

Board of Directors Meeting

25 February 2015

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**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 25 FEBRUARY 2015
COMMENCING AT 9.00AM IN THE
BOARD ROOM
EDUCATION CENTRE, ARROWE PARK HOSPITAL**

AGENDA

- | | | |
|-----------|---|---|
| 1. | Apologies for Absence
Chairman | v |
| 2. | Declarations of Interest
Chairman | v |
| 3. | Patient Story
Director of Nursing and Midwifery | v |
| 4. | Chairman's Business
Chairman | v |
| 5. | Chief Executive's Report
Chief Executive | d |

6. Strategy and Development

- | | | |
|------------|---|---|
| 6.1 | Workforce and Organisational Development Strategy
Director of Strategy and Organisational Development | d |
| 6.2 | Staff Survey
Director of Strategy and Organisational Development | v |

7. Performance and Improvement

- | | | |
|------------|---|---|
| 7.1 | Integrated Performance Report | |
| | 7.1.1 Integrated Dashboard and Exception Reports
Director of Infrastructure and Informatics | d |
| | 7.1.2 Month 10 Finance Report
Director of Finance | d |

8. Quality

- | | | |
|------------|---|---|
| 8.1 | Francis Report: Hard Truths Commitment: Publishing of Nurse Staffing Data: January 2015
Director of Nursing and Midwifery | d |
|------------|---|---|

9. Governance

- | | | |
|------------|---|---|
| 9.1 | Report of the Audit Committee
• 11 February 2015
Chair of the Audit Committee | d |
| 9.2 | Review and Approval of Standing Orders, Standing Financial Instructions and Scheme of Delegation
Associate Director of Governance | d |

9.3 Board of Directors

9.3.1 Minutes of the Previous Meeting d
• **28 January 2015**

9.3.2 Board Action Log d
Associate Director of Governance

10. Standing Items

10.1 Items for BAF/Risk Register v
Chairman

10.2 Any Other Business v
Chairman

10.3 Date and Time of Next Meeting v
Wednesday 25 March 2015 at 9am

Board of Directors	
Agenda Item	5
Title of Report	Chief Executive's Report
Date of Meeting	25 February 2015
Author	David Allison – Chief Executive
Accountable Executive	David Allison – Chief Executive
BAF References	
• Strategic Objective	1, 2, 3, 4, 5, 6, 7,
• Key Measure	1a, 2a, 3a, 4a, 5a, 6a, 6b, 7b, 7c
• Principal Risk	1445, 1909, 2550, 2250, 2328, 2611, 2647
Level of Assurance	
• Positive	Positive
• Gap(s)	
Purpose of the Paper	
• Discussion	To Note
• Approval	
• To Note	
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	
• Yes	N/A
• No	

1. External Activities

CCG

The Board were advised by e-mail notification of the election of Dr Pete Naylor to the Chair of NHS Wirral CCG with effect from 22 January 2015. Interviews for the Accountable Officer position were held on 18 February 2015 and a verbal update will be given at the Board.

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Five Year Forward View – New Models of Care

Board members will have received separately a copy of the submission made by the Wirral health and social care community, but led by the Trust, for the New Models of Care vanguard group. We have shared this application with a number of key strategic influencers including Angela Eagle MP and a number of individuals who have strong connections into NHS England. We have received confirmation from NHS England that this application has been received and that we will be informed by 26 February whether we will be invited to the next stage of selection, which will be a presentation to a selection of 'peer organisations and representatives of national organisations' and participation in a workshop intended to offer opportunities to work through their plans, provide peer challenge and consider their areas for support and development.

We also submitted an application to the Academic Health Science Network for pump prime funding which would enable us to move on some initial first steps in line with our application, particularly the adoption of a population health approach. Unfortunately this was unsuccessful.

GP Engagement

I was very pleased to attend a presentation and discussion with a large number of GP colleagues at Thornton Hall Hotel on 29 January. At this event we were able to share with them details of the operational pressures we have been under this winter and our plans to deal with them, including working much more collaboratively with a range of partners – including primary care. It was very clear from the discussion that there is a very significant pressure also in primary care, with increases in both demand and patient acuity. This background proved to be a useful introduction to a presentation on the New Models of Care application and the possible benefits it would bring to both GPs and other partners in further developing different ways of working, particularly in relation to integration.

Monitor

On 9 February the Trust held its Q3 monitoring call with the Regulator. The outcome of the call is still awaited. A verbal update will be provided at the Board of Directors should this be available.

Single Item Quality Surveillance Group

NHS England held a Single Item Quality Surveillance Group and Quality Review of the services provided at this Trust on 13 February 2015 at which the Trust was invited to present. The purpose of the review was for Commissioners to gain assurance with regard to the quality of services provided by the Trust working collaboratively with Clinical Commissioning Groups; NHS England Cheshire and Merseyside Sub Regional Team; Regulatory Bodies; Local Authority Partners and Public Health England.

The Trust received some verbal feedback on the day which included a number of positive comments about the work the Trust was undertaking and some recommendations/actions for the health economy and the Trust going forward.

The full report will follow in 2/3 weeks time; however in the meantime the Trust is actively evaluating the actions taken in response to the CQC inspection to ensure that these achieve the right outcomes for our patients.

Countess of Chester Hospital

The inaugural meeting took place of the WUTH / CoCH Collaboration Board on 9 February. This meeting will take place bi-monthly from February and is constituted to review progress against a range of collaboration initiatives. At the meeting we discussed a number of current issues including the current collaboration in orthopaedics (CoCH are already utilising capacity on the CGH site), urology and renal services. In the context of strategic and operational planning for 2015/16,

the meeting offered valuable insights into organisational perspectives for the coming year and priorities for further collaboration.

Wirral Community Trust

The Exec to Exec meetings continue to take place and an update will be given to the Board following the meeting of 23 February 2015.

Victoria Central Health Centre

Discussions are ongoing with the Community Trust around continuing to provide clinics from this facility at a more affordable rent resulting in a cost improvement of £150k.

Health Economy

The unprecedented demand from non-elective patients has resulted in escalation capacity being utilised way in excess of that forecast with detrimental implications. Strategic discussions will be conducted with economy partners to understand the implications for 2015/16 activity forecasting, the System Resilience Plan and the Better Care Fund assumptions.

External Review

Following a review of the outputs from FTI, and the advice from the turnaround advisor at last month's board, the resources that had been agreed for further FTI work have been used to commission experienced PWC resource in order to quantify the financial opportunity available to the organisation. This work benchmarked the Trust's productivity across a wide range of areas and whilst this work is still being validated, indicative figures indicate an opportunity up to £30m which is a significant development from the £6.1m previously identified. This has helped to significantly move the programme forward; and more importantly illustrates the sizeable opportunity that exists to enable the Trust to achieve a financially sustainable position in the future.

2. Internal Activities

Infection Prevention & Control

January and February 2015 has been a busy period for the Infection Prevention and Control team. During January there were 6 post-48 hour cases of Clostridium Difficile; of these 5 were deemed unavoidable following the post-infection reviews with the remaining case being under review by Public Health England (PHE). In February there have been 2 further cases bringing the total to 26 cases against a target of 24 set by PHE. In terms of the Trust's position with Monitor, the position is 17 cases to date.

The position with MRSA bacteraemias remains at 3 for the year against a zero target.

There are 2 types of Carbapenamase Producing Enterobacteriaceae (CPE): OXA 48 and VIM strains prevalent in the hospital. During January there have been 13 new cases of colonisation with one in February to date. Infection control outbreak meetings are being held weekly and mitigating actions are in place to control and reduce the impact: Ward 14 is designated as a cohort ward for positive and highly exposed cases of CPE. Ward 11 (Orthopaedics) has been successfully managing the control of Vancomycin Resistant Enter (VRE) through compartmentalisation to allow for VRE and CPE positive and highly exposed patients only. The measures to control infection are challenging to maintain but are primarily focussed on: early identification; isolation and cohort nursing and a focus on the basics such as hand hygiene. A hand hygiene campaign will be launched in March 2015.

The potential for infection with pseudomonas aeruginosa is a known risk in the neonatal unit. There have been 2 clinical cases of infection resulting in the death of a baby from sepsis. Outbreak

measures have been put in place during February with the support of Public Health England. A detailed review of current measures for mitigating the risk of pseudomonas has been undertaken using the Neonatal Unit Gram positive outbreak checklist; additional measures have been put in place that focus on the elimination of tap water which is regarded as the potential source of the bacteria. On the 14th February, the unit closed to babies below 30 weeks gestation as a precaution; the unit is currently accepting babies beyond 28 weeks and is being reviewed daily through outbreak meetings lead by the Director of Nursing & Midwifery. As part of the PHE action plan there is a review of the cases of need for increased space in the Neonatal Unit.

There has been an outbreak of flu during January with 42 patients affected; the likely index case is a member of staff and a review of the outbreak will be undertaken.

On 4 February 2015, the Trust received correspondence from Public Health England raising serious concerns regarding various aspects of Infection Prevention and Control in the Trust; an action plan and covering letter was submitted to PHE on 12 February 2015 detailing the actions in place or in progress since the peer review of the Trust's approach to infection management last February. The Trust received a positive response and a full report will be provided to the Quality and Safety Committee in March 2015.

A&E Update

A&E continues to be under extreme pressure and work is continuing with health economy partners to better understand and respond to increased demand particularly GP admissions.

Wirral Millennium Update

Over the last month all of the more significant issues associated with the Phase 2b go live in November 2014 have been resolved. The Informatics team are now working with groups of clinical colleagues to review and prioritise requests for enhancements to the system.

Work is progressing on the change from local hosting of the system to Cerner hosting of the system from their data centre in Slough. This is on track for the end of March however this does mean that it is necessary to 'freeze' the system until the move takes place so there will be very limited opportunity to make changes or to introduce fixes to issues for the rest of February and all of March.

The HIMMS stage 6 assessment visit has been arranged for Friday 6 March following a very positive telephone interview with them in late January where no significant gaps were identified in our stage 6 application.

Detailed planning of the remaining Millennium implementation phases has taken place and kick off meetings are being held for projects which are starting in March/April.

Workforce

HR&OD continue to support divisions in a large number of difficult organisational change schemes. PMO figures at month 10 for schemes which involved pay savings showed forecast delivery of nearly £9 million in recurring savings.

Sickness absence monthly rates continue to be in the main better than last year (with the exception of December, 14) however the rolling 12 month rate remains above the Trust target of 4%. A number of priority actions continue to be discussed in full at the Quality & Safety Committee.

Education and Development Key Performance Indicators.

As at 31 January 2015 the Trust:

- Increased compliance for Mandatory Training Block A with 97.7%. This meets the Trust's 95% KPI.
- Increased compliance for Mandatory Training Block B with 69.88%. As this falls below the 95% KPI, divisional action plans are in place to address this.
- Increased compliance for Appraisals with 83.48%. As this falls below the 85% KPI, divisional action plans are in place to address this.

Our Library & Knowledge Service has been successful in a bid for £18,000 funding to support the health information needs of staff, students and the wider health community. The money will support a range of initiatives in the Library & Knowledge Service, including new book stock, a new self-service kiosk and a health and wellbeing project in partnership with Wirral Public Libraries. As a teaching hospital, our Library Service is an incredibly important part of our organisation, so it's great to see the service growing and evolving, and supporting our dementia care agenda.

The Staff Friends and Family Test (Staff FFT) for Quarter 4 is now active. All staff are expected to complete a Staff FFT at some point throughout the financial year, so we are now encouraging all remaining staff, contractors and volunteers to complete this short survey by postcard. These postcards have been distributed to wards and are available at key areas next to ballot boxes for submitting your test - key areas include all reception areas, as well as Bowman's and Firtrees restaurants.

Listening into Action

A recent round of CEO led Big Conversations with 179 Leaders and Managers has now been completed and the LiA Sponsor Group will be reviewing the outcome on 17 February to identify further work to take place in response to this.

A Ward LiA Programme has commenced which aims to have introduced the LiA methodology to all in patient wards on a rolling basis this year. This will see a Lead Consultant working with the Ward Sister to address what staff say matters to them to improve ward performance, patient and staff experience.

LiA methodology is being used to engage with a number of key staff groups to identify how we can make the raising concerns process easier for staff.

The Wave 5 of LiA teams are progressing in delivering actions identified from LiA events and will be ready to feedback on 19 June 2015 at the next LiA "Pass it On" Event.

The social team established through LiA are hosting our second Wirral's Got Talent event on Friday 24 April 2015 at Heswall Hall, which will see our talented staff competing once again for the title of Wirral's Got More Talent winner 2015.

David Allison
Chief Executive

February 2015

Board of Directors	
Agenda Item	6.1
Title of Report	Workforce and Organisational Development Strategy
Date of Meeting	25 February 2015
Author	James Mawrey, Director of Workforce
Accountable Executive	Anthony Hassall, Director of Strategic and Organisational Development
BAF References	
<ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	1 1B 1909
Level of Assurance	Positive
<ul style="list-style-type: none"> • Positive • Gap(s) 	
Purpose of the Paper	Approval
<ul style="list-style-type: none"> • Discussion • Approval • To Note 	
Data Quality Rating	Gold – externally validate Bronze – qualitative data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	Yes - neutral
<ul style="list-style-type: none"> • Yes • No 	

1. Purpose

1.1 The purpose of this report is to seek Board approval for the implementation of the Trust's Workforce & Organisational Development Strategy, for the period 2015-18.

2. Background

2.1 The Workforce & Organisational Development Strategy underpins the Trust's ambition, vision, strategy and service developments set out in the Integrated Business Plan for 2013 to 2018.

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2.2 The Workforce and OD Strategy is a key document that draws together strategically all that the Trust does to attract, retain, support and reward its people to meet its priorities. This Strategy builds on the good work of the Trust's previous strategy and is intended to be a sharper and much more focused document than in previous years.

2.3 Our vision is to have a healthy organisational culture, a sustainable and capable workforce, working in an integrated manner with partners and where the leadership and management of our people is effective and conducted in a manner that improves staff experience and lets us demonstrate that we have put our values into action. Note that the NHS Staff Survey 2014 results are under embargo until 25th February, 2015. The results of the NHS Staff Survey 2014 will highlight the need for focus in this key area.

2.4 The Strategy has been developed through consultation with operational managers, Executive Directors, Staff Side and staff through the many staff engagement initiatives. Together, this document draws together our objectives for enhancing the working lives of our staff who strive to provide and deliver excellence every day.

3. Framework for Delivery

3.1 The Workforce and OD strategy will be delivered through 4 priorities for action:

Healthy Organisational Culture	By developing and sustaining a healthy organisational culture we will create the conditions for high quality care.
Sustainable Workforce	Our workforce will need to change to match new ways of delivering services and new ways of working. We need to ensure that people with the right skills, in the right numbers are in the right jobs. We also need to support the health and well-being of the existing workforce and prepare them to meet future service needs.
Capable Workforce	All staff need to be appropriately trained and have access to learning and development
Effective Leadership and Managers	Our managers and leaders are part of the workforce and have a key role to play in driving service and culture change. They also need to be valued, supported and developed

3.2 These priorities are supportive of the Board's intention to build a culture of excellence as part of its commitment to service users, carers and staff. These priorities are consistent with the evidence based research conducted by Professor Michael West which indicates links between good Human Resources (HR) practice and quality improvements.

4. Workforce and Organisational Development Strategic Targets

4.1 In line with the Trust's Integrated Business Plan then the key Workforce/Organisational Development targets the strategy will aim to deliver are:-

- To have achieved improvements in the following key Workforce and OD Indicators:-

Achieved attendance rate of above 96.2%

Achieved/sustained an appraisal rate of 95%

Achieved an Mandatory training rate of 95%

- To significantly improve on staff satisfaction levels from 14/15 baseline. Noting strategic targets in the 5 year plan is to be amongst the top 20% of NHS employers in staff satisfaction as measured by the NHS Annual Staff Survey.
- To have improved Leadership and Management to be measured by findings in the Annual staff survey, Patient survey and the Friends and Family tests (To be the top NHS Trust in the North West for patient, customer and colleague satisfaction).

*Note that annual trajectory targets have been set to ensure delivery of the above by 2018. These will need to be reviewed in light of the recent results from the NHS staff Survey 2014.

- 4.2 All transformation/cost improvement projects will also be measured and monitored to assess the impact of and on the Trust's workforce.

5. Monitoring of the Workforce and Organisational Development Strategy / Strategic Targets

5.1 The Human Resources and Organisational Development senior management team will lead the implementation of the Workforce and Organisational Development strategy, ensuring that the strategic workforce plans are converted in to deliverable operational actions. Appendix 1 of the Workforce Strategy details the Year 1 Monitoring Action Plan.

5.2 Delivery against the Strategy will be formally monitored through the Workforce & Communication Programme Group with an annual report to the Quality & Safety Committee and the Trust Board. The Annual Staff Survey, External reviews will also have a role to play in taking stock of progress.

6. Concluding Comments

6.1 This is not just a strategy or work programme for the HR/OD department – it requires real commitment and input from the whole organisation, particularly those in leadership position at all levels.

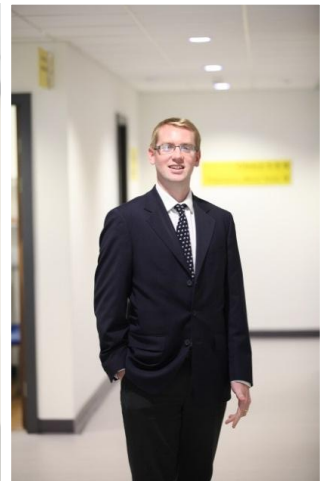
6.2 There is no doubting the challenge and 'stretch' that achieving a redesigned workforce will present, but committing to meeting this challenge will in itself send a message to staff about our determination to continue to provide safe effective services in which there is a recognition of the importance of every individual.

6.3 This strategy proactively leads the Workforce and Organisational Development agenda, has a compelling employee proposition and supports people development. It is predicated on keeping it simple and getting the basics right, achieving the desired results as it is aligned and integrates with the business of the trust. It is intended to have impact that is sustainable over the strategic period.

7. Recommendations

7.1 The Trust Board is asked to:

- i. Approve the Workforce & Organisational Development Strategy. Subject to approval the Strategy will then be 'launched' on 13 April, 2015. Non-Executive Directors, Directors, Managers, Staff-side and staff will be invited to attend.
- ii. Note the monitoring arrangements
- iii. Support the action identified to deliver the plan



Workforce and Organisational Development
Strategy 2015 - 2018

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Welcome and Introduction

Welcome to the 2015 - 2018 Workforce and Organisational Development (OD) Strategy. The Workforce and OD Strategy is a key document that draws together strategically all that the Trust does to attract, retain, support and reward its people to meet its priorities. This Strategy builds on the good work of the Trust's previous strategy and is intended to be a sharper and much more focused document than in previous years.

Our vision is to have a healthy organisational culture, a sustainable and capable workforce, working in an integrated manner with partners and where the leadership and management of our people is effective and conducted in a manner that improves staff experience and lets us demonstrate that we have put our values into action.

The strategy has been developed through consultation with Staff Side and staff through the many staff engagement initiatives. Together, this document draws together our objectives for enhancing the working lives of our staff who strive to provide and deliver excellence every day.

James Mawrey
Director of Workforce

Anthony Hassall
Executive Director of Strategy and Organisational Development

Drivers for the Workforce & Organisational Development Strategy

The Workforce & Organisational Development Strategy underpins the Trust's ambition, Vision, Strategy and service developments set out in the Integrated Business Plan for 2013 to 2018. The Strategy (and accompanying plans) sets out an enabling framework for achieving the Trust's vision to be Locally Focused - Regionally Significant ("We will be the First Choice Healthcare partner to the communities we serve, supporting patients' needs from the home through to the provision of regional specialist services.").

It provides a clear mechanism for engaging and developing Leaders and staff to enable the cultural changes necessary to deliver the Trust's high level strategic aim, which is at the heart of all we do. "Over the next 5 years we will work together to transform our organisation, building on our considerable clinical capabilities, to place our patients and our other customers at the heart of everything we do. We will focus on exceptional customer service which will be delivered through integrated, seamless, continuous pathways of care enabled by innovation and leading edge technology." All of the strategic aims described below are very much integrated in this Workforce & Organisations Development Strategy.

1. To be the top NHS Trust in the North West for patient, customer and colleague satisfaction;
2. Leading on integrated shared pathways of care with Primary, Community and Social care;
3. Delivering consistently high quality secondary care services, enhanced through the provision of regional specialist services;
4. Ensuring our people are aligned with our vision;
5. Maximising innovation and enabling technologies;
6. Building on partnering for value;
7. To achieve financial, commercial and operational excellence.

Our vision is underpinned by our PROUD values as outlined below:-



Patient

Respect

Ownership

Unity

Dedication

The PROUD values underpin all elements of this Strategy. Our PROUD values are not simply rhetoric. They form the basis of our expectations of how we will operate on a day-to-day basis to deliver the highest quality of care for each and every patient we serve.

Vision and aims of the Workforce & Organisational Development Strategy

The vision of the Workforce & Organisational Development Strategy is to be “an employer of choice and attract, recruit and retain a compassionate, engaged, skilled and experienced staff who deliver excellent patient care and who work together to continuously improve the quality of the services and care we provide.”

The Strategy sets out the strategic workforce priorities to achieve this vision over the next three years and develops the key themes drawn from consultation process with stakeholders. These priorities will serve to ensure that we will have an effective, sustainable and affordable workforce which puts patients at the heart of everything we do. The focus is on developing our internal capacity and capability to balance the challenges of providing high quality, safe patient care with the efficiencies necessary for re-investment, in order to achieve our financial plans. The strategy is organised around four priority work streams for action (as detailed below).

Framework for Delivery

The Workforce and OD strategy will be delivered through 4 priorities for action:

Healthy Organisational Culture	By developing and sustaining a healthy organisational culture we will create the conditions for high quality care.
Sustainable Workforce	Our workforce will need to change to match new ways of delivering services and new ways of working. We need to ensure that people with the right skills, in the right numbers are in the right jobs. We also need to support the health and well-being of the existing workforce and prepare them to meet future service needs.
Capable Workforce	All staff need to be appropriately trained and have access to learning and development
Effective Leadership and Managers	Our managers and leaders are part of the workforce and have a key role to play in driving service and culture change. They also need to be valued, supported and developed

These priorities are supportive of the Board’s intention to build a culture of excellence as part of its commitment to service users, carers and staff. These priorities are consistent with the evidence based research conducted by Professor Michael West which indicates links between good Human Resources (HR) practice and quality improvements.

Workforce and Organisational Development Strategic Targets

1. In line with the Trust's Integrated Business Plan then the key Workforce/Organisational Development targets the strategy will aim to deliver are:-

- To have achieved improvements in the following key Workforce and OD Indicators:-

Achieved attendance rate of above 96.2%

Achieved/sustained an appraisal rate of 95%

Achieved an Mandatory training rate of 95%

- To be on trajectory to be amongst the top 20% of NHS employers in staff satisfaction as measured by the NHS Annual Staff Survey (top 20% by 2018).
- To improve the ratio of income/paybill from 13/14 baseline
- To have improved Leadership and Management to be measured by findings in the Annual staff survey, Patient survey and the Friends and Family tests (To be the top NHS Trust in the North West for patient, customer and colleague satisfaction).

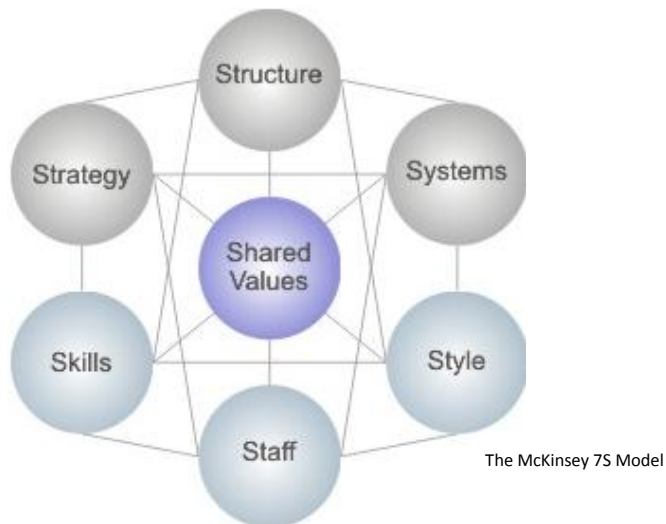
*Note that annual trajectory targets have been set to ensure delivery of the above by 2018.

2. All transformation/cost improvement projects will also be measured and monitored to assess the impact of and on the Trust's workforce.

Organisational Development and Determining the Framework Delivery Process

Organisational Development is defined as planned and systematic approach to enabling sustained organisation performance through the involvement of its people. To this end during 2012-2014 a number of staff contributed their views and experiences to a significant series of staff listening events, team meetings and engagement surveys (Organisational Health Index). The findings of the Organisational Health Index were then shared with Trust Board members in a mirror workshop. The OHI work helped to understand current challenges, align on future aspirations and start to craft actions to deliver on these aspirations. This then served to shape the Trust's approach to Organisational Development and very much works within the McKinsey 7S model. This model focuses on 7 internal aspects of an organisation that need to work well together if it is to be successful, the seven interdependent factors which are categorized as either "hard" or "soft" elements:

Hard Elements	Soft Elements
Strategy Structure Systems	Shared Values Skills Style Staff



In the formulation of this Workforce and OD Strategy there is particular concentration on the components that related to shared values, skills and staff but clearly there is also an inter-relation with the S for style, structure and systems. This links with other key enabling strategies to support the well-developed vision and strategic objectives.

A number of other enabling strategies such as Quality, Finance, Nursing complement the Workforce and OD Strategy which sits within the overall Organisational Development approach.

Priorities for Action and how they will be Measured

The detailed actions required to support each of the priorities during 2015 – 2018 is summarised in the tables below.

Healthy Organisation

We will:-

- Take action to ensure that staff, at all levels, are clear about the values and behaviours expected of them and align these with HR practices to ensure we recruit, develop and performance manage our staff against our Trust Core Values.
- Engage and involve staff in decisions and transformational change that affects them. This will include fully implement Listening into Action throughout the organization and deliver the Staff Engagement plan
- Implementation of the full Health & Wellbeing Plan 2015 (Healthy living) and ensure attendance is above 96%
- Review and refresh the Occupational Health and Safety Service specification. A service that is not only focused on intervention but also on prevention. To include an improved health awareness programme e.g. mental health support, alcohol management, weight management, smoking cessation and flu vaccination programme under the Health and Wellbeing Strategy
- Implement a revised Health and Safety strategy and further develop a pro-active H&S culture
- Create an organisation of openness, transparency and candour This will involve further developing our strong commitment to staff to ensure that they feel confident to raise and deal with or escalate concerns as necessary.
- Ensure that CQC regulatory standards for HROD are met (Outcome 12, 13,14)

Sustainable Workforce

We will:-

- Demonstrate that workforce planning includes a long term perspective and supports new and emerging service delivery models. Ensure that the Workforce Plan is integrated with Vision 2018.
- Ensure that workforce plans include an analysis of future education and training needs and that this is reflected in learning and development programmes.
- Ensure Consultant job plans match service demand and support 24/7 delivery. Extend the use of job plans to other staff who manage caseloads (e.g. AHP, Nurse Consultants).
- Continue to develop medium to long term sustainable (recruitment and retention) plans to address Nursing and Medical staffing pressures. This includes supporting the seasonal nature of our non-elective work though seasonal / annual contracts
- Ensure that the Organisation supports a learning environment and educational requirements for all staff including students and learners.
- Provide a suite of Multidisciplinary Clinical skills training to ensure Clinical competency in practice.
- Expand and develop the Band 1-4 workforce in clinical areas creating roles that are both patient centred and provide a career structure, working with the Colleges of Education to have job ready employees
- Maximise opportunities for youth employment and socially responsible recruitment through academies, placement schemes and recruitment campaigns, working with voluntary and other public sector partners.

Capable Workforce

We will:-

- Ensure that our Education and Development strategy is developed in partnerships and addresses longer-term learning and development need up to 2018. This includes supporting our staff in operating in a digital hospital.
- Improve the confidence, capability and capacity of everyone involved in leading and practicing quality improvement.
- Ensure staff comply with new NMC Revalidation requirements
- Embed greater alignment between contribution and recognition and reward (pay and non pay).
- Maintain and improve (quality and frequency) Appraisal and Mandatory Essential Training rate to 88% and 95% respectively
- Develop an E learning Strategy that supports the methodology of delivering relevant E learning interventions where appropriate.
- Ensure that appraisers and those being appraised understand the purpose of development reviews/appraisals, their individual and mutual responsibility for ensuring it is meaningful and that conversations review whether behaviours, decisions and actions reflect our shared values.
- Develop a robust succession planning programme that identifies future leaders within the organisation.
- Develop bespoke approach to Training & Development that recognises the local challenges the organisation faces e.g. Professional Development programme in Finance and Informatics.

- Further enhance working relationships with local education providers to ensure strong academic links.
- Maximise sources of funding to support our commitment to learning.

Effective Leadership and Managers

We will:-

- Build local leadership and management capacity and capability as part of our workforce plan. This will involve a breadth of leadership development opportunities both internally and externally to the organisation. This will support leaders in adopting differing management styles and working beyond the organisational boundaries.
- Develop a transformational leadership framework that ensures a robust process of coaching, mentoring and supervision for leaders at all levels.



Infrastructure to Support Delivery of the Organisational Development & Workforce Strategy

Appropriate infrastructure is required to support the delivery of the Workforce and Organisational Development Strategy, and plans include:

- Active engagement of the Trust Board, clinical and managerial leadership.
- Effective workforce systems and processes that utilise latest technology to support; measure; and assure.
- Productive, proactive workforce and organisational development professionals.
- Targeted communication that effectively utilises technology and social media.
- Accessible, relevant and regularly reviewed policies and procedures.
- Effective Partnership working with Trade Unions.
- Productive Partnerships with Universities, Academic Health Science Network, and wider local and national health networks.

Strategic Risks

The following strategic risks have been identified which may impact on the achievement of the Trust's ambition for the workforce:

- Failure to recruit and retain appropriately qualified, skilled and experienced workforce will directly impact on the Trusts ability to meet its objectives and obligations to provide quality healthcare to the community it serves.
- Lack of adequate financial investment in infrastructure, learning, leadership and organisational development programmes will impact on the quality of return and achievement of the Trust's ambition for workforce.
- Failure to sustain an effective and engaged workforce and the correlation with patient experience is well recognised by the Trust and is identified as a key strategic risk within the Business Plan and Board Assurance Framework.

The work programmes associated with the Workforce & Organisational Development Strategy will aim to mitigate these risks (as detailed in Appendix 1).

Monitoring of the Workforce and Organisational Development Strategy / Strategic Targets

The Human Resources and Organisational Development senior management team will lead the implementation of the Workforce and Organisational Development strategy, ensuring that the strategic workforce plans are converted in to deliverable operational actions. Appendix 1 details the Year 1 Monitoring Action Plan.

Delivery against the Strategy will be formally monitored through the Workforce & Communication Programme Group with an annual report to the Quality & Safety Committee and the Trust Board. The Annual Staff Survey, External reviews will also have a role to play in taking stock of progress.

Conclusion

1. This is not just a strategy or work programme for the HR/OD department – it requires real commitment and input from the whole organisation, particularly those in leadership position at all levels. To this end key Workforce & Organisational Development metrics will be included in all managers appraisals' and objective setting.
2. There is no doubting the challenge and 'stretch' that achieving a redesigned workforce will present, but committing to meeting this challenge will in itself send a message to staff about our determination to continue to provide safe effective services in which there is a recognition of the importance of every individual.
3. This strategy proactively leads the Workforce and Organisational Development agenda, has a compelling employee proposition and supports people development. It is predicated on keeping it simple and getting the basics right, achieving the desired results as it is aligned and integrates with the business of the trust. It is intended to have impact that is sustainable over the strategic period.
4. Future developments to this strategy will be carried out in consultation with a range of staff and managers within the trust and in recognition of changing markets and local or national context.

Workforce & Organisational Development Strategy - Monitoring

Note that Monitoring identifies Year 1 action. A review will be undertaken by the Director of Workforce to review / agree Year 2 and Year 3

Priority 1 – Healthy Organisational Culture							RAG Status
No	Objective	Actions	Target / Outcome	By Whom	Timescale for action	Comments /Progress	
P1-1	Take action to ensure that staff are clear about the values and behaviours expected of them and align these with HR practices to ensure we recruit, develop and performance manage our staff against our Trust Core Values	1.1.1 Link values and behaviours to the recruitment process. Phase 1 - statement on job adverts Phase 2 – Add values based questions to key recruiter pack Phase 3 – Review the HE England on line values based recruitment tool following national pilot (April 15)	New Staff will be aware of the PROUD core values and behaviours and become part of our organisational culture	LO	Year 1 – Q1	Completed Phase 1&2 Phase 3 will follow national review (April, 15)	Amber
		1.1.2 Link values and behaviours to induction programme	New induction programme inclusive of Be PROUD@Wirral training. Video produced for training purposes	CMcK/BC	Year 1 – Q1	Completed	Green
		1.1.3 Link values and behaviours to appraisal process	Staff will be appraised against the PROUD core values. Value based questions in appraisal process will test PDP needs	CMcK/PS	Year 1 – Q1	Completed	Green
		1.1.4 Communication plan that focuses on the values and behaviours	Staff will be aware of the PROUD core values and behaviours and become part of our organisational culture	CMcK/BC	Year 1 – Q1 then on-going	Communication plan Q1 in progress and then on-going	Amber
		1.1.5 Implement an Exit Policy that identifies reasons for leaving including those based on values and behaviours and to support sustainable workforce planning	Exit Interview will ensure reasons for leaving are identified and reported at appropriate groups / committees	AS	Year 1 – Q1 in place Year 1 – Q – reporting to comments	Policy in draft	Amber

No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress	RAG Status
P1-2	Engage and involve staff in decisions and transformational change that affects them. This will include fully implementing Listening into Action throughout the organisation and deliver the Culture and Engagement Plan	1.2.1 Continue to roll out Listening into Action as methodology for staff engagement in change and improvement	Increase in staff survey score re staff able to contribute towards improvements at work	CMcK/BC	Year 1 – Q1 then on going	Draft Employee engagement plan needs approval post full alignment with cultural objectives	Amber
		1.2.2 Agree and deliver an employee culture and engagement plan	Improvement in cultural barometer results	CMcK	Year 1 – Q1 agree plan Year 2 – Improvement on baseline Year 3 - Q4 full implementation	Cultural barometer completed Dec 2014/Jan 2015. Results by end Jan 2015. Draft action plan to WCG February 2015 for approval	Amber
		1.2.3 Ensure organisational change policy is consistently and correctly applied through information, advice and guidance and outcome of audit	No upheld grievances over failure to apply organisational change policy	LO	Year 1 – Q1 then On-going	Detailed in Annual Workforce Report. Quarter 2 annually.	Amber
		1.3.1 Implement the Health and Wellbeing action plan	Staff believe the organisation is taking action on their wellbeing as evidenced by the national staff survey.	PB	Year 1 – Q2	H&W plan in development stages	Amber
		1.3.2 Promote Health living awareness e.g. smoking cessation, flu vaccination under the Health and Wellbeing Strategy					
P1-3	Implementation of the full Health & Wellbeing Plan 2015 and ensure attendance is above 96%	1.3.3 Undertake annual well-being survey	Staff report improved wellbeing support.	PB/GL	Year 1 Q4	Review will take place following launch of health & wellbeing plan	Amber
		1.3.4 Embed new Attendance Capability Policy to ensure full compliance	100% compliance with Attendance Policy	LO	Year 1 – Q2 then on-going	Detailed in Annual Workforce Report. Quarter 2 annually.	Amber
		1.3.5 Introduce refreshed attendance management monitoring with the Divisional Director and senior HR	100% compliance with Attendance Policy	LO	Year 1 – Q1 then on-going	Completed	Amber

No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress	RAG Status
P1-4	Review and refresh the Occupational Health and Safety Service specification. A service that is not only focused on intervention but also on prevention.	1.4.1 Review all areas of service to comply with SEQOSH Quality Assurance System	Achieved SEQOHS	PB	Year 1 - Q3	Plan in place to achieve SEQOHS	Amber
		1.4.2 Promotion of health living as noted in 1.4.2		PB/DH	Year 1 – Q2		Amber
P1-5	Implement a revised Health and Safety Manual and Safe Management System and provide a pro-active Health & Safety culture.	1.5.1 Further review all areas of service to comply with H&S Management System and develop action plan to deliver	Staff report improved health & Safety awareness as demonstrated by Staff Survey. Reduction in incidents and RCA as a results of Health & Safety	PB/AH	Year 1 – Q2	H&S plan developed and needs annual refresh	Amber
		1.5.2 Strategy updated to reflect pro-active approach to Safety Management	Staff report improved health & Safety awareness as demonstrated by Staff Survey.	PB/AH	Year 1 – Q2	H&S plan developed and needs annual refresh	Amber
		1.5.3 Undertake review of training and short courses	Support achievement of mandatory training KPI 95% Staff report improved health & Safety awareness as demonstrated by Staff Survey (5% improvement).	PB/AH	Year 1 – Q2	H&S plan developed and needs annual refresh	Amber
P1 - 6	Create an organisation of openness, transparency and candour	1.6.1 Review of Raising Concerns Policy	Staff report improved awareness of Raising Concerns Policy as demonstrated by Staff Survey	LO / BC	Year 1 - Q1	Raising Concerns Policy reviewed and communication plan in developmental stages	Amber
		1.6.2 Communication plan delivered to ensure all pockets aware and feel able to raise concerns.	Reduction in external concerns raised which haven't been raised internally in the first instance				
P1-7	To ensure that CQC regulatory standards for HROD are met (Outcome 12, 13,14)	1.7.1 Update evidence folders 6 monthly aligned to CQC standards	CQC standards met	SMT	On-going	Recently reviewed standards in HR/OD	Amber
		1.7.2 Undertake desktop exercise annually			Year 1 – Q3		Red
		1.7.3 Action evidence gaps where required				On going	

Priority 2 - Sustainable Workforce							RAG Status	
No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress		
P2-1	Demonstrate that workforce planning includes a long term perspective and supporting new and emerging service delivery models, integrating Workforce Plan into Vision 2018	2.1.1 Agree 5 year workforce plan for HEE and Monitor	Delivered the details of the HEE and Monitor Annual Plan	JM/LO/TL	Year 1 – Q1	Task and finish group established Nov 2014, to meet regularly until April 2015	Green	
		2.1.2 Annual refresh against 5 year workforce plan to ensure emerging roles	Annual review in line with Trust Business Planning process	JM/LO/TL	Year 1 - Q1		Amber	
P2-2	Ensure that workforce plans include an analysis of future education and training needs and that this is reflected in learning & development programmes	2.2.1 Embed a process to support Return to Practice (RTP) for Nurses	Min 5 return to practice nurses annually	TL	Year 1 – Q1 Annually	Task and finish group established	Amber	
		2.2.2 Ensure education and training commissions meet future needs	Reduction in gaps in rotas to ensure safe staffing met (Target TBC)	TL	Year 1 – Q1 Annually	Task and finish group established	Green	
		2.2.3 Embed 5 yr strategy for Advanced Practice (includes both Nursing and AHP)		TL	Year 1 - Q1	2012 strategy agreed		Amber
		2.2.4 Develop 5 yr strategy for assistant practitioners(includes both Nursing and AHP)		TL	Year 1 – Q4			Amber
P2-3	Ensure Consultant job plans match service demand and support 24/7 delivery. Extend the use of job plans to other staff who manage caseloads (e.g. AHP, Nurse Specialist, ANP)	2.3.1 Every consultant Job Plan is reviewed annually via a 3 stage sign off to ensure the service is provided to which the Consultant is accountable	Ensure a robust review process in place which maximises productively.	JM/EM	Year 1 – Q1 Annually	In place	Amber	
		2.3.2 Develop a plan to ensure AHP staff are included on the Job Planning system	Clear implementation milestones for all clinical staffing groups	TL/LC/JM/JG	Year 1 – Q2 Annually	Task & Finish Group to be established	Red	

No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress	RAG Status
P2-4	Continue to develop medium to long term sustainable plans to address Nursing and Medical staffing pressures	2.4.1 Review Recruitment & Retention Strategy and develop action plan to address recruitment issues	Improvement in vacancy rate Reduction in 'hard to fill roles'	LO/AA/TL	Year 1 – Q2	Task & Finish Group to be established	Red
		2.4.2 Continue to embed ANP Strategy	Reduction in gaps in rotas to ensure safe staffing met	TL	Year 1 – Ongoing	Process in place	Amber
		2.4.3 Ensure EWTD compliance (medical)	100% EWTD compliance	TL	Year 1 – Ongoing	Process in place	Amber
		2.4.4 Develop a plan to ensure all clinical staff are included on the E-Rostering system	Clear implementation milestones for all clinical staffing groups	TL/PO/LO	Year 1 – Q3	Task & Finish Group to be established	Red
P2-5	Ensure that the Organisation supports a learning environment and educational requirements for all staff including students and learners	2.5.1 Annual audit of all clinical placement areas with action plans identified	100% for annual audits	TL	Year 1 - Q2 then annually		Green
		2.5.2 Provide mentorship updates	100% compliance with NMC mentorship	TL	Year 1 – Q1		Green
		2.5.3 Evaluate all clinical learner experience	50% pre reg nursing students complete evaluations	TL	Year 1 15% Year 2 30% Year 3 50%	Current 5% 2014 % increase on annual basis	Red
		2.5.4 Evaluate all clinical learner placements	100% placement areas audited	TL	On going		Amber
		2.5.5 Implement PARE system (placement feedback system)	System Implemented	TL	Year 1 - Q4		Red
		2.5.6 Maintain GMC level 2 and plan to achieve level 3	GMC level 3 achieved	TL	Year 1 – Q3		Amber
		2.5.7 Ensure LQAF Standards are met	94% or above compliance with LQAF assessment	LB	Year 1 – Q2	94% achieved November 2014	Green
P2-6	Provide a suite of Multidisciplinary Clinical skills training to ensure Clinical competency in practice	2.6.1 Review all clinical skills training and associated competencies	100% complete	TL	Year 1 – Q2		Green
		2.6.2 Increase awareness of relevance of skills training to role	Staff report improvement in training relevant to role as demonstrated by Staff Survey (5% improvement)	TL	Year 1 – Q1		Amber

No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress	RAG Status
P2-7	Expand and develop the Band 1-4 workforce in clinical areas creating roles that are both patient centred and provide a career structure, working with the Colleges of Education to have job ready employees	2.7.1 Continue to provide apprenticeship and traineeship programme, taking into consideration feasibility of roles at higher levels	Ensure increase intake of apprenticeship roles. 20% increase	CMcK/PS	Year 1 – Q1		Amber
		2.7.2 Implement Care Certificate Programme as agreed by Health Education England	Achieved implementation	TL	TBC see comments	WUTH is a pilot site for care certificate and is ready for implementation post national pilot outcome	Amber
		2.7.3 Maximise funding for provision of education for bands 1-4 by working with providers and funding sources	Maximum possible funding sourced to support development of bands 1-4	PS/CMcK	Year 1 – Q1 and on going		Amber
		2.8.1 Review the implementation of internships and consider expansion/other models	Sustain current levels of internships annually subject to outcome of evaluation	CMcK/PS	Year 1 - Q3	Capacity to support internships to be tested within evaluation	Amber
P2-8	Maximise opportunities for youth employment and socially responsible recruitment through academies, placement schemes and recruitment campaigns, working with voluntary and other public sector partners	2.8.2 Refresh, improve and promote the Work Experience programme	Capture the number of workforce placements in the Trust Increase the number of work experience placements within the Trust	TL/LO	Year 1 – Q3		Red
		3.8.1 Mandate use of Talent matrix within the appraisal notification process	88% compliance with talent matrix	CMcK	Year 1 – Q1		Red
P2-9	Develop a robust succession planning programme that identifies future leaders within the organisation	3.8.2 Using the talent matrix, agree core framework to support succession planning development that supports specialist development	Agreed core framework linked to leadership and management framework in 3.2.1 and 3.4.5	LB/CMcK	Year 1 - Q4		Red
		3.8.3 Provide Divisions with talent matrix reports that assists them in identifying future leaders	Talent reports available from ESR to support divisions	LB/CMcK	Year 1- Q4	Available	Amber
		3.8.4 Develop and implement Aspiring Nurse Leader Programme linked to WUTH leadership development framework (see 3.2.1)	Programme available and accessed	TL	Year 1 – Q4		Red

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Priority 3 - Capable Workforce							RAG Status
No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress	
P3-1	Ensure that our Organisational Development Plan is developed in partnership and addresses longer-term learning and development need up to 2018	3.1.1 Agree Organisational Development Plan for the Trust for 2015-18	Improved quality of PDP as indicated in NHS Staff Survey (5% increase in Key Finding re % staff receiving job relevant training or development). 3% increase in staff who agree their personal development supports their ability to perform job more effectively as detailed in national staff survey	CMcK/TL	Year 1 - Q1	OD plan in draft	Red
		1.1.2 Agree refreshed L&D programmes identified by OD plan			Year 1 - Q2		Red
		3.1.3 Identify opportunities for partnership to support L&D agenda			Year 1 - Q1 Ongoing		Red
P3-2	Improve the confidence, capability and capacity of everyone involved in leading and practicing quality improvement	3.2.1 Agree Leadership and development framework supporting by coaching for all levels of leaders and managers in the Trust	Agreed framework in place	CMcK	Year 1 - Q1		Amber
		3.2.2 Promote access to programmes	100% identified staff will have access to the relevant level of learning and development to support their role. 4% Increase in staff survey score re staff able to contribute towards improvements at work	CMcK	Year 1 - Q2 Year 1 - Q1		Red
		3.2.3 Enhance learning through the Practice Development Research Partnership (PDRP)	50% ward sisters involved in academic study / improvement through PDRP or others	TL	Year 1 15% Year 2 30% Year 3 50%	% increase on annual basis	Amber
		3.2.4 Ensure all nurses newly qualified or new to Trust receive preceptorship	100% newly qualified or new to Trust nurses receive preceptorship	TL	Year 1 - Q1 action plan developed	Baseline audit Q4 2014/15	Amber
P3-3	Ensure staff comply with new NMC Revalidation requirements	3.3.1 Agree a project plan for implementation	100% NMC registrants prepared for revalidation	TL	Year 1 - agreed cohort 100% complete for Q4 noting that 3 year programme	100% target achieved over 3 years	Amber

No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress	RAG Status
P3-4	Embed greater alignment between contribution and recognition and reward (pay and non pay)	3.4.1 Promote effective use of progression policies by divisional managers	Incremental progression only where policy conditions met.	LO	Year 1 – Q1		Amber
		3.4.2 100% attendance certificates issued to all staff 100% in previous financial year	Recognition of good attenders promoting a culture of attendance	LO	Year 1 - Q1		Amber
		3.4.3 Develop probationary periods	Probationary periods in use	LO	Year 1 – Q3		Red
		3.4.4 Introduce Quarterly team awards	Team awards introduced	CMcK	Year 1 - Q1		Amber
P3-5	Maintain and improve (quality and frequency) Appraisal and Mandatory Training rate to 88% and 95% respectively	3.5.1 Deliver the monitoring and assurance requirements and improvement plans related to achieving KPI targets for mandatory training & Appraisal	95% compliance with mandatory training. 88% compliance with Appraisal 4% increase in number of staff reporting well - structured appraisals in national staff survey	CMcK	Year 1 – Q1	Focus on Divisional responsibility Block B amber, Block A green	Amber
P3-6	Develop an E learning Strategy that supports the methodology of delivering relevant E learning interventions where appropriate	3.6.1 Agree an E Learning approach and implementation plan	E learning plan approved	LB/CMcK	Year 1 - Q4	IT capability has to be assessed and supported to deliver this objective	Red
P3-7	Ensure that appraisers and appraisees understand the purpose of development reviews/appraisals, their individual and mutual responsibility for ensuring it is meaningful and that conversations review whether behaviours, decisions and actions reflect our shared values	3.7.1 Undertake annual quality review of appraisals to identify approaches to improvement in quality and quantity	5% increase in national Staff Survey findings regarding clear objectives	CMcK/PS	Year 1 - Q2		Red
		3.7.2 Ensure full integration of values and behaviours into the appraisal process as 1.3	Staff will be appraised against the PROUD core values. Value based questions in appraisal process will test PDP needs	CMcK/PS	Year 1 - Q1	Completed	Green

No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress	RAG Status
P3-8	Develop bespoke approach to Training & Development that recognises the local challenges the organisation faces	3.8.1 Identify opportunities for partnership to support L&D agenda. Develop internal consultancy skills	100% of bespoke programmes are evaluated	SL/PS/CMcK/LB	Year 1 Q2 and on going		Red
		3.8.2 Prioritise bespoke training and development aligned to divisional objectives via agreed criteria	Divisional feedback	LB/CMcK	Year 1 – Q1 and on going		Amber
		3.8.3 Embed Practice Development Research Partnership	50% ward sisters involved in academic study / improvement through PDRP or others	TL	Year 1 15% Year 2 30% Year 3 50%	% increase on annual basis	Amber
P3-9	Further enhance working relationships with local education providers to ensure strong academic links	3.9.2 Develop action plan to support Trust or University challenges/issues	Collaboration evidence through joint action plans to address issues as required	TL	Year 1 – Q1	University of Chester aware of collaborative NMC visit	Amber
		3.9.3 Review TOR of Educational Governance arrangements and Framework	TOR and framework reviewed	LB/TL/CMcK	Year 1 – Q1	Changes agreed at WCG and Education Governance Committee. Terms of reference for Education Forum for review	Amber
P3-10	Maximise sources of funding to support our commitment to learning, maximising changing education commissioning and delivery structures	3.10.1 Scope sources of funding for both clinical and non-clinical staff	Increase proportionate revenue for L&D from 14/15 baseline	LB/TL/CMcK	Year 1 - Q4		Amber
		3.10.2 Ensure LDA maximised	All LDA schedules completed and returned prior to deadline	TL	Year 1 - Q4 and annually		Amber

Priority 4 - Effective Leadership and Managers							RAG Status	
No	Objective	Actions	Target / Outcome	By Whom	Timescale	Comments /Progress		
P4-1	Build local leadership and management capacity and capability as part of our workforce plan. This will involve a breadth of leadership development opportunities both internally and externally to the organisation	4.1.1 Identify the training and development needs of line managers at all levels, particularly in relation to people management, and ensure these needs are met	100% identified staff will have access to the relevant level of learning and development to support their role.	LB/CMcK	Year 1 - Q1	On-going annually working towards exceeding national average for national staff survey	Red	
		4.1.2 Develop, agree and implement leadership & management framework	Agreed framework in place	LB/CMcK	Year 1 - Q1		Amber	
		4.1.3 Deliver a plan that reflects both internal and external programmes	Programmes accessed in line with leadership and management framework and plan	LB/CMcK	Year 1 - Q2			Red
		4.1.4 Ensure that managers and staff understand the full benefit and value of team working in a multidisciplinary environment through relevant development programmes and activities	3% increase in staff who agree their development supports their ability to perform job more effectively in national staff survey	CMcK	Year 1 - Q2			Red
		4.1.5 Promote effective use of the B7 and above pay progression policies by divisional managers	High levels of compliance with attendance policies (85% +) Achieve mandatory training compliance target levels	LO/CMcK	Year 1 – Q2			Amber
P4-2	Develop a transformational leadership framework that ensures a robust process of coaching, mentoring and supervision for leaders at all levels.	4.2.1 Establish a coaching culture within the Trust targeted for leaders and managers	10% identified leaders will have completed a coaching programme to support the implementation of a coaching culture	LB/CMcK/S L/PS	Year 1 - Q4	Phased approach over 3 years	Amber	
		4.2.2 Implement a coaching development programme that enables a coaching culture to be implemented	200 leaders will have had the opportunity to enter a coaching relationship as a relevant development intervention	LB/CMcK	Year 1 - Q4			Amber
		4.2.3 Implement mentoring and supervision programmes for clinical staff	Clinical mentoring for medical staff, nurses, midwives and AHP's in place	TL	Year 1 – Q1 and on going			Green

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Board of Directors	
Agenda Item	7.1.1
Title of Report	Integrated Dashboard and Exception Reports
Date of Meeting	25 February 2015
Author	John Halliday - Assistant Director of Information
Accountable Executive	Mark Blakeman - Director of Infrastructure and Informatics
BAF References	
<ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	<p>All Strategic Objectives (1 through 7)</p> <p>All Key Measures (1A through 7D)</p> <p>All Principal Risks</p>
Level of Assurance	
<ul style="list-style-type: none"> • Positive • Gap(s) 	Positive
Purpose of the Paper	
<ul style="list-style-type: none"> • Discussion • Approval • To Note 	To note
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	
<ul style="list-style-type: none"> • Yes • No 	No

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 the performance to the end of January 2015.

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2. Background

The dashboard has been developed based on the principle that the report:

- should focus the Board's attention on the issues they should be focused on, particularly those issues reserved for the Board;
- should enable the Board to monitor the delivery of external regulatory requirements as well as the Trust's longer term strategic goals and importantly to gain assurance that the right conditions are in place to continue to do so;
- should recognise and support the delegation to the Finance Business Performance & Assurance, Audit, and Quality & Safety Committees;
- sets out clear performance targets and where performance fails to meet the required level has a standardised format for providing further information.

With the monthly performance reporting cycle to the Board, the metrics and thresholds will be reviewed to ensure they provide assurance against the key targets and milestones in both the new Annual and Strategic Plans. Cognisance will also need to be taken of the reporting requirements, including frequency, to all Board Committees

3. Key Issues

Individual metrics highlighted as Red for January are Friends & Family, A&E 4-hours, Never Events, DNA Rate, Attendance, Qualified Nurse Vacancies, Expenditure, CIP Performance, Non-core Spend, Advancing Quality and CQC concerns. To avoid duplication, exception reports are only included in the dashboard for those metrics not covered by separate reports or updates to the Board from the relevant associated Committee.

Monitor has confirmed that under the Risk Assessment Framework for 2014-15 the Governance status for WUTH is currently considered to be neither Green nor Red, with some issues identified and described accordingly.

4. Next Steps

The list of indicators and associated thresholds will continue to be reviewed to ensure the report remains relevant and of value. Additional metrics will be incorporated to reflect any further Annual and/or Strategic Objectives not currently covered by existing indicators.

5. Conclusion

Performance across a range of metrics is provided for information

6. Recommendation

The Board of Directors is asked to note the performance to the end of January 2015.

Meeting Our Vision					
Indicator	Previous Rating	Current Rating	Exec Lead	Actual	Period
Satisfaction Rates					
Patient Satisfaction - F&F "Recommend" Rate	●	●	JG	89.0%	January 2015
Patient Satisfaction - F&F "Not Recommend" Rate	●	●	JG	5.0%	January 2015
Staff Satisfaction (engagement)	●	●	AH	3.64	2013
Market Share					
Market Share Wirral	●	●	AH	84.0%	April to Oct 2014
Demand Referral Rates	●	●	AH	7.4%	Fin Yr-on-Yr to Jan 15
Market Share Non-Wirral	●	●	AH	8.7%	April to Oct 2014
Organisational Risk Issues					
Indicator	Previous Rating	Current Rating	Exec Lead	Actual	Period
Key Performance Indicators					
ABE 4 Hour Standard	●	●	SG	84.7%	January 2015
RTT 16 Weeks Standards	●	●	SG	All met	January 2015
Cancer Waiting Time Standards	●	●	SG	On track for qtr	Q4 to January 2015
Strategic Objectives					
Delayed Transfers of Care	●	●	SG	4	12-mth ave to Jan 2015
Readmissions	●	●	EM	9.5%	November 2014
Harm Free Care	●	●	EM	96.0%	January 2015
HMMs Level	●	●	MB	5	January 2015
NHRS KPIs	●	●	EM	bbc	

A Healthy Organisation					
Indicator	Previous Rating	Current Rating	Exec Lead	Actual	Period
Clinical Outcomes					
New Events	●	●	EM	1	January 2015
Complaints	●	●	JG	37.4	12-mth ave to Jan 2015
Infection Control	●	●	JG	0 MRSAs 6 C diff	January 2015
Productivity					
Bed Occupancy	●	●	SG	94.8%	January 2015
Theatre Utilisation	●	●	SG	69.9%	January 2015
DNA Rate	●	●	SG	9.0%	April 2014 to January 2015
Workforce					
Attendance	●	●	AH	95.1%	12-mth ave to Jan 2015
Qualified Nurse Vacancies	●	●	AH	5.98%	January 2015
Mandatory Training	●	●	AH	97.7%	January 2015
Appraisal	●	●	AH	83.5%	January 2015
Turnover	●	●	AH	11.3%	January 2015
Finance					
Contract Performance	●	●	AM	-1.3%	To M10 January 2015
Expenditure Performance	●	●	AM	-2.0%	To M10 January 2015
Capex Performance	●	●	AM	-27.5%	To M10 January 2015
Capital Programme	●	●	AM	-14.2%	To M10 January 2015
Non-Core Spend	●	●	AM	8.6%	To M10 January 2015

External Validation					
Indicator	Previous Rating	Current Rating	Exec Lead	Actual	Period
National Comparators					
Advancing Quality	●	●	EM	2 areas below target	November 2014
Mortality: F&MR	●	●	EM	88.9 (low ci 82.3)	April to Oct 2014
Mortality: SHMI	●	●	EM	1.0 (low ci 0.89)	July 2013 to June 2014
Regulatory Bodies					
Monitor Risk Rating - Finance CoS	●	●	AM	2	To M10 January 2015
Monitor Risk Rating - Governance	●	●	SG	Not Green or Red	To M10 January 2015
CQC	●	●	EM	5	January 2015
Local View					
Commissioning - Contract KPIs	●	●	SG	3	January 2015
Commissioning - CQUINS	●	●	EM	bbc	bbc
Education	●	●	AH	Level 2	June 13

integrated Performance Dashboard - Metric Thresholds

Meeting Our Vision

Indicator	Definition	Green	Amber	Red
Satisfaction Rates				
Patient Satisfaction - F&F "Recommend" Rate	Patient Satisfaction - Friends & Family "Recommend" Rate for Trust	>=95%	n/a	<95%
Patient Satisfaction - F&F "Not Recommend" Rate	Patient Satisfaction - Friends & Family "Not Recommend" Rate for Trust	<=2%	n/a	>2%
Staff Satisfaction (engagement)	Results from staff satisfaction survey	>=3.69	>=3.59 to <3.69	<3.59
First Choice Locally & Regionally				
Market share : Wirral	WUTH share of Wirral CCG GP Referred New OP Activity	>= 85%	>= 80% to <85%	< 80%
Demand : Referral Rates	Outpatient referrals received from all GP/GDPs - G&A specialities	>= 3% YoY variance	0% to <3% YoY	<0% YoY
Market share : Non-Wirral	WUTH share of West Cheshire GP Referred New OP activity	>=8%	>=6% to <8%	<6%

Organisational Risk Issues

Indicator	Definition	Green	Amber	Red
Key Performance Indicators				
A&E 4-hour Standard	% of patients attending ED & ADHC treated within 4 hours	>=95%	n/a	<95%
RTT '18' Week Standard	All RTT standards met for the Trust as a whole	All met at Trust level	n/a	Not all met at Trust level
Cancer Waiting Time Standards	All Cancer Waiting Standards met for the Trust per quarter	All met at Trust level	n/a	Not all met at Trust level

Strategic Objectives

Delayed transfers of care	Average No of patients with a delayed transfer of care at month-end	<= 4	>4 and <6	>= 7
Readmissions	% of patients readmitted non-electively within 30 days of discharge	<= 7.5%	>7.5% and <= 10%	> 10%
Harm Free Care	Compliance with Safety Thermometer definition of Harm Free Care	>= 95%	>= 93% to <95%	<93%
HIMMS Level	Current HIMMS level under Electronic Medical Record Adoption Model	5	n/a	<5
NIHR KPIs	tbc	tbc	tbc	tbc

A Healthy Organisation

Indicator	Definition	Green	Amber	Red
Clinical Outcomes				
Never Events	Number of occurrences of "Never Events"	0 per month	n/a	>= 1 per month
Complaints	Number of occurrences of formal complaints	<30 per month	30 to 50 per month	> 50 per month

Infection Control	MRSA Bacteremia CDIFF	0 MRSA Bacteremia in month, and cdiff less than cumulative trajectory	0 MRSA Bacteremia in month, and cdiff equal to cumulative trajectory	>= 1 MRSA Bacteremia in month or cdiff cases above cumulative trajectory
Productivity				
Bed occupancy	Average % of General & Acute Beds occupied at midday	<=85%	>85% to <95%	>=95%
Theatre utilisation	Average % of scheduled operating minutes utilised	>=85%	>=65% to <85%	<65%
DNA Rate	Percentage of booked OP appointments that DNA (Med, Surg and W&C)	<=7.5%	>7.5% to <9.0%	>=9.0%
Workforce				
Attendance	Rolling 12-month staff attendance rate	>= 96%	>=95.3% to <96.0%	< 95.3%
Non Core Pay Spend	% of total spend year to date	<5%	>=5.0% to 6.5%	>=6.6%
Qualified Nurse Vacancies	% vacant posts	<=2.5%	>2.5% to 5%	>5%
Mandatory Training	Rolling 12-month staff mandatory training rate	>= 95%	>= 85% to <95%	< 84.9%
Appraisal	Rolling 12-month staff appraisal rate	>= 85%	>= 80% to <85%	<80%
Turnover	Rolling 12-month staff turnover rate	<10%	>= 10% to <12%	>=12%
Finance				
Contract Performance	Delivering both contracted volumes and values	>=3	2	1
Expenditure performance	Delivering planned levels of expenditure	>=3	2	1
CIP Performance	Delivering a recurrent CIP in-year & deliverable future proposals	>=3	2	1
Capital Programme	A sound investment programme maintained & resourced appropriately	>=3	2	1
External Validation				
Indicator	Definition	Green	Amber	Red
National Comparators				
Advancing Quality	Combined rating	All areas above target	1 area below target	> 1 area below target
Mortality : SHMI	SHMI	Lower CI < 0.90	Lower CI 0.90 to 0.99	Lower CI >= 1.0
Mortality : HSMR	HSMR	Lower CI < 90	Lower CI 90 to 99	Lower CI >= 100
Regulatory Bodies				
Monitor Risk Rating - Finance	Monitor Risk Assessment Framework - Continuity of Service rating	4	3 or 2*	2 or 1
Monitor Risk Rating - Governance	Monitor Risk Assessment Framework - Governance rating	Green	n/a	Red
CQC	Number of concerns raised by CQC following inspection	0	1 to 2	>2
Local View				
Commissioning - Contract KPIs	Number of Quality KPIs in the contract not being achieved	<=2	3 to 4	>=5
Commissioning - CQUINS	Number of CQUINS not being achieved	0	1 to 3	>=4
Education	GMC level	Level 3	Level 2	Level 1

WUTH Performance Dashboard Exception Report

January 2015

Indicator :
Friends & Family - Recommend / Not Recommend

Rating	Target	Actual	Period
Red	>95% and <2%	89% and 5%	Jan 2015

Issue:
 The national measures of the Friends and Family Test have changed from the previous Net Promoter score to more simple 'Recommend' and 'Not Recommend' measures. The performance thresholds have been set at a minimum 95% for Recommend, and less than 2% for Not Recommend. For January the performance was 89.0% for Recommend, and 5.0% for Not Recommend - so both measures did not achieve the standards.

Historic data:

Proposed Actions:
 Performance was discussed at the Q&S Committee on the 14th January, and at the Divisional Performance reviews on 20th January. Divisions are targetting actions on wards & units that are underperforming. A key element for some areas will be to increase the response rates, which in itself will result in improved performance

Assessing Improvement:
 Performance is monitored via regular reporting at department and ward level to Clinical Governance Group and at the monthly Divisional Performance Reviews, with Q&S Committee also receiving updates.

Impact:
 Key measures of patient satisfaction with our clinical services. The metrics provide internal focus on areas for improvement, and are an external view available in the public domain on the perceived quality of WUTH services.

Expected date of performance delivery:
 Ongoing

Director approval:
 Jill Galvani, Director of Nursing and Midwifery

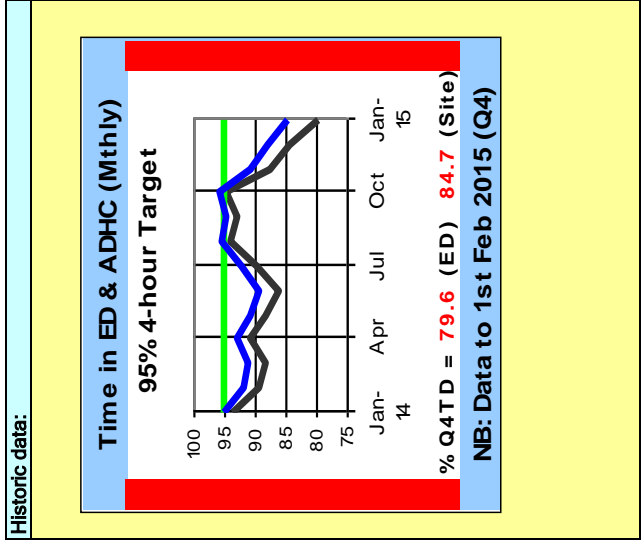
WUTH Performance Dashboard Exception Report

January 2015

Indicator : A&E 4-hour Standard

Rating Red	Target >= 95%	Actual 84.7%	Period Q1 2014/15
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Issue:
The standard is a minimum of 95% of A&E attendances being admitted, transferred or discharged within 4 hours. Performance for January was 84.7%, including the All Day Health Centre at Arrowe Park site. For WUTH alone performance was 79.6%.



Proposed Actions:
As previously reported, early Quarter 4 saw a significant increase in the non-elective pressures felt by the Trust. In January the hospital had the highest number of non-elective medical admissions ever and the UK has seen the worst weekly Emergency Department (ED) performance since the commencement of weekly reporting. Following effective communication strategies there was a reduction of inappropriate ED attendances, which whilst helpful makes it more difficult to achieve the target as the patients who are attending generally require more time and attention. The pressure was also present in ambulance conveyances with Wirral receiving some of the highest number of ambulance attendances within the region. Expected average ambulance arrivals are circa 80 per day, in January the hospital saw days where ambulance presentations have been over 140 patients directly to the ED.

Since then admissions have reduced back to those experienced in November before the late Dec / early Jan peak. Following a further Trust outbreak of CPE which resulted in the closure of the Rehabilitation ward, the Trust has opened a CPE cohort ward. The Trust currently has additional winter beds open and is planning to close its unfunded winter escalation ward by 20th February 2015.

The Medicine Division is also holding frequent point prevalence reviews to ensure there are no internal delays impacting on patient flow.

Assessing Improvement:
Current joint performance at mid-February is 85.58% for Quarter 4. The schemes in place across the economy have assisted in mitigating the impact of the previous significant spikes in admissions and acuity, and joint efforts continue with the support of the System Resilience Group. The Trust is also engaging further with ECIST to see if there are any other areas of work which can be reviewed to improve performance.

Impact:
Patients can expect to be treated within 4 hours when attending A&E or WiCs. Waiting longer is a poor patient experience and will reflect on the reputation of the Trust. As a national target, non-achievement has Governance implications with Monitor, and financial consequences under the contract with local Commissioners.

Expected date of performance delivery:
Quarter 1 in 2015/16

Executive approval:
Sharon Gilligan, Director of Operations

WUTH Performance Dashboard Exception Report

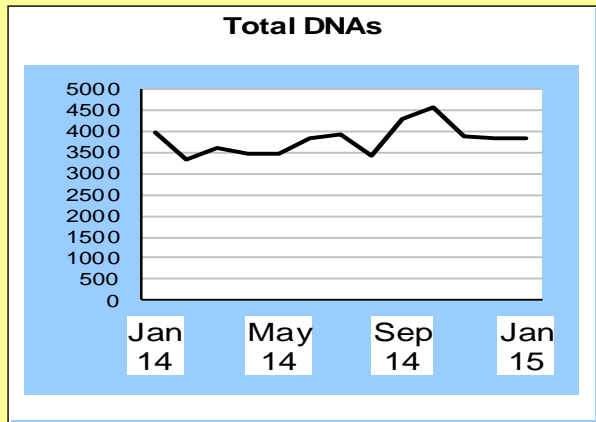
January 2015

Indicator :
DNA Rate

Rating	Target	Actual	Period
Red	<= 7.5%	9.00%	Apr 14 to Jan 15

Issue:
 Reducing the number of patients that do not attend their outpatient appointments at WUTH clinics without advance notice is an important objective in improving clinic efficiency and shortening patient waiting times. The rate averaged across 2014/15 to the end of January was 9.0%.

Historic data:



Proposed Actions:
 The Trust utilises a third party appointment reminder service, and has recently changed vendors to HealthCare Communications (HCC) following a tendering process. The increase in rates in Autumn of 2014 reflects the transition to the new company. The rate for January 2015 is back down to 9.1%. Regular discussions are underway with HCC to improve the coverage of services included in the reminder service, to improve the attendance rates further, and to consider alternative technologies such as SMS reminders. The introduction of partial booking for follow-up appointments will have a major positive impact on the rates of cancellations and DNAs of follow-up appointments.

Impact:
 High outpatient DNA rates are an inefficient use of NHS resources, both in the initial appointment not attended and the rework required to subsequently rebook, review and/or discharge the patient. They also effectively extend the waiting times for all patients waiting for an outpatient appointment.

Assessing Improvement:
 Performance is monitored at the monthly Outpatient Trustwide Improvement Group alongside clinic utilisation, and at the monthly Divisional Performance Reviews.

Expected date of performance delivery:
 Ongoing

Director approval:
 Sharon Gilligan, Director of Operations

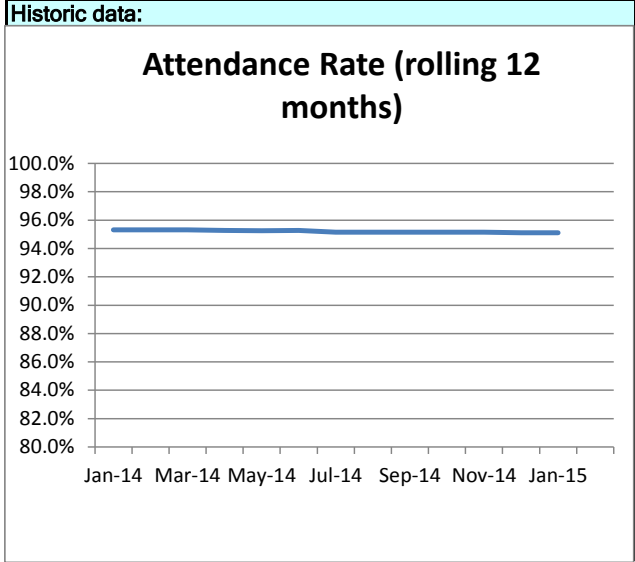
WUTH Performance Dashboard Exception Report

January 2015

Indicator :
Attendance

Rating	Target	Actual	Period
Red	>= 96%	95.10%	Feb 14 - Jan 15

Issue:
Attendance (12 months Rolling) was 95.10% at January 2015 and therefore 0.9% below the Trust target of 96%. Urgent actions as detailed below are taking place to address this. The majority of sickness days lost are long term and there is a focus on this. The new Attendance Capability policy went live on 19th January 2015 and has additional measures aimed at reducing long term absence.



Proposed Actions:
 Sickness absence training was delivered to 300+ managers in January 2015. New policy went live, Validate data, Review staff on long term sick, Audit policy compliance, Health and Wellbeing Strategy, Detailed Monthly reporting and drill down, Monthly workforce meetings (HR Managers and line managers), Individual action plans for poor attenders, Comprehensive Occupational Health Service.

Assessing Improvement:
 Improvements will be monitored via regular reporting by HR&OD to all appropriate groups including Operational Management Team, Quality & Safety and Workforce and Communications groups.

Impact:
 Continued high sickness absence will impact the Trust's ability to deliver quality services and achieve objectives. High sickness absence will lead to high non core spend compromising financial position and increasing CIP pressure. Temporary staffing often cannot provide the continuity of care nor local area knowledge possessed by permanent employees this can lead to quality issues.

Expected date of performance delivery:
 Quarter 2 reporting

Director approval:
Anthony Hassall, Director of Strategy and Partnerships.

WUTH Performance Dashboard Exception Report

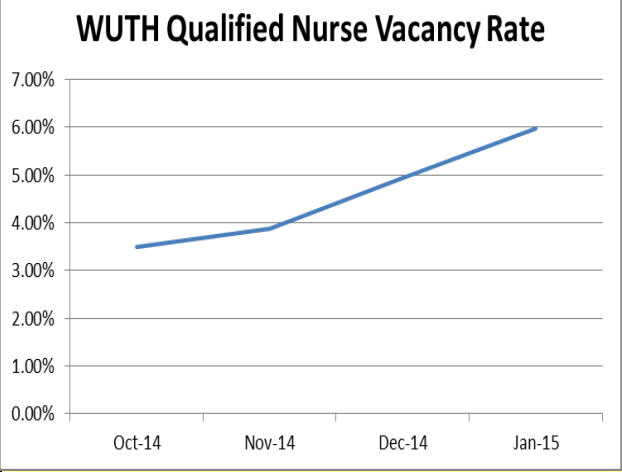
January 2015

Indicator :
Qualified Nurse Vacancies

Rating	Target	Actual	Period
Red	<= 2.5%	5.98%	Jan-15

Issue:
Qualified Nurse Vacancies was 5.98% at January 2015 and therefore 0.98% above the Trust target of 5%. Urgent actions as detailed below are taking place to address this.

Historic data:



Proposed Actions:
 Exceptional generic nurse recruitment programs are running each month at present. As a result of this 26 new nurses were offered posts in January 2015. A further 79 applicants are being interviewed in February. Pre employment checks, notice periods and in some cases completion of qualifications will mean there will be a necessary delay in some of these staff starting with the Trust.

Impact:
 Continued high vacancy rates will impact the Trust's ability to deliver quality nursing services and achieve objectives. High vacancy rates will lead to high non core spend compromising financial position and increasing CIP pressure. Temporary staffing often cannot provide the continuity of care nor local area knowledge possessed by permanent employees this can lead to quality issues.

Assessing Improvement:
 Improvements will be monitored via regular reporting by HR&OD to all appropriate groups including Operational Management Team, Quality & Safety and Workforce and Communications groups.

Expected date of performance delivery:
 Quarter 1 reporting

Director approval:
Anthony Hassall, Director of Strategy and Partnerships.

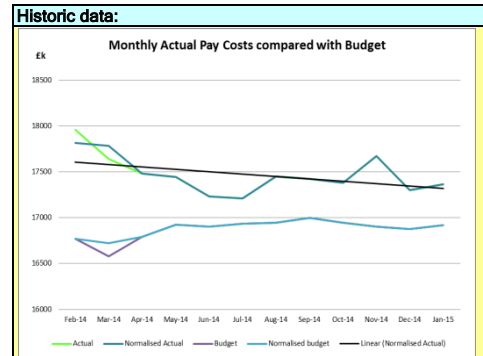
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January 2015

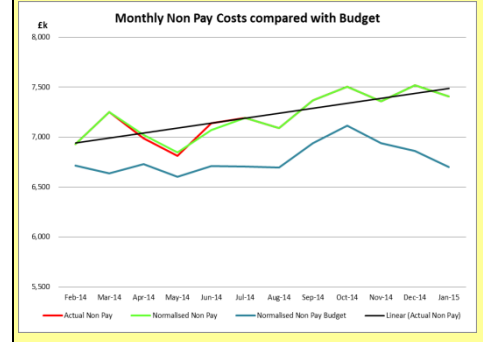
Indicator :
Expenditure

Rating	Target	Actual	Period
Red	On Plan	-2.0%	January 2015

Issue:
 The underlying operational expenditure is £1145k overspent in month against plan, £442k on pay and £703k on non pay. There has been no improvement this month on the underlying operational performance and in fact a deterioration driven by additional pay costs to deliver the increase in non elective activity and for increased clinical support direct access activity. In addition sickness rates for January were high further impacting on pay costs as well as premium costs incurred to deliver planned activity.
 The total pay spend for January was £17.4m, which is broadly consistent with previous months and shows a decreasing trendline, although June /July were lower and November exceptionally spiked due to catch up of RTT costs which were offset in NHS clinical income/some planned Cerner implementation costs and pay arrears for the clinical excellence awards. Overall the actual pay costs is continuing to run at a relatively constant £0.4m/0.5m gap to plan.
 The total non pay spend is £7.4m in January compared with £7.5m last month showing a marginal improvement, although clinical supplies showed an increase in month, partly driven by the additional non elective/direct access activity and prosthesis spend to deliver activity.



Proposed Actions:
 Divisional performance reviews both with the Director of Finance and the Executive team are continuing to monitor financial performance. A clear message has been provided within the organisation, emphasising the necessity for the financial position to be improved, both in terms of delivery of activity and control of costs. The following actions are to be applied across the organisation:
 - There is a cessation of all non-essential expenditure;
 - Where possible necessary expenditure should be delayed;
 - Increases in pay costs to be curtailed wherever possible; and
 - the generation and delivery of further ideas in closing the financial gap must continue through the current year and into the new financial year.
 The Trust has appointed a Turnaround Director, supplemented by additional resource from FTI to assist in improving the financial performance.



Assessing Improvement:
 The divisional reviews continue to assess performance on a monthly basis and any mitigation plans are constantly considered.
 A Turnaround Director has been appointed supplemented by additional resource from FTI to identify and implement the generation/delivery of further ideas to improve /recover the financial position and achieve financial sustainability.

Impact:
 Overspending against the expenditure financial plans will put at risk the financial sustainability of the Trust for 2014/15 and beyond and have a significant impact on liquidity.

Expected date of performance delivery:
On-going

Executive approval:
Alistair Mulvey - Director of Finance

WUTH Performance Dashboard Exception Report

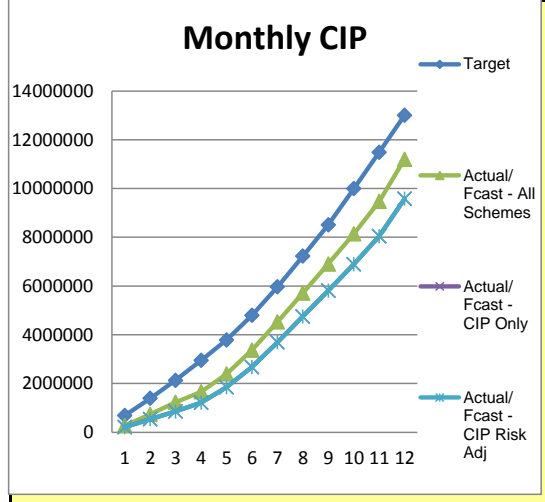
January 2015

Indicator :
CIP

Rating	Target	Actual	Period
Red	On plan	-27.5%	January 2015

Issue:
 The risk adjusted in year forecast has changed little since last month. However, due to slippage on some schemes that were planned to start in the last month or two of the financial year the recurrent 2014/15 forecast has fallen by just over £4m. The schemes that have slipped will be transferred to the 2015/16 programme and the 2014/15 programme is expected to deliver £13m. A thorough risk assessment has been carried out again this month and as there are only two months of the financial year left pre-risked adjusted figures are not being reported.

Historic data:



Proposed Actions:
 All schemes will continue to be monitored closely and reported to the Transformation Steering Group (TSG) who continue to meet on a weekly basis. Effort is now being concentrated on finishing the comprehensive work streams plans for 2015/16. Dedicated workstream leads are now in post for Theatres and Outpatients and the Length of Stay workstream lead is expected to be appointed shortly.

 The PMO has restructured and the current PMO Manager vacancy is out to advert. The PMO's role, going forward, will be solely one of governance and assurance. Responsibility for delivery will be with the workstream leads and the supporting project team, which includes a lead clinician.

Impact:
 Failure to achieve the CIP target will put at risk the financial sustainability of the Trust for 2014/15, 2015/16 and beyond.

Assessing Improvement:
 A structured forward plan for the work streams to report to the TSG has been put in place. This also builds in a contingency slot to allow for escalation if any of the plans slip or encounter barriers to delivery. Presentations to TSG will focus on progress update, key concerns, agreement of solutions and decisions to ensure progress continues within agreed timescales.
 A turnaround programme timetable has been agreed with TSG which concludes with the sign off of the programme, including all the work streams plans, by the Boards of Directors on the 29th April. This will be followed by the submission of the final turnaround plan to Monitor.

Expected date of performance delivery:
On-going

Executive approval:
Alistair Mulvey - Director of Finance

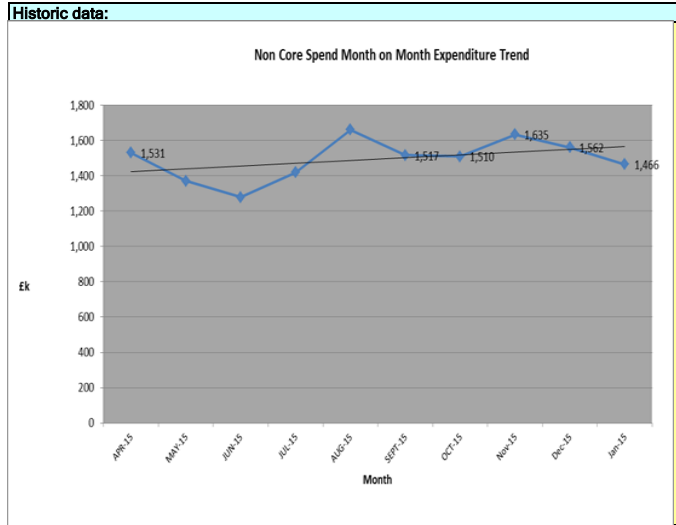
WUTH Performance Dashboard Exception Report

Jan-15

Indicator :
Non Core Pay Spend

Rating	Target	Actual	Period
Red	<5%	8.6%	Jan-15

Issue:
 In January 2015 £1.5m has been spent on non core pay categories. This represents 8.5% of the total pay expenditure in January. From a divisional perspective all the divisions show relatively high spend with the Medicine and Acute division at 12.6% and Surgery/ Women & Childrens at 8% and Clinical Support division is at 7.3%. All three Divisions are rated as red against the target of 5%. There has been a marginal improvement this month due to a crackdown of overtime in the Divisions and less locum spend due to reduced rates with effect from January 15 however, the operational issues requiring non core pay categories to be utilised are locum spend ED for target support, vacancy cover/recruitment issues, sickness cover and staffing the additional beds for unplanned capacity.



Proposed Actions:
 The Workforce Strategy is focused on primarily using core pay spend however from a financial perspective the use of bank has a limited financial impact and allows staffing flexibility. Continuation of tight control of Non-Core spend will continue in 2014/15 particularly around the impact of premium rates. Targeted actions are in place to reduce sickness absence and for vacancy control to be managed effectively. WLI rates (change from procedure rates to sessional rates) have been implemented for 2014/15.

Assessing Improvement:
 Associate Director of HR&OD chairs monthly meetings with Senior managers, Finance managers and HR managers to review progress on reduction of non-core spend and further actions.

Impact:
 Continued high premium non-core spend will potentially compromise the Trust's financial position. Temporary staffing often cannot provide the continuity of care nor local area knowledge possessed by permanent employees. High levels of temporary staffing can also lead to quality issues.

Expected date of performance delivery:
 Ongoing

Executive approval:
 Alistair Mulvey, Director of Finance

WUTH Performance Dashboard Exception Report

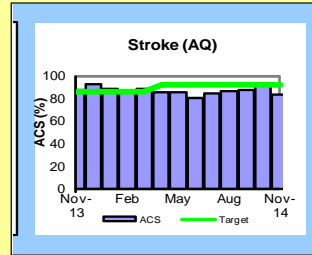
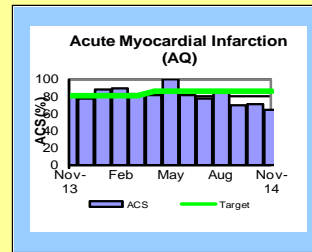
December 2014

Indicator :
Advancing Quality

Rating	Target	Actual	Period
Red	All achieving	2 areas under target	November 2014

Issue:
The measures are composite scores, reflecting individual care to patients; the measure is a cumulative score and so lags behind improvement. Acute MI, Community Acquired Pneumonia (CAP) and Stroke services all achieved the required target scores for the year 2013-14. However as stretch targets the thresholds have been raised for 2014-15. Targets set are year-to-date (YTD).

Historic data:



Proposed Actions:
AMI - There was no resource to cover data capture for AMI over Sept and Oct; this has now been rectified. The new auditor is trying to support real-time data collection; however as they are learning how to complete the MINAP audit tool this is challenging. It is still possible to achieve the end of year target for this focus group.

STROKE - the key measure is access to a stroke unit bed and therefore is highly dependent on the flow of patients within the hospital. We are unlikely to meet the target set as this would require almost perfect care for the next 5 months.

Assessing Improvement:
Monthly reports are provided for the Clinical Governance Group. A Missing Measures meeting is held fortnightly to identify changes in performance.

Impact:
Patients are not receiving evidence-based interventions as described by Advancing Quality. These measures are not CQUINs for 2014-15

Expected date of performance delivery:
Improvement ongoing through 2014-15

Executive approval:
Evan Moore, Medical Director

Board of Directors	
Agenda Item	7.1.2
Title of Report	Month 10 Finance Report
Date of Meeting	25 February 2015
Author	Jim Davies, Deputy Director of Finance
Accountable Executive	Alistair Mulvey, Director of Finance
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	13 To provide support through financial, commercial and operational expertise Delivery of a CoS rating of 2 Failure to deliver CoS rating of 2, Trust remains on monthly reporting
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	Positive
Purpose of the Paper <ul style="list-style-type: none"> • Discussion • Approval • To Note 	To Note
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> • Yes • No 	No

1. Executive Summary

Income and Expenditure Position

The planned income and expenditure position for Month 10 is an in month surplus of £311k. Against this plan, an actual surplus of £286k was delivered, resulting in an adverse variance of £25k in month.

The cumulative position for the first 10 months shows a cumulative deficit of £4,930k against a planned deficit of £3,938k; this represents an adverse variance against plan of £992k. This now means that in order for the Trust to operate within its plan for the year – which is a deficit of £4.2m, it will be necessary for there to be no further deterioration in the position for the remaining months of the year; and furthermore that the adverse variance reported in the first 10 months is recovered. Thus in months 11 to 12, it will be necessary for the Trust to deliver a surplus of circa £0.7m in order to achieve the full year planned position.

In overall terms NHS Clinical income is above plan for January, which includes non-recurrent increases in income from commissioners to support urgent care / system resilience, together with associated costs to support delivery. A fixed year end agreement has been reached with Wirral CCG which provides greater certainty for both the CCG and the Trust, as to the income position for the remainder of the financial year.

A clear message, through the Chief Executive Forum, has been provided – which outlines the importance of delivering the best possible year end outturn position, and that this will require that there is no further deterioration to the cumulative position; and further that the position is improved to bring it back as close as possible to the planned position. Key messages delivered within the organisation outline the need that;

- There is a cessation of all non-essential expenditure;
- Where possible necessary expenditure should be delayed;
- Increases in pay costs to be curtailed wherever possible; and
- The generation and delivery of further ideas to close the financial gap this year and into the new financial year

Delivery of the above remains challenging with the pressures seen not only within WUTH but across the country through December and into January with increasing pressures on urgent care services within both A & E and in-patient beds.

Cash Position & Continuity of Service Ratios (COS)

The cash position is £19.2m, £16.3m better than plan, this is largely due to:

- Increase in net of trade creditors and trade debtors, including specific cash management actions;
- Payments received early (ahead of terms);
- Capital spend below plan;
- Draw down of loan;
- Positive movements offset by delayed sale of Springview and adverse income & expenditure position.

The overall Continuity of Service rating at month 10 is a 2, which is in line with the planned COS rating. However the metrics which underpin the overall rating have been weakened by the adverse income & expenditure performance. The year-end CoS continues to be forecast to be a 2.

The headline financial position is summarised as follows:

SUMMARY FINANCIAL STATEMENT MONTH 10 2014/15 (JAN)							Comparative 2013/14 Position Month 10		
	In Month			Year to Date			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Operating Revenue	25,474	26,187	713	249,229	252,997	3,768	248,216	248,546	330
Employee Expenses	(16,922)	(17,364)	(442)	(169,132)	(173,959)	(4,827)	(160,918)	(171,190)	(10,272)
All Other Operational Expenses	(6,700)	(7,404)	(704)	(67,997)	(72,380)	(4,383)	(62,895)	(68,152)	(5,257)
Reserves	(352)	(27)	325	(4,610)	(610)	4,000	(10,897)	(783)	10,114
EBITDA	1,500	1,392	(108)	7,490	6,048	(1,442)	13,506	8,421	(5,085)
Post EBITDA Items	(1,189)	(1,106)	83	(11,428)	(10,978)	450	(10,573)	(10,629)	(56)
Net Surplus/(Deficit)	311	286	(25)	(3,938)	(4,930)	(992)	2,933	(2,208)	(5,141)
EBITDA %	5.9%	5.3%	(0.6%)	3.0%	2.4%	(0.6%)	5.4%	3.4%	(2.1%)

Cost Improvement Programme (CIP)

£13.0m of CIP was extracted from the budget at the start of the year. Identified CIP plans (c.£8.5m) were extracted according to the profile of the schemes identified (including cost avoidance), with the balance extracted in a flat profile (12 ths). At the time of the plan the balance was £4.5m so under £0.4m was unidentified each month.

The CIP position at Month 10 (including cost avoidance and non recurrent schemes) can be summarised as follows:

	BY SCHEME TYPE		BY COST		TOTAL
	Income Generation (net of cost of delivery) £m	CIP (including cost avoidance) £m	NHS Clinical Income £m	Divisional Budgets £m	£m
Year to date Budget (including unidentified at time of plan)	1,855	8,140	2,408	7,587	9,995
Year to date Actual	1,895	6,245	2,738	5,402	8,140
Year to date Variance	40	(1,895)	330	(2,185)	(1,855)

2. Background

The Trust began the year with a deficit plan of £4.2m, which provided a risk rating of 2. The position for the first 10 months of the year translates into;

- a planned deficit of £3.9m, against which an actual deficit of £4.9m has been delivered (£1.0m adverse variance); and
- A COS rating of 2 in line with the planned COS rating of 2, although the metrics which underpin the overall rating have been weakened by the adverse income & expenditure performance.

The cash position is £19.2m, £16.3m better than plan; this is largely due to early settlement of debtors, delays in the payment of creditors, slippage in the capital programme, specific actions taken to improve cash management and the draw down of the loan. The positive variance in cash balances is offset in part by the adverse income and expenditure position, and the delay in the sale of Springview.

3. Key Issues

The Trust has a cumulative deficit of £4.9m at Month 10 against a plan of £3.9m; this position is not sustainable going forward. The Trust has continued to work closely in order to assist in improving the financial performance and in embedding deeper transformational change.

For the Trust to achieve its plan for the year it will be necessary for there to be no further deterioration in the position for the remaining months of the year; and furthermore that the adverse variance reported in the first 10 months is recovered in the final two months of the financial year.

Divisional Analysis

The following table shows the summary Divisional position (cumulative to Month 10). The senior management teams within the Divisions have provided further explanation and context to the respective positions, and this is included in further detail (attached to this document).

Detail	Medicine & Acute £000	Surgery & W&C £000	Clinical Support £000	Corporate £000	Central £000	Total £000
NHS Clinical Income						
Planned Income	95,937	111,613	12,317	723	4,792	225,383
Actual Income	99,283	109,168	13,286	653	5,886	228,275
Variance	3,346	(2,445)	969	(70)	1,094	2,893
Net Expenditure						
Planned Expenditure	65,883	79,693	30,139	38,089	4,089	217,893
Actual Expenditure	69,537	82,922	31,181	38,570	18	222,228
Variance	(3,654)	(3,229)	(1,042)	(481)	4,071	(4,335)
Variance EBITDA	(308)	(5,674)	(73)	(551)	5,165	(1,442)
Post EBITDA						
Planned Post EBITDA					11,428	11,428
Actual Post EBITDA					10,978	10,978
Variance	0	0	0	0	450	450
Total Variance to Plan	(308)	(5,674)	(73)	(551)	5,615	(992)

Pay Analysis

The most significant area of expenditure for the Trust, relates to pay. The total pay spend for January was £17.3m, which is lower than the position for November (which reached a spike of £17.6m) and is broadly in line with the average for the year – but still higher than the budgeted level of spend. The following figure provides further detail of the monthly and cumulative position in the year to date, and also splits expenditure between permanent (core) spend and other (non-core) spend types.

Analysis of Pay Spend

Detail	April £000	May £000	June £000	July £000	August £000	September £000	October £000	November £000	December £000	January £000	YTD £000
Budget	16,789	16,922	16,901	16,933	16,944	16,999	16,943	16,902	16,878	16,921	169,132
Pay Costs											
Permanent	15,950	16,081	15,944	15,776	15,785	15,897	15,870	16,034	15,740	15,897	158,974
Bank Staff	299	326	297	355	347	342	330	350	305	258	3,209
Agency Staff	318	357	311	379	537	449	504	590	474	486	4,405
Overtime	318	208	209	162	174	229	195	203	281	187	2,166
Locum	418	336	301	374	435	380	339	344	381	354	3,662
WLI (In Year)	180	138	170	164	171	125	143	149	120	181	1,541
Total	17,484	17,444	17,234	17,210	17,449	17,422	17,381	17,670	17,301	17,363	173,959
Variance	(695)	(522)	(333)	(277)	(505)	(423)	(438)	(768)	(423)	(442)	(4,827)

4. Next Steps

The Trust has continued to work closely with external support partners in order to assist in improving the financial performance and in embedding deeper transformational change. The financial performances of the divisions are being closely monitored through the monthly performance review process. A clear message has been provided within the organisation, emphasizing the necessity for the financial position to be improved, both in terms of delivery of activity and control of costs. The Trust has negotiated a year end contractual position with its main commissioner (Wirral CCG) and progress, albeit slower than anticipated, is being made on the sale of Springview to ensure that this is concluded in the current financial year in line with plan.

5. Conclusion

The in month position shows a surplus of £286k, against a planned surplus of £311k, resulting in an adverse variance of £25k. The year to date position shows a deficit of £4,930k, which is £992k worse than planned. In order for the Trust to operate within its plan it will be necessary that the position does not deteriorate any further in the remaining months of the year; and furthermore that the Trust recovers the adverse performance for the first 10 months of the year in the remaining two months. A clear message has been provided within the organisation as to the importance of controlling and minimising costs and actions with external partners, commissioners and other providers, are in place to deliver an outturn position aligned to plan although in achieving this c£1m of risk continues to exist within forecasts.

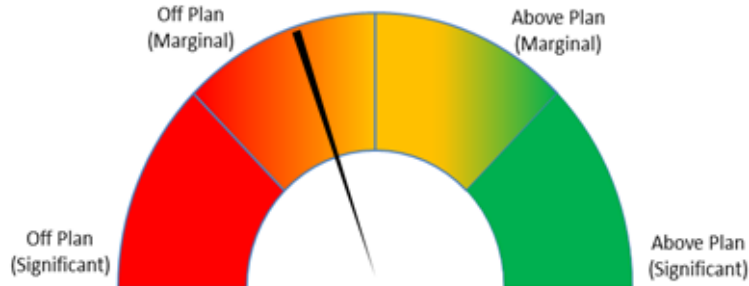
6. Recommendations

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

Alistair Mulvey
 Director of Finance
 February 2015

Divisional Overview (Month 10)

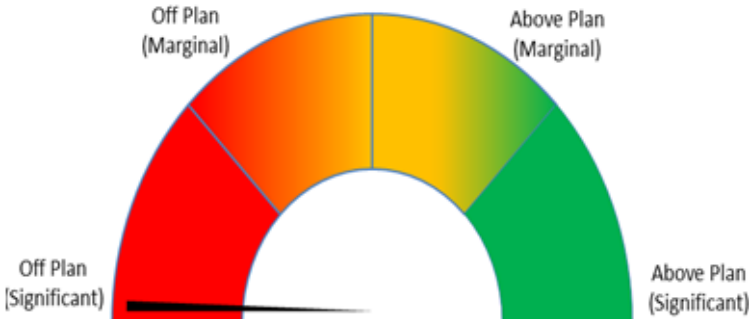
Medicine & Acute



Medicine - Key issues

- *Clinical Income over plan by £3.3m.*
- *Net Expenditure exceeds budget by £3.6m .*
- *Overall position is £0.3m off plan.*

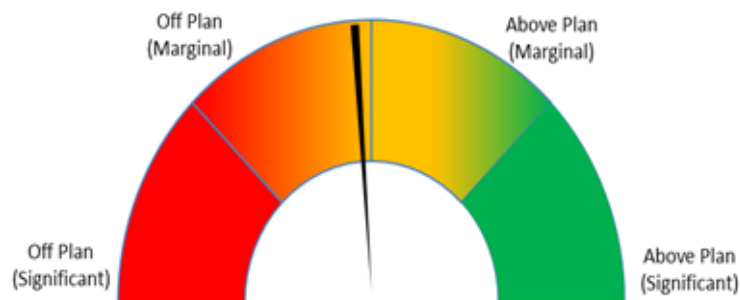
Surgery / W&C



Surgery / W&C - Key issues

- *Clinical Income behind plan by £2.5m.*
- *Net Expenditure exceeds budget by £3.2m.*
- *Overall position £5.7m off plan.*

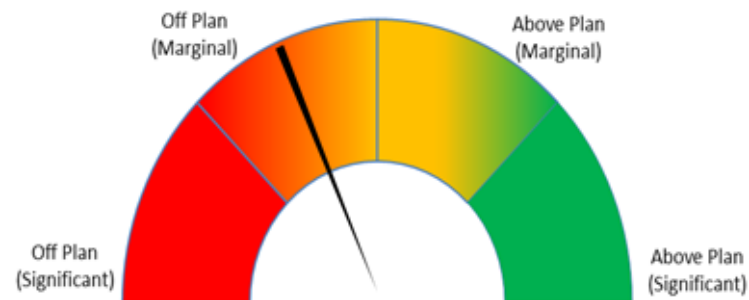
Clinical Support



Clinical Support - Key issues

- *Clinical Income over plan by £0.9m—additional activity.*
- *Net Expenditure exceeds budget by £1.0m.*
- *Overall position £0.1m off plan.*

Corporate



Corporate - Key issues

- *Divisional income below plan by £0.1m.*
- *Expenditure over spent by £0.5m .*
- *Overall position £0.6m off plan.*

Medicine & Acute I&E

The division reported a £158k deficit in month 10, and has resulted in the cumulative position having a deficit against plan of £308k. A concern for the forthcoming months is the level of acuity of patients attending A&E and the increase in referrals from GP's which has had a resulting pressure on beds. The increase in activity within the Divisional beds has also created pressure on Social Services and this has also contributed to the pressures on beds as Medical fit patients are staying longer than is required, at the time of writing this report the list is currently 60 patients.

Clinical Income within the division is over achieving by c£3.3m, the main drivers of this include additional volumes of activity within planned care work streams both out-patients and in-patient care (£206k and £620k respectively) and increased volumes of patients from a non elective care perspective. Non elective activity (net of re-admissions) has over performed against plan by 1,499 patients equating to £2,616k. The Division in December and January has had to increase its bed base due to the increased level of admissions. However, Emergency Department attendances saw a decrease in January of 721 attendances and this combined with penalties relating to the 4-hour breaches equated to a shortfall against plan of £329k in month and brings the year to date shortfall against plan to £1,032k (£710k ytd penalties). The Division has had the benefit of non recurrent Urgent Care/Winter monies of £1.5m.

The costs of service delivery have exceeded the planned budget by £3.7m. The most significant element of pressure relates to staff costs, c£3.0m with the balance being slippage against CIP plans and over spending against clinical supplies.

From a pay perspective, the cumulative deficit relates to

- ED staffing, £0.8m - the current level of overspending has reduced per month as expected rather than the previous £100k per month. The excess costs which will persist relate to the use of temporary/locum staff whilst awaiting substantive staff to be appointed. The department has, in the last month appointed another substantive consultant which reduces the current consultant gap to two wte
- Gastro currently has overspending of c£0.7m as locum staff are required to fulfill vacant posts. It should be noted that the current over recovery of income within gastro is c£0.3m and therefore partially off sets these costs. Recruitment processes are underway to fill posts substantively. However, the over-recovery of income is not expected to continue as the speciality planned activity assumptions increase significantly in the latter part of the financial year and there will be additional gaps due to Nurse Endoscopists having recently left.
- Nursing costs – nursing budgets are currently £1.5m overspending, key areas of this are
 - £0.8mk relates to staffing of additional beds opened and for the recent months additional bed pressure spend is offset by the additional income received via Urgent Care/Winter monies.
 - £0.3m relates to staff sickness cover. Sickness levels were at 5.6% at their height in 14/15 and through a programme of work have been reduced to under 4% in September
 - £0.4m relates to the provision of additional staff for Specialing of patients as a function of their acuity needs. A revised process of agreement for the use of additional staff has been implemented and seen favourable financial results in the recent months although is likely to remain a pressure moving forwards.

Pressures through non pay subjective lines include variable costs associated with clinical supplies of c£0.7m which are in the main driven by over performance for activity and therefore covered by income secured. To ensure controls and best practice processes for ordering goods is in place the divisional teams are working closely with procurement colleagues.

The division continues to work closely with the PMO and the Turnaround team to maximize delivery of CIP. In year the division is facing a c£1.0m year to date pressure, which includes slippage on income schemes not being realised. All efforts continue to be focused on bridging the in year gap and recurrent CIP targets.

Surgery, Women's & Children's I&E

The divisions overall financial position deteriorated in month 10 by £9137k generating a cumulative year to date deficit of £5.67m. Within the overall deficit position expenditure variances are £3.23m year to date deterioration in month of £249k and income under performance is currently £2.44m of which £664k was in month.

The key cumulative drivers of the overall year to date expenditure variance of £3.23m include

- £273k to support additional bed capacity, of which £113k relates to the provision of the Trust CPE cohort ward and £160k due to the additional unfunded Ward (25) that has been open prior to the costs now been 100% attributed to Medicine.
- £406k relates to Non-PBR excluded devices and high cost drugs, which are pass through costs and attract additional income;
- £809k relates to Park Suite underperformance and operational overspends, against which there is strategic agreement to identify a different PP provision, this will be supplemented with in year price changes where available. Agreement was reached at the beginning of the year that whilst this service sat within the Surgical division any associated pressure would be centrally managed;
- £1.3m of CIP underperformance and
- £692k expenditure to deliver the additional RTT work which is funded by NHS England.

The above costs reflect the cumulative position, however Month 10 saw a significant improvement in the non-core spend position of the Division including a £20k reduction in WLI's and an overall reduction in non-core spend of £50k comparing December to January. This is forecast to continue both during the rest of the financial year and also into 2015/16.

In Month 10 due to the over performance in Trauma & Orthopaedic Elective and Non-Elective there was an overspend in prosthesis spend.

From an income perspective the division has a cumulative under performance of £2.44m of which £664k was in month 10.

The Month 10 income position is showing shortfalls in numerous areas. Within the Elective position Ophthalmology under performed by £104k, Gynaecology by £50k and GI Surgery combined by £91k. It is worth noting that including the Welsh work Trauma & Orthopaedics over achieved by £22k.

Non-Elective performance underachieved by £79k. Trauma & Orthopaedics over achieved by £92k but Colorectal under performed by £175k.

Outpatients under performed in total by £206k which was mainly in Gynaecology (£73k), Paediatrics (£30k), Ophthalmology (£66k) and Breast (£23k).

Within Non-PBR the Neonatal Unit under performed by £127k in Month

The division continues to scrutinise the detail of the Elective position from both a retrospective and prospective perspective increasingly focusing on a daily and weekly basis on the volume of operations booked to ensure slots are filled and resource utilisation maximised and available capacity used for alternative services where appropriate.

Whilst the divisional position remains significantly challenging the focus has been and continues to be on;

- Minimising costs where possible with engagement and support with the PMO and more recently FTI who are specifically supporting changes within theatre use and utilisation;
- Exploring, with success, new markets for the provision of services, specifically within north Wales and potential collaboration with Chester
- Ensuring prospective systems are in place for the booking of patients to allow the divisional management teams can support the maximisation of use of clinics and available in-patient resources.

Clinical Support I&E

The Diagnostics and Clinical Support Division reported a slight overspend of £73k year to date at month 10 with an adverse movement against budget of £9k in month but better than latest forecast by £40k. Cumulatively Therapies remains ahead of plan by £144k, Outpatients by £115k, Cancer Team by £16k, Patient Flow by £14k and Radiology is ahead by £18k whilst Pathology is behind plan by £589k.

From an income perspective the Division is performing well being £969k ahead of plan YTD. This is largely driven by Radiology with cumulative unbudgeted unbundled imaging income of £196k and direct access income ahead of plan by £656k; Radiology DA has experienced a 20% increase in activity with high demand continuing in Ultrasound and Plain Film. Both AHPs and Pathology are performing slightly ahead of plan (YTD £26k and £90k respectively); again this is largely driven by direct access performance but there is some volatility in demand in these areas leading to some caution around future volumes. Whilst these income gains generate a contribution there is an affordability risk across the economy if these levels of diagnostic demand continue.

The Division is reporting an overall underspend on pay of £400k YTD with only Radiology and Patient Flow over spent cumulatively. Outpatients and Therapies are underspent by £156k and £216k respectively. The Division continues to hold vacancies, where appropriate, as it progresses its staffing restructure proposals in consultation with staff side colleagues in all areas.

Non pay budgets are £1m overspent year to date but this is offset by £570k in associated income. Pathology non pay overspend is £556k offset by £200k additional income; the bulk of lab costs vary with both GP & Trust activity however Pathology is experiencing a significant cost pressure in the provision of blood products to the broader organisation (£134k year to date net of income recovery) and historic over performance against the Roche MSC. Radiology non pay overspend is £319k with income offset of £17k; the bulk of these costs being variable costs associated with direct access volumes. Outpatients non pay costs are below budget by £40k predominantly owing to the new Patient Reminder Service contract. AHPs non pay spend is over budget by £109k however a significant element of this relates to Integrated ESD and is recovered through income which is £250k ahead of plan to date.

The Division remains £1,012k behind its cumulative CIP target. Specifically Radiology is £319k behind, Therapies £242k, Outpatients £82k and Labs £368k behind plan. This is the biggest risk to delivering a balanced budget. Every service is actively in consultation/implementation to introduce new structures which will reduce cost. The division is working to identify further opportunities to bridge any remaining gaps in CIP delivery.

A detailed forecast outturn based on current performance levels and actions is currently being prepared.

Board of Directors	
Agenda Item	8.1
Title of Report	Francis Report: Hard Truths Commitment: Publishing of Nurse Staffing Data: January 2015
Date of Meeting	25 February 2015
Author	Andrea Hughes Interim Deputy Chief Nurse Gaynor Westray Deputy Chief Nurse
Accountable Executive	Jill Galvani, Director of Nursing and Midwifery
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	Strategic objectives: To be the top NHS Hospital in the North West; Delivering consistently high quality secondary care services; Supported by financial, commercial and operational excellence. 1A: Improve our Patient Experience to deliver the Friends & Family score of 95% or better *; 1B: Create a strong culture of empowered employees, delivering a staff engagement score of 3.59 or better, through implementation of our nursing, midwifery and customer service strategy (risk number 1908 & 1909); 3A: Implementation of a quality improvement strategy to reduce mortality to 85 HSMR (risk number 2611); 3B: Ensure that our harm free care score is no lower than 93% & no lower than 95% for 3 months*; 7A: Full compliance with our registration with CQC*. *risks to be scored.
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	Concerned : Gaps in nurse staffing are mitigated through Matrons and other nurses supplementing Ward establishments; Ward Sisters have reduced their supernumerary status; a weekly review of nurse vacancies; monthly Trust-wide recruitment; adoption of the Trust attendance policy; Audit of acuity & dependency and NICE Guidance Red Flags; responding to the draft Mersey Internal Audit report on Safer Staffing.
Purpose of the Paper <ul style="list-style-type: none"> • Discussion • Approval • To Note 	For Discussion
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> • Yes • No 	No

1. Executive Summary

This paper provides the nurse staffing data for January 2015. Data was prepared to determine performance against the Trust's own targets of 90% and 95% of shifts that met the planned requirement. No target fill rate has been set nationally; therefore the Trust applies these percentages as a test, given that 100% is optimum. Appendices 1 and 2 show the average fill rates for January 2015 at 90% and 95%.

There continues to be concerns with regard to the provision of minimum staffing levels of registered nurses during this reporting period. Table 1 shows the overarching performance where there is an increase in the numbers of areas reporting less than 95% and 90% fill rate of staff to establishment. The table also highlights that the majority of wards failing to meet the % fill rates are due to a lack of registered staff, and that where possible, non-registered staff back fill registered staffing numbers to increase the overall fill rate.

Additional wards have been opened to manage patient demand and cohort nursing is in place to control infections of Carbapenemase Producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococcus (VRE). Whilst it is challenging to provide cohort nursing across 2 wards, this is part of the mitigating actions to reduce the impact of infection across the wider organization and provides additional side room access to manage patients with MRSA and diarrhoea.

An escalation policy for nurse staffing concerns has been developed and presented to the Ward Sisters and Matrons on 13 February 2015 designating an absolute minimum of 2 registered nurses per ward at times of pressure. This will be formally launched at the end of February 2015. Matrons have been working clinically on the additional wards and there is a system of Ward Sisters who attend these wards to ensure that patients have received the appropriate assessments. The Patient Experience Team have increased their visibility in these areas. Short term agency nurse use has been supported to enable teams to meet the needs of additional areas and cohort nursing.

Registered nurse vacancies are being reviewed weekly by the Director of Nursing & Midwifery and the Senior Nurse team. There is a Registered Nurse recruitment strategy with successful recruitment in January 2015. A further recruitment date is set for 25 February 2015 with 39 applicants attending. There are currently 4 registered nurse vacancies in Adult surgical wards and 26.7 in the Medical and Acute areas. Neonatal nurse recruitment is underway and there are challenges in recruiting paediatric nurses that are being reviewed by the newly appointed Associate Director of Nursing. Successful candidates presenting for interviews next week will be recruited to fill vacancies and to enable rapid recruitment to the additional uplift for ward-based nursing that was agreed at the Board meeting in January 2015. The implementation of the new Attendance Capability policy which went live on 19 January 2015 is a key part of managing nurse and midwifery sickness levels.

Table 1 Percentage and number of all wards reporting less than 95% and 90% average fill rate per month, rounded up/down to nearest total

During the previous quarter the majority of Wards achieved 90% of planned staffing levels however, the previously reported effect of increasing numbers of patients with higher patient dependency (acuity), additional wards to care for emergency patients and the need to cohort nurse to address infection controls continued during January 2015. This meant that more than

Month	% (number) of all wards reporting less than 95% average fill rate for all staff, day and night	% (number) of all Wards reporting less than 95% average fill rate for registered Staff, day or night	% (number) of all wards with less than 90% fill rate for all Staff, day and night	% (number) of all Wards reporting less than 90% fill rate for registered Staff, day and night
October	52% (19) n=36	40% (14) n=36	6% (2) n=36	3% (1) n=36
November	57% (20) n=35	57% (20) n=35	17% (6) n=35	17% (6) n=35
December	57% (20) n=35	51% (18) n=35	28% (10) n=35	23% (8) n=35 ²
January	54% (19) n=35	54% (19) n=35	31% (11) n=35	29% (10) n=35

the minimum staffing levels were essential to provide the level of care that these patients needed. Set against nursing vacancies and staff sickness during January 2015, close nurse management of the movement of nurses to support patient acuity continues and remains challenging. During January and February 2015, an acuity and dependency audit was undertaken and the opportunity was taken to review the Trust's performance against the NICE guidance 'red flags' for nurse staffing (patient falls and missed breaks are examples of these) and to review the impact of Cerner Millennium in terms of how this data may be captured electronically.

2. Background

Following the publication of the Francis report in February 2013, the Government made a number of commitments in 'Hard Truths: The Journey to Putting Patients First' to make this information more publically available. This report forms part of the Trusts' obligation to publish staffing levels on hospital wards.

Processes continue to enable staffing establishments to be met on a shift-to-shift basis. Daily staffing meetings determine whether or not planned staffing requirements are met and to take action where there may be a shortfall. The outcomes of these meetings are recorded and contribute to the monthly staffing report. Further work is in progress to enhance assurance on processes following receipt of the draft report on Nurse Staffing by Mersey Internal Assessment and Audit (MIAA). The nurse staffing escalation policy is part of improving assurance.

Safe nurse staffing levels were a feature of the Francis, Keogh and Berwick Reports published in 2013. Research demonstrates that staffing levels are linked to the safety of care and that staff shortfalls increase the risks of patient harm and poor quality care. The National Quality Board issued guidance in November 2013: 'How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability'. This document informs this paper and is augmented with the July 2014 publication of the National Institute for Care and Healthcare Excellence (NICE) guidance: Safe Staffing for Nursing in Adult In Patient Wards in Acute Hospitals.

Extensive work was undertaken in the latter part of 2014 that was reported to the Board of Directors in January 2015: Birthrate Plus review; British Emergency Staffing Tool (BEST); receipt and now review of Emergency Department nursing following draft NICE guidance; review of nurse and midwifery uplift in staffing levels (supported by the Board of Directors in January 2015) and the response to the draft MIAA compliance review (Hard Truths).

On 17 February 2015, Trusts received an update from NHS England on the Safer Staffing Performance Indicator Development (reported verbally to the Board in January 2015). This communication indicates the development of a process of publication of nursing safer staffing indicators with an intended date of publication on MyNHS – NHS Choices in the Spring of 2015. A verbal update will be provided to the Board of Directors on 25 February 2015 if there is further information.

3. Key Issues/Gaps in assurance

The Director of Nursing and Midwifery has taken steps to ensure that the Trust has responded to meet the Hard Truths milestones set out in the guidance published on 31 March 2014 and this has been presented to the Board of Directors in detail previously.

The Director of Nursing & Midwifery and the Deputy Chief Nurse have responded to the Mersey Internal Agency Audit: Nurse Staffing Compliance Audit (draft) and the response is being finalised on 18 February 2015.

The Deputy Chief Nurse is overseeing the implementation of the improvement actions taken in response to the MIAA report and progress will be monitored by the Senior Nursing and Midwifery Team with exceptions escalated to the Director of Nursing and Midwifery and reported through Board of Directors reports each month.

January 2015 saw little movement in the reporting of the achievement of meeting the 90% and 95% staffing fill rates. Ward 17 was unable to achieve 95% fill rate against all four reporting sections, and against the 90% fill rate, reported red against three sections, only achieving compliance against the care staff on night duty when measured against the 90% fill rate.

During December 2014 there were four wards; 11,12,17,53 and Delivery Suite which reported red in 3 sections against the 95% fill rate. January had a similar picture with Wards 11, OPAU, 53, SAU reporting 3 out of 4 sections red against the 95% fill rate. Ward 11 is part of the strategy to reduce infection through cohort nursing and is being reviewed daily. Sickness management and recruitment are being reviewed on Ward 17.

January 2015 has seen a further increase in staffing reportable incidents as shown below:

Month	Number of staffing incidents reported
November 2014	41
December 2014	80
January 2015	102

Ward 25 (Winter Pressure Ward) features significantly with 16 or 15.6% of the total incidents reported. The main reason for reporting a staffing incident relates to moving of staff to cover other wards or sickness which leaves the ward with fewer than the planned number of staff. The ward is being reviewed on a shift by shift basis in terms of acuity, dependency, safe staffing and patient experience with records of actions.

As expected with an increase in incident reporting, there has also been an increase in Risks with a score of 10 or more. The areas where these increased risks have been identified relate to wards 25 and ward 36. Ward 36 is an area for review in terms of case mix and this work requires to be completed in March 2015.

The number of staffing incidents reflects an open reporting culture and also an increase in concerns by staff. Each incident is reviewed at the time of raising it by the local manager and an overview is undertaken by the Strategic Nursing & Midwifery Team. Further work needs to be on this in conjunction with responding to the MIAA report.

Increasing the bed base in the Trust whether as a result of activity pressures or infection control has a direct impact on the role of the Ward Sister/Charge Nurse and Matron and the ability of the Trust to monitor and improve standards of nursing care for compliance. This has been added to the Board Assurance Framework and measures have been described in this paper to mitigate the risk to patients and staff.

As reported previously, the nursing role in planning for discharge has been consolidated into an action plan with key performance indicators during January 2015. This is described in the Ward Sister performance objectives that are linked with the Care Quality Commission Action Plan.

During January 2015, Ward Sisters and Charge Nurses have continued to be required to work some shifts clinically to ensure minimum staffing levels are achieved. Given the scope of the Ward Sister/Charge Nurse role it is essential that they are able to resume their supernumerary / supervisory status to enable them to monitor and improve nursing care standards. Similarly, the Matron role is to oversee nursing care standards, to hold the Ward Sisters and Charge Nurses to account, and to actively support improvements in nursing care.

Matrons are currently required to work clinically and to support bed management. This detracts greatly in terms of their ability to continue to implement improvement schemes, Matrons are required to focus on care standards and delivery of discharge schemes to reduce the length of stay as key strategies to avoid opening additional beds; however there is a primary need to provide excellent nursing care at the bedside.

4. Next steps

The Trust workforce plan has been submitted; newly qualified registrants were recruited in advance of qualifying in September 2014, this approach will be repeated for those due to qualify in March and September 2015.

Plans are in place to pursue overseas nurse recruitment if this is required. At this stage, given the number of nurses who are scheduled for interview on 25 February 2015, overseas recruitment is not being pursued although this position will be reviewed in March 2015.

Senior Nurses have agreed and commenced the following actions to mitigate risks:

- Matrons and Sisters to be part of the ward numbers augmented by review rounds for assessment compliance.
- Increased visibility of the Patient Experience Team.
- A programme of Monthly Trust wide recruitment for Registered Nurses from January 2015, with 26 recruited at the first event in January 2015; 39 for interview on the 25 February 2015.
- Actively recruit newly qualified students (qualifying in March & September 2015).
- Return to Practice: uptake aim of 7 – 8 per year by the end of 2015.
- Continue to review the use of flexi bank and agency nurses to enable additional wards to be staffed and to enable consistent cohort nursing.
- Deliver version 10 of E-roster (date to be agreed) that brings the benefit of having a 3 month rolling view of nurse staffing thereby enabling the identification of potential staffing shortfalls and taking mitigating action, although there will always be some need to respond to variance in patient acuity, infection control and unexpected capacity demand.
- Continue to deliver and monitor the Preceptorship Programme.
- Further develop Aspiring Nurse Leaders.
- Utilise Cerner Millennium as a recruitment strategy.
- Review of clinical supervision for nurses by the Deputy Chief Nurse.
- A Nurse Staffing Escalation Policy has been produced and will be introduced across the Trust at the end of February 2015.
- Work through the improvements required following the MIAA Compliance review of Safer Staffing.

5. Conclusion

There continue to be serious concerns with regard to the provision of minimum staffing levels of registered nurses during this reporting period. The Trust did not meet the 95% staffing level across all Wards during January 2015 and also had a slight decrease in meeting the 90% levels. All mitigating actions are in place to ensure that patients and staff are safe.

6. Recommendations

The Board of Directors asked to receive and discuss the paper prior to publication on NHS Choices.

Appendix 1 Average Fill rates at 90%

Jan-15				
Ward name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
10	93.5%	91.0%	100.0%	98.4%
11	88.9%	90.0%	91.1%	98.5%
12	96.9%	98.6%	96.8%	100.0%
14/20	93.1%	95.1%	88.3%	98.5%
17	85.5%	88.6%	89.8%	94.4%
18	88.9%	95.2%	92.5%	98.4%
21	95.0%	99.6%	98.5%	100.0%
22	98.7%	98.2%	96.6%	100.0%
23	93.6%	94.9%	97.8%	100.0%
24 & Isolation	99.5%	99.3%	93.5%	100.0%
OPAU	92.8%	94.4%	89.2%	100.0%
30	81.2%	96.9%	91.7%	97.2%
32 & CCU	94.9%	97.3%	99.2%	100.0%
33 / HAC	95.6%	98.0%	98.9%	100.0%
36	89.5%	94.9%	98.3%	100.0%
38	99.3%	98.0%	95.2%	100.0%
26	94.4%	93.7%	95.7%	98.9%
MAAU	92.6%	90.1%	96.7%	97.8%
MSSW	91.9%	89.5%	96.4%	98.6%
EDRU	100.0%	100.0%	100.0%	100.0%
Park suite	100.0%	100.0%	95.0%	
SAU	97.0%	91.2%	89.2%	93.6%
ITU	100.0%	100.0%	100.0%	
HDU	100.0%	100.0%	100.0%	100.0%
54	91.5%	100.0%	100.0%	
M1	94.5%	95.3%	100.0%	100.0%
M2	100.0%	100.0%	100.0%	100.0%
Delivery Suite	0.0%	0.0%	0.0%	0.0%
53	93.3%	90.6%	83.0%	98.6%
Neonatal	91.0%		93.5%	
Childrens	97.3%	100.0%	98.0%	96.8%
CRC	100.0%	100.0%	100.0%	98.7%
Dermatology	100.0%	100.0%	100.0%	100.0%
36 CBH	99.1%	100.0%	100.0%	100.0%
25	86.9%	100.0%	100.0%	98.5%

Appendix 2 Average Fill Rates at 95%

Jan-15				
Ward name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
10	93.5%	91.0%	100.0%	98.4%
11	88.9%	90.0%	91.1%	98.5%
12	96.9%	98.6%	96.8%	100.0%
14/20	93.1%	95.1%	88.3%	98.5%
17	85.5%	88.6%	89.8%	94.4%
18	88.9%	95.2%	92.5%	98.4%
21	95.0%	99.6%	98.5%	100.0%
22	98.7%	98.2%	96.6%	100.0%
23	93.6%	94.9%	97.8%	100.0%
24 & Isolation	99.5%	99.3%	93.5%	100.0%
OPAU	92.8%	94.4%	89.2%	100.0%
30	81.2%	96.9%	91.7%	97.2%
32 & CCU	94.9%	97.3%	99.2%	100.0%
33 / HAC	95.6%	98.0%	98.9%	100.0%
36	89.5%	94.9%	98.3%	100.0%
38	99.3%	98.0%	95.2%	100.0%
26	94.4%	93.7%	95.7%	98.9%
MAAU	92.6%	90.1%	96.7%	97.8%
MSSW	91.9%	89.5%	96.4%	98.6%
EDRU	100.0%	100.0%	100.0%	100.0%
Park suite	100.0%	100.0%	95.0%	
SAU	97.0%	91.2%	89.2%	93.6%
ITU	100.0%	100.0%	100.0%	
HDU	100.0%	100.0%	100.0%	100.0%
54	91.5%	100.0%	100.0%	
M1	94.5%	95.3%	100.0%	100.0%
M2	100.0%	100.0%	100.0%	100.0%
Delivery Suite	0.0%	0.0%	0.0%	0.0%
53	93.3%	90.6%	83.0%	98.6%
Neonatal	91.0%		93.5%	
Children's	97.3%	100.0%	98.0%	96.8%
CRC	100.0%	100.0%	100.0%	98.7%
Dermatology	100.0%	100.0%	100.0%	100.0%
36 CBH	99.1%	100.0%	100.0%	100.0%
25	86.9%	100.0%	100.0%	98.5%

Board of Directors	
Agenda Item	9.1
Title of Report	Chair of Audit Committee Report 11 February 2015
Date of Meeting	25 February 2015
Author	Cathy Bond, Chair of the Audit Committee
Accountable Executive	Alistair Mulvey, Director of Finance
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	ALL
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	Positive
Purpose of the Paper <ul style="list-style-type: none"> • Discussion • Approval • To Note 	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> • Yes • No 	N/A

Chair's Business

The Fit and Proper Persons Test was the subject of a recent Hill Dickinson Seminar and provided a useful resource in relation to compliance with the new regulations. The material from the event is due to be circulated to Committee members.

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Internal Audit

The Committee reviewed 3 internal review undertaken in the reporting period as follows:

- | | |
|--|-----------------------|
| • Combined financial systems | High Assurance |
| • Quality Spot Checks | Significant Assurance |
| • HR & Wellbeing Business Service Review | Significant Assurance |

The Committee agreed to review all risks not actioned by the due date at the Committee meeting in April 2015.

The Committee agreed to include in the Audit Plan for 2014/15 a review of Cerner particularly the dependency of this on patient care to ensure that robust business continuity plans are in place.

External Audit

The Committee approved the External Audit Plan and associated Fee. The plan was largely unchanged from the previous year with the exception of the requirements in relation to ISA 700. An overview of the risk mapping process which had been undertaken with finance was provided which had helped to inform the plan.

The Committee asked that the guidance on Efficient Management of Healthcare Estates and Facilities be reviewed by the Trust to inform any insourcing programme going forward.

Monitor Licence – Compliance Review

The Committee noted the report which highlighted the issues associated with the achievement of the A & E 4 hour performance standard and the latest position with regards to the financial turnaround plan.

Timetable and Project Plan for the Tender of External Audit

The Committee approved the timetable and project plan which had been developed by finance, governance and procurement colleagues.

A report will be presented at the Council of Governors Meeting on 4th March 2015 detailing the timetable, project plan and arrangements for the project team, with a view to seeking approval from Governors.

Review of Standing Orders; Standing Financial Instructions and Scheme of Delegation.

The Committee recommended the revised standing orders, standing financial Instructions and Scheme of Delegation as outlined in the Board Agenda for Approval.

Board Assurance Framework (BAF)

The Associate Director of Governance presented the revised Board Assurance Framework following recommendations and actions from the Committee and the Board.

The top eight risks in the Framework were reviewed including the actions being taken and the impact on the residual risk ratings going forward.

The Committee recommended that the risk relating to the Cost Improvement Programme include in its description the risk of limited capacity and resource.

The Committee agreed to highlight to the Board the work undertaken on the BAF over the last few months as this now enabled the organisation to review progress against its objectives and identified all the key risks which in turn assisted with the prioritisation and planning of the Board's work programme.

Risk Process Dashboard – Incidents and Risks

The Committee reviewed the reasons for out of date risks; the reasons for late reporting to external bodies; the decline in incident reporting during holiday periods and the relationship between the incident log and clinical audit. The Committee agreed that the Quality and Safety Committee should receive the 12 month analysis of incident reporting, complaints and claims to establish the reasons for any decline in incident reporting and any trend associated with complaints or claims during the same period.

The Associate Director of Risk outlined the revised process for reporting incidents externally to minimise delay; the resource put in place to support Divisions with risk management and the plans to include relevant incidents into the clinical audit plan for 2015/16.

The Committee agreed that the revised methodology deployed for risk management training be articulated in the revised risk management strategy and policy for 2015 together with the process for reporting of risks for incorporation into the Board Assurance Framework.

Annual Accounts Process 2014/15

The Committee approved the draft accounting policies for 2014/15 and agreed not to consider segmental reporting or the consolidation of charitable funds in this accounting period.

Cerner Impairment Review

The Committee reviewed the value of this intangible asset held in the balance sheet to establish if any impairment of the value was needed. As part of the review, the Committee considered the composition of the payments made to date to establish if these payments were still relevant as at 31 March 2015; the functionality implemented to date; the amount spent or to be spent on the programme compared to a similar programme elsewhere; consideration of the benefits arising from the asset and finally consideration of IAS36 impairment of assets.

The Committee concluded that the review process was robust particularly in light of the inclusion of an external assessment and therefore that the value of the intangible asset in the balance sheet at the depreciated cost to date should continue and that no impairment was necessary.

Anti-Fraud Update

A review of the current investigations and referrals to date was undertaken which included the difficulties outlined with securing or recovering payments from patients from abroad.

Cathy Bond
Audit Committee Chair

Board of Directors	
Agenda Item	9.2
Title of Report	Review and Approval of Standing Orders, Standing Financial Instructions and Scheme of Delegation
Date of Meeting	25 February 2015
Author	Carole Ann Self, Associate Director of Governance
Accountable Executive	Alistair Mulvey, Director of Finance
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	7
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	Positive
Purpose of the Paper <ul style="list-style-type: none"> • Discussion • Approval • To Note 	Approval
Data Quality Rating	Gold – externally validate
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> • Yes • No 	N/A

1. Executive Summary

This report outlines the key changes to the standing orders, Standing Financial Instructions and Scheme of Delegation undertaken as part of the review undertaken by the Associate Director of Governance, Director of Finance, Head of Procurement and Mersey Internal Audit.

The changes have been reviewed by the Audit Committee at their meeting on 11th February 2015. Full details of the changes have been circulated to Board members under separate cover.

2. Overview of the changes

The review has taken into account the following:

- The review of the Governance, Assurance and Performance Management Structure agreed by the Board in July 2014
- The amended titles of Executives as a result of the change in portfolios agreed in by the Board in 2014
- The recommendations of the Establishment Review to ensure that the Chief Executive has the delegated authority for re-grading of all staff
- The replacement of section 7 of the standing financial instructions relating to Tendering arrangements to ensure they are up to date and in line with best practice standards
- Clarified the limits in relation to the Board's delegated authority for approving costs associated with legal matters
- Explicit reference now included in relation to business cases and associated approval limits
- Amendments made in relation to changes in the NHS as a whole, for example the replacement of the reference to the National Commissioning Board with NHS England.

3. **Recommendations**

The Audit Committee recommend the amended standing orders, standing financial instructions and scheme of delegation to the Board for approval.

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF MEETING

28 JANUARY 2015

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Michael Carr	Chairman
Jill Galvani	Director of Nursing and Midwifery
Sharon Gilligan	Director of Operations
Anthony Hassall	Director of Strategic & Organisational Development
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Jeff Kozer	Non-Executive Director
Cathy Maddaford	Non-Executive Director
Evan Moore	Medical Director
Alistair Mulvey	Director of Finance
Jean Quinn	Non-Executive Director

Apologies

None

In attendance

Carole Self	Associate Director of Governance (minutes)
Mark Blakeman	Director of Infrastructure & Informatics

Governors

None

Members of the Public

None

Reference	Minute	Action
BM 14-15/149	Apologies for Absence None	
BM 14-15/150	Declarations of Interest None	
BM 14-15/151	Patient's Story The Director of Nursing and Midwifery presented a story from a former complainant and recent patient of the hospital. The story covered a range of positive comments regarding nursing care and identified some areas of improvement associated with the hospital environment and how to ensure patients waiting on their own during busy periods were cared for.	

Reference	Minute	Action
BM 14-15/152	<p>Chairman's Business</p> <p>The Chairman recognised the unprecedented service pressures facing the Trust and put on record how grateful the Board was to all of the staff for the care being delivered in such difficult circumstances.</p> <p>The Board was advised of 3 new consultant appointments these being Dr Alistair Gilmore, Dr Catherine Woodward and Dr Niamh O'Mahony.</p> <p>The Chairman provided an update on the work of the Remuneration and Appointments Committee which last met on 17 December 2014 for the following purposes:</p> <ul style="list-style-type: none"> • To undertake an interim review of Executive Director objectives as previously agreed • To review the latest position with regards to succession planning for Direct Reports to Executive Directors • To review the draft proposals remuneration disclosure as part of the Annual Report 2014/15 • To agree the process for review of compliance against the Fit and Proper Persons Test <p>The Committee agreed that Executive Directors objectives should include the need for succession planning and explored ways to ensure that Direct Reports deputised at appropriate levels throughout the organisation to aid with experience. The Committee agreed to review compliance against the Fit and Proper Persons Test at every quarterly meeting of the Committee.</p> <p>The Chairman provided an update on the work of the Charitable Funds Committee which met on the 19 September 2014 and formally approved the Charitable Funds Annual Report and Management Representation letter for 2013/14. He advised that at the time of approval the Committee only had verbal feedback that there were no material issues requiring redress and confirmed that the Trust had since received written confirmation of this fact and had subsequently submitted the report and accounts to the Charity Commission.</p> <p>The Board was advised of the key forthcoming meetings as follows:</p> <p>Joint Board / Governor Workshop – Wednesday 4 February – 2pm to 5pm Board – 25 February 2015 – Commencing at 9am Council of Governors – Wednesday 4 March 2015 commencing at 2pm</p>	
BM 14-15/153	<p>Chief Executive's Report</p> <p>The Chief Executive presented the report and highlighted the following areas:</p>	

Reference	Minute	Action
	<p>The guidance for the Five Year Forward View New Models of Care had now been received which had resulted in an amendment to the deadline for expressions of interest to the 9th February 2015. The Chief Executive confirmed that the latest guidance did not impact on the really good work undertaken in the health economy to date and the expression of interest would still focus on the technological advancements and opportunities as previously outlined.</p> <p>The Chief Executive provided an update on the context in which the Trust had taken the decision to give notice to the Community Trust for the use of facilities at Victoria Community Hospital. The update included the discussions held between the two organisations and the commissioners as part of the Senior Leadership Group and separately with the Trust. The Chief Executive was pleased to report that since giving notice the Community Trust had now agreed to progress to a resolution. The Board was advised that the current rental was £190,000 per annum increasing to £250,000 in 2015/16 and the agreement was now that the Community Trust would work towards a target of £100K, the Trust had therefore rescinded the notice which was a good outcome.</p> <p>The Board debated the strategy of care closer to home and the need for the health economy to work as a collective body to make this happen to avoid further instances of this kind. The Chief Executive advised that a similar more significant situation was still to be resolved in respect to St Catherines. He confirmed that there was a need to balance the expectation for access in the community expected by patients with the challenging financial situation.</p> <p>The Board was advised that the Trust was in discussion with Public Health England regarding its strategic approach to early detection and isolation.</p> <p>The Chief Executive advised that there were some indications that the situation with regards to A & E was getting a little better. However the number of patients waiting more than 4 hours was still considerable compared to the Autumn.</p> <p>The Board sought to understand the level of clinical engagement expected and being evidenced as part of the turnaround process recognising that this was a fundamental component of success.</p>	
<p>BM 14-15/154</p>	<p>Annual Plan – Update and Agreement of Annual Objectives 2015/16</p> <p>The Director of Strategic and Organisational Development presented the paper which had been developed based on a series of previous discussions with the Board and the Council of Governors.</p> <p>The Board sought to understand how the Divisions were developing their own plans and how these supported the Trust’s strategic direction. The Board was advised that the development was progressing well as evidenced in the Divisional review meetings.</p>	

Reference	Minute	Action
	<p>The Board was advised that the objectives would form the basis of the Annual Plan, subject to their approval.</p> <p>The Board was updated on the process and development of the financial plan which demonstrated a greater level of openness and transparency although the overall challenge was not any easier. The challenge with concluding the contract negotiations within the restricted timescales was discussed and the plans to help achieve this.</p> <p>The Medical Director drew the attention of the Board to the reference to increased activity of at least 3% next year compared to previous years which recognised the reality of the demand currently being experienced.</p> <p>The Board was advised of the process already developed that would help with the statements associated with sustainability and resilience. The Board approved the Annual Objectives for 2015/16.</p> <p>The Director of Strategic and Organisational Workforce outlined the expectations of the Race Equality standard.</p>	
<p>BM 14-15/155</p>	<p>Integrated Performance Report Integrated Dashboard and Exception Reports</p> <p>The Director of Infrastructure and Informatics presented the integrated performance dashboard and highlighted the key areas of performance which required improvement.</p> <p>Patient satisfaction measures had changed and were not comparable therefore to previous months.</p> <p>The number of exception reports had grown which highlighted some of the difficulties the Trust was experiencing.</p> <p>The unprecedented activity had resulted in the Trust failing the A & E standard, the difficulty was further compounded with the difficulties associated with discharging patients which had resulted in the Trust requiring more staff than normal hence the reason for the increased use of flexible labour and the impact on the quality of care being delivered.</p> <p>The Board questioned whether the penalties attached to failings in achievement of the A & E standard were likely to change in the future as a result of the demand. The Director of Finance advised that there was no indication of this. The Chief Executive confirmed that he had written to the Commissioners highlighting the impact of what was effectively a double penalty as the health economy was unable to mitigate the current level of demand. The result was that the Trust was offered an out-turn position from the commissioner which should mitigate this risk in the short term. The Director of Finance provided the national context to discussions in this regard which included the proposed change in tariff.</p> <p>The Board sought assurance that the action required to improve the A & E position was being progressed with the Community Trust. The Director of</p>	

Reference	Minute	Action
	<p>Operations outlined the role of the system resilience group in holding the health economy to account in this regard. The delays associated with discharge to assess and the plans to implement this on a phased basis resulting in this not being fully effective until September 2014 were debated.</p> <p>The Board was keen to review the trends being evidenced in order that the longer term impact could be mitigated against.</p>	
<p>BM 14-15/156</p>	<p>Month 9 Finance Report</p> <p>The Director of Finance presented the Month 9 position and highlighted the following:</p> <p>The planned income and expenditure position for Month 9 showed an actual deficit £479k resulting in an adverse variance of £292k in month.</p> <p>The Board was reminded of the planned deficit at the end of quarter 3 and advised of the cumulative deficit of £5.215k representing an adverse variance against plan of £967k.</p> <p>The Director of Finance confirmed that the pressures continue with regard to the cost improvement programme.</p> <p>The Board explored the reasons for the adverse variance which were associated with the increased demand and the costs incurred as a result of this.</p> <p>The Director of Finance confirmed that the cash position continued to be relatively strong with a current balance of £15m this being £11.7m better than plan.</p> <p>The Board agreed to discuss the current negotiations with commissioners and the impact on the Q3 submissions in the private part of the Board as planned.</p>	
<p>BM 14-15/157</p>	<p>Report of the Finance, Business Performance and Assurance Committee - 23 January 2015</p> <p>Mr Hollick presented the report and highlighted to the Board the areas not covered by the Director of Finance in his update which was the work undertaken and agreed regarding the Board Assurance Framework; the progress being made with streamlining service level agreements; the progress being made on service line reporting and the performance management framework for procurement.</p> <p>The Board was advised of the levels of concern as outlined in the Chairman's report which were due to be debated in further detail later in the meeting.</p>	

Reference	Minute	Action
<p>BM 14-15/158</p>	<p>Report of the Quality and Safety Committee – 14 January 2015</p> <p>Dr Quinn presented the report and provided the overall context in which discussions were held which was that the bed occupancy levels and other service pressures were beginning to impact on the Trust’s ability to deliver quality care consistently in some areas which was further highlighted through the patient story.</p> <p>The Board was updated on the discussion around nurse staffing and the positive news that the Trust had successfully recruited 28 nurses in January who would commence work with the Trust over a phased period.</p> <p>The good discussion on the Board Assurance Framework and agreement to the new way of reviewing this was confirmed as approved by the Committee.</p> <p>The increased demand on the hospital was highlighted in concerns related to the increase incidences of C difficile and the difficulties associated with bank fill rates. Changes to pay rates and timing of payments was being piloted to help secure additional staffing during the period up until 31st March 2015.</p> <p>Dr Quinn drew out the key improvements shown in the clinical quality dashboard and the action being taken to address the areas of concern.</p> <p>A full review of the CQC action plan was undertaken which showed significant progress had been made in the majority of areas. The Board understood the Committee’s concerns in relation to the number of Never Events seen during the year, mainly in the area of theatres. The Director of Nursing and Midwifery advised that she was working with the Director of Operations to ensure the leadership arrangements was strengthened in theatres.</p> <p>The review of the impact on quality as a result of the cost improvement programme highlighted concerns with bed occupancy levels which were well above recommended levels and with staff leavers in specific groups.</p> <p>The Board discussed the concerns as raised by the Committee paying particular attention on the increased incidences of C difficile and the Never Events. The Director of Nursing and Midwifery advised that the bed pressures were impacting on the Trust’s ability to decant patients. She updated the Board with the work being undertaken internally to review each incidence; the role of Public Health England and the HPV programme on a bay by bay basis. The Associate Director of Governance outlined the regulatory position with regards to C difficile and the need to clarify the position with regards to avoidable and unavoidable cases. The Director of Nursing and Midwifery confirmed that the concerns around the increased numbers were being discussed with commissioners as the action required to mitigate the increased numbers would require all health economy partners to work together.</p> <p>The Medical Director provided the Board with the detail of each Never</p>	

Reference	Minute	Action
	<p>Event together with the action being taken to mitigate the risk which included greater awareness with staff; a review of the theatre leadership and the work commissioned from Professor Reed to observe the practice with regards to the WHO checklist.</p> <p>The Board debated the alternatives to not opening additional beds to meet the demand. The alternatives were to have patients waiting in corridors or in ambulances. The Board concluded that although not ideal, the option to open additional beds provided they were safely staffed, was the least risky option for patients.</p>	
<p>BM 14-15/159</p>	<p>Report of the Audit Committee – 4 December 2014</p> <p>Mrs Bond presented the report from the Audit Committee and updated the Board on the review of clinical audit systems and processes. She confirmed that the Committee concluded that an adequate process existed; learning that changed practice was evidenced but it was varied. The clinical audit programme was largely driven by the statutory demands required which inevitably led to some areas being delayed although these were monitored appropriately. Mrs Bond confirmed that the process was independently audited on an annual basis.</p> <p>The Board was advised of the recommendations from the Committee to both Finance and Quality and Safety Committees in respect of the Board Assurance Framework as a result of the joint work with Mersey Internal Audit.</p> <p>Mrs Bond presented the revised terms of reference for the Committee for approval. The Board approved these.</p> <p>The Board was updated on the work progressing to tender for new External Auditors and the plans to engage the Council of Governors in the process.</p> <p>The Board reviewed the Limited Assurance rating for Cerner data migration and sought and received assurance that this was no longer an issue.</p>	
<p>BM 14-15/160</p>	<p>Progressing towards safer nurse staffing: update on the establishment review of nursing, midwifery and healthcare support worker staffing: November to December 2014 Nurse Staffing Report</p> <p>The Director of Nursing and Midwifery presented the report and highlighted the process and progress towards achieving safer staffing numbers. This included a proposal to achieve the required nurse staffing levels through investment over a phased basis as part of the Annual Planning Process.</p> <p>The Director of Nursing and Midwifery provided the Board with an update on the recruitment plans to date and the plans should the further investment be approved. This included the difficulties both locally and nationally with securing the required numbers of registered nurses and the plans the Trust had with regards to recruiting Assistant Nurse</p>	

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Reference	Minute	Action
	<p>Practitioners. The Board was advised of the risks associated with recruiting Assistant Nurse Practitioners as opposed to Registered Nurses which largely was in relation to compliance with CQC standards and the action taken to mitigate this. The Board was updated on the negotiations and influence being brought to bear by the Director of Nursing and Midwifery to resolve this.</p> <p>The Board sought to understand the affordability of the investment and the impact on current cost improvement programmes, the process for monitoring impact as well as the Trust's current compliance with nurse staffing ratios.</p> <p>The Director of Nursing and Midwifery advised that the proposal to increase the headroom would ensure that the Trust would need to rely less on temporary labour at times of huge demand, this in turn would allow the organisation to sustain quality improvement reducing the trend for variability as is the current case.</p> <p>The Chief Executive confirmed that support for the overall premise of the investment was being sought from the Board although this would be part of the formal annual planning process. He confirmed that the biggest single issue impacting on the Trust's ability to deliver safe quality care was having to rely on temporary staffing.</p> <p>The Board recognised the importance of the investment and supported the approach subject to the final determination of the budget for 2015/16. It was keen for this to be seen as an affordable investment.</p> <p>Further consideration and evidence of the impact of the investment would be required together with the impact of the implementation of the Cerner system on nurse staffing ratios.</p>	
<p>BM 14-15/161</p>	<p>Francis Report: Hard Truths Commitment: publishing of nurse staffing data: October, November and December 2014</p> <p>The Director of Nursing and Midwifery presented the report which provided the Board with an update on nurse staffing data for October, November and December 2014.</p> <p>The paper highlighted serious concerns with regard to the provision of minimum staffing levels of registered nurses during the reporting period. Although challenging, minimum staffing levels of 90% were achieved in October, however there were several occasions during November and December where 90% staffing levels were not met, despite intense effort. The Board was updated on the action taken to mitigate the risks associated with the lack of registered nursing staff as discussed earlier in the meeting.</p> <p>The Director of Nursing and Midwifery confirmed that there was a negative impact of nurse leadership and their ability to effectively monitor compliance against the fundamental standards. She advised that the mock inspections in preparation for a full CQC inspection had now started;</p>	

Reference	Minute	Action
	<p>regular ward walkabouts were now in place and that the senior nursing team was meeting on a daily basis to discuss the HPV programme and the bed occupancy levels.</p> <p>The Director of Nursing and Midwifery advised the Board that further guidance on nurse staffing was due to be published which were likely to include measures such as sickness rates; compliance with appraisals, training and the Friends and Family test data.</p>	
<p>BM 14-15/162</p>	<p>Demand and Capacity Modelling</p> <p>The Director of Infrastructure and Informatics presented an overview of the impact of simplistic modelling from a strategic planning point of view and the limitations and issues this presented from an operational perspective.</p> <p>The presentation included a full trend review of non-elective admissions, GP Admissions and discharges over the past 6 months which highlighted the huge variances being experienced at the Trust.</p> <p>A review of trends over an 18 month period of cumulative non elective admissions vs discharges was provided together with a prediction for the next 12 months which highlighted a systematic dip in the summer and an increase in the winter.</p> <p>The Director of Infrastructure and Informatics advised that because of the the number of inpatients now being transferred into day cases, this had resulted in the Trust having a very seasonal ward based business with the requirement to manage the staffing based on the seasonal variance.</p> <p>The limitations with traditional nurse staffing ratios was highlighted due to the difficulties associated with estimating the number of beds required for the year due to the variance. The conclusion was that the Trust had become principally a non- elective business and therefore needed to be able to manage this appropriately.</p> <p>The Board was advised that the peaks were likely to continue unless there was huge transformational change in the health economy; the best therefore the Trust could do was to plan for each winter to be similar or worse than the last.</p> <p>The Board debated the need to be able to flex capacity in a controlled and planned way which would mean having a different arrangement with our staff that allowed us to meet the needs of the organisation.</p> <p>The risks with a block contract for non-elective activity were highlighted clearly due to this activity now consuming 80% of the Trust's resources. A block contract would not be an option for the coming year as the income for non-elective activity was only £70M, a small proportion of the Trust's overall income.</p> <p>The Board agreed that inappropriate attendance at A & E was not the biggest issue facing the organisation instead it was the significant increase</p>	

Reference	Minute	Action
	<p>in GP referrals. The Chief Executive outlined the arrangements to discuss the data with groups of GPs to begin to understand the driver for this.</p> <p>The Board thanked the Executives for the information and the presentation and agreed that further work was required to ensure that its workforce matches the organisation's needs.</p>	
BM 14-15/163	<p>CQC Final Report and Action Plan Update</p> <p>The Medical Director presented the latest action plan for the Board to note considering the full review undertaken at the Quality and Safety Committee within the last 2 weeks.</p>	
BM 14-15/164	<p>External Assessment Monitor Quarterly Return Monitor Q2 Feedback Letter</p> <p>The Director of Finance presented the draft Monitor Q3 return and highlighted the two statements to be signed by the Board in relation to Finance and Governance.</p> <p>The Board was advised of a slight amendment required to the paragraphs referencing acuity levels which would be undertaken ahead of formal submission and asked the Board to sign the statements as described. The Board approved the formal statements.</p> <p>The Board debated at length the narrative statements regarding the year-end range and agreed the following:</p> <p>“The financial position of the Trust shows a year to date deficit of £5.2m against the planned deficit of £4.2m, therefore an adverse variance of £1.0m. Specifically pressures through month 9 as highlighted across many economies saw deterioration against the Trusts planned position by £0.3m. As a function of the adverse performance in month 9 the Trust anticipates its likely forecast outturn to be a minimum deficit of £4.5m with risks continuing within the organisation around service pressures, CIP achievement, and the timely disposal of Springview (contributing £0,8m above plan), giving an upper forecast outturn deficit of c£5.5m. Within this range the Trust will deliver its planned CoS of 2 for the year</p> <p>In securing the most favourable year end position the Trust is mitigating potential income pressures through the agreement of a year end position with its main commissioner Stringent focus continues, with external turnaround support, on the delivery of recurrent and non recurrent savings in 14/15 to deliver the most positive outturn position achievable against a challenging financial backdrop.”</p> <p>The Board noted the Monitor Q2 feedback letter as reported on at the last public meeting.</p>	

Reference	Minute	Action
BM 14-15/165	<p>Corporate Governance Review</p> <p>The Associate Director of Governance presented the corporate governance review which provided an update on the agreements made by the Board in July 2014 and their impact.</p> <p>The Board noted the agreement sought to the changes to the Board Assurance Framework and the reporting methodology through the Finance Business Performance and Assurance Committee, Quality and Safety Committee and the Operational Management team.</p> <p>The Associate Director of Governance highlighted the need to amend the cycle of Board business for the coming year; the review required to the monitoring of CQC compliance against the fundamental standards; and the amendments to the membership of the Quality and Safety Committee as outlined in the report.</p> <p>The Board debated at length the concerns expressed by some Board members that their non-attendance at some of the Assurance Committees, which arose from the KPMG Report was impacting on their ability to gain adequate assurance. The Board discussed the risks and benefits of widening the invitation to attend at these Committees to all Board members.</p> <p>The Board agreed to trial an open invitation subject to non-members only observing at these committee, reserving therefore any questions they might have for the subsequent Board discussion. This coupled with the change outlined for the Chair of Committee's report should allow the Board to gain the assurance they require during this very challenging period.</p> <p>The Board approved the following:</p> <ul style="list-style-type: none"> • The revised template for Board and Committee Reports • The revised approach to Chair of Committee Reports • The review of the Board cycle to take into account for a greater level of discussion on strategy, regulatory compliance and risk • The open attendance to Assurance Committees for all Board members • The additional meeting for the Finance Business Performance and Assurance Committee in February of each year • Membership of the Quality and Safety Committee be extended to the Associate Director of Risk • A revised approach being adopted to reporting of CQC compliance at Quality and Safety and the Board <p>The Board agreed to review the impact of the changes in a further 6 months.</p>	<p>CS</p>
BM 14-15/166	<p>Fit and Proper Persons Test</p> <p>The Associate Director of Governance presented the paper and highlighted the latest guidance and the Trust's response to this. The Board reviewed the proposed action to be taken in order to ensure that the</p>	

Reference	Minute	Action
	<p>Trust complied with the regulations and agreed that regular reviews at the Remuneration and Appointments Committee and the Nominations Committee would support this.</p> <p>The Board noted the actions required to support the regulation implementation.</p>	
<p>BM 14-15/167</p>	<p>Board of Directors Minutes of the meeting dated 26 November 2014</p> <p>The minutes of the meeting held on 26 November 2014 were agreed as a correct record of the meeting.</p> <p>Board Action Log</p> <p>The Board reviewed the action log and concluded that this provided an up to date view of progress.</p>	
<p>BM 14-15/168</p>	<p>Items for BAF/Risk Register</p> <p>The Board agreed to update the BAF with the risks associated with any delays in contract negotiations and the impact on financial planning.</p>	<p>CS</p>
<p>BM 14-15/169</p>	<p>Any Other Business</p> <p>None</p>	
<p>BM 14-15/170</p>	<p>Date and Time of Next Meeting</p> <p>Wednesday 25 February 2015 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chairman

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Date

ACTION LOG Board of Directors

Updated – 25 February 2015

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 28.01.15						
Jan 15	BM 14-15/165	Review the changes to Corporate Governance agreed at the Board in January 15 in 6 months time	CS		June 15	
Jan 15	BM 14-15/168	Update the BAF with the risks associated with any delays in contract negotiations and the impact on financial planning	CS	Completed	Feb 15	
Date of Meeting 26.11.14						
Nov 14	BM/14-15/138	Include how outpatient nurses were being utilised during period of high demand in the next nurse staffing paper	JG		Jan 15	
Date of Meeting 29.10.14						
Oct - 14	BM14-15/114	Report against a trajectory of improvement in the future in relation to the Annual Plan	AH	Ongoing	Jan 15	
Oct - 14	BM14-15/121	Consideration to an Annual Research and Innovation Forum	EM			
Date of Meeting 24.09.14						
Sept - 14	BM 14-15/087	Board Walkabouts to include a review of Cerner post implementation	JG		Oct 14	To be included as part of programme from Dec 2014

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