

# Board of Directors Public Board

27<sup>th</sup> September 2018



**MEETING OF THE BOARD OF DIRECTORS ON THURSDAY 27 SEPTEMBER 2018**

**COMMENCING AT 8AM 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 July 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>Head of Patient Experience   | v |
| <b>7.2</b> | <b>Infection Prevention &amp; Control Update Report</b><br>Director of Nursing & Midwifery | d |

### 8. Performance & 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 Winter Plan 2018/19</b><br>Chief Operating Officer                            | d |
|            | <b>8.1.4 Month 5 Finance Report</b><br>Director of Finance                             | d |

## 9. Workforce

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| <b>9.1 Volunteer Strategy</b><br>Director of Workforce | d |
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## 10. Governance

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| <b>10.1 Report of Workforce Assurance Committee</b><br>Chair of Workforce Assurance Committee   | d |
| <b>10.2 Report of Finance Business Performance &amp; Assurance Committee</b><br>Chair of Finance Business Performance & Assurance Committee | d |
| <b>10.3 Report of Audit Committee</b><br>Chair of Audit Committee   | d |
| <b>10.4 CQC Action Plan Progress Update</b><br>Director of Governance & Quality   | d |
| <b>10.5 Receipt of Governor Election Report</b><br>Chair  | v |

## 11. Standing Items

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| <b>11.1 Items for BAF/Risk Register</b><br>Chair                                    | v |
| <b>11.2 Items to be considered by Assurance Committees</b><br>Chair                 | v |
| <b>11.3 Any Other Business</b><br>Chair   | v |
| <b>11.4 Date and Time of Next Meeting</b><br>Thursday 1 <sup>st</sup> November 2018 | v |

**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF  
PUBLIC MEETING**

**25 JULY 2018**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present**

Sir David Henshaw	Interim Chair
Janelle Holmes	Chief Executive
Chris Clarkson	Non-Executive Director
John Coakley	Non-Executive Director
Jayne Coulson	Non-Executive Director
Graham Hollick	Non-Executive Director
David Jago	Director of Finance
Dr Mark Lipton	Interim Medical Director
Anthony Middleton	Chief Operating Officer
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

**In attendance**

Mike Baker	Head of Communications
Paul Charnley	Director of IT and Information
John Fry	Governor
Jane Kearley	Member of the Public
Helen Marks	Interim Director of Workforce
Paul Moore	Director of Quality and Governance
Nigel MacLeod	PA [Minutes]

**Apologies**

Sue Lorimer	Non-Executive Director
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Reference	Minute	Action
<b>BM 18-19/064</b>	Prior to opening the meeting, Sir David Henshaw presented Kim O’Gorman, Discharge Co-ordinator, with an invite to the Terracotta Warrior Exhibition at the World Museum, Liverpool. Kim had won a competition launched as part of the Quality Ward Rounds pertaining to diet and patient nutrition.	
<b>BM 18-19/065</b>	<b>Apologies for Absence</b>  Noted as above.	
<b>BM 18-19/066</b>	<b>Declarations of Interest</b>  There were no Declarations of Interest.	
<b>BM 18-19/067</b>	<b>Chair’s Business</b>  The Chair welcomed all those present to the monthly Board of Directors meeting.  Having made the recent Non-Executive Director appointments, the Chair apprised the Board that the Non-Executive Director Portfolios for 2018/19 would be reviewed and revised in the coming months.  The Chair would recommend to the Council of Governors for appointment, Mr John Sullivan as Deputy Chair and Mr Steve Igoe as Senior Independent Director, noting Mr Igoe’s appointment would commence 1 October 2018.	

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Reference	Minute	Action
	<p>Other portfolio details included:</p> <ul style="list-style-type: none"> <li>• Mr John Sullivan - Chair Workforce Assurance Committee</li> <li>• Dr John Coakley - Chair Quality and Safety Committee</li> <li>• Mr Steve Igo - Chair Audit Committee</li> <li>• Mrs Sue Lorimer - Chair Finance Business Performance Assurance Committee</li> <li>• Dr John Coakley - Chair Organ Donation Committee</li> </ul> <p>The Chair thanked those members who had attended the recent Surgical Division Meeting and outlined how constructive and informative it had been. In order to develop further a level of collaboration and mutual understanding, the Associate Medical Directors will be invited to attend future monthly Trust Board of Directors meetings.</p> <p>Furthermore, Mr Paul Moore, Director of Quality and Governance is concurrently reviewing Board Assurance and adhoc Committees from both terms of reference, governance and effectiveness perspective. It is anticipated that the review would be able to reduce the number of meetings being held across the Trust, which at times run a parallel agenda and structure.</p> <p>It was outlined that Strategy will be discussed further at the meeting scheduled for the 31 July 2018.</p> <p>The Chair apprised the Board that the Non-Executive Directors would shortly complete their annual appraisals, at which point objectives for 2018/19 would also be agreed.</p>	DG/JH
BM 18-19/068	<p><b>Kay Strategic Issues</b></p> <p>Board members apprised the Board of key strategic issues and matters worthy of note.</p> <p><b>Director of IT and Information</b> – the Board received confirmation that a number of meetings are now in train with the Countess of Chester NHS Foundation Trust, pertaining to the alignment of Cerner Systems as the Trust's Fast Follower. Furthermore, good progress has been made in regards to supporting the Healthy Wirral Programme with shared information systems.</p> <p><b>Dr John Coakley, Non-Executive Director</b> – Dr Coakley sought and received assurance that the Wirral System had unified and collaboratively prepared the Winter Plan. Dr Coakley was cognisant in ensuring all Partners appreciate the importance of working to deliver the overall required objectives and parameters as agreed collaboratively.</p> <p><b>Interim Director of Workforce</b> – attendance at the recent Medical Board had been well received, resulting with a standing invite for members of the Executive Team and Non-Executive Directors to attend the monthly meeting. The increased visibility and presence of Executive Directors / Non-Executive Directors within clinical areas had been warmly welcomed, and aided a positive discussion pertaining to improved engagement.</p>	HM

Reference	Minute	Action
	<p><b>Mr John Sullivan, Non-Executive Director</b> – having attended the recent Surgical Division Meeting, Mr Sullivan and Mr Clarkson, Non-Executive Directors, had undertaken a tour of the Surgical Unit. Having been made very welcome and observed the unit in an operational capacity, a number of factors had been highlighted for review and refinement to enhance the physical environment:</p> <ul style="list-style-type: none"> <li>• Some areas would benefit an improved degree of sterilisation.</li> <li>• Refurbishment of staff rest areas.</li> <li>• Review and refresh of staff notice boards.</li> <li>• Wooden doors to be replaced to improve overall hygiene.</li> <li>• Review of staff changing areas to address a number of health and safety issues identified.</li> <li>• Incorrect utilisation of clinical areas/recovery room.</li> </ul> <p>Conversely, a number of positives had been identified, sighting the effectiveness of the robot.</p> <p>Having reflected on the observations, the Board agreed that Mr Anthony Middleton, Chief Operating Officer, would undertake a review and meet with the department to consider the long term plan of the building infrastructure as well as the more generalised environmental factors of clutter, storage, infection prevention and control, uniform and overall cleanliness.</p> <p><b>Director of Quality and Governance</b> – Having completed three weeks with the Trust, and visited numerous wards, departments and divisions, Mr Moore thanked colleagues for a warm welcome. Having identified three initial key areas to focus and develop; CQC Action Plan, Serious Incident Management and Care and Management of Mental Health Patients, Mr Moore apprised the Board that there had already been a significant level of debate with drive and passion from colleagues to move forward at pace evident.</p> <p><b>Director of Nursing &amp; Midwifery</b> – the Board learned that the Trust had recently held two successful Nurse Recruitment Days for the Emergency Department and Surgical Division, securing 11 appointments. To support ongoing recruitment across the Trust, further events are planned specifically to support Cardiology and General Medical.</p> <p>Mrs Gaynor Westray reaffirmed the positive impact of the 'Quality Bus / Back to the Floor' walkabouts, evidencing an improved level of collaboration and engagement across teams, having recently focused on general improvements of public areas and overall infection prevention and control, with the support of Hotel Services.</p> <p><b>Director of Finance</b> – Mr David Jago confirmed that the Musculoskeletal contract had gone live with further updates to be provided in due course. The Board was also apprised that a recent Cheshire and Merseyside Directors of Finance meeting had been constructive with positive steps pertaining to collaborative system wide partnership. Mr Jago also reported a positive and constructive meeting with the Chair and CEO of Wirral Hospice St Johns.</p> <p><b>Mr Graham Hollick, Non-Executive Director</b> – having chaired an Ophthalmology appointment panel, Mr Hollick spoke highly of a candidate who had provided a financial model to increase productivity and commended this as an example of how the Trust can utilize the expertise of its workforce.</p>	

Reference	Minute	Action
	<p><b>Interim Medical Director</b> – Dr Lipton reiterated Mr Hollick’s observations and confirmed that two appointments had been made to strengthen and support the Ophthalmology team. It was also reported that the new Junior Doctors had joined the Trust and envisaged a productive discussion and debate with the Board later that day. On behalf of the Board, Dr Lipton recorded thanks to Paula Brassey having been integral in the Research Team securing additional funding to support rheumatology.</p> <p><b>Chief Operating Officer</b> – with the Trust having a significant number of colleagues awaiting allocation of a car park permit, and with the support of the local council, the Trust is in the process of holding a number of engagement events pertaining to the erection of a temporary car park structure. The longer term proposal is to incorporate this within a wider transport plan for the Trust. In the short term, confirmation was provided that issues associated with overnight car parking had been resolved. Colleagues will be further apprised via Trust Wide Comms.</p> <p>The Board was also apprised that a number of supplier stakeholder events to support the Medically Optimised Ward at Clatterbridge are being undertaken. Procurement will close 23 August 2018.</p> <p><b>Non-Executive Directors, Mrs Jayne Coulson, Mr Chris Clarkson</b> – having recently been appointed as Non-Executive Directors, the Board heard that attendance at a recent Non-Executive Induction Training had been both positive and constructive.</p>	AM
BM 18-19/069	<p><b>Board of Directors</b></p> <p><b>Minutes</b> The Minutes of the Board of Directors Meeting held 27 June 2018 were approved as an accurate record.</p> <p><b>Action Log</b> In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed addressed and actioned as required.</p> <p>The Chief Executive agreed to review the current Board Action Log.</p>	JH
BM 18-19/070	<p><b>Chief Executives’ Report</b></p> <p>The Chief Executive apprised the Board of the key headlines contained within the written report.</p> <p><b>NHS 70</b> – a series of events had been well received and provided a suitable platform to reaffirm and celebrate the NHS and its workforce. The Chief Executive thanked all those colleagues who had collaborated to ensure the day was marked appropriately.</p> <p><b>Agenda for Change 2018/19 Pay Award</b> – the Department of Health and Social Care had issued a communication providing Trusts with information pertaining to additional funding to organisations for Agenda for Change. Wirral University Teaching Hospital NHS Foundation Trust [WUTH] had been allocated an additional £3.5M, to be paid in 1/12<sup>th</sup> increments.</p>	

Reference	Minute	Action
	<p><b>Learning from Deaths</b> – having received a copy of NHS England's 'Learning from deaths working with families' report, the Trust will incorporate the eight key recommendations in line with a review of the Serious Incident Reporting process.</p> <p><b>Pressure Ulcers</b> – the Board was apprised that the Quality and Safety Committee will receive information, and provide Trust Board assurance, that the recommendations from the recent NHSI 'pressure ulcers: revised definition and measurement document' will be embedded within existing Trust process.</p> <p><b>Challenged Trust Status</b> – Jill Copeland, NHSI Delivery &amp; Improvement Director, Cheshire &amp; Merseyside, had informed the Chief Executive that the Joint Strategic Oversight Group had decided to add WUTH to the Challenged Provider List. Having been included, the Trust would now have access to a range of central support, including access to the central Challenged Provider budget. Additional information will be provided at the Trust's forthcoming NHSI Quarterly Review Meeting.</p> <p><b>Winter Plan</b> – the Wirral System Winter Plan had been reviewed and approved from a regulatory perspective. One of the key aspects being an emphasis on acute bed occupancy, and interventions to improve patient flow, with an additional 48 hospital beds and 20 community beds being sought. Furthermore, it was outlined that NHSE/NHSI are undertaking a Wirral Visit on the 6 August to review the overall plan. Updates will be provided upon completion of the review. It was agreed that the Wirral Winter Plan would be tabled as an agenda item for the September Trust Board of Directors meeting.</p> <p><b>MSK Service</b> – the Chief Executive reiterated the update provided by the Director of Finance following a successful 'go live' 1 July 2018 with circa 70 patients being deflected from consultant clinics to physiotherapy. Furthermore, it was highlighted that since the CCG had removed GP direct access to MRI Scans, there had been a significant reduction in the number of orders placed.</p>	AM
BM 18-19/071	<p><b>Patient Story</b></p> <p>The Director of Nursing &amp; Midwifery conveyed to the Board a message that had been posted directly with the NHS Choices website, extolling the virtues of Ward 22.</p> <p>A family member had conveyed their thanks and recognition for the caring and professionalism shown to their relative. In addition to the medical and nursing staff been praised, for their care and compassion, thanks also extended to the domestic team, porters and carers.</p>	
BM 18-19/072	<p><b>Mortality Dashboard &amp; Report</b></p> <p>The Interim Medical Director apprised the Board of the latest Mortality Dashboard and review and provided a key synopsis for Quarter 1 2018/19:</p> <ul style="list-style-type: none"> <li>• 412 deaths recorded, compared to 365 for the same period 2017/18.</li> <li>• 26 deaths require a more detailed review by means of a Strategic Judgemental Review, Root Cause Analysis or Women's and Children's review.</li> </ul>	

Reference	Minute	Action
	<ul style="list-style-type: none"> <li>Concurrently there are 6 deaths undergoing a Root Cause Analysis, 9 deaths undergoing a Strategic Judgemental Review and a further 11 being reviewed by Women's and Children's.</li> </ul> <p>Board assurance was provided that Mersey Internal Audit Agency reviewed the service and gave "significant assurance" with 2 advice for improvement – a medium and a low risk to service.</p> <p>Dr Lipton advised the Board that an internal mortality outlier report is concurrently in train reviewing Myocardial Deaths Jan 17 – Dec 17, reflecting a review of 43 patients. Furthermore, it was confirmed that the 2016 'Mothers and Babies Reducing Risk Through Audit' report has been published that indicated the Trust is not an outlier and performing better than the national average.</p> <p>The Board discussed the importance of ensuring colleagues remain engaged and focused to ensure that any key learnings deriving from the second line reviews are shared and that governance arrangements and standards are adhered to. An integral step being taken is to ensure improve governance arrangements to support the Strategic Judgemental Review faculty.</p>	
<b>BM 18-19/073</b>	<p><b>Infection Prevention &amp; Control progress Report</b></p> <p>The Director of Nursing &amp; Midwifery apprised the Board with the latest Infection Prevention &amp; Control Report and the actions being taken by the Trust, to reduce further health care associated infections [HCAI] and to sustain improvements with infection prevention and control practices.</p> <p>Key aspects of the report highlighted for the Board included:</p> <ul style="list-style-type: none"> <li>A concurrent review of the Infection Prevention and Control Team [IPC] is in train to determine the feasibility of expanding the current five day working to a seven day working model. The benefits derived will ensure increased infection prevention control support for clinical colleagues across the Trust.</li> <li>Reducing identified lapses in care resulting in C.diff in patients. The Trust's trajectory for 2018/19 is 28 avoidable cases. To date 16 cases had been reported, 7 of these identified as an avoidable case.</li> </ul> <p>Having completed Post Infection Reviews [PIR] for each reportable cases, a number of measures had been implemented:</p> <ul style="list-style-type: none"> <li>Updating hand hygiene policy and availability of hand hygiene products.</li> <li>The introduction of a c.diff panel to identify themes.</li> <li>Collaboration amongst AHPs, Domestic Staff, Nurses and Estates to maximise the location of alcohol dispenses and to improve visibility/availability for visitors.</li> <li>Enhanced training for all Domestic Staff.</li> <li>An audit of all clinical hand basins to be undertaken during 2018/19 to maximise hand hygiene facilities.</li> <li>Review of PIR incorporated within Ward Rounds to maximise key learnings and themes identified.</li> </ul> <p>Furthermore, the Board was assured that the IPC Team are reviewing the Trusts MRSA Screening policy with an expectation that further</p>	

Reference	Minute	Action
	<p>recommendations will be made to the Infection Prevention and Control Group September 2018.</p> <p>As the dedicated Isolation Ward, a review of Ward 25 has been undertaken and having identified a number of enhancements to reduce and manage infection, the Associate Director of Nursing for Infection Prevention Control is working in collaboration with the Medical Division to implement the recommendations.</p> <p>Board members sought and received assurance that general hand hygiene measures, in association with the reviews already outlined, would be prioritised and refreshed across the Trust. It was widely noted that simple steps, whether it be the use of alcohol gel or simple hand washing can have positive results and maximise infection prevention.</p> <p>The Board recognised the work of the Infection Prevention and Control Team and foresaw the benefit of the Associate Director of Nursing for Infection Prevention and Control being invited to subsequent Trust Board meetings to raise awareness of the work being undertaken across the Trust. Monthly Trust Board progress reports will continue to be received.</p>	GW
BM 18-19/074	<p><b>Integrated Performance Dashboard</b></p> <p>The Chief Operating Officer presented the latest Integrated Performance Dashboard and Exception Report.</p> <p>As previously outlined, the A&amp;E 4 Hour trajectory had been amended to reflect a progression towards achieving 95% compliance by March 2019. June recorded a trajectory of 89.85%, as measured across the combined WUTH and Walk In Centre, reflecting a position ahead of the agreed recovery trajectory.</p> <p>The July trajectory standard had been agreed at 85%, with current performance circa 84.03%. Whilst there is no change to the overall bed base, a number of changes within the internal assessment areas have supported overall patient flow within the acute setting.</p> <p>The Board was also apprised that the first two weeks of July had evidenced improved ambulance turnaround times, averaging 14 minutes when reflected against the 15 minute standard. This had compared to an average of 17 minutes for the months of May and June 2018. Furthermore, an improvement against breaches of the 60 minute standard had also been evident. A number of factors had contributed to the overall improvements; reduced staff sickness, improved recruitment, Streaming Nurses and wider matron complement.</p> <p>The Chief Operating Officer confirmed that the agreed incomplete RTT performance trajectory had been achieved at the end of June at 75.74%. However, the number of 52 week waiters and total RTT waiting list both increased and were above trajectory.</p> <p>A number of factors contributed to the situation, including but not restricted to, clear connectivity to the elective activity/programme and an underutilisation of clinical sessions. To address the 6 week Diagnostics</p>	

Reference	Minute	Action
	<p>standard, the provision of a mobile scanner will provide additional capacity over the coming weeks.</p> <p>With the support of the Programme Board and Transformation Team, Divisions had commenced a review of clinical sessions. To provide additional support, Chris Carlson [Non-Executive Director] will liaise and support the Transformation Team.</p> <p>Having welcomed the Surgical Division Meeting, the Board requested that a similar session be held, to reflect Outpatients, with the support of a lead clinician. The Chief Operating Officer, with the support of Chris Clarkson and Jayne Coulson [Non-Executive Directors] would undertake an Out Patients Visit in advance, to support the transformational work being planned.</p> <p>Mr John Sullivan sought and received assurance that Patient Harm Reviews and Duty of Candour reviews are overviewed by the Quality &amp; Safety Committee. Having identified a small number of issues pertaining to the completion of the reviews, greater clinical ownership had been sought and is being addressed and reviewed directly with the Divisional Leadership.</p> <p>Having identified an increase in the number of complaints being received, Jayne Coulson [Non-Executive Director] sought and received assurance that learnings and themes derived from complaints are shared with Divisional Leadership. Jayne Coulson agreed to support, the newly appointed Head of Patient Experience, with a review of current processes and refinement of sign off via greater divisional engagement and ownership.</p> <p>Having evidenced an increasing trajectory pertaining to 52 Week Waiters, the Board was advised that Wirral Health and Care Commissioning had been approached and agreement reached that a Health Economy response would be agreed. There was an appreciation that the Acute Trust was not solely responsible with factors from Partners all contributing to the overall position.</p> <p>The Director of Quality and Governance reflected that the measures outlined within the dashboard all have relevance when considering the Trust's overall performance, activity, output and financial position. Greater clinical engagement, via Divisional Leadership and Divisional Teams, will be welcomed in formulating the Trust's long term strategic Plan.</p>	<p><b>AM</b></p> <p><b>AM CC</b> <b>JC</b></p> <p><b>GW</b></p>
<b>BM 18-19/075</b>	<p><b>Wirral A&amp;E Delivery Board Exception Report</b></p> <p>The Chief Operating Officer provided the Board with an update from the recent Wirral A&amp;E Delivery Board.</p> <p>As the Chief Executive had already alluded to, the Wirral Health Economy had worked collaboratively to develop the Wirral Winter Plan, which would be presented to the September Board of Directors, incorporating feedback from the system visit on the 6<sup>th</sup> August.</p> <p>A priority for all Partners was to ensure that at times of acute pressure a series of hospital and community interventions had been agreed to reduce demand and improve overall patient flow. Within the Acute Trust setting a Winter Planning Group had been established, with deputed authorisation to support divisions and teams at time of high demand.</p>	<p><b>AM</b></p>

Reference	Minute	Action
	<p>Furthermore, it was outlined that the Acute Trust had requested an additional 48 hospital beds, and 20 community beds, to support winter mobilisation. There will also be greater focus on the overall health and wellbeing of the workforce to maintain staffing and minimise sickness wherever possible.</p>	
<b>BM 18-19/076</b>	<p><b>Month 3 Finance Report</b></p> <p>The Director of Finance apprised the Board of the summary financial position as at month 3.</p> <p>At the end of month 3 the Trust had reported an actual deficit of £9.3M versus a planned deficit of £8.5M. The year to date adjusted financial performance position is an actual deficit of £9.3M against plan of £8.5M.</p> <p>The areas driving the adverse position, whilst not exclusive, included underperformance in elective and day case activity. Those specialities highlighted included Colorectal, Ophthalmology, ENT and Orthopaedic Surgery, hindered by a delayed recommencement of the elective programme.</p> <p>The Board was reminded that having not accepted the Control Total issued by NHSI for 2018/19 of a surplus of £11M, the Trust was unable to access the Provider Sustainability Funds resource. The Trust had submitted a plan of £25M deficit to NHSI in April 2018.</p> <p>The Trust had achieved a use of Resource Rating of 3, which had been in line with plan.</p> <p>Key aspects apprised to the Board included:</p> <ul style="list-style-type: none"> <li>• Elective Income was £1.8M below Plan at the end of month 3.</li> <li>• At end of month 3, pay had been £0.7M below plan.</li> <li>• CIP had delivered £1.2M versus plan of £1.1M. Capital expenditure of £0.7M broadly in line with plan.</li> <li>• Cash balances at the end of June were £6.2M, exceeding plan by £4.1M.</li> <li>• Agency spend of £1.6M represents £0.3M within the NHSI cap but did include the release of £0.3M historic agency accruals.</li> </ul> <p>Jayne Coulson, Non-Executive Director, sought and received assurance that the Trust does now operate to a system of financial accountability.</p>	
<b>BM 18-19/077</b>	<p><b>Wirral Acting as One</b></p> <p>The Director of Finance provided the Board with a presentation entitled 'Healthy Wirral Acting As One', a vision for acting in unison across the Wirral.</p> <p>The presentation outlined the current challenges faced across the system, including clinical and financial sustainability, as well as an indication of the Primary Work streams currently being undertaken.</p> <p>The six key workstreams included:</p> <ol style="list-style-type: none"> <li>1. Planned Care</li> <li>2. Mental Health</li> <li>3. Neighbourhood</li> <li>4. Learning Disabilities</li> </ol>	

Reference	Minute	Action
	<p>5. Women's and Children's 6. Urgent Care</p> <p>It is envisaged that the appointment of the Independent Chair, Healthy Wirral Programme Manager and Healthy Wirral Finance Lead will galvanise momentum to drive forward the programme.</p> <p>To date, it was outlined that a governance structure had been implemented; Programme Management approach in line with CEP-Lite had been agreed. The Frailty programme was discussed with concerns noted around expectations to deliver in year savings of circa £2.0m.</p> <p>The Board heard that that the Healthy Wirral Operational Group had agreed to review progress on financial performance, throughout the system, and to agree system wide savings and prioritising new system recovery schemes.</p> <p>The presentation went on to provide a stock take of the Wirral Financial Position and the Director of Finance outlined the challenge re clinical and financial sustainability requiring a three year programme of system wide transformational change.</p> <p>The final aspects of the presentation focused on the Capped Expenditure Process [CEP-Lite], designed to unite commissioners and providers to develop plans beyond organisational boundaries, to achieve a net benefit whilst also achieving best possible outcomes. The Board was also advised that by supporting CEP-Lite there is the capacity to bid for funding via the Transformational Fund.</p> <p>To provide further context, the Board agreed to invite Simon Banks, Chief Officer, and Dr Sue Wells, Chair, Wirral Health &amp; Care Commissioning, to the September Trust Board of Directors meeting.</p>	<p><b>JH</b></p>
<p><b>BM 18-19/078</b></p>	<p><b>Bi-Monthly Nurse Staffing Report</b></p> <p>The Trust Board of Directors, in being presented with the Nurse Staffing Paper were asked to also consider this as the 6<sup>th</sup> monthly report. The Board also received confirmation that the paper had been presented to the Quality &amp; Safety Committee.</p> <p>The Board agreed that the Quality &amp; Safety would receive the more frequent report thereby providing the required assurance to the Trust Board of Directors. A formal 6<sup>th</sup> monthly update was then agreed to be received by the Trust Board.</p> <p>The report provided the report on Nurse Staffing against national standards.</p> <p>In particular, the Director of Nursing &amp; Midwifery drew the Board's attention to Rostering; a project plan that had been developed and is ongoing to ensure the Trust maximises the benefits of E Roster.</p> <p>With the support of the Divisional Directors of Nursing, the benefits of effective rostering had been demonstrated, via efficient rostering, improved management of additional shifts and the associated savings made in minimising overtime payments.</p>	<p><b>GW</b></p>

Reference	Minute	Action
	Having identified efficiencies of E Roster, the Trust will enhance and develop this further in September, by piloting a scheme whereby E Roster and NHSP map to the same operating systems, to maximise additional efficiencies and savings.	
<b>BM 18-19/079</b>	<p><b>Nursing Midwifery &amp; AHP Workforce Strategy Update</b></p> <p>Having presented the draft Nursing and Midwifery Strategy to the March 2018 Trust Board of Directors, the Director of Nursing &amp; Midwifery had led a consultation exercise, 'What Matters to You', to engage in discussions with the workforce to ensure that the strategy reflected what was important to the Trust's staff. As a result of that exercise, the strategy had been extended to include Allied Health Professionals.</p> <p>The Director of Nursing &amp; Midwifery confirmed that the strategy has been developed around the following key headings, with a number of parallel initiatives and interventions to enhance the Trust's profile pertaining to the recruitment and retention of nurses whilst also addressing absenteeism.</p> <ul style="list-style-type: none"> <li>• What our patients can expect from our nursing and midwifery workforce</li> <li>• What our nursing, midwifery and AHP workforce can expect from us</li> <li>• What our communities can expect from the trust</li> <li>• What our approach is to research</li> </ul> <p>The Board approved the Nursing, Midwifery and Allied Health Professionals Workforce Strategy 2018-2020, and in doing so, received assurance that the actions required to implement the strategy had been included within the overarching Organisation Development work plan. Furthermore, it was confirmed that implementation and progression of the strategy will be monitored via the Workforce Assurance Committee.</p>	
<b>BM 18-19/080</b>	<p><b>Report of Workforce Assurance Committee</b></p> <p>Mr John Sullivan, Non-Executive Director, apprised the Board of the key aspects from the recent Workforce Assurance Committee [WAC].</p> <p><b>Workforce Assurance Governance Structure</b> – a proposed change in the governance structures was accepted, with 'workforce decision making' delegated to a new Workforce Performance Group [WPG] supported by specialist sub groups for Diversity &amp; Inclusion, Education, Communication &amp; Engagement and Health &amp; Wellbeing.</p> <p><b>Freedom to Speak Up</b> – the Freedom to Speak Up Guardian, having been asked to join the WAC, provided an update. Q1 2018-19 showed an increase in concerns raised from 15 to 33, noting an increase in reporting is seen as a positive position. It was noted that 11 of the 33 concerns raised were anonymous. As already agreed, it was reaffirmed that Jayne Coulson, Non-Executive Director, will support the Head of Patient Experience with a review of current complaints processes.</p> <p>The Board requested that the Freedom to Speak Up Guardian attends the Trust Board of Directors on a 6 monthly basis to provide an update.</p>	<b>HM</b>

Reference	Minute	Action
	<p><b>Mandatory Training</b> – a critical review of Mandatory Training had been presented and a number of recommended changes accepted. These included a reduction in training elements, a future review of Essential Training and Trust Induction, the reintroduction of training blocks and the further development of e-learning packages.</p> <p><b>Recruitment ‘Deep Dive’</b> - The Assistant Director of Workforce Effectiveness provided a verbal report on the recent review of recruitment. A number of recommendations for change were discussed and it was agreed a final version will be reviewed at the next WAC. The committee observed that as recruitment and retention were critical success factors for the Trust, it supported the proposal to bring forward resource planning and forecasting capability.</p> <p><b>Medical Engagement</b> – the Director of Workforce updated the committee on the recent discussion with the Chair of Medical Board and her attendance at Medical Board. Having been invited to attend Trust Board, the Chair of Medical Board Chair is unable to attend future meetings having alluded to a possible conflict of interest.</p> <p>The Board reflected on mutual engagement and the benefits for the Trust from a leadership, cultural and assurance perspective and wished to explore these benefits further. In order to progress and develop this collaboration, the Board asked the Interim Director of Workforce to write to the Chair of the Medical Board asking if a representative could attend the Workforce Assurance Committee as a deputed representative.</p> <p>Furthermore, the Chair reiterated the importance of wider collaboration and mutual understanding, when seeking to enable a programme of change across the organisation, and reaffirmed that the Associate Medical Directors will be invited to attend future monthly Trust Board of Directors meetings.</p> <p><b>HR&amp;OD Dashboard</b> - HR &amp; OD metrics were presented. Having noted 'Red' Key Performance Indicators for Sickness Absence, Agency Breaches, Staff Engagement and counselling waiting times in Occupational Health, the WAC will review these further.</p>	<p>HM</p> <p>JH DH</p>
BM 18-19/081	<p><b>Report of Quality and Safety Committee</b></p> <p>Dr John Coakley apprised the Board of the key discussions and actions that had arisen at the Quality &amp; Safety Committee.</p> <p>Having received the CQC report, and in conjunction with the newly appointed Director of Quality &amp; Governance, it had been agreed to review the terms of reference, schedule of meetings and Quality Dashboard.</p> <p>The Committee had received reports pertaining to Safe Staffing, Safeguarding and Mortality Reviews. In order to avoid unnecessary duplication, it was agreed to review further submission of these reports to avoid duplication, when also being presented to the Trust Board of Directors, whilst ensuring the Board received the required levels of assurance.</p> <p>The outlier alert pertaining to SEPSIS had been discussed with a further review to be undertaken.</p>	

Reference	Minute	Action
	<p>Deep dives had been received and concluded satisfactorily pertaining to Nutrition, Infection Control, Falls and Pressure Ulcers.</p> <p>The Committee had asked to have additional visibility and assurance specifically associated with the report and analysis of complaints and incidents.</p>	
<p><b>BM 18-19/082</b></p>	<p><b>Safeguarding Annual Report</b></p> <p>The Director of Nursing &amp; Midwifery apprised the Board of the Safeguarding Annual Report that provides assurance to the Board of Directors and external agencies of how WUTH discharges its statutory duties in relation to safeguarding.</p> <p>The salient points noted by the Trust Board of Directors included:</p> <ul style="list-style-type: none"> <li>• The Trust remains non-compliant with Protecting Vulnerable People training compliance. Divisional action plans have been implemented with assurance to be provided via the Safeguarding Assurance Group.</li> <li>• There had been a significant increase in the number of Deprivation of Liberty Safeguarding applications made to the supervisory body within 2017 /18. A gap was identified in the ability to grant applications. Having been resolved, the Board was assured that the Trust is compliant with legislation.</li> <li>• Child Protecting-Information Sharing (CP-IS) – the Trust launched the CP-IS to enable staff to securely share information across partner agencies when a child presents in an unscheduled care setting.</li> <li>• Strengthening of governance and staffing arrangements within the Trust had been approved to ensure safe and effective care for vulnerable people.</li> <li>• Measures have been implemented to support and improve overall completion of training.</li> </ul> <p>In approving the Safeguarding Annual Report, the Board extended thanks to all those who had been involved in preparing and validating the report.</p>	
<p><b>BM 18-19/083</b></p>	<p><b><u>CQC Inspection Report</u></b></p> <p>The Director of Quality and Governance had invited the Board to take the pre circulated papers as read, reiterating that the CQC inspection identified no material improvement in ratings since 2015 and had rated the Trust as 'Requires Improvement'.</p> <p>The ratings overall had stayed the same, with a deterioration in both the effective and well-led domains. The findings of the report, and the recommendations contained, had been accepted in full. 102 recommendations have been made by the CQC to comply with the requirements of the Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Having concluded a number of meetings, the Director of Quality and Governance had the requisite levels of confidence that the improvements required would be delivered.</p>	

Reference	Minute	Action
	<p>In the short term, the Trust is required to submit an Action Plan, outlining the level of required action and governance to address the CQC findings, by 8 August 2018. Preparation of the action plan to be in line deputed support of the Executive Team and Divisions. It had already been agreed that NHSI and Wirral Health &amp; Care Commissioning would be provided with a copy of the submitted Action Plan.</p> <p>To support the required level of commitment, pace and rigour, the Director of Quality and Governance would circulate a discussion document, to advance governance, risk and management systems, for the Board to consider at the forthcoming strategic away day.</p> <p>As a résumé, the Chair sought initial observations from the Director of Quality and Governance. These included:</p> <ul style="list-style-type: none"> <li>• Indications that the Trust had lower than expected clinical governing practices.</li> <li>• A culture of 'support and challenge', amongst teams and colleagues, lacking.</li> <li>• Some basic inadequacies highlighted within clinical infrastructure. As evidenced in discussion i.e. ligature cutters, Clatterbridge disabled toilet.</li> <li>• A misunderstanding of the consequences attributed to Serious Incidents/Harm Reviews.</li> <li>• Some generalisation to accept situations as 'the norm'.</li> </ul> <p>The Board was apprised however that there was a demonstrable and real level of desire and commitment to enact the required changes.</p> <p>In summary, the Board accepted the recommendations outlined and the associated tangible actions required in addressing the findings.</p>	<p><b>PM</b></p> <p><b>PM</b></p>
<p><b>BM 18-19/084</b></p>	<p><b><u>Board Assurance Framework</u></b></p> <p>The Director of Quality and Governance, having had the opportunity to review the summary of risks and the associated actions being undertaken to mitigate overall risk, outlined to the Board seven overriding key strategic risks.</p> <ol style="list-style-type: none"> <li>1. Failure to achieve and maintain financial sustainability.</li> <li>2. Demand for care that overwhelms capacity</li> <li>3. Critical shortage of workforce capacity and capability</li> <li>4. Catastrophic failures in standards of safety and care</li> <li>5. Fundamental loss of stakeholder confidence</li> <li>6. Major disruptive event</li> <li>7. Breakdown of Strategic Partnerships</li> </ol> <p>The Director of Quality and Governance will utilise these 7 themes as the basis for a wider review and development. Furthermore, it was agreed that the seven headings would be circulated for inclusion within the Trust's overall Strategic Plan.</p> <p>Jayne Coulson, Non-Executive Director, sought and received assurance that the wider engagement of the workforce would be incorporated to maximise results. Furthermore, the Board discussed the importance of engaging with colleagues, in the development of the overall action plan, to maximise</p>	<p><b>PM</b></p>

Reference	Minute	Action
	opportunities. It was suggested that members of the Trust Board engage with various groups/bodies as a precursor to any Trust wide Comms i.e. Divisional Triumvirates and Medical Board.	
<b>BM 18-19/085</b>	<p><b>Business Case to Replace Magnetic Resonance Imaging Scanner</b></p> <p>The Director of Finance apprised the Board of the key fundamentals and rationale for replacing the 17 year old Magnetic Resonance Imaging Scanner [MRI], one of two MRIs owned by the Trust, and sought Trust Board approval to replace the scanner as part of the 2018/2019 Capital Programme.</p> <p>It was reiterated that the two scanners provide a Magnetic Resonance service for inpatients, outpatients, emergency department and 100% of referrals from Wirral GPs.</p> <p>The Board was assured that the indicative cost obtained via NHS Supply Chain was circa £1M inclusive of VAT. The Director of Finance confirmed that the Trust had explored leasing as an option, circa £140K - £150K per annum, and negated the option based on the impact against income &amp; expenditure and the Trust's overall deficit plan and that this had always been factored into the capital planning for 2018/19.</p> <p>Having sought assurance on a number of points, in advance of the meeting, it was agreed that the Director of Finance would review these and liaise directly with Mr Hollick, Non-Executive Director.</p> <p>The Board approved the business case to replace the MRI scanner as part of the 2018/19 capital programme.</p>	
<b>BM 18-19/086</b>	<p><b>Items for BAF/Risk Register</b></p> <p>As already discussed and minuted within Item NM 18-19/084.</p>	
<b>BM 18-19/087</b>	<p><b>Items to be considered by Assurance Committees</b></p> <p>None</p>	
<b>BM 18-19/088</b>	<p><b>Any Other Business</b></p> <p>The Chair welcomed the views of those present in evaluating the Trust Board of Directors meeting.</p> <p>Board members observed the meeting had been open, constructive and informative and where pleased to see a clear progression in teams and divisions working collaboratively to serve the Trust's patients. The opportunity to speak candidly and confidentially with colleagues was very much welcomed.</p> <p>One observation had pertained to the length of Board papers and a request to refine the process so that information presented clearly articulated the request and the supporting governance. It was agreed that the feedback would be included within the overall governance review being undertaken by the Director of Quality and Governance.</p>	<b>PM</b>

Reference	Minute	Action
	Having observed a number of Trust Board of Director meetings, Dr Fry welcomed the opportunity to share his views and felt that the Board was now far more transparent, engaging -and forthcoming.	
<b>BM 18-19/089</b>	<b>Date of next Meeting</b> Wednesday 26 September 2018	

.....  
**Chair**

.....  
**Date**

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

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

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
<b>Date of Meeting 25.7.18</b>						
1	BM 18-19/067 & BMBM 18-19/080	Associate Medical Directors to be invited to attend the monthly Trust Board of Directors meetings.	DH/JH			Completed
2	BM 18-19/068	Open invite for Board members to attend monthly Medical Board meetings.	HM			Completed
3	BM 18-19/068	Trust Wide Comms to be issued confirming issues associated with overnight car parking had been resolved.	AM			Completed
4	BM 18-19/069	Board Action Log to be reviewed and updated	JH			Completed
5	BM 18-19/070 & BM 18/19/075	Winter Plan – Update pertaining to Winter Plan to be presented at next Trust Board meeting	AM		September 2018	
6	BM 18-19/073	AD of Nursing for Infection Prevention and Control to be invited to Board meetings to support IPC agenda items.	GW			Completed
7	BM 18-19/074	Joint Trust Board / Outpatients meeting to be held. Outpatients support visit to be undertaken.	AM AM/CC/JC		Ongoing	Completed

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8	BM 18-19/074	Jayne Coulson to support review of current processes and refinement pertaining to Patient Complaints.	GW			Completed
9	BM 18-19/077	To support and provide further context & clarity pertaining to the Healthy Wirral Programme, Simon banks and Dr Sue Wells to be invited to a future Board meeting.	JH		To attend Board 1.11.18.	
10	BM 18-19/078	Nurse Staffing Report to be submitted to Trust Board of Directors on a 6 <sup>th</sup> monthly basis. Regular updates reviewed by Quality & Safety Committee.	GW			Completed
11	BM 18-19/080	Freedom to Speak Up Guardian to be invited 6 <sup>th</sup> monthly to provide a Trust Board update.	HM			Completed
12	BM 18-19/080	To support Trust wide collaboration and engagement, a representative from Medical Board to be asked to attend the Workforce Assurance Committee.	HM			
13	BM 18-19/083	Wirral Health & Care Commissioning to be provided with a copy of the Trust's CQC Action Plan.	PM			Completed
		'Better Control and Assurance' discussion document to be circulated ahead of Trust Board strategic meeting.	PM			Completed
14	BM 18-19/084	Identified 7 key Board Assurance Framework themes to be incorporated within overall Strategic Plan.	PM		Ongoing	
15	BM 18-19/088	Review of Board Papers to be incorporated within overall governance review.	PM		Ongoing	
<b>Date of Meeting 27.6.18</b>						
1	BM 18-19/051	Divisions to be invited to attend Board, on a rotational basis, pertaining to divisional engagement.	HM		October 2018	
2	BM 18-19/052	Director of Finance to develop financial objectives for discussion at Board Away Day	DJ		31 July 2018	Completed
3	BM 18-19/052	Post Board Away Day – engagement session with Board & Consultant Body re Vision and Strategy.	ML		September 2018	

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4	BM 18-19/056	Trust Board to be apprised of key components of the Winter Plan.	<b>AM</b>	To be incorporated into July Board of Directors CEO Report.  To be incorporated into Winter Plan Update at September Board of Directors.	September 2018	
5	BM 18-19/060	Board Assurance Framework to be reviewed by Director of Governance and Quality	<b>PM</b>	Board Paper scheduled for July 2018 Trust Board meeting.  Review undertaken and presented for Away Day discussion 31.7.18.	October 2018	
<b>Date of Meeting 30.5.18</b>						
5	BM 18-19/041	Medically Optimised / Intermediate Care Scheme. Brd update to be provided once final proposition had been agreed.	<b>AM</b>	To be incorporated into Winter Plan Update at September Board of Directors.	September 2018	
<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	<b>DH/HM</b>	Concurrent appointment of Non-Executive Directors ongoing. To be reviewed upon confirmation of appointments.  Completed and requires appointment by Governors. Paper to be prepared by HM.	September 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>AM</b>	Outlined with Associate Director of Estates and to be discussed further.	September 2018	
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  Away Day scheduled for 31 July for sign off of Strategy.	September 2018	

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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 as part of environmental work.	
<b>Date of Meeting 28.3.18</b>						
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>AM</b>	6 Facet survey tenders received and preferred supplier selected. Report and findings will be available September 2018.	Delayed until completion of '6 Facet Survey'.	
<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>	<del>Long list of Healthy Wirral Initiatives being reviewed in terms of quantifiable benefits.</del> Healthy Wirral Plan coming to Board September 2018.	September 2018	
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. Healthy Wirral Plan coming to Board September 2018.	September 2018	

BOARD OF DIRECTORS	
<b>Agenda Item</b>	6
<b>Title of Report</b>	Chief Executive's Report
<b>Date of Meeting</b>	27 September 2018
<b>Author</b>	Janelle Holmes, Chief Executive
<b>Accountable Executive</b>	Janelle Holmes, Chief Executive
<b>BAF References</b> • Strategic Objective • Key Measure • Principal Risk	All
<b>Level of Assurance</b> • Positive • Gap(s)	Positive
<b>Purpose of the Paper</b> • Discussion • Approval • To Note	To Note
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • Yes • No	N/A

This report provides an overview of work undertaken and important announcements in August & September.

### National

#### Capital Award

The Trust has been notified that its £2m bid against the national urgent care capital fund of £145m has been approved. The strict application criteria stipulated that the monies must be spent prior to Christmas 2019 and provide a tangible improvement in physical capacity be it beds or A&E assessment facilities. The Trust's bid of a 30 bed ward refurbishment, along with a redesign of

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assessment function and design was one of only 3 successful bids across Cheshire and Merseyside, the others being Chester and Mid Cheshire.

#### Flu

NHSi & NHSe released a joint press statement on Friday 7<sup>th</sup> September 2018 setting out their expectations around flu vaccinations.

They announced that all front line staff will be expected to get a flu vaccination to help protect patients as part of a comprehensive plan for winter.

Trusts have been advised that staff who decide not to be vaccinated should be asked to explain the reason, in order that the organization can use the information to support greater compliance. Last winter, 68.7% of front line health care workers received the vaccination nationwide. WUTH vaccination rate was 81.3% and have plans in place to both increase our vaccination rate and collect data from frontline staff who decline the vaccination.

#### Regional & Local

##### CQC (IRMER)

CQC Inspectors conducted a short notice announced inspection of compliance with Ionising Radiation (Medical Exposure) Regulation on 21<sup>st</sup> August 2018. There were a number of areas of good practice recognized and also some areas for improvement. A comprehensive action plan has been submitted to CQC and will be tracked through the Quality and Safety governance arrangements.

##### Executive Team Recruitment

###### *Medical Director*

Dr Nicola Stevenson was recruited to the position of Medical Director on 31<sup>st</sup> August 2018. Her formal start date is 15<sup>th</sup> October 2018. I would like to extend my thanks and gratitude to Acting Medical Director, Dr Mark Lipton for the work he has undertaken during this interim period.

###### *Director of Transformation & Partnerships*

Natalia Armes was recruited to the position of Director of Transformation and Partnerships on 10<sup>th</sup> September 2018 on a 12 month secondment from the Service transformation team. She officially took up her role on 17<sup>th</sup> September 2018.

##### Adult Health & Care Overview & Scrutiny Committee

The CQC Inspection report was presented by the Trust to the Adult and Social Care Overview and Scrutiny Committee on 12<sup>th</sup> September 2018. Local Councillors discussed the report with the Trust and asked if they could visit the Trust to review the improvement work being undertaken. It was agreed that this visit would be coordinated via Healthwatch.

##### Challenged Trust – Improvement Support

NHSi have confirmed that following the 2018 CQC inspection that additional improvement support will be provided to WUTH under 'challenged provider' scheme. The executive team are working with NHSi to agree the support package offer.

##### Major Trauma Unit Reaccreditation

WUTH has again achieved the required standard for reaccreditation as a Major Trauma Unit following a visit in July from the Cheshire and Merseyside Major Trauma Network where compliance with the Clinical Standards was inspected. The next review will take place in 2020.

##### Accreditation for Anaesthesia

The Department of Anaesthesia has been recognised by the Royal College of Anaesthesia as an ACSA accredited department. The department were recognised for providing services of a high quality and consistent standard. There are only 17 general trusts nationally who have achieved this accreditation.

### Urgent Care Services Consultation

The public consultation into the future plans for urgent care on the Wirral commenced on 20<sup>th</sup> September 2018 and is due to run until the 12<sup>th</sup> December 2018.

### Serious Incidents and Learning Lessons

During July and August 2018 the Trust declared 6 serious incidents for investigation. Five of these incidents occurred in July and one in August. One of the serious incidents that occurred during July 2018 was declared as a Never Event.

Following initial investigations into the six reported serious incidents there are some common themes that have been identified, including:

- Failing to escalate mNews and failing to escalate to Critical Care Outreach for Sepsis screening (Never Event – Misplaced Nasogastric Tube). Delays with escalating to appropriate pathways including cancer and patients being lost to follow up
- Documentation and transferring patients during the night

As a result of the serious incidents reported for this period a number of lessons have been learned, including:

- mNews audits are conducted across the Trust with regular audits for Sepsis Screening
- Education and awareness for Lost to Follow Up and ensuring patients are re-booked
- Mental Capacity Awareness education, the Trust is arranging a talk and education for World Mental Health Day in October 2018.
- There is now a Nutrition Lead in the Trust and specialist nurses have been identified to disseminate learning on feeding tubes.

The number of serious incidents has reduced significantly during the last two months this is due to the criteria for Serious Incidents within the National Framework being applied to all potential serious incidents. In addition to this, discussions and debate is undertaken for all potential serious incidents at the weekly Serious Incident Review Panel

**Janelle Holmes**  
**Chief Executive**  
**September 2018**



BOARD OF DIRECTORS	
<b>Agenda Item</b>	7.2
<b>Title of Report</b>	Infection Prevention & Control Update Report
<b>Date of Meeting</b>	26 <sup>7</sup> September 2018
<b>Author</b>	Joe Allan, Associate Director of Nursing for Infection Prevention & Control
<b>Accountable Executive</b>	Gaynor Westray, Director of Nursing & Midwifery and Director of Infection Prevention & Control
<b>BAF References</b> <b>Strategic Objective</b> <b>Key Measure</b> <b>Principal Risk</b>	1, 2 and 12
<b>Level of Assurance</b> <b>Positive</b> <b>Gap(s)</b>	Positive <ul style="list-style-type: none"> <li>- Number of reviews in place to further reduce health care associated infections and to sustain improvements with infection prevention &amp; control practices within the Trust.</li> </ul> Current Gaps <ul style="list-style-type: none"> <li>- Introduce CPE re-admission screening</li> <li>- Thermal disinfection for beakers / water jugs</li> </ul>
<b>Purpose of the Paper</b> <b>Discussion</b> <b>Approval</b> <b>To Note</b>	For discussion and approval
<b>Reviewed by Assurance Committee</b>	No
<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

The purpose of this report is to update and inform the Trust Board of the current health care associated infection (HCAI) situation and the proposed improvements with infection prevention & control (IPC) practices within the Trust.

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The Health and Social Care Act (2008), updated 2015 (Code of practice on the prevention and control of infections) clearly identifies criteria to ensure that patients are cared for in a clean environment, which minimises the risk of acquiring a HCAI.

This report outlines the Trust's current position of HCAI:

- *Clostridium difficile*
- Carbapenemase Producing *Enterobacteriaceae* (CPE)
- *E. coli*
- MRSA
- Ward / department cleaning scores, including thermal disinfection

## **2. Background**

The purpose of this report is to update and inform the Trust Board of the current HCAI situation and the review of processes associated with IPC within the Trust. This work is monitored through the Trust's Infection Prevention & Control Group which reports to the Patient Safety and Quality Board.

## **3. IPC Summary Report**

The IPC Team is currently reviewing a number of processes within the Trust to reduce the incidence of avoidable healthcare associated infections. The processes being reviewed include getting 'back to basics' with cleaning, hand hygiene, skin disinfection, education / training and ensuring that a number of measures in place are appropriate to deliver safe clean care. In addition, The Director of Infection Prevention & Control, supported by the IPC Team is undertaking weekly *C. diff* executive reviews.

Table 1 outlines the Trust's position of 'alert' organisms from 1<sup>st</sup> April 2018 and Table 2 provides a breakdown of alert organisms by ward / department.

Summary to date:

- *Clostridium difficile* avoidable cases – 12 against a trajectory of 28 cases
- Zero cases for MRSA Bacteraemia
- MRSA hospital attributable cases – 26 cases (currently no trajectory)
- *E. coli* hospital attributable cases – 21 against a trajectory of 17 cases
- CPE all confirmed cases – 60 cases (currently no trajectory)

The Trust is not fully compliant with the national CPE guidance with a gap in readmission screening. Readmission screening is for patients with a hospital admission in the previous 12 months. The IPCT alert all ward patients exposed to CPE as low risk for screening on readmission and high-risk exposure applies to patients in the same bay as a patient with CPE. Further discussion with the DIPC and Consultant Medical Microbiologist is to introduce readmission screening with a further review in six months.

Domestic cleaning audit scores are completed monthly by Facilities Management. Domestic audit scores are displayed outside of each clinical area. In August 2018 no areas reported red (below 90%), four areas reported amber (90 – 96%) and the remainder of the Trust reported green (above 96%). Concerns have been raised within divisions and IPC team regarding the accuracy of the scores and this was identified following a period of increased incidence on Ward 38.

Currently there is no process in place within the Trust for thermal disinfection (dishwashing above 60°C) for patient beakers and water jugs. An alternative process for thermal disinfection is a double sink method. Work has commenced with Facilities Management to address both of these issues.

### **The Board is asked to**

Note the content of this report and request further assurance if indicated.

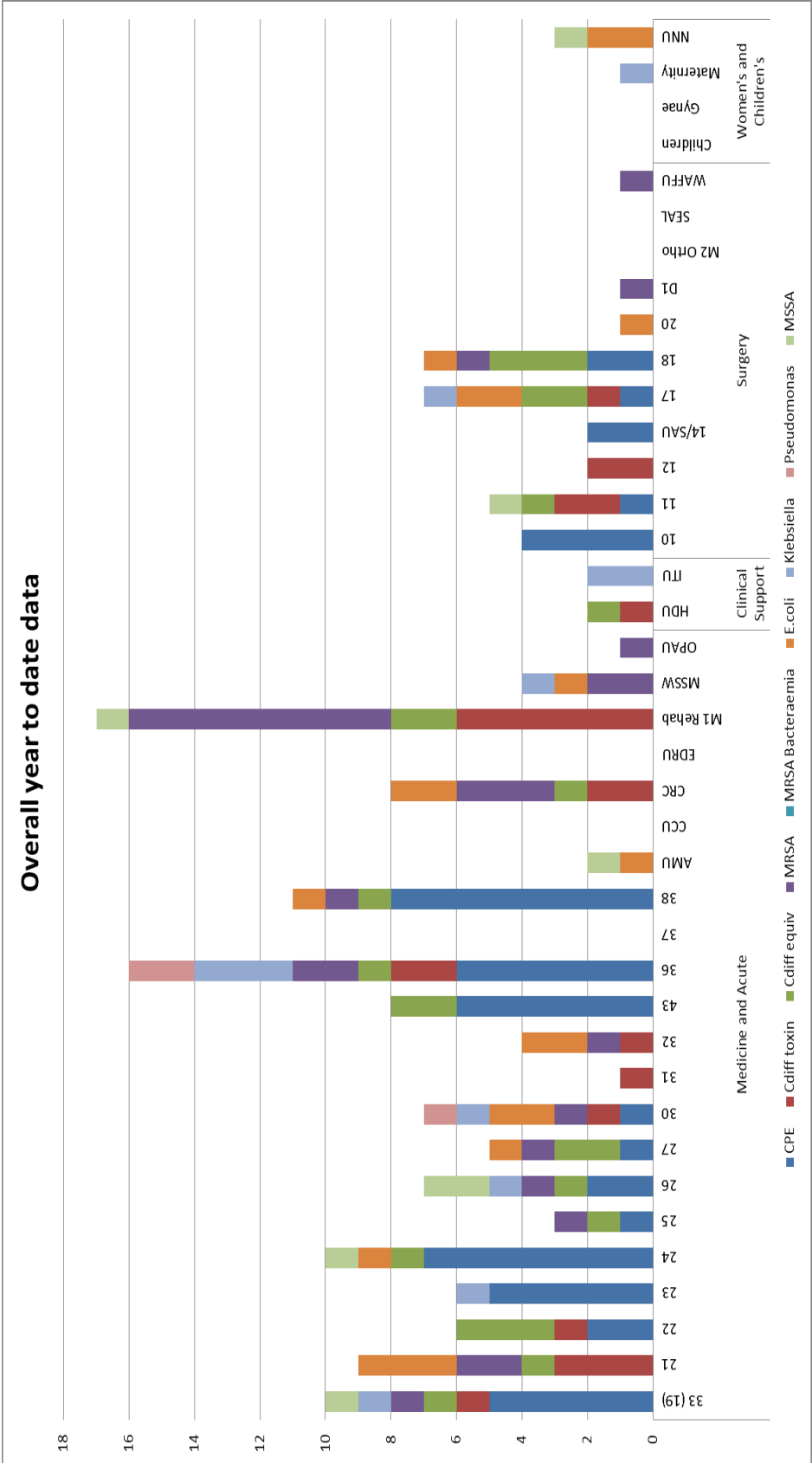
**Table 1 – Summary of HCAI Alert Organisms from 1<sup>st</sup> April 2018 to 31<sup>st</sup> August 2018**

Division	CPE	C. diff toxin	MRSA	MRSA Bacteraemia	E.coli	Klebsiella	Pseudomonas	MSSA
Medicine and Acute	44	18	25	0	14	8	3	6
Clinical Support	0	1	0	0	0	2	0	0
Surgery	10	5	2	0	4	1	0	1
Women's and Children's	0	0	0	0	2	1	0	1
Total	54	24	27	0	20	12	3	8

Programme of work:

- All HCAI are investigated through either post infection review or SBAR
- C. diff rapid reviews and weekly C. diff executive review meetings
- IPC nurses attend divisional IPC monthly meetings
- Quality visit each day by IPC
- Review of environment / equipment cleaning – Introducing Chlor-Clean (hypochlorite solution)
- Refresher training for hydrogen peroxide vapour cleaning
- Amended the enhanced cleaning programme
- Introducing thermal disinfection for water jugs & beakers following a successful trial
- Aseptic non touch technique roll out in Emergency Department and Critical Care

Table 2 – Breakdown of Alert Organisms by Ward / Department



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 September 2018
<b>Author</b>	John Halliday, Assistant Director of Information
<b>Accountable Executive</b>	Anthony Middleton, Chief Operating Officer
<b>FOI status</b>	Document may be disclosed in full
<b>BAF References</b>	
<ul style="list-style-type: none"> <li>• <b>Strategic Objective</b></li> <li>• <b>Key Measure</b></li> <li>• <b>Principal Risk</b></li> </ul>	<p>All Strategic Objectives (1 through 7)</p> <p>All Key Measures (1A through 7D)</p> <p>All Principal Risks</p>
<b>Level of Assurance</b>	
<ul style="list-style-type: none"> <li>• <b>Positive</b></li> <li>• <b>Gap(s)</b></li> </ul>	Partial with gaps
<b>Purpose of the Paper</b>	
<ul style="list-style-type: none"> <li>• <b>Discussion</b></li> <li>• <b>Approval</b></li> <li>• <b>To Note</b></li> </ul>	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>	
<ul style="list-style-type: none"> <li>• <b>Yes</b></li> <li>• <b>No</b></li> </ul>	No

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## 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 August 2018.









## 2. Background

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

## 3. Key Issues

### Access Standards

#### A&E 4 Hours

Key Access Standards : A&E 4 Hours	Target	June	July	August	Trend	
A&E 4 Hour Standard (Wirral wide including all WICs/MIUs)	>=95%	89.85%	91.17%	90.00%		
A&E 4 Hour Standard (APH site inc ADHC)	STF >=90% by Sept 18	83.43%	85.64%	83.60%		
A&E 4 Hour Standard (APH site : ED only)	>=95%	76.80%	79.93%	77.06%		
Ambulance Handovers > 60 minutes	Zero	85	53	96		

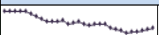



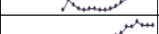





#### A&E 4 Hours

Against the A&E standard of a minimum 95% of patients to be admitted, transferred or discharged within four hours, the month of August was 90.00% as measured across the combined Wirral WUTH ED, WCT Walk-in Centres and MIUs. This is the external view of Wirral performance by NHS England. Performance for ED with the All Day Health Centre on the Arrowe Park site was 83.60%, with ED alone at 77.06%.

For April to August 2018, ED attendances have reduced by 1,677 compared to same period last year. The largest reduction has been in ambulance attendances, down by 9.3%. Despite this reduction, resus attendances remain approximately the same (-1%), suggesting patients with higher acuity are not reducing. The NHSI recovery trajectory for August was 87%, and site performance was below this at 83.60%, although the Trust has sought final clarification from both regulators whether they are focusing on site or economy level performance.

In August, there were 96 ambulance handover delays >60mins, an increase of 43 from July. These delays manifest themselves when flow is compromised and nurse staffing levels within ED are challenged. Delays are more prevalent out of hours now as the division has implemented an escalation and redeployment approach on a shift by shift basis. Overnight staffing is more challenging and alternative approached to recruitment and workforce is underway, including ex ambulance service staff.

### Referral to Treatment

Key Access Standards : RTT	Target	June	July	August	Trend	
RTT Incompletes : 18 Weeks Position	$\geq 92\%$	75.74%	76.25%	77.15%		
RTT Incompletes : 52 weeks waiters	0 per month	78	57	56		
RTT Incompletes : Total waiters	n/a	26957	26836	27308		
RTT Incompletes : 39 weeks waiters	n/a	882	843	883		
Diagnostics 6 Weeks Standard *	$>99\%$	97.90%	98.54%	97.86%		

\*Note : Performance figures not yet finalised

Key Access Standards : RTT (latest month)	Target	Acute & Med	Surgery	W&C	Clin Support
RTT Incompletes : 18 Weeks Position	$\geq 92\%$	84.76%	67.07%	87.32%	93.70%
RTT Incompletes : 52 weeks waiters	0 per month	3	49	2	2
RTT Incompletes : Total waiters	n/a	7617	13525	3706	2460
RTT Incompletes : 39 weeks waiters	n/a	71	751	21	40
Diagnostics 6 Weeks Standard *	$>99\%$	-	-	-	-

The focus of RTT is solely on the incomplete standard, with the threshold set at a minimum 92% of patients waiting to be at 18 weeks or less. The Trust is judged externally by the total waiting across all specialties, though financial penalties are calculated under the contract for individual specialties that do not achieve.

The position for the end of August was 77.15%. This is on track against the improvement trajectory submitted to NHSI. The number of patients still waiting and over 52 weeks was 56, which is one lower than July, and above the trajectory for this point in the year. External scrutiny on these long waiters has increased, with the recent requirement of a weekly trajectory and reporting to NHSI. The objective remains to eliminate these very long waiters by March 2019.

The other key RTT target for 2018-19 is to ensure the total waiting at March 2019 is no higher than the March 2018 position of 24,736. The total waiting at the end of August was 27,308, an increase of 2,572. The introduction this year of the MSK service has contributed over 1700 patients to this increase, as previously non reported patients in the community have transferred to the Trust waiting list. The long term objectives of the MSK model will realise an overall reduction in waiting list numbers and times, but there is a high level of regulatory interest as the timescale will compromise the commitment given at national level not to see waiting lists increase over the course of 2018/19.

The Clinical Divisions have provided a specialty based trajectory to inform the overarching improvement trajectory. Formal weekly monitoring arrangements are in place to manage and where appropriate and possible to expedite clock stop events. Within the Division of Surgery a margin was applied to the trajectory to reflect a predicted increase in cancellations by the patient over the summer months and a potential increase by Trust initiated cancellations in the winter months.

Validation is almost complete on the diagnostic 6-week wait position at the end of August, with performance standing at 97.86%, so below the 99% threshold. Weekly tracking is now in place and there is a high degree of confidence that delivery will return to standard at the end of September.

## Cancer Waiting Times

The Trust expects to achieve all Cancer standards for Quarter 2 overall.

Cancer Waiting Times *	Target	June	July	August	Trend	
Cancer : Two Week Wait	>=93%	95.21%	95.66%	92.1%		
Cancer : Two Week Wait Breast Symptoms	>=93%	100.00%	100.00%	100.00%		
Cancer : 31 days to First Treatment	>=96%	95.53%	98.20%	92.5%		
Cancer : 31 days to Subsequent Treatment (Surgery)	>=94%	100.00%	100.00%	100.00%		
Cancer : 31 days to Subsequent Treatment (Drugs)	>=98%	100.00%	100.00%	100.00%		
Cancer : 62 days Urgent Referral to Treatment	>=85%	87.77%	85.43%	90.91%		
Cancer : 62 days NHS Screening to First Treatment	>=90%	100.00%	100.00%	92.31%		
Cancer : 62 days Consultant Upgrade to First Treatment	>=85%	93.26%	90.58%	83.9%		

\*Note : Performance figures not yet finalised

Cancer Waiting Times * (latest month)	Target	Acute & Med	Surgery	W&C	Clin Support
Cancer : Two Week Wait	>=93%	92.26%	91.42%	97.68%	-
Cancer : Two Week Wait Breast Symptoms	>=93%	-	-	100.00%	-
Cancer : 31 days to First Treatment	>=96%	100.00%	95.71%	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%	100.00%	-
Cancer : 62 days Urgent Referral to Treatment	>=85%	96.67%	85.71%	92.31%	-
Cancer : 62 days NHS Screening to First Treatment	>=90%	-	100.00%	100.00%	-
Cancer : 62 days Consultant Upgrade to First Treatment	>=85%	100.00%	79.17%	100.00%	-

The two week wait standard was not achieved for the month of August, but it is still expected that this quarterly measure will be achieved. Although the standards of 31 days to treatment and 62-day consultant upgrade are currently showing as not achieved for August, the predicted treatment numbers still to be incorporated would result in both standards being achieved for the month.

## Infection Prevention and Control

In August 2018 the Trust reported a further three incidents of avoidable C Difficile toxins, bringing the total now to 12. The tolerance for the full year 2018/19 is a maximum 28 avoidable cases.

## Complaints

Following the increase in complaints received in June (39, as previously reported), the numbers received in July and August have returned to more typical levels of 25 and 27 respectively.

## **4. Next Steps**

WUTH remains committed to attaining standards through 2018-19.

## **5. Conclusion**

The key operational challenges remain coping with the urgent care pressure on the Arrowe Park site. Improvement against the A&E 4 Hours trajectory has slowed in August. Within this context, improving also on elective waiting times and RTT performance is limited. The key expectation and external performance management will be on demonstrating improvements in the numbers of very long waiting patients, ie 52 weeks and above.

## **6. Recommendation**

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

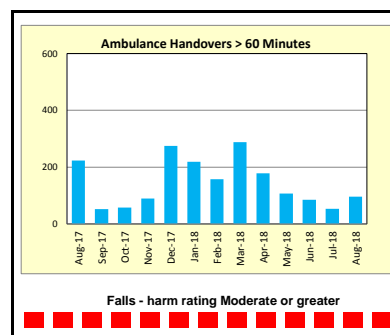
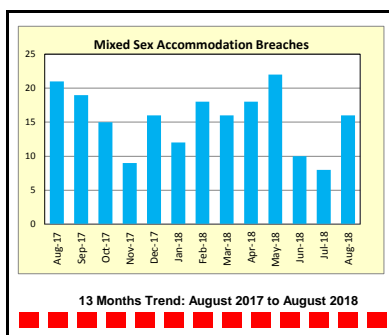
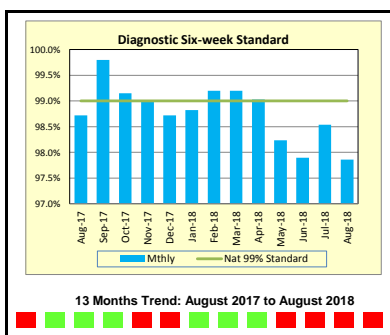
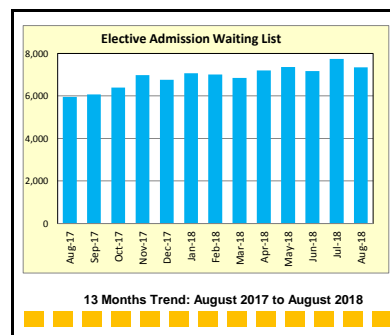
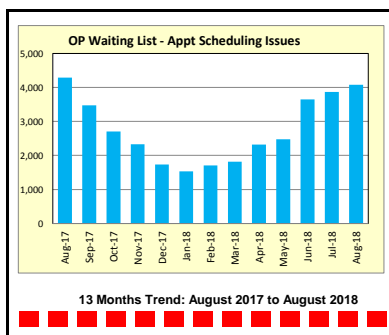
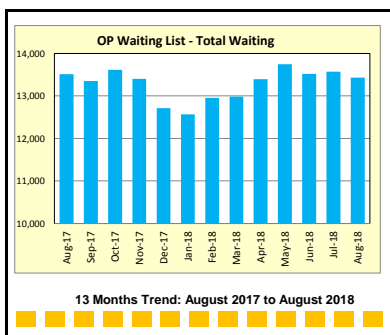
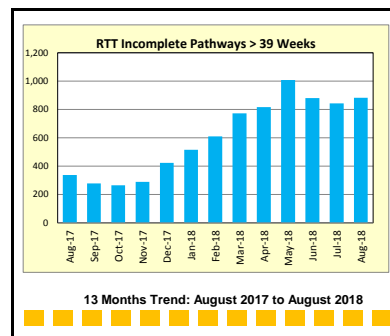
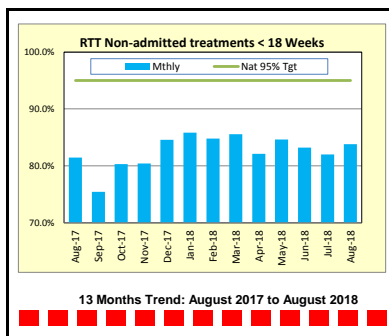
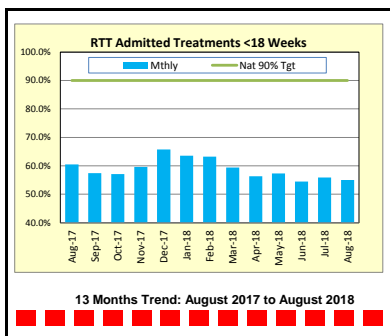
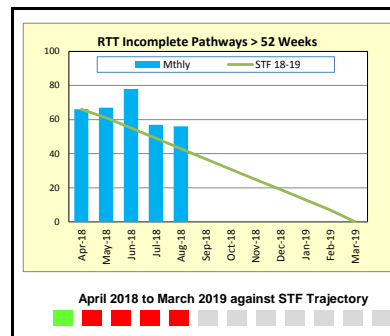
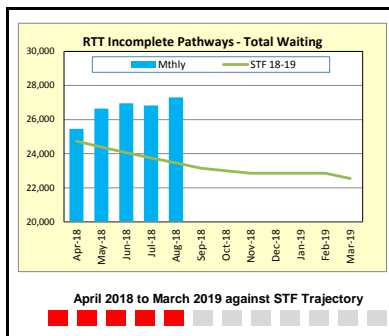
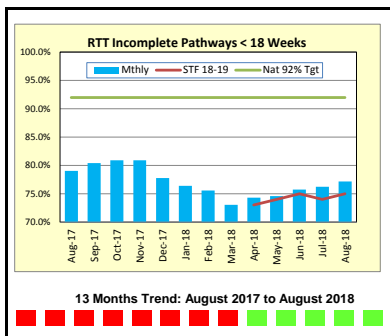
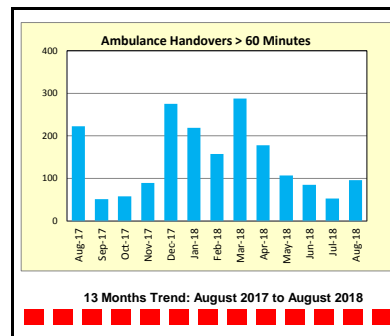
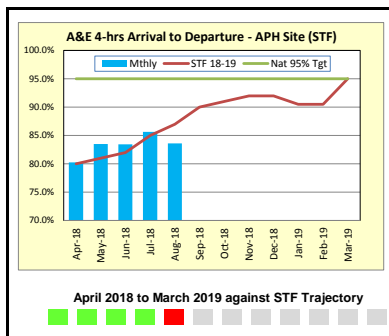
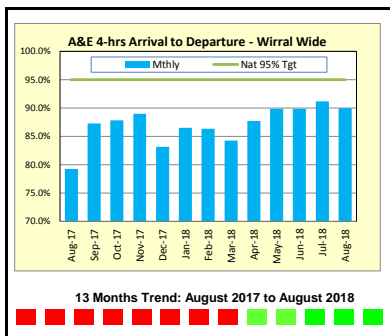


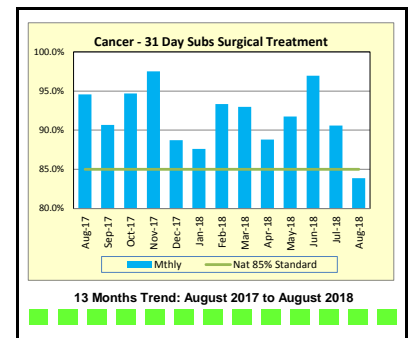
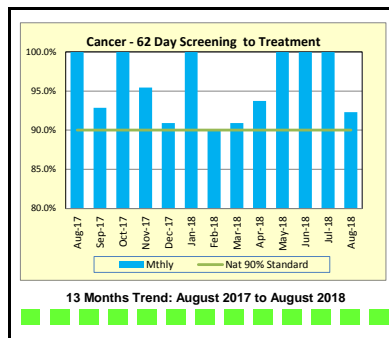
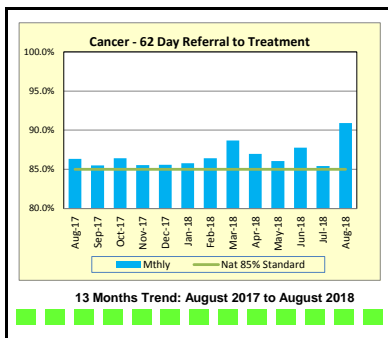
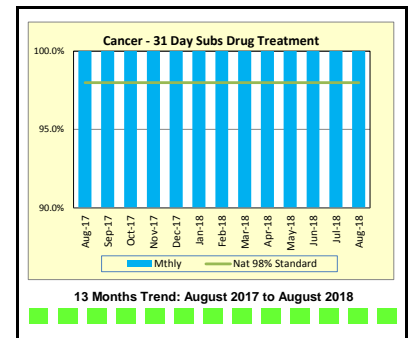
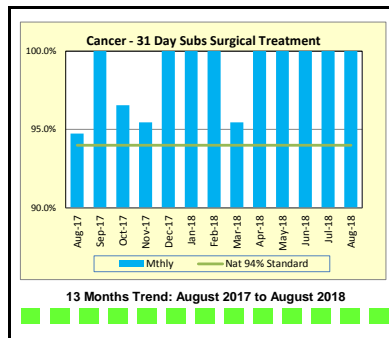
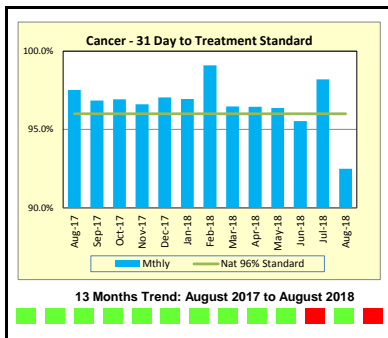
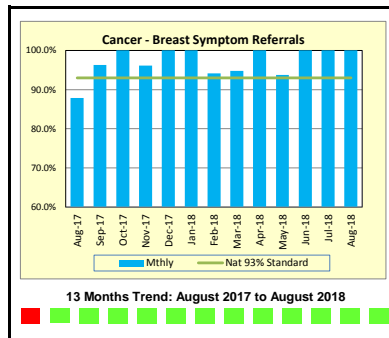
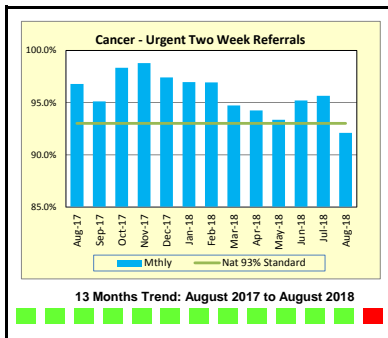
# Access (Operations)

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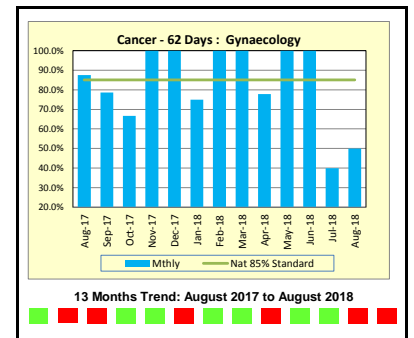
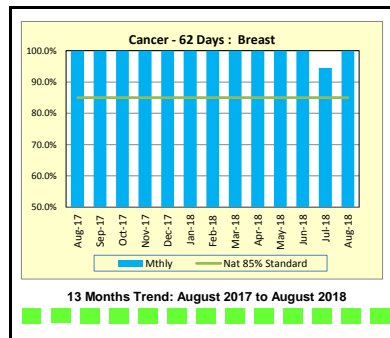
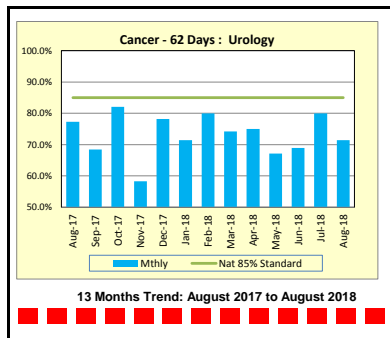
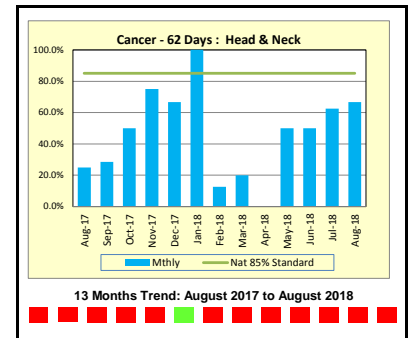
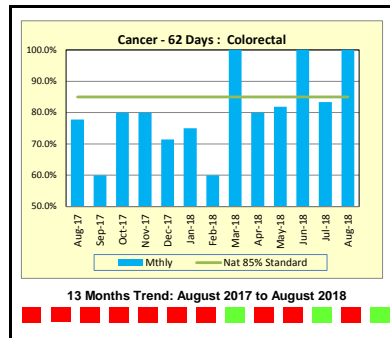
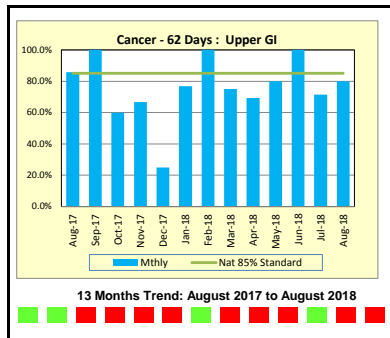
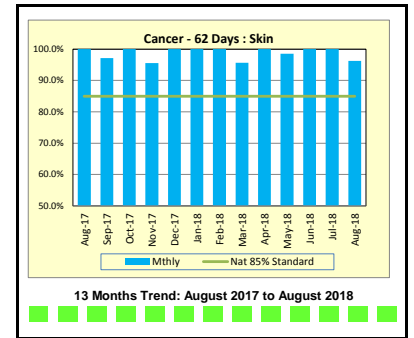
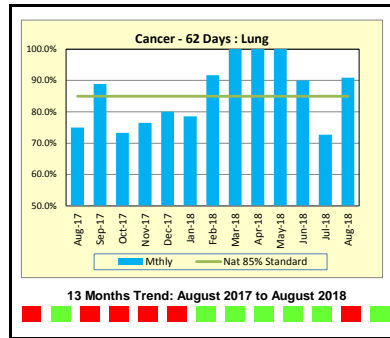
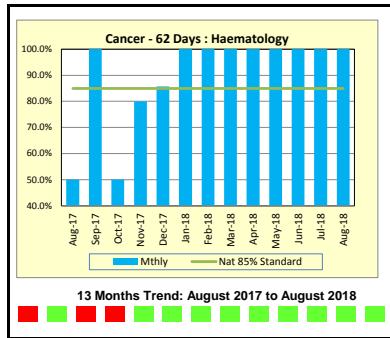
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## Access (Operations)





# Access (Operations - Cancer 62 Days)

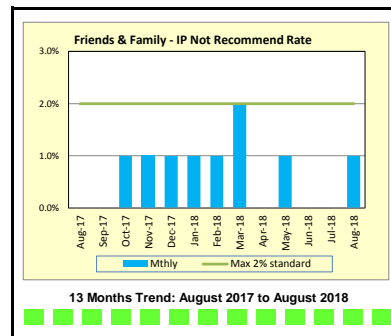
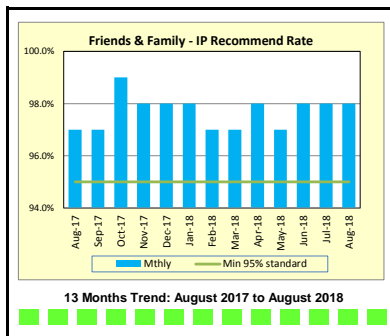
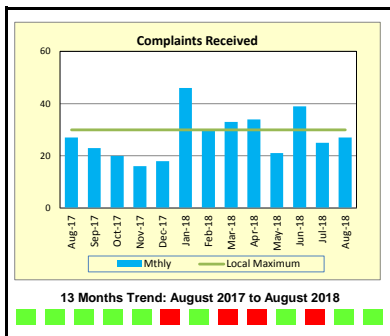
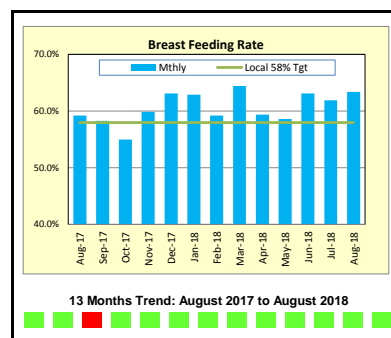
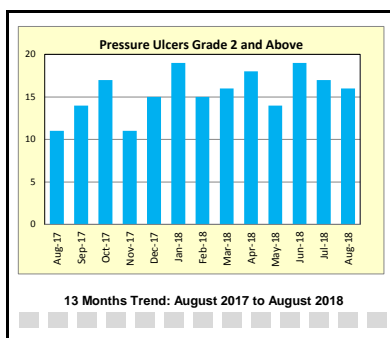
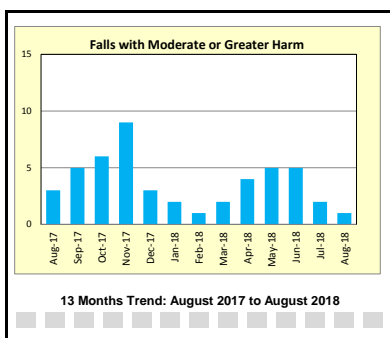
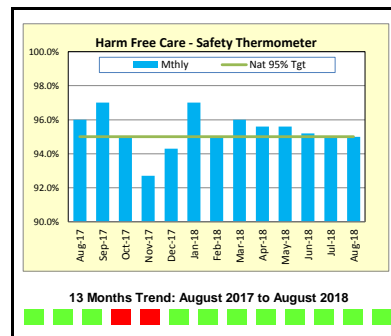
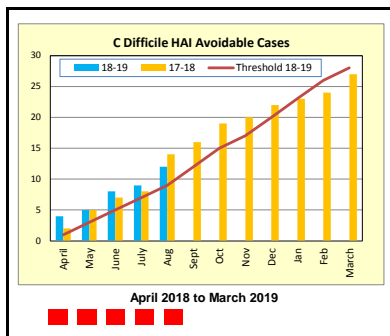
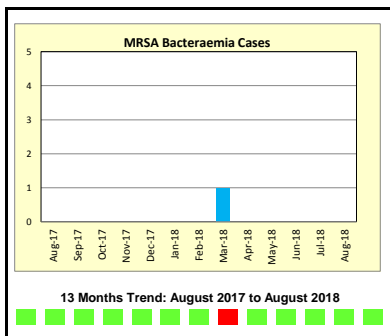


# Patient Experience

G Westray

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## Patient Experience

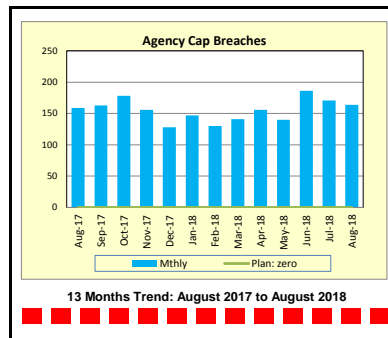
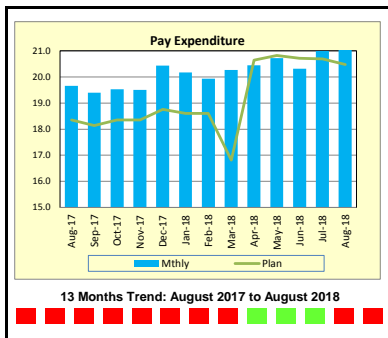
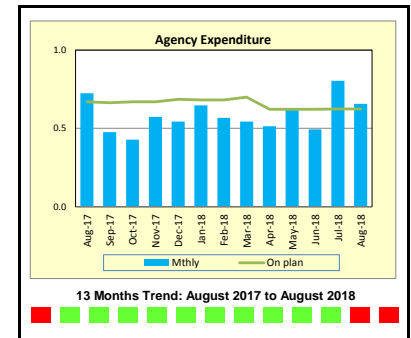
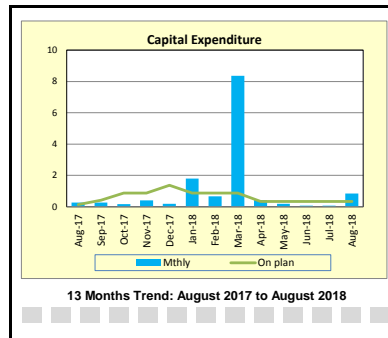
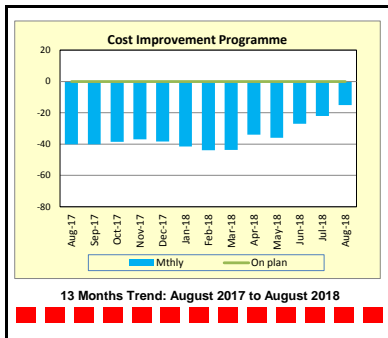
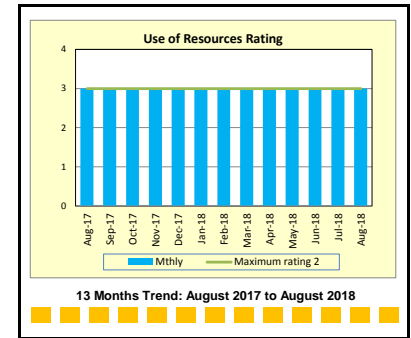
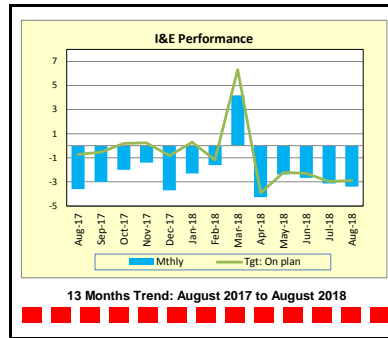
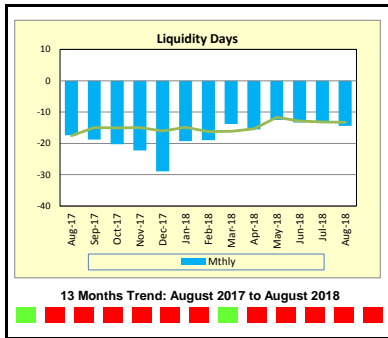


## Use of Resources

D Jago

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## Use of Resources

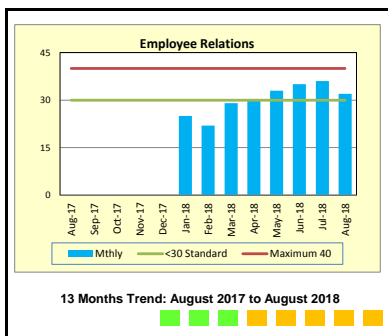
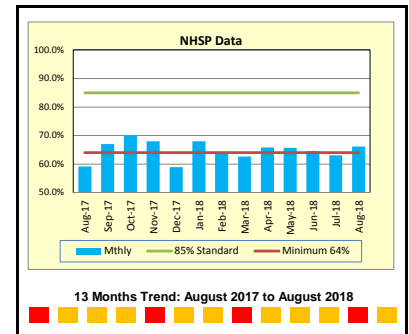
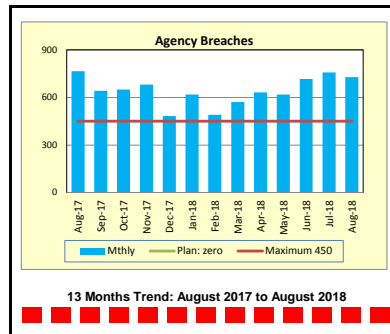
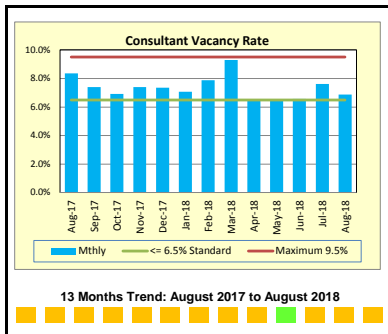
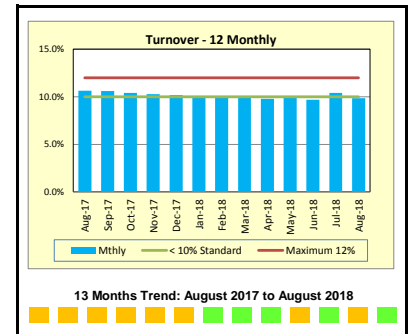
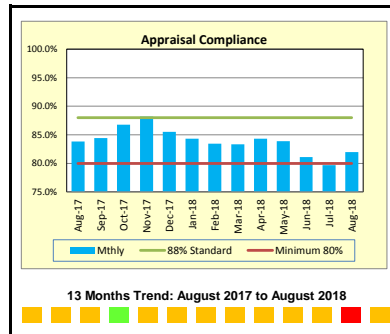
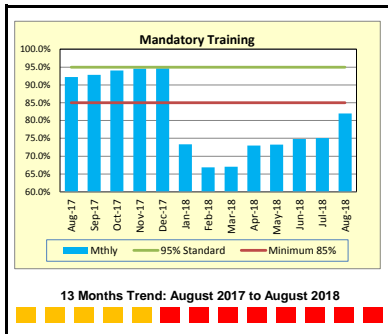
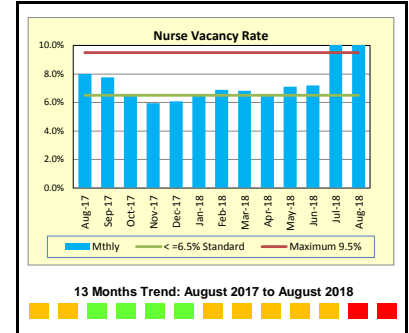
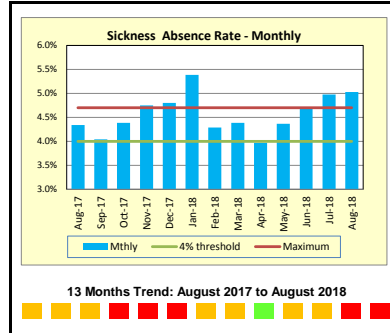
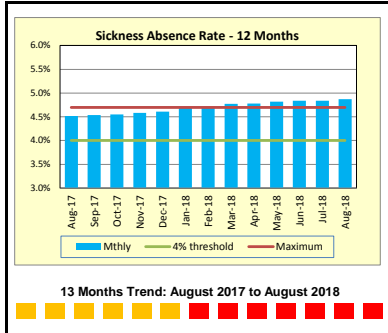


# Workforce

H Marks

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## Workforce (HR)



BOARD OF DIRECTORS	
<b>Agenda Item</b>	8.1.3
<b>Title of Report</b>	Winter Plan 2018/19
<b>Date of Meeting</b>	27 September 2018
<b>Author</b>	Anthony Middleton, Chief Operating Officer
<b>Accountable Executive</b>	Anthony Middleton, Chief Operating Officer
<b>FOI status</b>	Document may be disclosed in full
<b>BAF References</b>	
<ul style="list-style-type: none"> <li>• <b>Strategic Objective</b></li> <li>• <b>Key Measure</b></li> <li>• <b>Principal Risk</b></li> </ul>	<p>All Strategic Objectives (1 through 7)</p> <p>All Key Measures (1A through 7D)</p> <p>All Principal Risks</p>
<b>Level of Assurance</b>	
<ul style="list-style-type: none"> <li>• <b>Positive</b></li> <li>• <b>Gap(s)</b></li> </ul>	Partial with gaps
<b>Purpose of the Paper</b>	
<ul style="list-style-type: none"> <li>• <b>Discussion</b></li> <li>• <b>Approval</b></li> <li>• <b>To Note</b></li> </ul>	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>	
<ul style="list-style-type: none"> <li>• <b>Yes</b></li> <li>• <b>No</b></li> </ul>	No

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## **1. Executive Summary**

The report provides a summary of the Trust's operational and clinical planning for the winter period of 2018/19, as part of the wider Wirral economy winter plan.

## **2. Background**

Each year health and social care systems work collaboratively to develop a plan to increase service provision over the winter months to ensure the system is more resilient, as demand and acuity increases. This plan is subject to scrutiny by regulators and allows for cross learning nationally.

## **3. Whole System Modelling**

Traditionally systems have developed plans based upon learning from the previous winter and any early indications that bodies such as public health are able to offer with regards to seasonal flu demands. Wirral is no exception in this regard and has taken note of any service improvements actioned in 2018/19 that proved successful or otherwise.

However, winter plans are often based on what systems are able to mobilise not what is necessarily needed and there is too often an over estimation of what service improvements, particularly out of hospital will provide.

In late 2017 the Wirral economy engaged the service of the Venn Group who have worked to develop an analytical tool which can model interventions at primary and secondary level, along with social care and nursing home provision against expected growth and acuity change at specialty level. This tool has been integral to the economy plan with the bottom line output pertinent to the acute sector of a requirement to increase bed provision by 48. Split 34 for medicine and acute and 14 for surgery. This output is based upon national and locally determined growth levels, a modest 50% impact of out of hospital services and a need to deliver 92% bed occupancy.

## **4. Bed Challenge**

Since the end of July the Trust has held regular winter planning discussions led by the Chief Operating officer with representation of all Divisions and support services such as Estates. It was clear that to mobilise 48 additional beds is a challenge but given the exceptional circumstances experienced during 2017/18 engagement has not proved a barrier.

Each Division has developed their own plan and have worked to meet the goal by relocation of service, new models of provision or estate development. Whilst Divisions are at different stages of development it is expected that final sign off will be complete by the end of September with schemes mobilised during October for a November start date.

The location of the additional beds is currently planned for:

- Clatterbridge Old Wirral Neuro ward (Medically Optimised Model) (30 Beds)
- APH – T&O WAFFU (4 Beds)
- APH – Surgery Ward 14 / 18 / 20 (7 Beds)
- APH – Medicine Ward 21 / 27 (7 Beds)

The above options present no additional staffing challenges, with the exception of the medically optimised ward which is subject to board approval of contract award, but do present costs associated with the estate reconfiguration. These costs will be made available from the current capital programme and the estates team are confident the works will be complete in time for winter.

There are other immediate options of up to 6 additional beds where staffing concerns are being reviewed in more detail.

Moving on from the immediate need to create this capacity a wider piece of work is being undertaken to understand what other areas across the Trust are either clinical by design, but not being used for that purpose. Furthermore the basis of ward staffing is being reviewed for consistency and safety. The output from this will demonstrate the true capacity of the organisation and its ability to mobilise should demand continue to rise year on year.

## **5. Conclusion**

The Trust has been able to plan for winter 2018 with more certainty than previous years due to the benefit of the system wide modelling tool. The key demand for the Trust is to create an additional 48 bed capacity and has been able to meet that.

There remains a key financial risk associated with this as the economy is yet to recognise the additional cost. However, both regulators have given a clear message that this cannot continue and the commissioner needs to work with the Trust to reach a conclusion.

The Trust's plan is one component of an extensive plan which has been attached at Appendix 1 for information.

## **6. Recommendation**

The Board of Directors are asked to note the Trust's winter plan for additional bed requirements as part of the wider economy plan.





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# *Wirral Winter and Unplanned Care System Sustainability Plan 2018-19*

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## 1. Winter Plan Executive Summary

Wirral has maintained a strong “System Focus” over the past 12 months, in order to improve and deliver resilient unplanned care services for Wirral residents.

Our position going into winter 17/18 was not strong, seeing us in the bottom quantile nationally for performance against the 4 hour standard.

During the past year, the system has moved forward with integration particularly between commissioning (CCG & WBC) and the embedding of the transfer of social care to Wirral Community Trust and impending transfer of social care specialist teams to CWPT, we have established an urgent care executive to improve governance and grip and utilised the work completed with Venn on whole system capacity and demand modelling.

As a result of the focus, Wirral saw a 5% improvement in system performance (4 hour standard) over the winter period, and has seen a 10% improvement since last summer. This has been achieved by a strong whole system transformation plan and improved system leadership and accountability. However, there is recognition that we need, and can do more, to improve system performance.

## 2. Learning from Winter 17/18:

Wirral concluded a review of winter, to ensure learning has informed plans for 18/19 (see appendix 1).

### 2.1 *What worked well last winter:*

- 5% improvement in system performance (4 hour standard) over winter period.
- 5.51% increase in discharges during winter period. System maintained very healthy DTtoC rate throughout winter, between 2.8% and 1.4%. Well below mandated max of 3.5%. One of only 3 systems in north -west to maintain over winter.
- Phased approach to commissioning additional block winter T2A community beds. % go-live 1<sup>st</sup> Dec and % go-live 2<sup>nd</sup> Jan. Supported maintenance of flow.
- Improved governance-exec oversight of dashboard and reporting as a system-RAG rated.

- Winter and BCF funded GP capacity to support clinical streaming at the front door and enhanced primary care availability/AVS, improved access to same day appointments and supported ED.
- Dom care prioritised for acute and community bed flow, small waiting list throughout winter.
- Developed with Venn and utilised capacity and demand model to inform commissioning plans

## 2.2 Key Challenges to inform 18/19 plans:

### a) Admission avoidance

Not delivered at the scale necessary. Focus was on discharge, and whilst BCF schemes delivered within their own parameters, this was insufficient as a whole system.

- Action 18/19:
  - Remodelling of admission avoidance target and associated schemes to ensure delivery.
  - Review and redesign of SPA
  - Review and redesign of GPOOH's and AVS
  - Gradual implementation of new IUCCAS
  - Implementation of enhanced primary care
  - Implementation of phase 2 streaming
  - BCF investment in AVS and IV antibiotics at home.

### b) Ambulance turnaround/handovers:

We fell short in performance against ambulance turnaround / handovers.

- Action 18/19
  - Acute grip and investment in staff within ED to support improved performance patient quality
  - Key system priority and reporting monthly.

### c) Year 1 of home first:

Insufficient scale to really make a difference, with T2A beds and Re-Ablement / Dom care being the community deliverables.

- Action 18/19:
  - Review and redesign of model and approach for home first and therapy offer underway with implementation beginning Q3.

- Workforce strategy plans developing and new approaches being piloted for dom care. New commissioning model underway, with go live planned for June 19. This will include health care assistants as part of the model, to support increased levels of acuity.

**d) Out breaks of Flu and D and V:**

Wirral experienced Infection Control issues, both within the acute and community bed based settings. Disproportionate risk management plans, advised by Infection Control, negatively impacted on flow through to community.

- Action 18/19:
  - Pro-active work with infection control to ensure more appropriate management of risk and flow
  - Full briefings/support to care homes

**e) Workforce challenges:**

Workforce capacity challenging to scale up during winter. Independent Sector market also stretched to capacity.

- Action 18/19:

- Existing “unfunded” wards permanently staffed.
- Co-horting of medically optimised patients with alternative staffing solutions provided by Independent sector or economy collaboration.
- Develop workforce strategies, implement generic worker opportunities and blended organisational approaches.
- Recommissioning of domiciliary care and in year support and focus to recruit and retain staff. Remodelling of approach with key health providers.

**f) 7 day services:**

Lower numbers of discharges, creating challenges into Monday/Tuesday pattern.

- Action 18/19:
  - Implementing actions following review of 7 day services, inc increasing staff available over 7 days, including pharmacy and transport, acute and community.
  - Increased MADE events for B/H's and improved activity for Xmas/new year.
  - Ensure 7 day access to care homes with flexible numbers of admissions. Consider 7 day trusted assessor model, currently 5 days.

**g) SAFER and ED /assessment flow:**

Full safer bundle requires implementation across all medical wards. Recognised that ED & assessment areas require redesign of pathways and use.

- Action 18/19:
  - Redesign of ED and assessment areas to improve flow.
  - Stronger grip on full SAFER model to support ED.
  - Both areas agreed in SDIP
  - SAFER to be implemented in commissioning T2A bases.
- h) Streaming:**

Variation in approach and numbers due to changes in model and recruitment delays.

  - Action 18/19
    - Phase II of model to be fully implemented in Q2
    - Zero tolerance of minor breaches
    - T&F group overseeing implementation with robust data analysis

### 3. Wirral's approach for 18/19

We will continue with a single system plan, incorporating BCF and winter capacity intentions. As a system we will build upon the successful capacity and demand (CDM) work initiated with VENN in 17/18, by continuing to use the CDM to inform required capacity across the system. (See appendix 2 for full details) Given that Wirral worked with Venn to develop the model and applied learning in 17/18, we have a significant degree of confidence in the model and its application for 18/19. Commissioners and providers have validated the assumptions and believe we are in a much stronger position, compared to previous years, in our ability to confidently predict demand requirements across the system.

A key factor in this is to improve our LOS in both acute and community beds in order to increase sustainable capacity and improve patient outcomes. However, we have built in a degree of tolerance assuming some degree of Flu and Infection Control pressures. We have worked to achievement of 92% occupancy.

In calculating LOS for acute we have worked an average 4.8 days LOS. 17/18 was 4.08. We saw 0.3 of a day increase over winter. For the community we have agreed on average LOS of 4.2 weeks in T2A beds. This again provides a buffer for 10% of patients who extend beyond 6 weeks; whilst we intend to focus energy on reducing LOS and stranded patients, for the modelling we have built in acceptable tolerances. The Better Care fund is fully supporting the

agreed system priorities. Funding supports commissions which include (see appendix 3 for summary of BCF priorities and appendix 11 for breakdown of winter funding):

- AVS
- OPAT
- Winter community capacity
- Triage

### 3.1 Key Intentions for 18/19 that are different to 17/18:

<b>Primary Care:</b>	<ul style="list-style-type: none"> <li>○ Increased GP appointments compared to 17/18 via the Wirral GP Access Hubs service (180 hours per week or 720 appointments per week)</li> <li>○ General Practice will be encouraged to prioritise urgent care patient's needs over the festive and new period e.g. Increasing same day appointments compared to annual health checks, screening or immunisation appointments.</li> <li>○ GP Streaming at Arrowe Park Hospital Emergency Department provides an additional 52.5 hours a week of additional GP appointments during core contract hours (over 17/18 baseline)</li> <li>○ Primary care exploring with Community nursing opportunities to deploy additional resource over winter pressure periods, via de-prioritisation of non-urgent appointments</li> <li>○ All practices are advised to ensure anticipatory care plans are in place for vulnerable patients over winter e.g. COPD Exacerbation plan/Flu Immunisation</li> <li>○ Subject to additional funding and workforce availability offer additional GP appointments via (1) GP practices in hours and (2) Wirral GP Access Hubs out of hours (over and above the 180 hours)</li> </ul>
<b>Acute and community winter capacity (see appendix 2):</b>	<ul style="list-style-type: none"> <li>○ 48 planned acute escalation beds</li> <li>○ 20 additional T2A community beds over winter</li> <li>○ 6 residential MH beds commissioned as core</li> <li>○ 3 additional MH beds commissioned over winter</li> <li>○ Additional mental health crisis response worker</li> <li>○ Re-Ablement capacity sufficient</li> <li>○ Domiciliary capacity – waiting list to be maintained to 25 as a maximum total across the system (maximum 6 in acute setting, maximum in T2A community setting)</li> </ul>

<b>Support to care homes:</b>	<ul style="list-style-type: none"> <li>○ Telerriage will be fully implemented across 76 care homes by Quarter 2.</li> <li>○ Roll out of falls app FRAT tool to support homes by Quarter 3</li> <li>○ CHIP plan review</li> <li>○ Roll out Red Bag scheme</li> <li>○ Community paramedic support</li> <li>○ All care homes are advised to actively engage with support and guidance on infection prevention and control, and preparation for the flu season.</li> <li>○ All care homes are advised to ensure all staff and care home residents are offered, encouraged, and supported to have a flu vaccination as soon as vaccinations for this season are available.</li> <li>○ Enhanced GP service to 50% of homes providing weekly ward rounds further roll out during 18/19 to remaining homes</li> </ul>
<b>IUCAS support for winter:</b>	<ul style="list-style-type: none"> <li>○ Directly bookable appointments into primary care</li> <li>○ Effective signposting to alternate community provision</li> <li>○ Expansion of APAS/ 111 CAS pathway to in-hours to divert more patients away from A&amp;E (previously only live during OOH period)</li> <li>○ 111 online go live in June 2018 with soft launch. Will be used in winter comms plans to direct patients, particularly for cold and flu advice.</li> <li>○ Direct booking live in GP OOH from June 2018. Directly bookable appointments be rolled out to in-hours urgent GP appointments</li> </ul>
<b>Flu Immunisation:</b>	<ul style="list-style-type: none"> <li>○ Wirral Seasonal Flu Group to continue monthly meetings through the 2018-19 flu season July 2018</li> <li>○ Vaccination programmes for staff initiated Sept 2018, monitoring uptake as programs commence.</li> <li>○ Flu vaccination promotion materials sent to community services. Oct 2018</li> <li>○ Active support to Care Homes, advice, flu resources and vaccinations.</li> <li>○ WCT will repeat the successful flu campaign for Trust staff</li> <li>○ WCT will continue to work with commissioners to develop a model for antiviral provision in care homes</li> </ul>
<b>Proactive Infection Control approach and support.</b>	<ul style="list-style-type: none"> <li>○ WCT will continue to provide specialist advice, support and training for Care Homes, this includes outbreak management working closely with GPs</li> <li>○ The WCFT IPC service follows PHE national guidance</li> <li>○ This is aimed at reducing avoidable admission and improving care home bed occupancy</li> </ul>
<b>Transformation plans:</b>	<ul style="list-style-type: none"> <li>○ New ED/assessment area pathway to increase zero LOS and support corridor management and NWAS handovers.</li> </ul>

	<ul style="list-style-type: none"> <li>○ New SPA model in place to reduce NEL admissions.</li> <li>○ Revised home first and domiciliary model in place increasing scale of offer.</li> <li>○ Improved T2A LOS and remodelling of use of beds at Clatterbridge Cancer Centre/Arrowe Park Hospital</li> <li>○ Fully implement streaming model</li> <li>○ Fully implement SAFER</li> <li>○ Planned care strategy, neighbourhoods priority frailty. Effective management of patients to reduce NEL and readmissions</li> <li>○ Focus on reduction of stranded patients</li> <li>○ Workforce strategy plan</li> </ul>
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### 3.2 System Response for Urgent Care

Wirral is determined to improve performance building upon the positives in 17/18 and addressing the identified areas for improvement.

We have taken account of the learning from 17/18, reviewed BCF impacts, transformation work to date and duly considered recent national guidance.

We have considered the recently circulated NHSE guidance, Wirral's response is summarised below:

NHSE Priority Areas	Deliverables
<b>I. Realistic capacity planning</b> Assumptions include: <ul style="list-style-type: none"> <li>– 4.8 days average acute medical LOS (recognising 0.3 a day increase over winter)</li> <li>– 4.2 weeks average LOS in T2A (building in 10% tolerance of delays)</li> <li>– Max 92% occupancy for acutes (allowing 5% flu/infection control issues). System delivered 90% / 95% and occupancy was 90-94%. Therefore assumed average of 92%.</li> </ul>	<ul style="list-style-type: none"> <li>– System will deliver minimum 90% against 4 hour standard</li> <li>– 95% by end March 2019</li> <li>– 92% occupancy</li> <li>– Included in SDIP</li> </ul> <p><b>See System Plan Priority Areas:</b></p> <ul style="list-style-type: none"> <li>– 7 – Discharge Transformation &amp; Sustainability Programme</li> <li>– 8 – SAFER/Stranded/LOS/Capacity</li> </ul>

<p><b>II. Reducing LOS, stranded and super-stranded</b> (see above also)</p> <p>Assumptions include:</p> <ul style="list-style-type: none"> <li>– 91 bed days released from baseline of 338</li> </ul>	<ul style="list-style-type: none"> <li>– Minimum 27% reduction in stranded / super-stranded patients</li> <li>– Included in SDIP</li> </ul> <p><b>See System Plan Priority Area:</b></p> <ul style="list-style-type: none"> <li>– 7 – Discharge Transformation &amp; Sustainability Programme</li> </ul>
<p><b>III. Zero tolerance of minor breaches / streaming</b></p> <ul style="list-style-type: none"> <li>– Streaming assurance exercise being completed</li> <li>– Awaiting further national guidance on good practise to be adopted.</li> </ul>	<ul style="list-style-type: none"> <li>– Minimum 25-30 patients per day to be streamed to Primary Care</li> <li>– Included in SDIP</li> </ul> <p><b>See System Plan Priority Areas:</b></p> <ul style="list-style-type: none"> <li>– 3 – Admission Avoidance Schemes</li> <li>– 5 – Streaming Implementation</li> </ul>
<p><b>IV. Managing Monday surge</b></p> <ul style="list-style-type: none"> <li>– Awaiting national tool to improve capacity planning.</li> </ul>	<ul style="list-style-type: none"> <li>– Increase 7 day discharges</li> <li>– Implement findings from 7 day review (see attached appendix 10)</li> <li>– Reduce pressure in flow on Mondays, following weekend.</li> </ul> <p><b>See System Plan Priority Areas:</b></p> <ul style="list-style-type: none"> <li>– 15- 7-Day Response</li> </ul>
<p><b>V. Eliminating corridor care</b></p>	<ul style="list-style-type: none"> <li>– Roving 'discharge' teams led by a consultant on the weekend to review all potential discharges on the general acute wards which don't benefit from job planned weekend reviews from specialty teams.</li> <li>– Potential discharges are identified the evening before and the discharge consultant will pick the list up from Bed Bureau on the Saturday and Sunday morning.</li> <li>– Discharge teams perform "mini-board rounds" with the senior sister on ward to identify further potential discharges.</li> </ul>



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		<p><b>Will be included in System Plan Priority Areas:</b></p> <ul style="list-style-type: none"> <li>– 1 – Ambulance &amp; 111</li> <li>– 6 – ED &amp; Assessment Areas.</li> <li>– Handover 15 minutes/Turnaround 30 mins</li> <li>– Included in SDIP</li> <li>– Increase see and convey rates</li> <li>– WUTH, NWAS and CCG are working to ensure compliance to all guidance detailed in NHS I improving handover checklist.</li> <li>– WUTH are working through action plan. Key actions include recruitment to ED nursing vacancies and consistent staffing of ambulance handover nurse role.</li> <li>– Included in SDIP</li> <li>– Increase see and convey rates</li> </ul> <p><b>See System Plan Priority Areas:</b></p> <ul style="list-style-type: none"> <li>– 1 – Ambulance &amp; 111</li> </ul>
<p><b>VI. Timely ambulance handovers</b></p>		
<p><b>VII. Continued focus on unplanned care transformation</b></p> <ul style="list-style-type: none"> <li>– UTC consultation scheduled from 11<sup>th</sup> July.</li> <li>– DTOC target of 2.67% included</li> <li>– Primary care &amp; IUCAS development programme underway</li> </ul>		<ul style="list-style-type: none"> <li>– Options developed. Capital bid submitted. Clinical service model being developed</li> <li>– DTOC to remain under 2.67%. Focus on stranded patients.</li> <li>– Additional same day appointments</li> <li>– Continuation of AVS dedicated resource pilot, also including APAS CAS pathway. GP Federation delivering in-hours elements and working in collaboration with GP OOH to provide seamless 24 hour urgent primary care offer.</li> </ul> <p><b>See System Plan Priority Areas:</b></p> <ul style="list-style-type: none"> <li>– 11- Capacity &amp; Demand Model &amp; Escalation</li> </ul>

<p><b>VIII. Operational arrangements</b></p> <ul style="list-style-type: none"> <li>Operational management cover arrangements</li> <li>Refine OPEL / proactive approach</li> </ul>	<ul style="list-style-type: none"> <li>Proactive triggers / tolerances agreed as a system</li> <li>System plan to respond to tolerances / triggers</li> <li>Maintain system performance within tolerances agreed</li> </ul> <p><b>See System Plan Priority Areas:</b></p> <ul style="list-style-type: none"> <li>11- Capacity &amp; Demand Model &amp; Escalation</li> </ul>
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### 3.3 Plan Overview:

#### Wirral Winter and Unplanned Care System Sustainability Plan Summary 2018-19

Priority Area	Project / Programme	Description	Senior Responsible Owner (SRO)	Timescales	SDIP Targets
<b>Admission Avoidance</b>					
1	Ambulance & 111	Turnaround Times, IU-CCAS Development (AVS, 111 online, 111 direct booking, APAS, GOOH), conveyance rates NWAS adoption of ARP	Debbie Mallett (NWAS)/Anthony Middleton (WTH)	Sep-18	Handover target 15 mins 30 mins Turnaround Target
2	SPA Redesign	IT & Estates, Workforce, Target Operating Model, Information & Key Performance Indicators.	Val McGee (WCT)	Sep-18	Admissions avoided, numbers diverted through SPA
3	Admission Avoidance Schemes	OPAT, Enhanced GP service, Rapid Response, Homefirst, T2A	Val McGee (WCT)/Jacqui Evans (CCG & WBC)	Sep-18	Zero tolerances of minor breaches. 100% of patients to be seen, treated and discharged within 4 hours.

4	Teletriage	Phase 4 Implementation, Embedding, Development	Val McGee (WCT)	Oct-18	Min 80% of care Homes live and using Teletriage Q1 100% live and using Teletriage Q2 Reduce calls to 111 by 10% Q2, 4 calls per home
<b>Effective Assessment &amp; Flow</b>					
5	Streaming Implementation	Operations, Clinical Governance, Data & Information	Anthony Middleton (WTH)/ Val McGee (WCT)/ Jacqui Evans (CCG & WBC)	Jul-18	25 30% per day (20 -25 people) streamed out of A&E to primary care or WiC
6	ED & Assessment Area Redesign	ACU, AMU and OPAU	Anthony Middleton (WTH)	Apr-19	Arrowe Park Site (ED & WiC) 90% patients to be seen, admitted or discharged within 4 hours by end of Q2. 95% by the end of Q4. 30% of non-elective medical patients are discharged the same day. 65% of all non-elective medical patients should have a length of stay less than 72hrs (including the 30% above)
7	SAFER Implementation, Stranded, LOS & Capacity	SAFER, Stranded & Super Stranded, SAFER in T2A, LOS and Capacity	Anthony Middleton (WTH)	Q2-4	<b>Senior Review:</b> Agree implementation plan for SAFER over 7 days. 90% patients reviewed by midday. <b>All patients:</b> 90% have an EDD date within 48 hrs. <b>Flow:</b> 80% patients arriving on inpatient wards by mid-day. <b>Early Discharge:</b> 23% Q1, 28% Q2, 33% Q3 33% of patients will be discharged from base inpatient wards before midday by Q4. <b>Review:</b> See Stranded below. <b>Stranded/Super Stranded:</b> Baseline & trajectory by Q1. From agreed baseline: Reduce 30 MO stranded patients by end of Q2 and maintain equivalent to 5% Reduce by 50 MO stranded patients by end of Q4 and maintain equivalent to 8%. <b>LOS:</b> Reduce Average Acute LOS to 4.6 days. Reduce Acute Medical LOS to

						5.5 days <b>SAFER in T2A</b> : Implementation of SAFER in T2A. <b>Capacity</b> : 92% in Acute
<b>Discharge and Transfers of Care</b>						
8	Discharge Transformation & Sustainability Programme	ToC form, IDT, T2A bed Base, Homefirst, CHC, Mental Health Pathway, TA in Care Homes/Dom Care, Patient Information, Integrated Therapy, Culture & Communication, Further Provision Opportunities.	Shaun Brown (WTH)/Natalie Park (WCT)	Ongoing		<p><b>Transfer of Care Form</b>: 95% of TOCs are not returned due to quality <b>LOS IDT</b>: 15% of patients assessed in acute, 85% of patients assessed in a Transfer to assess placements</p> <p><b>T2A</b>: LOS as per spec: 50% LOS 3 weeks max, 25% 72hrs, 25% 6 weeks max. LOS down to average 4.2 weeks. <b>Homefirst</b>: Support the System to From agreed baseline: Reduce 30 MO stranded patients by end of Q2 and maintain equivalent to 5%. Reduce by 50 MO stranded patients by end of Q4 and maintain equivalent to 8%. <b>CHC</b>: 85% of patients assessed for eligibility outside the acute setting <b>TA Care Homes</b>: 100% of Care Homes using TA for Care Homes by the end of Q2. Patient <b>Information</b>: 100% of policy adhered to 100% patients receive leaflet on admission</p>
9	Redesign & Scale Up of Community Services	Homefirst, Rapid Community Team, Reablement	Val McGee (WCT)/Jacqui Evans (CCG & WBC)			
<b>Whole System</b>						
10	Development of Workforce Strategy		Anthony Middleton (WTH)/ Val McGee (WCT)/ Jacqui Evans (CCG & WBC)			

	Capacity & Demand modelling & escalation management		Jacqui Evans (CCG & WBC)	Q1-Q4	DToC: Maintain at 2.67% or below
11					
12	High Impact Change Model	8 Areas	Jacqui Evans (CCG & WBC)		
13	Care Market Strategy (Domiciliary Care, Reablement)		Jacqui Evans (CCG & WBC)		
14	Therapy Redesign		Allister Leinster (WTH)/Natalie Park (WFCT)		
15	7-Day Response	Transport, Age UK Transport, Staffing,	Jacqui Evans (CCG & WBC)		
16	Flu Planning & Infection Control		Elsbeth Anwar (WBC)/Natalie Park (WCT)		
17	CHC		Iain Stewart (CCG)		
18	7 Day Exec Cover		Janelle Homes (WTH), Anthony Middleton (WTH)/Val McGee (WCT)/ Jacqui Evans (CCG & WBC)		
19	Mental Health Services		Jo Watts (CCG)/Sarah Quinn		

			(CWP)/Suzanne Edwards ()		
20	Contingency Plan B - OPEL 4/Non delivery of Plan		Janelle Homes (WTH), Anthony Middleton (WTH)/Val McGee (WCT)/ Jacqui Evans (CCG & WBC)		
21	Primary Care		Martyn Kent (CCG)		

Our system urgent care performance report is attached in appendix 9.

Our Wirral Winter and Unplanned Care System Sustainability Plan 2018-19 is attached in appendix 12.

### 3.4 Wirral System Urgent Care Report (high level for A&E Delivery Board)

Wirral System Urgent Care Reporting - (A&E Delivery Board)					
Reporting Period:		Jun-18		Meeting Date:	19-Jun-18
		Target	Current month performance: April 18	Previous months performance: March 18	SDIP / Definition
4 hour standard (ED)		(90%end Q2) (95%end Q4)	↑ 76.87%	71.86%	WUTH3
(APH Site)			↑ 83.49%	80.27%	
(Wirral wide DSIT )			↑ 89.86%	87.74%	
Executive narrative:					
Ambulance handover		≤00:15:00	↑ 00:20:38	00:28:00	WUTH7
Ambulance turnaround		≤00:30:00	↑ 00:40:35	00:48:48	
Executive narrative: The SDIP for ambulance handover requires it takes no longer than 15 min. BI will need to develop a report to provide this information.					
Numbers diverted through SPA (Admission Avoidance) - A20		≥85% By Q3/4	↑ 79.10%	69.00%	WCT6
NEL admissions (G&A)		3.5%	2.9% (April – All Providers)		
Executive narrative:					
Streaming numbers (% Streamed)		>25-30% per day (20-25 pts)	6.5% (May)		WUTH1 WCT7
Executive narrative:					
Assessment area		≥30% same day discharge	↑ 30.48%	28.99%	WUTH2
		65% LOS < 72hrs	↑ 99.76%	99.54%	
Executive narrative:					
SAFER (C5)		33% discharges by midday	↑ 17.80%	13.70%	WUTH4
Executive narrative:					
Stranded patients		Reduction 30 pts Q2 50 pts Q4 based on ave 80 pts	↓ 84	81	WUTH5
Executive narrative:					
Acute Medical LOS (Non Elective)		≤5.5 days Q3	↓ 5.01	↑ 4.47	WUTH6
Acute LOS (All Combined)		<4.8 days	↓ 4.3	↑ 4.2	
Executive narrative:					
DTOC (Proportion of Beds Occupied by DTOC)		≤2.67%	↓ 2.30%	↑ 0.50%	
Executive narrative:					
Average LOS T2A		≤4.2 Q3	↑ 5.8	↓ 6.6	WCT8
Executive narrative:					
SAFER in Community					WCT8
Executive narrative: T2A are carrying out SAFER reviews weekly, Stranded reviews monthly and MADE events prior to bank holidays to improve LOS					
Dom Care Waiting list (C19)		25 By Q3 (Suggested Target)	↑ 49	↑ 56	
Executive narrative: The previous quarter average was 94% so there has been a marked improvement over the past couple of months.					
% package picked up same day (C20)		≥90%	↓ 32.70%	↑ 53.30%	
Executive narrative:					
Re-ablement (C14) % of people still at home post reablement intervention		85%	↓ 83.2%	↑ 86.5%	
Executive narrative:					
Re-admissions (T2A)			19% (16 pts)	17.5% (14 pts)	WCT8
Executive narrative: Avg. length of stay for hospital re-admissions = 3.0 weeks 2% of people discharged from hospital to T2A are re-admitted within 72 hours 4% within 7 days 9% within 14 days					

Last Updated 28 June 2018

Source	Tractor
SUS	WUTH3

NWAS	WUTH7
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Urgent Care Performance Dashboard	WCT6
SUS	

Urgent Care Performance Dashboard	WUTH1
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Local Contracting tables	WUTH6
	WUTH6

Urgent Care Performance Dashboard	7. SAFER
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Local Contracting tables	WUTH6
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Urgent Care Performance Dashboard	DTOC
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Urgent Care Performance Dashboard	11. LOS T2A - Trajectory
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Urgent Care Performance Dashboard	13. DOM Care Wait - Trajectory
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Urgent Care Performance Dashboard	14. %Packed Pick - Trajectory
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Urgent Care Performance Dashboard	15. Re-ablement - Trajectory
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## 4. Governance Approach in 18/19

- We have agreed a joint approach to governance, having recently revised our governance arrangements, TOR and agreed principals for unplanned care (see attached appendices 6, 7 and 8 for A&E Delivery Board, Exec and Operational Groups)  
The intention to improve system grip and accountability, making better use of meeting time for systems leads.
- We will be investing time with leadership centre to further develop our system culture and behaviours.
- Building upon the work completed in 17/18 on system reporting, we have refined our approach (see appendix 9 system performance report)
- Commissioners have agreed Service Development Improvement Plans (SDIPs) with providers to ensure read across with unplanned system priorities. Key timescales, KPI's are detailed. (See appendix 4 & 5). This approach will improve assurance and accountability to deliver within required timescales. Transformational change programmes will drive incremental improvement in performance, improving patient quality and outcomes.
- Urgent Care Executive Group will oversee escalation of risk and exception reporting from the Urgent Care Operational Group. Wirral A&E Delivery Board will receive monthly summary of escalated issues and summary status.

## 5. Proactive Approach to Escalation of Risk:

We have agreed a joint approach to escalation of risks by way of an early warning system with agreed triggers.

This approach supports the OPEL arrangements and is intended to provide early warning of potential pressure in order to facilitate a pre-agreed system response.

Pathway		Target	Tolerance to Trigger
NWAS	See & Convey	68%	68.5%
Front Door & Streaming	Volumes	Daily Average 265	+20% (318)
	Streaming Rate	25% Minors	23%
	Four Hour Standard	95%	TBC
Hospital Capacity & Flow	Beds	92%	Bed Capacity 95%
	LoS	5.2	+5% (5.5 days)
	Stranded	976	TBC
	Capacity	80%	90%
T2A Capacity & Flow	LoS	4.2	+10% (4.6 weeks)
Dom Care	Waiting List	25	+20% (30)

We will be finalising these details during Q2 and updating our system responses to escalated risks. This will be in line with national and local operational arrangements, and include robust operational management arrangements.

## 6. Key Risks: Identified

Risk	Mitigations
<ul style="list-style-type: none"> <li>Workforce Capacity</li> </ul>	<ul style="list-style-type: none"> <li>7 day review completed (see appendix 10)</li> <li>Implementation recommendations</li> <li>Workforce strategy plans underway</li> <li>Discussions underway between acute and primary care to explore support into ACU at times of pressure.</li> </ul>
<ul style="list-style-type: none"> <li>Culture and Behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Investment with leadership centre developing system approach.</li> <li>Revised governance and agreed principals.</li> <li>Fortnightly urgent care executive group meetings</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient Clinical implementation capacity and therefore delays in implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Robust oversight of plans</li> <li>Read across with SDIP's, contractual oversight</li> <li>Additional Transformation capacity funded through BCF</li> <li>Revised governance and escalation of risks/delays to Exec and A&amp;E Delivery Board</li> </ul>

<ul style="list-style-type: none"> <li>Gaps in data sets across the system</li> </ul>	<ul style="list-style-type: none"> <li>Additional BI support agreed. Priority to review data sets.</li> <li>System BI support and reporting</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient project management support</li> </ul>	<ul style="list-style-type: none"> <li>PM agreed shared across system.</li> <li>Commissioners providing overarching PM of whole programme.</li> </ul>
<ul style="list-style-type: none"> <li>Financial deficit and ability to meet cost of demand</li> </ul>	<ul style="list-style-type: none"> <li>Healthy Wirral Exec to oversee performance and financial shortfalls</li> <li>Healthy Wirral Exec exploring opportunity for collaboration and financial sustainability</li> </ul>


## 7. Appendices

Appendix 1      Winter Review and Learning














winter analysis.docx

Appendix 2      Capacity and Demand Modelling Assumptions



Winter  
Planning\_Wirral\_Model

Appendix 3	BCF Priorities for 18/19	 Appendix 3..docx
Appendix 4	SDIP – WUTH	 Appendix 3.docx
Appendix 5	SDIP – WCT	 SDIP 4 4 18 Final version .docx
Appendix 6	TOR – A&E Delivery Board	 CT SDIP 2018 19 V5.docx
Appendix 7	TOR – Urgent Care Executive Group	 DRAFT WIRRAL AE DELIVERY BOARD TEI
Appendix 8	TOR – Urgent Care Operational Group	 DRAFT URGENT CARE EXECUTIVE GRI  DRAFT URGENT CARE OPERATIONAL

Appendix 9	Wirral System Urgent Care Reporting pack inc trajectories	 Appendix 9.docx
Appendix 10	7 Day Review	
Appendix 11	Break down of BCF winter funding	 Self-Assessment High Capacity DemandF  Appendix 11 break down of BCF winter fi
Appendix 12	Wirral winter and unplanned care system sustainability plan	 Appendix 12 - Winter Plan 28.06.18(1).doc



BOARD OF DIRECTORS	
Agenda Item	8.1.4
Title of Report	Month 5 Finance Report
Date of Meeting	27 September 2018
Authors	Shahida Mohammed, Assistant Director of Finance Julie Clarke, Assistant Director of Finance Deborah Harman, Assistant Director of Finance
Accountable Executive	David Jago, Director of Finance
BAF References	8
<ul style="list-style-type: none"> <li>Strategic Objective</li> <li>Key Measure</li> <li>Principal Risk</li> </ul>	8c,8d
Level of Assurance	Gaps: Financial performance below plan
<ul style="list-style-type: none"> <li>Positive</li> <li>Gap(s)</li> </ul>	
Purpose of the Paper	To discuss and note
<ul style="list-style-type: none"> <li>Discussion</li> <li>Approval</li> <li>To Note</li> </ul>	
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	No
<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	

## Month 5 Finance Report 2018/19

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### Contents

- 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**
- 5. Forecast**



## 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 final plan to NHSI which caters for a deficit of (£25.0m), this includes a requirement to deliver a Cost Improvement Programme (CIP) of £11.0m.

The following summary details the Trust's financial performance during August (Month 5) and the cumulative outturn position for FY19 against plan. The year to date adjusted financial performance position is an actual deficit of (£15.8m) against a plan of (£14.3m).

The main areas driving the position is the under performance in elective and day-case activity, which is 1,641 spells(7.6%) behind plan, with an adverse financial impact of c£2.7m below plan(11.8%) and Outpatients attendances and procedures which are showing an adverse variance of 2,243 attendances(1.8%) and an adverse financial consequence of £0.5m(3.6%). This is partially mitigated by the continued over performance in non-elective activity which is 509 spells ahead of plan, delivering a financial benefit of £0.2m (net of MRET). Other activity areas from a financial perspective are broadly in-line with plan.

Included within this position is c£0.4m net benefit from the MSK Prime Provider contract. The commencement of the contract in year has added £1.4m of income and a contra entry of £1.0m in costs. In addition the pay reform funding of £1.6m for months 1-5, is also driving above plan income performance with the contra entry in pay costs.

The overall expenditure position is showing an overspend of (£2.1m), of this (£1.6m) relates to the AFC pay award as discussed above. A further (£1.0m) relates to costs associated with the MSK contract which were not included within the original plan.

The underlying pay position continues to underspend largely due to non-clinical vacancies which are delivering non-recurrent CIP. High levels of qualified nurse vacancies continue and consequently result in a high use of bank nurses whilst the agency spend is largely to cover senior and junior medical gaps and remains under scrutiny albeit the junior doctor challenge is a constant feature. The agency spend is now at the NHSI cap of £3.08m.

Non pay is showing a financial pressure overall and outsourcing costs to deliver the patient waiting times remain high.

The delivery of cost improvements is £0.7m above plan as at the end of M5 and the forecast for the year is £9.3m an improvement of £0.7m since last month. There remains a (£1.7m) gap still unidentified but work is on-going to crystallise further opportunities to close this gap. The plan for the delivery of cost efficiencies has been largely profiled to be achieved during the latter part of the year c74%.

The overall position includes £1.1m of non recurrent balance sheet support in Q1 therefore the Trusts' underlying deficit position is closer to £17.0m at the end of month 5.

The Trust continues to forecast a deficit of (£25.0m) as planned, with recovery plans in place to manage the elective programme under-performance. The implications of the AFC pay reform costs show a pressure of (c£0.4m) which will need to be managed. Although the Trust will endeavour to manage the forecast position, should the position deteriorate this will be reflected in line with the NHSI protocol.

The capital programme shows a spend of £1.6m year to date against a total programme value of £10.9m. The current forecast is that the programme will be fully delivered with £5.0m of committed schemes recognised as at Month 5. This includes the MRI scanner costing £1.5m which will be ordered in September with an expected delivery date before the end of the financial year. Work is progressing with ensuring commitments are made against

## 1. Executive summary

the remaining schemes in a timely way to ensure spend is delivered in year. Contingency schemes are being identified to mitigate against any slippage identified at the end of Q2. The capital programme is managed closely in the Finance performance Group.

Cash balances at the end of August were £6.2m, exceeding plan by £4.2m. This is primarily due to positive working capital movements and capital outflows below plan offset by EBITDA below plan.



## 2. Financial performance

## 2.1 Income and expenditure

Month 5 Financial performance		Annual Plan £'000	Current period Actual £'000		Variance £'000	Year to date Actual £'000		Variance £'000
			Plan £'000			Plan £'000		
Income from patient care activity		307,162	25,282	25,413	131	126,508	125,087	(1,420)
DOH - Pay Reform Income		0	0	1,316	1,316	0	1,645	1,645
Income - PSF		0	0	0	0	0	0	0
Other income		29,428	2,433	2,561	129	12,162	12,414	252
<b>Total operating income</b>		<b>336,589</b>	<b>27,715</b>	<b>29,291</b>	<b>1,576</b>	<b>138,670</b>	<b>139,146</b>	<b>476</b>
Employee expenses		(247,732)	(20,749)	(21,950)	(1,201)	(103,630)	(104,431)	(801)
Operating expenses		(101,875)	(8,867)	(9,775)	(908)	(44,465)	(45,722)	(1,258)
<b>Total operating expenditure</b>		<b>(349,607)</b>	<b>(29,615)</b>	<b>(31,725)</b>	<b>(2,109)</b>	<b>(148,094)</b>	<b>(150,153)</b>	<b>(2,059)</b>
<b>EBITDA</b>		<b>(13,018)</b>	<b>(1,900)</b>	<b>(2,434)</b>	<b>(533)</b>	<b>(9,425)</b>	<b>(11,007)</b>	<b>(1,583)</b>
Depreciation and net impairment		(8,160)	(674)	(676)	(1)	(3,355)	(3,358)	(2)
Capital donations / grants income		0	0	(2)	(2)	0	74	74
<b>Operating surplus / (deficit)</b>		<b>(21,178)</b>	<b>(2,575)</b>	<b>(3,112)</b>	<b>(537)</b>	<b>(12,780)</b>	<b>(14,291)</b>	<b>(1,511)</b>
Net finance costs		(4,105)	(336)	(315)	19	(1,602)	(1,531)	71
Gains / (losses) on disposal		0	0	0	0	0	0	0
<b>Actual surplus / (deficit)</b>		<b>(25,282)</b>	<b>(2,911)</b>	<b>(3,427)</b>	<b>(517)</b>	<b>(14,382)</b>	<b>(15,822)</b>	<b>(1,441)</b>
Reverse capital donations / grants I&E impact		243	20	23	3	101	29	(72)
Reverse net impairments other than DEL impairment		0	0	0	0	0	0	0
<b>Adjusted financial performance surplus/(deficit)</b>		<b>(25,039)</b>	<b>(2,890)</b>	<b>(3,404)</b>	<b>(515)</b>	<b>(14,281)</b>	<b>(15,794)</b>	<b>(1,513)</b>
AFPDP] including PSF								

- In Mth 5 there has been a further (£0.5m) deterioration in the position with a year to date deficit of c(£1.6m).
- The main driver of this position is the continued underperformance of the elective programme which is (£0.5m) below plan in M5 and (£2.7m) ytd. However, this is broadly in line with the expected surgical division elective recovery trajectory where further improvements are expected from Q3. In month 5 the revised trajectory was some £80k below plan.
- The overall income position includes the AFC pay reform funding of £1.6m and is offsetting additional pay costs, however there is a c(£0.2m) pressure YTD.
- Total expenditure is (£2.1m) worse than plan, of this (£1.6m) relates to the AFC pay award, and the remainder is the sub-contracting costs of the MSK contract (£1.0m) not in the plan hence the underlying position on expenditure is nearer £0.6m better.
- It has to be noted the overall year to date position also includes £1.1m non-recurrent balance sheet support in Q1.

## 2. Financial performance

### 2.2 Income

#### Activity

	Current month			Year to date		
	Plan	Actual	Variance	%	Plan	Actual
<b>Income from patient care activity</b>						
Elective	704	632	(72)	(10.19%)	3,534	2,867
Daycase	3,617	3,416	(201)	(5.57%)	18,007	17,033
Elective excess bed days	305	181	(124)	(40.65%)	1,758	937
Non-elective	4,046	4,368	322	7.96%	20,564	21,072
Non-elective excess bed days	757	1,004	247	32.67%	3,922	4,014
A&E	7,869	7,562	(307)	(3.91%)	38,841	38,843
Outpatients	24,508	24,380	(128)	(0.52%)	123,817	121,574
Diagnostic imaging	2,377	2,722	345	14.53%	12,235	11,820
Maternity	538	432	(106)	(19.70%)	2,655	2,408
<b>Total NHS patient care income</b>	<b>44,721</b>	<b>44,697</b>	<b>(24)</b>		<b>225,333</b>	<b>220,568</b>
						<b>(4,764)</b>

- The main specialities driving the under performances in elective and day-case activity are Colorectal, Ophthalmology, Gastro and Orthopaedic surgery. "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.
- A&E activity underperformed by 307 attendances during the month reducing the previous over performance.
- Demand for emergency care has continued, with Upper GI exceeding plan significantly, although the case-mix is weaker than expected.
- 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, Respiratory and Orthopaedics.

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## 2. Financial performance

### Income

	Income							
	Current month				Year to date			
	Plan £'000	Actual £'000	Variance £'000	%	Plan £'000	Actual £'000	Variance £'000	%
Income from patient care activity								
Elective	2,270	2,063	(207)	(9.14%)	11,246	9,367	(1,879)	(16.71%)
Daycase	2,323	2,060	(263)	(11.32%)	11,661	10,809	(852)	(7.30%)
Elective excess bed days	74	44	(29)	(39.80%)	423	232	(191)	(45.12%)
Non-elective	8,083	8,048	(35)	(0.44%)	40,935	41,131	196	0.48%
Non-elective excess bed days	186	251	66	35.31%	964	992	28	2.87%
A&E	1,099	1,124	25	2.24%	5,426	5,555	129	2.38%
Outpatients	2,794	2,725	(69)	(2.47%)	14,067	13,589	(478)	(3.40%)
Diagnostic imaging	190	214	24	12.70%	970	917	(53)	(5.51%)
Maternity	458	398	(60)	(13.03%)	2,261	2,105	(156)	(6.90%)
Non PbR	5,791	5,639	(152)	(2.63%)	28,491	28,408	(83)	(0.29%)
HCD	1,284	1,178	(107)	(8.32%)	6,422	6,112	(310)	(4.83%)
CQUINS	563	538	(25)	(4.48%)	2,814	2,773	(41)	(1.45%)
Other	0	923	923	0.00%	0	2,132	2,132	0.00%
Total income from patient care (SLAM)	25,115	25,204	89	0.36%	125,680	124,121	(1,559)	(1.24%)
Other patient care income	52	58	6	11.14%	254	296	43	16.89%
Non-NHS: private patients & overseas	36	65	29	80.00%	182	179	(2)	(1.37%)
Injury cost recovery scheme	76	83	7	9.74%	380	481	100	26.37%
Non NHS: Other	2	2	(0)	(17.05%)	12	10	(2)	(15.25%)
Total income from patient care activities	25,282	25,413	131	0.52%	126,508	125,087	(1,420)	(1.12%)

- Of the year to date under recovery in NHS income c(£1.6m), the main driver is the elective and day-cases, which is showing a deficit of (£2.7m), reflecting both activity and case-mix reductions.
- The position also reflects the commencement of the MSK "prime provider" contract from July 2018, as this is a "block" contract. This has supported the overall position by c£0.2m during the month, £0.4m year to date.
- Other PbR areas are not significantly behind plan, with the exception of outpatients; this under recovery is predominantly in outpatient first attendances and procedures. Neonatal activity is also behind plan by c(£0.4m) given the unpredictable nature of this activity the Division are expecting the position to recover.
- Although HCD are showing an under recovery this is offset with a corresponding reduction in expenditure.

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## 2. Financial performance

- CQUIN milestones, trajectories and performance are currently being assessed with leads, ahead of formal Q2 evaluation by Wirral CCG. At the end of month 5 the reported position reflects non delivery of the - *“Reduction in antibiotic consumption per 1,000 admissions”*. This has an annual impact of £0.1m. Other schemes which are currently risk rated as red are *“Improving NHS Staff Health and Wellbeing”* £0.5m, and *“Improving the services for people with mental health needs who present to the emergency department”* (£0.4m). Both the latter schemes are profiled to delivery at the end of Q4. Discussions are on-going with the CCG in relation to the *“NHS Staff Health & Wellbeing”*, for an amendment of this given the Trust position. For the schemes aimed at improving service for patients presenting to ED with Mental Health, work is on-going and there is a degree of reliance on other stakeholder in supporting delivery of this target. The current risk relates to correctly coding these patients and recording their experience.

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## 2. Financial performance

### 2.3 Expenditure

The overall expenditure position as at the end of Mth 5 is showing an YTD overspend of c(£2.1m) against the plan.

#### 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	(225,643)	(18,945)	(19,593)	(648)	(94,440)	(94,621)	(182)
Bank	(6,662)	(542)	(916)	(373)	(2,789)	(3,364)	(574)
Medical Bank	(7,057)	(588)	(710)	(122)	(2,940)	(2,987)	(47)
Agency	(7,469)	(598)	(657)	(59)	(3,085)	(3,087)	(1)
Other - Apprenticeship levy	(900)	(75)	(73)	2	(375)	(373)	3
<b>Total</b>	<b>(247,732)</b>	<b>(20,749)</b>	<b>(21,950)</b>	<b>(1,201)</b>	<b>(103,630)</b>	<b>(104,431)</b>	<b>(801)</b>

- The pay position in M5 is a net overspend of (£1.2m) and YTD is (£0.8m) worse than plan. However, this reflects the impact of the AFC pay reform costs of (£1.8m) year to date which was not in the plan. The underlying pay is actually underspent by c£1.0m excluding the AFC pay award.
- The AFC pay reform calculation is showing a forecast FYE pressure of (£0.4m) that has been reported as required to NHSI this month.
- The agency figure is £0.7m this month and on a cumulative basis is just within the NHSI ceiling and continues to remain under close scrutiny.
- The bank figure is above plan and reflects its use to support the substantive nursing vacancies and acuity particularly in the Medicine division. Again the plan for bank has not been adjusted for pay award.
- Vacancies in Clinical Support and Corporate continue and non-recurrently are supporting delivery of their CIP target.
- Q1 includes £0.3m of non-recurrent support.
- CIP delivery against the plan is £0.6m better due to review of vacancies. However, of total pay efficiencies delivered at month 5 at £0.7m some £0.4m is non-recurrent.

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## 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)	(2,965)	(3,121)	(156)	(15,064)	(14,320)	744
Drugs	(25,395)	(2,109)	(2,165)	(56)	(10,634)	(10,417)	217
Outsourcing	(3,184)	(324)	(890)	(566)	(1,542)	(3,326)	(1,784)
Other	(45,982)	(4,142)	(4,274)	(132)	(20,580)	(21,017)	(437)
<b>Total</b>	<b>(110,035)</b>	<b>(9,541)</b>	<b>(10,450)</b>	<b>(909)</b>	<b>(47,820)</b>	<b>(49,080)</b>	<b>(1,260)</b>

- Non pay expenditure is (£0.9m) overspent in M5 and YTD is (£1.3m) worse than plan but includes MSK outsourcing costs of c(£1.0m) not in the plan. Hence the underlying non pay position excluding MSK is c(£0.3m) worse than plan.
- Clinical supplies reflects the low levels of elective activity in earlier months and the associated prostheses/clinical supplies underspend but has seen an increase this month particularly in Surgery.
- Drug costs are below plan YTD largely due to high cost drugs that is offset as a variance in clinical income.
- In other the position includes outsourcing costs in relation to elective capacity and radiology of c(£0.8m). Sub-contracting costs of c(£1.0m) as part of the prime provider MSK contract.
- In Q1 £0.3m supported the non pay position non-recurrently.
- CIP is showing an under-delivery against plan due to the unidentified gap of (£0.6m) but is offset by pay and income efficiencies. Total non –pay CIP plan at month 5 was £1.6m with some £1.0m being delivered (£0.2m non-recurrently).

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## 2. Financial performance

### 2.4 CIP by Programme and Division

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	Fully Developed £k	Variance £k	Pipeline £k	Total £k	Variance £k
<b>Transformation</b>														
Improving Patient Flow	Anthony Middleton	0	572	572	1,000	1,220	220	0	1,220	1,000	1,200	200	0	1,200
Improving Productivity	Anthony Middleton	157	241	84	478	715	237	131	846	478	402	(76)	611	1,013
Collaboration	Janelle Holmes	135	135	0	952	500	(452)	450	950	952	1,044	92	450	1,494
Digital Wirral	Paul Charnley	417	500	83	1,000	1,000	0	260	1,260	1,000	1,000	0	0	1,000
<b>Sub total - transformation</b>		<b>709</b>	<b>1,447</b>	<b>739</b>	<b>3,430</b>	<b>4,276</b>	<b>6</b>	<b>841</b>	<b>4,276</b>	<b>3,430</b>	<b>3,646</b>	<b>216</b>	<b>1,061</b>	<b>4,707</b>
<b>Cross cutting workstreams</b>														
Workforce	Helen Marks/ Tracy Fennell	56	120	64	134	199	64	68	266	134	19	(115)	30	49
Estates & Site Strategy	Dave Sanderson	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy and Meds Management	Pippa Roberts	157	121	(36)	500	187	(313)	313	500	500	187	(313)	144	331
Procurement and Non Pay	Jane Christopher	297	154	(143)	1,150	288	(862)	863	1,150	1,150	298	(852)	935	1,232
<b>Tactical and transactional</b>														
Divisional and Departmental	Divisional Directors	0	0	0	0	0	0	0	0	0	0	0	0	0
Unidentified		253	870	617	1,936	2,644	708	472	3,116	1,936	2,449	513	516	2,965
<b>Total</b>		<b>2,037</b>	<b>2,713</b>	<b>676</b>	<b>11,000</b>	<b>6,753</b>	<b>(4,247)</b>	<b>2,556</b>	<b>9,309</b>	<b>3,850</b>	<b>0</b>	<b>(3,850)</b>	<b>0</b>	<b>(3,850)</b>
										<b>11,000</b>	<b>6,598</b>	<b>(4,402)</b>	<b>2,687</b>	<b>9,285</b>

Division	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	Fully Developed £k	Variance £k	Pipeline £k	Total £k	Variance £k
Medicine and Acute	Shaun Brown	573	792	219	3,100	1,691	(1,409)	370	2,061	3,100	1,653	(1,447)	371	2,025
Surgery	Jo Keogh	603	456	(147)	2,500	1,247	(1,253)	270	1,517	2,500	1,251	(1,249)	643	1,894
Women and Children	Gary Price	100	97	(3)	1,200	1,092	(108)	221	1,313	1,200	1,171	(29)	481	1,652
DCS	Alistair Lester	546	508	(38)	2,000	1,262	(738)	272	1,534	2,000	1,298	(702)	255	1,553
Corporate		512	861	349	2,200	1,461	(739)	562	2,023	2,200	1,225	(975)	75	1,300
Central		(296)	0	296	0	0	(0)	0	0	0	0	(0)	0	0
TBC		0	0	0	0	0	0	861	861	0	0	0	861	861
<b>Total</b>		<b>2,037</b>	<b>2,713</b>	<b>676</b>	<b>11,000</b>	<b>6,753</b>	<b>(4,247)</b>	<b>2,556</b>	<b>9,309</b>	<b>11,000</b>	<b>6,598</b>	<b>(4,402)</b>	<b>2,687</b>	<b>9,285</b>
														<b>(1,715)</b>

At month 5 as detailed in the above table some £2.7m of efficiencies (£1.3m non-recurrent) has been delivered against a plan of £2.0m therefore YTD CIP performance is £0.7m ahead of the NHSI plan but the profile is low and significantly increases in Q3 and Q4.

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## 2. Financial performance

For the year the Trust is currently forecasting £6.7m of fully developed schemes with a further £2.6m of plans in progress and opportunities and £1.7m remains unidentified at this stage. This month the CIP FOT has improved by Cerner/GDE of c£0.3m, MSK potential additional opportunity and other workforce/minor schemes in the Corporate division offset by the removal of IP/OP coding of scans in Clinical Support.

There are further opportunities to improve the CIP forecast as the outpatient productivity workstream is validated and incorporated into the CIP tracker.

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### 3. Financial position

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

Actual as at 01.04.18 £'000		Month- on-month movement	Plan as at 31.08.18 £'000	Actual as at 31.08.18 £'000	Variance (to plan) £'000	Forecast 31.03.19 £'000	Plan 31.03.19 £'000
<b>Non-current assets</b>							
159,754	Property, plant and equipment	↑	158,902	158,831	(71)	161,468	160,148
12,763	Intangibles	↓	11,923	11,911	(12)	13,754	12,369
903	Trade and other non-current receivables	↑	903	844	(59)	844	903
<b>173,420</b>		↑	<b>171,728</b>	<b>171,586</b>	<b>(142)</b>	<b>176,066</b>	<b>173,420</b>
<b>Current assets</b>							
4,171	Inventories	↓	4,171	4,106	(65)	4,106	4,171
18,423	Trade and other receivables	↑	19,636	17,447	(2,189)	16,234	18,424
0	Assets held for sale	→	0	0	0	0	0
7,950	Cash and cash equivalents	↓	2,007	6,190	4,183	2,117	1,773
<b>30,544</b>		↑	<b>25,814</b>	<b>27,743</b>	<b>1,929</b>	<b>22,457</b>	<b>24,368</b>
<b>203,964</b>	<b>Total assets</b>	↑	<b>197,542</b>	<b>199,329</b>	<b>1,787</b>	<b>198,523</b>	<b>197,788</b>
<b>Current liabilities</b>							
(32,538)	Trade and other payables	↓	(29,695)	(32,141)	(2,446)	(33,295)	(27,752)
(3,224)	Other liabilities	↓	(3,224)	(4,020)	(796)	(3,224)	(3,224)
(1,074)	Borrowings	→	(1,074)	(1,075)	(1)	(1,076)	(1,076)
(548)	Provisions	→	(548)	(548)	0	(548)	(548)
<b>(37,384)</b>		↓	<b>(34,541)</b>	<b>(37,784)</b>	<b>(3,243)</b>	<b>(38,143)</b>	<b>(32,609)</b>
<b>(6,840)</b>	<b>Net current assets/(liabilities)</b>	↓	<b>(8,727)</b>	<b>(10,041)</b>	<b>(1,314)</b>	<b>(15,686)</b>	<b>(8,240)</b>
<b>166,580</b>	<b>Total assets less current liabilities</b>	↓	<b>163,001</b>	<b>161,545</b>	<b>(1,456)</b>	<b>160,380</b>	<b>165,180</b>
<b>Non-current liabilities</b>							
(8,812)	Other liabilities	↑	(8,670)	(8,670)	0	(8,471)	(8,470)
(49,258)	Borrowings	↓	(60,268)	(60,268)	0	(73,224)	(73,221)
(2,318)	Provisions	↑	(2,254)	(2,237)	17	(2,110)	(2,131)
<b>(60,388)</b>		↓	<b>(71,192)</b>	<b>(71,175)</b>	<b>17</b>	<b>(83,805)</b>	<b>(83,826)</b>
<b>106,192</b>	<b>Total assets employed</b>	↓	<b>91,809</b>	<b>90,370</b>	<b>(1,439)</b>	<b>76,575</b>	<b>81,366</b>
<b>Financed by Taxpayers' equity</b>							
77,575	Public dividend capital	→	77,575	77,575	0	78,031	78,031
(12,259)	Income and expenditure reserve	↓	(26,642)	(28,081)	(1,439)	(42,332)	(37,541)
40,876	Revaluation reserve	→	40,876	40,876	0	40,876	40,876
<b>106,192</b>	<b>Total taxpayers' equity</b>	↓	<b>91,809</b>	<b>90,370</b>	<b>(1,439)</b>	<b>76,575</b>	<b>81,366</b>

#### Capital asset variances £m

Capex underspend	-0.2
Donations above plan	0.1

**Total variance of capital assets to plan -0.1**

#### Cash variances £m

EBITDA and donation income below plan	-1.6
Working capital movements	5.1
Capital expenditure (cash basis) below plan	0.7

**Total variance of cash to plan 4.2**

### 3. Financial position

#### 3.2 Capital expenditure

Funding	2018/19 NHSI capital plan £'000	Budget <sup>1</sup> £'000	Full year Forecast <sup>2</sup> £'000	Variance £'000	Full year Forecast <sup>2</sup> £'000	Green light schemes <sup>4</sup> £'000	Variance £'000	YTD Actual £'000
Depreciation	8,160	8,160	8,160	0				3,358
Loan repayment	(1,015)	(1,015)	(1,015)	0				0
Finance lease	(60)	(60)	(60)	0				(25)
Additional funding per plan	3,250	3,250	3,250	0				3,250
Additional external (donations / grant) funding	0	79	76	3				74
Public Dividend Capital (PDC)	456	456	456	0				0
<b>Total funding</b>	<b>10,791</b>	<b>10,870</b>	<b>10,867</b>	<b>3</b>				<b>6,657</b>
<b>Expenditure - schemes</b>								
Divisional priorities - Medicine and Acute Care		682	682	0		46	636	46
Divisional priorities - Surgery		173	284	(111)		220	64	73
Divisional priorities - Women and Children's		248	252	(4)		130	122	19
Divisional priorities - Clinical Support and Diagnostics		811	804	7		90	714	24
Divisional priorities - Clinical Support and Diagnostics - MRI	1,050	1,518	1,518	0		0	1,518	0
Divisional priorities - contingency <sup>3</sup>	500	n/a	n/a	n/a		n/a	n/a	n/a
Informatics - Digital Wirral / Global Digital Exemplar	2,811	2,801	2,801	0		2,801	0	165
Informatics	500	509	509	(9)		509	0	282
Estates - backlog maintenance	1,500	2,561	2,561	0		695	1,866	537
All other expenditures		448	452	(4)		452	0	363
Contingency <sup>3</sup>	1,180	1,049	928	121		0	928	n/a
Reallocated funding	3,250	n/a	n/a	n/a		n/a	n/a	n/a
<b>NHSI plan subtotal</b>	<b>10,791</b>							
Donated assets	0	79	76	3		76	0	74
<b>Total expenditure (accruals basis)</b>	<b>10,791</b>	<b>10,870</b>	<b>10,867</b>	<b>3</b>	<b>10,867</b>	<b>5,019</b>	<b>5,848</b>	<b>1,583</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 includes slippage from 2017/18.

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

<sup>4</sup> Green light schemes are those for which a feasible capital bid form has been approved, the scheme is expected to deliver in year and order(s) have been raised.

### 3. Financial position

#### 3.3 Statement of Cash Flow

	Month			Year to date			Full Year	
	Actual	Plan	Variance	Actual	Plan	Variance	Forecast	Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Opening cash</b>	<b>8,191</b>	<b>2,009</b>	<b>6,182</b>	<b>7,950</b>	<b>7,950</b>	<b>0</b>	<b>7,950</b>	<b>7,950</b>
<b>Operating activities</b>								
Surplus / (deficit)	(3,427)	(2,912)	(515)	(15,822)	(14,382)	(1,440)	(30,073)	(25,282)
Net interest accrued	124	143	(19)	575	635	(60)	1,621	1,806
PDC dividend expense	191	191	0	955	955	0	2,292	2,292
Unwinding of discount	0	3	(3)	1	15	(14)	3	6
<b>Operating surplus / (deficit)</b>	<b>(3,112)</b>	<b>(2,575)</b>	<b>(537)</b>	<b>(14,291)</b>	<b>(12,777)</b>	<b>(1,514)</b>	<b>(26,158)</b>	<b>(21,178)</b>
Depreciation and amortisation	676	674	2	3,358	3,355	3	8,163	8,160
Impairments / (impairment reversals)	0	0	0	0	0	0	0	0
Donated asset income (cash and non-cash)	2	0	2	(74)	0	(74)	(74)	0
Changes in working capital	(1,613)	(266)	(1,347)	3,686	(1,417)	5,103	2,286	(996)
<b>Investing activities</b>								
Interest received	8	3	5	41	15	26	111	48
Purchase of non-current (capital) assets <sup>1</sup>	(474)	(332)	(142)	(5,432)	(6,125)	693	(10,653)	(12,444)
<b>Financing activities</b>								
Public dividend capital received	0	0	0	0	0	0	456	456
Loan funding <sup>2</sup>	2,500	2,500	0	11,036	11,036	0	24,027	24,027
Interest paid	(16)	0	(16)	(88)	0	(88)	(1,586)	(1,845)
PDC dividend paid	0	0	0	0	0	0	(2,335)	(2,335)
Finance lease rental payments	(6)	(6)	0	(30)	(30)	0	(70)	(70)
<b>Total net cash inflow / (outflow)</b>	<b>(2,001)</b>	<b>(2)</b>	<b>(1,999)</b>	<b>(1,760)</b>	<b>(5,943)</b>	<b>4,183</b>	<b>(5,833)</b>	<b>(6,177)</b>
<b>Closing cash</b>	<b>6,190</b>	<b>2,007</b>	<b>4,183</b>	<b>6,190</b>	<b>2,007</b>	<b>4,183</b>	<b>2,117</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.

## 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%	-13.3	3	-14.4	4	-12.9	3
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	-5.7	4	-6.8	4	-2.5	4
Financial efficiency	I&E margin (%)	Underlying performance: I&E deficit / total revenue	20%	-10.3%	4	-11.3%	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	-1.0%	2	0.0%	1
	Agency spend (%)	Distance of agency spend from agency cap	20%	-1.1%	1	-1.1%	1	0.0%	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. Later in the year, this rating may prevent the overall UoR rating from dropping to 4 — which would place the Trust in the highest risk category with NHSI. It is therefore vital that this is maintained at 1 throughout 2018/19. This rating will increase to 2 if the Trust breaches the cap. For the year to date, the Trust is £33k away from scoring 2.
- The *Distance from financial plan* metric is currently below plan as a result of the year-to-date EBITDA.
- The month 5 UoR rating is 3 overall, which is in line with the 2018/19 plan UoR rating of 3.
- Forecast UoR rating is 3.

## 5. Forecast

	Best FOT £,000	Likely FOT £,000	Worst FOT £,000	Comments and key actions, milestones required by
<b>Annual Plan (excluding PSF) full year</b>	<b>(25,042)</b>	<b>(25,042)</b>	<b>(25,042)</b>	
<b>YTD Actual (CT excluding PSF)</b>	<b>(15,794)</b>	<b>(15,794)</b>	<b>(15,794)</b>	
<b>Run rate</b>	<b>(3,159)</b>	<b>(3,159)</b>	<b>(3,159)</b>	Monthly average
Q1 Non Recurrent support	(220)	(220)	(220)	
	<b>(3,379)</b>	<b>(3,379)</b>	<b>(3,379)</b>	Underlying monthly average
<b>YTD run rate extrapolated for 18/19 full year</b>	<b>(40,550)</b>	<b>(40,550)</b>	<b>(40,550)</b>	
<b>Gross Income Risks</b>				
CQUIN	Red	-	(900)	(1,300) Streaming/Antibiotics/Staff Survey RED
Readmissions	Amber			(500) Re-investment?
Other Penalties	Amber			(100)
<b>Income Upsides / Recovery Actions</b>				
Income recovery plan EL/DC	Amber	4,140	3,600	2,880 Surgery EL/DC Recovery Plan
NEL Winter Profiling Adjustment	Amber	3,000	3,000	3,000 Winter Profiling
Winter Funding (External)	Red	1,000		Addl winter beds recognised by System and funded
Sepsis	Green	950	750	750 Mediation expected outcome
Neo Natal	Amber	300	200	175 Profile recovery
<b>CIP Delivery</b>				
Green schemes & Blue Schemes	Green			In Run Rate £6,511
Amber schemes	Amber	1,541	1,541	1,541 Most Likely is £10m CIP
Red schemes	Red	1,257	1,257	948 Best Case £11m
Unidentified - gap	Red	1,691	691	Worst Case £9m
<b>Expenditure Risks / Commitments</b>				
Winter Planning Costs	Red	(700)	(800)	(1,000) Addl Winter beds
Vacancy Fill Rate				
EL/DC Activity increase - Clinical Supplies	Red	(900)	(900)	(720) To support EL/DC Recovery plan.
<b>Cost Pressures</b>				
- Safeguarding Business Case	Red	(70)	(70)	(70) New investment
- A&E Corridor Nurses	Red			(90) New investment
<b>Expenditure Upsides</b>				
Executive Management	Green	105	105	105 Restructure savings
Activity Reserve	Amber	1,200	1,200	600
RTT Delivery Reserve	Amber	741	741	650
Balance Sheet Support	Red	1,253	-	-
<b>Overall FOT</b>		<b>(25,042)</b>	<b>(30,135)</b>	<b>(33,681)</b>

The run rate tracker shows the impact of the underlying monthly average deficit extrapolated for a full year effect resulting in a £40.1m deficit.

This position is then adjusted for a number of profiling impacts and interventions that result in a Likely forecast of £30.1m.

The Best forecast would be to achieve plan of £25.0m, the key drivers of this include:

- Achievement of the CIP plan of £11.0m, tangible movements have been made during August in reducing the “unidentified” gap. Focus remains on identifying the remaining shortfall £1.7m, and then the subsequent delivery. This is overseen by the Programme Board and Finance Performance Group.
- CQUIN delivery of at risk schemes, this is monitored monthly with trajectories to Q4 and has received a higher priority in the Finance Performance Group due to the risks of non-delivery.
- Improved elective performance from the current recovery trajectory, the August trajectory was delivered, the “booked” activity position is being managed on a weekly basis. Theatres is a key scheme supported and monitored by the Programme Board.
- Winter funding – the economy requirement of an additional 48 beds has been identified. Conversations are ongoing with Commissioners and regulators to identify and secure additional funding to support this.
- Release of balance sheet support, work is progressing to crystallise the level of support releasable and will evolve during the remainder of the year.



BOARD OF DIRECTORS	
<b>Agenda Item</b>	9.1
<b>Title of Report</b>	Volunteer Strategy
<b>Date of Meeting</b>	27 September 2018
<b>Author</b>	Helen Marks, Director of Workforce
<b>Accountable Executive</b>	Helen Marks, Director of Workforce
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	To approve
<b>Data Quality Rating</b>	
<b>FOI status</b>	Yes
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	No

## **Introduction**

Volunteering involves a person or group of individuals dedicating their time to a wide range of activities, which is unpaid and is conducted for the benefit of others beyond close relatives. Volunteers do not substitute paid members of staff but are there to complement the work of employees.

According to a Kingsfund study undertaken in 2013 it was estimated that three million people volunteer in the health and care sector. The time volunteers give every day, in a very wide range of roles, makes a valuable contribution to the quality of care patients' experience and they are a key enabler in transforming the way the NHS works with people and communities.

There is extensive evidence on the health and social benefits that volunteering can deliver. Studies have shown that patients, communities and volunteers can all derive significant benefits. The research undertaken by Kingsfund also highlighted four areas in particular where volunteers can make a valuable contribution in health and social care:

- improving the experience of care and support
- strengthening the relationship between services and communities
- improving public health and reducing health inequalities
- supporting integrated care for people with multiple physical and/or mental health needs

In some hospitals, volunteers are increasingly being seen as an integral part of the care team rather than an 'add on' and there is a focus on volunteering as a means of improving quality.

### **Background – Where are we now:**

WUTH currently has 146 active volunteers on its register compared to the average number of volunteers across the North West which is approximately 362. Therefore, it would appear that the organisation has an opportunity to increase the number of registered volunteers.

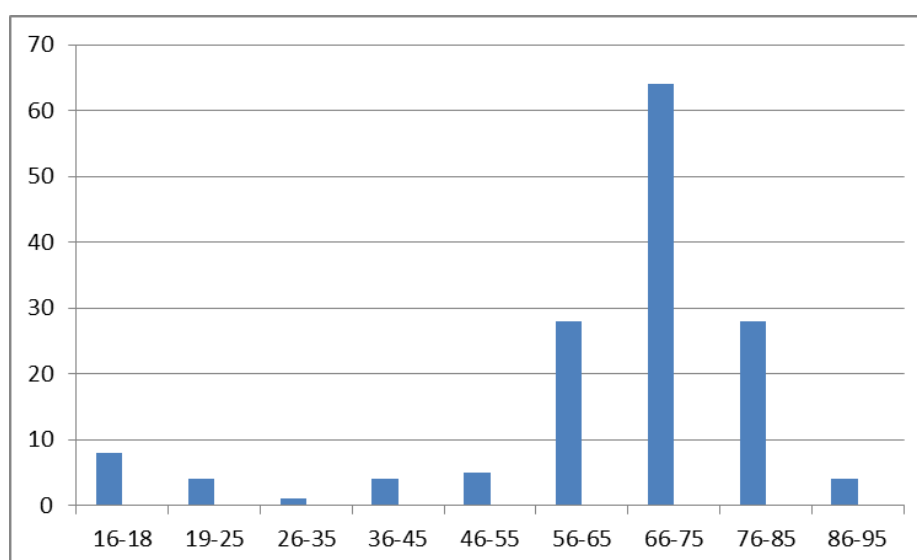
Our volunteers undertake a series of roles which are detailed below:

- Welcomers
- Be-friending patients
- Ward visitors
- Admin
- Assisting at mealtimes
- Patient support
- Donator recruiter

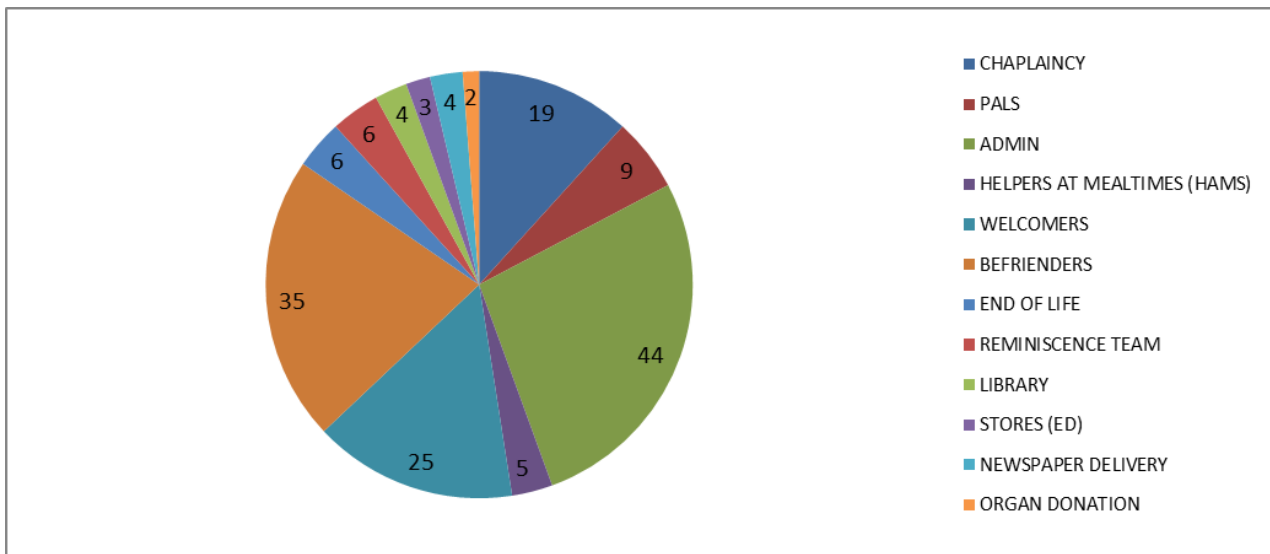
Detailed in the table below are the areas our volunteers cover:

Haematology	Organ Donation APH & CB
Ward 17, 21 & 32	Paediatric Medical Secretaries, APH
Information Bank	Patient Relations (PALS)
Isolation Unit	Patient Experience
Library	Rehabilitation CBH
MacMillan	Reminiscence Team
Maternity	SEAL Unit
Maxfax	Speech & Language
McCardle Library	Surgical Secretaries
Newspaper Delivery including CBH	Volunteers Office
Occupational Health	Welcomers, APH
Outpatient Departments – APH & CBH	

The age profiles of our registered volunteers



The distribution of our volunteers across the Trust:



*\*Note that the numbers in the diagram are higher than the number of registered volunteers due to individuals covering more than one area.*

Currently our volunteers are asked to commit to at least 2 hours per week at Arrowe Park Hospital, Clatterbridge Hospital or St Caths and can also support in more than one role. Presently the Trust's volunteer policy does not include work experience and/or placements.

The Trust has previously attempted to recruit volunteers with Community Action Wirral but with limited success. However, the Trust is liaising with Birkenhead School to encourage students to become involved as part of their planned school programme.

Training is given to volunteers supporting end of life, supporting patients with dementia, assisting patients in wheelchairs, assisting at mealtimes and the role of chaplaincy visitors.

### Future direction

Over the next two years the Trust will seek, through volunteering, to:

- Strengthen our links and engagement with the local community
- Be known as an organisation that values, encourages and supports volunteering and recognises and appreciates the important contribution our volunteers makes to the Trust
- Provide rewarding experiences that may provide steps into work
- Support adults and school age leavers to make career choices by providing experience in this environment

- Maintain a thriving volunteering function that consistently delivers the services and support to the Trust

Therefore, we want to grow our registered volunteers by 50% by 2020. Detailed below is a summary of the activities that will assist in facilitating that growth:

(i) Creating a culture that nurtures volunteers

The Trust will need to raise the profile of our volunteers and volunteer services in order to increase staff and stakeholder awareness of the day to day ways that volunteers add value to the Trust and its patients and carers. A highly visible volunteer culture enhances opportunities for front line leadership. This will also include ensuring that our volunteers are easily recognisable to patients, visitors and staff by means of their own uniform.

(ii) Extending volunteering roles

As detailed in the above diagram our volunteers offer support within a range of 12 roles within the organisation. However, the Trust is seeking to expand these roles to be as wide ranging as possible from gardening and maintenance, to emergency department volunteers as well as providing increased levels of support for vulnerable groups such as those with learning disabilities, mental health issues, dementia etc. We would also want to support volunteers who can only offer 1 hour or less rather than being rigid in the minimum amount of time that a volunteer has to provide as currently is the case.

(iii) Volunteering for young people

As a Trust we will endeavor to engage and involve young people in our work in order for them to recognise the varied career options that it can offer. Evidence shows volunteering gives individuals the confidence and social skills to take on new opportunities as well as benefitting patients. We want to be in a position to be able to offer volunteering to students on gap years or who are undertaking training.

(iv) Work experience

The Trust acknowledges that work experience is a way of drawing in our future clinical and non-clinical staff. The experience of a working environment prior to making a career choice can prove valuable in shaping your long-term future. University courses/job vacancies are increasingly difficult to apply for and many employers now require work experience for a stronger application.

The aim of work experience is to provide the participant with an opportunity to gain experience of working in a healthcare setting, providing an introduction to the world of work, including working conditions and attendance management. It is proposed that this offer is managed through the volunteer processes.

(v) Retire and volunteer

Over the past 12 months 78 employees retired from the Trust. We will be actively linking in and discussing with those individuals who have indicated they are retiring to sign them up to be on the volunteer register to undertake a role in the Trust.

(vi) Rewarding our volunteers

It is vital that the Trust ensures that our volunteers feel valued and recognised for their contributions to the organisation. Volunteers are currently celebrated through lunch and recognition awards. However, as part of that reward and recognition we would allow our volunteers to access any of our training and development opportunities.

(vii) Strong governance and influencing

There is a need to establish robust, evaluation and reporting of volunteering through governance processes. It is proposed that regular reporting, which highlights the benefits and learning will be presented to the Workforce Performance Group with oversight from the Workforce Assurance Committee.

(viii) Third sector

The Trust has established partnerships with national, third sector, voluntary organisations and charities. For example services from MacMillan, Citizens Advice Bureau and the Wirral Society for the Blind. Moving forward the Trust will want to not only maintain these existing relationships but build on them and develop new links as part of our approach over the next two years.

(ix) Evaluation

The Trust will need to establish systems to collect quality data that measures the impact of volunteering for the patient, volunteer, the organization and the local community. As part of this evaluation process case studies will be identified, published and used in the reward and recognition process.

## **Investing in Volunteers – Quality Standard**

'Investing in Volunteers' is the UK quality standard for all organisations that involve volunteers in their work. The standard enables organisations to comprehensively review their volunteer management and also publicly demonstrate their commitment to volunteering. As a Trust we would wish to be assessed against this quality standard going forward.

### **Next Steps**

- To strengthen the management arrangements around volunteers and to drive forward the necessary actions. Volunteers have recently transferred into the portfolio of the Assistant Director of OD.
- The Assistant Director of OD to develop an implementation plan to take forward the key activities. Progress will then be tracked through the workforce governance arrangements.

### **Recommendations:**

The board is asked to:

- Approve the paper and in particular the strategic approach to increase our volunteer workforce by 50% over the next 2 years.
- For the implementation plan to be agreed and progress to be monitored through the workforce assurance arrangements.



BOARD OF DIRECTORS	
<b>Agenda Item</b>	10.1
<b>Title of Report</b>	Report of Workforce Assurance Committee
<b>Date of Meeting</b>	27 September 2018
<b>Author</b>	John Sullivan, Non-Executive Director
<b>Accountable Executive Director</b>	Helen Marks, Director of Workforce
<b>BAF References</b>	3
<b>Strategic Objective</b>	
<b>Key Measure</b>	
<b>Principal Risk</b>	
<b>Level of Assurance</b>	Positive
<b>Purpose of the Paper</b>	To note
<b>Reviewed by Executive Committee</b>	Workforce Assurance Committee
<b>Data Quality Rating</b>	
<b>FOI status</b>	Minutes may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	

## 1. Background

There was strong participation in the meeting with the agenda covering six substantive items. It appeared that the actions from the previous meeting had not been fully documented. The Director of Workforce agreed to address the issue along with a number of changes to the unapproved minutes outside of the formal committee with a view to re-circulating them before the next meeting.

## **2. Key Agenda Discussions**

### **Widening Access Training Scheme (WATs)**

The Deputy Director of Workforce described the current situation with NHS Employers and HMRC regarding current declined applications for income tax and national insurance relief when on approved training courses. The previous and current arrangements were described in full. The Trust's position was accepted and the recommended way forward supported. Namely, accept the local inequalities and await a national position to come from NHS Employers.

### **EU Settlement Scheme (pilot)**

The committee noted the Trust's decision to participate in a Home Office led pilot for WUTH employees who are none UK EU citizens. The pilot scheme will allow these employees to apply in person for UK immigration status prior to Brexit. The Trust's participation is a proactive step in staff retention post Brexit.

### **Workforce Planning**

The committee accepted the urgent need for a new, effective and robust workforce planning process within WUTH.

Workforce planning awareness sessions are being planned and a workforce planning tool (WRAPT which has been developed and funded by NHS England) being explored. The tool would allow for an integrated health and social care approach.

Resource and expertise to develop a workforce planning function is also being reviewed and more detailed findings, of all the work outlined will be presented to the Workforce Performance Group in September 2018. A future update will also be brought back this Committee as required.

The Committee noted where links to Cerner Staffing / Acuity systems may be needed along with links to Finance budgeting systems.

### **Organisational Development Work Programme 2018-2020 review**

The Workforce Assurance Committee (WAC) were presented with an update on the themed Organisational Development Work Programme for 2018-2020 along with the underpinning Divisional OD Work Programmes.

It was initially intended that the work programme be delivered over the next 2 years but given the scale of work involved, it was agreed that this be extended to a 3 years period to maximise cultural change opportunities.

It was agreed that appropriate investment in staff facilities and working environments also form part of the OD Work Programmes at Trust and Divisional levels under the 'Valuing our Workforce' work stream.

It was also suggested and agreed that monthly progress with Divisional OD programmes action plans be reviewed at the Trust's new Workforce Performance Group along with the other Divisional performance measures. Thereby, driving OD and culture change through the Divisional Triumvirate leadership structures.

### **Communication and Engagement**

The committee were updated on the following items:

- The upgraded public and staff website
- NHS70 Staff Celebration and Awards 2018
- Staff communications and engagement
- Branding and marketing of the Trust
- Recruitment and retention
- Flu
- Trust vision & values

### **HR & OD Dashboard at Trust level**

The dashboard metrics were reviewed and discussions centred on the deteriorating sickness absence levels. The committee was also made aware of the new Health & Wellbeing Manager, mandatory training compliance deterioration, Agency breaches long term sickness case management led by and with access to Occupational Health services.

### **3. Next Meeting**

25<sup>th</sup> October 2018 1pm to 3pm

### **4. Recommendations**

- To note the contents of the report



<b>BOARD OF DIRECTORS</b>	
<b>Agenda Item</b>	10.2
<b>Title of Report</b>	Report of the Finance Business Performance and Assurance Committee
<b>Date of Meeting</b>	27 September 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 21 August 2018

This report provides a summary of the work of the FBPAAC which met on the 21<sup>st</sup> August 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 of Directors.

#### 1. Chair's Business

Sue Lorimer reminded colleagues of the assurance function of the Committee and to ensure that this is at the forefront of any papers presented to the Committee. Where gaps are noted in assurance there should be an awareness of the actions to be taken (where they exist) that can mitigate gaps in assurance.

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## **2. M4 Finance Position**

DJ reported that the Trust had delivered a deficit of £12.4m against a plan of £11.4m, an adverse variance of £1.0m. However, this reported position incorporates non recurrent benefit of £0.6m from balance sheet adjustments and £0.5m non-recurrent release of the Sepsis provision leading to an underlying position of £13.5m deficit and an underlying adverse variance to plan performance of £2.1m.

The main areas driving the adverse position as previously reported to the Committee are the under performance in elective and day case activity, which is 1,370 spells behind plan, with a financial impact of (c£2.3m), and Outpatients attendances and procedures which are showing an adverse variance of 2,120, and a financial consequence of (£0.4m). This is partially mitigated by the continued over performance in non-elective activity which is 187 spells ahead of plan, delivering a financial benefit of £0.3m (net of MRET). During the month there has been an improvement in the elective run rate, reflecting the surgical recovery plan.

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

The Committee noted the “deep dive” into the Surgical plan and the proposed set of actions that (whilst not bringing activity back on plan) would deliver material improvements to the current reported position and variance to plan.

DJ reported actual delivery of CIP at £1.8m versus a plan of £1.6m (noting £0.8m delivered non recurrently). The Committee's attention was brought to the profiling of CIP which sees significant increases in Q3 and Q4. The Committee was updated on total CIP identified to date with £6.3m of fully developed schemes with a further £2.3m of plans in progress and opportunities. This still leave material risk to delivery of the required £11.00m CIP contained in the plan of the order of £2.4m albeit the Committee noted that the unidentified gap had improved by £0.6m.

AM reminded the Committee that Divisional colleagues are aware of the CIP targets that they need to deliver against and the monthly Divisional Finance performance group meetings provide further scrutiny and track progress and performance on this subject.

The Committee received an update on CQUIN performance and potential risk at £1.0m (across 4 schemes each at £0.2m). It was noted that risk had been assessed by finance colleagues. The committee requested that the individuals responsible for the schemes review performance to ensure delivery wherever possible and to adjust RAG ratings accordingly.

The Committee noted actual cash balances of £8.2m compared to plan of £2.0m with strong performance on working capital balances and gains from capital programme slippage.

An overall Use of Resources (UoR) rating of level 3 had been achieved with performance against the agency metric preventing potential deterioration to a rating of 4, the lowest rating possible. The Committee noted the level of expenditure and minimal headroom to the agency cap at month 4 and requested that performance be improved wherever it was safe to do so.

The Committee discussed the forecast outturn scenarios contained within the paper noting a “best” forecast in line with planned deficit but expressed concern at a likely forecast at £30.0m. The Committee noted the key drivers with the three scenarios (best, likely and worst) and requested that the Board be updated at its September meeting with regard to delivery of the elective recovery plan, winter, reserves deployment, CQUIN delivery and delivery of CIP.

## **3. Board Assurance Framework(BAF)**

The Committee received the BAF noting key areas of risk around delivery of CIP, surgical elective plan recovery and agency expenditure. The Committee were apprised of the work being undertaken on a Corporate Risk register and links to the BAF.

#### **4. 2018/19 Capital Plan**

Whilst a high level capital plan had been submitted in line with planning requirements the Committee received and approved a detailed capital expenditure plan for 2018/19. The Committee's attention was brought to schemes not included in the risk prioritised plan for 2018/19 and the inability to undertake a full ward refurbishment programme due to the continued demand on bed base and lack of decant facilities. SL requested that the detailed plan be submitted to the Board of Directors for review.

#### **5. 2017/18 Reference Cost Submission**

The Committee received a report detailing the Trusts compliance against mandated reference cost guidance and the external due diligence report completed by Ernst and Young on the Trusts' costing processes etc. that secured substantial assurance. In line with required guidance as an assurance committee of the Trust the Committee approved submission of the 2017/18 Reference Costs.

#### **6. Month 4 NHSI report**

The Committee noted the report that had been submitted in line with prescribed NHSI timetable.

#### **7. One-to-One Midwifery**

The Committee noted the outstanding balances from this provider and agreed to pursue recovery while gaining and understanding of other Trusts' appetite for action.

#### **8. Division of Surgery Theatres action plan**

The Division of Surgery Divisional Director presented an action plan noting a focus on improving productivity, a reforecast of planned activity and a review of how Ophthalmology services could be provided. The Committee's attention was brought to a number of challenges for the Division which included clinical engagement but noted a theatre clinical champion had been identified, a revised theatres schedule to be agreed to take effect from October and finally the need to agree clinical leads/directors objectives.

Responding to Chair's challenge on the deliverability of the plan J Keogh noted whilst the plan was optimistic it was deliverable.

#### **9. Division of Medicine CIP update**

The Division of Medicine Divisional Director presented the update to the Committee noting further opportunities around outpatients, procurement re Endoscopy and mattresses, Catheter laboratory utilisation and agency expenditure. The Committee received the update and encouraged S Brown to be ambitious in setting targets for these further opportunities to help support the Trust in delivering the £25.0m deficit plan.

#### **10. SLR Strategy**

The committee approved the strategy for the development of SLR noting the intention to relaunch the use of SLR and to engage further with clinical staff in the development and use of the information.

#### **11. Integrated Performance Dashboard**

The committee were pleased to note A&E performance at 85.64% for the APH site, better than the NHSI trajectory for the month. RTT performance stood at 76.25%, also in line with the NHSI trajectory although there were 57 patients waiting over 52 weeks which exceeded the NHSI trajectory. Diagnostic breaches were above plan but AM said that performance would be back on track for August.

AM noted that the methodology for calculating the theatre utilisation metric was being amended to produce a more accurate picture of performance

## **12. Reports from Sub-Committees**

The committee received reports from:

- Finance and Performance Group
- Digital Wirral Programme Board
- Information and Coding Group

SL said that in the absence of the Digital Wirral plan to measure performance against it was difficult to gain assurance from the report. DJ said he would speak to PC with regard to providing a way that the committee can gain assurance that the plan was on track.

SL said that she could not gain assurance from the Information and Coding report as the report highlights gaps in assurance but with no mitigating actions.

DJ said he would speak to PC regarding the content of both reports.

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

As previously reported to the Board of Directors;

- Risk in achievement of the financial plan due to low performance on elective activity and unidentified CIP
- Potential publicity arising from re-instigating debt recovery processes with One to One.

BOARD OF DIRECTORS	
<b>Agenda Item</b>	10.3
<b>Title of Report</b>	Report of Audit Committee
<b>Date of Meeting</b>	27 September 2018
<b>Author</b>	Graham Hollick, NED/ Audit Committee Chair & David Jago, Director of Finance
<b>Accountable Executive</b>	David Jago, Director of Finance
<b>BAF References</b> <ul style="list-style-type: none"><li>• Strategic Objective</li><li>• Key Measure</li><li>• Principal Risk</li></ul>	All
<b>Level of Assurance</b> <ul style="list-style-type: none"><li>• Positive</li><li>• Gap(s)</li></ul>	Positive with the exception of two MIAA limited assurance reports
<b>Purpose of the Paper</b> <ul style="list-style-type: none"><li>• Discussion</li><li>• Approval</li><li>• To Note</li></ul>	Discussion
<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> <ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul>	Not applicable

### Board Assurance Framework

The Committee reviewed the Board Assurance Framework and noted the review work being undertaken by the Director of Quality and Assurance and the new Corporate Secretary joining the Trust shortly and requested that when the report is refreshed to provide assurance that the issues reflected as the main impact areas adversely affecting the Trust would be included in the main board agenda to align the issues to the Trust strategy.

The Committee agreed with the methodology of updating, reviewing and escalation to provide adequate assurance for their purposes but looked forward to seeing a refreshed Board Assurance Framework in the near future.

### Financial Assurance Report

The Committee reviewed the report covering Losses and Special Payments, current debtors position and single tender waivers. In respect of losses the Committee discussed the medications losses due to extreme temperatures being experienced and were assured by the Chief Pharmacist

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no harm had come to patients as the drugs had been disposed of hence the recorded loss. With regards to outstanding debtors the Committee discussed and noted the action agreed to be taken to recover outstanding debts from One to One.

The Committee expressed concern at the number of single tender waivers at 93 over 5 months with the Director of Finance tasked with providing Committee members further details.

The Committee noted no capital schemes varied neither in excess of 10% of plan nor any impairments being recorded.

#### **NHSI Licence Review**

The Committee reviewed the Provider licence quarterly update noting the key issues and risk re licence compliance. The Committees attention was brought to some further refinement of the position at month 5 noting as the Trust is now prime provider in respect of MSK services this involves subcontracting both with NHS and non NHS providers.

#### **NEP ISAE 3402 report**

Members discussed this report noting timing of receipt (after closure of 2017/18 accounts). The purpose of the ISAE 3402 was noted around offering assurance to stakeholders in cases where an outsourced “service organisation” operates key systems (in this respect the General Ledger) on behalf of clients with the report offering assurance regarding the design and operation of controls within the Trusts’ financial system.

#### **Emergency Department Time Out of Department Audit**

The Committee noted the report and audits undertaken detailing the reduction in compliance with documenting time out of department on the CAS card but noted 100% compliance electronically using Firstnet. The department has produced an action plan to drive through improved compliance until the department moves to a fully paperless environment.

#### **Internal Audit Progress report**

The Committee received Mersey Internal Audit Agency’s’ (MIAA) progress report noting completion of;

- Consultant job planning-limited assurance
- Take Home medicines-limited assurance
- Mortality Framework-Significant assurance
- Facilities Management (Cleaning standards)-Substantial assurance

As per protocol both the Chief Pharmacist and Acting Medical Director were present to discuss the two limited assurance reports.

Consultant Job Planning -The Committees attention was brought to the two high level risks driving the limited assurance which were;

- The Trust needs to strengthen and reinvigorate the job planning process for 2018/19. The job planning process had not been adhered to for 2017/18 as the Trust took the decision not to review job plans for 2017/18 and instead froze the plans that were put in place in 2016/17.
- Ensure that all consultants receive a formal annual review of performance against their job plan. The appraising manager should be different from the line manager who approved the job plan initially. The appraisal should be signed by the consultant and appraising manager and retained for audit purposes.

The Committee expressed its disappointment at the freezing of job plans given where the Trust was at in its productivity challenge and job planning and job plans a key lever in this area. It was noted that given the current situation in respect of job planning for 2018/19 there was no possibility of a re-audit to help in the Annual Governance Statement report for 2018/19.

Take Home Medicines Discharge - The Committees attention was brought to the two high level risks driving the limited assurance which were;

- Of the 56 tested discharge summaries, 45 (80%) were found to be inappropriately completed. The detailed findings from this review should be fed back to staff groups involved within the discharge process including the recently established Discharge Task and Finish Group to drive performance and learning.
- Of the 56 discharges reviewed, 37 had nursing checks completed. The Trust should ensure that Divisional audits are undertaken to ensure that the medicines with which patients are discharged from the hospital are accurate and aligned to those on the discharge summary and that nursing checks have been completed. Findings should be monitored by the Medicines Operational Group.

The Committees attention was brought by the Chief Pharmacist to the need for less generic training in the use of Cerner with an action plan on how to improve compliance to be tracked by Patient Safety and Quality Board. It was felt that training needed to involve service users to train as well as currently analysts. The Committees attention was brought to the fact that training had been raised elsewhere as an issue and the approach and resources deployed in training would be subject to review. This audited area would be subject to a further re audit prior to year end.

The Committees attention was brought to the requested timing of the Risk Management audit to be moved to quarter 4. The Committee fully understood the rationale but were concerned as to how the revised governance and controls could be audited and receive the required assurance if they were still in their infancy.

#### **Anti-Fraud Progress Report**

The Committee received the progress report noting key awareness and communications thereof of fraud within the Trust, the NHS Counter Fraud Authority issuing of guidance in relation to management of prescriptions and invoice and pre contract procurement and the Trusts' completion of the Anti-Bribery Checklist.

During the reporting period the Anti-Fraud Specialist (AFS) brought to the Committees' attention the closure of six investigations and recommendations.

#### **External Audit Annual Audit Letter 2017/18**

The Committee received the report from Grant Thornton noting its primary purpose being to provide a commentary on the key results of the work of external audit.

#### **Recommendations to the Board of Directors**

The Committee wish to bring to the Boards attention;

- The timing of the risk management audit being slipped to quarter 4
- The current position in respect of job planning
- The need to undertake a re audit of take home medicines prior to year end.

**Graham Hollick**

Chair of Audit Committee

**David Jago**

Director of Finance



BOARD OF DIRECTORS	
<b>Agenda Item</b>	10.4
<b>Title of Report</b>	CQC Action Plan Progress Update
<b>Date of Meeting</b>	27 September 2018
<b>Author</b>	Paul Moore, Director of Quality & Governance
<b>Accountable Executive</b>	Janelle Holmes, Chief Executive
<b>BAF References</b> <b>Strategic Objective</b> <b>Key Measure</b> <b>Principal Risk</b>	Quality and Safety of Care Patient flow management during periods of high demand
<b>Level of Assurance</b> <b>Positive</b> <b>Gap(s)</b>	To be confirmed.
<b>Purpose of the Paper</b> <b>Discussion</b> <b>Approval</b> <b>To Note</b>	Provided for assurance to the Board
<b>Reviewed by Assurance Committee</b>	None. Publication has coincided with the meeting of the Board of Directors.
<b>Data Quality Rating</b>	To be confirmed
<b>FOI status</b>	Unrestricted
<b>Equality Impact Assessment Undertaken</b> <b>Yes</b> <b>No</b>	No adverse equality impact identified

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## Quality Improvement Programme Update Report: September, 2018

### 1. PURPOSE

- 1.1 The purpose of this paper is to ensure the Board of Directors are up to date on the progress of the CQC Action Plan, and to highlight to the Board, by exception, any elements of the plan that are not on track or at risk of not meeting target dates for implementation.

### 2. BACKGROUND OR CONTEXT

- 2.1 The CQC Action Plan brings together the actions required to address the CQC compliance concerns identified following inspection in March 2018. The plan takes account of: (i) all the 'must do' and 'should do' recommendations contained within the inspection reports; and (ii) some improvement interventions identified locally as immediate quality priorities by the Trust. After sufficient progress has been made the plan will develop to incorporate matters highlighted as high risk within the Quality & Risk Profile for WUTH, and also evolve from a compliance plan to a broader quality improvement strategy.
- 2.2 The CQC Action Plan has implications for NHS Improvement's enforcement undertakings and, in this regard, it would be prudent to assure, no later than August 2019, that the Board can demonstrate: (i) it has addressed all the 'must do' and 'should do' recommendations to the CQC, NHSI and CCG satisfaction; (ii) is no longer considered by CQC to be inadequate in the well-led domain; and (iii) has improved against all CQC domains rated as inadequate or requires improvement when compared to the CQC's inspection findings.

### 3. ANALYSIS

- 3.1 Although the CQC Action Plan will continue to provide a 'confirm and challenge' function to support delivery of the Patient Flow requirements of the plan, it is acknowledged that the Patient Flow Programme has separate programme its own reporting arrangements to the Programme Board. This report does not, therefore, provide assurance to the Board on the delivery of the Patient Flow Programme.
- 3.2 Within the five work streams involved in the CQC Action Plan there are 237 actions. At the time of report the confirm and challenge process had not yet concluded. To date 129 have now been reviewed and challenged, and progress has been updated with the appropriate leads. The current position is as follows:
- 60% of actions overall (n=78) are rated green and on track;
  - 37% (n=47) of actions are rated amber and pose a risk of delay; and
  - 3% (n=4) are red and have breached the agreed action deadline.
- 3.3 The Board will note that the confirm and challenge process for September has a number of actions to review. The Director of Quality & Governance will update the Board at the meeting to complete the assurance.

## 4 Safe – Exceptions

- 4.1 Some actions of the Safe work stream had yet to receive confirm and challenge at the time of report. Three actions are rated red because the action has not been delivered in accordance with the planned date. Those actions relate to:
- providing assurance that access to neonatal wards is restricted and controlled at all times
- 4.2 To date 47 actions remain on track but have identified risk. The details will be expanded in future reports once a full confirm and challenge exercise had concluded. However, in respect of Patient Flow areas of risk include:

- the Trust must ensure all information is monitored to improve the flow of patients through the hospital and all areas being used for additional beds are fit for purpose. In this regard, an action to review of the Assessment Unit was agreed. The level of clinical engagement has been identified as a risk and, in this regard, An independent review to be carried out by the Royal College of Physicians on 4<sup>th</sup> October has been established.
- The need to increase SAFER performance to support earlier discharge has been identified as part of confirm and challenge.
- The use of an 'accelerated transfer' (formerly known as 'boarding') policy has been signed off and being communicated to support better control during periods of high demand for beds. In addition, an SOP around the use of escalation areas has been developed which includes the appropriate selection of patients fit and suitable for transfer to Ward 1 SOP has been developed. To Afternoon huddles are being embedded across all ward areas to enable the identification of patients who are eligible for early next day discharge

4.3 At time of report there were 37 actions to be confirmed in the Safe work stream.

## 5 Effective - Exceptions

- 5.1 Some actions of the Effective work stream had yet to receive confirm and challenge at the time of report. There are no actions rated red at time of report.
- 5.2 To date six actions remain on track but have identified risk. The details will be expanded in future reports once a full confirm and challenge exercise had concluded. However, the areas of risk include
- matters concerning storage of equipment and consumables, and COSHH;
  - the prominence of patient-level risk assessments as part of the electronic medical record; and
  - medicines storage in clinical areas.

5.3 At time of report there were 28 actions to be confirmed in the Effectiveness work stream.

## 6 Caring - Exceptions

- 6.1 Some actions of the Caring work stream had yet to receive confirm and challenge at the time of report. There are no actions rated red at time of report. To date one action has been identified as a potential risk. The areas of risk include:
- the continuation of mixed-sex accommodation breaches in ED.

6.2 At time of report there were 9 actions to be confirmed in the Caring work stream.

## 7 Responsive – Exceptions

- 7.1 Some actions of the Responsive work stream had yet to receive confirm and challenge at the time of report. There are no actions rated red or amber in this work stream at time of report.
- 7.2 At time of report there were 22 actions to be confirmed in the Responsive work stream.

## 8 Well Led – Exceptions

- 8.1 Some actions of the Well-led work stream had yet to receive confirm and challenge at the time of report. One action is rated red because the action has not been delivered in accordance with the planned date. This action relate to:

- records management, specifically the security and management of records in transit.
- 8.2 To date 20 actions remain on track but have identified risk. The details will be expanded in future reports once a full confirm and challenge exercise had concluded. However, the areas of risk include:
- performance reporting and oversight including organisational and divisional level performance dashboards;
  - equipment storage in ED;
  - records management – particularly the security of records in clinical areas;
  - achieving a 48-hours decision on serious incident declarations as required by NHS England's Serious Incident Framework 2015;
  - review, updating and management of control documents (policies, procedures, guideless etc);
  - review and develop risk profiles at Trust and divisional levels;
  - assurance on mandatory training – core ten;
  - clinical strategy for critical care;
  - assurance on the adequacy of the mortality review process
- 8.3 At time of report there were 12 actions to be confirmed in the Well-led work stream.

## 9 IMPLICATIONS

### Risks

- I. Service users are exposed to unacceptable levels of harm arising from inadequate compliance with CQC fundamental standards of care;
- II. The Trust fails to comply with CQC Registration Regulations and has it's Certification of Registration revoked; and/or
- III. A failure to resolve basic compliance concerns in respect of CQC regulations leads to further NHSI enforcement undertakings and compromise the Trust's Provider Licence.

### Legal/Regulatory

Compliance with:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015;
- Care Quality Commission (Registration) Regulations 2009; and
- The Health & Social care Act 2012, the NHS Provider Licence General Condition 7 – Registration with the Care Quality Commission.

## 10 RECOMMENDATION

The Board of Directors are invited to:

- note this was the first round of confirm and challenge meetings. The expectation is that in future rounds assurances will become more accessible from accountable officers to demonstrate compliance or variation from the plan;
- note that meetings have yet to be held with the Director of Nursing;
- consider and discuss corrective actions to bring the CQC Action Plan back on track where necessary; and
- advise on any further action required by the Board.

## Appendix 1 Summary of CQC Action Plan Work stream Ratings:

Table 1: Summary of RAGE rating by work stream

Action Plan Work stream	Total Actions	R	A	G	EMBED	TBC	Overall Status
Safe	69	3	20	9		37	
Effective	45		6	11		28	
Caring	11		1	1		9	
Responsive	31			9		22	
Well-led	81	1	20	48		12	
Total	237	4	47	78		108	

Please note 108 actions were, at the time of report, subject to confirm and challenge due to the availability of the Chief Nurse and Chief Operating Officer.

### Overall work stream BRAG rating

<b>Blue</b>	Work stream completed, embedded and assured in daily practice
<b>Red</b>	≥ 5% of actions in work stream have breached target date for implementation
<b>Amber</b>	≥ 20% of actions in work stream are either breached or at risk of breaching target dates
<b>Green</b>	< 25% of actions in work stream are either breached or at risk of breaching target dates
<b>EMBED</b>	At least 3 consecutive months compliance. White subject to CQC confirmation.

