February and the total patients awaiting transfer decreased by 5 to 24 patients. The reduction in the main is due to the preparation plans for the COVID-19 pandemic; all routine elective work was cancelled within all Trusts which enabled repatriation of patients to the appropriate Trust for their ongoing care needs.

All cancer standards were met at the year end. The overall performance for the faster diagnosis standard which we were shadow monitoring in 19/20 was 80.9% for the year; however since December we have achieved 100% performance.

Quality

Infection prevention has been a challenge for the Trust as it has been in previous years. This year has seen zero MRSA Bacteraemia and with the exception of E Coli, all other infections were within the set threshold for the year. The table below demonstrates the year end performance by infection:

Infection	In month (March 2020)	Year End position	Threshold
C Diff	0	5	8
MRSA Bact	0	0	0
MSSA	1	5	9
E Coli	5	15	12
CPE	0	4	0
Pseudomonas	0	1	0
Klebsiella	1	4	0
CAUTI	0	17	22

This year has continued to see a positive culture for incident reporting and raising concerns at the trust daily safety huddle. An increase has been seen in the number of DoLS incidents due to an MIAA audit that was undertaken and advised that delays with DoLS from the local authority should be recorded as incidents. This has had a positive outcome as a new process is now in place for escalation to the Director of Nursing and Governance for any delays in the DoLS process or referrals. An increase in incident reporting has also been noted for controlled drugs again this was also due to an MIAA audit advising that all discrepancies in liquid controlled drugs should be recorded. Communications issues have also been a theme from incidents and complaints this year and this will be monitored through the Governance Assurance Framework, and the divisions.

Pressure ulcers remain within trajectory and a full investigation is undertaken for any moderate harm to patients. There has been a slight increase from 8 to 11 when comparing 18/19 and 19/20 however there has been an increase in the number of reviews undertaken in year and is reflective of the increasing complexity of our patient group.

VTE remains on target and managed and investigated via the policy. There has been an increase in instances, with an increase from 2 to 7 when comparing 18/19 to 19/20.

There has been no moderate harm falls this year, compared with 5 in 18/19, which is really positive, there has been a number of no harm / low harm falls which are managed and investigated within the area the fall occurred and monitored via the trust falls group which feeds into the Professional Nursing Forum for shared learning.

FFT remains positive this year and remains consistent between 97%-98%, with all feedback shared with the patient experience team then the divisions. The introduction of the Patient and Family Centred Care Group has seen many projects to improve patient experience working with patients and families.

Violence and aggression does remain an issue for the Walton Centre, due to the nature of our patient group and the issues regarding patients who lack capacity. Work has been undertaken this year with the governance team and the divisions to try and support staff, looking at the introduction of the resilience app and also the introduction of the last lap.

The number of complaints the Trust has received in 19/20 has increased to 132 when comparing the number received in 18/19 of 90. The main area of growth in complaints is relating to the significant increase in waiting times within some services in year.

Finance

Key achievements:

- Delivery of year end control total (and associated receipt of Provider Sustainability Funding), and finance risk rating of 1 (lowest level of risk);
- Agreement of year end settlements with key commissioners that enabled the Trust to deliver its financial targets;
- Cash balance of £26.7m – equivalent to 79 days operating expenses;
- 19/20 agency spend £1m below cap set by NHSI.

Difficulties experienced during 19/20:

- Identification and delivery of recurrent cost savings (£1.5m undelivered in 19/20);
- Significant drop in activity during 19/20 as a result of tax implications on pensions resulting in the development of a financial recovery plan;
- Significant drop in activity in March 2020 due to COVID-19

Future points to note for 20/21:

- Suspension of 20/21 business planning;
- Payment by results suspended for 1st 4 months of 20/21, with income being based on block payments set nationally, with 'top up' payments being made to cover additional costs incurred in relation to COVID 19;
- 20/21 capital limits to be set nationally at Health & Care Partnership level, and to be prioritised and agreed at C&M footprint level. Allocations have not yet been announced.

Workforce

Staff sickness has increased from 4.94% to 5.67 when comparing rates for 18/19 and 19/20. Staff sickness absence continues to be managed in accordance with Trust policy and is monitored by Business Performance Committee via the Sickness Absence Action plan.

Staff turnover has decreased from 19.5% to 15.33% when comparing rates for 18/19 and 19/20. Nursing recruitment and turnover has been a challenge for the Trust and is a recognised national issue. The Walton Centre has maintained lower vacancies than other trusts and several actions have been undertaken throughout the year to ensure that effective and timely recruitment is occurring i.e. recruiting corporately rather than by ward, regular organised recruitment open days and the introduction of a rotational programme to allow nurses the opportunity of moving between wards every 6 months. Progress is monitored via BPC.

During the past year the Trust has continued to build its adaptive approach to workforce planning that has HEE/ HENW strategic processes at its core. This identified the longer term workforce themes for the Trust to inform planning at a regional level and included the traditional financial modelling that demonstrated an understanding of demand and therefore additional capacity. A strategic workforce plan was produced and approved at executive level.

The Trust has developed a partnership approach to working with NHSP around the management of the temporary nursing staff workforce. This has resulted in a decrease in the reliance on agency staff and an increase in fill rates.

The Trust has been successful in maintaining its corporate and administration agency costs within the agency cap, and has largely managed to bring all nursing and medical agency expenditure in line with the cap during the year.

The Trust continues to regularly report its exceptions to NHSI on a weekly basis as requested and the agencies utilised by the Trust are all on the approved frameworks. The Trust continues to participate in collaborative project work around bank/agency usage across C&M.

The Trust uses the Skills for Health real time rostering database for the majority of specialties. This allows for effective management of the rotas, and helps to identify potential gaps in staffing levels at an early stage. The Trust continues to work with Skills for Health to develop a system for managing the rotas for nursing staff. During 19/20 this has been rolled out to all Surgical Wards resulting in all acute wards now utilising the system.



REPORT TO TRUST BOARD

Date 30th April 2020

Title	Integrated Performance Report
Sponsoring Director	Hayley Citrine Chief Executive
Author (s)	Mark Foy Head of Business Intelligence, Helen Wells, Deputy Director of Finance, Emma Burraston, Divisional Director of Operations Neurosurgery, Julie Riley, Divisional Director of Operations for Neurology, Lindsey Vlasman, Deputy Director of Nursing and Governance, Tracey Martin, Head of Business HR,
Previously considered by:	N/A

Executive Summary

This report gives assurance on all Integrated Performance Report measures aligned to the Trust Board. Measures have been grouped into three categories to highlight high performing measures, measures with opportunity for improvement and those measures currently under performing. Performance is based on four aspects; performance in month, trend/variation, whether the target is within variation and external benchmarking.

Key Performance Indicators – Caring

Opportunity for Improvement Measures

Complaints

Key Performance Indicators – Well Led

High Performing Measures

Agency Spend

Staff Friends & Family Test

Opportunity for Improvement Measures

Key Performance Indicators – Responsive

High Performing Measures

Cancer Standards – Two Week Wait

Diagnostic Performance

Opportunity for Improvement Measures

Cancer Standards – 31 Day First Definitive Treatment

Key Performance Indicators – Effective

Opportunity for Improvement Measures

Referral to Treatment – Wales

Key Performance Indicators – Safe

Opportunity for Improvement Measures

Finance Underperforming Measures Vacancy Levels Nursing Turnover Sickness/Absence	Infection Control
Related Trust Ambitions	<ul style="list-style-type: none"> • Be financially strong • Research, education and innovation • Advanced technology and treatments • Be recognised as excellent in all we do
Related Assurance Framework entries	<ul style="list-style-type: none"> • Risk ID – 0024 Failure to see and treat patients in a timely manner
Equality Impact Assessment completed	<ul style="list-style-type: none"> • Not applicable
Any associated legal implications / regulatory requirements?	The report details the Trust's position in relation to compliance with the NHS Single Oversight Framework.
Action required by the Board	<p>The Board is requested to:</p> <ul style="list-style-type: none"> • note the report

Finance Metrics used for finance risk rating - DRAFT

		Plan NHSI rating (1-4)	Actual NHSI rating (1-4)	RAG Rating
Financial sustainability	Capital service capacity	1	1	
Financial sustainability	Liquidity (days)	1	1	
Financial efficiency	I&E margin	1	1	
Financial controls	Distance from financial plan	1	1	
Financial controls	Agency spend	1	1	

All figures shown in the report are draft and subject to external audit.

**THE WALTON CENTRE NHS FOUNDATION TRUST
SUMMARY FINANCIAL INFORMATION**

Trust I&E	In month			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Main Contract	9,070	9,853	783	105,787	104,595	(1,192)
Exclusions	1,540	1,739	199	18,471	20,502	2,031
Private Patient	17	24	7	198	142	(56)
Provider Sustainability Funding	154	154	0	1,382	1,488	106
Other Operating	550	630	80	6,578	6,628	50
Total Operating Income	11,331	12,400	1,069	132,416	133,355	939
Pay	(6,126)	(5,990)	136	(73,976)	(71,503)	2,473
Non-Pay	(2,488)	(3,066)	(578)	(29,917)	(30,419)	(502)
Exclusions	(1,531)	(1,749)	(218)	(18,360)	(20,409)	(2,049)
Reserves	103	(246)	(349)	1,352	554	(798)
Total Operating Expenditure	(10,042)	(11,051)	(1,009)	(120,901)	(121,777)	(876)
EBITDA	1,289	1,349	60	11,515	11,578	63
Depreciation	(401)	(436)	(35)	(4,810)	(4,801)	9
Profit / Loss On Disp Of Asset	0	0	0	0	2	2
Interest Receivable	13	13	0	150	157	7
Financing Costs	(58)	(53)	5	(700)	(644)	56
Dividends on PDC	(131)	(131)	0	(1,577)	(1,574)	3
I & E Surplus / (Deficit)	712	742	30	4,578	4,718	140
Provider Sustainability Funding 2018/19	0	0	0	0	(106)	(106)
I & E Surplus / (Deficit) (CONTROL TOTAL)	712	742	30	4,578	4,612	34

STATEMENT OF FINANCIAL POSITION - 2019/20	Mar-19 £'000	Mar-20 £'000	Movement £'000
Intangible Assets	34	49	15
Tangible Assets	82,083	83,163	1,080
TOTAL NON CURRENT ASSETS	82,117	83,212	1,095
Inventories	985	1,241	256
Receivables	8,611	8,879	268
Cash at bank and in hand	21,713	26,673	4,960
TOTAL CURRENT ASSETS	31,309	36,793	5,484
Payables	(15,584)	(18,091)	(2,507)
Provisions	(312)	(277)	35
Finance Lease	(49)	(61)	(12)
Loans	(1,396)	(1,396)	0
TOTAL CURRENT LIABILITIES	(17,341)	(19,825)	(2,484)
NET CURRENT ASSETS/(LIABILITIES)	13,968	16,968	3,000
Provisions	(270)	(230)	40
Finance Lease	(168)	(106)	62
Loans	(26,427)	(25,027)	1,400
TOTAL ASSETS EMPLOYED	69,220	74,817	5,597
Public Dividend Capital	26,675	27,554	879
Revaluation Reserve	3,116	3,116	0
Income and Expenditure Reserve	39,429	44,147	4,718
TOTAL TAXPAYERS EQUITY AND RESERVES	69,220	74,817	5,597

STATEMENT OF CASH FLOW - 2019/20	Mar-20 Plan £'000	Mar-20 Actual £'000	Variance £'000
SURPLUS/(DEFICIT) AFTER TAX	4,578	4,718	140
Non-Cash Flows In Operating Surplus/(Deficit)	7,514	6,863	(651)
OPERATING CASH FLOWS BEFORE MOVEMENTS IN WORKING CAPITAL	12,092	11,581	(511)
Increase/(Decrease) In Working Capital	0	(51)	(51)
Increase/(Decrease) In Non-Current Provisions	0	(40)	(40)
Net Cash Inflow/(Outflow) From Investing Activities	(4,075)	(3,946)	129
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	8,017	7,544	(473)
Net Cash Inflow/(Outflow) From Financing Activities	(3,459)	(2,584)	875
NET INCREASE/(DECREASE) IN CASH	4,558	4,960	402
OPENING CASH	20,439	21,713	1,274
CLOSING CASH	24,997	26,673	1,676

Please note that these figures are draft and subject to external audit and may be subject to change before the publication of the final accounts

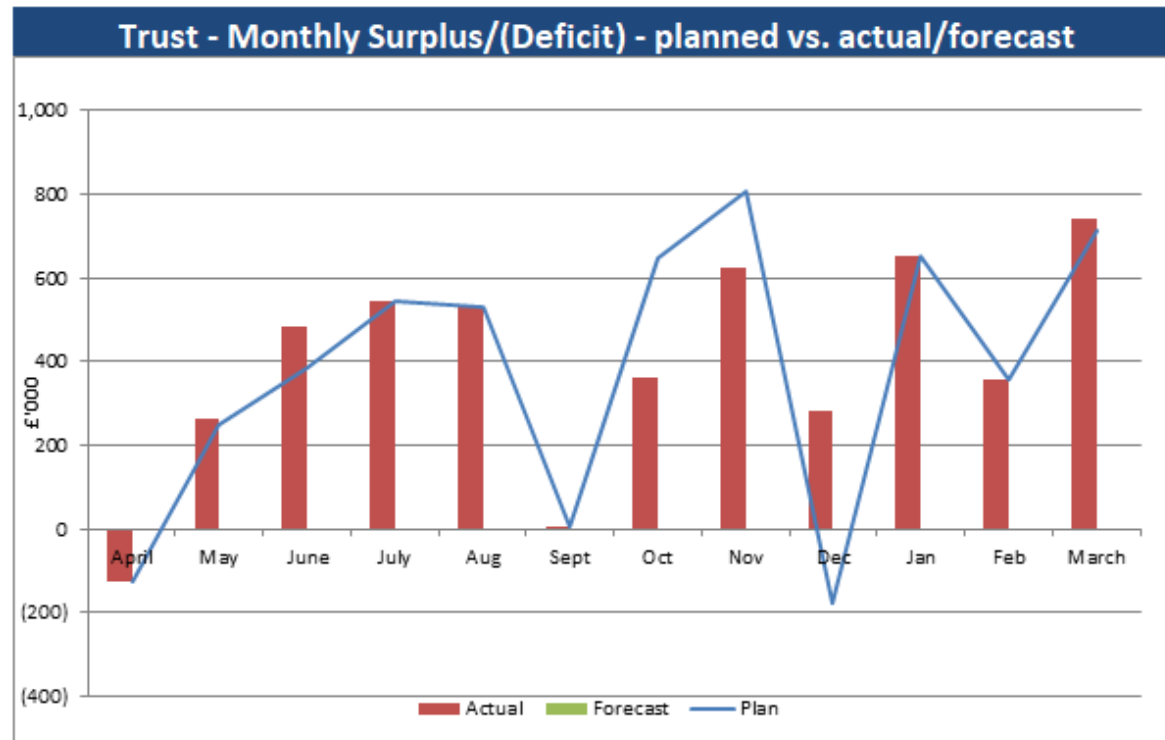
Trust Income and Expenditure (after adjustment for 2018/19 PSF allocation):

In month plan: £712k surplus

In month actual: £742k surplus

In month variance: £30k ahead of plan

Year end variance: £34k ahead of plan



In month 12 the Trust has been able to negotiate and secure a year-end financial settlement with the majority of its commissioners (including NHS England – Specialised Commissioning, Welsh Health Specialist service Committee and Isle of Man). This has ensured that the Trust has been able to deliver its annual financial plan.

Activity fell significantly in March as a result of having to cancel elective and outpatient activity to enable the Trust to be able to respond to the Covid19 pandemic. The fall in activity means that the Trust would not have delivered the financial plan without the agreed settlements with commissioners.

In month patient related activity & income						
Activity	Activity			Income		
	Plan Spells	Actual Spells	Variance Spells	Plan £'000	Actual £'000	Variance £'000
Elective	303	213	(90)	1,897	1,531	(366)
Non-elective	175	168	(7)	1,610	1,659	49
Day case	1,112	744	(368)	767	538	(229)
OP First	3,890	2,570	(1,320)	983	676	(307)
OP Follow up	7,039	4,430	(2,609)	1,457	919	(538)
OP Procedure	729	432	(297)	164	98	(66)
Critical Care	590	434	(156)	868	650	(218)
Rehab	856	822	(34)	476	458	(18)
Other	0	0	0	2,405	5,087	2,682
TOTAL				10,627	11,616	989

Full Year patient related activity & income						
Activity	Activity			Income		
	Plan Spells	Actual Spells	Variance Spells	Plan £'000	Actual £'000	Variance £'000
Elective	3,467	3,169	(298)	21,579	20,520	(1,059)
Non-elective	2,111	2,009	(102)	19,398	19,700	302
Day case	12,580	11,760	(820)	8,680	8,518	(162)
OP First	46,703	42,813	(3,890)	11,758	10,796	(962)
OP Follow up	78,153	77,214	(939)	16,198	15,749	(449)
OP Procedure	8,328	7,414	(914)	1,878	1,643	(235)
Critical Care	7,225	6,472	(753)	10,624	9,487	(1,137)
Rehab	9,898	8,893	(1,005)	5,502	5,005	(497)
Other	0	0	0	28,839	33,821	4,982
TOTAL				124,456	125,239	783

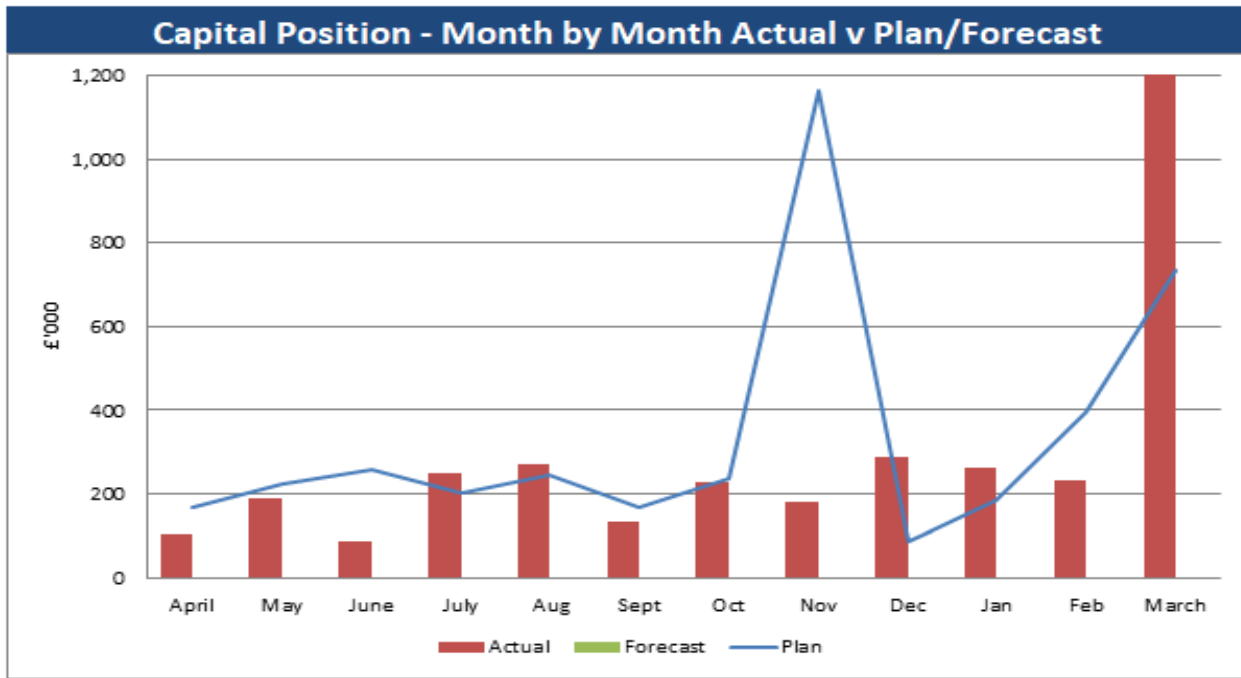
Capital

In month plan - £733k

In month actual - £3,670k

In month variance - £2,937k above plan.

Full Year - £5,896k. This includes £1.9m for replacement MRI scanner (NHSI/E have agreed to increase the Trusts capital limit to reflect spend required for the MRI replacement in line with the national announcement regarding diagnostic equipment).



Capital is overspent against plan at month 12 by £1,821k. This is due to the MRI scanner replacement scheme that NHSI/E agreed to increase the Trusts capital limit by £1,900k. Without the MRI scanner the Trust would have been marginally underspent against plan.

The year end capital spend on phase 2 pipework is £1,180k included with the Estates category.

Division	CAPITAL						
	Annual Plan	In month			Full Year		
	£'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Estates	1,069	261	325	(64)	1,069	1,546	(477)
IM&T	649	53	575	(522)	649	1,266	(617)
Neurology	1,427	5	2,434	(2,429)	1,427	2,486	(1,059)
Neurosurgery	539	123	304	(181)	539	566	(27)
Corporate	391	291	32	259	391	32	359
TOTAL	4,075	733	3,670	(2,937)	4,075	5,896	(1,821)

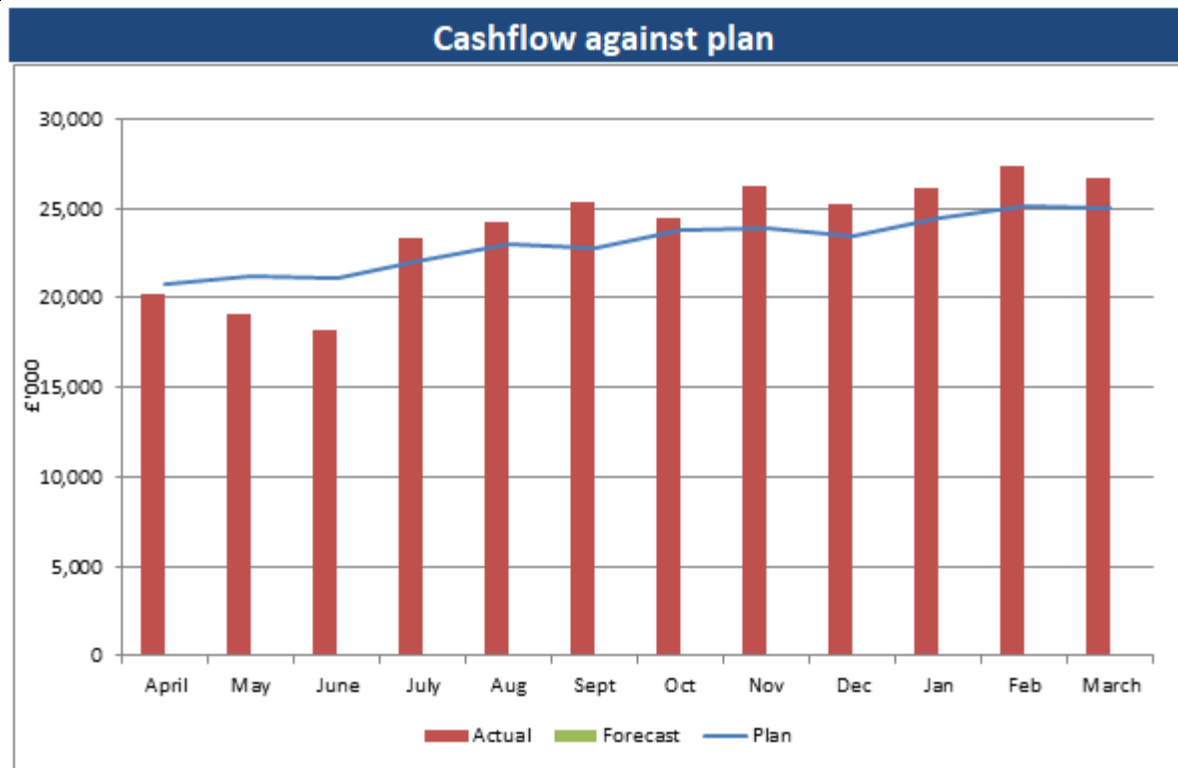
As of the end of March:

Planned Cash Balance:
£25.0m

Actual Cash Balance:
£26.7m

Variance: £1.7m
above plan

Number of days
operating expenses =
79 days



The Trust cash balance at the end of March was £26.7m which is £1.7m ahead of plan. This is due to additional cash received for incentive, general distribution and bonus PSF funding in relation to 18/19.

<p>QIP</p> <p>In month Plan: £263k</p> <p>In month Actual: £162k</p> <p>In month variance: £101k below plan</p> <p>Year to date variance: £1,185k below plan</p> <p>Delivered annual savings of £1.4m, a shortfall of £1.5m (Incl. FOM of £0.5m).</p>	<p style="text-align: center;">ANALYSIS OF 2019/20 RECURRENT QIP DELIVERY Based on 19/20 QIP requirement of £2.9m</p> <p style="text-align: center;">Unidentified/Gap £0.9m</p> <p style="text-align: center;">Opportunities £0.0m</p> <p style="text-align: center;">Plans in Progress £0.0m</p> <p style="text-align: center;">Fully Developed (to be approved) £0m</p> <p style="text-align: center;">Delivered & Recognised £1.4m</p> <p>NOTE: £0.9 unidentified after removal of FOM Target (£500k)</p>	<p>Trust delivered £162k of savings against planned savings of £263k in March, therefore £101k below the month plan. Of the £162k, £141k was delivered on a recurrent basis.</p>
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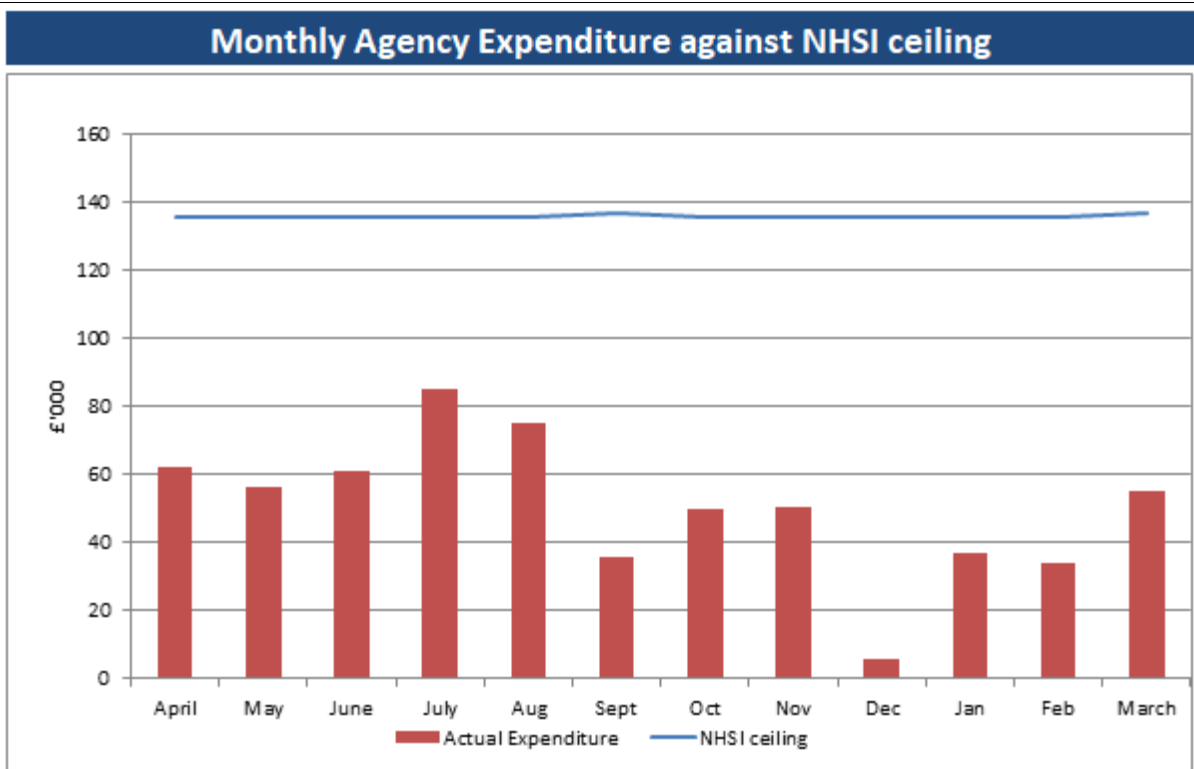
Agency against NHSI ceiling:

In month Plan: £137k

In month Actual: £55k

In month variance: £82k below plan.

Year to date variance: £1,027k below plan (£608k expenditure against £1,634k ceiling)



Agency spend incurred in March was £55k of which £23k related to Medical, £25k related to Admin, £4k to Nursing and £3k to scientific.

This was £82k below the NHSI monthly agency cap of £137k.

Key Risks and Actions for 2019/20

Due to the settlements that have been reached with NHS England, Welsh Health Specialist Services cOmmittee and Isle of Man, the Trust was able to deliver its financial plan for the year.

As a result of the covid-19 pandemic financial regulations have changed for the first 4 months of 2020/21 (April – July), with the main issues being:

- Suspension of 20/21 business planning;
- Payment by Results being suspended for the 1st 4 months of the year and income being based on block values determined nationally (based on 19/20 expenditure). To note that income has not been reduced for the national efficiency target;
- ‘Top-up’ payments from national block being made to cover additional costs incurred in relation to responding to reasonable covid-19 and other known cost increases from 19/20 (e.g. CNST contributions);
- Expectation that Trusts will deliver breakeven during the pandemic but currently not clear what financial targets will be set after July 2020;
- 20/21 capital levels to be set at a Health & Care Partnership level and to be prioritised and agreed across the C&M footprint;
- Financial governance and regulations remain in place and any financial management will be addressed in the same way it would regardless of the pandemic.

Even though the NHS and Trust are responding to the pandemic, there are a number of potential risks in 20/21 that may impact in the delivery of the financial plan in the future;

RISK	COMMENT/ ACTIONS
Risks to delivery of activity (and associated income) plan as a result of pension changes	The recent guidance from BMA to its members concerning potential tax liabilities on pensions linked to additional work is leading to less additional sessions being undertaken by consultants. This is being reviewed but could pose a significant threat to activity delivery and therefore contract income in the next financial year if a national solution is not reached. We are awaiting a solution for 20/21 as the increased thresholds will not address the issue for all staff (and despite 19/20 being resolved)
Delivery of planned activity that has been cancelled to enable the Trust to respond to the covid-19 pandemic	A significant amount of planned activity had to be cancelled at the end of 2019/20 to enable the Trust to respond to covid19. There will be a requirement during 20/21 to start undertaking more planned activity whilst still being able to support the region with treating covid19 patients. At the present time the delivery and funding for carrying out the activity is not clear.

Identification and delivery of recurrent efficiency savings	This remains a significant challenge and risk to the Trust. The Trust started progressing with 2 major transformation schemes in 2019/20 that will be resourced by a dedicated team. It is anticipated that these schemes will deliver savings and improved patient experience across the Trust. The Trust will also be using Model Hospital information to generate potential savings ideas for 2020/21. Given that the Trust is currently responding to the covid19 pandemic clear it is not clear when the service transformation schemes will be able to progress, but they may be able to help support the Trust when looking to start delivering planned activity moving forward (e.g. remote OP clinics). Some of the innovations developed during the covid19 pandemic may help the Trust in delivery of its future objectives.
Delivery of Recurrent Savings through the Future Operating Model (FOM)	Tariffs were centrally top sliced to establish the FOM infrastructure with Supply Chain identifying the level of savings associated with the move to FOM which were assumed within Trust QIP plans. To date the level of savings delivered through FOM are £49k compared to anticipated full year savings identified by Supply Chain of £500k at the beginning of the year. It is not clear what is happening with this as a result of the covid19 pandemic.
Levels of nurse bank expenditure	Since the introduction of the internal nurse bank, levels of spend in this area have increased significantly. There has been a reduction in agency and overtime spend. However the levels of increase in bank spend (particularly registered nursing) is much higher than anticipated partly due to the levels of sickness and increase in fill rates. The bank expenditure is being continually monitored. It should be noted that overall expenditure on bank, agency and substantive nursing is underspent against planned budget, largely due to the current level of nursing vacancies.
Changes to 20/21 capital limits	20/21 capital targets will be set at a Health and Care Partnership level and will need to be prioritised across the C&M area. There has been an increase in the capital available and will be funded through Trust's depreciation charges but overall capital schemes will be reviewed across the whole C&M.

Neurosurgery financial position

Divisional contribution:

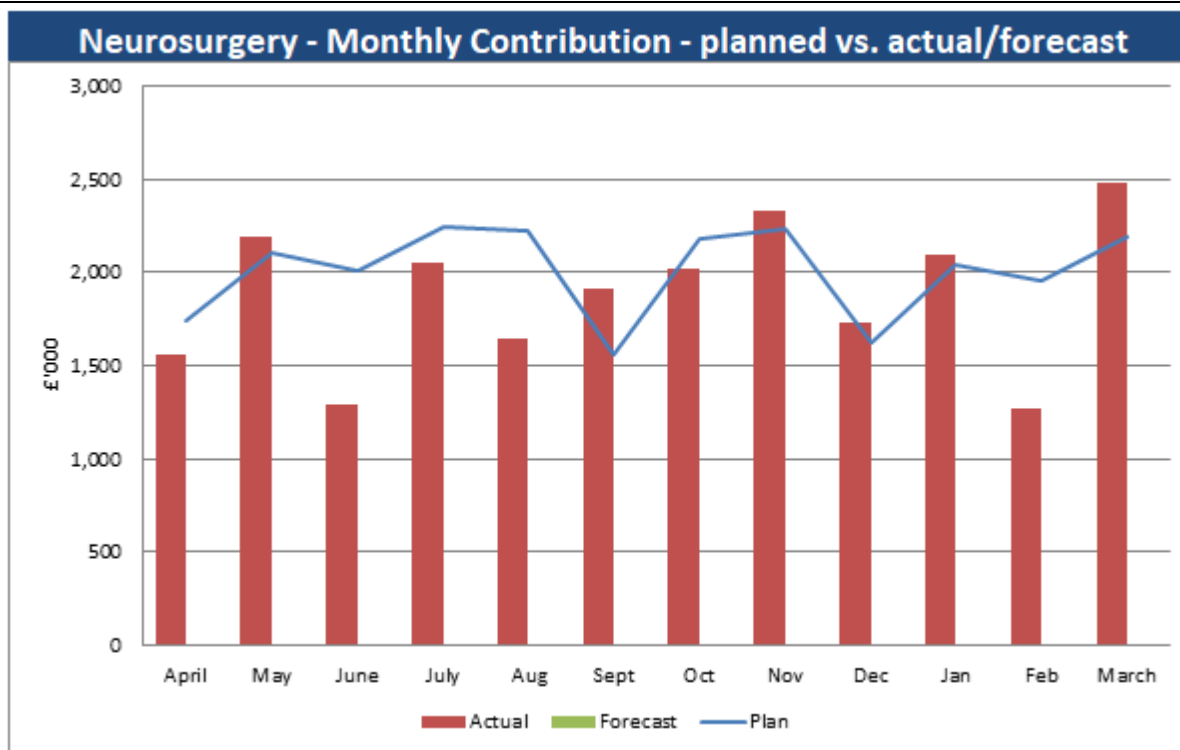
In month Plan: £2,193k surplus contribution

In month Actual: £2,485k surplus contribution

In month variance: £292k above plan.

Year to date variance: £1,533k below plan.

NOTE -The contribution excludes the QIP position which is reported centrally.



Key Points:

- Patient related income in month was above plan. This was driven by a deal negotiated with NHSE resulting in higher income than plan.

To note that contribution measures the direct income less the direct costs of the service before overheads

	Surgery in month patient related activity & income			Surgery Full Year patient related activity & income		
	Activity			Income		
	Plan Spells	Actual Spells	Variance Spells	Plan £'000	Actual £'000	Variance £'000
Elective	280	193	(87)	1,849	1,479	(370)
Non-elective	151	147	(4)	1,460	1,444	(16)
Day case	732	434	(298)	544	341	(203)
OP First	1,366	843	(523)	394	237	(157)
OP Follow up	2,535	1,731	(804)	606	407	(199)
Critical Care	590	434	(156)	867	650	(217)
Other	0	0	0	296	1,960	1,664
TOTAL				6,016	6,518	502

	Surgery in month patient related activity & income			Surgery Full Year patient related activity & income		
	Activity			Income		
	Plan Spells	Actual Spells	Variance Spells	Plan £'000	Actual £'000	Variance £'000
Elective	3,179	2,896	(283)	20,979	19,833	(1,146)
Non-elective	1,821	1,705	(116)	17,557	17,543	(14)
Day case	8,323	7,304	(1,019)	6,185	5,777	(408)
OP First	15,559	14,641	(918)	4,486	4,215	(271)
OP Follow up	29,061	27,755	(1,306)	6,954	6,424	(530)
Critical Care	7,225	6,472	(753)	10,624	9,487	(1,137)
Other	0	0	0	3,546	5,080	1,534
TOTAL				70,331	68,359	(1,972)

Neurology financial position

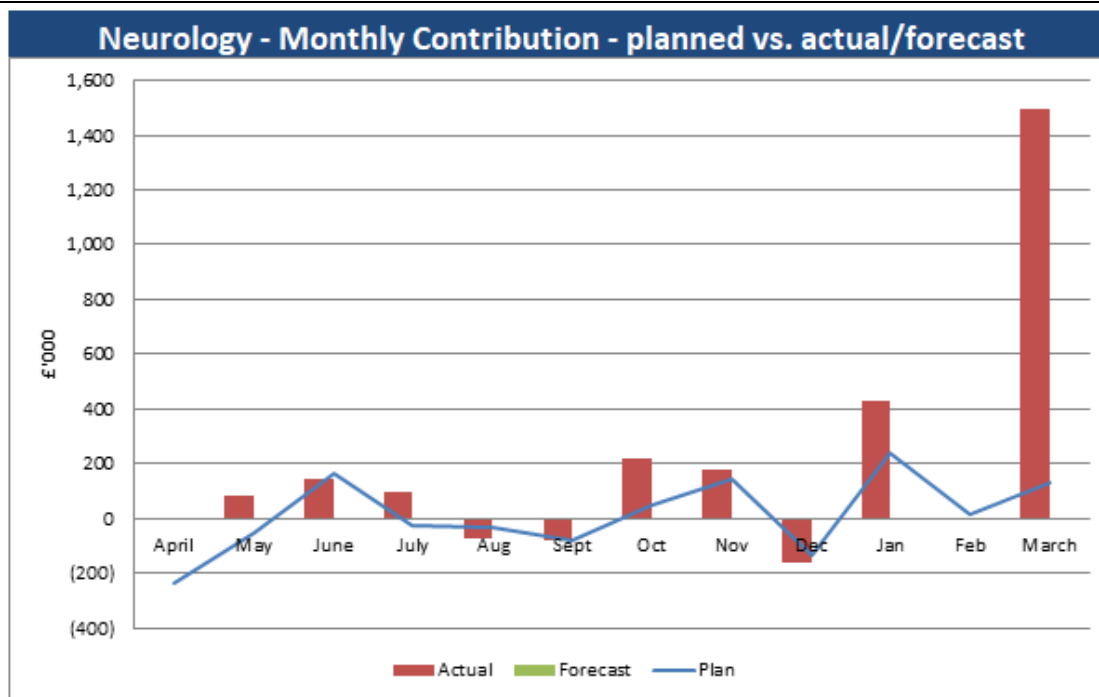
Divisional contribution:

In month Plan: £128k surplus

In month Actual: £1,493k surplus

In month variance: £1,365k above plan.

Year to date variance: £2,125k above plan.



Key Points:

- Patient related income in month was above plan. This was driven by a deal negotiated with NHSE resulting in higher income than plan.

To note that contribution measures the direct income less the direct costs of the service before overheads

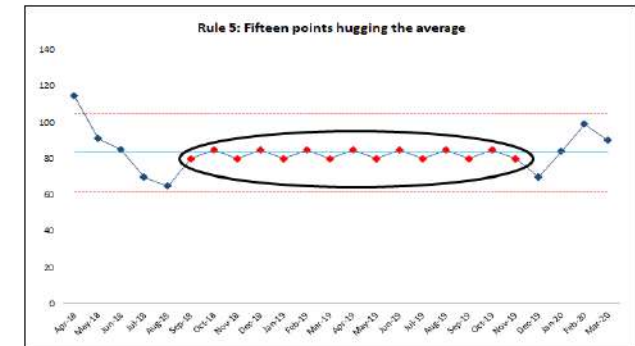
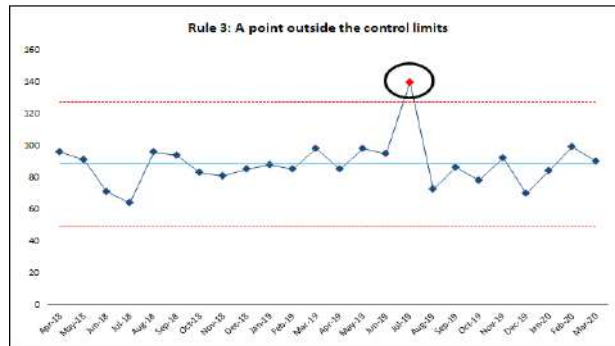
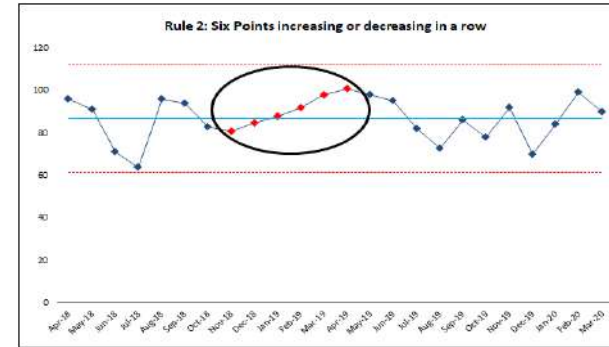
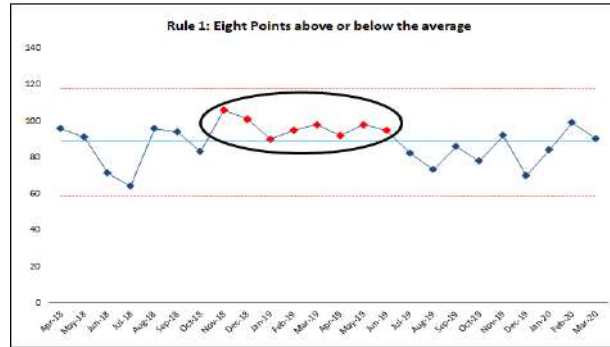
Neurology in month patient related activity & income						
	Activity			Income		
	Plan Spells	Actual Spells	Variance Spells	Plan £'000	Actual £'000	Variance £'000
Elective	23	20	(3)	48	51	3
Non-elective	24	21	(3)	150	215	65
Day case	380	310	(70)	222	198	(24)
OP First	2,524	1,727	(797)	589	439	(150)
OP Follow up	4,504	2,699	(1,805)	850	512	(338)
OP Procedure	729	432	(297)	164	98	(66)
Rehab	856	822	(34)	476	458	(18)
Other	0	0	0	2,024	4,141	2,117
TOTAL				4,523	6,112	1,589

Neurology Full Year patient related activity & income						
	Activity			Income		
	Plan Spells	Actual Spells	Variance Spells	Plan £'000	Actual £'000	Variance £'000
Elective	288	273	(15)	600	687	87
Non-elective	290	304	14	1,841	2,157	316
Day case	4,257	4,456	199	2,494	2,740	246
OP First	31,144	28,172	(2,972)	7,272	6,580	(692)
OP Follow up	49,092	49,459	367	9,244	9,325	81
OP Procedure	8,328	7,414	(914)	1,878	1,643	(235)
Rehab	9,898	8,893	(1,005)	5,503	5,006	(497)
Other	0	0	0	24,266	27,614	3,348
TOTAL				53,098	55,752	2,654

Board KPI Report April 2020

Data for March 2020 unless indicated

SPC Charts Rules



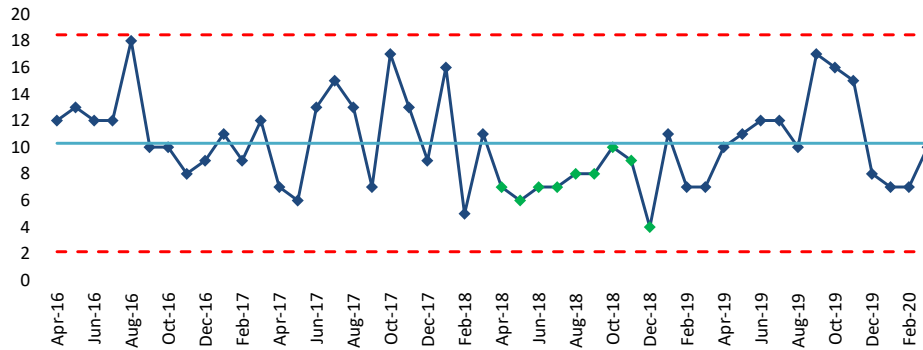
All SPC charts will follow the below Key unless indicated

—●— Actual - - - UCL — Average - - - LCL - - - National Average - - - Target

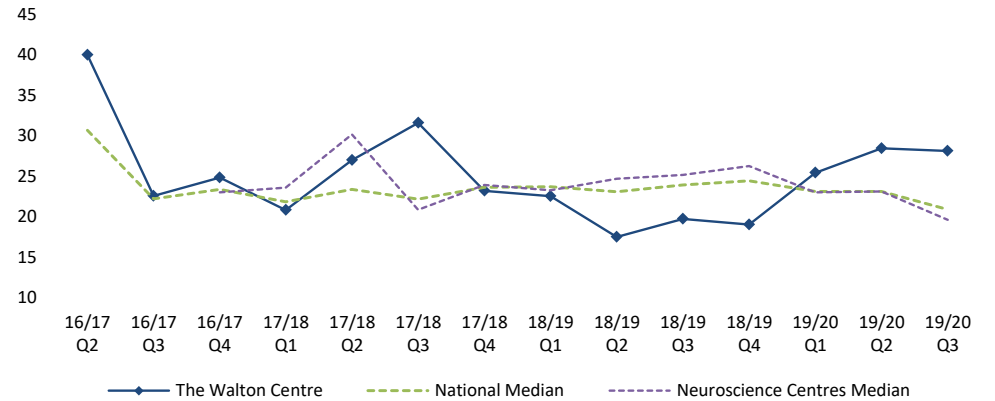
Quality of Care

Caring - Complaints

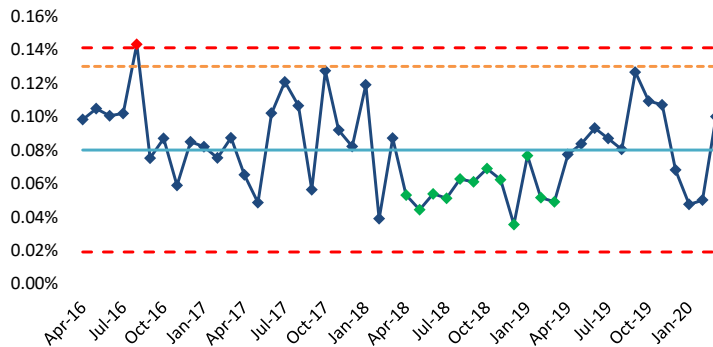
Total Complaints Received in month



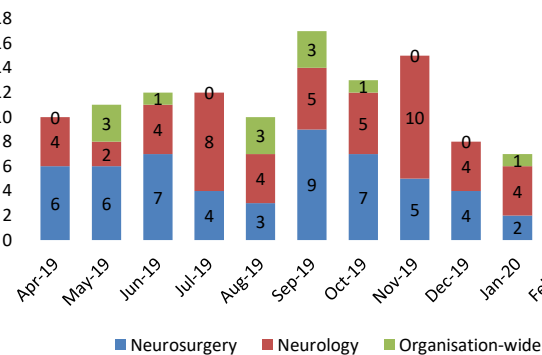
Quarterly Complaints per 1000 WTE



% Complaints Received against Activity



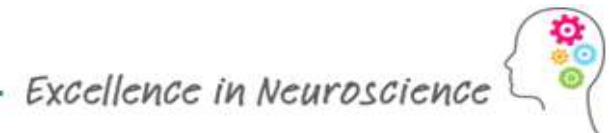
Total Complaints Received



Narrative

In March 2020 the Trust received 10 complaints (4 Neurology, 5 Neurosurgery).

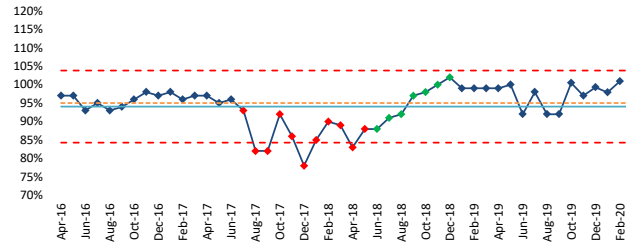
The number of complaints the Trust receives has a wide variation range meaning the expected numbers range from 2 to 18 at an average of 10 per month. When balanced against patient contacts the number received is within normal variation. However when compared externally the number of complaints received per 1000 WTE is above both the national average and other Organisations with a large neurosciences service



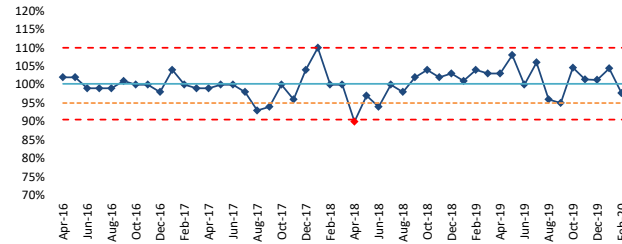
Quality of Care

Well Led - Safe Staffing Fill Rate

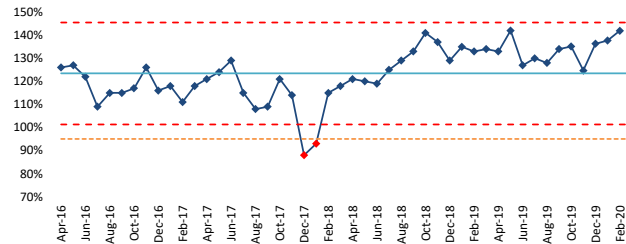
Registered Nurse - Day



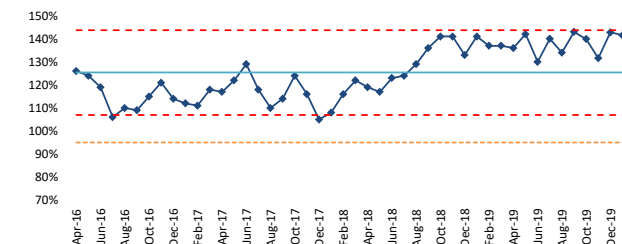
Registered Nurse - Night



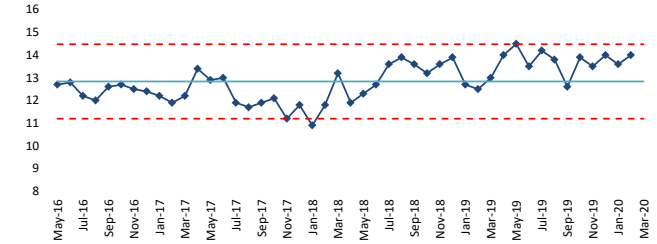
Non Registered - Day



Non Registered - Night



Care Hours Per Patient Day



Narrative

The safe staffing levels have been met across both staff groups and shifts in February 2020. The rate of non registered staff has been significantly above the average with the target below the lower control limit. Nursing staff rate is within normal variation, however the target is inside the control limits which could result in the target not being consistently met.

Due to the complexity of our patients and the increase in trauma patients we have seen an increase for both RN and HCA staffing levels, particularly on CRU both nights and days, this establishment is currently under review.

Due to the ongoing COVID-19 situation the Nurse staffing return was suspended nationally in March 2020

February 2020 Ward Breakdown

Ward	Registered Nurse		Non Registered	
	Day	Night	Day	Night
Cairns	90.6%	95.4%	113.8%	113.8%
Caton	89.9%	117.8%	119.0%	118.9%
Dott	97.0%	100.0%	166.7%	175.9%
Sherrington	88.5%	102.6%	134.3%	121.9%
Horsley	98.7%	98.8%	113.7%	100.0%
Chavasse	122.5%	141.7%	194.0%	183.5%
Lipton	97.7%	100.0%	144.8%	150.6%
CRU	144.3%	126.4%	144.0%	202.6%



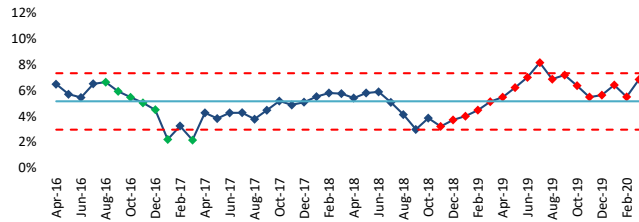
Quality of Care

Well Led - Workforce KPIs

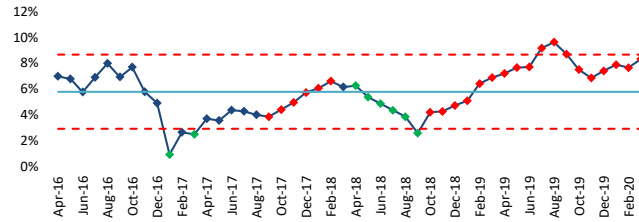


The Walton Centre
NHS Foundation Trust

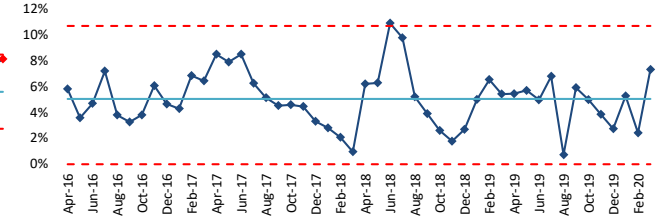
Overall Vacancy Level %



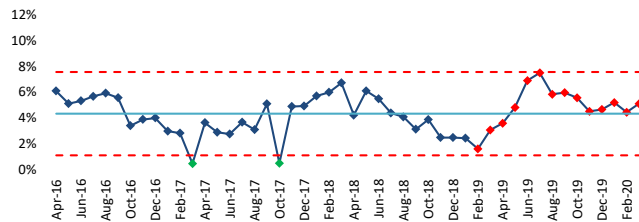
Nursing Vacancy Level %



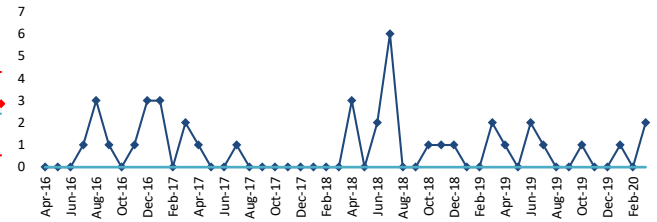
Medical Vacancy Level %



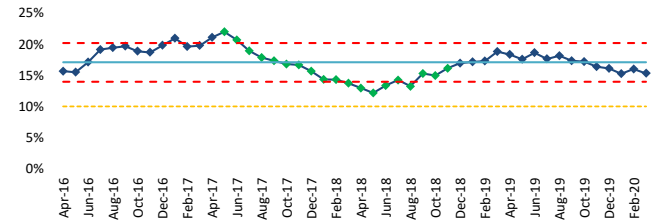
Other Staff Vacancy Level %



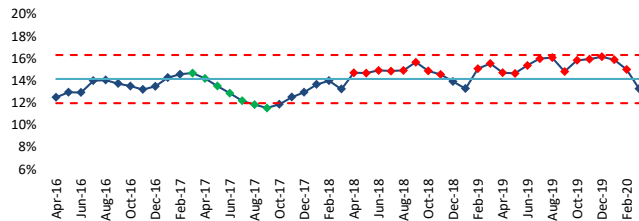
Medical Leavers



Nursing Turnover (Rolling 12 months)



Other Staff Turnover (Rolling 12 months)



Vacancy Levels

Overall vacancy levels are experiencing special cause variation and have increased significantly. This is also the case when broken down to staff group for nursing and other staff. Medical vacancies are within normal variation.

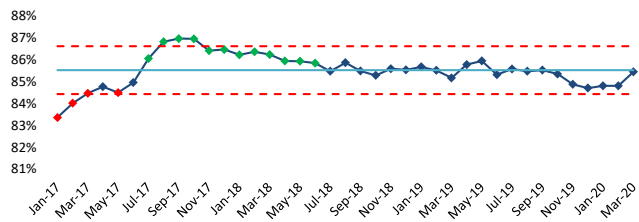
Nursing Turnover

Nursing turnover is within expected limits however the target is below the lower control limit meaning this target is unlikely to be met without a change of process. At division level, the target is also outside of the control limit for neurology and neurosurgery.

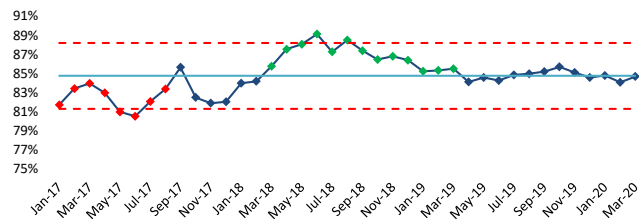
Sickness/Absence

There has been a significant increase in sickness/absence levels over the past 12 months. With a series of data points close to the upper control limit. Short Term Sickness has remained within normal variation however Long Term Sickness has significantly increased. Despite the increase in the Long Term Sickness Rate the Total Number of Days Lost to Sickness has remained in expected range.

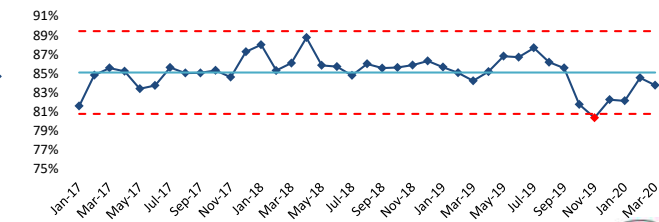
Staff Stability Index - All Staff



Staff Stability Index - Nursing



Staff Stability Index - Medical



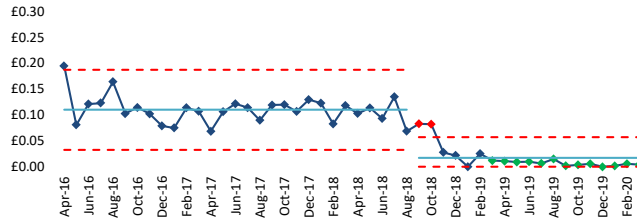
Excellence in Neuroscience



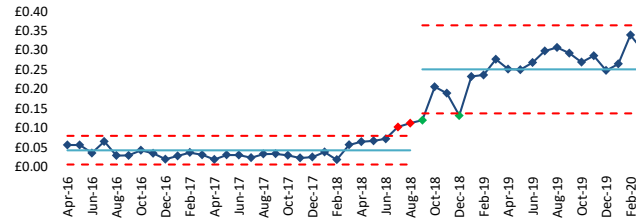
Quality of Care

Well Led - Workforce KPIs

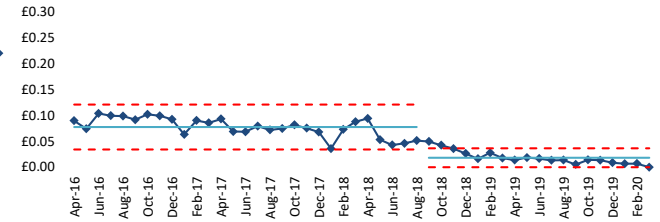
Nursing & HCA Agency Spend (£m)



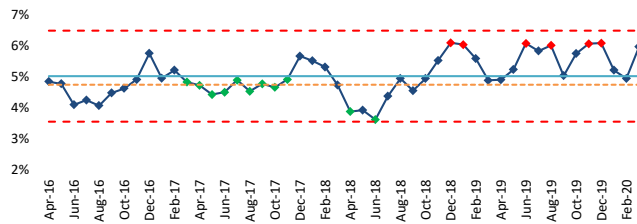
Nursing & HCA Bank Spend (£m)



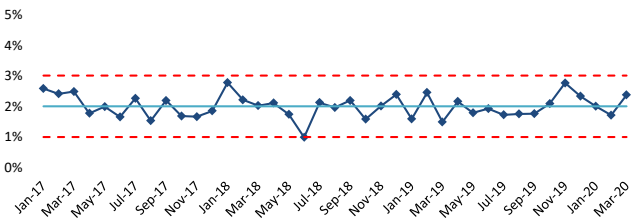
Nursing & HCA Overtime Spend (£m)



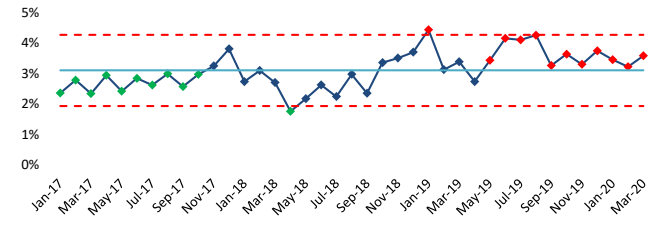
Sickness/Absence (Monthly)



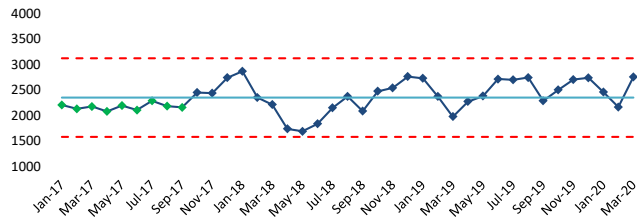
Short Term Sickness/Absence (Monthly)



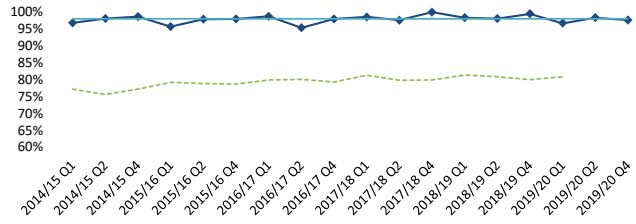
Long Term Sickness/Absence (Monthly)



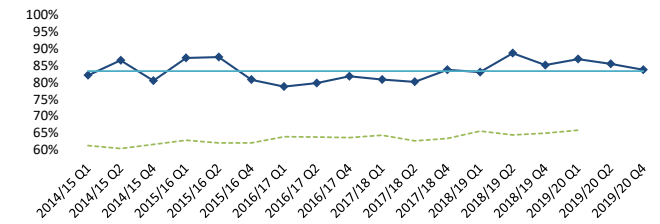
Lost Days due to Sickness/Absence (Monthly)



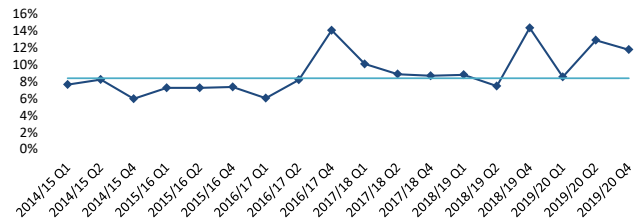
Staff FFT - % Recommend as Place of Care



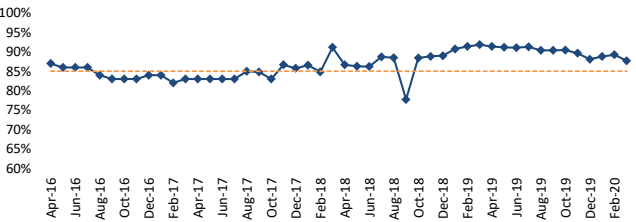
Staff FFT - % Recommend as Place of Work



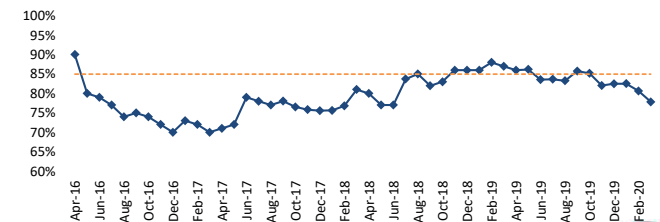
Staff FFT - % of Organisation Staff Responded



Mandatory Training Compliance (Rolling 12 months)



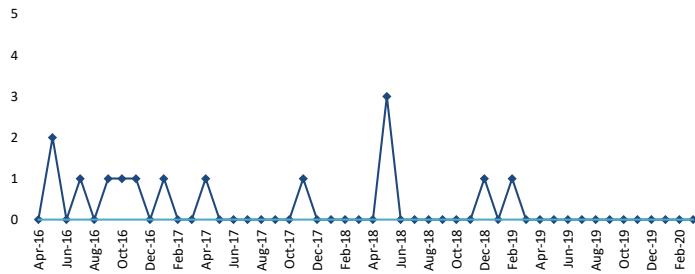
Appraisal Compliance (Rolling 12 months)



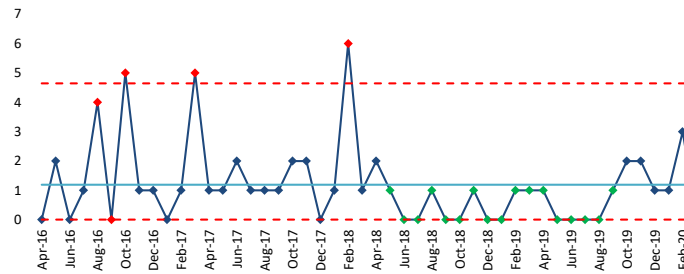
Quality of Care

Safe - Harm Free Care

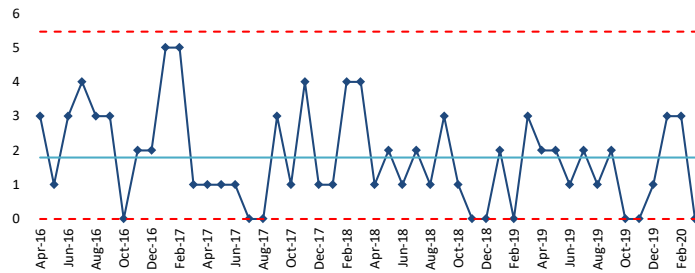
Total Moderate or Above Harm Patient Falls



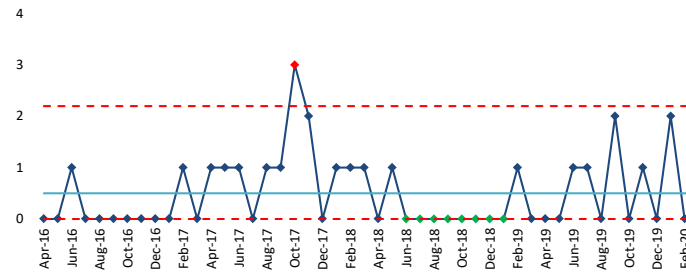
Total Hospital Acquired Pressure Ulcers (Category 2, 3, 4 & Unstageable)



CAUTI Incidences



VTE Incidences



Narrative

There were no fall which resulted in moderate or above harm in March 20.

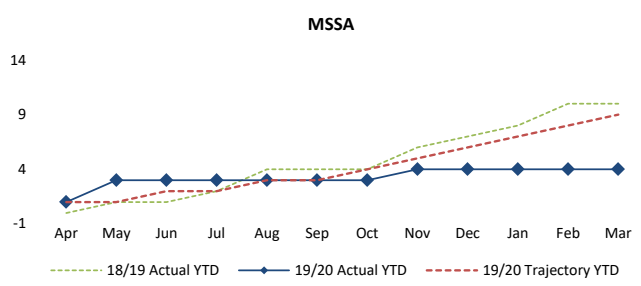
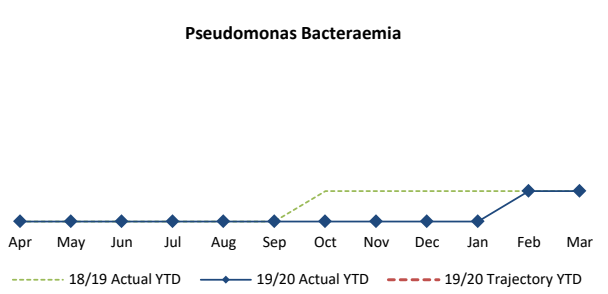
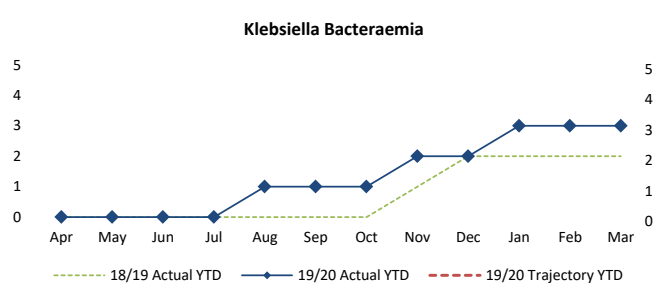
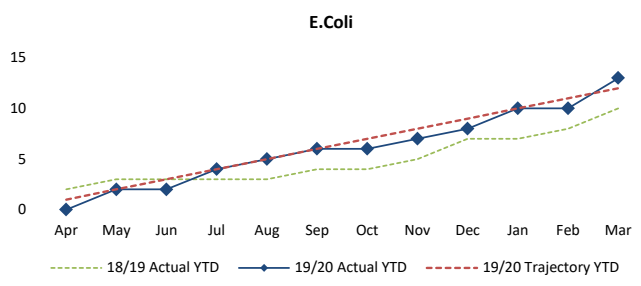
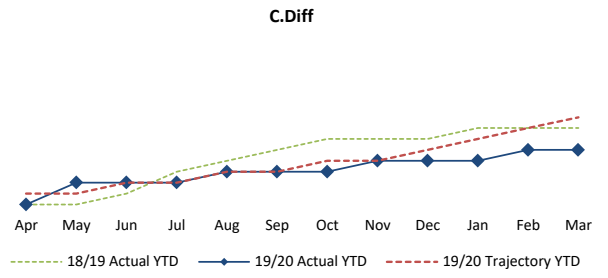
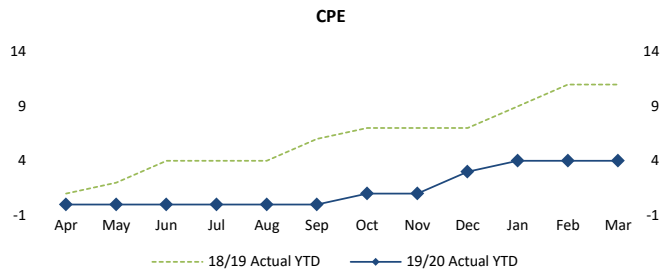
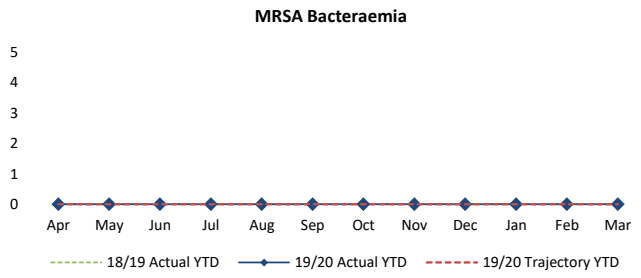
There were no Hospital Acquired Pressure Ulcer in March 20.

There were no CAUTI incidences in March 20

There were zero VTE incidence in March 20

Quality of Care

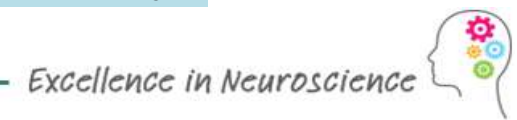
Safe - Infection Control



Total Healthcare Acquired Infections 19/20

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns			1	2		1		4
Caton		1	1	2	1			5
Chavasse		1		2				3
CRU				1	1			2
Dott				3				3
Horsley			3	1	1		3	8
Lipton								0
Sherrington		2		2			1	5

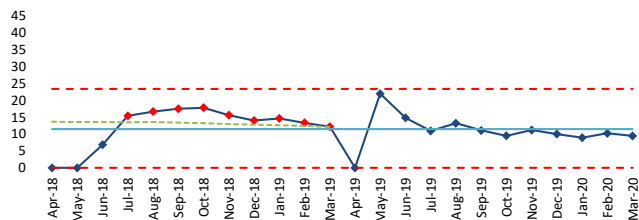
March Breakdown
3x E.Coli- Cairns, Caton, Dott



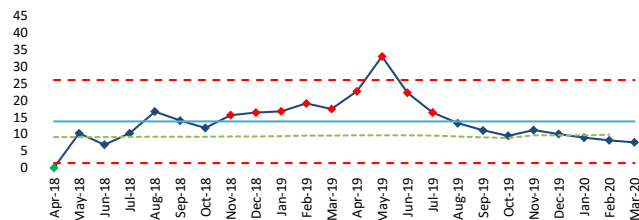
Quality of Care

Safe - Infection Control

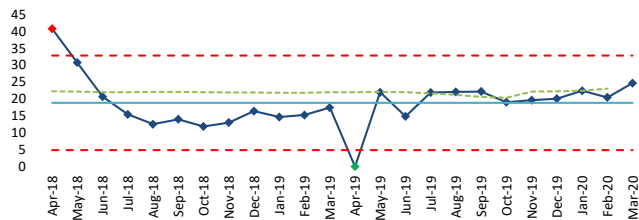
C.Diff Rate per 100,000 Bed Days YTD



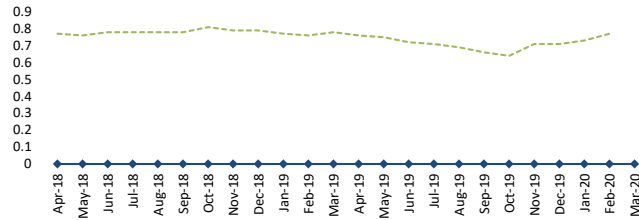
MSSA Rate per 100,000 Bed Days YTD



E.Coli Rate per 100,000 Bed Days YTD



MRSA Rate per 100,000 Bed Days YTD



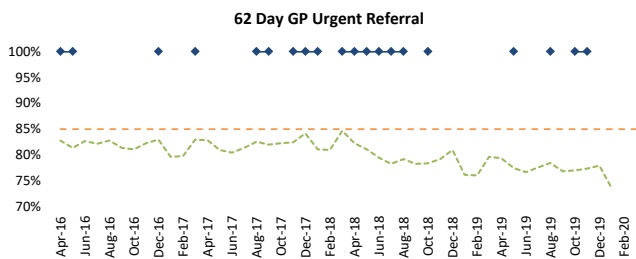
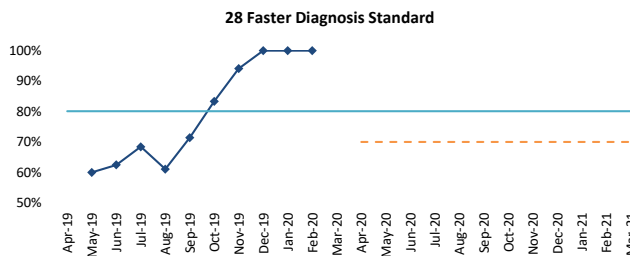
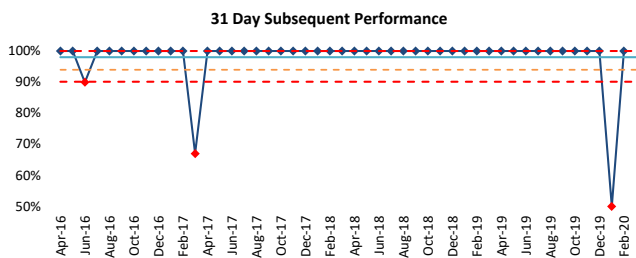
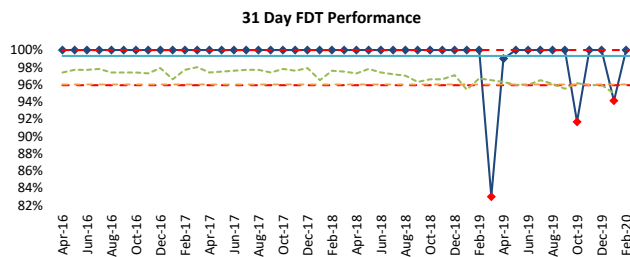
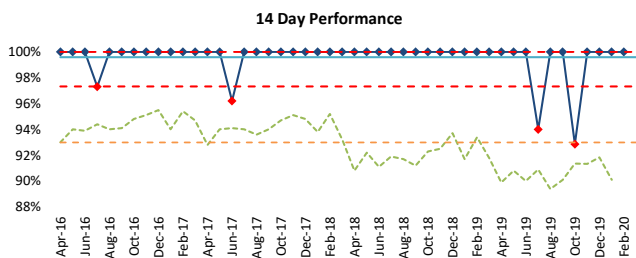
Narrative

MSSA rates per 100,000 bed days had been above the national average since July 18. However performance has now improved and is in line with the national average.

E.Coli rates have been better or inline with the average, while MRSA has been consistently better.

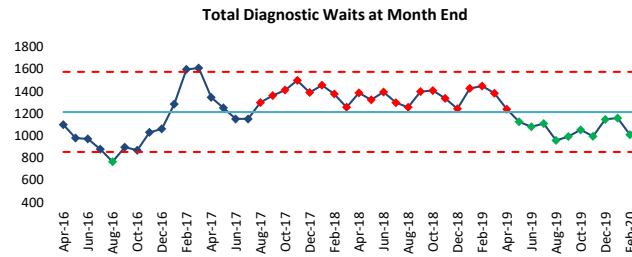
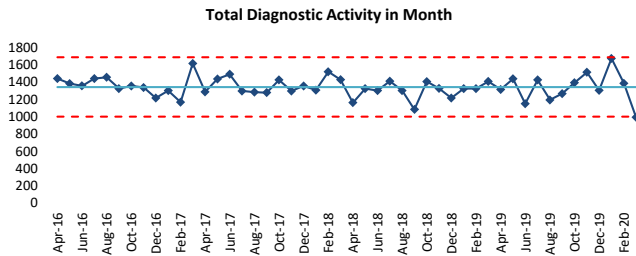
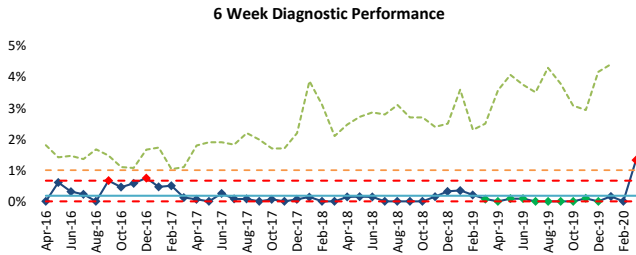
As of March 19 the C.Diff rate is no longer published.

Operational Responsive - Cancer



Narrative
All Cancer Access Standards have been met in February 2020.

Operational Responsive - Diagnostics



Narrative

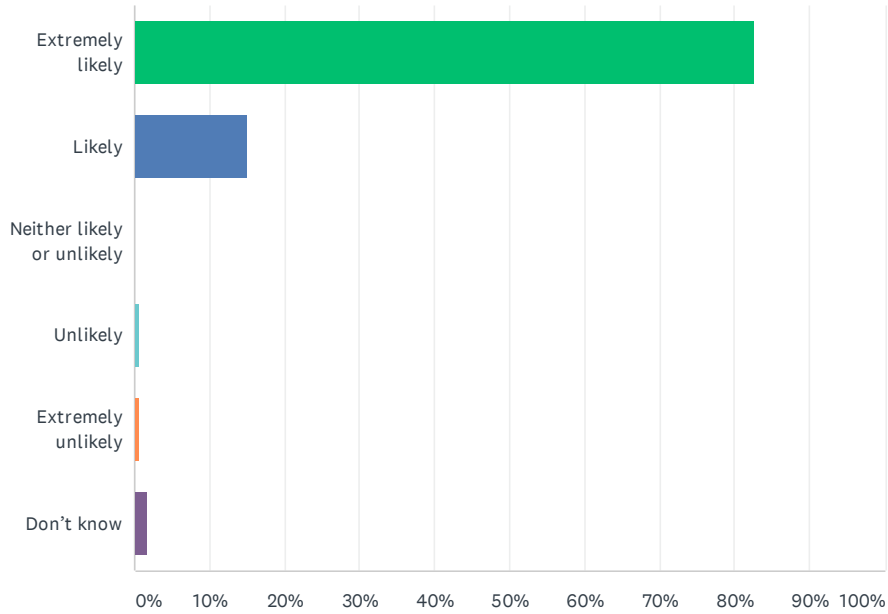
Diagnostic performance in March 20 was 1.33% which is above the 1% target. This is the first time the Trust has failed this target in the time series.

Performance has been severely impacted by the ongoing COVID-19 situation.

There were 15 six week diagnostic breaches in month.

Q1 How likely are you to recommend The Walton Centre to friends and family if they needed care or treatment?

Answered: 172 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely likely	82.56%	142
Likely	15.12%	26
Neither likely or unlikely	0.00%	0
Unlikely	0.58%	1
Extremely unlikely	0.58%	1
Don't know	1.74%	3
Total Respondents: 172		

The Walton Centre Staff Friends and Family Test - March 2020

#	WHAT IS THE MAIN REASON FOR THE ANSWER YOU HAVE CHOSEN?	DATE
1	The expertise and commitment of the staff.	3/17/2020 8:44 AM
2	I have chosen that answer because of the dedication of all the staff across the board who work at The Walton Centre.	3/16/2020 5:03 PM
3	Safe and effective services with outstanding staff teams. Everyone 'goes above and beyond' on a daily basis. Pleasant, modern facilities. Staff constantly strive to adopt innovative practice and to enhance patient and family experience. Excellence in all areas comes as standard!	3/11/2020 5:45 PM
4	Believe the trust gives a good standard of care	3/11/2020 4:27 PM
5	Believe we give good care	3/11/2020 4:23 PM
6	dedicated and helpful nature of the nurse and supporting staff make you feel comfortable and feels like someone is there to share your pain.	3/9/2020 9:11 PM
7	Great clinical care. Rated Outstanding by CQC TWICE.	3/8/2020 3:41 PM
8	I have full confidence in the Walton centre's staff skills and knowledge.	3/8/2020 10:08 AM
9	I trust the colleagues i work with to provide a good service.	3/7/2020 11:01 PM
10	The level of care and support The WCCN staff provide for patient is outstanding.	3/7/2020 10:41 AM
11	Excellent surgeons, caring staff	3/6/2020 6:20 PM
12	Level of care and professionalism	3/6/2020 11:15 AM
13	As an employee here for over 20yrs, when I started here, I've never wanted to work anywhere else. The quality of care for patients is outstanding throughout the whole perioperative care pathway.	3/5/2020 3:42 PM
14	The Walton Centre provides an excellent quality service to all patients	3/5/2020 1:23 PM
15	quality treatment from experienced staff	3/4/2020 2:21 PM
16	Fantastic hospital, caring staff	3/4/2020 2:02 PM
17	I get to see both sides of the coin from working here and i am under a consultant here. I have been very happy with the service received and know we provide good care	3/4/2020 1:58 PM
18	Specialist care it provides	3/4/2020 12:16 PM
19	Our outstanding rating is not undeserved. Plus, we offer the only option for most specialist services.	3/4/2020 11:03 AM
20	I've had friend who were treated here and all except one had very positive feedback.	3/4/2020 11:01 AM
21	my experience and patient feedback	3/4/2020 10:19 AM
22	my mum has been a patient for a number of years and has always been extremely well looked after	3/3/2020 9:15 PM
23	Due to all the expertise at WCNN and caring dedicated staff .	3/3/2020 1:39 PM
24	A high quality of care is given.	3/3/2020 1:03 PM
25	The Walton Centre is the Centre of Excellence	3/3/2020 12:57 PM
26	Friendly kind caring staff, clean hospital environment, good parking facilities	3/3/2020 12:52 PM
27	Expertise of the medics. Caring nature of the staff and cleanliness of the hospital	3/3/2020 11:45 AM
28	Clinical expertise and high focus on patient care	3/3/2020 11:11 AM
29	The quality of care here at the Walton centre is very high. All staff do their best to provide the best care for all our patients.	3/3/2020 10:23 AM
30	there is no other centre locally so limited choice	3/3/2020 9:49 AM
31	ive worked here for 17 years and the specialist care is amazing, clean and tidy and the knowledge it excellent.	3/3/2020 9:47 AM
32	Would depend on their condition.	3/3/2020 9:24 AM
33	amazing hospital	3/3/2020 9:20 AM

The Walton Centre Staff Friends and Family Test - March 2020

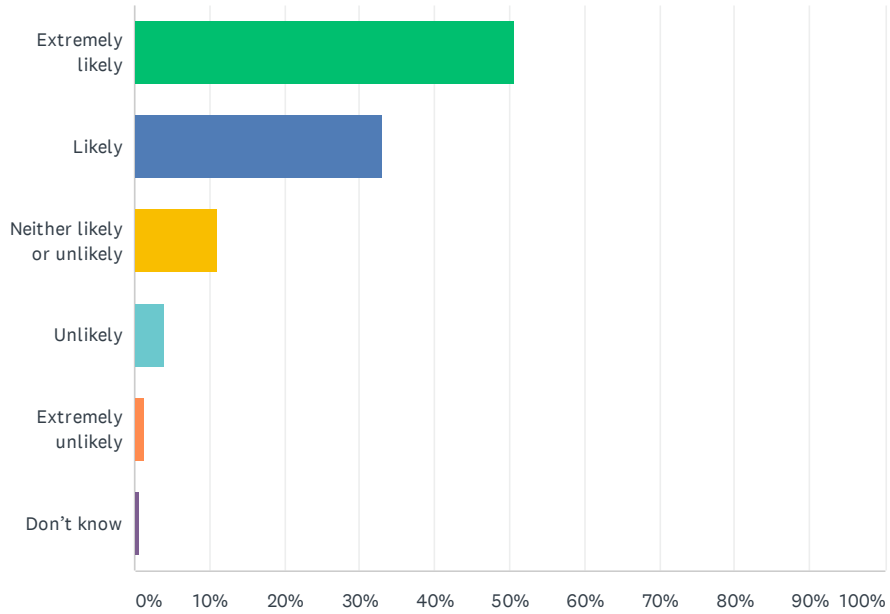
34	excellent care	3/3/2020 8:59 AM
35	excellent patient care	3/2/2020 9:56 PM
36	There is a consistency of care and the variables in quality of treatment is smaller compared to many other NHS institutons	3/2/2020 9:38 PM
37	Mum is a patient under the care of Dr Steiger and Gill Medley and has always received excellent care	3/2/2020 2:57 PM
38	Culture of caring and pathway improvements.	3/2/2020 2:14 PM
39	Never experienced inpatient or outpatient care at The Walton Centre so unable to form an objective opinion	3/2/2020 1:49 PM
40	I have experienced first hand the care/treatment provided at The Walton Centre, particularly in HITU and therefore know that the level of treatment provided by staff is exceptional.	3/2/2020 1:19 PM
41	Because I'm still new.	3/2/2020 12:51 PM
42	Great, caring organisation	3/2/2020 12:38 PM
43	Everyone is so friendly	3/2/2020 12:34 PM
44	Quality of care is second to none	3/2/2020 12:23 PM
45	Highly qualified specialised staff. All staff willing to go above and beyond for patients	3/2/2020 12:21 PM
46	Excellent care given	3/2/2020 12:01 PM
47	I believe we have an excellent clinical reputation.	3/2/2020 11:24 AM
48	the holistic approach of care they receive here.	3/2/2020 11:23 AM
49	Care is extremely high staff are caring kind and friendly	3/2/2020 11:21 AM
50	I feel it is safe with first class care.	3/2/2020 11:16 AM
51	Fast, efficient service. Friendly staff	3/2/2020 11:05 AM
52	Fantastic staff that are both skilled and caring	3/2/2020 10:55 AM
53	Caring and professional	3/2/2020 10:52 AM
54	Specialist service, caring staff.	3/2/2020 10:52 AM
55	Excellent patient care	3/2/2020 10:51 AM
56	Specialist hospital	3/2/2020 10:45 AM
57	Fantastic level of care across all areas	3/2/2020 10:44 AM
58	My Father in Law has been treated here and the staff are great	3/2/2020 10:42 AM
59	My father has had an operation at the Walton Centre and also a family friend and they were treated very well.	3/2/2020 10:42 AM
60	no experience of treatment.	3/2/2020 10:34 AM
61	standard of clinical care is outstanding	3/2/2020 10:30 AM
62	I know the staff genuinely care and for the patients that they deal with.	3/2/2020 10:23 AM
63	Nurses all go that extra mile very caring & compassionate. All give you a smile and are very attentive towards your needs	3/2/2020 10:21 AM
64	professional, caring service.	3/2/2020 10:19 AM
65	because I know that the care they would receive would be excellent	3/2/2020 10:15 AM
66	Excellent level of care and excellent staff!	3/2/2020 10:14 AM
67	The standards of care and attention to detail I have witnessed in my department (Cancer Services) is very high and I would recommend this to my friends and family.	3/2/2020 10:10 AM
68	The care and compassion shown by the staff is extremely high	3/2/2020 10:09 AM
69	The level of care that I have experienced our patients receiving.	3/2/2020 10:09 AM
70	I have witnessed many time the great medical care patients receive at TWC.	3/2/2020 10:08 AM

The Walton Centre Staff Friends and Family Test - March 2020

71	I see incredible examples of the care here every day.	3/2/2020 10:08 AM
72	excellent clinical outcomes and outstanding specialist care	3/2/2020 10:07 AM
73	My mother received excellent care from the Trust and I have also witnessed this in my usual duties.	3/2/2020 10:07 AM
74	Because of it's excellent reputation and the really good work which is done here.	3/2/2020 10:06 AM
75	The level of treatment and care that patients receive is second to none. This Trust always puts its patients as a first priority.	3/2/2020 10:05 AM
76	staff show care and compassion to all	3/2/2020 10:04 AM
77	Best hospital in Europe for neurology and neurosurgery	3/2/2020 10:04 AM
78	good quality care provided	3/2/2020 10:03 AM

Q2 How likely are you to recommend The Walton Centre to friends and family as a place to work?

Answered: 172 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely likely	50.58%	87
Likely	33.14%	57
Neither likely or unlikely	11.05%	19
Unlikely	4.07%	7
Extremely unlikely	1.16%	2
Don't know	0.58%	1
Total Respondents: 172		

The Walton Centre Staff Friends and Family Test - March 2020

#	WHAT IS THE MAIN REASON FOR THE ANSWER YOU HAVE CHOSEN?	DATE
1	Friendly environment with good level of support for health and personal development	3/17/2020 8:44 AM
2	I have worked at The Walton Centre for 20 years and have enjoyed my job meeting different staff and patients throughout the years of service.	3/16/2020 5:03 PM
3	Professional and supportive atmosphere. Excellent development opportunities for staff. Staff wellbeing policies are in place. Staff support each other really well and there is a family friendly feel, as it's a small trust.	3/11/2020 5:45 PM
4	Lack of opportunity and training for long term staff. All staff not treated the same and equal.	3/11/2020 4:27 PM
5	Lack of opportunity and training within department.	3/11/2020 4:23 PM
6	supporting staff, conducive environment to work together, flexible duty hours.	3/9/2020 9:11 PM
7	Excellent employer. Listens to concerns of their employees.	3/8/2020 3:41 PM
8	Very friendly working environment, skilful staff, always happy and patient to help.	3/8/2020 10:08 AM
9	Bullying in the workplace	3/7/2020 11:01 PM
10	I am proud to work for such a specialised, clean Trust.	3/7/2020 10:41 AM
11	Rewarding job.	3/6/2020 6:20 PM
12	Self development and good team ethic.	3/6/2020 11:15 AM
13	Great place to work.	3/5/2020 3:42 PM
14	The Walton Centre is a friendly place to work and listens to staff ideas	3/5/2020 1:23 PM
15	My time and resources are valued and prioritised in order to maintain a high quality specialist service	3/4/2020 4:44 PM
16	Feel supported by my colleagues	3/4/2020 2:02 PM
17	I feel I am listened to and have been able to change my contract to suit my childcare needs. The staff are supportive of each other	3/4/2020 1:58 PM
18	Some of the worst employment practices from other Trusts haven't been used at the Walton Centre yet.	3/4/2020 11:03 AM
19	As I work here I am very aware of the support we offer staff . We very much try to instil a team mentality and a positive working environment.	3/4/2020 11:01 AM
20	worked here for twenty years	3/4/2020 10:19 AM
21	as much as I enjoy most days in work, the issues with staffing are hard to ignore and often the main reason for bad days, it also contributes to low staff morale and generally makes the working day far less smooth	3/3/2020 9:15 PM
22	Its such a friendly place to work	3/3/2020 1:39 PM
23	I believe its a really good place of work with an excellent opportunity to build work skills.	3/3/2020 1:03 PM
24	Being a member of staff for nearly 38yrs .. I wouldn't work anywhere else	3/3/2020 12:57 PM
25	I have just return to working at the Walton Centre its a good place to work	3/3/2020 12:52 PM
26	As a relatively new member of staff at the Walton centre, I feel I have been welcomed in to the trust. This has made the transition into my new role easier.	3/3/2020 12:35 PM
27	It is like working as part of a large caring family and I feel it is evident that staff needs are catered for and staff have people to talk to if worried or concerned about anything.	3/3/2020 11:45 AM
28	Small , friendly supportive trust to work in	3/3/2020 11:11 AM
29	It is a nice trust to work for, I have been here for 18 years this year. Most staff around the trust are pleasant, helpful and courteous to other staff.	3/3/2020 10:23 AM
30	management pressures/expectations too great	3/3/2020 9:49 AM
31	2 friends already work here on my recommendation	3/3/2020 9:47 AM
32	most staff are very freindly	3/3/2020 9:20 AM
33	nice friendly Trust good opportunities	3/3/2020 8:59 AM

The Walton Centre Staff Friends and Family Test - March 2020

34	As above.	3/2/2020 2:14 PM
35	Staff are very pleasant and welcoming. Had no issues settling in and any help or advise that I have needed has been given to me promptly.	3/2/2020 1:49 PM
36	As a relatively new starter I have been welcomed as a member of staff at The Walton Centre and have instantly felt valued by the trust and my colleagues alike	3/2/2020 1:19 PM
37	I have good things about it.	3/2/2020 12:51 PM
38	Great place to work	3/2/2020 12:38 PM
39	staff are very supportive	3/2/2020 12:34 PM
40	I am proud to say I work at such a fantastic trust and would recommend anyone, not just friends and family, to join our fantastic workplace	3/2/2020 12:23 PM
41	friendly and welcoming environment	3/2/2020 12:21 PM
42	Friendly small Trust	3/2/2020 12:01 PM
43	I don't enjoy working here and a lot of the people I interact with seem to be unhappy and have been unhappy for some time.	3/2/2020 11:24 AM
44	team work care and concern	3/2/2020 11:23 AM
45	I find it is amazing place to work, lost of support good team work, friendly an a privilege to work here.	3/2/2020 11:21 AM
46	Enjoyable, good colleagues	3/2/2020 11:05 AM
47	Professional and values driven staff make the organisation a fantastic place to work. To ensure that this is maintained, I think that the organisation needs to think about its environmental sustainability, and staff need to think about how they stay at the forefront of care through innovation and change.	3/2/2020 10:55 AM
48	Friendly, caring, enjoyable place to work.	3/2/2020 10:52 AM
49	Enjoy working at the Walton Centre - challenging role	3/2/2020 10:51 AM
50	Excellent support from colleagues and line managers.	3/2/2020 10:44 AM
51	The staff and surgeons are great	3/2/2020 10:42 AM
52	Great support to further your learning	3/2/2020 10:38 AM
53	Smaller hospital and staff know most staff around hospital not just within own department. Very friendly staff. Nice place to work.	3/2/2020 10:35 AM
54	I have worked as a substantive senior member of staff for 14 years-its a good workplace-no workplace is perfect...	3/2/2020 10:30 AM
55	My daughter already works here :). Most of the staff are really helpful and friendly. It is a lovely place to work and the managers are very approachable if you have any worries or concerns.	3/2/2020 10:23 AM
56	Department undergoing a review, lack of staff resources, a lot of historical work is required putting processes and procedures into place finding it very challenging, and cant do the job that I was brought into do in a timely manner.	3/2/2020 10:21 AM
57	good culture, supportive staff, high standard of work delivered.	3/2/2020 10:19 AM
58	Extremely supportive and professional team.	3/2/2020 10:14 AM
59	It's a good place to work but in comparison with other NHS Trusts, it's really lagging in estates and facilities for staff, especially in the main building. The Trust is very 'cheap' and want things for next to nothing. I'm bored of hearing that we need to save money when the Trust always makes a considerable amount of money each year. The money needs reinvesting in corporate services as we are always left out and running on a shoe string. I'm not sure how much longer this can last, or if I want to stay working under these circumstances in the future.	3/2/2020 10:12 AM
60	Management about workload are often made without consultation with the person/s actually doing the work. On a personal level I find support good, however, work expectations/decisions are not properly considered. Communication from HR is not of the best either. Also, one of the main concerns is that there is nowhere for staff to retire and eat lunch/have their breaks.	3/2/2020 10:10 AM

The Walton Centre Staff Friends and Family Test - March 2020

61	Communication is very poor between management and staff. I feel that there are not great opportunities for staff to be promoted, or even secondments, and opportunities. There is a lot of mandatory training, which when you work part time can take a lot of your time in the day to do and then you have to catch up with your day to day work.	3/2/2020 10:10 AM
62	Very friendly place to work and opportunities to improve are encouraged.	3/2/2020 10:09 AM
63	Very considerate employers as well as considerate towards work life balance.	3/2/2020 10:09 AM
64	I feel that this organisation provides individuals with a sense of belonging as part of the staff.	3/2/2020 10:08 AM
65	It can be a supportive and interesting place to work.	3/2/2020 10:08 AM
66	without doubt the best hospital I have ever worked in for team work, focus on patients and everyone going the extra mile to get the best outcomes for patients	3/2/2020 10:07 AM
67	Whilst I generally enjoy working here, I feel that the "clique" culture is getting worse, and that someone's "face has to fit".	3/2/2020 10:07 AM
68	Although there are good points to working here I feel there are also negative ones which I would have to talk through with any friend or relative who expressed a wish to apply for a position here.	3/2/2020 10:06 AM
69	I am on a fixed term contract here, and I have enjoyed my time here so far. Staff are friendly, professional and care about what they do.	3/2/2020 10:05 AM



The Walton Centre NHS Foundation Trust

**REPORT TO THE TRUST BOARD
30 April 2020**

Title	Eliminating Same Sex Accommodation - Declaration of Compliance 2019/20
Sponsoring Director	Name: Lindsey Vlasman Title: Deputy Director of Nursing & Governance
Author (s)	Name: Lindsey Vlasman Title: Deputy Director of Nursing & Governance
Previously considered by:	N/A
Executive Summary	<p>The Trust is required to provide an annual declaration against 'eliminating mixed sex accommodation'. A declaration of compliance is published on the Trust's website to ensure patients and their families can be assured of the arrangements the Trust has in place, this declaration is attached.</p> <p>The Trust has been compliant from April 2019 until March 2020 where no mixed sex breaches have</p>
Related Trust Ambitions	Delete as appropriate: <ul style="list-style-type: none"> • Best practice care • Be recognised as excellent in all we do
Risks associated with this paper	As detailed in the report
Related Assurance Framework entries	N/A
Equality Impact Assessment completed	N/A
Any associated legal implications / regulatory requirements?	Compliance with Commissioners
Action required by the Board	Delete as Appropriate <ul style="list-style-type: none"> • To consider and note

Revised in July 2018

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**Eliminating Mixed Sex Accommodation
Declaration of compliance 01/04/19 - 31/03/20**

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Walton Centre NHS Foundation Trust is committed to providing every patient with same sex accommodation because it assists in safeguarding their privacy and dignity when they are often at their most vulnerable.

The Walton Centre NHS Foundation Trust strives to achieve and be compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice. In general, the Trust has the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex and same-sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only occur when clinically necessary, for example where patients need specialist support and equipment such as in the Critical Care Unit.

We have confirmed with our commissioners that should we not meet the required standard, we will report it and discuss it with them. We also assess this as part of our matron's audits to ensure that the classification is deemed to be correct.

Our volunteers help patients to complete the surveys which assesses whether the Trust has achieved the elimination of mixed sex accommodation and have maintained the patient's individual privacy and dignity requirements.

- Throughout 2019 / 2020 the Trust were compliant with eliminating mixed sex accommodation, we had 0 mixed sex breeches.

The staff within the Trust continue to work hard to ensure the safety, wellbeing and privacy and dignity of patients is maintained as part of eliminating mixed sex accommodation.

Lindsey Vlasman
Deputy Director of Nursing and Governance
April 2020



The Walton Centre NHS Foundation Trust

REPORT TO THE Trust Board
Date 30th April 2020

Title	Quarter 4 Governance report	
Sponsoring Director	Name: Lisa Salter Title: Director of Nursing and Governance	
Author (s)	Name: Kate Bailey Title: Clinical Governance Lead Name: Lisa Gurrell Title: Head of Patient Experience	Name: Tom Fitzpatrick Title: Head of Risk
Previously considered by:	<ul style="list-style-type: none"> • NA 	
Executive Summary The purpose of the report is to: <ul style="list-style-type: none"> • Provide a quarterly summary of Governance activity across the Trust in Quarter 4 (19/20), comparing results of data over the past 3 months. Variance shown relates to a comparison with the previous Quarter. • Provide assurance to the Trust Board that issues are being managed affectively, that robust actions are taken to mitigate risk and reduce harm and that we learn lessons from Incidents, complaints, concerns and claims. 		
Related Trust Ambitions	<ul style="list-style-type: none"> • Best practice care • Be recognised as excellent in all we do 	
Risks associated with this paper	The risk of the failure to inform committee of the board of the risk profile of the organisation.	
Related Assurance Framework entries	<ul style="list-style-type: none"> • None 	
Equality Impact Assessment completed	<ul style="list-style-type: none"> • No 	
Any associated legal implications / regulatory requirements?	<ul style="list-style-type: none"> • Yes – Failure to comply with CQC/HSE regulations 	
Action required by the Board	<ul style="list-style-type: none"> • To consider and note 	

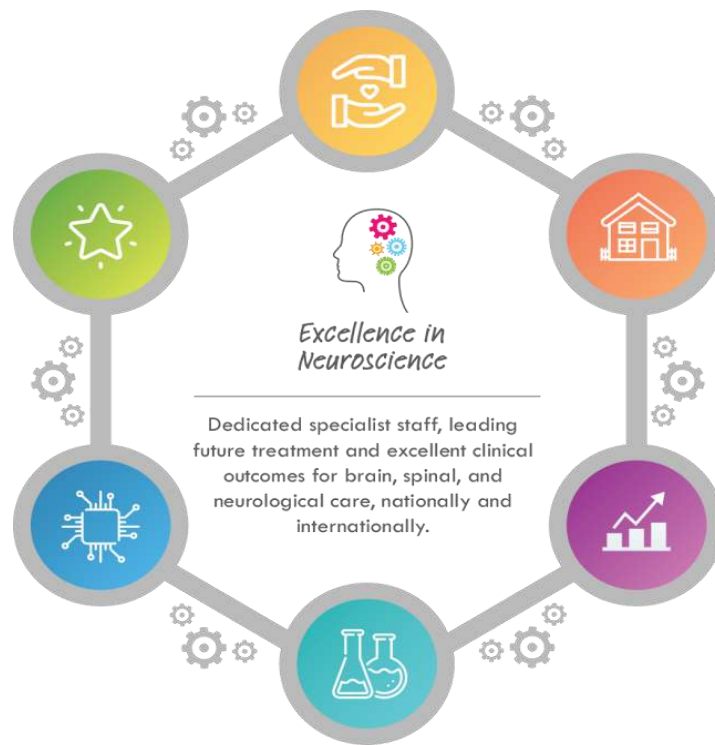
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Governance Quarter 4 Report (2019/20)



“Governance is a framework to receive, assess and act upon information we know about the services that we provide. Good governance provides assurance about the key issues and themes relating to the safety and experience of patients and staff. Governance is the backbone of the organisation.”

1. Introduction

This report has been compiled during the COVID-19 outbreak. Due to the impact of COVID, some elements of process have been adapted due to the operational constraints on services. This includes:

- Duty of Candour written notification - although verbal notification is still taking place as per Specialist Commissioners written agreement
- volunteering - due to the impact of COVID, volunteering was suspended, although activity prior to suspension has been included

1.1. The purpose of this report is to provide:

- a summary of Governance activity across the Trust in Quarter 4 (2019/20), comparing results of data over the past 3 months (variance shown relates to a comparison with the previous quarter)
- an update on patient safety, incident management, patient experience, complaints, claims, volunteering, risk management, resilience and health and safety
- assurance to the Trust Board that issues are being managed effectively, that robust actions are taken to mitigate risk and reduce harm and that we learn lessons from incidents, complaints, concerns, claims and deaths.

1.2. This data is accurate from the date the reports were generated for each financial year. There are occasions when incidents are retrospectively reported or complaints or claims withdrawn and those amended figures may appear in subsequent reports. Unless otherwise specified, text, tables and charts refer to Q4 (2019/20 - January to March 2020).

2. Executive Summary

2.1. Incident reporting

There has been a decrease in Trust wide incident reporting levels from 846 in Q3 to 737 in Q4 however it should also be noted that occupancy has reduced significantly as well. .

2.2. Serious Incident (SI)

1 serious incident was reported to the Commissioners via StEIS in Q4:

- February 2020 - 1 category 3 pressure ulcer - Lipton Ward

2.3. Moderate & above incidents (including Duty of Candour)

- Moderate incidents remained the same at 19 in Q3 and 19 in Q4.
- Written notification to the patient/relative/next of kin has taken place under the statutory requirements of Duty of Candour

2.4. Quarterly incident themes

'Communication' incidents decreased from 114 in Q3 to 96 in Q4. Communication failure outside the team had the greatest decrease, from 26 in Q3 to 15 in Q4.

- **NB** Although a decrease in incidents relating to communication issues can be seen, communication will be continued to be monitored via the Governance

Assurance Framework Ref 304, following a steady increase in complaints and concerns over the previous 4 Quarters.

- The results from the Trust staff survey have also identified concerns with 'communications issues'.

2.5. Safeguarding incidents and concerns

- Safeguarding incidents/concerns decreased from 87 in Q3 to 72 in Q4.

2.6. Learning from Deaths

There was a decrease in deaths from 37 in Q3 to 25 in Q4.

2.7. Information Governance incidents

Information Governance incidents have increased from 49 in Q3 to 51 in Q4.

2.8. RIDDOR

There were 3 RIDDOR incidents reported to the HSE in Q4 which are detailed below.

2.8.1 Patient fall from hoist - the incident was investigated separately with the Moving and Handling Advisor, MDT and the equipment supplier. No equipment failure was revealed and the issue may have been due to user error.

- As an additional clinical safety measure, all of the ceiling track hoist spreader bars in the Trust have been replaced with a model that has a more substantial configuration for retaining sling attachment points.
- Additional onsite training inputs have been provided.

2.8.2 Member of staff strained their back whilst assisting a patient. The Manual Handling Advisor reviewed the manual handling risk assessment and staff were all briefed on the importance of providing comprehensive patient handover.

2.8.3 A confused patient bit a member of staff on the arm causing pain & bruising - Patient on appropriate medication but remained confused. MCA & DoLs completed.

2.9. Risks

20 new risks were recorded in Q4 and 8 risks were closed in Q4.

2.10. Emergency Preparedness Resilience & Response (EPRR)

The Trust has invoked our Business Continuity and Major Incident Plan, setting into play the Trusts Strategic Command & Control structure response. An Incident Coordination Centre (ICC) has been established, staffed by Tactical Control Staff and Loggists during office hours.

The Trust is an integral part of the Cheshire & Merseyside EPRR response. The Trust continues to manage a number of strategic and operational risks which are reviewed daily and included on the Board Assurance Framework and Operational Risk Register via DATIX.

2.11. Complaints and concerns

Formal complaints received decreased from 36 in Q3 to 26 in Q4, which included 2 re-opened complaints.

129 formal complaints were received in 2019/20, which is a 36% increase from 95 in 2018/19.

The increases in numbers are reflected in the current themes, with formal complaints mainly relating to appointment arrangements and communication.

The number of concerns has slightly decreased from 157 in Q3 to 152 in Q4, in addition, there were 46 enquires received. Again, themes included appointment arrangements and communication.

2.12. Compliments

There was a slight decrease in the number of compliments received from 70 in Q4 compared to 82 in Q3.

2.13. Claims

Six claims were received in Q4 compared with 9 in Q3. There were 12 claims closed in Q4, and two claims were re-opened.

2.13.1 Lessons Learned from closed claims and coronial reviews:

- Claim - Trust has reviewed and implemented a number of improvements in relation to falls.

2.14. Patient Experience

Volunteers

In Q4, 79 volunteers donated an impressive 1,600 hours throughout the Trust. The volunteers have been advised to stay at home during the COVID pandemic, but plans will be clear to reinstate volunteering once this is allowed.

Friends and Family Test (FFT)

- the Trust results for FFT remained very positive for Q4, both in terms of recommended rate and response rate
- the inpatient rate was consistent between 97-98% each month which demonstrates the positive experience received by both patients and their families.
- the FFT recommended rate was consistently high across the wards
- We also continue to receive positive feedback as part of our local inpatient survey.

2.15. Conclusion

The Governance Q4 Report demonstrates that The Walton Centre promotes high quality care and a safety culture that encourages patients and staff to raise concerns to improve the care and service provided. Staff are open and fully committed to reporting incidents and near misses.



The Walton Centre NHS Foundation Trust

REPORT TO TRUST BOARD

Date

30th April 2020

Title	Q3 Morbidity & Mortality Report 2019-2020
Sponsoring Director	Name: Title: Dr A Nicolson Medial Director
Author (s)	Name: Mrs P Crofton Title: Clinical Quality Lead
Previously considered by:	Quality Committee
Executive Summary	This report is a quarterly review of Morbidity & Mortality within the Walton Centre. It draws together information from case reviews, Risk Adjusted Mortality Index (RAMI 17), readmission rates and surgical site infection data. Unless stated, figures relate to both Neurosurgery & Neurology combined.
Related Trust Ambitions	<ul style="list-style-type: none"> Be recognised as excellent in our patient and family centred care
Risks associated with this paper	None
Related Assurance Framework entries	
Equality Impact Assessment completed	No
Any associated legal implications / regulatory requirements?	No
Action required by the Board	Approval

Q3 Morbidity & Mortality Report 2019-2020

EXECUTIVE SUMMARY

This report is a quarterly review of Morbidity & Mortality within the Walton Centre. It draws together information from case reviews, Risk Adjusted Mortality Index (RAMI 17), readmission rates and surgical site infection data. Unless stated, figures relate to both Neurosurgery & Neurology combined.

In Q3 there were 37, inpatient deaths, 30 patients admitted via neurosurgery, and 7 neurology patients. Of these in patient deaths, 20 patients died within the critical care unit.

Many patients and their families experienced excellent care, even though death was an inevitable outcome of the severity of their condition and would be considered “expected”.

The number of deaths in Q3 is greater than the total in the previous 2 quarters, with a total of 67 deaths year to date. This is the highest number of deaths recorded in a single quarter within the available Mortality review data (available since Q1 15/16).

There was a peak in October 2019 with 16 inpatient deaths, 12 Neurosurgical and 4 patients within Neurology. This has been discussed at Quality Committee and Trust Board previously to identify any incidents or problems in care or service delivery that preceded the patient deaths.

There were no avoidable deaths identified at mortality review in Q3.

All deaths were reviewed according to the methodology outlined in the Trust Mortality Policy, and all patient deaths were discussed in detail at the relevant divisional mortality meetings. The clinical teams are keen to take every opportunity to learn lessons to improve the quality of care for patients and families, the mortality reviews consider the referral process, clinical practice, quality of care and end of life experience for the patient and their relatives.

The mortality reviews concluded several of the emergency admissions as a result of catastrophic injury or complex medical conditions also had multiple co-morbidities, including chronic conditions and previous malignancy.. These conditions often require treatment with cardiac respiratory and anticoagulant medications which may have contributed to the neurological event and also to the difficulties in surgical and medical strategies required as further management of the presenting condition.

Overview

1. Admission data 1st April – 31st December 2019

Q3 M&M Report 2019-2020

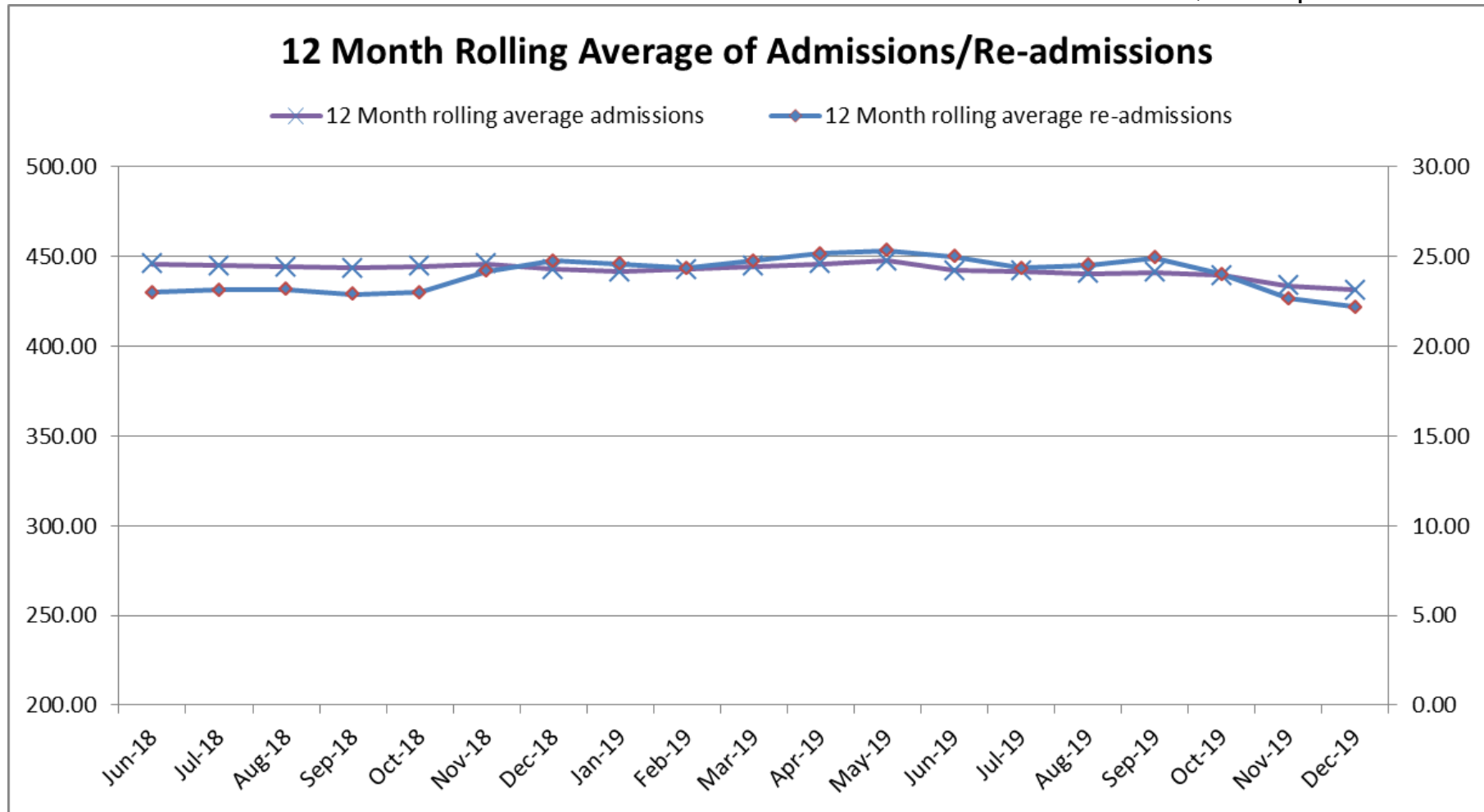
The Neurosurgical & Neurological admissions and re-admissions are detailed below. The re-admission rate (within 28 days of discharge) remains low. There is no significant variation on a monthly or quarterly basis.

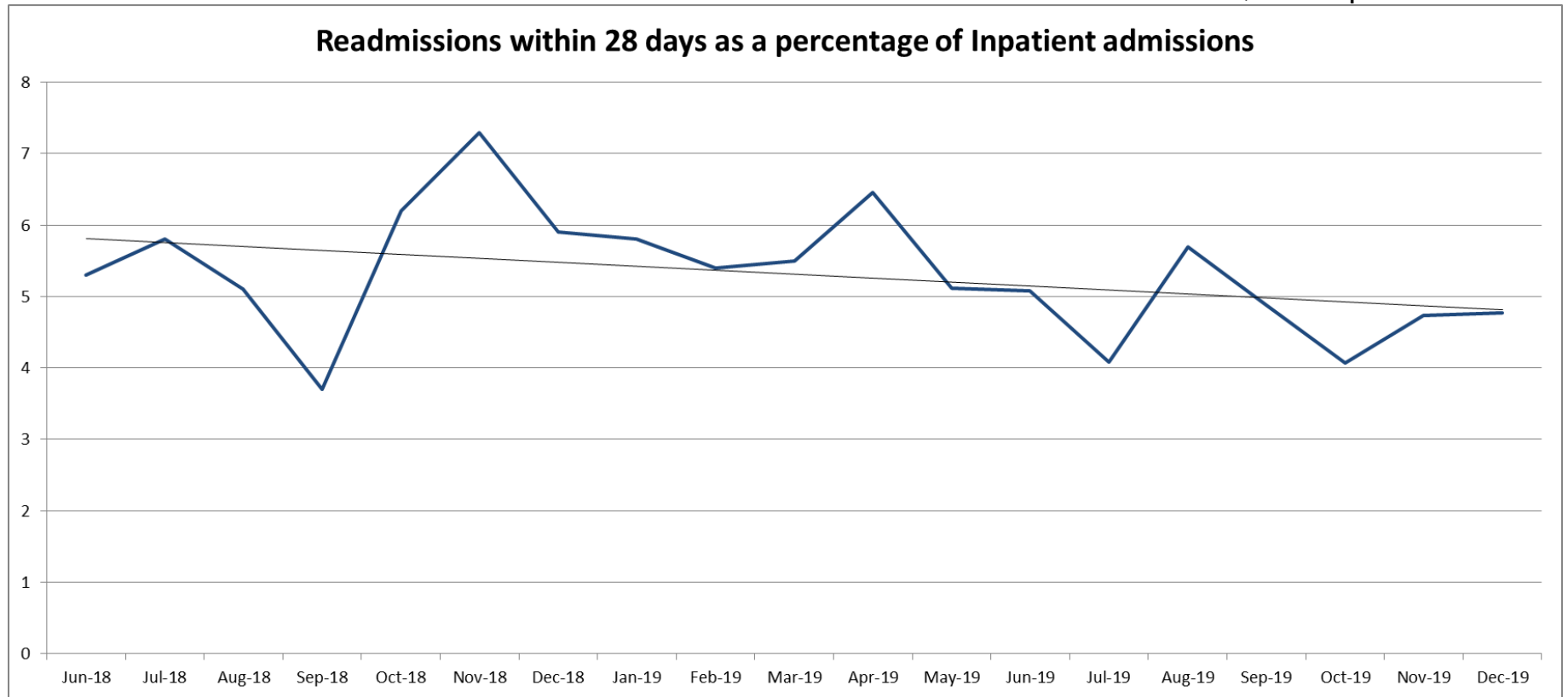
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Admissions	449	469	413	441	439	410	442	423	377
Re-Admissions	29	24	21	18	25	20	18	20	18
%	6.5	5.1	5.1	4.1	5.7	4.9	4.1	4.7	4.8

1.1 Overall Re-admissions by Quarter

	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Admissions	1294	1325	1364	1290	1360	1301	1363	1311	1331	1290	1242
Re-Admissions	82	71	55	73	71	64	89	73	74	63	56
%	6.3	5.4	4.0	5.7	5.2	4.9	6.5	5.6	5.6	4.9	4.5

The rolling average number of readmissions remains within the expected range and the monthly trend of the percentage of patients who are re-admitted continue to show a slow decline.





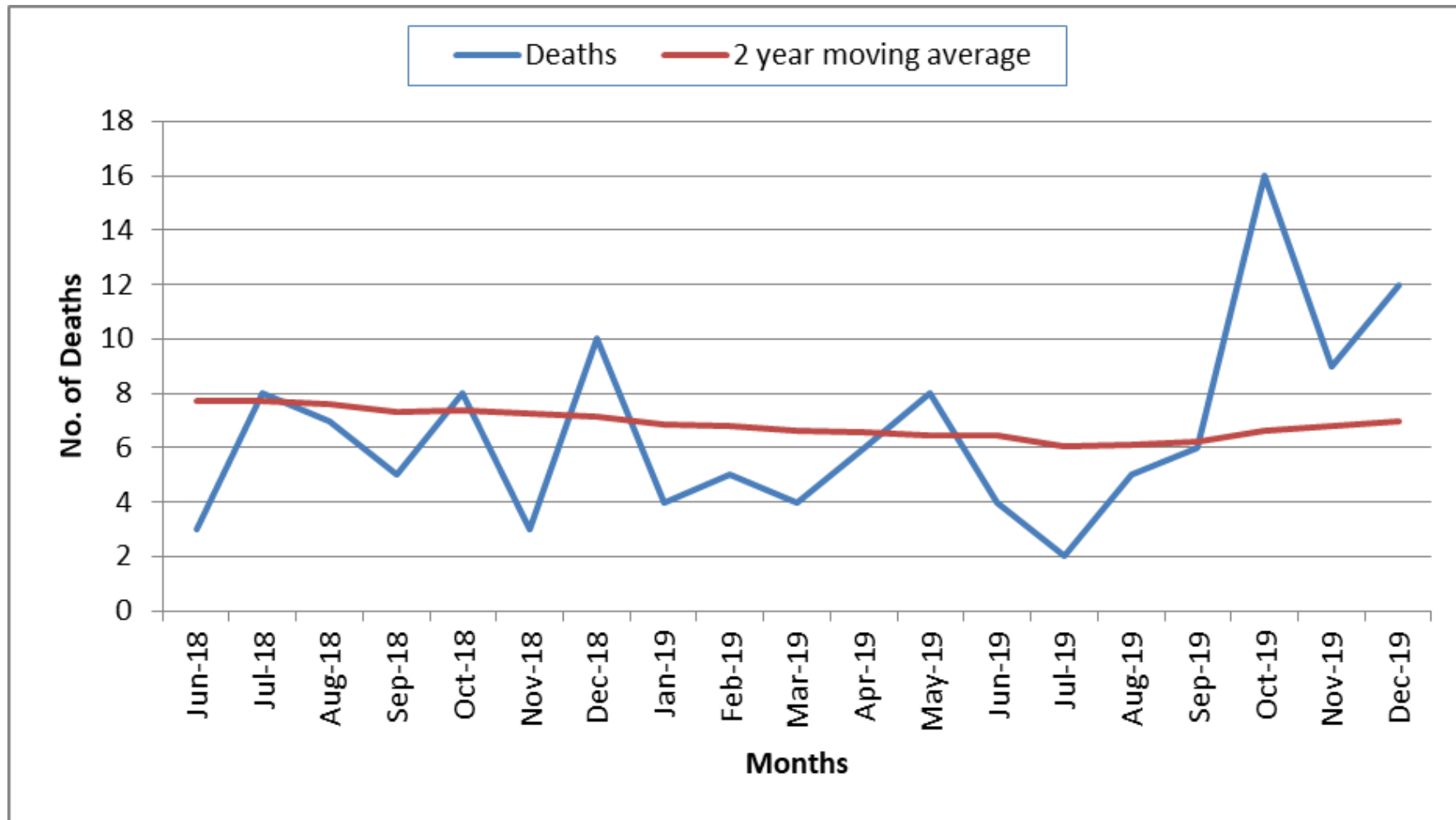
1. Surgical Site Infection (SSI) data

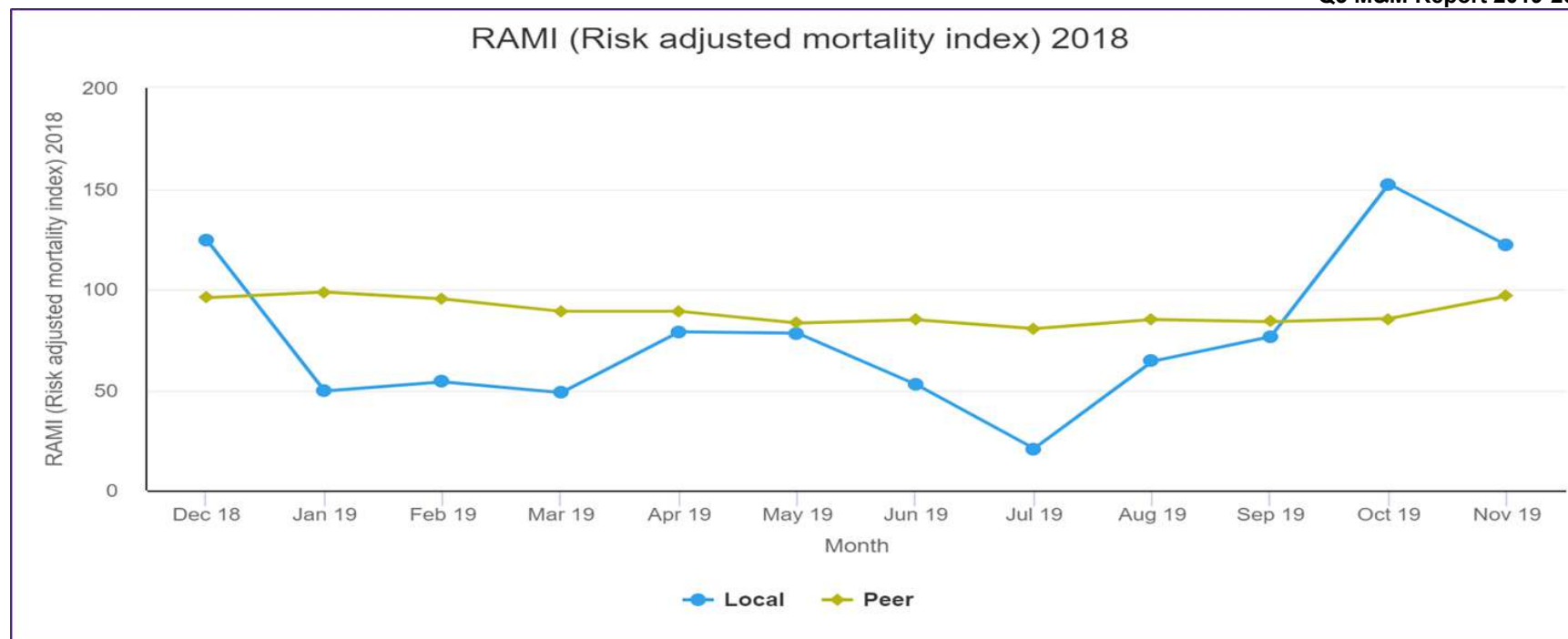
The table shows detail regarding nature of operation and degree of clinical urgency. As the number of patients undergoing surgery in the 'immediate' category is low (i.e. the denominator), a single infection in this group may constitute a large percentage, therefore the number of cases is more pertinent in looking for trends.

Quarterly summary

	Elective ops	Infections	%	Urgent ops	Infections	%	Immediate ops	Infections	%	Expedited ops	Infections	%	Not record ops	Infections	%	Total ops	Total Infections	% Infection Rate
Q1 18/19	622	13	2.1	173	2	1.2	31	1	3.2	130	3	2.3	0	0	0.0	956	19	1.99
Q2 18/19	603	15	2.5	160	5	3.1	35	4	11.4	131	6	4.6	0	0	0.0	929	30	3.23
Q3 18/19	597	17	2.8	172	4	2.3	36	0	0.0	126	4	3.2	0	0	0.0	931	25	2.69
Q4 18/19	592	12	2.0	161	2	1.2	32	0	0.0	122	3	2.5	0	0	0.0	907	17	1.87
Q1 19/20	612	11	1.8	147	4	2.7	35	1	2.9	116	6	5.2	0	0	0.0	910	22	2.42
Q2 19/20	562	12	2.1	160	3	1.9	42	2	4.8	136	7	5.1	0	0	0.0	900	24	2.67
Q3 19/20	489	13	2.7	179	5	2.8	40	1	2.5	151	3	2.0	0	0	0.0	859	22	2.56

The crude number of deaths is shown in the chart below, along with the rolling 2 year average.





This data is provided by Comparative Health Knowledge System (CHKS).

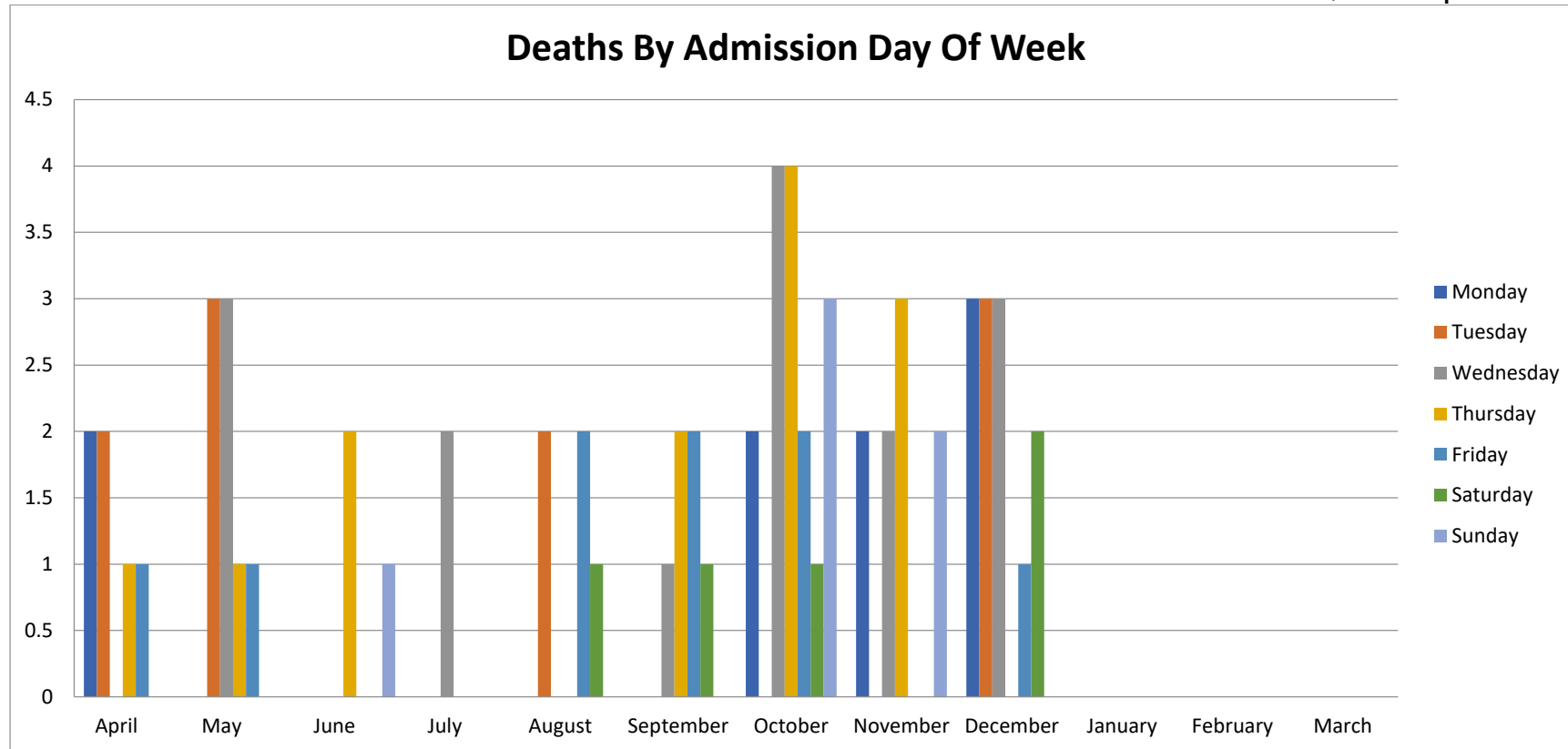
Risk Adjusted Mortality Index (RAMI17) has replaced Hospital Standardised Mortality Ratio (HSMR). The methodology behind RAMI17 is limited to six factors, each of which is known to have a significant and demonstrable impact on risk of death. They are:

1. Age - six groups
2. Admission type - elective or non-elective
3. Primary clinical classification - 260 CCS (Clinical Classifications Software) groups
4. Sex - defaults to female if not known
5. Length of stay - specific groups only
6. Most significant secondary diagnosis - list covers 90% of all diagnoses mentioned in patients who died

4.3 Quarterly Analysis – Neurosurgery and Neurology

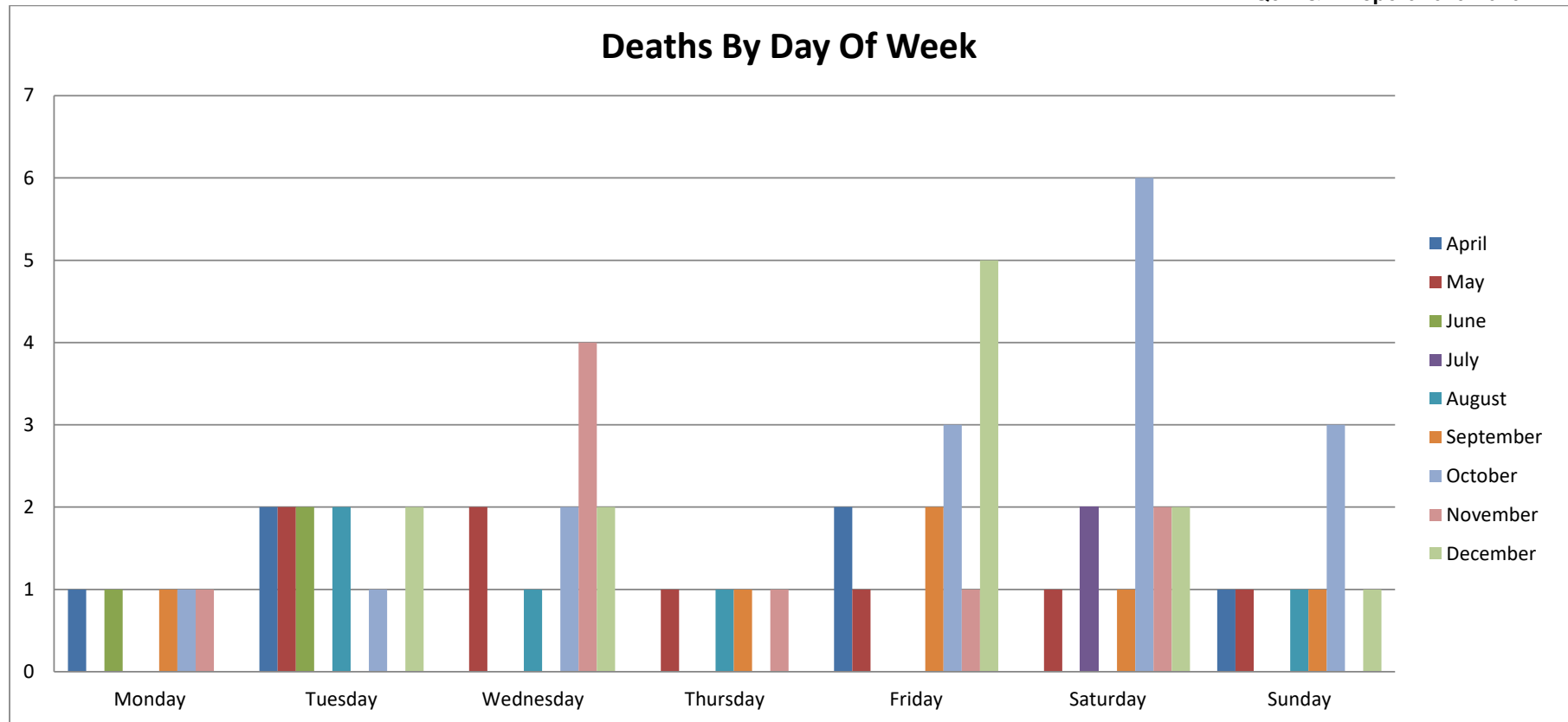
Deaths by Admission Day of Week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Quarterly Total	Annual Total
Q1 18/19	5	4	4	3	2	3	3	24	
Q2 18/19	4	5	2	2	1	1	4	19	
Q3 18/19	7	3	2	3	3	2	1	21	
Q4 18/19	3	0	1	3	2	3	1	13	77
Q1 19/20	2	5	3	4	2	0	1	17	
Q2 19/20	0	2	3	2	4	2	0	13	
Q3 19/20	7	3	9	7	3	3	5	37	
Q4 19/20									67



Deaths by Day of Week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Quarterly Total	Annual Total
Q1 18/19	4	3	2	4	6	3	2	24	
Q2 18/19	4	1	1	4	3	2	4	19	
Q3 18/19	4	3	1	2	2	7	2	21	
Q4 18/19	2	2	2	0	3	1	3	13	
Q1 19/20	2	6	2	1	3	1	2	17	
Q2 19/20	1	2	1	2	2	3	2	13	
Q3 19/20	2	3	8	1	9	10	4	37	
Q4 19/20								0	



Q3 Mortality Cases (1st October 2019 – 3^{1st} December 2019).

In Q3 there were 37, inpatient deaths, 30 patients admitted via neurosurgery, and 7 neurology patients. Of these in patient deaths, 20 patients died within the critical care unit.

Sub-speciality	Number of deaths Q3
Vascular	13
Cranial Trauma	9
Spinal Trauma	3
Neuro Oncology	5
CNS infection	1
Neurology	7

Review of the data for Q3

In Q3, following resuscitation and initial assessment at the referring hospital, a number of patients (11) transferred (without delay) to the Walton Centre for further investigation, urgent surgery/ or complex medical treatments and subsequent neuro-intensive care. Following discussion with the patients' family, conservative management was the agreed plan of care and referral to the specialist palliative care team was appropriate. At Mortality review meetings the decisions to transfer even though further treatment is unlikely is an important part of the clinical discussions.. Some patients have had further imaging with minimal surgical intervention such as an emergency external intraventricular drain (EVD), however any further neurosurgical or neurological intervention is considered inappropriate. There is no possibility of a "blanket" protocol for transfer in these situations as each patient needs to be considered individually. The clinical teams can give an assurance that all cases are discussed with the relevant consultants prior to transfer, however this does have an impact on the Walton Centre mortality figures.

There were no actions for escalation; however, the report contains case reports to demonstrate the complexities of the patients that present to the Walton Centre, the team's decision making and support for patients, families and staff following a death. Within the Governance team information regarding mortality is triangulated with incidents and complaints together with claims to improve opportunities for improvements in quality of care. Where lessons can be learned these are shared at mortality meetings and divisional governance meetings.

The quality of record keeping was discussed and whilst there is evidence of clear and excellent documentation regarding decision making and communication with patients’ families, there are others where family discussions are not readily filed within the notes which have been discussed as a learning point.

The role of the Medical Examiner.

Further to the discussion at C&M Medical Directors Forum regarding the Medical Examiners programme, the National Medical Examiner team has published an explanatory note on the process in England for trusts and foundation trusts for 2019/20 and 2020/21. Dr Nicolson has suggested we will link with Aintree for this as we are too small to have our own. LUH are in the process of recruiting to these posts.

Q3 Neurosurgery mortality case reviews (1st October 2019 – 31st December 2019).

Case reviews Q3

ID	Diagnosis	Clinical Case summary	Comments from initial mortality review	Actions
01 (73)	Sub –arachnoid haemorrhage (SAH) with intraventricular haemorrhage and Hydrocephalus.	This lady was admitted following subarachnoid haemorrhage (SAH) on 31/07/2019 with hydrocephalus. She had coiling of aneurysm and EVD insertion the same day. The patient required ventilation and had a prolonged critical care stay requiring treatment for severe vasospasm and CSF infection, requiring several changes of the EVD. She required intravenous and intrathecal antibiotic therapy (with microbiology advice) . Given the patients poor neurological outcome the medical teams discussed the treatment options with the family and the specialist palliative care team were involved. Planned withdrawal of treatment occurred and the patient died peacefully.	This lady was a poor grade subarachnoid haemorrhage and had a very poor prognosis. The patient was found to have multi drug resistant organisms (MDRO) on admission screening and was at increased risk of infection. The patient acquired a gram negative from her own bowel, as the same organism was found in the CSF. At the meeting, surgical placement and management protocols were discussed together with measures to reduce EVD infections.	Sampling from EVD to be restricted to a named group of clinicians. Surgical trainee to review the EVD protocols, Competencies in EVD sampling to be reviewed.
0-9 Age	Left temporal abscess	This lady was referred via the neuro-oncology MDT, abscess was diagnosed and	On the MRI scan there was a clear suggestion that there was an abscess in the left temporal region. There was a	The surgical mortality Lead to feedback to the

Q3 M&M Report 2019-2020

(78)	Left cholesteatoma Frailty	the patient was transferred urgently to The Walton Centre. There was an underlying cholesteatoma. (Abnormal, skin growth in the middle ear. most commonly caused by repeated middle ear infections). Her treatment was complicated by seizures and she required ventilation and removal of the cholesteatoma The patient remained poor GCS and the poor prognosis was discussed with the patient's family and the specialist palliative care team were contacted.	2 week interval when this was reviewed at MDT this abscess had progressed and required urgent surgery. This delay was considered sub-optimal.	referring team regarding the delay in reporting of abscess. The patients' family have raised concerns regarding the delay in referral, and in regards to their experience of available bereavement services and are to meet with Divisional team.
N4 Age 61	CTB: Diffuse IVH and moderate hydrocephalus	61 year old male presented as an emergency with intraventricular haemorrhage with associated hydrocephalus, an EVD was inserted .Angiogram demonstrated arteriovenous malformation (AVM). Following the 1 st stage embolization the patient was kept sedated. The second stage of the procedure was carried out after a further 4 days. Complete obliteration of AVM was achieved The patient deteriorated and the pupils became fixed & dilated. The EVD blocked but only small increase in size of ventricles. CT repeated 2 hrs later. No changes. MRI 15/11/19 –no blood flow	The initial mortality review concluded this death was unavoidable. The timing of initial embolisation was justified due to the rapidly declining neurological status ,the aim of the treatment was to secure intranidal aneurysm. Timing of second intervention was discussed as to whether this could have been delayed, however there is risk of rehaemorrhage before 2 nd stage. There was a detailed presentation including a literature review at the Neurosurgical mortality meeting regarding, early versus delayed 2 nd stage embolization of AVM.	A further review of previous cases at the WCFT was suggested , this will be discussed at the Neurosurgical consultants meeting.

Neurology deaths Q3 (7).

There were seven neurological deaths in quarter 3 in Walton centre. Six cases were presented in the March quarterly neurology mortality meeting as one case is awaiting coroner autopsy report.

There were 2 patients transferred as emergencies as part of the thrombectomy pathway. Both patients were transferred following thrombolysis in a timely manner. The normal procedure following thrombectomy is the patients would be transferred back to the referring hospital for further

stroke management. Unfortunately 1 patient suffered respiratory infection requiring ventilation at the Walton Centre and was unable to return to the referring hospital.

A second patient suffered complications during the procedure and required transfer to neuro critical care for further management. Both of these deaths were discussed at the neurology mortality group and will also be reported at the Cheshire, Mersey and North Wales Thrombectomy Multidisciplinary meeting. (MDT)

ID	Diagnosis	Clinical Case summary	Comments from initial mortality review	Actions
011 Age 41	Neurofibromatosis type 1 with thoracic cord compression.	41 year old gentleman was admitted in July to the complex rehab unit for management of severe spasticity and consideration for insertion of an intrathecal baclofen pump. After a trial of intrathecal baclofen, a permanent the pump was implanted, but with no improvement in spasticity. This was delayed for several reasons. The patient developed extensive sacral tissue damage, Type 2 respiratory failure. He deteriorate despite treatment with antibiotics and other supportive treatment and after extensive discussions with the patient and his family, it was decided that escalation of respiratory support to invasive ventilation would not be appropriate. Referral was made to the specialist palliative care team to assist with palliative end of life care.	A full mortality review was carried out with this patient and acknowledged the unique circumstances related to this patient admission to CRU. He did not meet the agreed criteria for admission however there was no other facility to accommodate his complex needs and he was deterioration in pain and distress in the community. The patient was in chronic type 2 respiratory failure prior to admission due to his spinal issues and this was exacerbated by a further pneumonia after admission. The patients care was complicated by his inability to comply with treatment interventions such as physiotherapy and pressure ulcer prevention strategies due to the severity of the spasticity and the resulting pain. The patient had full capacity.	A full investigation into the tissue damage has been completed and is monitored via the Serious Incident group. This has been shared with commissioners as part of our external reporting obligations. A further review of the baclofen pump pathway and communication between rehabilitation and surgical teams in relation to the delays in treatment has also been carried out.
N5 29	Complex case with no underlying diagnosis.	This young man was admitted to Arrowe Park Hospital with confusion, gait impairment, altered cognition.	The initial mortality review identified the complexities of the	The patient was referred to the

Q3 M&M Report 2019-2020

	<p>Passible diagnosis meningoencephalitis.</p>	<p>Progressive decline in neurology. Transferred WCFT for further management and investigation. Extensive investigations – definitive diagnosis not made – possible EBV encephalitis. Developed status epilepticus. Developed diffuse cerebral oedema with fixed pupils.</p>	<p>case. The patient’s death was considered inevitable despite all available treatment as there was no diagnosis prior to death.</p>	<p>coroner. The patients care will be reviewed when the results of the post-mortem are available.</p>
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The Walton Centre NHS Foundation Trust

REPORT TO TRUST BOARD

Date

30th April 2020

Title	Q4 Morbidity & Mortality Reports 2019-2020
Sponsoring Director	Name: Title: Dr A Nicolson Medial Director
Author (s)	Name: Mrs P Crofton Title: Clinical Quality Lead
Previously considered by:	Not previously considered due to Covid 19 restrictions
Executive Summary This report is the Quarter 4 review of Morbidity & Mortality within the Walton Centre. It draws together information and looks for trends and learning points using data, regarding readmission rates, surgical site infections and the mortality reviews process.	
Related Trust Ambitions	<ul style="list-style-type: none"> Be recognised as excellent in our patient and family centred care
Risks associated with this paper	None
Related Assurance Framework entries	
Equality Impact Assessment completed	No
Any associated legal implications / regulatory requirements?	No
Action required by the Board	Approval

Q4 Morbidity & Mortality Report 2019-2020.

Executive Summary

This report is a quarterly review of Morbidity & Mortality within the Walton Centre. It draws together information and looks for trends and learning points using data regarding readmission rates, surgical site infections and the mortality reviews process.

In Q4 there were 25 in-patient deaths, 20 patients admitted via neurosurgery, and 5 neurology patients. Of these in-patient deaths, 20 patients died within the critical care unit.

With the current changes in work rotas and clinical staffing levels due to Covid-19 restrictions, the mortality reviews (Q4) have been completed by the Clinical Quality Lead according to the methodology outlined in the Trust Mortality Policy and verified by the divisional Mortality leads in Critical Care, neurology and neurosurgery. There has not been capacity to hold divisional mortality meetings.

All patients were admitted as emergencies, age of patients ranged from 38 to 92 years. There was no significance identified in relation to day of the week of admission or day of the week of death.

The data related to Risk Adjusted Mortality Index (RAMI17) which is now used as a replacement for Hospital Standardised Mortality Ratio (HSMR) is not available for Q4 as there is an issue with the renewal of the contract with the company who supply the data.

There were no issues for escalation within the surgical mortality review. Review of the documentation showed good evidence of openness, transparency and listening to patient and family concerns and expectations at the End of Life (EOL). The availability of this information demonstrated an improvement in the mortality review process since the introduction of the guidance regarding Learning from Deaths, from NHS England and CQC. Previous mortality reviews were medically driven with a focus on the presenting condition and medical / surgical management. Overall in 2019-2020, the mortality meetings have included a wider MDT participation with a concentration on EOL patient and family experience. The Specialist Palliative care Lead Consultant has attended the surgical mortality review group and incidents related to palliative and EOL care are discussed at the EOL operational group.

All patients in critical care were supported by the SNOD (Specialist Nurse for Organ Donation) and relatives approached for consideration of organ donation. There were 6 patients referred for organ donation, with 3 successful donations.

Following the death of a (neurology) patient the admitting Consultant raised concerns with the Neurology Governance Lead in relation to a possible delay in diagnosis at the referring hospital, which possibly contributed to the patient death. In line with Walton Centre policy, and guidance from NHS England, the findings of the WCFT mortality review will be shared with referring hospital, with a recommendation they may wish to carry out further investigation.

The Neurology Clinical Governance Lead at the WCFT would be happy to be involved in assisting with any review at the referring hospital.

Again this shows improved compliance with the Learning from death guidance in relation to issues outside the trust's scope for investigation.

The clinical teams are keen to improve the support for bereaved families and carers. There have been several family meetings where although the death was considered unavoidable and a formal investigation was not required; bereaved relatives have required clarification regarding surgical or medical treatments prior to EOL care. These meetings have been facilitated by the patient experience team with the relevant clinical teams.

Within the surgical division work is ongoing to design a formal bereavement service across Liverpool University Hospitals sites, the Walton Centre and Liverpool Clinical Laboratories. This will include review of the care of the deceased patient and bereaved relative's policy.

The executive team has requested a review of the Mortality review process which is being carried out by a Non-Executive Director. The Divisional Governance teams will work closely with the Lead for the review to improve policy and practice if required. This review will include the data presented and format of the reports for Quality Committee and Trust Board.

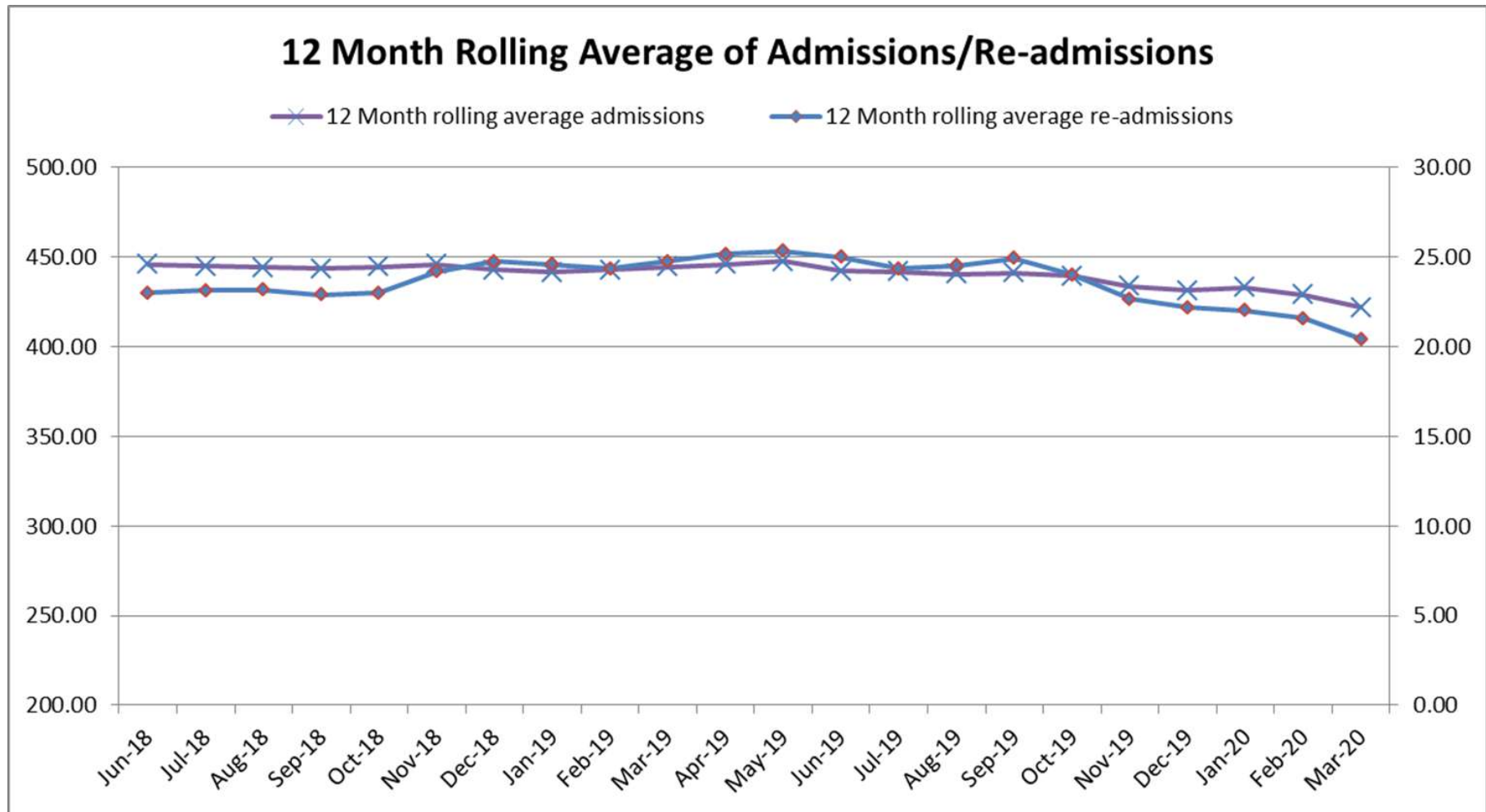
Admission data 1st April –31st March 2020

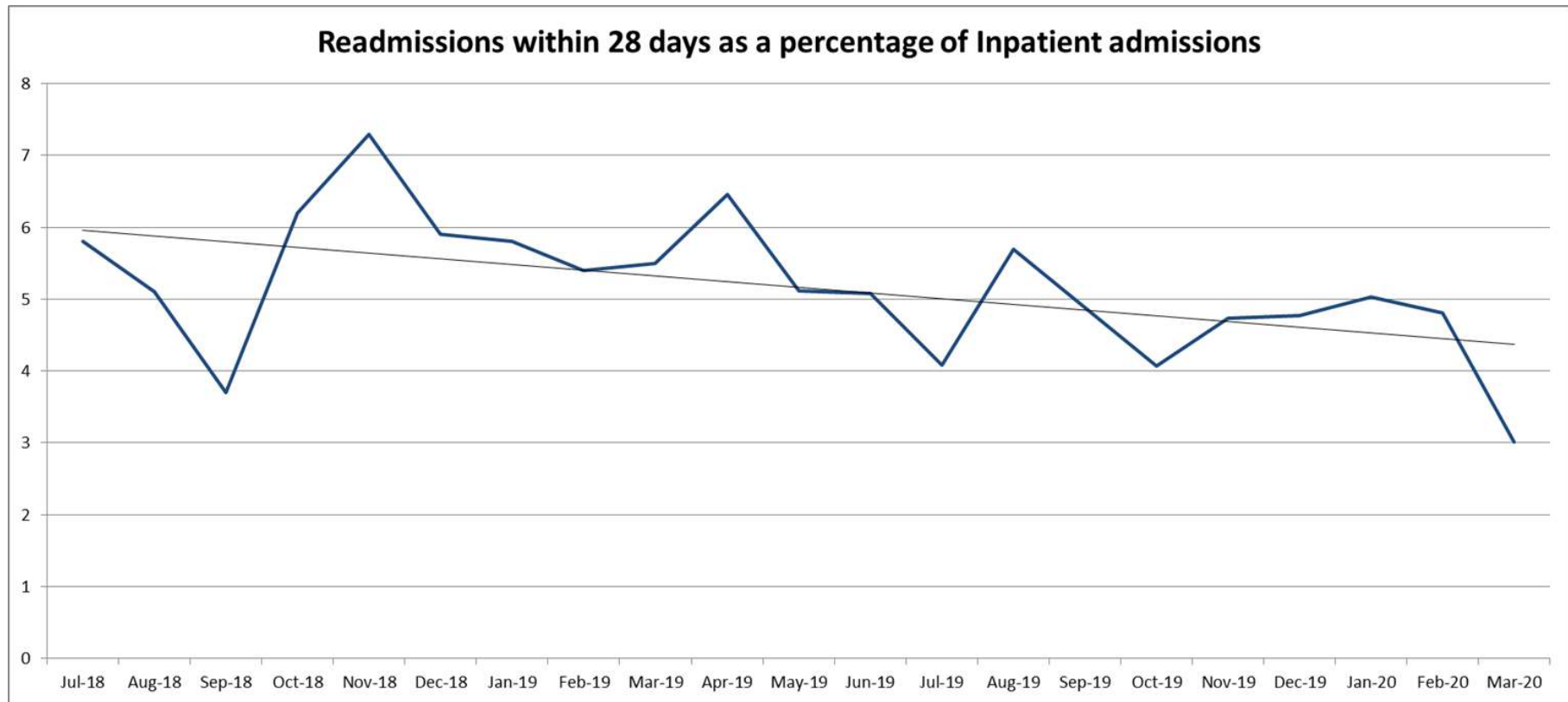
The Neurosurgical & Neurological admissions and re-admissions are detailed below. The re-admission rate (within 28 days of discharge) remains low. There is no significant variation on a monthly or quarterly basis.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Admissions	449	469	413	441	439	410	442	423	377	437	395	366
Re-Admissions	29	24	21	18	25	20	18	20	18	22	19	11
%	6.5	5.1	5.1	4.1	5.7	4.9	4.1	4.7	4.8	5.0	4.8	3.0

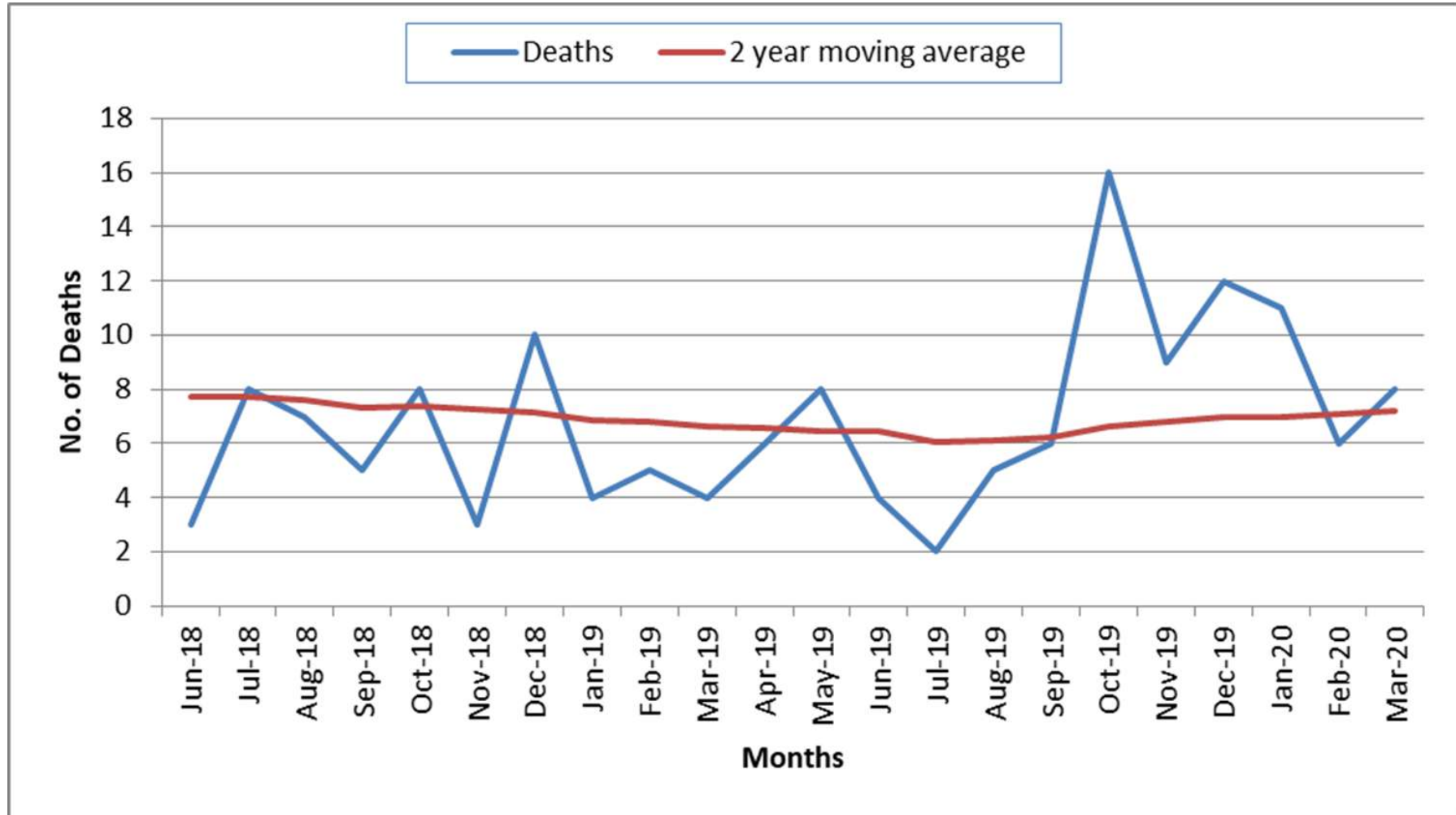
1.1 Overall Re-admissions by Quarter

	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Admissions	1294	1325	1364	1290	1360	1301	1363	1311	1331	1290	1242	1198
Re-Admissions	82	71	55	73	71	64	89	73	74	63	56	52
%	6.3	5.4	4.0	5.7	5.2	4.9	6.5	5.6	5.6	4.9	4.5	4.3





The crude number of deaths is shown in the chart below, along with the rolling 2 year average.



4.3 Quarterly Analysis – Neurosurgery and Neurology

Deaths by Admission Day of Week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Quarterly Total	Annual Total
Q1 18/19	5	4	4	3	2	3	3	24	
Q2 18/19	4	5	2	2	1	1	4	19	
Q3 18/19	7	3	2	3	3	2	1	21	
Q4 18/19	3	0	1	3	2	3	1	13	77
Q1 19/20	2	5	3	4	2	0	1	17	
Q2 19/20	0	2	3	2	4	2	0	13	
Q3 19/20	7	3	9	7	3	3	5	37	
Q4 19/20	1	2	4	3	6	7	2	25	92

Deaths by Day of Week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Quarterly Total	Annual Total
Q1 18/19	4	3	2	4	6	3	2	24	
Q2 18/19	4	1	1	4	3	2	4	19	
Q3 18/19	4	3	1	2	2	7	2	21	
Q4 18/19	2	2	2	0	3	1	3	13	77
Q1 19/20	2	6	2	1	3	1	2	17	
Q2 19/20	1	2	1	2	2	3	2	13	
Q3 19/20	2	3	8	1	9	10	4	37	
Q4 19/20	3	2	8	3	1	5	3	25	92

Q4 Neurosurgery Mortality Cases (1st January 2020- March 31st 2020).

In Q4 there were 20 Neurosurgical inpatient Deaths:

The mortality reviews highlight several of the emergency admissions were related to major catastrophic brain injury, including gunshot wounds. The majority of patients also had multiple co-morbidities, including chronic conditions and including previous malignancy. In Q4, following initial assessment and resuscitation at the referring hospital, a number of patients (9) transferred (without delay) to the Walton Centre for possible urgent surgery and subsequent neuro-intensive care, died within 48 hours of admission. 15 patients had DNACPR discussed and completed with the patient's family, 2 patients had a longstanding Unified DNACPR. Following the completion of DNACPR there were 12 patients referred to the Specialist Palliative care team at Aintree.

SPECIALITY	NUMBER
Vascular	7
oncology	1
Cranial Trauma	10
Spinal Trauma	1
CNS infection	1

Review of the data for Q4

Case reviews Q4

ID	Diagnosis	Clinical Case summary	Comments from initial mortality review	Actions
J4	63 year old male with cranial and spinal trauma-acute subdural haematoma,	Fell backwards 3m height. Agitated at scene GCS 14/15, Intubated and ventilated, helicopter transfer to MTC Aintree. Transferred straight to theatre for craniotomy. Required massive haemorrhage protocol. Post-operatively, high intracranial pressure pupils fixed and dilated, brain stem testing completed and patient referred to SNOD. The family were approached and consented to proceed to organ donation. There has been an error in patient identification on admission, which affected the original blood grouping process. This caused a delay in the process for placing the organs, and led to multiple organ donation and transplants lost.	The patients' death was considered unavoidable; the family consented to the patient becoming an organ donor. After 11 hours following the diagnosis of death, the relatives of the patient were no longer able to support organ donation process and withdrew consent for organ donation.	This was investigated at Aintree laboratory and the patient received the correct transfusion products. SN-OD and ITU teams supported family with the removal of ventilation and supportive medication.
F2	62 year old lady referred from Aintree with polytrauma, including cranial and spinal trauma-following a road traffic accident.	Pupils fixed and dilated on admission. Intubated and ventilated requiring inotropes to maintain circulation. Although it was felt there was no place for surgical intervention, there were no critical care beds available at Aintree. She was transferred to Walton Centre ITU. CT showed Massive Sub Dural Haematoma with numerous skull fractures. No surgical options available, sedation stopped, E1VT M1 Discussed with family DNAR CPR completed.	Catastrophic brain injury. Initially family reluctant to agree to DNACPR, ITU consultant however explained DNACPR in patients' best interest. Referred to SNOD, the family declined organ donation, however there is evidence the staff supported the family with their spiritual and cultural EOL	This shows excellence in EOL care.

		Brain stem testing performed.	needs (Buddhist).	
M6	55 year old male admitted following Right intracerebral haemorrhage, with ventricular extension and midline shift.	GCS 9 pre-intubation E3 V1 M5. CTA requested, episode of hypertension whilst being prepared for transfer to CT scan, pupils fixed and dilated. Medical manoeuvres, including mannitol to reduce ICP, discussed with neuro surgeon's irreversible brain damage; no surgical intervention possible-supportive measures. Events discussed with family, plan to move towards brain stem testing. 24/3/20 BSD tests completed, family present for both sets, family consented to organ donation.	The death was considered unavoidable as there were no surgical options available. The family consented to the patient being considered as an organ donor. He was tested for Covid 19 post mortem- there were delay with result due to technical failure - although tests negative, unfortunately, following a long offering process no organs were accepted for donation.	The family were supported by the SNOD and ITU teams.

4.2 Neurology Mortality Cases – Quarter 4 (1st January 2020- March 31st 2020).

In Q4 there were 5 Neurology inpatient Deaths:

ID	Diagnosis	Clinical Case summary	Comments from initial mortality review	Actions
F6	49 year old male, Presented to Aintree with severe headache photophobia, CT brain on admission was reported as normal. LP demonstrated high opening pressure. The patient used anabolic steroids regularly	The patient was discussed with the on call Neurology SpR, fundoscopy and CT venogram were recommended. After 3 days the patient dropped his GCS to 11-12 with a mild left hemiparesis. CT angiogram suggested a superior sagittal sinus thrombosis. His case was again discussed again with the neurology on call team. The GCS was 8 with a dense left hemiparesis he was transferred to the Walton Centre ITU. Upon transfer there was further deterioration with GCS 4.	There was some delay in the initial diagnosis of cerebral venous sinus thrombosis after admission to Aintree hospital. The patient was admitted on 11/02/20 and the diagnosis was reached on the 15/02/20 at 0200hrs which probably affected the ultimate outcome. On admission bloods, haemoglobin was raised at 189	The conclusions of the Mortality review will be shared with the clinical governance team at Aintree to decide if they need to carry out a local review of the patients care. The Neurology Governance Lead will assist if requested.

		<p>The CT venogram showed extensive superior sagittal, sigmoid and transverse sinus thrombosis. An EVD was inserted and the patient continued to deteriorate. The patient was commenced on heparin.</p> <p>The patient remained unresponsive off sedation with a GCS of 3. The neurology team discussed with the family regarding withdrawal of treatment and palliation.</p>	<p>which is a prothrombotic factor and should have raised some suspicions. There is no documentation in the notes that the patient had a fundus examination as requested at any stage prior to LP which may have helped if there was evidence of papilloedema.</p>	
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REPORT TO TRUST BOARD

Date 30th April 2020

Title	Board Assurance Framework
Sponsoring Director	Name: Lisa Salter Title: Director of Nursing and Governance
Author (s)	Name: Jane Hindle Title: Corporate Secretary
Previously considered by:	N/A
Executive Summary	
The purpose of the report is to provide the Board with the latest version of the Board Assurance Framework (BAF) detailing the position at the end of quarter 4 of 2019/20 and identifying the strategic risks for 2020/21.	
Related Trust Ambitions	Delete as appropriate: <ul style="list-style-type: none"> • Best practice care • More services closer to patients' homes • Be financially strong • Research, education and innovation • Advanced technology and treatments • Be recognised as excellent in all we do
Risks associated with this paper	Not applicable
Related Assurance Framework entries	The Board Assurance Framework in its entirety informs the development of the Internal Audit Plan
Equality Impact Assessment completed	<ul style="list-style-type: none"> • Not applicable
Any associated legal implications / regulatory requirements?	
Action required by the Committee	The Board is requested to: <ol style="list-style-type: none"> a) note the position at the end of 2019/20 b) note the changes to the Board Assurance Framework

1.0 INTRODUCTION

- 1.1 The purpose of the report is to provide the Board with the current version of the Board Assurance Framework (BAF) and the year-end position for 2019/20.

2.0 BACKGROUND

- 2.1 Boards are required to develop a Board Assurance Framework that serves to inform the Board of the principal strategic risks threatening the delivery of its objectives and to align principal risks, key controls and assurances against each objective.
- 2.2 In identifying strategic risks Boards should have regard to the guidance that dey HFMA Definition of strategic risk vs high scoring operational risks

Strategic risks relate to the delivery of the organisation's strategic objectives and should not change significantly over time. They have the highest potential for external impact – for example does the organisation meet the public's expectations of access to treatment times. Operational risks relate to the organisation's on-going day to day business delivery – for example, patient safety; staff safety; security, information, finances and litigation. Whilst they may have some external impact operational risks mostly affect internal functioning and services.

- 2.3 Each risk within the BAF is overseen by a sub-committee of the Board, responsible for reviewing the risk and for gaining assurance on the key controls in place via its work programme and agendas.

3.0 CHANGES IN 2019/20

- 3.1 At the beginning of the 2019/20 financial year the BAF contained 11 strategic risks as seen at appendix A.
- 3.2 As risk management is a dynamic process further risks were identified throughout the year as follows:

- 0043 Delivery the financial plan for 2019-20
- 0042 Delivery of the the benefits identified within the Quality Strategy
- 0041 If methods of Cyber Crime continue to evolve then the Trust may receive a cyber-attack

- 3.3 Through the application of the controls and completion of the corrective actions the following risks have been closed:

- 0023 Welsh tariffs
- 0031 Breach of the NHSI Agency Cap
- 0025 Breach of the NHSI threshold for C-Difficile
- 0034 Lack of assurance on quality of data
- 0040 Failure of heating pipework

The rationale for this has been reported to the relevant committee throughout the year and agreed.

4.0 The 2020/21 BAF

- 4.1 Following approval of a number of key strategies in 2019/20 the risks within the BAF have been reviewed and revised and a proposed list can be found at table 1 .

4.2 COVID-19

- 4.3 The unprecedented position that the entire NHS finds itself in will no doubt have a long term impact, not only on the way we work as a system, but on our ability to deliver the strategic objectives that the Board has approved.

- 4.4 Whilst the regulator has relaxed the burden of reporting and assurance in the short term it is expected that at some point all trusts will be required to evidence progress against the achievement of their long term objectives and plans, however the timing of this is currently unknown.
- 4.5 For this reason a new risk relating to the response to COVID-19 has been included within the BAF at appendix B.
- 4.6 It is recognised that in responding to the global crisis and being required to make decisions in a constantly changing environment there will be a number of operational risks that have either increased in score or have newly emerged. These are shown within the BAF risk at appendix C.

5.0 RECOMMENDATIONS

- 5.1
- a) note the position in relation to the BAF at the end of 2019/20
 - b) approve the strategic risks for 2020/21

Table 1

Risk ID	Title
001	<u>Covid-19</u> If the COVID-9 Pandemic continues for an extended period then the Trust may be unable to deliver its strategic objectives leading to regulatory scrutiny and reputational damage.
002	<u>QIP</u> Failure to achieve the recurrent QIP financial plans in accordance with the Strategic Plan due to conflicting pressures/challenges without adequate mitigations.
003	<u>Operational Performance</u> If the trust does not see and treat patients in a timely manner then it will not meet the NHS constitutional standards leading to poor patient experience, regulatory scrutiny and reputational damage.
004	<u>Harm to Staff</u> If the Trust does not establish effective processes to prevent harm to staff then staff may be exposed to physical harm which could lead to high turnover, sickness absence, litigation and regulatory scrutiny.
005	<u>Quality</u> If the Trust does not deliver the benefits identified within the Quality Strategy, then patient and family centred care will not be sustained leading to potential harm, poor patient experience and reputational damage.
006	<u>Our staff</u> If the Trust does not attract, retain and develop sufficient numbers of qualified staff then it may not maintain service standards leading to service disruption and increased costs.
007	<u>Estates</u> If the Trust does not deliver the priorities within the Estates Strategy then the existing estate may not meet the needs of patients or support operational performance leading to poor patient experience and reputational damage.
008	<u>Digital</u> If the Trust does not maintain and improve its digital systems through implementation of the Digital Strategy, it may fail to secure digital transformation leading to reputational damage or missed opportunity.
009	<u>Cyber Security</u> If methods of Cyber Crime continue to evolve then the Trust may receive a cyber-attack leading to service disruption, loss of data and financial penalties.
010	<u>Innovation</u> If the Trust does not identify innovative methods of delivery then it will not maintain its centre of excellence status leading to unwarranted variation, increased costs and an inability to meet the future needs of patients.
011	<u>Partnerships</u> If the Trust does not establish effective partnerships within the health economy then it may be unable to influence the future development of local services leading to missed opportunities and reputational damage.

Risk ID	Executive Owner	Risk Title	Current Score Quarter 1	Current Score Quarter 2	Current Score Quarter 3	Current Score Quarter 4	Target Score CxL			Comments
FINANCE AND PERFORMANCE										
0022	Director of Finance and IT	Failure to achieve the recurrent QIP financial plans in accordance with the Strategic Plan due to conflicting pressures/challenges without adequate mitigations	20	20	20		4	3	12	
0023	Director of Finance and IT	Failure of Welsh Health Specialist Services Committee (WHSSC) to pay tariffs at HRG4+ levels.	8	8			2	2	4	October 2019 Risk closed and Included as a gap in assurance within risk ID43 from October 2019.
0043	Director of Finance and IT	If the Trust does not deliver the financial plan for 2019-20 then it will fail to meet its financial duties and may be unable to deliver its strategic objectives leading to regulatory scrutiny			16		4	2	8	October 2019 New risk identified in in line with the financial recovery plan.
0024	Director of Operations and Strategy	Failure to see and treat patients in a timely manner	16	16	16	16	4	2	8	
0031	Director of Nursing and Governance	Risk of breaching the NHSI Agency Cap because of increase in Medical Locum usage and HCA Agency usage for specialising. Breach of Agency cap may contribute to worsening of Trusts overall financial risk rating.	15	12	9		3	3	9	November 2019 As reported to Board – YTD figure has shown that the controls are having a positive effect and therefore the score reduced to 12.
QUALITY AND INNOVATION										
025	Director of Nursing and Governance	Compromising patient safety due to failure to prevent and breaching annual NHS Improvement threshold for C-Difficile	12	9			3	3	9	October 2019 Risk achieved its target score in October 2019. As there had been no breaches.

0038	Director of Nursing and Governance	If the Trust does not establish effective processes to prevent harm to staff then staff may be exposed to physical harm which could lead to high turnover, sickness absence, litigation and regulatory scrutiny.	20	20	12		3	3	9	January 2020 Risk reduced in score in Q3 due to reduced number of incidents in physical assaults on staff. March 2020
0042	Director of Nursing and Governance	If the Trust does not t deliver the benefits identified within the Quality Strategy, then patient and family centred care will not be sustained leading to potential harm, poor patient experience and reputational damage			12		4	2	8	January 2020 New risk identified in October 2019. Scored and included within the BAF in January 2020.
BUSINESS CONTINUITIY										
0030	Director of Finance and IT	Failure to deliver the Trust Digital Strategy and business given the level of work required within the current resources and loss of experienced members of staff	12	12	12		2	2	4	
0034	Director of Finance and IT	Lack of assurance on quality of data provided by the Informatics Department and, at times, difficulty in meeting deadlines. There is also a risk around the level of experience of senior managers within the department which further impacts on the ability to provide high quality and timely information.	16	8	8		2	2	4	October 2019 Work within the recovery plan has demonstrated positive impact and therefore the score has reduced to 8 as reported to BCP.
0035	Director of Workforce and Innovation	A risk of not having the required staffing resource to deliver the services the Trust is commissioned to provide	12	12	12		4	3	12	

Risk ID:	0011	Date risk identified	Feb 2020	Date of last review: March 2020	Risk Score C x L		
If the COVID-19 Pandemic continues for an extended period then the Trust may be unable to deliver its strategic objectives leading to regulatory scrutiny and reputational damage				Date of next review: April 2020	Initial	Current	Target
				Trust Ambition: 1 Deliver Best Practice in care and treatments	5x5	5x4	5x2
				CQC Regs: Regulation 16- Assessing and monitoring Service Provision			
Assurance Committee:	Trust Board			Lead Executive: Director of Strategy and Operations			
Linked Operational Risks				Key Impact or Consequence			
Risk ID	Descriptor		Score	Loss of Life – Patients/Staff Disruption to business as usual High levels of sickness absence			
	See appendix A						
				Evidence of the risk occurring			
				Current figure uk deaths 19,740.			

Key Controls or Mitigation: What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated				Key Gaps in Control: Where we are failing to put controls/systems in place?			
<ol style="list-style-type: none"> Major Incident Plan – Jan 2018 Business Continuity Policy Oct 2019 Business Continuity Plans and escalation plans for all departments 2018 Infection Prevention and Control Policy and Programme 2020 Visitor Policy – March 2020 Flu Policy – April 2019 Health & Wellbeing Programme – Aug 2018 Shiny Minds App – Approved Aug 2018 Daily Staff Bulletin based on PHE advice COVID WCFT Standard Operating Procedure– approved by Exec March 2020 Psychological support for staff available via internal helpline FIT Testing and Training of key staff Modification of estate to provide additional capacity in ITU SLA with Aintree for Pharmacy/Pharmaceutical supplies Regional Operations Meeting – Weekly Cheshire & Merseyside EPRR Network Meeting – twice per week National Call – NHSI – Weekly Critical Care Network Operational Meeting Corona Bill – passed March 2020 Psychological support for staff through 				<ol style="list-style-type: none"> Recovery plan to return to BUA in development 			
Assurances: What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?				Gaps in Assurance: Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?			
Level 1 <ol style="list-style-type: none"> Daily COVID-19 Control Meetings Daily Safety Huddle Divisional Daily Huddle Infection Prevention and Control Committee – bi-monthly Pandemic Testing Reported to Resilience Planning Group Aug 2019 Daily Executive Meeting Level 2 Infection Prevention & Control Quarterly Report – Quality Committee Quarterly Governance Report – Nov 2019, Jan 2020 EPRR Self-Assessment – Oct 2019 – BPC EPRR Self-Assessment – Nov 2019 Trust Board Assessment of Interim Governance arrangement to Trust Board – April 2020				<ol style="list-style-type: none"> None identified 			
Level 3 Daily Sit Rep Reports submitted to NHS Digital EPRR – Self Assessment submitted to NHSI – Nov 2019							

Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status (On track, not started, complete)
1	Terms of Reference, membership and reporting arrangements re Ethics Committee to be finalised	AN	End of April	On track
2	Recovery Plan for return to Business as Usual in development	JR	Mid May	Not started

ID	Opened	Description	Consequence (current)	Likelihood (current)	Rating (current)	Controls	Assurance	Gaps in controls	Gaps in assurance	Actions	Manager
772	4/8/2020	As the whole finance team are working remotely in line with government guidelines, the ability to prepare and finalise the 2019/20 final accounts is more difficult. Also some aspects of the final accounts will not be able to undertaken as they require staff to be on site and estimates will be required (e.g. stock takes)	Catastrophic	Unlikely	10	List of areas where estimates is being prepared alongside assumptions being applied to the estimate which will be shared with external auditors NHSE/I have extended some national annual accounts deadlines to allow time for preparation and audit assurance to be undertaken Senior management team having daily virtual meetings using Microsoft Team to ensure that any issues around year end preparation are raised as soon as possible with solutions agreed	Daily virtual meetings being held with senior management team to discuss issues when they arise	1. None identified	1. none currently identified		Wells, Helen
771	4/8/2020	If COVID-19 pandemic continues for an extended period the Trust may experience a loss of income leading to an inability to deliver strategic objectives and increased regulatory scrutiny	Catastrophic	Rare	5	NHSE/I have set block contracts for April-July 20 which means that provider organisations will not lose income as a result of the changes in activity and income as a result of the covid19 pandemic. It is anticipated that provider organisations will report a breakeven position for the 1st 4 months of the year. Costs of covid19 are also being centrally reimbursed to again ensure that provider organisations are not adversely affected from the pandemic. It should be noted that the usual rules of financial governance remain and all covid19 spend must pass external audit scrutiny	Finance will be monitoring level of spend every month to ensure that covid19 related expenditure is reimbursed	Level of costs incurred by the organisation may be higher than the block income received and may not be reimbursed if the costs do not relate to covid19 (or cannot be justified). This may mean that the Trust will report a deficit from plan rather than breakeven	none currently identified		Wells, Helen
774	4/8/2020	Transfer of supplies to wards is dependant on the materials management team. There are a small number of materials management staff and as such the transfer and unloading of stock may be compromised if staff are required to self-isolate or are unwell	Major	Unlikely	8	Staff situation is monitored by Acting Head of Procurement and Head of Materials Management daily to ensure that there are sufficient staff to manage delivery of stocks onto wards and clinical areas A number of finance staff are also being trained in materials management so that they can cover staff absence if required Ordering of stocks can be done remotely	Deputy DoF constantly monitoring staff situation and ensuring that staff are trained to support this area	Ordering of stocks can be done remotely			Wells, Helen

773	4/8/2020	Supplies of PPE equipment are nationally in short supply which could mean that Trust staff do not have sufficient PPE to treat patients. Problems with Supply Chain may result in deliveries not being made or not arriving when expected	Catastrophic	Possible	15	Nationally this is recognised as an issue. Regionally Trusts are working together and ensuring that orders of stocks are being made. WCFT is also working closely with other Specialist Trusts to ensure that all organisations have equitable share of supplies (e.g. WCFT have received a supply of long gloves from Alder Hey)	Acting Head of Procurement and Head of Materials Management are in constant contact with Supply Chain and also wards to ensure that stocks are kept as complete as possible Moving to a 'push model' of supply (supplying people who need it)	Trust completely dependant on Supply Chain for deliveries and at present time normal delivery times are not being maintained	no gaps in assurance		Wells, Helen
TBC		If the COVID-19 pandemic continues for an extended period the Trust may be unable to retain those staff who are nearing retirement age leading to increased staff turnover and service disruption In addition staffing levels may reduce due to continued/increased sickness and	Catastrophic	Likely	16						Mullin, Jane
TBC		If the COVID-19 pandemic continues for an extended period then the Trust may be required to safely discharge patients earlier than planned to support patient flow leading to increased concerns or complaints raised and poor patient & Family experience									
TBC		If the COVID-19 pandemic continues for an extended period then the Trust may extend the time to complete investigations leading to increased numbers of complaints and regulatory scrutiny.				1. The Trust have put all current complaint investigations on hold from 23.3.20 by writing to all complainants concerned.					

Risk Appetite Categories	
AVERSE	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.
CAUTIOUS	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.
MODERATE	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.
OPEN	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.
ADVENTUROUS	Eager to seek original/creative/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.

Consequence score (severity levels) and examples of descriptors

Domains	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/p psychological harm)	<ul style="list-style-type: none"> Minimal injury requiring no/minimal intervention or treatment. No time off work 	<ul style="list-style-type: none"> Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days 	<ul style="list-style-type: none"> Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients 	<ul style="list-style-type: none"> Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects 	<ul style="list-style-type: none"> Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	<ul style="list-style-type: none"> Peripheral element of treatment or service suboptimal Informal complaint/inquiry 	<ul style="list-style-type: none"> Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on 	<ul style="list-style-type: none"> Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report 	<ul style="list-style-type: none"> Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/organisational development/staffing/competence	<ul style="list-style-type: none"> Short-term low staffing level that temporarily reduces service quality (< 1 day) 	<ul style="list-style-type: none"> Low staffing level that reduces the service quality 	<ul style="list-style-type: none"> Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training 	<ul style="list-style-type: none"> Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training 	<ul style="list-style-type: none"> Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/inspections	<ul style="list-style-type: none"> No or minimal impact or breach of guidance/statutory duty 	<ul style="list-style-type: none"> Breach of statutory legislation Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Single breach in statutory duty Challenging external recommendations/ improvement notice 	<ul style="list-style-type: none"> Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report 	<ul style="list-style-type: none"> Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/reputation	<ul style="list-style-type: none"> Rumours Potential for public concern 	<ul style="list-style-type: none"> Local media coverage – short-term reduction in public confidence Elements of public expectation not being met 	<ul style="list-style-type: none"> Local media coverage – long-term reduction in public confidence 	<ul style="list-style-type: none"> National media coverage with <3 days service well below reasonable public expectation 	<ul style="list-style-type: none"> National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/projects	<ul style="list-style-type: none"> Insignificant cost increase/schedule slippage 	<ul style="list-style-type: none"> <5 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> 5–10 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met 	<ul style="list-style-type: none"> Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	<ul style="list-style-type: none"> Small loss Risk of claim remote 	<ul style="list-style-type: none"> Loss of 0.1–0.25 per cent of budget Claim less than £10,000 	<ul style="list-style-type: none"> Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000 	<ul style="list-style-type: none"> Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time 	<ul style="list-style-type: none"> Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	<ul style="list-style-type: none"> Loss/interruption of >1 hour Minimal or no impact on the environment 	<ul style="list-style-type: none"> Loss/interruption of >8 hours Minor impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 day Moderate impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 week Major impact on environment 	<ul style="list-style-type: none"> Permanent loss of service or facility Catastrophic impact on environment

LIKELIHOOD SCORE

Descriptor	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might Happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

CONSEQUENCES

LIKELIHOOD	Significant	Minor	Moderate	Major	Catastrophic
Almost Certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5



REPORT TO TRUST BOARD
Thursday 30th April 2020

Title	Standing Orders – Emergency Powers and Urgent Decisions
Sponsoring Director	Janet Rosser – Chair
Author (s)	Jane Hindle – Corporate Secretary
Previously considered by:	Not applicable
Executive Summary	<p>Foundation Trusts are required by law to have a Constitution in place which includes Standing Orders to regulate how the proceedings and business of the Trust will be conducted.</p> <p>Due to COVID-19 and the consequential impact on the Trust’s corporate governance arrangements which will delay the submission of the revised core governance documents to the Board of Directors to May 2020, an amendment to the Trust’s Standing Orders is required relating to Emergency Powers and Urgent Decisions.</p> <p>Under the existing Standing Orders (clause 5.2) emergency powers can be exercised by the Chairman, Chief Executive having consulted with two Non-Executive Directors. The proposal is to amend this to include two Executive Directors (voting) to ensure flexibility around decision making.</p> <p>It is also proposed that a paper will brought to Board in the future with suggested delegated approval limits for ‘Business as Usual’ following a review by MIAA (and benchmark with similar size organisations).</p>
Related Trust Ambitions	<p>Delete as appropriate:</p> <ul style="list-style-type: none"> • Best practice care • More services closer to patients’ homes • Be financially strong • Research, education and innovation • Advanced technology and treatments • Be recognised as excellent in all we do
Related Assurance Framework entries	N/A
Equality Impact Assessment completed	N/A
Any associated legal implications / regulatory requirements?	Valid and up to date governance documents are essential to any organisation and serve to mitigate the risk of any future legal implications.

Action required by the Board	<p>The Board is requested to:</p> <ul style="list-style-type: none">• Approve the resolution to amend Clause 5.2 Emergency Powers and Urgent Decisions to ensure there is flexibility in terms of decision making.• Note the position in relation to the delegation of authority and the implications for decision making• Note that an independent review and benchmark of approval limits will be commissioned with MIAA to enable a further paper to be presented to the Board in the future with proposed delegated powers for 'Business as Usual'.
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REPORT TO TRUST BOARD
Thursday 30th April 2020

Standing Orders – Emergency Powers and Urgent Decision Making

1. PURPOSE

The purpose of this report is to request a resolution to the Board of Directors to amend clause 5.2 Emergency Powers and Urgent Decisions of the Standing Orders and to amend the expenditure limits as set out within the Scheme of Reservation and Delegation in order to provide greater flexibility.

2. BACKGROUND

Foundation Trusts are required by law to have a Constitution in place which includes Standing Orders to regulate how the proceedings and business of the Trust will be conducted.

Section 31.1 of the Trust's Constitution requires the meetings and proceedings of the Trust to be conducted in accordance with the rules set out in Schedule 8, Standing Orders for the Practice and Procedure of the Board of Directors and this includes provision to support urgent decisions.

3. CURRENT SITUATION AND PROPOSAL

3.1 Emergency Powers

Due to COVID-19 and the consequential impact on the Trust's corporate governance arrangements an amendment to the Trust's Standing Orders is required relating to Emergency Powers and Urgent Decisions.

Under the existing Standing Orders (clause 5.2) emergency powers can be exercised by the Chairman, Chief Executive having consulted with two Non-Executive Directors. The proposal is to amend this to include two Executive Directors (voting) to ensure flexibility around decision making during this period.

Therefore the revised clause will therefore state:

The powers which the Board of Directors has retained to itself within these Standing Orders may in an emergency be exercised by the Chief Executive or 2 Executive Directors and the Chairman acting jointly and after having consulted with at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and the Chairman shall be reported to the next formal meeting of the Board of Directors for ratification.

This provides for the following to be determined outside of formal Board meetings:

- a) approval of Outline and Final Business Cases for capital investment for values greater than £250,000;
- b) Approval of policies
- c) the appointment and dismissal of committees;
- d) approval of proposals on individual contracts, including purchase orders (other than NHS contracts) of a capital level above £250,000 or revenue amounting to, or likely to amount to over £250,000 over the life of the contract;
- e) Decision to contest/initiate other litigation claims over £10,000

3.2 **Absence of Directors or Officer to Whom Powers have been Delegated**

Section 2.4.1 of the Scheme of Reservation and Delegation contains provision for the exercise of powers in the absence of the any Director or Officer of the Trust. The current clause states:

In the absence of a director or officer to whom powers have been delegated, those powers shall be exercised by that director or officer's superior unless alternative arrangements have been approved by the Board of Directors. If the Chief Executive is absent, powers delegated to them may be exercised by the nominated officer(s) acting in their absence after taking appropriate financial advice, two directors will be required to ratify any decisions within the Chief Executive's thresholds.

In practice the above will mean:

Expenditure

Pay and non-pay expenditure including software and IT equipment, maintenance contracts, goods and services contracts, management consultants

Up to £15,000	Divisional Directors/Deputy DON/Lead Nurses	Or Director of Strategy and Operations /Director of Nursing
£15,000 to £25,00k	Deputy Director of Finance	Director of Finance
£50,000 to £75,000	Director of Finance	Chief Executive or 2 voting Execs
£75,000 to £100,000	Chief Executive	Or 2 voting execs

£100k to £250k	Business Performance Committee	Refer to Emergency Powers
£250k and above	Board of Directors	Board of Directors or Emergency Powers in the event that a meeting of the Board will not take place

Moving forward MIAA have been asked to undertake a benchmark of similar size organisations to understand their scheme of delegation limits to enable proposals for 'Business as Usual' to be drawn up (a paper will be presented at a future Board Meeting).

3.3 COVID-19 capital claims

From 1 April 2020, there will be a different process for NHS Trusts and Foundation Trusts for bid approval depending on capital value. Bids over £250k will require NHSI/E approval before expenditure is incurred. Bids must be submitted to the Regional finance team. Applications will then go through a fast track process to secure approval from the national team which should take no more than 48 hours.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

Valid and up to date governance documents are essential to any organisation and serve to mitigate the risk of any future legal implications.

5. RECOMMENDATIONS

The Board of Directors are requested to:

- Approve the resolution to amend Clause 5.2 Emergency Powers and Urgent Decisions to ensure there is flexibility in terms of decision making.
- Note the position in relation to the delegation of authority and the implications for decision making