Wirral University Teaching Hospital
NHS Foundation Trust

Public Board of Directors

4 December 2019

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Wirral University Teaching Hospital NHS Foundation Trust

Meeting of the Board of Directors
9am - Wednesday 4th December 2019
The Board Room, Education Centre

AGENDA

Item	Item Description	Presenter	Verbal or Paper	Page Number
1.	Apologies for Absence	Chair	Verbal	N/A
2.	Declaration of Interests	Chair	Verbal	N/A
3.	Chair's Business	Chair	Verbal	N/A
4.	Key Strategic Issues	Chair	Verbal	N/A
5.	Minutes of Previous Meeting – 6 November 2019	Board Secretary	Paper	4
6.	Board Action Log	Board Secretary	Paper	21
7.	Chief Executive's Report	Chief Executive	Paper	22
Quality and Safety				
8.	Patient Story	Head of Patient Experience	Verbal	N/A
9.	Infection Prevention & Control (IPC) Update	Acting Chief Nurse / Director of Quality & Governance	Paper	25
10.	Introduction of Medical Examiner Role	Medical Director	Paper	28
Performance & Improvement				
11.	Quality and Performance Dashboard and Exception Reports	Chief Operating Officer, Medical Director, Director of Workforce, Director of Quality & Governance and Acting Chief Nurse	Paper	32
12.	Month 7 Finance Report	Acting Director of Finance	Paper	72
Workforce				
14.	Influenza Update	Director of Workforce	Paper	94
Governance				
15.	Change Programme Summary, Delivery & Assurance	Joe Gibson	Paper	105
16.	Report of Trust Management Board	Medical Director	Paper	125
17.	Report of Quality Committee	Chair of Quality Committee	Paper	129

18.	Report of Finance Business Performance & Assurance Committee	Chair of Report of Finance Business Performance & Assurance Committee	Paper	130
19.	Report of Workforce Assurance Committee	Chair of Workforce Assurance Committee	Paper	134
20.	CQC Action Plan (Urgent Care) Progress Report	Director of Governance & Quality / Acting Chief Nurse	Paper	137
Standing Items				
21.	Any Other Business	Chair	Verbal	N/A
22.	Date of Next Meeting – 29 January 2020	Chair	Verbal	N/A

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

6th NOVEMBER 2019

BOARDROOM EDUCATION CENTRE ARROWE PARK HOSPITAL

Present

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

In attendance

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

Apologies

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

*Denotes attendance for part of the meeting

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

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

Reference	Minute	Action
	Board/Senior Leadership position, by giving them sight of the Board papers and to participate in the process/discussion of a Unity Board. **Director of Workforce** – reported that to date over 3000 staff flu vaccinations have been administered across the Trust. A formal paper will be prepared for the December Trust Board meeting. Following discussions from the last 'intouch with the Board' event, the Trust has been collaborating with 'The Smallest Things', a charity registered to promote the good health of premature babies and their families. As a result, the Trust has now updated its policy to provide additional support for staff, who find themselves in this situation, to allow extended leave. The Trust will take into account the time little ones spend in the Neonatal Unit, and support staff with additional time off once the child returns home. The Executive Team recently had the opportunity to meet with the staff members, who had brought the charity to the Trust's attention, to update them in regards to policy changes made. **Associate Medical Director, Women & Children's –** Mr Lund advised the Board that Wirral University Teaching Hospital's [WUTH] Cancer Programme had been recognised nationally for meeting the required cancer standards and targets. **Medical Director** – informed the Board that a number of Inspections had recently been undertaken. The Joint Advisory Group [JAG] had completed its accreditation of the Endoscopy Unit and had made a recommendation for a 'clear pass'. The Aseptic Unit had also received positive feedback from a recent review, with a small number of actions to be completed to comply fully with good manufacturing practice guidance. **Acting Chief Nurse / Director of Quality and Governance** – provided the Board with a number of updates: • Teams had been very supportive of the recent unannounced CQC Inspections. • The Macmillan Team – Urology Nursing Team won the Nursing Times Cancer Nursing Award. • Ward 38, the first Ward to progress to Level 3 of the Ward Accreditation Tool. • The *Clostridium difficile* outbreak has officially come to an end. • The Trust is preparing to submit the application to The Royal Society for the Prevention of Accidents [ROSPA] in January to support and recognise Safety Management endeavors. • The Chief Nursing Officer will be visiting the Trust 20 November 2019. **Action** – The Acting Chief Nurse to share the standards required to attain Ward Accreditation. **The Directory of Strategy and Partnerships** – thanked all colleagues for making him feel so welcome, having commenced in role 4 November 2019. In doing so, Mr Swanborough reflected that the Trust had developed a very innovative induction and orientation programme. The market stall approach made for a very engaging and inclusive approach.	**HM** **PM**

Reference	Minute	Action
	The Board learned that the immediate priorities would be working with staff to develop the Trust's Organisational Strategy, over the next five years, with assimilation of both the Healthy Wirral and Cheshire & Merseyside Strategic Plans. ***The Board noted that although some members did not have updates there were a number of topics already covered within agenda items.***	
BM 19-20/166	**Board of Directors** **Minutes** The Minutes of the Board of Directors meeting held on 2 October 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 19-20/167	**Chief Executives' Report** The Chief Executive apprised the Board that Purdah had commenced at midnight (00:01) Wednesday 6th November. A number of key headlines, contained within the written report, were highlighted for Board members; including: • The Trust had received two unannounced CQC inspections, reviewing four core services; Urgent and Emergency Care, Medicine and Acute, Children and Young People and Surgery. • The Staff 'Together' Awards had been held 11 October 2019. • Wards 37 and 38 had achieved Level 3 (Green) as part of the WISE Ward Accreditation. • Serious Incidents and RIDDOR updates. To provide further context, the Chief Executive expanded on a number of the items contained within the report, and in doing so thanked all of those who had been directly involved in both the CQC unannounced inspections and also in preparedness for the forthcoming Well Led Inspection. It was a testament to the teams involved, that over 800 requests for data and information had been provided. On behalf of the Board, the Chief Executive recorded thanks to the independent judging panel for the 'Together Awards', comprising Execs, Staff Side and Governor representation. The Board was assured that the 5 Serious Incidents and 3 RIDDOR reportable incidents are all being fully investigated and reported to the Quality Committee. In referencing the NHS App, the Board learned that the Cheshire & Merseyside Health Care Partnership is working with NHS Digital to connect the WUTH portal to national and regional services including the newly launched NHS App. In concluding the Chief Executive report, Mrs Holmes reiterated the comments made by both the Chair and Chief Operating Officer, that the	

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

Reference	Minute	Action
	6 Monthly Nurse Staffing Report The Acting Chief Nurse presented the Safe Staffing Report and apprised the Board of a number of key aspects. The report provided assurance that the Trust has maintained safe staffing requirements, as set out by the National Quality Board, for the reporting period April – September 2019. Furthermore, Mr Moore reiterated that the establishments remained valid as of 31 October 2019. Within the summary provided, the Board reflected on the resulting impact when escalation areas remain open for prolonged periods of time. This can lead to some evidential establishment pressures and a reliance on recommended minimum staffing levels. As a result, steps are being implemented to utilise bank/agency support as required. It was confirmed that rotas have the ability to deploy sufficient suitably qualified and experienced staff. The Board was assured that every Ward area is utilising an electronic roster via the E-Roster platform. The Trust has developed a performance management framework to support the implementation of E-roster further, with the framework providing a range of indicators which are supporting the Trust's efforts to achieve greater rota benefits, financial efficiencies and reliability assurance. Whilst noting the high frequency incident reporting areas, between April 19 and September 19, the Board was assured that staffing was not an immediate consideration, or correlating factor. It was confirmed that safe staffing had been maintained. Furthermore, it was reiterated that there was no one specific theme attributing to the incidents. ***The Board noted and supported the Safe Staffing Report.***	
BM 19-20/170	**National In-Patient Survey** The Acting Chief Nurse apprised the Board of the outcome of the National Adult Inpatient Survey, undertaken September 2018 – December 2018, which had been published June 2019. For reference, Mr Moore noted those indicative areas where there had been a reduced or static positon; in doing so, it was also confirmed that the Trust has a detailed Action Plan to address findings: • How do you feel about the length of time you were on the waiting list before your admission to hospital? • Did you see, or were you given, any information explaining how to complain to the hospital about the care you received? • If you brough your own medication with you to hospital, were you able to take it when you needed to? • How would you rate the hospital food? • Were you offered a chohice of food? • Did you get enough help from staff to eat your meals? The Board reflected on the findings, but felt the Organisation had made progress in recent months. The Board expressed its preference for real-time/more contemporaneous Patient feedback to better inform future	

Reference	Minute	Action
	improvements. To this end, as part of Campaign 1 (a positive Patient experience) the Acting Chief Nurse will explore alternative real-time feedback mechanisms. Similarly, the position pertaining to Patients being able to self-medicate was primarily representative of diabetic patients, having the ability to self-medicate and regulate insulin, it did not correlate directly with prescribed medications. In order to gauge current views and opinions, it was confirmed that a series of 'in-house testing' will be launched January 2020, thereby ensuring real time reflection and responses from Patients.	**PM**
BM 19-20/171	**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 57 indicators reported for September, excluding Use of Resources, 19 are currently off-target, 30 indictors are on-target and 8 do not yet have an identified threshold and therefore are not rated. The lead Director for a range of indicators provided a brief synopsis of the issues and actions being taken. • As already reported, the current focus remains aligned to improving A&E performance, thereby minimising impact on both waiting times and the cost associated with having escalation areas open. • Whilst Urgent Care remains under pressure, the effects therefore manifest themselves in other ways; the ability to achieve 80% RTT is impacted, escalation areas remain open, despite planned closure, and bed stock remains under pressure from an extended Patient Length of Stay perspective. • Some Orthopaedic procedures may be affected, so that resources can be utilised in meeting Urgent Care Demand. • Some patient discharges are being delayed whilst awaiting 'packages of care', specifically within the West Wirral geographical area. • Despite current demand, a number of positives were reported; Diagnostic performance is now back on track, Cancer pathways are within standards and the elective programme is being reviewed daily to minimise disruption. • Overall, the Safe Domain reported largely in the green. • A number of additional training sessions pertaining to Protecting Vulnerable people [Level 3] have been implemented having identified a small dip in completion. • It was confirmed that the *Clostridium difficile* indicator is expected to be back on trajectory by December 2019. • Having identified a trend towards lower levels of Patient satisfaction within the maternity unit, this is being monitored with the team. • The Trust continues to work with the Local Research Network in recruiting patients to the National Institute for Health Research studies. • Appraisal completion continues to be monitored and having identified a recording issue, within the Medical and Acute Division, compliance is now being reported at circa 84% completion within this Division.	

Reference	Minute	Action
	• A number of measures have been implemented to support staff during periods of long term absence, i.e. the Employee Assistance Programme. The Chief Operating Officer apprised the Board that the System had reacted positively to the ECIST recommendation and processes, benefitting measurably by having one single point of co-ordination and management overseeing Long Length of Stay. The Board debated at length, the financial impact of heightened Patient Long Length of Stay and the associated costs for the Trust of funding 'step down' beds/care, via a combination of the Grove Discharge Unit, or the associated costs incurred when not being able to close escalation capacity. Whilst mindful that Wirral Health & Care Commissioning continue to under write the Trust's non-elective performance, the Board agreed to approach Wirral Health and Care Commissioning with proposals as to the way forward. It was agreed that the Director of Strategy and Partnerships would lead on this for the Trust. The Board reflected that within the approach, it would also be beneficial to seek clarity of the attributes and success rates, from both a cost and performance perspective, of the various schemes being funded to deflect attendances/conveyances from A&E via alternate pathways. The Director of Workforce apprised the Board of the newly introduced long term sickness dashboards, providing clear transparency across the Divisions and consequently being able to identify and implement support quicker for colleagues. By having the suite of Dashboards, it will enable and support Line Managers to identify trends and emerging themes, whilst also ensuring staff are being supported in returning to work with the most appropriate help and support. From a workforce perspective, the themes and trends also reiterated the importance of having clear plans implemented to support staff with a return to work programme or being supported with appropriate longer term plans. ***The Board noted the current performance against the indicators to the end of October 2019.***	
BM 19-20/172	**Month 6 Finance Report** The Acting Director of Finance apprised the Board of the summary financial position at the end of Month 6. The Trust reported an actual deficit of £9.7m versus planned deficit of £5.7m. However, this excludes the non-recurrent support of £4.1m from Wirral Clinical Commissioning Group. The key headlines for Month 6 include: • Month 6 deficit of (£1.2m) vs planned deficit of (£0.5m). • In month, income was broadly in line with plan. Elective and Day case activity is behind plan reflecting in year trend, however, obstetrics (including One-to-One transfers) and excess beddays is higher than plan. • In month, pay exceeded plan by (£0.7m), with YTD overspend of (£2.8m). Medical and Nursing pressures continue partly as a result of additional escalation capacity. • In month, non-pay is on plan, an improvement of previous run rate and reflecting underspend on clinical supplies related to activity.	

Reference	Minute	Action
	• Cost Improvement Plans [CIP] delivered in month and YTD with £4.7m against a plan of £4.9m. • Cash is £2.7m; additional borrowing has been secured to cover any risk with the predicted deficit in Q4. A detailed forecast had been completed as at Month 4 which showed a full year effect of the deficit, including undelivered CIP. If CIP risks are mitigated, and the full programme is delivered, this would result in a deficit of circa £7.0m. Having noted that the 'control total' will not be delivered, the Trust would therefore not have access to PSF/FRF of circa £4.4m, determining the increased overall deficit to circa £11.4m. Furthermore, a number of assumptions within the original forecast outturn are now unlikely to come to fruition, due to ongoing Operational 'winter'/capacity pressures. Whilst utilisation of 'Better Care Funding' is being explored, the CIP mitigated forecast positon will increase the deficit to circa £12.9m. The Board of Directors is proactively managing expenditure, activity performance and delivery of the CIP plan. The cost improvement plan for 19/20 is £13.2m, and although challenging, good progress is being made. Having received the Month 6 Finance report, the Board discussed and debated in some detail the slippage of the overall forecast and the actions that could be taken to address the positon. There was a recognition that addressing the current financial challenge was twofold; implementing a credible and robust internal plan, supporting improved financial controls and performance, whilst at the same time reviewing the Trust's approach to Healthy Wirral and the wider overall System Financial Recovery. The Board reflected on a diverse and broad range of measures that could be included, both internally within the Trust and externally with Healthy Wirral Partners, when considering options to return to a breakeven position. In order to progress this further, the Board agreed that Karen Edge and Matthew Swanborough would lead on this piece of work. ***The Board noted the Month 6 finance performance.***	
BM 19-20/173	**Long Term Plan Update** The NHS long-term plan, published January 2019, outlined a vision for the next ten years which included a programme of phased improvements to NHS Services and outcomes. Incorporated was the requirement for local Systems/Partners to create five year strategic plans and submit a long term financial plan covering the period 2019/20 to 2023/24. Board members had therefore been pre-apprised of the correlating improvement trajectories, expected for the Trust, that had been incorporated with the Trust's long-term plan to achieve a 'break even position'. The Board debated the series of options, having been outlined by the Acting Director of Finance, which included both central support from the Financial	

Reference	Minute	Action
	Recovery Fund and the delivery of core CIP elements. The unease, on behalf of the Board, centred on the submission outlining a positon of unsustainability over the coming four year period and a number of assumptions, including the delivery of recurrent CIP. There was also an acknowledgement that whilst the Healthy Wirral Partners Board had agreed proposals for sharing risk and gains, across the wider System, the allocation of deficit between System Partners was not deemed equitable; it [the deficit] primarily residing with WUTH. The Chief Executive confirmed that an approach had been made to the Accountable Officer for Wirral CCG, to review the position collaboratively from a wider System perspective. Furthermore, Mr Matthew Swanborough, Director of Strategy and Partnerships, has been asked to review the Healthy Wirral Plan and Programme, to outline the emerging issues and to provide potential solutions for improvement. Whilst appreciating submission by the Trust was a mandated nationally, the Board therefore recommend the submission of the plan, in line with the proposals made, with however a caveat by means of a side letter. The letter would reiterate the Trust's positon, that a review of the Healthy Wirral Plan was required from both a service and financial sustainability perspective.	
BM 19-20/174	**Freedom to Speak Up [6 Monthly Update]** Sharon Landrum, Freedom to Speak Up Guardian [FTSU] and Diversity & Inclusion Lead, provided the Board with both an interim six monthly report and the further guidance received from the National Guardians Office. A number of key aspects were highlighted for the Board: • The Trust has evidenced a positive increase in the number of staff speaking up. 41 cases received to date, compared with 46 for the previous year. • Having improved Organisational Culture, and identified that 'attitudes and behaviours' continue to feature as a key theme for staff, a number of actions have been taken to improve this further; including the launch of the Trust's new Values and Behaviours. • The Trust is recruiting additional Guardians and is also progressing with the establishment of a Champions network. • FTSU training has been reviewed and, with the support of the Guardians, the Trust has a platform in place to offer flexibility to attend face to face training sessions or complete national e-learning online programmes. • The Trust has scored lower than the Acute Trust average within the recently announced FTSU index, however scores are based on CQC ratings from 2018 and National staff survey results. The National Staff Survey and CQC Inspection for WUTH are currently in progress for 2019. Having received guidance for Boards, from the National Guardians Office [NGO], assertion was given that this had been reviewed, to ensure the Trust is adhering to current best practice. The Trust conducted a self-review in 2018, which has also now been reviewed for 2019.	

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

Reference	Minute	Action
	and reported to Programme Board. Having considered the overall assurance recommendations, the Programme Board has requested that each of the three priority programmes prepare a comprehensive 12-18 month forward looking plan for the January 2020 Programme Board meeting. The Board was assured that recruitment to the new 'Hospital Upgrade Programme' had commenced. Work Stream Leads have been identified, and the roles of the Programme Director, Head of PMO and Project Manager will be advertised in November. ***The Board noted the Change Programme summery, delivery and assurance report.*** Following the update provided by Mr Gibson, the Board received a presentation from Shaun Brown, Programme Lead, pertaining to 'Improving Patient Flow'. The presentation apprised the Board with the benefits of good patient flow, ensuring that a patient has the best pathway for their needs that also contributes to safe, person cantered and effective care. Conversely, it was demonstrated that poor Patient Flow results in crowded ED and assessment units and in some cases Ambulatory Care and Day Case Areas being utilised to support overnight inpatient admissions. The biggest challenge to sustained and improved Patient Flow is the ability to support Patients, by reducing Long Length of Stay. The qualifier being an inpatient for in excess of 21 days. Similarities can also be evidenced for Patients whose stay exceeds 7 days. It was reported that the Trust has circa 205 patients with a length of stay exceeding 21 days, and on average 72% of those Patients are Medically Optimised. The Board was apprised that the delays associated with timely discharge, for those Medically Optimised, can be a combination of both internal and external factors, for example; the integrated discharge team form and function, bed state visibility, social worker capacity, responsiveness of out of Area community/Social Services and community services to support patients returning home. With the support of the Patient Flow Improvement Group, also encompassing the ECIST recommendations, Mr Brown outlined the Restructured Patient Flow Programme focused on two key work streams; Front Door, Right Care, First Time and Back Door, Better Sooner, Home Faster. To support the work streams, a number of key projects have been implemented; Patient Streaming, timely assessment and discharge in the right area by the right staff, Accelerated Discharge and a cross System Integrated Discharge Team. The overall objectives to: • Achieve 92% Bed Occupancy by 31 March 2020 • Stream 20% of all ED attendances to the Walk In Centre by December 2019 • Reduce Long Length of Stay of circa 107 Patients by 31 March 2020	

Reference	Minute	Action
	• Implement the recommendations from the ECIST review • Roll out Cerner Capacity Management by 9 March 2020 To support each of the stated objectives, the Board was apprised of the progress made to date and future plans. Having received the presentation, the Board debated a number of aspects, including how visibility of progress will be managed and how the wider Community will be engaged. In view of the current System pressures, the Board also discussed the overall ability to achieve the objectives and the pace and drive required to sustain improvements over the coming weeks and months. The board also reflected that a number of the objectives appeared quite challenging. Members of the Patient Flow Improvement Group assured the Board that evidential medical and clinical engagement, along with a number of external factors being borne, would suggest a level of confidence to achieve the required objectives. The Chair reiterated the observations made around pace, and underlined the collaboration required across the wider System to achieve the required objectives. Noting that statistically 45% of those Patients with a long length of staff are a factor of internal processes, it highlighted earlier conversions pertaining to Medical and Nursing engagement, coupled with efficient processes in undertaking/reviewing diagnostic tests/results as required. Board members were assured that the degree of collaboration with external Partners, coupled with internal triangulation of Medical Staffing/Ward Accreditation/IDT improvements evidenced sufficient pace and drive to achieve the required objectives. Thereby negating the need for a Board led 'Task and Finish' Group.	
BM 19-20/176	**Report of Trust Management Board** The Medical Director provided a report of the Trust Management Board meeting on 31st October, which covered: • Quality & Performance Dashboard • Divisional updates and Month 6 Financial Position • Chronic Pain Service Update • Medical Equipment Risk Assessment Report • 6 Facet Survey • Diversity and Inclusions Annual Report • AHP Recruitment and Retention Plan • Medical Agency and Locum Pay Rates Dr Stevenson apprised the Board that the overarching discussions had centred on the Bed Capacity Model Update, Patient Streaming and reducing Patient Long Length of Stay. A discussion ensued regarding the award of the Orthotics contract. The CCG have subsequently agreed a 'standstill', to enable ongoing negotiations pertaining to this and any future tender process. ***The Board noted the report of the Trust Management Board.***	

Reference	Minute	Action
BM 19-20/177	**Report of Charitable Funds Committee** Mrs Sue Lorimer, Non-Executive Director, apprised the Board of the key aspects from the Charitable Funds Committee, held 29th October 2019, which included: • Continued progress for WUTH Charity and for the Tiny Stars Appeal. • Receipt of the Finance Report. • Having agreed amendments, the re-approval of the Treasury Management and Reserves Policies. • Details of the Charity Events planned Q3/4, with all Board members invited to attend and support the planned fundraising activities. As alluded to earlier, Trust Board engagement had been requested to liaise with the Royal Voluntary Service [RVS] Board of Trustees, to seek assistance in securing the accumulated funds of circa £250K. On behalf of the Board, it was noted that Mr Paul Moore, Acting Chief Nurse, had agreed to write to the RVS in order to appreciate any prerequisites that the RVS required to support such a bid. ***The Board noted the report of the Charitable Funds Committee.***	

BM 19-20/178	**Report of Safety Management Assurance Committee**
	
	Mr Steve Igoe, Non-Executive Director, apprised the Board of the key aspects from the Safety Management Assurance Committee, held 8th October 2019, which included:
	
	• A report from the Chair of the Health and Safety Committee. Mr Igoe highlighted some key aspects for the Trust Board:
	  ➢ Positive engagement from the various attendees.
	  ➢ 6 RIDDOR related injuries, the majority of which related to manual handling.
	• The Committee had considered the Quarter 2 Health and Safety update and dashboards, and had particularly noted:
	  ➢ Given the position re manual handling, the Committee discussed the availability and engagement of the Trust's manual handling training.
	  ➢ There was an acceptance, if not expectation, that given the enhanced emphasis and awareness across the Trust of H&S issues, an increase in reporting of such incidents was to be expected.
	• A report on control of contractors was presented.
	• The Committee warmly welcomed the submission for RoSPA recognition in the light of the strong progress made by the Trust over recent months.
	
	The Board noted the report of the Safety Management Assurance Committee.	

BM 19-20/179	**Business Case – Acute Medicine Nursing** The Business Case had been reviewed at Trust Management Board, and as referenced within the earlier 'Patient Flow' programme presentation, the Acting Chief Nurse recommended the Business Case to the Board for approval.	

Reference	Minute	Action
	The Business Case described the nursing and admin model to be developed over the next year, seeking an additional £830K per annum. The Division was therefore seeking approval to utilise the funding, already allocated within the Medical & Acute Division's budget in 19/20 (£900K), specifically for Acute Medicine Nursing improvements to recruit to the additional posts outlined within the overall Business Case. The Board was apprised of a number of key benefits that will ultimately support the department; for example, improved Patient Triage times and increased efficiencies via timely discharges. ***The Board approved the staffing model and funding of £830K, referenced as 'option 2' within the Business Case submission.***	
BM 19-20/180	**Medical Engagement Survey Outcomes** Having completed the Medical Engagement Survey [MES] in October 2019, the Medical Director apprised the Board of the considerable improvement, compared to the comparable 2017 survey. By way of background, the 2017 MES evidenced all ten MES scales being rated within the lowest relative engagement band, when compared to the external norms. Having subsequently focused on improved Leadership Development and Culture, the Medical Director apprised the Board of a 42% MES improvement across all ten measures. Seven of the MES scales were rated in line with the medium relative engagement band. The three rated in line with the high relative engagement band, when compared to the external norms, were: • Having Purpose & Direction 48% Improvement • Participation in Decision-Making & Change 44% Improvement • Climate for positive Learning 42% Improvement An action plan is being developed, to not only support sustained improvement, but all also support those groups evidencing low levels of engagement. The Board recognised the progress made and thanked all those who have supported and embraced the changes made. The full report will be circulated to Board members, once the Medical Director has shared the results with the Consultants and SAS Doctors.	**NS**
BM 19-20/181	**CQC Action Plan progress Update** The Acting Chief Nurse/Director of Quality & Governance apprised the Board of the continued progress pertaining to the CQC Action Plan. For the 2018 Action Plan, all 219 actions have been completed with 219 fully embedded. In effect, this therefore concluded the 2018 Action Plan. A refreshed iteration will be introduced upon receipt of feedback from the recent inspections. The 2019 Urgent Care overdue action relates to the use of 'corridor care'.	

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

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

……..……
Chair

……..
Date

Board of Directors Action Log
Updated – 6th November 2019
Completed Actions moved to a Completed Action Log

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 6.11.19						
1	BM 19-20/165	Board to be provided with an update re flu vaccinations administered to staff	**HM**	Complete	December '19	See agenda item 14.
2	BM 19-20/165	Standards required to attain Ward Accreditation to be circulated	**PM**	Complete	December '19	
3	BM 19-20/168	A&E Department representatives to be invited to a future Board meeting	**AL**		January '20	To be agreed with 2020 Board Cycle
4	BM 19-20/170	National In-Patient Survey. Acting Chief Nurse to explore alternative real-time feedback mechanisms	**PM**		January '20	
5	BM 19-20/180	Medical Director to circulate full copy of Medical Engagement Survey report once outcomes shared with Consultants and SAS Doctors.	**NS**	Complete	December '19	
Date of Meeting 02.10.19						
2	BM 19-20/150	Progress report of the Influenza Plan to be provided.	**HM**	Complete	December '19	See agenda item 14.
Date of Meeting 04.09.19						
2	BM 19-20/122	Medical Examiner office – provide update following receipt of local guidance	**NS**	Complete	December '19	See agenda item 10.

Board of Directors	
Agenda Item	7
Title of Report	Chief Executive's Report
Date of Meeting	4th December 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 November 2019.

Internal

CQC Inspection

The scheduled Well-Led assessment of the Trust was undertaken by the CQC between 12th and 14th of November 2019.

In addition, the CQC undertook an unannounced inspection of a further two core serves (Outpatients and Diagnostics) at the Arrowe Park Hospital site, bringing the total of core services inspected to six.

The CQC conveyed their thanks to all Trust staff for what was described as a positive inspection. Over the period of the inspections the CQC have gathered a huge amount of information. The draft report is expected in December.

Chief Nursing Officer Visit

Ruth May, Chief Nursing Officer for England visited the Trust on Wednesday 20th November to present three members of the nursing and midwifery staff with a special recognition award which recognises major contribution to patients and the nursing and midwifery profession. The NHS England Chief Nursing Officer Award was presented to: Paula Benson & Rosalyn Clare, both Staff Nurses and Annemarie Lawrence, Women's & Children Clinical Governance Matron.

During her time at the Trust Ruth visited wards 37, 38 and Colorectal Unit, and met staff, she said: "It has been really inspiring to be here and I have met some fantastic people. I'm delighted to have had the chance to personally thank three of the team with awards, for their contribution to the professions."

Serious Incidents

The Trust declared 3 Serious Incidents since the last report. These cases related to:

- A delay initiating surgical intervention in the treatment of a patient
- 2 x patient falls.

Full investigations are underway with the outcome report and any actions reported to the Quality Committee.

RIDDOR Update

The Trust has reviewed 2 RIDDOR reportable incidents at the Serious Incident panel since the last report. The incidents relate to members of staff, one injury was a physical assault by a patient and the other was due to being struck a moving object (car). All have been investigated and reported to the Safety Management Assurance Committee.

Executive Team Recruitment

Chief Nurse
The interviews for the Chief Nurse took place on Friday 22nd November 2019. Hazel Richards who is currently Director of Nursing for Integration at Liverpool University Hospitals Foundation Trust was appointed and will join the Trust on 1st January 2020.

Regional & Local

Unplanned Care Board

The Board continued to focus on aspects of both Urgent and Unplanned care, with assurances given that all System Partners remain committed to the collaborative approach being taken to reduce long length and improve further a sustainable process of Patient triage and streaming. In recognition of the current situation, as also evidenced nationally, it was agreed that all Healthy Wirral Partners will identify additional measures required to address the current pressures. Chief Operating Officers will meet to agree and implement the actions required to support the current demands across the System.

Cheshire & Merseyside Health and Care Partnership

Newly appointed Chair, Alan Yates has joined Health and Care Partnership (HCP) this month.

He has announced that the governance arrangements for the Partnership are being reviewed, partners will have the opportunity to discuss and approve the proposals at a meeting in January 2020.

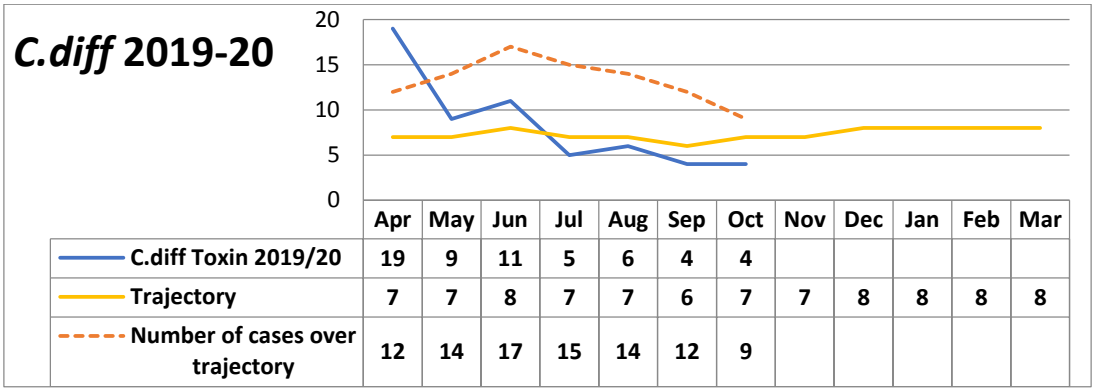
Following the resignation of Mel Pickup, Executive HCP lead, he is working with partners to recruit to the next Executive HCP lead. Whilst this process is underway, Sam Proffitt is to remain the interim HCP lead.

Janelle Holmes
Chief Executive
December 2019

Board of Directors	
Agenda Item	9
Title of Report	IPC – *Clostridium difficile,* Norovirus and E-coli bacteraemia Update
Date of Meeting	4th December 2019
Author	Jay Turner-Gardner, Associate Director of Nursing for Infection Prevention and Control/ Deputy Director of Infection Prevention & Control
Accountable Executive	Paul Moore, Director of Quality & Governance and Acting Chief Nurse
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR 4 Patient Safety and Quality
Level of Assurance • **Positive** • **Gap(s)**	Bronze
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To update and provide assurance to the Board The Board is asked to note this report
Data Quality Rating	To be confirmed
FOI status	Unrestricted
Equality Analysis completed Yes/No **If yes, please attach completed form.**	No adverse equality impact identified

Clostridium difficile

The Trust started this financial year being over its CDI trajectory each month which resulted in being over the quarterly trajectory in Q1. Since July 2019 the impact of the Trust's actions have brought down the number of cases for the last four consecutive months. The situation is stable. The Trust is now below its quarterly trajectory for Q2 but remains above trajectory for the year to date.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C.diff Toxin 2019/20	19	9	11	5	6	4	4					
Trajectory	7	7	8	7	7	6	7	7	8	8	8	8
Number of cases over trajectory	12	14	17	15	14	12	9					

	Clostridium difficile toxin	*Clostridium difficile* trajectory
Quarter 1	39	22
Quarter 2	15	20
Quarter 3		22
Quarter 4		24

Escherichia coli (E. coli)

Escherichia coli (E. coli), *Pseudomonas aeruginosa (P. aeruginosa)* and *Klebsiella* species (*Klebsiella* spp.) are Gram-negative bacteria - the leading causes of healthcare associated bloodstream infections.

There is a national focus on reducing healthcare associated ***E. coli* bloodstream** infections (BSI) by 10% in 2017/18 because they represented 55% of all Gram-negative BSIs. This national ambition has been developed further with a view to delivering at least a 25% reduction of all three healthcare associated Gram-negative blood stream infections by 2021/22, and at least 50% reduction by 2023/24.

The Trust is engaging with stakeholders in preparing for this challenge including a review of the Trust's arrangements for data collection and submission in respect of infection requirements.

Norovirus

Norovirus also known as winter vomiting disease causes gastroenteritis and is highly infectious. The virus is easily transmitted through contact with infected individuals from one person to another. In the last 10 days the Trust has experienced outbreaks of confirmed Norovirus across 6 wards.

At the time of writing the report in excess of 79 patients have reported Nausea and/or vomiting and diarrhoea. There have been 19 cases confirmed by PCR and over 87 lost bed days in total. The causative factor of at least two of the Outbreaks has been from visitors coming into the trust with known symptoms. There have been 5 Nursing Homes closed with Norovirus and we have been in close contact with our community colleagues, including NWAS and our joint Media messages have been encouraging members of the public not to visit the trust if they are symptomatic and ensuring they refrain from visiting for at least 48 hrs until free of symptoms. Posters are on the entrances to wards, in A&E and out-pts we are asking patients to inform a member of staff if they have symptoms.

The Board is asked to

- Note the actions taken to control Clostridium difficile infections have been impactful and demonstrates continued improvement;
- Note the challenges faced preventing and managing Norovirus and we anticipate these challenges will continue over the winter months; and
- Advise on any further actions required by the Board to enhance infection prevention and control.

Board of Directors	
Agenda Item	10
Title of Report	Introducing the Medical Examiner Role
Date of Meeting	4 December 2019
Author	Mr. Michael Ellard, Deputy Medical Director (interim)
Accountable Executive	Dr Nicola Stevenson, Executive Medical Director
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR 4 Catastrophic failure in standards of safety and care
Level of Assurance • **Positive** • **Gap(s)**	
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 Analysis completed Yes/No **If yes, please attach completed form.**	Yes

1. Executive Summary

NHS improvement has introduced the system of medical examiners to provide scrutiny on all non-coronial deaths and improve the quality of death certification. This paper describes the purpose of the medical examiner role, current systems in place at WUTH and a proposal for a timetable to introduce this system to WUTH in the pilot year of 2020/21.

2. Background

In April 2019 NHS Improvement announced the roll out of a national medical examiner system for England. Following recruitment to the national and regional lead roles, NHSi provided an update to CEOs and DoFs in September 2019.

The purpose of the medical examiner system is to:

- provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths
- ensure the appropriate direction of deaths to the coroner
- provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- improve the quality of death certification
- improve the quality of mortality data.

The medical examiner is employed by their acute organisation but have statutory independence to escalate concerns of care to their regional lead if necessary. In their September 2019 update NHSI announced proposed that this system would be in a pilot phase in 2020/21 but that all acute trusts will be required to have introduced the system by 2021/22. Eventually the medical examiner role will be extended beyond the acute trust area to support primary care and where necessary neighboring organisations.

NHS Improvement has indicated that the Trust will receive £750 for each person recruited to the medical examiner role prior to March 2020.

In the pilot year it is anticipated that 1WTE medical examiner is required per 3,000 deaths.

3. Medical Examiner Training

On line e-learning modules are available via e-learning from healthcare (https://www.e-lfh.org.uk/programmes/medical-examiner). A total of 26 core modules should be completed and each module should take 20-30 minutes prior

to starting in this role. There is an additional 61 modules that should be completed within 12 months of appointment.

In addition each person undertaking this role is required to attend a 1 day face to face course in London. The cost of the course is £100 plus travel.

Dates for this course so far are:

11th and 19th Feb
17th March
2nd April
6th and 23rd May

4. Current State

In 2018/19 there were a total of 2010 deaths (Bereavement office statistic). Of these, 1440 had cremation forms. Each part 2 receives an income of £82 to the medical practitioner. The payment is made by the funeral director prior to release of the deceased's body. The current income from part 2 forms is £118K.

There is a cohort of 13 permanent medical staff currently signing part 2 of these forms.

The current mortality review process is achieving over 70% PMR for inpatients with 16% being referred for a SJR. Changes since June 2019 have now introduced in house review of Learning Difficulties Death review and concerns from bereaved families now have a SJR performed by an independent clinician. There is, however, no defined timeline for completion of SJRs. This inhibits timely shared learning.

5. Proposal

The proposal to meet the new regulatory requirements is that each consultant currently signing part 2 of the cremation forms is to be offered to become a medical examiner. Several individual examiners will be required to ensure 52 weeks of cover. NHSI have indicated that this will be cost neutral and will be funded through the cessation of payment for part 2 signatures. This income is also to fund any additional medical examiner assistant time that is required. Based on NHSI calculations WUTH should have a minimum of 0.7WTE medical examiner time.

Advantages that this role offers are:

1. All deaths receive a primary mortality review
2. Improved quality in PMR through reduction in variation
3. Timely referral to structured judgemental review via the trust mortality review lead (deputy MD).

6. Timeline

November 2019	TMB Approval
December 2019	Presentation to Board of Directors. Letter to all current staff signing part 2 forms. Presentation to Medical Board. Internal advert.
Jan – Mar 2020	Recruitment and e-training of medical examiners. Mortality review process and policy updated to include the medical examiner role.
April 2020	Medical examiner role commences.
Oct 2020	Face to face training of medical examiners complete.
Mar 2021	All 87 e-modules complete.

7. Recommendation

Board of Directors is requested to note the introduction of the Medical Examiner Role, having been approved by the Trust Management Board.

Board of Directors	
Agenda Item	11
Title of Report	Quality Performance Dashboard Report
Date of Meeting	4th December 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**	Provided for assurance to the Board
Data Quality Rating	Bronze – qualitative data
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 October 2019.

2. Background

The Quality Performance Dashboard is designed to provide an accessible oversight of the Trust's performance against key indicators. The dashboard will evolve and develop further iterations over time. This will include development of targets and thresholds where these are not currently established and the sourcing of data where new indicators are under development.

3. Key Issues

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

- 25 are currently off-target or failing to meet performance thresholds
- 24 of the indicators are on-target
- 8 do not yet have an identified threshold and therefore not rated

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

Appendix 2 details the indicators that are not meeting the required standards within month in an exception report, excluding finance indicators which are covered in the separate finance report. The report includes a brief description of the **I**ssue, the remedial **A**ction and expected **I**mpact.

Appendix 3 provides the current position on long term sickness absence (absences over 4 weeks) as end of November 2019. This provides a very clear picture on the issues that need addressing.

4. Next Steps

WUTH remains committed to attaining standards through 2019-20.

5. Conclusion

Actions to improve will be noted in the exception reports on the qualifying metrics to the Board of Directors to provide monitoring and assurance on progress.

6. Recommendation

The Board of Directors is asked to note the Trust's performance against the indicators to the end of October 2019.

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

November 2019
updated 20-11-19

	Indicator	Objective	Director	Threshold	Set by	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	2019/20	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	0.13	0.04	0.13	0.17	0.14	0.13	0.18	0.22	0.09	0.09	0.09	0.18	0.04	0.13	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit (audit sample size 150)	Safe, high quality care	MD	≥95%	WUTH	81.6%	78.4%	80.6%	89.9%	95.0%	98.7%	96.2%	86.0%	91.9%	94.6%	94.6%	96.1%	94.9%	93.5%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	Safe, high quality care	MD	≥95%	SOF	95.2%	95.6%	95.3%	96.6%	96.8%	96.9%	96.4%	96.3%	96.8%	97.7%	97.6%	97.6%	97.1%	97.1%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	DoN	≥95%	National	97.0%	95.9%	95.3%	95.5%	97.1%	96.4%	96.5%	95.7%	95.5%	97.2%	95.0%	97.0%	96.5%	96.2%	
	Serious Incidents declared	Safe, high quality care	DQ&G	≤4 per month	WUTH	3	2	4	2	4	2	1	1	4	3	1	0	5	2	
	Never Events	Safe, high quality care	DQ&G	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	CAS Alerts not completed by deadline	Safe, high quality care	DQ&G	0	SOF	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
	Clostridium Difficile (healthcare associated)	Safe, high quality care	DoN	≤88 for WUTH financial year 2019-20, as per mthly maximum threshold	SOF	3	4	2	7	10	5	19	9	11	5	6	4	4	58	
	E.Coli infections	Safe, high quality care	DoN	≤42 pa (Max 3 per mth)	WUTH	5	4	2	3	4	2	5	2	0	2	5	1	5	20	
	CPE Colonisations/Infections	Safe, high quality care	DoN	To be split	WUTH	13	23	9	10	6	5	12	9	8	5	9	7	13	9	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	DoN	0	National	0	1	0	0	0	2	0	0	0	0	0	0	0	0	
	Hand Hygiene Compliance	Safe, high quality care	DoN	≥95%	WUTH	87.0%	85%	76%	83%	99%	99%	98%	91%	98%	99%	100%	99%	100%	100%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	DoN	0	WUTH	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	DoN	≥90%	WUTH					98%	99%	99%	99%	98%	98%	96%	98%	99%	98%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	DoN	≥90%	WUTH	90.4%	91.5%	91.4%	91.6%	92.8%	93.9%	93.6%	93.9%	93.7%	93.6%	92.9%	93.6%	92.4%	92.4%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	DoN	≥90%	WUTH	86.0%	87.2%	87.1%	87.6%	88.7%	90.7%	90.9%	91.0%	90.7%	90.4%	90.3%	91.2%	88.3%	88.3%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	DoN	≥90%	WUTH	87.2%	91.7%	91.4%	93.6%	92.6%	93.5%	91.4%	92.8%	91.5%	92.3%	90.3%	89.98%	87.46%	87.46%	
	Attendance % (12-month rolling average) (*)	Safe, high quality care	DHR	≥95%	SOF	95.06%	95.07%	95.06%	95.05%	94.98%	94.90%	94.81%	94.74%	94.63%	94.51%	94.40%	94.38%	94.33%	94.33%	
	Staff turnover	Safe, high quality care	DHR	≤10%	WUTH	10.0%	9.7%	9.6%	9.7%	9.7%	9.8%	10.0%	10.2%	10.5%	9.5%	10.6%	10.9%	11.0%	11.0%	
	Care hours per patient day (CHPPD)	Safe, high quality care	DoN	Between 6 and 10	WUTH	6.9	7.1	7.0	7.3	7.2	7.2	7.2	7.2	7.4	7.3	7.7	7.5	7.7	7.43	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

November 2019
updated 20-11-19

	Indicator	Objective	Director	Threshold	Set by	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	2019/20	Trend
Effective	SHMI	Safe, high quality care	MD	Band to be 'as expected' or 'lower than expected'	SOF	–	–	103.12	104.92	106.06	107.49	107.88	107.35	108.45	–	–	–	–	108.45	
	HSMR	Safe, high quality care	MD	≤100	SOF	92	97	97	98	99	99	100.1	99.4	100.2	100.9	–	–	–	100.9	
	Mortality Reviews Completed. Monthly reporting finalised 3 months later	Safe, high quality care	MD	≥75%	WUTH	–	–	–	86%	71%	56%	76%	78%	68%	75%	63%	43%	37%	74%	
	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	DoN	≥95%	WUTH	74%	84%	87%	83%	81%	94%	92.0%	95.0%	90.0%	93.0%	92.0%	96.0%	97.8%	93.7%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	15.4%	16.4%	14.6%	14.2%	15.3%	14.9%	16.4%	12.8%	15.7%	18.8%	16.1%	16.9%	16.4%	16.2%	
	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	409	408	397	437	457	438	421	415	403	383	410	431	443	415	
	Long length of stay - number of patients in hospital for 21 or more days (*)	Safe, high quality care	MD / COO	Reduce to 107 by March 2020	WUTH	-	-	-	-	-	-	206	190	171	171	203	193	194	194	
	Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.3	3.8	4.8	3.0	4.4	4.4	4.8	3.9	4.8	4.1	4.2	4.9	4.4	4.4	
	Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	5.3	5.1	5.0	5.2	5.6	5.2	5.8	5.5	5.1	5.2	5.5	6.0	5.5	5.5	
	Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	936	925	917	903	788	914	871	970	884	887	872	813	860	880	
	Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	12	17	14	10	16	14	11	14	10	11	9	15	10	11	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	88.9%	87.1%	86.0%	81.7%	83.6%	85.7%	89.5%	86.3%	85.5%	88.5%	85.3%	81.0%	82.9%	85.6%	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

November 2019
updated 20-11-19

	Indicator	Objective	Director	Threshold	Set by	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	2019/20	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	DoN	0	SOF	19	18	15	20	14	13	13	13	17	16	24	23	17	123	
	FFT Recommend Rate: ED	Outstanding Patient Experience	DoN	≥95%	SOF	87%	84%	92%	85%	87%	87%	87%	89%	91%	91%	92%	88%	87%	89%	
	FFT Overall Response Rate: ED	Outstanding Patient Experience	DoN	≥12%	WUTH	10%	11%	10%	11%	11%	13%	9%	11%	10%	12%	12%	11%	11%	11%	
	FFT Recommend Rate: Inpatients	Outstanding Patient Experience	DoN	≥95%	SOF	98%	98%	98%	98%	97%	97%	98%	97%	96%	98%	97%	96%	97%	97%	
	FFT Overall response rate: Inpatients	Outstanding Patient Experience	DoN	≥25%	WUTH	24%	18%	18%	19%	15%	13%	19%	22%	31%	38%	34%	30%	33%	30%	
	FFT Recommend Rate: Outpatients	Outstanding Patient Experience	DoN	≥95%	SOF	94%	95%	94%	95%	94%	95%	94%	94%	95%	95%	94%	94%	94%	94%	
	FFT Recommend Rate: Maternity	Outstanding Patient Experience	DoN	≥95%	SOF	96%	100%	100%	99%	98%	96%	94%	97%	99%	93%	92%	92%	91%	94%	
	FFT Overall response rate: Maternity (point 2)	Outstanding Patient Experience	DoN	≥25%	WUTH	11%	19%	37%	27%	36%	44%	25%	29%	44%	29%	24%	23%	22%	28%	

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November 2019
updated 20-11-19

	Indicator	Objective	Director	Threshold	Set by	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	2019/20	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2019-20	SOF	77.8%	75.2%	75.0%	74.0%	74.0%	76.7%	73.6%	81.1%	83.5%	81.9%	79.9%	75.6%	72.7%	72.7%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	2	0	0	0	0	0	0	1	0	1	2	
	Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	371	440	393	379	323	273	437	118	54	76	108	210	170	168	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2019-20	SOF	78.98%	79.34%	80.08%	78.32%	79.12%	80.00%	79.04%	80.72%	80.12%	80.06%	79.89%	79.59%	79.03%	79.03%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 24,735 by March 2020	National	26,862	27,367	26,157	27,506	28,367	27,309	26,223	27,317	25,733	24,733	24,846	24,721	24,368	24,368	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2019-20	National	43	30	28	28	19	0	0	0	0	0	0	0	0	0	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	99.4%	98.9%	98.6%	99.1%	99.7%	99.9%	99.5%	99.3%	99.5%	99.2%	98.3%	99.1%	99.5%	99.2%	
	Cancer Waiting Times - 2 week referrals (latest month provisional)	Safe, high quality care	COO	≥93%	National	95.2%	93.9%	93.1%	87.8%	93.1%	98.1%	91.9%	94.0%	94.0%	94.0%	93.3%	94.3%	94.7%	93.7%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (latest month provisional)	Safe, high quality care	COO	≥96%	National	96.8%	96.7%	96.9%	97.1%	96.7%	96.8%	96.5%	96.7%	97.1%	96.7%	97.3%	96.5%	94.3%	96.4%	
	Cancer Waiting Times - 62 days to treatment (latest month provisional)	Safe, high quality care	COO	≥85%	SOF	85.1%	85.3%	86.2%	85.4%	86.5%	85.8%	85.3%	87.9%	86.3%	85.7%	89.9%	87.8%	80.2%	86.2%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	DoN	TBC	WUTH	119	165	118	178	153	157	162	195	180	178	184	166	193	180	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Outstanding Patient Experience	DoN	TBC	WUTH	19	13	13	27	28	17	17	12	15	17	22	15	31	18	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	DoN	≥90%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of re-opened complaints	Outstanding Patient Experience	DoN	≤5 pcm	WUTH	2	3	2	2	1	3	4	4	4	1	2	2	4	3	

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Quality Performance Dashboard

November 2019
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	Indicator	Objective	Director	Threshold	Set by	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	2019/20	Trend
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	DQ&G	100%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY19/20 (ave min 59 per month until year total achieved)	National	38	57	38	43	41	59	32	31	48	50	37	51	51	300	
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	78.4%	83.8%	84.5%	84.6%	85.7%	88.2%	77.6%	81.1%	82.1%	83.6%	83.4%	82.7%	83.8%	83.8%	

	Indicator	Objective	Director	Threshold	Set by	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	2019/20	Trend
Use of Resources	I&E Performance		DoF	On Plan	WUTH	-1.246	-1.445	-4.038	-1.755	-4.037	-5.402	-3.340	-1.458	-0.098	-0.825	-1.498	1.468	0.088	-5.663	
	I&E Performance (Variance to Plan)		DoF	On Plan	WUTH	-0.121	-0.761	-1.127	-1.002	-1.338	-4.690	-0.237	-0.630	0.914	-0.828	-1.106	1.972	-1.507	-1.422	
	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	-10.6%	-5.4%	-6.1%	-13.9%	-13.5%	-13.0%	-6.0%	-6.8%	-5.2%	-4.1%	-7.2%	-5.0%	-10.6%	-10.6%	
	NHSI Agency Ceiling Performance		DoF	NHSI cap	NHSI	-11.1%	-7.4%	-0.5%	11.9%	-22.1%	-44.0%	-19.5%	-26.8%	-15.6%	-46.4%	-8.2%	-24.3%	-24.7%	-24.7%	
	Cash - liquidity days		DoF	NHSI metric	WUTH	-12.0	-13.0	-12.5	-12.9	-12.8	-20.9	-14.0	-21.3	-15.9	-16.5	-17.4	-15.0	-14.6	-14.6	
	Capital Programme		DoF	On Plan	WUTH	35.8%	41.4%	50.3%	62.3%	56.6%	12.2%	52.1%	31.0%	28.0%	14.7%	19.8%	64.2%	61.7%	61.7%	

(*) Updated Metrics — **Metric Change**

(**) Updated Thresholds — **Threshold Change**

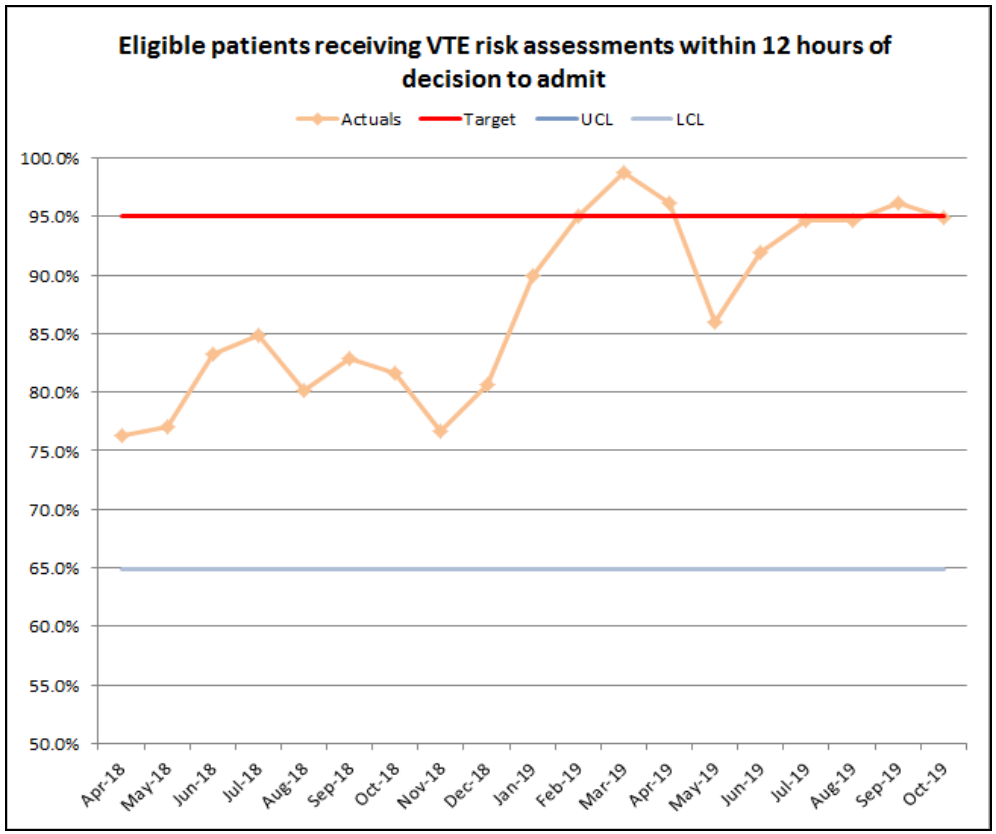
Appendix 2

WUTH Quality Dashboard Exception Report Template as at November 2019

Safe Domain

Eligible patients having VTE risk assessment within 12 hours of decision to admit

Executive Lead: Medical Director
Performance Issue: A WUTH target has been set that at a minimum 95% of eligible patients will have a VTE risk assessment performed within 12 hours of the decision to admit. Although performance improved in September to above the threshold, October's performance was just below at 94.9%.
Action: 'Live' BI portal to show specialties' or clinicians' assessment completion % allows targeted intervention to improve compliance
Expected Impact: Achieve compliance by November 2019, and maintain this.



E.Coli infections

Executive Lead:
Acting Chief Nurse

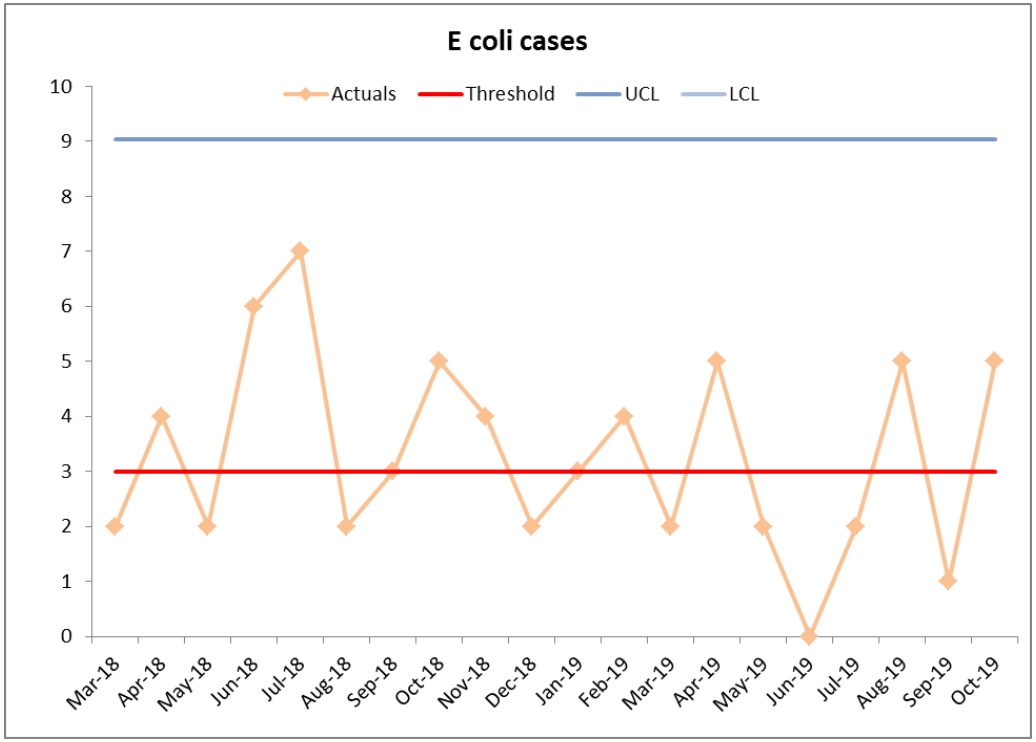
Performance Issue:
The Trust has reported 5 cases of *E-coli* bacterarmia in October 2019. *E-coli* is a bacteria found in the gut which can migrate from the gut causing a local infection, and if enters the blood stream causes a blood stream infection (bacteraemia).

We prevent *E-coli* blood stream infection using a range of interventions including aseptic non-touch techniques, good hand hygiene practices, effective antimicrobial stewardship, and adequate nutrition and hydrations amongst others.

The Trust is currently investigating the cases to identify the underlying cause(s) and avoidability factors.

Action:
All cases currently under investigation. The outcome will be reported to and reviewed by the Infection Prevention & Control Group. The Trust is also developing its plan to achieve a 25% reduction in gram-negative bactermaeia for 2021/22 which will be considered in due course by the IPCG and PSQB.

Expected Impact:
We are anticipating a reduction of gram-negative bactermia through a concerted effort to deliver the plan as outlined above.



Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead:

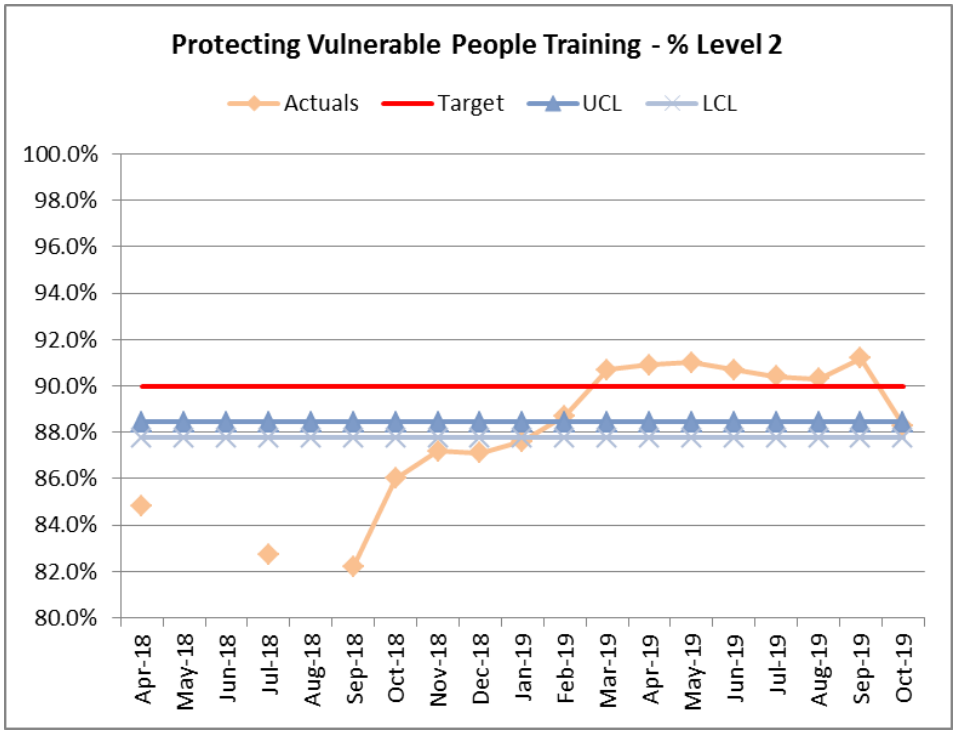
Acting Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard has been regularly achieved this year, however October has reduced to 88.3%, as operational pressures take precedence and the module was taken down temporarily for maintenance.

Action:
Maintenance concluded and module up and running. We are pushing completion to recover position.

Expected Impact:
Now that the package is accessible again the expected outcome should be that the compliance figures begin to rise.



Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead:

Acting Chief Nurse

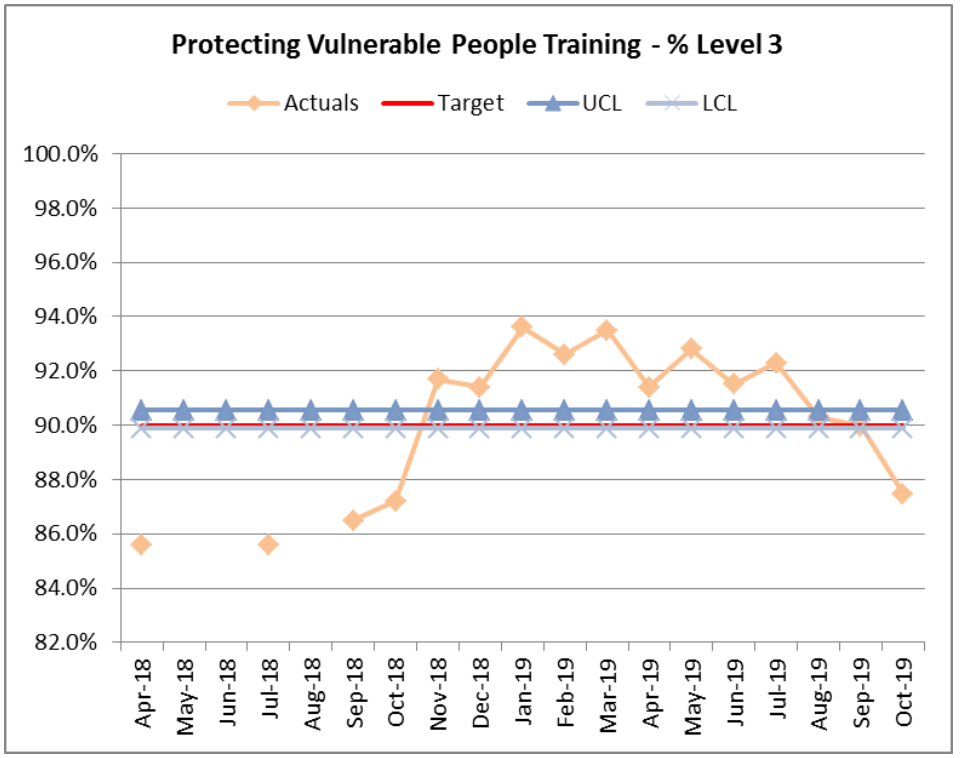
Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard was regularly achieved earlier this year, however September was just below the standard and October has deteriorated further to 87.46% as operational pressures take precedence.

Action:
Currently the PVP 2 face to face and PVP 3 training run alternate months. 2 Additional training sessions for PVP 3 have been created in December. The PVP 3 training has also been changed back to the lecture theatre to accommodate more people on the training sessions as previously training has been held in room 6a/b which only accommodates up to 40 people.

The decline in compliance has also been raised to the divisions, with an expectation that staff are booked onto the additional sessions.

Expected Impact:
Accommodating more participants during sessions should help recover the position, however this is uncertain as subject to staffing constraints and operational pressures taking priority.



Staff attendance % (12 month rolling average)

Executive Lead: Director of HR / OD

Performance Issue:

WUTH has a target set at a minimum 95% attendance of staff, calculated as a 12-month rolling average. This standard is scrutinised by NHSE&I under the Single Oversight Framework. The 95% standard has not been achieved since January 2019.

November has seen a slight decrease in sickness absence. The corporate areas and Clinical and Diagnostic have achieved the Trust target. There has also been a reduction in sickness absence within some areas of Estate and Facilities seeing a reduction to 3%. For some of our wards or departments the sickness rate is well below the target. For example ward 38 has a 1% sickness rate.

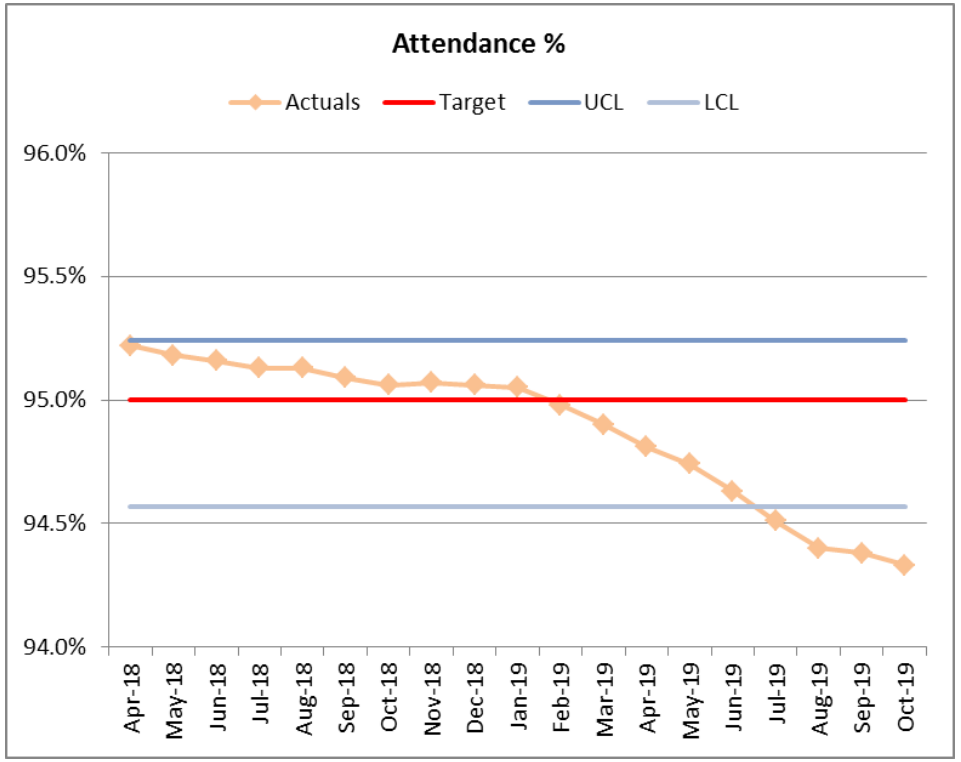
There has also been a 4% improvement in return to work interviews.

Action:

- Development of a short term sickness dashboard based on the Bradford factor scores to be shared at Trust Board.
- Established an attendance team to support managers in return to work interviews, arranging review meetings keeping ESR update etc.
- Reviewing the attendance policy to identify any issues or areas that need strengthening or including.
- Executive Director of Workforce continues to meet monthly with the HR. Business Partners to review every long term sickness case as well as those members of staff with a high Bradford score.
- Audits are taking place to ensure that the policy is being adhered to across the divisions and departments.
- The document at **Appendix 3** provides the current position on long term sickness absence (absences over 4 weeks) as at end November 2019. This provides a very clear picture on the issues that need addressing.

Expected Impact:

- To achieve the required target across all divisions and areas.



Staff turnover % (12 month rolling average)

Executive Lead: Director of HR / OD

Performance Issue:

WUTH has an internal target set at a maximum 10% turnover of staff, calculated as a 12-month rolling average.

There were a total of 57 leavers in October of which 12 were registered nurses, 5 allied health professionals and 1 consultant (due to retirement).

The reasons for the nurses leaving the Trust are as follows:

- Dismissal
- Retirement due to ill-health
- Retirement
- Lack of opportunities
- Relocation
- Work life balance

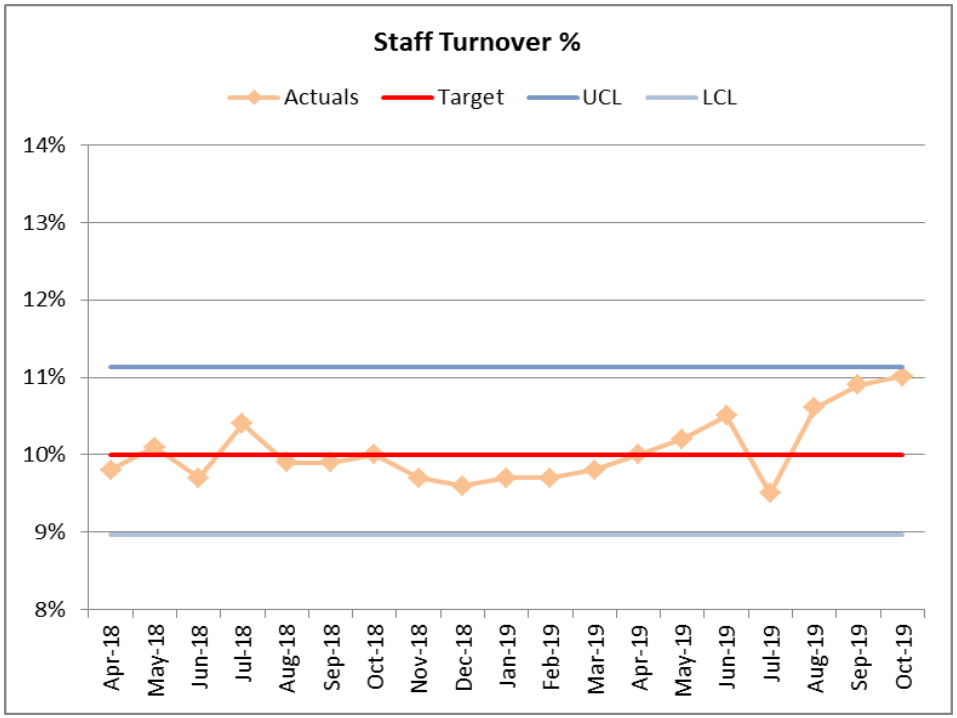
This is similar with our allied health professionals retirement and promotion.

Action:

- Medicine and Acute division ran a very successful recruitment day and appointed 29 nurses who will commence between March and September 2020.
- A new Allied Health Professional recruitment and retention strategy has been developed
- To utilise the new funding of £1,000 over the next three years for each NHS nurse, midwife and AHP to support education and development

Expected Impact:

To be achieve the Trust target over the next quarter



Effective Domain

SAFER bundle: % of discharges taking place before noon

Executive Lead:

Medical Director / Chief Operating Officer

Performance Issue:

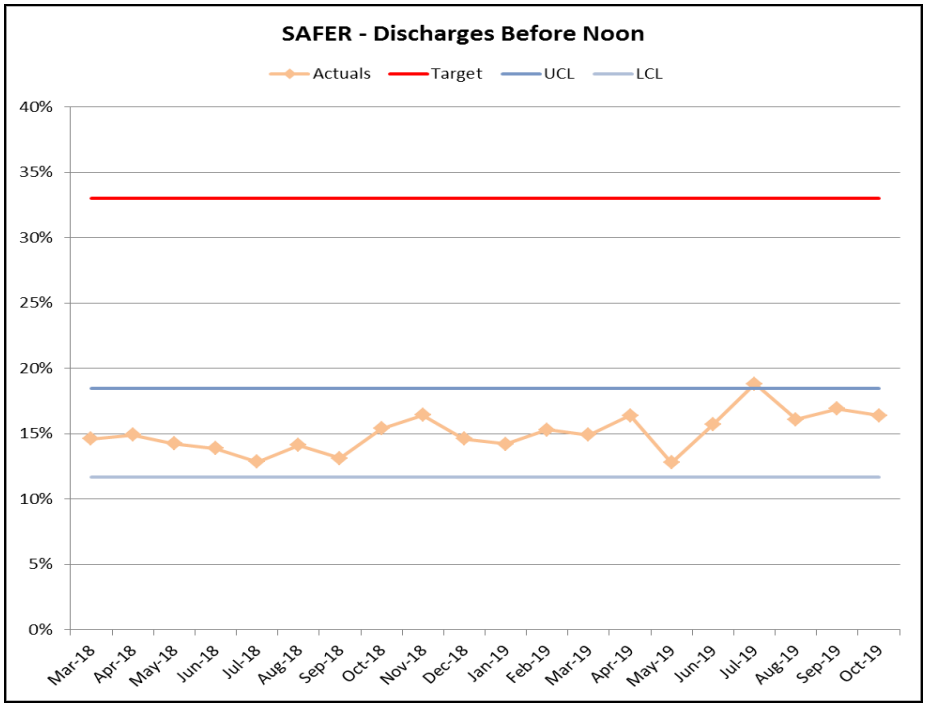
A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. This standard is consistently not achieved, with the average for 2019-20 at 16%.

Action:

The form and function of IDT has been improved and visibility and escalation enhanced. The focus of ward/board rounds is expected to improve the volume of discharges before noon.

Expected Impact:

Although it is not expected that the 33% target will be attained in the current financial year a staged increase is expected. It should be noted that performance for WUTH is in the top quartile nationally.



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

Executive Lead:

Medical Director / Chief Operating Officer

Performance Issue:

A WUTH target has been set to reduce the number of patients in hospital for seven days or more to a maximum 156, and for 21 days or more to a maximum 107. The numbers remain considerably above this target, with an average of 7 days or more at 443, and the number at 21+ days at 194.

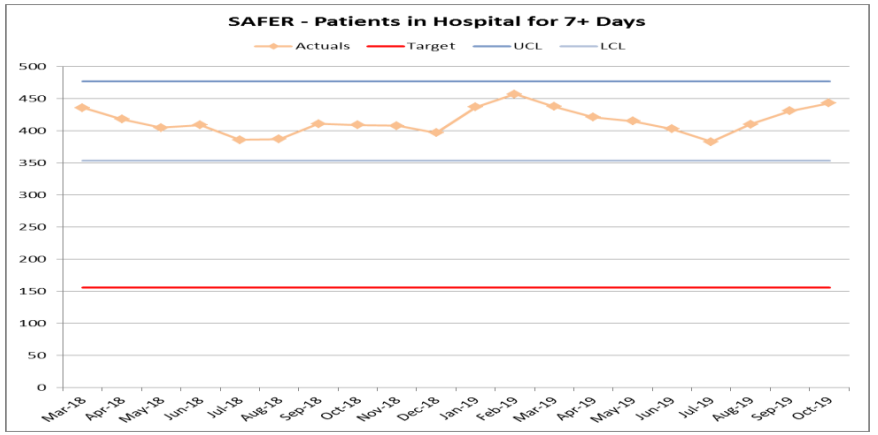
Action:

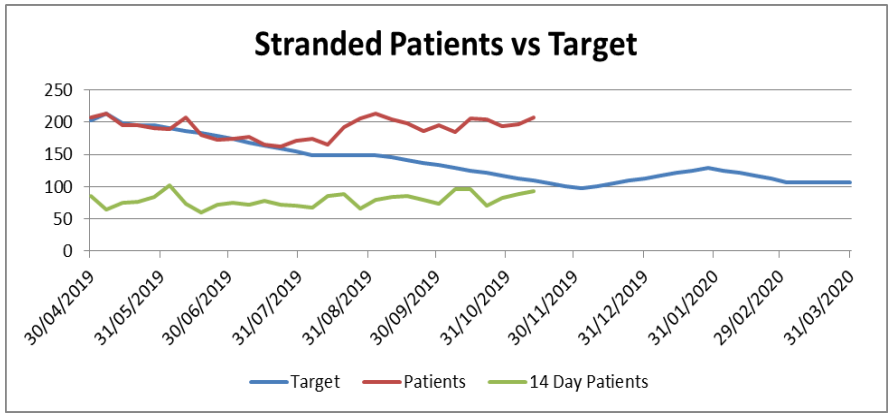
A single version of the truth is now available on a daily basis for system wide reporting, which is aiding accountability.

The Trust's focus is via the PFIG improvement programme and focus on Ward rounds, with economy partners efforts focused on lengths of stay through the step down community beds and the provision of domiciliary care packages.

Expected Impact:

The system expects that 150 will be the figure by March 2020 but is implementing remedial steps to move below this forecast.





Theatre in session utilisation %

Executive Lead:

Chief Operating Officer

Performance Issue:

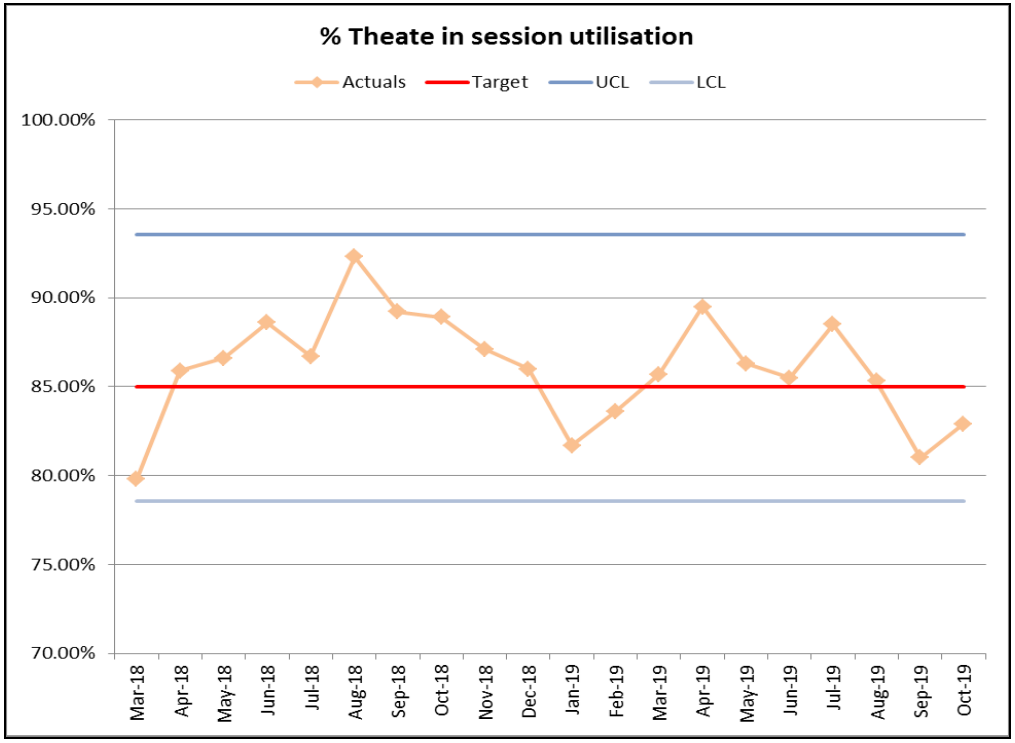
The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised. With the support of the theatre transformation programme this has been regularly achieved since March 2019. However September deteriorated to 80.9%, and October was only slightly improved to 82.9% largely due to the cancellation of elective activity resulting from pressures with non-elective patient flow.

Action:

Activity transfers to Clatterbridge to mitigate against cancellation of surgery due to bed pressures are expected to increase in sessions utilisation.

Expected Impact:

Whilst in session utilisation has fallen, absolute session utilisation has been maintained as cancellations are managed according to clinical risk of both elective and non elective demand.



Caring Domain

Same sex accommodation breaches

Executive Lead: Acting Chief Nurse

Performance Issue:

A national standard is set that providers should not have mixed-sex accommodation, except where it is the overall best interests of the patient or reflects personal choice. Patients in critical care areas do not count as a breach of these guidelines on clinical grounds, until 24 hours after they are well enough to be transferred. WUTH breaches are consistently in relation to patients waiting more than 24 hours for transfer from critical care areas to general wards.
There are no adverse safety implications identified as a consequence of these breaches in Intensive Care Unit (ICU). No harms identified.

Action:
For delayed discharges – the Critical care teams ensure that specialist input continues on the unit. The patient will have daily ward round from their admitting consultant to compliment the critical care reviews. Physiotherapy and support service input will continue. Treatment plans will be adhered to. All delayed discharged patients have a privacy and dignity form completed daily on Wirral Millennium to make sure all their needs are being. This includes being placed into a side room, ensuring the patients are kept up to date and the reason for the delay is explained to them.

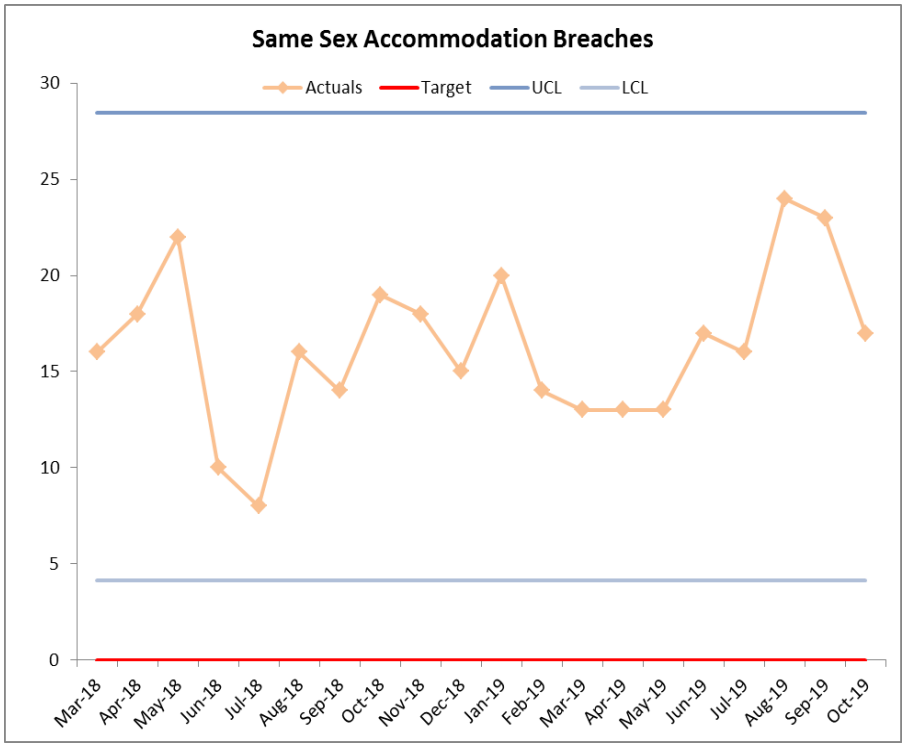
The patients' feedback is collected and patients do not feel their care is compromised for staying longer in the unit.

Critical care had received no complaints in the last 12 months from patients whose stay has been extended in Critical Care due a delayed discharge .Friends and family test results show 100% recommend rate and a 0% not recommend rate.

All critical care moves are discussed at every bed meeting and moves prioritised as needed.

Expected Impact:

No patient that needs a level 3 critical care bed is ever refused a bed due to the unit having delayed discharges.



FFT recommend rate: ED

Executive Lead: Acting Chief Nurse

Performance Issue:

A WUTH target is set at a minimum 95% recommend rate. The previous improvement in 2019-20 has reversed with October down to 87.4%.

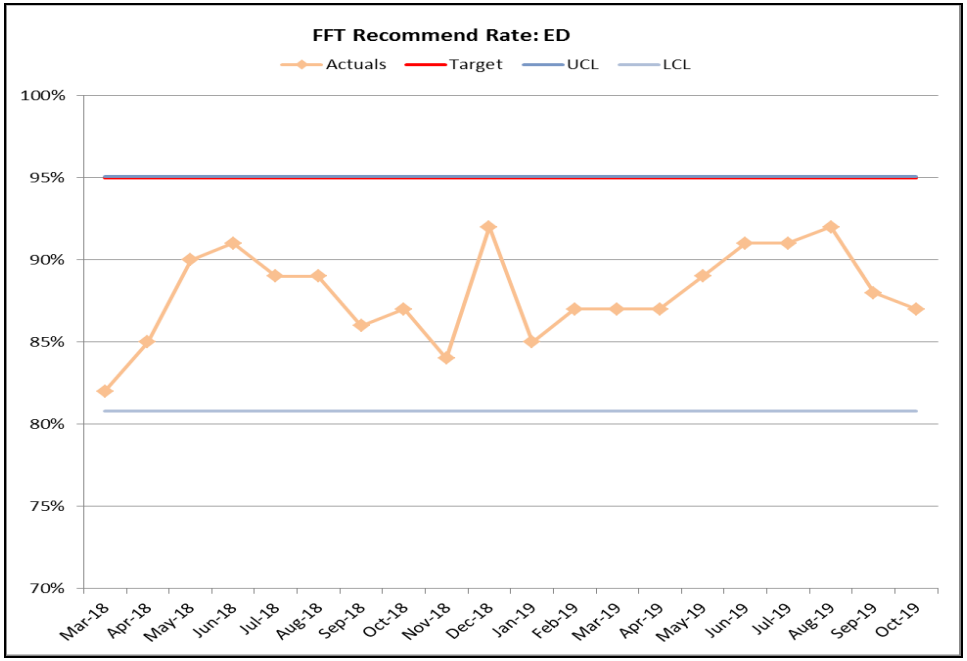
Action:

The latest available data in the NHS England portal September indicates the average National and regional recommend rate to be 84% compared with WUTH sept 88% and current October score 87%.

There are no new themes coming through from the feedback from patient comments other than waits and being kept informed of delays (some staff attitude). Waiting times and expectations is something that is captured as actions within the CQC National Urgent and Emergency Care survey action plan. Urgent actions taken to support overall improvements include regular use of the tannoy system to inform patients of new pressures and waiting times. Improved triage systems. Reimplementation of screens notifying patients of waiting times. Use of the reverse cohort area to reduce corridor care. Hot meals are being arranged for patients having care in this area. Chairs and bedside tables have been located in trolley area. Safety checklist is in place and being monitored to ensure adequate risks assessments are being completed on all patients. Patient experience team visible in times of pressure apologizing / offering tea and toast. Strategic plans ongoing to expedite Urgent Care Treatment Centre and streamline access at front / back door. It is recognised staff working in this area are under immense pressure which may impact on their ability to present and deliver care in a calm manner. Additional Swartz rounds are being put in place and use of the employee assistance programme is being offered to reduce personal stress felt by staff in the area.

Expected Impact:

It is envisaged as the strategic actions are implemented pressure will be relieved in the area increasing the ability to offer optimum first class care for all patients. However as recognised nationally despite all actions in is inevitable not all patients will receive optimum experience in the current climate. Actions are intended to ensure patients are communicated with, kept as comfortable as possible and receive safe care however this may not fully be reflected in FFT feedback for some time due to current demands on the department and the invalidity of free beds for admissions.



FFT response rate: ED

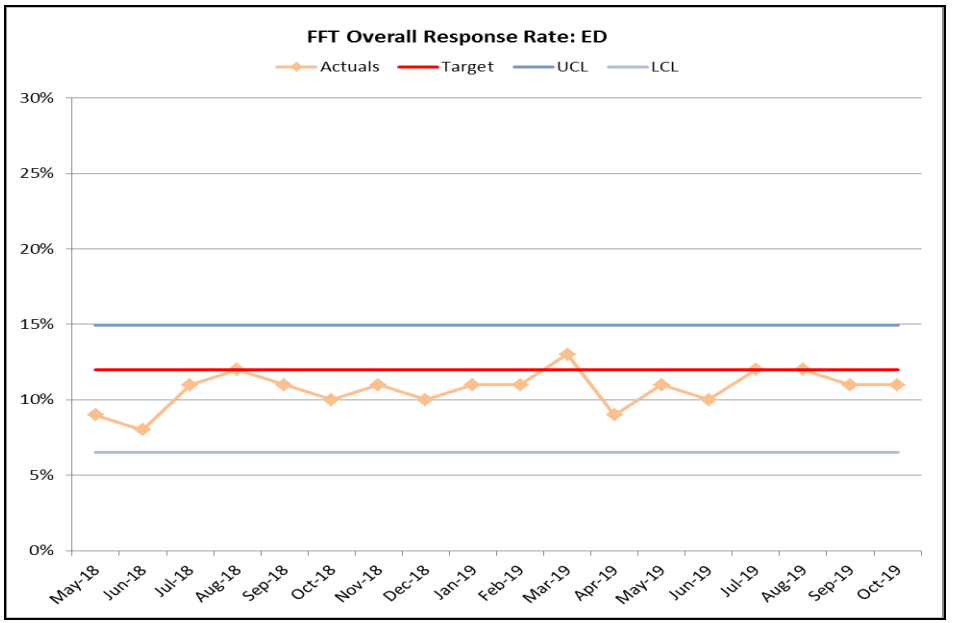
Executive Lead: Acting Chief Nurse

Performance Issue:

A WUTH target is set at a minimum 12% response rate for ED. Although achieved for July and August, the rate has since reduced to 11%.

Action: New communications planned for quarter 4 to promote FFT in ED to ensure patients are aware of our text messaging service via the use of boards in the department. FFT discussed at shift huddles and staff asked to ensure they discuss with the teams. Patient experience volunteers are encouraging patients to respond to text messaging service. Children's ED have initiated drawing responses to enable children also to provide feedback. The changes in the new FFT national standard change will assist ED with the collection of FFT will support improvement in response rates.

Expected Impact:
Increased response rates for FFT allowing learning to be captured quickly and enable proactive response to issues locally.



FFT recommend rate: Outpatients

Executive Lead: Acting Chief Nurse

Performance Issue:

A WUTH target is set at a minimum 95% recommend rate. The under-achievement last month has continued with October remaining at 94%.

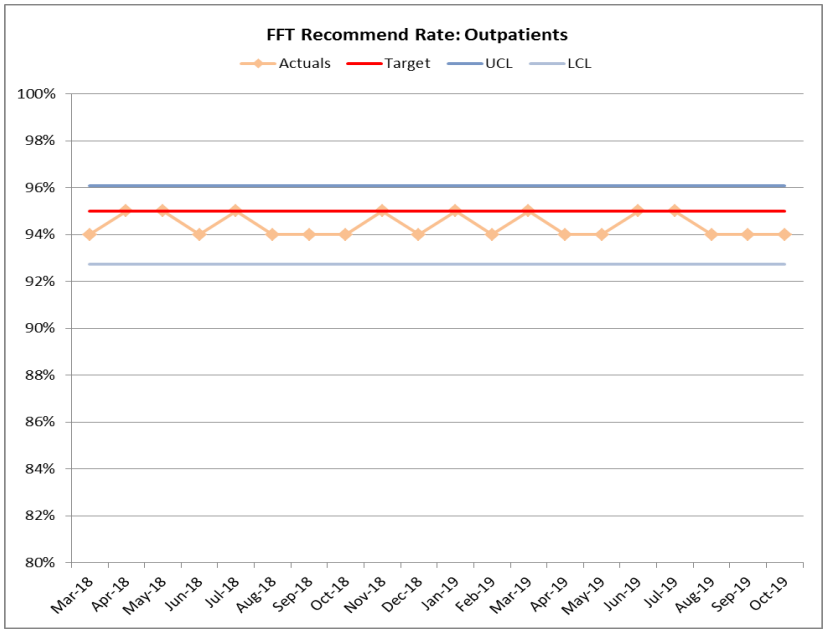
Action:

The results for OPD swing between 94/95% each month performing in line with national and regional performance at 94% recommend rate – the latest data on the NHS England FFT portal is September. This is a text service and at the moment no other way of collecting the data is available. New process after the new year will allow for alternative ways to collect feedback. OPD has a large population of elderly and vulnerable patients who would welcome other ways of collecting feedback.
Ward manager and Divisional Director of Nursing receive a twice monthly report – this forms part of an action plan. All issues raised through the friends and family process is escalated and specific issues dealt with immediately. Main themes are car parking , waiting teams/ delays , attitude ,

Actions have been initiated to address these themes such as
Trust investment into additional staff parking thus reducing reliance on visitor spaces. Additional clinics are being scheduled off peak to reduce impact in peak times. Telephone clinics are also available to reduce clinic attendance. Individual management conversations are carried out with any individual named to be inappropriate. Electronic and white boards are in place to inform patients about waiting times. Clinics are being streamlined with Hub / spoke model / technology stations to streamline patient flow through the department.

Expected Impact:

Uncertain, will be monitored closely.



FFT recommend rate: Maternity

Executive Lead: Acting Chief Nurse

Performance Issue:

A WUTH target is set at a minimum 95% recommend rate. This has not been achieved since June, with the latest position for October at 91%.

Action:
A deep dive has been carried out explore the reasons for women not recommending the Maternity service. This has included review of returned learning with patient questionnaires which have been scrutinised to identify any key themes; this has included triangulation of information form Kiosk and FFT feedback including any "cause for concern areas.
Areas for improvement include
Cleanliness, Staff attitude, breast feeding , pain management, care and treatment and communication

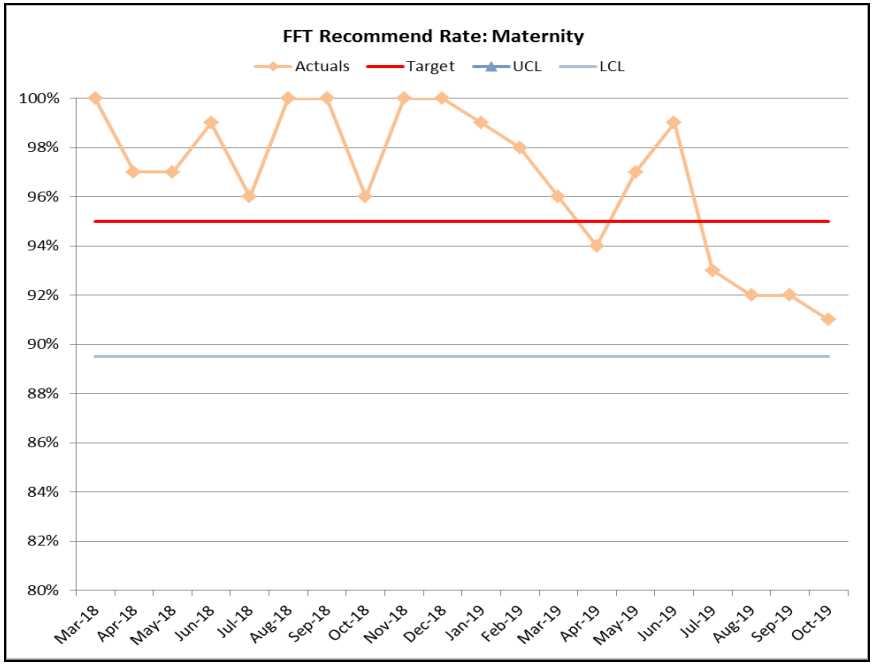
The hotel services team and support worker staff are being reminded on staff huddles as to which rooms are being vacated to ensure all areas are cleaned effectively; The breast feeding team are being utilised, however they are not always available at night therefore midwives are reminded to review feeding support available at the start of the night shift. Self-medication is being relaunched so that women are able to manage pain as issues predominantly relate to induction of labour in the latent phase of labour; communication to women is at times difficult to address however there appears to be a lack of update when women are being induced and the need to transfer to Delivery Suite – there are proposals to support the induction of labour process on Delivery Suite in a dedicated area.

The Maternity Voices Partnership Lead has been visiting the ward to speak with women and obtain feedback and use of the kiosk in Antenatal Outpatients has also been encouraged.

Whilst it isn't possible for women to use the ipad to complete the FFT we are looking at other means of obtaining feedback to further improve the experience of women on the ward.

The deep dive acknowledged the deterioration in FFT recommend rate is also influenced by a lower response rate in October. (I.e. a lower percentage of returns increases the impact of 1 negative response on the recommend KPI) patient experience volunteers have been deployed to encourage feedback to increase the richness of feedback so actions can be targeted to influence positively the recommend rate

Expected Impact:
It is anticipated that through the actions initiated communication will improve , ward cleanliness is maintained to a good standard, breast feeding support is available and pain is managed effectively positively impacting on recommend rates via FFT feedback. We expect to halt the decline in satisfaction and subsequently recover the position.



FFT response rate: Maternity

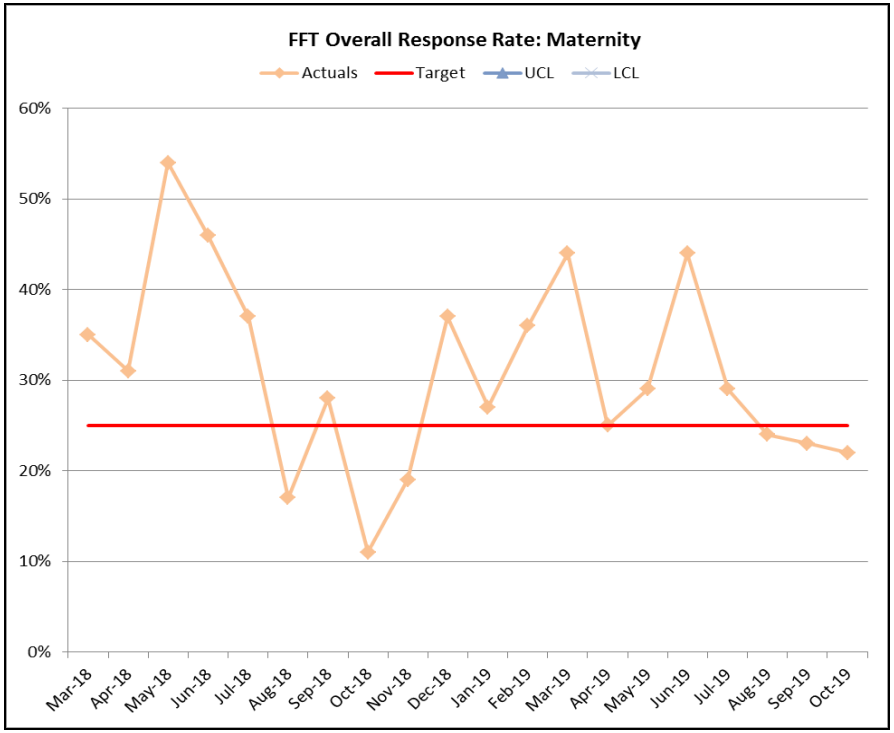
Executive Lead: Acting Chief Nurse

Performance Issue:

A WUTH target is set at a minimum 25% response rate. Although regularly achieved earlier in Maternity earlier in the year, October has continued the deterioration at 22%.

Action: To enable enriched feedback to Maternity services it was agreed that a kiosk would be installed on the Maternity ward to enable women to complete feedback. Staff misunderstood this could not be considered as part of the overall FFT response rate (due to current standards) and discontinued the encouragement to fill in FFT cards. Unfortunately this resulted in a decrease in responses in the submission of the FFT cards in September which further deteriorated in October. The kiosk was not utilized by women therefore resulting in a decrease in submission of FFT cards. These have therefore been reinstated in November and women encouraged to complete these on discharge. FFT responses / recommend rates in Delivery Suite and Antenatal clinic have remained good and have not experienced the same deterioration however these are not reported. Staff have been reminded of the importance of handing out the FFT cards on discharge in an attempt to further increase the response rate.

Expected Impact: Given that the response rate needs to increase to appropriately calculate the FFT score, it is anticipated that given the above action there will be a rise in the response rate.



Responsive Domain

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

Executive Lead:

Chief Operating Officer

Performance Issue:

The Trust has a recovery trajectory agreed with NHSI for 2019-20 for the 4-hour Accident and Emergency target. Performance continues to deteriorate, with October at 72.7% against a trajectory target of 91%.

In addition there was a single patient that waited longer than 12 hours in ED from decision to admit to actual admission ('12 hour trolley wait').

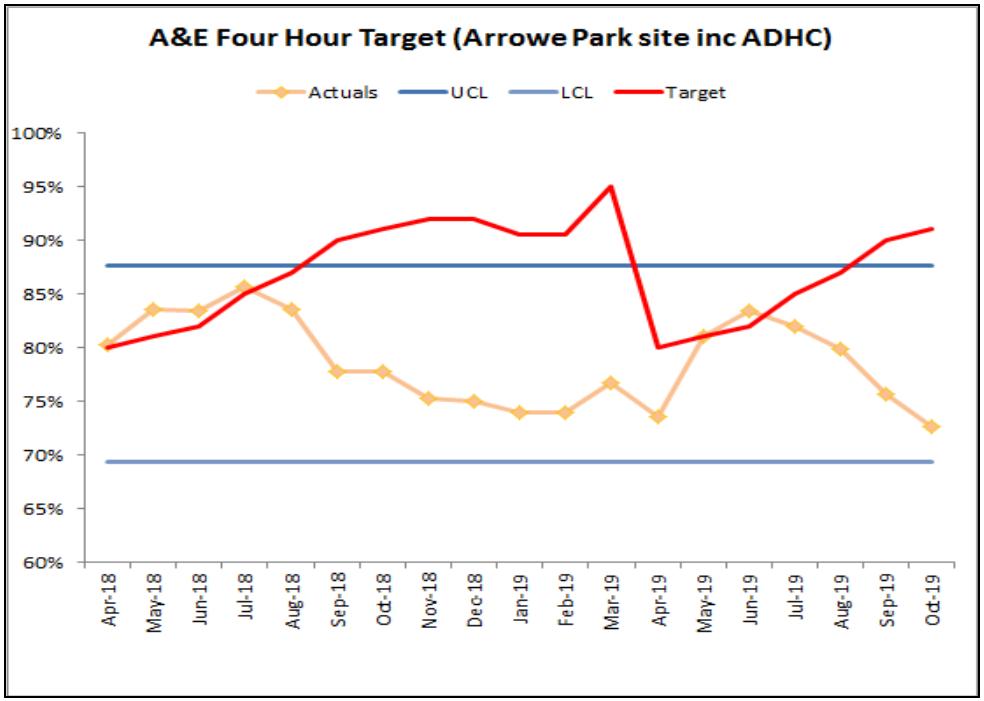
Action:

The Trust internal improvement group has been refreshed to work on two key areas of improving the numbers streamed away from ED and to improve the processes at Ward and through the integrated discharge team to expedite any issue preventing discharge.

A new approach to streaming of paedictrics commenced on the 28th November to complement a revised adult protocol.
2 Wards are now piloting the new approach to ward rounds and the next 6 wards are schedule in the first 2 weeks of December.

Expected Impact:

Streaming numbers have increased by circa 5 patients a day, and a PDSA is underway to stream.



Referral to Treatment – incomplete pathways < 18 weeks

Executive Lead:

Chief Operating Officer

Performance Issue:

The Trust has a trajectory agreed with NHSI for 2019-20 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks. This has not been achieved for the last few months, with October at 79.03%.

Action:

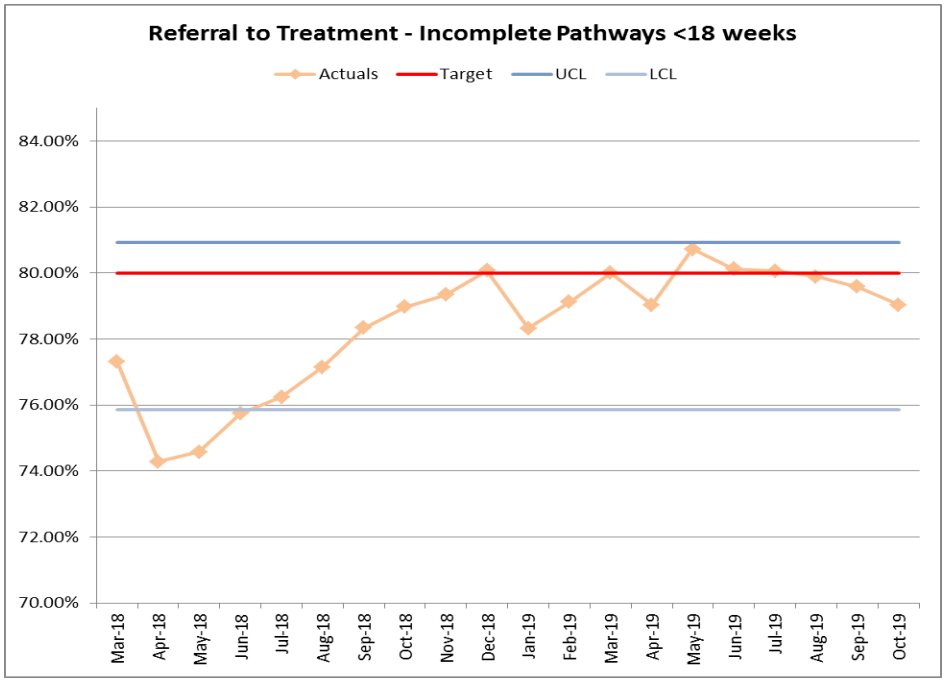
The Surgical division has developed plans to transfer the vast majority of Orthopaedic surgery to the Clatterbridge site to mitigate against the loss of activity through recent urgent care bed pressures.

The theatre Stage 3 recovery works commence soon which will negate the need for post op care to be performed on the day case ward, which is under constant challenge due to bed pressures.

Expected Impact:

Whilst the headline measure is below the standard it is expected to recover by March 2020.

The total list size and zero over 52 week waiter objectives are being met



Well-led Domain

Number of patients recruited to National Institute for Health Research studies

Executive Lead: Medical Director

Performance Issue:

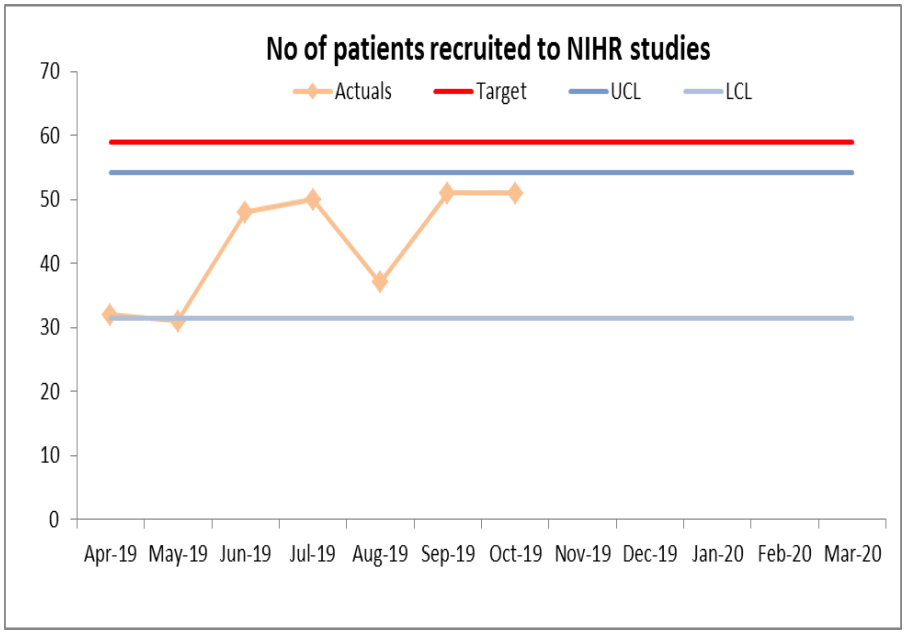
Following discussions with the Local Research Network, the initial internally set WUTH target of recruiting 500 patients to National Institute for Health Research (NIHR) studies in 2019-20 has been amended to 700. The revised trajectory is set at a target 59 per month until the annual 700 is reached. This has not been achieved in any month this year so far although recruitment has increased to 51 in both September and October

Action:

- To continue to work with the Local Research Network to find, and participate in, high recruiting studies.
- To increase recruitment to studies already open.
- New Research Divisional Leads to take part in NIHR research and to encourage more clinicians to participate in research.
- Going forward, in 2020/21 each division will be given its own research recruitment target.
- Appointment of 2 academic consultant posts.

Expected Impact:

- Successful implementation of the above should result in recruitment increase to initial target of 500. Unlikely to achieve the amended target of 700.
- Lack of increase in recruitment could potentially impact on research funding from the Local Research Network.



Appraisal compliance %

Executive Lead:

Director of HR / OD

Performance Issue:

WUTH has a target set at a minimum 88% of staff to have had an appraisal within the expected timeframes.

The current average appraisal compliance across four of the divisions is around 85% and as reported in some areas and wards there is 100% compliance. Appraisal compliance within the Estate and Facilities division is presently 77%.

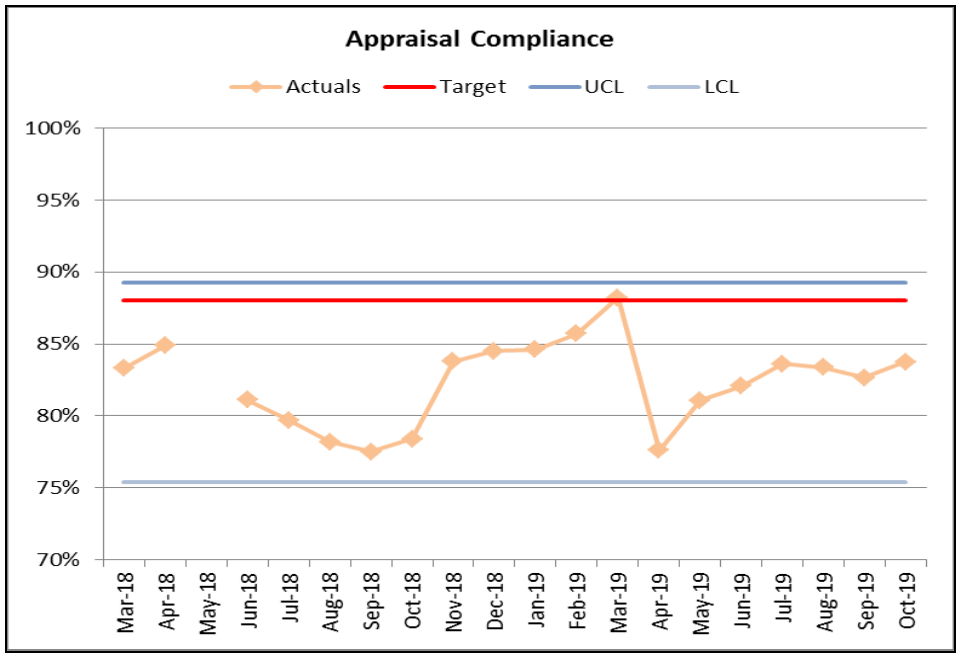
Action:

- A focus on Estate and Facilities to identify different ways to ensure appraisals are being conducted promptly and effectively

Expected Impact:

To achieve the Trust target by the end of quarter 4.

However, it should be noted that at November's Quality Committee it was highlighted that there has been some recent slippage on a range of indicators as a result of increasing 'hot running' of the hospital and may fail to recover by end of Quarter 4. It is possible that appraisal compliance may also be impacted.

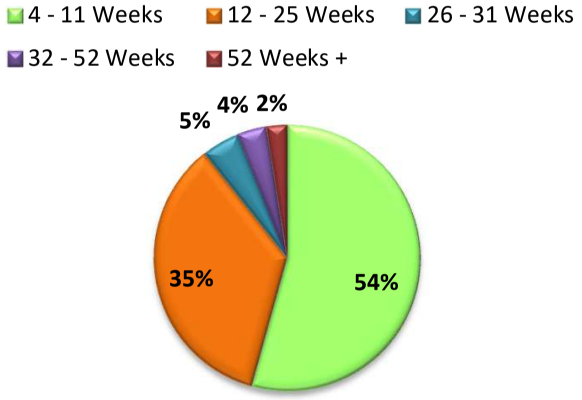


Trust Level

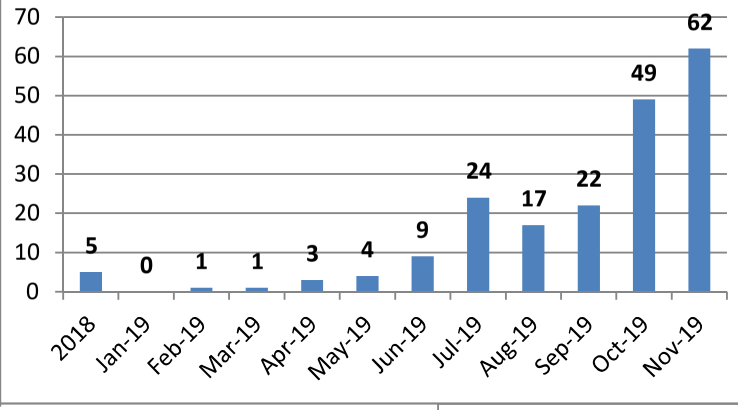
Current Open Cases: 197

November 2019

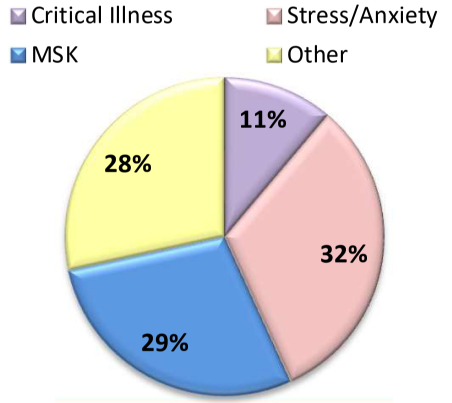
Sickness Length



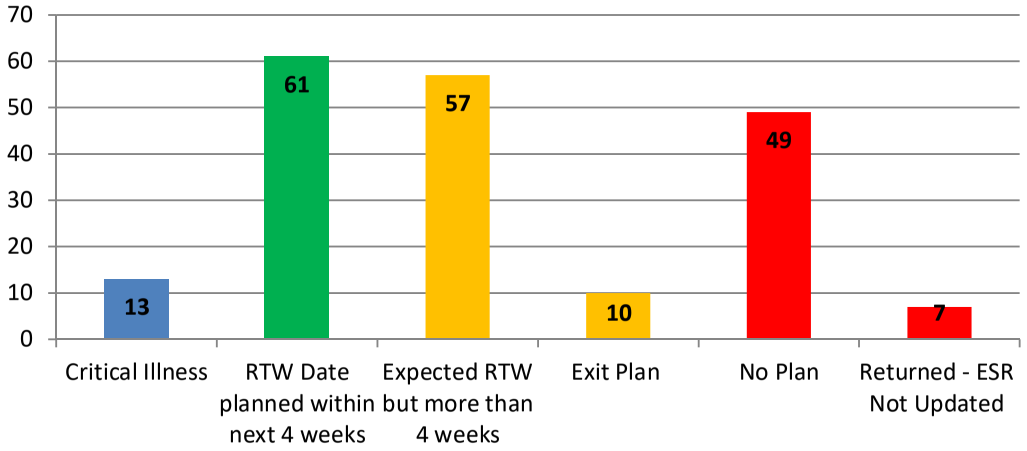
LTS Cases Commended by Month



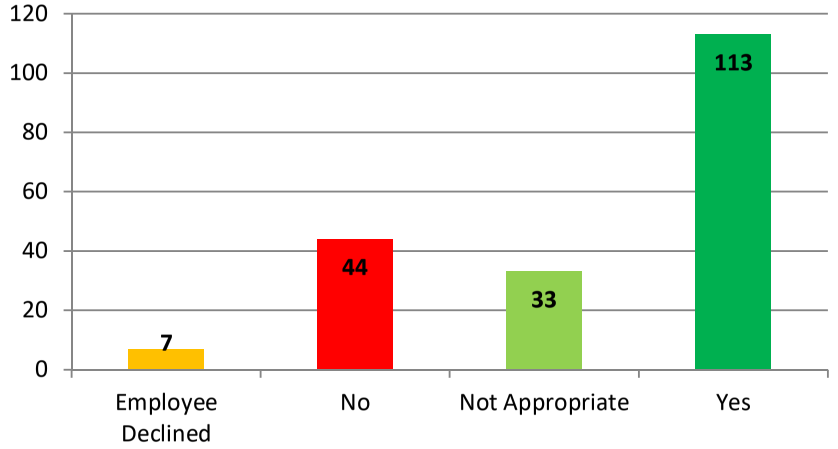
Sickness Reason



Case Management



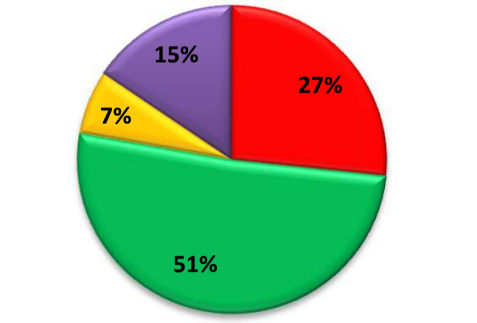
Occupational Health / EAP Referral



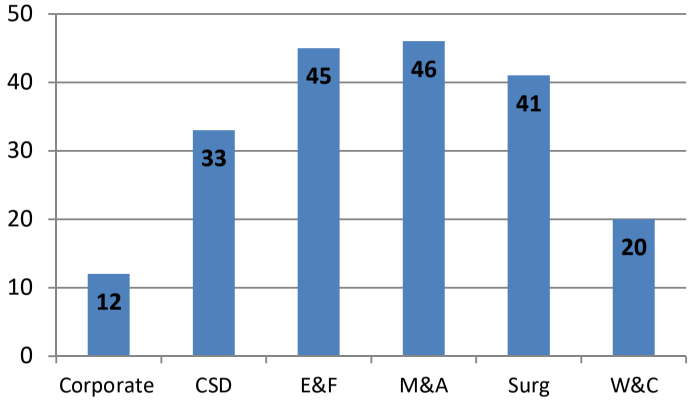
Trust Level

November 2019

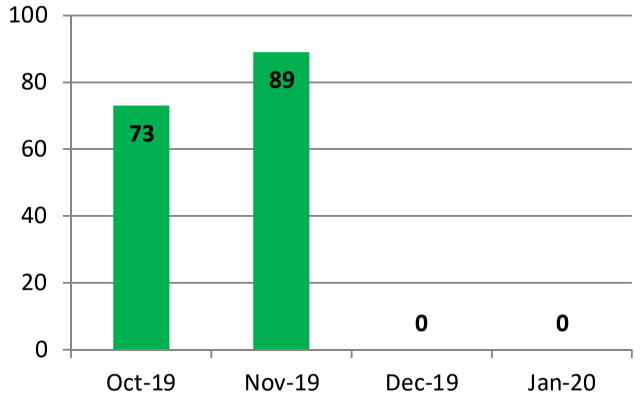
Meeting with Line Manager Taken Place



Sickness Cases By Division

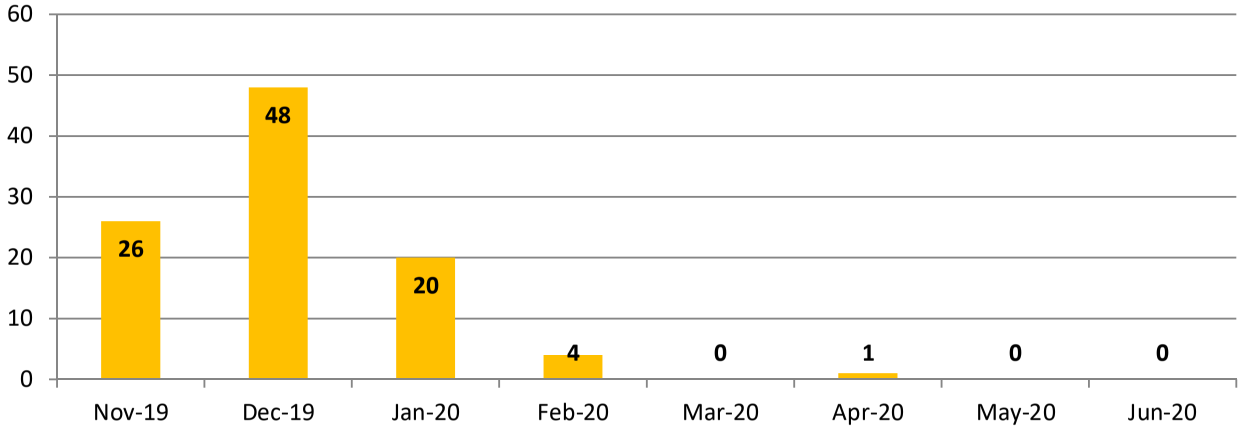


Actual Return to Work



Reason Last Meeting Didn't Take Place

Anticipated Return To Work

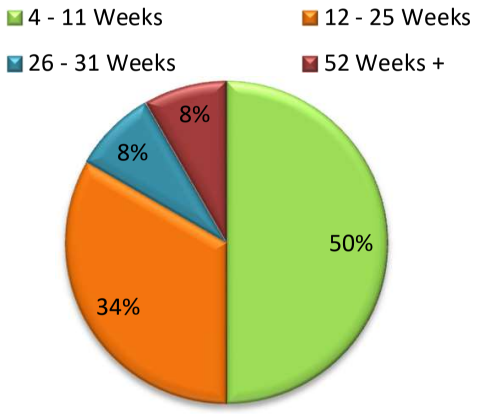


Corporate Services

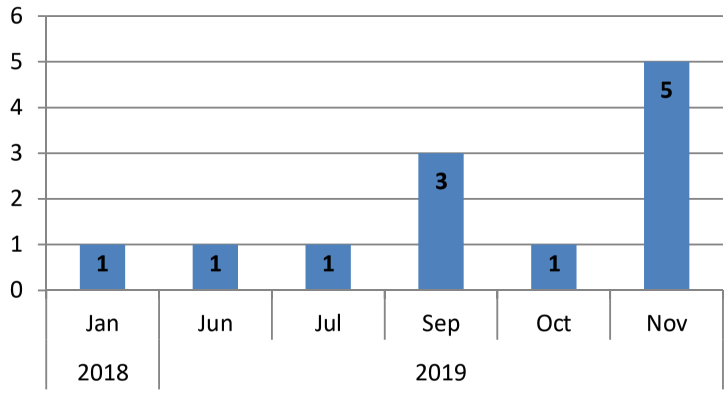
Current Open Cases: 12

November 2019

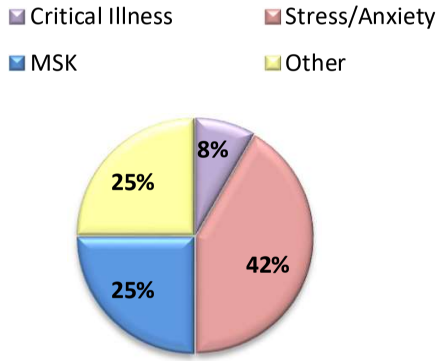
Sickness Length



LTS Cases Commenced by Month

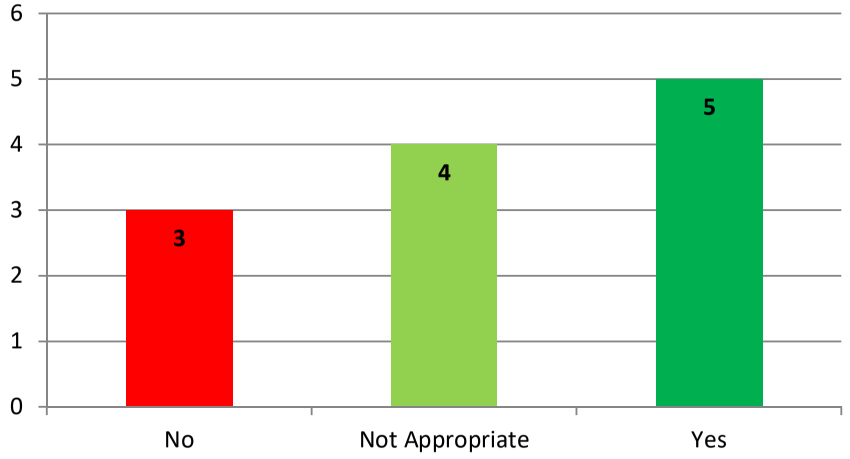


Sickness Reason



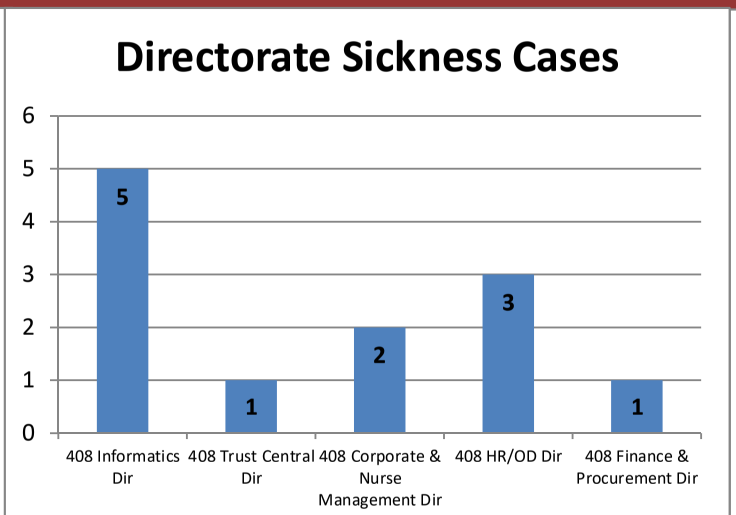
Case Management

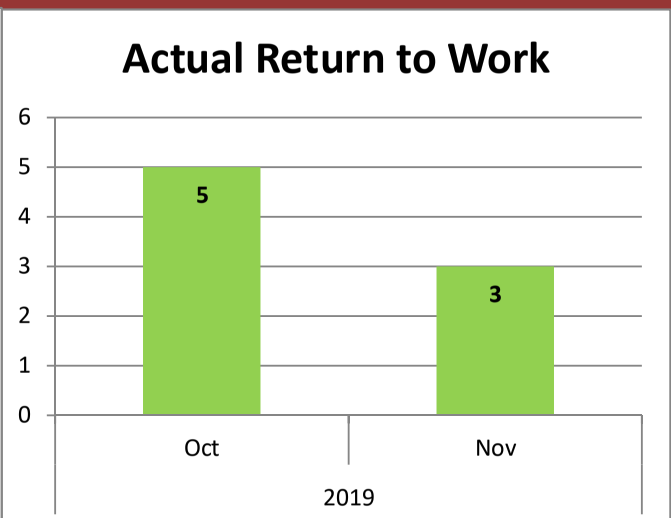
Occupational Health / EAP Referral

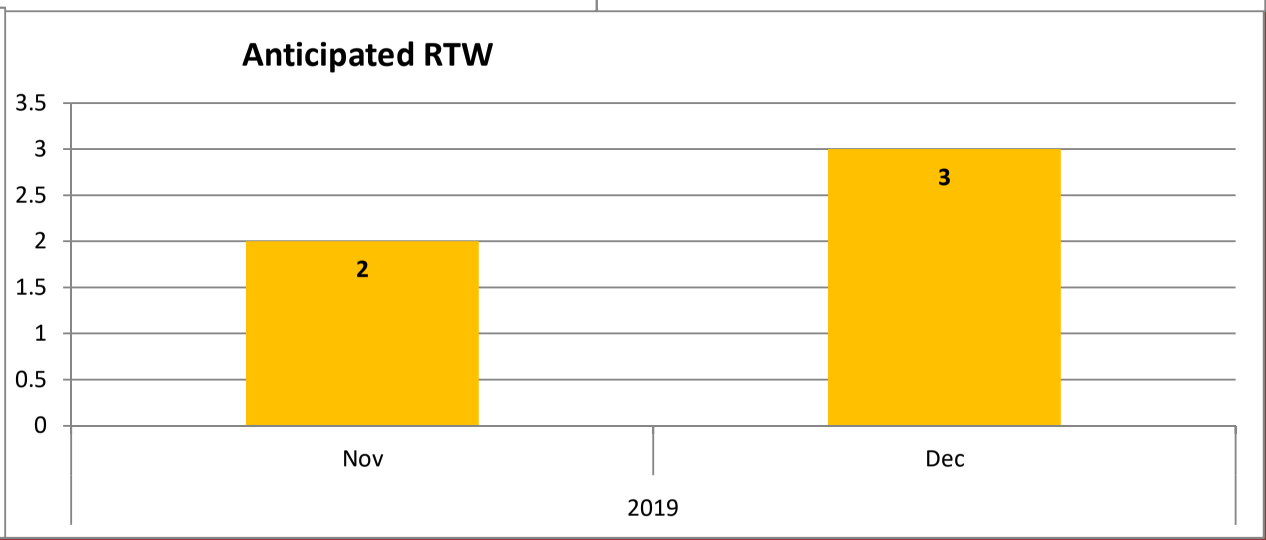


Corporate Services

November 2019





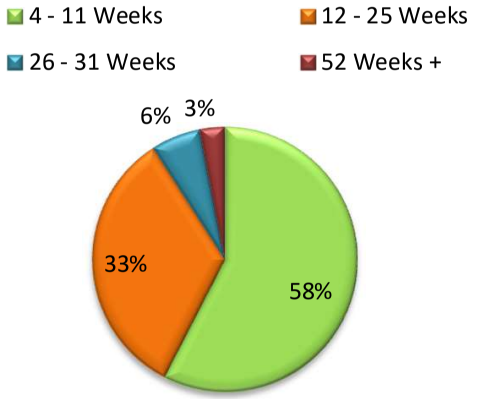


Clinical Support & Diagnostics Division

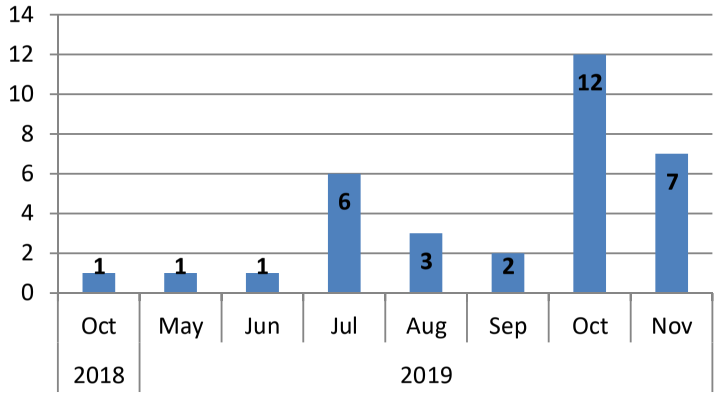
Current open cases: 33

November 2019

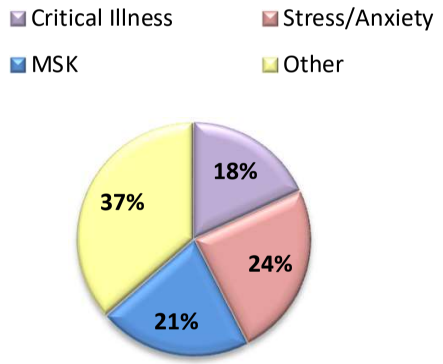
Sickness Length



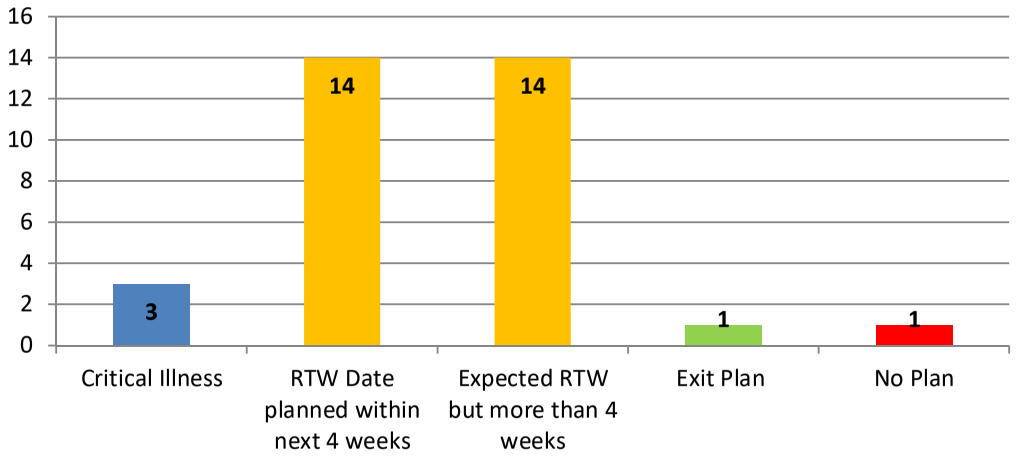
LTS Cases Commenced by Month



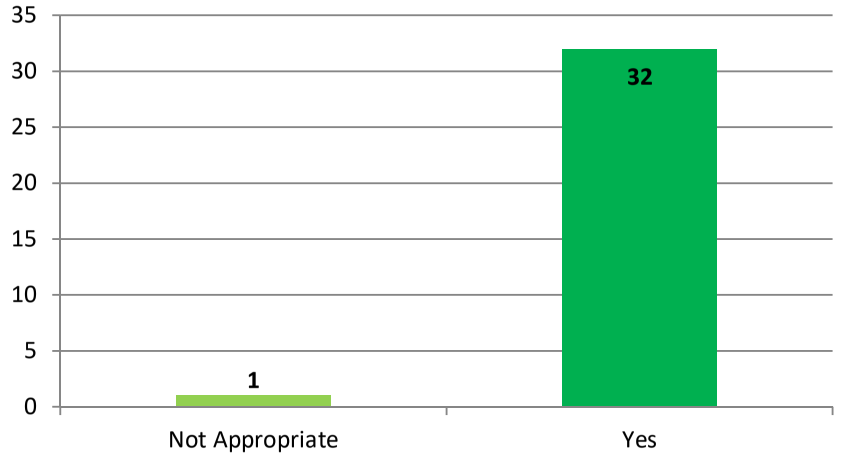
Sickness Reason



Case Management

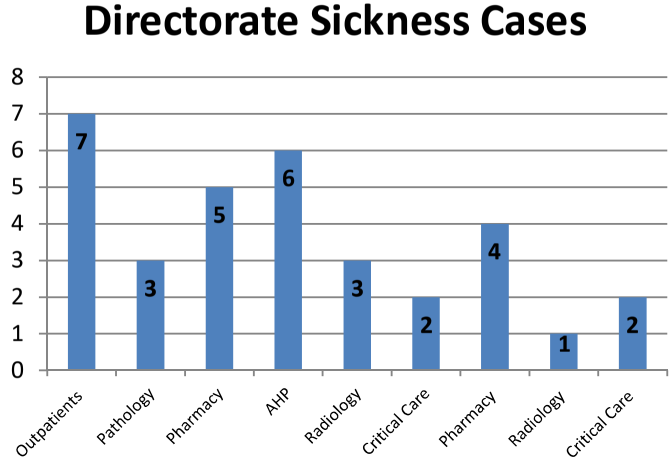


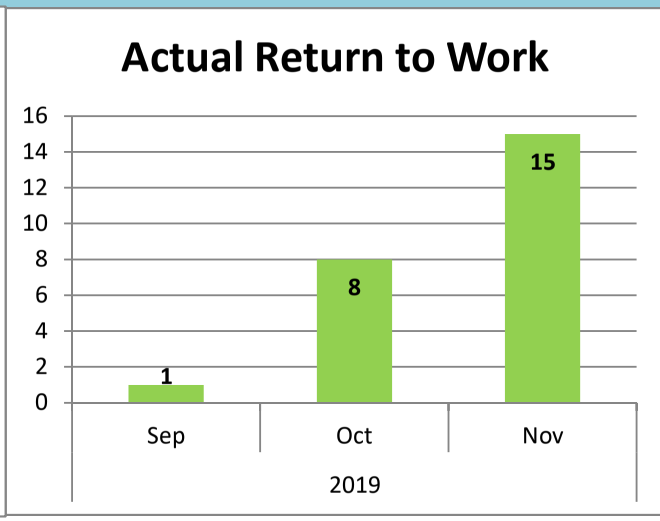
Occupational Health/ EAP Referral

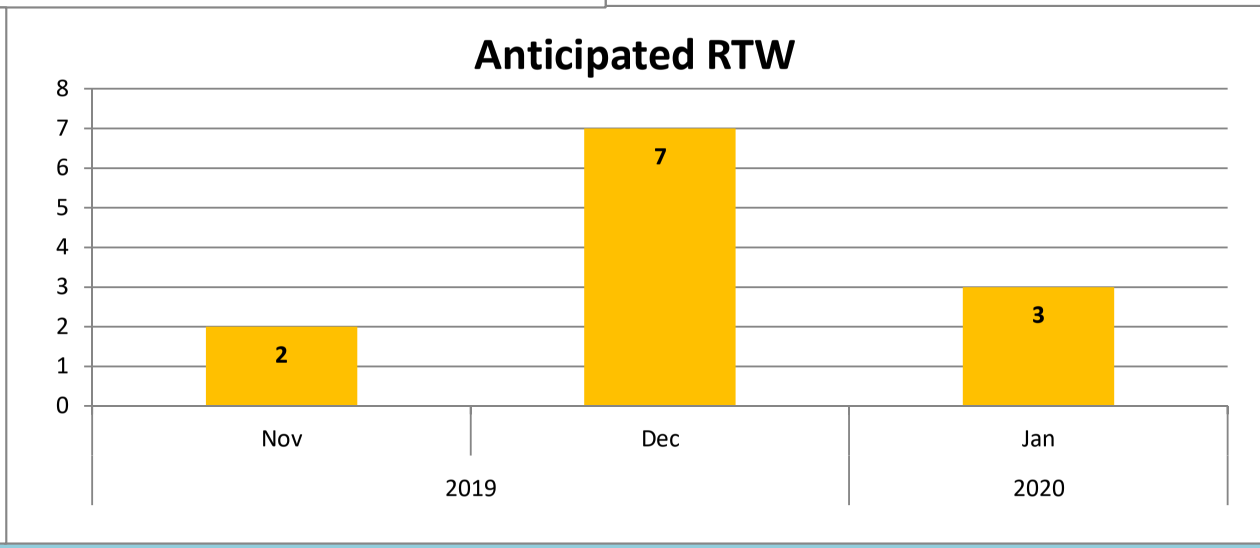


Clinical Support & Diagnostics Division

November 2019





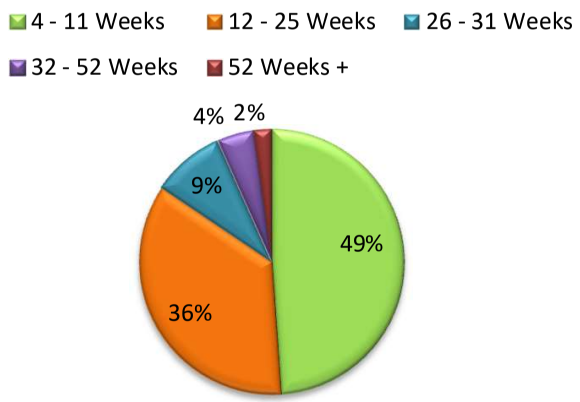


Estates & Facilities

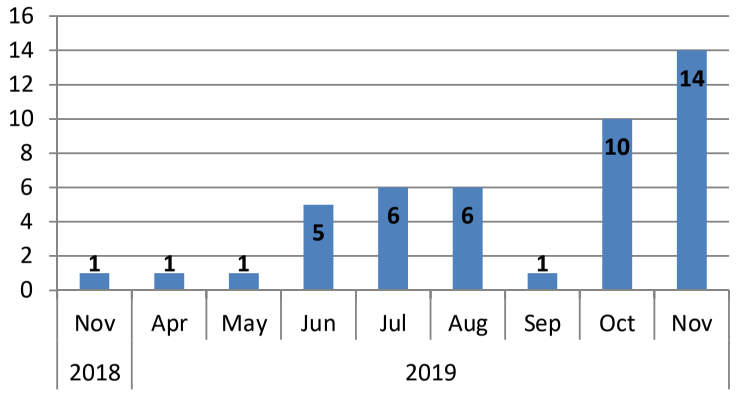
Current Open Cases: 45

November 2019

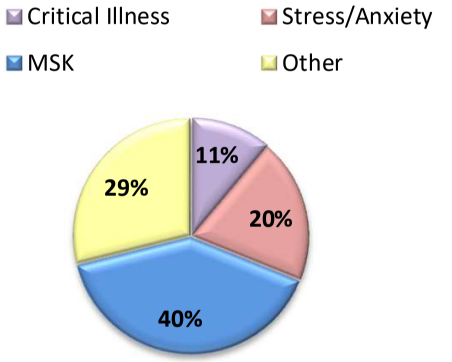
Sickness Length



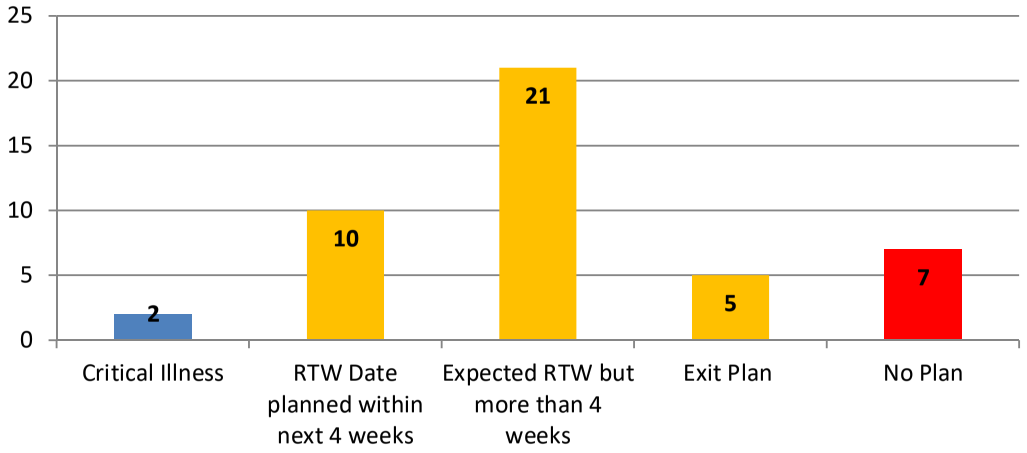
LTS Cases Commenced by Month



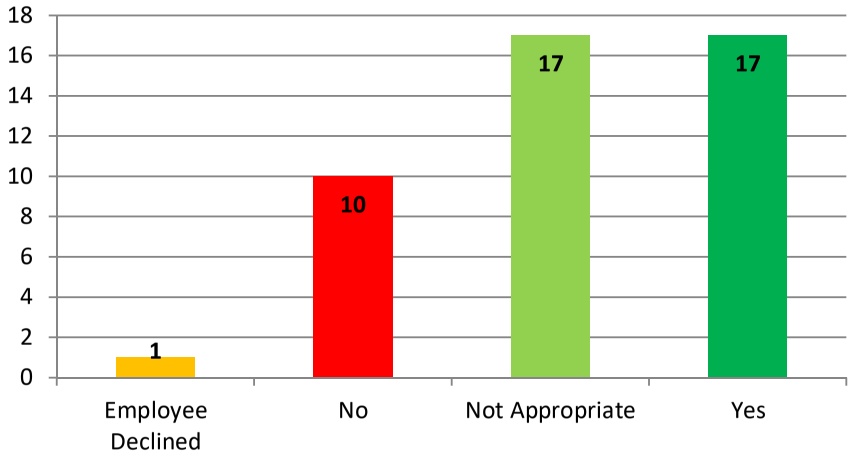
Sickness Reason



Case Management

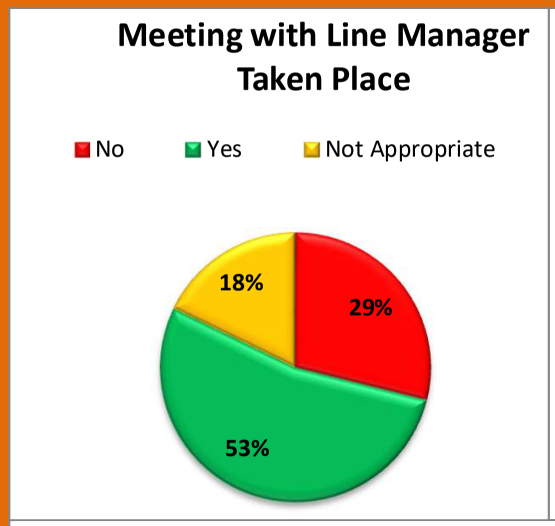


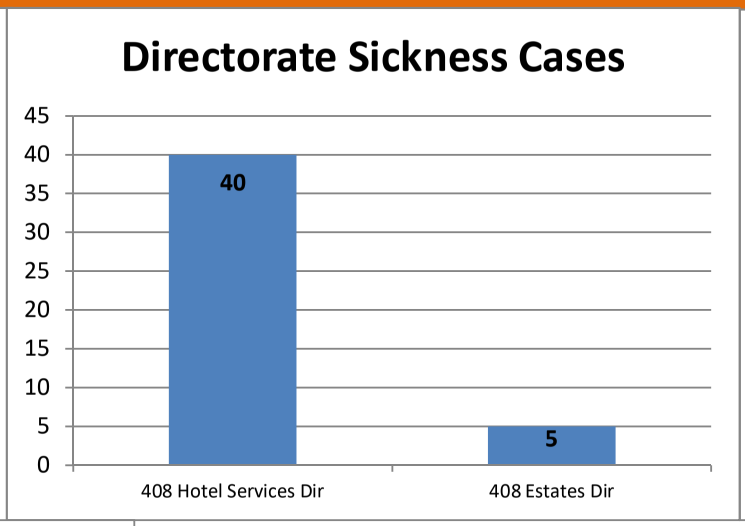
Occupational Health / EAP Referral

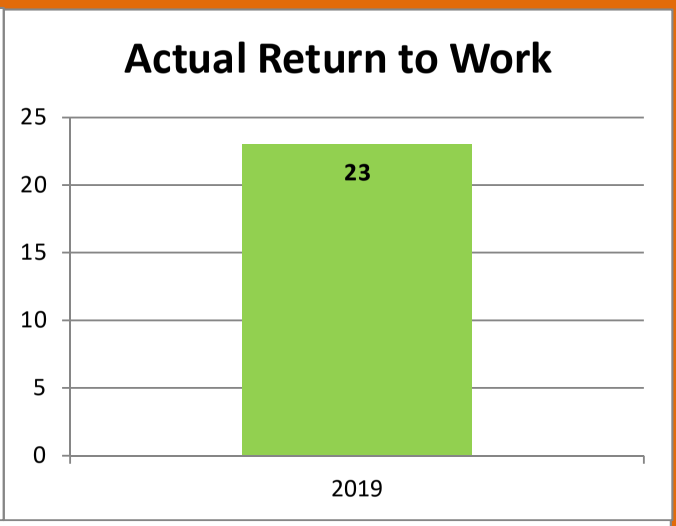


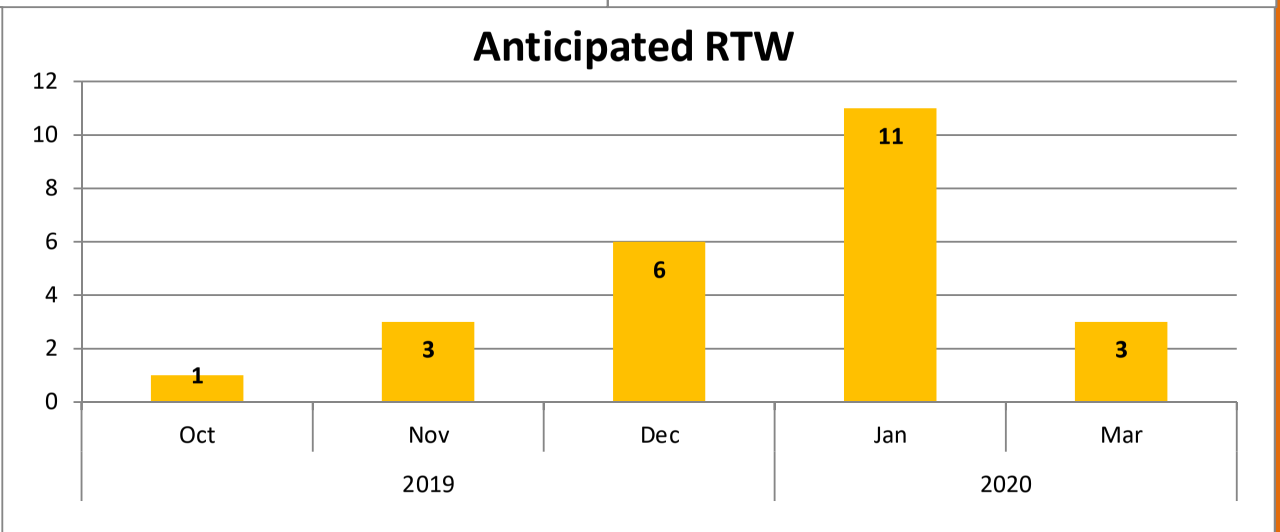
Estates & Facilities

November 2019







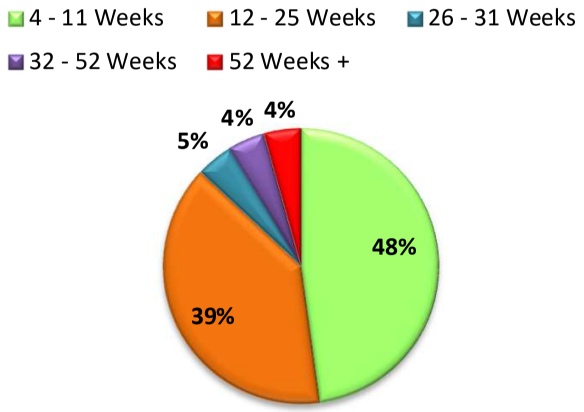


Medicine & Acute Division

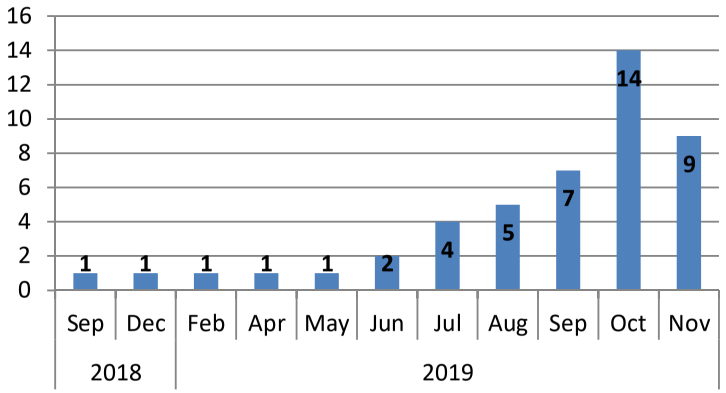
Current open cases: 46

November 2019

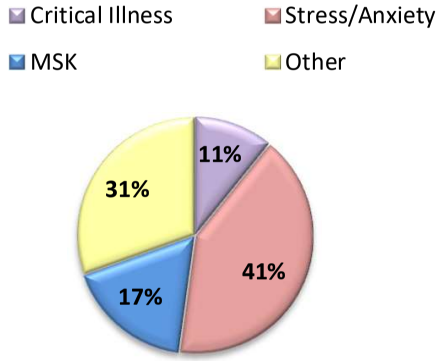
Sickness Length



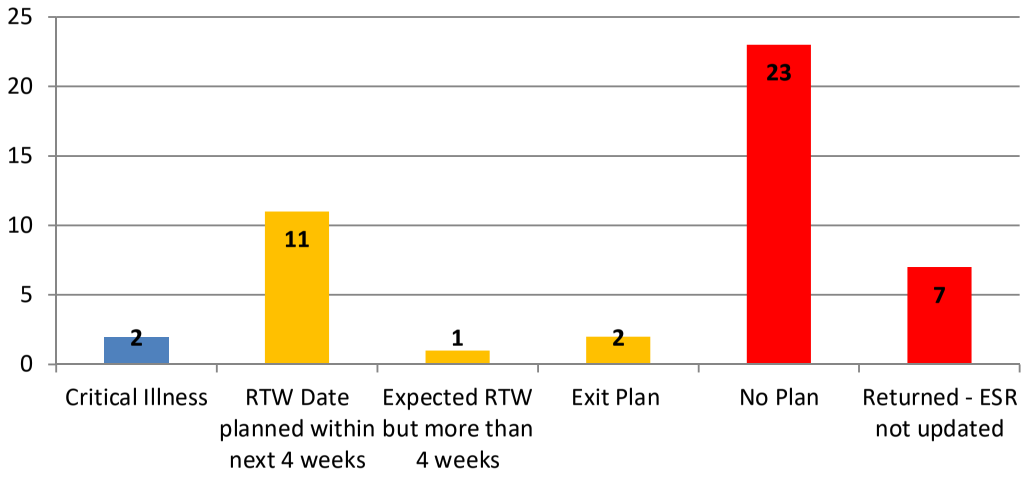
LTS Cases Commented by Month



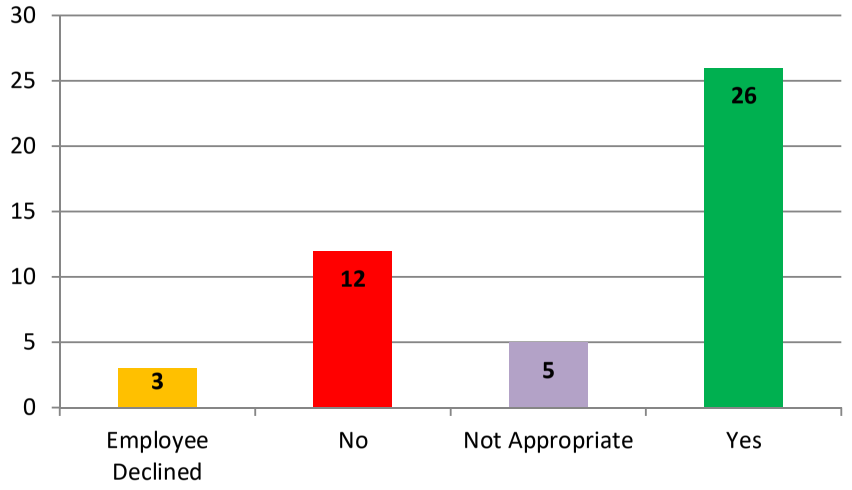
Sickness Reason



Case Management

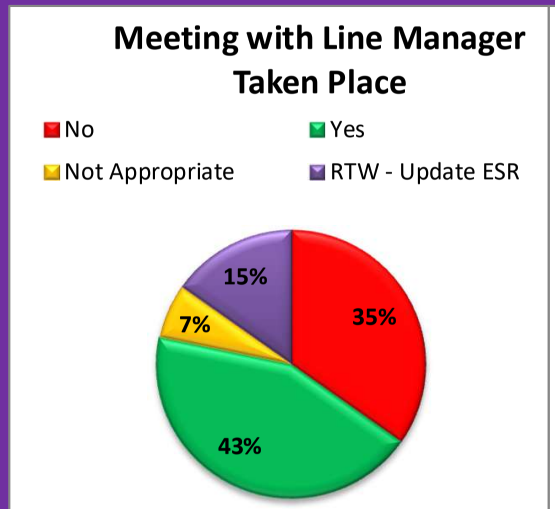


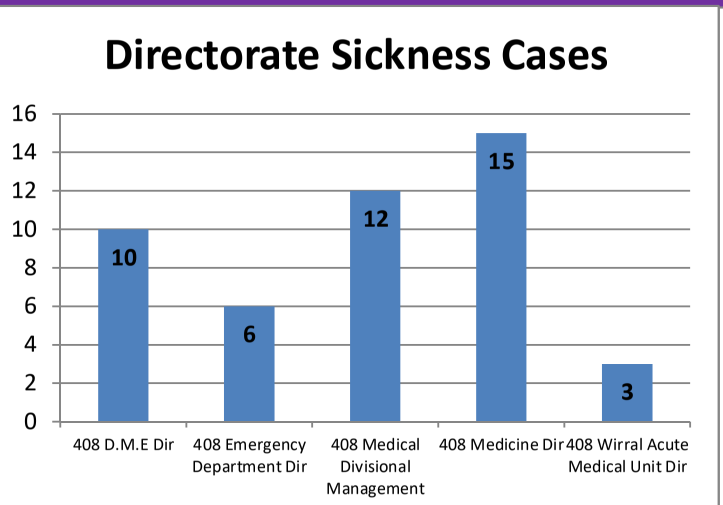
Occupational Health / EAP Referral

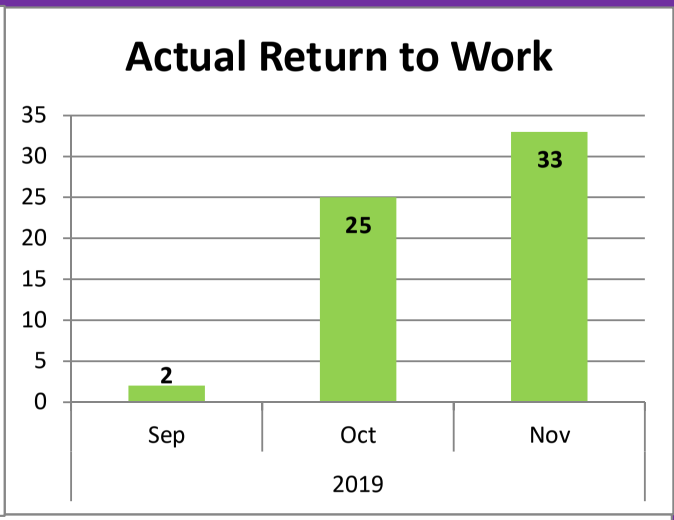


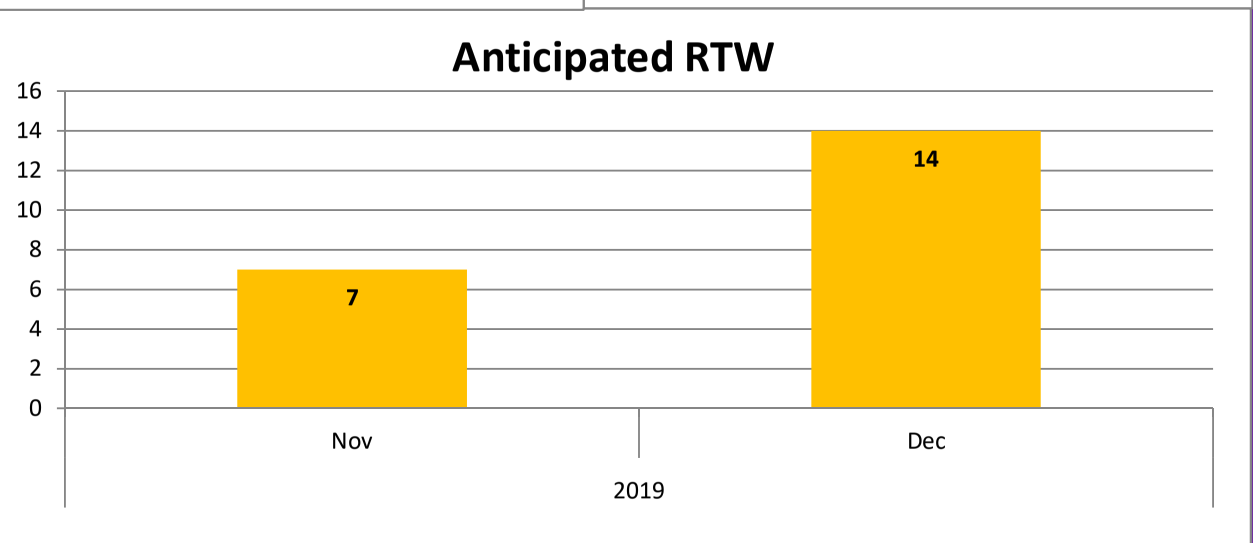
Medicine & Acute Division

November 2019









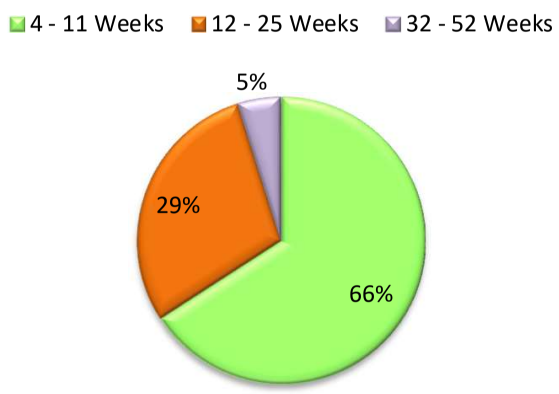
Division of Surgery

Current Open Cases: 41

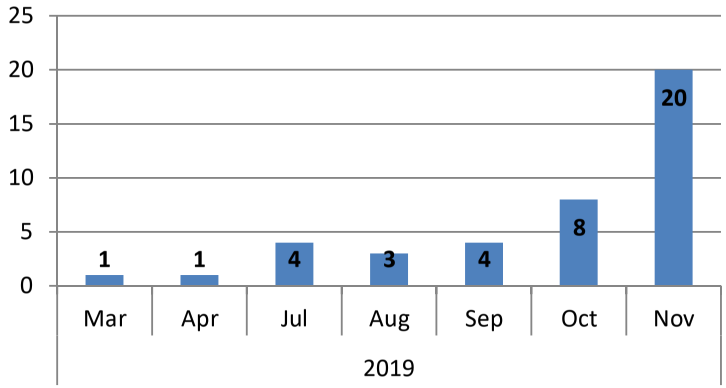
November 2019

DIRECORATE HEAD COUNT: General Surgery: - 218 Head & Neck - 166 Peri-Operative Med - 471 Trauma & Orthopaedics - 267 Urology - 71

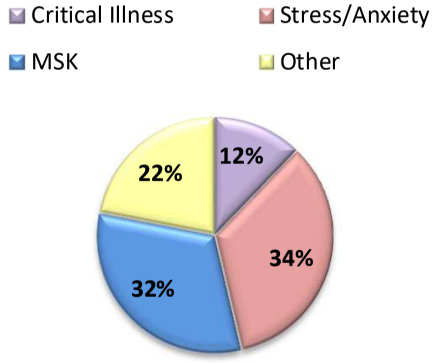
Sickness Length



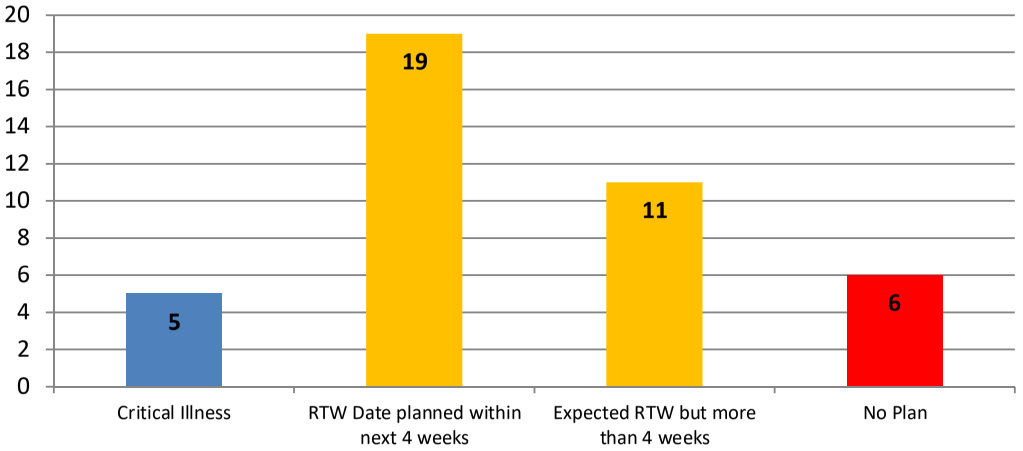
LTS Cases Commenced by Month



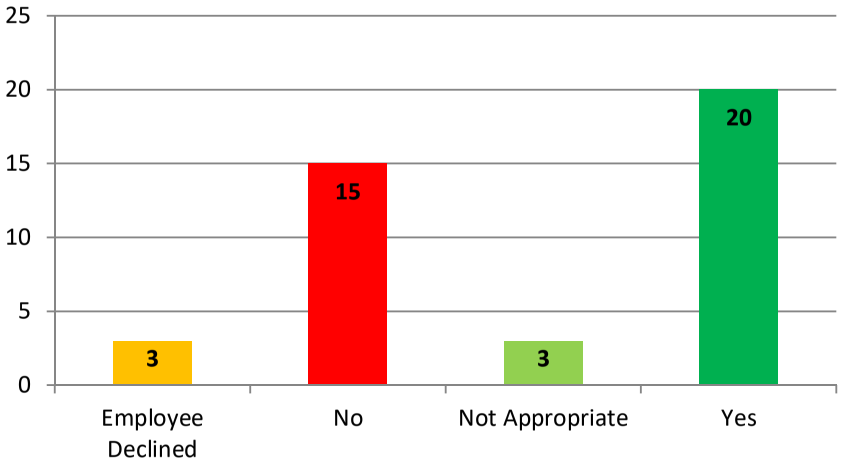
Sickness Reason



Case Management



Occupational Health / EAP Referral

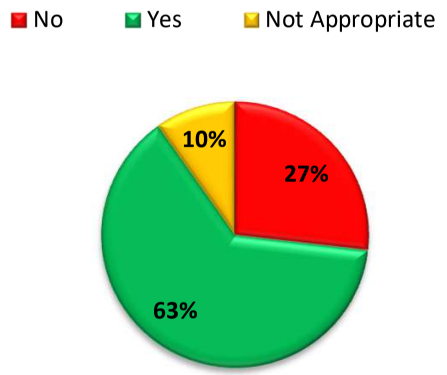


Division of Surgery

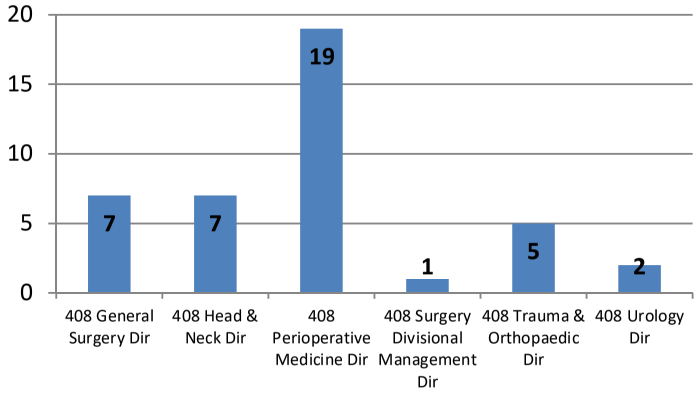
November 2019

DIRECORATE HEAD COUNT: General Surgery: - 218 Head & Neck - 166 Peri-Operative Med - 471 Trauma & Orthopaedics - 267 Urology - 71

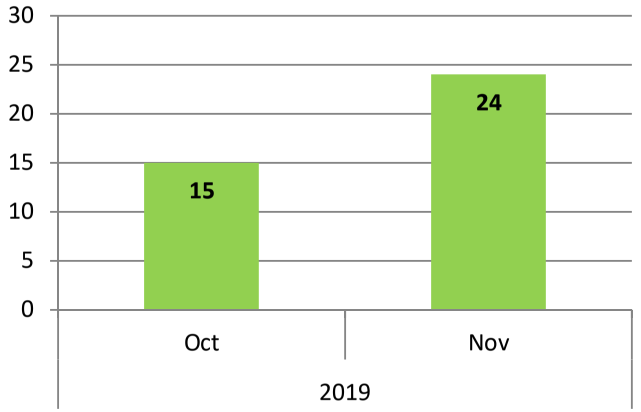
Meeting with Line Manager Taken Place



Directorate Sickness Cases

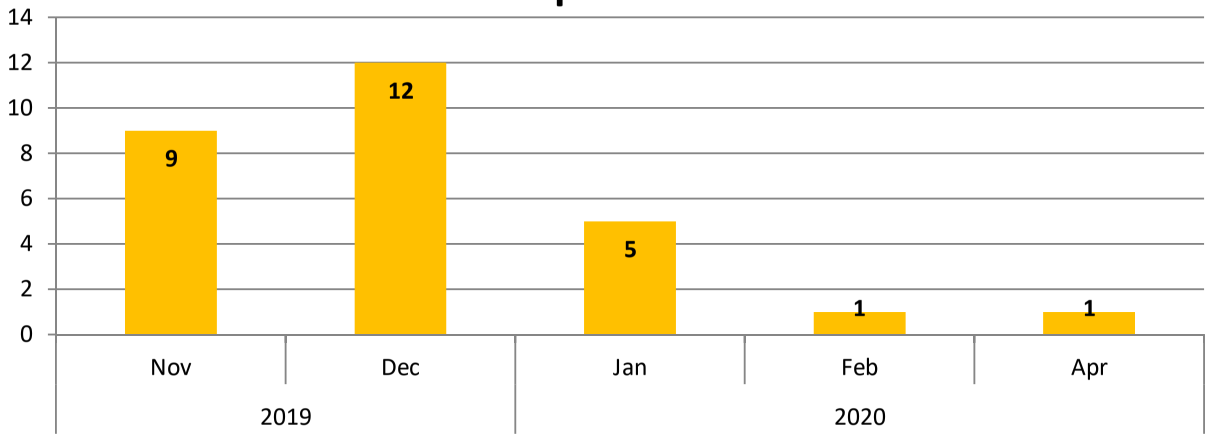


Actual Return to Work



Reason last Meeting Didn't Take Place

Anticipated RTW

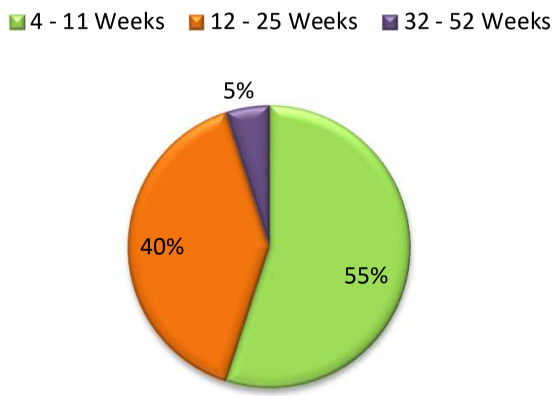


Women & Children's Division

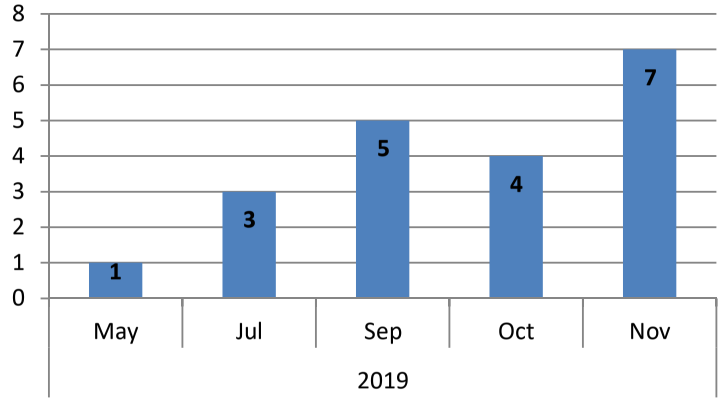
Current Open Cases: 20

November 2019

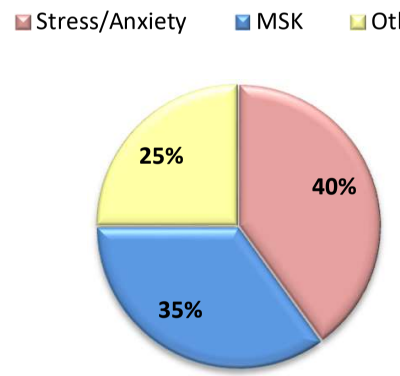
Sickness Length



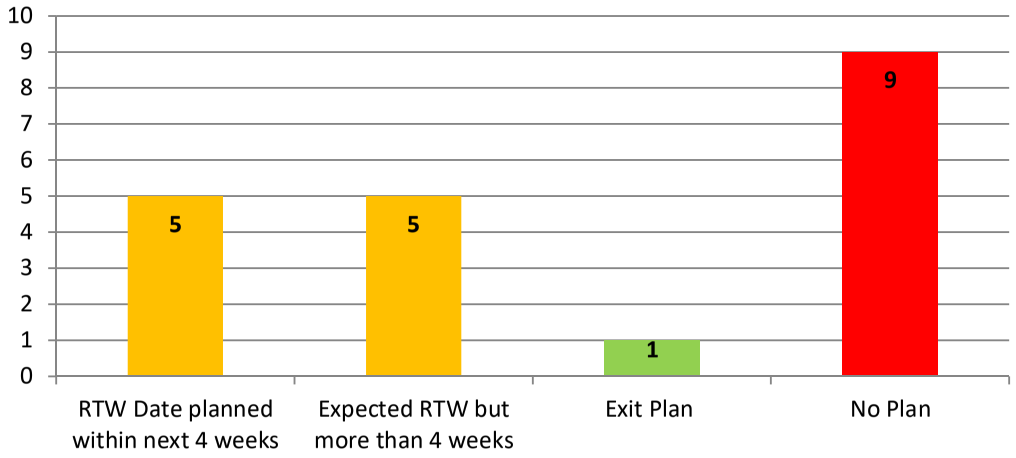
LTS Cases Commenced by Month



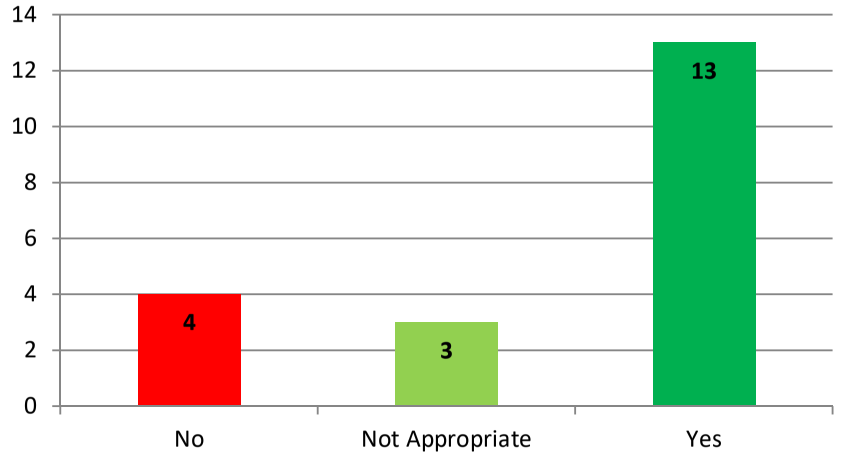
Sickness Reason



Case Management

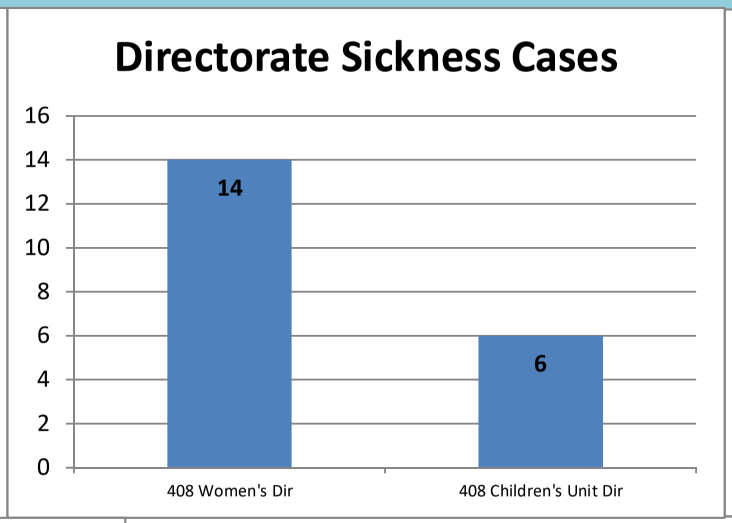


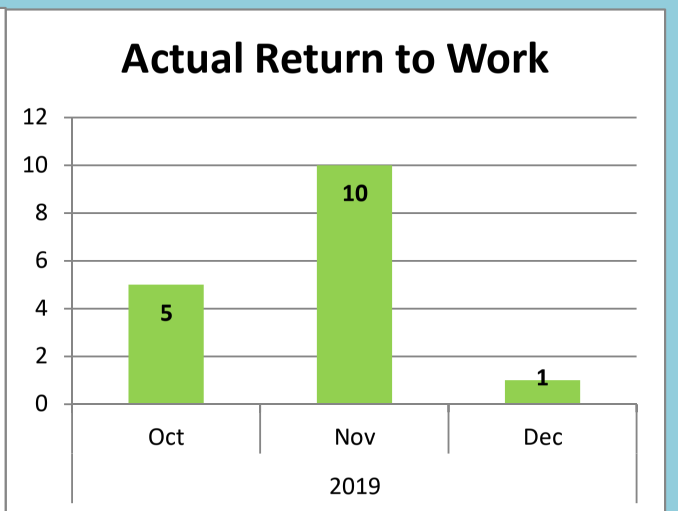
Occupational Health / EAP Referral

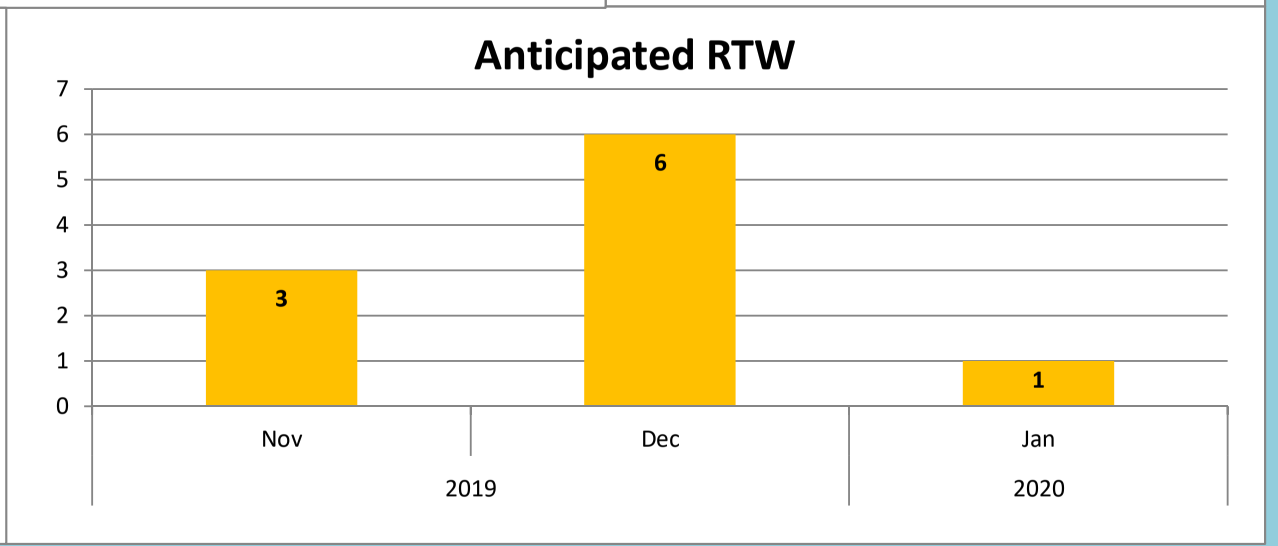


Women & Children's Division

November 2019







Board of Directors	
Agenda Item	12
Title of Report	Month 7 Finance Report
Date of Meeting	4th December 2019
Authors	Shahida Mohammed, Acting Deputy Director of Finance
Accountable Executive	Karen Edge, Acting Director of Finance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR1 PR3 PR5
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 7 Finance Report 2019/20

Contents

1. Executive summary

The Control Total issued by NHSI to the Trust for 2019/20 was a "breakeven" position. Delivery of this enabled the Trust to access c£18.8m of sustainability/recovery support to reduce the underlying deficit.

After careful consideration and independent review, the Trust accepted the "control total", albeit with challenges which included a CIP requirement of £13.2m.

The following summary details the Trust's financial performance during October (Month 7).

The plan to deliver a "breakeven" position has been profiled to reflect the expected variation in income recovery and the anticipated delivery of cost reductions, QUIP and transformational schemes during the year.

On that basis for Mth 7 the Trust's planned an operational surplus of £1.6m; actual performance was a surplus of £0.1m, an adverse performance against plan of (c£1.5m).

This is reflected in the cumulative performance position, the YTD plan is a deficit of (£4.1m), and the actual position is a deficit of (c£5.6m), therefore a variance of (c£1.5m).

To support the Trust in delivering operational and transformational improvements the CCG have released "accelerated" support to the Trust of £1.4m in Qtr 1, and £2.7m in Qtr 2.

Excluding the support the underlying in-year deficit is (£9.6m), an adverse variance of (£5.6m).

Based on the year to date financial position and the continued operational pressures as the Trust moves into the Winter period, the Trust does not anticipate the year to date underperformance will be recovered.

The Trust has been working closely with the partners in the Wirral System to develop recovery plans aimed at managing and minimising the deficit. The Trust is forecasting a "most likely" outturn deficit of (£15.9m), excluding the loss of PSF/FRF in quarter 4, the actual operational deficit is (£11.5m), and this is based on the most recent position.

This change to the forecast will need to be formally "signed-off" internally by the Board of Directors and with System partners, and with NHSI/E regional team, in advance of formally reporting a forecast outturn variance from plan – in-line with the revised protocol issued on 4th October.

1.1 Key Headlines

- The key components of the quarterly and monthly position are:

	Qtr1 £m	Qtr2 £m	Mth 7 £m	YTD £m
Depreciation	(0.3)	(0.3)	(0.1)	(0.7)
VAT (medical locums)	(0.3)	(0)	0	(0.3)
Aseptic Unit - closure	(0.2)	(0)	(0)	(0.3)
Divisional Restructure	(0.1)	0	(0.1)	(0.2)
18/19 Costs	(0.1)	(0)	(0)	(0.1)
Pay Pressures	(0.4)	(1.8)	(0.9)	(3.1)
Income	1.4	2.6	0.1	4.1
Non Pay Pressures	0	(0.4)	(0.4)	(0.8)
TOTAL	**0**	**(0)**	**(1.5)**	**(1.5)**

- Pay costs exceeded plan by a further (c£0.9m) in October, increasing the year to date overspend to (c£3.7m). The drivers of the pay position are multi-faceted; un-planned additional bed capacity to maintain safety and patient flow, nurse bank costs increased due to increased sickness, improved shift "fill" rates, the commencement of nursing staff into substantive posts which were previously vacant, continued medical staff pressures and support to operational demand in ED and staffing of escalation beds.

- Non pay costs exceeded plan by (c£0.7m), this includes costs of clinical supplies, outsourcing and sub-contractor expenditure linked to activity. In addition there were "one-off" staff restructure costs incurred during the month. Tight controls have been enacted since late June to manage other operational costs.

- Operationally patient-related income is broadly in-line with plan. Although elective activity underperformed, this has been offset by over performances in NELNE in Women's and Children's specialities and NELXSBD. In addition non elective activity although this is below expected activity levels, the position includes the application of local contract terms. The position also includes additional maternity pathway income for patients transferring to WUTH following the decision taken by the Directors of One to One Ltd to place the company into Administration in July 19.

- The accelerated funding from Wirral CCG will be adjusted in the quarter 4 position. The Trust is forecasting an operational outturn deficit of (c£11.5m), excluding the loss of PSF/FRF of (£4.4m) this is discussed further in Section 4 of this report

- Cash balances at the end of October were £3.4m, which was £0.3m above plan. This is due to 19/20 opening cash above plan (£2.5m), EBITDA and donations below plan (£1.0m), capital cash below plan (£5.1m), PDC below plan (£0.5m) and controlled variances in the working capital cycle (£5.9m).

- Based on the financial position, further borrowings of £4.0m were needed in Novem-ber 2019 to maintain ongoing liquidity in 2019/20. The Board is asked to approve

this any further draw-downs as required within the DHSC deficit limit, to maintain on-going liquidity in 2019/20.

- Cost improvements/efficiencies delivered YTD amount to c£5.9m, although this is slightly below plan (c£0.5m). The position is significantly ahead of previous years and reflects the focus within the Trust and the effects of the weekly monitoring meetings.

- Capital spend to October is behind the reinstated original NHSI plan by £3.2m. The Trust is forecasting to deliver a revised capital programme approved in September 2019 which incorporated an earlier NHSI requested reduction of £1.6m. This was achieved by delaying the car park scheme until 2020/21.

- The Trust delivered a UoR rating of 3 as planned.

2. Financial performance

2.1 Income and expenditure

Month 7 Financial Position	Budget (Mth 7) (£m)	Actual (Mth 7) (£m)	Variance (£m)	Year To Date Budget (£m)	Year To Date Actual (£m)	Variance (£m)	*M4 Forecast Variance (Mth 7) (£m)*	*Actual Variance (Mth 7) (£m)*	*Variance (£m)*
NHS income from patient care activity	27,831	27,923	92	188,095	188,466	371	*157*	*92*	*(65)*
Non NHS income from patient care	492	456	(35)	3,294	2,827	(467)	*(41)*	*(35)*	*6*
Other income	4,172	4,259	87	25,964	26,146	181	*11*	*87*	*76*
Total Income	32,494	32,638	144	217,352	217,438	86	*127*	*144*	*16*
Employee expenses	(21,131)	(22,071)	(939)	(150,504)	(154,214)	(3,710)	*(542)*	*(939)*	*(398)*
Operating expenses	(9,411)	(10,129)	(718)	(68,629)	(70,482)	(1,853)	*(553)*	*(718)*	*(165)*
Total expenditure	(30,542)	(32,200)	(1,658)	(219,133)	(224,696)	(5,564)	*(1,095)*	*(1,658)*	*(563)*
Non Operating Expenses	(357)	(351)	7	(2,462)	(2,456)	6	*6*	*7*	*1*
Actual Surplus / (deficit)	**1,595**	**88**	**(1,507)**	**(4,242)**	**(9,714)**	**(5,472)**	***(962)***	***(1,507)***	***(546)***
Reverse capital donations / grants I&E impact	21	24	3	146	105	(41)	*0*	*3*	*3*
Surplus/(deficit) incl. PSF/FRF	**1,616**	**112**	**(1,504)**	**(4,096)**	**(9,609)**	**(5,513)**	**(962)**	**(1,504)**	**(543)**
Accelerated support from Wirral CCG	**0**	**0**	**0**	**0**	**4,050**	**4,050**			
Adjusted Surplus/(deficit)	**1,616**	**112**	**(1,504)**	**(4,096)**	**(5,559)**	**(1,463)**			

- Due to the continued and increased operational pressures in the Trust, in October the position deteriorated by (c£1.5m), the cumulative impact of this excluding the additional support from Wirral CCG of £4.1m, is an actual overspend of (£9.6m), against a planned deficit of (c£4.1m), therefore (£5.5m) worse than plan. As stated above the main drivers of the in-month position are a combination of both pay and non-pay which had forecast to deliver a variance against the plan of (c£1.0m) in Mth 7, actual performance was variance of (£1.5m), therefore (c£0.5m) worse than forecast.
- The key components of the variation to the forecast position are detailed in the table below, to note due to the operational pressures escalation areas have been required to be open throughout October. This subsequently led to the need to cancel elective activity due to limited bed capacity.

Area	**£m**
EL/DC activity below forecast predominantly in Gynae, Urology and Oral	(0.2)
NELNE activity in Paediatrics, part of this is casemix related, in addition Obstetric related activity was also below forecast.	(0.1)
Non PbR areas	0.1
Income balance sheet support	0.2
Pay costs in Surgery (£0.1m) , Medicine (£0.2m), W&C (£0.1m), includes escalation costs	(0.4)
Clinical Supplies and outsourcing costs for MSK Physio. above forecast (activity related and casemix) In addition there is a charge from the risk agreement for Vascular activity	(0.1)
TOTAL	**(0.5)**

There were 99 “non-clinical” EL/DC cancellations. Using an average tariff this is a loss of (c£0.2m).

- Previously under spends in substantive pay costs were offsetting bank and agency spend. However as vacant posts have been recruited and staff have commenced,

bank costs have continued particularly in nursing and non-clinical staff groups. Sickness rates in some areas have continued, in addition to specialing for patient acuity.

- Overall Medical substantive costs increased reflecting the commencement of recent recruitments, however bank costs for this group only reduced slightly, reflecting sickness and maternity leave cover.
- Agency costs are consistent, the actual spend in October was (c£0.8m), of this (£0.6m) was in medical staff.
- Nurse vacancies rates have reduced from the previous year, in addition to improvements in bank fill rates, high levels of sickness in some areas has resulted in the further use of bank nurses to maintain safe staffing levels across the wards. Vacancies remain in non-clinical areas and have non-recurrently supported the delivery of CIP.
- Non pay costs exceeded plan in October, (£0.2m) relates to clinical supplies in Surgery, (£0.1m) reflects costs associated with sub-contract suppliers for MSK physio. (£0.1m) relates to staff restructure costs in Facilities.

Items not included in the original Plan

- **Locum pay VAT**

During July the Trust successfully transitioned to an alternative HMRC approved "VAT compliant" model for the supply of medical locums. This has ensured the financial pressure included in the year to date position relating to Quarter 1 of (c£0.3m), has been mitigated going forward.

- **Depreciation**

There is a pressure of (c£0.6m) YTD in operating expenditure from additional depreciation charges which relate to changes in estimates of asset lives provided by the Trust's external valuer. These changes were mandated by amendments to valuation instructions issued by the Royal Institute of Chartered Surveyors (RICS) in February 2019.

Although this is a national issue, NHSI has maintained the view that this is a matter for individual trusts to manage and mitigate locally.

As discussed during the planning process, the additional costs (c£1.2m) are not included in the 2019/20 plan.

2.2 Operational adjustments to the 2019/20 Plan (net zero impact)

The table below details in-year operational adjustments to the initial plan submitted to NHSI in April 2019.

Month 7 Budget Reconciliation	Breakdown by Budget Type		
	Income £'000	**Expenditure £'000**	**Deficit £'000**
Base Budget 19/20	217,021	(221,263)	(4,242)
CIP - Increase Clinical Income Oral Surgery	88	(88)	0
Extra Day adjustment value	(91)	91	0
NNU Block adjustment	41	(41)	0
PbR excluded drugs, devices & bloods adjustment	(213)	213	0
Non Recurrent Income Targets	407	(407)	0
Realignments (inc CIP)	99	(99)	0
M7 Closing Budget	217,352	(221,594)	(4,242)
Net Trustwide (Increase)/Reduction	**331**	**(331)**	**0**

2.3 Income

	Current month			Year to date			Current month			Year to date		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income from patient care activity												
Elective	681	610	(71)	4,484	3,904	(580)	2,464	2,317	(147)	16,166	15,110	(1,056)
Daycase	3,760	3,775	15	25,012	25,064	52	2,505	2,568	63	16,619	16,856	237
Elective excess bed days	294	424	130	1,958	2,216	258	80	109	29	534	562	28
Non-elective	3,882	3,928	46	26,334	25,624	(710)	8,368	8,310	(57)	57,564	57,473	(90)
Non-elective Non Emergency	468	406	(62)	2,929	3,082	153	1,008	865	(143)	6,462	6,766	303
Non-elective excess bed days	1,058	971	(87)	7,271	8,624	1,353	288	266	(22)	1,974	2,303	329
A&E	7,331	8,047	716	50,702	53,917	3,215	1,262	1,261	(1)	8,727	8,901	174
Outpatients	27,807	28,448	641	179,713	176,750	(2,963)	3,311	3,313	2	21,395	21,429	34
Diagnostic imaging	2,654	3,026	373	17,118	18,844	1,727	196	201	5	1,279	1,293	14
Maternity	531	564	33	3,456	3,766	310	488	485	(3)	3,168	3,292	124
Non PbR							6,653	7,013	360	45,739	45,736	(3)
HCD							1,294	1,294	0	8,985	8,985	0
CQUINs							186	186	0	1,303	1,303	1
PSF/FRF/MRET							1,776	1,777	1	9,301	9,301	(0)
Total NHS Clincial Income	48,464	50,200	1,735	318,976	321,792	2,816	29,879	29,965	86	199,216	199,310	94
Other patient care income							80	89	9	560	642	82
Non-NHS: private patients & overseas							50	28	(23)	290	211	(79)
Injury cost recovery scheme							89	74	(16)	624	431	(192)
Total income from patient care activities							30,098	30,156	58	200,689	200,594	(95)
Other operating income							2,396	2,482	86	16,663	16,833	170
Total income							32,494	32,638	144	217,352	217,426	74

- Overall patient-related income exceeds plan in month and year to date by c£0.1m.
- Elective activity has continued to underperform, the cumulative position relates to Clinical Haematology, Colorectal, Upper GI, Urology and T&O offset by over performance within Gastro., Ophthalmology & Gynaecology. The income position shows the net MSK Orthopaedic under performance, offset by the additional activity undertaken by the sub-contractor. The cost of this reflected in the expenditure position. It has to be noted during October there were 99 elective/daycase "on the day" cancellation due to reduced bed availability, reflecting increased LOS of emergency patients. The impact of this was (c£0.2m).
- NEL is underperforming in month driven mainly by a casemix reduction. In-line with the contractual agreement for NEL cumulatively c£2.7m has been included reflecting the contract terms with Wirral CCG.
- The Maternity pathways performance position includes £0.2m relating to One to One midwifery patient transfers.
- Year to date Non PbR is line with plan. Main areas of underperformance are reduced adult Critical Care bed days, and Neonatal bed days in relation to the North Wales contract. This is offset by an over performance in Pathology and rehab.

2.4 Pay

Pay costs exceed plan by (£0.7m) in month, increasing the cumulative overspend to (c£2.8m).

The table below details pay costs by staff group for September and cumulatively.

STAFF GROUP	MONTH 7 (£'000) BUDGET	FORECAST	VARIANCE	CUMMULATIVE (£'000) BUDGET	ACTUAL / FORECAST	VARIANCE
CONSULTANTS	3,327	3,698	(371)	23,521	25,542	(2,020)
OTHER MEDICAL	2,347	2,512	(165)	16,614	17,778	(1,165)
TOTAL MEDICAL	**5,673**	**6,210**	**(537)**	**40,135**	**43,320**	**(3,185)**
NURSING & MIDWIFERY	5,987	5,932	55	42,675	41,721	953
CLINICAL SUPPORT WORKERS	1,982	2,225	(243)	14,083	15,680	(1,598)
TOTAL NURSING	**7,969**	**8,157**	**(188)**	**56,757**	**57,402**	**(644)**
AHP'S, SCIENTIFIC & TECH	2,778	2,841	(63)	19,527	19,844	(317)
ADMIN & CLERICAL & OTHER	4,710	4,863	(153)	34,084	33,649	435
TOTAL SUPPORT STAFF	**7,488**	**7,704**	**(216)**	**53,611**	**53,493**	**118**
TOTAL	**21,131**	**22,071**	**(£941)**	**150,503**	**154,215**	**(£3,712)**

- The tables below details all substantive and non-core spend by staff category, profile of budget, actual costs and year to date variance.

Medical Staffing			
Period	£m Budget	£m Actual	£m Variance
Mth 1	5,792	6,137	(£345)
Mth 2	5,748	6,153	(£405)
Mth 3	5,755	6,205	(£450)
Mth 4	5,663	6,096	(£433)
Mth 5	5,629	6,180	(£551)
Mth 6	5,875	6,339	(£464)
Mth 7	5,673	6,210	(£537)
TOTAL	40,135	43,320	(£3,186)

Nursing & CSW			
Period	£m Budget	£m Actual	£m Variance
Mth 1	8,591	8,482	£109
Mth 2	8,071	8,180	(£109)
Mth 3	8,186	8,188	(£1)
Mth 4	8,040	8,153	(£113)
Mth 5	7,909	8,185	(£276)
Mth 6	7,991	8,057	(£67)
Mth 7	7,969	8,157	(£188)
TOTAL	56,757	57,402	(£644)

AHP's (Scientific & Tech) and A&C/Other			
Period	£m Budget	£m Actual	£m Variance
Mth 1	8,100	8,073	£27
Mth 2	7,752	7,425	£327
Mth 3	7,678	7,570	£109
Mth 4	7,534	7,518	£16
Mth 5	7,562	7,573	(£11)
Mth 6	7,496	7,630	(£133)
Mth 7	7,488	7,704	(£216)
TOTAL	53,610	53,492	£118

Note: The increase in budget and actual cost for Nursing and Other staff pay grade in Mth 1 reflects the AFC pay award for 2019/20.

- The spend on Consultants reflects pressures in some specialties where agency is being used and premium costs are incurred to cover vacancies and sickness as well as the use of WLIs. The agency consultant 'hotlist' as previously mentioned is reviewed monthly to monitor progress and explore alternative models if possible to mitigate the premium cost.
- Other medical pressures reflect shortfalls in the trainee grades; although the "gap" has reduced following the recent rotation, there has been an increase in maternity leave within this group, resulting in a further gap of 5.00 wte.
- Although Nursing and midwifery is underspent YTD, the in month position is broadly balanced, this reflects the commencement of staff into previous vacant substantive posts and the support for escalation areas. To note the budget for nursing will vary dependent upon the number of nights, weekends and bank holidays in the month affected enhanced pay.
- The Clinical Support Worker category includes non-registered nursing grades that are in clinical areas, and trainee nurse associates. The overspend in this group of staff was previously mitigated by underspends in qualified nursing costs. However the position shows the continued reliance on this group of staff to support patient acuity, cover sickness and staffing support for escalation areas.
- Within the year to date position there is (c£0.4m) of undelivered CIP in relation to workforce schemes, including Non-ward based nursing and e-rostering.

The table below details pay costs by category for October and cumulatively

Pay analysis	Annual Budget £'000	Current period Budget £'000	Current period Actual £'000	Current period Variance £'000	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000
Substantive	(243,736)	(20,170)	(19,606)	564	(143,473)	(137,011)	6,462
Bank	(254)	(20)	(1,068)	(1,048)	(156)	(6,804)	(6,647)
Medical bank	(3,110)	(255)	(557)	(302)	(1,896)	(4,389)	(2,493)
Agency	(7,415)	(604)	(753)	(149)	(4,395)	(5,432)	(1,037)
Apprenticeship Levy	(1,000)	(83)	(87)	(3)	(583)	(578)	5
Total	(255,516)	(21,131)	(22,071)	(939)	(150,504)	(154,214)	(3,710)

- Although the underspend in substantive costs increased further, this is at a reduced rate than previous months, reflecting the commencement of staff into previously vacant posts. This has partially offset the increase in non-medical bank staff costs, which have increased compared to the previous months.
- Agency costs exceed the NHSI cap by (c£1.0m) as at the end of October. The NHSI agency cap was set before the VAT implications of the current medical locum provider contract where identified. Although the Trust now uses a VAT compliant model, within the year to date position this represents a pressure of (c£0.3m). The remaining pressure of c£0.1m per month relates to consultant costs in 'difficult to recruit posts'.
- A "deep dive" into the Medical pay costs has been undertaken as requested by the FPBAC committee in July; an action plan has been formulated and is being progressed, led by the Director of HR/Workforce.

Waiting List Initiatives (WLIs)

Detailed below is the spend incurred year to date relating to WLI sessions undertaken, number of patients seen, and costs incurred for both Inpatients and Outpatients by Division.

Inpatients	No. of Sessions	No. of patients	Total Costs (£)
Surgery	295	830	162,057
Medicine	377	2,111	201,817
W&C	1	8	564
Clinical Support	4	14	2,113
TOTAL	**677**	**2,963**	**366,551**

Outpatients	No. of Sessions	No. of patients	Total Costs (£)
Surgery	545	4,848	299,311
Medicine	145	1,124	65,760
W&C	98	363	54,434
Clinical Support	31	294	17,469
TOTAL	**819**	**6,629**	**436,974**

- The combined year to date actual costs for both inpatients and outpatients is (c£0.8m). The budget available to manage WLI requirements to deliver national cancer standards to Mth 6 is £0.4m, therefore an overspend of (c£0.4m).
- On average c£0.1m is spent on WLI on a monthly basis.
- The main specialities in Surgery where WLI have been undertaken are Urology and Colorectal to deliver 62 day cancer standards.
- Within Medicine, additional sessions have been needed to ensure delivery of key access waiting time standards in Gastro, Endoscopy and Dermatology.
- Additional Breast outpatients sessions have been done in Women's and Children's to deliver cancer 2 week access standards.
- Clinical Support includes the Radiology sessions to support the above.

Unfunded areas including escalation

The table below details actual cost incurred year to date relating to unfunded areas and the utilisation of escalation beds.

Unfunded areas including escalation beds	Number of unbudgeted beds open	Utilisation in 2019/20	Configuration of nursing staff required	Actual cost of nursing staff utilised (Mth 1-7) £000	Actual cost of medical staff (Mth 1-7) £000	Staffing source (agency/bank/ locum)	Total Expenditure (Mth1-7) £000
Reverse Cohort Area	12 trolleys	From 1st May 2019 (as and when required)	2 .00 wte Nurses 2.00 wte CSW 24/7	279	54	Combination of bank/agency	333
Ward 26	4 beds	Used for Medical outliers throughout 19/20 when needed	1 .00 wte Nurses 1.00 wte CSW	26	0	Bank	26
Ward 36	2 beds	Used for Medical outliers throughout 19/20 when needed	1 wte CSW	51	0	Bank	47
Ward 1	20 beds	Used for Medical outliers throughout 19/20 when needed	2.00 wte Nurses 2.00 wte CSW (20 patients) 1.00 wte Nurses 1.00 wte CSW (>20 patients)	153	83	Bank	236
Fluid Room	2 trolleys 2 lounge chairs	July 2019 (Mon - Friday)	1.00 wte Band 6 Nurse	26	0	Transfer of substantive staff	26
Ward 54	4 beds	Used forSurgical outliers throughout 19/20 when needed	1.00 wte CSW (nights) 1.00 wte Nurses (Mon-Fri) 1.00 wte CSW (Sat-Sun)	*75*	*0*	Bank	75
TOTAL				**610**	**137**		**743**

- Ward 26, 36, 1 and 54 are recognised escalation areas and are only used based upon need.
- The Reverse Cohort Area (RCA) was opened in May 2019 to eliminate the use of corridors for care and improve ambulance turnaround times. The RCA is used as escalation and during “in hours” is staffed by a rota from all divisions. Out of hours is provided by planned use of NHSP, which are deployed in ED should RCA not be needed. As escalation areas are opened as and when needed, NHSP costs are incurred to ensure safe staffing levels are maintained.

2.5 Non pay

Non Pay Analysis	Annual Budget £'000	Current period Budget £'000	Current period Actual £'000	Current period Variance £'000	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000
Supplies and services - clinical	(33,987)	(2,800)	(2,999)	(199)	(19,924)	(20,244)	(319)
Supplies and services - general	(4,575)	(381)	(414)	(33)	(2,662)	(2,776)	(114)
Drugs	(23,515)	(1,963)	(2,000)	(38)	(13,657)	(13,591)	66
Purchase of HealthCare - Non NHS Bodies	(7,477)	(619)	(646)	(27)	(4,384)	(4,800)	(416)
CNST	(12,948)	(784)	(784)	(0)	(7,553)	(7,553)	(0)
Consultancy	(0)	(0)	(46)	(46)	(0)	(242)	(242)
Other	(25,664)	(2,084)	(2,394)	(310)	(15,149)	(15,489)	(341)
Total	(108,167)	(8,631)	(9,283)	(652)	(63,329)	(64,694)	(1,365)
Depreciation	(9,219)	(780)	(846)	(66)	(5,300)	(5,788)	(488)
Total	(117,387)	(9,411)	(10,129)	(718)	(68,629)	(70,482)	(1,853)

- Non pay expenditure excluding depreciation exceeds plan by (c£1.4m) year to date, the in-month position is an over spend of (c£0.7m).
- Clinical supplies costs cumulatively are showing a pressure and largely reflect increased activity and acuity in key specialities, the year to date position also includes theatre loan kit costs some of which relate to 2018/19. The savings associated with the national procurement changes are not being fully delivered and represent a pressure of c£0.2m YTD.
- Purchase of healthcare non-NHS overspend relates to outsourcing costs with sub-contractors to manage waiting times as part of the MSK service. Within Radiology, the cost reflects capacity constraints and the use of outsourcing for reporting.
- Consultancy costs continue in-month largely to support transformation and governance. It is anticipated this spend will reduce in future months and is offset by vacancies in these areas.
- The “Other” category above incorporates a number of areas, including energy, interpreter fees, Divisional restructure implications, re-branding costs etc. There are over/under spends across a number of categories, all areas of discretionary spend are reviewed in detail at the monthly scrutiny panel the position includes the benefit of c£0.3m in relation to a non-recurrent energy rebate.

2.6 CIP Performance

Programme	Director	YTD NHSI Plan £k	YTD Actual £k	YTD Variance £k	In Year Forecast NHSI Plan £k	Fully Developed £k	Variance £k	In Progress £k	Total £k	Variance £k
Transformation										
Patient Flow	Antony Middleton	829	746	(83)	1,500	1,417	(83)	0	1,417	(83)
Theatre Productivity	Antony Middleton	498	282	(216)	1,000	555	(445)	228	784	(216)
Outpatients	Antony Middleton	568	568	0	1,000	1,000	0	0	1,000	0
Demand Management	Antony Middleton	109	0	(109)	500	0	(500)	311	311	(189)
Digital	Paul Charnley	59	36	(23)	123	88	(35)	9	97	(26)
Sub total - transformation		**2,064**	**1,633**	(431)	**4,123**	**3,060**	(1,063)	**549**	**3,609**	(514)
Quipp & Cross cutting workstreams										
Workforce	Helen Marks / Tracy Fennell	592	228	(365)	1,333	450	(883)	163	613	(720)
CNST	Antony Middleton	355	344	(11)	653	590	(63)	0	590	(63)
GDE	Paul Charnley	193	193	0	500	500	0	0	500	0
Endoscopy	Antony Middleton	0	0	0	150	50	(100)	0	50	(100)
Meds Management	Pippa Roberts	276	296	20	568	540	(28)	24	565	(3)
Procurement	Karen Edge	208	230	22	526	469	(57)	50	519	(7)
Tactical and transactional										
Divisional and Departmental	Divisional Directors	2,763	2,972	209	5,328	4,674	(654)	684	5,358	30
Total		**6,451**	**5,895**	(556)	**13,181**	**10,333**	(2,847)	**1,470**	**11,803**	(1,377)

- The table above details CIP delivered as at the end of Mth 7, as shown there was a shortfall of (c£0.6m), a further deterioration of (c£0.3m) from the Mth 6 position.
- The in-mth position is largely driven by the non-delivery of the workforce schemes and the increased profile during the latter part of the year, as agreed at the commencement of the year.
- Schemes progressed in-year are not predicted to deliver the anticipated savings; mainly Digital (£0.4m), Non ward based nursing (£0.1m), Medical non-core (£0.7m) and Demand management (£0.3m). As at October there is a residual shortfall of (£1.5m). Part of the demand management is mitigated via MSK physio. undertaken in-house.
- The BAU schemes continue to over-perform supported by non-recurrent vacancy mitigation particularly in the Corporate Division.
- At Mth 7 there is a current projected year end shortfall of (£1.4m). Divisions are in the process of scoping new schemes.
- To improve the Trust forecast position actual cost reductions are needed. In addition the weekly gateway monitoring still shows £1.5m of schemes at the “opportunity”, and “in development” phase.
- Drugs/Medicines Management and procurement schemes are marginally above plan and are forecast to deliver the full year target. Further opportunities are being explored by both the Pharmacy and Procurement teams, to mitigate any shortfalls in other areas.
- The “in- progress” schemes are monitored on a weekly basis by the Exec. Directors, in addition to reducing the “unidentified gap”.

3. Use of Resources

3.1 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%	-17.2	4	-14.6	4	-30.4	4
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	1.2	4	0.9	4	2.5	2
Financial efficiency	**I&E margin (%)**	Underlying performance: I&E deficit / total revenue	20%	-1.9%	4	-2.5%	4	0.0%	2
Financial controls	**Distance from financial plan (%)**	Shows quality of planning and financial control : YTD deficit against plan	20%	0.0%	1	-0.6%	2	0.0%	1
	Agency spend (%)	Distance of agency spend from agency cap	20%	0.0%	1	24.0%	2	0.0%	1
	Overall NHSI UoR rating				**3**		**3**		**2**

UoR rating summary

- The Trust has overspent against the agency cap; £0.3m of the £1.0m over cap relates to the VAT implication of the HMRC ruling (31 January 2019) in relation to the removal of VAT exemption for the supply of medical locums. The Trust has adopted an alternative model (which went live on 8 July) so that VAT will no longer be incurred. The remaining pressure relates to consultant costs in 'difficult to recruit posts'. This should reduce going forward as the Trust has recently recruited 7.00 WTE consultants substantively.
- The *Distance from financial plan* metric is currently above plan as a result of the year to date EBITDA position.
- The month 6 UoR rating is 3 overall, which matches the 2019/20 plan UoR rating of 3.

4. Forecast

Trust I&E – Forecast outturn as at Mth 7

At the previous Board Meeting (6 November 2019), the operational forecast outturn position presented was a deficit of (c£7.0m), including loss of PSF/FRF of (£4.4m), the net position was a deficit of (£11.4m). This being based on a full review at Month 4.
Based on the year to date position and assumptions made by the Divisions on delivery of activity targets and deployment of resources, the Trust is forecasting a "most likely" outturn deficit of (£15.9m), excluding the loss of PSF/FRF in quarter 4, the actual operational deficit is (£11.5m).

The table below details the change in assumption

WUTH 2019/20 Forecast outturn	Previous FOT (£m)	Most Likely FOT (£m)
Operational Deficit	(10,099)	(10,099)
Risks/Mitigations		
CIP	2,300	0
Wales activity	300	0
One to One	400	300
Mth 5 shortfall	100	0
Further operational pressures	0	(1,000)
Winter	0	(750)
OPERATIONAL FORECAST OUTTURN	**(6,999)**	**(11,549)**
Loss of PSF/FRF Q4	**(4,383)**	**(4,383)**
ADJUSTED FORECAST OUTTUIRN	**(11,382)**	**(15,932)**

The table below details the components of the outturn position.

WUTH 2019/20 Forecast outturn	£m	Notes
Extraordinary Items	(2.7)	Depreciation (£1.2m), VAT cost of Medical staff(£0.3m), closure of Aseptics Unit (£0.3m), 18/19 costs (£0.2m), departmental restructures (£0.5m), FOM (£0.3m)
Shortfall in CIP	(3.0)	Forecast shortfall from target of £13.2m
Medical Staff	(2.2)	Net of Corporate pay underspend (£1.5m)
Escalation areas/ED	(1.9)	Manage corridor waits, and impact of escalation areas remaining open
Anticipated Ward closure	(0.8)	Unable to be closed as planned due to operational need
MSK	(0.5)	Impact of outsourcing
Other pay pressures	(0.3)	Facilities staff
Non Pay Pressures	(0.2)	Clinical supplies activity related
OPERATIONAL FORECAST OUTTURN	**(11.5)**	
Loss of PSF/FRF Q4	(4.4)	**Loss of PSF/FRF Q4**
ADJUSTED FORECAST OUTTUIRN	**(15.9)**	

The above forecast position includes:

- Repayment of the “accelerated” support from Wirral CCG – in quarter 4
- Includes PSF/FRF payments up to and inclusive of Q3 of £8.1m.
- Includes Wd 24 remaining open, this was initially planned to close in November 2019, in-line with the Business Case to fund the step down facility opened in November 2018 on the Clatterbridge site, reduction in cost of (£0.8m). Based on current operational pressures this is unlikely to be achieved in 2019/20.
- Assumes additional cost implications to manage “Winter”, based on the current demand on services and most likely need over the remaining year, the Trust has raised with system partners additional pressures of c£0.4m arising which will need to be supported. BCF monies are being explored an indicative allocation of £0.3m has been included above.
- Based on the number of “on the day” cancellations of EL/DC activity due to reduced bed capacity, the Trust has agreed a “year-end settlement” with Wirral CCG, this is included in the above position. This will ensure any further cancellations do not impact the position, and will also mitigate against any impacts of CQUINs non-achievement.
- The original plan set at the beginning of the year, assumed no additional cash support in 19/20 would be required. However based on the year to date deficit additional cash support of £4.0m was needed in November. The forecast cash position will continue to be closely monitored to ensure there is sufficient notice to engage effectively with DHSC/NHSI.

Risks

- The main area of risk is the delivery of CIP, limited progress has been made in the last month.
- Further deterioration in costs as a result of operational pressures, with escalation capacity being fully utilised to maintain patient safety.
- The above risks are currently being closely monitored, CIP is reviewed weekly.
- The Trust will adjust the forecast position in-line with NHSI protocol at the end of quarter 3.

5. Risks & Mitigations

Risk 1 - Operational Management of the position

- Management of agency medical staff costs, work is ongoing to recruit substantively to key critical gaps and reduce dependence on non-core capacity.
- The activity performance position is monitored weekly by the Chief Operating Officer to ensure the elective program and the RTT 18 wk and 52 week quality standards are delivered.
- The weekly performance "scrutiny" panel review non-clinical vacancies, discretionary non pay spend, non-core spend and the agency 'hotlist'.
- Detailed "line by line" review of the forecast position as at Mth 7, to ensure any un-foreseen pressures are managed during the "winter" period.
- Monthly review of Divisional performance is undertaken by the Executive Directors as well as a more detailed Director of Finance review.

Risk 2 – CIP Performance

- Performance against milestones is monitored on a weekly basis by the Executive Directors with weekly CIP gateway monitoring of all programmes.
- Support from the Service Improvement team to ensure transformation schemes are delivered and the pace is maintained to deliver productivity improvements on flow and efficiency.
- The business as usual (BAU) schemes from the divisions are well under way. Any delivery gaps have been largely mitigated via non recurrent vacancies

Risk 3 – Cash

- If the plan is not delivered this would require loan funding which has not been planned for, as the Trust has signed-up to deliver a 'break-even' position.
- The implications of this are detailed in the forecast section.
- In order to maintain liquidity, the cash position is being proactively managed. Robust cash management processes are in place to forecast additional cash requirements with sufficient notice to engage effectively with DHSC/NHSI, should the need arise

Risk 4 – Capital Expenditure

- Delays to the delivery of detailed capital schemes present risks of potential capital underspend at year end. The capital position is actively managed through monthly divisional performance meetings and via the Finance and Performance Group.
- Following the recent 'reinstatement' of the Trust's initial capital plan, £1.6m planned spend on the APH car park included in the original programme has had to be deferred to 2020/21, in response to the earlier requests from NHSI to reduce capital spending. Due to the timing of this 'reinstatement', it would be challenging for the Trust to deliver this scheme in 2019/20.

6. Conclusion

Although the Trust has delivered the financial plan for Qtr1 and Qtr. 2, this has been supported by "accelerated" funding of c£4.1m from Wirral CCG. This reflects the continued operational challenges facing the Trust, mainly in resourcing capacity to maintain flow, which has continued in Mth 7, which is reflected in the financial position. During October there were 99 elective/daycase "on the day" cancellations due to reduced bed availability, reflecting increased LOS of emergency patients.

There remain a number of vacant consultant posts that require agency cover to maintain service provision. The Trust level of nursing vacancies has reduced compared to 18/19, and in addition has improved "fill" rates for gaps in rota's. Both of which will support achievement of safe staffing levels in clinical areas. However high sickness rates and acuity in certain key areas is impacting the Nursing pay costs.

Despite the multi-faceted approach in managing operational costs, based on the year to date position the Trust does not anticipate the control total target of "break-even" for 2019/20 will be achieved.

The operational forecast outturn based on the Mth 7 (October) actual position is an operational deficit of (c£11.5m), as the control total will not be delivered the Trust will not be able to access the PSF/FRF allocation of c£4.4m for quarter 4. In addition, the Ward closure is not anticipated to occur and recognising some degree of CIP risk will increase the deficit to (c£15.9m).

It has to be noted within this position there remains some risks,

- CIP delivery
- Further operational pressures – escalation areas remain open and are extended

To mitigate the income risk of cancellation of elective activity due to bed shortages, the Trust has agreed a "year-end settlement" with Wirral CCG; this is included in the forecast position. The Wirral system has also acknowledged some pressures are partially due to the effectiveness of the current residential care provision. Funding sources were explored by Healthy Wirral partners to support the Trust; £0.3m has been identified from the "Better Care Fund", and is included in the above position.

The Operational teams supported by the Executive Directors are proactively managing expenditure, activity performance and the delivery of the CIP plan. The cost improvement plan for 19/20 is £13.2m, although this is challenging, the Trust has made good progress and has weekly internal monitoring in place to maintain focus and pace in delivery. The forecast position is being reviewed and challenged to ensure it is credible and deliverable going forward, to eliminate fluctuations.

The Trust is fully engaged with the Wirral System to support, develop, progress delivery of the finance recovery plan for the "Place". The Trust has been transparent with partners as to the financial position and challenges facing the Trust.

The Executive Board is asked to note the contents of this report.

Karen Edge
Acting Director of Finance
December 2019

Board of Directors	
Agenda Item	14
Title of Report:	Flu Plan 2019-20
Date of Meeting:	04 December 2019
Author:	Ann Lucas, Deputy Director of Workforce Intelligence
Accountable Executive:	Helen Marks, Executive Director of Workforce
BAF References	PR2
Level of Assurance	Positive
Purpose of the Paper	For Noting
Data Quality Rating	Silver - quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Analysis completed Yes/No	No

1. Executive Summary

1.1 The purpose of this paper is to present on update on the Trust's flu plan.

2. Background

2.1 On 17 September all NHS Chief Executives received a joint letter from NHS Improvement (NHSI) and NHS England (NHSE) asking the Trust to tell them how they plan to ensure that all frontline staff are offered the flu vaccine and how it will achieve the highest possible level of vaccine coverage this winter. The letter states that in 2018/19 provider organisations saw a national uptake rate amongst front line staff of 70.3%, with some organisations vaccinating over 90% of staff. The ambition is to improve on this for 2019/20. It points out Board and ward leadership are critically important to promote vaccination to staff, providing visibility and transparency.

2.2 Last year's flu campaign results, validated by NHS England, shows Wirral University Teaching Hospital vaccinated 84.5% of front line (patient facing) and was fourth highest on the North West. This year's campaign, led by the OHD as in previous years, aims to build on last year's success.

2.3 The CQUIN (£583k payment to WUTH) attached to the staff flu vaccination rate requires 80% of front line healthcare workers to have received their flu vaccination between 01 September 2019 and 28 February 2020. However, the attached plan which has come to Trust Board previously, has an ambition to achieve 90% of front time staff to be vaccinated.

3. Key Issues

3.1 The 2019/20 Flu plan is included in **appendix 1** and shows the position at 19 November. Given the high level of importance that the Trust is placing on this campaign, the Chief Executive and the Acting Chief Nurse have both been trained as vaccinators and will play an active role in delivery of this year's target.

3.2 Due to the small number of OH nurses in the department and the number of people to be vaccinated, a number of other vaccinators have also been identified within the Trust (peer vaccinators) to support the campaign. As in previous years this is being supplemented by some bank workers.

3.3 As in previous years, the aim has been to vaccinate as many people as possible in the first few weeks of the campaign. However, this was made more difficult this year by the vaccine delivery arriving in three separate batches over three months. The three deliveries were as follows:

- September: 2,520 vaccines
- October: 2,160 vaccines
- November: 2,520 vaccines

Front line clinical staff and high risk areas were prioritised in the early weeks of the campaign. Please note that also included in the first two installments were vaccines to be supplied to Clatterbridge Cancer Centre for their staff.

3.4 Weekly updates are provided to the Executive Director of Workforce. These include the percentage of front line staff who have been vaccinated to date, compared with the same period last year – by division and staff group. By week ended 15 November, all vaccines from the first and second batches had been used and vaccines from the third and final batch are being issued. At 15 November, 3,520 frontline healthcare workers employed by WUTH had been vaccinated, representing 65.2% of the target group. This compares to 3,832 (73%) at the same point in 2018. This discrepancy is accounted for by the timing of the vaccine

deliveries compared to last year. Based on the uptake of vaccinations after the first two deliveries, the Trust can be confident that it can achieve both the CQUIN target of 80%, and our ambition of 90% of frontline workers vaccinated, now that the third installment of vaccines has been received.

3.5 This year's campaign is focusing on making sure that any staff members who choose not to have the vaccine complete sign an 'opt out' form. Getting opt out forms signed is one of the lessons learned from last year and has been incorporated into this year's plan. The opt-out forms provide valuable intelligence about why staff have chosen not to be vaccinated. These insights can be used to make future vaccination campaigns more effective. So far this year 15 staff have chosen to 'opt out' and the main reasons given are being worried about side effects and fear of needles. In addition to this there are 90 staff that have said they have been vaccinated elsewhere.

4. Conclusion

4.1 The actions within the plan are on target for delivery of the 2019/20 flu target.

5. Recommendations

5.1 The Board is asked to note the attached plan and contents of this report.

Appendix 1 2019-2020 WUTH Flu Action Plan – updated version as at 19.11.19

	Milestone	Action	Person Accountable	Start/Completion date	Comments	Status
1	**Flu vaccination, ordering, storing and monitoring of stock during the campaign**	Vaccine ordered and approximate date for delivery known	SH	Completed	Order confirmed and vaccine will arrive in three stages rather than one as in previous years due to late updates about the strain of the vaccine by the WHO. The three deliveries are expected as follows: w/e - Fri 27/09/2019 2,520 vac's w/e - Fri 18/10/2019 2,160 vac's w/e - Fri 01/11/2019 2,520 vac's	Done
		Confirmation that vaccine is on site	SH/JR	w/e- Fri 27/09/2019 2,520 vac's expected w/e - Fri 18/10/2019 2,160 vac's expected w/e - Fri 01/11/2019 2,520 vac's expected Delayed now expected w/e Friday 08.11.19	All three deliveries now received	
		Sign off Patient Group Directive (PGD) & Written Instruction – at Pharmacy Non-Medical Prescribing (NMP) meeting	SH/JR	Fri 06.09.19	Clarity needed about whether non-Trust employees can be vaccinated under the PGD/Written Instruction Narrative letter included – i.e. the consent narrative	Done

Appendix 1 2019-2020 WUTH Flu Action Plan – updated version as at 19.11.19

		Horizon scan for PHE updates and escalate any potential risks	J T-G	Immediately and throughout the duration of the flu campaign	Group email put together for any required communication	In progress
		Stock take to inform additional stock order	SH/JR	To commence on delivery date w/e Fri 27.09.19 and last for duration of campaign	It is anticipated there will be adequate stock across the deliveries but note stock includes vac's for Clatterbridge Cancer Centre with whom WUTH holds an SLA Includes 10 egg free vaccines Priority will be given to front line high risk clinical staff initially - main entrance hub at APH will not be opened until second delivery received	Done
		Identify a place for the vaccine to be stored through the campaign and notify all concerned	TF/SH/JR	Fri 06.09.19	Second floor feed store - will be used for ward and department vaccinators Pharmacy department will be used - for hub and roaming vaccinators	Done
		Stock received and secured safely within the Pharmacy department	PR	To commence on delivery date w/e Fri 27.09.19 and last for duration of campaign	Pharmacy will hold main stock and decant to feed store as needed to give 24/7 access	Done
		Monitoring of stock to account for it safe custody	PR	To commence on delivery date w/e Fri 27.09.19 and last for duration of campaign	A daily check will be undertaken by pharmacy staff -resident pharmacists can be contacted in event of urgent need.	In progress

Appendix 1 2019-2020 WUTH Flu Action Plan – updated version as at 19.11.19

		Lead on the preparation and approval of the Consent, Opt Out and 'Vaccinated Elsewhere' forms and ensure they are ready for use and distributed to wards, flu clinics and peer vaccinators etc. Ensure a plentiful stock of forms is held on the shelf in feed room and in the hub Produce flow chart to explain what needs to happen with all of the forms so they are processed and input correctly and in a timely manner Put a check list in place for what needs to be collected with the vaccine and understand where ward based anaphylaxis kit is located	SH/JR EB EB LP	Fri 20.09.19		Done
2	**Recruitment and training of adequate number of peer vaccinators to support campaign**	Agree training dates, content and booking system for peer vaccinators Immunisation training – core competency and	SH/AE/TF AE	Fri 13.09.19	**Note: Vaccinators must be CPR compliance prior to training**	Done

Appendix 1 2019-2020 WUTH Flu Action Plan – updated version as at 19.11.19

		inactivated vac proof of certification needed prior to anaphylaxis training Anaphylaxis – WUTH video (e-learning) and face to face with session with AE PGD – signed to confirm understanding of content and give consent CPR training – ensure MT CPR is up-to-date 'See one do one' training – it is a prerequisite identified in the e-learning that all vaccinators will receive practical training in vaccine administration	 AE JB TF/JB/Vaccinators/ Divisions JB/Vaccinators		3 dates with 8 sessions agreed AEv in Pharmacy will support and advise if needed	
		Communicate training dates to peer vaccinators	JB/LP	Fri 13.09.19		Done
		Identify and agree who will be peer vaccinators/the number of vaccinations they are each expected to carry out/ the area they are responsible for in terms of getting staff vaccinated – ensuring non-wards areas and corporate services staff who have patient contact	JB/LP/Divisions	Fri 13.09.19	Peer vaccinators to include: CEO/Chief Nurse/Medical Director/All ward managers/DDN's/Matrons/AND's/IPC team/Safe Guarding team/Community nurses At least one vaccinator to be identified in each clinical area Vaccinators data base has been created	Done

Appendix 1 2019-2020 WUTH Flu Action Plan – updated version as at 19.11.19

		are covered			and will be kept up-to-date throughout campaign	
		Identify any staff awaiting return to work with reasonable adjustments who may be suited to be peer vaccinators	CB/HRBPs	Fri 20.09.19	List of names to be sent to LP	Done
3	**Staffing for flu campaign**	Book bank nurses to support flu clinics and agree shifts times and dates with them JB to organise and ensure they are properly trained and SH/JR to book and authorise	SH/JR/JB	To commence w/e Fri 13.09.19 and roll out will be throughout campaign		Done
		Arrange and set up of general flu clinics in APH Information Hub/Induction sessions/CBH OH Department/APH & CBH Restaurants/Other areas JB to organise and to prioritise clinical staff first – working with SH/JR during some protected office time based in Occupational health Department	SH/JR/JB	To commence w/e Fri 13.09.19 and ongoing throughout campaign	LP will help and advise based on the number of peer vaccinators available in the Trust and the areas they will be responsible for. Drop-in clinics have been held, including the Hub, with less reliance on such clinics than in the past, because of greater use of peer vaccinators.	In progress

Appendix 1 2019-2020 WUTH Flu Action Plan – updated version as at 19.11.19

4	**Communications plan**	Agree and deliver flu communications plan JB to feed with local information and updates	MB JB	Commence w/e 30.08.19 and continue throughout campaign	Comms started w/e 30.08.19	In progress
		Update website with current year information JB to feed with local information and updates	MB JB	Fri 20.09.19 Commence w/e 20.09.19 and continue throughout campaign	There is a page on the intranet which is accessible directly from the home page and which includes the relevant information.	Done In progress
5	**Reporting of statistics**	Identify the number of front facing staff who have regular patient contact and therefore count towards the target percentage for reporting purposes	EB	Wed 18.09.19	The total number of staff included in the denominator is 5,410. This also includes non-clinical staff who come into contact with patients in the course of their work.	Done
		Input flu data to ESR/Cohort/PHE portal and produce weekly update reports for Executive Team	EB	Commence w/e 04.10.19 and continue throughout campaign	Weekly updates – by division and staff group - including comparison figures for the same week last year, to be sent to Executive Director of Workforce and Deputy Director of Workforce Intelligence for weekly reporting to CEO and Exec Team. At 15 November, just over 3,500 frontline healthcare workers had been vaccinated – approximately 65% of the target group. This is less than the same time last year (73%) and attributed to the delivery dates which were outside of Trust's control.	In progress

Appendix 1 2019-2020 WUTH Flu Action Plan – updated version as at 19.11.19

		Reconcile the number of vaccines used to the number of forms received and input to the portal to ensure all are recorded and reported to Public Health England monthly	EB	Commence w/e 04.10.19 and continue throughout campaign	There are differences between the number of vaccines dispensed and figures reported to PHE due to some employees being vaccinated elsewhere (e.g. at GP surgeries), vaccinations given to non-patient facing employees, and vaccines provided to other organisations (CCC and local hospices). A full reconciliation will be performed on November's data.	In progress
6	**Record of cost**	Record all consumables used including bank staff and any overtime costs to identify cost pressure and report to finance department	EB	To commence 05.08.19 and ongoing throughout campaign	Copy to be sent to Deputy Director of Workforce Intelligence at end of campaign	In progress
7	**Public Assurance**	Board to agree percentage ambition to aim for – suggested 90% of front line healthcare workers vaccinated	AL	Wed 02.10.19	Suggested ambition of 90% (last year achieved 84.5%)	Done
		Board to receive a campaign evaluation report including final data, challenges, success and lessons learnt	AL	February 2020		Not yet due – no expected delays
		Board Champion for Flu to be agreed	AL	Wed 02.10.19	Exec's agreed HM – Board to ratify	Done

Appendix 1 2019-2020 WUTH Flu Action Plan – updated version as at 19.11.19

		All board members to receive flu vac and ensure publicised	JB/MB	Mon 31.09.19	Due to 1st batch of vaccines being used for priority areas, it was agreed to wait until the 2nd batch had arrived to vaccinate Board members. Vaccinations were given to Board members prior to their meeting on 06 November.	Done
		Staff side representatives to be consulted and regularly updated on the plan	CB/HRBPs	Starting in August and throughout duration of the campaign	Chair of staff side has confirmed support for the campaign	Done

Board of Directors	
Agenda Item	15
Title of Report	Change Programme Summary, Delivery & Assurance.
Date of Meeting	4th December 2019
Author	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

SUMMARY

1.Overview

The scope (see slide 2) of the Change Programme has changed during the past month. The Programme Board confirmed - at its meeting of 20 November 2019 – that the 'Improving Patient Flow' programme will comprise: 'Front Door', 'Back Door' and 'Command Centre'. The 2 digital enablement projects supporting Flow will also be assured. The 'Workforce Transformation' pipeline programmes will be further defined once the appropriate (specialist) capability is in place. The 'World Class Administration of Patient Services' project presented the headlines of its Project Initiation Document to the November Programme Board whereupon it was formally approved as 'in scope' and will be subject to the assurance framework from December 2019.

Otherwise, the Executive Team continues to direct enhanced focus on the three large priorities within the Change Programme: Patient Flow, Outpatients and Perioperative Care.

The overall ratings assessments (see slides 3 and 4) are little changed from the previous month:

1.1. Governance Ratings

Four of the six 'live' programmes are green rated for governance, with two attracting an amber rating, based upon the SharePoint evidence. SROs should act to secure an increase in green ratings underpinned by assurance evidence; all change, in a safety critical system, needs to be transacted within a transparent and safe framework.

1.2. Delivery Ratings

This month shows five programmes showing amber for delivery with one rated as red. For the sake of clarity, amber ratings remain indicative of substantive issues albeit considered within the competency of the project team to resolve. The areas for attention are the definition and realisation of benefits and robust tracking of milestone plans and risk.

1.3. Ratings Suspended

The Flow Programme, as governed by the Programme Board, continues to have assurance ratings suspended while the programme is re-worked. A revised, high level, framework was presented to the November Programme Board. The Wirral West Cheshire Pathology Alliance also remains 'suspended' pending a decision to proceed with the programme of change.

The assurance ratings are leading indicators of whether the desired grip and pace are being achieved, resulting in a more significant 'shifting of the dials' in terms of the desired improvement.

DELIVERY

2.Programme Delivery – Priority Areas

Responding to the request from the Board of Directors in their meeting of May 2019, each month the metrics from the three priority project reports to Programme Board will feature in this report. This will allow Board members to see transparently the dials that are being used to monitor the impact of the project work. It will be an opportunity for the Senior Responsible Owners (SROs) of those projects to describe to the Board the progress being made, challenges encountered and solutions being implemented:

2.1 Flow. The metrics for the Flow project are shown at slide 6.

2.2 Perioperative. The metrics for the Perioperative Medicine project are shown at slide 7.

2.3 Outpatients. The metrics for the Outpatients project are shown at slide 8.

3.Service Improvement Team and Hospital Upgrade Programme
Recruitment into the new 'Hospital Upgrade Programme' has been initiated with Job Descriptions produced and A4C matched (adverts have been drafted); the advertising of the posts awaits the final financial approvals within the Trust. The November Programme Board endorsed the recruitment proposals.

At the time of the December Trust Board all of the six new starters in the Service Improvement Team will have arrived, this will complete the full establishment of nine; the 'on boarding' process continues to proceed successfully.

ASSURANCE

4.Programme Assurance - Ratings
The attached assurance report has been undertaken by External Programme Assurance and provides a detailed oversight of assurance ratings per project. The report provides a summary of the assurance provided to the Trust's Programme Board as a gauge of the confidence in eventual delivery. The actions needed to improve those confidence levels are described in the assurance statements for each project and this independent monitoring will continue to assess the assurance evidence. The assurance evidence has been discussed at the Programme Board meeting (the membership of which includes a non-executive director) held on Wednesday 20 November 2019.

5. Assurance Focus
In aggregate, the assurance ratings for the top 3 priority projects - namely Flow, Perioperative Care and Outpatients - carry much greater weight than the other 7 projects. This weighting is true not only in terms of their significance to, and impact upon, the Trust mission in the near term but also the breadth and degree of difficulty of the work involved.

The first two pages (**slides 10 and 11**) of the Change Programme Assurance Report provide a summary of each of the 3 Priority Projects and highlights key issues and progress.

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

6.1 That the Board of Directors requests Senior Responsible Owners / Executive Sponsors to direct their projects to further improve confidence in delivery.

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Change Programme Summary

External Programme Assurance

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P Priority Project

S Suspended Project

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WUTH Trust Board of Directors

Programme Board – CEO Chair

Improving Patient Flow
SRO - Nikki Stevenson

- P Front Door — **Lead: Shaun Brown**
- P Back Door — **Lead: Shaun Brown**
- P Command Centre — **Lead: Shaun Brown**

Operational Transformation
SRO - Anthony Middleton

- P Perioperative — **Lead: Jo Keogh**
- P Outpatients — **Lead: Alistair Leinster**
- Diagnostics Demand Management — **Lead: Alistair Leinster**
- World Class Administration of Patients — **Lead: Mel Aldcroft**

Hospital Upgrade Programme
SRO – Anthony Middleton

- Programme Management
- Financial Management
- Communications & Engagement
- People
- Care Pathways
- Building

Workforce Transformation
SRO – Helen Marks

- Workforce Planning — **Lead: Ann Lucas**

Pipeline

- Medical Staffing Improvement Project — **Lead: TBC**
- Specialist Nursing — **Lead: TBC**

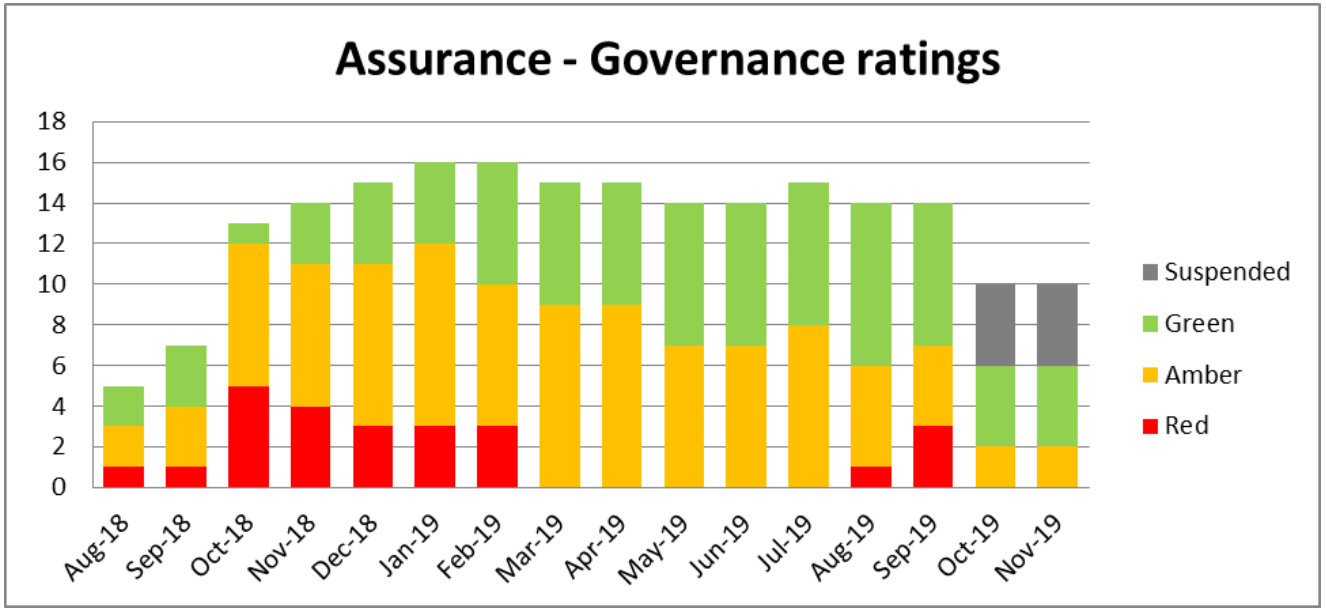
Partnerships (GDE Enabled)
SROs - per programme

- **Healthy Wirral** Medicines Optimisation — **Lead: Pippa Roberts**
- S **Wirral West Cheshire Alliance** Pathology — **Lead: Alistair Leinster**

Change Programme Assurance Report - Trust Board Report - November 2019

S Brimble – Office Manager & Project Support

Wirral University Teaching Hospital NHS Foundation Trust



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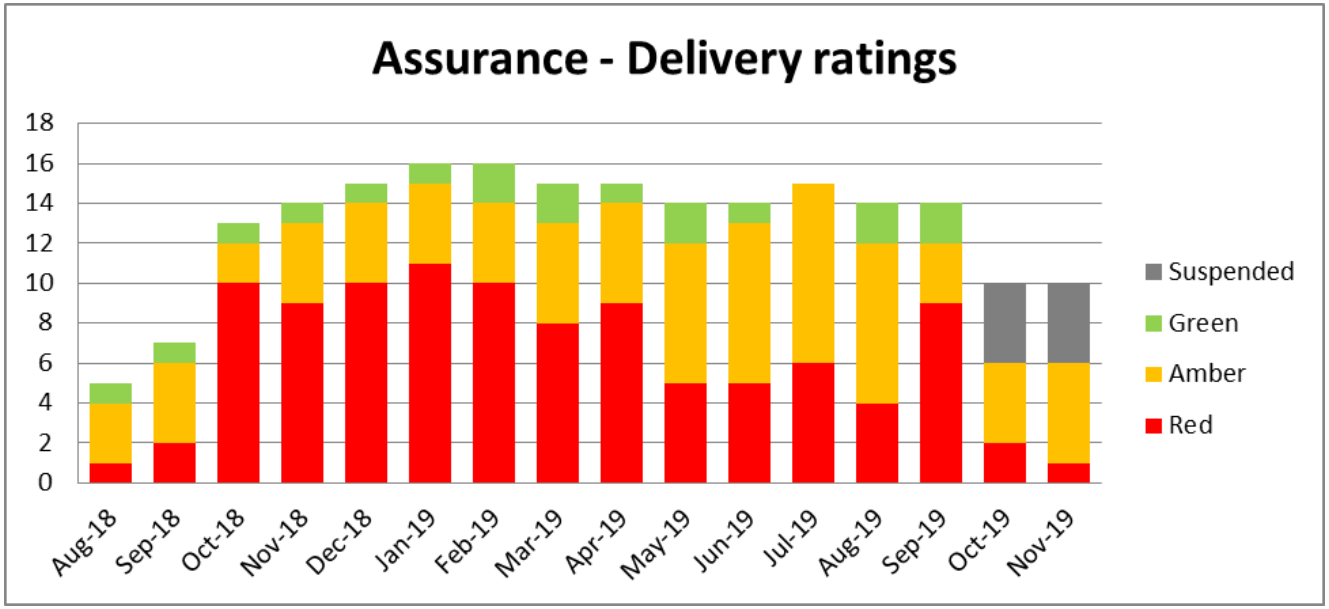
Change Programme Assurance Report - Trust Board Report - November 2019

S Brimble – Office Manager & Project Support

Wirral University Teaching Hospital
NHS Foundation Trust



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Priority Projects
Highlight Report - Metrics

Senior Responsible Owners

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Highlight Report – Patient Flow Improvement
Reporting Period – September 2019
Programme Lead – Nikki Stevenson

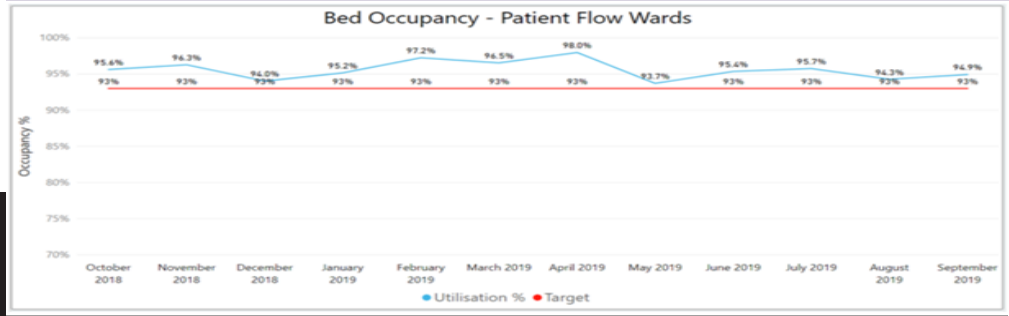
Overall Governance	Overall Delivery	Plan to Turn Green
Suspended	Suspended	

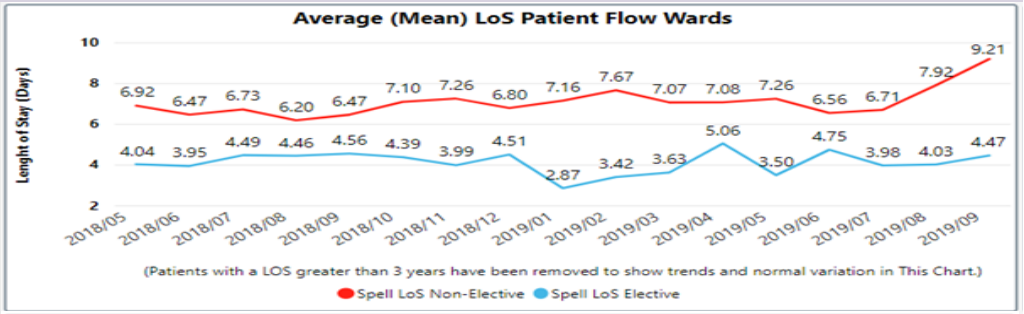
3 things you need to know

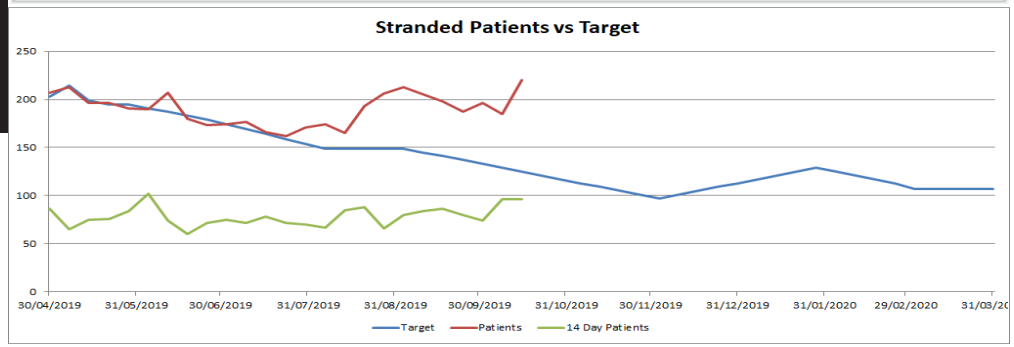
Front Door: Streaming: High level of specialty engagement. Collaborative streaming with WCT has recommenced (WUTH- complex streaming, WCT-simple streaming) . M&A Assessment Redesign: Nursing business case approved at TMB.

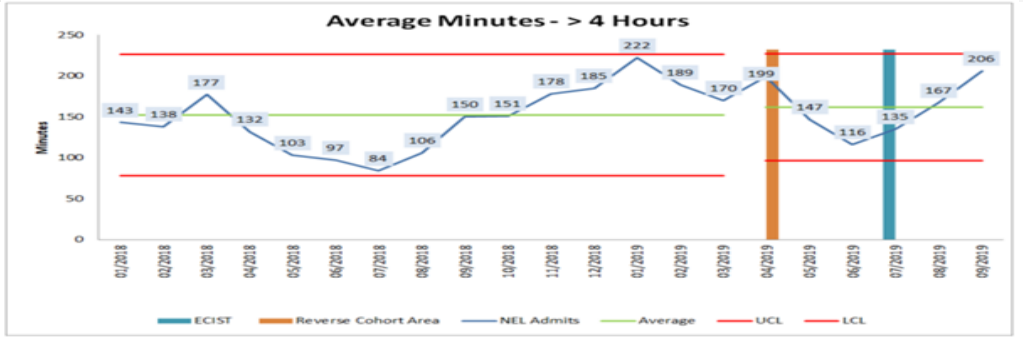
Back Door: Accelerated Discharge: Call to Action discharged 50% of longest stay patients reflected in increased mean LOS as calculation uses closed episodes . Quality Matrons/ADNs now leading on LLOS reviews for wards. IDT: Additional senior management support to lead IDT seconded in from 21/10

IT Enablers: Capacity Management project technical kick off with Cerner starts 11th November.
LaunchPoint: Training on hold as Trust review the Decision to Admit process internally. Some build issues still to resolve but no 'show stoppers' and nothing that impacts training delivery. Go live of 18th Nov at risk - impact assessment to be completed









Escalation

21 day+ patients are not decreasing in line with trajectory despite high level of senior input into expediting their discharge.
Organisational readiness for Capacity Management go live in March 2020

Highlight Report – Perioperative Medicine
Reporting Period – October 2019
Programme Lead – Jo Keogh/Paul McNulty

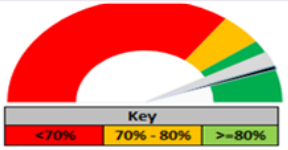
Overall Governance	Overall Delivery	Plan to Turn Green
Green	Amber	Milestone Plan review will take place with the newly appointed designated Programme Manager for Perioperative Medicine with a view to plan for the next 12-18 months.

Three things you need to know

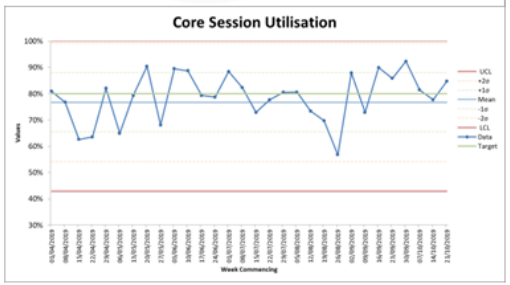
Focus on Electronic Booking Form and the intermediate steps to support the full electronic tool .

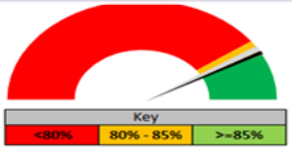
Three phase recovery options have been approved. Weekly meetings in place with a planned delivery date of February 2020. Virtual Reality demonstration with teams identified improvements within the plans to support patient flow within theatres and patient experience, but leading the way as an innovative model for future service delivery.

The Theatre Scheduling System design specification have been used to develop a scheduling system in Power BI and is currently being tested prior to parallel running with the new schedule live from 4/11/19



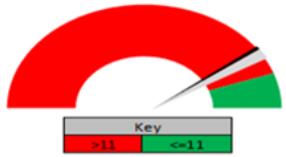
Core session utilisation Target 80% of 52 week capacity	Sept	Oct
	84.0%	88.6%





In Session utilisation (Monthly Average %)	Sept	Oct
	81.0%	82.9%

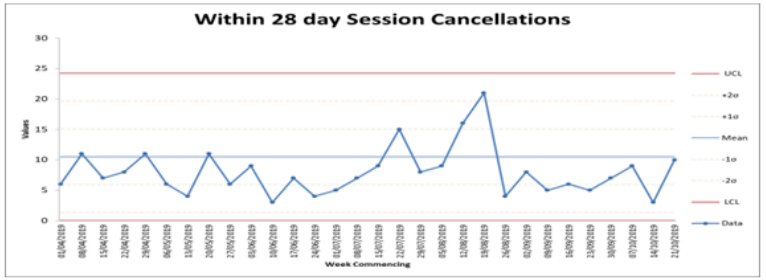
Avg Wkly 'On the Day' Cancellation of Cases



Average Weekly Case Cancellations on the Day – Reduce to 11	Sept	Oct
	18.1	21.5

During September and October the level of patients cancelled on the day for non-clinic reasons is directly attributed to beds. This has impact on both Insession utilisation and On the day cancellations.

Minimise session cancellation within 28 days of session date (four week lockdown)	Target	2019						
		Apr	May	June	July	Aug	Sept	Oct
Total	19	37	33	23	42	52	26	31



Escalation

Likely risk to delivery in February 2020 for Three phase recovery due to delays a the procurement process stage. Programme still likely to complete by 31st March 2020

Highlight Report – Outpatients
Reporting Period – October 2019
Programme Lead – Alistair Leinster

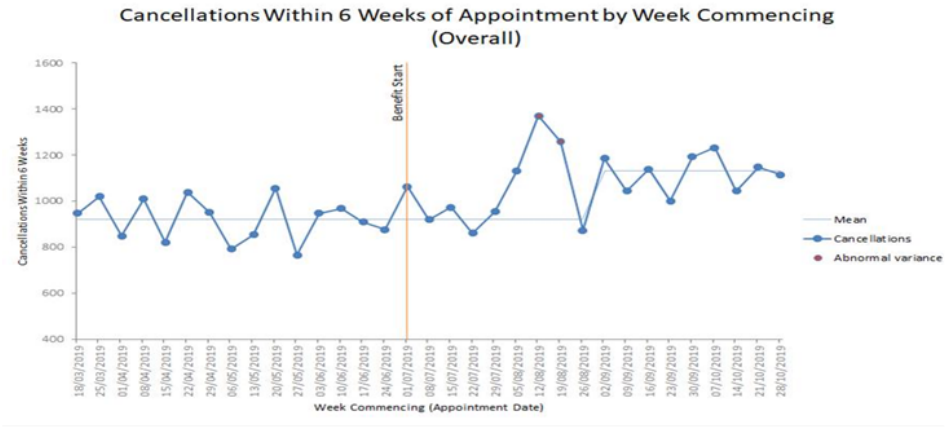
Overall Governance	Overall Delivery	Plan to turn green
Green	Amber	Metrics reviewed, change control to be brought to December Programme Board. Re-scoping of Programme with associated milestone plan in development.

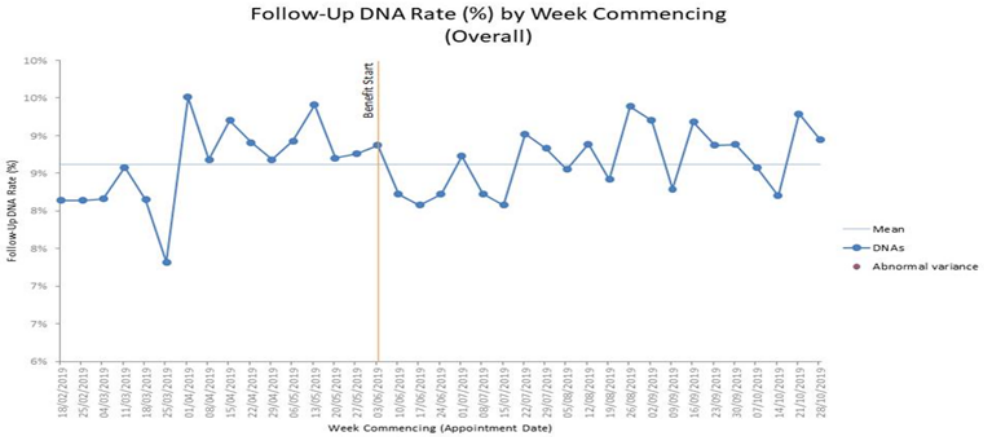
Things you need to know

Future of Wirral Outpatients engagement workshop – deadline set for 22nd November for returning commitments to change of opportunities for providing non face to face activity. Requests support from Divisional Directors to ensure specialties have returned their plans, communications sent to DD's and DM's each Monday.

Metrics reviewed with project team to implement targeted improvement iniatives for those areas with the greatest impact. Change control to be brought back for approval at the next Programme Board Meeting in line with proposed 12-18 month milestone plan.

Make or Buy Framework is being deployed to identify the most suitable option for the Outpatients Room Booking Software





Escalation

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Programme Assurance Ratings

Joe Gibson
22 November 2019

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Change Programme Assurance Report -
Trust Board Report - November 2019 - Top 3 Priority Projects - Summary

J Gibson – External Programme Assurance

Wirral University Teaching Hospital NHS Foundation Trust

Improving Patient Flow	Governance	Suspended	Delivery	Suspended

- For the Flow programme the key metric '21day + LoS' remains excess of the programme target now being routinely some 80% above target (as at 20 Nov 19).
- The Programme Board elected to suspend assurance ratings of the programme to allow programme managers to assist with the rapid operational measures being taken to improve the situation. The assurance ratings will be reinstated once revised plans are in evidence.
- A revised framework for the 'Improving Patient Flow programme was described to the Programme Board on 20 November 2019; that Board approved proposal for 3 projects to cover: Front Door, Back Door and Command Centre. The two digital enabling work-streams will also be 'in scope' for assurance purposes.
- **The 'Command Centre' project, with 15 weeks to launch of the new system, needs to bring forward (on SharePoint) evidence of planning and governance (as well as all other key assurance domains); the current 'Programme Assurance Update' describes a weak position in terms of confidence in delivery and sustainability.**

Perioperative Medicine Improvement	Governance		Delivery	

The status remains broadly as described in October 2019. The recommendations to be acted upon remain:

Benefits: of 6 benefits defined in the PID, 4 are being measured and reported to Programme Board (and Trust Board). Recommendations:

- Ensure the other 2 benefits are reported
- Ensure reporting of the benefits is accompanied by an explanation of progress
- Benefits should have not only a start date but also a date by which the benefit is expected to be achieved and sustained

Planning: the Gantt Chart shows 15 actions were due to complete by Nov 19 and the remaining 6 by Feb 20. Recommendations:

- Ensure that the current plan will deliver and sustain the stated benefits
- Extend current plan if needed to assure benefits
- Monitor and update the plan week-by-week
- Walk through open actions at each team meeting and hold action owners responsible for delivery
- Escalate issues to the Operational Transformation Steering Group

Change Programme Assurance Report -
Trust Board Report - November 2019 - Top 3 Priority Projects - Summary

J Gibson – External Programme Assurance

Wirral University Teaching Hospital NHS Foundation Trust

Outpatients Improvement	Governance		Delivery	

The status remains broadly as described in October 2019. The recommendations to be acted upon remain:

Benefits: of the 6 benefits defined in the PID, 3 are being measured and reported to Programme Board (and Trust Board). Recommendations:

- Ensure the other 3 benefits are reported
- Ensure reporting of the benefits is accompanied by an explanation of progress
- Benefits should have not only a start date but also a date by which the benefit is expected to be achieved and sustained

Planning: the Gantt Chart shows 37 actions are due to complete by Nov 19 and the remaining 9 by Jan 20. Recommendations:

- Ensure that the current plan will deliver and sustain the stated benefits
- Extend current plan if needed to assure benefits
- Monitor and update the plan week-by-week
- Walk through open actions at each team meeting and hold action owners responsible for delivery
- Escalate issues to the Operational Transformation Steering Group

together we will

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Workforce Planning - Programme Assurance Update – 12 November 2019

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Helen Marks	Ann Lucas	Andy Hanson	Design	Green	Amber

Independent Assurance Statement

1. Revised Project Mandate and PID (version 1.0 dated 17 Oct 19) uploaded 6 Nov 19 with benefits described; however, the metrics for measurement of each benefit (numerical values) have yet to be defined. **2. & 3**. There are now revised ToRs of the 'Working Planning Working Group' with minutes of a meeting of 25 October 2019. **4.** There is now evidence of some stakeholder engagement in the form of a 'Workforce Planning Update' presentation together with 'Stakeholder Analysis' and a 'Communications Plan' - the plan will need to be tracked to provide evidence of delivery. **5**. EA/QIA were signed off in May 2019 (although new drafts are now in evidence). **6.** A revised 'draft' project plan is now in evidence; tracking is being applied. **7.** There is now evidence of a Workforce Dashboard (Trust Level) dated 22 May 19 but no explicit link to programme metrics or start dates attached; however, the benefits profile in the PID has been revised (with metrics to be finalised). **8 & 9.** There is a revised risk register which shows evidence of updates to end of October 2019; the 'date of last review' column for each risk needs to be completed. **Most recent assurance evidence submitted 12 Nov 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											

Command Centre - Programme Assurance Update – 12 November 2019

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Shaun Brown	Clare Jefferson	Implementation	Amber	Red

Independent Assurance Statement

1. The PID, draft v0.5 dated 26 Jul 19, lacks metrics by which benefits will be measured and these are in the process of being developed. The business case for 'Capacity Management Devices' dated 12 Aug 19 was approved at the interim PFIG 12/08/19. An Exception Report for Programme Board 18th September 2019 is also in evidence. **2. & 3.** Evidence of documented project meetings is no longer appearing on the SharePoint site; most recent agenda is from 30 Aug 19, folder states Project Board 'paused' from June 2019. **4.** Evidence of widespread stakeholder engagement with clinical groups is thin with most recent upload from Jun 19; a more compelling communications and engagement effort (see Plans from May 19) will be required. **5.** EA has been drafted and QIA signed-off. **6.** The Command Centre Project Plan has been updated to 9 Aug 19 but not since that date and shows a number of delays, several of 4 to 5 months. **7.** As described above, there are no metrics as yet for the benefits to be measured. **8 & 9**. There is a RAID Log showing the date of risks last reviewed as 7 Nov 19. **Most recent assurance evidence submitted 7 Nov 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		●	●	●	●	●		●	●	●	●

Perioperative Medicine Improvement – Programme Assurance Update – 12 November 2019

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Jo Keogh	Aaron Brizzel	Implementation	Green	Amber

Independent Assurance Statement

1. The PID v5 dated 8 Apr 19 has a comprehensive set of objectives and measurable benefits defined with metrics; it was signed off by the Project Board on 8 Apr 19. **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 Nov 19; an action log is now in place to assist governance. **4.** There is evidence of wider stakeholder engagement uploaded but this ceases (8 Jul 19) with the May-July Divisional Newsletter; more recent evidence is required. A communications plan is now available but is not being tracked. **5.** The QIA has now been revalidated. **6.** The revised plan, dated 1 Aug 19 (as re-baselined by means of an Exception Report to the May Programme Board) was updated to 4 Nov 19 and is showing red ratings across some 30% of milestones. **7.** KPIs are developed in the PID; the performance reported to Operational Transformation Steering Group on 11 Nov 19 shows 2 of the 4 KPIs red rated. **8 and 9.** Evidence in place concerning risk and issue management and the 'date of last review' for most risks is 12 Oct 19. **Most recent assurance evidence submitted 7 Nov 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 - 12 November 2019

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Alistair Leinster	Clare Jefferson	Implementation	Green	Amber

Independent Assurance Statement

1. Issue version of PID v1.0 dated 10 Jun 19 was approved at Operational Transformation Steering Group on 10 Jun 19. **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 Nov 19. **4.** The 'Outpatients Communications and Engagement Plan' draft v1.1 Jan - Apr 19 needs to be revised or replaced; however, there is an excellent stakeholder presentation available and an 'Outpatients Transformation' bulletin every two weeks. **5**. The signed QIA has been submitted. **6.** A detailed Gantt chart has now been produced, uploaded 10 Sep 19, to cover 2019/20 following approval of the revised PID; the tracking is not up to date across workstreams with undefined delays. **7.** Only 2 of the 6 KPIs defined in the PID are being reported and both are off track; the main KPI, achievement of plan, is reported as a 3% year-on-year increase but in not systematically reported to SharePoint. Dials for metrics, with thresholds, and a clear read across to PID targets would be beneficial. **8 and 9.** There is a comprehensive RAID Log in evidence with risks and issues last updated on 9 Sep 19. **Most recent assurance evidence submitted 12 Nov 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 - 12 November 2019

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Alistair Leinster	Clare Jefferson	Implementation	Green	Amber

Independent Assurance Statement

1. The project PID, ISSUE v1.0 dated 15 May 19 was approved (as draft version 0.9) at the Operational Transformational Steering Group meeting on 13 May 19. It is supplemented by a BOSCARD, 'Initiation Pack' and the paper 'Unwarranted Variation & Demand Management: Pathology Tests', A Bamber. **2.** A project team is defined. **3.** There is a comprehensive meetings log with agendas and action notes to Nov 19 and associated action log. **4.** There is a stakeholder mapping assessment and the Comms Plan has been incorporated into the Project Milestone Plan where it is tracked. There is evidence of stakeholder engagement uploaded but this ceases in May 19. **5.** A QIA/EA has been drafted and QIA has been signed off on 18 Mar 19. **6.** A comprehensive milestone Gantt chart plan has been developed, updated 28 Oct 19, on which tasks have been updated and which shows delays to some milestones. **7.** There is now benefit reporting against two metrics (compared to the six detailed in the PID) and one is green, the other amber rated; the CIP target was last being reported as on track. **8 and 9.** Risks and issues are recorded; risk register shows the 'date risk last reviewed' as 14 Aug 19. **Most recent assurance evidence submitted 5 Nov 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);	Anthony Middleton		●	●	●	●	●		●	●	●	●

Healthy Wirral: Medicines Optimisation - Programme Assurance Update - 12 November 2019

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

Independent Assurance Statement

1. PIDs have now been uploaded for: HW AMR (draft), HW MOCH (draft), HW Pan Mersey (draft), Mental Health, and HW Stoma; eTCP, were updated and uploaded 14 Aug 19. Some of these PIDs are only partially complete with benefits either partly defined or cross-referred to the GDE SoPB. **2**. HW MO reports are available up to Nov 19. **3.** Governance structure shows how the 'Medicines Optimisation' now fits as part of the revised 'Healthy Wirral' programme structures. The ToR were updated as of 9 Jul 19. **4.** There is continuing evidence of stakeholder engagement and comms by means of presentations and meetings to Nov 19. 5. EA/QIA signed off 18 Mar 19. **6.** There is now a detailed milestone plan, v4, recently uploaded; however, most milestones for Aug and Sep 19 remain 'open' (status not clear). **7.** Benefits are shown in a range of reports, uploaded to Sep 19, covering: Adalimumab Biosimilar; Biosimilar Uptake; Etanercept Biosimilars; Infliximab Biosimilars; Lucentis Data; Rituximab Biosimilars. Lost opportunities numbers are shown but overall benefits (numbers) unclear. **8 and 9.** There is a monthly risk and issues log in place and updated to Sep 19 (although it is in non-standard format) with 'date of last review' as Nov 19. **Most recent assurance evidence submitted 8 Nov 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
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		●	●	●	●	●		●	●	●	●

Board of Directors

Subject:	Agenda Item 16 Proceedings of the Trust Management Board held 28.11.2019	**Date:**	4th December 2019
Prepared By:	Andrea Leather – Board Secretary		
Approved By:	Janelle Holmes, Chief Executive		
Presented By:	Dr Nicola Stevenson, Medical Director		
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 M7 outturn.**
Patient Impact	**Several areas currently represent a potential risk to quality or safety of care – Infection Prevention Control, Long Length of Stay, 18 week Referral to Treatment and attendance management.**
Staff Impact	**Attendance management and appraisal compliance 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

1. Executive Summary

The Trust Management Board (TMB) met on 28/11/2019. This paper summarises the proceedings of the TMB and those matters agreed by the TMB for escalation to the Board of Directors.

2. Divisional Updates

Updates from each of the clinical Divisions were provided for information with the following actions noted:

(i) Surgery – maintaining zero 52 week breach continues to be a challenge and is compounded by the bed pressures, particularly day cases. The new theatre schedule was launched w/c 4th November along with the new electronic, in-house developed, theatre scheduling system. In addition the new robot schedule has been agreed by all key parties, Colorectal, Gynaecology and Urology with the clinically led robot meeting re-established. Discussions ongoing to utilise surgery provision at Clatterbridge with appropriate support, starting with Orthopaedics. Division looking to understand issues for the poor response to the MES survey. Nutrition team nationally recognised for zero line infections (best in the country).

(ii) Medical & Acute - a summary of workforce changes were provided. With effect from 1st December the Walk in Centre (WIC) at APH will be classed as UTC and will provide access to simple diagnostics. 'Perfect Board Rounds' to be standardised across all wards and encompass the afternoon huddle and therapy lead discharge.

(iii) Women & Children's - Waiting time for Community Paediatric services remains high due to increases in demand from multiple sources. Breast Cancer 2 week wait remains challenging - referrals are increasing and review commenced to improve the operating model for new and follow up appointments. Agreed robot theatre schedule includes increased utilisation for Gynaecology. Meeting with Alder Hey and Liverpool Women's on 17th December to discuss opportunities across Neonatal, Paediatrics and Gynaecology services. A Peer Review visit to review the HIV Service took place on 20th November – feedback was very positive and no immediate risks were highlighted. However, the service is lead by a single-handed Consultant. The Chair requested that mitigation for this be considered and the risk reflected on the risk register.

(iv) Diagnostics and Clinical Support - Increase in Cardiac CT requests above current capacity – require Surgery / Medicine support in providing additional capacity (current pathway sees patients admitted through SEAL). Acknowledged this appears to be a seasonal trend, will require upscale of capacity for future years. Discussions ongoing with CCC regarding impact on WUTH services following their relocation such as pathology. MSK response submitted to CCG in response to request for revised waiting time trajectories for consultant led and Physiotherapy services. Aseptics MHRA approval – retained licence following inspection, action plan to be presented at PSQB. UKAS accreditation maintained in Histology with a positive report noting "numerous" strengths of the department.

(v) Estates & facilities – Attendance remains a focus with significant improvements being made in Estates and Catering. Drain and Macerator blockages remain a pressure with the number of incidents escalated increasing. The divisional leads agreed to support training, communication and , where required, to hold staff to account for using macerators for inappropriate items. The minor works programme has been completed on wards 36, 22,25,32 and CCU. Work is underway on Ward 33 with AMU to follow. 5* rating for catering services received from Environmental Health.

Following the recent CQC inspections, the high level feedback provided was positive with the draft report expected around mid-December. Thanks expressed to all staff for the phenomenal support across all areas.

3. Quality and Performance Dashboard

- TMB received the revised Quality Performance Dashboard covering the 12 months ended 31st October 2019.
- There are currently 25/57 indicators outside tolerance.
- TMB noted the progress to date and acknowledged that October had seen slippage with some indictors and this that has continued into November. There are a number of indicators that were now seeing improvement and/or coming under control.

4. Infection Prevention Control (IPC) Improvement Actions Update

- TMB received the progress against plan for IPC.
- *Clostridium difficile* – since June we have remained under the monthly trajectory resulting in being below our quarterly trajectory for Q2.
- Outbreak of Norovirus declared – initially 6 wards affected, currently remains at 4. 90 patients identified with symptoms and 18 confirmed cases.
- Influenza – 6 inpatients reported, monitored on a daily basis. Uptake of vaccine slightly below trajectory, additional vaccinations now available. Senior leaders to encourage frontline staff.
- E-Coli – root cause analysis underway, Data to be reviewed to identify any themes. Safety Summit could be used to disseminate learning.

5. Cheshire & Merseyside Agency Rate / Locums / Medical Staffing Review

- TMB notified of the 'go live' date of 1/12/19 regarding the standardisation of pay rates.
- Procurement team to circulate the rates to Divisions, areas of non compliance must be authorised by CEO or Medical Director.
- Locum rates to be revised locally and consideration of no longer including payment for breaks, Quality Impact Assessment (QIA) to be completed.
- TMB acknowledged the key focuses following the Medical Staffing Review:
    - Job Planning
    - ANP's
    - Agency / Locums
    - Waiting List Initiatives
    - Implementation of Allocate
- TMB were advised that a new policy regarding recycling the employer contribution to pensions for those consultants who plan to leave the scheme due to tapered annual allowance has been approved by the Remuneration Committee of the Board of Directors.
- The policy is to be introduced from 1st December 2019 with focused communications to support relevant staff.

6. Cardio-Respiratory Investigations (CRI) Department Staffing Levels

- Following concerns raised at Risk Management Committee regarding CRI staffing levels, TMB received a report outlining the risks and the current and planned mitigations particularly in relation to Bands 6, 7 and 8.
- A rolling programme of recruitment has been in place throughout the year, however a more tailored programme over a period of 3 years is to be introduced. This will enable staff at training grades to work towards being fully qualified.
- A working group to be established to consider supportive services that are required to support a 7 day service, this is to include a capacity and demand review to ensure both in-patient and out-patient services.

7. Nurse Training for Cerner

- TMB received a report outlining the proposed Nurse training for Cerner due to gaps identified.
- It was acknowledged that some progression since introduction in 2018 such as clinical skills team delivering IT training and this is now aligned to Cerner. This includes a teaching domain for nursing documentation, medication administration and support to navigate the EPR.
- HROD team to sense check proposed training programme.
- TMB supported the proposed training programme in principle. It was agreed that all Divisions to identify representative to support the design of the training programme.
- The aim is to have the programme in place by April 2020 to include training, functionality assessment and ability to demonstrate user competence.
- Any resource implications will require approval through TMB in the first instance.
- It was agreed that a similar programme should also be introduced for medical staff. CMIO to review this.
- Progress report to be provided to TMB in February 2020.

8. Month 7 Finance Update

- TMB received and noted the financial position for the end of month 7.
- Members were advised of the likelihood that the Trust would lose the FRF funding for Q4 of £4.4m as a result of failure to meet the agreed control total.
- Members informed of the significant challenge both from the Board of Directors and the Regulators regarding both the Trust and wider system failure to deliver to plan and mitigate against risk. In addition, there were concerns raised in respect of providing and delivering a realistic forecast.

- A System Financial Recovery Plan currently being developed.
- It was understood that Divisions and Corporate departments will need to consider options for service change to improve the financial position, all proposals would undergo a QIA prior to decision.
- It was clarified that any deficit at year end 2019/20 would impact CIP target 2020 onwards.
- The approach to planning 2020 onwards to be discussed at TMB in January.

9. Chair's Reports

- The following Chair reports were received and reviewed by TMB:
  - Patient Safety & Quality Board Report – 14/11/19
  - Finance & Performance Group Report – 22/10/19
  - Workforce Steering Group Report - 29/10/19.

10. Approach to developing the Trust Strategy & Strategic Framework

- TMB received a presentation outlining the process to develop a Trust Strategy and the Clinical Service Strategies.
- Key timelines for development of the Strategic Framework were provided.
- Workshops for each Division to be arranged for January 2020. The workshops will be supported by representatives of Corporate departments such as Workforce, IT and Finance.

11. EU Exit Update

- TMB received and noted an update regarding EU Exit plans and acknowledged that the EU Exit SitRep has been paused until further notice.
- The Emergency Planning intranet page has been updated to staff are kept informed of any further updates.

12. Introduction of the Medical Examiner Role

- TMB received a proposal regarding the introduction of the Medical Examiner role including the training requirements to be completed.
- It was explained that during 2020/21 the system would be in a pilot phase and that NHSI will require all acute trusts to have introduced the system by 2021/22.
- NHSI to provide contribution of £750 for each person recruited to the Medical Examiner role before March 2020.
- The funding of these posts will be provided by the current income received by the medical practioner for completion of Part 2 cremation forms. In line with new guidance this is to be redirected to fund the Medical Examiner role.
- TMB approved the proposal for the introduction of the Medical Examiner role.

Written and summarised on behalf of TMB Chair by:
Andrea Leather, Board Secretary
30th November 2019

Board of Directors

Subject:	Proceedings of the Quality Committee Agenda Item 17	**Date:** 28.11.2019	
Prepared By:	Dr J Coakley, Non-Executive Director		
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	**Potential risk to quality or safety of care:** • **Risk of training suffering as a result of increasing numbers and acuity of patients** • **Quality dashboard improving but not yet completely reassuring**
Staff Impact	**Training and appraisal**
Services	**None identified**
Reputational/ Regulatory	**CQC report awaited** **CQC Insight Tool improved – still some areas for improvement**
Committees/groups where this item has been presented before	
N/A	

Executive Summary

Executive Summary

- The Quality Committee met on 26th November 2019. This paper summarises the proceedings.

Training and appraisals

- There has been some recent slippage on training (including blood transfusion and CPR) because sessions have been cancelled as a result of increasing 'hot running' of the hospital. In addition, see below for infection control issues. It is furthermore possible that these may fail to recover by the end of Quarter 4. The Board should discuss and note this issue, which may lead to a dip in performance with respect to these measures.

Complaints review

- The complaints team presented their recent work on improving complaints, both in terms of timeliness of responses and adequacy and completeness. There has been excellent progress here, which the Board should note. A sample of completed complaints responses will be discussed at future Quality Committee meetings.

Serious Incidents & Duty of Candour

- A summary of recent SIs and completed investigations was received and noted. The trends for SIs is generally improving when looked at over a 12 month period, although there have been five in the previous month. Duty of candour has been carried out and learning disseminated across the Trust.

Infection Prevention and Control Report

- The C diff outbreak has been stood down, but there are now cases of influenza A and norovirus.

Overall Quality Performance

- The Committee reviewed performance for those KPIs in the safe, effective and caring domains. It was acknowledged that further progress is needed to achieve the standards required by the Board. The Trust is moving steadily in the right direction.

Summarised and drafted by the Quality Committee Chair John Coakley 28th November 2019

BOARD OF DIRECTORS	
Agenda Item	18
Title of Report	Report of the Finance Business Performance and Assurance Committee
Date of Meeting	4 December 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**	PR1 PR3 PR5
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 November 2019

This report provides a summary of the work of the FBPAC which met on the 26th November 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. BAF

The committee reviewed Principle Risk 1 – Demand that overwhelms capacity to deliver care effectively and received a presentation from the Chief Operating Officer which detailed activity numbers and metrics in respect of the inpatient demand. The key points noted were:

- ED attendances down year on year at APH but up when the Walk In Centre activity included; acuity increasing
- Non Elective admissions down year on year but LoS/stranded patients increasing in year. Medicine admissions reduced but Surgical admissions increased year on year.
- Elective activity higher year on year but also higher level of cancellations

The BAF risk was noted as the highest available at 25 and this was agreed to be correct. The impact on PR 3 Failure to maintain and/or achieve financial sustainability was noted in terms of the lost income and WLI costs associated with cancelled elective activity, escalation costs and the cost of the Grove Discharge Unit which the trust is self-funding to support discharge.

2. Month 7 Finance Report

The committee received the Month 7 Finance report. The key points noted were the year to date deficit of (£9.6m), this being (£5.5m) worse than plan, excluding £4.0m of additional non-recurrent support from the CCG repayable in Q4. The adverse performance has been driven primarily by the costs of covering consultant and junior doctor vacancies, the additional depreciation charges as a result of RICS guidance and the costs of sickness and escalation capacity affecting nursing pay. Income performance is balanced to plan and some under-performance in elective activity has been offset by higher excess beddays and maternity income. The in-month position was (£1.5m) worse than plan which was (£0.5m) worse than the forecast position as a result of higher pay costs than anticipated.

The Committee noted that despite the severe pressures in ED the Surgical division had the highest overspend within the Trust. The Committee reviewed the forecast element of the report which detailed a forecast outturn position of (c£15.9m) deficit, including the impact of foregone PSF/FRF of (c£4.4m). The forecast had been updated from the Month 4 position following the Board agreement to reflect a realistic view of deliverables and the key changes were the level of CIP slippage, bed closures and escalation costs. A discussion in relation to the sensitivity of the forecast took place and the Acting Director of Finance advised that risks in relation to elective income cancellations had been mitigated through an agreement on the contract value with the CCG and that the forecast assumed all winter plans and current escalation capacity. No further capacity was available and the risks to the forecast were therefore limited to staffing costs (sickness) and patient safety risks. The chair sought assurance that there would be no further cost increases agreed unless to mitigate a clear risk to patient safety and this assurance was received from the Executive team.

The Trust delivered £5.9m against a plan of £6.4m CIP YTD. Slippage was now emerging as the profile of the target increased in Q3.

The Acting Director of Finance advised that NHSI had reviewed the Wirral system forecast position and had requested a recovery plan for 2019/20 and 2020/21. The Director of Strategy was working with the Acting Director of Finance on available options and an update would be provided at Trust Board.

Cash at £3.4m was favourable to plan. The capital spend year to date totalled £2.0m with a forecast of £8.0m.

3. Long Term Plan

The final version of the Long Term Plan was reviewed by the Committee, noting the break-even position being achieved at the end of the period, the 2.5% annual CIP and the redistribution of CCG growth allocation. Initial NHSI feedback had been received that the plan needed to have more ambition particularly in 2020/21. The work the Trust was commencing on its approach to internal financial turnaround and the additional support to the Healthy Wirral programme would be essential in moving to financial sustainability over the planning time period.

4. Capital Programme

The Acting Director of Finance presented an update on Capital. The programme would deliver spend of c£8.0m against a NHSI allocation of £9.1m. Spend is lower than expected YTD, however two major schemes have commenced for delivery in Q4 (Cath Lab and Theatres) and significant progress on Estates backlog and IT had been made. Contingency is available should it be required and planning has commenced for 2020/21.

The Committee noted the virtual approval of the Induction of Labour Suite at £206k and agreed an increase in the allocation for the Car Park payment system to £70k. A paper in respect of the project team costs for the Hospital Upgrade Programme was received and agreed at a maximum value of £930,000 over 4 years to be funded from the agreed capital allocation of £18m.

5. Bed Management Business Case

The Divisional Director of Medicine and Acute presented the Bed Management Business Case which recommended investment into new staffing to strengthen the current team to improve patient flow and return senior clinical and operational staff to a point of escalation only. The Committee noted that this took the staffing complement of the team to 28 posts. The Committee received assurance from the Executive team that this level of resource was not unreasonable for an acute trust and the Committee agreed that the availability of this team needed to be taken into account when reviewing senior nursing structures. An allocation of £400k had been made in the 2019/20 budget and the requested investment was £431k. The Chief Operating Officer committed to finding the shortfall from a review of the senior posts in Surgery as the investment would now take responsibility for elective flow.

6. Critical Care SLR position

The committee received a presentation from representatives of the Diagnostics and Clinical Support Division in respect of a 'service review' of Critical Care as a result of the adverse SLR position of the service. The divisional team had reviewed each element of cost and income and noted that nursing skill mix was higher than peer organisations. An opportunity had been established to release cost from re-designation of beds as a result of a review of changes to patient demand and this would be progressed by the division in order to bring the costs of the service more in line with peers..

7. Quality Performance Dashboard

The Chief Operating Officer presented the 'responsive' element of the Quality performance dashboard. The key areas discussed were the deterioration of A&E performance and Ambulance turnaround times affected by the flow pressures and long length of stay increases. RTT metrics were static but risks as a result of flow issues were requiring careful management from the operational teams. System responses to operational flow are being deployed focussing on front door demand, discharge processes and community bed length of stay.

8. Other items

The committee received and noted reports in regard to:

- Switchboard Business Case progress update
- Q2 SLR report
- Report of the Finance Performance Group
- It was agreed that the temporary medical staffing action plan would focus on a number of key areas and be taken forward as part of the internal turnaround work

9. Recommendations to the Board

- To note the revised forecast of £11.5m deficit before PSF/FRF and the commitment to ensure this was not exceeded in future months.
- To note the review of the BAF risk PR1: Demand that overwhelms capacity to deliver care effectively
- To note the submission of the LTP and the further work required on financial sustainability
- Approval of the Induction of Labour Suite, Car Park Card Readers and the project team for the Hospital Upgrade Programme.
- Approval of the Bed Management Business Case

BOARD OF DIRECTORS	
Agenda Item	19
Title of Report	Report of Workforce Assurance Committee
Date of Meeting	4 December 2019
Author	John Sullivan
Accountable Executive Director	Helen Marks
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	PR2
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 eleventh meeting took place on Wednesday 27 November 2019.

2. Key Agenda Discussions

2(a) Chair's Business

The Chair highlighted the recent CQC inspection as another potential triangulation point to evidence the Trust's improving culture. Medical engagement, Equality & Diversity and Leadership development have all improved markedly this year. The sickness absence trend appears to have stabilised albeit at a higher than target (adverse) level.

The Committee noted that the deputy Medical Director will be invited to the workforce steering group in the future.

2(b) Staff Story

The committee welcomed ward managers Nicky McCann and Jenine Kelly from Ward 38. They described the continuous improvement journey in Ward 38 and how they have achieved Level 3 Ward Accreditation. The committee noted that Registered Nurse vacancies have also reduced from 16 to zero and sickness absence has reduced from 7% to 1.45% over the same period of improvement.

The committee reflected on the remarkable impact of stable, supportive, participative, engaging and ambitious leadership at the Ward Manager level.

The committee warmly thanked Nicky and Jenine for their contributions and insights.

2(c) Communication and Engagement Strategy

The amended strategy (following Trust Board comments) was accepted and signed off on behalf of the Trust Board.

2(d) Pre Employment Audit Report Q2 July to September 2019

The quarterly audit report was received. The only significant gap in assurance concerned local induction compliance. The committee asked for the organisational and management element of the ward accreditation process to be presented at the next WAC.

2(e) Workforce KPIs -- Sickness Absence

The Sickness Absence dashboards were reviewed.

A request to develop leading indicators for sickness absence was discussed and proposals will be developed by HR.

It was also suggested that the current productivity measures within the Trust be developed and presented at the next meeting with explore how the organisation understands the inputs i.e costs, staffing versus the outputs activity within Theatres.

2(f) Update on Volunteer Implementation Plan

The 6 monthly progress update was presented to the Committee. Positive progress with the Volunteer Strategy Implementation Plan was noted. The benefits of the 175 active WUTH volunteers will be maximised by more consistent and supportive management of the volunteers by receiving department managers. The Chair of the Workforce Assurance Committee will be invited to a future Volunteers Forum.

2(g) Workforce Planning

The roll out of the Workforce Planning Project to all Divisions has started following the Pilot Project in Women & Children Division. The committee discussed the difficulties to plan beyond 1 year when there are no approved clinical strategies yet in place. The committee agreed that workforce planning needed to be an integral part to the work that the Director of Strategy and Partnerships was undertaking with the divisions.

The gap caused by no Health Economy wide workforce strategy or plans was also discussed.

2(h) Flu Vaccination Campaign Update

The update was received and reported 73% of frontline staff vaccinated to date.
The team were thanked for their efforts and were encouraged to exceed their the target that was achieved last year of 84%.

2(i) Board Assurance Framework

The Workforce Assurance Committee completed:

a) a review of the risks delegated to it by the Board
b) consideration of the BAF assurances and mitigating actions
c) an updated assurance rating for each of the risk vectors (as defined in the guidance notes provided).

2(j) Update from the Workforce Steering Group -- Chair's report

The Chair's Report of the Workforce Steering Group meeting held October 2019 was received by the committee.

There were no recommendations or additional risks reported to this Committee.

3. Recommendations to the Board of Directors

To note Ward 38 Staff Story and the lessons presented for attendance management and nursing staff retention management.

4. Next Meeting

21 January 2020

BOARD OF DIRECTORS	
Agenda Item	20
Title of Report	CQC Action Plan Progress Update
Date of Meeting	4.12.2019
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 26TH NOVEMBER, 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 approved by the Board of Directors in May 2019.

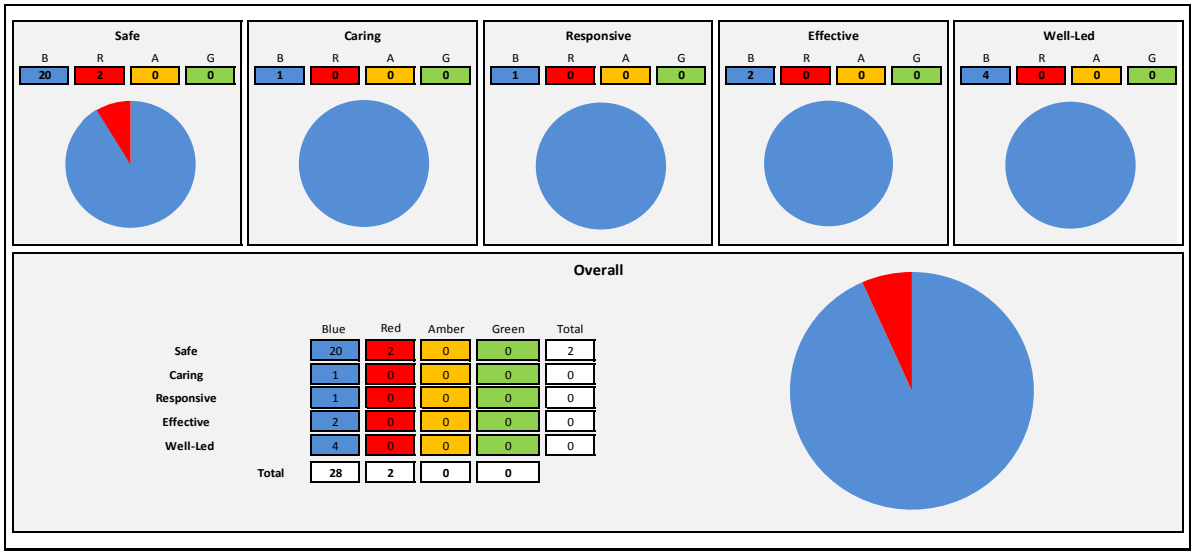
2.2 We expanded the actions in the CQC Action Plan in May 2019 to incorporate improvement required following the unannounced inspection of urgent care facilities.

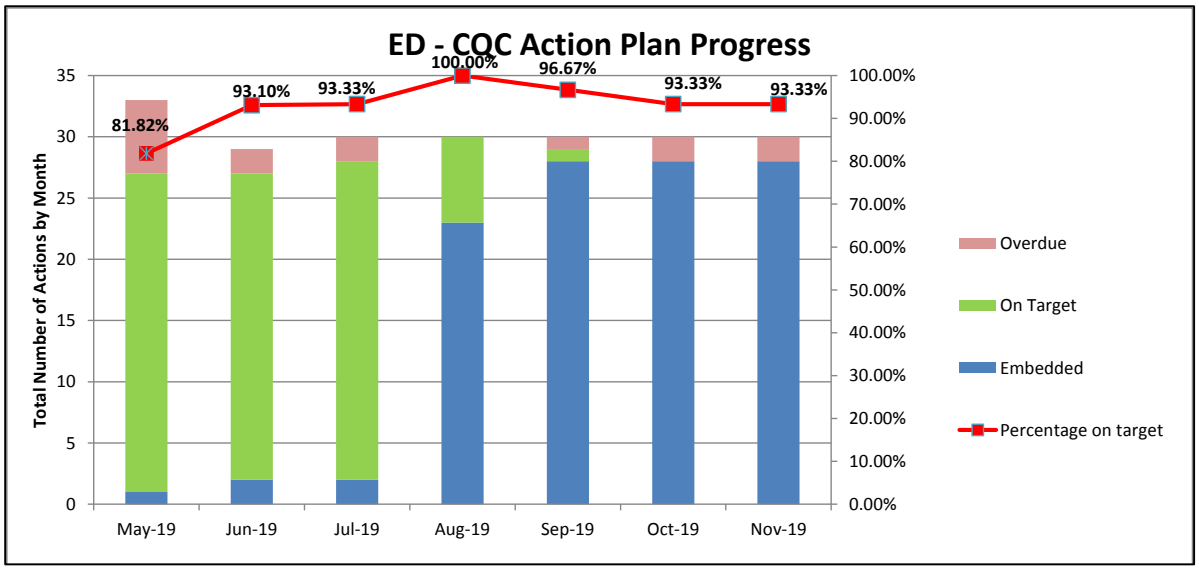
2.3 The CQC Action Plan has implications for NHS Improvement's enforcement undertakings and, in this regard, the Board is committed demonstrating, no later than August 2019, that: (I) it has addressed all the 'must do' and 'should do' recommendations to the CQC, NHSI and CCG satisfaction; (ii) is no 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 CQC Urgent Care Actions

The graphs below summarise the current position of the Emergency Department CQC action plan. There are 2 'at risk' items (red rated) for this reporting period. First is 227 which relates to corridor care and was red rated last month; the second is specialist paediatric nurses in ED which has breached its target completion date of 30th September.





5. EXCEPTIONS

In his letter to the Trust dated May 2019, the Chief Inspector of Hospitals outlined that the use of corridor care was not compliant with CQC Registration Regulations 9 and 12.The Urgent Care at risk actions (RED Rated) relate to the use of *'Corridor Care'* and *'Compliance with RCEM guidance on 24/7 coverage of specialist paediatric nurses in ED.* Although the Trust achieved for a short period of time zero *Corridor Care* usage in the early summer, it has relied in the use of *Corridor Care* from August 2019 – see **Annex A (i)**.

The action relating to compliance with Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings developed by RCPCH recommended staffing levels for paediatric trained nurses within ED. The target

completion date of 30 September has now breached. The service has put in place alternative arrangements (outlined in Annex A, action 256 update 26/11/2019) to ensure the safety of paediatric patients in ED. Subject to Board being satisfied that the current arrangements represent a satisfactory standard of care, we propose to leave this action open, rather than overdue, pending the CQC's report of it's most recent core service inspection of Urgent & Emergency Care. Thereafter, the situation can be reassessed in the light of more contemporaneous inspection outcome.

We invite the Board to note that differences of opinion have recently emerged regarding the efficacy and practicality of meeting the RCPCH Standards for Children and Young People in Emergency Care Settings in respect of there being two RSCN staff on duty at all times within the Emergency Department when the Paediatric ED is not open. The Trust has sought further clarification on this issue from the CQC.

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:

- Note the progress being made to address CQC improvement actions;
- 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.

ANNEX A (i) - 2019 URGENT CARE ACTION PLAN

Number	Core Service e.g. Trustwide / Corporate Medical Care, Etc.	Core Service	"Must Do / Should Do" Actions	CQC Regulation	Workstreams	Action	Director Lead	Operational Lead	Due Date	Completed Date	Comments	RAG
227	**CQC ED visit Treatment of disease, disorder or injury Care was not always person centred and did not always meet individual needs. Staff did not always make reasonable adjustments to the service to meet individual needs**	Urgent And Emergency Care (Acute & Medical Division)	Should Do	10 – Person Centred Care, 12 – Safe Care and Treatment	Safe	Cease routinely treating patients in corridors (except for mass casualty events or extreme and unpredictable surges in demand for urgent care)	Executive Medical Director/ Chief Operating Officer	Medicine and Acute Divisional Triumvirate	30/09/2019		**26.11.19 The Trust has experienced exceptionally high levels of demand in ED through September/October/November and as a result corridor care has been used where all other options have been exhausted.** **24.09.19** - Although use of corridors has fallen significantly from 2018 (90% reduction and is for a shorter period) - Corridor care is being used at low levels on a regular basis. **12.08.19** - Increase in capacity within majors. Winter planning creating additional 40 beds. **11.06.19** - How confident in PFIG programme that this will be delivered by September 19 **02.05.19**: Interim arrangements have been put in place to support the flow of patients through the unit, however long term sustainable change will be achieved through delivery of patient flow improvement programme outcome **11.06.19** - RCA has had a positive impact but this has been flagged as a risk ACTION: Graph to show improvement trajectories	
256	**Paediatric ED and APLS/PLS actions**	Urgent And Emergency Care (Acute & Medical Division)	Should Do	15 – Person Centred Care, 12 – Safe Care and Treatment	Safe	Ensure the availability of paediatric trained nurses in the Paediatric ED complies with RCPCH recommended staffing levels	Executive Medical Director / Chief Operating Officer	Medicine and Acute Divisional Triumvirate	30/09/2019		**26.11.19 The ED service has no funding for the recruitment of 24/7 specialist paediatric nurse coverage in ED which is a requirement for compliance with the RCPCH standards.** **ED have undertaken demand modelling which does not support the clinical need for 24/7 specialist paediatric nurses in ED and illustrates that if deployed this resource would be significantly under-utilised.**	

											In addition, there is a national shortage of specialist paediatric nurses and therefore even if funding were available; and the demand warranted the investment; it is not certain that the Trust would be able to successfully recruit to the positions. **WUTH ED will continue to operate Paediatric ED 7 days a week with opening times of Monday to Thursday 9am-11pm. Friday, sat, sun 10am-12.** **This will mean there is no RSCN on duty outside of these hours. However, the service will have an APLS trained nurse on duty in the department at all times.** **There are also APMPS on duty out of hours that support ED and a PLS bleep carried 24/7 ensuring that appropriately trained staff attend all PLS calls to support ED.** **26.09.09 -** The Divisional triumvirate have agreed approach to management of this action. **12.08.19** - Awaiting agreed response to this issue between ED and W&C **11.06.19** - It was requested that ED staff make a decision on agreed way forward and devise an implementation plan **21.05.19** - Clarification sought via CQC. Challenge not accepted. CQC confirmed that the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (June 2018) apply and as such the Emergency Department must ensure that it has 2 RSCN's on duty at all times (irrespective of the opening times of the Paediatric ED).	