

# Board of Directors Meeting

## 30 September 2015

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**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 30 SEPTEMBER 2015  
COMMENCING AT 9.00AM IN THE  
BOARD ROOM  
EDUCATION CENTRE, ARROWE PARK HOSPITAL**

## AGENDA

- |                                    |      |   |
|------------------------------------|------|---|
| <b>1. Apologies for Absence</b>    | 0900 | v |
| Chairman                           |      |   |
| <b>2. Declarations of Interest</b> |      | v |
| Chairman                           |      |   |
| <b>3. Patient Story</b>            |      | v |
| Director of Nursing and Midwifery  |      |   |
| <b>4. Chairman's Business</b>      |      | v |
| Chairman                           |      |   |
| <b>5. Chief Executive's Report</b> | 0930 | d |
| Chief Executive                    |      |   |

### 6. Strategy and Development

- |  |   |
|--|---|
| <b>6.1 Wirral Partners New Models of Care – Healthy Wirral –<br/>Position Statement September 2015</b> | d |
| Chief Executive  |   |

### 7. Performance and Improvement

- |   |      |   |
|---|------|---|
| <b>7.1 Integrated Performance Report</b>                | 1015 |   |
| <b>7.1.1 Integrated Dashboard and Exception Reports</b> |      | d |
| Director of Infrastructure and Informatics              |      |   |
| <b>7.1.2 Month 5 Finance Report</b>                     |      | d |
| Director of Finance                                     |      |   |

### 8. Quality

- |  |      |   |
|--|------|---|
| <b>8.1 Francis Report: Hard Truths Commitment: Publishing of<br/>Nurse Staffing Data: July and August 2015</b> | 1100 | d |
| Director of Nursing and Midwifery  |      |   |

### 9. Governance

- |                                  |      |   |
|----------------------------------|------|---|
| <b>9.1 External Assurance</b>    | 1130 | d |
| • <b>Monitor Q1 Feedback</b>     |      |   |
| Associate Director of Governance |      |   |

- |            |  |   |
|------------|--|---|
| <b>9.2</b> | <b>Report of the Quality &amp; Safety Committee 9 September 2015</b><br>Chair of the Quality & Safety Committee  | d |
| <b>9.3</b> | <b>Report of the Finance Business Performance &amp; Assurance Committee 25 September 2015</b><br>Chair of the Finance Business Performance & Assurance Committee | d |
| <b>9.4</b> | <b>Report of the Audit Committee 10 September 2015</b><br>Chair of the Audit Committee   | d |
| <b>9.5</b> | <b>Board of Directors</b>  | d |
|            | <b>9.5.1 Minutes of the Previous Meeting</b> <ul style="list-style-type: none"> <li>• 29 July 2015</li> </ul>  |   |
|            | <b>9.5.2 Board Action Log</b><br>Associate Director of Governance  |   |

## 10. Standing Items

- |             |  |   |
|-------------|--|---|
| <b>10.1</b> | <b>Items for BAF/Risk Register</b><br>Chairman                           | v |
| <b>10.2</b> | <b>Any Other Business</b><br>Chairman                                    | v |
| <b>10.3</b> | <b>Date and Time of Next Meeting</b><br>Wednesday 28 October 2015 at 9am | v |

Board of Directors	
Agenda Item	5
Title of Report	Chief Executive's Report
Date of Meeting	30 September 2015
Author	David Allison, Chief Executive
Accountable Executive	David Allison, Chief Executive
BAF References	
• Strategic Objective	1, 4, 5, 6, 7
• Key Measure	1B, 4A, 5A, 6A, 7C
• Principal Risk	1908, 1909, 2328
Level of Assurance	
• Positive	Positive
• Gap(s)	
Purpose of the Paper	
• Discussion	To Note
• Approval	
• To Note	
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	
• Yes	N/A
• No	

## 1. External Activities

### CCG Contract

The Trust signed the contract for 2015/16 during September in line with revised deadlines set out by Monitor. The Trust secured a majority payment by results contract that will allow us to be paid for any additional work that gets either referred to or attends the Hospital throughout the financial year.

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The Trust also secured additional funds through the Strategic Resilience Group to support our preparations for winter planning.

It is a real positive situation that the health economy worked together to secure a contract for this year without having to enter arbitration and gives us a good foundation to build on as we look forward to working more closely together as 'Healthy Wirral'.

### **CQC Update**

The planned CQC compressive inspection took place week commencing 14 September. A team of 50 inspectors including an external Medical Director and Director of Nursing, visited the Trust and were in the hospital over three days.

In order to complete the inspection and issue their report, CQC will evaluate the 900+ documents they have requested and perform an additional onsite inspection out of hours in the next 10 working days.

The CQC timetable should have us in receipt of the draft report within 51 working days.

### **Monitor**

Following formal notification of the breach of its Provider Licence, the Trust is due to hold its first Performance Review Meeting with Monitor on 29th September 2015 where a full review of progress against the recovery plan will be undertaken together with an update on A & E performance. A verbal update of the outcomes of the meeting will be provided at the meeting on 30th September 2015.

### **Risk Assessment Framework**

Monitor's risk assessment framework has been updated in response to their consultation in June and will take affect from August. These changes include:

- Monitoring in year financial performance (income and expenditure margin) and the accuracy of planning.
- Combining a Foundation Trust's rating on these 2 measures with the existing elements of the continuity of service (CoS) risk rating to produce a new single financial sustainability risk rating.
- Including a value for money governance measure within the existing governance rating.
- The requirement for all foundation trusts to submit monthly financial information.

The Risk Assessment Framework is used by Monitor to highlight concerns in the fulfilment of two conditions within provider's licences continuity of services and governance. The Trust will reflect all the changes within its internal reporting.

### **The Parliamentary and Health Service Ombudsman Report Review**

The Parliamentary and Health Service Ombudsman has published a report providing a summary of key statistics from the complaints it has received about NHS Trusts. The report highlights that there was a decline in the number of people who contacted the Ombudsman in 2014/15 regarding complaints about WUTH compared to 2013/14. This compares favourably with other organisations in our area and with similar sized organisations nationally. This is indicative of the changes we have made to try ensure that people who complain to us are kept informed of what is happening with their complaint, in

line with 'My Expectations'. The number of complaints about WUTH accepted for investigation was similar to other organisations of our size.

**Note:**

*As the Ombudsman says, these figures in the report should be considered with caution. Although the Ombudsman reiterates that the report should not be used as a league table of complaints handling, this is how it has been portrayed in the media. The numbers are very low, and the difference of 1 or 2 complaints can make a notable difference to the uphold rate and/or "league table position".*

## **2. Internal Activities**

### **Recovery Plan**

Whilst Month 5 has seen improved performance against plan, and good work to close the £1.9m gap on the Cost Improvement Programme (CIP), there is concern regarding the year end forecast for key CIP schemes. Particular emphasis is being given to Coding, Theatres, Outpatients and Length of Stay.

### **Infection Prevention & Control**

During August:

Against the objective of no more than 29 cases for 2015/16, the Trust have reported 19 avoidable cases of *Clostridium difficile* including 3 cases reported during August and one during September to date. A robust plan to perform full ward Hydrogen Peroxide Vaporisation (HPV) on the wards at highest risk of *C.diff* was developed and commenced on 1 September. A programme of deep cleaning has followed the HPV programme.

We reported 1 MRSA bacteraemia with the Post Infection Review indicating that it is hospital acquired. A full RCA is now being undertaken to determine whether this could have been avoided.

An unusual strain of *Pseudomonas (putida)* was identified on 2 babies on the neonatal unit, in addition to 2 babies newly colonised with the *aeruginosa* strain one of which was on a screening sample. Whilst the IPCT do not feel that these are related incidents further investigations are being undertaken. Recent audits have not revealed any new issues in relation to practices.

5 new colonised Carbapenemase Producing Enterobacteriaceae (CPE) cases were identified, this is reduction compared to last month with an emphasis being placed on identification of infection status in admission areas to allow appropriate transfer to ward 14.

New colonised cases of Vancomycin Resistant Enterococci (VRE) were identified within orthopaedics, (2 in August) with a review of the VRE screening strategy currently being undertaken. Cohorting continued within orthopaedics.

### **A&E Update**

After a good July the Trust failed to achieve the Emergency Access Standard for August with a combined performance of 92.51%. Analysis of this has highlighted that attendances increased by 4.8% for ED and 14.4% for the WIC against August 2014. The key internal element identified for the change in performance is the impact of the Junior Doctor handover, specifically the ability of the new doctors to adapt to and use the new systems which support effective discharging. The combined Quarter 2 performance is at 93.8%

compared to 87.59% for Quarter 1. The Board will recall that our trajectory with Monitor is compliant performance in Quarter 3.

### **Registration of Dialysis Unit at Chester**

Since 2010, the Countess of Chester Hospital has been registered as one of our Trust's locations, as the Trust is involved in delivering a shared dialysis service with that Trust. The Lead Inspector for the inspection in September had indicated that CQC did not intend to visit the Chester Dialysis Unit as part of their inspection of this Trust and had recommended that we should consider revisiting the guidance on registered locations and submitting an application to de-register the site. This would have no impact on the service or our role in delivering it. The guidance is somewhat ambiguous so the Trust originally considered it prudent to register to avoid the risk of delivering an unregistered service. However, CQC have advised the Trust to reconsider the registration after the Compliance Manager discussed the service's management arrangements with them. The process for de-registration is underway following a Chairman and Chief Executive action and is now formally reported to the Board of Directors. The Statement of Purpose will be amended accordingly to take into account the change in registration.

### **Informatics**

As part of this year's capital program the Trust recently signed a contract to upgrade our current wired network. Work started at Clatterbridge in September and will progress to Arrowe Park in October. Once this upgrade has been completed the focus will then move to the upgrade of the wireless network to improve the wireless access across the organisation and resolve the current 'black spots' on Wards.

There has also been an investment in new PCs to replace some of the oldest machines in the Trust and reduce the number that are still running Windows XP.

For the Wards, both the Medicine and Acute and Surgery, Women's and Children's Divisions have been allocated money from the Cerner business case to spend on additional IT equipment to support the use of Wirral Millennium.

Wirral Millennium itself has been subject to numerous updates with the roll out of SIRS and Sepsis alerting to all adult Wards. Ward 17 have started to take advantage of integrated vital signs recording by connecting their monitors directly to Millennium. The continuous monitoring devices in Resus and Majors have also been connected, saving nursing time and increasing accuracy. ED have also been getting ready for their implementation of electronic prescribing and medicines administration, which is due to go live on the 7th October.

Voice Recognition has gone live in Gynaecology outpatient clinics for the completion of case history sheets and patient letters. This use of clinical noting in Millennium means we are one step closer to becoming a truly digital hospital.

Increasingly, this Trust is being seen as Cerner's premier reference site in Europe and over the last few months, the trust has hosted visits from Royal United Hospitals, Bath. Calderdale & Huddersfield and Bradford Teaching Hospitals, University Hospitals Coventry & Warwickshire, St James' Hospital, Dublin, Newcastle Hospitals, West Suffolk.

## Car Parking

As agreed the new car parking prices were implemented from August. The additional patient and visitors' car park went live in September, and it now appears to have alleviated all problems with the availability of visitor car parking and work is underway to increase the number of staff car parking spaces by 65 across the site.

The estates department are currently reviewing the concessions and free car parking facilities across the site, with an aim of ensuring that reduced or free rated car parking is provided to those that need it most. As part of this, the provision of dedicated free disabled car parking is being reviewed to ensure that it is as close as possible to the hospital.

## Workforce & Organisational Development

### *Health & Wellbeing / Attendance*

Trust sickness absence rates remain below the target of 4%. August 2015 was 3.88%; this is the fourth consecutive month the target has been achieved.

The importance of health and wellbeing cannot be underestimated in terms of reduction in absenteeism and employee turnover. The Health & Wellbeing Plan 2015-2018 continues to be enacted. The wellbeing group meets on a monthly basis and is looking at interventions to support staff with work related stress. One intervention is a Mindfulness Training Session for a number of staff which will be delivered over a six week period beginning on 28 September through the Occupational Health Team. This program offers a unique opportunity to learn about Mindfulness and how to apply the techniques to individuals, relationships, life and work. Mindfulness is a thoroughly researched branch of psychology that now has NICE approval. The Wellbeing group will also be looking to promote mental health support for staff, with a targeted event in the New Year.

Priority actions continue to be discussed in full at the Quality & Safety Committee.

### *Education and Development Key Performance Indicators*

As at 11 September 2015:

- Mandatory Training Block A is 95.57%; this still meets the Trust's 95% KPI.
- Mandatory Training Block B has increased again from 79.47% to 83.88%. As this currently falls below the 95% KPI, divisional action plans are in place to address this.
- Appraisal compliance is 85.22% at end of August 2015. This falls below the 88% KPI and divisional action plans are in place to address this.
- *Safeguarding/MCA Level 1*: Booklet issued on 31 March 2015. Compliance has increased from 54.56% to 85.12% since 13 August 2015 but remains below the 95% KPI. The Leadership and Development Centre are contacting managers and staff to ensure confirmation that individual staff have received this booklet.  
*Safeguarding Level 2*: Trust compliance has increased from 56.29% to 80.38% since 13 August but remains below the 90% KPI. In order to reach the 90% target, extra training sessions are in place. A You Tube video has been made for Safeguarding level 2 which lasts 45 minutes and will support hard to reach staff. An action plan is in place to continue to increase compliance and HROD are working with divisions to support by identifying areas with non-compliance.  
*Safeguarding Level 3*: Trust compliance has increased from 71.65% to 78.13 since 13 August but remains below the 90% KPI. An action plan is in place to increase compliance and HROD are working with divisions to support by identifying areas with non-compliance, this includes targeting bookings.

## ***Organisational Development***

- The Trust was successful in gaining the IIP reaccreditation that took place during the end of July and early August 2015. A full report has been received which highly commends the Trust for the commitment of its staff and how that is reflected in the wider commitment to improve internal efficiencies and develop high quality, people centred care.
- The Trust has agreed an in-house Middle Managers Leadership programme in response to a range of feedback initiatives such as the National Staff survey, LiA huddles and Pulse checks all of which are highlighting the need to strengthen leadership, engagement and communication skills of our leaders and managers within the Trust. The Trust has identified a target group of 246 staff. The programme will start in November 2015 and will be delivered over the next two years within current resources. Ward Sisters and Deputy Ward Sisters will use the programme to claim academic credits as part of degree/masters pathways.

## ***Staff Engagement / Listening into Action / Values***

The Trust-wide staff satisfaction and engagement action plan is progressing well in advance of the imminent staff survey. Highlights to date include:

- Progress has been monitored through the Staff Friends and Family Test with additional staff engagement questions. The results for Quarter 1 and 2 showed significant improvement in the staff engagement score from 3.48 (Quarter 3 National Staff Survey 2014) to 3.83 (Quarter 2 2015/16), exceeding the trajectory target and national average of 3.75. The Friends and Family questions have also shown improvement in Quarter 2 from 75% to 81% of staff recommending the Trust for Care and from 47% to 62% recommending the Trust for work.
- 100 Day Challenge now well into the 2nd 100 Day period and all Departments will have taken part by mid October 2015. To date: 155 Mini LiA huddles have taken place and from these 813 improvement actions have been identified with many now completed from the early huddles. The Staff Engagement Team are now revisiting the first 100 Departments 100 days post huddle and seeing many improvements in the repeat pulse check.
- Wave 6 LiA Teams are now in progress and include: Winter Planning, Head Injury, End of Life Care, Paediatrics, Ultrasonography, preceptorship and 6 Wards.
- 360 feedback for the Executive Team has been completed and feedback sessions have been arranged. Operational Management Team 360 commencing September 2015. Cultural Barometer CQUIN milestones met for Q1.
- Positive communications are promoted including Chief Executive's weekly blog, 'Culture Engagement Round-up', PROUD messages from LiA Mini-Huddles, 'Team in the Spotlight' and leaders in the spotlight to share what they have done to improve staff satisfaction and engagement.
- An Individual Recognition scheme will be introduced early October which involves the use of individual recognition cards aligned to the PROUD core values.
- The Executive Team have continued to visit their partner wards and departments and a feedback review has been very positive.
- The Team of the Quarter was introduced as part of the 100 Day Challenge and the 2nd Quarter's winners were the catering team, announced at the CEO Forum.
- Annual PROUD awards took place on 21 September with over 500 nominations this year.
- 'We said, We did' booklet produced in response to last year's national staff survey to feedback to staff this month what the Trust has achieved and done.

- We have introduced three staff guardians who are being accessed by staff; all contacts followed up on and activity monitored.

### ***Celebrating Success***

- PROUD Team of the Quarter nominations are open for Quarter 3.
- 13 HSJ Excellence in Healthcare Nominations have been submitted across a variety of categories for 2015 and the Trust has been successful in two entries being shortlisted as finalists. These are: Dr Beverley Oates (Category - Clinical Leader of the Year) and Early Supported Discharge for Hip Fractures (Category - Specialised Services Redesign). They will now proceed to the interview stage and the winner will be announced at an awards ceremony in November 2015
- The Trust was shortlisted for the HSJ Value in Healthcare Awards for our work with Apprenticeships and was highly commended at the awards ceremony in London on 22 September.
- Janice Weedall (Procurement and Supplies Team) has been shortlisted for the prestigious NWPD Rising Procurement Star Award 2ND year running and the winner will be announced at the NWPD Excellence in Supplies award ceremony in late October
- The Trust held its annual PROUD awards ceremony on 21 September with strong attendance from approximately 600 staff. Excellent feedback has been received.

**David Allison**  
Chief Executive

September 2015



Board of Directors	
<b>Agenda Item</b>	6.1
<b>Title of Report</b>	Wirral Partners New Model of Care – Healthy Wirral – Position statement September 2015
<b>Date of Meeting</b>	30 September 2015
<b>Author</b>	Jo Goodfellow - Associate Director of Strategy and Partnerships
<b>Accountable Executive</b>	David Allison - Chief Executive Officer
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	<p>2. To lead on integrated shared pathways of care with Primary, Social and Community Care Key Measure – Work with partners in Wirral to reduced delayed transfers of care to no more than 3.5 per month. Reduce readmissions to 7% of total admissions, by developing a range of plans to deliver care closer to home</p> <p>5. To Maximise innovation and enabling technologies Key Measure - Implement the next stage of our Wirral Cerner Millennium IT systems and deliver full electronic nursing documentation, piloted paper free outpatients and the ability to share documents with primary care.</p> <p>6. To build on partnering for value. Key Measure – Continue to develop a range of partnerships with NHS and non-NHS providers to secure clinical sustainability, participate in relation to our regionally significant services.</p>
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Positive
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	To note
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document includes FOI exempt information
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	No

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## 1. Introduction

Wirral Partners have been selected as one of 9 sites in England to be a Primary and Acute Care Systems (PACS) Vanguard site as part of the New Care Models initiative. This paper provides a position statement on the progress of the Wirral Partners New Care Model to date.

## 2. Financial Requirements

Vanguard sites were asked to submit a Value Proposition outline to access Transformational Funding to the New Care Models Team (NHS England) by 30 June 2015 for consideration by the NCM Investment committee on 7<sup>th</sup> July 2015. Wirral Partners Value Proposition was submitted to the New Care Models (NCM) Team by this deadline. The NCM Team consequently requested further detail during August regarding

- the rationale for some of the Programme's work streams
- pump priming and backfill costs

This information was submitted on 27 August and regular discussions have been held with the NHS England New Care Models Finance Team to clarify further detail as it has been requested. Wirral Partners most recent submission is detailed in figure 1 below and divides its request for funding in 2015-16 into two tranches. This was following a request from the NCM Team to enable an initial release of funding up to £5million with a further release in December 2015. Wirral Partners is awaiting confirmation during the week commencing 21 September that the first tranche of funding has been approved.

Figure 1

	2015-16	1st Tranche	2nd Tranche	2016-17	2017-18
	£	Sep-15	Dec-15	£	£
Population Health Management	1,875,532	1,232,311	643,222	940,032	840,032
<a href="#">Programme Management Arrangements</a>	461,781	433,503	28,278	923,563	923,563
Support from Kings Fund / AQUA	58,500	30,000	28,500	25,000	25,000
Support from Advocate Physician Partners	50,000		50,000	50,000	50,000
Social Prescribing				200,000	200,000
Other consultancy / advice / legals	100,000	50,000	50,000	200,000	100,000
<a href="#">Pump Priming / Double running (backfill)</a>	4,403,750	3,203,750	1,200,000	7,298,544	4,050,000
<b>TOTAL</b>	<b>6,949,564</b>	<b>4,949,564</b>	<b>2,000,000</b>	<b>9,637,139</b>	<b>6,188,595</b>
			22,775,298		
Phased Requirements		4,949,564	2,000,000		

## 3. Recruitment to Healthy Wirral Project Management Office

The process of recruitment to the core Programme Management Team is underway. Of 16 posts, 8 have been recruited and the remainder are progressing through the recruitment process. The key posts of Programme Director, Finance Director and Head of Programme Management have been appointed and post holders will be in post by 30 November; the Programme Director in post on 28 September 2015. The Healthy Wirral Team will be based on the 4<sup>th</sup> floor of Old Market House in Birkenhead but will actively engage with staff and the public in locations across Wirral.

## 4. Governance Structure

Corporate Governance leads from the Wirral Partner organisations, including the Associate Director of Governance, Wirral University Teaching Hospital, are working together to develop a Memorandum of Understanding that will be established between the Partner organisations. This group will also work closely with the Chief Officer and Programme Director to advise on the governance structure for Healthy Wirral. This will include mechanisms to ensure the Boards of all partner organisations form part of the governance process.

## **5. Communication and Engagement**

The remit of the Communications and Engagement team will encompass ownership of the entire communications mix – as well as a specialism in behavioural insights, to help affect behavioural “nudges” in our cohort areas and wider population. This will require an absolute focus on insight gathering through various data sources and engagement techniques to both ensure Wirral Partners cohort areas and wider population are continually informed about the health and wellbeing landscape in Wirral and how it affects them; and to create often small interventions that support individuals to make better choices about their own lifestyle.

This will create a more empowered community and one less reliant on service provision. It would recommend a significant mind set shift for both the community and those delivering services, and could be at the forefront of a more evidence-based, more innovative approach to supporting our population.

It should be noted that Wirral Partners are planning to hold a 2 day Health and Wellbeing Innovation Expo Event on Wednesday 25 & Thursday 26 November at The Floral Pavilion, New Brighton. The aims of the event are two fold:

- To launch the work that Wirral partners are doing as a Vanguard (Healthy Wirral) site to raise awareness with local stakeholders including staff, the public, voluntary and community sector and businesses.
- To gain insights and feedback from stakeholders about the new models of care and develop it further to ensure it meets the local population needs.

It is recognised that not all Wirral Partner’s staff will be able to attend the event and therefore local engagement opportunities will be organised to ensure that a wide range of staff are engaged and their feedback obtained on the new models of care.

## **6. Healthy Wirral Workstreams**

A number of workstreams are progressing to ensure the Programme meets the deliverables described in the High Level Programme Plan (appendix 1). This work is being progressed by individuals from all the Partner organisations who form part of the “in kind” offer to the Programme Management Team.

The workstreams to develop pathways of care for Respiratory (COPD, asthma, adults and children) and Diabetes (adults and children) and registries to support them are actively progressing. The multidisciplinary teams in these specialist areas worked with subject matter experts from Cerner on 16/17 September to write the registries for their patient journeys which reflect national, international and local best practice.

In parallel an Informational Governance task and finish group has been established to identify the challenges and requirements of establishing the population health management platform across the Wirral Partner organisations. This group is preparing a Privacy Impact assessment (PIA) and a Data Sharing Agreement (DSA) which will be approved through the Healthy Wirral Governance structure.

Already emerging from the programme is a developing new approach to how urgent and unplanned care is delivered; which includes services such as A&E, ambulance services, emergency social care or mental health, walk in centres and NHS Direct among others. The Healthy Wirral programme is already looking at how these services could be better provided

in the future, to bring services closer to communities, and are looking for the views of patients, including what is important to them, to help develop how the services would look in the future.

For both of the above pieces of work initial publicity was released on 26th August including letters to MPs, Organisational boards, GPs, frontline staff, bulletins and press releases to reach the wider public. Stakeholders have the opportunity to feedback their views in relation to the Wirral Care Record and Urgent Care.

There have been 187 responses so far to the Wirral Care Record survey. Initial feedback shows that 91% of respondents agree that it is important for health care professionals to be able to share information securely to improve patient care, and that 84% agree with the plans to develop a structured, secure Wirral care Record to support health and social care services.

404 respondents have completed the Urgent care Survey. Initial results demonstrate that GP Surgery (92%), Pharmacy (62%), and A&E (39%) are the top three urgent care facilities used by people over the last two years. The majority of respondents felt that they had a good knowledge of the services provided.

The Joint Commissioning Group (JCG) has held a workshop, facilitated by AQuA to understand their role in Healthy Wirral and the opportunities for joint commissioning and new models of contracting. It is anticipated that Respiratory and Diabetes pathways will be commissioned on an outcomes basis for the 2016-17 contract year. The Integrated Provider Group (IPG) is holding a workshop on 2<sup>nd</sup> October to establish its objectives and work plan for the year.

Healthy Wirral have commenced regular meetings with the evaluation and metrics team at NHS England New Care Models Team and two workstreams have been established for the PACS sites; core metrics and patient experience. Healthy Wirral has expressed an interest to play an active role in the patient experience group because it plans to drive Person Centred Outcome Measures as part of its programme.

## **7. Conclusion**

The Board are asked to note the progress of the Wirral Partners New Care Model Programme to date. Although the full Programme Management Team will not be in post until November/December 2015, staff providing “in kind” support from across all the Partner organisations are driving forward key workstreams to ensure the Programmes deliverables for 2015-16 are met.

Healthy Wirral anticipates it will receive sign off of its Value Proposition from NHS England by 25 September which will release funding to support year one of its programme.

## Appendix 1: High level Programme Plan

Themes	Deliverables				Triple Aim		
	2015/2016	Report to	Lead For	When	Outcomes	Experience	Reduced System Cost
<b>1.Engaging local population and health and social care workforce to change culture</b>	1.1 We will identify effective methods of engagement with our local population to ensure they can articulate "what matters to them" to build clear understanding of our priority areas.	JCG	Engagement Lead/ Core Team	(Ongoing) Review on 1.10.15	✓	✓	
	1.2 We will capture a library of stories from local people that will provide an "acid test" to demonstrate whether we have been able to deliver "what matters to people".	JCG	Engagement Lead/ Core Team	(Ongoing) Review on 1.10.15	✓	✓	
	1.3 Following engagement with local people we will establish and agree their expectation of Wirral Partners and Wirral Partners expectation of local people, developing a "social contract".	JCG	Engagement Lead/PHG	(Ongoing) Review on 1.11.15		✓	
	1.4 We will identify Wirral wide community connectors which will form a key part of our engagement network.	JCG	Engagement Lead/PHG	(Ongoing) Review on 1.01.16	✓	✓	✓
	1.5 We will explore how to stratify population groups to enable targeted and effective engagement of specific groups. (Learning from Children's services and NHSE ask).	JCG	Engagement Lead/PHG	(Ongoing) Review on 1.09.15	✓	✓	✓
	1.6 We will develop and have commenced implementation of a 3 year engagement strategy to empower local people to start to take control of their own health and wellbeing using behaviour change and social marketing approaches.	JCG	Engagement Lead/ PHG	(Ongoing) Review on 1.09.15	✓	✓	
<b>2. Enhanced Integration - Integrating health and wellbeing provision around the person</b>	2.1 Increase the throughput of service users into Integrated Care Co-ordination Teams, including patients requiring end of life care	SRG	IPG	1.09.15	✓	✓	✓
	2.2 Implement a Rapid Community services at home (4hr GP response)	SRG	Integration Lead in PMO	1.0915	✓	✓	✓
	2.3 Commission and implement Bed based Intermediate Care and Transitional care/ Multi-Disciplinary team	SRG	Integration Lead in PMO	1.09.15	✓	✓	✓
	2.4 Develop an Urgent Care Centre (Single front Door) and Integrated Gateway	SRG	Integration Lead in PMO	1.04.16	✓	✓	✓
	2.5 Review and enhance the Integrated Discharge Pathway	SRG	Integration Lead in PMO	1.09.15	✓	✓	✓
	2.6 Improve the quality of care provided in Care Homes	SRG	Integration Lead in PMO	1.04.16	✓	✓	✓
	2.7 Build on existing work within the Children's integration agenda (such as ADHD and Self Harm) to deliver integrated services between Health, Education and Social Care aligned to Adults services.	JCG	Integration Lead in PMO	1.04.16	✓	✓	
	2.8 Integration of health and social care to capture the first phase of the work on developing registries for Diabetes, Asthma, COPD and Clinical Wellness	JCG	Integration Lead in PMO	1.04.16	✓	✓	✓
	2.9 We will enhance the links between health and social care services to the voluntary and community sector by developing an extended model of social prescribing	PHG	Integration Lead in PMO - PHG	1.04.16	✓	✓	✓
<b>3. Workforce redesign</b>	3.1 By March 2016, in conjunction with the development of the New Model of Care and drawing on national support, we will understand the skills required to deliver the new model of care and whether they are available and if not how we develop them	JCG / IPG	Programme Director in PMO	1.03.16	✓	✓	
	3.2 In tandem and by March 2016, we will identify the current skill set of the existing workforce, utilising existing workforce and planning information to draw together a map of workforce strengths and weaknesses, opportunities and threats	JCG / IPG	Workforce Lead in PMO	1.03.16	✓	✓	
	3.3 By the end of March 2016, we will map current skills against those required to:	JCG / IPG	Workforce Lead in PMO	1.04.16	✓	✓	
	3.3a - identify gaps	JCG / IPG	Workforce Lead in PMO	1.04.16	✓	✓	
	3.3b - identify areas where skills need to be transferred within the economy to deliver the right care in the right place	JCG / IPG	Workforce Lead in PMO	1.04.16	✓	✓	
	3.3c -Identify training requirements for the workforce to deliver new care models	JCG / IPG	Workforce Lead in PMO	18.12.15	✓	✓	
	3.4 From April 2016, in collaboration with staff side we will have produced and started to deliver a workforce development strategy to support this transformation	JCG / IPG	Workforce Lead in PMO	1.04.16	✓	✓	
	3.5 Support staff to shift from a medical model to a social model of care so delivery of care is based on what matters to people rather than what is the matter with people	JCG / IPG	Workforce Lead & Engagement Lead in PMO	1.04.16	✓	✓	✓
	3.6 Changing the culture of workforce to improve staff health and wellbeing by: develop a wirral partner wide standard set of measures for our staff to be healthy	JCG / IPG	Workforce Lead and Engagement Lead in PMO	1.04.16	✓	✓	

Themes	Deliverables				Triple Aim		
	2015/2016	Report to	Lead For	When	Outcomes	Experience	Reduced System Cost
4. Informatics	4.1. We will develop a full Informatics Strategy containing data and technology plans to enable the following and prevent duplication	JCG / IPG	Informatics Lead in PMO	31.12.15	✓	✓	✓
	4.2 By September 2015 we will define the patient cohorts and measures for the registries for respiratory and diabetes which will inform the new models of care	JCG / IPG	New Models of Care Lead in PMO	30.09.15	✓	✓	✓
	4.3 By December 2015 we will define the patient/people cohorts and measures for the registries for depression and wellness which will inform the new models of care	JCG / IPG	New Models of Care Lead in PMO	31.12.15	✓	✓	✓
	4.4 Extend HIE to further GP practices (possibly 6 pilots or more) by July 2015	JCG / IPG	Informatics Lead in PMO	31.07.15	✓	✓	✓
	4.5 Set up Wirral Partners Information Governance Workstream May 2015	JCG / IPG	Informatics Lead in PMO	31.05.15		✓	
	4.6 Set out the method for engagement on data sharing and the consent options available for SLG to go to health and social care teams and the public to share health and social care data to enable new models of care	JCG / IPG	Informatics Lead in PMO	31.07.15		✓	
	4.7 Complete consultation on approach to IG and options for population health consent models with GP's and secondary care consultants by end September 2015	JCG / IPG	Informatics & Engagement Leads in PMO	30.09.15		✓	
	4.8 Establish data feeds in the population health management system between primary care and hospital care systems (Cerner and Emis),	JCG / IPG	Informatics Lead in PMO	1.12.15	✓	✓	✓
	4.9 Establish data feeds to mental health, social care and community care systems during (Liquid Logic, System 1 and Care Notes)	JCG / IPG	Informatics Lead in PMO	30.6.16	✓	✓	✓
	4.10 The new platform enable the development of and access to the Wirral wide Integrated Record of Care by April 2016 (EMIS and Cerner data)	JCG / IPG	Informatics Lead in PMO	1.04.16	✓	✓	✓
	4.11 Complete consultation with Wirral service users following approach/ options laid out by Wirral Partners Caldicott and IG leads	JCG / IPG	Informatics & Engagement Leads in PMO	31.10.15		✓	
	4.12 Following approval, we will roll out the risk stratification model to all practices by November 2015 (including Communications with GP practices, processing of data, roll out to GP practices)	JCG / IPG	Business Intelligence lead in PMO	1.11.15	✓	✓	✓
5. Commissioning for Outcomes	5.1 By April 2016, we will have explored and identified suitable payment models that will work in our locality	JCG	Finance and Contracting Lead in PMO	1.04.16	✓	✓	
	5.2 Commissioning arrangements will be conducted in an integrated manner to ensure that all opportunities to improve provision for the people of Wirral are taken	WPB	Chair - Wirral Partner's Board	Ongoing	✓	✓	✓
	5.3 Prepare for implementation of these models for appropriate cohorts from April 2016 onwards by learning from the implementation of an outcomes focussed model for delivery of diabetes care	JCG	Finance and Contracting Lead in PMO	1.04.15	✓	✓	
	5.4 Identify specific pathways of care to commission on an outcomes basis for the 2016/17 contract year	JCG	Finance and Contracting Lead in PMO	31.12.15	✓	✓	✓
	5.5 Identify appropriate payment and contract models to facilitate commissioning of pathways identified in 5.4 above	JCG	Finance and Contracting Lead in PMO	31.12.15	✓	✓	✓
6. Evaluation and monitoring of new models of care and their impact on quality of care, experience and value for money (triple aim)	6.1 With external support, by April 2016 we will design and implement a mechanism to monitor and track the delivery of the new models of care, and where possible, realise immediate benefits (quality outcomes, experience and value for money)	WPB	Programme Director in PMO	1.04.16	✓	✓	✓
	6.2 Produce monthly reports to review feedback and outcomes to ensure continuous improvement	WPB	Programme Director in PMO	Monthly starting 1.09.15	✓	✓	✓
	6.3 Regularly share learning across Wirral Partners and Vanguard sites through NHS E programme	WPB	Programme Director in PMO	Ongoing	✓		
	6.4 Systems intelligence /modelling / forecasting and benchmarking against best practice	WPB	Business Intelligence lead in PMO	Ongoing	✓	✓	✓



Board of Directors	
Agenda Item	7.1.1
Title of Report	Integrated Dashboard and Exception Reports
Date of Meeting	30 September 2015
Author	John Halliday - Assistant Director of Information
Accountable Executive	Mark Blakeman - Director of Infrastructure and Informatics
FOI status	Document may be disclosed in full
BAF References	All Strategic Objectives (1 through 7) All Key Measures (1A through 7D) All Principal Risks
Level of Assurance	Full
Purpose of the Paper	To note
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	No

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## **1. Executive Summary**

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note the performance to the end of August 2015.

## **2. Background**

The metrics contained in the dashboard have been reviewed and expanded this month to reflect a broader range of issues. There is also an additional column for 'Trend / Future Concern'. This shows a trendline where appropriate, and is RAG rated to indicate future concerns irrespective of the most recent performance against the required standards.

The overall metrics and thresholds will be continually reviewed to ensure they provide assurance against the key targets and milestones in the Annual and Strategic Plans.

In line with Monitor requirements a further sheet has been added showing the performance at tumour group level against the 62-day Cancer waiting time standard.

## **3. Summary of Performance Issues**

After a good July, August performance against the Emergency Access Standard was poor. Analysis of August performance shows a number of issues impacting performance, including

- Patient acuity.
- Significant peaks in admissions.
- The junior doctor handover, which took place at the beginning of the month.
- Individual consultant leave.
- Ongoing issues associated with ensuring all possible appropriate discharges over the weekends.

September performance has not improved as yet in the main due to an inability to manage the increased admission workload over the Bank Holiday weekend and continuing issues with poor levels of discharge at weekends.

Delivery of the Trust's elective activity plans remain a concern and are essential to the delivery of both the core and cost improvement plans, as well as ongoing achievement of the RTT waiting time target. It is clear that activity during August is below plan in a number of specialties.

Although the RTT Incompletes standard has been consistently achieved at Trust level, there are a few specialties that do not achieve in their own right. Of

particular concern are Anaesthetics (pain management) and Community Paediatrics which is contracted for by the CCG on a block basis.

Contract performance is financially off plan principally as a result of activity. This has been partially mitigated by a richer case mix principally in non-elective activity.

While CIP performance has improved in- month, the in-year forecast has reduced from £11m to £10.1m with the recurrent savings reducing from £16.4m to £12.9m.

### **Non Elective Performance**

A range of actions have been put in place to ensure that performance returns to the July levels including

- Improved patient flow processes (resulting in higher discharge numbers).
- Increased effort being made to ensure best use of the discharge lounge (a record number of patients using the discharge lounge, 54 on one day).
- The Medical Division are putting in place an enhanced consultant lead weekend discharge team to continue the patient throughput work.
- The new Junior Doctors have received additional support and training as required.
- Continuing to pursue the local authority partner to ensure that the additional 40 community beds, which have been planned through the System Resilience Group, are delivered to reduce the numbers of medically fit patients awaiting discharge.

### **Elective Performance**

The overall plan for the Surgical Division is 29,837 cases, which is a 6.1% increase on 2014/15 outturn. This increase is 8.7% increase if additional RTT work undertaken last year that was outsourced or done in premium paid additional sessions is excluded.

For August elective activity is down 274 cases (7%) against plan, almost exclusively within the surgical specialities. Non elective activity is almost exactly on plan. Outpatient new activity is down 750 appointments (9%) against plan.

Key drivers for the underperformance are

- The activity plan includes the expectation that a number of patients would transfer from Wales, however due to the changing landscape within Wales this no longer appears likely. It was anticipated 375 hernia patients would have had their surgery in Wales undertaken by one of our Colorectal surgeons, attracting income of £405K. This activity cannot be replaced by Wirral activity whereas other cases could.

- Patient availability and suitability for lists, particularly at a sub-speciality level.
- Consultant sickness, and leave, more leave has taken than anticipated (although this will even out throughout the year),
- Consultant availability to pick up additional lists and sessions.
- Increased non elective surgical demand.
- Tight management of beds to reduce the risks of an infection outbreak.

More specifically the four areas of particular concern are Orthopaedics, Oral Surgery, ENT and Ophthalmology.

#### *Orthopaedics*

The plan was to deliver 581 (11.3%) more cases than outturn and against this they are currently underperforming by 342 cases (13.2%). This underperformance can be attributed to

- an increase in non-elective cases (over performing by 129 which is 12% above plan) impacting the ability to perform elective activity
- 60% of annual leave has been taken in the first half of the year, and 2 major conferences in the first half of the year therefore more study leave taken than expected in these months, however these will even out throughout the year
- the elective ward was closed for a number of weeks in May due to VRE which significantly reduced capacity.
- A shortage of suitable cases which are used to ensure maximum theatre utilisation or fill lists for the Fellow. It was anticipated that some of these cases would be transferred from Wales.

Orthopaedics will not deliver the original plan although a number of actions are underway to improve the position. The surgical division supported by finance and the PMO are still working on a reforecast position and further detail will be provided at the meeting.

These actions include

- A meeting between the CSL, Divisional Director and Chief Executive
- An interim manager has been appointed to manage the specialty with extensive experience of managing Orthopaedics.

- A Fellow has been assessed as now competent to operate on appropriate cases independently
- A plan is in place to reduce the impact on elective capacity of future VRE outbreaks
- Additional outpatient clinics have been planned in coming months to increase the number of patients on the elective waiting list
- Micromanagement of theatre lists

### *Oral Surgery*

In Oral Surgery the plan was to deliver 155 (13.3%) more cases than outturn and they are currently underperforming by 130 cases (17.3%). The two main reasons for underperformance are a Trust Grade vacancy (recently resolved) and the long term sickness of one of the two Consultants.

The Division have successfully appointed a locum that is expected to start in October and it is hoped that the absent Consultant will return on a phased return which would allow the division to achieve at the original plan by year end. Discussions are also underway with a local Trust which is struggling in this area to see if any activity can transfer.

### *ENT*

The original plan was to deliver 203 (12%) more cases than outturn, with a current underperformance by 77 cases (8.9%). The two main reasons for this are Consultant sickness and an increase in non-elective activity with an over performance against plan of 49 cases (18.1%).

The Consultant has now returned to work and the Division are working on ensuring that theatre utilisation is maximised. It is therefore expected that ENT will deliver the plan by the year end. Progress is being monitored weekly.

### *Ophthalmology*

In Ophthalmology the original plan was to deliver 517 (19.8%) more cases than outturn and they are currently underperforming against this target by 194 cases (14.4%). The specialty is struggling to achieve this extremely ambitious plan. A number of actions are being explored in an attempt to recover this underperformance including

- A number of management changes within the area.
- Providing additional administrative support to assist the Consultants in theatre with data collection to increase their available operating time

- Exploration of moving elective operating to Clatterbridge to increase productivity due to the environment
- Reviewing the number of urgent slots kept on theatre lists

Whilst the current forecast is for an underperformance of 294 cases (£272K), efforts are continuing to try and reduce this.

To gain assurance regarding the management of the position across the division, the Executive Team have

- Requested and received a recovery plan from Surgery.
- Established a weekly meeting to gain assurance and provide support to the Surgical Division.
- Provided additional intensive support into the surgery division from the Director of Operations.

### **18 Weeks RTT**

Community Paediatrics remains the largest challenge, as the growth in demand continues to exceed the contracted capacity at the Trust. The issue has been raised with local commissioners and at the Strategic Resilience Group.

In Anaesthetics (Pain) services, a new consultant has started and waiting times are improving, with expected achievement of the standard by the end of the year.

### **Summary Financial Position**

Contract performance is financially off plan as a result of the activity shortfall. This has been partially mitigated by a richer case mix principally in non-elective activity.

While CIP performance has improved in-month, the in-year forecast has reduced from £11m to £10.1m with the recurrent savings reducing from £16.4m to £12.9m.

Weekly meetings with Executive and Operational teams have been implemented to enable improvement and recovery from the current position.

Medical agency spend this month remains high and is due to vacancies in the Emergency Department, the continued use of agency staff to cover the gaps in gastroenterology and cardiology, histopathology consultant gaps, agency in anaesthetics and junior doctor gaps. Plans are in place to continue to recruit substantively to the consultant gaps. The August junior doctor rotation has improved the gaps in the Surgical specialties.

Nurse agency costs are largely for the cohort ward managing infection control issues, acuity pressures, and other vacancy cover/sickness cover. A significant

nurse recruitment plan is progressing well and it is envisaged to recruit substantively to all qualified nursing vacancies by March 2016. Monitor have issued a target 3% ceiling of agency spend on qualified nurses as a % of total qualified nursing spend. Currently the Medicine & Acute division are higher than this ceiling rate and there will be further additional challenges to manage winter pressures and infection control issues.

The Trust cash position still remains strong in relation to the initial plan submitted. Financial and Operational teams continue to work together enhancing the two and thirteen week forecasts that are utilised within the Trust.

The cash position is above plan by £14.6m due to:

- Increased accruals due to a delay in receipt of charges of £5.4m.
- Increased trade creditors due to repayments due to commissioners for 14/15 and 15/16 underperformance.
- Increased trade creditors due to the delay in receipt of charges which are now received and pending payment.
- Cash slippage against the capital plan due to a change in the mix of the capital spends and profile of payments (£1.0m).

Further financial information is contained in the separate Finance briefing paper.

#### **4. Recommendation**

The Board of Directors are asked to;

- a.) Note the Trust's current performance to the end of August 2015, with particular regard to;
  - i. The emergency access target where performance remains challenging despite a range of actions taken.
  - ii. Elective and outpatient activity volumes and contract performance.
  - iii. 18 week RTT where ongoing performance is dependent on delivery of at least the activity volumes identified in the annual plan, particularly in light of the increased GP referrals.
  - iv. Delivery of the financial plan.
- b.) Confirm the range of actions to resolve the current underperforming areas;
  - i. The recovery plans in place to deliver the non-elective access target.
  - ii. Ongoing work with the surgical division to improve the performance against the elective and outpatient programmes.
  - iii. The additional attention within the organisation being put on the 18 week RTT incomplete target, given the increased national attention and the retirement of the non-admitted and admitted targets.

- c.) Review the BAF particularly with regard to;
  - i. The risk associated with the ongoing delivery of the 18 week RTT incomplete target. Whilst the target is currently being met, the trajectory is in a downward direction and demand is being fuelled by buoyant outpatient waiting lists.
- d.) Review the new balanced score care, particularly;
  - i. The RAG ratings
  - ii. The revised list of indicators and associated thresholds

Area	Indicator / BAF	June	July	August	Trend / Future Concern	Target (for 'Green')	Latest Period	Exec Lead
Meeting Our Vision	<b>Satisfaction Rates</b>							
	Patient - F&F "Recommend" Rate	96%	96%	97%		>=95%	August 2015	JG
	Patient - F&F "Not Recommend" Rate	2%	1%	1%		<=2%	August 2015	JG
	Staff Satisfaction (engagement)	3.74	3.83	3.83		>=3.69	Q2 2015/16	JS
	<b>First Choice Locally &amp; Regionally</b>							
	Market Share Wirral	86.3%	86.2%	85.7%		>= 85%	March 2015 to May 2015	MC
	Demand Referral Rates	7.2%	6.0%	3.7%		>= 3% YoY variance	Fin Yr-on-Yr to Aug 2015	MC
	Market Share Non-Wirral	9.2%	9.4%	9.5%		>=8%	March 2015 to May 2015	MC
	<b>Strategic Objectives</b>							
	Harm Free Care	96%	96%	94%		>= 95%	August 2015	JG
Operational Excellence	HIMMs Level	5	5	5		5	August 2015	MB
	<b>Key Performance Indicators</b>							
	A&E 4 Hour Standard	93.33%	97.22%	92.51%		>=95%	August 2015	SG
	RTT 18 Weeks Incomplete Position	92.9%	92.1%	92.3%		>=92%	August 2015	SG
	Cancer Waiting Time Standards	On track	On track	On track		All met at Trust level	Q2 to Aug 2015	SG
	Infection Control	0 MRSA; 11 C diff	0 MRSA; 16 C diff	0 MRSA; 19 C diff		0 MRSA Bacteraemia in month, and cdiff less than cumulative trajectory	August 2015	JG
	<b>Productivity</b>							
	Delayed Transfers of Care	3.8	4.0	4.1		<= 4	12-mth ave to Aug 2015	SG
	Delayed Complex Care Packages	53	54	58		<= 45	August 2015	SG
	Bed Occupancy	91.7%	89.8%	90.4%		<=85%	August 2015	SG
	Bed Occupancy Medicine	95.4%	91.6%	94.1%		<=85%	August 2015	SG
	Theatre Utilisation	68.5%	70.5%	70.3%		>=85%	August 2015	SG
	Outpatient DNA Rate	8.4%	8.6%	9.3%		<=6.5%	August 2015	SG
	Outpatient Utilisation	82.3%	83.2%	83.1%		>90%	August 2015	SG
	Length of Stay - Non Elective Medicine	7.01	7.33	7.5		<= 6.5	August 2015	SG
	Length of Stay - Total	4.6	4.8	4.8		<=4.2	August 2015	SG
	Contract Performance (activity)	-3.5%	-3.1%	-3.2%		0% or greater	August 2015	SG
	<b>Finance</b>							
	Contract Performance (finance)	-1.8%	-1.5%	-1.7%		On Plan or Above YTD	August 2015	AM
	Expenditure Performance	1.8%	1.3%	1.4%		On Plan or Above YTD	August 2015	AM
A Healthy Organisation	CIP Performance	-16.0%	-15.0%	-22.0%		On Plan or Above	August 2015	AM
	Capital Programme	4.2%	-10.7%	-2.5%		On Plan	August 2015	AM
	Non-Core Spend	9.4%	9.5%	9.5%		<5%	August 2015	AM
	Cash Position	60.0%	134.0%	218.0%		On plan or above YTD	August 2015	AM
	Cash - working days	9.84	10.69	12.53		> 14 days	August 2015	AM
	<b>Clinical Outcomes</b>							
	Never Events	0	0	0		0 per month	August 2015	EM
	Complaints	39.8	40.0	40.3		<30 per month	12-mth ave to Aug 2015	JG
	<b>Workforce</b>							
	Attendance	96.3%	96.0%	96.1%		>= 96%	August 2015	JS
External Validation	Qualified Nurse Vacancies	6.7%	7.7%	7.8%		<=6.5%	August 2015	JG
	Mandatory Training	96.7%	96.2%	95.3%		>= 95%	August 2015	JS
	Appraisal	85.9%	85.6%	85.2%		>= 85%	August 2015	JS
	Turnover	10.7%	10.5%	9.9%		<10%	August 2015	JS
	<b>National Comparators</b>							
	Advancing Quality (not achieving)	4	3	4		All areas above target	August 2015	EM
	Mortality: HSMR	92.82	94.59	90.03		Lower CI < 0.90	April to May 2015	EM
	Mortality: SHMI	0.967	0.967	0.967		Lower CI < 90	Oct 2013 to Sept 2014	EM
	<b>Regulatory Bodies</b>							
	Monitor Risk Rating - Finance CoS	2	2	2		4	August 2015	AM
Financial Recovery	Monitor Risk Rating - Governance		Not Green or Red			Green	August 2015	SG
	CQC	5	5	5		0	August 2015	EM
	<b>Local View</b>							
	Commissioning - Contract KPIs	2	3	4		<=2	August 2015	SG
	<b>Monitor enhanced monitoring</b>							
	A&E 4 Hour Standard	93.33%	97.22%	92.51%		>=95%	August 2015	SG
	Medical Outliers	2.9	1.3	4.7		<=5	August 2015	SG
	Bed occupancy	91.7%	89.8%	90.4%		<=85%	August 2015	SG
	Staff Friends and Family	47%	62%	62%		>= 75%	August 2016	JS
	<b>Financial Recovery Plan</b>							
	Contract / Inventory Management	3.2%	6.7%	-1.5%		0% (ie on plan) or greater	August 2015	MT
	Income	-0.1%	-0.5%	-2.5%		0% (ie on plan) or greater	August 2015	MT
	Workforce Value for Money	-1.1%	-0.9%	0.0%		0% (ie on plan) or greater	August 2015	MT
	Utilisation - Outpatients	4.6%	0.1%	-8.5%		0% (ie on plan) or greater	August 2015	MT
	Utilisation - Theatres	-2.1%	-6.0%	-12.1%		0% (ie on plan) or greater	August 2016	MT
	Productivity - Patient Flow	-2.1%	-6.7%	-9.1%		0% (ie on plan) or greater	August 2015	MT

# WUTH Performance Dashboard Exception Report

June 2015

<b>Indicator :</b>
<b>A&amp;E 4-hour Standard</b>

Rating	Target	Actual	Period
Red	>= 95%	92.51%	August 2015

**Issue:**  
The standard is a minimum of 95% of A&E attendances being admitted, transferred or discharged within 4 hours. Performance for June was 92.51%, including the All Day Health Centre at Arrowe Park site. For WUTH alone performance was 89.82%.

## Historic data:



## Proposed Actions:

Analysis of the data in August has highlighted that attendances increased by 4.8% for ED and 14.4% for the WIC against August 2014. The key internal element identified for the change in performance is the impact of the Junior Doctor handover, specifically the ability of the new doctors to adapt to and use the new systems which support effective discharging. The current Quarter 2 performance demonstrates an improvement compared to 87.59% for Quarter 1. The Trust trajectory with Monitor is compliant performance in Quarter 3.

Work is continuing with partners across the Health and Social economy to deliver the agreed Urgent Care Recovery plan, however the additional 40 community beds which were expected to be available from 1st September were not all available and discharge to assess is yet to be implemented. This has been raised as a concern at the System Resilience Group (SRG).

The Trust's winter plan has been developed and shared within the Trust and with SRG.

## Assessing Improvement:

For the first three weeks of September the joint performance has been 86.75%, 89.95% and 91.36%. The current combined Q2 performance to the 20th September is 93.57%.

## Impact:

Patients can expect to be treated within 4 hours when attending A&E or WiCs. Waiting longer is a poor patient experience and will reflect on the reputation of the Trust. As a national target, non-achievement has Governance implications with Monitor, and financial consequences under the contract with local Commissioners.

## Expected date of performance delivery:

From quarter 3 in 2015/16

## Executive approval:

Sharon Gilligan, Director of Operations

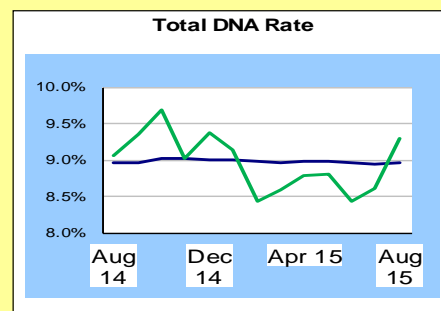
## WUTH Performance Dashboard Exception Report

August 2015

<b>Indicator :</b>
<b>Outpatient DNA Rate</b>
<b>Issue:</b>
The total outpatient DNA rate for August 2015 was 9.30% including New and Follow-up appointments. The target is to be <= 7.5%, and the threshold for a Red RAG rating is >= 9.0%. A similar increase in August and September 2014 was experienced.
<b>Proposed Actions:</b>
A number of parallel workstreams are already underway on outpatient clinic efficiency: 1.) An Outpatient Review Group is focusing on reducing DNAs and/or increasing clinic productivity. Additional actions from Outpatients Workstream to address increase in DNAs include Introduction of a "chaser text" for the 38% of patients that have received a text, that do respond to confirm/cancel or rebook their appointment; Introduction of "cost of appt to nhs" into text reminder (two month pilot in Diabetes and Urology). 2.) A Listening in Action project is focused on the booking process, to ensure referrers and GPs have quick and easy access to appointments in line with their choosing. 3.) The current OP appointment reminder service contract is up for renewal and the service is being put out to tender from interested parties. 4.) Agreement has been reached in many specialties to book extra patients into clinics where there are a high number of DNAs to minimise wasted resource and reduce waiting times.
<b>Assessing Improvement:</b>
Progress toward improving rates will be monitored via the OP Improvement Group. Detailed analysis down to consultant-level is available via an InfoView report that is refreshed monthly.
<b>Expected date of performance delivery:</b>
Quarter 4 reporting.

Rating	Target	Actual	Period
Red	<= 6.5%	9.30%	August 2015

## Historic data:



## Impact:

High DNA rates demonstrate inefficiencies in the use of clinic resources. They may point to a mismatch between appointments offered or booked, and patient expectation or requirements. In addition all patient waiting times may be lengthened by high rates.

## Executive approval:

Sharon Gilligan, Director of Operations

# WUTH Performance Dashboard Exception Report

August 2015

<b>Indicator :</b>
<b>Infection Control</b>

<b>Issue:</b>
The Trust has a maximum trajectory of 29 C.difficile cases for the year 2015-16 (toxin positive, hospital acquired). During August we reported 3 hospital attributed cases of toxin positive C.difficile with 2 equivocal (non-reportable) cases also identified. This brings the cumulative position to 19 against the trajectory.
The Post Infection Review performed by the IPCT identified all 3 toxin cases to be avoidable. All the patients had been exposed to C.diff, then receiving the trigger of antibiotics resulting in C.diff associated infection.
Recognising the environment to be the source of the increasing numbers of avoidable cases, this risk has been placed on the Trust risk register. The HPV programme has now be reinstated using ward 27 to allow full ward disinfection, the risk then being that from the 14th September this will be suspended whilst ward 27 is used to support the refurbishment work.

<b>Proposed Actions:</b>
There is a risk associated with occasional delays in stepping patients down from the C.diff unit as patients no longer infected are unnecessarily exposed and may result in avoidable hospital acquired infection. The IPCT have recommended that the patients ready to step down are discussed and considered a high priority at the daily bed meetings.

<b>Assessing Improvement:</b>
The situation is constantly monitored by the IPCT, with weekly meetings including the DIPC and Executive Leads. Updated reports are provided to the Hospital Infection Control and Clinical Governance Groups.

<b>Expected date of performance delivery:</b>
Quarter 4 reporting

<b>Rating</b>	<b>Target</b>	<b>Actual</b>	<b>Period</b>
<b>Red</b>	<b>Within trajectory</b>	<b>19 c diff cases</b>	<b>To August 2015</b>

<b>Historic data:</b>
<p><b>C Diff Cumulative</b></p> <p><b>Toxin Positive Max: 29</b></p> <p><b>Cumulative YTD: 19</b></p>

<b>Impact:</b>
Effective infection control is vital to ensuring safe, high quality health services are delivered at our hospitals. Cases of infection not only affect the individual patients directly, but can have a negative impact on the overall capacity of the Trust, and are a high profile measure in the public domain.

<b>Director approval:</b>
Jill Galvani, Director of Midwifery & Nursing

## WUTH Performance Dashboard Exception Report

June 2015

<b>Indicator :</b>
<b>Advancing Quality</b>

Rating	Target	Actual	Period
Red	All achieving	4 areas under target	August 2015

**Issue:**

The measures are composite scores, reflecting individual care to patients. The results are delayed up to 3 months and so lags behind improvement. Areas behind target at the end of June were: AMI, Hip & Knee Replacements, Community Acquired Pneumonia and Sepsis.

**Proposed Actions:**

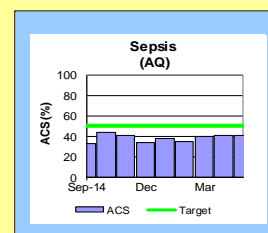
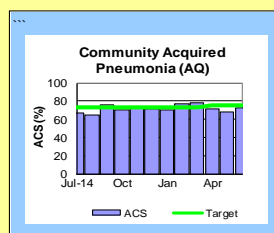
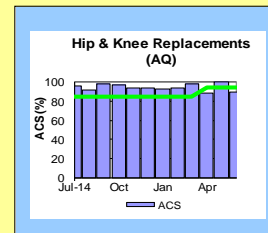
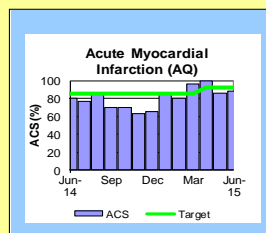
In line with all other organisations, the Appropriate Care Score (ACS) targets for WUTH have been reset for 2015-16, based on the twin principles of raising the bar on minimum attainment and continuous system-wide improvement and stretch.

AMI - two patients were not referred to cardiac rehabilitation. The Trust is moving towards real time data collection and reminders for staff.

H&K - the expectation is for 100% compliance in May.

CAP - Issues are related to antibiotics, section and administration as well as smoking cessation advice with most people missing one indicator. This will also be addressed through the sepsis awareness/reminder week.

The Sepsis position has improved and we are having an additional month promotion on the potential sepsis e-alert. We are exploring how we can make obtaining lactate levels more accessible and also promoting completing the paper pathway as well as the electronic assessment, with the potential for an electronic solution in the future.

**Historic data:****Assessing Improvement:**

Monthly reports are provided for the Clinical Governance Group. A Missing Measures meeting is held fortnightly to identify changes in performance.

**Impact:**

Patients are not receiving evidence-based interventions as described by Advancing Quality.

**Expected date of performance delivery:**

Improvement ongoing through 2015-16

**Executive approval:**

Evan Moore, Medical Director

Integrated Performance Dashboard - Metric Thresholds				
Meeting Our Vision				
Indicator	Definition	Green	Amber	Red
Satisfaction Rates				
Patient Satisfaction - F&F "Recommend" Rate	Patient Satisfaction - Friends & Family "Recommend" Rate for Trust	>=95%	n/a	<95%
Patient Satisfaction - F&F "Not Recommend" Rate	Patient Satisfaction - Friends & Family "Not Recommend" Rate for Trust	<=2%	n/a	>2%
Staff Satisfaction (engagement)	Results from staff satisfaction survey	>=3.69	>=3.59 to <3.69	<3.59
First Choice Locally & Regionally				
Market share : Wirral	WUTH share of Wirral CCG GP Referred New OP Activity (rolling 3 months)	>= 85%	>= 80% to <85%	< 80%
Demand : Referral Rates	Outpatient referrals received from all GP/GDPs - G&A specialties	>= 3% YoY variance	0% to <3% YoY	<0% YoY
Market share : Non-Wirral	WUTH share of West Cheshire GP Referred New OP activity	>=8%	>=6% to <8%	<6%
Strategic Objectives				
Harm Free Care	Compliance with Safety Thermometer definition of Harm Free Care	>= 95%	>= 93% to <95%	<93%
HIMMS Level	Current HIMMS level under Electronic Medical Record Adoption Model	5	n/a	<5
Organisational Excellence				
Indicator	Definition	Green	Amber	Red
Key Performance Indicators				
A&E 4-hour Standard	% of patients attending ED & ADHC treated within 4 hours	>=95%	n/a	<95%
RTT '18' Week Standard	RTT "Incompletes" standard met for the Trust as a whole	>=92%	n/a	<92%
Cancer Waiting Time Standards	All Cancer Waiting standards met for the Trust per quarter	All met at Trust level	n/a	Not all met at Trust level
Infection Control	MRSA Bacteremia CDIFF	0 MRSA Bacteremia in month, and cdiff less than cumulative trajectory	0 MRSA Bacteremia in month, and cdiff equal to cumulative trajectory	>= 1 MRSA Bacteremia in month or cdiff cases above cumulative trajectory
Productivity				
Delayed transfers of care	Average No of patients with a delayed transfer of care at month-end	<= 4	> 4 and < 6	>= 7
Delayed complex care packages	Average No of patients on the complex discharge list in the month	<= 45	>= 46 and <= 70	>= 71
Readmissions	% of patients readmitted non-electively within 30 days of discharge	<= 7.5%	>7.5% and <= 10%	> 10%
Bed occupancy	Average % of General & Acute Beds occupied at midday	<=85%	>85% to <95%	>=95%
Bed occupancy - Medicine	Average % of Medial & Acute beds occupied at midday	>=85%	>=85% to <85%	<85%
Theatre utilisation	Average % of scheduled operating minutes utilised	>=85%	>=85% to <85%	<85%
Outpatient DNA Rate	Percentage of booked OP appointments that DNA (Med, Surg and W&C)	<= 6.5%	>6.5% and <= 9%	> 9%
Outpatient Utilisation	Percentage of OP appointments that DNA (Med, Surg and W&C)	>90%	>=80% to <90%	<80%
Length of stay - Non-elective Medical Division	Average length of stay per finished admitted spell (Medical Division)	<= 6.5	> 6.5 to 8.0	> 8.0
Length of stay - Trust total	Average length of stay per finished admitted spell (Trust total)	<= 4.2	> 4.2 to 5.5	> 5.5
Contract performance (Activity)	Cumulative activity % variance against plan for all PODs combined	0% or greater	>0% to <0%	< -2.0%
Finance				
Contract Performance (Finance)	Delivering both contracted volumes and values	On Plan or Above YTD	1% below plan YTD	>1% below plan YTD
Expenditure performance	Delivering planned levels of expenditure	On Plan or Above YTD	1% below plan YTD	>1% below plan YTD
CIP Performance	Delivering against the in-year CIP forecast.	On Plan or Above	10% below plan	>10% below plan
Capital Programme	A sound investment programme maintained & resourced appropriately	On Plan	+/- 15% against plan	+/- 25% against plan
Non-Core Spend	Non core as a % of total pay spend	<5%	>=5.0% to 6.5%	>=6.6%

Cash Position	Delivering against cash plan	On plan or above YTD	n/a	Below plan
Cash - working days	Liquidity Days: The number of days the Trust could support it's pre EBITDA expenditure with it's liquid assets i.e.(( Current Assets - Inventories - Current liabilities) / Pre EBITDA expenditure ) x number of days elapsed in financial year	> 14 days	>= 7 days to 14 days	< 7 days
A Healthy Organisation				
Indicator	Definition	Green	Amber	Red
Clinical Outcomes				
Never Events	Number of occurrences of "Never Events"	0 per month	n/a	>= 1 per month
Complaints	Number of occurrences of formal complaints	<30 per month	30 to 50 per month	> 50 per month
Workforce				
Attendance	Monthly staff attendance rate	>= 96%	>=95.3% to <96.0%	< 95.3%
Qualified Nurse Vacancies	% vacant posts	<=6.5%	>6.5% to 9.5%	>9.5%
Mandatory Training	Rolling 12-month staff mandatory training rate	>= 95%	>= 85% to <95%	< 84.9%
Appraisal	Rolling 12-month staff appraisal rate	>= 85%	>= 80% to <85%	<80%
Turnover	Rolling 12-month staff turnover rate	<10%	>= 10% to <12%	>=12%
External Validation				
Indicator	Definition	Green	Amber	Red
National Comparators				
Advancing Quality (not achieving)	Number of areas not achieving	All areas above target	1 area below target	> 1 area below target
Mortality : SHMI	SHMI	Lower CI < 0.90	Lower CI 0.90 to 0.99	Lower CI >= 1.0
Mortality : HSMR	HSMR	Lower CI < 90	Lower CI 90 to 99	Lower CI >= 100
Regulatory Bodies				
Monitor Risk Rating - Finance	Monitor Risk Assessment Framework - Continuity of Service rating	4	3 or 2*	2 or 1
Monitor Risk Rating - Governance	Monitor Risk Assessment Framework - Governance rating	Green	n/a	Red
CQC	Number of concerns raised by CQC following inspection	0	1 to 2	>2
Local View				
Commissioning - Contract KPIs	Number of Quality KPIs in the contract not being achieved	<=2	3 to 4	>=5
Monitor Enhanced Monitoring				
A&E 4-hour Standard	% of patients attending ED & ADHC treated within 4 hours	>=95%	n/a	<95%
Medical Outliers	Average daily medical outliers in non-medical beds	<=5	>5 to 10	>10
Bed occupancy	Average % of General & Acute Beds occupied at midday	<=85%	>85% to <95%	>=95%
Staff Friends and Family	Recommend Trust to work	>= 75%	>= 50% to <75%	<50%
Financial Recovery Plan				
Contract / Inventory Management	Total non pay expenditure against plan, excluding CNST premium and high cost drugs	>=0%	<0% to -5%	<-5%
Income	Total income against plan	>=0%	<0% to -5%	<-5%
Workforce Value for Money	Total pay expenditure against plan	>=0%	<0% to -5%	<-5%
Utilisation - Outpatients	Percentage of available resource utilised against plan	>=0%	<0% to -5%	<-5%
Utilisation - Theatres	Percentage of available resource utilised against plan	>=0%	<0% to -5%	<-5%
Productivity - Patient Flow	Reduction in non-elective length of stay against plan	>=0%	<0% to -5%	<-5%

Appendix B : Cancer Waiting Time 62-Day Standard

Quarter	2
Period	01/07/2015 - 30/09/2015

Target	62 Day Wait
Indicator	GP Urgent Referral to First Definitive Treatment
Threshold	85.00%
Risk	£1000 for each excess breach above the threshold

		Quarter 2 - Total							
Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology Lung Other	3	1	4	8	1	9	62.50%	55.56%
		4	1	5	13.5	4	17.5	70.37%	71.43%
		0	0	0	3	0	3	100.00%	100.00%
Med & Surg	Upper GI	2	1	3	12	4	16	83.33%	81.25%
Surgery	Breast Colorectal Head & Neck Skin Urology	1	0	1	30.5	12	42.5	96.72%	97.65%
		2	0	2	15.5	5	20.5	87.10%	90.24%
		3	1	4	11	3.5	14.5	72.73%	72.41%
		0	0	0	43.5	16	59.5	100.00%	100.00%
		8	4	12	27	11	38	70.37%	68.42%
Women's	Gynaecology	1	0	1	7	4	11	85.71%	90.91%
Total		24	8	32	171	60.5	231.5	85.96%	86.18%

		Quarter 2 - July							
Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology Lung Other	2	0	2	2	0	2	0.00%	0.00%
		3	0	3	10.5	0	10.5	71.43%	71.43%
		0	0	0	1	0	1	100.00%	100.00%
Med & Surg	Upper GI	1	0	1	6	0	6	83.33%	83.33%
Surgery	Breast Colorectal Head & Neck Skin Urology	0	0	0	15.5	0	15.5	100.00%	100.00%
		1	0	1	5.5	0	5.5	81.82%	81.82%
		2	0	2	6.5	0	6.5	69.23%	69.23%
		0	0	0	24.5	0	24.5	100.00%	100.00%
		5	0	5	15	0	15	66.67%	66.67%
Women's	Gynaecology	0	0	0	2	0	2	100.00%	100.00%
Total		14	0	14	88.5	0	88.5	84.18%	84.18%

		Quarter 2 - August							
Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology Lung Other	1	0	1	3	0	3	66.67%	66.67%
		1	0	1	3	0	3	66.67%	66.67%
		0	0	0	2	0	2	100.00%	100.00%
Med & Surg	Upper GI	1	0	1	6	0	6	83.33%	83.33%
Surgery	Breast Colorectal Head & Neck Skin Urology	1	0	1	11	0	11	90.91%	90.91%
		0	0	0	7	0	7	100.00%	100.00%
		1	0	1	4.5	0	4.5	77.78%	77.78%
		0	0	0	19	0	19	100.00%	100.00%
		3	0	3	11	0	11	72.73%	72.73%
Women's	Gynaecology	1	0	1	5	0	5	80.00%	80.00%
Total		9	0	9	71.5	0	71.5	87.41%	87.41%

		Quarter 2 - September							
Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology Lung Other	0	1	1	3	1	4	100.00%	75.00%
		0	1	1	0	4	4	N/A	75.00%
		0	0	0	0	1	1	N/A	100.00%
Med & Surg	Upper GI	0	1	1	0	4	4	N/A	75.00%
Surgery	Breast Colorectal Head & Neck Skin Urology	0	0	0	4	12	16	100.00%	100.00%
		1	0	1	3	5	8	66.67%	87.50%
		0	1	1	0	3.5	3.5	N/A	71.43%
		0	0	0	0	16	16	N/A	100.00%
		0	4	4	1	11	12	100.00%	66.67%
Women's	Gynaecology	0	0	0	0	4	4	N/A	100.00%
Total		1	8	9	11	61.5	72.5	90.91%	87.59%

Board of Directors	
<b>Agenda Item</b>	7.1.2
<b>Title of Report</b>	Month 5 Finance Report
<b>Date of Meeting</b>	30th September 2015
<b>Author</b>	Julie Clarke – Assistant Director of Finance – Operational Financial Management. Shahida Mohammed – Assistant Director of Finance – Income & Commissioning
<b>Accountable Executive</b>	David Allison - Chief Executive
<b>BAF References</b> • Strategic Objective • Key Measure • Principal Risk	7
<b>Level of Assurance</b> • Positive • Gap(s)	Positive
<b>Purpose of the Paper</b> • Discussion • Approval • To Note	To note
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • Yes • No	No

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## 1. Executive Summary

### Overview

The Trust continues to delivery broadly in line with the initial plans set out at the start of the year. In month, the Trust delivered a £0.155m deficit compared to plan giving the Trust an overall YTD deficit of £7.482m against a plan of £7.327m.

The Trust recorded a favourable cash position against plan at month 5 with the Trust holding £21.3m at the month end against a plan of £6.7m

The financial performance in month and at month 5 translates into a Continuity of Services (CoS) rating of 2, which remains in line with plan and has been calculated in line with Monitor's new guidance.

### Income and Expenditure Performance

SUMMARY FINANCIAL STATEMENT												
	MONTH 5			YTD			Comparative 2014/15 Month 5 YTD Position			FULL YEAR FORECAST		
	In Month			Year to Date			Year to Date			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
NHS Clinical Income	22,524	21,972	(552)	114,870	112,948	(1,922)	111,180	112,079	899	279,420	277,433	(1,987)
Other Income	2,213	2,362	149	11,408	12,184	776	11,824	12,154	330	27,534	28,885	1,351
Employee Expenses	(17,480)	(17,512)	(32)	(86,771)	(87,068)	(297)	(84,489)	(86,821)	(2,332)	(208,448)	(209,786)	(1,338)
All Other Operational Expenses	(7,506)	(7,596)	(90)	(37,852)	(38,765)	(913)	(33,443)	(35,227)	(1,784)	(90,717)	(93,036)	(2,319)
Reserves	(383)	(75)	308	(3,130)	(1,101)	2,029	(3,660)	(1,398)	2,262	(7,037)	(3,226)	3,812
EBITDA	(632)	(849)	(217)	(1,475)	(1,802)	(327)	1,412	787	(625)	751	271	(481)
Post EBITDA Items	(1,198)	(1,151)	47	(5,852)	(5,680)	172	(5,618)	(5,567)	51	(14,220)	(13,765)	454
Net Surplus/(Deficit)	(1,830)	(2,000)	(170)	(7,327)	(7,482)	(155)	(4,206)	(4,780)	(574)	(13,468)	(13,495)	(27)
EBITDA %	(2.6%)	(3.5%)	(0.9%)	(1.2%)	(1.4%)	(0.3%)	1.1%	0.6%	(0.5%)	0.2%	0.1%	(0.2%)

The table above highlights the Trusts overall financial performance in month 5, and cumulatively, to the end of August 2015. The comparative cumulative performance to month 5 2014/15 is also shown.

Specifically the table highlights;

- In month the Trust under-performed against its clinical income target by £0.552m and remains behind plan by £1.922m on a cumulative basis. The forecast for clinical income is c£2m off plan reflecting the challenges in the recovery of the elective plan.
- In month other income achieved £0.149m more than plan and this has contributed to a continued over achievement against plan on a cumulative basis with a favorable variance of £0.776m year to date.
- Employee costs are marginally higher than plan in month with a cumulative overspending of £0.297m year to date. Overspending in this area is associated with the use of temporary staff to fill vacancies for which the Trust is currently well underway on the nurse recruitment plan and looking to recruit substantively to the medical vacancies. Each area reviews its vacancies closely and how best to secure substantive staff to fill any

temporary gaps, additionally as sickness levels continue to improve the number of staff required to fill gaps will reduce.

- Other operating expenses are showing an in month overspend of £0.090m and a cumulative overspend of £0.913m. Divisional management and finance teams are reviewing the detail of this to ensure that costs are managed back to budget in subsequent months.
- The Trust began the year with a series of reserves to support inflationary costs and pressures, future investments and to provide some mitigation to potential costs or shortfalls in cost improvement plans. In month the application of reserve supported the financial variance by £0.308m with cumulative support being £2.029m. Whilst elements of this support will be available recurrently the Board of Directors must ensure that the support applied does not mask an underlying pressure that cannot be maintained on a recurrent basis. The detail of this is reviewed through the Trusts Finance, Performance and Business Assurance Committee.

The Trust continues to forecast delivery of the 2015/16 plan. As we enter the latter parts of the year there will be stepped changes required in income delivery and expenditure reductions, which are being monitored by the Executive team via weekly meetings with the respective divisions.

### ***Cash Position & Continuity of Service Ratio (COS)***

The Trust continues to have strong cash balances compared to plan. At the end of August the Trust had a cash balance of £21.3m compared to a plan of £6.7m. There continues to be positive work with finance and operational teams in delivering the short term cash forecasts and cash saving initiatives that have been identified.

Capital spend continues to be reviewed on a monthly basis to ensure delivery of the overall plan. The agreed changes within the mix of the capital program have delivered a YTD cash benefit of £0.9m compared to plan. The Trust is still forecasting to spend the capital allocation during the remainder of the financial year.

The Trust continues to forecast cash on a bi weekly cycle and is in the process of developing a cash forecast for the rest of the financial year which will help to identify when any potential distress funding will be required. The full year cash forecast will be ready for discussion at Octobers FPBAC meeting.

The overall Continuity of Service rating at month 5 is a 2 which is in line with plan.

### ***Cost Improvement Programme (CIP)***

The 2015/16 plan assumed delivery of £13m of CIP with £11m of identified opportunities at the time of the Plan submission. These plans were extracted according to the profile of the schemes identified, with the unidentified balance of £2m extracted in a flat profile (12 ths).

The latest forecast outturn position has now been reduced to £10m, £1m below initial plans with the deterioration primarily within the Coding improvements workstream. In addition some of the other risks identified at the time of the Plan have also transpired and work led by the PMO is underway to understand the impact of these risks, identify the necessary remedial actions required and quantify the extent of any residual risk against Plan whilst at the same time seeking opportunities to both fill the original gap and mitigate against the shortfall against

the original £11m. Some mitigation is also available within reserves and this is applied on a monthly basis.

Although an in year shortfall has been identified, recurrently the schemes are currently expected to deliver in line with the required £13m.

The CIP position at Month 5 (including non-recurrent schemes) can be summarised as follows:

	BY SCHEME TYPE		BY COST		TOTAL £m
	Income Generation (net of cost of delivery) £m	CIP £m	NHS Clinical Income £m	Divisional Budgets £m	
<b>Year to date Budget (including unidentified at time of plan)</b>	1.10	1.87	1.44	1.53	<b>2.97</b>
<b>Year to date Actual</b>	1.63	1.10	1.76	0.97	<b>2.73</b>
<b>Year to date Variance</b>	0.53	(0.77)	0.32	(0.56)	<b>(0.24)</b>

## 2. Key Issues

Through the five months of the financial year the Trust has delivered largely consistent financial performance across expenditure categories with greater variation being experienced across NHS clinical income specifically with months one, two and five under achieving from an income perspective.

Activity plans for 2015/16 were developed, agreed and signed-off by Divisional leads during the planning process, although remedial plans to recoup the earlier under performances were formulated, the latest forecast positions do not indicate improvements to recover earlier shortfalls, however do show that plans for future months will be achieved.

During the month the income position deteriorated further by £600k, reflecting under performances in planned care in both elective and outpatient activity. This is continuing the emerging trend from previous months and also reflects a less complex workload. In contrast although unplanned care has also under achieved against the plan during the month and cumulatively, the position has benefitted from a richer casemix. From an organisational perspective and at a "Point of Delivery" (POD) level, Appendix 1 includes the breakdown of the Trusts planned and actual income performance covering both price and volume of activity.

Divisionally income performance within total position is detailed below.

Surgery, Women's and Children's Division is showing the largest under recovery, which is attributed to a combination of reduced volumes of care and reduced casemix in elective activity in particular, which translates into a reduced level of income per spell of care delivered.

Within Medicine although unplanned activity is significantly below plan from a volume perspective a richer casemix has offset the under recovery. Penalties arising due to breeches against the A & E 4 hr. target amount to some £0.3m. However discussions through the localities Strategic Resilience Group (SRG) as to the appropriateness of penalising the Trust for a position which is reliant to a significant degree on economy wide actions have been successful. On that basis within the reported position A&E breach penalties have not been applied and therefore support costs being incurred and mitigate the financial under performance.

### Divisional Analysis

The following table shows the summary Divisional position (Month 5). The senior management teams within the Divisions have provided further explanation and context to the respective positions, and this is included in further detail (Appendix 2).

	Medicine & Acute £000	Surgery & W&C £000	Clinical Support £000	Corporate £000	Central £000	Trust Central	Total £000
NHS Clinical Income							
Planned Income	51,251	54,286	7,044	327	1,963		114,871
Actual Income	50,881	52,063	7,155	357	2,493		112,949
Variance	(371)	(2,223)	110	30	531		(1,922)
Net Expenditure							
Planned Expenditure	(35,408)	(40,073)	(17,153)	(24,243)	(3,028)	3,559	(116,345)
Actual Expenditure	(35,781)	(40,289)	(16,761)	(24,341)	(975)	3,396	(114,750)
Variance	(373)	(215)	392	(98)	2,053	(163)	1,595
Variance EBITDA	(743)	(2,438)	503	(68)	2,584	(163)	(326)
Post EBITDA							
Planned Post EBITDA					(5,852)		(5,852)
Actual Post EBITDA					(5,680)		(5,680)
Variance	0	0	0	0	172		172
Total Variance to Plan	(743)	(2,438)	503	(68)	2,756		(155)

### Analysis of Pay Spend

Detail	14/15 Average £k	April £k	May £k	June £k	July £k	August £k	YTD £k
<b>Budget</b>	<b>16,916</b>	<b>17,140</b>	<b>17,337</b>	<b>17,430</b>	<b>17,386</b>	<b>17,480</b>	<b>86,773</b>
<b>Pay Costs</b>							
<b>Substantive</b>	<b>15,875</b>	<b>15,605</b>	<b>15,783</b>	<b>15,873</b>	<b>15,630</b>	<b>15,840</b>	<b>78,731</b>
Bank Staff	319	306	291	295	293	289	1,474
Agency Staff	518	698	712	605	683	606	3,304
Overtime	224	343	278	282	263	276	1,442
Locum	362	299	264	332	356	410	1,661
WLI (In Year)	155	52	88	126	100	91	457
<b>Non Substantive Total</b>	<b>1,577</b>	<b>1,698</b>	<b>1,633</b>	<b>1,640</b>	<b>1,695</b>	<b>1,672</b>	<b>6,666</b>
<b>Total Pay</b>	<b>17,451</b>	<b>17,303</b>	<b>17,416</b>	<b>17,513</b>	<b>17,325</b>	<b>17,512</b>	<b>87,069</b>
<b>Variance</b>	<b>(535)</b>	<b>(163)</b>	<b>(79)</b>	<b>(83)</b>	<b>61</b>	<b>(32)</b>	<b>(296)</b>

In August 2015 £1.7m has been spent on non-core pay categories as detailed in the above table.

The spend on the non-core categories are largely consistent with the previous months.

Agency spend still remains higher than the 14/15 average spend and reasons are detailed below:-

- Medical agency spend this month remains high and is due to vacancies in the Emergency Department, the continued use of agency staff to cover the gaps in gastroenterology and cardiology, histopathology consultant gaps, agency in anaesthetics and junior doctor gaps. Plans are in place to continue to recruit substantively to the consultant gaps. The August junior doctor rotation has improved the gaps in Surgery specialties.
- Nurse agency costs are largely for the cohort ward managing infection control issues, acuity pressures, and other vacancy cover/sickness cover. A significant nurse recruitment plan is progressing well and it is envisaged to recruit substantively to all qualified nursing vacancies by March 2016. Monitor have issued a target 3% ceiling of agency spend on qualified nurses as a % of total qualified nursing spend. Currently the Medicine & Acute division is higher than this ceiling rate and there will be further additional challenges to manage winter pressures and infection control issues.

### **3. Next Steps**

The Trust continues to work closely with external support partners in order to assist in improving the financial performance and in embedding deeper transformational change. The financial performances of the divisions are being closely monitored through the monthly performance review process. A clear message has been provided within the organisation, emphasizing the necessity for the financial position to be improved, both in terms of delivery of activity and control of costs.

Specifically the divisions are focusing on the delivery of activity plans as being pivotal in the overall achievement of the financial plan, this is specifically relevant as the year progresses and margin contribution schemes which form a component of the CIP programme being to increase in value.

Forecast activity is reviewed on a weekly basis and divisions are each developing forecast outturn positions to increasingly consider necessary prospective actions to improve the forward look financial management of the organisation. The forecasts will be reported to the Board of Directors through the Chairs Report from the Finance Performance and Business Assurance Committee.

### **4. Conclusion**

The Trust continues to deliver an I&E position broadly in line with agreed plans and continued to have a strong cash position compared to the initial plans set out.

The Trust is now entering a challenging part of the year where the plans require improvement in income delivery and cost reductions. Operational teams are being supported on a weekly basis by the Executive team in order to support delivery at this important part of the year.

The CIP continues to be challenging and the Trust continues to identify schemes that will deliver operational and clinical excellence without impacting on patient care

and experience. The program management office will continue to support operational teams in order to mitigate the reduction in the forecast CIP both in year and recurrently.

From a risk perspective the key considerations include the requirement to ensure planned activity for the remainder of the year is achieved, in addition to improve patient flow to minimize financial penalties and the development of further CIP schemes to bridge the current CIP shortfall. In addressing these issues divisions are closely monitoring activity levels and seeking opportunities to maximize capacity, investments in patient flow have been supported to ensure the swiftest and most clinically appropriate transition of patients into and out of the organisation and weekly review of CIP development and delivery is undertaken at an executive level. These steps will be supplemented by enhancing the divisional input into the financial forecasts.

At an aggregate level the Trust continues to deliver against its financial plan and is forecasting, recognising the risks specifically associated with achievement of income targets and delivery of CIP schemes, that its planned deficit of £13.5m will be achieved. Close management of cash and working capital balances continues to afford the Trust a stronger position than planned and the requirement for future cash support, as identified within the submitted financial plan, will continue to be reviewed on a monthly basis, with the goal of minimizing the requirement for support and delaying any requirement to the latest possible point in the financial year.

## **5. Recommendations**

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

**David Allison**  
Chief Executive  
September 2015

## Appendix 1 – Income

2015-16 NHS Clinical Income -  
August 2015 (Month 5) FT PLAN

	ACTIVITY							In Month Movement
	Full Year Plan	Plan	Actual	Penalties	Adjusted Actual	YTD Variance	Previous Month Variance	
Elective & Day Case	50,170	20,406	19,639	0	19,639	(767)	(571)	(196)
Elective Excess Bed Days	3,854	1,604	1,320	0	1,320	(284)	(168)	(116)
Non Elective	44,924	18,486	18,119	(396)	17,723	(763)	(643)	(120)
Non Elective Non Emergency	5,291	2,142	2,082	0	2,082	(60)	(163)	103
Non Elective Excess Bed Days	17,434	7,235	8,598	(326)	8,272	1,037	907	130
A&E Attendances	89,442	38,648	38,260	0	38,260	(388)	(736)	348
Outpatient First Attendances	93,074	37,249	35,908	0	35,908	(1,341)	(689)	(652)
Outpatient Follow Up	192,923	77,997	75,770	(2,348)	73,422	(4,575)	(3,228)	(1,347)
Outpatient Procedures	45,597	18,751	17,733	0	17,733	(1,018)	(795)	(223)
Outpatient Unbundled Diagnostic Images	27,234	11,128	11,752	0	11,752	624	302	322
Maternity	6,498	2,682	2,664	0	2,664	(18)	(72)	54
	576,441	236,328	231,845	(3,070)	228,775	(7,553)	(5,856)	(1,697)
Total Pbr								
Non-Pbr								
Pbr Excluded Drugs								
CQUIN								
Contracted Income Sub Total								
North Wales - Additional Activity								
Other Income								
Grand Total								

Activity includes 1,204 U codes which have been valued at the average speciality price based on plan, a prudent estimation has been made for the possible Excess Bed Days that may be associated with U-codes.  
Negative Values are an under-performance and are shown in brackets.

## Appendix 2 – Divisional Analysis

### Medicine & Acute

#### Financial Summary – August 2015

	August			YTD to August 15			FULL YEAR		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	P5 F'cst £000	Variance £000
<b>Income Performance</b>									
NHS Clinical Income	10,172	9,960	(212)	51,251	50,882	(369)	125,613	124,822	(792)
Other Income	61	103	43	304	520	216	729	1,113	384
<b>TOTAL INCOME</b>	<b>10,233</b>	<b>10,063</b>	<b>(169)</b>	<b>51,555</b>	<b>51,402</b>	<b>(153)</b>	<b>126,343</b>	<b>125,935</b>	<b>(408)</b>
<b>Total Pay</b>	<b>(5,218)</b>	<b>(5,366)</b>	<b>(148)</b>	<b>(25,915)</b>	<b>(26,885)</b>	<b>(971)</b>	<b>(62,702)</b>	<b>(64,477)</b>	<b>(1,775)</b>
<b>Non Pay</b>	<b>(1,952)</b>	<b>(1,886)</b>	<b>66</b>	<b>(9,797)</b>	<b>(9,415)</b>	<b>382</b>	<b>(23,440)</b>	<b>(22,883)</b>	<b>557</b>
<b>TOTAL OPERATING COSTS</b>	<b>(7,171)</b>	<b>(7,252)</b>	<b>(82)</b>	<b>(35,712)</b>	<b>(36,300)</b>	<b>(589)</b>	<b>(86,143)</b>	<b>(87,360)</b>	<b>(1,218)</b>
<b>Total Net Position Surplus/(Deficit)</b>	<b>3,062</b>	<b>2,811</b>	<b>(251)</b>	<b>15,844</b>	<b>15,102</b>	<b>(742)</b>	<b>40,200</b>	<b>38,575</b>	<b>(1,625)</b>

#### Executive Summary on August Financial Position and Forecast

- The in month under performance for NHS Clinical Income in the main is attributable to the reduction to the Urgent Care funding of £112k as per the contract agreement and Non Elective which has underperformed in terms of activity in month (66spells) but is still underperforming year to date (871 spells).
- In terms of Elective activity the main area of concern is Cardiology which is underperforming year to date by 181 spells and £283k due to the gap in a substantive Consultant post that remains, substantive appointments have been made going forward. Gastroenterology Elective activity is over performing year to date by 422 spells and £210k which has had to be delivered at premium costs due to the remaining gaps in Consultant posts. Adverts have been made to recruit into these gaps and the Division is also looking at alternative ways in which to deliver the activity that mitigates these premium costs.
- The other income of £43k in month in the main has an offset in expenditure in month attributable to pay.
- The area of pressure in terms of operating costs continues to be pay with the main areas being the unfunded Infection Control Ward which has been staffed at premium rates, Acute Care incurring premium costs due to the gaps in both Consultant and Junior Medical Staff, Gastroenterology incurring premium costs to deliver activity due to the gaps in substantive Consultant and Nurse Endoscopist, Cardiology gaps due to gaps in substantive consultant post.
- Non pay in month has an underspend against High Cost Drugs/Bloods of £32k (£372k ytd) which has a corresponding underperformance against NHS Clinical Income.
- The forecast shortfall against the income relates to 3 key areas - Urgent Care Monies has been reduced against the planned income by £268k. Cardiology Elective & Day Case activity is predicted to continue to underperform against plan due to the problems in appointing a Cardiologist who can deliver Cath Lab activity. It is anticipated that there

will continue to be an underperformance against spend on High Cost Drugs/Bloods which equates to £534k which is reflected in both the NHS Clinical Income underperformance and within the Non Pay underspend. Pay is anticipated to continue to overspend but at a lower run rate with the assumption that winter spend will not exceed the plan and substantive recruitment will reduce the premium costs.

- Risks to forecast - Non Elective activity underperforms at a higher rate against plan, which would require bed closures to happen sooner. Recruitment of substantive posts for Acute Care, Gastroenterology and Cardiology continues to be an issue; the Division is looking to mitigate this by recruiting a Gen Med physician to look after a greater number of beds to release the Specialty Consultants to deliver Elective Activity.

### **Working Capital – August 2015**

	August			FULL YEAR		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Inventory	125	78	(47)	125	78	(47)
Debtors (NHS/Non NHS)	35	76	41	15	56	41
Other Debtors & Prepayments	229	357	128	75	376	301
<b>Total Current Assets</b>	<b>389</b>	<b>511</b>	<b>122</b>	<b>215</b>	<b>510</b>	<b>295</b>
Deferred Income	(292)	(265)	27	(279)	(237)	42
Creditors (NHS/Non NHS)	(607)	(881)	(274)	(891)	(932)	(41)
Accruals	(1,543)	(2,006)	(464)	(1,246)	(1,580)	(334)
<b>Total Current Liabilities</b>	<b>(2,442)</b>	<b>(3,152)</b>	<b>(710)</b>	<b>(2,417)</b>	<b>(2,749)</b>	<b>(332)</b>
<b>Net Current Assets / (Liabilities)</b>	<b>(2,053)</b>	<b>(2,641)</b>	<b>(588)</b>	<b>(2,202)</b>	<b>(2,239)</b>	<b>(38)</b>

### ***Executive Commentary***

- Debtors (NHS/Non NHS) - represents increase in charges
- Other Debtors & Prepayments - increase in maintenance costs and timing of invoices being received
- Creditors (NHS/Non NHS) August ytd represents delays in invoiced being received from DOH - issue now in the process of being resolved.
- Accruals - August ytd contains increased agency/locums costs not anticipated in the plan due to non funded areas being open and gaps in substantive posts.

## Surgery, Women's & Children's

### Financial Summary – August 2015

	August			YTD to August 15			FULL YEAR		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	P5 F'cst	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Income Performance</b>									
NHS Clinical Income	10,634	10,148	(485)	54,288	52,064	(2,224)	132,135	129,279	(2,856)
Other Income	169	237	68	844	1,274	430	2,025	2,879	854
<b>TOTAL INCOME</b>	<b>10,802</b>	<b>10,385</b>	<b>(417)</b>	<b>55,132</b>	<b>53,338</b>	<b>(1,794)</b>	<b>134,161</b>	<b>132,158</b>	<b>(2,003)</b>
Total Pay	(6,337)	(6,438)	(101)	(31,623)	(31,935)	(312)	(75,366)	(76,220)	(854)
Non Pay	(1,852)	(1,901)	(49)	(9,293)	(9,628)	(335)	(22,219)	(22,853)	(634)
<b>TOTAL OPERATING COSTS</b>	<b>(8,190)</b>	<b>(8,339)</b>	<b>(149)</b>	<b>(40,916)</b>	<b>(41,563)</b>	<b>(647)</b>	<b>(97,585)</b>	<b>(99,073)</b>	<b>(1,488)</b>
<b>Total Net Position Surplus/(Deficit)</b>	<b>2,613</b>	<b>2,046</b>	<b>(566)</b>	<b>11,602</b>	<b>9,728</b>	<b>(2,440)</b>	<b>36,575</b>	<b>33,085</b>	<b>(3,490)</b>

### Executive Summary on August Financial Position and Forecast

- The in month under performance for NHS Clinical Income is attributable to Elective and Daycase activity which has under performed by 277 spells in August. This has led to a shortfall in Income of £337k. The majority of this shortfall continues to be within Trauma & Orthopaedics and the forecast for the rest of the year is to achieve monthly plan going forward until the end of the financial year. Included in the shortfall is £94k of RTT Penalties.
- The Division has over performed on Non-Elective activity in month by £70k in the main attributable to General Surgery and Trauma & Orthopaedics.
- The other Income over recovery is the income received from the Continuing Care Packages offset in pay and also the rental of Orthopaedic Theatres in Clatterbridge to COCH.
- Pay is over spent in month by £101k due to agency and locum medics covering gaps in the rota and sickness and vacancies. Work is ongoing to reduce this and this will reduce from September/October in the majority of areas.
- Non-Pay overspend is due to overspends on PBR Excluded devices and High Cost drugs which are offset in Non-PBR Income.
- The Division is forecasting to deliver it's Income plan over the rest of the financial year from September onwards. Whilst it is acknowledged that this is a challenging forecast there is confidence that with no ward closures due to infection or any unexpected increase in Non-Elective activity this forecast will be delivered. The Division continues to be supported with weekly meetings including the PMO and Executive team.
- Risks to forecast - as indicated above any unexpected closures of wards or large outliers from Medical emergency patients leading to cancellations of Elective activity and also a decision made on the additional activity from Betsi Cadwaldr.

## Working Capital – August 2015

	August			15/16 Closing Position		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
	Plan	Plan	Plan	Plan	Plan	Plan
Inventory	1,943	1,978	35	1,943	1,978	35
Debtors (NHS/Non NHS)	164	251	87	197	205	8
Other Debtors & Prepayments	742	690	(52)	725	760	35
<b>Total Current Assets</b>	<b>2,849</b>	<b>2,919</b>	<b>70</b>	<b>2,865</b>	<b>2,943</b>	<b>78</b>
Deferred Income	(262)	(230)	32	(262)	(245)	17
Creditors (NHS/Non NHS)	(643)	(967)	(324)	(509)	(700)	(191)
Accruals	(2,044)	(2,238)	(194)	(1,914)	(2,000)	(86)
<b>Total Current Liabilities</b>	<b>(2,949)</b>	<b>(3,435)</b>	<b>(486)</b>	<b>(2,685)</b>	<b>(2,945)</b>	<b>(260)</b>
<b>Net Current Assets / (Liabilities)</b>	<b>(100)</b>	<b>(516)</b>	<b>(416)</b>	<b>180</b>	<b>(2)</b>	<b>(182)</b>

### *Executive Commentary*

- Creditors - delays in receiving credit notes from Aintree and the Royal for MDT charges so invoices remain outstanding.
- Accruals forecast has improved due to reduction in agency spend forecast moving forwards. In month higher accruals for agency spend due to the gaps in the rotation

## Clinical Support

### Financial Summary – August 2015

	August			YTD to August 15			FULL YEAR 15/16		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	P5 F'cst	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Income Performance</b>									
NHS Clinical Income	1,366	1,349	(17)	7,044	7,154	109	16,975	17,080	106
Other Income	330	321	(9)	1,648	1,639	(9)	3,956	3,854	(102)
<b>TOTAL INCOME</b>	<b>1,695</b>	<b>1,670</b>	<b>(26)</b>	<b>8,693</b>	<b>8,793</b>	<b>101</b>	<b>20,930</b>	<b>20,934</b>	<b>4</b>
<b>Total Pay</b>	<b>(2,659)</b>	<b>(2,525)</b>	<b>134</b>	<b>(13,268)</b>	<b>(12,627)</b>	<b>641</b>	<b>(31,727)</b>	<b>(30,981)</b>	<b>746</b>
<b>Non Pay</b>	<b>(1,109)</b>	<b>(1,076)</b>	<b>33</b>	<b>(5,533)</b>	<b>(5,773)</b>	<b>(240)</b>	<b>(13,292)</b>	<b>(13,796)</b>	<b>(504)</b>
<b>TOTAL OPERATING COSTS</b>	<b>(3,768)</b>	<b>(3,601)</b>	<b>167</b>	<b>(18,801)</b>	<b>(18,400)</b>	<b>401</b>	<b>(45,019)</b>	<b>(44,777)</b>	<b>242</b>
<b>Total Net Position Surplus/(Deficit)</b>	<b>(2,073)</b>	<b>(1,931)</b>	<b>142</b>	<b>(6,082)</b>	<b>(5,698)</b>	<b>502</b>	<b>(24,089)</b>	<b>(23,842)</b>	<b>246</b>

#### Executive Summary on August Financial Position and Forecast

- Clinical Income dipped below plan in month driven in the main by Direct Access performance particularly within Radiology & Therapies. Performance on the latter was adversely impacted by the holiday season and is expected to be much closer to plan for the rest of the year, however, Radiology demand continues below plan and this is reflected in the forecast. Pathology was below plan in the month impacted by a seasonal dip in activity levels but is expected to improve over the coming months & exceed plan although at a lower rate than seen to date.
- Other income is forecast below plan for the year as Private Patient activity continues to track below expectation.
- Pay costs are below plan in month & cumulatively as a consequence of high vacancy levels across the Division which has necessitated agency spend to support activity in some areas. Recruitment plans are in place to address these vacancies in key areas and as a result the rate of underspend is forecast to reduce as will the reliance on non-core support.
- Non pay budgets are over plan with increased spend mainly on Clinical Supplies as a result of higher activity levels particularly within Pathology and increased maintenance costs within Radiology. Miscellaneous expenditure was under budget in month as the costs previously provided for the ESD provision by our partner providers was reversed following agreement with the CCG.
- Risks to forecast - Direct Access activity: whilst WUTH gains from increases there is an affordability risk across the health economy which may result in actions to curb demand
- Forecast assumes that new Infection Control testing volumes remain within funded levels and that no unfunded additional beds will be open for winter

## Working Capital – August 2015

	August			15/16 Closing Position		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£000	£000	£000	£000	£000	£000
Inventory	314	276	(38)	314	300	(14)
Debtors (NHS/Non NHS)	87	193	106	106	139	33
Other Debtors & Prepayments	927	671	(256)	371	591	220
<b>Total Current Assets</b>	<b>1,328</b>	<b>1,140</b>	<b>(188)</b>	<b>791</b>	<b>1,030</b>	<b>239</b>
Deferred Income	(56)	(102)	(46)	(13)	(45)	(32)
Creditors (NHS/Non NHS)	(901)	(2,148)	(1,247)	(937)	(1,261)	(323)
Accruals	(692)	(2,007)	(1,315)	(608)	(651)	(43)
<b>Total Current Liabilities</b>	<b>(1,649)</b>	<b>(4,257)</b>	<b>(2,608)</b>	<b>(1,558)</b>	<b>(1,957)</b>	<b>(398)</b>
<b>Net Current Assets / (Liabilities)</b>	<b>(320)</b>	<b>(3,117)</b>	<b>(2,797)</b>	<b>(767)</b>	<b>(927)</b>	<b>(159)</b>

### ***Executive Commentary***

- Prepayments: change in timing of receipt of Roche MSC invoices and varied maintenance contracts offset by additional spend added to GenMed MSC; whilst the former two elements are expected to largely realign by year end the change to the GenMed contract will increase the year end position.
- Creditors: August increase due to delayed SLA invoicing from COCH (5 months outstanding) and OP clinic rental plus some prior year invoicing outstanding on Lab tests; year end position anticipates that this late invoicing by other labs will continue.
- Accruals: as at August there is a significant delay in receipt of invoices relating to Roche MSC (£0.9m) and Cerner plus higher agency related accruals; Roche & Cerner expected to be in line with plan by the year end (invoices have been received post month end).

## Corporate Services

### Financial Summary – August 2015

	August			YTD to August 15			FULL YEAR		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	P5 F'cst	Variance
	August	August	August	August	August	August	August	August	August
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Income Performance</b>									
NHS Clinical Income	71	85	14	353	363	10	846	905	59
Other Income	906	958	52	4,792	4,955	163	11,770	12,075	305
<b>TOTAL INCOME</b>	<b>976</b>	<b>1,042</b>	<b>66</b>	<b>3,886</b>	<b>3,998</b>	<b>173</b>	<b>11,770</b>	<b>12,075</b>	<b>305</b>
<b>Total Pay</b>	<b>(3,134)</b>	<b>(3,046)</b>	<b>89</b>	<b>(15,666)</b>	<b>(15,277)</b>	<b>389</b>	<b>(37,448)</b>	<b>(36,630)</b>	<b>818</b>
<b>Non Pay</b>	<b>(2,620)</b>	<b>(2,749)</b>	<b>(129)</b>	<b>(13,369)</b>	<b>(14,018)</b>	<b>(648)</b>	<b>(32,070)</b>	<b>(33,683)</b>	<b>(1,613)</b>
<b>TOTAL OPERATING COSTS</b>	<b>(5,754)</b>	<b>(5,794)</b>	<b>(40)</b>	<b>(23,281)</b>	<b>(23,500)</b>	<b>(220)</b>	<b>(69,518)</b>	<b>(70,312)</b>	<b>(794)</b>
<b>Total Net Position Surplus/(Deficit)</b>	<b>(4,778)</b>	<b>(4,752)</b>	<b>26</b>	<b>(19,394)</b>	<b>(19,502)</b>	<b>(47)</b>	<b>(56,902)</b>	<b>(57,332)</b>	<b>(430)</b>

#### Executive Summary on August Financial Position and Forecast

- Some deterioration in ICR position—forecast continues to assume some under recovery in future months.
- Improvement in Car Parking income from increase in charges.
- Some improvement on Energy budget from APH as the combined heat and power equipment is now working. Forecast assumes continued improvement.
- The IT budget continues to be under pressure from unfunded maintenance contract costs both in-month and year-to-date and this is not forecast to improve by year-end.
- Risks to Forecast - Energy budget if future problems with CHP.
- ICR income position is unpredictable and may worsen.
- Forecast position assumes no unfunded additional beds will be open for Winter.
- Forecast position assumes any additional cost for Exec re-structure will be fully funded.

## Working Capital – August 2015

	August			FULL YEAR		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
	Plan	Plan	Plan	Plan	Plan	Plan
Inventory	371	365	(6)	356	356	(0)
Debtors (NHS/Non NHS)	138	94	(44)	105	141	36
Other Debtors & Prepayments	2,165	1,735	(430)	1,314	1,338	24
<b>Total Current Assets</b>	<b>2,674</b>	<b>2,194</b>	<b>(480)</b>	<b>1,775</b>	<b>1,835</b>	<b>60</b>
Deferred Income	(1,116)	(1,427)	(311)	(792)	(862)	(70)
Creditors (NHS/Non NHS)	(562)	(881)	(319)	(355)	(505)	(150)
Accruals	(2,949)	(5,802)	(2,853)	(2,722)	(2,925)	(203)
<b>Total Current Liabilities</b>	<b>(4,627)</b>	<b>(8,110)</b>	<b>(3,483)</b>	<b>(3,869)</b>	<b>(4,292)</b>	<b>(423)</b>
<b>Net Current Assets / (Liabilities)</b>	<b>(1,953)</b>	<b>(5,916)</b>	<b>(3,963)</b>	<b>(2,094)</b>	<b>(2,457)</b>	<b>(363)</b>

### **Executive Commentary**

- Prepayments are below plan as a consequence of late payment of Cerner and other invoices.
- Deferred income—additional income received in year for R&D posts and other projects. Costs will be incurred both in-year and in 2016/17 and income released to offset.
- Creditors—delay in receipt and payment of invoices for Shared HR service voiced COCH.
- Accruals—continued delay in receipt significant value invoices relating to Cerner, Consultancy costs and energy costs.
- Most variances at August relate to timing differences which are expected to be resolved by year end.

BOARD OF DIRECTORS	
<b>Agenda Item</b>	8.1
<b>Title of Report</b>	Francis Report: Hard Truths Commitment: Publishing of Nurse Staffing Data: July and August 2015
<b>Date of Meeting</b>	30 September 2015
<b>Author</b>	Gaynor Westray, Deputy Chief Nurse Johanna Ashworth-Jones, Senior Analyst Jill Galvani, Director of Nursing and Midwifery
<b>Accountable Executive</b>	Jill Galvani, Director of Nursing and Midwifery
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	Strategic objectives: To be the top NHS Hospital in the North West; Delivering consistently high quality secondary care services; Supported by financial, commercial and operational excellence. 1A: Improve our Patient Experience to deliver the Friends & Family score of 95% or better (Risks 2799 & 2798); 1B: Create a strong culture of empowered employees, delivering a staff engagement score of 3.59 or better, through implementation of our nursing, midwifery and customer service strategy (risk number 1908 & 1909); 3A: Implementation of a quality improvement strategy to reduce mortality to 85 HSMR (Risks 2837 & 2611); 3B: Ensure that our harm free care score is no lower than 93% & no lower than 95% for 3 months (Risks 2799, 2837 & 2798); 7A: Full compliance with our registration with CQC (Risks 2798 & new risk scored at 15: The risk of further severe enforcement action should the Trust not respond appropriately to the requirement notice regarding nurse staffing.
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Gap: Recruitment to the interim Isolation ward (14) has been successful and almost complete to enable the move to Ward 25 1 <sup>st</sup> November 2015. Flexibank fill rate: Currently for August 2015 at 66% which is an improvement on the previous month of 55% E Roster Version 10: has not been well used to date to record actual staffing levels after mitigation (Bank, overtime, agency and staff flexibility). A team has been established to support the ADNs to optimize the E Roster functionalities. This has been placed on the risk register. A system to assure data quality needs to be in place. Revalidation for Registered Nurses and Midwives is mandated from 1 April 2016; there is a potential risk that nurses may miss this deadline and therefore are unable to work as Registered nurses or midwives. This risk is on the risk register and there are plans in place to mitigate the potential impact.

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	<p>During the CQC inspection there was a challenge that staff do not appreciate the reasoning behind being moved and are not feeling the benefits of the current recruitment plan. Whilst staff attendance rates and staff Friends &amp; Family Test scores are improving, there needs to be further work to understand this perception.</p> <p>Positive: Ward 27 closed on 25 April 2015 and ward 25 closed on 22 May 2015 and no escalation beds have been required since then. Ward Sisters and Matrons have resumed their roles; Revised Staffing escalation guide in place from July 2015; The Trust's recruitment plan is beginning to impact on staffing levels and the Trust's fill rates with overall 96% for July &amp; August 2015.</p> <p>The total number of RN vacancies across all grades in the Trust at September 2015 has reduced to 48.5 WTE (3.2%), of this there are 12.51 WTE (1.88%) residual vacancies at Band 5 level.</p> <p>Continued improvement in Registered Nurse sickness rate with July at 4.79% and August at 4.37%. Improvement in In-Patient Friends &amp; Family score July 96% and August 97%.</p>
<b>Purpose of the Paper</b>	Discussion
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment</b>	No

## 1. Executive Summary

This report provides the Board of Directors with information on the details of the actual hours of Registered nurses/midwives and Clinical Support staff's time on ward day shifts and night shifts versus planned staffing levels for July and August 2015.

In 2013, the National Quality Board produced a document: "How to ensure the right people, with the right skills, are in the right place at the right time – A guide to establishing nursing, midwifery and care staffing capacity and capability" which outlines ten expectations for NHS providers and commissioners in relation to nursing and midwifery staffing. Expectation 7, states that Boards receive monthly updates on workforce information and staffing capacity and capability. These updates which are to be discussed at the Public Board meeting will also be available on the Trust internet site.

Further guidance circulated by Jane Cummings, Chief Nursing Officer, NHS England, in May 2014 clarified that the Board of Directors will be advised of those wards where staffing capacity and capability materially falls short of the plan, the reasons for the gap, the impact and actions being taken to address it. This can be presented as an exception report, providing the Trust website publishes ward by ward data on actual versus planned numbers of staff by registered nurse / midwife / care staff and day duty / night duty. These data are presented in this paper.

The Trust has been on a three year journey to increase the nursing establishment to ensure the delivery of safe and appropriate care. The total investment agreed by the Board of Directors commencing 2012/2013 has been circa £3.45M. The total number of RN vacancies across all grades in the Trust at September 2015 has reduced to 48.5 WTE (3.2%), of this there are 12.51 WTE (1.88%) residual vacancies at Band 5 level, Table 1.

**Table 1 – Band 5 RN Vacancies**

Division	Area		May 2015	June 2015	July 2015	August 2015	September 2015
All Inpatient Ward Areas	All Areas	Establishment	626.36	626.36	626.11	666.55	666.55
		Actual Numbers	595.49	595.19	591.78	628.62	654.04
		Vacancies	30.87	31.17	34.33	37.93	12.51
		Vacancies %	4.93%	4.98%	5.48%	5.69%	1.88%
		Occupied Bed Days	19255	18620	18818	18749	

For 34 clinical inpatient areas, the optimal number of hours of nursing or midwifery staff time required for day shifts and night shifts has been calculated for the month and the actual fill rate has been recorded. Overall the actual fill rate for in-patient areas was 96% for both July and August 2015. For day shifts for Registered Nurses was 93% for July and 95% for August, and for Clinical Support Workers was 97% for July and 96% for August. Overall, the actual fill rate for night shifts for Registered Nurses against planned levels was 96% July and 97% for August and for Clinical Support Workers the actual fill rate was 97% July and 96% for August.

There is currently no national standardised compliance target for the staffing fill rate figure. However, the Trust has benchmarked against Salford NHS Foundation Trust, Tameside Hospital NHS Foundation Trust, Sheffield Teaching Hospital NHS Foundation Trust and Countess of Chester NHS Foundation Trust and as result of this benchmarking the following parameters have been adopted for nurse staffing fill rate:

Green	Fill rate of 95% and above
Amber	Fill rate of 81-94%
Red	Fill rate 80% and below

These parameters provide information for the Board of Directors on how the Trust is progressing towards safe staffing. The Corporate Nursing Analyst use these parameters to retrospectively review the staffing position from April 2015 to demonstrate the improvement. Reasons why an area was in the red category are provided in Appendix 1.

#### **Staffing Fill Rates for Inpatient Wards**

July and August 2015 saw an improved fill rate position for both Registered Nurses and Clinical Support Workers. When a comparison is made between the planned hours and actual hours for inpatient wards it can be reported that we had on average a 96% fill rate for both July and August 2015. A detailed breakdown of each individual ward area for July and August 2015 can be found in (Appendix 1 and 2).

<b>WUTH Staff total</b>				
Month	Planned hours (Rounded to the nearest hours)	Actual Hours (Rounded to the nearest hours)	Variance (Rounded to the nearest hours)	Fill Rate
August	164038	157775	6263	96%
July	164038	156864	7174	96%
June	163495	154946	8549	95%
May	163493	154179	9314	94%
April	163493	155624	7869	95%

For most wards, there will be a difference between the planned and actual staffing hours. In some cases, departments will have used more hours than they planned to use and in other cases they will have used less hours than they planned. The reasons for using more staff hours than planned could include needing to open and staff additional beds, or needing to care for patients who are either more unwell or who have greater care needs than those patients usually cared for on that ward. The reasons for using less staff hours than planned could include using fewer beds than planned, or caring for patients who are less unwell or with fewer care needs than those patients usually cared for on that ward, such as patients who are experiencing a delayed transfer of care. The Ward Sister or Charge Nurse will agree the safe staffing level with the Matron or Deputy Associate Director of Nursing on a daily basis at the daily staffing review meeting.

Matrons and Ward Sisters have resumed their usual roles where staffing levels permit. Registered nurse vacancies continue to be reviewed weekly by the Director of Nursing & Midwifery and the Senior Nurse Team.

This paper presents details of the Registered Nurse and Midwifery staffing, recruitment and vacancies. This information was submitted to the CQC Inspectors on 22 September 2015 following the CQC Inspection as part of the CQC's assessment of the current enforcement action regarding nurse staffing. A copy of the report is attached (Appendix 3).

The E-roster successfully transferred over to version 10 on 3 June 2015 which will now enable a more effective and efficient rostering of ward nursing staff, as well as the electronic recording of staffing data and the provision to produce good quality reports. The Trust realises that whilst E Roster has become a very valuable tool for planning staffing, it has not been well used to date to record actual staffing levels after mitigation (Bank, overtime, agency and staff flexibility). A team has been established to support the Associate Directors of Nursing to optimise the E Roster functionalities.

## 2. Background

Following the publication of the Francis report in February 2013, the Government made a number of commitments in 'Hard Truths: The Journey to Putting Patients First' to make this information more publically available. This report forms part of the Trust's obligation to publish staffing levels on hospital wards. The new style format to present our data was introduced as a means of triangulating the average staff fill rates with key quality indicators and information around sickness at ward level.

The report shows the actual hours of nursing cover (both Registered Nurse and Care Support Worker) compared to the expected hours for both day and night shifts. It also presents data per ward on the number of falls (moderate and above); the number of patients with a hospital acquired pressure ulcer; the number of patients confirmed as

Clostridium Difficile positive, MRSA positive, of which both are reportable to Public Health England. The final part of the report presents data on the sickness levels per ward. 'Red flag' alerts are being recorded at ward level from June 2015 as per Nurse Staffing Escalation Guidance.

### **3. Maintaining safe staffing levels**

The Staffing Escalation Guide was reviewed in July 2015, building on existing practice, which details how to address any shortfalls in staffing, for example because of unexpected absence. Every ward and department across all our sites must have a nurse or midwife in charge at all times. Each group of wards or departments is overseen by a senior nurse or midwife bleep holder to whom the nurse or midwife in charge can escalate concerns and problems. They are supported by their own nursing/midwifery team in hours and out of hours, by a Duty Matron until 20.00hrs Monday to Friday and until 16.00 hours on Saturdays and Sundays, thereafter, the Hospital Co-ordinator picks up the role. The Duty Matron oversees the whole hospital across both sites and if he/she is unable to solve a problem, it is escalated to the Manager on call and in turn, the Trust Executive on call. Ultimately, if a significant nursing/midwifery problem remains unresolved, the Chief Nurse would be contacted. This is a series of dynamic systems and processes that function 24 hours per day, 365 days per year to achieve the aim of delivering safe, high quality care and to achieve this requires that an overview across the whole Trust is maintained so that resources can be balanced across the 24 hour period across all of our sites.

### **4. Data quality**

In order to submit the information in a timely manner, the data are extracted from the daily staffing review meetings. However, the Trust E-rostering system should have this functionality and this is being explored with Allocate alongside training requirements. The Trust goes live with NHS Professionals system as a provider of temporary staff on 2<sup>nd</sup> November 2015. Both these systems should be updated and accurate, however the logistics of extracting data from over 34 clinical areas involving over 2000 individual members of staff are complex. In order to confirm the accuracy of these data it is recommended that a series of audits and checks will be run to confirm that the data submitted are accurate.

Wards that are triggering on the safe staffing data over a period of time are monitored and reviewed by the Senior Nursing team, with a report provided for the monthly Divisional Performance reviews.

### **5. Key Issues**

The Director of Nursing and Midwifery has taken steps to ensure that the Trust has responded to meet the Hard Truths milestones set out in the guidance published on 31 March 2014. All actions identified in the Mersey Internal Assessment and Audit (MIAA) action plan have been completed including the nurse staffing escalation guide.

The Trust continues to deliver the recruitment plan and the CQC improvement notice actions following the unannounced inspection in May 2015. All actions are complete within timescales.

The risk associated with E Roster implementation and realisation of the full range of functionalities and the associated data quality issues are areas for immediate action and work on this has begun.

During the CQC inspection there was a challenge that our Registered Nurses and Care Support Workers do not appreciate the reasoning behind being moved and are not feeling the benefits of the current recruitment plan. The number of staffing incidents reflects an open and honest reporting culture and is also a mechanism for concerns related to staffing to be recorded by staff. Each incident is reviewed at the time of raising it by the local manager and an overview is undertaken by the Strategic Nursing & Midwifery Team. An escalation guide for nurse staffing concerns has been developed and implemented, outlining an absolute minimum of 2 registered nurses per ward at all times. This guide supports decision making around the provision of safe staffing levels. The escalation guide also includes actions to address when a red flag alert is reported.

### **New Rules on Nursing Agency Expenditure**

Each Trust will receive its annual ceilings for October 2015 to March 2016, and for 2016/17 to 2018/19 on 1 September 2015. Once a Trust has received this information it should provide a monthly profile of the planned nursing agency spend that enables it to achieve its ceiling for October 2015 to March 2016. The ceiling trajectory for this Trust is Band A, under 3% of total nurse spend. The information required by Monitor was submitted by the deadline of 14 September 2015. The performance on agency expenditure is already being monitored as part of the Cost Improvement Programme.

### **NMC Revalidation**

All Nurses and Midwives are being encouraged to begin updating their portfolios to comply with the new NMC Revalidation process that will commence from April 2016. The NMC Revalidation documentation is currently still in draft form as we await final versions of documentation early October 2015.

The Trust has benchmarked revalidation dates and is aware the following number of registrants will be required to revalidate each month during Quarter 1 2016/17:

Trust wide	April 2016	May 2016	June 2016
NMC registrants revalidation date	27	42	31

NMC Revalidation has been risk assessed and added to Trust Risk Register (initial score 12 reduced to 8 following mitigation).

### **Nursing workforce requirement**

There are no further national developments on nurse staffing to report to the Board of Directors.

## **6. Next steps**

- Continue with the programme of Monthly Trust wide recruitment for Registered Nurses, including overseas recruitment
- Continue to update the Executive Directors Team on a monthly basis
- Continue to review the use of Flexibank as the Trust moves across to NHS Professionals
- Continue to focus on the management of long and short term sickness
- Provide training for the E-Roster leads to ensure that the Trust maximises the functionalities of the system
- Establish a mechanism to assure data quality for nurse staffing

- Develop and deliver a mechanism for understanding staff's perceptions of safe staffing
- Undertake the planned audit of revalidation readiness during Quarter 3 for those nurses and midwives due to re-register in Quarter 1 of 2016/17.

## **7. Conclusion**

The impact of the recruitment strategy is being realised in September 2015 and data has been presented to demonstrate this. There is evidence to support improvement in the number of nurse vacancies, nurse and midwifery attendance, in-patient and staff Friends and Family scores and the overall Trust nurse staffing fill rates. All mitigating actions are in place to ensure that safe and appropriate nurse staffing levels are in place.

The source of this data is the electronic staff record (ESR). The information has been validated through Human Resources and Organisation Development (HR&OD), Finance and Corporate Nursing.

## **8. Recommendations**

The Board of Directors is asked to receive and discuss the paper prior to publication on NHS Choices.



### Nurse Staffing Fill Rate April 2015 – August 2015

There is currently no standardised RAG rating or formal compliance target for staffing fill rate figures. The tables below have been populated using a Red, Amber, Green rating to help inform an overview of the variances of staffing fill rates within Wirral University teaching Hospital.

Registered Nurses Day Shifts					
Fill rate	April 2015	May 2015	June 2015	July 2015	August 2015
95% and above (Green)	18	16	17	20	21
81% - 94% (Amber)	16	18	16	13	13
80% and below (Red)	None	None	1	1	None

Registered Nurses Day Shift – Red status breakdown	
June	Ward 54 – 79% fill rate – Short notice sickness
July	Ward 36 – 78% fill rate – Vacancy and Short notice sickness

Registered Nurses Night Shifts					
Fill rate	April 2015	May 2015	June 2015	July 2015	August 2015
95% and above (Green)	23	23	26	27	26
81% - 94% (Amber)	10	10	8	7	8
80% and below (Red)	1	1	None	None	None

Registered Nurses Day Shift – Red status breakdown	
April	SAU – 79% fill rate – Additional beds
May	Ward 38 – 80% fill rate – Outstanding vacancy

<b>Clinical Support Workers Day Shifts</b>					
Fill rate	April 2015	May 2015	June 2015	July 2015	August 2015
95% and above (Green)	26	28	22	25	26
81% - 94% (Amber)	7	5	10	8	6
80% and below (Red)	None	None	1	None	1

<b>Clinical Support Workers Day Shift – Red status breakdown</b>	
June	Ward 38 – 74% fill rate – short notice sickness
August	Ward 17 – 79% fill rate – Bank requests not filled / special required

<b>Clinical Support Workers Night Shifts</b>					
Fill rate	April 2015	May 2015	June 2015	July 2015	August 2015
95% and above (Green)	28	24	23	28	27
81% - 94% (Amber)	2	5	7	2	2
80% and below (Red)	0	1	None	None	1

<b>Clinical Support Workers night Shift – Red status breakdown</b>	
May	SAU – 75% - Outstanding vacancy
August	Ward 17 – 80% fill rate – Bank requests not filled / special required

Monthly Safe Staffing Report - July 2015

Speciality	Ward	Beds	RNs			Days			CSW's			RNs			Nights			CSW's			Quality Indicators			
			Total monthly planned staff hours	Total monthly actual staff hours	Variance	% RN	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% CSW	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% RN	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% CSW	Falls (moderate and above)	Pressure ulcers (Grade 2 and above)	Cdf (Reportable to PHE)	MRSA (Reportable to PHE)	Staphs & Absence	
Orthopaedics	10	28	1725	1608.65	116.35	93.3%	1230	1151.5	78.5	93.6%	1080	1057	23	97.9%	690	656	34	95.1%	0	1	0	0	3.13	
Orthopaedics	11	25	1725	1694.75	30.25	98.2%	1230	1223.75	6.25	98.5%	1080	1080	0	100.0%	690	633	57	97.7%	0	1	0	0	1.01	
Orthopaedics	12	16	1173	1123	50	95.7%	1035	972.5	62.5	94.0%	690	678.5	11.5	94.0%	345	327	18	94.8%	0	0	0	0	3.87	
DME	16 / OPAU	23	2342.5	2067.5	275	88.3%	1550	1448	102	93.4%	1069.5	997.5	72	93.3%	713	689	24	96.6%	0	2	1	0	4.64	
Colorectal	17	30	1875	1793.75	81.25	95.7%	1230	1211.25	18.75	98.5%	1080	1033	47	95.6%	690	672.25	17.75	97.4%	0	0	0	0	2.25	
General Surgery	18	29	1725	1618.75	106.25	93.8%	1230	1192.5	37.5	97.0%	1230	1218.5	11.5	99.1%	690	667	23	96.7%	0	0	0	0	5.56	
Urology	20	30	1725	1650	75	95.7%	1263.25	1257	6.25	99.5%	1230	1154.5	75.5	93.9%	690	690	0	100.0%	0	0	0	0	11.64	
DME	21	31	1572	1490.75	81.25	94.8%	1530	1506.75	23.25	98.5%	1215	1168	47	96.1%	1035	1035	0	100.0%	0	1	0	0	5.03	
DME	22	30	1722.5	1710	12.5	99.3%	1366.25	1337.75	18.5	98.6%	1263.25	1251.25	12	99.1%	713	713	0	100.0%	0	1	0	0	2.17	
Stroke	23	26	2110	1935.5	174.5	91.7%	1162.5	1131.25	31.25	97.3%	1069.5	1063.2	6.3	99.4%	713	713	0	100.0%	0	1	0	0	0.26	
DME	24 & Isolation	38	2098.52	1997.02	101.5	95.2%	1619.73	1613.5	6.23	99.6%	1426	1395.5	30.5	97.9%	1426	1426	0	100.0%	0	1	1	0	5.39	
General Medicine	26	29	2110	1968.5	141.5	93.3%	1937.5	1881.25	56.25	97.1%	1069.5	1057.5	12	98.9%	1069.5	1045.5	24	97.8%	0	3	0	0	0.47	
Haematology	30	22	1722.5	1459	263.5	84.7%	1162.5	1162.5	0	100.0%	906.75	755.5	151.25	83.3%	1069.5	1039.5	30	97.2%	1	1	0	0	0.19	
Cardiology	32 & CCU	31	3078.75	2921.2	157.55	94.9%	1550	1550	0	100.0%	1426	1414	12	99.2%	1069.5	981.5	108	89.9%	0	1	0	0	4.51	
Cardiology	33 & HAC	29	1722.5	1661.2	61.3	96.4%	1162.5	1087.5	75	93.5%	1069.5	1069.5	0	100.0%	1069.5	1069.5	0	100.0%	0	0	0	0	2.08	
Gastro	36	32	2253.75	1747.5	506.25	77.5%	1550	1501	49	96.8%	1069.5	961.5	108	89.9%	1069.5	1069.5	0	100.0%	0	0	1	0	5.13	
Respiratory	38/37	45	2497.5	2047	450.5	82.0%	1743.75	1724.75	19	98.9%	1426	1150	276	80.6%	1069.5	1057.5	12	98.9%	0	4	1	0	0.06	
Maternity	53	38	1598.5	1393.5	205	87.2%	744	697.5	46.5	93.8%	1426	1391.5	34.5	97.6%	356.5	379.5	-23	97.4%	0	0	0	0	6.59	
Gynaecology	54	16	885.5	760.5	125	85.9%	713	621	92	87.1%	690	690	0	96.8%	0	0	0	-	0	0	0	0	2.53	
General Medicine	ANU	24	1955	1760.75	194.25	90.1%	1426	1295.55	130.45	90.9%	1069.5	979.2	90.3	91.6%	1069.5	1061.2	8.3	99.2%	0	0	0	0	3.27	
General Medicine	MSW	21	2311.5	2096.71	214.79	90.7%	1782.5	1651.95	130.55	92.7%	1635.25	1580.35	54.9	96.6%	1635.25	1611.25	24	98.5%	0	0	0	0	3.27	
Emergency	EDRU	10	885.5	885.5	0	100.0%	396.5	356.5	0	100.0%	550.25	550.25	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	4.15	
Paik suite	8	840	840	840	0	100.0%	345	345	0	100.0%	690	690	0	100.0%	0	0	0	-	0	0	0	0	8.64	
Surgical Assessment	ESAU	12	1185	1185	0	100.0%	690	671.25	18.75	97.3%	1035	988	47	95.5%	690	672.25	17.75	97.4%	0	0	0	0	9.63	
Critical Care	ITU	11	4822.5	4822.5	0	100.0%	212.5	212.5	0	100.0%	4278	4278	0	100.0%	356.5	356.5	0	100.0%	0	3	0	0	7.59	
Critical Care	HDU	6	1722.5	1722.5	0	100.0%	387.5	387.5	0	100.0%	1426	1426	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	7.59	
Maternity	Delivery Suite	10	3381	3287	114	96.8%	690	690	0	100.0%	3208.5	3172.5	36	98.9%	690	690	0	100.0%	0	0	0	0	5.56	
Neonatal	Neonatal	24	3381	2951.5	429.5	87.3%	0	0	0	-	3208.5	2795.5	413	87.1%	0	0	0	-	0	0	0	0	2.18	
Children's	Children's	27	2186	2018	168	92.3%	396.5	356.5	0	100.0%	1782.5	1782.5	0	100.0%	356.5	344.5	12	96.6%	0	0	0	0	7.13	
Orthopaedics	M1	20	1530	1530	0	100.0%	1035	1035	0	100.0%	690	690	0	100.0%	345	345	0	100.0%	0	0	0	0	2.83	
General Surgery	M2	26	345	345	0	100.0%	345	345	0	100.0%	138	138	0	100.0%	138	138	0	100.0%	0	0	0	0	0	
DME	CRU	20	1328.75	1287	41.75	96.9%	1550	1543.75	6.25	99.6%	713	713	0	100.0%	906.75	906.75	0	100.0%	0	0	0	0	0.05	
Neuro & Rehabilitation	Ward 36	20	1335	1335	0	100.0%	968.75	968.75	0	100.0%	713	713	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	4.42	
Dermatology	CBH	12	602.25	602.25	0	100.0%	143.75	143.75	0	100.0%	264.5	264.5	0	100.0%	264.5	264.5	0	100.0%	0	0	0	0	0.35	
Totals	Dermatology	799	63473.52	59296.78	4176.74		35288.98	34274.25	1014.73		42941.5	41347.25	1594.25		22333.5	21946.7	386.8		1	20	4	0		
Overall Staffing Hour totals (Rounded to the nearest hour)			Total Planned Hours	Total Actual Hours	Variance	164038	Total Actual Hours	156864	7174	Fill Rate	96%													

NB: RAG rating has been applied as 'green' for % RN & % CSW and for sickness & absence equal to or below the Trust's target of 4%; this is 'Green' and Red if above Trust target of 4%. Please note the Pressure ulcer data is sourced from clinical incident reporting and has not been validated by the Tissue Viability team at the time of this report. Vacancy data is an actual figure from divisions at the time of this report.



Monthly Safe Staffing Report - August 2015

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RNs				CSW's				RNs				Nights				CSW's				Quality indicators			
				Days																			
Speciality	Ward	Beds	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% RN	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% CSW	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% RN	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% CSW	Falls (moderate and above)	Pressure ulcers (Grade 2 and above)	Cdf (Reportable to PHE)	MRSA (Reportable to PHE)	Sickness & Absence
Orthopaedics	10	28	1725	1575.35	149.65	91.3%	1230	1057.7	172.3	86.0%	1080	1039.25	40.75	96.2%	690	655.5	34.5	95.0%	1	2	0	0	4.45
Orthopaedics	11	25	1725	1689.75	35.25	98.0%	1230	1207	23	96.1%	1080	1037.5	42.5	96.1%	690	667	23	96.7%	0	0	0	0	3.2
Orthopaedics	12	16	1173	1137.5	35.5	97.0%	1035	986	49	95.3%	690	667.2	22.8	96.7%	345	310.5	34.5	90.0%	0	2	0	0	2.64
DME	16 / OPAU	23	2342.5	2212.75	129.75	94.5%	1550	1473.5	76.5	95.1%	1089.5	973.5	96	91.0%	713	701	12	98.3%	1	0	0	0	4.45
Colorectal	17	30	1875	1787.5	87.5	95.3%	1230	975	255	79.3%	1080	1001	79	92.7%	690	553	137	80.1%	0	1	0	0	3.67
General Surgery	18	29	1725	1681.25	43.75	97.5%	1230	1230	0	100.0%	1230	1200.75	29.25	97.6%	690	679	11	98.4%	0	0	1	0	4.53
Urology	20	30	1725	1675	50	97.1%	1263.25	1250.75	12.5	99.0%	1230	1094	136	88.9%	690	667.5	22.5	96.7%	1	2	0	0	4.07
DME	21	31	1572	1475.2	96.8	93.8%	1530	1524	6	99.6%	1215	1135	80	93.4%	1035	1035	0	100.0%	0	0	0	0	5.38
DME	22	30	1722.5	1675.5	47	97.3%	1356.25	1350	6.25	99.5%	1263.25	1251.75	11.5	99.1%	713	701	12	98.3%	0	1	0	0	3.89
Stroke	23	26	2110	1992	118	94.4%	1162.5	1156.25	6.25	99.5%	1089.5	1083.5	6	99.4%	713	713	0	100.0%	0	0	0	0	0.28
DME	24 & Isolation	38	2098.52	1875.5	223.02	89.4%	1619.73	1588.58	31.15	96.1%	1426	1402	24	98.3%	1426	1426	0	100.0%	2	0	0	0	0.09
General Medicine	26	29	2110	1992.45	117.55	94.4%	1937.5	1937.5	0	100.0%	1069.5	1057.5	12	98.9%	1069.5	1066.5	3	99.7%	0	0	0	0	0
Haematology	30	22	1722.5	1598.7	123.8	92.8%	1162.5	1097.75	64.75	94.4%	906.75	773.9	132.85	85.3%	1069.5	1033.5	36	96.6%	1	0	0	0	0
Cardiology	32 & CCU	31	3078.75	3031.75	47	98.5%	1550	1517.5	32.5	97.9%	1426	1426	0	100.0%	1069.5	1069.5	0	100.0%	0	0	0	0	4.82
Cardiology	33 & HAC	29	1722.5	1722.5	0	100.0%	1162.5	1162.5	0	100.0%	1069.5	1069.5	0	100.0%	1069.5	1069.5	0	100.0%	0	0	1	0	9.36
Gastro	36	32	2253.75	1837	416.75	81.5%	1550	1420	130	91.6%	1069.5	1069.5	0	100.0%	1069.5	1069.5	0	100.0%	1	0	0	0	4.15
Respiratory	38/37	45	2497.5	2367.5	130	94.8%	1743.75	1726	17.75	99.0%	1426	1342	84	94.1%	1069.5	1069.5	0	100.0%	0	0	1	0	1.19
Maternity	53	38	1598.5	1451	147.5	90.8%	744	694	50	93.3%	1426	1322.5	103.5	92.7%	356.5	363.5	-7	102.0%	0	0	0	0	9.08
Gynaecology	54	16	885.5	807	78.5	91.1%	713	713	0	100.0%	713	713	0	100.0%	0	0	0	-	0	0	0	0	0
General Medicine	AMU	24	1955	1763	192	90.2%	1426	1237.75	188.25	86.8%	1069.5	1021.2	48.3	95.5%	1069.5	950	119.5	88.8%	0	0	0	0	2.63
General Medicine	MSSW	21	2311.5	1995.5	316	86.3%	1782.5	1688.25	124.25	93.0%	1635.25	1557.4	77.85	95.2%	1835.25	1574.95	60.3	96.3%	0	0	0	0	2.63
Emergency	EDRU	10	885.5	885.5	0	100.0%	356.5	356.5	0	100.0%	550.25	550.25	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	13.01
	ParkSuite	8	840	840	0	100.0%	345	345	0	100.0%	690	690	0	100.0%	0	0	0	-	0	0	0	0	5.27
Surgical Assessment	ESAU	12	1185	1172.5	12.5	98.9%	690	683.75	6.25	99.1%	1035	969.65	65.35	93.7%	690	667	23	96.7%	0	0	0	0	7.87
Critical Care	ITU	11	4822.5	4822.5	0	100.0%	212.5	212.5	0	100.0%	4278	4278	0	100.0%	0	0	0	-	0	1	0	0	6.4
Critical Care	HDU	6	1722.5	1722.5	0	100.0%	387.5	387.5	0	100.0%	1426	1426	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	6.4
Maternity	Delivery Suite	10	3381	3225	156	95.4%	690	678	12	98.3%	3208.5	3138	70.5	97.8%	690	690	0	100.0%	0	0	0	0	3.99
Neo Natal	Neonatal	24	3381	3054	327	90.3%	0	0	0	-	3208.5	3053	155.5	95.2%	0	0	0	-	0	0	0	0	1.19
Children's	Children's	27	2186	2150	36	98.4%	356.5	356.5	0	100.0%	1782.5	1782.5	0	100.0%	356.5	344.5	12	96.6%	0	0	0	0	6.04
Orthopaedics	M1	20	1530	1511.25	18.75	98.8%	1035	1035	0	100.0%	690	690	0	100.0%	345	345	0	100.0%	0	0	0	0	4.52
General Surgery	M2	26	345	345	0	100.0%	345	345	0	100.0%	138	138	0	100.0%	138	138	0	100.0%	0	1	0	0	0
DME	CRC	20	1328.75	1322.5	6.25	99.5%	1550	1550	0	100.0%	713	713	0	100.0%	906.75	906.75	0	100.0%	0	1	0	0	3.4
Neuro & Rehabilitation	Ward 36 CBH	20	1335	1335	0	100.0%	968.75	962.75	6	99.4%	713	713	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	4.17
Dermatology	Dermatology	12	602.25	602.25	0	100.0%	143.75	143.75	0	100.0%	264.5	264.5	0	100.0%	264.5	264.5	0	100.0%	0	0	0	0	0.95
Totals		799	63473.52	60331.7	3141.82		35288.98	34019.28	1269.7		42841.5	41623.85	1317.65		22333.5	21800.2	533.3		7	11	3	0	
Overall Staffing Hour totals (Rounded to the nearest hour)			Total Planned Hours			164038	Total Actual Hours			157775	Variance			6263	Fill Rate			96%					

NB: RAG rating has been applied as 'green' for % RN & % CSW and for sickness & absences equal to or below the Trust's target of 4% this is 'Green' and Red if above Trust target of 4%. Please note the Pressure ulcer data is sourced from clinical incident reporting and has not been validated by the Tissue Viability team at the time of this report. Vacancy data is an actual figure from divisions at the time of this report.

MRSA - whilst there is a \*1 against ward 36 this is still under review with a full RCA and therefore can not be a confirmed against ward 36 at this point.



## **Registered Nurse Staffing, Recruitment & Vacancies**

### **Introduction**

The Trust has been on a three year journey to increase the nursing establishment to ensure the delivery of safe and appropriate care. The total investment agreed by the Board of Directors commencing 2012/2013 has been circa £3.45M. The total number of RN vacancies across all grades in the Trust at September 2015 has reduced to 48.5 WTE (3.2%), of this there are 12.51 WTE (1.88%) vacancies at Band 5 level, Table 1.

A multi-strand incentivised recruitment approach including monthly advertisements, monthly interviews accompanied by a national press campaign with local road shows, a return to nursing programme, international recruitment and increased use of our in-house non-ward based nurses has taken place with additional actions for the immediate future set out in Table 2.

This paper specifically sets out the current position for Band 5 Registered Nurse (RN) staffing, recruitment and vacancies in adult in-patient, neonatal, maternity, emergency department (ED), and critical care areas at the Trust. Details of the establishment, actuals, vacancies and occupied bed days on a ward by ward basis are presented by ward/unit in appendix 1.

The source of this data is the electronic staff record (ESR). The information has been validated through Human Resources and Organisation Development (HR&OD), Finance and Corporate Nursing.

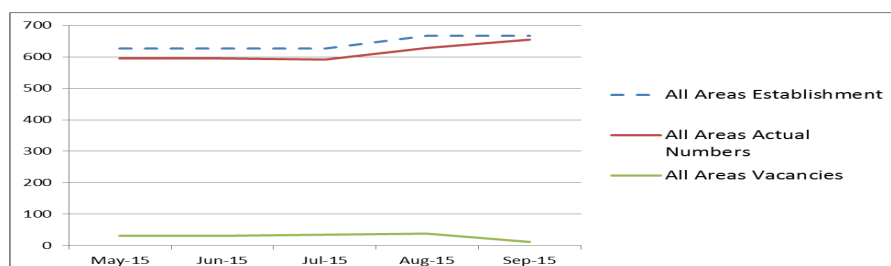
Table 1

### **Band 5 RN Establishment, actual and vacancies by month**

All inpatient areas	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Establishment	626.36	626.36	626.11	666.55	666.55
Actual Numbers	595.49	595.19	591.78	628.62	654.04
Vacancies	30.87	31.17	34.33	37.93	12.51
Vacancies %	4.93%	4.98%	5.48%	5.69%	1.88%
Occupied Bed Days	19255	18620	18818	18749	

Graph 1

### **Band 5 RN Establishment, actual and vacancies by month**

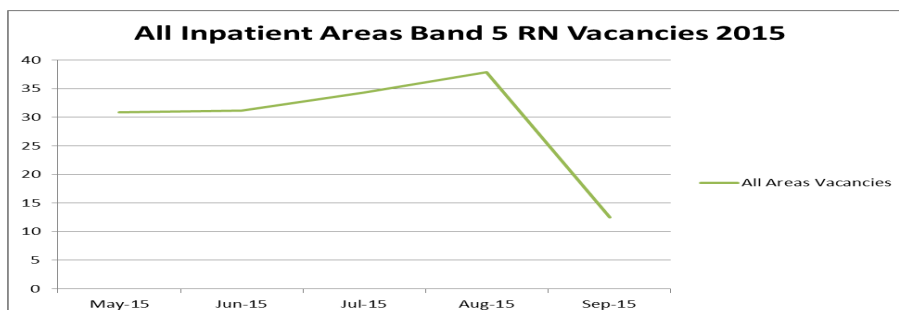


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Graph 2

**Band 5 RN Vacancy Position by month**



**Supporting Information**

1. The overall RN vacancies at the Trust are currently at 48.5 WTE.
2. Graphs 1 and 2 evidence how the number of nurse vacancies has reduced through the delivery of the recruitment plan.
3. Given the large numbers of newly qualified nurses starting towards the end of 2015 detailed plans to support their induction, preceptorship and development have successfully commenced.
4. The Trust has recruited to all Care Support Worker vacancies.
5. From May 2015 to September 2015, the Trust increased actual numbers of Band 5 RNs in post by an additional 58.55 WTE. This has allowed already vacant posts to be recruited to and additional posts created to provide for the headroom uplift (16.7% to 20%) in 2015/2016 and the new isolation ward to be staffed.
6. The Trust successfully closed all escalation beds between May 2015 and August 2015, which has resulted in an increased nursing establishment providing care for less inpatient beds.
7. All additional RN and CSW posts have been created and appointed to on a substantive basis.
8. Full details of the improving nurse sickness absence levels are being sent separately by HR & OD to Adara Ashley at CQC.
9. The Critical Care Unit shows 8.8 WTE Band 5 RN vacancies; this is sufficiently offset by an over establishment of RNs at Band 6 and Band 7.
10. There was a skill mix review of out-patient nursing in 2014/2015. There are no further plans to change this; recruitment to Band 5 RNs is not a challenge in this area, where there is currently only one vacancy.
11. In addition the Trust has an established plan to recruit and train Advanced (Nurse/Midwife) Practitioners to support the medical workforce.
12. E-Roster (Allocate) version 10 has been implemented. The Trust realises that whilst E-Roster has become a very valuable tool for planning staffing, it has not been well used, to date, to record actual staffing levels after mitigation (bank, overtime, agency, staff flexibility). A team has been established to support the Associate Directors of Nursing to optimise the E-Roster functionalities.
13. The Trust is working in partnership with NHS Professionals with a 'go live' date of 2<sup>nd</sup> November 2015. This is to ensure that there is a reliable well regulated temporary staffing workforce.
14. Following full consultation, in partnership, it has been agreed that non-ward based RNs (out-patients and some clinical nurse specialists) will be supporting the inpatient wards from 1<sup>st</sup> November 2015 to the end of March 2016.

Table 2

**Band 5 Recruitment Schedule**

Recruitment Event	Location	Dates	Predicted Appointments	Actual Appointments
Overseas Event 1	Poland - Warsaw	Interview 11 <sup>th</sup> September 2015	10	11 8 awaiting registration with the Nursing & Midwifery Council (NMC) 3 available to start immediately as already working in UK
Trust event	Trust Site	23 <sup>rd</sup> September 2015	20	Shortlisted 30
Overseas Event 2	Spain + Portugal	Interview - 28 <sup>th</sup> , 29 <sup>th</sup> & 30 <sup>th</sup> September 2015	25	
Provider Group UK (PGUK) event	Trust Site or Local Hotel	16 <sup>th</sup> October 2015	8	
Trust event	Trust Site	28 <sup>th</sup> October 2015	7	
Trust Newly Qualified (NQ) event	Trust site	30 <sup>th</sup> October 2015	30	NQ nurses not available on NMC until April 2016
Trust event	Trust Site	25 <sup>th</sup> November 2015	12	
Trust event	Trust Site	7 <sup>th</sup> January 2016	8	
Trust event	Trust Site	3 <sup>rd</sup> February 2016	7	
Trust event	Trust Site	11 <sup>th</sup> March 2016	8	
<b>Total</b>			<b>135</b>	

**Summary**

The Trust has enacted a detailed recruitment plan that is providing RNs to deliver safe and appropriate care. The plan recognised the numbers of RNs required:

- To fill vacant posts
- To meet the current turnover rate of eight RNs per month
- To achieve an increased 20% headroom
- To staff winter escalation areas
- To staff additional developments e.g. the isolation ward

The residual Band 5 RN in-patient vacancies at the end of September 2015 will be 12.51 WTE.

The Trust continues to deliver the recruitment plan and the CQC improvement notice actions following the unannounced inspection in May 2015. The delivery of the plan aimed to recruit sufficient RNs to meet patient need within the agreed timescales, has significantly mitigated the risks to safe staffing, described in the Board Assurance Framework providing assurance to the Trust Board of Directors that wards are safely staffed. This report will be included in the monthly safer staffing paper to the Board of Directors on 30<sup>th</sup> September 2015.

Jill Galvani, Director of Nursing & Midwifery

Gaynor Westray, Deputy Chief Nurse

Evan Moore, Medical Director

Gareth Lawrence, Deputy Director of Finance

Lawrence Osgood, Assistant Director of Human Resources

21<sup>st</sup> September 2015

## Appendix 1

Band 5 RNs inpatient ward areas (from ESR system)							
Division	Area		May	June	July	August	September
All Inpatient Ward Areas	All Areas	Establishment	626.36	626.36	626.11	666.55	
		Actual Numbers	595.49	595.19	591.78	628.62	654.04
		Vacancies	30.87	31.17	34.33	37.93	12.51
		Vacancies %	4.93%	4.98%	5.48%	5.69%	1.88%
		Occupied Bed Days	19255	18620	18818	18749	
Medicine and Acute Services	Ward 16	Establishment	18.26	18.26	18.26	19.02	19.02
		Actual Numbers	17.13	15.13	13.79	14.87	15.87
		Vacancies	1.13	3.13	4.47	4.15	3.15
		Occupied Bed Days	704	697	714	558	
CRC	CRC	Establishment	13.48	13.48	13.48	14.04	14.04
		Actual Numbers	11.93	11.93	12.85	12.85	12.85
		Vacancies	1.55	1.55	0.63	1.19	1.19
		Occupied Bed Days	882	814	835	852	
Ward 36 CGH	Ward 36 CGH	Establishment	11.89	11.89	11.89	12.39	12.39
		Actual Numbers	11.55	10.77	10.77	10.77	10.77
		Vacancies	0.34	1.12	1.12	1.62	1.62
		Occupied Bed Days	800	761	699	764	
Ward 23	Ward 23	Establishment	19.24	19.24	19.24	20.04	20.04
		Actual Numbers	18.11	17.68	17.68	18.68	19.68
		Vacancies	1.13	1.56	1.56	1.36	0.36
		Occupied Bed Days	783	762	735	774	
EDRU	EDRU	Establishment	9.02	9.02	9.02	9.40	9.40
		Actual Numbers	8.91	8.60	8.60	7.08	7.08
		Vacancies	0.11	0.42	0.42	2.32	2.32
		Occupied Bed Days	282	280	246	261	
Ward 21	Ward 21	Establishment	20.91	20.91	20.91	19.91	19.91
		Actual Numbers	16.96	16.96	16.96	18.96	20.57
		Vacancies	3.95	3.95	3.95	0.95	-0.66
		Occupied Bed Days	828	876	902	909	
Ward 22	Ward 22	Establishment	18.83	18.83	18.83	18.83	18.83
		Actual Numbers	17.83	16.83	17.83	18.83	18.83
		Vacancies	1	2	1	0	0
		Occupied Bed Days	862	866	642	874	
Ward 24	Ward 24	Establishment	18.89	18.89	18.89	18.89	18.89
		Actual Numbers	15.85	17.38	17.07	16.46	16.38
		Vacancies	3.04	1.51	1.82	2.43	2.51
		Occupied Bed Days	1079	944	1123	1089	
Ward 33	Ward 33	Establishment	17.16	17.16	17.16	17.88	17.88
		Actual Numbers	13.87	13.87	12.87	14.87	15.87
		Vacancies	3.29	3.29	4.29	3.01	2.01
		Occupied Bed Days	867	829	735	775	
Ward 32	Ward 32	Establishment	26.27	26.27	26.27	27.40	27.40
		Actual Numbers	25.24	25.24	27.24	29.24	30.24
		Vacancies	1.03	1.03	-0.97	-1.84	-2.84
		Occupied Bed Days	745	729	750	765	
Ward 30	Ward 30	Establishment	19.14	19.14	19.14	19.94	19.94
		Actual Numbers	17.78	17.78	17.78	19.78	21.78
		Vacancies	1.36	1.36	1.36	0.16	-1.84
		Occupied Bed Days	551	564	573	620	
Ward 36 Gastro	Ward 36 Gastro	Establishment	23.58	23.58	23.58	24.56	24.56
		Actual Numbers	20.11	20.11	20.03	24.31	25.31
		Vacancies	3.47	3.47	3.55	0.25	-0.75
		Occupied Bed Days	1080	1091	1045	1091	
Ward 38	Ward 38	Establishment	21.82	21.82	21.82	27.93	27.93
		Actual Numbers	23.37	24.99	24.07	30.07	32.07
		Vacancies	-1.55	-3.17	-2.25	-2.14	-4.14
		Occupied Bed Days	1083	1069	1062	1017	
ED	ED	Establishment	53.51	53.51	53.51	55.61	55.61
		Actual Numbers	46.93	45.93	44.53	43.53	50.53
		Vacancies	6.58	7.58	8.98	12.08	5.08
		Occupied Bed Days	N/A	N/A	N/A	N/A	
MSSW / AMU	MSSW / AMU	Establishment	41.04	41.04	41.04	41.97	41.97
		Actual Numbers	36.39	36.31	38.57	39.27	39.35
		Vacancies	4.65	4.73	2.47	2.7	2.62
		Occupied Bed Days	762	702	727	732	
Ward 26	Ward 26	Establishment	12.1	12.10	12.10	18.44	18.44
		Actual Numbers	14	15.00	13.89	14.89	14.89
		Vacancies	-1.9	-2.9	-1.79	3.55	3.55
		Occupied Bed Days	787	867	863	854	
Isolation Ward	Isolation Ward	Establishment	5.95	5.95	5.95	4.74	4.74
		Actual Numbers	5.89	4.97	4.36	5.36	5.36
		Vacancies	0.06	0.98	1.59	-0.62	-0.62
		Occupied Bed Days	347	354	649	470	
Critical Care	Critical Care	Establishment	53.67	53.67	53.67	61.71	61.71
		Actual Numbers	56.62	57.62	54.64	53.72	52.91
		Vacancies	-2.95	-3.95	-0.97	7.99	8.8
		Occupied Bed Days	395	393	395	413	

Registered Nurse Staffing, Recruitment &amp; Vacancies

<b>Surgery, Womens &amp; Childrens</b>	<b>Ward 10</b>	Establishment	15.63	15.63	15.63	18.93	18.93	(Note 2 wte newly qualified waiting NMC registration)
		Actual Numbers	13.41	14.33	14.08	18.08	19.00	
		Vacancies	2.22	1.3	1.55	0.85	-0.07	
		Occupied Bed Days	577	726	590	672		
	<b>Ward 11</b>	Establishment	21.61	21.61	21.61	18.93	18.93	
		Actual Numbers	21.25	21.25	19.50	19.50	19.50	
		Vacancies	0.36	0.36	2.11	-0.57	-0.57	
		Occupied Bed Days	670	388	509	388		
	<b>Ward 12</b>	Establishment	12.07	12.07	12.07	12.66	12.66	(Note 1 wte newly qualified waiting NMC registration)
		Actual Numbers	11.5	11.50	11.50	12.50	13.30	
		Vacancies	0.57	0.57	0.57	0.16	-0.64	
		Occupied Bed Days	305	268	326	310		
	<b>Ward 20</b>	Establishment	18.61	18.61	18.61	19.43	19.43	(Note 2 wte newly qualified waiting NMC registration)
		Actual Numbers	15.83	15.83	15.83	19.67	20.59	
		Vacancies	2.78	2.78	2.78	-0.24	-1.16	
		Occupied Bed Days	890	850	829	839		
	<b>Ward 17</b>	Establishment	19.83	19.83	19.83	20.70	20.70	(Note 1 wte newly qualified waiting NMC registration)
		Actual Numbers	21.49	21.41	21.49	21.71	22.63	
		Vacancies	-1.66	-1.58	-1.66	-1.01	-1.93	
		Occupied Bed Days	892	911	863	772		
	<b>Ward 18</b>	Establishment	19.62	19.62	19.62	19.44	19.44	(Note 2 wte newly qualified waiting NMC registration)
		Actual Numbers	21.72	20.72	21.64	24.21	25.13	
		Vacancies	-2.1	-1.1	-2.02	-4.77	-5.69	
		Occupied Bed Days	888	860	864	860		
	<b>M1</b>	Establishment	13.41	13.41	13.41	14.08	14.08	(Note 1 wte newly qualified waiting NMC registration)
		Actual Numbers	12.26	12.26	12.26	13.26	14.06	
		Vacancies	1.15	1.15	1.15	0.82	0.02	
		Occupied Bed Days	432	362	387	396		
	<b>SAU</b>	Establishment	14.31	14.31	14.31	17.66	17.66	(Note 2 wte newly qualified waiting NMC registration)
		Actual Numbers	15.72	16.03	16.19	16.35	18.27	
		Vacancies	-1.41	-1.72	-1.88	1.31	-0.61	
		Occupied Bed Days	450	375	304	347		
	<b>Park Suite</b>	Establishment	10.39	10.39	10.39	10.39	10.39	(Note 1 wte newly qualified waiting NMC registration)
		Actual Numbers	10.8	10.80	10.80	11.80	12.40	
		Vacancies	-0.41	-0.41	-0.41	-1.41	-2.01	
		Occupied Bed Days	N/A	N/A	N/A	N/A		
	<b>Maternity</b>	Establishment	14.96	14.96	14.96	14.96	14.96	
		Actual Numbers	11.01	11.01	11.01	12.93	12.75	
		Vacancies	3.95	3.95	3.95	2.03	2.21	
		Occupied Bed Days	737	699	779	752		
	<b>Neo Natal</b>	Establishment	12.93	12.93	12.68	14.93	14.93	
		Actual Numbers	11.53	11.53	12.53	13.53	13.53	
		Vacancies	1.4	1.4	0.15	1.4	1.4	
		Occupied Bed Days	462	465	514	599		
	<b>Ward 52</b>	Establishment	19.91	19.91	19.91	23.53	23.53	(Note 1 wte newly qualified waiting NMC registration)
		Actual Numbers	23.91	23.91	23.91	24.91	24.91	
		Vacancies	-4	-4	-4	-1.38	-1.38	
		Occupied Bed Days	396	438	524	330		
	<b>Ward 54</b>	Establishment	13.32	13.32	13.32	13.92	13.92	(Note 1 wte newly qualified waiting NMC registration)
		Actual Numbers	13.39	14.31	14.31	14.43	14.43	
		Vacancies	-0.07	-0.99	-0.99	-0.51	-0.51	
		Occupied Bed Days	422	388	365	386		
	<b>Dermatology</b>	Establishment	15	15.00	15.00	14.29	14.29	
		Actual Numbers	13.2	13.20	13.20	12.20	13.20	
		Vacancies	1.8	1.8	1.8	2.09	1.09	
		Occupied Bed Days	189	203	132	52		



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15 September 2015

Mr David Allison  
Chief Executive  
Wirral University Teaching Hospital NHS Foundation Trust  
Arrowe Park Hospital  
Arrowe Park Road  
Upton  
Wirral  
CH49 5PE

Dear David

### **Q1 2015/16 monitoring of NHS foundation trusts**

Our analysis of your Q1 submissions is now complete. Based on this work, the trust's current ratings are:

- Continuity of services risk rating: 2
- Governance rating: Red

These ratings will be published on Monitor's website later in September.

The Trust is subject to formal enforcement action in the form of an additional licence condition and enforcement undertakings. In accordance with Monitor's Enforcement Guidance, such actions have also been published on our website.

In addition to the areas covered by the enforcement undertakings, the Trust failed to meet the A&E target in Q1 for a 6<sup>th</sup> consecutive quarter. We expect the Trust to continue to address the issues leading to the A&E target failure and achieve sustainable compliance with the target promptly. We will continue to monitor the Trust's progress with this against the agreed monthly metrics and discuss any concerns with you as part of our regular progress review meetings, the first of which is due to take place on 28 September.

We also note the following concerns:

- The Trust reported 11 cases of avoidable C. Difficile in Q1 which exceeds its year to date trajectory. We expect the Trust to take all reasonable steps to address the cause of this and minimise any additional number of cases in year.
- The Trust has highlighted a risk regarding achievement of the referral to treatment target for incomplete pathways in Q2. We expect the Trust to take all reasonable steps to manage this position and comply with the target.
- At Q1 the Trust had identified £11m of its £13m CIP target for 2015/16 and a £2m gap therefore remained. Whilst the Trust has contingency to mitigate some of this gap in-year, we expect the Trust to continue to work at pace to ensure a recurrent gap is not carried forward into future financial periods. We will discuss this with you

further as part of our regular Progress Review Meetings, including progress made in this area by the Trust since Q1.

A report on the FT sector aggregate performance from Q1 2015/16 will be available in due course on our website (in the News, events and publications section) which I hope you will find of interest. We will also be issuing a press release in due course setting out a summary of the key findings across the FT sector from the Q1 monitoring cycle.

In addition, Monitor is currently reviewing the responses of all NHS foundation trusts to David Bennett's letter dated 3 August 2015 as well as the outcome of the contract dispute resolution process. We will be writing to all NHS foundation trusts in due course to inform them of the outcome of our review, in the context of our existing regulatory action as agreed in your enforcement undertakings. As a result, the content of this letter and our regulatory position only relates to our Q1 2015/16 monitoring process.

If you have any queries relating to the above, please contact me by telephone on 020 3747 0583 or by email ([Sarah.Webster@Monitor.gov.uk](mailto:Sarah.Webster@Monitor.gov.uk)).

Yours sincerely



**Sarah Webster**  
**Senior Regional Manager**

cc: Mr Michael Carr, Chairman  
Mr Alistair Mulvey, Director of Finance

Board of Directors	
<b>Agenda Item</b>	9.2
<b>Title of Report</b>	Report of the Quality & Safety Committee 9 September 2015
<b>Date of Meeting</b>	30 September 2015
<b>Author</b>	Dr Jean Quinn, Chair of the Quality and Safety Committee
<b>Accountable Executive</b>	Evan Moore, Medical Director
<b>BAF References</b> • <b>Strategic Objective</b> • <b>Key Measure</b> • <b>Principal Risk</b>	1,3,4,5,6,7 1a,1b,3a,3b,4a,5b,6b,7a,7c,7d 1445,1908,1909,2328,2485,2611,2678
<b>Level of Assurance</b> • <b>Positive</b> • <b>Gap(s)</b>	Gaps with mitigating action
<b>Purpose of the Paper</b> • <b>Discussion</b> • <b>Approval</b> • <b>To Note</b>	Discussion
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • <b>Yes</b> • <b>No</b>	N/A

This report provides a summary of the work of the Quality and Safety Committee which met on the 9<sup>th</sup> September 2015

#### Board Assurance Framework (BAF)

The Committee's agenda reflected the gaps in assurance/control on the BAF which enabled a full review against each area. The Committee agreed to include the End of Life Care risk on the BAF and amend slightly the descriptors for the risk in A & E to explicitly describe the impact on patient flow and reducing harm to include the link with pressure ulcers etc.

#### CLIPPE Q1 2015-16 Summary Report

Overall the quarter was reported as stable with less issues being raised for analysis. Improvements were noted in the performance of nursing and midwifery.

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Areas highlighted for improvement were the eye clinic following a peak in concerns although there was no discernable trend identified and the web holding file for incidents because some of the permissions in the system were making it difficult for the appropriate people to access information including feedback after investigation.

### **Workforce and OD Dashboard**

Good performance was reported in the attendance rate which was just above 96%. Also appraisal rates and mandatory training which both remain good. There was strong performance in the Staff Friends and Family Test at Q2 with an overall staff engagement score of 3.83 being reported which was above the national average. Good performance was also reported in safeguarding training with level 1 training now over 84%

Areas highlighted for improvement were nurse vacancy rates which were above target although still below comparative organisations and in part were due to the increased investment which increased the baseline. Concern was expressed about the falling rates in nurse bank fill rates which were being worked through with a more substantive solution to the issue being secured. The Committee requested that the risk associated with bank nurse fill rates to be included on the risk register but not the Board Assurance Framework at this stage.

The nursing recruitment plan was reported upon with 50 new starters joining the Trust in September and October, it was reported that staff morale was adding to the success in the monthly recruitment events. Good progress was also noted with the recruitment and appointment of Allied Health Professionals.

### **CQC Update Report**

A full review of the Trust's preparations for the inspection in the week commencing 14<sup>th</sup> September was undertaken together with a review of the actions plans following the last responsive inspection.

Good progress was reported against many areas as the morale in the Trust improves. Key areas of focus were highlighted and discussed which included the environment; nurse staffing and nutrition with emphasis on patient awareness on access to food outside of mealtimes.

### **Clinical Quality Dashboard**

Good progress reported for SHMI and HSMR data; MEWS data which had improved significantly and the Friends and Family Test which was above the target of 95% with Maternity achieving 100%.

Areas for improvement/focus were Community Acquired Pneumonia although broadly on target year to date; 1 Grade 4 pressure ulcer year to date although there had been a significant decrease in the number of Grade 2 pressure ulcers year upon year and allergies resulting in a task and finish group being established to reduce errors in this area.

### **Director of Nursing and Midwifery Performance Report Q1 2015-16**

Good performance noted against MEWS compliance rates with 99% of patients having a MEWS assessment; improvements in the number of patients reporting assistance with eating and drinking and the percentage of patients being assessed for dementia on admission was at 100%. The Nursing assessment now available on Wirral Millennium was of notable significance in undertaking nursing assessments in the future.

## **End of Life Care Update and Action Plan**

The Committee received a comprehensive update against the End of Life Care action plan and agreed to receive the outcomes of the National Care of the Dying Audit at its next meeting.

Concerns were highlighted around the commissioning of specialist palliative care nursing and medical staff which would be formally raised with the CCG. Spot checks of patients in the last days of their life had been reported very positively. The Committee agreed to include the End of Life Care Risk to the Board Assurance Framework.

## **Winter Plan 2015/16**

A full review of the winter plan for 2015/16 was undertaken. Key areas of concern were the number of community beds available in September against the health economy plan of 40 and the financial implications of the plan. Continued work through the Systems Resilience Group was being undertaken to ensure delivery of the plan.

## **Infection Control**

The number of C difficile cases reported against trajectory was raised as a concern which was being addressed through the HPV programme and the potential reporting of 1 MRSA case which was currently being investigated.

## **Annual Reports**

The Committee reviewed and approved the following Annual Reports:

- Complaints and Concerns
- Incidents
- Emergency Planning

## **Presentation by Medical and Acute Specialities Division**

The Division provided an overview of work being undertaken on clinical leadership; clinical effectiveness; patient experience; reducing harm and the Divisional dashboard. Of note was the monthly clinical engagement events; the approach adopted by the Nurse lead to review all complaints; the significant improvement in the Friends and Family Test in gastroenterology and the reduction in patient falls.

Improvement is required in the timeliness of response in complaints; the 15 minute triage in the Emergency Department and need for nurses and consultants to work as one team.

**Dr Jean Quinn**  
**Chair of Quality and Safety Committee**

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Board of Directors	
<b>Agenda Item</b>	9.3
<b>Title of Report</b>	Report of the Finance Business Performance & Assurance Committee 25 September 2015
<b>Date of Meeting</b>	30 September 2015
<b>Author</b>	Graham Hollick, Chair of Finance Business Performance and Assurance Committee
<b>Accountable Executive</b>	David Allison, Chief Executive
<b>BAF References</b> • Strategic Objective • Key Measure • Principal Risk	5A, Risk 2718, 6B, 7B, Risk 1927 and 2550, 7C Risk 2328, 7D, Risk 2689
<b>Level of Assurance</b> • Positive • Gap(s)	Gaps with mitigating actions
<b>Purpose of the Paper</b> • Discussion • Approval • To Note	Discussion
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • Yes • No	N/A

### M5 Financial Position

The Committee reviewed in detail the cumulative position at M5 which shows the Trust delivering a £0.155m adverse variance to the plan and maintaining a stronger than planned cash position. As at the end of M5 the Trust reported an Income & Expenditure deficit of £7.482m against a planned deficit of £7.327m and cash of £21.3m against a plan of £6.7m. These positions provide a Continuity of Services rating of 2, in line with plan. The position in month 5 reflects a decrease in the income position in month. Improving the income position will be key to the Trust achieving its full year financial plan.

While it is recognised that the cash position is positive the committee were re-assured that this had not been delivered at the detriment of paying suppliers outside of their terms and conditions. The main driver for the improvement in cash compared to the plan was the

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increase in accruals. While there has been an increase compared to plan the actuals have remained consistent through the year.

It was recognised that some pressure was being experienced across pay lines as flexible labour is used to fill vacancies and that flexible labour, especially across the medical workforce, attracts an additional premium cost. Whilst the in month adverse variance is relatively immaterial this is causing a cumulative pressure. The committee discussed the future appointments of clinicians that have been made that will enable a reduction in premium costs moving forward.

The operational division's performance was reviewed with concern raised about the performance of the Surgery, Women's and Children's division around delivery of the activity.

The capital programme was reported to be on track for this year.

### **2015/16 Forecast**

The Committee reviewed the current forecast for 2015/16 which shows a balanced position relative to the plan with a forecast deficit of £13.5m against a planned deficit of £13.5m.

The committee reviewed the profile of the forecast which included a requirement for a 4% increase in income for the forthcoming year compared to the current average. This will be key in the Trust delivering the reported forecast outturn position going forward.

It was acknowledged that while the forecast was challenging it was in line with plans agreed to at the start of the year.

### **Monitor Monthly Return**

The Committee noted the report and received confirmation of the submission to Monitor.

### **Change of Financial Risk ratings**

The committee noted the report and acknowledged the impact that the additional metrics will have on the Trusts plans going forward.

### **Contingent Liabilities**

The Deputy Director of Finance updated the committee on the current contingent liabilities relevant to the Trust. The committee noted the information presented and requested that updates be brought to future meetings on a quarterly basis to ensure visibility.

### **Update on progress in relation to Service Level Agreements**

The Deputy Director of Finance took the committee through the paper and outlined the good work that had been carried out in ensuring the Trust had up to date signed contracts for the services that it provides to other partners. The committee was re-assured that the contracts were specific to the services that they were created for and contained sufficient clauses to protect the Trust going forward. The good progress was noted and a further update will be presented to the January committee.

## **Progress Report on the Recovery Plan 2015-16**

The Turnaround Advisor provided an update on progress against the Recovery Plan which included:

- The YTD plan had improved from the previous month as a result of reallocation of some CIP schemes.
- The in year CIP forecast has been reduced to £10.2m with the recurrent impact reducing down to £12.9m
- The coding work stream has reduced by £1.3m. Although other options were being explored to increase the yield of this scheme
- Theatres work stream remains challenging and the Turnaround Director continues to work with the Operational team to improve performance. Additional resource has been allocated to support the delivery of the activity plan as well as closer scrutiny from the Executive team on a weekly basis.
- Concerns were raised around the patient flow work stream. The Turnaround director agreed that this still carries a risk due to the increases in length of stay.

## **Cerner – Strategic Partnership**

The committee reviewed the paper and received assurance that there was an agreement in place that benefited the Trust in the short term. It was noted that further commercial opportunities should be explored with Cerner going forward.

## **Performance Report**

Key highlights included performance in A&E which the trust will not achieve the 95% target for the quarter; The Trust was achieving Referral to Treatment Times which were all achieved at an aggregate level; the achievement of all the Cancer Targets although this was proving more and more difficult. There had been 19 C difficile cases against a full year target of 29. The committee noted that Community Paediatric waits were a concern and that this needed to be closely monitored going forward.

## **Board Assurance Framework**

The committee reviewed all the new risks presented within the BAF and where assured with the current assurances identified.

The Committee agreed that the Paediatric Community risk needed to be reviewed further.

**Graham Hollick**

**Chair of Finance Business Performance and Assurance Committee**



Board of Directors	
Agenda Item	9.4
Title of Report	Chair of Audit Committee Report
Date of Meeting	30 September 2015
Author	Cathy Bond, Chair of the Audit Committee
Accountable Executive	David Allison, Chief Executive
BAF References <ul style="list-style-type: none"> <li>Strategic Objective</li> <li>Key Measure</li> <li>Principal Risk</li> </ul>	ALL
Level of Assurance <ul style="list-style-type: none"> <li>Positive</li> <li>Gap(s)</li> </ul>	Positive
Purpose of the Paper <ul style="list-style-type: none"> <li>Discussion</li> <li>Approval</li> <li>To Note</li> </ul>	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	N/A

The Audit Committee met on 10 September 2015 and report the following items to the Board as follows:

#### Future LCFS Provision

The Committee recommended to the Board the approval to vary the contract with MIAA to include Counter Fraud Services from November 2015 following the unsuccessful bid by the current provider to remain on the Lead Provider Framework for these services.

The change will provide the Trust with continuity of service; access to expertise and allow the Trust to undertake a full market test ahead of expiry of the current contract in 2017.

## **Local Counter Fraud Work Plan**

The Committee reviewed and approved the work plan for 2015/16 which had been developed in line with National guidance and taking into consideration the specific requirements of the Trust.

## **Quarterly Financial Assurance Report**

The Committee requested assurance on the control process for claims relating to hearing aids and raised concerns about the impact of loss of these devices on patients. A review of the debtors over £5,000 prompted the Committee to request further assurance from the CCG in relation to one particular supplier.

## **External Audit**

A Technical update from External Audit was provided which highlighted changes in regulation and guidance in key areas of interest to the Trust, notably the Risk Assessment Framework; the MARs scheme; NHS Terms and Conditions for procuring goods and services and charging for overseas visitors.

The Committee requested that the Director of Workforce review the MARs scheme to ensure compliance with the new regulations.

## **Internal Audit**

Four audits were reported against during this reporting period as follows:

**IM & T Threat and Vulnerability Management** – Limited Assurance (The Committee sought assurance that the recommendations would be actioned by the end of October 2015)

**Emergency Planning** – Significant Assurance

**Estates Maintenance** – Significant Assurance

**Facilities Department: Time Recording** – Significant Assurance

## **The Board Assurance Framework**

Following a review of the Board Assurance Framework by the Assurance Committees, the Audit Committee members requested that 3 new risks be considered for inclusion as follows:

- The risk of failure to comply with the enforcement undertaking as a result of the breach in the Trust's provider licence with particular emphasis on capacity and capability in leadership
- The risk associated with partnership governance and sustainability arising from the Vanguard project
- The risk of further enforcement action should the Trust not respond appropriately to the requirement notice on nurse staffing

These risks are currently being reviewed by the Executives ahead of formal review at the Assurance Committees.

## **Monitor Licence – Compliance Review**

A review against the Trust Monitor Licence was undertaken with specific emphasis on the areas of breach raised by Monitor in August 2015. The Committee agreed to recommend

to the Board that formal review of the actions being undertaken to move out of breach at the Board and form part of its agenda cycle.

#### **Risk Management – Review of the web holding file**

The Committee requested a review of the risks in the web holding file following a previous audit concern. A comprehensive briefing on this was provided which included the work being undertaken on access provisions for reviewers; the increase in timescales for review from 5 days to 20 days and the risk stratification in progress.

The Committee agreed to receive a further update in this area to include an aged analysis of the web holding file to ensure that progress was being made to reduce the risks outstanding in the file and provide assurance that there were no risks therein of a high level.

#### **Meeting in Private with the Auditors**

The Committee met in private with the Auditors as is good practice.

#### **Review of Tender for External Audit Services**

The Committee are undertaking a formal evaluation of the Audit Tender and progressing with action to ensure that complete assurance can be provided ahead of making a formal recommendation to the Council of Governors.

**Cathy Bond**  
**Audit Committee Chair**



**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF MEETING**

**29 July 2015**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present**

Michael Carr	Chairman
David Allison	Chief Executive
Jill Galvani	Director of Nursing and Midwifery
Sharon Gilligan	Director of Operations
Anthony Hassall	Director of Strategic & Organisational Development
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Cathy Maddaford	Non-Executive Director
Evan Moore	Medical Director
Alistair Mulvey	Director of Finance
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director

**Apologies**

Cathy Bond	Non-Executive Director
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**In attendance**

Carole Self	Associate Director of Governance
Jon Scott	Senior Operational Advisor
Mark Blakeman	Director of Informatics and Infrastructure
Mark Taylor	Recovery Adviser
James Mawrey	Director of Workforce
Sue Fogarty	Head of Safeguarding
Gaynor Westray	Deputy Chief Nurse

Reference	Minute	Action
BM 15-16/094	<b>Apologies for Absence</b> Noted as above	
BM 15-16/095	<b>Declarations of Interest</b> None	
BM 15-16/096	<b>Patient Story</b>  The Director of Nursing and Midwifery provided the background as to why the Trust, with the involvement of a range of agencies, had developed the Patient Story DVD whose experience of End of Life Care for his wife had turned a negative experience into something positive.	
BM 15-16/097	<b>Chairman's Business</b>  The Chairman welcomed Mrs Westray; Mr Mawrey, Mr Sullivan and Mrs Fogarty to the meeting.  The Board was updated on the attendance and positive feedback from the recent Question and Answer Session held in conjunction with Healthwatch. The Session was designed to seek the views from the public on the	

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Reference	Minute	Action
	<p>services provided by the hospital in order to share best practice and make improvements where required.</p> <p>The Chairman updated the Board on 3 consultant appointments, these being:</p> <p>Dr Ronald McCaig – Consultant in Occupational Medicine  Dr Roisin Webster – Consultant in Microbiology &amp; Infection Control  Dr Rajeshwari Myagerimath – Consultant Obstetrician &amp; Gynaecologist</p> <p>The Board was advised of the following forthcoming meetings:</p> <ul style="list-style-type: none"> <li>• Council of Governors Meeting - 16<sup>th</sup> September</li> <li>• Board of Directors - 30<sup>th</sup> September</li> <li>• Annual Members Meeting – 1<sup>st</sup> October 2015</li> </ul> <p>The Chairman also advised members of the proposal to hold a Board Development Day on 26<sup>th</sup> August 2015.</p>	
<p><b>BM 15-16/098</b></p>	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented his report and highlighted the following areas:</p> <p><b>Contract Negotiations</b> – the Trust and the CCG were committed to achieving final sign off of the contract by the end of August 2015.</p> <p><b>CQC Children's Inpatient services</b> – Out of 137 Trusts these services were assessed as “better than most” in many categories.</p> <p><b>Infection prevention</b> – concerns were raised with the current levels of C difficile and actions being taken to reduce these. The wording in relation to CPE to be amended to differentiate between cases reported and clinical infections.</p> <p><b>A &amp; E</b> – performance was reported as improving</p> <p><b>Staff Engagement</b> – good feedback reported, with further discussions planned as part of the Board agenda</p> <p><b>PROUD Team of the Quarter</b> – Catering was congratulated on being awarded the Team of the Quarter</p> <p><b>PROUD Awards</b> – the date for the Awards Evening was confirmed as 21 September 2015 at the Floral Pavillion</p> <p><b>Car Parking</b> – The Board reviewed the proposal to introduce a small increase in charges in light of the likelihood of negative media attention. It was confirmed that the benchmarking analysis indicated that the proposed price was on low side and the Trust was still committed to offering free car parking. The size of the increase and possible future increases was debated with a commitment given to keep this under regular review. The Board supported the proposal recognising also that this was in line with Council charges.</p> <p><b>Safeguarding training</b> – the latest position was outlined by the Director of Nursing and Midwifery, which showed significant improvements had been made with further work planned over the next 4 weeks</p>	<p><b>JG</b></p>

Reference	Minute	Action
BM 15 16/099	<p><b>New Models of Care In the Wirral – Update and Next Steps</b></p> <p>The Director of Strategic and Organisational Development presented an update on the programme and the next steps in relation to the New Models of Care.</p> <p>Key messages included:</p> <p><b>Submission of the Value Proposition</b> - the Trust was placed in category B status. This means that the proposition was judged to be of a good standard although some areas required further clarification. The outcome of the proposition for year 1 was expected early August with future funding being subject to further discussions.</p> <p><b>Programme Construction</b> – the Board was advised that the programme was centred around 6 domains</p> <p><b>Integrated Care Programme</b> – this was outlined as the cornerstone to the proposition. The Trust reported upon working closely with Health Education England in developing workforce design proposals.</p> <p><b>Programme structure</b> – the Board was advised that Jo Goodfellow had been appointed to the post of Programme Director and that the programme had been re-branded</p> <p><b>Outcomes</b> – the high level outcomes had now been articulated together with the connection to the Trust's strategic recovery plan</p> <p><b>Networking</b> – Partners were taking advantage of cross learning and some degree of mutual challenge. A meeting facilitated in September by Academic Health Science Network was proposed to progress this further.</p> <p>The Chief Executive emphasised the national importance of the programme and the strategic role of Cerner which was key to its success.</p> <p>The Board sought to understand the proportion of contributions made by the Trust as outlined in the paper and was advised that the contribution was in terms of resource in kind and not cash. Key discussion points included an understanding of the high level benefits identified; the timescales and the level of clinical engagement. The role of the third sector and the need to engage with it much more was emphasised.</p> <p>The Board sought assurance on the realisation of the strategic outcomes and the measures that would monitor progress. The Director of Strategic and Organisational Development advised that this was difficult to do at present as the infrastructure to deliver this had to be established.</p> <p>The Board debated the proposed governance structure and the concerns raised with regards to accountabilities of all the partners. Further work was required urgently in this area.</p> <p>The Board agreed to receive a regular update at each Board Meeting with further consideration being given to the Board's approval and decision making powers as part of the programme.</p>	DA
BM 15-	<b>Integrated Performance Report</b>	

Reference	Minute	Action
16/100	<p>The Director of Infrastructure and Informatics presented the Integrated performance dashboard and Executive Directors expanded on areas of focus as follows:</p> <p><b>Infection Control</b> – the Director of Nursing and Midwifery advised that the number of reported C difficile cases was above the trajectory of 29, at present this was 11 cases as at the end of June with a further 5 cases in July. The Board was advised of the action being taken to address this position.</p> <p><b>Qualified Nurse Vacancies</b> – it was reported that a comprehensive nurse recruitment strategy was being progressed with dates being brought forward for local and overseas recruitment. The difficulty with securing appointments was emphasised together with the need to retain staff wherever possible.</p> <p><b>Attendance Management</b> – strong performance for June was reported as a result of a huge amount of work undertaken on the wellbeing agenda.</p> <p><b>A &amp; E performance</b> – confirmed that the Trust was on track to achieve the target for July. The Board sought to understand what the recent breaches were to ensure that this did not impact on performance longer term. The Senior Operational Advisor advised that it was normal to hit a couple of hurdles when such a rapid improvement had been made. He confirmed that the key was to maintain the focus every day to ensure that everyone did not think the problem was fixed.</p> <p><b>Cancer waiting times</b> - although the target was difficult, the Trust reported achievement. The Director of Operations confirmed that further information on the 62 Day Cancer Target would be in future Board reports in line with national requirements.</p> <p><b>Advancing quality</b> – the Medical Director confirmed that the current performance was a reflection of the increase in targets, which was not dissimilar to previous years with the exception being sepsis which would require significant effort to achieve.</p> <p>The Board sought and received assurance that the four amber target areas had a trajectory of improvement. The Board agreed to continue with development of the performance dashboard as part of their planned work programme.</p>	
BM 15-16/101	<p><b>Month 3 Finance Report</b></p> <p>The Director of Finance presented the Month 3 Finance Report and highlighted the following:</p> <p><b>Income and Expenditure</b> - In month the Trust delivered a deficit of £1.1m against a planned deficit of £1.5m, an improvement in month against the plan of £0.4m. The in-month improvement against plan had also improved the cumulative position at the end of quarter 1.</p> <p><b>Cash</b> - remained strong at the month end and for the quarter with the achievement of £19.6m against a plan of £12.2m. The Director of Finance asked the Board to note that this would reduce over the coming months.</p> <p><b>Cos Rating</b> – achieved the rating of 2 in line with the plan although the revised risk assessment framework would be in place from August 2015.</p>	

Reference	Minute	Action
	<p><b>Expenditure</b> – confirmed this was broadly on track with the exception of pay expenditure which was circa £100k overspent each month.</p> <p><b>CIP</b> – it was re-emphasised that to stay on plan with the pay expenditure the Trust needed to make the reduction as outlined in the workstreams. It was reported that the £11.1m of schemes was broadly on track and work was progressing to bridge the £2M gap.</p> <p>The breakdown on income and activity which was a new feature of the Board report was highlighted to members. The Board was advised that the income component of CIP would be delivered by volumes of activity with the rationale being that if the Trust achieved the overall activity plan it would also deliver the CIP programme.</p> <p>The Director of Finance directed the Board to the Divisional narratives advising that these now included information on working capital with a view to improving the medium term cash forecast.</p>	
<p><b>BM 15-16/102</b></p>	<p><b>Staff Engagement</b></p> <p>The Director of Workforce presented the staff engagement plan update and an update on the staff friends and family survey. Strong performance improvement was reported in the Staff Friends and Family Test for Quarter 1, with staff members starting to feel the improvement which was also being reported by the staff union representatives.</p> <p>The Board was advised that the focus of attention, post the 100 day challenge, would be on areas not previously covered to ensure that this activity became “business as usual” for the organisation. The focus of attention would also include Middle Managers.</p> <p>The positive impact of Staff Guardians was highlighted, with more concerns raised in Quarter 1 than any other quarter which was positive in terms of the Trust being able to resolve its own issues.</p> <p>The Board sought to understand the plans to ensure that improvements in the staff friends and family test in relation to a place to work would be made to mirror the improvements made to the results for a place to receive care. The Director of Workforce confirmed that the continued focus would be through the Listening into Action Process with monitoring of performance being undertaken on a regular basis through the performance metrics and the pulse check.</p> <p>The Board was advised of the current audit programme to ensure that communication was being received by teams on the front line; the soft intelligence being received which indicated positive progress amongst colleagues. The work should show that the Trust is taking what staff say seriously.</p> <p>The chairman commended the work and the progress being made in partnership with trade union colleagues not just from the team but also from the whole organisation.</p>	

Reference	Minute	Action
<b>BM 15-16/103</b>	<p><b>Update on Nursing and Midwifery Strategy 2013/18: “Modern, Patient-focused Nursing and Midwifery based on traditional values”</b></p> <p>The Director of Nursing and Midwifery confirmed that the strategy had just been revised and would continue to be revised in line with national guidance and local initiatives. The appointment of a permanent deputy was recognised as a significant improvement in terms of improving nursing performance.</p> <p>The Board was advised that preparation for winter was critical to ensuring the focus on continued improvement was maintained.</p> <p>The Board accepted the report.</p>	
<b>BM 15-16/104</b>	<p><b>Francis Report: Hard Truths Commitment: Publishing of staffing data: 6 monthly report</b></p> <p>The Director of Nursing and Midwifery presented the 6 monthly report on nurse staffing for the period January to June 2015, in line with national requirements.</p> <p>The Board was updated on progress against the 10 expectations outlined in the “Hard Truths” document together with actions completed to address the findings of the MIAA audit undertaken in January 2015.</p> <p>The recruitment plan and the revisions to the escalation plan which now ensure that the Trust only opens additional bed capacity if it is safe to do so and under the guidance of an experienced senior nurse were all reporting positive impact.</p> <p>The Board noted the report and the work to progress and maintain safe staffing levels on a consistent basis.</p>	
<b>BM 15-16/105</b>	<p><b>Safeguarding Annual Report – 2014-15</b></p> <p>The Director of Nursing and Midwifery introduced Mrs Fogarty as the Head of Safeguarding who was responsible for a huge amount of work undertaken in this area over the past 9 months. She confirmed that the main area outstanding was safeguarding training which was being progressed through a robust programme.</p> <p>The Board commented on the excellent report which articulated the work being undertaken. Areas for improvement in the future included the use of key performance indicators and the Trust’s response to supervision.</p> <p>Dr Quinn outlined the level of assurance the recent safeguarding strategy launch had provided.</p>	

Reference	Minute	Action
	The Board received the report and noted the progress made.	
<b>BM 15-16/106</b>	<p><b>Report of the Quality and Safety Committee 8 July 2015</b></p> <p>Dr Quinn presented the Chair's report and highlighted the CQC national paediatric inpatient survey which had been referenced early in the meeting; the end of life survey and the results of the audit which although improved were still not where the Trust would want them to be, particularly around communication and involvement.</p> <p>Dr Quinn advised the Board that the Committee had requested that the action plan to support the End of life strategy be reviewed at their meeting in September. The Board sought to understand the barriers to success in this area which were reported as commissioning of the service, consultant sessions and lack of a framework following the removal of the Liverpool Care Pathway.</p> <p>The Board agreed this was an area that required focus and resource in order that improvements could be made. The Quality and Safety Committee would provide a further update following their meeting in September as part of its routine reporting.</p>	
<b>BM 15-16/107</b>	<p><b>Report of the Finance Business Performance and Assurance Committee 24 July 2015</b></p> <p>Mr Hollick presented the Chair's report from the Finance Business Performance and Assurance Committee and highlighted the following:</p> <p>The Committee reported limited assurance regarding the income position but were concerned about the case mix and the activity levels although July was confirmed as on plan.</p> <p>The Committee recommended the quarterly return to Monitor together with the associated declarations for Board approval as part of the agenda.</p> <p>Good progress was reported on the recovery situation with the savings schemes being largely met for the first 3 months although the gap of £2m was still of concern.</p> <p>The presentation from the Division of Surgery, Womens and Children was reported as useful in terms of providing some confidence about future activity levels.</p> <p>The Committee recommended building on the "Bridging the Gap" paper for the September Board in order to assist with forecasting.</p>	<b>AM</b>

Reference	Minute	Action
<b>BM 15-16/108</b>	<p><b>Quarterly Monitor Report</b></p> <p>The Director of Finance presented the Monitor Q1 return and specifically highlighted the narrative that supported the declarations.</p> <p>The Board approved the declarations and narrative subject to minor amendments to the reference to the CQC responsive inspection in May, this should read 18<sup>th</sup> May and the reference to the CIP slippage as this was in fact on track for the quarter.</p>	
<b>BM15 16/109</b>	<p><b>Research Annual Report</b></p> <p>The Medical Director presented the Research Annual Report highlighting the number of patients recruited and the areas of improvement.</p> <p>Following a review the Board concluded that progress was good in view of the limitations in this area for the Trust. The critical care study undertaken was highlighted as the reason for variability in the report from last year.</p> <p>The Board sought to understand how the Trust compared with neighbouring Trusts and the scale of research to be undertaken in the future.</p> <p>The Board accepted the report.</p>	
<b>BM15 16/110</b>	<p><b>Procurement Best Practice and the Productivity Challenge</b></p> <p>The Director of Finance presented the report which provided an update on the work the Trust was undertaking to improve procurement delivery in line with the recommendations of Lord Carter's report.</p> <p>The Director of Finance confirmed that given the contribution of procurement across the level of influenceable spend, that initiatives were already being sought across the main areas of the Carter report. The Board noted the developments in the procurement supply chain for orthopaedic implants, in partnership with NHS Supply Chain, that the Trust was engaged in, with anticipated savings of c10-15% on these supplies.</p> <p>The plan to review the structure for buyers within the Trust was outlined in order to retain and attract these valuable staff. The Board was advised that as Procurement Champion, Mr Graham Hollick meets with the team on a quarterly basis to review performance against the procurement dashboard, looking for areas of improvement.</p> <p>The Board asked for their thanks to be passed on to the Procurement Team.</p>	
<b>BM15-</b>	<b>Board of Directors</b>	

Reference	Minute	Action
16/111	The Minutes of the Board of Directors Meetings held on 24 June 2015 were confirmed as an accurate record.	
BM 15-16/112	<b>Board Action Log</b> The Board action log was updated as recorded	
BM 15-16/113	<b>Items for BAF/Risk Register</b> None	
BM 15-16/114	<b>Any Other Business</b> The Chairman thanked Mr Hassall for his contribution across a considerable range of activities which was appreciated and wished him every success in the future.	
BM 15-16/115	<b>Date and Time of Next Meeting</b> Wednesday 30 September 2015 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.	

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Chairman

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Date



## ACTION LOG Board of Directors

Updated – Sept 2015

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
<b>Date of Meeting 29.07.15</b>						
July 15	BM 15-16/098	Amend the wording in the performance report relation to CPE to differentiate between cases reported and clinical infections	JG			
July 15	BM 15-16/099	Further consideration to be given to the Board's approval and decision making powers as part of the new models of care programme	DA			
July 15	BM 15-16/107	Build on the "bridging the gap" paper for the Board to assist with forecasting	GL		September 2015	
<b>Date of Meeting 24.06.15</b>						
June 15	BM 15-16/071	Provide a regular update on the New Models of Care and consider how Non-Executives can be involved in the programme	AH	<b>Included on the Agenda for September</b>	September 2015	
June 15	BM 15-16/072	Further work is required on the performance report in order that focus is placed on key areas such as bed occupancy, patient flow; activity and income levels as previously discussed. Ms Bond agreed to be part of this work.	MB/MT	<b>Work In Progress</b>	July 2015	

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June 15	BM 15-16/073	As the recovery plan was based on growth in income and activity, a readjustment of the plan might prove necessary if the underperformance is not addressed as outlined	AM/MT		July 2015	
<b>Date of Meeting 27.05.15</b>						
May 15	BM 15-16/044	Circulate the updated health economy urgent care recovery plan to the Board	SG		June 15	
May 15	BM 15-16/044	Debate the merits of resetting some of the performance targets in light of the recovery plan	MB/MT		July 15	
May 15	BM 15-16/045	Produce a monthly report linking operations, finance, quality, infection control and the recovery plan to show the whole position and action being taken to address areas of under-performance.	JS	<b>Work in Progress</b>	July 15	
<b>Date of Meeting 29.04.15</b>						
Apr 15	BM 15-16/015	Provide the Board with a monthly update on CQC improvement against compliance	EM/CS	<b>Ongoing – included on agenda for July 15</b>	May 15	
Apr 15	BM 15-16/016	Consider adjusting the nurse staffing ratio targets when contingency wards used	JG		June 15	
<b>Date of Meeting 28.01.15</b>						
Jan 15	BM 14-15/165	Review the changes to Corporate Governance agreed at the Board in January 15 in 6 months time	CS	<b>Well-led Governance Review Tender being developed</b>	June 15	
<b>Date of Meeting 26.11.14</b>						
Nov 14	BM/14-15/138	Include how outpatient nurses were being utilised during period of high demand in the next nurse staffing paper	JG		Jan 15	
<b>Date of Meeting 29.10.14</b>						

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Oct - 14	BM14-15/114	Report against a trajectory of improvement in the future in relation to the Annual Plan	AH	<b>Ongoing</b>	Jan 15	
Oct - 14	BM14-15/121	Consideration to an Annual Research and Innovation Forum	EM	<b>The research team are considering this recommendation</b>		

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