

**MEETING OF THE BOARD OF DIRECTORS (PART 1, PUBLISHED ITEMS)  
TUESDAY, 19<sup>TH</sup> JANUARY 2021, AT 1:00PM – 2:45PM  
HELD VIA VIDEO-CONFERENCE, DUE TO COVID-19 PANDEMIC RESTRICTIONS**

**A G E N D A**

<b>PART A</b>					
<b>FORMAL BUSINESS</b>				Lead:	Decision Required/ purpose:
1:00pm	1.	Welcome & Apologies		Chair	
1:00pm	2.	Declarations of Interest		Chair	
1:00pm	3.	Minutes of the meeting held on 1 <sup>st</sup> December 2020 (attached)		Chair	To Approve
1:00pm	4.	To consider any matters arising and action log (attached)		Chair	To Note
1:05pm	5.	Chief Executive Officer's Report (verbal)		Chief Executive Officer	To Note
1:15pm	6.	Covid-19 business critical arrangements (attached)		Interim Governance Consultant	To Approve
<b>SAFE</b>					
1:20pm	7.	Quality & Safety Committee Chair's Report – 15 December 2020 (attached)		Quality & Safety Committee Chair	For Assurance
1:30pm	8.	Maternity Services Assurance Assessment Tool - in response to the Ockenden Report (attached)		Director of Nursing & Quality	For Assurance
<b>EFFECTIVE</b>					
1:40pm	9.	(a) Finance Report – Month 9 2020 (attached) (b) Capital Report (attached)		Director of Finance	For Assurance
1:50pm	10.	Integrated Performance Report – November 2020 (attached)		Chief Operating Officer/ Executives	For Assurance
2:00pm	11.	Audit Committee Chair's Report – 18 November 2020 (attached)		Audit Committee Chair	For Assurance and Ratification
2:05pm	12.	Digital and Data Strategy (attached)		Chief Digital Information Officer	For approval

CARING				
2:15pm	13.	Equality Duty Assurance Report (attached)	Director of HR & Organisation Development	To Approve
WELL LED				
2:20pm	14.	<u><i>In the Board's role as Corporate Trustee:</i></u> Charitable Funds Committee Chair's Report (attached), including: a. Charitable Funds Committee Annual Accounts (attached) b. Charitable Funds Committee Terms of Reference (attached)	Charitable Funds Committee Chair	To Ratify
		<b>PART B</b> <i>(Items 14 a-c are referenced within Q&amp;S Committee Chair's report in Part A. See separate Part B public papers)</i>		
2:30pm	15.	a. Terms of Reference Quality & Safety Committee	Chair	To Ratify
		b. Mortality Indicators Report		To Note
		c. Health & Safety Annual Report		To Note
		d. Ockenden Report – Independent review of maternity services at the Shrewsbury & Telford Hospitals NHS Trust		To Note
		e. Council of Governors Report – 11 December 2020 (attached)		To Note
		f. Updated Board business cycle		To Note
2:35pm	16.	Minutes for noting and receipt:- <u><i>Sent under separate cover:</i></u> a. Approved minutes of the Quality & Safety Committee – 10 November 2020 b. Draft minutes of the Finance & Performance Committee – 17 November 2020 c. Draft minutes of the Audit Committee – 18 November 2020	Chair	To Note
2:35pm	17.	Any Other Business	Chair	
2:40pm	18.	Closing remarks and review of the meeting	Chair	
2:45pm	19.	Date & Time of next meeting:  The next public meeting of the Board of Directors is scheduled on <b>9 March 2021, to be held at 1pm, via Teams videoconference</b>	Chair	



**MINUTES OF THE PUBLIC BOARD OF DIRECTORS**  
**(PART 1, PUBLISHED ITEMS)**  
**HELD ON TUESDAY, 1<sup>ST</sup> DECEMBER 2020,**  
**AT 9:30AM-12:00PM,**  
**VIA VIDEO-CONFERENCE DUE TO**  
**THE COVID-19 PANDEMIC RESTRICTIONS**

		<b>Attendance</b>	
Chair	Ms C Hannah	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr A Higgins	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr D Williamson	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr M Adams	<input checked="" type="checkbox"/>	
Non-Executive Director	Ms R Fallon	<input checked="" type="checkbox"/>	
Non-Executive Director	Ms B Fletcher	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr P Jones	<input checked="" type="checkbox"/>	
Chief Executive Officer	Dr S Gilby	<input checked="" type="checkbox"/>	
Executive Medical Director	Dr D Kilroy	<input checked="" type="checkbox"/>	
Director of Finance	Mr S Holden	<input checked="" type="checkbox"/>	
Director of Nursing & Quality/Deputy Chief Executive	Mrs A Kelly	<input checked="" type="checkbox"/>	
Director of Human Resources and Organisation Development	Mrs A Hall	<input checked="" type="checkbox"/>	
Chief Digital Information Officer	Ms C Williams	<input checked="" type="checkbox"/>	
Chief Operating Officer	Mr D Coyle		<input checked="" type="checkbox"/>

**In attendance:**

Ms Andrea Campbell, Associate Non-Executive Director  
 Mr K Haynes, Interim Governance Consultant  
 Mrs D Bryce, Lead for Governance Improvement  
 Ms Helen Ellis, Freedom To Speak Up Guardian (item B125/12/20)

**PART A**

**FORMAL BUSINESS**

B112/12/20 **WELCOME AND APOLOGIES**

The Chair welcomed Keith Pople and Ros Alstead as observers to the meeting, as part of the Board's development work. The Chair requested that members were signposted to areas within agenda papers where the Board could add value to discussions, to make best use of time during the meeting.

B113/12/20 **DECLARATIONS OF INTEREST**

There were no declarations of interest.



B114/12/20 **TO ACKNOWLEDGE A PATIENT STORY**

The Board noted that the patient story (Tony's Story) had been circulated previously and viewed in relation to Tony's experience of COVID-19 and subsequent recovery. The Director of Nursing and Quality referred to the long-term rehabilitation elements and respiratory issues in relation to COVID-19 patients.

An enquiry was made by Non-Executive Director, Ms Fletcher regarding the different pathways that had been established for COVID-19 patients, along with the staffing issues. In response, the Director of Nursing and Quality advised that the Trust was following the respiratory pathways and that this is something to be mindful of in the context of the clinical services strategy moving forwards, and in particular the development of the Trust's respiratory services.

**The Board acknowledged the patient story and, in particular, observed the complete and tireless commitment of the staff during the patient's journey to recovery.**

B115/12/20 **TO APPROVE THE MINUTES OF MEETING HELD ON 8<sup>TH</sup> SEPTEMBER 2020**

The minutes of the meeting held on 8<sup>th</sup> September 2020 were approved.

B116/12/20 **TO CONSIDER ANY MATTERS ARISING AND ACTION LOG**

With reference to the Board Assurance Framework (BAF) action (11/20), the Interim Governance Consultant confirmed that it was the intention to run a BAF session potentially on 11<sup>th</sup> January 2021 and that he would update further on this issue later in the agenda.

**The Board noted the action log.**

B117/12/20 **CHIEF EXECUTIVE OFFICER'S REPORT**

In addition to the written report, the Chief Executive Officer (CEO) made the Board aware that NHS England/NHS Improvement (NHSE/I) had recently issued a consultation document, *Integrating Care: Next steps to building strong and effective integrated care systems across England*, which includes proposals on legislation, the future of strategic working, Clinical Commissioning Groups and Integrated Care Systems. The CEO also confirmed that together with the intention for the Trust to make its own response to the consultation document, she had been invited to participate in an NHS Providers reference group that was also preparing a response to the consultation.

In relation to local matters and an update on COVID-19, it was noted that the hospital was under immense pressure with over 100% bed occupancy and 138 confirmed COVID-19 patients, which represents one third of the bed base. Staff COVID-related absences were also high with 205 staff absent currently. Importantly, work was underway with local partners in relation to patient pathways and transfers as there remained a large number of patients who whilst medically fit for discharge still remained in hospital awaiting appropriate discharge care arrangements.

The Trust's position as one of three hubs in Cheshire & Merseyside who will administer the Pfizer vaccine was acknowledged, along with the intention for the vaccine centre to be open for approximately six weeks, once the vaccine is approved and arrives. The CEO remarked that the challenge for vaccination is significant for the whole region and to assist this, the Trust had seconded the Director of Transformation to help establish the mass vaccination centre in the region.

Non-Executive Director, Ms Fallon made an observation that COVID-19 numbers in Chester



are rising, with other areas reducing, and enquired if there was local intelligence on a likely future reduction locally. In response, the CEO referred to the prevalence in Cheshire West coming down but that a reduction of patients in the hospital would not be expected until 3-4 weeks following a reduction within the community, with a flattening in the rate of increase in the disease not yet being visible.

Thanks were conveyed by the Board to staff and teams for their continuing efforts during the current pressures.

In relation to national integration proposals, Non-Executive Director, Ms Fletcher sought further information as to when Board discussions would take place. The CEO informed that a Board discussion would be arranged in the New Year.

The Chair remarked that it was important for the Board to acknowledge the pressures that staff were experiencing and welcomed ideas on where Non-Executive Directors could offer help and support, and again expressed the Trust Board's appreciation to the hospital's staff for their tireless commitment and dedication in these most difficult times.

**The Board noted and considered the contents of the Chief Executive Officer's report.**

B118/12/20 **Board Assurance Framework (BAF) Progress Update**

The Interim Governance Consultant made the Board aware of the work underway on the BAF and the intention to update the format and return to relative risks and risk scores, along with an update to the title to BAF/Strategic Risk Register. Furthermore, some work on this has been disrupted in the last two weeks due to COVID-19, although a meeting has been held with finance colleagues to review the BAF, resulting in EU exit arrangements being re-added. The intention is to plan a workshop with NEDs on 11<sup>th</sup> January 2021 to enable the revised BAF/Strategic Risk Register to be reviewed.

**The Board noted the BAF progress update.**

**SAFE**

B119/12/20 **INFECTIOUS PREVENTION & CONTROL: COVID-19 Board Assurance Framework**

The Director of Nursing & Quality referred to the regular updates to the document based on changes provided nationally, with some areas of improvement and gaps highlighted. In addition, on Friday 27<sup>th</sup> November a site support visit had been undertaken from NHSE/I due to a number of COVID-19 positive outbreaks. The Director of Nursing & Quality felt that the visit had been supportive, and had highlighted the requirement for enhanced cleaning as a result of the higher bed occupancy rates and the consequent outbreaks. The constraints that the hospital was operating under were acknowledged together with the steps that the Trust was taking to manage the situation and which would be highlighted in a follow-up letter and formal report from NHSE/I.

In discussion, it was confirmed that the Executive Directors Group had considered and approved detailed proposals to enhance the domestic cleaning routines through the provision of a additional domestic cleaning resources (staff and hours).

Non-Executive Director, Ms Fletcher remarked that it was difficult to maintain infection prevention and control measures whilst experiencing such pressure on the hospital and she referred to the further discussions required on the hospital estate in future.

**The Board received the report as assurance and supported the proposed actions going forward.**



B120/12/20 **QUALITY & SAFETY COMMITTEE CHAIR'S REPORT – 15<sup>TH</sup> SEPTEMBER & 10<sup>TH</sup> NOVEMBER 2020**

The Board was informed by Non-Executive Director, Ms Fallon that the November meeting had been shortened and re-prioritised due to operational pressures. She highlighted the consideration of falls and pressure ulcers and the previous deep dives into these areas, noting that it was the intention to re-visit the deep dives over the next few months, and subsequently reporting the outcome to the Board.

The Ward Accreditation Programme was raised by Non-Executive Director, Mr Higgins, who enquired about the extent to which it was now embedded within the organisation. In response, the Director of Nursing and Quality confirmed that the programme had continued during the COVID-19 pandemic and that there were now only five areas which have not reached a good or outstanding rating, out of 35 wards, and explained that she would be happy to provide a presentation at a future date, as required, to demonstrate the ongoing improvement.

**Action agreed:** In relation to the CQC temperature monitoring progress referenced within the report, Non-Executive Director, Ms Fallon agreed to follow this off-line with the Chief Digital Information Officer.

**The Board noted the Quality & Safety Committee Chair's Report and the intention to ratify the four items considered by the Committee, later within Part B of the agenda.**

**EFFECTIVE**

B121/12/20 **FINANCE & PERFORMANCE COMMITTEE CHAIR'S REPORT – 22 SEPTEMBER & 17 NOVEMBER 2020**

It was remarked by Non-Executive Director, Mr Higgins, that consideration of performance targets by the Committee had highlighted the organisation's pressures and the executives' requirement to respond to constantly changing circumstances, with Non-Executive Directors needing to recognise these pressures and support executives whenever possible Mr Higgins drew the attention of the Board to recent guidance relating to the second half of the financial year. There is now a more clearly defined funding envelope and benchmark by which to judge financial out-turn performance. In addition, the urgent care business case had been positively developed in support of improved emergency care provision. The Electronic Patient Record (EPR) Programme has also gone live and was reporting positive progress.

**The Board noted the contents of the report and the matters approved, ratified and discussed by the Committee in its September and November meetings.**

B122/12/20 **FINANCE REPORT - MONTH 7, OCTOBER 2020**

The Director of Finance drew to the Board's attention the change in financial arrangements from the first six months of the year where 'true-up/top-up' arrangements were in place. He reported that in the last six months of the year there is an aim to work within a financial envelope, with a level of restoration, and to work with the Health Care Partnership.

For the second six months, the Trust has submitted Financial Plans, based on a number of assumptions, including that the reproduction rate = 1, the impact of Winter, and with an element of restoration work. Given these assumptions, the Trust has submitted Plans showing a projected deficit of £5.2m more than its initial notified allocation. Discussions



continue with NHSE/I to bridge this gap, with further focus required.

In addition, the Director of Finance highlighted the following:

- Monitoring against the financial envelope in months 7-12 includes three elements: (1) funding of our underlying deficit; (2) funding of COVID-19 costs; and (3) funding of restoration costs.
- Most of the Personal Protective Equipment (PPE) is funded nationally.
- There is some uncertainty regarding nationally negotiated contracts with private providers post 31<sup>st</sup> December 2020 when current arrangements end.
- Currently the Trust's position is £440k worse than its allocation but £600k better than it's overspend.
- There is some spending on restoration of elective services and assets are being maximised, e.g. endoscopy 7 days a week.
- The reported financial position includes no accrual for any penalty that may arise from NHSE/I enacting the Elective Incentive Scheme (EIS) i.e. whereby Trusts are effectively fined for not delivering the required rates of elective activity.
- A level of income has been assumed from Wales.
- The performance charts within the report indicate performance better than expected.
- The Trust's capital programme has been approved nationally since the Finance & Performance Committee met in November, and the intention is to spend the capital by 31<sup>st</sup> March 2021. In relation to this, the areas of pressure will be procurement, estates and IM&T.
- There is a lot of investment underway in mental health services, with the funding recently released.

The outpatient activity and the significant improvement required in performance to achieve expected outpatient activity levels was raised by Non-Executive Director, Ms Fallon who enquired if the lower outpatient activity seen was also linked to clinical transformation or a reduction in referrals. In response, the Executive Medical Director referred to COVID secure issues and staffing issues in relation to outpatient activity, and that a reduction was not due to lack of referrals.

Non-Executive Director, Mr Higgins remarked that the hospital was operating at over 100% capacity and that the positioning of the tighter financial envelope was unfortunate at a time when the Trust continued to have to manage significant pressures and wondered if this might continue to impact upon the Trust's financial performance. In his response, the Director of Finance referred to the expected deficit still being forecast at around £5m, the expectation regionally not to exceed this financial envelope, and that most trusts were in a similar position. In addition, the Director of Nursing & Quality advised that much more was being spent than would normally on workforce due to COVID-related absences, but that herself and the Executive Medical Director were trying to balance finances with ensuring safety.

It was suggested by Non-Executive Director, Mr Jones that it would assist to have a risk rating on the items within the report, with mitigations identified.

**Action agreed: The Director of Finance agreed to provide an addition to month 8 finance report identifying risk ratings.**

**The Board noted the Month 7, October Finance Report and its recommendations.**



B123/12/20 **INTEGRATED PERFORMANCE REPORT – OCTOBER 2020**

Due to operational pressures the Chief Operating Officer joined the meeting briefly and drew attention specifically to the following performance issues:

- Emergency Department 4 hour wait standard performance is below target.
- As reported elsewhere in the meeting there remain difficulties with discharges currently with on-going discussions with key partners to put in place appropriate discharge arrangements.
- The Trust is in dialogue with NHSE/I for support as it is falling short on the referral to treatment (RTT) trajectory. He also explained that he remained concerned regarding the volume of the over 52 week waiting list.

In response to an enquiry from Non-Executive Director, Ms Fallon with regard to progress with pressure ulcers on admission, the Director of Nursing and Quality informed that a meeting was due to be arranged with CCG colleagues and she would provide a further update at the next meeting of the Quality & Safety Committee. It was noted that pressure ulcers also formed part of Cheshire West ICP indicators.

With regard to cancer patients waiting over 100 days, the Board were made aware by the CEO that some patients had chosen not to access treatment, but were being maintained on the waiting list, should they choose to access care.

Following an invitation from the Chair to address the issues of C'difficile, infection prevention control (IPC), RTT and diagnostics, the following points were noted:

- It was disappointing that there had been seven cases of C'difficile reported in October (against a monthly trajectory target of three cases per month) which represented the highest monthly figure within the 2020/21 period. It was confirmed that there were no direct links between any of the cases and that they each came from different clinical areas. Four of the cases were identified as positive on admission, but had been assigned to the Trust due to discharge from the Trust within the previous 28 days. Root cause analysis investigations had been carried out on two of the cases which had not identified lapses in care and full IPC audits had been carried out on three of the departments.
- In relation to RTT, there is the challenge of the backlog, and patients are being treated in order of clinical priority. Work is also underway with NHSE/I on 40 week waits in relation to validation of the list and moving those patients forward, and there are weekly supportive meetings on this subject.

With regard to severe harm, Associate Non-Executive Director, Ms Campbell raised the the number of incidents remaining the same as the previous month within the report but that the chart indicates an increase. The Director of Nursing & Quality agreed that the narrative did not correlate with the chart and would ensure that this is corrected.

In response to an enquiry from Non-Executive Director, Ms Fletcher in relation to mandatory training and appraisal compliance the Director of HR and OD explained that compliance remained significantly below target due to increased staffing pressures and the availability of training since the start of the Covid-19 pandemic. The Director of HR and OD also informed the meeting of the work to engage in compassionate conversations on this and to at least ensure that staff had a one-to-one meeting with their line manager in the current circumstances, along with consideration of the on-line learning management system to support the process. Furthermore, she would look to improve the commentary on this item within the report.



The Board reviewed and noted the Integrated Performance Report, acknowledging the difference between the narrative and the chart for severe harm incidents, and suggesting an improved commentary in future in relation to mandatory training and appraisal.

## **CARING**

B124/12/20

### **NORTH WEST BLACK, ASIAN AND MINORITY ETHNIC STRATEGIC ADVISORY COMMITTEE (THE ASSEMBLY)**

With reference to the agenda papers, the Director of Human Resources and Organisation Development referred to the required response from the Board by 22 December and suggested that this be considered outside of the meeting. The Board noted the value in collegiate work on this subject with local partners, involving Cheshire West ICP and progressing common themes.

**The Board noted the letter and further actions required.**

**The Board agreed to provide support from Non-Executive Director, Ms Fletcher, along with ICP input via the ICP Chair, Ms Campbell, to work with the Director of HR and OD and the Diversity and Inclusion Group to formulate the Trust's response to The Assembly. This will be received by the Board prior to 22 December, for endorsement.**

## **WELL LED**

B125/12/20

### **FREEDOM TO SPEAK UP (FTSU) UPDATE REPORT**

The Freedom to Speak Up Guardian, Helen Ellis made the Board aware of the different themes and trends that had been raised within recent concerns. The following points were noted:

- Concerns were diverse and related to staff, rather than patients recently.
- There are regular meetings held between the FTSU Guardian and the Director of HR and OD, which has been beneficial.
- Since the report, Health Education England have produced their first FTSU mandatory training module and work has been underway to adopt this on-line within the Trust, which should be available soon.
- National recommendations have been incorporated into the FTSU workplan.
- An increase has been seen month on month regarding people raising concerns.
- Communication with staff is a challenge during COVID-19; the Guardian has requested invites to virtual team meetings, but the offer has not yet been taken up.
- The Guardian is liaising with the Head of Communications regarding enhancing future communications.
- The Guardian encourages lines of communication to be left open with staff.

The Chair observed that the FTSU Board self-review tool was scheduled for the Board workshop on 19 January 2021.

The Director of HR & OD referred to the intention to raise the profile of the FTSU Guardian further and that, in addition to herself, the Guardian also meets regularly with the CEO, Chair and Director of Nursing & Quality.

**The Board noted the information contained within the FTSU Guardian's report, and supported the proposed actions.**



B126/12/20 **PROPOSED AMENDED CONSTITUTION, INCLUDING STANDING ORDERS**

The Board noted the input from a governor task and finish group to develop the proposed Constitution. The Interim Governance Consultant highlighted within the document the inclusion of a wider area 'rest of England and Wales' membership constituency; the inclusion of a Non-Executive Director maximum term of office backstop of nine years; and the provision of Board of Directors to have up to seven Non-Executive Directors.

**The Board approved the amended Constitution, including Standing Orders, and noted that approval would be sought from the Council of Governors on 11 December 2020.**

B127/12/20 **CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT – 24 SEPTEMBER 2020**

In its role as Corporate Trustee, the Board noted that the performance of the M&G investment fund was still giving cause for concern but that a written report would be received at the December meeting of the Committee. Non-Executive Director, Mr Jones raised that Corporate Trustee training had now been arranged for Board members on 18<sup>th</sup> January 2021.

**The Board noted the contents of the Charitable Funds Chair's report.**

**PART B**

B128/12/20 **ITEMS FOR RATIFICATION AND AGREEMENT**

The Board:

- a. Ratified the Nursing Bi-annual Safe Staffing Assurance Report (January-June 2020)
- b. Ratified the Director of Infection Prevention and Control Annual Report 2019/20
- c. Ratified the Continuous Improvement Strategy
- d. Ratified the 2019/20 Quality Accounts and agreed that the Chair and CEO will sign the statements on behalf of the Board.
- e. Noted the contents of the Council of Governors Report – 1 October 2020
- f. Agreed the updated Board business cycle
- g. Noted the Finance Report – Month 6, September 2020, for completeness.

B129/12/20 **MINUTES FOR NOTING AND RECEIPT**

The Board noted the following:-

- a. Approved minutes of the Quality & Safety Committee – 15 September 2020
- b. Approved minutes of the Audit Committee – September 2020
- c. Approved minutes of the Finance & Performance Committee – 22 September 2020
- d. Draft minutes of the Charitable Funds Committee – 24 September 2020



B130/12/20 **ANY OTHER BUSINESS**

There was no other business raised.

B131/12/20 **REVIEW OF THE MEETING**

The Chair referred to some sound issues experienced during the meeting, and some time pressures with agenda items, acknowledging, however, that the Board was followed by a workshop on strategic workforce issues, along with future discussions on the corporate and digital strategy which gave the opportunity for issues to be discussed in more detail. Board members were thanked for their contributions to the meeting.

B132/12/20 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Board of Directors is scheduled for  
**19 January 2021, at 9:30am, via Teams videoconference**

Unapproved



### Board of Directors Public Action Log 2020-21

Action no.	Board date	Allocated to	Action detail	Action update/outcome	Due date	Status
01/20	07.04.20	Interim Governance Consultant	Further consideration should be given to how standards and metrics in the integrated performance report could best be considered by both the Finance & Performance Committee and Quality & Safety Committee to ensure appropriate consideration and scrutiny of the quality and safety impact of all performance indicators. A review should be undertaken when business returns to two committees.	Implementation of recent request that the IPR report is better signposted identifying areas where performance has deteriorated and where performance exceeds expectations more clearly. There remains a need to ensure the IPR is properly and fully considered by relevant committees and the Board as a regular and routine discipline.	30.09.20	Closed
09/20	21.07.20	Chief Operating Officer & Interim Governance Consultant	The Board to receive a brief update in September on winter planning progress and consider how to deal with incorporating strategy elements into next year's business cycle.	Final draft Winter Plan reviewed and considered at September 2020 Board (private). Corporate business cycle refresh has begun, along with consideration of strategy elements via Board development sessions.	09.03.21	Closed
11/20	21.07.20	Interim Governance Consultant	A Non-Executive Director briefing session to be held in support of the work to develop the BAF further.	Initial assurance sessions held on 8 <sup>th</sup> September 2020. Workshop scheduled for 11 <sup>th</sup> January 2021.	19.01.21	Closed
12/20	08.09.20	Chief Operating Officer	Discussion to be held with Ms Andrea Campbell, Chair of the ICP, regarding potentially assisting with related Local Authority issues, with detail of further agreed actions to be clarified.	In the context of current operational pressures the need to ensure timely discharge of patients who are	19.01.21	Closed



Action no.	Board date	Allocated to	Action detail	Action update/outcome	Due date	Status
				fit for discharge has been and continues to be escalated with all relevant parties including local authorities and the CCG.		
13/20	08.09.20	Director of Finance	A separate Capital paper to be presented at the next meeting of Board, following presentation at Finance & Performance Committee.	Provided to Board of Directors in Private meeting on 1 <sup>st</sup> December '20.	01.12.20	Closed
14/20	01.12.20	Non-Executive Director, Ms Fallon	CQC temperature monitoring progress – to be progressed off-line with the Chief Digital Information Officer.	Progress update provided at 15 December Quality & Safety Committee. Work underway in IM&T.	19.01.21	Ongoing
15/20	01.12.20	Director of Finance	An addition is to be provided with the month 8 finance report, identifying risk ratings.	Detail added to section 11 of the finance report	19.01.21	Closed



<b>Meeting</b>	<b>19<sup>th</sup> January 2021</b>	<b>Board of Directors</b>					
<b>Report</b>	<b>Agenda item 6</b>	<b>Covid-19 Business Critical Arrangements</b>					
<b>Purpose of the Report</b>	Decision	<b>x</b>	Ratification		Assurance		Information
<b>Accountable Executive</b>	Susan Gilby				Chief Executive Officer		
<b>Author(s)</b>	Keith Haynes				Interim Governance Consultant		
<b>Board Assurance Framework</b>	E5	Business Continuity - Pandemic Flu / Virus					
<b>Strategic Aims</b>							
<b>CQC Domains</b>	Well Led						
<b>Previous Considerations</b>	N/A						
<b>Summary</b>	<p>This paper sets out the arrangements which the Trust Board is putting in place in order to meet the requirements of the request in the letter of 11 January 2021 from the Executive Regional Director. Specifically, that during this phase of the Covid-19 pandemic that Board and Committee meetings are kept to the minimum needed to give assurance on the current business critical priorities. The letter sets out the five key priorities for the NHS in the North West which will be the focus of at least the next seven weeks. The expectation is that Boards should continue to seek assurance on the business critical priorities including matters that relate to patient safety and staff well-being.</p>						
<b>Recommendation(s)</b>	<p>The Board is asked to:-</p> <ul style="list-style-type: none"> <li>• Note and approve the arrangements set out in the attached paper</li> </ul>						
<b>Corporate Impact Assessment</b>							
<b>Statutory Requirements</b>							
<b>Quality &amp; Safety</b>							
<b>NHS Constitution</b>							
<b>Patient Involvement</b>	-						
<b>Risk</b>	-						
<b>Financial impact</b>	-						
<b>Equality &amp; Diversity</b>	-						
<b>Communication</b>	-						



## Covid-19 Business Critical Arrangements

1. The letter of 11 January 2021 from the Executive Regional Director (attached) requests that during this phase of the of the Covid-19 pandemic that Board and Committee meetings are kept to the minimum needed to give assurance on the current business critical priorities. The letter sets out the five key priorities for the NHS in the North West which will be the focus of at least the next seven weeks.
2. Accordingly, the schedule of upcoming meetings has been reviewed as will the content of any meetings that are deemed necessary to go ahead, in keeping with the assurance requirements in relation to business critical activities (including the safety of patients and well-being of staff). The current status of upcoming meetings is as follows:
  - **19<sup>th</sup> January Development session** - cancelled
  - **19<sup>th</sup> January Board meeting** – proceeding but with a truncated agenda in keeping with assurance requirements.
  - **26<sup>th</sup> January Finance & Performance Committee** – cancelled.
  - **9<sup>th</sup> February Board Development session** – cancelled.
  - **10<sup>th</sup> February Quality & Safety Committee** – intending to proceed but with truncated agenda. Deemed business critical as forming part of the assurance on business critical activity, especially relating to the safety of patients and well-being of staff at this time.
  - **16<sup>th</sup> February Audit Committee** – intending to proceed with truncated agenda. Non-Executive Director Committee.
  - **9<sup>th</sup> March Board meeting** – currently planning to proceed but with a truncated agenda.
  - **9<sup>th</sup> March Board Development session** - cancelled
3. Given current operational pressures there is no expectation that those Executive Directors committed to operational leadership will attend Board and Board Committees where circumstances do not allow. To accommodate any of the Executive Directors who may be able to attend Board and Board Committee meetings, the meetings have been scheduled for the afternoon.
4. Regard will need to be had to the quoracy arrangements in relation to the Board and any of its Committees in the event that any decisions need to be taken. The intention would be to ratify any decisions subsequently in the event that a meeting is not quorate. As a reminder, quoracy for a meeting of the Board of Directors is as follows –

*“Four (4) Board members, including not less than two (2) executive directors, one of whom must be the Chief Executive or another executive director nominated by the Chief Executive, and not less than two (2) non-executive directors, one of whom must be the Chair or the Vice Chair, shall form a quorum”.*



5. The Standing Orders (paragraph 5.2.1) make provision for the powers which the Board has retained to itself to be exercised by the Chair and Chief Executive, after having consulted with at least two non-executive directors. In keeping with the arrangements made during the earlier phase of the pandemic the emergency powers are varied to include the Vice Chair and the Deputy Chief Executive in the emergency powers provisions.
6. The current intention is that arrangements which are in place to engage with Governors will continue on a truncated basis and again with no expectation of attendance of Executive Directors where operational pressures do not permit.
7. These arrangements will be reviewed as soon as it is considered possible to do so.

**To Chairs of all Trusts and CCG Clinical Chairs  
in the North West**

Bill McCarthy  
North West Region  
5<sup>th</sup> Floor  
3 Piccadilly Place  
Manchester  
M1 3BN

By email

E: [bill.mccarthy@nhs.net](mailto:bill.mccarthy@nhs.net)

Date: 11 January 2021

Dear Colleagues,

The COVID pandemic is now at the highest levels experienced in the UK at any time over the past 12 months. You will have seen the impact this has already had on NHS capacity in London and the South East.

In the North West we are tracking some 2 weeks behind London. But there are important caveats to this:

- Unlike London and the South East the North West experienced a second peak of COVID infection and hospital admissions in October and November. So this third peak in the North West sees the NHS with already high levels of COVID bed occupancy from the Autumn – not below 15% since October. So, our ability to accommodate the new growth is more limited.
- Already, parts of the region, particularly in Cheshire and Lancashire have experienced unprecedented levels of COVID pressures.
- Community prevalence across the whole North West is now growing at the fastest rate in the country – above 100% growth in the general population and in the over 60 age group in the last 7 days across the Region. This will inevitably translate into a further surge in hospital admissions over the next couple of weeks, reducing our ability to manage local pressure through broader mutual aid arrangements.

We need to act with absolute focus and urgency to save lives of COVID patients and those with other urgent conditions. The NHS in the North West has 5 priorities for at least the next 7 weeks:

- Immediately create capacity in our hospitals through the safe discharge of patients. On Friday I held meetings with Chief Executives and Accountable Officers from the NHS and Local Government in the North West. They will now be enacting plans, including rapid roll out of pulse oximetry, to bring about a step change in the effectiveness of discharge activity.
- Maximise the pace of roll out and delivery of the COVID vaccination programme.
- Ensure the rigour and professionalism of infection prevention and control processes across all settings. We must not add fuel to fire through nosocomial infections both adding risk of harm to patients and staff as well as reducing available capacity.



- Participate and comply fully in the system gold mechanisms so that we can demonstrate agility in supporting the most pressured organisations, pace in expanding critical care surge capacity, and equity in protecting care for urgent non COVID work for as long as we can.
- Support our staff through both strong communication cascade and making available every possible source of health and wellbeing and pastoral support.

By focusing on these priorities, we shall save lives that will otherwise be lost.

As Chairs I will be looking for your leadership in supporting your executive teams and staff at a hugely challenging time; enabling them to focus on these important priorities by minimising unrelated activity (for example postponing all Board development or strategy sessions, keeping Board meetings and committees to the minimum needed to give effective assurance on these priorities); cancelling any unnecessary oversight/contract meetings between organisations; and giving your backing to the redeployment of clinical staff to the opening of frontline capacity or to accelerate the vaccination programme wherever possible.

At regional level we have already over the past few weeks redeployed staff to focus on vaccination and supporting the gold processes. In addition, we are now stepping back our improvement Boards; suspending all business as normal work so that we can move more staff to work on the vaccination programme; suspending Continuing Healthcare catch up work for a period to enable redeployment of clinical staff. We shall in addition keep advocating for the region nationally to secure further national support.

Many thanks for everything you have done and for your outstanding leadership over the last 12 months. We are now entering the toughest period faced by the NHS in the last 70 years. I am confident that we shall work our way through it with the North West characteristic of great professionalism and commitment allied to a deep spirit of collaboration that ensures no one gets left behind or isolated. But this will require immediate and unprecedented action and focus. I am grateful for your support in responding accordingly.

Yours sincerely



**Bill McCarthy**  
**Executive Regional Director (North West)**

cc

**North West Chief Executives and Accountable Officers of all Trusts and CCGs**  
**North West ICS Chairs and Chief Executives**



<b>Meeting</b>	<b>19<sup>th</sup> January 2021</b>	<b>Board of Directors</b>					
<b>Report</b>	<b>Agenda item 7</b>	<b>Quality and Safety Committee Chair's Report</b>					
<b>Purpose of the Report</b>	Decision		Ratification		Assurance	x	Information
<b>Accountable Executive</b>							
<b>Author(s)</b>	Ros Fallon				Non-Executive Director and Chair of Quality & Safety Committee		
<b>Board Assurance Framework</b>	Q1	Quality & Safety					
<b>Strategic Aims</b>	To deliver safe care and treatment						
<b>CQC Domains</b>	Safe & Well Led						
<b>Previous Considerations</b>	-						
<b>Summary</b>	The purpose of this report is: <ul style="list-style-type: none"> <li>• To provide an update on the business of the Quality &amp; Safety Committee meeting held on 15 December 2020</li> </ul>						
<b>Recommendation(s)</b>	The Board is asked to: <ul style="list-style-type: none"> <li>• Note the contents of this report</li> <li>• Note the Health and Safety Annual Report</li> <li>• Note the Mortality Indicators Report</li> <li>• Ratify the Quality and Safety Committee Terms of Reference</li> </ul>						
<b>Corporate Impact Assessment</b>							
<b>Statutory Requirements</b>	The Quality & Safety Committee is established as a formal committee of the Board of Directors to provide assurance						
<b>Quality &amp; Safety</b>	Improved patient safety						
<b>NHS Constitution</b>							
<b>Patient Involvement</b>							
<b>Risk</b>	Quality & Safety Risks are considered by the Quality & Safety Committee						
<b>Financial impact</b>							
<b>Equality &amp; Diversity</b>							
<b>Communication</b>							



## **1. Introduction**

The purpose of this report is to provide the Board of the Countess of Chester NHS Foundation Trust with an overview of key items of business discussed at the Quality and Safety Committee on 15 December 2020. Due to Covid restrictions the meeting was undertaken via Microsoft Teams.

## **2. Outstanding items from previous meetings**

Temperature monitoring for drug fridges is an outstanding action following the CQC inspection in December 2018. The committee was informed that the initial inspection has been completed and an assessment was due to take place to determine the requirements to complete the work. Concern was raised as to the lack of timescale for completion of the work. The committee were advised that the assessment would inform the timescale. The committee were informed that whilst CQC would have expected the work to be completed they are aware of the delay.

A review of maternity induction rates identified that although the Trust has a higher rate of induction against its peers, no harm has been identified. It was also noted that the Trust policy reflects the regional policy however the patient demographics results means that more patients require induction. It was also noted that the Trust is an outlier for Caesarean Section rates, however a review has identified that all were undertaken appropriately.

## **3. Covid 19 Improvement Plan**

The Committee considered the Covid 19 Improvement Plan which sets out actions to address gaps identified in the Covid 19 Board Assurance Framework.

During November the Trust underwent a Peer Review facilitated by the Head of Infection Prevention and Control at NHS England. The Peer Review was instigated as the Countess is an outlier for Nosocomial Infection rates. The full report of the Peer Review was not available at the time of the committee meeting however the Trust had received written feedback on 27 November which highlighted areas of good practice and areas for improvement. Areas for improvement included:

- Covid designated wards
- Prioritisation of estate work
- Increased domestic services
- Types of curtain used
- Messaging to staff
- Reinstatement of the Infection Prevention and Control Audit Programme.

The improvements are being led and monitored by the Infection Prevention and Control (IPC) Group which reports into the Quality Governance Group and subsequently the Quality and Safety Committee. Key actions include £880k investment for additional facilities staff, a focus on swabbing and cohorting patients. The action plan links to the Covid Board Assurance Framework of which the committee receives an update at each meeting. It was agreed after the meeting that the committee would receive a separate progress report against the action highlighted from the Peer Review.



The committee also received an operational update including numbers of inpatients, outbreaks and staff absence due to Covid. The Committee noted the content of the Covid-19 Improvement Plan and supported the on-going actions to mitigate the risk. The Committee also noted a letter from NHS England Regional Director requesting a greater focus on nosocomial infections, the mitigating actions in place and the additional cleaning investment being made.

An update on the Trust vaccination position was received with 2,200 vaccinations being delivered since the start of programme on 8 December 2020. It was noted that the Countess had delivered more vaccinations than any other Trust in the North West. It was planned to increase vaccinations to 500 per day.

#### **4. Integrated Performance Report**

The Committee received the Integrated Performance Report and the following issues were discussed:

- Deep Dive into Falls and Pressure Ulcers were due to be repeated in December 2020. However, due to operational pressures and also the improving position this is due to be reviewed by the Head of Quality in January 2021.
- RTT Cancer waits were an area of concern. Reasons for this are multi-faceted some of which are due to patients being on a pathway at another Trust or internal legacy issues. NHSE/I are supporting the Trust with a validation programme and consideration is being given to use of the independent sector. It was agreed that the Committee would receive an in depth report on Cancer waits at the next meeting.

#### **5. Quality Priorities**

The Committee received an update on the 2020/21 Quality Priorities and the following issues were discussed:

- It has been challenging to deliver Safety Summits due to IPC restrictions, however it is planned to hold a summit in January via Zoom.
- A number of pieces of work are underway to increase discharges each day with a renewed focus on early ward rounds and a multi-agency discharge event. It is clear that low levels of discharges have resulted in longer ED waits.
- Covid-19 has expedited a new way of working for outpatients using associated technology. However this has brought some frustrations when patients are not available. Virtual clinics appear to be more successful.
- Paediatrics are not using virtual clinics as it is felt by clinicians that the voice of the child and nonverbal communication is lost in the virtual setting.

#### **6. Mortality Indicators Report**

The Committee received a report on Mortality Indicators and the following issues were discussed:

- HSMR remains above the expected range



- The Countess has a higher number of Covid-19 related deaths compared to other Trusts. This is due to a number of reasons and all Covid-19 deaths are due to be reviewed. One reason for the higher number of Covid related deaths may be due to miscoding.
- The Learning from Deaths Group recently received a report on learning from the first wave of Covid. This report will be shared at the next Quality and Safety Committee. It is anticipated that the number of deaths in the second wave will be lower than the first wave due to embedded learning.
- A further factor influencing the HSMR is the coding of Palliative Care. Work is underway to address this issue.

## **7. Health and Safety Annual Report**

The Committee received the Health and Safety Annual Report which summarised the principle activity and outcomes relating to the promotion and management of Health and Safety during 2019/20. Discussion took place around the delay in the receipt of the report and assurance that issues are being addressed. The Committee was informed that issues are escalated through the Health and Safety Committee to the Quality Governance Group and subsequently the Quality and Safety Committee.

## **8. Clinical Audit Annual Report and Clinical Audit Strategy**

The Committee received the Clinical Audit Annual Report for 2019/20 alongside the Clinical Audit Strategy for 2020/2 and following issues were discussed:

- The high number of incomplete local audits will be addressed through a review of the clinical audit work programme. Due to the impact of Covid-19 some audits have been overtaken by more up to date audits.
- The timescale for receiving the 2020/21 Strategy had slipped due to Covid-19 and the Committee would ordinarily receive the report earlier in the financial year.

## **9. Revised Terms of Reference**

**The Committee received and approved the revised Terms of Reference with key changes to include:**

- Addition of Chief Digital Information Officer to the membership
- Addition of Managing Director, Cheshire West ICP to those in attendance
- Other minor changes.

## **10. Other issues discussed**

- The Medical Examiner Team has been appointed and should be functional by March 2021
- Whilst the implementation of 111 should impact on the Trust ED activity NHSE/I has undertaken a deliberate soft launch to gradually raise awareness of the service



to the public. The Trust has shared some communication on the service however this has reflected the NHSE/I approach.

- The Same Day Emergency Care project is due for completion in 2021 and this will also divert patients from ED to more appropriate pathways of care.

## **11. Recommendation**

The Board of Directors is asked to:

- Note the contents of this report
- Note the Health and Safety Annual Report
- Note the Mortality Indicators Report
- Ratify the Quality and Safety Committee Terms of Reference



<b>Meeting</b>	<b>19 January 2021</b>	<b>Board of Directors</b>				
<b>Report</b>	<b>Agenda item 8</b>	<b>Maternity Services Assurance Assessment Tool - in response to the Ockenden Report</b>				
<b>Purpose of the Report</b>	Decision		Ratification		Assurance	x Information
<b>Accountable Executive</b>	Alison Kelly			Director of Nursing & Quality & Deputy Chief Executive		
<b>Author(s)</b>	Alison Kelly			Director of Nursing & Quality & Deputy Chief Executive		
	Keith Haynes			Interim Governance Consultant		
<b>Board Assurance Framework</b>	Q1	Quality & Safety				
<b>Strategic Aims</b>	To deliver safe care and treatment					
<b>CQC Domains</b>	Well Led					
<b>Previous Considerations</b>	-					
<b>Summary</b>	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> <li>Note the Ockenden Report which was published in December 2020 from the Independent Maternity Review; and</li> <li>Note the actions agreed and taken since receipt of the Ockenden Report.</li> </ul> <p>In December 2020, Donna Ockenden released her first report from the Independent Review of Maternity Services at the Shrewsbury &amp; Telford Hospital NHS Trust detailing significant failings in maternity care.</p> <p>All Trusts were required to complete an assurance submission in December 2020 in response to the 12 urgent clinical priorities.</p> <p>The Report provides detail on the Trust's submission and further actions which need to be taken.</p>					
<b>Recommendation(s)</b>	<p>The Board is asked to:-</p> <ul style="list-style-type: none"> <li>Receive and note the contents of Part 1 of the Ockenden Report, acknowledging that Part 2 of the report will be published imminently;</li> <li>Note the status of the required actions that has been made in response to Ockenden Report and if any further action or assurance is required;</li> </ul>					



	<ul style="list-style-type: none"> <li>• Approve the recommendation that Ros Fallon should be appointed as the Non-Executive lead in support of Maternity Services and progression of this work;</li> <li>• Consider how best to progress the Board's review of the Ockenden Report and the necessary implementation of its recommendations;</li> <li>• Note that the completion of a number of the above actions are dependent upon the development of regional Local Maternity System processes and documentation;</li> <li>• Note that further updates in relation to the Ockenden Report will be provided to the Board as necessary.</li> </ul>
<b>Corporate Impact Assessment</b>	
<b>Statutory Requirements</b>	Actions support regulatory compliance
<b>Quality &amp; Safety</b>	Progress with the Ockenden clinical priorities will be overseen by the Quality & Safety Committee and reported into Board of Directors.
<b>NHS Constitution</b>	
<b>Patient Involvement</b>	Patient Involvement is a key action in the recommendations
<b>Risk</b>	
<b>Financial impact</b>	Some investment will be required to support workforce in particular
<b>Equality &amp; Diversity</b>	N/A
<b>Communication</b>	Will be published as part of Board papers



**Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust – the Ockenden Report – and the Maternity Services Assurance Assessment Tool - in response to the Ockenden Report**

**BACKGROUND AND PURPOSE**

1. In December 2020, Donna Ockenden released her first report from the Independent Review of Maternity Services at the Shrewsbury & Telford Hospital NHS Trust detailing significant failings in maternity care.
2. The report presents emerging findings and recommendations from 250 clinical reviews.
3. The Report identifies seven Immediate and Essential Actions (IEA) for all NHS Providers of Maternity Care. The seven Immediate and Essential Actions (IEA) which comprise 25 related actions are as follows:
  - Enhanced Safety
  - Listening to women and their families
  - Staff Training and working together
  - Managing Complex Pregnancies
  - Risk Assessment through Pregnancy
  - Monitoring Fetal well-being
  - Informed Consent
4. As an immediate action, Trusts have been asked to proceed to implement the full set of 25 Ockenden Immediate and Essential Actions. However, 12 urgent clinical priorities were identified, with a request for Trust Chief Executives to confirm they have been implemented using the Maternity Services Assurance Assessment Tool.
5. The link to the full Ockenden report can be found within Part B of the public Board of Directors papers.
6. The purpose of this paper is for the Board to note the Ockenden Report which was published in December 2020 from the Independent Maternity Review and to note the actions agreed and taken since receipt of the Ockenden Report.

**CURRENT POSITION**

7. A letter was sent to all NHS Trust and Foundation Trust Chief Executives on 14th December 2020 from NHS England and NHS Improvement in response to the publication of the Ockenden Report. The letter set out the requirement for all Trust Boards to receive the Ockenden Report at their next meeting in public and complete and submit an assurance report.



8. The letter of the 14th December 2020 stated that Trust's Board of Directors should "reflect on whether the assurance mechanisms for their trust are effective and, within the local maternity system (LMS), that it is assured that poor care and avoidable deaths with no visibility or learning cannot happen in their own organisation".
9. Furthermore, the letter set out the requirement for all trusts to complete an **assurance statement** confirming implementation of the 7 Immediate and Essential Actions (for all NHS Trusts) contained in the Ockenden Report. As mentioned previously, the 7 IEA themes contain 25 specific actions to address. However, this letter set out specific requirements for trusts to address and present progress against 12 of these in the first instance, which are termed 'urgent clinical priorities', to their next meeting of the Board of Directors in public. These comprise (extracted from the letter):

**1) Enhanced Safety**

- a) *A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly*
- b) *All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB*

**2) Listening to Women and their Families**

- a) *Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services*
- b) *In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.*

**3) Staff Training and working together**

- a) *Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.*
- b) *The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly, which must be implemented, In the meantime, we are seeking assurance that a MDT training schedule is in place.*
- c) *Confirmation that funding allocated for maternity staff training is ring fenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety*



**4) *Managing complex pregnancy***

- a) *All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place*
- b) *Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres*

**5) *Risk Assessment throughout pregnancy***

- a) *A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance*

**6) *Monitoring Fetal Wellbeing***

- a) *Implement the saving babies' lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.*

**7) *Informed Consent***

- a) *Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.*

- 10. In response to the letter of 14<sup>th</sup> December 2020, the Trust undertook an in-depth review via the Executive Team into compliance with the 12 urgent clinical priorities within the seven immediate recommendations and the detail of the review and submission to NHSE/I is attached at Annex 1 below. It will be noted that the Trust reported full compliance with 6 of the priorities, partial compliance with 5 of the priorities, and non-compliance with one of the priorities regarding implementation of the national quality surveillance model which has not yet been published. The Trust has provided Chief Executive Officer assurances within its submission that all recommendations will be implemented, with areas where there is not yet full compliance highlighted, obstacles outlined with redress and an anticipated date set for full compliance.
- 11. In addition, the submission requested confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. The proposed Non-Executive Director lead for paediatric and maternity services is Ros Fallon. Further guidance is also recommending the appointment of an external advocate in support of these services and further update will be provided on this as soon as possible.
- 12. It had been anticipated that the Board would take the opportunity to explore the Ockenden Report and the Trust's response to it, during the Board Development session scheduled for 9 February. However, due to the regional moratorium on all but business critical activities during the current phase of the pandemic (excluding patient safety and staff well-being



matters) this session has been cancelled. Nevertheless, given the importance of this critical matter patient safety matter the Board will wish to consider how it can best meaningfully progress its consideration of the Ockenden Report.

### 13. Actions

Compliance Ratings and Actions Required against each of the Urgent Clinical Indicators are listed below. The Head of Midwifery and Clinical Lead for Maternity will provide overarching leadership in ensuring progress and completion of these actions. Actions will be monitored through the Women’s & Children’s Governance monthly meeting.

<b>Immediate and Essential Action</b>	<b>Urgent Clinical Priority</b>	<b>Status</b>	<b>Actions Required</b>	<b>Date For Completion</b>
Listening to women and families	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	Compliant	Remain compliant	N/A
Enhanced Safety	Can you demonstrate that the Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?	Compliant	Remain compliant	N/A
Enhanced Safety	MDT training schedule is in place	Compliant	Remain compliant	N/A
Listening to women and families	In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent	Compliant	Remain compliant	N/A



Immediate and Essential Action	Urgent Clinical Priority	Status	Actions Required	Date For Completion
	challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard.			

Immediate and Essential Action	Urgent Clinical Priority	Status	Actions Required	Date For Completion
Enhanced Safety	A plan to implement the Perinatal Clinical Quality Surveillance Model	Partial Compliance	Development of strong governance processes Develop data metrics for board oversight Monthly reviews of maternity and neonatal safety and quality is undertaken by board Sharing intelligence with an Integrated Care System	April 2021
Enhanced Safety	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Partial Compliance	Full review of the risk process required Enhanced support in governance processes to undertake robust PMRT. Improve links with Learning from Deaths Portfolio	March 2021
Monitoring Fetal Wellbeing	A second lead is identified so that every unit has a lead	Partial Compliance	Appointment of a second midwifery lead	April 2021



Immediate and Essential Action	Urgent Clinical Priority	Status	Actions Required	Date For Completion
	midwife and a lead obstetrician in place for implementation of the Saving Babies Lives Bundle.		required	
Managing Complex Pregnancy	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place	Partial Compliance	Regular audit mechanism required	May 2021
Staff Training and Working Together	Confirmation that funding allocated for maternity staff training is ring fenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety	Partial Compliance	Assurance that maternity monies will be tracked and reported on a monthly basis to the Head of Midwifery	March 2021

Immediate and Essential Action	Urgent Clinical Priority	Status	Actions Required	Date For Completion
Enhanced Safety	All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	Non-Compliant	Monthly Serious Incident Report shared with the trust board and LMS	March 2021  May 2021
Enhanced Safety	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Non-Compliant	Consultant job plans to be reviewed and agreed	April 2021
Risk Assessment Throughout Pregnancy	A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the	Non-Compliant	Development of a risk assessment tool within the maternal paper and electronic documentation and audit mechanism	April 2021



Immediate and Essential Action	Urgent Clinical Priority	Status	Actions Required	Date For Completion
	Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance.			
Informed Consent	Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	Non-Compliant	Development of the trust website required	July 2021
Risk Assessment Throughout Pregnancy	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Non-Compliant	Development of regional processes required	June 2021
Staff Training and Working Together	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Non – Compliant	Workforce Staffing analysis required by 31 <sup>st</sup> January. Current gaps in staffing levels in relation to Birthrate Plus staffing quota	March 2021
Staff Training and Working Together	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	Non-Compliant	Limited attendance from anaesthetic department at in house training. Online training videos to be developed and provided to ensure compliance	March 2021



## **14. RECOMMENDATIONS**

### **The Board is asked to:-**

- Receive and note the contents of Part 1 of the Ockenden Report, acknowledging that Part 2 of the report will be published imminently;
- Note the status of the required actions that has been made in response to Ockenden Report and if any further action or assurance is required;
- Approve the recommendation that Ros Fallon should be appointed as the Non-Executive lead in support of Maternity Services and progression of this work;
- Consider how best to progress the Board's review of the Ockenden Report and the necessary implementation of its recommendations;
- Note that the completion of a number of the above actions are dependent upon the development of regional Local Maternity System processes and documentation;
- Note that further updates in relation to the Ockenden Report will be provided to the Board as necessary.

## Annex 1

### Ockenden Review December 2020: 12 Urgent Clinical Priorities

#### Introduction

This document contains the 12 urgent clinical priorities identified in the letter dated 14th December 2020 from Amanda Pritchard, Ruth May and Prof Steve Powis to the NHS Trust and Foundations Trust Chief Executives sets out the immediate response required by all Trusts providing

#### Immediate Actions

Trusts should proceed to implement the full set of the Ockenden Immediate and Essential Actions. However, 12 urgent clinical priorities from the IEAs were identified which they are asking Trust Chief Executives to confirm they have implemented **by 5pm on 21st December 2020**.

These 12 priorities are taken from the 7 Immediate and Essential Actions:

1. Enhanced Safety
2. Listening to women and their families
3. Staff Training and working together
4. Managing Complex Pregnancies
5. Risk Assessment through Pregnancy
6. Monitoring Fetal well-being
7. Informed Consent

Confirmation of the Trusts compliance with these immediate actions signed off by the CEO, along with confirmation of sign off from the Chair of your local LMS to your Regional Chief Midwife, **by 21 December**. They are available to support Trusts with this request. The individual responses will form part of the presentation and discussion at the NHSEI Public Board in January 2021 when the report, and immediate and longer-term

**Please note this template is for the response to the 12 Clinical Priorities for the 21st December 2020 submission. A further template will be circulated which will include all the actions from the 'Immediate and Essential Actions'.**

Ockenden Review December 2020: 12 Urgent Clinical Priorities

<b>Trust Name:</b>	COUNTESS OF CHESTER
<b>Tool completed by - Name:</b>	Sara Bringham & Rachael Schollar
<b>Role:</b>	O&G Clinical Lead & Head of Midwifery
<b>Contact email address:</b>	<a href="mailto:sara.bringham@nhs.net">sara.bringham@nhs.net</a>
<b>Contact email address:</b>	<a href="mailto:rschollar@nhs.net">rschollar@nhs.net</a>

Essential Action	Action required	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Action to be taken if partially or not compliant	Lead	Timescale for completion
<b>Enhanced safety:</b> Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.	1a) A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly	Partially Compliant	Aware of the proposal. Planning meeting arranged with MDT team to develop implementation Plan, Shared with Chair, CEO re Board expectation.	Rachael Schollar (HoM) / Sara Bringham (O&G Clinical Lead)	Jan-21
	1b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	Partially Compliant	SI's shared with trust board and reported to HSIB . A separate section for maternity SI's will be developed in monthly integrated performance report. Will commence sharing with LMS. All go to Neonatal network networks as well.	Rachael Schollar (HoM)	Jan-21
<b>Listening to Women and their Families:</b> Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.	2a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services	Compliant		Rachael Schollar (HoM)	
	2b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.	Compliant	Alison Kelly is Named Executive Director. Ros Fallon is named Non-Exec Director for Paediatrics. Discussion with Chair to determine scope of role to cover maternity and neonates.	Alison Kelly (Director of Nursing and Quality)	Jan-21
<b>Staff training and working together:</b> Staff who work together must train together.	3a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Partially Compliant	Twice daily ward rounds currently Mon to Fri 8.30am and 5.30pm. Sat and Sun ward round 8.30am. Weekend ward round at 5.15pm if there are high risk patients requiring it, would need to be formalised. Actions required - Team job plan review to identify the gap in consultant provision	Sara Bringham (O&G Clinical Lead) / Michelle Green (Div Medical Director)	Jan-21

Essential Action	Action required	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Action to be taken if partially or not compliant	Lead	Timescale for completion
	3b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, In the meantime we are seeking assurance that an MDT training schedule is in place.	Compliant		Cath Sales (PDM) / Jean Fisher (Deputy HoM) / Victoria Finney (O&G Consultant) / David Castillo (Consultant Anaesthetist)	
	3c) Confirmation that funding allocated for maternity staff training is ringfenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety	Partially Compliant	Can confirm there is a maternity staff training budget. Discussion with Chief Finance Officer required to gain further detail on process regarding 'ringfencing' monies	Liz Kewin (Directorate Manager)	Jan-21
<b>Managing complex pregnancy:</b> There must be robust pathways in place for managing women with complex pregnancies. Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.	4a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place	Partially Compliant	Audit tool to be developed to provide assurance in practice	Jean Fisher (Deputy HoM)	Jan-21
	4b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Compliant		Jo Davies (O&G Consultant and Risk Lead)	
<b>Risk assessment throughout pregnancy:</b> Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.	5a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance	Partially Compliant	Informal risk assessment carried out at every contact but not a formal one. Need to develop template to ensure this assessment takes place and agreement on documentation. Ongoing audit can then be added to care metrics monthly audit. Formal assessments done at booking and onset of labour currently.	Jean Fisher (Deputy HoM)	Feb-21
<b>Monitoring fetal wellbeing:</b> All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.	6a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.	Compliant		Usha Rao (O&G Consultant) / Di Lee (Midwife and CTG Champion)	
<b>Informed consent:</b> All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.	7a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.	Partially Compliant	Policies written and available within Trust intranet site. Trusts overarching Website under development therefore development of Maternity element required to accommodate all these recommendations	Helen Rouse (Better Births Lead Midwife)	Jun-21

Ockenden Review December 2020: 12 Urgent Clinical Priorities

LMS Name:	
Tool completed by - Name:	
Role:	
Contact email address:	

Essential Action	Action required	Overall LMS Position	TRUST 1	TRUST 2	TRUST 3	TRUST 4	TRUST 5	TRUST 6
		Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>
<b>Enhanced safety:</b> Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.	1a) A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly							
	1b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSB							
<b>Listening to Women and their Families:</b> Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (Sis) have regional and Local Maternity System (LMS) oversight.	2a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services							
	2b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.							
<b>Staff training and working together:</b> Staff who work together must train together.	3a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.							
	3b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, in the meantime we are seeking assurance that a MDT training schedule is in place.							
	3c) Confirmation that funding allocated for maternity staff training is ringfenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety							
<b>Managing complex pregnancy:</b> There must be robust pathways in place for managing women with complex pregnancies. Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine	4a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place							
	4b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres							
<b>Risk assessment throughout pregnancy:</b> Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.	5a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance							
<b>Monitoring fetal wellbeing:</b> All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.	6a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.							
<b>Informed consent:</b> All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.	7a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.							

<b>Compliant</b>
<b>Partially Compliant</b>
<b>Not Compliant</b>



<b>Meeting</b>	<b>19<sup>th</sup> January 2021</b>	<b>Board of Directors</b>					
<b>Report</b>	<b>Agenda item 9.a</b>	<b>Finance Report – Month 08, November 2020</b>					
<b>Purpose of the Report</b>	Decision	Ratification		Assurance	X	Information	X
<b>Accountable Executive</b>	Simon Holden			Director of Finance			
<b>Author(s)</b>	Simon Holden Clare Barrow			Director of Finance Interim Deputy Director of Finance			
<b>Board Assurance Framework</b>	E1	Underlying Long Term Trust Financial Sustainability					
<b>Strategic Aims</b>							
<b>CQC Domains</b>	Safe, Caring, Responsive, Effective & Well Led.						
<b>Previous Considerations</b>	n/a						
<b>Summary</b>	The purpose of this report is to provide details of the Trust’s financial position, as at 30 <sup>th</sup> November 2020 (Month 08), including the latest forecast submission shared with NHS England / Improvement (NHSE/I) and also an update on the revised cross border charging arrangements.						
<b>Recommendation(s)</b>	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> <li>a) The £0.829m cumulative deficit reported as at November 2020 (Month 08), against the Trust’s allocation; this being £1.136m better than original Plan;</li> <li>b) The £0.469m in month deficit reported for November 2020 (previously £0.360m in October 2020), against the Trust’s allocation; this being £0.486m better than the original Plan (previously £0.650m in October 2020);</li> <li>c) The requirement to manage the Trust’s funding from three different funding streams (i.e. Underlying Deficit/Core, Covid Monies and Restoration Costs) on a “net neutral” basis;</li> <li>d) The main drivers of cost in the month being an increase of £0.5m in pay costs, principally Medical &amp; Nursing;</li> <li>e) The impact on previously planned levels of activity, with the Trust being cumulatively 107,455 units of activity below plan (but with the virtual recovery of Daycase &amp; Outpatient Follow Ups during November 2020), equating to a shortfall of £32.619m if Payment by Results was in place;</li> <li>f) The cash balances held at 30 November 2020 of £35m;</li> <li>g) That the Elective Incentive Scheme (EIS) has not been accrued for, and if applied will only be applied at a Heath &amp; Care Partnership level;</li> </ul>						



	<p>h) The new revised cross border charging arrangements, with Wales, and associated financial risk (circa £0.300m per month);</p> <p>i) The other risks identified, and currently being managed;</p> <p>j) The revised forecast outturn deficit position submitted to NHSE/I of £4.9m (likely case), £3m (best case), &amp; £6.9m (worst case); and</p> <p>k) The commencement of the financial planning for 2021/22 (including the notified increase in Clinical Negligence Scheme Trust contributions by a further £0.667m).</p>
<b>Corporate Impact Assessment</b>	
<b>Statutory Requirements</b>	Meets the Trust compliance with Foundation Trust Status
<b>Quality &amp; Safety</b>	Seeks to address Quality & Safety issues across the Trust.
<b>NHS Constitution</b>	n/a
<b>Patient Involvement</b>	n/a
<b>Risk</b>	<p>In addition to the Risks outlined above the following more general risks should also be noted:</p> <ol style="list-style-type: none"> <li>1) There is an overarching risk that the Trust may lose financial control if governance standards are reduced.</li> <li>2) There is a risk the planned deficit of £5.2m will be exceeded if operational plans are required to change in response to a further wave of Covid.</li> <li>3) Underlying recurring revenue position worsens as a result of significant capital investments (to support expansion), requiring further stretch savings targets.</li> <li>4) Increased Fraud Risk due to urgency of some of the spending, and also given the resources available to the Trust.</li> </ol>
<b>Financial impact</b>	Control total of £5.2m deficit challenging due to risk and uncertainty of continuing financial impact of surges in COVID activity.
<b>Equality &amp; Diversity</b>	n/a
<b>Communication</b>	This report can be communicated publically.



## Financial Performance November 2020 (Month 8)

### Executive Summary

This report summarises the financial performance of the Trust for the period ending November 2020 (Month 8), and includes an update on the financial risk associated with achieving the revised forecast deficit of £5.2m.

The report also includes an update on the latest planning and forecasting submissions shared with NHSE/I following a system level review during November 2020, and an update on the revised arrangements for cross border charging for Welsh patients.

A separate update on the 2020/21 Capital Expenditure Program will be presented alongside this report at the Trust Board on 19<sup>th</sup> January 2021.

A summary of the financial performance against the planned deficit for M7-12 can be found below:

Year to date (YTD) M7-8			
Allocation Category	YTD NHSE/I Plan Surplus/(Deficit)	YTD Actual Surplus/(Deficit)	YTD Variance Surplus/(Deficit)
	£000s	£000s	£000s
Core Budget	496	(714)	(1,209)
Covid	(605)	330	935
Growth (Restoration)	(1,398)	(390)	1,008
Growth (Winter)	(457)	(55)	402
<b>TOTAL</b>	<b>(1,965)</b>	<b>(829)</b>	<b>1,136</b>

- Year to date (YTD) cumulative deficit of £0.829m;
- YTD favourable variance of £1.136m against NHSE/I planned deficit of £1.9m (£5.2m for M7-12);
- Caused by lower than expected spend to date on Covid, restoration plans and winter costs;
- Underperformance of 107,455 units of activity to Month 8 (normally equates to an income shortfall of £32.6m) – No adjustments in year due to Payment by Results (PbR) suspension; and
- Cash balance of £35.3m held as at the 30 November 2020.

As part of the emergency financial framework put in place for April to September 2020, Welsh Commissioners agreed to mirror the approach taken by English Commissioners by agreeing block contracts. These arrangements expired at the end of September 2020, and a new set of



principles have been agreed nationally with the Welsh Health Authorities, based on variable payment thresholds. Adjustments will only be made where activity falls below or exceeds 25% of contracted activity levels.

There is a risk that restoration plans do not deliver sufficient activity, which could result in a contract adjustment of between £0.2m - £0.4m per month. Performance will be monitored closely as part of routine monthly processes and reported both internally and externally to NHSE/I and the Health & Care Partnership (HCP). The risk is captured in the scenario based forecasts submitted to the HCP, described below.

Following the planning submission on 18th November 2020, it became apparent the Cheshire & Merseyside financial position was particularly challenging and as a result, organisations were asked to provide a revised forecast to the HCP by 1<sup>st</sup> December 2020. Following review, the Trust submitted a revised forecast deficit of £4.946m which includes likely slippage of £0.3m on restoration costs.

Organisations were then subsequently asked to provide a best, likely, and worst case scenario forecast for reporting at a national level. The table below summarises the position reported to the HCP:

Description	Best	Likely	Worst
	£000s	£000s	£000s
Starting Forecast	(4,946)	(4,946)	(4,946)
Reduction in Restoration Costs	1,923		
Welsh Activity Marginal Rate for reduced activity			(1,250)
Additional Covid / Infection Prevention & Control Costs above envelope			(800)
<b>Total</b>	<b>(3,023)</b>	<b>(4,946)</b>	<b>(6,996)</b>

- Best case assumes further slippage of £1.9m on planned restoration costs
- Likely case based on revised forecast deficit of £4.9m submitted 1<sup>st</sup> December
- Worst case based on assumption all restoration costs are incurred as planned and the risk regarding the cross border activity threshold materialises.

The Trust continues to be monitored against the £5.2m planned deficit in year unless otherwise notified.



## Finance Report – November 2020 (Month 08)

### 1.0 Background

- 1.1 This report summarises the financial performance of the Trust for the period ending November 2020 (Month 8) and provides an update on the financial risks associated with achieving the revised forecast deficit of £5.2m. The Report also includes an update on the latest planning and forecasting submissions shared with NHSE/I, following a system level review during November 2020.
- 1.2 The Trust will continue to operate under the national system level finance regime for the remainder of this financial year, with block contracts remaining in place for NHS activity based on historic values. The forecast deficit of £5.2m is the difference between the Trust’s original additional funding plan submitted to NHSE/I (M7-12) of £25.7m, and the actual funding allocated via Cheshire & Merseyside Healthcare Partnership of £20.49m.
- 1.3 As previously reported, system level funding is made up of 3 core elements: Deficit/Core Funding, Covid and Growth. There is an additional variable source of funding linked to Elective Activity performance, with adjustments being made at a system level. The table below outlines the additional funding sources for M7-12 to be managed on ‘net neutral’ basis:

Funding Category	Trust Plan M7-12	Allocation Received / Adjustment	Surplus / (Deficit)
	£000s	£000s	£000s
Underlying Deficit/Core	8,922	11,931	3,009
Covid	9,453	7,638	(1,815)
Growth (Restoration)	5,116	921	(4,195)
Winter	1,371	-	(1,371)
Holiday Pay Accrual	849	-	(849)
<b>Total</b>	<b>25,711</b>	<b>20,490</b>	<b>(5,221)</b>

- 1.4 Budgets have been realigned at Month 8 to match the original Trust Plan, so that Covid and Restoration budgets can in future be ring-fenced and monitored in line with original expenditure and performance plans.
- 1.5 A summary of the realigned budgets, and year to date performance against each of the funding allocations, can be found in Appendix 1.



## 2.0 Financial Summary

- 2.1 The Trust reported a year to date (YTD) cumulative deficit of £0.829m to November 2020 (Month 8), this is £1.136m less than anticipated when compared to the original YTD planned deficit of £1.9m.
- 2.2 It should be noted the Trust received a top up for M1-6 of £16.6m in line with interim financial arrangements, to meet direct Covid costs and support a break-even position for the NHS during this period.
- 2.3 The table below shows the November 2020 (Month 8) cumulative financial position under the current interim arrangements as reported to NHSE/I:

Financial Plan as per NHSE/I Template	November NHSE/I Plan	November Actual Expenditure	November Variance
	£k	£k	£k
Clinical Income	164,598	164,260	(338)
Non Clinical Income	2,079	2,459	380
<b>Total Income</b>	<b>166,677</b>	<b>166,719</b>	<b>42</b>
Pay Expenditure	133,758	133,260	(498)
Non Pay Expenditure	56,882	56,284	(598)
<b>Total Expenditure</b>	<b>190,640</b>	<b>189,544</b>	<b>(1,096)</b>
<b>Operating Surplus / (Deficit)</b>	<b>(23,963)</b>	<b>(22,825)</b>	<b>1,138</b>
Finance Income	14	12	(2)
Finance Expense	(481)	(481)	0
PDC	(991)	(991)	0
<b>Total Finance Costs</b>	<b>(1,458)</b>	<b>(1,460)</b>	<b>(2)</b>
Other gains / (losses) inc disposal of assets	(66)	(66)	0
<b>Deficit Prior to Top Up</b>	<b>(25,487)</b>	<b>(24,351)</b>	<b>1,136</b>
Projected Top Up (M1-M6)	9,660	9,660	0
Projected True Up / Retrospective Top Up (M1-M6)	7,059	7,059	0
Deficit Funding (M7&M8)	3,979	3,979	0
Growth Funding - Restoration (M7&M8)	307	307	0
Growth Funding - Winter (M7&M8)	0	0	0
Covid Funding (M7&M8)	2,546	2,546	0
<b>Net monthly surplus / (deficit)</b>	<b>(1,936)</b>	<b>(800)</b>	<b>1,136</b>
Remove capital donations/grants I&E impact	(29)	(29)	0
<b>Adjusted Financial Performance</b>	<b>(1,965)</b>	<b>(829)</b>	<b>1,136</b>

- 2.4 The table above shows that against a planned deficit of £1.965m as at November 2020, the Trust has delivered a deficit of £0.829m, therefore performing £1.136m better than anticipated.

The main cause of the improved position is lower than expected Covid, Restoration and Winter costs.



2.5 The Elective Incentive Scheme (EIS) has not been accrued for, and if applicable will only be applied at a system level.

### 3.0 Variance Analysis

#### 3.1 Divisional / Departmental Variances (to budget)

In the absence of the completion of the 2020/21 Financial Planning process, the Trust has adopted the NHSE/I Financial Plan, outlined above. The table below shows the Divisional / Departmental performance comparing actual expenditure to the 2019/20 recurrent budget inflated, for the pay award, and is provided as a comparator only. It does not currently include any adjustments for activity over, or under, performance:

Divisional Variances		NOV YTD Var	CRS YTD Var	Pressure YTD exc CRS & PBR
		£000s	£000s	£000s
Planned Care	Favourable	(1,418)	1,707	(3,125)
Urgent Care	Adverse	4,093	794	3,299
ICP	Favourable	(207)	284	(491)
D&I	Adverse	1,372	690	682
Nurse Management	Adverse	548	62	486
Corporate Services	Adverse	2,893	269	2,624
Central Services	Adverse	1,574	(1,066)	2,640
Covid	Adverse	13,560		13,560
<b>Total</b>		<b>22,415</b>	<b>2,740</b>	<b>19,675</b>
<b>Top Up M1-M6</b>		<b>(9,660)</b>		
<b>True Up M1-M6</b>		<b>(7,059)</b>		
<b>Deficit / Growth / Covid Funding (From M7)</b>		<b>(6,832)</b>		
<b>Revised Total</b>		<b>(1,136)</b>		

The financial performance above is line with the following expectations:

- Planned Care underspend due to the elective programme being less than expected;
- Urgent Care overspend due to the operational pressures felt largely within this division;
- Diagnostic and Infrastructure overspend due to loss of car parking income, and Staff Restaurant receipts; and
- Additional £13.6m costs incurred due to Covid-19 to date, further details can be found in Section 4.0.



### 3.2 Subjective variances (comparison of Month 07 to Month 08 expenditure)

The table below, whilst not intended to be an exhaustive list, highlights a number of the material movements in actual expenditure between October (Month 7) and November (Month 8).

#### Variance Analysis - selected significant movements between October 2020 and November 2020

Code	Description	M5	M6	M7	M8	Movement M7-M8	Rationale
		Actual	Actual	Actual	Actual		
		£	£	£	£	£	
BE025	Medical Staff	4,385,245	4,847,935	4,431,069	4,909,715	478,646	CEAs (full annual amount) paid in M2. Medical pay award for consultant & middles grades paid in M6 relating to M1-6 £420k
BE060	Nursing/ Midwifery Staff	6,065,176	6,013,656	6,008,465	6,319,451	310,986	
BE110	Admin & Clerical Staff	2,021,952	2,033,459	1,965,531	2,063,696	98,165	
BE150	Medical ( Non Nhs )	201,455	111,711	217,226	102,719	(114,507)	
BE154	Nursing & Midwifery (Non Nhs)	199,227	234,568	247,321	327,348	80,027	
<b>Total Salaries &amp; Wages</b>		<b>16,387,328</b>	<b>16,787,042</b>	<b>16,743,464</b>	<b>17,211,663</b>	<b>468,199</b>	
CE302	Drugs ( Including Gases )	1,472,290	1,664,985	1,702,371	1,808,204	105,833	
CE305	Med & Surg Equip - Purchases	720,664	1,388,044	1,036,723	1,048,624	11,901	
CE312	Lab Equipment - Purchases	472,553	421,407	348,789	415,401	66,612	
CE322	Contract Hotel Services	39,539	49,299	50,491	58,897	8,406	
CE324	Uniforms & Clothing	(16,814)	100,859	90,983	88,525	(2,457)	PPE purchases
CE362	Furniture, Office & Computers	910,424	518,695	598,925	455,377	(143,549)	
CE366	Building & Eng Materials	98,922	43,621	138,335	111,353	(26,982)	
CE367	Building & Eng Contractors	109,063	99,956	47,565	64,262	16,697	
CE368	Estates - Maint Contracts	70,612	31,869	18,461	38,252	19,791	Fire alarm maintenance contract payment in M5
CE390	Ext Staffing/ Consultancy Fees	103,697	285,532	333,935	103,827	(230,108)	
CE396	Services Received	413,914	253,218	223,574	449,696	226,122	
<b>Total Non Pay Expenditure</b>		<b>6,953,132</b>	<b>7,587,150</b>	<b>7,606,233</b>	<b>7,486,871</b>	<b>(119,362)</b>	
<b>TOTAL TRUE UP &amp; TOP UP</b>		<b>(2,515,000)</b>	<b>(3,883,000)</b>				
<b>DEFICIT / GROWTH / COVID FUNDING (From M7)</b>				<b>(3,416,000)</b>	<b>(3,416,000)</b>		

## 4.0 Covid/Restoration/Winter

4.1 The Trust has been required since April, to identify the costs incurred as a result of Covid-19 and report it to NHSE/I. The costs identified must be “proportionate and reasonable”, and each Trust will be subject to external scrutiny. To aid this process the Trust has set up a Covid-19 specific cost centre, and as at November 2020 has incurred £13.6m cumulative year to date expenditure as detailed in the table below:



The Trust has incurred direct Covid costs totalling £2.216m for M7-8, resulting in a ytd under-spend of £0.935m against the original plan of £3.151m (£9.453m M7-12).

Sum of YTD act Row Labels	Column Labels Non Pay	Pay	Grand Total
Decontamination	£ 141,166		£ 141,166
Enhanced PTS	£ 492		£ 492
Existing workforce additional shifts		£7,951,267	£ 7,951,267
Expanding medical / nursing / other workforce	£ 81,308	£ 1,200,983	£ 1,282,292
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	£ 1,249,295		£ 1,249,295
Other	£ 4,968	-£ 0	£ 4,968
Plans to release bed capacity	£ 896,838		£ 896,838
PPE - locally procured	£ 1,079,423		£ 1,079,423
PPE - other associated costs	£ 1,052		£ 1,052
Remote management of patients	£ 189,297		£ 189,297
Remote working for non patient activites	£ 452,868		£ 452,868
Segregation of patient pathways	£ 17,922		£ 17,922
Testing non included in outside envelope categories	£ 293,581		£ 293,581
<b>Grand Total</b>	<b>£ 4,408,211</b>	<b>£ 9,152,251</b>	<b>£ 13,560,461</b>

4.2 The tables below illustrates the year to date spend against Trusts original plan for COVID, Winter and Restoration following changes to the financial regime for M7-12:

YTD M7&M8			
Category	YTD Plan	YTD Actual	YTD Variance
	£000s	£000s	£000s
Core Funding	£3,482	£4,691	£1,209
Covid	£3,151	£2,216	-£935
Growth (Restoration)	£1,705	£697	-£1,008
Growth (Winter)	£457	£55	-£402
<b>TOTAL</b>	<b>£8,795</b>	<b>£7,659</b>	<b>-£1,136</b>

4.3 At Month 8 the Trust is currently underspending against its original plans for Covid, Restoration and Winter but it is anticipated this will be spent in full by the end of the year to deliver operational requirements and increasing COVID pressures (with Contracts awarded).

4.4 Additional Covid costs totalling £2.216m have been incurred for M7 - 8, resulting in a YTD under-spend of £0.935m against the original plan of £3.151m (£9.453m M7-12).

4.5 Restoration costs total £0.697m year to date, but costs totalling c£5m are expected to be incurred between now and the end of the year in line with plan (see forecast below).



**5.0 Cross Border Financial Arrangements**

5.1 As part of the emergency financial framework put in place for the first half of 2020/21, Welsh commissioners agreed to mirror the approach taken by English commissioners by agreeing block contracts based on 19/20 values (M9 + inflationary uplift).

5.2 These arrangements expired at the end of September 2020 and a new set of principles have been agreed nationally with the Welsh Health Authorities. The revised agreement aims to share the risk of under/over-performance, whilst demonstrating continued commitment to the financial stability of the providers and recognising the higher costs of delivering services. The key principles of the agreement are as follows:

- Unless otherwise agreed, all block contracts with values below £2.5m (or £1.0m for Betsi Cadwaladr and Aneurin Bevan UHBs) will remain unchanged for the remainder of the year; and
- Unless otherwise agreed, the value of other contracts for M7-12 will be increased or decreased as soon as possible in line with the following:

Expected Over/Under Performance for Oct 20 to Mar 20 (M7-M12)	Increase / decrease in contract value compared to M1-6 value
0% to +/- 25%	0%
+/-25% to +/-30%	+/- 10%
+/-30% to +/- 50%	+/- 15%
Greater/less than +/- 50%	+/- 20%

- An adjustment will be made on a monthly basis against the agreed block contract values to reflect the actual usage of certain specialised high cost drugs and devices, in line with the financial arrangements for English commissioners.
- The value of any underperformance (or over performance) in 2020/21 will not be recouped from (or added to) the value of contracts in future financial years.
- Welsh patients will be given equal access to any additional capacity made available by English providers that is funded by their block contract income.

5.3 The Trust currently receives circa £2.0m per month from Betsi Cadwaladr University Health Board. The table below compares this block payment to the value of activity delivered and the associated adjustment to the block payment under the new financial arrangements in place for M7-M12 if they were in place throughout 2020/21:



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
2020/21 Block Value	2,080	2,080	2,080	2,080	2,080	2,080	2,080	2,080	16,637
2020/21 Outturn (at 19/20 Tariffs)	1,256	1,430	1,662	1,618	1,688	2,022	2,166	2,101	13,943
Variance to 2020/21 Block	(824)	(650)	(418)	(462)	(391)	(58)	86	22	(2,694)
% Variance to 20/21 Block	-40%	-31%	-20%	-22%	-19%	-3%	4%	1%	-16%
YTD % Variance to 20/21 Block M1-M6	-40%	-35%	-30%	-28%	-26%	-22%			-22%
YTD % Variance to 20/21 Block M7-M12							4%	3%	3%
% Penalty that would have applied	-15%	-15%	-15%	-10%	-10%	0%	0%	0%	
Value of Penalty that would have applied M1-M6	(312)	(312)	(312)	(208)	(208)	0			(1,352)
Value of Penalty applied M7-M12							0	0	0

*N.B. 20/21 outturn will be updated with 20/21 tariffs when available*

- 5.4 In the earlier part of the year when elective activity was reduced, the value of activity was between 30%-40% below the block payment. Under the new rules, this would equate to a 15% reduction (circa £0.3m per month) in income received for this period.
- 5.5 However, for the month of October the value of activity was 4% above the block payment value and for November is 1% above the block payment. The cumulative performance of +3% for October and November results in no adjustment to the income received.
- 5.6 There is a risk that restoration plans do not deliver sufficient activity which could result in a contract adjustment of between £0.2m - £0.4m per month. Performance will be monitored closely as part of routine process and the associated financial risk will continue to be assessed and reported both internally and externally to NHSE/I and the HCP.

## 6.0 Planning & Forecasting Update

- 6.1 Following the planning submission on 18<sup>th</sup> November, it became apparent the Cheshire & Merseyside financial position was not affordable within the agreed financial envelope. As a result, organisations were asked to review the financial position based on latest intelligence and provide a revised forecast to the HCP by 1<sup>st</sup> December 2020.
- 6.2 After reviewing the October (Month 7) financial position and in conjunction with operational intelligence, it was identified that there may be some slippage on the restoration monies of circa £0.3m with the remaining funds committed to deliver restoration plans, additional winter pressures and Covid costs. A summary of the revised forecast is provided in the table below:



Funding Category	Revised Forecast Plan M7-12	Allocation Received / Adjustment	Surplus / (Deficit)
	£000s	£000s	£000s
Underlying Deficit	8,922	11,931	3,009
Covid	9,453	7,638	(1,815)
Growth (Restoration)	4,814	894	(3,920)
Winter	1,371	-	(1,371)
Holiday Pay Accrual	849	-	(849)
<b>Total</b>	<b>25,409</b>	<b>20,463</b>	<b>(4,946)</b>

6.3 Following on from this exercise, the Trust was asked to provide the Cheshire & Merseyside HCP with a best, likely and worst case scenario forecast for reporting at a national level. The table below summarises the position reported to the HCP:

Description	Best	Likely	Worst
	£000s	£000s	£000s
Starting Forecast	(4,946)	(4,946)	(4,946)
Reduction in Restoration Costs	1,923		
Welsh Activity Marginal Rate for reduced activity			(1,250)
Additional Covid / Infection Prevention & Control Costs above envelope			(800)
<b>Total</b>	<b>(3,023)</b>	<b>(4,946)</b>	<b>(6,996)</b>

6.4 The Best case assumes there is further slippage of £1.9m on planned restoration costs, resulting in a revised forecast deficit of £3m. The Likely case is based on the revised forecast deficit of £4.9m submitted on 1<sup>st</sup> December; and the Worst case is based on the assumption all restoration costs are incurred as planned and the risk regarding the cross border activity threshold materialises.

6.5 The forecast scenarios will be reviewed on a monthly basis and reported to HCP alongside the NHSE/I monitoring returns from M8 onwards.

## 7.0 Budget Setting 2021/22

7.1 Due to the uncertainty regarding the financial regime moving in to 2021/22, the annual Planning Guidance has yet to be formally published (and a delay is anticipated). However, a draft timetable has been shared indicating key deadline for the annual planning submission:

- **11<sup>th</sup> March 2021** - submission of draft Annual Plan
- **29<sup>th</sup> April 2021** – submission of final Annual Plan



7.2 Work has now commenced to develop finance and operational plans, and further updates will be provided once more detailed guidance becomes available.

## 8.0 Capital Expenditure

Due to the increasing complexity of Capital funding this year, a separate paper has been written to accompany the Board Report outlining the current position. A Capital Steering Group will be established in January 2021 to provide oversight on progress with the 2020/21 Capital Plan and commence development of longer term Capital Plans aligned to the Trust's Clinical and Corporate Strategies.

## 9.0 Cash

In response to the Covid-19 pandemic and the interim financing arrangements, Trusts were paid one twelfth of the block income on 1<sup>st</sup> April 2020, and a further one twelfth on the 15<sup>th</sup> April thus securing Trust balances to eliminate potential cash flow issues and enable swift payments to be made to suppliers. A further one twelfth has been received monthly with a cash balance of £35.3m held as at the 30 November 2020. There is no clarity yet for the remainder of the year, but NHSEI have confirmed that Trusts will be given at least two months' notice of any proposed change.

## 10.0 Activity Monitoring

10.1 The graphs and tables in Appendix 2 provide an overview of the month on month trend in activity delivered by point of delivery, compared to performance for the same period in 2019/20, the COCH trajectory and the national target for the Covid recovery phase by Point of Delivery.

The table below is provided for information only and compares the cumulative activity for April to November 2020, to April to November 2019 and associated income. The information is provided for comparative purposes to assist in understanding the impact Covid-19 has had on Trust activity levels. Please note due to the block contract arrangements in place during 2020/21 there will be no contract performance adjustments in year mitigating the financial loss summarised in the table below:



Point of Delivery	November 2019 YTD Activity	November 2020 YTD Activity	Activity Variance	November 2019 YTD Value at 19/20 Tariffs	November 2020 YTD Value at 19/20 Tariffs	Value Variance
Daycases	24,191	13,078	(11,113)	£15,455,710	£8,191,711	(£7,263,999)
Elective Inpatients	2,868	1,564	(1,304)	£8,008,245	£4,213,636	(£3,794,608)
Non-Elective Inpatients (exc Maternity)	20,872	16,379	(4,493)	£44,960,584	£37,221,294	(£7,739,290)
Non-Elective Inpatients - Maternity	1,696	1,692	(4)	£4,514,189	£4,522,437	£8,248
First Outpatients	52,133	27,911	(24,222)	£8,192,564	£4,510,984	(£3,681,580)
Follow Up Outpatients	129,303	99,664	(29,639)	£10,040,328	£7,941,350	(£2,098,979)
Outpatient Unbundled & Procedures	54,321	29,774	(24,547)	£6,406,748	£2,910,398	(£3,496,349)
Maternity	6,296	5,820	(476)	£3,831,307	£3,741,702	(£89,606)
A&E Attendances	49,859	41,821	(8,038)	£5,658,789	£5,423,926	(£234,863)
Best Practice Adj'ts	0	0	0	£464,215	£339,528	(£124,687)
AMD	4,429	246	(4,183)	£3,868,724	£207,839	(£3,660,886)
Adult Critical Care	2,915	3,108	193	£4,410,890	£5,020,984	£610,094
Neonatal Critical Care	1,732	2,103	371	£1,126,791	£1,259,873	£133,081
Other Non PBR & CQUIN	0	0	0	£31,237,462	£30,051,764	(£1,185,698)
<b>PBR &amp; Non PBR Variance</b>	<b>350,615</b>	<b>243,160</b>	<b>(107,455)</b>	<b>£148,176,546</b>	<b>£115,557,425</b>	<b>(£32,619,121)</b>

10.2 In response to the Phase 3 Recovery requirements from NHS England & Improvement, the Trust submitted activity trajectories for all elective points of delivery in September 2020. The ambition was to achieve a monthly incremental improvement in elective activity performance with the ultimate ambition to get back to delivering 90% of 2019/20 elective activity levels.

10.3 The requirement from the regulator was to achieve the following phased performance for all elective points of delivery:-

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
70%	80%	90%	90%	90%	90%	90%	90%

10.4 In addition to these aspirant levels of activity, NHSE/I introduced an Elective Incentive Scheme (EIS), which was intended to reward systems that over delivered, and penalised others where performance was below these levels. However, whilst this scheme has not formally been withdrawn, the Trust has been told to not accrue for any potential penalties in any financial forecasts (with the expectation that this scheme will either be withdrawn, or modified to take account of Covid cases within systems).

10.5 The table below gives an indication of what the penalties would be if the EIS was enforced:

Penalty by Point of Delivery	Sep-20	Oct-20	Nov-20	Total
Daycase	(£43,190)	£18,935	£18,609	(£5,646)
Elective Inpatient	£2,943	(£20,660)	(£72,024)	(£89,740)
First Outpatient Attendances	(£21,413)	(£64,264)	(£46,844)	(£132,521)
Follow Up & Procedure Outpatient Attendances	£36,975	(£48,182)	£418	(£10,790)
<b>Total</b>	<b>(£24,684)</b>	<b>(£114,171)</b>	<b>(£99,842)</b>	<b>(£238,697)</b>



## 10.6 Activity Performance Summary

The summary position for November 2020 is further outlined below:

	Daycase	Elective Inpatients	Outpatient First Attendances	Outpatient Follow Up Attendances	Outpatient Procedures
Target November 2020	90%	90%	90%	90%	90%
Actual November 2020	89%	65%	70%	97%	75%
Variance November 2020	-1%	-25%	-20%	+7%	-25%

## 11.0 Key Financial Risks and Mitigations

The following residual risks and mitigations have been identified for the remainder of the financial year

### 11.1 There is an overarching risk that the Trust may lose financial control if governance standards are reduced. [Risk Score 2x3=6]

Established Financial Controls and Governance remain in place which has been reviewed and assessed by Mersey Internal Audit Agency.

### 11.2 There is a risk the planned deficit of £5.2m will be exceeded if operational plans are required to change in response to a further wave of Covid. [Risk Score 3x3=9]

Established Financial Controls and Governance remain in place including operational performance monitoring.

### 11.3 Restoration activity is not controlled within the envelope available. [Risk Score 2x3=6]

Established Financial Controls and Governance remain in place including operational performance monitoring.

### 11.4 Costs incurred in response to further Covid activity surges are greater than planned; [Risk Score 2x3=6], resulting in

- The resultant pressure impacts on planned care activity performance invoking Elective Incentive Scheme penalties. [Risk Score 2x3=6]; and
- The Trust is unable to deliver the contracted level of activity for Betsi Cadwaladr NHS Trust, resulting in variable contract thresholds being exceeded and income reductions applied [Risk Score 3x3=9].

The Trust is closely monitoring its Covid expenditure which is being approved in line with standing financial instructions supported by Business Cases where necessary.



The trust is maximising the use of Independent Sector providers to deliver planned care activity where possible and has contracts in place with third parties to support delivery of its planned care trajectories to mitigate this risk.

**11.5 Underlying recurring revenue position worsens as a result of significant capital investments (to support expansion), requiring further stretch savings targets. [Risk Score 3x3=9] namely:**

- Additional CT Scanner, Ellesmere Port Hospital (£1,000,000);
- Additional Endoscopy Suite, Countess of Chester Hospital (£300,000); and
- Expansion Critical Care 7 beds, Countess of Chester Hospital (£500,000).

Capital expenditure is approved in line with standing financial instructions supported by business cases and only approved where urgent and necessary.

**11.6 Increased Fraud Risk due to urgency of some of the spending, and also given the resources available to the Trust. [Risk Score 3x2=6]**

- Given the urgency of some of the spending, and also given the resources available to the Trust, there is a heightened risk of fraud. – The Trusts Counter Fraud Service has been kept Informed throughout the Covid process, with proactive pieces of work undertaken (including raising awareness with the staff, and also targeted investigations);
- The NHS as a whole is mindful of the urge to “bend rules” during this reimbursement phase, and hence costs need to be proportionate and reasonable (in accordance with the new rules) – The NHS centrally has stated that there will be an Audit of Trust expenditure and returns, to ensure that rules have been applied consistently across all providers;

The Trust has recently reviewed its fraud risk in conjunction with the LCFS using the Trusts risk management policy. Fraud risks have been added to the local finance risk register and will be reviewed on a regular basis.



**Appendix 1 – Realigned Budget @ Month 8 - Year to Date performance against NHSE/I Plan & Additional Funding Allocations (Core, COVID, Restoration, Winter)**

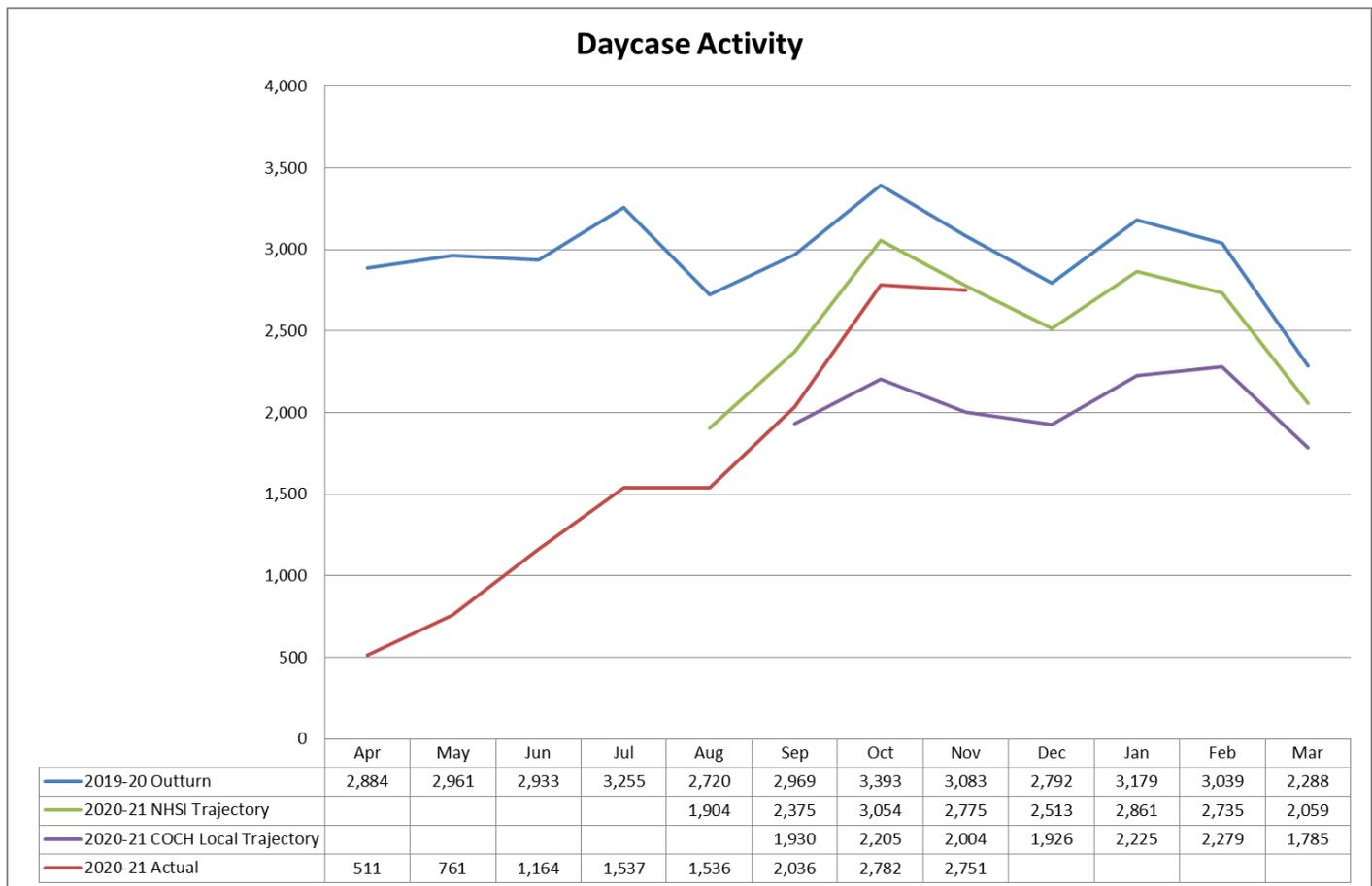
Category	Plan M7-12				YTD M7-8			YTD M7-8		
	Original Plan	Funding	Var Surplus/ (Deficit)	Redistribute Funding based on plan	YTD NHSE/I Plan	YTD Actual	YTD Variance Surplus/(Deficit)	Original Plan	YTD Actual	YTD Variance Surplus/(Deficit)
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Core Budget (inc A/L Accrual)	9,771	11,931	2,160	4,550	1,517	4,691	(3,174)	3,482	4,691	(1,209)
Covid	9,453	7,638	(1,815)	9,453	3,151	2,216	935	3,151	2,216	935
Growth (Restoration)	5,116	921	(4,195)	5,116	1,705	697	1,008	1,705	697	1,008
Growth (Winter)	1,371	0	(1,371)	1,371	457	55	402	457	55	402
<b>TOTAL</b>	<b>25,711</b>	<b>20,490</b>	<b>(5,221)</b>	<b>20,490</b>	<b>6,830</b>	<b>7,659</b>	<b>(829)</b>	<b>8,795</b>	<b>7,659</b>	<b>1,136</b>



## Appendix 2 – Month on Month Activity by Point Of Delivery (POD)

The graphs and tables in this report show that the month on month trend in activity delivered by point of delivery, compared to performance for the same period in 2019/20, the COCH trajectory and the national target for the Covid recovery phase by Point of Delivery.

### a) Daycase Activity

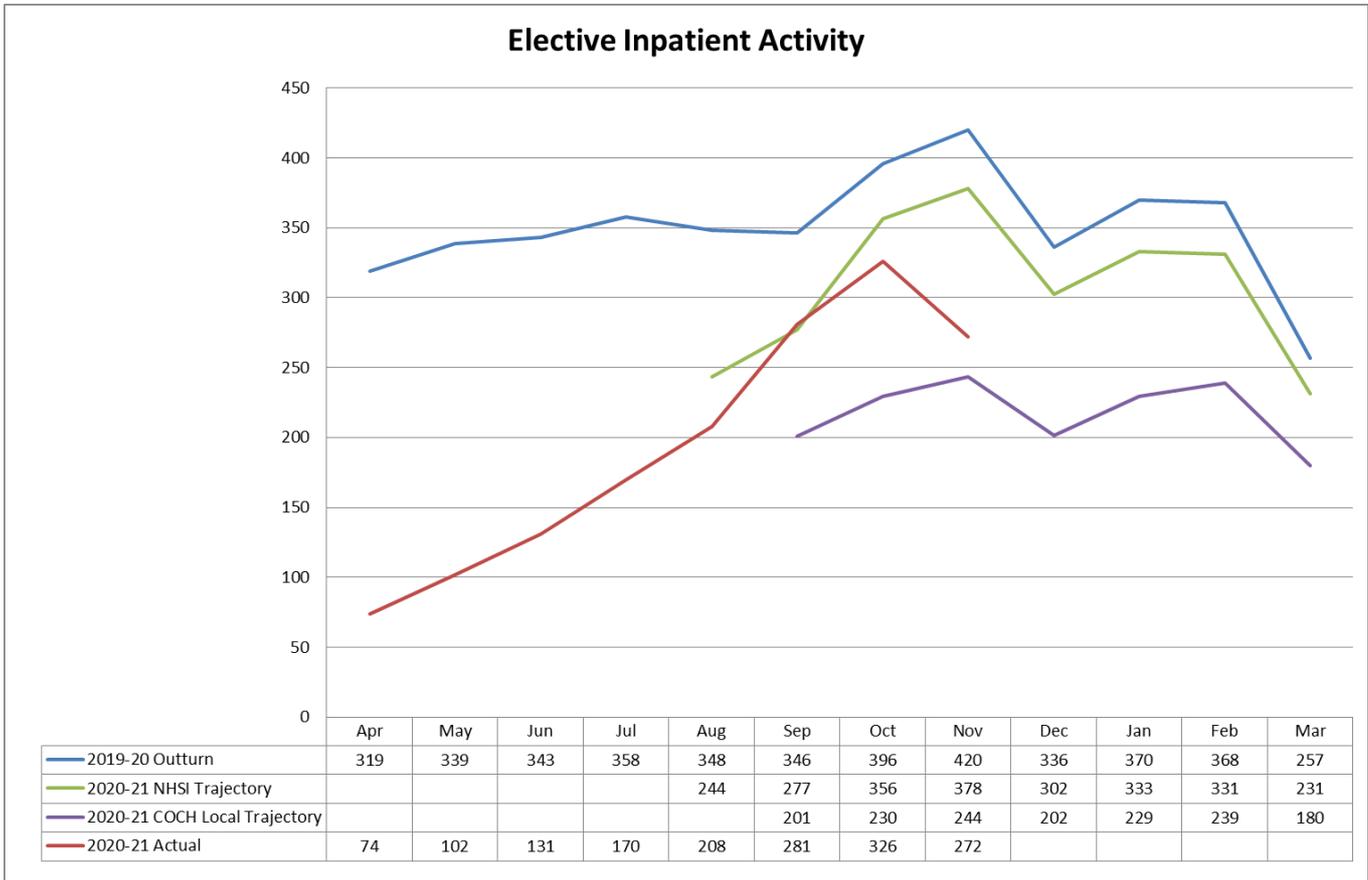


Daycases	Sep	Oct	Nov
19/20 Outturn	100%	100%	100%
NHSI Trajectory	80%	90%	90%
COCH Local Trajectory	65%	65%	65%
Actual Activity	69%	82%	89%
% Variance against NHSI Trajectory	-11%	-8%	-1%
% Variance against Local COCH Trajectory	4%	17%	24%

The graph and table above show that Daycase activity in September was at 69% of 19/20 activity and therefore exceeded the Trust trajectory of 65%. Activity in October was at 82% and therefore above the local target of 65%. Activity in November was at 89% just below the 90% NHSI target and above the local trajectory of 65%.



**b) Elective Inpatient Activity**

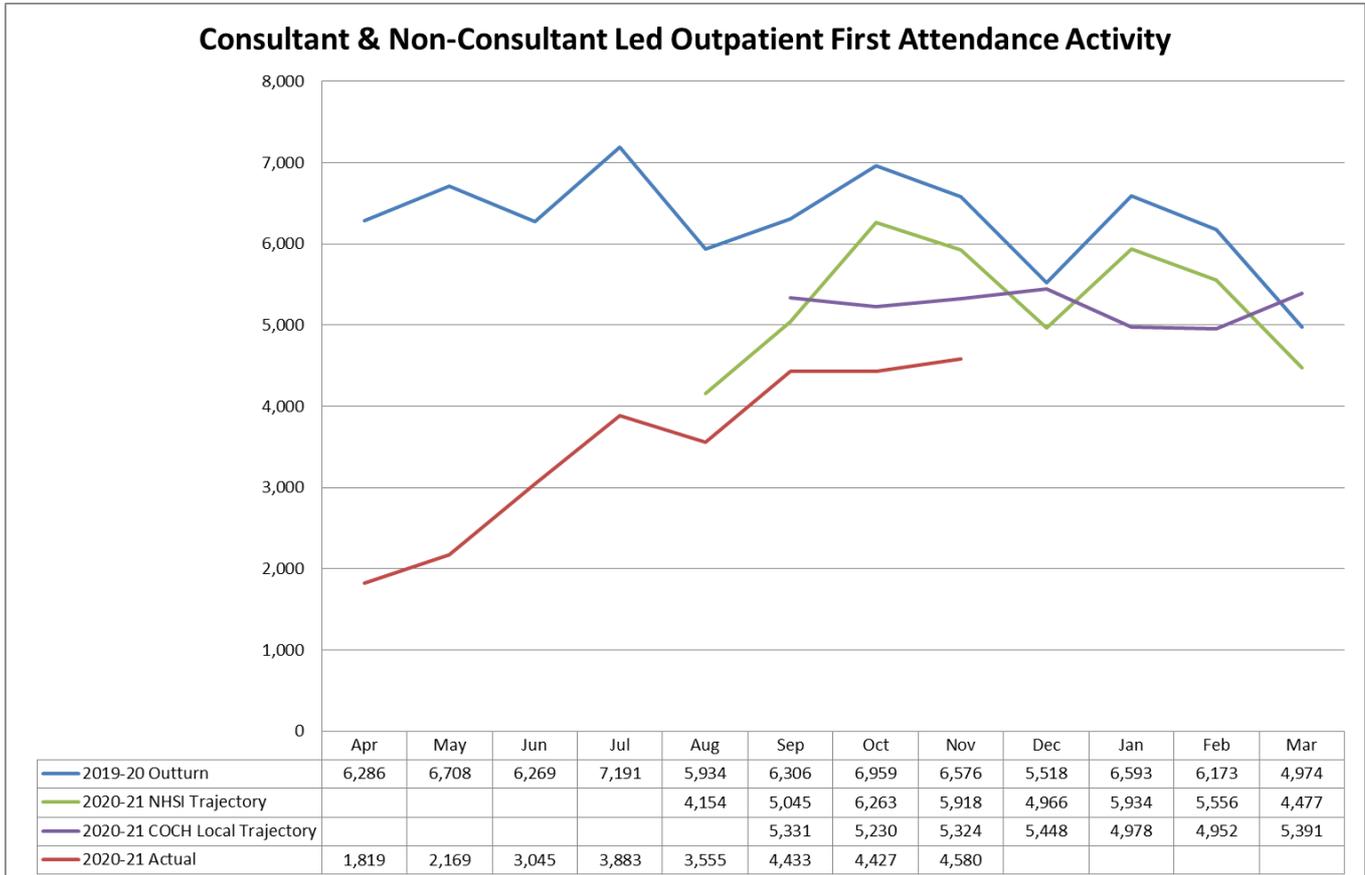


<b>Elective Inpatients</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
19/20 Outturn	100%	100%	100%
NHSI Trajectory	80%	90%	90%
COCH Local Trajectory	58%	58%	58%
Actual Activity	81%	82%	65%
% Variance against NHSI Trajectory	1%	-8%	-25%
% Variance against Local COCH Trajectory	23%	24%	7%

The graph and tables above show that elective inpatient activity in September was at 81% of 19/20 activity and therefore exceeded the Trust trajectory of 58% and the NHSI trajectory of 80%. Activity in October was at 82% and therefore above the local target of 58%. Activity in November has reduced to 65% so below the NHSI target of 90% but slightly above the local trajectory of 58%.



**c) Outpatient First Attendances**

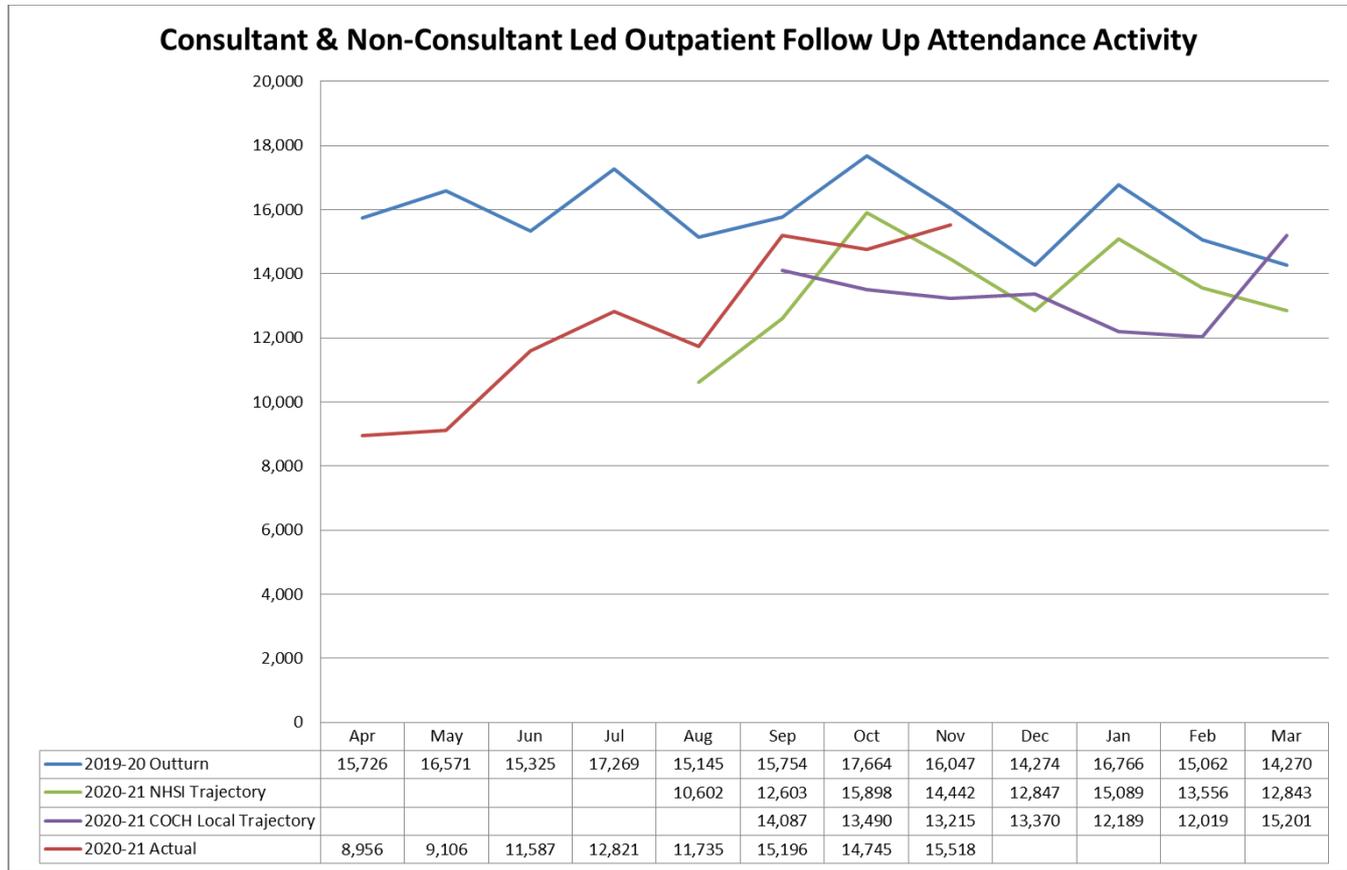


<b>First Outpatient Appointments</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
19/20 Outturn	100%	100%	100%
NHSI Trajectory	80%	90%	90%
COCH Local Trajectory	85%	75%	81%
Actual Activity	70%	64%	70%
% Variance against NHSI Trajectory	-10%	-26%	-20%
% Variance against Local COCH Trajectory	-14%	-12%	-11%

The graph and tables above show that first outpatient attendance activity in September was at 70% of 19/20 activity and therefore below the Trust trajectory of 85% and the NHSI trajectory of 80%. Activity in October was at 64% and therefore below the local target of 75%. Activity in November was at 70% and therefore below the local trajectory of 81%.



**d) Outpatient Follow Up Attendances**

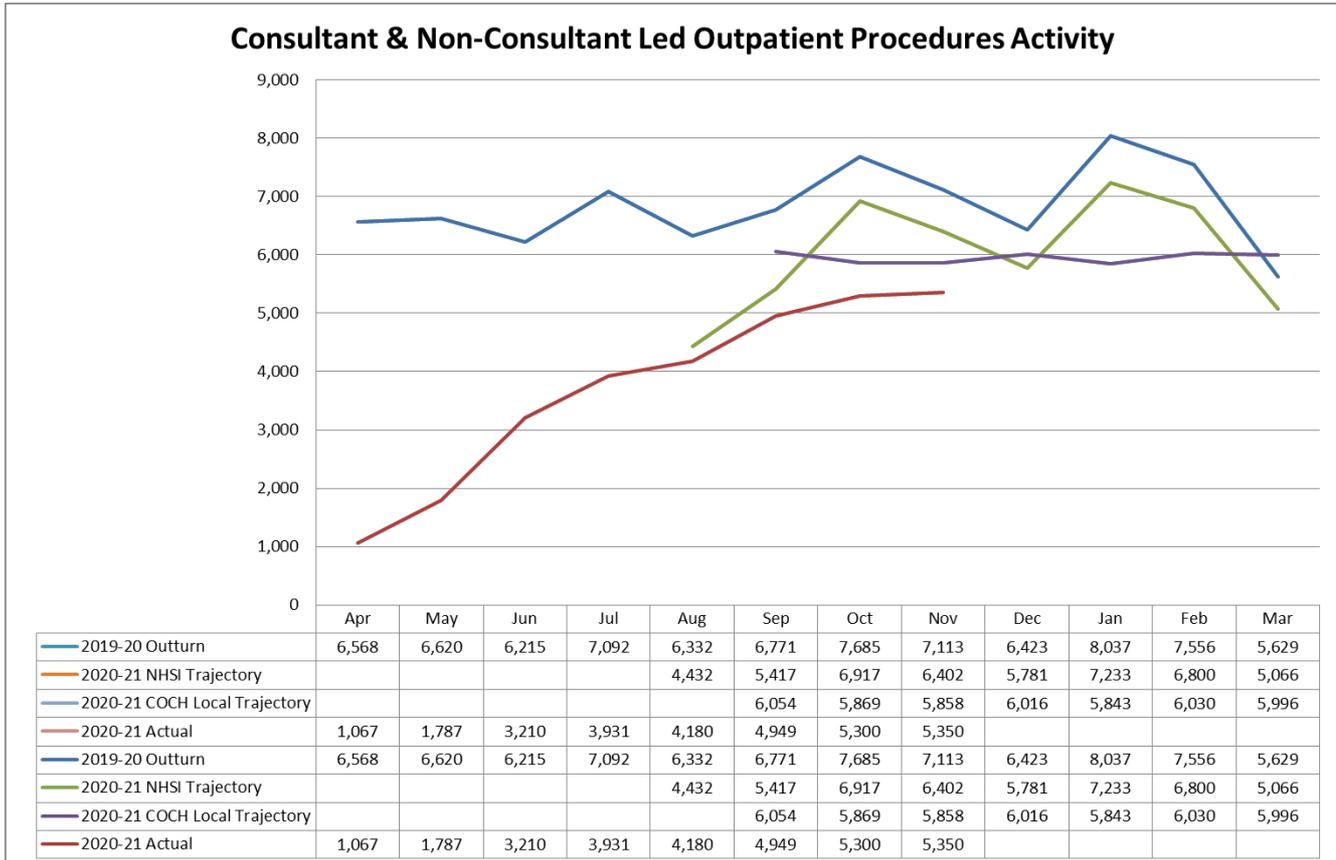


<b>Follow Up Outpatient Appointments</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
19/20 Outturn	100%	100%	100%
NHSI Trajectory	80%	90%	90%
COCH Local Trajectory	89%	76%	82%
Actual Activity	96%	83%	97%
% Variance against NHSI Trajectory	16%	-7%	7%
% Variance against Local COCH Trajectory	7%	7%	14%

The graph and tables above show that follow up outpatient attendance activity in September was at 96% of 19/20 activity and therefore exceeded the Trust trajectory of 89% and the NHSI trajectory of 80%. Activity in October was at 83% and therefore above the local target of 76%. Activity in November was at 97% and therefore above the NHSI target of 90% and above the local trajectory of 82%.



**e) Outpatient Procedures**



<b>Outpatient Unbundled &amp; Procedures</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
19/20 Outturn	100%	100%	100%
NHSI Trajectory	80%	90%	90%
COCH Local Trajectory	89%	76%	82%
Actual Activity	73%	69%	75%
% Variance against NHSI Trajectory	-7%	-21%	-15%
% Variance against Local COCH Trajectory	-16%	-7%	-7%

The graph and tables above show that unbundled and procedure outpatient attendance activity in September was at 73% of 19/20 activity and therefore was below the Trust trajectory of 89% and the NHSI trajectory of 80%. Activity in October was at 69% and therefore below the local target of 76%. Activity in November was at 75% and therefore below the NHSI target of 90% and the local target of 82%.



<b>Meeting</b>	<b>19<sup>th</sup> January 2021</b>	<b>Board of Directors</b>					
<b>Report</b>	<b>Agenda item 9.b</b>	<b>Capital Program Update 2020/21</b>					
<b>Purpose of the Report</b>	Decision	X	Ratification		Assurance	X	Information
<b>Accountable Executive</b>	Simon Holden			Director of Finance			
<b>Author(s)</b>	Clare Barrow Sue Phillipson			Interim Deputy Director of Finance Head of Financial Management			
<b>Board Assurance Framework</b>	E1	Underlying Long Term Trust Financial Sustainability					
<b>Strategic Aims</b>							
<b>CQC Domains</b>	Effective and Well Led						
<b>Previous Considerations</b>	N/A						
<b>Summary</b>	This paper is intended to provide an update on the Trust's Proposed Capital Program for 2020/21.						
<b>Recommendation(s)</b>	<p><b>The Board is requested to note:</b></p> <ul style="list-style-type: none"> <li>• The details of the Trust's capital program of £22m and associated funding streams with the emergency Public Dividend Capital (PDC) requirement remaining static at £5.5m (confirmed);</li> <li>• Details of the substitutions and other changes to the Capital Program since the last update to the Trust Board;</li> <li>• Forecast capital spend for the year;</li> <li>• The ongoing work underway to identify the full revenue implications;</li> <li>• The risks of not spending / delivering the full capital program in 20/21 on both future service delivery and next year's capital program; including mitigations put in place to ensure the SDEC funding associated with the A&amp;E department extension.</li> <li>• The reintroduction of the Capital Steering Group to oversee the successful implementation of the program.</li> </ul> <p><b>The Board is requested to approve :</b></p> <ul style="list-style-type: none"> <li>• The proposed substitutions and other changes since the last capital update to the Trust Board; In particular changes to IM&amp;T plans to support remote working and additional RSU investment of £700k.</li> <li>• The delegation of any further decisions on changes to the program to the Executive Team to ensure the capital program is maximised in year in response to current fluid operating environment.</li> </ul>						
<b>Corporate Impact Assessment</b>							
<b>Statutory Requirements</b>							
<b>Quality &amp; Safety</b>							
<b>NHS Constitution</b>							
<b>Patient Involvement</b>							



<b>Risk</b>	
<b>Financial impact</b>	
<b>Equality &amp; Diversity</b>	
<b>Communication</b>	

## **Capital Program Update 2020/21 – January 2021**

### **1.0 Introduction**

- 1.1 This report provides a progress update on 2020/21 Capital Program and seeks approval from the Trust Board on a number of substitutions to the original plan.
- 1.2 The report also provides an update on governance arrangements being put in place to support successful implementation of the program between now and the end of the financial year.

### **2.0 Background**

- 2.1 The Trust Board has previously approved a capital program of £21.608m for the financial year 2020/21. This was a combination of capital schemes brought forward from 2019/20, Business as Usual Capital Program (i.e. the normal Capital Program), Covid Capital plus a number of additional schemes supported by national funding.
- 2.2 Following approval of the program in December, additional funding of £136k was received for the CT scanner at Ellsemere Port, increasing the total Capital Program to £21.771m per the table below:



<b>Expenditure</b>	<b>£000s</b>
Capital Program	11,099
Covid Capital submissions 20/21	1,106
Additional Critical Infrastructure Funding	407
Endoscopy (Analyser £75k, IT harmonisation £23k, scopes etc £353k)	451
CT Scanner (Eport)	1,113
Additional 7 Critical Care Beds	475
ED Phase 2	7,000
End of Life Firewalls	120
<b>Total Capital Program 20/21</b>	<b>21,771</b>
<b>Funding</b>	
Critical Infrastructure Funding (CIF)	2,081
Cerner	300
Donated Assets	211
LED	115
Covid	1,106
20% B/Fwd capital from 19/20	1,980
Internally generated funding	1,362
Endoscopy - Cheshire & Mersey Cancer Alliance	451
CT Scanner (Eport) - Cheshire & Mersey Radiology Imaging Network	1,113
Additional 7 Critical Care Beds	475
ED Phase 2	7,000
End of Life Firewalls - NHS Digital	120
<b>Sub Total</b>	<b>16,314</b>
<b>Emergency Public Dividend Capital (PDC) Requirement</b>	<b>5,457</b>
<b>Total Funding</b>	<b>21,771</b>

### 3.0 Changes to Original Capital Program

- 3.1 A review of Capital plans was carried out during December to assess the accuracy of the plan, the risk to delivery for each of the schemes, to identify potential slippage and to ensure projects remain of the highest priority.
- 3.2 During this review, a number of emerging investment priorities were also identified which aim to facilitate improvements in patient care and remote working arrangements, directly linked to the crisis response.
- 3.3 The revisions increase the overall capital program by £0.207m to £21.979m, however, it is anticipated that this is likely to be mitigated through slippage on other schemes as procurement progresses and more certainty is gained on the actual cost of current plans.
- 3.5 Substitutions / other changes amounting to £0.207m have been proposed since the last update provided to the Trust Board. A summary of the net changes by division can be found in the table below:



Row Labels	Sum of Current Capital Programme 20/21	Sum of Substitution / Other	Sum of Updated Current Capital Programme 20/21
Central	-£ 98,428	-£ 135,572	-£ 234,000
Covid Capital	£ 149,015		£ 149,015
D&I	£ 14,043,307	£ 683,445	£ 14,726,752
Estates	£ 0		£ 0
Finance	£ 115,000		£ 115,000
Finance	£ 210,000		£ 210,000
IM&T	£ 3,139,123	-£ 340,813	£ 2,798,310
Nursing	£ -		£ -
Pharmacy			£ -
Pharmacy	£ -		£ -
Planned Care	£ 2,281,879		£ 2,281,879
Urgent Care	£ 1,932,927		£ 1,932,927
<b>Grand Total</b>	<b>£ 21,772,823</b>	<b>£ 207,060</b>	<b>£ 21,979,883</b>

3.6 Full details on changes/substitution on a scheme by scheme basis (which the Trust Board is asked to approve) can be found in **Appendix 1**.

3.7 IM&T plans have reduce the requirement by £341k, whilst enhancing the programme mainly to support remote working by £468k. This has been offset by a significant increase in cost of £700k for the Ward 48 / Ward 49 Air Flow & reconfiguration from £300k to £1000k (Respiratory Support Unit), deemed significant priority to support oxygen provision throughout the Trust. Other new pressures include the 3 Ultrasound Scanners £168k and the 5 Gama Isolation Pods £99k.

#### 4.0 Forecast Spend

4.1 As part of the above review, an assessment of the likelihood of delivery and or implementation of the schemes was conducted alongside the operational/program leads and the procurement team. The table below summarises the latest expectations on scheme delivery by 31<sup>st</sup> March 2021:



Delivery Status	Sum of Updated Capital Program Value 20/21
Slippage	£ 706,761
Yes	£ 18,120,286
Maybe	£ 204,000
Awaiting further information	£ 1,843,000
<b>Total</b>	<b>£ 20,874,047</b>
Covid Schemes - already delivered	£ 1,105,836
<b>Grand Total</b>	<b>£ 21,979,883</b>

4.2 At this stage, it is expected that £18.120m out of the £21.979m will be spent, with £706k identified slippage. Further work is required to determine if the remaining c£2m can be procured and spent before the end of the financial year. A Summary of the schemes which are forecast to be completed by 31<sup>st</sup> March 2021, totaling £18.120m can be found in **Appendix 2**. The schemes which require further work to determine feasibility of completion by 31<sup>st</sup> March can be found in **Appendix 3**.

4.3 The table below details the schemes that will not be delivered by the end of the year either because they are no longer deemed a priority or it is not feasible from a procurement perspective.

Division	Specialty	Description of the Device / Equipment (pre-interim Emergency PDC Application)	Sum of Updated Capital Program Value 20/21
D&I	Estates	Air Flow CRV	£ 156,000
D&I	Estates	Design & consultancy works to provide Improved Electrical Resilience to Radiology Department	£ 20,000
D&I	Estates	Extension of TeleTracking for essential medical equipment	£ 65,000
D&I	Estates	Goods handling (fork lift & pump trucks)	£ -
D&I	Estates	Labour Suite Operating Theatre	£ 50,000
D&I	Estates	Replacement of EBME service accommodation,	£ 115,000
D&I	Facilities	2 x full ward curtains contingency	£ -
D&I	Facilities	NHS Cleaning standards module	£ 12,000
IM&T	B/fwd from 19/20	2008 Platform Migration - CCR	£ -
Urgent Care	B/fwd from 19/20	CCU	£ 288,761
<b>Grand Total</b>			<b>£ 706,761</b>

## 5.0 Associated revenue cost

5.1 The nature of capital funding streams in this current climate is fast paced, with the Trust given sometimes less than 24 hours to accept or decline capital resource. Further work is



therefore required to identify the revenue implications with initial consideration given to the following: -

- Newer equipment, even when replacement generally attracts increased maintenance costs;
- Teletracking increased maintenance cost for newly occupied areas in the Trust e.g. Modular Ward, NNU, T Block, to date for these areas, increased costs are c £10k per annum;
- Increased depreciation costs due to new capital purchases;
- CT Scanner Ellesmere Port - enabling & commissioning costs, staffing requirements, maintenance and consumable costs;
- Endoscopy - staffing requirements, maintenance & consumable costs.
- Additional 7 Critical Care beds – staffing requirements, maintenance & consumable costs; and
- The associated opportunity (income offset) to deliver more work (which previously under Payment by Results would have been rewarded on a per diem basis)

## **6.0 Risks and Mitigation**

6.1 The risks to the Capital Program for 2020/21 discussed in this paper are summarised below with potential mitigations currently being reviewed.

### **Risks**

- 1) The delay in receiving notification that the Emergency Public Dividend Capital (PDC) has been approved has resulted in difficulties for the Procurement and Estates teams' ability to deliver.
- 2) There is a risk the £7m national funding secured to finance the extension to the Emergency Department could be clawed back if not spent in full by the end of the year. To mitigate this Trust has agreed to make a payment on account to the contractor backed by supporting legal agreements for the work completed to by year end. It is likely the £7m will be incurred in construction costs at this point as this is stage 1 of a 2 year development requiring a further £8m investment in 2021/22.

### **Mitigations**

- 1) There are potential mitigations in case other spend is urgently required in the items detailed above that are currently identified as not been able to deliver by 31<sup>st</sup> March which total £706.7k. These savings could also be used to address the current identified additional capital pressures of £207k detailed above.
- 6.2 Further updates are required on schemes which total £1.843m, it is vitally important that these are progressed at pace as there remains a significant risk that funding may not be available in future years for these items.



## **7.0 Capital Steering Group and Future Capital Planning**

- 7.1 To facilitate the successful implementation of the 2020/21 capital program and mitigate some of the risks identified above, the Capital Steering group will be re-established to oversee progress with the schemes and identify mitigation plans where required. Meeting will commence in January and updates will be provided to the Exec Team and formal committees on progress on a regular basis.
- 7.2 The group will also commence the work required to develop the capital plan for 2021/22 building on the current program and linking to the Trust clinical and corporate strategies.



**Appendix 1 – Capital Program Changes – For Approval**



**CAPITAL PROGRAM 20/21**

Division	Specialty	Description of the Device / Equipment (pre-interim Emergency PI)	Substitutions / Other Adj
Central	Central	Capital Contingency	-£ 151,572
Central	Central	Additional Staffing Support - Procurement to accelerate capital program	£ 16,000
<b>Central Total</b>			<b>-£ 135,572</b>
D&I	B/fwd from 19/20	Replacement of laminar flow cabinet	£ 22,404
D&I	Estates	Goods handling (fork lift & pump trucks)	-£ 6,500
D&I	Estates	Essential upgrade work in inpatient wards	-£ 372,500
D&I	Estates	Ward 48 / Ward 49 Air Flow & reconfiguration	£ 756,000
D&I	Facilities	2 x full ward curtains contingency	-£ 7,200
D&I	Pathology	2 Blood Gas Analysers for NNU & CLS	£ 24,000
D&I	Radiology	3 Ultrasound Scanners	£ 168,241
D&I	Estates	5 Gama Isolation PODs	£ 99,000
<b>D&amp;I Total</b>			<b>£ 683,445</b>
IM&T	B/fwd from 19/20	2008 Platform Migration - CCR	-£ 40,800
IM&T	B/fwd from 19/20	2008 Platform Migration - Medcon (Cath Lab)	-£ 70,213
IM&T	B/fwd from 19/20	2008 Platform Migration - Tomcat	-£ 19,800
IM&T	B/fwd from 19/20	JAC Falsified Medicine Upgrade	-£ 25,000
IM&T	B/fwd from 19/20	Safend Replacement	-£ 75,000
IM&T	IM&T	10GB NICS	-£ 5,000
IM&T	IM&T	3rd Tier PACS storage	£ 30,000
IM&T	IM&T	CR3 Aircon under floor cooling	£ 5,000
IM&T	IM&T	Cyber Work - Phishing / User awareness	-£ 15,000
IM&T	IM&T	Cyber Work - SIEM	-£ 43,000
IM&T	IM&T	Datacentre cable rewire Cat 6e	£ 10,000
IM&T	IM&T	Load Balancers for remote access	£ 33,000
IM&T	IM&T	Medical Image storage - ologies	-£ 200,000
IM&T	IM&T	Network UPS	-£ 15,000
IM&T	IM&T	SAN Data Centre switches capacity	-£ 40,000
IM&T	IM&T	Server & Licence refresh	-£ 50,000
IM&T	IM&T	Single Sign On - 1000 Users POC	-£ 60,000
IM&T	IM&T	Skype - Digital improvement V&V	-£ 10,000
IM&T	IM&T	Veeam Endpoints - Free. Veeam One / Universal licences	-£ 60,000
IM&T	IM&T	Virtual Desktop POC	-£ 70,000
IM&T	IM&T	Virtual Server replacement program	£ 15,000
IM&T	IM&T	Wireless / Desk phone	-£ 10,000
IM&T	IM&T	GB resilient link - query is this a revenue pressure	£ 20,000
IM&T	IM&T	Server investment to upgrade from W2008	£ 50,000
IM&T	IM&T	Clinical printers related to EPR	£ 120,000
IM&T	IM&T	Remote working - laptops / monitors/ keyboards / mice	£ 120,000
IM&T	IM&T	Reporting Capability - Clikview	£ 25,000
IM&T	IM&T	Business Analysis - to assess clinical risk for EPR go live	£ 40,000
<b>IM&amp;T Total</b>			<b>-£ 340,813</b>
<b>Grand Total</b>			<b>£ 207,060</b>

Total Central Additions	£ 16,000
Total Central Removals	-£ 151,572
Total D&I Additions	£ 1,069,645
Total D&I Removals	-£ 386,200
Total IM&T Additions	£ 468,000
Total IM&T Removals	-£ 808,813
Total Additions	£ 1,553,645
Total Removals	-£ 1,346,585



**Appendix 2** – Schemes expected to be completed by 31st March 2021



Division	Specialty	Description of the Device / Equipment (pre-interim Emergency PDC App)	Sum of Updated Capital Program Value 20/21
Central	Central	Capital Contingency	£ -
Central	Central	Capital VAT review for 19/20 & 20/21 estimated	-£ 250,000
Central	Central	Additional Staffing Support - Procurement to accelerate capital program	£ 16,000
D&I	B/fwd from 19/20	CCTV (vital upgrade to omni-compliant required)	£ 30,000
D&I	B/fwd from 19/20	Drug Fridge Electronic Monitoring system for Trust (Pharmacy)	£ 20,000
D&I	B/fwd from 19/20	Electrical distribution Boards on wards 42,50,51	£ 18,000
D&I	B/fwd from 19/20	HV equipment estates alert	£ 33,000
D&I	B/fwd from 19/20	Jubilee Impact Damage	£ -
D&I	B/fwd from 19/20	Labour Suite Theatre engineering services - Medical Gasses	£ 50,000
D&I	B/fwd from 19/20	Nurse Call Ward 54/Antenatal	£ 20,000
D&I	B/fwd from 19/20	Replacement of A&E Minors Mediwell unit (Pharmacy)	£ 30,000
D&I	B/fwd from 19/20	Replacement of laminar flow cabinet	£ 70,404
D&I	B/fwd from 19/20	Replacement of old fridge bays (1 bank)	£ 60,000
D&I	B/fwd from 19/20	Replacement of Pharmacy Robot.	£ 480,000
D&I	B/fwd from 19/20	Ride on scrubber/drier	£ 14,654
D&I	B/fwd from 19/20	Room 5 Dental OPG (Radiology)	£ 250,000
D&I	B/fwd from 19/20	Staff Restaurant heating system upgrade	£ 12,000
D&I	Estates	5 Gama Isolation PODs	£ 99,000
D&I	Estates	Changing Places Toilet	£ 17,500
D&I	Estates	Chilled water plant serving Theatres 1 and 2	£ 144,000
D&I	Estates	Clinical Decisions Unit (CDU) & Isolation Space (ED-Phase2)	£ 82,000
D&I	Estates	Design proposal to resolve Jubilee Day Surgery Centre Lift - Main link back into the hospital	£ 20,000
D&I	Estates	ED Phase 2	£ 7,000,000
D&I	Estates	Electrical Upgrades: Replacement of two emergency standby generators (SS "E" and SS "F") / 40 years and 38 years respectively / having obsolete parts and limited maintenance support	£ 272,000
D&I	Estates	Essential upgrade work in inpatient wards	£ 127,500
D&I	Estates	GPU Covid Assessment Bay (Ward 46) replacement / slippage tbc	£ 270,000
D&I	Estates	Internal Roads (req A85245 H Williams £24131 raised by I Miller as urgent SLG need to approve)	£ 60,000
D&I	Estates	Link Corridor - Modular Ward (req85240) - replacement / slippage tbc	£ 56,160
D&I	Estates	Main Switchboard ACBs (Circuit Breakers) & Upgrade Micrologic	£ 30,000
D&I	Estates	Switches (4 OFF)	£ 30,000
D&I	Estates	NNU - water connector	£ 42,055
D&I	Estates	Overrun ED Original	£ 67,668
D&I	Estates	Overrun ED Reconfiguration	£ 30,365
D&I	Estates	Overrun Modular Ward	-£ 126,540
D&I	Estates	Overrun NNU	£ 154,183
D&I	Estates	Overrun T Block	£ 368,428
D&I	Estates	Plant Room 2 Boilers	£ 76,000
D&I	Estates	Plant room 5 and plant room 7 controls	£ 150,000
D&I	Estates	Provisional Sum to replace active fire safety control equipment	£ 215,000
D&I	Estates	Replacement UPS batteries (critical power back-up clinical areas: Haygarth, Theatres 6, 7 & 8)	£ 40,000
D&I	Estates	Substation D - St John Ambulance - Submain Replacement	£ 42,000
D&I	Estates	Upgrade Electrical distribution in the boilerhouse	£ 12,000
D&I	Estates	Ward 44/45 Barrier Nursing Rooms H Bay replacement / slippage tbc	£ 120,000
D&I	Estates	Ward 48 / Ward 49 Air Flow & reconfiguration	£ 1,056,000
D&I	Pathology	2 Blood Gas Analysers for NNU & CLS	£ 24,000
D&I	Pathology	Covid Testing machine Serosep (50/50 with Wirral)	£ 30,000
D&I	Pharmacy	Drug fridge electronic monitoring system (c/fwd from 19/20)	£ 31,206
D&I	Pharmacy	Electric tugs	£ 13,128
D&I	Radiology	3 Ultrasound Scanners	£ 168,241
D&I	Radiology	CT Scanner Ellesmere Port Hospital (Adopt & Adapt Funding)	£ 884,000
D&I	Radiology	Home Reporting Workstations (Adopt & Adapt Funding)	£ 154,000
		Ongoing support for workstations added into Managed Service Contract	



IM&T	(blank)	End of Life Firewalls	£	120,000
IM&T	B/fwd from 19/20	2008 Platform Migration - Medcon (Cath Lab)	£	-
IM&T	B/fwd from 19/20	2008 Platform Migration - Tomcat	£	-
IM&T	B/fwd from 19/20	CR3 UPS Replacement	£	16,844
IM&T	B/fwd from 19/20	JAC Falsified Medicine Upgrade	£	-
IM&T	B/fwd from 19/20	Netcall	£	11,466
IM&T	B/fwd from 19/20	Safend Replacement	£	-
IM&T	Centrally Funded Init	Cerner Costs (PDC funded)	£	300,000
IM&T	IM&T	3rd Tier PACS storage	£	80,000
IM&T	IM&T	Analogue RED Voice Gateways end of support	£	15,000
IM&T	IM&T	Analogue Voice Gateways end of support	£	40,000
IM&T	IM&T	Back Up storage location & back up holes	£	100,000
IM&T	IM&T	Call Manager ESX host	£	65,000
IM&T	IM&T	Cerner	£	650,000
IM&T	IM&T	CR3 Aircor under floor cooling	£	15,000
IM&T	IM&T	Cyber Work - PAM	£	50,000
IM&T	IM&T	Data Centre 10G switches capacity - EOL 2022	£	80,000
IM&T	IM&T	Datacentre cable rewire Cat 6e	£	30,000
IM&T	IM&T	Disk failure on BU & image stores	£	10,000
IM&T	IM&T	EPR+ (Meditech)	£	60,000
IM&T	IM&T	Internet Firewall Replacement due to EOL	£	100,000
IM&T	IM&T	Line Cards for Core EOL 2020.	£	100,000
IM&T	IM&T	Load Balancers for remote access	£	45,000
IM&T	IM&T	Network IPAM - IP Address Management	£	50,000
IM&T	IM&T	Network Switch replacement program	£	100,000
IM&T	IM&T	Office True up	£	120,000
IM&T	IM&T	Remote site routers EOL this year	£	15,000
IM&T	IM&T	Resilient link for home and remote working - up to mar 21 - Providing a 1		
IM&T	IM&T	GB resilient link - query is this a revenue pressure	£	20,000
IM&T	IM&T	Server & Licence refresh	£	25,000
IM&T	IM&T	Storage Network Area (SAN) Increase	£	80,000
IM&T	IM&T	Virtual Server replacement program	£	85,000
IM&T	IM&T	Voice routers end of support	£	60,000
IM&T	IM&T	Server investment to upgrade from W2008	£	50,000
IM&T	IM&T	Clinical printers related to EPR	£	120,000
IM&T	IM&T	Remote working - laptops / monitors/ keyboards / mice	£	120,000
IM&T	IM&T	Reporting Capability - Clikview	£	25,000
IM&T	IM&T	Business Analysis - to assess clinical risk for EPR go live	£	40,000
Planned Care	(blank)	1 Lawmed Airseal & 7 Stryker Pneumoclear - Ultra Low Particulate	£	111,066
Planned Care	(blank)	Filtration Systems replaces ENT Stroboscope & 2 Slit lamps	£	225,032
Planned Care	(blank)	8 Anaesthetic Machines (Trust)	£	66,000
Planned Care	(blank)	Covid Capital Pressures - Biofire Torch £66k	£	20,000
Planned Care	(blank)	Covid Capital Pressures - Contrast Injector £20k	£	475,000
Planned Care	B/fwd from 19/20	Critical Care Capital for 7 beds (NHSE/I)	£	115,500
Planned Care	B/fwd from 19/20	4 ENT workstations	£	42,240
Planned Care	B/fwd from 19/20	Corneal Topographer	£	43,620
Planned Care	HSDU	VNG/ENG System	£	92,400
Planned Care	Theatres	Getinge 88 Turbo Washers	£	36,000
Planned Care	Women & Childrens	Operating lights LA and Min Ops	£	134,000
Urgent Care	(blank)	Central Monitoring System	£	75,000
Urgent Care	(blank)	ENDOSCOPY £450,770 (C&M CANCER ALLIANCE FUNDING)FIT	£	23,000
Urgent Care	(blank)	implementation across primary care - FIT analyser	£	353,000
Urgent Care	(blank)	ENDOSCOPY £450,770 (C&M CANCER ALLIANCE FUNDING)IT	£	35,965
Urgent Care	(blank)	harmonisation	£	490,201
Urgent Care	(blank)	ENDOSCOPY £451k - additional funding requirement for scopes	£	18,120,286
Urgent Care	(blank)	estates enabling works	£	
Urgent Care	(blank)	Endoscopy £451k - additional funding requirement for scopes	£	
Urgent Care	(blank)	Reprovision of Cardiac Catheter Lab into Cardiac Pacing Unit	£	
Grand Total			£	



### Appendix 3

#### Schemes – That may be delivered by 31<sup>st</sup> March 2021

Division	Specialty	Description of the Device / Equipment (pre-interim Emergency PDC Application)	Sum of Updated Capital Program Value 20/21
<input type="checkbox"/> D&I	<input type="checkbox"/> Estates	Ante natal clinic nurse call system required <input type="checkbox"/> (c/fwd from 19/20)	£ 4,000
<input type="checkbox"/> D&I	<input type="checkbox"/> Estates	Substation E Main Intake Substation <input type="checkbox"/> Switchgear Electrical supply to the entire	£ 200,000
<b>Grand Total</b>			<b>£ 204,000</b>

#### Schemes – Currently awaiting update on whether will be completed by 31<sup>st</sup> March 2021

Division	Specialty	Description of the Device / Equipment (pre-interim Emergency PDC Application)	Sum of Updated Capital Program Value 20/21
<input type="checkbox"/> D&I	<input type="checkbox"/> Radiology	<input type="checkbox"/> Interventional Radiology Room	£ 960,000
<input type="checkbox"/> D&I	<input type="checkbox"/> Security	<input type="checkbox"/> Increase Trust CCTV & NET2 Access Control	£ 6,000
<input type="checkbox"/> Planned Care	<input type="checkbox"/> Theatres	<input type="checkbox"/> Operating lights Th's 1,2,3,4,9,A,B,	£ 210,000
<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Colonoscope CF Q260DL	£ 667,000
<b>Grand Total</b>			<b>£ 1,843,000</b>