



Wirral University  
Teaching Hospital  
NHS Foundation Trust

# Public Board of Directors

6 May 2020





**Meeting of the Board of Directors  
12.30pm - Wednesday 6<sup>th</sup> May 2020**

**via Microsoft Teams**

**AGENDA**

Item	Item Description	Presenter	Verbal or Paper	Page Number
20/21 018	Apologies for Absence	Chair	Verbal	N/A
20/21 019	Declaration of Interests	Chair	Verbal	N/A
20/21 020	Chair's Business	Chair	Verbal	N/A
20/21 021	Key Strategic Issues	Chair	Verbal	N/A
20/21 022	Minutes of Previous Meeting – 1.4.2020	Board Secretary	Paper	1
20/21 023	Board Action Log	Board Secretary	Paper	9
20/21 024	Chief Executive's Report	Chief Executive	Paper	10
<b>Performance &amp; Improvement</b>				
20/21 025	Quality and Performance Dashboard and Exception Reports	Chief Operating Officer, Medical Director, Director of Workforce and Chief Nurse	Paper	12
20/21 026	Month 12 Finance Report	Chief Finance Officer	Paper	26
20/21 027	Financial Plan 2020/21	Chief Finance Officer	Paper	45
20/21 028	COVID-19 Trust Response Update	Medical Director / Chief Operating Officer / Chief Finance Officer / Director of Strategy & Partnership	Paper	51
<b>Governance</b>				
20/21 029	Report of Finance, Business, Performance & Assurance Committee	Chair of Finance, Business, Performance & Assurance Committee	Paper	88
20/21 030	Report of Workforce Assurance Committee	Chair of Workforce Assurance Committee	Paper	90
20/21 031	Report of Audit Committee	Chair of Audit Committee	Paper	93
20/21 032	Report of Trust Management Board	Chief Executive	Paper	96
20/21 033	Communications Monthly Report	Interim Director of Communications & Engagement	Paper	100
20/21 034	Board Assurance Framework 2019/20 – 2020/21	Board Secretary	Paper	104

**Standing Items**

20/21 035	Any Other Business	Chair	Verbal	N/A
20/21 036	Date of Next Meeting – 3.6.2020  <b>Note:</b> As a consequence of changes to the timeframe for year-end submissions the Board meetings have been amended as follows: <ul style="list-style-type: none"><li>• 26<sup>th</sup> May 2020 – cancelled</li><li>• Revised date June 24<sup>th</sup> June at 9.30am</li></ul>	Chair	Verbal	N/A

**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF PUBLIC MEETING**

**1<sup>st</sup> APRIL 2020**

**BOARDROOM  
 EDUCATION CENTRE  
 ARROWE PARK HOSPITAL**

**Present**

Sir David Henshaw	Chair
Chris Clarkson	Non-Executive Director
John Coakley	Non-Executive Director
Claire Wilson	Chief Finance Officer
Janelle Holmes	Chief Executive
Helen Marks	Director of Workforce
John Sullivan	Non-Executive Director
Dr Nicola Stevenson	Medical Director
Matthew Swanborough	Director of Strategy and Partnerships
Steve Igoe	Non-Executive Director
Sue Lorimer	Non-Executive Director
Jayne Coulson	Non-Executive Director
Hazel Richards	Chief Nurse

**In attendance**

Andrea Leather	Board Secretary [Minutes]
Paul Charnley	Director of IT and Information
Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Joe Gibson*	Project Transformation

**Apologies**

Anthony Middleton	Chief Operating Officer
Dr Ranjeev Mehra	Associate Medical Director, Surgery
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute

\*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 20-21/001	<b>Apologies for Absence</b>  Noted as above.	
BM 20-21/002	<b>Declarations of Interest</b>  There were no Declarations of Interest.	
BM 20-21/003	<b>Chair's Business</b>  In opening the meeting, the Chair informed the Board of Directors that the majority of key issues would be captured within items already contained on the agenda.	
BM 20-21/004	<b>Key Strategic Issues</b>  There were no additional key strategic issues to report.  <i>The Board noted that there were no additional items to report as there were a number of topics already covered within agenda items.</i>	

Reference	Minute	Action
<b>BM 20-21/005</b>	<p><b>Board of Directors</b></p> <p><b>Minutes</b> The Minutes of the Board of Directors, both Public and Private meetings held on 4<sup>th</sup> March 2020 were approved as an accurate record.</p> <p><b>Action Log</b> In agreeing the Board Action Logs from both Public and Private meetings, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.</p>	
<b>BM 20-21/006</b>	<p><b>Chief Executives' Report</b></p> <p>A number of key headlines, contained within the written report, were highlighted for Board members; including:</p> <ul style="list-style-type: none"> <li>• Care Quality Commission (CQC) unannounced inspections</li> <li>• 2020 Royal Society for the Prevention of Accidents (RoSPA) Health &amp; Safety Award</li> <li>• NHS response to COVID-19</li> <li>• Serious Incidents and RIDDOR updates.</li> </ul> <p>To provide further context, the Chief Executive expanded on a number of the items contained within the report.</p> <p>In providing an overview of the two unrelated serious incidents that met the criteria for 'Never', the Board were assured that the immediate actions implemented would improve safety. All serious incidents are all being fully investigated and reported to the Quality Committee and the investigations regarding the two RIDDOR reportable incidents have been completed and the output to be reported to Health &amp; Safety Committee.</p> <p>The CQC has published its report following the unannounced inspections undertaken in late 2019 and a press release prepared along with internal communications being developed. The overall rating of 'Requires Improvement' clearly shows that a great deal of progress has been made and the organisation remains on course to improve ratings further going forward.</p> <p>The report shows that the Trust has made substantial progress to comply with regulations since the last inspection in 2018, particularly within the safe and well-led domains and has been successful at demonstrating to inspectors the significant improvement in medicines management, medical engagement, leadership development and governance. The Trust acknowledges the important work that remains to be done to improve access to services, ease congestion across the wider health system, and further improve the implementation of patient-level risk assessment and management. An action plan is being developed and will be presented at a future Board meeting.</p> <p>The Board acknowledged the work undertaken to achieve the RoSPA 'Gold' award for health and safety performance for the period 1<sup>st</sup> January 2019 to 31<sup>st</sup> December 2019.</p>	<p>HR</p>

Reference	Minute	Action
	<p>NHS England / Improvement have issued guidance to support organisations during COVID-19 challenges. The Executive's are currently working through the decision making processes in line with the guidance and an update will be provided at the next meeting.</p> <p>The Chair on behalf of the Board of Directors reiterated thanks to all for the continued efforts to support patients and staff during these challenging times.</p> <p><b><i>The Board noted the Chief Executive's Report.</i></b></p>	
<p><b>BM 20-21/007</b></p>	<p><b>COVID-19 Preparedness</b></p> <p>A summary of the current preparedness arrangements in place to support the organisation during COVID-19. These include:</p> <ul style="list-style-type: none"> <li>• the establishment of a COVID-19 coordination service and staff testing pod at the Arrowe Park site.</li> <li>• Creation of a command centre approach with the formation of 'Cells' that encompass; Clinical led by the Medical Director and Chief Nurse, Workforce led by Director of Workforce, Operational led by the Chief Operating Officer and Command led by the Chief Executive. This approach mirrors that of the wider health economy.</li> <li>• Cheshire &amp; Merseyside response is led by Ann Marr and will consider operational resilience including bed usage, cancer services and utilisation of the independent sector.</li> <li>• The ward escalation plan has been developed and reflects that of the national plan with flexibility to change as required. This also includes categorised wards ie 'RED', COVID-19 positive patients, 'AMBER' those suspected of COVID and 'GREEN' for swab negative patients and 'WHITE' for patients with no clinical suspicion.</li> <li>• It was noted that the Trust has stepped down elective work with the exception of urgent cancer related surgery and face to face outpatient appointments.</li> <li>• Murrayfield 'Spire' hospital to provide step down unit facility</li> <li>• Implemented visitor restrictions in line with national guidance</li> <li>• Procurement of PPE, provided on a 'just in time' basis, however, processes in place to reassure staff of measures in place to protect and support them.</li> </ul> <p>Discussion ensued regarding the Trust approach to implementing national guidance to ensure the safety of staff and patients. The Board were assured that the changes are being appropriately managed to the command structure.</p> <p>It was recognised that staff both clinical and non clinical had coped extremely well with the rapid changes and the speed at which some of the changes had been implemented.</p> <p>A number of measures have been introduced to monitor workforce related matters, these include:</p> <ul style="list-style-type: none"> <li>• Centralisation of absence management</li> <li>• Workforce gaps and temporary arrangement processes</li> <li>• Skills audit completed by all staff that identifies training or re-training requirements</li> <li>• Health &amp; wellbeing hub.</li> </ul>	

Reference	Minute	Action
	<p>The workforce data is captured via the BI portal which enables access to 'live' data.</p> <p>The Board were appraised of the current patient volumes and the main challenges the organisation faces particularly in relation to workforce and procurement of PPE. The Trust is reviewing a range of alternative options to source supplies of PPE.</p> <p>Further discussion ensued pertinent to providing assurance across a range of matters including testing for staff, measures in place to support staff anxiety. The Board were advised that the staff support team, 'floor walkers' had been introduced to capture concerns raised by staff and these had been well received.</p> <p><b><i>The Board noted the COVID-19 preparedness measures introduced and supported the steps being taken.</i></b></p>	
<p><b>BM 20-21/008</b></p>	<p><b>Month 11 Finance Report</b></p> <p>The Chief Finance Officer appraised the Board of the summary financial position at the end of Month 11. The Trust reported an actual deficit of £19.1m versus planned deficit of £3.0m.</p> <p>The key headlines for Month 11 include:</p> <ul style="list-style-type: none"> <li>• Month 11 deficit of (£2.9m) vs planned deficit of (£0.5m), being (£2.5m) worse than plan.</li> <li>• YTD, income is below plan by (c£5.1m). Elective and Day case activity performance has deteriorated further due to operational pressures, however, gynaecology and excess bed days is higher than plan.</li> <li>• In month, pay is exceeded plan by (£0.5m), with a YTD overspend of (£5.3m). Medical and Nursing pressures continue as a result of gaps and escalation capacity.</li> <li>• In month, non-pay exceed plan by (£0.9m), this mainly relates to clinical and the commencement of nursing and midwifery vacant posts.</li> <li>• CIP delivered £9.8m YTD, (c£2.0m) below plan.</li> <li>• Cash is £5.1m, (£2.5m) above plan.</li> <li>• Capital is behind the revised plan by £4.0m as a result of slippage on a number of schemes. However, in order to utilise the funding schemes have been brought forward from the 2020/21 programme.</li> </ul> <p>The Chief Finance Officer reported that the Trust has now been reimbursed the majority of monies in relation to the establishment of an isolation facility for the repatriation of British citizens and the expenditure for the staff displaced from the accommodation, with the outstanding funds expected shortly.</p> <p>The Board were advised that the NHS England/Improvement Regional Team have been informed of the likelihood of the capital programme underspend due to operational pressures, although the Trust expects to deliver the revised forecast.</p> <p><b><i>The Board noted the Month 11 finance performance.</i></b></p>	



Reference	Minute	Action
<b>BM 20-21/009</b>	<p><b>Updated financial governance arrangements to support the Trusts COVID-19 response</b></p> <p>The Board was appraised of the national financial management arrangements that have been introduced to support the NHS response to COVID-19. Along with a series of actions being taken internally to ensure the Trust is able to respond in real time to the significant clinical and operational challenges whilst maintaining financial grip. In summary these encompassed:</p> <ol style="list-style-type: none"> <li>1. An update on the revised national financial arrangements including <ul style="list-style-type: none"> <li>• 2020/21 financial planning and contracting</li> <li>• Capital planning</li> <li>• Revised 2019/20 year end arrangements</li> </ul> </li> <li>2. Proposed temporary changes to the financial governance arrangements for the Trust: <ul style="list-style-type: none"> <li>• 2020/21 financial planning</li> <li>• Proposed interim financial governance arrangements until end of July 2020</li> <li>• Financial reporting and COVID-19 cost tracking</li> <li>• Cash and supplier payment arrangements.</li> </ul> </li> <li>3. Interim Governance Committee arrangements for: <ul style="list-style-type: none"> <li>• Audit Committee – including an addendum to the SFI's/Standing orders</li> <li>• Finance, Business, Performance &amp; Assurance Committee.</li> </ul> </li> </ol> <p>The Chief Finance Officer advised that the Trust is required to submit COVID-19 expenditure on a weekly basis to ensure the sustainability of the organisation and wider health economy. Some guidance in relation to year end requirements is awaited and the Board will be appraised when the information is available.</p> <p>Both the Chair of Audit and FBPAC agreed the interim measures would ensure appropriate governance arrangements during COVID-19 and would be subject to review if required.</p> <p>The Board emphasised the need to establish a 2020/21 budget and agreed this should be considered by FBPAC.</p> <p><b><i>The Board support the proposed interim arrangements and approved the revised SFI's and delegated limits as detailed in the report.</i></b></p>	<p><b>CW</b></p>
<b>BM 20-21/010</b>	<p><b>Forward Plans 2020/21</b></p> <p>NHS England/Improvement has issued revised guidance regarding the 2020/21 planning process. The financial planning and contracting details were provided within the previous paper and the budget and capital programme for 2020/21 is to be discussed at FBPAC.</p> <p>In relation to the submission of 2020/21 Trust Operational Plans this has been paused, likewise the System Development Plans have been placed on hold.</p> <p><b><i>The Board noted the changes to arrangements for the 2020/21 forward plans.</i></b></p>	

Reference	Minute	Action
<b>BM 20-21/011</b>	<p><b>Quality &amp; Performance Dashboard and Exception Reports</b></p> <p>The report provides a summary of the Trust's performance against agreed key quality and performance indicators.</p> <p>Of the 57 indicators with established targets or thresholds 21 are currently off-target or not currently meeting performance thresholds.</p> <p>The lead Director for a range of indicators provided a brief synopsis of the issues and actions being taken:</p> <ul style="list-style-type: none"> <li>• The Trust is on trajectory to achieve the year end C-diff target of 88 cases.</li> <li>• E-coli as part of the gram-negative bloodstream infections are to be reviewed post COVID-19.</li> <li>• Protecting Vulnerable People training has been paused due to COVID pandemic, although it was noted that additional support is available from the central safeguarding team.</li> <li>• In line with national guidance, the Friends and Family Test has been suspended. The Trust is reviewing informal (PALS) and formal complaints to monitor patient experience during this period and will report through Patient, Safety and Quality Board.</li> <li>• Mortality: SHMI and HSMR data are within the expected range and performance is being monitored via Quality Committee. The Medical Director reported that a 'deep dive' had highlighted an issue regarding coding which is being addressed. In conjunction the Quality Committee receives reports relating to Dr Foster alerts which enable the Committee to triangulate data and provide appropriate challenge.</li> <li>• Appraisal performance at the end of March 2020 was down slightly at 83% due to operational pressures. The Board were advised that appraisals, unless required have been suspended until further notice.</li> <li>• As reported earlier in the meeting, staff attendance will be captured through the BI portal to ensure 'live' data is available.</li> <li>• Overall, the Safe Domain reported largely in the green, with no breaches of CAS alerts during the past 12 months.</li> </ul> <p>The Board acknowledged prioritisation of COVID-19 related matters, although it recognised that this should not detract the impact elsewhere. Assurance was provided through the monitoring processes being undertaken via the command structure and consideration of the recovery plans post COVID-19. With emphasis on mortality, it was reported that levels are comparable to this period in previous years.</p> <p><b><i>The Board noted the current performance against the indicators to the end of February 2020.</i></b></p>	
<b>BM 20-21/012</b>	<p><b>Change Programme Summary, Delivery &amp; Assurance</b></p> <p>Joe Gibson, External Assurance apprised the Board of progress and modifications regarding the Change Programme. In summary these included:</p> <ul style="list-style-type: none"> <li>• With effect from end of March 2020, alternative solutions (including telephone and video) have been deployed to provide outpatient services. The Board were advised that the latest status from the 'Outpatients' project is to be monitored through the Clinical Cell briefing to enable the latest information to be provided to the Board.</li> </ul>	

Reference	Minute	Action
	<ul style="list-style-type: none"> <li>• The Back Door (Flow – Discharges) programme will focus on the ‘Rapid Discharge Process’ with additional bed capacity having been identified in community settings.</li> <li>• The Capacity Management system was successfully launched on the planned date of 9<sup>th</sup> March 2020.</li> <li>• The Programme Board, at its meeting on 18<sup>th</sup> March 2020 agreed to suspend the wider programme and ‘pivot’ of resources to emergency changes. It was reported that the main body of the report was as normal to record the status of the programme at the point of suspension to enable the programme to be picked up in good order when the time comes.</li> </ul> <p>The governance ratings continue to show improvement, particularly the assurance evidence for the digital projects and overall the ratings are in the best position since the programme management standards were introduced in July 2018.</p> <p>Delivery ratings show five programmes green rated, seven amber rated and one red rated. The areas for attention are, in particular, the definition and realisation of benefits and robust tracking of milestone plans and risk.</p> <p>Whilst the Board recognised the good progress to date and the opportunity for rapid change, discussion followed in relation to the lessons learned and the plans to embed changed processes.</p> <p>Assurances provided through the System Command cell are working well. Governance arrangements are being developed to establish a ‘recovery’ cell which will focus the transition of managing risks from COVID-19 across the system through to returning to business as usual.</p> <p><b><i>The Board noted the Change Programme summary, delivery and assurance report.</i></b></p>	
BM 20-21/013	<p><b>Quality Committee</b></p> <p>Dr John Coakley, Non-Executive Director, provided a verbal report of the key aspects from the recent Quality Committee, held virtually on 25<sup>th</sup> March which covered:</p> <ul style="list-style-type: none"> <li>• Training</li> <li>• COVID-19 related matters</li> <li>• CNST for obstetrics has been suspended nationally.</li> </ul> <p><b><i>The Board noted the Quality Committee verbal update.</i></b></p>	
BM 20-21/014	<p><b>Annual Review of Declarations of Interest and Fit &amp; Proper Person Declarations</b></p> <p>The Trust Secretary provided a summary of the annual declarations of interest and provided assurance that all directors and director-equivalent posts are compliant with the requirements of the Fit &amp; Proper Persons test.</p> <p><b><i>The Board noted the declaration of interests and compliance for all directors against the Fit &amp; Proper Persons requirements.</i></b></p>	

Reference	Minute	Action
<b>BM 20-21/015</b>	<b>Any Other Business</b>  There was no other business to report.  Again Board members reiterated the message of the extraordinary effort of all staff, recognising the superb work being undertaken whilst dealing with the challenges.	
<b>BM 20-21/016</b>	<b>Date of next Meeting</b>  Wednesday 6 <sup>th</sup> May 2020.	

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**Chair**

.....  
**Date**

**Board of Directors Action Log**  
**Updated – 1<sup>st</sup> April 2020**  
**Completed Actions moved to a Completed Action Log**

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
<b>Date of Meeting 01.04.20</b>						
1	BM 20-21/006	Development of CQC Action Plan	HR		July '20	Must Do's – May '20 Should Do's – June '20
2	BM 20-21/009	Proposed 2020/21 Budget to be considered at FBPAAC prior to Board approval	CW	<b>Complete</b>	May '20	<b>Scheduled for April FBPAAC</b>
<b>Date of Meeting 04.03.20</b>						
1	BM 19-20/237	Discussion at future Board meeting regarding internal productivity to support financial sustainability	CW		July '20	April '20 – agreed to defer until Q2 following stabilisation of COVID activities.
<b>Date of Meeting 29.01.20</b>						
2	BM 19-20/214	Report outlining opportunities for inclusion in the Estate master plan to ensure full utilisation of hospital sites	MS		October '20	



<b>Board of Directors</b>	
<b>Agenda Item</b>	20/21 024
<b>Title of Report</b>	Chief Executive's Report
<b>Date of Meeting</b>	6.5.2020
<b>Author</b>	Janelle Holmes, Chief Executive
<b>Accountable Executive</b>	Janelle Holmes, Chief Executive
<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
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	For Noting
<b>Data Quality Rating</b>	N/A
<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>	No

This report provides an overview of work undertaken and any important announcements in April 2020.

## **Internal**

### **Serious Incidents**

In March 2020 four serious incidents were declared. Two cases pertain to patient falls and two relate to medication, one of which was incorrect medication advice and the other concerned missed medication. Immediate actions to improve safety were implemented and investigations initiated, which will be reported and monitored via the Trust governance arrangements.

### **RIDDOR Update**

The Trust reviewed two RIDDOR reportable incidents at the Serious Incident panel during March 2020. Both incidents involved musculoskeletal injuries, the first was sustained whilst supporting a patient who fainted and the second when re-positioning a patient on a non-profile bed. Investigations have been completed for both cases. Actions have been recorded in the Divisional exception tracker, and along with lessons learned, are reviewed at Health & Safety Committee.

### **Recovery Theatre Refurbishment**

The extensive refurbishment of Theatre Recovery at Arrowe Park is now almost complete, with the remaining minor works to be completed imminently.

The new facility will support an improved patient experience for day case patients by providing a 'one stop' admission and discharge process without the need to utilise a day case bed. This will in turn support the organisation's patient flow programme and reduce cancellations on the day as the area is 'ring fenced' for day case patients.

### **Hospital Upgrade**

The Trust has continued with the planning of the Hospital Upgrade Programme during COVID-19 management, with a revision to the planning and delivery timelines. External support for the development of the Outline Business Case (OBC) and Full Business Case (FBC) will be in place mid-June 2020

At present, the Trust is aiming to submit the OBC for the Hospital Upgrade Programme to NHS England in late September 2020.

## **Local**

### **Decommissioning of the Clatterbridge Cancer Centre**

The Trust continues to work with Clatterbridge Cancer Centre to support the relocation of their inpatient services to the new Liverpool campus, which is now scheduled to happen during May.

**Janelle Holmes**  
**Chief Executive**  
**May 2020**





<b>Board of Directors</b>	
<b>Agenda Item</b>	20/21 025
<b>Title of Report</b>	Quality Performance Dashboard
<b>Date of Meeting</b>	6 <sup>th</sup> May 2020
<b>Author</b>	WUTH Information Team and Governance Support Unit
<b>Accountable Executive</b>	COO, MD, CN, DQG, HRD, DoF
<b>BAF References Strategic Objective Key Measure Principal Risk</b>	Quality and Safety of Care Patient flow management during periods of high demand
<b>Level of Assurance Positive Gap(s)</b>	Gaps in Assurance
<b>Purpose of the Paper Discussion Approval 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>	TBC
<b>FOI status</b>	Unrestricted
<b>Equality Impact Assessment Undertaken Yes No</b>	No adverse equality impact identified.

## 1. Executive Summary

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note performance to the end of March 2020.

## 2. Background

The Quality Performance Dashboard is designed to provide accessible oversight of the Trust's performance against key indicators, grouped under the CQC five key question headings.

The Quality Performance Dashboard is work-in-progress and will develop further iterations over time. This will include development of targets and thresholds where these are not currently established and the sourcing of data where new indicators are under development.

## 3. Key Issues

Of the 45 indicators that are reported for March (excluding Use of Resources):

- 12 are currently off-target or failing to meet performance thresholds
- 22 of the indicators are on-target
- 11 do not have an identified threshold and therefore not rated

Please note during the current Covid-19 pandemic a number of metrics have been suspended from national reporting, and departments within the Trust have been focused on operational priorities over some internal reporting. Where the information is still available and reported within the Trust it has been included.

The metrics included are under continual review with the Directors to consider the appropriateness and value of inclusion, and also the performance thresholds being applied. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

Appendix 2 details the indicators that are not meeting the required standards within month in an exception report, excluding finance indicators which are covered in the separate finance report. The report includes a brief description of the Issue, the remedial Action and expected Impact.

## 4. Next Steps

WUTH remains committed to attaining standards through 2019-20.

## 5. Conclusion

Actions to improve are noted in the exception reports on the qualifying metrics to provide monitoring and assurance on progress.

## 6. Recommendation

The Board of Directors is asked to note the Trust's performance against the indicators to the end of March 2020.

### Quality Performance Dashboard

May 2020  
updated 30.04.20

Indicator	Objective	Director	Threshold	Set by	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20	Trend
Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	CN	\$0.24 per 1000 Bed Days	WUTH	0.13	0.18	0.22	0.09	0.09	0.09	0.18	0.04	0.13	0.13	0.08	0.14	0.05	0.12	
Eligible patients having VTE risk assessment within 12 hours of decision to admit (audit sample size 150)	Safe, high quality care	MD	≥95%	WUTH	98.7%	98.2%	96.0%	91.9%	94.6%	94.6%	96.1%	94.9%	94.1%	97.6%	98.7%	98.0%	97.7%	95.0%	
Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	Safe, high quality care	MD	≥95%	SOF	95.9%	96.4%	96.3%	96.5%	97.7%	97.6%	97.6%	97.1%	97.8%	97.3%	97.6%	97.7%	97.5%	97.3%	
Harm Free Care Score (Safety Thermometer)	Safe, high quality care	CN	≥95%	National	96.4%	96.5%	95.7%	95.5%	97.2%	95.0%	97.0%	96.5%	95.7%	95.1%	95.2%	97.0%	96.9%	96.1%	
Serious incidents declared	Safe, high quality care	DO&G	549 per annum (max 4 per month)	WUTH	2	1	1	4	3	1	0	5	4	5	5	4	4	37	
Never Events	Safe, high quality care	DO&G	0	SOF	0	0	0	0	0	0	0	0	0	0	0	2	0	2	
CAS Alerts not completed by deadline	Safe, high quality care	DO&G	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Clostridium Difficile (healthcare associated)	Safe, high quality care	CN	\$88 for WUTH financial year 2019-20, as per monthly maximum threshold	SOF	5	19	9	11	5	6	7	8	6	7	4	4	3	89	
E.Coli infections	Safe, high quality care	CN	542 pa (max 3 per month)	WUTH	2	6	2	2	5	7	2	5	6	6	8	9	1	59	
CPE Colonisations/Infections	Safe, high quality care	CN	To be split	WUTH	5	12	9	8	5	9	7	13	5	1	8	7	8	8	
MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	2	0	0	0	0	0	0	0	0	1	0	0	0	1	
Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	99%	98%	91%	98%	99%	100%	99%	100%	100%	99%	100%	100%	100%	100%	
Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	0	0	0	1	0	0	0	1	0	1	0	0	3	
Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	99%	99%	99%	98%	98%	96%	98%	99%	99%	99%	96%	96%	96%	96%	
Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	93.9%	93.6%	93.9%	93.7%	93.6%	92.9%	93.6%	92.4%	91.2%	91.2%	92.2%	92.3%	National reporting suspended		
Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	90.7%	90.9%	91.0%	90.7%	90.4%	90.3%	91.2%	89.3%	85.5%	84.9%	84.4%	85.0%	National reporting suspended		
Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	93.5%	91.4%	92.8%	91.5%	92.3%	90.3%	89.96%	87.46%	88.09%	89.66%	89.53%	86.67%	National reporting suspended		
Attendance % (in-month rate) (*)	Safe, high quality care	DHR	≥95%	SOF	94.74%	94.84%	94.91%	94.49%	94.07%	93.96%	94.25%	93.99%	93.82%	93.87%	94.40%	94.85%	94.90%	94.86%	
Staff turnover % (in-month rate) (* & **)	Safe, high quality care	DHR	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	1.20%	0.86%	0.83%	0.85%	0.68%	2.03%	1.21%	0.86%	0.77%	0.86%	0.62%	0.54%	0.90%	0.80%	
Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	7.2	7.2	7.2	7.4	7.3	7.7	7.5	7.7	7.6	7.55	7.9	7.7	7.7		

Safe

## Quality Performance Dashboard

May 2020  
updated 30.04.20

Indicator	Director	Threshold	Set by	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20	Trend
Nutrition and Hydration - MUST completed at 7 days	CN	≥95%	WUTH	94%	92.0%	95.0%	90.0%	93.0%	92.0%	95.0%	97.8%	97.2%	97.5%	98.3%	99.1%	98.7%	95.6%	
SAFER BUNDLE: % of discharges taking place before noon	MD / COO	≥33%	National	14.9%	16.4%	12.8%	15.7%	18.8%	16.1%	16.9%	16.4%	15.9%	17.9%	17.2%	16.6%	16.3%	16.4%	
SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	MD / COO	≤156 (WUTH Total)	WUTH	438	421	415	403	383	410	431	443	441	444	446	448	383	422	
Long length of stay - number of patients in hospital for 21 or more days (*)	MD / COO	Reduce to 107 by March 2020	WUTH	-	206	190	171	171	203	193	199	200	217	204	195	118	118	
Length of stay - elective (actual in month)	COO	TBC	WUTH	3.6	4.2	3.2	4.1	3.5	3.5	3.5	4.0	3.6	4.6	3.4	3.6	3.9	3.8	
Length of stay - non elective (actual in month)	COO	TBC	WUTH	4.7	5.1	4.9	4.5	4.6	4.6	5.1	4.8	5.0	5.2	5.1	5.2	6.7	5.1	
Emergency readmissions within 28 days	COO	TBC	WUTH	914	871	970	884	887	872	813	860	846	807	810	763	613	833	
Delayed Transfers of Care	COO	TBC	WUTH	14	11	14	10	11	9	15	10	13	11	16	16	23	13	
% Theatre in session utilisation	COO	≥95%	WUTH	85.7%	89.5%	86.3%	85.5%	88.5%	85.3%	81.0%	82.9%	81.0%	77.3%	78.3%	83.0%	82.0%	83.5%	
<b>Effective</b>																		

### Quality Performance Dashboard

May 2020  
updated 30.04.20

Indicator	Objective	Director	Threshold	Set by	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20	Trend	
Caring	Same sex accommodation breaches	CN	0	SOF	13	13	13	17	16	24	23	17	26	10	10	14	4	137		
	FFT Recommend Rate: ED	CN	≥85%	SOF	87%	87%	89%	91%	91%	92%	88%	87%	84%	87%	85%	80%	National reporting suspended			
	FFT Overall Response Rate: ED	CN	≥12%	WUTH	13%	9%	11%	10%	12%	12%	11%	11%	10%	11%	10%	11%	National reporting suspended			
	FFT Recommend Rate: Inpatients	CN	≥95%	SOF	97%	98%	97%	96%	98%	97%	96%	97%	96%	97%	97%	97%	National reporting suspended			
	FFT Overall response rate: Inpatients	CN	≥25%	WUTH	13%	19%	22%	31%	38%	34%	30%	33%	29%	27%	27%	27%	National reporting suspended			
	FFT Recommend Rate: Outpatients	CN	≥95%	SOF	95%	94%	94%	95%	95%	94%	94%	94%	94%	94%	94.1%	94.1%	95.0%	National reporting suspended		
	FFT Recommend Rate: Maternity	CN	≥95%	SOF	96%	94%	97%	99%	93%	92%	92%	91%	94.8%	99%	97%	98%	National reporting suspended			
	FFT Overall response rate: Maternity (point 2)	CN	≥25%	WUTH	44%	25%	29%	44%	29%	24%	23%	22%	22%	22%	22%	20%	National reporting suspended			

### Quality Performance Dashboard

Indicator	Objective	Director	Threshold	Set by	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20	Trend
4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2019-20	SOF	76.7%	73.6%	81.1%	83.5%	81.9%	79.9%	75.6%	72.7%	70.8%	72.1%	70.9%	67.6%	72.7%	72.7%	
Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	1	0	1	33	95	40	24	21	215	
Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	273	437	118	54	76	108	210	170	366	431	198	76	80	194	
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2019-20	SOF	80.0%	79.0%	80.7%	80.1%	80.0%	79.8%	79.5%	79.0%	78.0%	78.1%	78.2%	78.5%	75.0%	75.0%	
Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 24,735 by March 2020	National	27,309	26,223	27,317	25,733	24,733	24,846	24,721	24,568	23,937	23,233	22,988	23,207	22,350	22,350	
Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory zero through 2019-20	National	0	0	0	0	0	0	0	0	0	0	0	0	15	15	
Diagnostic Waiters, 6 weeks and over - DM01	Safe, high quality care	COO	≥90%	SOF	89.9%	89.5%	89.3%	89.5%	89.2%	98.3%	99.1%	99.5%	99.2%	99.1%	98.8%	99.5%	96.8%	99.0%	
Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	98.1%	91.9%	94.0%	94.0%	94.0%	93.3%	94.3%	95.0%	93.7%	94.4%	90.5%	92.7%	96.9%	93.7%	
Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	93.3%	-	-	93.3%	-	-	93.8%	-	-	94.4%	-	-	93.4%	93.7%	
Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	96.8%	96.5%	96.7%	97.1%	96.7%	97.3%	96.5%	96.7%	97.0%	97.1%	97.2%	96.9%	96.5%	97.0%	
Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	95.9%	-	-	95.9%	-	-	95.8%	-	-	96.9%	-	-	97.6%	97.0%	
Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	85.8%	85.3%	87.9%	86.3%	85.7%	89.9%	87.8%	85.0%	87.5%	85.9%	85.9%	85.9%	86.7%	86.6%	
Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	85.8%	-	-	85.8%	-	-	89.0%	-	-	86.1%	-	-	86.2%	86.7%	
Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	TBC	WUTH	157	162	195	180	178	184	166	193	195	148	186	160	125	173	
Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	TBC	WUTH	17	17	12	15	17	22	15	31	13	10	8	16	14	16	
Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	3	4	4	4	1	2	2	4	3	0	3	0	1	2	

Responsive

### Quality Performance Dashboard

Indicator	Director	Objective	Set by	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20	Trend
<b>Well-led</b>	DQ&G	Outstanding Patient Experience	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	MD	Outstanding Patient Experience	National	59	32	31	48	50	37	50	56	48	41	54	44	93	584	
	DHR	Safe, high quality care	WUTH	88.2%	77.6%	81.1%	82.1%	83.6%	83.4%	82.7%	83.8%	81.4%	80.9%	81.9%	84.9%	Reporting suspended		
<b>Use of Resources</b>	Director	Objective	Set by	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20	Trend
	CFO	I&E Performance	WUTH	-5.402	-3.340	-1.458	-0.098	-0.825	-1.488	1.468	0.088	-0.488	-3.543	-0.668	-2.929	2.377	-16.914	
	CFO	I&E Performance (Variance to Plan)	WUTH	-4.680	-0.237	-0.630	0.914	-0.828	-1.106	1.972	-1.507	-1.638	-8.755	-1.818	-2.445	-0.589	-16.667	
	CFO	NHSI Risk Rating	NHSI	3	3	3	3	3	3	3	3	3	3	4	4	4	4	
	CFO	CIP Forecast	WUTH	-13.0%	-6.0%	-6.8%	-5.2%	-4.1%	-7.2%	-5.0%	-10.6%	-11.5%	-11.4%	-18.1%	-18.1%	-17.7%	-17.7%	
	CFO	NHSI Agency Ceiling Performance	NHSI cap	-44.0%	-19.5%	-26.8%	-15.6%	-46.4%	-8.2%	-24.3%	-24.7%	1.8%	-8.4%	-14.4%	4.3%	53.3%	53.3%	
	CFO	Cash - liquidity days	WUTH	-20.9	-14.0	-21.3	-15.9	-16.5	-17.4	-15.0	-14.6	-10.9	-14.1	-28.0	-32.3	-30.4	-30.4	
	CFO	Capital Programme	WUTH	12.2%	52.1%	31.0%	28.0%	14.7%	19.8%	64.2%	61.7%	57.2%	54.4%	33.8%	50.7%	74.8%	74.8%	

**(C) Updated Metrics**

Effective: SHMI, HSMR and Mortality Reviews  
Responsive: Cancer metrics

**Metric Change**

Metrics removed as reported separately to the BoD  
Final quarterly position is now also shown, as this is the national view of performance. This is confirmed 6 weeks in arrears.  
Monthly performance no longer RAG-rated

**(\*) Updated Thresholds**

**Threshold Change**

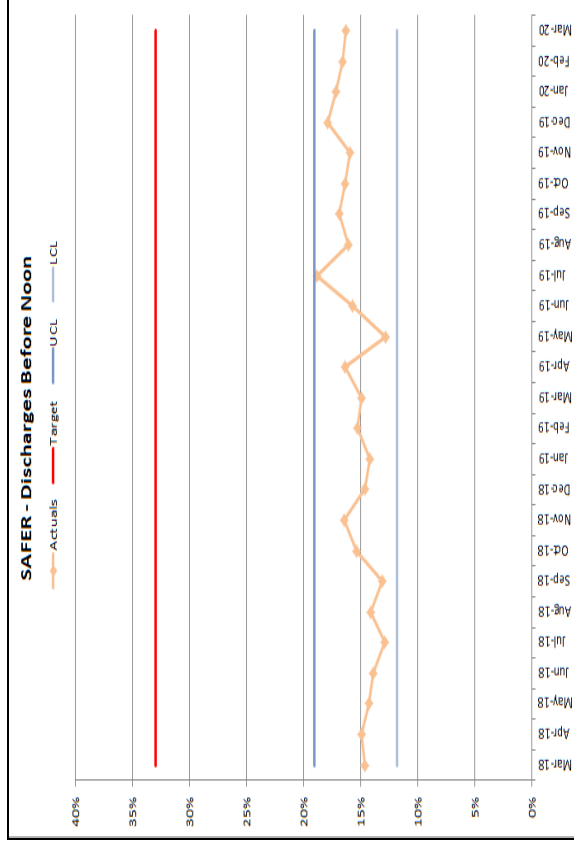




Appendix 2  
**WUTH Quality Dashboard Exception Report Template as at April 2020**  
**Effective Domain**

**SAFER bundle: % of discharges taking place before noon**

<p><b>Executive Lead:</b> Medical Director / Chief Operating Officer</p>	<p><b>Performance Issue:</b> A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. This standard is consistently not achieved, with the average for 2019-20 at 16.4%.</p> <p><b>Action:</b> Discharge practice on Wards is now aligned with accelerated discharge guidance for Covid-19 and all patients should be transferred to the Discharge Hospitality Centre within 1 hour of a medically optimised status being confirmed. The Community Trust remains focussed on facilitating discharge within 2 hours.</p> <p>There has been a significant reduction in bed occupancy, and clinical teams are working across wards primarily designated for Covid-19 care rather than speciality. As the Trust's enters a period of sustained response to Covid-19 as well as a restart of other urgent and planned care demands a refreshed focus on this standard will be instigated with oversight from the bronze command.</p> <p><b>Expected Impact:</b> Delivery as part of the reinstatement of improvement programmes will refresh the objectives and trajectory for this measure.</p>
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**SAFER bundle: average number of patients in hospital for 7 days or more and 21 days or more**

**Executive Lead:**

Medical Director / Chief Operating Officer

**Performance Issue:**

A WUTH target has been set to reduce the number of patients in hospital for 7 days or more to a maximum 156, and for 21 days or more to a maximum 107.

The reduction in numbers seen at the end of March as a result of collaborative working across the economy to free up capacity for Covid-19 has continued through April. At the end of April the number of inpatients over 21 days had reduced to 49.

**Action:**

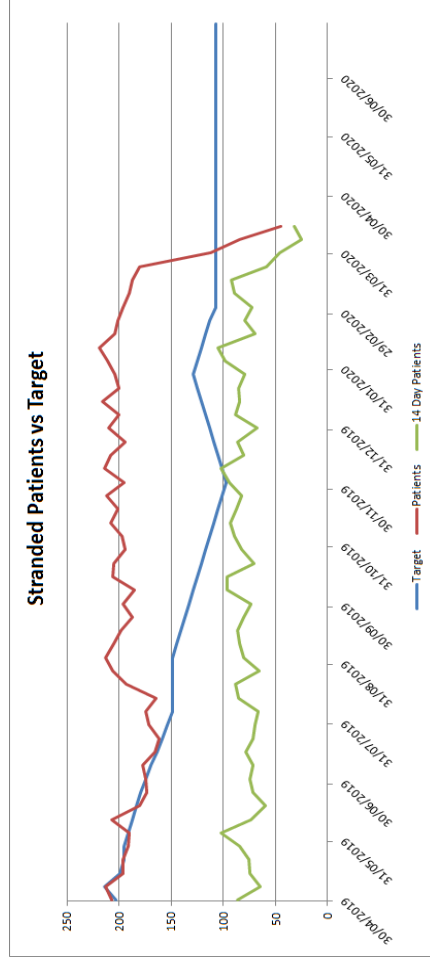
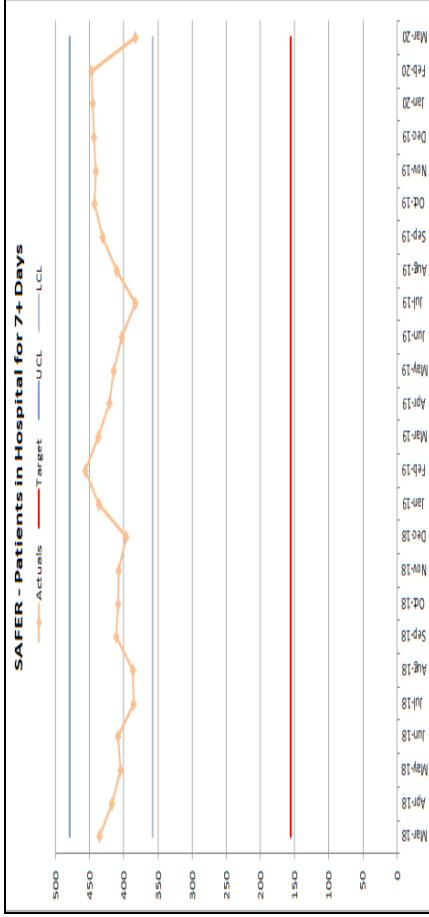
There has been considerable change in the capacity of community and social care provision, as well as drop in urgent care demands.

Nationally there is a clear message that this capacity should not be removed for the foreseeable future whilst scientific forecasts are finalised on covid-19 activity levels for the next 2 years.

The system has demonstrated that it can mobilise well and remains supported by ECIST to ensure changes implemented are sustainable across all sectors. Initiatives such as Exec led LLOS reviews within the acute hospital will be restarted as we enter the next phase of incident management.

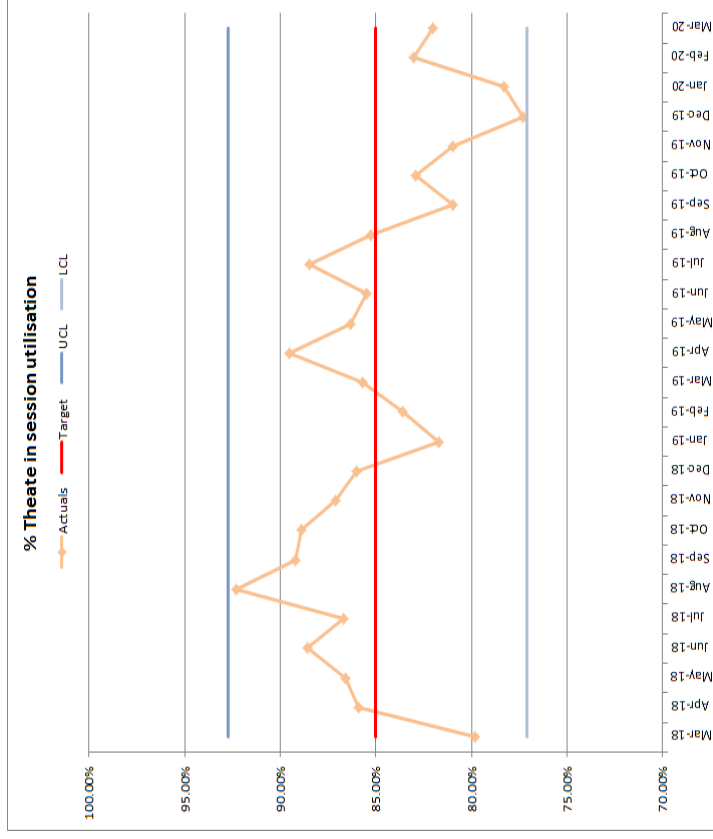
**Expected Impact:**

Revised national expectations around LLOS numbers as well as maximum occupancy levels are being developed and will be monitored once known.



## Theatre in session utilisation %

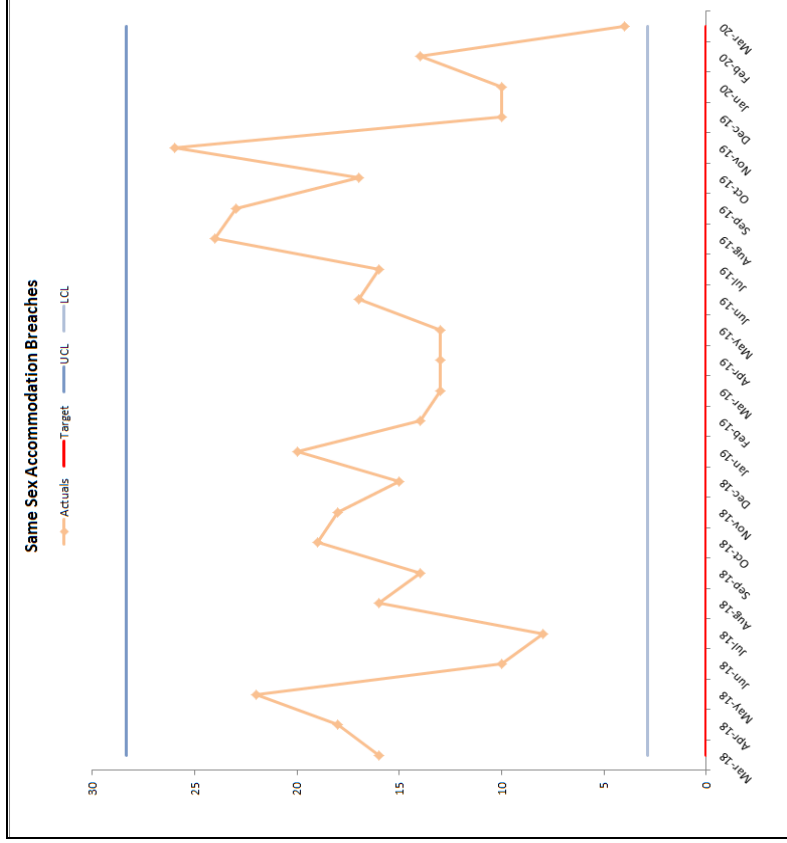
<p><b>Executive Lead:</b> Chief Operating Officer</p>	<p><b>Performance Issue:</b></p> <p>The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised. With the support of the theatre transformation programme this was regularly achieved from March 2019. However since August performance has deteriorated, largely due to the cancellation of elective activity resulting from pressures with non-elective patient flow. The actions taken in January and February regarding the increased focus on CGH in session utilisation start to yield benefits, while maintain core session delivery.</p> <p>However, this positive improvement seem was effected from mid March due to the reduced activities being performed. The rate for March was 82%.</p>	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>The Trust is working through the plans to reinstate surgery with a strong emphasis on the use of Clatterbridge site which is expected to remain COVID free.</li> <li>Activity, primarily cancer surgery, commenced at the local independent sector during the last week in March under the nationally commissioned framework.</li> </ul>	<p><b>Expected Impact:</b></p> <p>A trajectory for improvement will be produced during May.</p>
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# Caring Domain

## Same sex accommodation breaches

<p><b>Executive Lead:</b> Chief Nurse</p>	<p><b>Performance Issue:</b></p> <p>A national standard is set that providers should not have mixed-sex accommodation, except where it is the overall best interests of the patient or reflects personal choice. Patients in our critical care areas do not count as a breach of these guidelines on clinical grounds, until 24 hours after they are well enough to be transferred to a more general ward area. The national rules on calculating breach times have changed wef January 2020, with the hours of 22.00 to 07.00 no longer being included in line with NICE guidance that patients should not transfer wards between these times.</p> <p>WUTH breaches of the guidelines are largely in relation to patients waiting more than 24 hours for transfer from critical care areas to general wards – under the new time rules there were 4 such breaches in March. There are no adverse safety or quality implications identified as a consequence of these breaches in Intensive Care Unit (ICU).</p> <p>Bed occupancy @ APH is currently &lt;70%, so there should be no breaches.</p>
<p><b>Action:</b></p> <p>The need to ensure that critical care beds are available during Covid 19 has reinforced the need for timely discharges to the wards. Bed management oversees this, with any issues being escalated to the bronze command meetings.</p>	<p><b>Expected Impact:</b></p> <p>Elimination of breaches.</p>



## Responsive Domain

### 4-hour Accident and Emergency Target (including Arrowe Park Walk in Centre)

**Executive Lead:** Chief Operating Officer

**Performance Issue:**

The Trust has a recovery trajectory agreed with NHSI for 2019-20 for the 4-hour Accident and Emergency target. Performance continues to be considerably below this, with March at 72.72% against a trajectory target of 95%.

In addition there were 21 patients in March that waited longer than 12 hours in ED from decision to admit to actual admission ('12 hour trolley wait').

**Action:**

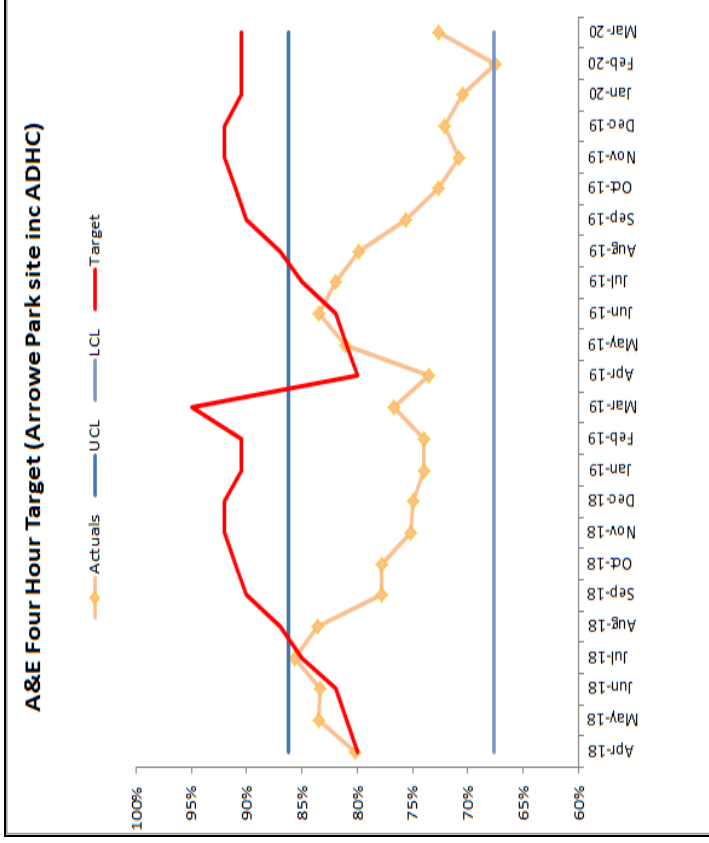
Major planning and redesign of the A&E department and urgent care systems was enacted during March as part of the COVID-19 response, and is adapted through the formal command and control framework implemented.

From the middle of March there was a considerable reduction in A&E attendances as well as a significant reduction in long stay / medically optimised patients as a result of extensive increases in community / social care provision. This has had some very significant impacts in terms of occupancy levels and the clinical reasons for presentation.

Throughout this extensive redesign there was minimal improvement in A&E 4 hour performance but during April this has improved markedly with more robust real time management of the new models of provision.

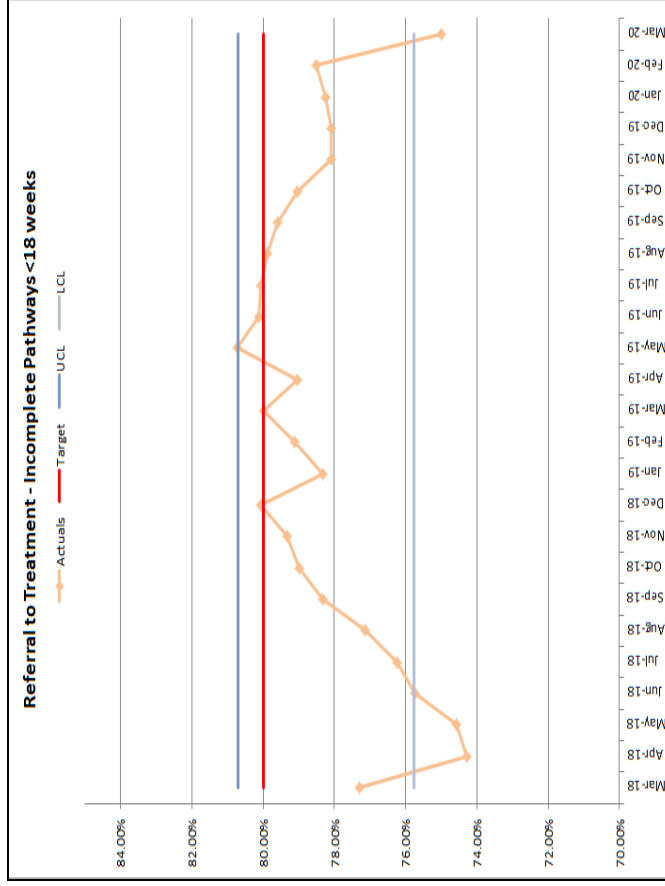
**Expected Impact:**

Performance trajectories are expected to be delivered in April.



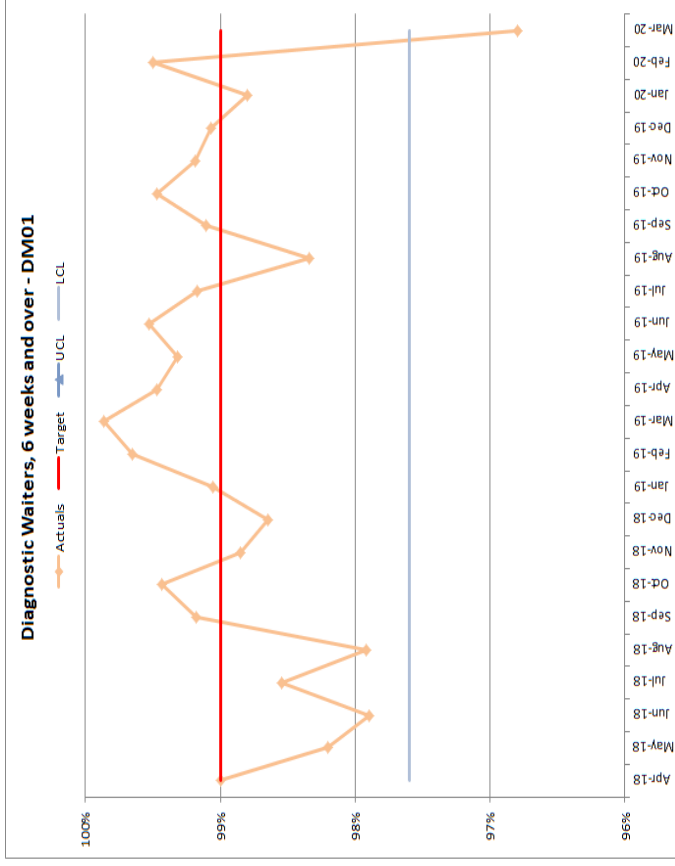
## Referral to Treatment – incomplete pathways < 18 weeks

<p><b>Executive Lead:</b> Chief Operating Officer</p>	<p><b>Performance Issue:</b></p> <p>The Trust has a trajectory agreed with NHSI for 2019-20 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks.</p> <p>The planned recovery in the final quarter of Q4 was severely impacted by the cessation of all non-urgent activities linked to the response to COVID-19 and a 30% referral reduction.</p>
<p><b>Action:</b></p> <p>Ongoing monitoring of waiting times and clinical triage of requests remains in place and plans are being developed for all components of elective care, in line with the wider Trust approach for the reinstatement of non urgent activities in line with the national command and control framework.</p>	<p><b>Expected Impact:</b></p> <p>A detailed trajectory for improvement will be developed during May as the activity plan is finalised and agreed.</p> <p>Any recovery to pre covid-19 performance levels is likely to take many months to achieve, and will be against a national assessment of what standards will be expected during 2020/21 and beyond.</p>



## Diagnostic Waiters, 6 weeks and over

<p><b>Executive Lead:</b> Chief Operating Officer</p>	<p><b>Performance Issue:</b></p> <p>There is a national standard that patients awaiting diagnostic investigations should wait a maximum of six weeks. This is measured based on a specific subset of investigations, and with an expected tolerance that 99% or more patients waiting will be under six weeks.</p> <p>The position at the end of March was 96.8%, reflecting the national directive to cease all non urgent activities aimed at releasing capacity to meet Covid-19 demand, and not to see routine patients with non-life or limb threatening conditions.</p>
<p><b>Action:</b></p> <p>The Trust move swiftly to cease diagnostics of routine clinical determination which has increased waiting times in certain modalities, and in turn reduced performance.</p> <p>Ongoing monitoring of waiting times and clinical triage of requests remains in place and plans are being developed for diagnostics, in line with the wider Trust approach for the reinstatement of non urgent activities in line with the national command and control framework.</p>	<p><b>Expected Impact:</b></p> <p>A detailed trajectory for improvement will be developed during May as the activity plan is finalised and agreed.</p>







<b>Board of Directors</b>	
<b>Agenda Item</b>	20/21 026
<b>Title of Report</b>	M12 Finance Report
<b>Date of Meeting</b>	6 <sup>th</sup> May 2020
<b>Authors</b>	Shahida Mohammed
<b>Accountable Executive</b>	Claire Wilson
<b>BAF References</b>	8
<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>	8c,8d
<b>Level of Assurance</b>	Gaps: Financial performance below plan
<ul style="list-style-type: none"> <li>• <b>Positive</b></li> <li>• <b>Gap(s)</b></li> </ul>	
<b>Purpose of the Paper</b>	To discuss and note
<ul style="list-style-type: none"> <li>• <b>Discussion</b></li> <li>• <b>Approval</b></li> <li>• <b>To Note</b></li> </ul>	
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	No
<ul style="list-style-type: none"> <li>• <b>Yes</b></li> <li>• <b>No</b></li> </ul>	

## Month 12 Finance Report 2019/20

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### Contents

1. Executive summary
2. Background
3. Dashboard
4. Financial performance
  - 4.1. Income and expenditure
  - 4.2. Income
  - 4.3. Expenditure
    - 4.3.1 Pay
    - 4.3.2 Non Pay
  - 4.4. CIP
5. Financial position
  - 5.1. Use of Resources
7. Conclusion & Recommendation
8. Appendices

## 1. Executive summary

The Trust's actual outturn as at 31<sup>st</sup> March 2020 was as forecast, with the net position after technical adjustments of a deficit of (£17.2m) including loss of PSF/FRF.

All costs associated with the quarantine of repatriated UK nationals are included in the position and will be fully funded by the Department of Health and Social Care. All details of costs incurred by the Trust and partner organisations have been submitted to NHSI at regular intervals. The Trust received its 1<sup>st</sup> tranche of payment (75%) in March 2020, the remaining balance will be paid once the March 2020 position has been finalised.

All on-going operational costs both revenue and capital arising from managing the COVID 19 situation will be funded separately

Within the 19/20 position (c£0.6m) costs were incurred in March 2020, this is included in the position. All costs incurred to 31<sup>st</sup> March have been submitted to NHSI/E, and will be reimbursed.

The following summary details the Trust's outturn position for FY20 against plan, and forecast.

### 1.1 Key Headlines

- The key components of the quarterly and monthly position are set out in Table 1 below:

**Table 1: Key components of financial position**

	Qtr1 £m	Qtr2 £m	Qtr3 £m	Mth 10 £m	Mth 11 £m	Mth 12 £m	YTD £m
Depreciation	(0.3)	(0.3)	(0.3)	(0.1)	(0.1)	(0.1)	(1.1)
VAT (medical locums)	(0.3)	(0)	0	0	0	0.4	0
Aseptic Unit - closure	(0.2)	(0)	(0.1)	0	0	0	(0.3)
Divisional Restructure	(0.1)	0	(0.2)	0	0	0	(0.3)
18/19 Costs	(0.1)	(0)	(0.1)	0	0	0	(0.2)
Pay Pressures	(0.4)	(1.8)	(2.6)	(0.5)	(0.8)	(0.7)	(6.8)
Income	1.4	2.6	(3.9)	0.6	(0.1)	1.7	2.3
PSF/FRF	0	0	(3.8)	(1.5)	(1.5)	(1.3)	(8.1)
Non Pay Pressures	0	(0.3)	(1.1)	(0.3)	0	(1.4)	(3.1)
Finance costs	0	0	0	0.0	0	0.4	0.4
Quarantine costs	0	0	0	0	(0.9)	(1.6)	(2.5)
COVID-19 costs	0	0	0	0	0	(0.6)	(0.6)
National support	0	0	0	0	0.9	2.2	3.1
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>(11.9)</b>	<b>(1.8)</b>	<b>(2.5)</b>	<b>(1.1)</b>	<b>(17.2)</b>

- Net operational pay costs exceeded plan by a further (c£0.7m) in March, increasing the year to date overspend to (c£6.8m). The drivers of this position identified previously have continued such as unplanned additional bed capacity, nurse bank costs and medical staff pressures to support staffing of escalation beds. In addition there has also been a change in the risk assumptions in relation to the VAT provision held, 25% has been released into the position. This has been included following external advice and discussions with NHSI. This reflects an assessment of the risk of retrospective VAT being levied by HMRC via Plus Us – Medical staffing solutions. Legal provisions of (£0.4m) have also been included.

## 1. Executive summary

- Overall non pay costs include continuing costs of clinical supplies, and outsourcing costs with both NHS and Non NHS organisations. In addition during Match the position includes year end stock adjustments, previously unaccounted invoices, and costs in relation to advisory support for the 20/21 cost improvement programme, the balance relates to expenditure offset by income.
- In month patient-related income includes benefit of a year-end agreement with NHS England Specialised Commissioning of c£1.0m, although actual activity performance was below forecast with Wirral CCG, the Trust agreed the position based on previous assumptions, benefiting the position by ensuring the reduced activity in March has not impacted the position adversely. The position has also been supported by the higher than expected Neonatal activity from North Wales, and income for paediatric “continuing health care” packages.
- As shown in the table above the Trust has incurred further costs of (c£1.6m) in relation to the management and support of the repatriated UK nationals from China and Japan for quarantine at the request of the DoH. The assumption within the Trust position is that these costs will be fully funded; details in relation to the costs incurred have been supplied to NHSI as requested at regular intervals.
- Costs incurred in relation to managing the COVID response during March were £0.6m, details have been supplied to NHSI/E, the assumption within the position is that these will be fully funded, this has been confirmed by the regulators
- Cash balances at the end of March 2020 were £5.9m, which was £4.2m above plan. The positive cash balance reflects a combination of factors, improved working capital, lower capital spend than originally anticipated and loan funding.
- Cost improvements/efficiencies delivered during 19/20 are £10.8m, although this is below plan by (c£2.0m), the position is ahead of previous years. Going forward work is currently “on hold”; however this will be resumed once the Trust returns to “business as usual”.
- Capital spend to March 2020 was £7.2m, which is c£2.0m behind the revised plan. The Trust’s forecast included a number of large schemes which were due to deliver in March 20/20. Due to the risk of a potential shortfall additional capital schemes were bought forward from 2020/21 for delivery pre year end. There are aspects of the programme which were higher risk given the international impact of COVID-19 e.g. IT equipment of £0.4m was contingent upon components being delivered from China and some refurbishment work has been suspended in clinical areas to prevent disruption over the current critical operational period. Due to the national impact of Covid19 on medical equipment suppliers and the ability of the Trust to receive equipment a small number of high value equipment purchases could not be completed pre year end. These included Surgical Stacker System replacement £0.5m and Cath Lab £0.5m. Covid19 pressures also delayed the expected completion of a number of estates projects £0.3m. The position includes £0.3m in relation to Covid19 specific assets.

## 1. Executive summary

- The Trust delivered a UoR rating of 4, reflecting the year to date deficit, including the loss of the PSF allocation in quarter 3

## 2. Background

The Control Total issued by NHSI to the Trust for 2019/20 was a “breakeven” position. Delivery of this would have enabled the Trust to access £18.8m of sustainability/recovery support to reduce the underlying deficit.

After careful consideration and independent review, the Trust accepted the “control total”, albeit with challenges which included a CIP requirement of £13.2m.

Due to the continued operational pressures and challenges in delivering the CIP programme as initially anticipated. The Trust revised its forecast outturn position in October 19/20; this indicated a year end operational deficit of (£9.0m). As the control total would not be achieved, the Trust would also lose the PSF/FRF allocations for Qtr 3 and 4 of (£8.1m). This was agreed and discussed at a System level, and also formally notified to NHS Improvement, in –line with protocol.

For information, Appendix 1 sets out a number of financial plan changes made during the year which have a net zero impact.

### 3. Dashboard

#### 3.1 Mth 12 Performance Dashboard

		Budget	Actual	Variance	Budget	Actual	Variance
I&E Performance (£'000)	On Plan	2,986	1,956	(1,030)	1	(17,178)	(17,179)
NHSI UoR rating	On Plan	2	4	(2)	2	4	(2)
CIP (£'000)	On Plan	1,417	1,040	(377)	13,181	10,849	(2,332)
NHSI Agency Ceiling Performance (£'000)	NHSI cap	604	281	323	7,415	8,232	(817)
Capital spend (£'000)	On Plan	874	3,057	2,183	9,123	7,155	(1,968)

## 6. Financial Performance

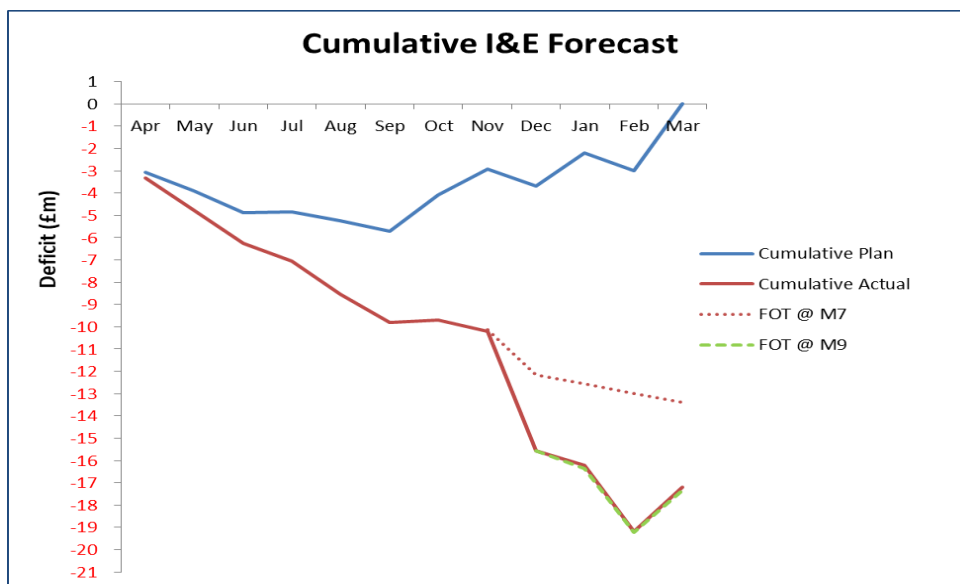
### 4.1 Income and expenditure

Table 2 below details the Trust's operational performance position against plan and forecast for March and full year by category.

**Table 2: Financial position for the period ending 31<sup>st</sup> March 2020**

Month 12 Financial Position	Budget (Mth 12)	Actual (Mth 12)	Variance	Year To Date Budget	Year To Date Actual	Variance	M9 Forecast Variance (Mth 12)	Actual Variance (Mth 12)	Variance
NHS income from patient care activity	29,206	30,653	1,447	324,107	326,083	1,976	(579)	1,447	2,026
Non NHS income from patient care	526	405	(121)	5,737	5,130	(608)	(52)	(121)	(69)
PSF/FRF/MRET	1,985	524	(1,462)	18,804	10,665	(8,139)	(1,462)	(1,462)	1
Other income	2,550	5,218	2,668	28,896	33,112	4,216	763	2,668	1,905
<b>Total Income</b>	<b>34,267</b>	<b>36,799</b>	<b>2,532</b>	<b>377,544</b>	<b>374,990</b>	<b>(2,554)</b>	<b>(1,330)</b>	<b>2,532</b>	<b>3,862</b>
Employee expenses	(21,281)	(21,959)	(679)	(256,139)	(263,810)	(7,671)	600	(679)	(1,279)
Operating expenses	(9,663)	(12,807)	(3,144)	(117,421)	(124,563)	(7,142)	(588)	(3,144)	(2,556)
<b>Total expenditure</b>	<b>(30,944)</b>	<b>(34,767)</b>	<b>(3,823)</b>	<b>(373,561)</b>	<b>(388,374)</b>	<b>(14,813)</b>	<b>12</b>	<b>(3,823)</b>	<b>(3,835)</b>
Non Operating Expenses	(357)	25	382	(4,232)	(3,851)	381	1	382	381
<b>Actual Surplus / (deficit)</b>	<b>2,966</b>	<b>2,057</b>	<b>(909)</b>	<b>(249)</b>	<b>(17,235)</b>	<b>(16,986)</b>	<b>(1,317)</b>	<b>(909)</b>	<b>409</b>
Reverse capital donations / grants I&E impact	21	(101)	(122)	249	59	(190)	0	(122)	(122)
<b>Surplus/(deficit) incl. PSF/FRF (Q1 &amp; Q2)</b>	<b>2,987</b>	<b>1,956</b>	<b>(1,031)</b>	<b>0</b>	<b>(17,176)</b>	<b>(17,176)</b>	<b>(1,317)</b>	<b>(1,031)</b>	<b>287</b>

The graph below shows the cumulative financial position against plan, together with the current forecast. The actual month 12 operational position was c£0.3m better than had been forecast, which mitigated the impairments charge, thus ensuring the year end forecast was achieved. To note, the movement from the mth 7 forecast previously noted is £3.8m which relates to the PSF lost at Quarter 3.



- The over performance in clinical income against forecast reflects four key components, benefit of a year-end agreement with NHS England Specialised Commissioning of c£1.0m, although actual activity performance was below forecast with Wirral CCG, the Trust agreed the position based on previous assumptions, benefiting the position by ensuring the reduced activity in March has not impacted the position ad-



## 6. Financial Performance

versely. The third element is income in relation to managing the COVID response during March of £0.6m, this is offset in expenditure. The position has also been supported by the higher than expected Neonatal activity from North Wales, and income for CHC activity

- The “other income” variance position reflects the expected income for costs incurred in relation to Frontis Towers, and HEE income, which is higher than forecast.
- Operational pay expenditure costs are below forecast, the position reflects the net impact of costs associated with staff supporting Frontis Towers and the COVID response. In addition there has also been a change in the risk assumptions in relation to the VAT provision, 25% has been adjusted in the position, and the forecast assumed the full value, legal provisions are also included of (£0.4m).
- Although non Non pay costs are shown to be exceeding forecast, this includes further costs in relation to the quarantine facility in Frontis Towers of (£1.0m), COVID costs of (c£0.4m), year-end stock adjustment of (£0.2m), previously unaccounted costs of (0.4m), and the balance relates to expenditure offset by income. Overall pay expenditure, excluding costs associated with staff supporting Frontis Towers, were as forecast within this reduced nursing and clinical support worker costs were slightly higher than expected, and an underspend in substantive medical staff costs offset bank and agency spend. The position includes the continued impact of the requirement for escalation areas to be open during February. Sickness rates in some areas have improved, however specialing for patient acuity has remained static.
- Actual agency staff costs in March were (c£0.7m), this was reduced by c£0.4m reflecting the revised risk assessment of the VAT provision held for medical staff, as discussed earlier in this report.

### 4.2 Income

At the end of March 2020, overall income position is below plan by (c£2.6m). This is inclusive of the loss of PSF/FRF of (£8.1m), and £3.1m of quarantine and Covid – 19 income. Table 3 below provides a detailed analysis by point of delivery.

## 6. Financial Performance

**Table 3: Income analysis for the period ending 31<sup>st</sup> March 2020**

	Current month			Year to date			Current month			Year to date		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
<b>Income from patient care activity</b>												
Elective & Daycase	4,359	2,827	(1,532)	50,386	46,933	(3,453)	5,021	3,225	(1,796)	55,865	52,476	(3,389)
Elective	673	387	(286)	7,575	6,317	(1,258)	2,411	1,573	(837)	27,342	25,344	(1,998)
Daycase	3,687	2,440	(1,247)	42,811	40,616	(2,195)	2,611	1,652	(959)	28,522	27,132	(1,391)
Elective excess bed days	304	167	(137)	3,381	3,492	111	83	55	(28)	921	933	12
Non-elective	3,952	2,845	(1,107)	45,768	42,614	(3,154)	8,568	8,481	(87)	99,639	99,276	(362)
Non-elective Non Emergency	475	390	(85)	5,218	5,089	(129)	1,031	882	(150)	11,406	11,288	(118)
Non-elective excess bed days	1,083	1,219	136	12,583	15,414	2,831	295	327	32	3,420	4,089	669
A&E	7,101	5,872	(1,229)	85,343	88,682	3,339	1,222	958	(264)	14,689	14,500	(189)
Outpatients	27,496	20,394	(7,102)	307,290	296,623	(10,666)	3,263	3,014	(249)	36,595	36,483	(112)
Diagnostic imaging	2,557	2,259	(297)	29,171	33,361	4,190	191	180	(11)	2,175	2,216	41
Maternity	528	458	(70)	5,964	6,142	178	472	527	55	5,418	5,590	172
Non PbR							6,555	9,935	3,379	78,009	82,493	4,483
HCD							1,187	1,187	(0)	15,528	15,528	(0)
CQUINs							1,643	1,643	(0)	3,691	3,691	1
PSF/FRF/MRET							1,981	523	(1,458)	18,804	10,666	(8,138)
<b>Total NHS Clinical Income</b>	<b>47,855</b>	<b>36,431</b>	<b>(11,423)</b>	<b>545,105</b>	<b>538,351</b>	<b>(6,754)</b>	<b>31,513</b>	<b>30,937</b>	<b>(576)</b>	<b>346,159</b>	<b>339,228</b>	<b>(6,931)</b>
Other patient care income							80	2,189	2,109	960	4,063	3,104
Non-NHS: private patients & overseas							30	18	(12)	461	307	(154)
Injury cost recovery scheme							89	52	(37)	1,069	803	(266)
<b>Total income from patient care activities</b>							<b>31,713</b>	<b>33,197</b>	<b>1,484</b>	<b>348,649</b>	<b>344,402</b>	<b>(4,247)</b>
Other operating income							2,554	3,602	1,048	28,896	30,574	1,679
<b>Total income</b>							<b>34,267</b>	<b>36,799</b>	<b>2,532</b>	<b>377,544</b>	<b>374,976</b>	<b>(2,568)</b>

- Actual activity in Mth 12 was reduced due to the impact of the national crises, however the year end agreements with both Wirral CCG and NSHE Spec Comm, supported the position by c£2.9m.
- Operationally Elective & Daycase activity was less than expected, across most specialities, the most significant areas include Gastro, T&O and Ophthal. (the additional Welsh activity did not transpire).
- A&E activity was particularly affected with a reduction of c1,600 attendances compared to previous levels.

### 4.2.1 Contractual performance

Clinical Income by Commissioner	Annual	YTD	YTD	Variance
	Plan	Plan	Actual	
	£000s	£000s	£000s	£000s
NHS Wirral CCG	244,963	244,963	245,200	237
NHS Wirral CCG MSK	24,999	24,999	24,999	0
NHS W Cheshire CCG	18,387	18,387	16,965	(1,422)
NHS England	24,794	24,794	26,053	1,259
North Wales	2,330	2,330	2,373	43
Others	30,686	30,686	23,626	(7,048)
<b>TOTAL</b>	<b>346,158</b>	<b>346,158</b>	<b>339,215</b>	<b>(6,931)</b>

- Performance against the Wirral CCG main contract reflects the net impact of the year end agreement for EL/DC activity, this benefitted the Trust by c£2.9m. Within the position there is NEL support of £6.0m (activity related), which was part of the contractual negotiation at the beginning of the year.
- The Maternity pathway income for patients previously booked with One to One Ltd. The net income benefit year to date is c£0.3m, this is in addition to the main contract, and will mitigate some of the pay pressures in expenditure within the Women's & Children's Division.

## 6. Financial Performance

- The under recovery with the West Cheshire contract relates to elective activity.
- The over performance against the NHS England (Specialised Commissioning) contract reflects the net benefit of the year end agreement, this is in addition to the benefit of £1.1m in relation to the underperformance against the Neonatal activity plan.
- Performance against the remaining contracts reflects small over performances across a number of Commissioners, including non-contracted activity. The “other” category includes the loss of PSF/FRF of (£8.1m).

### 4.3 Expenditure

#### 4.3.1 Pay

Pay costs exceed plan by (£0.7m) in month, increasing the cumulative overspend to (£7.7m). This includes (£0.3m) of costs in relation to quarantine and the Covid response in March, and (£0.4m) in the YTD position.

The table below details pay costs by staff group. Appendix 2 provides a detailed analysis of the monthly spend by staff group.

**Table 4: Pay expenditure for the period ending 31<sup>st</sup> March 2020**

STAFF GROUP	MONTH 12 (£'000)			CUMMULATIVE (£'000)		
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL / FORECAST	VARIANCE
CONSULTANTS	3,310	3,645	-335	40,074	43,555	-3,481
OTHER MEDICAL	2,403	2,303	101	28,325	29,927	-1,602
<b>TOTAL MEDICAL</b>	<b>5,713</b>	<b>5,948</b>	<b>-234</b>	<b>68,399</b>	<b>73,482</b>	<b>-5,083</b>
NURSING & MIDWIFERY	6,030	6,004	26	72,492	71,709	783
CLINICAL SUPPORT WORKERS	1,977	2,258	-282	23,879	26,908	-3,029
<b>TOTAL NURSING</b>	<b>8,006</b>	<b>8,263</b>	<b>-256</b>	<b>96,371</b>	<b>98,617</b>	<b>-2,246</b>
AHP'S, SCIENTIFIC & TECH	2,821	2,905	-84	33,531	33,953	-422
ADMIN & CLERICAL & OTHER	4,740	4,844	-104	57,838	57,758	80
<b>TOTAL SUPPORT STAFF</b>	<b>7,561</b>	<b>7,749</b>	<b>(188)</b>	<b>91,369</b>	<b>91,711</b>	<b>(342)</b>
<b>TOTAL</b>	<b>21,281</b>	<b>21,959</b>	<b>(£679)</b>	<b>256,139</b>	<b>263,810</b>	<b>(£7,671)</b>

- The spend on Consultants in March includes (£0.1m) in relation to the Covid 19 response. The balance reflects pressures in some specialities where agency is being used and premium costs are incurred to cover vacancies and sickness as well as the use of Waiting List Initiatives (WLIs).
- Other medical staff group include trainee grades, the underspend in March includes the impact of the change in the risk assumptions in relation to the VAT provision held of £0.4m. Excluding this the March position would be an overspend of (£0.3m). This is due to the shortfall in the trainee grades; although the “gap” has reduced following the recent rotation.
- Although nursing and midwifery is underspent in the year to date, the in month position is balanced, this includes (c£0.1m) relating to Covid-19 in March, the balance reflects the commencement of staff into previous vacant substantive posts and the

## 6. Financial Performance

support for escalation areas. To note, the budget for nursing will vary dependent upon the number of nights, weekends and bank holidays in the month affected enhanced pay.

- The Clinical Support Worker category includes non-registered nursing grades that are in clinical areas, and trainee nurse associates. The overspend in this group of staff was previously mitigated by underspends in qualified nursing costs. However the position shows the continued reliance on this group of staff to support patient acuity, cover sickness and staffing support for escalation areas.
- Within the year to date position there is (c£0.9m) of undelivered CIP in relation to workforce schemes, including medical staffing, non-ward based nursing and e-rostering.
- Table 5 below details pay costs by category for March and cumulatively.

**Table 5: Pay analysis by type**

Pay analysis	Annual Budget £'000	Current period			Year to date		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Substantive	(250,631)	(20,386)	(19,858)	529	(244,387)	(235,115)	9,272
Bank	(265)	(23)	(1,236)	(1,213)	(265)	(12,186)	(11,922)
Medical bank	(3,073)	(184)	(500)	(316)	(3,073)	(7,267)	(4,194)
Agency	(1,171)	(604)	(281)	323	(7,415)	(8,232)	(817)
Apprenticeship Levy	(1,000)	(83)	(85)	(1)	(1,000)	(1,010)	(10)
<b>Total</b>	<b>(256,139)</b>	<b>(21,281)</b>	<b>(21,959)</b>	<b>(679)</b>	<b>(256,139)</b>	<b>(263,810)</b>	<b>(7,671)</b>

- Although the underspend in substantive costs increased further, this is at a reduced rate than previous months, reflecting the commencement of staff into previously vacant posts.
- Agency costs exceed the NHSI cap by (c£0.8m) as at the end of March. This pressure predominately relates to consultant costs in 'difficult to recruit posts'.
- A "deep dive" into the Medical pay costs was undertaken earlier in the year, at the requested by the Finance Business Performance and Assurance Committee (FBPAC) the action plan is being progressed.

**Waiting List Initiatives (WLIs):** Detailed below is the spend incurred on WLI sessions by Division.

**Table 6: WLIs by Division**

Inpatients	No. of Sessions	No. of patients	Total Costs (£)	Outpatients	No. of Sessions	No. of patients	Total Costs (£)
Surgery	515	1,319	280,984	Surgery	920	7,794	503,326
Medicine	573	3,117	300,430	Medicine	264	1,822	118,301
W&C	7	10	3,945	W&C	226	733	122,646
Clinical Support	4	14	2,113	Clinical Support	49	468	27,612
<b>TOTAL</b>	<b>1,098</b>	<b>4,460</b>	<b>587,471</b>	<b>TOTAL</b>	<b>1,459</b>	<b>10,817</b>	<b>771,884</b>

## 6. Financial Performance

- The combined year to date actual costs for both inpatients and outpatients is (c£1.4m). The budget available to manage WLI requirements to deliver national cancer standards is £0.5m, therefore an overspend of (c£0.9m).
- On average, c£0.1m is spent on WLI on a monthly basis.
- The main specialities in Surgery where WLI have been undertaken are Urology and Colorectal to deliver 62 day cancer standards.
- Within Medicine, additional sessions have been needed to ensure delivery of key access waiting time standards in Gastro, Endoscopy and Dermatology.
- Additional Breast outpatients sessions have been undertaken in Women's and Children's to deliver cancer 2 week access standards.
- Clinical Support includes the Radiology sessions to support the above.
- Going forward into 20/21, the budgetary shortfall will be addresses, to reflect the inherent need for WLI will occur to deliver national standards., particularly in relation to Cancer.

### Unfunded areas including escalation

Table 7 below details the £1.4m of costs incurred in the year to date relating to unfunded areas and the utilisation of escalation beds.

**Table 7: Unfunded areas and escalation beds**

Unfunded areas including escalation beds	Number of unbudgeted beds open	Utilisation in 2019/20	Configuration of nursing staff required	Actual cost of nursing staff utilised (Mth 1-12) £000	Actual cost of medical staff (Mth 1-12) £000	Staffing source (agency/bank/locum)	Total Expenditure (Mth1-12) £000
Reverse Cohort Area	12 trolleys	From 1st May 2019 (as and when required)	2.00 wte Nurses 2.00 wte CSW 24/7	567	106	Combination of bank/agency	673
Ward 26	4 beds	Used for Medical outliers throughout 19/20 when needed	1.00 wte CSW	102	-	Bank	102
Ward 36	2 beds	Used for Medical outliers throughout 19/20 when needed	1 wte CSW	120	-	Bank	120
Ward 1	20 beds	Used for Medical outliers throughout 19/20 when needed	2.00 wte Nurses 2.00 wte CSW (20 patients) 1.00 wte Nurses 1.00 wte CSW (>20 patients)	344	154	Bank	498
Fluid Room	2 trolleys 2 lounge chairs	July 2019 (Mon - Friday)	1.00 wte Band 6 Nurse	37	-	Transfer of substantive staff	37
Ward 54	4 beds	Used for Surgical outliers throughout 19/20 when needed	1.00 wte CSW (nights) 1.00 wte Nurses (Mon-Fri) 1.00 wte CSW (Sat-Sun)	129	-	Combination of bank/agency	129
<b>TOTAL</b>				<b>1,299</b>	<b>260</b>		<b>1,559</b>

- Ward 26, 36, 1 and 54 are recognised escalation areas, earlier in the year they were only used on an ad-hoc basis, however recently they have been open continuously to manage patient flow.
- The Reverse Cohort Area (RCA) was opened in May 2019 to eliminate the use of corridors for care and improve ambulance turnaround times. The RCA is used as escalation and during "in hours" is staffed by a rota from all divisions. Out of hours

## 6. Financial Performance

cover is provided by planned use of NHS Professionals (NHSP), which are deployed in the Emergency Department (ED) should RCA not be needed. NHSP costs are incurred to ensure safe staffing levels are maintained. As part of the support provided by NHSE over Winter, the Trust secured c£0.6m funding; this has been profiled in the income position from December.

### 4.3.2 Non Pay

Non pay expenditure, excluding depreciation, exceeds plan by (£6.0m) year to date, the in-month position is an over spend of (c£2.8m). To note, this includes (£1.4m) of costs in relation to quarantine and the Covid response in March, and (£2.2m) in the YTD position.

**Table 8: Non-pay analysis**

Non Pay Analysis	Annual Budget £'000	Current period			Year to date		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Supplies and services - clinical	(33,991)	(2,832)	(2,948)	(116)	(33,991)	(34,556)	(565)
Supplies and services - general	(4,517)	(390)	(617)	(227)	(4,517)	(5,147)	(630)
Drugs	(23,386)	(1,815)	(1,863)	(48)	(23,386)	(23,089)	297
Purchase of HealthCare - Non NHS Bodies	(7,391)	(610)	(1,040)	(430)	(7,391)	(8,354)	(963)
CNST	(12,900)	(1,058)	(1,079)	(21)	(12,900)	(12,921)	(21)
Consultancy	(0)	(0)	(299)	(299)	(0)	(778)	(777)
Other	(26,017)	(2,173)	(3,794)	(1,622)	(26,017)	(29,374)	(3,357)
<b>Total</b>	<b>(108,202)</b>	<b>(8,876)</b>	<b>(11,641)</b>	<b>(2,765)</b>	<b>(108,202)</b>	<b>(114,219)</b>	<b>(6,017)</b>
Depreciation	(9,219)	(787)	(846)	(60)	(9,219)	(10,024)	(805)
<b>Total</b>	<b>(117,421)</b>	<b>(9,663)</b>	<b>(12,488)</b>	<b>(2,825)</b>	<b>(117,421)</b>	<b>(124,243)</b>	<b>(6,822)</b>

- Clinical supplies costs cumulatively are showing a pressure and largely reflect increased activity and acuity in key specialities. The savings associated with the national procurement changes are not being fully delivered and represent a pressure of c£0.4m YTD.
- Purchase of healthcare non-NHS overspend relates to outsourcing costs with sub-contractors to manage waiting times as part of the MSK service. Within Radiology, the cost reflects capacity constraints and the use of outsourcing for reporting.
- Consultancy costs continue in-month largely to support transformation and governance. It is anticipated this spend will reduce in future months and is offset by vacancies in these areas.
- The "Other" category above incorporates a number of areas, including energy, interpreter fees, Divisional restructure implications, re-branding costs etc. There are over/under spends across a number of categories, all areas of discretionary spend are reviewed in detail at the monthly scrutiny panel the position includes the benefit of c£0.3m in relation to a non-recurrent energy rebate. All quarantine and Covid 19 related costs are included within this category.

### 4.4 CIP Performance

Cost improvements/efficiencies delivered during 19/20 are £10.8m, although this is below plan by (c£2.0m), the position is ahead of previous years

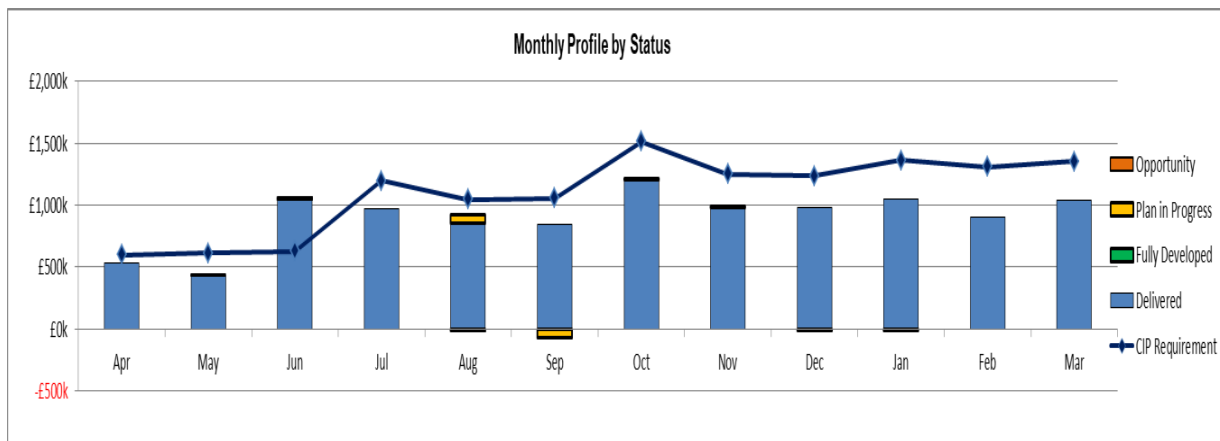
## 6. Financial Performance

**Table 9: CIP Performance**

Year ending 31 March 2020	YTD			Recurrent Savings Fully		
	NHSI Plan	Actual	Variance	NHSI Plan	Developed	Variance
Division	£k	£k	£k	£k	£k	£k
Medical And Acute	4,357	3,458	(900)	4,690	3,098	(1,592)
Surgery	3,037	2,425	(613)	2,667	1,930	(736)
Womens & Children	1,326	1,121	(205)	1,259	956	(303)
Clinical Support	1,560	1,007	(553)	1,667	578	(1,090)
Corporate Services	1,829	1,768	(61)	1,921	1,074	(847)
Estates & Hotel Services	1,071	1,070	(1)	1,071	498	(573)
Central	0	0	0	0	0	0
<b>Total</b>	<b>13,181</b>	<b>10,849</b>	<b>(2,332)</b>	<b>13,275</b>	<b>8,133</b>	<b>(5,142)</b>

- The underperformance is largely driven by the non-delivery of the workforce schemes mainly medical staffing and the increased profile during the latter part of the year.
- Although the Theatre productivity shortfall is mitigated financially in the Divisional position, the position reported here reflects performance against KPI's developed as part of the work stream.
- The CIP profile was lower in Q1 and stepped up during Q3 and Q4 as schemes were expected to mobilise. The graph below shows the CIP delivery profile and stage of delivery/development compared to the NHSI plan.

**Chart 2: CIP profile**



## 6. Financial Performance

### 6.5 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%	-30.4	4	-35.1	4	-30.4	4
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	2.5	2	-0.6	4	2.5	2
Financial efficiency	I&E margin (%)	Underlying performance: I&E deficit / total revenue	20%	0.0%	2	-4.6%	4	0.0%	2
Financial controls	Distance from financial plan (%)	Shows quality of planning and financial control : YTD deficit against plan	20%	0.0%	1	-4.6%	4	0.0%	1
	Agency spend (%)	Distance of agency spend from agency cap	20%	0.0%	1	11.0%	2	0.0%	1
<b>Overall NHSI UoR rating</b>					<b>2</b>		<b>4</b>		<b>2</b>

#### UoR rating summary

- Although the Trust has cumulatively overspent against the agency cap by (£0.8m). This is partly due to the implication of the HMRC ruling (31 January 2019) in relation to the removal of VAT exemption for the supply of medical locums. The Trust has adopted an alternative model (which went live on 8 July) so that VAT will no longer be incurred. In month the Trust's spend on agency staff was within the cap value.
- The Distance from financial plan metric is currently below plan as a result of the year to date EBITDA position.
- The month 12 UoR rating is 4 overall, this is below the 2019/20 plan UoR rating of 2. The main driver is the year to date deficit including the shortfall in the achievement of the PSF/FRF allocation for quarter 3 and 4.



## 7. Conclusion & Recommendations

The Trust concluded the year as forecast with an operational deficit of (£9.0m), and a net position after technical adjustments of a deficit of (£17.2m) including loss of PSF/FRF.

Although the Trust agreed the Control Total of “break-even” at the beginning of the year, the Trust and the System were cognisant of the challenge in delivering this, both from a capacity and pace perspective, in terms of making the transformational changes required within the 12 months, within the Wirral economy in conjunction with partner Organisations.

With support from Wirral CCG the Trust delivered the Q1 and Q2 control total, however the continued operational challenges facing the Trust, mainly in resourcing capacity to maintain flow, and managing the Winter period the Trust was not able to achieve any PSF/FRF funding in the latter half of the year, this impacted the Trust by (£8.1m)

Throughout 19/20 the Trusts forecast has been consistent in relation to the operational deficit of (£9.0m), this increased with the loss of PSF/FRF.

All costs associated with the quarantine of repatriated UK nationals will be fully funded by the Department of Health and Social Care. All details of costs incurred by the Trust and partner organisations have been submitted to NHSI at regular interval and during March 2020, the Trust received its 1<sup>st</sup> tranche of payment (75%), the remaining balance will be paid once the March 2020 position has been finalised.

All on-going operational costs arising from managing the COVID 19 situation are funded separately by NHSI, this has been confirmed.

### Recommendation

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

**Claire Wilson**  
**Chief Finance Officer**  
**April 2020**

## 8. Appendices

### Operational adjustments to the 2019/20 Plan (net zero impact)

The table below details in-year operational adjustments to the initial plan submitted to NHSI in April 2019.

Month 12 Budget Reconciliation	Breakdown by Budget Type		
	Income £'000	Expenditure £'000	Deficit £'000
<b>Base Budget 19/20</b>	376,374	(376,622)	(248)
CIP - Increase Clinical Income Oral Surgery	150	(150)	0
Extra Day adjustment value	(184)	184	0
NNU Block adjustment	70	(70)	0
PbR excluded drugs, devices & bloods adjustment	(239)	239	0
Welsh Ophthalmology DC	183	(183)	0
Palliative Care Adjustments	37	(37)	0
Non Recurrent Income Targets	878	(878)	0
Realignments (inc CIP)	371	(371)	0
<b>M12 Closing Budget</b>	377,640	(377,888)	(248)
<b>Net Trustwide (Increase)/Reduction</b>	<b>1,266</b>	<b>(1,266)</b>	<b>0</b>

## 8. Appendices

### Monthly pay cost analysis by staff group

Medical Staffing				Nursing & CSW				AHP's (Scientific & Tech) and A&C/Other			
Period	£m Budget	£m Actual	£m Variance	Period	£m Budget	£m Actual	£m Variance	Period	£m Budget	£m Actual	£m Variance
Mth 1	5,792	6,137	(£345)	Mth 1	8,591	8,482	£109	Mth 1	8,100	8,073	£27
Mth 2	5,748	6,153	(£405)	Mth 2	8,071	8,180	(£109)	Mth 2	7,752	7,425	£327
Mth 3	5,755	6,205	(£450)	Mth 3	8,186	8,188	(£1)	Mth 3	7,678	7,570	£109
Mth 4	5,663	6,096	(£433)	Mth 4	8,040	8,153	(£113)	Mth 4	7,534	7,518	£16
Mth 5	5,629	6,180	(£551)	Mth 5	7,909	8,185	(£276)	Mth 5	7,562	7,573	(£11)
Mth 6	5,875	6,339	(£464)	Mth 6	7,991	8,057	(£67)	Mth 6	7,496	7,630	(£133)
Mth 7	5,676	6,220	(£544)	Mth 7	7,969	8,223	(£254)	Mth 7	7,486	7,628	(£141)
Mth 8	5,636	6,100	(£464)	Mth 8	7,818	8,199	(£381)	Mth 8	7,619	7,850	(£231)
Mth 9	5,639	6,086	(£447)	Mth 9	7,961	8,189	(£228)	Mth 9	7,477	7,523	(£46)
Mth 10	5,637	5,976	(£340)	Mth 10	7,945	8,250	(£304)	Mth 10	7,562	7,487	£74
Mth 11	5,637	6,042	(£405)	Mth 11	7,883	8,248	(£366)	Mth 11	7,541	7,686	(£144)
Mth 12	5,713	5,948	(£234)	Mth 12	8,006	8,263	(£256)	Mth 12	7,561	7,749	(£188)
<b>TOTAL</b>	<b>68,399</b>	<b>73,482</b>	<b>(£5,083)</b>	<b>TOTAL</b>	<b>96,371</b>	<b>98,617</b>	<b>(£2,246)</b>	<b>TOTAL</b>	<b>91,369</b>	<b>91,711</b>	<b>(£342)</b>



Board of Directors	
<b>Agenda Item</b>	20/21 027
<b>Title of Report</b>	Financial Plan 2020/21
<b>Date of Meeting</b>	6 <sup>th</sup> May 2020
<b>Authors</b>	Claire Wilson, Chief Finance Officer
<b>Accountable Executive</b>	Claire Wilson, Chief Finance Officer
<b>BAF References</b>	8
<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>	8c,8d
<b>Level of Assurance</b>	Gaps: Financial performance below plan
<ul style="list-style-type: none"> <li>• <b>Positive</b></li> <li>• <b>Gap(s)</b></li> </ul>	
<b>Purpose of the Paper</b>	To discuss and note
<ul style="list-style-type: none"> <li>• <b>Discussion</b></li> <li>• <b>Approval</b></li> <li>• <b>To Note</b></li> </ul>	
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	No
<ul style="list-style-type: none"> <li>• <b>Yes</b></li> <li>• <b>No</b></li> </ul>	



# 2020/21 Financial Plan and Capital Update

**Claire Wilson**  
**Chief Finance Officer**

28 April 2020



# Summary

## Financial planning for 2020/21

- On 17<sup>th</sup> March 2020, the operational planning process for 2020/21 was suspended and NHSE/I announced amended financial arrangements for the initial period between 1 April and 31 July 2020, to enable the NHS to respond to COVID-19.
- A key part of these changes include moving to a nationally determined monthly 'block contract' payment and where necessary 'top-up' payment designed to cover costs.
- Therefore all NHS providers will have a guaranteed minimum level of income reflecting the current cost base, there will be no national efficiency requirement.
- The base period for the payments is the average of the Mth 8 – Mth 10 (19/20), activity. A national top-up payment will be provided to providers to reflect the difference between the actual costs and income guaranteed.
- The aim of this proposal is to free-up the maximum possible inpatient and critical care capacity and to remove routine burdens. This also includes the cancellation of all non urgent elective activity for a period of 3 months.
- Where actual costs exceed the income received, the Trust can claim for additional and reasonable costs on a monthly basis including:



- Increase in staffing costs including temporary staffing and payments for bank/sub contractor staff
- Additional costs of dealing with COVID 19 e.g decontamination, transport, testing and swabbing

## 2020/21 Financial Plan for WUFT

- Whilst the Trust is not yet required to submit an operational or financial plan to its regulators, it still needs to agree a financial plan for internal monitoring and reporting purposes.
- This paper sets out a proposed plan for 2020/21 which is set with the following high level planning assumptions:
  - April to July 2020 plan set in accordance with temporary finance regime as set out by NHS Improvement
  - August 2020 to March 2021 set in accordance with original WUFT draft plan agreed by FBPAC at its February 2020 meeting.

## Recommendations

- The Board of Directors are asked to note the proposed interim financial plan for 2020/21 noting the limitations of planning for the year when the impact of COVID is unknown and the NHS financial framework has only been set for 4 months of the financial year so far.



## 2020/21 WUFT Financial Plan

### Months 1 to 4: April 2020 to July 2020 set in accordance with NHSI 2020/21 base planning assumptions

- Base income set using notified block payment levels based upon average income received Mth 8 – Mth 10 2019/20 with no tariff uplift .
- A national top-up payment (projected top-up) to reflect difference between expected baseline net costs and block contract, where modelling of the expected cost base is higher, for WUTH this is **£30.7m**
- An additional top-up (retrospective true-up) will be provided to adjust for any additional costs and/or loss of revenue where the block and top-up payments do not equal the actual costs of reasonable marginal costs due to COVID-19 (not included in opening budget).
- Budgeted expenditure set at month 8 to 10 (2019/20) levels inflated with nationally set rates.
- Provider to provider invoicing in line with normal billing arrangements to reflect services actually provided, for WUTH this represents £7.5m.
- The expectation is for all Trust to deliver a break-even position through the period and will provide the basis against which NHSI will monitor financial performance.

### Months 5 to 12: August 2020 to March 2021 set in accordance with WUFT draft plan. In summary this was as follows:

- The Trust has made the following assumptions in relation to the 2020/21 draft financial plan:
  - 2019/20 exit run rate of £37.6m deficit



- A CIP of £14.4m (3.7%) is delivered in full
- Stranded costs associated with the move of Clatterbridge Centre for Oncology are managed on a risk share basis over more than one year.
- Contract negotiations were not finalised. It was assumed that commissioning contracting principles were consistent with 2019/20.

The target trajectory for WUTH was a deficit of (£9.3m), this would attract FRF funding of £9.3m, thus delivering a break-even position. Based on the assessment of the underlying financial position, the Trust was unable to achieve this and therefore has no access to FRF.

Planning guidance changed the approach to MRET funding which means that this will no longer be available when the trajectory is not agreed, amounting to a loss of £6.3m central funding.

Trusts were also required to submit a plan which supported a move to 92% bed occupancy. It was estimated that this would be an additional £6m for WUFT in 2019/20, however, detailed bed modelling was still work in progress.

The revised draft plan position for the Trust was therefore a deficit of (£28.4) for the 2020/21 year.

Months 5 to 12 are still subject to significant uncertainty & more national guidance is expected. In the absence more robust information, the Trust has used M05 to M12 of its original plan to project both income and expenditure for this period

This generates a deficit of £17m given that the existing profile of CIP was phased towards the end of the year.

2020/21 – NHSI planning assumptions (Mth 1– Mth 4) and WUTH Operational Plan (Mth 5 – Mth 12)

Summary Income and Expenditure plan 2020/21

£000s	Q1			Q2			Q3			Q4		
	April M1	May M2	June M3	July M4	Aug M5	Sep M6	Oct M7	Nov M8	Dec M9	Jan M10	Feb M11	Mar M12
Income From Patient Care Activities	28,055	28,055	28,055	28,055	28,346	28,346	28,346	28,346	28,346	28,346	28,346	28,325
Other Operating Income	2,528	2,528	2,528	2,528	2,248	2,248	2,248	2,248	2,248	2,248	2,248	2,248
Operating Income	30,582	30,582	30,582	30,582	30,594	30,594	30,594	30,594	30,594	30,594	30,594	30,573
Employee Expenses	(22,364)	(22,364)	(22,364)	(22,364)	(22,403)	(22,298)	(22,167)	(22,203)	(22,203)	(22,006)	(22,112)	(22,008)
Non Pay Expenditure	(10,354)	(10,354)	(10,354)	(10,354)	(10,391)	(10,351)	(9,834)	(10,310)	(10,309)	(10,249)	(10,285)	(10,544)
Operating Expenditure	(32,719)	(32,719)	(32,719)	(32,719)	(32,794)	(32,649)	(32,001)	(32,513)	(32,512)	(32,255)	(32,397)	(32,552)
<b>Operating Surplus/Deficit</b>	<b>(2,136)</b>	<b>(2,136)</b>	<b>(2,136)</b>	<b>(2,136)</b>	<b>(2,200)</b>	<b>(2,055)</b>	<b>(1,407)</b>	<b>(1,919)</b>	<b>(1,918)</b>	<b>(1,661)</b>	<b>(1,803)</b>	<b>(1,977)</b>
Net Finance Costs	(425)	(425)	(425)	(425)	(243)	(245)	(257)	(261)	(268)	(273)	(273)	(279)
<b>Surplus/Deficit</b>	<b>(2,562)</b>	<b>(2,562)</b>	<b>(2,562)</b>	<b>(2,562)</b>	<b>(2,443)</b>	<b>(2,300)</b>	<b>(1,664)</b>	<b>(2,180)</b>	<b>(2,186)</b>	<b>(1,934)</b>	<b>(2,076)</b>	<b>(2,256)</b>
<b>Top-Up payment</b>	<b>2,562</b>	<b>2,562</b>	<b>2,562</b>	<b>2,562</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Monthly adjusted Surplus/Deficit</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,443)</b>	<b>(2,300)</b>	<b>(1,664)</b>	<b>(2,180)</b>	<b>(2,186)</b>	<b>(1,934)</b>	<b>(2,076)</b>	<b>(2,256)</b>
<b>Cumulatively Surplus/Deficit</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,443)</b>	<b>(4,743)</b>	<b>(6,407)</b>	<b>(8,587)</b>	<b>(10,773)</b>	<b>(12,707)</b>	<b>(14,783)</b>	<b>(17,039)</b>

## 2020/21 Financial Plan

### Financial plan 2020/21 points to note

- This plan is a modelling assumption only and allows variances to be reported, and explained, against a baseline.
- The plan excludes the additional marginal costs associated with treating COVID and these will be tracked and funded separately through the year.
- A temporary financial regime is in place for the first 4 months of the year but it is unlikely that we will return to the previous regime in full on the 1<sup>st</sup> of August. Further national guidance is expected but at the time of drafting this plan, the Trust had no new information to use other than reverting back to the draft plan previously agreed internally.
- It should be noted that the draft plan had been submitted to the but had not received formal signoff and discussions with health economies were ongoing. It is likely that the Wirral health system will have been required to refine its plan prior to a final submission.
- Whilst the 8/12ths of the Trusts original CIP has been included in this draft plan, it is highly unlikely that this can be achieved given the operational focus on COVID.
- The income plan has been superseded by the payment of the “block”, for the first 4 months, however, internally the Trust will continue to monitor and report actual activity to understand the actual patients presenting and the flow of activity



### Divisional budgets

- Month 1 to 4 budgets under the temporary COVID financial regime will be devolved to divisional teams in readiness for month 1 reporting. They will be supported by the Finance Business Partners to interpret this temporary regime and what it means for each division. We will continue to track the costs relating to treating COVID so that funding can be pursued. Divisional teams have been engaged in the detailed planning for the draft financial plan submitted in February 2020 which have informed the month 5 to 12 budgets.

### Capital

- The capital regime is not yet agreed for 2020/21 and national guidance is expected imminently. The Trusts is currently prioritising its response to COVID 19 and will therefore need to review its draft plan in the light of slippage to many of its 2020/21 schemes.
- In the meantime, the Trust is working to ensure that essential maintenance is carried out as required taking the opportunity wherever possible to do this in wards which are currently closed.
- COVID capital expenditure is being recorded separately and will be funded through Public Divided Capital (PDC) separately.

### Recommendations

- The Board of Directors are asked to note the proposed interim financial plan for 2020/21 noting the limitations of planning for the year when the impact of COVID is unknown and the NHS financial framework has only been set for 4 months of the financial year so far.



<b>Board of Directors</b>	
<b>Agenda Item</b>	20/21 028
<b>Title of Report</b>	COVID-19 Trust response update
<b>Date of Meeting</b>	6 <sup>th</sup> May 2020
<b>Author(s)</b>	Nicola Stevenson, Deputy Chief Executive/Medical Director Claire Wilson, Chief Finance Officer Matthew Swanborough, Director of Strategy & Partnership Anthony Middleton, Chief Operating Officer Helen Marks, Director of Workforce Andrea Leather, Board Secretary
<b>Accountable Executive</b>	Janelle Holmes, Chief Executive
<b>BAF References</b>	PR5
<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>	For Discussion and Noting
<ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	
<b>Data Quality Rating</b>	Bronze - qualitative data
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Analysis completed Yes/No</b>	No
<b>If yes, please attach completed form.</b>	

## 1. Executive Summary

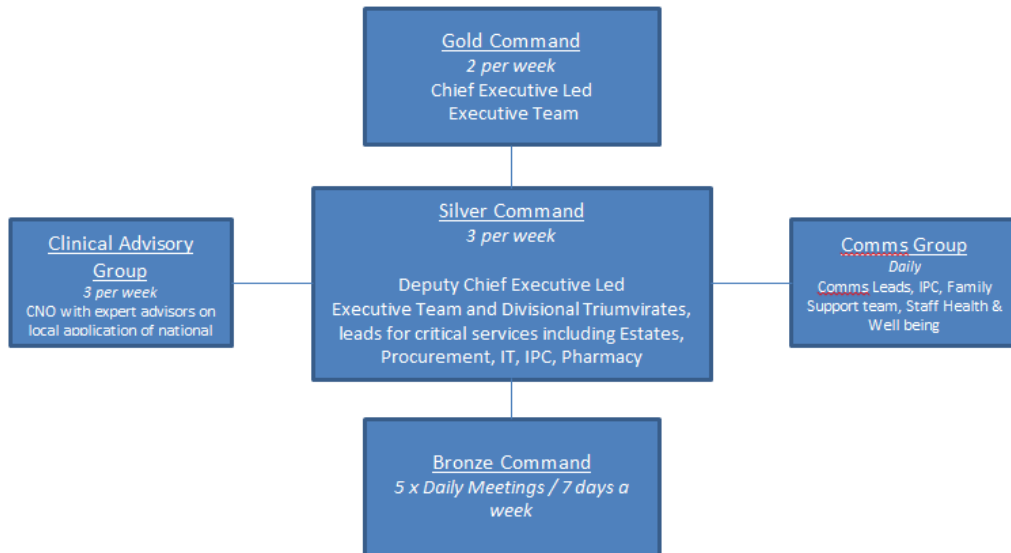
The paper provides the Board of Directors with an update on Wirral University Teaching Hospital (WUTH) response to COVID-19. It describes at a high level the actions taken to maintain business continuity. It seeks to provide assurance that all appropriate measures have been taken to maintain the effective functioning of the hospitals. It also sets out a series of actions being taken internally to ensure that the Trust is able to respond in real time to the clinical and operational challenges it is facing.

## 2. Strategic Response to COVID-19

On 2<sup>nd</sup> March 2020 at 1815 hours, in response to the spread of COVID-19 across the world, the NHS declared a Level 4 incident. NHS England and NHS Improvement established an Incident Management Team (National) (IMT- N) with an operational Incident Coordination Centre established 7 days a week, working closely with the Department of Health and Social Care (DHSC), Public Health England (PHE) and other Government departments. All NHS Regions also established an operational COVID-19 Incident Coordination Centre to the same hours working with the National Team and their NHS local Organisations, Clinical Commissioning Groups (CCGs), other Health Care Providers and Local Resilience Forums (LRF).

The declaration of a Level 4 incident placed the NHS in a “command and control” environment through which all activity is directed from the IMT-N through Regional structures to individual Organisations. All Organisations within the NHS have been required to establish their own incident management approaches and teams and put into place business continuity arrangements. They have also been required to respond to directions, not guidance but “must do” actions, through the “command and control” mechanisms in regard to all aspects of their business including governance, service delivery, supply chain management and clinical standards. All the guidance to the NHS can be found at <https://www.england.nhs.uk/coronavirus/>

In turn, the Trust has established its own internal Command & Control Structures.



Gold Command (formally tactical cell) is chaired by the Chief Executive Officer and initially met daily; this has subsequently been reduced in line with need. The purpose of Gold Command is to ensure that WUTHs response to COVID-19 is coordinated, and aligned with national directions, and our ability to function as a Healthcare Provider is maintained. In addition Gold Command ensures that there is control over the business of the Organisation and has oversight of the system response. It is also the means through which business cases for additional capacity needed to respond to COVID-19 are agreed. This enables rapid but considered decision making in a fast changing operating environment.

Gold Command is attended by:

- Executive Management Team
- Chair of Silver Command (Deputy CEO)
- Interim Director of Communication and Engagement
- Head of Governance
- Chief Information Officer.

To support the system response to COVID-19 there is a further Chief Executive's Strategic Command Call that takes place throughout the week. It is chaired by the Chief Officer, WHCC and NHS Wirral CCG, in their capacity as Strategic Commander for the Wirral Health and Care System. This meeting ensures that the system is linked to developments in regard to the NHS, Wirral Council and Merseyside LRF at a strategic level and provides direction to the System Health and Social Care Cell. This meeting is attended by:

- CEO - WUTH
- CEO - Wirral Community Health & Care
- CEO - Wirral Borough Council
- CEO - Wirral CCG
- CEO - Cheshire Wirral Partnership.

### 3. Clinical and Operational Model

The COVID-19 pandemic has required the Trust to rapidly adapt services in order to plan for the predicted surge in patients as well as ensuring staff and patient safety. To this effect, changes to the clinical model, detailed below, have been implemented. In addition, to ensure effective cohorting of COVID-19 positive patients and protection of Non-COVID-19 patients all in-patient wards across the Trust have been redesignated as:

<b>Red Wards</b>	for COVID-19 swab positive patients.
<b>Amber Wards</b>	for suspected but not proven COVID-19 patients (awaiting a swab result) or patients in whom COVID-19 is clinically suspected but have a negative swab.
<b>Purple Wards</b>	for step down medically fit positive patients (from red wards).
<b>Green Wards</b>	for swab negative patients who are improving and who have possibly been exposed to COVID-19.
<b>White Wards</b>	for patients with no clinical suspicion of COVID-19 infection.

The requirement for each category of patient is reviewed at the Bronze Command meetings that occur five times a day, and the bed base for each category is adjusted to keep pace with demand. Cohorting measures have reduced the total numbers of patients that can be accommodated on inpatient wards, but the Trust has seen a fall in inpatient occupancy during March to circa 50%, which has been sustained during April. This has been due to both the reduction in non-elective Non-COVID-19 attendances & admissions, cancellation of elective work & a significant upward shift in the discharge of medically optimised / long length of stay patients by System Partners.

The medical staffing model for the in-patient wards has been reviewed to ensure additional Consultant presence on each ward every day. This has included Surgical Consultants and junior medical staff 'buddied up' with physicians to bolster cover as required and provide cover for short term sickness.

#### 3.1 Emergency Medicine Department

The Emergency Medicine Department has implemented a number of developments at pace to adapt to the challenges posed by COVID-19. Notably these are:

- Split ED into a COVID-19 and Non-COVID-19 site
- Development of a minor injuries unit on the fracture clinic site for all Non-COVID-19 minor injuries (managed by Trauma and Orthopaedics)
- Development of a “Respiratory Receiving Unit (RRU)” outside of the ED footprint to fast-track patients clinically suspected as having COVID-19 infection
- Moved from the traditional paper based ‘Casualty Card’ system to Electronic Patient Record (EPR).

In line with the national picture, the number of attendances to ED has declined over March from an average of 300 a day to around 130 a day. This new daily average has been maintained during April with only a slight rise in recent days.

### 3.2 Critical Care

The Trust has plans in place to increase the total number of critical care beds from the baseline of 18 to 42 beds, should they be required. In order to achieve this theatre recovery has been set up as a critical care area. The service has also maintained 6 beds as a Non-COVID-19 critical care unit within the HDU footprint. The maximum number of critical care beds required to date has been 20.

To support this, Medical rota’s have been adjusted to provide increased cover for the anticipated demand, and nurse staffing has been supplemented by the use of theatre nursing and other Arrowe Park Hospital (APH) staff within Critical Care. A daily MDT has been established where the critical care and respiratory teams discuss the treatment of the sickest patients and ensure robust joint decision making around treatment plans.

In line with the national picture, critical care has seen a number of severely ill patients with COVID-19, however, capacity to admit further patients has been maintained.

### 3.3 Assessment areas

The medical and surgical assessment services have now combined into a single footprint on the previous medical assessment ward area. This is for assessment and treatment of Non-COVID-19 patients. All GP referrals not suspected as COVID-19 are now seen in this area.

Any patients suspected of having COVID-19 are seen and assessed on the Respiratory Receiving Unit.

### 3.4 Respiratory Medicine

COVID-19 is primarily a respiratory illness, and consequently Respiratory Medicine has been at the forefront in managing the most severely affected patient’s outside of critical care. This group of patients have been cohorted on ward 25 (isolation ward) and ward 24; therefore, 50 COVID-19 positive beds are managed by the respiratory physicians and their teams. The respiratory physicians also provide clinical advice for patients in other ward areas, with particular focus on those with the highest NEWS scores.

Additionally a new Respiratory Medicine consultant on call rota has been established to ensure patients have senior specialty cover on a 24/7 basis.

### 3.5 Elective & Emergency Surgery

In line with national guidance, routine elective surgery has been suspended across the APH and Clatterbridge (CGH) sites. Theatres are still functional on the APH site for urgent and emergency surgery (General Surgery and Trauma & Orthopedics). Additionally the Division continues to run a daily cancer surgery list to ensure that cancer patients continue to receive time critical treatment.

In line with National guidance, all patients awaiting cancer surgery have been risk stratified into 3 Groups in order of urgency (Group 1, 2 or 3). Currently all patients in Groups 1 & 2 have a date for surgery. The



Surgical Division is currently working up plans to expand surgical activity by use of the CGH site and Spire Murrayfield Hospital to commence from the week of the 4<sup>th</sup> May.

The Trust is now working across the System and with Regional colleagues to determine the volume of routine non urgent elective care that can be restarted. This will factor in the availability of medicine, Personal Protective Equipment (PPE), and other consumables, as well as the confidence that areas such as theatre and recovery suites can return to their former function.

### 3.6 Outpatients

Following national guidance a clinical review was undertaken of outpatients lists to determine an outcome of either discharge, reschedule (defer), remote consultation or face to face consultation. Administrative systems have been adapted to ensure robust tracking is in place and there is no risk to any patient being lost to follow up or review.

There has been widespread adoption of alternative solutions to face to face consultations primarily via telephone but also via video. This is proving safe, effective and is receiving positive feedback from patients and clinicians.

Outpatient face to face activity continues where clinically necessary but with very few exceptions this activity is now performed at CGH or in community settings. The volume change has been significant, reducing from circa 9000 attendances per week to 700.

### 3.7 Daily Situation Reporting

To support the “Bronze Command” the IT reporting systems have been amended to reflect the clinical model, complemented by a number of key developments to allow access to previously unavailable real time information on workforce, training, stock levels and testing. The incident room is manned 7 days per week with extensive IT systems in place to maintain visuals and connectivity on all the information.

A daily COVID-19 operational dashboard has been constructed and features at all Silver and Gold Command Groups to monitor, escalate and challenge areas of concern.

### 3.8 Personal Protective Equipment (PPE)

In the context of managing a pandemic, PPE is equipment that protects staff against the risk of infection. The Department of Health & Social Care has released the Technical Specifications of various PPE during the COVID-19 outbreak to ensure any procurement meets the appropriate specification.

During the COVID-19 outbreak, The World Health Organisation (WHO), Public Health England (PHE) and the Health & Safety Executive (HSE) have given advice of the type of PPE that is required to protect Health Care workers treating COVID-19 or Suspected COVID-19 Patients. These include facial masks, gowns/coveralls, plastic aprons, eye protection and gloves.

#### 3.8.1 Procurement of PPE

In the event of a major pandemic, the procurement and distribution of PPE moves under national command. The significant global demand, fixed supply and international constraints on movement, means that the availability of supply to NHS organisations is constrained. To manage this, distribution is being managed on a ‘push’ basis, where deliveries are determined nationally rather than the usual ‘pull’ system where Organisations order the levels of stock that they need. The ‘Just in Time’ approach means that stock is delivered in small quantities based upon projected levels of demand. The Trust has little influence on the levels and nature of stock delivered and no visibility of future distribution until a few hours before delivery. Typically we are receiving 24 to 48 hours of stock in a single delivery. Some of the clinical and operational issues this is presenting are as follows:

- Stock levels for key items often run very low which needs constant management and contingency planning between procurement, operational and clinical teams on a daily and hourly basis.

- Our inability to secure reliable and consistent levels is an understandable source of anxiety for staff who are concerned that supply may run out.
- No control over types of equipment being delivered can sometime cause operational difficulties. For example, changing the models of FFP3 masks being delivered means that separate fit tests for every staff member need to be undertaken before they can be used.

This makes planning for surges, in activity related to the treatment of these patients, extremely challenging, meaning the reliability on national supply routes remains a significant and continuous risk.

### 3.8.2 Managing the risks relating to PPE

Given the issues described above, the Trust has been proactively pursuing a number of strategies to ensure that our staff are fully protected at all times. These include:

- (i) Development of a daily stock management dashboard reviewed by Bronze, Silver and Gold Command to ensure risks are visible and mitigation strategies adopted in real time.
- (ii) The Trust is actively engaged in the daily Cheshire and Merseyside Supply Resilience Cell which coordinates and manages PPE issues across the system, linking in with the Ministry of Defence (MOD) and escalates through Regional command structures where required.
- (iii) The Trust uses the emergency COVID-19 supply chain in place to support for critical shortages (where stock <24-48 hours). This has supported us on a small number of occasions where gown supply was critically low.
- (iv) Exploiting all non-traditional routes of supply where possible, we have been able to source small stocks of items from industry, schools and other volunteer groups (e.g. goggles from high schools and gowns from Vet practices).
- (v) Mutual aid system in place across Cheshire and Merseyside (and beyond where necessary) where stock is shared between Trusts when required.
- (vi) Participation in a number of bulk orders placed outside national processes which have been coordinated via C&M Supply Resilience group. To date, there have been 5 bulk orders placed for gowns, surgical masks and body bags. Scope to do this is limited as orders are coming from overseas and often fall through as the supply is diverted to other government agencies.
- (vii) The Infection Prevention Control Team are working closely with operational and procurement teams to enact any new guidance which is published where alternative items are approved for substitution where stocks are limited. For example, use of coveralls in place of gowns when used with waterproof aprons. This will be kept under regular review.

The availability of PPE continues to be a risk, however, the measures put in place above, together with close monitoring and responding proactively, as stock levels fluctuate, means that the Trust is currently able to manage this risk on a day to day basis.

## 4. Workforce

The Trust has taken a very focused approach to COVID-19 in relation to our workforce, ensuring that our staff are supported and looked after during the pandemic. This approach has concentrated on the following areas:

- Training and upskilling existing and new workforce
- Health & Wellbeing
- Workforce supply
- Sickness absence
- Communication & Engagement

A significant amount of training has been undertaken, ensuring that our Medical, Nursing and Allied Health Professional workforce has the necessary skills to deliver care to patients suffering from COVID-

19. The training to date has been cross referenced with the frameworks in the secondary care preparedness, to identify any gaps.

The Trust has also developed & deployed a robust and comprehensive risk assessment to ensure that vulnerable staff in the 'very high risk' and 'high risk' groups, as defined by Public Health England, were identified, and mitigation plans implemented with immediate effect. The risk assessment tool has been adapted to take account of recent guidance on splenectomy and employees from a BAME background.

In addition the Trust has created a wide range of Health and Wellbeing support which includes:

- Counselling
- Debriefing
- Physical activity webinars
- Bike hire
- Access to food and rehydration

Campaigns to attract volunteers, temporary staff and retire and return have been undertaken. The workforce supply also included the receipt of 40 medical students and 30 third year student nurses. In addition, a skills questionnaire that assists in the re-assignment of the existing workforce has been developed.

A central absence line has been established to ensure that staff sickness absence is captured and tracked, as well as ensuring strong links with the staff swabbing team and Occupational Health.

Lastly the Trust has ensured that it continues to engage and inform the workforce through daily bulletins, which include good news stories as well as operational information. There has been work to improve our social media and to build positive relations with our local media through the use of our charity.

## 5. Finance Update

The local and national health and care response to COVID-19 is supported through a £12 billion package of measures, announced in the March 2020 budget, to support public services, individuals and businesses through the pandemic.

Within this is a COVID-19 response fund, initially set at £5 billion, which has been created for:

- The NHS to treat Coronavirus patients, including maintaining staffing levels
- Local Authority actions to support social care services and vulnerable people
- Ensuring funding is available so other public services are prepared and protected

An extraordinary finance regime has been introduced by NHS Improvement, initially until 31<sup>st</sup> July 2020, to ensure that NHS Organisations have the required funding and cash reserves to support their response. The Trust has developed a financial plan for 2020/21 which incorporates the impact of these changes and this is subject to a separate item on the agenda.

All COVID-19 related expenditure at the Trust is being tracked separately and regularly reported to NHS Improvement for review and reimbursement. There are clear guidelines which set out the types of expenditure which are eligible for reimbursement and the Trust is ensuring that we are able to supply appropriate information to support any claims. As previously reported to the Board of Directors, the Trust has submitted revenue bids totaling £3.1m to the end of March 2020 and capital bids of £0.3m for the same period. These claims have been approved and to date £1.9m has been paid as a payment on account. The remaining balance is expected in May 2020.

It is important that the Trust is able to respond quickly and flexibly to the changing requirements of our Services whilst also ensuring that we maintain strong financial control during this time. All COVID-19 related expenditure is being approved through the Trusts incident command structures and reviewed by the Executive Team on a regular basis, as set out in the Trust's interim financial governance

arrangements. Finance reports for 2020/21 will include a separate analysis on COVID-19 related expenditure to ensure that the Board of Directors are fully sighted.

The Trust is currently preparing to submit its 2019/20 final accounts and is liaising closely with its external auditors to ensure that any additional reporting requirements and disclosures are accounted for given uncertainties in the current financial environment.

## 6. Governance

In March, NHS England / Improvement issued guidance to support organisations to free-up capacity and resources during these challenging times. The guidance incorporates:

- Governance and meetings
- Reporting and assurance
- Other areas including HR and staff related activities

Subsequently, additional guidance was issued to support secondary care organisations to respond to the expected surge in inpatient demand due to COVID-19, supplementing local surge and escalation plans already in place.

The Executive Team has reviewed all guidance, and a summary of the Trust responses are provided in appendices 1 – 3:

- Appendix 1 – Reducing the burden and releasing capacity
- Appendix 2 – Interim meetings arrangements
- Appendix 3 – Secondary Care: document of preparedness

## 7. Reset & Renewal / Recovery

As part of the COVID-19 response, the Trust has commenced work on service recovery and reset, taking into account the changes and improvements undertaken over the past eight to ten weeks. At present, the Trust is developing a Recovery and Reset Plan which will set out the stages of recovery over the next twelve months, see appendix 4.

This follows briefings and correspondence from NHS England in late April 2020, which detailed the next phases for the COVID-19 response and steps to be taken by NHS Trusts and systems over the coming months as part of recovery and renewal. This included the following requirements:

- Continue local EPRR incident coordination functions as part of COVID-19 response
- Continue regular testing for staff
- Step-up treatment capacity for Non-COVID-19 urgent services
- Commence preparations for restart of elective surgery, through 'clean' pathways
- Develop capacity and escalation plans, for next phases, which could manage COVID-19 surges
- Lock in beneficial changes and improvements
- Continue to partner with local authorities to provide support and mutual aid to social care colleagues
- Develop Trust Recovery Plan, to monitor recovery and renewal over coming months

Further to this correspondence from NHS England, and thinking across the Executive Team, a number of key steps have been agreed to support the development of a Recovery and Reset Plan for the Trust.

These include:

- Undertaking planning workshop with Executive Team (Thursday 7<sup>th</sup> May)
- Agree key aspects for the Plan

- Determine goals and priorities over coming months, across each aspect
- Agree phasing and key tasks for each phase

It is expected that the Trust's Recovery and Rest Plan will be finalised by Friday 15<sup>th</sup> May, allowing the plan to be shared with the Healthy Wirral Partners and NHS England (North West) colleagues.

## 8. Recommendations

The Board of Directors is asked to:

- i) Note update in response to COVID-19.
- ii) Note the measures taken to support the Trusts response to COVID-19.



Trust Response to 'Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic'

### 1) Governance and meetings

No.	Areas of activity	Detail	Actions	Trust Response	Lead
1.	Board and sub-board meetings	<p>Trusts and CCGs should continue to hold board meetings but streamline papers, focus agendas and hold virtually not face-to-face. No sanctions for technical quorum breaches (eg because of self-isolation)</p> <p>For board committee meetings, trusts should continue quality committees, but consider streamlining other committees (eg Audit and Risk and Remuneration committees) and where possible delay meetings till later in the year.</p> <p>While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation</p> <p>All system meetings to be virtual by default</p>	<p>Organisation to inform audit firms where necessary</p>	<p><b>Board of Directors &amp; Committees</b></p> <p>see appendix 2</p>	AL
2.	FT Governor meetings	<p>Face-to-face meetings should be stopped at the current time but ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 eg via webinars/emails</p>	<p>FTs to inform lead governor</p>	<p><b>System meeting</b></p> <p>Trust awaiting confirmation of dates post April 2020</p> <ul style="list-style-type: none"> <li>• Arranged call with Lead Governor to discuss engagement with Council of Governors</li> <li>• Agree process to keep Governors informed eg – daily bulletins, Board papers, virtual Governor meetings</li> <li>• Arrangements in place for Governor participation at Trust Board meetings</li> </ul>	AL

3.	FT governor and membership processes	FTs free to stop/delay governor elections where necessary Annual members' meetings should be deferred Membership engagement should be limited to COVID-19 purposes	FTs to inform lead governor	Election / Membership <ul style="list-style-type: none"> <li>• Elections to be delayed until Autumn</li> <li>• Check Governors who's term of office is due for renewal</li> <li>• On-line membership only</li> </ul> Annual Members Meeting to be deferred – date to be agreed	AL
4.	Annual accounts and audit	Deadlines for preparation and audit of accounts in 2019/20 are being extended. Detail was issued on 23 March 2020.	Organisation to inform external auditors where necessary	Trust liaising with Grant Thornton to agree revised timetable – Audit Committee / Board to be rearranged in line.	CW/John McManus
5.	Quality accounts - preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. We intend it will be deferred	NHSE/I to inform DHSC	1.5.20 - NHS England/Improvement confirmed revised timeframe for submission of 15 <sup>th</sup> December 2020.	AL/Jackie Robinson
6.	Quality accounts and quality reports – assurance	This work can be stopped	Organisations to inform external auditors where necessary	External Auditors notified. NHS providers no longer required to obtain assurance from external auditor and Foundation Trusts not required to include a quality report within their annual report.	AL
7.	Annual report	We are working with DHSC and HM Treasury on streamlining the annual report requirements – further guidance forthcoming	NHSE/I and DHSC to prepare guidance in due course	Revised guidance issued 10 <sup>th</sup> April '20	AL
8	Decision-making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.		COVID-19 financial governance arrangements report to Board – 1/4/20 (approved)	CW



## 2) Reporting and assurance

No.	Areas of activity	Detail	Trust Response	Lead
1.	Constitutional standards (eg A&E, RTT, Cancer, Ambulance waits, MH LD measures)	<p><b>Annex A</b> – A&amp;E and Ambulance performance, RTT, Cancer</p> <p><b>Annex B</b> - <i>Subset of existing central collections to be suspended 1 April to 30 June 2020 (for list see Annex B)</i></p>	<p>Statutory month end reporting continues.</p> <p>Quality Performance Report streamlined</p>	<p><b>John Halliday</b></p> <p><b>AL/JohnH</b></p>
2.	Friends and Family test	Stop reporting requirement to NHS England and NHS Improvement	1.4.20 – Board of Directors notified stopping of national reporting – to be reflected in QPR dashboard	<b>HR</b>
3.	Long-Term Plan: operational planning	Paused	1.4.20 – Board of Directors notified	<b>MS/CW</b>
4.	Long-term Plan: system by default	<p>Put on hold all national System by Default development work (including work on CCG mergers and 20/21 guidance).</p> <p>However, NHSE/I actively encourages system working where it helps manage the response to COVID-19, providing support where possible.</p>	As above	
5.	Long-Term Plan: Mental Health	NHSE/I will maintain Mental Health Investment guarantee.	N/A	
6.	Long-Term Plan: Learning Disability and Autism	As for Mental Health, NHSE/I will maintain the investment guarantee.	N/A	
7.	Long-Term Plan: Cancer	<p>NHSE/I will maintain its commitment and investment through the Cancer Alliances to improve survival rates for cancer.</p> <p>NHSE/I will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will release necessary resource to support the COVID-19 response.</p>	N/A	

<b>8.</b>	NHSE/I Oversight meetings	Be held online. Streamlined agendas and focus on COVID- 19 issues and support needs	Trust awaiting confirmation of dates post April 2020	<b>AL</b>
<b>9.</b>	Corporate Data Collections (eg licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)	Look to streamline and/or waive certain elements Delay the Forward Plan documents FTs are required to submit We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.	Annual Governance Statement – draft prepared and presented to Audit Committee 24.4.20 Licence Self-Certs – draft being prepared Awaiting confirmation of non essential data collections to be suspended Suspended changes to current data collections eg Maternity deferred from Sept '20 to April '21	<b>AL</b>  <b>PC</b>
<b>10.</b>	Use of Resources assessments	With the CQC suspending routine assessments, NHSE/I will suspend the Use of Resources assessments	Completed Oct 2019 – CQC report received March 2020	
<b>11.</b>	Continuing Healthcare Assessments	Stop CHC assessments. Capacity tracker, currently mandated for care homes, is now also mandated for hospices and intermediate care facilities	N/A	
<b>12.</b>	Provider transaction appraisals	Complete April 2020 transactions, but potential for NHSE/I to de-prioritise or delay transactions appraisals if in the local interest given COVID-19 factors	N/A	
<b>13.</b>	CCG mergers  Service reconfigurations	Complete April 2020 CCG Mergers but delay work post April 2020. Expect no new public consultations except in cases to support COVID-19 or build agreed new facilities. We will also streamline or waive, as appropriate, the process to review any reconfiguration proposals designed in response to COVID-19	N/A	

<b>14.</b>	7-day Services assurance	Suspend the 7-day hospital services board assurance framework self-cert statement	Suspended for May '20, retained for November Board meeting, to be reviewed closer to date	<b>NS /Jackie Robinson</b>
<b>15.</b>	Clinical audit	All national clinical audit, confidential enquiries and national joint registry data collection, including for national VTE risk assessment, can be suspended. Analysis and preparation of current reports can continue at the discretion of the audit provider, where it does not impact front line clinical capacity. Data collection for the child death database and MBRRACE-UK-perinatal surveillance data will continue as this is important in understanding the impact of COVID-19.	Apart from data collection for the child death database and MBRRACE-UK-perinatal surveillance data' all other National audits have been suspended.  The reference to 'Analysis and preparation of current reports can continue at the discretion of the audit provider' is for the organisations that run the audit not us so we don't need anything in place.	<b>NS/ Jackie Robinson</b>
<b>16.</b>	Pathology services	We need support from providers to manage pathology supplies which are crucial to COVID -19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables.	Taking a supportive approach towards all suppliers who are trying to provide COVID-19 related equipment, consumables and services. No plans to introduce any unfair penalties or difficult contract terms for suppliers who are providing COVID-19 related supplies/services. The Trust will consider supporting suppliers in line with Cabinet Office Procurement Policy Note (PPN 02/20 – Supplier relief due to COVID-19) to ensure continuity of payment during and after the current coronavirus, COVID-19, outbreak. However we will keep on monitoring the SLA (Service Level Agreements) and KPIs as it is integral to the core of the contract.	<b>CW/JaneC</b>

## 3) Other areas including HR and staff-related activities

No.	Areas of activity	Detail	Trust Response	Lead
1.	Mandatory training	New training activities – refresher training for staff and new training to expand the number of ICU staff – is likely to be necessary. Reduce other mandatory training as appropriate	COVID-19 training implemented via blended learning, including online, simulations and other face to face training. Mandatory training scaled back. Upskill training provided. Details provided in workforce BI portal and reported to Command meetings	HM
2.	Appraisals and revalidation	<p>Recommendation that appraisals are suspended from the date of this letter, unless there are exceptional circumstances agreed by both the appraisee and appraiser. This should immediately increase capacity in our workforce by allowing appraisers to return to clinical practice.</p> <p>The GMC has now deferred revalidation for all doctors who are due to be revalidated by September 2020. We request that all non-urgent or non-essential professional standards activity be suspended until further notice including medical appraisal and continuous professional development (CPD)</p> <p>The Nursing and Midwifery Council (NMC) is to initially extend the revalidation period for current registered nurses and midwives by an additional three months and is seeking further flexibility from the UK Government for the future.</p>	Appraisals / revalidation suspended	HM/NS/HR
3.	CCG clinical staff deployment	Review internal needs in order to retain a skeleton staff for critical needs and redeploy the remainder to the frontline	N/A	
4.	Repurposing of non clinical staff	CCG Governing Body GP to focus on primary care provision		HM
5.	Enact business critical roles at CCGs	Non-clinical staff to focus on supporting primary care and providers To include support and hospital discharge, EPRR etc	All staff completed skills audit identifying transferrable skills Daily System Call Trust Command structure	AM

## Interim governance arrangements - meetings

Initially introduced from 1 April 2020 to 31<sup>st</sup> July 2020 with review in June 2020

Business as usual		Proposed temporary governance arrangements						Other changes	
Meeting	Current frequency	Current mode	Current length of meeting	Proposed frequency	Proposed Dates	Proposed mode	Proposed length of meeting		Proposed membership
Board of Directors	Monthly	Face to face	4 – 5 hrs	Monthly	As per schedule	Virtual (MS Teams)	1 – 2 hours	<ul style="list-style-type: none"> <li>All Board members</li> </ul>	<ul style="list-style-type: none"> <li>Simplified agenda</li> <li>Year End reports TBC</li> <li>Accounts – revised date to be agreed towards end of June</li> <li>Arrangements to enable Governor participation</li> </ul>
Finance & Business Performance Assurance Committee	Monthly	Face-to face	2 hrs	Bi-monthly	28.4.20 25.6.20	Virtual (MS Teams)	1 hour	<ul style="list-style-type: none"> <li>Committee Chair &amp; NED's</li> <li>CFO</li> <li>COO</li> <li>Board Sec</li> </ul> Or nominated deputies	<ul style="list-style-type: none"> <li>Simplified agenda focussed on material issues only</li> </ul>
Audit Committee	Quarterly	Face-to face	2 hrs	To be reviewed alongside revised year end requirements	24.4.20 23.6.20	Virtual (MS Teams)	1 hour	<ul style="list-style-type: none"> <li>Audit Chair &amp; NEDs</li> <li>CFO</li> <li>Interim Dep DoF</li> <li>Interim Assoc DoF</li> <li>External audit</li> <li>Internal audit</li> <li>Board Sec</li> </ul> Or nominated deputies	<ul style="list-style-type: none"> <li>Simplified agenda focussed on statutory year end requirements only</li> </ul>
Workforce Assurance Committee	Bi-monthly	Face to face	2 hrs	Monthly	28.4.20 26.5.20 30.6.20 28.7.20	Virtual (MS Teams)	1 hour	<ul style="list-style-type: none"> <li>Committee Chair &amp; NEDs</li> <li>DoW</li> <li>Board Sec</li> </ul>	<ul style="list-style-type: none"> <li>Simplified agenda focussed COVID workforce related matters only</li> </ul>

Business as usual				Proposed temporary governance arrangements					
Meeting	Current frequency	Current mode	Current length of meeting	Proposed frequency	Proposed Dates	Proposed mode	Proposed length of meeting	Proposed membership	Other changes
Quality Committee	Bi-monthly	Face to face	2 hrs	Bi-monthly	22.5.20 29.7.20	Virtual (MS Teams)	30 mins	<ul style="list-style-type: none"> <li>Committee Chair &amp; NEDs</li> <li>MD</li> <li>CN</li> <li>Head of Quality Gov</li> </ul>	<ul style="list-style-type: none"> <li>Simplified agenda focussed on quality operation issues only</li> </ul>
Safety Management Committee	Bi-monthly	Face to face	1 – 2 hrs	To be suspended	n/a	n/a	n/a	n/a	There is currently significant communication of staff health and well-being during this period. It is anticipated no new H&S business or policies will be enacted during this period. If any issues are raised an 'extraordinary meeting' could be called
Remuneration Committee	Ad hoc	Face to face	1 hour	As required		Virtual (MS Teams)			
Charitable Funds Committee	Quarterly	Face to face	1 – 2 hrs	Once	28.7.20	Virtual (MS Teams)		<ul style="list-style-type: none"> <li>Committee Chair &amp; NEDs</li> <li>CFO</li> <li>Head of Fundraising</li> </ul>	<ul style="list-style-type: none"> <li>Simplified agenda</li> </ul>
Council of Governors	5 per year	Face to face	2 hrs	To be suspended		n/a	n/a	n/a	<ul style="list-style-type: none"> <li>Comms forwarded daily</li> <li>Board of Director papers circulated</li> </ul>
CoG Remuneration Committee	Ad hoc	Face to face	1 hour	As required		Virtual (Microsoft teams) or conference call		<ul style="list-style-type: none"> <li>Chair</li> <li>3 Governors</li> <li>Board Sec</li> </ul>	<ul style="list-style-type: none"> <li>NED re-appt or recruitment</li> </ul>
Trust Management Board	Monthly	Face to face	2 – 3 hours	As required		Virtual (Microsoft teams)	n/a	<ul style="list-style-type: none"> <li>Chief Executive</li> <li>Executive Directors</li> <li>Divisional Triumvirate</li> <li>Corporate leads</li> </ul>	<ul style="list-style-type: none"> <li>Business as usual updates</li> <li>Recovery plans</li> </ul>

Business as usual		Proposed temporary governance arrangements							
Meeting	Current frequency	Current mode	Current length of meeting	Proposed frequency	Proposed Dates	Proposed mode	Proposed length of meeting	Proposed membership	Other changes
Risk Committee	Monthly	Face to face	1 – 2 hours	To be suspended	n/a	n/a	n/a	n/a	<ul style="list-style-type: none"> <li>Limit to Significant risk report &amp; COVID-19 risk assessment/ log</li> <li>Move to an agenda item in Exec meeting?</li> <li>Patient Safety risks discussed in PSQB</li> <li>BAF – updated to reflect COVID</li> </ul>
Programme Board	Monthly	Face to face	2 hours	To be suspended	n/a	n/a	n/a	n/a	
H&S Committee	Monthly	Face-to face	2 hrs	To be suspended	n/a	n/a	n/a	n/a	There is currently significant communication with staff and staffside relating to COVID-19. It is anticipated no new H&S business or policies will be enacted during this period. If any issues are raised an 'extraordinary meeting' could be called
PSQB	Monthly	Face to face	2 hours	Monthly	As per schedule	Virtual (Microsoft teams) Papers prepared by GSU & circulated prior to meeting	1 hour	<ul style="list-style-type: none"> <li>Chief Nurse</li> <li>Medical Director</li> <li>Head of Quality Governance (or nominated deputies)</li> </ul>	<ul style="list-style-type: none"> <li>Restricted membership</li> <li>Papers will not be requested from leads (unless specifically requested from PSQB) – only data available through accessible systems on key safety critical areas</li> <li>Potentially present themes and trends of incident analysis each month and any increasing patient safety risks</li> </ul>
Finance Performance Group	Monthly	Face-to face	2 hours	Monthly	As per schedule	Virtual (Microsoft teams) Papers prepared by Finance team circulated prior to meeting	1 hour	<ul style="list-style-type: none"> <li>Chief Finance Officer</li> <li>Chief Operating Officer</li> <li>Director of Workforce (or nominated deputies)</li> </ul>	<ul style="list-style-type: none"> <li>Restricted membership</li> <li>Focus on key data only</li> <li>Papers will not be requested from divisional teams</li> </ul>

Business as usual				Proposed temporary governance arrangements					
Meeting	Current frequency	Current mode	Current length of meeting	Proposed frequency	Proposed Dates	Proposed mode	Proposed length of meeting	Proposed membership	Other changes
Recruitment Panel	Weekly	Face-to face	1 hour	To be suspended	n/a	n/a	n/a	n/a	<ul style="list-style-type: none"> <li>Usual process of TRAC approval is followed including finance signoff of vacancy</li> <li>Escalation issues discussed by Executive leads by exception</li> </ul>
DPSOC	Monthly	Face-to face	2 hours	Bi-Monthly	As agreed	Virtual (Microsoft teams)	1 hour	as per ToR	<ul style="list-style-type: none"> <li>Programme update paper prepared monthly and circulated to members even when a meeting doesn't take place.</li> <li>All developments are being communicated at Silver command to ensure no risk to operational delivery.</li> </ul>
Clinical design authority	Weekly	Face-to face	1 hour	No change	As agreed	Virtual (MS Teams)	No change	No change	<ul style="list-style-type: none"> <li>Key forum for overseeing COVID related changes e.g. video consultations, Cerner etc..</li> </ul>
Information Governance and Coding, Data Quality	Monthly	Face-to face	1 hour	Suspended until June	n/a	n/a	n/a	n/a	<ul style="list-style-type: none"> <li>Any IG issues are being picked up as required between SIRO and Caldicott Guardian and escalated to Executive team if required.</li> </ul>
Cyber Group	Monthly	Face-to face	1 hour	No change	As agreed	Virtual (MS Teams)	1 hour	No change	<ul style="list-style-type: none"> <li>Key risk area during pandemic therefore focus remains in place</li> </ul>



## National Guidance for Secondary Care Organisations

## a) Workforce

No.	Areas of activity	Measures implemented by Trust	Lead
1.	Guidance on redeploying specific workforce groups	<p><b>Internal redeployment of staff</b></p> <p>There are a number of national guidance documents that relate to the internal redeployment of staff to manage the surge in COVID-19 cases. The key themes that run through these are:</p> <ul style="list-style-type: none"> <li>• Self-assessment of competencies by staff</li> <li>• Use of blended learning, including online, simulations and other face to face training</li> <li>• Focused induction/orientation in new work area</li> <li>• Support for staff health and wellbeing.</li> </ul> <p>Self-assessment and self-declaration of competencies have been used with doctors and registered nurses and midwives. All doctors and ANPs have been required to undertake a self-assessment of competencies relevant to managing patients with COVID-19 and to utilise the training resources available to ensure all the competencies have been met. To date, out of a total of 597 doctors and ANPs, 223 have declared themselves to be fully competent and 193 to be competent in some areas.</p> <p>For nurses and midwives, there are three main components to training:</p> <ol style="list-style-type: none"> <li>1. Completion of self-declaration of having undertaken training via a booklet of respiratory and COVID-19 related knowledge and skills and utilised appropriate online and face to face resources to fill any competency gaps. To date, of a total of 1075 registered nurses and midwives, of 1639 (65.5%) have declared themselves to be competent at 30/4/20.</li> <li>2. A programme of online and face to face training to equip those nurses who do not normally work on wards (e.g. outpatient nurses and some specialist nurses) with the skills required to work on the wards. To date, 208 nurses have completed this programme of training.</li> <li>3. A programme of training for those staff who would be the earliest to redeploy to critical care (e.g. theatre recovery nurses) and for returning nurses with critical care experience to work in a critical care setting. To date 72 have been training in basic or advanced level training.</li> </ol>	HM

No.	Areas of activity	Measures implemented by Trust	Lead
		<p>Additionally a number of other training programmes have been delivered, including face to face training in respiratory care; upskilling for other members of theatre staff, including ODPs and anaesthetists; simulation training and training in specific skills, e.g. taking arterial blood for blood gas estimations. Training in palliative and supportive care has been delivered to staff from all clinical backgrounds.</p> <p>Training programmes have also been put in place for AHPs, in particular physiotherapists to deal with patients with COVID-19 and to backfill roles, and similarly for pharmacists.</p> <p>All existing Trust staff have been asked to complete a skills audit to identify current skills and competencies including those that are not used in their current role. The audit has also collected information on pre-existing health conditions and availability. A skills audit dashboard has been put in place showing all information collected and also indicating those staff that are:</p> <ul style="list-style-type: none"> <li>• known to be reassigned within the Trust to a role other than their substantive post</li> <li>• known to be available for reassignment.</li> </ul> <p><b>External workforce supply</b></p> <p>A workforce supply process is in place, supported by a dashboard showing the following sources of workforce supply:</p> <ul style="list-style-type: none"> <li>• Unpaid volunteers</li> <li>• Temporary employees – including those who retired in last three years and were contacted by the Trust</li> <li>• Secondees/honorary contracts – including local Universities and Mersey Internal Audit Agency</li> <li>• NHSP (NHS Professionals) fast track service.</li> </ul> <p>A streamlined recruitment process is in place, although this still enables appropriate safeguards including DBS checks.</p> <ul style="list-style-type: none"> <li>• Currently: <ul style="list-style-type: none"> <li>○ 116 volunteers progressing through the recruitment process at this moment in time</li> <li>○ 34 have completed the recruitment process and are awaiting placement</li> <li>○ 51 have been placed within the Trust.</li> </ul> </li> <li>• Student Nurses <ul style="list-style-type: none"> <li>○ Collaborative approach with local HEIs &amp; HEE to identify the non- medical learners who have chosen to opt in</li> <li>○ First allocation of nursing students commenced on band 4 contracts Monday 27 April</li> <li>○ Phased approach for future cohorts to ensure safe induction, support and quality placements is maintained</li> <li>○ Awaiting HEE data for AHP learners who have chosen to opt in</li> </ul> </li> </ul>	

No.	Areas of activity	Measures implemented by Trust	Lead
2.	Staff wellbeing including protecting vulnerable staff	<ul style="list-style-type: none"> <li>• Pre-F1 Medics               <ul style="list-style-type: none"> <li>◦ Partnership working with Universities to return fifth year medical students to the Trust as Pre-F1s and they arrived week commencing 30 March 2020 and induction and training has been completed</li> <li>◦ Pre-reg doctors also working in the Trust with training in place and completed.</li> <li>◦ Students all received full F1 training irrelevant of requirements.</li> </ul> </li> </ul> <p><b>Staff swabbing</b></p> <p>A process is in place to ensure that those staff who are absent from work with potential symptoms of COVID-19 or are self-isolating because a household member has symptoms can be swabbed to determine whether or not they have COVID-19. The service is operating seven days a week and all staff members who report that they are self-isolating are offered a swab. Most are conducted on the same day, and all within 24 hours of reporting absence and results are available approximately 24 hours after swabbing. Currently the Trust is conducting on average 20 staff swabs a day but this peaked at 32. However, nationally staff swabbing is expanding to include asymptomatic members of staff.</p> <p><b>Staff Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Wellbeing hub at Arrowe Park Hospital (APH) and Clatterbridge General Hospital</li> <li>• Drop in face to face counselling hub APH</li> <li>• 24/7 counselling support via Zoom</li> <li>• Employee Assistance Programme</li> <li>• Telephone support team to make daily wellbeing calls to key areas</li> <li>• Webinar, podcast and manual to support key issues such as death in isolation and trauma</li> <li>• Wellbeing bags delivered to staff in key areas</li> <li>• Free bike hire for staff in conjunction with Hype Merseyside</li> <li>• Various films streamed on staff intranet, chaplain talk, mindfulness session, meditation session</li> <li>• COVID-19 debrief created for use at the end of each shift</li> <li>• Relaxation area for staff at APH.</li> </ul> <p><b>Vulnerable Staff</b></p> <p>As soon as the implications of the pandemic became apparent the HR Services Team, in conjunction with the Governance Team developed a staff Risk Assessment Tool to be used across the Trust. From this all staff in the 'very high risk' and 'high risk' groups as defined by Public Health England were identified. Specifically this related to 44 members of staff aged over 70 years and 17 members of staff in the 3<sup>rd</sup> trimester of pregnancy. They were all medically excluded on full pay. Those in the 'very high risk' group were required to be 'shielded' at home, either working from home or being medically excluded. Those in the 'high risk' category have been risk assessed and been advised to work from home, moved to low risk areas within the Trust with no patient contact or medically excluded.</p> <p>The risk assessment tool has been adapted to take account of recent guidance on splenectomy and employees from a BAME background.</p>	HM

## b) Infrastructure

No.	Areas of activity	Measures implemented by Trust	Lead
3.	Redesigning existing space for clinical use	<ul style="list-style-type: none"> <li>• Additional isolation facilities created with door sets and ventilation installed.</li> <li>• Bed capacity reviewed daily with Estates input to escalation planning.</li> </ul>	GA
4.	Coping with increased demand	<p><b>Waste Management:</b> Daily monitoring of potential risk in the clinical waste workstream:</p> <ul style="list-style-type: none"> <li>• the significant increase in infectious waste (including that from PPE)</li> <li>• the reduction in average bin weights (which increases the need for bins and transport)</li> <li>• the supply of infectious waste bags; and</li> <li>• the risks of mis-consignment of infectious waste if these were not available.</li> </ul> <p><b>Water:</b></p> <ul style="list-style-type: none"> <li>• Continue with legionella sampling</li> <li>• Continue taking water temperatures</li> <li>• Estates team to flush underused outlets in vacated areas</li> <li>• Carryout Planned Preventative Maintenance (PPM) in vacated areas</li> </ul> <p><b>Electricity and electrical safety:</b></p> <ul style="list-style-type: none"> <li>• Continue with generator testing to ensure resilience in supply</li> <li>• Carry out installation testing in vacated area</li> </ul> <p><b>Ventilation, air condition and heating:</b></p> <ul style="list-style-type: none"> <li>• Where possible create negative pressure areas through adjustments of supply and extract systems.</li> <li>• Installation of additional ventilation to ED Majors area.</li> <li>• Carry out validation of systems where changes have been made</li> </ul> <p><b>Fire safety:</b></p> <ul style="list-style-type: none"> <li>• Monitor oxygen enriched areas</li> <li>• Ensure natural ventilation is achieved</li> </ul> <p><b>Medical gases:</b></p> <ul style="list-style-type: none"> <li>• Ensure decontamination of cylinders is carried out</li> <li>• Hourly inspection of Vacuum Insulated Evaporator (VIE) plant including regulator pressure recording</li> <li>• Engineering solution in place to ensure evaporators do not freeze</li> <li>• Changeover of evaporators every 8 hours</li> <li>• Hourly recording of medical oxygen consumption and flow rates</li> <li>• Stress test pipework installation to capacity and ensure stabilised pressure at furthest points.</li> </ul>	GA

No.	Areas of activity	Measures implemented by Trust	Lead
		<ul style="list-style-type: none"> <li>• Ensure medical oxygen is considered when creating and reviewing bed escalation plans</li> <li>• Determine additional capacity for medical oxygen system and communicate requirements with NHS/IE and supplier</li> <li>• Commission installation of larger VIE plant and pipework infrastructure including civils and equipment</li> <li>• Carry out PPM in vacated areas</li> <li>• Submit twice daily consumption returns</li> <li>• Complete NHSE/I returns</li> <li>• Respond and complete returns to CAS Alerts</li> <li>• Ensure risk entries are entered and consider mitigations/action plans to reduce risk.</li> </ul> <p><b>Noise:</b></p> <ul style="list-style-type: none"> <li>• Consideration give when construction underway.</li> </ul> <p><b>Parking:</b></p> <ul style="list-style-type: none"> <li>• Raised barriers to staff car parks</li> <li>• Free staff parking</li> <li>• Relaxation of parking penalty notices.</li> </ul>	
5.	Estates planning for patients after death	<ul style="list-style-type: none"> <li>• Installation of additional internal refrigeration unit</li> <li>• Installation of additional external refrigeration unit with MOD and Local Authority (electrical supply)</li> </ul>	<b>GA</b>
6.	Additional elements, with guidance to follow	<p><b>Estates and facilities workforce</b> (guidance awaited – website checked daily)</p> <ul style="list-style-type: none"> <li>• Ensure staff are fit tested</li> <li>• Risk assess workforce with underlying health conditions</li> <li>• Staff working from home where possible</li> <li>• Age 70+ - medical exclusion</li> <li>• Allow annual leave when and where possible</li> <li>• Pregnancy – medical exclusion</li> <li>• Communicate PPE requirements to all staff</li> <li>• Ensure sufficient staffing is available on daily basis and report sickness</li> <li>• Complete forms for staff swabbing</li> </ul> <p><b>Catering</b> (guidance awaited – website checked daily)</p> <ul style="list-style-type: none"> <li>• Ensure social distancing is achieved in restaurants and outlets</li> <li>• Ensure PPE guidance is adhered to when washing plates and cutlery</li> </ul>	<b>GA</b>

## c) Service reconfiguration

No.	Areas of activity	Measures implemented by Trust	Lead
7.	Rapid learning / Speciality – specific guidance	<p>Clinical guidance via Clinical Advisory Group (CAG), Chaired by Chief Nurse, as part of Command structure. Disseminated as appropriate and links provided via intranet for all guidance. Any deviation from national guidance is documented within decision log CAG and taken to Gold Command for approval.</p> <p>Training on donning and doffing PPE provided and updated as PHE have updated PPE guidance. Comprehensive FIT testing programme for FFP masks.</p> <p>Services introduced to provide patient and family support:</p> <ul style="list-style-type: none"> <li>• Cessation of all visitors other than exceptional circumstances</li> <li>• Established a family support team – see intranet.</li> <li>• Bereavement service extended to 7 days per week</li> </ul> <p>Services introduced to provide staff support:</p> <ul style="list-style-type: none"> <li>• Established staff support team who provide additional independent support. Any issues raised are taken to Bronze command on a daily basis.</li> </ul> <p>Revised Outpatient clinical model moving to virtual and telephone clinics, as well as clinical triage outpatients.</p> <p>Ward/ED Changes:</p> <ul style="list-style-type: none"> <li>• Revised bed models - 'RED' COVID-19 positive patients, 'AMBER' those suspected of COVID-19 and 'GREEN/WHITE' no symptoms</li> <li>• Revised functionality of wards: integrated assessment facility for GP admissions</li> <li>• Revised functionality of ED: RED/WHITE (COVID-19 / non COVID-19) areas</li> <li>• Introduced orthopedic only minor injury unit – 7 days a week / 12 hours a day</li> </ul> <p>Increased oxygen provision across Arrowe Park site.</p> <p>Reconfigured use of Clatterbridge to enable opportunity to re-establish as a 'cold' site.</p> <p>System partnership working:</p> <ul style="list-style-type: none"> <li>• Implemented rapid discharge and transfer process in conjunction with Wirral Borough Council and Wirral Community Trust</li> <li>• Implementation of intermediate care and capacity model across Wirral</li> <li>• Introduced MDT's via 'Teams' – to be integrated going forward</li> <li>• Co-ordinating with system partners regarding Health &amp; Safety RIDDOR guidance issues, to ensure consistency reporting across all Trusts.</li> </ul>	MS/HR/NS

## d) Equipment

No.	Areas of activity	Measures implemented by Trust	Lead
8.	Procurement / PPE / Stock and inventory / National procurement and supply chains	<p>All stock levels for PPE are continuously reviewed with delivery and ordering schedules adjusted accordingly</p> <p>The Senior procurement team are present at daily Bronze and Silver command meetings in order to enable swift response to changing clinical requirements. Including implementation of new guidance and updates to ward escalation plans, for example, once an area is designated as a RED ward, the stock schedule is updated accordingly.</p> <p>The Trust is fully engaged with Cheshire &amp; Merseyside Supply Resilience Group which meets daily to co-ordinate issues and manages risks across C&amp;M system. Through this forum a number of bulk purchase orders have been placed on behalf of member organisations and a system of mutual aid is in place to address short term stock issues between Trusts wherever possible. The Trust reports daily stock levels and usage for all PPE through this forum and this ensures our requirements are being met appropriately through the PPE push delivery system.</p> <p>The internal procurement team is also using all available procurement channels to pursue the supply of PPE where it is able, and has been in contact with local schools, industry partners and other local businesses for support on areas of limited supply eg. supply of goggles from local high schools.</p> <p>An internal daily PPE dashboard has been produced to ensure that the command structure has full visibility of supplies, availability and risks. This has enabled a number of mitigation strategies to be adopted where shortages have been identified such as the use of coveralls in the place of gowns.</p>	CW/JC
9.	Maintenance	<ul style="list-style-type: none"> <li>Contingency plans for maintaining equipment are developed by each Division and monitored through the Medical Devices Steering Group.</li> </ul>	
10.	Clinical procedure	<ul style="list-style-type: none"> <li>All Aerosol Generated Procedures (AGP) identified and SOP's produced.</li> <li>SOP's reviewed at Clinical Advisory Group and following approval by CAG uploaded to the intranet.</li> </ul>	
11.	Repurposing existing spaces /	<ul style="list-style-type: none"> <li>Identification of need by Clinical Advisory Group and actioned through Bronze &amp; Silver command.</li> <li>Also see 'Service reconfiguration' section above.</li> </ul>	
12.	Trusts on split sites / neighbouring Trusts	<ul style="list-style-type: none"> <li>Should equipment be required to support services provided at 'Spire' eg Max Fax and ENT, kit would be transferred in Trust transport. Prior to move assurance sought that Spire insurance covers damage/theft whilst on site. Ensure Trust policy of only those who are trained to use the kit to be implemented.</li> </ul>	
13.	Sustainability	<ul style="list-style-type: none"> <li>Daily SITREP report reviewed in Silver command with regards to COVID-19 related equipment.</li> </ul>	

## e) Data and information management

No.	Areas of activity	Measures implemented by Trust	Lead
14.	PHE's COVID-19 positive test data	Trust has been able to integrate with those laboratories who provide results to ensure they are incorporated into patient records and notified to GPs	PC
15.	Daily situation reporting (SITREPs)	Daily SITREP's have evolved and now cover a range of key issues from bed availability, oxygen supply, staffing and PPE commended by receiving organisations for timely delivery	CW/JohnH
16.	Bed utilisation and PPE data	Included in daily SITREPs and reviewed more frequently in Bronze command several times per day.	CW/JohnH/ JaneC
17.	Supply chain data	Included in daily SITREPs and reviewed more frequently in Bronze command several times per day.	CW/JaneC

**Note:** In addition, we have:

- Have adapted Cerner to assist in clinical management of COVID-19 cases
- Are becoming paperless/paper lite in ED and outpatients
- Extended record sharing
- Have supplied/moved enough equipment for an average 750 people working from home
- Have fitted our side rooms with observation cameras to save on staff pressure and PPE
- Provided Video connection for patients and their families
- Moved to phone/virtual outpatients and assisting in prioritising outpatient appointments
- Piloted our first video consultations
- Microsoft Teams rolled out 100 plus people trained and used for our first Virtual Board meeting
- Dealt with a doubling of cyber-attacks during this period



f) Communications

No.	Areas of activity	Measures implemented by Trust	Lead
19.	Internal / External Communication	<p>In preparation for surge capacity during the COVID-19 outbreak, we have followed the guidance for secondary care trusts to optimise communication strategies to disseminate information to staff and patients, in a timely manner, to ensure that the Trust is viewed as the most trusted and reliable source of information.</p> <p>The Trust communication team is central to the planning and delivery of the additional surge capacity and part of the incident command cells and daily calls. The team is supported regionally and nationally to ensure that communications are consistent and aligned.</p> <p><b>Internal communication</b></p> <p>COVID-19 developments and latest guidance are expected to be communicated to all staff in the hospital (clinical and administrative). We have actioned the following:</p> <ol style="list-style-type: none"> <li><b>Hospital-wide communication:</b> Distribution of information of up to date, relevant and consistent information is done daily. Staff have, had extensive signposting to wellbeing and mental health support.</li> <li><b>Departmental communication:</b> Staff are briefed on how COVID-19 developments specifically apply to their department. This includes staff redeployment, departmental reorganisation, the designated service lead and patient safety escalation procedures.</li> <li><b>Patient communication:</b> It is the responsibility of all staff to communicate to patients and their relatives the most up-to-date local COVID-19 hospital precautions to minimise risk to themselves and others. We have supported this guidance to secondary care with patient leaflets, posters, web information and social media.</li> </ol> <p><b>External Communications</b></p> <p>We have escalated matters in line with NHS guidance and national positions e.g. on PPE. We have also made sure that we use local and social media to update patients on service availability.</p>	HM/SS

g) Escalation procedure

No.	Areas of activity	Measures implemented by Trust	Lead
20.	Local escalation procedures	<ul style="list-style-type: none"> <li>• Revised Command Structure – Bronze, Silver, Gold</li> <li>• Development of a Trust Recovery Plan in line with national guidance</li> <li>• Wirral Health and Care System, Chief Executive COVID-19 Strategic Command</li> <li>• Financial planning – all COVID-19 related expenditure is being tracked and monitored separately and claims submitted in line with national guidance. The Trust has developed a Financial Plan for 2020/21, which reflects the interim national financial framework in place from 1<sup>st</sup> April 2020 to 31<sup>st</sup> July 2020, and this has been reviewed by Finance, Business, Performance Assurance Committee on behalf of the Board of Directors.</li> <li>• In order to ensure that decisions can be made quickly and whilst also ensuring sound financial governance the Trust has reviewed and agreed interim SFI's and introduced temporary governance arrangements, approved by the Board in April '20. These will be reviewed in June to ensure fit for purpose moving forward.</li> </ul>	JH

# Briefing: Developing WUTH COVID-19 Recovery and Reset Plan

30<sup>th</sup> April 2020

v3

NOT FOR DISTRIBUTION

## Background: COVID-19 at WUTH

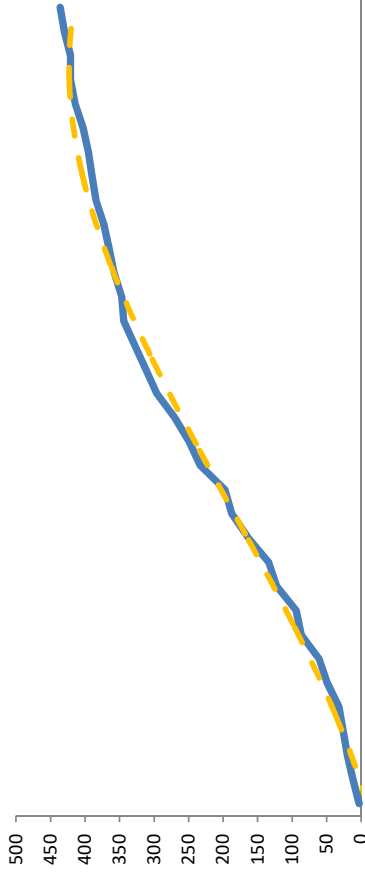
### a. Background

- Since early March 2020, the Trust has been operating a Command and Control model as part of the Covid-19 response.
- This has included the centralisation of governance, the development and delivery of a COVID clinical models, the reconfiguration of wards and beds, the expansion of staff wellbeing systems, the reduction of elective surgery and transformation of outpatients.
- From mid April, the Trust has seen a gradual reduction of inpatients with COVID symptoms. This allows the Trust to start to plan for recovery and follows recent advice from NHS England on the next phases of the COVID-19 response.

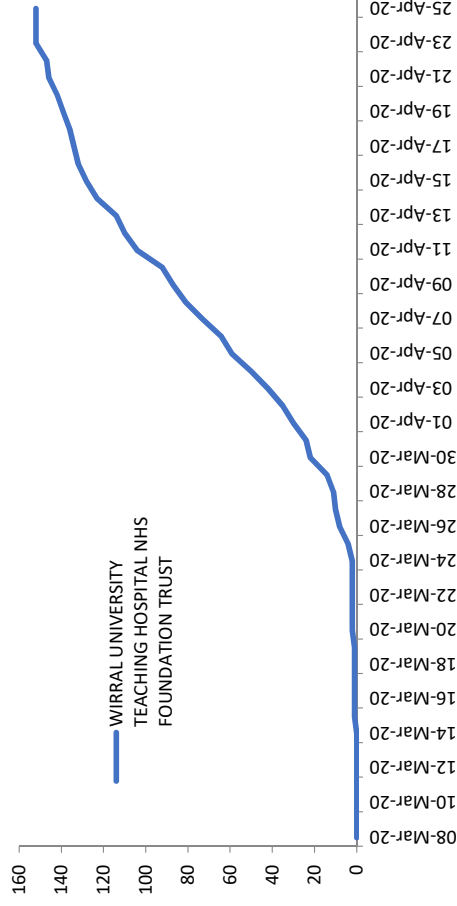
### b. Purpose

- This document provides an outline of the an approach to recovery, which will be used to support a workshop with the Executive Team to develop the recovery plan.
- This builds on the direction provided by NHS England (North West) on the approach to recovery for the region as well as NHS organisations.

WUTH: COVID-19 cases (8<sup>th</sup> March to 25<sup>th</sup> April)



WUTH: COVID-19 cumulative deaths



## NHS England guidance on next phase of COVID-19 response

### a. Background to NHS England guidance

- On the 28<sup>th</sup> April 2020, briefings were undertaken by the Regional Director of NHS England (North West) with NHS Trust Chief Executives, to outline the next phases for the COVID-19 response.
- This was followed by correspondence from the NHS England Regional Office and the Chief Executive of NHS England, detailing the next steps and requirements from Trusts and systems over the coming months, through a number of phases.
- The correspondence indicated the following:
  - Continued L4 national incident management
  - COVID related deaths in the North West were the second highest, behind London.
  - The first peak had reached the North West later than London, with services managing high levels of the disease.
  - Low levels of hospital occupancy across north west NHS Trusts.
  - Concern that people are not accessing non-COVID care and services.
  - Increased lab capacity now in place for testing.
  - Need to prepare for upturns in COVID prevalence and

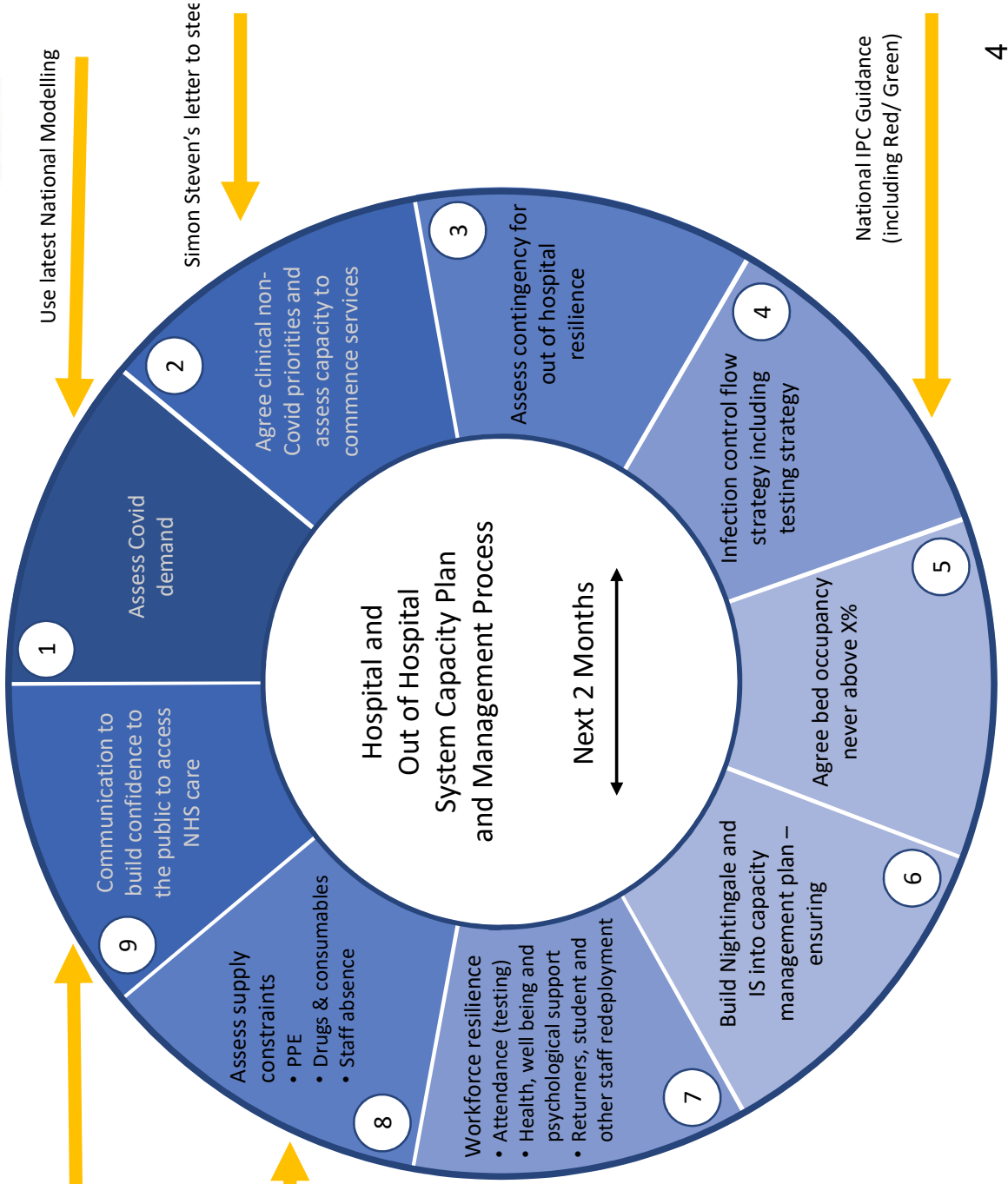
### b. NHS guidance: Key requirements and next steps

- The correspondence sets out the following requirements for Trusts and systems as part of ongoing response:
  - Continue local EPRR incident coordination functions
  - Continue regular testing for staff .
  - Step-up treatment capacity for non-COVID urgent services
  - Commence preparations for restart of elective surgery, through ‘clean’ pathways
  - Develop capacity and escalation plans, for next phases, which could manage COVID-19 surges
  - Lock in beneficial changes and improvements
  - Continue to partner with local authorities to provide support and mutual aid to social care colleagues

# NHS England approach to recovery: Short Term

National Comms Campaign

National Frameworks and Contracts

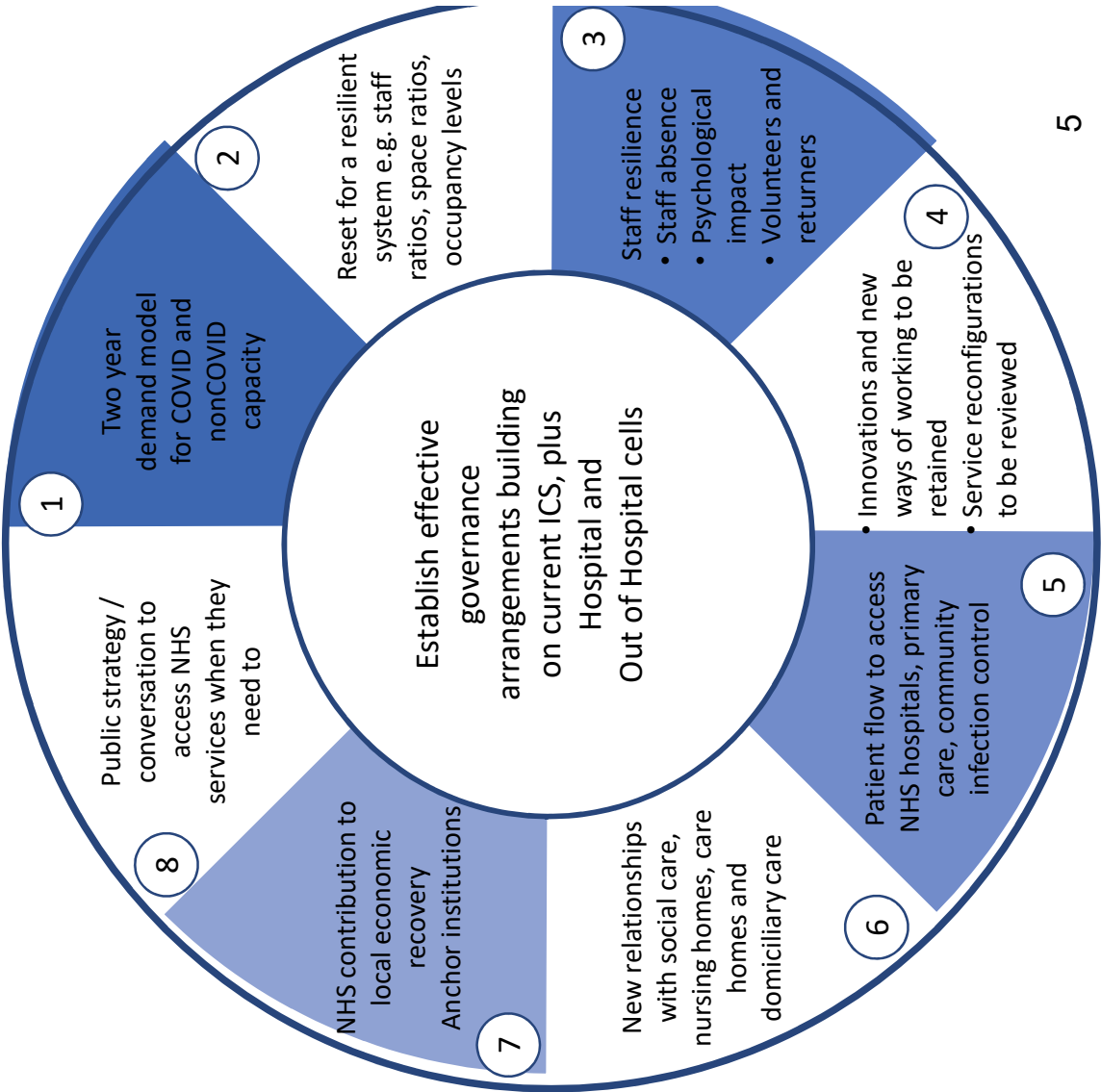


## Principles

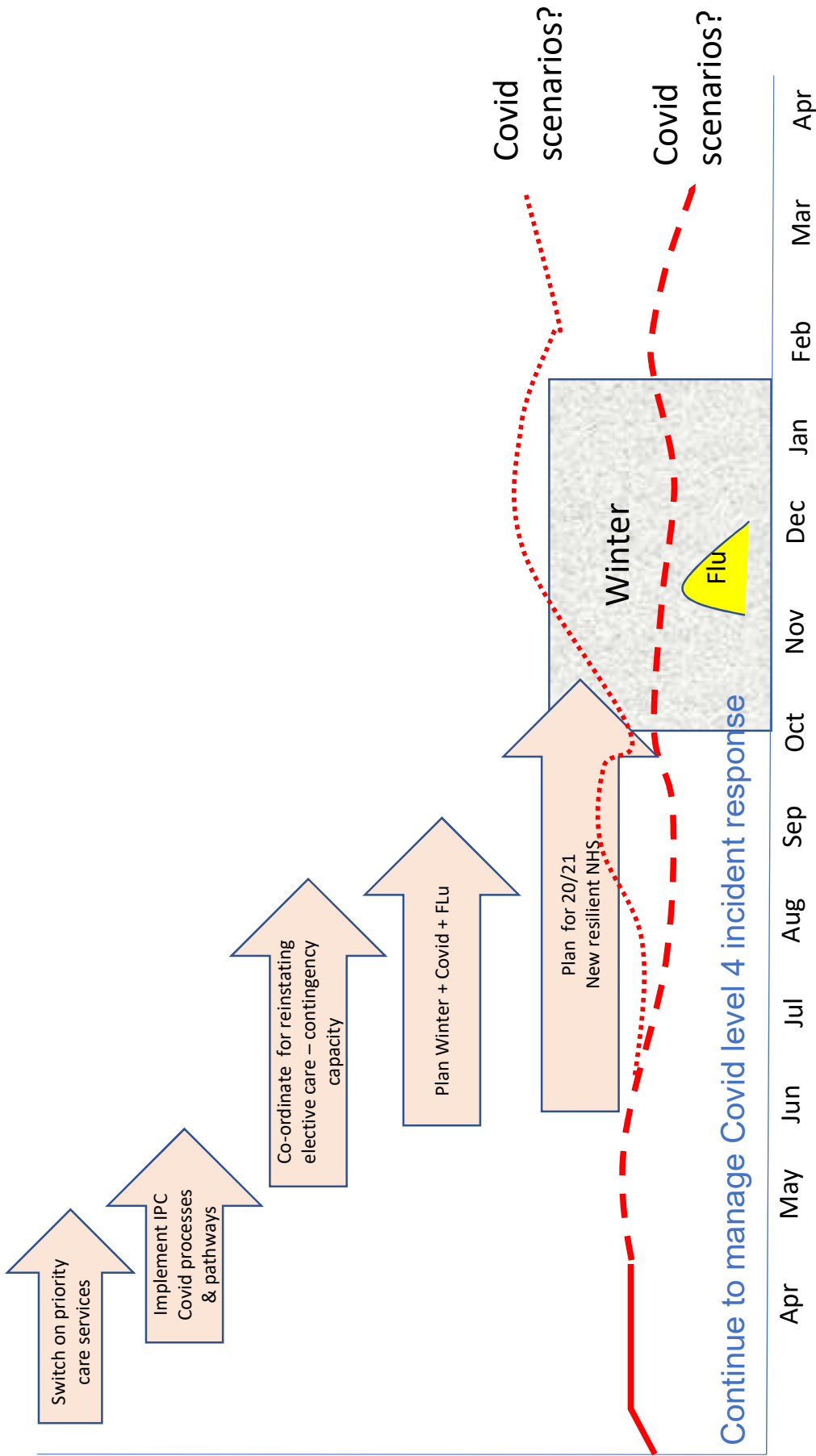
1. Working at whole system hospital and out of hospital cell level – not individual organisations
2. Activity, capacity planning and management in real time to provide system agility. Maintaining NW critical care planning assumption of 1, 200 critical care beds.
3. Equality of access through active management of system level capacity
4. National command and control and financial regime remain in place.
5. Active oversight of community, primary care, care homes to understand capacity and resilience

# NHS England approach to recovery: new resilient NHS and Care System

- Planning for April 2021 Onwards**
- Commence planning for 2021/22 in Summer 2020, developing the new vision for the health and care system
  - Contextualise LTP learning from pandemic and what has been implemented at pace, revisit LTP deliverables and five-year plans
  - Accelerate system by default
  - Reflect impact of backlog and long waits, prioritise acuity of patient need
  - Maintain work to reduce inequalities
  - Establish what business as usual in hospitals looks like informed by vision and learning from COVID
  - Specialised commissioning – end to end patient pathways
  - Model for how out of hospital care be provided:
    - Screening (non-COVID and COVID)
    - Infection control
    - NWAS
    - Primary Care
    - Community Care



# NHS England approach to recovery: Draft timelines





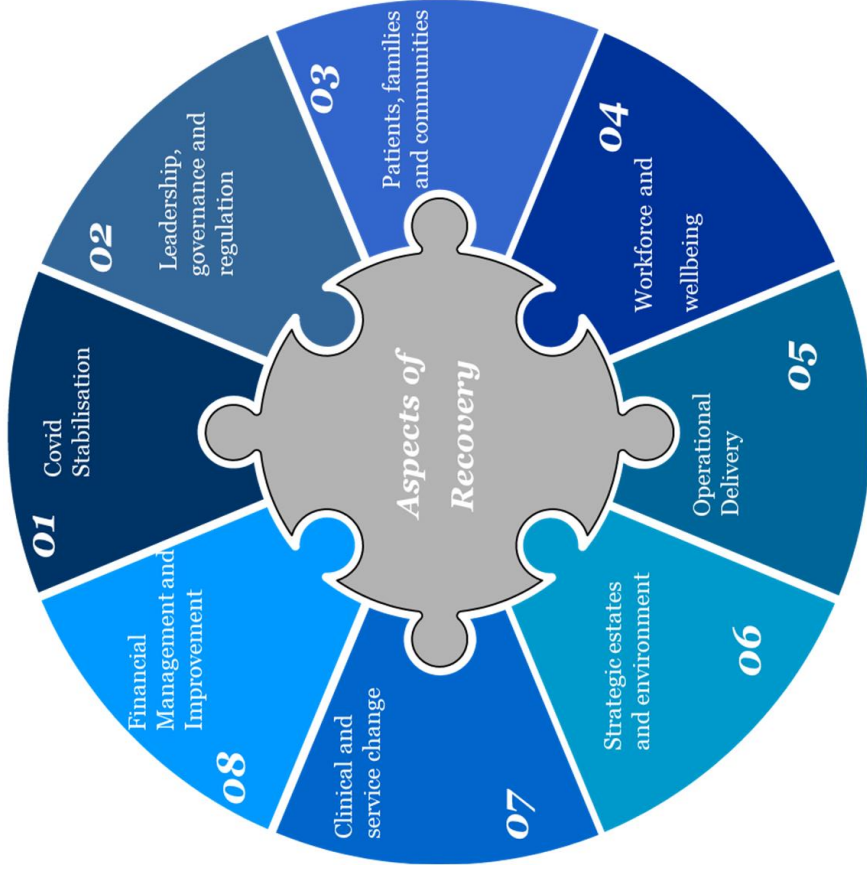
## Key Next steps

### a. Key steps to develop Recovery and Reset Plan

- There are a number of key steps for the Trust to support the development and delivery of a Recovery and Reset Plan, taking into account the national directives and guidance as well as the work undertaken by teams across the Trust over the past 8-10 weeks.
- These next steps to develop the plan include:
  - Undertake planning workshop with Executive Team
  - Agree key aspects for the Plan (as indicated, right)
  - Determine goals and priorities over coming months, across each aspect
  - Agree phasing and key tasks for each phase, as well as
  - Developed revised governance arrangements for Phases
  - Model COVID-19 scenarios for Phases, including winter
  - Develop bed, ward and elective treatment capacity plan for Trust
- It is anticipated that this plan will be drafted by Friday 15<sup>th</sup> May 2020.



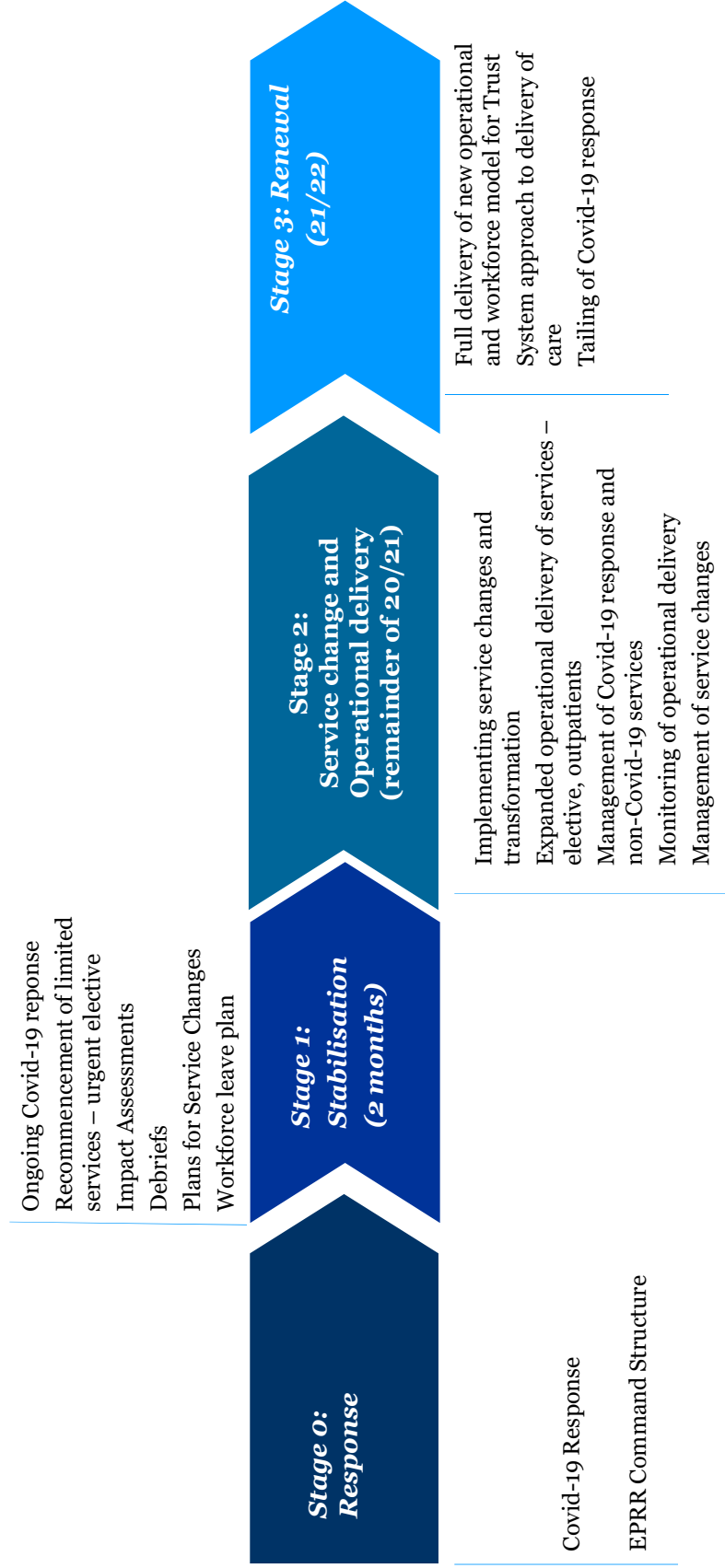
Proposed aspects of the WUTH Recovery and Reset Plan



## Key Next Steps

### b. Proposed Phases of Recovery and Reset Plan

- As part of the development of the Recovery and Reset Plan, some initial work has been undertaken to determine the staging of the response, aligning to the national guidance and previous escalation plans. The diagram below sets out this initial phasing for the next 12 months, which will be further refined over the coming fortnight as part of the drafting of the Plan.



<b>BOARD OF DIRECTORS</b>	
<b>Agenda Item</b>	20/21 029
<b>Title of Report</b>	Report of the Finance Business Performance and Assurance Committee
<b>Date of Meeting</b>	28.4.2020
<b>Author</b>	Sue Lorimer, Non-Executive Director
<b>Accountable Executive</b>	Claire Wilson, Chief Finance Officer
<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>	PR1 PR3 PR5
<b>Level of Assurance</b>	Gaps with mitigating action
<ul style="list-style-type: none"> <li>• <b>Positive</b></li> <li>• <b>Gap(s)</b></li> </ul>	
<b>Purpose of the Paper</b>	Discussion
<ul style="list-style-type: none"> <li>• <b>Discussion</b></li> <li>• <b>Approval</b></li> <li>• <b>To Note</b></li> </ul>	
<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
<ul style="list-style-type: none"> <li>• <b>Yes</b></li> <li>• <b>No</b></li> </ul>	

**Report of the Finance, Business, Performance and Assurance Committee 23<sup>rd</sup> January 2020**

This report provides a summary of the work of the FBPAAC which met on the 28<sup>th</sup> April 2020. 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. Operational update in relation to COVID**

The Chief Operating Officer gave a useful update on how the Trust was managing its response to COVID and the significant work being undertaken by clinical and operational teams to ensure that the Trust was responding quickly to ensure that patients were receiving the very best care. The committee discussed the challenges being faced by the Trust, a significant one being the availability of PPE, and how these risks were being monitored via the Trusts risk register. It was noted that a further update would be provided to the Board of Directors.

## **2. Hospital Upgrade Programme**

The Director of Strategy presented a paper which set out the progress being made on the Hospital Upgrade Programme and the timeframes and proposed governance going forward. The committee noted that the programme would be overseen by the Programme Management Board, which had non-executive Director membership, and were are keen to ensure that value for money on all external consultancy and fees would be closely monitored. The Outline Business Case (OBC) is due to be completed by September 2020 and the Full Business Case (FBC) completed by March 2021.

## **3. Month 12 Finance Report**

The committee received the month 12 finance report noting that the year to date position was a deficit of (£17.2m), of this, £8.1m relates to lost PSF funding as a result of not achieving the plan. Whilst the Trusts original plan for the year was a break even position, it was recognised early in the year that the operational challenges faced by the Trust would mean that this could not be delivered. The financial performance for the year is in line with our forecast and means that the Trust has achieved the target agreed in January 2020 with NHS improvement. The Board and Executive Team have been focussed on the importance of delivering in line with our forecast and the Committee welcomed the position reported.

## **4. Financial plan 2020/21**

The committee received an update on the national financial regime temporarily in place to support the NHS response to COVID and reviewed a Trust financial plan in light of these changes. Following review of the plan and the assumptions behind it, the committee concluded that this was a pragmatic way forward in the current circumstances. It was recognised that it would be reviewed as further guidance is issued. The financial plan for 2020/21 is therefore being recommended for approval by the Board of Directors and this is subject to a separate paper on the agenda.

## **5. Quality performance dashboard report**

The committee discussed the month 12 quality and performance dashboard and noted that the measurement against a number of indicators had been suspended nationally as the NHS focussed on dealing with the COVID pandemic. The impact of suspending the elective programme was discussed in detail and the committee noted that the focus of the Trust was now turning to the next phase of the pandemic and the management of non-COVID patients.

## **6. Risk Register**

It was recognised that the Trusts response to COVID would have a significant impact on a number of the Trusts operational and financial performance objectives and that these risks were being captured and monitored separately in the register and Board Assurance Framework (BAF) was being updated to reflect this.

## **7. Recommendations to the Board**

The Committee recommends that Board of Directors approve:

- (i) the proposed budget for 2020/21 noting that this will be subject to change as more is known about the financial regime after July 2020.

<b>Board of Directors</b>	
<b>Agenda Item</b>	20/21 030
<b>Title of Report</b>	Report of Workforce Assurance Committee
<b>Date of Meeting</b>	28 April 2020
<b>Author</b>	John Sullivan, Non-Executive Director / Chair of Workforce Assurance Committee
<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>	PR2
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Gaps
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	To note
<b>Reviewed by Executive Committee</b>	Workforce Assurance Committee
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Minutes may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	No

## 1. Background

The meeting took place on Tuesday 28 April 2020 via Microsoft Teams. The normal agenda was truncated to concentrate on Covid 19 critical Workforce issues.

## 2. Sickness Absence

A number of innovative sickness absence management processes have been implemented very quickly by the HR Team. The HR Team have also maintained a near perfect level of attendance themselves. The following figures were reported verbally:

Month	Non Covid Sickness Absence	Covid Related Sickness Absence
February 2020	5.1%	-
March 2020	5.7%	6.08%
April 2020	4.8%	5%

Covid swabbing is available for staff and to date the Trust has conducted 684 tests.

A robust staff Covid Risk Assessment Tool was set up very quickly and has been very helpful when managing situations for higher risk staff.

The Committee asked that its sincere thanks be passed onto the WUTH HR Team for stepping up to some considerable challenges and workforce risks.

### 3. Health & Well Being

Wellbeing Hubs are now established in Arrowe Park Hospital and Clatterbridge Hospital locations. They are staffed by OD, counsellors and chaplaincy. Key themes include isolation guidance, testing, reassignments etc.

A Support Team has also been set up and implemented by the Corporate Nursing Department.

Significant counselling resources are now available for staff along with some morale raising events and giveaways. Employee Assistance Programme data will be reviewed at the end of April to give further information on staff mental health and wellbeing.

### 4. Workforce Supply

The centralisation of workforce supply and fast track recruitment improvements were described. The recruitment service formally shared with Countess of Chester was taken in house from 1 April 2020.

External recruitment has included returns of recent retirees as well as secondments from WUTH suppliers. We now have student nurses and medical students on the WUTH payroll. A Workforce Supply database is being developed and a Skills Audit has been undertaken to assist in the reassigning of staff.

The IT Team were commended for their rapid work to establish technology solutions for working differently including Microsoft Teams and home working.

### 5. Training

The main focus training has been on Covid 19 related staff training. The training that has been delivered is being cross referenced with the various frameworks produced by Health Education England and NHSI.

### 6. Communications

Sally Sykes, Interim Director of Communications and Engagement was welcomed to the Committee. The Committee commented on the fact that there was much more positive and proactive use of social media channels. The Communications Team were commended for their tireless work throughout the pandemic crisis.

## **7. Any other Business**

The Committee noted the establishment of the Responsible Officer Advisory Group led by Dr Nicola Stevenson. John Sullivan will represent the NEDs on the Group.

## **8. Items for the Risk Register**

No additional items for the Risk Register

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

To note the significant mitigating actions taken by HR to minimise the impact of Covid 19 on staff attendance, morale, training and workforce supply risks.

## **10. Next Meeting**

The next meeting will take place on 26 May 2020 at 1.00 pm via Microsoft Teams





<b>BOARD OF DIRECTORS</b>	
<b>Agenda Item</b>	20/21 031
<b>Title of Report</b>	Report of the Audit Committee – April 2020
<b>Date of Meeting</b>	6 May 2020
<b>Author</b>	Steve Igoe, Audit Chair
<b>Accountable Executive Director</b>	Claire Wilson, Chief Finance Officer
<b>BAF References</b>	All
<b>Strategic Objective</b>	
<b>Key Measure</b>	
<b>Principal Risk</b>	
<b>Level of Assurance</b>	Gaps
<b>Purpose of the Paper</b>	To note
<b>Reviewed by Executive Committee</b>	Audit Committee
<b>Data Quality Rating</b>	
<b>FOI status</b>	Chairs report may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	

## 1. Background

The Committee met on 24<sup>th</sup> April 2020 and received a range of governance and compliance responsibilities in preparation for closing of the 19/20 financial year.

## 2. Key Agenda Discussions

### Internal Audit

The internal auditors MIAA updated the Committee on the outcomes of recent internal audit reviews.

- Limited assurance was received in relation to the private patients review and consultant job planning. Issues raised here will need to be addressed quickly once we emerge from the current COVID situation.
- The HR and well-being shared service review also received a limited assurance rating and given this is an outsourced service the issues again will need following up and resolving as soon as the situation allows.

We did however; receive substantial assurance from the reviews of: ESR/HR/Payroll system controls; the Data security and protection toolkit assurance review and the Assurance Framework review.

This latter item we felt might be reflected in the Annual Governance statement which was reviewed and discussed later.

Internal Audit confirmed good progress was being made in completing outstanding actions from previous reviews and this was evidenced by their positive follow up report.

We discussed the annual Head of Audit opinion which was the same as the previous year, moderate assurance. The Internal Auditor accepted that their 5 point scale is somewhat of a blunt instrument and that whilst the outcome for the Trust was the same as last year, this did not necessarily recognise the continued positive development of the control systems within the Trust.

### Counter Fraud

Finally in this section we reviewed the Anti-Fraud work plan for 2020/21 and approved the fee increase of 1.4%. We also received and noted the Annual Report 2019/20 on Anti-Fraud activity and were pleased to note the positive outcome. Further supported by the Trusts own self declaration of compliance against the four standards and overall assessment as green.

### External Audit

Grant Thornton provided an update to their work recognising the changing deadline dates, the Board meeting, and Audit Committee to approve the accounts being moved into June and the Trusts submission deadline being set as 1 May 2020.

The work from the Interim Audit was reported on positively with the key issues as we've been discussing relating to matters of valuation and judgement. These are discussed again later

## Key Audit Issues

Following some minor updates as a result of further detail becoming available from DH and NHSI the year end accounting policies were again approved.

A further detailed update to the position related to Going Concern was again discussed in the light of the Secretary Of State's announcement to convert loan funding into capital. This was seen as positive and removed some uncertainty in relation to the ongoing Going Concern assessment. The statement provided by management was approved subject to a further review at the time of signing the accounts.

We also discussed the accounting treatments for two ongoing provisions in the Balance Sheet from last year's accounts. We discussed the changes in circumstance in year and approved the proposed treatment for the current years Financial Statements.

## Governance

The Committee reviewed the standing paper on losses, special payments and debtors and noted the detail contained therein. There was some discussion on credit control for significant debts which management are in the process of reviewing.

The Committee also reviewed a draft of the Annual Governance Statement and passed some comments and amendments back to the Board Secretary for consideration. The Committee recognised that this was an iterative process and further opportunity for comment will present in due course.

Finally the Committee confirmed that there were no specific issues it wished the Board to be updated other than those covered by this brief report.



<b>BOARD OF DIRECTORS</b>	
<b>Agenda Item</b>	20/21 031
<b>Title of Report</b>	Report of the Trust Management Board – 23 <sup>rd</sup> April 2020
<b>Date of Meeting</b>	6 May 2020
<b>Author</b>	Andrea Leather, Board Secretary
<b>Accountable Executive Director</b>	Janelle Holmes, Chief Executive
<b>BAF References</b>	All
<b>Strategic Objective</b> <b>Key Measure</b> <b>Principal Risk</b>	
<b>Level of Assurance</b>	Gaps
<b>Purpose of the Paper</b>	To note
<b>Reviewed by Executive Committee</b>	
<b>Data Quality Rating</b>	
<b>FOI status</b>	Chairs report may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	

## 1. Background

The Committee met on 23<sup>rd</sup> April 2020 via Microsoft Teams. The agenda was condensed to enable focused discussion outside of COVID-19 management. A summary of the topics covered is provided below:

## 2. Decision making outside of Command Structure

- The Executive Team confirmed it is reviewing the current governance arrangements to track and monitor activity and decision making outside of the Command structure relating to COVID-19. This was particularly important following the national directive at the start of the pandemic to 'stand down' Non COVID-19 operational monitoring. Divisions were requested to forward their suggestions for consideration as part of this reinstatement work to support decision making.

## 3. Performance Update (including breach analysis of the 4 hour standard)

- Across the North West the Trust now has the lowest percentage of patients with a Length of Stay over 21 days.
- Out Patient referrals are down by 30% and cancer referrals by 25%.
- Diagnostic waiting times of 6 weeks failed to reach the 99% target for March (96%).
- Spire Murrayfield to be utilised to provide Out Patient appointments (Ear, Nose and Throat and Maxillofacial due to start this week)
- The team is now assessing the options to reinstate activity on a phased return which can be quickly scaled up or down if demand from COVID-19 increases, given there is confidence that current COVID-19 demands will not exceed the capacity on the Arroe Park site.
- Divisional recovery plans to be developed at specialty level to include risk assessments and any additional technological infrastructure.
- TMB received a report outlining performance against the 4 hour standard which confirmed:
  - There has been a significant reduction in ED activity, and this is currently around half the normal levels expected at this time of year.
  - Performance against the 4 hour standard deteriorated at the start of COVID-19 response. However, the last week's performance has shown an improvement and is currently ranking 3<sup>rd</sup> in the Cheshire and Merseyside area and 38<sup>th</sup> out of 123 acute trusts nationally.
  - The Medicine & Acute Division were asked to focus on live monitoring of departmental patient flow and to provide assurance that departmental issues were being addressed. TMB confirmed that there was a prime opportunity to review & embed the improvement work whilst bed occupancy was low.

## 4. Strategy Update

- TMB were advised that the development of the Trust Strategy and Clinical Strategies had been completed but write up had been paused during COVID-19 due to the reallocation of the support resource. Work is expected to re-start during June.
- Work has continued on the hospital upgrade programme. The tender process is underway to support the development of both an Outline Business Case and Full Business Case for submission to the National Team.

- The strategic outline case for the 'system' utilisation of the vacated wards at Clatterbridge Cancer Centre is in place and Wirral Community Trust alongside Wirral Borough Council to take occupation for Intermediate Care capacity as part of COVID-19 response from late May/early June.
- Healthy Wirral Programme is being reviewed to ensure the innovation work undertaken to support the COVID-19 response is not lost going forward.

## 5. Clinical Update / CQC

- TMB were advised that the Trust had received the CQC final report following the recent unannounced inspections. The action plan is being finalised with Divisional Leads and it was noted that the deadline for submission of the action plan has been extended in light of the COVID-19 response. The initial submission of the 'Must Do' actions is the 12<sup>th</sup> May with the remaining submission diarised for the end of June.
- A review of the Governance unit functionality and leadership is expected to conclude within the next two months.
- It was acknowledged that the timeliness to the response to the 72 hour rapid reviews and the action planning from complaints needs to be improved.

## 6. Finance

- TMB received an overview of the month 12 position.
- Members were advised that the Planning and Contracting process has been suspended nationally and the Trust will receive block payments for income in first 4 months of 2020/21. During this period, the Trust is not required to deliver the efficiency programme.
- The Trust is required to submit COVID-19 related expenditure every 2 weeks.

## 7. Non COVID-19 Divisional Update

TMB received Non COVID-19 updates from each of the Divisions and these are summarised below:

### (i) Surgery

- Successful recruitment of 2 Directorate Managers.
- Orthopaedic Minor Injuries unit set up to support ED and is working well.
- Virtual fracture clinic established – paper on benefits to be provided at a future meeting.
- New three phase recovery unit now in place, with residual works to be completed imminently.
- Triumvirate reviewing potential use of Clatterbridge site for urgent cancer surgery – opportunity to protect elective work which can go ahead 2-3 days a week.

### (ii) Diagnostics & Clinical Support

- Discussions ongoing with colleagues at Clatterbridge Cancer Centre (CCC) regarding services to be provided post the relocation of CCC in-patient services to the new Liverpool Health Campus.
- Outpatient improvement work ongoing to embed changes in practice into business as usual eg telephone/video clinics

**(iii) Women's & Children**

- Virtual clinics working well, to be continued post COVID-19, along with Interactive facebook pages and advice line with Maternity Voices.
- Waiting lists being minimised via improved referral criteria with local network.

**(iv) Medicine & Acute**

- Development of Divisional governance arrangements and assurance framework underway, to prioritise and embed service changes and improvements made in response to COVID-19.
- A review of the feasibility of restarting the paused Capital programme, Ward 30 refurbishment and the replacement of the Cardiac Catheter Lab is underway.

**(v) Estates**

- Using opportunity with reduced footfall to undertake building compliance works.
- A review is underway of the ward refurbishment schemes identified in the capital programme in conjunction with the Infection Prevention Control Team.

**8. Development of Recovery Cell**

- TMB were provided with a paper outlining the approach to Trust recovery plans that identified the next phase of preparedness in relation to COVID-19. A number of themes for impact assessments were identified and Divisions were requested to review and identify any additional areas.
- A workshop to be arranged to finalise next steps in response to COVID-19 becoming endemic in the population
- It was noted that a formal recovery plan that outlines timing, triggers, action planning, milestones, performance monitoring and subsequent recovery is being prepared.

Written and summarised on behalf of TMB Chair by:  
Andrea Leather, Board Secretary  
4<sup>th</sup> May 2020



<b>Board of Directors</b>	
<b>Agenda Item</b>	20/21 033
<b>Title of Report</b>	Communications and Engagement Report
<b>Date of Meeting</b>	6.5.2020
<b>Author</b>	Sally-Ann Sykes, Interim Director of Communications and Engagement
<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>	All
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Positive
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	For Noting
<b>Data Quality Rating</b>	N/A
<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>	No

## Trust-wide Communications and engagement – internal and external

1. There has been a strong focus on internal and external communications over the last month, much of it aimed at reassurance to staff, supporting the well-being team and signposting the various sources of help and counselling.
2. Our main channel is a daily COVID-19 Bulletin featuring key news and items for action for staff. This is supported by external social media and local media where the topics can be shared externally.
3. National issues have been seen at local levels such as PPE shortages and communications have been focussed on acknowledging staff concerns and showing that we take staff safety and well-being very seriously. Internal communications have been reinforced by external social media Twitter and Facebook posts.
4. We've had numerous expressions of public support at the Thursday night 'thank you to the NHS' events. We have also had a number of positive thank you messages and uplifting patient stories.
5. Local celebrities have also shown their support in video and photo messages, including TV personalities Claire Sweeney, chefs Simon Rimmer and Paul Hollywood and actor Eithne Brown, plus Peter Moore the CEO of Liverpool FC, Vicky Jepson the manager of Liverpool FC Women's team and former LFC player, John Barnes.
6. We are developing our social media metrics and communications measurements and the following are some highlights:

### Top tweets

7. We've significantly increased our social media output and concentrated on the positive sentiments for the Trust and the NHS, with highlights as follows:

*"A message of support from @PaulHollywood for our amazing team at Wirral University Teaching Hospital."* (with video selfie)

- a. Reactions/comments/shares: 1,502
- b. Impressions: 29,031

8. *"A big thank you to our Materials Management and Procurement teams who are working 7 days a week to source and distribute the right PPE at the right time to staff."*

- a. Reactions/comments/shares: 1858
- b. Impressions: 32,848

9. In campaigns, we supported the national NHS and Government messaging around social distancing and staying at home. We put out our own media release encouraging people to come to the Emergency Department if they need to and then we promoted the national ['Open for Business'](#) campaign on the same theme.
10. We have developed a positive campaign with The Wirral Globe who launched an appeal to benefit our staff, which has raised £25,000 to date.

11. We have used social and media channels to show positive stories of patient recoveries from COVID-19.
12. There were many tributes to our former nurse and colleague Julie Anna Penfold who sadly passed away at Arrowe Park Hospital. She was remembered in the national minute's silence and our local silence, which we observed in the company of her family, at the hospital on 28<sup>th</sup> April.

### **Stakeholder, local health system partners and MP engagement**

13. The principal MP contacts for The Trust are Margaret Greenwood (Lab MP for Wirral West and in whose constituency we are based), Alison McGovern (Lab Wirral South – with links for Clatterbridge), Angela Eagle (Lab Wallasey) and Mick Whitley (Lab Birkenhead).
14. As a major employer and NHS Trust in the region, with many of our staff drawn from their constituencies, we're committed to developing positive relationships with our local elected MPs.
15. Local Authority Chief Exec Paul Satoor has established a monthly call with Wirral MPs and CEO Janelle Holmes joins this call. In addition, individual MPs visit the hospitals as diaries permit – with Margaret Greenwood visiting Arrowe Park in March and a visit planned for Angela Eagle, who has asked to include ED on her visit, when circumstances allow in the Autumn. Furthermore, the CEO has held numerous one to one telephone calls with Mick Whitley and Alison McGovern.
16. With the Local Authority, we play an active role in the Local Resilience Forum. Together with Wirral and Cheshire NHS system partners, we issued a joint thank you for leaders to staff on 28th April, recognising the partnership working across the system with COVID-19 patients and the way that staff have responded to the crisis. The signatories were our CEO Janelle Holmes for WUTH, Karen Howells (Wirral Community Health and Care), Simon Banks (Wirral CCG), Sheena Cumiskey (Cheshire and Wirral Partnership) and Paul Satoor (Wirral Borough Council).
17. We are also developing our relationship with local Healthwatch on the Wirral and working collaboratively to provide information to patients and families via their newsletters and channels.

### **Charity**

18. Our charity social media following has increased by 600 followers in the last 2 weeks with over 40,000 views / comments on our posts. We have exceeded £25,000 in donations for the COVID-19 support appeal, £15,000 online, £10,000 direct donations to the charity office with more arriving each day.
19. A £35,000 grant has been secured from national appeal for NHS Charities Together. This is first phase funding, some of which is for rapid response according to our local need; second and third phases to follow (including a proportion of Captain Tom Moore's fund).
20. We are marking Captain Tom Moore's Birthday by sending a special card from staff and have also done a short thank you video from staff for social media.

21. Gifts in kind have also poured in ( too many to list, but we are recording them) and there are examples of large donations from Nestle, Mars, Typhoo, Morrisons, Unilever, Sun Valley, Premier Plants, Premier Foods, Supreme Visors, Gems at Work, Cereal Partners, Fine Fruits, Holland and Barrett, Lindt, McVitie's, Magenta Living and many local groups, schools and individuals.

This report provides an overview of work undertaken and any important announcements in April 2020.

**Sally Sykes**  
**Interim Director of Communications**  
**May 2020**

Board of Directors	
<b>Agenda Item</b>	20/21 034
<b>Title of Report</b>	Board Assurance Framework
<b>Date of Meeting</b>	6.5.2020
<b>Author</b>	Andrea Leather, Board Secretary
<b>Accountable Executive</b>	Janelle Holmes, Chief Executive
<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>	There are gaps with mitigating action.
<ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	
<b>Purpose of the Paper</b>	For Discussion
<ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	
<b>Data Quality Rating</b>	Bronze - qualitative data
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	No
<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	

## 1. Executive Summary

The attached report includes the following:

- A summary of the risks and their associated risk scores in the Board Assurance Framework (BAF)
- A detailed analysis of each risk and the associated actions to mitigate these.

**NOTE:** All updates have been highlighted and the key risk indicators are based on data as at the end of April 2020.

## 2. Next steps

The Board of Directors is asked to review and consider:

- a) the updated assurances and mitigating actions for 2020/21
- b) the new threat within PR5 that captures COVID-19 risks and mitigations
- c) the revised overall risk rating for 'Primary Risk 5' – likelihood increased to 5 due to COVID 19

## 3. Recommendations

The Board of Directors is asked to:

- approve the updates as detailed in preparation for 2020/21
- approve the additional threat in PR5
- approve amended the risk rating for PR5.
- note that as the BAF transitions into 2020/21, the 'assurance ratings' are to be considered at the next cycle of Assurance Committees.

**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

This BAF includes the following primary risk scenario's that could, if not sufficiently mitigated, impact adversely on delivery of the Board's Strategic goals:

Primary Risk Scenario's	Consequence	Likelihood	Current Risk Exposure	Change	Tolerable Risk	Gaps in control	Gaps in assurance	Lead Assurance Committee	Page No.
<b>PR1</b>	Demand that overwhelms capacity to deliver care effectively	5. V.High	5. V.Likely	↔	12 High	Yes	Yes	FBPAC	2
<b>PR2</b>	Critical shortage of workforce capacity & capability	5. V.High	4. Likely	↔	12 High	Yes	None identified	WAC	4
<b>PR3</b>	Failure to achieve and maintain financial sustainability	5. V.High	4. Likely	↔	8 Medium	Yes	Yes	FBPAC	6
<b>PR4</b>	Catastrophic failure in standards of safety and care	5. V.High	3. Medium	➔	9 Medium	Yes	Yes	Quality	8
<b>PR5</b>	A major disruptive event leading to rapid operational instability	5. V.Likely	5. V.Likely	↔	5 Medium	Yes	None identified	FBPAC	10
<b>PR6</b>	Fundamental loss of stakeholder confidence	5. V.Likely	2. Unlikely	➔	5 Medium	Yes	None identified	Board	12

## Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)

### How to use the BAF

The key elements of the BAF to be considered are:

- A simplified description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a system, trust wide and service level)
- A simplified way of displaying the risk rating (current residual risk and tolerable level of risk)
- Clear identification of primary strategic threats and opportunities within a 5 year horizon, along with the anticipated proximity within which risks are expected to materialise and the degree of certainty that the level of risk will change (**Intensifying** = risk level is expected to increase; **Uncertain** = unable to predict change; **Moderating** = risk level if likely to reduce)
- A statement of risk appetite for each risk, to be determined by the lead committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- The over-arching risk treatment strategy for each principle risk is identified (**Seek; Modify; Avoid; Accept; Transfer**)
- Key elements of the risk treatment strategy identified for each risk, each assigned to an executive lead and individually rated by the Lead Committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: **Level 1** Management (those responsible for the area reported on); **Level 2** Corporate functions (internal but independent of the area reported on); and **Level 3** Independent assurance (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales
- Relevant Key Risk Indicators (KRIs) for each strategic risk, taken from the Trust performance management framework to provide evidential data that informs the regular evaluation of exposure.

Key to lead committee assurance ratings:



Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the risk

Amber = Inconclusive assurance: the Committee is uncertain that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

Red = Negative assurance: the Committee is satisfied that there is sufficient reliable evidence that the current risk is not being kept under prudent control

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.



**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

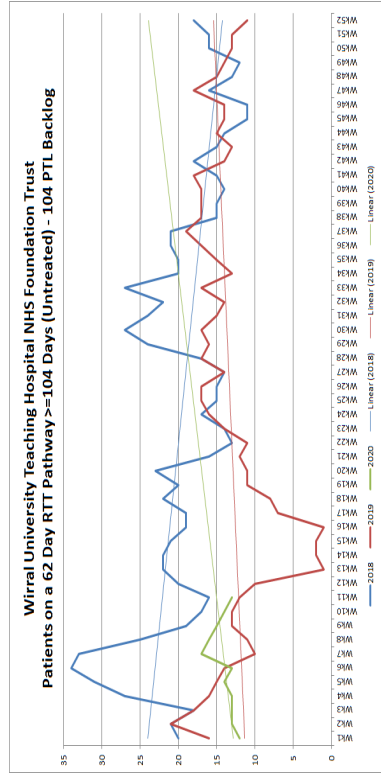
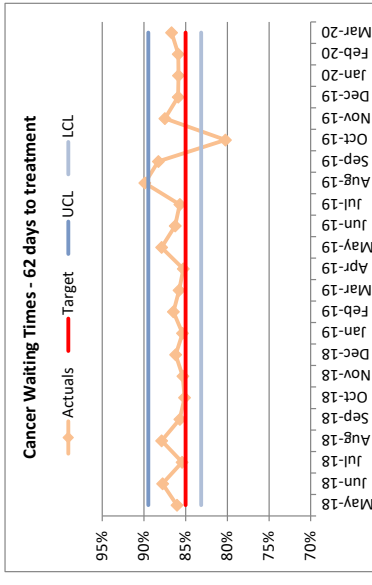
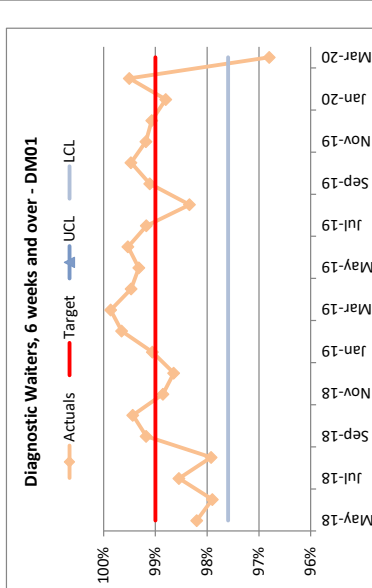
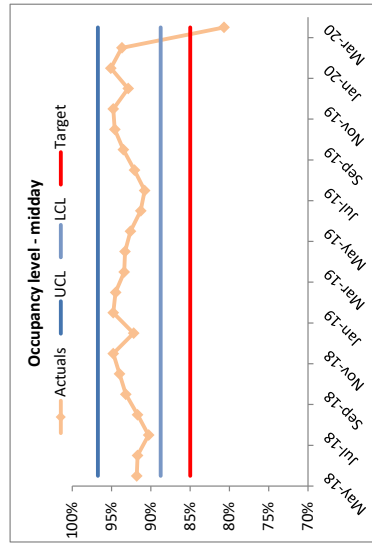
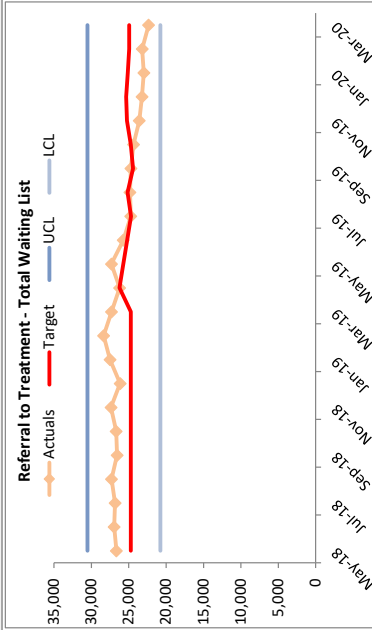
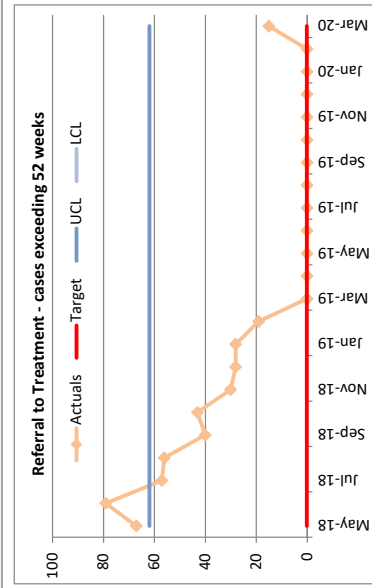
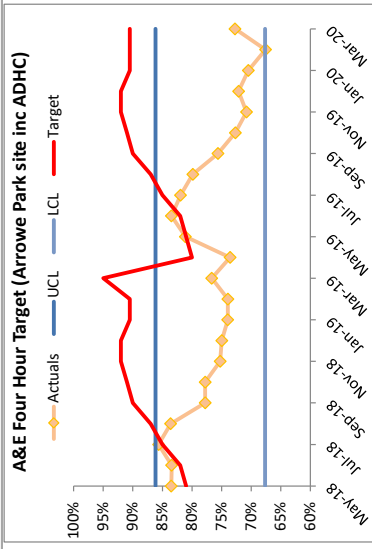
Strategic priority	PERFORMANCE: Consistently deliver financial sustainability and performance standards	Lead Committee	FBPAC	Current risk exposure	Tolerable risk	Risk Treatment Strategy:	Modify
<b>Principal risk</b> (What could prevent us achieving this strategic priority)	<b>PR 1: Demand that overwhelms capacity to deliver care effectively</b> A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards	<b>Executive lead</b> <b>Initial date of assessment</b> <b>Last reviewed</b> <b>Last changed</b>	COO 01/04/2020 30/04/2020 30/04/2020	Likelihood: 5. V. Likely 5. V. High <b>25. Significant</b> Intensifying	3. Possible 4. High <b>12. High</b>	Risk appetite	Open
<b>Details of change</b>	<b>Updated gaps in control/assurance, plans to improve control/assurance</b>						
<b>Risk Vector</b> (What might cause this to happen)	<b>Primary Risk Treatment</b> (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	<b>Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Level &amp; Source of assurance (&amp; date)</b> (Evidence that the controls/ systems which we are placing reliance on are effective)	<b>Gap in Assurance/ Action to address gap</b> (Insufficient evidence as to effectiveness of the controls or negative assurance)	<b>Assurance rating</b>	
<b>Threat: Exponential growth in demand for care caused by an ageing population (forecast annual increase in emergency demand of 4-5% per annum); - 2% reduced social care funding and increased acuity leading to more admissions &amp; longer length of stay</b>  <b>NOTE: for COVID related matters see risk identified in PR5</b>	<ul style="list-style-type: none"> <li>Emergency demand &amp; patient flow management arrangements</li> <li>Winter capacity plan</li> <li>Access Policy in place</li> <li>Detailed operational plans agreed annually</li> <li>Activity based contract and commissioners</li> <li>Workforce model adjusted for planned activity</li> <li>ED Streaming</li> <li>Defined escalation areas (act as flood plane) during periods of exceptional pressure</li> <li>Discharge procedures</li> <li>Use of admission avoidance schemes</li> <li>Use of SHOP model medical review</li> <li>Ambulatory &amp; Day case care</li> </ul> <p><b>Contingency controls</b></p> <ul style="list-style-type: none"> <li>Emergency preparedness (Surge plan)</li> <li>Expansion into corridor / designated escalation area</li> <li>Reverse cohort area expansion within A&amp;E footprint implemented</li> <li>Quality matrons conduct patient safety checks for all patients in corridor/escalation area – reintroduce if required.</li> <li>Staffing plan for escalation</li> </ul>	<ul style="list-style-type: none"> <li>Higher than expected length of stay (LOS)</li> <li>Normalised reliance upon escalation areas during pressure</li> <li>Insufficient daily discharges to deliver net patient flow</li> <li>Standards of care in corridors or escalation areas during periods of very high demand and very high bed occupancy</li> <li>Reliability of SHOP implementation</li> <li>Optimising patient care when prolonged stay in ED</li> <li>Accessibility of intermediate care beds and domiciliary care providers</li> <li>Potential surge of patients once COVID-19 restrictions are lifted</li> </ul>	<p>Patient flow transformation programme</p> <p><b>SLT Lead:</b> COO</p> <p><b>Timescales:</b> As per change programme</p> <p><b>NOTE: Superseded during COVID – overseen by Bronze/Silver Command</b></p> <p>Introduction of system wide Command Centre during periods of exceptional demand</p> <p><b>SLT Lead:</b> COO</p> <p><b>Timescales:</b> as required</p> <p>ECIST support to guide improvement in patient flow</p> <p><b>SLT Lead:</b> COO</p> <p><b>Timescales:</b> Q1 20/21</p> <p>Daily system-wide discharge cell meeting</p> <p><b>SLT Lead:</b> COO</p> <p><b>Timescales:</b> Q4 20/21</p> <p>Divisional plans for recovery to be developed</p> <p><b>SLT Lead:</b> COO</p> <p><b>Timescales:</b> Q1 20/21</p>	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Divisional performance reviews (monthly);</li> <li>Live tracking of LOS via BI Portal</li> <li>Daily monitoring of all patients with a LOS of 20+ days by Senior Divisional Triumvirate and System Lead for Discharge</li> <li>Stranded patient reviews (2 per week) – focus on over 21 days</li> <li>Overall bed occupancy rate (daily)</li> <li>Ambulance Handover times (daily) – improved NW</li> <li>Ambulance performance</li> <li>Command Centre meetings – 2 per day</li> <li>System-wide dashboard of acute, intermediate and domiciliary care capacity and performance.</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Q&amp;P Dashboard (monthly)</li> <li>PFIG Report to Board (monthly);</li> <li>Wirral A&amp;E Delivery Board</li> <li>Programme Board report to Board of Directors (monthly)</li> <li>Responsive domain 'Deep Dive' – FBPAAC (Nov '19)</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>CQC improvement oversight;</li> <li>System improvement Board</li> <li>Limited scope external audit – Quality Account 2018/19</li> <li>CQC unannounced inspection (March '20)</li> <li>Contract meetings</li> <li>MAAA Activity Data Capture – Limited Assurance (monthly / annually)</li> <li>Model hospital – data submissions to regulator</li> </ul>	<p>Uncertainty re: fragility of general practice in the Wirral</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>A request to be made to review CCG BAF to better understand fragility of General practice in Wirral</li> </ul>		
<b>Threat &amp; Opportunity:</b> Operational failure of General Practice to cope with demand resulting in even higher demand for secondary care as the 'provider of last resort'	<ul style="list-style-type: none"> <li>Emergency preparedness contingency in the event of surge in activity – Trust mitigation action plan – OPEL; Escalation Action Plans - OPEL</li> <li>Engagement with stakeholders across local health system to establish foresight and adaptive capacity in the event of practice collapse</li> <li>Reliance on Walk-in-Centres / Urgent Care Centre</li> <li>Urgent Care Board (UCOG &amp; UCXG)</li> <li>System partners escalation process</li> </ul>	<p>Not within the Trusts sphere of control. In the event of GP practice collapse on Wirral there would likely be surges in demand for secondary care</p>	<p>Engage with Commissioners</p> <p><b>SLT Lead:</b> COO</p> <p><b>Timescales:</b> Ongoing</p>	<p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Reports to TMB</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>Confirm and Challenge by NHS England</li> <li>Regional team and CCGs (Ongoing);</li> <li>LHRP Assurance Process</li> <li>Urgent Care Board (monthly)</li> </ul>			
<b>Proximity of threat</b>	19/20 20/21 21/22 22/23 23/24						
<b>Proximity of threat</b>	19/20 20/21 21/22 22/23 23/24						

**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

<p><b>Threat &amp; Opportunity:</b> Operational failure of neighbouring providers that creates a large-scale shift in the flow of patients and referrals to WUTH</p> <p><b>Proximity of threat</b></p> <table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> <td>23/24</td> </tr> <tr> <td>←</td> <td>←</td> <td>←</td> <td>←</td> <td>→</td> </tr> </table>	19/20	20/21	21/22	22/23	23/24	←	←	←	←	→	<ul style="list-style-type: none"> <li>Preparedness contingency in the event of surge in activity – Trust mitigation action plan – OPEL; Escalation Action Plans - OPEL</li> <li>Engagement with stakeholders across local health system to establish foresight and adaptive capacity in the event of practice collapse</li> <li>Reliance on Walk-in-Centres / Urgent Care Centre</li> <li>Urgent Care Board (UCOG &amp; UCXG)</li> <li>System partners escalation process</li> </ul>	<p>Not within the Trusts sphere of control. In the event of collapse, emergency procedures will govern the response</p>	<p>Engage with Commissioners</p> <p><b>SLT Lead:</b> COO</p> <p><b>Timescales:</b> Ongoing</p>	<p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Reports to TMB</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>Confirm and Challenge by NHS England Regional Team and CCGs (Ongoing);</li> <li>LHRP Assurance Process</li> <li>Urgent Care Board (monthly)</li> </ul>	<p>Uncertainty re: fragility of neighbouring providers in the Wirral</p> <p><b>Action:</b> A request to be made to review CCG BAF to better understand fragility of neighbouring providers in the Wirral</p>
	19/20	20/21	21/22	22/23	23/24										
←	←	←	←	→											
			<p>Review Contingency plans</p> <p><b>SLT Lead:</b> COO</p> <p><b>Timescales:</b> Ongoing</p>												

Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)

Key risk indicators (KRIs) –Data updated 30/04/20



WUTH activity (Admitted, Discharges & Net flow)  
To be developed

**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

<b>Strategic priority</b>	I. PEOPLE: Supported empowered workforce II. PERFORMANCE: Consistently deliver financial sustainability and performance standards	<b>Lead Committee</b> WAC	<b>Current risk exposure</b> Likelihood: Consequence Risk rating Anticipated change	<b>Tolerable risk</b>	<b>Risk Treatment Strategy:</b>	<b>Modify</b>
<b>Principal risk</b> (What could prevent us achieving this strategic priority)	<b>PR 2: Critical shortage of workforce capacity &amp; capability</b> A critical shortage of workforce capacity with the required skills to manage demand resulting in a prolonged, widespread reduction in the quality of services and repeated failure to achieve constitutional standards	<b>Executive lead</b> Dir. HR/Workforce <b>Initial date of assessment</b> 01/04/2020 <b>Last reviewed</b> 30/04/2020 <b>Last changed</b> 30/04/2020	5. V. likely 4. High <b>20. Significant</b> Intensifying	3. Possible 4. High <b>12. High</b>	<b>Risk appetite</b>	Open
<b>Details of change</b>	<b>Updated gaps in control/assurance, plans to improve control/assurance</b>					

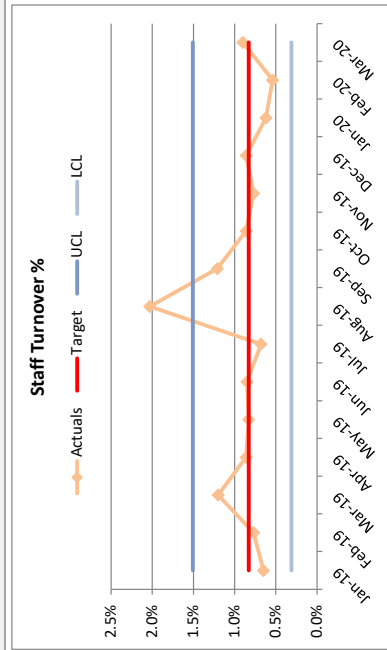
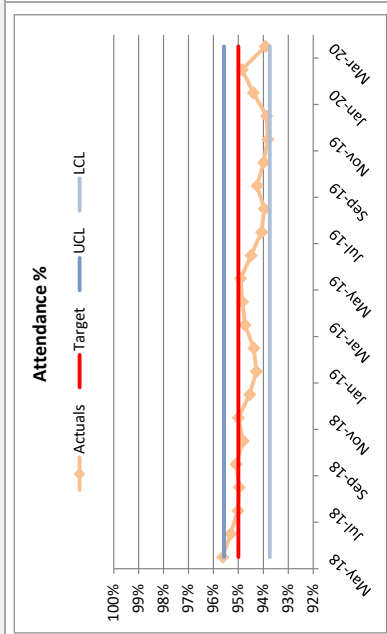
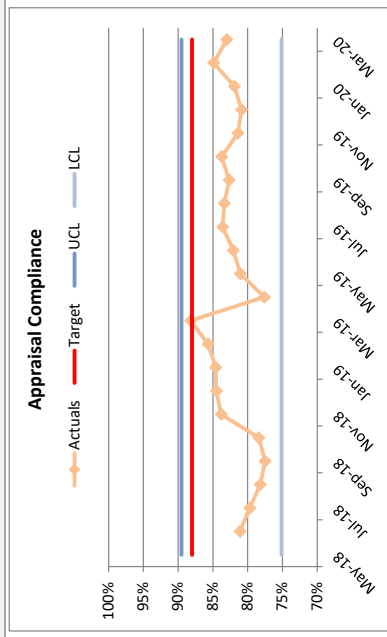
<b>Risk Vector</b> (What might cause this to happen)	<b>Primary risk treatment</b> (What controls/systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/impact of the threat)	<b>Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	<b>Plans to improve control</b> (Are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Level &amp; Source of assurance (&amp; date)</b> <u>Evidence that the controls/systems which we are placing reliance on are effective</u>	<b>Gap in Assurance/ Action to address gap</b>	<b>Assurance rating</b>
<b>Threat:</b> Demographic changes (including the impact of Brexit, and an ageing workforce) and shifting cultural attitudes to careers, combined with employment market factors (such as reduced availability and increased competition) resulting in critical workforce gaps in some clinical services	<ul style="list-style-type: none"> <li>E-rostering and job planning - to support staff deployment</li> <li>Vacancy management and recruitment systems &amp; processes</li> <li>TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation</li> <li>Defined safe medical &amp; nurse staffing levels for all wards &amp; departments/ Safe Staffing Standard Operating Procedure</li> <li>Temporary staffing approval and recruitment processes with defined authorisation levels</li> <li>'No deal' EU Exit Planning Team – incl workforce planning – action cards/ global comms/ EU exit page on intranet</li> <li>Medical staffing &amp; HR Teams in place</li> <li>Nursing &amp; Midwifery recruitment &amp; retention strategy</li> <li>Volunteer strategy</li> <li>Recruitment campaign (Band 5; CSW; Volunteers)</li> <li>Ward establishment review</li> <li>Change in pension rules</li> <li>Divisional ownership and understanding of workforce issue incl hard to recruit groups</li> <li>Medical staffing review</li> <li>Workforce Strategy and Implementation Plan</li> <li>Vacancy rates for nursing posts monitored through T&amp;F Group</li> <li>Zero hours - new contracts issued in line with guidance</li> <li>Introduction of Pension Exchange Policy – in line with BMA guidance</li> <li>Recruitment in house with effect from 1<sup>st</sup> April 2020</li> <li>Pension - HMRC rules changed (tapering)</li> </ul>	<p>Vacancy rates / high locum use and hard to recruit medical posts</p> <p>Bed modelling, &amp; speciality capacity/ demand review - workshop March '20.</p> <p>Divisions to identify opportunity for change discussion at TMB May '20</p> <p>SLT Lead: COO</p> <p>Timescales: Q1 20/21</p> <p>Divisional plans for recovery to be developed to include agency, bank, locums and restriction of existing resources</p> <p>SLT Lead: COO</p> <p>Timescales: Q1 20/21</p> <p>Recruitment underway - 2 wte posts left to fill</p> <p>Mitigation plan to ensure team in place to provide continuity of service</p> <p>Mitigation is to cover vacant posts by using Workforce intelligence staff and placing some routine work on hold</p> <p>Increased training and upskilling of staff within the recruitment team to bring up-to-date with current systems and processes</p> <p>SLT Lead: Dir HR</p> <p>Timescales: Q2 20/21</p> <p>Settlement being negotiated</p> <p>SLT Lead: DoHR</p> <p>Timescales: Q1 20/21</p> <p>Establishment of attendance management team – impact review to be completed at end of 2020</p> <p>SLT Lead: DoHR</p> <p>Timescales: Q4 2020/21</p>	<p>Level 1</p> <ul style="list-style-type: none"> <li>Divisional performance reviews – workforce metrics (monthly)</li> <li>Workforce steering group – all KPI's (monthly)</li> <li>Safe Staffing Report – recruitment (quarterly)</li> <li>Finance &amp; Workforce Scrutiny meeting (weekly)</li> <li>Medical Staffing Steering Group established to consider the Action Plan identified following the Medical Staffing Review.</li> <li>Nursing &amp; Midwifery Recruitment &amp; Retention Strategy Update (WAC)</li> <li>Workforce Steering Group – Chair's report</li> <li>Recruitment &amp; Retention Steering Group report to WSG</li> <li>Exception reports (QPR) for Attendance, Appraisal and turnover</li> </ul> <p>Level 2</p> <ul style="list-style-type: none"> <li>Workforce Strategy &amp; Plan – Updates provided to WAC</li> <li>Quality and Performance dashboard- Workforce metrics (monthly);</li> <li>Report of Workforce Assurance Committee to Board (Monthly);</li> <li>FBPAC reports (Monthly)</li> <li>Workforce Key Performance Indicators (KPI's) – WAC (bi-monthly)</li> </ul> <p>Level 3</p> <ul style="list-style-type: none"> <li>Organisational Development Plan</li> <li>MIAA Safe Nurse Staffing (Substantial)</li> <li>MIAA Recruitment Process Review (Substantial)</li> <li>MIAA Consultant Job Planning (Limited)</li> <li>MIAA HR &amp; Wellbeing Services – jointly with Countess of Chester (Limited)</li> </ul>	<p>Level 1</p> <ul style="list-style-type: none"> <li>Divisional performance reviews – workforce metrics (monthly)</li> <li>Workforce Steering Group – all KPI's (monthly)</li> <li>Regular pulse checks starting June '19</li> <li>Establishment of 'Respect' at Work Group (monthly)</li> </ul>	<p>Lack of assurance re: control of locum use.</p> <p>Action: Medical Staffing Action Plan, improvements in control report via WSG</p>	<p>None identified</p>
<b>Proximity of threat</b>						
19/20	20/21	21/22	22/23	23/24		
<p><b>Threat:</b> A failure to acquire or loss of workforce productivity (<b>attendance management</b>) arising from a reduction in discretionary effort amongst substantial proportion of the workforce and/or loss of experienced colleagues</p>						

**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

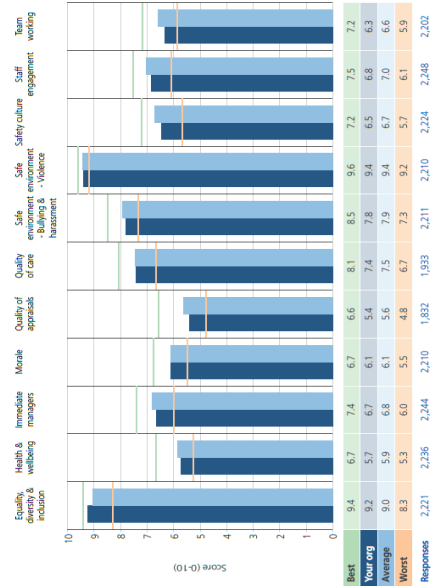
<p>from the service, or caused by other factors such as poor job satisfaction, lack of opportunities for personal development, on-going pay restraint or workforce fatigue</p> <p><b>NOTE: for COVID related matters see risk identified in PR3</b></p>	<p>programme / Shadow Board Programme</p> <ul style="list-style-type: none"> <li>Executive &amp; SLT visibility; Big debates; Ask the Exec Team</li> <li>Divisional staff support networks; Freedom to Speak up Guardians; Occupational Health Support (as required)</li> <li>Health &amp; Wellbeing team in place</li> <li>Rewards &amp; recognition i.e. annual staff celebration; cards</li> <li>Attendance Management procedures</li> <li>Oversight of OD delivery via Workforce Assurance Committee</li> <li>Introduction of Health &amp; Well-being Programme and Employee Assistance Programme</li> </ul>	<p>Longer term consequences post COVID eg: mental health, health and wellbeing, employment claims (re availability of equipment)</p>	<p>Review of Attendance Management Policy underway SLT Lead: Dir HR Timescales: Q1 20/21</p> <p>Introduce changes for effective absence data collection and review impact following period of adoption SLT Lead: Dir HR Timescales: Q1 20/21</p> <p>Health and wellbeing Plan reviewed in the light of COVID with short and medium term actions put in place. Longer term actions to support consequences now being developed and will be seen in updated Health and Wellbeing Plan. SLT Lead: Dir HR Timescale: 31<sup>st</sup> May 2020</p>	<p>Exception Report – Board of Directors (monthly)</p> <p>Leaders In-Touch Forum</p> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Workforce Strategy &amp; Plan – Updates provided to WAC</li> <li>Health and Wellbeing Plan to WAC</li> <li>Health and Wellbeing Update reports to WSG</li> <li>FTSU Reports to WAC</li> <li>Quality and Performance dashboard- Workforce metrics (monthly);</li> <li>Report of Workforce Assurance Committee to Board (Bi Monthly);</li> <li>FBPAC reports (Monthly)</li> <li>Workforce Key Performance Indicators (KPI's) – WAC (bi-monthly)</li> <li><b>Annual legal services report (As PR3)</b></li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>National Staff Survey (Mar '20);</li> <li>CQC Report (Mar '20);</li> <li>Medical engagement survey (Nov '19)</li> <li>Staff FFT (Q1,2,4)</li> <li>Claims management MIAA assurance (As PR3)</li> </ul>	<p>Emergency Planning, Resilience &amp; Response (EPRR) arrangements for temporary/loss of essential staffing (including industrial action &amp; extreme weather event)</p> <ul style="list-style-type: none"> <li>The LHRP co-ordinated response.</li> <li>Annual Review of EPRR Assurance Statement of Compliance</li> </ul> <p>Induction; Mandatory &amp; role specific training programmes;</p> <ul style="list-style-type: none"> <li>Corporate teams provide support and training as required</li> <li>Exercises to test business continuity and incident management plans including loss of technology</li> <li>ESR training record</li> <li>Protected budgets for training &amp; development</li> <li>Practice educators</li> <li><b>Effectiveness of mandatory training knowledge acquisition in practice:</b> <ul style="list-style-type: none"> <li>80% of the core 10 mandatory training subjects are available via e-learning. The remaining 20% (2) are practical sessions and therefore need to be face to face.</li> <li>All Clinical skills programmes are based on national standards and competencies.</li> <li>Education Review completed</li> </ul> </li> </ul>	<p>Proximity of threat</p> <table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> <td>23/24</td> </tr> <tr> <td>←</td> <td>→</td> <td>→</td> <td>→</td> <td>→</td> </tr> </table> <p>Threat: Workforce becomes deskilled due to increasing dependence on technology/ diminishing training budget and/or inability to complete mandatory or role specific training</p> <p>Proximity of threat</p> <table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> <td>23/24</td> </tr> <tr> <td>←</td> <td>→</td> <td>→</td> <td>→</td> <td>→</td> </tr> </table>	19/20	20/21	21/22	22/23	23/24	←	→	→	→	→	19/20	20/21	21/22	22/23	23/24	←	→	→	→	→
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<p>None identified</p>	<p>None identified</p>	<p>None identified</p>	<p>None identified</p>	<p>None identified</p>	<p>None identified</p>	<p>None identified</p>																				

Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)

Key risk indicators (KRIs) Data updated 30/04/2020



Staff Survey 2019



Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)

Strategic priority	PERFORMANCE: Consistently deliver financial sustainability and performance standards	Lead Committee	FBPAC	Current risk exposure	Tolerable risk	Risk Treatment Strategy:	Modify / Transfer
<b>Principal risk</b> (what could prevent us achieving this strategic priority)	PR 3: Failure to achieve and/or maintain financial sustainability Inability to deliver the annual required financial plan trajectory resulting in a failure to achieve and maintain financial sustainability.	Executive lead Initial date of assessment Last reviewed Last changed	Chief Finance Officer 01/04/2020 30/04/2020 30/04/2020	Likelihood: Consequence Risk rating Anticipated change	2. Unlikely 4. High 5.V. High 20. Significant 8. Medium	Risk appetite	Open
<b>Details of change</b>	Updated primary risk controls, gaps in assurance/plans to improve control and assurances documented						
<b>Risk Vector</b> (what might cause this to happen)	<b>Primary risk controls</b> (controls/ systems/ processes already in place to assist in managing the risk & reducing the likelihood/ impact of the threat)	<b>Gaps in control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Plans to improve control</b>	<b>Source of assurance (&amp; date)</b> (Evidence that the controls/ systems which we are placing reliance on are effective)	<b>Gap in Assurance/ Action to address gap</b>	<b>Assurance rating</b>	
<b>Threat:</b> Increased cost & income volatility as a result of tariff changes; deteriorating condition of clinical estate; dependency on temporary staffing; growth in competition from the private health sector; contract penalties/ fines leading to uneconomic services	<ul style="list-style-type: none"> <li>Annual plan, including control total consideration; reduction of underlying financial deficit</li> <li>Contract terms reduce risk of income volatility as a result of block payment basis for Outpatients and support to underwrite Non-elective variation</li> <li>SFI's authorisation limit (scheme of delegation)</li> <li>Core financial control Policies / Procedures</li> <li>Access to Working Capital support</li> <li>Budgetary controls/Budget at Ward &amp; Dept level</li> <li>Training for budget holders</li> <li>Procurement processes and Team</li> <li>Risk based annual capital planning process</li> <li>Embedded service line reporting</li> <li>Courses throughout the year provided for Budget holders</li> <li>Introduction of extra-ordinary controls: CEO/DoF led scrutiny panel (vacancies, CIP, non-core pay); Discretionary non-pay sign off escalation; Forecasting review based on issues and interventions</li> <li>KPI meetings (all Divisions) to drive and improve standards of e-rostering</li> <li>Development of Regulatory approved System Financial Recovery Plan (FRP)</li> </ul>	<ul style="list-style-type: none"> <li>Not all budget holders have completed training</li> <li>Compliance with escalation as per SFI</li> <li>MTFM not yet agreed</li> <li>Effectiveness of budget management @Divisional/ Corporate/ Ward/ Dept</li> <li>Operational productivity impacting adversely on income and expenditure</li> <li>Robust capacity plan</li> <li>Job planning and e-roster</li> <li>Estates Strategy in development</li> <li>Unbudgeted expenditure, including that related to meet regulatory requirements arising in year without mitigating savings</li> <li>Decommissioning of services provided to Clatterbridge Cancer Centre (CCC)</li> </ul>	<p>Develop &amp; agree MTFM SLT Lead: CFO Timescales: End of Q2 2020/21</p> <p>Establishment of a Joint Working Group to oversee decommissioning of services provided to CCC SLT Lead: DCS&amp;P Timescales: May '20</p> <p>Development of a Financial Recovery Plan 2020/21 SLT Lead: CFO Timescales: Q2 2020/21</p>	<p>Level 1</p> <ul style="list-style-type: none"> <li>Divisional risk reports to Risk Committee bi-annually;</li> <li>E-roster data reviewed at Workforce Steering Group (quarterly)</li> <li>Weekly COO/cfo/HRD led scrutiny panel (vacancies, CIP, non-core pay)</li> </ul> <p>Level 2</p> <ul style="list-style-type: none"> <li>Finance report presented to Board (monthly)</li> <li>Significant risk report to RMC (monthly);</li> <li>Chair's report escalated to FBPAC &amp; Board;</li> <li>Q&amp;P Dashboard (monthly)</li> <li>Annual report &amp; Accounts</li> </ul> <p>Level 3</p> <ul style="list-style-type: none"> <li>Internal audit</li> <li>External audit</li> <li>Signed contract with WHCC/NHSE</li> <li>System Finance Report to Board (monthly)</li> <li>System Financial mitigation plan 2019/20 (submitted Dec 19)</li> <li>Procurement Processes (MIAA) – Moderate Assurance</li> <li>Financial Systems Key controls and Financial Reporting (MIAA) – Substantial Assurance</li> <li>Risk Management Process (MIAA) - Substantial Assurance</li> </ul>	<p>No contracts in place for 2020/21 Contract process for 2020/21 suspended by NHS to support COVID response. Financial plan developed to incorporate agreed funding streams for M1 to M4 as set nationally. Income levels for M5 onwards have been estimated but no contract in place</p> <p>Action: To be kept under constant review in light of changing national COVID guidance.</p>	Assurance rating	
<b>Proximity of threat</b>							
19/20	20/21	21/22	22/23	23/24			
<b>Threat:</b> Insufficient CIP delivered due to lack of internal capacity to identify and deliver recurrent savings; competing performance priorities; reliance on system-wide change; competing regulatory priorities or unexpected spend to address quality/compliance issues	<ul style="list-style-type: none"> <li>CIP planning processes and coordination of delivery</li> <li>Agreed CIP plans at Divisional and Dept level</li> <li>Access to Working Capital support</li> <li>Programme Board</li> <li>SRO's identified for CIP programme</li> <li>CIP planning, scoping, approval and initiation process in place with QIA and clinical sign-off</li> <li>CIP delivery oversight meeting</li> <li>Healthy Wirral System 5yr Recovery &amp; Sustainability plan</li> </ul>	<ul style="list-style-type: none"> <li>Unidentified CIP in year</li> <li>Slippage in agreed schemes</li> <li>Effectiveness of oversight</li> <li>CIP planning only relates to current financial year</li> <li>Capacity and capability to drive significant efficiency schemes</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of CIP challenge and check process to monitor progress against target</li> <li>Executive leads identified for 2020/21.</li> <li>PA Consulting commissioned to support development of 2020/21 CIP programme. Resources being pulled to develop specific in-house financial turnaround capacity</li> <li>SLT Lead: CFO Timescales: End of Q4 2020/21</li> <li>Develop &amp; agree Medium Term Finance Model (MTFM) - linked to other Trust Strategies and Healthy Wirral Plans SLT Lead: CFO Timescales: End of Q4 2020/21</li> </ul>	<p>Level 1</p> <ul style="list-style-type: none"> <li>Divisional reports to Programme Board</li> <li>CIP Scrutiny Panel (weekly)</li> </ul> <p>Level 2</p> <ul style="list-style-type: none"> <li>Finance report presented to Board (monthly)</li> <li>Chair's report escalated to FBPAC &amp; Board;</li> <li>Q&amp;P Dashboard (monthly)</li> <li>Annual report &amp; Accounts</li> <li>Internal audit/ External audit;</li> </ul> <p>Level 3</p> <ul style="list-style-type: none"> <li>To be kept under constant review in light of changing national COVID guidance.</li> </ul>	<p>Efficiency requirement for M1 to M4 has been suspended by NHS COVID. Requirements for M5 onwards not currently known and this remains a risk.</p> <p>Action: To be kept under constant review in light of changing national COVID guidance.</p>	Assurance rating	
<b>Proximity of threat</b>							
19/20	20/21	21/22	22/23	23/24			

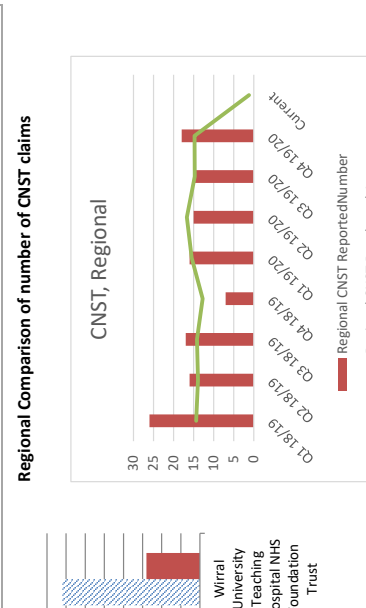
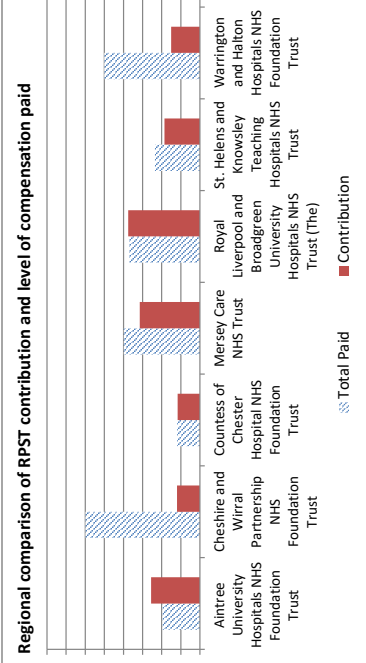
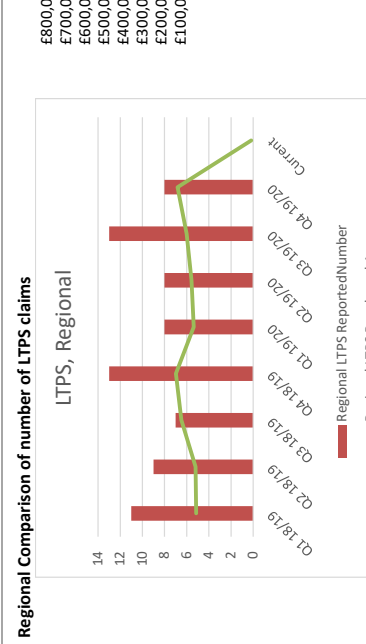
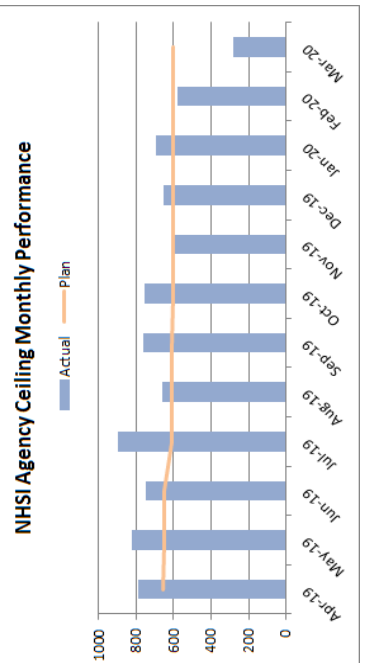
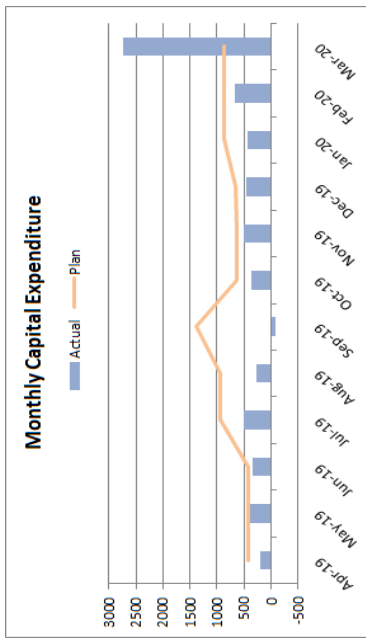
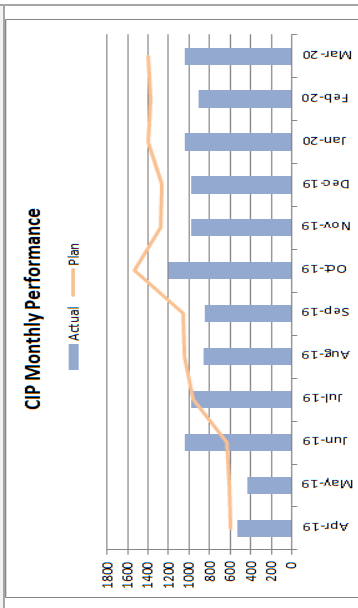
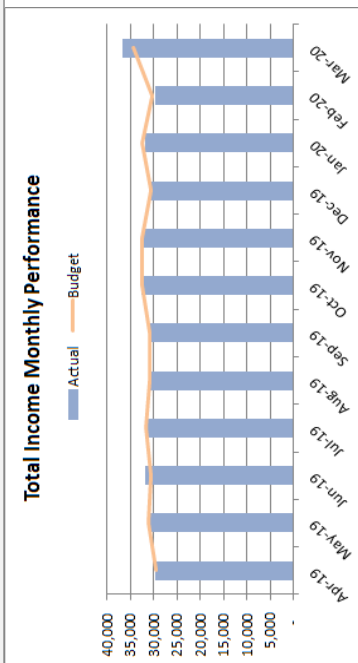
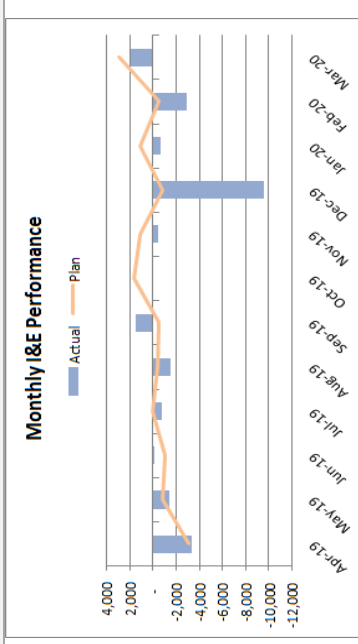
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<p><b>Threat:</b> Growth in the burden of backlog maintenance and medical equipment replacement costs to unaffordable levels</p>	<p>• Treasury loan process/NHS Capital approval process.                  • Planned and preventative maintenance regime in place based on compliance                  • Reactive maintenance regime to repair immediate issues as they arise with dedicated Budget for Backlog maintenance - circa £1.2 million                  • Dedicated Capital Budget for improvement works on the Physical Environment- various.</p>	<p>• The condition of the current estate and ageing medical devices presents a significant maintenance and affordability burden in a restrained operations environment                  • Restrictions on availability of central capital funding                  • Review and identified area of capital programme that does not impact backlog maintenance – relates to Car Park.                  • Lack of equipment replacement programme to inform capital programme</p>	<p>Draft Estate Strategy to be developed informed by 6 facet survey                  SLT Lead: COO                  Timescales: Q2 20/21 – timeframe revised to align with development of Trust Strategy</p> <p>Medical Devices Procurement Group to review equipment replacement programme                  SLT Lead: Deputy MD                  Timescales: Q3 20/21</p>	<p>NHS Premises Assurance Model Developed to identify areas of risk and reviewed annually.</p>										
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<p><b>Threat:</b> Increasing cost of clinical and civil liability insurance due to non-compliance with Health &amp; Safety legislation; levels of harmful and indefensible care and increasingly litigious society</p>	<p>• Maturity of the safety management system is currently at 'emerging' level                  • Limited monitoring of compliance with H&amp;S requirements                  • Restricted adaptive capacity                  • Restricted awareness of lessons learnt through clinical negligence claims and robust processes for implementation of actions to address issues identified                  • Uncertainty around legal risk following COVID pandemic</p>	<p>Development of annual improvement and audit plan for Health and Safety in accordance with ISO4501                  SLT Lead: CN &amp; Dir IPC                  Timescales: Q1 '20/21</p> <p>Develop a Trustwide &amp; Divisional specific H&amp;S Manual to describe the interactions of the elements within the wider health and safety system                  SLT Lead: CN &amp; Dir IPC                  Timescales: Q4 '20/21</p> <p>Establish a more robust governance route for Corporate oversight and assurances of actions implemented at local level                  SLT Lead: CN &amp; Dir IPC                  Timescales: Q4 '20/21</p> <p>Presentation of risk and decision log demonstrating effective management of risk to support defence of any pursuing legal actions                  SLT Lead: CN &amp; Dir IPC                  Timescales: Q1 '20/21</p>	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Divisional H&amp;S reports to SMAC (monthly)</li> <li>H&amp;S Committee report – SMAC (monthly)</li> <li>Divisional monthly report of claims</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>H&amp;S report to RMC (6 monthly)</li> <li>H&amp;S Update and Dashboard (SMAC – monthly)</li> <li>SI Panel</li> <li>IR(ME)JR Compliance Audit (SMAC Nov '19)</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>Annual legal services report</li> <li>Authorised engineers reports; UKAS</li> <li>NHSR claims profile; MHRA inspection reports; HSE inspection/ Environmental Health inspections; COC inspection reports</li> <li>Independent safety management audit (Arcadis)</li> <li>Claims Management, MIAA – Substantial Assurance</li> <li>RoSPA Gold Award achieved (Mar 20)</li> </ul>	<p>Divisional risk reports to RMC (monthly)                  Backlog report presented to RMC –March 19;                  Compliance Audit undertaken (every 6mths)                  Significant risk report to RMC (monthly)                  IPC &amp; Estates Capital Plan (Sept '19)                  PLACE audits (annually)                  6 Facet survey – Board of Directors – Aug '19                  Environmental Health reports</p>										
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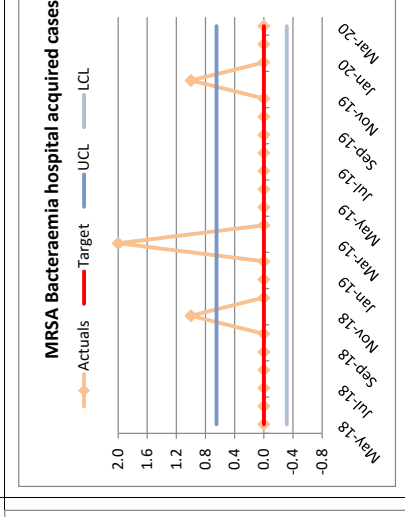
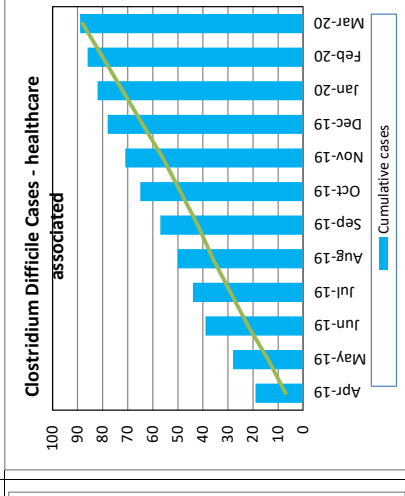
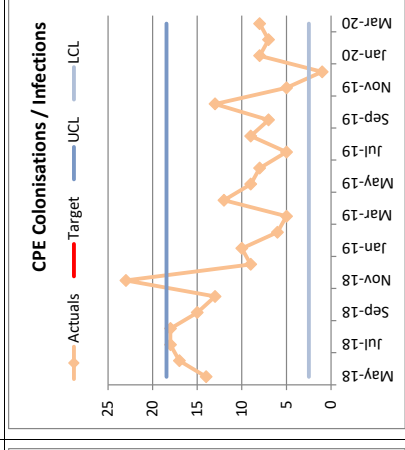
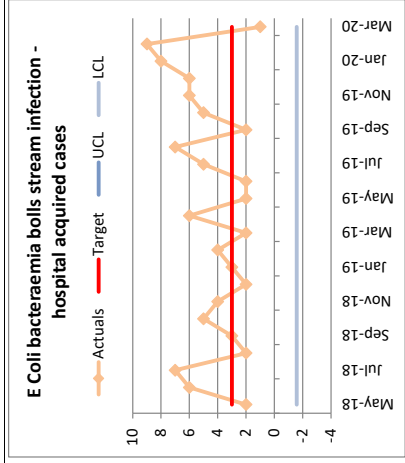
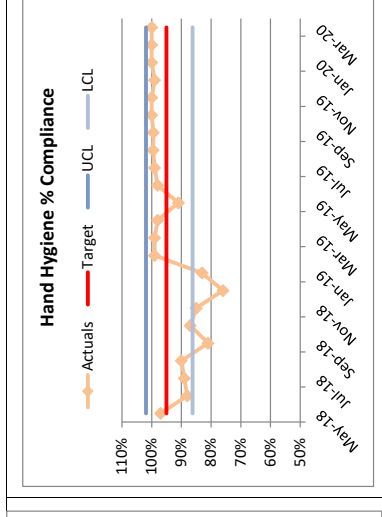
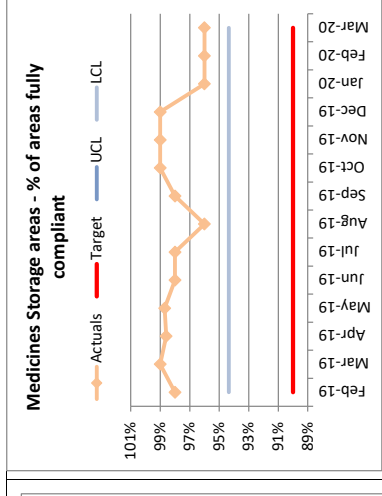
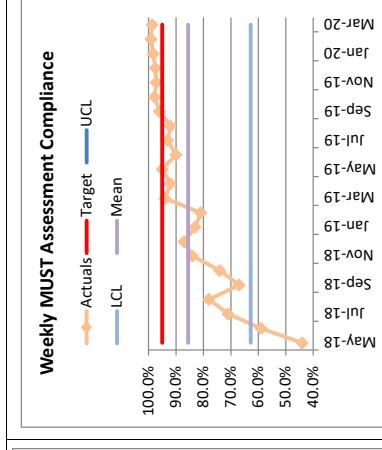
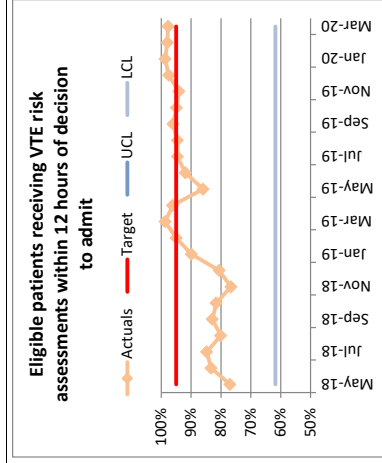
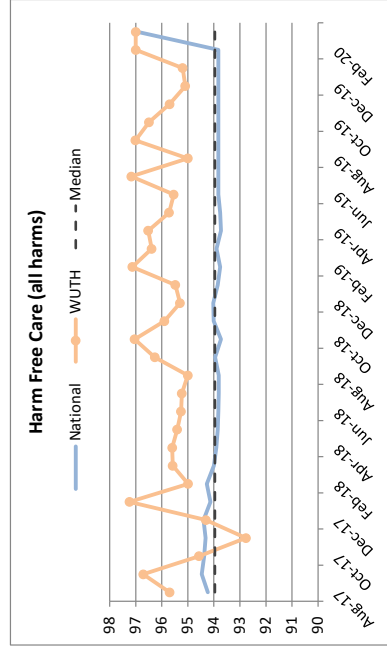
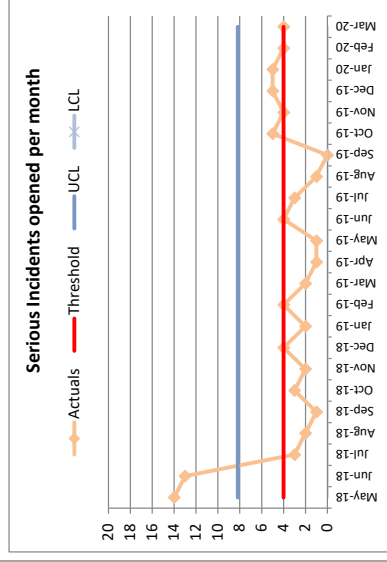
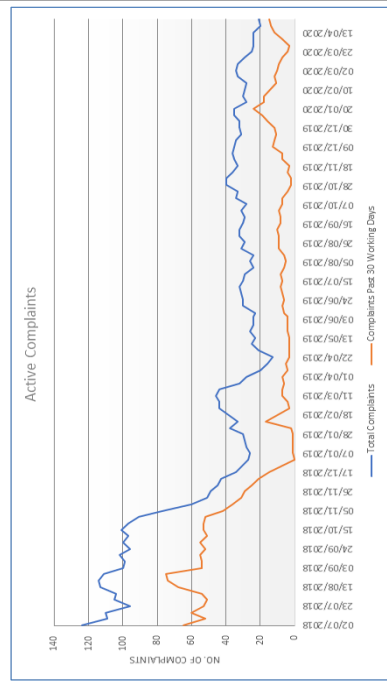
Strategic priority	PATIENTS: Pursuing quality improvement				Quality	Medical Director / Chief Nurse		Likelihood: 3. Possible Consequence: 5. V. High Risk rating: 15. Significant		3. Possible 3. Moderate 9. Medium		Risk appetite		Modifiy	
Principal risk (What could prevent us achieving this strategic priority)	PR 4: Catastrophic failure in Standards of Care A Catastrophic failure in standards of safety and quality of patient care across the Trust resulting in multiple incidents of severe, avoidable harm and poor clinical outcome														
Details of change	Updated risk rating, gaps in control, plans to improve control														

Risk Vector (What might cause this to happen)	An outbreak of infectious disease (such as pandemic influenza; norovirus; infections resistant to antibiotics) that forces closure to one or more areas of the hospital and/or causes avoidable serious harm or death to service users		NOTE: See also PR1		NOTE: for COVID related matters see risk identified in PR5		Proximity of threat		19/20		20/21		21/22		22/23		23/24		Assurance rating	
	<p><b>Primary risk treatment</b> (what controls/ systems &amp; processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</p> <ul style="list-style-type: none"> <li>Chief Nurse identified as DIPC</li> <li>IPC service provided Trust wide by the IPC Team incl. seven day out of hour's on-call service; IPC Programme of work</li> <li>Infection Prevention &amp; Control policies/procedures</li> <li>Staff training</li> <li>Antibiotic stewardship</li> <li>Environmental cleaning Procedures / Standards in all areas</li> <li>Decontamination standards – CSSD; Flu vaccination prog</li> <li>Strict adherence to single use items</li> <li>Bed occupancy managed by leads that attempts to minimise risk of cross contamination</li> <li>Mattress decontamination / disposal &amp; replacement</li> <li>Robust infection Prevention Control plan in response to Clostridium difficile outbreak, seasonal infections such as flu / Noro Virus</li> <li>Ward Managers prioritising areas for maintenance works to inform overall Estates Strategy</li> <li>IPC Action Plan reflects changes in cleaning practice</li> </ul>		<p><b>Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to acceptable appetite/ tolerance level)</p> <ul style="list-style-type: none"> <li>The management of Gram-Negative bacteraemia</li> <li>Level of clinical engagement in IPC</li> <li>Microbiology capacity for IPC</li> <li>Bed occupancy levels</li> <li>Consultant scrutiny of death certification for matters concerning healthcare associated infection</li> <li>Unknown impact of endemic risk of COVID-19</li> </ul>		<p><b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)</p> <ul style="list-style-type: none"> <li>isolating or cohorting infectious patients</li> <li>Enlisting public support to restrict visiting</li> <li>Estate refurbishment plans as agreed by the Board of Directors</li> <li>CDI action plan</li> <li>Gram-Negative improvement plan involving wider health system in Cheshire &amp; Merseyside</li> <li>Contingency plans for Influenza and winter viruses (tested in December '19) – revisit in Q2 in prep of winter 20/21</li> </ul>		<p><b>Source of assurance (&amp; date)</b> (Evidence that the controls/ systems which we are placing reliance on are effective)</p> <p>Level 1</p> <ul style="list-style-type: none"> <li>Perfect ward/ ward accreditation audits; Divisional reports to IPORT</li> <li>IPC task &amp; finish group (weekly) to review actions</li> </ul> <p>Level 2</p> <ul style="list-style-type: none"> <li>IPC – Improvement Plan – PSQB/Quality; Quality CDI Action Plan (Quality)</li> <li>Performance Dashboard; Weekly escalation report IPC specific; IPCG/ PSQB oversight</li> <li>Annual Flu Plan – progress report to WAC (Sept – March metrics to be included in QPR)</li> </ul> <p>Level 3</p> <ul style="list-style-type: none"> <li>IPC Improvement plan; MIAA Internal audit reports; PHE reports</li> <li>IPC Review MIAA – Limited Assurance</li> <li>Report IPC data to CCG (CQPD)</li> </ul>		<p><b>Gap in Assurance/ Action to address gap</b> (Insufficient evidence as to effectiveness of the controls or negative assurance)</p> <p>None identified</p>		Assurance rating									
Proximity of threat	A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction		NOTE: for COVID related matters see risk identified in PR5		Proximity of threat		19/20		20/21		21/22		22/23		23/24					
	<p><b>Primary risk treatment</b> (what controls/ systems &amp; processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</p> <ul style="list-style-type: none"> <li>Clinical service structures, accountability &amp; quality governance arrangements at Trust, division &amp; service levels including <ul style="list-style-type: none"> <li>Monthly Patient Safety &amp; Quality Board (PSQB) with work programme aligned to CQC registration regs</li> <li>Clinical policies, procedures, guidelines, pathways, supporting documentation &amp; IT systems</li> <li>Clinical audit programme &amp; monitoring arrangements</li> <li>Clinical staff recruitment, induction, mandatory training, registration &amp; re-validation</li> </ul> </li> <li>Defined safe medical &amp; nurse staffing levels for all wards &amp; departments</li> <li>Ward assurance/ metrics &amp; accreditation programme</li> <li>CAS Implementation process</li> <li>Mortality review policy &amp; process</li> </ul>		<p><b>Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to acceptable appetite/ tolerance level)</p> <ul style="list-style-type: none"> <li>Current levels of mortality review and structured judgement review where these are indicated</li> <li>Exposure to serious incidents (above trajectory in 1 out of the last 3 months, as at Mar '20)</li> </ul>		<p><b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)</p> <ul style="list-style-type: none"> <li>Appointment of Medical Examiners: <ul style="list-style-type: none"> <li>Staff identified and training started</li> <li>SLT Lead: Deputy MD</li> <li>Timescales: April 2020</li> </ul> </li> <li>NOTE: nationally programme suspended March '20</li> </ul> <p>Actions to address serious incidents exposure are outlined on a case by case basis, and where appropriate are linked to the CDI action plan.</p>		<p><b>Source of assurance (&amp; date)</b> (Evidence that the controls/ systems which we are placing reliance on are effective)</p> <p>Level 1</p> <ul style="list-style-type: none"> <li>Perfect ward/ ward accreditation audits (ongoing)</li> <li>FTT and electronic patient/relative feedback kiosks (nationally suspended April '20 onwards)</li> <li>Primary Mortality Reviews + structured judgement reviews - Quarterly/Annual Report to Board.</li> <li>VTE Committee review with clinical lead</li> </ul> <p>Level 2</p> <ul style="list-style-type: none"> <li>All Complaints – Executive sign off</li> <li>Quality Performance Dashboard (monthly); PSQB reports (monthly)</li> <li>Quality Account (annual) – Note: suspended for 2019/20;</li> <li>KLOE inspections local inspections;</li> <li>Serious Incident Review Group (weekly)</li> </ul>		<p><b>Gap in Assurance/ Action to address gap</b> (Insufficient evidence as to effectiveness of the controls or negative assurance)</p> <p>None identified</p>		Assurance rating									



**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

**Key risk indicators (KRIs) - Data updated 30/04/2020**



**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

Strategic priority		ALL STRATEGIC OBJECTIVES				Current risk exposure		Tolerable risk		Risk Treatment Strategy:					
Principal risk (what could prevent us achieving this strategic priority)		PR 5: Major disruptive incident (leading to rapid operational instability) A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community				Likelihood: Consequence		1. V. Unlikely 5. V. High		Risk appetite					
Details of change		Updated gaps in control/assurance, plans to improve control/assurance				Risk rating		5. Med							
Strategic threat (what might cause this to happen)		Primary risk controls (what controls/systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)				Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Source of assurance (& date) (Evidence that the controls/systems which we are placing reliance on are effective)		Gap in Assurance/ Action to address gap					
<p><b>Threat:</b> A large-scale cyber-attack that shuts down the IT network and severely limits the availability of essential information for a prolonged period</p>		<ul style="list-style-type: none"> <li>Data Security Assurance Framework (IGAF)</li> <li>Fire wall controls</li> <li>Access controls</li> <li>VPN access</li> <li>Anti virus and updates</li> <li>Mandatory Data Security Training</li> <li>Business Continuity plans &amp; BIA – Divisional &amp; IT specific</li> <li>Pilot site unified cyber risk framework</li> </ul>				<p><b>Gaps in control</b></p> <p>Lack of co-ordination of incident response across region</p>		<p><b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)</p> <p>Implement funded program to co-ordinate cyber security across the Mersey in liaison with NHS(E)</p> <p><b>Note:</b> central funding released October 2019, implementation reviewed by Lancashire/Midlands CSU</p> <p><b>SLT Lead:</b> Dir IT &amp; Info</p> <p><b>Timescales:</b> Plan by end of Q1 20/21. Implementation by end of 2020</p>		<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>IG &amp; Clinical Coding Group</li> <li>Cyber Security Progress Report to FBPAAC (Sept '19)</li> <li><b>Report to Risk Management Committee (Quarterly)</b></li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Data Security and protection toolkit submission to Board and <b>Board level training received.</b></li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>Business Continuity Confirm and Challenge NHSE</li> <li>LHRP Assurance Process</li> <li>Cyber Essential Scheme Test Specification – Accreditation received</li> <li>National Cyber Essential Certification (Board of Directors – Sept '19)</li> <li><b>MIAA Data Security &amp; Protection Toolkit (Substantial)</b></li> </ul>		None		Assurance rating	
<p><b>Threat:</b> A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire or security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period</p>		<ul style="list-style-type: none"> <li>Emergency Preparedness, Resilience &amp; Response (EPRR) arrangements at regional, Trust, division and service levels</li> <li>Operational strategies &amp; plans for specific types of major incident (e.g. fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNE)</li> <li>Strategic, Tactical, Operational command structure for major incidents</li> <li>Business Continuity, Emergency Planning &amp; security policies</li> <li>Power failure action cards</li> <li>Business Impact assessments</li> <li>Major incident plan and action cards</li> <li>6 Facet survey commissioned. Interim report – August '19 Board.</li> </ul>				<p><b>Gaps in control</b></p> <p>Deterioration of plant equipment &amp; Fabric of building due to age of estate and availability of funding &amp; extent of work required.</p>		<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>EPRR Twice yearly report to RMC</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Monthly Significant Risk Report to Risk Committee</li> <li>EPRR annual report (Sept)</li> <li>Communication testing (every 6 months)</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>EPRR Core standards compliance rating (+ve);</li> <li>Facet survey (May '19)</li> <li>MIAA Internal audit report – Emergency planning (May 19)</li> <li>April 2019 notification of NHSE review of EPRR core standards – Rating of “Substantial” assurance received for 2018/19</li> </ul>		None		Assurance rating			
<p><b>Threat:</b> A critical supply chain failure (including the potential impact of Brexit on suppliers) that severely restricts the availability of essential goods, medicines or services for a prolonged period</p>		<ul style="list-style-type: none"> <li>CAS alert system – Disruption in supply alerts</li> <li>Procuring critical supplies through MHS SC –national distribution channels are prioritised during times of significant disruption or vulnerability</li> <li>Identified categories of goods/service susceptible to potential disruption (EU Exit)</li> <li>Management of key suppliers at National level (EU Exit)</li> </ul>				<p><b>Gaps in control</b></p> <p>Lack of comprehensive visibility of (a) critical supplies and services and (b) supply chain risks - impacts on ability to plan effectively for supply chain disruption/failures.</p>		<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Medical Equipment Devices and Product Review Group (MEDPRG)</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>EPRR Twice yearly report to RMC (Mar; Sept)</li> <li>EPRR Annual Report (Sept '19)</li> <li>EPRR Compliance Statement (Sept '19)</li> </ul>		None		Assurance rating			

**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

<p>Threat: A pandemic disease outbreak that results in a temporary or prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community</p> <p><b>NOTE: also see PR1, PR2 and PR4</b></p>	<ul style="list-style-type: none"> <li>Timely renewal of contracts- which reduces the Trusts exposure to risk</li> <li>Due diligence of suppliers during the procurement process</li> <li>BCP's for suppliers of critical goods and services</li> <li>Contract Management</li> <li>MEDPRG –considers trials of new and alternative medical equipment, devices and products</li> <li>Effective stock management system and processes</li> <li>Timely payment of suppliers</li> <li>Use of national datasets to identify (a) where WUTH is an outlier in terms of supply route (b) alternative sources /products.</li> <li>Informal Mutual Aid arrangement with Cheshire Mersey Health Partnership (CMHP)</li> <li>Emergency Preparedness, Resilience &amp; Response (EPRR) arrangements at regional, Trust, division and service levels</li> <li>Emergency demand &amp; patient flow management arrangements</li> <li>Emergency Planning, Resilience &amp; Response (EPRR) arrangements for temporary loss of essential staffing (including pandemic)</li> <li>Workforce, Clinical and Operational command structure for major incidents, with identified Executive Leads</li> <li>Regional &amp; National Communication &amp; Guidance programme</li> <li>Provision of supplies and procurement via national programme</li> <li>National speciality guidelines</li> <li>3<sup>rd</sup> sector support ie private facilities</li> </ul>	<p>Critical supply chain</p> <p>National command and control structures not fully established across Cheshire &amp; Merseyside</p> <p>Lack of capacity across a range of areas such as: beds, staffing, critical care equipment and personal protective equipment</p> <p>Staff readiness with transferrable skills – staff working in unfamiliar areas and appropriate training needs</p> <p>Identify staff training needs for redeployment – medicine into acute</p> <p>Increase in LoS for patients awaiting Covid swab results prior to discharge</p>	<ul style="list-style-type: none"> <li>Dual sourcing where practicable and financially viable.</li> <li>BCP's for All suppliers of essential/critical goods and services</li> <li>Stock building of essential and critical supplies</li> </ul> <p><b>SLT Lead:</b> Chief Finance Officer</p> <p><b>Timescale:</b> Q2 20/21 for development of Critical Supplies Risk Register</p>	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>Letter of assurance, DoH</li> </ul>	<p>Mandatory training paused to create capacity for COVID and upskilling which will have an impact on compliance rates</p>
	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Command Structure – Bronze, Silver, Gold and Clinical Advisory Group</li> <li>Temporary Financial Governance Arrangements for COVID (Board – April '20)</li> <li>Addendum to SFI's/ISO's (Board- April '20)</li> <li>COVID preparedness and updates (monthly)</li> <li>COVID Training Task and Finish Group established March 2020</li> <li>Upskilling Training completion reports available April 2020</li> <li>Education Governance Group (BI Monthly)</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>BI Portal Training completion data</li> <li>WAC training reports</li> <li>Workforce Steering Group – all KPI's (monthly)</li> <li>Workforce Steering Group – Chair's report</li> <li>Workforce Strategy &amp; Plan – Updates provided to WAC</li> <li>FTSU Reports to WAC</li> <li>Quality and Performance dashboard - Workforce metrics (monthly)</li> <li>Report of Workforce Assurance Committee to Board (BI Monthly)</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>National Staff Survey (Mar '20)</li> <li>Staff FFT (Q1,2,4)</li> <li>Revised timeframe for year end reporting (NHSE/))</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 Risk Register</li> <li>Pandemic Planning</li> <li>Introduction of revised Command structure</li> <li>Daily workforce attendance reporting</li> <li>All visiting stopped except in exceptional circumstances. Family Support Team set up.</li> <li>Fit testing programme. 40+ trainers and 4 machines.</li> <li>Operational dashboard – reviewed daily (workforce supply, bed occupancy, supplies, mortuary and staff swabbing)</li> <li>Surgery restricted to urgent (inc cancer) and emergency cases only</li> <li>All face to face out-patient clinics cancelled and where possible telephone/skype consultations</li> <li>Review /suspension of non essential meetings, teaching and training</li> <li>Utilisation of national supply chain and mutual aid programme, equipment monitoring and dashboard of equipment in stock/ utilised; implementation of appropriate alternatives for critical shortages as per national guidance</li> <li>Development of Trust Recovery Plan</li> <li>Introduction of new technologies to support virtual appointments and meetings</li> <li>Twice daily report of all medically optimised patients within WUTH</li> <li>7/7 Twice daily integrated Discharge team Command &amp; Control meetings to discuss all medically optimised patients identified for discharge home with support or into intermediate Care.</li> </ul>	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Command Structure – Bronze, Silver, Gold and Clinical Advisory Group</li> <li>Temporary Financial Governance Arrangements for COVID (Board – April '20)</li> <li>Addendum to SFI's/ISO's (Board- April '20)</li> <li>COVID preparedness and updates (monthly)</li> <li>COVID Training Task and Finish Group established March 2020</li> <li>Upskilling Training completion reports available April 2020</li> <li>Education Governance Group (BI Monthly)</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>BI Portal Training completion data</li> <li>WAC training reports</li> <li>Workforce Steering Group – all KPI's (monthly)</li> <li>Workforce Steering Group – Chair's report</li> <li>Workforce Strategy &amp; Plan – Updates provided to WAC</li> <li>FTSU Reports to WAC</li> <li>Quality and Performance dashboard - Workforce metrics (monthly)</li> <li>Report of Workforce Assurance Committee to Board (BI Monthly)</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>National Staff Survey (Mar '20)</li> <li>Staff FFT (Q1,2,4)</li> <li>Revised timeframe for year end reporting (NHSE/))</li> </ul>	<p>Mandatory training paused to create capacity for COVID and upskilling which will have an impact on compliance rates</p>	

Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)

		Proximity of threat				
		18/19	19/20	20/21	21/22	22/23
		←	—	—	—	→
	<p>Differing capability / capacity with partners to manage COVID</p> <p>Lack of appropriate PPE supplies for staff in Care Homes and Domiciliary Care could prevent discharge from hospital</p> <p>Exponential increase in absence rates amongst Care Home and Domiciliary Care staff could significantly reduce Community Care capacity</p>	<ul style="list-style-type: none"> <li>Daily System call with Wirral partners</li> <li>Single System Recovery Plan meeting with Commissioners, Community and Trust representatives to discuss flow through the discharge pathways</li> <li>Daily call with Care Home providers to discuss bed status, staffing etc</li> <li>7/7 Daily Health and Social Care cell meeting chaired by the Director of Social Services</li> </ul>	<ul style="list-style-type: none"> <li>Links to National, Regional and local updates – reviewed, escalated and circulated as appropriate</li> <li>Command structures – National, Regional, Local and Trust</li> <li>Working with system partners for the phased introduction of referrals into the Trust</li> </ul>			
	<p>Unknown how long disease will continue and therefore the prolonged impact of continuity of services (COVID/Non-COVID)</p> <p>Unknown long term consequences of COVID-19</p>					

Key risk indicators (KRIs) Data updated 30/04/2020

EPRR  
Confirm and Challenge by NHS England Regional team and CCGs  
September 2019:

Full Compliance  
**Substantial Compliance**  
Partial Compliance  
Not Compliant

RIDDOR incidents	30
Estates and facilities related incidents	184
Clinical service incidents caused by estates and infrastructure failure	111
Overheating occurrences triggering a risk assessment (No.)	8
Fires recorded	0
False alarms - No call out	34
False alarms - Call out	25

RIDDOR incidents	10
Estates and facilities related incidents	31
Clinical service incidents caused by estates and infrastructure failure	5
Overheating occurrences triggering a risk assessment (No.)	26
Fires recorded	2
False alarms - No call out	32
False alarms - Call out	29

Cyber Security measures

Report as of 27/4/2020

Patching overview	Quantity	Compliance levels (Target 100%)
Desktop patching	4460	75%
Server Patching	234	72%
Anti-Virus		Compliance levels (Target 95%)
Desktop	4600	98%
Server	234	95%

Inactive directory device accounts	July'19	Oct'19	Jan'20	Apr-20
60 days (Notice issues)	345	17	489	421
90+ days to be disabled	276	100	350	347
Web filtering				
Access requests authorised	18	32	14	13
Removable media				
Additions to the whitelist	0	4	0	0

\* Note we have a lower compliance on desktop than normal due to less desktops being switched on to get patched as staff not in.

Date Started	Date started DSP Toolkit	19 <sup>th</sup> April 2018
Date Published	Date DSP Toolkit was published	28 <sup>th</sup> March 2019
Self-assessed Grade	DSP Toolkit compliance grade, if relevant, provide details in response text	Standards Met



**Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)**

Strategic priority	PARTNERSHIPS: Improve services through closer integration	Lead Committee	Board	Current risk exposure	Tolerable risk	Risk Treatment Strategy:	Seek, Modify, Accept, Open
<b>Principal risk</b> (what could prevent us achieving this strategic priority)	PR 6: Fundamental loss of stakeholder confidence Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public	Executive lead Initial date of assessment Last reviewed Last changed	CEO 01/04/2020 30/04/2020 30/04/2020	Likelihood: Consequence Risk rating Anticipated change	1. V. Unlikely 5. V. High 5. Medium Uncertain	Risk appetite	
<b>Details of change</b>	Updated gaps in control, plans to improve control and assurances documented						
<b>Strategic threat</b> (what might cause this to happen)	<b>Primary risk controls</b> (what controls/systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/impact of the threat)	<b>Gaps in control</b>	<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Source of assurance (&amp; date)</b> (evidence that the controls/systems which we are placing reliance on are effective)	<b>Gap in Assurance/Action to address gap</b>	<b>Assurance rating</b>	
<b>Threat:</b> Changing regulatory demands (including potential impact of Brexit) or reduced effectiveness of internal controls resulting in failure to make sufficient progress on agreed quality improvement actions; Or widespread instances of non-compliance with regulations and standards	<ul style="list-style-type: none"> <li>Quality &amp; corporate governance &amp; internal control arrangements</li> <li>Conflicts of interest &amp; whistleblowing management arrangements</li> <li>Routine oversight of quality governance arrangements &amp; maintenance of positive relationships with regulators</li> <li>Formal notification process of significant changes (Relationship manager, CQC, Chief Inspector of Hospitals)</li> <li>Internal KLOE inspections in clinical areas</li> <li>Exec visibility &amp; visits</li> <li>Clinical &amp; management audit</li> <li>Policies and procedures</li> <li>External oversight from regulators via System Improvement Board</li> <li>Delivery of all elements of 2018 CQC inspection 'must do and should do's'</li> <li>Governance &amp; Assurance processes</li> </ul>	<p>Compliance:-</p> <ul style="list-style-type: none"> <li>Financial sustainability (refer to PR3 for action, control and assurances)</li> <li>2020 CQC rating of 'Requires Improvement' (inc Use of Resources)</li> <li>Patient Flow Management. (refer to PR1 for action, control and assurances)</li> </ul>	<p>Development of Action Plan for 2020 CQC inspection 'must do and should do's'</p> <p>SLT Lead: CN</p> <p>Timescales: May 20 – Must do's June 20 – Should do's</p> <p>Development of Trust Strategy within Strategic Framework</p> <p>SLT Lead: Dos&amp;P</p> <p>Timescales: Q2 20/21</p>	<p>Level 1</p> <ul style="list-style-type: none"> <li>Ward accreditation metrics</li> <li>Managing Conflicts of Interest – New Policy</li> <li>Freedom to Speak Up – WAC (bi-monthly)</li> <li>Freedom to Speak Up – Board (bi-annually)</li> </ul> <p>Level 2</p> <ul style="list-style-type: none"> <li>PSQB Report to Quality Committee</li> <li>Quality Performance Dashboard</li> </ul> <p>Level 3</p> <ul style="list-style-type: none"> <li>CQC inspection report 2020 (inc use of Resources) – Requires Improvement</li> <li>System Improvement Board (NHS/E) – (bi-monthly)</li> <li>System Finance Report to Board (monthly)</li> <li>Board to Board – CCG (bi-annually)</li> <li>Healthy Wirral Programme Board</li> <li>Unplanned Care Board (monthly)</li> </ul>	None identified		
<b>Proximity of threat</b>							
19/20	20/21	21/22	22/23	23/24			
←	→	→	→	→			
<b>Threat:</b> Failure to take account of shifts in public & stakeholder expectations resulting in unpopular decisions and widespread dissatisfaction with services with potential for sustained publicity in local, national or social media that has a long-term influence on public opinion of the Trust	<ul style="list-style-type: none"> <li>Communications department to handle media relations</li> <li>Established relationships with regulators</li> <li>Trust website &amp; social media presence</li> <li>Internal communications channels</li> <li>Continued public &amp; stakeholder engagement utilising a wide range of consultation &amp; communication channels;</li> <li>Involvement &amp; Engagement Strategy, Trust Board</li> <li>Surveys and Friends and Family Testing</li> <li>Consultation on proposed strategy and service changes</li> <li>Development and implementation of Patient Experience Strategy</li> <li>Communication Strategy (approved November 2019)</li> </ul>	<p>Established processes to improve engagement with stakeholders</p> <p>SLT Lead: DoHR</p> <p>Timescales: Q1 2020</p> <ul style="list-style-type: none"> <li>Quarterly meeting with Wirral Globe</li> <li>Introduction of 'Ask Ianelle' column in the Wirral Globe – starting February 2020</li> <li>Recruitment process for Director of Communications to be undertaken</li> <li>Launch of 'Leader in Touch Forum' – February '20</li> </ul>	<p>Comms / PR Strategy Implementation Plan</p> <p>SLT Lead: DoHR</p> <p>Timescales: Q1 2020</p> <ul style="list-style-type: none"> <li>Quarterly meeting with Wirral Globe</li> <li>Introduction of 'Ask Ianelle' column in the Wirral Globe – starting February 2020</li> <li>Recruitment process for Director of Communications to be undertaken</li> <li>Launch of 'Leader in Touch Forum' – February '20</li> </ul>	<p>Level 1</p> <ul style="list-style-type: none"> <li>Media Analysis (WAC, bi-monthly)</li> <li>Top Leaders Programme – Media Training</li> <li>Patient Stories – Board (monthly)</li> <li>Review of complaints – PSQB (monthly)</li> <li>Messages from the Board – (monthly)</li> <li>Patient Experience Implementation Plan – PFEG reporting to PSQB (monthly)</li> <li>Staff stories – Workforce Assurance Committee (bi-monthly) and Board on a quarterly basis</li> <li>National Medical Engagement Survey – Board</li> <li>Appointment of Interim Director of Communications – April '20 (3 months).</li> </ul> <p>Level 2</p> <ul style="list-style-type: none"> <li>Communication / Press statements</li> <li>Patient Experience Strategy (Oct '19)</li> <li>Operational Plan (Annual) – submitted to regulators (suspended 2021)</li> </ul> <p>Level 3</p> <ul style="list-style-type: none"> <li>FFT recommendation ratings (suspended April '20)</li> <li>NHS Choices ratings</li> <li>National In-patient Survey – Board (Nov '19)</li> <li>Healthy Wirral 5 Year Strategy (Board Nov '19)</li> <li>Cheshire &amp; Merseyside 5 year Plan (Board Jan '20)</li> </ul>	None identified		
		Lack of delivery of Healthy Wirral Plans	<ul style="list-style-type: none"> <li>Governance Framework</li> <li>Healthy Wirral Plan (5 year Strategy)</li> <li>Revised Healthy Wirral Plan (timeframe TBC)</li> <li>Appointment of WUTH Executives on key Healthy Wirral Committees</li> </ul> <p>SLT Lead: Dos&amp;P</p> <p>Timescales: 2025</p>				


Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)

		Proximity of threat	
		19/20	20/21
	<p>Change to commissioning intentions - Specialist Commissioners</p> <p>Conflicting priorities, financial pressures and/or ineffective governance resulting in a breakdown of relationships amongst STP partners and an inability to influence further integration of services across acute, primary &amp; social care providers</p>		
		←	→
	<ul style="list-style-type: none"> <li>Undertake impact assessment against each proposed change</li> <li>Identify high risks that are aligned to clinical service strategies</li> <li>Participation at Specialist Commissioner workshop</li> <li>Individual speciality discussions eg gynaecology and neonatal</li> <li>Representation on STP Committees</li> <li>Leadership of STP Planned Delivery</li> <li>Engagement with STP Partners and Commissioners</li> <li>SLT Lead: DoS&amp;P</li> <li>Timescales: 2025</li> </ul>		

Board Assurance Framework (BAF): 2019/20 - 2020/21 (valid as of 30<sup>th</sup> April 2020)

Key risk indicators (KRIs) Data updated 30/04/2020

Rating for acute services/acute trust



Wirral University Teaching Hospital NHS Foundation Trust

**CQC overall rating**

**Requires improvement**

31 March 2020

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
Requires improvement Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020

Arrowe Park Hospital

Clatterbridge Hospital

Overall trust

Friends & Family Test – nationally suspended April 2020

### NHS Choices

– 29/04/20

**Arrowe Park Hospital**

Tel: 0151 678 6111

Arrowe Park Road

Upton

Merseyside

CH45 5PE

Wirral

**202 rating**

**Rate it yourself**

75.6% Within the median range

Number of deaths within the competitor range with a value of 0%

Wishes recorded range with a value of 0%

Requires improvement **Went CQC profile**

**Clatterbridge Hospital**

Tel: 0151 324 4000

Clatterbridge Road

Clatterbridge

Wirral

Merseyside

CH45 5PE

**46 rating**

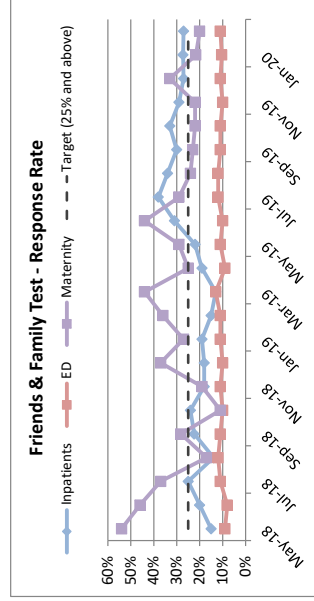
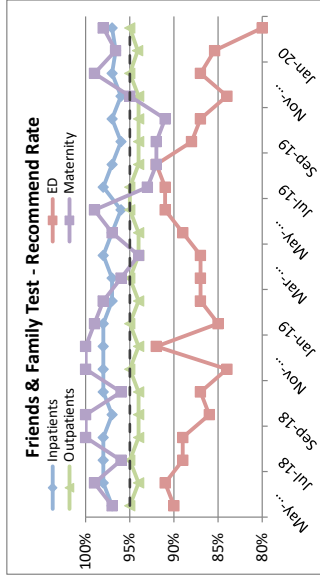
**Rate it yourself**

66.1% Within the median range

Number of deaths within the competitor range with a value of 0%

Wishes recorded range with a value of 0%

Requires improvement **Went CQC profile**



### National Inpatient Survey Report 2018

**medicines**

SCORE: 6.2/10

Patients were able to self-medicate

8.5/10

Patients stated they understood they know what happen next they left hospital

**information**

SCORE: 1.2/10

Patients were able to write a complaint

8.9/10

Patients stated they understood they know what happen next they left hospital

**health care support**

SCORE: 8.0/10

Patients got enough support to manage their conditions

**nutrition**

SCORE: 4.8/10

Patients reported food as 'good'

7.8/10

Patients were offered a choice of food

● Better than other trusts    ● Worse than other trusts

Comms & Engagement KPI

To be developed

CQC Maternity Services patient survey – Published Feb 2020

Patient survey	Compared with other trusts
Labour and birth	9.1/10 About the same
Staff during labour and birth	8.7/10 About the same
Care in hospital after the birth	8.4/10 About the same

