Wirral University Teaching Hospital NHS
NHS Foundation Trust

Board of Directors

Public Board

28 September 2016

wuth.nhs.uk
@wuthnhs #proud

MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 28th SEPTEMBER 2016
COMMENCING AT 9.00AM IN THE
BOARD ROOM
EDUCATION CENTRE, ARROWE PARK HOSPITAL

AGENDA

1.	**Apologies for Absence** Chairman	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	d

6. Performance and Improvement

6.1	**Integrated Performance Report**	
	6.1.1 Integrated Dashboard and Exception Reports Chief Operating Officer	d
	6.1.2 Month 5 Finance and Cost Improvement Programme Report Director of Finance	d

7. Quality and Safety

7.1	**Report of the Quality and Safety Committee** Chair of the Committee	d
7.2	**Nurse Staffing Report** Director of Nursing and Midwifery	d
7.3	**CQC Action Plan Progress** Director of Nursing and Midwifery	d
7.4	**National In-Patient Survey** Director of Nursing and Midwifery	d
7.5	**NHS England EPRR Core Standards Compliance Report** Chief Operating Officer / Head of Emergency Preparedness	d

8. Governance

8.1	**External Assurance** • **NHSI Q1 Letter** Director of Corporate Affairs	d

8.2	**Report of the Finance Business Performance & Assurance Committee** Chair of Finance Business Performance & Assurance Committee	d
8.3	**Chair of the Audit Committee Report** Chair of the Audit Committee	d
8.4	**Board of Directors**	d
	8.4.1 Minutes of the Previous Meeting • **27 July 2016**	
	8.4.2 Board Action Log Director of Corporate Affairs	

9. Standing Items

9.1	**Items for BAF/Risk Register** Chairman	v
9.2	**Items to be considered by Assurance Committees** Chairman	v
9.3	**Any Other Business** Chairman	v
9.4	**Date and Time of Next Meeting** Wednesday 26th October 2016 at 9am	v

Agenda

Board of Directors	
Agenda Item	5
Title of Report	Chief Executive's Report
Date of Meeting	28 September 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

This report provides an overview of work undertaken and important announcements over the reporting period.

Internal

- **Medical Director**

I am pleased to announce that the interviews for the new Medical Director took place on the 20th September 2016 and the Trust was successful in appointing to this position. The Trust is currently in discussion with the successful candidate in order to determine a start date.

- **Director of Informatics and Infrastructure**

The Trust has also now set the date for the interviews for the new Director of Informatics and Infrastructure following the resignation of Mr Mark Blakeman who has been successful in securing a position with NHS England. The interviews are likely to be concluded by early October 2016.

Again, at this juncture, we are optimistic of making a high quality appointment.

Regulatory

- **NHS Improvement/NHS England**

NHS Improvement and NHS England met with health and social care economy partners on 22nd September 2016 to discuss plans to achieve the £5M health economy system control target. An oral update from the meeting will be provided at the Board Meeting.

- **Care Quality Commission**

The Trust has its next engagement meeting planned for 29th September 2016. At this meeting the intention is to discuss potential timescales for re-inspection. In preparation for this the Trust has undertaken a series of "deep dive" events with Divisional and Corporate Leads to ascertain its state of readiness. Good progress has been made in the four priority areas.

External

- **Junior Doctors Industrial Action**

At the time of writing this is a dynamic situation, however, the Director of Operations and Business Continuity Lead have met to develop robust contingency plans.

- **A & E Delivery Board**

The Trust has been reconfiguring the System Resilience Group to take on the responsibilities outlined by NHS Improvement, NHS England and Adult Social Services in the A & E Improvement Plan for 2016/17. The new A & E Delivery Board will be chaired by myself and will focus on the five mandated initiatives as follows:

1) Streaming at the front door – to ambulatory and primary care.
2) NHS 111 – Increasing the number of calls transferred for clinical advice.
3) Ambulances – DoD and code review pilots; HEE increasing workforce.
4) Improved flow – 'must do's that each Trust should implement to enhance patient flow.

5) Discharge – mandating 'Discharge to Assess' and 'trusted assessor' type models.

After consultation with the regulators if has been agreed that this Board will operate on a Wirral and West Cheshire footprint. Suitable arrangements have been agreed with key stakeholders and in line with requirements a full baseline assessment of before, during and after hospital stay has been completed and submitted by the 13th September deadline.

Strategy

- **Sustainability and Transformation Plan STP**

There is a considerable amount of effort being expended to develop four project initial documents (PIDs) for the Local Delivery Sustainability Plan for submission to the STP to support the national deadline submission of the 21st October. WUTH are leading the PID on clinical variation and hospital reconfiguration which is regarded as the most complex of the suite.

- **Acute Care Alliance**

Although elements of the portfolio are progressing on a Wirral / Countess of Chester basis the majority are currently subsumed within broader Wirral and Cheshire conversations, particularly across the four hospitals where emphasis lies on back and middle office collaboration. CEO leads have been identified with, for example, myself leading on IM&T, EBME and Radiology. Whilst the broader Cheshire footprint potential is being examined this has essentially slowed down elements of the acute care collaboration transformation work.

- **Healthy Wirral**

Although some good progress has been made in discussions with AQuA to develop the thinking and roadmap for a Wirral based Accountable Care partnership, it is clear that the direction of travel is to consider a larger footprint with the STP / LDSP being considered as delivery as well as planning structures. This is a dynamic situation and an oral update will be given to the Board.

- **GP Federation**

Good progress has been made is establishing a positive relationship with one of the emerging GP Federations with next steps including a joint workshop and development of a Service level agreement. A further meeting is planned for early November.

Celebrating Success

- **HSJ Awards**

The HSJ Awards 2016 have been announced and our Trust has been recognised in no fewer than four categories this year.

Category	Entry
Chief Executive of the Year	David Allison
Clinical Leader of the Year	Dr Oliver Rackham
Specialist Service Redesign	Outpatient Parenteral Antimicrobial Therapy (OPAT)
Patient Safety	Implementation of a preventative strategy to manage and contain CPE

- **PROUD Awards**

The PROUD Awards evening was held on the 13th September and those recognised were:

Patient Focus Award: The Leverhulme Day Surgery Unit
Respect Award: Sylvia Leighton and Irene Scott
Ownership Award: Dr Paul Flanagan
Unity Award: The Swim Team! Comprising of the Neonatal Unit, Eden Suite and E.B.M.E
Dedication Award: Ward 20
Learner of the Year Award: Ethan Briscoe
Innovation and Technology Award: The Sepsis Improvement Team
Volunteer of the Year Award: Paul Dixon
Patient Choice Award: The Older Person's Assessment Unit
Team of the Year Award: The Emergency Department
Employee of the Year Award: Margie Davies

- **Global Digital Exemplar (GDE)**

As announced by Jeremy Hunt at NHS England's Health and Care Innovation Expo 2016, WUTH have been confirmed as a Global Digital Exemplar (GDE). This is very positive for our status and as a digital centre of excellence will help to pioneer best practice and dedication to training colleagues in digital skills. It will also strengthen our work with the Wirral Cerner Millennium system and roll out of Population Health Management

Having been chosen as a "global exemplar" Trust we expect to receive funding to deliver pioneering approaches and help others in the NHS learn from our experience. We were one of only 12 trusts to achieve the status and are among just two in the Merseyside and Cheshire region. Initial communication received indicates the £10.0m will be received in three equal tranches with the first tranche being received in the current financial year.

- **Building on Success – Staff Engagement**

The Trust continues to make steady progress since our last much improved national staff survey in addressing what matters to our staff.

The latest Staff Friends and Family Results and Staff Engagement Score show steady improvement with 86% of staff recommending the Trust for care and 64% recommending the Trust as a place to work in Quarter 2. Our Staff Engagement performance showed a similar improvement having been driven across the organization by a strong focus on the staff engagement agenda, reaching 3.97 in Quarter 2.

David Allison
Chief Executive

September 2016

BOARD OF DIRECTORS	
Agenda Item	6.1.1
Title of Report	Integrated Dashboard and Exception Reports
Date of Meeting	28 September 2016
Author	John Halliday, Assistant Director of Information Chris Oliver, Director of Operations
Accountable Executive	Janelle Holmes Chief Operating Officer
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 August 2016.

2. Summary of Performance Issues

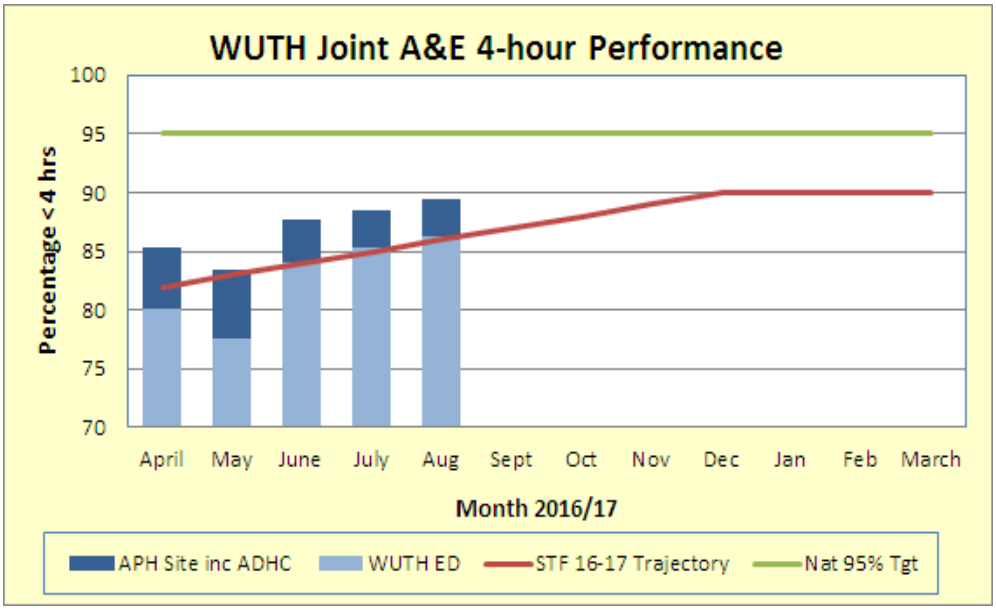
Whilst there has been some significant improvement in a number of areas, operationally the Trust continues to struggle to achieve against its operational objectives (Operational Excellence and External Validation domains).
The key issues relating to external validation is achievement of the A&E and RTT targets, with detailed comments against each area below.

3. Detailed Explanation of Performance and Actions

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

Against the A&E standard of a minimum 95% of patients to be admitted, transferred or discharged within four hours, the month of August was 89.48% as measured across a combined ED and All Day Health Centre performance at the Arrowe Park site. ED alone was 86.26%.

The performance in August for the emergency access standard although not achieving the regulatory compliance level of 95% was above the Sustainability and Transformation Fund (STF) trajectory of 86%, and is illustrated below.



The Task and Finish groups continue to meet and challenge on delivery and sustainability of improvements being made both within the Trust and with economy leads.

Positive progress is being made with regards to Discharge to Assess. A pilot is due to start mid October whereby patients will be discharged from hospital to their own home to have social care assessments undertaken in their own home environment. The pilot includes community wrap around care to ensure all discharges are safe. The pilot aims to start with five discharge to assess discharges per week.

The Emergency Care Improvement Team are due to visit Wirral w/c 10th October to review the economy's progress against the three workstreams:-

- Single Point of Access (Lead: Community Trust & CCG)
- Patient Flow (Lead: WUTH)
- Discharge to Assess (Lead: Wirral Social Services)

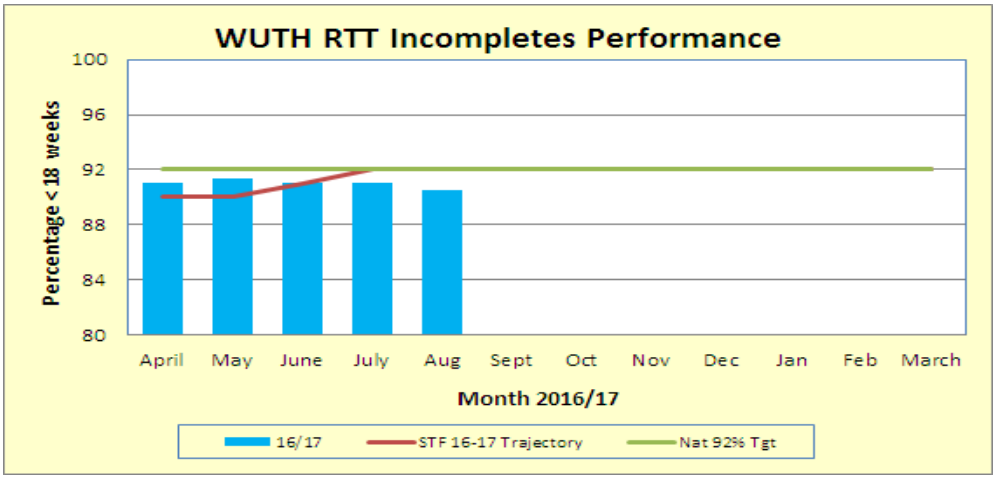
In addition the first Wirral Health economy A&E Recovery Board is scheduled to take place on 29th September where partners will be held to account on their delivery of the agreed actions to support emergency & non elective flow across the health economy

b. 18 Weeks RTT

The focus of RTT is now solely on the incomplete standard, with the threshold set at a minimum 92% of patients waiting to be at 18 weeks or less. The Trust is judged externally by the total waiting across all specialties.

As expected the Trust did not achieve the national standard and STF trajectory at the end of August, with the final position being reported at 90.58%.

As noted in August's flash report to the Board the Trust took the decision to suspend all waiting list initiatives excluding those to support cancer referrals. Therefore the reduction in performance in August was expected.



The national specialties that are not achieving and contribute to the Trust's overall failure are ENT, General Surgery (with the failing areas in colorectal, upper gastrointestinal surgery, and vascular), Ophthalmology, Oral Surgery, Trauma & Orthopaedics and "Other" which includes numerous specialties but notably Community Paediatrics.

The Trust is progressing against the action plan to deliver sustainable RTT compliance. In September the Trust will complete the mapping of all RTT processes as it tailors a training package by area of workforce. Recruitment is also underway for patient pathway trackers to transition the Trust from a reactive validation process to proactive patient management.

c. Infection Control

For C Difficile, there have been three cases in the month of August, however none were considered avoidable. The year-to-date position remains at 4 cases, and below the maximum plan trajectory of 9 five cases for this period.

d. Cancer

For Cancer access targets, the 62-day standard continues to be the most difficult to achieve, and this is reflected in performance levels at a national level. This particular standard also has an explicit line in STF trajectories, with the expectation the 85% standard will be achieved each month. Cancer waiting time performance is published 2 months in arrears due to the time required to confirm diagnosis and share patient pathways breaches between providers. The current performance against the 62-day Cancer standard for the current quarter is detailed in the dashboard.

e. Advancing Quality indicators

The latest month reported is June's data, and as expected performance is much improved in Heart Failure, being one point below the target, and in Community Acquired Pneumonia which is above the target. The sustained delivery of the AQ measures will be a key theme within the 'reducing clinical variation' work.

f. Never Event

There has been one never event reported in August. The incident was reported on StEIS and an RCA is currently underway.

4. Recommendation

The Board of Directors are asked to:
Note the Trust's current performance to the end of August 2016.

WUTH Integrated Performance Dashboard - Report on August for September 2016 BoD

Area	Indicator / BAF	June	July	August	Trend / Future Concern	*Target (for 'Green')*	Latest Period	Exec Lead
Meeting Our Vision	**Satisfaction Rates**							
	Patient - F&F "Recommend" Rate	99%	96%	98%		>=95%	August 2016	GW
	Patient - F&F "Not Recommend" Rate	1%	2%	1%		<=2%	August 2016	GW
	Staff Satisfaction (engagement)	3.82	3.82	3.82		>=3.69	Q1 2016/17	JM
	First Choice Locally & Regionally							
	Market Share Wirral	81.7%	81.9%	81.4%		>= 85%	March to May 2016	MC
	Demand Referral Rates	-2.9%	-6.5%	-5.8%		>= 3% YoY variance	Fin Yr-on-Yr to Aug 2016	MC
	Market Share Non-Wirral	9.2%	9.0%	9.0%		>=8%	March to May 2016	MC
	Strategic Objectives							
	Harm Free Care	96%	97%	96%		>= 95%	August 2016	GW
	HIMMs Level	5	5	5		5	August 2016	MB
Operational Excellence	**Key Performance Indicators**							
	A&E 4 Hour Standard *	87.62%	88.55%	89.48%		>=95%	August 2016	CO
	RTT 18 Weeks Incomplete Position *	91.00%	91.02%	90.58%		>=92%	August 2016	CO
	Cancer Waiting Time Standards *	On track	On track	On track		All met at Trust level	Q2 to Aug 2016	CO
	Infection Control *	0 MRSA; 3 C diff	0 MRSA; 4 C diff	0 MRSA; 4 C diff		0 MRSA Bacteraemia in month, and cdiff less than cumulative trajectory	August 2016	GW
	Productivity							
	Delayed Transfers of Care	43	42	32		Metric definition redefined	August 2016	CO
	Delayed Complex Care Packages	51	58	60		<= 45	August 2016	CO
	Bed Occupancy	93.1%	88.2%	88.4%		<=85%	August 2016	CO
	Bed Occupancy Medicine	93.7%	92.2%	89.1%		<=85%	August 2016	CO
	Theatre Utilisation	Under review	Under review	Under review		>=85%	August 2016	CO
	Outpatient DNA Rate	8.1%	8.0%	8.4%		<=6.5%	August 2016	CO
	Outpatient Utilisation	82.8%	80.2%	78.9%		>90%	August 2016	CO
	Length of Stay - Non Elective Medicine	4.7	5.0	4.9		<= 5.0	August 2016	CO
	Length of Stay - Non-elective Trust	4.5	4.5	4.6		<=4.2	August 2016	CO
	Contract Performance (activity)	-1.6%	-2.6%	-3.1%		0% or greater	August 2016	CO
	Finance							
	Contract Performance (finance)	0.9%	0.3%	0.5%		On Plan or Above YTD	August 2016	DJ
	Expenditure Performance	-0.9%	-1.5%	-1.8%		On Plan or Below YTD	August 2016	DJ
	CIP Performance	-18.6%	-16.7%	-15.1%		On Plan or Above	August 2016	DJ
	Capital Programme	66.7%	40.8%	58.4%		On Plan	August 2016	DJ
	Non-Core Spend	10.3%	10.3%	10.2%		<5%	August 2016	DJ
	Cash Position	-52%	41%	38%		On plan or above YTD	August 2016	DJ
	Cash - liquidity days	-25.4	-26.2	-25.7		> 0 days	August 2016	DJ
A Healthy Organisation	**Clinical Outcomes**							
	Never Events	0	0	1		0 per month	August 2016	ML
	Complaints	35.6	35.6	33.1		<30 per month	12-mth ave to Aug 2016	GW
	Workforce							
	Attendance	95.8%	95.7%	95.7%		>= 96%	August 2016	JM
	Qualified Nurse Vacancies	3.7%	2.1%	2.9%		<=6.5%	August 2016	GW
	Mandatory Training	88.5%	90.1%	92.1%		>= 95%	August 2016	JM
	Appraisal	87.39%	87.09%	87.76%		>= 85%	August 2016	JM
	Turnover	9.7%	9.99%	9.98%		<10%	August 2016	JM
	Agency Spend	-3.9%	0.5%	1.1%		On plan	August 2016	GW
	Agency Cap	142	193	183		0	August 2016	JM
External Validation	**National Comparators**							
	Advancing Quality (not achieving)	3	3	2		All areas above target	August 2016	ML
	Mortality: HSMR	88.38	90.75	79.96		Lower CI < 0.90	April to May 2016	ML
	Mortality: SHMI	0.983	0.983	0.983		Lower CI < 90	Jan to Dec 2015	ML
	Regulatory Bodies							
	Monitor Risk Rating - Finance CoS	2	2	2		4	August 2016	DJ
	Monitor Risk Rating - Governance	Red	Red	Red		Green	August 2016	CO
	CQC	Amber	Amber	Amber		Overall CQC rating Requires Improvement	August 2016	ML
	Local View							
	Commissioning - Contract KPIs	4	4	5		<=2	August 2016	CO

Note: * Indicators of governance concern under NHS Improvement (Monitor) Risk Assessment Framework

Quarter	2
Period	01/07/2016 - 30/09/2016

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 2 - Total

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	2	0	2	7.5	0	7.5	73.33%	73.33%
	Lung	1	0	1	8.5	0	8.5	88.24%	88.24%
	Other	0	0	0	0.5	0	0.5	100.00%	100.00%
Med & Surg	Upper GI	2	0	2	8.5	0	8.5	76.47%	76.47%
Surgery	Breast	2	0	2	30.5	0	30.5	93.44%	93.44%
	Colorectal	2	0	2	10	0	10	80.00%	80.00%
	Head & Neck	1	0	1	3	0	3	66.67%	66.67%
	Skin	2	0	2	35.5	0	35.5	94.37%	94.37%
	Urology	6	0	6	26.5	0	26.5	77.36%	77.36%
Women's	Gynaecology	1	0	1	8	0	8	87.50%	87.50%
	Total	**19**	**0**	**19**	**138.5**	**0**	**138.5**	86.28%	86.28%

Quarter 2 - July

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	1	0	1	3.5	0	3.5	71.43%	71.43%
	Lung	0	0	0	5.5	0	5.5	100.00%	100.00%
	Other	0	0	0	0.5	0	0.5	100.00%	100.00%
Med & Surg	Upper GI	1	0	1	3.5	0	3.5	71.43%	71.43%
Surgery	Breast	2	0	2	16.5	0	16.5	87.88%	87.88%
	Colorectal	1	0	1	5	0	5	80.00%	80.00%
	Head & Neck	0	0	0	1.5	0	1.5	100.00%	100.00%
	Skin	1	0	1	19	0	19	94.74%	94.74%
	Urology	4	0	4	18.5	0	18.5	78.38%	78.38%
Women's	Gynaecology	1	0	1	5	0	5	80.00%	80.00%
	Total	**11**	**0**	**11**	**78.5**	**0**	**78.5**	85.99%	85.99%

Quarter 2 - August

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	1	0	1	4	0	4	75.00%	75.00%
	Lung	1	0	1	3	0	3	66.67%	66.67%
	Other	0	0	0	0	0	0	N/A	N/A
Med & Surg	Upper GI	1	0	1	5	0	5	80.00%	80.00%
Surgery	Breast	0	0	0	14	0	14	100.00%	100.00%
	Colorectal	1	0	1	5	0	5	80.00%	80.00%
	Head & Neck	1	0	1	1.5	0	1.5	33.33%	33.33%
	Skin	1	0	1	16.5	0	16.5	93.94%	93.94%
	Urology	2	0	2	8	0	8	75.00%	75.00%
Women's	Gynaecology	0	0	0	3	0	3	100.00%	100.00%
	Total	**8**	**0**	**8**	**60**	**0**	**60**	86.67%	86.67%

Quarter 2 - September

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

Board of Directors	
Agenda Item	6.1.2
Title of Report	Month 5 Finance and Cost Improvement Programme Report
Date of Meeting	28th September 2016
Author	Gareth Lawrence, Deputy Director of Finance
Accountable Executive	David Jago, Executive 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

Overview

This paper provides an update to the Board of Directors on the financial performance of the Trust at Month 5 (31st August 2016) of the 2016/17 financial year.

During the month of August the Trust has delivered an £(813)k deficit which was some £66k better than the planned deficit of £(879)k. The Trust is reporting a cumulative deficit of £(3,811)k which is £(1,034)k adverse to the planned deficit of £(2,777)k.

The Trust has delivered £3,149k of efficiencies as at the end of August against the target of £3,775k. This delivery includes non-recurrent savings delivered by divisions of £460k.

Cash balances at the end of August stood at £4,784k which is some £1,312k above plan. The increased cash position is a result of lower than planned capital expenditure and increased drawdown on the working capital facility (WCF). This has been offset by EBITDA performance and movements on working capital.

The overall Month 5 financial position delivers a financial sustainability risk rating (FSRR) of 2 which is in line with plan albeit with variance to individual metrics. A further c£410k reduction in the I&E performance would have triggered delivery of a risk rating of 1 (highest possible risk).

As discussed in previous papers, failure to deliver the Q2 position would result in the Sustainability and Transformation funding (STF) being withheld. This would deteriorate the cumulative deficit position by a further c£2.5m. Recovery actions by divisions and corporate functions have been identified and agreed to mitigate risk to delivery of the quarter 2 financial plan profile.

Income and Expenditure Performance

In March 2016 the Board of Directors agreed to the control total set by NHSI that enabled access to the STF. Table 1 below details the current performance against the submitted plan.

Table 1: Summary Financial Statement

SUMMARY FINANCIAL STATEMENT							
	PLAN	MONTH 5			YTD		
	Full Year Plan £k	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
NHS Clinical Income	294,936	24,168	24,464	296	122,164	122,746	583
Other Income	29,987	2,475	2,998	523	12,260	13,064	804
Employee Expenses	(213,301)	(18,265)	(18,456)	(191)	(91,022)	(93,293)	(2,271)
All Other Operational Expenses	(97,768)	(8,120)	(8,664)	(544)	(40,608)	(40,684)	(74)
EBITDA	13,854	258	342	84	2,794	1,834	(959)
Post EBITDA Items	(13,673)	(1,137)	(1,155)	(18)	(5,571)	(5,645)	(74)
Net Surplus/(Deficit)	181	(879)	(813)	66	(2,777)	(3,811)	(1,034)
EBITDA %	4.3%	1.0%	1.2%	0.3%	2.1%	1.4%	(0.7%)

As previously reported to the Board of Directors agreement has been reached with Wirral CCG for an envelope contract value for 2016/17 which covers c80% of the Trusts clinical income. In the absence of the 'envelope' agreement the income position would have deteriorated by £1,721k. This can be analysed into two elements: non achievement of activity plan £1,101k and the re-profile of clinical income into 12ths £620k.

Included within the cumulative position is the assumption that the Trust will receive 100% of the STF funding £4,125k.

During the period overall PbR activity under performed from an activity perspective. However, as casemix was richer in certain areas, this supported the position despite the increase in penalties of (£178k). Non PbR income was slightly ahead of plan.

Cumulatively all PODs are underperforming in terms of actual activity delivered against the submitted plan, with the exception of NEL and EL excess bed days, and outpatient procedures. An element of the under recovery reflects the junior doctor industrial action in April, where the Trust had to cancel planned elective work amounting to some £500k. However, the position also reflects a richer case mix which has impacted the financial position in non-elective activity. The year to date over recovery in Non PbR areas, mainly reflects over performances in rehabilitation, neonatal and direct access pathology activity.

The financial effect of penalties in relation to the 4 hr A&E breaches, referral to treatment (RTT) - 18 week access targets, (62 days) urgent GP referrals for cancer, and six weeks referrals for diagnostic tests are included with the recovery trajectories to access the Sustainability and Transformation Fund (STF), cumulatively the Trust has achieved against all proposed targets during quarter 1.

The financial "envelope" agreed with the CCG is inclusive of all CQUINs payments, however proposed schemes will be shadow monitored on a quarterly basis.

Performance against other associate contracts e.g West Cheshire and Liverpool CCG continue to perform above plan cumulatively, this, however, is slightly offset by the Specialised Services contracts (NHSE and Dental) which continue to report below plan performance.

Operational expenditure is currently above plan for the month of August by £ (735)k and £(2,345)k cumulatively.

Pay costs are £(191)k above plan in month and are cumulatively £(2,273)k above plan. In month non recurrent savings were delivered which reduced the pay run rate compared to previous months. The main drivers of the pay pressures are:

- the continued utilisation of escalation areas which has resulted in increased nursing, medical costs and support costs of £(498)k cumulatively. Escalation areas continue to be utilised and due to the fluidity of their needs have been staffed by bank and agency which increases the financial pressure.
- medical staffing in the Emergency Department (ED) has resulted in costs above plan of £(323)k ytd with further ED nursing pressures for triage of £(128)k.
- use of waiting lists to achieve RTT in gastroenterology has resulted in a £(128)k pressure, a further £(321)k in Surgical specialties for RTT/Cancer targets and £(157)k for Community Paediatrics. It is expected that these pressures will reduce from September as the divisions continually review their capacity in line with the task and finish groups that have been implemented to support RTT performance and where appropriate cessation of waiting list payments.
- Other senior medical staffing pressures equate to a further £(186)k largely in radiology and paediatric audiology and gaps in the junior doctor rotas have resulted in a financial pressure of £(354)k largely in the surgical and women & children's specialties. This is expected to reduce in September with a better rota allocation in August.

- Nursing spend largely due to patient acuity pressures and vacancies has resulted in a further £(116)k nursing pressure.
- CIP slippage represents a further £(311)k pressure.
- Adverse pay expenditure performance is further offset by vacancies, reserve slippage and non-recurrent support.

Non pay costs are above plan in month by £(546)k. Some £(379)k of this expenditure has been driven by Cerner population health expenditure that has been offset within income. The cumulative non-pay position is a £(74)k adverse variance to plan.

As part of the STF the Trust agreed to an overall cap on agency of £8,112k for the financial year. At the end of August the Trust has spent £3,495k on agency which is marginally below plan by £112k.

The Trust continues to work with all agencies and Trusts within the STP footprint on reducing the unit price of agency in line with NHSI targets. Compliance against this measure continues to be reported through the Senior Management Team with exceptions signed off by the Executive Team.

Cost Improvement Programme (CIP)

The CIP target for 2016/17 is £11,200k. The target is split both divisionally and by the respective work streams. As at the end of the Month 5 the Trust is £(627)k behind the target of £3,775k. The position has been supported by non-recurrent mitigation savings identified within the divisions as they continue to develop and deliver the various work streams. The mitigation savings supporting the ytd position equate to £460k.

Table 2 below details the month 5 position for CIP by Division and by work-stream.

	YTD			In Year			Recurrent		
Theme	NHSI Plan £k	Actual £k	Variance £k	NHSI Plan £k	Forecast £k	Variance £k	NHSI Plan £k	Forecast £k	Variance £k
Productivity & Efficiency	1,161	652	(510)	3,573	2,436	(1,137)	3,573	3,592	19
Workforce	907	536	(371)	2,518	2,141	(377)	2,518	2,522	4
Cost Control & Management	685	729	44	2,449	1,863	(586)	2,449	1,510	(939)
Estate Management	345	215	(130)	999	755	(244)	999	1,017	18
Income	468	449	(19)	1,300	1,302	2	1,300	1,303	3
Other Schemes	210	568	359	361	1,012	651	498	790	292
	3,775	3,149	(627)	11,200	9,510	(1,690)	11,337	10,733	(604)
Division	£k	£k	£k	£k	£k	£k	£k	£k	£k
Medicine & Acute	1,129	446	(684)	3,060	1,596	(1,464)	3,060	2,311	(749)
Surgery, Women & Children	1,262	793	(470)	3,630	2,778	(852)	3,630	3,645	15
Clinical Support Services	621	433	(188)	1,700	1,032	(668)	1,700	1,162	(538)
Corporate	655	1,061	406	1,810	2,754	944	1,810	2,307	497
Central	107	417	309	1,000	1,350	350	1,137	1,308	171
	3,775	3,149	(627)	11,200	9,510	(1,690)	11,337	10,733	(604)

The latest in year forecast has increased by £181k to £9,510k. An additional £608k of schemes have been signed off in month, however there has been some further slippage on schemes in delivery leaving the forecast on fully developed schemes at £8,408k. This, together with the plans in progress, opportunities and mitigation savings gives the current in year forecast of £9,510k. Work continues within the respective work streams and divisions to bridge the gap with some of the ideas identified as part of the recovery plan to be brought into CIP.

A new governance structure has now been implemented which will provide additional focus on delivery of the approved schemes to ensure that the risks identified are mitigated and the benefits realization maximised. Currently, of the £8,408k fully developed schemes,

£1,638k are risk rated amber and £478k red in terms of level of confidence in delivery of the forecast benefits. Appendix 1 displays the status of the schemes within the current programme and their expected delivery. The challenge remains to convert more ideas, plans and opportunities into expenditure releasing schemes as we progress throughout the year and to ensure delivery of the planned benefits.

The Board of Directors is reminded that the above figures are exclusive of the health economy challenge of £5,000k that has been included within the submitted plans approved by the Board of Directors. This was discussed with NHSI as part of the recent PRM with the Trust. The in year forecast for CIP included in the return to NHSI at month 5 will continue to be held at the target £11,200k pending the outcome of the next PRM.

Cash position and Financial Sustainability Risk Rating (FSRR)

The August cash balance position was £4,784k, which is £1,312k, above plan. The increased cash position is a result of lower than planned capital expenditure and increased drawdown on the WCF. This has been offset by EBITDA performance and movements on working capital.

Capital expenditure is £1,761k, under plan as at the end of August as a result of delayed start to some capital spends as detailed in the table below; there are no major concerns on this timing difference.

Year ending 31 March 2017 **Position as at 31 August 2016**	**YTD** **Budget** **£k**	 **Actual** **£k**	 **Variance** **£k**
Funding			
Depreciation [1]	2,997	1,236	1,761
Additional external (donations / grant) funding	6	6	0
Total funding	**3,003**	**1,242**	**1,761**
Expenditure - schemes			
Medical equipment - *Medicine and Acute Care*	450	126	324
Medical equipment - *Surgery, Women's and Children's*	397	45	352
Medical equipment - *Clinical Support and Diagnostics*	42	0	42
General IT	199	70	129
Cerner	440	17	423
Ward refurbishments - Ward 15 (AMU)	178	397	(219)
Ward refurbishments - *to be confirmed*	0	0	0
Relocation of Wirral Neuro - M2	667	18	649
Backlog maintenance - APH and CGH	250	296	(46)
All other expenditures	0	198	(198)
Unallocated resource - contingency	359	54	305
Donated assets	21	21	0
Total expenditure (accruals basis)	**3,003**	**1,242**	**1,761**

The overall position returns a FSRR of 2, which is in line with plan. Without the current advantages that the Trust is obtaining via the envelope the FSRR would have been a 1 which is the highest level of risk associated to Foundation Trusts.

	Metric	Descriptor	Weighting %	Year to Date Plan		Year to Date Actual		Full Year Plan	
				Metric	*Rating*	*Metric*	*Rating*	*Metric*	*Rating*
Continuity of Services	**Liquidity (days)**	Shows ratio of liquid assets to total costs	25%	-26.3	1	-26.2	1	-24.1	1
	Capital Service Cover (times)	Shows revenue available for capital service	25%	1.6	2	1.0	1	2.4	3
Financial Efficiency	**I&E Margin (%)**	Shows underlying performance	25%	-1.8%	1	-2.7%	1	0.1%	3
	I&E Margin Variance from Plan (%)	Shows quality of planning and financial control	25%	-0.5%	3	-1.0%	3	-0.5%	3
Overall NHSI FSRR					**2**		**2**		**2**

Conclusion

The Trust has delivered an in month deficit of £(813)k which is £66k favourable to plan. This performance has only been delivered by support from the envelope agreed with Wirral CCG and the release of a £500k of non-recurrent provision.

As a result of non-delivery of the cumulative planned deficit the Trust will need to recover this position before the end of Q2 in order to access the sustainability and transformation fund of £2.5m. While the recovery actions will help to deliver the Q2 performance further work is underway to bridge the remaining gap.

The Board are asked to note the non-recurrent support within the position and the additional pressure this will put on the underlying financial position of the Trust entering into Q3/4 and 2017/18 planning.

While the current financial plan delivers a FSRR of 2 which is line with plan this has only been achieved as a result of the actions described above.

Recommendations

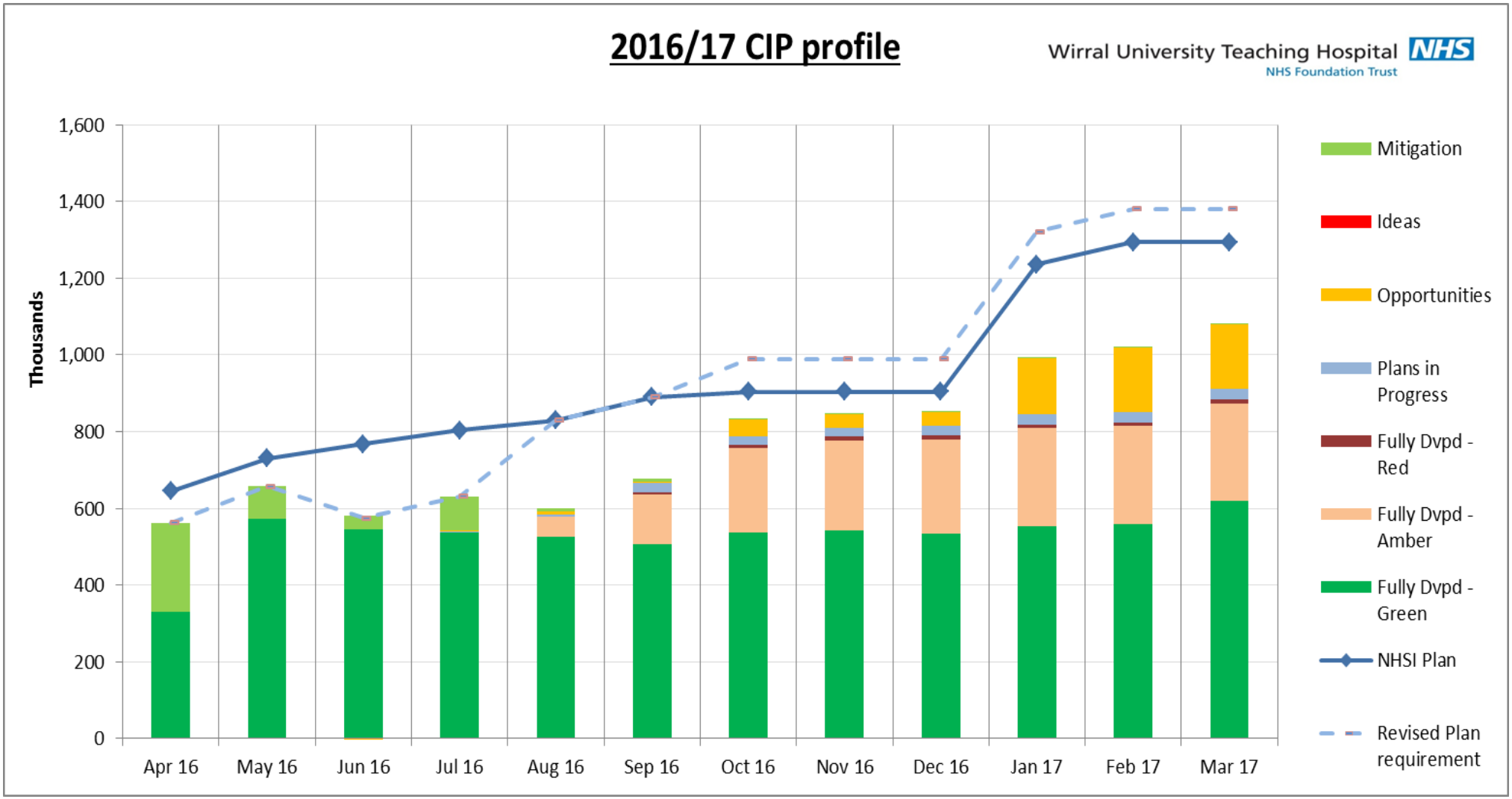
The Board of Directors are asked to note the contents of this report.

David Jago

Director of Finance
September 2016

Appendix 1: CIP Monthly Profile

The following chart highlights the CIP trajectory by Monitor Status and Risk Rating for the year, as at M4.



Board of Directors	
Agenda Item	7.1
Title of Report	Report of the Quality & Safety Committee 14 September 2016
Date of Meeting	28 September 2016
Author	Cathy Maddaford, Chair of the Quality and Safety Committee
Accountable Executive	Gaynor Westray, Director of Nursing and Midwifery
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 14 September 2016. Key focus areas are those which address the gaps in assurance/control in the Board Assurance Framework.

Board Assurance Framework

The Committee agreed to support the proposed revisions to the Board Assurance Framework (BAF), which included the adoption of a thematic approach which aligned the Trust's high level risks to the 5 areas outlined within the Single Oversight Framework (Quality of Care, Finance & Use of Resources, Operational Performance, Strategic Change, and Leadership & Improvement). The Committee also welcomed the categorisation of risks (open, moderate, cautious) by theme taking into account the feedback from the risk appetite session with Mersey Internal Audit Agency (MIAA) and was pleased to note the retained focus on achieving the Trust's strategic objectives and key measures.

The Committee was agreeable to the revised format of the BAF which would enable the Committee to more effectively monitor emerging and topical risks whilst retaining a succinct report and welcomed the introduction of a BAF summary document to promote focus on risks relevant to the individual Assurance Committees.

The Committee noted that the Senior Management Team had begun to populate the strategic risk templates which would be presented to the Board of Directors in September 2016 for approval of content and risk scores.

CLIPPE Report

The Committee received the full CLIPPE report for information. The Committee welcomed the current review and proposal to introduce a standardised reporting format for all the relevant data to ensure future triangulation and improved shared learning. A revised CLIPPE report will be produced for the next meeting.

Workforce and OD Dashboard

Good performance was reported, the key highlights being:

- Sickness absence rates were reported as better than the Trust target of 4% at 3.8% for August 2016
- The vacancy rate for Nursing and Midwifery was reported at 2.11% which remained significantly better than the national average and there remained focus on appointing to hard to fill medical consultant posts
- Mandatory training demonstrated a significant increase to achieve a compliance rate of 92.09% for August 2016
- Staff satisfaction continued to show improvement with an August 2016 figure of 3.97 which remained above the national average of 3.79. It was hoped that high levels of staff satisfaction would be reflected through the NHS Staff Survey which would commence shortly.

The Committee noted the success of PROUD Awards which took place on 13 September 2016 and extended its thanks to the Communications Team for organising the event.

CQC Compliance and Assurance Report

The Committee noted the overall positive progress against the Regulatory Plan and the mitigating actions to address slippage in the areas of:

- Records Storage
- Use of 'resuscitation grab bags' in Paediatrics
- Risk Management Strategy
- Maternity Record Keeping
- Diagnostic Test Results

The Committee was pleased to note the outcomes of the CQC Divisional Deep Dives undertaken during August and September, for which the second session had been extended to include input from Corporate Services. A further session was planned for 14 October 2016 and the Committee noted the confidence of the Divisions in their state of readiness which would see the Trust assigned a 'Good' rating, should a comprehensive inspection be conducted in Q1 of 2017/18.

Director of Nursing and Midwifery Performance Report – Q1 2016/17

The Committee was advised of progress made in respect of the Ward Accreditation Programme and was pleased to note the awarding of 'Patient Focused Audit Gold Status' to Ward 30. The Committee noted the triangulation of the Ward Accreditation Programme with other internal inspection/audit initiatives such as the Care Quality Inspections and recognition of compliance with mandatory training and appraisal requirements.

The Committee was apprised of the plans to commission a Step Down Ward at Clatterbridge Hospital in Spring of 2017 to further embed a Discharge to Assess model of care. Work was underway to plan the commissioning and contracting arrangements of the unit.

Quality Account Update – Q1 2016/17

The Committee noted the progress made against the requirements of the Quality Account and was advised of the work undertaken to roll out the SAFER bundle to improve patient flow in the Acute and Medical Division. Ad-hoc visits to the Division had resulted in the observation of improvements in patient flow however further work would be undertaken to fully embed practices by year end.

The Committee was disappointed to note deterioration in several missed medications indicators which were highlighted as part of a point prevalence audit. The Committee noted plans to utilise Cerner to track administration of medications to address the issues identified.

Health and Safety Report – Q1 2016/17

The Committee reviewed the Health and Safety Quarterly Report which confirmed that the asbestos tender for Arrowe Park Hospital had been completed. The asbestos review was expected to be completed by December 2016 and the results evaluated by the Senior Management Team.

The Committee received the action plan arising from the in-depth analysis into injuries and near missises relating to clinical sharps for which progress against was to be monitored by the Health and Safety Partnership Team.

The Committee noted an increase in the number of disruptive/aggressive behaviour employee incidents and the plans to address this issue through staff de-escalation training and the piloting diversional therapy for patients prone to more aggressive behaviour.

Never Events Update

The Committee was alerted to a Never Event which took place in July 2016. It was confirmed to the Committee that and Root Cause Analysis was in progress and corrective procedures would be implemented.

Annual Winter Plan

Following a very well attended LiA, the Winter Plan has been developed building on the successes and learning from last year.

The Committee was advised that the Annual Winter Plan for 2016 would include use of:

- One hospital ward (the escalation ward currently in use),
- Up to 28 beds in a Care Home facility.

The Committee was advised that bed provision within the Care Home facility was yet to be agreed with the Care Home providers. The Committee noted that the Trust would provide clinical support to the Care Home providers in the guise of a wraparound team to facilitate patient flow but that primary responsibility for quality of patient care would lie with the Care Home providers and be subject to review by Wirral Clinical Commissioning Group (WCCG) and Social Services.

Procedures of Limited Clinical Value

The Committee was informed of the WCCG decision to withdraw funding for 125 procedures of limited clinical value for patients who do not fit specified criteria. Work had been undertaken with WCCG to redevelop referral processes to ensure GPs refer only appropriate patients however, the Trust would be expected to assess referrals and decline treatment of inappropriately referred patients.

The Committee was advised that further funding for further procedures of limited clinical value may be withdrawn by WCCG following completion of the current consultation.

The Committee requested that a report outlining the full impact of the withdrawal the 125 procedures of limited clinical value was presented to the Quality and Safety Committee for consideration and outcomes reported to the Board of Directors.

Annual Report Summary

The Committee received the Annual Report Summary which provided a summary of the performance and key achievements of the Trust for 2015/16 in the following areas:

- Incidents
- Legal Services/Claims
- Complaints
- Accountable Officer Controlled Drugs

The Committee noted the overall positive performance in these areas for 2015/16 and was pleased that the Trust will continue to strive to improve performance throughout 2016/17

Cathy Maddaford
Chair of Quality and Safety Committee

BOARD OF DIRECTORS	
Agenda Item	7.2
Title of Report	Nurse Staffing Report - July / August 2016
Date of Meeting	28 September 2016
Author	Clare Pratt, Deputy Director of Nursing Tracey Lewis, Head of Clinical Excellence & Organisational Development Johanna Ashworth-Jones, Senior Analyst
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 continues to report on Care Hours Per Patient Day and CHPPD have remained level across the majority of wards • All Registered Nurses due for revalidation in July and August 2016 have successfully achieved this status
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 Registered Nurse / Midwives and Clinical Support Workers staffing data including vacancy rates and staffing related incidents. The report also includes the details of the Trust's monthly submission of Care Hours Per Patient Day (CHPPD).

2 Recruitment Strategy

A key priority at Wirral University Teaching Hospital is to ensure appropriate nurse staffing levels are established and maintained. The previous investments in nurse staffing, as well as a robust recruitment plan, has ensured that the Trust has a stable nursing and midwifery workforce.

The total Trust vacancy rate for the registered nursing and midwifery workforce in August 2016 was reported as 2.11% which has remained significantly better than the national average of 10%.

When reviewing the vacancy rate for in-patient and Emergency Department Band 5 posts the Trust's electronic staff records (ESR) data identified a vacancy rate of 6.38% for August 2016, this equates to 44.2 WTE Band 5 posts. This increase is partly due to vacancies that will be filled by 16 newly qualified registered nurses who are due to commence employment at WUTH during September 2016.

Table 1 - Band 5 Vacancies Inpatient and Emergency Department Registered Nurses

	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016
Establishment	707.66	707.66	707.66	689.88	689.88	**691.22**	**692.40**
Actual Numbers	658.9	661.82	664.92	653.58	653.02	**656.05**	**648.2**
Vacancies	48.76	45.84	42.74	36.3	36.86	**35.17**	**44.2**
Vacancies %	6.89%	6.48%	6.04%	5.26%	5.34%	**5.09%**	**6.38%**

Current vacancy position by division for August 2016

Surgery, Women and Children's

- Vacancy rate is 4.77% equating to 11.16 WTE Band 5 posts
- Vacancies within this division remain low
- The Division is waiting to welcome the newly qualified nurses
- The Division meets with all leavers to identify any trends

Medicine and Acute

- Vacancy rate is 7.21% equating to 33.04 WTE Band 5 posts
- The Division have experienced some difficulties in recruiting to registered nurse posts and the Associate Director of Nursing is exploring alternative staffing models and skill mix to meet the varying needs of each speciality
- The Division is waiting to welcome the newly qualified nurses

3 Care Hours Per Patient Day (CHPPD)

As set out In Lord Carter's final report, *operational productivity and performance in acute hospitals*; better planning of staff resources is crucial to improving quality of care, staff productivity and financial control. Working closely with Trusts, the Carter Team found there was not a consistent way to record and report staff deployment, meaning that Trusts could not measure and then improve on staff productivity.

One of the obstacles to eliminating unwarranted variation in nursing and clinical support staff deployment across the NHS provider sector has been the absence of a single means of recording and reporting deployment. Conventional units of measurement that have been developed previously, have informed the evidence base for staffing models, such as using WTEs, skill-mix or patient to staff ratios at a point in time, but it is recognised by nurse leaders this may not reflect varying staff allocation across the day or include the wider multidisciplinary team. Also, because of the different ways of recording this data, no consistent way of interpreting productivity and efficiency is straightforward or comparable between organisations.

The report recommended that all Trusts start recording Care Hours per Patient Day (CHPPD) – a single, consistent metric of nursing and clinical support workers deployment on

in-patient wards. This metric will enable Trusts to have the right staff mix in the right place at the right time, delivering the right care for patients.

CHPPD reporting is still in its infancy so there is limited opportunity to benchmark WUTH CHPPD with those reported by similar Trusts. However the Department of Health (DoH) Efficiency Centre has developed a Model Hospital Portal to allow comparison of hospital data across the range of Carter recommendations and the Trust will explore the best way to use this data to benchmark, communicate and share innovative solutions to staffing efficiencies.

Table 2 below details the CHPPD for each ward from May to August 2016 against their overall staffing fill rate.

Traditional Safer Staffing returns did not allow for planned staffing to be altered from month to month to reflect seasonal variance or closure of beds for operational issues. The use of CHPPD hours to support the review of staffing levels provides further assurance for where staffing fill rates may have decreased but CHPPD has remained static. As CHPPD is based on a comparison of the actual staffing levels and ward activity this is recognised as being a better reflection of staffing levels.

Table 2 - CHPPD

Ward	Indicator	May	June	July	August
ITU	CHPPD	**39.5**	**32.6**	**36.3**	**41.6**
	Fill Rate	100%	91%	97%	96%
HDU	CHPPD	**24.3**	**35.1**	**24.6**	**36.3**
	Fill Rate	100%	98%	99%	96%
Ward 10	CHPPD	**7.3**	**6.2**	**8.8**	**6.8**
	Fill Rate	97%	96%	82%	87%
Ward 11	CHPPD	**9.9**	**9**	**10**	**8.9**
	Fill Rate	94%	99%	83%	84%
Ward 12	CHPPD	**11.6**	**10.1**	**10.5**	**9.8**
	Fill Rate	92%	94%	82%	83%
Ward 17	CHPPD	**5.7**	**6.5**	**6.5**	**6.4**
	Fill Rate	99%	120%	114%	101%
Ward 18	CHPPD	**5.7**	**5.8**	**6.2**	**5.8**
	Fill Rate	98%	97%	108%	99%
Ward 20	CHPPD	**5.8**	**6.2**	**5.9**	**6.7**
	Fill Rate	99%	101%	95%	96%
Ward 21	CHPPD	**5.8**	**5.3**	**5.1**	**6.4**
	Fill Rate	95%	92%	94%	96%
Ward 22	CHPPD	**6.6**	**6**	**6.1**	**6.3**
	Fill Rate	100%	107%	103%	99%
Ward 23	CHPPD	**6.7**	**7**	**7.3**	**7.2**
	Fill Rate	100%	111%	111%	110%
Ward 24	CHPPD	**6.1**	**6.9**	**5.8**	**6**
	Fill Rate	98%	111%	93%	96%
OPAU	CHPPD	**9.5**	**8.2**	**8.1**	**8.2**
	Fill Rate	93%	94%	93%	96%
Ward 26	CHPPD	**5.6**	**6.3**	**6.1**	**6**
	Fill Rate	95%	107%	101%	97%

Ward 30	CHPPD	**7.3**	**6.6**	**7**	**6.9**
	Fill Rate	100%	90%	90%	87%
Ward 32	CHPPD	**7.3**	**7.5**	**8.2**	**10.5**
	Fill Rate	94%	96%	99%	98%
CCU	CHPPD	**12.6**	**12.3**	**12.4**	**12..2**
	Fill Rate	100%	100%	100%	99%
Ward 33	CHPPD	**5.8**	**6**	**5.8**	**6**
	Fill Rate	97%	98%	92%	90%
Ward 36	CHPPD	**5.6**	**5.6**	**5.6**	**6**
	Fill Rate	99%	102%	107%	88%
Ward 37	CHPPD	**5.9**	**7.9**	**6.9**	**7.3**
	Fill Rate	100%	100%	95%	99%
Ward 38	CHPPD	**5.7**	**3.4**	**5.5**	**5.9**
	Fill Rate	99%	98%	94%	96%
AMU	CHPPD	**10.5**	**10.6**	**10.3**	**11.4**
	Fill Rate	99%	96%	92%	104%
MSSW	CHPPD	**8.8**	**8.5**	**5.9**	**7**
	Fill Rate	95%	94%	86%	105%
EDRU	CHPPD	**8.7**	**9.5**	**7.8**	**10.7**
	Fill Rate	95%	101%	95%	101%
ESAU	CHPPD	**17.3**	**15.9**	**15.5**	**14.8**
	Fill Rate	100%	99%	99%	99%
M1	CHPPD	**11.4**	**10.3**	**13.2**	**11.3**
	Fill Rate	90%	82%	81%	70%
M2	CHPPD	**23.8**	**32**	**30.3**	**35.4**
	Fill Rate	100%	100%	100%	94%
CRC	CHPPD	**5.6**	**5.7**	**6.1**	**6.1**
	Fill Rate	99%	100%	98%	97%
M2 Rehab	CHPPD	**6**	**5.9**	**6**	**5.8**
	Fill Rate	100%	98%	98%	99%
Children's	CHPPD	**8.1**	**10.7**	**10.7**	**14.9**
	Fill Rate	89%	112%	110%	94%
Park Suite	CHPPD	**14.1**	**15.2**	**11.4**	**11.5**
	Fill Rate	98%	97%	99%	111%
Maternity	CHPPD	**6.3**	**5.9**	**5.7**	**5.8**
	Fill Rate	98%	98%	98%	94%
Delivery suite	CHPPD	**31.6**	**37.9**	**45.5**	**32.3**
	Fill Rate	97%	104%	98%	96%
Ward 54	CHPPD	**9.1**	**7.4**	**8.2**	**8.1**
	Fill Rate	100%	100%	97%	85%
Neonatal	CHPPD	**12.7**	**12.3**	**11**	**12.6**
	Fill Rate	92%	79%	97%	100%
Dermatology	CHPPD	**15.6**	**11.3**	**16**	**9.4**
	Fill Rate	96%	100%	100%	100%

Although the CHPPD data is in its infancy the data provides a greater level of assurance in terms of consistency of delivery of care. An example of this would be for Wards 10 & 11 during July 2016 – the fill rate reduced to low 80's% due to staff being redirected to other wards as beds were closed on both these wards; however, the CHPPD increase demonstrated sufficient staffing levels remained on both wards.

Staff work flexibly across AMU and MSSU, and despite the fact that Safe Staffing returns indicate reduced actual staffing the Board can accept assurance that safe staffing was in place as the combined CHPPD across both these area has remained consistent since this data was first reported in May 2016

4 Reported Staffing Incidents

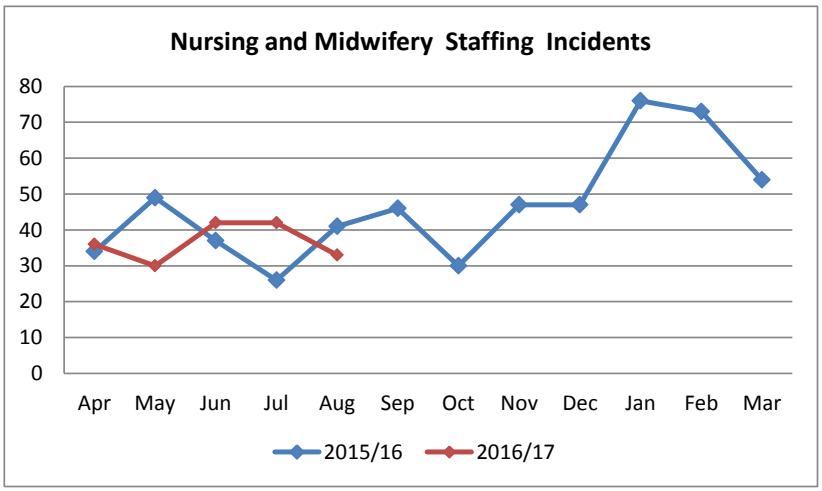
Whilst there has been an overall reduction in incident reports relating to Safe Staffing, there was an increase to 42 incidents in July 2016 compared to 26 incidents reported in July 2015.

Table 3 - Number of Incident Reports relating to Safe Staffing

January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016
76	73	54	36	30	42	42	33

A review of these incidents has demonstrated an increase in the number related to insufficient cover for Deprivation of Liberty (DoLs) patients and those patients who required therapeutic observation (one to one specialling). This has been escalated to the internal and external Safeguarding teams. WUTH Safeguarding Team has delivered training sessions to promote the use of the DoLS assessment and therapeutic observation). This may have contributed towards the increase in the number of incidents reported. Functionalities within Wirral Millennium system are being explored to determine a method of capturing the use and availability of DoLS and therapeutic observation to support a more informed presentation of data.

In August 2016 there were a total of 33 incident reports relating to safe staffing which was a significant reduction in the previous month and year on year as shown in the line graph below.



5 Conclusion

- The Trust will continue with monthly Trust wide recruitment for registered nurses
- Benchmark WUTH performance for Care Hours Per Patient Day (CHPPD) with other acute hospitals using model hospital portal
- To finalise the programme of work with Wirral Millennium to capture data related to DoLS and therapeutic observation
- To continue to ensure all mitigating actions are in place to ensure that there are safe and appropriate nurse staffing levels at WUTH

6 Recommendations

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

Board of Directors	
Agenda Item	7.3
Title of Report	CQC Action Plan Progress
Date of Meeting	28 September 2016
Author	Joe Roberts – Head of Assurance
Accountable Executive	Gaynor Westray – Director of Nursing and Midwifery
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	Strategic Objective 7 - Supported by financial, commercial and operational expertise Key Measure 7a - Fully comply with our registration with the Care Quality Commission
Level of Assurance **Positive** **Gap(s)**	Positive
Purpose of the Paper **Discussion** **Approval** **To Note**	Discussion
Data Quality Rating	Mixture of silver and bronze data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken **Yes** **No**	N/A

1. Executive Summary

This report outlines how the Trust has monitored the progress made to the Care Quality Commission (CQC) action plan at Wirral University Teaching Hospital (WUTH) following the CQC inspection in September 2015. The Regulatory Action plan has been circulated to Board members separately.

The Trust has held two 'Deep Dive' events, the first being on the 1 August 2016 and the second on 9 September 2016. The purpose being to ensure that the accountability and oversight of improvement was firmly embedded within the organisation and it afforded clinical and managerial leads to not only showcase the improvements they had made but also to identify where further work was required. These have been positive events with notable improvements being made as a result of the approach.

2. Key Areas of Improvement

A significant number of improvements have been made since the last inspection and notably in the following areas:

- The reduction in wait times for diagnostic results
- The provision and monitoring of resuscitation trolley equipment
- Critical care - infection prevention and control compliance; leadership and risk management
- Safeguarding training
- End of Life Care
- Maternity including staffing
- Staffing levels across a wide range of skills

3. Key Issues/Gaps in Assurance

The majority of actions have now been completed with the focus of attention now on the following areas:

- The purchase and development of a risk management system
- The timely production of death certificates although there has been improvement
- Compliance with Level 3 Mental Capacity Act Training
- Patient flow

4. Next Steps

A further 'Deep Dive' is scheduled on 14 October 2016 where the focus will be upon corporate areas; outstanding areas from the action plans and a review of the Trust's assessment against the fundamental standards as a whole.

To continue to have positive communication with the CQC, the next engagement meeting is scheduled for 29 September 2016. At this meeting we will discuss the Trust's state of readiness for inspection.

Mersey Internal Audit Agency has also reviewed the action plans, cross referencing the evidence provided; this report is expected in the near future.

5. Recommendations

The Board is asked to review and note the progress being made.

BOARD OFDIRECTORS	
Agenda Item	7.4
Title of Report	National Inpatient Survey - 2015 Results Summary
Date of Meeting	28 September 2016
Author	Alison Quinn - Head of Patient Experience
Accountable Executive	Gaynor Westray – Director of Nursing & Midwifery
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	1,3
Level of Assurance	Gaps
Purpose of the Paper	Discussion
Data Quality Rating	Gold – externally validate Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	No – EIA not required for this paper

1. Executive Summary

The Executive Summary provides an overview of the key points arising from the 2015 National Inpatient Survey.

2. Background

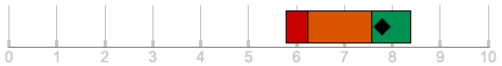
The results of the 2015 National Inpatient Survey were published by the Care Quality Commission (CQC) on the 8th June 2016. This report summarises the principle points arising out of the survey for WUTH. The sample for the survey field work was taken from acute inpatients discharged during July 2015. The CQC used data collated by Quality Health to benchmark our performance against other trusts based on weighted data.

3. Key Issues/Gaps in Assurance

Overall, the survey was very positive, and showed an improvement in many indicators in comparison to the 2014 survey. For each question in the survey, there was an expected range to determine if WUTH is performing 'about the same', 'worse' or 'better' compared with other trusts. Key points for consideration:

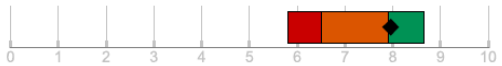
- For the majority of the published questions CQC placed WUTH as **"about the same"**.
- WUTH scored in the top performing trusts as **"better"** in two questions:

Q57. Did you get enough support from health or social care professionals to help you recover and manage your condition?

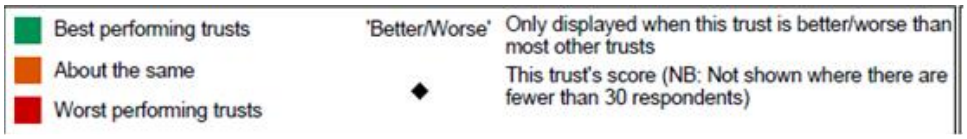


Better

Q65. Did hospital staff take your family or home situation into account when planning your discharge?



Better



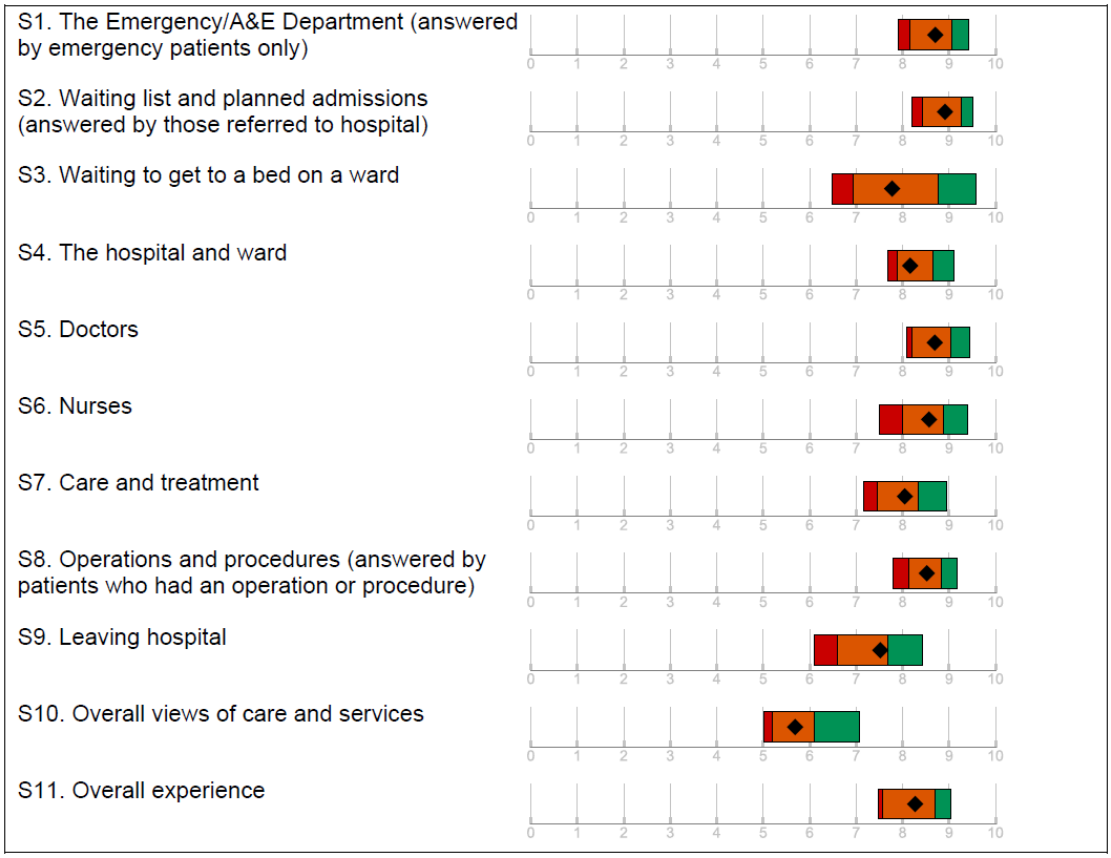
- WUTH did not feature in the worst performing trusts in any category (in 2014 WUTH scored **"worse"** for *"Were you given enough privacy when being examined or treated in the Emergency Department?"*).
- Results have been weighted to take into consideration, age, gender and route of admission to allow a fairer comparison against all Trusts.
- Response rate was 37% (434 respondents), which was a small decrease from 42% (338 respondents) in 2014.

In addition to comparing against other Trusts, the survey also compared WUTH's performance in 2015 against the 2014 survey. Whilst there were no questions where the results in 2015 were significantly lower than in 2014, the survey identified the following **12** questions whereby the results were significantly improved in the 2015 survey.

Wirral University Teaching Hospital NHS Foundation Trust	**Scores for this NHS trust**	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Q4 Were you given enough privacy when being examined or treated in the A&E Department?	8.9	8.1	9.5	258	8.3	↑
Q9 From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	7.8	6.5	9.6	424	6.8	↑
Q27 When you had important questions to ask a nurse, did you get answers that you could understand?	8.6	7.2	9.4	377	8.1	↑
Q28 Did you have confidence and trust in the nurses treating you?	9.2	7.9	9.6	425	8.8	↑
Q30 In your opinion, were there enough nurses on duty to care for you in hospital?	7.4	6.5	9.3	422	6.8	↑
Q37 Do you feel you got enough emotional support from hospital staff during your stay?	7.8	6.1	8.8	281	6.9	↑
Q38 Were you given enough privacy when discussing your condition or treatment?	8.6	7.9	9.4	430	8.1	↑
Q42 After you used the call button, how long did it usually take before you got help?	6.5	5.3	7.8	229	5.9	↑
Q63 Were you given clear written or printed information about your medicines?	8.5	7.1	9.0	286	7.7	↑
Q70 Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.3	8.5	9.7	425	8.7	↑
Q71 During your time in hospital did you feel well looked after by hospital staff?	9.1	8.3	9.7	422	8.5	↑

Q72 Overall...	8.3	7.5	9.0	406	7.8	↑

The following data presentation demonstrates where WUTH scored on the overall sections measured by the survey compared against all other trusts.



4. Next Steps

This is a positive survey that did not highlight any areas for concern in comparison with other Trusts and also compared to how WUTH performed in the 2014 survey; the survey does not therefore highlight any remedial action that is required. The results are publically available and the improvements for WUTH have been shared with staff and the CCG.

5. Conclusion

The results of the 2015 National Inpatient Survey were very positive and reflected an improvement on the results from the previous year. This correlated with the results of the latest Staff Survey.

6. Recommendations

The Board of Directors are asked to note this report.

@wuthnhs #proud

Board of Directors	
Agenda Item	7.5
Title of Report	NHS England Emergency Preparedness, Resilience & Response (EPRR) Core Standards 2016/17
Date of Meeting	28 September 2016
Author	Helen Nelson - Head of Emergency Preparedness
Accountable Executive	Chris Oliver - Director of Operations/Accountable Emergency Officer
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	7D Compliance with regulatory requirements
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**	N/A

1. Executive Summary

Under the Civil Contingencies Act (2004) NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR). Under the Act, the Trust is identified as a Category 1 responder. Category 1 responders are those organisations at the core of emergency response.

The NHS England Core Standards for EPRR are the minimum standards which NHS organisations and providers of NHS funded care must meet and are included in the NHS standard contract and, through this, the NHS Commissioning Board Emergency Planning Framework (2013). The director level accountable emergency officer and/or governing body in each organisation are responsible for making sure these standards are met.

This report is to assure the board of the process and the self assessed compliance with the revised core standards for EPRR and to approve the actions identified.

The confirmation letter for the NHS England Core Standards 2015/16 is attached to this report for noting.

2. Background

The 2016/17 EPRR Assurance Process is based on the revised Core Standards. To comply with the national requirements NHS England requested that each organisation:

- Undertake a self-assessment against the revised core standards identifying the level of compliance for each standard (red, amber, green)
- Submit an action plan addressing any areas of improvement required
- Complete the statement of compliance identifying the organisation's overall level of compliance - full, substantial, partial, non
- Present the above outcomes to the Board of Directors or through appropriate governance arrangements where the Board has delegated their responsibility for EPRR

Following assessment, the organisation has to declare to the NHS England as demonstrating compliance from the four options in the table below against the core standards.

This statement of compliance (attached) is signed by the organisations' Accountable Emergency Officer, and is reported to the organisation's Board/ governing body.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	**Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.**
Partial	Arrangements are in place, however they do not appropriately address **six to ten** of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address **11 or more** core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

3. Outcomes and Key Issues

The Trust has completed the required self-assessment against the 45 core standards applicable to Acute Trusts and has concluded that there are no Red areas of concern, 3 Amber areas requiring further improvement with the remainder being green.

The self-assessment has been discussed in detail between the Head of Emergency Preparedness at WUTH and the Head of EPRR at NHS England, Jim Deacon. He is in agreement with the outcome of the assessment and the subsequent actions.

The Trust overall therefore is evaluated as being substantially compliant as described above.

Areas identified as requiring improvement to achieve compliance is (Improvement Plan attached):

- *Business Impact Assessments to be undertaken trustwide to identify critical functions and inform departmental business continuity plans*
- *There are routine checks carried out on the decontamination equipment*
- *(CBRN) Internal training is based upon current good practice and uses material that has been supplied as appropriate*

Each year NHS England initiates a 'deep dive' into a specific area of EPRR. This year's is Business Continuity with reference to fuel planning. The action required can be seen in the attached 'Improvement Plan'.

4. Next Steps

- The Board Report, Statement of Compliance and the Improvement Plan will be submitted to the Clinical Commissioning Group and Local Health Resilience Partnership
- The Improvement Plan will be submitted to the Quality & Safety Department for inclusion on the Trust Risk Register and monitored in line with the Risk Management Strategy & Policy
- Progress with the actions will be reported to the Quality & Safety Committee in July 2017

5. Conclusion

The Trust has self-assessed against the NHS England's revised Core Standards for Emergency Preparedness, Resilience and Response and is declaring Substantially Complaint.

6. Recommendations

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

Cheshire & Merseyside
NHS England
Regatta Place
Brunswick Business Park
Summers Road
Liverpool
L3 4BL

Email: andrew.crawshaw@nhs.net

Tel: 01138 252800

Chris Oliver
Accountable Officer for EPRR
Wirral University Teaching Hospital NHS
Foundation Trust

11th April 2016

Dear Chris

RE: Emergency Planning – Core Standards 2015/2016

Thank you for submitting your organisation's EPRR Assurance Emergency Planning Core Standards documentation.

We can confirm all information was completed on time, was signed by your Board of Directors and had a clear action plan relating to any minor gaps.

Areas of work identified within your action plan will be reviewed in the 2016/2017 Core Standards returns.

Many thanks for your continued support.

Yours sincerely

Andrew Crawshaw
Director of Delivery

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2016-17

STATEMENT OF COMPLIANCE

Wirral University Teaching Hospital NHS Foundation Trust has undertaken a self-assessment against the NHS England Core Standards for EPRR (v4.0).

Following self-assessment, and in line with the definitions of compliance stated below, the organisation declares itself as demonstrating **Substantial** compliance against the EPRR Core Standards.

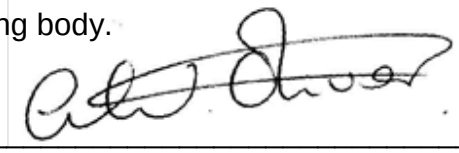
Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address **one to five** of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address **six to ten** of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address **11 or more** core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as **Red**[1]	Standards rated as **Amber**[2]	Standards rated as **Green**[3]
45	0	3	42
Acute providers:45 Specialist providers: 44 Community providers: 44 Mental health providers: 44 CCGs: 35	[1] *Not complied with and not in an EPRR work plan for the next 12 months*	[2] *Not complied with but evidence of progress and in an EPRR work plan for the next 12 months*	[3] *Fully complied with*

Where areas require further action, this is detailed in the attached *EPRR Core Standards Improvement Plan* and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the EPRR Core Standards has been or will be confirmed to the organisation's board / governing body.



Signed by the organisation's Accountable Emergency Officer

28/09/2016
Date of board / governing body meeting

16/09/2016
Date signed

Emergency Preparedness, Resilience and Response (EPRR) Core Standards Improvement Plan

Organisation: Wirral University Teaching Hospital NHS Foundation Trust

Plan owner: Helen Nelson Head of Emergency Preparedness

Core Standard reference	Core Standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
CC11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	• Identify activities and functions are critical • What is an acceptable level of service in the event of different types of emergency for all your services • Identifying in risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities	BIA templates to be introduced to the Clinical Divisions for their completion. Add named 'Action Lead' for each area on the Risk Entry. Once BIAs complete, BCPs to be written up	31/03/2017
CC45	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment	• There is a named role responsible for ensuring these checks take place	2 CBRN Leads to Undertake CBRN Train the Trainers Course	30/09/16
CC49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	• Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training • Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). • A range of staff roles are trained in decontamination techniques • Include HAZMAT/ CBRN command and control training • Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability	2 CBRN Leads to Undertake CBRN Train the Trainers Course	30/09/16

Emergency Preparedness, Resilience and Response (EPRR) Core Standards Improvement Plan

Core Standard reference	Core Standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
		when caring for patients with a suspected or confirmed infectious respiratory virus • Including, where appropriate, Initial Operating Response (IOR) and other material:		

Emergency Preparedness, Resilience and Response (EPRR) Core Standards Improvement Plan

DEEP DIVE – BUSNIESS CONTINUITY				
DD1	Organisation has undertaken a Business Impact Assessment	• The organisation has undertaken a risk based Business Impact Assessment of services it delivers, taking into account the resources required against staffing, premises, information and information systems, supplies and suppliers • The organisation has identified interdependencies within its own services and with other NHS organisations and 3rd party providers • Risks identified thought the Business Impact Assessment are present on the organisations Corporate Risk Register"	BIA templates to be introduced to the Clinical Divisions for their completion. Add named 'Action Lead' for each area on the Risk Entry	31/12/2016
DD2	Organisation has explicitly identified its Critical Functions and set Minimum Tolerable Periods of disruption for these	• The organisation has identified their Critical Functions through the Business Impact Assessment. • Maximum Tolerable Periods of Disruption have been set for all organisational functions - including the Critical Functions "	Once BIAs complete, BCPs to be written up	31/03/2017
DD3	There is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event.	The organisation has an up to date plan which has been approved by its Board/Governing Body that will support staff to maintain critical functions and restore lost functions • The plan outlines roles and responsibilities for key staff and includes how a disrutive event will be communicated both internally and externally"	BoD approval of BCPs	26/04/17
DD4	Within the plan there are arrangements in place to manage a shortage of road fuel and heating fuel	The plan details arrangements in place to maintain critical functions during disruption to fuel. These arrangements include both road fuel and were applicable heating fuel	Include Fuel Plan in the BCPs	31/03/17
DD5	The Accountable Emergency Officers has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this.	• EPRR Framework 2015 requirement	Ensure ISO22301 is referred to in the BCPs	31/03/17

31 August 2016

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

Wellington House
133-155 Waterloo Road
London SE1 8UG

T: 020 3747 0000
E: enquiries@improvement.nhs.uk
W: improvement.nhs.uk

Dear David

Q1 2016/17 monitoring of NHS foundation trusts

Our analysis of your Q1 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 NHS Improvement's website in September.

NHS Improvement is the operational name for the organisation which brings together Monitor and the NHS Trust Development Authority. In this letter, "NHS Improvement" means Monitor exercising functions under chapter 3 of Part 3 of the Health and Social Care Act 2012 (licensing), unless otherwise indicated.

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

NHS Improvement will raise any concerns arising from our review of the trust's Q1 submissions as part of our regular Progress Review Meetings.

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts) from Q1 2016/17 is available on our website (in the Resources section), which I hope you will find of interest.

For your information, we have issued a press release setting out a summary of the report's key findings.

If you have any queries relating to the above, please contact your regional manager by telephone on 0203 747 0541 or by email (beverley.tipping@nhs.net).

Yours sincerely

Paul Chandler
Regional Director

cc: Mr Michael Carr, Chairman,
Mr David Jago, Director of Finance

Board of Directors	
Agenda Item	8.2
Title of Report	Report of the Finance, Business Performance and Assurance Committee - 2 September 2016
Date of Meeting	28 September 2016
Author	Andrea Hodgson, Chair of the Finance, Business Performance and Assurance Committee
Accountable Executive	David Jago, Director of Finance
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 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 Finance, Business Performance and Assurance Committee which met on the 2nd September 2016. Key focus areas are those which address the gaps in assurance/control in the Board Assurance Framework.

Board Assurance Framework (BAF)

The Committee supported the proposed revisions to the BAF, which included the adoption of a thematic approach through alignment of the Trust's high level risks to the 5 areas outlined within the Single Oversight Framework which were Quality of Care, Finance & Use of Resources, Operational Performance, Strategic Change, and Leadership & Improvement. The Committee agreed the classified levels of risk assigned to each theme which took into account the discussions of the risk appetite session with Mersey Internal Audit Agency (MIAA).

The Committee was pleased to note the revised format of the BAF in respect of both the 'at a glance' summary page and individual risk pages; which retained sight on the Trust's strategic

objectives and key measures. The Committee agreed the proposed approach to future management of BAF risks and recognised the importance of capturing topical/emerging risks as part of the overarching strategic risks to ensure the BAF remains succinct.

The Committee recommended that consideration was given to follow up areas of risk that would need to be considered for incorporation into the annual Internal Audit Plan.

The Committee noted that the Senior Management Team would populate the overarching strategic risk templates to enable presentation of the new BAF to the Board of Directors in September 2016 where the content would be reviewed and risk scores confirmed.

Clinical Coding

The Committee was pleased to note the performance of the Clinical Coding Department, which despite recruitment and retention challenges, had been confirmed as acceptable and good by independent reviewers. The Committee was assured that in order to encourage staff retention, consultations had taken place to ensure salary packages remained competitive to ensure robust recruitment and retention.

The Committee requested that work be undertaken to identify opportunities to raise the profile of the Clinical Coding Department through its establishment as a centre of excellence as well as exploring collaborative prospects with a view to increasing credibility and/or generating income.

Centre for Global Digital Excellence – Expression of Interest

The Committee was pleased to note the recent Trust bid to become a Centre for Global Digital Excellence which, if successful, would result in the Trust receiving resources of up to £10m to enable the Trust to lead implementation of technological solutions which would deliver benefits to patients across its own and other organisations. Successful bidders were due to be announced on 7 September 2016 at the Care Innovation Expo.

The Committee discussed the issue of risk in relation to cybercrime and system resilience and stability, to which it was confirmed to the Committee that a backup solution was ready for implementation in the event of cybercrime. However, should the bid prove successful; a work plan was in place to modernise the current IT infrastructure and minimise any further associated risks. The Committee was pleased to note that the Trust retained a positive track record of full tolerance in respect of cybercrime.

Management of Suppliers and Supplier Representatives Policy

The Committee approved the revised Management of Suppliers and Supplier Representatives Policy which provided a framework for sound, transparent and professional relationships between the staff of the Trust, its suppliers and their commercial representatives.

NHS Improvement – Monthly Return

The Committee noted the content of the NHS Improvement (NHSI) Month 4 financial commentary which detailed the financial position at the end of July 2016 and cumulatively against the 2016/17 plan and its contents being consistent with that reported to the Board of Directors in the August 2016 flash report.

Month 4 Financial Position

The Committee reviewed the cumulative year to date deficit position at M4 which was reported as a variance of £2.1m (£3.0m against a planned deficit of £1.9m). The Committee was advised of the continued work with Divisions to reduce pay costs, identify mitigating Cost Improvement Programme (CIP) schemes and review activity plans to redress the current financial position. The Committee discussed the recovery plan actions contained in the Board of Directors “flash” report and requested updates on progress and impact on financial plan at its October 2016 meeting.

The in-month cash position was reported as £1.2m ahead of plan. The Committee was advised that this was as a result of delays in the Capital Programme and receipt of the final draw down payment of the NHSI Working Capital Facility. The Committee requested that details outlining the Working Capital Facility agreement should be circulated to members and that the cash position forecast was presented to the Committee at the October 2016 meeting.

The Financial Sustainability Risk Rating (FSRR) was reported at level 2 in line with plan (with minimal headroom on the I&E metric of circa £100k before this metric fell from 3 to 2 driving the overall FSRR down to level 1) and mitigating actions to ensure cash preservation have been implemented to sustain the rating.

The risks and appropriate mitigations were outlined and debated by the Committee in relation to income, expenditure, CIP and cash. The Committee discussed escalation to board the risks around the year end outturn, receipt of STF monies and a lack of a robust system wide plan to secure the £5m health economy challenge gap.

Performance Report for Period Ending July 2016

The Committee noted that the Trust was in line to achieve the 86% trajectory target for the 4hour A&E Standard for July and August 2016. The Committee was advised of the introduction of a Chester and Wirral A&E Delivery Board, and associated sub-delivery Boards, and noted concerns that the expansive scope and membership of the Delivery Board may limit its ability to affect change. The Committee agreed that it would welcome an update following the first meeting of the Wirral A&E Delivery Board.

It was confirmed that the Trust achieved 91.02% in respect of Referral to Treatment Time (RTT) targets for July 2016 which was within the 1% tolerance for the trajectory target of 92% and work was ongoing to validate August 2016 data to try to secure RTT performance as a minimum in line with tolerance limit of 91% albeit risk to delivery was noted.

The Committee was advised that planning meetings to identify mitigating actions to minimise the impact of the potential junior doctor industrial action, due to begin on 12 September 2016 for a five day period, had commenced. The Committee requested that a report outlining the potential impact on access targets as a result of the junior doctor industrial action, and mitigating actions, be presented to the Committee at its October 2016 meeting.

The Committee was pleased to note that the year to date total number of avoidable cases of C.diff remained at 4 reflecting improvement work undertaken within the Trust.

The Committee noted the recent communication regarding the change to procedures of low clinical value and the further work required to evaluate its full implications. The Committee requested that a full evaluation report was presented to the Quality and Safety Committee in November 2016.

Cost Improvement Programme at Month 4

The Committee was disappointed to note the cumulative CIP position of £500k below plan with a year-end forecast of £9.3m against a planned £11.2m of savings. Work with the Divisions, via the Transformation Steering Group, was underway to identify and address blockages.

The Committee was pleased to note the revised planning approach undertaken by the Transformational Team in respect of CIP for 2017/18 and requested that a report outlining the planning process should be presented to the Committee in October 2016.

Escalate to Board necessary intervention with CoCH to resume pace.

Agency Cap Compliance Report

The Committee received the Agency Cap Compliance Report and noted the next steps to be taken to reduce pay spend. Expenditure on agency staff to the end of month 4 was noted as in line with agreed trajectory with NHSI.

The Committee requested that:

- Opportunities to reduce pay spend were fed into the CIP, and
- Further detail on non-compliances and associated action plans were included in future reports.

One to One Midwives

The Committee noted the position of the Trust's dealings with One to One (North West) Limited and the consequent potential risk to service provision.

The Committee was satisfied the final outcome of the dealings with One to One would be presented to the Audit Committee for approval with regards to the details of the financial settlement agreed.

Integrated Reference and Training Costs 2015/16

The Committee received the Integrated Reference and Training Costs for 2015/16 and noted inability to quantify the service benefits realised as a result of investment in training. The Committee requested that a report benchmarking the Trust against other organisations in respect of linking into development opportunities and publications be presented as a qualitative measure for realising the benefits associated with investment in training.

The Committee approved the training and education costs to be submitted as part of the integrated cost collection process.

Andrea Hodgson
Chair of Finance, Business Performance and Assurance Committee

Board of Directors	
Agenda Item	8.3
Title of Report	Chair of Audit Committee Report
Date of Meeting	28 September 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 9 September 2016 and reports upon the following items to the Board of Directors:

Review of Assurance Framework

The Committee agreed its support to the proposed revisions to the Board Assurance Framework (BAF), which included:

- adoption of a thematic approach which aligned the Trust's high level risks to the 5 areas outlined within the Single Oversight Framework (Quality of Care, Finance & Use of Resources, Operational Performance, Strategic Change, and Leadership & Improvement),
- categorisation of risks (open, moderate, cautious) by theme taking into account the feedback from the risk appetite session with Mersey Internal Audit Agency (MIAA),
- the retained focus on achieving the Trust's strategic objectives and key measures,
- the methodology for managing overarching strategic risks, including emerging/topical risks.

The Committee was pleased to note the revised format of the BAF which would enable the Committee to more readily track progress against mitigating actions and the introduction of a BAF summary document to promote focus on risks relevant to the individual Assurance Committees.

The Committee noted that following discussion at a recent training session with MIAA which discussed the role of the Audit Committee in respect of the BAF, it intended to undertake a detailed review of the each of the key themes.

The Committee noted that the Senior Management Team had commenced population of the risk templates which would be presented to the Board of Directors in September 2016 where the content would be reviewed and risk scores confirmed.

NHS Improvement Licence – Compliance Review

The Committee received the Provider Licence Quarterly Checklist which had been updated to reflect the actions being taken to address the breach in licence conditions outlined by NHS Improvement (NHSI) in August 2015.

The Committee noted the following key matters:

- the proposed changes to the regulatory framework (G5)
- current operational and financial pressure faced by the Trust (G6)
- decision of Wirral Clinical Commissioning Group (WCCG) to stop all procedures of low clinical value (G9 (12))
- outcomes of the Well-Led Governance Review (CoS31)
- proposed changes to the BAF (FT4(5))

The Committee requested that the Finance, Business Performance and Assurance Committee undertake an in-depth review of the potential impact of the WCCG decision to stop all procedures of low clinical value and report its findings to the Audit Committee.

Review of Audit Committee Effectiveness and Impact on Work Plan

The Committee was pleased to note the overall consistent view of the Committee's current position on effectiveness and that projected levels remained equally consistent. A number of actions had been identified during an introductory session for new Audit Committee members, led by MIAA, which would be seen through to fruition to improve the effectiveness of the Committee.

In light of the revised membership of the Committee, new members were asked to reflect on their view of the Committee's effectiveness.

The Committee approved its revised work plan which included the addition of:

- a review of the Trust approach to improving data quality
- exploring audit reviews across organisational boundaries
- NEP ISAE 3401 Report

But noted that the work plan would be further revised by the Director of Finance ahead of the December 2016 meeting.

The Committee requested that the Director of Finance make minor amendments to the Committee's Terms of Reference for the purposes of clarification.

Internal Audit

The Committee reviewed the outcome/ratings of the audits undertaken during the reporting period as follows:

- Safeguarding – Significant Assurance
- Infection Prevention and Control – Significant Assurance
- HR/ESR Payroll – Significant Assurance
- Patient Experience Framework Review – Significant Assurance

The Committee reviewed the key areas agreed for action in respect of Safeguarding and requested that the Quality and Safety Committee provide assurance to Audit Committee and the Board of Directors in respect of progress against Safeguarding outcomes and training compliance.

The Committee was pleased to note the progress made to resolve outstanding internal audit recommendations whereby only one action assigned during 2015/16 remained outstanding.

Reference Costs Audit

The Committee noted the outcome of the Reference Costs Audit for 2014/15 which found the Trust to be 'materially compliance with Monitor's Costing Guidance for 2014/15'.

The Committee discussed and noted that an action plan had been developed to address the areas identified as having potential for improvement which were:

- Policies and procedures
- Reconciliation to activity data
- Assurance over clinical coding/classification of activity
- Mapping of costing method

And that the recommendations had been built into the 2015/16 reference costs collection process.

External Audit

The Committee were informed that the 2016/17 Engagement Letter had been issued to the Director of Finance which had been amended to cover the period of the audit contract an recognise future changes to auditing standards, including the adoption of ISA (UK) after 2016/17.

Clinical Audit Annual Update

The Committee requested that the format of the report was reviewed ahead of its presentation to the Committee in December 2016 to fulfil the requirements of the Committee and reference which other fora reviewed information on Clinical Audit.

Counter Fraud

The Committee received a progress report against the work plan and confirmed that progress was on track to reach completion by year end.

The Committee approved the proposal to amend the Counter Fraud work plan to reallocate contingency time assigned to the code of conduct review to progression of fraud referrals.

The Committee noted that a recent review of NHS Protect's functions and services had concluded that NHS Protect should no longer provide support services such as:

- Training support
- The Area Anti-Fraud Lead

In order to meet the challenges that removal of these functions would present, MIAA would work closely with NHS Protect during a transitionary period to minimise impact to the Trust.

Cathy Bond
Audit Committee Chair

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF MEETING

27 JULY 2016

BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL

Present

Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Cathy Maddaford	Non-Executive Director
Evan Moore	Medical Director
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

In attendance

Carole Self	Director of Corporate Affairs
James Mawrey	Director of Workforce*
Robert Howell	Lead Governor
Jane Kearley	Member of the Public

Apologies

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 16-17/092	**Apologies for Absence** Noted as above	
BM 16-17093	**Declarations of Interest** None	
BM 16-17/094	**Patient Story** The Director of Nursing and Midwifery presented to the Board the key points raised in a letter of thanks received from a local mother who had had to have a bi-lateral mastectomy and reconstruction. The letter praised the care received by the Trust and recognized individual staff for the service provided which she wrote had made a significant difference to her life and the lives of her family and the people she herself teaches. The Board was advised that the Breast Service had also been recently recognized by the League of Friends at Clatterbridge for their outstanding work.	
BM 16-17/095	**Chairman's Business** The Chairman reported upon three recent consultant appointments, these being: • Dr Emily Ashworth – Community Geriatrician	

Reference	Minute	Action
	• Dr Simon Robinson – Orthopaedics • Dr Alan Highcock – Orthopaedics	
BM 16-17/096	**Chief Executive's Report** The Chief Executives focussed on the following areas from his report: **Medical Director** – the Chief Executive confirmed that the vacancy for the Medical Director was now out to advert in the Health Service Journal and that Gatensby Sanderson were supporting the process. The Board was advised that a number of applications had already been received and level of interest was high. The closing date for the advertisement was confirmed as the 22nd August with interviews planned for 20th September 2016. **Director of Education** – the Board was advised of the recent appointment of Professor James Barratt to the Director of Education. Professor Barratt's links with Health Education England were reported as strong and invaluable. **NHS Improvement** – the Chief Executive reported that the date for the meeting with NHSI and NHS England and local health and social care economy partners to discuss the health economy system control total was still outstanding with dates now being explored in September due to the limited availability of regulatory partners. The Board was advised that progress was being explored with the CCG in the interim. **Care Quality Commission** – the Board was updated on the recent engagement meeting held with CQC on the 11th July and the plans in place to prepare for a further inspection with dates to be discussed with CQC at the next meeting. The overall feedback from the meeting was positive with good progress being reported in key areas. The Director of Nursing and Midwifery updated the Board on the visit made by the CQC Relationship Manager following the meeting; the visit covered the emergency department and maternity and the feedback again was positive with comments that the hospital looks and feels so different. No concerns were reported following the visit to the delivery suite and again positive feedback on the progress made in terms of leadership in Maternity concluding that the Trust was now in a better position for its re-inspection. **Health Education England** – the Chief Executive outlined the overall feedback from the visit which was in the main positive with no negative comments forthcoming from the annual survey. The Medical Director alerted one issue to the Board which was in relation to the poor attendance in general surgery despite dates and commitments being made. The poor attendance led to some negative comments by the Associate Dean which are currently being addressed. The Medical Director advised that all clinical supervision was being refreshed and he confirmed that he had invited the Associate Dean to review this. The Board acknowledged the concerns raised as it reflected the issues it had raised with clinical engagement. The Board was advised that the full report had not as yet been received and was provided with assurance that in the main the report was positive. **Junior Doctors Industrial Action** – the Board agreed to review the implementation of the contract at one of its future Board Development Sessions as planned. **Emergency Care Improvement Programme ECIP** – the Chief Executive	

Reference	Minute	Action
	updated the Board on the plans for all partners to present to the next System Resilience Group on 16th August 2016 their plans for each of the 3 areas of focus, these being: Assess to Admit; Today's Work Today and Discharge to Assess. The Board was advised of the plans to change the membership and remit of System Resilience Groups nationally as there was a view that these needed to be strengthened. The review will also see the transfer of the Chair arrangement from the CCG to Acute Trusts although locally this process was to be defined. The Board was pleased with the proposed changes and the reported input of NHSE and NHSI although it felt that all partners needed to define the measures for success as opposed to just supporting the Trust to meet the A & E 4 hour standard. **Strategy –** the Chief Executive outlined plans to strengthen links with Liverpool City Region and the dialogue being held with Margaret Carney, Chief Executive of Sefton Council who had recognised the part the Trust had to play in the health development agenda and the links into the Cheshire and Merseyside Sustainability and Transformation Plan. The Board was updated on the recent directive which confirmed that working collaboratively on back office functions was no longer discretionary but key to receiving any additional financial support. The Chief Executive confirmed that the focus for the Trust was on the October submission for the local delivery system plan (LDSP) and the Cheshire and Merseyside Sustainability and Transformation Plan (STP) which required a significant amount of work. The governance arrangements at STP and LDSP level were reported as being progressed together with the delivery arrangements. The Board sought to understand the current level of confidence in terms of achieving the health economy system control total of £5M and the impact on future Sustainability and Transformation Funding (STF). The Chief Executive confirmed that the Trust had profiled achievement of this in the 4th quarter as advised by NHSI so three quarters of the STF funding should be achieved, he confirmed that as previously reported support and ownership for this £5M challenge had not as yet been forthcoming. The Director of Finance outlined the position nationally in terms of STF funding and confirmed that the Trust needed to continue the dialogue with the regulator in terms of the control total in view of the number of favourable amendments that seem to have made in other Trusts.	
BM 16-17/097	**Integrated Performance Report** The Chief Operating Officer presented the Integrated Performance Report and highlighted the following: **A & E 4 hour standard** – The Chief Operating Officer reported the Emergency Department alone had achieved the Sustainability and Transformation Fund STF trajectory for June, this being 84.06%. The combined performance was reported for June as 87.62% marking a continued improved performance figure. **Referral to Treatment Time RTT** – it was reported that the Trust had achieved the STF trajectory for June of 91% despite some specialities still failing. The Board was advised that extensive support tools, ongoing demand and capacity planning and job planning were being undertaken to ensure that the 2017/18 contract position was secured. **C difficile** – Three avoidable cases were reported to the end of June	

Reference	Minute	Action
	which was below the trajectory for the period. **Cancer** – No issues reported with achievement of the targets however the Chief Operating Officer advised that the most difficult target was the 62 day wait however the Trust was constantly reviewing to ensure compliant. Advancing Quality – the Board noted the review at Quality and Safety Committee and confirmation from the Medical Director that improvements would not be seen until the end of July 2016. The Board sought to establish how the new Ambulatory Care Unit would impact on GP referrals and how the Trust was progressing with the work to address the findings that 30% of all admissions could have been managed without a hospital attendance. The Chief Operating Officer advised that there were 3 areas being progressed to address this as follows: • Deflection from the Emergency Department to Primary Care • Victoria Central to be kite marked to take referrals from NWAS • Augmenting the Ambulatory Care Unit by ensuring that physicians make the decision, where appropriate, to defer and through working with the Community Trust on the Single Point of Access The Chief Operating Officer also confirmed that the 30% figures referred to earlier did not mean that all these patients should not be in the hospital, it is simply highlighting the lack of alternative in the community and the need to urgently review the single point of access as there are actually 9 points of access with 9 subset criteria.	
BM 16-17/098	**Month 3 Finance Report** The Director of Finance reported that at M3 the Trust had delivery a £165k deficit compared to the plan of £526k deficit. The improved performance was attributed to the re-profiling of clinical income received by Wirral CCG under the agreed envelope. Pay costs were reported £589k above plan and were cumulatively £1,507k above plan. The main drivers of the additional pay expenditure were confirmed as the continued utilisation of escalation areas which had incurred increasing nursing, medical and support costs total circa £400k; the gaps in medical staffing, particularly in the Emergency Department, with equated to circa £300k and the increased use of waiting list initiatives throughout surgery resulting in a cost pressure of circa £200k. The Board was advised that the Trust had delivered £1,796k of efficiencies as at the end of June against a target of £2,143k, this delivery included the use of non-recurrent savings of £380K. Capital expenditure was reported at £1,196k below plan at the end of June as a result of delayed spend for some medical equipment and the relocation of Wirral Neuro, although no major concerns were highlighted. The Financial Sustainability Risk Rating FSRR was reported at 2 in line with the plan. The cash profile was reported at £1,683k which was circa £1,798k below plan which reflected the non-payment of STF funding of £2,475k which was due to be received in the initial plan.	

Reference	Minute	Action
	The Board noted its disappointment with the need to re-profile the income at the end of Q1 although it recognised the issues with achievement of RTT. The Board also sought to understand whether the cash concerns and the need to re-profile income were underlying signs of something more serious. The Director of Finance confirmed that the income had been re-profiled in order to achieve the STF funding and the cash concerns were the result of not yet having received this. He also confirmed that the Trust had brought down July's draw down in June on the advice of NHS Improvement and that the STF funding was due to be in bank accounts by the end of August. The Board was updated on the work being undertaken on the 13 week rolling forecast for cash and the Board sought to understand whether the Trust was deferring payment to creditors. The Director of Finance confirmed that the Trust would look at payment preservation and stretch payment timescales to 45- 60 days where necessary although he confirmed this would not apply to local organisations. Moving to 45 days was felt to be of minimal risk reputationally. He also confirmed that the Trust was looking at lease options as opposed to outright purchase. The Chief Executive confirmed that the lack of tolerance on the STF funding had prompted the Trust to take all necessary action to achieve the target. The Director of Finance advised that the £400k spend on escalation facilities was to try and do the right thing by patients by mitigating the impact of decisions made by partners. He also confirmed that the Trust was reviewing maximum capacity levels between the hours of 9.00 – 5.00pm before looking at alternatives in Surgery as well as looking at the impact of losing escalation wards in Medicine. The Board sought to understand the impact of re-profiling the income in the longer term. The Director of Finance advised that the plan now reflected equal 12ths of the financial envelope and this would continue going forward, however the risk is the need to this in Q1 which was essentially the less challenging period, hence the reason for the need to take urgent action in the Divisions. The Board acknowledged that the consequences of underperforming against the activity plans would be low for this year because of the nature of our principal contract; but would be a significant problem going forward. The Director of Finance advised that the reduction in activity levels should have led to a 40% reduction in costs but had not. The Board questioned what the position would have been if the Trust had not re-profiled the income. The Director of Finance confirmed that the FSRR would have fallen to a 1 however if the financial envelope had been agreed earlier, the profiling of income would have been as it is now. He also confirmed that NHSI were supportive of the re-profiling of income. The need to develop a 2 year operational plan by December was felt to support the health economy going forward. The Director of Finance confirmed that a FSRR of 1 would have resulted in the loss of STF funding for Q1. He also confirmed that the Trust had to improve by £1M each month going forward to achieve future STF funding and hence therefore the urgent need to address costs. The Board sought to understand how the £5m health economy control total was reflected in the plan. The Director of Finance confirmed that this was	

Reference	Minute	Action
	reflected as reduced pay in Q4 although this was described as a significant risk.	
BM 16-17/099	**Hard Truths Commitment: Publishing of Staffing Data: 6 monthly update** The Director of Nursing and Midwifery presented the 6 monthly update which outlined the progress the Trust was making in meeting the requirements of the "Hard Truths" review. The Board was alerted to the change in reporting style to aid with the review as detailed progress had been provided for each of the 10 recommendations. The Board was advised that as Wirral Millennium became further embedded in the Trust's work this would enable it to be in a better position going forward. Furthermore the collection of Care hours per patient day CHPPD has assisted the Trust in triangulating the care it delivers and reporting of this will continue through the bi-monthly safe staffing reports. The Board thanked the Director of Nursing and Midwifery Report and noted the progress made.	
BM 16-17/100	**Nurse Staffing Data: May/June 2016** The Director of Nursing and Midwifery presented the report for May/June 2016 which provided information on Registered Nurse/Midwives and Clinical Support Workers staffing data including vacancy rates, and a review of nurses currently being supported through preceptorship. The Board was advised of the vacancy rate which equated to 5.34% or 36 WTE which was excellent compared to peer organisations. Recruitment was reported as continuing both from a corporate and Divisional perspective and the Board was advised that the highest vacancy rates were in the Division of Medicine and Acute. The initiative to recruit over establishment numbers in order to be able to support students was proving successful and it was reported that financially the budget was balanced. The Director of Nursing and Midwifery reported that 111 new nurses had been recruited since April 15 with significant numbers being supported through the preceptorship scheme. The Board reviewed the fill rates for May and June which were reported as 97%. The Director of Nursing and Midwifery reported that 12 maternity support workers had started which had led to huge improvements in maternity care; on ward 12 the number of elective orthopaedic beds had been reduced to meet the staffing levels and in neonates 5 registered nurses were due to commence employment in August. The Board sought to understand why the levels of Band 5 nurses reduced in May and June 2016. The Director of Nursing and Midwifery advised that this was attributed to the closure of the escalation ward. She was not sure however whether all of these were Band 5 but agreed to clarify for members. The Board also requested that the figures reported in table 4 be checked as these did not tally up. The Board reviewed the collation of data for May and June in relation to	**GW** **GW**

Reference	Minute	Action
	CHPPD and in particular how this provided a greater level of granularity in terms of being able to monitor the actual staff hours per care hours required by the patient group. The Board also sought to understand why the numbers of safe staffing incidents as reported in the Health and Safety Annual Report was higher than the previous year despite the low vacancy rates, low sickness absence rates and extensive recruitment campaign. The Director of Nursing and Midwifery advised that this was perception in some cases hence the reason why ward sisters were being asked to communicate the establishment figures more frequently and why CHPPD will help with this message. The Board thanked the Director of Nursing and Midwifery for the report and the progress being made.	
BM 16-17/101	**Nursing and Midwifery Strategy Update** The Director of Nursing and Midwifery presented the strategy update which outlined the progress made against the 5 patient focused actions contained in the strategy. The Board was updated on the changes to the ward audits which now enabled wards to be rated bronze, silver or gold with associated actions and reward for each. The Director of Nursing and Midwifery was pleased to report the first ward rated as gold in their recent accreditation and how the Chairman and herself had presented them with a certificate in recognition of their achievements.	
BM 16-17/102	**Health and Safety Annual Report** The Director of Workforce presented the Health and Safety Annual Report which covered the period 01 April 2015 to 31st March 2016 and which had been reviewed by the Workforce and Communications Group and the Quality and Safety Committee. The Board was advised that the Quality and Safety Committee had raised some questions and sought assurance that action was being taken to address the increase in the number of sharps incidents, as now outlined in the report. The Director of Workforce advised the Board that the Trust was currently out to tender for an Asbestos survey on the Arrowe Park site which would result in a programme of work being undertaken. The Board acknowledged that any survey of this kind was certain to raise issues and were therefore mindful of this. The Board sought to establish the Trust's exposure to infrastructure risks as a result of the limited capital available. The Director of Workforce confirmed that this was constantly being reviewed and monitored. The Board sought and received assurance that the position with regards to legionella was being managed effectively with the Director of Nursing and Midwifery confirming that the water was tested daily and the re-establishment of the water safety group for which she was the Executive Lead.	

Reference	Minute	Action
	The Director of Workforce reported that all the 52 actions in the health and safety plan for 2015/16 had been completed. A further action plan was currently in development and would be progressed through the various work groups and assurance committees going forward. The Board sought to understand the reasons for the 25% increase in slips trips and falls in 2015/16 recognising the overall increase in incident reporting although there was no reported deterioration in the number of fractures incurred. The Director of Workforce agreed to investigate and report the findings to Quality and Safety Committee. The Board sought to understand how the Estate team kept a watch in brief of the ongoing infrastructure issues. The Chief Executive advised that a range of sub-teams were supposed to be undertaking regular walk rounds although he was not assured that this was happening. The Director of Workforce was challenged as to whether the Trust drew upon the learning from incidents and reflected this in the scope and frequency of mandatory and essential training. The Director of Workforce confirmed that he would include this analysis in the review of training currently being undertaken. The Board sought to understand the action being taken to combat incidences of stress experienced by staff. The Director of Workforce advised that the Trust performed well against its peers for low numbers of staff suffering from stress and although the programme of work to reduce this further was ongoing, there had to be an acknowledgement that the challenges currently facing the NHS would inevitably impact on future numbers. The Board recommended that the Trust review its compliance against the boiler exhaust omissions. The Board thanked the Director of Workforce for the report and the progress being made but requested that Mr Bohan include an Executive Summary which outlines the main concerns in future as this would aid with review.	**JM** **JM** **MB** **JM**
BM16-17/103	**Safeguarding Annual Report** The Director of Nursing and Midwifery presented the Annual Safeguarding Report confirming that this had been reviewed and recommended to the Board for approval by the Quality and Safety Committee. The issues in relation to deprivation of liberty and the process which was reflected nationally was debated with the Board being advised that the Trust would continue to adopt a sensible approach to the issues. The increase in safeguarding activity was reported as a reflection of society today and not isolated therefore to this Trust. The Board thanked the Director of Nursing and Midwifery for the report and agreed to formally approve this.	
BM16-	**Report of the Quality and Safety Committee**	

Reference	Minute	Action
17/104	Ms Maddaford presented the report from the Quality and Safety Committee dated 13 July 2016. She reported on the extensive review of the Board Assurance Framework that was currently underway and the positive nature of the work of the workforce and organisational development team. Progress against the End of Life Care strategy was reported on positively although it was noted that this needed to be adopted by the whole of the Wirral health and social care economy. The Director of Nursing and Midwifery advised of the scheduled meeting with partners to address this. Progress on the CQC action plan was provided however concerns with ownership and accountability at a Divisional level remained. The Board was updated on the plans to address this through a CQC "deep dive" session to be held with the Divisions on 01 August 2016. The concerns at Divisional level was also reflected in the Advancing Quality workstreams with plans to hold further discussions with Divisions directly in the future. The Board was updated on the "deep dive" into the learning from the Never Events in the Surgical Division and was disappointed to note that clinical leads were not engaged in the process of learning from another area as they didn't recognise the relevance. The Board acknowledged that the sooner the Medical Engagement and Leadership Strategy was launched the better. Ms Maddaford updated the Board on the positive peer review of Cancer of Unknown Primary Service and the further assurance sought on the actions to be taken to address the issues identified in the Time to Theatre for Fractured Neck of Femur Report. The Emergency Planning and Business Continuity Annual Report were recommended to the Board for approval with plans having been received my members as part of the Quality and Safety agenda pack. The Board acknowledged the extensive work undertaken in this area and formally approved the Report. The Board requested an update on action taken following the review of line management responsibilities in relation to CQC, Quality and Safety as a result of the departure of the Medical Director. The Chief Executive confirmed that he had agreed with the Chairman and the Remuneration Committee that firstly Dr Mark Lipton would take up the post of Interim Medical Director and secondly that during the interim CQC, Quality and Safety would sit within the portfolio of the Director of Nursing and Midwifery with input from Dr Lipton. The change in portfolio would enable Dr Lipton to focus on the urgent medical engagement and leadership agenda. The Board approved the changes. The Board also agreed that compliance with AQ standards be included in the Board Assurance Framework.	**CS**
BM16-17/105	**External Assurance – Board Statement – Modern Slavery Act 2015** The Director of Corporate Affairs provided the background to the	

Reference	Minute	Action
	development of a Board Statement on Modern Slavery together with a summary of the requirements of the Act. The Board approved the draft annual statement and agreed to publish this on its website.	
BM16-17/106	**External Assurance – NHSI Quarterly Monitoring Return** The Director of Finance presented the NHSI Quarterly Monitoring Return advising that for this period the submission dates for Finance and Governance had been separated with the Finance submission undertaken on the 22nd July and the Governance submission due on the 29th July. The Board reviewed the recommendations in the report and approved the decision to report compliance against the STF trajectories for RTT and A & E as these had been approved by NHSI.	
BM16-17/107	**NHSI – Single Oversight Framework Consultation** The Director of Corporate Affairs and the Director of Finance provided the Board with a full overview of the proposed changes to the regulatory framework which were due to replace the current Risk Assessment Framework. This included the five themes that would form part of the new framework; the rationale for the change and some of the key concerns which included the weightings proposal under the finance theme, the segmentation process, the work required to develop the framework for monitoring a providers contribution to the strategic change process and finally the move from 3 to 2 consecutive months for failure of operational performance when determining potential concerns. The Board debated the content of the report and agreed that the Director of Corporate Affairs and Director of Finance should respond to the consultation with its concerns as discussed.	**DJ/CS**
BM16-17/108	**Equality and Diversity – Update** The Director of Nursing and Midwifery provided the Board with an update on the progress made on the Equality and Diversity Action plan as presented in April 2016. The Board was reminded of the focus on recording evidence under Goal 4.1 and advised of the work undertaken to improve this which had been positively received by staff, patients and the general public. One of the main areas requested for improvement was an increase in disabled parking spaces which had now been included in the action plan as part of Objective 10 along with the other areas of feedback. The Board was requested to review progress and support, at every opportunity, the improvement of the assessment rating. The Board recommended that equality and diversity form part of the internal care quality inspection programme if this was not already the case. The Director of Nursing and Midwifery agreed to progress this.	**GW**
BM16-17/109	**Research Annual Report** The Medical Director presented the Research Annual Report which	

Reference	Minute	Action
	provided information on the previous 12 months activity, progress against key performance indicators, financial performance and finally how the Trust was meeting its research strategy. The Board agreed that the report was a good account of the work that had taken place and was pleased to see the level of activity being undertaken.	
BM 16-17/110	**Board of Directors** The Minutes of the Board of Directors Meetings held on 29th June 2016 were confirmed as an accurate record. **Board Action Log** The Board action log was updated as recorded	
BM 16-17/111	**Items for BAF/Risk Register** The Board agreed to consider the impact/risk of the new Single Oversight Framework and risk associated with interpreting the STF funding guidance as part of the BAF	**CS**
BM16-17/112	**Items to be considered by Assurance Committees** The Board requested the following: FBPAC – Divisions to provide an account as to how they were proposing to progress the demand and capacity work. Suggested that the Finance report be re-structured to highlight this work.	**JH/DJ**
BM 16-17/113	**Any Other Business** The Chairman on behalf of the Board acknowledged that it was Dr Moore's last meeting with the Trust and expressed his thanks for the work that he had undertaken and some of the fundamental changes he had delivered. Dr Moore was recognised for his contribution to the Board together with his wisdom and humour. The Board wished Dr Moore every success in his new post and for his many contributions since 2002. Mr Robert Howell, Lead Governor expressed his thanks on behalf of the Council of Governors to Dr Moore who had always provided helpful context during his presentations to Governors.	
BM 16-17/114	**Date and Time of Next Meeting** Wednesday 28th September 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.	

……..……

Chairman

……..

Date

ACTION LOG
Board of Directors
Updated – September 2016

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 27.07.16						
1	BM16-17/100	Levels of staffing reduced in May and June – clarify how many of these were Band 5 nurses	GW		Sept 16	
2	BM16-17/100	Nurse staffing data – revisit the numbers included on table 4 in the report to ensure correct	GW		Sept 16	
3	BM16-17/102	Review the reasons for the increase in slips trips and falls for staff and report findings to Quality and Safety Committee	JM	**Completed** - included in Q1 Health & Safety Report to Q&S Committee on 14 September 2016	Sept 16	
4	BM16-17/102	The Board sought to understand whether the Trust revised its training programme to reflect the learning from incidents including the frequency and scope of this training. Agreed to include this in the planned training review to be undertaken	JM	Incident reporting and the learning from investigations is included in level 1, 2 and 3 (RCA) risk management training. All three training programmes have been reviewed to emphasise the need to report, how to report, feedback and sharing and learning.		Provided that the Committee requires no further action – this will be marked as complete following the meeting
5	BM16-17/102	The Board recommended that the Trust review its compliance against the boiler exhaust omissions.	MB			

6	BM16-17/102	Include an Executive Summary as part of the Health and Safety report which outlines the main concerns in future as this would aid with review.	JM	**Completed** - included in Q1 Health & Safety Report to Q&S Committee on 14 September 2016		
7	BM16-17/104	The Board also agreed that compliance with AQ standards be included in the Board Assurance Framework.	CS	**This will be included as part of the review of the BAF as a whole**	Sept 16	
8	BM16-17/108	Respond to the Single Oversight Framework Consultation raising the concerns as discussed	DJ/CS	**Completed**		
9	BM16-17/108	Include equality and diversity in the internal CQI inspections	GW	**Completed**		
10	BM16-17/111	Include in the BAF the following: • The impact of the changes proposed in the single oversight framework • The interpretation of the STF guidance	CS	**This will be included as part of the review of the BAF as a whole**	Sept 16	
11	BM16-17/	Items to be considered by assurance committees: • FBPAC – an update on how the Divisions are progressing with the demand and capacity work • Consider the learning from this and how this might inform the finance report going forward	JH/DJ	**An update on demand capacity to form part of the private agenda for the Board in September**	Sept 16	
Date of Meeting 29.06.16						
11	BM16-17/069	Review the corporate governance statements in relation to the CQC action plan; data quality and compliance with statutory access targets	CS		Dec 16	

12	BM16-17/071	Review the risk management process report for Audit Committee in view of the need for greater oversight of this going forward	EM/CB		Sept 16	
13	BM16-17//71	Include the accountable officer for controlled drugs in the roles and responsibilities for the Risk Management Strategy	EM		Sept 16	
14	BM16-17/074	Review the wider health economy risk on the BAF to reflect the concerns raised at the Board in June 16	CS	**Included as part of review of BAF as a whole**	Sept16	
Date of Meeting 25.05.16						
15	BM16-17/033	Include progress on the implementation of the junior doctors contract as part of the Board Development Programme	CS	**Agreed to defer this until October in light of current position**	July 16	
16	BM16-17/036	Full review of the performance report to be undertaken to avoid this becoming unmanageable	JH	**This work will be undertaken as part of the action plan from the well led Governance review**		
17	BM16-17/037	Explore the impact of technology when reporting CHPPD in the future	GW			
18	BM16-17/040	Board to continue to receive CQC updates until the next inspection on a quarterly basis	EM	**Included on the agenda for September**	September 16	
19	BM16-17/046	Include the CIP £5M gap in the Board Assurance Framework	CS	**Included as part of review of BAF as a whole**	July 16	
Date of Meeting 27.04.16						
20	BM16-17/016	FBP&AC to focus on demand, capacity and achievement of access targets; achievement of financial targets and review of thresholds	CS	**Completed**	June 16	
Date of Meeting 30.03.16						

21	BM15-16/297	Present the Medical Engagement Strategy	EM/JM	**This work is underway and further discussion will take with the Board as part of its development session**	May16	
22	BM15-16/299	Update on the number of discharges before noon as a result of the SAFER roll out	CO		April 16	
23	BM15-16/300	Circulate to members the impact of the nursing investment from a financial perspective in order to complete the evaluation process.	GW		April 16	
Date of Meeting 27.01.16						
24	BM15-16/243	Provide a weekly progress report on A & E in light of current performance	CO	**ongoing**		
25	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	**This work will be undertaken as part of the action plan from the well led Governance review**	March 2016	
Date of Meeting 28.10.15						
26	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	**This work will be undertaken as part of the action plan from the well led Governance review**	November 2015	
27	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	**This work will be undertaken as part of the action plan from the well led Governance review**	November 2015	

Date of Meeting 30.09.15						
28	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	**This work will be undertaken as part of the action plan from the well led Governance review**	October 2015	