

# Board of Directors Public Board

27 June 2018



**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 27 JUNE 2018**

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

## AGENDA

- |          |  |   |
|----------|--|---|
| <b>1</b> | <b>Apologies for Absence</b><br>Chair                                    | v |
| <b>2</b> | <b>Declarations of Interest</b><br>Chair                                 | v |
| <b>3</b> | <b>Chair's Business</b><br>Chair   | v |
| <b>4</b> | <b>Key Strategic Issues</b><br>Chair                                     | v |
| <b>5</b> | <b>Board of Directors</b>  | d |
|          | <b>5.1 Minutes of the Previous Meeting – 25 May 2018 and 30 May 2018</b> | d |
|          | <b>5.1.2 Board Action Log</b><br>Chair                                   | d |
| <b>6</b> | <b>Chief Executive's Report</b><br>Chief Executive                       | d |

### 7. Quality and Safety

- |            |   |   |
|------------|---|---|
| <b>7.1</b> | <b>Patient Story</b><br>Acting Head of Patient Experience | v |
|------------|---|---|

### 8. Performance and Improvement

- |            |  |   |
|------------|--|---|
| <b>8.1</b> | <b>Integrated Performance Report</b>   |   |
|            | <b>8.1.1 Integrated Dashboard and Exception Reports</b><br>Chief Operating Officer     | d |
|            | <b>8.1.2 Wirral A&amp;E Delivery Board Exception Report</b><br>Chief Operating Officer | v |
|            | <b>8.1.3 RTT Update</b><br>Director of Operations                                      | d |
|            | <b>8.1.4 Month 2 Finance Report</b><br>Director of Finance                             | d |

## 9. Governance

- |            |  |   |
|------------|--|---|
| <b>9.1</b> | <b>Report of Finance Business Performance Assurance Committee</b><br>Chair of Finance Business Performance Assurance Committee | d |
| <b>9.2</b> | <b>Service Transformation Team Programme Update</b><br>External Programme Assurance  | p |

## 10. Standing Items

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|-------------|--|---|
| <b>10.1</b> | <b>Items for BAF/Risk Register</b><br>Chair                    | v |
| <b>10.2</b> | <b>Items to be considered by Assurance Committees</b><br>Chair | v |
| <b>10.3</b> | <b>Any Other Business</b><br>Chair                             | v |
| <b>10.4</b> | <b>Date and Time of Next Meeting</b><br>Wednesday 25 July 2018 | v |

**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF  
PUBLIC MEETING**

**25<sup>th</sup> MAY 2018**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present**

Sir David Henshaw	Interim Chair
David Jago	Acting Chief Executive
Karen Edge	Acting Director of Finance
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
Sue Lorimer	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

**In attendance**

Deborah Harman	Assistant Director of Finance
Dr Mark Lipton	Deputy Medical Director
Helen Marks	Interim Director of Workforce
Anthony Middleton	Director of Operations and Performance
Stephen Nixon	Senior Manager, Audit – Grant Thornton
Nigel MacLeod	PA to Acting CEO & Interim Chair (Minutes)

**Apologies**

Paul Charnley	Director of IT and Information
John Coakley	Non-Executive Director
Susan Gilby	Medical Director
Carole Self	Director of Corporate Affairs
John Sullivan	Non-Executive Director

Reference	Minute	Action
BM 18-19/031	<b>Apologies for Absence</b> Noted as above.	
BM 18-19/032	<b>Declarations of Interest</b> None.	
BM 18-19/033	<b>Approval of Annual Report and Accounts 2017/18</b>  The Chair recorded his thanks to all those who had been involved in compiling the Annual Report, Annual Accounts and Quality Report, noting the significant amount of time required in preparing the final documents.  Board received confirmation that all documents had also been submitted to the Audit Committee; 17 May 2018.  <ul style="list-style-type: none"> <li><b>Annual Accounts and Letter of Representation</b></li> </ul> To support the prepared annual accounts, in accordance with HM Treasury-approved directions issued by NSHI, and the Letter of Management Representation, the Acting Director of Finance provided the Board with a brief update.	

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Reference	Minute	Action
	<p>By way of a tabled presentation, the key updates and headlines included:</p> <ul style="list-style-type: none"> <li>• WUTH is agreed to be a going concern</li> <li>• Audit opinion is unqualified</li> <li>• Value for Money conclusion is Qualified ('except for'); as outlined by Grant Thornton</li> <li>• No concerns identified pertaining to the ISA 260 (audit findings) and reported as clean</li> <li>• Trust deficit recorded as £17.4m, £0.6M was the planned deficit</li> <li>• The cash position of £8M was reported as higher than plan, due to receipt of the land sale monies</li> <li>• Borrowings of £50.3M, £21.5M over plan.</li> <li>• The overall deficit had been adjusted since month 12 reporting, having received unexpected STF income of £2.3M</li> <li>• Total 2017/18 movement of Statement of Financial Position was (£4.2M)</li> <li>• The closing 2017/18 cash inflow was highlighted as £2.6M; a number of contributing factors were outlined to the Board.</li> <li>• Closing 2017/18 capital balance confirmed at £172.5M with the change from the opening capital balance of £158M attributed to a number of additions and disposals</li> <li>• The Board was provided with a breakdown in the movement of capital assets</li> </ul> <p>The Board received confirmation that subject to approval, the electronic and postal submission of the signed documents, including the combined Annual Report and accounts 2017/18, would be undertaken on the 29 May 2018.</p> <p>The Annual Report and Accounts would be sent for laying before parliament by the 25 June 2018. Upon completion of submission and laying before Parliament, the documents will then be made available to the public via the Trust web site.</p> <p>On behalf of the External Auditors, Grant Thornton UK LLP, Mr Stephen Nixon apprised the Board in regards to their Audit Findings and Draft Opinion Documents.</p> <p>Mr Nixon confirmed that Grant Thornton had audited the financial statements of Wirral University Teaching Hospital NHS Foundation Trust [WUTH] for the year ended 31 March 2018 which comprised the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes on Equity, the Statement of Cash Flow and the notes to the Financial Statement.</p> <p>In doing so, Grant Thornton agreed the Trust as a going concern and also concluded that the statements:</p> <ul style="list-style-type: none"> <li>• Give a true and fair view of the financial position of the Trust as at 31 March 2018 and of its expenditure and income for the year then ended</li> <li>• Have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/2018</li> <li>• Have been prepared in accordance with the requirements of the National Health Service Act 2006</li> </ul>	

Reference	Minute	Action
	<p>Mr Nixon highlighted to the Board that NHSI had not yet confirmed support pertaining to the Trust seeking additional cash support of £25M in 2018/19. Whilst this position may impact the Trust's ability to operate as a going concern, Mr Nixon confirmed that Grant Thornton's opinion is not modified in respect of this particular matter.</p> <p>The Board were apprised, as outlined within the pre circulated papers, how the three Key Audit Matter Risks ('Valuation of land and buildings', 'Occurrence and accuracy of activity based contract income and non-contract activity income' and 'Implementation of general ledger upgrade') had been addressed within the audit.</p> <p>Board noted the Basis for a Value for Money '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. It was also highlighted that the independent review of the Trust's governance arrangements, relating to cultural, behavioural and governance issues, had led to several Trust Board resignations.</p> <p>The Board received assurance that all points raised by Mr Nixon had also been reviewed and discussed fully at the recent Audit Committee.</p> <p>The Board formally approved the Annual Accounts and the letters of representation.</p> <ul style="list-style-type: none"> <li>• <b>Quality Report and Account</b></li> </ul> <p>The Deputy Medical Director apprised the Board that the Quality Account 2017/18 had been reviewed at Clinical Governance Group, Quality &amp; Safety Committee and Audit Committee. Since draft presentation to the Audit Committee, Dr Lipton confirmed that the Quality Report and Account had been updated to indicate the A&amp;E 4-hour standard reflected the performance of the Emergency Department in isolation. Previous drafts had presented a combined performance figure constituent of both the Emergency Department and Walk In Centre.</p> <p>Within the previous year's Quality Account, five clinical priorities had been identified for the following year. The Board heard there had been good progress with end of life care and medication missed doses. Performance in the three other areas had not been as strong; nutrition and hydration, patient flow and pressure ulcers had proven difficult to achieve.</p> <p>The Board heard that the Trust now has a digital 'Fast Follower' by working with the Countess of Chester NHS Foundation Trust, to support their adoption of Millennium in order to achieve the same benefits in terms of patient safety and efficiency.</p> <p>It was noted that overall the report provided a balanced report of the quality of the Trust's services.</p> <p>Dr Lipton advised the Board that the Serious Incident Review Group had been reinstated, along with a refreshed Terms of Reference.</p> <p>The Board formally approved the Quality Account and Audit Opinion.</p>	

Reference	Minute	Action
	<ul style="list-style-type: none"> <li><b>Annual Report</b></li> </ul> <p>The Acting Chief Executive reiterated the Chairs comments and thanked all those who had assisted in the preparation and completion of the draft Annual Report. Board received confirmation that the draft Annual Report, developed in line with NHS Improvement Annual Reporting Manual, had also been reviewed by the Audit Committee (17 May 2018).</p> <p>In recommending the draft Annual Report, the Board were apprised of a small number of updates that had been made since circulation:</p> <ul style="list-style-type: none"> <li>To maintain FTARM compliance, some content re-sited from the Remuneration Report to Staff Report.</li> <li>Going Concern disclosure now incorporated within the overview.</li> <li>Duplicated Staff Report removed.</li> <li>Specific issues, as discussed and raised by the Audit Committee, had been updated.</li> <li>Use of Resources scores amended.</li> </ul> <p>The Board, noting the updates outlined by the Acting Chief Executive, formally approved the Annual Report.</p>	
<b>BM 18-19/034</b>	<p><b>External Audit Opinion</b></p> <p>Full minute contained within minute reference BM 18-19/033.</p>	
<b>BM 18-19/035</b>	<p><b>Any Other Business</b></p> <p>The Chair advised the Board that he had joined the Director of Nursing &amp; Midwifery earlier in the day to undertake the 'Quality Bus' Nursing Friday Walkabout. In doing so, the Chair had welcomed the openness and honesty of colleagues and urged all Board members to join the Friday session, as learnings and first hand hearsay will be integral to developing further an overall Trust strategy.</p> <p>The Chair requested that thought be given to producing a key stakeholders briefing to provide regular updates in regards to Trust wide progress being made.</p>	
<b>BM 18-19/036</b>	<p><b>Evaluation of the Board Meeting</b></p> <p>The Board noted the meeting had been well received.</p>	

.....  
Chair

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Date



**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF  
PUBLIC MEETING**

**30<sup>th</sup> MAY 2018**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present**

Sir David Henshaw	Interim Chair
David Jago	Acting Chief Executive
Dr John Coakley	Non-Executive Director
Karen Edge	Acting Director of Finance
Dr Susan Gilby	Medical Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

**In attendance**

Laura Austin *	Interim Head of Patient experience
Mike Baker	Head of Communications
John Fry	Public Governor
Jayne Kearley	Member of the Public
Mary Magee *	Midwife
Helen Marks	Interim Director of Workforce
Anthony Middleton	Director of Operations and Performance
Paul Charnley *	Director of IT and Information
Sue Roberts *	Matron, Maternity
Nigel MacLeod	PA to Acting CEO & Interim Chair (Minutes)

**Apologies**

Sue Lorimer	Non-Executive Director
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\* Denotes attendance for part of the meeting.

Reference	Minute	Action
<b>BM 18-19 /031</b>	<b>Apologies for Absence</b> Apologies noted as above.	
<b>BM 18-19/032</b>	<b>Declarations of Interest</b> None.	
<b>BM 18-19/033</b>	<b>Chair's Business</b>  The Chair welcomed all to the meeting and gave thanks to Dr Susan Gilby who was attending her last Board meeting prior to commencing her role with the Countess of Chester NHS Foundation Trust and West Cheshire Integrated Care Partnership.  The Chair reiterated that Exec Colleagues had held a very positive meeting with NHSI and had also welcomed the support of Dr Kathy McLean, Executive Medical Director & Chief Operating Officer, NHSI, pertaining to the forthcoming recruitment of a Trust Medical Director.  The Board was assured by the Chair that he will reiterate the progressive steps being taken by Wirral University Teaching Hospital, and the desire to work collaboratively and collectively with Partners, at the forthcoming Wirral Partners Chairs meeting.	

Reference	Minute	Action
<p><b>BM 18-19/034</b></p>	<p><b>Key Strategic Issues</b></p> <p>Those members present apprised the Board of key strategic issues and objectives being undertaken and concurrently progressed.</p> <p><b>Interim Director of Workforce</b> – the Board was apprised that having evidenced limited planning skills across the local health and social workforce, positive discussions pertaining to regional wide workforce support had been undertaken with WRaPT [Workforce Repository and Planning Team] and hosted by Lancashire Care NHS Foundation Trust.</p> <p><b>Mr John Sullivan</b> – it was outlined to the Board that the recent Quality &amp; Safety Committee had not been quorate. The forthcoming appointment of Non-Executive Directors will support the attendance of Non-Executive Directors.</p> <p><b>Director of Nursing &amp; Midwifery</b> - attendance at a recent ‘Always Event’ had been very informative with a number of key lessons being beneficial to support the Trust’s ongoing work to improve patient nutrition and hydration. The Board heard that an ‘Always Event’ is a clear, action – oriented and pervasive practice or set of behaviours to support aspects of the patient experience.</p> <p><b>Chair</b> – the Chair advised the Board that he had recently joined the Director of Nursing &amp; Midwifery on the ‘Quality Bus – What matters to You?’ Nursing Friday Walkabout. In doing so, the Chair had welcomed the openness and honesty of colleagues and urged all Board members to join the Friday session, as learnings and first hand hearsay continues to be integral to developing further an overall Trust strategy.</p> <p>Attendees at the recent open forum event, held at Clatterbridge, spoke eloquently and with pride of the services offered and how supportive they would be in utilising the Clatterbridge facilities to help alleviate pressures at the Arrowe Park site. On behalf of the Board, the Chair recorded his thanks to colleagues at Clatterbridge who had supported the wider Trust when faced by escalating winter pressures. Furthermore, the Board wished to elevate any concerns by reiterating the importance of the Clatterbridge Site had in the long term strategic plans for the Trust.</p> <p>Having observed a number of positive initiatives, the Chair outlined his vision for a quarterly trust briefing for key stakeholders. It was agreed that the Chair would meet with the Head of Communications to develop this theme further.</p> <p>Having attended a recent Medical Board, the Chair welcomed the level of engagement noting a number of those present demonstrated a desire to support the Trust as it progressed over the coming weeks and months.</p> <p><b>Acting Chief Executive</b> – the Board was apprised that Wirral University Teaching Hospital NHS Foundation Trust, Wirral CCG and Wirral Community Trust will be submitting a collaborative funding bid to the Cheshire &amp; Mersey Health and Social Care Partnership to support the development and progression of an Urgent Care Treatment Centre at the Arrowe Park site.</p> <p>Wirral University Teaching Hospital has been awarded the Musculoskeletal [MSK] contract, to work with Wirral Community Foundation Trust and Primary</p>	

Reference	Minute	Action
	<p>Care in the development and delivery of the service specification.</p> <p><b>Interim Director of Finance</b> – it was reported that following a positive and progressive meeting of system finance leads, agreement had been reached pertaining to the progression of CEP-Lite [Capped Expenditure Process].</p> <p><b>Mr Graham Hollick</b> - having recently chaired a number of consultant recruitment panels [Gastroenterologist and Radiology], the evidential improved level of communication between consultants had been well received. The Interim Director of Workforce was asked to apprise the Board with the number of current consultant vacancies.</p> <p><b>Medical Director</b> – Dr Gilby encouraged the Board to support develop and nurture the younger consultant body to maximise their skill and drive for the benefit of the Trust.</p> <p>At the bequest of the Chair, the Board agreed to discuss the possibility of arranging a day conference to engage agreed to progress this further.</p> <p><b>Chief Operating Officer</b> – the Board was apprised of a number of positive initiatives and steps that had been taken:</p> <ul style="list-style-type: none"> <li>• As already outlined, conclusion of the MSK negotiations is anticipated in the very short term, with go live anticipated 1 July 2018.</li> <li>• Initial indicative reporting from the Programme Board had been able to differentiate between CIP measures and transformational measures.</li> <li>• Engagement with the Healthy Wirral Programme Board had identified scope to capitalise on the availability of place based care funding.</li> <li>• Progression, and ongoing discussion, with the Primary Care Wirral Federation has concluded in a statement of intent for joint working, whilst not undermining the wider health economy. A number of collaborative initiatives have been agreed, including a focus on dermatology services and older person's admittance avoidance.</li> <li>• GDE funding has been secured to explore further a capacity management system, the basis for a command centre.</li> </ul> <p><b>Director of Operations</b> – having been selected for a 'deep dive', pertaining to winter planning, the Wirral economy are scheduled to submit the latest winter plan iteration by the end of June 2018. Revised plans had not only incorporated additional capacity demands, but also recognised the importance of maintaining sufficient bed stock to preserve the elective programme.</p> <p>In developing the Wirral winter plan, there had been a recognition that some reconfiguration of services may be beneficial, within the confines of the building footprint, to optimise and maintain and patient services. Having initially identified the 'Park Suite as an area advantageous to supporting patient services, possible alternatives for the provision of phlebotomy services is being considered.</p> <p>The Trust 'fix it' programme had been well received with circa 95% of calls pertaining to estates. Findings from the first formal review of the programme will be circulated to Board members in due course. The Director of Nursing &amp; Midwifery sought and received assurance that findings will be circulated to colleagues across the trust.</p>	<p>HM</p> <p>JS HM</p>

Reference	Minute	Action
<b>BM18-19/035</b>	<p><b>Board of Directors</b></p> <p>The minutes of the Board of Directors held 25<sup>th</sup> April 2018 were approved as an accurate record.</p> <p><b>Action Log</b> – the Board agreed the action log. Assurance was provided that a quote to rectify some inactive automated booths within outpatients had been received and was concurrently being progressed.</p>	
<b>BM 18-19/036</b>	<p><b>Chief Executives' Report</b></p> <p>The Acting Chief Executive presented his verbal report and highlighted the following key areas:</p> <p><b>CQC Well Led Feedback</b> – the Board was apprised that preliminary findings had been outlined in themes, with a recognition that whilst the organisation had been through challenging times there is a rich vein of talent running throughout the Trust.</p> <p>Whilst the CQC had outlined a number of differing themes, engagement and development captured the main findings. The Trust received recognition that the workforce had been open and honest with improvements already evidential, especially pertaining to the freedom to speak up process. Further detail will be available upon receipt of the draft report.</p> <p><b>Urgent Treatment Centre [UTC]</b> - the Acting Chief Executive advised the Board that a system had been submitted to the Cheshire &amp; Merseyside Health &amp; Social Care Partnership, outlining Wirral University Teaching Hospital as lead for the UTC at the Arrowe Park site. The Board was advised that clarity pertaining to the operating model and lead provider had been lacking. Whilst the bid had been submitted, circa £18M, the lack of clarity had been challenging when having to consider activity and revenue implications.</p> <p><b>NHSI Quarterly Review Meeting; 24 May 2018</b> - the Board was updated that the meeting had been productive and engaging, encompassing a number of key discussion points; RTT Quality Assurance, Ambulance Handover Delays, Cultural Reviews, Mortality and A&amp;E Improvement Plan amongst others.</p> <p>Overall, NHSI acknowledged the Trust had made good progress pertaining to A&amp;E, noting the RTT Challenge, and had been complimentary regarding Board mortality reporting.</p> <p><b>MSK</b> – the Acting Chief Executive reiterated the Chief Operating Officers update, reflecting on the Trust accepting the contract on a three plus two year basis, subject to review at the end of year three. The Board was also advised that, as prime provider, the Trust was delighted to be working with Wirral Community NHS Foundation Trust and Primary Care in development and delivery of the service specification.</p> <p>Having received the Chief Executives' report, the Chair and the Board discussed the progression that has been made, especially pertaining to engagement, strategy and recruitment.</p>	

Reference	Minute	Action
	<p>As the recent Leadership Masterclass had been well received and attended, the Board felt that the forthcoming programme of lectures, encompassing a wide variety of topics, would also be beneficial for colleagues from across the wider Wirral system. The Board agreed to explore working in collaboration to extend invites to Partner Organisations.</p> <p>Appreciating the long term commitment and drive to improve engagement, the Board was apprised of a number of initiatives that had been implemented:</p> <ul style="list-style-type: none"> <li>• The Interim Director of Workforce to meet with the Chair of the Medical Board, to review the findings from the recent Medical Board Survey and consider how they can be woven into the Trust engagement strategy, and to discuss medical representation to support the Workforce Assurance Committee agenda.</li> <li>• Enhancing collaboration with the BMA</li> </ul> <p>Dr Gilby, in acknowledging clinical leadership had at times been a barrier for the Trust, suggested that the Trust would benefit in supporting the new Consultant Development and Induction Foundation Programme.</p> <p>Having agreed, as a Board, the merits of fresh impetus for the engagement programme and Quality and Safety Committee; encompassing the CQC findings and themes, it was agreed that the Interim Director of Workforce and Mr John Sullivan would consider this further via the Workforce Assurance Committee.</p>	HM JS
BM18-19/037	<p><b>Patient Story</b></p> <p>Laura Austin, Interim Head of Patient Experience, joined the meeting with Matron Sue Roberts from Maternity and Mary Magee, Midwife, to talk about the experience of a young mother, who had wanted a home birth supported by the Highfield Birth Team.</p> <p>The Board was advised that the Highfield Birth Team consists of experienced community midwives who provide a 24 hour service, 7 days a week giving women access to a known midwife throughout their pregnancy, birth and after their baby is born.</p> <p>Sue Roberts and Mary Magee, spoke of the young mums desire for a home birth and how, having been woken at 5am in pain, had contacted her maternity triage nurse who arranged for Mary to attend. Throughout the day, into the evening and then next morning, the support from the Highfield team and been amazing and helped to provide a calm and relaxing environment in the final stages of labour.</p> <p>In particular, the mum had been extremely grateful for members of the team who had stayed beyond the end of their shifts to provide a level of continuity and support that had been very much welcomed and appreciated.</p> <p>After just over 24 hours and with the support of an amazing team who had provided support, advice and guidance, a beautiful baby daughter was born at 6.43am.</p> <p>In being a young mum, the care and attention afforded had been extremely</p>	

Reference	Minute	Action
	<p>welcome and the family had wanted the Board to recognise how the team had made the home birth such a positive experience. The praise for the teams dedication, support and encouragement could not have been higher both during labour and after her daughter had been born.</p> <p>The Chair gave thanks to Laura Austin, Sue Roberts and Mary Magee for attending and so eloquently speaking on behalf of the mother. In addition, the Chair recorded the Boards thanks to all those associated with the Highfield Birth Team.</p> <p>The Board was advised that over 40 referrals had been received by the Highfield Team over the last three months, with 14 home births in the last few months alone.</p>	
<p><b>BM18-19/038</b></p>	<p><b>Report of Quality &amp; Safety Committee</b></p> <p>Mr John Sullivan presented the report from the Quality and Safety Committee and in doing so, advised the Board that the absence of co Non-Executive Directors had resulted in the meeting not being quorate for the second successive meeting.</p> <p>The Board was apprised that the Board Assurance Report had not been an agenda item.</p> <p><b>Patient Experience – Quality Impact Progress Update</b> – having originally been part of the financial recovery plan governance arrangements, the committee agreed that none CIP changes should be subject to Quality Impact Assessment [QIA] and that process with divisions should be established to allow accountable triumvirate levels to sign off the QIA or escalate to the next level of management. Having been discussed, the Board was advised that the QIA checklist had been accepted as a prudent approach. Furthermore, additional changes will now also be considered by the Quality and Safety Committee.</p> <p><b>Integrated Quality Governance</b> – the Deputy Director of Nursing and Midwifery had presented four well prepared deep dive reports that had been the conduit for a well-balanced discussion. Having considered the reports; Pressure Ulcers, Nutrition &amp; Hydration, Falls and Infection Prevention &amp; Control, the deep dive methodology was recommended for Trust wide use.</p> <p><b>Annual Reporting</b> – the maternity 2017/18 Annual Report, including Clinical Negligence Discount Scheme, had been presented by Divisional Leaders. Having been received, the Quality and Safety Committee recommended submission to the Trust Board for approval.</p> <p>Reports had been received from sub groups pertaining to Safeguarding, Infection Prevention &amp; Control and Clinical Governance.</p> <p>The committee agreed that the Clinical Governance Group will in future provide a report specifically focused on assurance updates pertaining to Pressure Ulcers, Nutrition &amp; Hydration and Falls.</p> <p>As a concern had been raised associated with sampling compliance and archiving of blood transfusion results, the Clinical Governance Group had</p>	



Reference	Minute	Action										
	<p>also been asked to submit a recommendation pertaining to a deep dive into Blood Transfusion Services.</p> <p>Having identified that VTE is a concern, attributed to low levels of compliance, assurance has been sought for review at the July 2018 Quality and Safety Committee.</p>											
BM18-19/039	<p><b>Maternity 2017/18 Annual Report including Clinical negligence Scheme (CNST) for Trusts Maternity Discount Scheme</b></p> <p>The Director of Nursing &amp; Midwifery provided the Board with an update following the submission by Divisional Leaders to the Quality and Safety Committee, 9 May 2018.</p> <p>The Board was apprised that in December 2017 NHS resolution had advised Trusts that a discount of up to 10% in the maternity CNST premium would be available for Trusts who can demonstrate compliance with 10 essential criteria, as outlined below.</p> <table><tr><td>1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?</td></tr><tr><td>2). Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?</td></tr><tr><td>3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?</td></tr><tr><td>4). Can you demonstrate an effective system of medical workforce planning?</td></tr><tr><td>5). Can you demonstrate an effective system of midwifery workforce planning?</td></tr><tr><td>6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?</td></tr><tr><td>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?</td></tr><tr><td>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?</td></tr><tr><td>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?</td></tr><tr><td>10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?</td></tr></table> <p>Having presented the data and evidence to provide assurance, against the key validation criteria, the Quality and Safety Committee had recommended that that Trust Board provide approval to apply for the discount of £700K.</p> <p>The Board thanked the Women's and Children's Division and approved the application for the discounted maternity premium.</p> <p>The 2018/19 premium would therefore reduce from £14.9M to £14.2M. The Board received confirmation that the discounted premium was only attributable to the Maternity Scheme and not other schemes in operation.</p>	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?	
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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?												
BM18-19/040	<p><b>Integrated Performance Report</b></p> <ul style="list-style-type: none"><li><b>Integrated Dashboard and Exception Reports</b></li></ul> <p>The Chief Operating Officer presented the integrated performance dashboard with key highlights as follows:</p>											

Reference	Minute	Action
	<p><b>A&amp;E 4 Hour Standard</b> – against the A&amp;E standard minimum 95% patients to be admitted, transferred or discharged within four hours, the month of April was 87.74%. As part of the Trust's planning submission to NHS Improvement for 2018-219, a trajectory had been submitted for A&amp;E performance.</p> <p>The metric anticipates improved performance up to 90% by the month of September with further improvements planned culminating in a final return of 95% standard compliance in March 2019.</p> <p>The Director of Operations advised the Board that whilst the Trust had recently evidenced unprecedented attendances, process improvement interventions and behavioural changes had supported overall patient flow.</p> <p>Mr Graham Hollick sought and received assurance that the cumulative A&amp;E performance indicator of 90% reflected the overall economy position. The Arrows Park ED site, alone, had reported a cumulative measurement of 85%.</p> <p><b>Ambulance Waiting Times</b> – the Board was apprised that the key metrics had been revised to include ambulance waiting times, with an additional measure triggered once the number of waiting ambulances on site reaches five or more. Performance will be tracked via the Wirral A&amp;E Delivery Board with a synopsis provided to the Trust Board via exception reporting.</p> <p><b>Cancer Waiting Times</b> – 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. Outputs from the cancer improvement plan remain under review.</p> <p>Mr John Sullivan was advised that the small slippage associated with cancer waiting times had not been as a result of patient cancellations, but due to a number of vacancies, having since been appointed, within the urology and colorectal speciality.</p> <p>The Board was apprised that the Trust's internal improvement programme had been split into four formal work streams:</p> <ul style="list-style-type: none"> <li>• Assessment (frailty, diagnostic input to ACU, direct admissions)</li> <li>• Ward based care (Huddles, SAFER, Transport)</li> <li>• Capacity Manager (Bed configuration, bed management IT solutions); linked to the earlier update pertaining to the command centre.</li> <li>• Transformation of Discharge (integrated discharge teams, transfer to assess, medically optimised)</li> </ul> <p>The Chief Operating Officer outlined to the Board that the key actions being progressed this month related to; relocation of OPAU &amp; AMU to foster closer links with ED, Development &amp; Tendering of new medically optimised ward model and Clinical leads identified for four work streams. To enhance this further, the Board was advised that a 'whole of estates' review had been agreed to review the overall estates footprint whilst aligning to CQC comments following the recent review.</p> <p>Having pre circulated the Referral to Treatment standards, the Board was apprised that the national measurement for elective care 2018/19 is the measurement of total waiting list size, with an objective that the list shouldn't increase by March 2019 compared with March 2018, and the elimination of over 52 week waiters by March 2019. The Chief operating Officer advised the</p>	JH AM



Reference	Minute	Action
	<p>Board that the Trust had also agreed on a local basis to aspire for 80% RTT compliance on the same timescale.</p> <p>Mr Graham Hollick received assurance that the elective programme had recommenced with any identified capacity challenges being managed appropriately.</p> <p>The Board received assurance that the recent increase pertaining to 52 week waiters had been as a result of the cessation of the elective programme. All cases had been clinically reviewed with harm reviews additionally requested.</p> <p>The Chief Operating Officer agreed to provide the Trust Board with an update pertaining to RTT waiting times, and the associated patient flow impact, at the June Board meeting.</p> <p>The Chair sought and received assurance that the Trust had representation at the ongoing meetings with the commissioners following the announcement that West Midlands Ambulance Service will cease to provide patient transfer services.</p> <ul style="list-style-type: none"> <li> <b>Month 1 Finance Report</b> </li> </ul> <p>The Acting Director of Finance presented the M1 Finance Report, confirming the Trust had delivered a Use of Resources [UoR] rating of 3 for the period. The effects of adverse operational performance had been offset by strong performance on the agency metric; preventing the Trust from delivering a UoR of 4.</p> <p>The Board was apprised that the Trust had reported an actual deficit of (£4.2M), against a plan of (£3.9M). The adverse variance had been driven by continued demand for non-elective services, which in turn led to continued operational costs, in addition to reduced capacity to undertake a fully planned elective programme.</p> <p>A consequence being that income was £1M below plan of which £0.9M related to an underperformance in elective and day case activity. Expenditure had been confirmed at £28.8M, £0.7M better than plan. The overall position had been supported by £0.5M non recurrent support, hence the underlying deficit for April being behind plan.</p> <p>The performance of the cost improvement programme had delivered £0.2M of the £0.3M plan.</p> <p>Cash balances at the end of April 2018 had been confirmed as £7.9M, which had been broadly in line with plan of £7.8M. The position had reflected the strong cash performance at the end of 2017/18 pertaining to the land sale at the Clatterbridge site.</p> <p>Mr Hollick reflected on the underlying position and asked for clarity pertaining to the demand on reserves for the remainder of the year. The Acting Director of Finance confirmed that the granular detail will be reviewed and discussed at the Finance Business Performance Assurance Committee in addition to the concurrent activity being undertaken by the programme board linked to achieving improvements via the cost improvement programme.</p>	<p><b>JH</b></p>

Reference	Minute	Action
<b>BM18-19/041</b>	<p><b>Medically Optimised / Intermediate Care Scheme</b></p> <p>The Director of Operations presented a proposal to the Board for a Medically Optimised Unit.</p> <p>Recognising the increasing number of Medically Optimised Patients [circa 70 patients at any one time] had a significant impact, not only pertaining to overall patient flow but also the costs associated with currently operating three additional escalation wards, a number of proposals had been developed and scoped to provide an internal step down facility.</p> <p>Having previously experienced an extremely challenging winter period, what had been the 'Old Wirral Neuro' ward had been identified, and to a degree prepared for, a similar proposal in the year 17/18. Despite the allocation of funding, via the Better Care Fund, overall cost had become prohibited. As a result, the 30 bedded unit had been mothballed. Utilisation of this facility, or the M1 rehab unit compromising 20 rehab and 20 step down beds, had been identified to fulfil the proposal.</p> <p>Having identified a preferred option, cognisant of providing additional capacity of circa 40 beds, the completion of an extraordinary medical optimised review, to identify reasons preventing discharge had been undertaken. The Board was assured that along with a Task and Finish Group, established to refine the proposals, the rehab team's, therapies lead and Divisional Finance Management teams had been fully engaged in developing the proposal.</p> <p>Having apprised the Board, the Director of Operations anticipated a finalised proposition would be available for Board approval circa 30 June 2018. Having concluded the tender process and contract award proposal, it was envisaged the formal contract would commence circa November 2018.</p> <p>Having concluded the presentation, the Director of Operations assured the Board in respect of a number of questions raised:</p> <ul style="list-style-type: none"> <li>• Capacity would be provided all year round.</li> <li>• Subject to approval, the contract would be operational for a minimum of twelve months, with a preferred option of two years.</li> <li>• Staffing was anticipated as a hybrid of existing resource and agency staff.</li> <li>• Flexibility would be integral to flex as required due to peaks and troughs around winter/summer capacity.</li> <li>• Broad support from the CCG has been outlined with ongoing discussion with the local authority.</li> <li>• Processes had been incorporated to be able to hold providers to account.</li> </ul> <p>Having noted the Board's broad approval, the Chair had asked the Director of Operations to explore the possibility of establishing a vehicle that would allow Wirral University Teaching Hospital to operate the facility by the Trust independently, perhaps with the support of the Trust's charitable partners and/or the local GP Federations. The consensus being that this alternative approach would be seen as ground breaking for the Wirral, recognising the Trust's desire to support patients and staff as times of increased demand. The Director of Operations will provide a further Board update having formulated the final proposition.</p>	<b>AM</b>

Reference	Minute	Action
<b>BM 18-19/042</b>	<p><b>Report of Workforce Assurance Committee</b></p> <p>Mr Sullivan apprised that Board that having held the inaugural Workforce Assurance Committee, members had approved the terms of reference with an emphasis on the future focus of key agreed Trust priorities, and that the committee's duties did not overlap with any existing governance arrangements.</p> <p>An initial action had been agreed to map the various Workforce related subcommittees, including HR, Communications and Education, and to decide what should be governed Trust wide and which divisionally.</p> <p>The Workforce Assurance Committee, having received a Ward to Board Performance Indicators presentation from Mr John Halliday, Assistant Director of Information, supported the proposed rationalisation of metrics using only one version of information.</p> <p>A proposed set of HR/OD measures were presented and agreed with some suggested changes pertaining to mandatory training. The Interim Director of Workforce reassured the Board that a concurrent review of mandatory training and Induction was in train to enhance, review and refresh the training principles in line with current governance principles. It was noted that WUTH currently has 22 differing aspects of mandatory training compared to other Trusts who have circa 9/10.</p> <p>To ensure objectives were SMART, the committee discussed a number of points pertaining to the recently developed OD Work Programme, along with the recommendation to have a dedicated resource to support the Health &amp; Wellbeing Programme.</p> <p>Mr Sullivan outlined that the next Workforce Assurance Committee will be presented with conclusions from the draft strategy for Diversity and Inclusion that is currently out for consultation. A full report would then be submitted to the Board of Directors for review.</p> <p>The Board was apprised that the Interim Director of Workforce will meet with the Medical Board Chair, Mr Richard Stevenson, to facilitate improved and innovative methods of engagement between both bodies.</p>	
<b>BM18-19/043</b>	<p><b>Report of Audit Committee</b></p> <p>Having reviewed the pre circulated audit committee paper; the Board noted the report as presented.</p>	
<b>BM18-19/044</b>	<p><b>Review of Corporate Governance Statements</b></p> <p>The Board noted the review of Corporate Governance Statements and supported the self-certifications, and the supporting evidence, in line with the recommendations made to Audit Committee.</p>	
<b>BM18-19/045</b>	<p><b>Items for BAF/Risk Register</b></p> <p>None.</p>	

Reference	Minute	Action
<b>BM18-19/046</b>	<b>Items to be considered by Assurance Committees</b>  None.	
<b>BM 18-19/047</b>	<b>Any Other Business</b>  In evaluating the meeting, and breadth of business reviewed, members discussed a number of themes and actions advantageous to supporting further development and progression of the Board. <ul style="list-style-type: none"> <li>• Review the breadth and content of assurance committee reports received by the Board of Directors.</li> <li>• Having concluded recruitment of the Board Secretary, review the Board Assurance Framework.</li> <li>• Consider enhancing the newly implemented 'Messages from the Board' with a quarterly stakeholder briefing, as outlined earlier within the Board meeting.</li> <li>• Engage further with Clinical and Divisional Leadership by seeking collaboration and input, via regular updates at the Board of Directors meetings.</li> <li>• Current Action Log to be reviewed updated and actions concluded.</li> </ul> Having invited comments from those observing the meeting, Mr John Fry encouraged Board members to engage with the Consultant Body, who are driven and motivated in supporting the Trust and its patients, and to clearly articulate the level of support and leadership required. The Chair thanked Mr Fry for his comments and reiterated that engagement is an integral element of the Trusts long term strategy.	
<b>BM 18-19/048</b>	<b>Date and Time of Next Meeting</b>  Wednesday 27 <sup>th</sup> June 2018.	

.....  
**Chair**

.....  
**Date**

**Board of Directors Action Log  
Updated – June 2018**

**Completed Actions moved to a Completed Action Log**

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
<b>Date of Meeting 30.5.18</b>						
1	BM 18-19/034	Request for the number of Consultant vacancies.	HM		Ongoing	
2	BM 18-19/034	Workforce Assurance Committee to consider merits of a day conference to encourage further and collaborative Consultant engagement.	HM JS		Ongoing	
3	BM 18-19/040	Wirral A&E Delivery Board to provide monthly exception reporting to the Trust Board of Directors.	JH AM	Agenda item for June Trust Board	June 2018	<b>Completed</b>
4	BM 18-19/040	The Chief Operating Officer to provide the Trust Board with an update pertaining to RTT.	JH	Agenda item for June Trust Board	June 2018	<b>Completed</b>
5	BM 18-19/041	Medically Optimised / Intermediate Care Scheme. Brd update to be provided once final proposition had been agreed.	AM		Ongoing	
<b>Date of Meeting 25.04.18</b>						
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	<p>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.</p> <p>The Board then requested that a summit with the CCG be established to progress the proposition.</p>	<b>JH</b>	<p>JH has met with GPs.</p> <p>Director of Operations to undertake a presentation at the May Trust Board.</p> <p>Dr Coakley to be engaged upon return from annual leave.</p>	June 2018	
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	<b>KE</b>	Outlined with Associate Director of Estates and to be discussed further.	Ongoing	
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.	<b>TF</b>	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	<b>DJ</b>		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.	<b>DJ</b>		June 2018	
9	BM18-19/011	The Chairman agreed to discuss the control total proposal this with NHS Improvement	<b>DH</b>		Ongoing	
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.	<b>JH</b>	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.	<b>JH</b>	Ongoing - has been escalated and under review by Director of IT and Informatics.	Ongoing	

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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.	<b>HM</b>	Ongoing – concurrent audit being undertaken and posters being removed & replaced.	Ongoing	
<b>Date of Meeting 28.3.18</b>						
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.	<b>AM</b>	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.	<b>DJ</b>	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.	<b>SG</b>	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.	<b>SG</b>	See above	Ongoing	
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.	<b>Directors</b>		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.	<b>GL</b>	6 Facet survey tenders received and preferred supplier selected.  Report and findings will be available September 2018	September 2018	
<b>Date of Meeting 28.2.18</b>						

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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	
<b>Date of meeting 7.2.18</b>						
1	BM 17-18/210	1 <sup>st</sup> 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	
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	
<b>Date of Meeting 29.11.17</b>						
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	
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	BM17/1 8/183	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.	<b>JH/GW</b>	Actioned and ongoing	Ongoing	
<b>Date of Meeting 25.10.17</b>						
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	<b>TW</b>	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	<b>TW</b>	To focus on function and pathways as opposed to form.	Q1 2018/19	
<b>Date of Meeting 25.05.16</b>						
20	BM16- 17/037	Explore the impact of technology when reporting CHPPD in the future	<b>GW</b>	Director of IT and Information currently evaluating this work	Ongoing	

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BOARD OF DIRECTORS	
Agenda Item	6
Title of Report	Chief Executive's Report
Date of Meeting	27 June 2018
Author	Janelle Holmes, Chief Executive
Accountable Executive	Janelle Holmes, Chief Executive
BAF References <ul style="list-style-type: none"> <li>Strategic Objective</li> <li>Key Measure</li> <li>Principal Risk</li> </ul>	All
Level of Assurance <ul style="list-style-type: none"> <li>Positive</li> <li>Gap(s)</li> </ul>	Positive
Purpose of the Paper <ul style="list-style-type: none"> <li>Discussion</li> <li>Approval</li> <li>To Note</li> </ul>	To Note
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	N/A

This report provides an overview of work undertaken and important announcements in June

#### National

- Pay Award**

We have had confirmation of the pay award. This is a three year deal covering 2018/19, 2019/20, and 2020/21 that applies to A4C staff employed at all NHS employers in England. The trade union consultation was in acceptance, the NHS Staff Council has formally ratified the agreement. The pay deal will be actioned in July pay, backdated to 1<sup>st</sup> April 2018.

Key points are:

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- Increase in pay of 6.5 per cent over the three years for most A4C staff.
- Minimum rate of pay in the NHS to be set at £17,460.
- New pay structure with fewer pay points and no overlap between bands.
- Revised system of pay progression.
- Band 1 to be closed to new starters, the NHS Staff Council to detail process for upskilling Band 1 jobs to Band 2 roles during the 3 years of the pay deal.

The new deal is outlined in full on the NHS employer's website at <http://www.nhsemployers.org/your-workforce/2018-contract-refresh>.

- **NHSi & NHSe**

The Trust has received a joint letter from Ian Dalton (NHSi) and Simon Stevens (NHSE) highlighting the intention to establish the following working arrangements from September 2018:

- Increased integration and alignment of national programmes and activities – one team where possible
- Integration of NHS England and NHS Improvement regional teams, to be led in each case by one Regional Director working for both organisations, and a move to seven regional teams to underpin this new approach.

As further details emerge the Board will be updated

- **National Funding Settlement**

At the beginning of last week, Prime Minister Theresa May set out proposals for a long-term NHS funding settlement of an extra £20.5bn by 2023 - an average annual rise of 3.4% above inflation for the next five years. In return for the extra investment, the NHS will be expected to commit to a ten-year plan outlining the improvements that can be delivered for this extra investment.

**Year-by-year funding increases**

- 2019-20 - 3.6%
- 2020-21 - 3.6%
- 2021-22 - 3.1%
- 2022-23 - 3.1%
- 2023-24 - 3.4%

*All figures are above inflation*

For example for WUTH a 3.6% growth increase would equate to circa £12.0m

## **Regional & Local**

- **Musculo Skeletal (MSK) Integrated Service**

The Go Live date for the new Integrated MSK is 1<sup>st</sup> July 2018. The contract was awarded to WUTH on a 5 year (3+2) prime provider basis. As this is a brand new service for the health economy the model will need to continue to be shaped based on demand and patient flows. Any redesign work will be undertaken with our GPs & the Community Trust. This will be one of the first whole system integrated services to be delivered on the Wirral.

- **Research Department Merge**

A meeting took place of the research departments across the Wirral and West Cheshire patch including CWP, Chester and Liverpool Universities. This was organised by Professor Martin Lombard to bring together the different research departments. The consensus view is that a single or more coordinated approach will increase the research opportunities across the patch and so benefit the patients we treat. First steps agreed were to align procedures/SOPs, discuss joint research passports so patients involved in research here can be dealt freely by another site. The ultimate 1<sup>st</sup> year aim is to employ an overarching research manager.

- **Wirral System Acting As One**

The last system meeting was held on the 14<sup>th</sup> June. The agenda covered a number of key areas such as the system sustainability plan with six primary schemes being planned care, urgent care, mental health, women and children's learning disabilities and neighbourhoods delivering place based care plus the CEP lite principles. There have been a number of key appointments made including an independent chair, programme manager & finance lead. The first programme of work agreed was frailty based on the placed based care arrangements

### Internal

- **CEA Awards**

NHS Employers and the British Medical Association (BMA) have agreed changes to the clinical excellence awards (LCEA) scheme. They have jointly stated that *'This agreement provides stability and clarity for both consultants and employers on the availability of awards for quality and excellence, and acknowledges the exceptional personal contributions of consultants'*.

#### Arrangements from 1 April 2018

Trusts will continue to run annual LCEA rounds but new CEA points awarded from 1 April 2018 will be time-limited for between one to three years.

New LCEA points will be non-pensionable, paid annually by lump sum and will not include uplifts for consultants undertaking Additional Programmed Activities (APA). Existing LCEA shall remain pensionable and consolidated but will be subject to review from 2021.

#### Arrangements from 1 April 2021

Local variations to the LCEA scheme or new performance pay schemes may be introduced by the employer in consultation with staff.

Future performance payments will continue to be non-pensionable and time-limited for between one and three years. They will also continue to be paid annually by lump sum and will not include an uplift for those undertaking (APA)

#### National Clinical Excellence Awards (NCEA)

Consultants will continue to have access to a national reward scheme that recognises excellence at a national or regional level. The Secretaries of State for Health and Social Care will be able introduce reform of the scheme with consultation and subject to agreed protections for existing award holders. Until the national scheme is reformed, consultants who hold an existing NCEA as at 31 March 2019, will retain their awards subject to existing review processes.

- **Leadership Masterclass**

Leadership Master Classes were introduced in May 2018. Each Master Class is led by high calibre, motivational speaker, whose remit is to challenge and inspire our leaders to think, act and work differently in driving cultural change and improvement and is a key component of the Organisational Development work programme. The target group is all leaders at band 7 upwards plus staff side representatives.

To date two leadership Master Classes have taken place with 119 attendees and each has been introduced by an Executive Director. Whilst formal evaluation has not yet been completed, feedback has been excellent from those who have attended and individuals have gone away from the sessions, inspired to review their own styles, behaviours and ways of working. It is believed that the Master Classes will have a real impact on organisational culture.

The Master Classes for 2018/19 are detailed below:

Date	Time	Speaker	Masterclass Topic
29 <sup>th</sup> May 2018	9:30 - 11:30	Rene Barrett, Leadership and Resilience Speaker and Coach	Creating and Leading Resilience and Wellbeing in the Workplace
21 <sup>st</sup> June 2018	9.30 - 11.30	Mr Simon Fleming, Specialist Registrar Trauma & Orthopaedics and 'Hammer it out' campaigner	Creating Positive Cultures within Healthcare
19 <sup>th</sup> July 2018	9.30 - 11.30	SUMO Man – Paul McGee	Leading and Inspiring Those Around You
30 <sup>th</sup> August 2018	13.30 - 15.00	Dr Henrietta Hughes, National Guardian's Office	The Importance of Developing a 'Speaking Up' Culture
06 <sup>th</sup> September 2018	9.30 - 11.30	Professor Damian Hughes Liquid Thinking & <b>Professor</b> of Organisational Psychology and Change (Manchester Metropolitan University)	Changing your Thinking and Make Things Happen
11 <sup>th</sup> October 2018	9.30 - 11.30	Peter Ledwith, AQUA	Human Factors in Healthcare Leadership
08 <sup>th</sup> November 2018	9.30 - 11.30	Professor Michael West	Compassionate Leadership
12 <sup>th</sup> December 2018	9.30 - 11.30	David Fillingham, CBE	Leadership for Improvement
30 <sup>th</sup> January 2019	9.30 - 11.30	Dr Sarah Caddy, The Chimp Paradox	Introduction to the Chimp Model
27 <sup>th</sup> February 2019	9.30 - 11.30	Stephen Hart, HEE, Director of Leadership Development	The Good, the Bad and the Ugly of Leadership

- **Treat Me Well**

Working in partnership with CWP, WCFT, Mencap, the Trust hosted the launch of 'treat me well' campaign on Tuesday, 19 June. There was excellent attendance from our staff, partners and service users with a commitment to ensure patients with learning disabilities have the required reasonable adjustments in place when they attend our hospital.

- **AMU Awareness Event**

On Thursday, 21 June Nursing and Medical staff from AMU promoted the service as part of national acute medicine awareness week with displays at main entrance and coordinated a bake off/cake sale with proceeds split between WUTH Charity and Sepsis awareness Charity. The event was well supported across the Trust.

**Janelle Holmes**  
**Chief Executive**  
**June 2018**

BOARD OF DIRECTORS	
<b>Agenda Item</b>	8.1.1
<b>Title of Report</b>	Integrated Dashboard and Exception Reports
<b>Date of Meeting</b>	27 June 2018
<b>Author</b>	Anthony Middleton, Director of Operations & Performance / Deputy Chief Operating Officer John Halliday, Assistant Director of Information
<b>Accountable Executive</b>	Janelle Holmes, Chief Operating Officer
<b>FOI status</b>	Document may be disclosed in full
<b>BAF References</b> • Strategic Objective • Key Measure • Principal Risk	All Strategic Objectives (1 through 7) All Key Measures (1A through 7D) All Principal Risks
<b>Level of Assurance</b> • Positive • Gap(s)	Partial with gaps
<b>Purpose of the Paper</b> • Discussion • Approval • To Note	Discussion
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • 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 May 2018.

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## 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

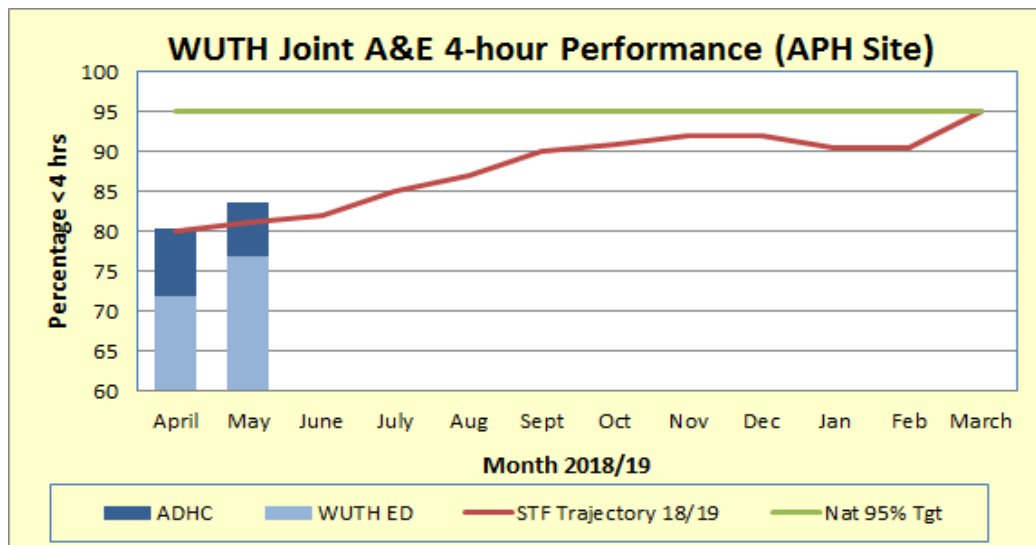
#### A&E 4 Hours

Key Access Standards : A&E 4 Hours	Target	March	April	May	Trend
A&E 4 Hour Standard (Wirral wide including all WICs/MIUs)	>=95%	84.29%	87.74%	89.89%	
A&E 4 Hour Standard (APH site inc ADHC)	STF >=90% by Sept 18	74.39%	80.27%	83.51%	
A&E 4 Hour Standard (APH site : ED only)	>=95%	63.22%	71.86%	78.86%	
Ambulance Handovers > 60 minutes	Zero	288	178	107	

Against the A&E standard of a minimum 95% of patients to be admitted, transferred or discharged within four hours, the month of May was 89.89% as measured across the combined Wirral WUTH ED, WCT Walk-in Centres and MIUs.

Further to the planning submission to NHS Improvement (NHSI) for 2018-19, the Trust has received revised guidance requesting a re-profiling of the A&E trajectory for the Arrowe Park site element to reflect better than expected performance in the early part of 2018-19, and the likelihood of a deteriorating position in the winter months. The re-profiled trajectory is shown in the chart below.

The two key milestones of 90% by September 2018 and 95% by March 2019 are unchanged.





The key actions progressed this month are:

- A MOU has been signed by all care homes that the new Trusted assessor process will be adhered to. Exceptions will be alerted to commissioners for resolution, with contractual sanctions to be built in from 2019/20.
- Divisions have determined assessment bed base requirement – Final decision in change to be taken early July after clinical review.
- Stakeholder engagement and market days set up for procurement of Medically optimised ward model.

#### Referral to Treatment

Key Access Standards : RTT	Target	March	April	May	Trend
RTT Incompletes : 18 Weeks Position	$\geq 92\%$	73.07%	74.29%	74.58%	
RTT Incompletes : 52 weeks waiters	0 per month	69	66	67	
RTT Incompletes : Total waiters	n/a	24736	25454	26648	
RTT Incompletes : 39 weeks waiters	n/a	812	818	1009	
Diagnostics 6 Weeks Standard *	$>99\%$	99.23%	99.03%	98.24%	

Key Access Standards : RTT (latest month)	Target	Acute & Med	Surgery	W&C	Clin Support
RTT Incompletes : 18 Weeks Position	$\geq 92\%$	82.55%	69.75%	84.52%	41.06%
RTT Incompletes : 52 weeks waiters	0 per month	0	66	1	0
RTT Incompletes : Total waiters	n/a	7199	16180	3023	246
RTT Incompletes : 39 weeks waiters	n/a	69	928	12	-
Diagnostics 6 Weeks Standard *	$>99\%$	91.84%	98.35%	-	99.50%

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.

The agreed incomplete RTT performance trajectory was achieved for May, though the number of 52 week waiters was above trajectory, and the total RTT waiting list size increased.

Performance against the 6-week diagnostic standard at the end of May was 98.24%, and so below the minimum 99% standard. The department with the largest increase in patients waiting beyond 6 weeks was echocardiography, with a smaller increase in radiology departments. Capacity issues are being addressed within all areas, with a view to reducing the waiting number in June and July.


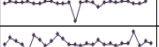

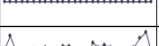
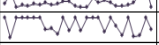


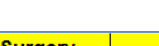
The delivery of the elective plans by the clinical divisions is being supported by the formal monthly meetings led by the Director of Operations and the Director of Finance with the Divisional triumvirate teams. Profiling of the early part of the year is being revisited.

### Cancer Waiting Times

The management of individual patient pathways and validation of waiting times is continuing, though there are difficulties across the country in reporting performance from the new national cancer waiting times system.

The Trust Cancer Manager is manually collating performance as an interim measure, with some figures yet to be confirmed, although standards are still expected to be achieved for Q1.

The graphical integrated dashboard now incorporates tumour site analysis for the key 62 day standard metric.

Cancer Waiting Times *	Target	March	April	May	Trend
Cancer : Two Week Wait	>=93%	94.74%	94.46%		
Cancer : Two Week Wait Breast Symptoms	>=93%	94.74%	100.00%		
Cancer : 31 days to First Treatment	>=96%	96.46%	97.37%	96.90%	
Cancer : 31 days to Subsequent Treatment (Surgery)	>=94%	95.45%	100.00%	95.00%	
Cancer : 31 days to Subsequent Treatment (Drugs)	>=98%	100.00%	100.00%	100.00%	
Cancer : 62 days Urgent Referral to Treatment	>=85%	88.70%	90.12%	85.42%	
Cancer : 62 days NHS Screening to First Treatment	>=90%	90.91%	100.00%	93.75%	
Cancer : 62 days Consultant Upgrade to First Treatment	>=85%	92.98%	93.10%	87.30%	

\*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 been the constant of high pressure upon the urgent care system, which has impacted on the overall delivery of elective programmes but is not the sole reason for the lack of improvement. Divisions are taking key steps to balance the sometime competing pressures but focus needs to be maintained on adherence to the recovery plans surgical specialties have developed.

#### 6. Recommendation

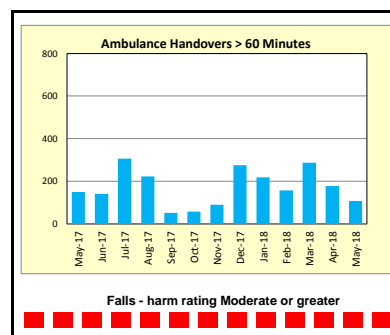
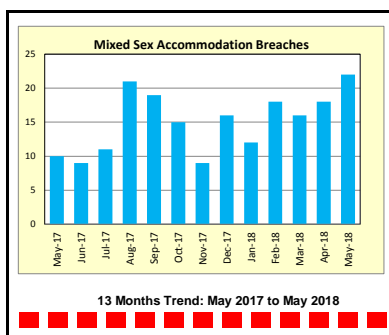
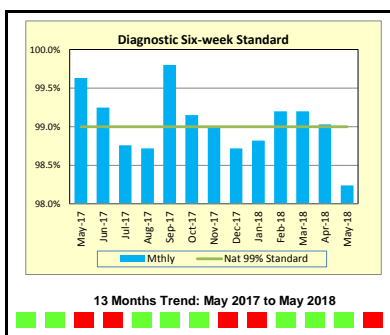
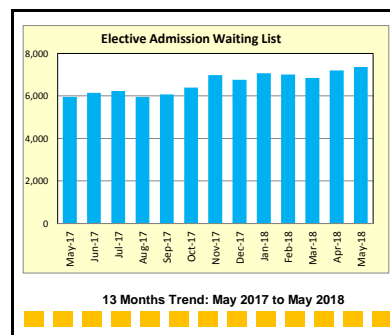
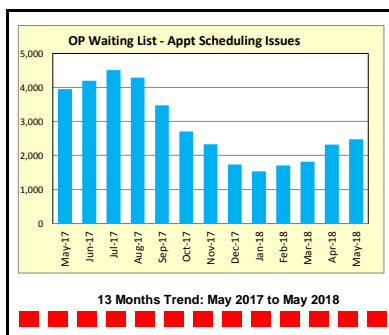
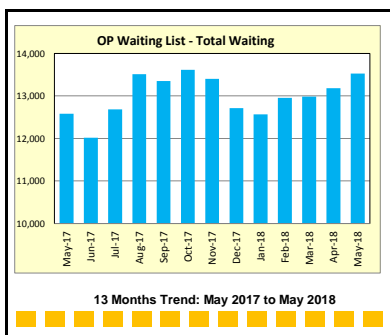
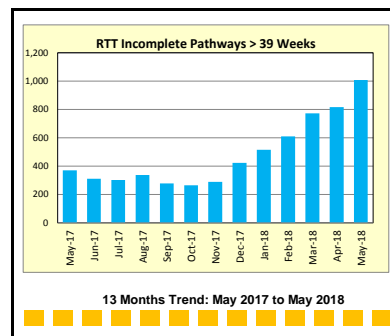
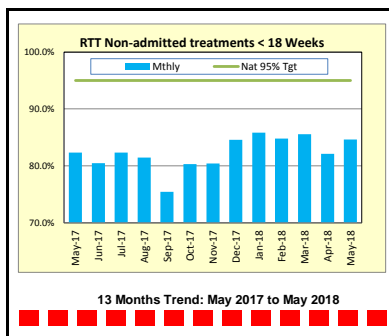
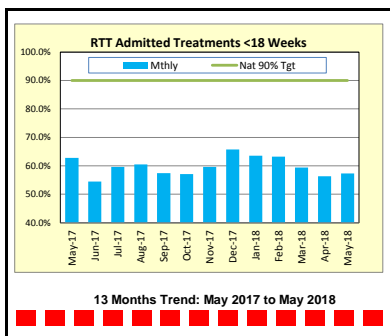
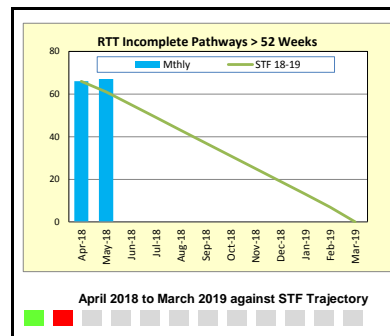
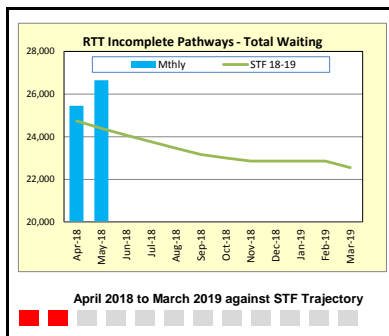
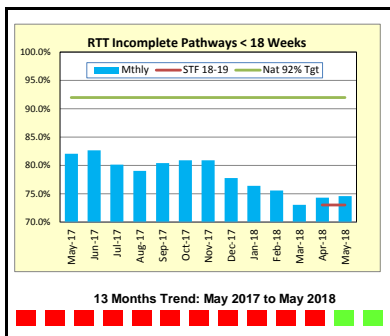
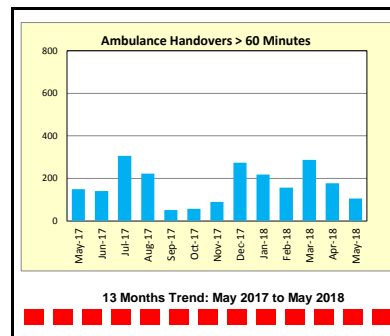
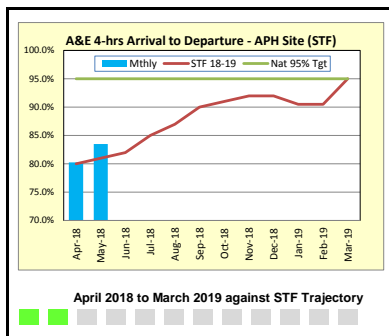
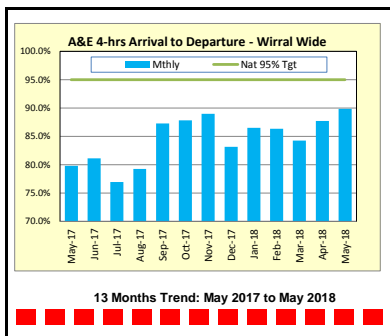
The Board of Directors are asked to note the Trust's current performance to the end of May 2018.

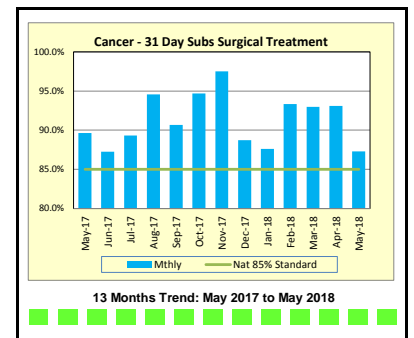
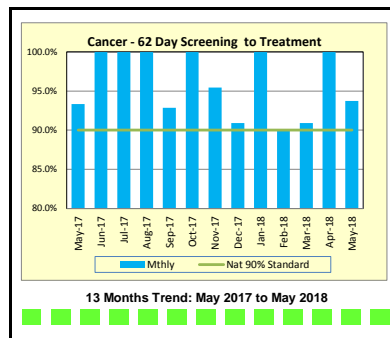
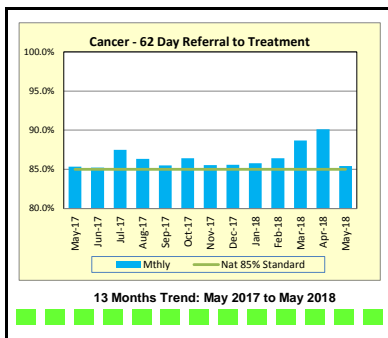
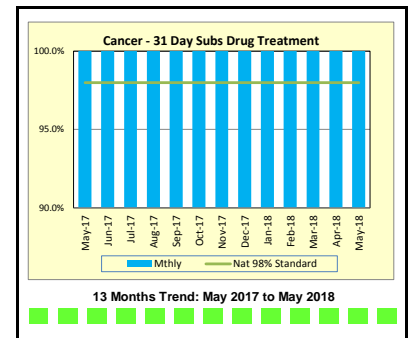
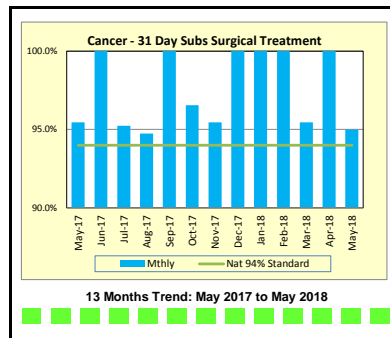
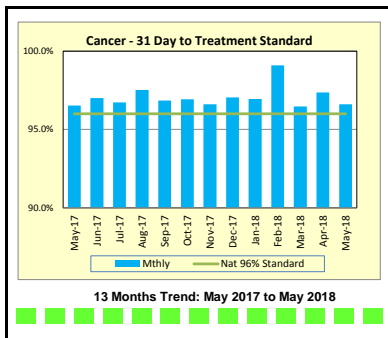
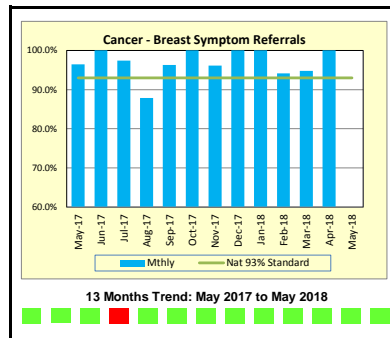
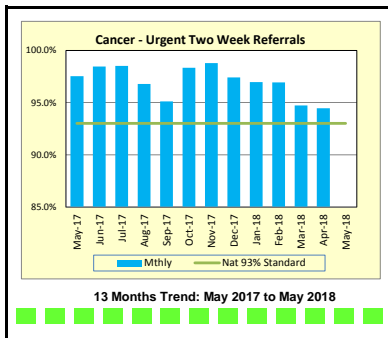
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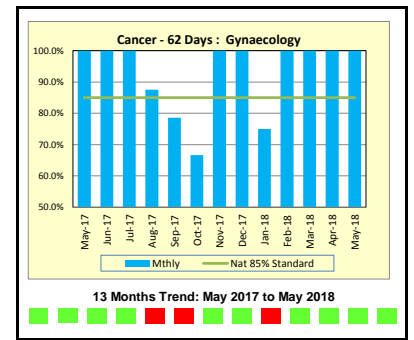
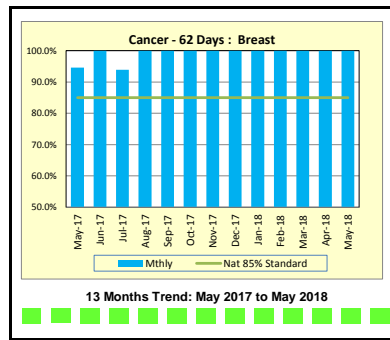
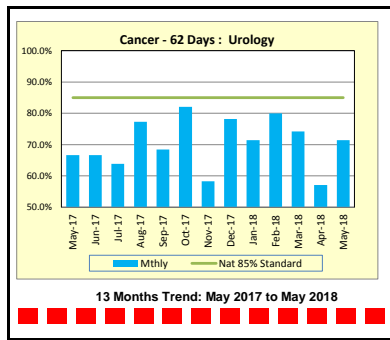
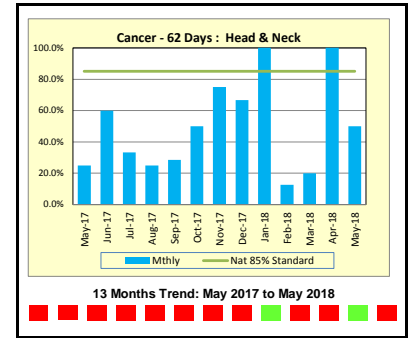
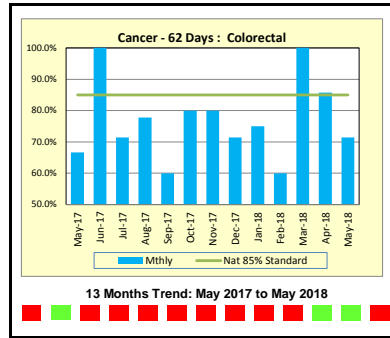
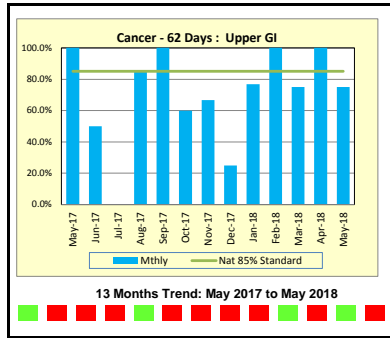
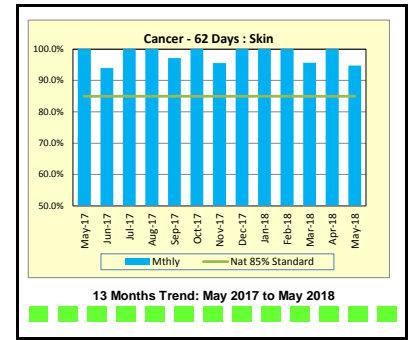
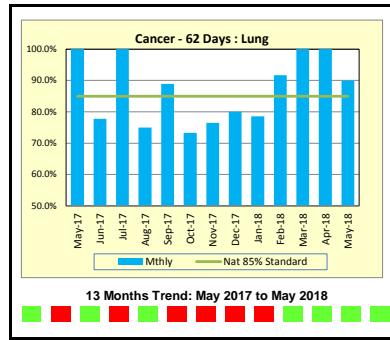
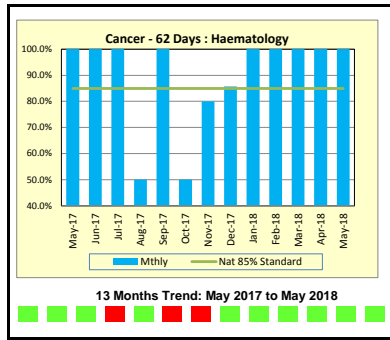
J Holmes / A Middleton

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## Access (Operations)





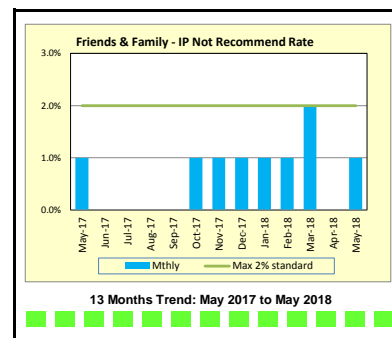
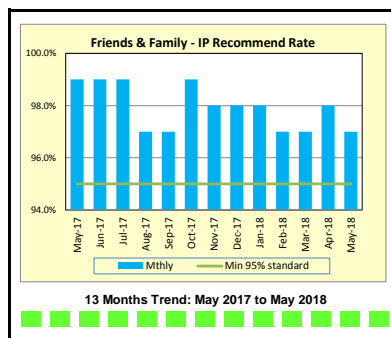
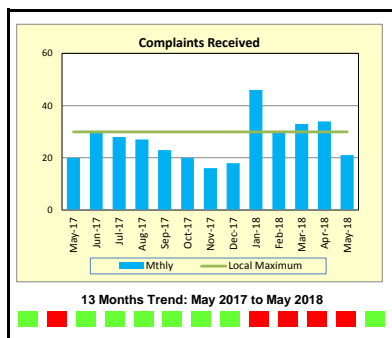
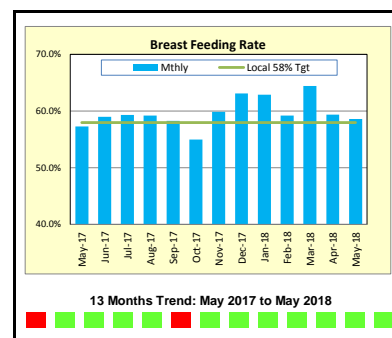
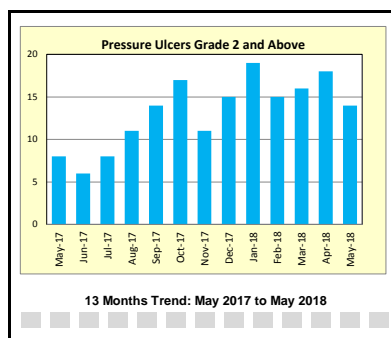
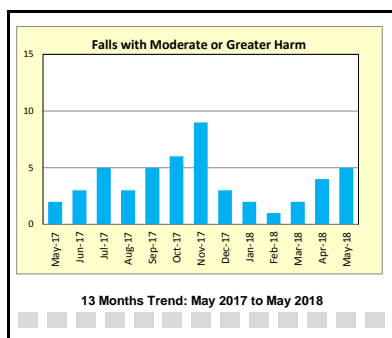
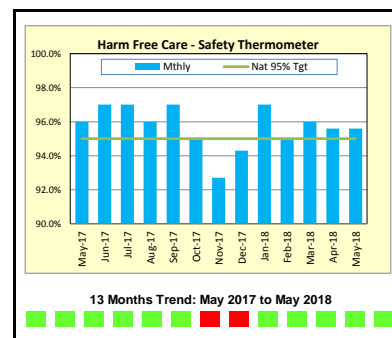
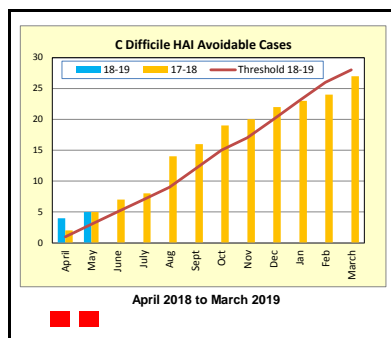
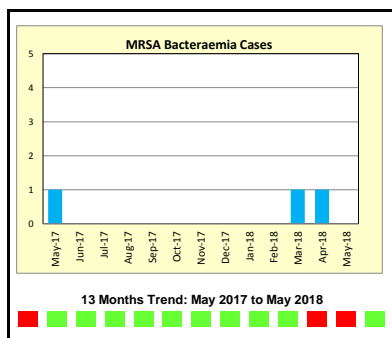


# Patient Experience

G Westray

✓	!	✗	Not rated
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## Patient Experience

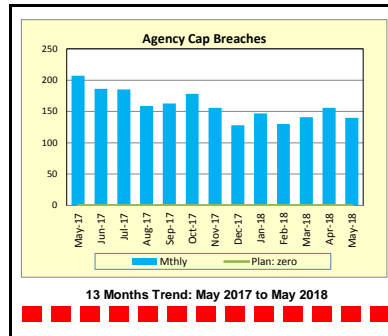
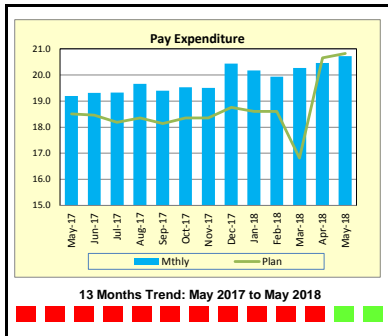
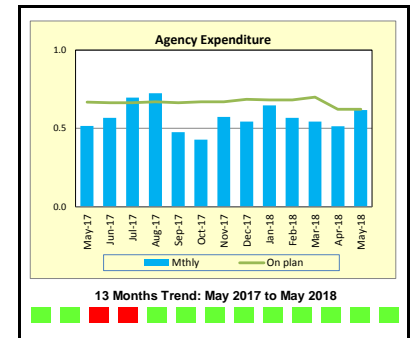
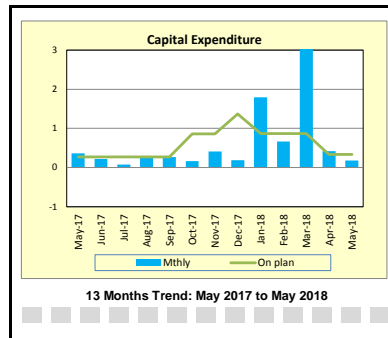
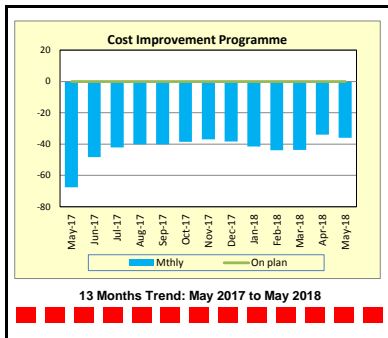
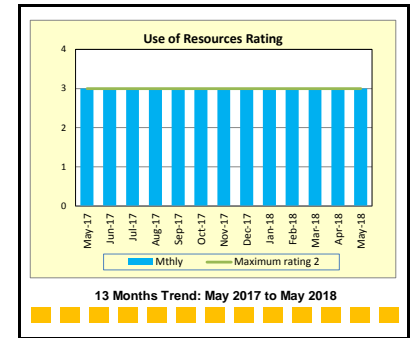
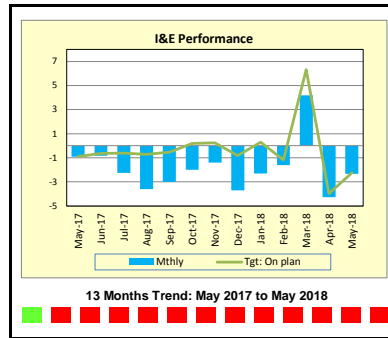
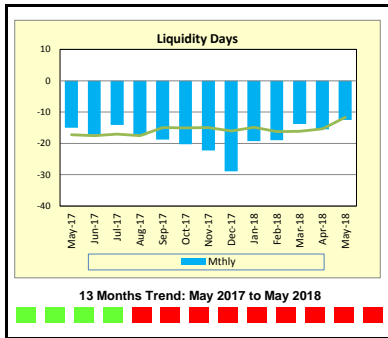


## Use of Resources

K Edge

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## Use of Resources

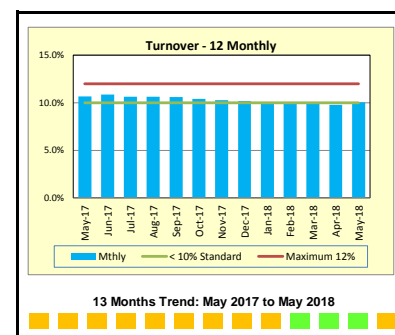
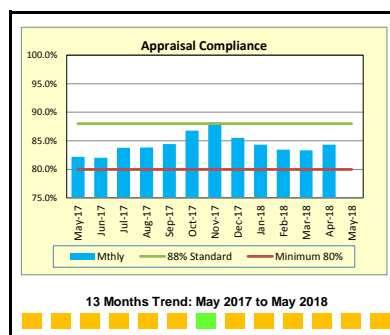
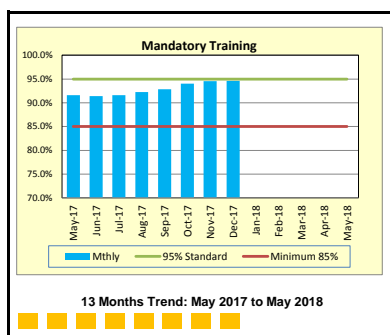
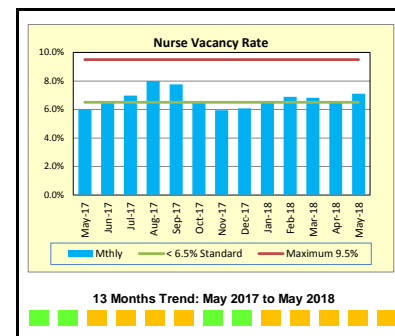
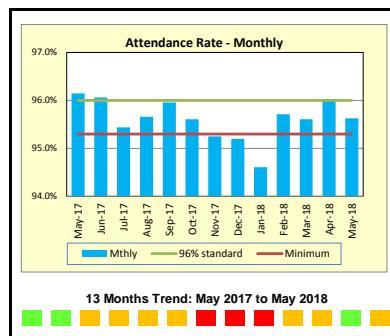
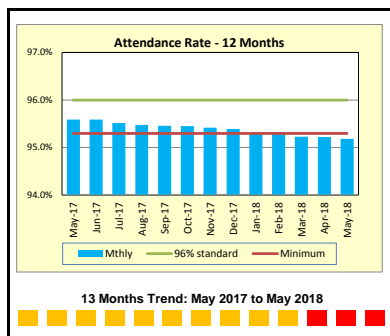


# Workforce

H Marks

✓	!	✗	Not rated
0	4	1	1

## Workforce (HR)





BOARD OF DIRECTORS	
<b>Agenda Item</b>	8.1.3
<b>Title of Report</b>	RTT Update
<b>Date of Meeting</b>	27 June 2018
<b>Author</b>	Nicola Davidson, Head of Business Improvement
<b>Accountable Executive</b>	Anthony Middleton, Director of Operations
<b>BAF References</b> <b>Strategic Objective</b> <b>Key Measure</b> <b>Principal Risk</b>	9 8a
<b>Level of Assurance</b> <b>Positive</b> <b>Gap(s)</b>	Partial with gaps
<b>Purpose of the Paper</b> <b>Discussion</b> <b>Approval</b> <b>To Note</b>	To note
<b>Reviewed by</b> <b>Assurance Committee</b>	Not applicable
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <b>Yes</b> <b>No</b>	No

## 1. Executive Summary

This briefing paper sets to outline the Trust's historic and current position with regards to the 18 week RTT National standard.

## 2. Background

The Trust had been routinely reporting compliance with the 92% RTT target for a number of years. However, the external audit of the 2015/16 Quality Accounts, specifically the "Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways" identified 6 accuracy errors from the 25 cases tested, and drew a qualified opinion.

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In response a task and finish group was set up by the newly appointed Chief Operating Officer and facilitated by a seconded Head of Business Improvement in August 2016. The three sub groups were set up focusing on 1) Demand & capacity management 2) Booking, access and validation and 3) Information systems to support RTT delivery.

The findings from the groups highlighted a number of concerns, to include:

- Completion of clinic outcome form by non-clinicians
- Widespread lack of knowledge of RTT rules and management
  - Extensive application of local rules
- Low evidence of patient tracking and prioritisation
- Absence of systems of data validation
- Very poor data quality in terms of basic input
  - Multiple pathways for patients
  - Incorrect application of clock stop events
- Examples of paper record system not visible to information and performance reporting
- Multiple IT reporting systems, both confusing and not fit for purpose

After the findings were known the Trust invited the national intensive support team (IST) to provide support and guidance.

### **3. IST Engagement**

Over the autumn/winter period of 2016 the IST performed a similar diagnostic and on the whole agreed with the findings and approach to resolution from the internal task and finish group.

The action plan detailed a considerable number of inputs under the three main headings of:

1. Patient Safety – Open waiting list systems & control
2. Information systems
3. Training

which would be delivered by the creation of a centralised team and supported and overseen by a continued engagement with IST.

A governance structure was put in place with programme groups reporting through to a RTT strategic group chaired by the Trust Chief Operating officer with Executive Directors from NHS Wirral and senior representation from the IST and both regulators.

### **4. Action Plan Progress**

The Trust now has a full suite of live RTT and Data Quality reports in place allowing clinical and operational teams to drill down to patient level detail and track, schedule and manage patient pathways. There is an e-learning mandatory training package which is role specific and is live, and there is a robust patient harm review process for any patient whose pathway exceeds 52 weeks at time of treatment.

It is recognised that much of the development, live validation and training work has been performed by the centralised team, with the original intent that at some point certain functions would transfer back to Divisions and the team disbanded. However, a conclusion has now been reached that the centralised team should remain in place to maintain resilience and consistency.

In recent months, following a change in IST relationship manager the programme has been reviewed and priorities reset. The IST has recognised excellent progress in the systems now embedded but has recommended reviewing patient clock stops 12 months prior to this to ensure no patient has been lost to tracking. Financial support has been received from NHSI to support and this has been underway since March. The conclusion of this additional

validation work will take up to six months to conclude which is a timescale IST is comfortable with.

The next key stages in the programme are to:

- 100% validation of clock stops from February to August 2016
- Clinicians to complete the Clinic Outcome Form
- Completion of the IST Sustainability Tool on a regular basis to monitor DQ errors
- Comprehensive training strategy and roll out for clerical teams

## **5. RTT Performance & Next Steps**

Prior to the identification of issues the Trust was reporting RTT performance in excess of the 92% standard, but once the initial data cleansing was complete it was clear the position was close to 80% and external reporting reflected this. A discussion was had with regulators about whether the Trust should come off national reporting whilst the improvement work was carried out, which was the course of action in other systems experiencing similar issue but the final decision was not to do so.

During the contracting process for 2017/18 the Trust calculated that to achieve delivery of the 92% standard would require activity to the value of £4m to be performed and this was subject to on-debate across the economy due to the affordability aspect. The result was that throughout the year 80% was maintained but as the additional work had not been sanctioned then to recovery was evident. During Q4 when urgent pressures rose significantly, resulting in the national mandate came to cancel elective programmes the position worsened to 73%.

To further add concern the national policy on RTT performance was changed as part of the 2018/19 planning guidance with a new emphasis on total waiting list size as opposed to waiting time (albeit the 52 week backstop remained). However through discussion with commissioners and ultimately the mediation process the objectives for this year are:

- I. Zero 52 week breaches by March 2019
- II. A waiting list size no greater than 24,756 (per March 2018 waiting list size)
- III. An RTT position of 80% by March 2019

## **6. Recommendations**

The Board is requested to note the issues, action taken and objectives. Routine reporting on the performance standard is provided through the integrated dashboard and the board can receive updates on the improvement programme upon request.



BOARD OF DIRECTORS	
<b>Agenda Item</b>	8.1.4
<b>Title of Report</b>	Month 2 Finance Report
<b>Date of Meeting</b>	27 June 2018
<b>Authors</b>	Shahida Mohammed, Acting Deputy Director of Finance
<b>Accountable Executive</b>	David Jago, Director of Finance
<b>BAF References</b>	8
<ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	8c,8d
<b>Level of Assurance</b>	Gaps: Financial performance below plan
<ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	
<b>Purpose of the Paper</b>	To discuss and note
<ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	No
<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	

## Month 2 Finance Report 2018/19

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- 1. Executive summary**
- 2. Financial performance**
  - 2.1. Income and expenditure
  - 2.2. Income
  - 2.3. Expenditure
  - 2.4. CIP
- 3. Financial position**
  - 3.1. Statement of Financial Position
  - 3.2. Capital expenditure
  - 3.3. Statement of Cash Flows
- 4. Use of Resources**



## 1. Executive summary

The Trust did not accept the Control Total issued by NHSI for 2018/19 of a surplus of £11.0m, it is hence unable to access the Provider Sustainability Fund (PSF) of £12.5m. The Trust submitted a plan to NHSI which delivers a deficit of (£25.0m), this includes a Cost Improvement Programme (CIP) of £11.0m

The following summary details the Trust's financial performance during May (Month 2) and the cumulative outturn position for FY19 against plan.

The year to date adjusted financial performance position is an actual deficit of (£6.6m) against a plan of (£6.2m). The Trust continues to experience a sustained increase in demand for its non-elective services. This in turn has led to continued operational costs in delivering this increase in demand.

The main area driving the adverse position is the under performance in elective and daycase activity, which is 733 spells behind plan, with a financial impact of (£1.6m). This is partially mitigated by the continued over performance in non-elective activity which is 340 spells ahead of plan, delivering a financial benefit of £0.1m (net of MRET),

Other activity areas from a financial perspective are broadly in-line with plan.

Although overall pay costs are below plan, substantive workforce costs are £2.6m under plan offset by (£1.6m) bank costs and (£0.6m) agency spend. This reflects gaps in key medical specialties, and the continued high levels of nursing vacancies.

Non pay expenditure is £0.6m underspent as at the end of May 2018, predominantly due to reduced clinical supplies costs; reflecting the low levels of elective activity.

The plan for the delivery of "cost efficiencies" has been largely profiled to be achieved during the latter part of the year when plans and milestones are "crystallised" to date £0.5m has been realised against a plan of £0.7m.

The position includes £0.9m non recurrent balance sheet support.

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.

Cash balances at the end of May were £7.5m, exceeding plan by £3.8m. This is primarily due to positive working capital movements and capital outflows below plan.

The year to date capital spend is £0.6m, which is in line with plan. Capital expenditure will continue to be monitored at Finance and Performance Group (FPG) to ensure that outturn is in line with budget.

## 2. Financial performance

### 2.1 Income and expenditure

Month 2 Financial Position	Annual Plan £'000	Current period			Year to date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
NHS Income from patient care activity	305,784	25,983	25,485	(498)	49,952	48,468	(1,484)
Non NHS income from patient care	1,377	115	107	(8)	230	200	(29)
Income - STF	0	0	0	0	0	0	0
Other Income	29,427	2,438	2,639	201	4,851	5,055	204
Total Income	336,589	28,536	28,231	(305)	55,032	53,723	(1,309)
Employee Expenses	(247,732)	(20,822)	(20,720)	102	(41,463)	(41,168)	295
Operating expenses	(110,035)	(9,628)	(9,545)	84	(19,148)	(18,554)	594
Total Expenditure	(357,767)	(30,450)	(30,265)	186	(60,611)	(59,722)	889
Operating surplus / (deficit)	(21,178)	(1,914)	(2,034)	(119)	(5,578)	(5,999)	(421)
Net finance costs	(4,104)	(319)	(303)	16	(619)	(599)	20
Other gains/(loss) disposal of assets	0	0	0	0	0	0	0
Surplus / (deficit)	(25,282)	(2,234)	(2,336)	(104)	(6,197)	(6,598)	(401)
Reverse capital donations / grants I&E impact	240	20	(35)	(55)	40	(15)	(55)
Adjusted financial performance surplus/(deficit) including PSF	(25,042)	(2,214)	(2,372)	(159)	(6,156)	(6,613)	(457)

- The year to date performance position shows an actual AFPD of (£6.6m), which is (£0.5m) worse than the planned deficit. This main driver of the position is the under performance in elective clinical income.
- Pay costs are below plan however this reflects the net impact of a large number of nurse vacancies, and additional costs associated with bank and agency costs in order to cover "gaps" in clinical areas,
- The non pay underspend is largely related to clinical supplies due to the reduced number of elective activity undertaken during April and May.
- It has to be noted the overall position also includes £0.9m non-recurrent support.



## 2. Financial performance

### 2.2 Income

#### Activity

	Current month			Year to date		
	Plan	Actual	Variance	%	Plan	Actual
Income from patient care activity						
Elective	772	557	(215)	(27.81%)	1,408	1,010
Daycase	3,808	3,526	(282)	(7.41%)	7,025	6,690
Elective excess bed days	343	230	(113)	(33.01%)	641	355
Non-elective	4,128	4,258	130	3.15%	8,167	8,472
Non-elective excess bed days	783	844	61	7.82%	1,572	1,793
A&E	7,871	8,142	271	3.44%	15,487	15,449
Outpatients	26,635	25,591	(1,044)	(3.92%)	48,336	47,940
Diagnostic imaging	2,670	2,319	(351)	(13.14%)	4,836	4,566
Maternity	538	490	(48)	(8.91%)	1,059	981
<b>Total NHS patient care income</b>	<b>47,549</b>	<b>45,957</b>	<b>(1,591)</b>		<b>88,531</b>	<b>87,256</b>
						<b>(1,274)</b>

- The main specialities driving the under performances in elective and daycase activity are Colorectal, Ophthalmology and Trauma and Orthopaedic surgery. The re-commencement of the elective program of activity has not taken place as intended.
- The “booked” activity is being monitored on a weekly basis by Divisions, the focus is to enact remedial action plans to ensure the position does not deteriorate further.
- The demand for emergency care has continued exceeding the plan the forecast position to quarter 2.
- Outpatient activity is under performing significantly particularly in relation to outpatient first attendances and procedures, the main area is Cardiology, due to gaps in the medical workforce.

## 2. Financial performance

### Income

	Current month				Year to date			
	Plan £'000	Actual £'000	Variance £'000	%	Plan £'000	Actual £'000	Variance £'000	%
Income from patient care activity								
Elective	2,476	1,922	(554)	(22.39%)	4,510	3,266	(1,245)	(27.59%)
Daycase	2,524	2,254	(270)	(10.70%)	4,581	4,178	(404)	(8.81%)
Elective excess bed days	83	60	(23)	(28.23%)	155	88	(67)	(43.23%)
Non-elective	8,316	8,296	(20)	(0.24%)	16,342	16,357	15	0.09%
Non-elective excess bed days	193	211	18	9.18%	386	446	60	15.44%
A&E	1,100	1,140	41	3.70%	2,164	2,170	6	0.30%
Outpatients	3,032	2,891	(142)	(4.67%)	5,496	5,358	(138)	(2.51%)
Diagnostic imaging	211	189	(23)	(10.83%)	383	350	(33)	(8.51%)
Maternity	458	435	(23)	(4.96%)	901	863	(38)	(4.27%)
Non PbR	5,692	5,834	142	2.49%	11,238	11,307	69	0.62%
HCD	1,284	1,210	(74)	(5.79%)	2,569	2,364	(205)	(7.96%)
CQUINS	563	562	(0)	(0.05%)	1,125	1,125	(0)	(0.03%)
Total NHS patient care income	25,933	25,003	(930)	(1)	49,851	47,873	(1,979)	(3.97%)
Other Non NHS Clinical Income	167	588	421	251.38%	335	795	461	137.54%
Other Income	2,442	2,639	197	8.07%	4,858	5,055	197	4.05%
Total Income	28,543	28,231	(312)	(1.09%)	55,044	53,723	(1,321)	(2.40%)

- Of the year to date under recovery in income (£1.3m), the main driver is the elective and daycases, which is showing a deficit of (£1.6m), reflecting both activity and casemix reductions.
- Other PbR areas are broadly balanced with the exception of outpatients, this under recovery is predominantly in outpatient first attendances and procedures.
- Although HCD are showing an under recovery this is offset with a corresponding reduction in expenditure.

## 2. Financial performance

### 2.3 Expenditure

The overall expenditure position as at the end of M2 is showing a cumulative underspend of £886k against the NHSI submitted plan. The main driver of this underspend is the release of non-recurrent prior year accruals of £443k, and lower spend on clinical supplies due to the non-delivery of the elective plan, particularly trauma & orthopaedics that has relatively expensive prostheses. Pay is £295k better than plan and other operating expenses is £591k better than plan.

The pay and other operating expenses for the Trust are detailed below.

#### 2.3.1 Pay

Pay Analysis	Annual Plan £'000	Current period			Year to date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Substantive	(240,732)	(20,238)	(18,911)	1,327	(40,296)	(37,643)	2,652
Bank	(29)	(2)	(606)	(603)	(5)	(1,141)	(1,136)
Medical Bank (Locums)	(3,865)	(322)	(548)	(225)	(644)	(1,177)	(532)
Agency	(3,036)	(253)	(617)	(364)	(506)	(1,131)	(625)
Other	(72)	(6)	(38)	(32)	(12)	(76)	(64)
<b>Total</b>	<b>(247,734)</b>	<b>(20,822)</b>	<b>(20,720)</b>	<b>102</b>	<b>(41,463)</b>	<b>(41,168)</b>	<b>295</b>

- Pay is £295k better than plan and as detailed substantive workforce costs are £2.6m under plan offset by (£1.6m) of higher bank usage and (£0.6m) higher agency.
- The plan assumes a substantive workforce and was supplemented by the use of premium spend on medical locums and medical agency for known key critical medical gaps particularly in the emergency department.
- The nursing workforce plan assumed a substantive establishment but the high levels of qualified nursing in the medicine division has required a high use of bank nurses to ensure safer staffing on all the wards.
- The agency spend variance is offset against the substantive post vacancy and compares to the NHSI ceiling of £1,248k. However it must be noted that £158k is non-recurrent prior year accrual release so the underlying is marginally above the cap. The annual ceiling from NHSI is £7,471k (profiled equally).

## 2. Financial performance

### 2.3.3 Non pay

Non Pay Analysis	Annual Plan £'000	Current period			Year to date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Supplies and services - clinical	(35,475)	(3,045)	(2,699)	346	(6,090)	(5,303)	787
Drugs	(25,396)	(2,139)	(2,061)	77	(4,278)	(3,993)	284
Other	(49,168)	(4,445)	(4,785)	(340)	(8,778)	(9,258)	(481)
<b>Total</b>	<b>(110,039)</b>	<b>(9,628)</b>	<b>(9,545)</b>	<b>84</b>	<b>(19,145)</b>	<b>(18,554)</b>	<b>591</b>

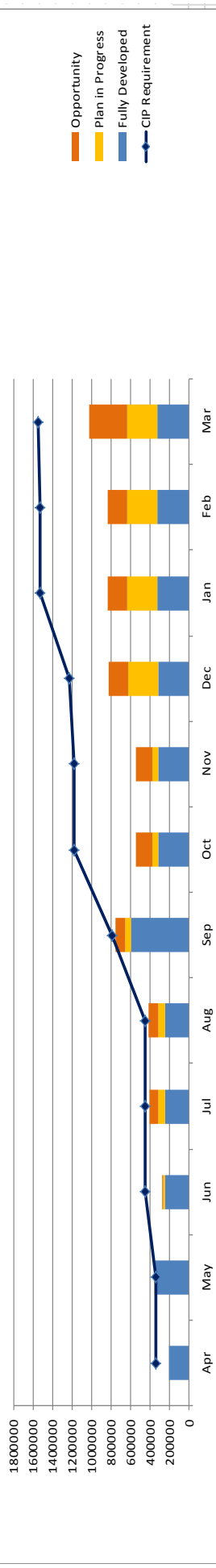
- Non pay expenditure is £591k underspent as at the end of May.
- Clinical supplies reflect the low levels of elective activity and the associated prostheses/clinical supplies underspend. The trauma and orthopaedic activity levels and theatre clinical supplies spend in Surgery accounts for the majority of this underspend.
- Drug costs are below plan and £69k in-mth and £142k ytd is in relation to high cost drugs that is offset in clinical income.
- Other expenditure includes pressures in outsourcing and non-delivery of the unidentified planning gap.

## 2. Financial performance

### 2.4 CIP

Year ending 31 March 2019		YTD		In Year Forecast				Recurrent Savings	
Division	Director	NHSI Plan £k	Actual £k	Variance £k	Fully Developed £k	Variance £k	Pipeline £k	Total £k	Variance £k
Medicine and Acute	Shaun Brown	182	26	(156)	225	(2,875)	1,418	1,643	(1,457)
Surgery	Jo Keogh	147	127	(21)	673	(1,827)	400	1,073	(1,427)
Women and Children	Gary Price	47	45	(2)	883	(317)	250	1,133	(67)
DCS	Alistair Leinster	118	151	33	728	(1,272)	270	998	(1,002)
Corporate		196	198	2	1,309	(891)	0	1,309	(891)
TBC			0		0		852	852	
<b>Total</b>		<b>690</b>	<b>546</b>	<b>(144)</b>	<b>3,817</b>	<b>(7,183)</b>	<b>3,190</b>	<b>7,007</b>	<b>(3,993)</b>

Monthly Profile



#### Comments

- YTD performance is £0.1m behind NHSI plan
- For the year the Trust is currently forecasting £3.8m of fully developed schemes with a further £3.2m of plans in progress and opportunities and £4.0m unidentified at this stage.
- Movement since M1 has included an improvement in the DCS position with £0.3m of opportunities moving into fully developed schemes. However both Medicine & Surgery have seen a deterioration in their position with further slippage on the expected benefits from the renal contract into 2019/20 £350k (YE) and a deferral of benefits into 2019/20 from the Urology collaboration pending the finalisation of the feasibility review.
- All divisions, with the exception of Women & Children, are currently forecasting a position significantly behind the plan requirement
- Although non pay makes up only c30% of the total expenditure budget it currently accounts for 57% of the CIP forecast

Programme	Director	YTD		In Year Forecast				Recurrent Savings	
		NHSI Plan £k	Actual £k	Variance £k	Fully Developed £k	Variance £k	Pipeline £k	Total £k	Variance £k
<b>Transformation</b>									
Improving patient flow	Anthony Middleton	0	0	0	0	(1,000)	1,000	1,000	0
Improving productivity	Anthony Middleton	63	63	0	378	(100)	133	511	33
Collaboration	Janelle Holmes	29	29	0	52	(900)	650	702	(250)
Digital Wirral	Paul Charnley	167	167	(0)	1,000	0	0	1,000	0
<b>Sub total - transformation</b>		<b>259</b>	<b>259</b>	<b>(0)</b>	<b>1,430</b>	<b>(2,000)</b>	<b>1,783</b>	<b>3,213</b>	<b>(217)</b>
<b>Cross cutting workstreams</b>									
Workforce	Helen Marks/ Tracy Fennell	22	22	0	122	(12)	30	152	18
Estates & site strategy	Dave Sanderson	0	0	0	0	0	0	0	0
Pharmacy and meds management	Pippa Roberts	39	25	(14)	220	(280)	280	500	0
Procurement and non pay	Jane Christopher	46	95	49	578	(572)	572	1,150	(0)
<b>Tactical and transactional</b>									
Divisional and departmental	Divisional Directors	92	145	53	1,468	(468)	525	1,993	57
Unidentified		231	0	(231)	0	(3,850)	0	3,850	(3,850)
<b>Total</b>		<b>690</b>	<b>546</b>	<b>(144)</b>	<b>3,817</b>	<b>(7,183)</b>	<b>3,190</b>	<b>7,007</b>	<b>(3,993)</b>

### 3. Financial position

#### 3.1 Statement of Financial Position (SOFP)

Actual as at 01.04.18 £k		Month- on-month movement	Plan as at 31.05.18 £k	Actual as at 31.05.18 £k	Variance (to plan) £k	Plan 31.03.19 £k
	<b>Non-current assets</b>					
159,754	Property, plant and equipment	↓	159,687	159,678	(9)	160,148
12,763	Intangibles	↓	12,156	12,101	(55)	12,369
903	Trade and other non-current receivables	→	903	821	(82)	903
<b>173,420</b>		↓	<b>172,746</b>	<b>172,600</b>	<b>(146)</b>	<b>173,420</b>
	<b>Current assets</b>					
4,171	Inventories	↓	4,171	4,046	(125)	4,171
18,423	Trade and other receivables	↑	18,909	16,266	(2,643)	18,424
0	Assets held for sale	→	0	0	0	0
7,950	Cash and cash equivalents	↓	3,762	7,477	3,715	1,773
<b>30,544</b>		↑	<b>26,842</b>	<b>27,789</b>	<b>947</b>	<b>24,368</b>
<b>203,964</b>	<b>Total assets</b>	↑	<b>199,588</b>	<b>200,389</b>	<b>801</b>	<b>197,788</b>
	<b>Current liabilities</b>					
(32,538)	Trade and other payables	↑	(29,622)	(30,554)	(932)	(27,752)
(3,224)	Other liabilities	↑	(3,224)	(3,494)	(270)	(3,224)
(1,074)	Borrowings	→	(1,074)	(1,075)	(1)	(1,076)
(548)	Provisions	→	(548)	(548)	0	(548)
<b>(37,384)</b>		↑	<b>(34,468)</b>	<b>(35,671)</b>	<b>(1,203)</b>	<b>(32,609)</b>
<b>(6,840)</b>	<b>Net current assets/(liabilities)</b>	↑	<b>(7,626)</b>	<b>(7,882)</b>	<b>(256)</b>	<b>(8,240)</b>
<b>166,580</b>	<b>Total assets less current liabilities</b>	↑	<b>165,120</b>	<b>164,718</b>	<b>(402)</b>	<b>165,180</b>
	<b>Non-current liabilities</b>					
(8,812)	Other liabilities	↑	(8,755)	(8,755)	0	(8,470)
(49,258)	Borrowings	↓	(54,083)	(54,084)	(1)	(73,221)
(2,318)	Provisions	↑	(2,287)	(2,285)	2	(2,131)
<b>(60,388)</b>		↓	<b>(65,125)</b>	<b>(65,124)</b>	<b>1</b>	<b>(83,826)</b>
<b>106,192</b>	<b>Total assets employed</b>	↓	<b>99,995</b>	<b>99,594</b>	<b>(401)</b>	<b>81,366</b>
	<b>Financed by</b>					
	<b>Taxpayers' equity</b>					
77,575	Public dividend capital	→	77,575	77,575	0	78,031
(12,259)	Income and expenditure reserve	↓	(18,456)	(18,857)	(401)	(37,541)
40,876	Revaluation reserve	→	40,876	40,876	0	40,876
<b>106,192</b>	<b>Total taxpayers' equity</b>	↓	<b>99,995</b>	<b>99,594</b>	<b>(401)</b>	<b>81,366</b>

### 3. Financial position



Wirral University  
Teaching Hospital  
NHS Foundation Trust

#### 3.2 Capital expenditure

	2018/19 NHSI capital plan £k	Budget <sup>1</sup> £k	YTD Forecast <sup>2</sup> £k	Variance £k	YTD Actual £k
<b>Funding</b>					
Depreciation	8,160	8,160	8,160	0	1,338
Loan repayment	(1,015)	(1,015)	(1,015)	0	0
Finance lease	(60)	(60)	(60)	0	(10)
Additional balance per plan	3,250	3,250	3,250	0	0
Additional external (donations / grant) funding	0	79	79	0	55
Public Dividend Capital	456	456	456	0	0
<b>Total funding</b>	<b>10,791</b>	<b>10,870</b>	<b>10,870</b>	<b>0</b>	<b>1,383</b>
<b>Expenditure - schemes</b>					
Divisional priorities - <i>Medicine and Acute Care</i>		0	0	0	0
Divisional priorities - <i>Surgery</i>		109	109	0	33
Divisional priorities - <i>Women and Children's</i>		18	18	0	0
Divisional priorities - <i>Clinical Support and Diagnostics</i>		41	41	0	21
Divisional priorities - <i>Clinical Support and Diagnostics - MRI</i>	1,050	1,500	0	1,500	0
Divisional priorities - budget <sup>3</sup>	500	1,658	-	1,658	-
Informatics - <i>Digital Wirral / Global Digital Exemplar</i>	2,811	2,811	2,811	0	68
Informatics	500	500	500	0	95
Estates - backlog maintenance	1,500	2,525	673	1,852	327
All other expenditures		383	383	0	0
Contingency <sup>3</sup>	1,180	1,246	-	1,246	-
Contingency (awaiting NHSI plan approval)	3,250	n/a	-	-	-
<b>NHSI plan subtotal</b>	<b>10,791</b>				
Donated assets	0	79	79	0	55
<b>Total expenditure (accruals basis)</b>	<b>10,791</b>	<b>10,870</b>	<b>4,614</b>	<b>6,256</b>	<b>599</b>

<sup>1</sup> This is the NHSI plan, adjusted for approved business cases including additional donated, leased and PDC funded spend.

<sup>2</sup> Current forecast based on slippage from 2017/18 and 2018/19 Capital Bid Forms approved to date.

<sup>3</sup> Funding is transferred as business cases are approved.

EXCELLENT SERVICES



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### 3. Financial position



**Wirral University  
Teaching Hospital**  
NHS Foundation Trust

#### 3.3 Statement of Cash Flows

	Month			Year to date			Full Year
	Actual £k	Plan £k	Variance £k	Actual £k	Plan £k	Variance £k	Plan £k
<b>Opening cash</b>	<b>7,885</b>	<b>7,833</b>	<b>52</b>	<b>7,950</b>	<b>7,950</b>	<b>0</b>	<b>7,950</b>
<b>Operating activities</b>							
Surplus / (deficit)	(2,336)	(2,233)	(103)	(6,598)	(6,196)	(402)	(25,282)
Net interest accrued	111	125	(14)	217	232	(15)	1,806
PDC dividend expense	191	191	0	382	382	0	2,292
Unwinding of discount	0	3	(3)	0	6	(6)	6
(Gain) / loss on disposal	0	0	0	0	0	0	0
<b>Operating surplus / (deficit)</b>	<b>(2,034)</b>	<b>(1,914)</b>	<b>(120)</b>	<b>(5,999)</b>	<b>(5,576)</b>	<b>(423)</b>	<b>(21,178)</b>
Depreciation and amortisation	669	669	(0)	1,338	1,338	(0)	8,160
Impairments / (impairment reversals)	0	0	0	0	0	0	0
Donated asset income (cash and non-cash)	(55)	0	(55)	(55)	0	(55)	0
Changes in working capital	(2,286)	(3,784)	1,498	2,532	(573)	3,105	(996)
Other movements in operating cash flows	0	0	0	0	0	0	0
<b>Investing activities</b>							
Interest received	8	3	5	15	6	9	48
Purchase of non-current (capital) assets <sup>1</sup>	(1,539)	(3,875)	2,336	(3,127)	(4,207)	1,080	(12,444)
Sales of non-current (capital) assets	0	0	0	0	0	0	0
Receipt of cash donations to purchase capital assets	0	0	0	0	0	0	0
<b>Financing activities</b>							
Public dividend capital received	0	0	0	0	0	0	456
Loan funding <sup>2</sup>	4,836	4,836	0	4,836	4,836	0	24,027
Interest paid	(0)	0	(0)	(0)	0	(0)	(1,845)
PDC dividend paid	0	0	0	0	0	0	(2,335)
Finance lease rental payments	(6)	(6)	0	(12)	(12)	0	(70)
<b>Total net cash inflow / (outflow)</b>	<b>(408)</b>	<b>(4,071)</b>	<b>3,663</b>	<b>(473)</b>	<b>(4,188)</b>	<b>3,715</b>	<b>(6,177)</b>
<b>Closing cash</b>	<b>7,477</b>	<b>3,762</b>	<b>3,715</b>	<b>7,477</b>	<b>3,762</b>	<b>3,715</b>	<b>1,773</b>

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

<sup>2</sup> Support funding currently comprises a working capital facility, and 'uncommitted loans', issued by DHSC and administered by NHSI.

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## 4. Use of resources

### 4.1 Single oversight framework

#### UoR rating (financial) - summary table

	Metric	Descriptor	Weight %	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%	-11.7	3	-12.1	3	-12.9	3
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	-6.6	4	-7.5	4	-2.5	4
Financial efficiency	I&E margin (%)	Underlying performance: I&E deficit / total revenue	20%	-11.2%	4	-12.3%	4	-7.4%	4
Financial controls	Distance from financial plan (%)	Shows quality of planning and financial control : YTD deficit against plan	20%	0.0%	1	-1.1%	3	0.0%	1
	Agency spend (%)	Distance of agency spend against cap	20%	-59.3%	1	-9.4%	1	-59.4%	1
Overall NHSI UoR rating				3		3		3	

#### UoR rating summary

- The Trust is continuing to underspend against the agency cap, achieving an *Agency spend* rating of 1. This metric prevents the UoR rating from dropping to 4 — which would place the Trust in the highest risk category with NHSI.
- The *Distance from financial plan* metric is currently below plan as a result of the year-to-date EBITDA.
- The month 2 UoR rating is 3 overall, which is in line with the 2018/19 plan UoR rating of 3.
- Forecast UoR rating is 3.





BOARD OF DIRECTORS	
<b>Agenda Item</b>	9.1
<b>Title of Report</b>	Report of the Finance, Business Performance and Assurance Committee
<b>Date of Meeting</b>	27 June 2018
<b>Author</b>	Sue Lorimer, Chair of the Finance, Business Performance and Assurance Committee
<b>Accountable Executive</b>	David Jago, Director of Finance
<b>BAF References</b>	
• <b>Strategic Objective</b>	4, 7, 8
• <b>Key Measure</b>	4a, 7a, 7b, 7d, 8a, 8c, 8d,
• <b>Principal Risk</b>	5, 6, 7, 8, 9, 16, 17, 20
<b>Level of Assurance</b>	Gaps with mitigating action
• <b>Positive</b>	
• <b>Gap(s)</b>	
<b>Purpose of the Paper</b>	Discussion
• <b>Discussion</b>	
• <b>Approval</b>	
• <b>To Note</b>	
<b>Reviewed by Assurance Committee</b>	Not applicable
<b>Data Quality Rating</b>	Not applicable
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	Not applicable
• <b>Yes</b>	
• <b>No</b>	

### Report of the Finance, Business, Performance and Assurance Committee 19 June 2018

This report provides a summary of the work of the FBPAAC which met on 19th June 2018. Key focus areas are those which address the gaps in assurance in the Board Assurance Framework and areas of development work to bring to the attention of the Board.

#### 1. Chair's Business

Sue Lorimer welcomed Karen Edge, Acting Director of Finance to her first meeting of FBPAAC. She asked about progress on the review of the Trust's committee structure and new terms of reference. JH said that Paul Moore, the new Director of Integrated Governance would be starting on [please check] and he would be undertaking the review soon after. The committee agreed that in the interim it would be assumed that all workforce issues transfer to the Workforce Committee and

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Transformation issues transfer to the new Transformation Committee both of which will report directly to the Board of Directors.

## **2. Actions from Previous Meeting – Digital Wirral**

The committee noted that the Cerner contract with both WUTH and COCH had been signed and had taken effect from 5<sup>th</sup> June 2018. JH agreed to contact PC to ask him to produce a paper updating the committee on progress in dealing with the risks set out in his presentation to the April Board of Directors.

## **3. Cycle of Business 2018/19**

The committee approved a revised cycle of business subject to removing an item on reports from the Digital Wirral Programme Board. JH said that as this was part of the Trust's transformation work it would be monitored by the Transformation Board. It was agreed that the cycle of business would be reviewed again once the new committee terms of reference were complete.

## **4. M2 Finance Position**

The committee approved the new format finance report developed by the Finance team.

KE reported that the trust had achieved a deficit of £6.6m against a plan of £6.2m, an adverse variance of £0.4m. However, this masked non recurrent benefit of £0.4m from balance sheet adjustments and £0.5m non-recurrent release of the Sepsis provision leading to an underlying position of £7.8m deficit and an adverse variance of £1.3m. Within this, CIP achievement had slipped by £0.2m. The main reason for the variance was significant underachievement of the elective programme which was 733 cases behind plan with a financial impact of £1.6m. It was agreed that this was a disappointing start to the year and that it was important that finances are brought back on track as soon as possible in order that the plan remains achievable. The committee received assurance that discussions had been held with the Surgical division and a recovery plan requested.

The committee discussed the CIP programme and the amount of unidentified CIP which remained at £3.8m despite an optimistic view from executives at the April committee that this would be identified. It was agreed that divisions would be encouraged to identify the CIP plans they had even if all of the detail was not yet finalised so that the true unidentified element could be ascertained and addressed.

There was discussion on the capital programme as the forecast was stated as £4.8m against a plan of £10.9m. The difference was a combination of undeveloped schemes being omitted and some ambiguity regarding the potential use of the land sale receipt of £3.2m to fund capital. The schemes will be addressed in the next report and discussions continue with NHSI regarding the land sale proceeds

The committee noted the Trust had recorded a Use of Resources rating of 3 and it reviewed performance against the Use of Resources framework. It was noted that the Trust was an outlier on elective pre-operative bed days for which 2 days were recorded in Q3 2017/18 against a peer median of 0.15. This was considered to be due to Maternity and will be picked up in the Transformation work.

## **5. Service Line Report**

The committee received an excellent presentation on the income and expenditure position of each service for 2017/18. It showed both contribution to overheads by service and point of delivery and bottom line surplus or deficit. KE explained that the costing information underpinning the work had received significant assurance from an external audit. The committee were interested to see that Obstetrics showed a significant deficit due to the level of CNST premium and Critical Care, Surgical specialties, Rehabilitation and all Outpatients also made substantial deficits. Daycase surgery made a surplus. The committee will continue to review this report as it develops into 2018/19 and requested that the finance team raise its profile with services in order to inform transformation and CIP priorities and discussions with commissioners where appropriate.

## **6. 18/19 Contract with WCCG – Post Mediation Action Plan Update**

The committee received a presentation setting out the work undertaken to date and the plans to quarter 2. Another update is planned for the October meeting to discuss outcomes.

## **7. Impact of Non-Acceptance of the Financial Control Total for 2018/19**

The committee received a presentation on the trajectories agreed with commissioners for achievement of access standards and assurance that the Trust had met them for the first 2 months of the year. The committee were assured that while the agreed trajectories don't eliminate contract penalties, they considerably reduce the risk.

## **8. Transformation Update**

The committee received a presentation on the new governance structure for the Trust's transformation work.

## **9. Integrated Performance Dashboard**

The committee noted the improvement in A&E performance to 78.86% for APH ED, 83.51% for the APH site and 88.89% across the Wirral economy. This is in line with the agreed trajectory. The committee considered 3 interventions taking place next month in order to further improve performance. AM informed the committee of some minor changes to the monthly trajectory in response to NHSI's plan feedback letter.

RTT performance was 74.58% for the period which is also in line with the plan for the period. However, there were 67 patients waiting over 52 weeks which exceeds the trajectory by 6. AM informed the committee of the difficulty in reducing the number of long waiters as they are not clinical priorities but the number is expected to reduce when the elective programme starts to catch up.

Achievement of the diagnostic standard is at risk for May due to staff shortages in ECHO and extra work has been commissioned in June to address this.

Performance was good against Cancer standards. The Trust performance against the c-difficile target is 5 avoidable cases to May against a trajectory of 4. GW said this due to ward environment, cleanliness and sampling and there is now a focus in these areas.

## **10. Response to Naylor Report – Action Plan**

The committee welcomed Dave Sanderson to present his action plan in response to the Trust's findings against the Naylor report. The Committee were assured in general although there was discussion about whether some of the issues needed focus at the Board of Directors. In particular, a draft Wirral Estates Strategy has been submitted to the Cheshire and Merseyside Estates Programme Management Board without review or sign off by this committee or the Board of Directors. There was also concern expressed by JH about the extended timetable of 12 months planned for implementation of an asset management system. The committee requested that an action plan be regularly submitted to this committee by DS in order to monitor progress and JH agreed to speak to the Trust Chairman regarding how the organisation improves visibility on Estates issues.

## **11. Reports from Group Meetings**

The committee received reports from the Digital Wirral Programme Board, Finance and Performance Group and Information, Information Governance and Coding Group.

The committee noted that there had been a number of actions to improve compliance with mandatory training in Data Security Awareness but achievement remained low at 66% against a

95% target. This issue will now be transferred to the Workforce Assurance Committee to oversee as part of the overall mandatory training agenda.

## **12. Items for the attention of the Board**

The availability of detailed, externally assured service line information which the Committee found extremely useful:

- Risk in achievement of the financial plan due to low performance on elective activity and unidentified CIP
- Potential lack of an integrated approach to Estates issues at Board and Committee level

# Making Change Happen

Version 0.3\_15 Jun 18\_JG

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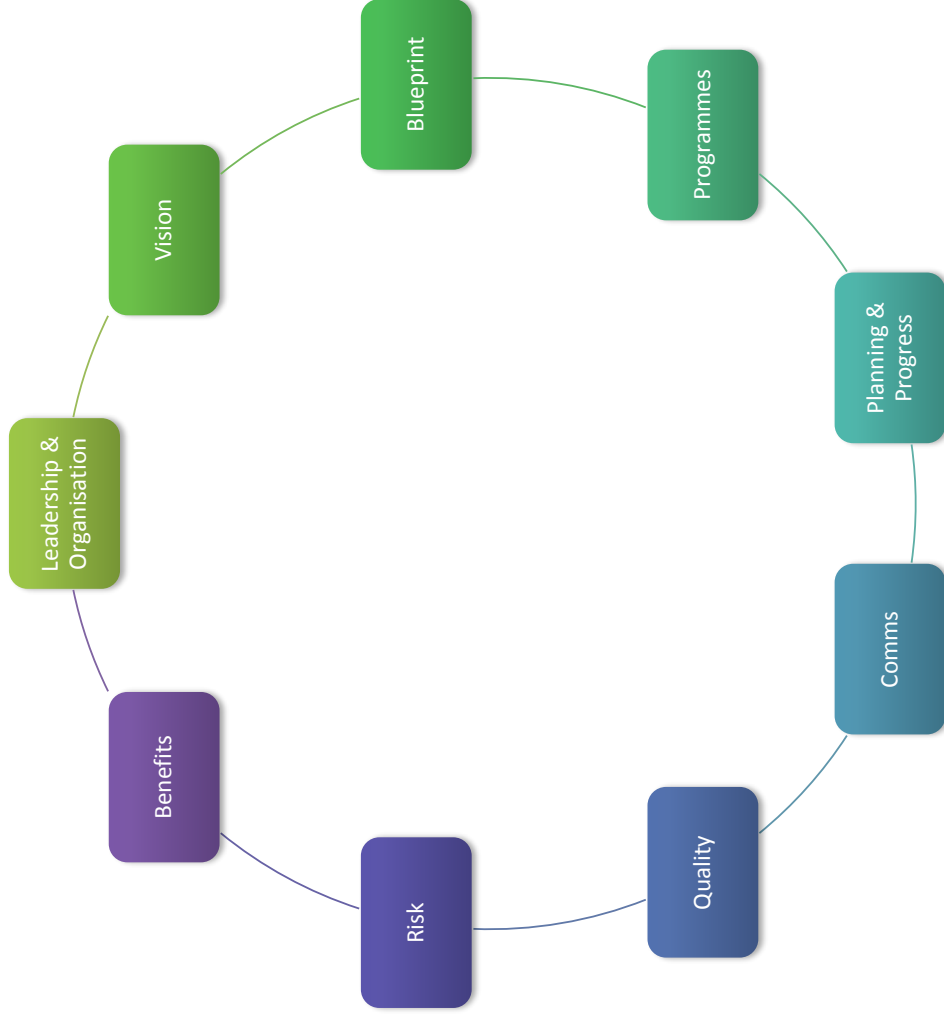
# Evolution of the Strategic Transformation Team

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# Evolutionary Framework



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***‘an expert team, providing a supportive and collaborative service, enabling change that is patient-focussed, transformational and sustained’***

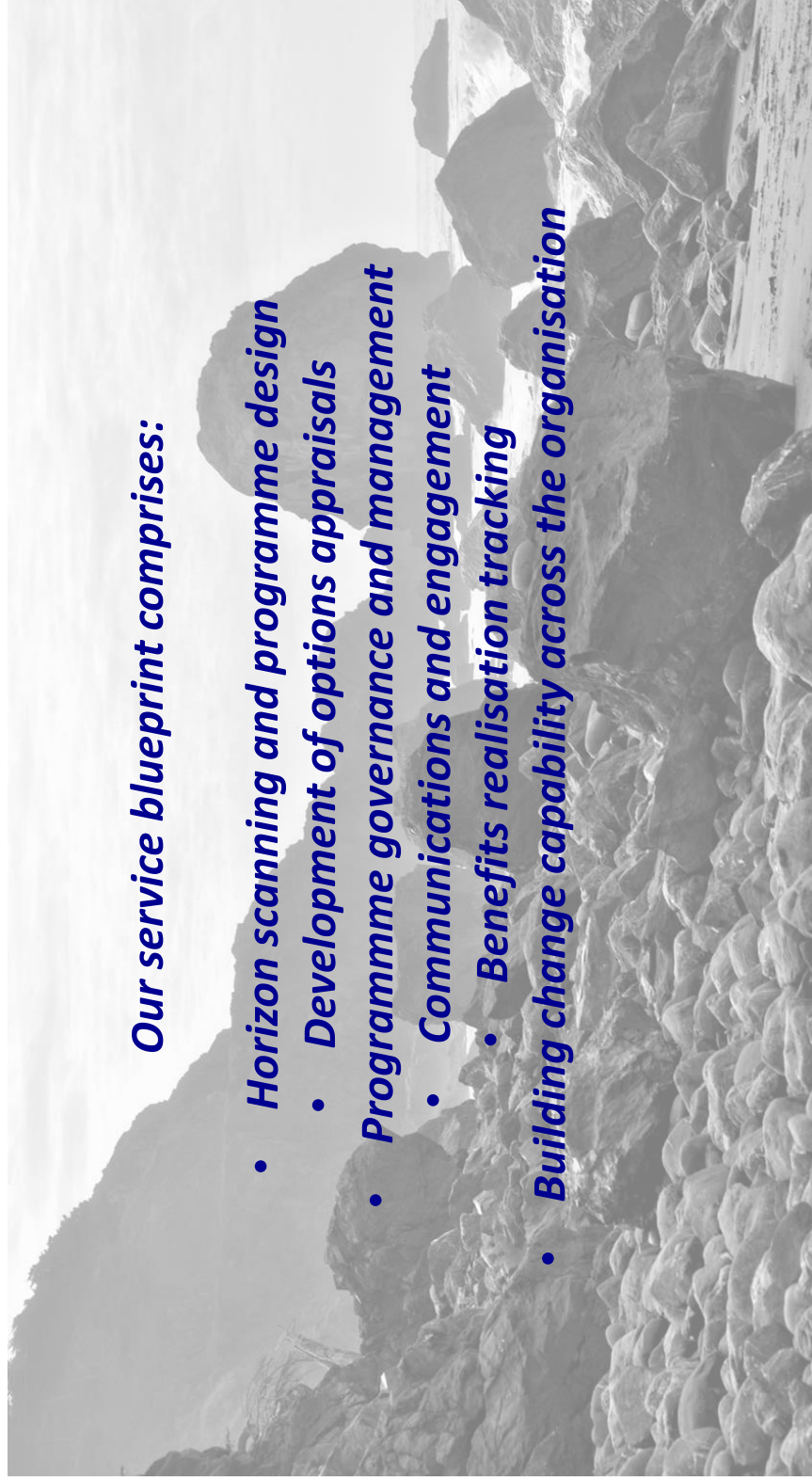


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### ***Our service blueprint comprises:***

- ***Horizon scanning and programme design***
- ***Development of options appraisals***
- ***Programme governance and management***
- ***Communications and engagement***
- ***Benefits realisation tracking***
- ***Building change capability across the organisation***



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## Resources

## Capability

## Delivery

### New & Existing

Senior Responsible Owners  
Programme Lead  
Clinical Lead  
Service Transformation Team  
Financial Analysts  
Communications Team  
Specialists: HR & Workforce, Finance, Business Information, Estates, Facilities, Legal and Procurement

### Portfolio Mgt

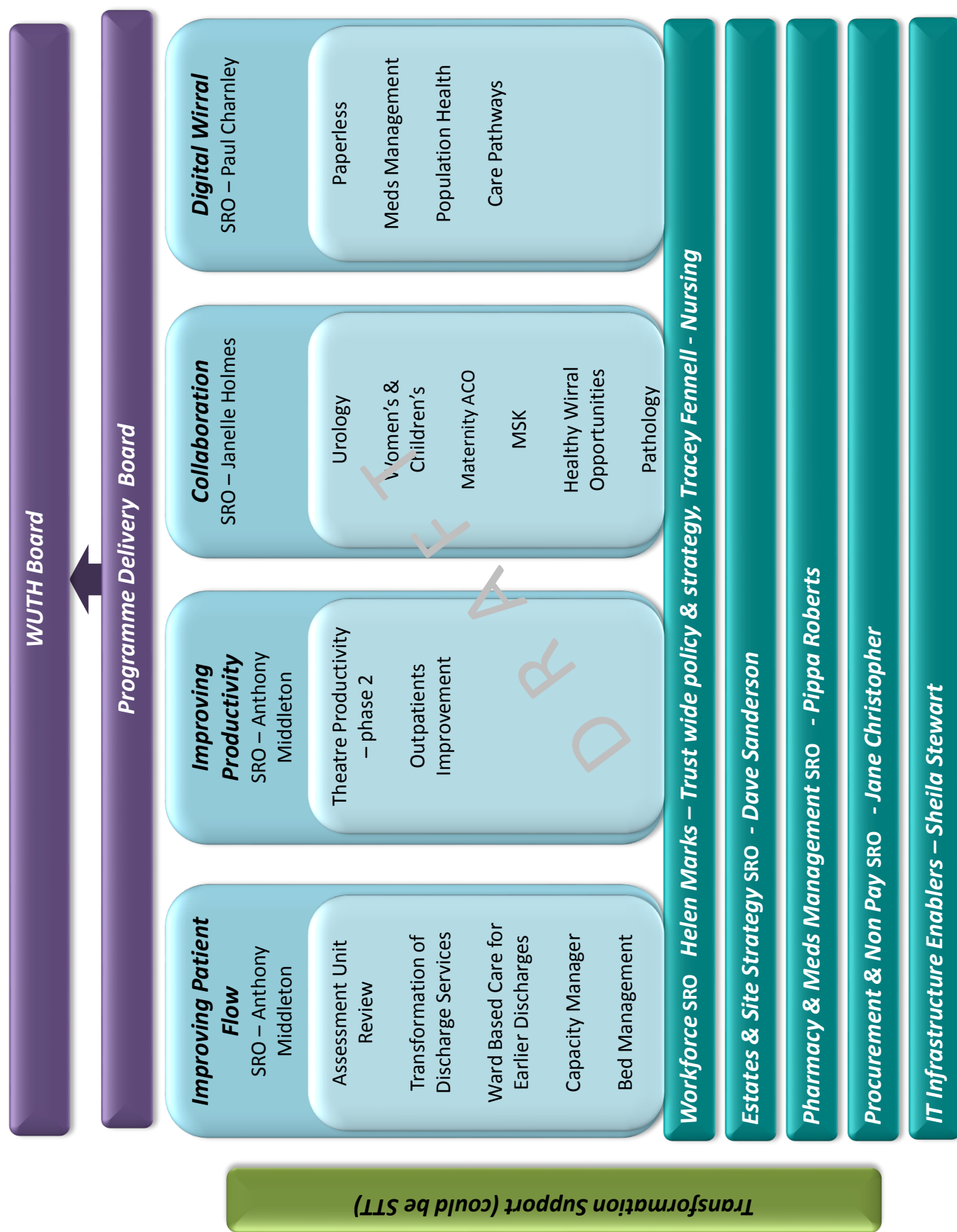
Programme and Project Management  
Lean/Six Sigma  
Transformational and Step Change  
Benefits Realisation  
Financial Analysis  
Communications  
Reconfiguration Design  
Care Pathway Re-design

### STT

Supporting delivery of WUTH Programmes  
Reporting to a Change Programme Board  
High Level Benefits Realisation Plan  
Portfolio Assurance Dashboard  
Interdependency Matrix

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# Assuring the Change

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## Assurance Defined

**The STT stated that the characteristics of assurance were to:**

- Instill confidence
- Assert **probability** of delivery
- Provide **clarity**
- Ensure **oversight**
- Confirm whether plans are **on track**

**The STT agreed that assurance reporting should be available to (as a minimum):**

- Trust Board, with a focus on clarity for NEDs
- Leaders at all levels – from project team/ward to board
- Responsible owners
- External partners including (but not limited to):
  - Patients & Public
  - Regulators
  - Commissioners
  - Partner Organisations (NHS & Local Gov't)

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## Assurance Domains

**The STT identified the following domains that would need to be assured:**

- **Risks, issues**, blocks to progress
- **Progress** to timescale
- **Benefits** identification and realisation
- Clarity of programme/project **context and dependencies**
- **Meaningful** structure and content
- **Actions and mitigations**
- **Communicating** with stakeholders

**In designing an assurance framework the STT highlighted the need to take account of:**

- Governance processes and integration
- Change control
- Decision making
- ‘Business as Usual’ and ‘Change’ improvements
- **...and above all**
- **An assurance process that promotes executive engagement**
- **An assurance process that leads to timely decision making**

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## Assurance Rationale – High Level

Deciding assurance flow and defining the elements, to give optimal assurance framework

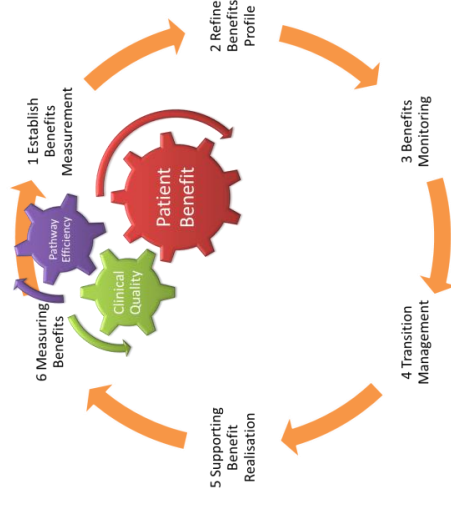
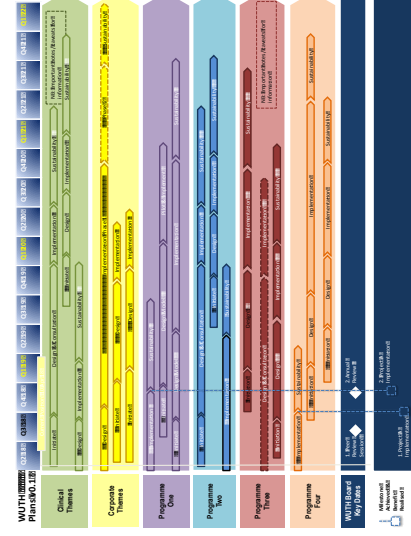
Leading Indicators

Situation Reporting

Lagging Indicators

Change Portfolio Dashboard

PROGRAMME	PROGRAMME CODE TEAM	Lead	ASSURANCE RATING	ADVICE
Programme Title	Programme Description	Programme Lead	Programme Lead	Programme Lead
1.1				
1.2				
1.3				
2.1				
2.2				
2.3				
3.1				
3.2				
3.3				



Dashboard Ratings

Plans & Milestones

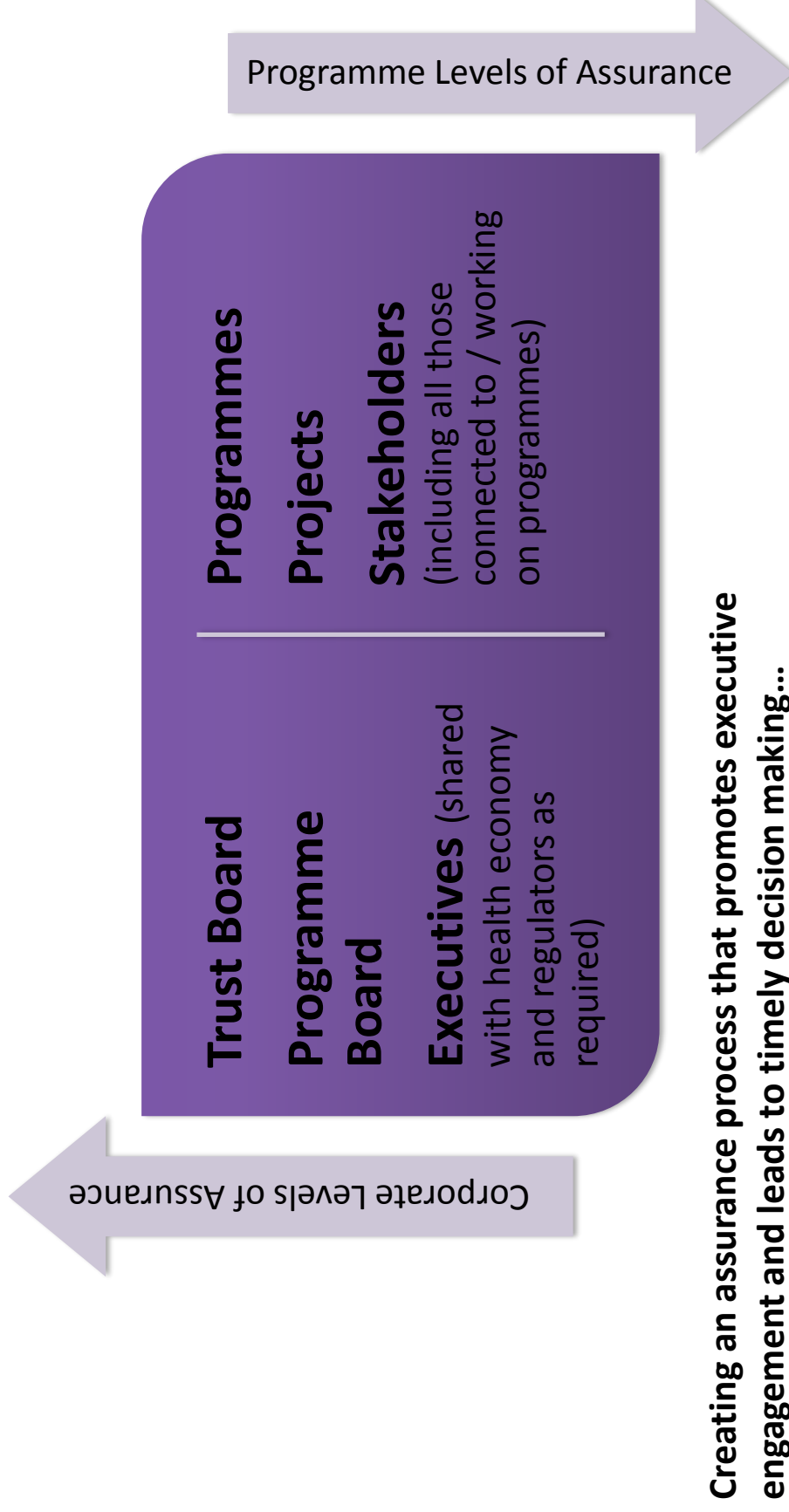
Benefits Realised

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The WUTH STT analysis of the assurance domains that may be suited to the context of the portfolio of change includes:

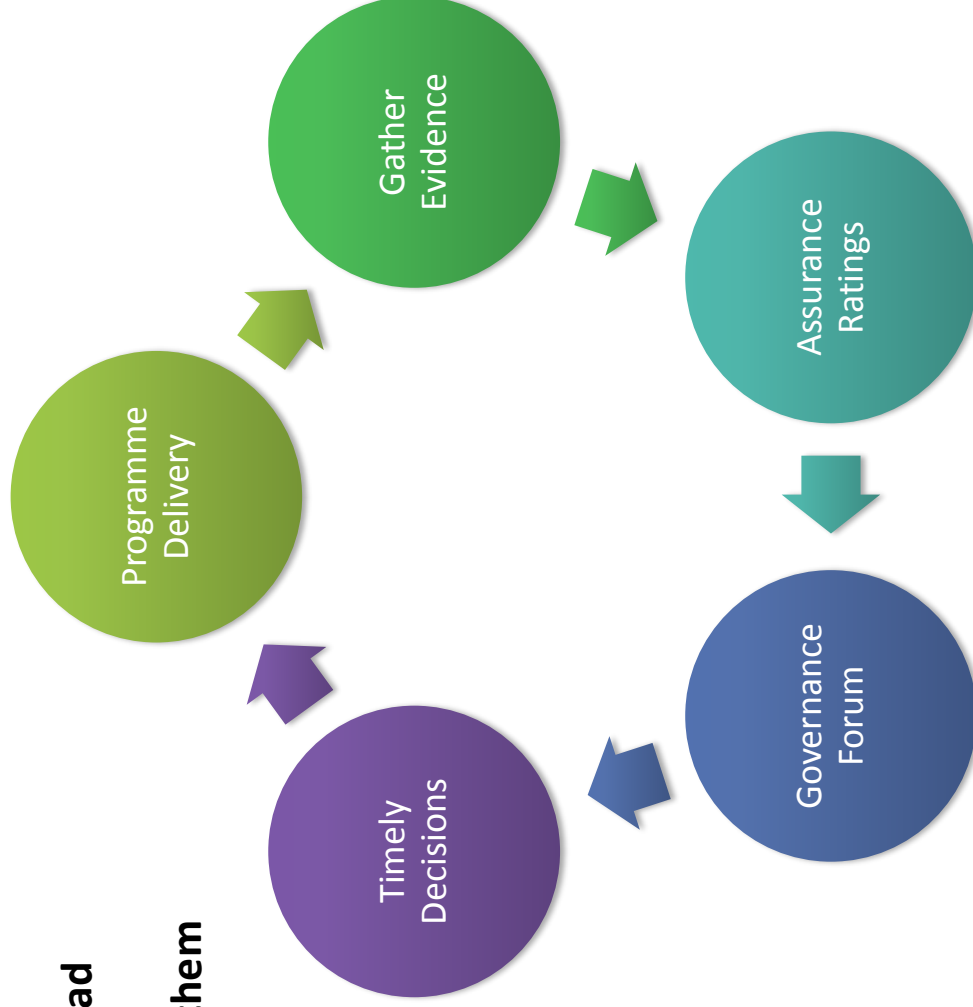
- **Governance**
  - Scope and approach is defined
  - An effective project team is in place
  - Stakeholders are engaged
  - Project governance in place
  - Quality Impact Assessment
- **Delivery:**
  - Milestones on track
  - KPIs on track
  - Risks identified/being managed
  - Issues identified/being managed
  - Overall confidence in delivery of benefits



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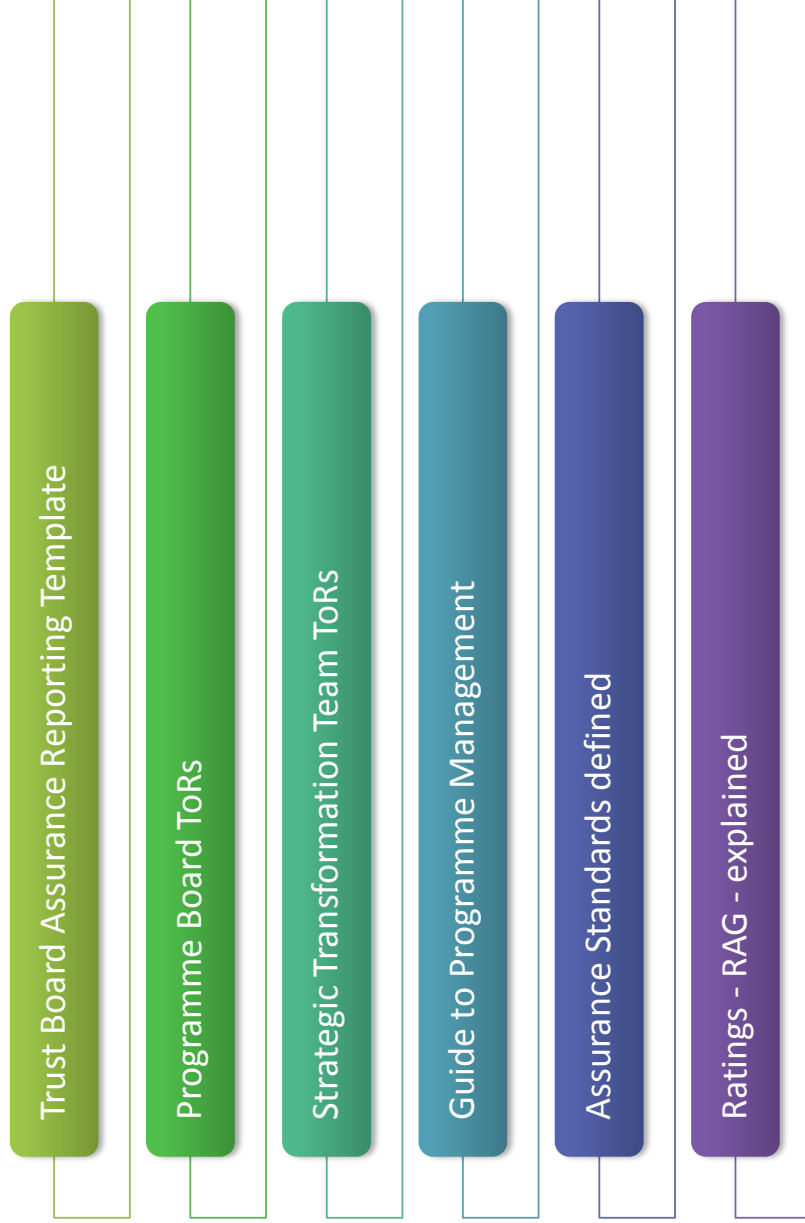
The assurance process will lead governing bodies to draw conclusions and relies upon them to make timely decisions...



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To cement the process, the STT will produce the following guidance:



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The STT will develop a communications plan to include key messages...

...and a regular newsletter

## STT Bulletin

- News
- People
- Success
- Launches
- Techniques

### Trust

Decisions on the evolution of programme management and assurance

### Trust

Revised scope of the change programme, theme by theme

### Trust

Intranet site populated with information relevant to delivering successful programmes

### Trust

Describing the need for change as the impetus for each programme

### Programme

Explanation of programme management standards, assurance and ratings

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# Actions

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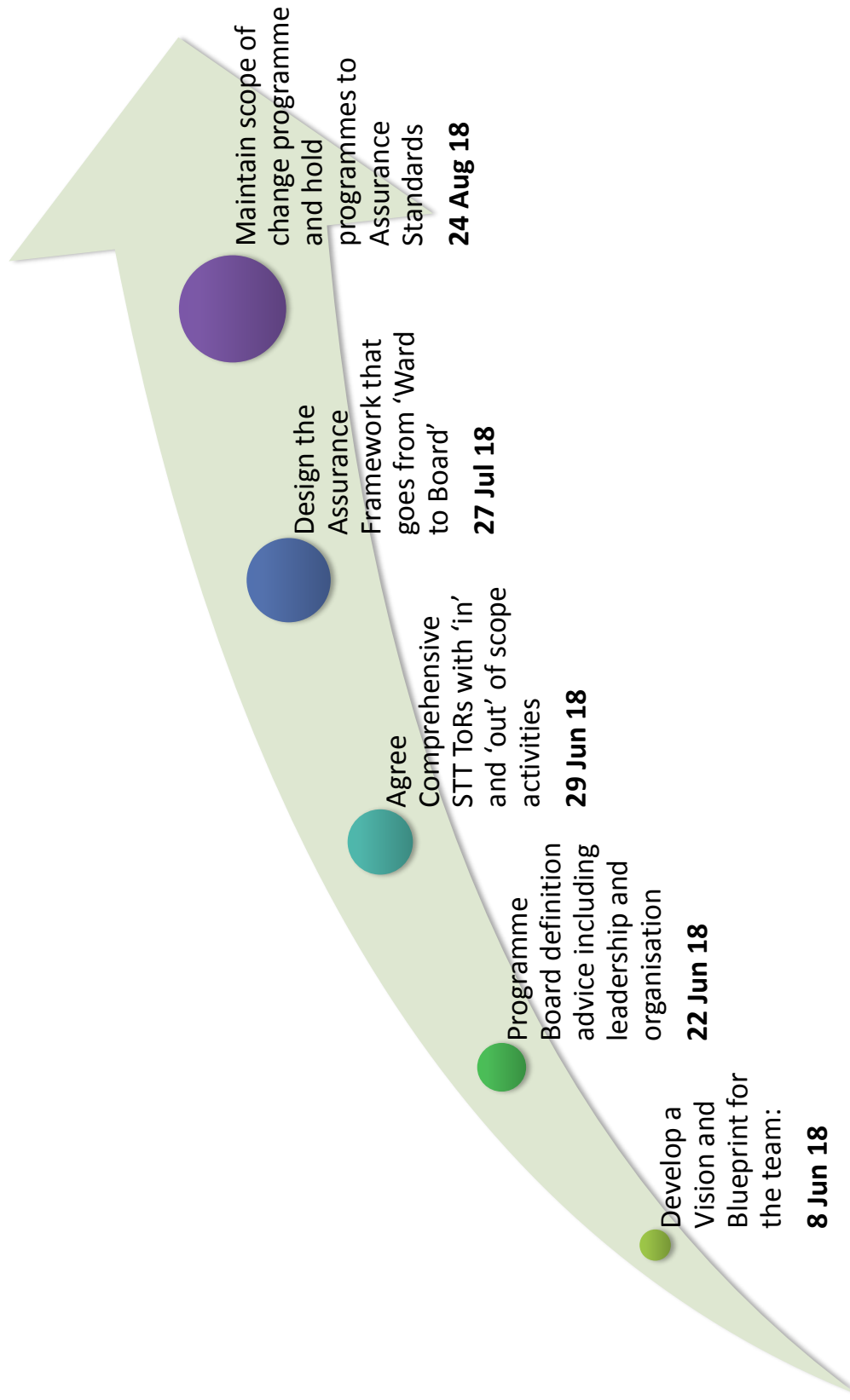
The STT needs to:

1. Develop a Vision and Blueprint for the Team
2. Advise on the organisation and leadership needed from a Programme Board and facilitate that forum
3. Agree comprehensive team ToRs including clear in scope and out of scope activities
4. Design an assurance framework that drives change from 'ward to board'
5. Maintain the scope of the change programme, together with a high level plan to enable clear communication
6. Hold the programmes to assurance standards by means of programme gates ensuring risks are managed and benefits realisation is tracked and sustained

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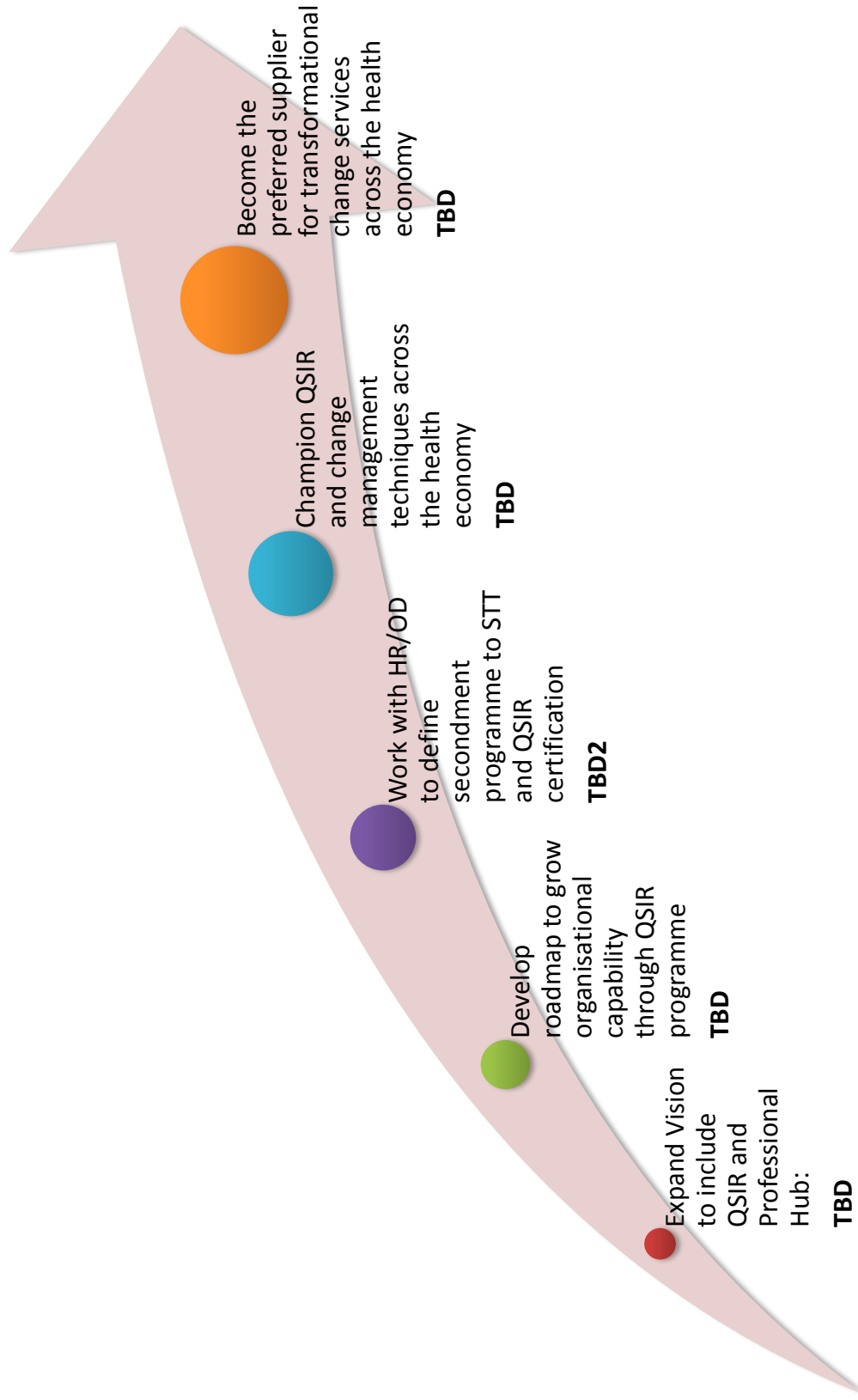
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WUTH Board of Directors should consider the following:

1. The need for a compelling vision that will drive change
2. A strategy that provides the framework for change programme
3. Establishing a Programme Board to drive and manage change
4. Dealing with CIP at the right time in the right place
5. Agreeing the change tools and techniques that fit the context
6. Having one, concise, version of the assurance evidence
7. Receiving monthly updates of the progress of change
8. Engaging with and fully employing the STT capabilities

***Generating: Conviction, Clarity, Confidence***

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