



Wirral University Teaching Hospital

NHS Foundation Trust

# BOARD OF DIRECTORS IN PUBLIC

<b>Meeting</b>	Board of Directors in Public
<b>Date</b>	Wednesday 5 July 2023
<b>Time</b>	9.00 – 11.00am
<b>Location</b>	Hybrid

### Agenda Item

### Lead

- |                                      |                   |
|--------------------------------------|-------------------|
| 1. Welcome and Apologies for Absence | Sir David Henshaw |
| 2. Declarations of Interest          | Sir David Henshaw |
| 3. Minutes of Previous Meeting       | Sir David Henshaw |
| 4. Action Log                        | Sir David Henshaw |

### Items for Decision and Discussion

- |  |                     |
|--|---------------------|
| 5. Patient Story   | Tracy Fennell       |
| 6. Chairs Business and Strategic Issues<br>– <b>Verbal</b> | Sir David Henshaw   |
| 7. Chief Executive Officer Report                          | Dr Nikki Stevenson  |
| 8. Board Assurance Reports                                 |                     |
| 8.1) Integrated Performance Report                         | Executive Directors |
| 8.2) Chief Finance Officer Report                          | Mark Chidgey        |
| 8.3) Chief Operating Officer Report                        | Hayley Kendall      |
| 8.4) Monthly Maternity Report                              | Tracy Fennell       |
| 9. Trust Annual Operational Plan<br>2023/24                | Executive Directors |
| 10. Elective Recovery Self-certification                   | Hayley Kendall      |
| 11. Charity Strategy 2023/26                               | Mark Chidgey        |
| 12. Committee Chairs Reports                               |                     |
| 12.1) People Committee                                     | Lesley Davies       |
| 12.2) Audit and Risk Committee                             | Steve Igoe          |
| 12.3) Charitable Funds Committee                           | Sue Lorimer         |
| 12.4) Finance Business<br>Performance Committee            | Sue Lorimer         |
| 12.5) Research and Innovation<br>Committee – <b>Verbal</b> | Sir David Henshaw   |

### **Closing Business**

- |   |                   |
|---|-------------------|
| 13. Questions from Governors and Public | Sir David Henshaw |
| 14. Meeting Review                      | Sir David Henshaw |
| 15. Any other Business                  | Sir David Henshaw |

### **Date and Time of Next Meeting**

Wednesday 6 September 2023, 09:00 – 11:00

<b>Meeting</b>	Board of Directors in Public
<b>Date</b>	Wednesday 7 June 2023
<b>Location</b>	Clatterbridge

**Members present:**

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
SLO	Sue Lorimer	Non-Executive Director
RM	Professor Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
DS	Debs Smith	Chief People Officer
HK	Hayley Kendall	Chief Operating Officer
MS	Matthew Swanborough	Chief Strategy Officer
RC	Robbie Chapman	Deputy Chief Finance Officer (deputising for MC)
VP	Vic Peach	Deputy Chief Nurse (deputising for TF)

**In attendance:**

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
SS	Sally Sykes	Director of Communications and Engagement
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.5
TN	Tracey Nolan	Freedom to Speak up & Just and Learning Culture Lead – item 8.7
SH	Sheila Hillhouse (until 11am)	Lead Public Governor

**Apologies:**

TF	Tracy Fennell	Chief Nurse
MC	Mark Chidgey	Chief Finance Officer

<b>Agenda Item</b>	<b>Minutes</b>	<b>Action</b>
<b>1</b>	<b>Welcome and Apologies for Absence</b>  DH welcomed all present to the meeting. Apologies are noted above.	
<b>2</b>	<b>Declarations of Interest</b>	

	No interests were declared and no interests in relation to the agenda items were declared.	
<b>3</b>	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting held on the 3 May were <b>APPROVED</b> as an accurate record.</p>	
<b>4</b>	<p><b>Action Log</b></p> <p>The Board <b>NOTED</b> the action log.</p>	
<b>5</b>	<p><b>Patient Story</b></p> <p>The Board received a video story from a patient who was diagnosed with stage 4 bowel cancer in January 2019. The video story described his journey as a patient at the Trust and the positive experiences he had whilst undergoing treatment.</p> <p>The Board <b>NOTED</b> the patient story.</p>	
<b>6</b>	<p><b>Chairs Business and Strategic Issues</b></p> <p>DH updated the Board of Directors on recent matters and highlighted he continued to have discussions with the Cheshire and Merseyside Integrated Care Board (ICB) regarding various issues.</p> <p>The Board <b>NOTED</b> the update.</p>	
<b>7</b>	<p><b>Chief Executive Officer's Report</b></p> <p>JH gave an infection prevention and control (IPC) update and reported the impact of respiratory infections on the Trust remained extremely low in line with the national trends. The World Health Organisation announced that COVID-19 was no longer a Public Health Emergency of International Concern and NHS England have stepped the NHS down from a level 3 incident.</p> <p>JH reported the Trust continued to see a reduction in Registered Nurse (RN) vacancy rates over the past 2 years. In March, the Trust celebrated the lowest vacancy rate to date, noting the RN vacancy rate at 1.31% and the ward-based RNs rate at 0.74%.</p> <p>JH explained the Neonatal Team had been awarded the green standard of the Family Integrated Care Award (FICare). JH also explained the Digital Healthcare Team achieved the Informatics Skills Development Network Level 1 accreditation for "excellence in informatics".</p> <p>JH highlighted the Trust, in conjunction with Clatterbridge Cancer Centre submitted a bid for the redevelopment of the Clatterbridge Hospital. The Trust had been informed the bid was unsuccessful and it would continue to work with the Integrated Care Board to explore funding mechanisms.</p>	

	<p>JH stated the Trust held its first Research and Innovation Event on 19 May. The event displayed the benefits for both patients and staff as well as underlining the commitment to promoting a research culture across the Wirral healthcare system.</p> <p>JH reported the Trust declared 2 serious incidents in April and one Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDORS).</p> <p>JH referenced the recent Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board meeting and summarised the key issues discussed.</p> <p>SI commented about the positive Registered Nurse (RN) vacancy rate and queried which countries the Trust had recruited from, as it had been reported in the press about the damage this causes to their home countries.</p> <p>JH stated the Trust practices ethical requirement so only recruiting from countries that have an oversupply.</p> <p>DH requested a briefing note be provided regarding how the Trust practices ethical recruitment of international nurses.</p> <p>DS provided an update on industrial action and outlined the unions in the Trust with a current mandate for action. The British Medical Association (BMA) would undertake 4 consecutive days of industrial action from 14-17 June. DS added the ballots were open for Royal College of Nursing members and the BMA for Consultants. These ballots would close late June and the result would be known in July.</p> <p>DH acknowledged the NHS Staff Council had voted to accept the pay offer and queried if industrial action could continue.</p> <p>DS stated the pay offer was for staff on Agenda for Change, which includes band 5 nurses, and although they will receive the pay offer, they can continue to take part in industrial action. DS added there was strong partnership working between the Trust and Trade Unions locally.</p> <p>The Board <b>NOTED</b> the report.</p>	<p>Tracy Fennell/Vic Peach</p>
<p><b>8</b></p>	<p><b>Board Assurance Reports</b></p> <p><b>8.1) Integrated Performance Report (IPR)</b></p> <p>HK stated monthly diagnostics waiting time and activity was improving. Cancer performance recovered between April and May. HK added cancer performance relating to urology and colorectal remained concerning and HK would be discussing the recovery</p>	

	<p>trajectories with the relevant clinical directors. HK highlighted the faster diagnosis standard was 78.9% against a 75% target.</p> <p>SL queried how long patients were waiting for cancer treatment above the 62-day target. SL also queried if any delay affected their outcomes.</p> <p>HK stated that this depends, as some patients waited over 70 days, though some had waits of 100 days when robotic surgery was required. HK added that with the newly funded robot via national cancer monies robotic operating had commended through the Cheshire and Merseyside Surgical Centre.</p> <p>NS explained all patients on a cancer pathway that have waited longer than the expected time for treatment receive a harm review and evidence showed there were no long-term impacts on patient outcomes.</p> <p>SR commented the Quality Committee receive regular assurance regarding this and stated 1 in 500 patients had moderate harm on their outcomes.</p> <p>The Board discussed the level of detail provided, specifically in relation to recovery trajectories, including any impact on patient outcomes/harm and if there was good triangulation overall. The Board agreed it would be appropriate to receive an update on this at the next meeting.</p> <p>NS stated the number of informal concerns raised in month was 178 against a target of 173. The number of formal complaints received in month was 3.7 against a target of 3.1 per 1000 staff. NS added communication failure continues to be one of the most common reasons provided for informal concerns raised. NS gave an overview of the quality assurance process to responding to complaints and indicated a number of complaints were being re-reviewed with the Trust following an unsatisfactory response from staff.</p> <p>SR suggested the Trust seek feedback from other Trusts on their messaging used in response letters to reduce the number of re-opened complaints.</p> <p>JH acknowledged the number of re-opened complaints was no longer included in IPR following the replacement of the Quality and Performance Board. JH requested this data be added to the IPR.</p> <p>DS stated appraisal compliance was 86% against a target of 88% and the Corporate Division was one of the lowest areas of compliance, an action plan was in place to improve compliance. DS added a new appraisal process had been launched and drop-in sessions were in place to educate and provide support.</p>	<p>Hayley Kendall</p> <p>Dr Nikki Stevenson</p>
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DS also stated sickness absence in month was 5.39% against a target of 5%, noting the continued improvement since November 2022. DS added short term sickness absence remained the driver.

DS highlighted mandatory training compliance and staff turnover in month met target.

SI queried if there was any granular data regarding the demographic of those staff who experience short term sickness.

DS noted that the Trust's workforce is predominantly female and that menopause related absences are common. The Trust has established its own Menopause Staff Network to provide support for those staff.

CC acknowledged the Estates, Facilities and Capital Team had almost halved their sickness rate in 4 months and this was encouraging. CC queried about the progress made to improve return to work interviews.

DS stated that this was reviewed, and the team believe that while return to work interviews continue to take place, they were not always recorded correctly. The quality of conversations also varied, and it was important to ensure this was consistent.

The Board discussed the appraisal and mandatory training compliance targets, and it was noted that the target is set by the Trust rather than regionally.

The Board **NOTED** the report.

## **8.2) Chief Finance Officer Report**

RC highlighted at the end of April 2023, Month 1, the Trust reported a deficit of £3.4m against a plan of £3.1m. The main drivers of this adverse variance of £0.3m variance related to strike action, which resulted in both additional expenditure and reduced income. Mitigations that have not yet identified for the additional efficiency target agreed with the ICB.

RC added the £0.3m adverse variance has been mitigated by underspends on non-pay expenditure that have resulted from lower than planned activity levels. This variance is viewed as recoverable in future months and therefore the forecast position remains achievement of the agreed plan (£18.6m deficit).

RC explained that this was the first month of "working day 1" reporting and the position included a higher level of estimation than in previous reports. This included the cost of industrial action which proved to be £0.2m more than previously reported. RC explained that normally this would be accounted for in M2 but given the importance of capturing 100% of the cost of IA this will



be included in the position when the Trust formally reports to NHSE.

SL congratulated the Finance Team on achieving day 1 finance reporting, noting this was due to good estimates and IT services.

The Board:

- **NOTED** the report; and
- **APPROVED** the 2023/24 Capital Programme; and
- **APPROVED** delegation of approval of variation to the capital expenditure budget to Finance Business Performance Committee

### 8.3) Chief Operating Officer Report

HK reported the Emergency Department experienced an increase in ambulance attendances in April. The demand from ambulance attendances was higher than in March and was above April 2022 levels. HK added the Trust was meeting with North West Ambulance Service to understand the increase and whether this increased demand was likely to continue.

HK explained that the Trust had been developing the Wirral Discharge Hub in conjunction with Wirral system partners since April. Over the previous 2 months the number of patients not meeting the criteria to reside in the hospital reduced from 225 to 160. 60 escalation beds have also been closed with a focus on improving patient and staff experience.

HK added the transformational arm of developing the Wirral Discharge Hub was progressing well and the project remains on track for implementation in July 2023 for WUTH to be the single leadership for Wirral.

DH queried if the Trust had a goal for the number of patients not meeting the criteria in the hospital.

HK stated 70 patients would be ideal but acknowledged care packages in the community remained a challenge. HK added the local authority was responding and collaborating with providers to create more capacity.

SI queried the increase in ambulance attendances and if this was a Wirral system issue or due to the increasing elderly demographic of Wirral.

HK stated the increase in ambulance attendances had occurred since the new Ambulance Arrival Zone had opened, although this may be coincidental.

The Board **NOTED** the report.

#### 8.4) Productivity and Efficiency Update

HK highlighted the Trust has target of £26m and as of 24 May Divisions have submitted 287 opportunities with a recurrent in year value of £23.337m. In Month 1, the Trust delivered £1.301m against a target of £1.630m.

HK explained the Waste Activity Value Efficiency (WAVE) programme and the four aims and transformation workstreams. HK added the Executive team would be launching WAVE in the coming weeks via a number of forums to ensure wide communication across the Trust. This was focused on engaging with the workforce on areas of improvement that can be made locally.

HK gave an overview of the Quality Impact Assessment (QIA) process as well as the enhanced governance and reporting mechanisms.

DH acknowledged the value in the WAVE programme and suggested it would be worthwhile sharing this with the ICB as an exemplar.

The Board **NOTED** the report.

#### 8.5) Monthly Maternity Report

JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services. JL stated there were no areas of concern to raise this month.

JL gave an overview of the completed medical staffing risk assessment for Obstetrics and Gynaecology, which was a requirement advised within the Ockenden Report (Part 2).

JL reported the Neonatal Unit had recently been reassessed against the Family Integrated Care (FICare) model and achieved green status, following an amber status in May 2022.

SL queried the risk assessment and why risk 1.4 was included if it had not been scored.

JL stated the risk was not applicable as the birth rate was under 3000 and a separate rota for obstetrics and gynaecology was not required.

NS added the risk assessment matrix was provided externally and for transparency the Trust opted to declare this not applicable rather than exclude entirely.

The Board:

- **NOTED** the report; and

- **APPROVED** both the risk assessment and the updated medical staffing guidance as detailed in action 2.2 of the Ockenden report; and
- **NOTED** the alignment of both maternity and neonatal governance within the Women and Children's Division with the implementation of the Maternity & Neonatal Quality & Safety Assurance Group

### **8.6) 6 Month Safe Staffing Report**

VP highlighted the Registered Nurses (RN) vacancy rate was 2.25% which shows on SPC charts as a special cause improvement, following the recruitment of 280 international nurses. This resulted in sustained improvement and the lowest vacancy rate for the Trust during the year. The Trust also had the lowest vacancy rate in the region.

VP also highlighted the Clinical Support Worker (CSW) vacancy rate was 6.5% and shows on SPC as a special cause concern. The recruitment and retention of CSWs continues to be an area of focus.

VP gave an overview of the Establishment Review and the outcomes for each Ward. VP also summarised the quality metrics in the Safe Nurse Staffing Dashboard.

The Board **NOTED** the report.

### **8.7) Freedom to Speak Up (FTSU) Annual Report**

TN highlighted the number of people speaking up to FTSU Guardians decreased over the past year with 90 people speaking out in 2022/23 compared to 128 staff speaking up in 2021/22. TN stated Trust staff raised fewer concerns than the regional and national average hospitals similar in size.

TN added attitudes and behaviours as well as other inappropriate behaviour were the top 2 concerned raised during the year by theme. 9% of concerns were around patient safety, lower than both regional and national average.

DS stated the People Committee recently met and acknowledged the decrease in the number of people speaking up to FTSU Guardians and requested further assurance on this. DS added an initial review of the recent staff survey results indicated staff were confident raising concerns and felt no repercussion of speaking up.

NS commented it would be beneficial communicating this staff survey result to staff. NS added there were few concerns being raised from staff with the Care Quality Commission.

	<p>SI suggested it was important to consider the other mechanisms used to allow people to speak up and ensure there was a triangulate narrative for this.</p> <p>The Board <b>NOTED</b> the report.</p> <p><b>8.8) Guardian of Safe Working Annual Report</b></p> <p>NS highlighted there were 568.4 WTE doctors and dentists in training at the Trust and foundation doctors continued to complete the highest rate of exception reporting. NS added general medicine and general surgery rotas continued to have the highest levels of exception reporting.</p> <p>NS stated Junior Doctor Forum meet every 8 weeks and there was effective communication between junior doctors and senior Trust management.</p> <p>The Board <b>NOTED</b> the report.</p> <p><b>8.9) Board Assurance Framework (BAF)</b></p> <p>DM provided the BAF which outlined current high level and strategic risks within the Trust.</p> <p>DM stated the controls, assurance, and actions for each of the strategic risks has been reviewed with Executive Team and Committees and these changes have been incorporated into the BAF where scorings have changed, or actions been completed/added.</p> <p>JH suggested that there were several risks which required the Direction of Travel amending. DH agreed to review.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>9</b></p>	<p><b>Committee Chairs Reports</b></p> <p><b>9.1) Audit and Risk Committee</b></p> <p>The Board <b>NOTED</b> the report.</p> <p><b>9.2) Quality Committee</b></p> <p>The Board <b>NOTED</b> the report.</p> <p><b>9.3) People Committee</b></p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>10</b></p>	<p><b>Modern Slavery Statement</b></p>	

	The Board <b>APPROVED</b> the Modern Slavery Statement.	
<b>11</b>	<b>Cheshire and Merseyside ICB Joint Forward Plan</b> The Board <b>ENDORSED</b> the Joint Forward Plan.	
<b>12</b>	<b>Questions from Governors and Public</b> No Governors were present.	
<b>13</b>	<b>Meeting Review</b> No comments were made.	
<b>14</b>	<b>Any other Business</b> No other business was raised.	

*(The meeting closed at 11:20)*

**Action Log**  
**Board of Directors in Public**  
**5 July 2023**

No.	Date of Meeting	Minute Ref	Action	By Whom	Action status	Due Date
1.	5 April 2023	5	To provide an update on a future Communications and Marketing Strategy	Debs Smith	Complete. Scheduled for September Board Seminar.	September 2023
2.	7 June 2023	7	To provide a briefing note regarding how the Trust practices ethical international recruiting of nurses	Tracy Fennell/Vic Peach	Complete. Briefing note appended to action log.	July 2023
3.	7 June 2023	8.1	To provide further detail on the Trust's elective recovery trajectories, including any impact on patient outcomes/harms	Hayley Kendall	Complete. Information provided in the Chief Operating Officer Report.	July 2023
4.	7 June 2023	8.1	To include the number of re-opened complaints in future Integrated Performance Reports	Dr Nikki Stevenson	Complete.	July 2023

# Briefing Note

<b>Meeting and Date</b>	Board of Directors in Public – 5 July 2023
<b>Author</b>	Victoria Peach – Deputy Chief Nurse
<b>Report Title</b>	Ethical Recruitment of Internationally Educated Nurses (IEN)
<b>Purpose</b>	Information

## Overview and Background

- The Trust, along with other NHS organisations, has had a successful international recruitment programme for since 2021 enabling nurses from other countries to live and work in England.
- Recruitment from outside of the UK continues to feature as an important part of our workforce supply, in line with the NHS People Plan (2020).
- The NHS Long Term Plan (2019) set out the ambitions for the NHS over a 10-year period, identifying ethical international recruitment as a workforce priority.
- The Trust is committed to ensuring that we recruit from overseas in an ethically responsible manner and is guided by the 5 principles that underpin the code of practice for ethical recruitment.

## Background, Key Issues and Risks

- The 5 principles that underpin the Code of Practice are:

	The Code	How WUTH achieves this code
1	International migration of health and social care personnel contribute to the development and strengthening of health and social care systems to both countries of origin and destination countries if recruitment is managed properly.	The Trust ensures that the recruitment of IEN minimises harm to the health and care systems of countries of origin, while safeguarding the rights of health and social care personnel to migrate and ensures fair and just recruitment and employment practices.

2	Opportunities exist for individuals, to train and educate and enhance their clinical practice.	All IEN recruited receive OSCE training and support. All IEN are supported to complete the Wirral enhanced preceptorship training programme (alongside domestically trained nurses), have access to further education and continuous professional development.
3	There must be no active international recruitment from countries on the red list, unless there is an explicit government-to-government agreement.	Processes are in place to monitor the red list; and no active recruitment has occurred from countries on the red list.
4	Recruitment of international health and social care personnel is closely monitored and reported on to the Cross Whitehall International Recruitment Steering Group and the WHO.	All our IEN recruitment is recorded and reported via NHSE to the Cross Whitehall International Recruitment Steering Group and the WHO.
5	International health and social care personnel will have the same legal rights and responsibilities as domestically trained staff in all terms of employment and conditions of work. They will have the same access to further education and training and continuous professional development.	Our IEN have the same legal rights and responsibilities as domestically trained staff in all terms of employment and conditions of work. They have the same access to further education and training and continuous professional development.

- In addition to adherent to the Code, the Trust adopts international recruitment best practice benchmark standards that has resulted in the achieving the Pastoral Care Quality Award in December 2022.



Board of Directors in Public  
5 July 2023

Item 7

<b>Title</b>	Chief Executive Officers Report
<b>Area Lead</b>	Janelle Holmes, Chief Executive
<b>Author</b>	Janelle Holmes, Chief Executive
<b>Report for</b>	Information

Report Purpose and Recommendations
<p>This is an overview of work undertaken and important recent announcements in June.</p> <p>It is recommended that the Board of Directors:</p> <ul style="list-style-type: none"> <li>Note the report</li> </ul>

Contribution to Integrated Care System objectives (Triple Aim Duty):	
<b>Better health and wellbeing for everyone</b>	Yes
<b>Better quality of health services for all individuals</b>	Yes
<b>Sustainable use of NHS resources</b>	Yes

Which strategic objectives this report provides information about:	
<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> Maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	Yes
<b>Infrastructure:</b> improve our infrastructure and how we use it.	Yes

Governance journey			
Date	Forum	Report Title	Purpose/Decision
This is a standing report to the Board of Directors			

1	Narrative
1.1	<p><b>National Medical Director visits the Trust</b></p> <p>Professor Sir Stephen Powis, National Medical Director of NHSE, visited the Trust on Friday 23 June. Sir Stephen received a tour of the Clatterbridge Diagnostics Centre, and the Cheshire and Merseyside Surgical Hub, particularly noting the new surgical robot. After returning to Arrowe Park and visiting the Retreat for lunch, Sir Stephen was</p>

	<p>shown the new renal ward and he spoke with a number of staff about the improvements that the refurbishment had made. He then went on a site tour of the UECUP project and was shown the concept drawings for the final building. This was a great opportunity to showcase the work going on in the Trust.</p>
<b>1.2</b>	<p><b>Industrial Action Update</b></p> <p>The announcement of the 2022/2023 pay award resulted in increased Trade Union activity. In Wirral University Teaching Hospital ballots undertaken by the following unions currently have a mandate for action:</p> <ul style="list-style-type: none"> <li>• Hospital Consultants and Specialists Association (HCSA) – Junior Doctors and Consultants</li> <li>• British Medical Associate (BMA) – Junior Doctors and Consultants</li> <li>• Unite the Union – Pathology</li> </ul> <p>The most recent Royal College of Nursing (RCN) ballot has closed and did not return a mandate for industrial action.</p> <p>The Trust has received formal notification from the BMA that the next strike action for Junior Doctors will take place from 13 to 18 July 2023. Strike action for Consultants is likely to take place on 20 to 21 July 2023.</p>
<b>1.3</b>	<p><b>Surgical Elective Admissions Lounge (SEAL) shortlisted for HSJ Patient Safety Award</b></p> <p>The team from SEAL have been shortlisted in the Learning Disabilities Initiative of the Year category of the awards for its Supporting Treatment in Additional-needs Requirements (STAR) Project.</p> <p>The team opened one of the first adult sensory suites in the country at Arrowe Park Hospital designed to help adults with autism and additional needs who are undergoing elective surgery. The unit was opened in March by celebrity campaigner for autism Christine McGuinness. Work continues to develop a similar facility at Clatterbridge.</p>
<b>1.4</b>	<p><b>Surgical Centre Accreditation</b></p> <p>Cheshire &amp; Merseyside Surgical Centre at Clatterbridge is one of 94 Elective Surgical Hubs in England, and one of 50 new hubs developed through the funding received via the Targeted Investment Fund.</p> <p>Getting It Right First Time (GIRFT) has selected the Cheshire &amp; Merseyside Surgical Centre to be accredited as a “Stand alone hub” which recognises it as an elective surgical unit in a dedicated building fully separate from any acute provision. The accreditation process takes approximately 16 weeks from the initial onboard session through to the outcome report. If successful, the Cheshire and Merseyside Surgical Centre will be accredited with a badge which is recognised by GIRFT in collaboration with Royal College of Surgeons of England.</p> <p>The benefits of being accredited are that the centre is seen as a marker of high standards for the public, demonstrates the service is optimised, efficient and delivers best possible care and value. For our team, it recognises the high standards they provide which supports future recruitment and retention and supports the centre in being a place to develop and grow through training and research.</p> <p>Over the 16 weeks the accreditation process will cover 35 core elements, through a site visit and evidence being provided to support the 99 items deemed to be markers of</p>

	a quality Elective unit. The 35 core elements are aligned to CQC, Key Lines of Enquiry (KLOEs).
<b>1.5</b>	<p><b>Veteran Aware Accreditation</b></p> <p>The Trust has been successfully accredited as ‘Veteran Aware’ by the Veteran Covenant Healthcare Alliance. The accreditation recognises our commitment and work identifying and sharing best practice across the NHS as an exemplar of the best standards of care for the Armed Forces community.</p> <p>The Veteran Covenant Healthcare Alliance Regional Lead will continue to work with the Trust as activity develops and will assist in preparation for a one-year review in June 2024. The Regional Lead will also support the Trust to establish a programme that delivers an enduring effect in readiness for re-accreditation in June 2026.</p>
<b>1.6</b>	<p><b>Positive outlier status for National Clinical Audit for Seizures and Epilepsies in Children and Young People</b></p> <p>The Trust received positive outlier status from Royal College of Paediatrics and Child Health for the Epilepsy 12 national audit 2022 data. The Trust has been rated a positive “outstanding” outlier in that 100% of epilepsy children have access to a specialist epilepsy nurse.</p>
<b>1.7</b>	<p><b>Serious Incidents and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDORS)</b></p> <p>The Trust declared 5 serious incidents in May. The Serious Incident Panel report and investigate under the Serious Incident Framework to identify learning. Duty of Candour has been commenced in line with legislation and national guidance.</p> <p>There were 2 incidents reported to the Health and Safety Executive (HSE) in May. All RIDDOR incidents are subject to a local review investigation to ensure appropriate action is taken to prevent a similar reoccurrence.</p>
<b>1.8</b>	<p><b>Trust Merger News</b></p> <p>St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust will merge and become one new Trust, following formal approval by the Secretary of State. The new Trust will be called Mersey and West Lancashire Teaching Hospitals NHS Trust and will be formally launched on 1 July 2023.</p>
<b>1.9</b>	<p><b>UK Covid-19 Inquiry public hearings: module 1</b></p> <p>The UK Covid-19 Inquiry's public hearings for module 1 commenced on 13 June 2023 and will conclude on 21 July. Module 1 is investigating government planning and preparedness and will examine the period between June 2009 and 21 January 2020.</p> <p>The Inquiry heard from core participants including the Department for Health and Social Care and a number of expert witnesses. The Inquiry heard evidence on a pandemic being a known possibility, the adverse impact of Brexit on resilience planning and preparedness, underinvestment in the healthcare system, and consideration of health inequalities.</p> <p>The Inquiry will next hear from those in government prior to the pandemic, including David Cameron, George Osborne, and Jeremy Hunt. They will also hear from expert witnesses Professor Sir Chris Witty and Sir Patrick Vallance.</p>

<b>2</b>	<b>Conclusion</b>
	The Board of Directors are asked to note the report.

<b>Report Author</b>	Janelle Holmes, Chief Executive
<b>Email</b>	Janelle.holmes@nhs.net

Board of Directors in Public

Item 8.1

05 July 2023

<b>Title</b>	Integrated Performance Report
<b>Area Lead</b>	Executive Team
<b>Author</b>	John Halliday - Assistant Director of Information
<b>Report for</b>	Information

### Report Purpose and Recommendations

This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of May 2023.

It is recommended that the Board:

- notes performance to the end of May 2023

### Key Risks

This report relates to the key risks of:

- Quality and safety of care
- Patient flow management during periods of high demand

### Contribution to Integrated Care System objectives (Triple Aim Duty):

<b>Better health and wellbeing for everyone</b>	Yes
<b>Better quality of health services for all individuals</b>	Yes
<b>Sustainable use of NHS resources</b>	Yes

### Contribution to WUTH strategic objectives:

<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	No
<b>Infrastructure:</b> improve our infrastructure and how we use it.	No

<b>1</b>	<b>Narrative</b>
1.1	Following further discussion with the Executive Team and the Board, the performance metrics for inclusion, format and title of the report have been amended. The metrics are now grouped under the responsible Executive Director, with the relevant CQC domain noted against each metric.

Grouping the metrics by CQC domain shows the following breakdown for the most recently reported performance:

**Summary of latest performance by CQC Domain:**

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	6	16	22
Well-led	1	2	3
Use of Resources	5	0	5
All Domains	19	23	42

**2 Implications**

2.1 The issues and actions undertaken for those metrics that are not meeting the required standards are included in additional commentaries and reports.

**3 Conclusion**

3.1 Monitoring of the key performance metrics will be continued monthly within the Integrated Performance Report, and at the regular operational meetings with the Clinical Divisions.

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# Integrated Performance Report - June 2023

## Approach

The metrics for inclusion have been reviewed with the Executive Director team. Performance is represented in SPC chart format to understand variation, and a summary table indicating performance against standards. The metrics are grouped into Executive Director portfolios, with individual metrics showing under their CQC Domain. Commentary is provided at a general level and by exception on metrics not achieving the standards set.

## Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	6	16	22
Well-led	1	2	3
Use of Resources	5	0	5
<b>All Domains</b>	<b>19</b>	<b>23</b>	<b>42</b>

## Key to SPC Charts:



## Issues / limitations

SPC charts should only be used for 15 data points or more. Some of the reported metrics only apply from 2022, so will take time to build up. SPC format does not support including a target where it is variable over time, eg a reducing trajectory for long waiters. Alternative formats of charts are included where they are more appropriate.

## Changes to Existing Metrics:

### Metric

Clostridioides difficile (healthcare associated)  
 % Appraisal compliance

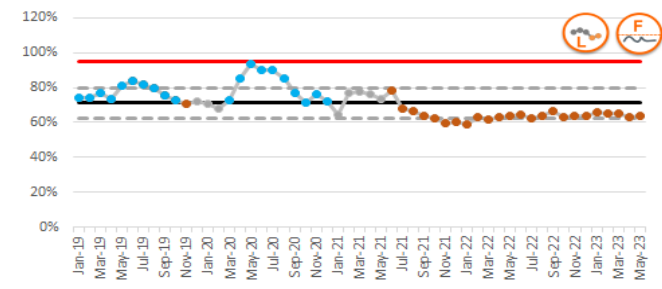
### Amendment

Threshold target for 2023/24 is now confirmed - maximum 71 cases for the year.  
 Likely change of the target threshold to 90% from Q3 2023/24

# Chief Operating Officer (1)

CQC Domain : Responsive

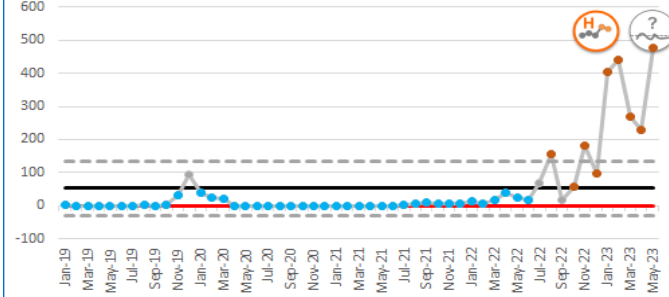
4-hour Accident and Emergency Target (including APH UTC)



**May-23**  
**63.6%**  
**Variance Type**  
 Special cause  
 variation - concerning  
**Threshold**  
 ≥95%  
**Assurance**  
 Performance consistently  
 fails to achieve the target

CQC Domain : Responsive

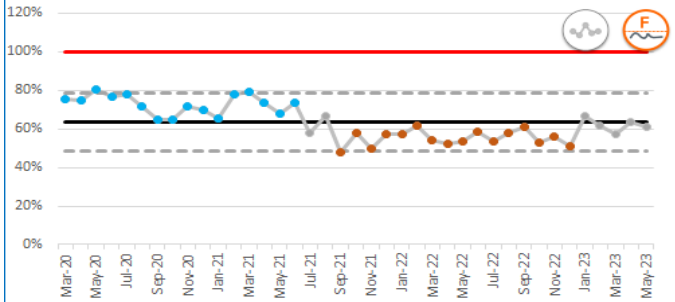
Patients waiting longer than 12 hours in ED from a decision to admit



**May-23**  
**476**  
**Variance Type**  
 Special cause  
 variation - concerning  
**Threshold**  
 0  
**Assurance**  
 Hit & miss target subject  
 to random variation

CQC Domain : Responsive

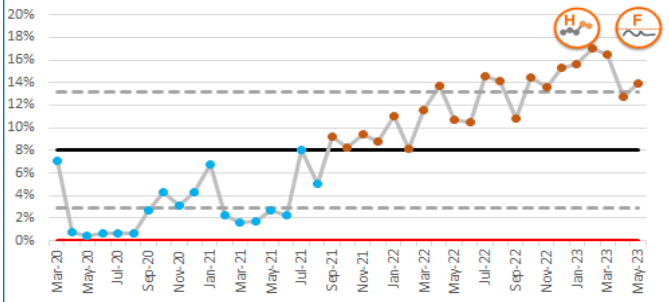
Time to initial assessment for all ED patients - % within 15 mins



**May-23**  
**61.1%**  
**Variance Type**  
 Common cause  
 variation  
**Threshold**  
 100%  
**Assurance**  
 Performance consistently  
 fails to achieve the target

CQC Domain : Responsive

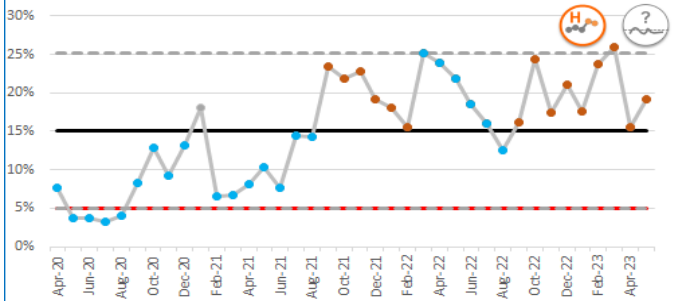
Proportion of patients more than 12 hours in ED from time of arrival



**May-23**  
**13.9%**  
**Variance Type**  
 Special cause  
 variation - concerning  
**Threshold**  
 0%  
**Assurance**  
 Performance consistently  
 fails to achieve the target

CQC Domain : Responsive

Ambulance Handovers: > 30 minute delays



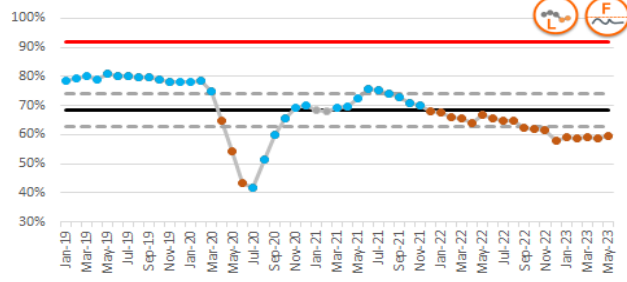
**May-23**  
**19.1%**  
**Variance Type**  
 Special cause  
 variation - concerning  
**Threshold**  
 ≤5%  
**Assurance**  
 Hit & miss target subject  
 to random variation



# Chief Operating Officer (2)

## CQC Domain : Responsive

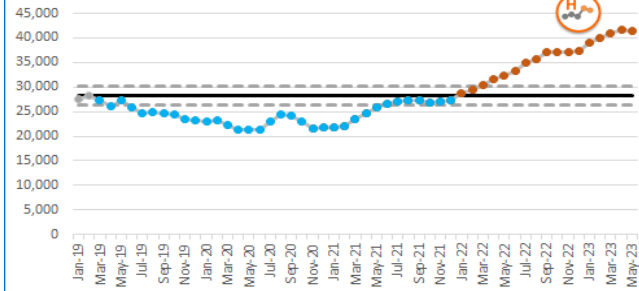
### 18 week Referral to Treatment - Incomplete pathways < 18 Weeks



**May-23**  
**59.67%**  
**Variance Type**  
 Special cause  
 variation - concerning  
**Threshold**  
 ≥92%  
**Assurance**  
 Performance consistently  
 fails to achieve the target

## CQC Domain : Responsive

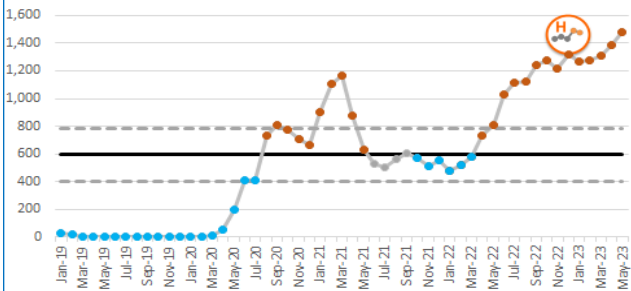
### Referral to Treatment - total open pathway waiting list



**May-23**  
**41488**  
**Variance Type**  
 Special cause  
 variation - concerning  
**Threshold**  
 ≤ 39104  
**Assurance**  
 Trajectory target not  
 appropriate for SPC Assurance  
 reporting

## CQC Domain : Responsive

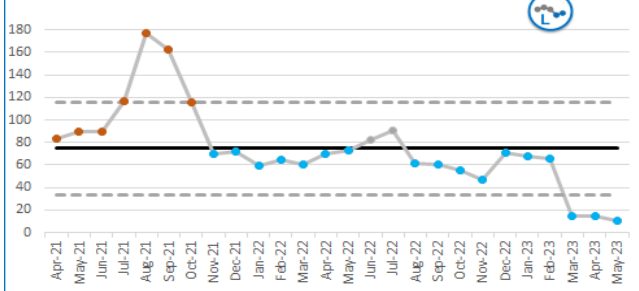
### Referral to Treatment - cases exceeding 52 weeks



**May-23**  
**1479**  
**Variance Type**  
 Special cause  
 variation - concerning  
**Threshold**  
 1330  
**Assurance**  
 Trajectory target not  
 appropriate for SPC  
 Assurance reporting

## CQC Domain : Responsive

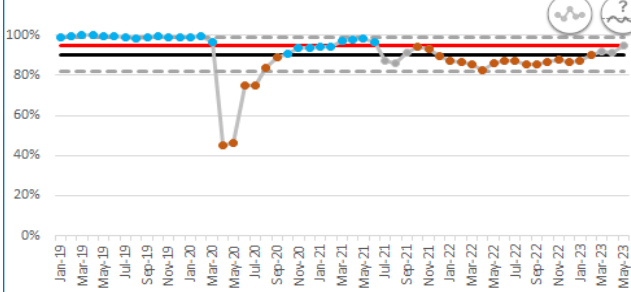
### Referral to Treatment - cases waiting 78+ wks



**May-23**  
**10 (all choice / complex)**  
**Variance Type**  
 Special cause  
 variation - improving  
**Threshold**  
 0 (exc choice / complex)  
**Assurance**  
 Hit & miss target subject to  
 random variation

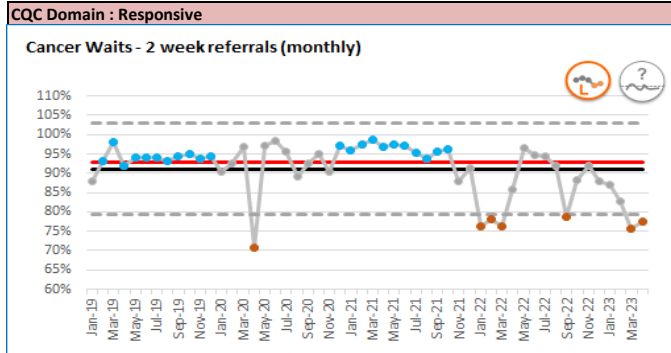
## CQC Domain : Responsive

### Diagnostic Waiters, 6 weeks and over - DM01

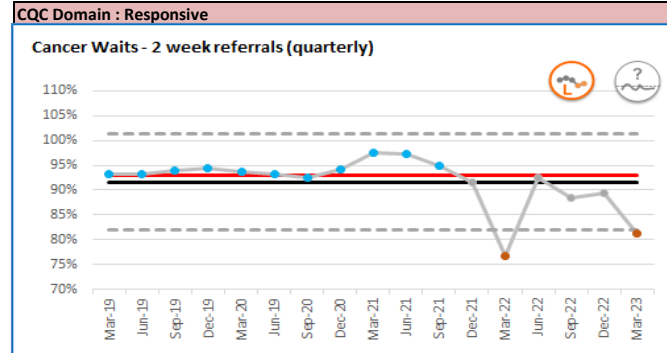


**May-23**  
**94.8%**  
**Variance Type**  
 Common cause  
 variation  
**Threshold**  
 ≥95%  
**Assurance**  
 Hit & miss target subject  
 to random variation

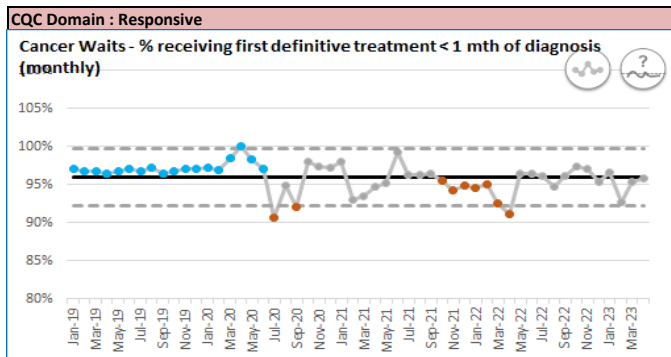
# Chief Operating Officer (3)



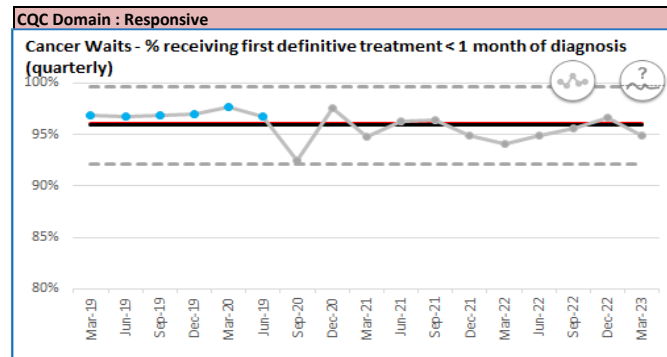
<b>April-23</b>
<b>77.4%</b>
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
≥93%
<b>Assurance</b>
Hit & miss target subject to random variation



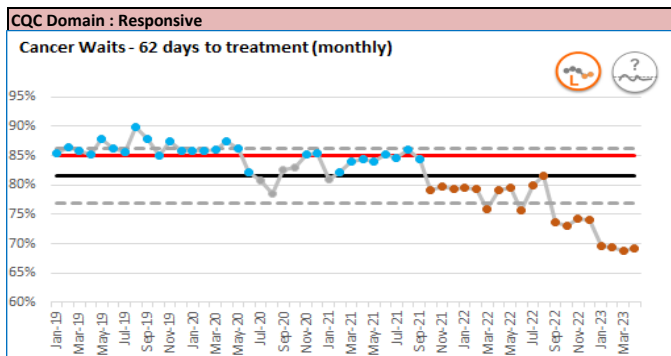
<b>March-23</b>
<b>81.3%</b>
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
≥93%
<b>Assurance</b>
Hit & miss target subject to random variation



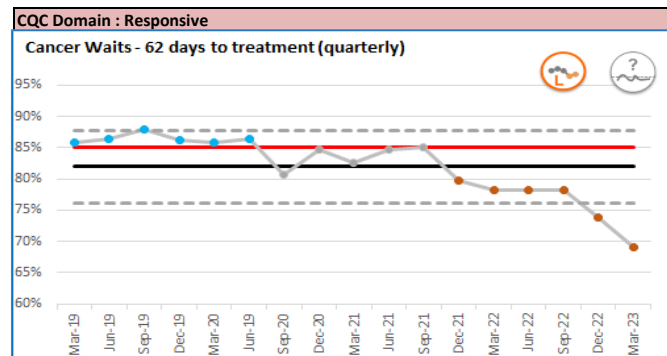
<b>April-23</b>
<b>95.9%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥96%
<b>Assurance</b>
Hit & miss target subject to random variation



<b>March-23</b>
<b>94.9%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥96%
<b>Assurance</b>
Hit & miss target subject to random variation



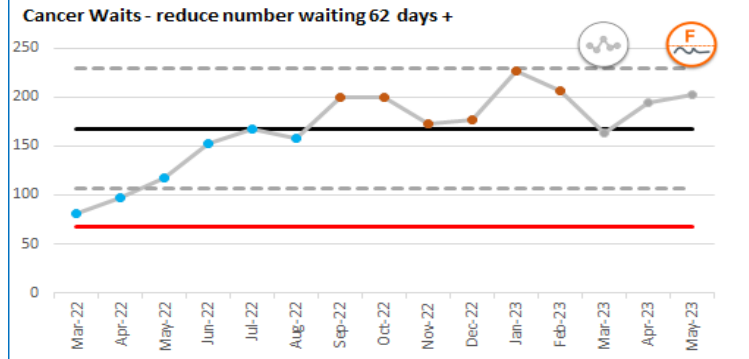
<b>April-23</b>
<b>69.2%</b>
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
≥85%
<b>Assurance</b>
Hit & miss target subject to random variation



<b>March-23</b>
<b>69.2%</b>
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
≥85%
<b>Assurance</b>
Hit & miss target subject to random variation

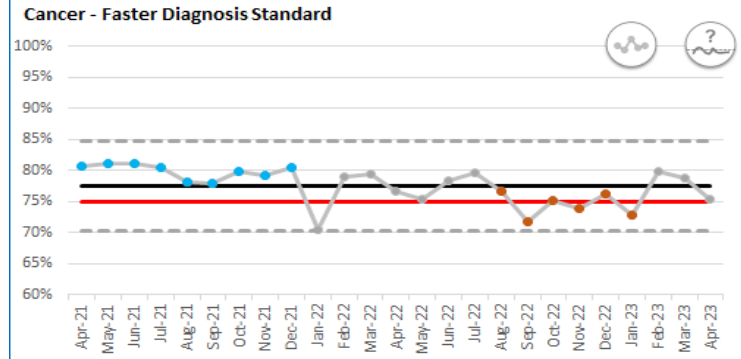
# Chief Operating Officer (4)

CQC Domain : Responsive



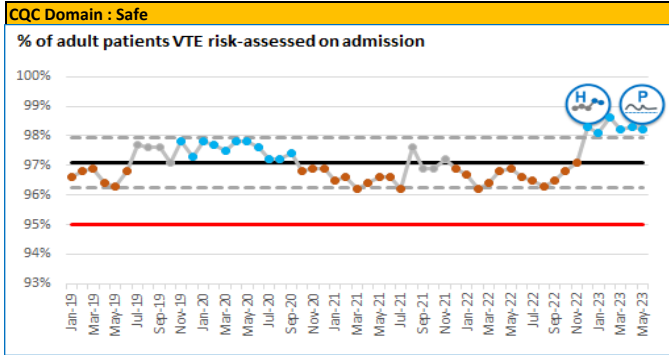
<b>May-23</b>
<b>203</b>
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
100
<b>Assurance</b>
Performance consistently fails to achieve the target

CQC Domain : Responsive

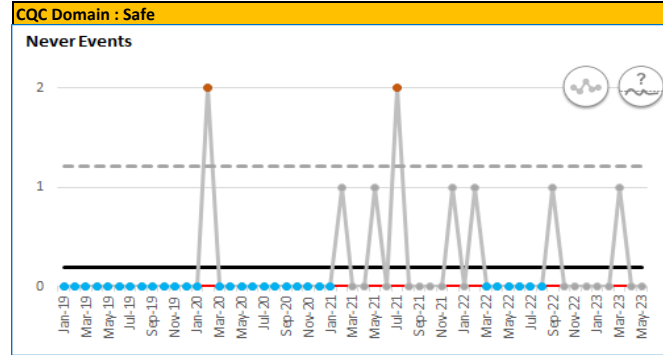


<b>April-23</b>
<b>75.3%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥75%
<b>Assurance</b>
Hit & miss target subject to random variation

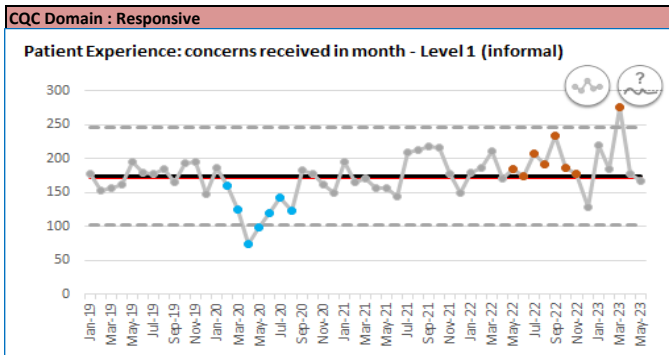
# Medical Director (1)



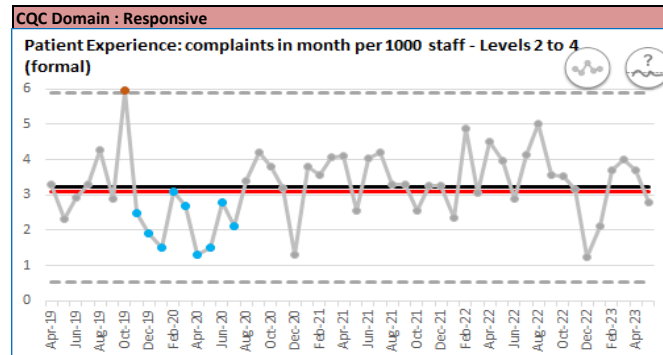
<b>May-23</b>
<b>98.2%</b>
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
≥95%
<b>Assurance</b>
Performance consistently achieves the target



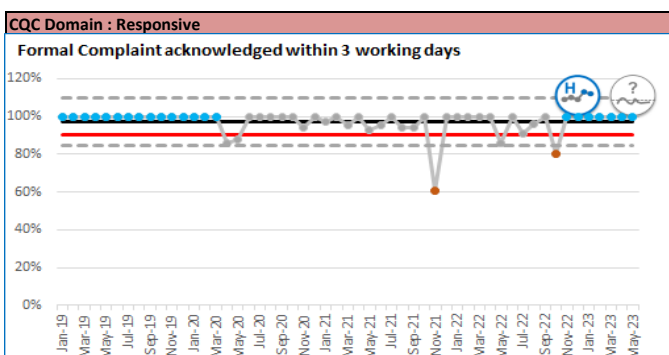
<b>May-23</b>
<b>0</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
0
<b>Assurance</b>
Hit & miss target subject to random variation



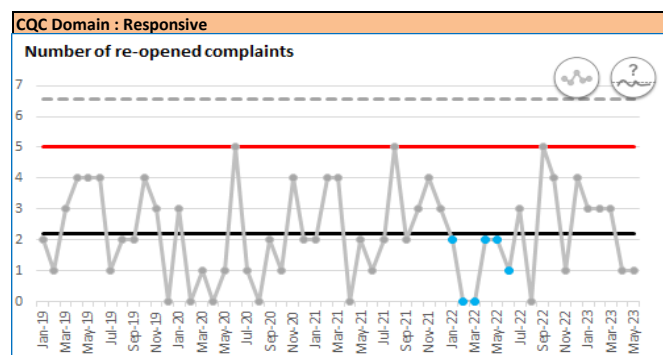
<b>May-23</b>
<b>167</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤173
<b>Assurance</b>
Hit & miss target subject to random variation



<b>May-23</b>
<b>2.8</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤3.1
<b>Assurance</b>
Hit & miss target subject to random variation



<b>May-23</b>
<b>100%</b>
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
≥90%
<b>Assurance</b>
Hit & miss target subject to random variation

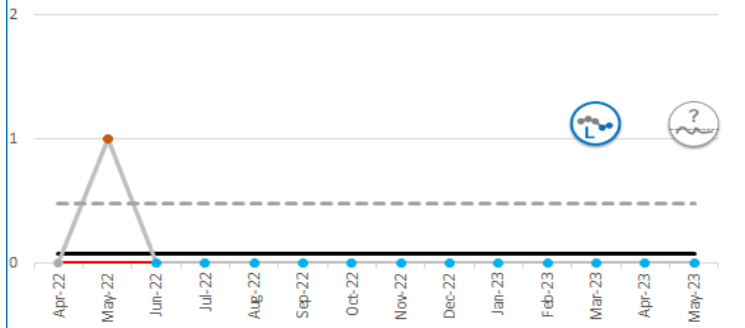


<b>May-23</b>
<b>1</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤5
<b>Assurance</b>
Hit & miss target subject to random variation

# Medical Director (2)

CQC Domain : Well-led

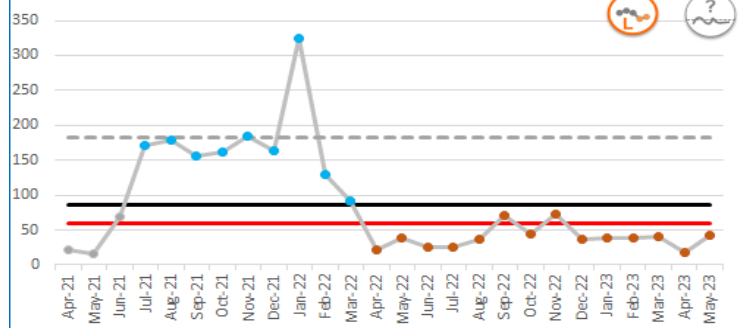
Duty of Candour compliance - breaches of DoC standard for Serious Incidents



<b>May-23</b>
0
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
0
<b>Assurance</b>
Hit & miss target subject to random variation

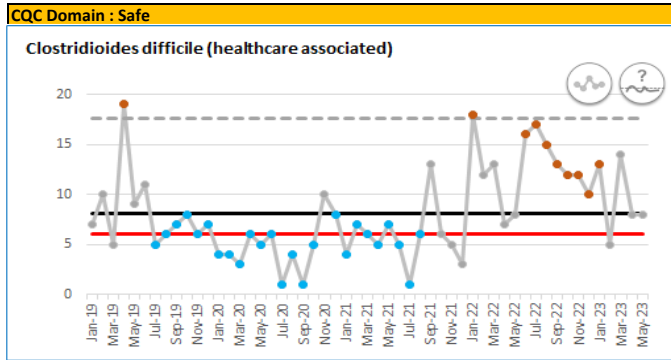
CQC Domain : Well-led

Number of patients recruited to NIHR studies

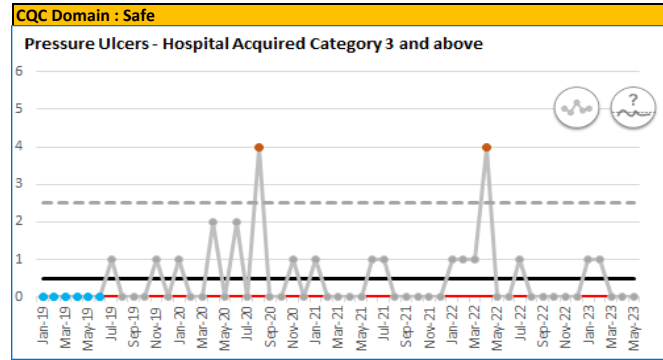


<b>May-23</b>
42
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
59 per mth (700 pa)
<b>Assurance</b>
Hit & miss target subject to random variation

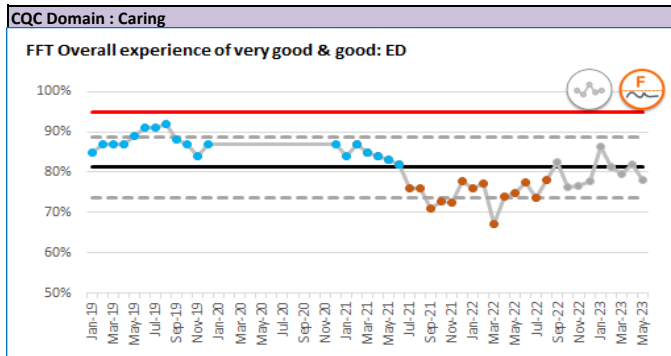
# Chief Nurse



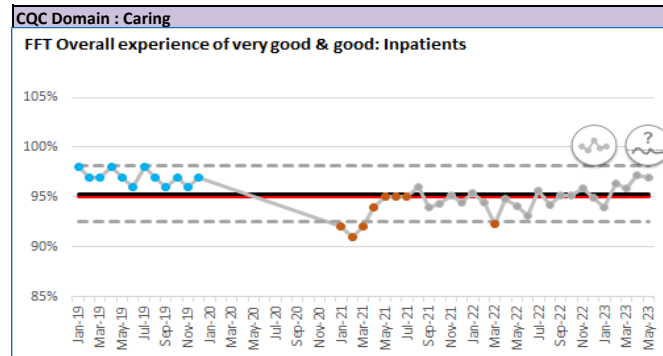
<b>May-23</b>
<b>8</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤6
<b>Assurance</b>
Hit & miss target subject to random variation



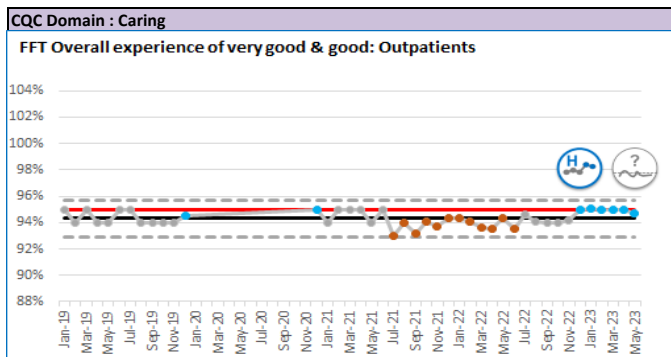
<b>May-23</b>
<b>0</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
0
<b>Assurance</b>
Hit & miss target subject to random variation



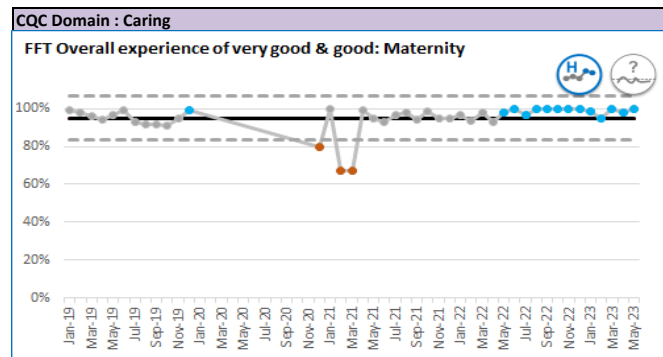
<b>May-23</b>
<b>78.2%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Performance consistently fails to achieve the target



<b>May-23</b>
<b>96.9%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Hit & miss target subject to random variation



<b>May-23</b>
<b>94.7%</b>
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
≥95%
<b>Assurance</b>
Hit & miss target subject to random variation



<b>May-23</b>
<b>100.0%</b>
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
≥95%
<b>Assurance</b>
Hit & miss target subject to random variation

## Chief Nurse – for July 2023 BoD

### Overall position commentary

The Trust exceeded its monthly clostridioides difficile threshold by 2 in May 2023. However, the downward trend in the number of positive cases reported over the past 12 months continues. In line with the IPC key priorities the Trust IPC improvement work plan is has been revised aimed to further reduce the incidence of CDT over the forthcoming months. The development of an IPC dashboard within BI has taken place enabling visibility of key metrics aligned to the IPC improvement plan and enhancing trust wide assurance mechanisms.

Pressure ulcers, category 3 and above, that have developed in our care has not exceeded the threshold for exception reporting this month having achieved no pressure ulcers being reported in May 2023.

The Friends and Family Test (FFT) for Inpatients and Maternity has exceeded the required threshold. Outpatients FFT is 0.3% below the required target. Emergency Department (ED) has not achieved target in month, however, the continued improvement since September 2021 has been sustained.

### Clostridioides difficile (healthcare associated)

#### Narrative:

The national maximum threshold for 2023-24 for the Trust is 71. The monthly threshold was for below 5 or 6 each month, and in May 2023 there were 8 cases, exceeding the monthly threshold by 2.

#### Actions:

- Dynamic IPC improvement plan is in place, with mechanisms to cross reference learning from *C Diff* investigations to make necessary adaptations to actions for improved outcomes.
- Proactive and reactive deep cleaning programme (HPV) underway.
- Processes for use of side rooms to enable prompt isolation.
- CDT point of care testing being considered for use in ED.
- Use of newly developed IPC dashboard that incorporates local intelligence to ensure priority areas are targeted and improvement measures are responsive to intelligence.

#### Risks to position and/or actions:

- Annual threshold may be exceeded.
- Bed occupancy levels may inhibit the ability to implement the deep cleaning schedule and immediate isolation of patients.
- Required additional equipment may not be immediately accessible to enable all ward-based equipment to remain on the wards when deep cleans are being completed reducing the effectiveness.

## **FFT Overall experience of very good and good.**

### **Narrative:**

The Trust monitors FFT experience across a range of care settings, with a target rating of a minimum 95% for good or very good.

Performance against the 95% threshold for May 2023 was:

- Emergency Department (ED) – 78.2% (below threshold)
- Inpatients – 96.9% (above threshold)
- Outpatients – 94.73% (below threshold)
- Maternity 100.0% (above threshold)

### **Actions:**

- Continued focus on providing people with access to provide feedback via FFT; volunteers are visiting ED and out-patient areas at varied times and days.
- Monitor FFT performance against national average; we consistently perform higher or in line with this since December 2022.
- Proactively respond to feedback, make immediate rectifications when able to and encourage participation through Patient Experience Promise groups.

### **Risks to position and/or actions:**

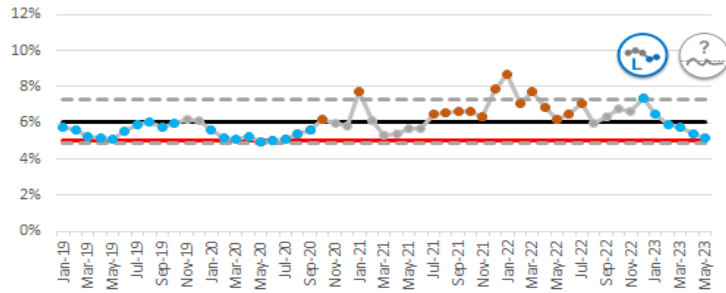
- Bed occupancy impacting on the length of time patients remain within ED. Processes in place operationally to prevent this where possible.
- Car parking facilities impacting on patients' ability to easily access outpatients' appointments on time at the Arrowe Park Hospital site. Actions progressing to address this.



# Chief People Officer

## CQC Domain : Safe

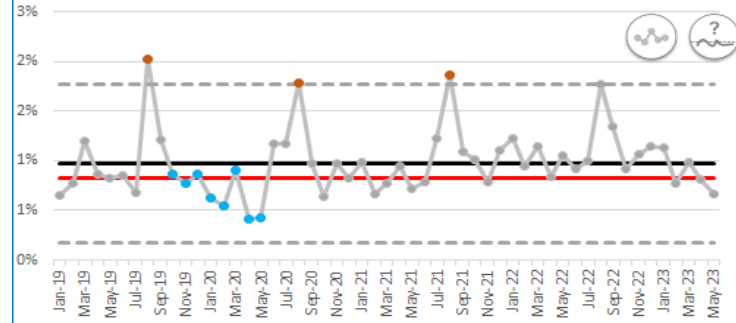
### Sickness absence % - in-month rate



<b>May-23</b>
<b>5.14%</b>
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
≤5%
<b>Assurance</b>
Hit & miss target subject to random variation

## CQC Domain : Safe

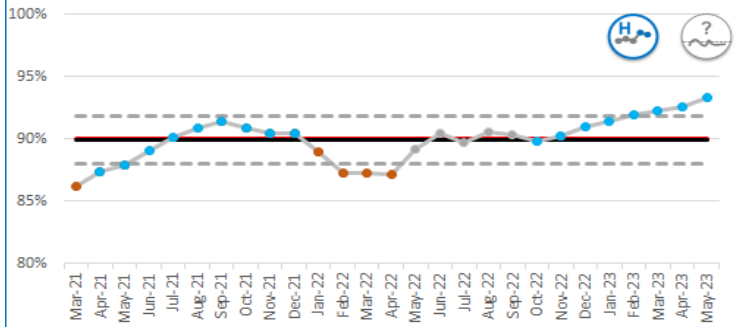
### Staff turnover % - in-month rate



<b>May-23</b>
<b>0.66%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤0.83%
<b>Assurance</b>
Hit & miss target subject to random variation

## CQC Domain : Safe

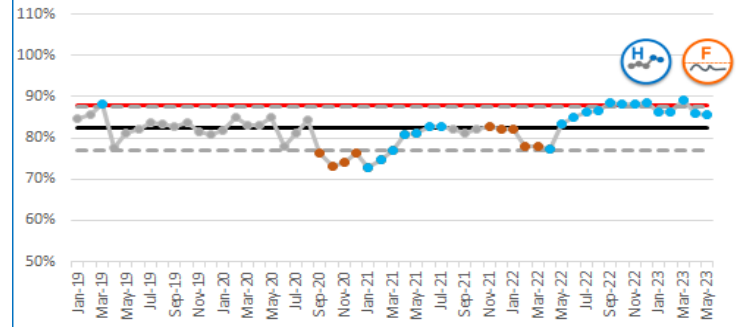
### Mandatory training % compliance



<b>May-23</b>
<b>93.28%</b>
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
≥90%
<b>Assurance</b>
Hit & miss target subject to random variation

## CQC Domain : Well-led

### Appraisal % compliance



<b>May-23</b>
<b>85.49%</b>
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
≥88%
<b>Assurance</b>
Performance consistently fails to achieve the target

## Chief People Officer – for July 2023 BoD

### Overall position commentary

Overall, The Trust's People KPIs are continuing to improve. Mandatory training compliance has been maintained for seven consecutive months and in month turnover rate is below (positive) the Trust target. Sickness absence, although slightly above target, has steadily reduced for five consecutive months, with an overall 2.2% reduction since December 2022. The appraisal rate has remained below target in May, compliance has been achieved in five out of the last nine months and is slightly higher than this time last year. The focus now is to improve the appraisal rate and maintain consistency in improvements across all areas of the Trust.

### Sickness absence % in month rate

#### Narrative:

The Trust threshold for sickness absence is 5%. For May 2023 the indicator was 5.14% and demonstrates special cause improving variation. Long term sickness absence accounts for 1.22%, whilst short term sickness absence is more of a challenge at 3.92% in May 2023.

Additional Clinical Services are the staff group with the highest absence rate (7.3%) followed by Estates and Ancillary (6.9%).

Pleasingly Corporate, Medicine and Surgery Divisions are now reporting sickness absence under (positive) the Trust 5% target.

Anxiety, Stress and Depression remains the highest reason at 33.45% of all long-term absences and 10.68% of short-term absences in May 2023. The category 'Gastrointestinal problems' was the highest reported reason for short-term sickness, followed by 'Cold, Cough and Flu-Influenza' and 'Anxiety, Stress and Depression'.

#### Actions:

- The recent Sickness Absence MIAA Audit recommendations, which focused on manager compliance with Policy, have been implemented and additional Trust wide communications have been issued to reminding managers of the importance of adhering to the Attendance Management Policy, document storage and promoting our training offer.
- Focused HR support is in place to support managers in managing short term sickness absence and appropriate progression, as per policy.
- Increased number of final stage Attendance Management Hearings supported by HR.
- Bespoke attendance management training sessions continue to be delivered.
- The Trust's Employee Assistance Programme has been re-launched to improve awareness and uptake has increased across the organisation.
- Clinical Psychotherapist led wellbeing sessions 'How to manage emotional adversity and stay healthy' have been rolled out across the Trust.
- Continued promotion of a positive attendance culture by investing in, and focusing on, employee health and wellbeing initiatives.
- Inaugural meeting of the new Workforce Disability Steering Group was held to help improve inclusivity.
- Masterclass Event – Neurodiversity inclusion in the workplace is being held in June to support leaders to better understand neurodivergence and learn how to implement change to become more inclusive.

**Risks to position and/or actions:**

The management of sickness absence is primarily management led supported by the HR team. Sickness is multifaceted and adversely impacted by a range of factors including vacancy levels and staff morale / engagement. The Trust continues to promote a positive attendance culture by investing in, and focusing on, employee health and wellbeing initiatives to help mitigate this risk by preventing ill health and supporting people to balance work whilst minimising the impact of any ill health symptoms, where possible.

Work continues delivering the agreed year 2 deliverables within the People Strategy with a number of workstreams which will support attendance across the Trust – such as the modernisation of Occupational Health and Wellbeing service, development of the Trust's flexible working offer and the development of the employee perfect start.

**Appraisal % compliance****Narrative:**

The target for annual appraisal compliance is 88%. Compliance has been achieved in 5 out of the last 9 months and is a slight improvement since this time last year. At the end of May 2023 compliance was at 85.49% of the workforce having received an appraisal in the last 12 months. Feedback from the 2022 staff survey indicated that appraisal conversations were not consistently adding value for all members of staff and therefore a new, staff designed, process was launched at end of April. An extensive number of awareness sessions have been added to the training directory over the next three months to aid the launch of the new process.

A number of appraisal recording errors have been identified. These have now been corrected and the managers have been provided with clear guidance. It is anticipated that these corrections will improve June's compliance figures.

**Actions:**

- Continued engagement with Divisional Triumvirates to determine where additional awareness sessions and support is required.
- Ongoing launch and implementation of the new process and communications plan to promote the newly developed process.
- Launch of new Appraisal portlets developed in collaboration with the national ESR team, to improve access to recording.
- All staff out of compliance and due out of compliance to continue to be targeted directly with emails, with links to the updated website which contains further information, new paperwork, guidance, and schedule of awareness sessions.
- All managers of staff out of compliance also receive a targeted email with links and a request for them to schedule their appraisal within the current reporting period.
- Updated policy is currently progressing through workforce governance processes and is anticipated to be available for launch at end of July following further engagement with Staff-side colleagues. Plans for the launch of the new policy form part of the overall implementation plan and will include a 'mini-manager' essentials to ensure managers have additional support to understand their responsibilities in line with the policy.

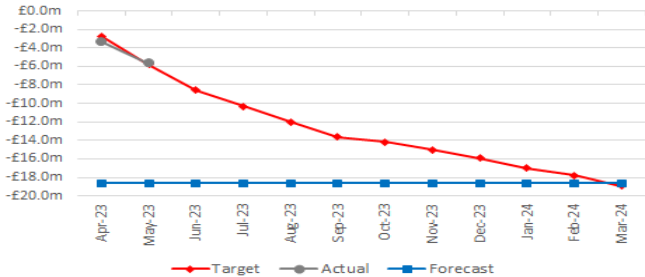
**Risks to position and/or actions:**

Capacity to undertake annual Appraisal and record within ESR continue to be challenged by operational pressures. This may be further exacerbated in the short term with the launch of the new approach, whilst managers and staff familiarise themselves with the new process and documentation. However, the new process is in direct response to staff feedback (ref Staff Survey 2022) and is anticipated to provide a more time efficient and person-centered approach (also incorporate wellbeing conversations). It is anticipated that the above actions will mitigate this risk.

# Chief Finance Officer

CQC Domain : Use of Resources

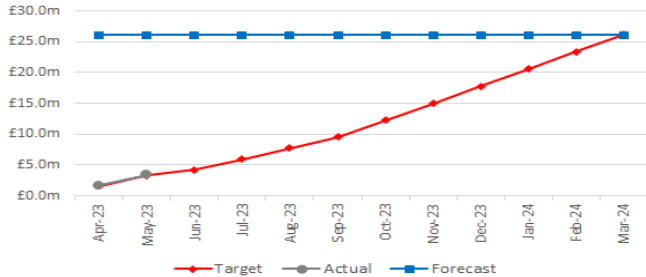
**I&E Position**



**May-23**  
**-£5.71m**  
**Variance**  
 Position better than plan  
**Target**  
 -£5.79m

CQC Domain : Use of Resources

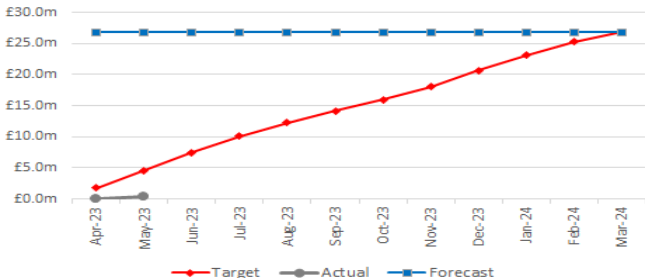
**Cumulative CIP**



**May-23**  
**£3.38m**  
**Variance**  
 Position better than plan  
**Target**  
 £3.35m

CQC Domain : Use of Resources

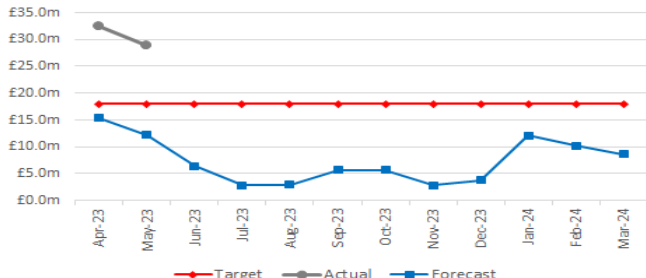
**Capital Expenditure**



**May-23**  
**£0.4m**  
**Variance**  
 Position not worse than plan  
**Target**  
 £4.6m

CQC Domain : Use of Resources

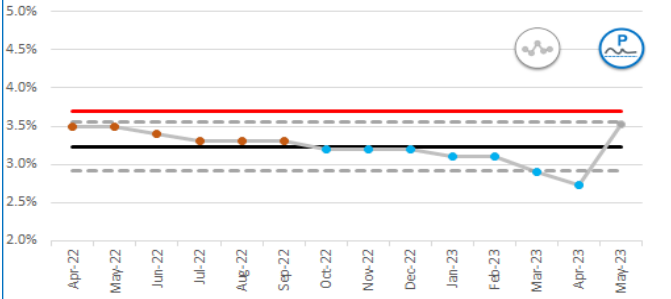
**Cash Position**



**May-23**  
**£29.0m**  
**Variance**  
 Position better than plan  
**Target**  
 £18.0m

CQC Domain : Use of Resources

**Agency spend**



**May-23**  
**3.52%**  
**Variance**  
 Position better than threshold  
**Threshold**  
 3.70%













## Chief Finance Officer

### Executive Summary

In summary, the Trust is forecasting, with risks, that the financial plan for 2023/24 will be achieved. The key internal risks are CIP achievement and maximising elective capacity, whilst the main external risk is the impact of continued strike action. Failure to achieve the financial plan would place significant pressure on both the Trust's cash position and compliance with the Public Sector Payment Policy (PSPP).

As the Trust annual plan is a deficit of £18.6m, management of risks against this plan alone do not deliver long-term financial sustainability. The significant financial improvement required for sustainability will be delivered through the medium term finance strategy approved by the Board in April 2023. Quarterly updates will be provided to the Board on progression of the strategy and the underlying financial position.

The risk ratings for delivery of statutory targets in 2023/24 are:

Statutory Financial Targets	RAG (M2)	RAG (Forecast)	Target Measure	Section within this report / associated chart
Financial Stability			Achieve in-year financial plan	I&E Position
Agency Spend			Agency spend <= 3.7% of total pay	I&E Position
Financial Sustainability			Medium term financial recovery plan	N/A (quarterly update)
Financial Efficiency			Variance from efficiency plan	Cumulative CIP
Capital			Capital spend on track and within CDEL limit	Capital Expenditure
Cash			Positive Trust cash balance	Cash Position

Note – Financial stability is an in-year measure of achievement of the (deficit) plan whereas financial sustainability reflects the longer term financial position of the Trust and recovery of a break-even position.

## I&E Position

### Narrative:

At the end of May 2023, Month 2, the Trust has reported a deficit of £5.8m against a plan of £5.8m, the resultant variance of £0.0m is an improvement on the M1 position. The position assumes £0.5m of income to mitigate lost activity caused by industrial action. This has been agreed with the ICB as a planning assumption but will not be transacted ahead of national guidance.

The table below summarises this I&E position at M2. The forecast position remains achievement of the agreed plan (£18.6m deficit).

Month 2 Cost Type	Annual Plan	In Month			Year to Date		
	23/24	Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income from Patient Care Activities	£440.1m	£36.1m	£36.6m	£0.5m	£72.0m	£70.7m	-\$1.4m
Other Operating Income	£28.4m	£3.1m	£4.8m	£1.8m	£6.2m	£7.9m	£1.7m
<b>Total Income</b>	<b>£468.5m</b>	<b>£39.2m</b>	<b>£41.4m</b>	<b>£2.2m</b>	<b>£78.2m</b>	<b>£78.6m</b>	<b>£0.4m</b>
Employee Expenses	-\$339.0m	-\$29.4m	-\$30.9m	-\$1.5m	-\$57.9m	-\$59.8m	-\$1.9m
Operating Expenses	-\$168.5m	-\$14.0m	-\$14.6m	-\$0.6m	-\$28.4m	-\$27.3m	£1.1m
Non Operating Expenses	-\$5.9m	-\$0.5m	-\$0.4m	£0.1m	-\$1.1m	-\$0.6m	£0.4m
CIP	£26.2m	£1.7m	£2.1m	£0.4m	£3.4m	£3.4m	-\$0.0m
<b>Total Expenditure</b>	<b>-\$487.2m</b>	<b>-\$42.1m</b>	<b>-\$43.8m</b>	<b>-\$1.7m</b>	<b>-\$84.0m</b>	<b>-\$84.3m</b>	<b>-\$0.4m</b>
<b>Total</b>	<b>-\$18.6m</b>	<b>-\$3.0m</b>	<b>-\$2.4m</b>	<b>£0.6m</b>	<b>-\$5.8m</b>	<b>-\$5.8m</b>	<b>£0.0m</b>

Key variances within the position are:

**Clinical Income** – £1.4m adverse variance relates to planned-care activity cancelled due to strike action, capacity at the CMSC not taken up by ICS partners and lower than planned case mix in Surgery. There has also been a reduction PbR excluded drugs but this is offset by operating expenses.

**Other income** - £1.7m positive variance includes the assumed income to compensate for activity lost by industrial action and the additional income we are accruing in respect of the 5% pay award. Both of these are offset by increased costs elsewhere.

**Employee expenses** – The Trust incurred additional expenditure in supporting the safe delivery of care during strike action.

**Operating expenses** – The underspend mirrors the variances within clinical income.

**CIP** – CIP is ahead of profile but much more work is needed to achieve our challenging target.

It is confirmed that the Trust's agency costs were 3.0% of total pay costs compared to a maximum target of 3.7%.

**Risks to position:**

The main risks to the I&E position are:

- The Trust fails to fully deliver the recurrent Cost Improvement Programme (see below and separate agenda item).
- Continuation of strike action, with a consequential impact on both expenditure and income (elective activity).
- That the reducing trajectory of patients with no criteria to reside is either not maintained and/or reverts to previous levels.

**Actions:**

- Full identification and delivery of CIP schemes.
- Maximising elective capacity and recovery.
- Minimising the financial consequences of strike action whilst maintaining the safety of services.

**Cumulative CIP****Narrative:**

M2 showed strong performance with £2.1m delivered in month against a plan of £1.7m. The Trust is now slightly ahead of the year to date plan of £3.4m.

**Risks to position:**

- That the momentum on identification and delivery of schemes is not sustained.
- That the capacity of the Trust is not sufficient to deliver across all improvement agendas.

**Actions:**

- Continuation of the Productivity and Improvement Programme.

**Capital Expenditure****Narrative:**

The Trust has spent £0.4m against a cumulative target expenditure of £4.6m at M2, an underspend of £4.2m. This is primarily driven by delays in respect of the UECUP and CDC schemes.

The level of capital available for equipment replacement and infrastructure update is very limited and could be committed many times over. As a consequence there is continued review of both schemes and prioritisation decisions. Monitoring of risks associated with delivery of capital schemes and the overall programme will continue to be reported through the Estates and Capital Committee.

**Risks to position:**

- That delays and increased costs of significant schemes, such as UECUP, result in the diversion of funding from equipment replacement and the update of infrastructure with a consequential impact on quality of care.

**Actions:**



- CFO, with executive team to continue to work with divisions to manage re-prioritisation of schemes within the agreed budget.
- Estates and Capital Committee to continue to monitor progress and risks from capital projects.

## Cash Position

### Narrative:

The underlying deficit position places increasing pressure on the Trust's ability to maintain a positive cash balance. At M2 cash resources appear strong £29m but this is before payment of £15.0m of capital creditors accrued in 2022/23. Payment of these creditors combined with a forecast deficit of £18.6m means that a positive cash balance is only possible by active daily management of the level of debtors and creditors.

### Risks to position:

- Achievement of the cash trajectory will place delivery of the Public Sector Payment Policy at risk.
- Failure to achieve the full recurrent CIP plan would mean that the cash trajectory cannot be achieved.
- The low level of cash headroom that the Trust is working within increases the impact of any delayed payment of income due to the Trust.
- The Trust has registered a formal complaint relating to Barclays Bank with the Finance Ombudsman. Barclays has not transacted requested changes to the approved signatories and this means that the Trust cannot access in excess of £1m of charitable funds for schemes for premature babies, cancer patients and NHS staff.

### Actions:

- Continued daily monitoring and forecasting of the Trust cash position and PSPP performance.
- Monitoring and escalation of any aged debt delays.
- Confirmation of NHSE process should the Trust be required to request additional cash resource.
- Continue to seek resolution of the Barclays Bank complaint directly and through the Finance Ombudsman.
- Provide short-term cash support to ensure charitable funds schemes are not delayed.

Board of Directors in Public  
5 July 2023

Item No 8.3

<b>Title</b>	Chief Operating Officer Report
<b>Area Lead</b>	Chief Operating Officer
<b>Authors</b>	Hayley Kendall, Chief Operating Officer Steve Baily, Deputy Chief Operating Officer Nicola Cundle-Carr, Head of Business Improvement
<b>Report for</b>	Information

<b>Report Purpose and Recommendations</b>
<p>This paper provides an overview of the Trust's current performance against the elective recovery programme for planned care and standard reporting for unscheduled care.</p> <p>For planned care activity volumes, it highlights the Trust's performance against the targets set for this financial year.</p> <p>For unscheduled care, the report details performance and highlights the ongoing challenges with achievement of the national waiting time standards.</p> <p>It is recommended that the Board of Directors:</p> <ul style="list-style-type: none"> <li>Note the report</li> </ul>

<b>Key Risks</b>
<p>This report relates to these key risks:</p> <ul style="list-style-type: none"> <li>Delivering timely and safe care for patients awaiting elective treatment</li> <li>Performance against the core UEC standards</li> </ul>

<b>Contribution to Integrated Care System objectives (Triple Aim Duty):</b>	
<b>Better health and wellbeing for everyone</b>	Yes
<b>Better quality of health services for all individuals</b>	Yes
<b>Sustainable use of NHS resources</b>	Yes

<b>Which strategic objectives this report provides information about:</b>	
<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> Maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	No
<b>Infrastructure:</b> improve our infrastructure and how we use it.	No

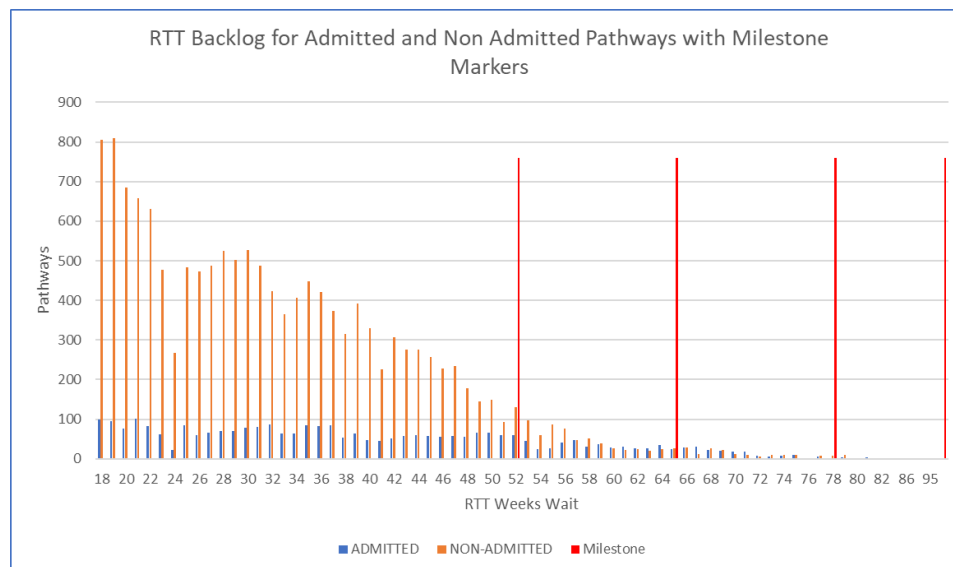
Governance journey			
Date	Forum	Report Title	Purpose/Decision
This is a standing report to Board			

1 Introduction / Background	
1.1	<p>As a result of the large-scale cancellation of all but the most urgent elective activities aligned to the National Emergency Preparedness Resilience and Response (EPRR) to the COVID 19 pandemic, WUTH continues to progress elective care recovery plans to treat the backlog of patients awaiting their elective care pathway.</p> <p>WUTH has full visibility of the volume of patients waiting at every point of care, enabling robust recovery plans which are reviewed on a weekly basis at the executive led Performance Oversight Group.</p> <p>Urgent and emergency care performance remains a challenge, although there is an internal improvement plan with steps to improve waiting time performance.</p>

2 Planned Care																																	
2.1	<p><b>Elective Activity</b></p> <p>In May 2023, the Trust performance of 106% against plan for outpatients and 105% against the elective plan as shown in the table below:</p> <table border="1"> <thead> <tr> <th colspan="4">2023/24 Plan</th> </tr> <tr> <th>Activity Type</th> <th>Target for May</th> <th>Actual for May</th> <th>Performance</th> </tr> </thead> <tbody> <tr> <td>Outpatient New</td> <td>11,476</td> <td>12,558</td> <td>109%</td> </tr> <tr> <td>Outpatient Follow Up</td> <td>28,878</td> <td>30,091</td> <td>104%</td> </tr> <tr> <td><b>Total outpatients</b></td> <td><b>40,354</b></td> <td><b>42,649</b></td> <td><b>106%</b></td> </tr> <tr> <td>Day case</td> <td>4,129</td> <td>4,310</td> <td>104%</td> </tr> <tr> <td>Inpatients</td> <td>625</td> <td>684</td> <td>109%</td> </tr> <tr> <td><b>Total</b></td> <td><b>4,754</b></td> <td><b>4,994</b></td> <td><b>105%</b></td> </tr> </tbody> </table> <p>The Trust would have achieved the activity plan in June but has been impacted by the Junior Doctors Industrial Action.</p>	2023/24 Plan				Activity Type	Target for May	Actual for May	Performance	Outpatient New	11,476	12,558	109%	Outpatient Follow Up	28,878	30,091	104%	<b>Total outpatients</b>	<b>40,354</b>	<b>42,649</b>	<b>106%</b>	Day case	4,129	4,310	104%	Inpatients	625	684	109%	<b>Total</b>	<b>4,754</b>	<b>4,994</b>	<b>105%</b>
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2.2	<p><b>Referral to Treatment</b></p> <p>The national standard is to have no patients waiting over 104 weeks from March 2023 and to eliminate routine elective waits of over 78 weeks by April 2023 and 65 week waits by March 2024. The Trust's performance at the end of May against these indicators was as follows:</p> <ul style="list-style-type: none"> <li>• 104+ Week Wait Performance – zero</li> <li>• 78+ Week Wait Performance - 10 (all related to patient choice / complex)</li> <li>• 65+ Week Wait Performance - 374</li> <li>• 52+ Week Wait Performance - 1479 (0 by March 2025)</li> <li>• Waiting List Size - there were 41,448 patients on an active RTT pathway which is higher than the Trust's trajectory of 39,906.</li> </ul>																																

An in-depth analysis of waiting list size is underway, following which an action plan will be produced. This is due to the significant growth in the total waiting list and the need to ensure that this is being managed proactively.

The graph below illustrates current RTT Backlog for admitted and non-admitted patients at the key milestones of 52, 65, 78 and 104 weeks:



WUTH have continued to support neighbouring Trusts by offering mutual aid to treat very long waiting patients through the Cheshire and Merseyside Surgical Centre and this will continue through the year.

## 2.3

### Cancer Performance

Full details of cancer performance is covered within the Trust dashboard, but exceptions also covered within this section for Quarter 1 to date:

- 2 Week Waits – performance has improved since April and is forecasting to be compliant for June 2023 on the back of increases in demand to Colorectal, Breast, Skin and Urology services.
- Faster Diagnosis Standard – was 75.33% in April against a National target of 75% by March 2024 which is positive for patient experience receiving timely diagnosis.
- All other targets - all targets for the quarter are predicted to be non-compliant apart from 31-day subsequent drug in line with the recovery trajectory. As with all Trusts across C&M delivery against the 31- and 62-day indicators remains a priority but given the increases in demand the recovery of performance against the targets remains a focus for 2023/24.
- The surgical working group, focussing on cancer pathways and long waiting patients, commenced in February and continues with its multi-disciplinary approach in the management of patient pathways at 104 and 62 days. Urology has achieved the trajectory set but further work is ongoing with Colorectal to improve the patient pathway and positive results are beginning to yield, although remains a concern.

### 2.3.1

#### Performance against NHSE trajectories

The Trust remains ahead of plan on both the 62 and 104 day cancer trajectories as outlined below:

#### 62 days

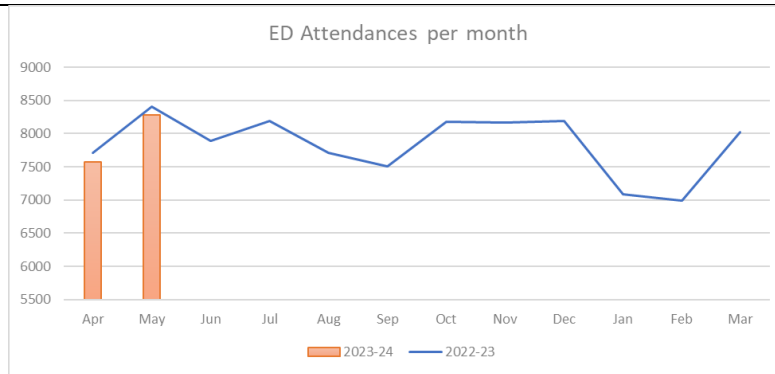
	03/04	10/04	17/04	24/04	01/05	08/05	15/05	22/05	29/05	05/06	12/06	19/06	26/06	03/07	10/07	17/07	24/07	31/07	07/08	14/08	21/08	28/08	
Actual 23/24	177	193	193	194	182	175	175	182	203	191	162												
Recovery Trajectory	210	210	210	210	205	205	205	205	205	200	200	200	200	194	194	194	194	194	188	188	188	188	
Pre-COVID Average	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	

### 104 days

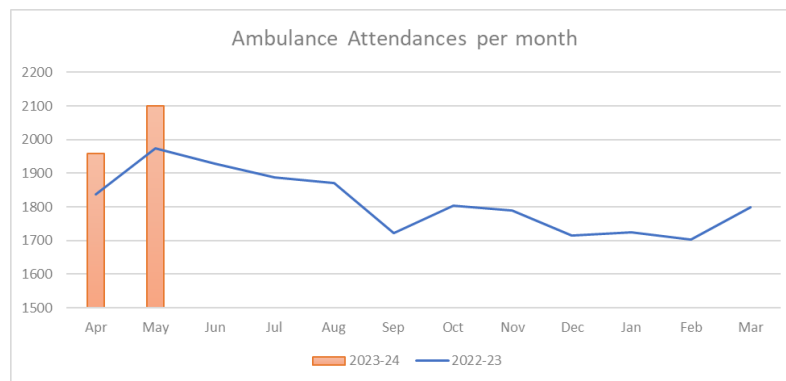
	03/04	10/04	17/04	24/04	01/05	08/05	15/05	22/05	29/05	05/06	12/06	19/06	26/06	03/07	10/07	17/07	24/07	31/07
Actual 23/24	65	68	59	55	54	49	58	58	64	56	46							
Recovery Trajectory	55	55	55	55	52	52	52	52	52	49	49	49	49	45	45	45	45	45
Pre-COVID Average	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

<b>2.4</b>	<p><b>DM01 Performance – 95% Standard</b></p> <p>In May 94.75% of patients waited 6 weeks or less for their diagnostic procedure for those modalities included within the DM01. This is against the national standard of 95%. All modalities achieved the 95% compliance target apart from Urology which relates to cystoscopy and urodynamics. Endoscopy achieved 98.3%. Additional capacity continues in Urology and improvements against the 6-week target has been evident from February. Once the cystoscopy backlog is cleared over the next few months, the Trust will achieve DM01 compliance which is forecast to be by July 2023.</p>
<b>2.5</b>	<p><b>Risks to recovery and mitigations</b></p> <p>The clinical divisions are continuously working through options to reduce the backlogs of patients awaiting elective treatment and good progress is being made to improve waiting times for patients. These include the recruitment of new staff, with a focus on consultants, additional activity outside of core capacity.</p> <p>The two major risks to the delivery of the elective recovery programme is the continually high bed occupancy levels and future impact of industrial action.</p> <p>On strike days, elective activity is being managed patient by patient to ensure minimal disruption to our patients whilst maintaining safe standards of care across the hospital sites, with a focus to keep patient cancellations to an absolute minimum.</p>

<b>3.0</b>	<b>Unscheduled Care</b>		
<b>3.1</b>	<p><b>Performance</b></p> <p>April Type 1 performance was reported at 50.72%, which is below the 4-hour improvement trajectory.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Type 1 ED attendances:</p> <ul style="list-style-type: none"> <li>7,572 in April (avg. 252/day)</li> <li>8,285 in May (avg. 267 /day)</li> <li>9% increase from previous month</li> </ul> </td> <td style="width: 50%;"> <p>Type 3 ED attendances:</p> <ul style="list-style-type: none"> <li>2,741 in April</li> <li>2,901 in May</li> <li>6% increase from previous month</li> </ul> </td> </tr> </table> <p>ED Attendances by month 2023/24 compared to 2022/23:</p>	<p>Type 1 ED attendances:</p> <ul style="list-style-type: none"> <li>7,572 in April (avg. 252/day)</li> <li>8,285 in May (avg. 267 /day)</li> <li>9% increase from previous month</li> </ul>	<p>Type 3 ED attendances:</p> <ul style="list-style-type: none"> <li>2,741 in April</li> <li>2,901 in May</li> <li>6% increase from previous month</li> </ul>
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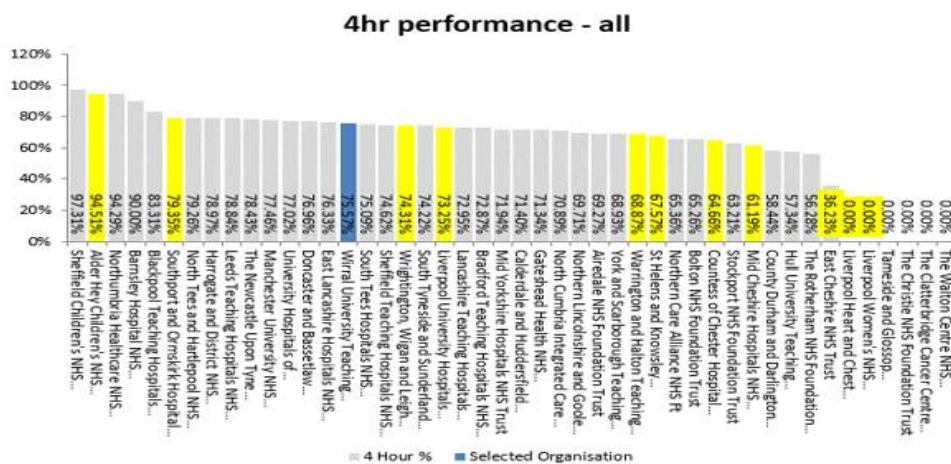


The Trust saw an increase in Type 1 and Type 3 attendances compared to the previous month, although both were slightly down on the previous year. The department continued to see an increase in ambulance attendances. The Trust is working with Nwas to monitor and understand the cause of the increase in demand but it is not just an increase in WUTH. This increase in demand has resulted in the Ambulance Arrival Zone significantly exceeding capacity on several occasions. The graph below details ambulance attendances per month compared to the previous year:



The impact on the increase in ambulance demand impacts on the ability to provide timely handover to release crews however the Trust remains focused on improving the handover performance with action plans in place.

The graphs below demonstrates Wirral's 4-hour performance for all attendances (blue bar) plotted against other acute providers in C&M (yellow bars):



The Trust will continue to focus on improving the delivery of the 4 hour target. However, in line with the national UEC Recovery Guidance published in January 2023, the Trust will also focus on improving ambulance handover time (15 minutes) and reducing the

number of patients breaching the 12 hour decision to admit.

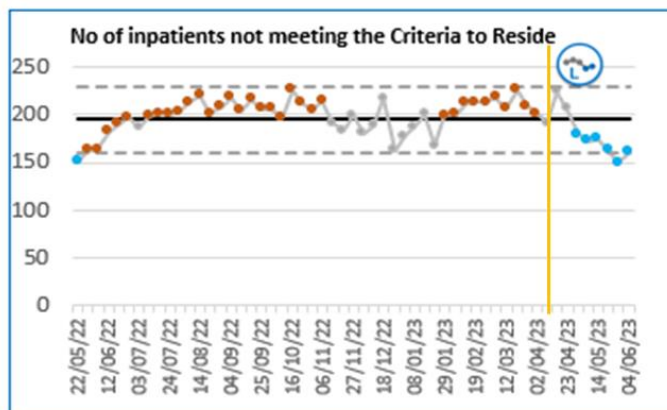
The clinical divisions are focused on reducing the number of 12 hour decisions to admit, with performance monitored on a daily basis. There are robust escalation processes in place to Executive (or its deputy) to ensure that all actions have been taken. It is expected that performance will improve in June 2023 with new roles and responsibilities enacted.

The Trust has seen an improvement in ambulance handover in recent weeks, in June, and expect this to continue as the Trust works to improve the flow through the Trust.

### 3.2 Discharge Hub development and no criteria to reside

The Trust continues to make progress with the implementation of the Wirral Discharge Hub which is due to go live on the 1st July 2023.

The Trust continues to lead on the complex discharge workstreams in partnership with the Local Authority and the work is now coming to fruition with a steady reduction in the number of patients without criteria to reside. The reduction can be seen in the SPC graph below (the yellow line represents the implementation of the discharge hub development and the executive review of patient pathways):



Staff realignment, development of standard operating procedures, performance monitoring dashboard and education to the wards continues to progress. It is expected that this will support the improvements made so far and contribute to further sustainable reductions in the non-criteria to reside position.

As a result of the progress made in recent weeks, the Trust has now been able to reduce the number of beds that were open as escalation areas. The Trust will continue to seek to reduce the number of escalation beds without detriment to patient flow from the Emergency Department.

### 3.3 Risks and mitigations to improving performance

Patient flow through the hospital remains the highest risk to the delivery of a timely UEC pathway and the Trust's elective recovery programme. The most prominent issue in reducing bed occupancy remains the non-criteria to reside, with good progress being made in improving this position. Industrial action remains the second biggest risk to the delivery of the Trust's plans and is managed through the EPRR. Currently it is likely that we will see further industrial action to be taken as we move into the summer.

The Trust continues to experience a significant increase in demand with mental health patients, which often exceeds the capacity of the mental health unit based in the Emergency Department, posing an increased risk to patients and staff. The Trust continues to work with the local mental health provider to manage the increase in demand and to consider how patients can be treated safely and access alternative



	services where appropriate. The Trust is seeking a short and long term response from the local provider to manage the increase in demand.
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<b>4.0</b>	<b>Conclusion</b>
	The Board should note that although there has been positive improvements in the no criteria to reside position the hospital occupancy remains the focus. Whilst there is a refreshed Hospital Flow Improvement Programme aiming to deliver improved patient pathways and reduced time for patients in ED, there are still challenges with delivering a number of the UEC metrics. Elective recovery remains a strong point and improvements have been seen across the cancer metrics of 62, 104 day waits as well as achievement of the Faster Diagnosis Standard.

<b>Report Author</b>	Hayley Kendall, Chief Operating Officer
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**Board of Directors in Public**

**Item 8.4**

**05 July 2023**

<b>Title</b>	Monthly Maternity Report
<b>Area Lead</b>	Tracy Fennell, Chief Nurse, Executive Director of Midwifery and AHPs Director of Infection Prevention and Control
<b>Author</b>	Jo Lavery, Divisional Director of Nursing and Midwifery (W&C)
<b>Report for</b>	Information

**Report Purpose and Recommendations**

The purpose of this report is to provide a monthly update to the Board of Directors of key metrics reported to the Local Maternity and Neonatal System (LMNS) via the Maternity Dashboard.

Included in the paper is the monthly Perinatal Clinical Surveillance Quality Assurance Report (Appendix 1) providing an overview of the latest (May 2023) key quality and safety metrics.

The last quarterly Maternity update to the Board of Directors was received in May 2023, with the next quarterly Maternity update being presented to the Board of Directors in September 2023.

It is recommended that the Board:

- Note the report

**Key Risks**

This report relates to these key Risks:

- Board Assurance Framework references 1,2,4

**Contribution to Integrated Care System objectives (Triple Aim Duty):**

<b>Better health and wellbeing for everyone</b>	Yes
<b>Better quality of health services for all individuals</b>	Yes
<b>Sustainable use of NHS resources</b>	Yes

**Which strategic objectives this report provides information about:**

<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	No
<b>Infrastructure:</b> improve our infrastructure and how we use it.	No

Governance journey			
Date	Forum	Report Title	Purpose/Decision
This is a standing monthly report to Board of Directors.			

1	Perinatal Clinical Surveillance Quality Assurance Report
	<p>The Perinatal Clinical Surveillance Quality Assurance report for May 2023 reports that the Trust is not an outlier for neonatal deaths and stillbirths. These outcomes are reported monthly to the LMNS via the monthly regional dashboard and are compared to other maternity providers in both the Cheshire and Merseyside region and the Northwest Coast region (Appendix 1). There are no areas of escalation to note in this reporting period.</p> <p>Currently the Trust is not an outlier for perinatal mortality rates. The Board can be assured that perinatal deaths are subject to appropriate reporting and scrutiny &amp; learning (consistent with our recent Maternity Incentive Scheme submission in February 2023).</p> <p>There were no serious incidents or HSIB case declared in May 2023. The last HSIB quarterly report confirmed that the Trust continues to report all cases meeting the criteria for review, and that Duty of Candour was reported as 100% for these cases.</p>

2	Conclusion
	<p>On review of the Perinatal Clinical Surveillance Quality Assurance Report there are no reported areas of concern. Further update will be included in the Maternity Update to Board of Directors in September 2023.</p> <p>The quarterly report to the Board of Directors will include both maternity and neonatal updates in line with the transformation and the three-year delivery plan moving forwards. The next quarterly maternity and neonatal update will be provided in September 2023.</p>

<b>Author</b>	Jo Lavery, Divisional Director of Nursing & Midwifery (W&C)
<b>Contact Number</b>	0151 604 7523
<b>Email</b>	Jo.lavery@nhs.net

Theme	Area requiring further enquiry or shared intelligence	Outlier	Evidence
Clinical Care	Outlier for rates of stillbirth as a proportion of births	no	No escalation from SCN / LMNS on outlier report
	Outlier for rates of neonatal deaths as a proportion of birth	no	No escalation from SCN / LMNS on outlier report
	Rates of HIE where improvements in care may have made a difference to the outcome	no	Very low rates of HIE, sitting way below the lower control limit for the region. No current cases
	Number of SI's	no	x 1 Serious incident open for maternity
	Progress on SBL care bundle V2	no	SBLCBV2 has been fully implemented at WUTH with progress monitored using audits which are registered on the FAAP. SBLV3 launched and will continue to be a key safety action of MIS Year 5 with an additional element 6. mgt of pre-existing diabetes
	Outlier for rates of term admissions to the NNU	no	The rate of avoidable term admissions remains low. Regular multi-disciplinary reviews of care take place
Service user and staff	MVP or Service User concerns/complaints not resolved at trust level	no	Not an outlier regarding the number of complaints; to date all complaints have been addressed for maternity in the target timeframes and there is nil to escalate
	Trainee survey	no	No update this month
	Staff survey	no	Trust Staff Survey completed and divisional response has included staff engagement and continuation with the Pulse surveys
	CQC National survey	no	Nil to report this month
	Feedback via Deanery, GMC, NMC	no	Nil to report this month
	Poor staffing levels	no	There is 0.8 wte vacancies in the maternity Band 5/6 staff group: > 2; workforce paper submitted to exec tam and the continued roll of MCoC model outlining the safe staffing requirements; Band 5 advert for newly qualified Midwives completed and will commence in Sept 2023 - checks underway
Delivery Suite Coordinator not super nummary	no	Super nummary status is maintained for all shifts	
Leadership and relationships	New leadership within or across maternity and/or neonatal services	no	Nil of note, full establishment
	Concerns around the relationships between the Triumvirate and across perinatal services	no	Good working relationship between the teams /Directorates
	False declaration of CNST MIS	no	Externally audited by MAA. MIS Year 4 submission and declaration submitted by 12 noon on 2nd February 2023; MIS Year 5 published 31/5/2023 and submission cycle will be Feb 2024
	Concerns raised about other services in the Trust e.g. A&E	no	Nil of note
In multi-site units - concerns raised about a specific unit i.e. Highfield/CoC teams	no	Nil to report this month	
Safety and learning culture	Lack of engagement in HSIB or ENS investigation	no	Good engagement processes in place with north west team leader. Monthly reports received of ongoing cases and recent discussions regarding the process of arbitration with regional lead. Quarterly regional meetings arranged with excellent MDT attendance. Quarterly meeting held in Feb 2023; site visit May 2023; nil to escalate
	Lack of transparency	no	Being open conversations are regularly had and 100% compliance with duty of candour evident
	Learning from SI's, local investigations and reviews not implemented or audited for efficacy and impact	no	Robust processes following lessons learned from all SI's, local reviews, rapid reviews, complaints and compliments. Engagement with staff to assess and improve how learning is shared. Patient experience strategy in progress. Trust wide lessons learnt forum has commenced reviewing themes from SI's, complaints and audits
	Learning from Trust level MBRRACE reports not actioned	no	All reports receive a gap analysis to benchmark against the recommendations
Recommendations from national reports not implemented	no	All reports receive a gap analysis to benchmark against the recommendations. No exceptions to report. Three year single delivery plan for maternity and neonatal services published 31st March 2023 - gap analysis in progress and will be monitored via WUTH CG structure and BoD	
Incident reporting	Low patient safety or serious incident reporting rates	no	Consistent rates of reporting across the speciality groups. Regular training takes places on the importance of incident reporting, underpinning the Trust stance of safe reporting and non-punitive culture
	Delays in reporting a SI where criteria have been met	no	Robust SI process and SI framework followed with timely reporting of all cases that meet the SI framework
	Never Events which are not reported	no	No maternity or neonatal never events in May 2023
	Recurring Never Events indicating that learning is not taking place	no	N/a
	Poor notification, reporting and follow up to MBRRACE-UK, NHSR ENS and HSIB	no	Excellent reporting within the required timescales
	Governance processes	Unclear governance processes	no
Business continuity plans not in place		no	Business continuity plans in place
Ability to respond to unforeseen events e.g. pandemic, local emergency		no	Nil to report this month
CQC inspection and DHSC or NICE/NI request	DHSC or NHS England improvement request for a Review of Services or Inquiry	no	Nil to report this month
	An overall CQC rating of Requires Improvement with an Inadequate rating for either Safe and Well-Led or a third domain	no	N/a
	An overall CQC rating of Inadequate	no	N/a
	Been issued with a CQC warning notice	no	N/a
	CQC rating dropped from a previously Outstanding or Good rating to Requires improvement in the safety or Well-Led domains	no	N/a
	Been identified to the CQC with concerns by HSIB	no	N/a

# Trust Annual Operational Plan 2023/24

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# 1. Background and Context

# 1. Background and Context

## a. Overview of our Trust

- Wirral University Teaching Hospitals NHS Trust (WUTH) is one of the largest acute trusts in the North West of England, providing a range of community, secondary and tertiary services to the populations across the Wirral, Cheshire and North Wales. These clinical services are primarily provided from our two Hospital campuses, namely Arrowe Park Hospital and Clatterbridge Hospital.
- The Trust spends approximately £430m per annum providing the range of high quality clinical services and care to the local populations. This includes the delivery of over 400,000 outpatient appointments, 30,000 elective procedures and 80,000 accident and emergency attendances. These services are delivered and supported by our 6,400 staff.

## b. Our Vision and Values

- Our Vision and Values set out what our patients can expect from us and have been developed with the feedback of over 2,500 staff, patients and visitors who told us what matters most to them.
- Our vision is:



- Underpinning our Vision are our Values:

The vision and values has been embedded across the Trust and form the basis for the way we work as a team to deliver clinical services across the Wirral.



## c. Our 2021-2026 Strategy

- In 2021/22, we successfully launched Our 2021-2026 Strategy, underpinned by our six strategic objectives:
  - Outstanding Care:** Provide the best care and support
  - Compassionate workforce:** Be a great place to work
  - Continuous improvement:** Maximise our potential to improve and deliver best value
  - Partnerships:** Providing seamless care working with our partners
  - Digital future:** Be a digital pioneer and centre for digital excellence
  - Infrastructure:** Improve our infrastructure and how we use it.
- Our six strategic objectives and priorities demonstrate our intention to provide outstanding care across the Wirral through our hospital sites and units, as a lead provider within the Wirral system. Our 2021-2026 Strategy was launched in October 2020.

## d. Enabling Strategies

- Our 2021-2026 Strategy is delivered through our eight enabling strategies. This suite of strategies has culminated in Q4 of 2022/23 with the launch of the Financial Strategy.
- The progress in the delivery of our Enabling Strategies will be monitored at our Strategic Priority Events, a bi-annual away day to facilitate working with our clinical and non-clinical divisions and corporate services to monitor and celebrate progress of the delivery of priorities against our strategic objectives and ensure enabling strategies are delivered across the organisation.

## Clinical Service Strategy

- Our 2021-2026 Strategy, will be delivered through our seven enabling strategies. The first to be developed was the Clinical Service Strategy, which also launched in 2021, working with our 32 individual clinical services to understand how they will support the Trust to deliver its strategic objectives over the next five years.
- Together, Our 2021-2026 Strategy, and our Clinical Service Strategy form the basis for our strategic priorities over the next five years, and is used as a framework for our Clinical Divisions to develop their annual priorities.

# 1. Background and Context (continued)

## Digital Strategy

- In May 2021, our Digital Strategy was finalised following engagement with patients, staff and wider stakeholders, detailing our IT and information priorities for the next five years aligned to our Digital Future strategic objective.
- The Digital Strategy outlines clear priorities for each of its four domains: Digital Intelligence, Digital Education, Digital Innovations, and Digital Foundations, and encapsulates our strategic focus through a new patient focused digital vision; Delivering digitally enabled Best Care for Everyone.

## Patient Experience Strategy

- This Patient Experience Strategy sets out our road map of improving patient experience, and has been separated out from Quality & Safety Strategy to ensure that we set out clear intentions, and that it is easy for us to follow, embed and measure our success.
- The Patient Experience strategy reveals our Patient Experience Vision:



## We care, we listen and we act

- The patient experience vision statement was co-designed through extensive engagement with our partners by listening to feedback detailing what is most important in relation to the patient journey and breaking down the patient journey into promises. These promises will be utilised to measure our success in achieving our patient experience vision.

## Estates Strategy

- Our Estates Strategy showcases our Estates, facilities and capital areas of focus for the next five years to deliver our Infrastructure strategic objective, underpinned by our Estates vision: *“Health connects us, buildings enable us”*.
- The Estates Strategy is broken down into four campaigns: Technical Management Review, People, Support Delivery of Clinical & Non-Clinical Service Strategies, and Portfolio Development and Future Planning. The strategy was developed following engagement with over 210 staff, patients and external stakeholders through six workshops and two questionnaires.

## Research and Innovation Strategy

- This Strategy launched in Q1 22-23 following engagement with over 210 staff, 65 patients and 11 external partner organisations. The Research and Innovation Strategy vision: *“Tomorrow’s Outstanding Care is Built on Today’s Best Research”* represents our commitment to transform research and innovation activity across the trust. The strategy outlines priorities for research and innovation over the next five years across four components: Culture, Partners and Place, Capacity and Capability, and Patient Experience.

## People Strategy

- Originally titled “Workforce and Education Strategy”, our People Strategy launched in Q3 2022/23, and is aligned to our Compassionate Workforce strategic objective, and is based around the four pillars of the NHS People Plan: Looking after our people and each other, Belonging in the NHS and at WUTH, New ways of working and delivering care, and Growing for the future.
- As well as building on the themes found in our staff survey, over 100 staff members across the organisation participated in the development of the strategy over a series of eight workshops.

## Quality & Safety Strategy

- Our Quality & Safety Strategy was launched in Q3 22-23. This strategy has been split from, and is complimentary to our Patient Experience Vision to ensure effective delivery of both strategies. Our Quality and Safety Strategy is broken down into three pillars designed to provide a holistic view of quality and safety at WUTH, aligned to the national Patient Safety Strategy, and the Trust Continuous Improvement and Outstanding Care strategic objectives and underpinning priorities: Insight, Involvement and Improvement.

## Financial Strategy

- Our strategic development journey culminates with the launch of the Financial Strategy, as the final of eight enabling strategies. The Financial Strategy was developed to launch at the start of the 2023-24 financial year. The three-year time scale to deliver our Financial Strategy allows a focused and driven approach, aligning to the final stages of delivery of Our 2021-2026 Strategy, whilst aligning with the changing landscape of NHS funding streams nationally with the introduction of Integrated Care Boards (ICBs).
- Our Financial Strategy comprises Four Elements: Processes, Culture and Innovation, Zero-based Budgeting, Productivity-based Budgeting, and Prioritisation & Collaboration.



# 1. Background and Context (continued)

## e. Our Partners

- In 2023-2024, particular focus will be given to working with our partners and to align services and decision making at place and system levels in the interest of local people.

## f. NHS Planning Guidance 23-24

- On 23 December 2022, NHS England released its 2023/24 priorities and operational planning guidance, outlining three priority areas for the service:

1. **Prioritise recovering core services and productivity**
2. **Return to delivering the key ambitions in the NHS Long Term Plan**
3. **Continue transforming the NHS for the future**

- This year's guidance is particularly shorter than previous, with fewer targets and promotes genuine partnership between systems and the centre; with a greater emphasis on outcomes and less instruction on how to achieve them.
- The guidance includes 32 national objectives against the first two priorities, covering 12 areas of the NHS.
- The guidance acknowledges that prevention and the effective management of long-term conditions are key to improving population health and curbing the ever-increasing demand for healthcare services

## Trust Operational Priorities for 23/24

- Building on Our 2021-2026 Strategy, NHs Planning Guidance, and the Healthy Wirral and Cheshire and Merseyside Integrated Care System Strategic Plans, the Trust has identified a number of strategic priorities for the 2023/24 financial year. These are listed in Section 2 of this document.

## 2. Trust Strategic Priorities for 2023-24

## 2. Trust Strategic Priorities for 2023-24

### a. Annual Strategic Priorities

- Ensuring the Trust maintains affinity with our 21-26 Trust Strategy, Enabling Strategies and NHS England's national operational planning guidance for 2023/24, the following annual strategic priorities were developed for 2023/24, as detailed on the following pages.

## NHSE 23/24 Key Priorities

KEY PRIORITY	2023/24
<b>Urgent and emergency care*</b>	<ul style="list-style-type: none"> <li>• Improve A&amp;E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25</li> <li>• Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25</li> <li>• Reduce adult general and acute (G&amp;A) bed occupancy to 92% or below</li> </ul>
Community health services	<ul style="list-style-type: none"> <li>• Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard</li> <li>• Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals</li> </ul>
Primary care*	<ul style="list-style-type: none"> <li>• Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need</li> <li>• Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024</li> <li>• Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024</li> <li>• Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels</li> </ul>
Elective care	<ul style="list-style-type: none"> <li>• Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)</li> <li>• Deliver the system- specific activity target (agreed through the operational planning process)</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• Continue to reduce the number of patients waiting over 62 days</li> <li>• Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days</li> <li>• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028</li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%</li> <li>• Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition</li> </ul>

## NHSE 23/24 Key Priorities

KEY PRIORITY	2023/24
<b>Maternity*</b>	<ul style="list-style-type: none"> <li>• Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury</li> <li>• Increase fill rates against funded establishment for maternity staff</li> </ul>
<b>Use of resources</b>	<ul style="list-style-type: none"> <li>• Deliver a balanced net system financial position for 2023/24</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise</li> </ul>
People with a learning disability and autistic people	<ul style="list-style-type: none"> <li>• Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024</li> <li>• Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit</li> </ul>
<b>Prevention and health inequalities</b>	<ul style="list-style-type: none"> <li>• Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024</li> <li>• Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%</li> <li>• Continue to address health inequalities and deliver on the Core20PLUS5 approach</li> </ul>

*\*ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further details when published.*

## Outstanding Care

Provide the best care and support

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
<b>Outstanding Care</b> Provide the best care and support	Empower patients through their care journey	1.Continue to deliver Urgent and Emergency Care improvement programme	1. HK
	Improve patient flow, ensuring the patient is in the right place at the right time	2.Deliver year 2 Quality & Safety and Patient Experience strategies	2. TF/NS
	Strive to deliver intimate and personal patient experience	3.Assess trust performance against CQC KLOEs and develop action plans	3. NS
	Provide services in the most appropriate and accessible setting	4.Delivery of constitution standards	4. HK
	Embed a culture of safety improvement that improves outcomes	5.Implement improvements to patient flow - including reconfiguration of IDT/discharge functions	5. HK
		6.Delivery of maternity improvement plan	6. TF
		7.Embed medical device safety including training of staff and training and maintenance of equipment	7. NS

## Compassionate Workforce Be a great place to work

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
<b>Compassionate Workforce</b>  Be a great place to work	Develop and maintain a healthy organisational culture based on our values	1. Deliver year 2 of the people strategy – four principles 1) looking after ourselves and each other 2) belonging at WUTH 3) transforming ways of working and 4) shaping our future	1. DS
	Retain, attract and recruit high calibre and skilled staff	2. Undertake a review and develop options for future payroll provision 3. Create and embed a positive narrative to support a Just Culture	2. DS 3. DS
	Support our staff to enjoy the best health and wellbeing	4. Undertake future workforce planning - including focus on specialist nurses, consultants and allied health professionals	4. DS/HK
	Invest in our staff's continuous learning, education and innovation		

## Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
<b>Continuous Improvement</b>  Maximise our potential to improve and deliver best value	Embed a culture of improvement and transformation	1. Delivery of sustainability 23/24 financial year (MC) 2. Develop and deliver CIP 3. Deliver year 1 of financial strategy 4. Delivery of productivity improvements	1. MC 2. HK 3. MC 4. HK
	Reduce variation in care pathways to improve outcomes	5. Develop and Delivery change management to support productivity improvement 6. Develop Quality Improvement approach and delivery mechanism	5. MS 6. TF
	Use our resources effectively and sustainably, so we can improve our services	7. Deliver year 2 of the Research and Innovation strategy 8. Develop clinical outcomes group function and including cycle of business	7. NS 8. NS
	Create the conditions for clinical research to flourish	9. Revise and embed Trust accountability frameworks 10. Celebrate successes 11. Enhance our culture of accountability	9. HK/DM 10. All 11. DM



## Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
<b>Our Partners</b>  Provide seamless care working with our partners	Integrate care to prevent ill-health, improve wellbeing and meet the needs of the Wirral population	1. Position the Trust as the place partner (lead our offering of leading Place) 2. Develop collaboration models with WCHC - to improve outcomes 3. Examine opportunities for collaboration with COCH and other acute partners	1. MS  2. MS  3. MS
	Deliver system partnerships which improve outcomes for our patients	4. Develop our offer as a regional elective centre, across surgical specialties	4. HK
	Lever our clinical expertise to drive clinical quality and influence system working	5. Represent the Trust at ICB and CMAST level (system partnership)	5. MS
	Build partnerships with academic institutions to develop research and education capability	6. Role as lead provider (implement lead provider status within identified clinical services)  7. Develop and implement plan for the trust as an anchor institution	6. MS  7. MS/DS

## Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
<b>Digital Future</b> Be a digital pioneer and centre for excellence	Use digital technology to reduce waste, automate processes and eliminate bottlenecks	1. Deliver one patient record in 23/24	1. MC
		2. Review and improve cyber security provision	2. MC
		3. Deliver year 3 digital strategy	3. MC
	Empower patients with the data and tools to manage their own health and wellbeing	4. Implement Trust patient portal include self check-in capabilities technology to support patient booking/checking in	4. MC
	Allow business intelligence to drive clinical decision making	5. Examine technologies opportunities for patient self-management	5. MC
	6. Undertake NHS digital maturity assessment including comparison to peers	6. MC	
Use health information to enable population health management for the Wirral	7. Implement/review digital governance through to board	7. DM	

## Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
<b>Infrastructure</b> Improve our infrastructure and how we use it	<i>Effectively use our estate to support the delivery of care</i>	1. Determine future service locations to improve space utilisation	1. MS
	<i>Delineate the role and functions of the hospital sites</i>	2. Implement estate strategy year 2 including green plan	2. MS
		3. Develop retail future retail commercial model	3. MS
	Develop the case for the upgrades of the hospital campuses	4. Deliver 23/24 capital programmes/projects to timetable and budget	4. MS
	Improve travel and transport to our hospital campuses	5. Examine options for future facilities provision	5. MS
		6. Continue to deliver UECUP programme	6. MS
Promote sustainability and social value			

## Additional Actions

WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
<ol style="list-style-type: none"><li>1. Develop Trust reputation and communication approach</li><li>2. Implement Executive and leadership development programme</li><li>3. Examine opportunities corporate service consolidation</li></ol>	<ol style="list-style-type: none"><li>1. DM</li><li>2. DS</li><li>3. MS</li></ol>

## 3. 2023/24 Activity and Performance Plan

### 3. Activity Plan

#### a. Overview

- The Trust has developed its annual activity plan utilising capacity and demand plans from across the clinical divisions. The plans take into account the continuing backlog of patients as the recovery following the Covid-19 pandemic continues. Specialities have developed ambitious plans to significantly reduce the waiting time for elective patients through the next financial year.
- 2019/20 has been used as the base year for reference as per planning guidance.
- The Trust utilised regional and national planning assumptions relating to growth and the experience of the previous year 2022/23.
- There is a significant increase in the elective activity plan linked to the increased capacity through the Cheshire and Merseyside Surgical Centre, providing capacity for patients across the region.

#### b. 2023/24 Activity Plans

- Activity plans have been set by each Division and specialty to achieve greater than 2019/20 outturn across the board, linked to the national guidance on Elective Recovery Funding (ERF).
- The Trust elective admitted activity plan is set at 118% of 2019/20 outturn. This includes additional activity via the WUTH-hosted Cheshire and Merseyside Surgical Centre.
- The Trust total outpatient plan is set at 105% of the 2019/20 outturn.
- Outpatient transformation remains a key feature of the activity plans expanding the nationally driven schemes including Patient Initiated Follow-up (PIFU), Advice and Guidance and video/telephone appointments.
- A longer-term reduction in follow-up appointments remain subject to reducing the backlog first.
- Following a difficult Winter for patient flow through the Trust and out in to the wider Wirral community, a renewed focus on discharge and flow is established with all Clinical Divisions and Wirral system partners with WUTH leading the newly developed Transfer of Care Hub (discharge).
- A key objective remains a Healthcare system approach to reducing the number of patients who do not meet the criteria to reside

Table: WUTH Activity profile 2023/24

WUTH NHS England Activity Plan 2023/24	2019/20 Outturn	2023/24 Plan
First outpatient attendances - all specialties, including procedures	139,727	144,870
Follow-up outpatient attendances - all specialties, including procedures	339,787	360,074
<b>Total outpatient attendances - all specialties, including procedures</b>	<b>479,514</b>	<b>504,944</b>
Elective admissions - total specific acute elective spells	51,291	60,782
Elective admissions - specific acute day case spells	44,518	52,270
Elective admissions - specific acute elective ordinary spells	6,773	8,512
Non-elective admissions - total specific acute spells	48,742	44,104
Non-elective admissions - specific acute length of stay zero days	14,446	13,526
Non-elective admissions - specific acute length of stay 1 or more days	34,296	30,578
ED attendances - number of attendances at Type 1 A&E Departments	89,725	95,923

### 3. Operational Performance

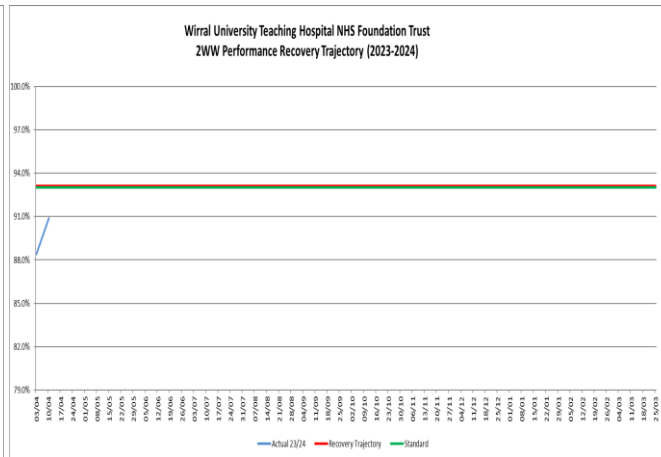
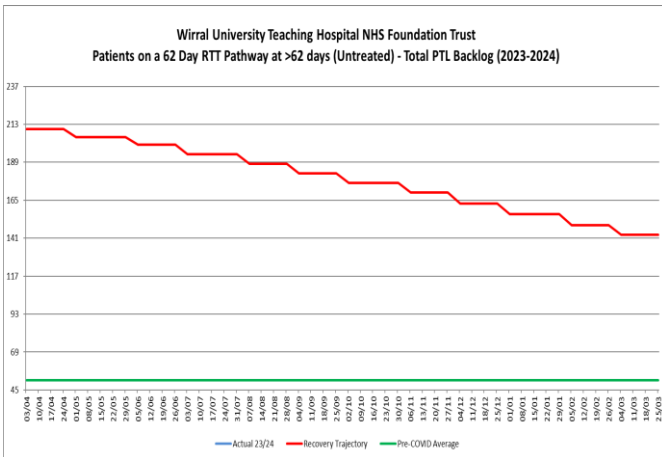
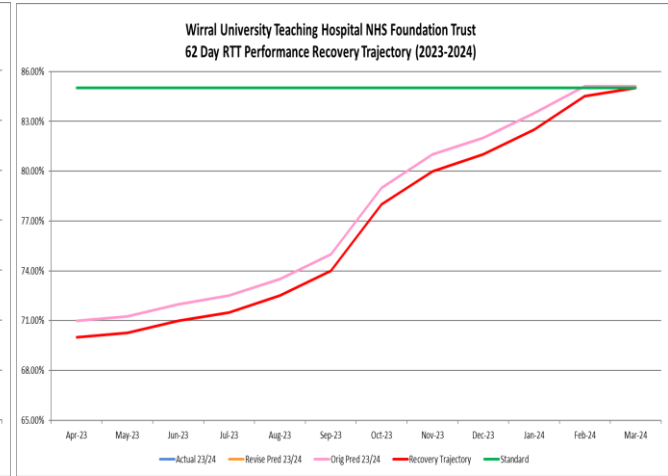
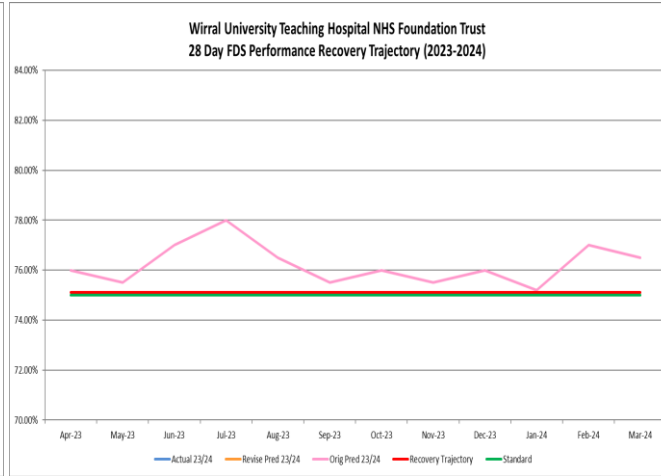
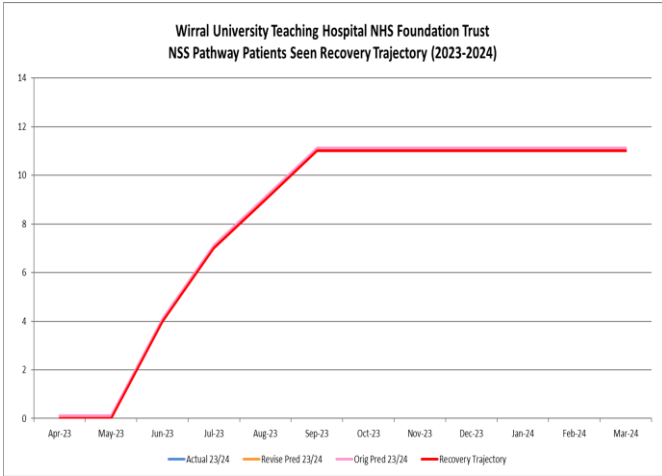
Table: WUTH performance profile 2023/24

In response to the 2023/24 planning guidance the Trust developed trajectories across all targets to ensure compliance by the required date which is covered in the table below.

Targets	Month											
Target Name	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03
<b>RTT Targets</b>												
RTT 52 Wks	1,360	1,330	1,300	1,270	1,240	1,210	1,180	1,150	1,120	1,090	1,060	1,030
RTT 65 Wks	424	384	344	306	268	228	190	152	114	76	38	0
RTT Admit Stops	1,227	1,673	1,699	1,830	1,879	1,735	1,722	2,005	1,578	1,460	1,351	1,644
RTT Clock Starts	7,506	9,137	8,086	9,188	7,632	8,285	9,049	8,261	7,116	8,811	7,997	8,922
RTT Non Admit Stops	5,589	6,671	5,816	5,728	6,234	6,188	6,692	7,041	4,700	5,951	5,461	6,069
RTT Wait List	39,104	38,906	38,708	38,510	38,312	38,114	37,916	37,718	37,520	37,322	37,124	36,926
<b>DM01 Activity Targets</b>												
Colonoscopy	331	368	405	386	405	386	405	405	350	405	386	368
CT	3,045	3,383	3,721	3,552	3,721	3,552	3,721	3,721	3,214	3,721	3,552	3,383
Echocardiogram	830	922	1,014	968	1,014	968	1,014	1,014	876	1,014	968	922
Flexible Sigmoidoscopy	106	118	130	124	130	124	130	130	112	130	124	118
Gastroscopy	503	558	614	586	614	586	614	614	530	614	586	558
MRI	1,319	1,465	1,612	1,538	1,612	1,538	1,612	1,612	1,392	1,612	1,538	1,465
Ultrasound (Non Obs)	3,731	4,145	4,560	4,353	4,560	4,353	4,560	4,560	3,938	4,560	4,353	4,145
<b>Cancer Targets</b>												
NSS Target Numbers	0	0	4	7	9	11	11	11	11	11	11	11
28 Day Performance	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
62 Day Performance	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
62 Day Wait Numbers	210	205	200	194	188	182	176	170	163	156	149	143

# 3. Operational Performance

## Cancer Performance Trajectories 23/24





## 3. Operational Performance

### a. Elective Priorities

- Maintain zero waits of over 78 weeks.
- Eliminate waits of over 65 weeks and 52 weeks for NA by March 2024
- Reducing hospital follow up appointments by 25%
- Deliver 16 specialist advice requests per 100 first OPA (A&G) in the top 12 nationally recommended specialities by end Q1
- Deliver 25% of OPA via video/telephone
- 5% of OP attendances moved or discharged to PIFU
- No RTT waiters over 52 weeks by March 2025
- Ensure 95% of patients on a Diagnostic DM01 pathway are seen within 6 weeks by March 2025
- Achieve 93% CA TWW standard
- Achieve 75% within 28 day FDS
- NSS CA pathway patients seen 11 by March 2024
- Achieve 62 Day performance 85%
- 62 Day CA long waiters reduced to 143 by March 2024

### b. WUTH Response

- Deliver zero 78 week waits
- Eliminate 65 week waits by end of Q4
- Stretch target to eliminate 52 week NA waits by the end of Q3
- PIFU live with stretch target to deliver PIFU in all applicable services by Q3.
- Achieved A&G in 12 top national specialties with stretch target to be live in all specialities by Q3
- Stretch target to achieve 95% by Q4 23/24 for all DM01 modalities
- 75% FDS achieved, stretch target 76%
- 62 day long waiters stretch target 51 by March 2024
- Implement all outpatient transformation avenues to maximise throughput and reduce waiting times for patients
- Engage in C&M Elective Recovery Programme and continue to provide mutual aid to partners where capacity exists within WUTH services

### c. Urgent Care

- A plan to achieve G&A bed occupancy of 92% is in development directly linked to the system wide trajectory for reducing the number of patients who do not meet the criteria to reside and the implementation of virtual wards.
- A system plan has been developed to achieve reductions in the number of patients in hospital for longer than 14 and 21 days, utilising national benchmarks and regional stretch targets.
- Full UEC improvement programme in place focussing on improving ambulance turnaround times, waiting time in the department and an improvement trajectory for the 4 hour standard to achieve 76% by March 2024.

## 4. Quality Plan and Priorities

## 4. Quality Plan

### a. Overview

- The Executive Medical Director and Chief Nurse lead on quality on behalf of the Board of Directors. They collectively share responsibility for patient safety, patient experience and clinical outcomes. They are supported by the Deputy Chief Nurse and Deputy Medical Director responsible for Quality and Safety. Specific responsibilities for quality are discharged operationally via divisional triumvirates, which are made up of an Associate Medical Director, Divisional Director of Operations and Divisional Nurse Director. The Governance Support Unit, led by the Deputy Director for Quality Governance, oversees quality and safety.
- Improvement priorities are determined from:
  - (i) assessment of strategic goals and progress;
  - (ii) analysis of internal intelligence (such as incident reporting, and themes identified through the patient safety incident review framework (PSIRF), performance results, service user feedback, staff feedback);
  - (iii) local intelligence (such as information received from stakeholders including GP's, CCG and other local providers of care); and
  - (iv) findings following inspection or review of services (including but not limited to those received following a royal college review, or CQC, HSE, MHRA or Environmental Health inspection).

(v) analysis of national data such as NICE, GIRFT, Dr Foster, SHIMI/HSMR
- Where a need to act has been identified outside the quality priorities previously determined, the Trust will initiate priority action proportional to the risk in concert with other relevant stakeholders and/or regulators where appropriate.

### a. Overview (cont.)

- Quality is primarily controlled at the patient interface (i.e., at ward and departmental level) using policies, procedures, staff and training resources. This is subject to divisional management oversight. Divisional triumvirates are held to account for control and compliance at the Divisional Performance Review meetings. The Deputy Medical Director for Quality and Safety chairs the Clinical Outcome Group which triangulates data from Model Hospital, audit, mortality data, and NICE/GIRFT guidance alongside themes from PSIRF. At Trust level, quality is led and overseen by the Patient Safety & Quality Board which has strong clinical representation and is chaired by the Executive Medical Director. Assurance is provided to and reviewed on the Board's behalf by the Quality Committee, which is led by non-executive directors independent of operational management. The Board receive assurance directly from the Chair of Quality Committee, except for those matters which are reserved for the Board or where the Board has specifically requested assurance on an issue of concern.
- Non-Executive Directors lead on the acquisition and scrutiny of assurances and, with input from the Executive, determine assurance priorities for quality. An annual cycle of business for both the Quality Committee and Patient Safety & Quality Board is designed to ensure that over a 12-month cycle there is emphasis given to relevant CQC registration regulations. To support this clinical and other audit resources are deployed where appropriate to provide second or third line assurance, carry out testing and confirm the adequacy of assurances provided.
- A Service Improvement Team with specific and specialised skills in improvement science is in place to support front line teams to make improvements in their work. Our current approach to quality improvement is largely based on a well-defined improvement method known as PDSA which has currency and is widely adopted across the NHS. In 2023/24 the Trust intends to expand the Quality Improvement programme which will be led by the Medical Director.. The Quality and Safety Strategy links to the Patient Experience Strategy and Mental Health Key Priorities led by the Chief Nurse, and the Research Strategy led by the Medical Director.

# 4. Quality Plan

## Quality Strategic Priorities for 2023/24

Campaign	KPI	YEAR 2 - BETTER By 31 March 2023
A positive patient experience	Staff satisfaction: percentage of staff who believe 'care is the Trust's top priority'	≥90%
	Patient satisfaction: Response to Question – I have trust and confidence in staff who care for me	≥90%
	Patient satisfaction: Response to question Care was designed by me for me	≥90%
	Patient Recommendation Ratings (FFT)	95%
Care is progressively safer	Falls risk: assessment and implementation of care plans for people at risk	≥95%
	Reducing hospital acquired Gram Negative infections	Achievement of trajectory
	Pressure sore risk: assessment and reliable implementation of care plans for people at risk	≥95%
	Compliance with NatSSIPs procedures across the Trust	≥90%
	Delivery of sepsis bundle pathways	10% improvement from 22/23
	Deteriorating Patient fluid balance monitoring: completion and calculation of fluid balance daily	≥95%
	All wards will achieve a minimum of Level 3 WISE Accreditation	95%
	Safe staffing levels: fill rates (Care hours per patient day )	6-10
	Patient cared for under the Mental Health Act have the appropriate legal framework and understand their rights	100%
	Review by senior doctor every day (ST3 or above)	≥90%
Delivery of Maternity improvement plan	100%	
Care is clinically effective and highly reliable	Reduce exposure to harm for those who have a learning disability	5% Lower than 2022/2023
	Reducing emergency admissions in the last 90 days of life	5% Lower than 2022/2023
	Mortality Ratio: proximity to expected range	Below 5%
	Delivery of the national audit programme	100%
	Patient satisfaction: Response to question Felt I am well supported with my after care	≥90%
	Patient satisfaction: complaints concerning communication	5% Lower than 2022/23
	Reduce the number of incidents awaiting managers review in the incident reporting system	20% below 22/22
	Reduce number of complaint responses outside of timeframe	10% lower than 2022/2023
	Every patient is reviewed by a consultant within 14 hours of admission	≥98%
Delivery of the CQC action plan	100%	
We stand out	Delivery of the patient experience work plan	100%
	Delivery of the Mental Health Key Priorities	100%
	Delivery of PSIRF	100%
	Achieve a reduction in harm per 1000 bed day of high-risk medicines, errors falls and pressure sores	5 % below 21/22

## 4. Quality Plan

### Risks and Risk Management

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

Table: Risk Management

Potential Risk	How the Risk might arise	How the risk is being mitigated
<b>Catastrophic failures in standards of safety and care</b>	This may arise if safety-critical controls are not complied with, there are shortfalls in staffing to meet patient need, demand exceeds capacity for a prolonged period, or there is a loss of organisational focus on safety and quality within the governance of Wirral University Teaching Hospitals.	Maintaining a strong emphasis and focus on safety, clinical outcomes and patient experience as part of the Trust's governance and performance management framework, striving for excellence and challenging unsatisfactory performance regarding organisation control, delivering training, complying with safety-critical organisation policies and procedures, and learning from adverse events and effective use of data and oversight systems are ways we are currently mitigation and monitoring this risk.
<b>Demand for care overwhelms our capacity to delivery care safely and effectively</b>	This risk may arise if growth in demand for care exceeds planning assumptions and capacity in secondary care, primary care is unable to provide the service required or there is a significant failure of a neighbouring acute provider. The risk may also arise if there are unexpected surges in demand, such as those created by pandemic disease.	Managing patient flow, developing and maintaining effective working relationships with primary and social care teams, working collaboratively across the wider health system to reduce avoidable admissions to hospital are some of the risk treatment strategies that will feature in how we mitigate this risk going forward. Development of Cheshire & Merseyside Surgical Hub will increase capacity and assist in preventing avoidable emergency admissions. UECUP will support effective streaming to appropriate services and provide an environment to enable efficient management of emergency patients.
<b>A critical shortage of workforce capacity and capability</b>	Due to the number of clinical staff eligible for retirement, the availability of newly qualified practitioners, and increasing competition for the clinical workforce, we anticipate the staffing challenges to be significant.	The People Strategy is specifically designed to help mitigate this risk. By focussing on attracting and retaining high calibre practitioners, building and sustaining high-performing teams, by engaging and developing clinical teams, and adapting to meet the needs of a changing workforce – we aim to make Wirral University Teaching Hospitals the employer of choice. We will continue with the success of the International Recruitment Programme to reduce vacancies across our hospitals.
<b>A failure to achieve and maintain financial sustainability</b>	The delivery of high quality care helps to mitigate financial risk by reducing avoidable expenditure, minimising harmful care that extends length of stay or requires additional treatment. This risk may arise if the Trust is not able to secure sufficient funds to meet planned expenditure, maintain or replace vital assets, and/or is not able to reduce expenditure in line with system-wide control totals.	A local and system-wide Financial Improvement Plan is specifically designed to address the financial challenge and delivery financial outturn in accordance with agreed control totals, gradually progressing towards break-even (no surplus or deficit at the year-end). To safeguard quality, proposals to reduce expenditure are subject to Quality Impact Assessment – overseen by the Executive Medical Director and Chief Nurse.

# 5. Workforce Plan

# 5. Workforce

## a. Workforce Plan 2023 / 2024

The table below details the changes in establishment and staff in post within the workforce plan for 2023 / 2024

Staff Group	Change in Current Establishments	Increase in Staffing on Current Staff in Post
<b>Nursing and Midwifery</b>	86.25	126.25
<b>Registered scientific, therapeutic and technical staff</b>	-59.75	-11.62
<b>Support to clinical staff</b>	-23.82	20.32
<b>Total NHS infrastructure support</b>	20.25	31.52
<b>Medical and dental</b>	143.07	0.00
<b>Any other staff</b>	0.00	0.00
<b>Total</b>	166.00	166.47

Establishments set out in the workforce plan reflect the activity plan for 2023 / 2024.

Establishments have been rebased and service pressures reviewed, and these have been incorporated into the plan.

The workforce plan 2023/24 incorporates key integrated initiatives which are driven to recovering our core services and productivity through reduction of elective long waits through the development of Cheshire and Merseyside Surgical Hub which has currently completed phase 1 and in implementation of phase 2.

The plan assumes the following:

- Bank and Agency staffing levels will remain consistent with the previous year’s usage;
- Staff absence levels will remain the same as 2022/23
- There are no service redesign assumptions within the plan; any activity of this nature will be completed within existing establishment.

# 5. Workforce

## b. Workforce Challenges

### Recruitment

Trust wide vacancies remains circa 5.9%. The effects of this are compounded by other absences, increasing demand and on-going industrial action. Vacancies across the workforce, impacted by labour-market challenges in specific staff groups, remain a significant risk, although the improvements in Registered Nurse vacancies to below 1% should be noted as a particular success.

### Retention

Trust turnover is currently circa 14.2% (rolling 12 month to March 2023) and has been above threshold for over 12 months. The underlying causes of this are multifaceted, with different challenges in different staff groups.

Failure to effectively plan for, recruit, retain and develop people with the right skills, which may adversely impact on the Trust's ability to deliver the Trust's strategy is scored at 12 on the Board Assurance Framework. Retention of staff is a key priority within the Trust People Strategy.

### Health and Wellbeing

The health and wellbeing of our workforce continues to be a priority for the Trust. Sickness absence is currently at 5.73% (March 2023) and has been above the 5% threshold for the whole of 22/23, however this has reduced over recent months and is improved compared to the same period last year. Stress, anxiety and depression remains the highest reason for long term absence.

In the most recent staff survey, there had been a 3% increase of staff reporting that the organisation takes positive action on health and wellbeing, although a number of responses indicate that burn out is an issue for our workforce.

Failure to address issues affecting staff experience which adversely impact on staff motivation, engagement and satisfaction is scored at 12 on the Board Assurance Framework.

### Additional Staffing Processes

Systems and processes relating to the workforce planning and controls are not yet optimised, resulting in a limited assurance around utilisation, value for money and planning.

## C. Operational Workforce Priorities 2023/2024

The operational priorities set out below are based on the challenges outlined above, the Trusts objectives and the NHS England Priorities 2023

- **Health and Wellbeing:** continue to support the holistic health and wellbeing of our people including through wellbeing surgeries, health and wellbeing conversations embedded in appraisal and check in meetings and line manager support. A review of the Occupational Health and Wellbeing service in line with 'Grow OH' will form part of this.
- **Equality, Diversity and Inclusion:** accelerate the delivery of the inclusion plans in place including Model Employer, WRES and WDES to move the Trust to 'achieving' on the EDS 2022 framework. Embed the Trust's EDI strategic commitment. Deliver a programme of work to create a specific and measurable improvement in the experience of our disabled staff.
- **Workforce Planning and controls:** implement a workforce planning approach, aligned to activity planning, accelerating the implementation of new roles and advance the Trust levels of attainment for e-rostering and e-job planning.
- **Additional Staffing Processes:** embed systems and processes to ensure the most effective use of additional staffing.
- **Employee Engagement:** develop an engagement framework for the Trust to include a review of reward and recognition.
- **Leadership Development:** embed the approach to leadership development through the delivery of the leadership for all programme, embedding the new appraisal and check in process and the Trust approach to coaching and mentoring.
- **Recruitment and retention:** Develop a programme of work to improve retention and flexible working. Develop and implement the WUTH 'Perfect Start'. Focus on the widening participation agenda.



# 5. Workforce

## d. People Strategy 2022 – 2027

The Trust People Strategy 2022 – 2027 was ratified in May 2022. The strategy comprises of four components and an ambitious vision has been set for each component, along with strategic priorities. Year one of the delivery plan was successfully delivered and priorities have been set for year two.

We have shaped our People Strategy around four key principles, each with a vision, strategic priorities and the actions required to realise change.



Year two delivery will include elements of co-creation which will ensure that our workforce and partners are central to the creation and delivery of our strategy. Year two priorities have also been mapped to the Trust's Equality, Diversity and Inclusion strategic commitment to ensure this is embedded within the delivery of our strategic aims. The delivery and monitoring of impact continues to be overseen by Workforce Steering Board, with assurance provided to People Committee.

## 6. Finance Plan

## 6. Financial Plan

### a. 22/23 Financial Delivery

- The Trust is currently finalising its financial accounts and will report a deficit of £10.373m for 22/23. After adjusting for gains and losses caused by revaluations and impairments our control total was a deficit of £6.8m
- The biggest driver of this deficit was escalation beds (up to a peak of 80) required to accommodate the high number of patients that did not meet the criteria to reside in hospital (over 200 throughout the year). These beds were, for the most part, staffed by bank and premium cost agency, resulting in significant cost pressures.
- This 22/23 deficit included financial support from Cheshire and Merseyside and in respect of COVID-19 that will reduce significantly in 23/24.
- The Trust achieved its target of £20.8m for CIP in 22/23 but only £5.7m was delivered recurrently.

**Table 1: 2022/23 financial position**

2022/23 Financial Position	Budget £m	Actual £m	Variance £m
Clinical Income	404.9	404.8	-0.1
Other Income From Patient Care Activities	6.0	20.7	14.7
Other Operating Income	38.3	46.9	8.6
<b>Total Income</b>	<b>449.2</b>	<b>472.4</b>	<b>23.2</b>
Employee Expenses	311.4	335.6	-24.2
Operating Expenses	120.4	125.6	-5.2
Non Operating Expenses	17.3	17.9	-0.6
<b>Total Expenditure</b>	<b>449.1</b>	<b>479.1</b>	<b>-30.0</b>
<b>Actual Surplus/(deficit)</b>	<b>0.1</b>	<b>-6.7</b>	<b>-6.8</b>
Control Total adjustment	0.0	0.0	0.0
<b>Surplus/(deficit) - Control Total</b>	<b>0.1</b>	<b>-6.7</b>	<b>-6.8</b>

### b. Planning Assumptions for 2023/24

- The mandatory planning guidance issued by NHSE in December has resulted in the following assumptions in the 23/24:
  - Elective activity must be at least 107% of the weighted value of 19/20. Our plans stand at 127% of 19/20 value weighted activity significantly exceeding the 107% target set.
  - A CIP of £26.2m (5.2%) is delivered in full and will be delivered recurrently.
  - COVID vaccination and testing costs now funded via block and assumed to be cost neutral.
  - Contracts agreed with Cheshire and Merseyside Integrated Care Board through their representatives at Wirral Place.

### c. 23/24 Financial Plan

- System allocation confirmed with Cheshire & Merseyside.
- All costs in line with activity levels specified within operational plan.
- Inflation provided for in line with guidance but specific uplifts included where known, most notably in respect of energy costs.
- Assumed that current costs of escalation (64 beds plus flexible use of corridors) will continue.
- C&M allocation of ERF included within position but receipt is dependent on delivering 107% of value of 19/20 activity.
- The Trust plan assumes £19.4m of additional ERF to fund the Cheshire and Merseyside Surgical Centre.
- Series of check and challenge meetings held with all non-clinical budget holders and group meeting with clinical teams and COO.

## 6. Financial Plan

### d. 23/24 Income

- Starting income position has been agreed with Wirral Place and confirmed with Cheshire and Merseyside.
- System of Aligned Payment Incentive (API) contracts now in place to ensure that organisations that go beyond agreed activity plans are funded appropriately, with penalties for organisations that do not deliver plans.
- Key risk for WUTH given investment in elective capacity and management of the Cheshire and Merseyside Surgical Centre.
- Income in respect of COVID reduced by further 80% (£7.9m), associated costs (£1.4m) will be included in CIP.
- Funding from Specialist Commissioning has been confirmed.

### e. 23/24 Expenditure

- Plan based on run rate as at M8 of 22/23 adjusted for planning assumptions, investment in CMSC and approved service pressures.
- £1.5m increase in CNST costs above nationally funded figure (£0.3m).
- Assumed growth in workforce compared to 22/23 plan wholly attributable to escalation capacity and recruitment to CMSC.
- £2.3m growth of capital charges due to size of 22/23 capital plan
- Provision for Winter costs based on 22/23 plan and not outturn costs.
- Indicative deficit currently £18.9m. Key drivers of deficit:
  - Escalation costs of £6.3m and additional bank and agency of £3.4m both driven by in excess of 200 patients that do not meet the criteria to reside.
  - Nationally driven costs not funded through income of £5.5m.
  - Historical underperformance against recurrent CIP targets.

**Table 2: 22/23 summary income and expenditure**

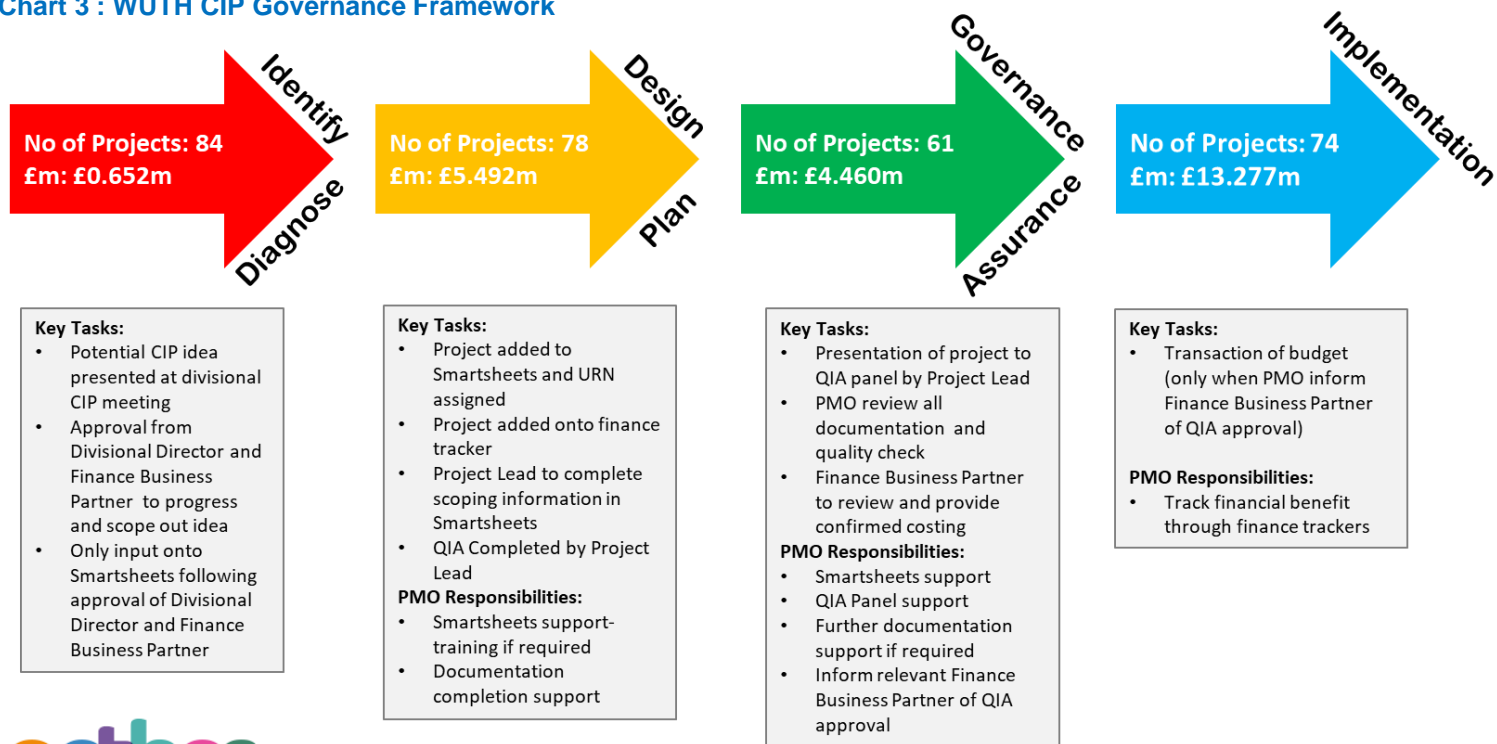
2023/24 Financial Plan	Budget £m
Clinical Income	437.3
Other Income From Patient Care Activities	3.5
Other Operating Income	35.8
<b>Total Income</b>	<b>476.6</b>
Employee Expenses	334.1
Operating Expenses	140.6
Non Operating Expenses	20.8
<b>Total Expenditure</b>	<b>495.5</b>
<b>Actual Surplus/(deficit)</b>	<b>0.1</b>
Control Total adjustment	0.0
<b>Surplus/(deficit) - Control Total</b>	<b>-18.9</b>

## 6. Financial Plan

### f. Efficiency savings and CIP governance

- The CIP governance framework remains in place and is described in chart 4 below.
- CIP is tracked and monitored through the project management system smart sheets. CIP project leads provide a fortnightly progress narrative and a RAG rating. The leads all use the progress narrative to escalate any areas of concerns that may impact delivery, and to ask for further support where needed.
- All CIP schemes will be subject to a robust Quality Impact Assessment for approval via the QIA panel. The panel consists of the Deputy Director of Nursing, Deputy Medical Director, Deputy Chief Peoples Officer and Equality and Diversity lead.
- A CIP ideas generation submission form has been developed and will be launched Trust wide imminently. This enables any staff member to submit a potential area of efficiency. The PMO will collate all submissions and scope out opportunities. Feedback will be provided to all submissions.
- Fortnightly divisions CIP meetings are in place, chaired by the Divisional Director. The appropriate finance business partner and PMO team attend all meetings to support with idea development and costings.
- The Trust wide CIP dashboard reports a detailed position statement of progress through the CIP gateways. The gateways also provide a drill down function to individual scheme level.

Chart 3 : WUTH CIP Governance Framework



## 6. Financial Plan

### g. 2023/24 efficiency savings and CIP

- The Trust has a 5.2% CIP target. We have assumed that 100% of this target will be delivered recurrently. This represents a reduction of cost of £26.2m.
- Failing to achieve this plan represents the most significant risk within the 2023/24 financial plan. Plans identified to date are detailed in table 3. This represents a very positive start but the Trust understands that focus will be on narrowing the gap and implementing all plans identified.
- Finance will monitor and record all non-recurrent reductions in spend. Some of target met by turnover of staff and reductions in activity. Any positive movements in balance sheet will mitigate any underperformance against the target
- CIPs are tracked and monitored on an individual basis. CIP leads provide fortnightly position statements through smartsheets along with an updated RAG rating. CIP scheme performance is discussed and reviewed during fortnightly CIP meetings.
- The Trust wide CIP dashboard within smartsheets provides a live position statement. The finance business partners update the monthly profile of all schemes. The dashboard is automatically updated as soon as figures are inputted into the system by finance.
- Divisional highlight reports have been developed that provide an overview of individual performance.
- The productivity & efficiency team continue to liaise with other organisations through the National Efficiency Forum to share best practice and present opportunities to the divisions.
- A fortnightly Cheshire & Merseyside CIP meeting, chaired by WUTH, has been implemented to share areas of best practice. Following these meetings, WUTH are in the process of working with a number of system partners to understand their success.

**Table 3: 23/24 CIP plan against recurrent target**

	Target (£m)	Plan (£m)	Variance (£m)
Medicine	5.1	5.2	0.1
Acute	1.7	1.9	0.2
Surgery	6.2	6.4	0.2
DCS	4.3	3.4	-0.9
W&C	2.1	1.4	-0.7
Corporate	2.5	2.4	-0.1
Estates	2.8	2.4	-0.3
COVID	1.5	1.5	0.0
<b>Trust</b>	<b>26.2</b>	<b>24.6</b>	<b>-1.6</b>

## 6. Financial Plan

### h. Cash flow Plan

- The results of the Trusts cash flow modelling for 2023/24 are set out in the Statement of Cash Flows in Table 4. Cash balances fall to £17.8m at the end of the year from an opening balance of £24.3m.
- This table represents a summary of the in-depth analysis that the Trust undertakes in respect of cash flow on a daily basis, forecasting for the next 18 months to understand exactly when cash pressures will materialise and taking steps to mitigate.
- Despite the forecast deficit and the large reductions in cash holdings forecast in 23/24, we do not anticipate any issues in terms of cash flow and do not believe any additional working capital requirements for the year. However, this is dependent on full delivery of CIP and that these savings are cash releasing.

### h. 2022/23 Capital Plan

- The Trusts draft capital programme for 2023/24 totals £26.8m and is summarised in Table 5.
- The Trust has a significant level of backlog maintenance and essential infrastructure requirements and has therefore undertaken a detailed capital planning process to ensure that key risks are being addressed with the limited resources available.
- Included within the programme is a £10m PDC drawdown against the capital allocation for the Urgent & Emergency Care Upgrade Programme.
- Schemes have been prioritised using ratings set out in the Trusts risk register which is regularly reviewed as part of the Trusts internal governance processes. Schemes with a risk rating of 15 or above are recommended for approval.

**Table 4: Statement of Cash Flows**

23/24 Cash flow statement	£m
<b>Opening cash balance</b>	<b>24.3</b>
Operating deficit	-13.1
Capital donation income	0.1
Purchase of fixed assets	-39.2
Depreciation	14.4
PDC payable	-6.1
PDC receivable	14.1
Loan repayments	-1.0
Interest paid	-0.8
Interest received	0.4
Movements in assets/liabilities	24.7
<b>Closing cash balance</b>	<b>17.8</b>

**Table 5: Summary of Capital Plan**

23/24 Capital plan 2023/24	£m
Backlog maintenance	0.6
Medical equipment and corp schemes	1.9
Pipework	2.9
IT equipment	0.1
UECUP - Trust funded	5.8
Contingency	1.3
<b>Total CDEL</b>	<b>12.7</b>
UECUP	10
CDC and diagnostics	4.2
<b>PDC</b>	<b>14.2</b>
<b>Total Capital Plan</b>	<b>26.8</b>

# 6. Financial Plan

## h. Risks and mitigations

### i. Risks

- High risk of non CIP achievement which will need to be managed through tight expenditure control. Target of £26.2m CIP to be delivered recurrently is double last year
- ERF income dependent on achieving target of 107% 19/20 elective activity. Given ongoing industrial action this will be a significant challenge.
- National inflation currently running at 8.7%, 2.2% above inflation per planning guidance. Potential for further increases in budgeted cost, most notably in respect of catering supplies, building materials and drugs.
- No allowance for contingency due to affordability.
- Staf pay awards confirmed at 5% but details of funding not yet received.
- Impact of additional demand associated with a rise in COVID-19 could be significant.

### ii Mitigations

- Monthly divisional CIP monitoring meetings and fortnightly QIA panel to ensure CIP opportunities transacted quickly.
- Continue legal process in respect of Frontis accommodation and seek to minimise costs associated with the lease.
- Tight expenditure and vacancy control.
- Regular review of balance sheet in line with best practice to ensure system inefficiencies do not impact on over estimated levels of expenditure.
- Careful monitoring of bed capacity requirements



## 7. Risks to delivery of the 2023/24 Operational Plan

# 7. Risks to delivery of the 2023/24 Operational Plan

## a. Identification of risks to the delivery of the 2023/24 Operational Plan and mitigation

- Through the development of the 2023/24 Operational Plan, the Trust has identified a range of risks in delivering the plan, aligning these to the Trust’s risk register and Board Assurance Framework. As part of this process the Trust has developed a number of actions to mitigate and reduce these risks, as detailed in the table below:

Risk	Risk Detail	Domain	Mitigating / Managing Actions
Internal	There is a risk to the delivery of the elective priorities due to the impact of Industrial Action and the delivery of the hospital wide flow improvement programme	Operational	Hospital wide patient flow improvement programme in place to facilitate good patient flow across the organisation protecting elective services. Industrial Action planning undertaken through the EPRR route and elective services protected as far as possible on strike days.
	The risk of reduced capacity and safety / quality of care due to the failure or breakdown of estate, facilities and or equipment, given the available capital for equipment	Estates and Facilities	Prioritisation of capital funds, proactive planned maintenance of theatres, endoscopy areas etc. Defined on risk registers with mitigations.
	The risk of non-elective demand remaining at winter seasonal levels and impacting elective capacity	Operational	Full site reconfiguration plan to protect elective services, development of a robust winter plan focussed on admission avoidance and different models of care for patients who don’t have a C2R. Robust staffing plans for escalation areas.
	The risk of failing to deliver the 2023/24 financial plan	Finance	Robust internal plans to monitor performance against financial plans for all divisions and corporate teams. divisional financial positions. Bi-weekly CIP Assurance Meetings and monthly Finance and Performance Group.
External	The risk that system partner work programmes do not deliver the required benefits for patients and Trust capacity	Operational	Engagement with system partners and governance structure. Ensure clear alignment of priorities and monitoring of expected outputs. WUTH providing the single leadership for the Transfer of Care Hub (Discharge).

Board of Directors in Public  
5 July 2023

Item No 10

<b>Title</b>	Elective Recovery Self-certification
<b>Area Lead</b>	Hayley Kendall, Chief Operating Officer
<b>Authors</b>	Hayley Kendall, Chief Operating Officer Nicola Cundle-Carr, Head of Business Improvement
<b>Report for</b>	Information

<b>Report Purpose and Recommendations</b>
<p>This paper provides an overview of the Trust's self-certification against the elective care priorities set out by NHS England for 2023/24, which recommends Board oversight of the Trust position. The report includes the detailed self-certification current performance against the elective recovery programme for planned care and standard reporting for unscheduled care.</p> <p>The report does not highlight any concern with regards to the meeting of the standards by March 2024 but there are a number of areas rating as amber, in progress.</p> <p>It is recommended that the Board of Directors:</p> <ul style="list-style-type: none"> <li>Note the report</li> </ul>

<b>Key Risks</b>
<p>This report relates to these key risks:</p> <ul style="list-style-type: none"> <li>Delivering timely and safe care for patients awaiting elective treatment</li> </ul>

<b>Contribution to Integrated Care System objectives (Triple Aim Duty):</b>	
<b>Better health and wellbeing for everyone</b>	Yes
<b>Better quality of health services for all individuals</b>	Yes
<b>Sustainable use of NHS resources</b>	Yes

<b>Which strategic objectives this report provides information about:</b>	
<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> Maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	No
<b>Infrastructure:</b> improve our infrastructure and how we use it.	No

<b>1</b>	<b>Background</b>
	<p>In May 2023 NHS England released a new requirement for Trusts to undertake a self-certification against a set number of new prioritise for elective care. The priorities range from having basis waiting list management in place to redesigning pathways and managing patients waiting a protracted time for treatment. The self-certification has been completed and this paper summarises the Trust position for the Board's information.</p>
<b>2</b>	<b>Self-certification</b>
	<p><b>Position</b></p> <p>The self-certification process was led by the Chief Operating Officer and Head of Business Improvement, the full details of which are attached as an appendix. Overall the Trust is in a strong position, given that the requirement is to be compliant by the end of March 2024. There were no areas highlighted as high risk but there were areas assessed as amber, explained in the following section.</p> <p><b>Areas assessed as amber and requiring further work</b></p> <ul style="list-style-type: none"> <li>• <b>Outpatients</b> At present the Trust's annual activity plan does not include a plan to deliver a 25% reduction in outpatient follow ups. There are still specialities within significant backlogs of patients overdue their follow up appointment and thus until the backlog is eradicated the patients will still need to be seen. There is a plan to roll out patient initiated follow up (PIFU)</li> <li>• <b>Cancer pathway redesign</b> Teledermatology is currently rolled out across 50% of GP practices in Wirral. Full roll out has been delayed due to medical staffing gaps but there is a plan to fully roll out by the end of quarter two.</li> <li>• <b>Activity</b> There are two areas rated as amber in this section: <ol style="list-style-type: none"> <li>1) At present we are unable to assess performance against the standard of 10 days from referral to test for all urgent suspected cancer. This is due to the Trust not having the upgrade on Somerset. This is in the Digital Team's workplan but will be a nine month project.</li> <li>2) The Community Diagnostic Centre (CDC) does not operate 12 hours a day seven days per week as per the priorities set out but there are ambitions to do so. At present there is sufficient capacity across the CDC to meet demand and thus expanding the hours at present is not required.</li> </ol> </li> <li>• <b>Inclusive recovery</b> The Trust does not currently have disaggregated data on elective recovery from a health inequalities perspective. The Trust is planning to roll out the use of a risk stratification tool that will facilitate the patients on the waiting list that need to be prioritised for all reasons and a health inequalities cut will be available.</li> </ul>
<b>3</b>	<b>Conclusion and recommendation</b>
	<p>The Trust benchmarks well against the elective priorities self-certification standards and has a number of good practice areas. There are four areas highlighted as in progress and there are plans in place or clear mitigation for these areas. The Board is asked to note the contents of the self-certification and receive further updates as requested.</p>

## Elective Recovery Self Certification – June 2023

National Ask	WUTH Response	RAG Rating
<b>Excellence in basics</b>		
Has any patient waiting over 26 weeks on an RTT pathway (as of 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set?	Patients are validated after every clinical episode. This excludes ASI's.	
Are referrals for any Evidence Based Interventions (EBI) still being made to the waiting list?	EBI activity has been reviewed and there are minimal numbers of procedures. Divisions have had the list of EBI's to follow up and review with clinical teams.	
<b>Performance and long waits</b>		
Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)?	Yes	
Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024?	Yes. Trajectory agreed and is monitored weekly at Performance Oversight Group (POG).	
<b>Outpatients</b>		
Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatient first activity to take place?	Given the backlog that is still evident from the Covid pandemic we continue to work through the backlog of patients that are overdue follow up – it is likely that this will be resolved in year.  The Trust follow up plan for 23/24 does not achieve a 25% reduction. However, partial booking and PIFU is being rolled out and by Q4 all specialities planned to be live which will see a reduction of follow ups (which based upon pilot should yield a 25% reduction).	
Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way, to support with diagnostic flow and treatment pathways?	The Trust still has long waits for first new appointments and is a priority to reduce in year. Partial booking is being rolled out to reduce DNA's/waste. Patients are tracked at every stage of their pathway to proactively manage next steps which supports all pathways.	
<b>Cancer pathway re-design</b>		
Where is the Trust against full implementation of FIT testing in primary care in line with BSG/ACPGBI guidance, and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care?	FIT testing rolled out from 12 <sup>th</sup> June 2023.	
Where is the Trust against full roll-out of teledermatology?	Work in Progress. Live across several GP's. 10 further GP practices to go live however service currently unable to support this due to significant challenges on medical staff time and vacancies. Plan to roll out fully in August 2023.	
Where is the Trust against full implementation of sufficient mpMRI and biopsy capacity to meet the best practice timed pathway for prostate pathways?	In place	
<b>Activity</b>		

## Elective Recovery Self Certification – June 2023

Are clear system plans in place to prioritise existing diagnostic capacity for urgent suspected cancer activity?	The Trust manages urgent/CA referrals via PTL's and Divisions – the Trust does not have an issue with diagnostic capacity for cancer pathways.	
Is there agreement between the Trust, ICB and Cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reductions and FDS performance?	62 day backlog plan in place monitored weekly at POG. Additional support provided to Colorectal. The Trust achieves FDS and diverts CDC capacity for cancer pathways.	
How does the Trust compare to the benchmark of a 10-day turnaround from referral to test for all urgent suspected cancer diagnostics?	Unable to measure until the diagnostic module in place on Somerset is implemented – 9-month DHT project. However, the Trust does achieve FDS 75% standard.	
Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery?  Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met?	The Trust has launched a significant transformation programme across all surgical elective pathways – this includes early assessment and preparation for surgery.	
Where is the Trust/system against the standards of 85% capped Theatre Utilisation and 85% day case rate?	Trust is at 85% uncapped utilisation and is a high performer across the region	
Is full use being made of protected capacity in Elective Surgical Hubs?	C&MSC is over delivering against its planned activity levels in the TIF bid. There are occasional fallow sessions resulting visiting surgeons cancelling lists to support their acute sites which are backfilled by WUTH surgeons the majority of the time. Plans are in place with visiting surgeons to improve their session utilisation from October 23 following recruitment.  Low utilisation by any other provider even after formal offers of mutual aid to all Trusts across C&M – raised through the C&M Elective Recovery Programme and more mutual aid being sent to WUTH.	
Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy?	Clarity being sought for the national optimal utilisation standards for Radiology (There's a link on the Elective care priorities webpage but it links to a page behind a login wall on Future NHS). Endoscopy points activity closely monitored each week with expectation of sustained optimal standards by Q4. Endoscopy to offer mutual aid to C&M Trusts – achieving sustained 95% DM01 standard.	
Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op tests where this offers the fastest route for those patients??	USS April 23 - 7% May 23 – 7.5% CT April 23 – 4.5% May 23 – 4% MRI April 23 – 4.1% May 23 – 4.8%  CDC – not currently 12 hours per day or seven days per week but ambition is for it to achieve both	
<b>Choice</b>		
Are you releasing any mutual aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from	Yes, the Trust is supporting the region and also through the Cheshire and Merseyside Surgical Centre – mutual aid provided for ENT, General Surgery and Orthopaedics.	

## Elective Recovery Self Certification – June 2023

other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region?		
Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24?	No independent sector capacity required	
<b>Inclusive recovery</b>		
Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care	Yes, where applicable.	
Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?	The Trust participates in Core 20 Plus 5 Initiative which is an ICB led task and finish group. The Trust is also expanding the C2-Ai PTL Risk Stratification tool to take into their algorithm on the Social Determinants of Health.	
Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?	Yes	



Board of Directors in Public

Item 11

05 July 2023

<b>Title</b>	Charity Strategy 2023-2026
<b>Area Lead</b>	Mark Chidgey, Chief Finance Officer
<b>Author</b>	Victoria Burrows, Head of Fundraising
<b>Report for</b>	Approval

<b>Report Purpose and Recommendations</b>
The purpose of this report is to present the Charity Strategy 2023-2026.
It is recommended that the Board of Directors: <ul style="list-style-type: none"> <li>• Approve the Charity Strategy and mission statement</li> </ul>

<b>Key Risks</b>
<ul style="list-style-type: none"> <li>• Board Assurance Framework risks PR2 (staff engagement) and PR 6 (stakeholder confidence)</li> <li>• Workforce Risk 133 – reputation and loss of stakeholder confidence</li> <li>• Patient confidence and staff engagement are influenced by charity impact, donor recognition, communications, media relations, campaigns, and positive engagement</li> </ul>

<b>Contribution to Integrated Care System objectives (Triple Aim Duty):</b>	
<b>Better health and wellbeing for everyone</b>	Yes
<b>Better quality of health services for all individuals</b>	Yes
<b>Sustainable use of NHS resources</b>	Yes

<b>Which strategic objectives this report provides information about:</b>	
<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	No
<b>Infrastructure:</b> improve our infrastructure and how we use it.	Yes

<b>Governance journey</b>			
<b>Date</b>	<b>Forum</b>	<b>Report Title</b>	<b>Purpose/Decision</b>
12 June 2023	Charitable Funds Committee	As above	Approval



<b>1</b>	<b>Background</b>
1.1	<p>The Chief Finance Officer and the Chief People Officer requested a new three-year Charity strategy to be developed to sit within the suite of corporate strategic plans and enabling strategies.</p> <p>The drivers for a new strategy arose in light of the post pandemic environment, operating climate for charities, the current pressures in the charity sector and a timely review of fundraising objectives with regards to WUTH capital and equipment</p> <p>WUTH Improvement has supported the development of the Charity Strategy (Appendix 1). This included an engagement session with Charitable Funds Committee in April 2023. Further work has subsequently been completed to develop the operating model, which will support the implementation of the strategy.</p>

<b>2</b>	<b>Charity Strategy</b>
2.1	<p>WUTH Charity Strategy (Appendix 1) has been developed following the significant impact of COVID-19 and current economic factors. The new strategy supports the recovery and growth of the Charity, ensures funds are spent in line with Trust priorities and includes the addition of staff wellbeing as an area of support. A new mission statement has also been developed.</p> <p><i>Together with our supporters and the public, we will improve the quality of WUTH's patient and staff experience even further through raising funds to make a difference at our hospitals.</i></p> <p>The strategic objectives and priorities for the Charity Strategy 2023-26 have been developed through reflecting on our previous strategy and journey over the last five years, reviewing national sector trends, and how our charity mission aligns to the Trust strategic objectives.</p> <p>Engagement workshops were facilitated with the Charity Team and the Charitable Funds Committee to understand where we are now, and where we want to be in three years. This information was used to develop the five strategic objectives, and the priorities that will underpin them.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>• Becoming the Charity of Choice</li> <li>• Optimising Income</li> <li>• Developing our Charity Champions</li> <li>• Making the Most of Our Data</li> <li>• Delivering Best Value and Measuring Impact</li> </ul> <p>Charitable Funds Committee met on 12 June and approved the Strategy.</p>

<b>3</b>	<b>Conclusion</b>
	It is recommended that the Board of Directors approve the Charity Strategy and mission statement.

<b>Author</b>	Victoria Burrows, Head of Fundraising
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# Our WUTH Charity Strategy

2023-26



# Foreword

*I am delighted to invite you to read our Charity Strategy, which demonstrates our strategic focus for the next three years. Wirral University Teaching Hospital (WUTH) Charity has seen a significant increase in activity, support and public awareness since its restructure and relaunch in 2018. Despite two years of restricted activity due to COVID-19, there are many more opportunities for the Charity within the Wirral, Cheshire and Merseyside region.*

*The 2023-2026 Strategy is a forward look as the Charity resets and resumes more core activity. It sets out our ambition for WUTH Charity over the next three years, including the successful completion of the Tiny Stars Neonatal appeal.*

*This Strategy focuses on activities, which will strengthen the Charity, including communications, resources, and donor stewardship. Importantly, it outlines key priorities for critical areas of work over the next 3 years. Thank you to all our staff and supporters and we look forward to your continued involvement in WUTH Charity.*

**Sue Lorimer – Chair Charitable Funds Committee & Non-Executive Director**

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# Introduction

Our journey to deliver the best quality and safest care to the communities we serve

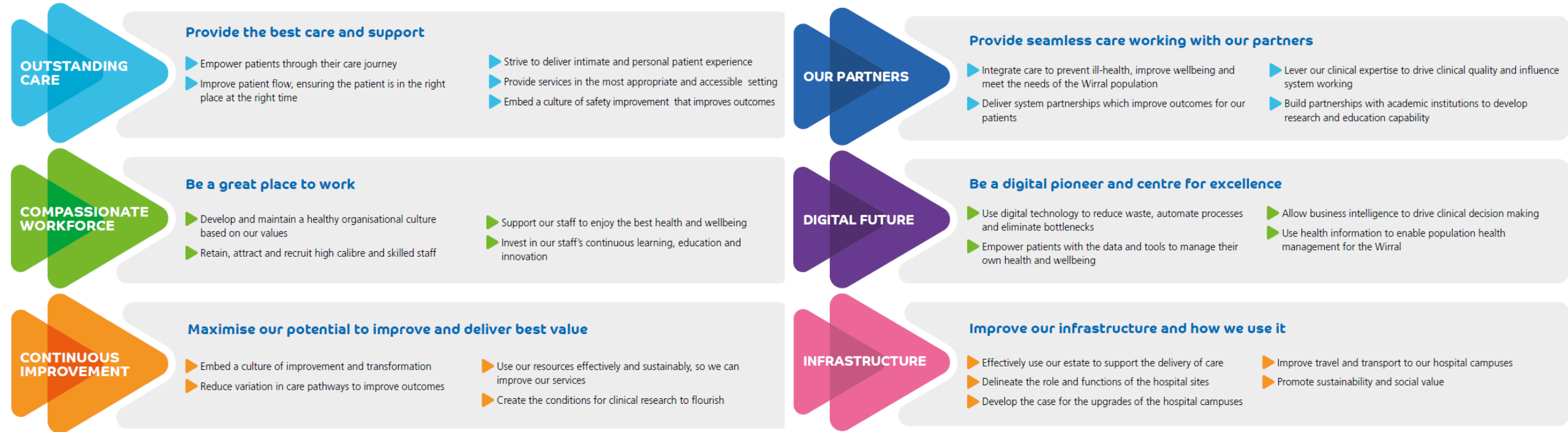
Following the restructure of the charity in 2018, the sole public benefit purpose of WUTH Charity has been patient benefit. However, during the COVID-19 pandemic, funds were raised nationally and locally to support staff and staff wellbeing. It is proposed that the strategic aims of WUTH Charity introduce staff wellbeing as a further area for support, with patient experience, medical equipment and environment remaining the main areas of benefit.

## **Our WUTH Charity Mission:**

*Together with our supporters and the public, we will improve the quality of WUTH's patient and staff experience even further through raising funds to make a difference at our hospitals.*

# Our 2021-2026 Objectives and Priorities

Our six strategic objectives and priorities demonstrate our intention to provide outstanding care across the Wirral through our hospital sites and units, and as a lead provider within the Wirral system. We will be a Hospital Trust that patients, families and carers recommend and staff are proud to be part of.





# Strategic Framework and Alignment

Our WUTH Vision and Values set out what our patients can expect from us. Underpinning our Vision and Values, and aligning to the Trust objectives and priorities are the Foundations: Getting the Basics Right, Better, and Best. Alignment to our Vision, Values and Foundations is key to the successful delivery of all strategies.

Our six strategic objectives and priorities demonstrate our intention to provide outstanding care across the Wirral through our hospital sites and units, and as a lead provider within the Wirral system. We will be a Hospital Trust that patients, families and carers recommend and staff are proud to be part of.

The WUTH 2021-2026 Strategy will be delivered through eight enabling strategies. Each Trust micro strategy that is delivered aligns closely to one or more of our enabling strategies. All that we do is aligned to our Trust Strategic Objectives and our values, and as a registered charity, that supports but is a separate entity to the Trust, Our WUTH Charity Strategy supports all of our enabling strategies, with our intentions to:

- Support the Trust to enhance patient experience, outcomes and the environment by putting patients and families at the heart of everything we do.
- Support the Trust to improve the health and wellbeing of staff by supporting the staff wellbeing plan and NHS People Plan.

Achieving our Charity Strategy intentions will support us to deliver our vision: **“together we will deliver the best quality and safest care to the communities we serve”**







# Roles and Responsibilities

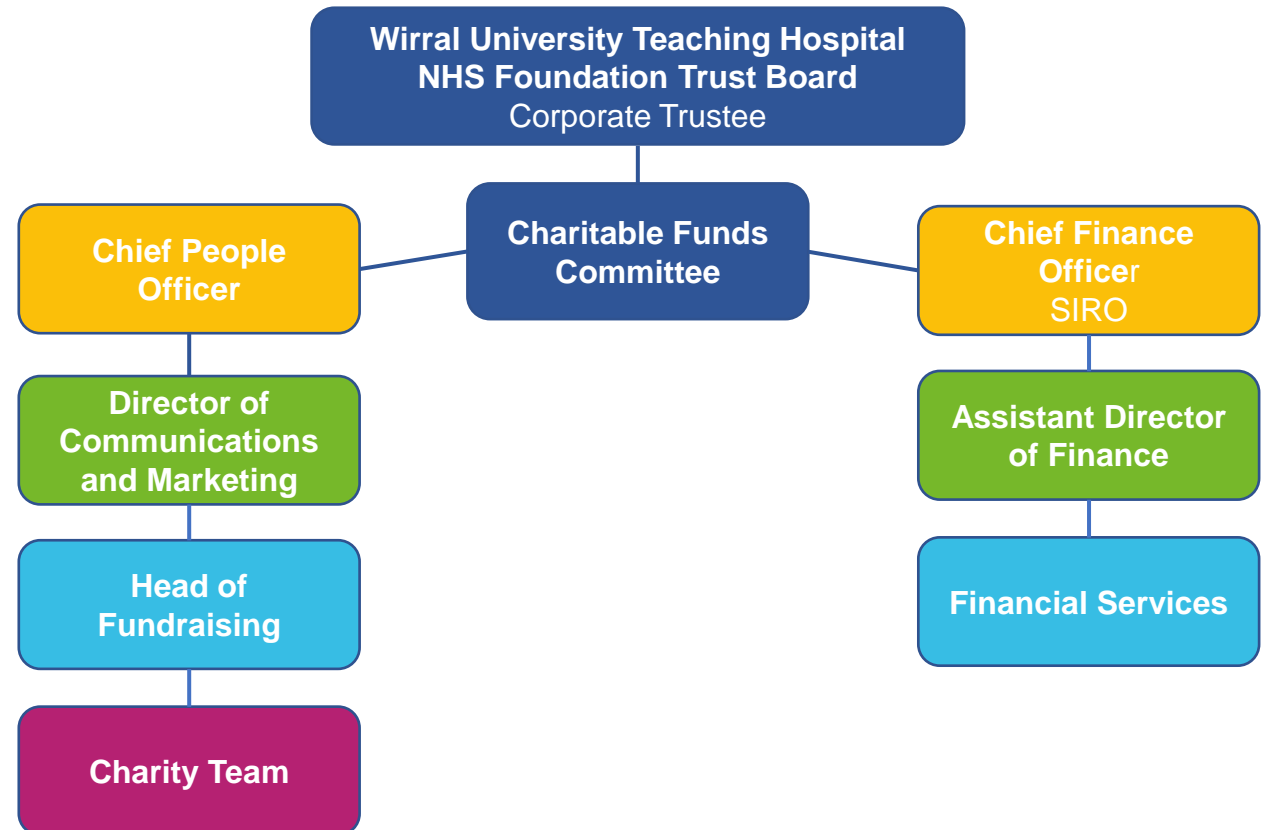
## WUTH Charity Strategy Governance

The WUTH Trust Board, as Corporate Trustee, is responsible for the governance of WUTH Charity, and therefore ensuring that the Charity complies with legislation via the **Charities Act 2022** and **Charity Commission** and good practice guidance, via **the Fundraising Regulator**. The Board has a duty to ensure the Charity has a clear vision and manages the Charity in accordance with the Charity's purpose, as set out in the governing document.

The Charitable Funds Committee meets quarterly and is responsible for setting the vision, values, objectives and mission of the charity. They set targets and indicators of success, and review performance against these to identify whether the aims of the Charity are being met.

The roles and responsibilities of key individuals at WUTH can be observed in the WUTH Charity structure.

## WUTH Charity Structure



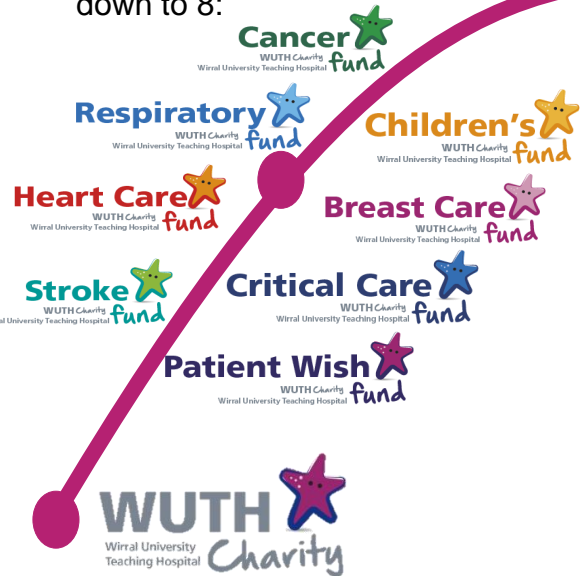


# Our Charity Journey 2018-23



Wirral University Teaching Hospital  
NHS Foundation Trust

Over 120 funds were streamlined down to 8:



Recruitment of 2 community and events fundraisers



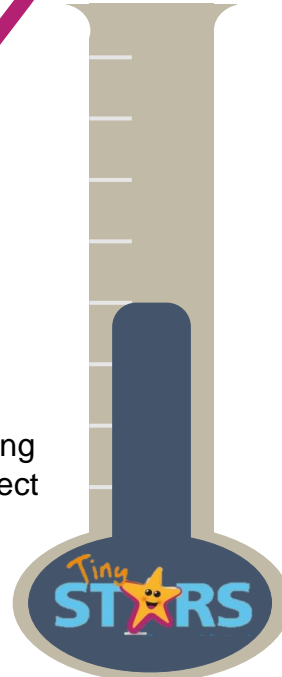
The first appeal (Tiny Stars Neonatal Appeal) was approved in 2019 and the recruitment of the Charity team was built into that plan, with an ambitious target to raise £1.5million in three years.

Focus has returned to the Tiny Stars Neonatal Appeal which has raised £0.75 million raised so far out of the £1 million target\*

COVID-19 restrictions resulted in 18 months of fundraising activity being postponed or cancelled. Due to the restrictions, the Charity team were diverted to support staff wellbeing.

The Retreat staff restaurant and wellbeing space - £413,000 project

During the COVID-19 response, the team distributed £650,000 in kind donations to staff and managed the local COVID-19 appeal launched by Wirral Globe



\*As part of the strategic review the target end point is being reviewed



WUTH Charity was launched in 2018, with a new brand, website, flagship charity office at Arrowe Park main entrance, and social media presence following the recruitment of the Head of Fundraising.



# Our Financial Journey 2018-23



## Understanding our Financial Journey

In order for us to plan our strategic direction moving forwards, we need to firstly understand our journey over the last five years.

Figure 1 demonstrates our Charity financial reporting from 2018-2022.

In addition to the saving for the Tiny Stars Appeal, there are some key points to note:

- **2018** - Charity fund restructure and transfer of funds to Trust to purchase medical equipment, development of charity begins. £40,000 used to fund incubator and baby warmer for the Neonatal Unit.
- **2019** - Launch of Tiny Stars appeal and recruitment of team. £20,000 used to fund two haemofiltration machines for critical care.
- **2020** - COVID-19 and diversion of Charity Team to staff wellbeing. £219,000 used to fund patient bedside furniture across all wards at Arrowe Park Hospital.
- **2021** – Income of £610,000 from local fundraising appeal and NHS Charities Together national grants received. £194,000 used to fund two echocardiogram machines.
- **2022/2023** – £90,000 used to fund COVID-19 staff projects, and £413,000 used for The Retreat and staff wellbeing room.

Figure 1 – Total Gross Income 2018-2022

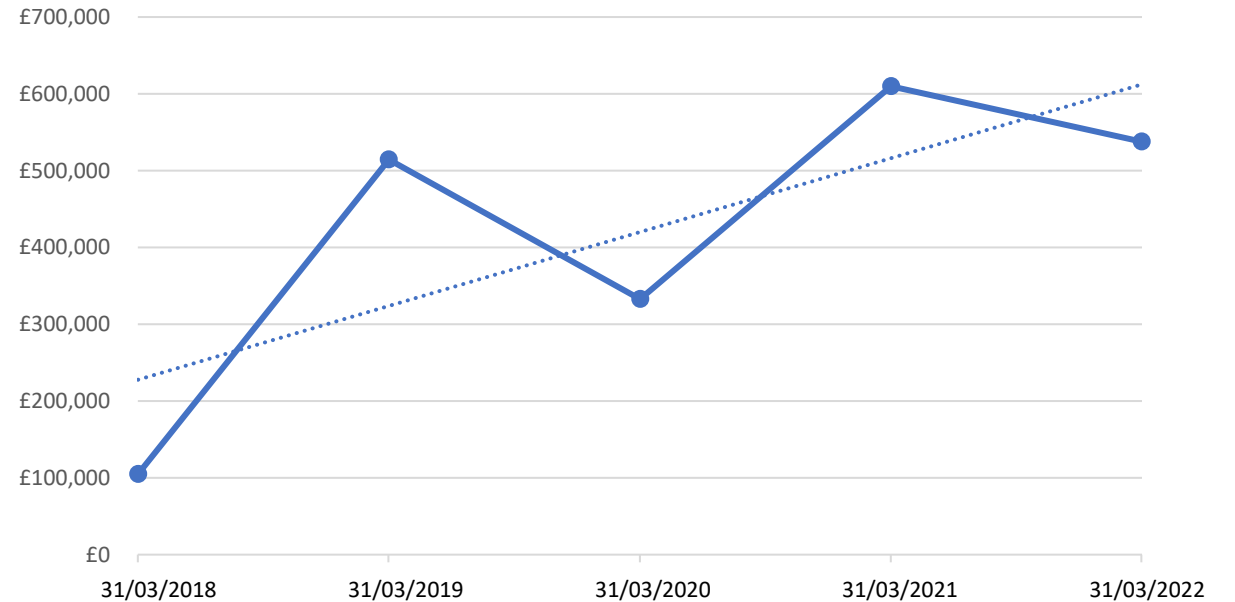


Table 1 – Total Gross Income 2018-2022

Income	31/03/2018	31/03/2019	31/03/2020	31/03/2021	31/03/2022
Total Gross Income	£105.00k	£514.73k	£333.00k	£610.00k	£583.00k



# Charitable Funding Streams





# Our Charity Roadmap 2023-26



Wirral University Teaching Hospital  
NHS Foundation Trust

📍 **2023-24**  
Final year of our current Major Appeal: Tiny Stars




📍 **2024-25**  
Review of 8 existing funds to ensure optimal strategic focus and sustainability to maximise impact.

📍 **2024-25**  
Focus on next appeal including targeted consultation and planning phase.

📍 **2025-26**  
Public launch of new appeal





# Developing Our Charity Strategic Objectives

The strategic objectives and priorities for Our Charity Strategy 2023-26 have been developed through reflecting on our previous strategy and journey over the last five years, reviewing national policy, and how our charity mission aligns to the Trust Strategic Objectives.

Engagement workshops were facilitated with the Charity Team and the Charitable Funds Committee to understand where we are now, and where we want to be in three years. This information was used to develop the five strategic objectives, and the priorities that will underpin them.

A decorative graphic in the top-left corner consisting of several overlapping triangles in orange, pink, green, and brown. The main title is in a large, bold, blue font.

# Our Charity Strategic Objectives

- 1. Becoming the Charity of Choice**
- 2. Optimising Income**
- 3. Developing our Charity Champions**
- 4. Making the Most of Our Data**
- 5. Delivering Best Value and Measuring Impact**





# Objective 1 – Becoming the Charity of Choice

Awareness and visibility are major elements of success to enable us to become the charity of choice across Wirral, so that we can promote the work we do, and support individuals to understand our purpose and the importance of their contributions.

## We Will:

- Promote engagement within our hospitals and the wider community through improving awareness and visibility
- Ensure effective use of technology and physical resources to support successful charitable activities and spontaneous support including website, social media and print
- Build our pipeline of support through planned and proactive community and corporate engagement activity





## Objective 2 - Optimising Income

Generating income is the primary focus of the Charity and enables us to achieve our mission to support the Trust to improve further the quality of WUTH's patient care. Throughout this strategy, we will do this by focusing on fundraising across all our income pillars, and activities that have a proven track record of raising charitable income.

### We Will:

- Establish and roll out an annual plan to include our targets and resource against each of our income pillars
- Develop and maintain relationships with all stakeholders
- Establish proactive and robust approaches to successful events, fundraising activity and return on investment
- Review of our 8 existing funds to ensure optimal strategic focus and sustainability, to maximise impact
- Agree a target ratio between income and the costs of fundraising to ensure that the absolute maximum of funds raised directly benefit the quality of WUTH's patient and staff experience.



# Objective 3 – Developing our Charity Champions

Our staff, volunteers, Trust members, Council of Governors and other stakeholders, are valued supporters of WUTH Charity. They are advocates of the Charity and key in signposting to the charity. They are also members of our community, as patients and families.

## We Will:

- Continue raising awareness, and building staff knowledge and advocacy of and for the Charity
- Provide a range of opportunities for staff to support the Charity
- Communicate impact to improve confidence and awareness of our work
- Provide information and advice how to signpost grateful patients who wish to give to our Charity
- Improve the funding grant application process and experience for staff



## Objective 4 – Making the Most of Our Data

We will use the information we have about our supporters to understand trends in donor behaviour to inform our decisions for future fundraising. Our ability to analyse this information is key to the future success of the Charity, and is a key objective for our Strategy.

### We Will:

- Maximise opportunity to build engagement with supporters through robust data management, cultivation of donors and relationship building.
- Grow supporters year on year, and maximise data gathering opportunities, whilst keeping our supporters' information safe, in line with regulation
- Being data-driven, and proactive with our information to support decision making for future campaigns
- Utilising the recent NHS Charities Together development grant to improve our capacity and capability to maximise the use of our database and donor support



# Objective 5 - Delivering Best Value and Measuring Impact

A key objective of this Strategy is to build the trust and confidence of our supporters, to show that we are doing the best we can with the money we have raised. In addition to celebrating our achievements, we will strive to be better, more efficient and have a lasting impact, benefitting not only the patients and their families who are cared for here at WUTH, but also our 6,500 committed WUTH members of staff.

## We Will:

- Review and improve the fundraising grant application processes for different levels of funding from the charity to ensure they are managed in the most effective way
- Build a more robust link to Trust governance processes to ensure oversight and approval of charitable expenditure that is aligned to our Trust priorities
- Measure impact, celebrate and promote charity achievements with staff, supporters and the wider Wirral community to be a transparent and trusted local Charity of choice.
- Enhance financial reporting for cost-effective fundraising to understand how we can optimise our efforts and to support future planning

# Strategic Alignment

## Our Charity Strategic Objectives Aligned to our 2021-2026 Trust Strategic Objectives



	Outstanding Care <i>Provide the best care and support</i>	Compassionate workforce <i>Be a great place to work</i>	Continuous Improvement <i>Maximise our potential to improve and deliver best value</i>	Our Partners <i>Provide seamless care working with our partners</i>	Digital Future <i>Be a digital pioneer and centre for digital excellence</i>	Infrastructure <i>Improve our infrastructure and how we use it</i>
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1 - Becoming the Charity of Choice			✓	✓	✓	✓
2 - Optimising Income	✓		✓	✓	✓	
3 Developing our Charity Champions		✓	✓			
4 - Making the Most of Our Data				✓	✓	
5 - Delivering Best Value and Measuring Impact	✓	✓	✓	✓	✓	✓

# Next Steps

## How we Get to Where we Want to Be: Implementation, Monitoring and Review



Step 1

Development and sign-off of the Three Year Charity Strategy aligned to the Trust Strategic Objectives, and translated into the annual plan and operating model for the Charity.

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Step 2

Key performance indicators for Our Charity Strategy will be set against each of our strategic objectives and priorities, and will include financial performance, engagement and impact.

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Step 3

Key to the success of this Strategy is increasing income for the charity and investing in the Trust priority projects.

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Step 4

Charity Strategy priorities will be reviewed as part of annual operational and strategic planning to ensure they remain relevant to our evolving patient needs and maintain delivery momentum.



Registered charity number 1050469



<b>Report Title</b>	Committee Chairs Report – People Committee
<b>Author</b>	Lesley Davies, Chair of People Committee

## Overview of Assurances Received

- The Committee received its usual standing reports all of which were detailed and well-presented and provided a good level of assurance across the key areas covered by the People Committee.
- The Committee discussed, in detail, the work being carried out by staff reviewing the banding and promotional pathways for Clinical Support Workers (CSWs). To ensure that this review is fully informed by those working as CSWs and considers the wider view of staff, a Partnership Working Group is being established which will also include the appropriate union. The aim of this group is to bring staff together to work through the issues and identify areas of improvement and discuss potential solutions. The group has a number of objectives and includes importantly the development of a progression/education framework.
- Good assurance was provided on the continued implementation of the 'Managing Attendance' policy which included the monitoring of both short- and long-term sickness and the return-to-work process. Sickness absence has fallen for the 4<sup>th</sup> month in a row but remains slightly above target. Where areas of the Trust show no improvement, intervention by the Workforce Directorate is put in place to monitor and support these areas of the Trust.
- The Committee also focused on the appraisal process and completion rates and good assurance was received on the action being taken to ensure all staff have an appraisal and that appraisals are meaningful.
- The Committee also carried out a deep dive into the work being undertaken to improve the satisfaction of staff with disabilities, which was highlighted as an issue in the recent staff survey. Although there is some way to go, work is being undertaken to improve recruitment processes and staff experiences to improve satisfaction levels and ensure that the Trust is supporting staff. The work plan is comprehensive, and the Committee will continue to receive reports on the progress made in this area of work.
- It is also worth noting the success the Trust has had in taking forward its Volunteering Programme. Since COVID the team has worked on increasing the number of volunteers and has not only significantly increased the volunteering programme from 81 to 160. The team has also developed a flexible 'Volunteers' Bank' which not only is responsive to the Trust's needs but also takes into account work/life balance of the Trust's volunteering community.

## Other comments from the Chair

- The Committee thanked the staff for its continued work and for providing good assurance on the key priority areas for the Trust



<b>Report Title</b>	Committee Chairs Reports - Audit and Risk Committee
<b>Author</b>	Steve Igoe, Chair of Audit and Risk Committee

This report updates on the work of the Audit and Risk Committee at its meeting on 8 June 2023. The Committee considered the following items:

### Quality Account 2022/23

The Quality Account 2022/23 was presented to the Audit Committee by the Medical Director. Discussion took place on the activities undertaken by the Trust during the period in question. Good progress had been made in a number of areas although the report confirmed that 1 quality priority had not been achieved and 2 others only partially achieved. The report also identified that 3 national clinical audits had not been completed in 2022/23. In relation to CQUINS, from the data available it would appear that the Trust has achieved 4 CQUINS, partially achieved a further 2 and not achieved a further 2. It was confirmed that there were no financial implications from this performance.

The Quality Account is drafted to be a true and honest reflection of the quality of services provided by the Trust which the Committee confirmed it to be. It was noted that the report was discussed in detail and approved by the Trust's Quality Committee. The Committee was pleased to note that a more accessible summary of the document would be produced to be made available to Stakeholders. It was also noted that post pandemic there was no requirement for this document to be subject to external audit review.

### Annual Report 2022/23

The Trust's annual report including the Annual Governance statement was presented to and discussed by the Committee. Much of the document is prescribed however the Committee were pleased to note the continuing positive improvement in the internal control environment as reported on via the Head of Internal Audit opinion.

### Annual Accounts 2022/23 and Auditor's ISA 260 report

The Committee discussed the Trust's annual accounts for 2022/23. These were in line with previous discussions. The Committee noted a significant corrected valuation difference amounting to £10.3m in relation to the valuation of Land and Buildings however it was noted that this was a non-cash item and made no difference to the overall asset value of the Trust.

There were no other significant issues arising in the preparation of the accounts and they had been prepared in accordance with the Trust's accounting policies approved at an earlier meeting. Some minor work was still outstanding in terms of Audit however this is not expected to impact on the provision of an unqualified opinion from the Trust's Auditors Azets.

The Committee discussed the proposed Letter of Representation and confirmed that it was in order for this to be signed on behalf of the Board. The letter was a standard form of wording subject to 2 specific requirements; the first relating to c£900k of deferred income which is expected to be

released in 23/24 and 2 uncorrected errors amounting to £414.7k. Neither of these amounts either individually or cumulatively are material.

The Committee also discussed in some detail the implications of the new ICS structure and the challenges that was presenting for a number of trusts in terms of the tension between the legal responsibilities of the Trusts as autonomous legal bodies and the role of the ICB. The Auditors confirmed that WUTH was in a strong position however this will increasingly be a challenge from a national perspective.

In summary from the ISA 260:

- The Auditors are intending to issue an unqualified report on the Trust's financial statements for 2022/23
- The ISA260 does not indicate any significant issues that would impact on the Board's ability to approve the accounts and associated reports at the Board meeting
- The ISA260 confirms no significant weaknesses were identified in relation to Value for Money arrangements
- The Auditors identified 3 minor Internal Control weaknesses requiring attention.

In short, the External Audit has progressed well, and the Trust has received a positive set of outcomes from the External Auditors.

### **Provider License: Self Certification**

The Committee discussed the above document. It was noted that the Trust satisfies the majority of requirements with the exception of condition G6. It was agreed that the form of wording would reflect this by the use of an except for opinion.

### **Other comments from the Chair**

The Board can rely on the recommendations from the Audit and Risk Committee above to approve the various documents requiring approval at its meeting on 14 June 2023, which were consequently approved.

<b>Report Title</b>	Committee Chairs Reports – Charitable Funds Committee
<b>Author</b>	Sue Lorimer, Chair of Charitable Funds Committee

### Items for Escalation/Action

- The Committee received the final draft Charity Strategy, operating model and delivery plan for approval and subject to some minor corrections were happy to approve. The Committee were pleased to see the clear direction indicated over the next 3 years and would be monitoring performance against the KPI's set out in the documents. The strategy now requires approval from the Board of Directors in its role as corporate trustee.
- In line with the new strategy the Committee approved a new process for the approval of charitable expenditure. This will now be communicated to staff and is expected to bring more clarity regarding what is appropriate to be funded from the charity.
- The Committee also approved a new process for the allocation of overheads to each charity, the objective being to reduce the amount of overhead being charged to the smaller charities. The Committee requested that overhead costs be benchmarked against other NHS charities.
- The Committee received feedback on the Barclays' bank account which is still not accessible by officers of the trust. The Chief Finance Officer has written formally to the bank to complain with the next step in the process being a referral to the Financial Services Ombudsman.
- An update was received from Chief Strategy Officer on plans for improvements to the Neonatal Unit which will be funded by the proceeds of the Tiny Stars appeal and Incubabies charitable funding. It was agreed that the Director of Corporate Affairs would be requested to set up a date for a further meeting with the Incubabies trustees to review plans.

### New/Emerging Risks

- An issue was raised regarding potential cyber security risks raised by the Harlequin donor database. The Head of Fundraising agreed to discuss with Information Governance.

### Overview of Assurances Received

- The Committee was pleased to hear that the fundraising programme is going well, and the Trust abseil again had proved popular.

<b>Report Title</b>	Committee Chairs Reports – Finance Business Performance Committee
<b>Author</b>	Sue Lorimer, Chair of Finance Business Performance Committee

### Items for Escalation/Action

- The Committee were pleased to see the good financial performance in month 2 with a deficit of £5.75m, a small positive variance against plan. The position includes accrued income in respect of activity lost due to industrial action and this practice is in line with the rest of the ICB. Income had been lost due to under-utilisation of the Countess of Chester (COCH) surgical sessions and the Committee sought assurance that this was being regularly followed up. The Chief Operating Officer confirmed that there were monthly meetings with COCH representatives, and the situation would be closely monitored.
- The Committee were concerned to see a reduction in the backlog maintenance capital allocation from £1.1m to £0.6m. This was necessary to provide contingency funds for major schemes e.g., UECUP. The Committee agreed that this along with the low medical equipment allocation be referred to the Estates and Capital Committee for further review and assurance.
- The Committee reviewed the excellent CIP performance to M2 and noted the forecast for the year currently as £24.6m against a plan of £26.1m. Diagnostics and Clinical Support, Women's and Children's and Estates were all short of their targets and this would continue to be the subject of executive challenge with those divisions.
- The Committee commended the team for the launch of the WAVE programme, an initiative to engage staff from across the organisation in the elimination of waste, to focus on activity that added value and the identification of savings.
- The Committee noted the good performance on elective activity with the trust achieving consistently over 100%. This compares well with regional peers. Regarding waiting lists the Chief Operating Officer informed the Committee that the intention was to undertake a validation exercise and to offer partial booking in a number of specialties.

### New/Emerging Risks

- The Committee reviewed performance against cancer standards and while the Chief Operating Officer was confident on the trajectory to achieve the standards in most specialties, Colorectal and Urology remained of concern due to clinical and operational issues. The Committee received information on harm reviews by specialty and it was noted that a number of Urology patients had been identified as suffering moderate harm. The Committee asked for assurance that the Quality Committee had sight of this issue. The Chief Operating Officer to bring a report to July Board of Directors.
- The Committee were informed that ED performance continues to present a challenge. The Chief Operating Officer brought to the attention of the Committee that the Trust had its highest number of ED attendances on Monday 19<sup>th</sup> June at 370 followed by 350 on Tuesday 20<sup>th</sup> June. This was expected to impact significantly on 4 hour and 12-hour performance, and the Committee was concerned that this should happen in the middle of summer. This high number of attendances was peculiar to Wirral within the ICB.