

Board of Directors Public Board

29th November 2017

**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 29th NOVEMBER 2017
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 | Chairman's Business
Chairman | v |
| 4 | Chief Executive's Report
Chief Executive | d |

5. Quality and Safety

- | | | |
|------------|---|-------|
| 5.1 | Learning from Patient Experience Paper
Interim Director of Nursing and Midwifery and Head of Patient Experience | d / p |
| 5.2 | Report of the Quality and Safety Assurance Committee
Chair of Quality and Safety Assurance Committee | d |
| 5.3 | Bi Monthly Nurse Staffing Report
Interim Director of Nursing and Midwifery | 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 7 Finance Report
Director of Finance | d |
| 6.2 | Month 7 NHSI Compliance Report
Director of Finance | d |
| 6.3 | Approval of Risk Management Strategy
Medical Director | d |
| 6.4 | Procurement Transformation Plan
Director of Finance | d |

7. Governance

- | | | |
|------------|--|---|
| 7.1 | Consultant Revalidation and Appraisal Annual Report
Medical Director | d |
| 7.2 | Board of Directors | |
| | 7.2.1 Minutes of the Previous Meeting – 25th October 2017 | d |
| | 7.2.2 Board Action Log
Director of Corporate Affairs | d |

8. Standing Items

- | | | |
|------------|---|---|
| 8.1 | Items for BAF/Risk Register
Chairman | v |
| 8.2 | Items to be considered by Assurance Committees
Chairman | v |
| 8.3 | Any Other Business
Chairman | v |
| 8.4 | Date and Time of Next Meeting
Wednesday 31 st January 2018 | v |

Board of Directors	
Agenda Item	4
Title of Report	Chief Executive's Report
Date of Meeting	29 th November 2017
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

- **Director of Workforce**

It is with regret that we are losing the Director of Workforce. James Mawrey has been successful in securing an Executive Director of HR position at Bolton NHS Foundation Trust.

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The Trust is working on plans for an interim ahead of appointing to this position substantively. The Trust wishes James every success in his new role.

- **Deputy Director of Nursing**

I am pleased to report that the Trust successfully appointed to the post of Deputy Director of Nursing following the departure of Clare Pratt. Tracey Fennell from Whiston will join us on the 19th February 2018.

- **Update on Infection Prevention Control IPC Improvements**

We have welcomed a Senior IPC Lead Nurse from the Countess of Chester in the last month, to support the IPC improvement programme, with a particular focus on improving the basics. This supports the IPC Team while recruitment to a substantive IPC Nurse Consultant is undertaken. A review of our screening, isolation and associated cleaning services, is almost completed. The HICT meeting is in the process of reviewing its terms of reference and aligning its next year's work programme to the improvement plan. This ensures all the actions made will be embedded and monitored during 18/19.

Following review of the back log and minor estates work, priority has been given to risk assessing and prioritising a range of schemes, to enhance IPC related cleaning, the patient/visitor and staff experience. This work has commenced.

- **Flu Vaccinations**

Every year the influenza vaccination is offered to our staff as a way to reduce the risk of staff contracting the flu virus and transmitting it to patients or their family members. Our occupational health team leads the delivery of vaccinations across the Trust and I am pleased to report that 75.6% of our front line staff has already had the vaccine. I am sure you will join me in extending thanks to our Occupational Team for this superb performance which undoubtedly will provide our staff and our patients with additional protection in this area.

- **PROUD Team of the Quarter awards**

The Orthotic Team was named PROUD Team of the quarter at the last Leaders Forum. The Orthotic service has undergone a service redesign, recruiting a team of in-house Orthotists which has transformed the service due to the team's hard work and dedication to service development and shared aim to deliver timely high standards of patient treatment. A recent patient experience survey revealed: 99% of patients were satisfied with the waiting time, 100% reported that their dignity and privacy was respected and 98% of patients would recommend WUTH Orthotics service to a friend or relative.

External

- **Petition**

Members will no doubt be aware that the Trust received a petition established on the Wirral Globe website and presented by Frank Field MP on 27th October 2017. The petition title was for Arrowe Park Hospital bosses must stop charging nurses £10 to park.

The meeting with Frank Field MP afforded the Trust the opportunity to outline the restrictions of the site and the actions already taken to balance the needs of patients and visitors with those of our staff.

Mr Field was appreciate of the Trust's predicative and understood in which limited cases a staff member would be charged £10 to park. The Trust outlined its plan to review its car parking policy to ensure this was not only as equitable as possible but also so that it outlined the alternative schemes available to support staff in their transport arrangements. The Trust was clear that it did not have a solution to the issue of providing a car parking space for every member of our 5500 staff.

- **Quality Health 2017 Women's Experience of Maternity Care Survey**

I am pleased to report that the majority of the Trust's scores in the Quality Health 2017 Women's Experience of Maternity Care Survey recently published were in the top 20% range when compared to the 31 similar organisations surveyed by Quality Health. The Trust had 11 scores there were highest among these Trusts, this included achieving 100% of women being given a contact number of a midwife/midwifery team during antenatal care. There were no scores where the Trust was in the bottom 20% range.

- **Strategy**

We continue to make good progress with colleagues at Countess of Chester within our West Cheshire Alliance. Where change in Health outcomes is concerned, there is no transformation without collaboration, and no collaboration without building readiness. We are now building readiness through our joint Clinical Services Collaboration Committee, comprising Clinical Leaders from both Trusts, who are shaping our plans for 2018/19 across a number of areas including Urology, Pathology, Women and Children's services, Haematology and Renal services. The use of transformation as a signifier for a particular kind of cost-cutting ambition will wither alongside the culture of austerity-above-all-else that popularised it. But the need for radical change in some service areas in the face of demographic and social change remains clear. Mobilising for it takes more than a spreadsheet. Purposeful collaboration takes more than a room full of people. System change is more than just a clever way to articulate and share the problem. We are working together on clinically led new models of care that we believe will make the most of our respective extant strengths, will reduce unwarranted variation and improve resilience and that this in turn will enable better health outcomes, a better experience of healthcare services and better use of our resource. We expect to have plenty more to say about our plans in the coming weeks.

A similar approach to collaborative leadership with our partners in Healthy Wirral will help us turn intent into action. We are close to agreeing a refreshed approach to the leadership model that will connect Healthy Wirral into NHS for Cheshire & Merseyside. We expect to confirm the lead AO/CEO will be Simon Banks. Simon will represent Healthy Wirral within the NHS C&M Accountable Care System, and will be accountable for progressing place based Wirral collaboration into 2018. We also expect shortly to agree a structured approach that will provide the cohesion & grip required to formulate an agreed programme of work that will enable Wirral as a system to both live within its means and deliver care in a safe & timely way. The 4 hour standard will act as our 'bellwether', our barometer of how well we're doing on the latter and a shared system financial control total will frame how we use our significant collective resources in the most effective way.

At the same time as these two outward facing system transformation areas of focus, we continue to make good progress with forming our Trust plans for 2018/19. We have agreed a refreshed set of aims that describe our medium term aspirations, and that will guide the work we now do to prioritise a long list of potential projects we might undertake. Some of these are fairly low level tactical improvements, some represent a more significant step change to the way we do things and a few will transform what we do and how we do it. Our refreshed aims are;

We are the best NHS Trust in the region, because our staff, and the patients who use our services, say we are

We consistently deliver safe, high quality, locally accessible services with health outcomes that compare with the best

We provide safe, high quality, locally accessible services in partnership with primary, social and community care, now and in the future

We put our people first so they can put our patients first, and we create the workforce of tomorrow by investing in the workforce of today

We excel in a quality improvement/learning culture that allows us all to reduce unwarranted variation and constantly improve our services

We are a national exemplar for transforming care through innovation and technology

We make the best use of the public resources we have to deliver high quality, locally accessible services that are clinically and financially sustainable

David Allison
Chief Executive
November 2017

BOARD OF DIRECTORS	
Agenda Item	5.1
Title of Report	Learning from Patient Experience
Date of Meeting	29 November 2017
Author	Laura Austin, Interim Head of Patient Experience
Accountable Executive	Denise Price, Interim Director of Nursing & Midwifery
BAF References	Quality of Care
Strategic Objective	1a, 1b, 2a
Key Measure	To be the top NHS Trust in the North West for patient and staff satisfaction
Principal Risk	1, 2, 3, 4
Level of Assurance	Gaps:
Positive Gap(s)	
Purpose of the Paper	To note
Discussion Approval	
To Note	
Reviewed by Assurance Committee	Not applicable
Data Quality Rating	Not applicable
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	No
Yes	
No	

1. Executive Summary

This report outlines the use of patient stories as a quality improvement tool within the Trust. Patient stories are currently in use at Trust board, Clinical Governance Group and Quality & Safety committee meetings. Gaps have however been identified in the sharing of patient stories across the Trust and evidence of learning.

To ensure that the Trust benefit from the use of patient stories the following steps are to be undertaken:

- Introduction of patient stories framework

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- Development of a resource 'story' bank and toolkit to encourage staff to utilise patient stories at ward and department level
- Volunteers to be trained to support the ongoing capture of patient stories and to provide peer support to those involved in providing their story
- A schedule of patient experience stories will be compiled in alignment with the Patient Experience Strategy (2018/19). A programme for the remainder of 2017/8 is proposed.

2. Background

Patient stories allow the opportunity to view services through the eyes of others. They are an invaluable tool to understand the patients experience within the Trust and can provide assurance of ongoing service quality or highlight emerging areas of importance.

A patient story captures the patient experience from their perspective; it is a powerful reminder of the context in which decisions are made. This can bring about focus, raise awareness and understanding among staff.

3. Current use of patient stories

Currently patient stories feature at Trust board, Clinical Governance Group and Quality & Safety committee meetings. A variety of methods have been utilised including a video story; patients attending in person and staff reading complaint letters or NHS choices comments.

However, the stories have not been shared widely across the Trust and have not been used to full potential as a quality improvement tool. Stories have been selected on an ad hoc basis with no consideration to alignment with Trust objectives. There is a lack of evidence of learning as a result of the use of patient stories within the Trust.

4. Next Steps

Introduction of a framework to clearly explain the purpose, structure and process of patient stories, in particular to ensure:

- stories are heard in the appropriate forum and learnt from
- there is a process to feedback to the storyteller
- organisational learning, recording and reporting is captured

Patient stories are to be made available to all staff across the Trust via an online resource bank (intranet). This is to be supported by a toolkit to guide the use of patient stories at ward or department level including recommendations for MDT discussion points. A variety of methods will continue to be used as appropriate. Patient stories will be shared via the regular communications bulletin.

Volunteers with an interest in patient stories have been identified and will be provided with training to support with the ongoing capture of patient stories including peer support for those providing their story.

A thematic schedule of patient experience stories is to be developed in alignment with the Patient Experience strategy. A schedule for the remainder of the financial year 2017/18 is proposed (see below) to support patient feedback received from national survey results, complaints and Friends and Family Test outcomes.

Month (2018)	Area
January	Themes within Q3 complaints
February	Emergency Department
March	Maternity, Children & Young People
April	Inpatient Care

5. Conclusion

Patient stories present an invaluable opportunity to engage, educate and inform staff across the Trust. Although patient stories are utilised during key senior meetings, there is further opportunity to embed the use of storytelling across the Trust to ensure that patients experience drives improvement and provides assurance of the quality of service offered.

6. Recommendations

The Board of Directors is asked to note this report

Board of Directors	
Agenda Item	5.2
Title of Report	Report of the Quality & Safety Committee – 08 November 2017
Date of Meeting	29 November 2017
Author	Cathy Maddaford, Chair of the Quality and Safety Committee
Accountable Executive	Denise Price Interim Director of Nursing and Midwifery Dr Susan Gilby, Medical Director
BAF References • Strategic Objective • Key Measure • Principal Risk	1, 2, 4, 5, 7 1a, 1b, 2a, 2b, 2c, 4a, 5a, 5b, 5c, 7a, 7b, 7c, 7d 1, 2, 3, 16, 17, 19
Level of Assurance • Positive • Gap(s)	Gaps with mitigating action
Purpose of the Paper • Discussion • Approval • To Note	Discussion
Data Quality Rating	N/A
Review by Assurance Committee	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 08 November 2017. Key focus areas are those which address the gaps in assurance/control in the Board Assurance Framework.

Board Assurance Framework

The key changes to the BAF made during the reporting period are outlined below:

The Committee agreed with the recommendation from the Medical Director to merge risk 1 quality and safety with risk 4 clinical outcomes and in doing so to revise the risk rating to a higher level to reflect the current position particularly in relation to the domain of “safe” and the work being undertaken in this area. The Committee also agreed with the change in emphasis on risk 3 from staff engagement to workforce and again in terms of the risk rating to increase this to reflect the

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deterioration in HR indicators; difficulties with recruitment and retention and general levels of morale. The Committee also agreed that the workforce strategy needed to reflect the risks being raised in this area. The change in risk score was also felt to be in line with the overall view from the organisation that Workforce was one of the top 4 risks in the Trust.

The Committee supported the view of the Senior Management Team and Finance Business Performance and Assurance Committee that the top 4 risks in the organisation were:

- Workforce
- Quality and Safety
- Access
- Finances

The Committee also supported the increase in risk rating in relation to risk 10 RTT in view of the current performance.

The Committee noted that the document remained “live” with updates to the narrative and action for risks:

- Risk 5 – sustainability
- Risk 12- C difficile
- Risk 13 – NHS C & M
- Risk 14 – Healthy Wirral
- Risk 15 – Operational step change and internal transformation
- Risk 17 – Estates

Financial Recovery Plan – Quality Impact Assessment

The Committee agreed that the quality impact assessment process in relation to the Financial Recovery Plan would remain on the agenda to ensure that any escalation from the Transformation Steering Group could be monitored. The Committee sought and received assurance that there was no agency cap freeze on frontline staff or patient facing staff and that administration and clerical posts vacancies were being reviewed on a weekly basis.

Patient Stories – Purpose and Future Programme

The Committee agreed that the attendance of the patient or their relative was an important factor when receiving patient stories. The Committee agreed that the revised proposal for receiving and learning from patients stories would be presented to the Board of Directors in November 17. The Committee supported a change in approach.

Integrated Quality Dashboard

The Committee reviewed the evolving integrated quality dashboard and noted the additional topics being included. The Committee raised concerns on the following areas where there appeared to be deterioration:

Nursing vacancy rates – although the Committee accepted that the rates were still better than the national average they continue to rise. The highest levels continue to be seen in the Division of Medicine and Acute. The Committee sought confirmation that the Trust was taking all the necessary action to ensure safe staffing levels and that action was being taken on recruitment and retention campaigns. The Committee sought and received assurance that the agency freeze had not impacted on this area of work.

Nutrition and Hydration – the Committee was advised that work was progressing to address the issues raised in the PLACE survey and the deterioration in compliance with the MUST tool. The Committee agreed that this required urgent attention and therefore that a “deep dive” should be commissioned to progress this work at pace.

Clostridium Dificile rates – the Committee agreed that the Infection Prevention and Control Action Plan reviewed at the meeting should address this area.

Staff Friends and Family Test – the Committee triangulated the outcomes of this with the workforce key performance metrics and agreed to escalate this to the Board.

Infection Prevention and Control High Level Improvement Plan

The Committee reviewed the IPC Improvement plan which included the feedback and recommendations from colleagues from Central Manchester in September 2017 as part of a commissioned external peer review by the Trust. The key themes and actions to be taken at a Divisional level were outlined and the Committee sought assurance where the accountability for infection prevention control resided at Divisional level. The Committee was pleased that the Divisional actions outlined would be completed by the end of November 17.

The Committee agreed that medical engagement needed to be developed to ensure that medical staff were on Board to support the improvement in the plan.

Mortality Review Process

The Deputy Director provided the Committee with an update on the Mortality Review Process following approval of the policy by the Board in September and formal reporting via a dashboard to the public in January 2018. He confirmed that deaths that required a structured judgement review were being monitored by the Trust's serious incident meeting, bereavement service and primary mortality review.

The Committee was advised that primary mortality reviews were below expected levels and that changes to the process were being put in place to address this.

Assurance Reporting

The Committee received Chair's reports from the following Working Executive Committees:

- **Clinical Governance Group- the Group** – no items escalated
- **Workforce and Communication Group** – escalated compliance with mandatory and appraisal rates
- **Patient Family Experience Group** - A verbal update was provided by the Interim Director of Governance on the work of the group which was under review. The Committee was advised that the key responsibilities of this group had moved to the Clinical Governance Group and monitoring of progress was being undertaken by the integrated quality dashboard. The Committee agreed to receive a paper outlined the proposed functionality and remit of the new group for the next meeting.

Issues for escalation to the Board of Directors

The Committee agreed to escalate to the Board the changes to the risk scores for quality and safety and workforce in the BAF and the merging of risk 1 quality and safety with risk 4 clinical outcomes.

The Committee also agreed to raise the concerns highlighted by the integrated quality dashboard and from the Workforce and Communications Group and in particular the workforce key performance metrics.

Cathy Maddaford
Chair of Quality and Safety Committee

Board of Directors	
Agenda Item	5.3
Title of Report	November 2017, Nurse Staffing Report September / October
Date of Meeting	29.11.2017
Author	Denise Price, Interim Director of Nursing and Midwifery Johanna Ashworth-Jones, Senior Analyst Tracey Lewis, Head of Clinical Excellence & Organisational Development
Accountable Executive	Denise Price, Interim Director of Nursing and Midwifery
BAF References Strategic Objective Key Measure Principal Risk	1, 3
Level of Assurance Positive Gap(s)	Gaps
Purpose of the Paper Discussion Approval To Note	For information and discussion.
Reviewed by Executive Committee	No
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 the Board of Directors with information on Registered Nurse / Midwives and Clinical Support Workers, drawn from a range of staffing data and information including vacancy rates and staffing related incidents for September & October 2017.

The report also includes the details of the Trust's monthly submission of Care Hours per Patient Day (CHPPD) and information published within the National Model Hospital Portal. The paper makes recommendations regards the future structure of the report, in respect of a wider set of information that provides a temperature test/heat map of nurse, midwifery and CSW staffing across the trust. This acknowledges that no one single data set will establish this.

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2 Recruitment

A key priority 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, however as the National Nursing shortage continues this is now impacting on registered nurse staffing levels within the Trust.

The total Trust vacancy rate for the registered nursing and midwifery workforce in Sept was 7.76%. Whilst the Trust's vacancy rate remains better than the national average of 11.1% the general trend at WUTH is that vacancies are increasing, especially in respect of our Band 5 nursing workforce.

When reviewing the vacancy rate for in-patient and Emergency Department (ED) Band 5 posts the Trust's electronic staff records (ESR) data identified a vacancy rate of 14.92 % in September which equates to 100.88WTE. The vacancies continue to increase as more NMC registrants leave the trust than are recruited each month.

Table 1 – N&M vacancy rate

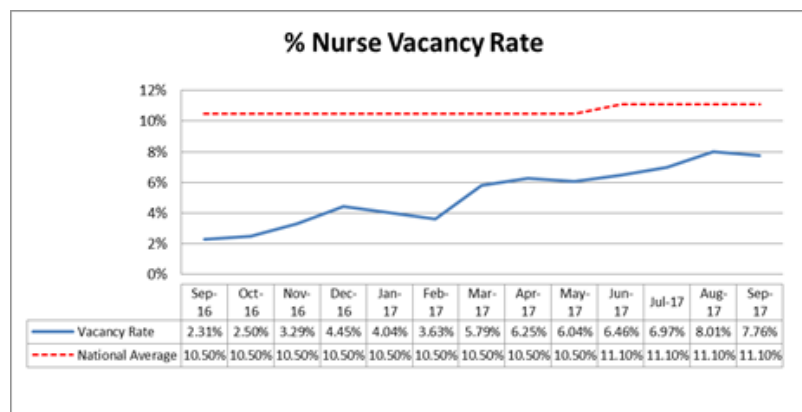


Table 2 - Band 5 Vacancies Inpatient and Emergency Department Registered Nurses

	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017t	Sept 2017	Oct 2017
Establishment	666	665	665.8	676	676	676	676	676
Actual Numbers	619	613	598.4	616.4	591.82	580.86	575.12	581.80
Vacancies	47	52	67.36	59.51	84.18	95.14	100.88	94.20
Vacancies %	7.03	7.89	10.12	8.80	12.45	14.07	14.92	13.93

Table 3 - Current Band 5 vacancy position by Division

Division	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017
Surgery, Women and Children's	5.09% 11.1 WTE	3.80% 8.3 WTE	8.80% 19.19 WTE	5.13% 11.19 WTE	12.89% 19.96 WTE	15.84% 24.53 WTE	15.04% 23.29 WTE	13.48% 20.88 WTE
Medicine and Acute	7.99% 35.71 WTE	9.89% 44.26 WTE	10.76% 48 .17WTE	10.55% 48.32 WTE	13.02% 59.6 WTE	13.49% 61.77 WTE	14.84% 67.95 WTE	14.25% 65.24 WTE

Work is progressing across HR and nursing, to develop a robust recruitment strategy that offers career choice & flexibility, while feedback from the exit interviews is influencing the retention strategies currently under development. These collectively will form the Workforce Strategy for Nursing, Midwifery and Support staff. When looking across the NHS locally and our peer group, we need to be innovative & dynamic in order to attract and keep nursing staff into the Trust.

Table 4 – March 18 Newly Qualified Recruitment

Interview Dates	Numbers Offered
September 2017	4
November 2017	Invited 19 to interview
December 2017	Out to advert

The number of newly qualified recruitments is in line with regional peers. However in order to increase these numbers the Trust will explore ways of offering employment to year 2 students to secure their recruitment to the Trust and will evaluate the possibility of developing an in house school of nursing.

2.1 Overseas Recruitment

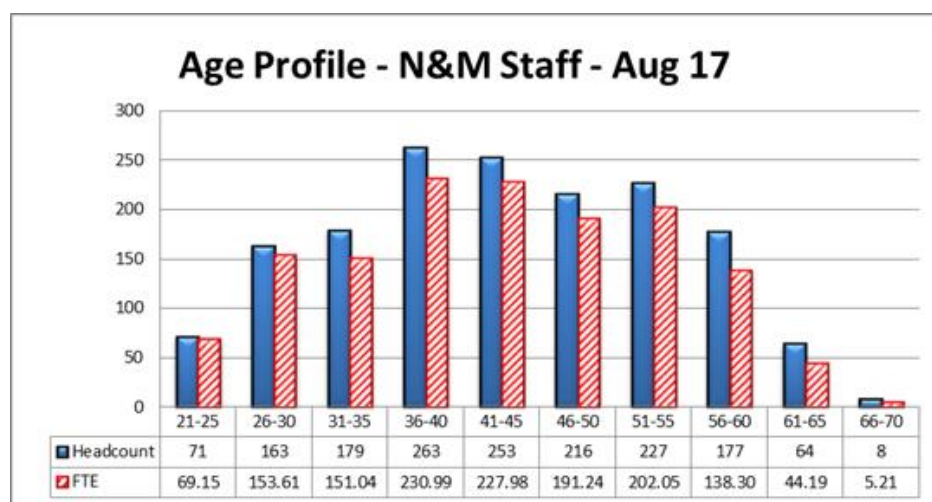
EU recruitment remains low, with just 1 Band 5 EU nurse commenced during September. This element of recruitment requires further focus as part of the overall recruitment strategy to increase nursing numbers substantially. With the concerns around Brexit and reducing numbers of EU nurses seeking NMC registration, NHS Trusts are looking further afield to India and the Philippines to secure nurses.

3. Temporary Staffing

In looking at the national and regional benchmarking data, WUTH continues to have the lowest nursing agency fill rate at 4.4% against a national average of 20.8% fill rate. However, we are seeing a rise in unfilled shifts at weekends through NHSP and while in small numbers, require review given our sole agency/bank provision is with NHSP.

The areas that continue to rely on band/agency staff are elderly care, theatres and neonates, all indicative of a national trend. To support a different workforce model between elderly care and the community nursing staff, early discussions have been held to develop an enhanced career pathway between the two trusts to support a pathway of care approach, not stand alone roles.

4. Age profile



Whilst retirement age is no longer mandated it has been identified that many NMC registrants over the age of 60 yrs. consider a reduction in hours or retirement. In addition the Special Class Status (an element of the 1995 pension) allows eligible members to retire at age 55 without a reduction in their pension.

There are 249 nurses who potentially could have Special Class Status and are therefore eligible members to retire now as they are over the age of 55 years. We also predict a spike in potential nurse retirees over the next 5 years. These factors need to be considered in the workforce strategy, both in terms of how we support nurses to continue careers beyond the age of 55 and 60 years.

5. NMC Revalidation

Regular NMC revalidation clinics continue and the intranet has templates and examples for staff to access. Practice facilitator team continue to support NMC registrants through process and to date there have been no records of any NMC registrants who have been unable to complete revalidation.

6. Model Hospital Portal and Care Hours Per Patient Day (CHPPD)

The Department of Health Efficiency Centre has developed a Model Hospital Portal to allow comparison of hospital data across the range of Carter recommendations. The latest data available for CHPPD is August 2017. During August WUTH's CHPPD was lower than the National and Regional peer's averages for overall CHPPD but above the national average for CSW, RN CHPPD is in line with regional peers but below the National Average.

August 2017 data	WUTH	Regional Peers	National
Total CHPPD	7.3	7.5	7.9
RN CHPPD	4.1	4.1	4.7
CSW CHPPD	3.3	3.4	3.1

Discussions held by the National Workforce Team and following recommendations within the Carter Report, there are some moves within Trusts nationally to include non-nursing workforce i.e. Therapist and Pharmacy hours particularly, in the reported CHPPD hours. In order to progress this in line with guidance, full and effective E rostering needs to be in place to include and align health care professionals or dedicated hours to individual wards and units.

We also know that in the Medicine Division particularly, skill mix reviews have been undertaken to convert longstanding vacancies into CSW and Associate Nursing roles, hence the above national average score.

It has been recognised nationally that the data contained within the Model Hospital Portal and the CHPPD data, does not collectively provide a cohesive narrative for safe staffing and as such national and regionally sponsored work is about to commence. We have nominated the ADN (Associate Director Nursing) for Surgery to represent the Trust on this work.

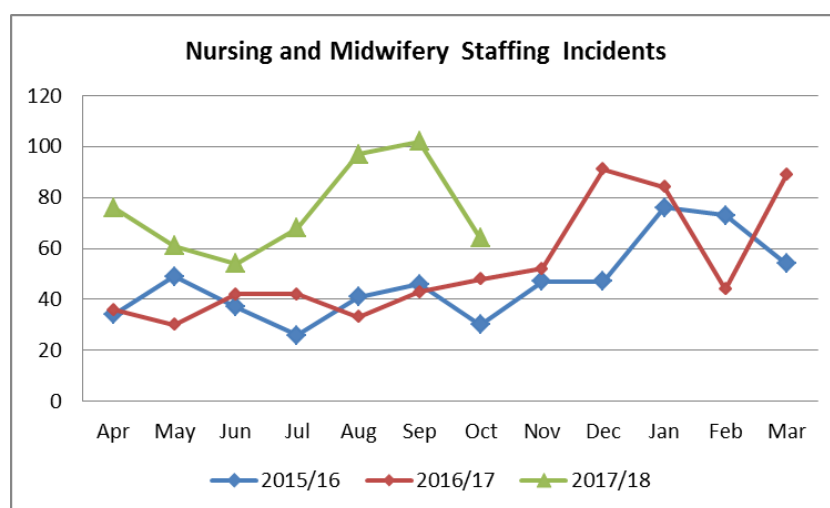
The Divisional Triumvirate has requested that a divisional average for CHPPD is included in future reports and this is displayed below.

Division	September 2017			October 2017		
	RN	CSW	Total	RN	CSW	Total
Medical Specialties	3.6	3.5	7.1	3.5	3.4	6.9
Surgical , Women's and Children's Division	5.9	3.6	9.5	5.1	3.5	8.6

7. Reported Staffing Incidents

As displayed in the graph below Nursing and Midwifery Staffing incidents were recorded at its' highest volume during September 2017 with 102 incidents. During October this reduced significantly to 64, in part due to data cleansing. Full analysis of staffing incidents is undertaken both at senior nursing levels and within divisions.

Work has commenced to ensure the safeguard incident system can further categorize staffing incident data to display themes and trends to reflect the detail within the incidents. While the balance between patient and staff safety and staff moves will always remain a challenge, this should be minimized and shared fairly where possible. Given our current approaches have not always been deployed effectively, the clinical escalation plan, of which staffing is part, will include explicit guidance on staff ward moves, advance planning and use/access to a wider pool of nursing staff across the Trust when required.



8. Next Steps

While the Trust has been favored with fairly constant staffing levels, there is no room for complacency when the national picture remains very difficult. It has been acknowledged in the report that no one single data set is available currently to definitively define a safe staffing model. Consultation commenced last month on a number of safe staffing tools, for ED, Midwifery & Children's, paediatrics is expected shortly. These evidence based tools when available provide an avenue for gaining further assurance.

Given the reliance on CSW's and other none registered nursing roles to support safe and sustainable staffing within the organisations the next report will include recruitment, retention and vacancy data for these roles to provide a more rounded view of safe staffing within the Trust.

In addition the second phase of the acuity and dependency audit will have been completed.

9 Conclusion

Overall our position has not changed greatly in the last two months and we remain in a more positive picture than our local or regional peers, this leaves no room for complacency. We do need to progress the nursing workforce strategy with pace, to ensure our efforts and energies are focused on the key outcomes of attracting and retaining the best staff.

Given that staffing overall remains one of the highest risks to the organisation, future reports will look at staffing from three dimensions;

Recruitment/retention perspective

- o workforce strategy and aligned educational plan
- o development of new roles
- o recruitment & retention

Use of our existing staff, inclusive of our care support workforce,

- o Alignment to the quality dashboard, triangulation
- o productivity, rostering & use of temporary staff
- o staffing in times of escalation (to include staffing incidents)
- o establishment and dependency reviews, national guidance

Benchmarking comparisons, (model hospital & CPPD data) how are we faring

- o Cost and productivity comparison
- o Update on the development of regional work

10. Recommendations

The Board of Directors is asked to receive this report for information and discussion.

Board of Directors	
Agenda Item	6.1.1
Title of Report	Integrated Performance Dashboard
Date of Meeting	29th November 2017
Author	Anthony Middleton, Director of Ops / Deputy COO John Halliday, Assistant Director of Information
Accountable Executive	Janelle Holmes Chief Operating Officer
FOI status	Document may be disclosed in full
BAF References	<ul style="list-style-type: none"> Strategic Objective Key Measure Principal Risk
Level of Assurance	<ul style="list-style-type: none"> Positive Gap(s)
Purpose of the Paper	<ul style="list-style-type: none"> Discussion Approval 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	<ul style="list-style-type: none"> Yes No

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1. Executive Summary

Further to previous discussions, this revised 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 October 2017.

Recommendation

The Board of Directors are asked to:

Note the Trust's current performance to the end of October 2017 and to consider whether this provides the right level of information to support effective decision making.

WUTH Metrics Summary Performance for October 2017

Metrics	✓	!	✗	Not rated
	16	8	15	3

Headline Commentary

The key focus remains on the financial position and A&E 4-hour performance, followed by elective access standard performance (RTT and Cancer).

Performance against the A&E 4 hour standard is showing signs of improvement, particularly following the changes introduced in September.

RTT incomplete validation and cleansing is complete, with increased activity now required to reduce waiting lists and times. Additional outsourced capacity to Spire will be necessary to achieve the large increase in activity required. Very long waiters are being actively managed on an individual basis.

Cancer standards were delivered in Q2, and remain on track for Q3. The financial position is detailed separately.

A&E : 4 Hours Arrival to Discharge

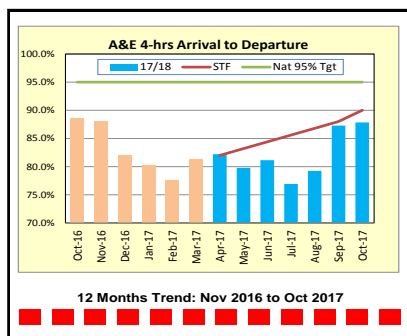


Actual: 87.84%

Accountability: J Holmes / A Middleton

Threshold: 95% (minimum)

Committee: FPBAC



Metric

The total time spent in A&E, measured from the time the patient arrives in A&E to the time the patient leaves the A&E Department, by discharge home, transfer to another hospital or admission to a ward.

Key Issues

The Trust had agreed a trajectory to deliver the standard by March 2018, but this has now been superseded by a blanket national expectation of 90% for October through to February, with 95% to be delivered in March 2018.

The breach analysis for October shows the following main reasons :

Wait for bed	56%
ED Delay	22%
Medical Review Delay	7%
Clinical exception	6%
Other (transport, diagnostics, MH support)	9%

Inputs

Key elements of the Wirral urgent care plan have been introduced including primary care streaming, additional community beds, and revised integrated discharge managements. Internal focus remains on discharges earlier in the day using the SAFER framework, real time clinical escalation and bed management.

Progress

The Wirral system is demonstrating improvement and greater resilience, and fares more comparatively on a national ranking.

Ambulance Turnaround

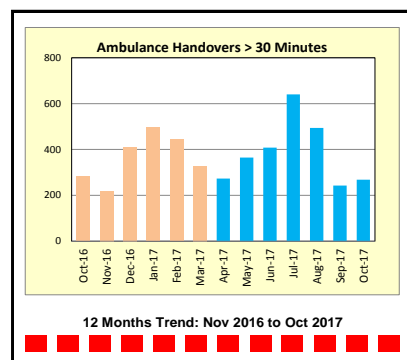


Actual: 268

Accountability: J Holmes / A Middleton

Threshold: 0 > 30mins

Committee: FPBAC



Metric

The standard is a maximum 30 minutes from the arrival of an ambulance to the handover of the patient to Trust staff in the Emergency Department (ED).

Key Issues

In the month of October there were 268 arrivals by ambulance that took longer than 30 minutes to handover.

Inputs

There has been a slight deterioration in October but the improved patient flow is still helping, with lower number delays than seen earlier in the year.

Progress

To be monitored in conjunction with the 4-hour A&E standard and patient flow.

RTT - Incomplete

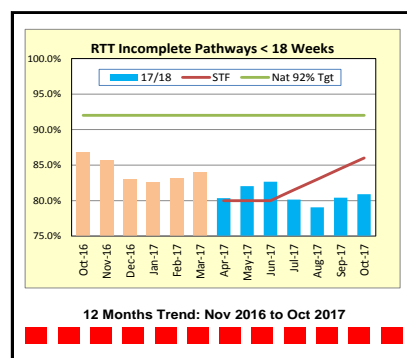


Actual: 80.91%

Accountability: J Holmes / A Middleton

Threshold: 92% (minimum)

Committee: FPBAC



Metric

The percentage of patients that have been referred to a consultant-led service and have not commenced treatment within 18 weeks from that referral, as measured at month-end.

Key Issues

The Trust agreed a trajectory back to compliance across 2017/18 with NHS Improvement. This trajectory has not been achieved since June 2017. Performance for the end of October 2017 was 80.91%.

Inputs

Additional work is now being undertaken both internally and externally to address the backlog position.

Progress

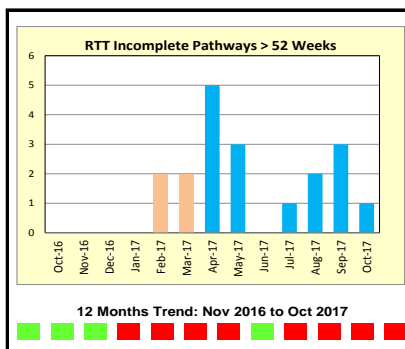
Data quality is much improved and there is confidence the reported position is accurate. The additional work has been both delayed and short of expectation particularly with the independent sector and a revised assessment of the year end position is being calculated. There is much debate locally and nationally on the balancing of elective activity to allow urgent care systems to operate more effectively – WUTH at present is continuing with its plans as it remains a significant outlier in terms of elective access nationally.

RTT - 52 Week Waiters



Actual: 1
Threshold: 0

Accountability: J Holmes / A Middleton
Committee: FPBAC



Metric

In conjunction with the 92% standard for incomplete RTT pathways, there is the national expectation that all patients will commence treatment within 52 weeks of referral, as measured at month-end.

Key Issues

There was one patient at the end of October that had waited longer than 52 weeks for treatment to commence.

Inputs

Long waiting patients are being actively managed alongside the general waiting list and waiting time improvement actions. Any patients confirmed as having waited 52 weeks at month-end are reviewed to ensure no clinical harm has resulted from the long wait, and to understand the causes of the excessive waiting time.

Progress

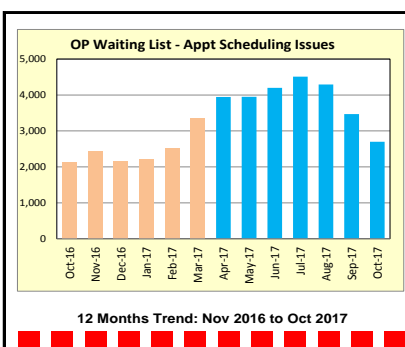
Additional activity is being planned both within WUTH capacity and outsourcing to a local Spire provider.

Outpatient Waiting List - Appointment Scheduling Issues (ASI)



Actual: 2701
Threshold: Zero

Accountability: J Holmes / A Middleton
Committee: FPBAC



Metric

Number of eRS referrals on the Appointment Scheduling Issues (ASI) list at month-end

Key Issues

Direct bookings from GPs via the national eRS are unable to find an available appointment for the patient if there is limited capacity at the Trust. These referrals are then logged as an ASI, preventing the referral letter reaching the Trust, and the patient does not receive an appointment until capacity becomes available.

Inputs

As additional capacity comes on stream, the size of the ASI backlog is reducing. Divisions are working through plans to reduce and minimise the number of ASI.

Progress

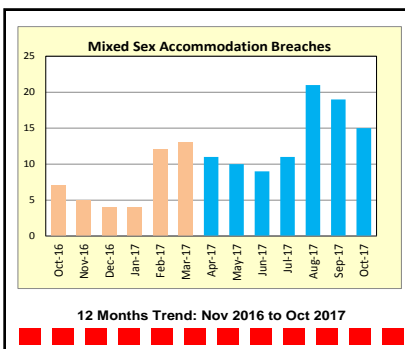
The ASI backlog is expected to continue to reduce across the remainder of 2017/18.

Mixed Sex Accommodation Breaches



Actual: 15
Threshold: Zero

Accountability: J Holmes / A Middleton
Committee: FPBAC



Metric

Patients have a right to single-sex accommodation, to respect their privacy and dignity in an inpatient setting.

Key Issues

There were 15 breaches of the same sex accommodation standard in October, all relating to patients waiting beyond the 24 hours allowed for patients transferring out of critical care areas.

Inputs

The delays in transferring out are discussed at all bed meetings and given high priority. The patients' privacy and dignity is maintained in the critical care areas, in a side room if possible, and all care given that would be provided on their destination ward. The delays are explained to the patients, and they are moved as soon as a bed becomes available in the right ward. It is important to note that critical care were not fully occupied during this time, and there were no patients unable to be transferred to critical care that needed a bed there.

Progress

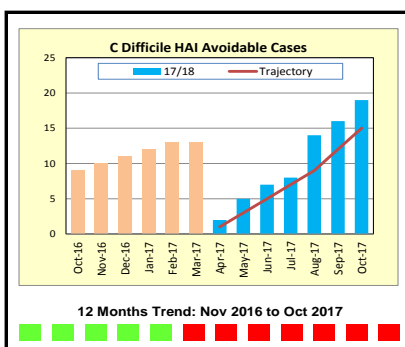
Options to increase the side rooms in critical areas are being assessed. Improving patient flow across the Trust will allow easier and more timely transfer back to general wards for those patients that no longer need augmented care.

C Difficile HAI Avoidable Cases



Actual: 19 cases
Threshold: Above trajectory

Accountability: D Price
Committee: Q&S Committee



Metric

The number of clostridium difficile cases in the year to date that are hospital acquired toxin-positive, and deemed to have been avoidable

Key Issues

The Trust has a maximum trajectory of 29 toxin-positive hospital-acquired avoidable cases for 2017/18. At the time of this report, there were a potential three cases in October (subject to review) which would bring the cumulative total up to 19. This would be 4 cases above the expected trajectory for this point of the year.

Inputs

Lack of Divisional engagement with Post Infection Reviews (PIRs) and learning outcomes although Surgical Division will be introducing weekly meeting to discuss HCAs. Avoidability of October cases currently under review and will be reported next month.

Progress

HPV programme has been suspended in October; effectiveness of programme currently under review. Daily review of diarrhoea patients by IPCT.

Breast Feeding Rate

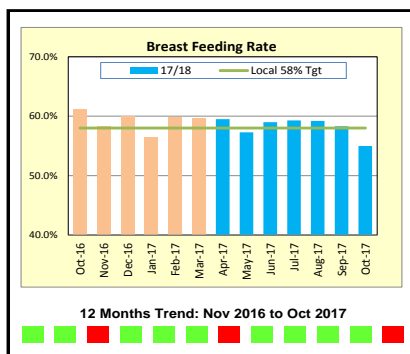


Actual: 55.00%

Accountability: D Price

Threshold: Above trajectory

Committee: Q&S Committee

Metric

The percentage of patients known to have initiated breast feeding within 48 hours of birth

Key Issues

The Trust has agreed a target with NHS Wirral for a minimum 58% of mothers delivering at WUTH to initiate breast feeding within 48 hours of the birth.

Inputs

The percentage achieved across the last 12 months has largely been above the 58% threshold. October position being discussed with senior Midwifery staff regarding the mothers' preferences

Progress

Initiation rate to be reviewed on a monthly basis.

Liquidity Days

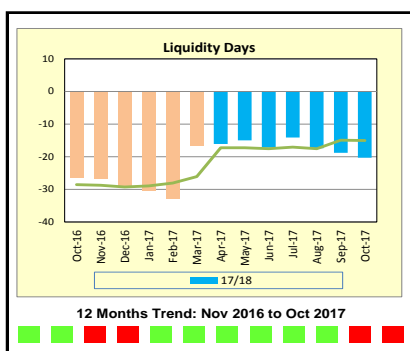


Actual: -20.30

Accountability: D Jago

Threshold: 0 days

Committee: FPBAC

Metric

Days of operating costs held in cash-equivalent forms.

2016/17 plan and actual figures (to Feb 2017) appear worse than the 2017/18 metrics because they were compiled on a different basis. Due to changing instructions from the Department of Health and NHSI, working capital facility (WCF) borrowings were previously included within working capital balances, which made the liquidity metric more negative.

Key Issues

Since 2015/16, EBITDA deficits have consistently generated net cash outflows from operating activities, which in turn have deteriorated the Trust's working capital balances. The negative 'liquidity days' metric reflects this 'negative working capital' situation – the Trust's liabilities exceed its assets, including cash. This can be seen in the Trust's Statement of Financial Position.

Inputs

Loan arrangements are in place with the Department of Health and NHSI, which ensure that the Trust will not run out of cash. Such borrowings are to cover day-to-day running costs, and are not ordinarily expected to be used to improve working capital balances. Therefore, improvement in the liquidity metric primarily depends on improvement in the Trust's underlying EBITDA performance.

Progress

Improvement in the liquidity metric primarily depends on improvement in the Trust's underlying EBITDA performance.

I&E Performance

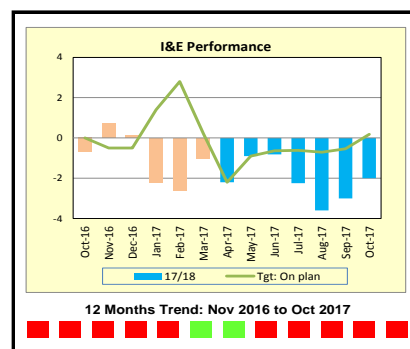


Actual: -2.0

Accountability: D Jago

Threshold: On plan

Committee: FPBAC

Metric

The actual monthly Trust financial position compared to the planned financial position.

Key Issues

Operational expenditure, in particular pay, continues to be significantly above plan due to workforce pressures as a result of increased non-elective demand. There are issues in recruiting to medical gaps and the high levels of nursing vacancies as well as the pace of delivery on CIP schemes. The non-delivery of the operational plan has resulted in not being able to access the planned Sustainability & Transformation Fund (STF) since Q1.

Inputs

A financial recovery plan is in place that will support the reduction of the current run-rate.

Progress

The financial recovery plan is reviewed at the Finance & Performance Group as well as the divisional finance reviews with the Director of Finance.

Cost Improvement Programme

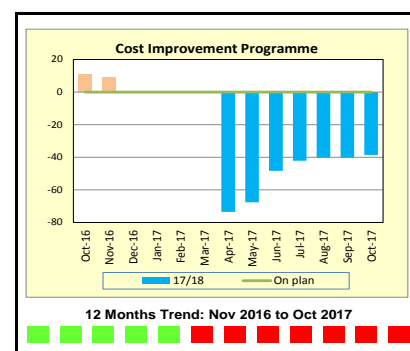


Actual: -38.6

Accountability: D Jago

Threshold: On Plan

Committee: FPBAC

Metric

The percentage of non-achievement of the in year CIP forecast against the £15m plan.

Key Issues

Pace of delivery of planned CIP schemes and the non-achievement to find schemes to bridge the unidentified gap in the CIP plan. The CIP forecast still has a potential delivery risk and the CIP mitigation risk reserve only partially offsets the current gap.

Inputs

The Transformation Steering Group (TSG) continues to review and approve new opportunities to deliver the CIP agenda and monitor plans in progress to delivery. Work is ongoing to look at the big transformational schemes for 18/19.

Progress

TSG continues to progress schemes when identified and has strong links to SSPG in order to realise benefits from proposed vertical and horizontal integration.

Pay Expenditure

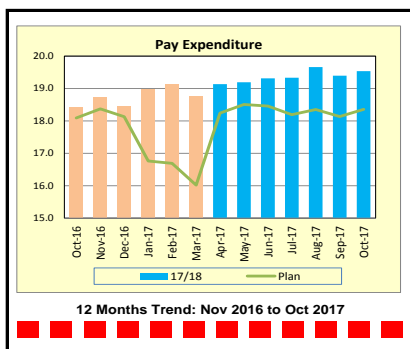


Actual: 19.53

Accountability: D Jago

Threshold: Plan

Committee: FPBAC



Metric

The actual monthly Trust pay spend compared to the pay plan.

Key Issues

Operational expenditure in particular pay continues to be significantly above plan due to workforce pressures as a result of increased non-elective demand, issues in recruiting to medical gaps and the high levels of nursing vacancies as well as the pace of delivery on CIP schemes. Use on non-core pay is still relatively high and represents c10% of pay spend.

Inputs

The finance team review pay overspends and use of non-core on a regular basis with the budget managers and divisional teams. There has been a vacancy freeze on all non-clinical posts implemented since early October.

Progress

As part of the financial recovery plan there are actions to look to reduce the run rate on pay expenditure.

Agency Cap Breaches

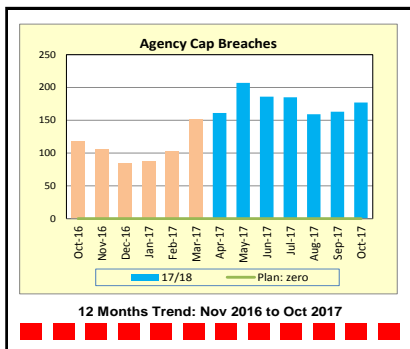


Actual: 177

Accountability: D Jago

Threshold: 0

Committee: FPBAC



Metric

The target is set at zero breaches of the agency cap. Divisional target to reduce agency usage by 50%.

Key Issues

Use of unfunded or unestablished escalation wards is creating increased demands for bank and agency staff. The Divisional target to reduce agency usage by 50% is proving a challenge without direct impact on patient care.

Inputs

The Effective and Efficient Workforce transformation is reviewing Medical leadership roles to free up more time for patient contact, job planning for medical and non-medical staff to increase efficiency, and policies and procedures to reduce reliance on temporary staff.

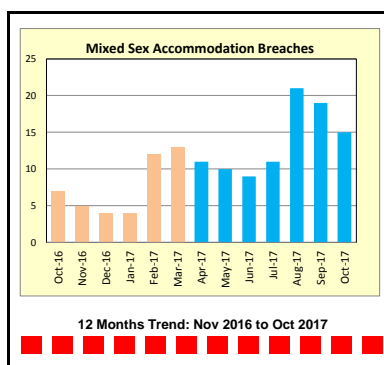
Progress

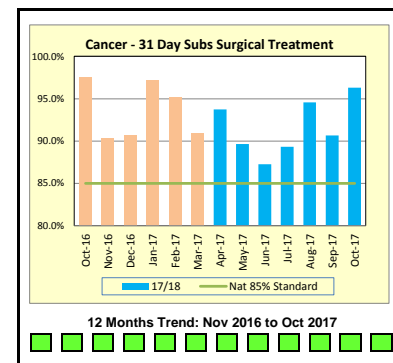
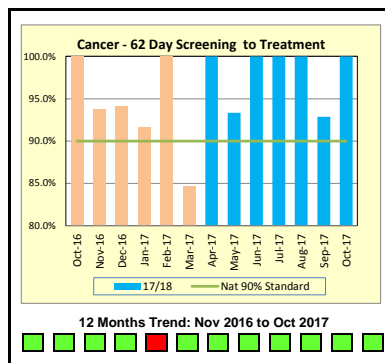
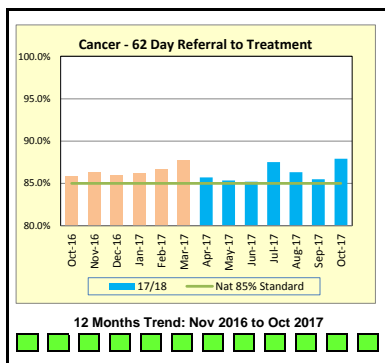
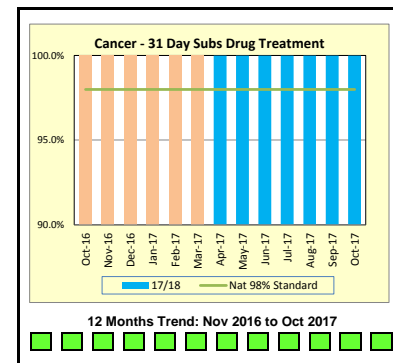
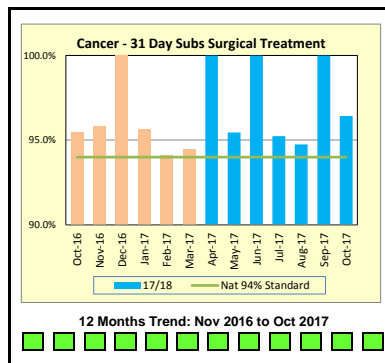
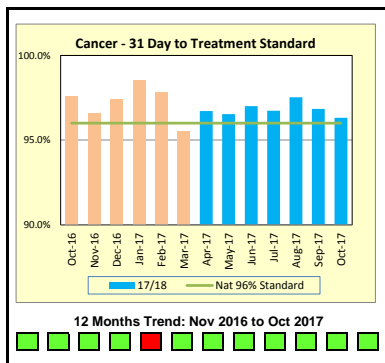
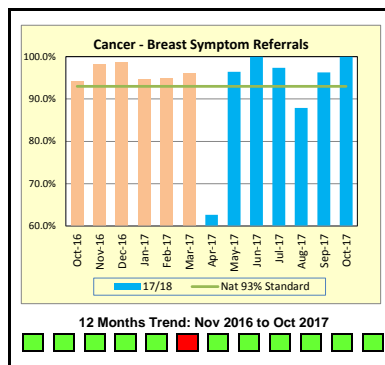
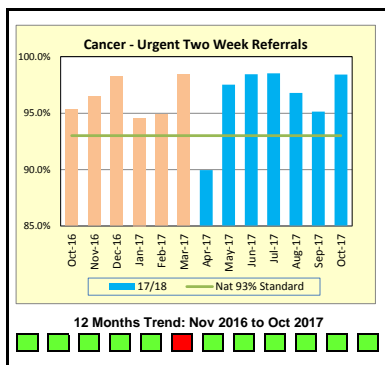
Policy amendments to be finalised Nov 2017. Revised workforce planning to be presented to WGG in Dec 2017. Collaborative agreements with other NHS organisations on agency rates are being considered for possible introduction from April 2018.

J Holmes / A Middleton

✓	!	×	Not rated
9	2	8	

Access (Operations)



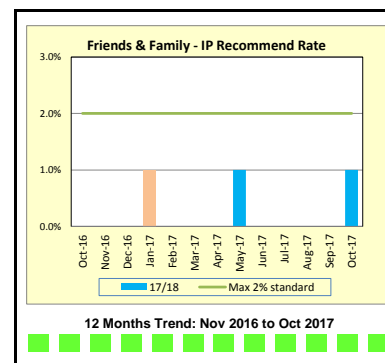
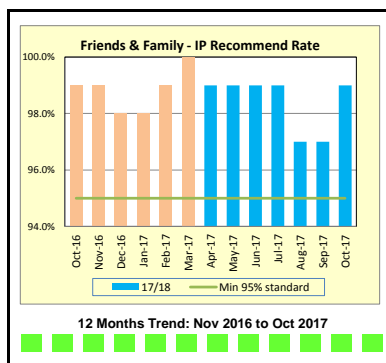
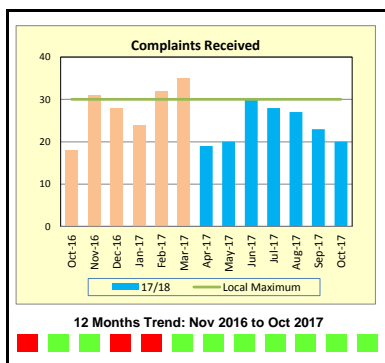
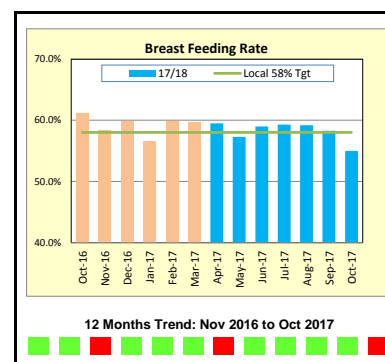
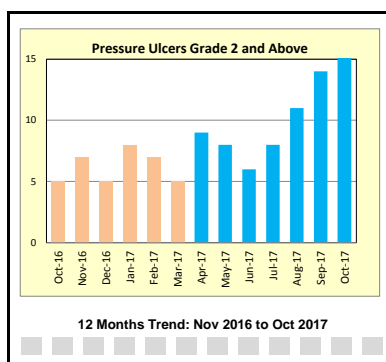
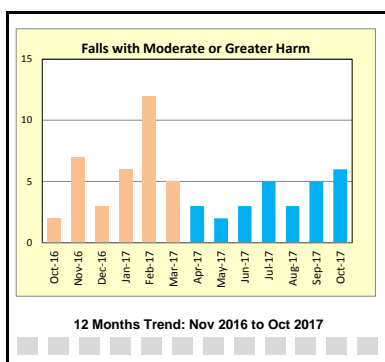
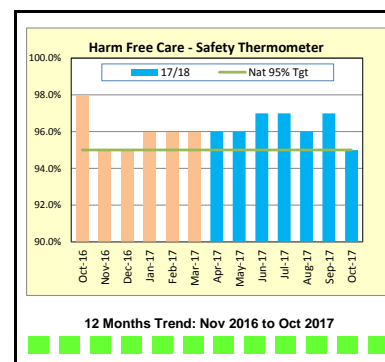
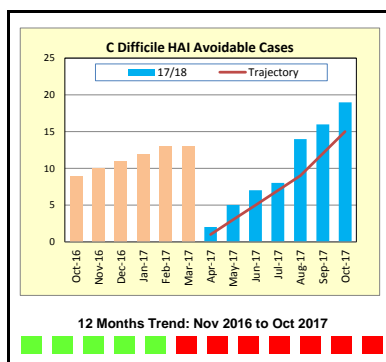
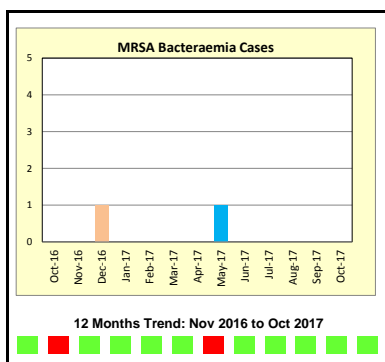


Patient Experience

D Price

✓	!	✗	Not rated
5	0	2	2

Patient Experience

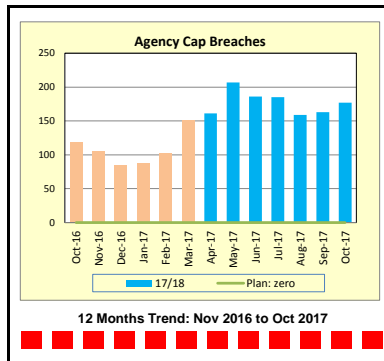
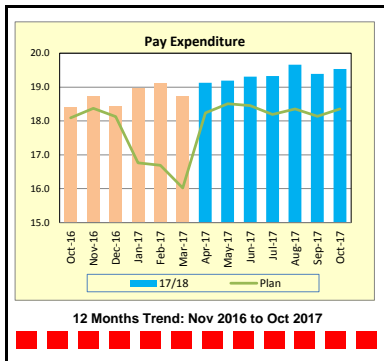
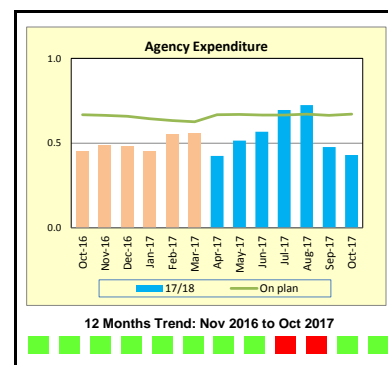
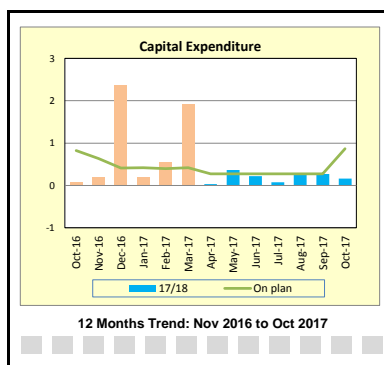
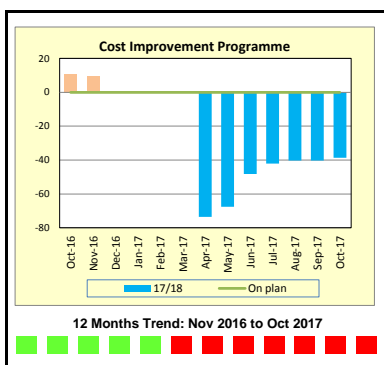
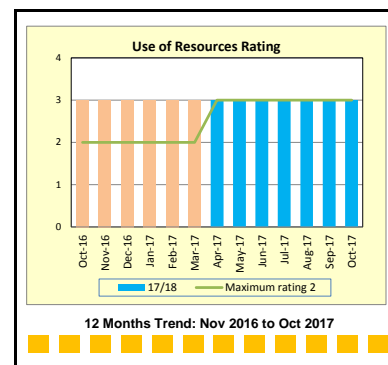
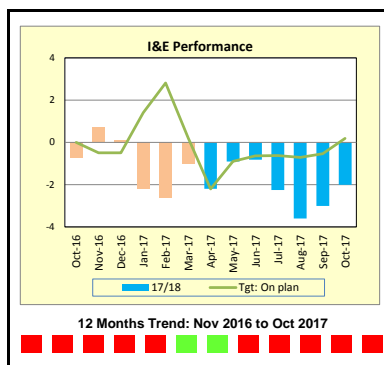
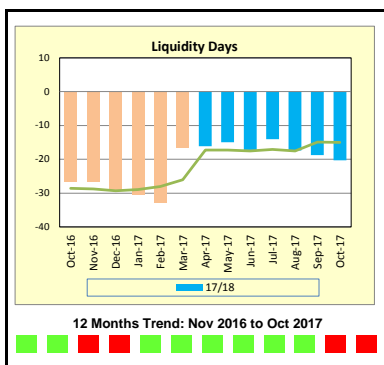


Use of Resources

D Jago

✓	!	✗	Not rated
1	1	5	1

Use of Resources

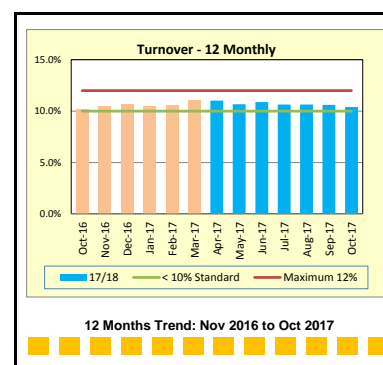
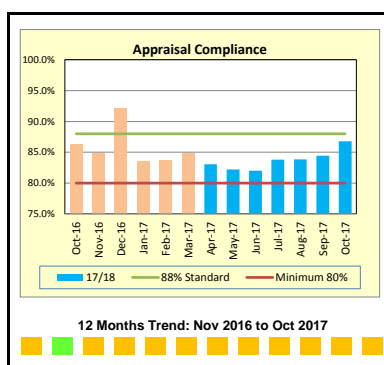
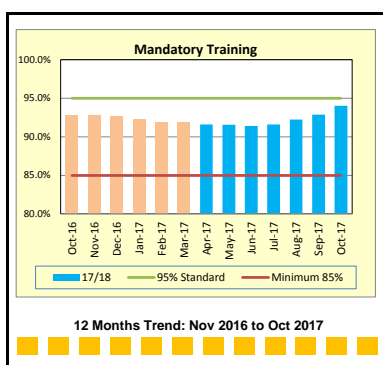
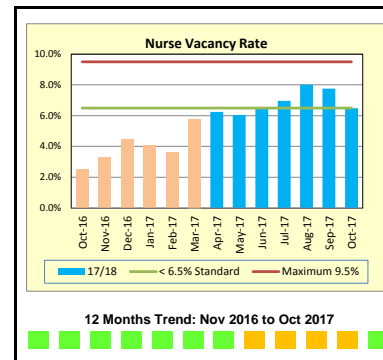
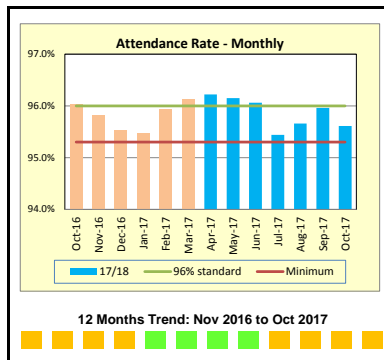
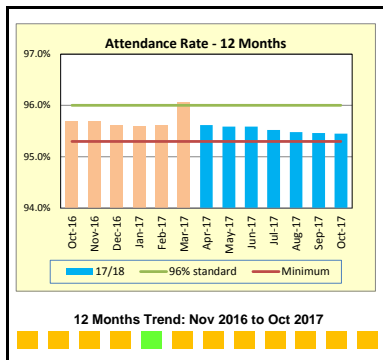


Workforce

J Mawrey

✓	!	✗	Not rated
1	5	0	0

Workforce (HR)



Board of Directors	
Agenda Item	6.1.2
Title of Report	Month 7 Finance Report
Date of Meeting	29 th November 2017
Author	Gareth Lawrence, Deputy Director of Finance
Accountable Executive	David Jago, Executive Director of Finance
BAF References • Strategic Objective • Key Measure • Principal Risk	8 8c,8d
Level of Assurance • Positive • Gap(s)	Gaps: CIP performance below plan with consequent non delivery of STF funding.
Purpose of the Paper • Discussion • Approval • To Note	To discuss and note
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	No

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Overview

This paper provides an update to the Board of Directors on the month 7 financial performance of the Trust for the 2017/18 financial year.

The Trust submitted a revised plan to NHS Improvement (NHSI) which agreed delivery of an operational deficit of £0.4m in line with the control total issued and agreed at Board in March 2017. Within this plan is the requirement to deliver a Cost Improvement Programme (CIP) of £15.0m and a requirement to deliver additional initiatives identified and agreed at Board in March to deliver further savings/initiatives of £6.6m (residual risk of £5.0m) profiled to the latter part of the financial year with a key element of this reliant on working with a formally appointed SEP.

At the end of October 2017 the Trust delivered an overall deficit of £16m which is a £6.7m adverse performance to the plan excluding Sustainability and Transformation Funding (STF). As a result of the Trust not achieving the A&E trajectory in Q1 and the financial control total since the end of Q1 the Trust has not been able to access £2.9m of the Sustainability and Transformation Fund (STF). In month the Trust delivered a (£2m) deficit compared to a planned £0.2m surplus resulting in an adverse (£2.2m) variance from plan. The adverse variance occurred as a result of; the Trust not achieving the financial control total in month therefore not receiving (£0.9m) STF. The non-achievement of CIP in month gave the Trust a further (£0.6m) pressure. Non achievement of CQUIN contributed (£0.1m) to the adverse variance as a result of not achieving Q2 milestones on specific schemes. Escalation pressures continue to drive costs in excess of plan as a result of the high level of medically fit patients ready for discharge and the increasing demand on Non-Elective services.

The Trust disappointingly is reporting a £2.6m adverse variance performance to the CIP having delivered £4.2m compared to the £6.8m target. The levels of savings within the plan represent 4.5% of turnover (exc STF), 2.5% above the level nationally identified by NHSI in the planning guidance. Current delivery levels exceed the 2% level but fall short of the internal target required to achieve the operational plan and subsequent STF. The Trust continues to review all transformational schemes via the Transformational Steering Group (TSG) in order to support sustainable delivery of the savings target.

The cash balance position at the end of October was £2.6m, which is £0.6m above plan. This primarily reflects the closing 16/17 cash position being higher than plan and the additional cash received to support the Digital Wirral / Global Digital Exemplar (GDE) programme, offset by movements in working capital and EBITDA performance.

The year-end NHSI forecast remains in line with plan. As can be seen from the current run-rate there are some significant risks in delivering the planned control total for 2017/18 which have been discussed within the Trusts recovery plan through Board. The risk will be further heightened by the affordability challenge within the Wirral Health economy. The Trust is currently challenging Wirral CCG on numerous schemes within their recovery plan that will have no impact on the underlying costs base of Health services within the Wirral, but will transfer risk from commissioners to providers. These risks include:

- Sepsis coding challenges
- Utilisation of CQUIN risk reserve
- CQUIN challenges on milestone delivery
- Procedures of Low Clinical Priority (PLCP)

The Trust has achieved an overall Use of Resources (UoR) Rating of 3 which is in line with plan. As in previous months, the *Agency spend* rating is preventing the overall UoR Rating from dropping to 4.

Table 1 Income and Expenditure Performance

Year ending 31 March 2018 Position as at 31 October 2017	Current Month			YTD		
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Clinical income	25,765	24,808	(957)	175,861	169,358	(6,502)
Non-NHS clinical income	131	172	41	917	1,450	533
Other income	2,445	2,458	13	17,115	17,072	(43)
Total operating income before donated asset income	28,341	27,439	(902)	193,893	187,880	(6,012)
Pay	(18,357)	(19,532)	(1,175)	(128,235)	(135,547)	(7,312)
Other expenditure	(8,737)	(9,021)	(284)	(63,770)	(60,984)	2,786
Total operating expenditure before depreciation and impairments	(27,094)	(28,554)	(1,460)	(192,005)	(196,531)	(4,526)
EBITDA	1,247	(1,115)	(2,362)	1,888	(8,650)	(10,538)
Depreciation and net impairment	(693)	(563)	130	(4,807)	(3,787)	1,019
Capital donations / grants income	0	10	10	0	158	158
OPERATING SURPLUS / (DEFICIT)	554	(1,668)	(2,222)	(2,919)	(12,279)	(9,361)
Net finance costs and gains / (losses) on disposal	(368)	(371)	(3)	(2,515)	(2,529)	(14)
ACTUAL SURPLUS / (DEFICIT)	186	(2,039)	(2,225)	(5,434)	(14,809)	(9,375)
Reverse net impairment	0	0	0	0	0	0
SURPLUS / (DEFICIT) before impairments and transfers	186	(2,039)	(2,225)	(5,434)	(14,809)	(9,375)
Reverse capital donations / grants I&E impact	12	6	(6)	83	(62)	(144)
DEL net impairments (<i>damage, not revaluation</i>)	0	0	0	0	0	0
ADJUSTED FINANCIAL PERFORMANCE SURPLUS / (DEFICIT) (AFPD)	198	(2,033)	(2,231)	(5,351)	(14,870)	(9,519)
AFPD excluding STF	(689)	(2,033)	(1,344)	(9,345)	(16,001)	(6,656)

The table above details the current performance of the Trust in relation to the plan submitted to NHSI in March 2017. The detailed Income and Expenditure account can be viewed in Appendix 1.

PbR activity is currently above plan by £2.4m YTD predominantly as a result of over performance in non-elective (£2.9m) and A&E activity (£0.3m). During October Clinical income exceeded plan by £0.7m largely due to increases in NEL and A&E income (£0.7m). The YTD PbR performance has been offset with an under performance in Non-PbR of (£2.3), (£1.3m) relates to a difference in the treatment of penalties within the main CCG contract offer (offset within expenditure), with a number of other specialties (Critical Care, Neo-nates and Rehabilitation) currently behind plan. The non-achievement of the control total and A&E performance since Q1 has meant that the Trust has had (£2.9m) of the STF fund withheld further deteriorating the income position. Non PbR excluded drugs is currently below plan by (£3.6m), this is offset within expenditure.

As a result of the increased levels of NEL activity the Trust has currently been penalised by £1.0m greater than planned for in respect of the NEL marginal rate. The Trust continues to discuss the high levels of NEL activity with Health and Social partners in order to find a more sustainable level of support.

Due to the Trust signing up to the Control Total issued by NHS Improvement, the Trust has avoided financial sanctions of c£6.6m YTD due to A&E and RTT adverse performance to targets.

Operational expenditure is (£4.5m) above plan, within this overspend pay costs are materially above plan by (£7.3m), of this (£3.1m) relates to the non-delivery of CIP (compared to the original plan). Other operational pressures include "full capacity" costs as a result of increased non-elective demand both in the Emergency Department and the opening of escalation beds across the organization. Other staffing pressures are due to difficulties in recruiting to key medical gaps in some specialties and the high levels of qualified nurse vacancies. Non-recurrent initiatives were applied in Q1 to mitigate pace of CIP delivery and operational run rate pressures alongside the utilisation of the CQUIN risk reserve that was included within the Trust plans.

The Trust continues to monitor the use of non-core spend and agency spend has seen a reduction again this month. The table below shows the detail by non-core category:-

Table 2 Core and Non-Core Expenditure Analysis

	15/16 Average £000's	16/17 Average £000's	17/18 Average £000's	Apr £000's	May £000's	Jun £000's	Jul £000's	Aug £000's	Sep £000's	Oct £000's	YTD £000's
Plan				18,241	18,506	18,455	18,190	18,352	18,134	18,357	128,235
Pay Costs											
Substantive	16,047	16,944	17,412	17,340	17,366	17,355	17,213	17,405	17,552	17,654	121,885
Bank Staff	299	336	421	377	374	406	418	474	428	468	2,945
Agency Staff	723	591	548	424	515	568	696	724	477	429	3,833
Overtime	290	255	286	339	266	280	272	292	281	272	2,002
Medical Bank/Locum	357	462	550	486	506	558	546	629	541	582	3,848
WLI (In Year)	95	103	148	166	164	143	186	135	113	127	1,034
Non Substantive Total	1,764	1,748	1,952	1,791	1,825	1,955	2,118	2,254	1,840	1,878	13,661
Total Pay	17,811	18,692	19,364	19,131	19,191	19,310	19,331	19,659	19,392	19,532	135,546
Variance				(890)	(685)	(855)	(1,141)	(1,307)	(1,258)	(1,175)	(7,311)
Non-Core %	9.9%	9.4%	10.1%	9.4%	9.5%	10.1%	11.0%	11.5%	9.5%	9.6%	10.1%

The Trust will continue to review the operational pay spend via F&PG and FBPAAC with a renewed focus on actions required to reduce the pay run rate currently being experienced. The Trust agency YTD spend in M7 was £3.8m compared to the “ceiling” of £4.6m issued by NHSI. Agency expenditure will continue to be closely managed given the premium adverse impact of agency costs on the financial plan, alongside assessing the impact of a “freeze” imposed on non-clinical agency. The performance against the agency ceiling is ensuring that the Trust is currently delivering a UoR Rating of 3.

The YTD position includes the release of the £1.2m CQUIN risk reserve, as previously reported to the Board, there is a significant risk that this may be withheld by the CCG. The Trust continues to be in discussions with NHSI so that they can authorise the transfer of the funds with high level discussions taking place between NHSE and NHSI.

The YTD non recurrent support of £1.3m overall has been released in Q1. This is non recurrent mitigation and as previously reported to the Board of Directors is not available in future months to support any continuance of the current higher than planned expenditure run rate of the Trust.

The impact of the associated risks and non-recurrent adjustments to the current YTD position and the underlying position are demonstrated in the table below.

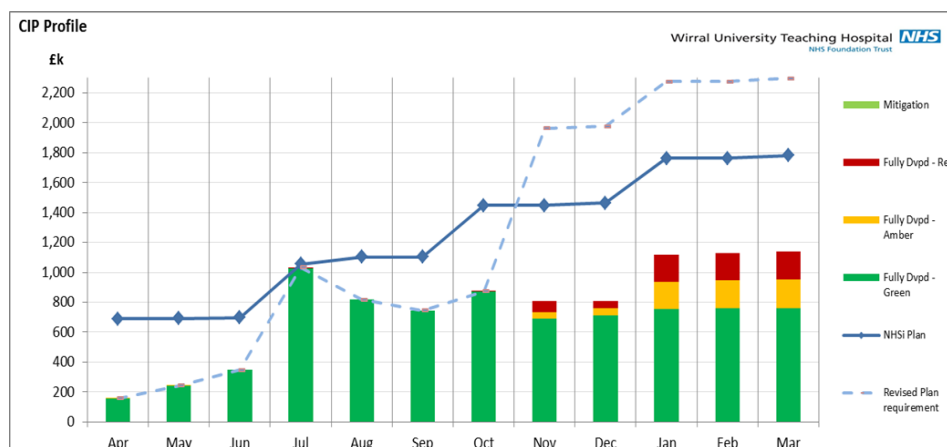
Table 3 Underlying Deficit

	YTD		
	Plan £k	Actual £k	Variance £k
Adjusted financial performance surplus / (deficit) (AFPD)	(5,345)	(14,870)	(9,525)
AFPD excluding STF	(9,339)	(16,001)	(6,662)
AFPD excluding Non-Recurrent Support	(9,339)	(17,301)	(7,962)
AFPD excluding CQUIN Risk	(9,339)	(18,501)	(9,162)
AFPD Underlying Position (exc STF & CQUIN Risk)	(9,339)	(18,501)	(9,161)

Cost Improvement Programme (CIP)

The CIP for 2017/18 as previously reported is £15m (4.5%), this is allocated as a target both divisionally and workstream led. As at the end of the Month 7 the Trust is behind the YTD target of £6.8m by £2.6m. £2.4m of this variance is as a result of the unidentified gap against the NHSI Plan requirement with a further £0.1m underperformance on developed schemes. CIP mitigation of £0.9m has been applied up to the end of October to partially offset this shortfall.

Table 4 CIP Performance



The table below details the month 7 position for CIP by division.

Divisional Summary	YTD			In Year			FYE		
	Target	Actual	Variance to NHSI Plan	Target	Forecast	Variance to NHSI Plan	Target	Forecast	Variance to NHSI Plan
Division	£k	£k	£k	£k	£k	£k	£k	£k	£k
Medicine and Acute	1,899	528	(1,371)	4,200	1,220	(2,980)	4,200	1,166	(3,034)
Surgery	1,596	1,369	(227)	3,530	3,122	(408)	3,530	2,119	(1,411)
Women and Children	665	307	(357)	1,470	655	(815)	1,470	627	(843)
Diagnostics and Clinical Support	1,085	487	(598)	2,435	1,126	(1,309)	2,435	1,201	(1,234)
Corporate	1,537	1,167	(370)	3,365	2,480	(885)	3,365	2,613	(752)
Central			0	0	610	610	0	1,500	1,500
TBC		356	356	0	0	0	0	0	0
TOTAL FULLY DEVELOPED PRE ADJUSTMENT FOR RISK	6,783	4,215	(2,568)	15,000	9,213	(5,787)	15,000	9,225	(5,775)
Adjustment for Risk					(1,213)	(1,213)		(1,225)	(1,225)
TOTAL FULLY DEVELOPED AFTER RISK	6,783	4,215	(2,568)	15,000	8,000	(7,000)	15,000	8,000	(7,000)

The in-year forecast for fully developed schemes at the end of October is £9.2m £0.2m up on previous month reported figures. This has been delivered through the approval of £0.3m of new schemes at TSG offset by underperformance and slippage on a number of smaller schemes.

The risk of delivery has also been assessed on all schemes and a provision of £1.2m in year has been made against the £9.2m. In addition the CIP mitigation reserve of £1.5m has been applied (not shown in the figures above) which leaves the in-year CIP forecast at £9.5m. This position is reflected in the full financial forecast.

Considerable work has been undertaken with the divisional and programme leads to develop the plans in progress and opportunities schemes for approval at TSG. Work will continue to assess and develop the remaining schemes within these categories, with a view

to obtain approval at TSG and have a clear understanding of the unidentified gap in order to take the appropriate action. It is of note that the lead time in terms of benefits realisation associated with many of the transformational and STP programmes will necessitate an increased focus on tactical in year schemes which are being progressed as a part of the recovery plan, however given the underlying performance and time of year the options to mitigate the in year shortfall are increasingly limited.

Statement of Financial Position (SOF), cash position and Use of Resources (UoR) Rating

The Trust's Balance Sheet is detailed at Appendix 2 – *Statement of Financial Position (SOF)*.

Capital variances to plan (£1.3m) are primarily due to actual brought forward balances for 2017/18 exceeding those in plan and depreciation savings, offset by the transfer of part of the Clatterbridge site to *Assets held for sale*, and a year-to-date capital underspend. Depreciation savings have been delivered by extending the asset life of the Cerner EPR system. While this has had a benefit to the Income & Expenditure position, it increases risks to the Trust's ability to fund its future capital programme without additional external support.

Capital expenditure is currently behind plan (inclusive of Digital Wirral (GDE) scheme) by £4.7m. Public dividend capital received in respect of the GDE scheme in year (£3.9m) must be spent before 31 March 2018, and spend is currently behind initial plans.

October's working capital variances to plan continue to fall within acceptable tolerances, and are due to controlled variations in the working capital cycle, in addition to negotiated 'stretch' applied to trade payables through prioritising payments. This is in order that month 8 cash can be managed without in-month borrowing. In month 7, movements and variances in borrowings are wholly attributable to accounting for finance leases.

The October cash position was £2.6m, which is £0.6m above plan. This primarily reflects factors such as the closing 16/17 cash position being higher than plan (£3.6m), movements in working capital (£1.8m), capital underspend (£1.6m) and the additional PDC cash received to support the Digital Wirral (GDE) programme (£3.9m), offset by EBITDA performance (£10.5m). Further detail of the Trust's cash position is at Appendix 3 – *Statement of Cash Flows*. Appendix 3 contains a forecast cash position which assumes additional above-plan borrowing, as approved through Finance Business Performance & Assurance Committee in October.

The Trust has achieved an overall Use of Resources (UoR) Rating of 3 which is in line with plan. As previously noted, the *Agency spend* rating is preventing the overall UoR Rating dropping to 4.

Conclusion

The Trust is currently reporting an YTD adverse variance (excluding STF) to plan of c£6.7m at the end of October and as a consequence of this has not received the associated STF payments for this period. The underlying deficit position of the Trust continues to be reviewed in order to reflect the impact for 2018/19 planning.

Overall operational financial performance has improved marginally compared to previous months but still falls below the required levels to deliver the financial plan. It is imperative that the expenditure run rate and specifically the pay run rate is robustly managed back in line with plan in order to support both the delivery of the CIP and overall financial plan.

As per the recovery plan reported to the Board at M5, the Trust continues to forecast the delivery of the financial plan for 2017/18. The Trust has identified further risks to the

delivery of the plan as a result of system wide affordability issues which it will review with the wider Health economy. In line with the NHSI Forecast Protocols a review of financial recovery actions will be undertaken and reported separately to the Board.


Despite below-plan operational performance, the cash position remains positive with a continued focus on delivering cash preservation initiatives and robust management of working capital, in addition to a draw-down of Digital Wirral (GDE) PDC funding in advance of expenditure. However, the forecast cash position assumes additional above-plan borrowing, as approved at Finance Business Performance & Assurance Committee in October.

Recommendations

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

David Jago
Director of Finance
November 2017

Appendix 1 Income & Expenditure

Income and expenditure statement (SoCI)		Wirral University Teaching Hospital 	
Year ending 31 March 2018 Position as at 31 October 2017		YTD	
	Plan £k	Actual £k	Variance £k
NHS clinical income			
Elective	13,104	13,474	370
Daycase	15,606	15,539	(67)
Elective excess bed days	617	507	(110)
Non-elective	52,395	55,212	2,817
Non-elective excess bed days	1,267	1,377	109
A&E	7,275	7,557	282
Outpatient	19,853	19,163	(690)
Diagnostic imaging	1,436	1,364	(72)
Maternity	3,296	3,077	(220)
Non PbR	40,699	38,355	(2,344)
HCD	11,950	8,348	(3,601)
CQUINs	4,234	4,104	(130)
Other income	140	149	9
STF	3,994	1,131	(2,863)
Total clinical income	175,867	169,358	(6,508)
Non-NHS clinical income			
Private patients	378	265	(113)
Other non-NHS clinical income	539	1,185	646
Total non-NHS clinical income	917	1,450	533
Other income			
Education & training	5,705	5,746	41
R&D	238	312	74
Non-patient services to other bodies	5,411	5,832	421
Other income	5,761	5,340	(421)
Total other income	17,115	17,230	115
Total operating income	193,899	188,039	(5,860)
Total operating costs			
Pay costs	(128,235)	(135,547)	(7,312)
Drug costs	(16,361)	(13,877)	2,484
Clinical supplies	(18,171)	(20,461)	(2,290)
Other costs	(29,238)	(26,646)	2,592
Depreciation and net impairment	(4,807)	(3,787)	1,019
Total operating costs	(196,812)	(200,318)	(3,506)
Operating surplus / (deficit)	(2,913)	(12,279)	(9,367)
Operating surplus / (deficit) %	-1.50%	-6.53%	
Net finance costs and gains / (losses) on disposal	(2,515)	(2,529)	(14)
Actual surplus / (deficit) per annual accounts	(5,428)	(14,809)	(9,381)
Reverse net impairment	0	0	0
Surplus / (deficit) before impairments and transfers	(5,428)	(14,809)	(9,381)
Reverse capital donations/grants I&E impact	83	(62)	(144)
DEL net impairments (damage, not revaluation)	0	0	0
Adjusted financial performance surplus / (deficit) (AFPD)	(5,345)	(14,870)	(9,525)
AFPD excluding STF	(9,339)	(16,002)	(6,662)

The variance on AFPD measures the Trust's performance against its control total.

Appendix 2

Statement of Financial Position (SOFP)

Actual as at 01.04.17 £k		Actual as at 30.09.17 £k	Actual as at 31.10.17 £k	Variance (monthly) £k	Plan as at 31.10.17 £k	Actual as at 31.10.17 £k	Variance (to plan) £k	Forecast 31.03.18 £k	Plan 31.03.18 £k
	Non-current assets								
145,789	Property, plant and equipment	145,648	143,514	(2,134)	143,199	143,514	315	146,444	145,166
12,216	Intangibles	11,811	11,739	(72)	10,768	11,739	971	16,520	10,080
950	Trade and other non-current receivables	836	870	34	1,612	870	(742)	873	1,612
158,955		158,295	156,123	(2,172)	155,579	156,123	544	163,836	156,858
	Current assets								
3,881	Inventories	3,907	3,589	(318)	4,051	3,589	(462)	3,590	4,051
16,389	Trade and other receivables	20,552	21,481	929	22,577	21,481	(1,096)	19,503	20,760
0	Assets held for sale ¹	0	1,805	1,805	0	1,805	1,805	1,805	0
5,390	Cash and cash equivalents	5,268	2,578	(2,690)	1,967	2,578	611	3,989	2,257
25,660		29,727	29,453	(274)	28,595	29,453	858	28,887	27,068
184,615	Total assets	188,022	185,576	(2,446)	184,174	185,576	1,402	192,723	183,926
	Current liabilities								
(31,059)	Trade and other payables	(38,151)	(37,677)	474	(32,544)	(37,677)	(5,133)	(36,035)	(32,172)
(3,341)	Other liabilities	(3,193)	(3,309)	(116)	(3,820)	(3,309)	511	(2,783)	(3,696)
(1,015)	Borrowings	(1,073)	(1,074)	(1)	(1,015)	(1,074)	(59)	(1,073)	(1,014)
(668)	Provisions	(662)	(668)	(6)	(664)	(668)	(4)	(668)	(664)
(36,083)		(43,079)	(42,728)	351	(38,043)	(42,728)	(4,685)	(40,559)	(37,546)
(10,423)	Net current assets/(liabilities)	(13,352)	(13,275)	77	(9,448)	(13,275)	(3,827)	(11,672)	(10,478)
148,532	Total assets less current liabilities	144,943	142,848	(2,095)	146,131	142,848	(3,283)	152,164	146,380
	Non-current liabilities								
(9,154)	Other liabilities	(8,983)	(8,955)	28	(8,955)	(8,955)	0	(8,813)	(8,812)
(26,708)	Borrowings	(32,256)	(32,251)	5	(32,034)	(32,251)	(217)	(49,484)	(27,627)
(2,221)	Provisions	(2,133)	(2,110)	23	(2,035)	(2,110)	(75)	(2,032)	(1,969)
(38,083)		(43,372)	(43,316)	56	(43,024)	(43,316)	(292)	(60,328)	(38,408)
110,449	Total assets employed	101,571	99,532	(2,039)	103,107	99,532	(3,575)	91,836	107,972
	Financed by Taxpayers' equity								
72,525	Public dividend capital	76,416	76,416	0	72,525	76,416	3,891	77,511	72,525
4,575	Income and expenditure reserve	(8,194)	(10,233)	(2,039)	(2,086)	(10,233)	(8,147)	(19,025)	2,779
33,349	Revaluation reserve	33,349	33,349	0	32,668	33,349	681	33,350	32,668
110,449	Total taxpayers' equity	101,571	99,532	(2,039)	103,107	99,532	(3,575)	91,836	107,972

¹ The Trust is actively pursuing options related to the sale of part of the Clatterbridge site.

Appendix 3

Statement of Cash Flows

	Month			Year to date			Full Year	
	Actual	Plan	Variance	Actual	Plan	Variance	Forecast	Plan
	£k	£k	£k	£k	£k	£k	£k	£k
Opening cash	5,268	2,184	3,084	5,390	1,752	3,638	5,390	1,752
Operating activities								
Surplus / (deficit)	(2,039)	179	(2,218)	(14,808)	(5,431)	(9,376)	(23,600)	(568)
Net interest accrued	93	88	6	586	557	29	1,148	982
PDC dividend expense	277	277	(0)	1,939	1,940	(1)	3,324	3,326
Unwinding of discount	1	3	(2)	4	21	(17)	6	35
(Gain) / loss on disposal	0	0	0	0	0	0	0	0
Operating surplus / (deficit)	(1,668)	547	(2,215)	(12,279)	(2,914)	(9,366)	(19,122)	3,775
Depreciation and amortisation	563	701	(137)	3,787	4,807	(1,019)	6,657	8,353
Impairments / (impairment reversals)	0	0	0	0	0	0	0	0
Donated asset income (cash and non-cash)	(10)	0	(10)	(158)	0	(158)	(159)	0
Changes in working capital	(1,505)	(607)	(898)	727	(1,057)	1,784	(286)	(270)
Other movements in operating cash flows	0	0	0	0	0	0	0	0
Investing activities								
Interest received	2	7	(5)	17	48	(31)	21	82
Purchase of non-current (capital) assets ¹	(66)	(864)	798	(2,247)	(3,822)	1,575	(11,549)	(7,964)
Sales of non-current (capital) assets	0	0	0	0	0	0	0	0
Receipt of cash donations to purchase capital assets	0	0	0	40	0	40	40	0
Financing activities								
Public dividend capital received	0	0	0	3,891	0	3,891	4,986	0
ITFF loan principal drawdown	0	0	0	0	0	0	0	0
Support funding ² principal drawdown	0	0	0	8,000	8,000	0	25,766	9,600
ITFF loan principal repaid	0	0	0	(508)	(508)	0	(1,015)	(1,014)
Support funding ² principal repaid	0	0	0	(2,166)	(2,166)	0	(2,166)	(7,666)
Interest paid	0	0	0	(502)	(510)	9	(1,178)	(1,064)
PDC dividend paid	0	0	0	(1,373)	(1,663)	290	(3,324)	(3,326)
Capital element of finance lease rental payments	(5)	0	(5)	(35)	0	(35)	(59)	0
Interest element of finance lease rental payments	(1)	0	(1)	(7)	0	(7)	(12)	0
Total net cash inflow / (outflow)	(2,690)	(217)	(2,473)	(2,812)	215	(3,027)	(1,401)	505
Closing cash	2,578	1,967	611	2,578	1,967	611	3,989	2,257

¹ Outflows due to the purchase of non-current assets are not the same as capital expenditure due to movements in capital creditors.

² Support funding currently comprises a working capital facility, issued by DH and administered by NHSI.

Board of Directors	
Agenda Item	6.2
Title of Report	NHS Improvement Quarterly Return
Date of Meeting	29 November 2017
Author	Shahida Mohammed - Assistant Director of Finance
Accountable Executive	David Jago, Executive Director of Finance
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	8 8c,8d
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	Gaps <ul style="list-style-type: none"> • CIP slippage • Achievement of Control Total
Purpose of the Paper <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Yes • No 	No

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Month 7 2017/18 Financial Commentary for NHS Improvement

The following commentary details the Trust's financial performance during October (Month 7) and the cumulative outturn position for FY18 against plan.

The year to date performance excluding STF results in the Trust reporting an actual deficit of (£16.0m) against a plan of (£9.3m). The Trust continues to experience an increase in demand for its non- elective services with A&E activity significantly higher than the same period in 2016/17. This in turn has led to continued operational costs in delivering this increase in demand which has resulted in an adverse financial performance to plan.

The Trust continues to forecast a planned deficit of c. £0.4m, particularly in relation to the A&E trajectory following the recent discussions held with NHSI colleagues and the planned economy wide interventions and an agreed Board of Directors risk rated recovery plan.

Pay costs exceed plan by c. (£7.3m) as at the end of October, reflecting operational pressures in supporting non- elective activity levels, significant pressures in medical staffing in the Emergency Department of c (£0.6m), non-delivery of CIP c (£3.1m). In addition other operational pay pressures due to further gaps in key medical specialties, high levels of nursing vacancies and the subsequent use of non-core pay spend to deliver services have also adversely impacted upon pay plan performance. A vacancy freeze on non-clinical posts has been implemented by the Trust in October and remains under review. In order to maintain patient safety the Trust has had to increase internal escalation areas as a result of higher than planned demand for non-elective services within the system. This is also in line with the direction issued by the NHS England TSAR of A&E, who visited the Trust during July. The Trust still has significantly high numbers of "medically optimised" patients within the bed base, reflecting a lack of alternative support within the health and social care system and consequent adverse to plan financial performance.

The Trust has utilised the 0.5% CQUIN risk reserve within the YTD position (c£1.2m), this has yet to be paid over by the CCG. Whilst the Trust appreciates that there are wider discussions being undertaken between NHSE and NHSI, the failure for this core baseline resource to be paid over would result in a c. £1.2m deterioration within the YTD position. Included within the YTD position is £1.3m of non-recurrent support, this will affect the overall run-rate of the Trust going forward and the underlying position for 2018/19 all of which continues to be monitored through internal governance and assurance structures.

The Trust continues to perform well in terms of GP streaming in line with National timeframes and has plans in place to utilise the National Capital Funding that has been allocated to improve A&E flow and performance.

Cash balances at the end of October stand at £2.6m, which is £0.6m above plan. This primarily reflects the additional cash received to support the Global Digital Exemplar (GDE) programme.

As the financial position has become more challenging the Trust as noted above has entered into an internal "recovery plan" mode to support the delivery of the financial plan. Discussions have taken place within the Health Economy around any potential support that could be provided to the Trust with the Finance, Business Planning and Assurance Committee and Board of Directors having received the first draft of the internal recovery plan and will be updated further at the December meetings.

The table overleaf details the year to date performance against the Trusts' control total.

Year ending 31 March 2018 Position as at 31 October 2017	Current Month			YTD		
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Income From Patient Care Activities (exc STF)	25,009	24,980	(29)	172,786	169,053	(3,732)
Other income (inc STF)	3,332	2,458	(874)	21,109	18,827	(2,282)
Total operating income before donated asset income	28,341	27,439	(902)	193,895	187,880	(6,014)
Pay	(18,345)	(19,519)	(1,174)	(128,151)	(135,461)	(7,310)
Other expenditure	(8,749)	(9,034)	(285)	(63,854)	(61,069)	2,785
Total operating expenditure before depreciation and impairments	(27,094)	(28,554)	(1,460)	(192,005)	(196,530)	(4,525)
EBITDA	1,247	(1,115)	(2,362)	1,890	(8,649)	(10,539)
Depreciation and net impairment	(693)	(563)	130	(4,808)	(3,787)	1,020
Capital donations / grants income	0	10	10	0	158	158
OPERATING SURPLUS / (DEFICIT)	554	(1,668)	(2,222)	(2,918)	(12,278)	(9,361)
Net finance costs and gains / (losses) on disposal	(368)	(371)	(3)	(2,515)	(2,529)	(14)
ACTUAL SURPLUS / (DEFICIT)	186	(2,039)	(2,225)	(5,433)	(14,808)	(9,375)
Reverse net impairment	0	0	0	0	0	0
SURPLUS / (DEFICIT) before impairments and transfers	186	(2,039)	(2,225)	(5,433)	(14,808)	(9,375)
Reverse capital donations / grants I&E impact	12	6	(6)	83	(63)	(145)
DEL net impairments (<i>damage, not revaluation</i>)	0	0	0	0	0	0
ADJUSTED FINANCIAL PERFORMANCE SURPLUS / (DEFICIT) (AFPD)	198	(2,033)	(2,231)	(5,350)	(14,870)	(9,520)
AFPD excluding STF	(395)	(2,033)	(1,638)	(9,344)	(16,002)	(6,657)

NHS Clinical Revenue

Cumulatively, elective/daycases, non-elective (1%) and A&E attendances (1%) are over performing in terms of actual activity delivered against the initial plan, with all other areas under performing. During the period PbR activity over achieved from an activity perspective with the exception of outpatients and excess bed days, and actual income exceeded plan by c£0.7m. During October non-elective activity was 5% higher than plan. The income position was further supported by increases in complexity.

The main areas seeing an increase in complexity are, Diabetic Medicine £0.9m. Geriatric Medicine £1.3m, Respiratory, £1.0m and Upper GI, £0.2m, however acute care has seen a significant increase in activity however the case-mix has been less complex. Non PbR areas broadly delivered plan with the exception of neonatal bed days, rehabilitation and adult critical care. High Cost Drugs income is below plan albeit this is offset by a reduction in drug expenditure.

The Trust continues to be penalised for NEL activity above the MRET baseline with c£1m being returned to the CCG above planned levels. The Trust has requested information on where the re-investment of this resource has been made and await the response from the CCG.

Performance against Wirral CCG is broadly in line with the Trusts plan reflecting the year to date position and movements relating to elective, outpatients and adult critical care. The Trust has been informed that the CCG's plan for the remaining part of the year is significantly less than the Trusts as a result of planned reductions in activity due to Rightcare savings. The Trust has not yet noticed any reduction on its services and has requested updates from the CCG on the respective delivery.

In month the trust has not achieved c£0.1m of CQUIN. Plans continue to be reviewed within internal governance structures to ensure that CQUIN targets are achieved for the remainder of the year. As a result of the increased pressures on affordability within the Health and Social care economy the Trust is aware that there may be strict adherence to all CQUIN targets.

NHS England specialised commissioning below plan performance reflecting the under recovery in drug "pass through" costs.

Other Operating Income

In October (Month 7) other operating income is below plan by a further (£0.9m), this largely reflects the non-delivery of the financial control total and the subsequent STF monies withheld again this month. YTD the impact of the STF not achieved is a (£2.9m) pressure for the Trust. During Q1 non-recurrent income of £0.3m has supported the financial position in other operating income.

Operating Expenditure

In October (Month 7) operating expenditure (excluding depreciation) is (£1.5m) above plan with a YTD overspend of (£4.5m).

Pay costs exceeded plan in October by (£1.2m) and are showing a cumulative overspend of (£7.3m). The Trust is reviewing the level of pay costs and run rate and has implemented an agency freeze for all non-clinical posts and undertaking a non-clinical vacancy quality impact assessment review. The material issues driving the current cumulative adverse performance in pay continue to be:

- Pressures relating to internal capacity continue in addition to the increased demand and associated costs within A&E to deal with higher levels of acuity and attendances. The Trust is working with external partners via the A&E Board and the System Wide Recovery group. The impact of these escalation costs beds are c. (£1.0m) with further costs incurred as a result of patient flow issues as a result of full capacity pressures. Continued medical staffing gaps in the Emergency Department(ED) are resulting in a (£0.6m) pressure YTD. ED streaming has been implemented in October following the pilot in September has started to show some improvement on the A&E performance target.
- Non-delivery of cost improvement plans in relation to pay work-streams of c.(£3.1m) ytd. Work continues to review pace of delivery.
- Other operational pressures have adversely the position, further costs for medical staffing, high levels of qualified nurse vacancies and patient acuity have resulted in the use of non-core spend of c(£6.8m) on bank staff and a further (£2.0m) on overtime to cover the gaps and vacancies in clinical staff. In addition approximately (£1.0m) has been utilised in the use of WLIs to support delivery of the current income plan. The Trust continues to pursue opportunities to improve list and theatre utilisation in order to reduce the requirement for premium rate payments.

Agency spend was £3.8m as at the end of October which remains c£0.8m lower than the agency cap and continues on a reducing trajectory. The Trust has issued an agency freeze across all non-clinical staff and continues to review all anticipated agency expenditure.

Other operating Expenditure (excl. depreciation) is below plan by £0.3m in October and cumulatively below plan by £2.8m.

Non-recurrent savings arising from accrual reviews have supported the financial position by £0.8m YTD. The underlying impact of this is being factored into plans for 2018/19. High Cost pass through drugs is a further £3.6m underspent ytd and £0.5m in-month this is offset in NHS Clinical income. Overspends on clinical supplies is reducing this underspend and under review in theatres and other clinical areas.

The CQUIN risk reserve has been fully utilised within the YTD position supporting the underlying position by £1.2m. If the funding is not received this will further deteriorate the YTD position away from plan.

Achievement of the 2017/18 Cost Improvement Programme

The 2017/18 plan assumed the achievement of £14.0m of cost improvement programmes and £1.0m revenue generation schemes through the year, delivering a combined total of £15.0m.

The Trust currently has c£9.0m of fully built up schemes with opportunities and plans continually explored and reviewed at the TSG monthly meeting to realise the remaining target.

The CIP position for 2017/18 (including non-recurrent schemes) can be summarised in the table below:

Summary as at Month 7	YTD		In Year	
	Actual		Forecast	Trend
NHSi Plan (Target)	£6,783k		£15,000k	
Fully Developed TSG approved schemes	£4,353k		£9,316k	
Overperformance/ (Gap) v NHSi Plan	-£2,430k	-35.8%	-£5,684k	-37.9%
Latest Forecast performance on TSG approved schemes	£4,215k		£9,213k	↑
Over/ (Under)performance compared to TSG approved schemes	-£138k	-3.2%	-£103k	-1.1%
Latest Forecast including mitigation	£4,215k		£9,213k	↑
Performance Variance (Latest Forecast to NHSi Plan)	-£2,568k	-37.9%	-£5,787k	-38.6%
Latest Forecast adjusted for risk	£4,215k		£8,000k	
Performance Variance (Latest Forecast to NHSi Plan)	-£2,568k	-37.9%	-£7,000k	-46.7%

The in-year forecast on fully developed schemes is c£9.3m, £5.7m behind the NHSi requirement.

Undoubtedly this shortfall is of concern, however, considerable work has been undertaken with the divisional and programme leads to develop the plans in progress and opportunities schemes for approval at Transformational Steering Group (TSG) with all schemes having been risk assessed with a small proportion rated as red. Work will continue to assess the remaining schemes within these categories, with a view to obtain approval at TSG and have a clear understanding of the unidentified gap in order to take the appropriate actions. It is recognised that the pace of conversion of opportunities needs to be accelerated in order to reduce the gap between the plan requirement and the value of fully developed schemes. CIP performance has also been escalated to the weekly Executive Management Team meeting with particular focus on the delivery of the corporate directorate targets.

It has to be noted that the lead time in terms of benefits realisation associated with many of the transformational and STP programmes will necessitate an increased focus on tactical in-year schemes.

The Trust is mindful of the financially challenging environment and the need to maintain pace and focus in the identification of initiatives and subsequent delivery. The Service Transformation team continues to work closely with the Divisions to secure progress in 17/18, and provide support in the subsequent delivery, and also commence planning for 18/19.

Post EBITDA Items

For month 7, the year-to-date variance to plan for ITDA items totals £1.2m, due to depreciation savings (£1.0m) and capital donations (£0.2m).

Statement of Financial Position for the period ending 31 October 2017

Total taxpayers' equity equals £99.5m. The main variances for actual balances against plan are explained below.

a) Non-current assets

Total capital assets are above plan by £1.3m at month 7. This variance is detailed in the table below.

Capital variances	£m
17/18 brought forward balances above plan	1.7
Capex underspend, not including finance lease recognition	-0.8
Depreciation below plan	1.0
Donations above plan	0.2
Finance lease recognition / derecognition	0.9
Transfer to <i>Assets held for sale</i>	-1.8
Total variance of capital assets to plan	1.3

b) Current assets

Current assets are above plan by £0.9m. Current trade and other receivables are below plan by £1.0m, and inventories are below plan by a further £0.5m. The Trust has transferred *Non-current assets (PPE)* into *Assets held for sale* (£1.18m), this was not in the original plan. The remaining variance is due to cash balances being above plan by £0.6m. The cash variance is detailed in the table below.

Cashflow variances	£m
17/18 brought forward cash balance exceeded plan	3.6
EBITDA and donations below plan	-10.5
Working capital movements	1.8
Capital expenditure (cash basis) behind plan	1.6
PDC received	3.9
Other minor variances	0.2
Total variance of cash to plan	0.6

c) Current liabilities

Current liabilities are above plan by £4.7m. This is attributable to temporary cash preservation measures in month 7, in advance of the notified requirement for a month 9 drawdown of uncommitted loan facility.

d) Non-current liabilities

Non-current liabilities exceed plan by £0.3m, primarily due to the recognition of a new finance lease liability within the Trust's borrowings balance.

Use of Resource (UoR) Rating

The Trust has achieved an overall UoR Rating of 3, which is in line with plan.

	Planned Rating	Actual Rating
Liquidity	4	4
Capital service capacity	4	4
I&E margin	4	4
Distance from financial plan	1	4
Agency spend	1	1
Overall UoR Rating	3	3

Control Total and Sustainability and Transformation Fund (STF)

The Trust has delivered £1.1m of the £3.9m available via the STF reflecting the achievement of the financial plan in quarter 1, and the GP streaming element of the A&E performance standards. Since month 4 the Trust has been unable to deliver the financial plan due to the continued pressures of escalation costs in emergency areas. The Trust continues to work with the Health Economy to improve this position and has also brought in external support to aid improvement in A&E performance.

Conclusion

The Trust continues to work through the Recovery plan presented to Trust Board in September and will be further updated at the December Board.

Further discussions have taken place with the Wirral Health Economy around agreement to a system control total and to voluntarily enter the capped expenditure programme. This will enable system wide ownership of the financial challenge and increase the innovation across all aspects of the health and social system.

The Trust will continue to submit 13 week cash flows in line with NHSI processes to support the requirement of future cash draw downs in line with plan.

The Trust is working closely with all partners across the health economy to support the delivery of a sustainable health service within the Cheshire and Wirral LDSP.

David Jago
Director of Finance
November 2017

BOARD OF DIRECTORS	
Agenda Item	6.4
Title of Report	Procurement Transformation Plan
Date of Meeting	29 th November 2017
Author	Jane Christopher- Head of Procurement
Accountable Executive	David Jago – Executive Director of Finance
BAF References • Strategic Objective • Key Measure • Principal Risk	5;8
Level of Assurance • Positive • Gap(s)	Positive
Purpose of the Paper • Discussion • Approval • To Note	To Note
Reviewed by Executive Committee	Not Reviewed by an Executive Committee
Data Quality Rating	Gold – externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	NO

1. Executive Summary

The Board is asked to note the contents of this report which sets out the Trust's progress against Lord Carter's recommendations for improving procurement across the NHS provider landscape.

The report provides detail on the Trust's performance in respect of the new Procurement Metrics, introduced in January 2017 including the national Procurement Price Index & Benchmark tool (PPIB). The Model Hospital procurement module is now operational and performance against those additional metrics is included in this report together with the Trust's ranking which shows a fourteen place improvement in Quarter 2.

The title of this report is Procurement Transformation Plan, the reader is asked to note that whilst the focus of procurement activity is completely driven by further improving the Trust's performance

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against the Carter metrics, the production of a Procurement Transformation Plan (PTP) is a specific requirement that the Trust has yet to comply with. The reason for this is that the Trust is actively involved in the drafting of a business case for a shared procurement service across the Cheshire Wirral Local Delivery Service Partnership (LDSP) which it is felt will deliver more value and benefits than could be achieved by acting independently. NHS Improvement has confirmed that this approach is acceptable and that they do not require a local PTP in advance of this.

2. Background

The improvements in procurement performance are set out in detail in Lord Carter's Review of "Operational Productivity and Performance in English NHS Acute Hospitals" published in February 2016.

Lord Carter's report recommended that all trusts should report their procurement performance information monthly to NHS Improvement to create an NHS Purchasing Price Index and Benchmarking tool (PPIB), collaborate with other trusts and NHS Supply Chain, and commit to the Department of Health's NHS Procurement Transformation Programme (PTP). These measures were designed to:

- improve the transparency of both purchasing effectiveness (savings) and efficiency (process)
- reduce non-pay costs by at least 10% across the NHS by April 2018.

In order to support the recommendation, the Model Hospital Procurement compartment was developed. NHSI in conjunction with Adviselnc has also delivered the Purchase Price Index and Benchmark tool (PPIB), which supports trusts to identify opportunities to reduce product prices and save money.

The Procurement compartment of the Model Hospital presents a set of national metrics with the purpose of:

- Assessing the relative capability of the procurement function
- Facilitating benchmarking between trusts to identify opportunities for improvement
- Helping to achieve the collective aspiration of securing the best products for the NHS at the best price.

The Model Hospital provides a national benchmarking solution enabling the Trust to track and compare progress towards specific procurement targets including 80% of purchasing transaction volumes on electronic catalogue, 90% of spend and volume through electronic purchase order and 90% of non-pay spend value under contract. It also ranks the Trust's performance against that of the other Acute Providers (136) against a wider range of efficiency metrics.

The Collection of data for the Model Hospital Procurement Metrics

The Trust has been reporting monthly performance against the six core metrics to NHSI since September 2016.

In addition, the Trust's Purchase order and Accounts Payable are submitted to the national PPIB site for inclusion in the monthly price comparison update.

The data used to calculate the Weighted Activity Unit (WAU) for the procurement function is based on Reference Costs and annual Trust Accounts Returns to NHSI.

Performance Metrics

The Model Hospital Procurement Compartment has three sub-compartments in this report the Head of Procurement is reporting performance against the;

- "Trust Level"
- "Efficiency and Price Performance" compartments and,
- "Headline Metrics" merely presents an overview of the metrics for the Procurement Compartment.

Trust Level – captures the overall headline efficiency of the procurement function in terms of the cost per WAU as well as the more detailed productivity metrics derived from the PPIB and monthly returns.

Efficiency and Price Performance – provides a high level indication of how well the Trust runs its procurement process and how effective it is at getting the best prices for the products used. This sub-compartment is divided into four specific measures:

1. A procurement process score which shows how efficient the Trust is at procuring products when compared to other trusts
2. A price performance score which shows how effective the Trust is at procuring products at the best prices
3. An overall score which collates these two scores and
4. Performance against a Non Pay Savings Target Chart

The Model Hospital Report compares the Trust's performance against all NHS Non Specialist Acute Providers (the National Median) and a Peer Group (Peer Median) – a list of which appears at the end of the report.- and includes trusts in the STP.

The Model Hospital Report for September 2017 is attached at Appendix 1

3. Key Issues

Trust Performance in the NHSI Procurement League Table

The Trust is performing well and is ranked 47/136 in the latest NHSI Procurement League Table, an improvement of fourteen places. This places the Trust in the second quartile (Quartile one being the highest performers).

The Trust's performance meets NHSI expectations for all three Indicators:

- Overall Procurement Process Efficiency and Price Performance Assessment
- Procurement Process Efficiency
- Price Performance

Performance Against The Model Hospital Procurement Metrics

The Trust performs better than the national median for eight of the fourteen metrics. The percentages achieved reflect the significant amount of work that has been undertaken to improve purchasing compliance and improve the quality of procurement data. As the Board has external assurance that the Trust is performing well against these metrics this report does not seek to provide any additional information for these. Metrics against which the Trust's performance requires further improvement will be considered in turn.

Anomalies and Discrepancies in the Reported Data

In analysing the data several anomalies have been identified which have had the effect of distorting reported performance. These include:

1. % Blank Contract References (Highest Quartile-Red)

The reader may spot an immediate anomaly between the Trust's performance on this indicator and the metric that measures the percentage of non-pay spend under contract- which is in quartile two and above both the national median at 80.50%.

The reported under-performance is directly attributable to an error in the formatting of the purchase order data that was provided to PPIB by our financial system partner NEP. This has now been corrected but will not improve the performance figure until quarter one of 2018/19 as it is a metric that is captured annually. The correct figure is 19.5% which is significantly below the national median (92.4%) and would therefore have put the Trust in the lowest quartile (highest performing) for this indicator.

It has been possible to correct data anomalies retrospectively in some instances and where the metric is dynamic rather than static these corrections have had a positive effect on the Trust's position.

Underperformance against the Metrics

Weighted Activity Unit (WAU) (Quartile three –Amber/Red)

This metric shows the amount the Trust spends on clinical and general supplies for each WAU.

The cost per WAU metric is the principal productivity measure used within the Model Hospital.

It is used to measure the relative differences in efficiency between providers. This information can help trusts identify those areas of expenditure where they differ most from their peers. At £387 per WAU versus a national median of £381 and peer group median of £371 the Trust's performance is in quartile three- mid-high. The baseline data used for this metric is taken from 2015/16.

This is a static metric calculated using supplies and services costs from Trust annual accounts, multiplied by the percentage of Trust operating expenditure reported within Reference Costs, divided by the Market Forces Factor (MFF) and then finally divided by the number of WAUs for the trust.

The reasons for underperformance are threefold:

- clinical practice/preference,
- price performance and
- poor stock management (ordering "just in case" and not "just in time").

The Procurement Service is improving performance through constructive challenge, more assertive transactional controls (such as e-catalogues, and the No PO No Pay process) taking over the management and ordering of stock in all high spend areas, and by working with NHS Supply Chain, clinicians and service managers to reduce the "unwarranted" variation in the products used.

As a static performance metric the Trust will not see a reported improvement during 2017/18. However, it is anticipated that the Cost Improvement work being conducted together with a greater degree of central control and management of spend will support the improvement in performance for 2018/19.

Price Performance Index & Benchmarking

All Procurement staff are now using PPIB as a tool to identify savings opportunities – it is heartening to note that although at the end of month seven the Trust was £180,000 below the median across all products purchased, whilst this may appear to the reader to be a significant amount of money, the total opportunity figure has fallen in year by £80,000 (from £260,000).

The top ten PPIB identified savings opportunities amount to £29,000, and the highest value single opportunity would deliver a mere £3,600. The majority of the identified savings (480) would deliver £1,000 or less, and with limited procurement capacity the preferred strategy to maximise savings is to take a category or supplier product portfolio approach rather than looking at individual products. However it is being used to secure some in-year quick wins, and year to date the Trust has realised £18,000 of savings using information from PPIB as leverage with suppliers. Further schemes are built into the CIP Workplan.

PPIB is also being used to inform the business case for the Procurement LDSP- where greater opportunities exist for aggregation and standardisation of products.

% by number of transactions on ePO - to PO issue only

The Trust is in Quartile two for this metric with performance of 91.1% against a national median of 97% and a peer group median of 92%. Performance against this metric has been consistent for the last three months. A review of payments that have been transacted without a purchase order number was concluded during October and appropriate conversions will be made, which will improve performance. Currently payments transacted without a PO typically include utilities, payments to other NHS Trusts etc.

% Expenditure in PPIB as a Proportion of Total Clinical and General Supplies

The metric provides an indication of the usefulness of the data in PPIB for benchmarking purposes based on what proportion of the Trust's total clinical and general supplies expenditure it represents. Data feeds include purchases made direct from supplier and through NHS Supply Chain.

As a metric there is little that Procurement can do to influence this or improve performance as generally it is reflective of how the Trust's spend is split between goods and services. However, the underperformance is less than half of one percent lower than the median, so is not significant.

Procurement Process and Price Performance Assessment

The Trust's performance against all three indicators is within the lower and upper benchmark values indicating that overall the Procurement function of the Trust is efficient, and is meeting NHSI expectations. The Trust outperforms the other Trusts in the Peer group against these indicators. However, it is of note that while ahead of the curve in terms of a robust procurement framework and efficient process, there is more to do to improve on the price performance score which whilst within the benchmark values is at the lower end at 58.2% (upper benchmark value 78.8%).

Price performance is assessed based on price variability as a % of spend compared to median and minimum prices paid by NHS peers and the Trust's top 100 product lines by spend (based on the average difference to median and minimum price paid by NHS peers). The top 100 products (T100) metric measures how well (based on unit price) the Trust is buying the Top 100 products they spend the most on when compared to other NHS Providers. This metric is given a weighting of 30% when calculating the Price Performance score. The time period for this data was from January - March 2017.

Using this period as the baseline will result in a significant overstatement of savings opportunities as the T100 items included many of the orthopaedic implants and consumables that were later included in the Orthopaedic "Super Tender", and where the majority of the price reductions became effective on April 1st 2017. The Head of Procurement recognises the importance of good performance against this particular metric and there is a high level of focus on ensuring that the delivery of benefits from any procurement activity is aligned to the data collection period wherever possible.

Appendix 2 to this report provides the reader with the Sustainable Finance workplan for Procurement for 2018/19. This seeks to address any areas of under-performance highlighted by the Model Hospital metrics.

Inventory Stock Turn (Lowest Quartile-Blue)

Reported performance indicates that the Trust is holding 44.8 days of clinical and non-clinical stock against a national median of 33.8 days. Performance is 30% below the national median so does require improvement. However, the figure is based on a static calculation incorporating the value of stock on 31st March 2017 and the value of purchases of clinical and non-clinical stock in 2016/17.

The Materials Management Programme has delivered a rollout of service to Theatres and other high spend areas which, due to the data collection period, is not included in that calculation and the Head of Procurement is confident that this will have a significant positive impact on performance against this metric for 2018/19. Materials Managers are tasked with reducing stock-holding by a minimum of 10% in each area, where it is clinically safe to do so. Working with Theatre Coordinators the aim will be to reduce stockholding in theatres by a minimum of 15%, and to move to a daily top-up service for each theatre from a central store, rather than locally held lines which are not easily managed.

4. Next Steps

The Head of Procurement will continue to monitor procurement performance against the Model Hospital metrics and develop workstreams to address any areas of underperformance, particularly around price performance which is a critical metric.

Back Office Efficiencies Workstream

The Carter Review not only addressed unwarranted variation in terms of products and pricing but also the cost and effectiveness of the procurement function at trust level. This is measured through the Procurement Price & Efficiency section of the Model Hospital Report.

Highlighting the fact that there are significant areas of duplication of effort, failure to use technology to streamline the transactional purchasing activity, and an inconsistent approach to investment in procurement services, Lord Carter's recommendation was to increase the collaborative effort (aggregating the spend of several trusts can improve pricing and provide a more attractive offer to potential suppliers) and consider how a more formally structured approach to working

collaboratively could improve value, reduce costs and generate the much needed procurement capacity and capability that so many trusts currently lack.

The Cheshire and Mersey Strategic Transformation Partnership (STP) have responded positively to this challenge, with each of the four LDSP's reviewing current procurement provision and performance.

The Cheshire Wirral LDSP is leading the way on this. A Director of Procurement Transformation was appointed in June 2017 with a remit to write the business case for the group. There is a working group that meets regularly to discuss the options and service delivery models and to review the benefits model. A workshop was held in September at which Directors of Finance and their Heads of Procurement finalised a shortlist of preferred service delivery options. The consensus of the group was that a shared procurement service would be most likely to deliver cost improvement, generate greater efficiencies and create the required capacity and pool of skilled professionals necessary for a sustainable procurement service across the LDSP.

The business case will be completed in late December 2017 and presented to the Board at each Trust early in the new year.

5. Conclusion

The Model Hospital Procurement Performance Metrics indicate that overall, procurement at the Trust is well managed and efficient. There are areas for improvement, the most significant being price performance and these will be addressed by the Head of Procurement working with Divisional and wider team colleagues. Performance improvements will be reported to the Board through the regular procurement performance reporting cycle. Any significant deterioration in performance will be brought to the attention of the Board at the earliest opportunity.

6. Recommendations

The Board is asked to note the contents of this report and the good progress made towards meeting the Carter Metrics as reported through the Model Hospital Procurement Compartment.

The Board is also asked to note the positive steps taken by the Trust towards creating a sustainable procurement function on a wider geographical footprint.

Monday, November 20, 2017



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Procurement, Trust Level

Cost per WAU	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Clinical and general supplies cost per WAU	2015/16	£389	£371	£381			No trendline available
e-Catalogue	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% of transactions on e-Catalogue	Sep 2017	97.4%	92.0%	93.0%			
e-Purchase Orders	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% by value of transactions on ePO - to PO issue only	Sep 2017	100.0%	85.2%	87.6%			
% by number of transactions on ePO - to PO issue only	Sep 2017	91.1%	92.0%	97.0%			
% by value of transactions on ePO - end to end including invoice payment	-	NOT AVAILABLE	-	-			
% by number of transactions on ePO - end to end including invoice payment	-	NOT AVAILABLE	-	-			
Expenditure	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% spend on contract	Q2 2017/18	80.5%	82.8%	77.7%			
Inventory stock turn	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Dynamic days of stock cover	-	NOT AVAILABLE	-	-			
Static days of stock cover	Sep 2017	44.4	44.4	39.0			
Standards	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Standards of procurement	Sep 2017	2.0	1.5	1.2			
Data Quality	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% Blank MPCs	Mar 2017	0.2%	7.6%	5.3%			
% Blank Unit of Measures	Mar 2017	0.0%	0.0%	0.0%			
% Blank Contract References	Mar 2017	83.5%	100.0%	92.4%			
% Blank E-Class Code	Mar 2017	0.0%	0.0%	0.0%			

Procurement, Efficiency & Price Performance

Procurement Process Efficiency and Price Performance Assessment	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Overall Process and Performance Score	Q4 2016/17	62.6	50.3	79.0			No trendline available
Procurement Process Efficiency	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Procurement Process Efficiency Score	Q4 2016/17	65.4	52.6	66.5			No trendline available
% of non pay spend in PPIB	Q4 2016/17	13.96%	11.60%	14.00%			No trendline available
number of PPIB logins	Q4 2016/17	162	111	240			No trendline available
Price Performance	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Price Performance Score	Q4 2016/17	58.2	52.7	78.8			No trendline available
% variance for top 100 products	Q4 2016/17	5.90%	7.40%	6.00%			No trendline available
% variance from Median price	Q4 2016/17	2.30%	2.30%	1.50%			No trendline available
% variance from Minimum price	Q4 2016/17	10.30%	9.50%	7.00%			No trendline available
Savings	Period	Trust Target	Minimum	Maximum	Info	Variation	Trend
Non-Pay Savings Target	Q1 2017/18	£2.49m	£1.86m	£3.11m			No trendline available

Using peer list: My NHSI Sub-Region

Aintree University Hospital NHS Foundation Trust (REM)
Alder Hey Childrens NHS Foundation Trust (RBS)
Bridgewater Community Healthcare NHS Foundation Trust (RY2)
Cheshire & Wirral Partnership NHS Foundation Trust (RXA)
Clatterbridge Cancer Centre NHS Foundation Trust (REN)
Countess of Chester Hospital NHS Foundation Trust (RJR)
East Cheshire NHS Trust (RJN)
Liverpool Community Health NHS Trust (RY1)
Liverpool Heart & Chest Hospital NHS Foundation Trust (RBQ)
Liverpool Womens NHS Foundation Trust (REP)
Mersey Care NHS Foundation Trust (RW4)
Mid Cheshire Hospitals NHS Foundation Trust (RBT)
North West Boroughs Healthcare NHS Foundation Trust (RTV)
Royal Liverpool and Broadgreen University Hospitals NHS Trust (RQ6)
Southport and Ormskirk Hospital NHS Trust (RVY)
St Helens & Knowsley Hospital Services NHS Trust (RBN)
Walton Centre NHS Foundation Trust (RET)
Warrington and Halton Hospitals NHS Foundation Trust (RWW)
Wirral Community NHS Foundation Trust (RY7)
Wirral University Teaching Hospital NHS Foundation Trust (RBL)

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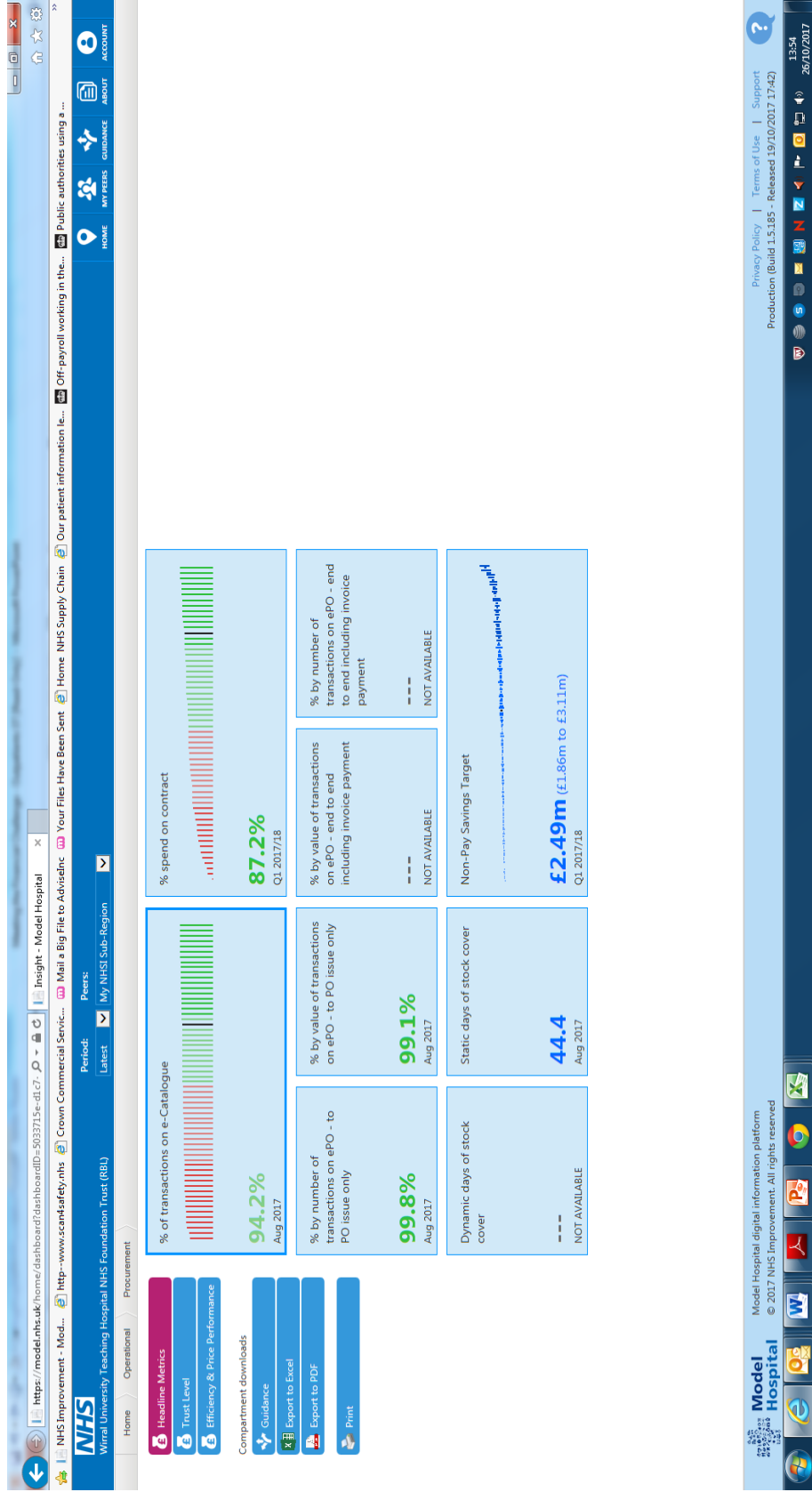
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Meeting the Financial Challenge

Non-Pay Spend

Model Hospital –Procurement

Performance Q1 2017/18



Model Hospital –Procurement

Performance Q1 2017/18

Procurement, Efficiency & Price Performance

Procurement Process Efficiency and Price Performance Assessment

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Overall Process and Performance Score	Q4 2016/17	62.6	50.3	79.0			No trendline available

Procurement Process Efficiency

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
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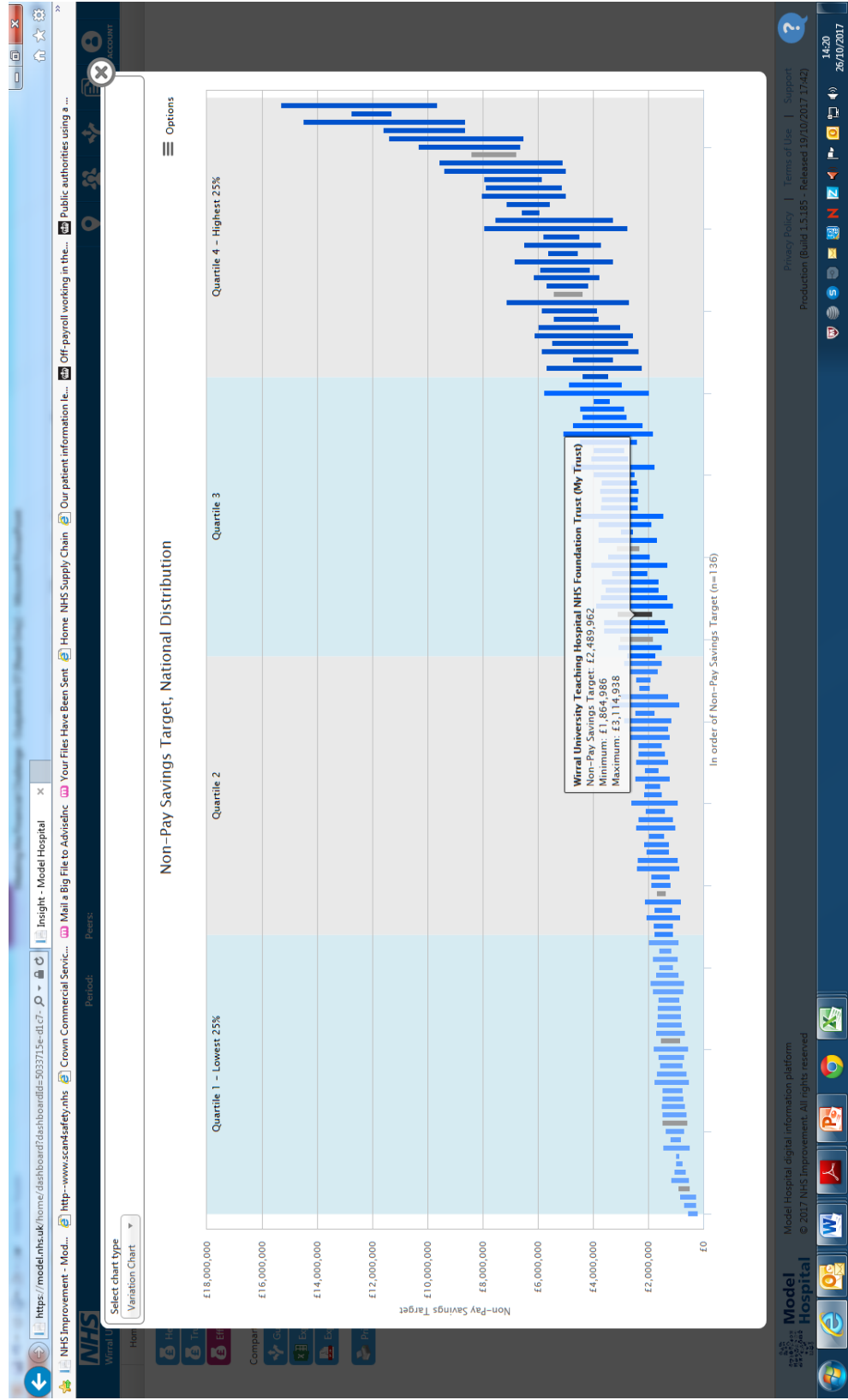
Price Performance

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Price Performance Score	Q4 2016/17	58.2	52.7	78.8			No trendline available
% variance for top 100 products	Q4 2016/17	5.90%	7.40%	6.00%			No trendline available
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% variance from Minimum price	Q4 2016/17	10.30%	9.50%	7.00%			No trendline available

Savings

	Period	Trust Target	Minimum	Maximum	Info	Variation	Trend
Non-Pay Savings Target	Q1 2017/18	£2.49m	£1.86m	£3.11m			No trendline available

Model Hospital Non-Pay Spend Target



£2.49m Non –Pay Spend Target Calculation

The savings target is an estimate based on a combination of:

- 1) Opportunity identified in Purchase Price Index and Benchmark (PPIB) tool, and
- 2) **Notional** savings percentage attached to remaining Purchase Order (PO) data (this is the spend that is not recorded in PPIB).

The savings opportunity is calculated by:

- 1) Identifying the variance to Minimum price (in £) and variance to Median price (in £) over a 12 month period. This is the opportunity identified in PPIB.
- 2) The Providers (n=136) are ranked based on the Overall Process and Performance Score, with the highest score being assigned a rank of 1 and the lowest score being assigned a rank of 136.
- 3) Depending on where Providers are ranked in step (2), the remainder PO spend (this is the spend that is not recorded in PPIB) is multiplied by a given percentage. This percentage is based on the Provider rank as follows:

Providers ranked 1-34, the percentage is 1.5%

Providers ranked 35-68, the percentage is 2.5%

Providers ranked 69-102, the percentage is 3.5%

Providers ranked 103-136, the percentage is 5%



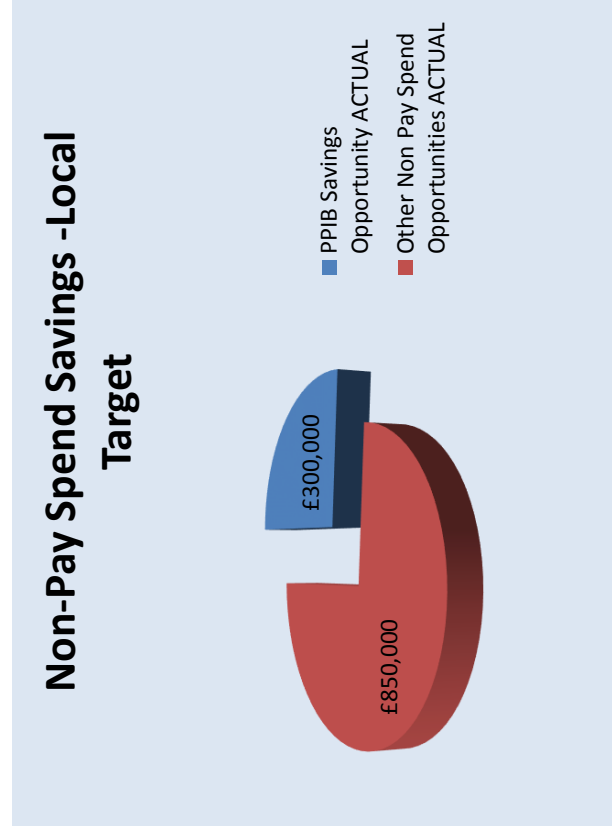
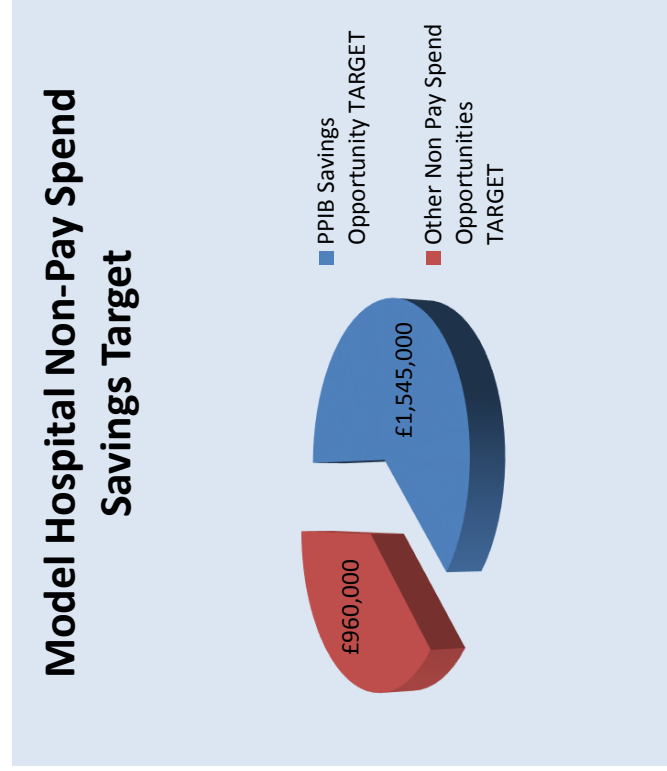
- 4) The figure obtained in step (3) is added to the variance to Minimum and Median (in £) figures in step (1) to obtain the estimated target savings range.



Price Performance Index & Benchmarking (PPIB)

Supplier	Variance to NHS Median	Variance to NHS Min	Total Spend	
ZIMMER BIOMET	£158,506	£772,790	£7,438,760	
JOHNSON & JOHNSON	£37,287	£77,262	£208,809	
HPC HEALTHLINE	£26,946	£129,245	£596,916	
STRYKER	£9,832	£43,930	£103,513	
BARD	£8,208	£40,704	£140,609	
PHILIPS	£3,961	£13,661	£79,754	
BOSTON SCIENTIFIC	£3,621	£25,025	£113,254	
DIAGMED HEALTHCARE	£3,376	£17,636	£159,336	
MEDTRONIC	£3,161	£7,682	£32,439	
LIMA ORTHOPAEDICS	£3,004	£21,261	£185,217	
CARDIAC SCIENCES	£2,742	£15,713	£69,679	
GAMA HEALTHCARE	£2,372	£3,942	£15,730	
COOK MEDICAL	£2,368	£6,611	£88,921	
KIMAL	£2,294	£11,599	£59,966	
ATTENDS	£2,234	£2,620	£31,665	
B BRAUN MEDICAL	£2,212	£3,342	£19,376	
BIOCOMPOSITES	£2,126	£4,585	£67,348	
CREST MEDICAL	£2,048	£3,474	£15,496	
GBUK HEALTHCARE	£1,853	£1,937	£5,476	
ROCHE	£1,733	£4,635	£22,503	
GETTINGE (ARIO HUNTLEIGH)	£1,670	£3,570	£18,109	
MEDICAREPLUS INTERNATIONAL LTD	£1,534	£2,367	£22,630	
ARGOS	£1,499	£2,312	£15,254	
DIRECT HEALTH CARE	£1,478	£3,882	£19,535	
TERUMO	£1,181	£2,051	£15,553	
	£987	£4,018	£32,476	

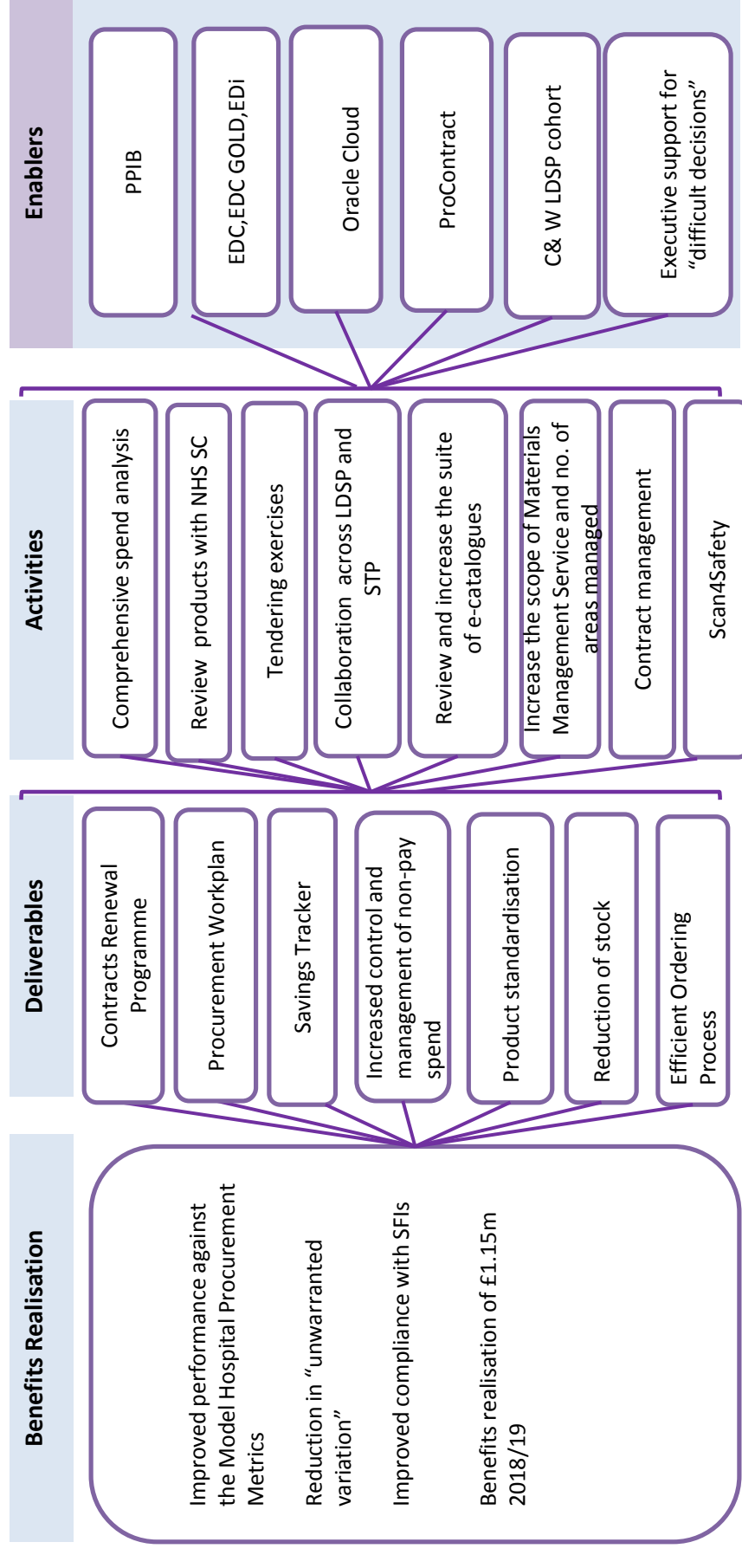
National v Local Non-Pay Spend Opportunities



Meeting the Financial Challenge

Transactional Efficiencies Workstream –Non Pay Spend

Aim – To provide high quality, clinically appropriate products and services at the best possible prices and reduce waste and inefficiencies in the supply chain.



Benefits realisation target (18/19) £1.15m

Business case for a Cheshire Wirral Shared Procurement Service – December
2017

Appraisal & Revalidation Report 2016/2017			
Agenda Item:	7.1	Reference:	N/A
Report to:	Board of Directors	Meeting Date:	29 th November 2017
Lead Director:	Dr Susan Gilby, Medical Director		
Lead Officer:	Dr Debra King, Associate Medical Director for Appraisal & Revalidation		
Governance:	Link to WUTH Strategic Goals	WUTH Strategic Goals 2016-17	
	Link to Core Values	WUTH Core Values	
Summary:	<p>Appraisal is a professional process of constructive dialogue, in which the doctor being appraised has a formal structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved.</p> <p>WUTH has a system in place for appraisal of senior medical staff which is quality assured.</p> <p>The Senior Medical Staff Appraisal Policy has been updated and is pending approval.</p> <p>Revalidation is the process by which doctors are assessed on being up to date and fit to practice by their Responsible Officer. This is based on satisfactory annual appraisal. Where concerns arise in a doctor's practice this is appropriately investigated and action taken including remediation when appropriate. WUTH developed a remediation policy for senior medical staff in 2013.</p> <p>The appraisal rate was 92.1%. 4.3% of appraisals were incomplete and 3.6% unapproved and missed. These figures are better than other acute trusts.</p> <p>21 doctors were revalidated in the year April 2016/2017, and 5 had their revalidation deferred.</p> <p>WUTH is compliant with the annual organizational audit standards monitored by NHSE and is now monitored by providing a quarterly statement of compliance.</p> <p>This is the eighth Board Report and the report refers to the appraisal year April 2016/March 2017.</p>		

Recommendation:	To Approve		
	To Ratify		
	To Note		✓
	Comments		
Next Steps:			

Section 1

*This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.*

What are the significant implications for the following (please state if not applicable):		
Quality & Safety	Successful annual appraisal provides the foundation upon which the Responsible Officer will confirm a doctor's fitness to practice. Following a cycle of five satisfactory annual appraisals the Responsible Officer will be able to recommend that a doctor is revalidated.	
Financial (inc Value for Money)	Financial implications will occur when remediation is implemented as a consequence of revalidation identifying concerns about medical staff.	
Risk (including legal)	The Responsible officer legislation came into force in January 2011 outlining the requirement for annual appraisal of doctors. Risks are around inability to remediate medical staff.	
Workforce	If doctors do not have satisfactory, quality assured appraisals they will be unable to retain their license to practice from the GMC and will be unable to work.	
Equality & Human Rights	Equality Analysis guidance and process to be introduced from 6 April 2011 to comply with Equality Act 2010 duties http://www.whnt.nhs.uk/staff/documents/equality%20analysis.html	
Equality Impact Assessment (EQIA)	Attached	
	N/A	✓
	Other	

Section 2

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. Other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome

If you require any additional information please contact the Lead Director/Officer.

Wirral University Hospital Teaching NHS Foundation Trust

Annual Medical Appraisal For the year 2016/17

Introduction/Background

1. Medical Revalidation was implemented in 2012 by the General Medical Council (GMC) to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officer in discharging his/her duties under the Responsible Officer Regulations and it is expected that executive teams will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisation
 - checking there are effective systems in place for monitoring the conduct and performance of their doctors
 - confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process
 - ensuring that appropriate pre-employment background checks are carried out to ensure that medical practitioners have the qualifications and experience appropriate to the work performed
2. The appraisal process at Wirral University Teaching Hospital has been in place since 2001, and is currently fit for purpose for the Revalidation process.
 3. Successful annual appraisal will provide the foundation upon which the Responsible Officer will confirm a doctor's fitness to practice. Following a cycle of five successful annual appraisals the Responsible Officer will be able to recommend that a doctor should be revalidated.
 4. During the appraisal year 2016/2017 21 doctors were revalidated and 5 had their revalidation deferred (deferral rate 19%). The deferrals were due to the doctors having recently joined WUTH and not having time to go through the appraisal process before their revalidation date. The GMC have reported a national deferral rate of 28% for acute trusts.
 5. WUTH currently has an SLA in place to provide RO and appraisal services to Wirral Community Trust and Wirral Hospice St John's.
 6. WUTH investigates when concerns are raised about a doctor's practice and the Responsible Officer decides on appropriate action following local policies and procedures. This includes formal remediation programmes.

Management of Appraisal and Revalidation

7. Responsibility for Appraisal and Revalidation lies ultimately with the Medical Director as the Responsible Officer. The Associate Medical Director for Appraisal and Revalidation (AMD) and Clinical Lead for Appraisal (CL) are responsible for the successful performance of the process for all senior medical staff. The CL left the organization in November 2016 and has

not been replaced to date. Cover is being provided by the AMD. The Appraisal and Revalidation Manager facilitates the process on a day to day basis.

8. At present, appraisals are undertaken by the AMD, DMD's, CD's and CSL's and these managers are expected to appraise as part of their management duties. Due to the number of appraisals that need to be undertaken in the Trust, there are also non-managerial consultants who have taken on the role of appraiser and this group should have the appropriate time allocated for this process in their job plan, as referenced in the Trust's Consultant Job Planning Policy.
9. Doctors are expected to use their SPA time to complete documentation and for the actual appraisal meeting.

The charts overleaf detail the activity levels for appraisal in WUTH, including the numbers who have undertaken the process and details of the exceptions.

Agenda Item: Ref:

TABLE 1: ACTIVITY LEVELS FOR APPRAISAL IN WIRRAL UNIVERSITY TEACHING HOSPITAL						
April 2016 – March 2017						
	Number of Senior Medical Staff for whom the trust had responsibility for appraisal and revalidation		Number of doctors who had a completed appraisal within the agreed timeframe		Number of doctors for whom a PDP had been agreed	
	Cons	SAS	Cons	SAS	Cons	SAS
A & E	9	6	9	6	9	6
Acute Med	9	1	9	1	9	1
Anaes	30	10	28	10	30	10
DME	19	2	18	2	19	2
Lab Med	14	0	13	0	14	0
Medicine (Incl ITU)	54	3	54	3	54	3
O & G	11	2	11	2	11	2
Misc (Public/Occ)	2	0	2	0	2	0
Ortho	14	3	14	3	14	3
Paeds.	19	2	19	2	19	2
Radiology	19	1	19	1	19	1
Spec Surg	19	6	19	5	19	5
Surgery	28	6	26	6	28	6
Hospice	0	2	0	2	0	2
Wirral C Trust	0	0	0	0	0	0
TOTAL	247	44	240	43	247	43

In addition 34 doctors went through the Trust ARCP process led by the Director of Education.

APRIL 2016 – March 2017

There were also nine doctors who were employed by WUTH on 31 March 2017, but who had only recently commenced and whose appraisal was due to be held in the next round.

Missed appraisals are those which were due within the appraisal year but not performed, or MAF not returned.

Incomplete appraisals are those where the appraisal discussion has not been completed or where the MAF has not been returned to the A&R Department within two calendar months of the doctors appraisal month. This accounts for the variance in the numbers in Table 1 above. Doctors may have a missed or incomplete appraisal but still have a PDP agreed.

The number of incomplete and missed appraisals has reduced from the previous year.

WUTH compares well with similar DB's in the comparator report compiled by NHS England for the appraisal year 2016/2017

- WUTH had 92.1% completion of all appraisals as compared to 86.6% for same sector appraisal rate
- WUTH had 4.3% approved missed or incomplete appraisals as compared to 7.2% for same sector appraisal rate
- WUTH had 3.6% unapproved missed or incomplete appraisals as compared to 6.2% for same sector appraisal rate

Quality Assurance

10. Quality assurance of the appraisal process is essential if it is to be effective.
11. The responsibility for quality assuring the process lies with the AMD and CL for Appraisal and Revalidation who have an overseeing role. Medical managers (MD, DMD, CD, CSL) have responsibility to ensure that the process is fair and effective to meet the requirements of revalidation. The overall responsibility for the process lies with the Responsible Officer.
12. WUTH has a robust quality assurance process in place:
 - The excellence tool is completed for one appraisal per appraiser per year by the AMD or CL. Its purpose is to quality assure the appraisal summary completed by the appraiser.
 - Appraisers receive an annual written performance review which includes feedback from doctors they have appraised; feedback from observation by ARM; excellence tool.
 - The operational process of the appraisal system is audited by the appraisal manager each year so that the directorates can be monitored in terms of their compliance (see Table 3 overleaf).

TABLE 3 - AUDIT OF TIMELINE OF PROCESSING APPRAISAL FOLDERS

Directorate	Folders sent out for completion by the Appraisal Team. Target 6 weeks before appraisal date				Completed folders returned to the Appraisal Team for review prior to appraisal. Target 3 weeks.				Total % of folders returned to the Appraisal Team for review before appraisal meeting				Total % of folders returned from appraiser following appraisal Target 2 months form appraisal month			
	2014/2015 %	2015/2016 %	2016/17 %		2014/2015 %	2015/2016 %	2016/2017 %		2014/2015 %	2015/2016 %	2016/2017 %		2014/2015 %	2015/2016 %	2016/2017 %	
A & E	100	100	100		15	25	33		77	67	67%		100	100	93	
Acute Med	100	100	100		29	40	40		63	100	100%		100	100	100	
Anaesthesia	96	98	100		29	28	35		92	93	93%		98	98	98	
Lab Medicine	100	100	100		27	18	21		93	100	100%		100	91	93	
Medicine	95	95	100		24	22	30		100	83	83%		100	83	100	
Spec Surgery	100	92	100		38	21	31		90	83	83%		100	92	92	
Surgery	94	88	94		26	18	12		97	100	100%		94	82	94	
DME	100	100	100		24	22	33		100	94	94%		94	100	95	
O & G	82	100	100		9	17	8		100	92	92%		100	83	100	
Paediatrics	100	95	95		20	14	33		95	100	100%		95	95	100	
Public Health	100	100	100		0	100	50		100	100	100%		100	100	100	
Radiology	100	95	95		30	25	25		85	95	95%		100	90	90	
Orthopaedics	89	100	100		21	26	47		95	95	95%		89	95	100	
Hospice	100	100	100		0	50	100		100	100	100%		100	100	100	
Wirral C Trust	100	N/A	N/A		75	N/A	N/A		100	N/A	N/A		100	N/A	N/A	

The numbers returning appraisal documentation three weeks in advance of the appraisal meeting is still consistently low. Whilst this puts pressure on the appraiser to prepare in time, most appraisers are willing to proceed if they receive the documentation within a week, and few appraisals are cancelled due to late submission of the MAF.

Development

13. Appraisers:

- All appraisers MUST attend the Trust's 1 day training course before appraising. This course has an excellent reputation and is attended by many external delegates. The A&R Department is also requested to deliver training to other Trusts off site.
- There were 64 trained appraisers in WUTH as at 31 March 2017.
- The appraisers are invited to attend the Appraiser Support Group (ASG) twice a year where they are updated on by the AMD and where they can formally bring up any issues.
- Appraisers are asked to complete a survey every two years to identify gaps in their skills/knowledge and an Appraisal Refresher day is then developed to deliver training on what is highlighted. A self- assessment survey will be undertaken and subsequent training day will be delivered during the 2017/2018 appraisal round.

14. Doctors

Medical staff should be kept up to date on changes to the process as revalidation progresses. This is done as follows:

- Doctors can apply to attend the Trust 1 day course which runs at least four times annually and is updated continuously.
- Their appraisers will provide necessary guidance. Appraisers are updated at the bi-annual ASG meetings and by e-mail as necessary.
- New consultants are encouraged to attend the appraisal course so they are aware of what is expected of them, and what they can expect from the process.
- The ARM contacts new consultants and invites them to meet to discuss the hospital appraisal and revalidation process and the mentoring process when they commence duties. This gives them the opportunity to ask questions about any concerns and also to know that support is available to them on an ongoing basis.
- The AMD presents a session on Appraisal and Revalidation as part of the "New consultant development programme".
- AMD updates as necessary at Medical Board meetings and by e-mail.
- The Appraisal Manager and AMD/CL are available to provide guidance and advice on an ongoing basis.

15. Responsible Officer:

These officers need appropriate training and support. The RO for WUTH attended the national RO training programme and was involved in the RO networks in the North Region in order to continue to be up to date and fit to practice in the role of a RO. The RO is appraised externally by NHS England (North). There are specific requirements for RO's to keep up to date and fit to practice including attending three out of four RO networks annually.

The RO meets with the GMC employer liaison advisor (ELA) every 3 months. This is to discuss concerns from both parties about a doctor's practice e.g. never events. The ELA also updates the RO on GMC processes.

Clinical Governance

16. Clinical Governance issues are detailed below:

- Complaints are recorded on a database for medical staff and this summary is provided for appraisal so that the doctor can reflect on them at their appraisal.
- Clinical Incidents reported by and about a doctor are recorded on a database and this summary is provided for appraisal so that the doctor can reflect on them at their appraisal.
- Dr Foster data is provided. This data is not useful for all specialties in terms of accurately recording the performance of an individual. The data is more useful for surgical than medical specialties. Data cannot be provided for SAS doctors.
- Data by its nature will reflect the performance of a team rather than an individual and teams are constantly changing. There needs to be a method of retrieving data which is more useful and informs an individual on his/her performance. This is a national problem which is being discussed on an ongoing basis.
- All aspects of a doctor's professional work, including interactions with colleagues and patients, must be reflected upon. It is equally important that all doctors reflect on critical incidents and complaints as without this evidence a doctor cannot be revalidated. There have however, been recent cases where reflections by trainees were subsequently used against them in court. The Appraisal & Revalidation Department therefore developed and delivered a session on reflective writing in December 2016. Feedback from this session is shown at Appendix A.
- Each Department has a Consultant Clinical Governance lead who as part of their role should keep doctors updated on relevant national guidance and alerts.

Responding to Concerns and Remediation:

17. A Medical Staff Remediation Policy is now in place. This document includes advice on remediation and resources available locally and nationally which WUTH can access. It was identified that one of the resources required was coaching and to this end a coaching strategy was implemented in 2014. There are eight consultants who are fully trained coaches and are actively coaching senior medical staff. Between April 2016 and March 2014, 9 doctors were coached. The coaching process is led by the AMD and managed by the Appraisal and Revalidation Manager. Coaching is a resource which is helping senior doctors to further develop their skills and their clinical service. Coaches are kept up to date and fit to practice in line with the coaching strategy and this process is quality assured. In April 2016 the Appraisal & Revalidation received funding from HEENW to run a Coaching Pilot for Doctors in Training. The pilot concluded in April 2017 and the final report will be available at the end of 2017.
18. There were 11 cases which required intervention in the period 1 April 2016 to 31 March 2017. The cases involved 9 doctors, 2 of whom had 2 incidents each requiring intervention in this 12 month period. The details are shown below:

Doctors	Type of concern	Type of Intervention
1	Conduct	External investigation
1	Competence	Practice restricted; external clinical review; MHPS
1	Conduct	External investigation; MHPS
1	Competence	Practice restricted; RCA

1	Health	Investigation; Occupational Health
1	Conduct	Investigation
1	Competence	Investigation
1	Health	Occupational health; mentoring
1	Competence	Investigation
1	Conduct	Occupational health; mentoring
1	Conduct	MHPS

Recruitment and engagement background checks

19. The Appraisal and Revalidation Manager ensures that there is RO to RO communication when WUTH employs a doctor, requesting information on past appraisals, previous concerns or GMC restrictions to practice etc. The doctor is fully informed about this process when WUTH employs them. Whilst this process works for permanent staff, there are still some difficulties in being informed of short term locums and in particular clarifying the RO of doctors on nil hours contract, and therefore the list of who the RO is responsible for is difficult to keep up to date.

Conclusion and Next Steps

20. The conclusion and next steps are outlined below:

- A robust appraisal process has been in place at WUTH since 2001.
- Appraisal has been implemented successfully at WUTH, and with its quality assurance process WUTH continues to be “fit for purpose” for the revalidation process.
- The Appraisal & Revalidation Department will undertake a piece of work during the 2017/2018 round to try to clarify the RO status of ‘nil hours’ doctors working at WUTH, and to enroll those as necessary onto the WUTH appraisal process.

Recommendations

21. The Board is asked to note the report and agree to receive the next report on the 2017/2018 position in November 2018.

Professor Debra King
Associate Medical Director for Appraisal & Revalidation

Mrs Amanda Branson
Appraisal & Revalidation Manager

October 2017

Appendix A

Reflective Writing Session: Monday 19 December 2016

Evaluation

Quantitative Data

Key to evaluation scores:

1 = Poor 2 = Average 3 = Good 4 = Very Good 5 = Excellent

Organisation of course

	Number of Responses
1	
2	
3	
4	13
5	13
Comments: Well structured discussions with good facilitators Excellent as always	

Reflective Writing Group Work

	Number of Responses Content	Number of Responses Presentation
1		
2		
3		
4		
5		
Comments: Generic examples make it difficult to put yourself in someone else's shoes. Might be easier and useful to use personal examples. Great discussion about various scenarios Excellent and informative Group working is good to bring out ideas of others. There can be a little reluctance amongst members who don't know each other I think we got sidetracked by clinical details, and the kind of document a review of the case, or RCA would have produced Interactive workshop allowed good exchange of ideas Good discussion, excellent advice and content		

Confidential Not Secret

	Number of Responses Content	Number of Responses Presentation
1		
2		
3	3	3
4	17	14
5	6	5
Comments: Good to stress nuanced/balanced approach Brief but very good All information basically is not secret! Was a bit redundant as the earlier discussion covered all this. Might be worth having it before the group work, or revisiting it		

Plenary Session

	Number of Responses Content	Number of Responses Presentation
1		
2		
3	3	2
4	13	12
5	9	8
Comments: Good group discussion. Raised current concerns/challenges with regard to reflective practice Helpful winding up Excellent discussions, very insightful Good wrap up		

Qualitative Data

Has this training event met your expectations in providing you with the information and skills necessary to undertake a satisfactory appraisal?

Comments: Yes, good training event on a subject which is not straight forward Yes, good discussion about legal Yes, further teaching would also be great eg tutorials on writing Definitely provided some insight Yes, and enlightened me a lot Yes, very insightful to listen to experiences from range of backgrounds Yes, and beyond I have been left with more questions about how I should use reflection, and advise others (trainees and appraises) on reflection, than before the workshop Very informative session & was above my expectations Yes, thank you for organising By and large Absolutely Helped in allaying worry about implicating self & others & it being a learning process Yes, in regards to its suggestion to use a format for documenting a reflection. No, I still have concerns, regarding how candid to be in writing a reflection – especially one where I feel things could really have gone better, even though the patient might not have come to harm (directly)
--

If the course has not met your expectations, how could it be improved?

Comments:

More about helping trainees
More time on scenarios and good reflections on adverse events
Sharing personal reflections, challenges and learning
I think it might be useful to look into detail at examples of reflection that we ourselves have previously written
Lots of people were concerned about legal, not only professional, implications of reflection. Is it worth having legal viewpoint as well as NCAS/GMC

What was the most useful part of the course and why?

Comments:

Interactive training
The discussions about benefits and pitfalls
Very useful discussions
Opportunity to discuss with colleagues and hear the differing approaches
Views from other people/presenters – legal aspects/language
Group practice work and discussion of cases
First time to have teaching on this, to see if I am doing the right thing
Background legal/GMC responsibility to help inform my decision making
Discussion with NCAS and GMC reps
The approach to reflective writing. The legal status of reflections
Q&A at the end
Case discussions
Learning points and information on Duty of Candour
Group practice work
Confidentiality is not the same as secret. Gave me confidence once again to do my reflective practice in view of recent events of junior doctors being incriminated.
Group discussion
Good discussion fostered throughout session
Take home messages
Interactive discussion
Realising that the reflection should be the wider picture, not just an emotional response from the author. Aligning Duty of Candour with reflection
Views of professionals supporting the session

Any further comments / suggestions?

Comments:

Reflective writing will become ever more important. A comprehensive training programme for trainees and supervisors is needed.
Thanks!
Doubtless a similar session in a year or two will be informed by interesting experiences
Training is key to train others & maintain a uniform high standard of service
A lot of emphasis on legal implications (as this is how this came about). But quite late on in the day before the point that there is unlikely to be anything in the reflections that will cause issues that is not already in the notes or the care review/RCA.

A S Branson
20.12.16

BOARD OF DIRECTORS

**UNAPPROVED MINUTES OF
PUBLIC MEETING**

25 OCTOBER 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Michael Carr	Chairman
David Allison	Chief Executive
John Coakley	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Mark Lipton	Deputy Medical Director
Sue Lorimer	Non-Executive Director
Cathy Maddaford	Non-Executive Director
Jean Quinn	Non-Executive Director
Denise Price	Interim Director of Nursing & Midwifery
John Sullivan	Non-Executive Director

In attendance

Carole Self	Director of Corporate Affairs
Jayne Kearley	Member of the Public
Dr John Fry	Public Governor
Ian Linford	Public Governor
Terry Whalley*	Director of Strategy and Sustainability

Apologies

Gaynor Westray	Director of Nursing and Midwifery
Susan Gilby	Medical Director

Reference	Minute	Action
BM 17-18/143	Apologies for Absence Noted as above	
BM 17-18/144	Declarations of Interest None	
BM 17-18/145	Chairman's Business Nothing to report	
BM 17-18/146	Chief Executive's Report The Chief Executive presented the report and highlighted the following areas: Improving Patient Flow – the Board was advised that A & E performance for October had significantly improved. The position for October was reported at 88.7% without the walk in centres and 91.2% with these included as per the proposed methodology outlined the letter from NHSI letter dated 13 th October 2017. The Board noted that West Cheshire A & E Delivery Board in September had taken the decision to withdraw from the joint monthly Wirral and West Cheshire Board Meetings in preference of joint quarterly meetings where learning could be shared. The Board sought clarity on whether there was a separate West Cheshire A & E Delivery Board and	

Reference	Minute	Action
	<p>where the accountability for performance lay. The Chief Executive confirmed that there was a separate Board and that the accountable for A & E performance for West Cheshire resided with West Cheshire.</p> <p>The Board sought and received confirmation that NHSI would release STF funding based on the methodology of including walk in centres into A & E performance. The Director of Finance reminded members that even though this move was supportive, the majority of the funding would only now be released if the Trust achieved its financial plan and that any support in the form of STF would support the cash position and not the Income and Expenditure position as this was excluded for NHSI purposes.</p> <p>Clinical Leadership – the Board was advised that there had been positive feedback to the proposed clinically led model discussed in the previous month and that the Trust was on track to complete the transition by the end of March 2018.</p> <p>Flu Vaccinations – the Chief Executive reported the latest vaccination rates these being 45% of all staff. The Board noted the increased emphasis this winter in light of the issues being experienced with flu in the Southern Hemisphere.</p> <p>GIRFT visits to No 10 – the Board was pleased to note that the Trust had two clinical leaders included as part of this very important programme. The work on gastroenterology was of particular significance given that the right care data suggested that the Trust's spend in this area was out of line. It was confirmed that this would form the basis of focus at a Cheshire and Merseyside level.</p> <p>Strategy – the Board agreed that it would discuss the outcome of the private discussions of the recent “lock in” sessions later however it was pleased to report the collective view towards having a single system financial control total and a more streamlined decision making structure across Wirral Providers and Commissioners.</p>	
BM17-18/147	<p>Infection Prevention and Control Action Plan</p> <p>The Interim Director of Nursing and Midwifery presented what was a high level overview of the action plan developed as a result of the Trust's own concerns and the recommendations from the recent external peer review. She advised that the full action plan would be discussed at the next Quality and Safety Committee in November.</p> <p>The Board was pleased to note that the work required to improve governance arrangement for infection prevention and control (IPC) in the Trust was progressing well, as was the work on isolation and getting the basics right in terms of hand hygiene.</p> <p>The Board supported the key components identified in the action plan but sought clarity as to how IPC was being managed as a whole economy acknowledging that this was not just a hospital issue. The Interim Director of Nursing and Midwifery advised that there were local and regional groups in</p>	

Reference	Minute	Action
	<p>operation that focussed on the whole economy and patient flow approach and this work would continue in the future. The Board was pleased to note that the Divisions would take a more proactive role in the IPC agenda although it sought clarification as to the timing of the appointment of a new IPC lead as there were concerns that the loss of this post and the peak in C difficile rates were similar. The Interim Director of Nursing and Midwifery confirmed that the Trust had secured some interim senior support from the CoCH starting from the following week. She also confirmed that the draft job description was currently being considered and that substantive recruitment to this post would follow shortly either singularly for this Trust or in conjunction with CoCH.</p> <p>The Board sought confirmation as to how prepared the Trust was for the increases in CPE and C difficile. The Interim Director of Nursing and Midwifery suggested that the need for a further action plan would support the view that the Trust was not fully prepared. She did however provide assurance that the work was progressing well to standardise practice and support early decision making. The Board was advised that there had been 2 cases of C difficile reported in September versus the 6 cases reported in August.</p> <p>The Board agreed that whilst the lead for IPC was important, if processes were dependent on this that in itself was a weakness. The Board therefore supported the back to basics approach and the work being undertaken to raise awareness of the fact that IPC was everyone's business.</p> <p>The Board agreed that the full report should be discussed at Quality and Safety Committee with key aspects reported back to Board as part of the Chair's report.</p>	
BM 17-18/148	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated performance dashboard and advised the Board as follows:</p> <p>A & E 4 Hour Access Standard – the Chief Operating Officer noted that the Board had received an update on performance as part of the Chief Executive's report although she emphasised that the step change in performance would need to be consistently delivered. The Board was pleased with current performance but concerned as to future sustainability and sought to understand what more needed to be done to achieve this. The Chief Operating Officer acknowledged and shared the concerns although she did highlight that the support from Ernst and Young was also focussed on building capacity and capability in our teams and that they would remain with the Trust to manage this as part of the contract arrangements. She also advised that teams were now receiving information to enable them to manage processes such as SAFER and Expected Date of Discharge much better. The Board was pleased that NHSE and the Commissioner had agreed to support doing more work with Ernst and Young next year. The Chief Operating Officer confirmed that she was confident in the processes put in place for the Trust to manage the step change sustainably, however</p>	

Reference	Minute	Action
	<p>the further increase to 95% still required a significant amount of work.</p> <p>18 Week Referral to Treatment Times RTT – the Board was pleased that the cleansing work on the patient tracking list had now been completed. It noted that performance would be static until the Trust started to clear the backlog. The Chief Operating Officer advised that the work done on capacity and demand would suggest that the capacity was now in line with demand as performance had not deteriorated. The Board was advised that work had now commenced with Spire with a view to clearing some of the backlog as had work with Medinet in relation to Ophthalmology. The Board noted the disparity between the Trust's plans to clear the backlog and commissioner affordability but agreed that patient safety had to be paramount at all times during these difficult discussions. The Board sought and received confirmation as to the arrangements and volumes expected through Spire and possible other options being explored.</p> <p>Diagnostic Six Week Wait – no issues were reported with compliance against this standard</p> <p>Cancer – the Chief Operating Officer reported that performance against all standards was expected to be met for Q2.</p> <p>Infection Control – as discussed earlier in the meeting, the Board was advised that the Trust had reported 2 avoidable cases of C difficile in September.</p> <p>New Draft Integrated Performance Dashboard – the Chief Operating Officer presented the draft prototype for comment and discussion. She advised that the Trust was in the process of finalising all the indicators.</p> <p>The Board was advised that all Red areas of performance would be pulled through to the front of the report where the lead Executive would provide a full narrative as to the actions being taken and expected timeline for improvement. The Board suggested that achievement of the financial control total should form part of the dashboard. The Director of Finance advised that reporting of performance against the Income and Expenditure position was in effect compliance with the control total but was happy to make this much more explicit. The Board also recommended that the pay budget be included under the Use of Resources dashboard.</p> <p>The Board agreed that the breach analysis for A & E needed to be provided as part of the narrative in future although it was conscious that the narrative should not become an essay as it needed to be concise and the use of graphs to support the narrative should help with this.</p> <p>The Board agreed that it needed to differentiate between what it focused on at Board level and what reliance it would place on review by the Assurance Committees. The Board cited the recent BBC tracker methodology as one possible option for high level review. The Board agreed that there should be one version of the performance report each month much like the new integrated quality dashboard.</p>	<p>DJ</p> <p>JH</p>

Reference	Minute	Action
	<p>M6 Finance and Cost Improvement Programme Report</p> <p>The Director of Finance presented the M6 finance and cost improvement report and highlighted the following areas:</p> <ul style="list-style-type: none"> • It was reported that the Trust reported a £3.1M in- month deficit against a planned deficit of £0.5M. Cumulatively for the year to date this had resulted in an overall deficit of £14M which was £5.3M adverse to the plan excluding STF funding. Although the achievement of the agreed control total was challenging, the Director of Finance reminded members that the agreement of a control total had avoided £5.3M of penalties being incurred. • The Use of Resources rating was reported at 3 in line with the plan although the Board noted that this was as a result of agency spend being in line with the cap. • The Trust reported a reduction in run rate of £110K in month partly due to the freeze in non-clinical recruitment and agency spend. • Cash was reported at £5.3M against the plan of £3M although this was the result of underspend of GDE monies. • PbR activity was reported above plan by £7.1M YTD predominantly as a result of performance in non-elective work of £2.3M and A & E activity of £0.2M. Clinical income in month exceeded the plan by £0.2M however this was due to increases in non-elective and A & E income of £0.6M which offset underperformance in Non-PbR of £2.2M, £1.3M of which related to the difference in treatment of penalties with the main CCG contract offer with a number of other specialties (Critical Care, Neonates and Rehabilitation) currently behind plan. Non-PbR excluded drugs were also reported as below plan by £3.1M which was offset within expenditure. The activity plan for surgery was reported to be back on plan • The Trust reported a £2M adverse variance performance to the Cost Improvement Plan (CIP). The key driver was reported as pay. The in-year forecast as at the end of September was reported as £9.4M which was in line with the previous month's figures. • Capital expenditure was reported below plan by £5.5M inclusive of GDE monies. Some issues were reported with securing medical equipment although the Director of Finance reported that the expectation was that this would be back on plan next quarter. The Board was advised that the Trust was working on the priority areas in the backlog maintenance plan and in particular on the "first impressions" programme previously used. • Working capital variances in September were reported to be within acceptable tolerance levels <p>The Board agreed to review the future cash requirement as part of the report from the Finance Business Performance and Assurance Committee (FBPAC) report as this was discussed in detail at this committee.</p> <p>The Chair of FBPAC concurred with the financial position as articulated by the Director of Finance and of the concerns that the half year position and significant adverse variance from plan presented. The Board noted a</p>	

Reference	Minute	Action
	number of risks with the financial plan and agreed that these would be discussed in detail as part of the Recovery Plan challenge, which because of the nature of some of the action required to be taken, would be discussed in private.	
BM 17-18/149	<p>Operational Plan Mid-Year Update</p> <p>The Board welcomed the Director of Strategy and Sustainability to the meeting.</p> <p>The Director of Strategy and Sustainability presented the mid-year update of the aims and objectives agreed at the beginning of the year as part of the operational plan. The Board was asked to review progress against each of the aims and objectives noting the recommendation to review specific aspects as a result of the current NHS context.</p> <p>The Board was advised that the aims and objectives for 2018/19 were currently being refreshed and would link much more with the refreshed Board Assurance Framework and the integrated quality dashboard as well as including much smarter objectives.</p> <p>The Board noted that some areas had reported good progress whilst others less so, sometimes for good reason or because they were part of a multi-year process.</p> <p>The Board supported the view that sustainability needed to be part of the overall objectives in the refresh. The Board also recommended that the aims and objectives should more adequately articulate how the Trust would maximise value from developing an Accountable Care Organisation or horizontal integration as it was not clear where the savings might be made or where the benefits might arise. The Director of Strategy and Sustainability agreed with this view and updated the Board on the framework agreed as part of the work with the CoCH which was designed to draw out the benefits. He agreed to bring the results of this work back to the Board. The Board also noted that the benefits of Right Care for the Commissioner were undoubtedly a pressure for Providers so it was important therefore to be clear about savings for the system as a whole. The Director of Finance agreed that going forward the plan would be much more outward looking and system based.</p> <p>The Board found the update on the safety summits helpful but sought assurance on the robustness of the care quality inspections. The Interim Director of Nursing and Midwifery advised that the Trust was not fully assured with this process going forward although it had provided a good focus for a period of time. She reminded members of the work being undertaken to merge the care quality inspections with the ward accreditation programme as well as strengthening accountability and being clear about the expected outcomes of these. The Board sought to understand the timescale for completion of this work. The Interim Director of Nursing and Midwifery advised that this was expected next month.</p> <p>The Board sought an update on the position with regards to outstanding complaints which had been previously reported. The Interim Director of</p>	TW

Reference	Minute	Action
	<p>Nursing and Midwifery confirmed that considerable work was progressing although the overarching process and leadership would be key to overall success which was currently being pursued. The Chief Executive confirmed that the work being undertaken on quality governance by the Medical Director should provide the Trust with a much more robust sustainable position going forward.</p> <p>The Board supported the mid-year review and agreed that there needed to be less narrative in future and more metrics that linked with system wide sustainability.</p>	
BM17-18/150	<p>NHS Improvement Quarterly Return</p> <p>The Board formally noted the quarterly return submission</p>	
BM17-18/151	<p>Report of Finance Business Performance and Assurance Committee</p> <p>The Chair of the FBPAC provided the following update accepting that the main financial position had been discussed in detail earlier in the meeting.</p> <p>The Board was pleased to note that the BAF continued to be reviewed and updated and was becoming the common language to developing interventions. The Board noted that the top 4 risks outlined in the report as identified by the Senior Management Team would be reviewed by the other Assurance Committees ahead of being reviewed by the Board in due course and that the workforce and quality and safety risk ratings would be reviewed by the Quality and Safety Committee.</p> <p>The position with regards to cash requirements was reported as the source of extensive debate. The Chair of FBPAC confirmed that the Trust had submitted its application for £21.7M; this being the worst case scenario, to ensure that it met the deadlines for approval. The Board agreed that it was important to see the totality of the “ask” and the impact on the Trust’s future sustainability as well as the risk of repayment as outlined in the report.</p> <p>The Board supported the recommendation to delegate authority to the Director of Finance or in his absence the Deputy Director of Finance to request cash on a monthly basis based on the 13 week rolling cash forecast.</p> <p>The Board was advised that a verbal update on IT benefits realisation had been provided although the expectation was that this was in readiness for a much fuller discussion as this was key to delivering the cost improvement plan.</p> <p>The Board was pleased with the work undertaken on the workforce report and supported the recommendation that the work on E-Roster be reviewed by Quality and Safety Committee.</p>	
BM17-18/152	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 27th September 2017 were</p>	

Reference	Minute	Action
	<p>confirmed as an accurate record.</p> <p>Action Log</p> <p>The Board accepted the action log as presented.</p>	
BM17-18/153	<p>Items for the BAF/Risk Register</p> <p>None</p>	
BM 17-18/154	<p>Items to be considered by the Assurance Committees</p> <p>The Board agreed the following focus areas for the assurance committees:</p> <p>Quality and Safety Committee</p> <ul style="list-style-type: none"> • To review the top 4 risks identified by the Senior Management team in the BAF as well as the risk ratings for the quality and safety risk and the workforce risk. • to review the work being undertaken on E-roster • to review the full infection prevention control action plan • to review the development of the new performance dashboard <p>Finance Business Performance and Assurance Committee</p> <ul style="list-style-type: none"> • to review the development of the new performance dashboard • to review the potential savings/benefits from developing an ACO 	<p>CS</p> <p>JM DP JH</p> <p>JH TW</p>
BM17-18/155	<p>Any Other Business</p> <p>None</p>	
BM 17-18/156	<p>Date and Time of Next Meeting</p> <p>Wednesday 29th November 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

.....
Chairman

.....
Date

ACTION LOG
Board of Directors
Updated – November 2017

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 25.10.17						
1	BM17-18/148	Include the pay budget in the Use of Resources section of the new performance dashboard	DJ	Included in new Integrated dashboard - completed	Nov 17	
2	BM17-18/148	Include the breach analysis in the A & E narrative	JH	Included in new integrated dashboard - completed	Nov 17	
3	BM17-18/149	Articulate in the aims and objectives how the Trust would maximise value from developing an ACO or from horizontal integration as it was not clear where the savings or where the benefits might arise	TW	Long list of Healthy Wirral Initiatives being reviewed in terms of quantifiable benefits	Q1 2018/19	
4	BM17-18/154	Quality and Safety Committee to review the top 4 risks identified by SMT and review the risk ratings for risk 1 quality and safety and the risk for workforce	CS	Review undertaken in November 17- update included in Chair's report - completed	Nov 17	
5	BM17-18/154	Quality and Safety Committee to review the work being undertaken on E Roster	JM		Jan 18	
6	BM17-18/154	Quality and Safety Committee to review the infection prevention control action plan	DP	Review undertaken in November 17 – update included in Chair's report - completed	Nov 17	

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7	BM17-18/154	Quality and Safety Committee and Finance Business Performance and Assurance Committee to review the development of the new performance dashboard	JH		Dec 17	
8	BM17-18/154	Finance Business Performance and Assurance Committee to review the potential savings/benefits from developing an ACO	TW		Q1 2018/19	
Date of Meeting 27.09.17						
9	BM17-18/112	Ensure future nursing reports focus on the action being taken to ensure that staff moves are appropriately managed	DP	Included in the nurse staffing report – Nov 17- Completed	Nov 17	
10	BM17-18/116	The Board requested an update on the action being taken in relation to infection prevention and control in light of the increase in reported avoidable cases of C difficile	DP	Included on the agenda for October 17 - completed	Oct 17	
11	BM17-18/119	Confirm the time commitment for Board members in undertaking the enhanced level 2 Equality, Diversity and Human Rights training	DP	The Board has agreed the training session will take place in Dec 17	Oct 17	
Date of Meeting 26.07.17						
12	BM217/18/096	Undertake a review of the Board Model Hospital portal	DJ	To be undertaken with members as part of work programme in September - completed	Sept 17	Deferred until October 2017
13	BM17-18/104	Quality and Safety Committee to review research work as part of their work plan	SG			
14	BM17* 18/105	Provide an update on future Care Quality Inspections to the CoG in September	SG		September 17	
Date of Meeting 28.06.17						

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15	BM17-18/068	Quality and Safety to receive assurance on CQC preparedness and overall compliance and provide regular reports on this to the Board	SG	Ongoing	July 2017	
Date of Meeting 24.05.17						
16	BM17-18/039	Provide regular reports on the A & E 9 point action plan – specifically those areas that relate to the Trust	JH	Ongoing – last review June 17	June 17	
17	BM17-18/049	Review the IT risk on the BAF in relation to cyber security	PC	Work is ongoing to implement further protections e.g. awaiting delivery of a new Internet circuit which is ordered but has a 90 day delivery time. Working with NHS Digital and GDE sites with Cerner to go through the Cyber Essentials plus framework funded by NHS Digital – dates being agreed. WUTH is leading work on Cyber for Cheshire and Mersey STP. A further update is due in December when the Audit actions will be complete. Review thereafter to be undertaken at Senior Management Team and Audit Committee	July 17	
Date of Meeting 26.04.17						
18	BM17-18/013	Ensure Equality and Diversity is covered throughout the Trust's Mandatory training programme	GW		June 17	
Date of Meeting 25.05.16						
19	BM16-17/036	Full review of the performance report to be undertaken to avoid this becoming unmanageable	JH	New dashboard included on the agenda for Nov 17 - completed	Sept 17	Draft dashboard viewed in October
20	BM16-17/037	Explore the impact of technology when reporting CHPPD in the future	GW	Director of IT and Information currently evaluating this work	April 17	

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