Mersey and West Lancashire Teaching Hospitals NHS Trust

Trust Board Meeting

To be held at 10.00 on Wednesday 27 March 2024
Boardroom, Level 5, Whiston Hospital / MS Teams Meeting

Time	Reference No	Agenda Item	Paper	Presenter
Preliminary Business				
10.00	1.	**Employee of the Month (March 2024)** *Purpose: To **note** the Employee of the Month presentations for March 2024*	Video	Chair *(15 mins)*
10.15	2.	**Patient Story** *Purpose: To **note** the Patient Story*	Presentation	Chair *(15 mins)*
10.30	3.	**Chair's Welcome and Note of Apologies** *Purpose: To record apologies for absence and confirm the meeting is quorate*	Verbal	Chair *(10 mins)*
	4.	**Declaration of Interests** *Purpose: To record any Declarations of Interest relating to items on the agenda*	Verbal	
	5.	**MWL TB24/018 Minutes of the previous meeting** *Purpose: To **approve** the minutes of the meeting held on 28 February 2024*	Report	
	6.	**MWL TB24/019 Matters Arising and Action Logs** *Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and **approve** completed actions*	Report	
Performance Reports				
10.40	7.	**MWL TB24/020 Integrated Performance Report** 7.1. Quality Indicators 7.2. Operational Indicators 7.3. Workforce Indicators 7.4. Financial Indicators	Report	S Redfern L Neary A-M Stretch G Lawrence *(30 mins)*

		*Purpose: To **note** the Integrated Performance Report for assurance*		
Committee Assurance Report				
11.10	8.	**MLW TB24/021 Committee Assurance Reports** 8.1. Executive Committee *8.2.* Charitable Funds Committee 8.3. Quality Committee 8.4. Strategic People Committee 8.5. Finance and Performance Committee *Purpose: To **note** the Committee Assurance Reports for assurance*	Report	A Marr G Appleton G Brown L Knight S Connor *(30 mins)*
Other Board Reports				
11.40	9.	**MWL TB24/022 National Quality Board Reports** 1.1. MWL Nurse Staffing Establishment Review *Purpose: To **approve** the National Quality Board Reports*	Report	S Redfern *(15 mins)*
11.55	10.	**MWL TB24/023 2024/25 Budget and Operational Plan** *Purpose: To **approve** the 2024/25 Budget and Operational Plan*	Report	G Lawrence / L Neary *(15 mins)*
12.10	11.	**MWL TB24/024 CQC Compliance and Registration** *Purpose: To **approve** the CQC Registration*	Report	S Redfern *(10 mins)*
12.20	12.	**MWL TB24/025 Elimination of Mixed Sex Accommodation Annual Declaration** *Purpose: To **approve** the Mixed Sex Annual Declaration*	Report	S Redfern *(10 mins)*
12.30	13.	**MWL TB24/026 2023 Staff Survey Report and Action Plan** *Purpose: To **approve** the 2023 Staff Survey Report and Action Plan*	Report	AM Stretch *(10 mins)*
12.40	14.	**MWL TB24/027 Trust Objectives 2024/25** *Purpose: To **approve** the Trust objectives for 2024/25*	Report	A Marr *(10 mins)*

Concluding Business				
12.50	15.	**Effectiveness of Meeting**	Report	Chair *(5 mins)*
12.55	16.	**Any Other Business** *Purpose: To **note** any urgent business not included on the agenda*	Verbal	Chair *(5 mins)*
		Date and time of next meeting: Wednesday 24 April 2024 at 09:30		**13.00 close**
15 minutes lunch break				

Chair: Richard Fraser

Mersey and West Lancashire Teaching Hospitals NHS Trust

Title of Meeting	**Trust Board**		**Date**	27 March 2024
Agenda Item	**MWL TB24/000**			
Report Title	Collaboration Between Acute and Community Services in EOL Care			
Executive Lead	Sue Redfern, Director of Nursing, Midwifery and Governance			
Presenting Officer	Sandra Ryan, Directorate Manager Community Nursing			
Action Required		**To Approve**	X	**To Note**

Purpose

The purpose of the report is to showcase how cross organisation collaboration can benefit the patient experience in End-of-Life Care, demonstrating the complex level of care delivered in the community setting.

Executive Summary

- The report demonstrates typical end of life care provision for patients in the community setting, describing the level of input required, and how many different services and organisations can be involved in one case. An anonymous case was used to provide the factual component, of one patient receiving 350 district nursing visits alone, with each visit lasting anywhere between one to two hours. 16 different services were involved all co-ordinated by the District Nurse clinical team manager. The report also identifies that on average 93% of patients in St. Helens achieved their preferred place of Death in the community setting. The close collaboration has enabled hugely complex patients to be cared for in their own homes, replicating high level hospice type care in the comfort of a patient's own home.

- Interprofessional collaboration occurs when professionals from different disciplines work together with the patient and loved ones to identify individual needs, solve problems, and make joint decisions on how best to proceed, and evaluate outcomes collectively. This promotes person centered individual care, providing expert intervention at the required points throughout the patient journey. Collaboration of services strengthens patients end of life journey from diagnosis through to death. It allows us to effectively utilise resources and share learning and expertise to enhance the patient experience and quality of care. It also supports staff resilience and well being and helps to prevent burnout and compassion fatigue in palliative care.

- The report describes positive, innovative practice and lessons learnt through close collaboration. For example: Swift policy change to enable safe care to be delivered in the community setting. The introduction of a regular multi-disciplinary team (MDT) to ensure clear plans and communication where staff are supported in difficult cases with oversight from medical director in palliative care which provided scrutiny, and support in ethical dilemmas. The next steps are to embed the lessons learnt into daily practice. An education programme has been developed and is in progress for the District Nurses delivered by the specialist palliative care team, and the Professional nurse advocate role is to be continued to be rolled out across the directorate to support staff resilience. A funding bid has been submitted to Hospice UK to enable the service to hopefully continue to support the Willowbrook/DN project to continue to enhance End of Life (EOL) care in the community.

Financial Implications

Providing excellent end of life care in the community brings financial benefits of reduction in unnecessary hospital admissions and/or reduced lengths of stay for end-of-life patients, there are no negative financial implications.

Quality and/or Equality Impact	
Not applicable	
Recommendations	
The Board is asked to note the Patient Story.	
Strategic Objectives	
X	**SO1** 5 Star Patient Care – Care
X	**SO2** 5 Star Patient Care - Safety
X	**SO3** 5 Star Patient Care – Pathways`
X	**SO4** 5 Star Patient Care – Communication
X	**SO5** 5 Star Patient Care - Systems
X	**SO6** Developing Organisation Culture and Supporting our Workforce
X	**SO7** Operational Performance
X	**SO8** Financial Performance, Efficiency and Productivity
X	**SO9** Strategic Plans

Minutes of the Trust Board Meeting
Held at Boardroom, Level 5, Whiston Hospital / on Microsoft Teams
Wednesday 28 February 2024
(Approved at Trust Board on Wednesday 27 March 2024)

Name	Initials	Title
Richard Fraser	RF	Chair
Ann Marr	AM	Chief Executive Officer
Anne-Marie Stretch	AMS	Deputy Chief Executive Officer & Director of Human Resources
Geoffrey Appleton	GA	Non-Executive Director & Deputy Chair
Gill Brown	GB	Non-Executive Director
Nicola Bunce	NB	Director of Corporate Services
Ian Clayton	IC	Non-Executive Director (via MS Teams)
Steve Connor	SC	Non-Executive Director
Rob Cooper	RC	Managing Director
Paul Growney	PG	Associate Non-Executive Director
Lisa Knight	LK	Non-Executive Director
Lesley Neary	LN	Chief Operating Officer
Hazel Scott	HS	University Non-Executive Director
Rani Thind	RT	Associate Non-Executive Director
Christine Walters	CW	Director of Informatics
Peter Williams	PW	Medical Director

In Attendance

Name	Initials	Title
Lynne Barnes	LB	Deputy Director of Nursing and Quality (Item 8)
Hannah Horsfield	HH	Executive Account Manager, GE Healthcare (observer)
Carole Spencer	CS	Associate Non-Executive Director Designate (observer)
Juanita Wallace	JW	Executive Assistant (Minute Taker via MS Teams)
Richard Weeks	RW	Corporate Governance Manager

Apologies

Name	Initials	Title
Angela Ball	AB	Halton Council Representative (Stakeholder Representative)
Gareth Lawrence	GL	Director of Finance and Information
Sue Redfern	SR	Director of Nursing, Midwifery and Governance

Agenda Item	Description
Preliminary Business	
1.	**Employee of the Month**

	1.1. The Employee of the Month for February 2024 was Andrew Turner, Medical Education Facilitator, Whiston Hospital, and the Board watched the film of AMS reading the citation and presenting the award to Andrew. **RESOLVED:** The Board **noted** Employee of the Month film for February 2024 and congratulated the winner.
2.	**Chair's Welcome and Note of Apologies**
	2.1. RF welcomed all to the meeting and in particular welcomed SC who had joined the Trust as a Non-Executive Director with effect from 01 February 2024. Additionally, RF welcomed CS and HH who were attending the meeting as observers. It was noted that LB would also be attending on behalf of Sue Redfern to present Agenda Item 8. 2.2. RF, on behalf of the Board, sent condolences to GL and his family on their recent bereavement. 2.3. It was noted that CW would be joining the meeting late as she was attending a NHSE meeting about the Electronic Patient Record (EPR) Outline Business Case. 2.4. RF acknowledged the following awards and recognition that the Trust had recently received: 2.4.1. Syliva Sinclair, Deputy General Manager, Medirest FM Services, Whiston Hospital was awarded a National Lifetime Achievement Award at the recent National Cleaning Awards in association with NHSE. 2.4.2. Robbie Graham, Volunteer at Ormskirk Hospital, and previous winner of the My Porter Lifetime Achievement Award was recognised again for his outstanding efforts as he was shortlisted in this year's Unsung Heros Awards, the only awards for non-medical, non-clinical NHS staff and volunteers. 2.4.3. Andrew O'Donnell, Portering Team Leader, Ormskirk Hospital was awarded the My Porter Leadership of the Year Award 2.4.4. Andrew O'Donnell, Portering Team Leader, Ormskirk Hospital, was awarded the title of Trust Amazing Apprentice 2024 as part of the National Apprenticeship celebrations at MWL. The other nominations for Amazing Apprenticeship 2024 were: 2.4.5. April West, Administration Team Leader, Southport Hospital 2.4.6. Hayley Ryan, Estates Compliance & Performance Manger, Ormskirk Hospital 2.4.7. Ali Crawford, Therapy Assistant, Whiston Hospital 2.4.8. Leanne Miller, Quality Improvement Facilitator, Whiston Hospital 2.4.9. Amy Disley, Radiography Helper, Southport Hospital Apologies for absence were **noted** as detailed above

3.	**Declaration of Interests**
	There were no declarations of interests in relation to the agenda items.
4.	**MWL TB24/012 Minutes of the previous meeting**
	4.1. The meeting reviewed the minutes of the meeting held on 31 January 2024 and approved them as a correct and accurate record of proceedings subject to the following amendment: 4.1.1. 9.2.1.1 to be amended to read 'The Committee had reviewed the CNST submission***s*** and recommended approval to the Board.' 4.2. GB noted that a response to her question regarding the importance of compliance with training for Nasogastric Tubes (NG) insertion was not included in the minutes (item 12.3) and requested that this be added. Following a review of the notes, SR was asked to provide a written response to the question which was added to the action log. **Action** SR to provide an update on the NG training compliance rates. **RESOLVED:** The Board **approved** the minutes from the meeting held on 31 January 2024 subject to the amendments detailed above
5.	**MWL TB24/013 Action Log and Matters Arising**
	5.1. The meeting considered the updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions. 5.2. It was noted that PW would provide a verbal update on MWL TB24/005 Quality Indicators as part of Agenda Item 6.1. **RESOLVED:** The Board **approved** the action log.
Performance Reports	
6.	**MWL TB24/014 Integrated Performance Reports**
	The Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) Integrated Performance Report (IPR) for January 2024 was presented.
6.1.	**Quality Indicators**
	6.1.1. PW, on behalf of SR, presented the Quality Indicators and advised that the Care Quality Commission (CQC) rating for Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) remained as Outstanding. PW highlighted the following:

6.1.1.1. There had been no never events recorded in January 2024. It was noted that the never event recorded in December 2023 was still undergoing the Patient Safety Incident Investigation (PSII) process.

6.1.1.2. One category 3 or above pressure ulcer with lapses in care had been recorded in October 2023 and it was noted that this had been validated in January 2024. There had been three category 3 or above pressure ulcers with lapses in care occurring on heels recorded year to date (YTD) and a learning review has been completed and improvement actions in place.

6.1.1.3. There had been eight falls resulting in moderate or above harm in December 2023 of which one resulted in death and three resulted in severe harm. 72-hour reviews had been completed for immediate learning and any necessary actions were put in place. PW advised that there had been a lengthy discussion about falls at the Quality Committee. An increase in patients with cognitive impairment and the resultant issues around mobilising and being able to ask for assistance had been identified as a theme and PW noted that this sometimes made it difficult to complete the falls risk assessments. In several of these cases the review had highlighted that the risk assessment was underscored, and that the patient would have benefited from one-to-one supervision of bay tagging.

6.1.2. AM reflected on the numerous discussions at the Executive Committee about the amount of supplementary care being provided as well as the differences between the Whiston and Southport sites and queried the robustness of the risk assessment process in place as this did not triangulate with the amount of supplementary care being provided. PW agreed and noted that despite patients receiving supplementary care as well as increased frequency of observations there were still incidents, and this could be attributed to the care not being provided in the right areas. PW felt that bay tagging which involved the cohorting of high-risk patients rather than one to one care might be better use of the supplementary care resource, but acknowledged this was not always possible if there were also infection prevention control risks which meant the patient needed to be in a side room.

6.1.3. GB commented that from the reviews presented at Quality Committee other factors including the increased length of stay (LOS), whether a patient had complex discharge needs, bed occupancy on ward at time of fall, staffing (permanent versus bank or agency) as well as ward leadership, may also impact on the risk of falls. It was agreed that a review of all falls with moderate or higher levels of harm should be completed with a focus on these factors and considered at the Quality Committee.

Action
SR to commission a thematic review of the factors increasing the risk of falls to be presented to Quality Committee.

6.1.4. RT reflected on a recent quality ward round (QWR) she had attended on ward 3D where there had been a significant reduction in the number of falls,

	and asked if this was due to lower patient acuity. RC advised that this was unlikely as the ward cared for a challenging cohort of patients. RT had been impressed by the ward leadership and how the ward manager had understood the ward metrics and had taken action to drive improvement. RT suggested that some falls may be unavoidable, and PW clarified that the investigation identified if there had been any lapses in care, and if there was any learning that could prevent future falls. 6.1.5. RF reflected on the importance of cascading best practise, across all wards and departments. RT commented that the ward had created a falls trolley that contained all the necessary equipment, risk assessment and relevant information and asked if this was found on all the wards. GB commented that she expected the Trust's Falls Lead to pick up on these types of things and NB suggested that this should be part of the Trust falls strategy. 6.1.6. RC commented on the difference a focused and enthusiastic ward manager who had a good knowledge of all issues made to the ward and felt the individual should be commended. 6.1.7. LK commented on the discussion around leadership and asked how the Trust supported new leaders and ensured consistency of approach. AMS responded that the Trust provided leadership training but reflected that it was sometimes difficult for clinical leaders to attend because of operational pressures. There were also support programmes for managers who were identified as needing additional training and mentorship. 6.1.8. PW continued with the IPR report and noted the Trust had not reported any cases of Methicillin-Resistant Staphylococcus Aureus (MSRA) in January 2024; however, six cases had been reported YTD. 6.1.9. 97 Clostridium difficile (C.Diff) cases had been reported YTD against an annual trajectory of 85. All cases had been reviewed by the Infection, Prevention and Control (IPC) team and root cause analysis (RCAs) have been requested. It was noted that the cases reported at S&O sites still needed to be reviewed by the antimicrobial pharmacist. A common theme identified via the RCAs was the timeliness of initial testing and isolation of patients with diarrhoea. 6.1.10. GB noted the difference in the reporting of C.Diff cases as a result of lapses in care. PW clarified that C.Diff was formerly classified as hospital acquired or community acquired but essentially the review process was designed to identify if the correct pathways of care had been followed. 6.1.11. The Trust reported five Meticillin-sensitive Staphylococcus Aureus (MSSA) cases in January 2024, and these had been linked to Urinary Tract Infections (UTIs), chest infections and cannula site infections.

	6.1.12. The Trust reported ten cases of Escherichia coli (E.coli) in January 2024 (137 YTD against a target of 121) and it was noted that the majority of these infections were due to UTIs and were unavoidable. 6.1.13. The target of closing Stage 1 Complaints within 60 days, remained challenged (43.8% against a target of 80%) due to the ongoing operational pressures which resulted in the medical and nursing leadership not being able to compile responses to complaints and staff members not being able to submit statements. The Complaints Team continued to provide support. 6.1.14. The Family and Friends Test (FFT) rating for the Emergency Department had been affected by the long waits. The response rates for maternity services remained low. 6.1.15. There were no neonatal deaths reported in January 2024; and five had been reported YTD, the details of which had been reported to the Board. 6.1.16. PW provided an update on the Hospital Standardised Mortality Ratio (HSMR) and advised: 6.1.16.1. HSMR was currently running three months behind at the S&O sites partly due to a shortage of clinical coders and the delays in scanning case notes. 6.1.16.2. The HSMR figures in the IPR has therefore not been updated this month because of these delays. 6.1.16.3. PW noted, that due to the escalated HSMR at the Southport sites, an investigation had identified that the total number of deaths remained static, however, there had been an increase in HSMR due to an increase in expected deaths. PW advised that once a patient was discharged the notes were sent to the coders who recorded the interventions and outcomes, and this fed into the HSMR calculation. The investigation had found a decrease in palliative care coding since April 2023 which was then reflected in the numbers of expected deaths. PW reminded the meeting that HSMR was a measure of observed versus expected deaths. The reason for the decrease in palliative care coding was thought to have arisen following a system change and a reduction in the number of palliative care patients in the hospital as a result of Queenscourt Hospice introducing a virtual ward service. Palliative care admissions had reduced by 44%. The palliative care team was now emailing the list of patients receiving palliative care to the coders to ensure it was clear which patients needed to be coded for this care. PW reported that options to attract, train and retain clinical coders were being discussed with GL. 6.1.16.4. PW had also asked the Learning from Deaths team at Southport to conduct an audit on all patients admitted with a palliative care diagnosis to ensure that they were being seen by the palliative care team. 6.1.17. AM asked if there would be a reduction in mortality at the Southport Hospital site due to the creation of the virtual ward pathway by the Hospice. PW confirmed that he was examining referral patterns, but crude mortality rates had not changed.

	6.1.18. GA asked that a report be provided to the Strategic People Committee to provide assurance on the actions being taken to increase the numbers of clinical coders. IC commented on the financial risk of not correctly coding the Trust activity. **ACTION** The recruitment and retention plan for Clinical Coders to be presented at Strategic People Committee. 6.1.19. RF reflected that the IPR was showing that despite these difficulties the Trust was still benchmarking in the top 50% of trusts for HSMR. 6.1.20. RF also noted that while the Trust had exceeded the 90% Trust target recommendation rate, this benchmarked in the bottom 50%, indicating other trusts were performing better against this metric. PW agreed that there had been a downward trajectory on the FFT recommendation rate over the past few months and advised that he would ask SR to investigate the reasons for this. **ACTION** SR to investigate the reasons for the fall in FFT recommendation rates.
6.2.	**Operational Indicators**
	6.2.1. LN presented the operational indicators. LN noted that several of the metrics had been discussed in detail at the Finance and Performance (F&P) Committee as well as Quality Committee. LN highlighted the following: 6.2.1.1. Urgent Care Performance remained stable in January 2024 (72.3% against a target of 76%), national performance was 70% and Cheshire and Merseyside (C&M) 69%. LN advised that the performance masked the challenges in both Whiston and Southport Emergency Departments (ED) which included a large number of patients waiting for beds as well as high levels of bed occupancy (Southport site at 109% and Whiston site at 113%) and this equated to an additional 150 patients across MWL. 6.2.1.2. Winter plans including the opening of additional escalation beds due to the long waits in ED, use of corridors in the ED and holding of ambulances had all been enacted. An additional 41 beds had been opened at the Whiston site and at Southport the Same Day Emergency Care (SDEC) unit and Discharge Lounge were being used as additional overnight beds. This was as a result of the impact of the high number of patients who no longer met the Criteria to Reside (NCR) in an acute setting. 6.2.1.3. GA asked if there was more that could be done with the Integrated Care Board (ICB) and the PLACE Directors to speed up discharges. AM advised that this had been discussed at the ICB Executive meeting and the Chief Operating Officer of the C&M ICB had addressed this with the PLACE Directors, however, there had been little tangible impact following these interventions. The differences between the Local Authorities in relation to facilitating discharges were discussed and it was noted that different Councils still had different approaches, and their performance differed

	markedly. LN advised that AM had written to all the system partners requesting a call to action, however, there was not much of a change in the level of support received. AM noted that it was not possible to create extra beds or wards at the Southport site but there were plans being progressed to create step down facilities at Ormskirk Hospital to help relieve the pressures. 6.2.2. GB reflected on the increasing numbers of stranded and super stranded patients, the increase in patients who were NCR and longer ambulance handover times as well as all the escalation beds that had been opened and asked if there was a possibility that the Trust might reach a point where it was unable to admit any more patients. LN responded that this was not an option open to the Trust and advised that Primary Care and the community services were also challenged and noted that several of the Urgent Treatment Centres (UTC) either closed over the weekends or closed early due to staffing issues and this put more pressure on Hospital emergency departments. Graham Urwin (ICB CEO) had asked UTC providers to ensure that they were doing everything that they could to support the acute trusts. 6.2.3. LN reflected that when she started with S&O the average number of patients ready for discharge (RFD) had been 30 each day and now it had increased to 144 patients. This number now included fast track discharge patients who were end of life, which was very distressing, and LN had written to Sefton PLACE asking for their action plan to address this. GB asked if there was an impact of using the Discharge Lounge for in patients and LN acknowledged that this was something that the Trust was striving to avoid because it caused more problems with patient flow, and patients being discharged from ED and awaiting transport. 6.2.4. HS asked if the Trust used 'hospital at home' and 'triage at the front door' to divert patients who did not require admission. LN responded that this was used successfully at the Whiston site. RC commented that this was another area where all the PLACES needed to agree a common set of criteria for hospital at home and virtual wards. The system has been tasked with standardising the criteria for the top three categories, namely frailty, respiratory and general social care to help reduce attendances and prevent avoidable admissions. RC advised that the urgent community response (UCR) was also variable between PLACE areas and as a result there were still patients who attended A&E that did not need to. LN advised that in Southport there were no alternatives to attending A&E and noted that the nearest Urgent Care Treatment centre was in Ormskirk. HS asked if there were outreach teams. PW responded that there was an established frailty team based at the Whiston site and work was underway to replicate this service at Southport. If patients or carers contacted the Urgent Care hub which could take calls from the General Practitioners (GP) and '111' they could direct patients to the most appropriate urgent care service however, if a patient rang '999' the patients would invariably be brought to ED, and once

admitted it became difficult to discharge that patient to an appropriate alternative.

6.2.5. PG reflected that some councils would only retain a package of care for two days if a person was admitted to hospital, which meant that the package would have to be re-assessed and allocated for the person to be able to leave hospital again. LN responded that Local Authority social care was more difficult to access, due to the financial pressure that councils were facing.

6.2.6. GA asked if video consultations were an option to reduce attendances. PW responded that the community frailty service was able to offer this option if a patient was referred.

6.2.7. LN reported that the Trust was performing well against the 18-week Referral to Treatment (RTT) target compared to C&M and nationally. LN advised that during the first six months of 2023/24 there had been a significant decrease in the number of patients waiting for treatment, however, this had slowed due to the impact of industrial action and ongoing urgent care pressures. The national target of zero 65-week waiters by the end of March 2024 had now been pushed back to September. Plastics and orthopaedics were the two specialities with the largest number of long waiting patients. It was noted that there was currently one patient waiting over 78 weeks for treatment, however, this was due to patient choice.

6.2.8. In relation to diagnostics LN reported that 6-week performance had increased from 67.9% in October 2023 to 79.9% in January 2024. The improvement plans that were in place for two of the underperforming areas, has resulted in an improvement in non-obstetric ultrasound (56.1% to 97.9%) and endoscopy (56.9% to 72%). LN noted that, whilst there were actions in place to improve the performance for DEXA scans, it was not expected that these would have a significant impact on performance for another three to four months and noted that performance was impacted by workforce shortages and a 35% increase in referrals.

6.2.9. Cancer tumour specific action plans were in progress, but it was noted there were a new set of national trajectories for 2024/25, for each tumour site pathway to meet the 28-day faster diagnosis target. Performance against the 62-day Cancer standard was 78.4% against a target of 85.0% (nationally performance was 65.9% and C&M performance was 71.9%).

6.2.10. RF asked if LN could explain the new cancer faster diagnosis standard. LN advised that this was a target to complete diagnosis within 28 days and there were various best practice and timed pathways in place to achieve the target. LN noted that from 2024/25 the two key cancer performance targets would be the 28-day faster diagnosis standard and the 62-day pathway, and these replaced the 2-week waiting time target.

6.3.	**Workforce Indicators**
	6.3.1. AMS presented the Workforce Indicators and highlighted the following: 6.3.1.1. The MWL appraisal compliance rate was 83.7% against a target of 85% (0.9% decrease on the previous month). 6.3.1.2. The mandatory training compliance rate was 86.6% against a target of 85%. Core mandatory training was reviewed monthly at the Executive Committee. A review of compulsory training was being undertaken to align the training requirements for all MWL staff. 6.3.1.3. In month sickness absence was 6.4% against a target of 5% with stress, anxiety and depression remaining the highest causes for absence. It was noted that there had been a 1% increase in Health Care Assistants (HCA) sickness. There had been a decrease in sickness absence for qualified nurses. 6.3.1.4. AMS noted that there had been a slight reduction in sickness absence compared to the same time the previous year (6.8% in January 2023 and 6.4% in January 2024). The C&M benchmark for acute trusts was 6% compared to 5.5% in September 2023. 6.3.2. RF asked when the HCA banding reviews would be completed, and AMS advised that this was likely to be a lengthy process with ongoing discussions and regular meetings with Unison to work through the detail.
6.4.	**Financial Indicators**
	6.4.1. AMS, on behalf of GL, presented the Financial Indicators and highlighted the following: 6.4.1.1. The MWL financial plan for 2023/24 had included a surplus of £7.6m which assumed full achievement of CQUINS, delivery of £31.8m recurrent and £7.0m non-recurrent Cost Improvement Plans (CIP) and delivery of the 2023/24 activity plan. 6.4.1.2. At month 10 the Trust reported a £3m deterioration from plan which was due to industrial action costs of £1.6m, a reduction in income linked to industrial action of £1.4m. Additionally, there were further ongoing pressures which were currently being mitigated internally and included £6.9m of non-pay inflation above plan and a £3.3m YTD pay award pressure. 6.4.1.3. At month 10 the Trust's CIP schemes delivered or at the finalisation stage was £38.9m YTD with £27.0m recurrently. 6.4.1.4. The cash balance as at the end of month 10 was £2.7m with a forecast of £2.5m at the end of the financial year and it was noted that the Trust had received cash in line with the transaction support agreed with NHS England and the C&M Integrated Care Board (ICB). 6.4.1.5. The capital programme was £20m including PFI lifecycle costs, with significant spend profiled into Q4. **RESOLVED:**

	The Board **noted** the Integrated Performance Report.
Committee Assurance Reports	
7.	**MWL TB24/015 Committee Assurance Reports**
7.1.	**Executive Committee**
	7.1.1. AM presented the Executive Committee Assurance report covering the meetings held in January 2024. AM highlighted the following: 7.1.1.1. As part of the Thirlwell Enquiry the Trust had been requested to complete a questionnaire about staffing levels, culture, the ability to report concerns, governance structures and the number of reported incidents. It was noted that a follow up questionnaire had also been sent directly to staff members in the neonatal unit. 7.1.2. GB reflected on the increased level of reporting about maternity services and asked if this should be expanded to include neonatal services. AMS commented that previously the reporting for maternity services had included neonatal services as it was difficult to separate the two. AM confirmed that once the new divisional structure for the Women and Children's Division was in place these services would be managed together across MWL. 7.1.3. RT noted that the Maternity Voices Partnership (MVP) has now expanded to include neonatal as part of their remit. RT noted that the formal reporting and investigation processes for neonatal deaths were lengthy, although it was noted that there was prompt reporting to the Board. 7.1.4. GA reflected on the volume of information being presented for Maternity Services and the Board's reliance on the Executive to highlight any important issues. NB commented that there was work was ongoing refine the reporting template to focus on provide more focus on trends and exceptions. 7.1.5. AM noted that the ICB was now holding monitoring meetings with each PLACE with a greater focus on operational performance. RC, in his role as Managing Director, had been invited to attend the five PLACE meetings, where the Trust was a key stakeholder. 7.1.6. The Pathology Network had restarted work to create three pathology hubs across the C&M and MWL would be working with Warrington and Halton NHS Foundation Trust to create the East Hub. 7.1.7. AM highlighted that the Committee had received updates on the discussions with Unison regarding the HCA Banding issue. 7.1.8. RT asked about the new Care Quality Commission (CQC) assessment process and if this would affect how information was presented to the Quality Committee. It was noted that the new process would be based on continuous assessment rather than set piece inspections of the whole

	organisation. It was agreed that the presentation would be shared with the Quality Committee once there was some experience of how the new regime would operate. AM confirmed that the outcomes of all CQC visits and judgements about trust services would continue to be reported to the Board. The remainder of the report was **noted.**
7.2.	**Audit Committee**
	7.2.1. IC presented the Audit Committee Assurance Report for the meeting held on 21 February 2024 and highlighted the following: 7.2.1.1. The internal audit programme for 2023/24 was progressing to plan and the Committee had been assured by the positive audit results for key financial system controls. 7.2.1.2. The Committee received the Local Counter Fraud Progress Report and had discussed the risk of romance fraud. 7.2.1.3. The Committee had approved the Anti-Fraud, Bribery and Corruption Policy for MWL 7.2.1.4. For the 2023/24 accounts the timetable had been agreed. The draft accounts had to be submitted by 24 April and the final Annual Report and Accounts approved by 28 June. There would be a separate set of accounts prepared for the former Southport and Ormskirk Hospital Trust for the period 01 April to 30 June 2023. 7.2.2. IC alerted the meeting to the moderate assurance report received regarding the supporting processes for electronic discharge systems and the potential system weaknesses causing rejections and preventing discharge letters from being issued. There was a manual triage system in place to ensure that all urgent discharge letters were sent, and this fell under the control of the Medical Director, however, the systems and audit report fell under the control of the Director of Informatics. The Committee had requested a deep dive on the electronic discharge systems for further assurance. The remainder of the report was **noted.**
7.3.	**Quality Committee**
	7.3.1. GB presented the Quality Committee Assurance report and highlighted the following: 7.3.1.1. The Committee received the Nurse Safe Staffing Report and noted the increased use of agency staff in December 2023, due to bank staff being unable to fill shifts. Work was ongoing to reduce the reliance on agency staff. 7.3.1.2. Concerns were raised in relation to high sickness absence in some areas, especially with high levels of HCA and qualified nurses' sickness, and it was noted that these were being reviewed and managed in line with the Trust's policy. 7.3.1.3. The overall fill rates in December remained above target, with registered nurses/midwives at 98.3% and healthcare assistants at 119.7%. Concerns were raised regarding the clinical areas with lowest Care Hours per Patient

	Day (CHPPD) and a review of this was to be presented to the Executive Committee to analyse any areas of disparity with fill rates. Work was underway to ensure a consistent approach for reporting across all MWL sites going forward. 7.3.1.4. It was noted that work was ongoing to increase the number of bank staff and assurance was provided that all agency staff were required to complete all mandatory training and local induction prior to working. 7.3.1.5. The Supplementary Care Point Prevalence Audit report was presented and the number of patients that required supplementary care with a delayed discharge was discussed. 7.3.1.6. The E.coli Improvement Plan to reduce the number of infections, particularly due to urinary sources was presented and the Committee requested further reports to ensure the actions were delivering the expected performance improvement. 7.3.1.7. The Committee received an update on the delivery of the five annual Trust objectives aligned to the Quality Committee and the key areas that required additional actions were noted. The Executive team had requested that MSRA infections be included in the 2024/25 objectives, however, the Committee had suggested the inclusion of all healthcare acquired infections. 7.3.1.8. The Corporate Performance Report was discussed, and it was noted that the CQC reports following the Maternity Services inspections in December had not been received. 7.3.1.9. The maternity indicators had been reviewed and the committee had requested a review of practises across both units to share best practice in relation to third and fourth-degree tears and postpartum haemorrhages. 7.3.1.10. The Committee had received the 2023 Maternity Patient Experience Survey Report and, whilst there had been a number of improvements, further work was required in some areas. The MVP would be involved in developing the action plans. 7.3.1.11. The Clinical Effectiveness Council report provided an update on the lung telemonitoring pilot, which concluded that although it did not decrease contact with healthcare, it did improve the patient's self-confidence and empowerment. 7.3.2. GB alerted the meeting to the following: 7.3.2.1. Work was ongoing to reduce infections, including E.coli and to improve fluid balance recording. 7.3.2.2. There had been a significant decrease in compliance with the 20-day target for assessment with a consultant paediatrician in the Looked after Children (LAC) Health Assessments (Safeguarding). 7.3.3. RC agreed that there was a concern around the resilience of the community Paediatrician service, but this was being supported by the use of locums and advised that this service would fall under the new Women and Children's Division in the future and the makeup of the team would be resolved as part of the new structure.

	7.3.4. GB noted the increased number of red flags in relation to the key quality performance indicators, with a need for greater analysis of the causes and targeted actions that would improve performance. AM reflected on the earlier discussion about the QWR and felt that there was a need for a refresh on the key leadership actions at ward level and a back-to-basics approach for high quality care standards. 7.3.5. GB also asked if the Committee Performance Report (CPR) could be updated to include the number of escalation bed days. RC advised that, as this was reported on a daily basis, it could be added to the CPR for the Quality Committee. **Action** RC to request that the CPR be updated to include the number of escalation bed days. 7.3.6. RT asked about the national emergency laparotomy audit, how this would influence the best practice tariff and what would be the financial impact. PW advised that this applied to a small cohort of patients and the Trust would need to decide if, as an organisation, it wanted to go at risk to implement the best practice guidance. PW advised that the service would not need to be consultant led but could be led by speciality doctors or practitioners. The Clinical Directors for care of the elderly and general surgery had been asked to develop a pathway for the relatively small number of patients that required this service. The remainder of the report was **noted**.
7.4.	**Strategic People Committee**
	7.4.1. LK, presented the Strategic People Committee Assurance report and highlighted the following: 7.4.1.1. The Committee had reviewed the Workforce Performance Dashboard. 7.4.1.2. The Committee received an update on the Organisational Development (OD) plan delivery and noted that the 2024/25 plan would be presented to the Valuing People Council in March 2024. 7.4.1.3. The Committee, in response to a request from the Board, had received a detailed explanation of the methodology used to calculate the annual gender pay gap as well as an explanation of why a pay gap could occur. LN commented that the explanation had been excellent. 7.4.2. LK also advised that the national training for NEDs undertaking the designated board member role for the NHS Maintaining High Professional Standards (MHPS) investigations has now been completed and would be available shortly. The remainder of the report was **noted**.

7.5.	**Finance and Performance Committee**
	7.5.1. SC presented the Committee Assurance report and noted that this had been his first meeting as Chair of the Committee. SC confirmed the Committee had reviewed the CPR and monthly finance report, but the key points had already been discussed in other reports. Other points to highlight were: 7.5.1.1. The Committee received the Medical Care (STHK) CIP Presentation, and noted the good progress being made in delivering the CIP targets for 2023/24 and identifying CIP opportunities for 2024/25. 7.5.1.2. The Committee received an update on the draft 2024/25 Planning and Budget Setting Process. The impact of continuing industrial action and the ongoing urgent care pressures were noted. 7.5.1.3. The financial position included £3.0m expenditure which related to industrial action for December 2023 and January 2024 and the national instruction had been to assume that no additional funding would be provided, and this would impact the financial outturn for 2023/24. 7.5.2. SC advised that there was a possibility that all trusts in C&M would be subject to additional regulatory action should the ICB fail to deliver the 2023/24 financial plan. The remainder of the report was **noted**. **RESOLVED:** 8. The Board **noted** the Committee Assurance Reports
Other Board Reports	
9.	**MWL TB24/016 Maternity and Neonatal Services Assurance Report**
	9.1. LB, on behalf of SR, presented the Maternity and Neonatal Services Assurance Report which provided an update on the priorities and progress of the maternity and neonatal services and noted that this was the first combined report for the maternity and neonatal services provided by MWL. 9.2. LB highlighted the following: 9.2.1. The Trust had declared compliance with the ten safety actions for both Whiston and Ormskirk maternity units for the Clinical Negligence Scheme for Trusts (CNST) . The year 6 Maternity Incentive Scheme (MIS) safety actions for 2024 were still awaited, and an action plan would be developed as soon as they were received. 9.2.2. Saving Babies Lives (SBL) Care Bundle (version 2 and 3) was a requirement for safety action 6 and the Trust was fully compliant with all elements of SBL Care Bundle version 2 and planned to declare compliance with SBL version 3, by March 2024. 9.2.3. A 'Dads Matter' scheme was in place at both maternity units. 9.2.4. The Trust had completed and submitted the questionnaire to the Thirwell Enquiry

	9.2.5. The Ormskirk Unit was working to ensure that it met Northwest Coast Regional guidelines for induction of labour. The Whiston Unit needed to focus on supporting a smoke free pregnancy and reducing the percentage of smokers at the time of delivery. Two tobacco dependence advisors had been appointed to support the delivery of this target. 9.2.6. Perinatal Mortality - there had been four reportable deaths in Q3, and all cases had undergone a multidisciplinary review, and learning shared. 9.2.7. No never events had been reported in Q3. 9.2.8. In Q3 two serious incidents had been reported: 9.2.8.1. one divert at Whiston (October 2023) 9.2.8.2. one maternal death at Whiston (December 2023) – the results of the post mortem had not yet been received. 9.2.9. There had been one STEIS reportable incident in April 2023 (neonatal death at seven weeks) and feedback had now been received and an action plan was being developed in response to the findings and recommendations. 9.2.10. Following the CQC inspections in December informal feedback had been received but the formal reports were awaited. Maternity Safety Champions were being encouraged to report any issues as part of their quality walkabouts. 9.2.11. The results of the 2023 national maternity survey had been received and reported to the Quality Committee. 9.2.12. A 15 Steps Maternity and Neonatal event had taken place in February 2024. The feedback received was positive and included comments that the units had a family feel' and were safe and clean, however, additional work was required to translate information into other languages besides English. 9.2.13. All maternity quality and performance metrics were being harmonised and aligned across the two units. 9.2.14. RT reflected on the differences in the continuity of care approach across the two sites and commented that care should be standardised. LB clarified that the Continuity of Care model had been paused nationally but wherever possible the services were trying to provide continuity of care. **RESOLVED:** The Board **noted** the Maternity and Neonatal Services Assurance Report
10.	**MWL TB24/017 Corporate Governance Manual (including Standing Financial Instructions and Scheme of Delegation)**
	10.1. NB, on behalf of GL, presented the Corporate Governance Manual (including Standing Financial Instructions and Scheme of Delegation) which contained the key Trust policy documents governing the conduct and operation of the Trust. NB noted that much of the content was prescribed by the regulations that established the Trust. Legal advice had been taken and all relevant services in the Trust (Procurement, HR, Corporate Governance) had worked with the finance team to review and develop the new Corporate Governance Manual for MWL. The key changes were: 10.1.1. Updates to reflect changes in legislation. 10.1.2. Changes in wording to reflect the Trust's Equality, Diversity, and Inclusion

	(ED&I) policy. 10.1.3. Updates for job title changes. 10.1.4. Proposed amendments to delegated financial limits. 10.2. IC noted that the delegated limits did not include all the Deputy Directors and NB explained that this was linked to the size of the budgets that they managed. 10.3. IC asked for more assurance in relation to the proposed increase in delegated limits for the CEO and Director of Finance and Information, so that the Board was not delegating permission for virement between budgets up to £1m without Board approval. RF suggested that NB and GL work with IC to clarify the wording and intent of this section. IC felt that the remainder of the document was very comprehensive and mature. 10.4. GB commented on the Committee Structure and noted that only the Audit Committee and the Remuneration and Charitable Funds Committees were statutory. **ACTION** NB to arrange to meet with IC to discuss the delegated limits and to amend the reference to statutory committees. **RESOLVED:** The Board **approved** the Corporate Governance Manual (including Standing Financial Instructions and Scheme of Delegation) subject to the amendment and approval of the delegated limits by the Audit Committee Chair
Concluding Business	
11.	**Effectiveness of Meeting**
	11.1. The members reflected on the effectiveness of the meeting.
12.	**Any Other Business**
	12.1. GB reflected on the recent interview panels for the ED consultants that she and RC had been a part of and the positive feedback from the candidates who had commented on the teamwork in the department as well as the support from the management team. GB noted that all four candidates had worked in the Whiston ED at some stage of their training. RF commented that attracting high calibre candidates to work for the Trust was one of the key transaction benefits and it was pleasing to hear that this was happening. 12.2. RF reflected on the presentation at the North West Systems Leaders Call by Professor Shanley about the enquiry into Greater Manchester Mental Health NHS Foundation Trust (GMMH) and commented that the points raised in the presentation could apply to all trusts. In the presentation Professor Shanley had spoken about staff having a fear of reprisals if they raised concerns. The enquiry report also detailed how reports from GMMH committees had been

	amended prior to being presented at Board and this was not challenged by the relevant Committee Chairs. RF commented that he was assured that this would not happen in MWL. LK commented that she had not realised that at some Trusts NEDs did not chair the Board Committees and the report had highlighted the importance of strong governance so that issues could be escalated to the Board and the key role of the NEDs in the leadership of the Trust, to constructively challenge. The being no other business, the Chair thanked all for attending and brought the meeting to a close at 12.40. The next Board meeting would be held on **Wednesday 27 March 2024 at 09.30**

Meeting Attendance 2023/24												
Members	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Richard Fraser (Chair)				✓		✓	✓	✓		✓	✓	
Ann Marr				✓		✓	✓	✓		✓	✓	
Anne-Marie Stretch				✓		✓	✓	✓		✓	✓	
Geoffrey Appleton				✓		✓	✓	✓		✓	✓	
Gill Brown				✓		✓	✓	✓		✓	✓	
Nicola Bunce				✓		✓	✓	✓		✓	✓	
Ian Clayton				✓		✓	✓	✓		✓	✓	
Steve Connor											✓	
Rob Cooper				✓		✓	A	✓		✓	✓	
Paul Growney				A		✓	✓	✓		A	✓	
Lisa Knight				✓		✓	✓	✓		A	✓	
Jeff Kozer				✓		✓	✓	✓				
Gareth Lawrence				✓		✓	✓	✓		✓	A	
Lesley Neary				✓		✓	✓	✓		A	✓	
Sue Redfern				✓		A	✓	✓		✓	A	
Rani Thind				✓		✓	✓	✓		✓	✓	
Christine Walters				✓		✓	✓	✓		✓	✓	
Peter Williams				✓		✓	✓	✓		✓	✓	
In Attendance	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Angela Ball				✓		A	✓	✓		✓	-	
Richard Weeks				✓		✓	✓	A		✓	✓	
✓ = In attendance A = Apologies												

Trust Board (Public)

Matters Arising Action Log

Action Log updated 22 March 2024

Mersey and West Lancashire Teaching Hospitals NHS Trust

Status	
Yellow	On Agenda for this Meeting
Red	Overdue
Green	Not yet due
Blue	Completed

Agenda Ref	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion *(for overdue actions)*	Status
6	25/10/2023	**MWL TB23/043 Integrated Performance Report** 6.2 Operational Indicators	AM commented that the STHK sites had prioritised the 62 day diagnosis to treatment pathway, rather than the two week referral pathway. It was agreed that the Executive Committee would review the cancer two-week referral target performance and potential improvements. Update The action plans had not been approved by the Executive Committee. The action will be completed in April 2024.	LN	Mar-24	Apr-24	**Overdue** (delegated to Finance & Performance Committee)
7	25/10/2023	**MWL TB23/044 Committee Assurance Reports** 7.1 Executive Committee	Safe Staffing report - GB commented on the increase in medication errors noted on the neonatal ward and requested an update at the Quality Committee. Update To be presented at Quality Committee on 19 March 2024	SR	Feb-24		**Completed** (included on agenda for Quality Committee in March 2024)
2	29/11/2023	**Patient Story**	The Board requested a review of the actions taken as a result of this patient story to provide assurance that a similar situation could not happen again.	SR	Mar-24		**Completed** (Delegated to Closed Board)

2	31/01/2024	**Patient Story**	RT asked how patients with delirium and dementia were cared for in the Emergency Department (ED), at busy times when there could be a long wait for a bed. PW agreed that a significant number of patients who attended ED were older patients with cognitive impairment and the ED was a difficult and confusing environment for them and their families. AM proposed a review of the provisions in both EDs, to ensure that support was being provided, which would be considered at the Executive Committee.	SR	Mar-24		**Completed** (included on agenda for Executive Committee meeting on 21 March 2024)
9	31/01/2024	**MWL TB24/008 Corporate Risk Register**	IC reflected that the Trust embedded the Cyber Security risk as part of the wider IT risks with an impact of 4 and asked whether this was too low. Additionally, IC asked if the Trust was an outlier or did other trusts include cyber security as part of their wider IT risks. CW agreed to review this and include in the next quarterly review	CW	Apr-24		
12	31/01/2024	**MWL TB24/010 Learning from Deaths Quarterly Report** 12.1 STHK sites	The Board requested a summary of the themes, learning and actions plans from the Quarterly Learning from Deaths Report be brought together in to an annual report each year. PW agreed to do this for July and NB to update the Board workplan to include this.	PW	Jul-24		
4	28/02/2024	**MWL TB24/012 Minutes of the previous meeting**	GB noted that a response to her question regarding the importance of compliance with training for Nasogastric Tubes (NG) insertion was not included in the minutes (item 12.3) and requested that this be added. Following a review of the notes SR was asked to provide a written response.	SR	Mar-24		

6	28/02/2024	**MWL TB24/014 Integrated Performance Report** 6.1 Quality Indicators	GB commented that from the reviews presented at Quality Committee other factors including the increased length of stay (LOS), whether a patient had complex discharge needs, bed occupancy on ward at time of fall, staffing (permanent versus bank or agency) as well as ward leadership, may also impact on the risk of falls. It was agreed that a review of all falls with moderate or higher levels of harm should be completed with a focus on these factors and considered at the Quality Committee	SR	Apr-24		**Delegated to Quality Committee**
6	28/02/2024	**MWL TB24/014 Integrated Performance Report** 6.1 Quality Indicators	A report on the actions being taken to increase the number of clinical coders to be presented to the Strategic People Committee.	GL	Mar-24		**Completed** (included on agenda for Strategic People Committee on 18 March 2024)
6	28/02/2024	**MWL TB24/014 Integrated Performance Report** 6.1 Quality Indicators	RF also noted that while the Trust had exceeded the 90% Trust target recommendation rate, this benchmarked in the bottom 50%, indicating other trusts were performing better against this metric. PW agreed that there had been a downward trajectory on the FFT recommendation rate over the past few months and advised that he would ask SR to investigate the reasons for this.	SR	May-24		
8	28/02/2024	**MWL TB24/015 Committee Assurance Reports** 8.3 Quality Committee	GB also asked if the Committee Performance Report (CPR) could be updated to include the number of escalation bed days. RC advised that, as this was reported on a daily basis, it could be added to the CPR for the Quality Committee <u>Update</u> The CPR will be updated to include number of escalation beds from April 2024	RC	Mar-24		**Completed**

10	28/02/2024	**MWL TB24/017 Corporate Governance Manual (including Standing Financial Instructions and Scheme of Delegation)**	NB to arrange to meet with IC to discuss the delegated limits and to amend the reference to statutory committees <u>Update:</u> Meeting has been arranged for 22 March 2024.	NB	Mar-24		**Completed**

Completed Actions

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Deadline	Outcome	Status
7	31/01/2024	**MWL TB24/005 Integrated Performance Reports** 7.1 Quality Indicators	PW agreed with this and would continue to investigate the reasons for the increase in the HSMR rate and will provide an update to the Board. <u>Update</u> PW to provide a verbal update at the meeting	PW	Feb-24	28/02/2024 - PW provided a verbal update as part of Agenda Item 6.1. **action closed**	
7	29/11/2023	**MWL TB23/055 Integrated Performance Reports** 7.1 Quality Indicators	The Board asked for a report on the actions being taken to reduce E.Coli infections to achieve the Trust target for 2023/24.	SR	Mar-24	13/032024 - a report was presented at the Quality Committee meeting in February 2024. **Action closed**	

Mersey and West Lancashire Teaching Hospitals NHS Trust

Title of Meeting	**Trust Board**		**Date**	**27 March 2024**
Agenda Item	**MWL TB24/020**			
Report Title	**Integrated Performance Report**			
Executive Lead	Gareth Lawrence, Director of Finance and Information			
Presenting Officer	Gareth Lawrence, Director of Finance and Information			
Action Required		**To Approve**	X	**To Note**

Purpose

The Integrated Performance Report provides an overview of performance for MWL across four key areas:
1. Quality
2. Operations
3. Workforce
4. Finance

Executive Summary

Performance for MWL is summarised across 30 key metrics. Quality has 10 metrics, Operations 13 metrics, Workforce 4 metrics and Finance 3 metrics.

Financial Implications

The forecast for 23/24 financial outturn will have implications for the finances of the Trust.

Quality and/or Equality Impact

The 10 metrics for Quality provide an overview for summary across MWL.

Recommendations

The Trust Board is asked to note performance for assurance.

Strategic Objectives

X	**SO1** 5 Star Patient Care – Care
X	**SO2** 5 Star Patient Care – Safety
X	**SO3** 5 Star Patient Care – Pathways
X	**SO4** 5 Star Patient Care – Communication
X	**SO5** 5 Star Patient Care – Systems
X	**SO6** Developing Organisation Culture and Supporting our Workforce
X	**SO7** Operational Performance
X	**SO8** Financial Performance, Efficiency and Productivity
X	**SO9** Strategic Plans

Integrated Performance Report

Integrated Intelligence & Improvement Service

Mersey and West Lancashire Teaching Hospitals NHS Trust

Board Summary

Overview

Mersey and West Lancashire Teaching Hospitals ("The Trust") has in place effective arrangements for the purpose of maintaining and continually improving the quality of healthcare provided to its patients.
The Trust has an unconditional CQC registration which means that overall its services are considered of a good standard and that its position against national targets and standards is relatively strong.
The Trust has in place a financial plan that will enable the key fundamentals of clinical quality, good patient experience and the delivery of national and local standards and targets to be achieved. The Trust continues to work with its main commissioners to ensure there is a robust whole systems winter plan and delivery of national and local performance standards whilst ensuring affordability across the whole health economy.

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Aug-23	102.1	100	94.9	Best 40%
FFT - Inpatients % Recommended	Feb-24	93.6%	90.0%	94.6%	Worst 50%
Nurse Fill Rates	Feb-24	95.5%	90.0%	97.1%	
C.difficile	Feb-24	5	85	102	
E.coli	Feb-24	12	121	149	
Hospital Acq Pressure Ulcers per 1000 bed days	Nov-23	0.13	0.00	0.09	
Falls ≥ moderate harm per 1000 bed days	Jan-24	0.10	0.00	0.20	
Stillbirths (intrapartum)	Feb-24	0	0	0	
Neonatal Deaths	Feb-24	1	0	6	
Never Events	Feb-24	0	0	1	
Complaints Responded In 60 Days	Feb-24	66.7%	80.0%	49.0%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Jan-24	66.3%	75.0%	69.1%	Worst 40%
Cancer 62 Days	Jan-24	74.2%	85.0%	78.4%	Best 10%
% Ambulance Handovers within 30 minutes	Feb-24	47.2%	95.0%	60.0%	
A&E Standard (Mapped)	Feb-24	72.1%	76.0%	74.7%	Best 30%
Average NEL LoS (excl Well Babies)	Feb-24	4.2	4.0	4.1	Best 30%
% of Patients With No Criteria to Reside	Feb-24	31.1%	10.0%	26.9%	
Discharges Before Noon	Feb-24	19.8%	20.0%	18.0%	
G&A Bed Occupancy	Feb-24	98.4%	92.0%		Worst 40%
Patients Whose Operation Was Cancelled	Feb-24	1.2%	0.8%	1.0%	
RTT % less than 18 weeks	Feb-24	61.4%	92.0%	61.4%	Best 30%
RTT 65+	Feb-24	719	0	719	Worst 50%
% of E-discharge Summaries Sent Within 24 Hours	Feb-24	84.4%	90.0%	82.0%	
OP Letters to GP Within 7 Days	Jan-24	63.5%	90.0%	44.8%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Feb-24	83.2%	85.0%	83.2%	
Mandatory Training	Feb-24	86.9%	85.0%	86.9%	
Sickness: All Staff Sickness Rate	Feb-24	6.3%	5.0%	6.0%	
Staffing: Turnover rate	Feb-24	0.7%	1.1%	1.0%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Feb-24		33,732	25,200	
Cash Balances - Days to Cover Operating Expenses	Feb-24	1.3	10		
Reported Surplus/Deficit (000's)	Feb-24		6,421	5,473	

Board Summary - Quality

Quality

Never Events - There were no never events in February and 1 YTD (reported in Dec). The Dec never event is still under the PSII investigation process.

Pressure Ulcers - There were 5 category 2 or above pressure ulcers with lapse in care in November (all category 2's). Learning reviews have been completed and improvement actions in place.

Patient Falls - There were 4 falls resulting in moderate or above harm in January (2 at S&O, 2 at STHK). Of these 1 resulted in severe and 3 resulted in moderate harm. 72 hour review completed for immediate learning and to ensure actions were put in place.

MRSA - There were no reported cases of MRSA in February. YTD there have been 6 cases.

C.Diff - The Trust has reported 102 cases YTD against an annual trajectory of 85. All cases have been reviewed by the IPC Team and RCAs have been requested of clinical teams, formal feedback is awaited. Initial IPCT review indicates lapses in SIGHT, in the timely testing and isolation of patients with diarrhoea.

MSSA bacteraemia - There were 5 cases in February. RCAs ongoing. The majority of cases are linked to wound and chest sources. No cases have been linked to vascular access devices.

E coli - The majority from urinary sources of infection and are unavoidable. An action plan is in place.

Stage 1 Complaints closed within 60 working days - Responding to complaints within 60 days remains challenging due to operational pressures. The central teams continue to offer support to staff where possible.

Friends & Family Test - FFT response and recommendation rates were either above target or slightly below other than a rating of poor/very poor for ED which was 0.6% above the 9% target, due in the main to long waits in the department and for delivery suite rating of poor/very poor due to the low response rates.

Neonatal Deaths - 1 neonatal death reported in February (YTD 6).

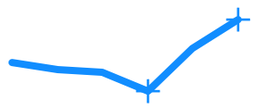
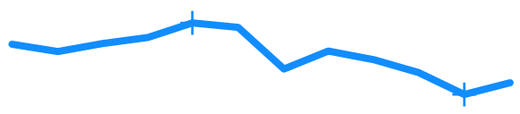
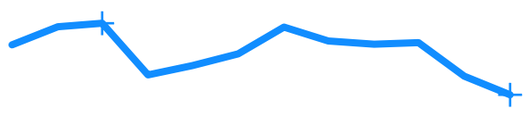
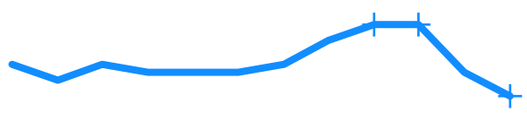
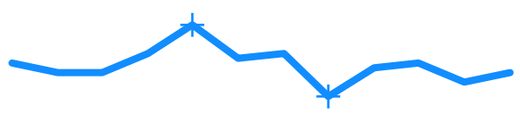
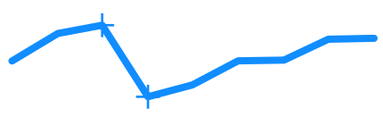
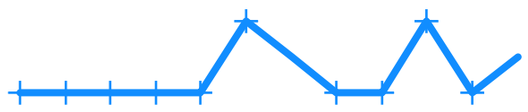
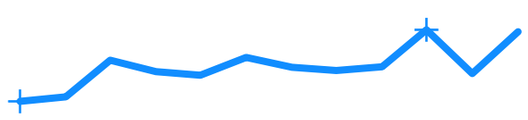
Mortality - The HSMR is currently running 4 months behind due to a lag in coded activity at the S&O site. As a result, latest data is up to and including Aug-23. YTD the HSMR remains low at 94.9 however there is an 8 point difference between sites with STHK site at 92.4 and S&O at 100.7 (within expected levels). Analysis shows that the increase in HSMR at S&O site is predominantly driven by a fall in palliative care coding and a drop in patients recorded as having Sepsis. The Trust continues to monitor and investigate any alerting diagnosis groups. The SHMI remains within expected levels.

Integrated Performance Report

Integrated Intelligence & Improvement Service

Mersey and West Lancashire Teaching Hospitals NHS Trust

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Aug-23	102.1	100	94.9	Best 40%	
FFT - Inpatients % Recommended	Feb-24	93.6%	90.0%	94.6%	Worst 50%	
Nurse Fill Rates	Feb-24	95.5%	90.0%	97.1%		
C.difficile	Feb-24	5	85	102		
E.coli	Feb-24	12	121	149		
Hospital Acq Pressure Ulcers per 1000 bed days	Nov-23	0.13	0.00	0.09		
Falls ≥ moderate harm per 1000 bed days	Jan-24	0.10	0.00	0.20		
Stillbirths (intrapartum)	Feb-24	0	0	0		
Neonatal Deaths	Feb-24	1	0	6		
Never Events	Feb-24	0	0	1		
Complaints Responded In 60 Days	Feb-24	66.7%	80.0%	49.0%		

Board Summary - Operations

Operations

Urgent Care/Bed Pressures
The unprecedented pressure across our main A&E departments continued in February, which is in line with the challenges seen across the country. Both Whiston and Southport sites declared OPEL 4, highest level of escalation across NHS Trusts, on a number of occasions during February 2024.
Winter plans were enacted which seen a number of schemes go live, including the opening of additional escalation beds. Due to more recent challenges, across both Whiston and Southport sites, this has had to be further extended. In addition to opening escalation beds, extraordinary action has taken place and appropriate non-urgent activity has been stood down to support the trust with the management of these additional patients across the hospital.
In response to supporting the Trust with ensuring that patients who longer need to be in an acute hospital setting can be discharged in a timely manner and reduce the length of stay for our patients who have stayed with us the longest (stranded/super stranded) we have had system partners on site on a number of occasions. Capacity challenges outside of the acute hospital setting means that we are not seeing the reduction that is required.

Elective
The first 6 months of the year seen the trust see a significant reduction in those patients who were waiting the longest for their treatment, which has seen the number of patients waiting 78+ weeks and 65+ weeks reduce significantly.
Plastics and Orthopaedics are the two specialties with the largest volume of long waiters. In line with the national position, the rate of reduction has slowed down in the latter part of the year due to industrial action and urgent care pressures. The trust continues to risk stratify patients to ensure that our focus remains on those who are most clinically urgent (P2) and who have waited the longest.

Diagnostics
The Trust has seen an improvement in the overall diagnostics 6 week performance. From 66.4% in September 2024 to 87.1% in February 2024. The 3 key modalities that were under performing were endoscopy, non-obstetric ultrasound and DEXA scans. Improvement plans are in place for all 3 modalities and these have supported improvement in non-obstetric ultrasound (Feb at 99.6%) and endoscopy (Feb at 72.7%). Actions continue in improving the endoscopy performance with mutual aid being provided by the Ormskirk site and further sought. The initial focus has been on reducing over 13 week waiters. Dexa scan improvement has been limited due to workforce challenges coupled with a 35% increase in referrals. January 2024 and February 2024 have seen some additional capacity for the service, with further capacity planned for March. It is expected that the modality will be above 95% by end of June 2024.

Cancer
MWL treated more patients on a 62-day cancer pathway across Cheshire and Mersey and more patients within 62 days.
In addition, we have seen the 62-day cancer backlog improve and as a Trust we are ahead of the March 2024 target.
The cancer teams across both legacy Trusts have been brought together with 1 PTL being run for each tumour site.
Tumour specific improvement plans are being updated to reflect the new planning targets for 2024 and will be presented back to Board in March 2024.

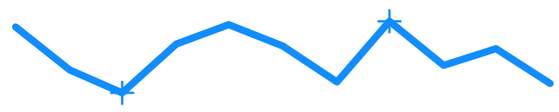
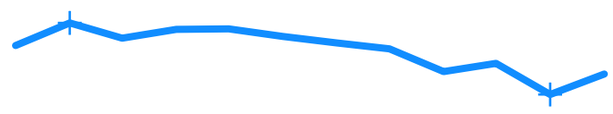
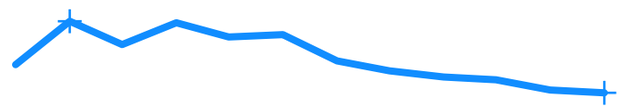
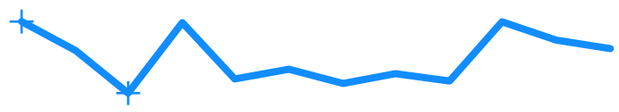
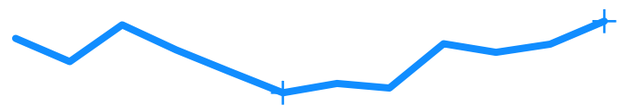
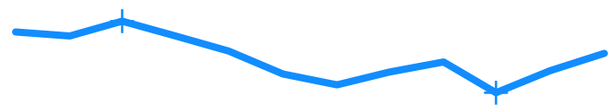
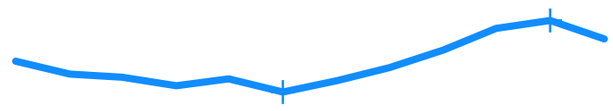
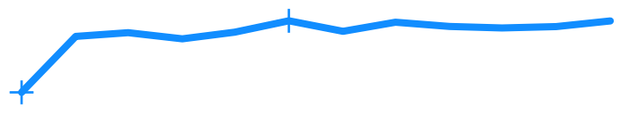
Letters
Challenges continue with the production of letters following an outpatient appointment. However, urgent letters are being produced within 48 hours of appointment and routine within 14 days, which is line with internal targets. An interim solution has been approved for letter production, ahead of the roll out of the strategic voice recognition solution. There is phased rollout of the new solution through Quarter 1 24-25 starting with ED week commencing 29th April.

Integrated Performance Report

Integrated Intelligence & Improvement Service

Mersey and West Lancashire Teaching Hospitals NHS Trust

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Jan-24	66.3%	75.0%	69.1%	Worst 40%	
Cancer 62 Days	Jan-24	74.2%	85.0%	78.4%	Best 10%	
% Ambulance Handovers within 30 minutes	Feb-24	47.2%	95.0%	60.0%		
A&E Standard (Mapped)	Feb-24	72.1%	76.0%	74.7%	Best 30%	
Average NEL LoS (excl Well Babies)	Feb-24	4.2	4.0	4.1	Best 30%	
% of Patients With No Criteria to Reside	Feb-24	31.1%	10.0%	26.9%		
Discharges Before Noon	Feb-24	19.8%	20.0%	18.0%		
G&A Bed Occupancy	Feb-24	98.4%	92.0%		Worst 40%	
Patients Whose Operation Was Cancelled	Feb-24	1.2%	0.8%	1.0%		
RTT % less than 18 weeks	Feb-24	61.4%	92.0%	61.4%	Best 30%	
RTT 65+	Feb-24	719	0	719	Worst 50%	
% of E-discharge Summaries Sent Within 24 Hours	Feb-24	84.4%	90.0%	82.0%		
OP Letters to GP Within 7 Days	Jan-24	63.5%	90.0%	44.8%		

Board Summary - Workforce

Workforce

Appraisals - TThe Trust has not achieved the appraisal target, achieving 83.2% against a target of 85%, a 0.5% decrease on the previous month. The lower compliance on the legacy S&O sites has declined in month (from 77.3% to 75.6%) and continues to be impacted by lengthy appraisal paperwork. S&O are in the process of transitioning to the STHK paperwork which will make the appraisal process easier.

Mandatory Training - The Trust is exceeding its mandatory target at 86.6% against a target of 85%.

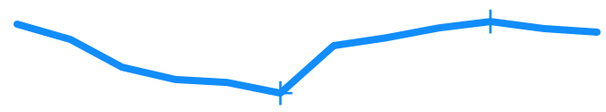
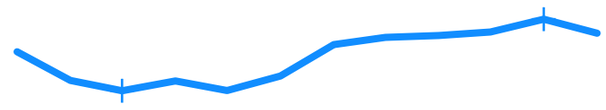
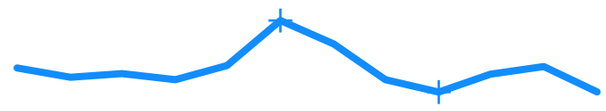
Sickness - - In-month sickness remains above target, at 6.3% (a 0.1% in month reduction) against the 5% target.
The top reason for absence is Anxiety, Stress and Depression. This is consistent with the top reason for absence across the NHS. The Trust continues to focus on supporting all employees who are absent due to Anxiety/Stress/Depression by ensuring that all supportive actions have been undertaken. Further targeted work has also been undertaken as part of our overall absence management approach:
• Ensuring that welcome-back conversations (renamed from return to work), welfare meetings and trigger meetings are being undertaken
• Carrying out internal audits of areas to ensure the processes are being followed and providing support and training to line managers
• Delivering Attendance Management training sessions to new and existing managers.
• Holding bi-weekly review of Trust absences by HR Operations Team and HWWB Team.
• Facilitating early engagement of all employees who are absent due to musculoskeletal problems.
• Holding bi-weekly review of Trust absences by HR Operations Team and HWWB Team.
• Facilitating early engagement of all employees who are absent due to musculoskeletal problems.

Integrated Performance Report

Integrated Intelligence & Improvement Service

Mersey and West Lancashire Teaching Hospitals NHS Trust

Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	Feb-24	83.2%	85.0%	83.2%		
Mandatory Training	Feb-24	86.9%	85.0%	86.9%		
Sickness: All Staff Sickness Rate	Feb-24	6.3%	5.0%	6.0%		
Staffing: Turnover rate	Feb-24	0.7%	1.1%	1.0%		

Board Summary - Finance

Finance

The final approved MWL financial plan for 23/24 (combining agreed STHK and S&O plans) gives a surplus of £7.6m, which assumes:
- Full achievement of CQUINS
- Delivery of £31.8m recurrent CIP
- Delivery of £7.0m non-recurrent CIP
- Delivery of the 23/24 activity plan, in order to achieve planned levels of income including ERF/API variable funding

Surplus/Deficit – At Month 11, the Trust is reporting a year to date surplus of £5.5m, which is a £1.0m deterioration from plan. This variance is in relation to industrial action costs of £0.8m over and above those funded earlier in the year, and a reduction in income linked to industrial action of £0.6m. The position also includes ongoing pressures currently being mitigated internally, including £7.6m non pay inflation above plan and a £3.8m YTD pay award pressure.

CIP - The Trust's combined 2023/24 CIP target is £41.6m of which £7.0m is non-recurrent. This includes the S&O delivery of £2.8m recurrent CIP prior to the acquisition. As at Month 11, schemes delivered or at finalisation stage totalled £46.0m in year (111%) and £34.6m (100%) recurrently.

Cash - At the end of M11, the cash balance was £2.7m, with a forecast of £2.5m at the end of the financial year. The Trust has received cash in line with the transaction support agreed with NHS England and C&M ICS.

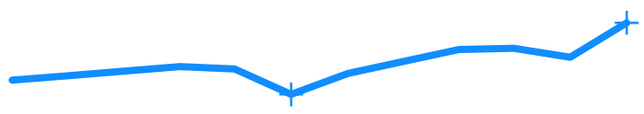
Capital - Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £25.2m. which includes the use of PDC funding (provided by Department of Health & Social Care) has been used. There is significant capital spend profiled in Q4.

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

Board Summary - Finance

Finance	Period	Score	Target	YTD	Benchmark	Trend
Capital Spend £ 000's	Feb-24		33,732	25,200		
Cash Balances - Days to Cover Operating Expenses	Feb-24	1.3	10			
Reported Surplus/Deficit (000's)	Feb-24		6,421	5,473		

Board Summary

Southport & Ormskirk

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Aug-23	118.0	100	100.8	
FFT - Inpatients % Recommended	Feb-24	92.8%	90.0%	94.1%	
Nurse Fill Rates	Feb-24	95.4%	90.0%	96.1%	
C.difficile	Feb-24	1	39	36	
E.coli	Feb-24	2	48	51	
Hospital Acq Pressure Ulcers per 1000 bed days	Nov-23	0.07	0.00	0.05	
Falls ≥ moderate harm per 1000 bed days	Jan-24	0.13	0.00	0.11	
Stillbirths (intrapartum)	Feb-24	0	0	0	
Neonatal Deaths	Feb-24	0	0	2	
Never Events	Feb-24	0	0	0	
Complaints Responded In 60 Days	Feb-24	69.2%	80.0%	69.8%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Jan-24	63.9%	75.0%	69.5%	
Cancer 62 Days	Jan-24	63.0%	85.0%	63.1%	
% Ambulance Handovers within 30 minutes	Feb-24	48.5%	95.0%	65.0%	
A&E Standard (Mapped)	Feb-24				
Average NEL LoS (excl Well Babies)	Feb-24	6.7	4.0	5.4	
% of Patients With No Criteria to Reside	Feb-24	23.0%	10.0%	19.3%	
Discharges Before Noon	Feb-24	20.0%	20.0%	19.5%	
G&A Bed Occupancy	Feb-24	98.0%	92.0%		
Patients Whose Operation Was Cancelled	Feb-24	1.2%	0.8%	0.7%	
RTT % less than 18 weeks	Feb-24	65.9%	92.0%	65.9%	
RTT 65+	Feb-24	13	0	13	
% of E-discharge Summaries Sent Within 24 Hours	Feb-24	86.6%	90.0%	78.9%	
OP Letters to GP Within 7 Days	Jan-24	73.2%	90.0%	70.2%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Feb-24	75.6%	85.0%	75.6%	
Mandatory Training	Feb-24	91.1%	85.0%	91.1%	
Sickness: All Staff Sickness Rate	Feb-24	6.1%	6.0%	5.8%	
Staffing: Turnover rate	Feb-24	0.9%	1.1%	1.0%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Feb-24				
Reported Surplus/Deficit (000's)	Feb-24				

Integrated Performance Report

Integrated Intelligence & Improvement Service

Mersey and West Lancashire Teaching Hospitals NHS Trust

Board Summary

St Helens & Knowsley

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Aug-23	95.3	100	92.4	
FFT - Inpatients % Recommended	Feb-24	93.9%	94.0%	94.8%	
Nurse Fill Rates	Feb-24	95.6%	90.0%	98.2%	
C.difficile	Feb-24	4	46	66	
E.coli	Feb-24	10	73	98	
Hospital Acq Pressure Ulcers per 1000 bed days	Nov-23	0.17	0.00	0.12	
Falls ≥ moderate harm per 1000 bed days	Jan-24	0.08	0.00	0.25	
Stillbirths (intrapartum)	Feb-24	0	0	0	
Neonatal Deaths	Feb-24	1	0	4	
Never Events	Feb-24	0	0	1	
Complaints Responded In 60 Days	Feb-24	64.3%	80.0%	35.2%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Jan-24	67.8%	75.0%	68.9%	
Cancer 62 Days	Jan-24	80.0%	85.0%	83.7%	
% Ambulance Handovers within 30 minutes	Feb-24	46.5%	95.0%	56.1%	
A&E Standard (Mapped)	Feb-24				
Average NEL LoS (excl Well Babies)	Feb-24	3.4	4.0	3.7	
% of Patients With No Criteria to Reside	Feb-24	35.3%	10.0%	30.9%	
Discharges Before Noon	Feb-24	19.5%	20.0%	16.6%	
G&A Bed Occupancy	Feb-24	98.6%	92.0%	97.2%	
Patients Whose Operation Was Cancelled	Feb-24	1.3%	0.8%	1.1%	
RTT % less than 18 weeks	Feb-24	59.7%	92.0%	59.7%	
RTT 65+	Feb-24	706	0	706	
% of E-discharge Summaries Sent Within 24 Hours	Feb-24	83.8%	90.0%	83.0%	
OP Letters to GP Within 7 Days	Jan-24	57.9%	90.0%	29.9%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Feb-24	87.5%	85.0%	87.5%	
Mandatory Training	Feb-24	85.2%	85.0%	85.2%	
Sickness: All Staff Sickness Rate	Feb-24	6.3%	5.0%	6.1%	
Staffing: Turnover rate	Feb-24	0.6%	1.1%	1.0%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Feb-24				
Cash Balances - Days to Cover Operating Expenses	Feb-24				
Reported Surplus/Deficit (000's)	Feb-24				

Committee Assurance Report			
Title of Meeting	**Trust Board**	**Date**	27 March 2024
Agenda Item	MWL TB24/021 (8.1)		
Committee being reported	Executive Committee		
Date of Meeting	This report covers the five Executive Committee meetings held in February 2024		
Committee Chair	Ann Marr, Chief Executive Officer		
Was the meeting quorate?	Yes		

Agenda items		
Title	**Description**	**Purpose**
There were five Executive Committee meetings held during February 2024. At every meeting bank or agency staff requests that breach the NHSE cost thresholds were reviewed, and the Chief Executive's authorisation recorded.		
01 February 2024		
Respiratory Support Unit/additional Non-Invasive Ventilation Beds Review	• The Managing Director and Director of Finance and Information introduced the paper which evaluated the impact of the Respiratory Support Unit (RSU) and outlined future strategic developments which included the overlap with HDU/CCU provision. • The review made the case for substantive funding to retain six non-invasive ventilation (NIV) beds in the RSU with the associated specialist nursing staff. • The Committee noted that ITU occupancy was 70% currently and this was comparable to other trusts in the region. • The Committee approved a further six-month extension to current temporary funding to maintain the 6 beds whilst awaiting a broader review of critical care capacity and utilisation at Whiston Hospital.	Approval
Urgent and Emergency Care Advanced Clinical Practitioners Business Case	• The Director of Finance and Information introduced part two of the strategy to expand the number of Advanced Clinical Practitioners (ACP) in the Emergency Department (ED), Acute Medical Unit (AMU) and Paediatrics Department. • This was part of a long-term plan to address skill mix and create sustainable junior doctor rotas in these areas, and the success of previous years' trainees and the impact they were already having on the departments were noted.	Approval

	• The proposal for 2024/25 was for two ACP posts in ED, AMU and Neonates. • The cost of the training was provided by NHSE, but backfill costs had to be found by the Trust. • The Committee confirmed that the development of alternative workforce models remained a key strand of the Trust's strategy and there was a commitment to continue to develop these new roles to create a critical mass and established career paths. • Following clarification of the funding the proposal was approved.	
Electronic Patient Records (EPR) Outline Business Case (OBC)	• The Director of Informatics presented the latest iteration of the EPR OBC following feedback from the NHS England central IT team. The Committee noted and approved the changes. • The Director of Informatics also presented the procurement timetable and sought approval to issue the Invitation To Tender (ITT). • The Committee approved the changes to the OBC and ITT. It was noted that the final OBS was scheduled to be presented to the Trust Board at the end of the month.	Approval
Risk Management Framework	• The Director of Corporate Services presented the proposed Risk Management Framework for Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) and noted that the framework had been developed from the legacy documents of each Trust and was based on national guidance and best practice. The framework had been considered by the Risk Management Council and was being recommended to the Executive Committee for approval. • The Committee noted that the framework included the use of a tolerated risk register which would be reviewed and monitored by the Executive Committee. • It was noted that the creation of a single risk register for MWL was dependent on the introduction of a trust-wide reporting system for risks, incidents, and claims, mapped to the new organisational structure and this would take place in 2024/25. • The Committee approved the Risk Management Framework.	Approval
Trust Board Agendas (including	• The Director of Corporate Services presented the draft Trust Board agendas for the February 2024 public and strategy board meetings.	Approval

Employee of the Month)	• The Employee of the Month for February 2024 was selected from the nominations received	
Bed Moves Report	• The Managing Director presented the report which captured the 'onward' bed moves for admitted patients across all MWL sites and noted that numbers had remained stable, which was disappointing as it indicated the previous actions put in place at STHK had not had the intended impact. • The Committee agreed that there should be a review of individual patient journeys for patients with the most moves to try and gain a better understanding of who was being moved and the reasons for the moves.	Assurance
08 February 2024		
Quality Objectives	• The Director of Nursing, Midwifery and Governance introduced the quarterly update on achievement of the Trust's quality objectives. • The objectives rated as red, or amber were discussed and the plans to improve performance in quarter 4 were reviewed. The update was due to be presented to the Quality Committee in February. • The proposed Quality Objectives for 2024/25 were also discussed for inclusion in the Quality Account consultation process.	Assurance
Diagnostic Bank Update	• The Deputy CEO/Director of HR provided an update on the diagnostic staff collaborative bank that the Cheshire and Merseyside Acute and Specialist Trust Provider Collaborative (CMAST) had asked MWL to host as a pilot. • The initial model based on the junior doctors' collaborative bank, had not proved successful and a new approach had now been agreed, whereby the home trust employment checks would enable the member of staff to join the bank and then the costs of the shifts would be re-charged to the "user" trust. There remained a risk as pay rates for bank shifts had not yet been harmonised across C&M.	Assurance
15 February 2024		
Nurse Safe Staffing Report	• The Director of Nursing, Midwifery and Governance introduced the report which provided the high-level staffing figures for January and deep dive analysis for December across all MWL sites. • It was noted that both RN and HCA fill rates remained above 95%, but demand for temporary staffing from both bank and agency also remained high.	Assurance

	• Committee reviewed the variations in Care Hours Per Patient Per Day (CHPPD) across wards and explored if these figures took account of the escalation beds (5th bed in a bay) and the additional staffing that had been approved. • It was agreed that further work was needed to review the CHPPD variations and to understand the continued need for agency staffing despite high fill rates and successful recruitment into vacant posts.	
Supplementary Care Point Prevalence Audit	• The Director of Nursing, Midwifery and Governance introduced the presentation, which had been undertaken to provide assurance that the levels of supplementary care (STHK sites) and Enhanced Levels of Care (S&O sites) were being appropriately assessed. • Audits had been undertaken in November and February and demonstrated that the supplementary care decisions were made in accordance with the policy and when reviewed were confirmed. • Many of the patients requiring supplementary care were elderly, were subject to a Deprivation of Liberty Safeguards (DOLS), had a long length of stay and were awaiting a package of care to be discharged. • The results of these audits would be used to inform the nurse staffing establishment review.	Assurance
Urology Business Case	• The Director of Finance and Information introduced the report and outlined the activity that would be delivered following the recruitment of three Consultant Urologists to reduce waiting lists and address continued demand. • The work plan which included additional surgery sessions at S&O as well as additional outpatient clinics at Whiston and St Helens, was presented. • The report detailed the additional revenue costs to support this additional activity and demonstrated the return on investment through the additional income that could be generated from elective activity. • The business case was approved.	Approval
Mersey Burns App	• The Director of Finance and Information introduced the report which set out the steps required for the development of a commercial model of the Mersey Burns App, which is the intellectual property of the Trust.	Assurance
Maternity Patient 2023 Reports	• The Director of Nursing, Midwifery and Governance introduced the results of the national 2023 Maternity Patient Experience Survey for the two legacy Trusts. The women surveyed had given birth in February	Assurance

	2023 and the survey had been undertaken in July/August 2023 • There had been some improvements in areas where action had been taken following the 2022 survey results. • The Committee requested the two legacy trusts be compared in a single paper and benchmarked with the national scores before the results were presented to the Quality Committee. • It was also suggested that the action plan be themed around the key areas for improvement.	
Tiny Noticeable Things (TNTs)	• The Deputy CEO / Director of Human Resources reported on the progress made in delivering the TNTs that had been identified post transaction. • Many of the TNTs had been suggestions for the Southport and Ormskirk sites and related to the physical environment. These were being addressed via the capital programme. • Other items were still being reviewed and would need identified funding to be sustained.	Assurance
Robotic Process Automation Benefits Pipeline	• The Director of Informatics provided an update on the Robotic Process Automation (RPA) Benefits Pipeline and noted that most benefits to date had been delivered in HR and payroll. • It was therefore proposed that RPA development for MWL remain within the HR team to maximise the current opportunities before expanding to other services and processes. • A business case to expand the team, if necessary, would be developed with a future workplan once the current programme had been completed.	Assurance
Volunteering for Health	• The Director of Integration reported on the opportunity to bid for resources over three-years to build the capacity and capability of the volunteering infrastructure to support healthcare. • The Committee approved the submission of a bid.	Approval
22 February 2024		
Emergency Department 15-minute observations	• The Chief Operating Officer introduced the report which had been requested following the Q3 review of the quality objectives. • An audit of 1,700 patients had shown that 16.5% of patients were streamed directly to minors, the remaining patients remained in the majors stream and required initial observations. 39.7% of patients had observations within 15 minutes of arrival, with the highest acuity pathways prioritised at triage. 49% of patients had their observations taken in 20	Assurance

	minutes and 63% within 30 minutes. All of the patients, not referred to minors, had observations taken and recorded. • It was identified that the method of measuring the time taken for first observations was calculated differently at the Southport and Whiston EDs, and it was agreed that this needed to be standardised.	
Aligning Mandatory Training for MWL	• The Deputy CEO/Director of HR introduced the report, which set out the plans for harmonising mandatory training across the Trust. • It was agreed that the Trust's compliance target should be 85% of the headcount. • The thresholds for categorising compliance as red, amber, and green were also reviewed and agreed, so that any compliance less than 80% would be flagged as red. • A new mandatory training steering group was being established to oversee compliance with the core mandatory training subjects. • In addition, work would continue with subject matter experts to standardise the content and staff groups required to undertake each of the additional compulsory skills training subjects.	Approval
Planning Assumptions 2024/25	• The Deputy Director of Finance presented the current position on the planning assumptions for 2024/25 in the absence of the publication of the national planning guidance for the NHS. • The first submission from each ICB was to be submitted based on these interim assumptions. • The underlying financial position for the Trust, was noted and would be reported to the Finance and Performance Committee and Trust Board, later in the month.	Assurance
Appraisal and Mandatory Training Performance - January	• The Deputy CEO/Director of HR presented the report. Mandatory training compliance for MWL was 86.5% and appraisal compliance 82.2%. The appraisal performance continued to reflect the legacy S&O policy of spreading appraisals across the whole year, rather than adopting an appraisal window from April – September.	Assurance
Biomedical Scientists (Microbiology)	• The Deputy CEO/Director of HR reported that the Biomedical Scientists (Microbiology) had voted to take industrial action, which was due to commence in mid-March. • Derogations to provide essential cover were being discussed and business continuity plans refreshed.	Assurance
29 February 2024		

Freedom to Speak Up Benchmarking	• The Deputy CEO/Director of HR introduced the report which benchmarked the key FTSU metrics with 124 other Trusts and compared responses to key 2022 staff survey question results relating to raising concerns. • Legacy STHK had performed in the top quartile on all staff survey questions. • Legacy S&O had performed in the lowest quartile. However, the work to improve FTSU following these results could only be assessed in the 2023 results. • It was noted that both legacy organisations reported relatively low numbers of FTSU concerns to the National Guardians Office, compared to a cross section of others, however it was noted that the numbers have increased since the transaction in July 2023. • It was also noted that both legacy STHK and S&O had a higher % of anonymous concerns. • Plans to roll out FTSU champions across MWL were in progress, and the new FTSU officer for the STHK sites was now in post. • Committee agreed that it was important to ensure line managers were listening and responding to staff concerns, and this needed to be a focus for future management development.	Assurance
Electronic Prescribing and Medicines Administration (EPMA)	• The Director of Informatics presented proposals for the roll out of EPMA across the S&O hospital sites. • EPMA had been live in the Spinal Injuries Unit for some time, but problems with missing or unverified NHS numbers had prevented further roll out, as it would have introduced an unacceptable risk. • The current EPR did not have an automated solution for identifying duplicate patients, and although they would develop one this was not imminent. • The informatics team had evaluated several options and the preferred solution was to implement a separate instance of EPMA for the S&O sites based on the existing STHK sites configuration. This would provide a safe solution and could be delivered in 4 months. • It was acknowledged that there could not be a single EPMA across MWL until the new Electronic Patient Record was implemented in 2026. Clinicians would however be able to use the Shared Care Record to see what medications had been prescribed for patients.	Approval

	• The funding for this implementation was already factored into the informatics development plans for 2024/25.	
Freedom of Information (FOI)	• The Director of Informatics presented the latest performance report detailing FOI performance for each Director. • The trust had received 1087 FOI requests so far in 2023/24 and 59% of these had been responded to in 20 working days.	Assurance
Risk Management Council Assurance Report	• The Director of Corporate Services presented the report. • At the end of January there were 1088 risks on the MWL risk register with 53 escalated to the Corporate Risk Register. • The STHK Claims Governance Group had reported that 6 new NHS Resolution Claims had been received in November and 18 pre-action claims. An MWL Claims Governance Group was being established from March 2024. • The Emergency Planning Group reported on the workplan to achieve compliance with the EPRR core standards by September 2024.	Assurance
E-Meet and Greet	• The Director of Informatics advised that MWL had been selected as a pilot site for E-Meet and Greet system. • This was designed to improve patient experience and reduce administration but giving access to patients about waiting lists and waiting times. There was also potential to expand the system capability to provide information about appointments, procedures and to conduct patient monitoring surveys. • There was central funding for the pilot, which was then designed to be self-funding in the longer term. • The committee was assured that patients who were not digitally fluent would not be disadvantaged, and therefore agreed to approve the Trust's participation in the pilot.	Approval
Ward 4F Frailty Service Review	• The Managing Director introduced the paper which evaluated the impact of converting ward 4F to a frailty ward in January 2024, alongside the development of the Older Peoples Assessment and Liaison (OPAL) model with care navigators. • The committee noted the successes achieved in a short space of time and discussed how these could be sustained when the 4F escalation beds were returned to surgery to address the elective backlog.	Assurance

	• There was assurance that the OPAL model could still operate effectively without a bed base.	
Clinic Reconfiguration Update	• The Director of Informatics presented the report which detailed the progress made with the pilot specialities, acknowledging that the project had been more complex and taken longer than originally anticipated. • The first step had been to reconfigure the therapies clinics, and this was currently being evaluated, although there were indications that better configuration and scheduling could release capacity. • In 2022/23 nearly 2/3 of appointments had been re-booked, and whilst it was acknowledged this was partially because of industrial action there was also a recognition that the booking horizon was important. It was accepted that this may need to be different for different specialities but to maximise capacity and improve patient experience it was important to get this right. • The need for an electronic scheduler to work alongside the new clinic templates was acknowledged and this would form part of the new EPR system deliverables. • The patient booking team were working closely with the informatics team to ensure the pilot was a success and learn lessons for the next phase with stroke and then burns and plastics, which were increasingly complex specialities. • An evaluation of the pilot would be reported at the end of April.	Assurance
Band 2 – 3 Grievance	• There was a meeting on March 7th and agreement was being sought from Board members to present a proposal for resolution at that meeting.	Assurance

Alerts:

The Board are asked to note the threat of industrial action by band 2 Health Care Assistants and Biomedical Scientists.

Decisions and Recommendations:

Investment decisions taken by the Executive Committee during February were –

1. Six-month extension of the funding to maintain 6 NIV beds in the respiratory support unit.
2. Funding for year two of the advanced practitioner development strategy
3. Support costs for the additional Consultant Urology posts

Mersey and West Lancashire Teaching Hospitals NHS Trust

Committee Assurance Report			
Title of Meeting	**Trust Board**	**Date**	27 March 2024
Agenda Item	MWL TB24/021 (8.2)		
Committee being reported	Charitable Funds Committee		
Date of Meeting	12 March 2024		
Committee Chair	Geoffrey Appleton, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items

Title	Description	Purpose
Head of Charity update	• The Committee noted the work completed to date and approved the single fundholder panel to spend down STHK and S&O historic funds.	Approval
5 year vision, income strategy and workplan	• The Committee noted the presentation outlining the Charity's future development.	Information
Fundraising update	• The Committee received the latest fundraising update.	Information
Finance Report	• The Committee noted the STHK and S&O Finance reports.	Information
Risk Register	• The committee noted the Charity risk register.	Information

Alerts:

No alerts were raised.

Decisions and Recommendation(s):

- The Committee approved the single fundholder panel to spend down STHK and S&O historic funds.

Committee Assurance Report			
Title of Meeting	**Trust Board**	**Date**	27 March 2024
Agenda Item	MWL TB24/021 (8.3)		
Committee being reported	Quality Committee		
Date of Meeting	19 March 2024		
Committee Chair	Rani Thind, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items		
Title	**Description**	**Purpose**
Minutes of the previous meeting	Minutes of the meeting held on 20 February were approved as a correct and accurate record of the proceedings. The chair provided a short summary of the actions around AF patients and Safe Discharge (Action 37 on previous action log). Effectiveness of the meeting requested from Lesley Neary	Approved
Matters arising/action log	10 actions were noted on the action log with 5 not due and 2 completed.	Assurance
Item 10 Deep Dive Neonatal Medication Errors	Detailed report presented an overview of incidents relating to medication on the neonatal unit between 1April 2023-29 February 2024. 71 incidents related to medication issues. 40 STHK site 31 ODGH Site Key findings: • Not all incidents reported occurred within the neonatal unit. • On review of incidents no staff member had more than 1 medication error. • No highlighted safeguarding issues • Use of paper formulary. • Not all staff had access to the Trusts IT system. STHK site top themes noted were dose and strengths being wrong or unclear relating to incorrect prescribing and delays in administration.	Assurance

	ODGH site top themes noted were delay in medications given, prescribing-wrong doses and wrong times. (antibiotics). The report concluded: STHK: 37 no harm, 3 low harm. ODGH: 22 no harm, 4 low harm, 5 near misses. Recommendations: • Use of Medusa implemented on unit and use of paper-based file removed from use. • Neonatal Formulary purchased making it a digital process. • Additional training and education needs have been identified and provided to the neonatal • nursing and medical teams. • All staff have access to care flow to ensure information from L3 units. • Dissemination of Trust Administration of Medicines Policy to all staff. • Monthly prescription audits completed. • Drug room review to support IT access for staff • Drug library added to volumetric pumps to avoid future incidents. Quarterly Audits ongoing Committee agreed assurance provided and no requirement to return to Quality Committee.	
Corporate Performance Report (CPR)	The quality metrics were discussed, noting there have been four CQC inspections since Dec 2023 including an unannounced inspection on the 05 March at Southport for Urgent and Emergency Care group. Interim unofficial feedback had been positive and the data collection for submission on 21 March 2024 is ongoing. No never events reported since the previous meeting. Patient falls in January had reduced from previous months and deep dive report presented to the committee as part of the agenda. The Safe staffing fill rate reported positively at 97.1% and Nurse Establishment Review to be presented to Trust Board 27 March 2024. The Committee noted Nutrition and Hydration compliance as a challenge with recruitment to a Dietician assistant at Southport since October 2023 to support improvements with improvements expected within the next quarter.	Assurance

	The Infection Prevention and Control indicators were reviewed, and the committee noted no new cases of MRSA Bacteraemia reported. Reportable infections remain above trajectory with actions in place to address this. Five MSSA Bacteraemia reported in February with actions in place and non-related to cannula care. Mixed sex breaches reported 47 in month – related to delays in step down from critical care. One Neonatal Death reported in February, the Committee was assured there were no issues identified in care provided. Referral to Smoking Cessation clinic is still challenged, and a further actions report was requested to be included in maternity reports.	
Patient Experience Council Meeting	A number of papers were received by the Council, including patient story, Patient profile report, Interpreters report, EDS22, Healthwatch St Helens provided Q3 report on patient feedback including positive themes highlighted good communication and staff attitude with the pain clinic at St Helens receiving positive feedback. Negative feedback included unprofessional behaviours felt from younger patient groups and the council will support these actions going forward. Healthwatch Halton reported on the listening event report from December 2023 – February 2024 with the majority of comments being positive and negative feedback actioned. Areas visited included Emergency Department (ED) and the Discharge Lounge. The Council held a discussion on accessible information for patients and supportive work is ongoing. Plans to launch a revised MWL strategy group in April 2024. A further Band 7 Admiral Nurse to be advertised further strengthening the team. Dementia training is on the risk register due to lack of capacity for current trainers to deliver Tier 2 training, which is being addressed. Plans are in progress to relaunch the carers support group. Written Information Policy approved. Discharge and external transfer of care policy approved subject to small amendments.	Assurance

Quality Walk Rounds/Service Visits Feedback and action plan	The committee received a presentation against feedback from 48 completed Quality Walk Rounds in 2023-24 at STHK site. Actions categorised in themes to reflect the 2023-2024 Trust Objectives with the most common theme related to workforce/staffing. The report discussed key themes and the proposals for 2024-2025 and received the Quality Ward Round feedback action plan. New schedule proposed to support all five sites to be involved. The Committee provided feedback to propose future schedule and outcomes from the Quality Walk Rounds with agreement to discuss further at Executive Meeting and feedback.	Assurance
Clinical Effectiveness Council	A number of procedural documents were approved including Operational policy for Cancer MDTs. Endocrine Investigations Protocol. Prevention, Identification, and management of Acute Kidney Injury (AKI) in Adults in Hospital. The committee was advised of a new Urology device, iTind, as a day case treatment, offered to eligible patients as an alternative to Bipolar TURP. Pilot commencing and evaluation with outcomes will be reported back to CEC. The Committee received the Resus services report assuring an increase in training figures and advised: • Inaugural MWL resus meeting took place in March 2024. • AAA exception report from community services • Medications safety committee exception report • Maternity KPi's discussed. • Aseptic unit capacity plans and Bi-annual update presented with action plan in place. The Committee noted the Positive feedback on research and innovation report – top recruiter for several studies and continue to get highest number of responses to pt experience.	Assurance
Patient Safety Council Report	A number of reports were received, including MWL medical devices, Q1/2 report from community care, Learning from claims for Q2/3 – MWL no regulation notices for Q2/3, Safe abd secure handling of meds – good assurance provided. Radiology review report	Assurance

	noted and assurance on improved position against human factors training. Trends in relation to Falls reviewed by the committee. PSIRF update provided. IPC report inclusive of measles preparedness. The Committee sought further assurance on Thematic Review Anti D recognising ongoing monthly monitoring across MWL. Action plan in place following review of missed anti D administration opportunities. Policies approved: Supplementary Care policy.	
Deep Dive into Falls	A detailed report was provided and the following key points were highlighted: Total of 33 falls across MWL in the reporting period resulting in moderate harm or above. key themes: • Appropriate Supplementary Care levels • Cognitive impairment • Recording of lying/standing blood pressure pre fall • More than one fall in hospital • Use of crash mats with low beds • Medically optimised patients awaiting discharge A number of patients reviewed did not have the appropriate level of supplementary care in place at the time the fall occurred. Lessons learnt were noted and recommendations including: • Trust wide Falls Prevention Strategy and associated action plan as well as specific Care Group action plans have been developed and are monitored monthly at Trust Falls Improvement Group meetings. • Tendable audits –daily actions and communication via safety huddles. • Legacy S&O Senior nurse sample checks completed against falls documentation -data being collated and will be taken forward collaboratively. The Committee took assurance from supplementary care policy ratification and launch in April 2024, enhanced level of care pilot and increased escalation. The Committee sought further assurance against the data presented and agreed for further discussion	Assurance

	through the Executive meeting and report back at future Quality Committee under the Falls agenda.	
Review of 3rd and 4th Degree Tear Management MWL	A detailed review was provided for 2023 Data and the following key points were highlighted: Whiston site :58 cases, 1.54% from total numbers of birth that year below national target Ormskirk site: 28 cases, 2.5 % from total numbers of birth that year below national target. Actions going forward: • One guideline going forward. • Working in collaboration to ensure women across MWL receive consistent information. • Working in collaboration to ensure women across MWL receive the same follow up pathway, women • at Ormskirk to have access. • Working towards a monthly Perinatal Pelvic Health Service (PPHS) MDT meeting • • MWL PPHS 3rd and 4th degree tear management action plan developed.	Assurance
Annual workplan 2024-25	Draft workplan for Quality Committee presented to agree and approve. Approved	Assurance

Alerts:

- Infection Prevention and Control (IPC) : Ongoing work to reduce infections, including E coli and improve fluid balance recording.
- Further discussion around falls data from the Executive team.

Decisions and Recommendation(s):

The Board is recommended to note the report and the assurances sought by the Committee.

Draft Workplan Approved

Committee Assurance Report			
Title of Meeting	**Trust Board**	**Date**	27 March 2024
Agenda Item	MWL TB24/021 (8.4)		
Committee being reported	Strategic People Committee		
Date of Meeting	18 March 2024		
Committee Chair	Lisa Knight, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items		
Title	**Description**	**Purpose**
SPC 0324/003 – Minutes of the previous meeting	The committee reviewed the minutes of the meeting held on the 19 February 2024 and approved them as a correct and accurate record of proceedings.	Decision
SPC 0324/004 Action Log and Matters Arising	SPC 1123/007 Workforce Development It was noted that engagement with operational colleagues had taken place to consider innovative approaches to improving access to work experience for school age young people. This will support the promotion of NHS careers and has included a recent visit from clinical staff to Rainhill High School. SPC 0124/008 Staff Story- Reasonable Adjustments, Disability Passport (WDES) It was noted that all actions related to learning from the staff story have been completed which includes the development of a finance process for funding requests and making documentation more user friendly.	Assurance
SPC 0324/005 – Workforce Dashboard	The CPR dashboard was presented focusing on the key indicators for the SPC. The following points were noted: • Mandatory training compliance has been exceeded at 86.9% against an 85% target and that work is ongoing to align the 2 legacy organisations mandatory training requirements. • The Executive Committee have approved a business case to support the delivery of a whole-scale review of mandatory and compulsory skills training to align the two legacy organisations during 2024/25. • Appraisal compliance is below target at 83.2%% (STHK sites above target at 87.5% and S&O	Assurance

	sites below target (75.6%). • All staff sickness remains above target (6.27%) with legacy STHK sites tracking around 0.2% higher than legacy S&O sites. All sites remain above the Trust target of 5%. Sickness rates for all staff groups on the last rolling 12 months shows an overall static position. • The HCA sickness absence rate has been reduced across the organisation which in February was 10% for the Trust however there has been an overall reduction of 0.9% since January. Medical and AHP absence rates for February 2024 remain below the Trust target at 3.1% and 4.2% respectively. HR Operations teams across the Trust are continuing to work proactively with managers to reduce the numbers of absences. Particular attention will continue to focus on HCA absences, specifically regarding absences relating to stress, anxiety or depression. • Turnover in month and over a rolling 12-month period is below target (0.7% and 12.6% respectively). • Time to hire has slightly reduced. • The turnover metrics for the medical workforce are higher due to the fixed term contracts and rotations for doctors in training.	
SPC 0324/006 – Clinical Coding Staffing	As a result of a request at the February 2024 Trust Board for further information about the current challenges in recruitment of Clinical coders, a presentation was received at the Strategic People Committee detailing the issues and actions being taken. The Committee noted the following and asked for an update to be brought back to the SPC in a few months' time: • There is a national shortage of qualified clinical coders, this means it is almost impossible to recruit qualified coders. • Agencies offering clinical coding services recruit staff from the same pool and offer a higher salary to attract candidates which equates to Band 7. • The continued expansion of the Trust is contributing to the challenge as the number of clinical coders required increases as the Trust grows.	Assurance

	• There have been vacancies out to advert without success for more than seven months. There are 15.67 gaps in the structure, and this is about to worsen by another two imminently. • Agency clinical coding contractors utilised to support coding inpatient activity and the STHK team carry out regular overtime to support achievement of coding demand. • We are exploring new ways of working and the use of technology to improve coding and undefined Healthcare Resource Groups (HRG). • The Trust is currently advertising for unqualified coders to be supported by mentors. This will test our ability to grow our own qualified coders. • The Clinical Coding leadership team are working with the Workforce Development team to review the expectations of entry levels and attract different candidates, i.e., school leavers is also considered. We are also exploring widening the net for a Cheshire and Merseyside (C&M) approach to clinical coding.	

SPC 0324/007 Health, Work & Well Being Operational Plan annual assurance Update.	The SPC received the annual update on the Health, Work & Well Being Operational Plan. It was noted that supporting the wellbeing of the NHS staff is now incredibly complex the Committee requested a report in the future about sickness absence and wellbeing with regards to the Lead Employer workforce. The following areas were noted identified as impacting overall service delivery:
	• Non-attendance performance at appointments has improved year on year, but they remain above the KPI threshold. Specific roles that attribute the highest non-attendance includes Healthcare Assistants, Staff Nurses, and Domestics. The top three appointment reasons for non-attendance are Vaccinations / Blood tests, Pre-employment assessment and Management referral consultations.
	• The current core service challenges relate to:
	  o Management of Mental Health
	  o Fitness for Work Management (supporting the management referral service)
	  o Communicable Disease Management
	• The Health and Well Being (HWWB) Department are continuing to review the Occupational Health Software Solutions as we
		Assurance

	need to develop and implement a unified HWWB Software solution and service offering to all MWL staff. This will require a Business case for Executive Committee approval.	
SPC 0324/008 The Annual Staff Survey	The Strategic People Committee received a presentation on the annual staff survey in 2023. The following themes were noted: • The Trust's performance with regard to flexible working was slightly below the national average. • Within the Staff Survey Themes, there were 21 sub-themes and 108 questions across the survey that were common to all participating organisations. MWL scored above the national average with 64 out of the 108 questions. • When looking at MWL performance against that of the legacy organisations for the People Promise themes, all of the themes in S&O sites have improved since 2022; five have increased in STHK and four have decreased. • Across all areas (except the Flexible Working sub-theme), the legacy S&O score is lower than the legacy STHK score, and the legacy S&O has shown a greater improvement than the STHK. • The obstetrics team at Southport and Ormskirk, the additional professional, scientific, and technical team, and the additional clinical services had some of the lowest scorers. • Support for work-life balance was also scoring lower, along with staff feeling that they could approach their manager to discuss flexible work, which was one of the lowest in the region. The presentation also included a summary of actions being taken to improve the lower scoring areas, which are: • A flexible working action plan has been presented to the Executive Committee in December 2023. • Appraisal training has been increased, and once the new values are embedded into the appraisal process, it will also be made available to legacy S&O staff to improve compliance levels now that they are able to access the MWL appraisal documentation.	

	• The workforce development team is working on developing career pathways across the Trust. • Improvements are being made in improving study leave processes across MWL and ensuring equity of access across the whole organisation to enhance development opportunities. • Compassionate leadership and management training is being created to improve the skill sets and behaviours of line managers across the organisation. • The team is also working on the involvement theme as we joined the organisations following the transaction last year. • There will be a specific focus on equality and diversity, as there is a theme of higher negative response rates in some areas.	
SPC 0324/009 - Assurance Reports from Subgroup(s)	The Strategic People Committee noted the Assurance Report from the People Performance Council.	Assurance
SPC 0324/010 – MWL People Strategy 2022-25	The Strategic People Committee noted that the People Strategy 2022-25 has been re-branded as MWL and will be updated in 2025.	Assurance
SPC 0324/011 - Items for Escalation to Trust Board	There needs to be further work on a workforce plan for Clinical Coders and an update report will be presented to the Strategic People Committee at the June meeting.	Assurance
Alerts:		
Not applicable		
Decisions and Recommendation(s):		
• None		

Mersey and West Lancashire Teaching Hospitals NHS Trust

Committee Assurance Report			
Title of Meeting	**Trust Board Meeting**	**Date**	27 March 2024
Agenda Item	MWL TB24/021 (8.5)		
Committee being reported	Finance and Performance Committee		
Date of Meeting	21 March 2024		
Committee Chair	Steve Connor, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items		
Title	**Description**	**Purpose**
MWL FC24/043 – Integrated Performance Report Month 11 2023/24	• Bed occupancy across MWL averaged 107.8% in February equating to 101 patients – a slight decrease from 108.7% in January. • Average length of stay for emergency admissions is similar across both main sites with an overall average of 8.76 days, the impact of non CTR patients being 31% at Organisation level, 4% higher than January - (33% StHK and 23% S&O). • 4-Hour performance decreased slightly in February achieving 66.8% (all types), national performance 70.9% and providers across Cheshire & Merseyside averaging 68.1%. • 18 Week performance in February for MWL was 61.4%, S&O 65.9% and StHK 59.7%. National Performance (latest month January) was 57% and C&M regional performance was 54.9% • Diagnostic performance in February for MWL was 87.1%, S&O 79.4% and StHK 90.7%. National Performance (latest month January) was 73.8% and C&M regional performance was 88.8%. • The Trust had 2,518 52-week waiters at the end of February (166 S&O and 2,352 StHK) • Cancer performance for MWL in January was 70.4% for the 14-day standard (target 93%) • Discussion regarding PLACE involvement in resolving urgent care pressures, meetings in place at varied levels across the organisation.	Assurance
MWL FC24/044 – Finance Report Month 11 2023/24	• At the end of Month 11, the Trust is reporting a surplus position of £5.5m which is £1m adverse to plan relating to unmitigated industrial action costs and income loss.	Assurance

	• Trust forecast outturn for 23/24 is a surplus of £7.6m which is in line with plan and assumes the Trust mitigates pressure from industrial action. • The underlying financial position includes significant pressures relating to pay award and inflation above funded levels, these have been mitigated non recurrently to-date in 2023/24. These include non-recurrent support, savings from financing costs and vacancy factors. • The committee noted the challenges to the underlying position as a result of delivering the in-year plan due to reasons outside of the Trusts control. • Agency costs £18.6m year to date. This equates to 3.9% of total pay spend, against a target of 3.7%. PPSC continues to meet to look at the options to reduce agency in the long term. • Cost Improvement Programme (CIP) is on track to be delivered in line with target by the end of the year. • Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £25.2m, significant amount of capital to be spent in the latter part of the year including £24m PDC drawn down linked to planned projects. Risk factor of between £9 and £13m of brought forward capital prepayment. • At the end of M11, the cash balance was £2.7m, with a forecast of £2.5m at the end of the financial year.	
MWL FC24/045 – Month 11 2023/24 CIP Programme Update Alongside: MWL FC24/049 – Surgery Division CIP Presentation	• Total targets for 23/24 (including £2.8m recurrent CIP delivered by S&O during M1-M3) are £41.6m in year and £34.6m recurrently. • Schemes identified totalling £69.6m in year and £50.2m recurrently, • Delivered/low risk schemes currently total £45.9m in year (110% of target) and £34.6m recurrently (100% of target) • Trust remains on track to deliver full CIP target by end of year. • Presentation included update to the committee on progress in identifying schemes for 2024/25 • Committee was assured by the report and presentations and noted the achievement of the full CIP plan.	Assurance

MWL FC24/046 – 24/25 Planning & Budget Setting Process	• Presentation setting out ICS/NHSE process in advance of guidance being formally published. • Committee noted short timescales. • Draft planning assumptions shared and discussed in detail by committee in context of current operational and financial pressures faced by the Trust and system. • 2023/24 financial plan and emerging in year pressures discussed in detail along with potential mitigations. • Draft plan to be discussed at Board	Assurance
MWL FC24/047 – Urgent Care Update	• ED performance challenged but targeted plans in place which have seen improvements in recent weeks. • Focussed workstreams to improve performance include sharing best practice, not only across sites but also across the system. • Work ongoing with PLACE to improve flow throughout the system.	Assurance
Assurance Reports from Subgroups:	• 13.1. MWL FC24/050 - CIP Council • 13.2. MWL FC24/051 - Capital Planning Council • 13.3 MWL FC24/052 –Estates & Facilities Management Council • 13.4. MWL FC24/053 – IM&T Council Update	Assurance/ Approval

Alerts:

Planning & Budget Setting Process 2024/25

- The Committee noted the potential impact system financial pressures may have on the organisation.

Decisions and Recommendation(s):

Planning & Budget Setting Process 2024/25

- The Committee reviewed the draft plan and discussed the potential mitigations and risks within the position. Although a challenged financial position, the committee recognised the detail and recommend to Board that it is accepted as the draft plan pending national guidance and further contract negotiations.

Title of Meeting	**Trust Board**			**Date**	27 March 2024
Agenda Item	**MWL TB24/022**				
Report Title	Nurse Staffing Establishment Review				
Executive Lead	Sue Redfern, Director of Nursing, Midwifery & Governance				
Presenting Officer	Sue Redfern, Director of Nursing, Midwifery & Governance				
Action Required	X	**To Approve**		**To Note**	

Purpose

To present the outcome of the first Mersey and West Lancashire NHS Teaching Hospitals NHS Trust (MWL) wide nurse staffing establishment review for approval

Executive Summary

The paper provides assurance that MWL has processes in place to regularly review the nurse staffing establishment as recommended by the national safety board, and if necessary to adjust the establishment to maintain safe levels of staffing to meet the needs of patients.

The first MWL wide establishment review was undertaken in February 2024 for acute inpatient wards based on the service configuration and clinical pathways currently in place.

Going forward this process will be repeated bi-annually in line with regulatory requirements.

The establishment review assesses staffing needs using the nationally recognised nurse to patient ratio methodology based on core general and acute bed numbers. Staffing for escalation beds is managed outside of the main funded establishment using temporary staffing.

This review aimed to set a baseline position for MWL and harmonise the approach across all Trust sites.

A midwifery staffing review has been undertaken and reported separately as part of the regular Maternity and Neonatal Services assurance reports and is therefore excluded from this paper.

The paper has been reviewed by the Executive Committee who support the findings and recommendations.

Key aims

- Establish an MWL nurse establishment review process.
- Harmonise nurse staffing and skill mix assumptions across MWL.
- Recommend any changes to the ward establishments resulting from the review.

Financial Implications

The review recommends that additional Registered Nurses (RN) and Health Care Assistants (HCA) staffing is required on some wards. This investment can be contained within the overall nurse staffing budget through the re-allocation of resources released via the harmonisation of policy and practices across MWL

Quality and/or Equality Impact

An equality impact assessment will be incorporated into the change management process.

Recommendations	
The Board is asked to approve the Nurse Staffing Establishment Review.	
Strategic Objectives	
X	**SO1** 5 Star Patient Care – Care
X	**SO2** 5 Star Patient Care - Safety
X	**SO3** 5 Star Patient Care – Pathways`
X	**SO4** 5 Star Patient Care – Communication
X	**SO5** 5 Star Patient Care - Systems
X	**SO6** Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

Nurse Staffing Establishment Review

1. Introduction

To present the findings of the nursing staffing establishment review that has been undertaken for the 54 inpatient wards across MWL.

All NHS providers are required to evidence that they achieve safe nursing and midwifery staffing in line with the requirements of the National Quality Board (NQB, 2016) to -

- deploy sufficient suitably qualified, competent, skilled, and experienced staff to meet treatment needs of patients safely and effectively.
- have a systematic approach to determining the number of staff and range of skills required.
- use an approach that the reflects current legislation.

The methodology used is a 'triangulated approach' including evidence-based tools and professional judgement and outcomes.

2. Background

Both legacy Trusts undertook separate nurse establishment reviews in 2022/23, this is the first MWL review.

At S&O there was a major investment in Nursing in 2019 with a growth in establishment of 113 WTE posts (54.53 WTE registered nurses and 59.28 WTE Healthcare Assistants).

Some anomalies between the S&O sites funded establishment and on e-roster and the ledger have been identified and these are being addressed as part of 2024/25 budget setting.

3. Methodology

The Safer Nursing Care Tool (SNCT) for adult inpatient wards, emergency care and children's and young people was used based on staffing data from December 2023.

A series of multidisciplinary review meetings were held during February 2024 with the Director of Nursing, Deputy Director of Nursing, Head of Nursing, Matrons, Ward Managers and representation from HR, Finance, and the e-roster team to review the outputs from the SNCT, to apply professional judgement and to review and scrutinise requests for additional established posts.

4. Variations between the legacy trusts.

The review identified some differences in the way the nurse establishments had been calculated:

- CHPPD calculations because of different working arrangements.
- Approach to supplementary care
- Head room allowances and assumptions
- Ward Manager supervisory time.
- 12-hour shift break allocations
- Arrangements for patient feeding and housekeeping.

- Ward layout /bed numbers

4.1 Care Hours Per Patient Per Day (CHPPD)

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

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

The recognised national benchmark is 7.0 CHPPD

The review has highlighted the variations in the CHPPD calculations across the legacy sites.

The review identified that the legacy S&O staff had calculated CHPPD using actual staffing on each ward rather than the establishment, whilst legacy STHK used planned staffing (establishment) to calculate the CHPPD.

The legacy STHK calculations also did not incorporate the housekeeper and ward hostess roles.

A standardised methadology for calculating CHPPD has now been agreed for all MWL wards.

4.2 Supplementary care

Work is ongoing to –

- Create a single Supplementary Care Policy for MWL
- Align the assessment matrix and review and authorisation procedures across the Trust

These actions will enable a comparison of the staffing required to support the supplementary care needs of patients and support the objective of ending the use of agency HCA staff from June 2024.

4.3 Head room (which requires alignment across the sites)

Headroom is the budgeted allowance included within the ward staffing budgets to cover sickness, study leave, annual leave, parenting and non-clinical working days. This is converted into posts which are filled to allow the rosters to be filled with substantive staff.

- For legacy STHK the headroom was **22%** for RN's and **20%** for HCA's
- For legacy S&O the headroom is currently **22.5%** for both RN's and HCA's.

As part of the nurse establishment review the headroom has now been aligned within the proposed establishments. The alignment will ensure equality across all wards within MWL.

4.4 Ward Manager allocated supervisory time.

The Francis inquiry recommended that every ward should have a supervisory band 7 ward manager, this is also recommended by the NQB. Benchmarking has been undertaken with other peer group trusts which identified significant variation.

It is also recognised that there are benefits to retaining clinical skills and therefore a standard approach of 60% supervisory and 40% clinical time for all ward managers across the Trust is proposed.

4.5 12-hour shift break allocations.

Moving to a standardised long day shift pattern and removing paid breaks across will release time.

4.6 Arrangement for patient feeding and housekeeper services.

The legacy STHK in-patient wards have establishments for separate ward housekeeper and ward hostess roles. The housekeeper roles sit within the nursing budget but are excluded from the nurse staffing establishment review. The ward hostess staff are funded from the Estates and Facilities Management budget. At legacy S&O these duties form part of the ward HCA role.

A review is taking place to establish the best model for delivering these essential services going forward.

Anyone serving food is required to be trained in food hygiene.

4.7 Ward Layout/number of beds

The layout of the wards, the number of beds and the number of single rooms are different due to the design and age of the buildings across the legacy trust sites. These differences have been considered when reviewing the nurse staffing establishments.

5. Escalation beds

The establishment review does account for escalation beds in use at the time and the review focuses on the core bed provision. The staffing requirements for escalation beds are managed via the OPEL 4 the escalation procedure (SOP). This staffing is provided by bank and agency if resources cannot be redeployed from other areas.

6. Patient Acuity

The Shelford data has shown an increase in patient acuity since compared to 2022 and this was used staffing ratios, quality metrics and professional judgement to triangulate information and inform the nurse staffing establishment review.

7. Establishment review recommendations

- An additional HCA on the night shift for wards 1A, 1D, 2B, 2C, 3C, 3D at Whiston Hospital.

- Additional RN on the late shift for wards 5A and 5B at Whiston Hospital.

These wards have the highest acuity patients (as evidenced by the increase in acuity of the patients and number of MET calls) and have some of the greatest challenges with falls.

- A further review of the need for permanent staffing for the increased number of patients requiring Non-invasive ventilation (NIV) on ward 14b at Southport Hospital

- A skill mix and establishment review for ward 11A at Southport Hospital, depending on its future use and the number of core beds. The ward is currently being used as an escalation ward but is established as a low acuity ward with nurse led discharge.

- Ward 1 at Southport Hospital similarly needs a permanent establishment agreed if these beds are to remain open.

The establishment of other wards have been identified as requiring review when the new service models have been agreed.

	£m
Additional Nursing Costs	0.9
Harmonisation of Establishments	-1.4
Net Impact (Saving)	-0.5

The other changes detailed in section 4 deliver efficiencies that will be redirected to fund these additional posts, meaning that no new investment is required to deliver the recommendations.

ENDS

Mersey and West Lancashire Teaching Hospitals NHS Trust

Title of Meeting	**Trust Board**			**Date**	27 March 2024
Agenda Item	**MWL TB24/023**				
Report Title	2024/25 Operational Plan/ Opening Budgets				
Executive Lead	Gareth Lawrence, Director of Finance and Information				
Presenting Officer	Gareth Lawrence, Director of Finance and Information				
Action Required	X	**To Approve**		**To Note**	

Purpose

To present the financial statements for the 2024/25 Financial Year

Executive Summary

At the time of writing the Trust is yet to receive the formal planning guidance for the 2024/25 year, following the Budget announcements on the 05 March 2024.

As a result of the delay the Trust has prepared a financial and operational plan in line with the proposed recommendations that have been discussed with Integrated Commissioning Board (ICB) and NHS England (NHSE).

The Trust is required to submit a draft plan to the ICB and NHSE on Wednesday 20 March, with final plans due to be submitted on 02 May.

The Trust has submitted a plan of a £48.4m deficit based on the current draft income and expenditure estimates and includes the following:

- Cost Improvement Programme (CIP) of £36.2m (3.8% of turnover)
- A deterioration of £7.2m relating to a technical PFI adjustment
- Capital Expenditure of £44m
- Cash requirements of £60m
- Elective/PbR activity in excess of 2019/20 levels

Financial Implications

None as a direct consequence of this paper

Quality and/or Equality Impact

None as a direct consequence of this paper

Recommendations

The Board are asked to approve the draft plan as the opening budget for 2024/25 noting that changes will take place before the final plan is submitted on the 02 May following publication of the formal guidance.

Strategic Objectives

	SO1 5 Star Patient Care – Care
	SO2 5 Star Patient Care - Safety
	SO3 5 Star Patient Care - Pathways
	SO4 5 Star Patient Care – Communication

	SO5 5 Star Patient Care - Systems
	SO6 Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
X	**SO8** Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

1. Executive Summary

1.1. The purpose of this paper is to provide an update to the Board on the financial plans for Mersey & West Lancashire Teaching Hospitals (MWL) for the 2024/25 financial year.

1.2. At the time of writing no formal planning guidance has been received by the Trust for the forth coming year.

1.3. The Trust has been offered an indicative income value from the ICB for 2024/25. While this offer has been adjusted for elective recovery, the fixed element of the contract has not been adjusted for known increases in activity, which are material in value.

1.4. The Trust has submitted a financial plan of a £48.4m deficit. For the Trust to deliver this plan it will need to deliver £36.2m of Cost Improvement Schemes (CIP) which equates to c3.8% of turnover. The plan does not include any resources for the NEL growth that the Trust has delivered since 19/20, which equates to £23m (16%) or excess inflation funding (additional costs over funded levels) for the PFI, energy contracts or CNST, which equates to £30m. The Trust will also need to deliver 24% of elective activity compared to 19/20, which will be funded on a Payment by Results (PbR) basis.

1.5. This paper sets out the high-level assumptions and risks included within the plan for 2024/25. these include:

- No official guidance released by NHSE.
- Health Education England contracts have not yet been provided.
- Tariff prices have not been released.
- No formal contract has been issued by the ICB.

2. Planning Assumptions

2.1. At the time of writing no official planning guidance has been released by NHSE for the 2024/25 financial year, therefore the financial and operational plan has been created following the below expected deliverables:

- Assuming no further Industrial Action (IA).
- Cat 2 Ambulance performance of 30 minutes.
- ED performance of 77%.
- Maintaining peak bed capacity delivered in 23/24.
- Eliminate 65 weeks for elective care, with the latest of September 24.
- Delivering ERF performance of 109% in line with 23/24 targets.
- Improve 62 day cancer standard to 70% by March 2025.
- Improve performance against faster diagnostic target to 77% by March 2025

3. Proposed changes to System Allocations

3.1. In January 2023 NHSE issued all ICB's their allocation for the 2024/25 financial year. These set out the allocations for the year in advance including the fair share allocations, base growth, and convergence for every ICB. These values still stand however they have been adjusted for known changes during the year.

3.2. Pay issued in 23/24 has been recurrently added to the system baseline.

3.3. Non-Pay inflation funding confirmed in 23/24 has been included in system baselines, this included funding for increased PFI and utility costs that were included in planning returns for 23/24.

3.4. Virtual wards have been recurrently funded within the allocations for 24/25 allowing for the continuation of the development.

3.5. Elective Recovery Funds (ERF) will remain in ICB allocations and will operate in a similar way to 2023/24. The ERF baselines for 2023/24 will be rolled over for 2024/25, however these have yet to be released. It has been assumed that the MWL target will be 109% of 2019/20 activity.

3.6. All elective activity will be paid on a PbR basis except for out area/low value contracts. This will not affect any activity delivered within the North West.

4. Activity Assumptions

4.1. The Trust has planned for elective activity in 2024/25 based on the funded capacity within the operational team's expenditure plans.

4.2. Emergency Care continues to be funded on a block contract basis, with activity levels set at 2019/20 outturn. This is a significant risk to the Trust as NEL activity has increased by significantly since 2019/20 (Whiston site only). Since 2019/20 Whiston site has delivered:

- 10% increase in NEL bed days
- 6% reduction in NEL LoS

The value of this activity that has not been included within the draft plan is in excess of £20m.

4.3. Emergency care targets for legacy S&O sites continues to be set at 19/20 levels as per the transaction agreement.

4.4. The activity plan assumes that the proportion of no criteria to reside patients does not increase throughout the year and that all current bed capacity remains open.

4.5. The Trust has set a stretch target of treating 82% Cancer within 62 days, against a national target of 70% within the activity plans.

5. Workforce Assumptions

5.1. The Trust has planned for workforce in line with the closing funded establishment for 2023/24 accounting for existing pressures such as cover for sickness, maternity leave and urgent care pressures.

5.2. This includes staff to support the two additional theatres that will be commissioned at the end of the 2023/24 financial year.

5.3. Workforce productivity and reductions in temporary staffing usage have been included within CIP plans.

5.4. Growth in contracted staff of 351 has been assumed within plans. This is a combination of leavers, starters in approved posts and reductions in temporary workforce usage.

23/24 Contracted staff outturn	**9,470**
Recruitment to funded posts/ reduction in temporary workforce	351
24/25 Contracted staff plan	**9,821**

5.5. Work is ongoing with system partners to ensure workforce metrics collated triangulate with finance and activity returns.

6. Integrated Care System

6.1. Indicative plans from all providers have been shared and reviewed within the Integrated Care System (ICS). The Integrated Care Board (ICB) will submit all plans on behalf of the system.

6.2. As part of the planning process the ICB are triangulating Finances, Workforce and Activity returns to ensure consistency in returns.

6.3. The ICB has specific business rules that need to be delivered in year which include:

- **Breakeven Duties** – Duty to achieve financial balance.
- **Capital Resource Use** – Collective duty to ensure the capital resource limit set by NHSE is not exceeded.
- **ICB Administration Costs** – Duty not to exceed the ICB running costs.
- **Mental Health Investment Standard** – To comply with the standard.
- **Better Care Fund (BCF)** – Comply with the minimum contribution.

6.4. As at the time of writing the overall ICS financial position was a c£280m deficit plan.

6.5. If the plans are rejected there will be the potential for further changes and challenges to the MWL financial plan.

7. Financial Planning Process

7.1. The Trust continues to engage with all budget holders and Senior Leaders through various forums, which include:

- Finance and Performance Committee
- Division Finance and Performance Committees
- Team to Team
- Capital Planning Council
- Executive Committee
- CIP Council
- Budget review meetings with key leads and heads of service within each Division

All Divisions and Corporate functions have been engaged by their respective financial lead to ensure that they are fully apprised of the current planning processes and have ample opportunity to engage within the process.

7.2. Financial budgets that have formed the building block of the financial plan have been developed on a detailed “bottom up approach” utilising the recurrent run-rate as the starting point.

7.3. The following assumptions have been made within the plan to continue the strong financial management that is already in place within the Trust:

- All vacant posts funded at the bottom of the scale.
- No additional funding allocated for avoidable cost pressures.
- Inflation and incremental increases have been calculated on their own specific rates.

The above principles should help to ensure that the Trust has set a reasonable yet challenging budget to ensure the best possible value for money within the resources that are available.

8. Income and Expenditure plans

8.1. The Trust is forecasting delivery of a £7.6m surplus in 2023/24. This surplus position has been underpinned by a significant amount of non-recurrent mitigations, some of which were agreed within the initial financial plan and some of which have been utilised in year as a result of increases in inflation. As a result of the underlying challenges and new pressures identified in year the Trust has submitted a draft deficit plan of £41.2m excluding technical adjustments, £48.4m including adjustments.

8.2. Bridge from 23/24 plan to 24/25 draft plan:

	£m	
23/24 MWL forecast outturn	**7.6**	**Notes**
Less S&O M1-3	(2.0)	
Less Transaction Support	(12.0)	
Less Non Recurrent CIP	(7.0)	Surplus plan underpinned by non-recurrent elements.
Less Non recurrent plan items	(2.5)	All these elements, apart from COVID funding are unique to MWL.
Less COVID Funding	(3.8)	
Underlying 23/24 planned position	**(19.7)**	**Notes**
Expenditure adjs:		
23/24 pressures funded non recurrently	(28.8)	Risks have materialised throughout 23/24 that the Trust has mitigated non
FYE of Additional urgent care capacity	(7.5)	recurrently: Inflation above funded levels, urgent care pressures, national
FYE of National policy changes	(3.5)	policy changes, delays to transaction.
24/25 Transaction business case	(7.0)	Planned spend in 24/25 linked to Transaction business case
Total Expenditure pressures	**(66.5)**	
ICS income adjs:		
Income inflation	4.8	ICS has made initial adjustments to income based on changes to the system
System top up adjustment	(3.0)	allocation. Further adjustments expected once contracting round is
C&M convergance	(6.0)	concluded.
COVID funding	3.4	
Total Income pressures	**(0.8)**	
Inflation		
Tariff funded inflation	(16.5)	Funded inflation is included based on the latest planning assumptions.
Inflation over and above funded (PFI/Energy/CNST)	(10.0)	Inflation over and above funded has been included where unavoidable and
Capital charges	(3.5)	measurable.
Total National Pressures	**(30.0)**	
National CIP (1.1%)	11.7	
Convergence (1.07%)	11.4	
Local	10.9	
Total CIP	**34.0**	
24/25 Board Draft Plan February	**(63.3)**	
Further adjustments:		
Transaction support	12.0	Transaction support noted in Heads of Terms
Additional Local CIP	2.2	Takes total CIP to 3.8% of pre efficiency operating expenditure
Income for additional working days	3.6	Elective income related to the extra working days in 24/25
CNST funding not within Tariff funded inflation	1.2	Additional ICS funding to follow via national tariff
ICS Capacity funding	3.0	Allocation from ICS
Total adjustments	**22.0**	
Revised draft	**(41.3)**	
Technical adjustment for PFI accounting treatment	(7.2)	Techincal PFI adjustment - Awaiting central guidance.
24/25 Draft Plan for submission March	**(48.5)**	

8.3. During 2023/24 the Trust utilised £40m of non-recurrent resources, which offset pressures such as:

- £7m to support the non-recurrent CIP element agreed within the plan.
- £2.5m of elements agreed within the 2023/24 plan with the ICB.
- £18m because of increased inflation, including the Trust covering the increased utility costs for Southport & Ormskirk sites that were not funded in year.
- £11m to support emerging pressures relating to urgent care capacity and national policy changes.

8.4. The income within the activity plan has been calculated utilising the funded capacity within the respective Divisions. The plan also includes the opening of the new theatres on the Whiston site. The income assumptions currently exceed the assumed ERF target, so the Trust would be delivering activity that should be funded centrally from NHSE.

8.5. The Trust has been working with PLACE leads on the breakdown of the respective plans, however all discussions have not concluded, and no contracts are currently signed, or final offers received.

8.6. National pay and prices have been set at 1.9% with an expected efficiency saving of 1.1% giving a net increase of 0.8%. The pay and prices do not include the funding for the proposed consultant pay award offered during 2023/24. It is also expected that the final uplift will be adjusted down to reflect the governments predictions on inflation presented at the recent budget.

8.7. The Trust has included all income assumptions agreed as part of the Transaction case. The Trust has agreed that all legacy S&O income values (excluding those attributable to ERF) will remain blocked for the 2024/25 financial year. This includes £12m of income that will need to be identified by parties of the agreement. The Trust will continue to discuss the funding of this allocation with the ICB and NHSE through 2024/25.

8.8. Included within the income position is £15m of 'Top Up' funding relating to legacy StHK. Top Ups were funding streams allocated during the COVID 19 pandemic to ensure that all providers remained operational.

9. Cost Improvement Plans (CIP)

9.1. The 2024/25 plans require the delivery of a £36.2m CIP, this represents c3.8% of the Trusts planned operational expenditure. The CIP % calculation is not adjusted within the forms for:

- PFI payments
- Commercial contracts
- Pass through costs

9.2. When these elements are excluded from the operational expenditure the CIP % increases to 4% which is a more reflective representation of the challenge to the Trust.

9.3. The Trust has made significant progress in identifying schemes to deliver this target with over 148 individual schemes valued, a further 52 being worked up and 34% RAG rated as green.

Risk Rating	In Year £m
Green	12.4
Amber	19.8
Red	4.0
	36.2

9.4. As in previous years schemes are identified by the respective Divisions and back office functions and then assessed to ensure that there are no patient safety or quality concerns via the quality impact assessment (QIA) process.

9.5. The cost improvement plans are embedded within the income and expenditure plans, therefore any non-delivery of the savings target will manifest itself within the I&E performance throughout the year.

9.6. There is no CIP mitigation reserve included within the plan. As a result the Trust will be looking to identify schemes of c£52m in year to allow for a 70% conversion rate. As in previous years any schemes that

are not delivered will remain as potential opportunities for future years to contribute to a rolling programme.

9.7. To support the delivery of the CIP the Trust will utilise the skills and expertise from the Division based Business Partners/Service Transformation team and the continued roll out and adaptation of the Model Hospital. This will be supplemented by the Getting it Right First Time (GIRFT) reports in year as well as any Efficiency at Scale wide initiatives.

9.8. The Trust is currently engaged in discussion with the various Place's within the system to look at how resources are consumed. While this may not deliver savings during 2024/25, it will enable the Trust to work with all systems partners to ensure effective and efficient use of the resources av**a**ilable.

9.9. The Finance team and Service Improvement Team are also working with the operational and clinical teams to develop further CIP plans and timescales for delivery. This will involve use of national initiatives such as the Model Hospital and GIRFT (Getting It Right First Time) reviews.

10. Capital planning, Statement of Financial Position (Balance Sheet) and Cash

10.1. The latest forecast closing cash balance for 2023/24 is £2.5m, during 20/23/24 the Trust received cash support of £23m in line with the transaction business case.

10.2. The current plans will mean that the Trust will require a significant value of cash support during 2024/25. The current plan assumes c£60m of cash will be required to deliver the agreed capital programme and support the revenue deficit.

10.3. The plans assume no deterioration in the wider health economy's ability to service its debt to the Trust. An environment of arguably increasing cash pressures on organisations renders this a risk. The summarised cash flow statement can be found within Appendix C of the paper.

10.4. The Trust's land and buildings are valued using the alternative single site methodology and VAT is excluded from PFI valuations. The Trust has currently no surplus estate and therefore does not anticipate any sales of surplus assets.

10.5. The Statement of Financial Position and Cash flow can be found in Appendices B and C.

11. Interest, Tax, Depreciation and Amortisation (ITDA)

11.1. Depreciation has been based on the current profile of the Trusts assets and reflects all technical changes for IFRS16. During 2023/24 the Trusts capital programme was in excess of £60m, which has increased the depreciation charges in year.

11.2. The Trust is assuming no deterioration or improvement in the aged debt relating to Lead Employer contracts. This will continue to be managed separately in order to understand and respond to any changes within the working capital.

12. Change of accounting treatment for PFI

12.1. At the time of writing, the Trust is still awaiting guidance on the treatment of IAS17 and UK GAAP on elements of the PFI. The initial templates created a c£7m pressure that has been included in the draft position, in line with discussion with the ICB and NHSE.

12.2. PFI accounting has had a number of accounting changes since the PFI was initiated. This started with UK GAAP, moving to IAS 17 and this past year, IFRS 16.

12.3. In 2023/24 the treatment was changed to IFRS 16 from IAS 17, the impact of this has been adjusted out of the Trusts financial position by NHSE.

12.4. In 2024/25 the PFI has been accounted for on an IFRS16 basis and then adjusted out back to UK GAAP in the national templates. Within the Trust draft plan there is an I&E pressure of c£7m reflecting the difference between UK GAAP and IAS 17.

12.5. We are working with the national team to ensure the Trust is not financially penalised by a change to accounting standards.

13. Capital

13.1. There are four key elements to the funding of the capital plan:

- Internal depreciation capped at £10.5m
- Backlog maintenance agreed as part of the S&O transaction £8m
- Additional capital support for Southport and Ormskirk sites £6m
- Externally funded frontline digitisation and TIF schemes £9m

13.2. The Capital Plan includes PFI lifecycle replacement costs deferred from previous year's UP funding. It also includes a small amount for finance lease renewals, an allowance set aside for other expenditure including new and replacement equipment and essential developments. PFI lifecycle costs are recognised at actual replacement costs at the time of delivery; the figures below are only estimated costs and are therefore subject to potential change.

13.3. The indicative Capital allocations are as per the below:

Capital plan 24/25	£m
Internally Funded Consisting of:	**16.6**
Southport & Ormskirk transformation	6.0
Backlog Maintenance	6.7
Equipment/Vehicles/Other	2.0
IT	1.9
PDC consisting of:	**9.1**
Frontline Digitisation Scheme	7.2
Ophthalmology TIF Scheme	1.9
PFI Lifecycle as per below:	**10.6**
Equipment - clinical diagnostics	4.1
Routine maintenance (non-backlog)	6.5
System Capital Support PDC as per below:	**8.0**
Backlog Maintenance	8.0
Total	**44.2**

13.4. The approach for capital planning will be managed via the capital planning council which will report back to F&P Committee and the Executive Committee.

13.5. The Trust will continue to work with its partners on the respective PFI sites to deliver enhanced assets. As a result of the elongated process of approvals, this process sometimes involves pre-payments to ensure the best possible value.

14. Driver of Deficit/Mitigations

14.1. The Trusts adjusted financial position has deteriorated from a £5.5m surplus in 2023/24 to a proposed draft position £41.2m deficit for 2024/25 as set out in the income and expenditure bridge above in section 8.

14.2. There are a significant and material number of mitigations that would support the financial position that would need approval from the ICB, these include:

Mitigations	£m	Notes
Block currently fixed at 19/20 levels (Legacy StHK sites)	23.0	Legacy StHK block contracts over performance
PFI RPI funding	11.0	RPI increases in excess of NHS inflation
Legacy S&O energy funding	3.0	2023/24 Risk share
Low Value Contracts	1.0	Out of area overperformance on contracts
2023/24 Inflation pressures (Various)	15.0	2023/24 Inflation in excess of funding
92% Occupancy	10.0	Costs associated with urgent care pressures due to full capacity
Total Mitigations	**63.0**	

If the above mitigations were realised, they would support the elimination of the current deficit plan within the Trust.

15. Risks

15.1. There are a number of risks and outstanding issues which may impact on the plans:

- Contract negotiations have yet to be concluded and so elements included within the I&E plan and potential mitigations may not be realised.
- Plan underpinned by significant elective activity that will be paid on a PbR basis, under delivery will result in a financial pressure.
- Technical PFI changes have created a £8m pressure within I&E that has yet to be resolved.
- Significant cash borrowing within the plan c£60m, this will increase PDC costs.
- Capital plan represents 50% of internally generated depreciation.
- Draft plan would put the Trust into a cumulative deficit (B/Even duty).
- System financial challenges likely to impact on Trust in addition to the above.

16. Conclusion

16.1. The Trust has produced a draft financial plan without any formal planning guidance that delivers a deficit of £48.4m.

16.2. The plan is underpinned by delivery of the respective activity plans and a 3.8% CIP target.

16.3. The Trust will require cash support of £60m from the proposed plans.

17. Recommendations

17.1. The Board are asked to approve the draft plan as the opening budget for 2024/25 noting that changes will take place before the final plan is submitted on the 2nd May

Appendix A – I&E Plan

	Plan 2023/24 £m	Forecast 2023/24 £m	Plan 2024/25 £m
Operating Income from Patient Care activities	729.5	755.9	788.5
Other Operating Income	86.3	107.0	109.3
Total Income	**815.8**	**863.0**	**897.7**
Employee Expenses	(526.0)	(570.3)	(593.5)
Operating Expenses	(257.0)	(263.4)	(322.6)
Total Operating Expenses	**(783.1)**	**(833.7)**	**(916.1)**
EBITDA	**32.7**	**29.3**	**(18.3)**
ITDA	(27.5)	(66.5)	(40.5)
Surplus/Deficit	**5.2**	**(37.2)**	**(58.9)**
Technical Adjustment	0.4	42.8	10.5
Surplus/Deficit	**5.6**	**5.6**	**(48.4)**

***Please note the forecast outturn includes M1-3 S&O and M1-12 MWL.**

Appendix B – Summarised Statement of Financial Position (Balance Sheet)

	Forecast 2023/24 £m	Plan 2024/25 £m
Non Current Assets	**504.9**	**517.7**
Current Assets		
Inventories	8.3	8.3
Receivables & Other Current Assets	51.5	71.5
Cash at Bank and in Hand	2.5	2.7
Total Current Assets	**62.3**	**82.4**
Current Liabilities		
Payables & Other Current Liabilities	(88.5)	(84.7)
Total Current Liabilities	**(88.5)**	**(84.7)**
Net Current Assets/ (Liabilities)	**(26.2)**	**(2.3)**
Non Current Liabilities	**(469.3)**	**(495.7)**
Total Assets Employed	**9.4**	**19.7**
Taxpayers' Equity		
Public Dividend Capital	296.5	365.6
Retained Earnings Reserve	15.0	15.0
Revaluation Reserve	(302.1)	(360.9)
Total Taxpayers Equity	**9.4**	**19.7**

Appendix C – Summarised Cash Flow

	Forecast 2023/24 £m	Plan 2024/25 £m
EBITDA	**30.0**	**(18.3)**
Excluding non cash items	25.9	32.7
Movement in working capital		
Inventories/Receivables/ Payables Provisions etc.	(49.6)	(4.0)
Cash flow from Operations	**6.3**	**10.4**
Capital Expenditure		
Capital Spend	(38.1)	(33.1)
Capital Receipts	0.0	0.0
Cash flow before Financing	**(31.8)**	**(22.7)**
Interest payment/ net of receipts	(16.2)	(21.9)
Capital and other loan repayments	(19.0)	(24.3)
PDC receipts	33.4	69.1
Net Cash Inflow/ (Outflow)	**(33.6)**	**0.2**
Opening Cash balance	**25.6**	**2.5**
Net Cash Inflow/ (Outflow)	(33.6)	0.2
Cash transferred by absorption	10.5	
Closing Cash balance	**2.5**	**2.7**

Mersey and West Lancashire Teaching Hospitals NHS Trust

MWL Financial Plan 2024/25

Trust Board

27th March 2024

24/25 Draft plan – Performance

Note these are anticipated planning assumptions and are subject to change. No formal guidance has yet been released by NHSE.

Urgent and emergency care:

- Improve on 2023/24 performance, with a minimum of 77% of patients seen within 4 hours in March 2025
- Category 2 ambulance response times to average no more than 30 minutes across 2024/25
- Maintain the peak increase in capacity agreed through operating plans in 2023/24.

Elective care:

- Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
- System specific value weighted activity targets are the same as those agreed at the start of 2023/24

Cancer:

- Improve performance against the headline 62-day standard to 70% by March 2025
- Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025

24/25 Draft plan – Performance

Diagnostics
• Increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24
• Prioritise the opening and maximisation of approved new capacity to deliver planned additional activity.

Maternity
• Continue to implement the Three-Year Delivery Plan for Maternity and Neonatal services

Mental health
• Continue to improve access and quality in line with the priorities set out for 2023/24
• Improve patient flow to reduce pressure in crisis and acute care and continue to improve the quality of care for patients, as set out in the Inpatient Quality Transformation Programme

People with a learning disability and autistic people
• Continue to ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check and health action plan
• Reduce the number of autistic people in a mental health inpatient setting compared to 2023/24 and continue to reduce the number of inpatients with a learning disability

24/25 Draft plan – Workforce

- National expectation that there is no growth in WTE included within plans, substantive staffing growth should come with commensurate and demonstrable reductions in temporary staffing use
- Focus on triangulation of workforce, finance and activity data
- Workforce productivity CIPs to be triangulated with overall productivity
- Diagnostic tool to support this analysis produced, this will be mandatory for all organisations to complete in C&M and submit alongside final plan submissions in March.
- MWL will have growth with the plan as a result of the 2 additional theatres that will be commissioned at the end of 23/24 financial year as well as additional commercial developments planned during 24/25.

24/25 Draft plan – Finance

- National target to Deliver a balanced net system financial position for 2024/25, including any repayments of 2022/23 overspends.
- ICB have provided income assumptions acknowledging that there are a number of variables that are still to be agreed through the contracting process.
- The contracting process is running alongside the planning process but due to timescales the figures provided are to be used to enable the ICS to produce a system aggregate.
- Draft inflation figures have been provided including a 2.1% uplift for pay and 1.7% non pay uplift.
- National CIP of 2.17%: made up of 1.1% tariff deflator and 1.07% C&M convergence
- Further C&M stretch CIP to address underlying pressures

2023/24 plan recap

	£m	
Initial Plan 23/24 MWL	**5.7**	**Notes**
Less Transaction Support	-12.0	
Less Non Recurrent CIP	-7.0	Surplus plan underpinned by non-recurrent elements.
Less Non recurrent plan items	-2.5	All these elements, apart from COVID funding are unique to MWL.
Less COVID Funding	-3.8	
Underlying 23/24 planned position	**-19.6**	**Notes**

- Despite setting a surplus plan this is underpinned by non-recurrent elements
- Without these non-recurrent elements the Trust would have needed to set a c£20m deficit
- All these elements, apart from COVID funding are unique to MWL

Draft 2024/25 plan (Feb Board)

	£m	
23/24 MWL forecast outturn	**7.6**	**Notes**
Less S&O M1-3	-2.0	
Less Transaction Support	-12.0	Surplus plan underpinned by non-recurrent elements.
Less Non Recurrent CIP	-7.0	All these elements, apart from COVID funding are unique to MWL.
Less Non recurrent plan items	-2.5	
Less COVID Funding	-3.8	
Underlying 23/24 planned position	**-19.7**	**Notes**
Expenditure adjs:		
23/24 pressures funded non recurrently	-28.8	Risks have materialised throughout 23/24 that the Trust has mitigated non recurrently: Inflation above funded levels, urgent care pressures, national policy changes, delays to transaction.
FYE of Additional urgent care capacity	-7.5	
FYE of National policy changes	-3.5	
24/25 Transaction business case	-7.0	Planned spend in 24/25 linked to Transaction business case
Total Expenditure pressures	**-66.5**	
ICS income adjs:		
Income inflation	4.8	ICS has made initial adjustments to income based on changes to the system allocation. Further adjustments expected once contracting round is concluded.
System top up adjustment	-3.0	
C&M convergance	-6.0	
COVID funding	3.4	
Total Income pressures	**-0.8**	
Inflation		
Tariff funded inflation	-16.5	Funded inflation is included based on the latest planning assumptions. Inflation over and above funded has been included where unavoidable and measurable.
Inflation over and above funded (PFI/Energy/CNST)	-10.0	
Capital charges	-3.5	
Total National Pressures	**-30.0**	
National CIP (1.1%)	11.7	
Convergence (1.07%)	11.4	
Local	10.9	
Total CIP	**34.0**	
24/25 Board Draft Plan February	**-63.3**	

Draft 2024/25 plan submission

24/25 Board Draft Plan February	**-63.3**	
Further adjustments:		
Transaction support	12	Transaction support noted in Heads of Terms
Additional Local CIP	2.2	Takes total CIP to 3.8% of pre efficiency operating expenditure
Income for additional working days	3.6	Elective income related to the extra working days in 24/25
CNST funding not within Tariff funded inflation	1.2	Additional ICS funding to follow via national tariff
ICS Capacity funding	3	Allocation from ICS
Total adjustments	**22.0**	
Revised draft	**-41.3**	
Technical adjustment for PFI accounting treatment	-7.2	Techincal PFI adjustment - Awaiting central guidance.
24/25 Draft Plan for submission March	**-48.5**	

Potential mitigations

Mitigations	£m	Notes
Block currently fixed at 19/20 levels (Legacy StHK sites)	23.0	Legacy StHK block contracts over performance
PFI RPI funding	11.0	RPI increases in excess of NHS inflation
Legacy S&O energy funding	3.0	2023/24 Risk share
Low Value Contracts	1.0	Out of area overperformance on contracts
2023/24 Inflation pressures (Various)	15.0	2023/24 Inflation in excess of funding
92% Occupancy	10.0	Costs associated with urgent care pressures due to full capacity
Total Mitigations	**63.0**	

- ICS yet to review income allocations across system, Non PbR performance and unavoidable inflation require negotiation as all ICS funds currently allocated.
- Variable activity will continue on a pass-through basis, other income opportunities to be sought to maximise elective allocation
- Divisions currently working up detailed CIP plans for 24/25

Draft plan – Planned Activity

- Activity plan for MWL combined. Assumes legacy S&O activity returns to a minimum of 2019/20 levels and ERF targets.
- Zero RTT 65wk + waiters by the end of September
- 82% Cancer 62 days to treatment by end of year
- 77% Cancer 28 days to diagnostic by end of year
- Assumes proportion of no criteria to reside patients does not increase
- Assumes all current bed capacity remains open

Draft plan – Workforce

23/24 Contracted staff outturn	**9,470**
Recruitment to funded posts/ reduction in temporary workforce	351
24/25 Contracted staff plan	**9,821**

- Growth in contracted staff of 351 has been assumed within plans – a combination of starters in approved posts, leavers and reductions in temporary workforce usage.
- Includes staff to support two additional theatres
- Workforce productivity and reductions in temporary staffing usage have been included within CIP plans.
- Work ongoing with system partners to ensure workforce metrics collated triangulate with finance and activity metrics.

Draft plan – CIP

Risk Rating	In Year £m
Green	12.4
Amber	19.8
Red	4.0
	36.2

- CIP of £36.2m included in plans
- 3.8% of operating expenditure (4% excluding High-cost drugs/ PFI)
- CIP plans drawn from the forward look undertaken by Divisions
- Plans include reduction in agency usage, improved productivity, workforce reviews and procurement savings.
- Value made up of 148 individual schemes with a further 52 schemes with values yet to be determined.

Draft plan - Cash Requirement

	£m
23/24 forecast closing cash balance	**2.5**
I&E deficit	-48.4
Non cash backed capital	-8.0
In year variables	-3.4
PDC cash support	60.0
24/25 planned closing cash balance	**2.7**

- Significant cash support required during the year in order to deliver the agreed capital plan and support the revenue deficit.
- Plans assume no worsening in Health economy's ability to service its debt to the Trust.

Draft plan – Capital Plans

Capital plan 24/25	£m
Internally Funded Consisting of:	**16.6**
Southport & Ormskirk transformation	6.0
Backlog Maintenance	6.7
Equipment/Vehicles/Other	2.0
IT	1.9
PDC consisting of:	**9.1**
Frontline Digitisation Scheme	7.2
Ophthalmology TIF Scheme	1.9
PFI Lifecycle as per below:	**10.6**
Equipment - clinical diagnostics	4.1
Routine maintenance (non-backlog)	6.5
System Capital Support PDC as per below:	**8.0**
Backlog Maintenance	8.0
Total	**44.2**

- Capital plans include values agreed as part of S&O transaction.
- Capital plans include new EPR funding.
- Capital limits issued by ICB, current allocation is just of 50% of internally generated depreciation.
- Risk of deteriorating assets due to reduced capital limit.

Key Risks

- £12m Transaction support included within the financial plan.
- Significant cash borrowing within the plan c£60m, this will increase PDC costs.
- Plan underpinned by Elective activity that will be paid on a PbR basis.
- Income allocations for block contracts understated as per activity delivered for legacy StHK.
- Technical PFI changes have created a £7m pressure within I&E, escalated nationally.
- Capital plan represents 50% of internally generated depreciation.
- Draft plan would put the Trust into a cumulative deficit (B/Even duty).
- System submitting a c£280m deficit.
- Legacy S&O values remain at 19/20 levels for block contracts.
- The plan includes £15m of top up income.

Next Steps

- Approve MWL budget for 24/25, noting this may be subject to change.
- Continued negotiations with ICB/Place leads around contracting and income assumptions to include appropriate funding for known inflationary pressures such as PFI and energy.
- Continued work up of detailed CIP plans throughout the Trust
- Continued work across the system to maximise resources and identify shared opportunities to reduce costs and improve productivity
- Trust draft plan was submitted on Thursday 21st March
- Final submission 2nd May
- Plans to be reviewed in line with national planning guidance once released.

Title of Meeting	**Trust Board**		**Date**	**27 March 2024**
Agenda Item	**MWL TB24/024**			
Report Title	Care Quality Commission (CQC) compliance and registration			
Executive Lead	Sue Redfern, Director of Nursing, Midwifery and Governance			
Presenting Officer	Sue Redfern, Director of Nursing, Midwifery and Governance			
Action Required	X	**To Approve**		**To Note**

Purpose

This paper provides a summary of policies, process and practices across the Trust to demonstrate how on-going compliance is maintained with the fundamental standards required by the CQC (Appendix 1) to provide assurance to the Board.

Executive Summary

The Trust is required to register with the CQC and has a legal duty to be compliant with the fundamental standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Legacy StHK's last full inspection took place in July/August 2018 and covered the following areas:

- Use of resources
- Surgery
- Urgent and emergency care
- Maternity
- Community services
- Marshalls Cross Medical Centre
- Well-led domain

The final report was published on 20 March 2019 and the overall Trust rating was outstanding. This rating remains in place and is applicable to Mersey and West Lancashire Teaching Hospitals NHS Trust following the transaction with Southport and Ormskirk Hospital NHS Trust that took place on 01 July 2023.

Marshalls Cross Medical Centre was reinspected in October 2022 and was rated as good for each domain and overall. The final report was published on 10 January 2023.

Maternity services at Ormskirk and Whiston were reinspected on 07 and 08 December 2023 and the final reports had not been received at the time of writing this paper.

There have been three recent unannounced inspections on the Southport site:

- Medicine and the Spinal Unit were inspected on 24 January 2024 with regards to decision making in relation to naso-gastric tubes and patients detained under the Mental Health Act.
- Urgent and emergency care were inspected on Southport site 04 March 2024
- Urgent and emergency care were inspected on Whiston 25 March 2024

The final reports have not yet been received.

There have been no enforcement actions taken during 2023-24.

Appendix 1 provides an updated summary of compliance against each of the relevant standards.

Financial Implications

The CQC charges all providers an annual registration fee to cover its regulatory activities based on a % of the patient care income from the most recent annual accounts.

- Legacy StHK 2023-24 fee = £342,424
- Legacy S&O 2023-24 fee = £184,380

Quality and/or Equality Impact

Not applicable to this assurance report.

Recommendations

The Board is asked to review the information provided to confirm compliance with the fundamental standards and on-going CQC registration requirements and to determine if further information or evidence is required.

Strategic Objectives

X	**SO1** 5 Star Patient Care – Care
X	**SO2** 5 Star Patient Care - Safety
X	**SO3** 5 Star Patient Care - Pathways
X	**SO4** 5 Star Patient Care – Communication
X	**SO5** 5 Star Patient Care - Systems
X	**SO6** Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

Appendix 1

Compliance with CQC Regulations and Fundamental Standards

Key	This paper was updated on 14th March 2024
	Full assurance in place
	Process in place, further work required until full assurance can be given
	No assurance in place
	Position not yet assessed and, therefore, not known
	Not applicable

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
No FS maps to this regulation	5 - Fit and proper persons: directors	People with director-level responsibility for meeting the standards are fit to carry out this role.	**Well-led**	Remuneration	DoHR		Process in place for confirming all current Directors including Non-Executive Directors meet the required standard, which is applied to all new appointments and renewed annually. All records available for review by CQC if required.
No FS maps to this regulation	6 - Requirement where the service provider is a body other than a partnership	Provider is represented by an appropriate person nominated by the organisation who is responsible for the management of regulated activity.	**Well-led**	Executive	DoNMG		Director of Nursing, Midwifery and Governance is the Accountable Person registered with the CQC. Director of Nursing, Midwifery and Governance registered with the CQC as responsible officer and confirmed in the latest certificate dated 03/07/2023.
No FSs map to this regulation	8 - General	Registered person must comply with regulations 9 to 19 in carrying on a regulated activity	**Well-led**	Quality	DoNMG		See information below for compliance

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
1	9 - Person-centred care	Providers must do everything reasonably practicable to put patients at the centre and to reflect personal preferences, taking account of people's capacity and ability to consent.	Safe, **Caring**, Responsive	Quality	DoNMG		All patients are assessed on admission or when commenced on caseload and have comprehensive treatment/care plans in place. Trust has examples of adjustments made to meet individual needs, including electronic alerts, health passports, side-rooms, additional staffing where needed, promotion of John's Campaign to support carers who wish to stay with patients/carer beds, hearing loops & communication aids. In addition, the Trust has carer passports in place to support those closest to patients. In outpatients, double, early and late appointments are used along with desensitising visits to clinics. Specialities have developed their own pathway supporting people with additional needs and include imaging, endoscopy and pre-operative assessment. For complex patients, best interest decision-making and journey planning involving multi-disciplinary teams are routine. Mental Capacity Act included in mandatory training. Up-to-date Consent Policy in place, which is currently being harmonised for MWL and available on the Trust's intranets with quarterly training provided by the clinical lead for consent. Compliance with nursing care indicators is regularly audited and reported to each ward using the audit app, Tendable. The Trust received an overall rating of outstanding for the caring domain, with examples of compliance sited in the CQC inspection report, including the fact there were sufficient numbers of trained nursing and support staff with an appropriate skill mix to ensure that patients' needs were met appropriately and promptly. The CQC observed positive interactions when staff were seeking consent. Positive comments continue to be received via our local Healthwatch partners, NHS website and Friends and Family Test feedback, including via the Trust website feedback form. These are shared with the relevant teams to boost morale and to continue to support high quality care.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
2	10 - Dignity and respect	Have due regard to the Equality Act 2010 protected characteristic – staff demonstrating compassion and respect. Maintain privacy **at all times**, including when sleeping, toileting and conversing.	Safe, **Caring,** Responsive	Quality	DoNMG		The Trust's values include respectful and considerate and these are reiterated at interview, on induction and during appraisals. Values based recruitment is in place for all staff. Privacy and dignity is assessed as part of the CQC inspection, external PLACE assessments and comprehensive internal audits (which have continued during 2023-24). 2022 inpatient survey (reported in 2023) results state 95% of patients reported that they were given enough privacy when being examined or treated across all sites. Privacy and dignity consistently score highly in the Nursing Care Indicators. Any areas of concern highlighted through the complaints process are responded to and actions taken to address shortfalls. Provision of Single Sex Accommodation Policy in place, which requires any breaches to be reported via the Datix system. Annual mixed sex declaration submitted to the Board each March.
3	11 - Need for consent	All people using the service or those acting lawfully on their behalf give consent. (Meeting this regulation may mean not meeting other regulations eg this might apply in regard to nutrition and person centred care. However, providers must not provide unsafe or inappropriate care just because someone has consented.)	**Safe,** Responsive	Quality	MD		Up-to-date Consent Policy in place and patients are consented using standard Trust forms for all procedures. Annual consent audit undertaken as part of the clinical audit programme which is reported to the Clinical Effectiveness Council. CQC observed positive interactions when staff were seeking consent. Consent training provided quarterly, with additional sessions provided by Hill Dickinson. Any incidents where consent issues are identified, including through claims and complaints, are investigated and actions taken to deliver improvements. Consent is included in Mental Capacity Act training regarding patients who lack capacity to consent and the need for best interest decisions.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
4	12 - Safe care and treatment	Assessing risks against health and safety standards, mitigating risks, staff providing care have relevant qualifications, competence, skills and experience, ensure premises and equipment used are safe for intended purpose. Ensure sufficient quantities of medicines/ equipment to remain safe. Proper oversight of safe management of medicines. Infection prevention and control (IPC).	**Safe**	Quality; Workforce Council; Executive	DoHR, DoNMG, DoCS,		Health and safety (H&S) risk assessments in place and outlined in H&S Policy & supporting documents. Workplace inspections reported to Health and Safety Group which reports to Valuing our People Council and programme of environmental checks in place, with actions taken to address any issues identified. Relevant checks against job description/person specification undertaken as part of recruitment process for all staff. Annual appraisals confirm staff have maintained knowledge and expertise to undertake roles and responsibilities. Missed doses of medication are recorded in electronic prescribing and medicines administration (ePMA). Pharmacy staff undertake audits of missed doses and medicines security, providing feedback to individual wards for improvement. Maintained improvements noted in the latest medicines security audits reported to the Quality Committee in November 2023 for Whiston and St Helens sites. For legacy S&O sites, progress in expansion of ePMA system is expected in 2024, which will allow real time audit of prescribing and administration of medicines. Regular scheduled audit of missed doses, medicines reconciliation and critical medicines prescribing and administration and falls risk medication reviews are reported to Drug and Therapeutics Committee. The audit of safe storage of medicines has shown significant and sustained improvement and is reported to Medicines Safety Committee. Further development of the use of "Drug Libraries" for intravenous administration of medicines and expansion to include their use in paediatrics is planned for 2024. Programme of medical device maintenance in place, with regular reports provided to the Patient Safety Council, which reports to the Board's Quality Committee. Compliance with infection prevention is regularly audited and root cause analysis undertaken on any serious incidents, including CDiff/MRSA cases. Ongoing improvement actions reported regularly to the Quality Committee.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
5	13 - Safeguarding service users from abuse and improper treatment	Zero tolerance approach to abuse and unlawful discrimination and restraint, including neglect, degrading treatment, unnecessary restraint, deprivation of liberty. All staff to be aware of local safeguarding policy and procedure and actions needed if suspicion of abuse.	**Safe**	Quality, Workforce Council	DoNMG, DoHR		The Trust has a zero tolerance approach to abuse, discrimination and unlawful restraint. The Trust has a Raising Concerns Policy and also Disciplinary Policy and Procedure in place for any staff who fail to meet the Trust's values and ACE behavioural standards. Each clinical area has a Safeguarding file with key information to ensure all suspicions are reported appropriately, with ongoing training provided at ward level by the Safeguarding Team. Safeguarding level 1 is the minimum mandatory requirement for all staff, with level 2&3 targeted at those who require it, ie those working with children and young people and those in decision-making roles respectively. Compliance with training is reported to the Quality Committee. In addition, staff are required to complete training for Prevent. Awareness of Deprivation of Liberty Safeguards (DoLS) is included in induction and mandatory training, with increase in referrals maintained in 2023-24 as reported to the Quality Committee. The Trust provides training in conflict resolution and has a Restrictive Practice and Interventions Policy in place covering use of restraint. CQC inspection report highlighted that the relevant policies and procedures were in place, with robust training and support from the Safeguarding Team to ensure patients receive appropriate care.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
6	14 - Meeting nutritional and hydration needs	People who use services have adequate nutrition and hydration to maintain life and good health.	**Effective**	Quality	DoNMG		Trust uses the Malnutrition Universal Screening Tool (MUST) for adults to ensure compliance with NICE guidance. Patients are required to have a MUST risk assessment within 24 hours of admission, which is repeated every 7 days. Patients identified as at risk of malnutrition have food charts and appropriate care plans in place. There is a red tray and red jug system in place for patients who require additional support with eating and drinking. All general wards are required to operate protected mealtimes, which was reviewed and relaunched in 2021-22. Patients are regularly assessed to note any changes in nutrition and hydration status. Regular audits are conducted to maintain focus on high standards of hydration and nutrition throughout the Trust. In addition, electronic fluid balance charts to support appropriate recording of hydration are now in place at Whiston and St Helens. Ongoing actions are in place to continue to improve hydration, including regular reminders via the safety huddles and weekly quality engagement events during 2023-24,. Completion of fluid balance charts is a component of the Nursing Care Indicators which are reported monthly, with outcomes fed back to individual areas and the Heads of Nursing and Quality to address any areas requiring improvement, with an ongoing improvement plan in place to increase compliance. The volunteer service had increased the number of trained dining companions to further support patients during meal times, which were reintroduced in 2021-22 following suspension due to volunteers not attending wards in the pandemic. Recent audits have highlighted some gaps in both risk assessments being completed in a timely manner and fully documented completion of fluid balance charts. A task and finish group has been established to deliver improvements in this area.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
7	15 - Premises and equipment	Premises and equipment are clean, secure, suitable, properly used/maintained, appropriately located and able to maintain standards of hygiene. Management of hazardous/clinical waste within current legislation. Security arrangements in place to ensure staff are safe.	**Safe**	Quality	DoCS		The results of the 2023 Patient-Led Assessment of the Care Environment rated Mersey and West Lancashire Trust as the number one Teaching Hospital in the North West over all elements. The Trust is in the top ten in the country for cleanliness which shows the commitment to ensuring patients are treated in the best environment and receive the highest quality of care. A comprehensive internal environmental audit is undertaken to maintain these exceptionally high standards. Cleaning standards are monitored closely to ensure high standards are maintained and the Trust receives high scores in patient surveys in relation to the cleanliness, including 9.5/10 for cleanliness of hospital room/ward in the latest inpatient survey for legacy StHK and 8.8 for S&O. Workplace inspections and COSHH risk assessments in place. Waste Management Policy in place with regular awareness raising and training provided for staff. Security service provided 24 hours per day and Lone Worker Policy in place.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
8	16 - Receiving and acting on complaints	All staff to know how to respond when receiving a complaint. Effective and accessible system for identifying, receiving, handling and responding to complaints, with full investigation and actions taken. Providers must monitor complaints over time looking for trends and areas of risk.	**Responsive**	Quality	DoNMG		Staff aware of how to manage complaints at a local level, including local resolution where possible, with involvement of PALS. Work remains ongoing to increase the response times for complaints, with effective system in place via Datix for recording and monitoring each complaint. Themes and actions taken identified and reported to Patient Experience Council, the Quality Committee and the Board, to support Trust-wide lessons learned. Mersey Internal Audit Agency provided a high assurance rating (the highest level possible) following their evaluation of the controls in place to ensure that the Trust's quarterly (KO41a) and annual (KO41b) complaints dataset submissions to NHSE were accurate, complete and submitted in a timely manner in 2023-24.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
9	17 - Good governance	Robust assurance and auditing processes in place to drive improvement in quality and safety, health, safety and welfare of patients and staff. Effective communication system for users/staff/ regulatory bodies/ stakeholders so they know the results of reviews about the quality and safety of services and actions required.	**Well-led,** Responsive	Board	CEO		An annual Board effectiveness review is undertaken, including a review of the Board Committees and the outcomes are considered by the whole Board. Progress in delivering the Trust's objectives is reported to the Board annually and these are then refreshed for the next year. The Board and its committees review key performance indicators via the corporate performance report (CPR) monthly, identifying areas where compliance could be improved to target actions appropriately. MIAA review the governance arrangements within the Trust, including compliance with the CQC processes. External Audit review the annual governance statement. The Trust complies with the NHS Publication scheme, with an internal team briefing system in place to ensure staff are aware of the results of external reviews. Ward accreditation scheme in place that is aligned to CQC standards, which was reviewed in 2023-24 to harmonise process across MWL. CQC noted that there was effective staff engagement in the development of the Trust's vision and values, which were widely understood across the organisation. The comprehensive ward to Board review of each clinical area through the annual Quality Ward Round was successfully relaunched in 2022-23 and weekly quality walkarounds are undertaken on Southport & Ormskirk sites with the plan to roll out Quality Ward Rounds in 2024-25. The weekly quality engagement programme led by the senior nursing team was reintroduced in 2022, which enables regular visits to clinical areas to discuss a range of topics, including training, Freedom to Speak Up, discharge planning and lost property.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
10	18 - Staffing	**Sufficient numbers** of suitably qualified, competent, skilled and experienced persons deployed to meet CQC requirements.	**Safe, Effective**	Workforce Council	DoHR		Comprehensive workforce strategy in place supported by Recruitment and Retention Strategy, including targeting workforce hotspots and proactive international recruitment for both medical and nursing staff. The Trust has an ongoing collaboration with Masaryk University, Brno, Czech Republic to recruit newly qualified doctors who trained using the English syllabus. There is an active recruitment programme for the nursing and midwifery workforce, on-going throughout the year. The Trust continues to explore all possible opportunities to attract and retain nurses, midwives, operating department practitioners (ODPs) and allied health professionals: • An active recruitment programme for the nursing and midwifery workforce, ongoing throughout the year, both locally and internationally. This includes the reintroduction of both face to face and virtual open events • Delivering apprenticeship programmes, from local health care cadets at further education colleges through to part-time registered nurse degrees and ODP apprenticeships • Implementation of the nursing associate role • Use of e-rostering • Launch of a new online appraisal and personal development plan system • Equality, Diversity & Inclusion champions appointed to lead new staff networks created: Carers, Building a Multi-Cultural Environment, Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+), Menopause, Armed Forces and supporting a healthy workforce There is a comprehensive workforce performance dashboard, which enables detailed monitoring/oversight. A safer staffing report is presented to the Quality Committee, with detailed staffing review reported to the Board twice yearly including nurse establishment and patient acuity.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
11	19 - Fit and proper persons employed	Staff to be of good character with appropriate qualifications, competence, skills and experience ie all staff are fit and proper – honest, trustworthy, reliable and respectful	**Well-led**	Workforce Council	DoHR		Effective procedures in place for pre-employment and on-going revalidation of relevant staff. The Trust has range of HR policies and procedures in place. Staff are aware of the requirement to raise any concerns about patient care and anything that may affect them personally in fulfilling their duties. Staff are required to provide examples of how they have demonstrated a positive commitment to the Trust's shared values and behaviours and to equality, diversity and inclusion. MIAA review recruitment as part of ongoing audit cycle to provide external assurance on compliance with policy and procedure.
No FS maps to this regulation	20 - Duty of candour	Open and transparent with people who use services/people acting lawfully on their behalf. Promote culture of openness, transparency at all levels, with focus on safety to support organisational and personal learning. Actions taken to ensure bullying and harassment is tackled in relation to duty of candour.	**Safe**	Quality Committee	DoNMG		Electronic reporting system, Datix, includes mandatory field to confirm compliance with Duty of Candour. Compliance included in serious incident Board report. Training is provided to staff within the following training programmes: • Trust's induction. • Mandatory training • Root cause analysis training There are a number of routes for raising concerns across the Trust, including speak in confidence electronic system launched in 2016-17 as a route for staff to report concerns anonymously and telephone hotline. Assistant Director of Patient Safety appointed as Freedom to Speak Up Guardian, with additional guardians to ensure staff have wide access. Regular reports in relation to Freedom to Speak Up are presented to the Quality Committee to provide assurance that issues raised are addressed. CQC confirmed in their inspection report that the Trust has good systems in place to fulfil its obligations in relation to the Duty of Candour Regulations.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
No FS maps to this regulation	20A - Requirement as to display of performance assessments	Notify via all websites and in each premise where services are provided the latest CQC rating, including principal premises. The information is to include the CQC's website address and where the rating is to be found and for each service/premise the rating for that service/premise.	**Responsive,** Well-led	Executive	DoCS		Ratings available on internet with links to the full reports using the CQC widget. Full list of clinics and sites where services provided collated for staff to display ratings in individual clinics.

Mersey and West Lancashire Teaching Hospitals NHS Trust

Title of Meeting	**Trust Board**		**Date**	27 March 2024
Agenda Item	**MWL TB24/025**			
Report Title	Elimination of Mixed Sex Accommodation Annual Declaration			
Executive Lead	Sue Redfern, Director of Nursing, Midwifery and Governance			
Presenting Officer	Sue Redfern, Director of Nursing, Midwifery and Governance			
Action Required	X	**To Approve**		**To Note**

Purpose

To provide information to the Trust Board that the Trust (MWL) has complied with the national guidance to eliminate mixed sex accommodation

Executive Summary

All trusts are required to make an annual declaration confirming compliance with the guidance in relation to elimination of mixed sex accommodation and the provision of appropriate single-sex facilities. The annual declaration must be published on the Trust website.

No breaches were declared in 2023-24 for STHK sites, there were 57 breaches at Southport hospital, all of which were a result of delays in step down of patients from the intensive care unit who met the clinical criteria to be transferred to a ward .

The Trust continues to implement the Provision of Same Sex Accommodation Policy in order to prevent any breaches.

Financial Implications

None noted

Quality and/or Equality Impact

None noted

Recommendations

The Trust Board is asked to approve the Elimination of Mixed Sex Accommodation Annual Declaration for uploading to the Trust website.

Strategic Objectives

X	**SO1** 5 Star Patient Care – Care
X	**SO2** 5 Star Patient Care - Safety
	SO3 5 Star Patient Care – Pathways`
	SO4 5 Star Patient Care – Communication
X	**SO5** 5 Star Patient Care - Systems
	SO6 Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

Eliminating Mixed Sex Accommodation Declaration

1. Background

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

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

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

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

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

2. Declaration of Compliance

2.1. The Trust Board of Mersey and West Lancs Teaching Hospitals NHS Trust confirms that mixed sex accommodation has been virtually eliminated within all its hospitals, except where it is in the overall best interest of the patient or reflects their personal choice.

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

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

2.4. If our care should fall short of the required standard, the Trust will report it. Mersey and West Lancs Teaching Hospitals NHS Trust have assurance mechanisms in place to monitor compliance, the management structure to manage any breaches and the desire to ensure we are communicating to patients and the public that we are continuing to meet our commitment to providing same-sex accommodation.

2.5. The Trust board monitors compliance with mixed sex accommodation compliance monthly as reported in the integrated performance report (IPR).

3. Data collection and performance

3.1. There were 57 breaches at Southport hospital in 2023-24. All of which related to delayed transfer of patients out of the ICU due to wards, which were delayed due to bed capacity.

4. Current Situation

4.1. Gender mixing only occurs within critical care units and the emergency department. This is in line with the overall best interests' criteria stated by the CNO.
4.2. All adult in-patient wards are either single sex, or where they are mixed sex, areas within the ward are designated as male or female, with separate designated toilets and bathrooms. Where admissions and transfers may potentially cause a mixed sex breach ward teams are able to move patients to prevent this.
4.3. Children, young people, and their parents will be asked at time of admission if they wish to be cared for with others of a similar age in a single sex bay or in a single room. This preference is used to determine where to place a child or young person in our children's wards.
4.4. Any changes proposed to the ward environment include a risk assessment to ensure that the requirements for single sex accommodation can continue to be met.
4.5. The Trust's Provision of Same Sex Accommodation Policy was updated in 2020 and is available for staff on the Trust's intranet.

5. Patient experience

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

6. Recommendation

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

Ends

Title of Meeting	**Trust Board**		**Date**	27 March 2024
Agenda Item	**MWL TB24/026**			
Report Title	2023 Staff Survey Report and Action Plan			
Executive Lead	Anne-Marie Stretch, Deputy CEO/ Director of HR			
Presenting Officer	Anne-Marie Stretch, Deputy CEO/ Director of HR			
Action Required		**To Approve**	X	**To Note**

Purpose

To provide the Trust Board with an overview of the results of the first MWL Staff Survey results for 2023 and the key outcomes and supporting actions that the trust will be focusing on during 2024.

Executive Summary

The 2023 Staff Survey was the first to be completed as MWL and took place between September and November 2023. Initial results were made available in December under embargo with full national results published on 7 March 2024. The staff survey questions are organised to reflect employee satisfaction across the seven elements of the People Promise, plus two further dimensions – Staff Engagement and Morale.

As this is the first survey as MWL, there is no MWL historical data to compare so these results should be seen as a baseline for further activity that can support the development of the new organisation. Our survey provider, IQVIA, has aggregated the scores of the legacy organisations to provide a limited retrospective view for 2022, however this does not take into account the scores of the individual Trusts.

The results across MWL are broadly positive and the Trust scored above the national average in all dimensions except 'We work flexibly'. MWL has also scored in the top half of Trusts in most areas across the NW and Cheshire & Merseyside. There are very positive scores around appraisals and recommendations to work or be treated at MWL. There is still work to be done across the Trust in relation to ED&I and line management skills and behaviours.

As the legacy organisations approached the staff survey data in very different ways it is proposed that a new approach is adopted whereby the staff survey information is used in conjunction with other HR and service metrics to inform a multidisciplinary action approach to improve staff and patient satisfaction.

Important Note: Due to a national data quality issue the results for the dimension 'We are safe and healthy' are not currently available and therefore not included here. These will be reported separately once available.

Financial Implications

None directly from this paper.

Quality and/or Equality Impact

This report supports the Trust's duties under the NHS Workforce Plan (People Promise), Equality Act 2010, the NHS contract.

Recommendations	
The Board is asked to note the 2023 Staff Survey Report and action plan.	
Strategic Objectives	
X	**SO1** 5 Star Patient Care – Care
X	**SO2** 5 Star Patient Care - Safety
	SO3 5 Star Patient Care – Pathways`
	SO4 5 Star Patient Care – Communication
	SO5 5 Star Patient Care - Systems
	SO6 Developing Organisation Culture and Supporting our Workforce
X	**SO7** Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

Mersey and West Lancashire Teaching Hospitals NHS Trust
2023 NHS Staff Survey Report

1. BACKGROUND

The NHS Staff Survey is the world's largest annual workforce survey. In the 2023 survey 707,460 NHS staff took part nationally, the largest response to date.

Since 2021 the questions in the NHS Staff Survey are aligned to the People Promise and two additional themes, staff engagement and morale. The MWL results against these themes are given in this paper. The Staff Survey provides a consistent and standardised framework to understand, measure and improve employee experience.

The National Staff Survey for MWL ran from 2 October to 24 November 2023. 228 NHS organisations in England took part in the NHS Staff Survey, of which 122 were included in our benchmarking group – Acute and Community Trusts.

A separate survey was also conducted for bank workers. This survey was delivered and reported separately to the substantive staff survey and is currently being reviewed by the temporary workforce team.

For the main survey, full-time and part-time staff were invited to participate, with over 3,900 responses received. The data generated is used for the purposes of the Care Quality Commission (CQC) monitoring assessments and by other NHS bodies such as the Department of Health which looks at a range of employee metrics including ED&I.

This is the first year that the survey has run for MWL following the formal merger on 1 July 2023. To allow a limited retrospective view of performance, our survey provider, IQVIA, did an aggregate of scores from the legacy organisations for the 2022 survey to form an MWL for 2022. Please note that this was a simple sum of the two scores for each question, this does not consider the separate scores for the legacy organisations but does give an indication of how MWL has performed over a two-year data set. Because of this situation, the historical data for the legacy organisations before 2022 cannot be compared in this report.

Staff were either invited to complete on-line or via postal questionnaires which were distributed to staff by hand through the Trusts' network of Staff Survey Champions. Those staff provided a postal questionnaire could respond either by post, using a pre-paid envelope provided by the provider, or online using the web link included in the invite letter. Two reminders were sent; a first reminder letter or email and a further mailing which included a repeat full questionnaire or electronic link to it.
The results were published nationally on 7 March 2024 when the embargo on sharing the results was lifted.

All results are available through the Survey Coordination Centre website.

2. QUESTIONNAIRE CONTENT

2.1 Results are reported both as individual question responses and against the People Promise themes. The People Promise from part of the NHS People Plan and sets out, in the words of NHS staff, the things that would most improve their working experience and is made up of seven elements:

The themes are scored on a 0 to 10-point scale. A higher score indicating a more positive (better) result.

Some questions change each year and the changes to the question set for 2023 are outlined in Appendix 1.

The list of questions feeding into each People Promise theme and the additional themes of Staff Engagement and Morale and the sub themes are presented in Appendix 2.

The elements, themes, and sub-scores are reported with only two years of trend data for the reasons given in Part 1 to this report above.

In addition to the themes, question-level data is presented in the updated benchmark reports for all questions included in the core questionnaire. The question-level results are reported as percentages.

As part of the survey staff are given the opportunity to provide free text responses to two additional questions. This information is not yet available from the survey provider.

3. RESPONSE RATE

3.1 MWL

3924 completed questionnaires were returned from a workforce of **10,397**. A response rate of **38.2%.** This was a **2%** decrease against STHK's response rate and a 4% increase on S&O's 2022 response rate and represents a significantly larger number of overall responses. When looking at the national picture, average national response rate for was 47% for the benchmarking group of Acute and Acute & Community Trusts.

3.2 Respondent Demographics

The 3924 respondents comprised the following groups:

Gender	%
Female	77.9
Male	19.6
Non-binary	0.2
Prefer to self-describe	2.2
Prefer not to say	1.8

Age	%
66+	2.7
51-65	36.8
41-50	24.4
31-40	22.3
21-30	13.5
16-20	0.3

Ethnicity	%
White	87.7
Mixed/Multiple ethnic background	1
Arab	0.3
Asian/Asian British	8.6
Black/African/ Caribbean/Black British	2
Other ethnic groups	0.8

Sexual orientation	%
Heterosexual or straight	91.8
Gay or lesbian	2.6
Bisexual	1.5
Other	0.4
Prefer not to say	3.8

Occupational Group	%
Registered Nurses and Midwives	28.5%
Nursing or Healthcare assistants	7.3%
Medical and Dental	6.0%
Allied Health Professionals / Healthcare Scientists / Scientific and Technical	18.7%
Social Care	0.1%
Public Health	0.2%
Admin and Clerical	18.2%
Central Functions	8.1%
Maintenance	6.1%
General Management	7.1%

Religion	%
No religion	32.2
Christian	58.5
Buddhist	0.6
Hindu	0.1
Jewish	0.1
Muslim	1.1
Sikh	0.1
Other	1.4
Prefer not to say	4.0

Physical or mental health conditions	%
Yes	26.8
No	73.2

When you joined this organisation, were you recruited from outside of the UK?	%
Yes	5.7
No	93.
Prefer not to say	0.6

Care Group/ Directorate	Staff Headcount	Respondents	Response %
Clinical Support Services	1272	611	48%
Medical Care Group	1916	574	30%
Surgical Care Group	1833	562	31%
Planned Care Division	1087	327	30%
Human Resources	393	291	74%
Medicine and Emergency Care	1029	262	25%
Specialist Services	683	253	37%
Community Services	558	228	41%
Corporate	306	207	68%
Capital and Facilities	391	183	47%
Finance & Information Director	215	133	62%
IM+T Directorate	191	92	48%
Medirest	331	82	25%
Corporate Nursing	113	63	56%
Non-Clinical Support	41	26	63%
Chief Executive Offices	19	18	95%
Research & Development	19	12	63%

4.0 RESULTS

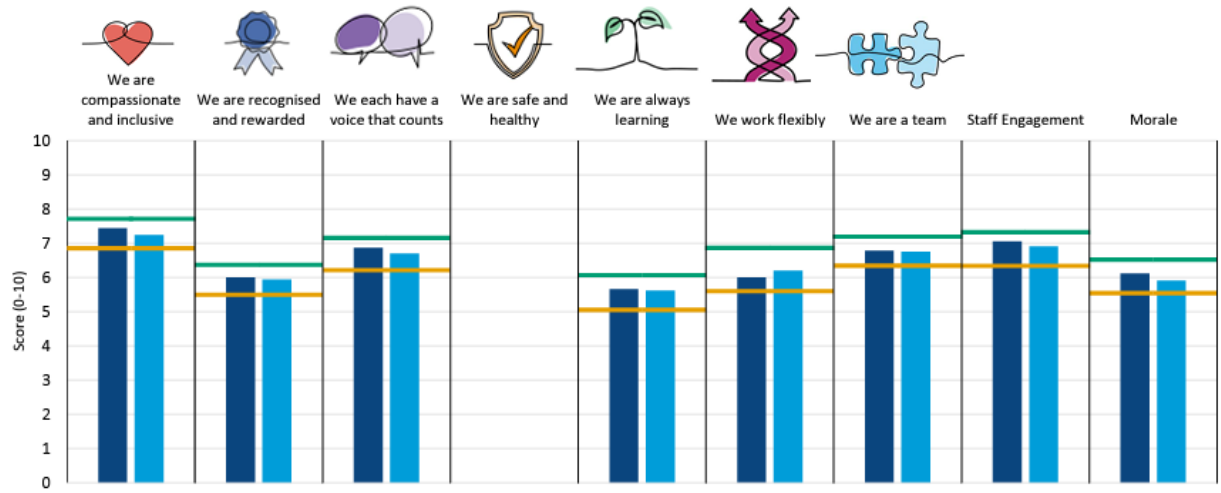
To support benchmarking of performance, the results for all organisations are presented within one of the following 9 national benchmarking groups:

- Acute and Acute & Community Trusts
- Acute Specialist Trusts
- Mental Health & Learning Disability Community Trusts
- Community Trusts
- Ambulance Trusts
- Integrated Care Boards
- Commissioning Support Units
- Social Enterprises - Mental Health
- Social Enterprises - Community
- Community Surgical Services

Each group comprises the data for 'like' organisations, weighted to account for variations in individual organisational structure. MWL are in the group Acute and Acute & Community Trusts. The number of organisations in this group has decreased from 124 in 2022 to 122 in 2023. This is due to the creation of MWL and Somerset NHS FT from two legacy organisations in each case.

Performance of the Trust against its benchmark group for all themes is shown below:

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.44	6.01	6.86	-	5.65	6.00	6.78	7.05	6.12
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	3906	3908	3855	-	3766	3862	3895	3913	3912

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Theme Comparison 2022 – 2023

A comparison of performance, where available, from 2022 to 2023 is shown below.

5 out of the 9 themes have improved since 2022 based on the comparison of 2023 data with the aggregate scores from the legacy Trusts 2022 surveys.

Promise/Theme	2022	2023	Change
Staff engagement	7.08	6.99	↓
Morale	5.95	6.03	↑
We are compassionate and inclusive	7.50	7.45	↓
We are recognised and rewarded	5.77	5.86	↑
We each have a voice that counts	6.90	6.83	↓
We are safe and healthy	6.12	6.24	↑
We are always learning	5.45	5.65	↑
We work flexibly	5.63	5.69	↑
We are a team	6.64	6.57	↓

4.2.1 Staff Engagement & Morale Themes

Staff Engagement Theme 2023

MWL preformed above the national average for all but one sub theme within this sector, Involvement.

Staff Engagement is calculated as an average from the scores of the following three sub-themes:

Motivation	MWL is preforming above the national average for this sub theme as well as all questions in this sub theme. Areas of lowest performance or decrease in positive scores included Obstetrics 409 and Pathology 347. Areas that showed the highest positive scores in this area include B&P Medical Department 409 and HWWB 409
Involvement	Initial analysis showed that areas of concern include Capital and Facilities 347 and Medirest 409. Areas that responded most positively include COPD 409 and Community Management 409.
Advocacy	Areas of lowest performance included Capital & Facilities 347, Medicine and Emergency Care 347.

Morale theme 2023

MWL is preforming above the national average for this theme, as well as the sub themes and questions.

Morale is calculated as an average from the scores of the following three sub-sections:

Thinking about leaving	Areas of support to improve: Pharmacy Departments 347, Support Services 349, Pathology (S&O) 409 and Paediatrics 409.

	Medical Secretaries Whiston 409, Orthopaedic Medical 409, Hotel Services Whiston 409, Radiology 409 and Rehabilitation 347 have all scored highly.
Work pressure	Areas of lowest performance included: Pharmacy Departments, Support Services, Paediatrics and Medicines Management. Scores by S&O saw a large increase from 2022 to 2023.
Stressors	Areas of support to improve: Pharmacy Departments 347 and Genito Urinary 347

4.2.2 Promise element 1: We are compassionate and inclusive

MWL performed above average across this theme although it was just below average for the Compassionate Leadership sub-theme. Teams identified as from legacy S&O had a large percentage increase in all these questions in this theme.

Compassionate culture	Areas of lowest performance included Community Midwifery Team 409, Ward 2 E Obstetrics Team 409, Ward A Team 409, Surgical Division Medical Secretaries ODGH 347 and Access and Performance Department 347.
Compassionate leadership	Areas needing further investigation: Pharmacy Departments 347, Support Services 347, Pathology Southport & Ormskirk 409, Pathology Biochemistry 409, Burns Nursing 409 and Orthopaedic Medical 409
Diversity and equality	Areas to look at for good practices are: Sexual Health St Helens Team 409, Surgical Nurse Management 347, Admin Service Coordinator Team 409, Ward C AMU Team 409, Medical and Surgical Rehabilitation 347 and Treatment Centre 347
Inclusion	Areas of lowest performance: Pharmacy Departments 347, Support Services 347, Genito Urinary 347and Medicines Mgmt 409

4.2.3 Promise element 2: We are recognised and rewarded

There are no sub-themes in this element.

MWL is above the national average.

Performance is worse in: Pharmacy Departments 347, Support Services 347 and Pathology Southport & Ormskirk 409. S&O saw increases in all questions within this theme.

4.2.4 Promise element 3: We each have a voice that counts

MWL scored above the average across this theme.

Autonomy and control	Although MWL scored slightly higher than the national average, 3 of the 7 questions responded lower than the national average. Further analysis showed that staff based at St Helens and Knowsley responded less favourably than 2022 whilst those based at Southport and Ormskirk responded more favourably compared to 2022. Responses to staff feeling that they are trusted to do their job decreased across all sites. Services having the biggest negative impact on this theme include Obstetrics 409, Paediatrics 409, Facilities 347, COE 409 & Pharmacy 347.
Raising concerns	MWL is above the national average in this area reporting 6.72 v 6.41 nationally on sub-theme scores. The aggregate scores for MWL however have seen staff responding that they are feeling less confident that the organisation will address concerns when compared to 2022 (61% in 2022 to 60% in 2023 for this question). The figure for feeling secure about raising concerns about unsafe practice has dropped from 72% to 70% this year. Initial analysis showed that staff based in St Helens and Knowsley sites responded less favourably than 2022 (68.7% to 67.7% positive scores as an average of the questions) but remained significantly better than staff based at Southport and Ormskirk which saw a slight increase in positive scores (53.7% to 54.6%). Clinical areas such as Medicine and Emergency Care 347 and Clinical Support Services (across MWL) scored lower for 'Raising concerns' and will need to look at the reasons behind this.

4.3.3 Promise element 5: We are always learning,

Development	Although MWL score is slightly above the national average, and the aggregate question scores have improved since 2022 the individual questions scored slightly less than the national average. Areas that responded positively in this area included B&P Medical 409 and Strategic Resourcing 409.
Appraisals	This sub theme saw the biggest improvement since 2022 and remains higher than the benchmark average. Staff recording that they have had an appraisal in the last 12 months has increased by 3% since 2022. An increased number of staff reported that they felt that the appraisals made them feel valued, helped them set clear objectives and helped them do their job. Analysis shows that staff across all sites responded positively to this theme. Further focus is required Trust wide on the quality of appraisal conversations to ensure that they help staff do their job.

4.3.4 Promise element 6: We work flexibly

Support for work-life balance	MWL aggregated performance saw an increase in staff reporting that they feel the organisation is committed to helping them achieve a positive balance between work and home life. However, MWL scores are lower than the national average and responses to staff feeling that they can approach their manager to discuss flexible working is amongst the lowest in the region. Areas where this scored lowest include Emergency and Critical Care 347 (43.5%), Pathology and Biochemistry 409 (41.7%) and Hotel Services 409 (20%).
Flexible working	Although there was an increase in those suggesting that there are opportunities for flexible working compared to 2022 this remains below the sector average and will be an area that is continued to be focused on during this year. Initial analysis is showing that areas such as Obstetrics 409, COE 409 and Emergency Care 347 as well as staff groups such as Add Prof Scientific and Technical, Additional Clinical Services and Estates and Ancillary are reporting particularly negative for this area. These areas were showing below average in 2022 as well.

4.3.5 Promise element 7: We are a team

MWL is responding more favourably than the national average across this theme.

Team working	All questions in this sub theme scored above the national average. MWL scored above the average sector score Trust score for all questions in this sector. When compared to MWL 2022 aggregate score 2023 saw an improvement in this sub theme particularly around questions such as teams working well together. Areas that require further focus include Estates 347 and Medirest 409.
Line management	MWL scored slightly under the national average for this sub theme. Initial analysis shows that St Helens and Knowsley sites have felt less satisfied in this area than staff based at Southport and Ormskirk who appeared to show a slight improvement in this area.

5.0 CONCLUSIONS AND NEXT STEPS

The results for MWL for its first survey as a new Trust show a positive outcome. The Trust has scored above average in 68 out of 104 questions and in 7 out of 8 themes (without the results yet for ‘We are safe and healthy’.

Only the People Promise theme of ‘We work flexibly’ scored below the national average (6.0 MWL v 6.84 National). The scores seem to be evenly distributed across all sites of the Trust.

Some of the key actions highlighted from the initial assessment of the staff survey data include:

Theme or Action area	Action
We work flexibly	Continue to work through the Flexible working action plan which was shared with the Executive Committee in December 2023.
We are always learning	1. Improve the access to learning opportunities through a range of offers including the new career development platform due to be launched in April 2024. 2. Embed the appraisal process across the whole of MWL during the 2024 appraisal window thereby improving quality. Appraisal training has increased to reflect the new process and, once the appraisal bot has been fully tested with the ESR merge it will be made available to legacy S&O staff to improve efficiency and compliance levels. 3. Continue to develop career pathways for a wider range of roles across the Trust.
We are compassionate and inclusive	Embed the new values and behaviours and create a Trust wide offer of compassionate leadership and management training to improve the skills sets and behaviours of line managers.
Staff Engagement	Further analysis of the legacy Trust data to gain a clearer picture of the actions required for this theme; specifically focusing on Involvement.
Equality and Diversity	We will work with each Team identified in the survey as having 15% or more negative response rate compared to the Trust average, for the discrimination, harassment, and sexual harassment questions.
Service specific support	The staff survey highlighted some services/departments that have consistently flagged low scores across a range of themes/questions: • Obstetrics 409 • Care of Elderly Nursing 409, • Paediatrics 409, • Estates and Facilities 347, • Medirest 409, • Emergency and Critical Care 347, • Pharmacy Department 347. The OD team will develop a targeted intervention plan for each of these areas utilising other workforce and performance data.
Publicising the Staff Survey results	Initial comments have been shared by the CEO and the L&OD team will do a 'team takeover' of Trust Brief Live on Thursday 15 March. Further plans for dissemination of results include: • Organisation level posters showing our top results based by theme and the strategic focus for the next 12 months. Posters for each directorate and area of concern, showing their top results by theme and areas on which they need to take an immediate focus. • The management and full reports uploaded and available on the Intranet. • Access to an easy to use, interactive dashboard available to all staff and managers allowing interrogation of data – the timing of this is dependent on the ability of legacy S&O colleagues being given wider access to Power BI. In the meantime we can give access on a smaller scale to relevant

	managers. • Summary of findings and suggested areas of focus at Team Brief. • Summary with links to staff survey pages on intranet on Global emails. • Copies of reports and actions to the local Staff Side representatives. • Publication in News 'n Views .

GOVERNANCE AND MONITORING OF THE STAFF SURVEY RESULTS

The Staff Survey results and associated actions will be reported and monitored on a quarterly basis at Valuing our People Council. Reporting into that Council a new group will be formed, replacing the previous Staff Survey Operational Group named Organisational Development Multi-Disciplinary Group. This group will expand upon the work of the Staff Survey Operational Group and will seek to use the staff survey data in conjunction with workforce metrics to continuously drive improvement.
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7.0 ACTION REQUIRED BY THE TRUST BOARD

The Trust Board are asked to note the content of this report.

Appendix 1

Changes to the 2023 NHS Staff Survey questionnaire

This document summarises the changes made to the 2023 NHS Staff Survey questionnaire from the previous year (2022). This is for both the main survey and the survey for Bank only workers.

Main Survey

New questions for 2023:

Section	Question
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	
	17. In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault.
	22. To what extent does the following statement apply to you? I can eat nutritious and affordable food while I am working. Please note, this could be food you buy or prepare yourself.
BACKGROUND INFORMATION	
	33. Thinking about your current role, how often, if at all, do you work at/from home?

Questions removed from last year's survey (2022):

Section	Question
YOUR EXPERIENCE DURING THE COVID-19 PANDEMIC	
	25a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?
	25b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?
	25c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?
Section	Question

YOUR EXPERIENCE DURING THE COVID-19 PANDEMIC	
	30a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time.
	30b. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?
YOUR HEALTH, WELL-BEING AND SAFETY AND WORK	
	Follow up questions to 25a.“In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?”
	25b. Why not?
	25c. Would an appraisal help you to do your job better?

Appendix 2: People promise elements and themes

People Promise elements, themes and sub-scores

Survey Coordination Centre NHS

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	**Sub-scores**	**Questions**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q26d, Q31b		

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Appendix 3. Theme performance at Regional and ICB level (no. of Trusts in brackets).

		NW (18)		C&M (8)	
PP Element / Theme	MWL Score	Best in NW	MWL RANKING	Best In C&M	MWL RANKING
We are compassionate and inclusive	7.44	7.63	4th	7.63	4th
We are recognised and rewarded	6.01	6.18	Joint 8th	6.18	4th
We each have a voice that counts	6.86	7.06	4th	7.06	4th
We are safe and healthy	6.3	NA	NA	NA	NA
We are always learning	5.65	5.81	Joint 5th	5.81	4th
We work flexibly	6	6.56	Joint 13th	6.56	Joint 5th
We are a team	6.78	6.95	8th	6.95	5th
Staff engagement	7.05	7.24	3rd	7.24	3rd
Morale	6.12	6.23	5th	6.23	4th

Appendix 4 - Example communications to Divisional Leads

END

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

Mersey and West Lancashire Teaching Hospitals NHS Trust

2023 Staff Survey

Introduction

During October and November 2023, all NHS organisations in England took part in the NHS Staff Survey. All full-time, part-time and bank staff were invited to participate.

The results were published on 7th March 2024.

Mersey and West Lancashire Teaching Hospitals Trust

Completed questionnaires 3924

2023 response rate 38%

Acute and Acute & Community Trusts

Survey details

Survey mode Mixed

2023 benchmarking group details

Organisations in group: 122

Median response rate: 45%

No. of completed questionnaires: 477643

Respondent data

Gender	%
Female	77.9
Male	19.6
Non-binary	0.2
Prefer to self-describe	2.2
Prefer not to say	1.8

Age	%
66+	2.7
51-65	36.8
41-50	24.4
31-40	22.3
21-30	13.5
16-20	0.3

Ethnicity	%
White	87.7
Mixed/Multiple ethnic background	1
Arab	0.3
Asian/Asian British	8.6
Black/African/ Caribbean/Black British	2
Other ethnic groups	0.8

Sexual orientation	%
Heterosexual or straight	91.8
Gay or lesbian	2.6
Bisexual	1.5
Other	0.4
Prefer not to say	3.8

Occupational Group	%
Registered Nurses and Midwives	28.5%
Nursing or Healthcare assistants	7.3%
Medical and Dental	6.0%
Allied Health Professionals / Healthcare Scientists / Scientific and Technical	18.7%
Social Care	0.1%
Public Health	0.2%
Admin and Clerical	18.2%
Central Functions	8.1%
Maintenance	6.1%
General Management	7.1%

Significant changes to questionnaire content & reporting

Question changes

- 2 new **Health, well-being and safety at work** questions
- 4 new **background information** questions
- 3 questions around **experience during the covid-19 pandemic** have been removed
- 2 questions have been modified

Reporting

- Data is presented for the People Promise elements that were introduced in 2021 and continues to include scores for sub-scores in addition to theme and question scores.
- National Issue with the We are safe and healthy Theme, sub theme Negative experiences and Health and safety climate.

Themes

- Themes continue to align to the People Promise
- With the additional themes :-
    - ✓ Staff Engagement
    - ✓ Morale

Theme performance at Regional and at ICB level when compared to Acute Trusts

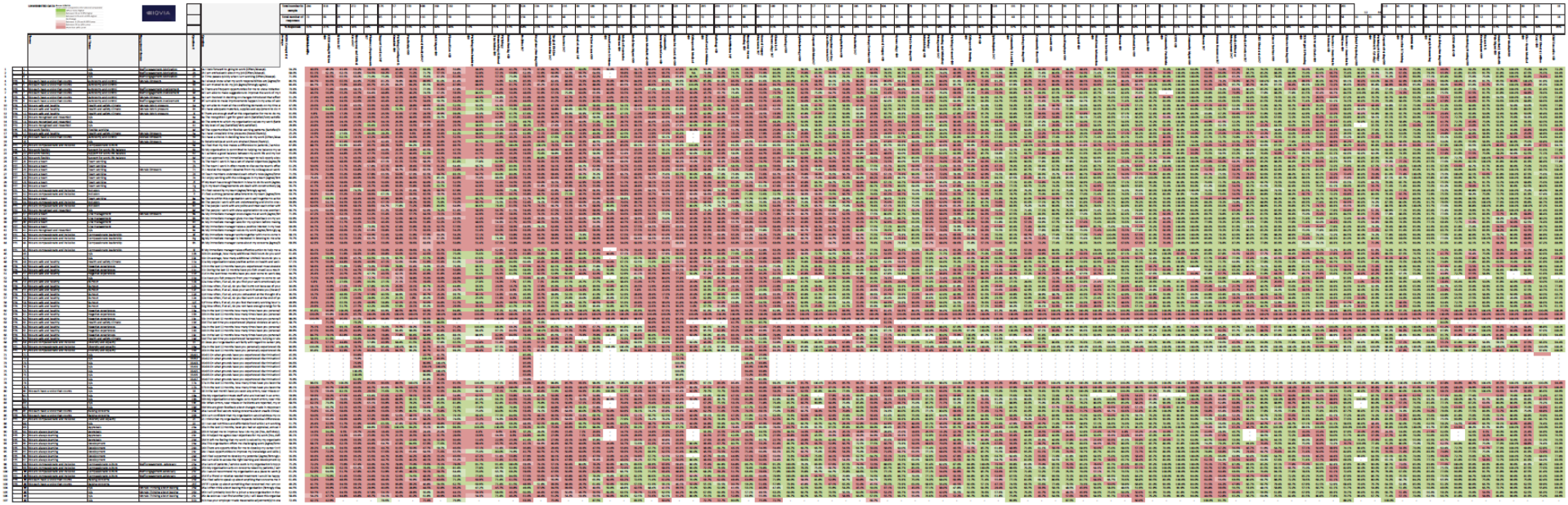
	North West				Cheshire and Mersey			
PP Element / Theme	MWL	Best	BEST TRUST In NW	MWL RANKING	MWL	BestScore in C&M	BEST TRUST In C&M	MWL RANKING
We are compassionate and inclusive	7.44	7.63	Alder Hey Children's NHS Foundation Trust	4th	7.44	7.63	Alder Hey Children's NHS Foundation Trust	4th
We are recognised and rewarded	6.01	6.18	Mid Cheshire Hospitals NHS Foundation Trust	Joint 8th with University Hospitals of Morecambe Bay NHS Foundation Trust	6.01	6.18	Mid cheshire NHS Trust	4th
We each have a voice that counts	6.86	7.06	Mid Cheshire Hospitals NHS Foundation Trust	4th	6.86	7.06	Mid cheshire NHS Trust	4th
We are safe and healthy	6.3	NA	NA	NA	6.3	NA	NA	NA
We are always learning	5.65	5.81	Mid Cheshire Hospitals NHS Foundation Trust	Joint 5th with East Lancashire Hospitals NHS Trust	5.65	5.81	Mid cheshire NHS Trust	4th
We work flexibly	6	6.56	Mid Cheshire Hospitals NHS Foundation Trust	Joint 13th with Wirral University Teaching Hospital NHS Foundation Trust	6	6.56	Mid cheshire NHS Trust	Joint 5th with Wirral University Teaching Hospital NHS Foundation Trust
We are a team	6.78	6.95	Mid Cheshire Hospitals NHS Foundation Trust	8TH	6.78	6.95	Mid cheshire NHS Trust	5th
Staff engagement	7.05	7.24	Alder Hey Children's NHS Foundation Trust	3rd	7.05	7.24	Alder Hey Children's NHS Foundation Trust	3rd
Morale	6.12	6.23	Mid Cheshire Hospitals NHS Foundation Trust	5th	6.12	6.23	Mid cheshire NHS Trust	4th

MWL key sub-theme scores against NW and C&M

North West (NW)					
PP Element / Theme	Subscore	MWL	BEST	BEST TRUST NW	MWL RANKING
We are compassionate and inclusive	Compassionate culture	7.42	7.78	Alder Hey Children's NHS Foundation Trust	2nd
We each have a voice that counts	Raising concerns	6.72	6.95	Alder Hey Children's NHS Foundation Trust	3rd behind Mid cheshire
Staff engagement	Advocacy	7.21	7.69	Alder Hey Children's NHS Foundation Trust	2nd
Morale	Work pressure	5.56	5.66	Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	5th

Cheshire & Mersey (C&M)					
PP Element / Theme	Subscore	MWL	BEST	BEST TRUST C&M (Which Trust has Best Score)	MWL RANKING
We are compassionate and inclusive	Compassionate culture	7.42	7.78	Alder Hey Children's NHS Foundation Trust	2nd
We each have a voice that counts	Raising concerns	6.72	6.95	Alder Hey Children's NHS Foundation Trust	3rd
Staff engagement	Advocacy	7.21	7.69	Alder Hey Children's NHS Foundation Trust	2nd
Morale	Work pressure	5.56	5.56	Joint 1st with Warrington and Halton Teaching Hospitals NHS Foundation Trust	1st

Detailed data analysis



MWL vs Legacy Orgs for Themes

Theme	2023 MWL	2023 National Average	2022 STHK	2022 S&O	2022 National Average
We are compassionate and inclusive	7.4	7.24	7.6	6.9	7.2
We are recognised and rewarded	6	5.94	6	5.5	5.7
We each have a voice that counts	6.9	6.7	7.1	6.4	6.6
We are safe and healthy	NA	6.06	6.2	5.9	5.9
We are always learning	5.7	5.61	5.6	4.9	5.4
We work flexibly	6	6.2	6	5.9	6
We are a team	6.8	6.75	6.9	6.4	6.6
Staff engagement	7.1	6.91	7.2	6.5	6.8
Morale	6.1	5.91	6.1	5.6	5.7

MWL vs Legacy Orgs for Sub-Themes

PP Element / Theme	Subscore	MWL 2023	National 2023	STHK 2022	S&O 2022	National 2022
We are compassionate and inclusive	Compassionate culture	7.42	7.06	7.60	6.60	7.00
We are compassionate and inclusive	Compassionate leadership	6.93	6.96	7.10	6.50	6.80
We are compassionate and inclusive	Diversity and equality	8.40	8.12	8.50	8.00	8.10
We are compassionate and inclusive	Inclusion	7.00	6.86	7.20	6.70	6.80
We are recognised and rewarded		6.01	5.94	6.00	5.50	5.70
We each have a voice that counts	Autonomy and control	7.00	6.99	7.10	6.70	6.90
We each have a voice that counts	Raising concerns	6.72	6.41	7.00	6.10	6.40
We are safe and healthy	Health and safety climate	5.70	NA	5.70	5.10	5.20
We are safe and healthy	Burnout	5.18	5.00	5.10	4.90	4.80
We are safe and healthy	Negative experiences	8.01	NA	7.90	7.70	7.70
We are always learning	Development	6.46	6.44	6.60	5.90	6.30
We are always learning	Appraisals	4.83	4.74	4.70	4.00	4.40
We work flexibly	Support for work-life balance	6.15	6.25	6.20	6.00	6.10
We work flexibly	Flexible working	5.85	6.15	5.80	5.80	6.00
We are a team	Team working	6.79	6.68	6.90	6.40	6.60
We are a team	Line management	6.77	6.80	6.90	6.40	6.70
Staff engagement	Motivation	7.09	7.04	7.20	7.00	7.00
Staff engagement	Involvement	6.85	6.86	7.00	6.50	6.80
Staff engagement	Advocacy	7.21	6.74	7.40	6.20	6.60
Morale	Thinking about leaving	6.34	6.06	6.40	5.80	5.90
Morale	Work pressure	5.56	5.31	5.50	4.80	5.00
Morale	Stressors	6.45	6.38	6.60	6.10	6.30

Key areas of improvement 2022-2023

Question	2022 MWL Score	2023 MWL Score	Improvement	Actions in the past 12 months
3i There are enough staff at this organisation for me to do my job properly (Agree/Strongly agree).	29.80%	35.20%	5.50%	The STHK academy was developed to increase the supply of well-trained healthcare support workers into the clinical workforce. Recruitment drive to ensure zero vacancies. Ongoing success of the Preceptorship Champions.
14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (Never).	73.10%	78.10%	4.90%	A managerial action log has been put together which will give guidance to managers on what to do should one of their staff members be abused. This links in with HWWB and supports requirements under H&S legislation also. A Physical Security Management Group has been established. Part of the agenda is to review incidents of assault, seek learning and any lessons. As part of the governance on this topic, regular meetings with policing counterparts will take place to ensure operation is effective. Body Cameras have been initiated into certain Clinical Areas. Early indications from staff are the effects are positive, having an assuring effect, and are reducing incidents. Data will be used to influence decisions of whether redeployment or further equipment is required in areas. Work with management in those areas will also be undertaken. Trust continues to offer Conflict Resolution Courses for staff to attend, in addition to the Mandatory Training element on Moodle.
23a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (Yes).	84.90%	88.10%	3.20%	Across MWL there was an increase in the number of people who had an appraisal and of those people there was an increase in the number that felt the quality of the appraisal has improved. 2023 included the first full appraisal winder for staff in legacy STHK and the roll out of appraisal bot which improved efficiency and quality of experience. There was an interface in the amount of appraisal training across the whole of MWL which focused on the quality of experience and was available both face to face and online.
25c I would recommend my organisation as a place to work (Agree/Strongly agree).	64.40%	67.50%	3.10%	Proactive sickness absence management activity such as welcome back conversations and welfare meetings are taking place, attendance management training for managers and early engagement of employees' absence due to musculoskeletal problems. Improved quality of appraisals and development reviews and greater uptake of appraisals. Greater access to rewards, benefits and recognition such as the new booklet outlining staff benefits, new Facebook pages, access to apprenticeships and other learning. Comprehensive improved health and wellbeing offer across the Trust.

2023-2024 pan-organisational areas of concern

Sub-Theme	Staff Survey Outcomes 2023
Flexible working	Although there was an increase in those suggesting that there are opportunities for flexible working compared to 2022 this remains below the sector average and will be an area that is continued to be focused on during this year. Initial analysis is showing that areas such as Obstetrics 409, COE 409 and Emergency Care 347 as well as staff groups such as Add Prof Scientific and Technical, Additional Clinical Services and Estates and Ancillary are reporting particularly negative for this area. These areas were showing below average in 2022 as well.
Support for work-life balance	MWL aggregated performance saw an increase in staff reporting that they feel the organisation is committed to helping them achieve a positive balance between work and home life. However, MWL scores are lower than the national average and responses to staff feeling that they can approach their manager to discuss flexible working is amongst the lowest in the region. Areas where this scored lowest include Emergency and Critical Care 347 (43.5%), Pathology and Biochemistry 409 (41.7%) and Hotel Services 409 (20%).

Cross organisational initiatives

Theme or Action area	Action
We work flexibly	Continue to work through the Flexible working action plan which was shared with the Executive Committee in December 2023.
We are always learning	1. Improve the access to learning opportunities through a range of offers including the new career development platform due to be launched in April 2024. 2. Embed the appraisal process across the whole of MWL during the 2024 appraisal window thereby improving quality. Appraisal training has increased to reflect the new process and, once the appraisal bot has been fully tested with the ESR merge it will be made available to legacy S&O staff to improve efficiency and compliance levels. 3. Continue to develop career pathways for a wider range of roles across the Trust. 4. Improving study leave processes across MWL to ensure equity of access to development opportunities. 5. Supporting staff to speak out safely and learning from incidents.
We are compassionate and inclusive	Embed the new values and create a Trust wide offer of compassionate leadership and management training to improve the skills sets and behaviours of line managers.
Staff Engagement	Focussed work with the departments identified to gain a clearer picture of the actions required for this theme; specifically focusing on Involvement.
Equality and Diversity	We will work with each Team identified in the survey as having 15% or more negative response rate compared to the Trust average, for the discrimination, harassment, and sexual harassment questions.

Areas with least positive scores

	**STHK** • Community Midwifery Team • Obstetrics Team • Ward A Team • AMU		**STHK** • Medical Care • Surgical Care • Obstetrics		**STHK** • Medirest
	S&O • Surgical Division Medical Secretaries ODGH • Access and Performance Department • Pharmacy Departments		**S&O**		**S&O** • Estates
	**S&O** • Pharmacy Departments • Support Services • Pathology Southport & Ormskirk		**S&O** • Capital and Facilities • Medicine and Emergency Care • Specialist Services		**STHK** • Obstetrics • Medirest
	STHK		**STHK**		**S&O** • Pathology • Capital and Facilities

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• Add Prof.
• Scientific and Technical
• Estates and Ancillary</td>
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Service/Team based initiatives

- The staff survey highlighted some services/departments that have consistently flagged low scores across a range of themes/questions:
- Obstetrics STHK
- Care of Elderly Nursing STHK,
- Paediatrics S&O,
- Estates and Facilities S&O,
- Medirest STHK,
- Emergency and Critical Care S&O,
- Pharmacy Department S&O.

The OD team will work with service leads to develop a targeted intervention plan for each of these areas utilising other workforce and performance data engaging other HR and Subject Matter experts as necessary.

Sharing the results

- Analysis shared with the CEO.
- The management and full reports available on the Intranet.
- L&OD team did a ‘team takeover’ of Trust Brief Live on Thursday 15 March, sharing a summary of findings and suggested areas of focus.
- Organisation level posters showing our top results based by theme and the strategic focus for the next 12 months. Posters for each directorate and area of concern, showing their top results by theme and areas on which they need to take an immediate focus.
- Access to detailed data via the easy to use, interactive dashboard available to all staff and managers allowing interrogation of data
- Summary with links to staff survey pages on intranet on Global emails.
- Copies of reports and actions to the local Staff Side representatives.
- Publication in News ’n Views.

Next Steps

GOVERNANCE AND MONITORING

Staff survey results have identified Trust-wide themes and specific service areas as needing further support, as previously described.

There are several other workforce and other metrics that could inform suitable interventions.
Proposed new working group, the Organisational Development Multi-Disciplinary Group to be established. Will analyse all the information working with the service managers and the Chief Operating Officer: This group will expand upon the work of the Staff Survey Operational Group and will seek to use the staff survey data in conjunction with workforce metrics to continuously drive improvement

Learning and Organisational Development has already engaged with several of the teams above and all teams will have had a meeting and identified any further action by end of April 2024.

-Staff Survey results and additional workforce metrics with associated actions will be reported and monitored on a quarterly basis at Valuing our People Council.

Mersey and West Lancashire Teaching Hospitals NHS Trust

Title of Meeting	**Trust Board**		**Date**	27 March 2024
Agenda Item	**MWL TB24/027**			
Report Title	Trust Objectives 2024/25			
Executive Lead	Ann Marr, Chief Executive			
Presenting Officer	Ann Marr, Chief Executive			
Action Required	X	**To Approve**		**To Note**

Purpose

For the Board to agree the proposed Trust objectives for 2024/25.

Executive Summary

1. This will be the first year that the Board will be setting trust objectives for MWL.
2. The objectives (appendix 1) are aligned to the Trust vision to deliver Five Star Patient Care: 5 representing the Five Star Patient Care criteria of care, safety, pathways, communication, and systems. A further 4 categories covering; organisational culture and support for the workforce; operational performance; financial performance, efficiency, and productivity; and strategic planning are also included.
3. There are 30 objectives proposed.
4. The Quality Account quality improvement objectives are incorporated into the proposed Trust objectives. These have been agreed following a consultation exercise with staff and stakeholders.
5. The 2024/25 Trust objectives will be launched at the Start of the Year Conference on 19 April 2024.

Financial Implications

Included in 2024/25 budgets

Quality and/or Equality Impact

Not applicable

Recommendations

The Trust Board is asked to approve the Trust Objectives for 2024/25.

Strategic Objectives

X	**SO1** 5 Star Patient Care – Care
X	**SO2** 5 Star Patient Care - Safety
X	**SO3** 5 Star Patient Care – Pathways`
X	**SO4** 5 Star Patient Care – Communication
X	**SO5** 5 Star Patient Care - Systems
X	**SO6** Developing Organisation Culture and Supporting our Workforce
X	**SO7** Operational Performance
X	**SO8** Financial Performance, Efficiency and Productivity
X	**SO9** Strategic Plans

Mersey and West Lancashire Teaching Hospitals NHS Trust

Proposed 2024/25 Trust Objectives

No	Objective	Lead Director	Measurement	Governance Route	Comments
1. 5 STAR PATIENT CARE – Care We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families					
1.1	Continue to improve the overall experience for women using the Trust's Maternity Services	DoN	• Demonstrable improvements in the key areas from previous national surveys shown through regular inhouse surveys and feedback from women receiving maternity care and delivery of the agreed action plan. • Create a MWL Maternity Strategy to support delivery of the national three-year maternity plan.	Quality Committee	Quality Account Improvement Priority
1.2	Ensure patients in hospital remain hydrated to improve recovery times and reduce the risk of deterioration, kidney injury, delirium, and falls.	DoN	• Monthly audits on every ward and ED to ensure all patients identified as requiring assistance with hydration have red jugs in place. • Monthly audits on every ward and ED to ensure fluid balance charts are up-to-date and completed accurately. • Quarterly audit of a sample of patients presenting with AKI to ensure appropriate treatment plans in place, including IV fluids/fluid balance	Quality Committee	Quality Account Improvement Priority
1.3	Launch and deliver the Trust wide *Nursing Pride* quality programme to support and deliver consistently high-quality compassionate care.	DoN	• Re-launch back to basics best practice programme by September 2024 • Measure improvement in nursing quality indicators in the IPR (Quality Committee CPR)	Quality Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			• Evaluate the impact of the programme via the new MWL ward accreditation scheme. • Achieve substantial assurance in the internal audit quality ward spot checks.		
2. 5 STAR PATIENT CARE – Safety **We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care**					
2.1	Continue to ensure the timely and effective assessment and care of patients in the Emergency Department.	COO	• % of patients with triage >15 minutes who have observations undertaken prior to triage • First clinical assessment median time of <2 hours over each 24-hour period • Compliance with the Trusts Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits. • Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring.	Quality Committee	Quality Account Improvement Priority
2.2	Reduce the incidence of methicillin-resistant Staphylococcus aureus (MRSA) healthcare associated bacteraemia infections to meet the zero-tolerance threshold and a 15% reduction of avoidable hospital onset MSSA bacteraemia's.	DoN/ Med D	• Maintain high levels of awareness and compliance with all IPC policies and best practice as evidenced by regular audits e.g., cannula care. • Deliver the agreed Peripheral Vascular Cannular improvement plan. • Align ANTT training and competencies across MWL and achieve 85% compliance.	Quality Committee	Quality Account Improvement Priority
3. 5 STAR PATIENT CARE – Pathways **As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient**					
3.1	Continue to improve the effectiveness of the discharge process for patients and carers.	COO	• Improved Inpatient Survey satisfaction rates for receiving discharge information.	Quality Committee	Quality Account Improvement Priority

No	Objective	Lead Director	Measurement	Governance Route	Comments
			• Improved audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet. • Achievement of 20% target for patients discharged before noon during the week.		
3.2	Cancer waiting time reductions.	COO/ Med D	• Achieve the NHS Faster Diagnosis Standard (FDS) for Cancer to ensure that 77% of patients referred with a suspicion of cancer have a this diagnosed or ruled out within 21 days of referral by March 2025. • Ensure that local pathways support the delivery of the FDS through the FDS Prioritisation Group. • Achieve the 62-day standard for Cancer to ensure that 82% of patients who receive a cancer diagnosis after an urgent suspected cancer referral are treated within 62 days by March 2025.	Finance and Performance Committee	
3.3	Implement unified clinical pathways across MWL, aligned to best practice guidance for SDEC, Fractured neck of femur and Day Case Surgery	Med D	• Patients follow the same pathway for common conditions irrespective of where they present across MWL	Quality Committee	
4. 5 STAR PATIENT CARE – Communication **We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services**					
4.1	1 Implement a new speech recognition system to improve the turnaround times for clinic letters.	DoI/MD	• Implement the new system and train staff in its use. • Achieve a 48-hour (working week) turnaround for urgent letters and 7 days for routine letters,	Finance and Performance Committee	
4.2	Continue to align the internal and external communications systems across MWL to ensure they are effective.	Deputy CEO	• Encourage and support staff to be part of the new MWL culture programme and to share stories, ideas, successes, and suggestions for improvement. • Develop innovative and creative digital communications channels to ensure staff and patients can access clear information conveniently and with ease.	Executive Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			• Enhance the use of digital and social channels and continue to grow engagement with staff, stakeholders, patients and people across all our communities		
4.3	To complete the implementation of technology to support and improve patient engagement, and experience with the trust	DoI	• To complete the implementation of phase 1 of the patient engagement portal (PEP), enabling patients to view their outpatient letters on the NHS app.	Finance and Performance Committee	
5. 5 STAR PATIENT CARE – Systems **We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes**					
5.1	To progress the convergence and unification of clinical digital systems to ensure collaborative working across MWL.	DoI	• To complete the procurement of a new EPR, so that the FBC is approved, and the contract signed. • To review clinical digital systems across the trust and understand the clinical prioritisation for system convergence and develop a programme that complements the EPR implementation programme. • To support the ongoing development of the St Helens Care Record, including the onboarding of additional places – Knowsley, Southport, Sefton, Halton, and the migration to the C&M cloud	Finance and Performance Committee	
5.2	Improve access to patient information via the implementation of Narrative Digital Clinical Documentation	DoI	• Clinicians can access the patient information they need. • Patient information entered electronically only entered once.	Finance and Performance Committee	
5.3	Achieve the same level of technology across all Trust sites which is safe, secure, and available, this will allow staff to work from any sits and access the systems they need to carry out their roles, from any device	DoI	• To have a fully reviewed and updated information asset register with highlighted consolidation opportunities. • Complete the email migration work to ensure all staff have a single-branded email address for MWL. • To consolidate the server and storage infrastructure across the data centres allowing for the removal of one or two of the data centres.	Finance and Performance Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			• Setup infrastructure to facilitate shared working with a single set of network drives across the whole organisation. • Move the networking over to a single outbound network link which will reduce the need for further investment in firewalls and other associated networking equipment. • Agree opportunities to expand Single Sign On, resulting in easier/ quicker log ins.		
6. DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce where our people feel valued and supported to care for our patients.					
Looking after our people					
6.1	Continue to support the standardisation of our staff support services and polices ensuring that all staff have access to the same levels of support wherever they work	DoHR	• Continue to harmonise workforce policies across MWL • Review the wellbeing support offer so it continues to be accessible, proactive and meets the needs of staff and managers.	Strategic People Committee	
Belonging to the NHS					
6.2	Create a culture of compassionate leadership and one that celebrates inclusivity and embraces flexibility through the embedding of the new values and behaviours of the organisation.	DoHR	• Agree the priority actions from the 2023 staff survey to improve staff experience, confidence in speaking up and engagement for delivery during 2024/25. • Launch the new Trust values and promote and explain them to all staff. • Increase access to immediate line manager training programmes such as Making the Transition • Improve access to flexibly working opportunities for all staff groups across MWL. • Deliver the Equality Diversity and Inclusion operational action plan.	Strategic People Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			• Implementation of the 10 principles relating to the Sexual Safety Charter by June 2024.		
6.3	Achieve 85% appraisal and mandatory training compliance target, so that staff across the Trust are equipped with clear objectives and the knowledge to help them undertake their role successfully and fulfil their ambitions for career development and progression within our organisation.	DoHR	• Improve the access to learning opportunities through a range of offers including the new career development platform. • Embed the new appraisal process across the whole of MWL during the 2024 appraisal window. • Continue to develop career pathways for a wider range of roles across the Trust. • Undertake a review of mandatory training requirements and delivery models. • Provide reports and analysis to support managers target activities to improve compliance levels in particular departments, staff groups or subjects	Strategic People Committee	
New ways of working					
6.4	Maximising workforce systems and technology to aid efficiency of the workforce to deliver safe care.	DoHR	• Harmonisation of workforce systems e.g., Occupational Health • Maximise the use of technology and digital solutions across the HR directorate to deliver the best possible people services.	Strategic People Committee	
Growing for the future					
6.5	Ensure the Trust has effective workforce plans in place to support new models of care. Create a sustainable workforce supply which meets the needs of our patients.	DoHR	• In partnership with the Medical Director and Director of Nursing, Midwifery & Governance continue to create a strong pipeline of new clinical roles including Trainee Nurse Associates and Advanced Clinical Practitioners • Continue to create diverse and innovative offerings to aid recruitment and retention in staff groups with a traditionally high turnover.	Executive Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			• Maximise the use of the apprenticeship levy to support more staff to undertake further training in Advanced Clinical Practice and Leadership Development • Develop workforce plans to support the Trust with the delivery of its Clinical Strategy		
6.6.	Create the right conditions for continuous improvement so staff feel empowered to suggest or seek new ways to improve care and outcomes for patients	MD	• Develop an MWL approach to continuous improvement. • Promote and create awareness of the MWL continuous improvement culture and methodology.	Executive Committee	
7. OPERATIONAL PERFORMANCE **We will meet and sustain national and local performance standards**					
7.1	Deliver the 2024/25 elective recovery targets	COO	• Eliminate waits of over 65 weeks for elective care by March September 2024 (except where the patient chooses to wait longer) • Deliver the C&M ICS system specific activity targets assigned to the Trust. • Maximise the capacity and efficiency of the Trusts resources to reduce long waiting times. • Provide mutual aid in specific specialities to support the delivery of system recovery targets. • Improve theatre productivity and efficiency to maximise capacity	Finance and Performance Committee	
7.2	Deliver the diagnostic recovery targets	COO	• Eliminate waits of over 26 weeks by June 2024 and 13 weeks by March 2025 for diagnostic tests (except where the patient chooses to wait longer) • Deliver 95% diagnostic tests in < 6 weeks. • Deliver the system specific Community Diagnostic Centre (CDC) activity targets	Finance and Performance Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
7.3	Deliver the urgent and emergency care performance targets	COO	• Improve A&E waiting times so that no less than 77% of patient are seen within 4 hours by March 2025 • Reduce the average length of stay in the Emergency Departments • Consistently achieve ambulance handover times of less than 30 minutes • Increase the number of direct access pathways for assessment/speciality review. • Urgent Community Response – respond to 70% calls within 2 hours. • Increase the number of patients accessing SDEC services.	Finance and Performance Committee	
8. FINANCIAL PERFORMANCE, EFFICIENCY AND PRODUCTIVITY **We will achieve statutory and other financial duties set by regulators within a robust financial governance framework, delivering improved productivity and value for money**					
8.1	Deliver the agreed financial plan including outturn, cash balances and capital resourcing limits.	DoF	• Achieve the approved financial plan for 2024/25 • Delivery of the agreed Cost Improvement Programme and transaction business case benefits • Minimum cash balance of 1.5 working days with aged debt below 1.5% of cash income. • Deliver the approved capital programme, to progress the strategic estates delivery plans, equipment replacement and IT investments.	Finance and Performance Committee	
8.2	Deliver the agreed capital schemes to deliver the capacity needed to meet service demand and a safe, high-quality environment for patients and staff.	DoCS	• Deliver the planned capital developments for 2024/25 including the CDC/TiF schemes. • Deliver year two of the backlog maintenance reduction programme at Southport and Ormskirk Hospitals	Finance and Performance Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			• Deliver the agreed capital programme to optimise capacity/space utilisation and improve patient experience.		
8.3	Work with partner organisations across the ICS to develop and deliver opportunities for collaboration at scale and increased efficiency	DoF	• Deliver services at scale where this supports the strategic direction of the Trust and the wider system. • Drive forward other opportunities for collaboration with system partners.	Executive Committee	
9. STRATEGIC PLANS **We will work closely with NHS Improvement, and commissioning, local authority, and provider partners to develop proposals to improve the clinical and financial sustainability of services**					
9.1	Ensure the Trust continues to influence and fully participate in the Integrated Care System to achieve a clinically and financially sustainable acute provider services.	CEO	• Develop areas for collaboration that bring benefits for patients and partner organisations. • Continue the development of effective Provider Collaboratives that enhance collaboration and integration of services that support the objectives of the ICS.	Trust Board	
9.2	Complete the post transaction effectiveness reviews with NHS England and the ICBs	DoCS	• All transaction risk rating recommendations completed. • 12 month post transaction review with NHSE is positive	Trust Board	
9.3	Continue to deliver the post transaction transition and transformation programme to fully integrate services and systems across MWL.	MD	• Fewer fragile services • Delivery of the planned integration and transaction benefits	Trust Board	
9.4.	Deliver the key milestones of the Shaping Care Together Programme for 2024/25 in collaboration with Place and ICB partners.	MD	• Achieve the 2024/25 milestones for the Shaping Care Together Programme – including approval of the Pre-Consultation Business Case	Trust Board	
9.5	Work with each of the Place Based Partnerships where the Trust provides services to improve the health of the local population	DoInt	• Position the Trust as a key partner in each Place Based Partnership	Executive Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			• Maximise the potential of the Trust as an anchor institution in our communities to improve health, education, and employment. • Work with Places to turn data into action through targeted programmes with a focus on health inequalities		