Board of Directors

Public Board

30 March 2016

Wirral University Teaching Hospital **NHS**

NHS Foundation Trust

**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 30 MARCH 2016
COMMENCING AT 9.00AM IN THE
BOARD ROOM
EDUCATION CENTRE, ARROWE PARK HOSPITAL**

AGENDA

1.	**Apologies for Absence** Chairman	0900	v
2.	**Declarations of Interest** Chairman		v
3.	**Patient's story** Director of Nursing and Midwifery		v
4.	**Chairman's Business** Chairman		v
5.	**Chief Executive's Report** Chief Executive	0930	d

6. Strategy and Development

6.1	**Vanguard Programme Update** Director of Strategy		d

7. Performance and Improvement

7.1	**Integrated Performance Report**	1015	
	7.1.1 Integrated Dashboard and Exception Reports Director of Infrastructure and Informatics		d
	7.1.2 Month 11 Finance Report Chief Executive / Acting Director of Finance		d

8. Quality

8.1	**Nurse Staffing Data to include January and February 2016 and Nursing Efficiencies following Investment into Nursing** Director of Nursing and Midwifery		d
8.2	**Community Paediatrics Progress Report** Interim Director of Operations		d
8.3	**Care Quality Commission Inspection Report 2016** Medical Director		d
8.4	**NHS 2015 National Staff Survey Results for Wirral University Teaching Hospital** Director of Workforce		d

Agenda

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Board of Directors	
Agenda Item	5.0
Title of Report	Chief Executive's Report
Date of Meeting	30 March 2016
Author	David Allison, Chief Executive
Accountable Executive	David Allison, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	ALL
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To Note
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

CCG

The Trust has held initial and positive discussions with the CCG regarding the proposed contract for 2016/17. The Chief Executive/Accountable Officer and respective Directors of Finance have agreed to daily conversations in order to progress the contract discussions to enable sign off as soon appropriately possible. While the National deadline for formal contract remains at the 31st March 2016 the final deadline before mediation will be

forcefully enacted is the 25th April 2016. At the time of writing the Trust and the CCG believe the financial gap is not material enough to enforce formal mediation.

Cerner European Collaboration Forum

Last week, four of our colleagues presented to other health care professionals at Cerner's European Collaboration Forum, an event held in London and attended by over 300 people from across Europe.

Andrea Ledgerton, Associate Director of Nursing Infection Prevention and Control gave a presentation, along with Paul Jones, Specialist Clinical IT Systems Analyst and Corporate Nurse for Quality and Audit Jacqui Cooper.

In particular the team highlighted how they were using Millennium to improve the quality of care through a series of technology enabled service improvement projects. They showed how use of the Nurses Worklist MPage, developed by Informatics, has helped to improve the completion rates of key nursing assessments. For example in January the completion rate for Braden assessments was 93% compared to 82% before the introduction of the Worklist and MUST assessments have improved from 56% completion to 93%. Jacqui spoke about the improved electronic process for referring patients to the IMC and how this has reduced nursing time to complete paper documentation and improved patient flow.

Andrea took the audience through the work that Informatics have been doing with the Infection Control Team to improve the management and prevention of infection control outbreaks, particularly outbreaks of CPE, and the management of cases of unexplained diarrhoea. Through the use of Millennium and the isolation unit, patients with CPE could be managed much more effectively with fewer bed closures and improved patient flow.

Mark Blakeman, Director of Informatics and Infrastructure also presented on the work that had been ongoing since the approval of the contract with Cerner for their HealtheIntent population health solution, which is at the heart of the Healthy Wirral Vanguard.

As well as providing an opportunity to see and discuss best practice use of Millennium, the event also allowed those looking to use Cerner's systems to learn from organisations like ourselves who are already established users of their products. As a Trust we have developed a strong reputation for innovation in NHS IT, both nationally and internationally, and I am very proud that we are regularly hailed as an example of best practice and asked to share our experience and success in implementing and tailoring the software. Based on this reputation we also met with Directors from both Virginia Mason Hospital and Intermountain Healthcare to discuss the potential of future collaborations.

Well led Governance Review

The Trust recently undertook a tender exercise for the Monitor Well Led Governance Review and I am pleased to report that the successful bidder was Deloitte. The Trust is now working with Deloitte to finalise the project plan to enable the review to be completed by June 2016.

Staff Engagement Update

The National Staff Survey 2015 results were published 23rd February and presented to the Trust by Quality Health on 9th March with management recommendations. The results confirm the Trust is in a much improved position. It is therefore essential that the level of focus and commitment towards the staff engagement agenda is maintained. The results show an improvement in the overall staff engagement score from 3.48 (2014) to 3.79

(2015) taking us from the bottom 20% of Trusts to the national average. Additionally, more staff would recommend the Trust to family and friends for care or for work.

Key priorities for the 2016 Staff Engagement work programme

The Staff Engagement Team have reviewed the work programme from 2015 to identify how the momentum will be maintained in 2016 and included key recommendations from the national staff survey 2015. This is aligned with the Culture and Engagement Plan 2015-18 which underpins the Workforce and Organisational Development Strategy 2015-18. An action plan will be presented to the Workforce and Communications Group, LiA Staff Engagement Group and Partnership Steering Group as part of the consultation and approval process.

Key components of the Staff Engagement work programme for 2016 include:
- Annual Listening Into Action (LiA) Big Conversations
- LiA Wave 7 and 8 Teams including incident reporting and internal communications
- Annual PROUD Awards, Team of the Quarter, individual recognition scheme, directory of national awards
- Staff Engagement Challenge
    - LiA Huddles (round 2)
    - Launch Individual Recognition Scheme and develop calendar of national awards
    - Continue PROUD communications via intranet, Start the Week, e-bulletin but add development of refreshed pull up banners inclusive of staff quotes related to the staff engagement key findings (motivation, recommendation of the Trust to family and friends for work or care and staff ability to contribute towards improvement at work).
    - Leaders and Managers in the spotlight with a focus on what they do and what they have done to improve staff engagement, middle managers development programme, extension of Trust Board Partners scheme to all departments, 360 feedback process for all Operational Management Team members and Year 2 implementation of the Leadership and Management Development Framework.
- Medical Engagement Plan
- LiA Champions
- Staff Guardians and 12 month review of the Staff Guardian Role
- Health and Wellbeing Week
- Staff Social Events and launch of Healthcare Staff Benefits Scheme

The Staff Satisfaction and Engagement Action plan will be monitored by the Workforce and Communications Group, Partnership Steering Group and LiA Staff Engagement Group, along with quarterly monitoring of the Staff Friends and Family Test and staff engagement score.

Wave 6 LiA Teams fed back at a new style Pass it On event on 8th March 2016. This saw a refreshed approach to maximise attendance, engagement and energy of the LiA approach.

<u>**Celebrating Success**</u>

- PROUD Team of the Quarter for Quarter 3 was Ward 20 and was announced at the CEO Forum in February.
- Teams and leaders "In the Spotlight" continues through weekly Trust communications
- Ward 21 Dementia Team attended the national final of the NHS Leadership Academy Awards on 8th March.

- The Trust had 5 finalists in the Patient Experience (PENNA) Awards that celebrate outstanding patient experience delivered by staff in health and social care. These were: Wirral Community Midwives, Infection Prevention and Control for CPE, Listening into Action Team, Mark McKenna and Ward 21 Dementia Care Team. Listening into Action and Mark Mckenna were category winners announced on 2nd March 2015 in Birmingham.
- Sharon Bamber, Clinical Scientist – Microbiology, has won the Innovation and Scientific Services Award in the prestigious 2016 Chief Scientific Officer's Healthcare Science Awards
- Our Occupational Health and Safety team have achieved SEQOHS Accreditation for the trust mapped against national occupational health and safety standards.

The Trust has submitted nominations for the Health Service Journal Value in Healthcare Awards from Pharmacy, HROD and Staff Guardians.

David Allison
Chief Executive

March 2016

BOARD OF DIRECTORS

Agenda Item	6.1
Title of Report	Vanguard Programme update
Date of Meeting	30 March 2016
Author	Mike Coupe Director of Strategy
Accountable Executive	David Allison Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	Strategic objective: To lead on the delivery of the Vanguard new models of care in cooperation with our primary, community and social care partners Key measure: n/a Principal risk: n/a
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To note
Data Quality Rating	Bronze – qualitative data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

1. Executive Summary

This report provides the third in a series of routine monthly updates on the Vanguard project.

The Vanguard Programme Management Office have proposed the production on a monthly basis of a suite of three separate papers:

- The *Programme Director's Monthly Report* – a narrative providing an overview of progress in delivery of the overall Vanguard programme
- An *Holistic Status Report* – an exception report on progress in delivery of the Vanguard programme focusing on issues rated 'red' or 'amber'
- A *Highlights Report* – a more detailed report on progress in delivery of Vanguard projects or workstreams in which WUTH is involved.

The reporting regime remains in development. Currently, only the *Programme Director's Monthly Report* (annex 1) and the *Highlights Report* (annex 2) are available.

The Board is asked to note that the Integrated Provider Group have requested that the PMO review the metrics employed to monitor the impact that the Vanguard project is having on the demand for and hence supply of healthcare services to local people. The WUTH input into this process will be made over the coming weeks.

2.   Recommendation

The Board is asked to
- **note the contents of this report**
- **comment on the metrics which should be employed in monitoring the impact of the Vanguard project.**

Programme Directors Report March 2016

Item	Update
Submission of Value Proposition	The Healthy Wirral Value 2016-17 Value Proposition was submitted on 8th February 2016 and an investment of £9.435m was requested. The NHSE investment committee held a meeting on Monday 14th March to consider the bids made by vanguard sites. Despite NHS England advice that that sites would be informed of the outcome of their bid on 16th March, sites had not received any notification by 21st March 2016. The HW Programme Board meets on 24th March 2016 to carry out a prioritisation exercise of all the bids made by Healthy Wirral site for vanguard funding in 2016-17. This objective exercise will help inform how any funding awarded to the Healthy Wirral Vanguard will be allocated. The HW Programme Board will also consider what action should be taken in relation to projects that were submitted as part of the 2016-17 Value Proposition but cannot be funded from the national vanguard allocation.
NHSE New Care models – Clinical assistant resource	Clinical assistants are a range of clinical leaders employed by NHSE New Care Models team to provide advice and intensive support to vanguard sites in deploying their new care model. Healthy Wirral vanguard site has requested support from the GP and AHP clinical assistants to facilitate work on development of GP federations and review of therapy service resource across the partner organisations respectively.
What Matters to Wirral? Healthy Wirral What Matters to Wirral?	Following the initiative in January, feedback session on What Matters to Wirral will be held in April. The events are open to staff and the public and will be held on the following dates: **19th April** – Christ Church Community Centre, Christ Church Vicarage, King's Rd, Bebington CH63 8LX **20th April** – Wirral Change, St. Laurence's School, St Laurence Cl, Birkenhead, CH41 3JD **21st April** – Westbourne Community Centre, 59 Westbourne Rd, West Kirby CH48 4DQ Workshops will be run at each event: **Workshop 1 options** Primary Care – how should it work in Wirral? Making the most of community assets **Workshop 2 options** Wirral Care Record – a single digital record for all your care Reaching and involving the excluded and seldom heard.

System wide Financial Plan	The following three strands of work are ongoing:
	- General demographic and non-demographic data (looking back 5 years and forward to the next 5 years) - Provider cost - Wider demand and capacity measures e.g. Length of stay Assuming partner organisations are able to provide the relevant information, we plan by Easter to have a demand based model, provider cost assumptions and set of resources against them to enable the partners to identify the current gap across the economy. It should be noted that there are still areas where information needs to be sought e.g. Primary care, and work is ongoing to address this gap.
NHSE New Care Models Team contracting workshop	Anton Obholzer, NCM lead for contracting and commissioning will be visiting our vanguard site on Friday 15th April 2016 (11am-3pm) to present a workshop on contracting for new care models. Anton will be accompanied by Kelly Lin, a colleague from Monitor who is supporting the NCM initiative and has expertise in organisational form.
Healthy Wirral Vanguard at the Cerner Collaboration Forum, London, 15-17th March 2016	Healthy Wirral vanguard leaders were invited to present to an international audience at the Cerner collaboration forum in London. Jon Develing presented at the keynote speech: New models of care for population health management together with King's Fund and Memorial Hermann Health System, Texas. Jo Goodfellow and Mark Blakeman ran an education session on learning from the introduction of the Healthy Wirral care model, in particular the development of the Wirral Care Record. The event provided an excellent opportunity to showcase the Healthy Wirral vanguard programme and share learning with national and international colleagues on the implementation of new models of care.
Vanguards of the North networking event 28th April 2016	A second "Vanguards of the North" networking event is being planned by the New Care Models team. They have asked Vanguard sites to hold the date of **Thursday 28 April 2016.** They are looking at venues in Leeds and suggesting a full day with plenty of opportunity for informal networking across vanguards. The agenda is currently being developed. There will be a maximum of 4 places allocated per vanguard site.
Healthy Wirral Team	Angela King commenced in post as programme manager on 21st March 2016. She will be leading on the enhancing integration work stream in the Vanguard portfolio.

Healthy Wirral
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MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT						

Programme	New Models of Care	Project	Diabetes Transformation	Reference		
SRO	Val McGee	Executive	Val McGee	Status		G
Project Manager	Anna Rigby	Reporting Period	27/02/2016 -25/03/2016	Gate		2

Delivery	Risks	Issues	Finance
G	A	G	G

Delivery Status			
Milestones achieved		**Milestones for next reporting period**	
Milestone	**Date**	**Milestone**	**Date**
Second spoke to be identified and implemented	23.02.16	Programme Governance reviewed and task and finish groups developed	21.04.16
Operational documentation drafted	23.02.16	Care Homes Pilot completed	21.04.16
Podiatry Clinic initiated	23.02.16	Expert patient and carer panel set up	21.04.16
Evaluation Framework for spokes initiated	23.02.16	Communications plan for pilot initiated	21.04.16
Analysis of Insights from workshop collated and reviewed	3.02.16	Education Programme Reviewproject plan developed	21.04.16
End to End pathway redesign plan developed	11.03.16	Fixed term recruitment for spoke staff initiated	21.04.16
Outline High Level Programme plan, timeline and risk register to be reviewed and further developed.	End February	Standard Operating Procedures for Spokes and Podiatry Clinics completed	21.04.16

Risk & Issue Tracker				
Date	**Risk**	**Mitigating Action**	**Owner**	**Status**
18.12.15	Lack of certainty on funding for posts beyond the current Y1 and the potential risk of redundancy	Value Proposition Submitted 8.02.16 - contains a bid to pump prime the new models of care for diabetes and respiratory. Risk has been raised with the WBP. MOU and Risk Sharing Agreement which describes mitigation signed off 22.01.16 Clearing house in development via People and OD workstream.	JG	A
Date	**Issue**	**Mitigating Action**	**Owner**	**Status**
16.03.2016	Operational management of spokes and podiatry clinic needs to be reviewed to ensure adequate capacity.	AR exploring issues with JH and GP to resolve in partnership with other providers of the community diabetes pilot (CT & GP practices).	AR/ JH/GP	A
16.03.2016	Using NHS Professionals as an avenue for recruitment has not met the needs of the pilot and led to delays in reimbursement of staffing costs.	HR lead identfied for the group, recruitment process to be initiated in April.	AR	G

NHS WIRRAL

Working in partnership:
Wirral Clinical Commissioning Group
Wirral Council
Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
Local Professional Committees

MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT					
Programme	Healthy Wirral	**Project**	Informatics & Technology Workstream	**Reference**	
SRO	Mark Blakeman	**Executive**		**Overall Status**	A
Project Manager	James Barclay	**Reporting Period**	27/02/2016 - 25/03/2016	**Gate**	3

Delivery	Risks	Issues	Benefits
A	R	R	A

Delivery Status			
Milestones achieved		**Milestones for next reporting period**	
Milestone	**Date**	**Milestone**	**Date**
WCR Project Mobilisation - Project launched successfully at all partner event held at Arrowe Park, Lecture Theatre on 25 Feb which included system demonstration and walk through of project plan and approach. All project governance arrangements confirmed and refreshed where appropriate. Based on current plan activation of first phase of Wirral Care record (WCR) will be October 2016. As project plan is further refined the activation date will change with a drive to bring forward.	25/02/2016	**Mobilisation** - Further plan refinement including detailed planning for next phases of care record data feeds.	29/04/2016
Information Governance - Work still ongoing to understand the consent model. FAQ's further developed which are to be sent to GP practices as part of a pack requesting signature of the WCR ISA as soon as the consent model is understood. Clinical Senate agreed with approach for highly sensitive data to include items which imply a sensitive data code in the Wirral Care Record. HIE ISA and accompanying letter sent to GP practices (16 Feb), 25 (out of 54) signed agreements received back to date. Drop in events organised as a mechanism to capture signature from remaining practices.	on-going	**Information Governance** - Wirral Care record consent model agreed and comprehensive pack requesting ISA signatures to be sent to GP's	31/03/2016
Technical delivery - First significant data capture has started taken place (WUTH Cerner Millennium data crawl). Resource identification being finalised. Planning started for key events focusing on technical delivery	17/03/2016	**Technical delivery** - Approach put forward by Cerner for data on boarding and Identity Management (Access)	31/03/2016
Benefits realisation - Joint planning session with Cerner has taken place (29 Feb-1 Mar) to agree approach for benefits realisation. Approach agreed for transformation of Diabetes Care and detailed plan produced, engagement with Cerner still ongoing to define complete approach.	on-going	**Technical delivery** - Key technical events set up	15/04/2016
Registries - All Crosswalk sessions to validate measures included in the registries have taken place and Cerner have provided the list of measures for the initial 5 registries to be taken through the final design development stages working towards Final Client sign off (21 Jun). Guidelines for the registries are under development working very closely with Clinical Senate. A number of workshops have taken place to explore opportunities for further registries which are continuing.	on-going	**Technical delivery** - All Project resource identified and working with counterpart	25/03/2016
Comms & Engagement - Planning for public workshops for April started to gather further insight around WCR engagement. Successful pilot workshop took place on 23 Feb with BME group. Planning also underway for events with frontline staff scheduled for April. Detailed comms plan under development.	on-going	**Comms & Engagement** - Detailed comms plan developed for Wirral Care Record.	15/04/2016
Project Vision - Meeting with all partners taken place and approach agreed to use templates. Next meeting scheduled in April to agree next steps	12/01/2016		
Digital Road Map - Partner roadmaps currently being provided. Awaiting guidelines from NHS England	22/01/2016		
Assistive technology - Included in latest VP submission - awaiting outcome of funding decision	05/02/2016		

Risk & Issue Tracker				
Date	**Risk**	**Mitigating Action**	**Owner**	**Status**
29/09/2015	**Contract signature** Delay to contract signature between WUTH and Cerner leading to delay with release of central funding	• Discussions have taken place between Wirral Partner CEOs about mechanisms for proceeding at risk (one or more Trusts act as 'Guarantor') • Contract now signed 4 Jan 16	MB	G
23/10/2015	**Contract deliverables** Deliverables set out in contract does not include required scope for all Wirral Partners (including EMIS sub-contracted work) leading to failure of delivery	• Summary of contract deliverables and scope in set out in Roadmap paper which went to Wirral Partners • Contract now signed 4 Jan 16 • Subsequent joint review with Cerner taken place no issues raised	MB	G
23/10/2015	**Integration - Phase 1** Failure to integrate GP system records with Population Health due to an issue (resource, availability of technical solution) with EMIS leading to failure of delivery of phase 1 solution	• Contract review has taken place to ensure deliverables are clear with expected timescales • Development and monitoring of programme plan in respect of reliance on all third-party providers. • Engagement planned with EMIS, to be lead by Cerner. • Governance established and escalation mechanism defined	MB	A
29/09/2015	**Integration - Vision practices** Inability to integrate with Inpractice Vision GP Practices leading to inconsistent approach across primary care and potential detriment to perception of Healthy Wirral Programme	• Effective tailored engagement with Inpractice Vision GP practices • Activity captured in plan • Governance established and escalation mechanism defined	MB	A
23/10/2015	**Benefits Realisation** Failure to realise benefits across the whole project as a result of lack of clarity on what is being set out to achieve, failure in delivery or poor adoption once activated.	• Benefits set out in Roadmap paper which went to Wirral Partners • Benefits workstream established to focus of delivery of benefits • All activity captured and monitored against plan • As part of project communications plan articulation of benefits to be captured for care providers and patient. • Training plan to be articulated and form part of project plan	MB	A

Date	Issue	Mitigating Action	Owner	Status
23/10/2015	**Information Governance** Inability or delay to achieve ISA signatures within required timeline leading to delay in delivery of capability	• Wirral Partners IG group formed to ensure development of ISA is delivered and compliant. • Consent model to be fully defined and understood • Meaningful engagement with GPs promoting benefits of the programme to practices to take place • Direct engagement through LMC and other events. • Engagement of GPs in the design of registries and clinical pathways. • ISA's to be provided to GP's as part of a package of information when in the best possible position to achieve signature. Tracking and support to be provided by Healthy Wirral Team • Communication and engagement of all partners planned at all stages of the programme	MM	R
23/10/2015	**Integration - Phase 2** Failure to integrate records outside of phase 1 delivery as a result of an issue with a partner or 3rd party supplier (resource, availability of technical solution) leading to failure of delivery of phase 2 solution	• Governance established and escalation mechanism defined • MOU and transparency between HWP's to ensure continuation of agreement and funding conditions • Phased approach to implementation	MB	A
29/09/2015	**Project Resource** Insufficient or inappropriate resource available to deliver the project within the required timeframe	• Project plan to capture all activity, resource requirement and roles and responsibilities defined as early as possible • Governance established and escalation mechanism defined	MB	A
23/10/2015	**3rd party supplier management** Lack of control with 3rd party suppliers in respect to buy in, delivery of solution and issue resolution leading to failure to delivery capability	• Programme plan articulates all activity and used to track performance • Governance established and escalation mechanism defined • Early and effective and regular planned engagement with 3rd party suppliers • Plan in place to track delivery	MB	A
31/07/2015	**Service Continuity** Failure of existing partner system delivery due to an impact of project delivery resulting in impact on delivery of services	• Establishing, checking and reviewing Business Continuity and Disaster Recovery plans with all partner organisations and GP Practices. • Activity captured and monitored against plan. • Governance established and escalation mechanism defined	MB	A
23/10/2015	**Data quality** Inaccurate or misleading information once activated due to data quality issues or system issues leading directly to safety issues	• Data quality strategy to be developed • Rigorous testing period with follow-on validation by clinical and professional stakeholders from each Partner organisation • All activity captured and monitored in plan	MB	A
23/10/2015	**Sub optimal Integration** Sub optimal integration with current patient record systems or potential future systems where there is an opportunity for potential future integration	• Development of organisational roadmaps to identify future opportunities for integration and linking with senior stakeholder vision • Current issues identified and taken forward through defined Governance structure	MB	A
23/10/2015	**Information Governance Compliance** Lack of IG compliance once system activated leading to potential significant reputational and financial damage to programme and HWPs'	• Wirral Partners IG group to maintain compliance and appropriate remediation if problems found. • Regular checks to ensure DPA compliance of all partners and GPs. • Governance established and escalation mechanism defined • Data strategy to set out all data processes	MM	A
23/10/2015	**High opt-out rate** High proportion of patients opt out of shared record diluting overall benefits set out to achieve	• Effective and robust communications plan to reassure members of the public and explain the vision and benefits to them	MB	A
09/02/2016	**Reputational** Reputational damage to Healthy Wirral programme and individual partner organisations through failure or part failure of delivery.	• Clear roles and responsibilities define in programme • All activity captured and monitored against plan • Effective Commas plan developed and executed • Governance established and escalation mechanism defined	MB	A
09/02/2016	**First of type** As a consequence of being first of type there is a degree of hesitancy in delivery leading to an overall delay in activation and reduced confidence	• Project plan to capture all activity, resource requirement and roles and responsibilities defined as early as possible • Close working relationship across all levels of the organisations • Governance established and escalation mechanism defined • Effective communications and engagement with all partners	MB	R
09/02/2016	**Unrealised need identified** Unrealised need identified during delivery such as previous unidentified cost or unexpected poor data quality leading to potential increased costs and/or delay in delivery	• Governance established and escalation mechanism defined • Issue management process defined • Effective engagement with partners at earliest opportunity to identify risks areas as soon as possible	MB	A
Date	**Issue**	**Mitigating Action**	**Owner**	**Status**
15/03/2016	**WCR consent model not agreed** Agreement on the consent model for WCR still outstanding	• Urgent conversations taking place between Cerner and SIRO. • Close management by Healthy Wirral Team	MB	R

MB = Mark Blakeman (WUTH); MM = Melanie Maxwell (WUTH)

NHS WIRRAL

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MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT					
Programme	Cross Functional Workstream	Workstream	Communications and engagement	Reference	
SRO	HW PMO	Executive		Overall Status	G
Project Manager	Ben Capper	Reporting Period	27.02.2016 – 25.03.2016	Gate	

Delivery	Risks	Issues	Benefits
G	A	A	G

Delivery Status

Milestones achieved		Milestones for next reporting period	
Milestone	**Date**	**Milestone**	**Date**
Three year comms and engagement strategy compiled and shared with HWPB and NHSE Comms team	15/03/2016	More detailed website infrastructure developed, further work, scope and timelines to be agreed, following confirmation of VP funding.	31/03/2016
Public feedback events organised in late April -including workshop discussions on primary care access, the Wirral Care Record, Involving vulnerable people, and increasing access to community assets. Events as follows: 19th April, Christ Church Community Centre Bebington, 20th April, Wirral Change,	15/03/2016	Deliver Public feedback events	22/04/2016
3 month comms plan initiated and shared, covering March to June - to cover work irrespective of VP funding decision	01/03/2016	Initiate comms plan for Wirral Care Record - VP dependent	30/04/2016
Healthy Wirral Champions feedback event - including discussion with attending Chief Execs around increased enablement of Healthy Wirral work. Creation of a collaborative Facebook group for Healthy Wirral Champions.	04/03/2016	Initiate comms plan for Self Care and Prevention - VP dependent	30/04/2016
Discussions with community partners, inc. Public Health, Wirral Ways to Recovery, Heswall Together, Gift Network on development of Community Champions model	29/02/2016	Undertake Healthy Wirral visual identity refinement - including photography and brand refinement	30/04/2016
Meeting with Wirral Partners comms teams to feedback on insights around What Matters to Wirral and next steps.	11/02/2016	Support Wirral Care Record, Diabetes and Respiratory workstreams with Insight and Engagement	30/04/2016
First Weekly Healthy Wirral e-bulletin w.c 14th March. 34.7% open rate (against industry average of 17.4%) - sent to 750 subscribers	14/03/2016	Produce weekly e-bulletins updating partners and public on Healthy Wirral agenda	30/04/2016
Exploration of the LIveWellWirral (Marketplace) online resource with Public Health to use as call to action for future communications	29/02/2016		

Risk & Issue Tracker

Date	Risk	Mitigating Action	Owner	Status
10/02/2016	There's a risk in relation to capacity of the Communication and engagement resource available. The potential issue will be effectively managing deliver strategy and items within it.	Within the VP submission we have included a Band 4 role to assist with the need for content development and delivery.	BC	A

Date	Issue	Mitigating Action	Owner	Status
10/02/2016	We've received some feedback following 2 of the 30 sessions ran in relation to the format and content, raised from Healthwatch.	We have looked into this, and have a meeting arranged with Karen Prior on Thursday 25th February to discuss and agree solutions and any potential learning to inform future sessions.	BC	G

NHS Wirral

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MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT					
Programme	New Models of Care	Project	Finance, Measurement & Evaluation	Reference	
SRO	Mark Bakewell	Executive	**Mark Bakewell**	Overall Status	A
Project Manager	Mark Bakewell & Andy Moran	Reporting Period	27/02/16 -25/03/16	Gate	

Delivery	Risks	Issues	Finance
A	A	A	A

Delivery Status			
Milestones achieved		**Milestones for next reporting period**	
Milestone	Date	Milestone	Date
Progression of approach for potential application of Capitated Payment Models within Vanguard Areas	March 2016	Await NHS E NMC response to ask, Prioritisation of assumptions	March / April 2016
Recruit to vacant 'Modelling' support post - Interview 22nd March 2016	March 2016	Draft Evaluation Strategy for Wirral Partners consideration and consideration of external support with regards to NMC ask	April 2016
Development of Reporting / Outcome Measures by respective project / clinical leads / organisations for Vanguard Initiatives	Ongoing - next Update April 2016 to HWPB	Diabetes Baseline Reporting Progression with partners	April 2016
Further development of approach towards reporting methodology, including respective information flows, responsibilities and outputs for Programme Arrangements	March 2016	1st Draft of Modelling Outputs, Demand & Capacity and Cost versus Resource for review	April 2016
Ongoing support to system wide requirements, and updates to current commissioner and provider models through JCG & IPG workstreams	March 2016	Progression of Benefits Realisation with support from Cerner	April 2016
Support to 'Task & Finish' groups and system wide enabling workstreams to develop measures / benefits realisation as appropriate (e.g population health / registry design)	March 2016		
Provision of information to registry workshops (Depression & Wellness) to enable further design discussions	March 2016		

Risk & Issue Tracker					
Date	Risk	Mitigating Action	Owner	Status	
Mar-16	Clarity In /Out of Scope for Healthy Wirral / Vanguard programme and availability / capacity of resources to deliver as appropriate	Governance Arrangements, Review with Senior Leadership Group		R	
Mar-16	Value Proposition 'Ask' Submitted including Pump Priming	Review potential scenarios and prioritisation of funding requirements within Value Proposition		R	
Mar-16	Provision of Information from Finance, Information and Intelligence teams from organisations in a timely & robust manner to enable development of measurement / analytical reporting of programme	Healthy Wirral team to clarify information requirements, schedule of availability		A	
Mar-16	In-Kind offer from respective organisations, regarding priority of information release and availability of staff time to develop future approach	Healthy Wirral Exec leads to clarify 'in-kind' offer and approach between organisations when information requested		A	
Mar-16	Modelling Capacity within Health Wirral team to support Value Proposition (and also wider Modelling support to system wide requirements)	Advertise Vacant post within Healthy Wirral team, also confirm wider modelling 'task' and internal / external support support requirements		A	
Date	Issue	Mitigating Action	Owner	Status	
Mar-16	Information Governance / Data Sharing between organisations in order to develop appropriate analytical / modelling support to Healthy Wirral and wider Programme Requirements	Short Term - Define Scope / Interim Arrangements for sharing of appropriate / relevant information in order to perform measurement and evaluation tasks Long Term - Clarify arrangements for anomysied reporting solution in conjunction with HealtheIntent Platform and Population Health Solution		A	
Mar-16	Lack of agreed outcome measures (short -long term) for programme / project measures including Benefits Realisation Approach & Return on Investment Assumptions	Project leads to provide better information to inform system wide impact assumptions based upon evidence / local clinical agreement of pathway redesign as appropriate		A	
Mar-16	External Evaluation of Programme as per New Models of Care team requirements	Marketplace Event on 3rd March, Contact with local Evaluation options (universities etc) to form a potential approach for Healthy Wirral Vanguard programme		A	

NHS **WIRRAL**
Working in partnership:
Wirral Clinical Commissioning Group
Wirral Council
Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
Local Professional Committees

Healthy Wirral
Right Care, Right Time, Right Place

MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT					
Programme	New Models of Care	Project	Respiratory	Reference	
SRO	Val McGee	Executive	Val McGee	Overall Status	A
Project Manager	Anna Rigby	Reporting Period	27/02/2016 -25/03/2016	Gate	

Delivery		Risks		Issues		Finance	
A		A		G		G	

Delivery Status				
Milestones achieved			Milestones for next reporting period	
Milestone	Date		Milestone	Date
GPwSI training initiated	22.03.16		Integrated Respiratory Service Consultant in post	29.04.16
Outline High Level Programme plan, timeline and risk register to be reviewed and further developed.	End February		Insights collected from Patients and Carers	21.04.16
Staffing model drafted	11.03.16		Design of evaluation metrics for the Respiratory Pilot	15.04.16
End to End pathway redesign plan drafted	18.03.16		Development of communications plan for pilot	29.04.15
Pharmacy opportunities explored	11.03.16		Referral Criteria and referral pathways developed for pilot	29.04.16
Operational Model drafted	16.03.16		Programme Governance reviewed and task and finish groups developed	15.04.16

Risk & Issue Tracker				
Date	Risk	Mitigating Action	Owner	Status
18.12.15	Lack of cohesive understanding of the impact of new model of care on future activity e.g. to outpatients. Healthy Wirral modelling post is currently vacant.	Raise the risk with the WBP, MB and AM. MB identifying next steps. part of wider set of actions re identifying modelling resource & capacity to support both vanguard and system wide requirements. Temporary staff recruited and working on predictive modelling. Vacancy is shortlisted and interviews are to be undertaken on 22nd March	MB	A
18.12.15	Lack of certainty on funding for posts beyond the current Y1 and the potential risk of redundancy. Furthermore funding for services via other funding streams isn't made available to fund posts linked to the respiratory model e.g. BCF/SRG	Value Proposition Submitted 8.02.16 - contains a bid to pump prime the new models of care for diabetes and respiratory. Risk has been raised with the WBP. MOU and Risk Sharing Agreement which describes mitigation signed off 22.01.16 Clearing house in development via People and OD work stream. AR contacted SRG group for update and to raise the risk anticipated for Respiratory Model if posts not funded. Respiratory group to consider how to allocate VP spend differently if BCF/SRG or full VP funds are not allocated as suggested. WUTH have extended contracts of affected staff by 2 months to allow for a solution to be identified following the announcement of the VP funding allocation.	JG/VM	A
Date	Issue	Mitigating Action	Owner	Status
12.01.16	Delay in recruitment of Locum Consultant to back fill the Respiratory Service Consultant- milestone impacted.	Recruitment agencies have been contacted and CV's are being reviewed. 18.3.16 - this is still an issue, therefore additional sessions are now being undertaken as an interim solution by an existing Consultant to avoid milestones being impacted.	GP	A
29.01.16	Difficultly establishing baseline data for cohort of patients	Explore the use of the secondary data within Healtheintent to be able to track patients. Will be able to identify patients via EMIS in the interim.	AM	G
29.01.16	Sustainable approach needs to be developed alongside pilot with modelling and commissioning support	End to End Service Redesign approach will be implemented alongside input from Finance, Benefits & Evaluation Work stream, Commissioning and Contracting Work stream	AR	G

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HL Reports (in adv. HWPB)
HL Reports (in Post. HWPB)

Reporting Perod Month	HL Deadline (3rd friday month)	Reporting Period	QA Period	Paper Issued to all Partners	JCG	IPG	SRG	HW PB Paper Issued	HW Partners Board (SLG 8.30 - 10.00) (HWPB 10.00-10.30) (First Fri of month)	SLG (3rd Fri of month)	HW Partners Board (currently in diary as SLG) 4th Friday of Month
	19-Feb	25/01 - 26/02	22-26 Feb	26-Feb	04-Mar	04-Mar	15-Mar	1 Week in advance	04-Mar	18-Mar	24-Mar
Mar-16	18-Mar	27/02 - 25/03	21-25 Mar	25-Mar	01-Apr	01-Apr	19-Apr	1 Week in advance	01-Apr	15-Apr	22-Apr
Apr-16	15-Apr	26/03 - 29/04	25-29 Apr	29-Apr	06-May	06-May	17-Mar	1 Week in advance	06-May	20-May	27-May
May-16	20-May	30/04- 27/05	23-27 May	27-May	03-Jun	03-Jun	21-Jun	1 Week in advance	03-Jun	17-Jun	24-Jun
Jun-16	17-Jun	28/05 - 24/06	20-24 June	24-Jun	01-Jul	01-Jul	19-Jul	1 Week in advance	01-Jul	15-Jul	22-Jul
Jul-16	15-Jul	25/06 - 29/07	25-29 July	29-Jul	05-Aug	05-Aug	16-Aug	1 Week in advance	05-Aug	19-Aug	26-Aug
Aug-16	19-Aug	30/07 - 26/08	22-26 Aug	26-Aug	02-Sep	02-Sep	20-Sep	1 Week in advance	02-Sep	16-Sep	23-Sep
Sep-16	16-Sep	27/08 - 30/09	26-30 Sep	30-Sep	07-Oct	07-Oct	18-Oct	1 Week in advance	07-Oct	21-Oct	28-Oct
Oct-16	21-Oct	1/10 - 28/10	24-28 Oct	28-Oct	04-Nov	04-Nov	15-Nov	1 Week in advance	04-Nov	18-Nov	25-Nov
Nov-16	18-Nov	29/10 - 25/11	21-25 Nov	25-Nov	02-Dec	02-Dec	20-Dec	1 Week in advance	02-Dec	16-Dec	23-Dec
Jan-17	16-Dec	26/11 - 30/12	26-30 Dec	30-Dec	06-Jan	06-Jan	17-Jan	1 Week in advance	06-Jan	20-Jan	27-Jan

Board of Directors	
Agenda Item	**7.1**
Title of Report	**Integrated Performance Report**
Date of Meeting	**30th March 2016**
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 • **Strategic Objective** • **Key Measure** • **Principal Risk**	**All Strategic Objectives (1 through 7)** **All Key Measures (1A through 7D)** **All Principal Risks**
Level of Assurance • **Positive** • **Gap(s)**	**Partial with gaps**
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	**Discussion**
Data Quality Rating	**Silver – quantitative data that has not been externally validated**
FOI status	**Document may be disclosed in full**
Equality Impact Assessment Undertaken • **Yes** • **No**	**No**

1. Executive Summary

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 February 2016.

2. Summary of Performance Issues

The Trust continues to make good progress in delivering its strategic performance targets (Meeting our Vision and A Healthy Organisation domains).

Whilst there has been some significant improvement in a number of areas, operationally the Trust continues to struggle to achieve against its operational objectives (Operational Excellence and External Validation domains).

During the month of February the Trust delivered an in month deficit of £1.3m which was marginally better than plan and forecast. Clinical and other income where above plan by £0.8m in month which was offset by increased costs as a result of additional work transferred to the private sector to support RTT performance and increased pass through costs. The current YTD performance if the Trust is a £14.1m deficit which is £1.4m adverse variance compared to the plan.

At the end of February the Trust is forecasting to deliver a £15.3m deficit. The £0.3m deterioration compared to the previous month is reflective of the planned Junior Doctor strike in March that was previously not known.

Cash continues to be positive due to the cash preservation work carried out by the Trust and early CCG receipts with £8.7m available at the end of the month. The Trust is currently forecasting to have c£2m cash in hand at the end of the financial year. All health economy affordability risks have been mitigated within the cash forecast.

Issues balancing demand and capacity in Orthopaedics, Ophthalmology and ENT have impacted on the financial position (with income down across the three specialties by £0.19m in month).

The key issues relating to external validation is achievement of the A&E, RTT and c Difficile targets, with detailed comments against each area below.

The Integrated Performance Dashboard is designed to evolve as key metrics are adopted, amended or no longer required. The new high-level metric on adherence to the rules on caps of Agency staff is included from this month. The figure shown is an average of the weekly returns submitted to NHS Improvement (Monitor as was).

3. **Detailed Explanation of Performance and Actions**

   a. **Achievement of the A&E Target / Non Elective Performance**

Despite the range of actions being put in place, performance against the Emergency Access Standard remains below the minimum 95%, with February deteriorating to 80.85%.

Unfortunately the Trust reported six twelve hour breaches on 1st March 2016. A twelve hour breach is recorded from the time when a clinical decision is made to admit the patient, to the patient leaving the emergency department. The Trust took immediate action and an external root cause analysis has been completed by the Emergency Care Improvement Team. An action plan has been completed and the current management of patient flow is being reviewed.

Key issues being addressed by the Trust with an aim of resolving the underperformance are;

* **The level of ED attendances** - in February there were 531 (7.8%) less attendances at ED compared to January 2016 due to fewer days. The average daily attendance was almost the same, with 260.58 per day in January, and 260.24 in February. However, the February 2016 total is an increase of 1,035 attendances when compared to February 2015. At month 11 the 2015/16 year to date level of ED attendances is 84,989 which is an increase of 3,031 (3.7%) on the same time period in 2014/15

* **Single Front Door** – the model continues to function well with a consistent deflection rate of 18% for self-presenting patients. The Trust is now exploring the inclusion of additional patient groups in conjunction with Wirral Community Trust (WCT) and Wirral Clinical Commissioning Group (WCCG) taking best practice from other regional hospitals.

* **Increased ambulance arrivals** – in February there were 351 (11.5%) less ambulance attendances at ED compared to January 2016. However, February 2016 shows an increase of 320 attendances when compared to February 2015. At month 11 the 2015/16 year to date level of ambulance attendances is 29,283 which is an increase of 686 (2.3%) on the same time period in 2014/15. Board members will be aware that a joint review of ambulance presentations has taken place with WCCG and North West Ambulance Service (NWAS) and has confirmed that the increase in patients being conveyed to the Emergency Department (ED) are that which would be categorised as low acuity and therefore could be taken to alternative care settings within the community.

The CCG and NWAS have reviewed the current pathway for low acuity trauma patients being transferred to Victoria Health Centre's Walk in Centre (WiC). The review found that NWAS crews have been bypassing

the WiC and presenting to the ED. The NWAS pathfinder protocol has been amended to ensure crews convey appropriate patients to the WiC at Victoria Central. NWAS crews that present to the ED with a patient who could have been seen at the WiC will be redirected to enforce this message further.

Work is on-going with the support of Monitor to have the WiC at Victoria Central kite marked for minor medical conditions, to further ensure only patients requiring ED treatment are conveyed to the ED by NWAS paramedics.

- **Implementation of SAFER** – The Trust continues to roll out the implementation of SAFER with cardiology and respiratory wards now included.

- **Patient flow management** – The Trust has worked with the Emergency Care Improvement Programme (ECIP) and other national bodies to formulate actions plans for ED processes, in-hospital patient flow and discharge requirements. There has also been significant work led by Wirral Social Services and Wirral Community Trust in regard to community provision and the capacity required for outside hospital care. The Trust has received funding from ECIP to appoint a Programme Lead for the economy wide patient flow work stream and an individual has been appointed. A full breakdown on the schemes, their progress and expected outcomes will be shared with the Board in April.

- **Community Beds** – Social Services have led a review of community bed and package of care provision. The report is due in early April 2016. As an interim measure until the review has been received the economy is working through plans to extend the use of Charlotte House past the end of March 2016

- **External Review** – The Trust remains an active member of the Emergency Care Improvement Programme (ECIP) and since the previous Board the Trust has hosted an economy wide summit on Frailty with the support of ECIP and the National Frailty Network. The event was well attended and commitment was made to make significant changes to pathways for older patients from initial presentation through to discharge, with key actions already underway.

b. Advancing quality indicators

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. We are experiencing increasing difficulty in obtaining case notes for AQ audits and this is impacting on

the populations and results. This has been raised as a concern and some actions are in progress.

Detail on the five areas:

- **AMI:** The ACS year-to-date (ytd) is just below target (91.7% v 91.8%), with all measures except "referral to cardiac rehabilitation" at 100%. Staff are continually reminded to refer these patients at or before discharge. Seven of the eleven participating trusts fail this measure. NB this measure set is being retired from the end of the financial year due to the high achievements across the region. Ongoing assurance will be through the national audit

- **Heart Failure:** The ACS ytd remains below target (71.39% v 77.3%); the monthly position improved slightly. There are two indicators failing in month - specialist review within 72 hours and written discharge instructions. There has been some sickness in the team that will impact on this. There is also some change to the clinical leadership of this group and it is anticipated that we will see improvements from February onwards. An action plan is in development

- **Community Acquired Pneumonia:** The ACS ytd remains below expected (68.89% v 75.1%), and the monthly data has also deteriorated. New measures were introduced in October – the reduction in time to antibiotics from 6 to 4 hours after arrival in ED led to a significant lowering of performance. This is the only measure we are failing in month currently at 73.4%. Work is ongoing in A&E to promote rapid diagnosis through nurse requested chest x-ray and therefore treatment; however staffing pressures are hampering this progress.

- **Hip & Knee**: The ACS ytd remains below expected (94.5% v 95%). The monthly observed ACS have been above target since they reintroduced full population audit rather than sampling. No measures are failing in month.

- **AKI:** The ACS ytd remains below expected (4.3% v 50%). However the December data is much improved at 9.4%; with 4 measures failing. Self-management plans at discharge remain a significant issue with <10% of patients receiving them. There were two specialist nurses in post who were reviewing patients daily until February, when one nurse went on sick leave. The nurses are providing support and training to the wards and it is envisaged we will see improvement from the New Year. They are also working to ensure we deliver the CQuIN and this focuses on handover of care at discharge.

c. Elective Performance

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.

Elective admitted spells in February were down by 45 cases (£171k). Although still short against the revised plan, February was an improvement when compared to January's under performance of 274 cases.

Board members will recall the monthly activity shortfalls within gynaecology earlier in the year due to consultant sickness. The division's plans to bring the speciality back into monthly balance and reduce previous month's underperformance have been delivered, with the speciality being above plan by 16 cases (£75k) in February.

The remaining three specialties of particular concern:

Orthopaedics

February performance was down 74 cases which equated to £150k

In the short term, the consultants have seen circa 700 additional outpatients through February and March at Trust waiting list rates. For patients seen the conversion to an operation has significantly dropped from high 40% to 25%. Whilst this change in conversion will have a positive impact on RTT it does not increase the pool of patients waiting on an inpatient list which was anticipated.

ENT

February performance was down 22 cases which equated to £29k

The Consultant has now returned to work, but unfortunately another consultant has had to take sick leave for an elective procedure. The Division are working on ensuring that theatre utilisation is maximised. In particular, the service had an imbalance in the waiting list for outpatient and elective surgery and therefore a range of theatre sessions have been converted to clinics to address this.

Ophthalmology

February performance was down 56 cases which equated to £30k

The underperformance against plan is due to an unexpected resignation of a Clinical Fellow in December. A replacement has been appointed, but will not be in place until April. Additionally, there is one consultant

who has seen a significantly reduction in referrals for which a mitigation plan has been put in place.

d. 18 Weeks RTT

Ongoing achievement of the RTT standard is directly linked to the delivery of the required activity levels which have been under pressure since the beginning of the year. As previously highlighted to the Board the achievement of the RTT position will be very challenging during quarter four.

February performance for RTT was 90.34% against a standard of 92%

The under performance in part is due to the planned strikes in January and February plus the issues which impacted on December's position still impacting on some specialities. However, increased waiting times for outpatient appointments in some specialities, is the main driver.

Most specialties within the Trust are achieving the target at a nationally defined specialty level. The four nationally defined specialties which are not achieving this target are:

- General Surgery at 81.62%

- Orthopaedics at 88.65%

- Urology at 90.03%

- Other (including Community Paediatrics) at 89.54%

Detailed work with each of these specialities has produced compliance trajectories. The impact of the additional planned strikes in April is currently being calculated and an update will be provided at the March Board.

e. Infection Control

At the end of February we reported 9 toxin positive *C.diffs,* with Post Infection Reviews identifying all of these as unavoidable, thereby maintaining the number of 35 avoidable toxin positives against the annual maximum trajectory. 15 equivocal cases were also reported internally. The reason for the increase in the total number of cases is largely due to an outbreak of norovirus experienced during February resulting in an increase in the number of specimens being tested for C.diff.

This meant that there were still wards at high risk of *C.diff* acquisition and therefore requiring reactive HPV and the programme has continued to address these areas. The IPC Team continue to monitor side room capacity and allocation on a daily basis, advising all wards to transfer patients not requiring side rooms into other vacated beds within their ward areas as discharges occur. Thus freeing up side rooms for patients with symptoms of diarrhoea.

The IPC Team continue to promote accurate and consistent documentation in relation to patient's bowel activity as a preventative action in the prevention of *C.diff* transmission and IT work is to be progressed within Wirral Millennium to improve the functionality for reporting diarrhoea.

f. Non Core Spend

In February 2016 c£1.8m has been spent on non-core pay categories as detailed in the above table, a marginal increase compared to January. As part of the winter plan the Trust had planned for non-core spend to increase to enable the operational teams to flex the bed base at times of increased demand and the support the winter escalation wards.

The Trust continues to submit weekly returns to Monitor regarding agency use and compliance with the agreed reduced rates for agency workers. Improvements have been made in reducing the number of shifts that have been booked in excess of agreed prices. All shifts are reviewed by the Senior Management Team on a weekly basis to ensure that there is a fair but appropriate challenge to the use of temporary workers. While good progress has been made from the 1st April 2016 the agreed national prices will further reduce thus increasing the number of shifts that will be above the threshold. The Trust continues to work closely with NHSP (national provider of temporary workforce) to further reduce the rates of the respective agencies while also reviewing potential recruitment strategies.

The Trust still remains under the nursing agency cap of 3%, with the cumulative Nursing agency costs in February equating to 2.7 % of the substantive nursing wage bill which includes the step up in staffing the winter escalation areas.

The Trust has received notification from NHS Improvement that next financial year the Nursing agency % will be replaced by an overall Trust ceiling for agency spend. This has been set at £8.1m which will represent a c6% (£0.5m) reduction on the forecast agency spend for 2015/16.

g. Summary Financial Position

The Trust continues to deliver a financial performance in line with forecasts adjusted for national issues which the Trust could not mitigate.

As a result of the increased levels of activity over and above the CCG's baseline the health economy affordability remains the main risk to the forecast outturn position as a result of the application of penalties to reduce the Trusts financial envelope.

The cash position continues to be strong in month with the Trust forecasting to have c£2.3m of cash in hand at the end of the financial year. The health economy affordability risk has been mitigated within the cash forecast.

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

4. Recommendation

The Board of Directors are asked to;

Note the Trust's current performance to the end of February 2016, with particular regard to;

- The risks associated with the delivery of the emergency access target where performance remains challenging despite a range of actions taken.

- Risks against elective and outpatient activity volumes and contract performance.

- 18 week RTT where improved performance is dependent on delivery of at least the activity volumes identified in the recovery plan, particularly in light of the increased GP referrals and the ongoing need to resolve the waiting time issues within Community Paediatrics.

Support the range of actions to resolve the current underperforming areas;

- The recovery plans in place to deliver the non-elective access target, particularly the implementation of SAFER.

- The additional attention within the organisation being put on the 18 week RTT incomplete target to improve performance back to compliance from quarter one of 2016/17.

Mark Blakeman
Director of Informatics and Infrastructure

WUTH Integrated Performance Dashboard - Report on February 2016 for March 2016 BoD

Area	Indicator / BAF	Dec	Jan	Feb	Trend / Future Concern	Target (for 'Green')	Latest Period	Exec Lead
Meeting Our Vision	**Satisfaction Rates**							
	Patient - F&F "Recommend" Rate	97%	98%	98%		>=95%	February 2016	GW
	Patient - F&F "Not Recommend" Rate	2%	1%	1%		<=2%	February 2016	GW
	Staff Satisfaction (engagement)	3.79	3.79	3.79		>=3.69	Q3 2015/16	JM
	First Choice Locally & Regionally							
	Market Share Wirral	86.2%	88.0%	85.7%		>= 85%	April to Dec 2015	MC
	Demand Referral Rates	1.4%	1.0%	0.8%		>= 3% YoY variance	Fin Yr-on-Yr to Feb 2016	MC
	Market Share Non-Wirral	9.3%	9.4%	9.5%		>=8%	April to Dec 2015	MC
	Strategic Objectives							
	Harm Free Care	96%	96%	96%		>= 95%	February 2016	GW
	HIMMs Level	5	5	5		5	February 2016	MB
Operational Excellence	**Key Performance Indicators**							
	A&E 4 Hour Standard	88.34%	82.31%	80.85%		>=95%	February 2016	CO
	RTT 18 Weeks Incomplete Position	91.0%	90.1%	90.3%		>=92%	February 2016	CO
	Cancer Waiting Time Standards	On track	On track	On track		All met at Trust level	Q4 to Feb 2016	CO
	Infection Control	1 MRSA; 31 C diff	1 MRSA; 35 C diff	0 MRSA; 36 C diff		0 MRSA Bacteraemia in month, and cdiff less than cumulative trajectory	February 2016	GW
	Productivity							
	Delayed Transfers of Care	3.2	3.1	4.2		<= 4	February 2016	CO
	Delayed Complex Care Packages	48	55	63		<= 45	February 2016	CO
	Bed Occupancy	91.3%	94.1%	93.4%		<=85%	February 2016	CO
	Bed Occupancy Medicine	93.5%	95.9%	91.4%		<=85%	February 2016	CO
	Theatre Utilisation	68.0%	69.6%	66.8%		>=85%	February 2016	CO
	Outpatient DNA Rate	8.4%	7.8%	7.7%		<=6.5%	February 2016	CO
	Outpatient Utilisation	79.7%	80.3%	80.3%		>90%	February 2016	CO
	Length of Stay - Non Elective Medicine	5.1	5.6	6.2		<= 5.0	February 2016	CO
	Length of Stay - Non-elective Trust	4.4	4.6	4.8		<=4.2	February 2016	CO
	Contract Performance (activity)	-2.0%	-2.4%	-2.1%		0% or greater	February 2016	CO
	Finance							
	Contract Performance (finance)	-1.7%	-1.7%	-1.3%		On Plan or Above YTD	February 2016	GL
	Expenditure Performance	0.9%	0.8%	0.6%		On Plan or Above YTD	February 2016	GL
	CIP Performance	-9.7%	-8.9%	-9.2%		On Plan or Above	February 2016	GL
	Capital Programme	4.7%	-6.7%	-12.5%		On Plan	February 2016	GL
	Non-Core Spend	9.7%	9.8%	9.8%		<5%	February 2016	GL
	Cash Position	140%	163%	245%		On plan or above YTD	February 2016	GL
	Cash - liquidity days	-18.6	-19.8	-22.5		> 0 days	February 2016	GL
A Healthy Organisation	**Clinical Outcomes**							
	Never Events	0	0	1		0 per month	February 2016	EM
	Complaints	40	38.5	37.1		<30 per month	12-mth ave to Feb 2016	GW
	Workforce							
	Attendance	95.7%	95.8%	95.8%		>= 96%	February 2016	JM
	Qualified Nurse Vacancies	5.2%	5.6%	5.5%		<=6.5%	February 2016	GW
	Mandatory Training	91.8%	92.4%	89.8%		>= 95%	February 2016	JM
	Appraisal	82.24%	84.28%	84.70%		>= 85%	February 2016	JM
	Turnover	9.5%	9.4%	9.4%		<10%	February 2016	JM
	Nursing Agency Costs	2.5%	2.3%	2.7%		<=2.5%	February 2016	GW
	Agency Cap	125	133	199		0	February 2016	JM
External Validation	**National Comparators**							
	Advancing Quality (not achieving)	3	5	5		All areas above target	December 2015	EM
	Mortality: HSMR	89.01	89.23	89.23		Lower CI < 0.90	April to Nov 2015	EM
	Mortality: SHMI	0.969	0.980	0.980		Lower CI < 90	July 2014 to June 2015	EM
	Regulatory Bodies							
	Monitor Risk Rating - Finance CoS	2	2	2		4	February 2016	GL
	Monitor Risk Rating - Governance	Red	Red	Red		Green	February 2016	CO
	CQC	Amber	Amber	Amber		Overall CQC rating Outstanding or Good	February 2016	EM
	Local View							
	Commissioning - Contract KPIs	7	5	6		<=2	February 2016	CO
	Monitor enhanced monitoring							
	A&E 4 Hour Standard	88.34%	82.31%	80.85%		>=95%	February 2016	CO
	Medical Outliers	4.1	6.71	10.1		<=5	January 2016	CO
	Bed occupancy	91.3%	94.1%	93.4%		<=85%	February 2016	CO
	Staff Friends and Family	58%	58%	58%		>= 75%	Q3 2015/16	CO
Financial Recovery	**Financial Recovery Plan**							
	Contract / Inventory Management	1.8%	-4.1%	-5.4%		0% (ie on plan) or greater	February 2016	MT
	Income	-1.3%	-2.1%	2.2%		0% (ie on plan) or greater	February 2016	MT
	Workforce Value for Money	-6.4%	-5.2%	-7.0%		0% (ie on plan) or greater	February 2016	MT
	Utilisation - Outpatients	-20.4%	-19.6%	-17.6%		0% (ie on plan) or greater	February 2016	MT
	Utilisation - Theatres	-17.0%	-18.5%	-18.0%		0% (ie on plan) or greater	February 2016	MT
	Productivity - Patient Flow	2.2%	-2.2%	-7.0%		0% (ie on plan) or greater	February 2016	MT

Quarter	4
Period	01/01/2016 - 31/03/2016

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

Quarter 4 - Total

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	0	0	0	8	0	8	100.00%	100.00%
	Lung	0	0	0	6.5	0	6.5	100.00%	100.00%
	Other	1	0	1	2	0	2	50.00%	50.00%
Med & Surg	Upper GI	2	0	2	6	0	6	66.67%	66.67%
Surgery	Breast	2	0	2	40	0	40	95.00%	95.00%
	Colorectal	3	0	3	19.5	0	19.5	84.62%	84.62%
	Head & Neck	0	0	0	4	0	4	100.00%	100.00%
	Skin	0	0	0	36	0	36	100.00%	100.00%
	Urology	14	0	14	37	0	37	62.16%	62.16%
Women's	Gynaecology	1	0	1	5	0	5	80.00%	80.00%
	Total	23	0	23	164	0	164	85.98%	85.98%

Quarter 4 - January

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	0	0	0	4	0	4	100.00%	100.00%
	Lung	0	0	0	2.5	0	2.5	100.00%	100.00%
	Other	1	0	1	1	0	1	0.00%	0.00%
Med & Surg	Upper GI	0	0	0	4	0	4	100.00%	100.00%
Surgery	Breast	1	0	1	18.5	0	18.5	94.59%	94.59%
	Colorectal	2	0	2	9	0	9	77.78%	77.78%
	Head & Neck	0	0	0	2.5	0	2.5	100.00%	100.00%
	Skin	0	0	0	17	0	17	100.00%	100.00%
	Urology	8	0	8	22.5	0	22.5	64.44%	64.44%
Women's	Gynaecology	1	0	1	3.5	0	3.5	71.43%	71.43%
	Total	13	0	13	84.5	0	84.5	84.62%	84.62%

Quarter 4 - February

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	0	0	0	4	0	4	100.00%	100.00%
	Lung	0	0	0	4	0	4	100.00%	100.00%
	Other	0	0	0	1	0	1	100.00%	100.00%
Med & Surg	Upper GI	2	0	2	2	0	2	0.00%	0.00%
Surgery	Breast	1	0	1	14.5	0	14.5	93.10%	93.10%
	Colorectal	1	0	1	8.5	0	8.5	88.24%	88.24%
	Head & Neck	0	0	0	1.5	0	1.5	100.00%	100.00%
	Skin	0	0	0	16	0	16	100.00%	100.00%
	Urology	6	0	6	14.5	0	14.5	58.62%	58.62%
Women's	Gynaecology	0	0	0	1.5	0	1.5	100.00%	100.00%
	Total	10	0	10	67.5	0	67.5	85.19%	85.19%

Quarter 4 - March

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	0	0	0	0	0	0	N/A	N/A
	Lung	0	0	0	0	0	0	N/A	N/A
	Other	0	0	0	0	0	0	N/A	N/A
Med & Surg	Upper GI	0	0	0	0	0	0	N/A	N/A
Surgery	Breast	0	0	0	7	0	7	100.00%	100.00%
	Colorectal	0	0	0	2	0	2	100.00%	100.00%
	Head & Neck	0	0	0	0	0	0	N/A	N/A
	Skin	0	0	0	3	0	3	100.00%	100.00%
	Urology	0	0	0	0	0	0	N/A	N/A
Women's	Gynaecology	0	0	0	0	0	0	N/A	N/A
	Total	0	0	0	12	0	12	100.00%	100.00%

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

Operational 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 Bacteraemia in month, and cdiff less than cumulative trajectory	0 MRSA Bacteraemia in month, and cdiff equal to cumulative trajectory	>= 1 MRSA Bacteraemia in month or cdiff cases above cumulative trajectory
Productivity				
Delayed transfers of care	Average No of patients with a delayed transfer of care during the month	<= 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%	>=65% to <85%	<65%
Theatre utilisation	Average % of scheduled operating minutes utilised	>=85%	>=65% to <85%	<65%
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)	<= 5.0	> 5.0 to 6.5	> 6.5
Length of stay - Non-elective 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	-2.0% 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

Item 7.1.1- Integrated Dashboard and Exception Reports

Indicator	Definition	Green	Amber	Red
Cash - liquidity 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 liabilites) / Pre EBITDA expenditure)) x number of days elapsed in financial year	> 0 days	>= -14 days and <= 0 days	< -14 days

A Healthy Organisation

Indicator	Definition	Green	Amber	Red
Clinical Outcomes				
Never Events	Number of occurences of "Never Events"	0 per month	n/a	>= 1 per month
Complaints	Number of occurences 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%
Nursing Agency Costs	Nursing agency costs as a percentage of total nursing costs	<=2.5%	>2.5% to <3.0%	>=3.0%
Agency cap	Monthly average of agency cap breaches	0	>0 and <= 80	>80

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	Inspection area ratings	Overall CQC rating Outstanding or Good	Overall CQC rating Requires Improvement	Overall CQC rating Inadequate
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 scheduled resources	>=0%	<0% to -5%	<-5%
Utilisation - Theatres	Percentage of available resource utilised against scheduled sessions	>=0%	<0% to -5%	<-5%
Productivity - Patient Flow	Reduction in non-elective length of stay against plan	>=0%	<0% to -5%	<-5%

Board of Directors	
Agenda Item	7.1.2
Title of Report	Month 11 Finance Report
Date of Meeting	30th March 2016
Author	Gareth Lawrence, Acting Director of Finance
Accountable Executive	Gareth Lawrence, Acting Director of Finance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	7
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	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 • **Yes** • **No**	No

1. Executive Summary

Overview

During the month of February the Trust delivered an in month deficit of £1.3m which was marginally better than plan and forecast. Clinical and other income where above plan by £0.8m in month which was offset by increased costs as a result of additional work transferred to the private sector to support RTT performance and increased pass through costs. The current YTD performance if the Trust is a £14.1m deficit which is £1.4m adverse compared to the plan.

At the end of February the Trust is forecasting to deliver a £15.3m deficit. The £0.3m deterioration compared to the previous month is reflective of the planned Junior Doctor strike in March that was previously not known.

While the Trust continues to deliver increased levels of non-elective activity which has driven the current clinical income performance fines and penalties have increased over the last month in relation to RTT, readmissions and the non-elective marginal rate. The current position assumes the re-investment of the Q4 penalties as per the guidance issued by Monitor/NHS England and the Trusts correspondence with the CCG in early February. On the 21st March the Trust received correspondence from the CCG that they were disputing this assumption exposing a potential £1.3m risk to the forecast outturn position. The Trust is still negotiating with the CCG around finalizing a year end position.

Cash continues to be positive due to the cash preservation work carried out by the Trust and early CCG receipts with £8.7m available at the end of the month. The Trust is currently forecasting to have c£2m cash in hand at the end of the financial year. All health economy affordability risks have been mitigated within the cash forecast.

The overall financial position in February delivers a Financial Sustainability Risk Rating (FSRR) of 2 which is in line with plan.

.Income and Expenditure Performance

| | Month 11 | | | Year to Date | | | Full Year Forecast | | |
| | In Month | | | Year to Date | | | | | |
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£k	£k	£k	£k	£k	£k	£k	£k	£k
NHS Clinical Income	22,943	23,401	458	255,789	252,352	(3,437)	279,420	275,893	(3,527)
Other Income	2,299	2,661	362	25,010	27,342	2,332	27,317	29,743	2,426
Employee Expenses	(17,649)	(18,168)	(520)	(195,070)	(195,275)	(205)	(212,807)	(213,332)	(525)
All Other Operational Expenses	(7,767)	(8,077)	(310)	(85,369)	(86,053)	(684)	(93,178)	(94,018)	(840)
EBITDA	(174)	(184)	(10)	359	(1,634)	(1,993)	752	(1,715)	(2,466)
Post EBITDA Items	(1,197)	(1,132)	65	(13,023)	(12,429)	594	(14,220)	(13,580)	639
Net Surplus / (Deficit)	(1,371)	(1,316)	55	(12,664)	(14,063)	(1,399)	(13,468)	(15,295)	(1,827)
EBITDA %	(0.7%)	(0.7%)	(0.0%)	0.1%	(0.6%)	(0.7%)	0.2%	(0.6%)	(0.8%)

Specifically the table highlights;

- In-month NHS clinical income over-performed by c£0.5m against plan, decreasing the cumulative deficit to (£3.4m). PbR activity under-performed as a result of not delivering the initial planned levels of Elective activity, high cost drugs (offset in cost) exceeded plan.

- Other income continues to over perform; half the over-recovery is one off income gains and the other half offsets overspends in expenditure.

- Pay costs overspent by (c£0.5m) reflecting the increased costs in sending activity to the private sector and the initial phasing of the CIP.

- Non-pay costs are some (£0.3m) higher than plan which is largely a result of higher pass through drug costs offset in Clinical Income but some pressures still remain in IT and clinical supplies.

- The EBITDA position is currently behind plan as a result of operational pressures mentioned above, but is being supported by savings in PDC as a result of the stronger cash balances and a marginal saving on depreciation as a result of capital timing differences.

Cash position and Financial Sustainability Risk Rating (FSRR)

The cash position continues to be positive with the position at the end of the month being £8.7m, which is £5.1m higher than plan and is largely due to early receipts and cash management initiatives.

Capital expenditure (on accruals basis) to month 11 is (£1.0m) above plan, The most significant capital overspend relates to the Cerner IT project (£1.5m), and is due to the re-phasing of actual spend from initial plan, the scheme is not forecast to overspend at year end. The capital programme is expected to remain within plan in year as long as c£0.2 m unallocated resource is sufficient enough for unexpected urgent capital requirements throughout March.

It is anticipated that the majority of the cash timing differences resulting in the higher cash balance will unwind in the coming months and the Trusts cash position will reduce. The Trust is forecasting to finish the financial year with a c£2.3m cash balance, without any injection of resilience funding however support will be required in the first quarter of 2016/17.

The overall position returns a FSRR of 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).

Year to date the Trust has delivered through a combination of cost improvements and revenue generation initiatives c£10.3m, against a plan of £11.4m.

Under performances in coding, patient flow and theatre productivity workstreams have been offset by over performances in other areas including outpatients.

The latest forecast outturn position has remained static, at c. £11.8, following the release of the mitigation reserve £1.5m, this will increase to £13.3m, which is slightly ahead of 2015/16 annual plan.

Recurrently schemes are expected to deliver c. £11.5m against a plan of £16.4m. The Trust is mindful of the pressure this places on plans going into 2016/17, this has been reflected in the planning assumptions. The Trust has reviewed all non-recurrent schemes with a view of determining whether they could be recurrent. It remains imperative that, whilst maintaining the focus on CIP delivery in 2015/16 the emphasis is clearly on the identification and planning of schemes to meet the challenges required in delivering the Annual Plan requirement for 2016/17.

Risks inherent in the CIP plans had been identified as part of the planning process, some mitigation is also available within reserves; this is applied on a monthly basis.

2. Non-Core Spend

Non-core spend has been identified nationally as one of the main drivers in explaining the deterioration in Trusts finances. The Trust continues to work towards reducing its non-core expenditure.
The table below analyses the current Pay expenditure within the Trust in comparison to the average last financial year.

Detail	14/15 Average £k	April £k	May £k	June £k	July £k	August £k	September £k	October £k	November £k	December £k	January £k	February £k	YTD £k
Budget		17,634	17,878	17,763	17,725	17,725	17,609	17,743	17,715	17,758	17,873	17,649	195,070
Pay Costs Substantive	15,875	15,911	15,980	15,937	15,868	16,046	15,696	16,006	15,971	16,218	16,159	16,389	176,191
Bank Staff	319	308	291	296	298	289	278	281	239	326	347	296	3,240
Agency Staff	518	658	712	605	683	608	747	694	804	779	825	742	7,895
Overtime	224	343	278	282	283	276	388	281	289	298	217	283	3,198
Locum	362	299	264	332	368	410	300	405	340	368	334	388	3,796
WLI (In Year)	155	52	88	125	100	91	98	58	72	125	76	72	956
Non Substantive Total	1,577	1,698	1,633	1,640	1,695	1,672	1,811	1,717	1,744	1,897	1,798	1,780	19,084
Total Pay	17,451	17,609	17,623	17,577	17,563	17,718	17,507	17,723	17,715	18,115	17,957	18,168	195,275
Variance		24	255	186	162	7	102	20	(1)	(357)	(85)	(520)	(205)

In February 2016 c£1.8m has been spent on non-core pay categories as detailed in the above table, a marginal increase compared to January. As part of the winter plan the Trust had planned for non-core spend to increase to enable the operational teams to flex the bed base at times of increased demand and the support the winter escalation wards.

The Trust continues to submit weekly returns to Monitor regarding agency use and compliance with the agreed reduced rates for agency workers. Improvements have been made in reducing the number of shifts that have been booked in excess of agreed prices. All shifts are reviewed by the Senior Management Team on a weekly basis to ensure that there is a fair but appropriate challenge to the use of temporary workers. While good progress has been made from the 1st April 2016 the agreed national prices will further reduce thus increasing the number of shifts that will be above the threshold. The Trust continues to work closely with NHSP (national provider of temporary workforce) to further reduce the rates of the respective agencies while also reviewing potential recruitment strategies.

The Trust still remains under the nursing agency cap of 3%, with the cumulative Nursing agency costs in February equating to 2.7 % of the substantive nursing wage bill which includes the step up in staffing the winter escalation areas.

The Trust has received notification from NHS Improvement that next financial year the Nursing agency % will be replaced by an overall Trust ceiling for agency spend. This has been set at £8.1m which will represent a c6% (£0.5m) reduction on the forecast agency spend for 2015/16.

3. Risks/Mitigations

The Trust is currently forecasting a year end deficit of (£15.3m). The following risks have not been reflected in the forecast position therefore any of these risks becoming realised would lead to a further deterioration in the forecast outturn.

3.1   Health Economy affordability

The Trust has had discussions with the CCG with regards to agreeing a year-end settlement, with the aim of minimising risk for both the Trust and CCG which has not yet come to fruition. The discrepancy between the Trust and the CCG around the application of Q4 penalties has been raised with Monitor and NHS England as all parties look to resolve the issue as quickly as possible. The Chief Executive and Acting Director of Finance remain in daily contact with CCG colleagues in order to progress.

3.2   Delivery of activity

The Trust continues to review activity on a weekly basis via the Senior Management Team to enable delivery of the forecast for year end. To supplement this review further weekly updates are provided to the Director of Operations incorporating forecast RTT delivery to enable corrective action to be undertaken.

3.3   CQUINs

Achievement of the quarter 4 target is a challenge particularly as certain targets are weighted higher in this quarter. Early indications show three targets are a pressure, plans are in place to ensure appropriate actions are taken, and discussions with the CCG continue to minimise the risk.

4. Conclusion

The Trust continues to deliver a financial performance in line with forecasts adjusted for national issues which the Trust could not mitigate.

As a result of the increased levels of activity over and above the CCG's baseline the health economy affordability remains the main risk to the forecast outturn position as a result of the application of penalties to reduce the Trusts financial envelope.

The cash position continues to be strong in month with the Trust forecasting to have c£2.3m of cash in hand at the end of the financial year. The health economy affordability risk has been mitigated within the cash forecast.

5. Recommendations

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

Gareth Lawrence
Acting Director of Finance
March 2016

BOARD OF DIRECTORS

Agenda Item	8.1
Title of Report	Nurse Staffing Data to include January and February 2016 and Nursing Efficiencies following Investment into Nursing
Date of Meeting	30 March 2016
Author	Gaynor Westray, Director of Nursing and Midwifery Clare Pratt, Deputy Director of Nursing
Accountable Executive	Gaynor Westray, Director of Nursing and Midwifery
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	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 Risks 2799 & 2798 1B Risks 1908 & 1909 3A Risks 2837 & 2611 3B Risks 2799, 2837 & 2798 7A Risks 2798
Level of Assurance • **Positive** • **Gap(s)**	Positive: The Trust's recruitment plan is having a positive impact on staffing levels and the Trust's fill rates with overall 98% for January and February 2016. Patient and Staff Survey results demonstrate improvement in experience of those who are cared for and who work for our organisation.
Purpose of the Paper	Discussion
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment	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 Worker's for both day shifts and night shifts versus planned staffing levels for January and February 2016. It also provides a summary of the progression of the Nursing & Midwifery agenda since 2013 following the financial investment made by the Board of Directors and summarises the associated key achievements and improvements this has enabled.

An initial review of the Nursing & Midwifery workforce was undertaken in July 2013 and this highlighted a number of issues and concerns as follows:

• Concerns in relation to nurse staffing numbers to provide safe and effective care to patients

- Complaints relating to fundamental levels of nursing care, specifically in relation to the nutrition and hydration of patients, patient's hygiene needs not being consistently met and concerns about patient observations and comfort checks
- Lack of empowerment of ward sisters/charge nurses despite a recognition of their ability and the impact of this on their teams

This baseline assessment indicated that investment was required alongside the development and launch of the Nursing & Midwifery Strategy 2013-2018. Over a 3 year period ward based nursing establishment has been increased to ensure the Trust staffing meets national guidelines in relation to nurse to patient ratio, skill mix and supervisory status of ward sister / charge nurse. The scale of investment into ward based establishment is outlined below.

Investment in Safer Staffing Levels for Nursing 2013/14 to 2015/16 (£4,032k)

£'000	Medicine & Acute	Surgery, W&C	Total
2015/16			
Patient Acuity	360		360
Nursing uplift	542	522	1,064
Total 2015/16 Investment	902	522	1,424
2014/15			
DME Nursing investment	676		676
Acuity Funding - Ward 23,30,33 & HAC, 36, 10,14, SAU	817	147	964
Total 2014/15 Investment	1,493	147	1,640
2013/14			
Nursing Ratio Review	409	296	705
ED Nurse Staffing	263		263
Total 2013/14 Investment	672	296	968

This investment has resulted in stronger leadership, ability to respond to seasonable and unanticipated activity pressures and to allow for a real focus on enhancing patient safety and experience and staff leadership and experience.

2 Nurse Staffing and Recruitment

Safe nurse staffing levels is an area of considerable focus nationally, especially in the wake of the Francis, Keogh and Berwick Reviews in 2013.

Nationally, many Trusts have struggled to ensure a reliable workforce nursing workforce is in place but, by consistent implementation of the managing absence from work policy and robust recruitment and retention strategy. The Trust has been able to keep vacancies and absences from work at a manageable level.

The investment in nurse staffing as well as a robust recruitment plan have ensured that the Trust now has a stable nursing and midwifery workforce. February 2016 ESR data shows Band 5 inpatient and ED nurse vacancy rate remains low at 5.89%, 48.76WTE.

Vacancies within Surgery, Women and Children's are at 1.19%; however, Medicine and Acute have 45.97 WTE band 5 nurse vacancies (9.7%). To improve this position Medicine now hold monthly recruitment events to focus upon all vacancies within the Division.

3   NHS Professionals

The Trust successfully transferred to NHS Professionals as a temporary staff provider in November 2015.

A short term KPI was set for 'fill rate' to improve the current position compared to the last 6 months average. Now that NHSP systems and processes are embedded this KPI will move to the target 85% fill rate. Short term KPI's are being achieved as shown in the tables below:

Target: % fill rate must be greater than the previous six month average			
2015/2016	% Shifts Filled	Previous 6 month average	RAG rating
apr	55.96		
may	54.45		
jun	54.38		
jul	60.18		
aug	68.72		
sep	61.24		
oct	65.51		
nov	82.28	60.75	Achieved
dec	73.72	65.38	Achieved
jan	79.87	68.61	Achieved
feb	76.65	71.89	Achieved

Further steps are being taken to improve fill rates including recruitment events and implementation of recruitment and retention pay for critical areas which will also help with compliance of agency cap rules. These areas being Endoscopy, Emergency Department, Theatre, Neonates and Critical Care.

4   Monthly Safe Staffing Report

The Trust's has an obligation to publish staffing levels on hospital wards and this is contained in Appendices 1 & 2. These reports show the actual hours of nursing cover (both Registered Nurse and Care Support Worker) compared to the planned hours for both day and night shifts and it also presents data per ward. The information for average staff fill rates is triangulated with key quality indicators and sickness at ward level.

Trust Indicators to report staffing levels have been agreed as follows:

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 overall fill rate for January and February 2016 is maintained at 98% respectively. The table below shows compliance for fill rate for both RN and CSW shifts, both for day and night shifts for the months of January and February 2016 with a noted slight reduction in the fill rate for Registered Nurses on the day shift.

	January 2016			February 2016		
Day Shift	Green	Amber	Red	Green	Amber	Red
Number of wards compliant with RN fill rate	32	3	0	28	7	0
Number of wards compliant with CSW fill rate	32	2	0	33	1	0
Night Shift						
Number of wards compliant with RN fill rate	33	2	0	34	1	0
Number of wards compliant with CSW fill rate	30	1	0	30	1	0

The number of wards reporting a compliance fill rate of 100% continues to improve as indicated in the table below.

	January 2016	February 2016
RN Days 100% Fill Rate	12	14
CSW Days 100% Fill Rate	18	21
RN Nights 100% Fill Rate	17	18
CSW Nights 100% Fill Rate	25	23

The table below highlights the wards with the lowest fill rate, although Maternity still features significantly as the area with the lowest fill rate. There has been a recognised improvement.

	January 2016	February 2016
RN Days Lowest Fill Rate	Ward 30 88.8%	Neonatal 93.4%
CSW Days Lowest Fill Rate	Maternity 91.9%	Maternity 94.8%
RN Nights Lowest Fill Rate	Maternity 81.8%	Maternity 86.5%
CSW Nights Lowest Fill Rate	Maternity 83.3%	Maternity 94.4%

5   NMC Revalidation

From April 2016 all registered nurses will be required to revalidate every 3 years in order to maintain their place on the NMC register. The Trust has put all measures in place to prepare staff for revalidation and the Clinical Divisions have reported staff are well prepared and equipped to complete this process.

6   Impact of Nursing Investment

Infection Prevention & Control

The emergence of Multi Drug Resistant Organisms (MDROs) namely Carbapenamase Producing Enterobacteriaceae (CPE) at the Trust during 2010/2011 indicated that by 2013 there was a need to develop the preventative strategy further to contain and manage these organisms, to prevent ongoing outbreaks and clinical infections from occurring.

The agreed investment in the staffing of a purpose built isolation unit on ward 25 has resulted in significant reductions in the incidence of clinical infection, with antibiotic avoidance and reduced length of stay as positive outcomes. Ward 25 opened November 2015, and by the end of January 2016 the Trust demonstrated a 66% reduction in the number of new colonised cases of CPE. This has resulted in fewer CPE exposures throughout the hospital, reduced the need for conventional screening, fewer bed closures and reducing the number of enhanced infection prevention ward cleaning.

Tissue Viability (Pressure Ulcer Prevention)

During 2015/16, the Trust demonstrated further reductions in the number of graded pressure ulcers continuing to report zero avoidable Grade 4 pressure ulcers. The investment to increase staffing within the Tissue Viability Team has resulted in the ability to audit compliance with practices, deliver more education and review and assess more patients with pressure ulcers.

Pressure Ulcer Incidents 2015/16
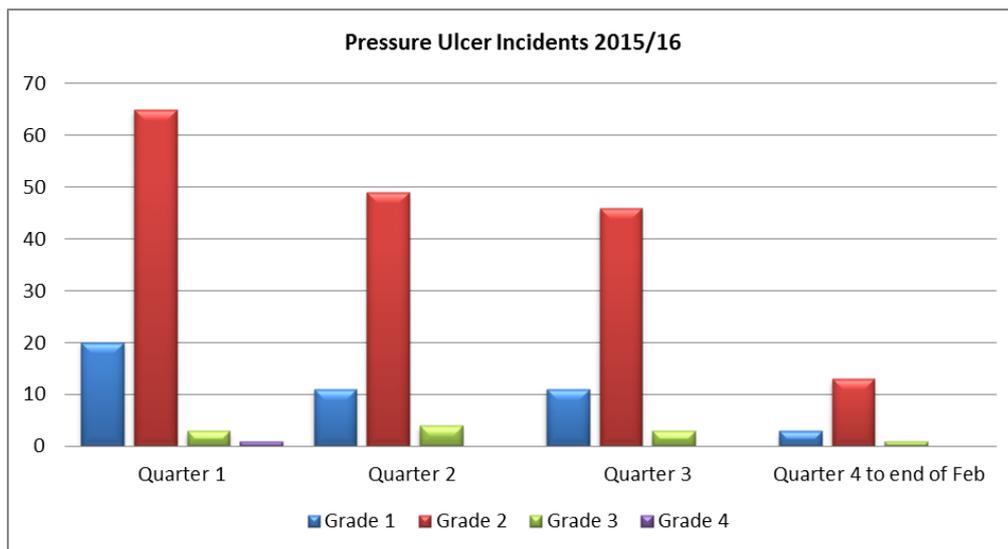
Falls Reduction

Falls has been a subject of significant focus for the Trust and a number of actions have been progressed to minimise the prevalence of falls in hospital. These include the use of technology as well as cohorting patients who are at risk of falls to provide increased supervision. The Trust has also reintroduced the 'stop the line' process to ensure there is a rapid review when a patient falls to minimise any potential risk.

The improved staffing levels at ward level, particularly within the department of medicine for the elderly has ensured all patients have a complete assessment on admission which includes risk of falls assessment and staff are now available as required for therapeutic observation of this patient group.

The Advancing Quality Alliance (AQUA) safety monitoring report published in January 2016 reported that the Trust has one of the lowest falls prevalence rates in the region.
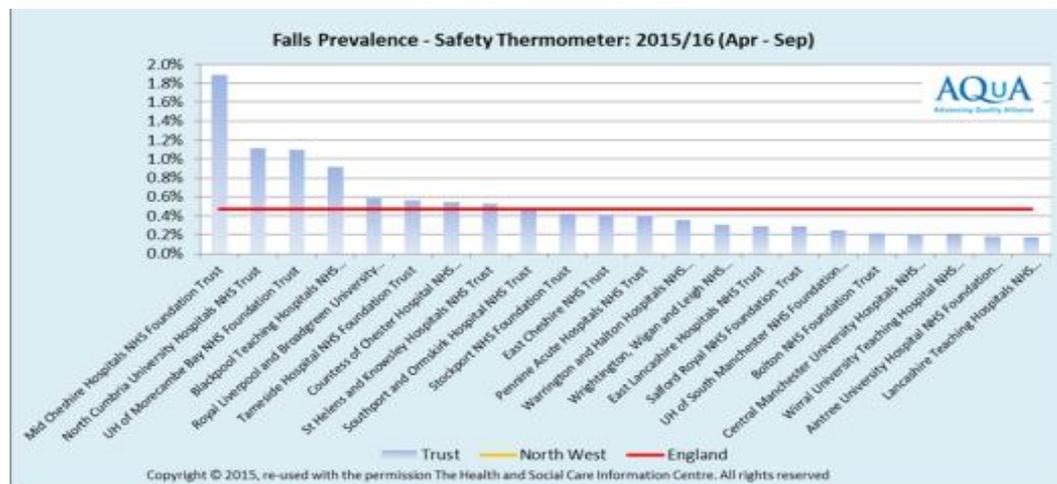
Internal data supports the National data with a reduction on the number of avoidable falls with harm. The table below depicts a quarter on quarter comparison from 2014/15 with 2015/16.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Avoidable falls with harm 2014/15	0	4	3	1
Avoidable falls with harm 2015/16	1	0	1	

Patient Focused Audits

The patient focused audits had previously identified areas of nursing care which required improvement and with targeted improvement work led by matrons and ward sisters and the improved staffing levels the Trust has demonstrated an improvement in key areas. The transfer to Wirral Millennium has resulted in less reliance on reviewing paper records and senior nurses now have the ability to continually monitor their patients' needs and therefore allocate their nursing resources accordingly. Alongside Wirral Millennium the improved staffing levels has improved patient safety.

This has been most evident in the monitoring of MEWS (Modified Early Warning Score). The Trust had a significant problem with the compliance with the 1-3 range which acts as a trigger for increased monitoring. The ability to have this on Millennium has improved compliance significantly from 37% in Quarter 3 2013/14 to 82% in Quarter 3 2015/16.

Standard	Q3 Position 13/14	Q4 Positon 13/14	Q3 Position 14/15	Q4 Position 14/15	Q1 Position 2015/2016	Q2 Position 2015/2016	Q3 Position 2015/2016
100% patients will have full MEWS on admission & at least 12 hrly for acute patients and 24hrly for rehab patients.	89%	90%	95%	96%	99%	99%	99%
Total MEWS of 1-3: 100% patients will have MEWS frequency increased to 2-4 hourly.	37%	50%	52%	62%	82%	85%	82%
Total Mews of 4-6: 100% patients will have MEWS frequency increased to hourly.	79%	87%	87%	83%	95%	84%	85%
MEWS 3 or more in any one category: 100% patients will be seen by SpR within 30 mins.	78%	88%	88%	90%	100%	100%	100%
Total MEWS 7 or more - MET call will be put out within 15 mins.	100%	100%	100%	100%	100%	100%	100%

MUST and Braden Patient Assessments

The table below shows improvement in compliance rates for weekly nursing assessments for both MUST (Malnutrition Universal Screening Tool) and Braden (skin assessment). Nursing assessments went live within Wirral Millennium November 2014 (Quarter 3 2014/15). Within Quarter 4 2014/15 audits were not completed as electronic reporting was tested. The weekly assessments saw a significant decline in compliance in Quarter 1 2015/16 due to a change in working practice however with the improved nurse staffing levels and the introduction of a nursing worklist; which enables the ward sister / charge nurse to monitor completion and address shortfalls this has improved compliance significantly as demonstrated within the January 2016 data.

	2014/ 15				2015 /16		
	Q1	Q2	Q3	Q4	Q1	Q 2	Jan 2016
MUST	94%	89%	85%	No Data	42%	86%	93%
Braden	88%	84%	90%	No Data	85%	97%	93%

Enhanced Experience for Patients and Staff

National Inpatient Survey Results 2015

The results in the tables below are based on the Quality Health data. Significant findings are defined as a variance of 5% or more. There has been significant improvement in how patients rated their experience in relation to nursing metrics. As demonstrated in the table below Wirral University Teaching Hospitals performs significantly above the Trust's 2014 results or against the average score of other health providers surveyed by Quality Health (QH).

Improved or above QH average				
Question	**2014 results**	**2015 results**	**All Quality Health (average)**	**Variance**
When you had important questions to ask a nurse, did you get answers that you could understand? (Yes Always)	65%	72%	71%	7% 2014 Results
Did you have confidence and Trust in the nurses treating you? (Yes Always)	80%	85%	80%	5% 2014 Results & 5% QH Average
In your opinion, were there enough nurses on duty to care for you in hospital? *(There were always or nearly always enough nurses)*	51%	56%	63%	5% 2014 Results

National Staff Survey Results 2015

In March 2016 the Trust received feedback and comparison data from the National Staff Survey. Once again there has been significant improvement in staff's levels of satisfaction as demonstrated in the table below.

		Your Trust in 2015	Average (median) for acute trusts	Your Trust in 2014
Q21a	"Care of patients / service users is my organisation's top priority"	66%	75%	53%
Q21b	"My organisation acts on concerns raised by patients / service users"	67%	73%	56%
Q21c	"I would recommend my organisation as a place to work"	58%	61%	41%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	66%	70%	52%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.67	3.76	3.29

Ward Leadership

In 2013 the frontline leaders of nursing and midwifery had appeared to have lost a sense of identity and were working under a title of 'Ward Manager'. Engagement activity through the 'Listening into Action' programme along with the launch of the Nursing & Midwifery Strategy brought a new sense of purpose to the role of the 'Ward Sister / Charge Nurse' role with a renewed focus of nursing and midwifery leadership.

Ward Sisters / Charge Nurses were supported to develop a set of objectives which were aligned with the Nursing and Midwifery Strategy and also the wider Trust objectives and PROUD values. These objectives have provided clear direction and vision for the ward sisters and are intrinsically linked to the delivery of safe, high quality, patient care. In turn, the objectives have provided a strong performance management framework to assist in the assurance that we have a sustainable delivery of key measures in our clinical areas.

7   Conclusion

This paper has demonstrated the positive impact of the review of the nursing establishment and leadership roles following the investment into nursing. As a result of the investment by the Board of Directors, the Trust is now recognised as a forerunner in development of IT solutions, Infection Prevention and Control innovation and falls prevention. The Trust's Patient and Staff survey results demonstrate improvement in experience of those who are cared for and work for our organisation.

The Board of Directors is asked to note this report.

Monthly Safe Staffing Report - January 2016

Specialty	Ward	Beds	Days RNs Planned	Days RNs Actual	Days RNs Variance	Days RNs %RN	Days CSWs Planned	Days CSWs Actual	Days CSWs Variance	Days CSWs %CSW	Nights RNs Planned	Nights RNs Actual	Nights RNs Variance	Nights RNs %RN	Nights CSWs Planned	Nights CSWs Actual	Nights CSWs Variance	Nights CSWs %CSW	Falls (moderate and above)	Pressure ulcers (Grade 2 and above)	Cdiff (Reportable to PHE)	MRSA (Reportable to PHE)	Sickness & Absence	RN Vacancies (WTE)	CSW Vacancies (WTE)
Orthopaedics	10	28	1725	1712.5	12.5	99.3%	1230	1223.75	6.25	99.5%	1080	1035	45	95.8%	690	758	-68	109.9%	0	0	0	0	5.5		
Orthopaedics	11	25	1725	1712.5	12.5	99.3%	1230	1230	0	100.0%	1080	1069	11	99.0%	690	690	0	100.0%	0	0	0	0	15.44		
Orthopaedics	12	16	1173	1173	0	100.0%	1035	1035	0	100.0%	690	690	0	100.0%	345	356	-11	103.2%	0	0	0	0	2.07		
DME	16 / OPAU	23	2342.5	2318.75	23.75	99.0%	1550	1524.7	25.3	98.4%	1069.5	1045.5	24	97.8%	713	713	0	0.0%	0	0	0	0	6.79		
Colorectal	17	30	1875	1850	25	98.7%	1230	1230	0	100.0%	1080	1069	11	99.0%	690	690	0	100.0%	0	1	0	0	2.86		
General Surgery	18	29	1725	1688.5	36.5	97.9%	1230	1217.5	12.5	99.0%	1230	1219	11	99.1%	690	689	1	99.9%	0	0	0	0	7.59		
Urology	20	30	1725	1700	25	98.6%	1263.25	1244.5	18.75	98.5%	1230	1230	0	100.0%	690	666	24	96.5%	0	0	0	0	6.55		
DME	21	31	1572	1543.25	28.75	98.2%	1530	1523.75	6.25	99.6%	1215	1166.5	48.5	96.0%	1035	1035	0	100.0%	0	0	0	0	1.1		
DME	22	30	1722.5	1722.5	0	100.0%	1356.25	1356.25	0	100.0%	1263.25	1263.25	0	100.0%	713	713	0	100.0%	1	0	0	0	0.27		
Stroke	23	26	2110	2067.75	42.25	98.0%	1162.5	1150.2	12.3	98.9%	1069.5	1069.5	0	100.0%	713	713	0	100.0%	0	0	0	0	4		
DME	24 & Isolation	38	2098.52	2043.47	55.05	97.4%	1619.73	1607.43	12.3	99.2%	1426	1402	24	98.3%	1426	1426	0	100.0%	0	0	0	0	13.19		
General Medicine	26	29	2110	1975.35	134.65	93.6%	1937.5	1925.5	12	99.4%	1069.5	1069.5	0	100.0%	1069.5	1069.5	0	100.0%	0	0	0	0	5.73		
Haematology	30	22	1722.5	1529.95	192.55	88.8%	1162.5	1162.5	0	100.0%	906.75	813.8	92.95	89.7%	1069.5	1069.5	0	100.0%	0	0	1	0	3.96		
Cardiology	32 & CCU	31	3078.75	3072.05	6.25	99.8%	1550	1469.5	80.5	94.8%	1426	1414	12	99.2%	1069.5	1069.5	0	100.0%	0	0	0	0	5		
Cardiology	33 & HAC	29	1722.5	1635.8	86.7	95.0%	1162.5	1162.5	0	100.0%	1069.5	1045.5	24	97.8%	1069.5	1069.5	0	100.0%	0	0	0	0	4.41		
Gasto	36	32	2253.75	2234.75	19	99.2%	1550	1550	0	100.0%	1069.5	1058	11.5	98.9%	1069.5	1069.5	0	100.0%	2	0	0	0	6.7		
Respiratory	38/37	45	2497.5	2448.5	49	98.0%	1743.75	1668.75	75	95.7%	1426	1426	0	100.0%	1069.5	1063.2	6.3	99.4%	1	1	0	0	0		
Maternity	53	38	1598.5	1556.5	42	97.4%	744	684	60	91.9%	1426	1166	260	81.8%	356.5	297	59.5	83.3%	0	0	0	0	8.31		
Gynaecology	54	16	885.5	885.5	0	100.0%	713	713	0	100.0%	713	713	0	100.0%	356.5	297	0	-	0	0	0	0	4.04		
General Medicine	AMU	24	1955	1883.45	71.55	96.3%	1426	1426	0	100.0%	1069.5	1027.5	42	96.1%	1069.5	1057.5	12	98.9%	0	0	0	0	3.27		
General Medicine	MSSW	21	2311.5	2175.7	135.8	94.1%	1782.5	1765	17.5	99.0%	1635.25	1557.95	77.3	95.3%	1635.25	1635.25	0	100.0%	0	1	0	0	3.27		
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	7.19		
	Parksuite	8	840	840	0	100.0%	345	345	0	100.0%	690	690	0	100.0%	0	0	0	-	0	0	0	0	0.41		
Surgical Assessment	ESAU	12	1185	1178.75	6.25	99.5%	690	671.24	18.76	97.3%	1035	1012	23	97.8%	690	690	0	100.0%	1	0	0	0	9.55		
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	0	0	0	5.7		
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	5.7		
Maternity	Delivery Suite	10	3381	3357	24	99.3%	690	690	0	100.0%	3208.5	3080	128.5	96.0%	690	666	24	96.5%	0	0	0	0	5.29		
Neo Natal	Neonatal	24	3381	3217	164	95.1%	0	0	0	-	3208.5	3069.5	139	95.7%	0	0	0	-	0	0	0	0	8.02		
Children's		27	2186	2114	72	96.7%	356.5	344.5	12	96.6%	1782.5	1700.5	82	95.4%	356.5	356.5	0	100.0%	0	0	0	0	4.56		
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	3.41		
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	CRC	20	1328.75	1328.75	0	100.0%	1550	1526.2	23.8	98.5%	713	713	0	100.0%	906.75	906.75	0	100.0%	1	0	0	0	0.09		
Neuro & Rehabilitation	Ward 36 CBH	20	1335	1335	0	100.0%	968.75	962.5	6.25	99.4%	713	713	0	100.0%	356.5	356.5	0	100.0%	1	0	1	0	1.38		
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	1	0.65		
Geriatric Medicine	25	30	750	720.5	29.5	96.1%	750	750	0	100.0%	690	690	0	100.0%	690	690	0	100.0%	0	1	0	0	0		
Totals		829	64223.52	62928.97	1294.55		36038.98	35639.52	399.46		43631.5	42564.75	1066.75		23023.5	22975.7	47.8								

Overall Staffing Hour totals (Rounded to the nearest hour)	Fill Rate	98%	Total Planned Hours	166917.5	Total Actual Hours	164108.94	Variance	2808.56

NB: RAG rating has been applied as 95% or above as "green" for % 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 have not all been validated by the Tissue Viability team at the time of this report.

Vacancy data is awaiting to be verified and only Band 5 Nurses there was no CSW vacancy data at the time of this report

Item 8.1 - Monthly Safe Staffing Report January

Monthly Safe Staffing Report - February 2016

Specialty	Ward	Beds	Days RNs Total monthly planned staff hours	Days RNs Total monthly actual staff hours	Days RNs Variance	Days RNs % RN	Days CSW's Total monthly planned staff hours	Days CSW's Total monthly actual staff hours	Days CSW's Variance	Days CSW's % CSW	Nights RNs Total monthly planned staff hours	Nights RNs Total monthly actual staff hours	Nights RNs Variance	Nights RNs % RN	Nights CSW's Total monthly planned staff hours	Nights CSW's Total monthly actual staff hours	Nights CSW's Variance	Nights CSW's % CSW	Falls (moderate and above)	Pressure ulcers (Grade 2 and above)	Cdiff (Reportable to PHE)	MRSA (Reportable to PHE)	Sickness & Absence	RN Vacancies (WTE)	CSW Vacancies (WTE)
Orthopaedics	10	28	1613	1600.5	12.5	99.2%	1150.5	1150.5	0	100.0%	1010	999	11	98.9%	645	645	0	100.0%	0	0	0	0	5.5	-2	
Orthopaedics	11	25	1613	1613	0	100.0%	1150.5	1150.5	0	100.0%	1010	1010	0	100.0%	645	645	0	100.0%	0	0	0	0	6.55	0	
Orthopaedics	12	16	1097	1097	0	100.0%	968	968	0	100.0%	645.5	645.5	0	100.0%	322.5	322.5	0	100.0%	0	2	0	0	3.72	0	
DME	16 / OPAU	23	2191	2148.75	42.25	98.1%	1450	1438.5	11.5	99.2%	1000.5	1000.5	0	100.0%	667	690	-23	103.4%	0	1	0	0	8.07	4	
Colorectal	17	30	1754	1754	0	100.0%	1150.5	1150.5	0	100.0%	1010	998	12	98.8%	645.5	645.5	0	100.0%	0	0	0	0	0.72	-2	
General Surgery	18	29	1613	1569.25	43.75	97.3%	1150.5	1205.55	-55.05	104.8%	1150.5	1138.5	12	99.0%	645.5	711.5	-66	110.2%	0	0	0	0	3.92	-2	
Urology	20	30	1613	1581.75	31.25	98.1%	1181.75	1181.75	0	100.0%	1150.5	1150.5	0	100.0%	645.5	678.5	-33	105.1%	0	1	0	0	2.56	1	
DME	21	31	1470	1352.2	117.8	92.0%	1431	1419	12	99.2%	1136.5	1100	36.5	96.8%	956.5	974	-17.5	101.8%	0	0	1	0	0.71	2	
DME	22	30	1611	1587.2	23.8	98.5%	1268.75	1268.75	0	100.0%	1181.75	1181.75	0	100.0%	667	655	12	98.2%	0	0	0	0	0	2	
Stroke	23	26	1974	1956	18	99.1%	1087.5	1087.5	0	100.0%	1000.5	1000.5	0	100.0%	667	667	0	100.0%	1	0	0	0	4.1	0	
DME	24 & Isolation	38	1963	1940	23	98.8%	1515	1503.5	11.5	99.2%	1334	1322	12	99.1%	1334	1322	12	99.1%	0	0	3	0	18.54	6	
General Medicine	26	29	1974	1907.75	66.25	96.6%	1812.5	1771.35	41.15	97.7%	1000.5	976.5	24	97.6%	1000.5	1000.5	0	100.0%	0	3	0	0	3.39	2	
Haematology	30	22	1611	1519.45	91.55	94.3%	1087.5	1052.2	35.3	96.8%	848.25	820	28.25	96.7%	1000.5	977	23.5	97.7%	0	0	0	0	6.66	2	
Cardiology	32 & CCU	31	2880	2822.3	57.7	98.0%	1450	1450	0	100.0%	1334	1334	0	100.0%	1000.5	1000.5	0	100.0%	0	1	1	0	3.24	-2	
Cardiology	33 & HAC	29	1611	1526.1	84.9	94.7%	1087.5	1069.85	17.65	98.4%	1000.5	964.2	36.3	96.4%	1000.5	1000.5	0	100.0%	0	0	0	0	0.78	2	
Gastro	36	32	2108	2060.5	47.5	97.7%	1450	1438.5	11.5	99.2%	1000.5	1000.5	0	100.0%	1000.5	1000.5	0	100.0%	0	1	0	0	8.76	4	
Respiratory	38	45	2336.4	2288.4	48	97.9%	1631.25	1631.25	0	100.0%	1334	1334	0	100.0%	1000.5	1012.5	-12	101.2%	0	4	1	0	2.71	-3	
Maternity	53	38	1495.4	1321.4	174	88.4%	696	660	36	94.8%	1334	1154	180	86.5%	333.5	333.5	0	100.0%	0	0	0	0	8.07	1	
Gynaecology	54	16	828.4	828.4	0	100.0%	667	667	0	100.0%	667	677	-10	101.5%	333.5	333.5	0	-	0	0	0	0	5.08	1	
General Medicine	AMU	24	1828.9	1774.85	54.05	97.0%	1334	1288	46	96.6%	1000.5	988.5	12	98.8%	1000.5	976.5	24	97.6%	0	1	0	0	3.08	5	
General Medicine	MSSW	21	2162.4	2050.6	111.8	94.8%	1667.5	1655.2	12.3	99.3%	1529.75	1475.75	54	96.5%	1529.75	1517.75	12	99.2%	0	1	1	0	3.08	5	
Emergency	EDRU	10	828.4	828.4	0	100.0%	333.5	327	6.5	98.1%	514.75	495.25	19.5	96.2%	333.5	327	6.5	98.1%	0	0	0	0	1.04	0	
	Parksuite	8	785.5	785.5	0	100.0%	322.75	322.75	0	100.0%	645.5	645.5	0	100.0%	0	0	0	-	0	0	0	0	0	-1	
Surgical Assessment	ESAU	12	1108.5	1108.5	0	100.0%	645	638.75	6.25	99.0%	968	957	11	98.9%	645.5	634.5	11	98.3%	0	0	0	0	6.07	0	
Critical Care	ITU	11	4511	4511	0	100.0%	198.75	198.75	0	100.0%	4002	4002	0	100.0%	0	0	0	-	0	2	0	0	6.3	5	
Critical Care	HDU	6	1611	1611	0	100.0%	362.5	362.5	0	100.0%	1334	1334	0	100.0%	333.5	333.5	0	100.0%	0	0	0	0	6.3	5	
Maternity	Delivery Suite	10	3162.5	3078.5	84	97.3%	645	633	12	98.1%	3001.5	2905.5	96	96.8%	645.5	609.5	36	94.4%	0	0	0	0	12.52	1	
Neo Natal	Neonatal	24	3162.9	2953.9	209	93.4%	0	0	0	-	3001.5	2857.5	144	95.2%	0	0	0	-	0	0	0	0	4.26	4	
Children's	Children's	27	2045	1919	126	93.8%	333.5	333.5	0	100.0%	1667.5	1587	80.5	95.2%	333.5	333.5	0	100.0%	0	0	0	0	4.08	1	
Orthopaedics	M1	20	1431	1431	0	100.0%	968.25	968.25	0	100.0%	645.5	645.5	0	100.0%	322.5	322.5	0	100.0%	0	1	0	0	3.94	1	
General Surgery	M2	26	323	323	0	100.0%	323	323	0	100.0%	129	129	0	100.0%	129	129	0	100.0%	0	0	0	0	0	0	
DME	CRC	20	1243	1243	0	100.0%	1450	1450	0	100.0%	667	667	0	100.0%	848.25	848.25	0	100.0%	0	0	0	0	2.22	0	
Neuro & Rehabilitation	Ward 36 CBH	20	1248	1236.5	11.5	99.1%	906.25	906.25	0	100.0%	667	667	0	100.0%	333.5	333.5	0	100.0%	0	0	1	1	0.83	0	
Dermatology	Dermatology	12	563	563	0	100.0%	134.5	134.5	0	100.0%	247	247	0	100.0%	247.4	247.4	0	100.0%	0	0	0	0	0.61	0	
Geriatric Medicine	25	30	701.5	701.5	0	100.0%	701.5	701.5	0	100.0%	645.5	645.5	0	100.0%	645.5	645.5	0	100.0%	0	0	0	0	0	2	
Totals		829	60071.8	58593.2	1478.6		33711.75	33507.15	204.6		40814.5	40055.45	759.05		21524.9	21539.4	-14.5								

Overall Staffing Hour totals (Rounded to the nearest hour)	Fill Rate	98%		Total Planned Hours	156122.95	Total Actual Hours	153695.2	Variance	2427.75

NB: RAG rating has been applied as 95% or above 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 have not all been validated by the Tissue Viability team at the time of this report.
There was no CSW vacancy data at the time of this report

Item 8.1 Monthly Safe Staffing Report February

BOARD OF DIRECTORS

Agenda Item	8.2
Title of Report	Community Paediatrics Progress Report
Date of Meeting	30th March 2016
Author	Medwyn Jones, Deputy Divisional Director
Accountable Executive	Chris Oliver, Interim Director of Operations
BAF References Strategic Objective Key Measure Principal Risk	Risk No. 2832 – inability to meet statutory waiting times in community paediatrics
Level of Assurance Positive Gap(s)	Gaps with Mitigating Actions
Purpose of the Paper Discussion Approval To Note	Discussion
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken Yes No	Yes

1. Executive Summary

This paper is to provide an update on the Community Paediatrics service to the Trust Board. The Community Paediatric service continues to experience long waiting times for first appointments with a significant number of patients breaching the 18 week constitutional standard.   As of 1st March, the number waiting for a first appointment is 610, of which 240 have been waiting over 18 weeks.

The CCG has undertaken a Community Paediatric Service review which identifies a number of short term recommendations and long term transformation options.   In

addition, the CCG has agreed the use of non-recurrent slippage funding to address the immediate waiting list pressures.

The Trust has also now completed an operational review as recommended by the CCG Review.

The Trust Board is asked to note the contents of the paper and approve recommendations for next steps.

2. Background

The waiting time from referral to treatment (RTT) for children referred to community paediatrics is 42 weeks. However, the length of wait varies from 4 weeks to 42 weeks; with 240 patients waiting over 18 weeks for a first appointment. The service has seen an increase from 381 GP referrals in 2011/12 to 607 in 2015/16. The service has been commissioned on a block contract since 2011 and despite several attempts to address this, the situation remains unchanged.

All statutory referrals are being seen in line with guidance and urgent referrals are being seen in an appropriate manner.

David Allison, Chief Executive and representatives of the Trust met with Wirral Clinical Commissioning Group (WCCG) in November 2015 to identify a solution to this issue. WCCG agreed to undertake an external review of the service in response to the Trusts request for additional recurrent resource above and beyond the block contract value to address the shortfall in capacity.

On 26th November 2015 the team reviewed a number of patients on the Autistic Spectrum Disorder (ASD) pathway for transfer to the CAMHS service. The team identified 26 patients for transfer who were accepted by CAMHS, however 3 patients came back to the Trust community pediatric service on 27th January 2016.

3. Situation Analysis

The table below illustrates the current position relative to waiting times and the reduction in the number of patients waiting for a first appointment:

Community Paediatrics	1st Nov 2015	1st Dec 2015	1st Jan 2016	1st Feb 2016	1st Mar 2016
Number of patients with an RTT pathway >18 weeks	357	391	340	298	240
Total number of patients with an open RTT pathway (majority waiting for 1st appointment)	781	774	693*	748	610

  *Reduced reporting due to delay in inputting new referrals on Cerner due to Christmas & New Year

The team sent out letters to all patients waiting over 18 weeks and this validation process resulted in closure of 107 RTT pathways. GP's were appropriately informed, and work is almost complete to advise other referrers (eg school nurses, health visitors, AHP's). However there is the risk that some of these patients will re-appear as new patients.

Although the Trust is managing to fulfil its statutory duties and continues to prioritise urgent cases, each new patient seen then increases the number of patients requiring a follow-up appointment. To address this, the Trust is proposing that a nurse led follow up

service be provided and is currently in the process of recruiting to this post. In the short term a community nurse is supporting this service on a locum basis.

The Trust is now also having to address an increase in the number of complaints from parents who have children waiting over 18 weeks. The patients who are waiting are not considered at risk, as all urgent referrals are seen within 6 weeks.

4. **CCG Review**

In February 2016 the division presented the high level findings of the Wirral CCG commissioning review of community paediatrics, and confirmed the next steps namely, to respond to the review findings, implement the agreed slippage funding proposal, and develop an action plan in response to the review findings.

Key highlights of the review included:
1. All professionals involved in the review have in common a passion to improve services locally
2. Satisfaction with current arrangements for statutory functions
3. Criteria for following up children need to be urgently developed
4. Movement towards an aspirational staffing model with a higher nursing resource
5. Recommendation for the Trust to undertake an internal review of the operational delivery of the service
6. The CCG and Local Authority to develop a Wirral parenting 'offer' as a medium to longer term solution with a short term solution for 2016/17
7. Joint commissioning of Speech and Language Therapy (SLT) in line with statutory requirements
8. Child Development Service model approach

The review was regarded by the Trust as an opportunity to start the dialogue and joint working with the CCG and other partners to support transformational change to improve the community paediatric services within WUTH and the wider health economy for the children and their families. The current situation within community paediatrics has been contributed to by factors outside of the Trust. The review has highlighted that the service had not been well commissioned leading to capacity issues with access to Speech and Language Therapy, a lack of robust and viable parenting / early intervention provision and a gap in services for children with conduct / sleep disorders. The review recommends that the transformation required cannot be achieved by the Trust alone and will absolutely depend upon joint-working with the wider economy.

The next step is to agree ownership and timescales on the required actions by meeting with our health partners on the Wirral. To date it has been difficult to agree a timely meeting; the Trust has therefore sought the support of Monitor to drive the pace of the collaboration.

5. **Operational Review**

Following a key recommendation within the CCG review (referenced above) WUTH commissioned an internal operational review. The Surgery, Women's and Children Division agreed a terms of reference with the Trust's Senior Management Team, the key objectives were as follows:

1. Review of processes, and suggestions for improvement based on benchmarked best practice (both in North West and out of region)
2. Capacity and demand analysis – highlighting shortfalls
3. Review of new to follow up ratio (versus best practice)
4. Financial impact appraisal
5. Interdependencies on other providers (e.g. SLT) and whether reliable, or negatively impacts service delivery

6. Review of workforce – consultants and nursing workforce, including age profile

The review has been completed, and an overview of the recommendations is outlined below:

- Benchmark the service against 6 identified sites
- Review the triage, referral and booking process
- Ensure the resource capacity in the service is matched to the geographical areas of demand
- Take action to address the higher Did not Attend (DNA) rates
- Change the clinic template in line with the practice undertaken elsewhere

The Trust is now working with the service leads to develop an action plan and secure engagement to the proposed changes.   Some of the changes will prove controversial because historically the Trust has undertaken work in line with BATCH guidance, however the review findings has shown that other Trusts no longer follow this guidance.

6. **Key Issues and Continuing Gaps in Assurance**

The transformational change outlined in the Commissioning review will not help with the waiting times in the short term.

The Trust is experiencing difficulties with securing engagement to meet with the CCG and partners to effect change.

The Community Paediatrics team need to review the findings of the Operational Review; agree action plans and progress – this is planned for the first week in April 2016.

There are concerns that due to the increasing problems with waiting times, that GP's are referring patients as 'urgent' to expedite the time to be seen. This would have a risk on the current patients waiting over 18 weeks

The income for this service does not only not cover the cost of delivering the service, it does not currently address the level of demand or enable the Trust to meet the referral to treatment time wait time target.

The Trust has established that there is no other alternative service provision currently available locally for the children of Wirral.

The future projection of compliance by Feb 2017 is dependent upon the following assumptions:

1. Reduction in referrals by 5%, which requires action from the CCG review
2. Template changes to existing consultant workforce
3. Introduction of Nurse support

7. **Actions being taken**

The short term action plan has been to leverage the Slippage Monies (£122k) from the CCG to reduce Waiting Lists:

- 2 Consultant Locums (1.6 WTE) start on 14th March – one committed to 6 months
- Extra sessions provided by ASD Nurse and additional Nurse Time for Preparation of Assessments
- Extra Sessions by Locum Registrar and WLI's from existing team
- Use of Talk About Town (Speech and Language) – to provide an assessment of the child's speech, language and communication skills within a home/school

setting, providing a report to the community paediatrician enabling a diagnosis (and RTT pathway closure) at first appointment. Talk About Town will provide approximately 40 assessments, which eliminates the requirement for the community paediatrician to visit the child's school and undertake observations thus reducing the number of Consultant appointments required and enabling closure of the RTT pathway at the first appointment.

- Additional Administrative Time to Provide Additional Appointments and Associated Administrative Workload

The Trust is also focusing on the following key areas:

- Recruitment of a full time Specialist Nurse to support the community paediatric service – Job Description, Person Spec and Advert sent to Establishment Control on 17.03.16
- Continue to search for appropriate consultants to support sickness and absence and create additional capacity
- Seek further funding from Future in Mind monies to continue proactive speech and language assessments as well as Locum Consultants

The Trust has responded to those areas in the Commissioning review within its own gift.

8. Next Steps

- Executive to Executive Engagement with Wirral CCG and CWP to create the introduction of Task and Finish group for CCG recommendations

- Divisional Senior Management Support to create the introduction of Task and Finish group for Operational Review recommendations

- A further update to be provided to the Executives within 4 weeks regarding the integrated action plans from CCG and Operational Review

- Discuss contracting issues with CCG and agree timescales for review to enable the Trust to evaluate whether alternative models of contracting would be more appropriate. This could include a combination of block contract and PBR for specific pathways.

TRUST BOARD	
Agenda Item	8.3
Title of Report	Care Quality Commission Inspection Report 2016
Date of Meeting	30th March 2016
Author	Dr E Moore Medical Director
Accountable Executive	Dr E Moore Medical Director
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	*1A, 1B, 2A, 3A, 3B, 4A and 7A*
Level of Assurance • **Positive** • **Gap(s)**	*Gap*
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	*Receipt of CQC inspection and noting next steps*
Data Quality Rating	Gold – externally validate
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	*No*

1. **Executive Summary**

   The Care Quality Commission published the final report into their comprehensive inspection of the Trust in September 2015 on Thursday 10th March 2016.
   The Trust has been scored as "**requires improvement"** overall, with a rating of "good" for caring and effectiveness. The rating is in line with a self-assessment reported to the Board prior to the inspection.

2. **Background**

   Members have been provided with a full copy of the report outside of the Board Meeting however the report, is available on the CQC website, and is therefore fully in the public domain. This can be found below:
   http://www.cqc.org.uk/location/RBL14

The Board also previously received the draft report, prior to Trust challenge and correction of factual inaccuracies.

3. Key Issues/Gaps in Assurance

The report contains a number of requirement notices and recommendations for improvement. The action plans and the execution of these plans will be monitored by the Clinical Governance Group, which will assure the Board through Quality and Safety Committee in line with our governance processes.

4. Next Steps & Recommendations

Following receipt of the report, the CQC and Monitor chaired a Quality Summit which took place on Monday 14th March 2016. At this meeting action plans to address the requirement notices were specifically discussed, actions plans to address improvements were generically discussed and the assistance needed from outside agencies was documented and requested.

A full action plan to address all deficiencies found in the inspection must be furnished to CQC, by the 14th April 2016, significant progress has already been made and the action plan will be ready within the timescale set out.

The Board is asked to receive and note the report, ensure the information in it is used to update the Board Assurance Framework and monitor progress with the actions and opportunities identified through the Quality and Safety Committee.

Trust Board	
Agenda Item	8.4
Title of Report	NHS 2015 National Staff Survey Results for Wirral University Teaching Hospital
Date of Meeting	30th March 2016
Author	Cathy McKeown, Head Staff Engagement and OD
Accountable Executive	James Mawrey, Director of Workforce
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	1, 1A, 1908, 1909 4, 4A, 1909 7, 7A
Level of Assurance • **Positive** • **Gap(s)**	*Positive*
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	*To Note*
Data Quality Rating	Gold – Quantitative data that has been externally validated
FOI status	
Equality Impact Assessment Undertaken • **Yes** • **No**	*No*

1.   Executive Summary

1.1   Staff satisfaction and engagement is essential in improving quality and productivity and helping us to meet our significant financial and future challenges. This is consistent with the evidence based research conducted by Professor Michael West which indicates links between strong staff engagement and quality improvements.

1.2   Staff Satisfaction and Staff Engagement is a key element of the Workforce & Organisational Development Strategy. The Workforce & Organisational Development Strategy articulates our vision which is to have a healthy organisational culture, a sustainable and capable workforce, working in an integrated manner with partners and where the leadership and management of our people is effective and conducted in a manner that improves staff experience and lets us demonstrate that we have put our values into action.

1.3   Staff Engagement is not just a work programme for the HR/OD department, it requires real commitment and input from the whole organisation, particularly those in leadership positions at all levels.

1.4   The purpose of this paper is to update the Trust Board on:-

1. Background information related to the NHS Staff Survey 2015
2. Results of NHS Staff Survey 2015
3. Next steps following the results of the NHS Staff Survey 2015
4. Conclusions and recommendations

1.5   The Trust Board is asked to:

1. Note the contents of the report
2. Note that the Workforce & Communication Group will oversee the next phase of the Staff Engagement Action plan which will serve to further develop on the improvements made.
3. Note that the Staff Friends & Family Test (quarterly) will be used throughout the year to provide a temperature check on the workforce staff engagement levels. The Quality and Safety Committee will be updated on these results via the regular Workforce & Organisational Development Dashboard.

2.   Background

2.1   Colleagues will be aware that following the very disappointing 2014 staff survey results, which placed the Trust in the bottom 20% nationally, a high level staff satisfaction action plan was put in place to create focus to the areas that needed improvement, adopting and building on the success of Listening into Action as a way of working. This action plan was supplemented by divisional plans that have been acted upon and monitored throughout 2015 by the Workforce and Communications Group, Staff Satisfaction Steering Group and Listening into Action Sponsor Group. Recently, the latter two groups have merged due to overlap in remit.

2.2   The Trust Board agreed that the Staff Friends and Family Test (Staff FFT) would be used to monitor whether the required improvements were being made on an incremental basis in advance of the Annual NHS Staff Survey, with additional questions added that make up the staff engagement score in line with the Annual NHS Staff Survey. This aimed to give us a greater sense of how we were progressing and that the actions put in place were effective. The table below provides an overview of the measurable improvements during the year along with the results from the National Staff Survey 2015.

Staff Friends and Family Test Questions	Q1 2015/16 Staff FFT	Q2 2015/16 Staff FFT	Q3 2015/16 (from QH staff survey)
Question 1 Recommend Trust for care	75%	81%	66%
Question 2 Recommend Trust to work	47%	62%	58%
Staff Engagement Score	**3.74**	**3.83**	**3.79**

Members will note that improvement has been made throughout the year in the staff engagement score which has exceeded the trajectory targets agreed by the Trust Board. These were:

- Trajectory set for 2015 National NHS Staff Survey = 3.61
- Trajectory set for 2016 National NHS Staff Survey = 3.74 (ie equal to national average from the 2014 national staff survey)
- Trajectory set for 2017 National NHS Staff Survey = to be in top 20% of Acute Trusts

2.3   The National Staff Survey 2015 took place in Quarter 3 2015/16 between 27th September and 27th November 2015. A high level communications plan, utilising Trust communication channels, were put in place along with divisional feedback, to raise awareness with staff of what has been done in response to the 2014 national NHS Staff Survey.

2.4   The Quality Health Report and Management Recommendations were received on 8th February 2016 and the national Key Findings Report on 15th February, 2016. The latter was published by NHS England on 23rd February, 2016. Quality Health presented the findings to the Trust on 9th March.

3.   Results of the 2015 NHS National Staff Survey

3.1   **Response Rate** – The overall response rate for Wirral University Teaching Hospital was 47% compared to the national response rate of 41% for Acute Trusts. Divisional response rates are detailed below.

Division	% Response Rate
Medicine & Acute	34%
Surgery, Womens and Childrens	45%
Clinical Support	67%
Corporate	51%
Trust	47%

3.2   **Overall Staff Engagement levels** - There are 9 questions that make up the staff engagement score. The results for overall staff engagement have confirmed that Wirral University Teaching Hospital has improved from the worst 20% of Trusts to being equal to the national average, improving from 3.48 to 3.79.
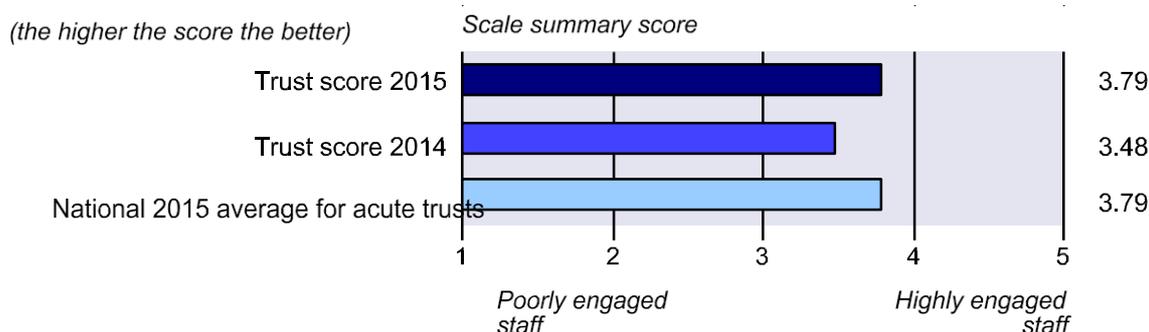
This is a significant improvement for the Trust and is above our target of 3.61 for the 2015 staff survey.

3.3   **Key findings** - The table below provides a high level overview of the key findings related to the organisation.

		2015	2014
Q21a	"Care of patients / service users is my organisation's top priority"	66%	53%
Q21b	"My organisation acts on concerns raised by patients /	67%	56%
Q21c	"I would recommend my organisation as a place to work"	58%	41%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	66%	52%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-)	3.67	3.29

3.4 **Historical Staff Engagement Score for WUTH** – The Staff Engagement Score within the National Staff Survey has been has been recorded since 2009. The data below reveals that the 2015 score for Wirral University Teaching Hospital has been the highest level ever achieved. This information also tells us that for the first time, the Trust is now equal to the national average having always been below.

Staff Survey Year	Staff Engagement Score WUTH	Staff Engagement Score National Average
2009	3.59	3.64
2010	3.50	3.62
2011	3.49	3.62
2012	3.59	3.69
2013	3.64	3.74
2014	3.48	3.74
2015	**3.79**	**3.79**

3.5 **Regional Benchmark Data from 2015 Staff Survey** – The overall staff engagement score for Acute Trusts in the Cheshire & Merseyside Footprint is detailed below:

Acute Trust	Staff Engagement Score 2015
St Helens & Knowsley NHS Trust	3.92
Mid Cheshire Hospitals NHS Foundation Trust	3.87
Wirral University Teaching Hospital NHS Foundation Trust	**3.79**
Royal Liverpool and Broadgreen University Hospital NHS Trust	3.79
Countess of Chester Hospital NHS Foundation Trust	3.78
Aintree University Hospital NHS Foundation Trust	3.77
East Cheshire NHS Trust	3.76
Southport and Ormskirk Hospital NHS Trust	3.74
Warrington and Halton Hospitals NHS Foundation Trust	3.74

4. Next Steps

4.1 A Trust wide action plan will be presented to the Workforce and Communications Group on 15th April for approval and monitoring.

4.2 Trust and Divisional results will be presented to each Divisional Management Team who will develop local action plans that will be monitored by the Listening into Action Staff Engagement Group.

5. Conclusions

5.1 The results of the 2015 National Staff Survey have shown significant improvement and suggest that the staff engagement work programme is effective. This has been due to a huge amount of effort right across the organisation and everyone involved should be commended for their positive contribution. It is important that this level of focus and commitment needs to be continued to sustain this level of improvement as detailed within the Culture and Engagement Plan that underpins the Workforce and Organisational Development Strategy 2015-2018.

6. Recommendations

The Trust Board is asked to:

- Note the contents of the report
- Note that the Workforce & Communication Group will oversee the next phase of the Staff Engagement Action plan which will serve to further develop on the improvements made.
- Note that the Staff Friends & Family Test (quarterly) will be used throughout the year to provide a temperature check on the workforce staff engagement levels. The Quality and Safety Committee will be updated on these results via the regular Workforce & Organisational Development Dashboard.

Enclosed: 2015 National Staff Survey Summary Report

2015 National NHS staff survey

Brief summary of results from Wirral University Teaching Hospital NHS Foundation Trust

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1. Introduction to this report

This report presents the findings of the 2015 national NHS staff survey conducted in Wirral University Teaching Hospital NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured around four of the seven pledges to staff in the NHS Constitution which was published in March 2013 (http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution) plus three additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

- Additional theme: Equality and diversity

- Additional theme: Errors and incidents

- Additional theme: Patient experience measures

Please note, the questionnaire, key findings and benchmarking groups have all undergone substantial revision since the previous staff survey. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2015 survey results for Wirral University Teaching Hospital NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

3

Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who "Agree" and "Strongly Agree" compared to the total number of staff that responded to the question.

Q21a, Q21c and Q21d feed into Key Finding 1 "Staff recommendation of the organisation as a place to work or receive treatment".

		Your Trust in 2015	Average (median) for acute trusts	Your Trust in 2014
Q21a	"Care of patients / service users is my organisation's top priority"	66%	75%	53%
Q21b	"My organisation acts on concerns raised by patients / service users"	67%	73%	56%
Q21c	"I would recommend my organisation as a place to work"	58%	61%	41%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	66%	70%	52%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.67	3.76	3.29

4

2. Overall indicator of staff engagement for Wirral University Teaching Hospital NHS Foundation Trust

The figure below shows how Wirral University Teaching Hospital NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.79 was average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)

Scale summary score

	Scale summary score
Trust score 2015	3.79
Trust score 2014	3.48
National 2015 average for acute trusts	3.79

Poorly engaged staff — *Highly engaged staff*
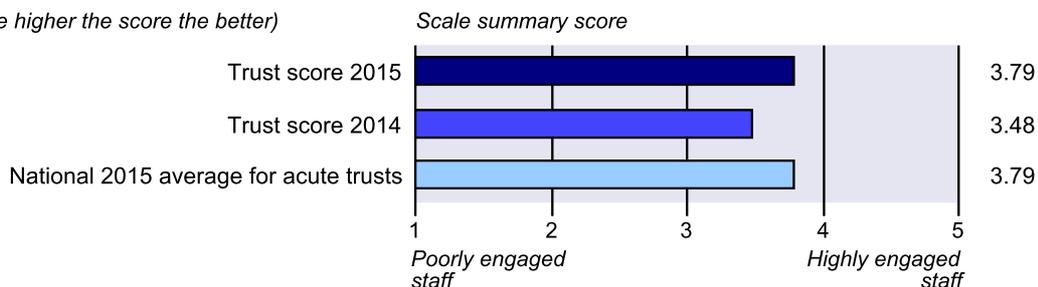
This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how Wirral University Teaching Hospital NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2014 survey.

	Change since 2014 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	✓ Increase (better than 14)	• Average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	✓ Increase (better than 14)	! Below (worse than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	✓ Increase (better than 14)	✓ Above (better than) average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	✓ Increase (better than 14)	! Lowest (worst) 20%

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

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### 3. Summary of 2015 Key Findings for Wirral University Teaching Hospital NHS Foundation Trust

3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Wirral University Teaching Hospital NHS Foundation Trust compares most favourably with other acute trusts in England.

<p style="text-align:center;color:green;font-weight:bold;">TOP FIVE RANKING SCORES</p>

✓**KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse**

(the higher the score the better) Percentage score

Trust score 2015	46%
National 2015 average for acute trusts	37%

0   25   50   75   100

✓**KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

(the lower the score the better) Percentage score

Trust score 2015	21%
National 2015 average for acute trusts	26%

0   25   50   75   100

✓**KF16. Percentage of staff working extra hours**

(the lower the score the better) Percentage score

Trust score 2015	68%
National 2015 average for acute trusts	72%

0   25   50   75   100

✓**KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month**

(the lower the score the better) Percentage score

Trust score 2015	28%
National 2015 average for acute trusts	31%

0   25   50   75   100

✓**KF20. Percentage of staff experiencing discrimination at work in last 12 months**

(the lower the score the better) Percentage score

Trust score 2015	8%
National 2015 average for acute trusts	10%

0   25   50   75   100

For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 99 (the bottom ranking score). Wirral University Teaching Hospital NHS Foundation Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document *Making sense of your staff survey data*.

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This page highlights the five Key Findings for which Wirral University Teaching Hospital NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

<p style="text-align:center">BOTTOM FIVE RANKING SCORES</p>

! KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)   Percentage score

Trust score 2015 — 66%
National 2015 average for acute trusts — 69%

0   25   50   75   100

! KF32. Effective use of patient / service user feedback

(the higher the score the better)   Scale summary score

Trust score 2015 — 3.56
National 2015 average for acute trusts — 3.70

1   2   3   4   5

Ineffective use of feedback   *Effective use of feedback*

! KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

(the lower the score the better)   Percentage score

Trust score 2015 — 65%
National 2015 average for acute trusts — 59%

0   25   50   75   100

! KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)   Percentage score

Trust score 2015 — 88%
National 2015 average for acute trusts — 90%

0   25   50   75   100

! KF31. Staff confidence and security in reporting unsafe clinical practice

(the higher the score the better)   Scale summary score

Trust score 2015 — 3.54
National 2015 average for acute trusts — 3.62

1   2   3   4   5

*Not confident / secure*   *Confident / secure*

For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 99 (the bottom ranking score). Wirral University Teaching Hospital NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 99. Further details about this can be found in the document **Making sense of your staff survey data**.

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3.2 Largest Local Changes since the 2014 Survey

This page highlights the five Key Findings where staff experiences have improved at Wirral University Teaching Hospital NHS Foundation Trust since the 2014 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

✓**KF4. Staff motivation at work**
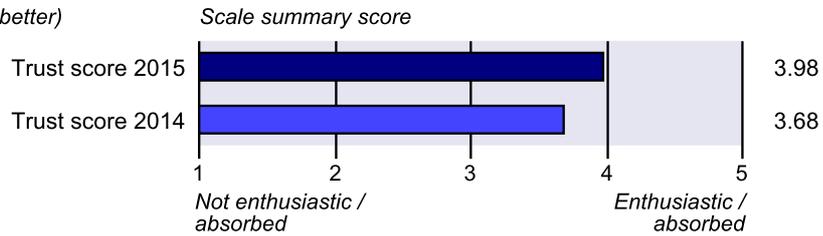
(the higher the score the better)   Scale summary score

Trust score 2015	3.98
Trust score 2014	3.68

1   2   3   4   5

Not enthusiastic / absorbed   *Enthusiastic / absorbed*

✓**KF8. Staff satisfaction with level of responsibility and involvement**

(the higher the score the better)   Scale summary score

Trust score 2015	3.94
Trust score 2014	3.74

1   2   3   4   5

Unsatisfactory level of responsibility / involvement   *Highly satisfactory level of responsibility / involvement*

✓**KF10. Support from immediate managers**

(the higher the score the better)   Scale summary score

Trust score 2015	3.76
Trust score 2014	3.48

1   2   3   4   5

Unsupportive managers   *Supportive managers*

✓**KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month**

(the lower the score the better)   Percentage score

Trust score 2015	28%
Trust score 2014	36%

0   25   50   75   100

✓**KF1. Staff recommendation of the organisation as a place to work or receive treatment**

(the higher the score the better)   Scale summary score

Trust score 2015	3.67
Trust score 2014	3.29

1   2   3   4   5

Unlikely to recommend   *Likely to recommend*

8
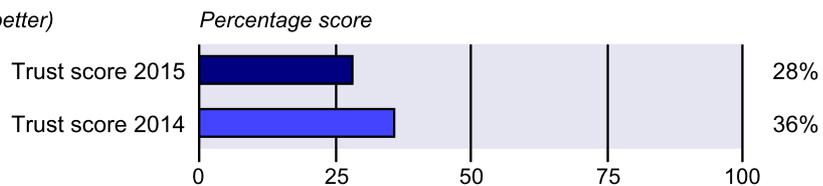
3.2. Summary of all Key Findings for Wirral University Teaching Hospital NHS Foundation Trust

<table>
<tr><td>

KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2014 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2014 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2014 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

</td></tr>
</table>

Change since 2014 survey

Chart showing change since 2014 survey for the following Key Findings (scale -15% to 15%):
- KF11. % appraised in last 12 mths
- * KF16. % working extra hours
- * KF17. % suffering work related stress in last 12 mths
- * KF18. % feeling pressure in last 3 mths to attend work when feeling unwell
- * KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths
- * KF23. % experiencing physical violence from staff in last 12 mths
- KF24. % reporting most recent experience of violence
- * KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths
- * KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths
- KF27. % reporting most recent experience of harassment, bullying or abuse
- KF6. % reporting good communication between senior management and staff
- KF7. % able to contribute towards improvements at work
- * KF20. % experiencing discrimination at work in last 12 mths
- KF21. % believing the organisation provides equal opportunities for career progression / promotion
- * KF28. % witnessing potentially harmful errors, near misses or incidents in last mth
- KF29. % reporting errors, near misses or incidents witnessed in the last mth

Chart (scale -1.0 to 1.0):
- KF1. Staff recommendation of the organisation as a place to work or receive treatment
- KF4. Staff motivation at work
- KF8. Staff satisfaction with level of responsibility and involvement
- KF10. Support from immediate managers
- KF31. Staff confidence and security in reporting unsafe clinical practice
- KF32. Effective use of patient / service user feedback

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3.2. Summary of all Key Findings for Wirral University Teaching Hospital NHS Foundation Trust

KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute trusts in 2015

3.2. Summary of all Key Findings for Wirral University Teaching Hospital NHS Foundation Trust

KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute trusts in 2015 (cont)

KF1. Staff recommendation of the organisation as a place to work or receive treatment

KF2. Staff satisfaction with the quality of work and patient care they are able to deliver

KF4. Staff motivation at work

KF5. Recognition and value of staff by managers and the organisation

KF8. Staff satisfaction with level of responsibility and involvement

KF9. Effective team working

KF14. Staff satisfaction with resourcing and support

KF10. Support from immediate managers

KF12. Quality of appraisals

KF13. Quality of non-mandatory training, learning or development

KF19. Org and mgmt interest in and action on health / wellbeing

KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

KF31. Staff confidence and security in reporting unsafe clinical practice

KF32. Effective use of patient / service user feedback

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3.3. Summary of all Key Findings for Wirral University Teaching Hospital NHS Foundation Trust

> KEY
>
> ✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2014.
>
> ! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2014.
>
> 'Change since 2014 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2014 survey.
>
> -- Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible.
>
> * For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2014 survey	Ranking, compared with all acute trusts in 2015
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	✓ Increase (better than 14)	! Below (worse than) average
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	--	✓ Above (better than) average
KF3. % agreeing that their role makes a difference to patients / service users	--	• Average
KF4. Staff motivation at work	✓ Increase (better than 14)	✓ Above (better than) average
KF5. Recognition and value of staff by managers and the organisation	--	• Average
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 14)	✓ Above (better than) average
KF9. Effective team working	--	• Average
KF14. Staff satisfaction with resourcing and support	--	• Average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF10. Support from immediate managers	✓ Increase (better than 14)	✓ Above (better than) average
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	--	✓ Above (better than) average
KF13. Quality of non-mandatory training, learning or development	--	✓ Above (better than) average
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Health and well-being		
KF15. % of staff satisfied with the opportunities for flexible working patterns	--	! Below (worse than) average
* *KF16. % working extra hours*	• No change	✓ Lowest (best) 20%
* *KF17. % suffering work related stress in last 12 mths*	✓ Decrease (better than 14)	✓ Lowest (best) 20%
* *KF18. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	! Highest (worst) 20%
KF19. Org and mgmt interest in and action on health / wellbeing	--	✓ Above (better than) average

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3.3. Summary of all Key Findings for Wirral University Teaching Hospital NHS Foundation Trust (cont)

	Change since 2014 survey	Ranking, compared with all acute trusts in 2015
Violence and harassment		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	✓ Below (better than) average
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	✓ Below (better than) average
KF24. % reporting most recent experience of violence	• No change	✓ Above (better than) average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	✓ Lowest (best) 20%
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	✓ Lowest (best) 20%
KF27. % reporting most recent experience of harassment, bullying or abuse	✓ Increase (better than 14)	✓ Highest (best) 20%
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF6. % reporting good communication between senior management and staff	✓ Increase (better than 14)	✓ Above (better than) average
KF7. % able to contribute towards improvements at work	✓ Increase (better than 14)	! Lowest (worst) 20%
ADDITIONAL THEME: Equality and diversity		
* KF20. % experiencing discrimination at work in last 12 mths	• No change	✓ Lowest (best) 20%
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	• Average
ADDITIONAL THEME: Errors and incidents		
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	✓ Decrease (better than 14)	✓ Lowest (best) 20%
KF29. % reporting errors, near misses or incidents witnessed in the last mth	• No change	! Lowest (worst) 20%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	--	• Average
KF31. Staff confidence and security in reporting unsafe clinical practice	✓ Increase (better than 14)	! Below (worse than) average
ADDITIONAL THEME: Patient experience measures		
KF32. Effective use of patient / service user feedback	✓ Increase (better than 14)	! Lowest (worst) 20%

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4. Key Findings for Wirral University Teaching Hospital NHS Foundation Trust

507 staff at Wirral University Teaching Hospital NHS Foundation Trust took part in this survey. This is a response rate of 47%[1] which is above average for acute trusts in England, and compares with a response rate of 46% in this trust in the 2014 survey.

This section presents each of the 32 Key Findings, using data from the trust's 2015 survey, and compares these to other acute trusts in England and to the trust's performance in the 2014 survey. The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of equality and diversity, errors and incidents, and patient experience measures.

Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2014). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2014). An equals sign indicates that there has been no change.

| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. |
|---|

KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)

Scale summary score

|	Score	
Trust score 2015	3.67	▲
Trust score 2014	3.29	(green)
National 2015 average for acute trusts	3.76	▼
Best 2015 score for acute trusts	4.10	(red)

1 — Unlikely to recommend
5 — Likely to recommend
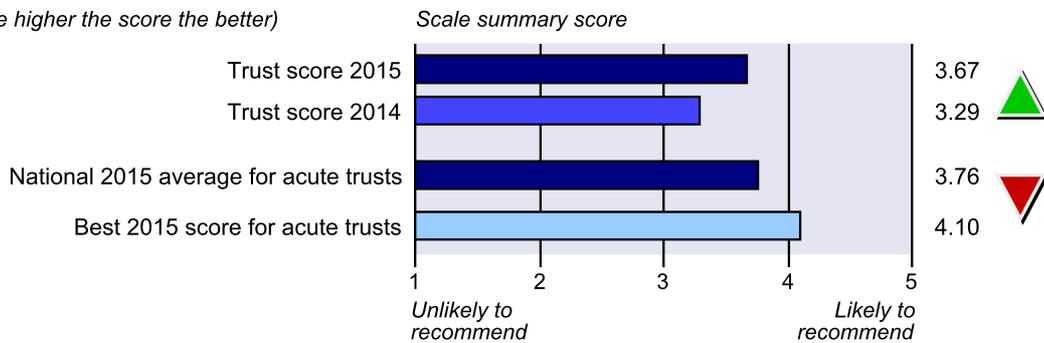
KEY FINDING 2. Staff satisfaction with the quality of work and patient care they are able to deliver

(the higher the score the better)

Scale summary score

	Score	
Trust score 2015	4.00	▲
National 2015 average for acute trusts	3.93	(green)
Best 2015 score for acute trusts	4.29	

1 — Unsatisfactory delivery of work / care
5 — Highly satisfactory delivery of work / care

---
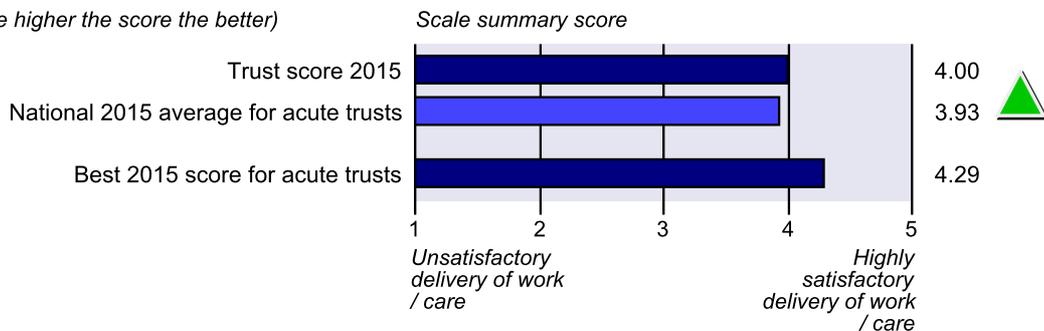
[1]At the time of sampling, 5555 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 1079 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

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KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)   Percentage score

Trust score 2015	90%
National 2015 average for acute trusts	90%
Best 2015 score for acute trusts	95%

0   25   50   75   100
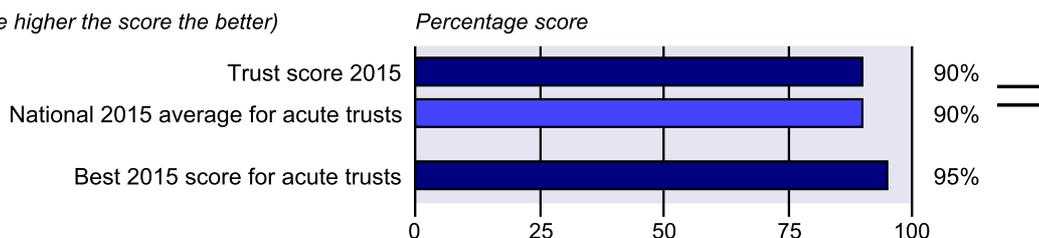
KEY FINDING 4. Staff motivation at work

(the higher the score the better)   Scale summary score

Trust score 2015	3.98
Trust score 2014	3.68
National 2015 average for acute trusts	3.94
Best 2015 score for acute trusts	4.14

1   2   3   4   5

Not enthusiastic / absorbed   *Enthusiastic / absorbed*
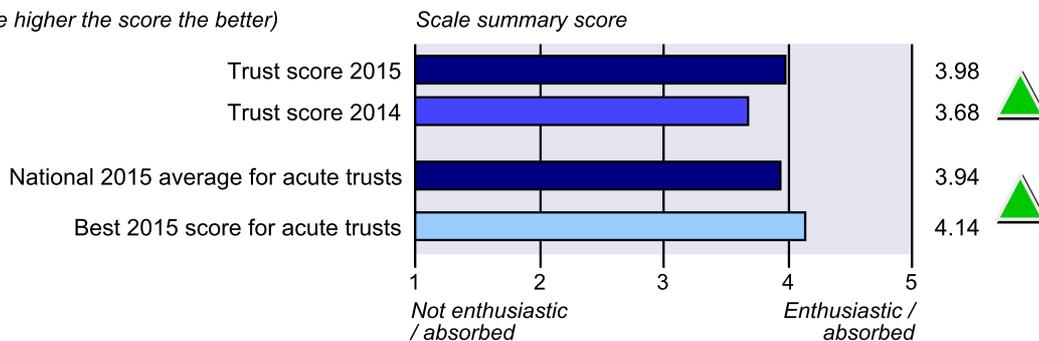
KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)   Scale summary score

Trust score 2015	3.44
National 2015 average for acute trusts	3.42
Best 2015 score for acute trusts	3.73

1   2   3   4   5

Low recognition / value   *High recognition / value*
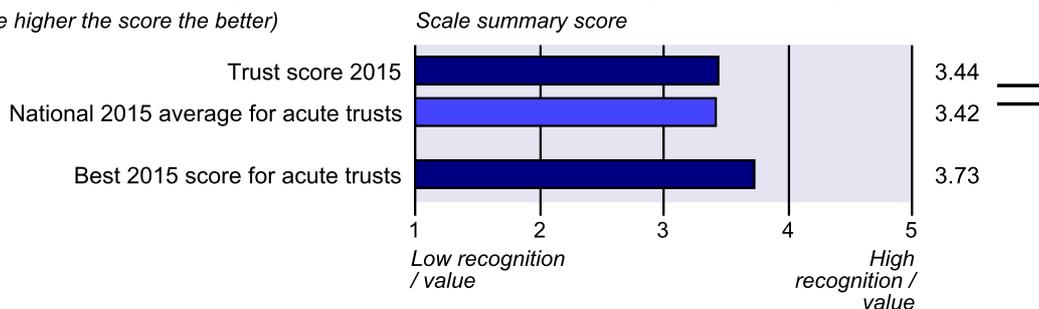
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)   Scale summary score

Trust score 2015	3.94
Trust score 2014	3.74
National 2015 average for acute trusts	3.91
Best 2015 score for acute trusts	4.08

1   2   3   4   5

Unsatisfactory level of responsibility / involvement   *Highly satisfactory level of responsibility / involvement*

15

Item 8.4 NHS 2015 National Staff Survey Results for Wirral University Teaching Hospital
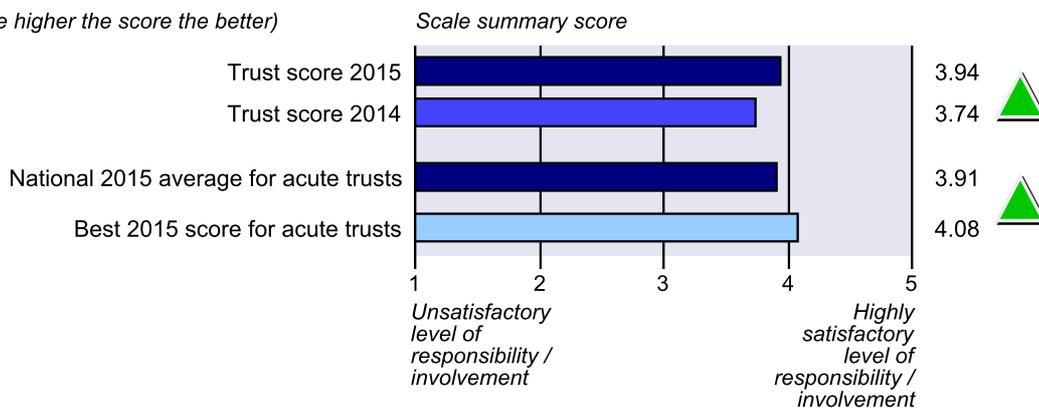
KEY FINDING 9. Effective team working

(the higher the score the better)   *Scale summary score*

Trust score 2015	3.72
National 2015 average for acute trusts	3.73
Best 2015 score for acute trusts	3.96

```
1       2       3       4       5
Ineffective team            Effective team
working                     working
```
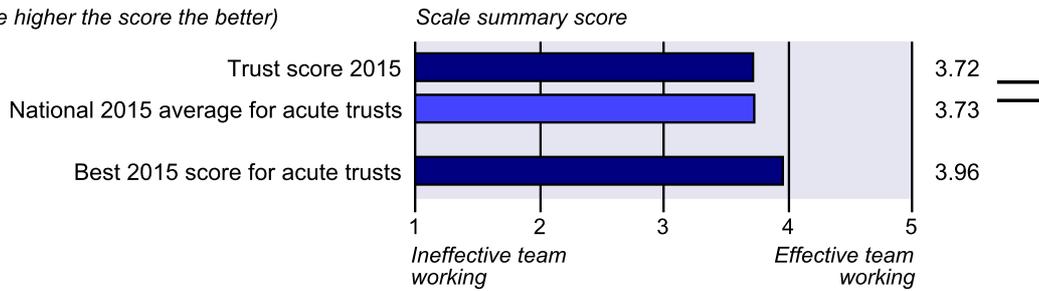
KEY FINDING 14. Staff satisfaction with resourcing and support

(the higher the score the better)   *Scale summary score*
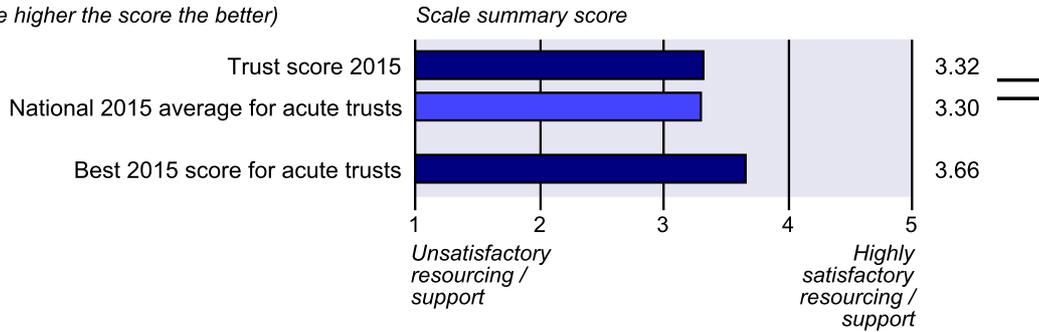
Trust score 2015	3.32
National 2015 average for acute trusts	3.30
Best 2015 score for acute trusts	3.66

```
1       2       3       4       5
Unsatisfactory              Highly
resourcing /                satisfactory
support                     resourcing /
                            support
```

STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

KEY FINDING 10. Support from immediate managers

(the higher the score the better)   *Scale summary score*

Trust score 2015	3.76
Trust score 2014	3.48
National 2015 average for acute trusts	3.69
Best 2015 score for acute trusts	3.96

```
1       2       3       4       5
Unsupportive                Supportive
managers                    managers
```
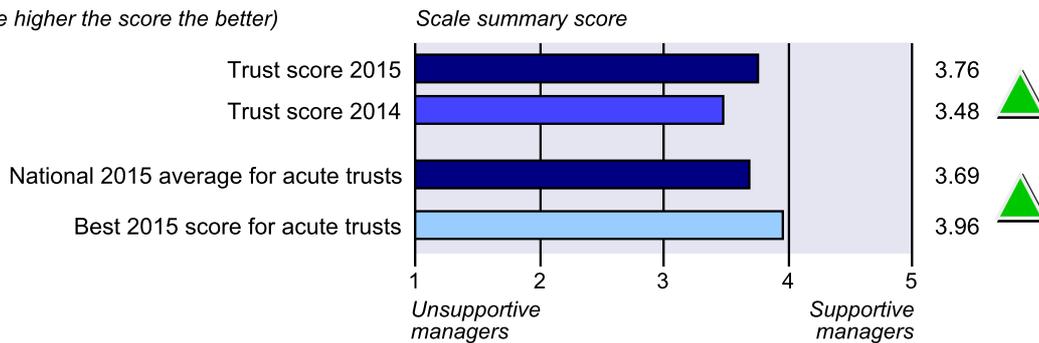
KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)   *Percentage score*

Trust score 2015	85%
Trust score 2014	83%
National 2015 average for acute trusts	86%
Best 2015 score for acute trusts	95%

```
0      25      50      75      100
```

16
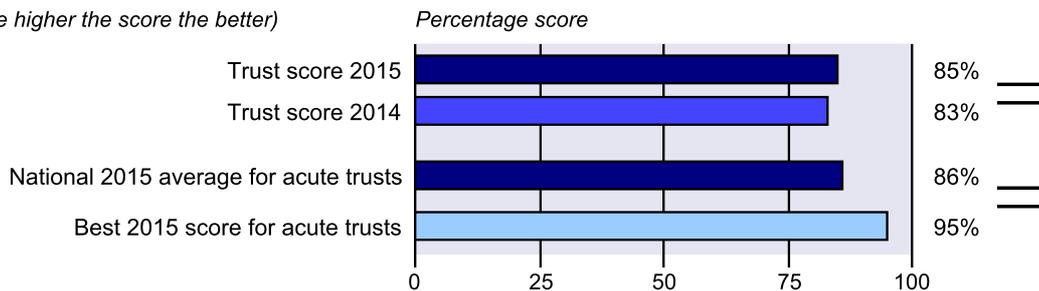
KEY FINDING 12. Quality of appraisals

(the higher the score the better)   Scale summary score

Trust score 2015	3.12
National 2015 average for acute trusts	3.05
Best 2015 score for acute trusts	3.39

1   2   3   4   5
Low-quality   *High-quality*
appraisals   *appraisals*
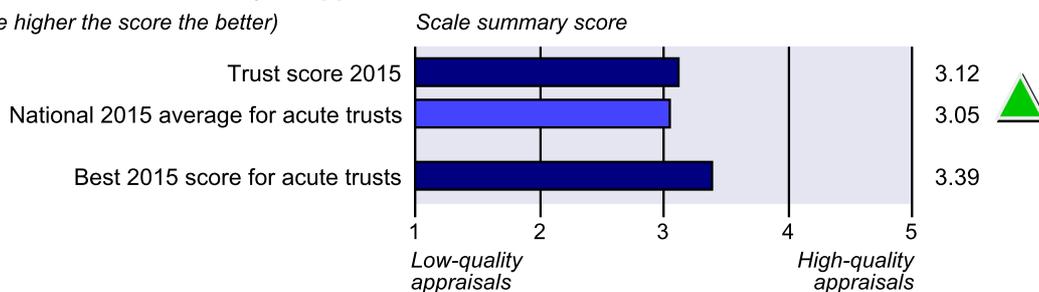
KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)   Scale summary score
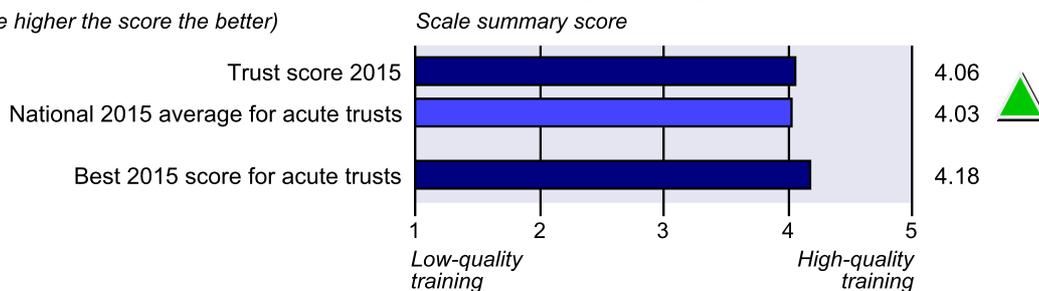
Trust score 2015	4.06
National 2015 average for acute trusts	4.03
Best 2015 score for acute trusts	4.18

1   2   3   4   5
Low-quality   *High-quality*
training   *training*

STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Health and well-being

KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)   Percentage score

Trust score 2015	48%
National 2015 average for acute trusts	49%
Best 2015 score for acute trusts	58%

0   25   50   75   100
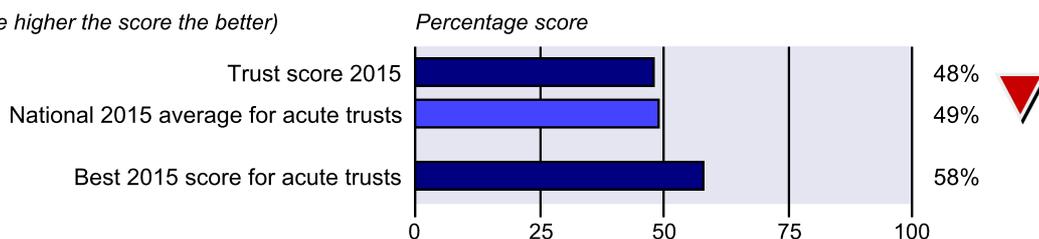
KEY FINDING 16. Percentage of staff working extra hours

(the lower the score the better)   Percentage score

Trust score 2015	68%
Trust score 2014	66%
National 2015 average for acute trusts	72%
Best 2015 score for acute trusts	61%

0   25   50   75   100
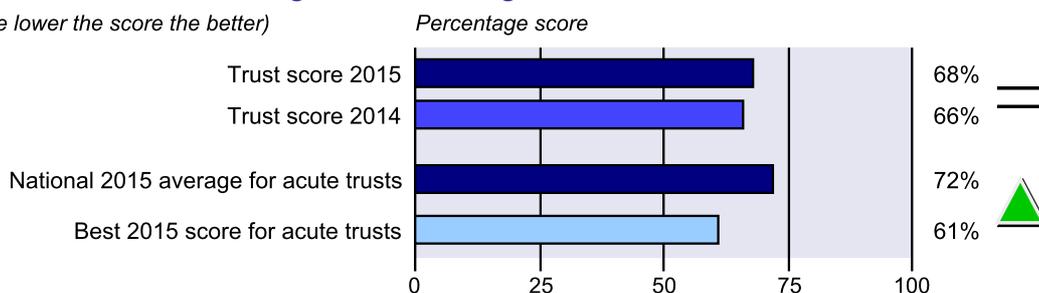
KEY FINDING 17. Percentage of staff suffering work related stress in last 12 months

(the lower the score the better)   Percentage score

Trust score 2015	32% ▲
Trust score 2014	40%
National 2015 average for acute trusts	36% ▲
Best 2015 score for acute trusts	24%

0   25   50   75   100
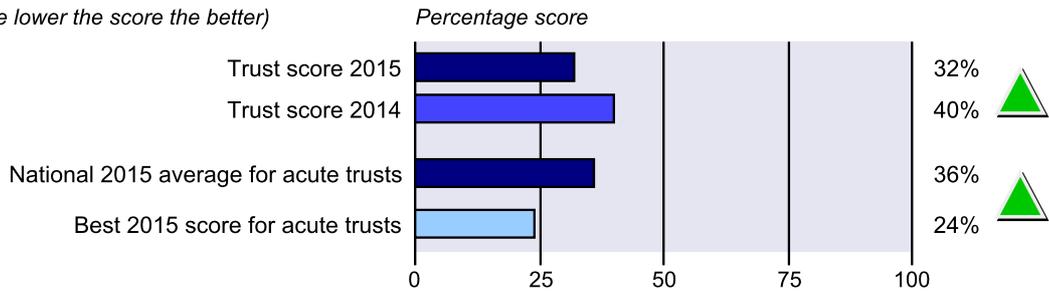
KEY FINDING 18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

(the lower the score the better)   Percentage score

Trust score 2015	65% ━
Trust score 2014	65%
National 2015 average for acute trusts	59% ▼
Best 2015 score for acute trusts	46%

0   25   50   75   100
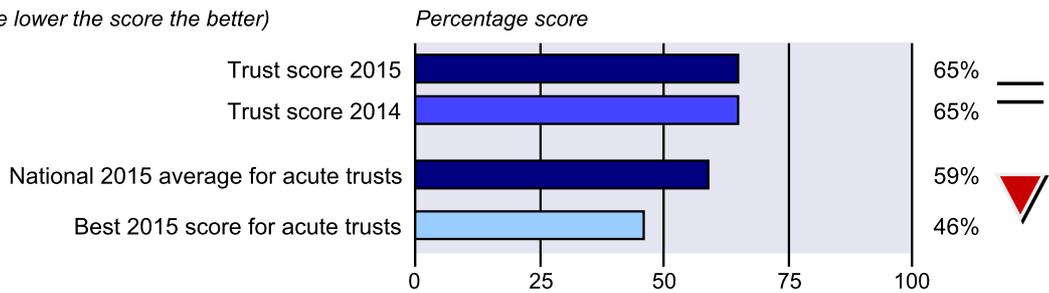
KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

(the higher the score the better)   Scale summary score

Trust score 2015	3.64 ▲
National 2015 average for acute trusts	3.57
Best 2015 score for acute trusts	3.97

1   2   3   4   5
Low interest in health   *High interest in health*
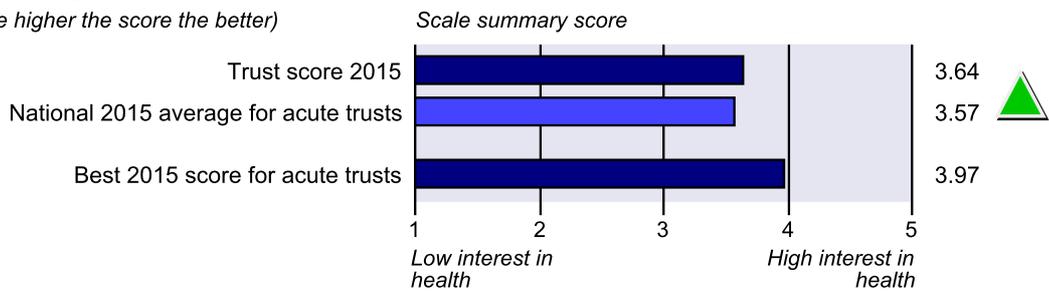
Violence and harassment

KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)   Percentage score

Trust score 2015	12% ━
Trust score 2014	13%
National 2015 average for acute trusts	14% ▲
Best 2015 score for acute trusts	10%

0   25   50   75   100

18
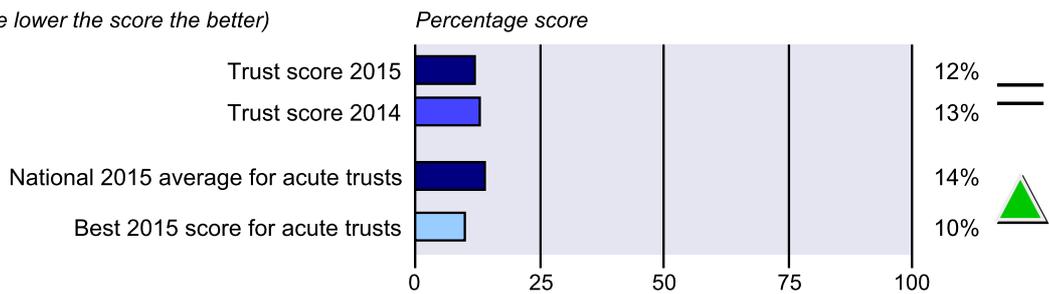
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)   Percentage score

Trust score 2015	2%
Trust score 2014	3%
National 2015 average for acute trusts	2%
Best 2015 score for acute trusts	0%

0   25   50   75   100
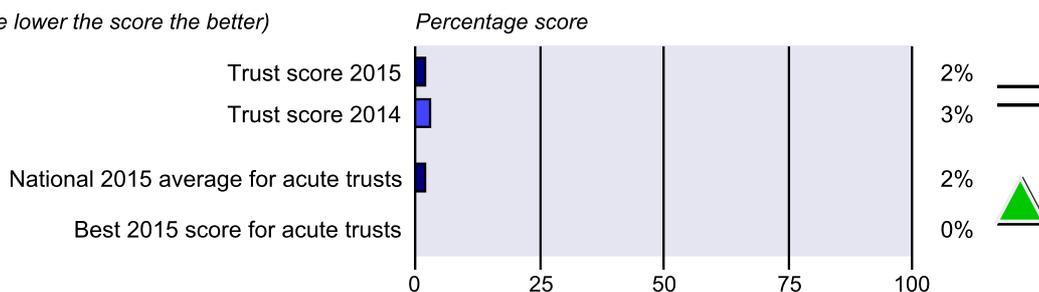
**KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence**

(the higher the score the better)   Percentage score

Trust score 2015	59%
Trust score 2014	50%
National 2015 average for acute trusts	53%
Best 2015 score for acute trusts	72%

0   25   50   75   100
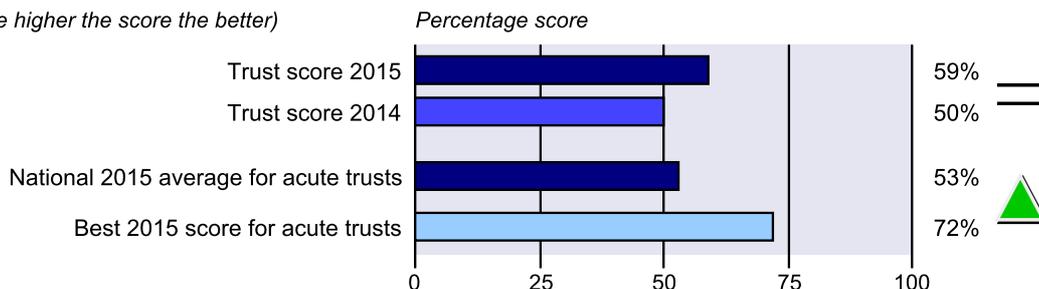
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)   Percentage score

Trust score 2015	25%
Trust score 2014	25%
National 2015 average for acute trusts	28%
Best 2015 score for acute trusts	19%

0   25   50   75   100

KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)   Percentage score

Trust score 2015	21%
Trust score 2014	23%
National 2015 average for acute trusts	26%
Best 2015 score for acute trusts	16%

0   25   50   75   100

19
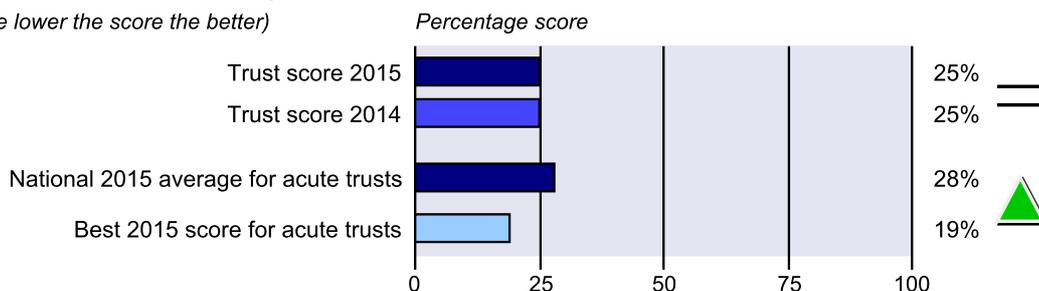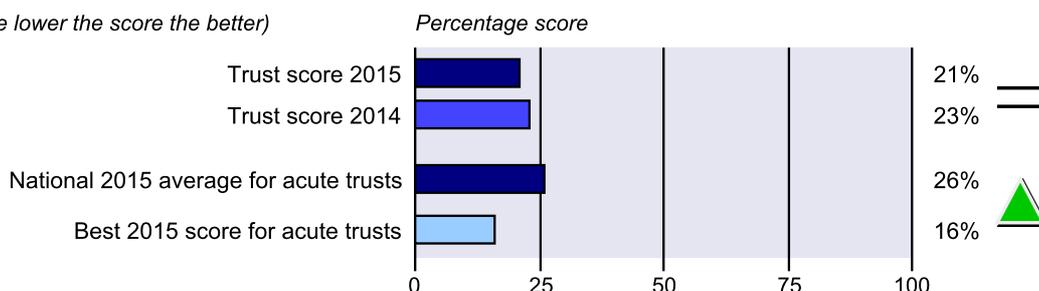
KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)   *Percentage score*

Trust score 2015	46% ▲
Trust score 2014	37%
National 2015 average for acute trusts	37% ▲
Best 2015 score for acute trusts	52%

0   25   50   75   100
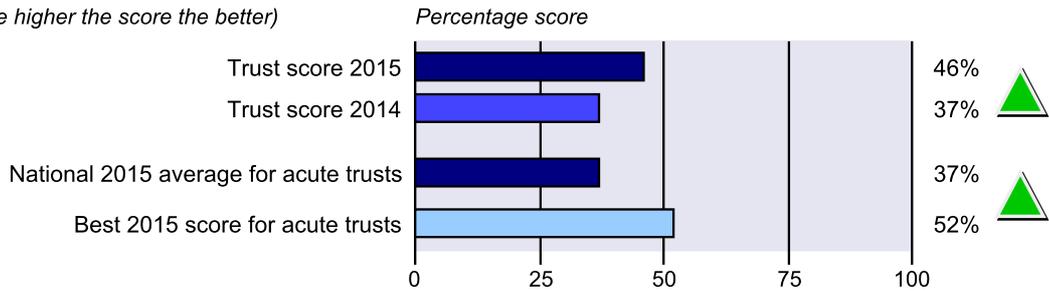
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)   *Percentage score*

Trust score 2015	34% ▲
Trust score 2014	22%
National 2015 average for acute trusts	32% ▲
Best 2015 score for acute trusts	51%

0   25   50   75   100
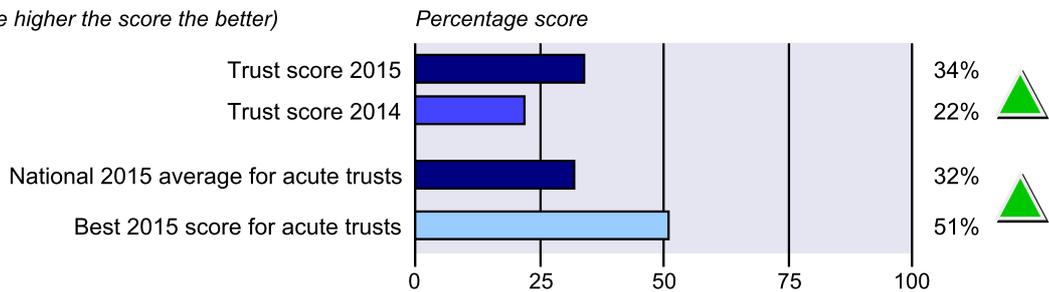
KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)   *Percentage score*

Trust score 2015	66% ▲
Trust score 2014	59%
National 2015 average for acute trusts	69% ▼
Best 2015 score for acute trusts	79%

0   25   50   75   100
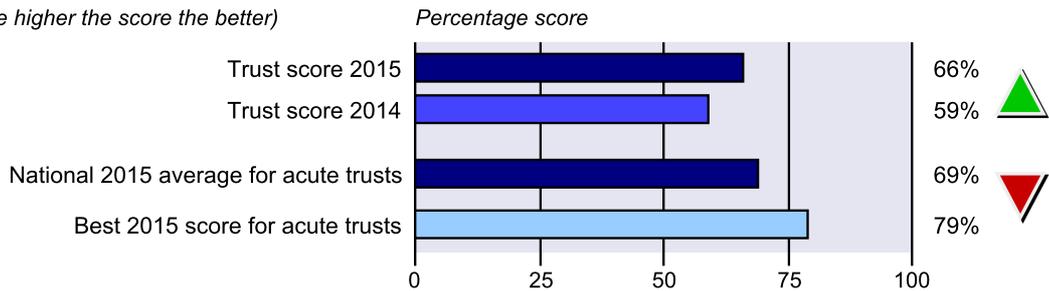
ADDITIONAL THEME: Equality and diversity

KEY FINDING 20. Percentage of staff experiencing discrimination at work in last 12 months

*(the lower the score the better)*   *Percentage score*

Trust score 2015	8% ▬
Trust score 2014	8%
National 2015 average for acute trusts	10% ▲
Best 2015 score for acute trusts	5%

0   25   50   75   100

20
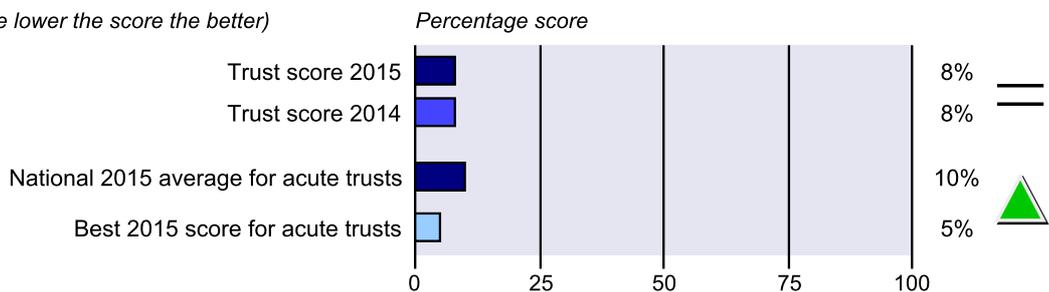
KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)   Percentage score

	Score
Trust score 2015	88%
Trust score 2014	86%
National 2015 average for acute trusts	87%
Best 2015 score for acute trusts	96%

0   25   50   75   100
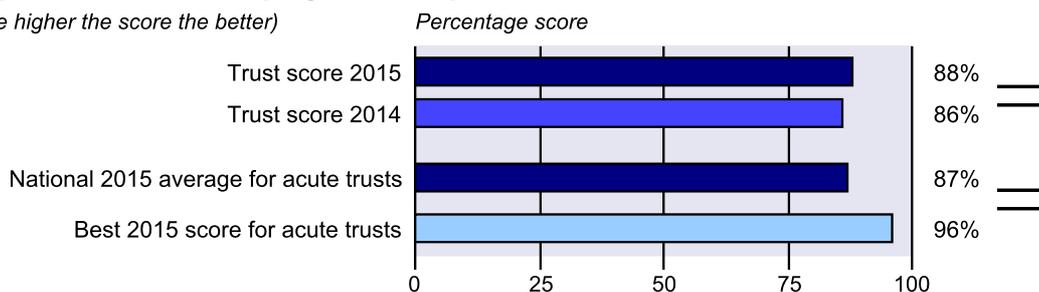
ADDITIONAL THEME: Errors and incidents

KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)   Percentage score

	Score
Trust score 2015	28%
Trust score 2014	36%
National 2015 average for acute trusts	31%
Best 2015 score for acute trusts	21%

0   25   50   75   100
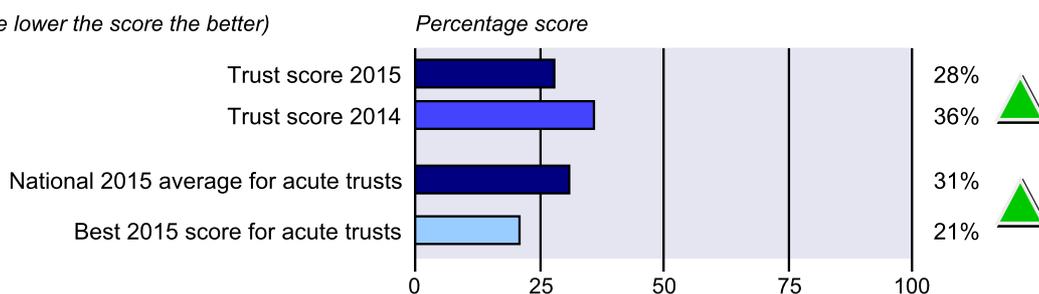
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)   Percentage score

	Score
Trust score 2015	88%
Trust score 2014	90%
National 2015 average for acute trusts	90%
Best 2015 score for acute trusts	97%

0   25   50   75   100
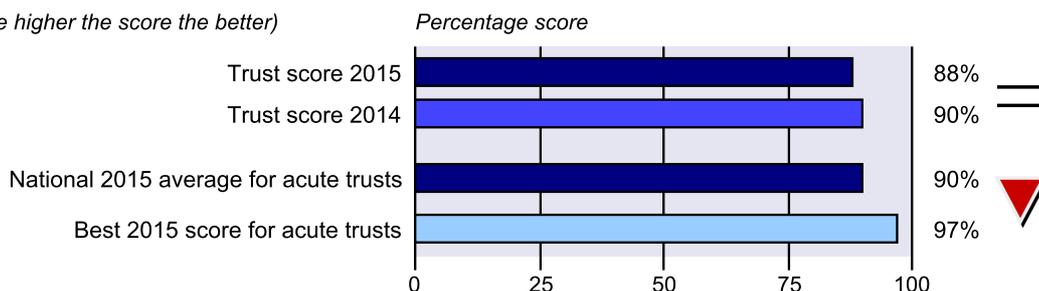
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)   Scale summary score

	Score
Trust score 2015	3.70
National 2015 average for acute trusts	3.70
Best 2015 score for acute trusts	3.92

1   2   3   4   5

Ineffective / unfair procedures   *Effective / fair procedures*

21
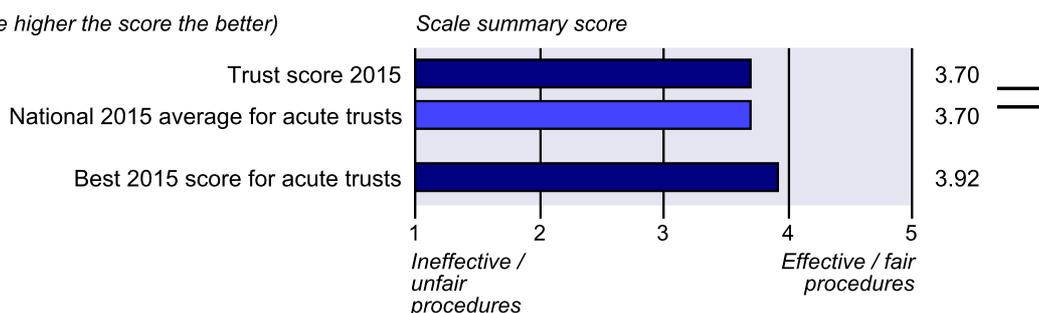
KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

(the higher the score the better)   *Scale summary score*

Trust score 2015	3.54
Trust score 2014	3.42
National 2015 average for acute trusts	3.62
Best 2015 score for acute trusts	3.93

1   2   3   4   5

Not confident /   *Confident /*
secure   *secure*
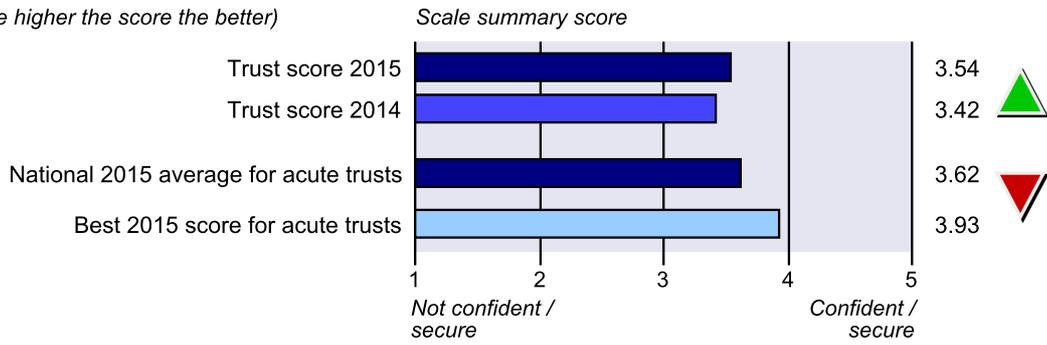
ADDITIONAL THEME: Patient experience measures

KEY FINDING 32. Effective use of patient / service user feedback

(the higher the score the better)   *Scale summary score*

Trust score 2015	3.56
Trust score 2014	3.36
National 2015 average for acute trusts	3.70
Best 2015 score for acute trusts	3.97

1   2   3   4   5

Ineffective use   *Effective use of*
of feedback   *feedback*

22
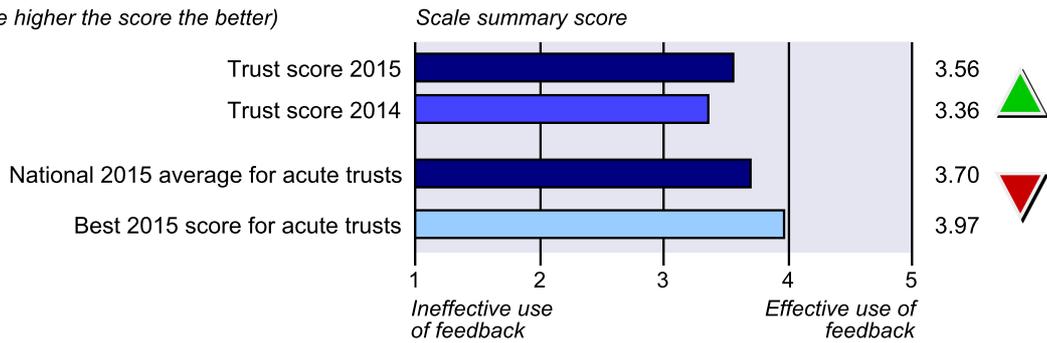
TRUST BOARD	
Agenda Item	8.5
Title of Report	Publication of "Learning from Mistakes League"
Date of Meeting	30th March 2016
Author	Dr E Moore Medical Director
Accountable Executive	Dr E Moore Medical Director
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	*1B, 3A, 3B, 4A, 7A & 7D*
Level of Assurance • **Positive** • **Gap(s)**	*Gap*
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	*Initial discussion and approval of next steps*
Data Quality Rating	Gold – externally validate
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	*No*

1. Executive Summary

NHS Improvement, have published a "learning from mistakes league". This paper briefly explains the league, the Trusts ranking, initial steps to understand this measure and improve our performance in this area.

2. Background

The league has been produced by combining the results of staff survey (2015) to questions 7, 30 & 31:
7: Percentage of staff able to contribute to improvements at work
30: Fairness and effectiveness of procedures for reporting errors
31: Staff confidence and security in reporting unsafe clinical practice, and

Key Finding 26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months, and

Data around potential under-reporting of incidents, potential under-reporting of incidents of death and severe harm, the number of harmful incidents and reporting consistency over the last 6 months, obtained from the National Reporting and Learning System (NRLS).

All Trusts have now been categorized as having either:

- outstanding levels of openness and transparency;
- good levels of openness and transparency;
- significant concerns about openness and transparency; or
- a poor reporting culture

Wirral University Teaching Hospital has been labelled:
- significant concerns about openness and transparency.

This is due to staff responses to questions 7 and 31 being in the bottom 20% of the country. Question 30, Key Outcome 26 and data from the NRLS have not raised any cause for concern.

3. **Key Issues/Gaps in Assurance**

Aside from the reputational damage to the Trust from a poor rank in a national league table, there is an urgent need to ensure an honest and open to learning culture within all staff groups. Ensuring the early recognition of risk to patients, patient care and staff, so that lessons can be rapidly identified, learnt and applied across the organisation.

4. **Next Steps & Recommendations**

A number of initiatives are now embedded, within the organization, which aim to improve our staff engagement, culture, openness and ability to learn: e.g. LIA, Board partners, Care Quality Inspections, and Revised Risk Management Strategy.

The Board is asked to approve the recommendation that the response to this league table is built into existing initiatives to improve speed of response and prevent initiative fatigue.

Board of Directors	
Agenda Item	9.1
Title of Report	Chair of Audit Committee Report
Date of Meeting	25 Februrary 2016
Author	Cathy Bond, Chair of the Audit Committee
Accountable Executive	David Allison, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	ALL
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

The Audit Committee met on 25 February 2016 and report the following items to the Board as follows:

Board Assurance Framework (BAF)

The Committee was pleased that the Senior Management Team had undertaken a full review of the risk ratings on the BAF; this resulted in those risks relating to staff morale and engagement being reduced as a result of the recent NHS Staff Survey which evidenced a significant improvement in this area and other risks being increased to reflect the receipt of the recent CQC report; the under performance in activity; difficulties with RTT compliance; continued pressure in A & E; the position with C difficile and the disappointing commissioner review in Community Paediatrics.

The Committee reviewed the profile of risks in the BAF as the 13th January 2016 and again as at 19th February 2016, this being after the review of risk ratings, and concluded that this

provided the Trust with a clear overview of the areas of focus and would be the basis for discussion at the Board Development Session on risk appetite in March 2016.

The Audit Committee recommended that the Assurance Committee Chairs Reports to the Board focus on the actions being taken to address gaps in control/assurance, wherever possible, in the future.

Monitor Licence – Compliance Review

The Committee's review of compliance against the Provider Licence focussed on the following areas:

- G6 – as a result of the new licencing risks associated with the recent non-compliance with RTT
- G7 – following the receipt of the CQC draft inspection report
- C1(2) – as a result of the RTT non-compliance there is a risk that patients may take the opportunity to have their care in an alternative setting
- G9 – this is as a result of the Commissioners review of "Commissioner Requested Services" which could impact on the Trust if the number of these services is increased
- G2 – good progress recorded against compliance with the additional licence condition (section 111) following the recruitment of the Director of Finance and the Chief Operating Officer and the appointment of the Director of Nursing and Midwifery. Monitor has confirmed that paragraph 1.7 of the Trust's enforcement undertakings (relating to interim support) is no longer required as the Trust has made suitable substantive appointments. The removal of paragraph 1.7 supports the Trust's overall progress with compliance with the section 111 licence condition.

Draft Annual Governance Statement (AGS)

The Committee reviewed the proposed areas of focus for the AGS ahead of the formal review of the draft statement in April 2016.

Annual Report and Accounts Timetable and Plans 2015/16

The Committee reviewed the timetable and plans for the above and sought and received assurance as to any risks with the production of the same as a result of issues highlighted in the previous year.

The Committee recommended that the Finance Business Performance and Assurance Committee have the opportunity to have sight of the draft accounts and remuneration report ahead of formal approval.

Draft Accounting Policies 2015-16

The Committee agreed to review the "going concern" statement at its meeting in April 16 and sought the External Auditors view on this in light of the national context relating to NHS funding. The recommendation from the External Auditors was to separate out the entity from the service when reporting and articulate how the Trust was responding to the financial challenges associated with cash flow and therefore how services would continue in the future. The Committee requested that the review of Commissioner Requested Services be included in the statement.

The Committee agreed to recommend the draft accounting policies to the Board and principally the approach to 3 areas of critical accounting judgement, as follows:

- The Trust's Charity is not consolidating into Trust "group" accounts as its balances are not material in the context of the Trust's turnover
- The Trust has one single reporting segment, that is, "the provision of acute care" no other reporting segments are recognised by management or in the accounts
- The Trust is judged to be a going concern

The Committee recognised that joint arrangements should be formally reported in the first instance with the inclusion of the definition of a joint service.

The Board is asked to approve the recommendation in relation to the Accounting Policies.

Internal Audit

The Committee reviewed the outcome of the audit into Combined Financial Systems which had achieved a significant assurance rating and noted the work in progress.

External Audit

The Committee reviewed the approach to be taken by the new Auditors Grant Thornton and in particular in relation to the Value for Money conclusion following the changes made by the National Audit Office in November 2015. The Auditors provided the Committee with an overview of how they would arrive at the conclusion which was framed around three sub criteria these being:

- Informed decision making
- Sustainable resource development
- Working with partners and other third parties

The Committee reviewed a range of national publications and those produced by Grant Thornton in order that the impact on the Trust could be ascertained.

Counter Fraud

The Committee was pleased that the transition from the Commissioning Support Unit to MIAA had been successful and accepted the proposal for future reporting which would not only include follow up reports but also performance indicators; benchmarking and learning from others as well as the opportunity to flag risks to the Committee.

Cathy Bond
Audit Committee Chair

Board of Directors	
Agenda Item	9.2
Title of Report	Report of the Quality & Safety Committee 09 March 2016
Date of Meeting	30 March 2016
Author	Dr Jean Quinn, Chair of the Quality and Safety Committee
Accountable Executive	Evan Moore, Medical Director
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	1,3,4,5,6,7 1a,1b,3a,3b,4a,5b,6b,7a,7c,7d 1445,1908,1909,2328,2485,2611,2678
Level of Assurance • **Positive** • **Gap(s)**	Gaps with mitigating action
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

This report provides a summary of the work of the Quality and Safety Committee which met on the 9th March 2016. Key focus areas are those which address the gaps in assurance/control in the Board Assurance Framework.

Board Assurance Framework (BAF)

The Committee's agenda reflected the gaps in assurance/control on the BAF and was structured such that it allowed for great focus on the most significant risk areas. The Committee reviewed the risk ratings as a result of the Senior Management Team review and noted the reduction in risk scores in relation to staff satisfaction and morale as a result of the recent NHS Staff Survey which highlighted significant improvements. The Committee also supported the increased risk ratings as a result of the receipt of the draft CQC report; the under performance in activity; the non-compliance with RTT; the current position with community paediatrics, avoidable C difficile and continued pressure in A & E.

The Committee reviewed how the change in risk ratings had impacted on the overall risk profile and agreed that further consideration needed to be given to the risks relating to health economy re-design and new models of care because of the concerns raised at Board.

CLIPPE Q3 2015/16 Summary Report

The following areas were the focus of most of the Committee's attention:

Community Paediatrics – increase in the number of informal concerns attributed to the delay in appointments and diagnosis. A report on Community Paediatrics was received as outlined later int his report.
Patient Metrics in ESAU – improvements were noted which afforded the Committee to support the opportunity to remove this from the CGG action log

Workforce and OD Dashboard

Good performance was reported, the key highlights being:

- Sickness absence rates were reported at 4.22% for January 2016 which was a significant improvement on the same time in the previous year when this was 5.29%
- The Trust's flu vaccination rate was reported at 79.1% which was the third highest in the country for Acute Trusts
- The vacancy rate for Nursing and Midwifery was reported at 5.55% which was well below the national average and the overall consultant vacancy rate was reported at 2.54% which was very low
- Appraisal rates were reported at 84.28% with more work being undertaken to target the areas of non-compliance.

The Committee was pleased to note the development of a Medical Workforce Engagement Strategy which was being led by Dr Moore and supported by Mr Mawrey.

Community Paediatrics Update Report

The gaps in assurance/control were being addressed through the recruitment of two additional locum consultants supported from CCG slippage funding together with additional Nurse and administrative time. The number of patients waiting over 18 weeks had reduced from 391 in December 15 to 240 in March 16 and although still unacceptable was improving. The Committee requested for clarification that referrers of the patients that had been removed from the waiting list as a result of the validation work had been informed. The Committee sought to understand whether the operational review would articulate what the service should look like and enable therefore the Trust to determine what it was able to deliver in the future what then it required from partners.

NHS 2015 National Staff Survey Results

The Committee was pleased with the performance which was reported as the strongest since 2009 and not just a significant improvement on the previous year; it also noted the strong performance when compared to Acute Trusts in the Cheshire and Merseyside Footprint. The Committee are due to receive the action plan and next steps at its meeting in May 15.

CQC Compliance and Assurance Report

The Committee received an overview of the key changes following the draft report and the Trust's representation which would be formally reported to the Board in March 16. An update on the internal care quality inspections in EDRU and on Ward 21 was provides with both areas seeing some improvements but achieving an overall rating of "requires improvement" which was in part attributable to the levels of demand being experienced.

Advancing Quality – Fractured Neck of Femur

The Committee received a full review of all the 8 criteria associated with this Care Score to understand why performance had been so poor. Mr Donnachie, updated the Committee on thew work being undertaken in each area, the impact of which had already led to a significant improvement in the results in the last 2 months with the Trust achieving 3 passes compared to the previous zero achievement.

The Committee sought to understand the exact timescales for the availability of the hip fracture pathway being available on Cerner; testing was confirmed as being undertaken in the next 6-8 weeks.

C difficile Action Plan– update

The Committee was pleased that the action plan had been maintained during periods of increased activity which had allowed the number of avoidable C difficile cases to remain at 35 against the target of 29. This position remains unchanged since January 16 and therefore the Committee considered that the action plan had begun to address the gaps in assurance/control.

End of Life Strategy – update

The Committee approved the plan on a page following a thorough review of the strategy. The gaps in assurance/control were being addressed through the change in clinical leadership; the appointment of the new Lead Cancer Nurse and new Bereavement Manager. The permanent appointment of 2 End of Life Care Facilitators was welcome as was the partnership work being undertaken with Wirral Hospice St Johns and Wirral Community Trust. Key performance indicators were being developed to monitor improvements in End of Life Care. Key gaps in assurance/control that were not in the Trust's control was reported as how the integrated specialist palliative care was commissioned and the requirement to increase consultant cover for specialist palliative care, both of these areas had been raised at the recent CQC Quality Summit with partners.

Quality Account – Q3 Report

Following a review of progress against the 6 priorities set for 2015/16 the Committee agreed to recommend to the Board a change in two of the priorities for 2016-17 as follows:

Remove the dementia and reducing mortality priorities in view of the progress made over the last 3 years and replace these with the SAFER roll out and progress against the key priorities and End of Life Care. **The Board is asked to support this recommendation**.

Web Holding File Action Plan

The gaps in assurance/control were being addressed through an action plan that focussed on 4 areas as follows:

1. A review of the process by the risk team
2. Accountability for improvement focused in the Divisions
3. Staff training
4. Review of the Safeguard system

It was reported that incidents were now being reviewed at an earlier stage and the change in the process had enabled the team to reduce the number of incidents outstanding as at 29th February from 929 to 627. Some of the issues associated with achieving timely action was reported as the clinical demand experienced in the hospital and the confusion between risk reporting and incident reporting; the latter of which was being addressed through training.

Although still more work to do, the Committee was pleased with the progress being made and the support from the Divisions.

Dr Jean Quinn
Chair of Quality and Safety Committee

Board of Directors	
Agenda Item	9.3
Title of Report	Report of the Finance Business Performance & Assurance Committee 19 February 2016
Date of Meeting	23 March 2016
Author	Graham Hollick, Chair of Finance Business Performance and Assurance Committee
Accountable Executive	David Allison, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	5A, Risk 2718, 6B, 7B, Risk 1927 and 2550, 7C Risk 2328, 7D, Risk 2689
Level of Assurance • **Positive** • **Gap(s)**	Gaps with mitigating actions
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

Board Assurance Framework (BAF)

The Committee reviewed the Board Assurance Framework and the risk profile and agreed that a new risk needed to be developed in relation to commissioner affordability. The Committee also agreed that the risks relating to income and expenditure and CIP should be reviewed in light of the contract negotiations and the impact of non-recurrent CIP on 2016/17 financial planning.

M11 Financial Position

The Committee reviewed in detail the cumulative year to date deficit position at M11 which was reported as £14.1M. The financial forecast deficit was reported as £15.3M taking into account the junior doctors industrial action and continued operational pressures.

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The cash position was reported as £8.7M which was £5.1M above plan. The Committee was advised that the Trust was forecasting to finish the year end with a cash balance of circa £2.2M without the need for any resilience funding.

The Financial Sustainability Risk Rating was reported as 2 in line with the plan.

Non-core spend was reported at circa £1.8M in month which remained consistent. The agency spend in nursing was reported at 2.7% this being below the cap of 3%. The Committee was advised that the Trust had now been informed by NHS Improvement of the cap for agency spend for the year 2016/17, this being £8.1M, this represented a reduction of 5/6%, half of which had already been addressed through the re-negotiation of agency rates. The Committee requested information on the plans to reduce medical staffing costs and the implications of doing this.

The risks and appropriate mitigations were outlined in relation to income, CIP, the cost over-spends, cash, CQUINs and the desktop revaluation of the Trust estate.

The Committee was provided with an update on contract negotiations and the ongoing dialogue with the CCG and Monitor on the application of sanctions and penalties following the circulation of national guidance. The Chief Executive provided members with the basis of negotiations at this stage and the impact of the best and worst case scenarios. A further update will be provided to the Board as discussions were ongoing with both parties looking to secure agreement next week.

Financial Improvement Plan at M11

The Committee reviewed progress of the CIP programme at M11. The programme reported a positive variance of £100k in- year and £300K year to date with a full year effect forecast of £13.3m.

Areas of concern were reviewed; these included theatres, patient flow and coding. The Committee reviewed in detail the analysis undertaken in relation to mean price per spell and the impact that penalties were having on this. The Committee requested greater sight of penalties in 2016/17 be provided.

Progress against the CIP plan for 2016/17 was outlined which included £4M of schemes that had been fully developed and approved; £0.3M of schemes that were fully developed but required approval; £0.8M of plans in progress and £1.4M of opportunities that required financial values to be assigned. £3.5M of unidentified schemes was reported with £1.7M of these in the "ideas" stage although it was recognised that these had a high degree of complexity associated with delivery. Further schemes to bridge the gap of £1.8M of unidentified schemes were being sought with some due to be reviewed in the coming week. The Committee requested that milestones to delivery be provided together with the key performance indicators to improve the monitoring process.

Performance Report

Key points from the performance report included:

- Achievement of all cancer targets.
- The non-achievement of the RTT target for February with plans forecast for delivery focussed on April 2016 as accepted by Monitor, however it was recognised that this was the forecast before the announcement of the latest planned junior doctors strikes. The Committee reviewed compliance by speciality as previously requested and was advised that the pre-validation figure for March was 2% higher than the previous month at 89.92%.

- C difficile rates remained unchanged since January 2016 at 35 which was testimony to the work undertaken in this area. The target for 2016/17 was confirmed as 29 this being the same as 2015/16.
- A & E 4 hour standard – performance of 80.85% was reported for February 2016. The Committee was advised of 6 twelve hour breaches that occurred during the night of 1st March 2016 and the subsequent root cause analysis undertaken by ECIP to ensure that action was taken to ensure this did not happen again. The pilot being undertaken with NWAS as from 21st March 2016 was outlined which was intended to divert appropriate patients to Victoria Central Health Centre.

NHSP Contract

The Committee received a further update from the report received in February which sought to address the concerns in relation to procurement and enhanced performance indicators. Subject to NHSP accepting the terms and conditions of the Crown Commercial Framework, the Committee agreed to recommend to the Board the extension of the contract for a further 4 years.

Graham Hollick
Chair of Finance Business Performance and Assurance Committee

1 March 2016

Mr David Allison
Chief Executive
Wirral University Teaching Hospital NHS Foundation
Trust
Arrowe Park Hospital
Arrowe Park Road
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Monitor

Making the health sector
work for patients

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Dear David

Q3 2015/16 monitoring of NHS foundation trusts

Our analysis of your Q3 submissions is now complete. Based on this work, the trust's
current ratings are:

- Financial sustainability risk rating: 2
- Governance rating: Red

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

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.

Monitor raised any concerns arising from our review of the trust's Q3 submissions as part of
our Progress Review Meeting on 18 February.

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts)
from Q3 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.

For your information, we will be issuing a press release in due course setting out a
summary of the report's key findings.

If you have any queries relating to the above, please contact your relationship manager Bev
Tipping by telephone on 0203 747 0541 or by email on Beverley.Tipping@monitor.gov.uk

Yours sincerely

Regional Director

cc: Mr Michael Carr, Chairman,
        Mr Gareth Lawrence, Acting Director of Finance

![Wirral University Teaching Hospital NHS Foundation Trust logo]

BOARD OF DIRECTORS	**Present**	
	Michael Carr	Chairman
UNAPPROVED MINUTES OF MEETING	David Allison	Chief Executive
	Cathy Bond	Non-Executive Director
	Andrea Hodgson	Non-Executive Director
	Graham Hollick	Non-Executive Director
24 FEBRUARY 2016	Gareth Lawrence	Acting Director of Finance
	Cathy Maddaford	Non-Executive Director
	Evan Moore	Medical Director
BOARDROOM	Jean Quinn	Non-Executive Director
EDUCATION CENTRE	John Sullivan	Non-Executive Director
ARROWE PARK HOSPITAL	Gaynor Westray	Director of Nursing and Midwifery
	In attendance	
	Carole Self	Director of Corporate Affairs
	Mark Blakeman	Director of Informatics and Infrastructure
	Chris Oliver	Interim Director of Operations
	Mike Coupe	Director of Strategy
	Janelle Holmes	Chief Operating Officer from 01.04.16
	Apologies	
	None	

Reference	Minute	Action
BM15-16/268	**Apologies for Absence** Noted as above	
BM15-16/269	**Declarations of Interest** None	
BM15-16/270	**Patient Story** The Director of Nursing and Midwifery presented feedback from a daughter whose mum had recently passed away on Ward 24. The feedback was in relation to the pilot End of Life Care Volunteer scheme. This pilot enabled volunteers to be companions to families whose loved ones were at the end of their life providing valuable support. The daughter advised that her particular companion was of great comfort as were the ward staff themselves. The experience has made her consider volunteering herself in the future.	
BM15-16/271	**Chairman's Business** The Chairman welcomed Janelle Holmes the Trust's new Chief Operating Officer from 1st April 2016 and members of the public to the meeting. The Board was provided with an overview of the Progress Review Meeting with Monitor in the preceding week. The overall conclusion was positive, with a view that the hospital was on a trajectory of improvement despite the obvious operational pressures. The greater than planned non-	

Reference	Minute	Action
	recurrent element of the15/16 CIP was the only issue highlighted.	
	Thanks were extended to all staff for their help and co-operation during the last junior doctors industrial action. Although there were ramifications for the Trust, everyone worked well to ensure patients remained safe.	
	The Board was updated on the appointment of a consultant in diabetes, this being Dr Srnivas-Shankas, and the forthcoming consultant interviews in the Emergency Department planned for March 16.	
BM15-16/272	**Chief Executive's Report** The Chief Executive presented the report and highlighted the following: **Clinical Commissioning Group CCG** – in the absence of a year-end settlement for 15/16 the Chief Executive confirmed that the Trust continues with the Payment by Results (PBR) contract although currently there was a gap between the activity already undertaken by the Trust which had generated income of £225M and the CCG income proposal of £221.9M. The Chief Executive shared his concerns with the deadline for signing the 2016/17 contract without robust processes to facilitate this by 31st March 2016. The Board sought to understand whether there was any relationship between the contract agreement and the agreement for the Sustainability and Transformation Plan (STP). The Chief Executive confirmed that the contract was not contingent on agreeing the STP. **Strategic Estates Partnership** – the Board was reminded of the links between this work and the recommendations from the Lord Carter of Coles report on the need to ensure efficient use of estates. The Chief Executive confirmed that he was pleased that Mr Sullivan had agreed to be the Non-Executive lead for this work. The Board was advised that once the "soft marketing day" had been held then further discussions on the outcomes would be held with the Board. **Delivering the Five Year Forward View** – the Board formally noted the publication recognising the work the Trust had already undertaken on this agenda. **Wirral Vanguard Value Proposition** – the Chief Executive updated the Board on this recent submission and some of the concerns raised regarding the governance process and lack of input requested from operational and financial leads. He confirmed that the Director of Strategy, Acting Director of Finance and himself had now had the opportunity to review the submission in detail and in the spirit of wanting this to be a success have written to the CCG with some concerns and solutions for progressing. **Acute Care Alliance** – the Board was advised of the meeting with the Countess of Chester in the preceding week following both organisations agreement to progress the alliance to the next stage. The Director of Strategy confirmed that a 12 week scoping exercise was now being developed and a further update would be presented to the Board in March	

Reference	Minute	Action
	as previously planned. **NHS Staff Survey 2015** – The Chief Executive took the opportunity to advise the Board of the positive outcome with the Trust making huge improvements. The Chief Executive confirmed that the results were probably one of the best set the Trust had ever had. The Board extended their thanks to the Executive Team and the Director of Workforce in particular and all the staff as it was aware that a huge amount of work had been undertaken to achieve these results. The Board agreed to receive the full formal report at its meeting in March 2016.	**JM**
BM15-16/273	**Vanguard Programme Update** The Director of Strategy presented the second in a series of monthly updates on the Vanguard Project produced by the Vanguard Programme Management Office (PMO). He confirmed that the concerns raised by the Board at its last meeting with regards to the reports had been raised with the PMO with a view to supporting the health economy to move from its current state to the desired future state. The Board was updated on the work with other Vanguard sites and the Kings Fund to explore how they could engage constructively with the Arm's Length Bodies to co-create new processes and behaviours so that regulatory and assurance processes would support the implementation of new models of care. The outcome was the drafting of a "Valentine's" note sent by the sites to Simon Stevens on the 14th February 2016. The Director of Strategy drew the Board's attention to the key points raised formally with the CCG on the Value Proposition (VP) 2016/17 submission. The Board recorded their disappointment that this had been submitted without agreement from all partners and sought to understand how it could ensure that this did not happen in the future. The Chief Executive confirmed that the PMO would ensure that the right operational, clinical and financial expertise are engaged in the Provider groups that inform the Healthy Wirral Board. The role of Non-Executives in the governance structure was debated with the conclusion being that it was the role of the Board as a whole and this would be emphasised at the forthcoming meeting of Non-Executives across Vanguard on the 8th March 2016. The Board sought to understand what level of funding had been requested as part of the VP and where this would be focussed. It was confirmed that this was £9.1M and in the main would be to fund the PMO and a series of projects, however the concern was that the top 3 projects would not pay for themselves. The Chief Executive advised that there was a considerable amount of additional work required to ensure this was a success. The Director of Strategy advised that he was looking at the demand and capacity tools he used in Hertfordshire and was currently interviewing for an individual to lead this work. The Board was pleased with this development and sought to establish whether this could be expanded further to evaluate the change required to deliver the objective. The Director of Strategy advised that this support would only be in place until the Sustainability and Transformation Plan was developed. He	

Reference	Minute	Action
	confirmed that partners needed to go beyond the Vanguard project and look at joint management and financial arrangements to ensure that the expertise in provision and commissioning was encapsulated. The Board was advised that further analysis of the VP would be undertaken later in the week and that the Systems Resilience Group had agreed to review the Better Care Fund Schemes and use the ECIP evidence based methodology. Members also sought to establish whether the concerns were limited to this Trust or shared by all Partners. This was reported as variable. In summary the Director of Strategy advised that what was required was as follows: • Demand and capacity modelling on key critical areas which would highlight the benefits and create momentum for further transformation • Detailed analysis as to how the financial savings included in the VP would be realised even if the work being undertaken starts to deflect activity from the hospital into the community. • The establishment of a statutory forum where these issues could be debated and progressed. The Board thanked the Director of Strategy for the update and formally recorded their concerns and the risk to the organisation at present.	
BM15-16/274	**Integrated Performance Report** The Director of Infrastructure and Informatics presented the Integrated performance dashboard confirming that good progress had been made in delivering strategic performance targets, in particular in light of the significant improvements reported in the NHS Staff Survey. He confirmed however that the Trust continued to struggle with achievement of its operational objectives. Executive Directors expanded on areas of focus as follows: **7.1.1 Integrated Dashboard and Exception Reports** **A & E 4 hour standard –** the interim Director of Operations reported performance at 81.43% in February to date. The key issues affecting achievement were reported as the 18% increase in Emergency Department attendances, compared to the same time last year, this was particularly concerning as this was despite the single front door scheme diverting up to 15% of triaged patients per day. The high conveyance of ambulance arrivals reported in January continues and social care capacity at weekend was affecting discharge. The Board sought to establish the key actions being taken to improve the situation and this was confirmed as follows: • The continued roll out of SAFER with 6 wards now "live" • Although weekend discharge rates were reported as good compared to the region, social service leads had confirmed that amendments were to be made to care home provision to enable weekend assessment and admission to homes • Walk in centres to be kite-marked which would enable NWAS to	

Reference	Minute	Action
	convey appropriate patients to these as opposed to A & E • Step down facilities – Charlotte House initiative reported as a real success. The CCG and the LA were discussing how this could be maintained going forward. The quality issues at Charlotte House were reported as being managed by the Community Trust. • AMU redesign – agreement to redesign this area from April 16 to provide a larger number of chair and trolley/cubical areas. This would reduce the practice of re-directing patients to A & E due to limited capacity. **RTT-** the interim Director of Operations reported that the operational pressures were not impacting on elective activity; weekly performance meetings with the Surgical Division continue to ensure the focus remains on compliance. An update on the key initiative to move activity from in-patient to out-patients with increased orthopaedic clinic slots to enable greater theatre utilisation going forward was requested and provided. Work on a revised method of pathway management was reported in development to ensure sustainable compliance and a move away from historic validation. The Board discussed again how job planning was being changed to address the need to deliver greater activity. The Medical Director advised that most of the work as part of this initiative was being undertaken without the need to change job plans although this was constantly being reviewed. **C difficile** – the Director of Nursing and Midwifery reported a total of 35 avoidable toxin positives against an annual target of 29. Two further toxin positive cases were reported in February however the initial reviews had identified them as unavoidable. The full Action plan was reported as continuing uninterrupted. The Board sought and received an update on the Norovirus outbreak particularly in light of the potential impact on this area. The Board sought clarity on the actions being taken to ensure that the difficulty in obtaining case notes for Advancing Quality Audits was being addressed. The Medical Director confirmed that there was not only the difficulty with tracking the case notes but also because these were handwritten in a lot of cases, checking these to ensure standards had been met was also reported as difficult. The Director of Informatics and Infrastructure was hopeful that the continued roll out of Cerner would improve the situation going forward. Clarification on the financial penalties of failing AQ was sought which was confirmed as Nil. The Board sought clarity on the length of stay and turnover at Charlotte House, this was confirmed as 2/3 patients per day for an average of 2 days. The Board sought to understand what action was being taken to address the significant reduction in referrals reported for one ophthalmologist consultant . The Medical Director confirmed that this situation was being managed in the Division with fuller plans being worked up. **7.1.2 Month 10 Finance Report**	

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Reference	Minute	Action
	The Acting Director of Finance confirmed that the Trust delivered a deficit of £1.3M during the month this was against the backdrop of increasing demand on non-elective services, compounded with the effects of the junior doctor's industrial action. Although this was reported as £0.5M worse than the original planned deficit of circa £0.7M for the month, it was an improved position when compared to the summer months. Cash was reported as strong at £2.1M better than plan and the Financial Sustainability Risk Rating at 2 as per the plan. The Acting Director of Finance reported the reasons for the increase in non-core spend which were essentially attributable to the increased demand however he was pleased to report that the Trust still remained under the nursing agency cap of 3%. The Board sought to understand whether the further planned junior doctor industrial action had been included in the plan. The Acting Director of Finance confirmed that this hadn't as notification of the forthcoming dates had only been received on the previous evening. This work however would now be undertaken. The Board debated the risks in the absence of a year-end settlement with the CCG and the recurrent CIP plan for 15/16 plan which would impact on 16/17. The Board expressed their thanks to the Acting Director of Finance for the financial rigour demonstrated during his tenure which was not only recognised by the Trust but Monitor as well.	
BM15-16/275	**Equality and Diversity Annual Report** The Chairman advised the Board that the Director of Nursing and Midwifery had recommended that the Report be removed from the Board agenda to allow further analysis to be undertaken. The Board would receive the revised Report in April 2016.	**GW**
BM15-16/276	**Community Paediatrics** The Interim Director of Operations presented the latest update on the Community Paediatric service as requested by the Board. It was reported that the service continued to experience long waiting times for first appointments with a significant number of patients breaching the 18 week constitutional standard. The Board was advised however that all statutory standards within the service were being met. The Board was advised that there had been some improvements which had resulted in the number of patients waiting over 18 weeks reducing from 474 to 381 although it was recognised that this was still unacceptable. The Interim Director of Operations updated the Board on the recent receipt	

Reference	Minute	Action
	of the commissioning review of the service. Although this was felt not to be unhelpful, he advised that this did raise further concerns and the Trust had responded in this vain. The Board was updated on the operational review being undertaken by the Trust which was due to complete in the 2nd week of March 16. The Interim Director of Operations advised that following the further funding from the CCG, the Trust had now managed to secure 1 additional locum consultant to be in place from mid-March with the recruitment of a further locum being progressed. Additional nurse sessions were also planned. It was reported that the additional capacity would start to address the operational changes the service leads would want to see. The Board queried why the Trust had not undertaken an operational review earlier. The Chief Executive agreed that this was a fair challenge and advised that in truth the Trust was waiting for the commissioners to address the demand issues. The Board asked whether it would have a plan and the trajectory for improvement in the paper to be presented in March 16. This was confirmed. The Board asked what the quantifiable impact on the overall RTT target was and this was confirmed as 3% although the Board was advised that this was not the whole issue with RTT hence the reason why the performance of the other specialities needed to be much more visible. The Board asked whether the Trust had undertaken an analysis of future demand and was advised that this needed to be led and addressed by the CCG and supported by the health economy. However what the Trust had done was determine what it could provide. The Board recommended that consideration be given as to whether the Trust was best placed to deliver this service and what the alternatives might be, if any. Clarification was also sought on the contract for 16/17 and whether there were plans to change this from a block contract. The Acting Director of Finance confirmed that there were no plans at this time to change and therefore this was a risk. The Board asked that the next paper include the number of patients that were being seen that were classed as statutory. The Board agreed that the next update would be received at the Quality and Safety Committee in early March with a further update to the Board at the end of March 2016.	 **CO**
BM15-16/277	**Care Quality Inspections** The Chairman outlined the background to the decision to integrate the established Board Walkabouts with the internal Care Quality Inspections following a review of both of these practices. The Director of Nursing and Midwifery advised that following the presentation to the Council of Governors workshop in February further consideration had now been given to the role of Board members and Governors and it was proposed that this should be an observational role	

Reference	Minute	Action
	however she would welcome the view of members. The Board agreed that this was sensible provided it still afforded staff the opportunity to report issues and good practice to the Council and Board and vice versa. The Medical Director advised that the defined methodology would provide the vehicle for such feedback. The Board reiterated the requirement to ensure that the inspections fulfilled the two differing objectives of the Board and Council of Governors and those of the Quality and Safety Team. The Director of Nursing and Midwifery agreed to circulate the dates of the in inspections to members.	**GW**
BM15-16/278	**Report of the Finance Business Performance and Assurance Committee – 19 February 2016** Mr Hollick provided an overview of the work of the Finance Business Performance and Assurance Committee in the previous week. This included the "deep dive" into the financial forecast as recommended by the Board which provided assurance that the forecast of a deficit of £15m was reasonable, recognising this was in the absence of the knowledge of the forthcoming junior doctors strikes. The confidence with the cash position was reported as was the review undertaken against the recommendations in the Lord Carter report. Further due diligence had been requested on the contingency arrangements should an electronic banking failure occur; this was following the national transfer of banking arrangements from Citibank to Royal Bank of Scotland of which National Westminster was a subsidy and whom had experienced issues of this nature in the past. The concerns with the recurrent CIP plan were reported although the position generally on planning for 2016/17 was stronger than in previous years particular in relation to cost reduction/income ratios. The review of the NHSP contract extension was reported as deferred until March 2016 following concerns with the procurement process and the work to be undertaken on the key performance indicators. Although the overall concept was accepted, full visibility of both concerns was requested ahead of any formal recommendation to the Board. The Acting Director of Finance advised that the draft contract had now been received from the CGG which was currently under review. The Board recommended that the areas of risk in the contract were referenced in a formal response from the Trust which also included its own conditions.	
BM15-16/279	**Board of Directors** The Minutes of the Board of Directors Meetings held on 27th January 2016 were confirmed as an accurate record subject to an amendment on page 105 to remove the words in the final paragraph under agenda item BM15/16/241 "which was attributed to the financial support which was	

Reference	Minute	Action
	associated with this diagnosis". **Board Action Log** The Board action log was updated as recorded	
BM15-16/280	**Items for BAF/Risk Register** The Board agreed that the concerns in relation to Vanguard and the Community Paediatrics block contract be noted.	**CS**
BM15-16/281	**Any Other Business** The Board reviewed the sector response to the DoH and NHSE initiative to try and secure financial system balance. The Chief Executive advised that many Trusts had accepted their control totals for 2016/17 with the inclusion of a significant number of caveats, with others such as ourselves that had not accepted their control totals as the sum of support being offered was not sufficient to return the Trust from a £15M deficit to break even. The approach taken by the Trust was reported as being understood and well received by Monitor however there was no guarantee that this would not be subject to further testing. The Chief Executive was hopeful of a response from NHSE in time for the next Board meeting.	
BM15-16/282	**Date and Time of Next Meeting** Wednesday 30th March 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.	

…………..………………………
Chairman

…………………………………..
Date

Item 9.5.1- BoD Minutes of Previous Meeting: 24th February 2016

ACTION LOG
Board of Directors

Updated – March 2016

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 27.01.16						
1	BM15-16/272	Receive the formal NHS staff survey report at its meeting in March 2016	JM	**Included on the agenda**	March 16	
2	BM15-16/275	Review the revised Equality and Diversity Annual Report at the Board in April 16	GW		April 16	
3	BM15-16/276	Provide an update on community paediatrics to Quality and Safety in March 16 with a further update to the Board at the end of March 16	CO	**Quality and Safety Committee reviewed progress in March 16** **Included on Board agenda for March 16**	March 16	
4	BM15-16/277	Circulate the dates of the internal Care Quality Inspections	GW	**Completed**	February 16	
5	BM15-16/280	Note the concerns with the Community Paediatrics block contract and those in relation to Vanguard on the BAF	CS	**Completed**		
Date of Meeting 27.01.16						
6	BM15-16/241	Provide a monthly progress report on community paediatrics	CO	**Ongoing – last report in February**	March 2016	
7	BM15-16/242	Ensure future Vanguard reports link into the Board Assurance Framework	MC	**Completed**	March 2016	
8	BM15-16/243	Provide a weekly progress report on A & E in light of current performance	CO	**ongoing**		

Item 9.5.2 - BoD Action Log

9	BM15-16/244	Further work recommended on the performance report to ensure that the anticipated impact of planned action was captured, together with the risks, which would aid with future evaluation and analysis	MB		March 2016	
10	BM15-16/243	The Board recommended that the Finance Business Performance and Assurance Committee undertake a "deep dive" into the revised forecast deficit of £15M	GL	**Completed**	February 2016	
11	BM15-16/245	Evaluate the level of investment in nursing versus the planned reduction in agency costs, sickness levels and the qualitative benefits of harm free care and improved staff satisfaction	GW	**Included in the Nurse Staffing Report for March 16 - completed**	March 2016	
12	BM15-16/245	The Board agreed to review capacity and capability of the nursing workforce in future reports by including a suite of indicators and metrics which focus on mentorship/ perceptorship and safety	GW	**Metrics under development – to be included in report for April 16**	March 2016	
13	BM15-16/253	Consider the impact of financial penalties and any links to the BAF	GL	**Completed**	March 2016	
14	BM15-16/250	Undertake a review of the Board's risk appetite as part of the risk management review	CS	**Planned as part of Board Development Session in March 16**	March 2016	
Date of Meeting 25.11.16						
15	BM15-16/193	Quality and Safety Committee to review the actions being undertaken to improve the AQ indicator for Fractured Neck of Femur	GW/MW	**Completed**	To be included in Chair's report March 16	

Date of Meeting 28.10.15						
16	BM 15-16/163	Surgical Activity -The Board asked for consideration to be given to reporting routinely how and where beds were being protected as well as where these had been absorbed hence impacting on performance.	MB/SG		November 2015	
17	BM 15-16/163	RTT - The Board requested that further consideration be given to implementing an "early warning system" thus using the technology the Trust has.	MB/SG	**Regular updates to the Board provided – next briefing due March 16**	November 2015	
Date of Meeting 30.09.15						
18	BM 15-16/132	The Board requested that the actions being taken to address areas of under performance in the performance report ranked in terms of desired impact, where possible, to aid with review.	MB		October 2015	
Date of Meeting 29.04.15						
19	BM 15-16/015	Provide the Board with a monthly update on CQC improvement against compliance	EM/CS	**Ongoing**	March 16	