Wirral University Teaching Hospital NHS
NHS Foundation Trust

Board of Directors

Public Board

30th May 2018

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MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 30th MAY 2018

COMMENCING AT 9AM IN THE BOARD ROOM
EDUCATION CENTRE, ARROWE PARK HOSPITAL

AGENDA

1	**Apologies for Absence** Chair	v
2	**Declarations of Interest** Chair	v
3	**Chair's Business** Chair	v
4	**Key Strategic Issues** Chair	v
5	**Board of Directors**	
	5.1 Minutes of the Previous Meeting – 25th April 2018	d
	5.1.2 Board Action Log Director of Corporate Affairs	d
6	**Chief Executive's Report** Acting Chief Executive	v

7. Quality and Safety

7.1	**Patient Story** Acting Head of Patient Experience	v
7.2	**Report of Quality & Safety Committee** Chair of Quality & Safety Committee	d
7.3	**Maternity 2017/18 Annual Report including Clinical Negligence Scheme (CNST) for Trusts Maternity Discount Scheme** Director of Nursing & Midwifery	d

8. Performance and Improvement

8.1	**Integrated Performance Report**	
	8.1.1 Integrated Dashboard and Exception Reports Chief Operating Officer	d
	8.1.2 Month 1 Finance Report Acting Director of Finance	d
8.2	**Medically Optimised / Intermediate Care Scheme** Director of Operations	p

9. Workforce

9.1	**Report of Workforce Assurance Committee** Chair of Workforce Assurance Committee	d

10. Governance

10.1	**Report of Audit Committee** Chair of Audit Committee	d
10.2	**Review of Corporate Governance Statements** Acting Chief Executive	d

11. Standing Items

11.1	**Items for BAF/Risk Register** Chair	v
11.2	**Items to be considered by Assurance Committees** Chair	v
11.3	**Any Other Business** Chair	v
11.4	**Date and Time of Next Meeting** Wednesday 27th June 2018	v

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

25th APRIL 2018

BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL

Present

Sir David Henshaw	Chair
David Jago	Acting Chief Executive
John Coakley	Non-Executive Director
Susan Gilby	Medical Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
Gareth Lawrence	Acting Director of Finance
Sue Lorimer	Non-Executive Director
John Sullivan	Non-Executive Director

In attendance

Carole Self	Director of Corporate Affairs
Tracey Fennell	Deputy Director of Nursing
Mike Baker	Head of Communications
Karen Edge	Deputy Director of Finance
Jayne Kearley	Member of the Public
Helen Marks	Interim Director of Workforce
Anthony Middleton	Director of Operations and Performance
Paul Charnley	Director of IT and Information
Steve Evans	Public Governor
Alice Lansley	Dr Foster
Carolyn Williams*	Care Quality Commission
Laura Austin*	Interim Head of Patient Experience
Mr M Reynolds*	Relative of a patient
Mrs S Reynolds*	Relative of a patient

Apologies

Terry Whalley	Director of Strategy and Sustainability
Gaynor Westray	Director of Nursing and Midwifery

*denotes attendance for part of the meeting.

Reference	Minute	Action
BM 18-19/001	**Apologies for Absence** Noted as above.	
BM 18-19/002	**Declarations of Interest** None	
BM 18-19/003	**Chair's Business** The Chairman welcomed Karen Edge incoming Acting Director of Finance to her first Board Meeting and gave thanks to Gareth Lawrence outgoing Acting Director of Finance. The Board also expressed their thanks to Gareth for the sterling service he had delivered. The Chairman confirmed that he was planning to progress with the process	

Reference	Minute	Action
	for appointing into the roles of Senior Independent Director and Deputy Chair, in conjunction with Board colleagues and the Council of Governors	**DH**
BM 18-19/004	**Chief Executive's Report** The Acting Chief Executive presented his verbal report and highlighted the following areas: **Mediation with Wirral Clinical Commissioning Group(CCG)** – The Acting Chief Executive updated the Board on the outcome of the mediation meeting which took place on the 29th March 2018. He confirmed that both parties had agreed the elective admission plan up until March 2019 which included the revised referral treatment target of 80% and the agreement to have no patients waiting more than 52 weeks. Both parties also agreed the non-elective plan; that clinical audit needed to be recommissioned; to review the neuro rehabilitation services in the next 6 months and the Trust was advised that QIPP had now been formally withdrawn. The CCG had agreed that the marginal rate for emergency care was out of date and thus agreed to re-base this in Q1 2018/19 supported with investment. The conclusion was that the outcome was rather mixed but reasonable. The Chairman asked for confirmation of the actual financial gain which was reported as circa £1.3M. He also asked whether the Trust was being realistic with its forecast and planning given the national call to do so. The Executives collectively agreed that the plans were realistic and therefore happy to progress with these. The Board debated the likely health economy out turn for next year and the Trust's ability to improve on last year's performance as outlined by NHS Improvement. The Chairman sought to understand from Executives what the things were that the Trust could do that would make an immediate impact for patients. The Executive outlined the following areas: • Formalise step down facilities to avoid escalation and better deployment of skilled staff • Give notice to the Community Trust for the Walk in centre in order to improve patient flow • Review of theatres and outpatient areas as urgent improvement was required • Establish admission avoidance scheme through care homes • Undertake the review of partially funded/unfunded medical teams employed by the Trust for the purposes of community provision The Board agreed that a full proposition by Executives should be developed, which harnessed involvement from GPs and included scrutiny from Dr Coakley. The Board then requested that a summit with the CCG be established to progress the proposition. **Use of Resources Assessment (UoR)** – the Board was updated on the UoR assessment which took place with NHS Improvement on 5th April 2018 which went reasonably well. Ms Lorimer reported that she felt proud of the team during the assessment and that all the questions were answered well. She asked whether the key lines of enquiry could be used to help develop Divisions. The Chief Operating Officer reported that this had already been undertaken and would be used as the core for quarterly divisional performance reviews and the feedback was positive.	**JH** **JH**

Reference	Minute	Action
	Midwifery Led Unit – the Board was advised that this was opened in Seacombe on 20th March and was a real success. **Muscloskeletal Services (MSK)** – the Board was advised that the Trust had responded again to questions raised by the CCG in relation to efficiency savings. The Acting Director of Finance advised that this had been the second revision to the expectations in a week however the Trust was hopeful for approval by their Governing Body. The Executives confirmed that they would not move their position any further. **Sustainability and Transformation Funding (STF)** – the Board was pleased with the unexpected receipt of £2.3M of STF funding. The Acting Director of Finance confirmed that the financial out turn performance would now be adjusted accordingly. **Health Education England Post Graduate Monitoring Review** – the Acting Chief Executive reported that low morale and restrictions on time had been a theme. The Medical Director confirmed that the joint strategy with the Countess of Chester should improve things going forward. The Chairman asked that future Board Agendas include the standing item "Key strategic issues"	**NM**
BM 18-19/005	**Patient Story** Laura Austin, Interim Head of Patient Experience, joined the meeting with Mr and Mrs Reynolds who had agreed to attend the meeting to talk about Mrs Reynolds' sister's care. Mrs Reynolds provided the Board with some background to her sister Maria. Maria had learning disabilities and autism and she experienced comprehension difficulties and frequently misunderstood what was said to her. Maria was diagnosed with pancreatic cancer in spring 2017 and in mid-October Mr and Mrs Reynolds were advised that her cancer was secondary. The chemotherapy made Maria very ill and her pain was not at all controlled. By December 2017 Maria was admitted to the hospital with a query from her GP of possible sepsis. During her stay Maria encountered a number of difficulties with communication; this was because Maria appeared to understand as she communicated well verbally. Staff did not refer to her health passport and were never fully aware therefore of her needs or how to communicate with her. The introduction of a learning disabilities lead nurse significantly changed Maria's experience, she was described as someone who made Maria feel safe and was like a "guardian angel". The family were aware that the Trust had provided further investment into this specialist care and gave thanks for that but urged the Trust to set the way for the standard of care which all patients with learning disabilities should expect. This would include the use of the health passport and the development of a reminder system similar to the butterfly emblem for end of life care. Maria sadly died on the 11th November last year. The Chairman gave thanks to Mr and Mrs Reynolds for articulating their story	

Reference	Minute	Action
	so beautifully. He also assured the family that the Learning Disability Nurse would progress the recommendation in respect of a reminder system. Mrs Reynolds confirmed that she did not want to complain but she did want to make a difference. The Board sought and received assurance that the Learning Disability Lead Nurse had received the positive feedback outlined today.	
BM 18-19/006	**Health and Safety Report** The Acting Director of Finance presented the Health and Safety Report and highlighted the following: • The report shows that the service is being effectively managed • The development of a five year strategy for Health and Safety that will be promoted and communicated at all appropriate forums • The scheduled review of radiology services by the Health and Safety Executive which made two verbal recommendations, both of which have been actioned • The asbestos resurvey that was undertaken on 23rd February 2018 at Arrowe Park Hospital as part of the ongoing annual review of the Trust sites. A resurvey of Clatterbridge is also to be undertaken The Board expressed thanks for all the hard work undertaken and recommended that the Quality and Safety Committee in future review all aspects of Health and Safety on behalf of the Board. Mr Sullivan raised concerns with the increase in the number of RIDDOR incidents being reported and sought to establish whether there were any trends. The Acting Director of Finance confirmed that the higher level of reporting was evidence of a better reporting culture. Mr Sullivan disagreed as RIDDOR reports were incidents of a serious nature rather than low level incident reporting. He also stated that there was a cost not only financially to the organisation but also in terms of its reputation. The Board agreed that the Quality and Safety Committee should follow up on these concerns and the concerns associated with the lack of availability of the software system Ulysses for reporting non-clinical incidents.	**KE** **KE**
BM 18-19/007	**Nurse Staffing Report – Hard Truths Commitment** The Deputy Director of Nursing presented the report and highlighted the following key areas: • The newly established Workforce Assurance Committee would now seek assurance on all matters relating to the workforce. This Committee would also be supported by a specific “Hard Truths” working group • The Trust had not undertaken any acuity and dependency reviews to determine the appropriate establishment numbers since late last year • A number of “deep dives” were being requested however the process by which these are being undertaken was not robust • Reports of local decision making in relation to recruitment and retention which although has not resulted in any harm being made, had impacted on quality Dr Coakley asked whether the turnover position was the impact or the cause	

Reference	Minute	Action
	of the current issues. The Deputy Director of Nursing advised that he position with regards to bands 2-4 was improving however the gaps at band 5 level were peaking predominantly in Medicine and Surgery. It was reported that the exit interviews did not indicate the reason for leaving was associated with health and wellbeing or stress, but more to do with lack of career progression. The Interim Director of Workforce reminded the Board that there were a number of interventions outlined in the recently approved Workforce strategy which were designed to improve the situation. The Deputy Director of Nursing outlined the initiative used at ULCH which improved retention through flexible staffing contractual arrangements which the Trust was reviewing. The Board also supported the recommendation that new nurses needed more support with preceptorship and psychological support. The Chairman recommended that the Executives develop a "Wirral Offer" in conjunction with its training providers and partner organisations, not dis-similar to the doctors on rotation concept. The Board sought and received assurance that the Trust was still recruiting for "stock" and not waiting for vacancies to arise. Mr Sullivan enquired as to whether the NHS staff survey could extract responses by registered nurses with a view to using this to inform our future strategy. The Interim Director of Workforce confirmed that this information would be extracted and reviewed by the new Workforce Assurance Committee. The Board requested that an update on the "deep dives" and the position with regards to establishment and the acuity and dependency audit work be provided to the Quality and Safety Committee in July.	**HM** **TF**
BM 18-19/008	**Mortality Review and Dashboard** The Medical Director presented the mortality review and dashboard advising that as this was new and only the second report, it focussed on the process and governance rather than the learning at this stage. She confirmed that the next report would focus on the learning from deaths. The Board was advised that during Q3, the Trust had identified 2 avoidable deaths, one involved a patient in the end stages of their life who following a head injury was still administered with anti-coagulants: the second involved a frail patient from a nursing home who died after a fall. The Board was advised that education had been put in place in relation to the first death and a "deep dive" was currently being conducted by the Clinical Governance Group and would be formally reported to the Quality and Safety Committee in May. The Board was also advised that future Safety Summits would discuss the learning from deaths and the new Divisional Associate Medical Directors would address this going forward. Ms Lorimer raised concerns at the number of deaths in Womens and Childrens. The Medical Director advised that this was exclusively related to babies being born prematurely or born with pre-diagnosed devastating congenital conditions. Two deaths had been reported post-partum which was being reviewed as part of a national process.	

Reference	Minute	Action
BM 18-19/009	**Management Information: Ward to Board Presentation** The Director of IT and Information presented the methodology and process planned following discussion and agreement with Executive colleagues. The Board welcomed the full diagnosis and overview of examples from elsewhere however raised concerns over the iterative nature of the proposal and protracted timescales. The Board recommended that the Executive focus on determining the priorities for information which was deemed to be at Divisional level and build on the platform of data quality already established. Executives were encouraged to focus on what was required to run the business as opposed to delivering everyone's individual requirements. The Board was also clear that future reporting needed to focus on interventions and outcomes and not an articulation of the issues or problems. The Interim Chief Executive agreed with the recommendations from the Board as well as the recommendation that there needed to be individual Executive accountability for reporting in the future.	**DJ**
BM 18-19/010	**Integrated Performance Report** • **Integrated Dashboard and Exception Reports** The Chief Operating Officer presented the integrated performance dashboard noting that this currently focussed on access standards although this would change in line with recommendations from the previous discussion. Key highlights presented were as follows: **A&E 4 Hour Standard/Referral to Treatment RTT** – the Board was advised that the national picture mirrored the current position at the Trust in relation to A & E performance. Further work was planned to determine whether the work commissioned and delivered by Ernst and Young in 2017 was still in place and being reliably delivered on a daily basis. The Board was advised that elective work was back up to speed in April although the position with regards to Referral to Treatment Time RTT performance had deteriorated as a result of national mandated elective cancellations. The Board was advised that 69 patients were currently waiting over 52 weeks, it was reported that this number needed to be halved by the end of next year. *Post Meeting note - Further advice post Board is that the number needs to be zero.* **Cancer standards** – although the Trust met the standards on an aggregated basis for Q4, the Trust reported difficulties in some individual specialties where the denominators were small resulting in greater levels of impact. Performance in dermatology was supporting the overall position. The Chairman commented that the overall picture presented was of a hospital under pressure and sought to establish whether there were any other issues the Board needed to be mindful of. The Chief Operating Officer advised that as well as access and egress, the Trust was struggling with the clinical engagement piece and securing a clinical model of delivery that clinical leaders could sign up to. The Director of Operations and Performance also outlined the need to review the functionality of the outpatient department which required real scrutiny. The Chief Operating Officer advised that the Trust was seeking to build capability at leadership level then provide the necessary tools that would secure delivery.	

Reference	Minute	Action
	• **M12 Finance and Cost Improvement Programme Report** The Acting Director of Finance presented the M12 Finance and Cost Improvement Report. He confirmed that the Trust had received the rating of "high assurance" from the internal auditors following the audit of its financial systems. The Board was also advised that the out turn figures in the report would now change following confirmation of the receipt of further sustainability and transformation funding STF from NHS Improvement. The current out turn position for reporting purposes was confirmed as £20.4M deficit which was in line with previous forecasts over the last 3 or 4 months.This would need to be adjusted to reflect late receipt of STF monies. The cash balance was reported at £8M which was supported by the land sale at Clatterbridge in the last week in March and the cash loans drawdown. The Use of Resources rating was reported in line with plan at 3, heavily influenced by the strong performance in agency costs although the target would reduce next year. The performance for the cost improvement programme was reported at £8.4M before mitigation against the target of £15M. Whilst only £7.8M of this was delivered recurrently the non-delivery had been factored into the 2018/19 agreed base plan. Capital expenditure was reported as £600K below plan however as per discussions at the Finance Business Performance and Assurance Committee the Trust had plans to tighten the process going forward. The Board was reminded of the risk of repayments in relation to the level of borrowings for the Trust.	
BM 18-19/011	**Approval of Operational Plan and Financial Submission** The Acting Director of Finance presented the final draft of the operational plan following discussion at the Board in March 2018. The Board discussed the options for using the proceeds from the land sale to either reduce its borrowing or reduce the capital plan. The Acting Director of Finance outlined the advice from the regulator but confirmed that further technical advice was still being sought. The Board did agree that further discussion on the capital plans was required at the next Finance Business Performance and Assurance Committee in June. The Board noted the slight changes in relation to CIP and the position post mediation with the CCG. The Board's attention was drawn to the control totals proposed by NHSI as well as the associated risks with delivery of the plan. The Board sought and received confirmation of the risks associated with not signing up to the control total and balanced these with the national message of not signing up to control totals that were not deliverable. The Chairman agreed to discuss this with NHS Improvement. The Board noted the risk of the CCG taking action in relation to penalties despite the agreement in relation to the revised RTT target. The extent of this risk was confirmed as £10M. The Board was also reminded that the Trust was at risk of being placed into special measures if it did not sign up to the control total. Further details of	**DJ** **DH**

Reference	Minute	Action
	this risk would be discussed in private session. The Board agreed that following previous discussions on its strategy, that a note should be placed in the operational plan to confirm that the Trust was revisiting its vision and plan although it noted that this was a 2 year plan first submitted in 2017/18.	**DJ**
BM 18-19/012	**Strategic Planning Presentation** The Chief Operating Officer presented the proposed approach to developing a new strategy which included the methodology and timescales. The Board agreed that this needed to change however it should clarify what the Trust was trying to achieve ie its destination. The Board supported the continued work with the Countess of Chester; to revisit the previous SWOT analysis undertaken and determine how Divisions were using service line sustainability as part of their strategic decision making. The Board agreed that the Organisational values should be refreshed and that there should be well defined behaviours to support those values. This exercise would provide a great opportunity to engage with the trust staff and patients and would signal changes within the organisation. The Chairman requested that the Executives produce a "strawman" of the new vision and strategy ahead of the Board Away Day to be planned. The Board agreed that the Away Day would not be facilitated on this occasion.	**JH**
BM 18-19/013	**Report of the Finance Business Performance and Assurance Committee** Ms Lorimer presented the report from the Finance Business Performance and Assurance Committee confirmed that most of the issues had been discussed.	
BM 18-19/014	**Report of the Audit Committee** Mr Sullivan presented the report from the Audit Committee and advised members that despite previous concerns regarding the Board Assurance Framework, the feedback from the Auditors was that this was one of the better ones they had seen. The Committee agreed however that there needed to be greater rigour with the updates and focus on the mitigating actions. The Board was reminded that the draft Annual Governance Statement had been circulated under separate cover to members and that this articulated the identification of a significant internal control issue and the action taken to address this. The overall Head of Internal Audit Opinion however was confirmed as "substantial" because of the Trust's strong track record of responding to recommendations. The Board was advised of the External Auditors early view on the Value for Money conclusion which was likely to be a qualified assessment in line with national consistency checks. The Board was advised that this opinion highlighted isolated issues in the Trust rather than systemic ones. The	

Reference	Minute	Action
	Interim Chief Executive confirmed that he was due to meet with the External Auditors later in the week to finalise the assessment outcome.	
BM 18-19/015	**Review Register of Interests** The Board noted the register of interests as presented.	
BM 18-19/016	**Items for the BAF/Risk Register** None	
BM 18-19/017	**Board of Directors** The Minutes of the Board of Directors held 28th March 2018 were approved as an accurate record subject to some minor typo corrections that the COO would feedback. S.Lorimer queried wording re strategic objectives and remit of Audit Committee and it was agreed that this would be reviewed. Having concluded the refresh, the Board agreed that this would form part of an Away Day having determined that a review of the strategic objectives was required. **Action Log** The Board agreed the current Action Log and confirmed that action No. 6 in relation to the "Fix IT" approach had now been widely communicated in the organisation. The Chairman sought an update on the other top 10 priorities identified by the Executive Team. The Board was advised that an Open Forum was now in operation on a Monday; "Keep Free" Fridays were in place; progress was being made with greater visibility at Clatterbridge which would include future Board Meetings; the vacancy control panel had been revised and feedback booths were being developed in outpatients. The Chairman noted that there were booths not working and requested that these either be removed or replaced. The Chief Operating Officer agreed to pick up this action. The Chairman also asked that the number of posters around the Trust that indicate what we must not do be reviewed and reduced wherever possible.	JH DJ **JH** **MB**
BM 18-19/018	**Items to be considered by the Assurance Committees** **Quality and Safety Committee –** review of health and safety in future as well as concerns with regards to incident reporting and the increase in RIDDOR incidents. Review of outstanding "deep dives" requested and an update on the acuity and dependency audit **Workforce Assurance Committee –** NHS staff survey feedback of Band 5 registered nurses to inform future workforce planning and strategy **Finance Business Performance and Assurance Committee –** review of the 2018 capital programme and processes	
BM 18-19/019	**Any Other Business**	

Reference	Minute	Action
	None	
BM 18-19/020	**Date and Time of Next Meeting** Friday 25th May 2018 at 3.00pm in the Boardroom, Education Centre, Arrowe Park Hospital.	

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Chair

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Date

Board of Directors Action Log
Updated – May 2018

Completed Actions moved to a Completed Action Log

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 25.04.18						
1	BM18-19/003	Progress the process for appointing into the roles of Senior Independent Director and Deputy Chair, in conjunction with Board colleagues and the Council of Governors	**DH**	Concurrent appointment of Non-Executive Directors ongoing. To be reviewed upon confirmation of appointments.	Ongoing	
2	BM18-19/004	The Board agreed that a full proposition by Executives should be developed in relation to overcoming key strategic issues which harnesses involvement from GPs and included scrutiny from Dr Coakley. The Board then requested that a summit with the CCG be established to progress the proposition.	**JH** **JH**	JH has met with GPs. Director of Operations to undertake a presentation at the May Trust Board. Dr Coakley to be engaged upon return from annual leave.	June 2018	
3	BM18-19/004	The Chairman asked that future Board Agendas include the standing item "Key strategic issues"	**NM**			**Completed**
4	BM18-19/006	The Board agreed that the Quality and Safety Committee review progress with the health and safety agenda in future. Also review the concerns associated with the lack of availability of the software system Ulysses for reporting non-clinical incidents and the increase in the number of RIDDOR incidents	**KE**	Outlined with Associate Director of Estates and to be discussed further.	Ongoing	

5	BM18-19/007	Extract and review from the NHS staff survey the feedback from Band 5 registered nurses with a view to improving retention and recruitment. Review to be undertaken at the new Workforce Assurance Committee.	**GW**	Has been incorporated into Nursing & Midwifery Workforce Strategy. Also reviewed and encompassed within Friday 'Back to the Floor Walkabouts'.		**Completed**
6	BM18-19/007	The Board requested that an update on the "deep dives" and the position with regards to establishment and the acuity and dependency audit work be provided to the Quality and Safety Committee in July.	**TF**	All deep dives and the establishment reviews will be presented in July to Quality & Safety Committee.	July 2018	
7	BM18-19/009	Ensure future Ward to Board reporting focussed on interventions and outcomes and not an articulation of the issues or problems	**DJ**		Ongoing	
8	BM18-19/010	The Board did agree that further discussion on the capital plans was required at the next Finance Business Performance and Assurance Committee in June.	**DJ**		June 2018	
9	BM18-19/011	The Chairman agreed to discuss the control total proposal this with NHS Improvement	**DH**		Ongoing	
10	BM18-19/011	The Board agreed that following previous discussions on its strategy, that a note should be placed in the operational plan to confirm that the Trust was revisiting its vision and plan although it noted that this was a 2 year plan.	**DJ**			**Completed**
11	BM18-19/012	The Chairman requested that the Executives produce a "strawman" of the new vision and strategy ahead of the Board Away Day to be planned. The Board agreed that the Away Day would not be facilitated on this occasion.	**JH**	In progress – Update to be provided at June Board of Directors	June 2018	
12	BM18-19/017	The Chairman noted that there were booths not working and requested that these either be removed or replaced. The Chief Operating Officer agreed to pick up this action.	**JH**	Ongoing - has been escalated and under review by Director of IT and Informatics.	Ongoing	
13	BM18-19/017	The Chairman also asked that the number of posters around the Trust that indicate what we must not do be reviewed and reduced wherever possible.	**HM**	Ongoing – concurrent audit being undertaken and posters being removed & replaced.	Ongoing	
Date of Meeting 28.3.18						

2	BM 17-18/265	Formal proposal for the wrap around services, utilising the Clatterbridge bed stock as a step down facility, to be developed and presented for approval.	**AM**	Working Group assessing scope and feasibility. Initial stakeholder communications enacted via economy. Presentation to be undertaken at May Board of Directors; 'Medically Optimised / Intermediate Care Scheme'.	May 2018	
3	BM 17-18/265	An overarching Board statement would be beneficial that clearly articulates the Board priorities and strategy, to be used internally and with external stakeholders, for sustainable services across the Wirral.	**DJ**	Strategy Refresh proposed, to be discussed at future Board Meetings.	Ongoing	
4	BM 17-18/265	Dr Gilby to continue the work being undertaken pertaining to Clinical Sustainability.	**SG**	W&WC Alliance meeting held, programme support to be agreed.	Ongoing	
8	BM 17-18/269	Having agreed produce a joint Wirral and West Cheshire Clinical Strategy [WUTH/Countess of Chester], the Medical Directors from WUTH and the Countess of Chester had agreed to determine the most beneficial approach to the commission.	**SG**	See above	Ongoing	
9	BM 17-18/269	Review of Objectives pertaining to 2018 Strategic Plan; to develop 5-7 key smart objectives. Communications to be developed to engage and inform Trust wide colleagues of agreed plans/objectives.	**HM**	Agreed to review and implement new Strategy.		**Completed**
10	BM 17-18/270	Draft Nursing & Midwifery Workforce Strategy: • Board members to support weekly nursing directorate walk the wards sessions. • JS to support HM in regards to collaboration with the Divisional structure, • Draft policy to be circulated for consultation	**Board members** **JS** **HM**	Details circulated – completed. Support agreed – completed. Completed – Nursing & Midwifery Strategy to be returned to June Board		**Completed**
11	BM 17-18/271	Ahead of the 2018 National NHS Staff Survey, the Board requested that consideration be given to distribute to all staff.	**HM**	Confirmed as action taken forward for Trust wide distribution.		**Completed**

12	BM 17-18/271	The Trust Board provided support pertaining to the proposed Staff Engagement Programme and requested that the each of the key themes clearly identifies what action is being taken, by when and by whom. It was agreed that progress will be monitored via the proposed Workforce Assurance Committee.	**HM**	Submitted to Workforce Assurance Committee and incorporated into Chairs Full Board Report.		**Completed**
14	BM 17-18 / 274	BAF - Having considered the current BAF and reflected on the associated risk scores and profiles, it was agreed that a refresh and review would be undertaken to clearly articulate the top ten risks for the Trust. Further Board Development Session to be arranged.	**Directors**		Proposed for review June Trust Board	
16	BM 17 – 18/277	A Trust wide Estates Strategy, including a review/assessment of a works backlog (circa £7M), to be implemented once the findings from a recently tendered '6 Facet Survey' have been received.	**GL**	6 Facet survey tenders received and preferred supplier selected. Report and findings will be available September 2018	September 2018	
Date of Meeting 28.2.18						
4	BM 17-18/243 & 245	BAF to be updated	**DJ**	Actioned and March Board agenda item. Refreshed and to return to future Board Meeting.	Proposed for review June Trust Board	
Date of meeting 7.2.18						
1	BM 17-18/210	1st review of 2018/19 Objectives to be developed for discussion at future Board meeting.	**TW**	~~Paper submitted to April Board Meeting.~~ Strategy Refresh proposed, to be discussed at future Board Meetings.	Ongoing	
2	BM 17-18/211	Bi Monthly Nurse Staffing Report – Strategy to improve sickness absence to aid recruitment, retention and career development	**JH**	Refreshed Nursing & Midwifery Workforce Strategy will be reviewed at June Board meeting.		**Completed**
4	BM 17-18 / 216	FBPAC - The Committee have requested that future reports of the data quality, management of information and clinical coding review provides more assurance to the Committee relating to BAF risk.	**PC**	Reports submitted to FBPAC in line with cycle of business. Ward to Board Programme implemented to address data quality and MI reporting.		**Completed**

5	BM 17-18/220	BAF to be reviewed and updated. Trust Financial position to be incorporated.	**All Directors.**	Update BAF to be presented to next assurance committee meetings for review. Board review through chairs assurance committee reports.	Proposed for review June Trust Board	
Date of Meeting 29.11.17						
1	BM17-18/172	CEO Report – Strategy. The Board also agreed to include the recommendation from the Non-Executives that the aims needed to be more explicit about meeting the future changing needs of the population.	**DA TW**	Will form part of operational plan narrative submission to NHSI. Update at April Board.	April 2018	
4	BM17-18/176	Pressure Ulcers - The Board agreed that more work should be undertaken in this area and that the Safeguarding Board should review this also.	**JH/GW**	Agreed with reporting to March Quality &Safety Committee. Board review through chairs assurance committee reports. Weekly pressure ulcer review meeting including safeguarding from May 2018.	April 2018	**Completed**
7	BM17-18/178	Approval of Risk Management Strategy - The Board agreed to defer this item to the December meeting at the request of the Interim Quality Governance Consultant.	**SG**	To be agreed as part of 2018/19 Planning.	Ongoing	
8	BM17-18/182	Items for the BAF/Risk Register - The Board recommended that the recruitment of a high calibre HR replacement be included on the BAF	**CS**	Experienced interim recruited to role.	Ongoing	
9	BM17/18/183	Items to be considered by the Assurance Committees – Q & S Committee – focus on the new methodology for patient stories and the evaluation of learning from these together with the further work required in relation to exit interview analysis to inform future talent management policies. FBPAC - focus on monitoring the actions taken by the Trust to reduce the monthly pay overspend together with the developing the narrative ahead of any future financial re-forecast.	**JH/GW** **DJ/GL**	Actioned and ongoing Actioned and ongoing	Ongoing Ongoing	
Date of Meeting 25.10.17						

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	
8	BM17-18/154	Finance Business Performance and Assurance Committee to review the potential savings/benefits from developing an ACO	**TW**	To focus on function and pathways as opposed to form.	Q1 2018/19	
Date of Meeting 25.05.16						
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	Ongoing	

Board of Directors	
Agenda Item	7.2
Title of Report	Chairs Report – Quality & Safety Committee 9 May 2018
Date of Meeting	30 May 2018
Author	John Sullivan
Accountable Executive	Susan Gilby Medical Director Gaynor Westray Director of Nursing
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**	For Discussion
Data Quality Rating	Gold – externally validate Silver – quantitative data that has not been externally validated Bronze – qualitative data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

Wirral University Teaching Hospital NHS Foundation Trust

Quality & Safety Assurance Committee summary report for the Trust Board 09 May 2018.

The Quality & Safety Assurance Committee was chaired by John Sullivan on 09 May 2018. With no other Non-Executive Directors present the committee was not quorate. This was the second successive Q&S Committee meeting that was not quorate.

1) Board Assurance Report (BAF)

The BAF presented as not on the agenda of this assurance committee meeting.

2) Patient Experience -- Quality Impact Progress Update

This item was originally part of the financial recovery plan governance arrangements. The committee agreed that none CIP changes should be subject to a Quality Impact Assessment (QIA) and that processes with divisions should be established to allow accountable triumvirate levels to sign off the QIA or escalate to the next level of management. The suggested QIA checklist of questions was accepted as a prudent approach.

Action: J Holmes to roll out QIA process within Divisional governance processes.

3) Integrated Quality Governance.

Tracy Fennell presented deep dive reports for

- Pressure Ulcers
- Nutrition & Hydration
- Falls
- Infection Prevention & Control

The committee were assured by the recommendations and action plans described and by the openness and candour of the analyses and conclusions drawn. The deep dive methodology used was recommended for use across the Trust.

IPC and Safeguarding progress updates will come directly to every Q&S Committee through 2018/19.

Pressure Ulcers, Nutrition & Hydration and Falls progress will be reviewed at Clinical Governance Group with a summary report to Q&S until further notice.

Les Porter presented a project to develop a new Ward Accreditation Programme along with the matron led interim ward assessments (which begin next week). The committee agreed with the multifunctional approach proposed and encouraged good proven ward accreditation practices and processes to be adopted from other high performing provider trusts.

The Integrated Quality Dashboard was received by the committee.

The Emergency Planning Report was presented and received at the committee.

4) Annual Reporting

The Maternity 2017/18 Annual Report (including CNST Discount Theme) was presented by the Divisional leaders of Women & Children's Division. The Clinical Negligence Scheme for Trusts (CNST) Maternity Discount Scheme was reviewed and recommended for Board approval.

Despite various workforce related challenges, the division leaders were commended for the considerable progress and performance improvements made in WUTH Maternity Services in 2017/18.

The latest draft of the Annual 2017-18 Quality Account was received at the committee.

5) Standing Agenda Items

Reports from the following sub groups were received

- Safeguarding
- Infection Prevention Control
- Clinical Governance*

*A revised Clinical Governance Group update will come to the Q&S Committee minutes. It will include a recommendation for a deep dive into Blood Transfusion Services governance. In particular there are safety concerns with sampling compliance and archiving of blood transfusion results. In addition, VTE is an additional safety concern with historically low levels of compliance. Assurance was sought for the July 2018 Q&S Committee.

6) Action Log

It was noted with disappointment and concern that there was no updated action log available to the committee. The committee secretary will meet offline with Susan Gilby and Janelle Holmes and attach an updated version to the committee minutes.

John Sullivan
Non-Executive Director

BOARD OF DIRECTORS	
Agenda Item	7.3
Title of Report	Maternity 2017/18 Annual Report including Clinical Negligence Scheme for Trusts (CNST) Maternity Discount Scheme
Date of Meeting	30 May 2018
Author	Gary Price, Divisional Director, Women and Children's Services
Accountable Executive	Chief Executive
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	Clinical Negligence Scheme for Trusts assurance
Level of Assurance **Positive**	To demonstrate assurance to Trust Board of compliance with 10 CNST requirements for the maternity discount scheme
Purpose of the Paper **Discussion** **Approval** **To Note**	The purpose of this paper is to seek Trust Board approval for submission to NHS Resolution
Reviewed by Assurance Committee	This evidence for the CNST maternity discount scheme was approved by Quality and Safety Committee on the 9th May 2018. This was an appendix to the maternity annual report.
Data Quality Rating	Gold and Silver
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken **Yes** **No**	N/A

1. Executive Summary

The purpose of this paper is to seek Trust Board approval on the delivery against 10 key criteria for the Clinical Negligence Scheme for Trusts (CNST) Maternity Discount Scheme. This allows the Trust to apply for a discount of £700k on our Maternity premium.

2. Background

Our Maternity services have a specific set of national requirements and outcomes. 2017/18 has been a successful year for our Maternity services, there is much to celebrate and much to look forward to as we continue to work closely with regional colleagues.

In January 2018 NHS Resolution advised Trusts that a discount of up to 10% in their maternity CNST premium would be available for Trusts who can demonstrate compliance with 10 essential criteria. Many of these criteria are referenced in the maternity annual report for assurance.

The Women and Children's Division have, through their Divisional Management Team and Clinical Governance Team, been progressing the data and evidence to provide assurance against the key validation criteria.

Quality and Safety Committee, on the 9th May 2018, received the annual Maternity report. Included in the report was detail on the CNST maternity discount scheme. A requirement of this scheme is that Trust Boards approve this before submission.

May Quality and Safety Committee reviewed the evidence for submission and have been asked to recommend this to Trust Board for approval.

The 10 criteria are detailed below:

1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?
2). Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?
4). Can you demonstrate an effective system of medical workforce planning?
5). Can you demonstrate an effective system of midwifery workforce planning?
6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?
7). Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?
8). Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?
9). Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?
10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?

3. Next Steps

The Board is asked to formally approve the CNST discount scheme work assured by Quality and Safety Committee. The CCG will then be asked to note this work. This is a requirement for qualification for the CNST discount scheme.
Final submission will be to NHS Resolution by the 29th June 2018. Trusts will be notified of their discount in September 2018.

4. Conclusion

Particular thanks is given to the senior clinical staff from maternity services who have developed the department well over the last 12 months in order that we are in a position to apply for this discount with some confidence and the good quality work and clinical outcomes demonstrable.

The CNST discount for maternity is a new process. Although the Division is confident of being positively validated against the 10 key criteria it has taken the view for financial governance reasons to assess 50% of the discount as “green” and 50% as “amber”.

5. Recommendations

Trust Board is asked to approve the evidence in this paper for submission to NHS Resolution from the assurance provided to May Quality and Safety Committee.

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Board report on Wirral University Teaching Hospital NHS Foundation Trust (WUTH) progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions

Date: 04 April 2018

BACKGROUND

In line with national strategy, the Women and Childrens (W&C) Division at WUHT has made considerable progress to improve maternity safety. Maternal and Child welfare remains paramount to the Senior Team. We are proud to participate in the incentives to be rewarded for the continuous strive to improve quality and safety. Detailed below is the evidence provided the 10 Clinical Neglience Scheme for Trusts (CNST)

SECTION A: Evidence of Trust's progress against 10 safety actions:

Please note that trusts with multiple sites will need to provide evidence of each individual site's performance against the required standard.

Safety action – please see the guidance for the detail required for each action	Evidence of Trust's progress	Action met? (Y/N)
1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?	*The PMRT Tool was launched in February 2018. There are currently 5 members of staff; namely neonatologist, Obstetrician, Bereavement midwives and clinical governance lead registered to use the tool. The tool has been used with effect from March 2018 at the monthly stillbirth and neonatal deaths case review meetings. A log of ambiguous statements is being kept as this will be discussed with MBRRACE*	**Yes**

2). Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will also use data from NHS Digital to verify the Trust's progress against this action.*	**Yes** CNST Criteria - October November ai
3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?	*Robust review of every term baby admission to Neonatal Unit is undertaken jointly on a weekly basis by obstetricians and neonatologists. Annual summary presented at Division's audit day. Report from 2017 NHS Resolution will cross-check trusts' self-reporting with Neonatal Operational Delivery Networks to verify the Trust's progress against this action.*	**Yes** NNU Term Admissions 2017.xlsx NNU Term Admission 2018.xlsx Neonatal Mortality 2017.pptx
4). Can you demonstrate an effective system of medical workforce planning?	*RCOG's workforce planning for middle grade doctors monitored on a weekly basis . Sample from week ending 01April 2018 attached* *This should include reference to the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool template*	**Yes** cnst-workforce-data-collection-tool-reporti CNST Standard 4 Updated 01 05 18.xls
5). Can you demonstrate an effective system of midwifery workforce planning?	*Debbie to provide to demonstrate the Trust's progress against this action as per the guidance slides.*	**Yes**
6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will cross-check trusts' self-reporting with NHS England.*	**Yes** SBL Care Bundle Implementation Plan .

7). Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.*	**Yes**
8). Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	*Prompt Training April 2018* *Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document. This should include completion of a local training record form.*	**Yes** PROMPT Figures - Standard 8.doc Prompt compliance May17-April18 anaetl Prompt compliance May17-April18 commu Prompt compliance May17-April18 hospit Prompt compliance May17-April18 medica
9). Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	*Dates and meeting details from Debbie and Mike's Diary required* *Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.*	**Yes** 1 to 1 Executive Contact.docx 03 Unapproved CCG Minutes - 18-01-19 3 Draft Unapproved CGG Minutes - 16 Feb 3 Minutes of the Previous Meeting held 04 Unapproved Minutes of the CGG m Maternity-Actions-Board-report- 26 April 2 Safety Bites January 2018.zip Safety Bites February 2018.zip Safety Bites March 2018.zip Safety Bites April 2018.zip
10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will also use data from the National Neonatal Research Database to verify the Trust's progress against this action.*	**Yes** Log of Early Notification Cases - W

SECTION B: Further action required:

If the Trust is unable to demonstrate the required progress against any of the 10 actions, please use this section to set out a detailed plan for how the Trust intends to achieve the required progress and over what time period. Where possible, please also include an estimate of the additional costs of delivering this.

The National Maternity Safety Champions and Steering group will review these details and NHS Resolution, at its absolute discretion, will agree whether any reimbursement of CNST contributions is to be made to the Trust. Any such payments would be at a much lower level than for those trusts able to demonstrate the required progress against the 10 actions and the 10% of the maternity contribution used to create the fund. If made, any such reimbursement must be used by the Trust for making progress against one or more of the 10 actions.

SECTION C: Sign-off

……..

For and on behalf of the Board of [INSERT TRUST NAME] confirming that:

- **The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets the required standards and that the self-certification is accurate.**
- **The content of this report has been shared with the commissioner(s) of the Trust's maternity services**
- **If applicable, the Board agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B**

Position: **……**

Date: **……**

We expect trust Boards to self-certify the Trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group escalate to the appropriate arm's length body/NHS System leader.

……..

SECTION D: Appendices

Please list and attach copies of all relevant evidential appendices:

Board of Directors	
Agenda Item	**8.1.1**
Title of Report	**Integrated Performance Dashboard**
Date of Meeting	**30th May 2018**
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 • **Strategic Objective** • **Key Measure** • **Principal Risk**	**All Strategic Objectives (1 through 7)** **All Key Measures (1A through 7D)** **All Principal Risks**
Level of Assurance • **Positive** • **Gap(s)**	**Partial with gaps**
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	**Discussion**
Data Quality Rating	**Silver – quantitative data that has not been externally validated**
FOI status	**Document may be disclosed in full**
Equality Impact Assessment Undertaken • **Yes** • **No**	**No**

1. Executive Summary

The report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note performance to the end of April 2018.

2. Background

The key national priorities are the A&E four hour target and the financial position. Other key targets by exception are covered in the opening section of the dashboard. An overview of performance against the access standards is provided below.

3. Key Issues

Access Standards

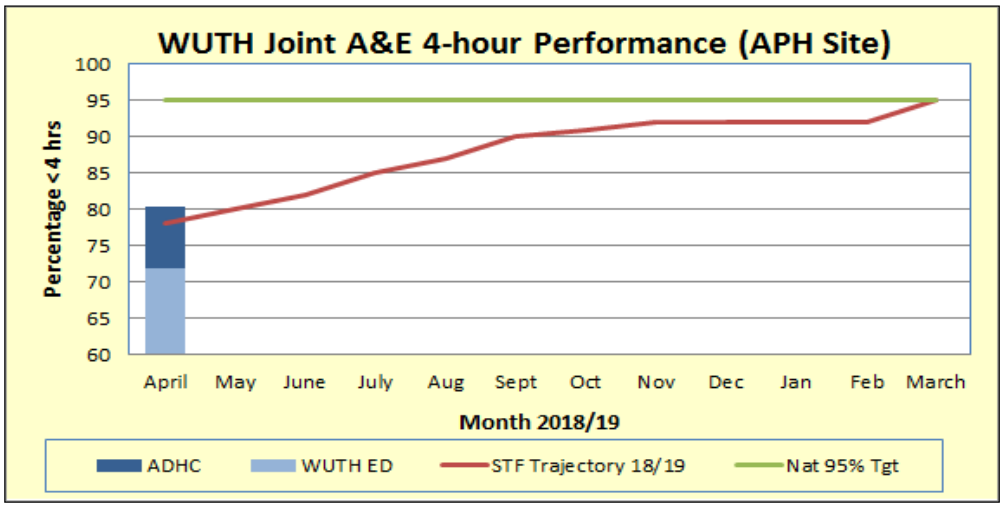
A&E 4 Hours

Key Access Standards : A&E 4 Hours	Target	Feb	March	April	Trend
A&E 4 Hour Standard *(Wirral wide including all WICs/MIUs)*	>=95%	86.34%	84.29%	87.74%	
A&E 4 Hour Standard *(APH site inc ADHC)*	STF >=90% by Sept 18	78.33%	74.39%	80.27%	
A&E 4 Hour Standard *(APH site : ED only)*	>=95%	70.49%	63.22%	71.86%	

Against the A&E standard of a minimum 95% of patients to be admitted, transferred or discharged within four hours, the month of April was 87.74% as measured across the combined Wirral WUTH ED, WCT Walk-in Centres and MIUs.

As part of the Trust's planning submission to NHS Improvement (NHSI) for 2018-19, a trajectory has been submitted for A&E performance. This anticipates improved performance on the APH site (ie ED & the ADHC) up to 90% by the month of September, further improvement to 92% for November through to February 2019, and the final return to the 95% standard compliance in March 2019.

This is somewhat at odds with how NHS England monitors delivery, in that the same year end objectives are set but it is measured across the entire economy – The Trust's agreed trajectory with the CCG is a subset of this.



The Trust's internal improvement programme has been split into 4 formal work streams namely:

- Assessment (frailty, diagnostic input to ACU, direct admissions)
- Ward based care (huddles, SAFER, transport)
- Capacity Manager (Bed configuration, Bed management IT solutions)
- Transformation of Discharge (integrated discharge teams, transfer to assess, medically optimised)

The key actions being progressed this month are:

- Relocation of OPAU & AMU to foster closer links to ED
- Development & Tendering of new Medically optimised ward model
- Clinical leads identified for 4 work streams

Referral to Treatment

Key Access Standards : RTT	*Target*	Feb	March	April	Trend
RTT Incompletes : 18 Weeks Position	*>=92%*	75.60%	73.07%	74.29%	
RTT Incompletes : 52 weeks waiters	*0 per month*	51	69	66	
RTT Incompletes : Total waiters	*n/a*	23957	24736	25454	
Diagnostics 6 Weeks Standard *	*>99%*	99.20%	99.23%	99.03%	

Key Access Standards : RTT (latest month)	*Target*	Acute & Med	Surgery	W&C	Clin Support
RTT Incompletes : 18 Weeks Position	*>=92%*	83.46%	69.00%	86.61%	25.45%
RTT Incompletes : 52 weeks waiters	*0 per month*	1	65	0	0
RTT Incompletes : Total waiters	*n/a*	6139	15709	2737	151
Diagnostics 6 Weeks Standard *	*>99%*	96.13%	97.21%	-	99.79%

The national measurements for elective care in 2018/19 is the measurement of total waiting list size, with an objective that the list should not increase by March 2019 compared with March 2018 and the elimination of over 52 week waiters by March 2019. The Trust has also agreed on a local basis to aim for 80% RTT compliance on the same timescale.

These objectives were met in April despite a slow start to the elective programme due to continued emergency pressures.

The elective plans for 2018/19 have all been agreed by clinical divisions, as has the profiling of delivery. The corporate oversight of delivery has been bolstered with formal monthly meetings set up led by the Director of Operations and the Director of Finance with the Divisional triumvirate teams.

The month 1 meetings have identified improvements necessary to enable the weekly tracking and control, along with recording and profiling which are being addressed. Specialities who are already flagging as concerns are developing accurate forecasts based on interventions taken.

WUTH NHSI Target Trajectories 2018-19

RTT 18 Weeks %	30/04/2018 Month 1	31/05/2018 Month 2	30/06/2018 Month 3	31/07/2018 Month 4	31/08/2018 Month 5	30/09/2018 Month 6	31/10/2018 Month 7	30/11/2018 Month 8	31/12/2018 Month 9	31/01/2019 Month 10	28/02/2019 Month 11	31/03/2019 Month 12
Referral to treatment Incompletes - %	73.0%	74.0%	75.0%	76.0%	77.0%	78.0%	78.5%	79.0%	79.0%	79.0%	79.0%	80.0%

RTT : 52+	30/04/2018 Month 1	31/05/2018 Month 2	30/06/2018 Month 3	31/07/2018 Month 4	31/08/2018 Month 5	30/09/2018 Month 6	31/10/2018 Month 7	30/11/2018 Month 8	31/12/2018 Month 9	31/01/2019 Month 10	28/02/2019 Month 11	31/03/2019 Month 12
Number of incompletes pathways > 52 weeks	66	61	55	49	43	37	31	25	19	13	7	0

RTT : Total Waiting	30/04/2018 Month 1	31/05/2018 Month 2	30/06/2018 Month 3	31/07/2018 Month 4	31/08/2018 Month 5	30/09/2018 Month 6	31/10/2018 Month 7	30/11/2018 Month 8	31/12/2018 Month 9	31/01/2019 Month 10	28/02/2019 Month 11	31/03/2019 Month 12
Number of incompletes pathways	24,745	24,385	24,065	23,755	23,455	23,155	23,005	22,855	22,855	22,855	22,855	22,555

Cancer Waiting Times

The management of individual patient pathways and validation of waiting times is continuing, and as a result the Trust is maintaining a strong record of delivery against all cancer standards in aggregate. Where individual tumour pathways are experiencing high demand management teams are taking actions to address. All standards are expected to be met for Q1, with a summary across the months shown below.

Cancer Waiting Times *	*Target*	Feb	March	April	Trend
Cancer : Two Week Wait	*>=93%*	96.95%	94.74%	94.46%	
Cancer : Two Week Wait Breast Symptoms	*>=93%*	94.12%	94.74%	100.00%	
Cancer : 31 days to First Treatment	*>=96%*	99.10%	96.46%	97.37%	
Cancer : 31 days to Subsequent Treatment (Surgery)	*>=94%*	100.00%	95.45%	100.00%	
Cancer : 31 days to Subsequent Treatment (Drugs)	*>=98%*	100.00%	100.00%	100.00%	
Cancer : 62 days Urgent Referral to Treatment	*>=85%*	86.40%	88.70%	90.12%	
Cancer : 62 days NHS Screening to First Treatment	*>=90%*	90.00%	90.91%	100.00%	
Cancer : 62 days Consultant Upgrade to First Treatment	*>=85%*	93.33%	92.98%	93.10%	

**Note : Performance figures not yet finalised*

Cancer Waiting Times * (latest month)	*Target*	Acute & Med	Surgery	W&C
Cancer : Two Week Wait	*>=93%*	95.33%	90.06%	99.26%
Cancer : Two Week Wait Breast Symptoms	*>=93%*	-	-	100.00%
Cancer : 31 days to First Treatment	*>=96%*	100.00%	93.94%	100.00%
Cancer : 31 days to Subsequent Treatment (Surgery)	*>=94%*	-	100.00%	100.00%
Cancer : 31 days to Subsequent Treatment (Drugs)	*>=98%*	100.00%	-	100.00%
Cancer : 62 days Urgent Referral to Treatment	*>=85%*	100.00%	80.95%	100.00%
Cancer : 62 days NHS Screening to First Treatment	*>=90%*	-	-	100.00%
Cancer : 62 days Consultant Upgrade to First Treatment	*>=85%*	100.00%	88.24%	100.00%

**Note : Performance figures not yet finalised*

4. Next Steps

WUTH remains committed to attaining standards through 2018-19.

5. Conclusion

The key operational challenge has remained managing the very high pressures on urgent care and Arrowe Park Hospital in particular. For 2018-19 those continuing urgent care needs will need to be balanced against the expected return to improved elective waiting times.

6. Recommendation

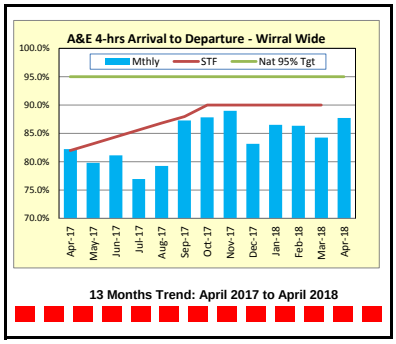
The Board of Directors are asked to note the Trust's current performance to the end of April 2018.

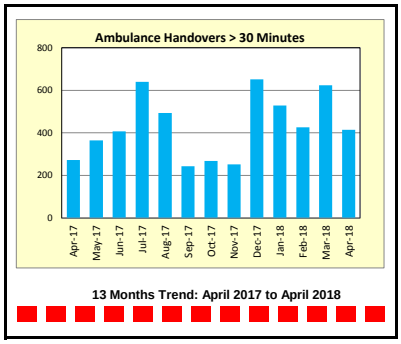
Access (Operations)

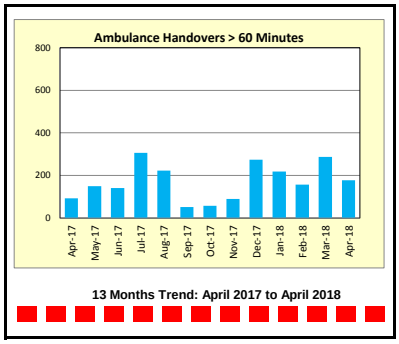
J Holmes / A Middleton

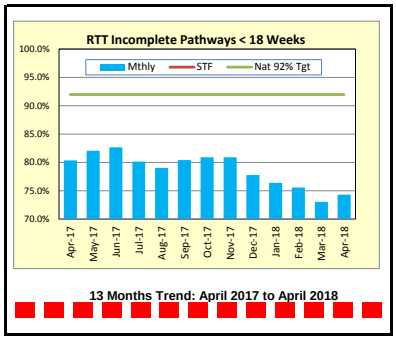
✓	!	×	Not rated
9	4	9	

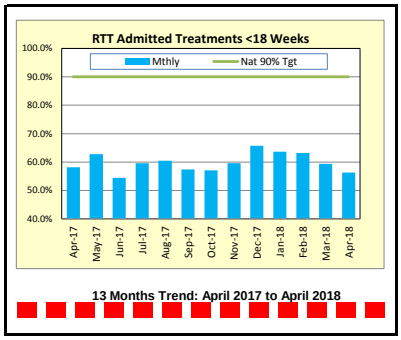
Access (Operations)

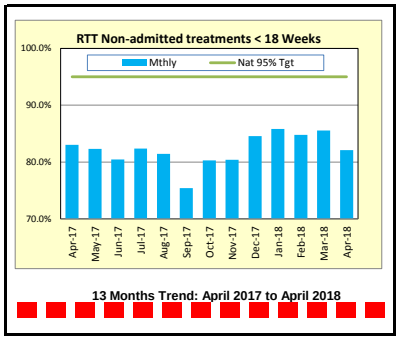


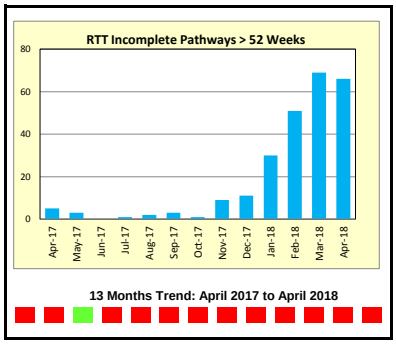


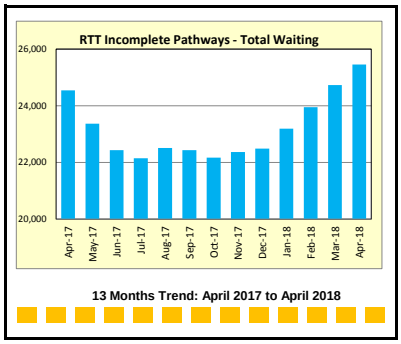


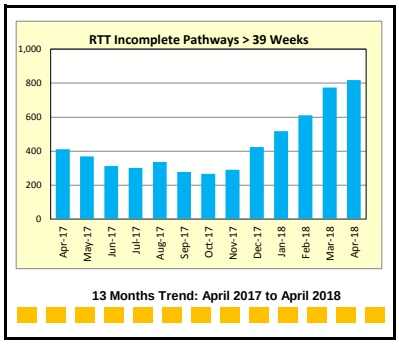


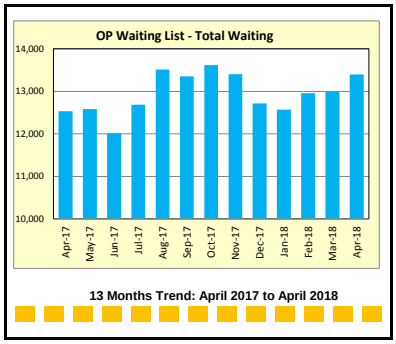


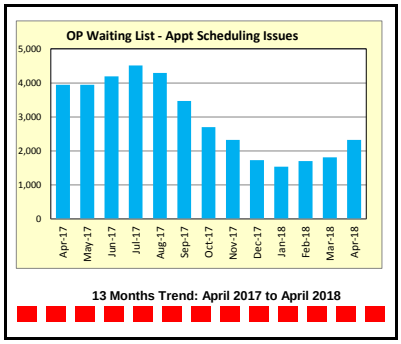


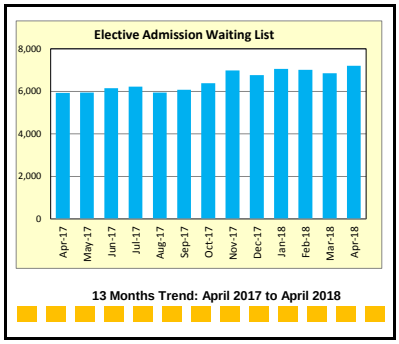


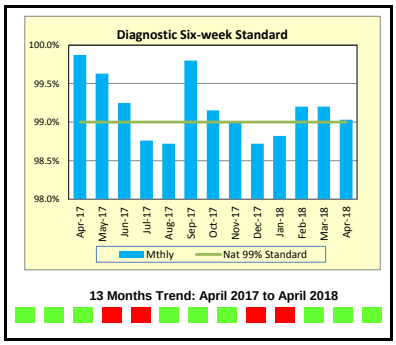


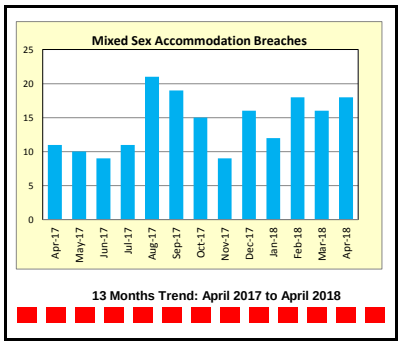


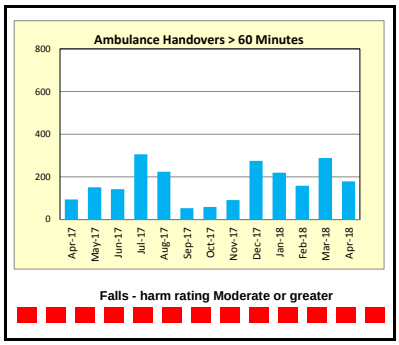






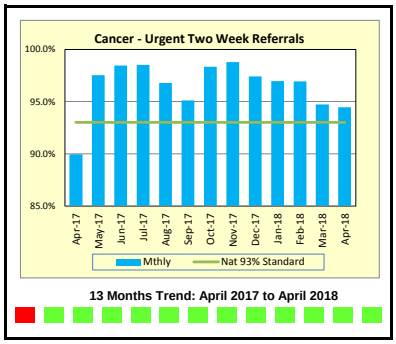


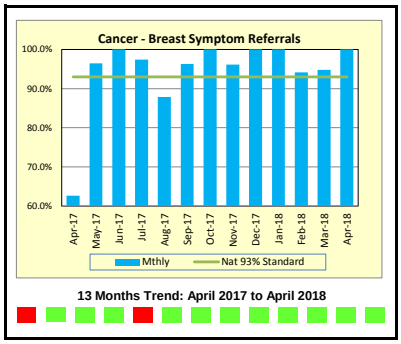


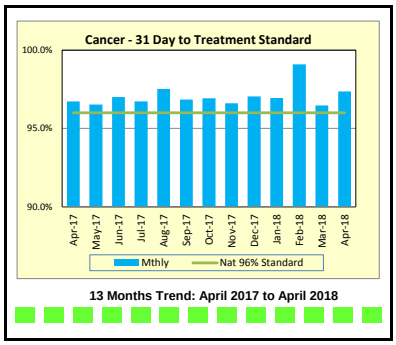


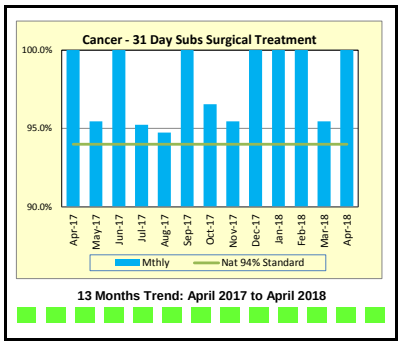
Item 8.1.1 - Integrated Dashboard and Exception Reports

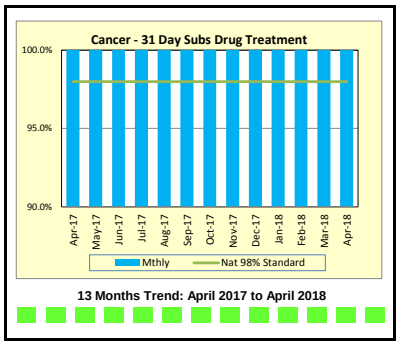
Access (Operations)

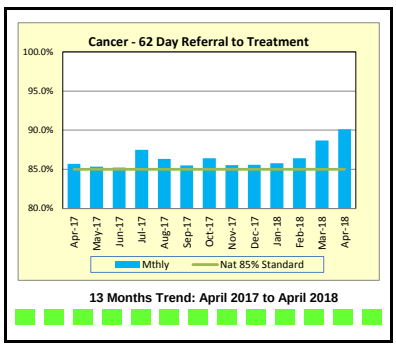


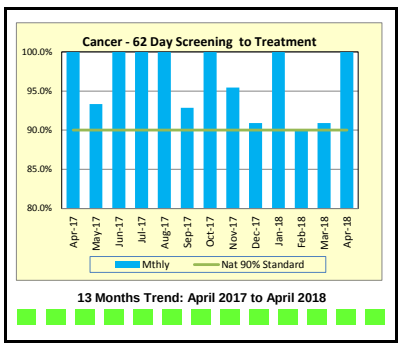


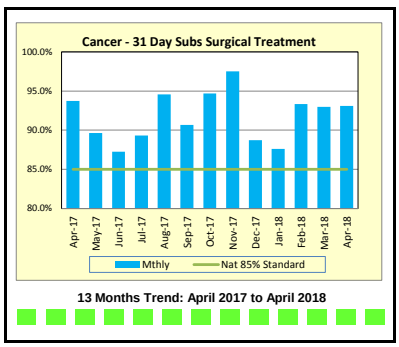










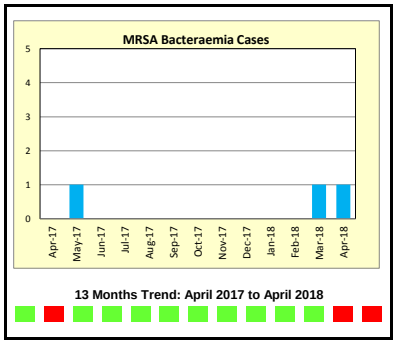


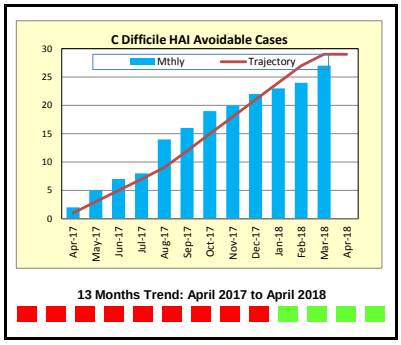
Patient Experience

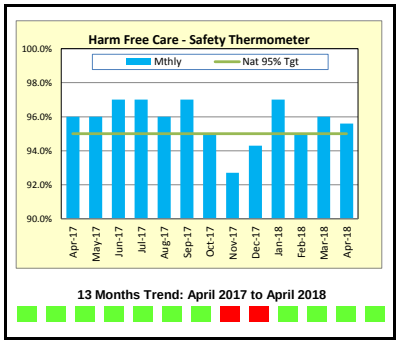
G Westray

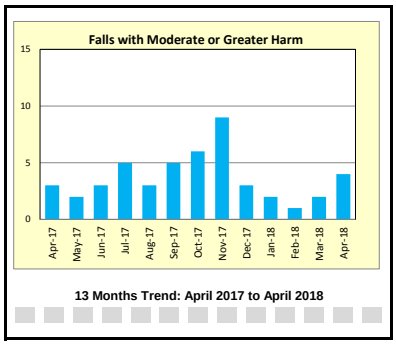
✓	!	×	Not rated
5	0	2	2

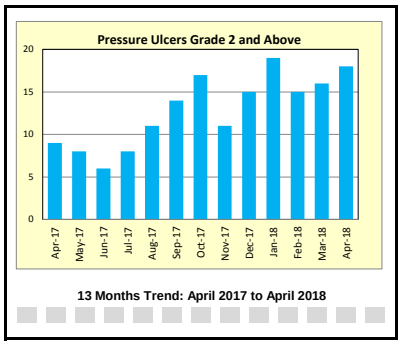
Patient Experience

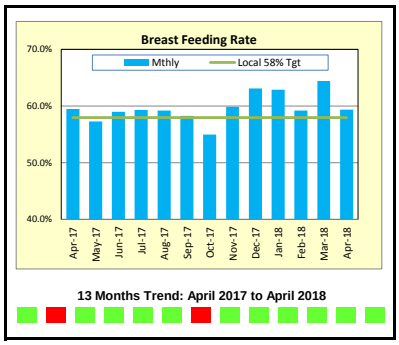


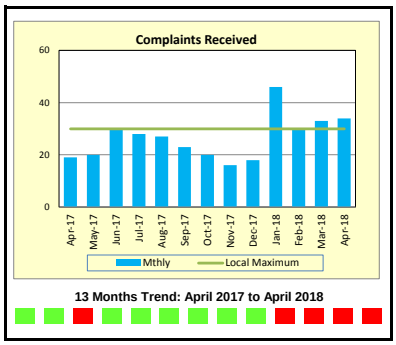


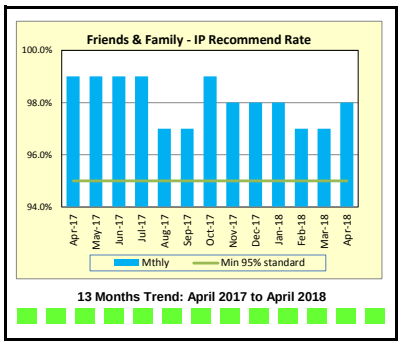


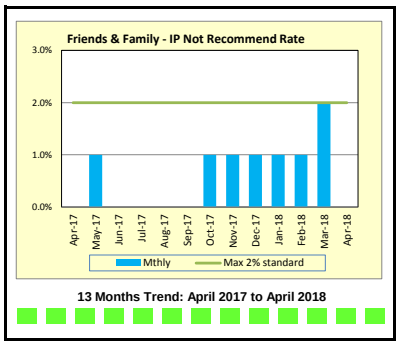










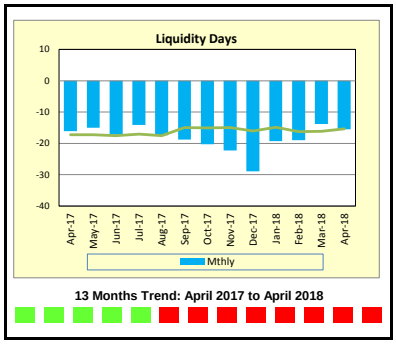


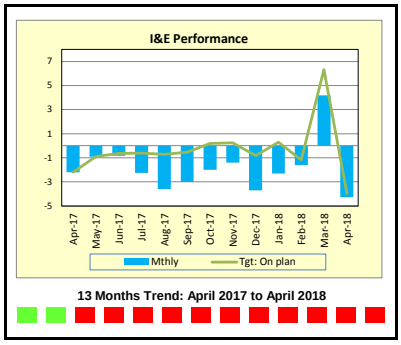
Use of Resources

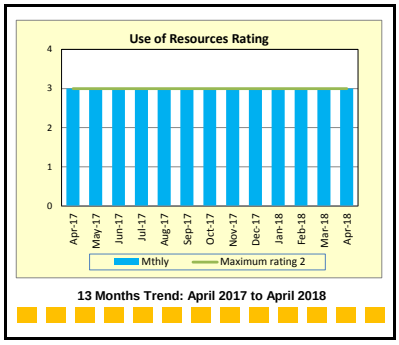
K Edge

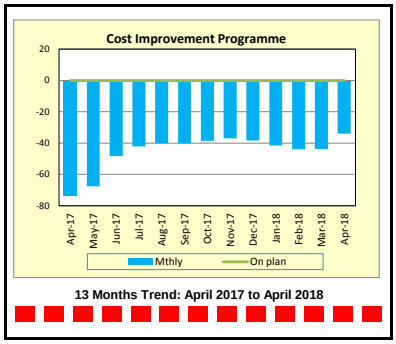
✓	!	×	Not rated
2	1	4	1

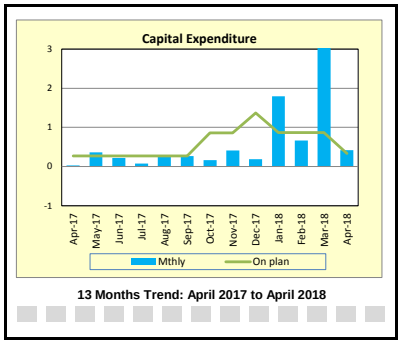
Use of Resources

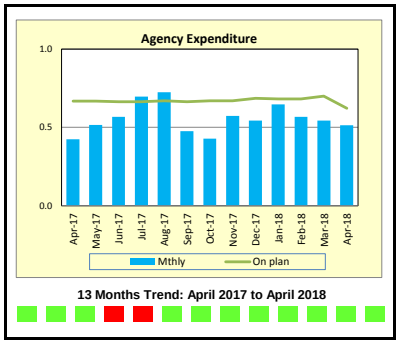


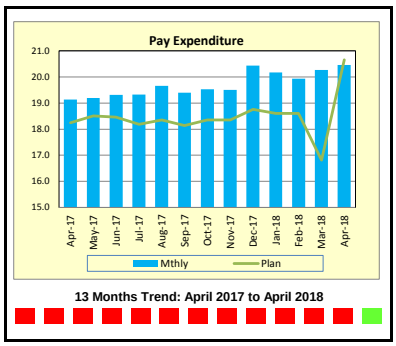


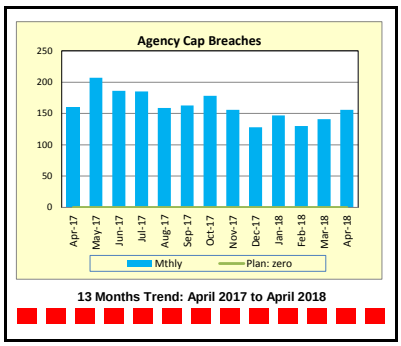










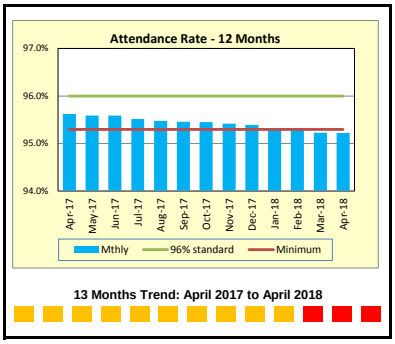


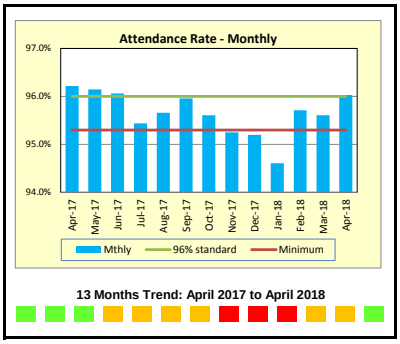
Workforce

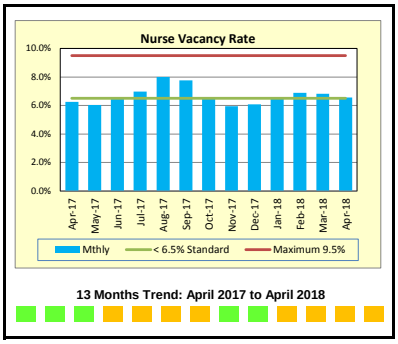
H Marks

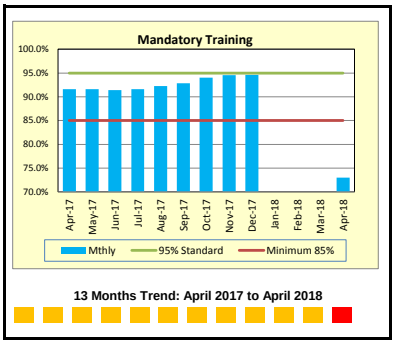
✓	!	×	Not rated
2	2	2	0

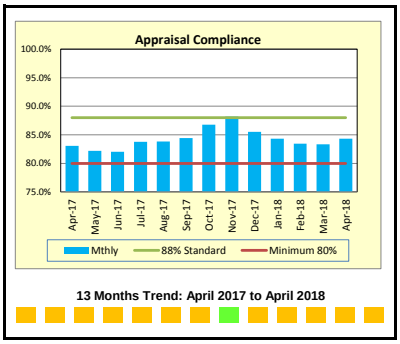
Workforce (HR)

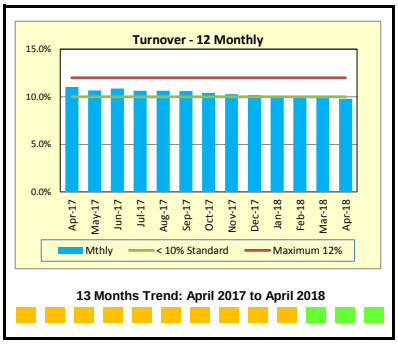












Board of Directors	
Agenda Item	8.1.2
Title of Report	Month 1 Finance Report
Date of Meeting	30th May 2018
Author	Shahida Mohammed – Acting Deputy Director of Finance
Accountable Executive	Karen Edge - Acting Director of Finance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	8 8c,8d
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To note
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

Overview

This paper provides an update to the Board of Directors on the financial performance of the Trust during April 2018 (Mth 1) against the plan.

At the end of Mth 1 the Trust is reporting an actual deficit of (£4.2m), against a plan of (£3.9m). The adverse variance is being driven by:

- Continued demand for non-elective services, which in turn has led to continued operational costs.
- Reduced capacity to undertake the elective program fully as planned.

Cash balances at the end of April 2018 were £7.9m, which is broadly in line with plan (£7.8m). This position predominantly reflects the strong cash position at the end of 2017/18 following the sale of surplus land at the Clatterbridge site.

The Trust has achieved an overall UoR Rating of 3, which is in line with the planned score of 3. The Agency spend rating continues to prevent the UoR Rating from dropping to 4 overall.

Capital expenditure for the period was £0.4m which is broadly in-line with the plan of £0.3m. Further discussion on capital plans for 2018/19 will take place at the next Finance Business Performance and Assurance Committee in June.

Income and Expenditure Performance

In March 2018 the Board of Directors agreed to the plan submitted to NHSI for FY2019 of a deficit of (£25.0m). As the Trust did not accept the control total for 2018/19, it is unable to access the Provider Sustainability Fund (PSF).
Table 1 below details the current performance against the submitted plan and Table 2 shows the underlying financial performance

Table 1: Summary Financial Statement

Year ending 31 March 2019 Position as at 30th April 2018	Current Month			YTD		
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Clinical income	23,918	22,923	(995)	23,918	22,923	(995)
Non-NHS clinical income	165	153	(12)	165	153	(12)
Other income	2,413	2,416	3	2,413	2,416	3
Total operating income before donated asset income	**26,496**	**25,492**	**(1,004)**	**26,496**	**25,492**	**(1,004)**
Pay	(20,653)	(20,457)	196	(20,653)	(20,457)	196
Other expenditure	(8,837)	(8,331)	506	(8,837)	(8,331)	506
Total operating expenditure before depreciation and impairments	**(29,490)**	**(28,788)**	**702**	**(29,490)**	**(28,788)**	**702**
EBITDA	**(2,994)**	**(3,296)**	**(302)**	**(2,994)**	**(3,296)**	**(302)**
Depreciation and net impairment	(669)	(669)	0	(669)	(669)	0
Capital donations / grants income	0	0	0	0	0	0
OPERATING SURPLUS / (DEFICIT)	**(3,663)**	**(3,965)**	**(302)**	**(3,663)**	**(3,965)**	**(302)**
Net finance costs and gains / (losses) on disposal	(300)	(297)	3	(300)	(297)	3
ACTUAL SURPLUS / (DEFICIT)	**(3,963)**	**(4,262)**	**(299)**	**(3,963)**	**(4,262)**	**(299)**
Reverse net impairment	0	0	0	0	0	0
SURPLUS / (DEFICIT) before impairments and transfers	**(3,963)**	**(4,262)**	**(299)**	**(3,963)**	**(4,262)**	**(299)**
Reverse capital donations / grants I&E impact	20	20	0	20	20	0
DEL net impairments *(damage, not revaluation)*	0	0	0	0	0	0
ADJUSTED FINANCIAL PERFORMANCE SURPLUS / (DEFICIT) (AFPD)	**(3,943)**	**(4,242)**	**(299)**	**(3,943)**	**(4,242)**	**(299)**
AFPD excluding PSF	**(3,943)**	**(4,242)**	**(299)**	**(3,943)**	**(4,242)**	**(299)**

Income:

The main driver of the financial position is under recovery of NHS Clinical Income which is (c£1.0m) below plan, of this (c£0.9m) relates to an under performance in elective and daycase activity particularly in Colorectal and T&O surgery.
This reflects two issues, reduced bed capacity in the early part of the month and the elective program not commencing as initially anticipated

Expenditure:

Overall expenditure was £28.8m compared to a plan of £29.5m.

Although overall pay costs were £0.2m underspent, within this non-core staff costs still represented c10.9% of the total pay spend, reflecting use of agency to ensure safe staffing largely in the emergency department and escalation areas as well as further gaps in key medical specialties together with the use of bank in nursing and medical staffing due to high levels of nursing vacancies and medical staffing gaps.
In order to maintain patient safety the Trust has had to continue to support escalation areas which have impacted the bed capacity for planned activities. 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.

Agency spend was £0.5m at the end of April which is £0.1m below the agency cap however £0.1m of agency accruals were released in April as part of the non-recurrent support.

Non pay costs are underspent by £0.5m, reflecting reduced costs associated with clinical supplies and drugs, a correlation of the activity position.

The position has been supported by £0.5m non recurrent support overall hence the underlying deficit for April was (c£4.7m) compared to a planned deficit of (c£3.9m).

Table 2: Underlying Financial Performance

	YTD		
	Plan £k	Actual £k	Variance £k
Adjusted financial performance surplus / (deficit) (AFPD)	**(3,943)**	**(4,242)**	**(299)**
Non Recurrent Support		474	**474**
Underlying Deficit	**(3,943)**	**(4,716)**	**(773)**

Transformation and Cost Improvement Programme (CIP)

The 2018/19 plan assumes the achievement of £11.0m of efficiency improvements, this comprises of a combination of "transformational" schemes and cost improvement programmes.

The Trust currently has c£3.4m of fully built up schemes, and a further £3.9m identified opportunities. Plans are continually explored and reviewed at the TSG monthly meeting to realise the remaining target.

The CIP position for April 2018 (including non-recurrent schemes) is summarised in the tables below by Workstream and Division:

Table 3 – CIP Performance by Workstream

Programme	YTD			Progress of plans			
	NHSI Plan	Fully Developed	Variance	NHSI Plan	Fully Developed	*Pipeline*	Variance
	£000	£000	£000	£000	£000	*£000*	£000
Transformation							
Improving patient flow	0	0	0	1000	0	*1000*	0
Improving productivity	31	31	0	478	378	*100*	0
Collaboration	22	22	0	952	52	*900*	0
GDE	84	84	0	1000	1000	*0*	0
Total Transformation schemes	**137**	**137**	**0**	**3430**	**1430**	***2000***	**0**
Cross-cutting workstreams							
Workforce	11	2	(9)	134	84	*44*	(6)
Estates & site strategy	0	0	0	0	0	*0*	0
Pharmacy and Meds. Management	20	17	(3)	500	231	*269*	0
Procurement and Non pay	18	20	2	1150	543	*607*	0
Tactical & transactional			0				0
Divisional and departmental	45	26	(19)	1936	1120	*924*	108
Unidentified	114	0	(114)	3850	0	*0*	(3,850)
Overall Total	**345**	**202**	**(143)**	**11000**	**3408**	***3844***	**(3,748)**

Table 4 – CIP Performance by Division

Division	YTD			Progress of plans			
	NHSI Plan	Fully Developed	Variance	NHSI Plan	Fully Developed	*Pipeline*	Variance
	£000	£000	£000	£000	£000	*£000*	£000
Medicine & Acute	91	7	(84)	3100	225	*1580*	(1,295)
Surgery	74	43	(31)	2500	631	*707*	(1,162)
Women's & Childrens	29	27	(2)	1200	831	*254*	(115)
Diagnostics & Clinical Support	59	25	(34)	2000	399	*427*	(1,174)
Corporate	93	100	7	2200	1322	*0*	(878)
Central	0	0	0	0	0	*0*	0
TBC	0	0	0	0	0	*876*	876
Total Transformation schemes	**346**	**202**	**(144)**	**11000**	**3408**	***3844***	**(3,748)**

To date the Trust has delivered £0.2m of the £0.3m plan, despite the financially challenging environment going forward the need to maintain pace and focus in the identification of initiatives and subsequent delivery is paramount. The Service Transformation team and Divisional Business Partners are working closely with the Divisions to secure progress in 18/19, and provide support in the subsequent delivery.

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

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

The monthly capital spend is broadly in-line with plan. A further review of capital plans will take place at FPBAC.

The Trust's closing cash position is strong, although this is primarily because the land sale completed in late March. There is still a possibility that the Department of Health and Social Care will require repayment of borrowings in early 2018/19. The Trust's ongoing liquidity remains dependent on revenue borrowing. The Trust's cash position is further detailed at Appendix 3 – *Statement of Cash Flows*.

The Trust delivered a UoR Rating of 3 for the period, which is in line with plan. The effects of adverse operational performance are offset by strong performance on the agency metric; this is currently preventing the Trust from delivering a UoR Rating of 4 which would indicate the highest level of risk.

Table 4 – Use of Resources (UoR) Rating

Use of Resources (UoR) Rating

	Metric	Description	Weighting %	Year to Date Plan		Year to Date Actual		Full Year Plan	
				Metric	*Rating*	*Metric*	*Rating*	*Metric*	*Rating*
Financial sustainability	**Liquidity (days)**	Days of operating costs held in cash-equivalent forms	20%	-15.4	4	-15.5	4	-12.9	3
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	-9.7	4	-10.7	4	-2.5	4
Financial efficiency	**I&E margin (%)**	Underlying performance: I&E deficit / total revenue	20%	-14.9%	4	-16.6%	4	-7.4%	4
Financial controls	**I&E margin distance from plan (%)**	Shows quality of planning and financial control : YTD deficit against plan	20%	-9.0%	4	-1.7%	4	-7.0%	4
	Agency spend (%)	Distance of agency spend against cap	20%	-59.3%	1	-23.9%	1	-59.4%	1
	Overall NHSI UoR Rating				**3**		**3**		**3**

Conclusion

The month 1 position was disappointingly (£0.3m) worse than plan; greater financial management of operational pressures and the elective activity program are necessary to ensure plans set for the remainder of 2018/19 are delivered.

Although the Trust's closing cash position was above plan, the Trust's ongoing liquidity remains dependent on revenue borrowing.

The ongoing work in controlling agency spend has resulted in the Trust maintaining a UoR Rating of 3 at the end of the financial year.

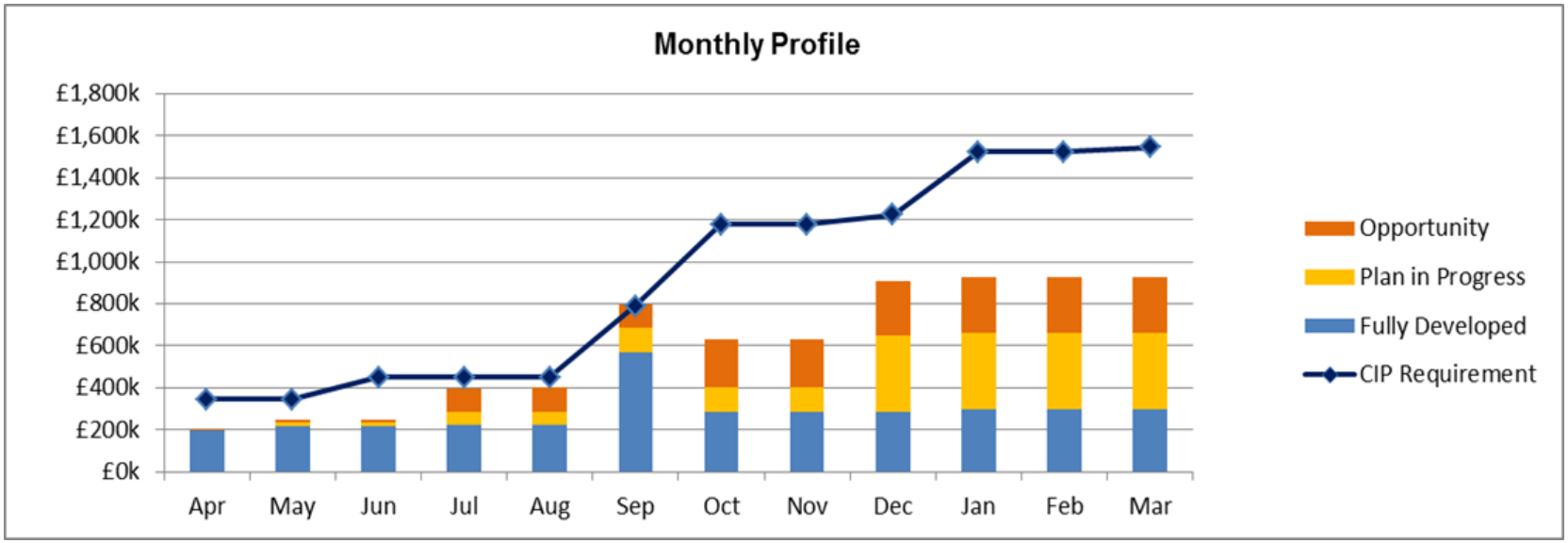
Recommendations

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

Karen Edge
Acting Director of Finance
May 2018

Appendix 1: Transformation and CIP Monthly Profile

The following chart highlights the Transformation and CIP trajectory by NHSI category against Plan for 18/19



Appendix 2
Statement of Financial Position (SOFP)

Actual as at 01.04.17 £k		Actual as at 31.03.18 £k	Actual as at 30.04.18 £k	Variance (monthly) £k	Plan as at 30.04.18 £k	Actual as at 30.04.18 £k	Variance (to plan) £k	Plan 31.03.19 £k
	Non-current assets							
159,754	Property, plant and equipment	159,754	160,114	360	159,949	160,114	165	160,148
12,763	Intangibles	12,763	12,151	(612)	12,231	12,151	(80)	12,369
903	Trade and other non-current receivables	903	821	(82)	903	821	(82)	903
173,420		**173,420**	**173,086**	**(334)**	**173,083**	**173,086**	**3**	**173,420**
	Current assets							
4,171	Inventories	4,171	4,067	(104)	4,171	4,067	(104)	4,171
18,423	Trade and other receivables	18,423	14,764	(3,659)	15,166	14,764	(402)	18,424
0	Assets held for sale	0	0	0	0	0	0	0
7,950	Cash and cash equivalents	7,950	7,885	(65)	7,833	7,885	52	1,773
30,544		**30,544**	**26,716**	**(3,828)**	**27,170**	**26,716**	**(454)**	**24,368**
203,964	**Total assets**	**203,964**	**199,802**	**(4,162)**	**200,253**	**199,802**	**(451)**	**197,788**
	Current liabilities							
(32,538)	Trade and other payables	(32,538)	(32,208)	330	(32,842)	(32,208)	634	(27,761)
(3,224)	Other liabilities	(3,224)	(3,702)	(478)	(3,224)	(3,702)	(478)	(3,224)
(1,074)	Borrowings	(1,074)	(1,075)	(1)	(1,074)	(1,075)	(1)	(1,076)
(548)	Provisions	(548)	(548)	0	(548)	(548)	0	(548)
(37,384)		**(37,384)**	**(37,533)**	**(149)**	**(37,688)**	**(37,533)**	**155**	**(32,609)**
(6,840)	**Net current assets/(liabilities)**	**(6,840)**	**(10,817)**	**(3,977)**	**(10,518)**	**(10,817)**	**(299)**	**(8,240)**
166,580	**Total assets less current liabilities**	**166,580**	**162,269**	**(4,311)**	**162,565**	**162,269**	**(296)**	**165,180**
	Non-current liabilities							
(8,812)	Other liabilities	(8,812)	(8,784)	28	(8,784)	(8,784)	0	(8,471)
(49,258)	Borrowings	(49,258)	(49,253)	5	(49,252)	(49,253)	(1)	(73,224)
(2,318)	Provisions	(2,318)	(2,302)	16	(2,300)	(2,302)	(2)	(2,131)
(60,388)		**(60,388)**	**(60,339)**	**49**	**(60,336)**	**(60,339)**	**(3)**	**(83,826)**
106,192	**Total assets employed**	**106,192**	**101,930**	**(4,262)**	**102,229**	**101,930**	**(299)**	**81,366**
	Financed by							
	Taxpayers' equity							
77,575	Public dividend capital	77,575	77,575	0	77,575	77,575	0	78,031
(12,259)	Income and expenditure reserve	(12,259)	(16,521)	(4,262)	(16,222)	(16,521)	(299)	(37,541)
40,876	Revaluation reserve	40,876	40,876	0	40,876	40,876	0	40,876
106,192	**Total taxpayers' equity**	**106,192**	**101,930**	**(4,262)**	**102,229**	**101,930**	**(299)**	**81,366**

Appendix 3
Statement of Cash Flows

	Year to date			Full Year
	Actual	Plan	Variance	Plan
	£k	£k	£k	£k
Opening cash	**7,950**	**7,950**	**0**	**7,950**
Operating activities				
Surplus / (deficit)	(4,262)	(3,963)	(299)	(25,282)
Net interest accrued	105	107	(2)	1,806
PDC dividend expense	191	191	0	2,292
Unwinding of discount	0	3	(3)	6
(Gain) / loss on disposal	0	0	0	0
Operating surplus / (deficit)	(3,965)	(3,662)	(303)	(21,178)
Depreciation and amortisation	653	669	(16)	8,160
Impairments / (impairment reversals)	0	0	0	0
Donated asset income (cash and non-cash)	0	0	0	0
Changes in working capital	4,834	3,211	1,623	(996)
Other movements in operating cash flows	0	0	0	0
Investing activities				
Interest received	8	3	5	48
Purchase of non-current (capital) assets [1]	(1,588)	(332)	(1,256)	(12,444)
Sales of non-current (capital) assets	0	0	0	0
Receipt of cash donations to purchase capital assets	0	0	0	0
Financing activities				
Public dividend capital received	0	0	0	456
ITFF loan principal drawdown	0	0	0	0
Support funding [2] principal drawdown	0	0	0	25,042
ITFF loan principal repaid	0	0	0	(1,015)
Support funding [2] principal repaid	0	0	0	0
Interest paid	0	0	0	(1,845)
PDC dividend paid	0	0	0	(2,335)
Capital element of finance lease rental payments	(5)	(5)	0	(60)
Interest element of finance lease rental payments	(1)	(1)	0	(10)
Total net cash inflow / (outflow)	**(65)**	**(117)**	**52**	**(6,177)**
Closing cash	**7,885**	**7,833**	**52**	**1,773**

[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, and 'uncommitted loans', issued by DHSC and administered by NHSI.

BOARD OF DIRECTORS	
Agenda Item	9.1
Title of Report	Report of Workforce Assurance Committee
Date of Meeting	30th May 2018
Author	John Sullivan
Accountable Executive Director	Helen Marks
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	
Level of Assurance	Positive
Purpose of the Paper	To note
Reviewed by Executive Committee	Workforce Assurance Committee
Data Quality Rating	
FOI status	Minutes may be disclosed in full
Equality Impact Assessment Undertaken	

1. Background

The first meeting took place on 4th May 2018 with a wide set of participants including a Staff Side (Non- Medical) representative and a Trust Governor.

The terms of reference were reviewed and approved with an emphasis on the future focus of key agreed Trust priorities (to be informed by the upcoming strategy refresh) and that the committee's duties do not overlap with any existing governance arrangements. The committee is keen that it adds value and drives forward the workforce agenda. Certain Workforce related policies will be ratified by this committee when the underpinning checks and approvals have been clearly described.

An action was agreed to map the various Workforce related subcommittees including HR, Communications and Education and to decide what should be governed Trust wide and what divisionally.

2 Key Issues

Ward to Board Performance Indicators

John Halliday, Assistant Director of Information, discussed the approach, which had been presented at Trust Board, with regards to re-defining the Trust's performance indicators from ward to board. The committee supported the proposed rationalisation of metrics using only one version of information. It was acknowledged that the most important information is at ward level where there is the greater patient impact.

Agreement of HR Performance Indicators

A proposed set of HR / OD measures were presented and agreed with some suggested changes (e.g. present mandatory training as % of staff 100% compliant, include time to recruit and access to occupational health and follow up). The committee were assured by the historic trends as well as clear analysis with recommended actions.

OD Work Programme

The recently developed OD Work Programme was presented and the following points were discussed

- Re-name the Culture section title to Values & Behaviours.
- To ensure there were SMART objectives around the work of the programme going forward.
- To obtain a dedicated resource to support Health & Well-Being agenda and plans.
- To use the MIAA to audit the future impact of OD programme interventions.
- To choose one Quality Improvement Methodology and stick to it with constant purpose regardless of changes in staff.

Engagement

In order to facilitate improved medical engagement in Workforce Assurance it was proposed to meet Richard Stevenson (Medical Board/JLNC Chair) offline to invite his participation in the Workforce Assurance Committee.

Equality & Diversity Update

Sharon Landrum, Equality Lead, presented the Trust's draft strategy for Diversity and Inclusion 2018-2022. The strategy is now out for consultation and feedback will be collected and presented back to the Workforce and Assurance Committee.

3 Next Meeting

19th July 2018 12pm to 2pm

4 Recommendations

- To note the contents of the report

BOARD OF DIRECTORS	
Agenda Item	10.1
Title of Report	Report of Audit Committee
Date of Meeting	30 May 2018
Author	Graham Hollick, NED/ Audit Committee Chair & Karen Edge, Acting Director of Finance
Accountable Executive	Karen Edge, Acting Director of Finance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	All
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Discussion
Reviewed by Assurance Committee	Not applicable
Data Quality Rating	Not applicable
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	Not applicable

Annual Review of Committee Effectiveness

The Committee determined the following areas required action from the in-depth review of the Committee performance facilitated by the Trust's Internal Auditors which sought Committee member views on current and future developments and noted progress to date:

- Workplan
- Coordination of Committees
- Board Assurance Framework
- Other Assurance Functions (consider how work of other assurance function is considered/ reviewed by the Committee.).

It was noted that the Audit Committee had met with the Internal and External Auditors in accordance with best practices and reviewed the Audit Committee work programme for 2017/2018.

The Audit Committee has agreed its priorities for 2018/19 to include:

- Monitoring progress towards financial stability
- Greater assurance from FPBAC on outcome of use of resources
- Revision of Trust provider licence conditions and outcome of Well Led Review
- Streamlining BAF
- Gain greater Assurance surrounding the whistle blowing and freedom to speak and cultural issues
- Assurance on implementation of General Data Protection Regulations
- Monitor Clinical audit programme to ensure it has the same gravitas for the Audit Committee as the Internal Audit Plan

Board Assurance Framework

The committee reviewed the Board Assurance Framework and requested that the report be refreshed to provide assurance that the issues reflected as the main impact areas adversely affecting the Trust be included in the main board agenda to align the issues to the trust strategy:

The Committee agreed with the methodology of updating, reviewing and escalation to provide adequate assurance for their purposes.

Financial Accounts

The Committee reviewed the Trust's draft accounts comprising primary financial statements and associated notes and recommended to the Board that the 2017/18 draft annual statements be accepted and approved.

Corporate Governance Statements

The Committee reviewed each of the required statements and recommended the declarations as presented, be approved by the Board

External Audit Findings report 2017/18

Members discussed and approved the Audit Findings report 2017/18.

External Audit Opinion 2017/18

The Committee noted that there remained Material uncertainty related to 'going concern'. Attention was drawn to the fact that the financial statements indicated that the trust is seeking additional cash support of £25 million in 2018/19 from NHS Improvement and that to date this has not been formally approved and the Trust's ability to continue as a going concern. The External Auditor's opinion is not modified in respect of this matter.

The Committee noted a Basis for a Qualified Conclusion related to securing economy, efficiency and effectiveness in its use of resource as a result of the Trust's deficit of £25 million for 2018/19, the adverse report of an independent review of the Trust's governance arrangements relating to cultural, behavioural and governance issues.

Letter of Representation

Following discussion on the 'Letter of Representation' the Committee recommended that the Board approve the Letter of Representation on the financial statements for 2017/18 as submitted.

Annual Quality Account for 2017/18

The Committee approved the Annual Quality Account and noted that although there had been good progress on with end of life care and medication missed doses the issues relating to nutrition and hydration, patient flow and pressure ulcers had proven difficult to achieve. There was note of the doubling of c-diff patients from 13 – 23 and as a result further work is underway by the Infection Control team.

It was noted that overall the report provides a balanced report of the quality of the Trust's services.

External Assurance on the Quality Report.

The Committee received and approved the report from Grant Thornton.

Annual Report

The Committee discussed the draft annual report noting this has been developed in line with NHS Improvement Annual Reporting Manual (ARM) and noted that there were still some small pieces of work to be undertaken as detailed, which will be completed ahead of formal approval by the Board of Directors. Following these additions and the amendments noted by the committee, the Audit Committee recommended the approval of the Annual Report together with the Annual Governance Statement.

Items for Assurance Committees

FPBAC are requested to investigate and report on the reasons for the continued financial deficit of the Trust and determine appropriate measures to return to financial sustainability.

Workforce Committee to provide assurance on issues relating to cultural, behavioural and leadership being addressed and to ensure compliance with additional licence requirements under section 111

Audit Committee to review compliance against all additional licencing requirements as agreed in the 'undertakings' agreement with NHS Improvement and report to the Board in the Audit Chair's report.

Provider Licence Quarterly Checklist

- It was reported that following the additional conditions directed and imposed on the Trust by NHS Improvement the following progress has been made:
- An interim Chair has been appointed.
- A workforce committee has been established to identify and deal with issues relating to behavioural, leadership and cultural practices has been established.
- A date has been set to interview potential Chief executives on 7th June
- Measure to identify an appropriately qualified Chair has commenced with interview dates set for September.
- Additional Non-Executive Directors interviews are to take place on 1st June
- Medical Director interviews are to take place on the 22nd July.
- HR Director interim arrangements will continue until February 2019
- Director Corporate Affairs is currently out to advert with interviews in June. Board Secretary Interviews will take place on the 22nd June
- The Director of Finance interim arrangements will cease when the Chief Executive appointment has been confirmed.
- Compliance with RTT and 4 hour A and E standard will continue to be challenged through 2018/19 however a recovery trajectory is planned in line with national expectations.

Internal Audit Actions and follow up report

The Committee reviewed the responses to the outstanding recommendations and updates and accepted that timely action is being taken to address the risks posed in the report

Graham Hollick
Chair of Audit Committee

Karen Edge, Acting Director of Finance

Board of Directors	
Agenda Item	10.2
Title of Report	Review of Corporate Governance Statements – Board declaration
Date of Meeting	30th May 2018
Author	Carole Ann Self, Director of Corporate Affairs
Accountable Executive	David Jago – Interim Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	ALL
Level of Assurance • **Positive** • **Gap(s)**	Gaps with mitigating action
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Approval
Data Quality Rating	N/A
FOI status	Document to be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

1. Executive Summary

NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS Provider licence, have the required resources available if providing commissioner requested services, and have complied with governance requirements.

As a Trust we need to self-certify the following as soon as possible after the financial year end:

- That as a Provider we have taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (**Condition G6 (3))**
- That as a Provider we have complied with required governance arrangements (**Condition FT4 (8)**)
- If providing commissioner requested services, that we as a Provider have a reasonable expectation that required resources will be available to deliver the designated service (**Condition CoS7(3))**

Although not a licence condition, Providers are expected to certify that it has provided the necessary training to its Governors, as required in s151(5) of the Health and Safety Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

It is up to each NHS Foundation Trust how it carries out the processes of determining compliance however any process should ensure that the Board understands clearly whether or not it can confirm compliance.

The Board must sign off the self-certifications no later than:

a. G6/CoS7 – 31st May 2018
b. FT4 – 30th June 2018

For the year 2016/17, the Board decided to declare "Not confirmed" for G6 as a result of non-compliance with A & E 4 hour access standard; the RTT standard and the target for avoidable C difficile rates. The Audit Committee has reviewed on a quarterly basis compliance against this licence condition and although improvements have been made to C difficile, it is currently RAG rating compliance at RED although there is recognition for the work being undertaken to improve both A & E and RTT compliance. The template for this declaration is attached at **Appendix 1.**

For the year 2016/17, the Board decided to declare "Confirmed" with CoS7 against statement 3a. The recommendation is the same this year although the Director of Finance will update the Board on the discussions with the Audit Committee on 17th May 2018 in this regard which may inform the declaration further. The template for the declaration is included in **Appendix 1**.

For the year 2016/17, the Board decided to declare "Confirmed" for all sections of the FT4 licence condition with the exception of sections 4 and 5. The Audit Committee also reviews quarterly compliance against FT(4) which is currently RAG rated as RED as this reflects many aspects of compliance but notes the concerns in particular areas as highlighted in the table. The template for FT4 declaration is attached at **Appendix 2**.

The template for the certification in relation to Training for Governors is attached at **Appendix 3.**

As in 2016/17, the Trust is not required to submit a return or information to NHSI in regards to these declarations. The templates provided by NHSI are for the Trust to use as they choose to.

From July 2018, NHSI will contact a select number of NHS Trusts and Foundation Trusts to ask for evidence that they have self-certified. This will be either through

providing the templates if we have used them, or by providing relevant Board minutes and associated papers recording sign off**.**

2. Recommendation

The Board is asked to:

- Review each statement and the supporting evidence in line with the recommendations made to Audit Committee.

Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Not confirmed	Please complete the explanatory information in cell E36

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this	Confirmed	Please fill details in cell E22

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.		Please Respond

OR

3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.		Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Trust has been classified by the Auditors as a "going concern" and the accounts have been prepared on that basis. The Trust is judged to be a going concern if it is to continue in operation for the foreseeable future.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Sir David Henshaw	**Name**	David Jago
Capacity	Interim Chairman	**Capacity**	Acting Chief Executive
Date	28 May 2018	**Date**	28 May 2018

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A: NHSI has found the Trust to be in breach of licence conditions FT4 in relation to financial sustainability and A & E Performance. NHSI also invoked the additional licence condition under section 111 following the resignation of the Chairman in February 2018 which led to the appointment of an interim Chair.

Compliance and Evidence Review for the "FT4" declaration – May 18

1. The Board is satisfied that Wirral University Teaching Hospital NHS Foundation Trust applies those principles, systems and standards of good corporate governance, which reasonably would be regarded as appropriate for a supplier of health care services to the NHS	
Recommendation: Not Confirmed	
Considerations	Annual Governance Statement highlights 2 significant control issues during the reporting period 2017-18 – these relate to financial sustainability due to the reliance on future borrowings and informed decision making as a result of the action taken by NHSI to invoke an additional license condition on the Trust under section 111 of the Health and Social Care Act 2012 ▪ MIAA Head of Internal Audit Opinion – "substantial assurance" as good level of internal audit reports received "significant assurance" with 3 rated as "limited assurance". All recommendations from "limited assurance" reports were responded to in a timely manner ▪ Revision of enforcement undertakings in March 2018 for Financial governance and A & E performance ▪ NHS Improvement investigation enacted in early 2018 into allegations of cultural, behavioural and governance issues. ▪ NHS Improvement determined that the Trust breached its additional licence conditions under section 111 of the Act following the resignation of the Chairman. The Trust has now appointed an interim Chairman, as specified by NHS Improvement and the process for the substantive position has been agreed.
2. The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time	
Recommendation: Confirmed	
Considerations	• Compliance with the NHS FT Code of Governance on a comply/explain basis as outlined in the Annual Report ▪ Updates to the Board on key changes via the Chair of Audit Committee Report ▪ NHS Improvement newsletter and updates sent by email to Chief Executive, Director of Finance, and Director of Corporate Affairs ▪ Director of Corporate Affairs member of North West Company Secretary Network and actively involved in NHS Providers Company Secretarial national work ▪ Audit Committee legal update provides timely update on corporate governance changes
3. The Board is satisfied that the Wirral University Teaching Hospital NHS Foundation Trust has established and implements: **a. Effective Board and Committee Structures** **b. Clear responsibilities for the Board, for Committees reporting to the Board and for staff reporting to the Board and**	

those Committees **c. Clear reporting lines and accountabilities throughout the organisation**	
Recommendation: **Confirmed**	
Considerations	▪ Published governance and assurance structure for the organisation ▪ Recent introduction of a Workforce Assurance Committee as a sub-committee of the Board ▪ Senior management and Board members statutory roles and responsibilities Matrix
4a. The Board is satisfied that Wirral University Teaching Hospital NHS Foundation Trust effectively implements systems and/or processes: **a. To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively** **b. For timely and effective scrutiny and oversight by the Board of the Licensee's operations** **c. To ensure compliance with healthcare standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions** **d. For effective financial decision making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern** **e. To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision making** **f. To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Condition of its licence** **g. To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery** **h. To ensure compliance with all applicable legal requirements**	
Recommendation: **Not Confirmed**	
Considerations	▪ Two significant internal control issues highlighted in the Annual Governance Statement ▪ Head of Internal Audit Opinion – "substantial assurance" ▪ Qualified "except for" opinion on Value for Money assessment in relation to informed decision making and financial sustainability ▪ Unqualified opinion on financial statements ▪ Access to working capital and contract for services going forward ▪ Positive A & E and RTT Data Review as part of the Quality Limited Assurance Report ▪ Positive MUST Data Review as part of the Quality Limited Assurance Report

	▪ Revision of enforcement undertakings to include A & E NHSI took action for breach of the additional licence condition section 111
5a. The Board is satisfied that the systems and/or processes referred to in section 4 should include but not be restricted to systems and/or processes to ensure: **a. That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided** **b. That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations** **c. The collection of accurate, comprehensive, timely and up to date information on quality of care** **d. That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care** **e. That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources** **f. That there is clear accountability for care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate**	
Recommendation: Not Confirmed	
Considerations	▪ Disappointing Medical Engagement Survey 2017 ▪ Resignations from the Chief Executive, Chairman and 2 Non-Executive Directors during 2017/18 ▪ NHS Improvement investigation into allegations of cultural, behavioural and governance issues ▪ Instances of a bullying culture in the organisation which has led to a variety of external reviews beng undertaken ▪ Development of integrated quality dashboard ▪ Concerns with the risk management reporting system ▪ PLACE survey for 2 consecutive years highlighted concerns with nutrition and hydration
6. The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS Provider Licence	
Recommendation: **Not Confirmed**	
Considerations	▪ Disappointing Medical Engagement Survey 2017 ▪ Resignations from the Chief Executive, Chairman and 2 Non-Executive Directors during 2017/18

	▪ NHS Improvement investigation into allegations of cultural, behavioural and governance issues ▪ NHSI took action for breach of the additional licence condition section 111

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

2 Training of Governors

1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed	OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Sir David Henshaw	**Name**	David Jago
Capacity	Interim Chairman	**Capacity**	Acting Chief Executive
Date	28 May 2018	**Date**	28 May 2018

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A