NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Public Board of Directors

29th January 2020

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Wirral University Teaching Hospital
NHS Foundation Trust

Meeting of the Board of Directors
9am - Wednesday 29th January 2020
The Board Room, Education Centre

AGENDA

Item	Item Description	Presenter	Verbal or Paper	Page Number
19/20 001	Apologies for Absence	Chair	Verbal	N/A
19/20 002	Declaration of Interests	Chair	Verbal	N/A
19/20 003	Chair's Business	Chair	Verbal	N/A
19/20 004	Key Strategic Issues	Chair	Verbal	N/A
19/20 005	Minutes of Previous Meeting – 4.12.2019	Board Secretary	Paper	3
19/20 006	Board Action Log	Board Secretary	Paper	14
19/20 007	Chief Executive's Report	Chief Executive	Paper	15
Quality and Safety				
19/20 008	Patient Story	Head of Patient Experience	Verbal	N/A
19/20 009	Infection Prevention & Control (IPC) Update	Chief Nurse	Paper	19
19/20 010	Health & Safety Quarterly Update	Director of Quality & Governance	Paper	26
19/20 011	Learning From Deaths	Medical Director	Paper	37
Performance & Improvement				
19/20 012	Month 9 Finance Report	Chief Finance Officer	Paper	43
19/20 013	Quality and Performance Dashboard and Exception Reports	Chief Operating Officer, Medical Director, Director of Workforce, Director of Quality & Governance and Chief Nurse	Paper	61
19/20 014	Length of Stay Progress Update	Chief Operating Officer	Paper	100
Governance				
19/20 015	Change Programme Summary, Delivery & Assurance	Joe Gibson	Paper	108
19/20 016	Report of Trust Management Board	Chief Executive	Paper	135
19/20 017	Report of Quality Committee	Chair of Quality Committee	Paper	141

19/20 018	Report of Finance Business Performance & Assurance Committee	Chair of Report of Finance Business Performance & Assurance Committee	Paper	143
19/20 019	Report of Charitable Funds Committee	Chair of Charitable Funds Committee	Paper	145
19/20 020	Charitable Funds – Annual Report and Accounts	Chair of Charitable Funds Committee and Chief Finance Officer	Paper	152
19/20 021	Report of Workforce Assurance Committee	Chair of Workforce Assurance Committee	Paper	195
19/20 022	Report of Safety Management Assurance Committee	Chair of Safety Management Assurance Committee	Paper	198
19/20 023	Report of Audit Committee	Chair of Audit Committee	Paper	200
Standing Items				
19/20 024	Any Other Business	Chair	Verbal	N/A
19/20 025	Date of Next Meeting – 4.3.2020	Chair	Verbal	N/A

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

4th DECEMBER 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
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

Andrea Leather	Board Secretary [Minutes]
Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Steve Evans *	Public Governor
Ann Taylor *	Staff Governor
Joe Gibson*	Project Transformation
Jenny Wood*	Head of Service Improvement Team
Jane Kearley*	Member of the Public
Nerys Brookes *	Patient Story
Rachel Cobon*	Corporate Nursing Team
Lyndsay Young	Communications & Marketing Officer

Apologies

Steve Igoe	Non-Executive Director
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Paul Charnley	Director of IT and Information

Reference	Minute	Action
BM 19-20/187	**Apologies for Absence** Noted as above.	
BM 19-20/188	**Declarations of Interest** There were no Declarations of Interest.	
BM 19-20/189	**Chair's Business** The Chair welcomed all those present to the Board of Directors meeting. In opening the meeting, the Chair informed the Board of Directors that the majority of key issues would be captured within items already contained on the agenda. It was noted that Healthy Wirral are seeking to appoint an independent Interim Programme Lead to take it to the next stage of developing an integrated care system. In addition Executive's have recently met with Wirral Local Authority colleagues to discuss their role within the Wirral system and future opportunities such as development of the Clatterbridge site.	

Reference	Minute	Action
BM 19-20/190	**Key Strategic Issues** Board members apprised the Board of key strategic issues and matters worthy of note. **Medical Director** – informed the Board that interviews for the Deputy Medical Director post are underway and would conclude the following week. **Directory of Strategy and Partnerships** – apprised the Board of the engagement workshops planned for January 2020 to support the development of the Trust's Organisational Strategy, over the next five years. **Acting Chief Nurse /Director of Quality & Governance** – informed the Board of the continued Infection Prevention Control concerns, particularly regarding norovirus and e-coli and both would be discussed in more detail later in the meeting. **Associate Medical Director, Surgery –** Dr Mehra apprised the Board that the new theatre scheduling was now live and the Division were reviewing the future capacity modelling which would support patient flow. **Mr John Sullivan – Non-Executive Director** – apprised the Board of the Cyber Security briefing that he along with Sue Lorimer had recently attended. In line with new national guidance for Board members, the briefing is designed to provide awareness of issues and risks and how to manage them, therefore an abridged session will be arranged for other members of the Board following January's Board meeting. It was noted that John Sullivan would be the lead NED for cyber security. **Chief Operating Officer** – highlighted the continuing pressures regarding unprecedented demand both internally within the Trust and the wider Health Economy. To address the ongoing high volume of attendances combined with patient flow concerns, the Chief Executive's and Chief Operating Officer's of the 4 partner organisations are due to meet to identify a recovery plan. Mr Middleton stated that the extreme pressure also reflects the national picture. **Director of Workforce** – informed the Board that the first 'reverse mentoring' session is planned, this initiative will enable senior leaders to learn from staff at different levels. ***The Board noted that although some members did not have updates there were a number of topics already covered within agenda items.***	
BM 19-20/191	**Board of Directors** **Minutes** The Minutes of the Board of Directors meeting held on 6 November 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.	

Reference	Minute	Action
BM 19-20/192	**Chief Executives' Report** A number of key headlines, contained within the written report, were highlighted for Board members; including: • The CQC Well-led Assessment, in addition a further unannounced CQC inspection reviewing two core services; Outpatients and Diagnostics). • The visit of the Chief Nursing Officer to present three members of staff with special recognitions awards. • System meetings including Unplanned Care Board and Cheshire & Merseyside health and Care Partnership. • Executive Director recruitment. • Serious Incidents and RIDDOR updates. To provide further context, the Chief Executive expanded on a number of the items contained within the report. No serious concerns were raised during the CQC unannounced inspection of the two core services; Outpatients and Diagnostics. High level feedback was received following the Well-led assessment and it was reported that the draft report was expected late December or January. The interview process for the Chief Nurse concluded at the end of November with the successful candidate being Hazel Richards. Hazel will join the Trust on 1st January 2020. The Board was assured that the 3 Serious Incidents and 2 RIDDOR reportable incidents are all being fully investigated and reported to the Quality Committee and Safety Management Assurance Committee respectively. ***The Board noted the Chief Executive's Report.***	
BM 19-20/193	**Patient Story** The Board were joined by Nerys Brookes who appraised the Board of Directors of her experience with the Ophthalmology team. Nerys provided a brief outline of how a number of underling health issues, including Eosinophilic Asthma, Bronchiectasis, Tracheobronchomalacia, Aniterior Uveitis would impact when undergoing a cataract operation. Nerys explained that due to these health complications, one being unable to lie flat, the team decided to undertake a dummy run of the procedure to ascertain the best angle and position for Nerys. Nerys expressed her thanks to all of the team for their support both during and before the operation. The Board thanked Nerys for sharing her experience and wished her well with her ongoing treatment. ***The Board noted the feedback received from Nerys Brookes.***	

Reference	Minute	Action
BM 19-20/194	**Infection Prevention Control (IPC) Update** A progress report concerning *Clostridium difficile (CDI),* Norovirus and E-coli bacteraemia was provided, and the Acting Chief Nurse confirmed the continued stability regrading *Clostridium difficile.* Furthermore, it was confirmed that since July, the impact of the Trust's actions have ensured a reduction in the number of cases reported and consequently performance is now below the monthly trajectory, albeit above trajectory for the year to date. Focus and activity will however remain in supporting the CDI action plan, to ensure long term sustainability. The Board was apprised of a number of e-coli bacteraemia cases reported, in reviewing these cases there are a number of actions to be implemented. Acting Chief Nurse advised of the challenges facing the Trust to meet the national expectation to delivery at least a reduction of 25% of all three healthcare associated gram-negative blood stream infections by 2021/22. In preparing for this challenge the Trust is engaging with stakeholders and reviewing arrangements for data collection. Once developed, a report outlining the plans will be provided to the Board. The Acting Chief Nurse reported outbreaks of confirmed Norovirus across a number of wards and the contingency measures in place to deal with the outbreaks, the health economy is also experiencing outbreaks with a number of nursing homes being closed. The Board were assured that cases had been contained to a small number of areas and supported the approach of restricting patient moves, ensuring visitor arrangements were in line with Trust policy and the joint media messages with partner organisation to discourage members of the public from attending the hospital if they are symptomatic. The Board thanked the teams for their continued hard work and effort to work towards better control of infection, prevention measures. ***The Board noted the actions taken to manage infection prevention control and the advice from the Acting Chief Nurse in their capacity as Acting Director of Infection Prevention Control (DIPC).***	**PM**
BM 19-20/195	**Introduction of the Medical Examiner Role** The Medical Director presented a report outlining the proposal to meet the new national regulatory requirement to introduce the medical examiner role. The medical examiner is to be employed by the Trust but will have statutory independence to escalate concerns of care to the regional lead if necessary. It was highlighted that the scheme will be in a pilot phase in 2020/21 and all Trusts would be required to have the scheme in place by 2021/22. Individuals undertaking the role are required to complete on-line training modules along with a one day programme in London prior to starting the role. Following agreement by the Trust Management Board, the next stages of the process were provided leading to implementation of the role in April 2020. ***The Board noted and supported the approach to implementing the medical examiner role.***	

Reference	Minute	Action
BM 19-20/196	**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 with established targets or thresholds 25 are currently off-target or not currently meeting performance thresholds. The lead Director for a range of indicators provided a brief synopsis of the issues and actions being taken: • 4 hour A&E – local performance mirrors that of the national picture and combined with winter pressures and above average long length of stay, performance will continue be challenging. Therefore an internal improvement group will focus on two key areas of improving the numbers streamed away from ED and to improve processes at Ward and the integrated discharge team to expedite issue preventing discharge. • 12 hour breaches – Chief Operating Officer reported no further breaches within the previous 9 days • The ability to achieve the RTT trajectory remains a primary concern as it is impacted by the urgent care pressures and therefore the vast majority of Orthopaedic procedures have been transferred to the Clatterbridge site to mitigate the loss of activity due to urgent care bed pressures. Although performance is below trajectory within month, the indicator is expected to achieve target by quarter end as reported to the regulator. • Finance, Business, Performance & Assurance Committee received a report reviewing unplanned demand and activity. The Committee was assured that although activity was a similar level to that of the previous year the data demonstrated patient flow was significantly impacted by the discharge rates. Ambulance handover times have been impacted by reduced staffing levels due to norovirus. • A review of the sickness absence policy is underway to identify any issues or areas that could be strengthened, both in long and short term absences. • Although there has been a slight dip in performance regarding staff turnover, a variety of reasons have been identified through exit interviews and will enable opportunity to consider alternative working frameworks. • Overall, the Safe Domain reported largely in the green. • A number of additional training sessions pertaining to Protecting Vulnerable people [Levels 2 and 3] have been implemented, although the Acting Chief Nurse indicated these indicators may fail to recover by the end of quarter as a result of increasing 'hot running' of the hospital. • A breach of same sex accommodation continues although the Board were satisfied there is no detriment to patient treatment and feedback received is positive. • Having identified a trend towards lower levels of patient satisfaction within the maternity unit, a 'deep dive' has been initiated to establish if there are trends. Initial evaluation results show a broad range of themes and the Board were assured none relate to patient safety. • Mainly due to unprecedented demand pressures, an increase of informal complaints have been received and have been resolved quickly. • 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.	

Reference	Minute	Action
	Whilst mindful that a number of the 'Responsive' performance indicators have deteriorated since August 2019, this is multifaceted as expectation was that demand would reduce at the end of winter 2018/19, in reality demand remained high and as a consequence extreme pressures are now being experienced. The position is replicated across the country and was not envisaged to change. The Board recognised that capacity outside of the organisation was another contributing factor to the pressures being experienced by the Trust and required all partner organisations to contribute to a recovery plan. Internally, reinvigorating the daily Board Rounds and Safety Huddles are expected to positively impact length of stay performance and the Trust is seeking initiatives that other organisations have implemented. The Director of Workforce apprised the Board of the development of short term sickness dashboards based on the Bradford factor scores, providing clear transparency across the Divisions and consequently being able to identify trends and emerging themes. The establishment of an 'Attendance Team' has been implement to support managers in return to work interviews and ensuring ESR is up to date. The measures introduced and planned to address attendance management performance were supported by the Workforce Assurance Committee and should provide greater clarity of areas of concern whilst ensuring staff are being supported in returning to work with the most appropriate help and support. A breakdown of reasons for leaving the Trust were provided, with a focus on nursing and the measures introduced to promote recruitment in high risk staff groups such as a successful nurse recruitment day in Medicine and Acute. It was recognised that the Trust requires a more radical approach to support recruitment and retention, therefore the Board requested a report outlining opportunities to address the changing profile of our workforce such as career development, flexible working. As appraisal compliance is behind trajectory in some areas, a focused approach by Division is being introduced to identify different ways to ensure appraisals are being conducted promptly and effectively, in conjunction with a review of the process and paperwork. ***The Board noted the current performance against the indicators to the end of November 2019.***	**HM/HR**
BM 19-20/197	**Month 7 Finance Report** The Acting Director of Finance apprised the Board of the summary financial position at the end of Month 7. The Trust reported an actual deficit of £9.6m versus planned deficit of £4.1m. However, this excludes the non-recurrent support of £4.1m from Wirral Clinical Commissioning Group for Q1/Q2. The key headlines for Month 7 include: • Month 7 deficit of (£1.6m) vs planned deficit of (£0.1m), being (£1.5m) worse than plan. The predicted position was (£1.0m) worse than plan and hence this was (£0.5m) worse than forecast. This is mainly pay	

Reference	Minute	Action
	related to medical costs (new or not reducing as planned), nursing acuity and escalation areas. • In month, income was broadly in line with plan. Elective and Daycase activity is worse than plan reflecting in year trend, however, obstetrics and excess bed days is higher than plan. Non-PbR is in line with plan lower Critical Care activity is offset by Path & Rehab. • In month, pay is exceeded plan by (£0.9m), with a YTD overspend of (£3.7m). Medical and Nursing pressures continue as a result of gaps and escalation capacity, offset by £1.0m underspend in Corporate (in line with planning assumptions). Against forecast the position was (£0.4m) worse than expected. • In month, non-pay is worse than plan by (£0.7m), with a year to date overspend of (£1.9m). This includes clinical supplies, outsourcing and staff restructure costs. Against forecast non-pay was £0.2m worse than expected due to clinical supplies. • CIP delivered £5.9m YTD against a plan of £6.4m, the profile of the CIP has increased in Q3 and some slippage is now being recognised. In month, CIP was £0.3m worse than plan. • Cash is £3.4m, additional borrowing has been secured to cover any risk with the predicted deficit in Q4. • Capital is behind plan but the available £8.0m is fully committed. The Acting Director of Finance reported that an update to the forecast has been completed and the most likely year end position is (£11.5m) deficit. This encompasses pressures of £2.7m extraordinary items, £3.0m CIP shortfall, £2.2m net medical staff, £2.7m escalation areas/ward closure and £1.0m other. The movement from the original forecast includes assumptions in regard to CIP, bed closures and escalations costs. The Board 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. It was confirmed that the CCG has provided commitment up to Quarter 3 (£7.7m). Having considered the month 7 report, a review of usage and the approval process regarding waiting list initiatives is to be presented to a future Finance, Business, Performance & Assurance Committee. ***The Board noted the Month 7 finance performance and that the forecast position can only formally be changed at the end of quarter 3 (month 9 position).***	**KE**
BM 19-20/198	**Influenza Plan Update** The Director of Workforce presented an update report regarding the Trust's Influenza Plan 2019/20. The campaign aims to ensure delivery of the CQUIN 80% target for frontline staff, although it was noted the Trust's ambition is a target of 90% of frontline staff to be vaccinated. It was acknowledged that as vaccines had been delayed compared to that of the previous year, the 2019/20 campaign would prioritise staff in high risk areas. Although current uptake is behind trajectory mainly due to the timing of the vaccine deliveries, weekly updates are provided to the Director of Workforce and it is expected that the Trust will achieve both the CQUIN target of 80% and the internal target of 90%.	

Reference	Minute	Action
	Following lessons learned from last year's campaign, this year has focused on making sure that any staff members who choose not to have the vaccine complete sign an 'opt out' form. 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. ***The Board noted progress to date of the 2019/20 Influenza Plan.***	
BM 19-20/199	**Change Programme Summary, Delivery & Assurance** Joe Gibson, External Assurance, introduced Jenny Wood, Head of Service Improvement Team who has recently joined the Trust. The Board was apprised that the scope of the Change Programme had 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' and the 2 digital enablement projects supporting Flow will also be assured. Each of the three priority programmes are preparing comprehensive forward looking plans for consideration at January's Programme Board, to include a review of: objectives; existing metrics; those required going forward and opportunities such as theatre extended hours. The Board of Directors recognised that the programme basics are fully established and the future objectives will be required to be ambitious to support the sustainability of the organisation. With increased focus on delivery, it was reported that the overall assurance momentum is increasing across the majority of indicators. Going forward it was agreed that data provided for Service Line Report and Model Hospital should be utilised to inform the scope of the programme. The Flow Programme, as governed by the Programme Board, continues to have assurance ratings suspended while the programme is re-worked, in addition the Wirral West Cheshire Pathology Alliance also remains 'suspended' pending a decision to proceed with the programme of change. The Board was assured that recruitment to the new 'Hospital Upgrade Programme' had commenced and updates will be provided at future meetings. ***The Board noted the Change Programme summery, delivery and assurance report.***	
BM 19-20/200	**Report of Trust Management Board** The Medical Director provided a report of the Trust Management Board meeting on 28th November, which covered: • Quality & Performance Dashboard • Divisional updates and Month 7 Financial Position • Infection prevention control update • Cheshire & Merseyside Agency Rate / Locums / Medical Staffing Review • Cardio-Respiratory Investigations (CRI) Department Staffing Levels	

Reference	Minute	Action
	• Nurse Training for Cerner • Approach to developing the Trust Strategy & Strategic Framework Dr Stevenson apprised the Board that the overarching discussions had centred on patient flow and the significant challenge both from the Board of Directors and the Regulators regarding both the Trust and wider system failure to deliver the financial plan and delivery of a realistic forecast. ***The Board noted the report of the Trust Management Board.***	
BM 19-20/201	**Quality Committee** Dr John Coakley, Non-Executive Director, apprised the Board of the key aspects from the Quality Committee, held on 26th November 2019 which covered: • Serious Incidents and Duty of Candour • Infection Prevention & Control • Complaints review • Quality Performance Dashboard The Committee expressed concern at the slippage on training compliance (including blood transfusion and CPR) primarily due to the 'hot running' of the hospital. Furthermore the Board were advised that these along with other performance indicators such as appraisal may fail to recover by the end of Quarter 4. Whilst the excellent progress regarding the process for complaints was recognised, in order to provide greater assurance to the Board regarding the quality of responses and the lessons learned, the Quality Committee are to review a sample of completed replies. ***The Board noted the report of the Quality Committee.***	
BM 19-20/202	**Finance, Business, Performance and Assurance Committee** Ms Sue Lorimer, Non-Executive Director, provided a report of the key aspects from the recent Finance, Business, Performance and Assurance Committee, held on 26th November 2019 which covered: • Month 7 finance report • Long Term Plan • Capital programme • Critical Care Service Line Reporting (SLR) position • Quality Performance Dashboard • Switchboard implementation update • Board Assurance Framework – particular focus on PR1 'Demand that overwhelms capacity to delivery care effectively' • Chairs report of the Finance Performance Group The Committee reviewed and approved capital spend for the Induction of Labour Suite, Car Park Card Readers and the project team for the Hospital Upgrade Programme.	

Reference	Minute	Action
	In addition, the Committee reviewed the Bed Management business case, an 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 recommended Board approval. ***The Board noted the Finance, Business, Performance and Assurance Committee report and approved the Bed Management business case.***	
BM 19-20/203	**Report of Workforce Assurance Committee** Mr John Sullivan, Non-Executive Director, apprised the Board of the key aspects from the recent Workforce Assurance Committee, held on 27th November 2019 which covered: • Staff story – improvement journey of Ward 38, including achievement of Level 3 Ward Accreditation. • Pre-Employment Audit (Quarter 2 – July to September 2019) • Workforce KPIs – Sickness Absence • Volunteer Implementation Plan Update • Workforce Planning • Flu Plan Update • Board Assurance Framework • Chairs Report of the Workforce Steering Group As detailed earlier, a report outlining recruitment and retention opportunities will be presented to the Committee prior to consideration by the Board. At the request of Board members, a staff story is to be scheduled for future Board meetings. The Committee approved the amended Communication & Engagement Strategy. ***The Board noted the report of the Workforce Assurance Committee.***	**AL**
BM 19-20/204	**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 Urgent Care. The 2019 Urgent Care overdue actions relate to the use of 'corridor care' and compliance with RCEM guidance on staffing levels of specialist paediatric nurses within ED. 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 has put in place alternative arrangements to ensure the safety of paediatric patients in ED.	

Reference	Minute	Action
	The Board were satisfied that the alternative arrangements relating to both actions represent a satisfactory standard of care and agreed to these actions being encompassed into a refreshed iteration of the Action Plan upon receipt of feedback from the recent inspections. ***The Board noted the progress to date of the CQC Action Plan and the two outstanding actions being incorporated into the revised Action Plan.***	
BM 19-20/205	**Any Other Business** On behalf of the Board of Directors, the Chair thanked Paul Moore and Karen Edge for their efforts and hard work whilst fulfilling the roles of Acting Chief Nurse and Acting Director of Finance respectively.	
BM 19-20/206	**Date of next Meeting** Wednesday 29th January 2020.	

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Chair

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Date

Board of Directors Action Log
Updated – 4th December 2019
Completed Actions moved to a Completed Action Log

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 4.12.19						
1	BM 19-20/194	IPC – a report outlining plans to comply with national guidance, reduction of 25% across all three healthcare associated gram-negative blood stream infections by 2021/22	**HR**		March '20	
2	BM 19-20/196	Recruitment & Retention plan summarising opportunities to support changing profile of the workforce	**HM/HR**		March '20	Included on the agenda for March '20
3	BM 19-20/197	Report on the approval process for Waiting List Initiatives to be presented to FBPAC.	**KE**	**Complete** – report prepared for January '20 FBPAC meeting	January '20	
4	BM 19-20/203	Staff story to be	**AL**	**Complete** – item included on the cycle of business March '20	January '20	
Date of Meeting 6.11.19						
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**	**Complete** – the Trust continues to monitor patient feedback 'live time' via kiosks and hand held devices.	January '20	Outputs are reported to Patient Family Experience Group, PSQB and Quality Committee

Board of Directors	
Agenda Item	19/20 007
Title of Report	Chief Executive's Report
Date of Meeting	29.1.2020
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 December 2019.

Internal

Serious Incidents

In December 2019 five Serious Incidents were declared. Three cases involved healthcare associated *Clostridium Difficile*; one concerned a baby born in poor condition requiring cooling; and one case involved concern about the recognition and management of a diabetic emergency in the emergency department. Full investigations are underway and will be monitored and reported via the Quality Committee.

RIDDOR Update

The Trust reviewed 1 RIDDOR reportable incident at the Serious Incident panel during December 2019. The staff member was struck by an object (low hanging light in theatre). The incident has been investigated and actions arising from lessons learned are monitored through the Health and Safety Committee.

Three Phase Recovery

Following approval of the 'Three Phase Recovery' business case, work has started in both Main Theatre and also SEAL. This will transform the current estate into a modern perioperative care arena that supports patient flow and improves patient experience, enhanced recovery and achieves key project KPIs such as early nutrition, hydration, PJ paralysis and VTE Mobility. The works, with a planned completion date of April 2020 will support improved patient flow for day case procedures and for patients following surgery waiting for a post operative bed.

Achievements

During December, the Diversity & Inclusion Steering Group was shortlisted for a National Unsung Hero Award within the Corporate Services category, recognising the achievements of non-medical NHS staff and volunteers. The winner will be announced at the award ceremony on 28th February 2020 in Manchester.

The Urology team have successfully met the 'Getting it Right First Time' (GIRFT) target of primary ureteroscopy and laser of stones for acute colic, being the only Trust to do so in Manchester, Merseyside and Cheshire.

Finally, the Endoscopy service has achieved JAG (Joint Advisory Group) accreditation following the JAG visit in October 2019. The JAG Assessors awarded the unit a straight pass, this showcases the high quality, patient centred care provided.

Regional & Local

System meetings

The Chairs across the Wirral Health Economy have appointed Martin Wakeley as the Senior Responsible Officer for the Healthy Wirral Programme. Martin will commence in January 2020 and take responsibility for the leadership and operational delivery of the Healthy Wirral Plan, working in conjunction with Wirral NHS providers and Wirral CCG.

The Cheshire and Merseyside Health and Care Partnership (C&MP) have published the Five Year Health and Care Strategy for Cheshire and Merseyside, setting out the current health and wellbeing challenges and the approaches that will be taken to improve clinical service delivery and ensure sustainability of provision.

In addition, the Partnership have made progress with examining options for a Pathology Network across Cheshire and Merseyside, completing an outline business case which details the opportunities for collaboration across the NHS pathology providers in Cheshire and Merseyside.

NHS England are about to release the 2020/21 Operational Planning Guidance. The Trust has been advised that the focus will be on system working and collaboration between NHS organisations.

National

CQC National Maternity Survey 2019 results

The Trust has received the benchmark results from the survey of women's experiences of maternity care, encompassing antenatal care, labour and birth care and postnatal care.

In comparison to last year's survey, the Trust has performed better or the same across a range of areas and compared to other Trusts the performance was:

- **Better** than most Trusts for **10** questions.
- **Worse** than most Trusts for **0** questions.
- **Same** as other Trusts for **37** questions.

A full detailed summary and associated improvement plan will be monitored through Patient Safety Quality Board (PSQB).

Winter Funding

The Trust received notification in late November of an allocation of additional resources totalling £585k to support winter pressures. This has been allocated against the cost of additional beds in medicine and surgery and additional medical staffing.

National Emergency Laparotomy Audit (NELA)

The results of the Fifth National NELA report were published in December, this relates to data entered between December 2017 and December 2018.

The Trust has made substantial progress in meeting the process of 'care standards'. Performance has improved in almost every metric measured (radiology a notable exception, but follows a national trend of outsourced reporting), and pleasingly we have continued to further reduce our risk adjusted mortality from 7.9% to 7.1%, despite the national average mortality rate remaining static this year at 9.6%.

Sentinel Stroke National Audit Programme (SSNAP) 2019 Acute Organisational Audit

The 2019 SSNAP audit was completed in June. This is an audit of acute Stroke Services.

Performance is assessed against 10 key indicators which are broken down into 6 different categories:

- Staffing/Workforce
- 7-day working
- Access to specialist treatment and support
- Patient and carer engagement
- TIA Service
- Quality improvement and leadership.

The Trust achieved 9 out of the 10 indicators, an improvement by one indicator from the last Audit in 2016 and places the Trust in the top 3% in England; and the top 4% for England, Wales & Northern Ireland.

The detailed audit findings are available from the Sentinel Stroke National Audit Programme website.

Janelle Holmes
Chief Executive
January 2020

Board of Directors	
Agenda Item	19/20 009
Title of Report	Infection Prevention Progress Report
Date of Meeting	29.1.2020
Author	Jay Turner-Gardner, Associate Director of Nursing/ Deputy Director - Infection Prevention and Control
Accountable Executive	Hazel Richards, Chief Nurse/ Director of Infection Prevention and Control
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR 4 Patient Safety and Quality
Level of Assurance • **Positive** • **Gap(s)**	Current Gaps: • *Clostridium difficile* incidences 69 YTD vs FY target 88 • *E-coli* bacteraemia incidences 41 YTD vs FY target 42 • 1 MRSA bacteraemia reported Positive assurance: • Under Monthly trajectory for CDI • Detection of Norovirus and Influenza has declined. • No VRE bacteraemia reported • No CPE bacteraemia reported
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Noting
Data Quality Rating	Bronze - qualitative data
FOI status	Document may be disclosed in full
Equality Analysis completed Yes/No **If yes, please attach completed form.**	No adverse equality impact identified

1. Executive Summary

This report provides an update on the mandatory infections reported to Public Health England (PHE), the Trusts performance against National HCAI objectives, local objectives and the quality indicators reportable to Wirral CCG. This report also discusses the current challenges in the Trust.

The Trust remains over its cumulative trajectory for *Clostridium difficle* by 5 and has reported the first Meticillin-resistant *Staphylococcus aureus (*MRSA) bacteraemia against a zero target.

The Gram-negative bacteraemias - *Klebsiella sp, Pseudomonas aeruginosa* and *E.coli* have all seen an increase compared to the previous year.

Whilst there has been a reduction in locally reported Carbapenemase-producing Enterobacteriaceae **(**CPE) bacteremia, Vancomycin Resistant *Enterococcus* **(**VRE) bacteraemia has increased compared to the same period last year. The appendices provide the HCAI data for both this year and the previous year.

Whilst the seasonal influenza and norovirus outbreaks have been closed, increased surveillance continues to prevent further outbreaks.

2. Background

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

3. Mandatory reporting

Public Health England's Data Capture System provides an integrated data reporting and analysis system for the mandatory surveillance of:

- Meticillin-resistant *Staphylococcus aureus* bacteraemia (MRSA)
- Meticillin-sensitive *Staphylococcus aureus* bacteraemia (MSSA)
- *Escherichia coli* bacteraemia *(E.coli)*
- *Klebsiella* spp bacteraemia
- *Pseudomonas aeruginosa* bacteraemia
- *Clostridium difficile* infections

Gram negatives

At present there are national objectives for *Clostridium difficile,* determined annually, there is zero tolerance for MRSA bacteraemia and Gram-negative bacteraemia has a reduction target of 50% set for 2023/24.

Meticillin resistant *Staphylococcus aureus* bacteraemia (MRSA)
The government considers it unacceptable for a patient to acquire a MRSA blood stream infection (BSI) while receiving care in a healthcare setting. It has set healthcare providers the challenge of demonstrating '***zero tolerance'*** of MRSA BSI through a combination of good hygienic practice, appropriate use of antibiotics, improved techniques in the care and use of medical devices as well as adherence to best practice guidance.

MRSA is a one of the HCAI quality indicators reportable to the CCG and we have reported 1 in December *(Appendix 1, table 1).* Preliminary investigations of the incidence suggest that the sample was contaminated during collection and therefore does not represent a 'true' infection. A report is

being prepared for the CCG outlining the lessons learnt during the RCA investigation and exploring approaches for quality assurance of taking blood cultures.

Meticillin-sensitive *Staphylococcus aureus* bacteraemia (MSSA)
Staphylococcus aureus that are sensitive to meticillin are termed meticillin sensitive *Staphylococcus aureus* (MSSA). There are currently no national or local objectives set at present. The Trust has reported 16 compared to 17 reported at this time last year. *(Appendix 1, table 2)*

Gram-negative bloodstream infections (BSIs)
Gram-negative bacteria - *Escherichia coli (E. coli)*, *Klebsiella* species (*Klebsiella* spp.) and *Pseudomonas aeruginosa (P. aeruginosa)* are the leading causes of healthcare associated bloodstream infections. There was an initial focus on reducing healthcare associated *E. coli* bloodstream infections by 10% in 2017/18 because they represented 55% of all Gram-negative BSIs at the time. The current national ambition is to deliver a 25% reduction of all 3 healthcare associated Gram-negative blood stream infections by 2021-2022 with 50% by 2023-2024, (Jan 16 - Dec 16 data values).

There is a local target for *E-coli* bacteraemia, we have reported 41 against the annual internal trajectory set of 42 (*Appendix 1, table 3*). Actions to address this deficit are reported via the WUTH quality dashboard exceptions report.

At present there is no local trajectory for *Klebsiella* bacteraemia, there have been 20 reported compared to 13 reported for the same period last year. (*Appendix 1, table 4*)

At present there is no local trajectory for *Pseudomonas aeruginosa* bacteraemia, there have been 8 reported compared to 6 reported for the same period last year (*Appendix 1, table 5*)

Going forward there will be a review of the current local objectives for 2020/21.

***Clostridium difficile* (CDI)**
Objectives for this year have been set using the data from 1 April 2018 to 31 December 2018.This data has been annualised and a count of cases calculated for each Clinical Commissioning Group (CCG) and NHS acute provider using the new case assignment definitions using these two categories:

- Hospital onset healthcare associated: cases that are detected in the hospital two or more days after admission.
- Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

The Trust exceeded the CDI trajectory for the first three months of 2019/20 having 39 in Q1 against a trajectory of 22. Whilst the number of cases per month has remained under the monthly trajectory since July, resulting in Quarter 2 and Quarter 3 remaining below quarterly trajectory we remain above the cumulative trajectory, having reported 69 against a trajectory of 88. The ongoing Outbreak of Norovirus in December may account for the slight increase in figures. (*Appendix 1, table 6*)

Whilst the Trust remains over trajectory for the year to date the infection prevention initiatives introduced which are detailed in the *Clostridium difficile* action plan appear to have had a positive impact in reducing the number of cases and cross infection. Assurance against compliance to the action plan is monitored during RCA investigations of each CDI incidence, these RCA's are

reviewed each week at the Executive led review meeting and presented to the CCG on a monthly basis.
Serious Incident (SI) investigations are underway relating to 3 patients with reported *Clostridium difficile* associated mortality.

The programme of work to undertake urgent repairs (as detailed in the CDI action plan) over the initial 13 wards identified, has 10 weeks remaining; the remainder of the wards will be the prioritised using infection prevention surveillance data along with the 6 facet survey, acuity and susceptibility of patients on wards, C4C cleaning and Estates conditional reports.

4. Local reporting

Carbapenemase-producing Enterobacteriaceae (CPE) bacteraemia
The spread of Carbapenemase-producing Enterobacteriaceae (CPE) is a matter of national and international concern as they are an emerging cause of healthcare-associated infections, which represent a major challenge to health systems. Infections caused by CPE are associated with an increase in morbidity, mortality attributed to CPE, and healthcare costs. The difficulty in detecting and treating CPE, added to its potential for spread, make containment a priority.

At present there are no national or local objectives. The Trust has reported 1 CPE bacteraemia compared to a total of 2 for the same period last year (*Appendix 1, table 7*).

A review of the Trust CPE screening will be undertaken in 2020 to ensure it is both cost effective and clinically effective.

Vancomycin resistant *enterococcus* (VRE) bacteraemia
Enterococci are bacteria that live in the gastrointestinal tract of most people without causing illness. This is called colonisation. Vancomycin is an antibiotic used to treat infections caused by enterococci. When *enterococci* become resistant to vancomycin (the antibiotic no longer works against the bacteria), they are called vancomycin-resistant *enterococci* or VRE. Someone who has an infection caused by VRE can be treated; however they will have to be given different antibiotics to the ones usually used.

At present there are no national or local objectives. The Trust has reported 4 VRE bacteraemia against a total of 3 for the same period last year (*Appendix 1, table 8*)

A review of the Trust VRE screening will be undertaken in 2020 to ensure it is both cost effective and clinically effective.

5. Outbreaks

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 excess of 300 patients have reported nausea and/or vomiting and diarrhoea since the start of the Trust wide outbreak declared in October 2019. There have been 98 cases confirmed by polymerase chain reaction (PCR) and over 430 lost bed days in total over 19 wards. At present there are no wards with reported outbreaks.

There have also been outbreaks of norovirus reported in the community. The causative factors of the outbreak have been multifaceted, including visitors coming into the trust with known symptoms, patients being admitted with symptoms of norovirus, and patients with symptoms not promptly

isolated due to competing pressures for side rooms. Daily norovirus outbreak meeting convened in November and posters displayed on the entrances to all wards informing visitors of the situation and advising on control measures. In A&E and out-patients posters asked patients to inform a member of staff if they have/have had recent symptoms to enable their patient journey to be managed in the best way to avoid spread to others.

Daily contact with community colleagues continued; 16 Nursing Homes have been closed at some time with norovirus since October, with 7 schools also reporting cases of diarrhea and/or vomiting during this time. 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 hours until free of symptoms. A decision to restrict visitors was made in late December. This has since been reviewed and communicated via local press. There is now a focus on enforcing the current visiting policy.

Seasonal influenza
Influenza (flu) is a viral infection affecting the lungs and airways, and predominantly occurs between January and March. There are two types of influenza; influenza A and influenza B with different subtypes within each. This year's predominant circulating type is Influenza A.

Influenza detection started earlier than previous seasons with 437 confirmed flu cases diagnosed between October - December 2019, compared to 66 confirmed cases for the same period last year.

27 of the 437 patients had been in-pts for 7 days or more before experiencing symptoms, high bed occupancy resulted in the inability to isolate suspected or confirmed influenza patients in a timely manner and must be considered as a contributory factor for patients acquiring flu after admission.

Long stay in-patients who may have missed the opportunity in the community of having the flu vaccine were identified in CGH and patients offered the flu vaccination; unfortunately this was offered too late to prevent the outbreak on Ward M1. On the AHP site pharmacy contacted clinicians to review their long stay patients to identify those who require the flu vaccination. In preparation for next year's flu season a clear protocol will be devised to identify patients who will require flu vaccination.

3 Year Strategy and delivery plan 2020/21
The Infection Prevention annual report 2019/20 is being prepared which will document the work of the Infection Prevention and Control team and the achievements of the divisions and their impact on patient health and safety in relation to the detection and prevention of healthcare associated infections.

The 3 year IPC strategy and delivery plan are in development and following approval will commence in 2020/21. This will include infection prevention and control objectives, the annual audit plan and other annual IPC activities. The strategy will focus on the development of robust evidence based policies, the implementation of prevention strategies and processes to monitor compliance to infection prevention practices; thereby increasing our ability to achieve national and local objectives.

Summary
HCAIs remain a significant challenge for the Trust. However, the incidences of CDI continue to be under the monthly trajectory, despite the norovirus outbreak and patient flow risks. The executive level scrutiny continues with weekly CDI reviews. The development of the IPC strategy will ensure a proactive delivery plan is devised and is integral to the estates strategy and learning and development plan.

The Board of Directors is asked to:

- Note that whilst the actions taken to control *Clostridium difficile* infections have been impactful we need to remain focused to sustain the improvement going forward ;
- Receive assurance from the Quality Committee in April of the IPC Strategy and Delivery Plan 20/21.
- Note the challenges faced preventing and managing norovirus and that these challenges are anticipated to continue over the winter months.

Appendix 1

*Table 1 below provides a breakdown of **MRSA bacteremia** by year and month*

Table 1

MRSA bacteraemia													
Incidence	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
2018/19	0	0	0	0	0	0	0	1	0	0	0	2	3
2019/20	0	0	0	0	0	0	0	0	1				1

*Table 2 below provides a breakdown of **MSSA bacteraemia** by year and month.*

Table 2

***MSSA* bacteraemia**													
Incidence	***April***	***May***	***June***	***July***	***Aug***	***Sept***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Total***
2018/19	2	1	5	1	1	2	0	4	1	2	0	3	**22**
2019/20	3	5	1	0	2	1	1	2	1				**16**

*Table 3 below provides a breakdown of **E.coli bacteraemia** by year and month.*

Table 3

***E.coli* bacteraemia**													
Incidence	***April***	***May***	***June***	***July***	***Aug***	***Sept***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Total***
2018/19	4	2	6	7	2	4	5	4	3	8	4	4	**53**
2019/20	6	2	2	5	7	2	5	6	6				**41**

*Table 4 below provides a breakdown of **Klebsiella bacteraemia** by year and month.*

Table 4

***Klebsiella* bacteraemia**													
Incidence	***April***	***May***	***June***	***July***	***Aug***	***Sept***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Total***
2018/19	0	2	3	3	3	1	1	0	0	2	0	1	**16**
2019/20	4	3	1	2	1	1	1	4	3				**20**

*Table 5 below provides a breakdown of **Pseudomonas bacteraemia** by year and month.*

Table 5

***Pseudomonas* bacteraemia**													
Incidence	***April***	***May***	***June***	***July***	***Aug***	***Sept***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Total***
2018/19	0	1	0	2	0	3	0	0	0	0	1	0	**7**
2019/20	1	1	1	1	1	2	0	1	0				**8**

*Table 6 below provides a breakdown of **C.diff infections** by year and month.*

Table 6

Clostridium difficile													
	April	***May***	***June***	***July***	***Aug***	***Sept***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Total***
Monthly trajectory	7	7	8	7	7	6	7	7	8	8	8	8	88
Incidence	19	9	11	5	6	4	4	4	7				69

*Table 7 below provides a breakdown of **CPE bacteraemia** by year and month.*

Table 7

CPE* bacteraemia *2019/20													
Incidence	***April***	***May***	***June***	***July***	***Aug***	***Sept***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Total***
2018/19	0	0	0	0	1	0	0	0	1	0	0	0	**2**
2019/20	0	0	0	1	0	0	0	0	0				**1**

*Table 8 below provides a breakdown of **VRE bacteraemia** by year and month.*

Table 8

***VRE* bacteraemia**													
Incidence	***April***	***May***	***June***	***July***	***Aug***	***Sept***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Total***
2018/19	0	0	0	0	1	0	0	2	0	0	0	0	**3**
2019/20	0	0	1	0	1	0	1	1	0				**4**

Health and Safety Management Quarter 3 Report

Board of Directors	
Agenda Item	19/20 010
Title of Report	Health and Safety Management Quarter 3 update
Date of Meeting	29.1.2020
Author(s)	Jacqueline Robinson, Head of Quality Governance
Accountable Executive	Paul Moore, Director of Quality & Governance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	Safety
Level of Assurance • **Positive** • **Gap(s)**	Positive with some Gaps
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Approval Required
Data Quality Rating	Silver - quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

1. Executive Summary

Outlined within this report is an overview of Quarter 3 2019/20 Health and Safety performance and assurance activities, together with an update on progress against the Boards Health and Safety Action plan developed utilising recommendations from the independent Health and Safety Audit and other sources of intelligence.

Progress is continuing steadily in building the health and safety management framework in accordance with ISO45001, but the implementation of new processes has slowed in Q3 to allow time for those arrangements implemented in quarter 2 to embed and also in recognition that operational demands on management time have taken precedence during the first phase of Autumn/ Winter.

The H&S performance dashboard is now utilised at each H&S management Committee and Safety Management Assurance Committee, and each Division has been encouraged to ensure competent and authoritative representative from each of the divisions are available to present their Divisional Health and Safety performance.

Improvements continue to be been seen with regard to reduced EL/PL and RIDDOR reportable incidents however during winter we may anticipate an increase next quarter due to slips and falls in the Trusts external areas if the weather deteriorates.

The ROSPA submission (including evidence of applying the standards) is on track for submission on the 31st January 2020. The process of preparing the ROSPA submission has been useful in supporting the Trust's ongoing gap analysis and will be utilised to refresh the Health and Safety Improvement plan for 2020/21. There remains significant work to be undertaken in order to build a fully compliant H&S management system but progress is positive with stronger engagement building.

2. Introduction

Following receipt of the audit report from Arcadis (external independent consultant) in August 2019 significant progress has continued to be made to aligning the Trusts Occupational Health and Safety Framework to ISO45001.

Diagram 1: 7 Seven core elements of ISO45001

In quarter 2 the focus was on ensuring engagement from Divisional leadership; union representatives and other specialist advisers who contribute to an integrated. Other key components established included:

- Re-establishing the Health and Safety Management Committee and ensuring consistent high attendance from members and invited representatives. The Committee had previously struggled to

meet due to lack of quoracy previously since its relaunch every meeting has been quorate with cross-organisational representation, with lowest attendance being 16 since the committee restarted.

- Work to understand the organisations context in relation to Occupational and Health and Safety was undertaken and documented within the Health and Strategy;
- The Health and Safety Responsibilities matrix was developed and approved;
- Consideration of H&S performance indicators was undertaken to introduce a balance between leading and lagging indicators;
- Utilisation of Perfect Ward to ensure monitoring relevant to H&S that was already being undertaken was pulled out into a Health and Safety dashboard – thus releasing capacity in clinical areas (as the separate paperbased H&S inspection tools were no longer required) but also increasing awareness and engagement across the Trust.

3. Quarter 3 Update

3.1 Progress against Arcadis Action Plan

The audit undertaken by Arcadis was received in August and provided the Trust with a baseline as to its current position against the international standards. Progress was rapid in quarter 2 but subsequently slowed to a more steady pace this quarter to allow time for the processes introduced in quarter 2 to embed; in consideration of the high levels of operational pressures experienced particularly throughout December; and also to allow the consideration of the ROSPA standards, evidence collection and drafting of the submission.

Summary of actions completed / in progress within Qtr 3:-

	Context	Leader & Worker Participation	Planning	Support	Operation	Improvement	Performance & Evaluation
Completed		H&SMC meeting monthly & well attended – membership includes managers; staff; union reps	Risk registers reviewed to identify H&S risks that impact on organisational objectives – incl. as standing agenda item on H&SMC	H&S supporting document to sit alongside the ELearning presentation developed	Cycle of Business ensures risk, improvement plans & assurance communicated through H&S Committee.	Lessons from claims investigations built into OH&S communication	Divisional H&S dashboard developed and in use
		Violence & Aggression multi-disciplinary working group established	The process for the issuing of duty of care notices has been reviewed		Actions tracked through robust Governance Arrangements.	Cleanse of incident reporting system to provide more accurate reporting	Divisional exception plan and tracker implemented
		Communication loop – established and effective reporting mechanisms incl. creation of Division H&S report				An improvement plan to address MSD's has been developed	ROSPA submission developed
In progress		H&S policy currently being reviewed				Legal register in development	

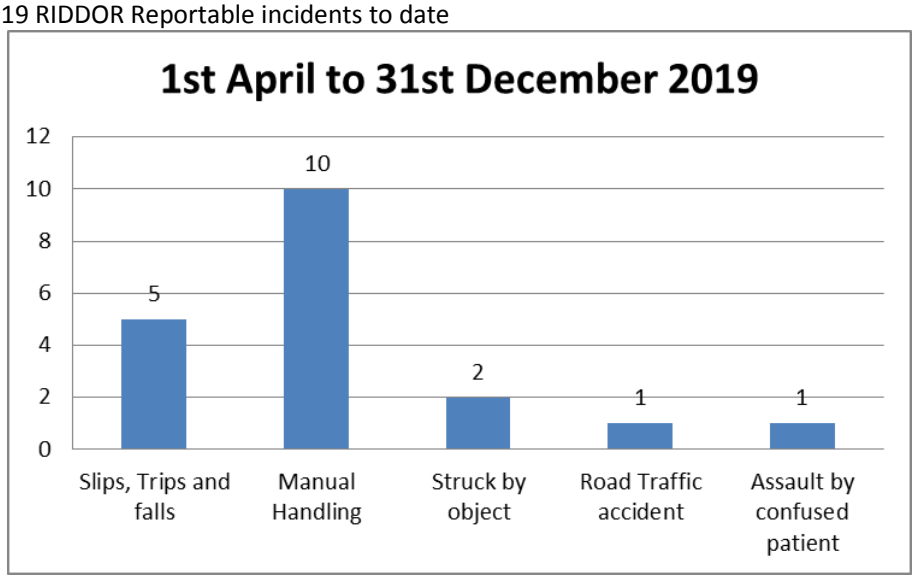
For the remainder of 2019/20 we will to focus on revising Health and Safety policies; build a responsibility matrix underneath the current senior leadership matrix available; reviewing and revising risk assessment processes; engaging managers and staff across Divisions to understand their services context; developing a Health and Safety audit plan and engaging senior leadership support in improving awareness and culture.

4. Performance and progress against identified priorities

The Trust dashboard for Health and Safety performance measurement is now embedded and updated monthly. We have developed and introduced for Divisions a new Divisional dashboard, which they are using, to communicate H&S performance through their Divisional governance arrangements. They also present their performance at H&S management Committee and Safety Management Assurance Committee – See Appendix 1

4.1 Performance dashboard highlights:-

- ***RIDDOR***:
  - 19 RIDDOR Reportable incidents to date



  - Using the monthly average to compare with the RIDDOR rate in 2018/19 we are currently showing a 44% decrease in RIDDOR reportable incidents. However the fourth quarter of the year may show an increase due to possibility of adverse inclement weather and incidents associated with that.
  - There has been an increase in RIDDOR reportable incidents being reported within the statutory timescale. Though significant work is still required in order to achieve the required 100%

- ***H&S Incident reports:***
  - The number of H&S incidents/ near misses reported through Ulysses Safeguard increase on monthly average from 2018/19 – likely can be attributed to increased awareness.
  - Top 6 highest non-clinical incidents:-
    - Physical Assaults
    - Unsafe Environment
    - Collision or Contact with Object
    - Clinical Sharps
    - Manual Handling
    - Slips Trips Falls

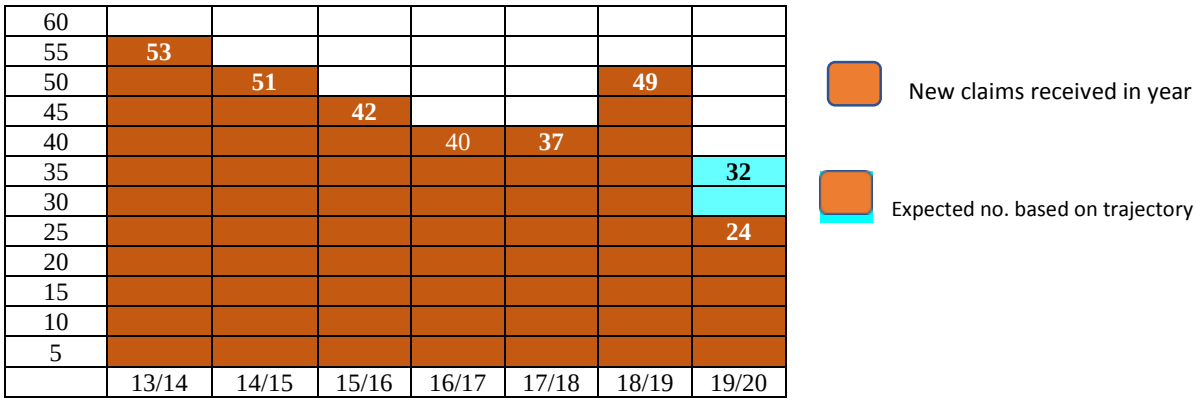
Lessons learnt shared with Divisions through Health and Safety Management Committee. Specific actions requested and detailed within Divisional H&S reports sent to all Divisions.

The timeliness in which management of incidents within the Ulysses system is undertaken has deteriorated this quarter and are now only slightly quicker than in 2018/19.

The timely reporting and managing of H&S incidents is vital as it allows for better investigation and retention of any evidence required to assess the risk and/ or respond to claims.

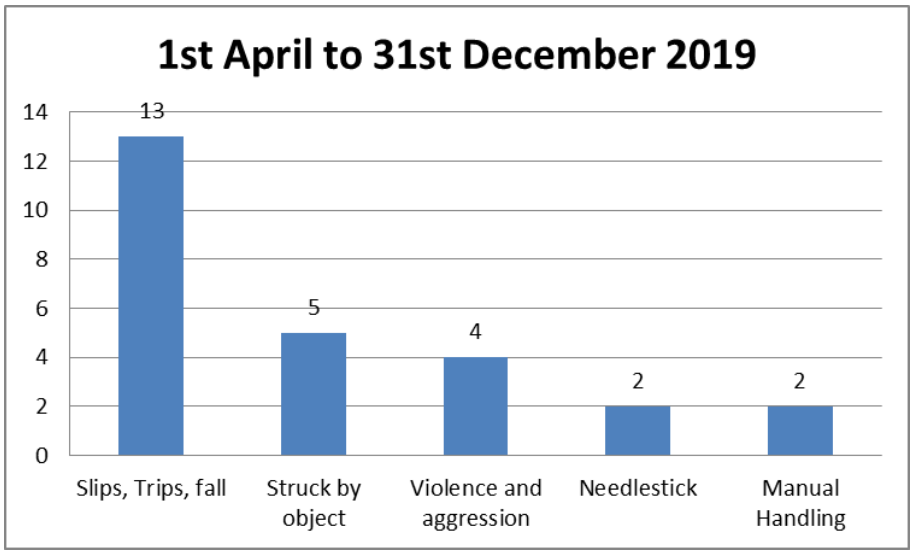
- ***Claims***
  - There has been a reduction in the average number of new EL/PL claims received to date, compared with 2018/19. If we maintain the current trajectory we anticipate non-clinical claims to reduce by 17 (35%) from last year. It is too early to say if this reduction is attributable to the work undertaken to strengthen Health and Safety management.

Table 2: Summary of actual EL/PL claims received each year (with expected number for 2019/20 if current trajectory maintained



Employer liability / Public liability claims – Cause groups

- 17 Employers liability claims
- 7 Public liability claims



Themes identified from incidents resulting in a claim:-

- Slips, Trips and falls – a number relate to incidents where water has been leaking from equipment or spillages; others are related to damaged or uneven flooring
- Violence and aggression – relate to incidents where patients have been aggressive due to clinical condition

- ***Mandatory H&S Training compliance***
    - Overall compliance with Health and Safety training has seen a slight increase but Moving & Handling – people handling has seen a significant improvement of 7% in compliance since quarter 2.
    - Health & Safety - Level 1 – 90.8%
    - Moving & Handling - Inanimate Loads - 91.4%
    - Moving & Handling - People Handling – 82.47%

- ***Attendance at H&S meetings***
    - Whilst attendance at the Health and Safety management committee appears low at 57% this actually equates to approx. 20 people. Divisions monitor attendance and where Divisional Representation is not present this is escalated to the Divisional Directors.

4.2 ROSPA preparation and draft submission:-

- The Quality Strategy set an objective for 2019/20 of achieving at least Bronze level ROSPA award. The submission has to be completed by the 31st January 2020.
- The process of gathering evidence against each of the 19 standards provides an opportunity to:-
    - Perform a gap analysis to identify areas that require addressing;
    - Benchmark safety performance year on year and could, in the future be applied for by individual sites/ divisions or services to ensure consistent performance across all areas
    - Provide an effective route to demonstrate an ongoing commitment to raising health and safety standards.
- Significant progress has been made, and whilst it is difficult to anticipate the level that may be achieved (as this is the first time WUTH has entered) the application does appear to be relatively strong, though some gaps have been identified) and it is anticipated that we will achieve at least a Bronze award.
    - The ROSPA achievement Award is a progressive award with organisations encouraged to progress from merit up to platinum awards. Whilst there are gaps identified, are areas requiring further strengthening these will help to inform the organizational action plan for 20/21

4.3 Regulator notifications/ activity

As reported in quarter 2 report to the Board. The Department of Transport carried out an inspection at Chester & Wirral NHS Microbiology Services in September. A letter was subsequently received identifying areas of non-compliance with the Carriage of Dangerous Goods Act. This was in reference to transport of infectious substances between sites and to Public Health Laboratories. An action plan has been implemented. Actions included:-

- Establishing access to a Dangerous Good Safety Advisor
- Developing a Safety Plan and risk assessment
- Strengthening security training arrangements

The Division of Diagnostic and Clinical Support have now commissioned the services of a Dangerous Goods Safety Advisor (DGSA), who is currently reviewing the security plan and risk assessments developed by the Trust. He will attend the lab to undertake an audit, which will inform an annual report.

The DfT inspector is satisfied with the Trusts progress and will receive the above documents in February, he advises that he will then subsequently arrange a site visit to undertake a further inspection in the near future.

5 Improvement workstreams

Analysis and cross-referencing of various leading and lagging indicators has identified a number of priority workstreams, in addition to the work being undertaken to develop and embed the Health and Safety framework across the Trust.

- Violence and aggression
  A working group for managing violence and aggression has been established in order to further improve existing control measures, reduce assaults and improve safety. The group is established with Clinical staff from the Trust; supported by Health and Safety; Patient Safety and Risk Manager; Security manager and CWP.

- Manual Handling
  Analysis of data has been undertaken and an improvement plan developed which includes communication and awareness raising activities. This has been added as a risk on the risk register and the actions are being monitored through Health and Safety Management Committee and the Safety Management Assurance Committee.

- Needlestick injuries
  A needlestick injuries safety group is in place to consider reduction plans. The duty of care notice) processes has been strengthened to ensure that all Divisional managers are aware as to when a duty of care notice is issued at service/ ward level by the Estates and Facilities team. The Health and Safety team are developing and introducing a 'Duty of Care log' which will be available for all Divisions to access and will highlight any areas where non compliance is repeated.

6 Next Steps

Significant work has been undertaken to establish a framework by which Health and Safety can be effectively managed. Progress continues to be made on implementing the recommendations provided by the Arcadis External Audit; embedding new processes across the Trust; and introducing improvement mechanisms on a priority and risk based basis which is informed by the H&S performance indicators.

Consideration of how to reduce the risks of slips, trips and falls will be undertaken and actions identified will be incorporated into the over-arching improvement plan.

The H&S improvement plan will be updated and presented for approval and assurance through the Trusts governance arrangements to support the continued effort throughout 20/21.

7 Recommendations

The Board are asked to note the substantial and rapid progress made, the performance measures now available to us and the next steps identified.

Trustwide H&S Performance dashboard 01/04/19 – 31/12/19 (accurate as of 08/01/2020)

Total no. non-clinical safety incidents			
	2018/19 (monthly Av.)	**2019/20** (monthly Av.)	**Increase/ Decrease**
No reported (monthly average)	1580 (131.66)	1578 (171.33)	↑
% incidents managed in Ulysses within Trust Timescale	49%	50%	↓
RIDDOR incident			
	2018/19 (monthly Av.)	2019/20 (monthly Av.)	**Increase/ Decrease**
No reported 2018/19	34 (2.83)	19 (1.58)	↓
% reported within timescale	61%	83%	↑

EL & PL Claims			
	2018/19(monthly Av.)	**2019/20** (monthly Av.)	**Increase/ Decrease**
No. new claims received	49 (4.08)	24 (3)	↓

Riddor Injury Type	
Death	0
Specified injury	3
Over 7 day absence	16
No injury(DOcc)	0

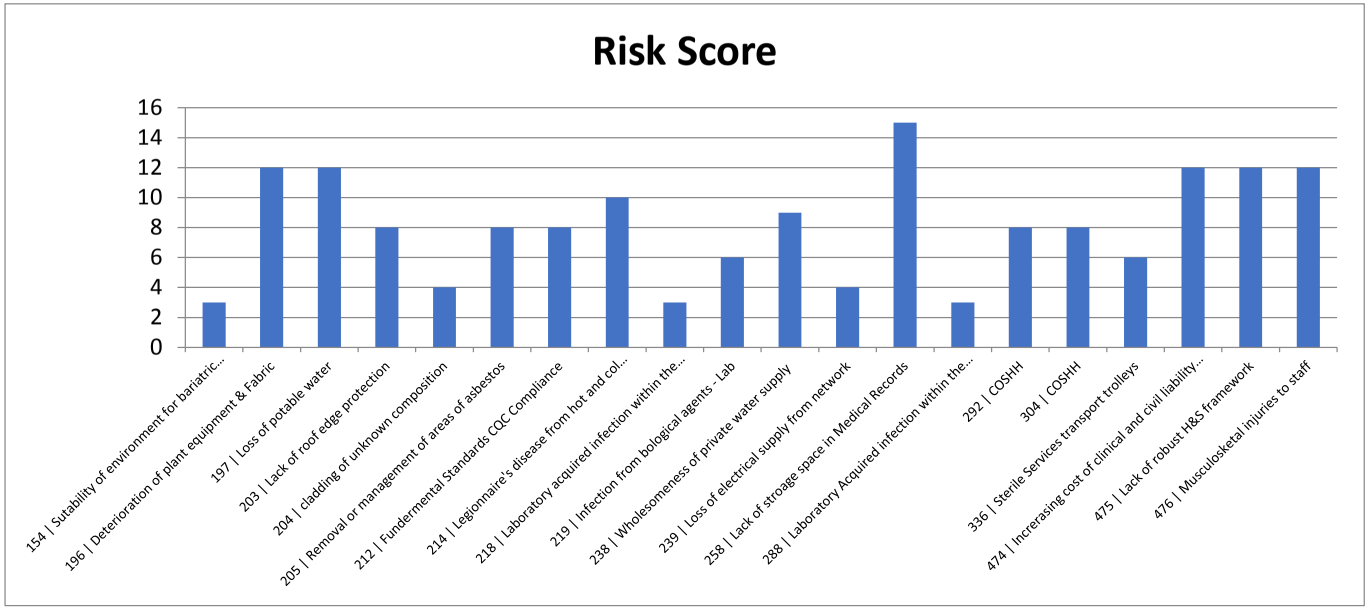
Near Miss/ Non-compliance	
No. of near miss incidents reported	268
No. of near miss incidents investigated	0
No. of non-compliances identified	35 (Currently being evaluated)
No. of non-compliances investigated	0

H&S Interventions	
No. of informal advice	**6**
No.of letters of recognition	**2**
No. notice of urgent action	**1**
No. of suspension notices	**0**
No. of duty of care notices	9

H&S Assurance activity	
No. of inspections	**2**
No.of audits	**0**
No. of investigations	**3**
No. of process reviews	0
No. of Senior team H&S tours	10

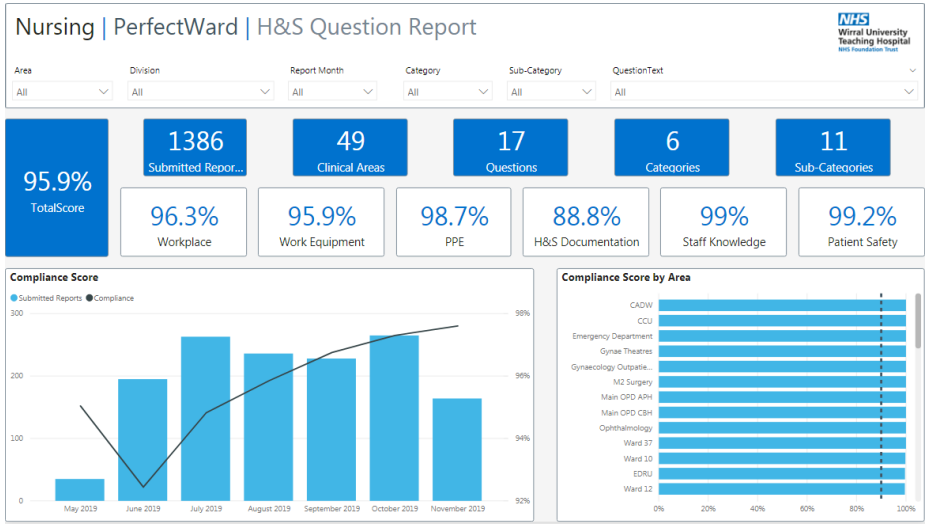
H&S Communication & Consultation			
No. of HSM Committees	4	% attendance	**57%**
No.of SMA Committees	4	% attendance	**88%**
No. of Formal training sessions delivered	128	% Compliance Mandatory Training	**86%**
No. of H&S Comms	2		
No. of Policies reviewed	2		

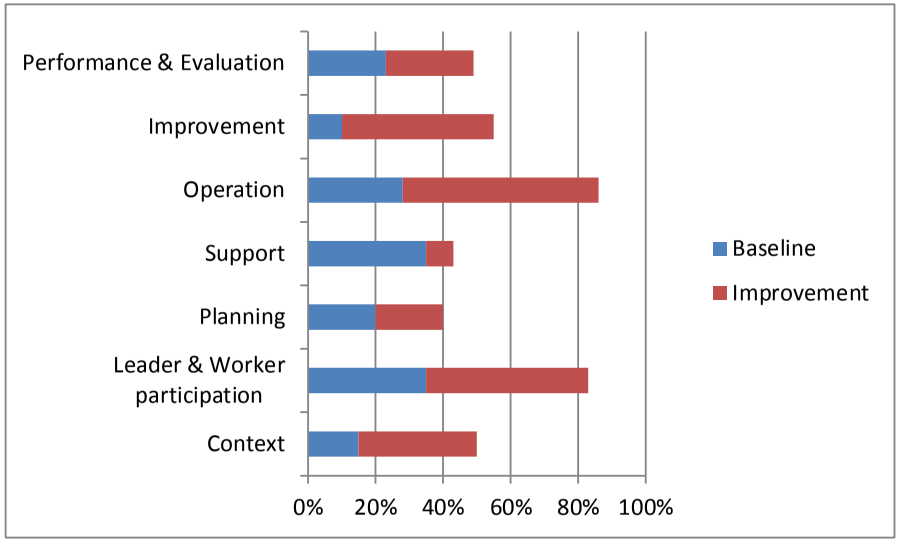
H&S Regulator	
No. of informal advice	**1**
No. of enforcement letters	**0**
No. notices served	**0**
No. of formal cautions	**0**
No. of prosecutions	**0**



Perfect ward – Example

GAP Analysis Status January 2020


Nursing | PerfectWard | H&S Question Report
NHS Wirral University Teaching Hospital NHS Foundation Trust
Area
Division
Report Month
Category
Sub-Category
QuestionText
All
95.9%
TotalScore
1386
Submitted Repor...
49
Clinical Areas
17
Questions
6
Categories
11
Sub-Categories
96.3%
Workplace
95.9%
Work Equipment
98.7%
PPE
88.8%
H&S Documentation
99%
Staff Knowledge
99.2%
Patient Safety
Compliance Score
Submitted Reports
Compliance
May 2019
June 2019
July 2019
August 2019
September 2019
October 2019
November 2019
Compliance Score by Area
CADW
CCU
Emergency Department
Gynae Theatres
M2 Surgery
Main OPD APH
Main OPD CBH
Ophthalmology
Ward 37
Ward 10
EDRU
Ward 12


Performance & Evaluation
Improvement
Operation
Support
Planning
Leader & Worker participation
Context
0%
20%
40%
60%
80%
100%
Baseline
Improvement

Board of Directors	
Agenda Item	19/20 011
Title of Report	Learning From Deaths – Lessons learnt Qtr2 2019-2020
Date of Meeting	29.1.2020
Author	Dr Michael Ellard, Deputy Medical Director
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)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	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 **If yes, please attach completed form.**	Yes

1. Executive Summary

The purpose of this paper is to provide PSQB with the Quarter two (2019/20) update on compliance against the Learning from Deaths Guidance and the wider Mortality agenda.

Progress continues in further developing the mortality review process to ensure the opportunity for learning is optimized. The utilizing of Ulysses Safeguard has supported the process, and the number of PMRs being undertaken is 66% in Quarter 2. The number of SJR's undertaken has decreased slightly and further work is required to ensure all speciality reviews report into the trust mortality processes. Documentation issues continue to be identified through the mortality review process.

2. Background

CQC published its report 'Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England' in December 2016, making recommendations about how the approach to learning from deaths could be standardised across the NHS.

From April 2017 onwards, Trusts were required to collect new quarterly information on deaths, reviews, investigations and resulting quality improvement, and publish information on deaths, reviews and investigations via a quarterly agenda item and paper to its public board meetings. In addition the percentage of mortality reviews completed (along with SHMI; HSMR) are now recorded within the Trusts Quality Performance dashboard which is presented monthly to PSQB and the Board.

The purpose of this paper is to provide PSQB with the Quarter two (2019/20) update on compliance against the Learning from Deaths Guidance and the wider Mortality agenda.

3. Key Issues/Gaps in Assurance

The Quarterly learning from Deaths was presented to PSQB in September and set out next steps to further develop and enhance the review process and thus optimize the opportunities for learning. Progress has been made against these areas including:-

- Liaison with clinical end of life care lead to facilitate shared learning from mortality reviews and SJRs from bereaved carers feedback took place. Concerns raised to the bereavement service by carers are now escalated into the SJR process.
- The learning from deaths dashboard is currently being reviewed and improved to embed the necessary requirements for the medical examiner role. This is expected to be completed by the next quarterly report.

3.1 Learning from Deaths Dashboard

The overall performance of mortality reviews completed has reached 66% for the Q2. The number of SJR's completed is showing a slight decrease on previous quarter's performance. It is worth noting that reviews continue to be undertaken following this period and thus quarter performance numbers are adjusted throughout the year.

Period (QTR)	Total No. of Deaths subject to review	Primary Mortality Reviews	SJR'S	SI's	Elective Surgical deaths	Patients with severe learning disabilities	Patients with severe mental health needs	Maternal	Neonatal patients	Still Births (from 22 weeks)
					Identified through PMR					
Qtr 1	366	275 [75%]	27 (19)	2 (1)	6(2)	4 (4)	1(1)	(3)	0(0)	3
Qtr 2	336	231 [66%]	8 (16)	4	7	3	0	0	0(0)	5 (3)

()= In Progress

*= No. of deaths investigated under SI framework (and declared as serious incidents)

SJR reviews undertaken within the quarter have indicated the following levels of care provided:-

Score 1 Very Poor Care		Score 2 Poor Care		Score 3 Adequate Care		Score 4 Good Care		Score 5 Excellent Care		Total Number of deaths considered more likely than not due to problems in care. (From SJR and other Investigations)	
Q1 19/20	0	Q1 19/20	0	Q1 19/20	2	Q1 19/20	6	Q1 19/20	0	Q1 19/20	0
Q2 19/20	0	Q2 19/20	1	Q2 19/20	3	Q2 19/20	4	Q2 19/20	0	Q2 19/20	0

Poor or adequate care where learning identified

- Communication around DNACPR could be improved
- Understanding the requirements for IV contrast in patients requiring CT with renal failure
- Identification of continued need for interventions in the learning disability group should have a best interests assessment
- Where delays occur due to workload, appropriate and timely escalation should take place

Each of the above areas of learning will be shared through Trust Communication mechanisms e.g Safety Summit, Safety Bites and junior doctors fora

3.2 Learning from reviews

Qtr identified	Learning	Ongoing Actions / Progress	Impact
2018/19	Delay in discharging frail and elderly patients often results in their deterioration.	Increase awareness through communication	Heightened awareness through communication
		019/20 Quality improvement target:- Community Geriatricians involved with tele triage and care homes re: admission avoidance. Op flow models – home first in assessment areas. Awaiting GIRFT review in December for data submission for baseline.	Ongoing
2018/19	The need to follow the NEWS policy.	Routine monthly audits through perfect ward App. Further work on increased frequency of observations and appropriate escalation. - *Work is being done so that all active NEWS scores, alerts and antibiotic delivery status can be displayed for all staff to have access to via a whiteboard. This will hopefully improve awareness of patients' needs and then lead to more timely escalation and management.* - *Meet with the design team to assess the performance of the deterioration alerts and look at where improvements can be made.*	Updated Deteriorating Patient alert well received by the workforce.
		Implementation of RCP NEWS2 e-learning package, national framework competencies, Clinical Champions and delivery of AIMS course	NEWS2 elearning in place
2018/19	Documentation of Do Not Resuscitate for Cardio Pulmonary Resuscitation	Ongoing audit case notes for completion of the purple DNACPR booklet	In progress
2019/20 Qtr 1	Inconsistent documentation DNACPR across all patient records (ie CERNER vs Buff notes) leading to confusion about arrest calls	DNACPR work stream reviewing methods of recording DNACPR in IT system. - a multidisciplinary and specialty group have been meeting to progress the DNACPR	Ongoing

		documentation process to meet with the Trust's decision to implement one electronic patient record. This has now been approved as a project. Awaiting notification of priority status from DPSOC.	
2019/20 Qtr 1		Audit case notes where in hospital DNACPR is documented on CERNER to identify compliance with documentation	The audit is part of the work stream of the team reviewing the IT system & is ongoing, we audit monthly. Compliance for Q1 was 98.2%.
2019/20 Qtr 1	Unnecessary distress to family by sending letters out to deceased patients (within screening programs) several months after death	Meet with screening leads to understand current processes and identify mechanism for removing deceased patients form screening lists (meeting has taken place)	Ongoing monitoring
2019/20 Qtr 1	No use of the "Care in the last days of life" document when the dying phase has been identified in the majority of cases. This is a significant change compared to Q1 in 18-19	Staff education on use of CERNER End Of Life documentation Presented through 2 safety summits	Reassess Qtr 3
		Review palliative care / community DNACPR pathways with local partners	Ongoing

3.3 Actions initiated to share learning

Learning from deaths is incorporated and integrated within the Trusts improvement processes:-

- Learning is regularly shared via safety summits and safety bites;
- Incorporated into workstreams and monitored through Quality Strategy updates/ Chairs reports/ Deep dives and reported to PSQB.

4 SHMI and Dr Foster Data

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge.

The SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

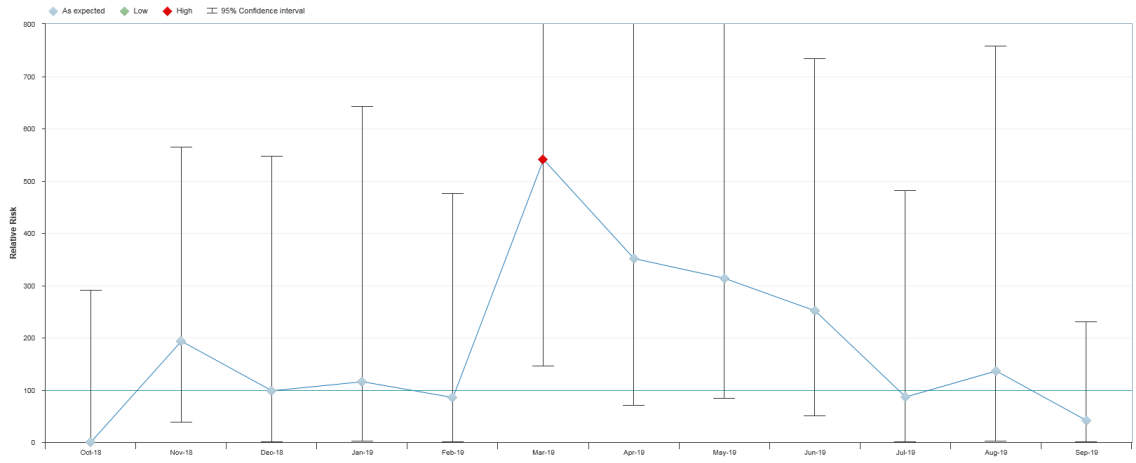
WUTH are currently rated SHMI Band 2 "as expected" mortality rate.

Dr Foster produces monthly reports on negative CUSUM (CUmmulative SUM – a measure of deviation from the mean) alerts for the immediately preceding 12 months. Current reports relate to the period October 18- September 19. There were only 2 alerts which is a reduction from 4 in the previous report. Current alerts relate to;

Fluid and Electrolyte Disorders
Short Gestation, Low Birth Weight and Fetal Growth Retardation

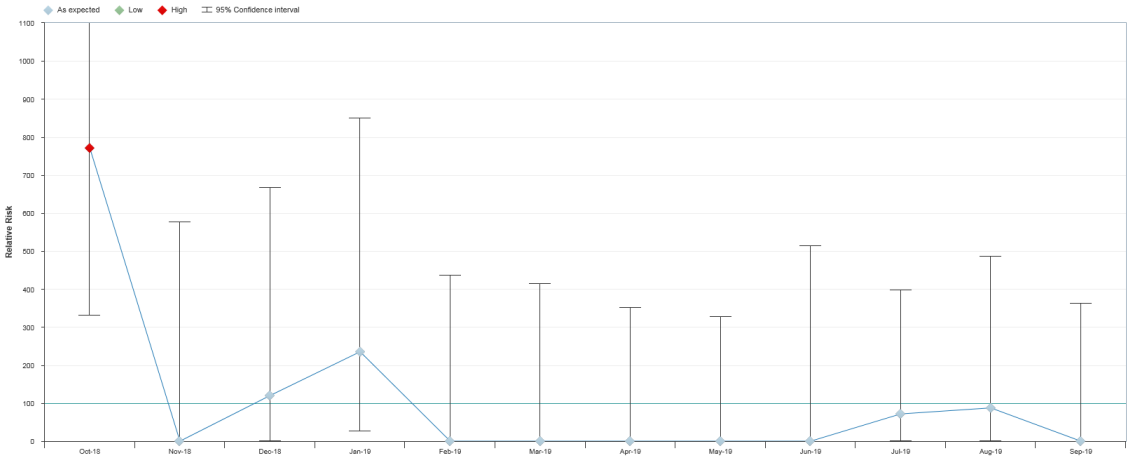
Each group has been assessed in greater detail.

The fluid and electrolyte group saw a peak in March 2019 and a subsequent decrease (23 cases vs an expected 14.2 annually). A trust IV fluid lead has been appointed in accordance with NICE guidance and is monitoring the trend. Any mortality case from this group is now escalated to a SJR via the PMR trigger process.



RR trend Oct 18-Sep 19 Fluid and Electrolyte Disorders

When the "Short Gestation, Low Birth Weight and Fetal Growth Retardation" group was assessed it was noted that the cohort of patients came from BCWH trust. The other level 3 neonatal unit in the region was also checked and they also had a negative CUSUM alert for this from BCWH trust. The excess was observed in Oct 18 and since then BCWH have developed their local neonatal provision with WUTH now only receiving up to 26 week gestation. There has been no alert for any other CCG area. This alert should no longer feature from the next report.



RR trend Oct 18-Sep 19

Update on further development of Learning from deaths process

In addition to the actions identified through the learning from deaths review a number of actions were identified to further strengthen the process in quarter one 2019/20 the following 'Next steps' were identified:-

Next Steps identified	Progress
Speciality reviews to report into trust mortality processes facilitating maximum learning opportunity	Receiving reports from endoscopy/ surgery and hematology

Identify locally key staff for LeDeR death reviews	Complete – L&D Nurse identified/ trained and performing SJR's
Perform audit of LeDeR deaths in last 4 quarters to identify cause of death, DNACPR process, nutrition and use of NEWS2	In progress
Examine GIRFT or other available resources for regional comparison of ED death categories to identify areas for service improvement.	Analysis of GIRFT/ DR Foster and model hospital only enables comparison for diagnosis but not place of death
Improve coding of causes of death through clinical teams reviewing deaths in a timely manner with coding staff	Ongoing and Dr Foster presented to Governance and medical Senior leadership

5 Next Steps

A paper was presented to TMB in November which outlined the introduction of the medical examiner role by NHS Improvement. The system of medical examiners has been introduced to provide scrutiny on all non-coronial deaths and improve the quality of death certification. The paper described the scope 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 (Apr 2020). This process will also provide a more timely review of deaths through the PMR and SJR process.

The deputy medical director has scheduled meetings with the regional medical examiner and the senior coroner for Liverpool to ensure the system introduced at WUTH complies with expectations of NHSE

The palliative care lead and deputy MD will review a cohort of 30 consecutive deaths to assess if patients are being identified in the last year of life and having future care planning

6 Conclusion

The SHMI rate for WUTH remains in Category 2 which indicates that our number of deaths is in the expected range. There has been a decrease in the number of PMRs progressing to SJR and the time for SJR completion is variable.

Dr Foster data indicates 2 alert areas which have undergone further analysis. No concerning issues have been identified. Any deaths within the Fluid and Electrolyte Disorders alert diagnostic group will have automatic escalation to SJR to provide further assurance.

The new role of the medical examiner will build on the in- house improvements made within the last 2 quarters with the introduction of LeDeR reviews and SJRs on concerns from bereaved families. The medical examiner will also streamline the process of PMR and SJR.

Concerns about poor care in the SJRs completed highlight communication issues and also a delay in recognising the end of life phase. All lessons learnt are being tracked to ensure measures implemented have the expected impact.

7 Recommendations

Trust Board are asked to note the improvements made to ensure learning from deaths is optimised.

Board of Directors	
Agenda Item	19/20 012
Title of Report	Month 9 Finance Report
Date of Meeting	29.1.2020
Authors	Shahida Mohammed, Acting Deputy Director of Finance
Accountable Executive	Claire Wilson, Chief Finance Officer
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 9 Finance Report 2019/20

Contents

1. Executive summary

For the period ending 31st December 2019, the Trust's operational financial performance was a deficit of (£11.8m) against a deficit plan of (£3.7m); an adverse variance of (c£8.1m).

In month, (December 2019) the Trust reported an operational deficit of (£1.7m) against a deficit plan of (£0.8m); an adverse performance of (c£0.9m).

The CCG supported the gradual ramp up of system wide transformation plans by profiling £4m of its contractual payment into quarter 1 and 2 to support costs incurred by the Trust in the first half odf the year. This payment has now been phased out during quarter 3 as planned.

For Qtr 3, the Trust is reporting an operational deficit of (£7.8m), against a plan of (£3.6m), a variance of (£4.1m), the Trust has therefore been unable to access PSF/FRF monies of £3.8m for the quarter.

Based on the current financial position and the continued operational pressures over the winter period, the Trust does not anticipte the year to date deficit will be recovered. However, a series of financial mitigation plans are being pursued by the Executive Team in order to improve the position as far as possible and these were shared with the Board of Directors in December 2019.

Following the implementation of mitigations, the Trust is forecasting an operational deficit of (£9.1m) and a resulting loss of £8.2m of PSF/FRF.. The year-end position is therefore forecasted to be a (£17.2m) deficit.

1.1 Key Headlines

- The key components of the quarterly and monthly position are set out in Table 1 below:

Table 1: Key components of financial position

	Qtr1 £m	Qtr2 £m	Mth 7 £m	Mth 8 £m	Mth 9 £m	YTD £m
Depreciation	(0.3)	(0.3)	(0.1)	(0.1)	(0.1)	(0.9)
VAT (medical locums)	(0.3)	(0)	0	0	0	(0.3)
Aseptic Unit - closure	(0.2)	(0)	(0)	(0)	(0)	(0.3)
Divisional Restructure	(0.1)	0	(0.1)	(0.1)	0	(0.3)
18/19 Costs	(0.1)	(0)	(0)	(0)	0	(0.2)
Pay Pressures	(0.4)	(1.8)	(0.9)	(1.1)	(0.7)	(4.9)
Income	1.4	2.6	0.1	0	(4.0)	0.1
PSF/FRF Qtr 3	0.0	0.0	0.0	0	(3.8)	(3.8)
Non Pay Pressures	0	(0.3)	(0.4)	(0.3)	(0.3)	(1.4)
TOTAL	**0**	**0**	**(1.5)**	**(1.7)**	**(8.9)**	**(11.9)**

- Net pay costs exceeded plan by a further (c£0.7m) in December, increasing the year to date overspend to (c£4.9m). The drivers of the pay position are multi-faceted; unplanned 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£0.3m), of this (c£0.2m) relates to costs associated with sub-contract suppliers for MSK, and a further (£0.1m) relates to cost of other general supplies linked to activity. This position is expected to improve in the final quarter of the year as the impact of additional controls on non-essential costs take effect.

- Operationally patient-related income is broadly in-line with plan. This position includes the application of local contract terms agreed during the planning process.

- Elective and Daycase activity has underperformed over recent months as a result of the impact of system wide bed pressures and bed closures associated with Flu and Novovirus, however, the position reflects a fixed year end contract value agreed with Wirral CCG. The Trust is currently managing an emerging risk associated with this agreement and discussions are ongoing; the latest position will be provided in the meeting.

- Cash balances at the end of December 2019 were £3.3m, which was £0.2m above plan.

- Cost improvements/efficiencies delivered YTD amount to c£7.9m, although this is below plan by (c£1.1m), the position is ahead of previous years. Going forward work continues in the divisions to identify further cost improvement opportunities, which will be consolidated within the overall Trust Financial Improvement Plan for 2019/20, and 2020/21.

- Capital spend to December 2019 is behind the revised plan by £3.5m as a result of slippage on a number of schemes. However, this is expected to be recovered in the final quarter of the year and the Trust continues to forecast in line with its plan.

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

2. Background

The Control Total issued by NHSI to the Trust for 2019/20 is a “breakeven” position. Delivery of this would enable the Trust to access £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 plan to deliver a “breakeven” position has been profiled to reflect the expected trajectory in income recovery and the anticipated delivery of cost reductions, Cost Improvement Plans (CIPs) and transformational schemes during the year.

For information, Appendix 1 sets out a number of financial plan changes made during the year which have a net zero impact.

3. Financial Performance

3.1 Income and expenditure

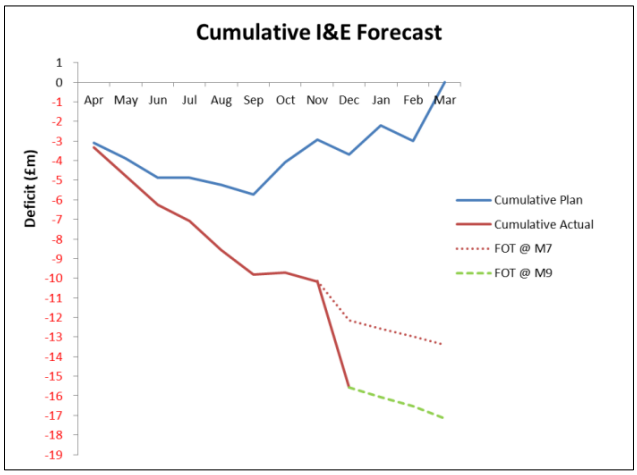
Due to the continued and increased operational pressures in the Trust, in December the financial position is showing an operational overspend of (c£0.9m). The cumulative impact of this, is an actual deficit of (£11.8m), against a planned deficit of (£3.7m), therefore (£8.1m) worse than plan.

An analysis of this is provided in Table 2 below.

Table 2: Financial position for the period ending 31st December 2019

Month 9 Financial Position	Budget (Mth 9)	Actual (Mth 9)	Variance	Year To Date Budget	Year To Date Actual	Variance	M7 Forecast Variance (Mth 9)	Actual Variance (Mth 9)	Variance
NHS income from patient care activity	25,897	25,918	21	241,703	246,142	4,439	101	21	(80)
Non NHS income from patient care	430	481	52	4,198	3,736	(462)	(13)	52	65
Other income	4,226	4,269	42	34,424	34,685	261	(16)	42	58
Total Income	**30,553**	**30,668**	**115**	**280,326**	**284,564**	**4,238**	**72**	**115**	**43**
Employee expenses	(21,077)	(21,798)	(721)	(192,654)	(198,161)	(5,508)	(969)	(721)	248
Operating expenses	(9,908)	(10,250)	(343)	(88,382)	(91,132)	(2,750)	(383)	(343)	40
Total expenditure	**(30,984)**	**(32,048)**	**(1,064)**	**(281,036)**	**(289,293)**	**(8,257)**	**(1,352)**	**(1,064)**	**288**
Non Operating Expenses	(357)	(356)	1	(3,170)	(3,158)	12	(15)	1	16
Actual Surplus / (deficit)	**(789)**	**(1,737)**	**(948)**	**(3,880)**	**(7,888)**	**(4,008)**	**(1,295)**	**(948)**	**347**
Reverse capital donations / grants I&E impact	21	21	0	187	131	(56)	*0*	*0*	*0*
Surplus/(deficit) incl. PSF/FRF for Q1 & Q2	**(768)**	**(1,716)**	**(948)**	**(3,693)**	**(7,757)**	**(4,064)**	**(1,295)**	**(948)**	**347**
Repayment of accelerated support from Wirral CCG for Q1 & Q2	**0**	**(4,050)**	**(4,050)**	**0**	**(4,050)**	**(4,050)**			
Surplus/(deficit) incl. PSF/FRF for Q1 & Q2	**(768)**	**(5,766)**	**(4,998)**	**(3,693)**	**(11,807)**	**(8,114)**			
Loss: PSF/FRF Qtr 3	**0**	**(3,757)**	**(3,757)**	**0**	**(3,757)**	**(3,757)**			
Adjusted Surplus/(deficit)	**(768)**	**(9,523)**	**(8,755)**	**(3,693)**	**(15,564)**	**(11,871)**			

- The graph below shows the cumulative financial position against plan, together with the current forecast. The actual month 9 operational position was marginally (£0.3m) better than had been forecast but the year end forecast remains at (£17.2m) deficit. The adverse movement from the forecast previously reported is £4.4m which relates to the PSF lost at Quarter 3.



- Whilst the lost of PSF oin quarter 4 has had an impact on our reported postions, the operational performance actually saw a mariginal improvement. The key factors within this were bank nursing and substantive medical staffing which was lower than anticipated. Sickness rates in some areas have improved, however specialing for patient acuity has remained static.

- Actual agency staff costs in December were (c£0.7m), of this (£0.5m) was in medical staff, and the balance relates to Pharmacy and nursing.

- Non pay costs exceeded plan in December by (£0.3m), of this (c£0.2m) relates to costs associated with sub-contract suppliers for MSK, and a further (£0.1m) relates to cost of other general supplies. This position is expected to improve in the final quarter of the year as the impact of additional controls on non-essential costs take effect. All non-stock orders are now approved by Divisional or Executive Directors.

- Weekly "scrutiny panels" lead by the HR & Finance Executive Directors continue to review both clinical and non-clinical vacancies. In addition, any Medical locum costs are escalated to the Medical Director for approval.

- As previously reported, the position includes £0.3m relating to locum VAT costs in quarter 1 which have now been mitigated going forward. A further pressure of £0.8k in the year to date (£1.2m for the year) relating to changes to valuation guidance issued by the Royal Institute of Chartered Surveyors were not incorporated into the opening plan. Although this is a national issue, NHSI has maintained the view that this is a matter for individual trusts to manage and mitigate locally.

3.2 Income

At the end of December 2019, overall patient-related income exceeded plan by c£0.2m (£0.1m in month). Table 3 below provides a detailed analysis by point of delivery.

Table 3: Income analysis for the period ending 31st December 2019

	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 & Daycase	3,737	3,313	(424)	37,715	36,183	(1,532)	4,002	3,759	(243)	41,808	40,175	(1,632)
Elective	538	481	(57)	5,705	4,875	(830)	1,950	1,942	(8)	20,599	19,262	(1,337)
Daycase	3,198	2,832	(366)	32,010	31,308	(702)	2,053	1,817	(235)	21,209	20,914	(295)
Elective excess bed days	253	187	(66)	2,524	2,713	189	69	56	(13)	688	708	20
Non-elective	3,953	3,674	(279)	34,219	32,770	(1,450)	8,610	8,598	(12)	74,498	74,310	(188)
Non-elective Non Emergency	463	415	(48)	3,861	3,909	48	1,006	957	(49)	8,439	8,623	184
Non-elective excess bed days	1,089	1,900	811	9,401	11,658	2,257	296	477	181	2,554	3,113	559
A&E	7,135	7,376	241	64,894	68,876	3,982	1,228	1,209	(19)	11,170	11,339	169
Outpatients	21,795	23,084	1,289	229,379	226,299	(3,080)	2,601	2,633	32	27,320	27,375	55
Diagnostic imaging	2,087	2,581	494	21,842	24,848	3,006	155	157	2	1,632	1,653	21
Maternity	493	415	(78)	4,433	4,695	263	432	376	(56)	4,046	4,101	55
Non PbR							6,239	6,513	274	58,514	59,464	950
HCD							1,302	1,302	(0)	11,666	11,666	(0)
CQUINs							186	186	0	1,675	1,676	1
Other							0		0			0
PSF/FRF/MRET							1,776	(1,981)	(3,757)	12,853	9,095	(3,758)
Total NHS Clincial Income	41,004	42,944	1,940	408,268	411,951	3,682	27,904	24,242	(3,662)	256,863	253,299	(3,564)
Other patient care income							80	80	0	720	813	93
Non-NHS: private patients & overseas							30	9	(21)	371	245	(126)
Injury cost recovery scheme							89	87	(2)	802	581	(221)
Total income from patient care activities							28,103	24,418	(3,685)	258,755	254,938	(3,817)
Other operating income							2,450	2,493	43	21,571	21,819	248
Total income							30,553	26,911	(3,642)	280,326	276,756	(3,569)

- Elective performance has deteriorated in month 9 due to operational pressures. The main areas of cumulative underperformance are ENT, Oral Surgery, Colorectal Surgery, Upper GI Surgery, Urology and T&O. These are offset by over performances within Ophthalmology & Gynaecology. The MSK Orthopaedic under performance has been offset by additional work undertaken by the sub-contractor through patient choice.

- Although non elective activity is below plan, the Trust does have a high number of long stay patients. The position has been mitigated by the contractual block income agreement; cumulatively this is benefiting the position by c£3.2m.

- Non Elective Excess Bed Days is cumulatively higher than plan mainly in Respiratory Medicine, Trauma and Orthopaedics and Upper GI Surgery.

- Outpatients with Wirral CCG have cumulatively over performed by £0.4m. This has been adjusted within the position to reflect the "block" arrangement.

- The year to date Maternity performance includes £0.2m relating to One to One midwifery patient transfers, this occurred in Mth 5.

- Neonatal activity is based on a "block" for 2019/20; this has benefitted the position by c£0.8m.

- Non PbR is below plan by (£0.2m). This is mainly due to adult Critical Care bed days and Rehab bed days. Winter support funding of £0.2m is included in the December 2019 position (25% of the total value available).

- Cumulatively, the position reflects the benefit of the non-elective "block" of £3.2m, and the agreement to fix the year end position with Wirral CCG for elective/daycase activity at a £350k level of underperformance. Current underperformance on this contract is £1.3m and there is an emerging risk for the Wirral system given a recent change in the CCG positon on this. Discussions are ongoing and the latest update will be provided at the meeting.

3.3 Pay

Pay costs exceed plan by (£0.7m) in month, increasing the cumulative overspend to (£5.5m).

The table below details pay costs by staff group. Appendix 2 provides an analysis of the monthly spend by staff group.

Table 4: Pay expenditure for the period ending 31st December 2019

	MONTH 9 (£'000)			CUMMULATIVE (£'000)		
STAFF GROUP	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL / FORECAST	VARIANCE
CONSULTANTS	3,311	3,551	-239	30,135	32,850	(2,715)
OTHER MEDICAL	2,328	2,535	-207	21,277	22,666	(1,388)
TOTAL MEDICAL	**5,639**	**6,086**	**-447**	**51,412**	**55,516**	**(4,104)**
NURSING & MIDWIFERY	5,986	5,995	-9	54,552	53,727	826
CLINICAL SUPPORT WORKERS	1,975	2,194	-219	17,984	20,129	(2,145)
TOTAL NURSING	**7,961**	**8,189**	**-228**	**72,536**	**73,856**	**(1,320)**
AHP'S, SCIENTIFIC & TECH	2,778	2,817	-40	25,103	25,376	(273)
ADMIN & CLERICAL & OTHER	4,699	4,705	-6	43,602	43,413	189
TOTAL SUPPORT STAFF	**7,477**	**7,523**	**(46)**	**68,705**	**68,789**	**(84)**
TOTAL	**21,077**	**21,798**	**(£721)**	**192,654**	**198,161**	**(£5,508)**

- 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 Waiting List Initiatives (WLIs). The agency consultant 'hotlist' as is reviewed monthly to monitor progress and explore alternative staffing models where appropriate 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 in the year to date, 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£0.6m) of undelivered CIP in relation to workforce schemes, including medical staffing, non-ward based nursing and e-rostering.

- Table 5 below details pay costs by category for December and cumulatively.

Table 5: Pay analysis by type

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	(244,174)	(20,121)	(19,447)	674	(183,715)	(176,275)	7,440
Bank	(257)	(22)	(949)	(927)	(198)	(8,833)	(8,635)
Medical bank	(3,116)	(246)	(662)	(415)	(2,387)	(5,618)	(3,231)
Agency	(7,415)	(604)	(657)	(53)	(5,603)	(6,681)	(1,078)
Apprenticeship Levy	(1,000)	(83)	(83)	1	(750)	(754)	(4)
Total	(255,962)	(21,077)	(21,798)	(721)	(192,653)	(198,161)	(5,508)

- 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.
- Agency costs exceed the NHSI cap by (c£1.1m) as at the end of December. 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 predominately relates to consultant costs in 'difficult to recruit posts'.

- A "deep dive" into the Medical pay costs has been undertaken as requested by the Finance Business Performance and Assurance Committee (FBPAC) and an action plan has is being progressed.

Waiting List Initiatives (WLIs): Detailed below is the spend incurred on WLI sessions by Division.

Table 6: WLIs by Division

Inpatients	No. of Sessions	No. of patients	Total Costs (£)
Surgery	407	1,158	222,436
Medicine	456	2,523	240,812
W&C	7	22	3,945
Clinical Suppo	4	14	2,113
TOTAL	874	3,717	469,305

Outpatients	No. of Sessions	No. of patients	Total Costs (£)
Surgery	699	6,256	377,666
Medicine	176	1,338	79,587
W&C	163	534	89,033
Clinical Suppo	40	383	22,540
TOTAL	1,077	8,511	568,826

- The combined year to date actual costs for both inpatients and outpatients is (c£1.0m). The budget available to manage WLI requirements to deliver national cancer standards to Mth 9 is £0.5m, therefore an overspend of (c£0.6m).
- 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 undertaken 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

Table 7 below details the £1m of costs incurred in the year to date relating to unfunded areas and the utilisation of escalation beds.

Table 7: Unfunded areas and 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 1-9) £000	Actual cost of medical staff (Mth 1-9) £000	Staffing source (agency/bank/ locum)	Total Expenditure (Mth1-9) £000
Reverse Cohort Area	12 trolleys	From 1st May 2019 (as and when required)	2 .00 wte Nurses 2.00 wte CSW 24/7	410	74	Combination of bank/agency	484
Ward 26	4 beds	Used for Medical outliers throughout 19/20 when needed	1 .00 wte Nurses 1.00 wte CSW	32	0	Bank	32
Ward 36	2 beds	Used for Medical outliers throughout 19/20 when needed	1 wte CSW	58	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)	247	97	Bank	344
Fluid Room	2 trolleys 2 lounge chairs	July 2019 (Mon - Friday)	1.00 wte Band 6 Nurse	34	0	Transfer of substantive staff	34
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)	96	0	Combination of bank/agency	96
TOTAL				877	171		1037

- Ward 26, 36, 1 and 54 are include some escalation beds, earlier in the year they were only used on an ad-hoc basis, however recently they have been open continuously to manage patient flow.

- 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 cover is provided by planned use of NHS Professionals (NHSP), which are deployed in the Emergency Department (ED) should RCA not be needed. NHSP costs are incurred to ensure safe staffing levels are maintained. As part of the support provided by NHSE over Winter, the Trust secured c£0.6m funding; this has been profiled in the income position from December.

3.4 Non pay

Table 8: Non-pay analysis

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).

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)

- 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£0.3m 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.

3.5 CIP Performance

The overall CIP delivered as at the end of Mth 9 is below plan by (£1.1m), a further deterioration of (c£0.3m) from the Mth 8 position. At Mth 9 there is a current projected year end shortfall of (£1.5m); this is included in the year end position.

Table 9: CIP Performance

	YTD			In Year Forecast					
Programme	NHSI Plan £k	Actual £k	Variance £k	NHSI Plan £k	Fully Developed £k	Variance £k	In Progress £k	Total £k	Variance £k
Transformation									
Patient Flow	1,099	1,016	(83)	1,500	1,417	(83)	0	1,417	(83)
Theatre Productivity	699	391	(308)	1,000	555	(445)	137	692	(308)
Outpatients	741	741	0	1,000	1,000	0	0	1,000	0
Demand Management	179	0	(179)	500	0	(500)	222	222	(278)
Digital	86	68	(18)	123	88	(35)	9	97	(26)
Sub total - transformation	**2,804**	**2,216**	**(588)**	**4,123**	**3,060**	**(1,063)**	**368**	**3,428**	**(694)**
Quipp & Cross cutting workstreams									
Workforce	889	306	(582)	1,333	437	(896)	146	583	(750)
CNST	474	443	(32)	653	590	(63)	0	590	(63)
GDE	316	316	0	500	500	0	0	500	0
Endoscopy	0	0	0	150	50	(100)	0	50	(100)
Meds Management	395	426	31	568	584	16	26	610	42
Procurement	335	333	(3)	526	481	(45)	28	509	(17)
Tactical and transactional									
Divisional and Departmental	3,784	3,818	35	5,328	4,911	(417)	501	5,412	84
Total	**8,996**	**7,858**	**(1,138)**	**13,181**	**10,613**	**(2,567)**	**1,069**	**11,683**	**(1,498)**

- The underperformance is largely driven by the non-delivery of the workforce schemes mainly medical staffing and the increased profile during the latter part of the year.
- Although the Theatre productivity shortfall is mitigated financially in the Divisional position, the position reported here reflects performance against KPI's developed as part of the work stream.
- Work continues to identify further cost improvement opportunities, which will be consolidated within the overall Trust Financial Improvement Plan for 2019/20, and 2020/21. This is subject to a separate item on the agenda.

4. Use of Resources

4.1 Single oversight framework

Table 10: 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%	-22.7	4	-14.1	4	-30.4	4
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	1.6	3	1.8	2	2.5	2
Financial efficiency	**I&E margin (%)**	Underlying performance: I&E deficit / total revenue	20%	-1.3%	4	-1.2%	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	0.1%	1	0.0%	1
	Agency spend (%)	Distance of agency spend from agency cap	20%	0.0%	1	19.0%	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 9 UoR rating is 3 overall, which matches the 2019/20 plan UoR rating of 3.

5. Forecast

Financial Forecast Outturn

At the previous Board meeting, the Trust forecasted a "most likely" outturn deficit of (£15.9m), excluding the loss of PSF/FRF in quarter 4, the actual operational deficit was (£11.5m). Since then, a number of deficit mitigation schemes have been identified by the Exective team and are being progressed throughout quarter 4.

Based on the latest financial position and assumptions made by the Divisions on delivery of activity targets and deployment of resources, the Trusts revised forecast is a deficit of (£17.2m), this includes a loss of PSF/FRF in quarters 3 & 4 of £8.2m, the actual operational deficit is forecasted to be (£9.1m). This has been discussed in detail with Wirral System partners and also with NHSI/E as part of the overall system financial recovery meetings. This is an improvement of c£2.5m from the projected outturn position discussed with the Board of Directors at its previous meeting.

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)**	
Additional cost improvements challenge for Qtr 4	***2.5***	*Qtr 4 Mitigations*
TARGET OPERATIONAL DEFICIT	***(9.0)***	
Loss of PSF/FRF Q4	(8.2)	**Loss of PSF/FRF Q4**
ADJUSTED FORECAST OUTTUIRN	**(17.2)**	

The above forecast position includes:

- Repayment of the "accelerated" support from Wirral CCG in quarter 4
- Includes PSF/FRF payments up to Qtr 2 of £4.4m.
- Includes Ward 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). Due to the continued operational pressures this will not be achieved in 2019/20.
- Includes additional cost implications to manage seasonal pressures based on the current demand on services and most likely demands over the remaining year. The position includes additional winter funding received from NHSE of £0.6m.
- Better Care Fund (BCF) monies have also been received from system slippage of c£0.2m and have been included above.

- The impact of reduced EL/DC activity based on performance in this category of activity over recent months and projected over quarter 4, the Trust has agreed a "year-end settlement" with Wirral CCG, and this is included in the above position. The intention of this is to provide stability and certainty for the Trust, CCG and overall System for the year end position ensuring any further implications of patient flow do not adversely impact the position.
- Delivery of further cost improvements of £2.5m, areas of improvement have been identified and progressed. The schemes will be closely monitored; although some of the initiatives are non-recurrent, longer term recovery actions are also being explored. This is subject to a separate item on the agenda.
- The original plan set at the beginning of the year assumed no additional cash support in 2019/20 would be required. However, based on the current forecast deficit, there will be a requirement to request additional cash support. The forecast cash position is closely monitored to ensure there is sufficient notice to engage effectively with DHSC/NHSI.

Risks

- Further deterioration in costs as a result of operational pressures, with escalation capacity being fully utilised to maintain patient safety.
- Risk emerging in relation to year end agreement on elective and daycase activity with Wirral CCG. Potential impact could be £800k and discussions are ongoing.
- Additional deficit mitigation schemes need to have a significant impact with a relatively short lead in time. Executive leads have been identified for each project to ensure strong leadership and robust plans.

The above risks are currently being closely monitored and additional resource and support has been identified to ensure the current forecast for 2019/20 is achieved and to support development of the wider cost improvement plans in 2020/21.

6. Risks and Mitigations

Risk 1 - Operational Management of the position

- Management of agency/locum 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 is managed in light of the operational pressures, and the quality standards are delivered.
- Detailed "line by line" review of the forecast position as at Mth 9, to ensure any unforeseen pressures are managed during the "winter" period.
- The weekly executive led vacancy "scrutiny" panel review and all roles, prior to advertisement, exploring alternative methods of service delivery.
- Monthly review of Divisional performance is undertaken by the Executive Directors as well as a more detailed review by the Chief Finance officer.

- Additional external Consultancy support has been commissioned to ensure Financial Improvement plan during quarter 4 is delivered and support the Trust into 2020/21.
- Further conversations are currently underway with Wirral CCG in order to provide certainty/stability as to the year-end outturn position against the contract.

Risk 2 – Cash

- If the plan is not delivered, loan funding would be required 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 3 – Capital Expenditure

- Delays to the delivery of detailed capital plans 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.

7. Conclusion and Recommendations

At the end of December 2019, the Trust is reporting an operational deficit of (£7.8m), against a plan of (£3.6m), a variance of (£4.1m), the Trust has therefore been unable to access PSF/FRF monies of £3.8m for the quarter.

The CCG supported the gradual ramp up of system wide transformation plans by profiling £4m of its contractual payment into quarter 1 and 2 to support costs incurred by the Trust in the first half of the year. This payment has now been phased out during quarter 3 as planned.

The Trusts position reflects the continued operational challenges facing the Trust, mainly in resourcing capacity to maintain flow, which has continued during December. Despite the multi-faceted approach in managing operational costs, the Trust does not anticipate the control total target of "break-even" for 2019/20 will be achieved.

The forecast outturn position is an operational deficit of (c£9.0m) and a loss of c£8.2m PSF/FRF funding; therefore the reported outturn position will be a deficit of (£17.2m). This has been discussed in detail with Wirral System partners and also with NHSI/E as part of the overall System Financial Recovery. This is an improvement of c£2.5m from the projected outturn position following the identification of a number of mitigation schemes.

It has to be noted that within this position there remains some risks which have been set out in section 5 above and are being actively managed by the executive team.

Recommendation

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

Claire Wilson
Chief Finance Officer
January 2020

Appendix 1

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 9 Budget Reconciliation	Breakdown by Budget Type		
	Income £'000	**Expenditure £'000**	**Deficit £'000**
Base Budget 19/20	279,626	(283,506)	(3,880)
CIP - Increase Clinical Income Oral Surgery	113	(113)	0
Extra Day adjustment value	(128)	128	0
NNU Block adjustment	52	(52)	0
PbR excluded drugs, devices & bloods adjustment	(129)	129	0
Non Recurrent Income Targets	664	(664)	0
Realignments (inc CIP)	128	(128)	0
M8 Closing Budget	280,326	(284,206)	(3,880)
Net Trustwide (Increase)/Reduction	**700**	**(700)**	**0**

Appendix 2

Monthly pay cost analysis by staff group

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	5,676	6,220	(£544)
Mth 8	5,636	6,100	(£464)
Mth 9	5,639	6,086	(£447)
TOTAL	51,412	55,516	(£4,104)

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	8,223	(£254)
Mth 8	7,818	8,199	(£381)
Mth 9	7,961	8,189	(£228)
TOTAL	72,536	73,856	(£1,320)

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	7,486	7,628	(£141)
Mth 8	7,619	7,850	(£231)
Mth 9	7,477	7,523	(£46)
TOTAL	68,705	68,789	(£84)

Note:

- Includes substantive and temporary staffing costs
- 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.

Board of Directors	
Agenda Item	19/20 013
Title of Report	Quality Performance Dashboard
Date of Meeting	29.1.2020
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
Reviewed by Assurance Committee	None. Publication has coincided with the meeting of the Board of Directors.
Data Quality Rating	TBC
FOI status	Unrestricted
Equality Impact Assessment Undertaken **Yes** **No**	No adverse equality impact identified.

1. Executive Summary

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

2. Background

The Quality Performance Dashboard is designed to provide accessible oversight of the Trust's performance against key indicators, grouped under the CQC five key question headings.

The Quality Performance Dashboard is work-in-progress and will 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 December (excluding Use of Resources):

- 22 are currently off-target or failing to meet performance thresholds
- 27 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 Issue, the remedial Action and expected Impact.

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 are noted in the exception reports on the qualifying metrics 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 December 2019.

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

January 2020
updated 16-01-20

	Indicator	Objective	Director	Threshold	Set by	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019/20	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	CN	≤0.24 per 1000 Bed Days	WUTH	0.13	0.17	0.14	0.13	0.18	0.22	0.09	0.09	0.09	0.18	0.04	0.13	0.13	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	80.6%	89.9%	95.0%	98.7%	96.2%	86.0%	91.9%	94.6%	94.6%	96.1%	94.9%	94.1%	97.5%	94.0%	
	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	95.3%	96.6%	96.8%	96.9%	96.4%	96.3%	96.8%	97.7%	97.6%	97.6%	97.1%	97.8%	97.3%	97.2%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	CN	≥95%	National	95.3%	95.5%	97.1%	96.4%	96.5%	95.7%	95.5%	97.2%	95.0%	97.0%	96.5%	95.7%	95.1%	96.0%	
	Serious Incidents declared	Safe, high quality care	DQ&G	≤4 per month	WUTH	4	2	4	2	1	1	4	3	1	0	5	4	5	3	
	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	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Clostridium Difficile (healthcare associated)	Safe, high quality care	CN	≤88 for WUTH financial year 2019-20, as per mthly maximum threshold	SOF	2	7	10	5	19	9	11	5	6	4	4	4	7	69	
	E.Coli infections	Safe, high quality care	CN	≤42 pa (Max 3 per mth)	WUTH	2	3	4	2	6	2	2	5	7	2	5	6	6	41	
	CPE Colonisations/Infections	Safe, high quality care	CN	To be split	WUTH	9	10	6	5	12	9	8	5	9	7	13	5	1	8	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	2	0	0	0	0	0	0	0	0	1	1	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	76%	83%	99%	99%	98%	91%	98%	99%	100%	99%	100%	100%	99%	99%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	0	0	0	0	0	0	1	0	0	0	1	0	2	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH			98%	99%	99%	99%	98%	98%	96%	98%	99%	99%	99%	98%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	91.4%	91.6%	92.8%	93.9%	93.6%	93.9%	93.7%	93.6%	92.9%	93.6%	92.4%	91.2%	91.2%	91.2%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	87.1%	87.6%	88.7%	90.7%	90.9%	91.0%	90.7%	90.4%	90.3%	91.2%	88.3%	85.5%	84.9%	84.9%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	91.4%	93.6%	92.6%	93.5%	91.4%	92.8%	91.5%	92.3%	90.3%	89.98%	87.46%	88.09%	89.66%	89.66%	
	Attendance % (12-month rolling average) (*)	Safe, high quality care	DHR	≥95%	SOF	95.06%	95.05%	94.98%	94.90%	94.81%	94.74%	94.63%	94.51%	94.40%	94.38%	94.33%	94.14%	94.10%	94.10%	
	Staff turnover	Safe, high quality care	DHR	≤10%	WUTH	9.6%	9.7%	9.7%	9.8%	10.0%	10.2%	10.5%	9.5%	10.6%	10.9%	11.0%	11.3%	11.3%	11.3%	
	Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	7.0	7.3	7.2	7.2	7.2	7.2	7.4	7.3	7.7	7.5	7.7	7.6	7.55	7.46	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

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January 2020
updated 16-01-20

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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	110.03	-	-	-	-	-	110.03	
	HSMR	Safe, high quality care	MD	≤100	SOF	97	98	99	99	100.1	99.4	100.2	102.19	-	-	-	-	-	102.19	
	Mortality Reviews Completed. Monthly reporting finalised 3 months later	Safe, high quality care	MD	≥75%	WUTH	-	86%	71%	56%	76%	78%	68%	75%	63%	44%	42%	28%	24%	67%	
	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	87%	83%	81%	94%	92.0%	95.0%	90.0%	93.0%	92.0%	96.0%	97.8%	97.2%	97.5%	94.5%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	14.6%	14.2%	15.3%	14.9%	16.4%	12.8%	15.7%	18.8%	16.1%	16.9%	16.4%	15.9%	17.9%	16.3%	
	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	397	437	457	438	421	415	403	383	410	431	443	441	444	421	
	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	208	207	207	
	Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.8	3.0	4.4	4.4	4.8	3.9	4.8	4.1	4.2	4.9	4.4	4.2	5.4	4.5	
	Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	5.0	5.2	5.6	5.2	5.8	5.5	5.1	5.2	5.5	6.0	5.5	5.9	6.0	5.6	
	Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	917	903	788	914	871	970	884	887	872	813	860	846	807	868	
	Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	14	10	16	14	11	14	10	11	9	15	10	13	11	12	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	86.0%	81.7%	83.6%	85.7%	89.5%	86.3%	85.5%	88.5%	85.3%	81.0%	82.9%	81.0%	77.3%	84.3%	

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Wirral University Teaching Hospital NHS Foundation Trust

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Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	15	20	14	13	13	13	17	16	24	23	17	26	10	159	
	FFT Recommend Rate: ED	Outstanding Patient Experience	CN	≥95%	SOF	92%	85%	87%	87%	87%	89%	91%	91%	92%	88%	87%	84%	87%	89%	
	FFT Overall Response Rate: ED	Outstanding Patient Experience	CN	≥12%	WUTH	10%	11%	11%	13%	9%	11%	10%	12%	12%	11%	11%	10%	11%	11%	
	FFT Recommend Rate: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	98%	98%	97%	97%	98%	97%	96%	98%	97%	96%	97%	96%	97%	97%	
	FFT Overall response rate: Inpatients	Outstanding Patient Experience	CN	≥25%	WUTH	18%	19%	15%	13%	19%	22%	31%	38%	34%	30%	33%	29%	27%	29%	
	FFT Recommend Rate: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	94%	95%	94%	95%	94%	94%	95%	95%	94%	94%	94%	94%	94.5%	94%	
	FFT Recommend Rate: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	100%	99%	98%	96%	94%	97%	99%	93%	92%	92%	91%	94.8%	99%	94.6%	
	FFT Overall response rate: Maternity (point 2)	Outstanding Patient Experience	CN	≥25%	WUTH	37%	27%	36%	44%	25%	29%	44%	29%	24%	23%	22%	22%	33%	28%	

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updated 16-01-20

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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	75.0%	74.0%	74.0%	76.7%	73.6%	81.1%	83.5%	81.9%	79.9%	75.6%	72.7%	70.8%	72.1%	72.1%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	2	0	0	0	0	0	0	1	0	1	33	95	130	
	Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	393	379	323	273	437	118	54	76	108	210	170	366	431	219	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2019-20	SOF	80.08%	78.32%	79.12%	80.00%	79.04%	80.72%	80.12%	80.06%	79.89%	79.59%	79.03%	78.09%	78.10%	78.10%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 24,735 by March 2020	National	26,157	27,506	28,367	27,309	26,223	27,317	25,733	24,733	24,846	24,721	24,368	23,597	23,372	23,372	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2019-20	National	28	28	19	0	0	0	0	0	0	0	0	0	0	0	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	98.6%	99.1%	99.7%	99.9%	99.5%	99.3%	99.5%	99.2%	98.3%	99.1%	99.5%	99.2%	99.1%	99.2%	
	Cancer Waiting Times - 2 week referrals (latest month provisional)	Safe, high quality care	COO	≥93%	National	93.1%	87.8%	93.1%	98.1%	91.9%	94.0%	94.0%	94.0%	93.3%	94.3%	95.0%	93.7%	94.3%	93.8%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (latest month provisional)	Safe, high quality care	COO	≥96%	National	96.9%	97.1%	96.7%	96.8%	96.5%	96.7%	97.1%	96.7%	97.3%	96.5%	96.7%	97.0%	97.2%	96.9%	
	Cancer Waiting Times - 62 days to treatment (latest month provisional)	Safe, high quality care	COO	≥85%	SOF	86.2%	85.4%	86.5%	85.8%	85.3%	87.9%	86.3%	85.7%	89.9%	87.8%	85.0%	87.5%	85.2%	86.7%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	TBC	WUTH	118	178	153	157	162	195	180	178	184	166	193	195	148	178	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	TBC	WUTH	13	27	28	17	17	12	15	17	22	15	31	13	10	17	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥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	CN	≤5 pcm	WUTH	2	2	1	3	4	4	4	1	2	2	4	3	0	3	

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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	43	41	59	32	31	48	50	37	50	56	44	43	391	
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	84.5%	84.6%	85.7%	88.2%	77.6%	81.1%	82.1%	83.6%	83.4%	82.7%	83.8%	81.4%	80.9%	80.9%	

	Indicator	Objective	Director	Threshold	Set by	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019/20	Trend
Use of Resources	I&E Performance		CFO	On Plan	WUTH	-4.038	-1.755	-4.037	-5.402	-3.340	-1.458	-0.098	-0.825	-1.498	1.468	0.088	-0.488	2.363	-3.788	
	I&E Performance (Variance to Plan)		CFO	On Plan	WUTH	-1.127	-1.002	-1.338	-4.690	-0.237	-0.630	0.914	-0.828	-1.106	1.972	-1.507	-1.638	3.152	0.092	
	NHSI Risk Rating		CFO	On Plan	NHSI	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	CIP Forecast		CFO	On Plan	WUTH	-6.1%	-13.9%	-13.5%	-13.0%	-6.0%	-6.8%	-5.2%	-4.1%	-7.2%	-5.0%	-10.6%	-11.5%	-11.4%	-11.4%	
	NHSI Agency Ceiling Performance		CFO	NHSI cap	NHSI	-0.5%	11.9%	-22.1%	-44.0%	-19.5%	-26.8%	-15.6%	-46.4%	-8.2%	-24.3%	-24.7%	1.8%	-8.4%	-8.4%	
	Cash - liquidity days		CFO	NHSI metric	WUTH	-12.5	-12.9	-12.8	-20.9	-14.0	-21.3	-15.9	-16.5	-17.4	-15.0	-14.6	-10.9	-14.1	-14.1	
	Capital Programme		CFO	On Plan	WUTH	50.3%	62.3%	56.6%	12.2%	52.1%	31.0%	28.0%	14.7%	19.8%	64.2%	61.7%	57.2%	54.4%	54.4%	

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

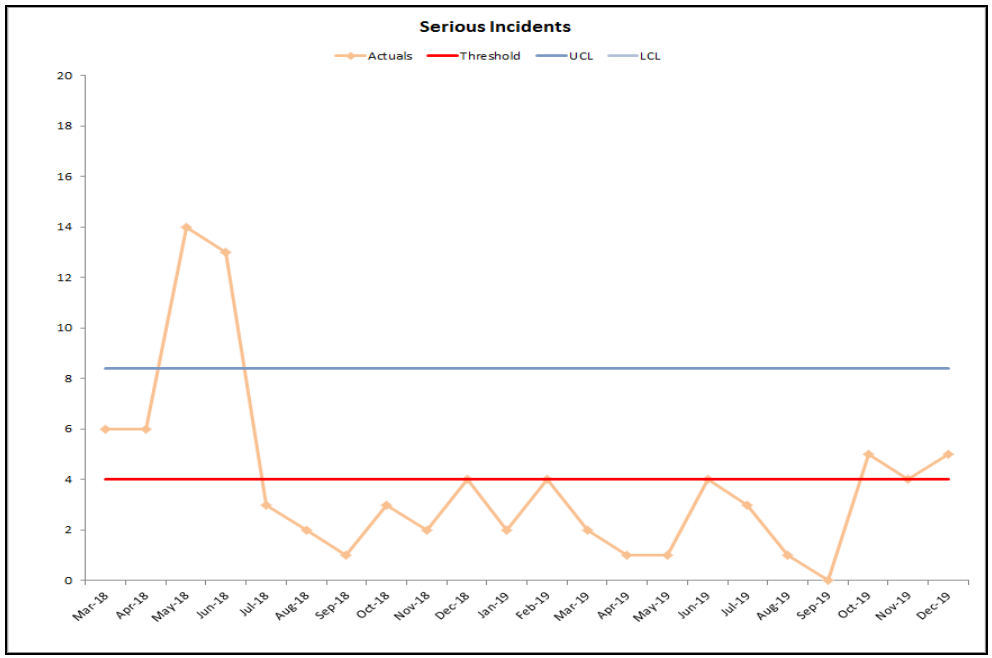
(**) Updated Thresholds — **Threshold Change**

WUTH Quality Dashboard Exception Report Template as at December 2019

Safe Domain

Serious Incidents

Executive Lead: Director of Quality & Governance
Performance Issue: WUTH has a standard to minimise serious incidents, with a threshold of no more than 4 in any one month. For December 2019 five cases were reported. In December 2019 five Serious Incidents were declared. Three cases involved healthcare associated *Clostridium Difficile*; one concerned a baby born in poor condition requiring cooling; and one case involved concern about the recognition and management of a diabetic emergency in the emergency department.
Action: Each incident is currently undergoing investigation to identify the root cause and contributory factors; analysis for any commonalities and other factors such as increased activity/ occupancy/ staffing levels/ acuity within the Trust will also be undertaken to establish whether additional control measures during times of increased pressure are required. Duty of candour undertaken.
Expected Impact: Uncertain, subject to close monitoring of implementation of learning and action.



E.Coli infections

Executive Lead: Chief Nurse

Performance Issue:

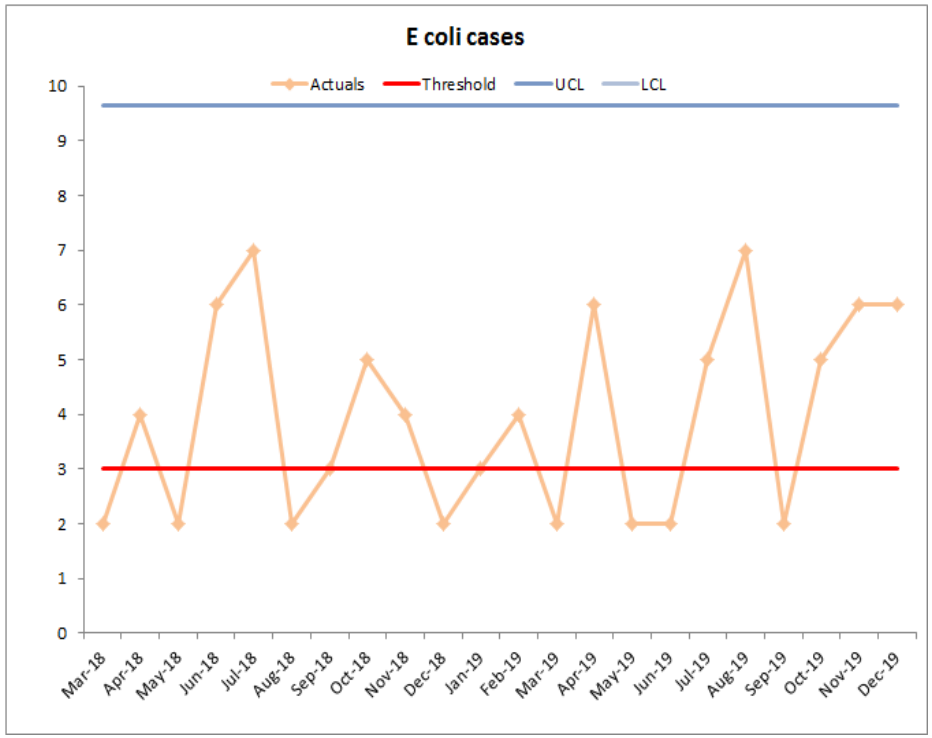
WUTH has an internal threshold set for a maximum 42 cases in 2019-20, with an indicative monthly tolerance of a maximum 3 in any one month. In December there were 5 cases reported, following the 5 in October and 6 in November.

The cumulative number to the end of December is 41 cases, so one case within the maximum for the year.

Action:

- Review of the investigation tool to pull out themes and develop action plans to address lessons learnt.
- Report by exception to the monthly Divisional IPC meeting.
- Share lessons learnt with other Divisions at the monthly IPC meeting.
- Reliable implementation of infection control precautions.
- Delivery of Infection Prevention Action Plan.
- Enhanced monitoring via IPCG introduced.

Expected Impact:
Trust wide learning of investigations will promote best practice to promote prevention



MRSA Bacteraemia – hospital acquired

Executive Lead: Chief Nurse
Performance Issue: There is a national standard for zero MRSA bacteraemia cases that are hospital acquired. WUTH has not had any cases since March 2019, however there was a single case in December. The patient was known to be colonised with MRSA prior to sample being obtained. The sample was taken during an emergency situation and not all IPC procedures were able to be followed as a result of this. Only one of the blood culture bottles became positive and the patient had no clinical symptoms of a bacteremia and was not treated for one.
Action: • Investigate the cause, in response to the lessons learnt develop an action plan to provide a framework of improvements. • Reinforce protocols for sample handling. • Further education for staff. • Reinforce during mandatory training.
Expected Impact: The recommendations from the investigation are shared trust wide to avoid further incidence.

Protecting Vulnerable People Training - % Compliant Level 2

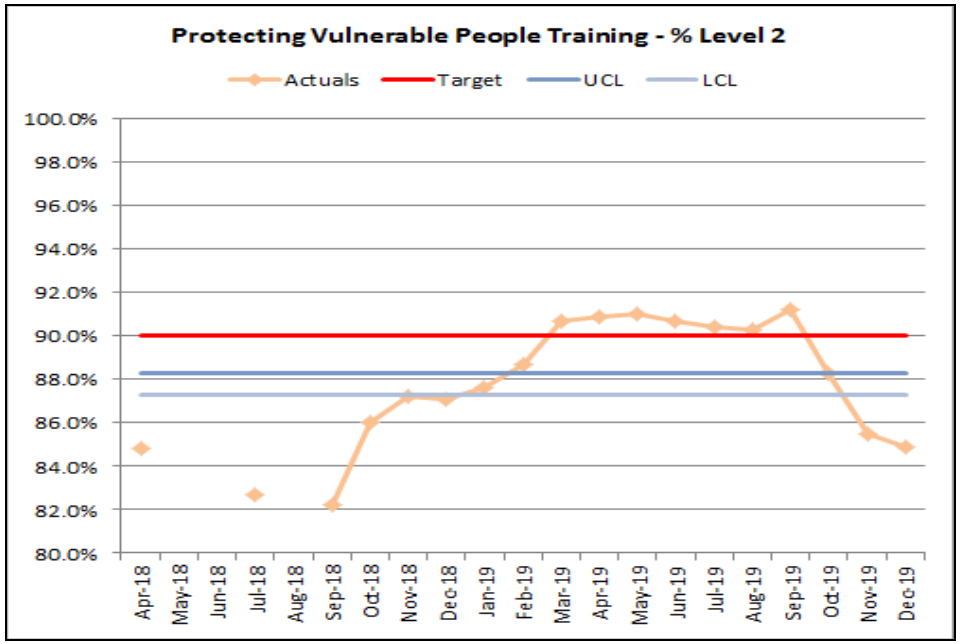
Executive Lead: Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard has been deteriorating and not achieved since September 2019, with December at 84.9%.

Action:
Level 2 PVP training is now only accessible via the intranet and can be accessed by staff at any time. Divisional Directors of Nursing are monitoring compliance this will be managed via the Safeguarding assurance group and Divisional Performance Reviews

Expected Impact:
Increase in compliance due to accessibility and escalation; although this could be impacted by service pressures and day-to-day operational decisions to balance safety.



Protecting Vulnerable People Training - % Compliant Level 3

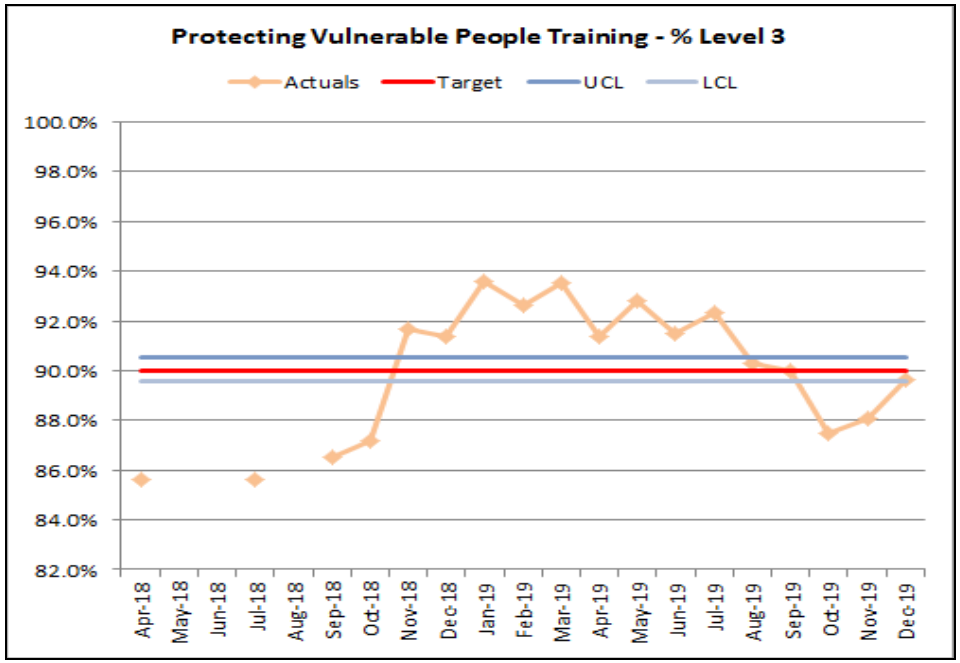
Executive Lead: Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard has not been achieved since August 2019, though has improved to just short of the threshold at 89.66% for December.

Action: Compliance of PVP level 3 escalated to Divisional Directors of Nursing and although below compliance it is increasing for quarter 3. Additional dates created for December and January for PVP 3

Expected Impact:
January compliance is expected to increase if capacity uptake is reached; although this could be impacted by service pressures and day-to-day operational decisions to balance safety.



Staff attendance % (12 month rolling average)

Executive Lead: Director of Workforce

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, with the position continuing to deteriorate.

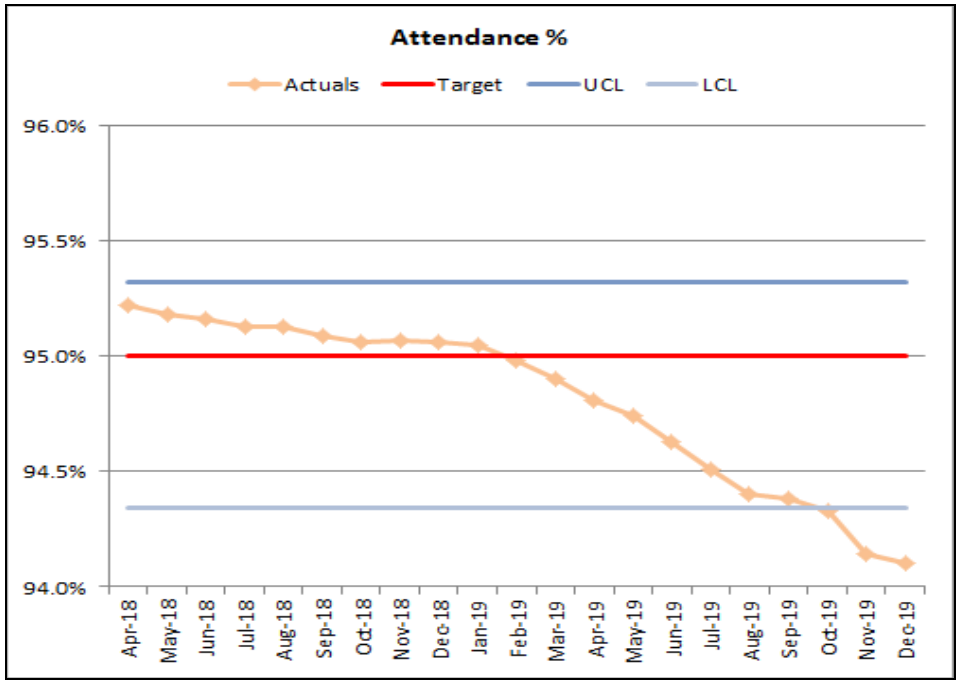
Note: Improvement in some areas with Corporate and Diagnostics & Clinical Support achieving Trust target.

Action:

- Review of policies supporting attendance underway in partnership with Staff side to assess their effectiveness – a refreshed policy in place by March 2020. The refreshed policy will strengthen the options available to managers in addressing short term sickness absence
- Executive Director of Workforce continues to meet monthly with the HR. Business Partners to review every long term sickness case and establish proactive plans for return to work, as well as monitoring those members of staff with a high Bradford score.
- Provided additional clinical resource in Occupational Health to reduce waiting times for appointments – currently 2 week wait for an appointment.
- Introduced a fast track physiotherapy referral service for staff affected by musculo-skeletal problems – to date take-up has been very positive
- Review of progress regarding First Care pilot in Estates and Hotel Services ongoing - due for completion end January 2020.
- Piloting in one Division - staff who report sickness absence unable to undertake bank or overtime work for a designated period.
- Undertaking retrospective audit of short term sickness absence to understand compliance and impact as well as the impact on non-contracted pay
- Undertaking an exercise to review to average length of long term sickness cases over the past 6 months

Appendix A provides the current position on long term sickness absence (absences over 4 weeks) as at 31st December 2019, Trust wide and by Division.

Expected Impact:
To achieve the required target across all divisions and areas.



Staff turnover % (12 month rolling average)

Executive Lead: Director of Workforce

Performance Issue:

WUTH has an internal target set at a maximum 10% turnover of staff, calculated as a 12-month rolling average. The % increased across 2019, with December reaching a plateau of 11.3%.

There were a total of 59 leavers in December of which 11 were registered nurses, 5 allied health professionals and 3 consultants (which were due to retirement, end of fixed term contract and relocation). In December the Trust also had 14 admin staff leave the Trust.

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

- Retirement
- Lack of opportunities
- Relocation
- Work life balance
- Promotion

The current vacancy rate for band 5 nurses is 16% (19% within the Medicine and Acute division).

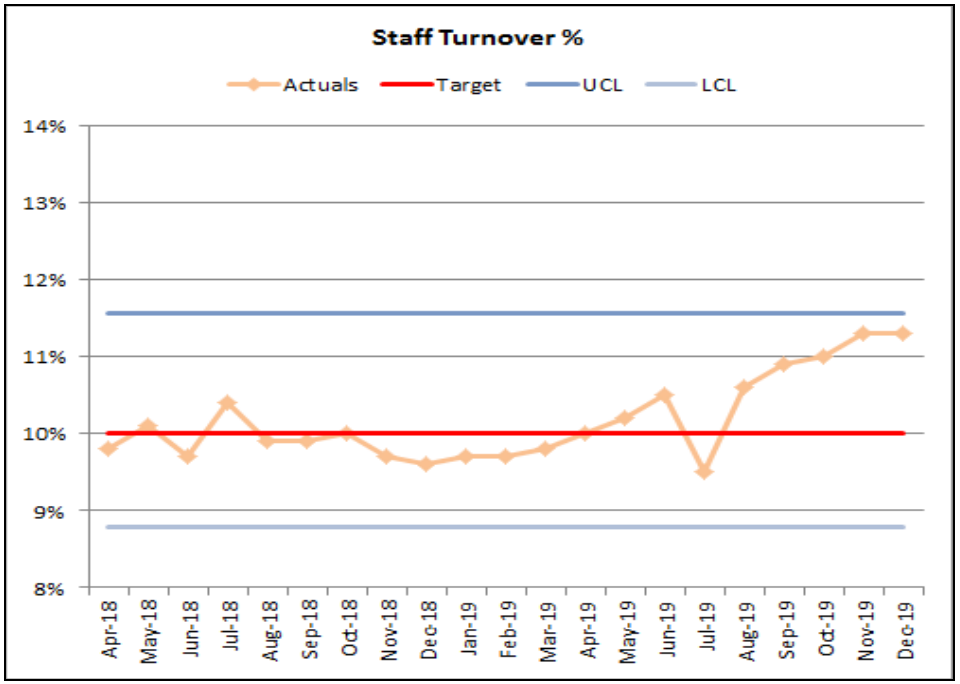
The current vacancy rate for consultants is 8%.

Action:

The newly appointment Chief Nurse will be reviewing and refreshing the Trusts plans in relation to recruitment and retention. A progress report will be presented back at WAC in March 2020

Expected Impact:

To meet the target of 10%



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 16.3%.

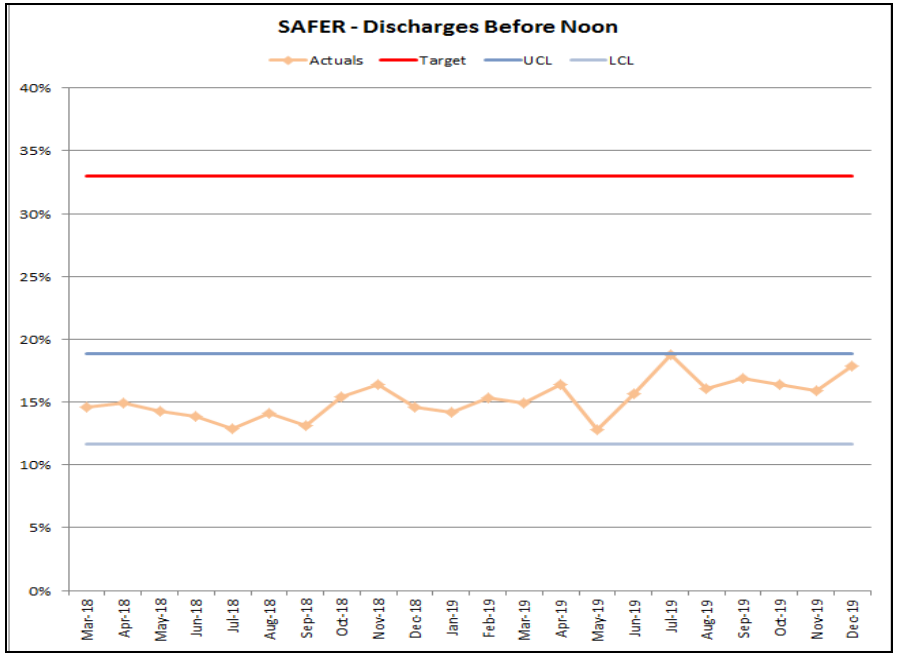
Action:

The Back Door workstream from Patient Flow Information Group (PFIG) is focused on improving Board Round form and function via roll out of the 'Perfect Board' round programme.

Plan for developing nurse led criteria discharge is being developed via PFIG.

Expected Impact:

Although it is not expected that the 33% target will be attained in the current financial year a staged increase is expected following roll out of Perfect Board round and criteria led discharge.



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:

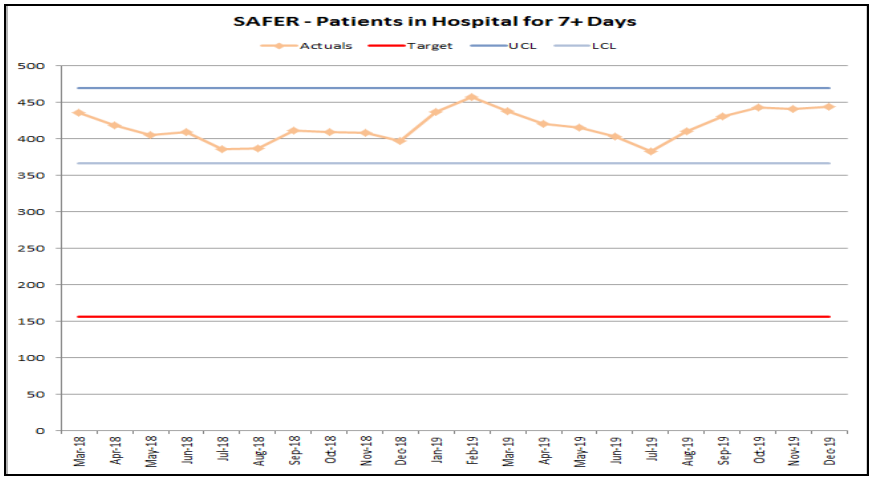
A WUTH target has been set to reduce the number of patients in hospital for seven days or more to a maximum 156, and for 21 days or more to a maximum 107. The numbers remain considerably above this target, with an average of 7 days or more at 444, and the number at 21+ days at 207 at the end of December.

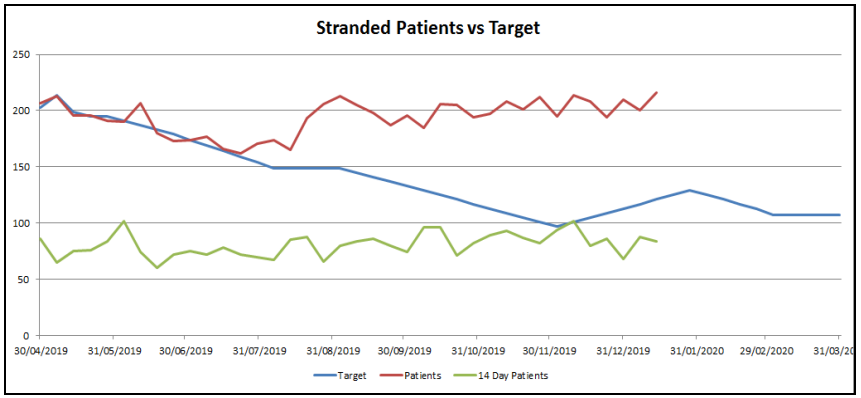
Action:

The Trust's focus continues via the PFIG improvement programme with the key enabler being the consistent embedding of qualitative ward rounds. Economy partners efforts are focused on reducing length of stay through the step down community beds and increasing the provision of domiciliary care packages to enable greater outflow.
ECIST is leading on a 'quick win' improvement scheme in the first 2 weeks of February around fast track and frailty.

Expected Impact:

Following the revised national guidance, our target has been adjusted to reduce the number of 21+ day patients initially to 171 and subsequently to 107 by March 2021.





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 was regularly achieved from March 2019. However since August performance has deteriorated, largely due to the cancellation of elective activity resulting from pressures with non-elective patient flow. Patient choice was also a factor in the run up to the Christmas and new year period.

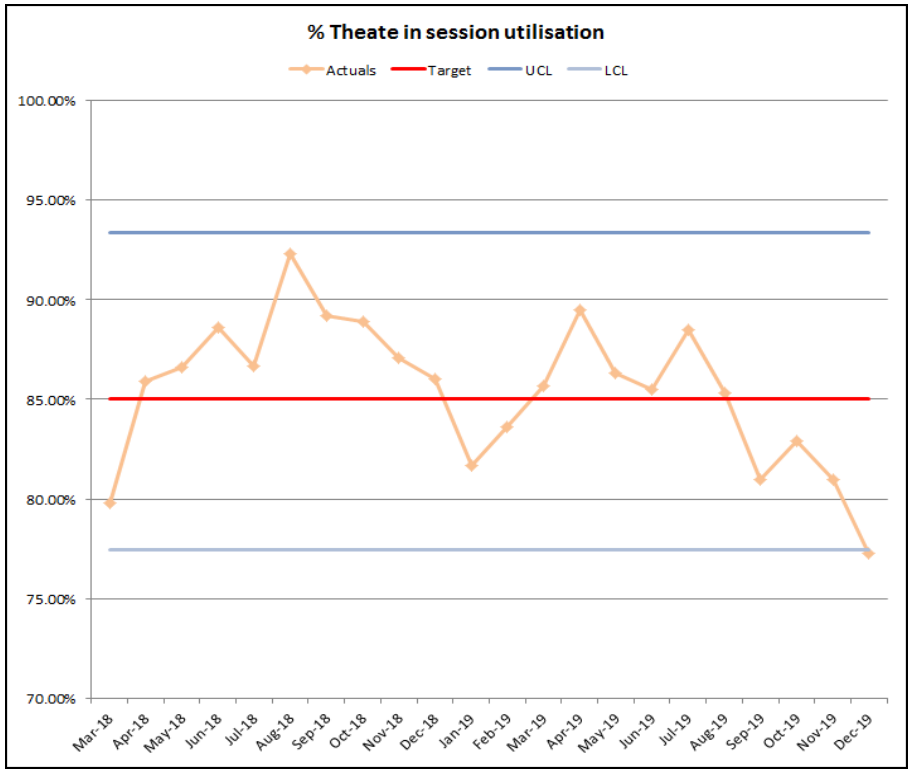
Action:

Activity transfers to Clatterbridge continue to mitigate against cancellation of surgery due to bed pressures and will mitigate against further deterioration in session utilisation.

From Mid February, the completion of the first element of the "3rd stage recovery" capital programme will create the physical environment to recommence day case surgery in patients who require <4hrs recovery.

Expected Impact:

It is expected that utilisation rates and overall volumes of elective activity will be improved from mid February.



Caring Domain

Same sex accommodation breaches

Executive Lead: 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 to a more general ward area. WUTH breaches of the guidelines are consistently in relation to patients waiting more than 24 hours for transfer from critical care areas to general wards – there were 10 such breaches in December.

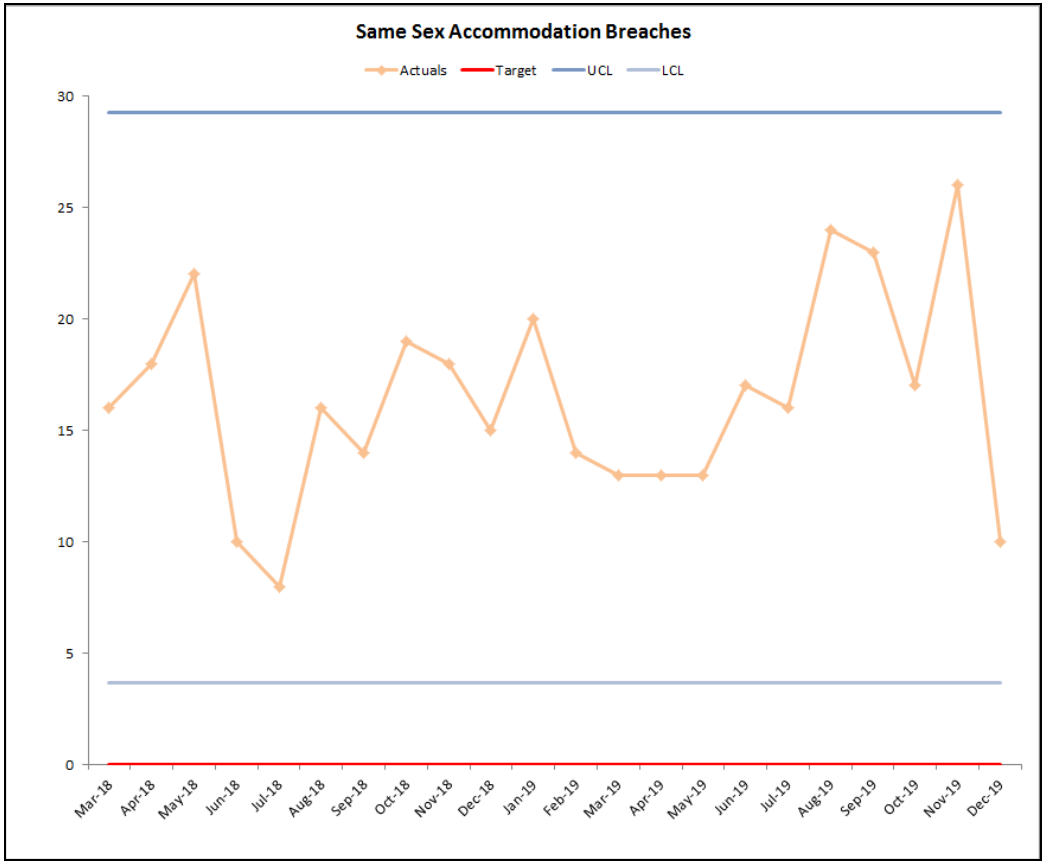
There are no adverse safeties or quality implications identified as a consequence of these breaches in Intensive Care Unit (ICU).

Action:

- Ensure definite discharges are highlighted at every bed meeting
- Ensure full review of any patient who is not admitted within 4 hours of needing a critical care bed
- All patients who are delayed discharges have privacy and dignity documentation completed daily, to ensure all clinical and psychological needs are met. 10 patients are audited monthly to ensure this is happening.
- Capacity and demand of department has been modelled , bed re configuration
- Capacity manager for roll out March 2020

Expected Impact:

That every patient who needs a Critical Care beds gets one in a timely manner.
That every patient has a very positive stay and understands the reason for their delayed discharge.



FFT recommend rate: ED

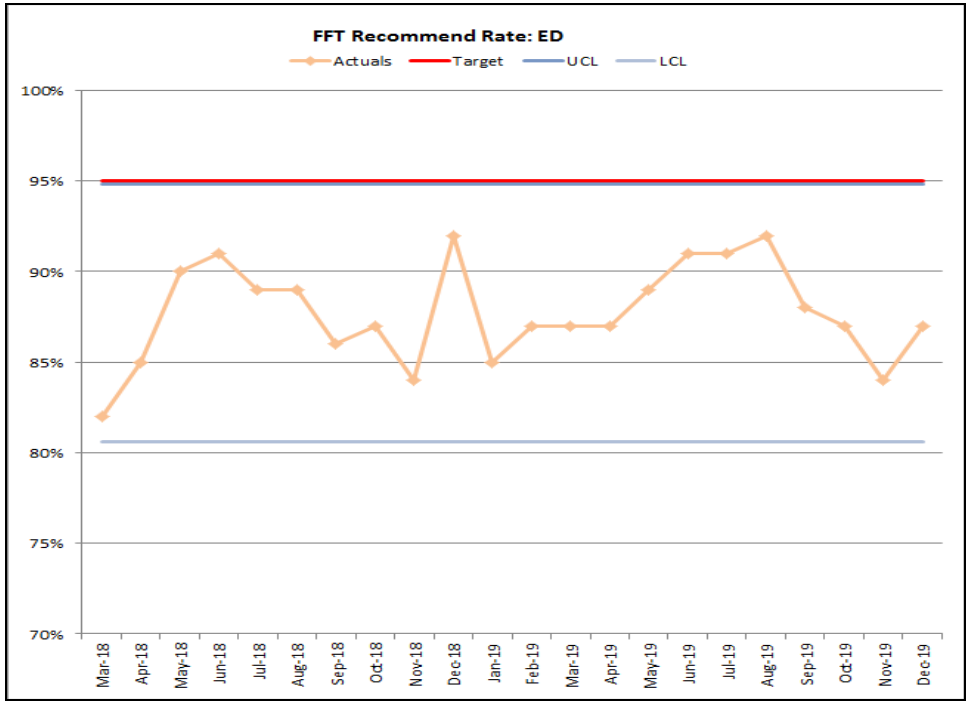
Executive Lead: Chief Nurse

Performance Issue:

A WUTH target is set at a minimum 95% recommend rate. The December rate of 87% is an improvement on what has previously been a previously deteriorating rate from August onwards.

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 at 87% in December. There are no new themes identified this month themes continue to be waiting times, being informed of delays and some staff attitude. Deterioration unfortunately is a consequence an overcrowded department with extensive waiting times where patient experience is compromised. In order to improve address the issues the department regularly puts out tannoy messages to keep the patients fully up to date with expected waiting times. Support has been sought from Age concern who supplies volunteers in to support with comfort checks, nutrition and hydration. The provision of hot meals is being explored for the department, along with in house volunteers to also provide support. The corporate team provides additional support in times of severe overcrowding with apologies and tea and toast rounds and comfort checks. Communication has remained a consistent theme, the ED matron is raising awareness at staff huddles ensuring all members of the Multi-disciplinary team are aware to keep optimum levels of communication with all patients. Additional profile beds have been purchased for long stay patients to ensure patients are not spending excessive lengths of time on trollies and are more comfortable.
Trolley area now has bedside tables and chairs for patients with long lengths of stay to sit out.

Expected Impact:
Improved recommend rate and a more positive patient experience.



FFT response rate: ED

Executive Lead: Chief Nurse

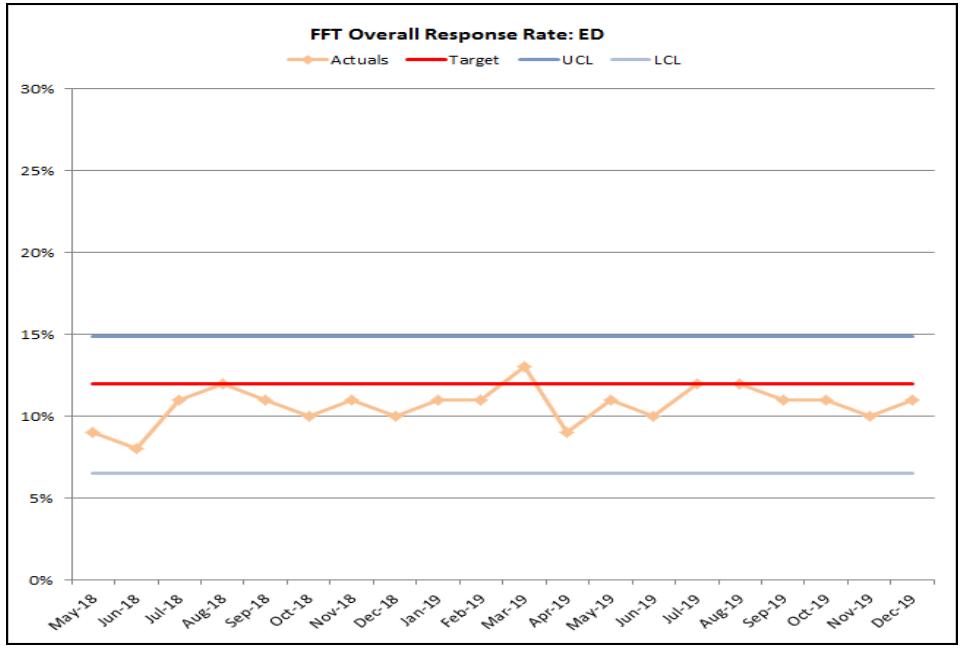
Performance Issue:

A WUTH target is set at a minimum 12% response rate for ED. This has not been achieved since August, with December at 11%.

Action:

The department FFT feedback is currently completed via a text messaging service this text service is being advertised so patients are aware they will be receiving this text and how we would welcome feedback to improve the department. New FFT standards live from April 2020 will give greater opportunities to seek feedback in a plethora of ways thus increasing the response rates. The Divisional Nurse Director has met with the communications team to ensure ED is included in the new FFT communications campaign**.**

Expected Impact: Increased response rates for FFT. Improved patient awareness.



FFT recommend rate: Outpatients

Executive Lead: Chief Nurse

Performance Issue:

A WUTH target is set at a minimum 95% recommend rate. December has continued the recent improvement and is just under the target at 94.5%.

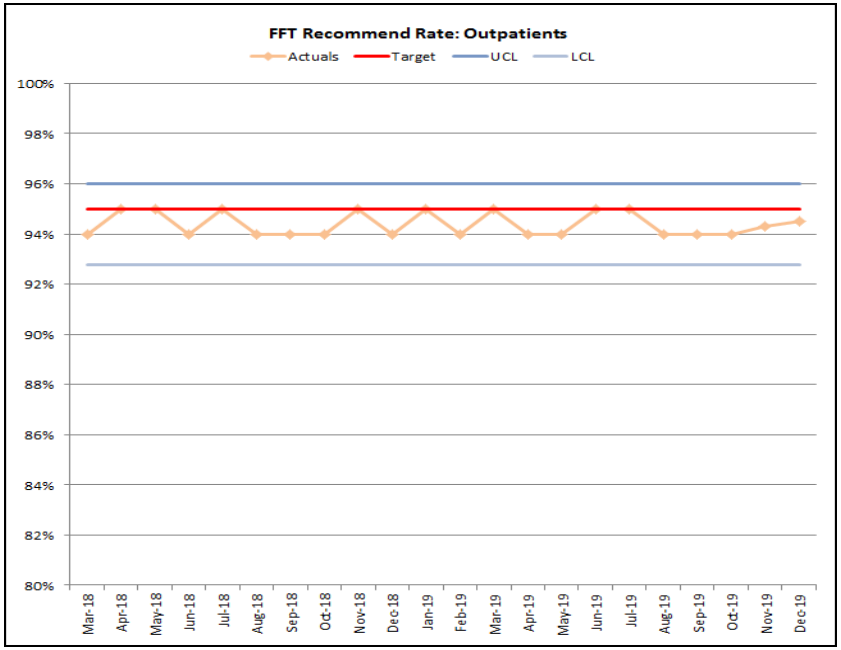
2935 overall responses in December 2751 rates as good or excellent. Issues raised relate to staff attitude , waiting times

Action:

- Department manager has arranged for Communications to develop posters and leaflets to let visitors to help patients understand the text service and how the information they give can be used for the benefit of future patients
- Meeting arranged with Divisional Triumvirate and Department Manager 31/01/20 to see what support can we offered to improve rate and improve patient experience
- Monthly meeting continue with Manager and Corporate Nursing to analyse the data, recognise good practice and challenge poor practice.
- Teams briefed re communication / attitude feedback / awareness raising ongoing regarding importance of keeping patients informed / courteous and the importance of professional behaviors

Expected Impact:

Improved response rate, more accurate reflection of patients' experiences in the department.



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 be considerably below this, with December at 72.13% against a trajectory target of 92%.

In addition there were 94 patients in December that waited longer than 12 hours in ED from decision to admit to actual admission ('12 hour trolley wait').

Action:

PFIG scope has been revisited; 3 key strategic workstreams established to support transformational changes to flow:

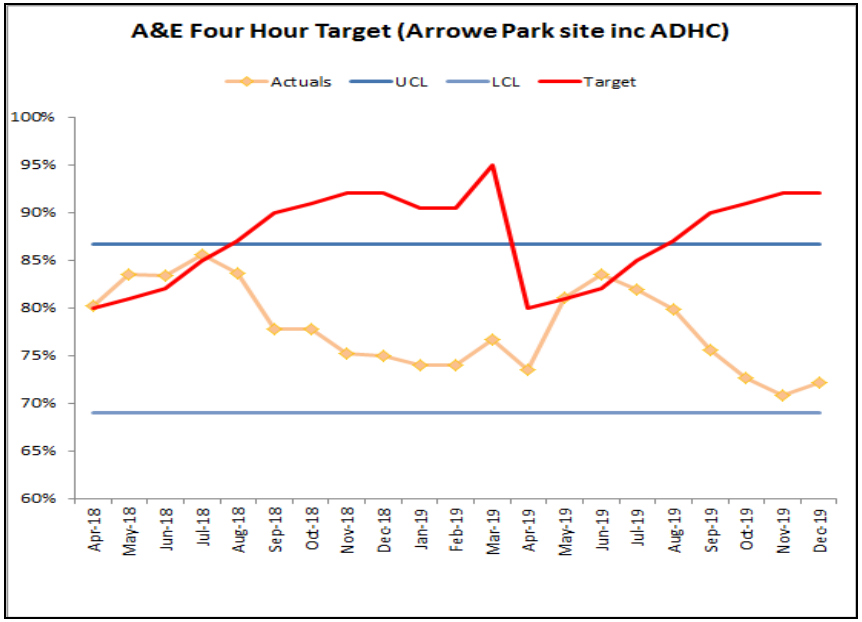
- Front Door workstream- focusing on improving utilisation of trollies and chairs in all assessment areas and maximising appropriate admissions to assessment areas.
- Back Door workstream- focusing on 'Perfect Board round' roll-out and implementation of criteria led discharge.
- Capacity manager roll out workstream.

In addition, WUTH continues to work with healthcare economy partners to improve streaming numbers to APH UTC via regular governance meetings.

Expected Impact:
Roll out of PFIG key initiative expected to leads to improved performance against a number of deliverables including:

- % utilisation of trollies and chairs.
- % utilisation of assessment area admissions.
- % Same Day Emergency Care (SDEC) admissions.
- Number of ≥21 day LOS inpatients.
- Number of weekend discharges.
- Number of discharges before 12pm.

Performance trajectories against these KPIs currently being developed via PFIG



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 since July, with December at 78.1%. Urgent care pressures continue to impact on RTT performance as does the ability to deliver agreed activity plans.

There are 3 elements to performance standards relating to elective activity with % RTT seen as the lowest priority.

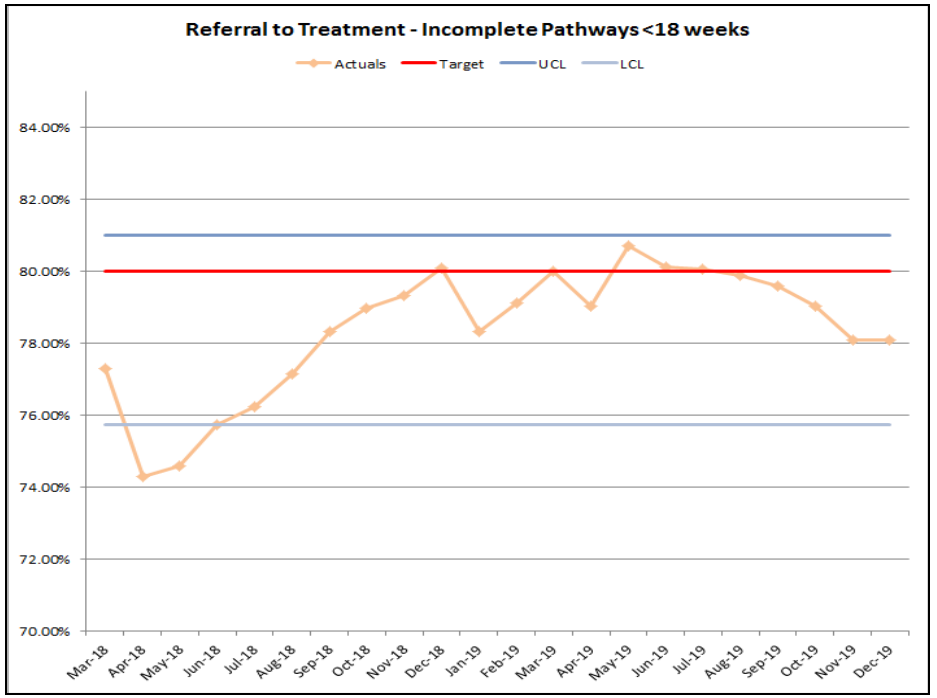
Action:

Activity has been transferred to Clatterbridge and the 3rd stage recovery project will mitigate the need for a daycase ward on the Clatterbridge site.

A de-escalation plan other compromised wards being used for urgent care provision is being locked down.

Expected Impact:

The Trust is currently meeting both total waiting list size and zero 52 week objectives. The 3rd standard of 80% is expected to be delivered subject to urgent care pressures.



Well-led Domain

Number of patients recruited to National Institute for Health Research studies

Executive Lead: Medical Director

Performance Issue:

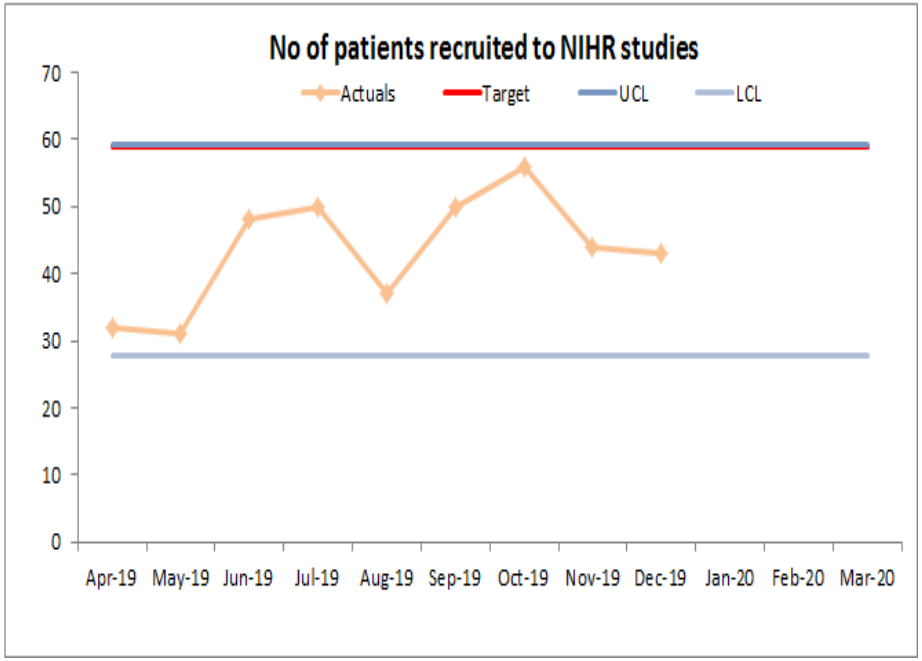
Following discussions with the Local Research Network, the initial internally set WUTH target of recruiting 500 patients to National Institute for Health Research (NIHR) studies in 2019-20 has been amended to 700. The revised trajectory is set at a target 59 per month until the annual 700 is reached.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

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 during 2019-20.

Lack of increase in recruitment could potentially impact on research funding from the local research network.



Appraisal compliance %

Executive Lead: Director of Workforce

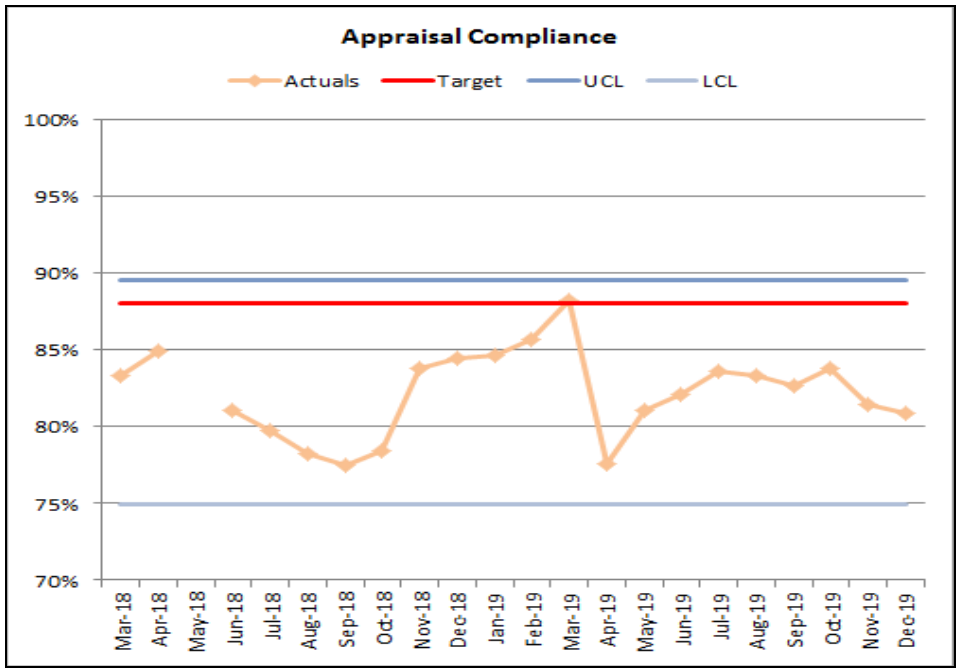
Performance Issue:

WUTH has a target set at a minimum 88% of staff to have had an appraisal within the expected timeframes. The 88% standard has not been achieved since March 2019, with December at 80.9%.

Action:

- A focus on Estate and Facilities to identify different ways to ensure appraisals are being conducted promptly and effectively. This will include the development of bespoke simplified appraisal documentation and talent process and team appraisals. This will be available by 1st February 2020.

Expected Impact:
To achieve the Trust target by the end of quarter 4

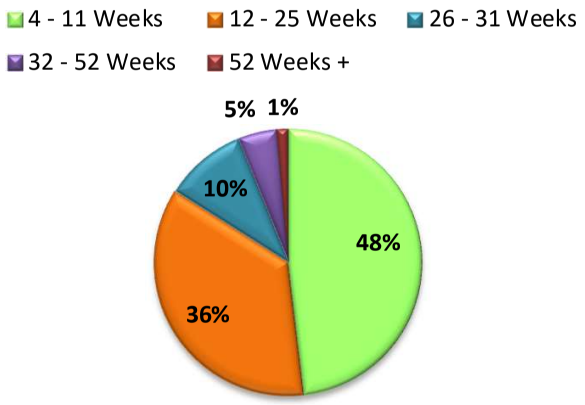


Trust Level

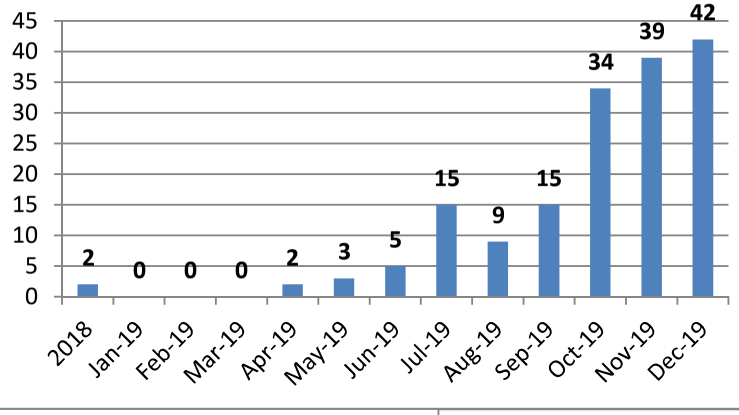
Current Open Cases: 209

December 2019

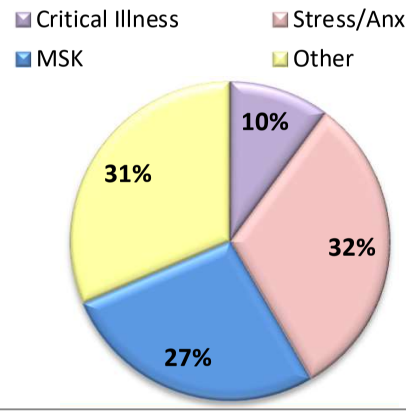
Sickness Length



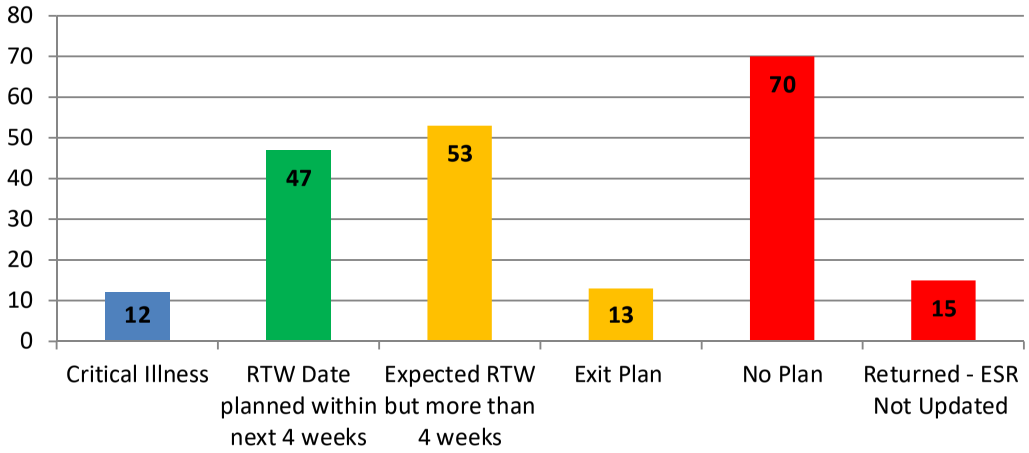
LTS Cases Commented by Month



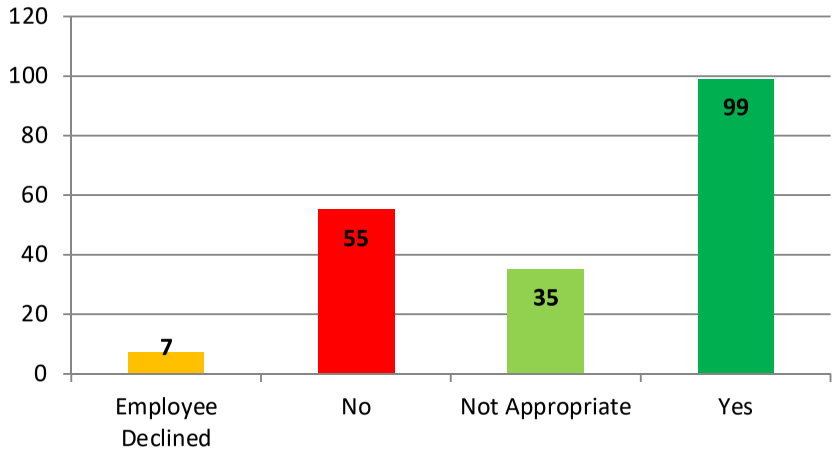
Sickness Reason



Case Management

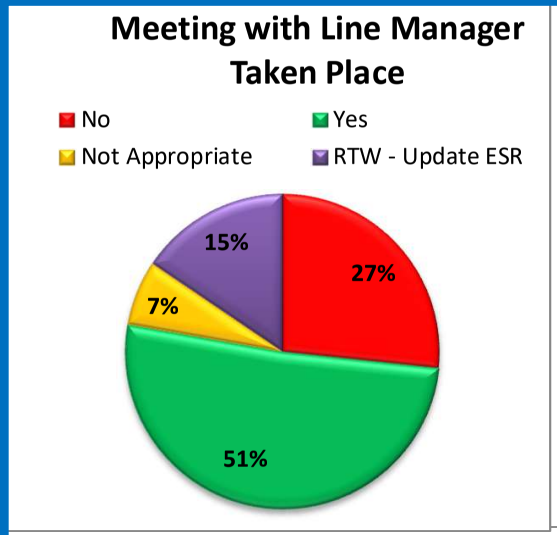


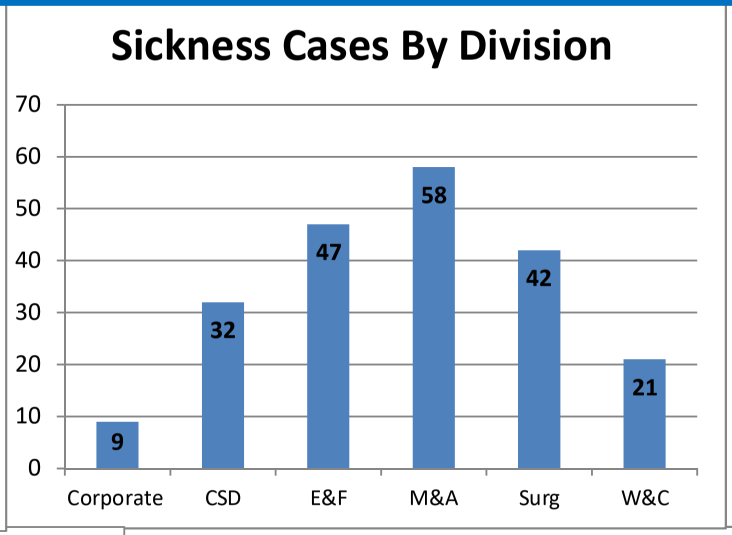
Occupational Health / EAP Referral

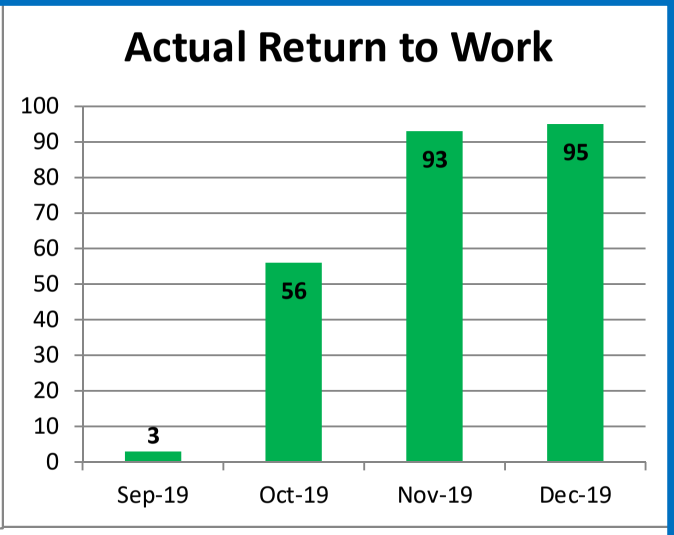


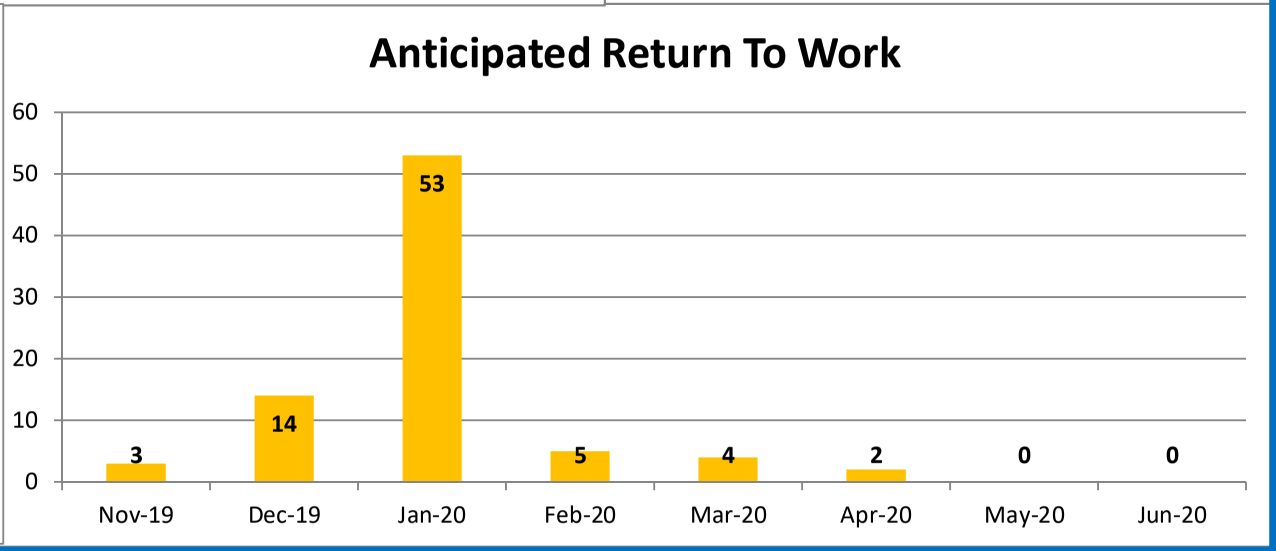
Trust Level

December 2019







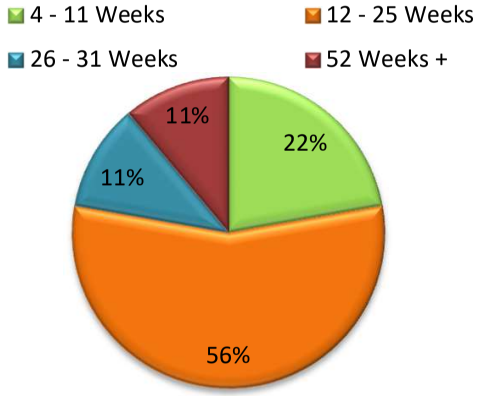


Corporate Services

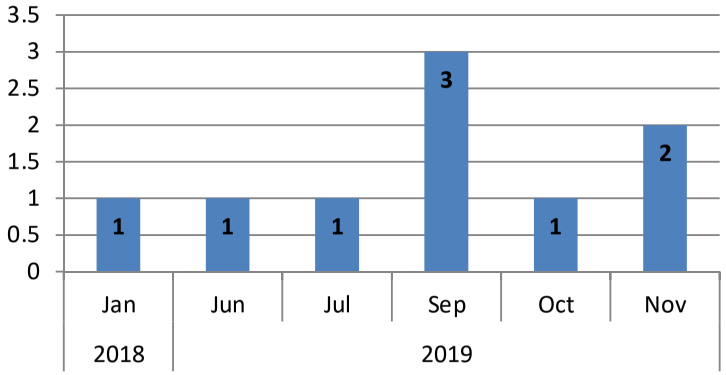
Current Open Cases: 9

December 2019

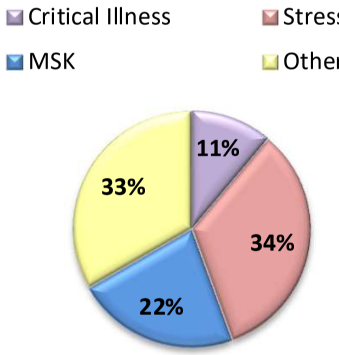
Sickness Length



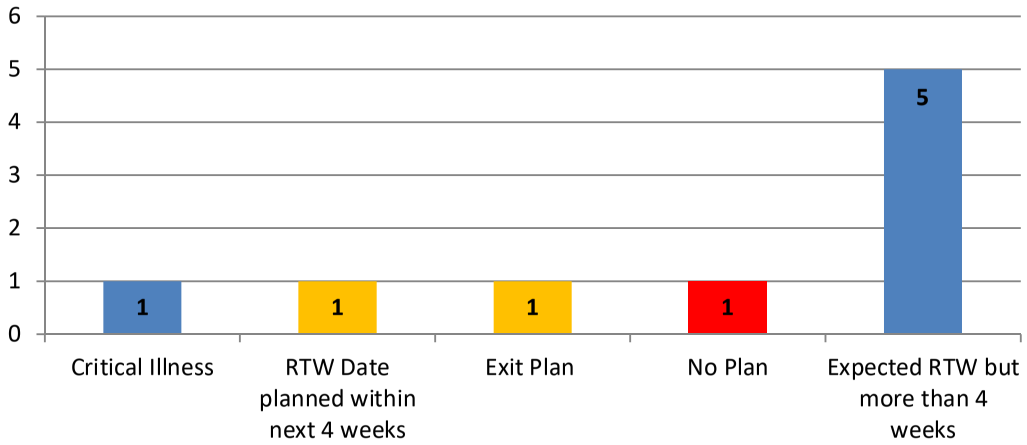
LTS Cases Commenced by Month



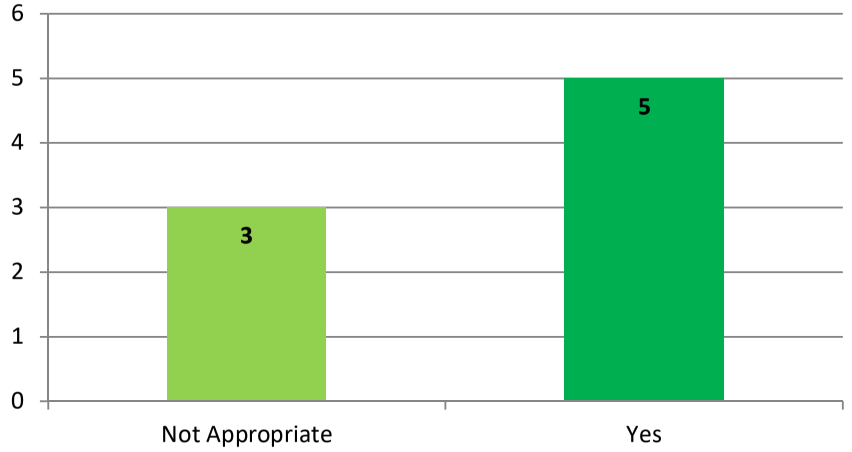
Sickness Reason



Case Management

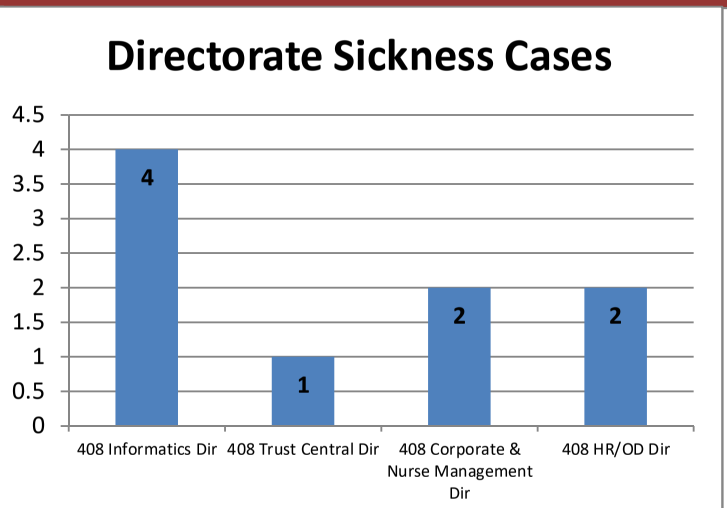


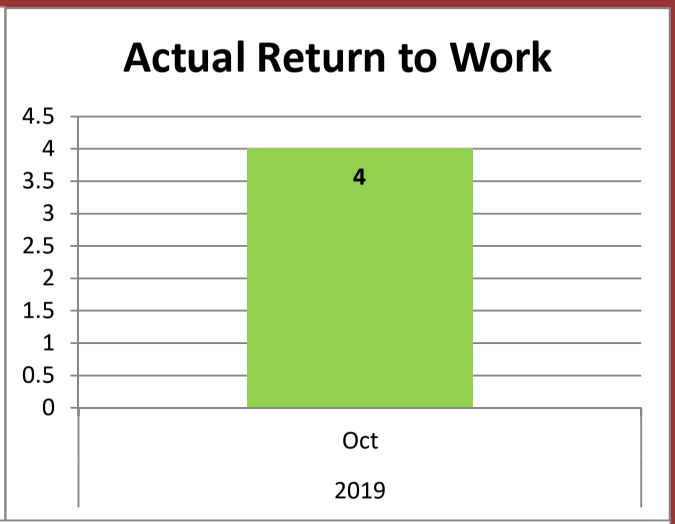
Occupational Health / EAP Referral

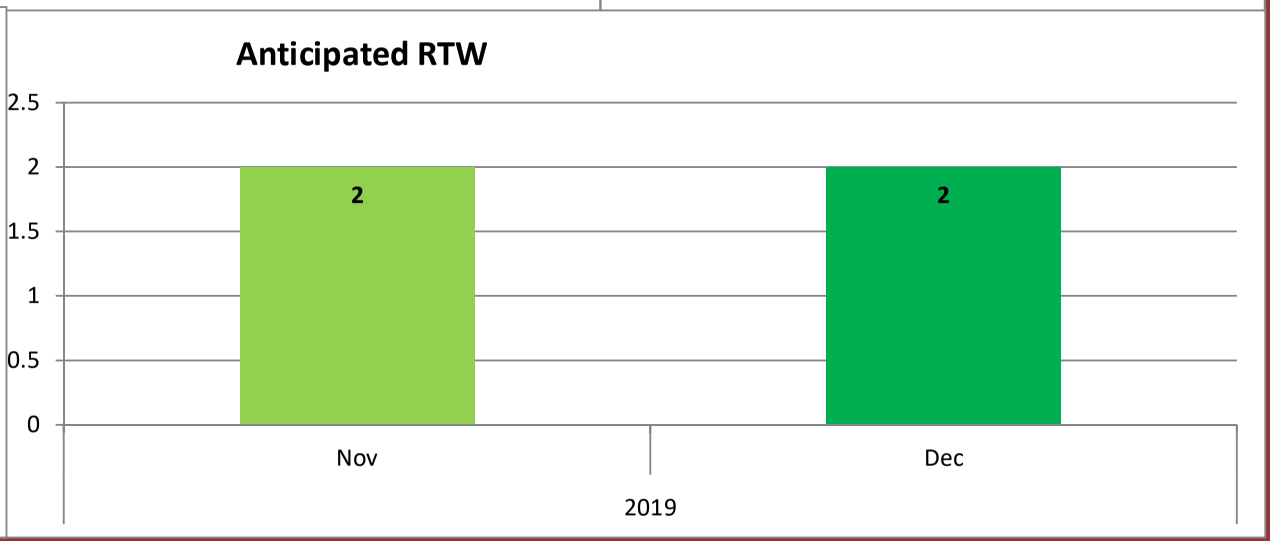


Corporate Services

December 2019





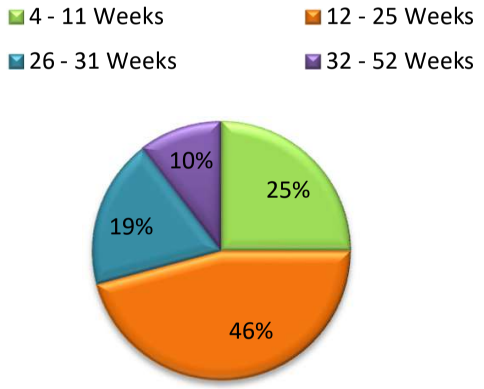


Estates & Facilities

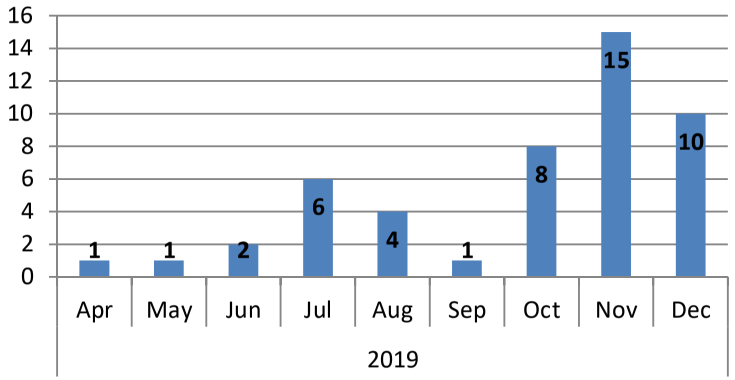
Current Open Cases: 48

December 2019

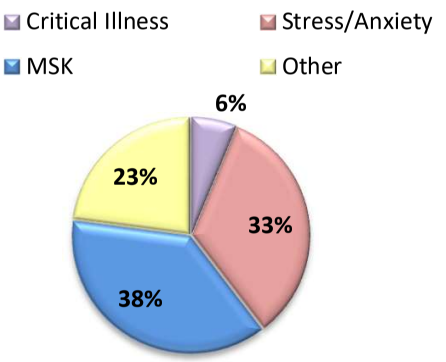
Sickness Length



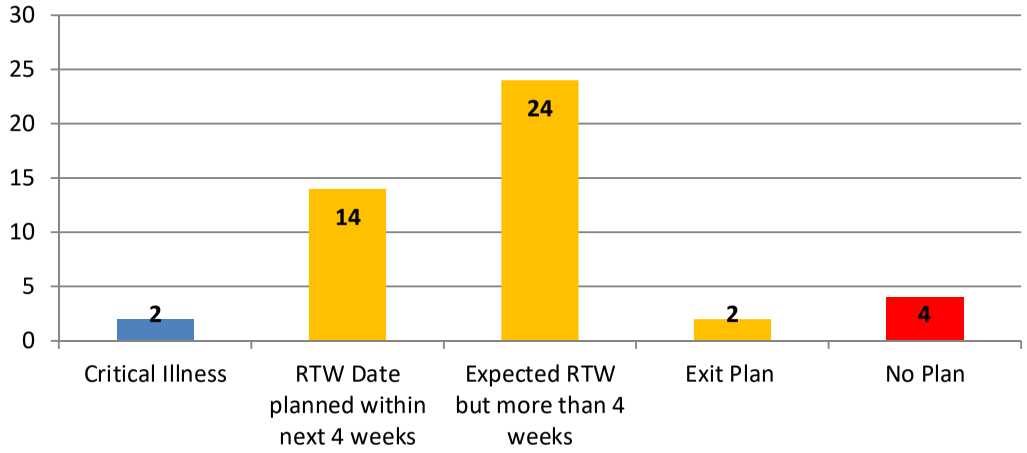
LTS Cases Commenced by Month



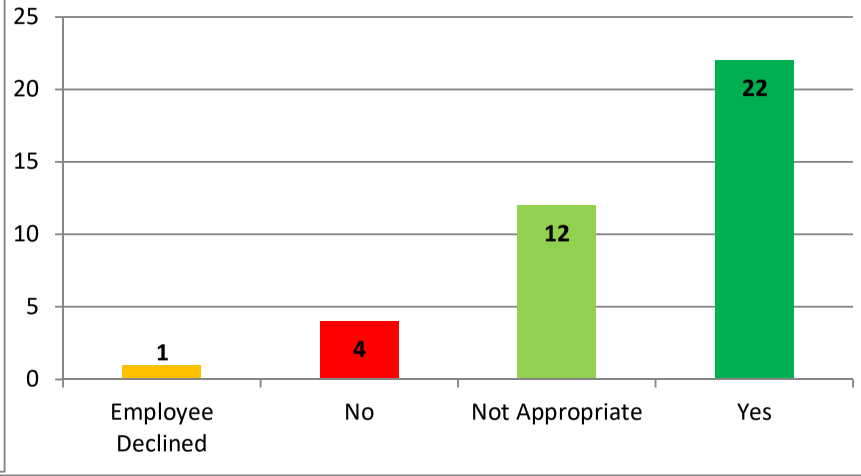
Sickness Reason



Case Management



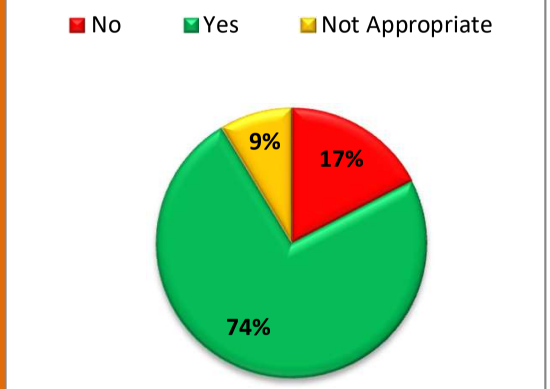
Occupational Health / EAP Referral



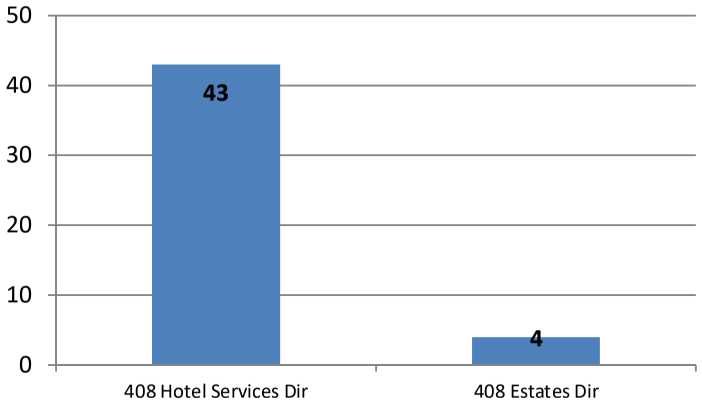
Estates & Facilities

December 2019

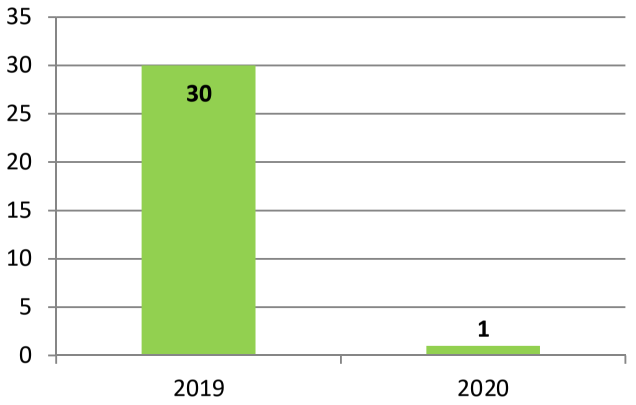
Meeting with Line Manager Taken Place



Directorate Sickness Cases

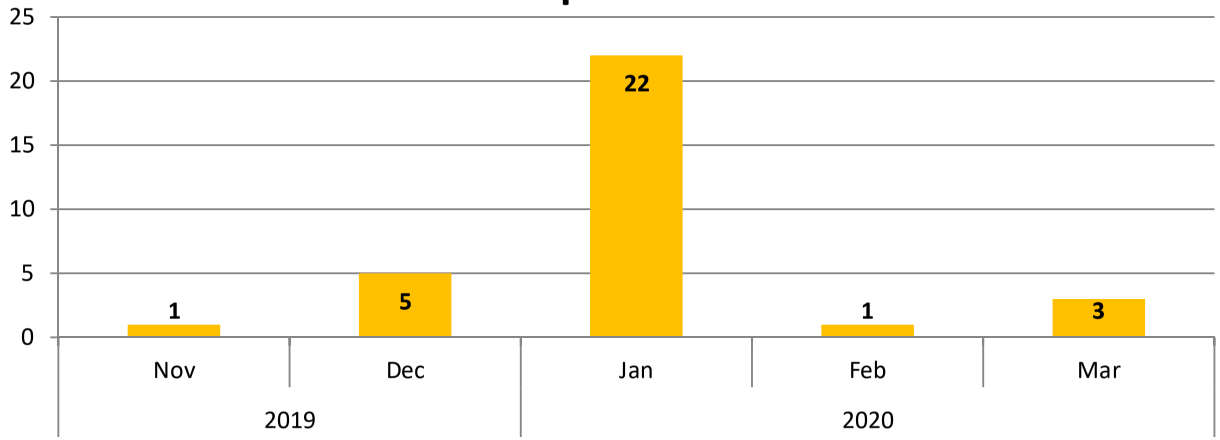


Actual Return to Work



Reason Last Meeting Didn't Take Place

Anticipated RTW

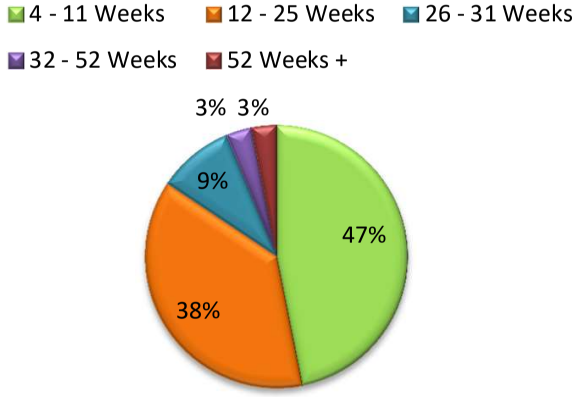


Clinical Support & Diagnostics Division

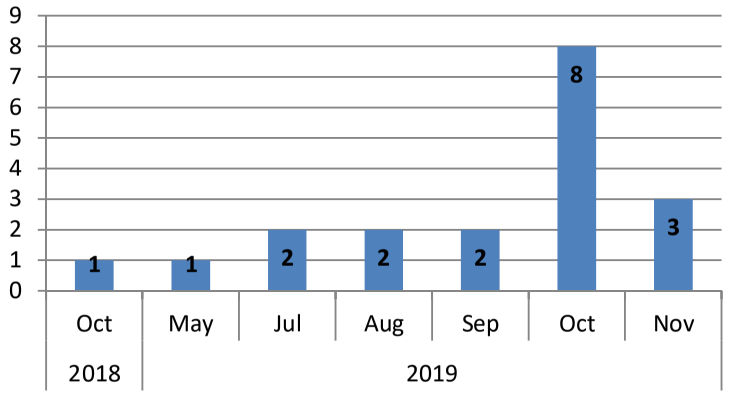
Current open cases: 32

December 2019

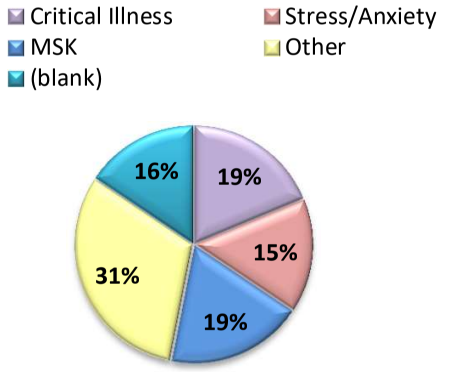
Sickness Length



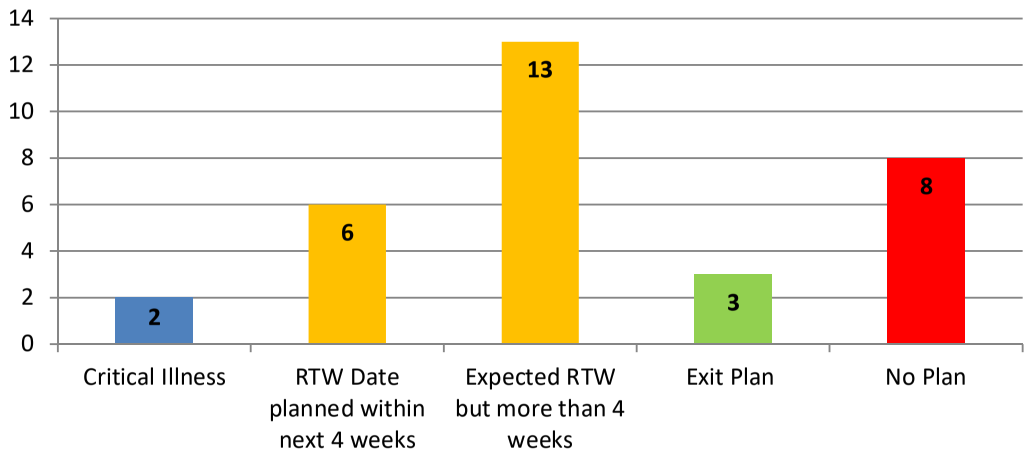
LTS Cases Commenced by Month



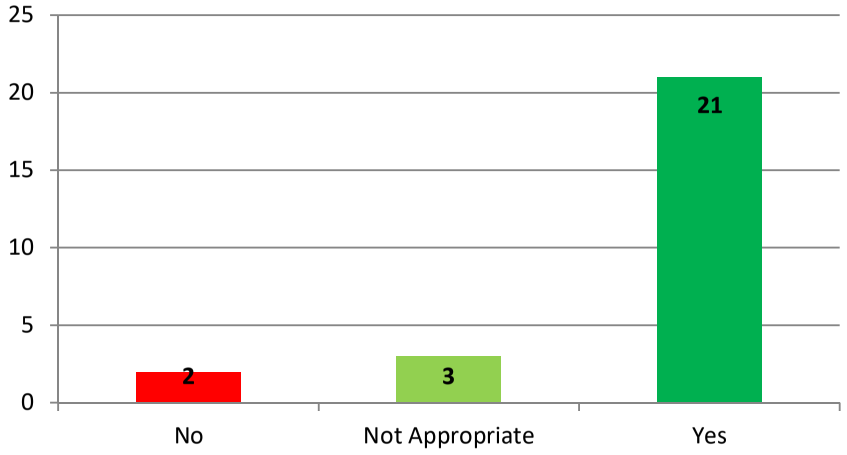
Sickness Reason



Case Management

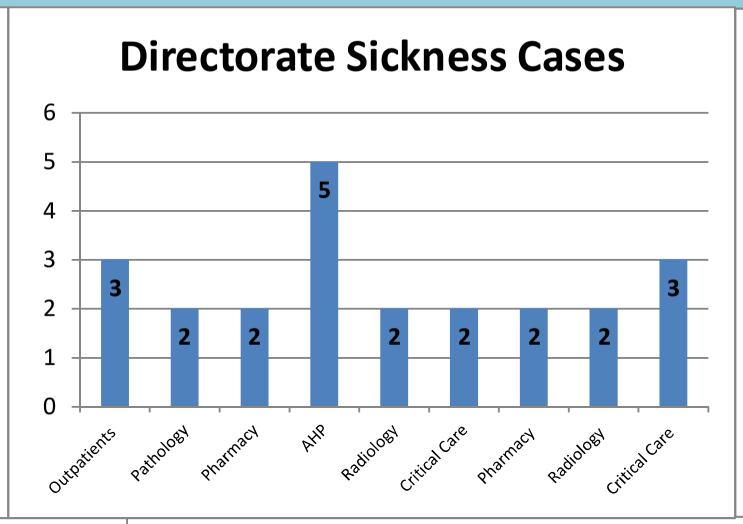


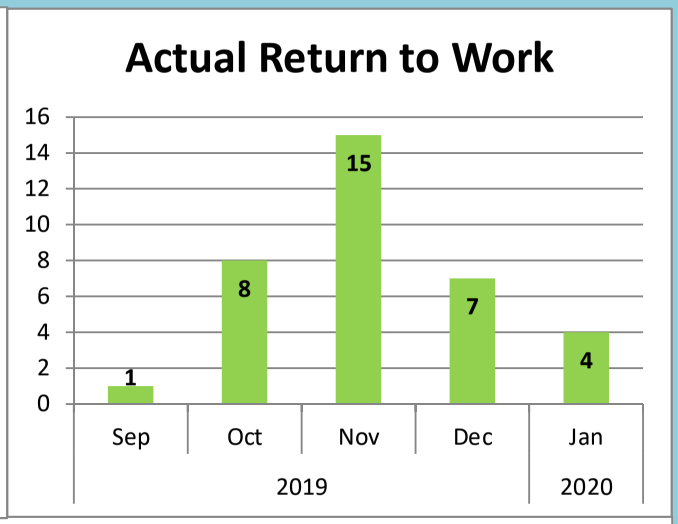
Occupational Health/ EAP Referral

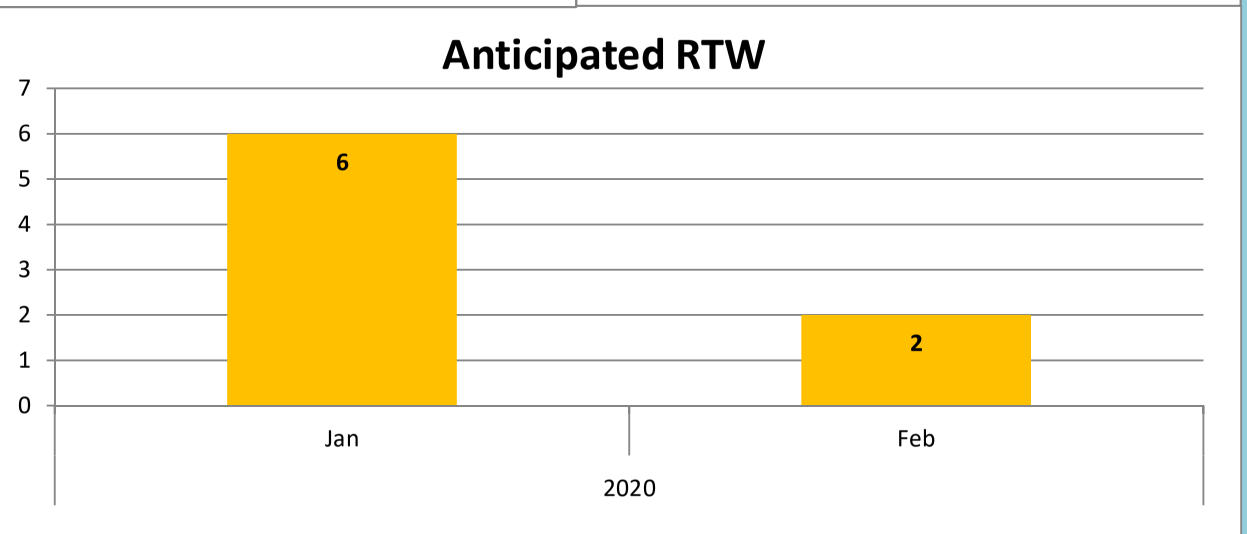


Clinical Support & Diagnostics Division

December 2019





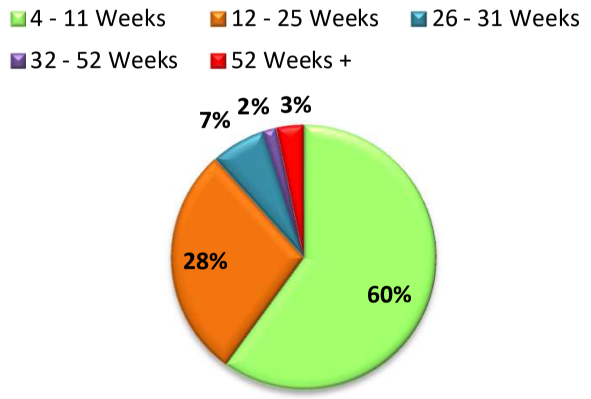


Medicine & Acute Division

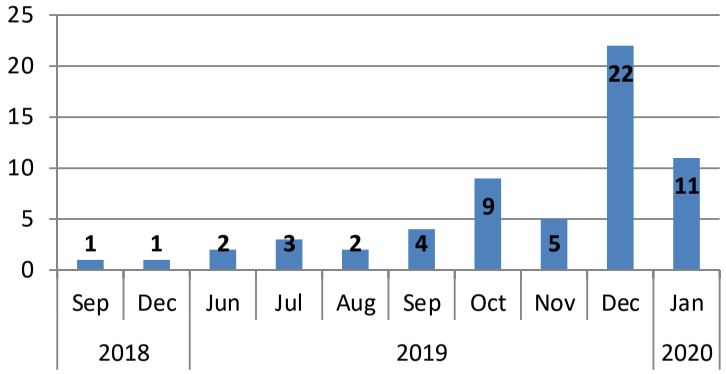
Current open cases: 60

December 2019

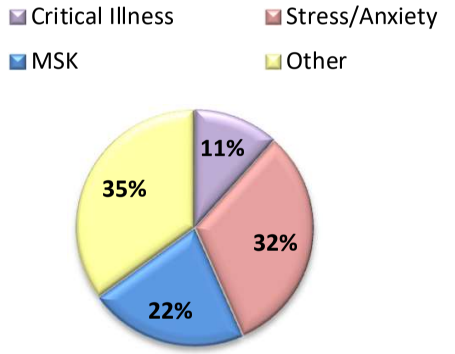
Sickness Length



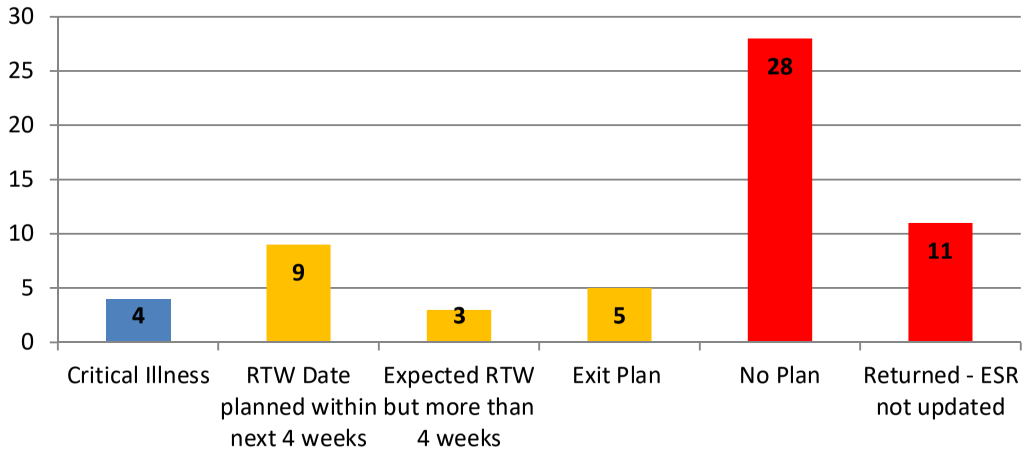
LTS Cases Commenced by Month



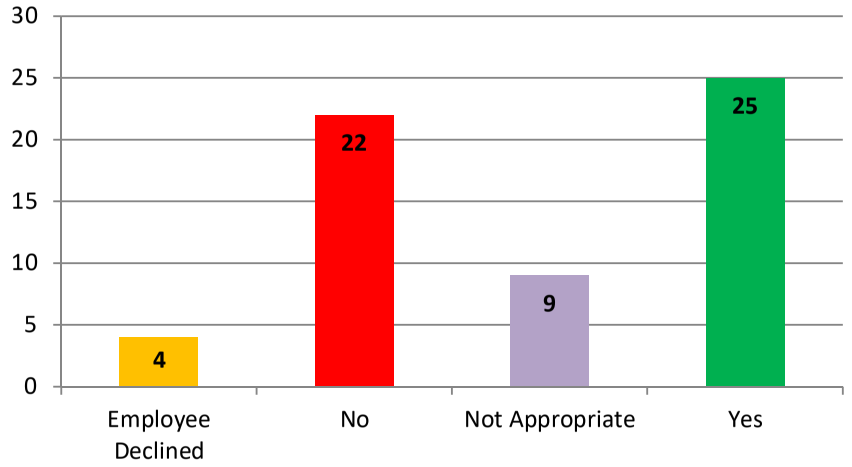
Sickness Reason



Case Management



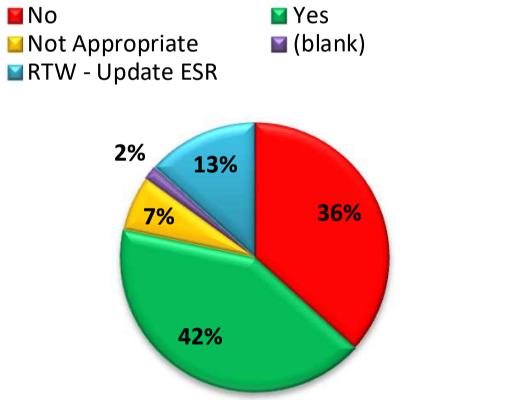
Occupational Health / EAP Referral



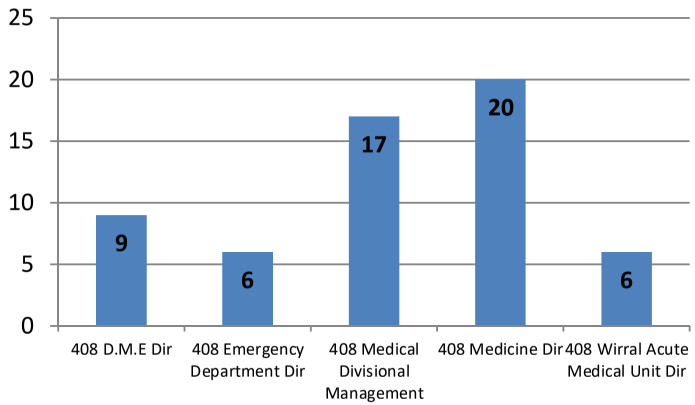
Medicine & Acute Division

December 2019

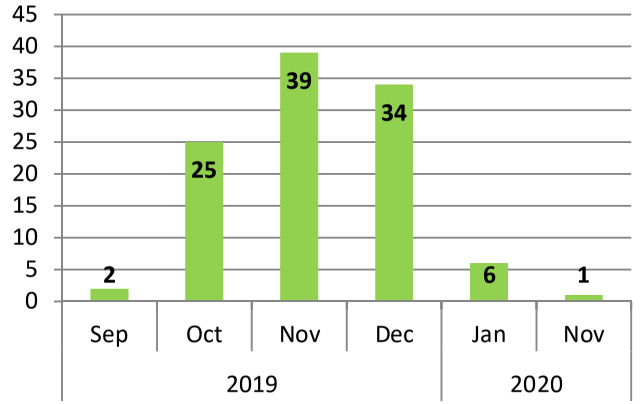
Meeting with Line Manager Taken Place



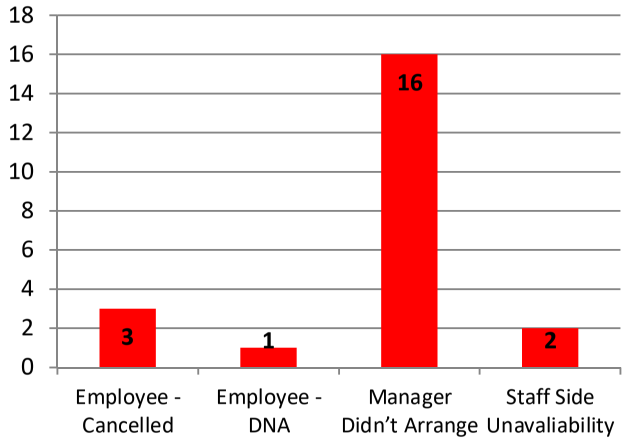
Directorate Sickness Cases



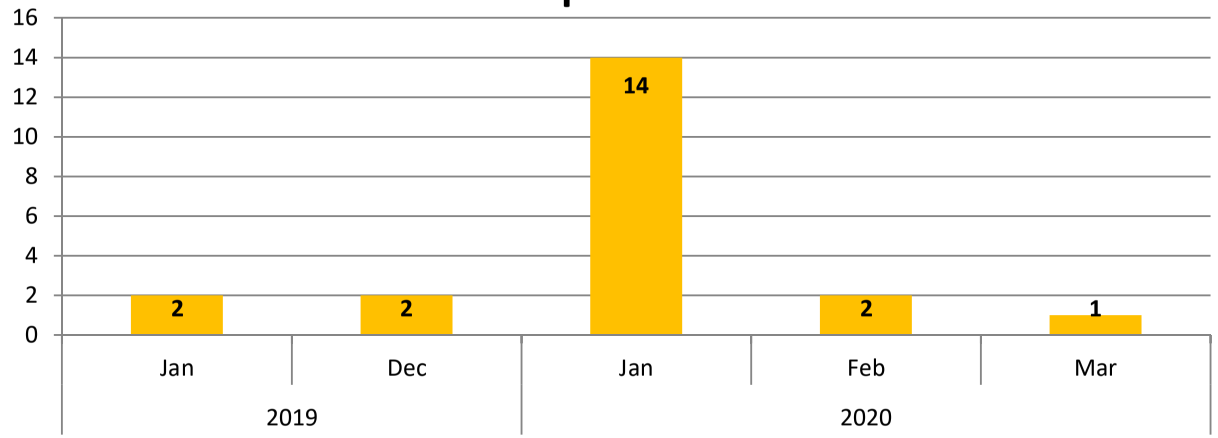
Actual Return to Work



Reason Meeting Didn't Take Place



Anticipated RTW

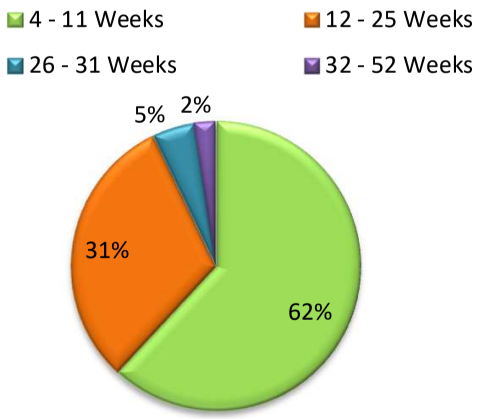


Division of Surgery

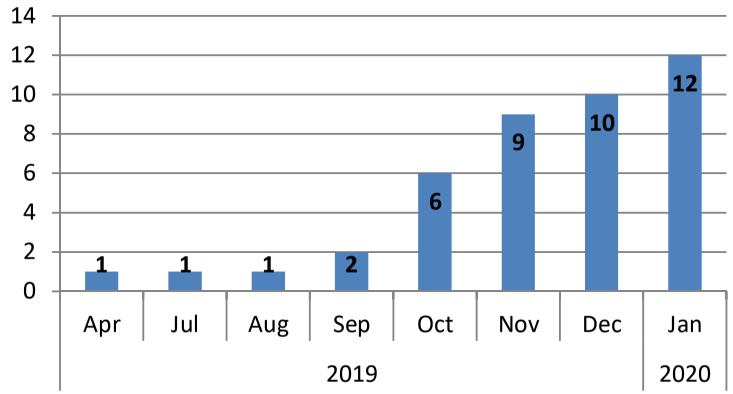
Current Open Cases: 42

December 2019

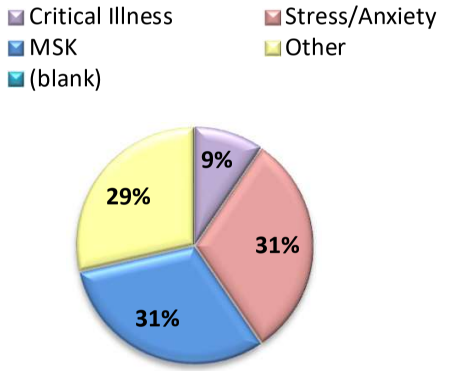
Sickness Length



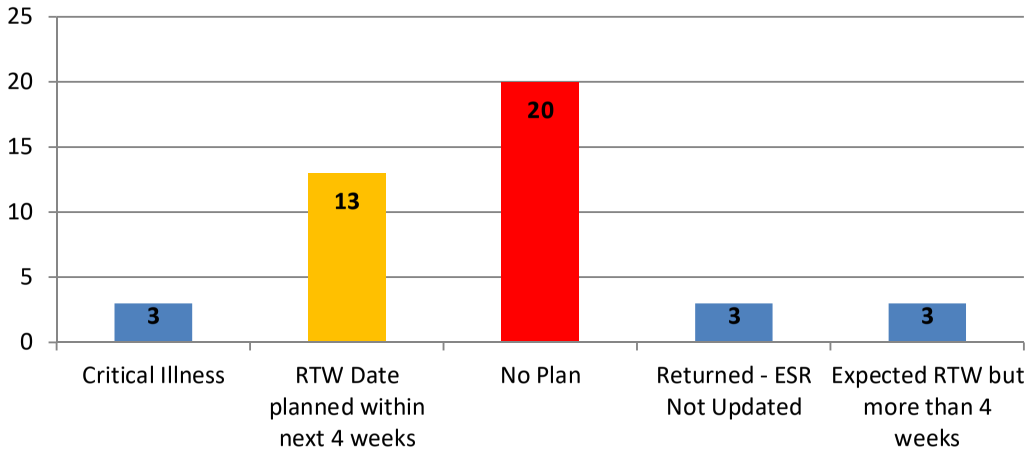
LTS Cases Commenced by Month



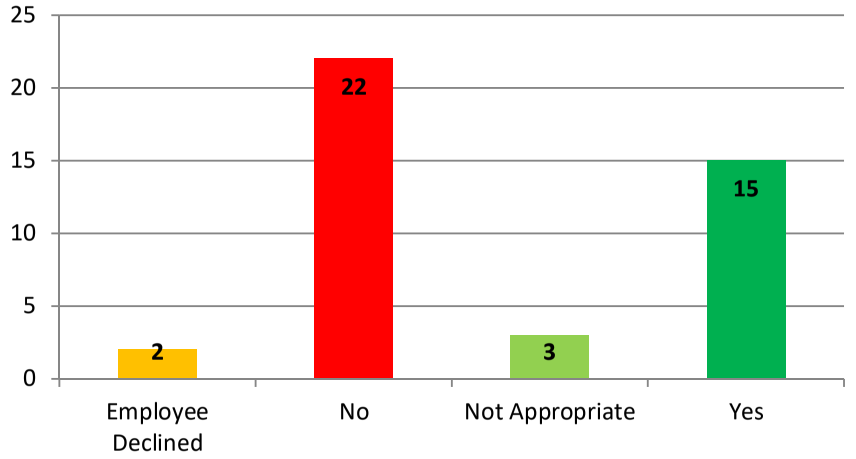
Sickness Reason



Case Management



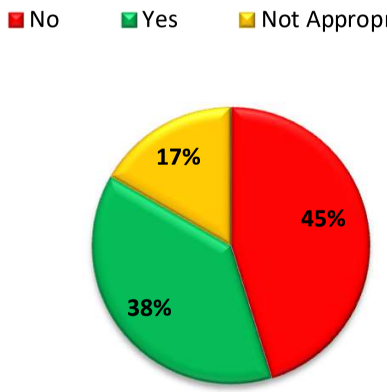
Occupational Health / EAP Referral



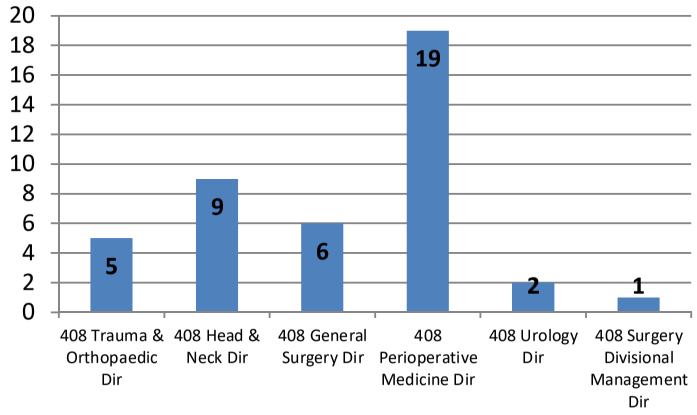
Division of Surgery

December 2019

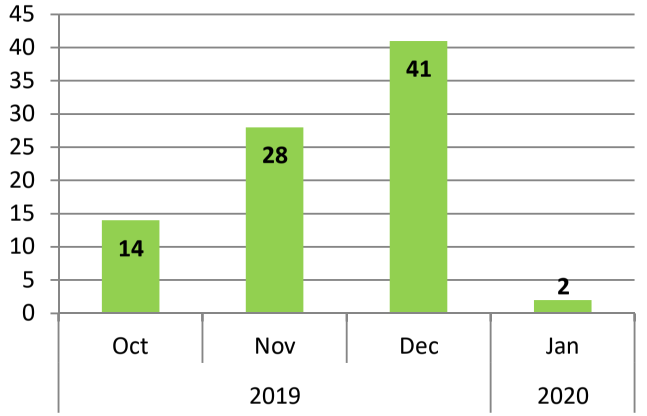
Meeting with Line Manager Taken Place



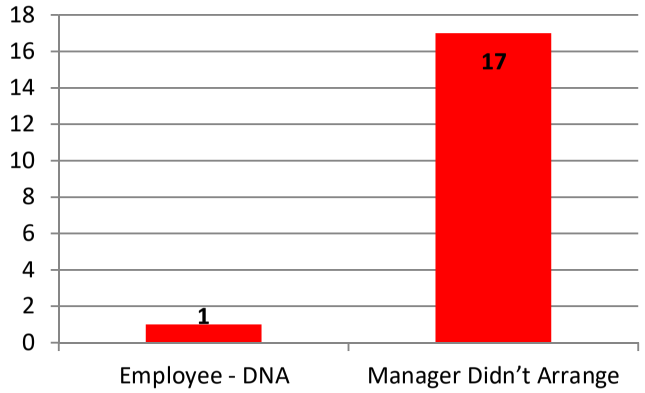
Directorate Sickness Cases



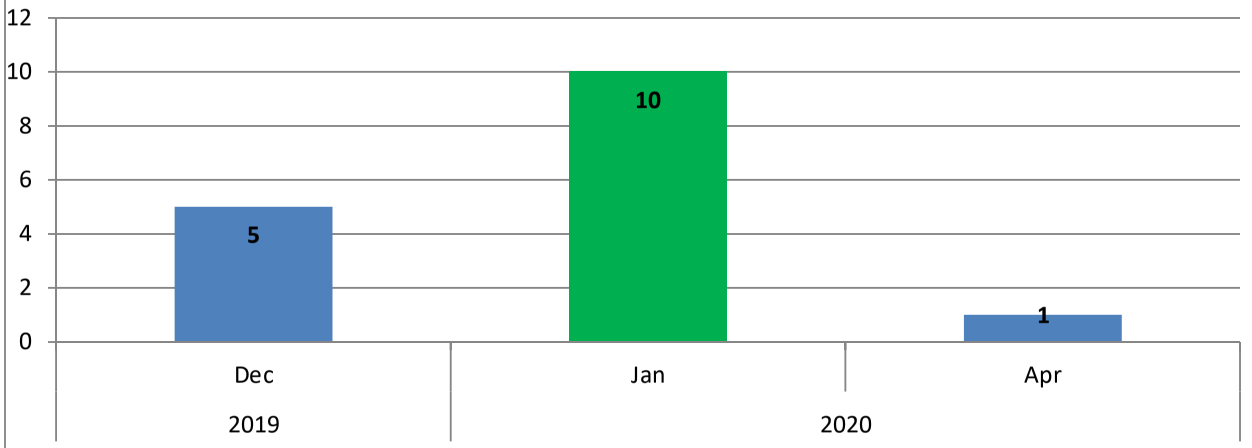
Actual Return to Work



Reason Last Meeting Didn't Take Place



Anticipated RTW

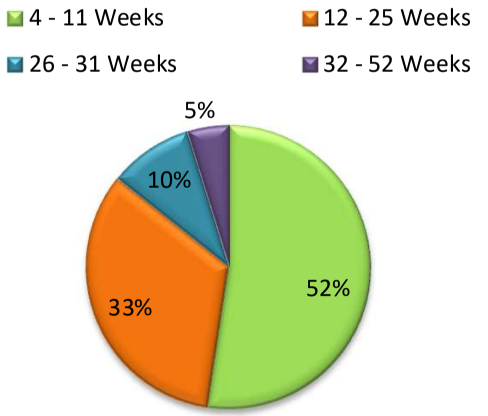


Women & Children's Division

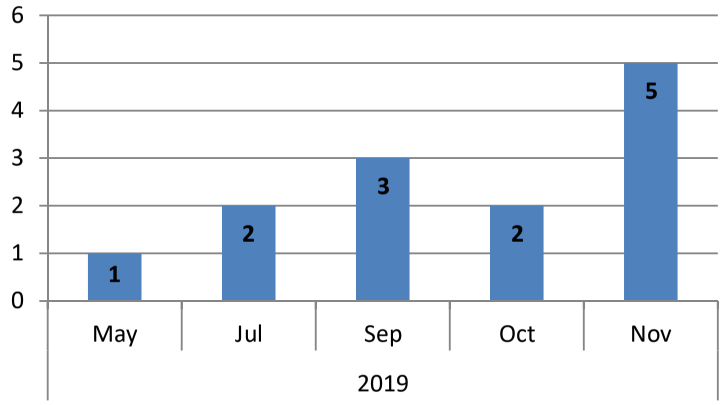
Current Open Cases: 21

December 2019

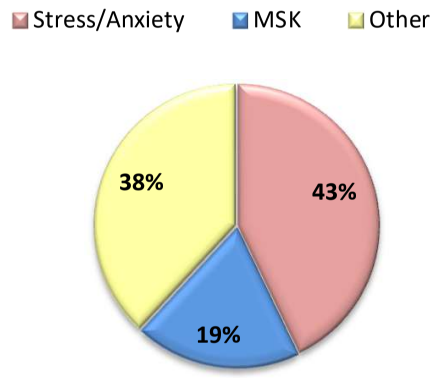
Sickness Length



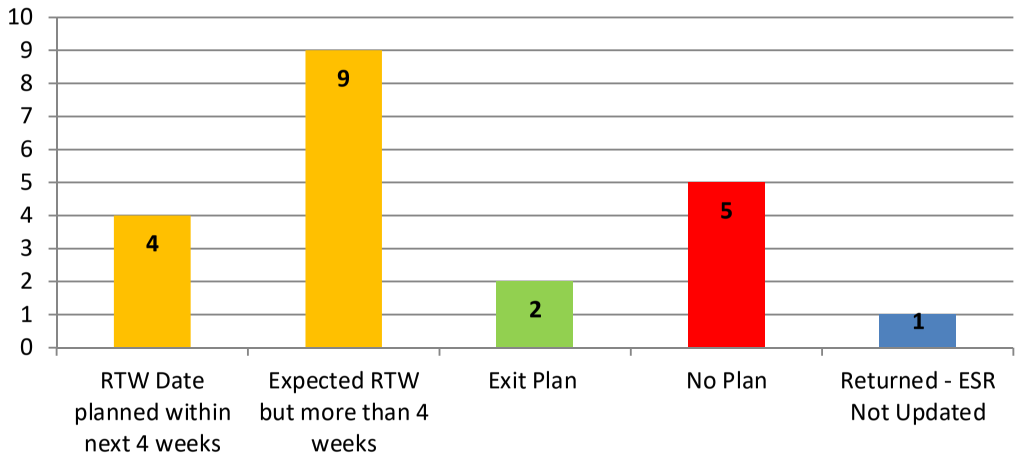
LTS Cases Commenced by Month



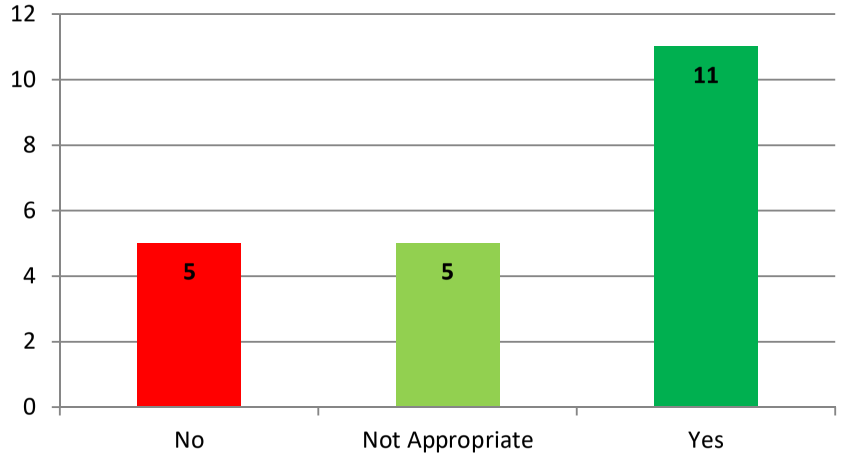
Sickness Reason



Case Management

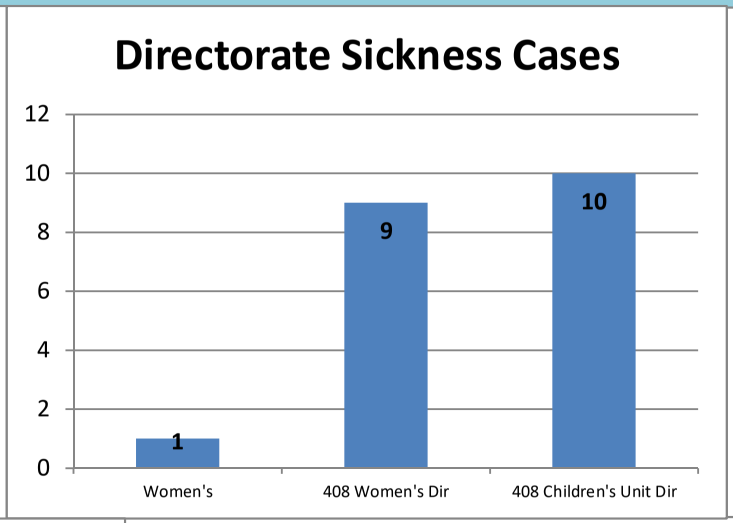


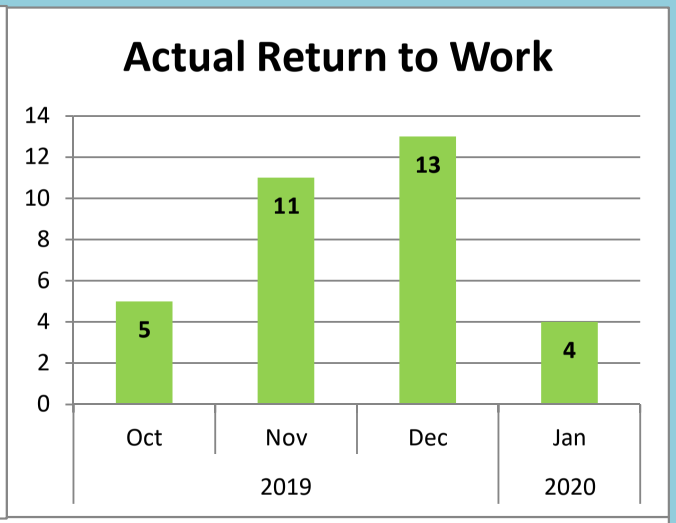
Occupational Health / EAP Referral

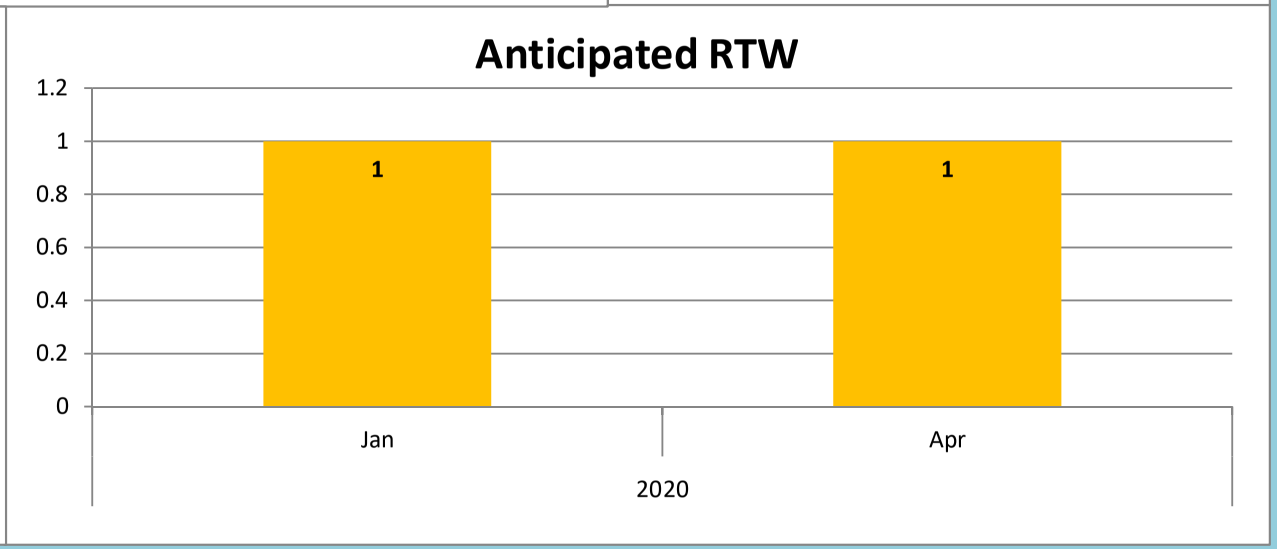


Women & Children's Division

December 2019







Board of Directors	
Agenda Item	19/20 014
Title of Report	Length of Stay Progress Update
Date of Meeting	29 January 2020
Author	Amanda Pattullo, Wirral System Lead for Discharge
Accountable Executive	Anthony Middleton
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Noting
Data Quality Rating	Bronze - qualitative data
FOI status	Document may be disclosed in full
Equality Analysis completed Yes/No **If yes, please attach completed form.**	No

1. Executive Summary

The purpose of this report is to provide a progress update on the initiatives to reduce length of stay (LoS) within the Trust. The update will detail the focused work across each of the 4 work streams to optimise LoS and reduce the number of long stay 21+ day patients within the acute bed base. It will also provide a brief overview of future initiatives being supported by ECIST to expand the focus.

2. Trust Position for Long Stay 21+ day Patients

Reducing the number of long stay 21+ day patients across the Trust remains a significant challenge, with a static position of c200 being maintained since the end of October (Figure 1).

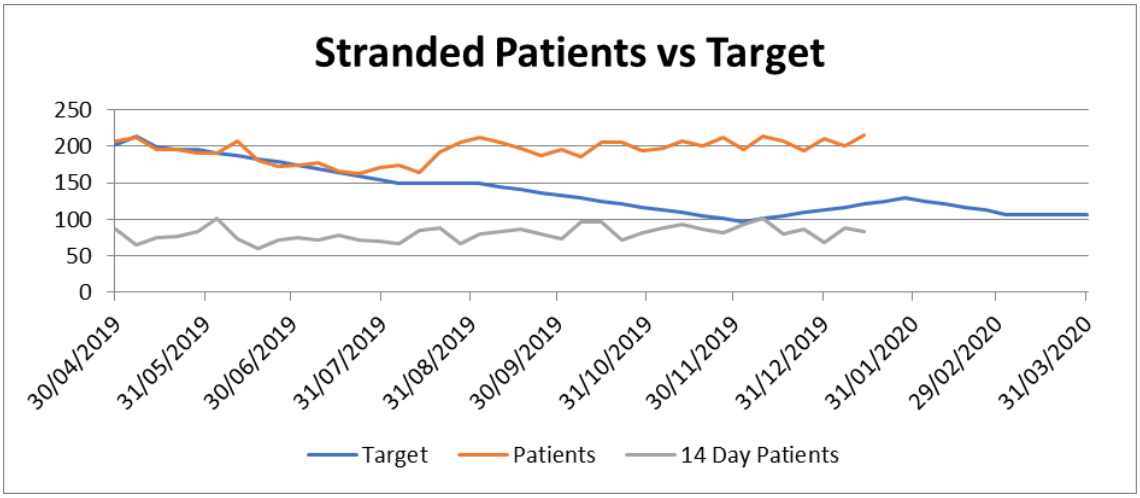


Figure 1: Total Number of 21+ day patients

Of the total 200, approximately 30% (60-70 patients) are undergoing active rehabilitation on the Clatterbridge site, either on ward M1 or Clatterbridge Rehabilitation Centre (CRC). These patients are transferred not discharged and as a consequence their LoS is a cumulative figure. This practice of transfer is not aligned to our peers and will inevitably impact upon the total number of 21+ day patients that are reported on the Trust's weekly national length of stay return. This has been highlighted to ECIST who have requested national guidance and clarification.

3. Reducing Length of Stay

Despite the static position of the total number of 21+ day patients, there has been a continued downward trend in overall length of stay since the end of October (Fig 2).

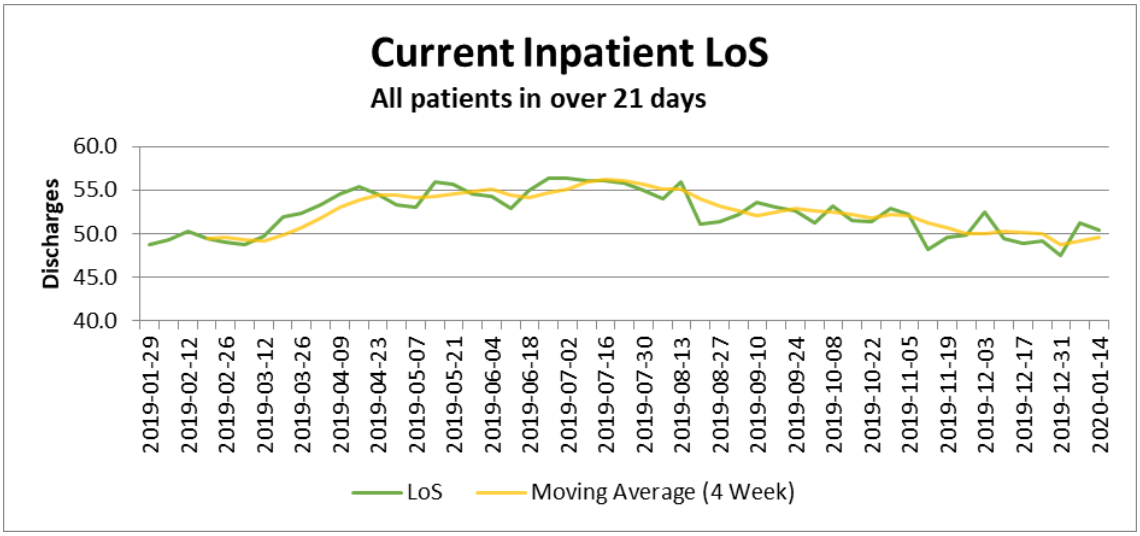


Fig 2: Current In-patient LoS for 21+ day patients

4. Our Approach to Improving Length of Stay

Feedback from ECIST has recognized the appetite for change within the Trust, and there is clear agreement that empowerment at ward level for clinical teams is essential. There are areas of good practice and there is an emphasis on increasing the management consistency with a strong focus on the individual patient.

In order to ensure the optimization of processes and practice to reduce length of stay, decrease bed occupancy and minimize discharge delays the following work streams have been established:

Workstream	Objective	Metric
Roll-out of daily Board Rounds and Huddles across all wards	• To bring forward the average time of daily discharge to 2pm by Sept 2020 • To reduce the number of 21+ day LOS patients to 171 by Sept 2020 and 107 by Mar 2021.	• Average time of daily discharge • Number of 21+ day LoS patients on the weekly return
Improving Discharge Processes (initial focus on fast-track process)	• To reduce the time between Fast-track referral and discharge (target to be identified 7/2/20)	• Time from referral to discharge of fast-track patients
Therapy led & Criteria-led Discharge	• To increase the number of out of hospital assessments to 80% by Mar 2021. • To increase the number of weekend discharges by 10% by Mar 2020	• Number of patients who have their assessment in Hospital • Number of daily weekend discharge rates
Optimisation of Cerner	• To ensure that every patient has	• Number of patients with

Millennium to support discharge	an anticipated date of discharge recorded on Millennium • To provide a Trust overview of the actual and potential daily discharges to assist with forecasting capacity and demand	anticipated discharge date within next 48 hours

5. Progress Update:

(i) Roll-out of daily Board Rounds and Huddles

Initial progress on rolling out Board Rounds and Huddles has been positive on 3 Medical Wards (Ward 26, 36 and 33), all of whom are now fully independent in this standardised practice. The roll out plan across Medicine and Surgery is in place and will be completed by 29/2/20.

The table below demonstrates the impact that the roll out is having in terms of compliance and this will help expedite patient discharge, bringing forward the average daily discharge time of 15:30 (Figure 4) closer to the national target of noon.

	Weeks 1 & 2			Week 3			Comments: 17th Jan '20
Ward	Board Round Led by Senior & Template Completed	Huddle led by Senior & Template Completed	Red/Green Day	Board Round Led by Senior & Template Completed	Huddle led by Senior & Template Completed	Red/Green Day	
26							Board rounds and huddles in place. Check compliance in 30, 60, 90 Days
36							
33							
20	22%	22%	65% Green 35% Red	100%	100%	57% Green 43% Red	Compliance improved
23	0%	0%	No huddles	100%	100%	51% Green 49% Red	Compliance improved
24	33%	0%	No huddles	Paused			Recommence in Week 4
27	44%	44%	45% Green 55% Red	100%	100%	24% Green 76% Red	Compliance improved
38	44%	11%	Not recorded	100%	40%	Not consistently recorded.	Key messages and support re-enforced
14				100%	100%	35% Green 65% Red	Commenced in Week 3

Figure 3: Ward Compliance with Board Rounds and Huddles

Previous attempts to embed board rounds and huddles has proved challenging. To ensure this is fully embedded and adopted as standard practice across the wards it is essential that intense support is provided. A change in the current approach is the key role of the Ward Clerk supporting the multi-disciplinary team in optimizing communication and chasing up actions within the discharge process. Their primary aim will be to pursue any outstanding investigations or specialist reviews on a daily basis to ensure tasks are completed in real time

and not delayed until the following day. The Ward Clerk will work in partnership with the Discharge Tracker who fulfils the same purpose as part of the Integrated Discharge team supporting complex discharges.

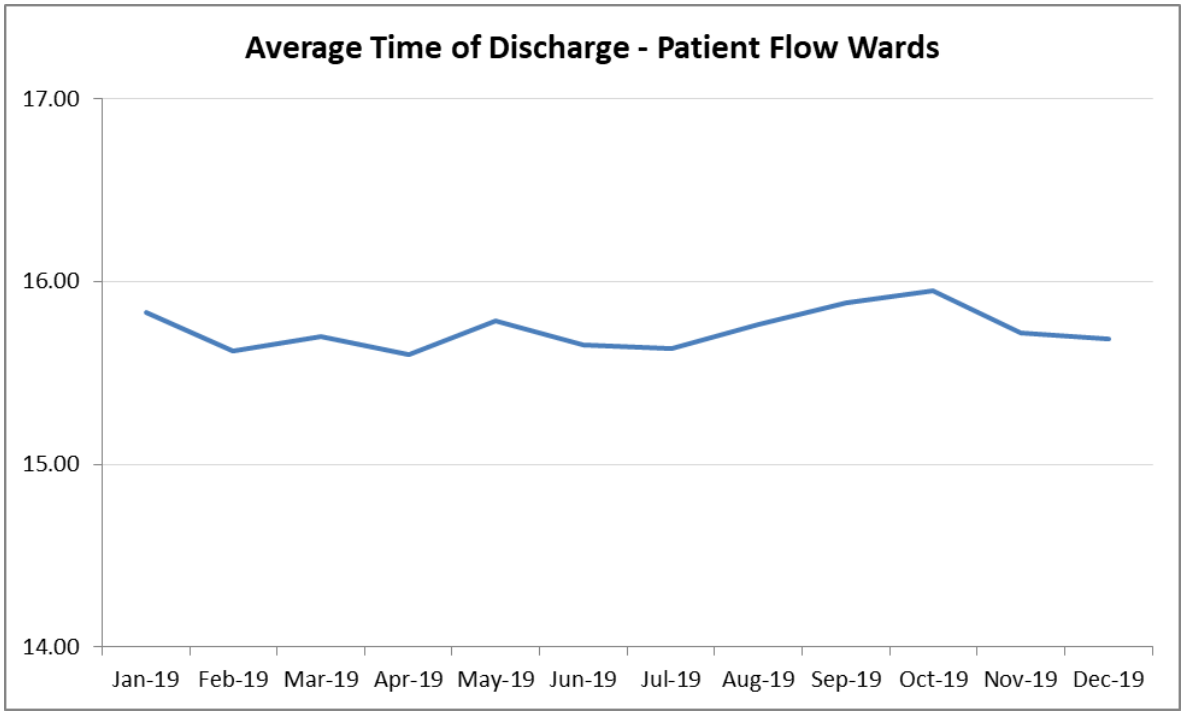


Figure 5: Average Time of Daily Discharge

This approach will relieve pressure on the nursing teams who have previously spent inordinate time attempting to track these issues.

The established weekly long length of stay reviews will continue, supported by external partners. Further support has been requested from the ECIST team to ensure there is continued challenge around decision making to maximize the outcome for patients, irrespective of their medical status. This will add further structure to the ongoing focus with Wards.

(ii) **Improving Discharge Processes**

Following the ECIST review and subsequent recommendations, considerable progress has been made within the Integrated Discharge Team to establish a single management structure, develop collaborative system-wide working and significantly improve staff morale. These changes have resulted in increased discharge rates for complex patients when compared to 18/19 performance.

There is acknowledgement that some of the processes for the most vulnerable cohort of patients such as those requiring Fast-Track discharge are overly complicated. To support an efficient pathway for fast-track discharge an electronic system will be in place by early Spring.

ECIST are hosting a Rapid Process Improvement Workshop (RPIW) on 4th-7th February 2020 with representatives from the Wirral-wide system to review and revise the Fast-track discharge process. The outputs of the RPIW will be shared with colleagues across the Wirral system via the established communication networks.

(iii) **Criteria-led Discharge – initial pilot aiming to increase weekend discharge rates**

Tracking the progress with reducing the long stay 21+ day patients it is evident that the ability to achieve any sustainable reduction in the overall figure towards the target of 171 is challenged as there is an average 30-50% reduction in discharge numbers at the weekend when compared to weekdays (Figure 5). Whilst it is acknowledged that this is associated with a reduction in admission rates over this period, the admission to discharge ratio is generally higher at the weekend.

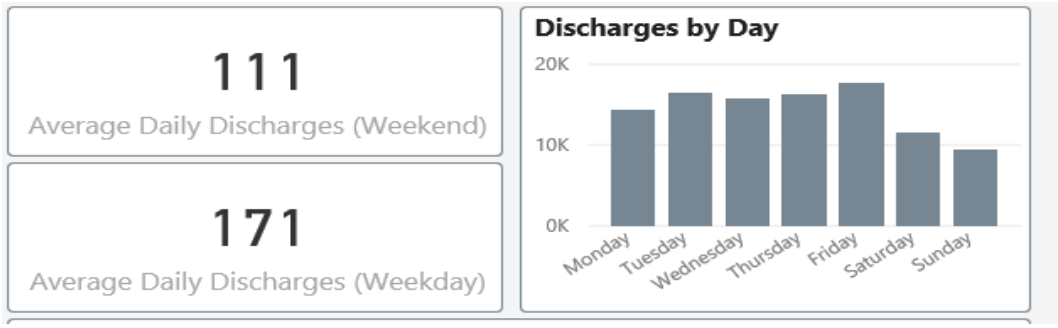


Fig 5: Average Daily Discharge Weekday –v- Weekend

To improve discharge numbers a pilot of Criteria-led discharge is being planned for February, whereby any patient who is identified at the Thursday afternoon huddle by the multi-disciplinary team as being a potential discharge for the weekend will have an agreed discharge plan documented on Millennium to enable the nursing and/or therapy teams to proceed in discharging the patient without the need for further medical review.

All patients who are identified as having a criteria for discharge documented on Millennium will be listed on the Discharge M-Page to be accessed by the weekend clinical teams and Hospital Clinical Co-ordinator.

(iv) **Optimisation of Millennium for Discharge**

Work continues to optimise Millennium to support discharge planning by ensuring that all patients have an anticipated date of discharged recorded on their electronic notes. This aids forecasting and optimisation of daily capacity and demand. Training has commenced for nursing and administrative staff to facilitate this change in practice.

6. Future Initiatives to Improve Patient Flow

Karen McCracken from ECIST will remain with the Trust until 31/3/20 and Wendy Lewis from NHS Improvement providing support to community teams.

In line with the NHS 10-year plan ECIST will be supporting the Trust in trialing a fully functional Frailty service at the front door to provide a multi-disciplinary response for older people with frailty in ED and AMU. The demand is estimated nationally to be 5-10% of all emergency department (ED) attendees and 30% of patients in Acute Medical Units and this cohort are patients who are at especially high risk of adverse outcomes. This model, therefore, has enormous potential to reduce admission rates for the elderly frail population.

A pilot project is planned for week commencing 24th February with a multi-disciplinary team located at the front door to rapidly identify and assess frail older patients, initiating a Comprehensive Geriatric Assessment (CGA) within the first hour of attendance.

7. Intensified Approach for 2021/22

We believe that successful delivery of the work streams will enable us to reduce the number of 21+ day patients beyond the projected 171 at March 2020 to circa 150 over the course of 2021.

It is of note that there has been national recognition that demand continues to increase at rates higher than predictions, and that improvements made during the summer and autumn have been eroded in recent months. To complement improvement change programmes the NHS is being asked to increase general and acute beds during 2020 by 3000 – 5000 and ensure community and social care services are in place to deal with the increased demand.

The 2019/20 objective to reduce the number of 21+ patients in acute beds has been rolled over to 2020/21 to recognize that demand.

8. Summary

Reducing length of stay continues to be a significant challenge for the Trust but there is confidence that the work streams in place will allow improvements to be made.

The Board of Directors is asked to note the approach, with ongoing assurance provided by the programme board update or by exceptional request.

January 2020

Board of Directors	
Agenda Item	19/20 015
Title of Report	Change Programme Summary, Delivery & Assurance.
Date of Meeting	29.1.2020
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 remained stable during the past month. The Programme Board received - at its meeting of 15 January 2020 - the re-instated assurance ratings for the 'Improving Patient Flow' programme comprising: 'Front Door', 'Back Door' and 'Capacity Management'. The 2 digital enablement projects supporting Flow are also being assured. The 'World Class Administration of Patient Services' project has been included in the assurance framework from December 2019. The pipeline programmes - 'Workforce Transformation' and 'Hospital Upgrade Programme' - need to have dates agreed for initiation through Programme Board and, thereafter, assurance rating.

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) have changed from the previous month; there has been a significant increase in projects and programmes assured (Flow re-scoped and the inclusion of Digital Enablement) from six to thirteen. There has been a marked improvement in the assurance evidence for the digital projects albeit there is still room for significant improvement.

1.1. Governance Ratings

Two of the thirteen 'live' programmes are green rated for governance, with ten attracting an amber rating, and one red rated; this is 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 all thirteen programmes showing amber for delivery. For the sake of clarity, amber ratings remain indicative of substantive issues albeit considered within the competency of the programme/project team to resolve. The areas for attention are, in particular, the definition and realisation of benefits and robust tracking of milestone plans and risk.

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 completed with the appointment of a Programme Director, Head of PMO and Project Manager with effect from 1st January 2020. Two of these individuals are moving from the Service Improvement Team and, therefore, a new round of recruitment will be needed to backfill those posts; however, as the programmes are both internal the risks of handover of current work will be mitigated by careful management of the migration into the new roles.

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 15 January 2020.

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.

Wirral University Teaching Hospital
NHS Foundation Trust

Change Programme Summary

External Programme Assurance

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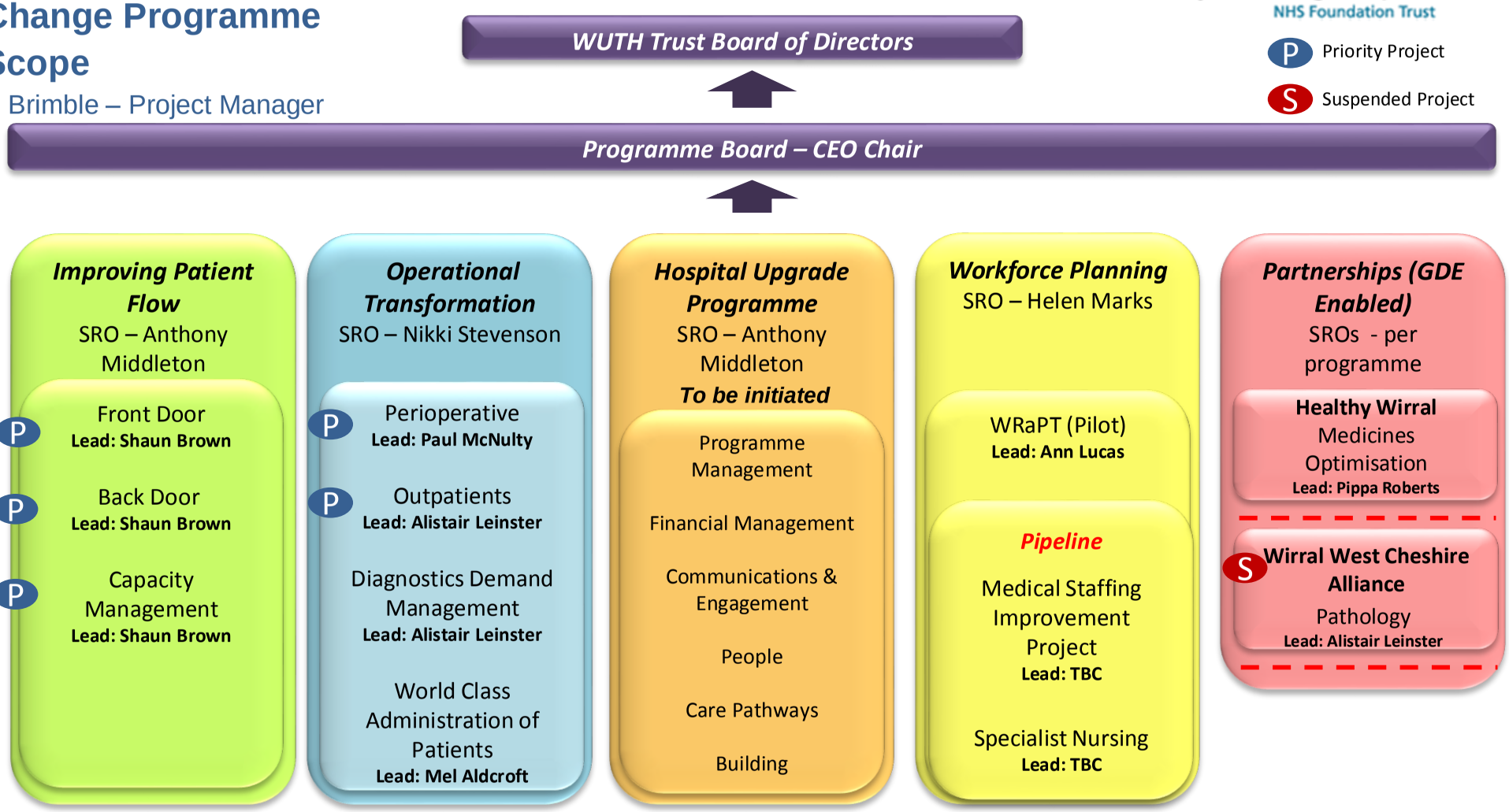
Change Programme Scope

S Brimble – Project Manager

Wirral University Teaching Hospital NHS
NHS Foundation Trust

P Priority Project

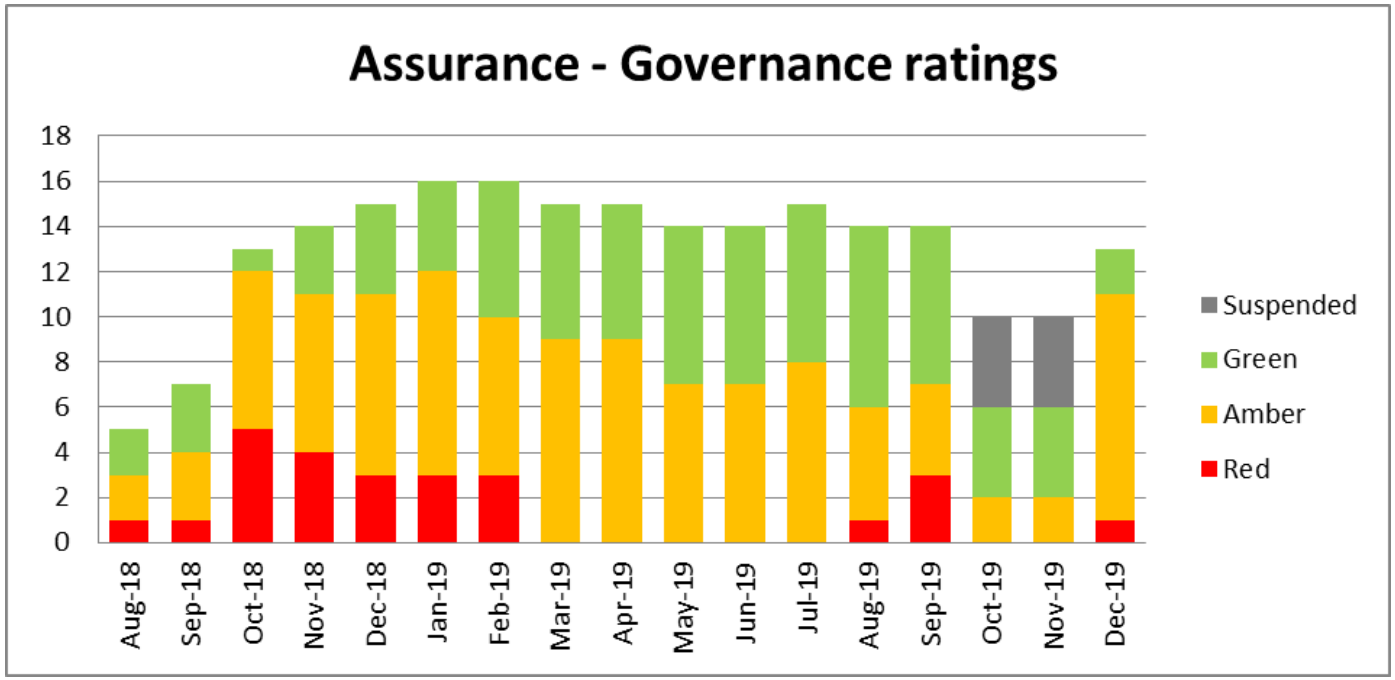
S Suspended Project



Change Programme Assurance Report - Trust Board Report - December 2019

S Brimble – Project Manager

Wirral University Teaching Hospital
NHS Foundation Trust



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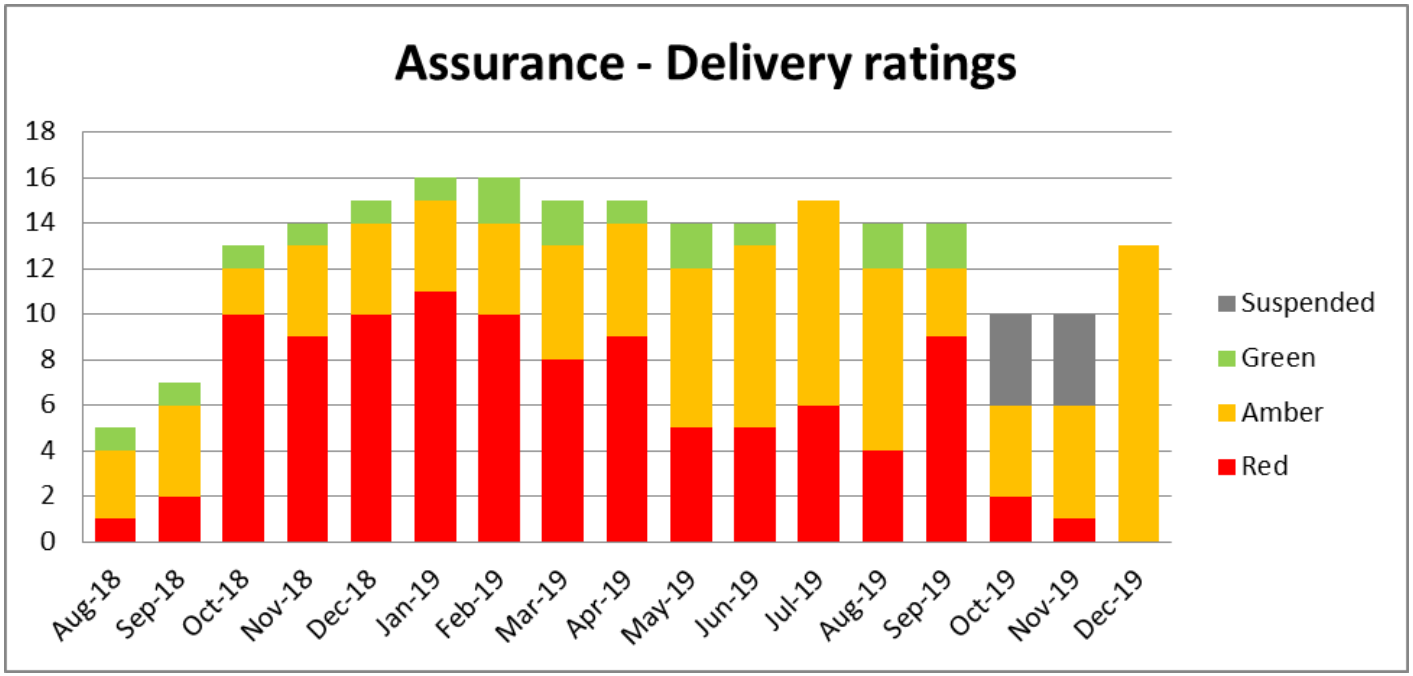
Change Programme Assurance Report - Trust Board Report - December 2019

S Brimble – Project Manager

Wirral University Teaching Hospital
NHS Foundation Trust



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Priority Projects Highlight Report - Metrics

Senior Responsible Owners

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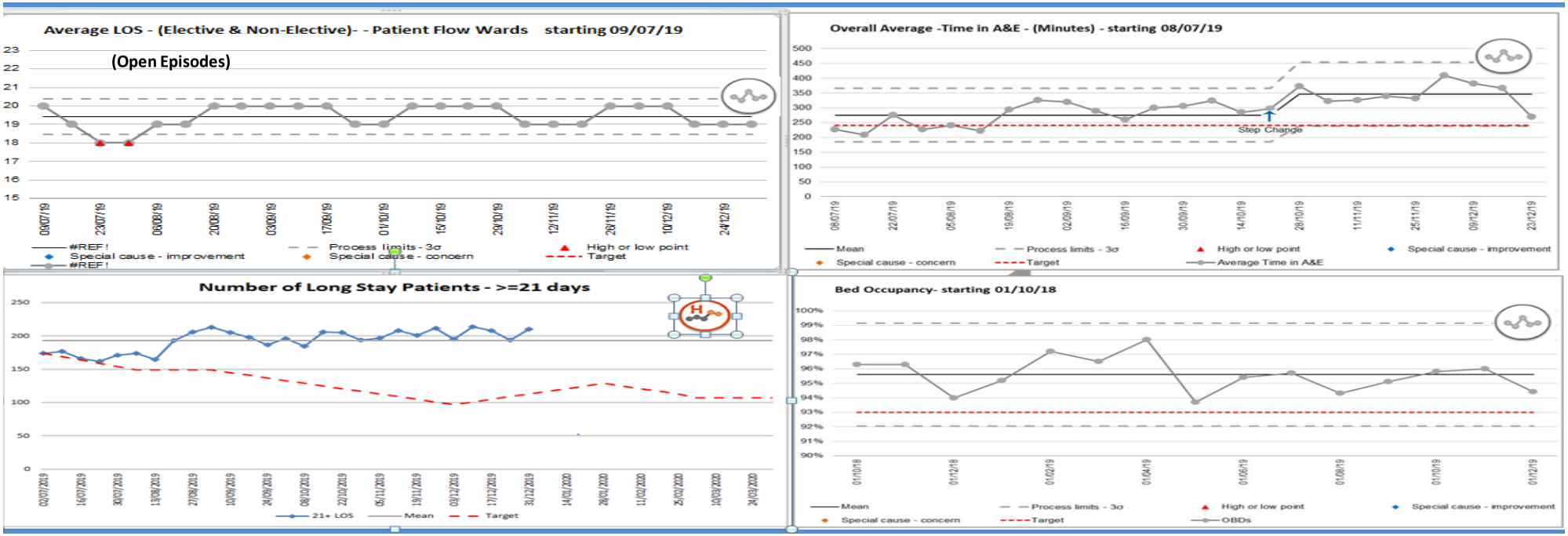
Highlight Report – Patient Flow Improvement **Reporting Period –** December 2019 **Programme Lead –** Anthony Middleton

Things you need to know
Capacity Management: On track for Go Live on 9th March. Trust-wide communication planned. Training slots open for booking.
Front Door: Project scoping workshops have been held. Process mapping is underway for the Assessment Units.
Back Door: Accelerated rollout of Perfect Board Rounds and Huddles commenced. Plans in place to improve compliance.
ED One Patient Record: Cerner reviewing resources to see if they can support the implementation of LaunchPoint on 9th March.



Escalation

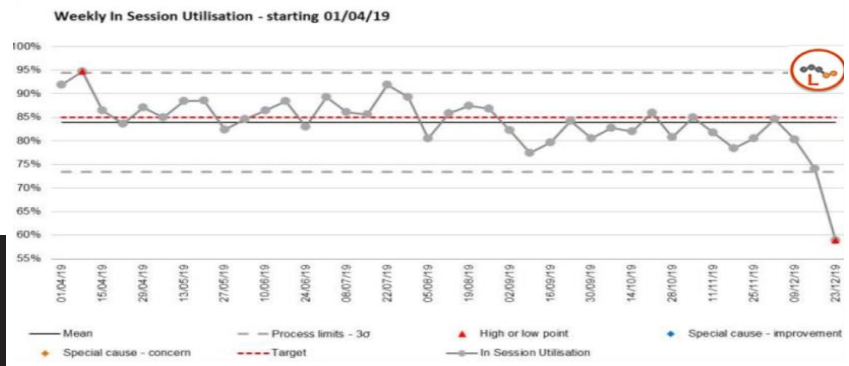
Highlight Report – Perioperative Medicine **Reporting Period –** December 2019 **Programme Lead –** Paul McNulty

Things you need to know

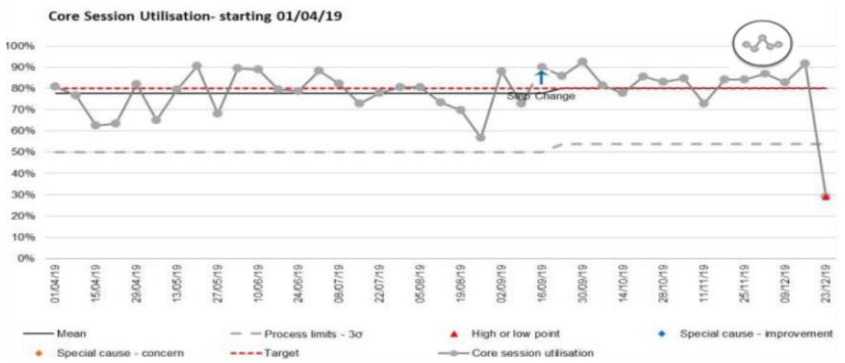
Programme Lead has devised a draft vision and scope. Throughout January, engagement sessions will be held with operational, medical and nursing staff, patient groups and other stakeholders to verify and develop the vision. Once engagement is complete, a refreshed PID and Plan will be developed.

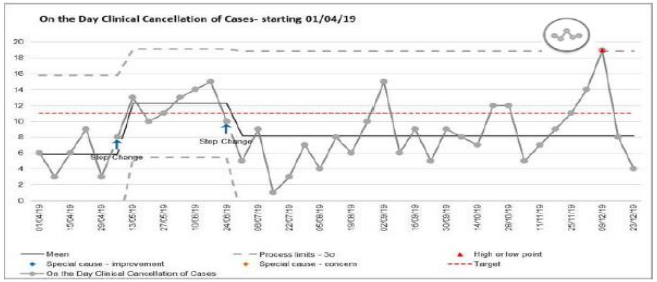
Implementation previously identified initiatives continues including three phase recovery (building work has started) and theatre scheduling system (final testing).

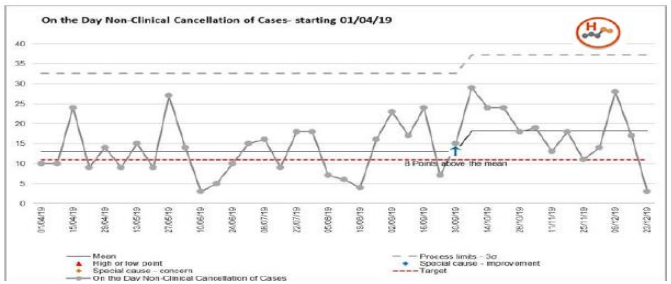
Project teams and steering groups are refreshing their terms of reference, attendee lists and standard agendas to reflect the refreshed scope.

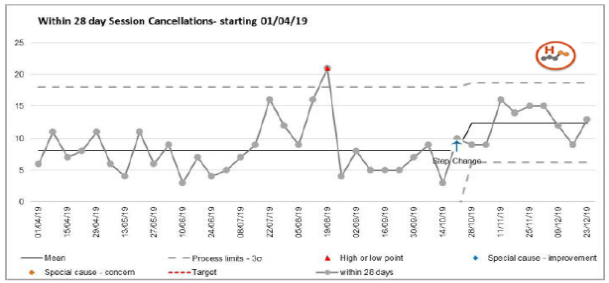


The decline in performance linked to elective cancellations due to NEL demand (Sept onwards) and compounded by loss of Ward 12 (November onwards) as the Elective Orthopaedic ward









Escalation

Relocation of Pre-OP from Cardiovascular to Clinic 1 at APH

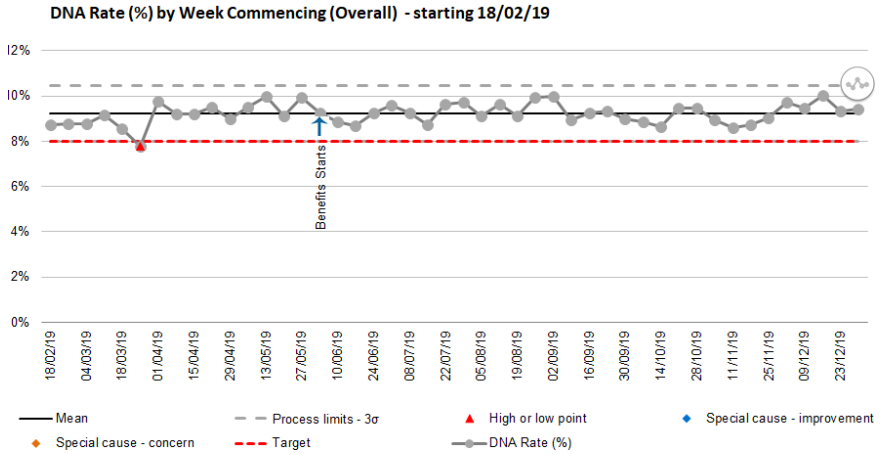
Highlight Report – Outpatients Reporting Period – December 2019 Programme Lead – Alistair Leinster

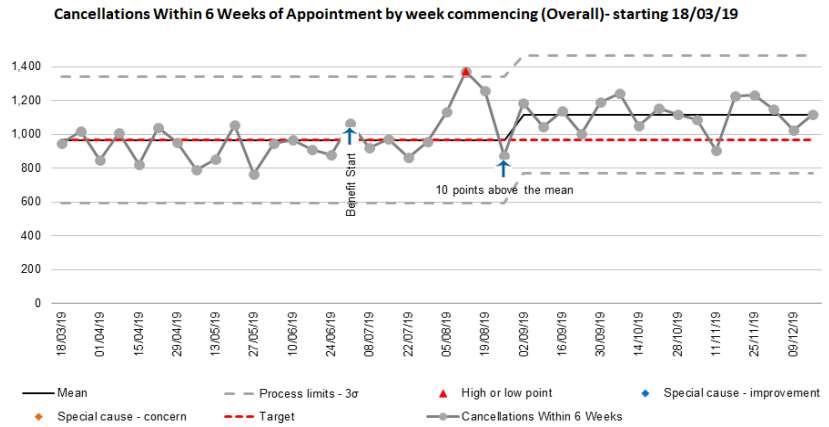
Things you need to know

Outpatient Support: Process mapping session held with Office Managers to review cancellation processes for each area. Meeting with Medical Staffing for next phase by end of Jan 20. Text reminder review initiated. Evidence of improvement in physiotherapy DNA, further specialties to be targeted and implementation of the new DNA process in March 20.

21st Century Outpatients: All specialties have now responded with their proposed transformation initiatives, meetings with individual specialty teams underway. Telephone and virtual clinic workshop with DMs to be held 3/2/20. Clarity to be determined on the plans for Healthy Economy End to End Pathway Redesign Project.

Digital Enablers: Outpatient One Patient Record re-scoped and project meetings reinitiated. PID to be reviewed at February meeting.





A	Outpatients										
	1	DNA Rate New (%)	Dec-19	TBC	9.85%	10.14%	9.79%		10.5%		
	2	DNA Rate Follow-Up (%)	Dec-19	TBC	9.47%	8.32%	8.78%		8.87%		
	3	Cancellations Within 6 Weeks by Week Commencing (All)	Dec-19	TBC	4259	4628	5352		40068		
	3a	Cancellations Within 6 Weeks by Week Commencing (Study Leave)	Dec-19	TBC	160	132	174		1033		
	3b	Cancellations Within 6 Weeks by Week Commencing (Annual Leave)	Dec-19	TBC	381	201	546		3868		

Escalation

Risk identified – Next phase of delivery relies on divisional teams to progress actions as this phase coincides with increasing patient flow demands.

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Programme Assurance Ratings

Joe Gibson
10 January 2020

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

J Gibson – External Programme Assurance

Wirral University Teaching Hospital NHS Foundation Trust

Improving Patient Flow	Governance	Amber	Delivery	Amber

- For the Flow programme the key metric '21day + LoS' remains excess of the programme target, albeit that target has now been adjusted to a more realistic level of 171.
- The Programme Board elected to re-instate assurance ratings of the Flow programme to and the re-scoped programme was described to the Programme Board at its meeting of 15 January 2020, the 3 projects to cover: Front Door, Back Door and Capacity Management (formerly Command Centre).
- **The 'Capacity Management' project, with 7 weeks to launch of the new system, has presented (on SharePoint) much improved evidence of planning and governance; the current 'Programme Assurance Update' describes a 'manageable' position in terms of confidence in delivery and sustainability.**

Perioperative Medicine Improvement	Governance	Amber	Delivery	Amber

- The DRAFT Vision and pre-PID work, in the form of a presentation pack and engagement slides, were uploaded on 7 Jan 20. There is a plan to develop the full PID for the February 20 Programme Board
- The Perioperative Medicine Steering Group is governing with evidence of meetings to 7 Jan 20; an action log is now in place to assist governance.
- There is evidence of wider stakeholder engagement uploaded including a schedule for the 're-scoping' in January 2020. A communications plan is now available but is not being tracked.
- **The DRAFT plan in the workbook, uploaded 7 Jan 20, remains a 'work in progress' and it is recommended that the plan should extend beyond the 12 weeks activities currently identified.**

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

J Gibson – External Programme Assurance

Wirral University Teaching Hospital NHS Foundation Trust

Outpatients Improvement	Governance	Amber	Delivery	Amber

- There is a PID v2.0 dated 6 Jan 20; for the 4 benefits described: the benefits target delivery dates need to be defined and the proposed improvement for the 2 of the benefits is yet to be defined.
- An Outpatients Transformation project team is in place (ToR authorised 1 Nov 18) with evidence of meetings and an Action Log to 6 Jan 20.
- The 'Outpatients Communications and Engagement Plan' draft v1.1 Jan - Apr 19 needs to be revised or replaced; however, there is evidence of widespread engagement through the stakeholder event and specialty plans.
- **The project workbook has a comprehensive milestone plan extending out to May 2021, this is being tracked and progress is reported as on track.**

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Workforce Planning - Programme Assurance Update – 10 January 2020

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

Independent Assurance Statement

1. Project Mandate and PID (v1.0 dated 17 Oct 19) uploaded 6 Nov 19 with benefits described; however, the metrics for measurement of benefits are yet to be defined. A 'DRAFT' scope for a W&C workforce 'plan' (with start date of 17 Jan 19) was uploaded 13 Nov 19. **2. & 3.** There are revised ToRs of the 'Workforce Planning Group' with minutes of a meeting to 9 Dec 19. **4.** There is evidence of evolving stakeholder engagement in the form of a comprehensive slide pack for 'Divisional Workshops' together with 'Stakeholder Analysis', a 'Communications Plan' and engagement with other Trusts - the plan will need to be tracked. **5.** EA/QIA were signed off in May 2019 (although new drafts are now in evidence). **6.** A 'draft' project plan is in evidence with tracking albeit there are several delays of 4-6 weeks and it's not clear if some actions from Nov-Dec 18 are complete. **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 Dec 19; however, the 'date of last review' column needs to be completed. **Most recent assurance evidence submitted 17 Dec 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											

Front Door - Programme Assurance Update – 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Shaun Brown	Charlotte Wainwright	Implementation	Amber	Amber

Independent Assurance Statement

1. The project scope is defined by the PID v0.7 dated 9 Jan 20; 6 benefits are described but baselines. targets and timescales are yet to be established. **2. & 3.** There is a ToR, Issue v3.0 dated 7 Jan 20, for the Project Team and slide packs relating to team meetings up to 9 Jan 20; the comprehensive evidence of team meetings also includes action logs and meeting summaries. **4.** There is an extensive list of stakeholders to be engaged across the Project Team; however, further evidence of stakeholder engagement will be required. **5.** There is no current EA/QIA in evidence. **6.** There is a project plan - in the workbook v5 uploaded 9 Jan 20 - extending to end May 20 and an associated milestone tracker; these are being tracked. **7.** There is a partially completed 'Benefits Tracking Tool' within workbook v5 but baselines. targets and timescales are yet to be established. **8. & 9.** There is an up to date risk register. **Most recent assurance evidence submitted 10 Jan 20.**

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
2. Programme Two - Improving Patient Flow														
2.1	**Front Door**	Improving the flow of Urgent Care patients by providing the right care, first time, by referring the patient to the right place, first time.	Anthony Middleton											

Capacity Management - Programme Assurance Update – 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Shaun Brown	Heather Thomas / Clare Jefferson	Implementation	Amber	Amber

Independent Assurance Statement

1. The PID, draft v0.9 dated 31 Dec 19, has now identified benefits and metrics are being developed. The business case for 'Capacity Management Devices' dated 12 Aug 19 was approved at the interim PFIG 12 Aug 19. **2. & 3.** The CapMan Activity Log uploaded 31 Dec 19 shows a record of activity up to and including 27 Dec. **4.** A Stakeholder Matrix was uploaded on 2 Dec 19. A comprehensive Communications Plan for Capacity Management (Right Patient, Right Bed, First Time) is now in evidence and the key deliverables will need to be tracked with evidence on SharePoint. Evidence of widespread stakeholder engagement with clinical groups has been uploaded. **5.** EA has been drafted and QIA signed-off. **6.** The Capacity Management Project Plan has now been updated to 3 Jan 19 and all activities are currently showing as on track. **7.** As described above, metrics are still under development. **8 & 9.** There is now a fully tracked risk register as part of the workbook with risks reviewed up to 6 Dec 19. **Most recent assurance evidence submitted 3 Jan 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	**Capacity Management**	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.	Anthony Middleton											

Back Door - Programme Assurance Update – 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Shaun Brown	Jane Hayes-Green	Implementation	Amber	Amber

Independent Assurance Statement

1. The PID v1.0 dated 6 Jan 19 has now been uploaded. The objectives of the project extend to 31 Mar 20; a longer horizon than a 12-week view is recommended. **2. & 3.** There is a ToR for the Project Team, Version 1.0 dated 27 Nov 19 and shown as approved, and an action log summarising the meetings up to 5 Dec 19. **4.** There is also some evidence of information for stakeholder engagement and an action tracker that has 6 actions 'open' dated Dec 19. **5.** There is no current EA/QIA in evidence. **6.** There is a 'Board Round and Huddle Plan on a Page' for Dec 19 to Feb 20. The project plan - in the workbook dated 10 Dec 19 - extends to end Mar 20 and there is an associated milestone tracker; these are being tracked and currently shows a significant majority of actions being delivered on time. **7.** There is a 'Benefits Tracking Tool' within the workbook, giving metrics for target dates at 31 Mar 20 but no evidence of active measurement of all metrics (given some 12 weeks to go to target). **8. & 9.** There is now a fully tracked risk register as part of the workbook with risks reviewed up to 19 Dec 19. **Most recent assurance evidence submitted 6 Jan 19.**

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
2. Programme Two - Improving Patient Flow														
2.3	**Back Door**	To reduce patients length of stay in acute hospital beds by early identification of patients able to be discharged through transfer to assess home and bed based pathways. 'Better Sooner, Home Faster' - Board Rounds & Huddles; Discharge Pathways; Electronic Fastrack; Therapy Led Discharge; Optimising Discharge	Anthony Middleton		●	●	●	●	●		●	●	●	●

DIGITAL ENABLEMENT: ED One Patient Record - Programme Assurance Update – 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Rob Jewsbury	Jane Hayes-Green	Design	Amber	Amber

Independent Assurance Statement

1. PID v0.3 dated 16 Dec 19 has been uploaded. There are 9 benefit types described with associated metrics but precise targets with dates remain to be established. **2.** The Project Lead is named as Rob Dewsbury and a project team is identified in the PID. There is an action log for 4 meetings during 2019 (Mar, Apr, Aug, Dec). **6.** The project plan dated 20 Dec 2019 shows all actions on track for delivery. However, the action log shows an open action with Cerner to confirm delivery of 'Go Live' for 9 Mar 20. **8 & 9.** There is a populated risk register but the 'date of last review' needs to be completed for all risks. **Most recent assurance evidence submitted 3 Jan 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
2a. Programme Four - Digital Enablement - Improving Patient Flow														
2a.1	**ED One Patient Record**	To reduce patients length of stay in acute hospital beds by early identification of patients able to be discharged through transfer to assess home and bed based pathways.	Anthony Middleton		●	●					●		●	●

DIGITAL ENABLEMENT: Optimisation of Cerner Millennium - Programme Assurance Update – 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Rob Jewsbury	Jane Hayes-Green	Design	Red	Amber

Independent Assurance Statement

1. No scoping/definition document is in evidence. **2.** There is an identified project team but no evidence of meetings. **6.** The project plan comprises: Workstream 4: Optimising IT Utilisation for Discharge and is due to complete by end Feb 2020. **8 & 9. R**isks have been identified, one risk requires the date of last review completing. **Most recent assurance evidence submitted 20 Dec 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
2a. Programme Four - Digital Enablement - Improving Patient Flow														
2a.2	**Optimisation of Cerner Millenium**	To reduce patients length of stay in acute hospital beds by early identification of patients able to be discharged through transfer to assess home and bed based pathways.	Anthony Middleton											

Perioperative Medicine Improvement – Programme Assurance Update – 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Paul McNulty	Emma Danton	Implementation	Amber	Amber

Independent Assurance Statement

1. The DRAFT Vision and pre-PID work, in the form of a presentation pack and engagement slides, were uploaded on 7 Jan 20. There is a plan to develop the full PID for the February 20 Programme Board. 2. The evidence for work streams - Pre-Op, Intra and Post Op - is thin and does not show attendance at meetings. 3. The Perioperative Medicine Steering Group is governing with evidence of meetings to 7 Jan 20; an action log is now in place to assist governance. 4. There is evidence of wider stakeholder engagement uploaded including a schedule for the 're-scoping' in January 2020. A communications plan is now available but is not being tracked. 5. The QIA has now been revalidated. 6. The DRAFT plan in the workbook, uploaded 7 Jan 20, remains a 'work in progress' and it is recommended that the plan should extend beyond the 12 weeks activities currently identified. 7. The Benefits Tracking Tool introduces 14 benefits with 2 fully defined and metrics remain to be added. **Most recent assurance evidence submitted 7 Jan 20.**

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.	Nikki Stevenson		●	●	●	●	●		●	●	●	●

Outpatients Improvement - Programme Assurance Update - 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Alistair Leinster	Clare Jefferson	Implementation	Amber	Amber

Independent Assurance Statement

1. There is a PID v2.0 dated 6 Jan 20; for the 4 benefits described: the benefits target delivery dates need to be defined and the proposed improvement for the 2 of the benefits is yet to be defined. **2.&3.** An Outpatients Transformation project team is in place (ToR authorised 1 Nov 18) with evidence of meetings and an Action Log to 6 Jan 20. **4.** The 'Outpatients Communications and Engagement Plan' draft v1.1 Jan - Apr 19 needs to be revised or replaced; however, there is evidence of widespread engagement through the stakeholder event and specialty plans. **5.** The signed QIA has been submitted. **6.** The project workbook has a comprehensive milestone plan extending out to May 2021, this is being tracked and progress is reported as on track. **7.** Only 2 of the 4 benefits in the PID are being reported. **8 and 9.** There is a fully populated risk register. **Most recent assurance evidence submitted 10 Jan 20.**

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.	Nikki Stevenson		●	●	●	●	●		●	●	●	●

Diagnostics Demand Management - Programme Assurance Update - 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	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 OTSG 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 meetings log with agendas and action log to 10 Jan 20; however, the record of attendance has not been updated since Aug 19. **4.** There is a stakeholder mapping assessment and the Comms Plan has been incorporated into the Project Milestone Plan where it is tracked. **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 10 Jan 2020, 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). **8 and 9.** Risks and issues are recorded; risk register shows the 'date risk last reviewed' as 2 Dec 19. **Most recent assurance evidence submitted 10 Jan 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														
	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);	Nikki Stevenson		●	●	●	●	●		●	●	●	●

World Class Patient Administration - Programme Assurance Update - 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Mel Aldcroft	Sophie Brimble	Design	Amber	Amber

Independent Assurance Statement

1. The project PID, v1.1 dated 9 Sep 19, defines the project; improvements and benefit start dates are yet to be defined. The PID is accompanied by a 'Vision', 'Scoping Document' and 'Driver Diagram'. **2.** A project team is defined. **3.** There is evidence of a WCPA project team meeting, with ToR agreed, of 19 Nov 19 (but no record of meetings since). **4.** There is a comprehensive communications and engagement plan uploaded on 22 Nov 19 but, as yet, timings and ownership of actions remain to be defined. **5.** A QIA/EA has been drafted and signed off on 3 Oct 19. **6.** A comprehensive milestone Gantt chart plan is in development, uploaded 7 Jan 20, and remains to be completed. **7.** Definitions and benefits, with starts dates, is partially completed in the project PID. **8 and 9.** Risks and issues are recorded; risk register shows the 'date risk last reviewed' as 19 Nov 19. **Most recent assurance evidence submitted 7 Jan 20.**

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	**World Class Administration of Patient Services**	This programme aims: To align administrative and clerical functions at WUTH using the Basic, Better, Best approah: Patients administrated safely, timely and correctly Right Person / Right Job / Right Paygrade Governance structure Standardised Working processes	Nikki Stevenson		●	●	●	●	●		●	●	●	●

DIGITAL ENABLEMENT: Perioperative Care - Programme Assurance Update – 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Katherine Hanlon	TBD	Design	Amber	Amber

Independent Assurance Statement

1. The Electronic Booking Form (EBF) PID v2 dated 27 Dec 19 is uploaded with benefits yet to be defined. The Theatre Scheduling PID v1 dated 30 Dec 19 is also uploaded with benefits to be defined. **2.** EBF minutes are available to 17 Dec 19. **6.** There is an EBF workbook v1.0 dated 20 Dec 19 in development. There is a Theatre Scheduling workbook v1.0 dated 31 Dec 19 in development. **8 & 9.** The risks registers for both projects were updated in Dec 19. **Most recent assurance evidence submitted 8 Jan 20.**

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
3a Programme Three - Digital Enablement - Operational Transformation														
3a.1	**Digital Enablement - Perioperative Care**	The objective of this project is to implement informatics developments to support operational changes and help streamline and improve theatre processes from pre-op through to recovery and discharge.	Nikki Stevenson		●	●					●		●	●

DIGITAL ENABLEMENT: Outpatients - Programme Assurance Update – 10 January 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Nickee Smyth	TBD	Design	Amber	Amber

Independent Assurance Statement

1. A PID v0.3 uploaded on 27 Dec 19 for 'Paperless Clinical Processes GDE - Outpatient One Patient Record'; the document is still a work in progress. **2.** There is a brief record of meetings held on SharePoint but no evidence of actions being tracked. **6.** A workbook has been uploaded, dated 3 Jan 20, and requires further development. **8 & 9.** The workbook has a risk register, this needs to be adapted to reflect the standard format. **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
3a Programme Three - Digital Enablement - Operational Transformation														
3a.2	**Digital Enablement - Outpatients Improvement**	To be defined by the SRO / Programme Director	Nikki Stevenson		●	●					●		●	●

Healthy Wirral: Medicines Optimisation - Programme Assurance Update - 10 January 2020

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, v6, uploaded on 7 Jan 20; however, some milestones are being reported as delivered late. **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 7 Jan 20.**

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 (i) Proceedings of the Trust Management Board held 19.12.2019	**Date:**	29th January 2020
Prepared By:	Andrea Leather – Board Secretary		
Approved By:	Janelle Holmes, Chief Executive		
Presented By:	Janelle Holmes, Chief Executive		
Purpose			
For assurance		**Decision**	
		Approval	
		Assurance	**X**

Risks/Issues	
Indicate the risks or issues created or mitigated through the report	
Financial	**Risk associated with non-delivery of financial control total based on M8 outturn.**
Patient Impact	**Several areas currently represent a potential risk to quality or safety of care – Infection Prevention Control and Long Length of Stay.**
Staff Impact	**None identified**
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 19/12/2019. This paper summarises the proceedings of the TMB and those matters agreed by the TMB for escalation to the Board of Directors.

2. Infection Prevention Control (IPC) Improvement Actions Update

- TMB received and update regarding IPC, with a particular focus on *Clostridium difficile,* Norovirus and Flu.
- *Clostridium difficile* – achieved below trajectory performance for four consecutive months. However, there remains a high risk.
- Ward reviews against the IPC action plan are underway with the support of the IPC team.
- Outbreak of Norovirus update provided and the position is being closely monitored.
- Influenza – being monitored on a daily basis. Uptake of vaccine slightly below trajectory, senior leaders to encourage frontline staff.
- Agreed short term measures to be implemented in the hope of breaking the infection cycle.
- MRSA – one case reported and a rapid review is underway.
- Minor works programme is slightly behind schedule mainly due to high occupancy rates, compounded by the infection outbreaks and mitigations required to minimise spread.
- Work completed on six wards and work is underway on Ward 17 with MSSW to follow.

3. Month 8 Finance Update

- TMB received and noted the financial position for the end of month 8.

- Members were reminded 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.
- TMB informed that the Trust has received CCG agreement of the year end contract value as at month 7 performance, this protects loss of elective income/activity against the key risk of winter pressures.

4. Delivering Financial Improvement

- TMB received a report outlining the 2019/20 financial position, the forecast outturn and outlined the immediate actions required to provide grip and control.
- Details of the additional cost improvement opportunities identified to support in-year delivery were discussed; Executive leads have been identified to manage delivery for each element.
- TMB were informed that the 2020/21 plan assumes a number of assumptions and risks and aims for a (£15m) deficit which requires a CIP of 3.5% (£13.3m).
- The existing governance structure and reporting arrangements to be revised to increase visibility of project performance and support to projects, workstreams and divisions with delivery.

5. Clatterbridge Cancer Centre Decommissioning of Services

- TMB received a presentation summarising the decommissioning of services provided to Clatterbridge Cancer Centre (CCC) due to the relocation of inpatient and some outpatient services to the new Cancer Centre in Liverpool, in May 2020.
- A breakdown, of the clinical and non-clinical services, including financial impact was provided.
- A joint Working Group has been established to review all Service Level Agreements and develop revised SLA's for each service, develop a co-ordinated approach to decommissioning of services.

6. Endoscopy Capacity & Demand Summary Report

- TMB received and noted the report detailing the outputs from the capacity and demand planning cycle for the service.
- A summary of the key outputs of the process along with recommendations from the 2020/21 Endoscopy demand and capacity planning process were provided. In addition, a number of actions to support the delivery of the increased number of endoscopy core sessions.
- TMB requested the Division discuss the capacity and demand of the service in detail at the Divisional Performance Review (DPR) and report back to enable TMB to reconsider the business case for an increase to the nursing establishment.

Written and summarised on behalf of TMB Chair by:
Andrea Leather, Board Secretary
13th January 2020

Board of Directors

Subject:	Agenda Item 16 (ii) Proceedings of the Trust Management Board held 21.01.2020	**Date:**	29th January 2020
Prepared By:	Andrea Leather – Board Secretary		
Approved By:	Executive Directors		
Presented By:	Janelle Holmes, Chief Executive		
Purpose			
For assurance		**Decision**	
		Approval	
		Assurance	**X**

Risks/Issues	
Indicate the risks or issues created or mitigated through the report	
Financial	**Risk associated with non-delivery of financial control total based on M9 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, maintaining zero 52 week breaches and attendance management.**
Staff Impact	**Attendance management 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 21/01/2020. 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 rate on cancellation on the day has reduced from the circa 100 per month to 60-70, as a result of the patients not being listed for surgery at APH due to bed pressures. The patients being cancelled are non-urgent, non-cancer, and not the longest waiting, though can be waiting 18 – 35 weeks. Division reviewing criteria and support requirements to utilise surgery provision at Clatterbridge. Three Phase Recovery works are underway with completion due April 2020. National Emergency Laparotomy Audit (NELA) - substantial progress in meeting the process of care standards in the past 12 months with regards improved access to Critical Care and Care of the Elderly review.

(ii) Medical & Acute - Capacity Management is due for 'go live' at the beginning of March. A summary of workforce changes were provided. Front Door project scoping workshops held and process mapping is underway for the Assessment Units. Back Door: accelerated rollout of Perfect Board Rounds and Huddles commenced. Plans in place to

improve monitoring processes and compliance. 'Go live' for ED One Patient Record: Launch Point and Nursing documentation agreed. Recruitment fair is planned for February with a focus on AMU and a summary of workforce changes were provided.

(iii) Women & Children's - Waiting time for Community Paediatric services remains high due to increases in demand from multiple sources, letter sent to CCG to escalate increase in referrals and impact on waiting list and times. Pilot of new neurodevelopmental pathway started in collaboration with WCT, CWP and CCG with completion in December 2019. Breast Cancer 2 week wait remains challenging, although meeting targets with few exceptions. CQC Maternity survey results very positive, due for publication end of January. Workshop arranged to progress partnership model with Alder Hey and Liverpool Women's regarding opportunities across Neonatal, Paediatrics and Gynaecology services. Clinical Strategy development work commenced with NHS transformation team to plan divisional engagement and workshops as part of wave 1 in March/April.

Following a recent CQC inspection, gaps were identified with regards to the staffing of the Children's Emergency Department by a minimum of two registered Children's nurses at any one time during a 24/7 period which is based on national recommendation. TMB were informed that Medical & Acute and Women & Children's Divisional Triumvirates are considering the options available to improve the current staffing arrangements in CED to ensure compliance with the required standards.

(iv) Diagnostics and Clinical Support - Increase in Cardiac CT and CTVC putting pressure on delivery of waiting times, working with Cardiology for solution. Action plans developed and monitored to address staffing pressures particularly in Critical Care and AHP. Work progresses on development of 24/7 working within Microbiology and work ongoing in relation to Pathology collaboration both with Countess of Chester and regionally. NHSI have set out requirement for quality dashboard in Pathology, review of requirements being undertaken to inform briefing to be taken to Divisional review. Orthotics contract to be extended for a further year and 24/7 Blood Science rota agreed.

(v) Estates & facilities – minor works programme has been completed on wards 36, 22,25,32,17, 33 CCU and AMU. Work now moved to two week programme of fitting Dani Centres and sign off process for all works agreed with Chief Nurse. Audit of specialist healthcare ventilation completed and recommendations to be considered within the capital bid for 2020/21. Attendance remains a focus with further improvements being made in Estates and Catering at Arrowe Park. Car park resurfacing works due to start along with additional parking spaces (multi-storey) expected late summer, early Autumn.

3. Quality and Performance Dashboard

- TMB received the revised Quality Performance Dashboard covering the 12 months ended 31st December 2019.
- There are currently 22/57 indicators outside tolerance.
- TMB noted the progress to date and acknowledged the continued poor attendance performance, plans to address short terms absences underway.

4. Infection Prevention Control (IPC) Improvement Actions Update

- TMB received the progress report for IPC.
- *Clostridium difficile* – we have remained under the monthly trajectory since July, resulting in being below our quarterly trajectory for Q2 and 3.

- MRSA – 1 reportable case in December, preliminary investigations of the incidence suggest that the sample was contaminated during collection and therefore does not represent a 'true' infection. A report is being prepared for the CCG outlining the lessons learnt during the RCA investigation and exploring approaches for quality assurance of taking blood cultures.
- Gram-negative bloodstream infections (BSIs) – E-coli, we have reported 41 against the annual internal trajectory set of 42 and actions to address this deficit are reported via the quality dashboard exceptions report .
- Outbreak of Norovirus declared in October 2019 – in excess of 300 patients identified with symptoms and 98 confirmed cases with over 430 lost bed days in total over 19 wards. At present there are no wards with reported outbreaks. A report summarising the lessons learned from the outbreak to be reported to the IPC Group.
- Influenza – 437 confirmed flu cases diagnosed between October - December 2019, compared to 66 confirmed cases for the same period last year. 27 of the 437 patients had been in-pts for 7 days or more before experiencing symptoms, high bed occupancy resulted in the inability to isolate suspected or confirmed influenza patients in a timely manner.

5. Reducing Length of Stay progress briefing

- TMB received a progress report in respect of the work to reduce length of stay with a focus on established work streams and initiatives aimed at improving patient flow.
- TMB recognised that embedded actions and data to quantify the narrative should be included prior to presentation to the Board.

6. IBM AIX Platform

- Following concerns raised at Risk Management Committee regarding the possible failure of technology platform (AIX), TMB received a report outlining the risks and the plans to migrate the applications off AIX.
- TMB approved £40k to stabilise box.
- A business case outlining approach to capital and revenue investments required for 2020/21 to be developed.

7. Month 9 Finance Update

- TMB received and noted the financial position for the end of month 9.
- A breakdown by Division was provided to highlight the main areas of concern.
- Due to the high level of capital spend forecast to be achieved in Q4, TMB recognised the importance to ensure this is delivered, the position is being closely managed with Operational and Corporate leads.

8. Financial Recovery Plan

- TMB were joined by PA Consulting to provide an outline of the approach being undertaken to develop a Financial Recovery Plan.
- PA Consulting will provide additional resource to supporting two main areas – Divisional support to CIP development alongside working with the PMO team to design an approach that will provide governance and assurance support to the delivery of the Financial Recovery Plan.
- TMB discussed in detail the key outcomes and deliverables as provided and concluded they were pivotal to the success of delivering a sustainable organisation.

9. Annual Operational Plan

- TMB were notified of the draft timeframes for the Divisional Operational Plans 2020/21 along with the Trust Operational Plan 2020/21.
- Members were informed that NHSE have indicated that national 2020 planning guidance is to be released on 24th January 2020 and had indicated to Trusts the areas of focus.

10. Chair's Reports

- The following Chair reports were received and reviewed by TMB:
  - Patient Safety & Quality Board Report – 09/01/20
  - Clinical Procurement & New Procedures Group – 08/01/20

11. Cycle of Business

- TMB received and approved the cycle of business for 2020.

12. EU Exit Update

- TMB received and noted an update regarding EU Exit plans and acknowledged that the Trusts had been advised to step down any 'no deal' plans.

13. Critical Care Bed Reconfiguration

- TMB reviewed the business case and considered the options provided.
- TMB approved the recommendation of option 2.

Written and summarised on behalf of TMB Chair by:
Andrea Leather, Board Secretary
28th January 2020

Board of Directors

Subject:	Proceedings of the Quality Committee	**Date:** 28.01.2020	
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:** • **Quality dashboard not yet completely reassuring**			
Staff Impact	**None identified**			
Services	**None identified**			
Reputational/ Regulatory	**CQC report awaited** **CQC Insight Tool – still some areas for improvement**			

Committees/groups where this item has been presented before

N/A

Executive Summary

The Quality Committee met on 23rd January 2020. This paper summarises the proceedings.

Falls and dementia

- There was a presentation on falls showing that performance is encouraging. Falls with harm that is moderate or worse remain below target. Compliance with lying and standing blood pressure is high and avoidable falls have reduced to 22% of the total. Medication reviews need some attention (within Wirral Millennium) and the reason for prescription of medication such as sedatives needs further work; in particular a valid reason for prescribing such drugs should be recorded. In most cases, however, such prescriptions have been initiated in primary care and are of long-standing. The acute setting is not one in which cessation of these drugs should be contemplated.

- Patients with dementia should generally not be moved out of hours. While the numbers transferred from ED and assessment areas remains high, the numbers transferred between wards out of hours has been reduced. This is in part because wards are now identifying patients for whom a move is or is not considered a risk.

Serious Incidents & Duty of Candour

- A summary of recent SIs and completed investigations was received and noted. SIs have increased over the past three months (almost certainly the month with zero SIs was the outlier), but remain broadly as expected. Two recently completed SI investigations were reviewed and approved. Duty of candour has been carried out and learning disseminated across the Trust.

Infection Prevention and Control Action Plan

- The progress against C. diff action plan was reviewed by the Committee and approved.

Quality Strategy

- Progress during the first six months of the three-year strategy was reviewed. The first year is aimed at establishing the framework for implementation, establishing baselines and recruiting and training Quality Improvement Pioneers, with 27 so far recruited. Good progress has been made, with three outcomes achieved (MET call baseline, numbers of patients with >3 admissions in last 90 days of life, patient pathway diaries). While ten work streams are on track to deliver performance by the end of year one, sixteen may not, although most have shown improvement.

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.

Summarised and drafted by the Quality Committee Chair John Coakley 28th January 2020

BOARD OF DIRECTORS	
Agenda Item	19/20 018
Title of Report	Report of the Finance Business Performance and Assurance Committee
Date of Meeting	29 January 2020
Author	Chris Clarkson, Non-Executive Director
Accountable Executive	Claire Wilson, Chief Finance Officer
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 23rd January 2020

This report provides a summary of the work of the FBPAC which met on the 23rd January 2020. Key focus areas are those which address the gaps in assurance in the Board Assurance Framework and areas of development work to bring to the attention of the Board of Directors.

1. Month 9 Finance Report

The committee received the Month 9 Finance report. For the period ending 31st December 2019, the Trust's operational financial performance was a deficit of (£11.8m) against a deficit plan of (£3.7m); an adverse variance of (c£8.1m).
The Chief Finance Officer provided an update on the up-front phasing of commissioner payments to support costs incurred in advance of system wide transformation plans being implemented. It noted that these payments had been repaid in quarter 3.

The committee noted the £9.1m forecast deficit for the Trust and the subsequent loss of quarter 3 and 4 PSF funding. The importance of delivering the current forecast was noted together with the additional mitigations being pursued to support this.

2. Review of Waiting List Initiative approval processes

Following a request made at the last meeting of the Board of Directors, the committee received a report setting out the recent strengthening of approval processes in relation to the payment of Waiting List Initiatives (WLIs). The committee noted the contents of the report and were assured that the new process would provide increased control in this area, whilst ensuring that clinical priority was paramount.

3. Financial recovery plan

The committee received a presentation from the Chief Finance Officer (CFO) setting out the organisations approach to financial recovery. The CFO explained that the approach would be aligned to the wider Wirral health and care system transformation plans but that additional support had been required to support the identification of productivity improvements across the Trust as plans for 2020/21 were developed.

Additional capacity was being provided by PA Consulting to support divisional teams to identify opportunities and help develop detailed plans where the benefits could be tracked throughout the year. PA Consulting presented the committee with an outline of their approach and timetable of work being undertaking over the next 12 weeks.

The committee asked for assurance that the work would be aligned to existing teams and structures and the CFO confirmed that this was being addressed by the Executive team as the governance proposals were being developed.

4. Quality performance dashboard report

The Chief Operating Officer presented the month 9 quality performance dashboard report and answered a number of clarification questions in relation to the responsiveness section of the report.

5. Board Assurance Framework

The committee reviewed the BAF and were satisfied that all key risks were appropriately reflected in the report.

6. Internal Audit Reports

The committee received two internal audit reports relating to key controls within the scope of the work of the committee and noted that a more detailed discussion on the content of the reports had taken place at Audit Committee.

7. Recommendations to the Board

There were no new risks or issues to bring to the Board of Directors attention but the work to support financial recovery must be a continued focus.

Board of Directors	
Agenda Item	19/20 019
Title of Report	Report of the Charitable Funds Committee
Date of Meeting	29 January 2020
Author	Sue Lorimer, Chair of the Charitable Funds Committee
Accountable Executive	Claire Wilson, Chief Finance Officer
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To note
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 Charitable Funds Committee 22 January 2020

This report provides a summary of the progress of the Charitable Funds Committee which met on 22 January 2020.

1. Head of Fundraising Report

The Committee was pleased to see continued progress for WUTH Charity, both in terms of fund raising activity and also charity profile within the community.

Key developments are as follows:

- Second Community and Events Fundraiser now in post.
- Increased levels of corporate support/donations received over the last quarter
- Recent press and social media coverage, particularly around the Tiny Stars appeal, with The Globe recently making a request to be the Charity's official media partner.
- Recent events, such as the 80s Disco Night, Christmas Fair and Charity Carol Service
- Planned events for Q4 and beyond, including the Ladies Lunch, Golf Day, and Summer Black Tie ball (see appendix 1).

For regular updates please visit wuthcharity.org or via social media - @wuthcharity. To lend your support to the Tiny Stars campaign please 'like' and 'share' the planned events as much as possible.

2. Finance Report

The annual report and accounts for the year to 31 March 2019 were presented for Committee approval. The report has been independently reviewed by Grant Thornton, with no issues identified. The report was approved by the Committee who further requested that thanks be passed to Deborah Harman for her work on this report prior to leaving the Trust.

The income, expenditure and closing positions as at 31 December 2020, for each of the Charity's funds, were presented and reviewed with uncommitted fund balances totalling £711k. The Committee acknowledges that several funds are currently below the balance stated in the Charity Reserves Policy, and is sighted on the measures being undertaken to address this.

3. Governance and compliance matters

- Cycle of Business – the Committee noted and approved the updated Cycle of Business which now includes an additional meeting in April.

- Reserve Policy – following confirmation that RVS funds will be released to the Charity approval was given to re-instate the Charity Reserves Policy.

4. Royal Voluntary Service (RVS)

The Committee was informed that following a meeting with RVS's Deputy Chief Executive the issues surrounding the release of accumulated funds to the Charity have been resolved. As a result £205k will now be released to the Patient Wish Fund.

It was noted that approximately £45k has currently been retained by RVS, following the above release, to cover potential future redundancy and dilapidation costs.

5. APH League of Friends (LoF)

The Committee was informed of negotiations with the League of Friends pertaining to the opportunity to explore the possible transfer of the LoF charity under that of the WUTH Charity. An update will be presented to the April Committee meeting.

6. Recommendations to the Board of Directors

The Committee wishes the Board to note the following items:

- The submission and approval of the Annual Report and Accounts for the year ended 31 March 2019.
- The RVS matter has now been resolved with £205k funding to be released.
- The negotiations with the League of Friends.

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

WUTH Charity has its busiest year to date planned.

For more information or to support please contact the charity team.

Tiny STARS
Neonatal Appeal
WUTH Charity
Wirral University Teaching Hospital

Ladies Lunch

Friday 6th March 12pm

Thornton Hall Torintone Suite

On behalf of WUTH Charity
Tiny Stars neonatal appeal

Guest host Radio City Greatest Hits presenter Claire Simmo

With special guests actress Gillian Kearney and Welsh soprano Elin Pritchard

Drinks reception, boutique stalls, 2 course meal and goody bag

Prize for the best dressed lady

£35 per person
(group discount available)

To book please contact wuth.charity@nhs.net / 0151 4827788

Charity no 1050469

Tiny STARS Neonatal Appeal
WUTHCharity wuthcharity.org

zumbathon
MAKE EVERY MOVE COUNT
CHARITY EVENT

Family DISCO

ZUMBAthon

Make every move count!

Sunday 15th March 2020

11.30am - 1.30pm

Neston Recreation Centre
Raby Park Road
Neston
CH64 9NQ

TO BOOK
WUTH.charity@nhs.net
0151 678 5111 ext 7226

Tiny STARS Neonatal Appeal
WUTH Charity
Wirral University Teaching Hospital

Registered charity no 1050469


WUTH Charity
Wirral University Teaching Hospital
ARROWE PARK
ABSEIL
FRI 15th MAY 2020
SAT 16th MAY 2020
On behalf of Tiny STARS Neonatal Appeal
Charity Reg no 1050469
WUTH Charity
Wirral University Teaching Hospital
£5 REGISTRATION FEE
MINIMUM SPONSORSHIP £50
MUST BE 12 YRS AND OVER
Please contact the team:
0151 482 7788
WUTHcharity@nhs.net
WUTH Charity


4 BALL
STABLEFORD
Charity Golf Event
Wallasey Golf Club
Thursday 4th June 2020
Sponsored by
ClubChoice IRELAND
To enter contact
WUTH.charity@nhs.net
0151 678 5111
ext 7226
In aid of Tiny Stars Neonatal Appeal
Bacon rolls 10.30am
Putting competition 11am
Nearest the pin, 9th & 12th hole
12.00pm shotgun start
Full handicap allowance
Prizes and post-game meal
Entry fee £300 per team of 4
Tiny STARS Neonatal Appeal
WUTHCharity.org
@wuthcharity
Registered charity no 1050469
WUTH Charity
Wirral University Teaching Hospital


WUTH
Wirral University Teaching Hospital
Charity
WIRRAL
COASTAL
WALK
2020
Sunday 14th June 2020
A great day out for the family & friends
Please contact the team for your
fundraising pack on
0151 482 7788
WUTHcharity@nhs.net
WUTH Charity
Charity Reg 1050469


Summer
GALA
BALL
Friday 10th July
Champagne reception
3 course meal with wine
Black tie
£45 per person
£425 / table of 10

WUTH Charity

Trustee's Annual Report & Financial Statements

For the Year to 31 March 2019

Draft – not independently examined

Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund

also known as 'WUTH Charity'

Registered charity no. 1050469

WUTHCharity wuthcharity.org

WUTH Charity

Annual Report and Accounts for the year ended 31 March 2019

Patient Wish fund | Critical Care fund | Breast Care fund | Children's fund

Contents

Heart Care fund | Stroke fund | Respiratory fund | Cancer fund

Contents continued

Reference and administrative details

Registration

Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund ('WUTH Charity'), registered charity number 1050469, was entered onto the Register of Charities on 8 November 1995. Registered administrative details and overview are available on the Charity Commission website: www.charitycommission.gov.uk

Principal office

WUTH Charity
Trust Headquarters
Arrowe Park Hospital
Arrowe Park Road
Upton
Wirral CH49 5PE

Donations & fundraising

WUTH Charity Office
Arrowe Park Hospital
Arrowe Park Road
Upton
Wirral CH49 5PE

wuth.charity@nhs.net
0151 482 7788

WUTHCharity wuthcharity.org

Administration and records

The accounting records and day-to-day administration of the funds are handled by the Trust's Financial Services department, located at Willow House, Clatterbridge Hospital, Bebington, Wirral CH63 4JY.

Advisors

The following services were retained by the Charity during 2018/19.

Banks

Barclays Bank PLC
Leicester
LE87 2BB

Government Banking Services
National Westminster Bank PLC
280 Bishopsgate
London
EC2M 4RB

Independent examiner

Grant Thornton UK LLP
4 Hardman Square
Manchester
M3 3EB

Legal advisor

Hill Dickinson LLP
No.1 St. Paul's Square
Liverpool
L3 9SJ

Report of the Trustee for the year ended 31 March 2019

Foreword

The Corporate Trustee is pleased to present the Annual Report of Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund ('the Charity', also known as 'WUTH Charity') together with the independently examined financial statements for the year ended 31 March 2019. Under Part 8 section 145 of the Charities Act 2011, the Corporate Trustee has exercised the Charity's exemption from audit. External scrutiny through *independent examination* is permitted and deemed appropriate for the Charity, as its gross income is below a statutory threshold.

This 'Annual Report and Accounts' document has been prepared by the Corporate Trustee in accordance with the *Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland* (FRS 102), *Accounting and reporting by charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)* (effective 1 January 2015), Charities Act 2011 and Charities (Accounts and Reports) Regulations 2008 (see Note 1 to the accounts). It addresses all the separately established funds for which Wirral University Teaching Hospital NHS Foundation Trust ('the Corporate Trustee', 'the Trust', or 'WUTH') is the major beneficiary.

Acknowledgement

The activities of the Charity have been achieved through the support and generosity of the local people of Wirral and the surrounding areas, and by the tireless efforts and resources of volunteers and active fundraisers in the community, and the Trust's staff. Many of our donors have contributed in times of personal difficulty.

We would like to take this opportunity to extend sincere thanks, on behalf of the patients and Trust staff, to everyone who kindly gave to the Charity, as well as any supporters who gave their time and effort. Their contributions, imagination and enthusiasm are greatly appreciated.

Public interest benefit

The Corporate Trustee ensures that the *public benefit* criteria, as detailed in the Charities Act 2011, are met by demanding that each funding application is critically assessed against those criteria. This process is achieved through compliance with the Charity's *Expenditure Guidance* policy document. Applications are prioritised and rejected or pursued based on the availability of funds, compliance with the *Expenditure Guidance*, and the quality of the application – *'how much benefit is generated for each pound spent?'*

Where possible, funds are used to provide benefit to a wide range of patients. Further descriptions of purchases made by the Charity during the year under review are included in *Achievements in 2018/19* (pages 17 to 20).

Ways to donate

There are a number of ways to make a donation in confidence to WUTH Charity.

JustGiving

Donors a can create a personal JustGiving fundraising page for their own fundraising, or pay securely through the Charity's own page, with the option to consent to Gift Aid for both single donations and regular giving.

Standing order

Regular donors can submit a *standing order form* (website, or by request) to the Charity Office.

Bank transfer

Direct transfers can be made into the WUTH Charity bank account.
Sort code: 60 – 70 – 80
Account number: 10029753

Cash

Cash donations can be received at the Trust's cash offices at the Arrowe Park or Clatterbridge sites, or be paid to the Charity through a local bank or post office, with account details as above.

Cheque

Cheques can be posted or handed in to the Charity Office or cash offices, made payable to **WUTH Charity.** The postal address of the Charity Office is on page 4.

Gift Aid

Gift Aid forms are available (website, or by request) to accompany any donation to WUTH Charity. The form seeks consent from the donor for the Charity to reclaim tax amounts that the donor has paid as a UK tax payer, maximising the power of a donation.

Aims and objectives

Income received by the Charity is accepted, held and administered as funds and property held on trust for purposes relating to the Health Service in accordance with the National Health Service Act 2006. These funds are held on trust by the Corporate Trustee.

On an everyday basis, the Charity exists to support the Trust. The Trust delivers patient care at Arrowe Park Hospital, Clatterbridge Hospital, and Wirral Women and Children's Hospital, as well as at a number of community locations throughout Wirral.

Individual funds

Throughout 2018/19, WUTH Charity had the following active funds.

Patient Wish is a general purposes fund.

The 7 other specialty funds are an expression of the Corporate Trustee's objectives for WUTH Charity.

More details can be found in the *Fund structure* section (page 9).

Statute

The Charity is committed to spend in line with the statutory public interest benefit criteria, discussed in the previous section. It is additionally guided by its objects, below.

Objects

The principal objects of WUTH Charity as set out in the Declaration of Trust deed as follows.

To provide 'for any charitable purpose or purposes relating to the National Health Service.'

Mission Statement

WUTH Charity's Mission Statement, adopted in 2016, is as follows.

"To further improve the quality of WUTH's patient care, by issuing grants for the purchase of medical equipment, improvement of Trust facilities and for the direct enhancement of the patient experience in other imaginative ways. This is achieved through the spontaneous generosity of the general public and by fundraising activities, events and appeals."

This Mission Statement is the cornerstone of the Charity's *Expenditure Guidance* policy, and explains the Charity's main activities.

Individual funds' purposes and decision-making

Decision-making is governed by the Charity's *Expenditure Guidance* policy, with compliance managed by the Trust's Financial Services Department on behalf of the Charitable Funds Committee. Within this framework, fund-holders are involved in delegated decision-making for the purposes of each individual fund's specialty area, or, in the case of Patient Wish, for the general purposes of the Trust.

For Patient Wish, the fund-holder is the Trust's Director of Nursing and Midwifery (Chief Nurse), who receives, considers and approves applications. For the other specialty funds, this is undertaken by the relevant senior Trust team comprising the most senior divisional *clinician, nurse and manager*. Any member of staff can submit an application for consideration.

In decision-making, there is always due regard for legal trusts imposed. Moreover, staff do attempt to acknowledge any non-binding 'expressions of wish' from donors about the particular area, function, department or specialty which should ideally benefit from their generosity.

In the prior year (2017/18), there was a significant restructure of historic funds, as described in *Fund structure* (page 9), and former fund-holders and key stakeholders were instructed to clear balances wherever possible in a supported process over a number of months, for the benefit of the relevant service or ward. In all cases, governance arrangements were maintained and all approved applications were consistent with *Expenditure Guidance*.

WUTH Charity's strong governance measures have been put into place so that donors and grantors can be assured that *every pound spent* generates the highest standards of public benefit, and so that the Trust and the Charity can be proud of each and every project undertaken.

Achievement of aims and objectives

As a grant-giving charity, WUTH Charity's aims and objectives are expressed through purchases made for the benefit of the Trust's patients and their carers. Details of some key funds' activities and achievements are set out on pages 17 to 20.

Fund structure

Review and restructure

In the third quarter of the 2016/17 financial year, the Corporate Trustee undertook a strategic review, making a number of 'landmark' decisions on the future direction and growth of the Charity. The resulting 'relaunch' activities took place in stages from November 2016 onwards, with significant fund restructuring primarily taking place within 2017/18. Although this activity occurred within the year before the period of this Annual Report, details are included to enable an understanding of the prior-year accounts and for context.

As at 31 March 2017, the Charity was made up of a single unrestricted general 'umbrella' fund, with 32 restricted sub-funds and 76 restricted 'special purpose trusts'. The special purpose trusts were held on separate trusts on behalf of the umbrella charity. The purpose of each individual sub-fund and special purpose trust ('fund') focussed on a specific area, function, specialty or department of Wirral University Teaching Hospital NHS Foundation Trust.

Fund-holders and key stakeholders were advised in early 2017 that the existing 109 funds would either be mapped into a new set of 8 funds, or be granted suitably to the Trust, in a transition process taking place over a number of months, ending on 31 August 2017. Granting to Trust could occur through 'regular' grant applications, compliant with the *Expenditure Guidance* policy, or through 'clearance grants'.

Clearance grants and the restructuring mechanism

'Clearance grants' were a transition measure, occurring in 2016/17 and 2017/18 only. They were used in cases where the purposes of historic funds were no longer in line with the Charity's new direction *(e.g. the purchase of staff amenities)*. 'Clearance grants' were different from the Charity's 'business as usual' application-based grants. They involved individual spend decisions being devolved to the Trust within a 'grant conditions' framework, with cash paid over in advance. In contrast, the Charity ordinarily specifies **precisely** what is to be funded *(e.g. the make and model of equipment)*, then reimbursing the Trust for purchases already made.

During the transition period, the 109 funds were analysed to identify clear evidence of restrictions which would need to be honoured through transition and in any new arrangements. This work was consistent with the restructuring steps in section 6 of *NHS charities guidance* (Charity Commission, 2012).

The historic funds were not 'active' in 2017/18 in that they were not available for fundraising or for the receipt of income. They were only available for expenditure, with many fund-holders taking the opportunity to 'spend down to nil', particularly when holding small balances. The ultimate mapping / transfer process on residual balances as at 31 August 2017 was then undertaken, with some balances transferred as 'clearance grants' to the Trust, and some balances mapped into the new funds.

Current 'Big 8' funds

On 1 April 2017, the rebranded unrestricted Patient Wish general fund and seven specialty funds were established (left), and were available for fundraising and income.

Residual historic balances mapped into the new funds, effective from 1 September 2017.

Mapping decisions were made with the aim of maintaining all identified legal trusts / restrictions, and to honour donors' wishes.

The specialty funds are restricted due to pre-transfer restrictions, and also because they are the focus of active fundraising, that is, 'specialty appeals'.

Designation (earmarking) is merely a record of the Corporate Trustee's intention at a point in time. It is not the same as a legal restriction on the funds, as this is a legal trust imposed on how and where the funds are spent. The Charity held no designated funds in 2018/19 or 2017/18, but the Corporate Trustee periodically considers earmarking. The Charity has never held endowment funds.

Further fund details are included in Note 18 to the accounts.

Governance and management

Corporate Trustee

The sole trustee of WUTH Charity is Wirral University Teaching Hospital NHS Foundation Trust. This is a 'corporate trustee', and the Charity's primary beneficiary; the public is the ultimate beneficiary. The address of the Trust's principal office is the same as that of the Charity.

The Corporate Trustee is managed by its Board of Directors which consists of executive and non-executive directors. It has responsibility for ensuring that the NHS body fulfils its duties in managing the charitable funds. Members of the Trust Board are not individual trustees under Charity Law, but act as agents on behalf of the Corporate Trustee. They fulfil the Trustee's legal duty by ensuring that funds are spent in accordance with objects and in pursuit of patient benefit, and independently determine the Charity's strategy through meetings of the Charitable Funds Committee.

The voting members of the Board of Directors of the Corporate Trustee ('Trust Board') who served during the financial year were as follows.

Interim Chairman / Chairman	Sir David Henshaw[1] *
Chief Executive	Janelle Holmes[2] *
Director of Finance	David Jago[3]
Acting Chief Executive	David Jago[4]
Acting Director of Finance	Karen Edge[5]
Acting Director of Finance	Gareth Lawrence[6]
Medical Director	Dr Nicola Stevenson[7] *
Acting Medical Director	Dr Mark Lipton[8]
Medical Director	Dr Susan Gilby[9]
Chief Operating Officer	Janelle Holmes[10]
Chief Operating Officer	Anthony Middleton[11] *
Director of Nursing and Midwifery / Chief Nurse	Gaynor Westray
Director of Workforce	Helen Marks[12] *
Non-Executive Director	John Sullivan *
Non-Executive Director	Steve Igoe[13] *
Non-Executive Director	Chris Clarkson[14] *
Non-Executive Director	John Coakley OBE *
Non-Executive Director	Jayne Coulson[15] *
Non-Executive Director	Sue Lorimer *
Non-Executive Director	Graham Hollick[16]

[1] *'Interim Chairman' to February 2019, 'Chairman' thereafter*
[2] *from June 2018*
[3] *from June 2018 to January 2019*
[4] *to June 2018*
[5] *from May 2018 to June 2018; from February 2019*
[6] *to April 2018*
[7] *from October 2018*
[8] *from June 2018 to October 2018*
[9] *to May 2018*
[10] *to June 2018*
[11] *from June 2018*
[12] *from August 2018 (previously, non-voting)*
[13] *from October 2018*
[14] *from July 2018*
[15] *from July 2018*
[16] *to November 2018*

All of the members were in post for the 12 month period to 31 March 2019 except where indicated.

Trust Board members who were also in post on the date of approval of this report are labelled above with an asterisk. Directors joining the Trust Board after 31 March 2019 and in post on the date of approval of this report are as follows.

Chief Nurse	Hazel Richards
Chief Finance Officer (Director of Finance)	Claire Wilson

Charitable Funds Committee

This is a Committee of the Trust Board, established to ensure that the Corporate Trustee's duties are discharged.

The formal purposes of the Charitable Funds Committee can be summarised as follows.

i. To agree the purpose, strategy and policies of the Charity.
ii. To oversee the Charity's financial and treasury management processes.
iii. To control expenditure from the funds.
iv. To control fundraising initiatives.
v. To recommend an Annual Report and Accounts to the Corporate Trustee, outlining all of the Charity's key achievements.

Decisions are made and approved at meetings of the Charitable Funds Committee, in which only Charity business is conducted. Board members do not receive any additional remuneration or payment for expenses whilst serving on the Charitable Funds Committee.

The Charitable Funds Committee is continuously improving the objectives and effectiveness of WUTH Charity. This activity includes ongoing review of the following areas.

- Governance arrangements.
- Expenditure compliance and effectiveness - value for money.
- Income generation strategy.
- Risk management arrangements.
- Investment and reserves review.

Within 2018/19, there were three formal meetings of the Charitable Funds Committee, and these took place in August and October 2018, and in January 2019. The members of the Charitable Funds Committee who served during the financial year were as follows.

Interim Chairman / Chairman	Sir David Henshaw[1]
Director of Finance	David Jago[3]
Acting Chief Executive	David Jago[4]
Acting Director of Finance	Karen Edge[5]
Acting Director of Finance	Gareth Lawrence[6]
Medical Director	Dr Nicola Stevenson[7]
Acting Medical Director	Dr Mark Lipton[8]
Medical Director	Dr Susan Gilby[9]
Director of Nursing and Midwifery / Chief Nurse	Gaynor Westray
Non-Executive Director	John Coakley OBE
Non-Executive Director	Jayne Coulson[15]
Non-Executive Director	Sue Lorimer
Non-Executive Director	Graham Hollick[16]

[1] *'Interim Chairman' to February 2019, 'Chairman' thereafter*
[2] *from June 2018*
[3] *from June 2018 to January 2019*
[4] *to June 2018*
[5] *from May 2018 to June 2018; from February 2019*
[6] *to April 2018*
[7] *from October 2018*
[8] *from June 2018 to October 2018*
[9] *to May 2018*
[10] *to June 2018*
[11] *from June 2018*
[12] *from August 2018 (previously, non-voting)*
[13] *from October 2018*
[14] *from July 2018*
[15] *from July 2018*
[16] *to November 2018*

All of the members were in post for the 12 month period to 31 March 2019 except where indicated. When unable to attend, a nominated deputy is expected to attend. The Trust's Chair and all non-executive directors have a right to attend the Committee. The Director of Finance (Chief Finance Officer) is the Executive Lead for the Committee.

The following were also in attendance, except where indicated.

Assistant Director of Finance – Financial Services	Deborah Harman
Head of Financial Accounts & Treasury Services	Simon Collins
Head of Fundraising	Victoria Burrows
Board Secretary *(October and January only)*	Andrea Leather

Corporate Trustee's appointments

Non-executive directors of the Trust Board are appointed by the Trust's Council of Governors. Executive directors are recruited by the Trust Board. Further details regarding appointment to the key governance roles within the Trust Board and the Council of Governors of the Corporate Trustee are reported in the Corporate Trustee's Annual Report and Accounts 2018/19, and are contained within the Corporate Trustee's Constitution. Copies of these documents can be obtained by contacting the Trust (see Reference and administrative details), and the Trust's Annual Report and Accounts can be viewed on the Trust website (https://www.wuth.nhs.uk/about-us/key-documents-and-information/annual-reports-and-plans/).

Trust staff, including executive and non-executive directors, are required to complete a corporate induction programme, which includes a briefing on Charity responsibilities by the Director of Finance. Directors are encouraged towards continuous professional development through the Trust's on-going performance management arrangements, and they are able to seek individual professional advice or training at the Trust's expense in the furtherance of their duties.

Governors' knowledge is refreshed through a range of briefing sessions and workshops. The Trust Board, Charitable Funds Committee and governors all have had the benefit of access to advice from the Board Secretary and the Assistant Director of Finance – Financial Services, who were responsible throughout 2018/19 for ensuring that the Corporate Trustee's procedures are followed, and that applicable regulations are complied with.

Constitution of the Charity - *including the reservation and delegation of the powers of the Corporate Trustee*

The unrestricted general umbrella fund was established using the Charity Commission's model Declaration of Trust, dated 18 October 1995. This Declaration of Trust was amended by Supplemental Deed, dated 1 November 2007, which reflected the Trust's new status as an NHS foundation trust. A number of 'special purpose trusts' were individually registered with the Charity Commission as constituent/subsidiary charities in 1997, and were 'linked charities' under the

Charity's single registration number. WUTH Charity applied for full dissolution of all linked charities within 2017/18 and Charity Commission records have been amended accordingly.

Any member of Trust staff can make a grant application. Delegated 'fund-holders' for each fund may approve an application, up to a specified financial limit. Above this limit, further approvals are required by the Corporate Trustee. The Trust's Financial Services department is responsible for the financial administration of the Charity and undertakes the 'technical approval' of all applications, ensuring compliance with the *Expenditure Guidance* policy and charity law on behalf of the Corporate Trustee.

Although the Corporate Trustee has delegated some day-to-day decision-making in terms of grant approvals, the Corporate Trustee and its Charitable Funds Committee reserve the power to apply any funds to any purpose in any area of the Trust's hospitals in accordance with the Health Service Act 2006, subject to any imposed restrictions.

The full current name of the Charity is Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund. It is also known as 'WUTH Charity', which is a registered 'working name'. The Charity's registration number is 1050469.

Risk management

The Charity's key systems are designed and implemented by Wirral University Teaching Hospital NHS Foundation Trust, and the Charity therefore benefits from the Trust's robust internal control framework. Risks to which the Charity is exposed are identified, and mitigating actions are considered, in meetings of the Charitable Funds Committee.

As at 31 March 2019, the Corporate Trustee has determined that the Charity did not have any significant residual risks.

Reserves policy

Background

In accordance with Charity Commission guidance, the Corporate Trustee acknowledges that there is a requirement to hold a minimum reserve balance. This is to allow freedom to initiate expenditure when required, in advance of donations, and to mitigate the impact of any unforeseen circumstances.

Conversely, the Charity Commission asserts that charities should not hold substantial unspent reserves as a matter of course. The Corporate Trustee recognises its statutory obligation to ensure that funds should be spent effectively and promptly.

Level of reserves

As at 31 March 2019, the Charity did not have any staff-based obligations or large ongoing projects, which might generate significant unforeseen obligations, and the Charity has the ability to reactively scale back expenditure to trivial levels, as discussed in the Charity's *Going concern* policy (page 31). Therefore, the Corporate Trustee cannot identify any need to hold high levels of reserves to March 2019.

Reserves are that part of a charity's unrestricted funds that is freely available to spend on any of that charity's purposes. The actual level of reserves held is usually calculated as the total funds of a charity, less restricted funds and any other funds earmarked against, or committed to, future projects. Because, with the exception of one fund, the funds held are classed as restricted, the actual reserves figure for WUTH Charity at 31 March 2019 was £563k (2017/18 £196k). This level of reserves is consistent with the reasoning above.

The Charity's restricted funds – although they do have narrower objects than those of the Charity and so are not 'freely available' – still have broad objects within their own areas, are subject to the apportionment of overheads, and they are often not subject to very narrow restrictions from imposed trusts. This means that, for internal management purposes only, an 'operational reserves' figure might be alternatively broadly expressed as the total funds held. It could be argued that this represents a high level of 'operational reserves', given the very low risk of unforeseen obligation, and the growing needs of the Charity's beneficiary trust. However, a significant amount of the closing reserves balance relates to accrued legacy income which had not yet materialised as cash as at 31 March 2019.

The Corporate Trustee is committed to ensuring that high fund balances are not held unnecessarily, and that the Charity's funds are put to prompt and prioritised use for the benefit of the Trust's patients.

Investment policy

Background

By law, the Charity must ensure it spends any income received within a 'reasonable time of receipt'. Charities should not hold substantial unspent reserves as a matter of course. However, where NHS charitable funds have surplus monies not needed to fund immediate charitable activities, the Corporate Trustee may elect to invest some (or all) of this surplus in order to generate additional income to fund future activities.

All investment decisions

- must comply with the Trustee Act 2000 and have regard to the Act's standard investment criteria; and
- must be informed by appropriate professional investment advice.

The Charity avoids investments involving alcohol, arms and tobacco.

The overriding objective, as expressed through the Charity's Treasury Management Policy, is to safeguard the Charity's assets and minimise risk, whilst maximising returns net of administrative expense.

Investments summary

During the prior year, the investment assets of the Charity comprised *common investment funds* (CIFs) managed by CCLA Investment Management Limited, which were disposed of within that year. As a consequence, the total value of the investment assets of the Charity as at 31 March 2019 was nil (2017/18 nil), although the disposed-of investment assets generated interest within 2017/18.

Within 2018/19, investment income of £2k (2017/18 £28k) was earned. This income now solely relates to bank interest.

Achievements in 2018/19

The Charity has purchased many items for the benefit of patients and visitors of Wirral University Teaching Hospitals NHS Foundation Trust in 2018/19. Some key stories, with a positive impact on healthcare and the patient experience, are described below.

Haemofiltration machines for Critical Care

WUTH Charity's **Critical Care fund** provided 2 additional haemofiltration machines, to treat critically ill patients who require organ support for either acute kidney injury or chronic renal failure. They are used in the Trust's Intensive Care and High Dependency Units.

The machines provide renal therapy until the patients' conditions stabilise, and kidney function improves, to a level that the patients no longer requires this support.

The machines provide different treatments, adapted for the patient's clinical needs. These include a particular therapy called Therapeutic Plasma Exchange (TPE). This therapy involves support for clinical renal and haematological conditions whereby the patient's abnormal plasma requires total exchange.

Denise Albiston (Clinical Nurse Educator) said

> *"Arrowe Park Hospital's Critical Care team is now the only one within the Cheshire and Mersey region that provides such services. Patients are referred to our unit specifically for TPE renal therapy from across the region. Support for our **Critical Care fund** is so important, as it has enabled us to purchase this equipment and to provide such an important treatment for our patients."*

Clatterbridge Rehabilitation Centre – comfortable, tilted *day chair*

The new Clatterbridge Rehabilitation Centre (CRC) was recently refurbished and offers 20 beds for dedicated stroke rehabilitation. It is a key element of the Trust's nationally-recognised Wirral Stroke Service (WSS).

WUTH Charity continues to support the CRC and WSS via its **Stroke fund**.

In 2018/19, the fund provided WSS and CRC with a comfortable, tilted *day chair*. The day chair is especially designed to be tilted slightly backwards, for additional comfort and safety.

Mark Dillon (Ward Manager) said

> *"We have such a wide range of patients of different ages, with different interests and needs. We are always trying to enhance their experience as much as possible. The support from the Charity to purchase this chair helps us to do that.*
>
> *"The simplest things - such as enabling patients who can't sit in wheelchairs or armchairs to sit safely in this day chair - really do help with motivation and relaxation. The generosity of donors to the Stroke fund really does make a difference to our patients' each and every day, and we thank them all for their support."*

A television for dialysis patients

The Renal Unit at Arrowe Park Hospital has 19 stations and 2 isolation rooms for patients requiring dialysis-related treatments, plus 10 medical inpatient beds. In response to patient feedback, WUTH Charity was pleased to fund a new 32" television for isolated patients, undergoing hours of renal dialysis, via the Charity's **Patient Wish fund.**

Karen Schultheis (Ward Manager, Renal Unit) said

> *"It's remarkable that something as simple as a television can have such a positive impact on patient experience. Our patients, who have dialysis in isolation, are often undergoing treatments indefinitely, several times a week, for hours at a time. The television makes such a difference to them. Our thanks go out to the Charity's supporters and donors."*

Waiting area at the Children's Emergency Department (CED)

The CED is based at Arrowe Park Hospital. A dedicated team of doctors, nurses and support staff from both Emergency Care and Paediatrics work together in the Department, caring for children with a wide range of injuries and illness. The Charity funded improvements to the CED's waiting area, through the **Patient Wish fund.** In 2018/19, this included new colour-coded seating for children awaiting treatment. The colour-coding has a practical function - to ensure that CED patients are readily identified - in contrast with children and carers awaiting other paediatric services, within a shared space.

Christopher Lee (Deputy Head of Urgent Care) said

> *"The new seating area has made such a difference to our Emergency Department. Funds from WUTH Charity have allowed us to transform the space and provide improved seating for patients and their families. We would like to thank everyone who helped these improvements happen by donating to WUTH Charity."*

Trust-wide roll-out of bedside fans

The Charity's **Patient Wish fund** responded quickly to heatwave conditions during Summer 2018. The Charity team, clinical staff, and colleagues in the Trust's Estates and Procurement Departments assembled to create swift relief for inpatients. A roll-out of new fans, in a range of sizes and designs, for every ward across the Trust, was arranged over a 48 hour period.

Paul Moore (Acting Chief Nurse) said

> *"It is great to see the impact that WUTH Charity is making. Providing such a rapid response to such exceptional temperatures made a huge difference to our patients' comfort. It's a fantastic example of what charitable effort can achieve."*

Small things that mean a lot

This section has outlined some key impacts made by charitable expenditure suggested by our clinical teams. On many occasions, significant patient benefit is achieved with very modest spend, using care and imagination in selecting projects that are suitable for grants from the Charity. The Corporate Trustee wishes to acknowledge the significant contribution made to patient benefit by such projects.

More information about our patient benefit projects can be found at

www.wuthcharity.org/how-your-donations-have-helped

Head of Fundraising's review of the year

2018/19 has been a year of development and growth for the Charity. In particular, significant progress with branding, identity and visibility has been made. Public, patient and staff engagement with the Charity has therefore also increased, in line with our exciting plans.

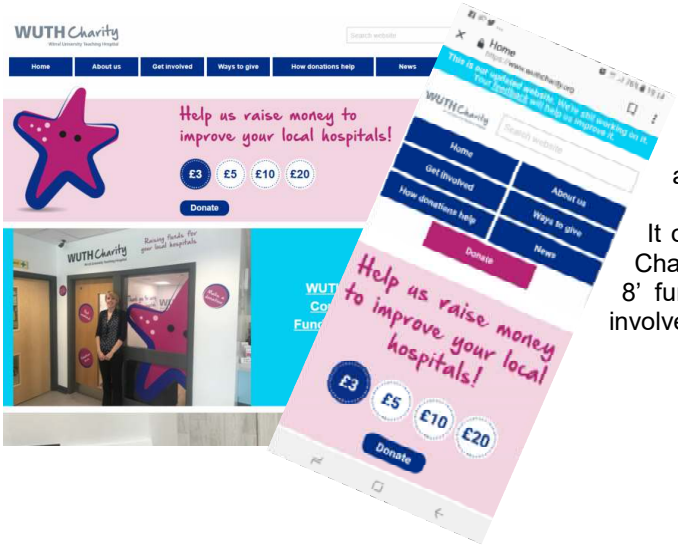
Resources

WUTH Charity offices open

The WUTH Charity Office - next to the main reception desk at Arrowe Park Hospital - was officially opened.

Occupying such a prime location has made it much easier for patients, staff and visitors to donate and to get involved.

The Charity has recruited a number of regular volunteers as a direct result of the office opening.



Charity website is launched

The WUTH Charity website was another 'first' for us in 2018/19.

It offers a wealth of information about the Charity, including pages for each of the 'Big 8' funds, ways to donate, and how to get involved.

www.wuthcharity.org

www.unitylottery.co.uk/causes/wuth-charity/

Lottery goes live

The WUTH Charity lottery is a weekly lottery costing £1 per entry, per week. The draw is run every Friday and each entry has the chance to win one of four prizes, including the top prize of £25,000!

The lottery is open to all.

In the community

London Marathon 2018

Dave Badley, a Clinical Support Worker at Arrowe Park Hospital, successfully completed the *London Marathon* in April 2018, and raised over £2,000 in support of the Charity's **Cancer fund.**

David had a huge amount of support from his family, friends and his local community, and we would like to thank Dave and everyone who generously supported him.

The Big 7Tea

WUTH Charity participated in the national NHS Charity initiative – **'NHS Big 7Tea'** on 5 July 2018, to celebrate the 70th anniversary of the NHS.

Colleagues and the wider community were asked to 'Raise a Cuppa' to support the Charity, and celebrations were held across the Trust to mark the occasion.

Winter 2018

WUTH Charity ended 2018 by celebrating Christmas with colleagues in our Trust-wide *National Elf Service Day* - hundreds of Trust colleagues helped to raise funds for the **Patient Wish fund**.

In line with the strategic plan, WUTH Charity started to scope its first major appeal towards the end of 2018/19. The final major development of the year brought the Charity even closer to being 'appeal-ready' - the recruitment of our first Community and Events Fundraiser. This will be a pivotal role in engaging more volunteers and support from the Wirral community, whilst also supporting an exciting and growing Charity events calendar in 2019/2020 and beyond.

... and finally ...

We have seen some significant changes this year, with the Charity really starting to flourish. I am extremely grateful to everyone who has supported WUTH Charity this year and I would like to acknowledge and thank all of these kind people for their efforts and goodwill.

We are excited about what 2019/20 brings, with a growing team, and the passing of another major milestone with the launch of our first appeal. The Tiny Stars appeal aims to refurbish the Neonatal Unit at the Arrowe Park site. https://www.wuthcharity.org/video

Our first large-scale event - an abseil from the roof of Arrowe Park Hospital - will launch the Tiny Stars appeal in July 2019, with a full calendar of events to follow.

If you want to join in, we'd love to hear from you!

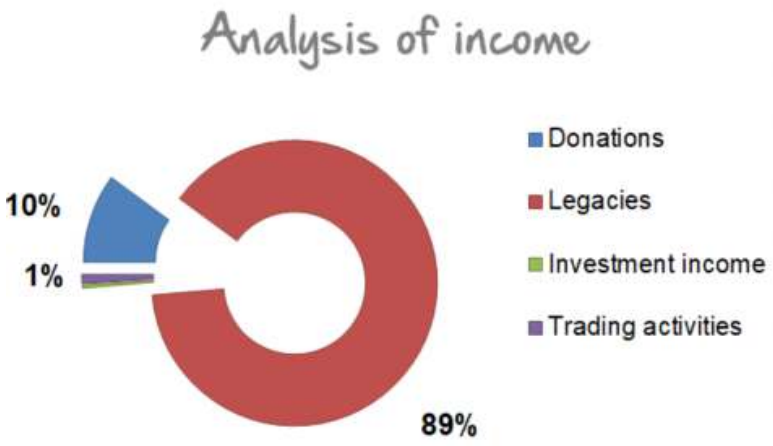
Victoria Burrows – Head of Fundraising

V.burrows@nhs.net

Finance and performance review

Income summary

The Charity relies upon donations and legacies as its main source of income. Total income for 2018/19 was £515k (2017/18 £105k). The following chart analyses this year's income by source.



Donations - £52k

Many of our on-site donors give to the Charity in times of personal difficulty, whilst other donors may be motivated to say 'thank-you' after returning home from an experience as a patient or carer, which leads to postal donations, JustGiving collections and external (third party) fundraising events.

Fundraising activities and events are a wonderful way for the local community to contribute and get involved. They are usually more effective if undertaken with the knowledge and approval of the Corporate Trustee, and the Charity's Fundraising team (page 4) can offer advice and help.

We thank all donors for their kindness and effort.

Legacies - £456k

We are very fortunate to be remembered through wills by numerous kind legacy donors, and we extend our thoughts and thanks to their families and friends. The majority of legacy income credited in 2018/19 had not materialised as cash as at 31 March 2019.

Other trading activities - raising funds - £5k

This income relates to income received in exchange for supplying goods and services to raise funds for the Charity. In 2018/19, this income was primarily generated by raffles. The vast majority of income generated by fundraising events is currently technically classified as donations.

Investment income - £2k

In order to maximise the benefit of every penny donated, the Charity seeks to invest any funds which are not likely to be used in the short-term subject to the requirements of the Reserves Policy. Recent investment market conditions are such that investment income was modest in 2018/19; investment opportunities are subject to ongoing review.

Expenditure analysis

Of the total expenditure of £171k (2017/18 £967k), £112k (2017/18 £911k) was spent on charitable activities (including support costs and clearance grants) across a range of programmes for patient benefit.

The allocation of support costs to these charitable activities is detailed in Note 7 to the accounts.

Raising funds - (£59k)

This category includes budgeted fundraising services and resources, which will underpin future income growth.

Patient comforts and welfare - (£57k)

This charitable expenditure relates to a mixture of Trust-wide projects and 'the little things that mean a lot' – enhancing the patient (and carer) experience and supporting discharge. In 2018/19, this category has mostly included furniture projects, and the purchase of fans to relieve patients during heatwave conditions. Some of the key projects included in this category are detailed within the *Achievements in 2018/19* section of this report.

Medical equipment - (£55k)

This expenditure represents tangible benefits to patients which will be felt for years to come. The Charity has provided an modern and innovative equipment to be used in the direct delivery of healthcare. This category includes funding for a weighing hoist, cardiographs and haemofiltration machines (p17).

Future plans

The Trust, as a body operating within the NHS, is subject to uncertainty due to changes in government policy, departmental and regulatory reforms, and local developments. The Corporate Trustee is therefore committed to flexibility in the Charity's spending decisions, to accommodate the changing needs of its major beneficiary.

The Charity therefore did not require or compile comprehensive future spending plans in 2018/19.

As the Charity grows, this position will adapt to incorporate the spending plans associated with appeals schemes.

As a general rule, the Corporate Trustee is committed to utilising funds as soon as is practical, based on patient benefit priorities. At the time of compilation of this Annual Report and Accounts, the most significant grant-funded projects in 2019/20 are as follows.

- CO_2 monitor equipment for the Emergency Department (ED) resus area £9,700
- Browsealoud software to ensure patient information is accessible £9,180
- Foldaway beds to enable parents to stay with their inpatient children £5,984
- *High-flow* machines to support children with respiratory conditions £4,500
- *FeNO* equipment to actively monitor severe asthma patients £4,150
- Mammography chairs £3,190
- LED skylighting for Discharge Hospitality Centre £2,999

Other future plans for the development of the Charity's activities and incomes are outlined in the *Head of Fundraising's review of the year* (page 21).

Corporate Trustee's responsibilities in relation to the financial statements

The Corporate Trustee is responsible for preparing the Trustee Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including the *Financial Reporting Standard applicable in the UK and Republic of Ireland* (FRS 102).

The law applicable in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year, and of its financial position at the end of the year. In preparing financial statements that give a true and fair view, the Trustee should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the applicable Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the *going concern* basis unless it is inappropriate to presume that the Charity will continue in operation;
- keep proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Charity, and which enables the Trustee to ensure that the financial statements comply with the requirements in the Charities Act 2011, the applicable Charities (Accounts and Reports) Regulations (see Note 1 to the accounts) and the provisions of the trust deed; and
- safeguard the assets of the Charity, therefore taking reasonable steps in the prevention and detection of fraud and other irregularities.

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements (including notes) set out on pages 30 to 43 have been compiled from, and are in accordance with, the financial records maintained by the Corporate Trustee.

The Corporate Trustee is responsible for the maintenance and integrity of the general and financial information included on the Charity's webpages. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Statement as to disclosure to our independent examiners

So far as the Corporate Trustee is aware, at the time of approving this Annual Report and Accounts, there is no relevant information of which the Charity's independent examiner is unaware. The Corporate Trustee has taken all the steps that it ought to have taken to make itself aware of any relevant information and to establish that the Charity's independent examiner is aware of that information.

By delegated authority on behalf of the Corporate Trustee:

Sue Lorimer ..... Date .....
Chair - Charitable Funds Committee / Non-Executive Director of the Corporate Trustee

Claire Wilson ..... Date .....
Executive Lead - Charitable Funds Committee / Chief Finance Officer of the Corporate Trustee

Independent examiner's report to the corporate trustee of Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund

To be included post Committee approval

To be included post Committee approval

Statement of Financial Activities

For the year ended 31 March 2019

	Note	Unrestricted 2018/19 £'000	Restricted 2018/19 £'000	Total funds 2018/19 £'000	Unrestricted 2017/18 £'000	Restricted 2017/18 £'000	Total funds 2017/18 £'000
INCOME from							
Donations and legacies	3	464	44	508	8	69	77
Other trading activities - raising funds	4	5	-	5	-	-	-
Investments	5	1	1	2	8	20	28
Total income		**470**	**45**	**515**	**16**	**89**	**105**
EXPENDITURE on							
Raising funds	6	(47)	(12)	(59)	(7)	(49)	(56)
Charitable activities							
Patient comforts and welfare	7	(43)	(14)	(57)	(57)	(55)	(112)
Medical equipment	7	(13)	(42)	(55)	(130)	(44)	(174)
Other - clearance grants	7	-	-	-	(34)	(591)	(625)
Total expenditure		**(103)**	**(68)**	**(171)**	**(228)**	**(739)**	**(967)**
Net realised gains / (losses) on investments	11	-	-	-	14	36	50
NET INCOME / (EXPENDITURE)		**367**	**(23)**	**344**	**(198)**	**(614)**	**(812)**
Transfers between funds	18	-	-	-	290	(290)	-
Net movement in funds		**367**	**(23)**	**344**	**92**	**(904)**	**(812)**
Reconciliation of funds							
Total funds brought forward		196	482	678	104	1,386	1,490
TOTAL FUNDS CARRIED FORWARD		**563**	**459**	**1,022**	**196**	**482**	**678**

Balance Sheet

As at 31 March 2019

	Note	Unrestricted 31 Mar 19 £'000	Restricted 31 Mar 19 £'000	Total funds 31 Mar 19 £'000	Unrestricted 31 Mar 18 £'000	Restricted 31 Mar 18 £'000	Total funds 31 Mar 18 £'000
Current assets							
Debtors	**12**	302	12	314	-	43	43
Cash	**13**	314	460	774	303	440	743
Total current assets		**616**	**472**	**1,088**	**303**	**483**	**786**
Current liabilities							
Creditors	**14**	(53)	(13)	(66)	(107)	(1)	(108)
Net current assets		**563**	**459**	**1,022**	**196**	**482**	**678**
Total assets less current liabilities		**563**	**459**	**1,022**	**196**	**482**	**678**
NET ASSETS		**563**	**459**	**1,022**	**196**	**482**	**678**
Total funds of the charity							
TOTAL CHARITY FUNDS	**18**	**563**	**459**	**1,022**	**196**	**482**	**678**

The notes on pages 32 to 43 form part of these accounts.

Approved by the Corporate Trustee and signed on its behalf:

Sue Lorimer ..... Date .....
Chair of the Charitable Funds Committee
Non-Executive Director of the Corporate Trustee

Claire Wilson ..... Date .....
Executive Lead for the Charitable Funds Committee
Chief Finance Officer of the Corporate Trustee

Notes to the accounts

1. Accounting policies

a. Basis of preparation

Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund ('the Charity') is a public benefit entity.

The Charity's financial statements have been prepared under the going concern basis and historical cost convention as modified by the revaluation of assets, and in accordance with applicable United Kingdom accounting standards and *Accounting and reporting by charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)* issued on 16 July 2014 ('Charities SORP (FRS 102)'), its published updates and amendments pertaining to *small entities*, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), Charities (Accounts and Reports) Regulations 2008, and Charities Act 2011.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Charities SORP (FRS 102) issued on 16 July 2014, rather than *Accounting and Reporting by Charities: Statement of Recommended Practice* effective from 1 April 2005, which has since been withdrawn.

b. Going concern

The Corporate Trustee has satisfied itself that there are no material uncertainties about the Charity's ability to continue as a going concern. This is because the Charity's expenditure and obligations are with Wirral University Teaching Hospital NHS Foundation Trust. The Charity has the ability to scale costs back, in line with available cash / funds. There are no contractual staff obligations, and no long-term programmes or projects to create unfunded obligations. Grants are committed after assessing fund balances, and grant commitments can, in certain circumstances, be reversed, are short-term, and are non-recurrent in nature.

c. Funds structure

Unrestricted income funds comprise those funds which the Corporate Trustee is free to use for any purpose in furtherance of the charitable objects. After a significant restructure, as at 31 March 2018, the Charity has a single unrestricted general purposes Patient Wish fund, and seven restricted specialty funds. Restricted funds are to be used in accordance with their specific restrictions, which could be imposed by the donor through a written trust, or through 'appeals' fundraising.

The major funds held are disclosed in Note 18.

d. Income

All income is recognised once the Charity has entitlement to it, it is probable that it will be received, and its monetary value can be measured with sufficient reliability.

Given the absence of a reliable measurement basis, the significant voluntary contribution of Trust staff members is not included as Charity income in these accounts.

e. Income from legacies

Legacy sums notified but not received at year end will be recognised as in-year income if their receipt is considered to be 'probable' (more likely than not), in line with d., above.

Therefore, legacies are accounted for as income upon cash receipt, or where the receipt of the legacy meets each of the following 'probable' criteria.

- Confirmation has been received from the representatives of the estate(s) that probate has been granted.
- The executors have established that there are sufficient assets in the estate, after settling liabilities, to pay the legacy.
- All of the conditions attached to the legacy have been fulfilled or are in the control of the Corporate Trustee, and payment is unlikely to be challenged.

If the Charity is notified of a legacy after the reporting date but before the accounts are authorised for issue, then the legacy is accrued as income within the accounting period only if it can be shown that the 'probable' criteria are met as at the reporting date, and the legacy can be reliably measured.

If there is uncertainty as to the amount of the legacy (for example, if it is challenged) and it cannot be reliably measured by the date on which the accounts are authorised for issue, or there are unmet conditions not wholly within the control of the Charity, then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

f. Expenditure

All expenditure is accounted for on an accruals basis, and is recognised once there is a legal or constructive obligation, as a result of a past event, committing the Charity to the expenditure. In addition, settlement must be 'probable' – that is, it must be more likely than not that a transfer of cash will occur, and the amount of the obligation must be able to be measured or estimated reliably.

When transacting directly with third parties, contractual obligations are recognised as goods or services are supplied to the Charity. When funding Trust expenditure, constructive grant obligations are recognised by the Charity when the conditions of each grant are met. Grant conditions for day-to-day transactions are deemed to be satisfied when the Trust fully completes the purchase transaction correctly and promptly, and the details of the purchase can be demonstrated to match the original grant claim, which has itself been approved by the Corporate Trustee or delegated officer(s).

Extraordinary grants may be issued in advance of grantee expenditure. Such grants are only issued if they are contractually required and/or are directed by the Corporate Trustee, such as the clearance grants issued in 2017/18.

g. Expenditure on irrecoverable VAT

Irrecoverable VAT is charged against the same category of *resources expended* as the underlying purchases.

h. Expenditure on raising funds

These are costs associated with generating incoming resources, and are recognised as per the Charity's other expenditure. The costs of budgeted fundraising services and resources have been included. Unless directly attributable to a particular fund, such costs are split across the Charity's 8 funds.

i. Charitable activities and apportionment

The costs of charitable activities include all costs incurred in the pursuit of the charitable objects of the Charity.

Charitable activities costs comprise the direct and grant-funding expenditures of charitable projects, and all overheads (administration and governance costs), charged directly to funds. The apportionment of the overheads ('support costs') across the different categories of charitable activity is usually then achieved using the value of expenditure transactions undertaken within the financial year in each category.

Governance costs comprise the costs of independent examination and the element of the administration fee which is deemed attributable to supporting the Charitable Funds Committee and for providing policies, papers, advice and recommendations, in addition to the creation of this Annual Report and Accounts.

The apportionment of support costs across the different categories of charitable activity is disclosed in Note 7.

As an extraordinary measure for 2017/18, the Corporate Trustee determined that central overheads which would ordinarily be charged across the funds could be attributed solely to the general Patient Wish fund. This was so that funds which demised in 2017/18, as outlined in the *Fund structure* section of the Annual Report, could be 'spent down to nil' with greater certainty, avoiding potential overspends.

j. Fixed asset and current asset investments

Any investments held would be stated at market value as at the Balance Sheet date. The Statement of Financial Activities would include the net gains and losses arising on revaluation and disposals throughout the year. The Charity held no investments within 2018/19, but did hold investments in the prior year.

k. Realised gains and losses from investment

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and market value at the start of the year (or purchase cost if bought in year).

Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase cost if bought in year).

In line with the principles of fund accounting, all gains (or income) and losses (or expenditure) pertaining to treasury activity are allocated back to each individual 'originating' fund.

The Charity had no such gains/losses in 2018/19, but did in 2017/18. In that year, the demised funds did not attract investment gains / losses, as they were 'inactive' and in transition with effect from 1 April 2017. Apportionment to the 8 'new' funds occurred on the basis of the fund balances.

l. Financial instruments

Financial assets and financial liabilities are recognised when the Charity becomes a party to the contractual provisions of the instrument. All financial assets and liabilities are initially measured at transaction price (including transaction costs). The Charity's financial instruments comprise balances from across the Balance Sheet: *Debtors, cash and creditors*. In 2017/18, financial asset investments were also held.

The Charity's financial assets and financial liabilities qualify as 'basic financial instruments'. These basic financial instruments are initially recognised at transaction value and are subsequently measured at amortised cost which equates to settlement value.

m. Contingent assets and liabilities

A contingent asset is a possible asset that arises from a past event, but which is not recognised in the Charity's Balance Sheet as its existence can only be confirmed by future events which are not within the Charity's control.

If receipt of a legacy is probable, but it cannot be reliably measured by the date of compilation of these accounts, then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

A contingent liability is either a possible but uncertain obligation, or a present obligation that is not recognised in the Charity's Balance Sheet because

- a transfer of economic benefit to settle the possible obligation is not probable; or
- the amount of the obligation cannot be estimated reliably.

Grants approved in principle but with unmet application or performance conditions are disclosed as contingent liabilities.

n. Critical accounting judgements and key sources of estimation uncertainty

In the application of the Charity's accounting policies described above, the Corporate Trustee is required to make judgements, estimates and assumptions about carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and any other factors that are considered to be relevant. Actual results may differ from these estimates.

In assessing whether conditions have been met such that a grant claim is formally fully agreed and therefore recorded as expenditure, judgement is applied by delegated officers of the Corporate Trustee. Similarly, when applying the Charity's accounting policies to the recognition of legacies, judgement is required to assess the circumstances surrounding each legacy. The Corporate Trustee's going concern judgement is discussed in section b..

The Corporate Trustee does not consider that there are any other significant judgements, nor has it identified sources of estimation uncertainty, which present a significant risk of causing a material adjustment to the accounts within the next reporting period.

2. Related party transactions

The Charity is a subsidiary of Wirral University Teaching Hospital NHS Foundation Trust and the Trust is therefore a related party. The Trust's 'place of business' is Trust Headquarters, as detailed in the *Reference and administrative details* section of the Annual Report. The Trust is a public benefit corporation established under the NHS Act 2006, and is both the Corporate Trustee and the primary beneficiary of the Charity. The Charity's ultimate parent is HM Government.

The Charity provides funding to the Trust for approved expenditure made on behalf of the Charity. All of the Charity's non-treasury expenditures, other than the costs of independent examination, bank charges and JustGiving fees, are with the Trust. During the year, the Charity made cash payments totalling £214k (2017/18 £1,081k) to Wirral University Teaching Hospital NHS Foundation Trust.

At 31 March 2019, the Charity owed the Wirral University Teaching Hospital NHS Foundation Trust £64k (2017/18 £106k) for support services delivered but not yet paid. All transactions entered into during the year were conducted on an arm's length basis.

During the year, none of the members of the Trust Board, Charitable Funds Committee or senior Trust staff, or parties related to them, were beneficiaries of the Charity, and none of these individuals have undertaken any material transactions with the Charity or received honoraria, emoluments or expenses in the year which were funded by the Charity.

Board members, and other senior staff, take decisions on both Charity and Trust matters, but endeavour to keep the interests of each discrete, and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public. The Corporate Trustee purchases *Directors and Officers liability insurance* which covers both the Charity and the Trust under a shared limit, and separate trustee indemnity insurance has therefore not been deemed necessary.

Prior to 31 March 2013, NHS charitable funds considered to be subsidiaries were excluded from accounts consolidation ('group accounts'), in accordance with a Treasury accounting direction issued by Monitor (now NHS Improvement). This dispensation is no longer available and NHS foundation trusts need to consolidate any material NHS charitable funds. The Trust reviewed the figures contained in the single-entity financial statements within this Annual Report and Accounts, and has determined that they are immaterial to the 'Trust group'. Consolidation has therefore not occurred in 2018/19, nor did it occur in any previous year.

3. Income: Donations and legacies

	2018/19 Unrestricted £'000	2018/19 Restricted £'000	2018/19 Total £'000	2017/18 Unrestricted £'000	2017/18 Restricted £'000	2017/18 Total £'000
Donations	20	32	52	8	26	34
Legacies	444	12	456	-	43	43
Total donations and legacies	**464**	**44**	**508**	**8**	**69**	**77**

4. Income: Other trading activities - raising funds

	2018/19 Unrestricted £'000	2018/19 Restricted £'000	2018/19 Total £'000	2017/18 Unrestricted £'000	2017/18 Restricted £'000	2017/18 Total £'000
Fundraising events, sales, raffles and lottery	5	-	5	-	-	-
Total	**5**	**-**	**5**	**-**	**-**	**-**

This income category only includes raised income for which there is an exchange; for example, monies collected due to ticket sales for official events, or the selling of goods. In 2018/19, this income primarily related to raffle ticket sales.

This figure therefore does not capture the flow of income generated by the ongoing and ad hoc representation of the Charity to patients and visitors by Trust staff, or the donations collected at one of the Charity's many events held throughout 2018/19, which would be included under *Donations* in Note 3.

5. Income: Investments

	2018/19 Unrestricted £'000	2018/19 Restricted £'000	2018/19 Total £'000	2017/18 Unrestricted £'000	2017/18 Restricted £'000	2017/18 Total £'000
Fixed asset investments	-	-	-	8	20	28
Bankings	1	1	2	-	-	-
Total	**1**	**1**	**2**	**8**	**20**	**28**

6. Expenditure: Raising funds

	2018/19 Unrestricted £'000	2018/19 Restricted £'000	2018/19 Total £'000	2017/18 Unrestricted £'000	2017/18 Restricted £'000	2017/18 Total £'000
Fundraising services / resources	(46)	(12)	(58)	(7)	(49)	(56)
JustGiving fees, licences and related charges	(1)	-	(1)	-	-	-
Total	**(47)**	**(12)**	**(59)**	**(7)**	**(49)**	**(56)**

The Corporate Trustee has approved the recharge of service and resource costs from the Trust to the Charity, on a recurring basis.

7. Expenditure: Charitable activities

The Charity grants funding to support Wirral University Teaching Hospital NHS Foundation Trust, through the purchase of goods and services for the Trust, consistent with the charitable objects of the Charity.

Support costs (overheads) comprise the Charity's administration fee, which is explained in Note 9, legal fees and the costs of audit / independent examination, detailed in Note 10.

Support costs can be split between administration costs and governance costs, which have been separately disclosed below. The basis for the apportionment of overheads is detailed in Note 1.i.

Expenditure due to charitable activities is analysed as follows.

Analysis of *Charitable activities* - 2018/19

			Support costs						
	Grant funding		Administration costs		Governance costs		Subtotal		Total
	Unrestricted	Restricted	Unrestricted	Restricted	Unrestricted	Restricted	Unrestricted	Restricted	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Patient comforts and welfare	(13)	(8)	(19)	(2)	(11)	(4)	**(43)**	**(14)**	**(57)**
Medical equipment	(4)	(36)	(6)	(1)	(3)	(5)	**(13)**	**(42)**	**(55)**
Other expenditure - clearance grants	-	-	-	-	-	-	**-**	**-**	**-**
Total	**(17)**	**(44)**	**(25)**	**(3)**	**(14)**	**(9)**	**(56)**	**(56)**	**(112)**

To assist the 2017/18 restructure exercise, the Corporate Trustee determined that in 2017/18, central overheads which would be ordinarily charged across the funds should be attributed solely to the general Patient Wish fund; they were therefore unrestricted.

Analysis of *Charitable activities* - 2017/18

			Support costs						
	Grant funding		Administration costs		Governance costs		Subtotal		Total
	Unrestricted	Restricted	Unrestricted	Restricted	Unrestricted	Restricted	Unrestricted	Restricted	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Patient comforts and welfare	(51)	(55)	(3)	-	(3)	-	**(57)**	**(55)**	**(112)**
Medical equipment	(121)	(44)	(5)	-	(4)	-	**(130)**	**(44)**	**(174)**
Other expenditure - clearance grants	-	(591)	(19)	-	(15)	-	**(34)**	**(591)**	**(625)**
Total	**(172)**	**(690)**	**(27)**	**-**	**(22)**	**-**	**(221)**	**(690)**	**(911)**

Further details regarding expenditure due to charitable activities are included in the *Achievements in 2018/19* and *Finance and performance review* sections of the Annual Report.

8. Analysis of grants

Grants are made to support Wirral University Teaching Hospital NHS Foundation Trust in its purchase of revenue goods or services and fixed assets. This expenditure is described in Note 7, and in the descriptions of management arrangements and performance reporting within the Annual Report.

The Charity does not make grants to individuals or third parties.

9. Analysis of staff costs

The Charity does not directly employ staff. Instead, the resources of Wirral University Teaching Hospital NHS Foundation Trust are used, and an administration fee is levied by the Trust in order that the Trust can recover estimated costs incurred. This administration fee is subject to the approval of the Charitable Funds Committee.

The staff who perform administrative and fundraising functions work within Trust policy and under Trust direction, with identical terms and conditions to all other Trust staff, and their workload may be covered by colleagues interchangeably. These points would all suggest that these staff have not been seconded into the Charity, and that the supply is one of service, not of staff.

The Charity therefore does not require separate staff costs disclosures, and the service expenditure (administration fee) is contained within Note 7. The fundraising service charge is additionally disclosed in Note 6.

10. Costs of audit / independent examination

The independent examiner's fee of £1,800 (2017/18 £1,800) including VAT relates solely to the independent examination of these accounts. No other additional services have been provided by the independent examiner. This fee is included wholly within *Charitable activities* in the Statement of Financial Activities, through the apportionment of governance costs within total support costs (Note 7).

11. Fixed asset and current asset investments

Fixed asset investments

	31 Mar 19 Unrestricted £'000	31 Mar 19 Restricted £'000	31 Mar 19 Total £'000	31 Mar 18 Unrestricted £'000	31 Mar 18 Restricted £'000	31 Mar 18 Total £'000
Movement in fixed asset investment						
Market value brought forward	-	-	-	**86**	**968**	**1,054**
Add: gains/losses due to revaluation	-	-	-	14	36	**50**
Less: disposals at carrying value	-	-	-	(318)	(786)	**(1,104)**
Less: distributions (for charitable expenditure)	-	-	-	218	(218)	-
Market value as at 31 March (closing balance)	-	-	-	-	-	-

Gains / (losses) on investment assets

	2018/19 Unrestricted £'000	2018/19 Restricted £'000	2018/19 Total £'000	2017/18 Unrestricted £'000	2017/18 Restricted £'000	2017/18 Total £'000
Realised and unrealised gains / (losses) on investment assets						
Realised gains / (losses) due to sale of investment assets	-	-	-	14	36	50
Total gains / (losses) on fixed asset investments	-	-	-	**14**	**36**	**50**

There have been no direct investments made outside the UK by the Charity, and further details of the Charity's treasury activity are contained within the *Investment policy* section of the Annual Report.

12. Current assets: Debtors

	31 Mar 19 Unrestricted £'000	31 Mar 19 Restricted £'000	31 Mar 19 Total £'000	31 Mar 18 Unrestricted £'000	31 Mar 18 Restricted £'000	31 Mar 18 Total £'000
Accrued legacy income	302	12	314	-	43	43
Total debtors	**302**	**12**	**314**	**-**	**43**	**43**

Due to the balance and nature of the Charity's debtors, exposure to credit risk is negligible. No debts are past due or impaired.

13. Current assets: Cash

	31 Mar 19 Unrestricted £'000	31 Mar 19 Restricted £'000	31 Mar 19 Total £'000	31 Mar 18 Unrestricted £'000	31 Mar 18 Restricted £'000	31 Mar 18 Total £'000
Government Banking Service - deposit account	254	460	714	-	-	-
Barclays Bank - deposit account	60	-	60	303	440	743
Total investments and cash	**314**	**460**	**774**	**303**	**440**	**743**

The carrying value of *financial assets measured at amortised cost* is measured as the total of balances in Notes 12. and 13.

14. Current liabilities: Creditors

	31 Mar 19 Unrestricted £'000	31 Mar 19 Restricted £'000	31 Mar 19 Total £'000	31 Mar 18 Unrestricted £'000	31 Mar 18 Restricted £'000	31 Mar 18 Total £'000
Other creditors - amounts due to Wirral University Teaching Hospital NHS Foundation Trust	(51)	(13)	(64)	(105)	(1)	(106)
Accruals	(2)	-	(2)	(2)	-	(2)
Total current liabilities	**(53)**	**(13)**	**(66)**	**(107)**	**(1)**	**(108)**

Amounts owed to Wirral University Teaching Hospital NHS Foundation Trust relate to unpaid obligations for services delivered, and grants issued but not yet paid. The carrying value of *financial liabilities measured at amortised cost* equates to the accruals row above.

15. Contingent assets and liabilities

If receipt of a legacy is probable at 31 March, but it cannot be reliably measured by the date of compilation of these accounts, then the legacy is disclosed as a contingent asset until all of the conditions for income recognition are met. The Charity had no contingent assets as at 31 March 2019 (31 March 2018 nil).

Grants approved in principle but with unmet application or performance conditions are disclosed as contingent liabilities. If the conditions are not met within six months, the conditional approval expires. As at 31 March 2019, the estimated contingent liability was £29k (2017/18 £44k). Subsequent to the Balance Sheet date, all outstanding conditions have been met for balances totalling £29k (2017/18 £40k), which are included in 2019/20 expenditure.

16. Commitments

The Charity has no other undisclosed commitments.

17. Non-adjusting events after the end of the reporting period

In 2019/20, the Tiny Stars Neonatal Appeal was created and 'went live'. Tiny Stars is the Charity's first major fundraising appeal since its relaunch, and is the only identified *non-adjusting event after the end of the reporting period.*

18. Analysis of material funds

As described in the *Fund structure* section of this Annual Report, the Charity was significantly restructured in the comparator year (2017/18). The Charity comprised 109 funds as at 31 March 2017. Other than the general umbrella fund, 76 were special purpose trusts, with linked registration with the Charity Commission, and 32 were restricted sub-funds, not separately registered. These funds were in transition in 2017/18, with no incomes permitted. They were formally discontinued as at 31 August 2017, and their dissolution was registered with the Charity Commission.

At that point, some residual balances were transferred to the Charity's new funds. Part of this mapping entailed the transfer of £288k from restricted demised funds to the unrestricted Patient Wish fund, as shown in the prior year entries in the Statement of Financial Activities.

Patient Wish is WUTH Charity's unrestricted general fund. It exists to fund patient-centred projects across both Trust sites, particularly in those areas not addressed by the other 7 speciality funds. The specialty funds are restricted due to pre-transfer restrictions, and also because they are the focus of active fundraising, that is, 'specialty appeals'. The objectives of all of the Charity's funds are disclosed in the *Aims and objectives* section of the Annual Report

A summary of 2018/19 fund movements is as follows.

Fund	Opening balance 1 Apr 18 £k	Income £k	Expenditure £k	Closing balance 31 Mar 19 £k
Breast Care fund	73	5	(4)	74
Cancer fund	12	4	(3)	14
Children's fund	65	15	(4)	77
Heart Care fund	235	4	(20)	219
Critical Care fund	31	10	(29)	11
Respiratory fund	50	3	(4)	49
Stroke fund	17	4	(4)	16
Patient Wish fund	196	470	(104)	561
	678	515	(171)	1,022

A summary of 2017/18 fund movements is as follows.

Fund	Opening balance 1 Apr 17 £k	Transfers from demised funds £k	Income / gains £k	Expenditure £k	Closing balance 31 Mar 18 £k
Breast Care fund	0	66	14	(7)	73
Cancer fund	0	15	4	(7)	12
Children's fund	0	60	13	(7)	65
Heart Care fund	0	198	70	(33)	235
Critical Care fund	0	28	11	(8)	31
Respiratory fund	0	48	9	(7)	50
Stroke fund	0	19	5	(7)	17
Patient Wish fund	0	393	30	(228)	196
	0	827	155	(304)	678

Board of Directors	
Agenda Item	19/20 021
Title of Report	Report of Workforce Assurance Committee
Date of Meeting	21.1.2020
Author	John Sullivan
Accountable Executive	Helen Marks
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR2
Level of Assurance • **Positive** • **Gap(s)**	Gaps
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	For Noting
Data Quality Rating	Bronze - qualitative data
FOI status	Document may be disclosed in full
Equality Analysis completed Yes/No **If yes, please attach completed form.**	No

1. Background

The meeting took place on Tuesday 21 January 2020.

2. Key Agenda Discussions

2(a) Chair's Business

The Chair advised that the Trust had received the results 2019 NHS Staff Survey but in raw data. The organisation was awaiting a further iteration of the results. However, these will be embargoed for a defined period but we anticipate that the organisation will be in a position to publish the results around February/March 2020.

The common set of ward management standards embodied in the Perfect Ward work is welcomed as a key enabler to reduce variability in safety and care on wards.

The newly appointed Chief Nurse will take responsibility for reviewing and refreshing the Nursing & Midwifery recruitment and retention strategy.

The presence of four Trust Executive Directors at the meeting was welcomed.

2(b) Staff Story

On this occasion there was no staff story presented at the committee meeting. Instead the committee had a discussion regarding the proposal of staff stories being presented quarterly at Trust Board meetings. The recommendation was that the stories should be structured, aligned with a key Trust strategic objectives with the possibility of using serious incidents as a source of lessons learned.

2(c) Workforce KPIs

The Trust attendance dashboard was reviewed. The deterioration in Return to Work ESR compliance was discussed and in particular the reasons for a number of managers who continue to have low compliance with absence management processes.

It was acknowledged that Clinical Support and Corporate Divisions have achieved the Trust absence KPI target and they also have a return to work of over 80%.

2(d) Workforce Planning Update

It was noted that this project was reviewed and discussed at Programme Board. Therefore, the committee was conscience of not duplicating conversations. It acknowledged that workforce planning would be integrated into the work being undertaken by the Director of Strategy and Partnerships in the development of clinical strategies.

The Committee supported extending workforce planning into the Estates Division.

2(e) WISE Ward Accreditation Programme Update: Organisation & Management component review

An overview of the WISE Ward Accreditation Programme has identified the challenges that Ward Managers have encountered in achieving a result of 90% or above within the Organisation and Management component of the WISE Ward Accreditation Programme.

The Committee commented on the variation between best and worst wards opposite Organisation and Management 92% v 46%. The Chief Nurse stated that review a review of criteria accreditation process was being undertaken to address this issue.

2(f) Nursing and Midwifery Recruitment and Retention Strategy and Implementation Plan Update

The Committee was reminded that the strategy was now two years old. The implementation of the plan was not at a stage where we would want to be. However, it was agreed that the Chief Nurse will take responsibility for the review and renewal of the current strategy. A progress update will be presented back to the May WAC meeting with a view that a new strategy will be produced.

The Committee discussed the need to 'vision' the future state of a 'Place based' integrated Wirral healthcare system and its impacts on our Nursing & Midwifery strategy. The strategy also needs to encompass Care Support Workers and other Allied Health Professionals.

2(g) Leading Indicators & Productivity Measures

The Committee had a presentation from John Halliday Assistant Director of Information around the use of leading indicators in Divisional Performance Reviews.

The existing productivity measures were displayed. There was a range of views regarding the model hospital metrics, which did not provide assurance that the measures were robust or that they could accurately measure productivity. However, it was acknowledged that this was a tool used by our regulators and therefore the Trust should be using the information to benchmark and highlight opportunities for productivity gains.

2(h) 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.

2(i) Cycle of Business 2020 Workforce Assurance Committee

The cycle of business for 2020 WAC meetings was reviewed and agreed.

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

The 19 December 2019 meeting was cancelled due to operational pressures.

2(k) Items for the Risk Register

No additional items for the risk register

3. Recommendations to the Board of Directors

To note the risks of continued poor management compliance with absence management processes.

4. Next Meeting

24 March 2020

BOARD OF DIRECTORS	
Agenda Item	19/20 022
Title of Report	Report of the Safety Management Assurance Committee
Date of Meeting	29.1.2020
Author	Steve Igoe, Chair
Accountable Executive Director	Paul Moore, Director of Quality & Governance
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	All
Level of Assurance	Gaps
Purpose of the Paper	To note
Reviewed by Executive Committee	Audit Committee
Data Quality Rating	
FOI status	Chairs report may be disclosed in full
Equality Impact Assessment Undertaken	

1. Background

The Committee met on 13th January 2020 and received a full update on a range of matters.

2. Key Agenda Discussions

1. Good progress was noted on resolving previous actions
2. The Chairs report from the Trust's Health and safety Committee was discussed and the following noted:
    a. An update on progress around the Trust's health and wellbeing plan was reported alongside confirmation of progress on the radiology action plan.
    b. Health and Safety risks were discussed alongside the 4 RIDDORs since the previous meeting.
    c. EL/PL claims being effectively managed including timely investigation of incidents enabling claims to be challenged as necessary.

3. The Health and Safety dashboard was reviewed. Of the 6 key non clinical risks Violence and aggression continues to be the top of the list and this was separately discussed later in the meeting. Of the relevant reportable events, 82% were reported in accordance with required timescales which is a further improvement on the previous year's performance.
4. Discussion took place around divisional dashboards and whilst the committee welcomed this, a number of divisional representatives were missing .The Committee requested that all dashboards in the future should be presented by a competent and authoritative representative from each of the divisions. Mandatory training continues to be problematic, particularly in Estates and colleagues have been asked to present a detailed work plan to address this issue. Women and children's presented a positive report. The discussion around Duty of Care notices identified some disconnect between such notices and the leadership teams of the divisions i.e. that they weren't always aware of the issue of such notices .It was agreed that should any such notices be issued in the future they will be copied not just to the relevant manager but also to the divisional managers.
5. An update report on the ROSPA application was presented .It was agreed that this was very useful in supporting the Trust's ongoing gap analysis and that in that vein the Committee would value receipt of an action plan for 2020/21 building on the excellent work done to date in the area, particularly with an emphasis for the future on embedding practice following the necessary interventions in 2109/20.
6. A detailed report was presented providing a detailed analysis on violence and aggression incidents. It was reported that a cross disciplinary (clinical and non-clinical) group had been set up to review these issues with a view to providing advice and guidance and any necessary actions in the future.

3. Next Meeting

The next Safety Management Assurance Committee meeting will be held on 17th February 2020.

BOARD OF DIRECTORS	
Agenda Item	19/20 023
Title of Report	Report of the Audit Committee – December 2019
Date of Meeting	29.1.2020
Author	Steve Igoe, Audit Chair
Accountable Executive Director	Karen Edge, Acting Director of Finance
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	All
Level of Assurance	Gaps
Purpose of the Paper	To note
Reviewed by Executive Committee	Audit Committee
Data Quality Rating	
FOI status	Chairs report may be disclosed in full
Equality Impact Assessment Undertaken	

1. Background

The Committee met on 10th December 2019 and received a full update on a range of matters.

2. Key Agenda Discussions

Specific issues discussed and noted were as follows:

a) In terms of internal audit matters we considered the tracking of historical actions arising from internal audit reports, the MIAA internal audit charter and its compliance with required Auditing standards. We also reviewed Internal audit outcomes from recent reports.

b) Good progress continues to be made in resolving outstanding actions and management are positively engaged in such matters.

c) It was pleasing to see the Trust receive a substantial assurance outcome on its Risk Management processes given where this activity started from .

d) We discussed the External update from external audit and in particular a request for a significant increase to their proposed audit fee for the audit of the 19/20 accounts. This is the last year of their contract and whilst this fee increase would not normally be supported the committee recognised the significant challenges in the Audit market place at the time. We also recognised that this is in effect a one off for the current incumbent as we will need to re-tender with the Governors for audit services for 2020/21 and beyond. This is a Governor appointment and will require their input. We were also assured by further work which confirms the current fee level even with the increase is competitive.

e) We undertook our standard review each meeting of losses and special payments and legal issues.

f) A proposal was put to the Audit committee to engage with the Internal Audit Memorandum of Understanding with MIAA which would confirm them as Internal Auditors for the next 5 years as part of a system wide commitment to procuring these services. It was agreed that this would be sensible given the ability of the trust to exit the agreement if it so wishes and the commitment by MIAA to freeze their fees subject to any inflationary uplift.

g) We reviewed and approved the annual review process to be used as a form of assurance for the Board as part of the year end regulatory reporting process and we also reviewed the tender waiver history. We were positively assured by the substantial reduction in the number of such waiver requirements.

h) Finally we reviewed and approved the updated standing financial instructions and associated appendices.

3. Escalation

Specific issues the Committee wished to bring to the Board's attentions are as follows:

i. External audit process for 2019/21 and in particular the significant increase in proposed fee for this year only as the last year of a 5 year (2+3) contract.

ii. The approval of the Trust in entering into the MIAA MOU for the continuing provision of Internal Audit Services.

iii. The Breach of policy in terms of receipt of a gift by ED staff in the form of vouchers.

iv. Positive assurance in terms of engagement in resolving Internal audit. recommendations

v. Significant reduction (one third) in number of single tender waivers requested.

BOARD OF DIRECTORS	
Agenda Item	19/20 023
Title of Report	Report of the Audit Committee – January 2020
Date of Meeting	29.1.2020
Author	Steve Igoe, Audit Chair
Accountable Executive Director	Karen Edge, Acting Director of Finance
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	All
Level of Assurance	Gaps
Purpose of the Paper	To note
Reviewed by Executive Committee	Audit Committee
Data Quality Rating	
FOI status	Chairs report may be disclosed in full
Equality Impact Assessment Undertaken	

1. Background

The Committee met on 13th January 2020 and received a full update on a range of matters. The Committee welcomed Claire Wilson, Chief Finance Office to her first meeting alongside John McManus as Interim Assistant Director of Finance.

2. Key Agenda Discussions

This meeting was very much business as usual in terms of the Committee's work plan and as such covered a number of items related to preparations for the Trust's year end reporting for year ended 31 March 2020.

Specific issues discussed and noted were as follows:

1. The Committee noted and discussed the Trusts' internal audit recommendation tracking report and the MIAA internal audit tracker report. Both of the reports and oral confirmation from Internal audit assured the Committee of positive progress in these areas.

2. Internal audit outcomes were received from MIAA for the areas;
   a. Procurement processes
   b. Financial systems ,integrity and reporting
   c. And Infection prevention and control data

3. The first 2 of these reports were normal reports and the Trust received moderate assurance for the procurement report and substantial assurance for the finance report. The reason for the moderate assurance was discussed and related to the destruction of data via a file not backed up onto a network drive, this was accepted as due to a one-off set of circumstances.

4. The IPC data check revealed that mandatory data historically submitted was not accurate. A new verification system is now in place which is designed to minimise the occurrence in the future of any such issues. The Trust is currently reviewing how to deal with the issue of prior inaccurate reporting and will ensure appropriate information is available in terms of future trajectories for the new financial year 2020/21.

5. Positive assurance was received in terms of the Trust's work on counter fraud. All KPI's are green.

6. The Committee discussed the detailed Internal Audit plan for 2020/21 (set within a 3 year rolling plan).The plan was derived from key documents at the Trust i.e. the BAF and risk register along with detailed meetings with executives and non-executives on the Audit Committee. The plan was accepted and approved in principle subject to final ratification at the April Meeting.

7. Grant Thornton presented their plan for the external Audit of the Trust's financial statements for year ended 31 March 2020 and quality account .Significant risks were as expected namely; Revenue recognition , Valuation(particularly land and buildings) and Going concern (material uncertainty disclosures).A separate paper on this was presented and approved later in the meeting .

8. A detailed discussion took place with GT on their previous qualification, specifically in relation to Value for Money and use of Resources and the Committee were robust in setting out a view that it would expect a detailed consideration of the CQC well led outcome to be taken into account when forming a view in this area along with the data discussed by the Board in relation to the Trust's financial performance as against the model hospital data.

9. The Committee noted the substantial increase in fee alongside the fact that this was the final year of a 3+2 contract with the role being tendered and subject to Governor approval later on in the year.

10. A detailed review of extant accounting policies was undertaken and they were approved subject to any subsequent advice and guidance from the centre, particularly in relation to pensions disclosure.

11. A review of the Trust's proposals in relation to "going concern" disclosure were discussed and approved subject to further review nearer the balance sheet date. It was noted that issues of judgement such as this will be included in any letter of representation required to be signed by the Board.

12. The Committee noted the use of the Trust seal for the granting of an interest in the estate to Four seasons setting up the Grosvenor suite at Clatterbridge.

13. The regular review of stock losses, payments and impairments was considered. The Committee noted the substantial reduction year on year in total losses although a particular incident leading to a payment in excess of £26k for one incident was queried and further information requested.

14. The Chief Finance Officer confirmed she would be following up the substantial amount of unpaid debt of £1.2m owed by the CCG .

15. The Committee work plan for 2020/21 was discussed and approved.

16. The proceedings of the Risk management meeting on 10th December were reported. It was noted that substantial risks affecting the trust are covered in the BAF and Risk register.