Wirral University Teaching Hospital
NHS Foundation Trust

Public Board of Directors

3rd April 2019

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 3 APRIL 2019
COMMENCING AT 9AM IN THE BOARD ROOM
EDUCATION CENTRE, ARROWE PARK HOSPITAL

AGENDA

1	**Apologies for Absence** Chair	v	
2	**Declarations of Interest** Chair	v	
3	**Chair's Business** Chair	v	
4	**Key Strategic Issues** Chair	v	
5	**Board of Directors**		
	5.1 Minutes of the Previous Meeting – 6 March 2019	d	Page 3
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6	**Chief Executive's Report** Chief Executive	d	Page 14
7. Quality and Safety			
7.1	**Patient Story** Head of Patient Experience	v	
7.2	**Learning from Deaths** Medical Director	d	Page 18
8. Performance & Improvement			
8.1	**Productivity Efficiency Priorities** Chief Executive	p	
8.2	**Integrated Performance Report**		
	8.2.1 Quality & Performance Dashboard and Exception Reports Chief Operating Officer, Medical Director, Director of Nursing & Midwifery, Director of Workforce, Director of Governance & Quality	d	Page 24
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9. Governance

9.1	**Report of Finance Business Performance and Assurance Committee** Chair of Finance Business Performance and Assurance Committee	d	Page 74
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9.3	**Report of Trust Management Board** Director of Quality & Governance	d	Page 80
9.4	**Report of Workforce Assurance Committee** Chair of Workforce Assurance Committee	d	Page 83
9.5	**Report of Programme Board** Joe Gibson	d	Page 86
9.6	**CQC Action Plan Progress Update** Director of Quality & Governance	d	Page 108
9.7	**Declaration of Interests and Fit and Proper Persons Annual Check** Board Secretary	d	Page 119

10. Standing Items

10.1	**Any Other Business** Chair	v
10.2	**Date and Time of Next Meeting** Wednesday 1st May 2019	v

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

6th March 2019

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Sir David Henshaw	Interim Chair
Janelle Holmes	Chief Executive
Jayne Coulson	Non-Executive Director
Dr Nicola Stevenson	Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery
John Coakley	Non-Executive Director
Helen Marks	Director of Workforce
Steve Igoe	Non-Executive Director
Chris Clarkson	Non-Executive Director
Karen Edge	Acting Director of Finance
Paul Moore	Director of Quality and Governance (Non voting)

In attendance

Paul Charnley	Director of IT and Information
Steve Sewell	Delivery Director
Andrea Leather	Board Secretary [Minutes]
Lyndsay Young	Communications & Marketing Officer
John Fry	Public Governor
Ann Taylor	Staff Governor
Jane Kearley*	Member of the Public
Justin Grundy	Member of the Public
Joe Gibson*	Project Transformation
Louise Wood*	Member of the Public / Patient Story
David Wood*	Member of the Public / Patient Story
Sue Milling-Kelly*	Patient Experience Team

Apologies

Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute
Mr Mike Ellard	Associate Medical Director, Women & Childrens
Dr Ranjeev Mehra	Associate Medical Director, Surgery

Reference	Minute	Action
BM 18-19/194	**Apologies for Absence** Noted as above.	
BM 18-19/195	**Declarations of Interest** There were no Declarations of Interest.	
BM 18-19/196	**Chair's Business** The Chair welcomed all those present to the monthly Board of Directors meeting. In opening the meeting, the Chair informed the Board of Directors that discussions continue with Healthy Wirral partners to progress change across the local health economy.	

Reference	Minute	Action
	It is acknowledged that as part of the NHS Plan acute trusts will need to drive the changes. Plans are also underway regarding the reconfiguration of CCG's, as yet it is unclear which other CCG's Wirral is likely to be aligned with. Mark Brearley has commenced work to provide external assurance on the Trusts financial plan for 2019/20.	
BM 18-19/197	**Key Strategic Issues** Board members apprised the Board of key strategic issues and matters worthy of note. **Director of Workforce** – Mrs Marks advised the Board that as part of the equality and diversity agenda the Trust had applied for the LGBT kitemark. The assessment panel are to visit the Trust on Tuesday 2nd April 2019. The Board will be informed of the outcome. **Director of IT and Information** – Mr Charnley apprised the Board that funding had been agreed post GDE funding regarding the Shared Care Record. In addition Countess of Chester NHS Foundation Trust had agreed funding for the WUTH support in relation to the implementation of the IT system as a fast follower. **Mrs Sue Lorimer – Non-Executive Director** – informed the Board that the Charity office was now open and had experienced a flurry of activity. She suggested that the Trust contact Mr & Mrs Woods who provided the patient story may be willing to consider being Trust ambassadors. **Chief Operating Officer** – Mr Middleton advised that there is a lot of external focus on performance with additional scrutiny to ensure year end compliance. In particular the 52 week target due to the Secretary of State promised to deliver by year end. A question was asked as to the option to consider commercial opportunities for the front entrance area, it was confirmed that enquiries are underway and will be reported to the Board later in the year. **Medical Director** – the Board were apprised of the positive response to the recent 'Big Debate' held with consultants. The event provided an overview of the key transformation programme elements eg outpatient services, the challenges to deliver change and the importance of the clinical body in the Trusts future. To continue engagement and involvement of clinicians regular communications will be circulated. Similar events are also planned with other staff groups. **Acting Director of Finance** – apprised the Board that the recent contract negotiations had been very productive with the CCG agreeing to host the £12m funding gap. This will enable the system to achieve success and demonstrates working together and mitigating risks jointly.	

Reference	Minute	Action
	Director of Nursing & Midwifery – informed the Board that although the team did not win at the recent RCN Midwifery Awards event the team thanks the Trust for its support and investment. In addition the Trust has been nominated for the Nurse Associate award at the Nursing Times. The Director of Nursing & Midwifery also reported the success of the 'Big Debate' event as described earlier held with the domestics on both sites. The event was well received and it was encouraging to see the recognition of how they see their role in relation to IPC. It was agreed to communicate 'You Said, We Did' as a way to continue feedback. **Director of Quality & Governance** – apprised the Board that in his opinion the CQC view of the Trust was growing in confidence and it was unlikely that a full inspection would be in the near future. Staff were thanked for support during the recent unannounced CQC inspection for AMU and A&E. The Director of Quality & Governance advised that the Trust had undertaken a review of H&S arrangements and had commissioned an independent audit which he would lead on. ***The Board noted that although some members did not have detailed updates there were a number of themes such as improving trends, a lot of projects running in parallel which will need to be aligned to ensure pace of change.***	
BM 18-19/198	**Board of Directors** **Minutes** The Minutes of the Board of Directors Meeting held 30th January 2019 were approved as an accurate record. **Action Log** In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.	
BM 18-19/199	**Chief Executives' Report** The Chief Executive apprised the Board of the key headlines contained within the written report. **Millennium Upgrade** – following the 2018 Millennium Upgrade we're aware that the Trust is experiencing issues in radiology and other clinical areas with access to images and the stability of the system. Despite lots of testing pre the 'go live' decision these issues did not materialize as they are solely related to volume and the use of the system at scale. Cerner are on site working with Informatics to understand and resolve all of the issues identified. **CQC unannounced inspection** – took place in AMU and A&E earlier in the week, no concerns were raised during the visit. A report will be forwarded to the Trust shortly.	

Reference	Minute	Action
	The pace of change particularly in relation to patient flow and outpatients were discussed and the Board were informed of meetings arranged with the Divisions to address these matters and therefore an opportunity to provide suggestions for change and how they could be implemented. It was acknowledged that the organisational strategic priorities may differ to operational priorities of the Divisions although they should be considered in conjunction. The leadership team are focusing on the key priorities agreed by the Board and will be identifying the metrics and milestones to provide assurance of outcomes to the Board. Whilst the huge progress made to stabilise the organisation during the last 12 months was recognised, it was accepted that to ensure delivery of the key priorities the Board would require focussed discussion at future meetings. ***The Board noted the information provided in the February Chief Executive's Report and agreed that at its next meeting an item focusing on how to mobilise the changes and identify the barriers would be included.***	**JH**
BM 18-19/200	**Patient Story** The Board was joined by Louise and David Wood, parents of baby Clara who had recently been a patient. Clara had been unwell for a short period of time and had visited her GP on a couple of occasions. Clara seemed unusually sleepy and her parents put it down to sleeping off her cold, still puzzled as to why she was so subdued and an instinct that something didn't feel right they rang NHS 111 and explained her symptoms. They advised that they would need to send an ambulance and when the paramedics arrived they ran some tests and explained that Clara needed to go to A&E. On arrival at A&E they were taken to resus where a team was assembled ready. All the team introduced themselves and started to work on Clara. When her condition had stabilised she was transferred to the HDU in the children's ward and subsequently a main children's ward. Following their experience the family commented that they are left with nothing but thanks and heartfelt gratitude for the amazing care received and why they took the time to write to the CEO and colleagues. They asked that the staff are made aware of the positive impact they had offered to champion the hospital and help in any way they could. On behalf of the Board, the Chair expressed his thanks and appreciation to Louise and David for sharing their experience. ***The Board noted the positive feedback received from Mr and Mrs Wood and agreed to contact the family to discuss becoming ambassadors for the Trusts charity.***	
BM 18-19/201	**Infection Prevention & Control (IPC) Improvement Plan** The Board were provided a report pertaining to the IPC Improvement Plan which highlighted by exception any elements of the plan that are not on track or at risk of not meeting target dates for implementation. Therefore requiring	

Reference	Minute	Action
	a focused approach to ensure improvements are achieved and embedded across the organisation. The updated improvement plan had previously been discussed at both the Patient Safety & Quality Board and the Infection Prevention and Control Group. To address concerns raised in relation to compliance with and monitoring of cleaning standards against the 'Safe Clean Environment' component of the plan the 'Big Debate' for domestics was arranged as discussed earlier in the meeting. During January 2019 all ward areas have been reviewed by Divisions and the IPC team and the Trust has implemented the Environmental Auditing and Reporting system to ensure quality assurance is part of the wider reporting and auditing system for the Hotel Services department. A review of the MIC4C software which conforms to Department of Health standards of cleanliness is underway and demonstrates the Trusts ongoing commitment to ensure the provision of a clean and safe hospital. In relation to compliance with the hand hygiene guidance an environmental review confirmed that most wards do not have adequate facilities at the entrance. The Estates team are reviewing the costs and timescale to install hand washing basins in the entrance of each ward and the outcome of this review due imminently. The DIPC and IPC team are reviewing the Hy-genie tool as a method for increasing hand hygiene compliance of staff. Alder Hey is a pilot site and clinical evaluation is in progress. If the evaluation is positive additional Trusts will be recruited to join the trial and WUTH has expressed a keen interest to be part of the next cohort. During discussion it was agreed that NED's, Jayne Coulson and John Sullivan along with the Director of Nursing & Midwifery should review the current Hotel Services model, consider the options for the future to ensure it is fit for purpose and report to the Workforce Assurance Committee (WAC). ***The Board noted the IPC improvement plan and recognised the challenges associated with IPC agenda and the operational pressure around patient flow and high bed occupancy. Based on this it was agreed to seek advice from a best in practice Trust such as Salford with an option to invite them to a future meeting.***	**JC/JS/ GW**
BM 18-19/202	**Quality & Performance Dashboard and Exception Reports** The report provides a summary of the Trust's performance against agreed key quality and performance indicators. Of the 58 indicators with established targets or thresholds 41 are currently off-target or failing to meet performance thresholds. The Director of Governance & Quality highlighted the adverse overall position compared with the previous month which may have been impacted by system pressures but acknowledged that the control measure should be appropriate to deal with times of pressure. The lead Director for a range of indicators provided a brief synopsis of the issues and the actions being taken.	

Reference	Minute	Action
	Areas of focus for discussion were: • Cdiff - being reviewed at serious incident panel. • Hand hygiene – training in place to support compliance • Vacancy rate – review data to clarify breach of threshold whilst undertaken successful recruitment processes. Attrition rate higher than recruitment rate. • 4 hour waits – deterioration against the national target, look to introduce a localised target. • Referral to treatment (RTT) – 18 weeks, January/February would expect to see a decline and then recover from March onwards. • Referral to treatment (RTT) - 52 weeks, three patients currently at risk of breach due to patient choice. Access policy being review by LNC. The progress on basics was accepted it was recognised that the changes were not at pace and therefore would require extra effort to achieve compliance. The Chief Operating Officer highlighted the volume of patients exercising patient choice in relation to the 2 week waits had seen more requests in January than for the whole of the previous quarter. To address this, the Trust is speaking with GPs to ensure patients are fully informed and the CCG has been made aware of the situation. Whilst there was disappointment that a number of the indicators had seen a decline in performance there were some indicators that had improved, namely: VTE, mortality reviews and serious incidents. The Board expressed a concern regarding the continued poor performance of the 'safer' bundle indicators. The Chief Operating Officer stressed that importance of reviewing this metric across wards/speciality to enable focused actions to address areas of concern. Progress is happening but slower than anticipated and therefore as agreed at the recent Board away day reviews regarding patient flow and capacity and demand are underway. Progress updates will be provided to the Board. ***The Board noted the current performance against the indicators to the end of January 2018.***	
BM 18-19/203	**Month 10 Finance Report** The Acting Director of Finance apprised the Board of the summary financial position. At the end of month 10, the Trust reported an actual deficit of £26.6m versus planned deficit of £21.7m and includes non-current support of £2.3m which means the underlying position is £7.2m worse than plan. In month, the Trust reported a deficit of (£1.8m) against a planned deficit of (£0.7m) and a forecast of (£1.1m). This being (£0.7m) worse than the forecast position. The key driver of the variance is the under-performance elective activity in surgery, non elective both activity and case mix and pay due to cost of escalation capacity over the above winter plan.	

Reference	Minute	Action
	The Acting Director of Finance reported that cash is better than plan at £6.2m as a result of capital slippage and working capital movements. There were no significant balance sheet variances – in line with cash management approach and capital slippage. Capital expenditure is £3.8m YTD against full year programme of £12.5m. Significant schemes in progress include MRI scanner, GDE, PACS, Estates backlog and medical equipment. Additional key aspects apprised to the Board included: • Elective income which continues to under-perform against plan although the run rate has improved from Q1. (£700k per month to £400k per month) • Non-pay pressures associated with out-sourcing both elective activity and diagnostics, noting that elective outsourcing is expected to reduce significantly in Q4. • Pay pressures in medical pay and acute care nursing have been mitigated with vacancies in other area's, predominately corporate and non medical and acute nursing. • CIP is currently achieving plan but the plan is profiled to deliver more in Q4 and in addition a proportion of the delivery (£3.4m) is non-recurrent against vacancies/non-pay. The Trust committed to a forecast deficit position of (£27.3m) with NHSI at the meeting in January following the December meeting where delivery of the planned position of (£25.0m) was sought. The current likely forecast due to the December and January performance is £30.5m. Discussion took place regarding the ability to forecast accurately and challenges to deliver against the 2019/20 control total. The Acting Director of Finance explained that discussions are ongoing with the Divisions and corporate areas in relation to capacity and demand modelling, CIP development and the support required to deliver robust forecasting. The Board acknowledged the need for greater emphasis on finance throughout the year to achieve year end forecast. ***The Board noted the M10 finance performance and approved the recommendation for additional borrowing in line with the final 2018/19 deficit.***	
BM 18-19/204	**2018 National NHS Staff Survey** The Director of Workforce provided the highlights of the outcomes of the NHS staff survey for 2018. A number of staff engagement events to highlight the results have taken place and the presentation has also been circulated to senior managers to discuss at team meetings. Divisional triumvirate and Corporate Heads of Service will receive more detailed information relating to their areas and subsequently action plans will be developed to address concerns. ***The Board noted the 2018 National Staff Survey and agreed to undertake a temperate check against each of the 10 themes identified in the report and report the outcomes to the Workforce Assurance***	**HM**

Reference	Minute	Action
	Committee.	
BM 18-19/205	**Report of Finance, Business, Performance & Assurance Committee** Ms Sue Lorimer, Non-Executive Director provided a summary report of the FBPAC meeting on 8th February 2019 which covered: • 2019/20 Annual Plan • 2019/20 Capital Plan • Ward Based Nursing Establishment Review • Trainee Nurse Associate Business Case • Reference Cost Analysis – Non Elective short-stay • SLR Plan • Implementation of Aseptic Anti-Touch Technique. The Committee approved: • 2019/20 Capital Plan - subject to the normal business case limits applying to individual schemes • Ward Based Nursing Establishment Review - subject to the DoN identifying the shortfall in funding • Implementation of Aseptic Anti-Touch Technique. The Committee noted the benefits of the Trainee Nurse Associate Business Case but requested the business case be reworked so that that the cost pressure would be managed within current budgets in year. The timeframe for Committee and Board approval of the 2019/20 Annual Plan and subsequent submission to the regulator were confirmed. ***The Board noted the report of the Finance, Business, Performance & Assurance Committee and the items approved.***	
BM 18-19/206	**Report of Trust Management Board** The Chief Executive provided a summary report of the Trust Management Board (TMB) meeting on 28th February 2019. TMB considered and agreed in principle the Pharmacy Dispensing Robot business case which will be presented to FBPAC in March for approval. Also the Nephrology – Renal Dialysis business case was discussed and agreed to revisit it at the March meeting following a review of risks pertaining to the recommended option. This business case will then be referred to FBPAC for approval. ***The Board noted the verbal report of the Trust Management Board including the business cases to be referred to FBPAC.*** ***and approved the recommendation to procure the supply of gas for 4 years through the COCH framework.***	
BM 18-19/207	**Report of Programme Board** Joe Gibson, External Assurance provided a summary of the Trust's change programme and the independent assurance ratings undertaken to assess delivery as discussed at the Programme Board on 20th February 2019. He advised that the outcomes, key milestones and assurance for each project will be provided at a future Trust Board meeting. It was	

Reference	Minute	Action
	acknowledged that the MSK project should now close recognising the successful transition to normal operations. The Board considered the recommendations and agreed the following conclusions: a. GDE/Digital Programme – IT is an enabler for all programmes and therefore a proforma outlining priorities, times and provide regular updates for staff for all programmes. b. Healthy Wirral Programme – WUTH to lead on two priorities, Outpatient /Planned care and Front door. c. Joint pathology service – business case outlining options hosting arrangement being drafted for review at TMB. ***The Board noted the Trust's Change Programme assurance report and recognised that EMT will consider the option to streamline governance arrangements for some programmes.***	
BM 18-19/208	**CQC Action Plan progress Update** The Director of Quality & Governance apprised the Board of the improvements pertaining to the CQC Action Plan. The Director of Quality & Governance emphasised that whilst substantial progress had been made against the majority of actions there were some overdue actions in relation to medicines storage, medicines management, ED assessment protocols, performance dashboards and premise and equipment remedial works. Updates for these actions were provide as follows: • medicines storage - temperature control for rooms included within the 2019/20 capital programme approved at FBPAC. • medicines management - would not expect to see change until March due to the audits being undertaken. • Maternity dashboard now developed • Initial assessment – two triage trials underway, expect to see tangible improvement by next report. ***The Board noted the progress to date of the CQC Action Plan and thanked all concerned for their efforts.***	
BM 18-19/209	**Risk Management Report** The Director of Quality & Governance provided an overview of the work undertaken on developing risk management across the Trust. The risk profile suggests the Trust is exposed to a high number of higher-level risks and this may be linked to the level of maturity and a tendency to be introspective and reactive to the identification and response to risk. As risk management maturity develops we would expect to see the risk profile shift to the right (more lower level (managed) risks identified) as a more proactive and anticipatory approach becomes embedded and better control is established. In order to ensure that the Trust continues to improve the risk management system an outline of the next steps to embedding a highly adaptive and mature approach to risk management were confirmed.	

Reference	Minute	Action
	The Board noted the contents of the report and the next steps to embed risk management across the organisation.	
BM 18-19/210	**BAF / Risk Register** With effect from April 2019 the Board of Directors will receive the Board Assurance Framework 2019/20 on a quarterly basis and therefore this standing item will no longer be required.	
BM 18-19/211	**Any Other Business** There was no other business to report.	
BM 18-19/212	**Date of next Meeting** Wednesday 3rd April 2019.	

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Chair

……..

Date

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Board of Directors Action Log
Updated – 6th March 2019

Completed Actions moved to a Completed Action Log

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 30.01.19						
1	BM 18-19/199	Next meeting to include an item focusing on mobilisation of changes and identification of any barriers	**JH**	Complete	April 2019	See agenda item 8.1
2	BM 18-19/201	Undertake a review of hotel services model to ensure fit for purpose, outcomes to be reported to WAC.	**JCo/JS/ GW**		June 2019	
3	BM 18-19/204	Undertake a temperature check against each of the 10 themes identified in the staff survey report and provide the outcomes in phases to WAC.	**HM**	Complete	April 2019	Agreed at WAC meeting 27.3.19

Board of Directors	
Agenda Item	6
Title of Report	Chief Executive's Report
Date of Meeting	3.4.2019
Author	Janelle Holmes, Chief Executive
Accountable Executive	Janelle Holmes, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	All
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Noting
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

This report provides an overview of work undertaken and any important announcements in March 2019.

Serious Incidents

In March 2019 there were two incidents that crossed the threshold for reporting as serious incidents. The first relates to a case concerning a delay of a definitive diagnosis of cancer. The second concerned a patient who fell and sustained an injury to the chest. In both cases, full investigations are underway and duty of candor has been undertaken.

Millennium Upgrade

Work continues on fixing the issues with viewing and reporting on images since the Millennium upgrade. There are daily interactions with Cerner's Senior Management to ensure it remains a high priority with them. Work is progressing on the new Carestream PACS. In recognition of the issues, Cerner UK have agreed to provide the integration software needed for this free of charge and also compensate the Trust for any radiology reporting work we have had to outsource.

It was agreed at Trust Management Board to publish weekly updates to the Organisation on progress. The lead for Business Continuity is also reviewing any remaining issues to ensure that there is a clear Business Continuity plan in place. From the 97 issues raised during the upgrade, there are only 4 remaining.

EU Brexit Planning

The Trust continues to work closely with the regional NHSE EU Exit Team to ensure that safe plans are in place. The Trust was required to provide a verbal update to the Head of Emergency Planning, NHS England Cheshire & Merseyside, on 6th March 2019 regarding the Trust 'readiness for EU Exit 'No Deal' Scenario. This was referred to as a 'local temperature check'. The Trust scored 'green' in all areas of activity as defined in the national guidance. This verbal assurance was then followed by a request on 20th March by the NHSE National Team for a written board level signed return. This was submitted on 25th March to the NHSE EU Exit North Team and Cheshire & Merseyside Team by the submission deadline of 25th March.

The requirement for a baseline SitRep was received from NHSE on 19th March with a further request for a daily submission to commence from Thursday 21st March, providing continued assurance of the Trust's readiness. All planning has been in line with the national guidance and there continues to be no gaps or concerns highlighted.

Wirral A&E Delivery Board

As Chair of the Wirral A&E Delivery Board, I met with Nesta Hawker, Director of Commissioning and Transformation, Wirral Health & Care Commissioning to consider how there can be greater traction to support, drive and deliver aspects of the Healthy Wirral Programme Board.

It was agreed at the recent meeting that the Wirral A&E Delivery Board would lead the Health Economy Urgent Care Improvement Work. The Terms of Reference to support this change have been presented and broadly approved. It was suggested that the A&E Delivery Board change its name and report of progress, around the Transformation programme, to Healthy Wirral Partners Board.

In recognising that the transformation programme requires support from all Health Economy Partners, the proposal for the Director of Commissioning and Transformation, as deputy Chair, was seen as advantageous in driving activity and performance.

CQC – unannounced inspection

The Trust has received a summary of the initial feedback following the CQC unannounced inspection on 4th March 2019. The inspection was focused on all five key lines of enquiry and covered the following services departments:

- Emergency department (ED), including paediatrics
- Emergency department review unit (EDRU)
- Ambulatory care unit (ACU)
- Acute medical unit (AMU)

The formal draft report was received on Wednesday 27th March for review and factual accuracy. The final report, our response and appropriate actions will be formally reported to Board once completed.

NHSI Bulletins – March 2019

Changes to the Leadership structure of NHS England and NHS Improvement

Over the last year NHS England and NHS Improvement have been working together to develop the implementation approach for the NHS Long Term Plan and their own joint working arrangements.

They are moving to a single Chief Executive and single Chief Operating Officer model, and therefore creating a single, combined post of Chief Operating Officer covering both organisations. This role will report directly to Simon Stevens as the Chief Executive of NHS England who will lead both organisations. The Chief Operating Officer will, for regulatory purposes, also be the identified Chief Executive of NHS Improvement and, in that capacity, will report to Dido Harding as Chair of NHS Improvement. The seven regional directors, the National Director of Emergency and Elective Care and the National Director for Improvement will report directly to the new Chief Operating Officer.

The new Chief Operating Officer role will be different in scope and nature from the role Ian Dalton chose to take eighteen months ago, and he has therefore decided to leave NHS Improvement and pursue a different challenge.

New Chief People Officer to help build the NHS workforce of the future

NHS England and NHS Improvement have appointed Prerana Issar to the role of Chief People Officer. The new position is part of the NHS Executive Group and will play a leading role in ensuring the NHS has enough people, with the right skills and experience to deliver the improvements for patients set out in the NHS Long Term Plan.

NHSI Regional Team

In December the new NHS Executive Group: Regional Directors were announced with Bill McCarthy appointed as NHS North West Regional Director. Further to this NHSI/E have identified most of the directors who will work in the new joint regional teams, for the North West they are:

- Finance Director, Jonathan Stephens
- Medical Director & Chief Clinical Information officer, David Levy
- Director of Performance & Improvement, Graham Urwin
- Director of Strategy and Transformation, Clare Duggan

The positions of Chief Nurse, Director of Workforce and Organisational Development and Director of Commissioning are yet to be appointed.

Local Elections – Purdah

Local elections will take place in many areas on Thursday 2 May. The pre-election period, also known as 'purdah', will begin in local areas around six weeks before the election, the latest it begins is 26th March 2019.

NHS Improvement in conjunction with NHS England have issued guidance to help make all staff aware of the implications on communications activities during the six week period. During this time, specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants and local government officials. The pre-election period is designed to avoid the actions of public bodies distracting from or having influence on election campaigns.

The Trust has no decisions or announcements that would be impacted by the purdah guidance.

New provider directory from 1st April 2019

NHSI are replacing the foundation trust directory on GOV.UK with an NHS provider directory on their website from Monday 1st April 2019. It will contain listings for both NHS trusts and foundation trusts, including contact details, key documents and regulatory action.

Archived foundation trust directory pages will be available on the National Archives website and the foundation trust directory will redirect to our website.

Janelle Holmes
Chief Executive
April 2019

Wirral University Teaching Hospital
NHS Foundation Trust

Board of Directors	
Agenda Item	7.2
Title of Report	Lessons from Learning from Deaths
Date of Meeting	3.4.2019
Author	Dr M Lipton Deputy MD
Accountable Executive	Dr N Stevenson MD
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	
Level of Assurance • **Positive** • **Gap(s)**	
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Discussion
Data Quality Rating	Bronze - qualitative data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

1. Executive Summary

In March 2017, the National Quality Board, NQB, published 'National Guidance on Learning from Deaths – A framework for NHS Trusts on Identifying, Reporting, Investigation and Learning from Deaths in Care'; this report collates the lessons learnt from the different aspects of Learning from Deaths in Care

2. Background

The Trust has embraced the "Learning from Deaths" framework with a quarterly dashboard, Primary Mortality Reviews (PMRs) and Structured Judgmental Reviews (SJRs). Further learning comes from incident reports and feedback from families/carers. However, without trust-wide learning and feedback, this major undertaking will not deliver the improvement in healthcare for which this policy was designed.

The main learning points are highlighted in appendix A. These will be delivered by direct e-mail, safety bites bulletin, patient safety summit, druggles bulletin, local clinical governance meetings, safety huddles and audits by Governance Support Unit.

3. Key Issues

The main issues from this quarters' learning from deaths are:

- improving aspects of end of life care, issues relating to DNACPR, and ceilings of care for those approaching the last year of life or whose recovery is uncertain.
- communication with patients and those important to them. It is recommended to update proactively regarding the patient's condition, treatment plan and future planning. For those patients who are stranded in hospital, clinical teams should meet those important to the patient at least once per week.

4. Next Steps

- Embed PMRs within the hospital, along with SJRs where appropriate
- Monitor % of PMRs undertaken which is displayed on the Quality dashboard
- Communicate learning from deaths trust-wide

5. Conclusion

Continue to identify lessons from learning from deaths

Appendix A:

Learning from Deaths:

Primary Mortality Reviews and SJRs:
All doctors and ANPs

- When a decision is made or re-affirming a DNACPR check that the DNACPR is present in the front of the buff case notes and recorded in the latest EPR episode

- In patients who are felt to be approaching the last year of life, or whose recovery is uncertain, consider appropriate ceilings of treatment including DNACPR decision-making.

- Ensure the patient and those important to them are updated proactively regarding the patient's condition, treatment plan and future planning. Ensure significant decisions are made collaboratively (following the principles of the Mental Capacity Act when relevant).

- For patients who have been in the hospital beyond one week, ensure the clinical team meet with those important to the patient at least once per week.
- For all patients who are felt to be in the last hours or days of life, please use the 'care in the last days of life' Powernote, to ensure you are delivering care in keeping with recognised best practice.

- A CPR decision to commence or not may be taken by trained nursing and medical staff according to Trust Policy - (trust policy extract below)

  Decisions relating to cardiopulmonary resuscitation
  Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (previously known as the 'Joint Statement') 3rd edition (1st revision) 2016

  file:///C:/Users/MLipton/Downloads/20160123%20Decisions%20Relating%20to%20CPR%20-%202016.pdf

  8. Initial presumption in favour of CPR when there is no recorded CPR decision

If no explicit decision has been made in advance about CPR and the express wishes of a person are unknown and cannot be ascertained, there should be an initial presumption that healthcare professionals will make all reasonable efforts to resuscitate the person in the event of cardiac or respiratory arrest. In such emergencies there will rarely be time to make a comprehensive assessment of the person's condition and the likely outcome of CPR. In these circumstances initiating CPR will usually be appropriate, whilst all possible efforts are made to obtain more information to guide further decision-making. Healthcare provider organisations and healthcare professionals should support anyone initiating and delivering CPR in such circumstances. There will be some situations in which CPR is started on this basis, but during the resuscitation attempt further information becomes available that makes CPR inappropriate. That information may include a fully documented DNACPR decision, a valid and applicable advance decision to refuse treatment (ADRT) (see section 9), or clinical information indicating that CPR will not be successful. In such circumstances, continuing attempted resuscitation would be inappropriate. There will be some people for whom attempting CPR is clearly inappropriate; for example, a person in the advanced stages of a terminal illness where death is imminent and unavoidable and CPR would not be successful, but for whom no formal CPR decision has been made and recorded. Also, there will be cases where healthcare professionals discover patients with features of irreversible death – for example, rigor mortis. In such circumstances, any healthcare professional who makes a carefully considered decision not to start CPR should be supported by their senior colleagues, employers and professional bodies.

- For all patients who are unable or possibly unable to make decisions for themselves complete an MCA and refer as necessary for Do LS

- Fluid management needs writing up immediately

- A cause for a sudden drop in haemoglobin needs to be accounted for, which may be due to minor interventional procedures

- VTE assessment needs to be done in a timely fashion and any anti-coagulation written up or changed, (prophylaxis to therapeutic), done in a timely fashion so this may be given within 12 hours

- Patients for intubation need to have recent CXR's reviewed for pneumothorax

Learning from Deaths:

Primary Mortality Reviews and SJRs:
Nursing Staff

- CPR decision to commence or not may be taken by trained nursing and medical staff according to Trust Policy (trust policy extract above)
- Ensure the patient and those important to them are updated proactively regarding the patient's condition, treatment plan and future planning. Ensure significant decisions are made collaboratively (following the principles of the Mental Capacity Act when relevant).
- For patients who have been in the hospital beyond one week, ensure the clinical team meet with those important to the patient at least once per week.
- For all patients who are unable or possibly unable to make decisions for themselves complete an MCA and refer as necessary for Do LS
- All patients need an EDD and fast track discharge facilitated when requested
- Check next of kin details correct on Cerner
- Patients with a diagnosis of query MI must not be placed in a surgical bed

Learning from Deaths:

Primary Mortality Reviews and SJRs:
Miscellaneous

- How to obtain drugs to be administered via NG tube.

  Common drugs will be available on the ward in an oral form .Otherwise speak to your ward pharmacist or on-call pharmacist. For unusual medication in oral form please discuss with ward pharmacist or on-call pharmacist, especially for critical medicines

- How to obtain a language interpretation and translation.

https://www.wuth.nhs.uk/clinical-support/support-services/interpretation-and-translation/

To book a face to face interpreter or telephone interpreter please call 0191 421 2221. You can also visit www.interpretingline.co.uk and complete the online booking form.

In the small room next to ED reception is a "Emergency Multilingual Phrasebook" which may prove useful.

Board of Directors	
Agenda Item	8.2.1
Title of Report	Quality and Performance Dashboard
Date of Meeting	3rd April 2019
Author	WUTH Information Team and Governance Support Unit
Accountable Executive	COO, MD, CN, DQG, HRD, DoF
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	Quality and Safety of Care Patient flow management during periods of high demand
Level of Assurance **Positive** **Gap(s)**	Gaps in Assurance
Purpose of the Paper **Discussion** **Approval** **To Note**	Discussion regarding early action planning
Reviewed by Assurance Committee	None. Publication has coincided with the meeting of the Board of Directors.
Data Quality Rating	TBC
FOI status	Unrestricted
Equality Impact Assessment Undertaken **Yes** **No**	No adverse equality impact identified.

1. Executive Summary

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

2. Background

This Quality and Performance Dashboard is designed to provide an accessible oversight of the Trust's performance against key indicators. The additional exception report provides a summary of the remedial action being undertaken where indicators are not meeting the established targets or thresholds for the standards.

The Quality & Performance Dashboard is work-in-progress and will continue to develop further iterations over time. This will include development of targets and thresholds aligned to local contracted targets and thresholds; alignment with NHS conventions; setting threshold performance targets the where these are not currently established; and the sourcing of data where new indicators are under development.

3. Key Issues

Of the 56 indicators with established targets that are reported for February 2019:

- 34 (61%) are currently off-target or failing to meet performance thresholds; which represents an 11% improvement on the January 2019 position
- 22 (39%) of the indicators are on-target

There are three previously GREEN indictors showing 2 consecutive months at RED; and the Issue/Decision/Action (IDAs) responses to these items of deteriorating performance is contained in Appendix 'A'.

Note: Mortality data is collected from 90 days post month of death (i.e. January data is closed in April). As such cells will remain in grey for 3 months, after which the performance level will be locked and rated.

4. Next Steps

WUTH remains committed to attaining standards through 2018-19.

5. Conclusion

Although there is improvement from the January position, performance against many of the indicators is not where the Trust needs to be. The actions to improve are noted in the exceptions on the qualifying metrics and this report in future will provide monitoring and assurance on progress.

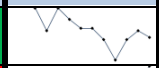
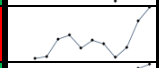
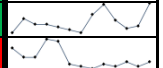
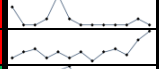
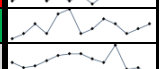
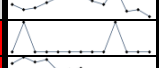
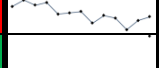
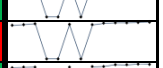
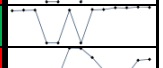
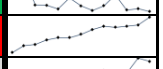
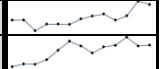
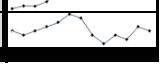
6. Recommendation

The Board of Directors is asked to note the Trust's current performance against the indicators to the end of February 2018.

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2019

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses (*)	Safe, high quality care	DoN	≤0.24 per 1000 Bed Days	WUTH			0.27	0.17	0.27	0.22	0.18	0.18	0.13	0.04	0.13	0.17	0.14	0.17	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit (**)	Safe, high quality care	MD	≥95%	WUTH			76.3%	77.0%	83.3%	84.8%	80.1%	82.9%	81.6%	76.7%	80.3%	89.9%	95.0%	82.5%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital.	Safe, high quality care	MD	≥95%	SOF	95.6%	95.2%	95.3%	95.3%	94.7%	95.3%	95.0%	95.6%	95.2%	95.6%	95.3%	96.6%	96.8%	95.5%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	DoN	≥95%	National	95.0%	96.0%	95.6%	95.6%	95.4%	95.2%	95.0%	96.3%	97.0%	95.9%	95.3%	95.5%	97.1%	95.8%	
	Serious Incidents declared	Safe, high quality care	DQ&G	≤4 per month	WUTH	10	6	6	14	13	3	2	1	3	2	4	2	4	5	
	Never Events	Safe, high quality care	DQ&G	0	SOF	1	0	0	0	0	1	0	0	0	0	0	0	0	1	
	CAS Alerts not completed by deadline	Safe, high quality care	DQ&G	0	SOF	3	0	0	1	5	1	0	0	0	0	0	1	0	8	
	Clostridium Difficile (avoidable)	Safe, high quality care	DoN	≤28 for FY18-19, as per mthly trajectory	SOF	1	3	4	1	3	1	3	0	3	4	2	7	10	38	
	E.Coli infections	Safe, high quality care	DoN	≤42 pa (Max 3 per mth)	WUTH	1	2	4	2	6	7	2	3	5	4	2	3	4	42	
	CPE Colonisations/Infections	Safe, high quality care	DoN	To be split	WUTH	13	10	11	14	17	18	18	15	13	23	9	10	6	154	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	DoN	0	National	0	1	0	0	0	0	0	0	0	1	0	0	0	1	
	Hand Hygiene Compliance (*)	Safe, high quality care	DoN	≥95%	WUTH	94%	99%	95.0%	97%	88%	89%	90%	81%	87.0%	85.0%	76.0%	83.0%	86.0%	87.0%	
	Medicines Storage Trust wide audits - % compliance against standards of areas reporting (**)	Safe, high quality care	DoN	≥95%	WUTH													98%	98%	
	Protecting Vulnerable People Training - % compliant (Level 1) (*)	Safe, high quality care	DoN	≥90%	WUTH	89.9%	89.5%	89.2%	-	-	87.4%	-	85.6%	90.4%	91.5%	91.4%	91.6%	92.8%	92.8%	
	Protecting Vulnerable People Training - % compliant (Level 2) (*)	Safe, high quality care	DoN	≥90%	WUTH	80.7%	82.5%	84.8%	-	-	82.7%	-	82.2%	86.0%	87.2%	87.1%	87.6%	88.7%	88.7%	
	Protecting Vulnerable People Training - % compliant (Level 3) (*)	Safe, high quality care	DoN	≥90%	WUTH	83.8%	85.2%	85.6%	-	-	85.6%	-	86.5%	87.2%	91.7%	91.4%	93.6%	92.6%	92.6%	
	Nursing Vacancy Rate	Safe, high quality care	DHR	≤6.5%	WUTH	6.89%	6.83%	6.57%	7.11%	7.20%	10.24%	10.20%	9.25%	7.90%	7.90%	7.47%	8.97%	9.07%	9.07%	
	Consultant Vacancy Rate %	Safe, high quality care	DHR	≤6.5%	WUTH	8.26%	9.68%	6.95%	6.93%	6.58%	7.62%	6.87%	6.45%	6.88%	7.90%	6.48%	6.61%	6.34%	6.34%	
	Sickness absence % (12-month rolling average)	Safe, high quality care	DHR	≤4%	SOF	4.71%	4.77%	4.78%	4.82%	4.84%	4.84%	4.87%	4.91%	4.94%	4.93%	4.94%	4.95%	5.02%	5.02%	
	Short-term sickness (in month rate)	Safe, high quality care	DHR	TBC	WUTH	2.19%	2.20%	1.79%	2.04%	2.04%	2.03%	2.24%	2.35%	2.43%	2.19%	2.36%	2.93%	2.80%	2.29%	
	Long-term sickness (in-month rate)	Safe, high quality care	DHR	TBC	WUTH	2.10%	2.19%	2.18%	2.33%	2.65%	2.95%	2.79%	2.55%	2.76%	2.81%	3.09%	2.79%	2.82%	2.70%	
	Care hours per patient day (CHPPD)	Safe, high quality care	DoN	TBC	WUTH	7.2	7.1	7.2	7.3	7.4	7.6	7.5	7.1	6.9	7.1	7	7.3	7.2	-	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2019

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Effective	SHMI	Safe, high quality care	MD	≤100	SOF	–	94.7	–	–	97.06	–	–	97.22	–	–	–	–	–	97.22	
	HSMR	Safe, high quality care	MD	≤100	SOF	88.0	88.0	88.7	93.0	93.0	95	95	92	92	97	–	–	–	98.1	
	Mortality Reviews Completed. Monthly reporting finalised 3 months later	Safe, high quality care	MD	≥75%	WUTH	–	–	–	–	–	–	–	–	–	–	–	79%	55%	67%	
	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	DoN	≥95%	WUTH				44%	59%	71%	78%	67%	74%	84%	87%	83%	81%	72.8%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	14.8%	14.6%	14.9%	14.3%	13.9%	12.9%	14.1%	13.1%	15.4%	16.4%	14.6%	14.3%	16.5%	14.6%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	417	422	418	405	341	386	387	411	383	408	397	437	457	403	
	Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	7.4	4.0	3.8	4.3	3.8	5.2	4.1	4.2	4.3	3.8	4.8	3.0	4.4	4.2	
	Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	5.2	5.4	5.1	5.2	5.1	5.4	5.0	4.9	5.3	5.1	5.0	5.2	5.6	5.2	
	Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	840	814	886	923	873	913	961	888	936	925	916	903	788	901	
	Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	12	9	13	12	13	13	6	18	12	17	14	10	16	11.4	
	% Theatre Utilisation	Safe, high quality care	COO	≥85%	WUTH	79.1%	79.8%	85.9%	86.6%	88.6%	86.7%	92.3%	89.2%	88.9%	87.1%	86.0%	81.7%	83.6%	87.0%	

Quality Performance Dashboard

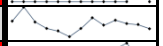
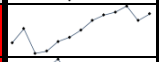
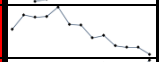
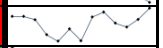
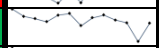
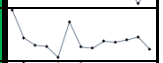
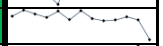
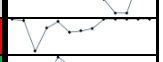
March 2019

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	DoN	0	SOF	18	16	18	22	10	8	16	14	19	18	15	20	14	174	
	FFT Recommend Rate: ED	Outstanding Patient Experience	DoN	≥95%	SOF	87%	82%	85%	90%	91%	89%	89%	86%	87%	84%	92%	85%	87%	88%	
	FFT Overall Response Rate: ED	Outstanding Patient Experience	DoN	≥12%	WUTH	13.0%	12.0%	13.0%	9.0%	8.0%	11.0%	12.0%	11.0%	10.0%	11.0%	10.0%	11.0%	11.0%	11%	
	FFT Recommend Rate: Inpatients	Outstanding Patient Experience	DoN	≥95%	SOF	97%	97%	98%	97%	98%	98%	98%	97%	98%	98%	98%	98%	97%	98%	
	FFT Overall response rate: Inpatients	Outstanding Patient Experience	DoN	≥25%	WUTH	18.0%	18.0%	15.0%	15.0%	20.0%	25.0%	14.0%	22.4%	24.0%	18.0%	18.0%	19.0%	15.0%	19%	
	FFT Recommend Rate: Outpatients	Outstanding Patient Experience	DoN	≥95%	SOF	94%	94%	95%	95%	94%	95%	94%	94%	94%	95%	94%	95%	94%	94%	
	FFT Recommend Rate: Maternity	Outstanding Patient Experience	DoN	≥95%	SOF	98%	100%	97%	97%	99%	96%	100%	100%	96%	100%	100%	99%	98%	98%	
	FFT Overall response rate: Maternity (point 2)	Outstanding Patient Experience	DoN	≥25%	WUTH	54%	35%	31%	54%	46.0%	37.0%	17.0%	28.2%	11.0%	19.0%	37.0%	27.0%	36.0%	31%	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2019

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2018/19	SOF	78.3%	74.4%	80.3%	83.5%	83.4%	85.6%	83.6%	77.8%	77.8%	75.2%	75.0%	74.0%	74.0%	79.1%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	0	0	0	0	0	0	2	0	2	
	Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	427	623	414	327	291	213	326	474	371	440	393	379	323	359	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory for 2018/19 (80% by 31 March 2019)	SOF	75.6%	77.3%	74.3%	74.6%	75.7%	76.3%	77.2%	78.3%	78.98%	79.34%	80.08%	78.32%	79.12%	79.12%	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory for 2018/19 (zero by 31 March 2019)	National			66	67	79	57	56	40	43	30	28	28	19	19	
	Diagnostic Waiters, 6 weeks and over - DM01	Safe, high quality care	COO	≥99%	SOF	99.2%	99.2%	99.0%	98.2%	97.9%	98.5%	97.9%	99.2%	99.4%	98.9%	98.6%	99.1%	99.7%	98.8%	
	Cancer Waiting Times - 2 week referrals	Safe, high quality care	COO	≥93%	National	96.9%	94.9%	94.2%	93.4%	95.2%	95.7%	92.3%	94.5%	95.2%	93.9%	93.1%	87.8%	92.97%	93.5%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis	Safe, high quality care	COO	≥96%	National	99.1%	97.0%	96.5%	96.4%	95.5%	98.2%	96.3%	96.2%	96.8%	96.7%	96.9%	97.1%	96.2%	96.6%	
	Cancer Waiting Times - 62 days to treatment	Safe, high quality care	COO	≥85%	SOF	86.4%	88.1%	87.0%	86.1%	87.8%	85.4%	87.9%	85.7%	85.1%	85.3%	86.2%	85.4%	80.0%	85.6%	
	Patient Experience: Number of concerns received in month - Level 1 (informal) (**)	Outstanding Patient Experience	DoN	TBC	WUTH	134	144	118	134	110	140	123	155	119	165	118	178	153	1513	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal) (**)	Outstanding Patient Experience	DoN	TBC	WUTH	31	30	34	23	36	24	25	22	19	13	13	27	28	264	
	Complaint acknowledged within 3 working days (*)	Outstanding Patient Experience	DoN	≥90%	National	100%	97%	32%	81%	95%	72%	75%	80%	100%	100%	100%	100%	100%	85.0%	
	Number of re-opened complaints	Outstanding Patient Experience	DoN	≤5 pcm	WUTH	4	1	2	2	7	5	0	4	2	3	2	2	1	30	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2019

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Well-led	Staff Friends and Family Test - overall engagement score	Safe, high quality care	DHR	≥3.88	National	-	-	3.60	-	-	3.72	-	3.63	-	-	-	-	6.7	3.65	
	Live employee relations cases	Safe, high quality care	DHR	≤30	WUTH	22	29	30	33	35	36	32	29	23	30	32	35	33	32	
	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	DQ&G	100%	National	-	-	-	-	-	-	-	100%	100%	100%	100%	100%	100%	100.0%	
	Number of patients recruited to NIHR research studies (*)	Outstanding Patient Experience	MD	650 for FY18/19 (ave min 55 per month until year total achieved)	National	-	-	53	37	334	70	46	42	38	57	38	43	41	799	
	% of staff that completed all core MAST in the preceding 12 months	Safe, high quality care	DHR	≥95%	WUTH			73.0%		74.8%	75.1%	82.0%	81.4%	82.2%	82.8%	81.5%	81.8%	84.1%	84.1%	
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	83.4%	83.3%	84.9%		81.1%	79.7%	78.2%	77.5%	78.4%	83.8%	84.5%	84.6%	85.7%	85.7%	

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Use of Resources	I&E Performance		DoF	On Plan	WUTH	-1.614	6.485	-4.259	-2.337	-2.659	-3.139	-3.426	-2.334	-1.246	-1.445	-4.038	-1.755	-4.037	-30.675	
	I&E Performance (Variance to Plan)		DoF	On Plan	WUTH	-0.424	0.162	-0.296	-0.103	-0.340	-0.184	-0.515	-0.319	-0.121	-0.761	-1.127	-1.002	-1.338	-6.106	
	NHSI Risk Rating		DoF	On Plan	NHSI	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	CIP Forecast		DoF	On Plan	WUTH	-44.0%	-43.8%	-34.1%	-36.3%	-27.2%	-22.1%	-15.4%	-11.7%	-10.6%	-5.4%	-6.1%	-13.9%	-13.5%	-13.5%	
	NHSI Agency Ceiling Performance		DoF	NHSI cap	NHSI	15.7%	21.8%	17.8%	1.1%	20.7%	-28.8%	-5.4%	8.7%	-11.1%	-7.4%	-0.5%	11.9%	-22.1%	-1.4%	
	Cash - liquidity days		DoF	NHSI metric	WUTH	-19	-11.7	-15.5	-12.5	-13.3	-13.5	-14.4	-12.7	-12.0	-13.0	-12.5	-12.9	-12.8	-12.8	
	Capital Programme		DoF	On Plan	WUTH	51.2%	3.9%	-25.3%	9.8%	32.9%	45.0%	4.9%	5.2%	35.8%	41.4%	50.3%	62.3%	56.6%	56.6%	

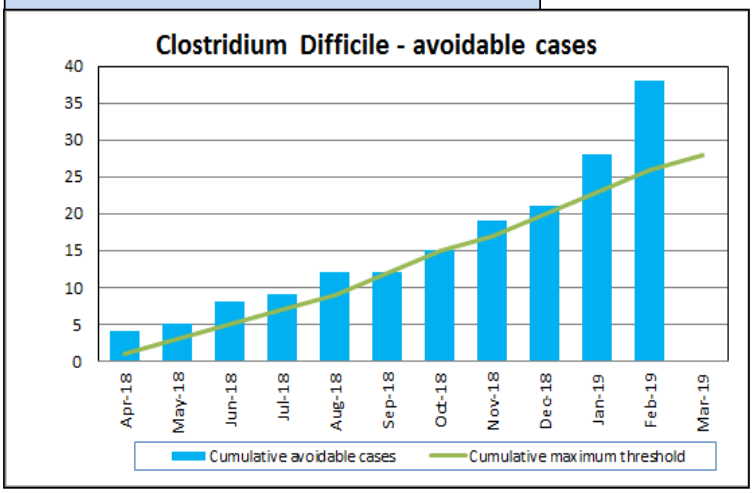
(**) Updated Metrics

	Metric Change
Eligible patients having VTE risk assessment within 12 hours of decision to admit.	Previously >= 90% within 6 hours
Pressure Ulcers - hospital acquired grade 2 and above	Removed
IPC Audit of Practices and Procedures (random areas)	Removed
First written response within policy timescale	Removed
Patient Experience: Number of concerns received in month - Level 1 (informal)	Added 'informal'
Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Added 'formal'
Medicines Storage Trust wide audits - % compliance against the standards of those areas reporting	Previously % of wards achieving 100%, now average compliance for those wards reporting

(*) Updated Thresholds

	Threshold Change
Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Previously <= 0.19 per 1000 Bed Days
Hand Hygiene Compliance	Previously = 100%
Protecting Vulnerable People Training - % compliant (Level 1)	Previously >= 95%
Protecting Vulnerable People Training - % compliant (Level 2)	Previously >= 95%
Protecting Vulnerable People Training - % compliant (Level 3)	Previously >= 95%
Complaint acknowledged within 3 working days	Previously = 100%
Number of patients recruited to NIHR research studies	Previously min 55 per month

Clostridium Difficile – avoidable cases



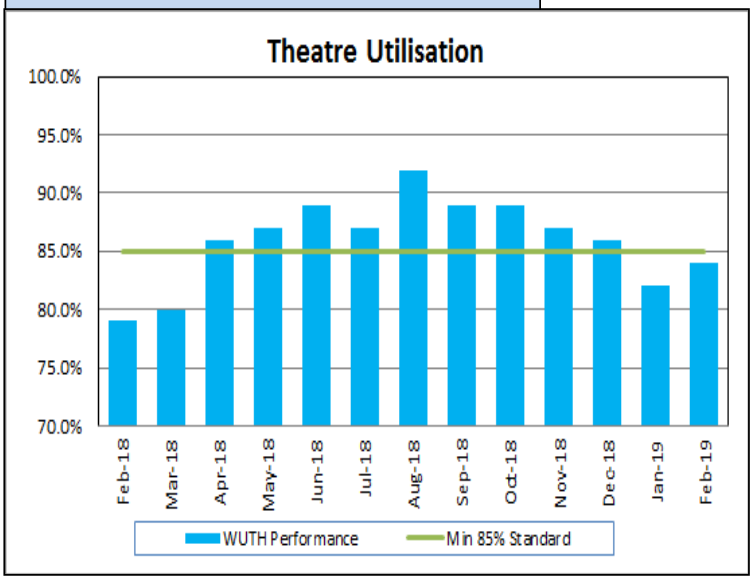
Executive Lead: Chief Nurse

Issue: The maximum threshold for avoidable cases of clostridium difficile in 2018-19 for WUTH is set at 28. To the end of February 2019 there have been 38 such cases.

Decision: Current performance Inadequate. Strengthen controls.

Action: increase of side rooms across Trust (33, 18, 22, Crit care – March 19) . All staff to have Hand Hygiene competency assessment – commence April 19 . Sinks for every ward entrance (Date TBC) . Decant ward identifiesd (commence April 19). Perfect ward audit revised to identify key risks. Thermal disinfection for jugs beakers (Estates to confirm date) . Weekly c diff review panel identifiying themes / actions timely with Chief Nurse

Theatre utilisation



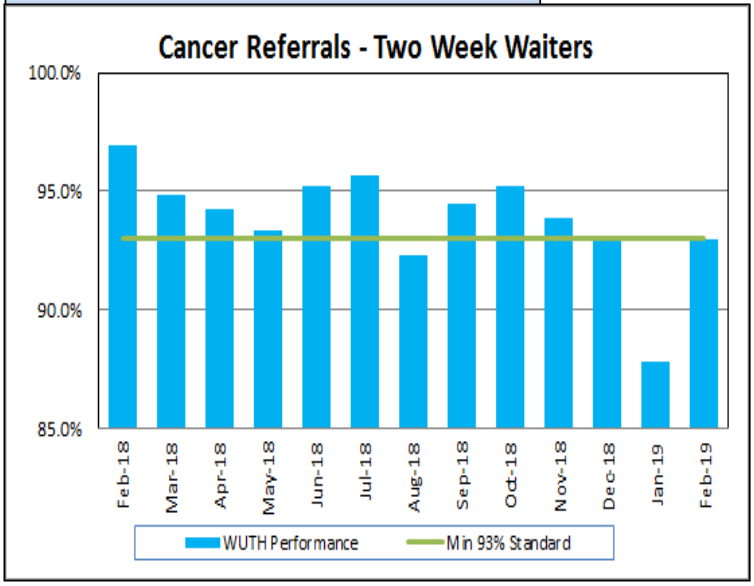
Executive Lead: Chief Operating Officer

Issue: The trust has an internal standard of utilising theatre capacity at a minimum of 85%. Performance for January & February 2019 has been less than this minimum standard.

Decision: Current performance Inadequate. Strengthen controls.

Action: Productivity of theatre capacity a main Improvement Priority area. Ward 1 returned to use for surgery on 18th March 2019 as a result of rapid improvement work.

Cancer Two Week Referrals



Executive Lead: Chief Operating Officer

Issue: The national standard is for 93% of all urgent cancer referrals to be seen within two weeks. Trust performance is judged by regulators on a cumulative quarterly basis. Performance in January and February has been below the 93% and putting the quarterly position at risk.

Decision: Current performance Inadequate. Strengthen controls.

Action: Individual patient pathway tracking by the Cancer Team and Divisions. Update provided on forecast at weekly Senior Operations meeting.

Board of Directors	
Agenda Item	8.2.2
Title of Report	Month 11 Finance Report
Date of Meeting	3 April 2019
Author	Shahida Mohammed – Acting Deputy Director of Finance
Accountable Executive	Karen Edge Acting Director of Finance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	8 8c,8d
Level of Assurance • **Positive** • **Gap(s)**	Gaps: Financial performance below plan
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To discuss and note
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

Month 11 Finance Report 2018/19

Contents

The Trust did not accept the Control Total issued by NHSI for 2018/19 of a surplus of £11.0m; it is hence unable to access the Provider Sustainability Fund (PSF) of £12.5m.
The Trust submitted a plan to NHSI which delivers a deficit of (£25.0m), this includes a Cost Improvement Programme (CIP) of £11.0m

The following summary details the Trust's financial performance during February (Month 11) and the cumulative outturn position for FY19 against plan.

The year to date adjusted financial performance position is an actual deficit of (£30.6m) against a plan of (£24.3m), therefore (£6.3m) worse than plan. The underlying deficit given deployment of non-recurrent resources of some £2.4m at month 11 is (c£33.0m).

The patient-related income position is £1.6m better than plan, of this £1.5m relates to contracted income. This is inclusive of c£6.0m relating to MSK and income CIP added in year, hence the underlying position is (£4.5m) worse than plan. The main areas driving this position are the under performance in elective and daycase activity, which is 2,762 spells (5.9%) behind plan, with a corresponding financial impact of (c£5.1m), and Outpatients attendances and procedures which are showing an adverse variance of (5,651) (2.0%), and a financial consequence of (£0.9m). There is also an under-performance in neonatal cot days of (£0.6m). Non-elective activity has underperformed significantly in month against plan decreasing the cumulative position to (1,254) spells year to date, however from a financial perspective the complexity of case-mix has remained strong delivering a balanced position, which has supported the overall position. Further mitigation of the below income plan position has been the benefit of the MSK block contract (£2.0m) and the release of the accrual related to the Sepsis dispute (£1.3m) which has now been concluded with Wirral CCG.

In addition the pay reform funding of £3.7m for Mths 1-11, is showing as above plan in income with the contra entry in pay costs. There remains a £0.3m pressure for the AFC pay reform in the position.

The overall expenditure position is higher than plan by (£12.9m). However, pay costs includes the AFC pay reform as discussed above of (£3.7m) and is offset in income. Non pay includes (£3.8m) associated with the MSK contracts which were not included within the original plan given an in year contract sign off and again is offset in income. Excluding these significant planning variances the underlying expenditure position is (c£5.4m) worse than plan.

The underlying pay position (adj for AFC reform) is (£0.3m) overspent YTD and is heavily supported by non-clinical vacancies which are delivering non-recurrent CIP and supporting the pay position by c£1.1m. Pay pressures continue in acute care to manage winter demand in the Emergency Department and across acute medical beds. The opening of the Grove Discharge Unit in November last year has supported patient flow as we continue to work with our partners to transfer medically optimised patients to the right community setting. Medical budgets are a pressure in some specialties where there are key senior medical gaps having to use agency due to constrained market factors. High levels of qualified nurse vacancies continue and consequently result in a high use of bank nurses to maintain safe staffing levels across the wards. The agency spend is largely to cover medical gaps and is closely managed however the M11 position has seen an increase over the cap largely driven by the VAT pressure on the Brookson's contract, this reflects the change in HMRC's view in relation to VAT.

Non pay is showing an underlying financial pressure overall of (c£5.2m). the key highlights on this significant overspend is undelivered CIP of (c£3.1m) which has been partially mitigated non-recurrently in pay, and outsourcing costs (c£1.7 m); which were needed to deliver the patient waiting times in a number of surgical specialties from transfers earlier in the year, and pressures relating to the discharge unit that was opened in late November for medically optimised patients that is a contracted service with an external partner.

The overall I&E position includes £2.4m of non-recurrent balance sheet support (including Sepsis).

In month, the position is an actual deficit of (£4.0m) against a planned deficit of (£2.7m), therefore some (£1.1m) worse than plan.

The forecast for February (based on Mth 8) was a deficit of (£3.0m), this was revised in Mth 10 to a deficit of (£3.7m). The actual deficit delivererd was (£4.0m) so (c£0.4m) worse than expected.

The delivery of cost improvements is (c£0.8m) below plan as at the end of M11 and the forecast for the year remains at c£9.5m leaving an in year shortfall of (c£1.5m). Of the £8.7m delivered to date, £2.2m is non-recurrent largely relating to non- clinical vacancies. The plan was largely profiled to be achieved during the latter part of the year with a very challenging Q4, The recurrent CIP for 2019/20 is c£7.4m at M11 and has been reflected in the 19/20 Draft Plan. There is a focus on developing the 19/20 CIP Plan in line with the Final 19/20 submission in April and work is ongoing to develop plans to deliver a c3.5% CIP in 19/20 to enable to Trust to accept the control total, and transition the organisation back to long term sustainability.

As part of the Winter Capacity planning the Trust opened the “step down” facility (T2A) beds part way through November 2018. This Ward will manage the previously significantly high numbers of “medically optimised” patients within the acute bed base, reflecting a lack of alternative support within the health and social care system and consequent adverse impact on flow. The facility will cost the Trust (£1.2m) for 2018/19, Wirral CCG has agreed to fund c£0.6m.

Cash balances at the end of February were £7.7m, exceeding plan by £5.3m. This is primarily due to positive working capital movements, capital outflows below plan and above-plan PDC received, offset by EBITDA below plan.

Based on the current position, the Trust’s most likely forecast is a deficit of (£31.4m) against the revised deficit of (£27.3m); notified to NHSI (in line with protocol) at Mth 9. At the time the Trust was predicting an outturn of a deficit (£27.9m), based on the Mth 9 position. However NHSI were insistent that the Trust should aim to deliver (£27.3m). The Trust outlined its assumptions and the key risks to deliver this. In particular, the assumption that non-elective activity would continue to over-perform at the same rate seen in the earlier part of the year and that the casemix would become more complex over the winter period as experienced in the winter of 2017/18.

The Trust has not experienced the expected activity levels in non-elective and in December, the casemix was also lower than anticipated. This along with some smaller pressures on the elective programme and pay costs resulting from operational flow issues has resulted in a shortfall against the forecast position of (c£0.8m) in December, (c£1.2m) in January and a further shortfall of (£1.0m) in February.

Although the Trust is reviewing all available mitigation it is unlikely to fully recover the shortfall particularly as the non-elective activity seems to be continuing at recent trend. There are a significant number of stranded patients within the hospital bed base. This was expected to improve following the agreement with Community partners to reduce the LOS in T2A community beds, unfortunately this has not transpired.

Included within the February position is the impact of the recent ruling by HMRC (31st January 2019), in relation to a change in its view regarding the VAT treatment of the "direct engagement model" for services provided through Plus Us Medical Care Services Ltd (PUMCSL), previously known as Brookson, for medical locums used by the Trust, that this should now be standard rated for VAT purposes; previously their view was the services were VAT exempt.

It has to be noted although the position reflects the impact from the date of the ruling (31st January 2019), there is also a possibility that HMRC seek to recover the retrospective VAT liability; this is estimated to be c£3.5m for 4 years. The Trust is seeking legal advice in relation to this; however if the Trust is liable this will significantly impact the Trust's forecast position to show a deficit of (£34.9m), and this has been notified to NHSI.
This is detailed in section 5 of this report.

3. Financial performance

2.1 Income and expenditure

Month 11 Financial performance	Annual Plan £'000	Current period Plan £'000	Current period Actual £'000	Current period Variance £'000	Month 11 Forecast £'000	Month 11 Actual £'000	Month 11 Variance £'000	Year to date Plan £'000	Year to date Actual £'000	Year to date Variance £'000
Income from patient care activity	307,162	24,434	24,741	307	25,703	24,741	(962)	280,959	282,552	1,592
DOH - Pay Reform Income	0	0	339	339	177	339	162	0	3,727	3,727
Income - PSF	0	0	0	0		0	0	0	0	0
Other income	29,428	2,455	2,546	91	2,789	2,546	(243)	26,928	28,141	1,213
Total operating income	336,589	26,889	27,627	737	28,669	27,627	(1,042)	307,887	314,419	6,532
Employee expenses	(247,732)	(20,479)	(21,212)	(734)	(20,986)	(21,212)	(226)	(227,313)	(231,315)	(4,002)
Operating expenses	(101,875)	(8,057)	(9,397)	(1,340)	(9,634)	(9,397)	237	(93,950)	(102,900)	(8,950)
Total operating expenditure	(349,607)	(28,536)	(30,609)	(2,074)	(30,620)	(30,609)	11	(321,262)	(334,215)	(12,952)
EBITDA	(13,018)	(1,646)	(2,983)	(1,336)	(1,951)	(2,983)	(1,032)	(13,375)	(19,795)	(6,420)
Depreciation and net impairment	(8,160)	(693)	(712)	(19)	(712)	(712)	0	(7,468)	(7,498)	(30)
Capital donations / grants income	0	0	(3)	(3)	0	(3)	(3)	0	165	165
Operating surplus / (deficit)	(21,178)	(2,340)	(3,697)	(1,358)	(2,663)	(3,697)	(1,034)	(20,843)	(27,128)	(6,285)
Net finance costs	(4,105)	(359)	(339)	19	(339)	(339)	(1)	(3,727)	(3,547)	180
Actual surplus / (deficit)	(25,282)	(2,699)	(4,037)	(1,339)	(3,002)	(4,037)	(1,036)	(24,569)	(30,675)	(6,106)
Reverse capital donations / grants I&E impact	243	20	23	3	20	23	3	223	58	(165)
Adjusted financial performance surplus/(deficit) [AFPD] including PSF	(25,039)	(2,678)	(4,013)	(1,336)	(2,982)	(4,013)	(1,033)	(24,347)	(30,617)	(6,270)

- In Month 11 there has been a further (c£1.3m) deterioration in the position with a year to date deficit of (c£6.3m) against plan. The M11 position was also (c£1.0m) worse than the Month 8 forecast largely due to deterioration in NHS clinical income.
- The main driver of this position is the underperformance of the elective programme which is (£5.1m) below plan. This is behind the expected elective recovery trajectory. Excluding MSK sub-contract variations which are offset in expenditure and the benefit of the MSK "block" arrangement, the underlying contract income position is YTD (£4.5m) worse than plan.
- The overall income position includes the AFC pay reform funding of £3.7m YTD.
- Although total expenditure is (c£12.9m) worse than plan, the underlying expenditure position (adj for AFC pay reform and MSK) is (£5.4m) overspent. The underlying pay is (£0.3m) overspent YTD and the underlying non pay is (c£5.2m) over plan and reflects earlier outsourcing pressure for elective capacity, the discharge unit pressures and non-delivery of CIP.
- It has to be noted the overall year to date position also includes £2.4m non-recurrent balance sheet support

3. Financial performance

2.2 Income

Activity

	Activity							
	Current month				Year to date			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%
Income from patient care activity								
Elective	610	508	(102)	(16.66%)	7,663	6,231	(1,432)	(18.68%)
Daycase	3,333	3,302	(31)	(0.93%)	39,185	37,855	(1,330)	(3.39%)
Elective excess bed days	285	128	(157)	(55.06%)	3,639	2,397	(1,242)	(34.14%)
Non-elective	3,849	3,411	(438)	(11.37%)	42,455	41,201	(1,254)	(2.95%)
Non-elective Non Emergency	386	371	(15)	(3.99%)	4,771	4,734	(37)	(0.77%)
Non-elective excess bed days	782	540	(242)	(30.94%)	8,884	8,914	30	0.34%
A&E	7,108	6,832	(276)	(3.88%)	84,789	83,099	(1,690)	(1.99%)
Outpatients	23,645	23,604	(41)	(0.17%)	274,325	268,674	(5,651)	(2.06%)
Diagnostic imaging	2,304	2,592	287	12.47%	26,819	28,165	1,346	5.02%
Maternity	486	493	7	1.46%	5,796	5,419	(377)	(6.51%)
Total NHS patient care income	42,787	41,780	(1,006)		498,324	486,689	(11,636)	

- The main specialities driving the under performances in elective and daycase activity are Colorectal, Ophthalmology, Urology and Trauma and Orthopaedic surgery. “Booked” activity is being monitored on a weekly basis by the Surgical Division, the focus is to enact remedial action plans to ensure the position does not deteriorate further. Clinical Haematology has over performed which is partially mitigating the position.
- Demand for emergency care during February was below plan levels similar to January, increasing the previous under performance to (1,254) spells; this is across a number of specialities. The only area over performing in emergency care is Upper GI, this has mitigated the overall position.
- Although Outpatient first attendances improved this was undermined by a reduction in procedures during the month, the main areas are Gynaecology, Trauma and Orthopaedics, and Cardiology.

3. Financial performance

Income	Income							
	Current month				Year to date			
	Plan £'000	Actual £'000	Variance £'000	%	Plan £'000	Actual £'000	Variance £'000	%
Income from patient care activity								
Elective	1,911	1,513	(398)	(20.82%)	24,530	20,633	(3,897)	(15.89%)
Daycase	2,092	2,037	(54)	(2.60%)	25,311	24,075	(1,236)	(4.88%)
Elective excess bed days	70	32	(37)	(53.74%)	879	592	(287)	(32.66%)
Non-elective	7,374	7,188	(186)	(2.52%)	81,528	81,478	(50)	(0.06%)
Non-elective Non Emergency	875	861	(13)	(1.51%)	11,154	10,969	(185)	(1.66%)
Non-elective excess bed days	192	134	(58)	(30.17%)	2,187	2,189	3	0.12%
A&E	993	984	(9)	(0.89%)	11,845	12,030	185	1.56%
Outpatients	2,679	2,663	(17)	(0.63%)	31,134	30,206	(928)	(2.98%)
Diagnostic imaging	184	197	14	7.44%	2,141	2,146	5	0.24%
Maternity	439	417	(21)	(4.89%)	5,010	4,705	(305)	(6.09%)
Non PbR	5,650	5,929	279	4.94%	63,073	63,853	780	1.24%
HCD	1,284	1,266	(18)	(1.41%)	14,129	14,517	388	2.74%
CQUINs	563	480	(82)	(14.64%)	6,190	5,742	(448)	(7.23%)
MSK Sub Contracts	0	574	574	0.00%	0	4,017	4,017	0.00%
MSK back to Block	0	271	271	0.00%	0	1,968	1,968	0.00%
Other	0	86	86	0.00%	0	1,487	1,487	0.00%
Total income from patient care (SLAM)	24,305	24,634	329	1.35%	279,111	280,608	1,497	0.54%

- Within the overall year to date position there are certain key areas under performing significantly, elective and daycases, which is showing a deficit of (£5.1m), reflecting both activity and casemix reductions, outpatient attendances are (c£0.8m) below plan, this is predominantly in outpatient first attendances and procedures. The revised elective recovery plan is being closely managed, although it is not expected the under performance in the earlier part of the year will be recovered.
- The overall position is mitigated following the commencement of the MSK “prime provider” contract from July 2018, which was not included in the original plan submitted to NHSI. This is supporting the income position by c£6.0m, (some of this will be offset in expenditure due to payments to sub-contractors e.g. Wirral CT for Physio services). As this is a “block” contract, the position includes a cumulative benefit of c£2.0 m.
- Other PbR areas are not significantly behind plan from a financial perspective, although emergency care has seen reduction in activity, the casemix has remained strong. Neonatal activity is showing a cumulatively underperformance of (£0.6m), this reflects under performance in quarters 1 and 2. Given the unpredictable nature of this activity and the reliance on the Neonatal network for a large proportion of this work, it is difficult to predict the recovery of this.
- Included in the position is the successful conclusion with Wirral CCG of the disputed coding of Sepsis activity, during 17/18. This supported the position by c£1.3m, and other balance sheet support of £0.2m, this is recorded in the “Other” category in the above table.

2. Financial performance

2.3 Expenditure

- The overall expenditure position as at the end of M11 is showing a YTD over-spend of (c£12.9m) against plan. However excluding significant plan adjustments for MSK of £3.8m YTD and AFC reform funding of £3.7m YTD there is an under-lying overspend of (c£5.4m) of which pay is (c£0.3m) and non-pay is (c£5.2m). Further details below:-

Pay and other operating expenses for the Trust are detailed below.

2.3 .1 Pay

Pay analysis	Annual Plan £'000	Current period Plan £'000	Current period Actual £'000	Current period Variance £'000	Year to date Plan £'000	Year to date Actual £'000	Year to date Variance £'000
Substantive	(225,643)	(18,609)	(18,747)	(138)	(207,091)	(208,350)	(1,259)
Bank	(6,662)	(556)	(996)	(440)	(6,111)	(8,416)	(2,305)
Medical Bank	(7,057)	(588)	(629)	(41)	(6,468)	(6,756)	(288)
Agency	(7,469)	(651)	(762)	(111)	(6,817)	(6,959)	(142)
Other - Apprenticeship levy	(900)	(75)	(78)	(3)	(825)	(833)	(7)
Total	(247,732)	(20,479)	(21,212)	(734)	(227,313)	(231,315)	(4,002)

- Performance against the 18/19 plan for pay costs in M11 is an overspend of (£0.7m) and YTD (£4m) worse than plan. However, the plan excluded the AFC pay reform funding of (c£3.7m) year to date which is offset in income. Hence the underlying pay position (i.e. adjusted for pay award funding) is c£0.3m overspent YTD.
- The underlying pay position includes substantive vacancies (adj. for pay award funding) offset with significant use of bank, agency and other non-core pay.
- The agency figure is c£0.8m for February, which is above the £0.6m NHSI cap. In M11 the issue on VAT for Brookson's has resulted in a pressure. Cumulatively the agency spend is £0.1m above the NHSI agency ceiling.
- There are significant pressures on the medical budgets with high use of non-core in the clinical divisions to cover key critical specialty gaps and to staff acute medical areas. Nursing budgets are underspent particularly for qualified nurses but substantive recruitment initiatives are progressing slowly. In addition bank nurses are supporting escalation beds and staffing the front door during the challenging winter months. Non- clinical vacancies continue and non-recurrently they are supporting delivery of the CIP target.
- Pay CIP is £1.1m better than plan however to note all of this is non-recurrent. The CIP plan was heavily weighted to non-pay.

2. Financial performance

- **2.3.3 Non pay**

Non pay analysis	Annual Plan £'000	Current period Plan £'000	Current period Actual £'000	Current period Variance £'000	Year to date Plan £'000	Year to date Actual £'000	Year to date Variance £'000
Purchase of Healthcare - Non NHS	(2,583)	(92)	(742)	(650)	(2,308)	(7,779)	(5,471)
Supplies and services - clinical	(35,475)	(2,916)	(3,002)	(86)	(32,557)	(32,243)	314
Drugs	(25,395)	(2,109)	(2,002)	107	(23,286)	(23,300)	(13)
Consultancy	0	0	(66)	(66)	0	(620)	(620)
Other	(46,583)	(3,633)	(4,297)	(664)	(43,266)	(46,456)	(3,190)
Total	(110,035)	(8,750)	(10,109)	(1,359)	(101,417)	(110,398)	(8,981)

- Non pay expenditure is (c£1.4m) overspent in M11 and year to date (YTD) is (c£9m) above plan however the plan excludes the MSK contract costs of c£3.8m YTD which are offset in income. Hence the underlying non-pay position (adjusted for MSK) is (c£1m) overspent in M11 and (c£5.2m) overspent YTD driven by the following :-
- Purchase of Healthcare – Non NHS (Outsourcing) adjusted for MSK is (c£0.2m) over plan in M11 and (c£1.m) YTD. In-mth the pressure is largely due to the costs associated with the discharge unit outsourced to Four Seasons for medical optimised patients YTD this is (c£0.5m). The YTD position also includes earlier outsourcing costs to Spire in relation to gaps in elective capacity at the beginning of the year for number surgical specialties (Orthopaedics, Pain and ENT) of (c£1.0m), and radiology non NHS outsourcing pressures of (c£0.3m) to manage capacity gaps.
- Clinical supplies is a (£0.1m) pressure in M11 but remains underspent YTD by £0.3m reflecting the low levels of elective activity in earlier months and the associated prostheses/clinical supplies spend.
- Drug costs are below plan in-month largely due to high cost drugs and is offset as a variance in clinical income.
- Consultancy costs continue in-mth largely to support transformation and governance.
- The “Other” category includes the CIP variance of (c£0.7m) in-mth and (c£3.1m) YTD. The CIP plan was heavily weighted to non pay as the £4.0m unidentified gap at the time of submitting the plan was allocated to non pay.

2. Financial performance

2.4 CIP by programme

Programme	Director	YTD			In Year Forecast						Recurrent Savings					
		NHSI Plan £k	Actual £k	Variance £k	NHSI Plan £k	Fully Developed £k	Variance £k	Pipeline £k	Total £k	Variance £k	NHSI Plan £k	Fully Developed £k	Variance £k	Pipeline £k	Total £k	Variance £k
Transformation																
Improving Patient Flow	Anthony Middleton	750	1,227	**477**	1,000	1,337	**337**	0	1,337	**337**	1,000	1,337	**337**	0	1,337	**337**
Improving Productivity	Anthony Middleton	430	715	**285**	478	818	**340**	0	818	**340**	478	1,181	**703**	79	1,260	**782**
Collaboration	Janelle Holmes	808	720	**(88)**	952	812	**(140)**	0	812	**(140)**	952	86	**(866)**	0	86	**(866)**
Digital Wirral	Paul Charnley	917	1,133	**216**	1,000	1,260	**260**	0	1,260	**260**	1,000	1,000	**0**	0	1,000	**0**
Sub total - transformation		**2,905**	**3,795**	**890**	**3,430**	**4,227**	**797**	**0**	**4,227**	**797**	**3,430**	**3,604**	**175**	**79**	**3,683**	**253**
Cross cutting workstreams																
Workforce	Helen Marks/ Tracy Fennell	123	335	**212**	134	374	**239**	0	374	**239**	134	19	**(115)**	0	19	**(115)**
Estates & Site Strategy	Dave Sanderson	0	0	**0**	0	0	**0**	0	0	**0**	0	0	**0**	0	0	**0**
Pharmacy and Meds Management	Pippa Roberts	451	432	**(18)**	500	475	**(25)**	3	478	**(22)**	500	360	**(140)**	35	395	**(105)**
Procurement and Non Pay	Jane Christopher	1,027	326	**(700)**	1,150	349	**(801)**	0	349	**(801)**	1,150	201	**(949)**	0	201	**(949)**
Tactical and transactional		0	0		0	0		0			0	0		0		
Divisional and Departmental	Divisional Directors	1,728	3,765	**2,037**	1,936	4,067	**2,131**	17	4,084	**2,148**	1,936	3,056	**1,120**	12	3,068	**1,132**
Unidentified		3,222	0	**(3,222)**	3,850	0	**(3,850)**	0	0	**(3,850)**	3,850	0	**(3,850)**	0	0	**(3,850)**
Total		**9,456**	**8,654**	**(802)**	**11,000**	**9,491**	**(1,509)**	**20**	**9,512**	**(1,488)**	**11,000**	**7,239**	**(3,761)**	**126**	**7,365**	**(3,635)**

- Month 11 the CIP delivery is (c£0.7m) below plan thus reflecting the challenge of the increased Q4 profile. YTD CIP performance is now (c£0.8m) below the NHSI plan.
- Of the £8.7m CIP achieved to M11, £2.2m is non-recurrent mitigation largely due to in-year vacancies that has supported the CIP delivery for this year.
- The CIP forecast for March is a further £0.8m; therefore the total CIP for 2018/19 will be c£9.5m, a shortfall of some (c£1.5m) against plan.
- Of the £9.5m CIP forecast, £2.4m is non-recurrent mitigation largely non-clinical vacancies.
- The recurrent CIP gap of (c£3.6m) is a significant pressure and accounted for as part of the 19/20 Draft plan.

3. Financial position

3.1 Statement of Financial Position (SOFP)

Actual as at 01.04.18 £'000		Month-on-month movement	Plan as at 28.02.19 £'000	Actual as at 28.02.19 £'000	Variance (to plan) £'000	Forecast 31.03.19 £'000	Plan 31.03.19 £'000
	Non-current assets						
159,754	Property, plant and equipment	⇧	160,245	158,526	(1,719)	162,832	160,148
12,763	Intangibles	⇩	12,453	11,474	(979)	13,868	12,369
903	Trade and other non-current receivables	⇧	903	846	(57)	843	903
173,420		⇧	**173,601**	**170,846**	**(2,755)**	**177,542**	**173,420**
	Current assets						
4,171	Inventories	⇩	4,171	4,180	9	4,180	4,171
18,423	Trade and other receivables	⇩	21,091	19,679	(1,412)	18,431	18,424
0	Assets held for sale	⇨	0	0	0	0	0
7,950	Cash and cash equivalents	⇧	2,446	7,715	5,269	4,009	1,773
30,544		⇩	**27,708**	**31,574**	**3,866**	**26,620**	**24,368**
203,964	**Total assets**	⇩	**201,309**	**202,420**	**1,111**	**204,162**	**197,788**
	Current liabilities						
(32,538)	Trade and other payables	⇧	(30,003)	(34,032)	(4,029)	(38,950)	(27,752)
(3,224)	Other liabilities	⇩	(3,224)	(4,539)	(1,315)	(3,224)	(3,224)
(1,074)	Borrowings	⇩	(1,075)	(1,077)	(2)	(1,076)	(1,076)
(548)	Provisions	⇨	(548)	(548)	0	(548)	(548)
(37,384)		⇧	**(34,850)**	**(40,196)**	**(5,346)**	**(43,798)**	**(32,609)**
(6,840)	**Net current assets/(liabilities)**	⇩	**(7,142)**	**(8,622)**	**(1,480)**	**(17,178)**	**(8,240)**
166,580	**Total assets less current liabilities**	⇧	**166,459**	**162,224**	**(4,235)**	**160,365**	**165,180**
	Non-current liabilities						
(8,812)	Other liabilities	⇧	(8,499)	(8,499)	0	(8,471)	(8,470)
(49,258)	Borrowings	⇩	(73,735)	(73,736)	(1)	(73,224)	(73,221)
(2,318)	Provisions	⇧	(2,147)	(2,472)	(325)	(2,455)	(2,131)
(60,388)		⇩	**(84,381)**	**(84,707)**	**(326)**	**(84,150)**	**(83,826)**
106,192	**Total assets employed**	⇩	**82,078**	**77,517**	**(4,561)**	**76,215**	**81,366**
	Financed by Taxpayers' equity						
77,575	Public dividend capital	⇨	78,031	79,575	1,544	79,587	78,031
(12,259)	Income and expenditure reserve	⇩	(36,829)	(42,934)	(6,105)	(44,248)	(37,541)
40,876	Revaluation reserve	⇨	40,876	40,876	0	40,876	40,876
106,192	**Total taxpayers' equity**	⇩	**82,078**	**77,517**	**(4,561)**	**76,215**	**81,366**

Capital asset variances	£m
Capex underspend	-4.5
Donations above plan	0.2
18/19 additional funding balance	1.6
Total variance of capital assets to plan	**-2.7**

Cash variances	£m
EBITDA and donation income below plan	-6.4
Working capital movements	6.9
Capital expenditure (cash basis) below plan	3.3
PDC received above plan	1.5
Total variance of cash to plan	**5.3**

3. Financial position

3.2 Capital expenditure

	2018/19 NHSI capital plan £'000	Full year Budget [1] £'000	Full year Forecast [2] £'000	Variance £'000	Full year Forecast [2] £'000	Green light schemes [4] £'000	Variance £'000	YTD Actual £'000
Funding								
Depreciation	8,160	8,160	8,193	(33)				7,498
Loan repayment	(1,015)	(1,015)	(1,015)	0				(508)
Finance lease	(60)	(60)	(60)	0				(56)
Additional funding per plan	3,250	3,250	3,250	0				3,250
Additional external (donations / grant) funding	0	185	176	9				165
Public Dividend Capital (PDC) - GDE	456	456	0	456				0
Public Dividend Capital (PDC) - Urgent and Emergency Care	0	2,000	2,000	0				2,000
Public Dividend Capital (PDC) - Pharmacy Infrastructure	0	12	12	0				0
Total funding	**10,791**	**12,988**	**12,556**	**432**				**12,349**
Expenditure - schemes								
Divisional priorities - *Medicine and Acute Care*		238	227	11	227	92	135	83
Divisional priorities - *Surgery*		372	602	(230)	602	478	124	455
Divisional priorities - *Women and Children's*		553	568	(15)	568	520	48	379
Divisional priorities - *Clinical Support and Diagnostics*		1,960	1,975	(15)	1,975	1,923	52	574
Divisional priorities - *Clinical Support and Diagnostics* - MRI	1,050	1,518	1,518	0	1,518	1,518	0	326
Divisional priorities - contingency [3]	500	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Informatics - *Digital Wirral / Global Digital Exemplar*	2,811	2,801	3,029	(228)	3,029	2,271	758	1,004
Informatics	500	536	593	(57)	593	593	0	466
Switchboard		850	850	0	850	0	850	0
Estates - backlog maintenance	1,500	3,466	3,401	65	3,401	3,093	308	2,084
Car park		0	0	0	0	0	0	0
Cerner		(400)	(400)	0	(400)	(400)	0	(400)
All other expenditures		(194)	(155)	(39)	(155)	(155)	0	(155)
Urgent and Emergency Care		0	0	0	0	0	0	n/a
Contingency [3]	1,180	1,090	0	1,090	0	0	0	n/a
Reallocated funding	3,250	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NHSI plan subtotal	**10,791**							
Donated assets	0	185	176	9	176	176	0	165
Total expenditure (accruals basis) [5]	**10,791**	**12,975**	**12,384**	**591**	**12,384**	**10,109**	**2,275**	**4,981**

[1] This is the NHSI plan, adjusted for approved business cases including additional donated, leased and PDC funded spend.
[2] Current forecast includes slippage from 2017/18.
[3] Funding is transferred as business cases are approved.
[4] Green light schemes are those for which a feasible capital bid form has been approved, the scheme is expected to deliver in year and order(s) have been raised.
[5] **Current forecast capital underspend is £0.2m**

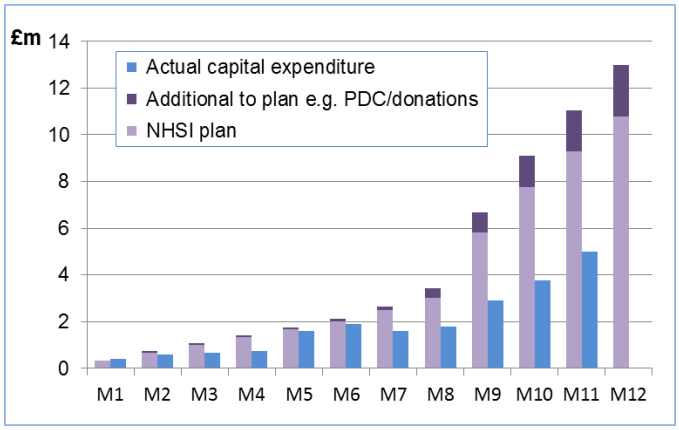
Capex summary

Capital spend for the year is £5.0m against full-year plan of £10.8m and budget of £13.0m.

PDC to be received in year (£0.5m), in respect of the Digital Wirral scheme, has been deferred to 2019/20.

Further spend against £2m additional PDC capital funding has been agreed and must also be delivered by 31 March 2019.

Capital expenditure will continue to be monitored at FPG to ensure that outturn is in line with budget.



Capital funding

- Capital expenditure is forecast to be within external funding and internally generated limits for the year.
- Internally generated funding includes brought forward cash.

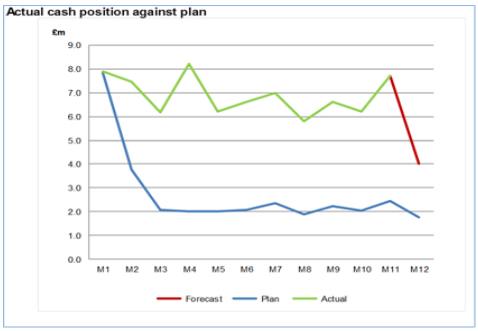
3. Financial position

3.3 Statement of Cash Flows

	Month			Year to date			Full Year	
	Actual	Plan	Variance	Actual	Plan	Variance	Forecast	Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening cash	**6,182**	**2,044**	**4,138**	**7,950**	**7,950**	**0**	**7,950**	**7,950**
Operating activities								
Surplus / (deficit)	(4,037)	(2,699)	(1,338)	(30,675)	(24,569)	(6,106)	(31,989)	(25,282)
Net interest accrued	148	165	(17)	1,438	1,595	(157)	1,608	1,806
PDC dividend expense	191	191	0	2,101	2,101	0	2,292	2,292
Unwinding of discount	1	3	(2)	7	33	(26)	8	6
Operating surplus / (deficit)	(3,697)	(2,340)	(1,357)	(27,129)	(20,840)	(6,289)	(28,081)	(21,178)
Depreciation and amortisation	712	693	19	7,498	7,467	31	8,193	8,160
Impairments / (impairment reversals)	0	0	0	0	0	0	0	0
Donated asset income (cash and non-cash)	3	0	3	(165)	0	(165)	(165)	0
Changes in working capital	989	(286)	1,275	3,716	(3,145)	6,861	3,372	(996)
Investing activities								
Interest received	12	3	9	112	33	79	124	48
Purchase of non-current (capital) assets [1]	(925)	(2,168)	1,243	(8,657)	(11,936)	3,279	(9,486)	(12,444)
Receipt of cash donations to purchase capital assets	0	0	0	35	0	35	55	0
Financing activities								
Public dividend capital received	0	0	0	2,000	456	1,544	2,012	456
Net loan funding [2]	4,506	4,506	0	24,534	24,534	0	24,027	24,027
Interest paid	(61)	0	(61)	(925)	(818)	(107)	(1,586)	(1,845)
PDC dividend paid	0	0	0	(1,189)	(1,189)	0	(2,335)	(2,335)
Finance lease rental payments	(6)	(6)	0	(66)	(66)	0	(70)	(70)
Total net cash inflow / (outflow)	**1,533**	**402**	**1,131**	**(235)**	**(5,504)**	**5,269**	**(3,941)**	**(6,177)**
Closing cash	**7,715**	**2,446**	**5,269**	**7,715**	**2,446**	**5,269**	**4,009**	**1,773**

[1] Outflows due to the purchase of non-current assets are not the same as capital expenditure due to movements in capital creditors.
[2] Support funding currently comprises a working capital facility, and 'uncommitted loans', issued by DHSC and administered by NHSI.

Cash variances	£m
EBITDA and donation income below plan	-6.4
Working capital movements	6.9
Capital expenditure (cash basis) below plan	3.3
PDC received above plan	1.5
Total variance of cash to plan	**5.3**



Cash summary

- The Trust continues to borrow through a Board-approved facility administered by DHSC and NHSI, which supports the Trust's revenue requirements.
- The elevated cash position (£7.7m) includes additional cash to be used to finance the capital plan.
- The Financial Services team actively manages the net working capital position in tandem with treasury borrowings to maintain liquidity and minimise finance costs.

4. Use of resources

4.1 Single oversight framework

UoR rating (financial) - summary table

	Metric	Descriptor	Weight %	Year to Date Plan		Year to Date Actual		Full Year Plan	
				Metric	*Rating*	*Metric*	*Rating*	*Metric*	*Rating*
Financial sustainability	**Liquidity (days)**	Days of operating costs held in cash-equivalent forms	20%	-11.8	3	-12.8	3	-12.9	3
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	-3.1	4	-4.7	4	-2.5	4
Financial efficiency	**I&E margin (%)**	Underlying performance: I&E deficit / total revenue	20%	-7.9%	4	-9.7%	4	-7.4%	4
Financial controls	**Distance from financial plan (%)**	Shows quality of planning and financial control : YTD deficit against plan	20%	0.0%	1	-1.8%	3	0.0%	1
	Agency spend (%)	Distance of agency spend from agency cap	20%	-0.7%	1	1.4%	2	0.0%	1
	Overall NHSI UoR rating				**3**		**3**		**3**

UoR rating summary

- The Trust has marginally overspent against the agency cap, increasing the risk rating to 2. The Trust needs to continue its focus to reduce the spend in this area to bring the *Agency spend* rating back down to 1.
- The *Distance from financial plan* metric is currently below plan as a result of the year-to-date EBITDA.
- The month 11 UoR rating is 3 overall, which matches the 2018/19 plan UoR rating of 3.
- Forecast UoR rating is 3.

5. Forecast

Based on the year to date position and assumptions in relation to March, the forecast outturn is a deficit of (£31.4m)

The main areas contributing to the deterioration include:

- Recovery of the elective programme
- Reduced emergency activity
- Recovery in other income areas such as Neonates
- Improvement in CIP delivery

The table below details the movements in the forecast by area and month.

As shown the forecast for patient related income has deteriorated by (c£3.3m), and pay costs have increased by (£1.3m). This reflects the pressures on the medical staff costs with a high use of non-core in the clinical divisions to cover key critical specialty gaps and to staff acute medical areas.

The forecast position discussed in the previous (Mth 9) Board report was a deficit of (£27.8m), this included the deterioration of the position against the period 9 forecast of (c£0.8m).

The table below details the actual performance in Mth 10 compared to the initial Month 8 forecast which shows a further deterioration of (c£0.7m).

5. Forecast

Wirral University Hospital Trust Monthly Forecast Position - Month 11

	Mth 8 YTD Actual £000	*Trust Forecast outturn as at Mth 8* £000	Actual Mth 9 £000	Actual Mth 10 £000	Actual Mth 11 £000	*Forecast Mth 12* £000	*Revised Trust Forecast outturn* £000	Movement of forecast outturn M8 v M11 £000	Difference Mth 11 (Forecast v Actual) Forecast Mth 11 £000	Mth 11 Variance £000	Difference Mth 10 (Forecast v Actual) Forecast Mth 10 £000	Mth 10 Variance £000	Difference Mth 9 (Forecast v Actual) Forecast Mth 9 £000	Mth 9 Variance £000
Income from patient care activity														
Elective/Daycase	33,540	50,868	3,599	4,019	3,550	*4,590*	**49,298**	**(1,570)**	4,329	**(779)**	4,380	(361)	3,957	(358)
Elective excess bed days	453	572	45	61	32	*42*	**633**	**61**	30	**2**	30	31	21	24
Non-elective	58,330	92,220	7,954	8,065	7,188	*7,981*	**89,518**	**(2,702)**	7,733	**(545)**	9,223	(1,158)	8,321	(367)
Non-elective Non Emergency	8,019	12,094	988	1,101	862	*1,149*	**12,119**	**25**	920	**(58)**	1,002	99	1,003	(15)
Non-elective excess bed days	1,686	2,557	253	116	134	*222*	**2,411**	**(146)**	202	**(68)**	229	(113)	217	36
A&E	8,916	13,338	1,036	1,093	984	*1,116*	**13,145**	**(193)**	1,026	**(42)**	1,132	(39)	1,132	(96)
Outpatients	22,297	33,113	2,324	2,923	2,663	*2,836*	**33,043**	**(70)**	2,667	**(4)**	2,962	(39)	2,383	(59)
Diagnostic imaging	1,540	2,264	201	211	198	*192*	**2,342**	**78**	178	**20**	198	13	157	44
Maternity	3,466	5,285	415	407	417	*452*	**5,157**	**(128)**	421	**(4)**	466	(59)	466	(51)
Non PbR	46,398	69,539	5,663	5,868	5,929	*5,752*	**69,550**	**11**	6,076	**(147)**	6,231	(363)	5,475	188
HCD	10,540	15,888	1,212	1,497	1,267	*1,330*	**15,846**	**(42)**	1,337	**(70)**	1,337	160	1,337	(125)
CQUINs	4,192	6,113	454	616	480	*806*	**6,548**	**435**	525	**(45)**	525	91	525	(71)
MSK Sub Contracts	2,410	4,319	398	635	574	*556*	**4,573**	**254**	0	**574**	0	635	463	(65)
MSK back to Block	1,247	1,694	108	358	255	*0*	**1,968**	**274**	59	**196**	290	68	-	108
Other	1,381	1,981	0	0	102	*500*	**1,983**	**2**	200	**(98)**	200	(200)		0
TOTAL NHS INCOME	**204,417**	**311,847**	**24,650**	**26,970**	**24,635**	***27,524***	**308,136**	**(3,711)**	**25,703**	**(1,068)**	**28,205**	**(1,235)**	**25,457**	**(807)**
Other patient care income	472	708	53	50	0	*113*	**688**	**(20)**	59	**(59)**	59	(9)	59	(6)
Non-NHS: private patients & overseas	256	362	29	41	22	*28*	**376**	**14**	26	**(4)**	27	14	26	3
Injury cost recovery scheme	713	1,068	53	85	82	*82*	**1,015**	**(53)**	90	**(8)**	85	0	90	(37)
Non NHS: Other	17	26	2	2	2	*2*	**25**	**(1)**	2	**0**	2	0	2	0
TOTAL PATIENT CARE INCOME	**205,875**	**314,011**	**24,787**	**27,148**	**24,741**	***27,749***	**310,240**	**(3,771)**	**25,880**	**(1,139)**	**28,378**	**(1,230)**	**25,634**	**(847)**
Other Income	22,835	34,089	3,241	3,075	2,883	*2,974*	**35,008**	**919**	2,789	**94**	2,821	254	2,840	401
TOTAL TRUST INCOME	**228,710**	**348,100**	**28,028**	**30,223**	**27,624**	***30,723***	**345,248**	**(2,852)**	**28,669**	**(1,045)**	**31,199**	**(976)**	**28,474**	**(446)**
Pay														
Medical & Dental	(45,923)	(69,013)	(5,849)	(6,066)	(5,998)	*(6,110)*	**(69,946)**	**(933)**	(5,751)	**(247)**	(5,796)	(270)	(5,793)	(56)
Nursing and midwifery	(45,659)	(68,460)	(5,482)	(5,908)	(5,759)	*(5,895)*	**(68,703)**	**(243)**	(5,700)	**(59)**	(5,717)	(191)	(5,680)	198
Scientific, Therapeutic & Technical	(20,277)	(30,576)	(2,555)	(2,614)	(2,618)	*(2,283)*	**(30,347)**	**229**	(2,574)	**(44)**	(2,574)	(40)	(2,577)	22
Support to clinical staff	(39,490)	(59,453)	(5,258)	(5,135)	(5,144)	*(5,151)*	**(60,178)**	**(725)**	(4,994)	**(150)**	(5,005)	(130)	(4,982)	(276)
Non medical, non clinical staff	(15,939)	(23,075)	(2,424)	(1,523)	(1,693)	*(1,205)*	**(22,784)**	**291**	(1,967)	**274**	(1,989)	466	(1,979)	(445)
TOTAL PAY COSTS	**(167,288)**	**(250,577)**	**(21,568)**	**(21,246)**	**(21,212)**	***(20,644)***	**(251,958)**	**(1,381)**	**(20,986)**	**(226)**	**(21,081)**	**(165)**	**(21,011)**	**(557)**
Non Pay														
Supplies and services - clinical	(23,049)	(34,966)	(3,176)	(3,016)	(3,002)	*(2,958)*	**(35,201)**	**(235)**	(2,973)	**(29)**	(3,003)	(13)	(3,009)	(167)
Drugs	(17,107)	(25,742)	(1,960)	(2,230)	(2,002)	*(2,097)*	**(25,396)**	**346**	(2,159)	**157**	(2,159)	(71)	(2,159)	199
Purchase of HealthCare from Non NHS Bodies	(5,640)	(8,736)	(655)	(742)	(742)	*(787)*	**(8,566)**	**170**	(751)	**9**	(838)	96	(761)	106
Other	(33,954)	(51,304)	(4,366)	(4,395)	(4,363)	*(4,648)*	**(51,724)**	**(420)**	(4,463)	**100**	(4,407)	12	(4,456)	90
TOTAL NON PAY COSTS	**(79,750)**	**(120,748)**	**(10,157)**	**(10,383)**	**(10,109)**	***(10,490)***	**(120,887)**	**(139)**	**(10,346)**	**237**	**(10,407)**	**24**	**(10,385)**	**228**
Net Finance costs	(2,516)	(3,909)	(342)	(349)	(339)	*(361)*	**(3,907)**	**2**	(339)	**0**	(349)	0	(342)	0
Monthly Actual/FOT surplus/(deficit)	**(20,844)**	**(27,134)**	**(4,039)**	**(1,755)**	**(4,036)**	***(772)***	**(31,504)**	**(4,370)**	**(3,002)**	**(1,034)**	**(638)**	**(1,117)**	**(3,264)**	**(775)**
Reverse capital donations/grants I&E impact	35	115	24	(24)	23	*21*	**79**	**(36)**	**20**	**3**	20	(44)	20	4
Monthly Actual/FOT surplus/(deficit)	**(20,809)**	**(27,019)**	**(4,015)**	**(1,779)**	**(4,013)**	***(751)***	**(31,425)**	**(4,406)**	**(2,982)**	**(1,031)**	**(618)**	**(1,161)**	**(3,244)**	**(771)**
Monthly Plan surplus/(deficit)	**(18,044)**	**(25,039)**	(2,891)	(733)	(2,679)	*(692)*	**(25,039)**	**0**	**(2,679)**	**0**	(733)		(2,891)	
Variance (Forecast v Actual)	(2,765)	(1,980)	(1,124)	(1,046)	(1,334)	*(59)*	**(6,386)**	**(4,406)**	(303)	**(1,031)**	115	**(1,161)**	(353)	**(771)**

5. Forecast

The deterioration from the forecast position is detailed above. The

Cash funding – The Trust has matched its borrowings to the initial plan deficit of (£25.0m) throughout 2018/19, which is consistent with plan and prior Board approvals. In order to protect the Trust's cash position going forward, it is recommended that the Director of Finance is enabled to authorise any additional borrowings in Q1 of 2019/20 which will be required based on the actual outturn for 2018/19, which as shown is forecast to be at least (c£6.4m) higher than the plan deficit of (£25.0m) Although this is technically "drawn" in the subsequent financial year, this 'Q1 catch up' is an allowed feature of the Trust's borrowings arrangement.

The Executive Board is asked to note the contents of this report and approve the recommendation for additional Q1 borrowing in line with the final 2018/19 deficit.

Karen Edge
Acting Director of Finance
April 2019

Board of Directors	
Agenda Item	8.2.3
Title of Report	Approval of Operational Plan 19/20 2019/20 Budget Update and Updated Operational Plan Submission Narrative
Date of Meeting	3.4.2019
Author	Karen Edge – Acting Director of Finance
Accountable Executive	Karen Edge – Acting Director of Finance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	**PR 3: Failure to achieve and/or maintain financial sustainability** Annual plan, including control total consideration; reduction of underlying financial deficit
Level of Assurance • **Positive** • **Gap(s)**	Positive with gaps; CIP programme still in development, further risk mitigation required
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Approval Required
Data Quality Rating	Silver - quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

1. Executive Summary

This paper updates the Committee with the assurance work and outcomes that has taken place since the approval and submission of the interim 2019/20 Operational Plan.

This includes:

- Evaluation of management of historic pressures
- Detailed CIP programme structure and governance arrangements
- Internal Audit Assurance on budgetary control environment

This paper recommends that the Committee approves the 2019/20 Operational Plan that includes acceptance of the Control Total (CT), the 3.5% CIP programme and receipt of £18.9m of central resources to deliver a £0.0m break-even budget.

2. Background

At the FBPAC meeting of the 8th February, the 2019/20 Interim Operational Plan was presented for approval. This recognised a challenging level of efficiency would be required to deliver the Trust notified Control Total (CT) of break-even. Accepting the CT would enable the Trust to access £18.9m of additional resources and move the Trust from a historic deficit position to supported financial balance.

The Committee were not assured of the deliverability of the plan and in particular concerns around historic pressures, the challenge of a 3.5% CIP and the budgetary control environment were noted. As a result, the Committee did not approve the proposed plan and directed a reduction in the CIP to 2.5%. This resulted in an Interim Operational plan position of (£23.3m) deficit.

This position was submitted to NHSI on the 12th February.

The Committee requested additional assurance work be completed for the CT to be reconsidered at this meeting in line with the Final Operational Plan submission date of the 4th April. This allows any recommendation of the Committee to be ratified at the Board meeting of the 2nd April.

3. Key Issues

Management of historic budget pressures

The committee received information in respect of local pressures totaling c£8.7m, of which c£3.6m was recognised in the proposed 2019/20 Budget, leaving a residual gap of £5.1m.

Due to concerns with regard to the ability of the Divisions to manage the unfunded pressures, a detailed review of the pressures at a Divisional level has been completed. This review is included in full as item 6.2.

The summary of the review is to conclude that Divisions have the ability to manage the residual unfunded pressures with £1.7m being at high risk of management at a Divisional level (Medicine and Diagnostics). This relates to £1.3m of premium medical staffing costs in the Medicine Division and £0.4m of outsourcing costs in the Diagnostics Division. However, at a Trust level, this pressure can be absorbed through the expected run rate of underspends in other areas (Surgery and Corporate). Alternatively, 'earmarked' funding for a Bed Management model, commissioning support for the Genetics pressure and enhanced vacancy controls could be deployed to manage the risk.

CIP

The plan requires a 3.5% CIP and historic delivery has been in the region of 2.5%. This is a challenging position for the Trust and gives a degree of risk to the overall delivery of the plan.

An outline plan of opportunities was presented in the interim plan position and this has been further developed to show how the plan would be structured, profiled and managed. This is included in full as item 6.3.

In summary, the 3.5% (£13.3m) programme is structured around traditional CIP (Business as Usual), Improvement programmes (supported through the Transformation Team) and Corporate QIPP initiatives,

led by dedicated SRO's including Executive Directors. There are some gaps that remain in identification of traditional CIP targets at directorate level and enhanced vacancy controls will be deployed in these areas pending the full target being identified and tracked.

Improved governance in respect of delivery will be introduced with effect from April with weekly Executive oversight on progress against milestones and transacting the financial benefits.

Budgetary Controls

Internal audit are in the process of completing the Budgetary controls audit and this will be available for management response by the end of the month.

However, a review of current and legacy budget processes and practices has been completed by the Acting Director of Finance. This review has identified a number of areas where best practice is not being deployed resulting in confusing financial reporting, insufficient rigor and an inability to hold budget owners to account. These practices will be addressed in the 2019/20 Budget and new processes introduced to support ownership, accountability and delivery of financial plans. This will be supported by a new programme of training and support to budget owners by the Finance department.

Gaps in Assurance

The key risk remains the confidence in delivery of the CIP programme at 3.5%. Whilst significant progress has been made and improved governance will be introduced, this still represents a challenge for the organisation.

In recognition of the risk and until confidence in delivery is assured, particularly in the early part of the year, contingent financial control measures will be introduced. This includes enhanced vacancy controls and restrictions on discretionary non-pay spend at a Divisional level.

A further risk is the impact of new guidance in respect of depreciation which is outlined in the paper at item 6.7. The Trust view is that this will remain a risk in year with a number of mitigations being available to progress in 2019/20 only.

Finally, agreement and alignment of the contract with Wirral CCG has been agreed and recent discussions have indicated a willingness to adapt the PbR approach such that the Trust income position is more stable and variations in activity are managed on a risk share approach that reflects the underlying cost structure of the organisation.

4. Next Steps

The Trust will continue to progress the CIP programme to a high level of assurance on delivery and introduce the interim measures to mitigate the risks outlined above.

5. Conclusion

Detailed review work has provided assurance that historic pressures can be managed, the level of budget in 2019/20 is appropriate for the resources expected to be deployed and CIP has developed in scope and delivery confidence. As a result, the opportunity to accept the control total and access the significant central resources to improve the underlying deficit positon of the Trust has become a more realistic option.

6. Recommendations

The Committee is recommended to:

- Note and accept the additional assurance work completed
- Note and Approve the Operational Plan
- Accept the NHSI notified Control Total

Wirral University Teaching Hospital NHS Foundation Trust

Contents:

The Trust recognises that a fundamental requirement of the 2019/20 operational planning round is for providers and commissioners to have realistic and aligned activity plans. In order to achieve this we have worked closely with Wirral Health and Care Commissioning and have undertaken a robust review of demand and capacity in the Trust.

1. Activity Planning

The operational plan for 2019-20 is based on activity assumptions that have been developed through a robust review of capacity (IMAS capacity tool) in the Trust. This review has sought to triangulate job plans, clinic and theatre templates and available working days at a specialty level. This has further been tested against the actual activity delivered in 2017/18 and the forecast for 2018/19. The activity plans have been signed off by clinical and management teams at a specialty level and have been reviewed in detail with Finance and Operational leads.

The activity assumptions have been shared with commissioning colleagues and there has been agreement in terms of the forecast outturn, the capacity for elective activity and growth rates.

Growth rates for 2019/20 have been based on a 3 year trend and agreed as:

- Non-elective admissions - 2.1%
- Accident & Emergency Attendances - 0.1%
- Maternity – 0%
- Elective/Daycases/Outpatient 1.3%

The planned activity by POD is as follows:

ACTIVITY BY POD	2017/18	2018/19 FOT	2019/20
AandE	94,621	90,815	85,343
DAYCASE	41,367	41,568	43,466
ELECTIVE	6,434	6,888	7,599
BIRTHS	3,071	3,227	3,172
NON-ELECTIVE	46,113	46,357	48,181
NEW OUTPATIENTS	86,952	87,214	91,555
F/UP OUTPATIENTS	167,876	168,062	174,669
OUTPATIENTS PROC'S	41,518	38,547	40,388
TOTAL	**487,952**	**482,678**	**494,373**

Note : significant elective activity was lost in Q4 of 2017/18 due to the national directive of cancelling activity due to winter pressures. These pressures continued for the Trust into Q1 of 2018/19 and are not a feature of recurrent capacity.

The demand has been compared with capacity and does not give rise for concern, although there are some specialties that are experience higher than average growth in demand and which the system is currently reviewing with a view to agreeing capacity or demand management initiatives. This includes Urology and General Surgery.
The capacity is the core capacity available to the Trust through substantive resources and adhoc additional sessions (waiting lists). It does not include any use of the private sector although this route is available to the Trust should it experience unplanned gaps in resources. Private sector support is planned and budgeted for in respect of diagnostic capacity where current workforce and scanner time does not meet demand. Longer term solutions to the diagnostic gaps are being developed through collaborative STP workplans.

The Trust has 789 G&A beds with a current length of stay of 6.8 for NEL and 4.8 for EL which gives rise to an average occupancy rate for NEL of 95%, although this can increase to 99% during winter periods. This is in line with the previous trend and although not optimal is part of an economy wide approach to managing pressures.

The Trust has a Quality Improvement Programme focused on patient flow and this is expected to deliver benefits in length of stay and occupancy by focusing on improving early discharges and reducing delays in preparing patients for discharge. Improving flow will also have a positive impact on the A&E performance standard.

The Trust is planning on closing 40 beds post winter 2018/19 in its 2019/20 plan and this will create both a decant area for infection prevention and control measures as well as escalation capacity for winter pressures.

Activity plans have been developed by reference to national standards and it is confirmed that the level of activity will not increase the number of patients waiting for elective activity which the Trust has successfully contained in 2018-19 after adjusting for the in-year MSK service change impact. In addition, the diagnostic and cancer targets will continue to be achieved.

The Trust's RTT performance currently stands at 80% and there are currently discussions with the system as to what improvement is required and what capacity would be needed to facilitate an improvement. This has not been factored into the activity numbers at present.

The Trust will recognise the requirement to profile elective inpatient activity more to the beginning of the year, allowing bed capacity for the expected winter increase in non-elective demand to be managed.

Included within the planning assumptions are system QIPP initiatives impacting of A&E attendances and which have commenced in 2018/19 and have been recognised as recurrently impacting on demand. The two schemes included are GP streaming and high intensity users. A further scheme related to management of Frailty at a neighbourhood level is at the implementation phase but evidence of change in demand profiles has not yet been realised such that the Trust would be able to accept a reduction in activity and hence plan for withdrawal of bed capacity. Further analysis and support for the scheme will continue into 2019/20 and joint planning of capacity changes will be addressed in year.

2. Quality Planning

2.1 Approach to quality improvement, leadership and governance

The Executive Medical Director, Chief Nurse and Director of Quality & Governance lead on behalf of the Board of Directors. They collectively share responsibility for patient safety, patient experience and clinical outcomes. Specific responsibilities for quality are discharged operationally via divisional triumvirates, which are made up of an Associate Medical Director, Divisional Director of Operations and Divisional Director of Nursing.

Improvement priorities are determined from the analysis of internal intelligence (such as event reporting, performance results, service user feedback, staff reporting arrangements), local intelligence (such as information received from stakeholders including GP's, CCG and other local providers of care), and findings following inspection or review of services (including but not limited to those received following a royal college review, or CQC, HSE, MHRA or Environmental Health inspection). Where a need to act has been identified outside the quality priorities previously determined, the Trust will initiate priority action proportional to the risk in concert with other relevant stakeholders and/or regulators where appropriate.

Quality is primarily controlled at the patient-interface (i.e. at ward and departmental level) using policies, procedures, staff and training resources. This is subject to divisional management oversight. Divisional triumvirates are held to account for control and compliance at the Divisional Performance Review meetings (monthly). At Trust level, quality is led and overseen by the Patient Safety & Quality Board which has strong clinical representation and co-chaired by the Executive Medical Director and Chief Nurse. Assurance is provided to, and reviewed on the Board's behalf by, the Quality Committee which is led by non-executive directors independent of operational management. The Board receive assurance directly from the Chair of Quality Committee, except for those matters which are reserved for the Board or where the Board has specifically requested assurance on an issue of concern.

Non-Executive Directors lead on the acquisition and scrutiny of assurances and, with input from the Executive, determine assurance priorities for quality. An annual cycle of business for both the Quality Committee and Patient Safety & Quality Board is designed to ensure that over a 12-month cycle there is emphasis given to relevant CQC registration regulations. To support this clinical and other audit resources are deployed where appropriate to provide second or third line assurance, test and confirm the adequacy of assurance provided.

A Service Transformation Team with specific and specialised skills in improvement science is in place to support front line teams to make improvements in their work. Our approach to quality improvement is based on well-defined quality improvement methodologies; this has been widely adopted across the NHS. Each of the clinical divisions has facilitated a strategy away day and this has resulted in the development a quality improvement plan. These plans will inform and be aligned to the Trusts revised Quality Improvement Strategy 2019-2022, which is currently being consulted upon. The Quality Improvement Strategy is underpinned by the local STP, the quality account, the needs of the local population and national planning guidance. In addition, the Trust will work closely with a credible third party to train and develop the improvement capability and coaching skills of front line practitioners in order to build internal capacity and effect improvement under our own steam going forward. The Trust has identified the Advancing Quality Alliance (AQUA) as its partner and is in the process of agreeing deliverables.

2.2 A summary of the quality improvement plan including compliance with national quality priorities

Existing Quality Concerns & Key Improvements for 2019/22

CQC Requirements	The Trust is rated RI overall but has specific challenges in the 'Safe' and 'well-led' domains. Good progress is being made to address CQC recommendations. This will continue into 2019 in readiness for re-inspection.
National Clinical Audits	Improved level of participation in last half of 2018/19. Now participating in 95% of relevant national clinical audits. The gap concerns national diabetes audit, restricted by capacity constraints in the service. This will be addressed in 2019.
Safe Nursing staffing	Introduced CHPPD as a measure of staffing levels. From 2019 the Trust will benchmark CHPPD with national data held on the Safer Hospitals Portal to drive improvement. The vacancy rate for nursing positions remains high.
Maternity Care	Good patient satisfaction in Maternity survey. Delivering compliance with CNST discount scheme in 2018/19.We remain committed to collaborating with other providers to support and improve outcomes locally. Will implement the recommendations of NHS England's 'Including Safer Maternity Care'.
7 day standards for hospital services (four priority standards)	The Trust is maintaining a focus on delivering standards 2 (time to first consultant review), 5 (access to diagnostic tests) and 6 (access to consultant-directed interventions), and 8 (Ongoing review by consultant twice daily if high dependency patients, daily for others). These measures will be incorporated more directly into the Performance Management Framework in 2019/20. Delivering Standards 2 and 8 may be subject to resource constraints.
Mortality review and Serious Incident handling.	HSMR is better than predicted overall. The mortality review process has been in place for four years and is being developed further to implement Learning from Deaths requirements. Lessons are learnt through meetings, newsletters and also through changes to policy and guidelines. Significant reduction in serious incident exposure since July 2018. Achieved by applying NHS England's SI Framework. Improvement in handling and quality of investigations recognised by CCG. In 2019 We will engage with the HSIB to ensure effective learning from maternal deaths.
Anti-microbial resistance	The Trust will be developing further the antimicrobial stewardship in the Trust through 2019/20 with a dedicated named consultant leading this work.

Infection Prevention and Control	This is a very high priority. The Trust has a CPE strategy involving triple cohorting. Our C-Diff strategy includes a full ward decontamination programme involving HPV. Our MRSA strategy will continue including daily review of all MRSA colonised patients to prevent clinical infection. Disease/deterioration. Effectiveness of isolation and the isolation unit, and compliance with IPC arrangements will remain a focus for our improvement.
Falls	Witnessed a reduction in falls through ward education, application of preventative control measures and better assessment on admission. We intend to focus on high reliability of control measures into 2019/20.
Sepsis	The Trusts Appropriate Care Score for sepsis is the second best in the region. For 2019 and beyond the 4 areas of focus will be: (i) Senior review of most seriously ill septic patients; (ii) IV fluid administration for septic patients; (iii) Consistency in care for septic referrals from Primary Care; and (iv) Sepsis screening on ambulance transfer.
Pressure Ulcers	The Trust continues to see a year on year reduction with exposure to avoidable hospital-acquired pressure ulcers at grades 3 and 4. The Trust will aim for a 50% reduction in avoidable hospital-acquired grade 2 pressure ulcers Pressure Ulcers are Part of the sign up to safety programme
End of Life Care	The Trust has re-launched a palliative and end of life strategy and plan. This includes a record of care for patients who are in the last stages of life. The Trust has increased the capacity of the service by appointing additional consultants, 2 end of life of life educators and administrative support. We have started a project with the ECIST and NCPC where we will test the impact of more presence within acute care .The record of care will be revised through clinical audit which demonstrates substantial improvements in documented care and reduction in unnecessary interventions. We will focus on training, the MDT process and advanced care planning over the coming year in line with our plan to ensure a high quality, evidence based service. The Trust is also part of NHSI system change through transformational leadership programme focusing on EOL.
Patient experience	In support of the Trust aim for the best levels of patient satisfaction the Trust will continue to achieve a Friends & Family Test recommendation score above 95%

The Trust has an external recommendations policy in place which outlines our processes for ensuring we learn from relevant national inquiries or reviews. The Trust will review existing practices against the findings and recommendations outlined in the Report of the Gosport Independent Panel to ascertain if any changes are required and how they could be implemented.

Risks

We understand that success represents an ever-increasing challenge as we learn to balance rising demand for healthcare alongside intensifying financial, quality and workforce risks. There are many risks that will need to be effectively managed order to remain resilient and promote success. At a high level the primary risks to quality that we expect to face, and are working to mitigate, include:

Potential Risk	*How the Risk might arise*	How the risk is being mitigated
Catastrophic failures in standards of safety and care	*This may arise if safety-critical controls are not complied with, there are shortfalls in staffing to meet patient need, demand exceeds capacity for a prolonged period, or there is a loss of organisational focus on safety and quality within the governance of Wirral University Teaching Hospitals*	Maintaining a strong emphasis and focus on safety, clinical outcomes and patient experience as part of the Trust's governance and performance management framework; striving for excellence and challenging unsatisfactory performance regarding organisational control; delivering training, complying with safety-critical organisation policies and procedures, and learning from adverse events are ways we are currently mitigating this risk
Demand for care overwhelms our capacity to deliver care safely and effectively	*This risk may arise if growth in demand for care exceeds planning assumptions and capacity in secondary care; primary care is unable to provide the service required or there is a*	Managing patient flow, developing and maintaining effective working relationships with primary and social care teams, working collaboratively across the wider health system to reduce avoidable admissions to hospital are some of the risk treatment

	significant failure of a neighbouring acute provider. The risk may also arise if there are unexpected surges in demand, such as those created by pandemic disease	strategies that will feature in how we mitigate this risk going forward
A critical shortage of workforce capacity and capability	*Due to the number of clinical staff eligible for retirement, the availability of newly qualified practitioners, and increasing competition for the clinical workforce, we anticipate the staffing challenges to be significant*	The Workforce Strategy is specifically designed to help mitigate this risk. By focussing on attracting and retaining high calibre practitioners, building and sustaining high-performing teams, by engaging and developing clinical teams, and adapting to meet the needs of a changing workforce - we aim to make Wirral University Teaching Hospitals the employer of choice
A failure to achieve and maintain financial sustainability	*The delivery of high quality care helps to mitigate financial risk by reducing avoidable expenditure, minimising harmful care that extends length of stay or requires additional treatment. This risk may arise if the trust is not able secure sufficient funds to meet planned expenditure, maintain or replace vital assets, and/or is not able to reduce expenditure in line with system-wide control totals*	A local and system-wide Financial Improvement Plan is specifically designed to address the financial challenge and deliver financial outturn in accordance with agreed control totals, gradually progressing towards break-even (no surplus or deficit at the year-end). To safeguard quality, proposals to reduce expenditure are subject to Quality Impact Assessment – overseen by the Executive Medical Director and Chief Nurse.

2.3 A summary of quality impact assessment process

Cost Improvement Plans (CIP) and Service Improvement Plans are developed with clinical teams at speciality, divisional and corporate levels. Programmes and plans are reviewed and signed off at Divisional Performance reviews with Executive representation, and Trust Management Board. Individual projects are subjected to Quality Impact Assessment (QIA) using a standard form incorporating national guidance.

Assessments are reviewed, challenged and where appropriate approved by the Medical Director and Chief Nurse (above de-minimus level for risk and value; otherwise Divisional triumvirate). If the Executive Medical Director and/or Chief Nurse are not satisfied that the risk arising from the implementation of a cost improvement or service development can be successfully mitigated, and the potential for harm considered intolerable, a planned scheme will not proceed until such time as satisfactory assurances can be given that the risk can be mitigated.

If a project requires an Equality Impact Assessment, this is supported by the Divisional Directors of Nursing. The Trust's Service Transformation Team (STT) is responsible for warehousing QIAs. The overall process is overseen by the Programme Board.

3. Workforce Planning

Provider Trusts across the NHS are experiencing the following workforce challenges:

- High level of vacancies
- High turnover of staff
- High attrition rates for students during training and 12 months post qualification
- Reduced supply pipeline
- Ageing workforce
- Pension issues
- Competition between Trusts
- Less positive staff survey results

Across Cheshire & Merseyside STP provider trusts have seen an increase in leavers; poor staff engagement results and approximately 57% of its workers are over 40 with only 4% being under 25. The challenges facing Trusts requires robust workforce planning, strategy and collaboration.

The workforce profile of WUTH is detailed below:

- Turnover 9.63% However, there is 15.4% of band 5 nurse vacancies
- Sickness absence over a 12 months is 4.94%
- Agency costs of past 12 months
- WUTH is the fifth highest trust in the region for the number of staff over the age of 60

3.1 Workforce Planning

The Trust recently carried out a self-assessment using the NHSI workforce planning self-assessment tool. The results showed the need to develop a workforce planning model to support robust plans and a credible workforce strategy. The organisation recognizes that this is an important activity which is currently not being carried out systematically across the Trust. Therefore, it has made this a specific project and this is monitored via the programme assurance framework and the Programme Board.

One of our main pieces of work in developing the organizations' workforce plan is the recent exercise undertaken with the corporate nursing division to identify the appropriate nursing staffing levels within each ward and nursing areas. This work ensures that all ward managers are fully aware of the safe staffing levels required to provide high quality care to our patients.

The Trust is seeking to introduce the Workforce Repository and Planning Tool (WRaPT) developed for North West NHS organisations and is being utilised from a Healthy Wirral perspective to look at place based care. A pilot is now underway in one of the clinical divisions within WUTH using this tool. The next step will be to develop a Trust wide workforce plan during 2019/20. The tool facilities sophisticated scenario modelling that's reflects changing activity, workforce and efficiency levels as well as the financial profiles and this information can then be used to inform and help develop new workforce models where appropriate to respond to the current challenge such as skill mix/role redesign.

3.2 Band 5 nurses

The NHS as a whole is struggling to recruit and retain N&M staff, NHSI's most recently published figures showed a national (England) Nursing and Midwifery vacancy rate of 11.80%. WUTH currently is performing better than the national average and it has a Nursing and Midwifery vacancy rate of 7.47%. However, the Trust's biggest challenge is band 5 nurses and currently has 130 fte vacancies with 103 fte in our medicine and acute division.

Over the past months the Trust has shaped plans to focus on recruitment and retention of band 5 nurses which has involved recruitment campaigns using national media materials and the use of social media, as well as open days. It is also recognises the importance of retaining staff and has introduced a number of initiatives such as expanding preceptorships, internal transfers.

The trust is also focusing on how to 'grow our own' using apprenticeships and the new nursing associate roles with a way of shaping a career path for younger workforce. In addition we have developed 43 Advance Nurse Practitioners, who are part of the junior doctor rotas.

Strong links have been made with our local schools and colleges to make raise awareness around the roles available within the NHS and to raise the profile of our Trust. In addition connections with University outside our local areas have been made to be involved in career events. In particular the Trust has started to develop links with Edgehill University who has recently established a Medical School with the first cohort of medical students commencing in September 2019.

The Trust is a member of the Cheshire and Merseyside Nursing and Midwifery Workforce Programme that has a focus on the challenges within the nursing workforce regionally.

3.3 International recruitment

The Trust is currently working on a plan to undertake recruitment in India in June 2019 with the aim of recruiting 100 nurses. We have been in contact with a Manchester NHS Trust who has successfully recruited over 200 nurses from India in the last 2 years, with a very good retention rate. A business case is currently being prepared and will be considered via our finance and workforce governance arrangements and this will outline any cost implications, along with benefits and ROI analysis.

We are seeking to establish certain criteria's which will include applicants must have International English Language Testing System (IELTs) either before interview or prior to coming to UK which would mean we would need to provide Objective Structured Clinical Examination (OSCE) support / Computer Based Test (CBT).

3.4 Volunteers and our communities

As cited with the NHS long term plan volunteering improves patient experience and helps the NHS improve outcomes. In addition it also supports staff and helps the NHS be more efficient. Last year the Trust produced a volunteer strategy which included the ambition to significantly increase its volunteer workforce. As part of that strategy the organisation is also seeking to offer work experience.

As one of the largest employer on the Wirral the Trust is working collaboratively with its public health colleagues in the local council around the employment agenda particularly in some areas there are families who are experiencing third generations of unemployment. In addition the Trust has started to build relationships within the various communities on the Wirral as part of its overall plans to address workforce challenges.

3.5 Bank & Agency

Use of temporary staffing (bank and agency) and overtime are the main ways that gaps in rotas are managed and although the use of bank staff has gone up with increased turnover and vacancy levels, the use of agency staff is much lower than in other Trusts within the region.

The Trust is part of the NHS Professional bank arrangements for Nurses and Brooksons for Medics. However, as a Trust we have a watching brief on the regions work to establish a collaborative bank. In relation to our medical locum arrangements we are exploring and reviewing a number of alternatives. This is to ensure that we are able to secure the most competitive and cost effective rates.

3.6 Health & Wellbeing

As mentioned earlier the Trust has an aging workforce and we are one of the largest employers in the area. Therefore, when we discuss the health determinants of our local population we are describing some of our own employees. In January 2019 our sickness absence rate had risen to 5.72%. One of the main workforce objectives for the organisation is Health and Wellbeing with a core focus or prevention and keeping our staff healthy. The organisation has developed plans which include creating a health and wellbeing department, a range of health and wellbeing clinics.

As at 31st December 2018 the organisation has vaccinated 83.7% individuals (which surpasses last year's final total in March 2017). This year employees have been required to complete 'opt out' forms if they refuse to be vaccinated. We have proactively used the information from the forms to address the concerns of our staff through corporate communications in order to encourage them to reconsider.

3.7 Brexit

In July the Trust took part in a pilot conducted by the Home Office which allowed EU employees settled status to stay in the UK after Brexit. WUTH had one of the highest uptakes within the pilot with 37 employees registering.

The Trust is now working on contingency plans to cope with a 'no deal' Brexit should this happen. The Trust has set up a 'No deal' EU Exit Planning Team with senior management representation to ensure that the actions detailed in the Department of Health & Social Care's 'EU Exit Operational Readiness Guidance' are implemented. The Trust also has 'in-date' business continuity plans.

3.8 Organisational development

The Trust has also developed a new organisation development work programme covering the period 2018-2020 to address WUTH's current workforce challenges. The themes are based on leadership, culture, engagement, valuing our workforce, learning organisation, healthy workforce and inclusivity. The aim is to address the underlying drivers for an engaged workforce through this new approach and have been reviewed against the findings of the national staff survey.

The Trust is a member of the newly reformed regional organisational development network.

3.9 Detailed workforce information

The tables provide below demonstrate a more detailed outline of the current specific challenges, impact, risk and long-term vacancy position within WUTH's workforce.

The table below summaries the key workforce challenges:

Description of workforce challenge	Impact on workforce	Initiatives in place
Recruitment and retention of Band 5 Qualified Nurses	Increased sickness, reduced morale due to increased pressure, increased costs, reliance on temporary staffing that don't have access to electronic patient records	A Band 5 Recruitment and Retention Task Group has been set up, initiatives are Matron's to interview all those expressing an intention to leave, to identify and assess alternative opportunities in the trust. Develop a more user friendly exit questionnaire. Internal transfer process in place for staff wishing to move to other departments. More flexible working opportunities to be offered. Preceptorship to be extended to 12 months for newly qualified nurses. A safe staffing action plan has been developed, supported by the organisational development plan. 6 monthly robust establishment reviews will undertaken. Training needs analysis will be refreshed for nurses. Ward Managers to be given protected time for leadership. Model Hospital KPI review to be undertaken. Nursing, Midwifery and Allied Health Professional strategy launched. e-Roster KPI's monitored for effectiveness. Headroom reviewed. Calendar of recruitment events has been set up. Trust wide recruitment campaign launched based on national campaign. Rolling nurse recruitment. New International Nurse recruitment campaign to be launched . Introduction of Nursing Associates roles.
Specialty skill shortages in Nurses i.e. Paediatrics, Neonatal	** same as for band 5 nurses above**	**same as for band 5 nurses above**. Collaborative working with neighbouring acute trusts has created new initiatives such as shared recruitment days and increased new starters to the service, funding secured from HENW for 6 Advanced Neonate Nurse Practitioners
Gaps in Junior Doctors rotas	Increased costs, impact on training and reliance on temporary staff	Increased number of MCH doctors appointed, increase in the number of fellowships, appointment of research registrar tier. Use of fixed term contracts to plug gaps in Junior Doctors rotas. Rota steering group has been set up to ensure rotas are fit for purpose. Advanced Nurse Practitioner and Graduate Physician Associate scheme in place.
Skill shortages in specific staff groups i.e. Consultant Radiologists, Sonographers, Phlebotomists, Radiographers, Biomedical Scientists, Pharmacists , Medicine Management Technicians, Cardiologists and General and Acute Consultants	Increased sickness, reduced morale due to increased pressure, increased costs, reliance on temporary staffing that don't have access to electronic patient records	Bids to LWAB re Pharmacy to demonstrate the ability to deliver services in a different way. Local RRP and introduction of trainee posts to grown our own. Developing support worker roles. Review of Consultant job descriptions.
Ageing workforce	Increased sickness absence. Safe staffing levels and continuity of service become a greater challenge.	Succession plans being developed. Setting up some Wellbeing events targeted at ageing workforce e.g. menopause. Reviewing flexible working options to support life needs e.g. caring duties
Difficulty in recruitment and retention of trained Clinical Coders	Constant recruitment of trainee coders puts pressure on the department. The team can only support 3 trainees at a time , due to the resource needed to check their work	R&R premium is in place. Review of job bandings to match and potentially exceed local Trusts and a review of T&Cs. A full time trainer was appointed in July 2017 who has been supported to achieve Approved Trainer status and is now able to offer the full range of national workshops and develop bespoke courses. All staff are supported to achieve accreditation and the Trust pays for their first attempt . Two auditors have been appointed and supported to achieve Approved auditor status. External review to advise the service on retention actions.

The table below provides an outline of the current workforce risks, issues and mitigations in place:

Description of workforce risk	Impact of risk (high, medium, low)	Risk response strategy	Timescales and progress to date
High levels of Nursing Band 5 and Consultant vacancies (14.29% Band 5 Nursing vacancies Dec 2018, 6.48% Consultant vacancies Dec 2018)	High	Using bank, agency and locum staff to cover vacancies. Reviewing rates of pay for nursing bank staff. Recruitment plans have been developed via the Nursing Recruitment and Retention task & finish group. Actions are detailed in previous table.Review of Consultant Job Descriptions and supporting documents to be updated to attract candidates to WUTH. Paper on 'Hard to recruit posts' presented to Executive team and shared with Divisions	Nursing Task and finish group is actively working on the initiatives outlined in these tables. Timescales to be confirmed by end of February 19. The generic Consultant Job Description has been updated and refereshed by the Commuincatons Team and the organisation is looking at producing new 'We are WUTH' promotional videos for Consultant posts. Hard to recruit paper has been shared with the divisions to look at more flexible working, annualised contracts, golden hello's, RRP's. Timescales to be confirmed.
Nursing & Midwifery Band 5 turnover (10.87 % 12 month rolling Dec 2018)	High	Retention plan which includes exit interviews,more flexible working and internal transfers	Nursing Task and finish group is actively working on the initiatives outlined in these tables. Timescales to be confirmed by end of February 2019.
Consultant turnover (8.34% 12 month rolling Dec 2018)	Medium	Initiatives being considered including flexible working, annualised contracts	Appointed new senior leaders structure for medics now in place to give more stability and support to Junior Doctors
Ageing workforce (34.60% of the workforce are aged over 51- Dec 2018)	High	Recruitment and Retention Nursing task & finish group which has developed a number of initiatives as detailed in the previous table.	Nursing Task and finish group is actively working on the initiatives outlined in these tables. Timescales to be confirmed by end of February 2019.

The table below provides an outline of the long-term vacancies:

Description of long-term vacancy, including the time this has been a vacancy post	Whole-time equivalent (WTE) impact	Impact on service delivery	Initiatives in place, along with timescales
Digital Nurse - 18 months	1	Lack of nursing knowledge in IT. Slows down the development of IT functionality	New JD with external advert. Appointment within the next 6 months.
Chief Nursing Information Officer - this has been a fixed term role for a year but business case to be made to become permanent	1	No strategic lead for nursing in IT. Slows down the development of IT functionality	Covered by secondment until 3/11/19, awaiting agreement for substantive post to be added to funded establishment.
Clinical Coding - over 2 years	6	Staff are regularly working overtime to meet the service demands. Cost of agency cover is higher in comparision to 17/18. Potentially loose income	Agency coder currently helping to meet the shortfall. Other initiatives in place see workforce challenges described in previous table.
Theatre Matron post vacant for 9 months	1	Lack of leadership, delay in introducing quality initiatives. Impact on quality of patient care.	Reviewing the post to identify if an alternative role could deliver similar outputs by 31st March 2020
Upper GI consultant vacancy (post holder left 6 months ago)	1	Transfer of care of patient between consultants potentially leading to delays in treatment.	Employed long term locum.
Paediatric Nurses over 1 year	3	Adverse impact on quality of service	Rolling recruitment to address shortfall. Collaborative working with Countess of Chester Trust with joint recruitment events. Rotation programme for staff to increase attractability. Increase number of student nurses from additional Universities. Timescale: September 2019
Aseptics Services Manager 18 months	1	Impacts on strategic direction of the ASU (eg direction and delivery of collaborative aseptic unit with Chester) and ability to deliver the capacity of aseptically prepared products at the levels needed.	About to re-advertise. Covered with junior underpinning fixed term pharmacist with additional support from Deputy Director of Pharmacy Clinical Services who has an aseptic background and Production Manager. Suggested joint role with Countess of Chester Trust.
Consultant Radiologists over 1 year	2 (note further capacity and demand review to be undertaken to establish future requirements)	Negative impact on the reporting turnaround times. Therefore potential to impact on cancer pathways, and RTT	Development of Advanced Practitioners in both MSK and chest reporting. This is an ongoing strategy to increase the cohort of reporting radiographers.
Respiratory Consultant - 3 months	1.2 (standard job plan is 12 PAs)	Impact on waiting times and RTT position.	Plan to readvertise February 2019
Cardiology: Over 6 months	3.6 (standard job plan is 12 PAs)	Impact mitigated through agency locums (significant cost pressure). Increased waiting times / RTT deterioration.	Use of agency and zero hour locums to fill gaps in rota. Job descriptions and supporting information being revised.
Haematology Consultant-Over 6 months	1	Currently have locum to cover gap. Impact on quality of the service	To go back out to advert in February with interview date of 15th April 2019.
Acute Consultants - Over 6 months	3.91 + 0.75 maternity leave	Gaps in rota covered with locums and cover by current consultants. Impact on quality of the service	Currently out to advert with interview date 25th February 2019.
Dermatology Consultant- vacant for over 1 year	1	Impact on RTT access standards. WLIs in place to manage backlog	Awaiting feedback from RCP on JD , once approved post will be readvertised. . Locum consultant undertaking 2 sessions per week. Timescale - 3-6 months
Diabetes consultant- vacant for 1.5 years	1	Impact on service delivery, and RTT access standards	Locum consultant in place supporting clinics until April 19. Reviewing job description and advert. Clinical lead to review job plan. Time scale 3-6 months

4. Financial Planning

4.1 FINANCIAL FORECASTS & MODELLING

The Trust plan for 2018/19 was a deficit of £25.0m and the forecast as at Month 8 was a deficit of (£27.3m), a deterioration of (£2.3m). This movement was agreed with NHSI and the Trust Board at the Month 9 reporting date.
The most recent forecast position is a deficit of (£31.4m), the Trust had assumed that non-elective activity would continue to over-perform in terms of activity in line with the earlier part of the year and that the casemix would become more complex over the winter period as experienced in the winter of 2017/18.
This has not occurred and the casemix was also lower than anticipated. This along with some smaller pressures on the elective programme and pay costs resulting from operational flow issues has resulted in a movement from the forecast position.
Furthermore the deficit could increase to (£34.9m), pending the outcome of a recent tax ruling. HMRC have changed their view regarding the VAT treatment of the "direct engagement model" for medical locum services provided by Plus Us Medical Care Services Ltd (PUMCSL), previously known as Brookson. The change is that this service should now be standard rated for VAT purposes; previously their view was the services were VAT exempt.

The adverse forecast is a result of a number of factors both recurrent and non-recurrent, however, the underlying forecast outturn when non-recurrent elements are removed is (£29.1m) deficit.

The NHSI control total letter advised of a new financial framework for providers, which included infrastructure support such as the Provider Sustainability Fund (PSF), tariff funding, MRET support and where applicable the Financial Recovery Fund (FRF). This provides the foundations upon which Trusts can move to a break-even position in 2019/20 if they are able to sign up to the advised control total.
The changes to the financial framework as a result of PSF, MRET and FRF lead to £18.9m becoming available to the Trust. The Trust would need to achieve a baseline of (£25.0m) deficit recurrently in 2019/20 and commit to a CIP requirement of 1.6% to accept the control total and access the additional funding. As detailed above the recurrent outturn position for 2018/19 is (£4.1m) above the (£25.0m) deficit baseline.

Activity movements and new pressures would increase the CIP challenge to 3.5% to meet the control total. Following the draft submission where the Trust declined the control total, further work has been undertaken with the support of an independent advisor to identify both resource opportunities and risks within the detailed budgets and reserves. Following the review the Board of Directors are sufficiently assured that although there will be challenges, the control total is deliverable which will be facilitated by the development of a 'multi-year' Transformational Change Programme, that will improve the efficiency and effectiveness of services, whilst not compromising the quality of clinical and support services.
In accepting the Control Total the Trust has access to the additional national funding of c£18.8m, which will provide the transitional support towardsdelivering a recurrent break-even position.
Although the Trust has historically achieved CIP's of c2.5%, opportunities from Model Hopsital data, GIRFT, RightCare indicate the opportunity is far greater. The cost improvement programme has been developed further from the draft submission, additional work has being undertaken to provide assurance on the milestones, key deliverables and profiles of achievement.

In addition the Trust is in the final stages of agreeing a contract for 2019/20 with the host Commissioner, Wirral CCG. The principles include a guaranteed income payment for non elective care, and a "risk share" approach in relation to planned care. This will reduce risk and enable further transformation of services and pathways.

The table below outlines the key movements from recurrent forecast outturn (£29.1m) to a proposed 2019/20 plan of a "Breakeven" position.

Income & Expenditure Bridge	£m					
	Contract Income	Other Income	Expenditure	EBITDA	ITDA	Surplus/ (Deficit)
2018/19 Underlying Recurrent Position	**309.1**	**36.3**	**(362.5)**	**(15.4)**	**(12.0)**	**(29.1)**
Activity Movements	1.7			1.7		1.7
Other Movements including service transfers	(0.6)	(0.7)	1.7	0.4		0.4
GDE Commitments		(1.8)	0.8	(1.0)		***(1.0)***
Net Impact of 19/20 tariff/inflation	*12.4*	*(4.1)*	*(8.0)*	*0.3*		*0.3*
CIP included in Tariff (1.1%)			***3.8***	***3.8***		***3.8***
MSK Prime Provider	(0.8)		(0.5)	(1.3)		(1.3)
Gain on MRET and Readmissions	0.9			0.9		0.9
Reduction in CNST Premium			0.7	0.7		0.7
Local Pressures Funded (19/20)			(4.0)	(4.0)		(4.0)
19/20 Growth	3.7		(3.7)	0.0		0.0
Extra day in 19/20	0.9			0.9		0.9
Addition 19/20 CIP 2.4%			***9.4***	***9.4***		***9.4***
Movement in Depreciation					(1.2)	(1.2)
Increase in Interest charges					(0.4)	(0.4)
MRET Central Funding		6.3		6.3		6.3
Non recurring PSF allocation		6.9		6.9		6.9
Non recurring FSF allocation		5.7		5.7		5.7
Total Impact of 19/20 adjustments	**18.2**	**12.3**	**0.2**	**30.7**	**(1.6)**	**29.1**
2019/20 Plan	**327.3**	**48.6**	**(362.3)**	**15.3**	**(13.6)**	**0.0**

In analysing the tariff uplift and the impact on the Trust casemix, the Trust receives an additional £12.4m income to support uplifts in pay (including 18/19 impacts), non-pay costs and other changes. The expected increases in pay and prices including the AfC pay reforms has been assessed at £13.3m and in addition, the Trust has been advised of a £1.2m impact of the changes to the procurement model.

The expected efficiency (CIP) contribution is 1.1% contributing £3.8m to the position.

The sum of the changes leads to a positive position of £4.1m, this difference being attributed to the PSF change, tariff uplift, prices and efficiency assumptions nationally and locally.

Other local movements include:

- Activity movements – the Trust has completed a detailed review of capacity for elective activity and the trend of activity for non-planned activity flows. The net effect of this review is a movement from the 2018/19 forecast outturn to the 2019/20 planned activity of a £1.7m. The main variances are:
    - Movements in core capacity as a result of detailed review of planned activity at specialty level.
    - Further reductions in A&E activity as a result of the changes to the streaming processes with an increased number of patients being diverted.
- Non-Elective casemix – whilst activity is in line with the planned activity for 2018/19, there has been an increase in the complexity of patients leading to a positive casemix variance.
- CIP – The CIP programme requirement is c£13.2m (3.50%). An extensive programme has been developed, this has been allocated to either, transformation, business as usual or QIPP categories by Division, this is detailed in section 4.2.
- CNST – the Trust has seen a reduction in its 2019/20 CNST premium where an expected increase was predicted nationally. The Trust has a high premium and the reduction brings the Trust closer to peer as the impact of historic claims reduces.

- Local pressures – there has been a detailed review of service provision in Emergency care which has led to the recognition of an additional budget requirement of £1.3m to support the assessment function and bed management in addition to more general pressures.
- Step-down ward – the recurrent costs of the new arrangement with a private provider to open and manage 30 beds on the Clatterbridge site will be offset by closures on the Arrowe Park site.
- Growth in activity has been assumed to be over and above the Trust core capacity and therefore the activity will need to be delivered through productivity (CIP) or non-core costs.
- Extra working day – the additional day in 2019 will lead to capacity being available to support activity and income.

Revenue impact of capital plans is assessed at £1.2m, this resulting from the significant spend of c£12.5m in 2018/19 and review of Assets under construction. In addition, recent notification from RICS that is mandating a change in asset lives calculations could introduce a significant risk to the Trust.

The impact of the operational plan for 2019/20 on the single oversight framework finance metrics in detailed in the table below, (the working capital movements are currently be finalised however the overall UOR rating is not expected to change).

Use of Resources (UoR) Rating	Mth 1 Plan	Mth 2 Plan	Mth 3 Plan	Mth 4 Plan	Mth 5 Plan	Mth 6 Plan	Mth 7 Plan	Mth 8 Plan	Mth 9 Plan	Mth 10 Plan	Mth 11 Plan	Mth 12 Plan
Liquidity ratio (days)	-17.4	-15.0	-14.4	-14.5	-14.6	-15.1	-14.9	-14.6	-21.5	-23.6	-25.7	-32.2
Rating for liquidity ratio	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
Capital service capacity ratio (times)	-2.2	-2.2	-2.2	-2.2	-2.2	-1.8	-1.8	-1.9	-1.9	-1.9	-1.9	-1.8
Rating for capital service capacity	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
I&E margin (%)	-6.5%	-6.5%	-6.5%	-6.5%	-6.5%	-6.5%	-6.5%	-6.5%	-6.5%	-6.5%	-6.5%	-6.5%
Rating for I&E margin	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
Performance against control total (%)	-2.6%	-2.6%	-2.6%	-2.4%	-2.3%	-2.3%	-2.0%	-1.8%	-1.7%	-1.5%	-1.4%	-1.2%
Rating for variance from control total	**4**	**4**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
Agency spend (%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Rating for agency spend	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Overall UoR Rating	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

4.2 EFFICIENCY SAVINGS FOR 2019/20

The Trust efficiency target for 2019-20 in line with national planning assumptions of 1.6% is equivalent to £5.5m. However, as discussed earlier to achieve the control total of break-even, a further £7.7mm would be required to meet the brought forward cost pressures and other changes in the baseline.
In order to meet the efficiency challenge, the Trust needs to ensure that it has a robust plan for identification, scoping and delivery of programmes.

The overall efficiency programme is split into three elements:
Business as Usual – clinical divisions have been assigned a target of 1% for traditional CIP schemes including skill mix, non-pay efficiency, other income and local service reviews. Corporate areas will be expected to deliver 3% and look to demonstrate efficiency by reference to the model hospital. In addition, corporate includes the expectation that pharmacy and procurement teams will contribute c£1.0m through their work on continuing to deliver best value in purchasing.
Transformation – the Trust Improvement Board has agreed priority programmes of work for 2019/20 with names Executive SRO's and supporting infrastructure and governance. The programmes primarily focus on productivity opportunities that also support improvements in patient experience and operational efficiency. The contribution the programme will deliver through the Divisions is c£4.5m.

QIPP – Trust level QIPP schemes include those schemes identified that will require Executive support and which align to national programmes of work and local opportunities.

	2019-20 CIP Target £M					
Programme	Medicine & Acute	Surgery	Womens & Children	Diagnostics & Clinical Support	Corporate Services	Total
Transformation Programmes:						-
Theatre Productivity		1.0				1.0
Patient Flow	1.5					1.5
Outpatients	0.3	0.6	0.1	-	-	1.0
Demand Management				0.5		0.5
Digital	0.1	0.1	0.1	0.1		0.5
Transformation Subtotal	**1.9**	**1.8**	**0.2**	**0.6**	**-**	**4.5**
Business as Usual:						-
Medicine & Acute	0.9					0.9
Surgery		0.7				0.7
Womens & Children			0.3			0.3
Diagnostics & Clinical Support				0.6		0.6
Corporate Services					2.2	2.2
BAU Subtotal	**0.9**	**0.7**	**0.3**	**0.6**	**2.2**	**4.7**
Other						
Procurement	0.1	0.1	0.0	0.1	0.1	0.5
CNST			0.7			0.7
GDE					0.5	0.5
Locum Spend	0.4	0.0	0.0	0.0	-	0.5
Agency Spend	0.2	0.1	0.0	0.1	0.0	0.4
Non Ward Nursing	0.2	0.1	0.0	0.0	-	0.3
E-rostering	0.1	0.1	0.1	0.0	0.0	0.3
Endoscopy	0.2					0.2
Meds Management	0.3	0.2	0.1	0.1	0.0	0.6
Other Subtotal	**1.5**	**0.6**	**0.9**	**0.3**	**0.7**	**4.0**
Total CIP Target by Division	**4.3**	**3.0**	**1.4**	**1.5**	**2.9**	**13.2**

The programme has alignment to the joint NHSI /NHSE efficiency plan as detailed below:

NHSI IDENTFIED AREAS	**Comments**
COMMERCIAL INCOME	Divisional BAU review of SLA's
OVERSEAS VISITOR	Low numbers - not material
STAFF COSTS	QIPP (locum, e-rostering, nursing)
PROCUREMENT	Corporate BAU
PATH & IMAGING	Demand Management Transformation
MEDS & PHARMACY	Divisional BAU & QIPP Meds Mgmt
CORPORATE OVERHEAD	Corporate 3% challenge
ESTATES	Awaiting 6 facet survey & strategy
PATIENT SAFETY	Inherent in all
COUNTER FRAUD	Corporate BAU - not material

In addition, the Trust is working with the local system and wider STP to align productivity and efficiency opportunities to future years delivery and the requirement to achieve financial sustainability as the Financial Recovery Fund support is withdrawn.

Cost Improvement Plans (CIP) and Service Improvement Plans are developed with clinical teams at speciality, divisional and corporate levels. Programmes and plans are reviewed and signed off at either the Trust Programme Board or the Finance & Performance Group with Executive representation. Individual projects are subjected to Quality Impact Assessment (QIA) using a standard form incorporating national guidance.

Assessments are reviewed, challenged and where appropriate approved by the Medical Director and Chief Nurse (above de-minimus level for risk and value; otherwise Divisional triumvirate). If the Executive Medical Director and/or Chief Nurse are not satisfied that the risk arising from the implementation of a cost improvement or service development can be successfully mitigated, and the potential for harm considered

intolerable, a planned scheme will not proceed until such time as satisfactory assurances can be given that the risk can be mitigated.

If a project requires an Equality Impact Assessment, this is supported by the Divisional Associate Directors of Nursing.

4.3 AGENCY RULES

The Trust agency ceiling for 2018/19 was £7.5m and this is expected to be delivered in the forecast outturn. The break-down of agency spend by staff group is outlined in the table below:

STAFF GROUP	*£m*
Nursing & Midwifery	0.8
Allied Health Professionals	0.7
Healthcare Scientists	0.4
Consultants	3.2
Trainee Grades	1.9
Corporate	0.5
TOTAL	**7.5**

The key contributor to the agency spend is medical staff and the Trust in line with other providers has struggled with substantive appointments in certain specialties, including acute medicine, respiratory, haematology and care of the elderly. A further factor in medical agency spend are the gaps in the junior doctor rotation that leads to the need for short term support.
Further agency costs are incurred in AHP's as a result of the national shortage in trained radiographers, ECG technicians and specialist laboratory roles.
The Trust has in place a process for sign off of shifts exceeding the national agreed rates and submits returns in line with NHSI deadlines.

The agency ceiling for 2019/20 is £7.5m and the Trust expects to manage to this target through the following actions:

- Link to QIPP scheme in reduction in locum spend (rota management & supplier prices)
- Recruitment strategy focusing on unique benefits of WUTH as place to work
- Role extension and workforce redesign
- Implementation of new model of delivery for acute medicine

4.4 CAPITAL PLANNING

The Trust has completed a 3 year review of capital requirements that has led to the production of a 3 year capital programme with prioritisation of schemes based on risk with the highest risk schemes being funded from the available resource.
The Trust is expecting c£8.0m per year of internally generated resource and this has been allocated as detailed in the table below:

Division / Scheme	*£m*	*No. of Schemes*
Switchboard	0.3	1
Car Park	1.6	1
Estate backlog maintenance	1.6	14
Medicine and Acute Care	1.3	2
Surgery	0.9	1
Women and Children's	0.0	0
Clinical Support & Diagnostics	0.1	1
Pharmacy	0.7	3
Informatics	1.0	5
Contingency	0.5	n/a
Total	**8.0**	**28**

Schemes have been chosen primarily on the basis of risk. All divisions, estates and informatics have provided risk assessed and prioritised capital requirements. Where multiple schemes have the same risk (for example estates) the submitted priorities have been used to identify which schemes are funded first.
The exceptions to this are detailed below:

Strategic capital spend

- £1.6m - Arrowe Park Hospital – 200 space car park
- £0.1m - Completion of Ward M1 refurbishment

18/19 scheme completion

- £0.1m - Mortuary refurbishment
- £0.3m - Replacement switchboard/telephony system
- £0.5m – GDE

Contingency is currently set at £0.6m – this will be affected by the Trusts annual revaluation which will be completed in late March and contingency will be adjusted correspondingly once the impact is known.
The Trust is awaiting the findings of the 6 facet survey of Trust estate. It is not expected that priorities will be significantly different but there is an expectation that if required the Estates programme can be revised and supported by contingency.
Within the plan there are two schemes over £1m which require Board approval:

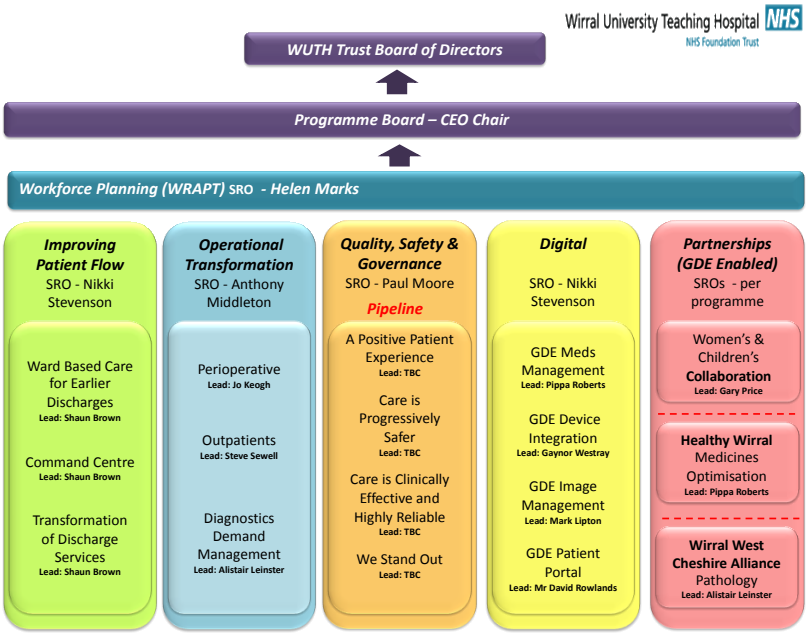
- £1.6m - Arrowe Park Hospital – 200 space car park (April 2019)
- £1.2m - Cardiology cath lab refurb & replacement C-ARM (July 2019)

5. Local Sustainability and transformation plan

The Trust has established a series of transformation programmes linked to local system and STP priorities, where possible, and designed to address the cultural, operational and system challenges the Trust faces. These are aimed at creating a sustainable modern operating model for the hospitals within a sustainable care system.

This shift is supported through a Strategic Transformation Team a redesign of the much depleted PMO function. The team is being supported to build further capabilities around complex programme delivery and cultural aspects of change management. Leadership is through a Delivery Director, whom is part of the Executive Team. Alongside this shift in the team is also a shift in approach characterised as programmes being: clinically led, patient centred, multidisciplinary as well as ensuring sustainability.

Governance of the Portfolio of transformation programmes sits separately to the Trust Cost Improvement Programme and is governed through a redesigned sub-committee of Trust Board, led by the Chief Executive. External assurance of these programmes is undertaken monthly, with the output being reported to Trust Board in summary form. This external assurance focuses on governance, including the QIA process and delivery confidence. The programme structure is organised as follows:



The transformation Portfolio is driven by five major Programmes of Work:

Improving Patient Flow: Aiming to increase flow within the hospital and reduce length of stay by ensuring that we have the right patients in the right beds at the right time enabled by technology and supported by the most appropriate staff. Within the programme there are active projects:

- Ward Based Care for Earlier Discharges: rollout of a Multi-Disciplinary SHOP ward round model to enable earlier discharge for patients.
- Command Centre – a real time bed management function, processes and supporting technology to collate and visualise the flow through the Hospitals. As part of this work the Trust has prototyped a system wide governance structure with other partners and learning is being embedded into the work.
- Transformation of Discharge Services: improving the effectiveness of the discharge process, focused on the Integrated Discharge Team and involving system partners.

Operational Transformation: Developing and implementing a modern operating model for planned care and diagnostics, integrated within the wider system.

- Perioperative: improve the end to end perioperative pathways and implement a step change in Theatre productivity.

- Outpatient Transformation: Focused on the delivery of 21st Century outpatient services, this multi-year programme is a key element is the redesign of the delivery of outpatients to reduce system costs and redesign specialist advice and treatment. Although some of the work relates to a Target Operating Model within the hospital, this is being done in the context of an ambition of joint pathway development, alternative delivery models and exploiting technology delivered through the GDE work.
- Diagnostic Demand Management: reduce spend on diagnostic testing to acceptable levels as indicated by NHSI Model Hospital Data; reduce demand for pathology tests, reduce the number of units of blood transfused into patients and create templates to reduce demand for diagnostic imaging.

Digital:

- GDE Medicines Management: aim to enhance various areas within Pharmacy and Medicines management by utilising the latest technology available.
- GDE Device Integration: connect and integrate Medical Devices with Wirral Millennium enabling the automation of results recording.
- GDE Image Management: enable the integration of various non-Radiology Digital Imaging into Wirral Millennium, facilitating the further development one single electronic record.
- GDE Patient Portal: implementation of a platform to allow patients to access parts of their record, receive communications from the Trust and help them to self-manage aspects of their condition.

Partnerships (GDE Enabled):

- Healthy Wirral Medicines Optimisation:
- Wirral West Cheshire Alliance Pathology: establish a Pathology Collaboration between Wirral and West Cheshire hosted by a single Trust to reduce operating costs
- Women's and Children Collaboration; Having already delivered a Community based birthing centre, the next stage is to pilot for a Child and Family Hub aimed at reducing GP referrals into PAU.

Quality, Safety and Governance: This programme is currently being scoped and is driven by the GIRFT analysis and process, and a Quality Improvement Strategy that is being consulted upon. The suggested themes within this work are; A positive patient experience, Care is Progressively Safer, Care is Clinically Effective and Highly Reliable, and We stand out.

As these programmes develop these programme will support the delivery of Trust financial sustainability, at present work is underway to determine the benefits across all of the programmes with circa £4.5m currently identified for 2019/20.

	£m (Indicative Contribution)
Patient Flow (Overall)	1.5
Perioperative (Theatre productivity)	1.0
Outpatients	1.0
Diagnostics Demand Management	0.5
Digital	0.5
Quality, Safety and Governance	TBC
Total	**£4.5m**

As programmes mature supported by analysis from Model Hospital and GIRFT initiatives, further opportunities to enhance quality, experience, productivity and sustainability, consistent with the overall programme visions will be prioritised and added to the transformation work.

The programmes contribute to wider system sustainability, particularly the recently implemented prime provider MSK project, Medicines Management work and Outpatient Transformation (Planned Care Priority), however there are a number of emerging transformation projects and programmes, and following a period of scoping and analysis, these will be incorporated into the Trust programme structure.

This wider system transformation is driven by the evolving Healthy Wirral plans and priorities, of which the Trust is an increasingly important part. Many clinicians from the Trust are involved in a range of the system programmes. A key system priority is a local Urgent Treatment Centre. Wirral CCG have recently initiated a

process to define and support local providers to work together to establish an Urgent Treatment Centre by December 2019. The Trust, along with other partners are committed to work in collaboration to establish this Urgent Treatment Centre on the Arrowe Park hospital site.

6. **Membership and elections**

The Trust holds governor elections each year for both public and staff seats on the Council of Governors. The Trust held a by- election in February 2018 for a staff vacancy within the Medical and Dental Constituency. This vacancy was successfully filled.
A full election process was undertaken in July 2018 for both, staff and pubic constituencies. The Trust successfully filled six public and two staff governor seats. The Trust unfortunately had two public constituencies, for which no candidates came forth. An Election process for these two constituencies will be undertaken in 2019.

The Trust will continue with the current programme of Council of Governor Workshops and visits to specific areas within the hospital. This is to increase Governor knowledge and provide an insight into key areas of the Trust's operations. Governors continue to play an active role in the Friday Back to the Floor Walkabouts (B2F) along with the Quality Bus, informing staff and patients of a number of key messages.

Many Governors participate in staff led groups, including Patient Experience, Nutrition and Hydration Medicines Management and a number of others. Governors also are core members on a number of Assurance Committees.

Externally facilitated workshops, in February and May 2019 have also been offered to Governors and have been very well received. Governors were invited to join the Board of Directors at a Strategy Away Day in July 2018, which proved to be very successful and another has been planned for October 2019.

Internally, the first of the Governor Workshops for 2019 has been allocated to work surrounding the Trust Strategy, enabling Governors to play an active role in its development.

The Membership Strategy continues to develop as Governors look for new and innovative ways to engage with members. The Trust has also, with the involvement of the Membership and Engagement Committee revised its Membership Strategy. This will be re-visited and reviewed in 2019, to ensure that it meets the requirements of the Trust. The Trust encourages Governors to speak at GP patient groups, local churches or community groups and schools.

The Trust maintains its links with established groups on the Wirral such as Healthwatch and the Older Peoples Parliament as a way of engaging with members and drawing upon a limited resource. Our Governors play a huge role in the promotion and execution of our Annual Members' Meeting. Governors, along with our wider Membership and Engagement Committee decide and review the content of our joint staff and public Newsletter.

The Trust continues to have a membership that is a good representation of the population it serves.

BOARD OF DIRECTORS	
Agenda Item	9.1
Title of Report	Report of the Finance Business Performance and Assurance Committee
Date of Meeting	3.4.2019
Author	Sue Lorimer, Chair of the Finance, Business Performance and Assurance Committee
Accountable Executive	Karen Edge, Acting Director of Finance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	4, 7, 8 4a, 7a, 7b, 7d, 8a, 8c, 8d, 5, 6, 7, 8, 9, 16, 17, 20
Level of Assurance • **Positive** • **Gap(s)**	Gaps with mitigating action
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Discussion
Reviewed by Assurance Committee	Not applicable
Data Quality Rating	Not applicable
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	Not applicable

Report of the Finance, Business, Performance and Assurance Committee 26th March 2019

This report provides a summary of the work of the FBPAC which met on the 26th March 2019. Key focus areas are those which address the gaps in assurance in the Board Assurance Framework and areas of development work to bring to the attention of the Board of Directors.

1. Month 11 Finance Report

The committee received the Month 11 Finance report. The key points noted were the year to date deficit of (£30.6m), this being (£6.3m) worse than plan and included £2.4m of non-recurrent support. The in-month position was a deficit of (£4.0m) against a planned deficit of (£2.7m) and a forecast position of (£3.0m). The adverse performance against forecast has been driven primarily by lower than expected non-elective activity. However, bed occupancy has remained high leading to some cancelations of elective activity and additionally escalation beds being open and thus driving lower elective income and higher pay costs. It was reported that escalation capacity has now been closed. The forecast position has deteriorated to a deficit of (£31.4m) as a result. There was also noted a further risk of £3.5m to the forecast if a provision for a retrospective VAT claim is

required following a HMRC review of the VAT compliance of the Trusts supplier of medical locums. This impacts a number of Cheshire & Mersey Trusts and legal advice is being sought.

The Committee were advised that NHSI had been informed of the deterioration to the Trust forecast and the risk in respect of the VAT issue. The regulator noted the impact of the non-elective activity and was focused on the recurrent position for 2019/20.

Cash at £7.7m was favourable to plan. The capital spend year to date totalled £5.0m with a forecast of £12.0m against a resource available of £12.5m. The Capital underspend would be transferred through cash reserves to 2019/20.

2. 2019/20 Annual Plan

The Acting Director of Finance presented the committee with an update of the 2019/20 Budget and the assurance work that had taken place since the interim plan had been presented in February.

The detailed assurance work included:

- Cost Pressure Review
- CIP Programme and Governance arrangements
- Update on the internal audit of Budgetary controls
- Risks associated with changes in Depreciation charges

The committee also received an independent assurance report from Unique Health Solutions with regard to:

- The system of Budgetary controls
- Detailed budget review focusing on risks and opportunities
- Confidence levels in accepting the Control Total
- Capability of the organisation to deliver the CIP target

The committee noted the Final Operational Plan narrative for 2019/20.

The committee were assured from the internal and external work completed, notwithstanding the risks in delivery of a challenging CIP target of 3.5% recognising the contingent control measures the Executive team would put in place as mitigation against slippage. It was further reported that the contract with Wirral CCG had been agreed at a level with no misalignment and that a risk-share arrangement had been negotiated that significantly reduced the income risk to the Trust on the basis that it was in the Wirral systems interest for WUTH to receive the significant additional resources available from accepting the control total. It was the recommendation of the committee to the Board to approve the updated 2019/20 Operational Plan and the acceptance of the control total of £0.0m break-even.

3. Critical Care SLR

The Divisional Director of the Diagnostics & Clinical Support Division and the Clinical Lead from Critical Care presented a SLR update. The presentation included the current reported level of deficit of £1.3m and the investigatory work to date. The Trust is a significant outlier against peer for Reference Cost Index (RCI) suggesting its cost structure is higher than neighbouring units. A review of local tariffs had also been completed that demonstrated that the Trust received local tariffs comparable to peer. A review of cost drivers and the strict network standards in respect of staffing requirements indicates that the size of the unit is adversely impacting on cost. There was more work to complete on delayed discharges, medical staffing and peer cost structures that would be presented to the committee at a future meeting.

4. Pharmacy Dispensing Robot Business Cast

The Director of Pharmacy presented a business case for the replacement of the pharmacy robot on the Clatterbridge site. The current robot has exceeded its operational life and was experiencing increased break down rates impacting on productivity and introducing risks of errors. As a result of the high risk rating attributed; a capital allocation has been made in the 2019/20 capital

programme. The business case is to support the purchase of the replacement robot at a cost of £480,520. The Chair queried whether a tender could be carried out to assure value for money noting the supplier indicated is the current provider. The Director of Pharmacy responded that the supplier is on national framework which supported value for money and retaining the current supplier would ensure consistency with the robot on the Arrowe Park site with staff being familiar with the technology and reduced requirements for training. The committee approved the capital purchase with the preferred supplier. (Becton Dickinson Dispensing UK Ltd)

5. Board Assurance Framework

The committee noted the 2018/19 final Board Assurance Framework.

6. Quality Performance Dashboard

The Chief Operating Officer presented the 'responsive' element of the Quality performance dashboard. Discussion took place in regard to the deterioration in month of the 2 week cancer performance and the mitigating actions required following an increase in GP referrals. The quarterly performance was predicted to meet the national target.

7. Bed Closure Option Appraisal

The Chief Operating Officer presented the above paper being the follow up action required of the Board approved Business Case for the Private Provider step down ward on the Clatterbridge site, known as the Grove Discharge Unit (GDU). The business case required bed closures in 2019/20 that releases budget to support the ongoing costs of the GDU. The preferred option is to close Ward 43 by 1st May and Ward 24 by 1st November. The rationale for the specific ward selection being the poor estate, high costs relative to bed numbers and high length of stay. The Chief Operating Officer also updated the Committee that bed closures on Ward 43 had commenced this week with a view to closing fully in April and the intention to move forward the date of closure for Ward 24. The committee supported the recommendation.

8. SLR

The committee agreed the Q3 SLR update would be deferred to the next meeting.

9. Reports from other committees

The committee received and noted the report from:

- Finance and Performance Group

10. Recommendations to the Board

- Approval of the 2019/20 Operational Plan
- Acceptance of the NHSI notified Control Total (£0.0m Break-even)

Wirral University Teaching Hospital NHS Foundation Trust

Subject:	9.2 Proceedings of the Quality Committee	**Date:** 26/03/2019	
Prepared By:	Paul Moore - Director of Quality & Governance		
Approved By:	Dr J Coakley, Non-Executive Director		
Presented By:	Dr J Coakley, Non-Executive Director		
Purpose			
For assurance		**Decision**	
		Approval	
		Assurance	**X**

Risks/Issues	
Indicate the risks or issues created or mitigated through the report	
Financial	**None identified**
Patient Impact	**Several areas currently represent a potential risk to quality or safety of care:** • **Exposure to infection and infection control indicators including hand hygiene (beyond trajectory level for C.diff)** • **Venous Thromboembolism prevention (improving rapidly)** • **Nursing vacancy rates (remain high)** • **Complaints responsiveness (improving)** • **Resuscitation training (BLS)** • **Medicines Storage** • **LocSSiP Compliance**
Staff Impact	**Staff vacancy, attendance management and completion of core-10 mandatory training requirements represent a risk to workforce effectiveness**
Services	**None identified**
Reputational/ Regulatory	**Several areas currently represent a potential risk to compliance with CQC Registration Regulations – particularly those areas highlighted under patient impact above.**

Committees/groups where this item has been presented before

N/A

Executive Summary

Executive Summary

- The Quality Committee met on 26/03/2019. This paper summarises the proceedings of the Committee and those matters agreed by the Committee for reporting and escalation to the Board of Directors.

Serious Incidents & Duty of Candour

- The interventions introduced in July-18 to achieve control over serious incident handling have remained embedded and successful. Serious incident exposure is significantly lower in the last seven months. There are no overdue investigations. The standard of investigation has improved and Duty of Candour requirements have been met for all qualifying incidents since September 2018.
- The Committee reviewed two recent investigations and could see there are risks associated with the ongoing use of a combination of paper-based and electronic patient records that currently make up the medical record.

Nutrition & Hydration Report

- After a four-month period of steady improvement, there has been a slight deterioration in performance of MUST assessments for January, with further deterioration in February 2019. The position in February 2019 was reported as 81% (compared to 87% in December 2018). The Committee took account of the PSQB assurance actions being

led by the Chief Nurse. The Chief Nurse advised that performance had been restored in March 2019 to beyond 90%.

LocSSIPs

- The Committee received assurance in respect of Local Safety Standards for Invasive Procedures (LocSSIPs), and took account of assurance provided from the PSQB.
- 53 invasive procedures have been identified as requiring a LocSSIP.
- 37.7% (n=20) have a LocSSIP in place, the Committee were advised that the remainder of standards are currently under development at the time of report and will be tracked by PSQB.

Mortality Review and Learning From Deaths

- The Committee were encouraged by the improvements to completing level 1 mortality reviews in January. There is a lag of 90 days before data can be confirmed, thus there may be further improvement demonstrated for February 2019 in due course.
- The Committee understood that the Executive Medical Director continues to promote mortality reviews and is working on securing the necessary clinical commitment and engagement.

Resuscitation Report

- The Committee were satisfied that all clinical areas had now received and are using the new resuscitation trolleys, including the adoption of sealed tags to simplify and speed up the daily checks required. This also includes the installation of ligature cutters on every resuscitation trolley.
- Audit had commenced to ensure the trolleys were being checked and maintained as planned.
- The Committee received details of an escalation in respect of completion of basic life support training and the potential future risk if current levels of training continue as the norm. The current level of compliance with BLS is 80% across all staff groups. The Committee were made aware of concerns via PSQB regarding the number of staff who either unable to attend their training, or cancel due to operational priorities. The Committee took account of the corrective actions that will be taken as part of core mandatory training oversight and control. The Committee also noted that PSQB will escalate this to the Trust Management Board for coordinated action.

CNST

- The Committee were assured the Maternity Services provided PSQB an update on assurances that will be submitted to the Board of Directors in due course to support application for discount in 2019/20.

Medicines Storage

- The Committee are satisfied that action is being taken to address identified concerns regarding medicines storage and compliance with controlled drugs regulations. The Director of Pharmacy reassured the Committee that improvements have been made. A change of method for reporting the outcome of compliance audits will be made which will provide an average compliance score for the whole trust (based on a mean for all areas audited in month). This is slightly different from the previous method of reporting (which reported on the percentage of clinical areas demonstrating full compliance). Subject to verification, the Committee were advised that medicines storage indicators will have already improved but will increase to levels at or near tolerance at organisational level by the end of March 2019.

Infection Prevention and Control Report

- The Committee took full account of the Trust's exposure to the risk of hospital acquired infections. The Trust continues to experience challenges in this regard with outbreaks of a particularly refractory strain of Clostridium *difficile*. The Committee were informed of

an additional MRSA bacteraemia which will be included in March data.

- The Committee noted the Trust is in receipt of support from Public Health England and NHSI in addressing the specific infection prevention challenges. The Committee is satisfied that there is sufficient management and scrutiny over infection prevention controls whilst the situation remains challenging.

CQC Action Plan Report

- The Committee took account of the progress report and are satisfied with the progress made. The initial feedback following CQC's unannounced inspection of urgent & emergency care services in March was received and discussed. The Committee understand that the trust will receive a report from CQC in due course.

Overall Quality Performance

- The Committee reviewed performance for those KPIs in the safe, effective and caring domains. It was acknowledged that there is further progress needed to achieve the levels of tolerance required by the Board of Directors, but confidence amongst members that the Trust is moving steadily in the right direction.

Wirral Individualised Safe-Care Everytime (Ward Accreditation)

- The Committee were introduced to the new process for ward accreditation and the use of Perfect Ward application to support and enable real-time auditing/monitoring or agreed standards.
- The Committee received data for the pilot ward areas. There is widespread support and enthusiasm for the new ward accreditation system. There is confidence that this new approach will enable and support real-time monitoring of clinical areas, introduce an element of competition between leaders to drive up standards of compliance, support accountability and help visualise the cross-cutting themes that require control redesign.

Summarised and drafted on behalf of the Quality Committee Chair by:
Paul Moore, Director of Quality & Governance. 26/03/2019

Board of Directors

Subject:	Proceedings of the Trust Management Board	**Date:** 28/3/19	
Prepared By:	Andrea Leather, Board Secretary		
Approved By:	Janelle Holmes, Chief Executive		
Presented By:	Janelle Holmes, Chief Executive		
Purpose			
For assurance		**Decision**	
		Approval	
		Assurance	**X**

Risks/Issues				
Indicate the risks or issues created or mitigated through the report				
Financial	**Risk associated with non-delivery of financial control total based on M11 outturn.**			
Patient Impact	**Several areas currently represent a potential risk to quality or safety of care – exposure to infection, RTT Managing 52 week breaches and cancer waiting times**			
Staff Impact	**Staff vacancy, increase in sickness absence and employee relation cases.**			
Services				
Reputational/ Regulatory	**Several areas currently represent a potential risk to compliance with CQC Registration Regulations – particularly those areas highlighted under patient impact above.**			

Committees/groups where this item has been presented before

Trust Board, PSQB

Executive Summary

1. Executive Summary

- The Trust Management Board (TMB) met on 28/3/2019. This paper summarises the proceedings of the TMB and those matters agreed by the TMB for escalation to the Board of Directors.

2. Quality, Performance and Use of Resources Dashboard

- TMB received the revised Quality Performance Dashboard covering the 11 months ended 28th February 2019.
- There are currently 34/56 indicators outside tolerance.
- TMB noted that there is further progress needed to achieve the levels of tolerance required by the Board of Directors, but confidence amongst members that the Trust is moving steadily in the right direction.
- Whilst progress is being made across some indicators such as VTE, CAS alerts and mortality TMB considered the matters of concern for escalation, in particular:
    - ***Cancer waiting times – 2 week referrals –*** impacted by patient choice, Trust working with GP's to strengthen message to patients and impact for changing appointment.
    - ***Infection Prevention Control (IPC) -*** TMB acknowledged the concerns raised and the actions being implemented to address areas of non compliance such as bare below the elbows particularly of non clinical staff.
    - ***Referral to treatment – cases exceeding 52 weeks*** *– weekly activity tracking being undertaken to resolve issues.*
    - ***Sickness absence –*** being monitored via WAC and triangulated with vacancy rate data (NOTE: discussions underway regarding pilot of an external solution).
- TMB noted the changes to address concerns identified regarding medicines storage, particularly the change of method for reporting the outcome of compliance audits will be

made which will provide an average compliance score for the whole trust (based on a mean for all areas audited in month).
- Future TMB meeting to review internal processes to improve 'responsive' indicators.
- TMB requested review of threshold regarding Well-led indicators.

3. GDE Position
- TMB considered four options for the continuation of the GDE programme and the impact on the Trust's digital plans that are being introduced by NHS Digital and by the Countess of Chester Hospital (CoCH).
- TMB agreed in principle option 2 – further report outlining resources required to support the needs of WUTH programmes to be provided.

4. Clinical Review of NHS Access Standards
- TMB reviewed the proposed changes regarding NHS access standards due for implementation Autumn 2019 onwards. Liaising with other Trusts to clarify requirements and thresholds from the regulator to understand potential impact on WUTH.

5. Outpatient Update
- As one of the Trust priorities, TMB focused on the lessons learned and next steps and how this change will support resilience going forward.
- It was acknowledged that whilst 2019/20 would be a challenging year with 80% of work being operational grip and 20% transforming.

6. Health & Safety Management
- The Safety Management System has some integrity to it. The need for further development and strengthening in respect of health and safety management as considered and recommendations agreed.
- Independent Safety management audit commissioned to subject the Safety Management System to rigorous independent testing. TMB acknowledged that engagement with a third-party supplier has commenced and the terms of reference for the audit.
- TMB agreed that timeframes are to be identified against each of the recommendations for presentation to the Board of Directors.
- TMB requested consideration of H&S performance indicators to be included in the quality performance dashboard to ensure the Board.

7. **Use of Resources**
- M11 deficit (£30.7m) – off plan by (£6.1m). In month, (£1.0m) worse than forecast.
- The current forecast deficit is (£30.4m) against a planned deficit of (£25.0m) and a Q3 forecast of (£27.3m).
- Worse than forecast performance in month is driven by lower than expected Non-elective admissions and to a lesser extent planned elective and day case activity and pay costs.
- Agency has increased in M11 largely due to the impact of VAT on the Brookson's arrangement of c£0.1m.
- The Trust is seeking legal advice regarding the possible retrospective VAT claim in relation to the Brookson's contract and the impact this may have to the year-end position and consequently the 2019/20 control total.
- TMB requested review of bed base, based on agreed length of stay and report to the April meeting.
- Divisions working with finance business partners to agree capacity and demand for 2019/20.

8. 2019/20 Budget Update
- TMB recognised the external review undertaken by Mark Brearley and assurances provided to Finance Business Performance & Assurance Committee (FBPAC) to enable the Trust to sign off the control total.
- Contract discussions nearing conclusion and recognition if WUTH not supported to meet control total the negative impact to the local health economy in lost resources. That said, WUTH will need to deliver activity levels agreed.

- Budget setting sign off – greater clarity for divisions and corporate departments and additional support being made available to budget holders.
- Whilst 2019/20 will be a challenging year it was recognised this is also an opportunity for the Trust to get financial balance back into the organisation.

9. Referral to Treatment Standard

- TMB acknowledged the actions undertaken to improve performance against the RTT access standard and the positive impact this was having.
- The Division is working with the Service Improvement Team to drive further changes such as reduction of 'not required' follow-up appointments and therefore creating extra capacity.
- TMB suggested approaching the Model Hospital team to support introduction of software to correlate job plans, sessions and capacity to understand the gaps.

10. Update on the Trust planning and preparedness in the event of March 2019 'no deal EU' Exist

- TMB assured of the Trusts 'green' rating regarding its business continuity plans and Situation Report (SitReps) are being provided on a daily basis.

11. CQC Inspection Feedback letter

- Letter recognised the improvements in place and provided a number of recommendations to be addressed. A draft CQC report of the Urgent & Emergency Care unannounced inspection has been received for factual accuracy. This is being reviewed by the Director of Quality & Governance and colleagues. The Trust will provide a formal response as required by 10/04/2019, and build any additional actions identified into the existing plan and oversight arrangements.

12. Chair Reports

- The following Chair reports were provided for information:
    - Finance & Performance Group Report – 20/02/19
    - Patient Safety & Quality Board - 14/03/19
    - Risk Management Committee Report – 12/03/19
    - Workforce Steering Group – 21/3/19

Written on behalf of the Chief Executive by
Andrea Leather
Board Secretary
29/03/2019

BOARD OF DIRECTORS	
Agenda Item	9.4
Title of Report	Report of Workforce Assurance Committee
Date of Meeting	3.4.2019
Author	John Sullivan
Accountable Executive Director	Helen Marks
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	
Level of Assurance	Gaps
Purpose of the Paper	To note
Reviewed by Executive Committee	Workforce Assurance Committee
Data Quality Rating	
FOI status	Minutes may be disclosed in full
Equality Impact Assessment Undertaken	

1. Background

The seventh meeting took place on Wednesday 27 March 2019.

2. Key Agenda Discussions

2(a) Chair's Business

The Chair welcomed another staff story and leaders from Medicine & Acute divisions to the meeting. The Chair also requested a focus on the Trust's Corporate Division at the next

workforce meeting. There were a number of 'red flags' that the Corporate Workforce can really influence. These included a £45 million backlog maintenance estimate, the highest sickness absence in the Trust and the lowest compliance with annual staff appraisals. The Chair commented that the core competencies required in the Corporate Division (e.g. Estate and Facilities Management) were inevitably quite different from the clinically based competencies required in the other divisions of the Trust. Representation from Estates and Facilities will be invited to discuss how they will develop their workforce performance going forward.

2(b) Staff Story

The committee received a staff story from a nursing colleague who had joined the Trust several years ago as an overseas recruit. Her journey at WUTH was described and the importance and value of a nurturing and coaching line manager was highlighted. A critical success factor for overseas recruitment and retention was to deal with the language, cultural and political differences that face the new recruits.

The story also reminded the committee that many overseas recruits make significant personal sacrifices to join the Trust and have a high level of personal development ambition which needs to be supported. Learning the lessons of past overseas recruitment and providing adequate support when there are family difficulties at the recruit's home were also highlighted.

The committee warmly thanked the WUTH colleague for her insights and story and recorded its gratitude for her offer to help new overseas recruits settle in going forward.

2(c) Medicine & Acute Workforce Agenda

The Medicine and Acute Divisional Director and HR Business Partner jointly presented their Division's workforce successes and challenges. Recruitment and retention were cited as the biggest workforce issues with 92 WTE band 5 nurse vacancies.

The ED culture interventions were observed as very successful and the triumvirate plan to roll similar interventions out across the Division. It was described that the Division's staff survey results were among WUTH's worst and that although medical staff engagement had improved, nursing staff engagement has deteriorated since the last survey.

The two presenters were thanked for their candour and transparency.

2(d) Workforce Planning update

Deputy Director of workforce intelligence presented an update on the project. She described the pilot and in particular the use of the WRAPT tool in Women & Children's. The project was now focused on producing the first of the divisional workforce plans following the pilot. This would be used as a blueprint to work the next division and so on with a view that there would be an organisational workforce plan in 18 months. It was confirmed that this approach aligned activity and finance with workforce. The committee welcomed the update and again reinforced the importance and value of this project to the Trust's Workforce and its performance in future.

2(e) Quarterly update on WUTH Organisational Development Plan

A comprehensive description of the plan's status was received. The Committee commented on the breadth and depth of the plan's actions. The committee were reminded of the Board's interest in pace and the need therefore for focus and ruthless prioritisation to create and maintain the pace required.

2(f) 2018 NHS Staff Survey -- next steps for WUTH

The next steps described to the committee include a departmental drill down of staff survey data available April 2019 and the start of regular 'temperature checks' of the WUTH staff's position against the 10 key themes of the NHS Staff Survey.

2(g) Evaluating the current WUTH Recruitment Campaign

The committee received assurance that hiring (particularly in relation band 5 nurses) was positive with 152 starters in the last 12 months, unfortunately this is somewhat offset by 105 band 5 nurse exiting the Trust. It would appear that retention is therefore the key issue to be tackled with some urgency. The committee was also advised that numbers of new starters were not recorded until they had physically commenced with the organisation. Therefore, in some cases the candidates would be not be qualified until March and September 2019.

2(h) Gender Pay Gap Report 2018

The Gender Pay Gap Report for WUTH was received by the committee. The committee were informed that the gender pay gap at WUTH was reducing positively based on 31st March 2018 data. We will receive the 31st March 2019 data in the next two months to check if we are on a positive trajectory.

A key finding is that male medical consultants appear to apply for clinical excellence awards in greater proportion than do female medical consultants. Work was being undertaken to understand the causes for this situation.

2(i) Workforce Disability Employment Standards (WDES)

The committee were informed of the new standards to be introduced from 1st April 2019. A data submission and annual report will be required by 1st August 2019.

The committee heard that WUTH has already commenced improvements for its disabled staff and welcomes the additional opportunity provided for sustainable measureable improvements.

2(j) Organisational Development Implications of the NHS Long Term Plan

The detailed gap analysis was presented but unfortunately there was inadequate time for the committee to scrutinise, review and comment. It was agreed to carry this item forward to the next meeting and to solicit email based comments in the interim.

2(k) Workforce KPIs Dashboard

The Workforce KPI Dashboard was received and comments made.

3. Next Meeting

22 May 2019

4. Recommendations to the Board of Directors

To note the contents of this report

Board of Directors	
Agenda Item	9.5
Title of Report	Programme Delivery & Assurance Reports
Date of Meeting	3 April 2019
Author	Part 1. Steve Sewell, Delivery Director Part 2. Joe Gibson, External Programme Assurance
Accountable Executive	Janelle Holmes, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	
Level of Assurance • **Positive** • **Gap(s)**	
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Noting
Choose an item	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

PART ONE – PROGRAMME DELIVERY

1. Update

The Trust Programme has progressed in a number of areas, in particular the Executive team have worked through and defined key Programme Priorities and initiated activities designed to generate pace in the work of these priorities.

Responding to the direction set by March Trust Board, the Executive Team have agreed and initiated enhanced focus on three areas of the Programme; Patient Flow, Outpatients and Theatres Productivity. Each area has reviewed and reset plans to respond to this greater focus and these are being reviewed.

Pace within the programmes work has started to appear with a recently initiated Rapid Improvement Cycle with staff from across a number of key functions within the Patient Flow work. This generated some tangible benefits (e.g. 64% reduction in Length of Stay on AMU) and provided insights into some of the issues and challenges associated with Patient Flow. A second cycle has been initiated with objectives informed by intelligence collected in the first two weeks.

The Outpatient programme have also run a similar intensive Rapid Improvement Cycle or Sprint with operational managers to focus on increasing outpatient activity. This exercise raised activity above contracted plan for the first time in many months. Indications are that activity will remain above plan for March. An exit plan is being developed to maintain activity levels without the intense focus.

To underpin programme work a Communications and Engagement plan has been developed and being enacted to ensure 'Energy and Pace' within the priority work through; awareness of the need to change, openness, regular communications, engaging staff at all levels, and using consistent key messages supported by plain English and easy to understand visuals.

An initial Programme Dossier has been included alongside this paper, this outlines each of the programmes and projects, the responsible leads, key milestones, key benefits and external assurance. Comments regarding content and format are welcomed.

2. Programme Delivery – Priority Areas

2.1. Flow

The project has initiated, with some success, Rapid Improvement Cycles to engage staff from across different functions to initiate and test approaches that will improve patient flow through the organisation. Following a review of existing projects within the work, a prioritisation exercise has been completed to reset plans, benefits and finance improvement trajectories. Work to build a bed model to underpin the work has begun.

2.2 Perioperative

Progress against key benefit metrics remains challenging, electronic booking and pre assessment work is progressing and alongside other priority areas, work to reset plans and trajectories for 19/20 is has been undertaken.

2.3 Outpatients

Outpatient Activity has risen after a period of intense support and plans, benefits and finance trajectories have been developed for the coming year. Programme Board reviewed progress on the outpatients work, discussed lessons learned and supported the recently developed plan. A group of consultants are working with the Project Lead to develop an innovative model of how outpatients could be delivered in a more sustainable manner to meet the national agenda of using more digital technology to deliver outpatient services and to reduce unnecessary outpatient activity. Board will receive an update on this work in the near future.

3. Next Steps

For priority projects, plans and benefit/finance trajectories will be finalised, supporting and enhancing work already underway. Work to allocate corporate function, transformation team and operational resource to support work on the priority programmes is already underway.

4. Recommendations

The Board of Directors are asked to note the Trust's Change Programme assurance report and consider the following recommendations from the Programme Board:

a. Confirm Programme Priorities as Patient Flow, Outpatients and Theatres productivity.
b. Comment on the format and content of the Programme Dossier and its fitness for purpose to ensure Trust Board remains updated on and make decisions regarding priorities.

PART TWO – PROGRAMME ASSURANCE

1. Summary

There has been another gradual improvement across a range of assurance indicators since the last report; however, these are predominantly changes in the governance domain and have not been matched by improvements in assurance ratings for delivery. It remains the case that overall pace is yet to match the ambition. In particular, the definition of benefits, underpinned by robust plans, is lacking in those areas highlighted by the ratings. The actions needed to improve the confidence levels are contained in the assurance statements of this report and independent monitoring will continue to report assurance levels.

2. Background

The attached assurance report has been undertaken by Joe Gibson, External Programme Assurance, and provides a detailed oversight of assurance ratings per project. The report provides a summary of the Assurance Report to the Trust's Programme Board; the independent assurance ratings have been undertaken to gauge the confidence of delivery. The supporting assurance evidence has been discussed at the Programme Board meeting (the membership of which includes two non-executive directors) held on Wednesday 20th March 2019.

3. Programme Assurance - Key Points

3.1. Project Benefits

The issue of benefits/metrics not being fully defined is apparent across a number of projects, some of which have been running for over a year. This needs to be resolved as a priority.

3.2 Project Plans

Project Plans should be in a format - and tracked at a frequency (weekly) - that enables all members of the team, in particular the SRO, to understand progress.

3.3 Project Tempo

The governing Project Boards should be held at a rhythm that promotes cohesion and dynamism in the project; this should not necessarily default to a monthly tempo.

4. Next Steps

WUTH remains committed to the delivery of all improvement projects detailed within the programme 'Scope' and will continue with external assurance processes to maintain transparency of governance and the confidence levels around delivery and benefits.

The first two pages of the Change Programme Assurance Report provide a summary of each Project and highlights key issues and progress.

5. Recommendations

The Board of Directors are asked to note the Trust's Change Programme Assurance Report and consider the following recommendation:

a. That the Board of Directors requests Senior Responsible Owners to direct their projects to improve confidence in delivery.

Workforce Planning

- The **'Workforce Planning'** project was initiated at the Programme Board on 20 Dec 18. There has been an absence of any new assurance evidence since the previous report and so the commentary remains unchanged: there is now an urgent need to define the benefits sought and plan the entire project life cycle.

Improving Patient Flow

- **'Ward Based Care for Earlier Discharges'** has seen no change in assurance ratings. Outstanding concerns are delays of some elements shown now that the plan is being tracked and the need for all benefits are subject to measurement.
- The **'Command Centre'** project plan - beyond the Millennium upgrade - shows a 'go live' date of June 2019; however, there is still no evidence available to show that this plan is being actively tracked (last update appears to be 11 Dec 18). Moreover, there remains an absence of any metrics by which benefits might be measured.
- **'Transformation of Discharge Services'** has seen a slight decline in ratings this month. The key issues remain: the overall plan appears to end in July 2019 and formatting issues make the whole unclear; the evidence of measurement of KPIs appears to have been last updated in August 2018.

Operational Transformation

- The **'Perioperative Medicine Improvement'** project is reporting key performance indicators are off track – but this has moved from 'red' to 'amber' rated. Since the last report, the programme has developed a plan for 2019/20; benefits mapping of the 'to be' state in September 2019 is underway.
- The **'Outpatients Improvement'** project is updating the QIA to ensure the governance takes account of the evolving project. There is a need to generate a medium term project plan once the immediate action planning phase is complete. Further measures are being taken to improve the delivery of near term improvement targets which remain off-track.
- The **'Diagnostics Demand Management'** project continues to achieve the majority of the assurance standards. Given that the project was initiated at the Programme Board meetings of Sep & Oct 19, the detailed work to refine the benefits realisation planning should now be completed as soon as practicable.

Change Programme Assurance - Trust Board Report - April 2019

Wirral University Teaching Hospital NHS
NHS Foundation Trust

Quality, Safety & Governance

- The projects for **'Quality, Safety and Governance'**, arising from the revised Quality Strategy, are yet to be initiated at Programme Board. Assurance reporting will commence once the projects are established. The current content of this work stream in the 'Scope' document represents the themes from the Quality Strategy (these may not be the names of the resulting projects).

Digital

- **'GDE Medicines Management'** project is amber rated for governance and red rated for delivery; the key issue remains a lack of defined benefits.
- **'GDE Device Integration'** project has seen an improvement in governance since the last report and this is now amber rated; the key issue of a lack of credible measures for success means that the delivery rating remains red.
- **'GDE Image Management' '** project has seen an improvement in governance since the last report and this is now amber rated; it remains red rated for delivery, the key issue being a lack of defined benefits.
- **'GDE Patient Portal'** project remains amber rated for governance; the overall rating for delivery has improved from 'red' to 'amber' now that a trackable plan is in place albeit this is subject to certain delays. Some measurable success criteria, from 2020, have been developed for the project.

Partnerships

- The **'Womens & Childrens'** partnership programme has returned to an amber rating in terms of governance due to an absence of recent evidence; the delivery remains red rated due to the absence of a current project plan.
- The Healthy Wirral **'Medicines Management'** programme continues to be amber rated for governance and the delivery remains red rated due to the absence of a plan albeit there is some evidence that work is progressing.
- For the **'WWC Alliance: pathology'** programme the rating for governance remains at amber. Overall, the programme awaits a Trust Board decision on the commitment to enter into a collaborative service framework. The issues with the plan - 6 months delayed and no recent tracking - puts the delivery rating at 'red'.

Wirral University Teaching Hospital NHS
NHS Foundation Trust

WUTH Trust Board of Directors

Programme Board – CEO Chair

Workforce Planning (WRAPT) SRO - Helen Marks

Improving Patient Flow
SRO - Nikki Stevenson

- Ward Based Care for Earlier Discharges
  Lead: Shaun Brown
- Command Centre
  Lead: Shaun Brown
- Transformation of Discharge Services
  Lead: Shaun Brown

Operational Transformation
SRO - Anthony Middleton

- Perioperative
  Lead: Jo Keogh
- Outpatients
  Lead: Steve Sewell
- Diagnostics Demand Management
  Lead: Alistair Leinster

Quality, Safety & Governance
SRO - Paul Moore

Pipeline

'Themes'

- A Positive Patient Experience
  Lead: TBC
- Care is Progressively Safer
  Lead: TBC
- Care is Clinically Effective and Highly Reliable
  Lead: TBC
- We Stand Out
  Lead: TBC

Digital
SRO - Nikki Stevenson

- GDE Meds Management
  Lead: Pippa Roberts
- GDE Device Integration
  Lead: Gaynor Westray
- GDE Image Management
  Lead: Mark Lipton
- GDE Patient Portal
  Lead: Mr David Rowlands

Partnerships (GDE Enabled)
SROs - per programme

- Women's & Children's **Collaboration**
  Lead: Gary Price
- **Healthy Wirral** Medicines Optimisation
  Lead: Pippa Roberts
- **Wirral West Cheshire Alliance** Pathology
  Lead: Alistair Leinster

Workforce Planning - Programme Assurance Update – 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Helen Marks	Ann Lucas	Andy Hanson	Design	Amber	Red

Independent Assurance Statement

1. Scoping document available as endorsed at the Programme Board on 20 Dec 18; a PID (dated 1 Feb 19) has been drafted with benefits to have metrics identified with benefits start dates and estimated financial benefits. **2. & 3.** Names of the project team on this dashboard are now complete and a high level description taken from the PID; however, there is no evidence or ToRs for a governing 'project group'. **4.** There is no evidence of a communications plan or stakeholder engagement. **5.** EA/QIA in draft are available and need to be signed off. **6.** High level planning dates (pilot stage) are in the PID but there needs to be a trackable plan that exists as a stand alone document. **7.** There are benefits outlined in the PID but no metrics or start dates attached; it is stated that these will be completed following the pilot stage. **8 & 9.** There is a risk register but no evidence of issue management to date. **Most recent assurance evidence submitted 11 Feb 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
1. Programme One - Workforce Planning (WRAPT)														
1	**Workforce Planning**	The Trust recognises that a co-ordinated effective workforce planning process, aligned to all other strategic and operational plans, needs to be developed. A workforce plan will address skill shortages, support the long term sustainability of service transformation projects and ensure congruence of goals between divisions.	Helen Marks											

Ward Based Care for Earlier Discharges - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Shaun Brown	Jane Hayes-Green	Implementation	Green	Amber

Independent Assurance Statement

1. Scoping document available as endorsed at the Programme Board on 20 Dec 18; this has now been supplemented by the Ward Rounds SOP documentation of 9 January 2019. It is not clear if the project mandate template remains to be completed. **2. & 3.** Names of the project team on this dashboard are now completed. An agenda and minutes for the Ward Based Care for Earlier Discharges meetings up to 23 Jan 19 are in evidence. Trello Board is in use for this project. **4.** ToRs for the governing project group are available. **5.** EA/QIA are now completed. **6.** A High level Plan was presented with the scoping document, a 'trackable' monthly plan is showing delays to the 'SHOP' model being embedded and used consistently in Medicine & Acute. **7.** KPIs are defined within the scoping document. The SHOP model adoption was being measured, to 15 Jan 19, but no evidence of further measurement. There is now a 'Ward Based Care: Benefits and Measures' matrix but this has some targets yet to be decided. **8 & 9.** There is now evidence of risk and issue management in the form of a RAID Log. **Most recent assurance evidence submitted 11 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
2. Programme Two - Improving Patient Flow														
2.1	**Ward Based Care for Earlier Discharges**	Patients are able to access the right care at the right time in the right place	Nikki Stevenson		●	●	●	●	●		●	●	●	●

Command Centre - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Shaun Brown	Katie Bromley	Implementation	Amber	Red

Independent Assurance Statement

1. The PID, draft v0.2 dated 11 Mar 19, lacks metrics by which benefits will be measured. The 'Command Centre Phase 1', February 2019, slide pack documented with further, updated, objectives and a high level plan through to mid-2019. **2. & 3.** Evidence of documented project meetings is now out of date vis-a-vis the governance described in the PID; this is assumed to be due to the hiatus caused by the Cerner implementation slippage. However, updates to PFIG, to Dec 18, are in evidence. There is a DRAFT governance structure uploaded on 7 Mar 19. **4.** The PID outlines a comprehensive communications plan but this needs to be tracked. **5.** EA/QIA have been drafted but await sign-off. **6.** The latest CapMan Plan v0.2 20181211 shows Conversion (GO LIVE DATE) as 17 Jun 19. **7.** As described above, there are no metrics for the benefits to be measured by. **8 & 9.** There is a RAID Log from Aug 18 but doesn't appear to have been updated for 6 months and there is no 'date of last review' information for the risks. **Most recent assurance evidence submitted 11 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
2. Programme Two - Improving Patient Flow														
2.2	Command Centre	To implement a new real time bed management system, including a re-design of all relevant processes and practices to enable accurate reflection of the bed state	Nikki Stevenson		●	●	●	●	●		●	●	●	●

Transformation of Discharge Services - Programme Assurance Update – 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Shaun Brown	Katie Bromley	Implementation	Green	Red

Independent Assurance Statement

1. The scope document comprises a draft PID, TDSS v0.3 uploaded 11 Feb 19, for the 'Transformation of Discharge Services Sustainability Programme' which is in DRAFT until signed off by the Project Team. The 'Scoping document for TDS', uploaded 5 Mar 19, has benefits partially defined on slide 5. As part of the context, 'Commissioning Intentions' have now also been uploaded. **2.** Project Team names are now complete on this dashboard. **3.** The 'Transformation of Discharge Services Sustainability Programme Board' has Terms of Reference (v6 dated February 2019) and there is also an action log updated to 11 Mar 19; however, notes of the monthly meetings would add to the governance (e.g. for EA/QIA). **4.** There is now a comprehensive communications plan TOD v3, 5 Mar 19, and this will need tracking to assure delivery. **5.** EA/QIA have been completed for an 'Independent Provider Led Discharge Unit'. **6.** There is a 'Transformation of Discharge Services Sustainability Plan' v0.5 which commenced in April 2017 and is due to complete by 30 July 2019 but some of the formatting/detail is unclear. **7.** KPIs show information from August 2018 but nothing more recent and the tracking mechanisms are not clear. **8 and 9.** Risks and issues are featured in a RAID Log and were reviewed on 7 Feb 19. **Most recent assurance evidence submitted 11 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
2. Programme Two - Improving Patient Flow														
2.3	**Transformation of Discharge Services**	To reduce patients length of stay in acute hospital beds by early identification of patients able to be discharged through transfer to assess home and bed based pathways.	Nikki Stevenson											

Perioperative Medicine Improvement – Programme Assurance Update – 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Jo Keogh	Vicky Clarke	Implementation	Green	Amber

Independent Assurance Statement

1. The PID v1 created 11 Mar 19 is in progress of drafting and the benefits section remains to be completed. **2.** A Project Team is in place with a wide range of activity in evidence. **3.** The Perioperative Medicine Steering Group is governing with evidence of meetings to 5 Mar 19; brief minutes of these meetings would assist governance. **4.** There is evidence of wider stakeholder engagement but no communications plan available. **5.** The QIA has now been revalidated. **6.** The revised milestone plan, v5 uploaded 11 Mar 19, is partially drafted and shows some recent progress; once finalised, a review of the plan by the Steering Group would be advisable. **7.** KPIs are developed and the assessment of the status at 6 Mar 19 is amber. **8 and 9.** Evidence in place concerning risk and issue management but 'date of last review' information is required. **Most recent assurance evidence submitted 11 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
3. Programme Three - Operational Transformation														
3.1	**Perioperative**	The specific focus/brief of the Theatre Productivity Group, to achieve our objectives, was to: Reconfigure the Theatre Schedule; Enable the planning of theatre staff and anaesthetics; implement a system to track and monitor 45 week usage; reduce specialty level variation so that all lists are achieving 85% utilisation target; implement a weekly process to enable prospective and retrospective assessment of session utilisation.	Anthony Middleton		●	●	●	●	●		●	●	●	●

Outpatients Improvement - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Steve Sewell	Sarah Thompson	Implementation	Green	Amber

Independent Assurance Statement

1. The 'Trustwide OP Operational Structure - Workstream Brief' v0.1 has vision, approach and aims in a concise format with context explained in 'WUTH Outpatients Review' v0.5 dated 16 Oct 18. There is also a 'Programme Development Scope' dated Nov 18. **2.** A project team is in place. **3.** The 'Outpatients Transformation Group' is in place with ToR agreed at the meeting of 1 Nov 18 and documents to evidence the meetings up to 4 Mar 19; this is supplemented by evidence of how this reports into the 'Operational Transformation Steering Group' (agenda and actions in evidence) through to Mar 19. **4.** There is now a comprehensive 'Outpatients Communications and Engagement Plan' draft v1.1 Jan 19; this will need tracking to assure delivery. **5.** In light of changes to the project, the QIA is being redrafted to be resubmitted. **6.** The Trello' Board' is being used to create and track milestones; moreover, a high level summary plan will be produced once the current series of 'sprints' is completed. **7.** KPIs are now in place with trajectories featured in the OPD Highlight Report for March 2019; this shows the benefits off track. **8 and 9.** There is a RAID Log in evidence with risks and issues last reviewed on 11 Mar 19. **Most recent assurance evidence submitted 11 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
3. Programme Three - Operational Transformation														
3.2	**Outpatients Improvement**	To design and implement 21st century outpatient services to meet the needs of the Wirral population. Goals/Expected Benefits: to achieve the planned outpatient activity for 18/19 by March 2019; to design a Trust Wide Operational Structure for outpatients that is able to create and manage a consistent operational framework for outpatients right across the Trust; to design and implement 21st Century Outpatients and eliminate paper from outpatient processes; improve patient experience.	Anthony Middleton		●	●	●	●	●		●	●	●	●

Diagnostics Demand Management - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Alistair Leinster	Will Ivatt	Design	Green	Green

Independent Assurance Statement

1. The project PID, v0.3 dated 12 Mar 19, needs the benefits work to be completed. It is supplemented by a BOSCARD together with 'Initiation Pack' delivered to Programme Board give a concise yet comprehensive scope and approach; this has been supplemented by 'Unwarranted Variation & Demand Management: Pathology Tests', A Bamber. **2.** A project team is defined. **3.** Meetings are commencing with divisional leads and the project team meetings are in evidence to 15 Mar 19. **4.** There is some evidence of stakeholder engagement and a forward looking communications plan will need to be developed. **5.** A QIA/EA have been drafted and need to be signed off. **6.** A comprehensive milestone Gantt chart plan has been developed, v1.4 8 Mar 19, but the tracking is now out of date. **7.** There is a High level Driver Diagram and now a comprehensive document describing baselines, targets and trajectories together with a financial profile; benefits currently appear to be RAG rated 'Amber' by the project . **8 and 9.** Risks and issues are recorded; risk register now needs the 'date risk last reviewed' column to be completed with dates. **Most recent assurance evidence submitted 15 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
3. Programme Three - Operational Transformation														
3.3	**Diagnostics Demand Management**	This programme aims: to reduce spend on diagnostic testing to acceptable levels as indicated by NHSI Model Hospital Data; to reduce demand for pathology tests (costs, patient experience); to reduce the number of units of blood transfused into patients (risk, cost); to create a template to reduce demand for diagnostic imaging (& other projects); and	Anthony Middleton											

Digital: GDE Medicines Management – Programme Assurance Update – 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	P Roberts	L Tarpey	Implementation	Amber	Red

Independent Assurance Statement

1. OPD PID v2 dated 16 Jan 19 (no metrics). AMS PID v3, 25 Oct 18, 1 benefit of £187k CQUIN (no metrics). MAT NNU PID v2, 23 Oct 18, 1 benefit from EPMA for maternity / neonates; baseline but no target. MED Eye PID v4, 25 Oct 18, 1 benefit 'closed loop meds admin' (no metrics). Paper Charts PID v1, 23 Oct 18, 1 benefit to improve safety (no metrics). The ePMA in OPD PID added 4 Jan 19; metrics required for benefits.**2.** The 'Programme Core Team' names on dashboard are now complete. **3.** ToR (undated) for Medicine GDE meeting available. Notes of meetings available to Mar 19. PIDs yet to be approved by the 'Project Board'. **4.** Comms Plans outlined in the PIDs but only AMS has evidence of a 'live' (v3 12 Oct 18) list of actions. **5.** No EA/QIA in evidence. **6.** Milestone Plans: AMS PP v2 20180119 (date?) complete but 2 overdue comms actions; Mat and NNU PP v4 dated 9 Sep 18, appears largely on track; MED Eye PP v1, 16 Oct 18, largely up to date but overdue actions undated. Paper Charts PP v 25 Jan 19, largely up to date**. 7.** No evidence of tracking benefits. **8 & 9.** Risks & Issues: RAID Log v14, 5 Feb 19, requires 'date of last review' column for risks. **Most recent assurance evidence received 14 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
5. Programme Five - Digital														
5.1	**Meds Management**	This meeting exists to monitor progress of the agreed and ratified GDE Medicine programme. To ensure that appropriate resources are available to meet the requirements of the programme and objectives and benefits are identified and realised. There is also an acknowledgement that it is essential that BAU work for the Pharmacy service is carried out in parallel. It is understood that BAU and GDE projects will impact on each other as essentially the same resources are required for both. This meeting will support prioritisation of work for both BAU and GDE projects.	Nikki Stevenson											

Digital: GDE Device Integration – Programme Assurance Update – 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Gaynor Westray	Michelle Murray	Implementation	Amber	Red

Independent Assurance Statement

1. Infusion Pumps GDE PID v0.4, 23 Feb 19; benefits to save nurses time, prevent inaccurate data into EPR (no metrics). PCECG GDE PID v0.3, 01102018; benefits 'tbc'. Vitalslink GDE PID v0.8, 23 Feb 19; benefits: a. save nurses time @ 30,665 hours by Apr 2020 b. ensure all basic observations are recorded accurately - details provided for Mar - May 18 has shown a decrease "in error" rate to 0.1119% (baseline 0.2161%). SECA PID v0.6 dated 23 Feb 19 has objectives and 1 of 3 benefits defined. 2. 'Programme Core Team' names on dashboard now completed. 3. Device Integration Project team minutes in evidence to Feb 19. PIDs have now been approved (Feb 19) in a 'Project Board'. 4. 'Vitalslink Communication Plan', 30102018, is a schedule for Project Board and not evidence of stakeholder engagement. 5. No EA/QIA in evidence. 6. Infusion Pumps project plan, 25 Jan 19, needs to show completion/progress of tasks. Device Integration Project Plan v0.10 4 Dec 2018 shows many elements completed but overdue 'Go Live' in Paediatrics since June 2018; plan now completes Feb 19. PCECG Project Plan v0.4 dated 11 Jan 19 completes in Mar 19 and appears on track. 7. No evidence of tracking of benefits. 8 & 9. There is a consolidated RAID Log for the 4 projects, updated on 12 Feb 19. **Most recent assurance evidence received 1 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
5. Programme Five - Digital														
5.2	**Device Integration**	To connect and integrate Medical Devices with Wirral Millennium enabling the automation of results recording in the following areas: Observations, ECG's and Infusion Pumps	Nikki Stevenson		●	●	●	●	●		●	●	●	●

Digital: GDE Image Management - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Nikki Stevenson	Michelle Murray	Implementation	Amber	Red

1. Scope comprises: PID Bronchoscopy PID v0.2 02112018, PID Colposcopy v0.1 02112018, Theatres Image Mgt PID 02112018, PID Medical Photography; 09112018; 1 benefit cited - for all 4 projects - is that all clinical images will be stored electronically in one central location (PAC's), therefore clinicians can access the images more efficiently. **2.** The 'Programme Core Team' names on dashboard have been completed. **3.** Evidence of project meetings: 're-start meeting' of 1 Feb 19 and Medical Photography of 1 Mar 19; all PIDs yet to be approved at a Project Board. **4.** There is a 'Colposcopy Comms Plan' v0.1 02112018 which is a schedule of submission dates to Project Board and not evidence of stakeholder engagement. **5.** No EA/QIA in evidence. **6.** Revised Project Plans, dated 6 Mar 19, received for Bronchoscopy, Med Photo and Theatre. Colposcopy PP 07112017 started and finished in Nov 17 has been submitted (but not clear why). **7.** No evidence of tracking of benefits yet submitted. **8 & 9.** A consolidated 'Risk and Issue Log' is now in use, updated on 6 Mar 19, and needs a 'date of last review' column for risks. **Most recent assurance evidence received 6 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
5. Programme Five - Digital														
5.3	**Image Management**	This project aims to deliver: Digital images and reports from Bronchoscopy examinations stored within the EMR via the PACS Network; Provide Excellent services to: our colleagues, quality services, clinician led changes to improve services, eliminating unwanted clinical variation; To maximise value: in the solutions and Wirral Millennium; Clinicians will have all images they need available to them electronically; Improved clinical safety; Opportunity to review clinical processes.	Nikki Stevenson		●	●	●	●	●		●	●	●	●

Digital: GDE Patient Portal - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Mr David Rowlands	Katherine Hanlon	Implementation	Amber	Amber

Independent Assurance Statement

1. PID v1.5, 25 Oct 18, approved by project board on 28 Jun 17. 3 benefits reducing follow-up O/P appts for Urology, Colorectal and Breast but no baseline or target metrics (except £28k benefit baseline cited for Urology with £36.5k target). Patient Story defines patient benefit. 2. The 'Programme Core Team' names on this dashboard to be completed. 3. Minutes of the Project Board available to 26 Sep 18; however, the meeting of 21 Nov 18 was cancelled due lack of quoracy and the decision was taken, due to 'dwindling attendance' to cancel the meeting of 12 Dec 18 - the next meeting will be 23 Jan 19 although no evidence of this meeting received to date. There is an 'Action Log' now available dated 20 Feb 19. 4. There is a Comms Plan, v4 24 Oct 18, which has some activities recorded but lacks forward looking schedule. 5. No EA/QIA in evidence. 6. Milestone Plan, v1.6 of 5 Mar 19, is tracked but behind schedule in some areas. 7. 2 graphs show, prospectively, the level of benefits expected from 2020. 8 & 9, Risks and Issues: RAID Log, 7 Feb 19, captures risks and issues and these were - for the most part - last reviewed at the Project Board of 27 Jul 18 as recorded in the minutes. One risk appears to have been reviewed on 7 Feb 19. **Most recent assurance evidence received 5 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
5. Programme Five - Digital														
5.4	**Patient Portal**	One of the pieces of functionality Cerner Millennium offers is a "patient portal". Through patient portal individuals can have real-time access to specific requests such appointment changes and clinical information that can be viewed in the Cerner Millennium electronic medical record (EMR). The patient portal is essential for remote surveillance and self - management of patients living beyond cancer. The portal, along with a robust tracking system will allow for patients to be managed remotely and therefore reduce the amount of follow ups required within a hospital setting.	Nikki Stevenson		●	●	●	●	●		●	●	●	●

Partnerships: Women & Children's - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
TBD	Gary Price/Joe Downie	Amy Barton	Implementation	Amber	Red

Independent Assurance Statement

1. Scope is in: 'Appendix 1, Wirral and Western Cheshire Women and Children's Alliance objectives and key performance indicators: Summary. Revised November 18 Overview'; a more detailed PID will be required in due course. **2.** 'Programme Core Team' in place together with support from the STT; name to be completed on this dashboard. **3.** ToR for the 'Women's & Children's Alliance – South of the Mersey Leadership Delivery Group' are in evidence. The W&C Alliance record of attendance / action log / minutes are available to 15 Nov 18. **4.** There is evidence of strategic engagement concerning the programme together with evidence of communications with stakeholders concerning specific initiatives. **5.** QIA and EA drafted and due to be signed off w/c 10 Dec 18. **6.** There is no current milestone plan in evidence; the programme lead states that the Seacombe Hub is now delivered and a high level indication of key dates for the South Wirral Hub, and the other new programmes, are being developed. **7.** There are 10 KPIs associated with the scope and these were being RAG (to7 Dec 18) rated by the programme: 3 Green, 3 Amber, 4 Red. **8 and 9.** Risks and Issues updated in RAID log of Nov 18 showing no live risks or issues (need to verify that the programme of 6 work streams has no current risks or issues). **Most recent assurance evidence received 14 Mar 18.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
6. Programme Six - Partnerships (GDE Enabled)														
Collaboration - Women and Children														
6.2	**Women and Childrens**	The Cheshire and Mersey STP calls for local solutions for women and children's services to address workforce and quality challenges	Natalia Armes		●	●	●	●	●		●	●	●	●

Healthy Wirral: Medicines Management - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Mike Treharne, DOF CCG	TBD	Pippa Roberts	Implementation	Amber	Amber

Independent Assurance Statement

1. 'Scope': 'Medicines Optimisation Programme Board is an enabling programme of work supporting Healthy Wirral' of 12 Dec 18 and there is a PID in draft, uploaded on 13 Dec 18. There is also a 'Wirral Formulary Transition Incorporating Pan Mersey Decision-Making' uploaded 12 Mar 19. **2.** Notes of Healthy Wirral OPAT Meeting, 6 March 2019, are available; no minutes seen of the 'Medicines Optimisation Programme Board'. **3.** Governance structure shows how the 'Medicines Optimisation Programme Board' relates to the 'Healthy Wirral Executive Delivery Group' and the 'Healthy Wirral Programme Board'; version 5 of the Programme Board ToR needs a date to show when the document was authorised. A General Practice Clinical Pharmacist (GPCP) Implementation Group meets, ToR Issue 3 signed off June 2018. Biosimilars has ToRs dated Apr 18, met in Sep 18. **4.** There is evidence of GPCP stakeholder engagement and comms. **5.** There is no EA/QIA assessment. **6.** There is no milestone plan. **7.** Some KPIs are being tracked in terms of activity for GPCP but no sense of target thresholds for output / outcome. Biosimilar financial savings are shown in 'Adalimumab Biosimilar Implementation: January 2019 Update'. **8 and 9.** A Risk Register is in the process (at 6 Mar 19) of being drafted. **Most recent assurance evidence submitted 6 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
6. Programme Six - Partnerships (GDE Enabled)														
Collaboration - Healthy Wirral														
6.3	**Medicines Optimisation**	The Medicines Value Programme for Wirral has been established to improve health outcomes from medicines through improving patient information, making best use of the clinical skills of pharmacists and pharmacy technicians, and implementing clinically effective prescribing and medicines reviews to ensure we are getting the best value from our medicines expenditure.	Mike Treharne, DOF CCG		●	●	●	●	●		●	●	●	●

WWC Alliance: Pathology - Programme Assurance Update - 15th March 2019

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Karen Edge	Alistair Leinster	TBD	Design	Amber	Red

Independent Assurance Statement

1. The scope document comprises the 'Strategic Pathology Collaboration Wirral and West Cheshire: Current Positon and Next Steps' dated October 2018 and submitted to the Trust Board on 1 November 2018. This has now been supplemented by a summary document. **2.** Project Team names need to be populated on this dashboard. **3.** The 'Wirral & West Cheshire Pathology Service Transitional Management Team' has Terms of Reference (undated) and minutes of the meetings are available to 28 Feb 19. **4.** There is evidence of stakeholder engagement by means of the notes of a 'Whole Lab Meeting' of 19 July 2018 but no evidence of a communications plan or wider/subsequent staff engagement. **5.** There is no EA/QIA. **6.** There is a 'WWC Pathology Timeline' Plan in evidence but appears to be subject to significant delays (5 Months) and the tracking of the plan is not clear (last update looks like Sep 18). **7.** KPIs (...Next Steps paper - Oct 18) are potential savings from a joint COCH / WUTH Pathology service are estimated to be between £1.6m and £2.6m; these from procurement and staffing savings. **8 and 9.** The '...Next Steps paper refers to issues and risks as topics and there is a risk register in evidence; however, the risk register would benefit from having a 'date of last review' column. **Most recent assurance evidence submitted 13 Mar 19.**

PMO Ref	Programme Title	Programme Description	SRO/ Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
6. Programme Six - Partnerships (GDE Enabled)														
Collaboration - Wirral West Cheshire Alliance														
6.4	**Pathology**	For WUTH and COCH to form a joint pathology service across the two Trusts which will deliver against indicative NHSI savings targets, provide operational benefits, reduce a number of current operational risks and position both Trusts for future broader regional collaboration.	Karen Edge		●	●	●	●	●		●	●	●	●

Programme Name	Programme Description	SRO	Project Name	Phase	Project Lead	Project Description	Start Date	End Date	Key Benefit		Estimated Financial Impact 2019/20	Next Milestone	Due	On Track	Latest Assurance Governance	Latest Assurance Delivery	Assurance return to green Plan
Patient Flow	Increase flow within the hospital and reduce length of stay by ensuring that we have the right patients in the right beds at the right time enabled by technology and supported by the most appropriate staff.	Nikki Stevenson	Ward Based Care for Earlier Discharge	Implement	Shaun Brown	To reduce length of stay and discharge patients earlier in the day through action focussed MDT working, improved discharge planning and strengthened patient empowerment.	Dec-18	TBC	Reduce length of stay on base wards	A	£1.5M	Review and communicate results of flow trial	Apr-19	G	G	A	KPIs are being firmed up, baselines agreed and will be trackable through the BI portal. SHOP audits to be complete by end of March
									Increase the number of discharges before midday	A		New flow model designed	Apr-19	A			
									Increase number of daily discharges	A		Commence patient place mat pilot	Apr-19	A			
			Capacity manager	Develop	Shaun Brown	To implement a new real time bed management system, including a re-design of all relevant processes and practices to enable accurate reflection of the bed state	Apr-18	Oct-19	Reduce manual tracking of bed state	A		Baselining cleaning and portering activities	Apr-19	G	A	R	Re-engage workstreams and set up system demo. Complete baselining for metrics from which benefits will be measured. Maintain and update project documentation
									Improved visibility of patients waiting for beds	G		Re-launch Capacity manager steering group	Apr-19	A			
									Reduce latent bed capacity	A		Receive system demo	Apr-19	A			
			Transformation of Discharge Services Sustainability	Sustain & Review	Shaun Brown	To reduce patients length of stay in acute hospital beds by early identification of patients able to be discharged through transfer to assess home and bed based pathways.	2018	Sep-19	Reduction of patients with a stay of over 7 days with a focus on patients with a stay of over 21 days	G		Review stranded patient process with recommendations to reduce number of patietns	Apr-19	G	G	R	PID has been revised following PFIG re-confirming priorities - PID will be signed off by project group 4/4. A revised milestone plan focussed around these priorities has been created, and kpis developped - working with BI team to ensure these can be tracked through the BI portal
									Reduce length of stay on base wards through increased discharges with OPAT service	G		Implement revised referral process for acute to OPAT referrals	May-19	G			
									Improve the quality of patient information when patients are transferred between providers through automation of Transfer of Care form	A		ToC form available in Cerner for testing by the team	Apr-19	A			
Operational Transformation		Anthony Middleton	Perioperative	Implement	Jo Keogh	Improve the perioperative medicine end to end patient journey, through the redesign of our preoperative pathway by introducing on line systems for preoperative assessment. Going back to basics and implementing reporting and monitoring systems to enable a step change in Theatre productivity, through the effective use of resource and theatre sessions at both CGH and APH estate. Harnessing the use of technology to support better theatre planning and maximise the utilisation of all sessions, to achieve a minimum of 85%utilisation. Redesign TCI workforce to achieve a multi skilled workforce model, ensuring continuity of service across all specialties, supporting RTT compliance Explore feasibility of implementing a three phase recovery model to safeguard daycase elective programme through challenging winter months; mitigating the risk of a potential loss of income to value of £2.5m 17/18	Jun-18	Sep-19	Improved efficiency and increased activity	R	£1.0m	Develop roll out plans of electronic booking form for consultant colleagues, to **ENSURE** theatre lists are booked to procedure touch times and site specific		R	G	R	PID has been updated following feedback from Divisional Triumvirate.Financial benefits have been profiled. Milestone plan and project documentation has been refreshed in accordance with revised delivery milestones
									Increased theatre utilisation, in session and core session	A							
									Reduce cancellations on the day through improved pre op and escalation processes	R							
									Zero tolerance of session cancellation within 28 days	R							
									TOM and workforce redesign for pre-op and TCI service delivery models	R							
									Deliver plans for three phase recovery model	R							
									Maximise the use of CGH theatre footprint as 'cold site'	A							
			Outpatients	Develop	Steve Sewell	To maximise current Outpatient capacity, utilise technology available within the Trust and to design and implement 21st century outpatient services to meet the needs of the Wirral population.	Nov-18	2022	18/19 Contracted Activity	R	£1m	Create Clinic Capacity	Mar-19	A	G	A	Booking of additional clinics being monitored via Sprint Trello Board PID to be completed and approved at Outpatients Transformation Group on 01/04/19 and Operational Transformation
												Design of Trust Wide Structure	Feb-19				
												Develop Project Initiation Document	Mar-19	A			
			Diagnostic Demand Management	Scope	Alistair Leinster	To reduce volume, and associated spend, of pathology diagnostic tests To utilise NHSi Model Hospital data as a reference point for volumes, cost per test and cost per capita To reduce the number of duplicated and unnecessary tests To introduce a standardised set of Care Sets to reduce unwarranted variation and improve patient care To reduce the number of units of blood transfused into patients in order to reduce clinical risk and unnecessary cost To introduce point of care testing for urine samples, where appropriate, in order to enhance quality of results and improve clinical decision-making	Nov-18	Mar-20	To reduce the total number of tests undertaken by the Trust	G	£ -	IT review of endorsing test results - To ensure minimal negative clinical impact	Mar-19	G	G	G	Not required.
									To reduce overall pathology spend	G		Second stakeholder engagement meeting with AMDs to ensure ongoing clinical engagement and development of Care Sets	Apr-19	G			
									Reduce clinical Variation through introduction of Standardised 'Care Sets' across the Trust	G		Decision to remove or retain Chemistry Profile Order	Apr-19	G			
									Reduce the total number of units Blood Transfused	G		Options Appraisal for Reflex Pathways - To understand potential actions and implications of changing pathways and IT	Apr-19	G			
									Reduce the number of Midstream Specimen of Urine cultures ordered	G							
Digital		Nikki Stevenson	GDE Medicines Management	Implement	Pippa Roberts	Programme comprises a number of different projects that aim to enhance various areas within Pharmacy and Medicines management by utilising the latest technology available.	Jul-17	Jul-19	Improving patient safety through the introduction of closed loop meds and EPMA, reducing missed doses and wrong patient administration	A	£ -	OPD EPMA Implementation	Jul-19	G	A	R	PIDs reviewed and distributed to GDE Meds Group for approval. TOR reviewed and distributed to GDE Meds Group for approval. Benefits reviewed and dirtsbuted to GDE Meds Group for approval. Plans up to date.
									Improving patient care through introduction of AMS and enhanced VTE, digital solutions that provide alerts to clinicians ensuring reviews are completed at the right time for patients	G		Closed Loop Meds Trial	Jul-19	G			
									Increasing the amount of digital information available relating to medicines management, reducing time to complete audits for Pharmacy and Trust staff, as previously manually collected on paper			Removal of all Paper medication charts and Mat/NNU EPMA	May-19	A			
			GDE Device Integration	Implement	Gaynor Westray	To connect and integrate Medical Devices with Wirral Millennium enabling the automation of results recording in the following areas: Observations, ECG's and Infusion Pumps	Jul-17	Jul-19	Savings in Nursing time by automating the recording of results	G	£ -	ECG Implementation Completed	May-19	A	A	R	All PIDS approved by Device Integration Board TOR Drafted and will be approved at next Device Integration Project Board. Benefits have been re-baslined and data will be presented to the Device Integration Project Board on 26.03 for approval. Plans up to date.
									Improved patient saftey by reducing transcription errors	G		Infusion Pump Implementation	Jul-19	A			
												Re-launch of VitalSigns including NEWS2	Apr-19	A			
			GDE Image Management	Develop	Mark Lipton	To enable the integration of various Digital Imaging into Wirral Millennium, facilitating one single electronic record. Areas include Med Photo, Theatre Stackers, Bronchoscopy, Colposcopy and Endoscopy.	Jul-17	Jul-19	Contributing to one single electronic record by storing images centrally in Millennium instead of in the paper case records, eradicating dual systems and improving patient safety and clinician experience	G	£ -	Theatre stackers Implementation	Jul-19	G	A	R	Medical Photo Board established - PID and TOR being reviewed and expected sign off in March. Theatre Stackers project will tie into already existing Theatre Programme, PID will be sent to this group for approval. Bronch and Colp closure reports to be submitted in April.
												Med Photo Implementation	May-19	A			
												Bronchoscopy implementation	Mar-19	G			
			GDE Patient Portal	Develop	Mr David Rowlands	Patient Portal will provide a digital platform for WUTH patients to access their health record remotely enabling them to manage their own health more proactively. It can also enable remote surveillance of suitable patients reducing the need for physical follow up appointments.	Jul-17	Jul-19	Enabling remote surveillance of patients reducing the need for physical follow up appointments, improving patient experience and Trust financial sustainability	A	£ -	Trust wide roll out	May-19	A	A	A	Project Board reviewing TOR and PID with view to agreeing scope and membership. Benefits baselined for 2 out of 3 specialties and financial and operational leads invited to project board to track and moniotr moving forward. Plan up to date.
									Improved patient experience bu reducing follow up appointments and removing the burden of travelling, parking and waiting in the hospital.	G		Clipboard functionality available	Jul-19	G			
Partnerships (GDE Enabled)		N/A	Women's and Children's Collaboration	Scope	Gary Price	A pilot for a Child and Family Hub to reduce GP referrals into PAU.	Dec-18	TBC	Reduction of referrals into PAU		£ -	Agree location for pilot	Mar-19	G	A	R	
												Present pilot proposal to WUTH/COCH collaboration and CCG partners	May-19				
												Start date for pilot	Jun-19				
			Healthy Wirral Medicines Optimisation	Scope	Pippa Roberts	Medicines value - biosimilars supply routes) - Review medicines which could be delivered more efficiently via different models or supply mechanisms. Integrated Clinical Pharmacy Services - Provision of integrated clinical pharmacy services for primary care	Jul-18	Ongoing	1.7m saving on adalimumab (shared benefit) Supports NHS plan to increase no of GP clinical pharmacists Reduced medication errors/ omissions at the interface, resolution to medicines issues due to cross sector working, potentially reduced admissions (evidence up to 8% caused from medicines)		£ -	Confirmation of patient numbers switch after 1st supply	Mar-19		A	A	Complete PID and milestone plan. Apply target threeshold for output/ outcome.
									Supports NHS plan to increase number of GP clinical pharmacists Reduced medication errors/ omissions at the interface, resolution to medicines issues due to cross sector working, potentially reduced admissions (evidence up to 8% caused from medicines)			Bid submitted to NHSE Feb 2019 to increase pharmacist resource to enable service expansion in 1 new practice and increase resource to an existing practice. NHSE bid to expand GPCP service submitted	Jun-19				
									Implementation of eTCP - potential savings of approx. 500 bed days (based on Extrapolating the data from local NHS Trusts admission rates (Oct 2018) and using a prediction tool to identify potential saving to the local health economy based on the first year's data at Newcastle NHS Trust) and improving patient safety on discharge			eTCP work completed	Jul-19				
			Wirral West Cheshire Alliance Pathology	Scope	Alistair Leinster	Establishing a Pathology Collaboration between Wirral and West Cheshire hosted by a single Trust to reduce operating costs via 3-year timeline. NHSI has proposed radical reconfiguration of pathology services in England. This is in response to Lord Carter's review of operational efficiency of the NHS, and their own analysis, in order to reduce costs and unwarranted variation. Proposals are to group laboratories into hub and spoke models, with COCH and WUTH assigned to the "North 4" pathology network, centered around Liverpool Clinical Laboratories (LCL). There is however a more immediate opportunity for WUTH and COCH to form a joint pathology service across the two Trusts which will deliver against indicative NHSI savings targets, provide operational benefits, reduce a number of current operational risks and position both Trusts for future broader regional collaboration.	Dec-18	2022	More robust service model in face of staffing shortages across a number of key areas within Pathology -Saving costs (staffing and equipment) via joint service.		£50,000 Reliant on joint working with COCH and exploring opportunities for cost reduction	Recruitment of joint blood sciences manager across WUTH and COCH	Feb-19	G	A	R	
												Exec Team feedback on draft hosting arrangements proposal	Mar-19				
												Hosting proposal to go to Trust Board	TBA				
Workforce Planning		Helen Marks	WRAPT	Develop	Ann Lucas	To have a workforce plan in place that is evidence based, integrated with finance, activity and performance plans and organically developed by leaders and service managers from roots upwards.	Dec-18	Jul-19	A view of the workforce profile aligned to finances with the view of a 5 year workforce plan		£ -	Evaluation of pilot findings with a view to roll out to other divisions as part of their strategic planning.	Feb-19		A	R	
												Future state defined and scenarios identified with future states modelled in the tool	Mar-19	G			
												Redraft of PID to be complete to set out overall	Apr-19				

BOARD OF DIRECTORS	
Agenda Item	9.6
Title of Report	CQC Action Plan Progress Update
Date of Meeting	3rd April 2019
Author	Paul Moore, Director of Quality & Governance
Accountable Executive	Janelle Holmes, Chief Executive
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	Quality and Safety of Care Patient flow management during periods of high demand
Level of Assurance **Positive** **Gap(s)**	To be confirmed.
Purpose of the Paper **Discussion** **Approval** **To Note**	Provided for **assurance** to the Board **The Board is invited to receive and consider this report**
Reviewed by Assurance Committee	None. Publication has coincided with the meeting of the Board of Directors.
Data Quality Rating	To be confirmed
FOI status	Unrestricted
Equality Impact Assessment Undertaken **Yes** **No**	No adverse equality impact identified.

CQC ACTION PLAN UPDATE REPORT
POSITION AS AT 22ND MARCH, 2019

1. PURPOSE

1.1.1 The purpose of this report is to ensure the Board of Directors are up to date on the progress of the CQC Action Plan, and to highlight to the Board, by exception, any elements of the plan that are not on track or at risk of not meeting target dates for implementation. This report also provides assurance to the Board on those actions that have been embedded (completed and sustained for a period of 3 months or more).

2. BACKGROUND OR CONTEXT

2.1 The CQC Action Plan brings together the actions required to address the CQC compliance concerns identified following inspection in March 2018. The plan takes account of: (i) all the 'must do' and should do' recommendations contained within the inspection reports; and (ii) some improvement interventions identified locally as immediate quality priorities by the Trust. After sufficient progress has been made the plan will evolve to incorporate matters highlighted as high risk within the Quality & Risk Profile for WUTH, and develop into the tactical plan to drive and deliver the Trust's Quality Strategy.

2.2 The CQC Action Plan has implications for NHS Improvement's enforcement undertakings and, in this regard, the Board is committed demonstrating, no later than August 2019, that: (i) it has addressed all the 'must do' and 'should do' recommendations to the CQC, NHSI and CCG satisfaction; (ii) is no longer considered by CQC to be inadequate in the well-led domain; and (iii) has improved against all CQC domains rated as inadequate or requires improvement when compared to the CQC's inspection findings.

3. ANALYSIS

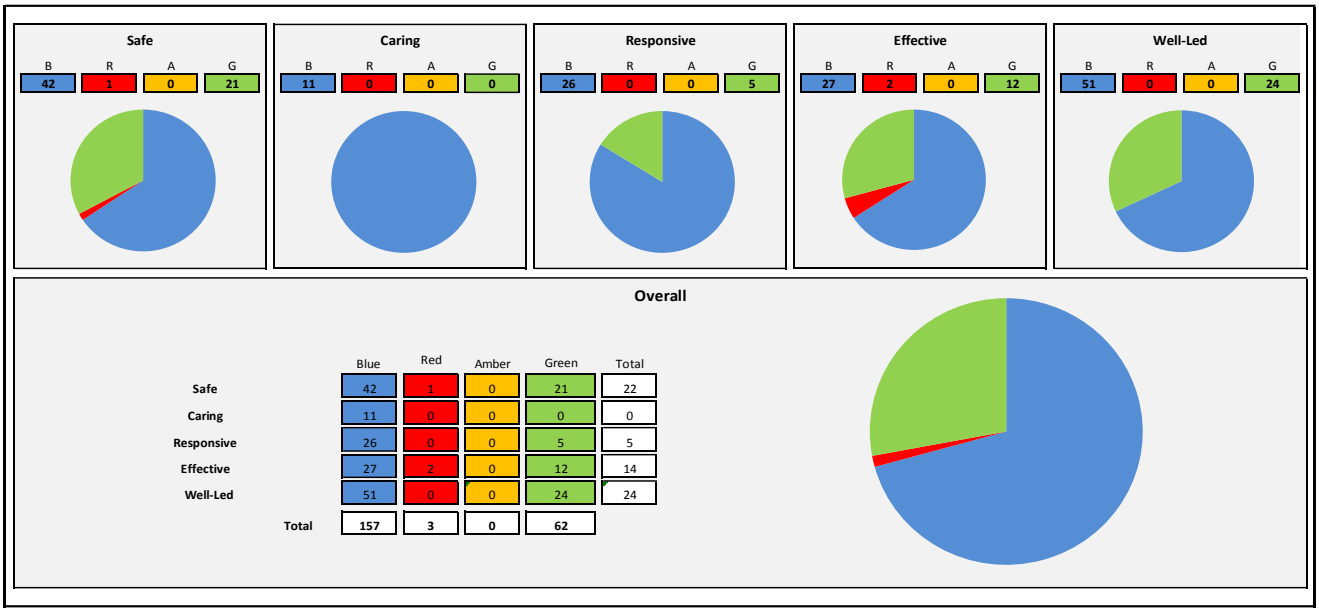
3.1 The CQC inspected the Trust in March and May 2018. The outcome of the inspection was as follows:

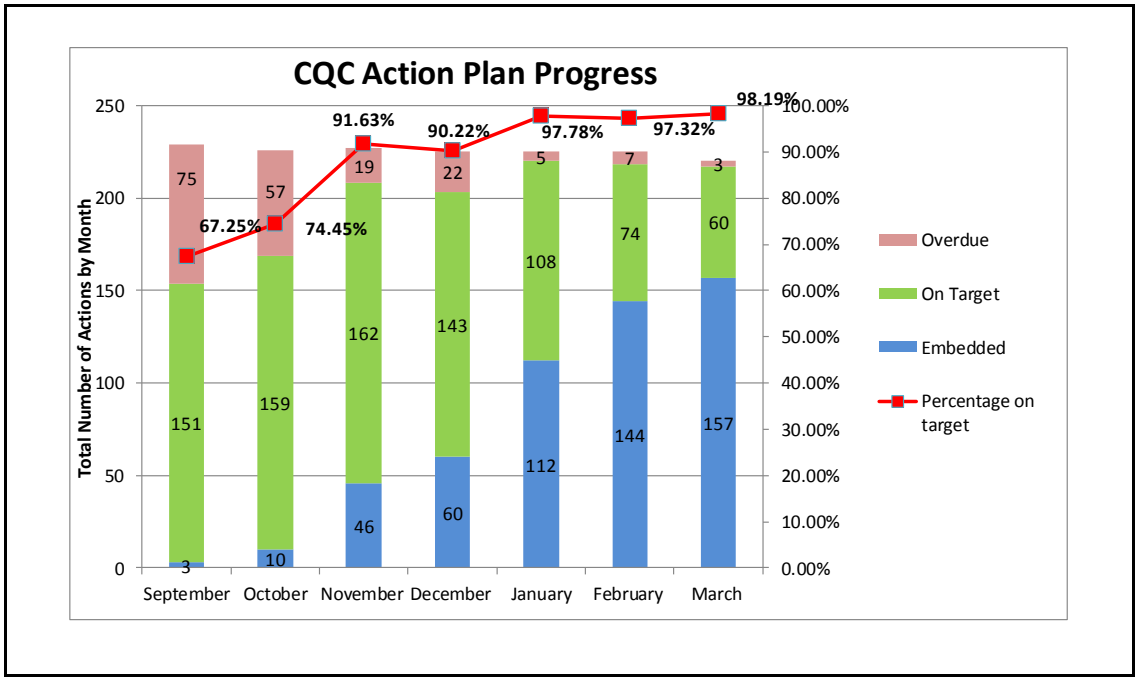
Safe	Requires improvement	
Effective	Requires improvement	
Caring	Good	
Responsive	Requires improvement	
Well Led	Inadequate	
OVERALL	REQUIRES IMPROVEMENT	

The Trust has developed a quality improvement action plan to address all concerns identified by the CQC. The quality improvement action plan has **222** specific actions/work-plans for implementation by **(31st March 2019).**

The delivery of the quality improvement action plan is reviewed monthly and performance is reported through to the Board at each formal meeting.

4. CQC Action Plan Progress – 22nd March 2019





5. EXCEPTIONS

Following the *Confirm and Challenge* meetings held week commencing 5th March 2019, there are 3 actions which have been 'red-rated' and are to be reported as exceptions for this reporting period

Overdue actions concern patient flow management, ED Assessment protocols, and medicines storage. For reference the detail of overdue actions is set out in **Annex A**.

In **Annex B** we draw the Board's attention to 'embedded' actions (i.e. those actions completed and sustained for 3 months or more). In line with expectations set out in the plan, the number of embedded actions has increased in this reporting period with **13** actions moving into the embedded category. This can be interpreted by the Board as positive evidence of implementation, and the progressive work that is happening across the Trust to address each element of the action plan.

6. POTENTIAL IMPLICATIONS (of failing to deliver the plan)

Risks (associated with failing to deliver the CQC action plan) include:

I. Service users are exposed to unacceptable levels of harm arising from inadequate compliance with CQC fundamental standards of care;
II. The Trust fails to comply with CQC Registration Regulations and has it's Certification of Registration revoked; and/or
III. A failure to resolve basic compliance concerns in respect of CQC regulations leads to further NHSI enforcement undertakings and compromise the Trust's Provider Licence.

The CQC Action Plan provides the means of improving control over these risks alongside the Trust pre-existing organisational control framework.

7. RECOMMENDATION

The Board of Directors are invited to:

- consider and where necessary discuss corrective actions to bring the CQC Action Plan back on track; and
- advise on any further action or assurance required by the Board.
- Note the significant improvement in month

ANNEX A

No	Must/ Should do	Dept	CQC recommendation/action	APH action	Director	Workstream	Progress	Due Date	RAG
173	Should Do	Corporate / Trust-Wide Issues	**PATIENT FLOW** The trust must ensure that all information is monitored to improve the flow of patients through the hospital and all areas being used for additional beds are fit for purpose.	Deliver all components of work streams governed by the Patient Flow Improvement Group: Ward Based Care and Transformation of Discharges Bed Management Medical Assessment Unit Review - outline key elements of plan	Executive Director of Quality & Governance	Well Led	**Updated: 05/03/2019** A review of the governance arrangements and role of PFIG is underway. The Governance is in place and being led through Patient Flow Improvement Group and Programme Board. The improvement controls have not had the desired impact on the delivery of the Patient Flow Improvement Group do date. Future proposals are being considered.	31/11/2018	
208	Should Do	Urgent And Emergency Care (Acute & Medical Division)	**INITIAL ASSESSMENT** The service must ensure that patients receive an initial assessment within 15 minutes of arrival, in line with trust policy and Royal College of Emergency Medicine standards.	Ensure practice within ED adheres to Trust policy – all patients to be assessed within 15 minutes of booking in – by reinforcing existing SOPs (1/8/18)	Chief Operating Officer	Effective	**Updated 04.02.2019** Transposed reporting arrangements within our data capture systems have been identified. Trial of triage only process is being launched in February 19 with consultant colleagues.	01/09/2018	
104	Should Do	12 – Safe Care and Treatment, 15 - Premises and Equipment	**MEDICINES TEMPERATURES** The service should ensure that staff monitor the drugs room temperature and take action to address the temperature if it is outside of an appropriate range. **SLUICES AND MEDICINES ROOMS** The service should ensure all sluice areas and medication rooms in the unit are secure and that refrigerators in the medical room and packed appropriately. **Maternity:** The service should ensure that all drugs fridges are secure, used for their intended purpose and checked as per recommendations.	Conclude discussions on case for change to introduce air conditioning in selected/all medicines storage areas due to temperature excursions >25 degrees	Executive Director of Nursing and Midwifery		**Updated 22.03.2019** Clarity is required on what decision has been reached in regard to the funding and implementation plans previously identified. *"risk assessment has been undertaken residual number of rooms that do not currently have air conditioning have been identified. Assessment has been undertaken and a work plan has been developed. We have prioritised a number of rooms, 10 priorities out of a number of circa 30 rooms. Implementation/delivery plan to be developed, long term"*	01/10/2019	

ANNEX B (Embedded actions in March 2019)

No	Must/ Should do	Dept	CQC recommendation/action	APH action	Director	Workstream,	Progress	Due Date	RAG
15	Should Do	Corporate / Trust-Wide Issues	**DISCHARGE** The service should ensure that patients are discharged at an appropriate time to ensure this meets the needs and safety of the patient. **DEMENTIA - BED MOVES** The service should ensure that bed moves for patients with dementia are reduced particularly at night.	Introduce controls that minimise the requirement for out of hours bed moves for patients with dementia Deliver the 'Ward-based care for earlier discharges' work stream of the Patient Flow Improvement Group	Executive Director of Nursing and Midwifery and Medical Director	Safe	**Updated: 05.03.2019** - Dementia patient move data is monitored on a monthly basis. Compliance has improved and this is reported quarterly to PSQB.	31/03/2019	
47	Must Do	Corporate / Trust-Wide Issues	**PERFORMANCE INFORMATION** The trust must ensure that all information that is used for managing performance is accurate and up to date. **NATIONAL GUIDANCE** The trust should ensure that compliance with national guidance is monitored.	Establish a mechanism to enable Ward to Board reporting which ensures visibility, consistency and accuracy for all selected indicators or measures across all Wards and clinical Departments	Assistant Director of Information Head of Assurance	Well Led	**Updated: 05.03.2019** – embedded process - Power BI can be downloaded from app store - providing managers with immediate access to reporting tools	31/12/2018	
48	Must Do	Corporate / Trust-Wide Issues	**PERFORMANCE INFORMATION** The trust must ensure that all information that is used for managing performance is accurate and up to date. **NATIONAL GUIDANCE** The trust should ensure that compliance with national guidance is monitored.	Redesign the Quality Dashboard to incorporate: (I) infographics for selected/prioritised quality and safety measures; and (ii) achieves Ward/Department to Division to Board consistency	Director of IT and Information	Well Led	**Updated: 05.03.2019** – embedded process - reporting tools agreed as embedded and adopted	31/03/2019	

No	Must/ Should do	Dept	CQC recommendation/action	APH action	Director	Workstream,	Progress	Due Date	RAG
52	Must Do	Corporate / Trust-Wide Issues Corporate / Trust-Wide Issues	**PERFORMANCE INFORMATION** The trust must ensure that all information that is used for managing performance is accurate and up to date. **NATIONAL GUIDANCE** The trust should ensure that compliance with national guidance is monitored.	Review current processes for the emergency repair and routine maintenance of equipment and develop costed plan (EBME)	Director of IT and Information	Effective	**Updated: 05.03.2019** embedded process A review has taken place and we are reviewing contract arrangements with suppliers. Procurement support will be required to support review. Overnight and weekend staff supplier arrangements are being reviewed and plans are ready. Asset register is in place. A plan is in place to dovetail into current IT out of hours arrangements	01/10/2018	
54	Must Do	Corporate / Trust-Wide Issues	**NATIONAL GUIDANCE** The trust should ensure that compliance with national guidance is monitored.	Establish EBME systems for mandatory tracking, e.g. theatre instrument sets, and make improvements if necessary	Director of IT and Information	Effective	**Updated: 05.03.2019** embedded process Bid has been submitted for consideration as part of capital programme 19/20. Await a decision from Finance Cttee 08th Feb 19 - Speak to Pat to get details	28/02/2019	
55	Must Do	Corporate / Trust-Wide Issues	**RECORDS MANAGEMENT** Medicine : The service must ensure that records are kept secure at all times so that they are only accessed and amended by authorised people. Surgery : The service should ensure all medical records are stored securely. Maternity : The service must ensure that women's care records are kept securely in locked cabinets at all times.	Review and reconfirm the arrangements for the security of confidential medical records and their storage for all wards and clinical departments	Director of IT and Information	Well Led	**Updated: 05.03.2019** embedded process SOP's have been developed. We intend to simplify and rationalise transfer policy in line with review timeframes	28/02/2019	

No	Must/ Should do	Dept	CQC recommendation/action	APH action	Director	Workstream,	Progress	Due Date	RAG
95	Must Do	Corporate / Trust-Wide Issues	**TRANSFER OF PATIENTS** **Emergency Department:** The service should ensure that the transfer of care for all patients is completed appropriately, in line with trust policy. **Medicine:** The service must decrease the number of patients transferred between wards at night. The transfer of dementia patients at night must only take place in exceptional circumstances to ensure that care and treatment is appropriate, meets individual needs and reflects preferences.	Consider further development of the Transfer Policy and if necessary develop and introduce SOP to ensure the standards to be maintained during internal and inter-hospital transfers	Executive Director of Nursing and Midwifery	Safe	**Updated: 05.03.2019** embedded process - SOP's have been developed. We intend to simplify and rationalise transfer policy in line with review timeframes	28/02/2019	
96	Must Do	Corporate / Trust-Wide Issues	**TRANSFER OF PATIENTS** **Emergency Department:** The service should ensure that the transfer of care for all patients is completed appropriately, in line with trust policy. **Medicine:** The service must decrease the number of patients transferred between wards at night. The transfer of dementia patients at night must only	Roll out transfer procedure	Executive Director of Nursing and Midwifery	Safe	**Updated: 05.03.2019** embedded process SOP's have been developed. We intend to simplify and rationalise transfer policy in line with review timeframes	31/03/2019	

No	Must/ Should do	Dept	CQC recommendation/action	APH action	Director	Workstream,	Progress	Due Date	RAG
			take place in exceptional circumstances to ensure that care and treatment is appropriate, meets individual needs and reflects preferences.						
97	Must Do	Corporate / Trust-Wide Issues	**TRANSFER OF PATIENTS** **Emergency Department:** The service should ensure that the transfer of care for all patients is completed appropriately, in line with trust policy. **Medicine:** The service must decrease the number of patients transferred between wards at night. The transfer of dementia patients at night must only take place in exceptional circumstances to ensure that care and treatment is appropriate, meets individual needs and reflects preferences.	Deliver appropriate training for the staff who require it	Executive Director of Nursing and Midwifery	Safe	**Updated 05.03.2019** The introduction of transfer SOP has superseded the need for a bespoke training package	31/03/2019	

No	Must/ Should do	Dept	CQC recommendation/action	APH action	Director	Workstream,	Progress	Due Date	RAG
132	Should Do	Corporate / Trust-Wide Issues	**PATIENT LEAFLETS** *This issue was identified in Critical Care but is Trust wide in scope* The service should ensure that patient leaflets are up to date, relevant and accessible for patients and visitors to the unit.	Clarify the leadership and accountability arrangements for the management of patient information	Executive Director of Nursing and Midwifery Director of IT and Information	Responsive	**Updated: 05.03.2019** embedded process	28/02/2019	
193	Should Do	Medical Care (Acute & Medical Division)	**VTE** The service should ensure that venous thromboembolism (VTE) assessments are carried out within 24 hours of admission in line with national institute of clinical excellence guidance.	Implement practice is accordance with national institute of clinical excellence guidance	Executive Medical Director	Safe	**05.03.2019 -** agreed embedded process	01/03/2019	
194	Should Do	Medical Care (Acute & Medical Division)	**VTE** The service should ensure that venous thromboembolism (VTE) assessments are carried out within 24 hours of admission in line with national institute of clinical excellence guidance.	Compliance audit	Executive Medical Director	Safe	**05.03.2019 -** agreed embedded process	30/04/2019	

No	Must/ Should do	Dept	CQC recommendation/action	APH action	Director	Workstream,	Progress	Due Date	RAG
211	Should Do	Urgent And Emergency Care (Acute & Medical Division)	**Mews SCORES** The service should ensure that patients who have an increased modified early warning score are monitored and escalated for further review, in line with trust policy.	To review the service provision of the MET team to ensure that the service provision meets the needs of those patients who are escalated to it (including out of hours). Develop an action plan to meet any identified shortfalls	Executive Medical Director	Safe	**05.02.2019 -**Confirm and Challenge meeting confirmed embedded process	30/11/2018	

Board of Directors	
Agenda Item	9.7
Title of Report	Declaration of Interests and Fit and Proper Persons Annual Check
Date of Meeting	3rd April 2019
Author	Andrea Leather, Board Secretary
Accountable Executive	Paul Moore, Director of Governance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	
Level of Assurance • **Positive** • **Gap(s)**	
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Board Confirmation
Data Quality Rating	Silver - quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	Yes

1. Executive Summary

It is a condition of employment that those holding director and director-equivalent posts to provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts.

As part of the annual review of Declaration of Interests for the Board of Directors, the process also includes a declaration against the Fit & Proper Person requirements which are identified in a number of ways, including (but not exclusively) by the Trust's provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 ("the Regulated Activities Regulations") and the Trust's constitution.

The Care Quality Commission (CQC) defines the intention of this regulation as being *"to ensure that people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards, are fit and proper to carry out this important role"*. Based on legal advice provided in relation to 'director-equivalent posts' the Trust has included those individuals who attend the Board of Directors meetings in an advisory capacity and therefore contribute to decision making.

In order to ensure the continued 'fitness' of those persons to whom the requirements apply, an annual check for insolvency, bankruptcy and registration is to be undertaken. The annual check of this was undertaken on 26th March 2019 and the presented report details the findings (Appendix A & Appendix B).

2. Background

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulation 5: Fit and proper persons: directors – Information for NHS bodies

Links to CQC regulations:
Regulation 5: Fit and proper persons: directors
Regulation 17: good governance.

3. Key Issues/Gaps in Assurance

There are no matters to report.

4. Next Steps

These register of interests to be published on Trust website and Fit and Proper Persons declarations held centrally by the Trust Secretary.

5. Conclusion

All directors and director-equivalent posts are compliant with the requirements of the Fit and Proper Persons test.

6. Recommendations

- the Board note the individual declaration of interests
- that all Board members including those posts identified as 'director- equivalent posts' have signed declarations that meet the Fit & Proper persons requirements
- the Board note the content of the Fit and Proper Persons Annual Check report.

Appendix A

Declaration of Interests 2019

The following Declaration of Interests have been made by Board members which are presented for information (signed copies are held in the Executive Offices).

Name	Declaration
Paul Charnley	• Director /Owner – HI4PC Ltd
Chris Clarkson	None
John Coakley	None
Jayne Coulson	None
Karen Edge	None
Sir David Henshaw	• Chair – National Museums Liverpool • Trustee – North Wales Heritage Trust • Chair – Natural Resources, Wales • Chair – Sir David Henshaw Partnership Ltd • Chair – Liverpool World Heritage Task Force
Janelle Holmes	• Spouse is a Senior manager in NHS at Salford Royal NHS Trust
Steve Igoe	• Deputy Vice Chancellor – Edge Hill • Member of: Institute of Chartered Accountants, England & Wales
Andrea Leather	None
Sue Lorimer	• Associate Consultant – Mersey Internal Audit Agency • Associate Consultant – Mersey Internal Audit Agency
Helen Marks	None

Anthony Middleton	None
Paul Moore	• Director – PM Governance Ltd • Magistrate – Greater Manchester Bench
Nicola Stevenson	• Spouse is Mersey and Cheshire Critical Care Network Lead & Consultant in ITU at RLUH
John Sullivan	• ICTAN Ltd - Management Consultancy
Gaynor Westray	None

Appendix B

Fit and Proper Persons Annual Check

	PC	CC	JCo	JCo	KE	DH	JH	SI	AL	SLo	HM	AM	PM	SS	NS	JS	GW
Is the individual recorded as being a disqualified director on the Insolvency Service Register?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is the individual recorded as being a disqualified director by Companies House?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is the individual recorded as insolvent or bankrupt on the Insolvency and Bankruptcy Register?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N