Public Board of Directors

1st April 2020

Meeting of the Board of Directors
12.30pm - Wednesday 1st April 2020

via Microsoft Teams

AGENDA

Item	Item Description	Presenter	Verbal or Paper	Page Number
20/21 001	Apologies for Absence	Chair	Verbal	N/A
20/21 002	Declaration of Interests	Chair	Verbal	N/A
20/21 003	Chair's Business	Chair	Verbal	N/A
20/21 004	Key Strategic Issues	Chair	Verbal	N/A
20/21 005	Minutes of Previous Meeting – 4.3.2020	Board Secretary	Paper	1
20/21 006	Board Action Log	Board Secretary	Paper	14
20/21 007	Chief Executive's Report	Chief Executive	Paper	16
Quality and Safety				
20/21 008	COVID-19 Preparedness	Chief Operating Officer	Verbal	N/A
Performance & Improvement				
20/21 009	Month 11 Finance Report	Chief Finance Officer	Paper	24
20/21 010	Temporary Financial Governance Arrangements for COVID-19	Chief Finance Officer	Paper	44
20/21 011	Forward Plans - 2020/2021 • Budget & Capital Programme • Operational Plan	Chief Finance Officer / Director of Strategy & Partnerships	Verbal	N/A
20/21 012	Quality and Performance Dashboard and Exception Reports	Chief Operating Officer, Medical Director, Director of Workforce and Chief Nurse	Paper	52
Governance				
20/21 013	Change Programme Summary, Delivery & Assurance	External Programme Assurance	Paper	71
20/21 014	Report of Quality Committee	Chair of Quality Committee	Verbal	N/A
20/21 015	Review of Register of Interests and Annual Fit & Proper Persons Declaration	Board Secretary	Paper	98
Standing Items				

20/21 016	Any Other Business	Chair	Verbal	N/A
20/21 017	Date of Next Meeting – 6.5.2020	Chair	Verbal	N/A

Wirral University Teaching Hospital
NHS Foundation Trust

BOARD OF DIRECTORS	**Present**
	Sir David Henshaw — Chair
	Chris Clarkson — Non-Executive Director
UNAPPROVED MINUTES OF PUBLIC MEETING	John Coakley — Non-Executive Director
	Claire Wilson — Chief Finance Officer
	Janelle Holmes — Chief Executive
	Helen Marks — Director of Workforce
4th MARCH 2020	Anthony Middleton — Chief Operating Officer
	John Sullivan — Non-Executive Director
	Dr Nicola Stevenson — Medical Director
BOARDROOM	Matthew Swanborough — Director of Strategy and Partnerships
EDUCATION CENTRE	Steve Igoe — Non-Executive Director
ARROWE PARK HOSPITAL	Paul Moore — Director of Quality & Governance (Non voting)
	Sue Lorimer — Non-Executive Director

In attendance

Andrea Leather	Board Secretary [Minutes]
Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Dr Ranjeev Mehra	Associate Medical Director, Surgery
Paul Charnley	Director of IT and Information
Joe Gibson*	Project Transformation
Jenny Wood*	Head of Service Improvement Team
Steve Evans*	Public Governor
John Fry*	Public Governor
Elaine Scott	Member of the Public
Robert Little	Member of the Public
Oliver Duffy	Member of the Public
Jane Kearley*	Member of the Public
Kristen Beatty*	Patient Story
Sue Milling-Kelly*	Patient Experience Team
Angela McLaughlin	Communications & Engagement Specialist
Colm Byrne*	Independent HR Consultant

Apologies

Jayne Coulson	Non-Executive Director
Hazel Richards	Chief Nurse
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support

*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 19-20/230	**Apologies for Absence** Noted as above.	
BM 19-20/231	**Declarations of Interest** There were no Declarations of Interest.	
BM 19-20/232	**Chair's Business** The Chair welcomed all those present to the Board of Directors meeting and extended thanks to Executive Directors and the teams for the extraordinary work in supporting the visitors from Wuhan and those staff displaced from their accommodation. The Trust has also received acknowledgement from	

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Reference	Minute	Action
	the national and regional teams, recognising partnership working to support the isolation facility. 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. Martin Wakerley, Senior Responsible Officer for the Healthy Wirral Programme is to lead on the operational delivery of the Healthy Wirral Plan. Following initial discussions with Wirral NHS providers and Wirral CCG the plan is in the process of being re-prioritised. A report outlining the next steps will be shared with partner organisations for consideration and seeking approval by their Board of Directors. Following the recent CQC inspection, a meeting has taken place with CQC representatives to discuss the draft report following factual accuracy checks. It was acknowledged that the report should reflect the improvement journey the Trust has undergone since the last inspection.	
BM 19-20/233	**Key Strategic Issues** Board members apprised the Board of key strategic issues and matters worthy of note. **Chief Operating Officer** – apprised the Board of the local, regional and national emergency plans in preparation for the Coronavirus outbreak (COVID-19). **Mr John Sullivan – Non-Executive Director** – apprised the Board of the second Shadow Board meeting that had taken place earlier in the week. An excellent meeting with all participants contributing and listening, supporting colleagues with non-verbal cues and follow up on questions and comments. **Mrs Sue Lorimer – Non-Executive Director –** stressed the importance to ensure local housing associations are integral to discussions with the local authority in relation to wider regeneration plans. ***The Board noted that although some members did not have updates there were a number of topics already covered within agenda items.***	
BM 19-20/234	**Board of Directors** **Minutes** The Minutes of the Board of Directors meeting held on 29 January 2020 were approved as an accurate record. **Action Log** In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.	
BM 19-20/235	**Chief Executives' Report** A number of key headlines, contained within the written report, were highlighted for Board members; including:	

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Reference	Minute	Action
	• System meetings including Cheshire & Merseyside Health and Care Partnership and Healthy Wirral Programme and Plan • Coronavirus update • Operational Plan 2020/21 • Strategy Development • Serious Incidents and RIDDOR updates. To provide further context, the Chief Executive expanded on a number of the items contained within the report. The appointment of Dr Jackie Bene, Chief Officer for Cheshire & Merseyside health and Care Partnership, commencing in May 2020. Congratulated Ward M1 at Clatterbridge who have achieved Level 3 (Green) as part of the WISE (Wirral, Individual, Safe Care, Every time) ward accreditation process. The Board was assured that the 5 Serious Incidents and 1 RIDDOR reportable incident are all being fully investigated and reported to the Quality Committee and Health & Safety Committee respectively. ***The Board noted the Chief Executive's Report.***	
BM 19-20/236	**Patient Story** The Board were joined by Kristen Beatty who apprised the Board of Directors of her journey having been diagnosed with endometriosis. Kristen, before becoming ill, led a very active lifestyle. She was diagnosed with endometriosis, suffering chronic pain, chronic fatigue, daily nausea, bloating and other life-disrupting symptoms, which impacted her whole lifestyle including being unable to work. Consequently, after a number of visits to her GP and the Emergency Department over a period of months, she was referred to a Gynaecologist here at the Trust, with a date set for surgery. However, whilst awaiting her surgery, Kristen fell extremely poorly and was taken to Emergency Department again and her surgery was expedited with a date to be set within the next few months. Following this, a number of dates were set but had to be cancelled for emergencies. Kristen had her operation in December 2019, resulting in clear positive changes in her life and despite being a very lengthy and difficult journey over a period of twelve months; she truly appreciates the positive experiences that she has had at WUTH. The Board thanked Kristen for sharing her experience and wished her well for the future. Discussion ensued, highlighting the complexity for patients to navigate the system due to multiple points of contact. This is to be addressed within the 'World Class Administration of Patients' work stream of the Change Programme. The progress of actions identified as part of a review of 'private practice' processes is to be monitored through the Audit Committee. ***The Board noted the feedback received from Kristen Beatty.***	

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Reference	Minute	Action
BM 19-20/237	**Month 10 Finance Report** The Chief Finance Officer apprised the Board of the summary financial position at the end of Month 10. The Trust reported an actual deficit of £16.2m versus planned deficit of £2.5m. The key headlines for Month 10 include: • Month 10 deficit of (£0.6m) vs planned surplus of (£1.2m), being (£1.8m) worse than plan. • YTD, income has exceeded plan by (c£4.4m). Elective and Day case activity performance has deteriorated due to operational pressures, however, ophthalmology, gynaecology and excess bed days is higher than plan. Non-PbR is above plan (£0.2m). • In month, pay is exceeded plan by (£0.5m), with a YTD overspend of (£5.3m). Medical and Nursing pressures continue as a result of gaps and escalation capacity. • In month, non-pay exceed plan by (£0.3m), this mainly relates to clinical supplies. • CIP delivered £8.9m YTD, (c£1.5m) below plan. • Cash is £2.7m, (£0.7m) below plan. • Capital is behind the revised plan by £3.1m as a result of slippage on a number of schemes. However, this is expected to be recovered in the final quarter as priority schemes from 2020/21 are brought forward. The Chief Finance Officer provided an update regarding financial recovery work being undertaken that were presented at the Finance, Business, Performance & Assurance Committee. Following discussion regarding wider system focus to understand the underlying causes leading to the potential scale of work to achieve financial sustainability, the Board agreed to consider internal productivity that demonstrates a trajectory of health economy growth over a number of years, at the next meeting. Both the regional and national finance teams at NHS England/Improvement have been notified of the Trusts ongoing costs in relation to the establishment of an isolation facility for the repatriation of British citizens and the expenditure for the staff displaced from the accommodation. The Board to be provided an update at the next meeting. ***The Board noted the Month 10 finance performance and the steps being undertaken to address the financial position both internally and the wider health economy.***	 **CW** **CW**
BM 19-20/238	**Financial Planning and Capital Programme Update** The Board was apprised of the draft financial plan 2020/21 due for submission on 5th March 2020. In summary the key messages were: • Continued run rate pressures, in part due to non recurrent cost improvement schemes • New requirement to reduce bed occupancy to 92% • Length of stay.	

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Reference	Minute	Action
	The overall draft financial plan for 2020/21 is for a £27.7m deficit. This is a £12.3m adverse movement from the Long Term Financial Model position submitted in November 2019. This movement relates to two specific items: • £6.3m loss of MRET funding (held centrally instead) • £6m estimate for the impact of the new requirement to reduce bed occupancy to 92%. Further work on bed capacity and configuration modelling is underway and this will enable enhancements to be made to the staffing cost models. Whilst the Board recognised the significant risk in relation to the £14m (recurrent) Cost Improvement Programme (CIP) which will require the disestablishment of posts, the Board were assured of the measures in place to challenge and monitor progress against plan. A number of potential mitigations/upsides which are not included in the plan were highlighted, they included: • Part year effect slippage on opening of new bed capacity • Review of future liability provision associated with Frontis under-occupancy subsidy (currently on balance sheet at c£5m). A summary of the 2020/21 Capital Plan was provided and the Board were advised that Finance, Business, Performance and Assurance Committee have requested a review of processes to ensure that plans can be delivered quickly once approved. The Board emphasised the need for greater clarity in relation to system change to ensure the financial sustainability across the health economy. ***The Board approved the draft Financial and Capital Plans 2020/21 and noted the risk regarding the delivery of a 3.7% CIP and no contingency.***	
BM 19-20/239	**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 / 12 hour breaches – whilst nationally there has been a deterioration of the 4 hour standard, there are some elements of improvement locally such as 12 hour and ambulance turnaround. The internal focus continues 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. It was acknowledged that the regaining of elective beds earlier than in previous years should improve performance. • 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 and the 3rd stage recovery project at Arrowe Park, to mitigate the loss of activity due to urgent care bed pressures. A de-escalation plan for other compromised wards being used for urgent care provision is being	

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Reference	Minute	Action
	finalised. Although performance is below trajectory within month, the indicator is expected to achieve target by quarter end as reported to the regulator and the Trust is ahead of plan on total waiting list size and has sustained zero 52 week objectives. • Mortality: SHMI and HSMR data are within the expected range and performance is being monitored via Quality Committee. The Medical Director proposed removing the SHMI data from the dashboard as the data is triangulated to inform the 'learning from deaths' report and due to the differing reporting periods it could appear inconsistent, this was supported by the Board with effect from 1st April 2020. The newly introduced Medical Examiner role is to be implemented regionally in quarter one 2020/21, although it would be towards the end of the year before all would be in place. • Staff attendance is captured within agenda item BM 19-20/241. • Appraisal compliance continues to improve with performance at the end of February being 84.73%. Compliance is regularly being monitored through the monthly Divisional Performance Reviews (DPRs). With effect from 1st April, ownership for compliance will transfer from the manager to the individual along with mandatory training. • Overall, the Safe Domain reported largely in the green, with no breaches of CAS alerts during the past 12 months. • Investigations of reported serious incidents are ongoing to identify the root cause and contributory factors. Duty of candour undertaken for each case. Forecast for year end is expected to be in the region of 39 which is a reduction of 30% in comparison to the previous year. • The Trust continues to work with the Local Research Network in recruiting patients to the National Institute for Health Research studies. The Board recognised the increase in demand and the challenges this generated for the Trust and the internal measures such as continuing assessment of capacity on the Clatterbridge site along with reinvigorating the daily Board Rounds and Safety Huddles. Following concerns previously raised by the Board in relation to the continued non compliance of the attendance indicator, a presentation highlighting the themes and detailing the next steps was to be discussed later in the meeting. ***The Board noted the current performance against the indicators to the end of January 2020.***	
BM 19-20/240	**Annual NHS Staff Survey 2019 Results** The Board were provided an overview of the outcomes for the NHS Staff Survey 2019. The survey encompassed 102 questions across eleven themes including an additional theme, 'team working'. The results show improvements across five of the eleven themes, with the highest scores for the last five years in areas including how staff feel about their immediate managers and indicators of staff morale. The remaining six theme scores have remained at a similar level compared to 2018. A number of staff engagement events have taken place and Divisions are also cascading the findings. The Organisational Development Plan will now be triangulated with the outcomes and actions monitored through the	

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Reference	Minute	Action
	Workforce Assurance Committee. ***The Board noted the Annual NHS Staff Survey 2019 results.***	
BM 19-20/241	**'Deep Dive' into the Trust Sickness Absence** The Board received a presentation in regards to the continued non compliance of the attendance indicator. Information contained within the Model Hospital data demonstrated trends over a two year period, when benchmarked against other peers, the Trust was 1% higher throughout the year. That said, in May and June 2019 the gap appears to be broader. The Workforce Steering Group will review this period to establish any trends. As sickness absence is higher within the Estates and Facilities Division, a review of the data excluding this group is to be completed. To support the Division, additional resources including simplified processes have also been provided. The Board were reminded of the measures introduced to address attendance management performance. Subsequent to the introduction of these measures performance has seen improvements since December, particularly in relation to overall sickness absence, long term sickness absences and return to work interviews. Whilst overall performance is not meeting the trajectory, a number of divisions and departments that are achieving compliance and should be congratulated, particularly as this is during times of organisational pressure. The Trust is working with staff side regarding incentive schemes for 100% attendance and a range of sanctions being considered for poor attendance. The Board discussed the pro's and con's of such schemes and agreed they should be reviewed at the Workforce Steering Group and the outcomes reported via the Workforce Assurance Committee. The Trust is currently developing advice in line with Public Health England guidance for staff impacted by coronavirus, in areas such as special leave to look after children and those who may have to self isolate. ***The Board noted the impact of measures introduced and supported the approach regarding incentives and sanctions that are under consideration to address non compliance with sickness absence performance.***	
BM 19-20/242	**Change Programme Summary, Delivery & Assurance** Joe Gibson, External Assurance along with Jenny Wood, Head of Service Improvement Team apprised the Board of progress and modifications regarding the Change Programme. In summary these included: • Patient Flow - Capacity Management is on track for 'Go Live' on 9th March with training underway and Trust wide communication circulated. • Perioperative Medicine - throughout January, engagement sessions were held with operational, medical and nursing staff, patient groups	

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Reference	Minute	Action
	and other stakeholders to verify and develop the vision. The PID and Plan have been developed for the next 12 months and aims for the next 3-5years. • Outpatients – support to embrace the degree of change required to sustain ambitious programme. Second workshop scheduled to address end-to-end processes for cancelling clinics. The governance ratings have seen a significant improvement together with improvement in the assurance evidence for the digital projects. Programme Board will focus challenge to stretch the targets and the necessity to pick up pace. Delivery ratings show two programmes green rated, nine amber rated and two red rated. The areas for attention are the definition and realisation of benefits with robust tracking of milestone plans and risk. Programme Board recognise the absence of patient involvement and are looking to address this. Discussion ensued and consequently the Board requested the benefits realisation details to be provided in the next report. The patient story provided earlier in the meeting to be shared with the Outpatient programme team as it demonstrates the impact on patients of the lack of single point of contact. ***The Board noted the Change Programme summery, delivery and assurance report.***	**JG**
BM 19-20/243	**Report of Trust Management Board** The Chief Executive provided a report of the Trust Management Board meeting on 25th February 2020 summarising those items not already discussed earlier in the meeting: • Divisional updates • Workshop arranged for all divisions to focus on the reconfiguration of the bed base to drive efficiencies and the longer term requirements. • Finance team developing clear investment process guidance and provide training to support production of business cases. ***The Board noted the reports of the Trust Management Board.***	
BM 19-20/244	**Finance, Business, Performance and Assurance Committee** Mrs Sue Lorimer, Non-Executive Director, provided a report of the key aspects from the recent Finance, Business, Performance and Assurance Committee, held on 27th February which covered: • Month 10 finance report • Financial Recovery Plan • Update on 2020/21 Financial Plan and Capital • Quality Performance Dashboard • Board Assurance Framework • Urgent Treatment Centre • Chairs report of the Finance Performance Group	

Reference	Minute	Action
	Whilst there were no new risks to report to the Board, the Committee stressed the importance of the work to support financial recovery must be maintained. The Committee reviewed the Supply of Electricity procurement business case and recommended Board approval through the Countess of Chester (CoCH) framework. ***The Board noted the Finance, Business, Performance and Assurance Committee report. Approved the procurement of supply of electricity through the CoCH framework and £1.5m priority capital schemes be brought forward from 2020/21.***	
BM 19-20/245	**Report of Safety Management Assurance Committee** Mr Chris Clarkson, Non-Executive Director, apprised the Board of the key aspects from the recent Safety Management Assurance Committee, held on 15th February 2020 which covered: - Good progress resolving outstanding actions - Health & Safety Dashboard - Divisional H&S dashboard - Chairs report of Health & Safety Committee Whilst the Committee were assured of improvement across the board, it was clear that further action was needed in the areas of mandatory training compliance, the appropriate disposal of waste and manual handling, if the Trust is to deliver on its Health & Safety commitments. Actions were agreed in the areas of communications and encouraging the completion of mandatory training in order to address these issues. ***The Board noted the report of the Safety Management Assurance Committee.***	
BM 19-20/245	**Board Assurance Framework** The Board Secretary apprised the Board of the summary of risks, and their associated risk scores in the Board Assurance Framework. Relevant Assurance Committees have reviewed the updates identified in the report along with providing an assurance rating for each of the risk vectors. The risk rating regarding 'primary risk 6' was considered and the proposed revised risk score was approved. It was proposed and agreed that an additional threat to reflect 'coronavirus' outbreak was to be included within PR5 and therefore would increase the likelihood to 5. This threat would also be cross referenced with other principle risks, namely PR1, 2 and 4 **The Board of Directors noted the Board Assurance Framework and approved the revised assurance ratings.**	

Item 20/21 005 - Draft Public Board Minutes March 20

Reference	Minute	Action
BM 19-20/246	**Any Other Business** There was no other business to report. Board members wish Paul Moore well in his new role and thanked him for the fantastic work he had completed to get the Trust on track, particularly in relation to governance.	
BM 19-20/247	**Date of next Meeting** Wednesday 1st April 2020.	

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Chair

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Date

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 04.03.20						
1	BM 19-20/237	Discussion at future Board meeting regarding internal productivity to support financial sustainability	CW	To be deferred until Q2 following stabilisation of COVID activities.	April '20	
2		Financial position regarding establishment of isolation facility and expenditure for displaced staff	CW	**Complete** - Cash allocation now received from DHSC (interim payment 75%) – finance paper refers	April '20	
1	BM 19-20/237	Benefits realisation for each of the top 3 priorities	JG	**Complete** – see agenda item BM 20-21/013	April '20	
Date of Meeting 29.01.20						
2	BM 19-20/214	Report outlining opportunities for inclusion in the Estate master plan to ensure full utilisation of hospital sites	MS		October '20	

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Board of Directors

Agenda Item	19/20 032
Title of Report	Chief Executive's Report
Date of Meeting	1.4.2020
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

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This report provides an overview of work undertaken and any important announcements in March 2020.

<u>Internal</u>

Serious Incidents

In February 2020 four serious incidents were declared. One case was a surgical complication; one was an inpatient fall. Two cases also met the criteria for Never events. Immediate actions to improve safety were implemented and investigations initiated which will be monitored through Trust governance arrangements.

RIDDOR Update

The Trust reviewed two RIDDOR reportable incidents at the Serious Incident panel during February 2020. One involved a musculoskeletal injury sustained following response to a falling object; one involved a back injury sustained following unpredictable patient movement. The investigations have been completed.

<u>National</u>

CQC Unannounced Inspections

The Care Quality Commission (CQC) published its report following an inspection of health services provided by Wirral University Teaching Hospitals NHS Foundation Trust on 31st March 2020. It is clear that the Trust has made substantial progress to comply with regulations since the last inspection in 2018, particularly within the safe and well-led domains. The Trust has been successful at demonstrating to inspectors the significant improvement in medicines management, medical engagement, leadership development and governance. The overall rating of 'Requires Improvement' clearly shows that a great deal of progress has been made and the Trust remains on course to improve ratings further going forward. The Trust acknowledge the important work that remains to be done to improve access to services, ease congestion across the wider health system, and further improve the implementation of patient-level risk assessment and management.

The Board can be proud of the improvements that have been implemented in the last two years to provide better services for people, and join me in paying tribute to our excellent staff who have and continue to work tirelessly in difficult operating circumstances to provide safe and compassionate care. I am pleased the CQC acknowledged that staff are always respectful and kind. It is a testament to the commitment and dedication of frontline teams that CQC rated the Trust as 'Good' overall for caring. Other core services rated 'Good' include our Maternity, End of Life and Diagnostic Imaging Services.

The Trust has been making steady progress to improve and it's pleasing that the CQC recognised areas of outstanding practice such as prescribing arrangements, supporting staff who are terminally ill, and promoting equality. These are aspects of care whereby other providers seeking to improve their services can derive benefit and learning.

It is encouraging that CQC have recognised improved leadership and governance, and uplifted the overall rating in the well-led domain from inadequate to 'Requires Improvement'. It is clear that notwithstanding the progress that has been made, there remains work to do overcome the challenges associated with patient flows throughout the wider health system and achieving higher levels of compliance with some basic care standards. I am determined to build upon the progress

made and address all the recommendations in partnership with frontline teams, neighbouring health and social care providers, and regulators.

2020 Royal Society for the Prevention of Accidents (RoSPA) Health & Safety Award

The Achievement Awards are non-competitive and are based on an organisation's individual health and safety performance. They help the Trust to demonstrate its commitment to excellent standards and contribute to motivate our workforce to become better at safety management. The levels of awards available to a first time applicant are: Merit; Bronze; Silver and Gold.

Following submission at the end of January 2020, the RoSPA Adjudication Panel awarded a 'Gold' award for health and safety performance during the period 1st January 2019 – 31st December 2019.

The presentation ceremony has been postponed until later in the year.

NHS Response to COVID - 19

NHS England / Improvement have provided guidance to support organisations to free-up capacity and resources during these challenging times. The guidance encompasses:

- Governance and meetings
- Reporting and assurance
- Other areas including HR and staff related activities.

Further details are provided in appendix 1. Each Executive Lead is working through their areas of responsibility to agree what work is being put on hold, and how current meeting arrangements will continue and in what format. This will be agreed by the Executive Team and presented to Board.

Janelle Holmes
Chief Executive
April 2020

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<u>The system actions</u>

Changing NHS England and NHS Improvement engagement approaches with systems and organisations

Oversight meetings will now be held by phone or video conference and will focus on critical issues. Teams will also review the frequency of these meetings on a case-by-case basis. For our improvement resource, we have reprioritised their work to focus on areas directly relevant to the COVID-19 response:

- GIRFT visits to trusts have been stood down with resources concentrated on supporting hospital discharge coordination
- The outpatient transformation work is focused on video consultation and patient-initiated follow up
- We have prioritised our special measures support in agreement with CQC to ensure we support the most challenged in the right way to help them manage the COVID-19 pressures.

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1) Governance and meetings

No.	Areas of activity	Detail	Actions
1.	Board and sub-board meetings	Trusts and CCGs should continue to hold board meetings but streamline papers, focus agendas and hold virtually not face-to-face. No sanctions for technical quorum breaches (eg because of self-isolation) For board committee meetings, trusts should continue quality committees, but consider streamlining other committees (eg Audit and Risk and Remuneration committees) and where possible delay meetings till later in the year. While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation All system meetings to be virtual by default	Organisation to inform audit firms where necessary
2.	FT Governor meetings	Face-to-face meetings should be stopped at the current time[1] but ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 eg via webinars/emails	FTs to inform lead governor
3.	FT governor and membership processes	FTs free to stop/delay governor elections where necessary Annual members' meetings should be deferred Membership engagement should be limited to COVID-19 purposes	FTs to inform lead governor
4.	Annual accounts and audit	Deadlines for preparation and audit of accounts in 2019/20 are being extended. Detail was issued on 23 March 2020.	Organisation to inform external auditors where necessary
5.	Quality accounts - preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. We intend it will be deferred	NHSE/I to inform DHSC
6.	Quality accounts and quality	This work can be stopped	Organisations to inform external auditors where necessary

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[1] This may be a technical breach of FTs' constitution but acceptable given Government guidance on social isolation

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No.	Areas of activity	Detail	Actions
	reports – assurance		
7.	Annual report	We are working with DHSC and HM Treasury on streamlining the annual report requirements – further guidance forthcoming	NHSE/I and DHSC to prepare guidance in due course
8	Decision-making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.	

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2) Reporting and assurance

No.	Areas of activity	Detail
1.	Constitutional standards (eg A&E, RTT, Cancer, Ambulance waits, MH LD measures)	See Annex B
2.	Friends and Family test	Stop reporting requirement to NHS England and NHS Improvement
3.	Long-Term Plan: operational planning	Paused
4.	Long-term Plan: system by default	Put on hold all national System by Default development work (including work on CCG mergers and 20/21 guidance). However, NHSE/I actively encourages system working where it helps manage the response to COVID-19, providing support where possible.
5.	Long-Term Plan: Mental Health	NHSE/I will maintain Mental Health Investment guarantee.
6.	Long-Term Plan: Learning Disability and Autism	As for Mental Health, NHSE/I will maintain the investment guarantee.
7.	Long-Term Plan: Cancer	NHSE/I will maintain its commitment and investment through the Cancer Alliances to improve survival rates for cancer. NHSE/I will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will release necessary resource to support the COVID-19 response.
8.	NHSE/I Oversight meetings	Be held online. Streamlined agendas and focus on COVID-19 issues and support needs
9.	Corporate Data Collections (eg licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)	Look to streamline and/or waive certain elements Delay the Forward Plan documents FTs are required to submit We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.
10.	Use of Resources assessments	With the CQC suspending routine assessments, NHSE/I will suspend the Use of Resources assessments
11.	Continuing Healthcare Assessments	Stop CHC assessments. Capacity tracker, currently mandated for care homes, is now also mandated for hospices and intermediate care facilities
12.	Provider transaction appraisals	Complete April 2020 transactions, but potential for NHSE/I to de-prioritise or delay transactions appraisals if in the local interest given COVID-19 factors

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No.	Areas of activity	Detail
	CCG mergers	Complete April 2020 CCG Mergers but delay work post April 2020.
	Service reconfigurations	Expect no new public consultations except in cases to support COVID-19 or build agreed new facilities. We will also streamline or waive, as appropriate, the process to review any reconfiguration proposals designed in response to COVID-19
13.	7-day Services assurance	Suspend the 7-day hospital services board assurance framework self-cert statement
14.	Clinical audit	All national clinical audit, confidential enquiries and national joint registry data collection, including for national VTE risk assessment, can be suspended. Analysis and preparation of current reports can continue at the discretion of the audit provider, where it does not impact front line clinical capacity. Data collection for the child death database and MBRRACE-UK-perinatal surveillance data will continue as this is important in understanding the impact of COVID-19.
15.	Pathology services	We need support from providers to manage pathology supplies which are crucial to COVID -19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables.

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3) Other areas including HR and staff-related activities

No.	Areas of activity	Detail
1.	Mandatory training	New training activities – refresher training for staff and new training to expand the number of ICU staff – is likely to be necessary. Reduce other mandatory training as appropriate
2.	Appraisals and revalidation	Recommendation that appraisals are suspended from the date of this letter, unless there are exceptional circumstances agreed by both the appraisee and appraiser. This should immediately increase capacity in our workforce by allowing appraisers to return to clinical practice. The GMC has now deferred revalidation for all doctors who are due to be revalidated by September 2020. We request that all non-urgent or non-essential professional standards activity be suspended until further notice including medical appraisal and continuous professional development (CPD*)* The Nursing and Midwifery Council (NMC) is to initially extend the revalidation period for current registered nurses and midwives by an additional three months and is seeking further flexibility from the UK Government for the future.
3.	CCG clinical staff deployment	Review internal needs in order to retain a skeleton staff for critical needs and redeploy the remainder to the frontline CCG Governing Body GP to focus on primary care provision
4.	Repurposing of non clinical staff	Non-clinical staff to focus on supporting primary care and providers
5.	Enact business critical roles at CCGs	To include support and hospital discharge, EPRR etc

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Whilst existing performance standards remain in place, we acknowledge that the way these are managed will need to change for the duration of the COVID-19 response. Our approach to those standards most directly impacted by the COVID-19 situation is set out below:

A&E and Ambulance performance - monitoring and management against the 4-hour standard and ambulance performance (Ambulance Quality Indicators: System Indicators) will continue nationally and locally, to support system resilience. Simultaneously, local teams should maintain flexibility to manage demand for urgent care during the emergency period.

RTT – Monitoring and management of our RTT ambitions will continue, to ensure consistency and continuity of reporting and to understand the impact of the suspension of non-urgent elective activity and the subsequent recovery of the waiting list position that will be required. The wider announcements on suspension of the usual PBR national tariff payment architecture and associated administrative / transactional processes mean that, financial sanctions for breaches of 52+ week waiting patients occurring from 1st April 2020 onwards will also be suspended.

Recording of clock starts and stops should continue in line with current practice for people who are self-isolating, people in vulnerable groups, patients who cancel or do not attend due to fears around entering a hospital setting, and patients who have their appointments cancelled by the hospital. The existing RTT recording and reporting guidance is recognised across the country as the key reference point for counting RTT activity and specific clarification of how this should be applied, in the scenarios described above, will be provided in due course.

Cancer – Cancer treatment should continue, and that close attention should continue to be paid to referral and treatment volumes to make sure that cancer cases continue to be identified, diagnosed and treated in a timely manner. Clarification has already been released to the system through the COVID-19 incident SPOC to confirm that appropriate clinical priority should continue to be given to the diagnosis and treatment of cancer with appropriate flexibility of provision to account for infection control. We have also confirmed modifications to v10 Cancer Waiting Times guidance to allow for this to be appropriately recorded. In addition, it has been agreed that the 28-day Faster Diagnosis Standard (which was due to come into effect from Wednesday 1 April) will still have data collected, but will not be subject to formal performance management. The Cancer PTL data collection will continue and we expect it to continue to be used locally to ensure that patients continue to be tracked and treated in accordance with their clinical priority.

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Annex B

Data collections/reporting

NHS Digital maintains a significant volume of data which is mandated for return from commissioners and providers[2]. Much of this data is routinely submitted and imposes minimal burden on local systems.

It will be important to maintain a flow of core operational intelligence to provide continued understanding of system pressure and how this translates into changes in coronavirus and other demand, activity, capacity and performance – and in some areas it may be necessary to go further to add to and extend existing collections. For this reason, and to ensure effective performance recovery efforts can begin immediately after the intense period of COVID-19 response activity has subsided, the majority of data collections remain in place.

Notwithstanding the above, a subset of the existing central collections will be suspended, and these returns will not need to be submitted between 1 April 2020 to 30 June 2020:

- Urgent Operations Cancelled (monthly sitrep)
- Delayed Transfers of Care (monthly return)
- Diagnostics PTL
- RTT PTL
- Cancelled elective operations
- Audiology
- Mixed-Sex Accommodation
- Venous Thromboembolism (VTE)
- 26-Week Choice
- Pensions impact data collection
- Ambulance Quality Indicators (Clinical Outcomes)
- Dementia Assessment and Referral (DAR)

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[2] https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections

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Annex C

Data Security and Protection Toolkit Submission 2019/20

It is critically important that the NHS and Social Care remains resilient to cyber-attacks during this period of COVID-19 response. The Data Security & Protection Toolkit helps organisations check that they are in a good position to do that. Most organisations will already have completed, or be near completion of, their DSPT return for 2019/20.

The submission date for 2019/20 DSPT has been extended to 30 September 2020. However, in light of events NHSX recognises that it is likely to be difficult for many organisations to fully complete the toolkit without impacting on their COVID-19 response. NHSX has therefore taken the decision that:

- Organisations that have completed and fully meet the standard will be given 'Standards Met' status, as in previous years.
- Where NHS trusts, CCGs, CSUs, Local Authorities (including Social Care providers), Primary care providers (GP, Optometry, dentist and pharmacies) and DHSC ALBS **do not fully complete or meet the standard because doing so would impact their COVID-19 response this will be considered sufficient and they will be awarded 'Approaching Standards' status** and will face no compliance action. It will be possible to upgrade from 'Approaching Standards' status to 'Standards Met' status through the year. The cyber risk remains high. All organisations must continue to maintain their patching regimes and Trusts, CSUs and CCGs must continue to comply with the strict 48hr and 14 day requirements in relation to acknowledgment of, and mitigation for, any High Severity Alerts issued by NHS Digital (allowing for frontline service continuity).
- Organisations that have not taken reasonable steps to complete their toolkit submission for 2019/20 will be given 'Standards Not Met' and may face compliance activity, as per previous years.

For any queries please contact or for further information please go to https://www.dsptoolkit.nhs.uk/News

Board of Directors

Agenda Item	20/21 009
Title of Report	Month 11 Finance Report
Date of Meeting	01.04..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

Contents

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1. Executive summary

For the period ending 29th February 2020, the Trust's year to date operational financial performance is a deficit of (£19.1m) against a deficit plan of (£3.0m); an adverse variance of (c£16.1m). However, this position is marginally (£0.2m) better than previously forecast.

In month, (February 2020) the Trust reported an operational deficit of (£2.9m) against a planned deficit of £0.5m, an adverse performance of (c£2.5m).

Based on the current financial position and the continued operational pressures over the winter period, the Trust is anticipating an operational deficit at year end of (£9.0m), and a resulting loss of £8.2m of PSF/FRF. The overall year-end position is therefore forecasted to be a deficit of (£17.2m) which has been shared formally with NHS Improvement.

All costs associated with the quarantine of repatriated UK nationals will be fully funded by the Department of Health and Social Care. All details of costs incurred by the Trust and partner organisations have been submitted to NHSI at regular intervals. The Trust received its 1st tranche of payment (75%) in March 2020, the remaining balance will be paid once the March 2020 position has been finalised.

All on-going operational costs arising from managing the COVID 19 situation will be funded separately by NHSI, this has been confirmed.

The following summary details the Trust's operational financial performance during February (Month 11).

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	Qtr3 £m	Mth 10 £m	Mth 11 £m	YTD £m
Depreciation	(0.3)	(0.3)	(0.3)	(0.1)	(0.1)	(1.1)
VAT (medical locums)	(0.3)	(0)	0	0	0	(0.3)
Aseptic Unit - closure	(0.2)	(0)	(0.1)	0	0	(0.3)
Divisional Restructure	(0.1)	0	(0.2)	0	0	(0.3)
18/19 Costs	(0.1)	(0)	(0.1)	0	0	(0.2)
Pay Pressures	(0.4)	(1.8)	(2.6)	(0.5)	(0.8)	(6.1)
Income	1.4	2.6	(3.9)	0.6	(0.1)	0.6
PSF/FRF	0.0	0.0	(3.8)	(1.5)	(1.5)	(6.8)
Non Pay Pressures	0	(0.3)	(1.1)	(0.3)	0	(1.7)
Frontis Towers costs	0	0	0	0	(0.9)	(0.9)
National support	0	0	0	0	0.9	0.9
TOTAL	**0**	**0**	**(11.9)**	**(1.8)**	**(2.5)**	**(16.2)**

- Net operational pay costs exceeded plan by a further (c£0.8m) in February, increasing the year to date overspend to (c£6.1m). 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.

- Overall non pay costs delivered as planned, within this position there is variation by category, including increased costs relating to outsourcing offset by additional controls on non-essential expenditure, and also one-off benefits particularly laboratory costs due to a billing correction.

- In month patient-related income is below plan predominantly due to reduced daycase and elective activity, reflecting the impact of system wide bed pressures and bed closures associated with Flu and Norovirus. The position reflects a year end contract performance agreement for this area; this is benefiting the position by c£0.8m. This position also includes the application of local contract terms agreed during the planning process; the position also includes "one-off" national allocations for winter pressures.

- As shown in the table above the Trust has incurred (c£0.9m) costs in relation to the management and support of the repatriated UK nationals from China and Japan at the request of the DoH. The assumption within the Trust position is that these costs will be fully funded; details in relation to the costs incurred have been supplied to NHSI as requested at regular intervals.

- Cash balances at the end of February 2020 were £5.1m, which was £2.5m above plan.

- Cost improvements/efficiencies delivered YTD amount to c£9.8m, although this is below plan by (c£2.0m), 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 plan for 2020/21.

- Capital spend to February 2020 is behind the revised plan by c£4.0m. There is a significant amount of capital expenditure underway during March, The position reflects slippage on a number of schemes, however in order to utilise the funding 2020/21 capital plan schemes have been brought forward. We are working hard to ensure that the full forecast is delivered but some aspects of the programme are higher risk given the impact of COVID-19 e.g. IT equipment of £0.4m is contingent upon components being delivered from China and some refurbishment work has been suspended in clinical areas to prevent disruption over the current critical operational period.

- The Trust delivered a UoR rating of 4, reflecting the year to date deficit, including the loss of the PSF allocation in quarter 3.

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
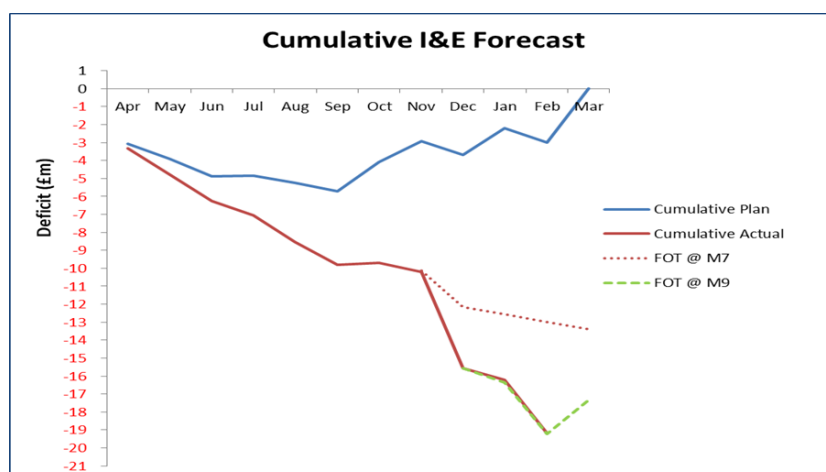
3.1 Income and expenditure

Due to the continued and increased operational pressures in the Trust, in February the financial position is showing an operational overspend of (c£2.5m). The cumulative impact of this is an actual deficit of (£19.1m), against a planned deficit of (£3.0m), therefore (£16.1m) worse than plan.

An analysis of this is provided in Table 2 below.

Table 2: Financial position for the period ending 29th February 2020

Month 11 Financial Position	Budget (Mth 11)	Actual (Mth 11)	Variance	Year To Date Budget	Year To Date Actual	Variance
NHS income from patient care activity	25,509	25,189	(320)	294,901	295,431	530
Non NHS income from patient care	505	538	33	5,212	4,725	(487)
PSF/FRF/MRET	1,985	524	(1,462)	14,838	9,619	(5,219)
Other income	2,361	3,440	1,079	28,327	28,417	90
Total Income	30,360	29,691	(669)	343,278	338,191	(5,086)
Employee expenses	(21,061)	(21,976)	(915)	(234,858)	(241,851)	(6,992)
Operating expenses	(9,437)	(10,299)	(862)	(107,758)	(111,756)	(3,997)
Total expenditure	(30,498)	(32,275)	(1,777)	(342,617)	(353,607)	(10,990)
Non Operating Expenses	(346)	(345)	1	(3,875)	(3,876)	(2)
Actual Surplus / (deficit)	**(484)**	**(2,929)**	**(2,445)**	**(3,214)**	**(19,292)**	**(16,078)**
impact	21	6	(15)	228	158	(70)
Surplus/(deficit) incl. PSF/FRF (Q1 & Q2)	**(463)**	**(2,923)**	**(2,460)**	**(2,986)**	**(19,134)**	**(16,148)**

- The graph below shows the cumulative financial position against plan, together with the current forecast. The actual month 11 operational position was marginally, £0.2m better than had been forecast but the year-end forecast remains at (£17.2m) deficit. The adverse movement from the mth 7 forecast previously expected is £4.4m which relates to the PSF lost at Quarter 3.

Cumulative I&E Forecast

- Whilst the loss of PSF in quarter 3 and 4 has had an impact on the reported position, the operational performance actually saw a marginal improvement.

- Overall pay expenditure, excluding costs associated with staff supporting Frontis Towers, were as forecast within this reduced nursing and clinical support worker costs were slightly higher than expected, and an underspend in substantive medical staff costs offset bank and agency spend. The position includes the continued impact of the requirement for escalation areas to be open during February. Sickness rates in some areas have improved, however specialing for patient acuity has remained static.

- Actual agency staff costs in February were (c£0.6m), of this (£0.4m) was in medical staff, and the balance relates to Pharmacy and infrastructure support staff.

- Although non pay costs are shown to be exceeding forecast, the actual operational position, excluding costs associated with Frontis Towers, is an underspend against forecast of c£0.3m. Of this c£0.1m relates to reduced cost of MDT's. The remaining £0.2m predominantly reflects a billing correction from a supplier in relation to laboratory consumables. The position also reflects the expected improvements 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 £1.0m 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.

- The improvement in the Mth 12 forecast position predominantly reflects assumptions in relation to the utilisation of balance sheet provisions. The Trust is engaged with both suppliers and the Trust auditors.

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3.2 Income

At the end of February 2020, the Trust overall income position is below plan by (c£5.1m), ((£0.7m) in month). This is inclusive of the loss of PSF/FRF of (£6.7m) YTD. Table 3 below provides a detailed analysis by point of delivery.

Table 3: Income analysis for the period ending 29th February 2020

Income from patient care activity	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
Elective & Daycase	4,078	3,767	(311)	46,027	44,106	(1,921)	4,390	3,952	(438)	50,844	48,740	(2,104)
Elective	583	557	(26)	6,903	5,929	(974)	2,076	1,996	(80)	24,932	23,321	(1,611)
Daycase	3,495	3,210	(285)	39,124	38,177	(947)	2,315	1,956	(359)	25,912	25,419	(493)
Elective excess bed days	266	237	(29)	3,077	3,325	248	73	69	(3)	839	884	45
Non-elective	3,602	3,377	(225)	41,817	39,769	(2,047)	7,799	7,673	(126)	91,071	90,795	(276)
Non-elective Non Emergency	422	367	(55)	4,744	4,699	(45)	918	838	(80)	10,375	10,406	31
Non-elective excess bed days	991	1,113	122	11,501	14,196	2,695	269	291	22	3,125	3,762	637
A&E	6,418	6,719	301	78,242	82,810	4,568	1,105	1,093	(12)	13,467	13,541	74
Outpatients	24,296	23,431	(865)	279,793	276,229	(3,564)	2,889	2,855	(33)	33,332	33,374	42
Diagnostic imaging	2,307	3,074	767	26,614	31,102	4,488	170	181	11	1,983	2,025	42
Maternity	475	501	25	5,436	5,684	248	428	474	46	4,946	5,063	117
Non PbR							6,357	6,672	315	71,454	73,171	1,717
HCD							1,231	1,231	(0)	14,341	14,341	(0)
CQUINs							186	186	0	2,047	2,048	1
PSF/FRF/MRET							1,985	524	(1,462)	16,823	10,142	(6,681)
Total NHS Clincial Income	42,856	42,586	(270)	497,251	501,920	4,669	27,800	26,039	(1,761)	314,646	308,292	(6,353)
Other patient care income							80	987	907	880	1,873	993
Non-NHS: private patients & overseas							30	24	(6)	431	288	(142)
Injury cost recovery scheme							89	103	14	980	751	(229)
Total income from patient care activities							27,999	27,153	(846)	316,936	311,205	(5,731)
Other operating income							2,361	2,538	177	26,342	26,972	631
Total income							30,360	29,691	(669)	343,278	338,177	(5,100)

- Overall patient-related income (excluding PSF/FRF) exceeds plan by £0.3m.
- PSF/FRF is showing a deficit against plan of (£6.7m). This relates to PSF/FRF loss in Q3 and loss for M10 & M11 due to not achieving the Trusts control total.
- Elective performance has deteriorated further in month 11 due to operational pressures. The main areas of cumulative underperformance continue to be Oral Surgery, Colorectal Surgery, Upper GI Surgery, Urology, T&O and Clinical Haematology. These are offset by over performance within Gynaecology. The MSK Orthopaedic under performance has been offset by additional work undertaken by the sub-contractor through patient choice.
- Although NEL activity is below plan, the Trust does have a high number of long LOS patients. The position has been mitigated by the contractual agreement; cumulatively this is benefiting the position by c£4.6m.
- Non Elective Excess Bed Days are cumulative higher than plan mainly in Respiratory Medicine, Trauma and Orthopaedics and Upper GI Surgery.
- Outpatients with Wirral CCG have cumulatively over performed by £0.6m. 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£1.0m.
- Non PbR is above plan by £0.2m. The main area of over performance is DA Pathology this is offset by under performances in critical care and PbR exclusions. Winter support funding of £0.4m is included in the Mth 11 position (75% of the total value available)
- In addition cumulatively the position reflects the benefit of the NEL "block" of £4.6m, and the "year-end" agreement with Wirral CCG, of c£1.0m.

3.3 Pay

Pay costs exceed plan by (£0.9m) in month, increasing the cumulative overspend to (£7.0m).

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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 29th February 2020

STAFF GROUP	CUMMULATIVE (£'000) ACTUAL /		
	BUDGET	FORECAST	VARIANCE
CONSULTANTS	36,764	39,910	(3,146)
OTHER MEDICAL	25,922	27,624	(1,702)
TOTAL MEDICAL	**62,686**	**67,535**	**(4,849)**
NURSING & MIDWIFERY	66,462	65,705	757
CLINICAL SUPPORT WORKERS	21,902	24,649	(2,747)
TOTAL NURSING	**88,365**	**90,354**	**(1,990)**
AHP'S, SCIENTIFIC & TECH	30,710	31,049	(338)
ADMIN & CLERICAL & OTHER	53,098	52,913	184
TOTAL SUPPORT STAFF	**83,808**	**83,962**	**(154)**
TOTAL	**234,858**	**241,851**	**(£6,992)**

- 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).

- Other medical pressures reflect shortfalls in the trainee grades.

- Although nursing and midwifery is underspent in the year to date, the in month position is overspent by (c£0.4m), this reflects the commencement of staff into previous vacant substantive posts and the support for escalation areas.

- 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 (£0.8m) 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 February and cumulatively.

Table 5: Pay analysis by type

Pay analysis	Annual Budget £'000	Current period			Year to date		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Substantive	(250,396)	(20,099)	(19,732)	367	(224,001)	(215,258)	8,743
Bank	(261)	(24)	(1,044)	(1,021)	(241)	(10,950)	(10,709)
Medical bank	(3,132)	(251)	(536)	(285)	(2,889)	(6,767)	(3,878)
Agency	(1,171)	(604)	(579)	25	(6,811)	(7,951)	(1,140)
Apprenticeship Levy	(1,000)	(83)	(84)	(1)	(917)	(925)	(9)
Total	(255,959)	(21,061)	(21,976)	(915)	(234,858)	(241,851)	(6,992)

- 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 February. 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 was undertaken earlier in the year, at the requested by the Finance Business Performance and Assurance Committee (FBPAC) the action plan 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 (£)	Outpatients	No. of Sessions	No. of patients	Total Costs (£)
Surgery	507	1,300	276,335	Surgery	887	7,598	484,731
Medicine	559	3,049	292,541	Medicine	247	1,800	111,088
W&C	7	10	3,945	W&C	226	723	122,251
Clinical Support	4	14	2,113	Clinical Support	49	468	27,612
TOTAL	**1,076**	**4,373**	**574,933**	**TOTAL**	**1,409**	**10,589**	**745,682**

- The combined year to date actual costs for both inpatients and outpatients is (c£1.3m). The budget available to manage WLI requirements to deliver national cancer standards to Mth 11 is £0.5m, therefore an overspend of (c£0.8m).
- On average, over £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 £1.4m 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 1-11) £000	Actual cost of medical staff (Mth 1-11) £000	Staffing source (agency/bank/ locum)	Total Expenditure (Mth1-11) £000
Reverse Cohort Area	12 trolleys	From 1st May 2019 (as and when required)	2 .00 wte Nurses 2.00 wte CSW 24/7	540	85	Combination of bank/agency	625
Ward 26	4 beds	Used for Medical outliers throughout 19/20 when needed	1 .00 wte Nurses 1.00 wte CSW	79	-	Bank	79
Ward 36	2 beds	Used for Medical outliers throughout 19/20 when needed	1 wte CSW	142	-	Bank	142
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)	293	109	Bank	402
Fluid Room	2 trolleys 2 lounge chairs	July 2019 (Mon - Friday)	1.00 wte Band 6 Nurse	37	-	Transfer of substantive staff	37
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)	118	-	Combination of bank/agency	118
TOTAL				1,209	194		1,403

- Ward 26, 36, 1 and 54 are recognised escalation areas, 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 (c4.0m) year to date, the in-month position is an over spend of (c£0.9m). This includes (c£0.8m) of costs relating to Frontis Towers, excluding this the in-month position is broadly balanced against plan.

Non Pay Analysis	Annual Budget £'000	Current period Budget £'000	Actual £'000	Variance £'000	Year to date Budget £'000	Actual £'000	Variance £'000
Supplies and services - clinical	(34,030)	(2,633)	(2,500)	133	(31,159)	(31,608)	(449)
Supplies and services - general	(4,519)	(370)	(433)	(63)	(4,127)	(4,530)	(403)
Drugs	(23,546)	(1,897)	(1,818)	80	(21,571)	(21,226)	346
Purchase of HealthCare - Non NHS Bodies	(7,391)	(562)	(605)	(43)	(6,781)	(7,314)	(533)
CNST	(12,921)	(1,079)	(1,079)	(0)	(11,842)	(11,842)	(0)
Consultancy	(0)	(0)	(33)	(33)	(0)	(478)	(478)
Other	(25,933)	(2,108)	(2,979)	(871)	(23,844)	(25,579)	(1,735)
Total	(108,340)	(8,650)	(9,447)	(797)	(99,325)	(102,578)	(3,252)
Depreciation	(9,219)	(787)	(852)	(65)	(8,433)	(9,178)	(745)
Total	(117,560)	(9,437)	(10,299)	(862)	(107,758)	(111,756)	(3,997)

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- Clinical supplies costs cumulatively are showing a pressure and largely reflect increased activity and acuity in key specialities. 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, and costs associated with Frontis Towers. The year to date 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 11 is below plan by (c£2.0m), a further deterioration of (c£0.5m) from the Mth 10 position. At Mth 11 there is a current projected year end shortfall of (£2.4m); this is included in the year end position. It should be noted that £2.4m of the CIP forecasted to be delivered in year is non-recurrent.

Of the year to date cost improvements delivered c£8.4m is recurrent.

Table 9: CIP Performance

Year ending 31 March 2020	YTD			In Year Forecast		
	NHSI Plan	Actual	Variance	NHSI Plan	Total	Variance
Division	£k	£k	£k	£k	£k	£k
Medical And Acute	3,859	3,061	(799)	4,357	3,393	(964)
Surgery	2,760	2,195	(565)	3,037	2,422	(615)
Womens & Children	1,197	1,018	(180)	1,326	1,107	(219)
Clinical Support	1,342	921	(422)	1,560	1,029	(531)
Corporate Services	1,637	1,629	(8)	1,829	1,768	(61)
Estates & Hotel Services	968	986	19	1,071	1,070	(1)
Central	0	0	0	0	0	0
Total	**11,764**	**9,809**	**(1,954)**	**13,181**	**10,790**	**(2,391)**

- 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.

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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%	-26.6	4	-32.3	4	-30.4	4
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	2.0	2	-1.4	4	2.5	2
Financial efficiency	**I&E margin (%)**	Underlying performance: I&E deficit / total revenue	20%	-0.9%	3	-5.7%	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	-4.8%	4	0.0%	1
	Agency spend (%)	Distance of agency spend from agency cap	20%	0.0%	1	17.0%	2	0.0%	1
	Overall NHSI UoR rating				2		4		2

UoR rating summary

- Although the Trust has cumulatively overspent against the agency cap by (£1.1m). This is partly due to the 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. In month the Trust's spend on agency staff was within the cap value.
- The Distance from financial plan, and I&E margin metric are currently below plan as a result of the current year-to-date EBITDA.
- The month 11 UoR rating is 4 overall, this is below the 2019/20 plan UoR rating of 2.
- The main driver is the year to date deficit including the shortfall in the achievement of the PSF allocation for quarter 3.

Financial Forecast Outturn

Since December the Trust has achieved its monthly revised forecast financial position. This does provide assurance and certainty that the outturn position of an operational deficit of (£9.0m) as discussed previously at the January Board meeting will be achieved. A number of deficit mitigation schemes have been identified by the Executive team and are being pro-gressed throughout quarter 4.

This position has also been formally notified to Regulators in Month 10 (January) in-line with the requirements of the NHSI protocol for adjusting the Trusts outturn position, which in-cludes the completion of the Board Assurance Statement.

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 Q3 & Q4	(8.2)	
ADJUSTED FORECAST OUTTUIRN	**(17.2)**	

The above forecast position includes:

- 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 Novem-ber 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 over re-cent months and projected over quarter 4, the Trust has agreed a "year-end" perfor-mance position with Wirral CCG, and this is included in the above 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 and forecast deficit, the has been 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.

- All costs associated with the quarantine of repatriated UK nationals will be fully funded by the Department of Health and Social Care. All details of costs incurred by the Trust and partner organisations have been submitted to NHSI at regular interval and during March 2020, the Trust received its 1st tranche of payment (75%), the remaining balance will be paid once the March 2020 position has been finalised.

- All on-going operational costs arising from managing the COVID 19 situation are funded separately by NHSI, this has been confirmed.

Risks

- The additional deficit mitigation schemes need to have a significant impact with a relatively short lead in time.

Risk 1 - Operational Management of the position

- Detailed "line by line" review of the forecast position as at Mth 11, 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.
- The year-end position against the Wirral CCG contract has been agreed, this will provide certainty/stability as to the year-end outturn position against the contract.

Risk 2 – Cash

- As the initial plan has not been delivered, additional loan funding has been required 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.
-

Risk 3 – Capital Expenditure

- As at 29th February the year to date Capital spend position is (c£4.1m), work is currently underway to bring forward planned capital schemes from 2020/21 where possible to utilise the funding. The position is being pro-actively managed on a weekly basis, to ensure the schemes are being mobilised during March to deliver the plan. Initially the Trust was anticipating delivering the CDEL forecast of £7.9m, however the escalation of national events mid-March has led to some projects being suspended, there is also an unquantifiable impact on delivery times for kit. A number of schemes were due to deliver in late March which are now less certain. The best estimate at the moment is that the Trust will deliver c£7.0m, the team are tracking spend on a daily basis; this position has been notified to NHSI.

7. Conclusion and Recommendations

At the end of February 2020, the Trust is reporting an operational deficit of (£19.1m), against a plan of (c£3.0m), a variance of (£16.1m); this includes the loss of (£6.7m) PSF/FRF monies.

The CCG supported the gradual ramp up of system wide transformation plans by profiling £4.0m 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 was phased out during quarter 3 as planned.

The Trusts year to date position reflects the continued operational challenges facing the Trust, mainly in resourcing capacity to maintain flow, which has continued into February. This was reflected in the revised forecast which is an operational deficit of (c£9.1m) and a loss of (c£8.2m) PSF/FRF funding; therefore the reported outturn position will be a deficit of (£17.2m).

All costs associated with the quarantine of repatriated UK nationals will be fully funded by the Department of Health and Social Care. All details of costs incurred by the Trust and partner organisations have been submitted to NHSI at regular interval and during March 2020, the Trust received its 1st tranche of payment (75%), the remaining balance will be paid once the March 2020 position has been finalised.

All on-going operational costs arising from managing the COVID 19 situation are funded separately by NHSI, this has been confirmed.

Recommendation

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

Claire Wilson
Chief Finance Officer
March 2020

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 11 Budget Reconciliation	Breakdown by Budget Type		
	Income £'000	Expenditure £'000	Deficit £'000
Base Budget 19/20	342,262	(345,476)	(3,214)
CIP - Increase Clinical Income Oral Surgery	138	(138)	0
Extra Day adjustment value	(164)	164	0
NNU Block adjustment	64	(64)	0
PbR excluded drugs, devices & bloods adjustment	(70)	70	0
Welsh Ophthalmology DC	119	(119)	0
Non Recurrent Income Targets	878	(878)	0
Realignments (inc CIP)	51	(51)	0
M11 Closing Budget	343,278	(346,492)	(3,214)
Net Trustwide (Increase)/Reduction	**1,016**	**(1,016)**	**0**

Monthly pay cost analysis by staff group

Medical Staffing				Nursing & CSW				AHP's (Scientific & Tech) and A&C/Other			
Period	£m Budget	£m Actual	£m Variance	Period	£m Budget	£m Actual	£m Variance	Period	£m Budget	£m Actual	£m Variance
Mth 1	5,792	6,137	(£345)	Mth 1	8,591	8,482	£109	Mth 1	8,100	8,073	£27
Mth 2	5,748	6,153	(£405)	Mth 2	8,071	8,180	(£109)	Mth 2	7,752	7,425	£327
Mth 3	5,755	6,205	(£450)	Mth 3	8,186	8,188	(£1)	Mth 3	7,678	7,570	£109
Mth 4	5,663	6,096	(£433)	Mth 4	8,040	8,153	(£113)	Mth 4	7,534	7,518	£16
Mth 5	5,629	6,180	(£551)	Mth 5	7,909	8,185	(£276)	Mth 5	7,562	7,573	(£11)
Mth 6	5,875	6,339	(£464)	Mth 6	7,991	8,057	(£67)	Mth 6	7,496	7,630	(£133)
Mth 7	5,676	6,220	(£544)	Mth 7	7,969	8,223	(£254)	Mth 7	7,486	7,628	(£141)
Mth 8	5,636	6,100	(£464)	Mth 8	7,818	8,199	(£381)	Mth 8	7,619	7,850	(£231)
Mth 9	5,639	6,086	(£447)	Mth 9	7,961	8,189	(£228)	Mth 9	7,477	7,523	(£46)
Mth 10	5,637	5,976	(£340)	Mth 10	7,945	8,250	(£304)	Mth 10	7,562	7,487	£74
Mth 11	5,637	6,042	(£405)	Mth 11	7,883	8,248	(£366)	Mth 11	7,541	7,686	(£144)
TOTAL	62,686	67,535	(£4,849)	TOTAL	88,365	90,354	(£1,990)	TOTAL	83,808	83,962	(£154)

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	20/21 010
Title of Report	Updated financial governance arrangements to support the Trusts COVID-19 response
Date of Meeting	1st April 2020
Author	Claire Wilson, Chief Finance Officer
Accountable Executive	Claire Wilson, Chief Finance Officer
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	PR3
Level of Assurance • **Positive** • **Gap(s)**	
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Approval Required
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

This paper provides a summary of the national financial management arrangements which have been introduced support the NHS respond to COVID-19. It also sets out a series of actions being taken internally to ensure that the Trust is able to respond in real time to the significant clinical and operational challenges it is facing.

Temporary changes to the Trusts financial governance arrangements are proposed and these are set out in the paper for Board approval.

2.   Revised national financial arrangements

Guidance has been published by NHS England/Improvement (NHSE&I) setting out the revised financial arrangements initially for the period 1 April to 31 July 2020.

The key points are summarised below:

a)   2020/21 financial planning and contracting
- The operational planning process for 2020/21 has been suspended.
- All NHS providers will have a guaranteed minimum level of income reflecting the current cost base. This will comprise of 3 elements:
  - A block contract from NHS commissioners for the period 1 April to 31 July 2020, this will be based upon figures calculated nationally and reflect the position at month 9 2019/20 plus inflation.
  - An additional national top up payment will be made to providers to reflect the difference between block contract and costs (i.e. existing deficit run rates)
  - Providers will then claim for additional costs incurred due to COVID-19. Claims should be made monthly alongside regular financial reports.
- The efficiency rate set with the tariff will be removed
- The financial recovery fund (FRF) and associated Control Total/Trajectories are suspended during this period.

b) Capital costs
- NHSE&I may bulk purchase assets to secure supply as quickly as possible, but this will not always be practical or desirable.
- Public dividend capital (PDC) will be made available for providers to purchase equipment or modify estate to support the response to the COVID-19 virus, as long as the expenditure is clearly linked to the delivery of the COVID-19 response and will be delivered/ completed within the expected duration of the outbreak.
- Indicative capital allocations will be issued for 2020/21 shortly.

c) 2019/20 year end arrangements
- The final accounts deadline has been extended and now incorporates a longer submission window to allow each organisation to review and agree its own timetable with external audit:
  - Draft accounts deadline now 27th April to 11th of May 2020 (previously 24th April 2020)
  - Audited accounts deadline 25th June 2020 (previously May 2020)
- All external audit activity will be undertaken remotely and financial accounts staff are working remotely where possible. The impact of this is being reviewed and flexible approaches agreed with our auditors e.g. year-end stock counts.
- Implementation of IFRS16 postponed until 2020/21.

3.   Temporary changes to financial governance at WUFT

The Trust has been required to make significant changes to its infrastructure over a very short timeframe (days rather than weeks) and it is critical that our clinical and operational teams are able to respond quickly to the decisions being made (e.g the need to increase our critical care capacity to five times its previous capacity within 2 weeks).

We must balance this speed and flexibility alongside the need to ensure that our financial decisions are robust and meet external audit and public scrutiny and therefore a revised set of governance arrangements are proposed.

The following arrangements will be in place initially from 1 April 2020 to 31st July 2020 given the extraordinary circumstances the Trust faces in relation to COVID-19. It is possible that this period will need to be extended and this will be reviewed no later than end of June 2020.

a) 2020/21 financial planning
-    The financial recovery work of PA Consulting was suspended on the 9th of March 2020 to ensure that clinical and operational colleagues could focus on emergency preparedness activities. The team have prepared detailed documentation to enable each scheme to be actioned at the appropriate time.
-    CIP schemes already in place will obviously continue but implementation of new schemes has been paused.
-    Whilst the 2020/21 financial planning process has been suspended, the Trust continues to work on generating a financial plan for the first 6 months of 2020/21.This will enable us to track the impact of COVID and will reflect:
     o   the detail planning work already undertaken to reflect our pre-COVID run rate
     o   the new funding arrangements set out in the national guidance.
     o   removal of the CIP
     o   no new investments
     o   an assumption that all COVID expenditure will be fully reimbursed through the national process described above.
     o   capital expenditure limited to essential COVID activity only

b) Financial Governance
-    The Standing Orders and Standing Financial Instructions have been revised and temporary delegation arrangements are included in appendix 1 for review and approval.
-    The Trust is currently operating under emergency command governance structures and decisions which have a financial consequence are being logged in each cell's decision log.
-    Three additional credit cards have been made available to senior Trust staff to provide additional flexibility for emergency purchases. This will be the Chief Finance Officer, Head of IT and Chief Pharmacist. Transactions will be reconciled and approved on a monthly basis.
-    The Executive team will review COVID related expenditure on a regular basis.
-    We are conscious of the need to pay close attention to counter fraud arrangements given that risk will increase over the period. Additional communications are being disseminated to Trust staff as specific risks are identified nationally and the CFO has requested a remote review to be undertaken by MIAA.
-    The requirement for Executive level pre-authorisation of nursing and medical staffing changes on ESR has been suspended. Arrangements will remain under review and costs will be monitored retrospectively.
-    Vacancy control panel has been suspended. The Trust is focussed upon ensuring a steady stream of workforce supply though the workforce cell and appropriate pre-employment checks will be carried out in line with updated HR processes.

c) Financial Reporting and COVID-19 cost tracking
-    New cost centres have been established to allow tracking of COVID-19 expenditure.
-    Arrangements made in the financial management team to ensure leadership and coordination of cost tracking. Including indirect cost impacts as well as direct purchases in line with national guidance.

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- The Board of Directors will continue to receive monthly finance reports which clearly set out COVID related expenditure and reimbursements. Reports formats will be revised over the period to be a shorter but more focussed account of the key issues.

d) Cash and Supplier Payments
- Robust cash flow will be critical over the period and arrangements are being made nationally to ensure that providers have appropriate levels of cash throughout the period, including making an additional cash advance on 1 April 2020 in addition to the regular monthly payment on 15th April 2020.
- We are reviewing our payment terms to ensure that critical supplies of stocks are not compromised and that smaller healthcare suppliers are paid on account if necessary to protect their sustainability (e.g. homecare providers).
- Finance staff are being trained to cover essential roles in cash, accounts payable and procurement functions to provide additional resilience in line with our Business Continuity Plan.

e) Governance Committees
Appendix 2 sets out a revised financial governance meeting schedule for review and approval.

o **Audit Committee**
- Meeting frequency to be reviewed in light of new year end timetable and will be held virtually
- Year-end arrangements are being reviewed by the finance team and detailed proposals will be presented to the Audit Committee for approval
- The Audit Committee will continue to oversee arrangements relating to the revised SFIs/SOs and procurement processes set out in Appendix 1.
- The Audit Committee to review requirement for external audit re-tender and make proposals to Council of Governors

o **Finance and Business Performance Committee**
- Meeting frequency to be reviewed in light of new year end timetable and will be held virtually with only key agenda items
- Revised 2019/20 budgets are being prepared and will be presented to the FBPC during April (dependent upon when national guidance and data becomes available)
- It is proposed that Finance reports are amended temporarily, in discussion with the committee, to enable focus on the key risks and issues over the period.

4.   Recommendations

The Board of Directors are asked to:

i)   Confirm their support for the arrangements set out in the paper and approve the revised SFIs and delegated limited set out in appendix 1.
ii)   Confirm support of the revised financial governance meeting structures set out in Appendix 2.
iii)   To retrospectively approve the expenditure set out in Appendix 3 which given the extraordinary circumstances has been committed outside of SFIs on the recommendation of the CFO and under direction of the emergency command structures in place at the Trust.

Addendum to SFIs/Standing orders

The following arrangements will be in place initially from 1 April 2020 to 31st July 2020 given the extraordinary circumstances the Trust faces in relation to COVID-19. It is possible that this period will need to be extended and this will be reviewed no later than end of June 2020.

Adjustments to Standing Financial Instructions to support COVID-19 response
Business Cases

Suspension of requirement to prepare business cases for capital investment related to COVID-19. Business Cases over £15m still require NHS Improvement approval.

Procurement and tendering processes
Suspension of requirement to follow competitive process for purchases for COVID-19 related expenditure where required. It continues to be a requirement of all Trust staff to ensure that public money is used wisely and best prices are achieved as appropriate.
In exceptional circumstances valid invoices may be paid without an order having been raised. Approvals will continue in line with revised delegated authority.

Budgeting

Budget sign-off timeframes to be relaxed in accordance with revised national process

Prepayments
May be authorised by the Chief Finance Officer to protect future supply of critical goods or services.

Credit Cards
Increase limit on cards for CEO and CFO to £10,000 (currently £7,500)

Adjustments to Delegated Limits to support COVID-19 response

Level		Revenue Investment		Capital Investment		Requisitions (within board approved budget)	
		Existing	Revised	Existing	Revised	Existing	Revised
8	Board/Committee	> £250,000 Board; ≤ £250,000 FBPAC	> £1m Board; ≤ £500,000 FBPAC	> £1,000,000 Board; ≤ £1,000,000 FBPAC	> £1,000,000 Board; ≤ £1,000,000 FBPAC		
7	CEO / COO /DoF or Deputy CEO	≤ £50,000 CEO or DoF	≤ £300,000 CEO or DoF	≤ £250,000 CEO or DoF	≤ £500,000 CEO or DoF	> EU threshold for goods / services	> EU threshold for goods / services
6	All 'very senior manager' Directors (EDs or otherwise) or Deputy DoF					≤ EU threshold for goods / services	≤ EU threshold for goods / services
5	Divisional Directors/Divisional Medical Leads/Senior Corporate Managers					≤ £30,000	≤ £100,001
4	Directorate Managers Assistant Managers (Corporate)					≤ £10,000	≤ £30,001
3	Department Managers Matrons					≤ £5,000	≤ £10,001
2	Deputy Department Managers/Ward Managers					≤ £1,000	≤ £1,001

Proposed temporary financial governance arrangements

Initially introduced from 1 April 2020 to 31st July 2020 with review in June 2020.

Business as usual				Proposed temporary governance arrangements				
Meeting	Current frequency	Current mode	Current length of meeting	Proposed frequency	Proposed mode	Proposed length of meeting	Proposed membership	Other changes
Finance Performance Group	Monthly	Face-to face	2 hours	Monthly	Virtual (Microsoft teams) Papers prepared by Finance team circulated prior to meeting	1 hour	• Chief Finance Officer • Chief Operating Officer • Director of Workforce (or nominated deputies)	• Restricted membership • Focus on key data only • Papers will not be requested from divisional teams
Recruitment Panel	Weekly	Face-to face	1 hour	To be suspended	n/a	n/a	n/a	• Usual process of TRAC approval is followed including finance signoff of vacancy • Escalation issues discussed by Executive leads by exception
Finance & Business Performance Assurance Committee	Monthly	Face-to face	2 hrs	Bi-monthly	Virtual (MS Teams)	1 hour	• Committee Chair • CFO • COO Or nominated deputies	• Simplified agenda focussed on material issues only
Audit Committee	Quarterly	Face-to face	2 hrs	To be reviewed alongside revised year end requirements	Virtual (MS Teams)	1 hour	• Audit Chair • CFO • External audit • Internal audit Or nominated deputies	• Simplified agenda focussed on statutory year end requirements only

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REVENUE COSTS: COVID direct purchases to 15th March 2020

Description of Scheme / Proposal	Commentary - spend type	Costs incurred to 15/3/2020	Est from 15/3/2020 to 31/3/2020	Total
Rental of Pertacabin to facilitate POD testing environment		49,788	1,915	51,703
Staffing for POD (Testing external to Hospital)	Band 7 and Band 2 Nurses to staff POD	10,918	305	11,223
Various PPE		5,000		5,000
Respiratory Hoods		5,000		5,000
Laboratory Tests	Laboratory Tests	3,167		3,167
ED Band 7 shift leaders	2 WTE Band 7 shift leaders in ED	2,583	8,267	10,850
Agency SHO	Medical Staff Agency	2,469	6,171	8,640
Agency Consultant		4,937	12,343	17,280
Ward 25 increase in staff		6,690	7,136	13,826
Ward 37 increase in staff		1,300	4,160	5,460
EDRU staffing increase			8,813	8,813
Locum Consultant			10,613	10,613
Mattresses (ITU x30)			5,022	5,022
Infusion pumps (ITU & ED x310)	Ventilated bed capacity to increase by approx. 45 beds. 4 or 5 pumps per ventilated patient required.		446,400	446,400
Spliters & regulators (ITU)			7,245	7,245
Spliters & suction cannisters (ITU)			2,328	2,328
Drip stands (ITU)			2,252	2,252
Nebulisers (CEL x20)			980	980
Portable suction (PAU & Resus Trolleys x55)			39,000	39,000
Installation of separating doors to separate Ward 14 and newly created Ward 12A for COVID patients.	Estates Work		1,400	1,400
Ward 38 staff fit testing	Band 7 Nurses fit testing respiratory equipment	768	3,168	3,936
Locum Consultant	Locum Consultant covering Self-isolation gap		11,520	11,520
ED Reception glass	Protective glass in ED Reception		2,000	2,000
Enabling Works - Ward 23 access, Doors		5,000	5,000	10,000
Suction Control Units (ED x6)			5,400	5,400
Other ED medical equipment & consumables (cuffs, stethoscopes, thermometers, scrubs)			22,200	22,200

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EDRU RRU signs (x4)				112	112
Free of charge staff parking (10 days)	Income loss from reimbursement of staff car parking deductions		18,206	18,206
Ward 25 Non Pay increased costs		1,000		1,000
Portacabin installation costs	Portacabin installation alterations including electrical, mechanical, building, signage and telephones	40,800		40,800
GRAND TOTAL		**139,420**	**631,956**	**771,376**

CAPITAL EXPENDITURE: COVID direct purchases to 15th March 2020

Existing capital orders/commitments:

Description of Scheme / Proposal	Commentary - spend type	£
PACS workstations	IT hardware	41,720
200x laptops	IT hardware	117,161
Remote access licences	IT software/licences	12,309
Blood gas analyser	Medical equipment	15,467
14x patient monitoring systems	Medical equipment	295,252
Hemofiltration devices and blood warmers	Medical equipment	59,000
2x TSI portacount	Medical equipment	17,076
24x multicare ITU beds	Medical equipment	285,339
Ultramedic test kit	Medical equipment	15,877
Airseal IFS insufflator	Medical equipment	24,966
Installation of 3 automatic doors	Estates work	23,940
A&E majors – cross corridor door sets	Estates work	20,266
EDRU A&E full height glazed screens	Estates work	9,264
Paeds A&E – cross corridor door sets	Estates work	17,796
GRAND TOTAL		**955,433**

Anticipated future capital orders:

Description of Scheme / Proposal	Commentary - spend type	£
14x ventilators	Medical equipment	434,293
Surgery cardiac monitors	Medical equipment	462,000
Medicine cardiac monitors	Medical equipment	253,000
GRAND TOTAL		**1,149,293**

Board of Directors

Agenda Item	20/21 012
Title of Report	Quality Performance Dashboard
Date of Meeting	1st April 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.

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1. Executive Summary

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note performance to the end of February 2020.

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 February (excluding Use of Resources):

- 21 are currently off-target or failing to meet performance thresholds
- 28 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.

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 February 2020.

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2020
updated 23-03-20

Indicator	Objective	Director	Threshold	Set by	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019/20	Trend
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	0.14	0.13	0.18	0.22	0.09	0.09	0.09	0.18	0.04	0.13	0.13	0.08	0.14	0.12	
Eligible patients having VTE risk assessment within 12 hours of decision to admit (audit sample size 150)	Safe, high quality care	MD	≥95%	WUTH	95.0%	98.7%	96.2%	86.0%	91.9%	94.6%	94.6%	96.1%	94.9%	94.1%	97.5%	98.7%	98.0%	94.8%	
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	96.8%	96.9%	96.4%	96.3%	96.8%	97.7%	97.6%	97.6%	97.1%	97.8%	97.3%	97.8%	97.7%	97.3%	
Harm Free Care Score (Safety Thermometer)	Safe, high quality care	CN	≥95%	National	97.1%	96.4%	96.5%	95.7%	95.5%	97.2%	95.0%	97.0%	96.5%	95.7%	95.1%	95.2%	97.0%	96.0%	
Serious Incidents declared	Safe, high quality care	DQ&G	≤48 per annum (max 4 per month)	WUTH	4	2	1	1	4	3	1	0	5	4	5	5	4	33	
Never Events	Safe, high quality care	DQ&G	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	2	2	
CAS Alerts not completed by deadline	Safe, high quality care	DQ&G	0	SOF	0	0	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	10	5	19	9	11	5	6	4	4	4	7	4	4	77	
E.Coli infections	Safe, high quality care	CN	≤42 pa (max 3 per month)	WUTH	4	2	6	2	2	5	7	2	5	6	6	8	9	58	
CPE Colonisations/Infections	Safe, high quality care	CN	To be split	WUTH	6	5	12	9	8	5	9	7	13	5	1	8	7	8	
MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	2	0	0	0	0	0	0	0	0	1	0	0	1	
Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	99%	99%	98%	91%	98%	99%	100%	99%	100%	100%	99%	100%	100%	100%	
Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	0	0	0	0	1	0	0	0	1	0	1	0	3	
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%	96%	96%	98%	
Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	92.8%	93.9%	93.6%	93.9%	93.7%	93.6%	92.9%	93.6%	92.4%	91.2%	91.2%	92.2%	92.3%	92.3%	
Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	88.7%	90.7%	90.9%	91.0%	90.7%	90.4%	90.3%	91.2%	88.3%	85.5%	84.9%	84.4%	85.0%	85.0%	
Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	92.6%	93.5%	91.4%	92.8%	91.5%	92.3%	90.3%	89.98%	87.46%	88.09%	89.66%	89.53%	86.67%	86.67%	
Attendance % (in-month rate) (*)	Safe, high quality care	DHR	≥95%	SOF	94.38%	94.74%	94.84%	94.91%	94.49%	94.07%	93.96%	94.25%	93.99%	93.82%	93.87%	94.40%	94.85%	94.31%	
Staff turnover % (in-month rate) (* & **)	Safe, high quality care	DHR	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.77%	1.20%	0.86%	0.83%	0.85%	0.68%	2.03%	1.21%	0.86%	0.77%	0.86%	0.62%	0.54%	0.54%	
Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	7.2	7.2	7.2	7.2	7.4	7.3	7.7	7.5	7.7	7.6	7.55	7.9	7.7	7.52	

Safe

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019/20	Trend
Effective	SHMI	Safe, high quality care	MD	Band to be 'as expected' or 'lower than expected'	SOF	106.06	107.45	107.81	107.34	108.51	110.06	110.33	110.99	-	-	-	-	-	As expected	
	HSMR	Safe, high quality care	MD	≤100	SOF	99	99.00	100.1	99.4	100.3	102.2	102.2	102.4	-	-	-	-	-	102.2	
	Mortality Reviews Completed. Monthly reporting finalised 3 months later	Safe, high quality care	MD	≥75%	WUTH	71%	56%	76%	78%	68%	75%	63%	44%	44%	39%	32%	26%	26%	60.9%	
	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	81%	94%	92.0%	95.0%	90.0%	93.0%	92.0%	96.0%	97.8%	97.2%	97.5%	98.3%	99.1%	95.3%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	15.3%	14.9%	16.4%	12.8%	15.7%	18.8%	16.1%	16.9%	16.4%	15.9%	17.9%	17.2%	16.6%	16.4%	
	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	457	438	421	415	403	383	410	431	443	441	444	446	448	426	
	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	199	200	217	204	195	195	
	Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.0	3.6	4.2	3.2	4.1	3.5	3.5	3.5	4.0	3.6	4.6	3.4	3.6	3.8	
	Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.9	4.7	5.1	4.9	4.5	4.6	4.6	5.1	4.8	5.0	5.2	5.1	5.2	4.9	
	Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	788	914	871	970	884	887	872	813	860	846	807	810	763	853	
	Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	16	14	11	14	10	11	9	15	10	13	11	16	16	12	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	83.6%	85.7%	89.5%	86.3%	85.5%	88.5%	85.3%	81.0%	82.9%	81.0%	77.3%	78.3%	83.0%	83.5%	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019/20	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	14	13	13	13	17	16	24	23	17	26	10	10	14	183	
	FFT Recommend Rate: ED	Outstanding Patient Experience	CN	≥95%	SOF	87%	87%	87%	89%	91%	91%	92%	88%	87%	84%	87%	85%	80%	88%	
	FFT Overall Response Rate: ED	Outstanding Patient Experience	CN	≥12%	WUTH	11%	13%	9%	11%	10%	12%	12%	11%	11%	10%	11%	10%	11%	11%	
	FFT Recommend Rate: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	97%	97%	98%	97%	96%	98%	97%	96%	97%	96%	97%	97%	97%	97%	
	FFT Overall response rate: Inpatients	Outstanding Patient Experience	CN	≥25%	WUTH	15%	13%	19%	22%	31%	38%	34%	30%	33%	29%	27%	27%	27%	29%	
	FFT Recommend Rate: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	94%	95%	94%	94%	95%	95%	94%	94%	94%	94%	94.5%	94.1%	95.0%	94%	
	FFT Recommend Rate: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	98%	96%	94%	97%	99%	93%	92%	92%	91%	94.8%	99%	97%	98%	95.1%	
	FFT Overall response rate: Maternity (point 2)	Outstanding Patient Experience	CN	≥25%	WUTH	36%	44%	25%	29%	44%	29%	24%	23%	22%	22%	33%	22%	20%	27%	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2020
updated 23-03-20

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Indicator	Objective	Director	Threshold	Set by	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019/20	Trend
Responsive																			
4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2019-20	SOF	74.0%	76.7%	73.6%	81.1%	83.5%	81.9%	79.9%	75.6%	72.7%	70.8%	72.1%	70.5%	67.5%	67.5%	
Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	0	1	0	1	33	95	40	24	194	
Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	323	273	437	118	54	76	108	210	170	366	431	198	76	204	
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2019-20	SOF	79.12%	80.00%	79.04%	80.72%	80.12%	80.06%	79.89%	79.59%	79.03%	78.09%	78.10%	78.26%	78.51%	78.51%	
Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 24,735 by March 2020	National	28,367	27,309	26,223	27,317	25,733	24,733	24,846	24,721	24,368	23,597	23,233	22,988	23,207	23,207	
Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2019-20	National	19	0	0	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	99.7%	99.9%	99.5%	99.3%	99.5%	99.2%	98.3%	99.1%	99.5%	99.2%	99.1%	98.8%	99.5%	99.2%	
Cancer Waiting Times - 2 week referrals (latest month provisional)	Safe, high quality care	COO	≥93%	National	93.1%	98.1%	91.9%	94.0%	94.0%	94.0%	93.3%	94.3%	95.0%	93.7%	94.4%	90.5%	92.6%	93.4%	
Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (latest month provisional)	Safe, high quality care	COO	≥96%	National	96.7%	96.8%	96.5%	96.7%	97.1%	96.7%	97.3%	96.5%	96.7%	97.0%	97.1%	97.2%	97.0%	96.9%	
Cancer Waiting Times - 62 days to treatment (latest month provisional)	Safe, high quality care	COO	≥85%	SOF	86.5%	85.8%	85.3%	87.9%	86.3%	85.7%	89.9%	87.8%	85.0%	87.5%	85.9%	85.9%	86.3%	86.7%	
Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	TBC	WUTH	153	157	162	195	180	178	184	166	193	195	148	186	160	177	
Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	TBC	WUTH	28	17	17	12	15	17	22	15	31	13	10	8	16	16	
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	1	3	4	4	4	1	2	2	4	3	0	3	0	2	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2020
updated 23-03-20

Well-led

Indicator	Objective	Director	Threshold	Set by	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019/20	Trend
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	41	59	32	31	48	50	37	50	56	48	41	54	44	491	
% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	85.7%	88.2%	77.6%	81.1%	82.1%	83.6%	83.4%	82.7%	83.8%	81.4%	80.9%	81.9%	84.9%	84.9%	

Use of Resources

Indicator	Objective	Director	Threshold	Set by	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019/20	Trend
I&E Performance		CFO	On Plan	WUTH	-4.037	-5.402	-3.340	-1.458	-0.098	-0.825	-1.498	1.468	0.088	-0.488	-9.543	-0.668	-2.929	-19.291	
I&E Performance (Variance to Plan)		CFO	On Plan	WUTH	-1.338	-4.690	-0.237	-0.630	0.914	-0.828	-1.106	1.972	-1.507	-1.638	-8.755	-1.818	-2.445	-16.078	
NHSI Risk Rating		CFO	On Plan	NHSI	3	3	3	3	3	3	3	3	3	3	3	4	4	4	
CIP Forecast		CFO	On Plan	WUTH	-13.5%	-13.0%	-6.0%	-6.8%	-5.2%	-4.1%	-7.2%	-5.0%	-10.6%	-11.5%	-11.4%	-18.1%	-18.1%	-18.1%	
NHSI Agency Ceiling Performance		CFO	NHSI cap	NHSI	-22.1%	-44.0%	-19.5%	-26.8%	-15.6%	-46.4%	-8.2%	-24.3%	-24.7%	1.8%	-8.4%	-14.4%	4.3%	4.3%	
Cash - liquidity days		CFO	NHSI metric	WUTH	-12.8	-20.9	-14.0	-21.3	-15.9	-16.5	-17.4	-15.0	-14.6	-10.9	-14.1	-28.0	-32.3	-32.3	
Capital Programme		CFO	On Plan	WUTH	56.6%	12.2%	52.1%	31.0%	28.0%	14.7%	19.8%	64.2%	61.7%	57.2%	54.4%	53.8%	50.7%	50.7%	

(*) Updated Metrics   **Metric Change**

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

WUTH Quality Dashboard Exception Report Template as at March 2020

Wirral University
Teaching Hospital
NHS Foundation Trust

Safe Domain

E.Coli infections

E Coli bacteraemia bolls stream infection - hospital acquired cases

— Actuals — Target — UCL — LCL

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 February there were 9 cases reported, a further increase on recent months.

The cumulative number to the end of February is 58 cases, so beyond the maximum for the year.

Action:

- Review of the investigation tool to pull out themes in order to develop action plans to address lessons learnt.
- Divisions to report by exception at their monthly IPC meeting.
- Divisions to share their lessons learnt with other Divisions at the monthly IPC meeting with evidence of the completion of action plans.
- Enhanced monitoring via IPCG introduced.

Expected Impact:

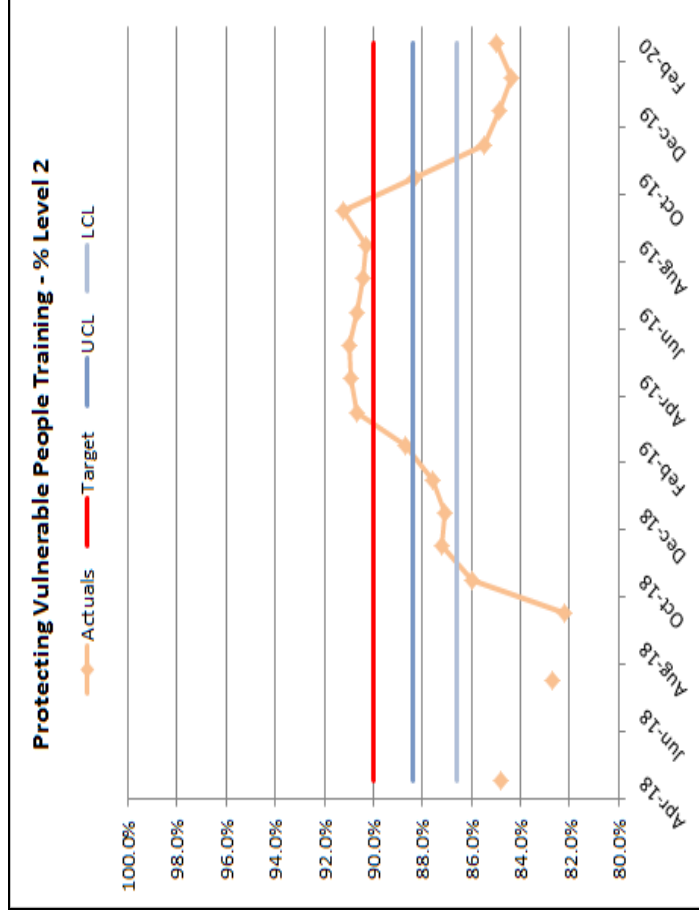Trust wide learning of investigations will promote best practice to promote prevention.

Never Events

Executive Lead: Director of Quality & Governance

Performance Issue:

WUTH has a commitment to zero Never Events occurring. In February there were two incidents – one in relation to a retained foreign object post-surgery, and the other a case of wrong site surgery.

Action:

To communicate the process for NatSSIP and LocSSIP to relevant personnel.

To re-educate practioners in the requirements set out in NatSSIP and LocSSIP.

To provide support to practioners who may be struggling to implement the required checks and/or the stop moment.

To conclude Serious Incident investigation and implement learning identified.

We plan to undertake external peer review and also internal audit to verify compliance.

Expected Impact:

We will achieve full compliance with NatSSIP and LocSSIP for all interventional procedures carried out at the Trust.
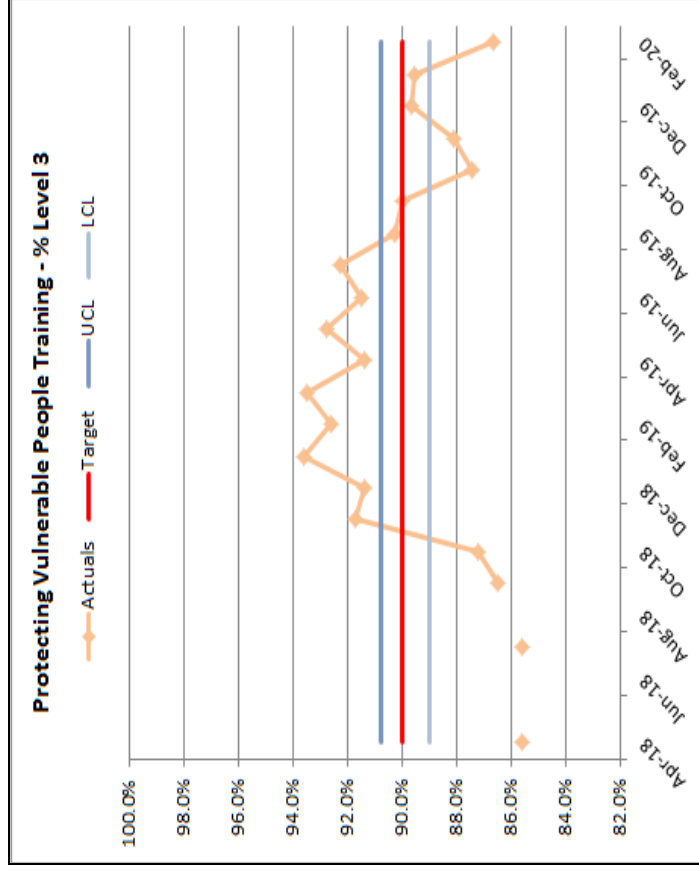
Protecting Vulnerable People Training - % Compliant Level 2

Protecting Vulnerable People Training - % 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 February at 85.0%.

Action:

Protecting Vulnerable People (PVP) level 2 is an online e-learning package only.

Prior to pandemic:

Concerns regarding the decline in compliance were raised at the Safeguarding Assurance Group meeting on the 11th February 2020. This decline was escalated to all the divisions to request that staff are encouraged and supported to complete this training as soon as possible in order to reach and sustain the required compliance.

The compliance of training will be monitored by the ward managers on a monthly basis, with the matrons and ADN having overview and challenge will be provided for those who become non–compliant.

Non-compliance will also be reflected and recorded within the individual staff member's appraisal.

Expected Impact:

This training has now been paused due to COVID pandemic. Additional support available from the central safeguarding team to areas.

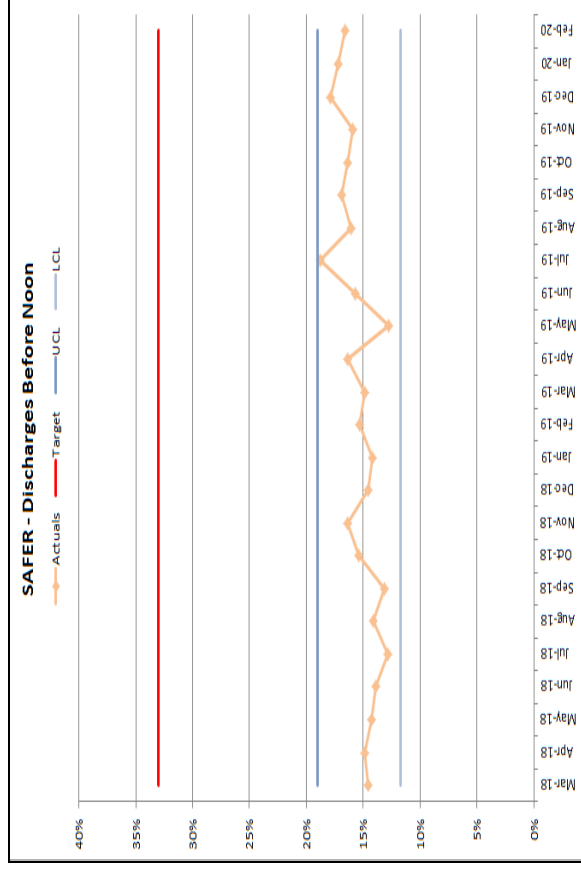## Protecting Vulnerable People Training - % Compliant Level 3

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, with February at 86.67%.

Action:

Prior to pandemic:

Concerns regarding the decline in compliance were raised at the Safeguarding Assurance Group meeting on the 11th February 2020. This decline was escalated to all the divisions to request that staff are encouraged and supported to complete this training as soon as possible in order to reach and sustain the required compliance.

The compliance of training will be monitored by the ward managers on a monthly basis, with the matrons and ADN having overview and challenge will be provided for those who become non-compliant.

Non-compliance will also be reflected and recorded within the individual staff member's appraisal.

Expected Impact:

This training has now been paused due to COVID pandemic. Additional support available from the central safeguarding team to areas.
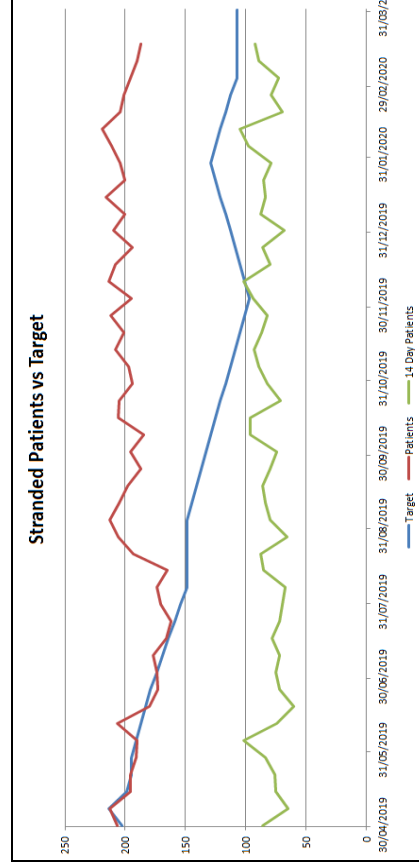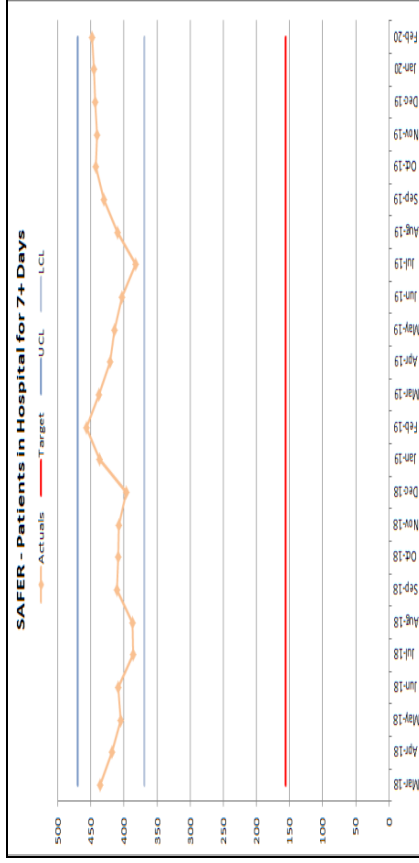
Protecting Vulnerable People Training - % Level 3

— Actuals — Target — UCL — LCL

Effective Domain

SAFER bundle: % of discharges taking place before noon

SAFER - Discharges 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 16.4%.

Action:

Actions detailed in the previous report are now embedded within the organisation which has enabled the Trust response to COVID.

In response to the revised Government guidance on discharge for Covid-19 the immediate focus is on discharging patients within 3 hours of a status of medically optimised being confirmed.

Wards will be required to discharge all patients to the Discharge Hospitality Centre within 1 hour and the Community Trust will be required to support discharge within 2 hours.   This work will continue to be overseen by the Patient Flow Information Group (PFIG) and will be supported by the improved Board Round form and function as part of the `Perfect Board Round' programme.

Expected Impact:

Accelerated discharge for medically optimised patients will enable a reduction in bed occupancy thus providing vital capacity within the acute Trust for the anticipated demand from Covid-19.
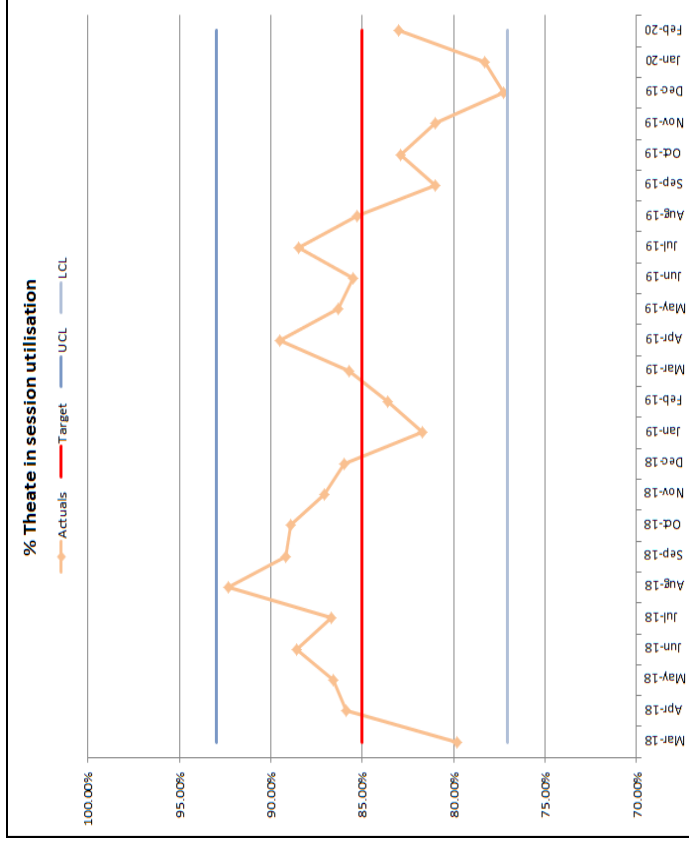
Page 63 of 103

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 448, and the number at 21+ days at 195 at the end of February.

Action:

- Refocussing weekly long length of stay reviews to ensure Divisional oversight and ownership of patient 21+ days, reducing the total number of 21+ days to 134, beyond the target of 171.

- Following revised Government guidance for Covid-19 current focus is on discharging any medically optimized patient within 3 hours.

All work supported by ECIST team.

.

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.

SAFER - Patients in Hospital for 7+ Days

Stranded Patients vs Target

Theatre in session utilisation %

% Theatre in session utilisation

Actuals — Target — UCL — LCL

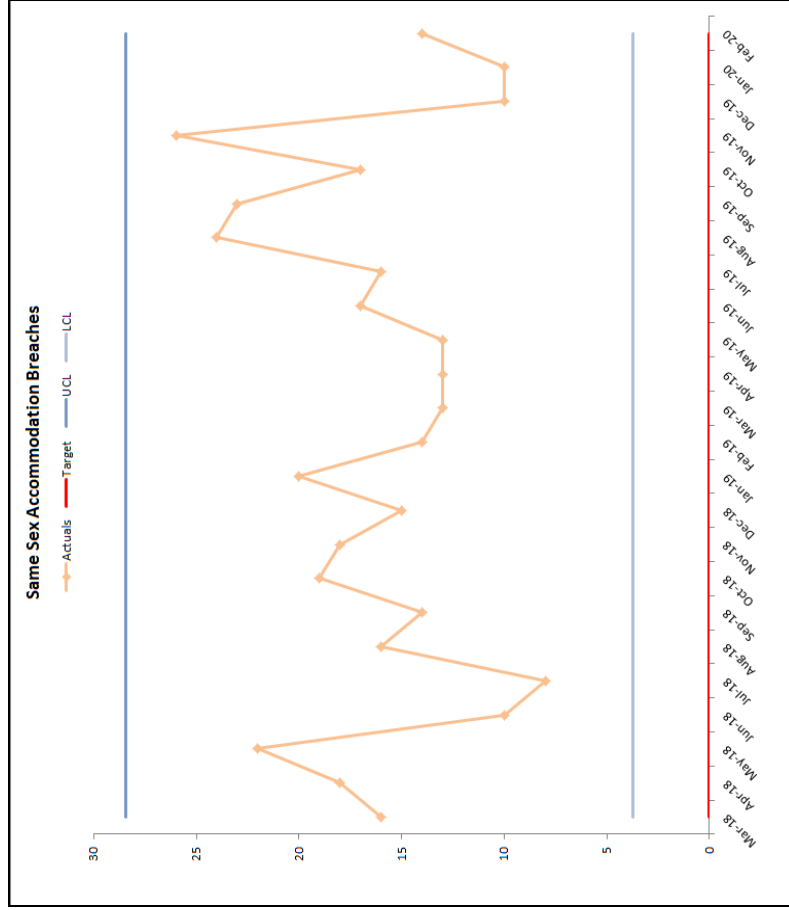**Executive Lead:** Chief Operating Officer

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. February has improved at 83% as a result of regaining of day case flow and a reduction in medical outliers. Cancellations on the day remain as the Trust Non-elective demand varies daily.

CGH in session has increased to 80% in Feb 20 from 74% in Dec 19, improving overall in session utilisation

Action:

- Continue to maintain core session utilisation.
- Continue with the movement of sessions from APH, but at least 1 week in advance to ensure lists are fully utilised
- Review under utilised specialties with the view to adding on a additional case if list starts >15 mins late and finished >30mins early.

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 our 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.

The national rules on calculating breach times have changed wef January 2020, with the hours of 22.00 to 07.00 no longer being included in line with NICE guidance that patients should not transfer wards between these times.

WUTH breaches of the guidelines are largely in relation to patients waiting more than 24 hours for transfer from critical care areas to general wards – under the new time rules there were 14 such breaches in February.

There are no adverse safety 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 'go live' was beginning 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.

Same Sex Accommodation Breaches

— Actuals — Target — UCL — LCL

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 February at 67.5% against a trajectory target of 90.5%.

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

Action:
- 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 and launch point went live on 9th March.
- Bed modelling Trust wide workshop with all Divisions took place early March to look at reconfiguration. Follow-up meeting to be confirmed.

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.

NOTE: In line with national guidance, currently all non essential meetings have stood down and are being reviewed by the Executive Team.

A&E Four Hour Target (Arrowe Park site inc ADHC)

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 February at 78.51%.

Urgent care pressures and COVID-19 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.
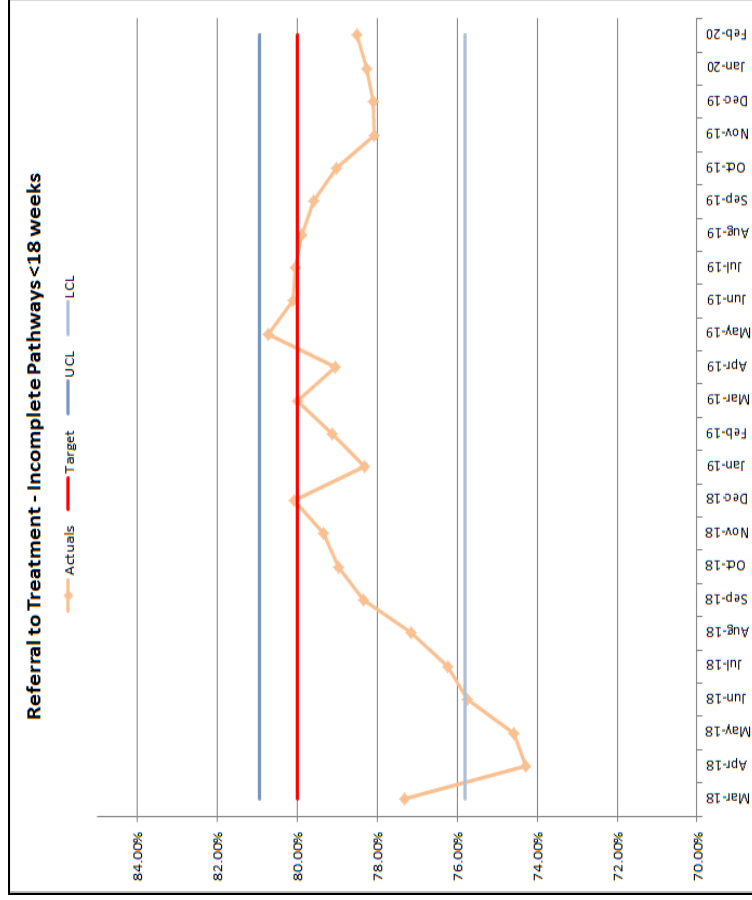
Action:

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

Expected Impact:

The Trust is ahead of plan on total waiting list size and has sustained zero 52 week objectives.

Referral to Treatment - Incomplete Pathways <18 weeks

Legend: Actuals — Target — UCL — LCL

X-axis: Mar-18, Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20

Y-axis: 70.00%, 72.00%, 74.00%, 76.00%, 78.00%, 80.00%, 82.00%, 84.00%

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 Natio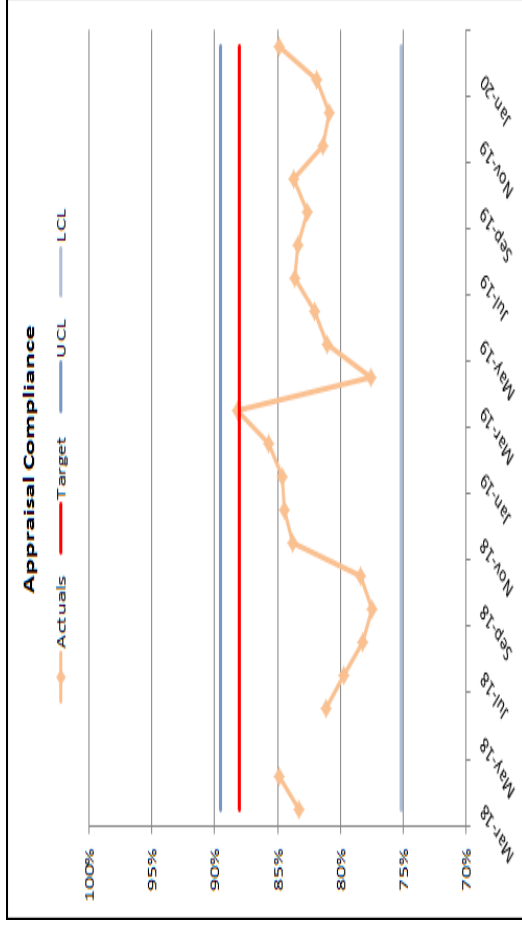nal Institute for Health Research (NIHR) studies in 2019-20 has been amended to 700. The revised trajectory is set at a target 59 per month until the annual 700 is reached.

This has not been achieved in any month this year so far, with 44 recruited in February.

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.
- Now recruiting to COVID research trials.

Expected Impact:

Unlikely to achieve the amended target of 700 during 2019-20.

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

No of patients recruited to NIHR studies

(Legend: Actuals, Target, UCL, LCL)
(X-axis: Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20)

Appraisal compliance %

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 February at 84.9%.

Action:

Appraisal compliance is regularly being tracked through the monthly divisional performance reviews.

In line with national guidance, due to COVID-19, all appraisals are to be suspended.

Expected Impact:

As a consequence to the suspension of all appraisals the Trust is unlikely to meet the target by the end of quarter 4.

This indicator is to be suspended during the COVID outbreak and will be re-introduced later in the year.

Board of Directors	
Agenda Item	20/21 013
Title of Report	Change Programme Summary, Delivery & Assurance.
Date of Meeting	1st April 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

EMERGENCY MEASURES

1. Immediate Actions

At the Programme Board of 18th March 2020 – in light of the COVID-19 situation – the programme in its current scope (see slide 2) was suspended with the status to be reviewed at the Programme Board meeting of 17th June 2020. Some programmes were accelerated to operate at a high tempo and these included Outpatients and Back Door (the discharge element of the Flow programme).

Outpatients

Under the SRO Nikki Stevenson, Alistair Leinster continues to head this programme of work with Jeremy Weetch as Clinical Lead. The full weight of the Service Improvement Team has now pivoted to focus on this programme. The aim is to ensure, by 27th March 2020, that outpatients do not come onto the hospital sites and that alternative solutions (including telephone and video) are deployed. Exceptions will be closely managed. Arrangements for the over-70s and high risk patients will have been put in place well ahead of that deadline. With the pace of change so rapid, the SRO will be able to apprise Board members of the latest position at the time of the meeting.

Back Door (Flow – Discharges)

Under the SRO Anthony Middleton, John Foley is currently providing leadership with the clinical leadership provided by John Tsang. The Service Improvement Team continues to provide support. The work is now centred on the 'Rapid Discharge Process' issued by the Trust with additional bed capacity having been identified in community settings. Again, with the pace of change at an extremely high tempo, the SRO will be able to apprise Board members of the latest position at the time of the meeting.

Capacity Management

The 'Capacity Management' system was successfully launched at the precise hour, 10am, on the planned date of 9 March 2020. The initial feedback has been extremely positive and, while some minor de-bugging of the system utilisation continues, the Trust's capacity management function has benefitted from the change.

PROGRAMME STATUS – AT TIME OF SUSPENSION

In terms of the overall ratings assessments (see slides 3 and 4), there has been another marked improvement in the assurance evidence for the digital projects and overall the ratings are in the best position since the programme management standards were introduced in July 2018.

1.1. Governance Ratings

Eight of the thirteen 'live' programmes are green rated for governance, with five attracting an amber rating, and none is 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 five programmes green rated for delivery, seven being amber rated and one red rated. 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.

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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. Hospital Upgrade Programme

Matthew Swanborough has been appointed SRO of the Hospital Upgarde Programme and a concise update on the workplan was presented to the Programme Board on 18th March 2020. A contract will be let for expert support to be procured to produce the Outline Business Case. An initial, virtual, Steering Group meeting is planned for 31st March 2020.

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 was presented at the Programme Board meeting (the membership of which includes a non-executive director) held on Wednesday 18 March 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 10 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 note the decisions taken to pivot the focus of resources from the standing change programme to the 'Immediate Actions' in support of the COVID-19 Emergency.

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NHS Foundation Trust

Change Programme Summary

External Programme Assurance

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Item 20/21 013 - Change Programme Summary, Delivery & Assurance

Wirral University Teaching Hospital NHS
NHS Foundation Trust

WUTH Trust Board of Directors

Programme Board – CEO Chair

(P) Priority Project

Partnerships Programmes
SROs - per programme

Healthy Wirral
Medicines Optimisation
Lead: Pippa Roberts

Workforce Planning
SRO – Helen Marks

WRaPT (Pilot)
Lead: Ann Lucas

Pipeline
Medical Staffing Improvement Project
Lead: TBC

Specialist Nursing
Lead: TBC

Hospital Upgrade Programme
SRO – Matthew Swanborough

Workforce

Design

Clinical Service Delivery

Management / Finance

Communications / Engagement

Operational Transformation
SRO – Nikki Stevenson

Perioperative
Lead: Paul McNulty (P)

Outpatients
Lead: Alistair Leinster (P)

World Class Administration of Patients
Lead: Mel Aldcroft

Improving Patient Flow
SRO – Anthony Middleton

Front Door
Lead: Shaun Brown (P)

Back Door
Lead: Shaun Brown (P)

Capacity Management
Lead: Shaun Brown (P)

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Assurance - Governance ratings

Legend: Suspended, Green, Amber, Red

Months shown: Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20

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Item 20/21 013 - Change Programme Summary, Delivery & Assurance
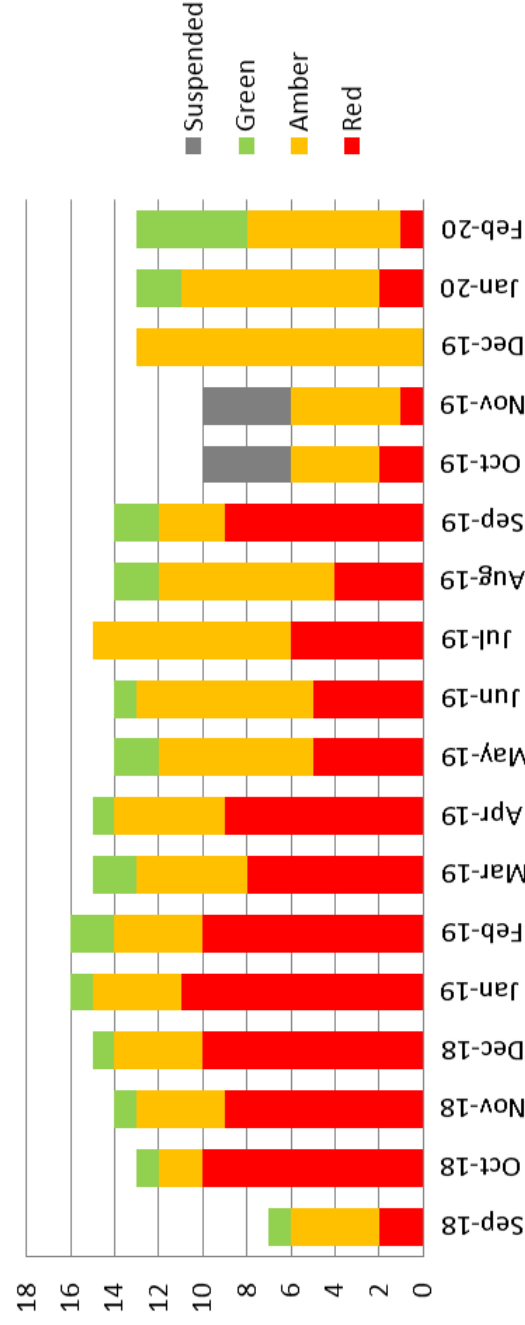
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Change Programme Assurance Report - Trust Board Report - February 2020
S Brimble – Project Manager

Assurance - Delivery ratings

Legend:
- Suspended
- Green
- Amber
- Red

Months (axis): Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20

Value axis: 0, 2, 4, 6, 8, 10, 12, 14, 16, 18

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Priority Projects Highlight Report – Metrics

Senior Responsible Owners

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Item 20/21 013 - Change Programme Summary, Delivery & Assurance

NHS

Highlight Report – Patient Flow Improvement **Reporting Period –** Feb-Mar 20 **Programme Lead –** Anthony Middleton

Things you need to know

Capacity Management: Live 09/03/2020 as planned. No major technical issues; minor system amends to improve process flows.

Front Door: BI pathway logic rules completed for each assessment unit for the Front Door pathways element of the BI portal to enable capacity and demand modelling for assessment units.

Back Door: New process for daily long length of stay reviews with Triumvirates is having a positive impact on number of 21 day + patients.

ED One Patient Record: LaunchPoint live in ED 09/03/2020 as planned.

Average LOS - (Elective & Non-Elective) - Patient Flow Wards   starting 08/07/19

Legend: — Mean | — — Process limits - 3σ | ▲ High or low point | ◆ Special cause - improvement
◆ Special cause - concern | - - - - Target | —●— AVG LOS

Number of Long Stay Patients - >=21 days

Legend: —◆— 21+ LOS | —— Mean | — — Target

Overall Average -Time in A&E - (Minutes) - starting 08/07/19

Step Change

Legend: — Mean | — — Process limits - 3σ | ▲ High or low point | ◆ Special cause - improvement
◆ Special cause - concern | - - - - Target | —●— Average Time in A&E

Bed Occupancy- starting 01/10/18

Legend: —— Mean | — — Process limits - 3σ | ▲ High or low point | ◆ Special cause - improvement | ◆ Special cause - concern | - - - - Target | —●— OBDs

Escalation
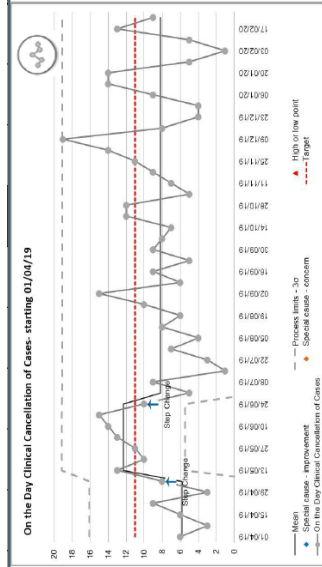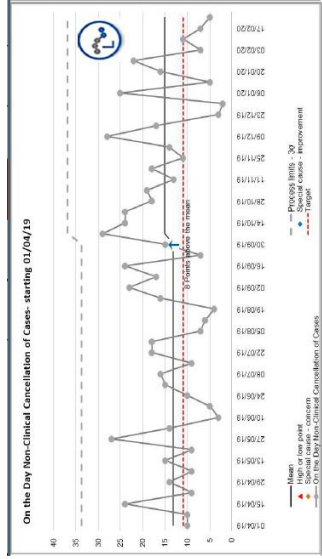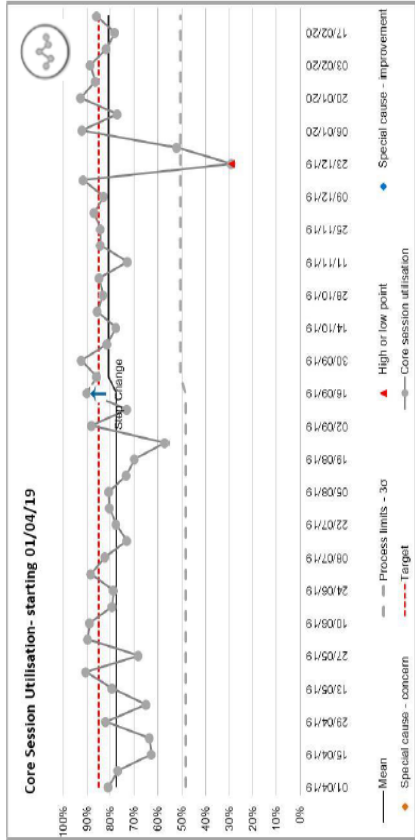
Things you need to know

Perioperative steering group and Operational Transformation Steering Group have approved the PID and the programme requests final sign off from Programme Board in today's meeting.

Refreshed project teams have been mobilised in anticipation of final approval. Good progress is being made and engagement levels in projects is high.

Three phase recovery unit is scheduled to fully open end of April, when many benefits realisation projections begin.

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

Weekly In Session Utilisation - starting 01/04/19

Core Session Utilisation- starting 01/04/19

On the Day Non-Clinical Cancellation of Cases- starting 01/04/19

On the Day Clinical Cancellation of Cases- starting 01/04/19

Within 28 day Session Cancellations- starting 01/04/19

Escalation

The current pre-op location is unsuitable. If it is not changed, then there is a high likelihood that parts of the improvement programme cannot be delivered.

Item 20/21 013 - Change Programme Summary, Delivery & Assurance

Things you need to know

Outpatient Support: Cancellations within 6-weeks: Medical Staffing issues identified, 2nd workshop scheduled to address end-to-end processes for cancelling clinics. DNA Rate: Text reminder content reviewed and updated, additional reminder for high DNA rate specialties agreed. Patient Access policy implementation on track for March 2020.

21st Century Outpatients: Telephone and virtual clinic SOP completed and workshop with DMs on 12/3/20. Meetings to confirm improvement plans with DDs 16/17th March. Work in progress with PA consulting on quantifying benefits and aim specialty plans to be developed in response to benchmarked opportunities. Clarity to be determined on the plans for Health Economy End to End Pathway Redesign Project.

Digital Enablers: Outpatient One Patient Record planning underway for Consultation Event March 2020. Planned go live in June 20.

DNA Rate New (%) by Week Commencing (Overall) - starting 18/02/19

Legend: Mean — — Process limits - 3σ - - - - Target ● Special cause - concern ▲ High or low point ◆ Special cause - improvement — DNA Rate (%)

Cancellations Within 6 Weeks of Appointment by week commencing (Overall)- starting 18/03/19

Legend: — Mean — — Process limits - 3σ - - - - Target ◆ Special cause - concern ▲ High or low point ▲ Special cause - improvement ● Cancellations Within 6 Weeks

Reporting Meeting – March 2020

Warrant University Teaching Hospital NHS Foundation Trust

ID	Description	Reporting Period	Period Target	Feb-20	Jan-20	Dec-19	YTD Target	YTD Performance	YTD Variance	System Assurance	SPC Trend
	Outpatients										
1	DNA Rate New (%)	Feb-20	8.7%	9.9%	9.9%	10.3%	8.7%	10.4%	1.74%	!	H
2	DNA Rate Follow-Up (%)	Feb-20	8.3%	8.5%	8.0%	9.4%	8.3%	8.7%	0.36%	?	
3	Cancellations Within 6 Weeks by Week Commencing (All)	Feb-20	TBC	3980	5232	4024				?	
3a	Cancellations Within 6 Weeks by Week Commencing (Study Leave)	Feb-20	TBC	81	126	94				?	
3b	Cancellations Within 6 Weeks by Week Commencing (Annual Leave)	Feb-20	TBC	419	367	285				?	

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Programme Assurance Ratings

Joe Gibson
23 March 2020

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Change Programme Assurance Report -
Trust Board Report - January 2020 - Top 3 Priority Projects - Summary

J Gibson – External Programme Assurance

Wirral University Teaching Hospital
NHS Foundation Trust

Improving Patient Flow	Governance	Green	Delivery	Amber

- The key metric '21day + LoS' for the Flow Programme remains well above the programme target, the immediate actions now being taken to manage and mitigate the COVID-19 situation should have some bearing on the sort term trend.

- At the time of writing (23rd March), albeit events are moving at pace, additional community beds have been identified and the project team are working to expedite rapid discharges from the hospital.

- **The 'Capacity Management' system was successfully launched at the precise hour, 10am, on the planned date of 9 March 2020. The initial feedback has been extremely positive and, while some minor de-bugging of the system utilisation continues, the capacity management function has benefited from the change.**

Perioperative Medicine Improvement	Governance	Green	Delivery	Green

- The Programme Initiation Document, Version 1 dated 9 March 2020, was approved by Operational Transformation Steering Group (Medical Director Nicola Stevenson, Chair) on 9th March 2020.

- The Perioperative Medicine Steering Group is governing with an extremely well engaged and clinically led team.

- **The Programme Board on 18th March 2020, albeit abridged, received a comprehensive presentation describing the new programme and the forum expressed its confidence that this would be a transformational programme once the COVID-19 situation allows the plans to proceed.**

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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

Governance	Amber	Delivery	Green

Outpatients Improvement

- The Outpatients programme has been refocussed (as agreed at the Programme Board on 18th March), at pace, to deliver rapid and radical solutions to keep patients away from the hospital sites by providing outpatients services by alternative (remote) means.

- The project team, headed by Alistair Leinster and clinically led by Mr Jeremy Weetch, is working at high tempo to achieve the initial aim: no outpatients on site (unless clinically essential) by 27 March 2020. The team meets in an action planning mode at 0930 and 1600 each weekday (with informal catch-ups over weekend periods).

- The communications and engagement effort, together with digital solutions, from an integral part of the programme work as well as the core service redesign.

- **The SRO should be a position to provide a verbal update to the Trust Board on 1st April 2020 - much will have been planned and many changes enacted between the time of authorship on this report and the meeting of the Board of Directors – concerning the new deployment of outpatients services.**

together we will

f **🐦 wuth.nhs.uk**

Item 20/21 013 - Change Programme Summary, Delivery & Assurance

Workforce Planning - Programme Assurance Update – 9 March 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. **2. & 3.** There are revised ToRs of the 'Workforce Planning Group' with minutes of a meeting to 9 Dec 19 and an update to the WAC on 21 Jan 20. **4.** There is some evidence of continuing stakeholder engagement (including e-mail exchanges on divisional priorities during Jan 20), 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 being tracked and this shows that several important tasks from Nov 19 - Jan 20 are not completed. There is also an update report from 6 Feb 20 giving a 'green' status which does not tally with the progress recorded on the plan or the comments on the report itself. **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 11 Feb 20.**

1. Programme One - Workforce Planning (WRAPT)

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	**Workforce Planning**	The Trust recognises that a co-ordinated effective workforce planning process, 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	Green	Amber	Green	Amber	Amber	Green	Amber	Red	Amber	Amber	Green

Front Door - Programme Assurance Update – 9 March 2020

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

Independent Assurance Statement

1. The project scope is defined by the PID v0.9 dated 23 Jan 20; there is a comprehensive benefits matrix included which aims to be fully populated by 30 Apr 20. **2. & 3.** There is a ToR, Issue v3.0 dated 7 Jan 20, for the Project Team and evidence relating to team meetings up to 14 Feb 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; moreover, the 'Front Door Stakeholder Engagement Log', uploaded 3 Mar 20, provides further evidence of engagement. **5.** A EA/QIA v1 has been drafted for the Front Door AU re-design and will await sign-off once there is more clarity on the future design. **6.** There is a detailed project plan - in the workbook v10 uploaded 4 Mar 20 - extending to Jun 20 and an associated milestone tracker; these are being actively managed albeit there are some delays on baseline data and process maps. **7.** There is an up to date risk register last reviewed in Dec 19. **Most recent assurance evidence submitted 6 Mar 20.** **8. & 9.** There is an extremely comprehensive 'Benefits Tracking Tool' (see comments on the PID above) within workbook v10.

2. Programme Two - Improving Patient Flow

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
2.1	**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	Green	🟡	🟢	🟢	🟢	🟡	Amber	🟡	🟡	🟢	🟢

Capacity Management - Programme Assurance Update – 9 March 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Shaun Brown	Clare Jefferson	Implementation	Green	Green

Independent Assurance Statement

1. The PID, draft v0.11 dated 31 Dec 19, has now identified benefits and metrics which continue to be further developed. The business case for 'Capacity Management Devices' dated 12 Aug 19 was approved at the interim PFIG 12 Aug 19. A 'go live' briefing paper was uploaded on 5 Mar 20 and go live authorised by a sub-group of PFIG. **2. & 3.** Evidence of CapMan project team meetings is uploaded to 6 Mar 20. Moreover, the 'Divisional Sign Off' process was completed in full. **4.** There is now extensive evidence uploaded of widespread communications and engagement including clinical groups. **5.** EA has been drafted and QIA signed-off. **6.** The Capacity Management Project Plan has been updated to 6 Mar 20 and the system went live on 9 Mar 20 as planned. **7.** As described above, metrics are still being developed as implementation continues. **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 6 Mar 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														
2.2	**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	Green	🟢	🟢	🟢	🟢	🟢	Green	🟢	🟡	🟢	🟢

Back Door - Programme Assurance Update – 9 March 2020

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

Independent Assurance Statement

1. The PID v9.0 dated 4 Feb 20 defines the project; the objectives of the project extend to 31 Mar 21. **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 21 Jan 20. **4.** There is also some evidence of information for stakeholder engagement and this would be assisted, given the nature of the project, by a 'register' of stakeholder engagement. **5.** There are EA/QIA drafted awaiting sign-off. **6.** The project plan - in the workbook uploaded 10 Mar 20 - extends to Sep 20 and there is an associated milestone tracker; these are being tracked and currently shows a majority of actions being delivered on time. **7.** There is a 'Benefits Tracking Tool' within the workbook, giving 4 key metrics with target dates; however, there is still work to be completed to define all metrics fully. The key 21day LoS (Long Stay Patients) target continues to fall short of the desired improvement trajectory; however, it is beginning to trend below the 200 mark - at time of writing (10 Mar) reported as 197. **8. & 9.** There is now a fully tracked risk register as part of the workbook with 2 open risks reviewed during Jan 20 and 3 during Feb 20. **Most recent assurance evidence submitted 10 Feb 20.**

2. Programme Two - Improving Patient Flow

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
2.3	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	Green	🟢	🟢	🟢	🟡	🟢	Red	🟡	🔴	🟢	🟢

DIGITAL ENABLEMENT: ED One Patient Record - Programme Assurance Update – 9 March 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 v0.4 dated 27 Jan 20 has been uploaded. There are 9 benefit types described with associated metrics but precise targets with dates and baselines remain to be established. **2.** The Project Lead is named as Rob Jewsbury and a project team is identified in the PID. There is an action log for meetings during 2019 but no evidence of meetings in 2020 to date. **6.** The project plan uploaded 3 Feb 20 shows 'Future State Validation' is behind schedule by one month and the plan was last updated 3 Feb 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 27 Feb 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														
2.3a	**ED One Patient Record** (Digital Enablement - Outpatients - Separate Folder)	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 – 9 March 2020

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

Independent Assurance Statement

1. The revised PID v0.5 dated 4 Mar 20, including an extensive schedule of benefits and measures, has been signed-off by the Project Steering Group and will be presented to the Mar 20 Programme Board. **2.** As well as the Steering Group there is now evidence of a 'Patient Safety and Experience Project Group' and an 'Operational Excellence Project Group'. **3.** The Perioperative Steering Group has ToRs revised in Jan 20 and evidence of meetings up to 3 Mar 20. **4.** There is now extensive evidence of wide stakeholder engagement both with the programme an individual work streams. **5.** The QIA has now been revalidated. **6.** The project plan, which is largely on track, has an impressive level of detail and projects out to Sep 21. **7.** The Benefits Tracking Tool details benefits across 9 categories with significant BI work remaining to establish baselines. **8 & 9.** Risks ands issues are now logged in the workbook and are updated to the end Feb / start Mar 20. **Most recent assurance evidence submitted 6 Mar 20.**

3. Programme Three - Operational Transformation

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
3.1	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	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢

Item 20/21 013 - Change Programme Summary, Delivery & Assurance

Theatre Scheduling - Programme Assurance Update – 9 March 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Lynn Tarpey	Emma Danton	Design	Amber	Green

Independent Assurance Statement

1. The Theatre Scheduling PID v0.2 dated 27 Feb 20 uploaded but is yet to be approved by a governance forum. 2. There is evidence of a 'Theatre Scheduling System' meeting of 13 Feb 20 together with a 'Checkpoint Report' dated 7 Feb 20 and a record of communications. 6. There is a Theatre Scheduling workbook v1.1 uploaded on 6 Mar 20 and shows the planned actions largely on track. 8 & 9. The risks registers for the project shows the date of last review as 6 Feb 20. Most recent assurance evidence submitted 6 Mar 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														
3.1a	**Theatre Scheduling** (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	Amber	Amber	Green				Green	Green		Green	Green

Item 20/21 013 - Change Programme Summary, Delivery & Assurance

Outpatients Improvement - Programme Assurance Update – 9 March 2020

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

Independent Assurance Statement

1. There is a PID v2.0 dated 6 Jan 20; for the 4 benefits described: reduction in DNAs has no proposed improvement level defined albeit the benefit start date is given as Sep 19; there is no evidence of specialty reporting of the increase in number of non face to face appointments (or current baselines). **2.&3.** An Outpatients Transformation project team is in place at v1.1 (but the ToR Issue date is 'TBC') with evidence of meetings and an Action Log to 2 Mar 20. **4.** The 'Outpatients Communications Plan' dated Jan 20 describes the comms approach (but is not tracked); there is also evidence of widespread engagement through the stakeholder event and specialty planning meetings. However, the divisions are yet to set the objectives and benefits by speciality - workshops are planned for mid-March to make that happen. **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.** The Benefit Tracking Tool needs further development. **8 and 9.** There is a fully populated risk register updated to 2 Mar 20. **Most recent assurance evidence submitted 5 Mar 20.**

3. Programme Three - Operational Transformation

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
3.2	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	Amber	Amber	Green	Green	Amber	Green	Green	Green	Amber	Green	Green

DIGITAL ENABLEMENT: Outpatients - Programme Assurance Update – 9 March 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Nickee Smyth	Clare Jefferson	Design	Green	Green

Independent Assurance Statement

1. A PID v1.0 dated 4 Mar 20 is in evidence for 'Outpatient One Patient Record' and is reported as signed off by the project lead; 'high level benefits' are identified in the PID. There is also a 'Decisions and Actions' presentation dated 3 Jan 20. **2.** There is a project team ToR as approved on 31 Jan 20. There is a 'Meeting Log' on SharePoint which has evidence of meetings to 6 Mar 20 together with an 'Action Log' tracking task completion. **6.** A workbook has been uploaded, at 9 Mar 20, and shows all actions on track. **8 & 9.** The workbook has a risk register, with all risks reviewed during Feb 20. **Most recent assurance evidence submitted 9 Mar 20.**

3. Programme Three - Operational Transformation

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
3.2a	**Outpatients One Patient Record** (Digital Enablement - Outpatients Improvement)	The key deliverables from this project are: Removing Case Notes from Outpatients Reducing the amount of paper produced within the Outpatient environment Solutions to make unavoidable paper available electronically.	Nikki Stevenson	Green	🟢	🟢				Green	🟢		🟢	🟢

Diagnostics Demand Management - Programme Assurance Update – 9 March 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Alistair Leinster	Alex Warrington	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 up to the 'Project Steering Meeting' of 13 Jan 20; moreover, there is a log with the record of attendance to Dec 19. **4.** There is a stakeholder mapping matrix and active measurement of engagement. There is also a register of 'Stakeholder Engagement Actions'. 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.** Current CIP 'Actual' savings profile it at some 75% of the 'Projected' savings profile. **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 14 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	**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 – 9 March 2020

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Nikki Stevenson	Mel Aldcroft	Emma Danton	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. There is also a WCA 'Approach proposal', uploaded 9 Mar 20, being circulated to DDs which will inform the way ahead. **2.** A project team has been defined. **3.** There is evidence of a WCPA project team meeting, with ToR agreed, of 19 Nov 19; there is a record of meetings to 20 Feb 20. **4.** There is a comprehensive 'Communications and Engagement Plan' dated Jan 2020 uploaded and a draft initial newsletter has been prepared and uploaded on 3 Feb 20; however, the communications 'launch' is yet to be enacted. **5.** A QIA/EA has been drafted and signed off on 3 Oct 19. **6.** A comprehensive milestone Gantt chart plan is in place, uploaded 9 Mar 20, and is being tracked albeit the working group sign-off of the detailed proposal has been delayed by at least 6 weeks. **7.** Definitions and benefits, with starts dates, are partially completed in the project PID. **8 and 9.** Risks and issues are recorded; risk register shows the 'date risk last reviewed' as 9 Mar 20. **Most recent assurance evidence submitted 9 Mar 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														
3.4	**World Class Administration of Patient Services**	This programme aims: To align administrative and clerical functions at WUTH using the Basic, Better, Best approach: Patients administrated safely, timely and correctly — Right Person / Right Job / Right Paygrade — Governance structure — Standardised Working processes	Nikki Stevenson	🟠 Amber	🟠	🟠	🟢	🟠	🟢	🟠 Amber	🟠	🟠	🟢	🟢

DIGITAL ENABLEMENT: Digital Dictation - Programme Assurance Update – 9 March 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. The Digital Dictation PID, as amended to v0.3 8 Nov 19, describes the scope and approach with some clarification needed on the proposed benefits. **2.** There is evidence of technical meetings and discussions to 6 Mar 20; further evidence of governance and wider project team meetings is required. **6.** There is a Digital Dictation workbook v2 dated 6 Mar 20. The project plan shows that the sign off of the business case and the PID have been delayed by several weeks; however, given the nature of the project, there is little information in the plan concerning the significant communication and engagement required to underpin the desired outcomes. **8 & 9.** The risks register for the project shows the date of last review as 31 Jan 20. **Most recent assurance evidence submitted 6 Feb 20.**

3. Programme Three - Operational Transformation

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
3.4a	**Digital Dictation** (Digital Enablement - WCAP)	Provide a digital diction solution fully integrated with the EPR (Electronic Patient Record); A complete audit trail for transcription processes; Standardise current administration processes; Enable the monitoring of clinical typing turnaround times	Nikki Stevenson	🟠 Amber	🟡	🔴				🟠 Amber	🟡		🟢	🟢

Healthy Wirral: Medicines Optimisation - Programme Assurance Update – 9 March 2020

Exec Sponsor	Programme Lead	Transformation Lead	Stage of Development	Overall Governance	Overall Delivery
Mike Treharne, DOF CCG	Pippa Roberts	Mel Carrol	Implementation	Green	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. An updated DOAC PID v4 (uploaded 7 Feb 20) has been submitted in evidence as signed off by the Board in Jan 20. **2.** HW MO reports are available up to Feb 20. **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. There is 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, dated Feb 20, uploaded; 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 Feb 20 (although it is in non-standard format) with 'date of last review' as Feb 20. **Most recent assurance evidence submitted 7 Feb 20.**

6. Programme Six - Partnerships (GDE Enabled)

Collaboration - Healthy Wirral

PMO Ref	Programme Title	Programme Description	SRO/Sponsor *Assures*	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
6.3	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	Green	Amber	Green	Green	Green	Green	Amber	Amber	Amber	Green	Green

Board of Directors	
Agenda Item	20/21 015
Title of Report	Declaration of Interests and Fit and Proper Persons Annual Check
Date of Meeting	1st April 2020
Author	Andrea Leather, Board Secretary
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
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

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

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

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

In order to ensure the continued 'fitness' of those persons to whom the requirements apply, an annual check for insolvency, bankruptcy and registration is to be undertaken. The annual check of this was undertaken on 27th March 2020 and the presented report details the findings (Appendix A & Appendix B).

2. Background

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

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

3. Key Issues/Gaps in Assurance

There are no matters to report.

4. Next Steps

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

5. Conclusion

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

6. Recommendations

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

wuth.nhs.uk

Declaration of Interests 2020

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

Name	Declaration
Paul Charnley	None
Chris Clarkson	None
John Coakley	None
Jayne Coulson	• Experian – Director of Service
Sir David Henshaw	• Chair – National Museums Liverpool • Trustee – North Wales Heritage Trust • Chair – Natural Resources, Wales • Chair – Sir David Henshaw Partnership Ltd • Chair – Liverpool World Heritage Task Force
Janelle Holmes	• Spouse is a Senior manager in NHS at Salford Royal NHS Trust
Steve Igoe	• Deputy Vice Chancellor – Edge Hill • Member of: Institute of Chartered Accountants, England & Wales
Andrea Leather	None
Sue Lorimer	• Alpha (RSL) Ltd – Board member • Partner – Associate Director of Finance, The Clatterbridge Cancer Centre
Helen Marks	None
Anthony Middleton	None
Paul Moore	• Director – PM Governance Ltd • Magistrate – Greater Manchester Bench
Hazel Richards	• Spouse is Group Chief Executive of Northern Care Alliance NHS Group

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Nicola Stevenson	• Spouse is Mersey and Cheshire Critical Care Network Lead & Consultant in ITU at RLUH
John Sullivan	None
Matthew Swanborough	None
Claire Wilson	• Healthcare Financial Management Association - Trustee • Spouse is Executive Lead for investment, Greater Manchester Health & Social Care Partnership

Appendix B

Fit and Proper Persons Annual Check

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

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