Wirral University Teaching Hospital
NHS Foundation Trust

16 April 2019

Council of Governors

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors
Tuesday 16 April 2019
4.30 p.m.
Boardroom, Education Centre, APH

AGENDA

1.	**Apologies for Absence** Chair	v
2.	**Declarations of Interest** Chair	v
3.	**Minutes of Previous Meeting (19th February 2019)** Chair	d
4.	**Matters Arising** Chair	v
5.	**Patient Story** Chief Executive	v
6.	**Chair's Business** Chair	v
7.	**Key Issues** All	v
8.	**Trust Performance**	
8.1	**Productivity Efficiency Priorities** (as reported to the Board 3.4.19) Chief Executive	d
8.2	**Quality & Performance Dashboard** (as reported to the Board 3.4.19) Chief Executive	d
9.	**Governance**	
9.1	**Report from Governor Workshop** Lead Governor	d
9.2	**Finance Business Performance & Assurance Committee** Chair's Report	p

9.3	**Operational Plan 2019/20** Acting Director of Finance	p
9.4	**Board of Directors' Meeting Minutes 7th March 2019** Chair	d
9.5	**Board of Directors' Meeting, 3rd April 2019 Update** Chair	v
9.6	**Annual Review of Declaration of Interests** Board Secretary	d
	Standing Items	
10.1	**Any Other Business** Chair	v

COUNCIL OF GOVERNORS
UNAPPROVED MINUTES OF MEETING HELD ON
19th February 2019

BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL

Present:

Sir David Henshaw	Chair
Paul Dixon	Public Governor
Mandy Duncan	Stakeholder Governor
Steve Evans	Public Governor
John Fry	Public Governor
Eileen Hume	Public Governor
Steve Igoe	Non-Executive Director/
Richard Latten	Staff Governor
Ian Linford	Public Governor
Allen Peters	Public Governor
Bethan Ramsden	Staff Governor
Norman Robinson	Staff Governor
Frieda Rimmer	Public Governor
Ann Taylor	Public Governor
Angela Tindall	Public Governor

In attendance:

John Coakley	Non-Executive Director
Karen Edge	Acting Director of Finance
Janelle Holmes	Chief Executive
Andrea Leather	Board Secretary
Helen Marks	Director of workforce
Paul Moore	Director of Governance and Quality
John Sullivan	Non-Executive Director
Emma Todd	Executive Assistant

Apologies:

Chris Clarkson	Non-Executive Director
Paul Charnley	Director of Informatics
Jayne Coulson	Non-Executive Director
Fadil Hannan	Stakeholder Governor
Sheila Hillhouse	Public Governor
Kathy Hodson	Stakeholder Governor
Eileen Hume	Public Governor
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
Nikki Stevenson	Medical Director
Rohit Warikoo	Public Governor
Gaynor Westray	Director of Nursing and Midwifery

Ref	Minute	Action
CoG 17/18-0124	**Apologies for Absence** Apologies were noted as above.	
CoG 17/18-0125	**Declarations of Interest** There were no declarations of interest.	

Ref	Minute	Action
CoG 17/18-0126	**Minutes of the Previous Meeting** The minutes of the previous meeting held on the 12th December 2018 were approved as an accurate record.	
CoG 17/18-0127	**Matters Arising** The Chief Executive Officer reported that the Peer Review in regard to children's diabetes was very successful. The neonatal and diabetes reviews have both been nominated for Midwifery of the year Award. The Chair confirmed that CQC are not expected to visit the Trust until summer 2019.	
CoG 17/18-0128	**Patient Story** The Chief Executive Officer provided the council with a patient story. The story was that of a nurse whose brother, aged 21 was admitted to Arrowe Park Hospital and was diagnosed with leukaemia after being give many other diagnoses beforehand. The families' experience of the hospital was a very positive one and the care he received was excellent. The staff kept his emotional spirits up and were very kind through what was a rollercoaster of a healthcare journey.	
CoG 17/18-0129	**Chair's Business** The Chair reported that the Trust is currently facing financial challenge, and as a consequence is working with the Divisional Triumvirates on the baseline operating model. The Trust has seen a much better winter in terms of performance in comparison with last year and significant progress has been made. The Chair highlighted the complexities of Wirral health economy structure and the need for decision making to be more patient focused. The organisation needs to influence new behaviour and drive change as a Trust, focusing on the patient in a way that hasn't been done previously. This will include organising clinics around patients. Discussions with Consultants have commenced on how WUTH can make improvements as radical thinking is required to enable Commissioners to drive change. The Chair informed the Council that some changes have been made in theatres to improve the situation and these have been very successful. WUTH now need to be more rigorous with improvement plans to drive change; ideas are welcome from everyone; Staff, Governors, Patients and Visitors and best practice must be shared across the Trust. This approach was supported by the Council and Board members and emphasis was placed on 'getting it right first time' as it has significant cost reduction benefits. It was suggested that changes could be made quickly, for example sending out appointments within reasonable timescales, especially with the robust IT platforms that the Trust has to support this. The Council discussed the importance of engagement from clinical colleagues in operational groups for outpatients. The Council were informed that an additional 200 car parking spaces will be built on a temporary car park and that spaces are currently being re marked which will create an additional 50 spaces for staff. Options are being	

Ref	Minute	Action
	considered as part of the overall travel plan, for example, a shuttle bus between the two sites Arrowe Park and Clatterbridge.	
	Governance	
CoG 17/18-0130	**Audit – External Audit Fee 2019/20** The Council were informed of the audit fee 2019/20 which has been agreed and signed off by the Audit Committee.	
CoG 17/18-0131	**Options for Quality Indicator (Quality Accounts 2018/19)** The Director of Governance and Quality disseminated a paper to the Council to assist in decision making regarding Indicators. These are to be tested by external audit to provide assurance to the Council. The Council were advised of the two recommended national indicators and one local indicator. The Director of Governance and Quality clarified that all the indicators are tested but the two selected will be specifically audited. The Council agreed national indicators one and two and the local indicator.	
	Trust Performance	
CoG 17/18-0132	**Quality and Performance Dashboard** The Council discussed a number of indicators; those that are failing to meet performance thresholds and those that are on target. Performance against some of the indicators requires improvement. The actions to progress are noted in the exceptions on the qualifying metrics and this report in future will provide monitoring and assurance on developments. The Council were informed that specific work is being carried out regarding Infection Prevention Control to alleviate concerns which includes a deep dive on back to basics including hand hygiene and cleaning. There are continued challenges around Emergency Department performance due to winter pressures, however there has been some improvement due to the de-escalation of outlier departments which has been in process since summer 2018. It was reported that national requirements include no more 52 week waits after the end of March 2019. The Council were informed that this would cause some challenge but there is a specific regional and national focus. It was highlighted that a Harm Review is undertaken for anyone on a 52 week wait and any waits above this time will be due to patient choice. The Director of Governance and Quality iterated that Divisions would be subject to challenge and there would be high accountability for any patient facing a 52 week wait. The Chief Executive Officer confirmed to the Council that the Grove Unit at the Clatterbridge site will remain functioning until the end of the financial year. The Trust plans to maintain this suite and take some acute beds onto this site. The run rate is running at a better turnaround and developments will be made for	

Ref	Minute	Action
	wrap around services to reduce the length of stay. The Grove unit has been inspected by the CQC and awarded a 'good' overall. Patient feedback has been positive and suggestions were made to replicate this system as a long term solution. Significant improvement has been made in regard to response rates to complaints and the Trust have now reached 100% compliance. The Council were informed that medicine storage with the Trust requires development and as a result, there will be an audit going ahead which will be focused around safety and driving compliance. There was discussion regarding indicators being red that should perhaps be amber. The Director of Governance and Quality responded that visibility is very important and this is new data that is available to WUTH. Thresholds are set at either red or green to represent if the Trust is compliant or non-compliant. It is a matter of the Board to determine the WUTH priorities and give assurance to stakeholders. The indicators have been agreed at the Quality Committee and a conscious decision was made to remove amber.	
CoG 17/18-0133	**CQC Action Plan Assurance** It was reported that the CQC Action Plan brings together the actions required to address the CQC compliance concerns identified following the inspection in March 2018. The plan takes account of all the 'must do' and should do' recommendations contained within the inspection reports; and some improvement interventions identified locally as immediate quality priorities by the Trust. The Trust has developed a quality improvement action plan to address all concerns identified by CQC, which will be implemented by 31st March 2019.	
CoG 17/18-0134	**Quality Committee** NED, JC presented a Quality Committee update and informed the Council of significant improvements that had been made within the Trust. The presentation provided an overview of the Trust's targets and priorities for going forward and the indicators that are the focus for improvement, CQC Action Plan Implementation as discussed earlier in the meeting. The Council requested that a copy of the presentation was circulated to members. The Chair iterated that the Trust appears to be making significant progress and the Perfect Ward App is a healthy sign that staff engagement is increasing. It was agreed by the Council that the increase in clinical engagement is very encouraging. The Council were informed that when CQC visited in March 2018 and the Trust was rated as 'requires improvement'; the focus was around quality and safety and how WUTH could muster clinical engagement through this. The visibility of the dashboard and governance arrangements has provided significant encouragement and has involved a great deal of hard work. It was agreed that with focus on operational and financial performance the Trust is now in a much better position.	**AL**

Ref	Minute	Action
CoG 17/18-0135	**Board of Directors' Meeting Minutes 28th November 2018 & 19th December 2018** The Council noted that the minutes of 28th November and 19th December 2018.	
	Standing Items	
CoG 17/18-0136	**Any Other Business** Improvement in communications was discussed by the Council, for example, using positive messages, advocates and messages from the Governors to create a greater staff focus. The Council were reminded of the 'Ask the Senior Team' facility on the intranet which went live in December 2018.	
CoG 17/18-0137	**Date and Time of Next Meeting** Tuesday 16th April 2019 at 4.00pm.	

……..……

Chairman

……..

Date

Wirral University Teaching Hospital
NHS Foundation Trust

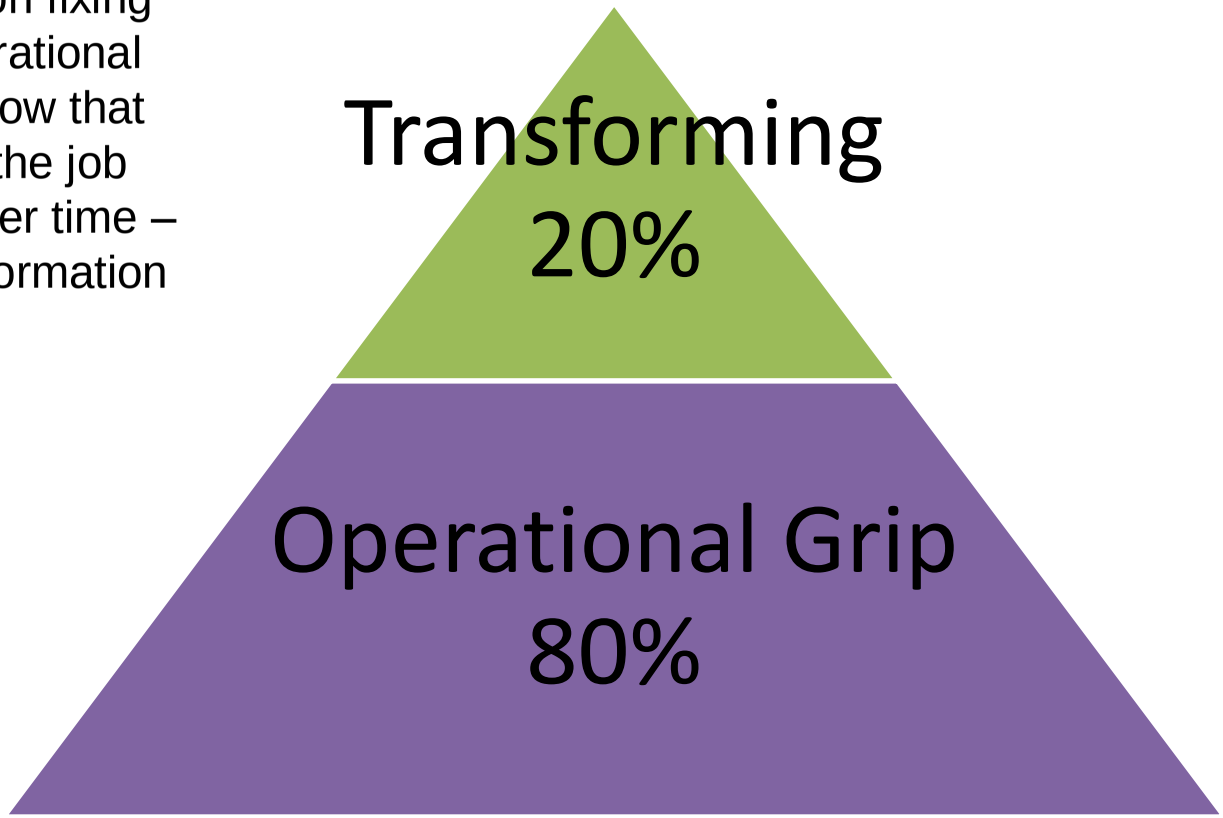
Change Programme Priorities and Pace

Version 0.1_22 Mar 19

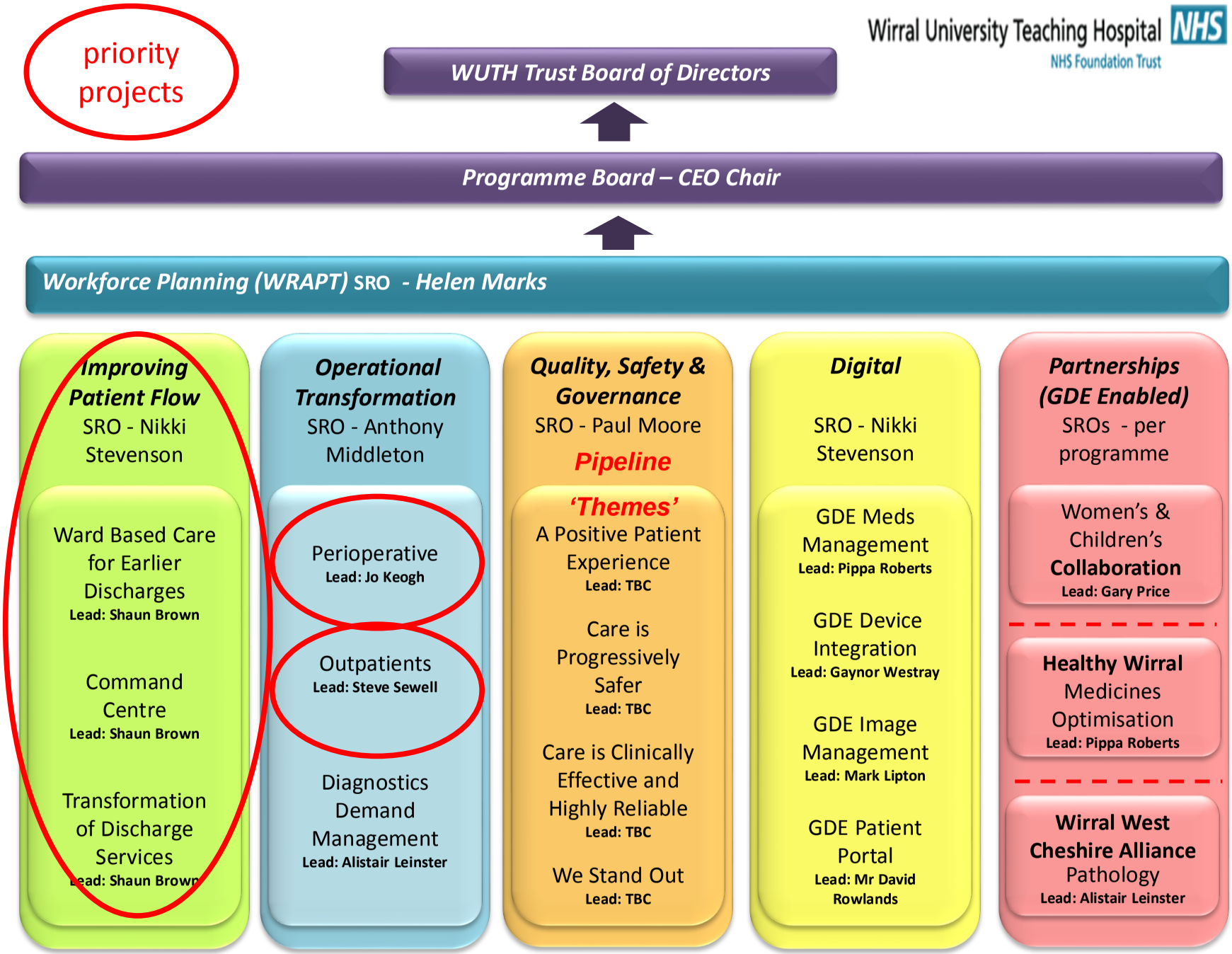
Building on Solid Foundations

Wirral University Teaching Hospital NHS Foundation Trust

The focus needs to be on fixing our key issues with operational grip and delivery; we know that this is currently 80% of the job and will allow us to – over time – grow from a 20% transformation focus…



	80% Productivity & Efficiency / Operational Grip (Internal)		20% Future Models Care (Healthy Wirral)
	Patient Flow	Outpatients & Theatres	
	Redesign Acute take Red to Green Redesign Discharge Pathways & Nurse Led Discharge	Job Plans (Nurses & Doctor's) Rotas (Medical Staffing) Leave Theatre Efficiency (6-4-2) Activity & Income Programmed Investigations / Daycase Peri Operative	Planned Care ❖ Outpatients ❖ Electives Unscheduled Care ❖ Health Economy Flow ❖ Emergency Village
IT	Align Teams – PMO Align Informatics with Operations	• Build Capacity Model • Paperless • Clarvia • Digitise Admin • Capacity Manager • Management Information & Dashboards	• Patient Portal • Health Economy £PR • Live SLR
PACE	Weekly Workforce metrics / Vacancy Panel C.I.P (Productivity & Efficiency) / Budgetary Control Activity and Performance Monitored via Trust Management Board		Internal – Pace required by SRO. Monitored via Programme Board. External via Urgent Care & Planned Care Boards (Healthy Wirral partners Board)
Finance	19/20 → 5 Year Sustainability Strategy		



Wirral University Teaching Hospital NHS
NHS Foundation Trust

	80% Productivity & Efficiency / Operational Grip (Internal)		20% Future Models Care (Healthy Wirral)
	Patient Flow	Outpatients & Theatres	
	Redesign Acute take Red to Green Redesign Discharge Pathways & Nurse Led Discharge	Job Plans (Nurses & Doctor's) Rotas (Medical Staffing) Leave Theatre Efficiency (6-4-2) Activity & Income Programmed Investigations / Daycase Peri Operative	Planned Care ❖ Outpatients ❖ Electives Unscheduled Care ❖ Health Economy Flow ❖ Emergency Village
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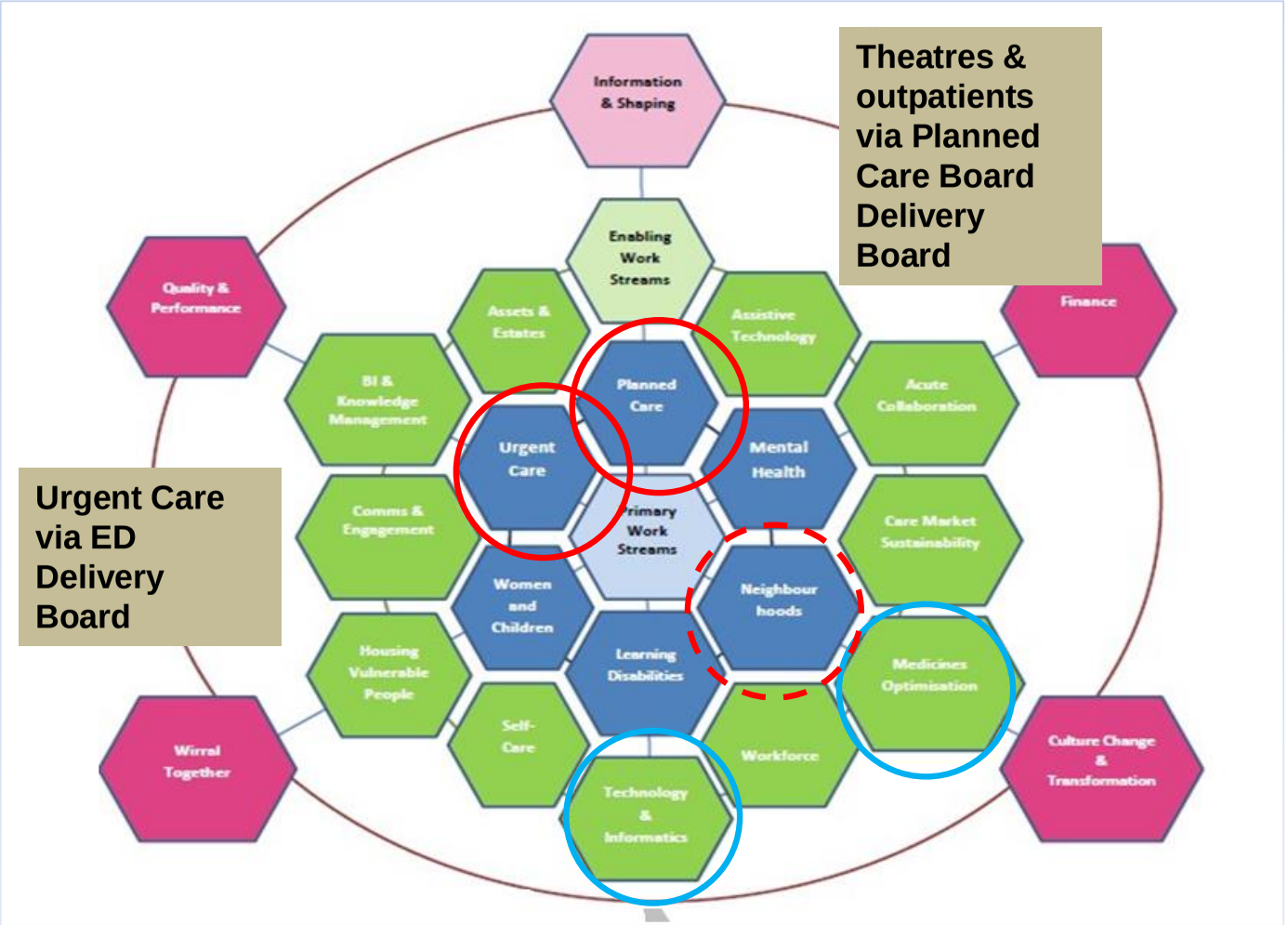
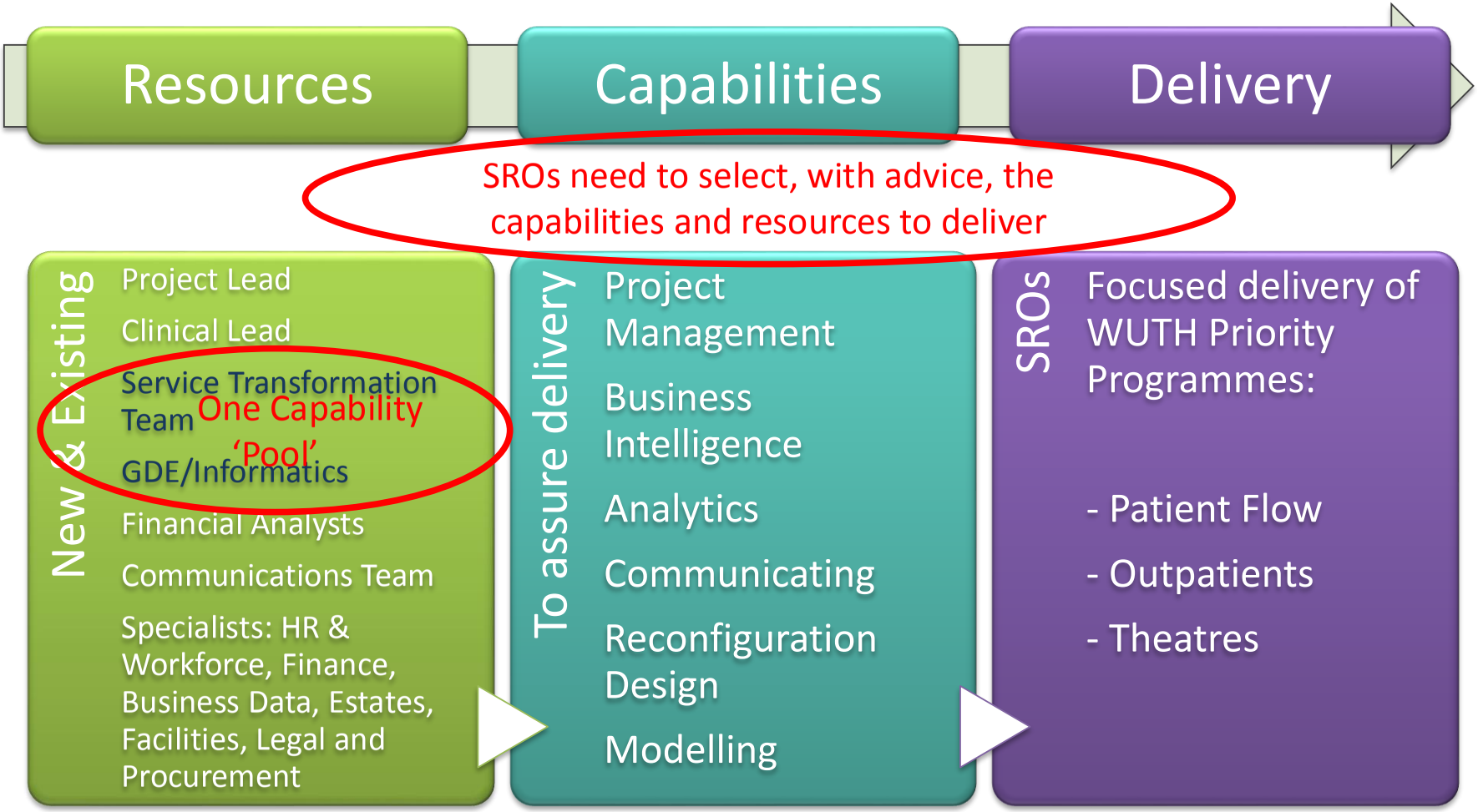

Theatres & outpatients via Planned Care Board Delivery Board
Urgent Care via ED Delivery Board
Information & Shaping
Enabling Work Streams
Quality & Performance
Assets & Estates
Assistive Technology
Finance
BI & Knowledge Management
Planned Care
Acute Collaboration
Urgent Care
Mental Health
Comms & Engagement
Primary Work Streams
Care Market Sustainability
Women and Children
Neighbour hoods
Housing Vulnerable People
Learning Disabilities
Medicines Optimisation
Wirral Together
Self-Care
Workforce
Culture Change & Transformation
Technology & Informatics

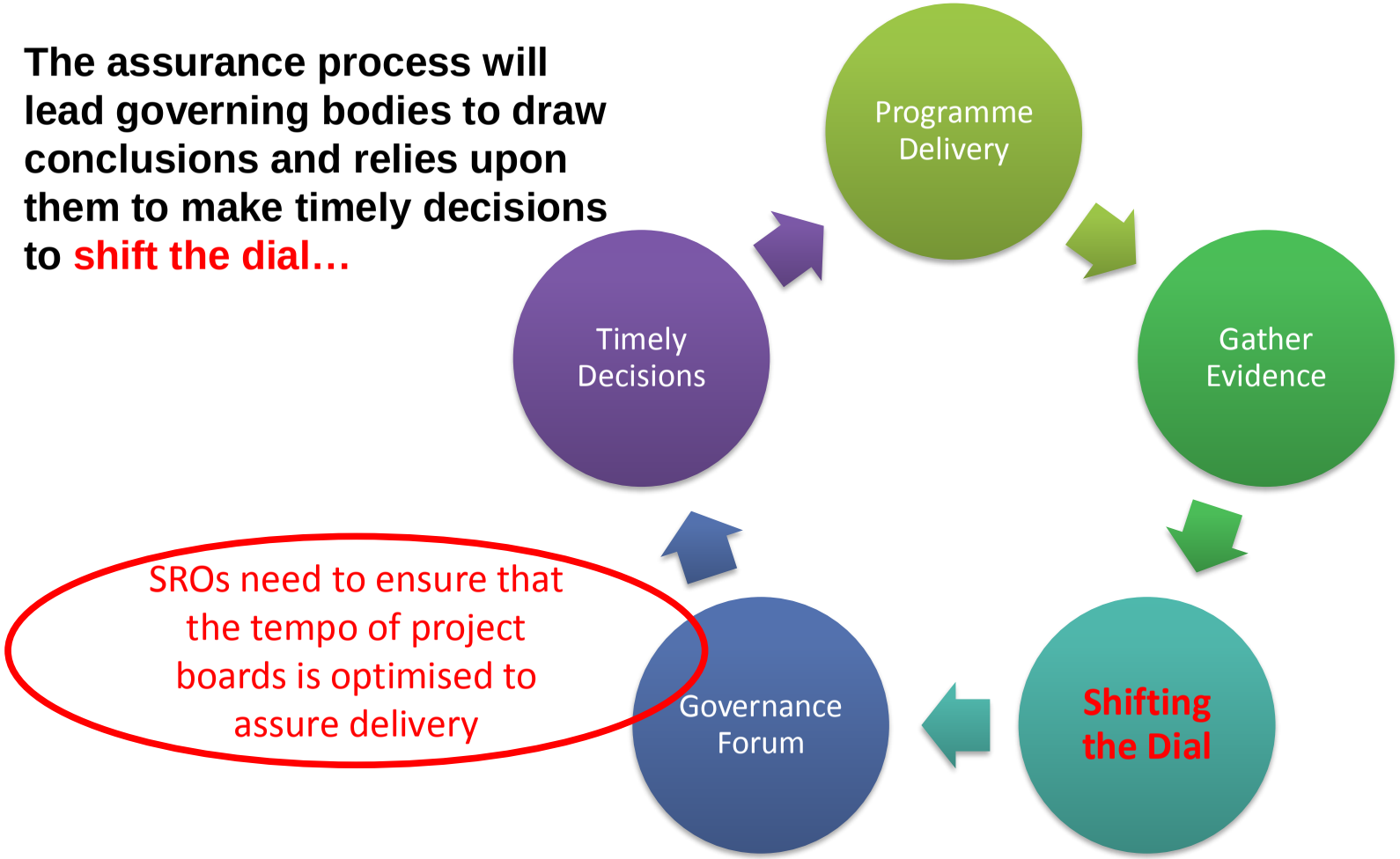
Think Delivery First…Capability Second...then Resource



Making Timely Decisions

Wirral University Teaching Hospital NHS Foundation Trust

The assurance process will lead governing bodies to draw conclusions and relies upon them to make timely decisions to shift the dial…



Leadership Action

Wirral University Teaching Hospital NHS Foundation Trust

WUTH Board of Directors are asked to endorse:

1. The need for an 80% focus on creating solid foundations
2. Agreement that the 3 priority projects for improvement at pace are: Flow, Outpatients and Theatres
3. Providing SROs with the mix and level of capabilities they require to assure delivery
4. Sponsoring governing meetings (project boards) that make timely decisions and meet at the tempo needed to deliver
5. Absolute focus on delivering action plans that shift the dial
6. Engaging well and communicating our success effectively

Generating: Conviction, Clarity, Confidence

Board of Directors	
Agenda Item	8.2.1
Title of Report	Quality and Performance Dashboard
Date of Meeting	3rd April 2019
Author	WUTH Information Team and Governance Support Unit
Accountable Executive	COO, MD, CN, DQG, HRD, DoF
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	Quality and Safety of Care Patient flow management during periods of high demand
Level of Assurance **Positive** **Gap(s)**	Gaps in Assurance
Purpose of the Paper **Discussion** **Approval** **To Note**	Discussion regarding early action planning
Reviewed by Assurance Committee	None. Publication has coincided with the meeting of the Board of Directors.
Data Quality Rating	TBC
FOI status	Unrestricted
Equality Impact Assessment Undertaken **Yes** **No**	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 February 2019.

2. Background

This Quality and Performance Dashboard is designed to provide an accessible oversight of the Trust's performance against key indicators. The additional exception report provides a summary of the remedial action being undertaken where indicators are not meeting the established targets or thresholds for the standards.

The Quality & Performance Dashboard is work-in-progress and will continue to develop further iterations over time. This will include development of targets and thresholds aligned to local contracted targets and thresholds; alignment with NHS conventions; setting threshold performance targets the where these are not currently established; and the sourcing of data where new indicators are under development.

3. Key Issues

Of the 56 indicators with established targets that are reported for February 2019:

- 34 (61%) are currently off-target or failing to meet performance thresholds; which represents an 11% improvement on the January 2019 position
- 22 (39%) of the indicators are on-target

There are three previously GREEN indictors showing 2 consecutive months at RED; and the Issue/Decision/Action (IDAs) responses to these items of deteriorating performance is contained in Appendix 'A'.

Note: Mortality data is collected from 90 days post month of death (i.e. January data is closed in April). As such cells will remain in grey for 3 months, after which the performance level will be locked and rated.

4. Next Steps

WUTH remains committed to attaining standards through 2018-19.

5. Conclusion

Although there is improvement from the January position, performance against many of the indicators is not where the Trust needs to be. The actions to improve are noted in the exceptions on the qualifying metrics and this report in future will provide monitoring and assurance on progress.

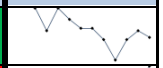
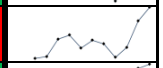
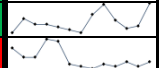
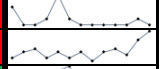
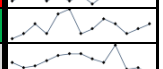
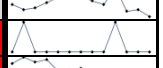
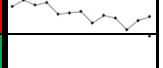
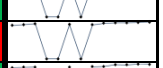
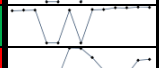
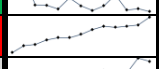
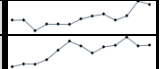
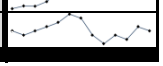
6. Recommendation

The Board of Directors is asked to note the Trust's current performance against the indicators to the end of February 2018.

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2019

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses (*)	Safe, high quality care	DoN	≤0.24 per 1000 Bed Days	WUTH			0.27	0.17	0.27	0.22	0.18	0.18	0.13	0.04	0.13	0.17	0.14	0.17	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit (**)	Safe, high quality care	MD	≥95%	WUTH			76.3%	77.0%	83.3%	84.8%	80.1%	82.9%	81.6%	76.7%	80.3%	89.9%	95.0%	82.5%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital.	Safe, high quality care	MD	≥95%	SOF	95.6%	95.2%	95.3%	95.3%	94.7%	95.3%	95.0%	95.6%	95.2%	95.6%	95.3%	96.6%	96.8%	95.5%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	DoN	≥95%	National	95.0%	96.0%	95.6%	95.6%	95.4%	95.2%	95.0%	96.3%	97.0%	95.9%	95.3%	95.5%	97.1%	95.8%	
	Serious Incidents declared	Safe, high quality care	DQ&G	≤4 per month	WUTH	10	6	6	14	13	3	2	1	3	2	4	2	4	5	
	Never Events	Safe, high quality care	DQ&G	0	SOF	1	0	0	0	0	1	0	0	0	0	0	0	0	1	
	CAS Alerts not completed by deadline	Safe, high quality care	DQ&G	0	SOF	3	0	0	1	5	1	0	0	0	0	0	1	0	8	
	Clostridium Difficile (avoidable)	Safe, high quality care	DoN	≤28 for FY18-19, as per mthly trajectory	SOF	1	3	4	1	3	1	3	0	3	4	2	7	10	38	
	E.Coli infections	Safe, high quality care	DoN	≤42 pa (Max 3 per mth)	WUTH	1	2	4	2	6	7	2	3	5	4	2	3	4	42	
	CPE Colonisations/Infections	Safe, high quality care	DoN	To be split	WUTH	13	10	11	14	17	18	18	15	13	23	9	10	6	154	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	DoN	0	National	0	1	0	0	0	0	0	0	0	1	0	0	0	1	
	Hand Hygiene Compliance (*)	Safe, high quality care	DoN	≥95%	WUTH	94%	99%	95.0%	97%	88%	89%	90%	81%	87.0%	85.0%	76.0%	83.0%	86.0%	87.0%	
	Medicines Storage Trust wide audits - % compliance against standards of areas reporting (**)	Safe, high quality care	DoN	≥95%	WUTH													98%	98%	
	Protecting Vulnerable People Training - % compliant (Level 1) (*)	Safe, high quality care	DoN	≥90%	WUTH	89.9%	89.5%	89.2%	-	-	87.4%	-	85.6%	90.4%	91.5%	91.4%	91.6%	92.8%	92.8%	
	Protecting Vulnerable People Training - % compliant (Level 2) (*)	Safe, high quality care	DoN	≥90%	WUTH	80.7%	82.5%	84.8%	-	-	82.7%	-	82.2%	86.0%	87.2%	87.1%	87.6%	88.7%	88.7%	
	Protecting Vulnerable People Training - % compliant (Level 3) (*)	Safe, high quality care	DoN	≥90%	WUTH	83.8%	85.2%	85.6%	-	-	85.6%	-	86.5%	87.2%	91.7%	91.4%	93.6%	92.6%	92.6%	
	Nursing Vacancy Rate	Safe, high quality care	DHR	≤6.5%	WUTH	6.89%	6.83%	6.57%	7.11%	7.20%	10.24%	10.20%	9.25%	7.90%	7.90%	7.47%	8.97%	9.07%	9.07%	
	Consultant Vacancy Rate %	Safe, high quality care	DHR	≤6.5%	WUTH	8.26%	9.68%	6.95%	6.93%	6.58%	7.62%	6.87%	6.45%	6.88%	7.90%	6.48%	6.61%	6.34%	6.34%	
	Sickness absence % (12-month rolling average)	Safe, high quality care	DHR	≤4%	SOF	4.71%	4.77%	4.78%	4.82%	4.84%	4.84%	4.87%	4.91%	4.94%	4.93%	4.94%	4.95%	5.02%	5.02%	
	Short-term sickness (in month rate)	Safe, high quality care	DHR	TBC	WUTH	2.19%	2.20%	1.79%	2.04%	2.04%	2.03%	2.24%	2.35%	2.43%	2.19%	2.36%	2.93%	2.80%	2.29%	
	Long-term sickness (in-month rate)	Safe, high quality care	DHR	TBC	WUTH	2.10%	2.19%	2.18%	2.33%	2.65%	2.95%	2.79%	2.55%	2.76%	2.81%	3.09%	2.79%	2.82%	2.70%	
	Care hours per patient day (CHPPD)	Safe, high quality care	DoN	TBC	WUTH	7.2	7.1	7.2	7.3	7.4	7.6	7.5	7.1	6.9	7.1	7	7.3	7.2	-	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2019

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Effective	SHMI	Safe, high quality care	MD	≤100	SOF	–	94.7	–	–	97.06	–	–	97.22	–	–	–	–	–	97.22	
	HSMR	Safe, high quality care	MD	≤100	SOF	88.0	88.0	88.7	93.0	93.0	95	95	92	92	97	–	–	–	98.1	
	Mortality Reviews Completed. Monthly reporting finalised 3 months later	Safe, high quality care	MD	≥75%	WUTH	–	–	–	–	–	–	–	–	–	–	–	79%	55%	67%	
	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	DoN	≥95%	WUTH				44%	59%	71%	78%	67%	74%	84%	87%	83%	81%	72.8%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	14.8%	14.6%	14.9%	14.3%	13.9%	12.9%	14.1%	13.1%	15.4%	16.4%	14.6%	14.3%	16.5%	14.6%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	417	422	418	405	341	386	387	411	383	408	397	437	457	403	
	Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	7.4	4.0	3.8	4.3	3.8	5.2	4.1	4.2	4.3	3.8	4.8	3.0	4.4	4.2	
	Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	5.2	5.4	5.1	5.2	5.1	5.4	5.0	4.9	5.3	5.1	5.0	5.2	5.6	5.2	
	Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	840	814	886	923	873	913	961	888	936	925	916	903	788	901	
	Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	12	9	13	12	13	13	6	18	12	17	14	10	16	11.4	
	% Theatre Utilisation	Safe, high quality care	COO	≥85%	WUTH	79.1%	79.8%	85.9%	86.6%	88.6%	86.7%	92.3%	89.2%	88.9%	87.1%	86.0%	81.7%	83.6%	87.0%	

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Caring	Same sex accommodation breaches	Outstanding Patient Experience	DoN	0	SOF	18	16	18	22	10	8	16	14	19	18	15	20	14	174	
	FFT Recommend Rate: ED	Outstanding Patient Experience	DoN	≥95%	SOF	87%	82%	85%	90%	91%	89%	89%	86%	87%	84%	92%	85%	87%	88%	
	FFT Overall Response Rate: ED	Outstanding Patient Experience	DoN	≥12%	WUTH	13.0%	12.0%	13.0%	9.0%	8.0%	11.0%	12.0%	11.0%	10.0%	11.0%	10.0%	11.0%	11.0%	11%	
	FFT Recommend Rate: Inpatients	Outstanding Patient Experience	DoN	≥95%	SOF	97%	97%	98%	97%	98%	98%	98%	97%	98%	98%	98%	98%	97%	98%	
	FFT Overall response rate: Inpatients	Outstanding Patient Experience	DoN	≥25%	WUTH	18.0%	18.0%	15.0%	15.0%	20.0%	25.0%	14.0%	22.4%	24.0%	18.0%	18.0%	19.0%	15.0%	19%	
	FFT Recommend Rate: Outpatients	Outstanding Patient Experience	DoN	≥95%	SOF	94%	94%	95%	95%	94%	95%	94%	94%	94%	95%	94%	95%	94%	94%	
	FFT Recommend Rate: Maternity	Outstanding Patient Experience	DoN	≥95%	SOF	98%	100%	97%	97%	99%	96%	100%	100%	96%	100%	100%	99%	98%	98%	
	FFT Overall response rate: Maternity (point 2)	Outstanding Patient Experience	DoN	≥25%	WUTH	54%	35%	31%	54%	46.0%	37.0%	17.0%	28.2%	11.0%	19.0%	37.0%	27.0%	36.0%	31%	

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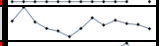
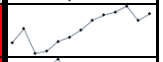
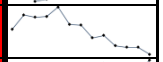
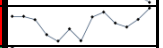
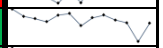
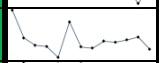
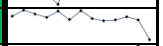
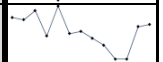
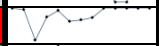
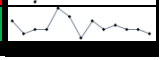
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2018/19	SOF	78.3%	74.4%	80.3%	83.5%	83.4%	85.6%	83.6%	77.8%	77.8%	75.2%	75.0%	74.0%	74.0%	79.1%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	0	0	0	0	0	0	2	0	2	
	Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	427	623	414	327	291	213	326	474	371	440	393	379	323	359	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory for 2018/19 (80% by 31 March 2019)	SOF	75.6%	77.3%	74.3%	74.6%	75.7%	76.3%	77.2%	78.3%	78.98%	79.34%	80.08%	78.32%	79.12%	79.12%	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory for 2018/19 (zero by 31 March 2019)	National			66	67	79	57	56	40	43	30	28	28	19	19	
	Diagnostic Waiters, 6 weeks and over - DM01	Safe, high quality care	COO	≥99%	SOF	99.2%	99.2%	99.0%	98.2%	97.9%	98.5%	97.9%	99.2%	99.4%	98.9%	98.6%	99.1%	99.7%	98.8%	
	Cancer Waiting Times - 2 week referrals	Safe, high quality care	COO	≥93%	National	96.9%	94.9%	94.2%	93.4%	95.2%	95.7%	92.3%	94.5%	95.2%	93.9%	93.1%	87.8%	92.97%	93.5%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis	Safe, high quality care	COO	≥96%	National	99.1%	97.0%	96.5%	96.4%	95.5%	98.2%	96.3%	96.2%	96.8%	96.7%	96.9%	97.1%	96.2%	96.6%	
	Cancer Waiting Times - 62 days to treatment	Safe, high quality care	COO	≥85%	SOF	86.4%	88.1%	87.0%	86.1%	87.8%	85.4%	87.9%	85.7%	85.1%	85.3%	86.2%	85.4%	80.0%	85.6%	
	Patient Experience: Number of concerns received in month - Level 1 (informal) (**)	Outstanding Patient Experience	DoN	TBC	WUTH	134	144	118	134	110	140	123	155	119	165	118	178	153	1513	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal) (**)	Outstanding Patient Experience	DoN	TBC	WUTH	31	30	34	23	36	24	25	22	19	13	13	27	28	264	
	Complaint acknowledged within 3 working days (*)	Outstanding Patient Experience	DoN	≥90%	National	100%	97%	32%	81%	95%	72%	75%	80%	100%	100%	100%	100%	100%	85.0%	
	Number of re-opened complaints	Outstanding Patient Experience	DoN	≤5 pcm	WUTH	4	1	2	2	7	5	0	4	2	3	2	2	1	30	

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Well-led	Staff Friends and Family Test - overall engagement score	Safe, high quality care	DHR	≥3.88	National	-	-	3.60	-	-	3.72	-	3.63	-	-	-	-	6.7	3.65	
	Live employee relations cases	Safe, high quality care	DHR	≤30	WUTH	22	29	30	33	35	36	32	29	23	30	32	35	33	32	
	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	DQ&G	100%	National	-	-	-	-	-	-	-	100%	100%	100%	100%	100%	100%	100.0%	
	Number of patients recruited to NIHR research studies (*)	Outstanding Patient Experience	MD	650 for FY18/19 (ave min 55 per month until year total achieved)	National	-	-	53	37	334	70	46	42	38	57	38	43	41	799	
	% of staff that completed all core MAST in the preceding 12 months	Safe, high quality care	DHR	≥95%	WUTH			73.0%		74.8%	75.1%	82.0%	81.4%	82.2%	82.8%	81.5%	81.8%	84.1%	84.1%	
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	83.4%	83.3%	84.9%		81.1%	79.7%	78.2%	77.5%	78.4%	83.8%	84.5%	84.6%	85.7%	85.7%	

	Indicator	Objective	Director	Threshold	Set by	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19	Trend
Use of Resources	I&E Performance		DoF	On Plan	WUTH	-1.614	6.485	-4.259	-2.337	-2.659	-3.139	-3.426	-2.334	-1.246	-1.445	-4.038	-1.755	-4.037	-30.675	
	I&E Performance (Variance to Plan)		DoF	On Plan	WUTH	-0.424	0.162	-0.296	-0.103	-0.340	-0.184	-0.515	-0.319	-0.121	-0.761	-1.127	-1.002	-1.338	-6.106	
	NHSI Risk Rating		DoF	On Plan	NHSI	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	CIP Forecast		DoF	On Plan	WUTH	-44.0%	-43.8%	-34.1%	-36.3%	-27.2%	-22.1%	-15.4%	-11.7%	-10.6%	-5.4%	-6.1%	-13.9%	-13.5%	-13.5%	
	NHSI Agency Ceiling Performance		DoF	NHSI cap	NHSI	15.7%	21.8%	17.8%	1.1%	20.7%	-28.8%	-5.4%	8.7%	-11.1%	-7.4%	-0.5%	11.9%	-22.1%	-1.4%	
	Cash - liquidity days		DoF	NHSI metric	WUTH	-19	-11.7	-15.5	-12.5	-13.3	-13.5	-14.4	-12.7	-12.0	-13.0	-12.5	-12.9	-12.8	-12.8	
	Capital Programme		DoF	On Plan	WUTH	51.2%	3.9%	-25.3%	9.8%	32.9%	45.0%	4.9%	5.2%	35.8%	41.4%	50.3%	62.3%	56.6%	56.6%	

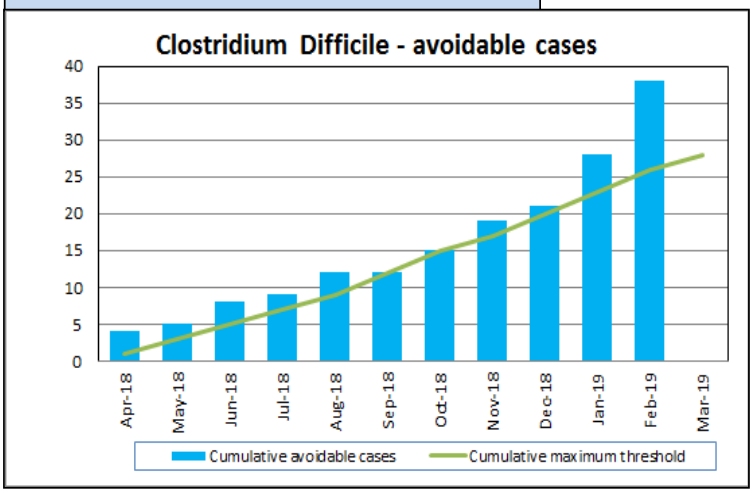
(**) Updated Metrics

	Metric Change
Eligible patients having VTE risk assessment within 12 hours of decision to admit.	Previously >= 90% within 6 hours
Pressure Ulcers - hospital acquired grade 2 and above	Removed
IPC Audit of Practices and Procedures (random areas)	Removed
First written response within policy timescale	Removed
Patient Experience: Number of concerns received in month - Level 1 (informal)	Added 'informal'
Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Added 'formal'
Medicines Storage Trust wide audits - % compliance against the standards of those areas reporting	Previously % of wards achieving 100%, now average compliance for those wards reporting

(*) Updated Thresholds

	Threshold Change
Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Previously <= 0.19 per 1000 Bed Days
Hand Hygiene Compliance	Previously = 100%
Protecting Vulnerable People Training - % compliant (Level 1)	Previously >= 95%
Protecting Vulnerable People Training - % compliant (Level 2)	Previously >= 95%
Protecting Vulnerable People Training - % compliant (Level 3)	Previously >= 95%
Complaint acknowledged within 3 working days	Previously = 100%
Number of patients recruited to NIHR research studies	Previously min 55 per month

Clostridium Difficile – avoidable cases



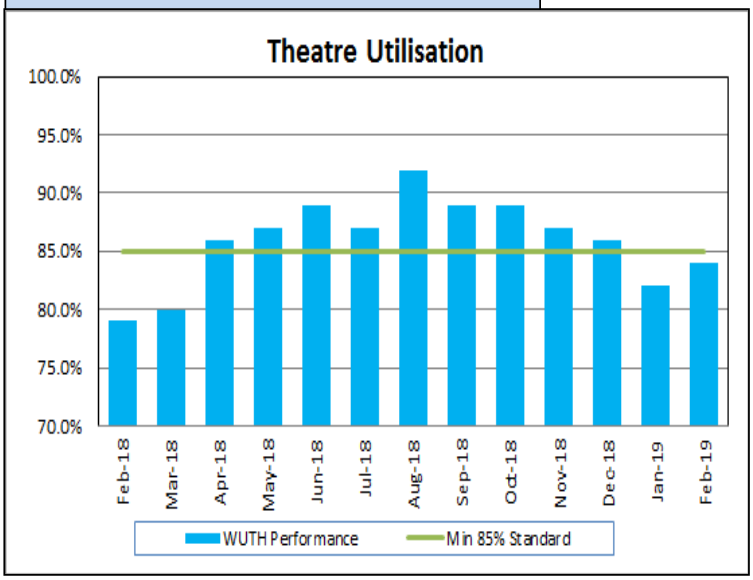
Executive Lead: Chief Nurse

Issue: The maximum threshold for avoidable cases of clostridium difficile in 2018-19 for WUTH is set at 28. To the end of February 2019 there have been 38 such cases.

Decision: Current performance Inadequate. Strengthen controls.

Action: increase of side rooms across Trust (33, 18, 22, Crit care – March 19) . All staff to have Hand Hygiene competency assessment – commence April 19 . Sinks for every ward entrance (Date TBC) . Decant ward identifiesd (commence April 19). Perfect ward audit revised to identify key risks. Thermal disinfection for jugs beakers (Estates to confirm date) . Weekly c diff review panel identifiying themes / actions timely with Chief Nurse

Theatre utilisation



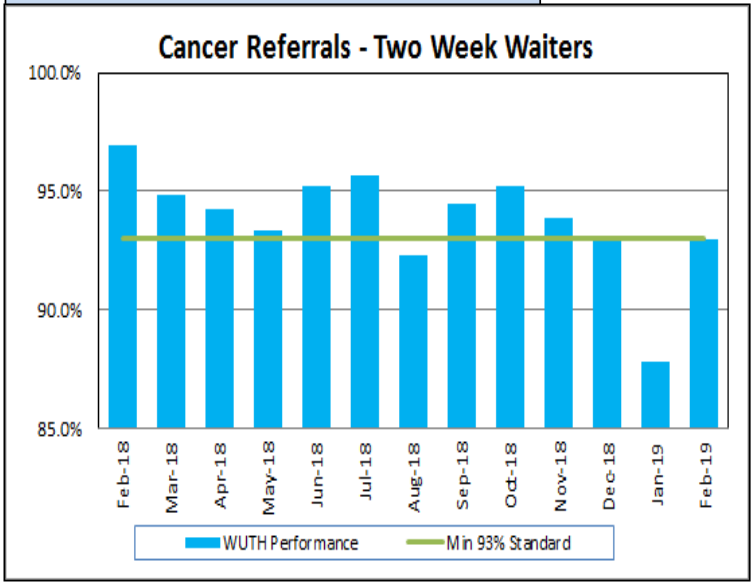
Executive Lead: Chief Operating Officer

Issue: The trust has an internal standard of utilising theatre capacity at a minimum of 85%. Performance for January & February 2019 has been less than this minimum standard.

Decision: Current performance Inadequate. Strengthen controls.

Action: Productivity of theatre capacity a main Improvement Priority area. Ward 1 returned to use for surgery on 18th March 2019 as a result of rapid improvement work.

Cancer Two Week Referrals



Executive Lead: Chief Operating Officer

Issue: The national standard is for 93% of all urgent cancer referrals to be seen within two weeks. Trust performance is judged by regulators on a cumulative quarterly basis. Performance in January and February has been below the 93% and putting the quarterly position at risk.

Decision: Current performance Inadequate. Strengthen controls.

Action: Individual patient pathway tracking by the Cancer Team and Divisions. Update provided on forecast at weekly Senior Operations meeting.

Governors Workshop Report

Trust Strategy / Vision & Values

The workshop was facilitated by the Natalia Armes, Associate Director of Transformation and Mike Baker, Associate Director of Communications with support from Cathy McKeown, Assistant Director of Organisational Development and a representative from Cube PR who are working with the Trust to develop the values and behaviours.

The Board feels it is a good time to update and develop strategy because of the changes which are taking place in the Trust. The theme of the workshop, therefore, was 'Shaping the Vision', working towards becoming a gold standard hospital.

The aim of the meeting was to engage the governors to contribution to the new strategy. A major part of the development has been to ascertain opinions regarding vision for the future throughout the Trust from patients, staff, governors and divisions. Groups have been asked to comment on strengths, weaknesses and impact of the Trust in order to inform a new vision which the strategy will help to deliver.

The emphasis from themes and analysis of questionnaires will be used to inform strategy content and the vision & values. Caring staff came back as a strength from all groups. Recurring phrases for suggested developments ranged from staff parking, waiting times and communication to resources, recruitment and increased staff training.

The team also gathered governor views on a possible value statement. The suggestion 'TOGETHER WE CAN' was discussed and supported as a key phrase however governors wanted the completed definition to include a statement that the vision was 'for all'.

The governor contribution was welcomed and feedback from this work shop along with responses received from patients, staff and visitors will inform the Board discussion and subsequent decision regarding the Trust Strategy and its vision and values.

Angela Tindall
Lead Governor
10th April 2019

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

6th March 2019

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Sir David Henshaw	Interim Chair
Janelle Holmes	Chief Executive
Jayne Coulson	Non-Executive Director
Dr Nicola Stevenson	Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery
John Coakley	Non-Executive Director
Helen Marks	Director of Workforce
Steve Igoe	Non-Executive Director
Chris Clarkson	Non-Executive Director
Karen Edge	Acting Director of Finance
Paul Moore	Director of Quality and Governance (Non voting)

In attendance

Paul Charnley	Director of IT and Information
Steve Sewell	Delivery Director
Andrea Leather	Board Secretary [Minutes]
Lyndsay Young	Communications & Marketing Officer
John Fry	Public Governor
Ann Taylor	Staff Governor
Jane Kearley*	Member of the Public
Justin Grundy	Member of the Public
Joe Gibson*	Project Transformation
Louise Wood*	Member of the Public / Patient Story
David Wood*	Member of the Public / Patient Story
Sue Milling-Kelly*	Patient Experience Team

Apologies

Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute
Mr Mike Ellard	Associate Medical Director, Women & Childrens
Dr Ranjeev Mehra	Associate Medical Director, Surgery

Reference	Minute	Action
BM 18-19/194	**Apologies for Absence** Noted as above.	
BM 18-19/195	**Declarations of Interest** There were no Declarations of Interest.	
BM 18-19/196	**Chair's Business** The Chair welcomed all those present to the monthly Board of Directors meeting. In opening the meeting, the Chair informed the Board of Directors that discussions continue with Healthy Wirral partners to progress change across the local health economy.	

Reference	Minute	Action
	It is acknowledged that as part of the NHS Plan acute trusts will need to drive the changes. Plans are also underway regarding the reconfiguration of CCG's, as yet it is unclear which other CCG's Wirral is likely to be aligned with. Mark Brearley has commenced work to provide external assurance on the Trusts financial plan for 2019/20.	
BM 18-19/197	**Key Strategic Issues** Board members apprised the Board of key strategic issues and matters worthy of note. **Director of Workforce** – Mrs Marks advised the Board that as part of the equality and diversity agenda the Trust had applied for the LGBT kitemark. The assessment panel are to visit the Trust on Tuesday 2nd April 2019. The Board will be informed of the outcome. **Director of IT and Information** – Mr Charnley apprised the Board that funding had been agreed post GDE funding regarding the Shared Care Record. In addition Countess of Chester NHS Foundation Trust had agreed funding for the WUTH support in relation to the implementation of the IT system as a fast follower. **Mrs Sue Lorimer – Non-Executive Director** – informed the Board that the Charity office was now open and had experienced a flurry of activity. She suggested that the Trust contact Mr & Mrs Woods who provided the patient story may be willing to consider being Trust ambassadors. **Chief Operating Officer** – Mr Middleton advised that there is a lot of external focus on performance with additional scrutiny to ensure year end compliance. In particular the 52 week target due to the Secretary of State promised to deliver by year end. A question was asked as to the option to consider commercial opportunities for the front entrance area, it was confirmed that enquiries are underway and will be reported to the Board later in the year. **Medical Director** – the Board were apprised of the positive response to the recent 'Big Debate' held with consultants. The event provided an overview of the key transformation programme elements eg outpatient services, the challenges to deliver change and the importance of the clinical body in the Trusts future. To continue engagement and involvement of clinicians regular communications will be circulated. Similar events are also planned with other staff groups. **Acting Director of Finance** – apprised the Board that the recent contract negotiations had been very productive with the CCG agreeing to host the £12m funding gap. This will enable the system to achieve success and demonstrates working together and mitigating risks jointly.	

Reference	Minute	Action
	Director of Nursing & Midwifery – informed the Board that although the team did not win at the recent RCN Midwifery Awards event the team thanks the Trust for its support and investment. In addition the Trust has been nominated for the Nurse Associate award at the Nursing Times. The Director of Nursing & Midwifery also reported the success of the 'Big Debate' event as described earlier held with the domestics on both sites. The event was well received and it was encouraging to see the recognition of how they see their role in relation to IPC. It was agreed to communicate 'You Said, We Did' as a way to continue feedback. **Director of Quality & Governance** – apprised the Board that in his opinion the CQC view of the Trust was growing in confidence and it was unlikely that a full inspection would be in the near future. Staff were thanked for support during the recent unannounced CQC inspection for AMU and A&E. The Director of Quality & Governance advised that the Trust had undertaken a review of H&S arrangements and had commissioned an independent audit which he would lead on. ***The Board noted that although some members did not have detailed updates there were a number of themes such as improving trends, a lot of projects running in parallel which will need to be aligned to ensure pace of change.***	
BM 18-19/198	**Board of Directors** **Minutes** The Minutes of the Board of Directors Meeting held 30th January 2019 were approved as an accurate record. **Action Log** In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.	
BM 18-19/199	**Chief Executives' Report** The Chief Executive apprised the Board of the key headlines contained within the written report. **Millennium Upgrade** – following the 2018 Millennium Upgrade we're aware that the Trust is experiencing issues in radiology and other clinical areas with access to images and the stability of the system. Despite lots of testing pre the 'go live' decision these issues did not materialize as they are solely related to volume and the use of the system at scale. Cerner are on site working with Informatics to understand and resolve all of the issues identified. **CQC unannounced inspection** – took place in AMU and A&E earlier in the week, no concerns were raised during the visit. A report will be forwarded to the Trust shortly.	

Reference	Minute	Action
	The pace of change particularly in relation to patient flow and outpatients were discussed and the Board were informed of meetings arranged with the Divisions to address these matters and therefore an opportunity to provide suggestions for change and how they could be implemented. It was acknowledged that the organisational strategic priorities may differ to operational priorities of the Divisions although they should be considered in conjunction. The leadership team are focusing on the key priorities agreed by the Board and will be identifying the metrics and milestones to provide assurance of outcomes to the Board. Whilst the huge progress made to stabilise the organisation during the last 12 months was recognised, it was accepted that to ensure delivery of the key priorities the Board would require focussed discussion at future meetings. ***The Board noted the information provided in the February Chief Executive's Report and agreed that at its next meeting an item focusing on how to mobilise the changes and identify the barriers would be included.***	**JH**
BM 18-19/200	**Patient Story** The Board was joined by Louise and David Wood, parents of baby Clara who had recently been a patient. Clara had been unwell for a short period of time and had visited her GP on a couple of occasions. Clara seemed unusually sleepy and her parents put it down to sleeping off her cold, still puzzled as to why she was so subdued and an instinct that something didn't feel right they rang NHS 111 and explained her symptoms. They advised that they would need to send an ambulance and when the paramedics arrived they ran some tests and explained that Clara needed to go to A&E. On arrival at A&E they were taken to resus where a team was assembled ready. All the team introduced themselves and started to work on Clara. When her condition had stabilised she was transferred to the HDU in the children's ward and subsequently a main children's ward. Following their experience the family commented that they are left with nothing but thanks and heartfelt gratitude for the amazing care received and why they took the time to write to the CEO and colleagues. They asked that the staff are made aware of the positive impact they had offered to champion the hospital and help in any way they could. On behalf of the Board, the Chair expressed his thanks and appreciation to Louise and David for sharing their experience. ***The Board noted the positive feedback received from Mr and Mrs Wood and agreed to contact the family to discuss becoming ambassadors for the Trusts charity.***	
BM 18-19/201	**Infection Prevention & Control (IPC) Improvement Plan** The Board were provided a report pertaining to the IPC Improvement Plan which highlighted by exception any elements of the plan that are not on track or at risk of not meeting target dates for implementation. Therefore requiring	

Reference	Minute	Action
	a focused approach to ensure improvements are achieved and embedded across the organisation. The updated improvement plan had previously been discussed at both the Patient Safety & Quality Board and the Infection Prevention and Control Group. To address concerns raised in relation to compliance with and monitoring of cleaning standards against the 'Safe Clean Environment' component of the plan the 'Big Debate' for domestics was arranged as discussed earlier in the meeting. During January 2019 all ward areas have been reviewed by Divisions and the IPC team and the Trust has implemented the Environmental Auditing and Reporting system to ensure quality assurance is part of the wider reporting and auditing system for the Hotel Services department. A review of the MIC4C software which conforms to Department of Health standards of cleanliness is underway and demonstrates the Trusts ongoing commitment to ensure the provision of a clean and safe hospital. In relation to compliance with the hand hygiene guidance an environmental review confirmed that most wards do not have adequate facilities at the entrance. The Estates team are reviewing the costs and timescale to install hand washing basins in the entrance of each ward and the outcome of this review due imminently. The DIPC and IPC team are reviewing the Hy-genie tool as a method for increasing hand hygiene compliance of staff. Alder Hey is a pilot site and clinical evaluation is in progress. If the evaluation is positive additional Trusts will be recruited to join the trial and WUTH has expressed a keen interest to be part of the next cohort. During discussion it was agreed that NED's, Jayne Coulson and John Sullivan along with the Director of Nursing & Midwifery should review the current Hotel Services model, consider the options for the future to ensure it is fit for purpose and report to the Workforce Assurance Committee (WAC). ***The Board noted the IPC improvement plan and recognised the challenges associated with IPC agenda and the operational pressure around patient flow and high bed occupancy. Based on this it was agreed to seek advice from a best in practice Trust such as Salford with an option to invite them to a future meeting.***	**JC/JS/ GW**
BM 18-19/202	**Quality & Performance Dashboard and Exception Reports** The report provides a summary of the Trust's performance against agreed key quality and performance indicators. Of the 58 indicators with established targets or thresholds 41 are currently off-target or failing to meet performance thresholds. The Director of Governance & Quality highlighted the adverse overall position compared with the previous month which may have been impacted by system pressures but acknowledged that the control measure should be appropriate to deal with times of pressure. The lead Director for a range of indicators provided a brief synopsis of the issues and the actions being taken.	

Reference	Minute	Action
	Areas of focus for discussion were: • Cdiff - being reviewed at serious incident panel. • Hand hygiene – training in place to support compliance • Vacancy rate – review data to clarify breach of threshold whilst undertaken successful recruitment processes. Attrition rate higher than recruitment rate. • 4 hour waits – deterioration against the national target, look to introduce a localised target. • Referral to treatment (RTT) – 18 weeks, January/February would expect to see a decline and then recover from March onwards. • Referral to treatment (RTT) - 52 weeks, three patients currently at risk of breach due to patient choice. Access policy being review by LNC. The progress on basics was accepted it was recognised that the changes were not at pace and therefore would require extra effort to achieve compliance. The Chief Operating Officer highlighted the volume of patients exercising patient choice in relation to the 2 week waits had seen more requests in January than for the whole of the previous quarter. To address this, the Trust is speaking with GPs to ensure patients are fully informed and the CCG has been made aware of the situation. Whilst there was disappointment that a number of the indicators had seen a decline in performance there were some indicators that had improved, namely: VTE, mortality reviews and serious incidents. The Board expressed a concern regarding the continued poor performance of the 'safer' bundle indicators. The Chief Operating Officer stressed that importance of reviewing this metric across wards/speciality to enable focused actions to address areas of concern. Progress is happening but slower than anticipated and therefore as agreed at the recent Board away day reviews regarding patient flow and capacity and demand are underway. Progress updates will be provided to the Board. ***The Board noted the current performance against the indicators to the end of January 2018.***	
BM 18-19/203	**Month 10 Finance Report** The Acting Director of Finance apprised the Board of the summary financial position. At the end of month 10, the Trust reported an actual deficit of £26.6m versus planned deficit of £21.7m and includes non-current support of £2.3m which means the underlying position is £7.2m worse than plan. In month, the Trust reported a deficit of (£1.8m) against a planned deficit of (£0.7m) and a forecast of (£1.1m). This being (£0.7m) worse than the forecast position. The key driver of the variance is the under-performance elective activity in surgery, non elective both activity and case mix and pay due to cost of escalation capacity over the above winter plan.	

Reference	Minute	Action
	The Acting Director of Finance reported that cash is better than plan at £6.2m as a result of capital slippage and working capital movements. There were no significant balance sheet variances – in line with cash management approach and capital slippage. Capital expenditure is £3.8m YTD against full year programme of £12.5m. Significant schemes in progress include MRI scanner, GDE, PACS, Estates backlog and medical equipment. Additional key aspects apprised to the Board included: • Elective income which continues to under-perform against plan although the run rate has improved from Q1. (£700k per month to £400k per month) • Non-pay pressures associated with out-sourcing both elective activity and diagnostics, noting that elective outsourcing is expected to reduce significantly in Q4. • Pay pressures in medical pay and acute care nursing have been mitigated with vacancies in other area's, predominately corporate and non medical and acute nursing. • CIP is currently achieving plan but the plan is profiled to deliver more in Q4 and in addition a proportion of the delivery (£3.4m) is non-recurrent against vacancies/non-pay. The Trust committed to a forecast deficit position of (£27.3m) with NHSI at the meeting in January following the December meeting where delivery of the planned position of (£25.0m) was sought. The current likely forecast due to the December and January performance is £30.5m. Discussion took place regarding the ability to forecast accurately and challenges to deliver against the 2019/20 control total. The Acting Director of Finance explained that discussions are ongoing with the Divisions and corporate areas in relation to capacity and demand modelling, CIP development and the support required to deliver robust forecasting. The Board acknowledged the need for greater emphasis on finance throughout the year to achieve year end forecast. ***The Board noted the M10 finance performance and approved the recommendation for additional borrowing in line with the final 2018/19 deficit.***	
BM 18-19/204	**2018 National NHS Staff Survey** The Director of Workforce provided the highlights of the outcomes of the NHS staff survey for 2018. A number of staff engagement events to highlight the results have taken place and the presentation has also been circulated to senior managers to discuss at team meetings. Divisional triumvirate and Corporate Heads of Service will receive more detailed information relating to their areas and subsequently action plans will be developed to address concerns. ***The Board noted the 2018 National Staff Survey and agreed to undertake a temperate check against each of the 10 themes identified in the report and report the outcomes to the Workforce Assurance***	**HM**

Reference	Minute	Action
	Committee.	
BM 18-19/205	**Report of Finance, Business, Performance & Assurance Committee** Ms Sue Lorimer, Non-Executive Director provided a summary report of the FBPAC meeting on 8th February 2019 which covered: • 2019/20 Annual Plan • 2019/20 Capital Plan • Ward Based Nursing Establishment Review • Trainee Nurse Associate Business Case • Reference Cost Analysis – Non Elective short-stay • SLR Plan • Implementation of Aseptic Anti-Touch Technique. The Committee approved: • 2019/20 Capital Plan - subject to the normal business case limits applying to individual schemes • Ward Based Nursing Establishment Review - subject to the DoN identifying the shortfall in funding • Implementation of Aseptic Anti-Touch Technique. The Committee noted the benefits of the Trainee Nurse Associate Business Case but requested the business case be reworked so that that the cost pressure would be managed within current budgets in year. The timeframe for Committee and Board approval of the 2019/20 Annual Plan and subsequent submission to the regulator were confirmed. ***The Board noted the report of the Finance, Business, Performance & Assurance Committee and the items approved.***	
BM 18-19/206	**Report of Trust Management Board** The Chief Executive provided a summary report of the Trust Management Board (TMB) meeting on 28th February 2019. TMB considered and agreed in principle the Pharmacy Dispensing Robot business case which will be presented to FBPAC in March for approval. Also the Nephrology – Renal Dialysis business case was discussed and agreed to revisit it at the March meeting following a review of risks pertaining to the recommended option. This business case will then be referred to FBPAC for approval. ***The Board noted the verbal report of the Trust Management Board including the business cases to be referred to FBPAC.*** ***and approved the recommendation to procure the supply of gas for 4 years through the COCH framework.***	
BM 18-19/207	**Report of Programme Board** Joe Gibson, External Assurance provided a summary of the Trust's change programme and the independent assurance ratings undertaken to assess delivery as discussed at the Programme Board on 20th February 2019. He advised that the outcomes, key milestones and assurance for each project will be provided at a future Trust Board meeting. It was	

Reference	Minute	Action
	acknowledged that the MSK project should now close recognising the successful transition to normal operations. The Board considered the recommendations and agreed the following conclusions: a. GDE/Digital Programme – IT is an enabler for all programmes and therefore a proforma outlining priorities, times and provide regular updates for staff for all programmes. b. Healthy Wirral Programme – WUTH to lead on two priorities, Outpatient /Planned care and Front door. c. Joint pathology service – business case outlining options hosting arrangement being drafted for review at TMB. ***The Board noted the Trust's Change Programme assurance report and recognised that EMT will consider the option to streamline governance arrangements for some programmes.***	
BM 18-19/208	**CQC Action Plan progress Update** The Director of Quality & Governance apprised the Board of the improvements pertaining to the CQC Action Plan. The Director of Quality & Governance emphasised that whilst substantial progress had been made against the majority of actions there were some overdue actions in relation to medicines storage, medicines management, ED assessment protocols, performance dashboards and premise and equipment remedial works. Updates for these actions were provide as follows: • medicines storage - temperature control for rooms included within the 2019/20 capital programme approved at FBPAC. • medicines management - would not expect to see change until March due to the audits being undertaken. • Maternity dashboard now developed • Initial assessment – two triage trials underway, expect to see tangible improvement by next report. ***The Board noted the progress to date of the CQC Action Plan and thanked all concerned for their efforts.***	
BM 18-19/209	**Risk Management Report** The Director of Quality & Governance provided an overview of the work undertaken on developing risk management across the Trust. The risk profile suggests the Trust is exposed to a high number of higher-level risks and this may be linked to the level of maturity and a tendency to be introspective and reactive to the identification and response to risk. As risk management maturity develops we would expect to see the risk profile shift to the right (more lower level (managed) risks identified) as a more proactive and anticipatory approach becomes embedded and better control is established. In order to ensure that the Trust continues to improve the risk management system an outline of the next steps to embedding a highly adaptive and mature approach to risk management were confirmed.	

Reference	Minute	Action
	The Board noted the contents of the report and the next steps to embed risk management across the organisation.	
BM 18-19/210	**BAF / Risk Register** With effect from April 2019 the Board of Directors will receive the Board Assurance Framework 2019/20 on a quarterly basis and therefore this standing item will no longer be required.	
BM 18-19/211	**Any Other Business** There was no other business to report.	
BM 18-19/212	**Date of next Meeting** Wednesday 3rd April 2019.	

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Chair

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Date