Wirral University Teaching Hospital NHS
NHS Foundation Trust

Board of Directors

Public Board

27 January 2016

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**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 27 JANUARY 2016
COMMENCING AT 9.00AM IN THE
BOARD ROOM
EDUCATION CENTRE, ARROWE PARK HOSPITAL**

AGENDA

1.	**Apologies for Absence** Chairman	0900	v
2.	**Declarations of Interest** Chairman		v
3.	**Patient's story** Director of Nursing and Midwifery		v
4.	**Chairman's Business** Chairman		v
5.	**Chief Executive's Report** Chief Executive	0930	d

6. Strategy and Development

6.1	**Vanguard Programme Update** • **Programme Directors Report** • **Vanguard Reporting Pack** • **Vanguard Reporting Process** Director of Strategy	d

7. Performance and Improvement

7.1	**Integrated Performance Report**	1015	
	7.1.1 Integrated Dashboard and Exception Reports Director of Infrastructure and Informatics		d
	7.1.2 Month 9 Finance Report Chief Executive / Acting Director of Finance		d

8. Quality

8.1	**NHS Preparedness for a Major Incident** Interim Director of Operations	d
8.2	**Francis Report: Hard Truths Commitment: Publishing of Staffing Data: 6 Monthly Report** • **November Nurse Staffing** • **December Nurse Staffing** Director of Nursing and Midwifery	d
8.3	**Nursing and Midwifery Strategy 2016-2018** Director of Nursing and Midwifery	d

8.4 **Director of Nursing & Midwifery – Handover Report to Board of Directors** d
Director of Nursing and Midwifery

9. Governance

9.1 **Report of the Quality & Safety Committee 13 January 2016** d
Chair of the Quality & Safety Committee

9.2 **Financial Governance Review** d
Director of Corporate Affairs

9.3 **Report of the Audit Committee 03 December 2015** d
Chair of the Audit Committee

9.4 **Monitor Quarterly Return Q3 – 2015/16** d
Acting Director of Finance

9.5 **Board of Directors** d

9.5.1 Minutes of the Previous Meeting
- **25 November 2015**

9.5.2 Board Action Log
Director of Corporate Affairs

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 24 February 2016 at 9am

Board of Directors	
Agenda Item	5.0
Title of Report	Chief Executive's Report
Date of Meeting	27 January 2016
Author	David Allison, Chief Executive
Accountable Executive	David Allison, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	ALL
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To Note
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

1. External Activities

CCG

Contract negotiations have commenced for the 2016/17 contract with the CCG. Efforts have been doubled to ensure that progress is made with the alliance contract around emergency care and our main contract with the CCG with the aspiration of signing off

contracts by the 31st March. This deadline will be challenging but we will aspire to deliver this target in line with the planning guidance that has been issued.

SAFER Update

Thanks to the full involvement from our Trust staff and health and social care economy partners the SAFER start January initiative was a success. At what is nationally seen as the busiest period for acute hospitals, the collective working ensured that the hospital remained safe and calm with no unplanned escalation beds opened, minimal speciality outliers and no cancellation to elective procedures. The Emergency Care Improvement Programme Team have commended the economy in the running of the initiative and have asked Wirral to present at the next national conference, this is in addition to the positive television and radio media the economy received. The SAFER implementation team continue to provide training sessions alongside the full roll out of the SAFER programme.

Community Paediatrics

The Trust and the Commissioner have been concerned for some time regarding the protracted waiting times for the Community Paediatric service. In January 2016 the Clinical Commissioning Group (CCG) undertook a review of the service. It is frustrating to all parties that there does not appear to be a quick solution to reduce waiting times or gain the assistance of another provider to increase capacity. The CCG have recommended in the report that they commission a new model of care for community paediatrics across all providers. The Trust is currently reviewing the CCG report to understand the impact on operational service delivery and the indicative timescales for improvement for our patients.

2. Internal Activities

Director of Finance

The Trust is pleased to announce that following a rigorous appointment process, it has secured the appointment of its new Director of Finance. The Trust is currently undertaking the necessary HR processes and negotiating a release and start date. Further information will be announced shortly.

Workforce & Organisational Development

National Staff Survey 2015

The initial findings from the NHS Staff Survey 2015 has been received from Quality Health and appear to put the Trust in a much more positive position than this time last year. The Key Findings Report will be received at the end of January and there is an embargo on publication of 23rd February. The overall response rate for Wirral University Teaching Hospital was 47% which is 1% improvement on last year.

Celebrating Success

The Trust has recently been shortlisted for 5 categories in the Patient Experience National Awards. These are:

Bringing Patient Experience Closer to Home	Wirral Community Midwives
Staff Engagement / Improving Staff Experience	LiA at WUTH

Turning it Around When it Goes Wrong	Rapid detection and prompt effective isolation to prevent infections associated with Carbapenemase Producing Enterobactrericeae
Personalisation of Care	Ward 21 – Dementia Care
Complaints/PALS Professional of the Year	Mark McKenna – Deputy Head of Patient Experience

The winners will be announced on 2nd March in Birmingham.

The Dementia Team on ward 21 were announced as winners in the Leadership Academy Regional Awards on 3rd December also go forward for the national final in 2016.

The Trust is currently developing nominations for the HSJ Value in Healthcare Awards and Healthcare People Management Awards 2016.

David Allison
Chief Executive

January 2016

BOARD OF DIRECTORS	
Agenda Item	6.1
Title of Report	Vanguard Programme Update
Date of Meeting	27 January 2016
Author	Mike Coupe Director of Strategy
Accountable Executive	David Allison Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	Strategic objective: To lead on the delivery of the Vanguard new models of care in cooperation with our primary, community and social care partners Key measure: n/a Principal risk: n/a
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	To note
Data Quality Rating	Bronze – qualitative data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

1. Executive Summary

This report provides the first in a series of routine monthly updates on the Vanguard project.

The Vanguard Programme Management Office have proposed the production on a monthly basis of a suite of three separate papers:

- The *Programme Director's Monthly Report* – a narrative providing an overview of progress in delivery of the overall Vanguard programme
- An *Holistic Status Report* – an exception report on progress in delivery of the Vanguard programme focusing on issues rated 'red' or 'amber'
- A *Highlights Report* – a more detailed report on progress in delivery of Vanguard projects or workstreams in which WUTH is involved.

An overview of the reporting regime can be found at annex 1.

The reporting regime is currently in development. At the time of writing, only the *Programme Director's Monthly Report* (annex 2) and the *Highlights Report* (annex 3) are available. It is anticipated that the *Highlights Report* will eventually cover some 20 projects.

2. Recommendation

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

Healthy Wirral
Right Care, Right Time, Right Place

Programme Directors Report January 2016

Item	Update
What Matters to Wirral? Healthy Wirral What Matters to Wirral?	Throughout January, a wide range of workshops will be held to engage the local public to ask many people as possible what matters to them about health and health and social care in Wirral. Workshops will include the following **Designing Diabetes support services workshop** ***For patients with diabetes and their carers*** 23rd January 11.00am – 1.30pm, St Catherine's Church, Higher Tranmere (Children and families), CH42 0LQ 27th January 3.00pm – 5.30pm, The Lauries Centre, Birkenhead, CH41 6EY (Adults) **Designing Urgent and Emergency Care workshop** ***For anyone who has recently accessed urgent care facilities. (e.g. in the past year)*** Tuesday 19th January 3.30pm – 5.30pm, Old Market House, Birkenhead, CH41 5AL **What Matters to Wirral? Workshops** ***For any Wirral residents, patients, carers or staff*** Thursday 21st January 6pm – 8pm, Old Market House, Birkenhead, CH41 5AL Wednesday 27th January 6pm – 8pm, Old Market House, Birkenhead, CH41 5AL Friday 29th January 10am – 12 noon, Old Market House, Birkenhead, CH41 5AL
Population Health Management contract	The contract between Cerner and WUTH (on behalf of the Wirral Partners) was signed on 31st December 2015.
Memorandum of Understanding including risk share	The MoU and risk sharing agreement developed between the Wirral Partners has been approved by all partner organisations' Boards.
Quarterly review with NHS England New Care models team	As previously advised the Healthy Wirral vanguard's first quarterly review with the New Care Models Team will be held on 21st January 2016. Verbal feedback from the review will be presented to the Healthy Wirral Programme Board on 22nd January by JD/JG
PACS Vanguards Community of Practice Event King's Fund, London Wednesday 20th January 2016	Graham Hodkinson and Natalia Armes will attend this event on behalf of Healthy Wirral vanguard. The agenda will cover Policy context & planning guidance, governance of PACS systems and methodologies for transformation and improvement. Verbal feedback on the event will be provided to HWPB on 22nd January 2016.

Healthy Wirral participation in development of regulatory and assurance “valentines notes”	Healthy Wirral is working with PACS sites (Mid Notts, Morecombe Bay and Harrogate) and Kings Fund to explore how the sites can engage constructively with the Arm’s Length Bodies (ALB’s) to co-create new processes and behaviours so that regulatory and assurance processes/behaviours will support the implementation of new care models. A “valentine’s note” will detail where Vanguard sites are experiencing obstacles to their new care model, and propose new ways of working to overcome these obstacles.
System wide Financial Plan	Work is being led by Mark Bakewell (on behalf of JCG) and Tim Welch (on behalf of IPG) to provide an update to the £153m challenge identified in the Healthy Wirral Value proposition. When MB takes up his new role from 18th January he will facilitate a combined view of the challenge and develop a transparent, whole system approach to this work.
Healthy Wirral Team	Hannah Ward has joined the Team as Insight and Engagement lead and James Barclay as Project Manager. The following posts are currently out to advertisement • Band 3 Project Support Assistant • Two band 7 Project Managers • Band 8a Programme Manager Interim support is being sourced until these posts are appointed.

MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT

Programme	**New Models of Care**	**Project**	**Diabetes Transformation**	**Reference**	
SRO	**Val McGee**	**Executive**	**Val McGee**	**Overall Status**	**G**
Project Manager	**Anna Rigby**	**Reporting Period**	**15/12/2015 to 15/01/2016**	**Gate**	**2**

Delivery	Risks	Issues	Finance
G	A	G	A

Delivery Status

Milestones achieved		Milestones for next reporting period	
Milestone	**Date**	**Milestone**	**Date**
First Spoke identified and implemented	4.11.15	Second spoke to be identified and implemented	28.1.16
Service Specification drafted	01/12/2015	Recruitment process for additional GPwSIs started	28.1.16
Clinical Senate agreed metrics in principle for Diabetes metrics	08.12.15	Value Proposition submission complete and submitted	8.2.16
Puffell Diabetes 'Deck' first draft developed	23.12.15	Operational documentation established (referral pathways, protocols etc.)	28.1.16
Programme Review initiated	4.1.16	Outline High Level Programme plan, timeline and risk register to be reviewed and further developed.	End February
Logic Model drafted	12.01.16	Person Centred Outcome Measures workshops undertaken	27.01.16
Care Homes project established	7.12.16	Clinical Senate and Clinical Leads to approve final metrics following data validation for COPD and Asthma Registry metrics	9.2.16

Risk & Issue Tracker

Date	Risk	Mitigating Action	Owner	Status
18.12.15	Lack of certainty on funding for posts beyond the current Y1 and the potential risk of redundancy	Raise the risk with the WBP. MOU and Risk Sharing Agreement which describes mitigation in process of sign off. Clearing house to be established via People and OD workstream. Posts are to be Recruiting/seconded on a fixed term basis wherever possible.	JG	A
Date	**Issue**	**Mitigating Action**	**Owner**	**Status**
12.01.16	Spending against allocation is less than forecast for December.	Raise with MB as Finance Lead Service Leads were asked to identify a sign off process and to raise invoices for non pay items ASAP	MB/VMC	A

Healthy Wirral
Right Care, Right Time, Right Place

MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT

Programme	**New Models of Care**	**Project**	**Respiratory**	**Reference**	
SRO	Val McGee	**Executive**	**Val McGee**	**Overall Status**	A
Project Manager	Anna Rigby	**Reporting Period**	**15/12/2015 to 15/01/2016**	**Gate**	

Delivery	Risks	Issues	Finance
A	A	A	A

Delivery Status

Milestones achieved		Milestones for next reporting period	
Milestone	**Date**	**Milestone**	**Date**
GPwSI Interviews undertaken	15.01.12	Integrated Respiratory Service Consultant in post	12.02.16
Service Specification drafted	31.12.15	GPwSI training initiated	22.02.16
Clinical Senate agreed metrics in principle for COPD and Asthma Registry metrics	08.12.15	Value Proposition submission complete and submitted	8.2.16
Puffell COPD 'Deck' live for Wirral patients in January and work will continue to integrated local service data.	Jan-16	Respiratory patient involvement plan developed	12.02.16
Programme Review initiated	4.1.16	Outline High Level Programme plan, timeline and risk register to be reviewed and further developed.	End February
Logic Model drafted	12.01.16	Estates confirmed for 4 Community services	29.01.16
Delivery Model drafted	18.12.15	Clinical Senate and Clinical Leads to approve final metrics following data validation for COPD and Asthma Registry metrics	9.2.16

Date	Risk	Mitigating Action	Owner	Status
18.12.15	Lack of cohesive understanding of the impact of new model	Raise the risk with the WBP, MB and AM.	MB	A
18.12.15	Lack of certainty on funding for posts beyond the current Y1 and the potential risk of redundancy	Raise the risk with the WBP. MOU and Risk Sharing Agreement which describes mitigation in process of sign off. Clearing house to be established via People and OD workstream.	JG	A

Date	Issue	Mitigating Action	Owner	Status
12.01.2016	Delay in recruitment of Locum Consultant to back fill the Respiratory Service Consultant.	Recruitment agencies have been contacted and CV's are being reviewed.If this remains an issue future mitigating action will be to review the caseload capacity.	GP	A
12.01.16	Spending against allocation is less than forecast for December.	Raise with MB as Finance Lead Service Leads were asked to identify a sign off process	MB/VMC	A

MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT

Programme	**Cross Functional Workstream**	**Project**	**Communications and Engagement**	**Reference**	
SRO		**Executive**		**Overall Status**	**G**
Project Manager	**Ben Capper**	**Reporting Period**	**15/12/2015 to 15/01/2016**	**Gate**	**2**

Delivery	Risks	Issues	Finance
G	G	A	G

Delivery Status

Milestones achieved		Milestones for next reporting period	
Milestone	**Date**	**Milestone**	**Date**
"What Matters to Wirral" full plan in action. Including 30+ public workshops, online survey, and face-to-face engagement via the Livewell team.	13/01/2016	"What matters to Wirral" month completed and insight gathered through multiple sources. Insight analysed and interpreted to inform the development of 3 year comms and engagement strategy, a Social Contract, and a HW strategic positioning statement for 16/17.	31/01/2016
Online environment set up for Healthy Wirral including Facebook page and launch of Healthy Wirral holding page for use during "What Matters to Wirral" - healthwirral.org.uk	13/01/2016	Receipt of insight from online survey. Scoping of full website commenced.	31/01/2016
Engagement workshop held with communication colleagues from WBC, WUTH, WCT, CWP, CCG and voluntary sector - 21st December. Support across the economy in producing a "What Matters to Wirral" video to support social media advertising, and in arranging staff consultation workshops.	13/01/2016	Comms plan for What Matters to Wirral developed and implemented	31/01/2016
Comms plan implemented for "What Matters to Wirral" - online video ad via Facebook, press releases via Council press office, radio interview with Dr Pete Naylor on Wirral Radio.	13/01/2016	More detailed website infrastructure developed and build process commenced.	31/01/2016
Healthy Wirral Champions model further developed - 2nd workshop held on 6th January.	13/01/2016	Feedback to Champions on line management support to enable work on Healthy Wirral, and on supporting the development of Market place.	31/01/2016
Insight and Engagement Specialist, Hannah Ward, commencing in post Monday 11th January	13/01/2016		
Internal brand workshop undertaken in HW team	13/01/2016	Publishing a more formal brand positioning statement	28/02/2016

Date	Risk	Mitigating Action	Owner	Status
	N/A			

Date	Issue	Mitigating Action	Owner	Status
14/01/2016	Current inconsistency in messages from individual partners' comms messages regarding integration and the wider Healthy Wirral context. There is an increasing need for partners to be considering their messages in context of the overall partnership, and moving away from working in isolation. Every public message regarding health and wellbeing or service redesign in any way is an opportunity to tell the story about how partners are working together and how services are being redesigned with the patient at the heart.	Informal conversations with comms leads within in partners' comms teams. Formal meeting of comms teams on 11th February to reiterate this point and to discuss practicalities around how this information is shared moving forward.	BC	A

MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT

Programme	**Healthy Wirral**	**Project**	**Informatics Workstream**	**Reference**	
SRO	**Mark Blakeman**	**Executive**		**Overall Status**	G
Project Manager		**Reporting Period**	**15/12/2015 - 15/01/2016**	**Gate**	

Delivery	Risks	Issues	Benefits
A	G	G	A

Delivery Status

Milestones achieved		Milestones for next reporting period	
Milestone	**Date**	**Milestone**	**Date**
Healthy Wirral Informatics Roadmap paper for Wirral Partners and review	11/12/2015	IG Task and Finish Group: Plan for outstanding issues Review ToR	14/01/2016
Privacy Impact Assessment and Information Sharing Agreement completed and signed by all Partners except Wirral Borough Council and GPs	11/12/2015	First Healthy Wirral Data Quality Group Meeting (sub group of Healthy Wirral Information Governance Board)	31/01/2016
Cerner contract extension Change Control Notice (CCN) signed. MoU and Risk Sharing Agreement seen by CEOs and going through Wirral Partner Board Meetings.	11/12/2015	Wellness Registry Initial Engagement Meeting	26/01/2016
Initial engagement with WCT local system provider (TPP) to agree next steps for daily Community data feed extract and access to Cerner Population Health from the local application in-context	04/12/2015	First 5 Registry designs - Clinical lead sign off and Clinical Senate sign off.	09/02/2016
Cerner full response to first five Registry metric designs received with explanation	12/01/2016	Cerner kick off meeting arranged to discuss approach, scope, plan, and resource expectations.	19/01/2016
First IG Consent and User Access Group Meeting (sub group of Healthy Wirral Information Governance Board)	06/01/2016		
Depression Registry Initial Engagement meeting	08/01/2016		

Date	Risk	Mitigating Action	Owner	Status
12/01/2016	Emerging requirements for functionality that is not in scope of CCN	Cerner delivery kick off meeting and detailed project planning to uncover any functional scope issues early and take mitigating action.	MB	G
12/01/2016	Emerging requirements outside the scope of Cerner Population Health delivery for either software development or infrastructure	Detailed programme plan produced early and reviewed by all partners and in particular IT strategic leads at all Wirral Partner organisations to take mitigating action.	MB	G
23/10/2015	Failure to integrate GP system records with Population Health or HIE due to EMIS' commitment to other projects	• Invite Cerner, EMIS and Vision to appropriate regular governance meetings. • Contract review to ensure deliverables are clear and that timescales for delivery are stated and appropriate • Development and monitoring of programme plan in respect of	MB	G
29/09/2015	Inability to integrate with Inpractice Vision GP Practices	• Assessment of suitability of Vision for record sharing • If appropriate, consideration to GP practice moving to EMIS Web.	MB	R
23/10/2015	Failure to achieve data sharing agreements within required timescales	• Wirral Partners IG group formation to ensure appropriate programme compliance and PIA. • Meaningful engagement with GPs promoting benefits of the programme to practices. • Direct engagement through LMC and other events. • Live demonstrations of product features. • Engagement of GPs in the design of registries and clinical	MM	A
23/10/2015	Failure to integrate records with health and social care record beyond Acute and Primary care	• Senior Leadership Group formation of Wirral Partner CEOs to ensure needs and concerns of all organisations are met. • MOU and transparency between Wirral Partners to ensure continuation of agreement and funding conditions • Phased approach to implementation	MB	A
04/12/2015	Costs or issues by a local system provider or Cerner arising out of need for in-context access to Cerner PH	Requirement for Cerner to provide viable options for connecting to PH in context with local system providers (in addition to Emis and Millennium) and stating associated costs	MB	A

Date	Issue	Mitigating Action	Owner	Status
12/01/2016	• No Business Case or options appraisal for 'single front door'	Begin requirements analysis to determine likely costs, timescales, resources, and effort required.	MB	A

MB = Mark Blakeman (WUTH); MM = Melanie Maxwell (WUTH); JG = Jo Goodfellow, CCG

Healthy Wirral

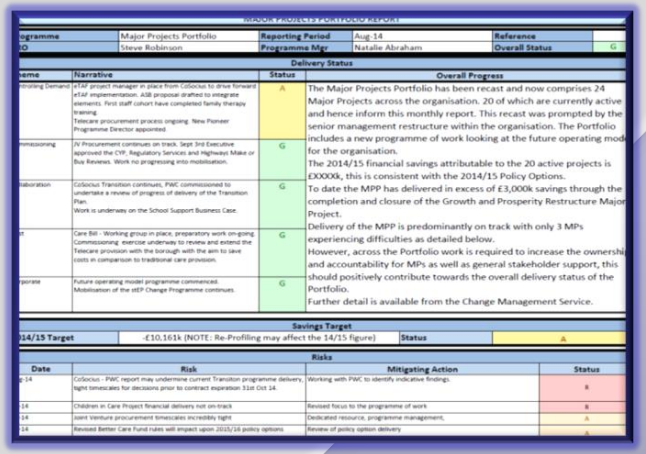
Right Care, Right Time, Right Place

Portfolio Reporting Structure

Monthly Reporting Schedule

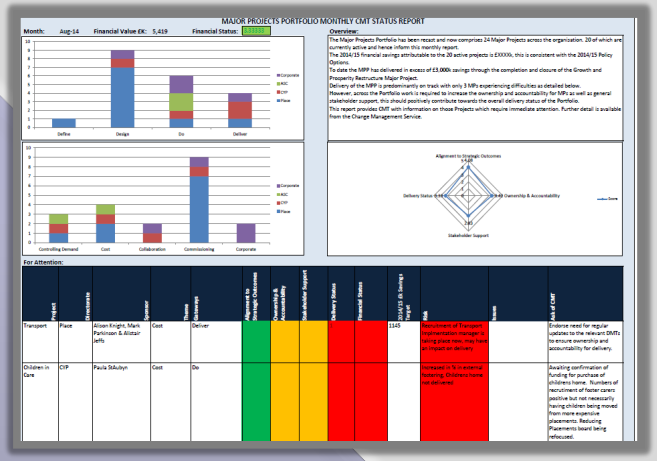
Healthy Wirral Transformation Portfolio Reporting (Monthly)

Highlight Report



- Report focusses on progress updated and milestone delivery
- Provides detail on an individual project/programme basis

Status Report



Report measures:

- Strategic alignment
- Ownership & Accountability
- Stakeholder Support
- Delivery Status
- Financial Status

MONTHLY PROGRAMME DELIVERY: HIGHLIGHT REPORT

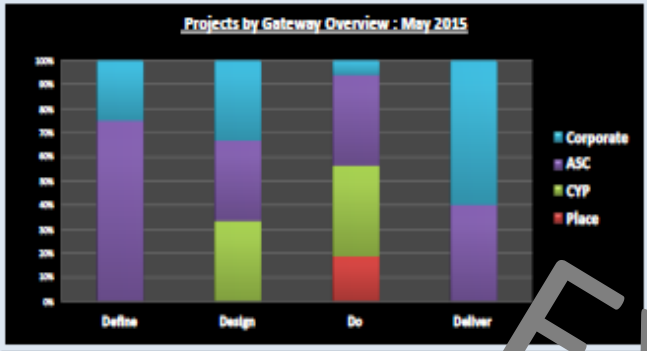
Programme	Cross Functional Workstream	**Project**	**Communications and Engagement**	**Reference**	
SRO		**Executive**		**Overall Status**	G
Project Manager	Ben Capper	**Reporting Period**	**15-16 Q4 - January 2016**	**Gate**	n/a

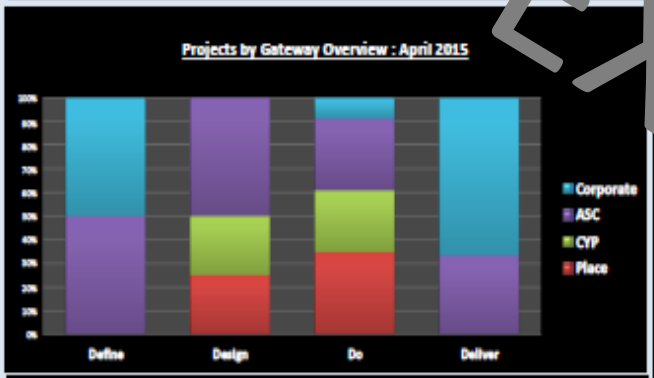
Delivery	Risks	Issues	Benefits
G	G	G	A

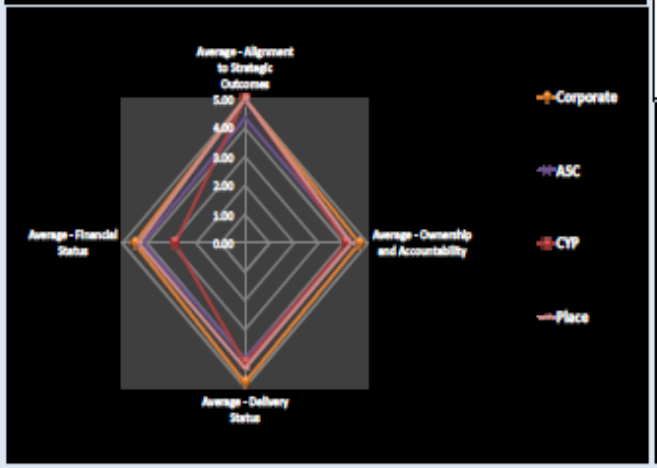
Delivery Status			
Milestones achieved		Milestones for next reporting period	
Milestone	**Date**	**Milestone**	**Date**
"What Matters to Wirral" full plan in action. Including 30+ public workshops, online survey and face-to-face engagement via the Livewell team.	13/01/2016	"What matters to Wirral" month completed and insight gathered through multiple sources. Insight analysed and interpreted to inform the development of 3 year comms and engagement strategy, a Social Contract, and a HW strategic positioning statement for 16/17.	31/01/2016
Online environment set up for Healthy Wirral including Facebook page and launch of Healthy Wirral landing page for use during "What Matters to Wirral" - healthwirral.org.uk	13/01/2016	Receipt of insight from online survey. Scoping of full website commenced.	31/01/2016
Engagement workshop held with communication collegaues from WBC, WUTH, WCT, CWP, CCG and voluntary sector - 21st December. Support across the economy in producing a "What Matters to Wirral" video to support social media advertising, and in arranging staff consultation workshops.	13/01/2016	Comms plan for What Matters to Wirral developed and implemented	31/01/2016
Comms plan implemented for "What Matters to Wirral" - online video ad via Facebook, press releases via Council press office, radio interview with Dr Pete Naylor on Wirral Radio.	13/01/2016	More detailed website architecture developed and build process commenced.	31/01/2016
Healthy Wirral Champions model further developed - 2nd workshop held on 6th January.	13/01/2016	Feedback to Champions on line management support to enable work on Healthy Wirral, and on supporting the development of Market pl	31/01/2016
Insight and Engagement Specialist, Hannah Ward, commencing in post Monday 11th January	13/01/2016		
Internal brand workshop undertaken in HW team	13/01/2016	Publishing a more formal brand positioning statement	28/02/2016

Risk & Issue Tracker				
Date	**Risk**	**Mitigating Action**	**Owner**	**Status**
31/12/2015	Insuffienct capacity in HW comms and engagement team to deliver ad-hoc PR or comms during the "What Matters to Wirral" period.	Seeking help from health economy partners in co-facilitating some workshops. Also tracking success of work via social media rather than more labour intensive PR.	BC	G
Date	**Issue**	**Mitigating Action**	**Owner**	**Status**
	None currently.			G

MAJOR PROJECT PORTFOLIO MONTHLY CLT STATUS REPORT FOR THE PERIOD MAY 2015







Summary:

Across the Major Projects Portfolio there are 17 Programmes that are managed by the PSR Change Team.

The overall delivery status across the period of 2014-2017 is Green/Amber, all key activity and milestones are predominantly on track however particular risks to highlight are detailed below:

Risks:

At present there are current risks affecting the overall status, resulting in this being reported as amber.

In summary the red risks reported this period are detailed below:

1. Children in Care: Risk of financial delivery due to lack of in house provision
2. Children & Family Restructure - Risk of being able to deliver the intended proposals for 15/16 and 16/17 to restructure and reduce Staff FTE, due to current service demand.
3. H&SCI - LD - A plan is in place to deliver individual reviews with the aim of alternative provision being offered. There is a risk that the milestones will not be achieved within 16/17.

Across the Portfolio work is required to increase ownership and accountability and general stakeholder support for MPs, this should positively contribute towards the overall delivery and financial status of the Portfolio.

uture Emerging Portfolio:

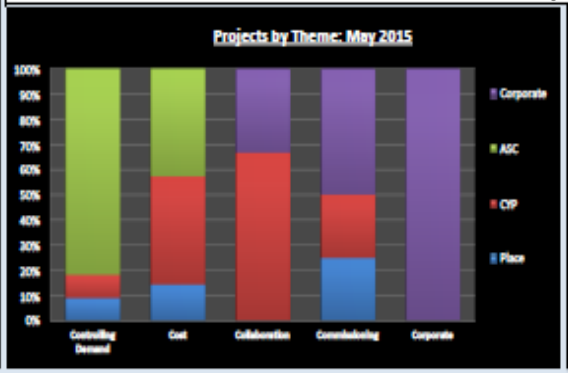
n addition to the existing Major Project Portfolio there are major projects emerging that require resourcing, these include the Housing Stock Contract. At present there is no additional ...city within the allocation of resources of the team. In addition an analysis has been undertaken across the Better Outcome proposals and has indicated a potential 14 additional ...rogrammes of w... t will need to be resourced. Over the next few weeks, key activity is taking place with HOS and Portfolio Holders to confirm the Outcomes.

uture R...orting:

Wh... e B... ...cts that h... ...w entered delivery phase and no longer constitute major project status as the activity has transitioned to BAU status. As such these will no longer feature within this ...tus repo... ...re Total Environment, Housing Solutions, Regulatory Services, Streetscene Review, Libraries & Museum and Highways Review.

The Children's Po...folio ...be re...tegorise... ...xt ...nth as below:

- Edge of Care Phase 1
- Edge of Care Phase 2
- Early Help (Within IES)
- Fostering & Adoption
- ESAT & CART
- Children's Make or Buy Implementation - (Leaving Care)
- Children with Disabilities



Average RAG Rating by Directorate

Directorate	No of Projects	Alignment to Strategic Outcomes	Ownership & Accountability	Stakeholder Support	Delivery Status	Financial Status	Overall Status
CYP	7						
ASC	12						
CORPORATE	6						
PLACE	3						
PORTFOLIO	28						

Children and Young People

Major Project Portfolio (Change Management Input)

#	Project	Directorate	Sponsor	Theme	Gateways	Alignment to Strategic Outcomes	Ownership & Accountability	Stakeholder Support	Delivery Status	Financial Status	2014/15 £k Savings Target	2015/16 £k Savings Target	2016/17 £k Savings Target	Risk	Issues	Ask of CLT	Positive News
13	Children's MoB implementation	CYP	Emma Taylor	Commissioning	Do						0	-170	-180	Leaving care accommodation - delays to group home due to Muir Housing internal legal processes to agree lease.This has the potential to impact on 15/16 milestones, namely, working with the full eligible cohort by September 2015. Mitigation is to look at more small dispersed properties suitable for the current cohort and in response to 'staying put' policy changes. Staying Put could affect size of Leaving Care cohort going forward.	8		Contract to be awarded w/c 22 June 2015
14	Schools Support	CYP	Mark Parkinson	Collaboration	Do						0	0	0	Transition of [illegible] company is dependent on an ICT system [illegible] needs Increasing order to achieve milestones.			* CWaC/Wirral legal and SLE representatives met and agreed a set of reserved matters prior to finalising incorporation including articles of association/shareholder agreement and reserved matters/clc36 * Instructions for Site Specific Lease Terms to legal. * Chased NT for confirmation re subletting of Conway Lease plus Lord Anglesey (subject to fees) and Crown Commissioners. * ODN and necessary approval for lease agreements and terms . Resolve use of Whitby Hall Lodge * Union meeting held * Draft recognition agreement progressed with the unions * Staff Engagement session planned for June & invites out * Tupe timeline and key activities drafted; FAQs drafted * Vacancy Protocols in place * Decision on Non-Contractual Benefits for the SLE * Measures for TUPE finalised * Skills analysis underway for new roles * Following an options appraisal, Sage 200 was agreed as the platform to provide the accounting package. The supplier (Viking) are coming in for an implementation kick-off meeting on 04/06 to progress the implementation at pace. This implementation of this system within the timescales is a key dependency in the programme and remains the biggest risk.
15	Children in Care	CYP	Emma Taylor	Cost	Do						-1405	-1125	-925	The target to increase in house foster care placements by 20 additional year on year has slipped in 14/15. Therefore, more suitable carers now need to be recruited in 15/16 and	Sufficiency in borough - foster placements in house are not increasing resulting in over reliance on IFA . Mitigation: Sufficiency strategy signed off		Children in care numbers have not increased in the last quarter. Adoption numbers have exceeded 14/15 target

Board of Directors	
Agenda Item	**7.1**
Title of Report	**Integrated Dashboard and Exception Reports**
Date of Meeting	**27th January 2016**
Author	**John Halliday** **Assistant Director of Information**
Accountable Executive	**Mark Blakeman** **Director of Infrastructure and Informatics**
FOI status	**Document may be disclosed in full**
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	**All Strategic Objectives (1 through 7)** **All Key Measures (1A through 7D)** **All Principal Risks**
Level of Assurance • **Positive** • **Gap(s)**	**Partial with gaps**
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	**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 • **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 December 2015.

2. Summary of Performance Issues

Overall, the Trust continues to make good progress in delivering its strategic performance targets (Meeting our Vision and A Healthy Organisation domains).

Whilst there has been some significant improvement in a number of areas, operationally however the Trust continues to struggle to achieve against its operational objectives (Operational Excellence and External Validation domains).

In month the Trust delivered a deficit of (£1.7m) which is adverse to both the original profile used within the Monitor plan and the re-forecast figures presented at Board in September. The cumulative deficit as at the end of December is an (£11.4m) deficit which is an (£0.9m) adverse variance to the plan of (£10.5m).

On this basis, the full year planned deficit of (£13.468m) is unlikely to be achieved and is likely to be in the region of (£15m), though there are further risks associated with Junior Doctor industrial action that could increase this furher.

Despite the underperformance on income and expenditure, good cash management means that the Trust has retained high levels of cash (£6.8m compared to a plan of £1.9m) at the end of December and expects to be able to complete the financial year without support from central government.

Issues balancing demand and capacity in Orthopaedics, ENT and Gynaecology have impacted on financial position (with income down across the three specialties by £0.15m in month). If unresolved this is likely to continually impact on delivery of the 18 week RTT target and also on market share in future months. Whilst it is expected that ENT and Gynaecology will improve their position through the rest of the year, the more underlying issues in Orthopaedics are unlikely to be resolved quickly.

The key issue relating to external validation is achievement of the A&E, RTT and CDifficile targets. Implementation of the Safer initiative appears to have significantly improved non elective flow, with associated improvements in bed occupancy.

The Integrated Performance Dashboard is designed to evolve as key metrics are adopted, amended or no longer required. A new metric being finalised is a

monthly summary of the now weekly return to Monitor on adherence to the rules on caps of Agency staff. This will be incorporated from next month's dashboard.

3. Detailed Explanation of Performance and Actions

a. Achievement of the A&E Target / Non Elective Performance

Despite the range of actions being put in place, performance against the Emergency Access Standard remains below the minimum 95%, with December being 88.34%.

An update on key areas and progress with an aim of resolving the underperformance are;

- **The level of ED attendances** - in December there were 651 more attendances at ED compared with December 2014, an increase of 9.2%. This continues the year-on-year increase seen across the last three months, and the cumulative year-to-date position is now 1.4% (956 attendances) above 2014/15 levels.

- **Changing responsibility for the NHS111 service** – unfortunately the situation with high conveyance of ambulance arrivals has not reduced. The position was again noted at January's System Resilience Group with a specific action for a task and finish group to meet, explore data to ensure one agreed data set, agree the cause for the increase in conveyance and put in remedial plans to assist with ambulance deflection from the Emergency Department.

- **Implementation of SAFER –** The economy implemented SAFERstart January for seven days starting from 4th January, a period which nationally is seen as a period of high pressure for hospitals. The initiative has been praised by the Emergency Care Improvement Team (ECIST) with the Trust being asked to present the planning approach and associated results at the next national ECIP event. The challenge for the Trust and its partners is to keep the momentum going forward

- **Patient flow processes** – The robust winter plan and boost SAFER start gave the Trust in January has enabled the Trust to manage within the planned bed base. The actions have meant the Trust has maintained the safe, calm approach throughout what is the period of most intense pressure for hospitals. Regionally, the Trust is seen as performing well against peer organisations that have high levels of unplanned escalation and speciality outliers. The Trust has also maintained all elective activity and has no beds closed due to infection. Again the challenge is to continue with this success.

- **Discharges at week-ends** –weekend social care capacity remains a limiting factor. Social Service leads have confirmed that amendments will be made to care home provision to enable weekend assessment and admission to homes, timescales for this action is awaited. Feedback from NHS England was positive regarding the Trust's current weekend discharge rate against peer organisations and against the same period last year.

- **Community Beds** – All planned community beds have been opened. In addition an economy initiative to provide 28 additional community beds at Charlotte House has been successful. A phased approach to full occupancy has built confidence between community and Trust staff.

- **Discharge Lounge** - Consistent high usage of discharge lounge continues across both divisions.

- **External Review** – The Trust maintains fully committed to the national Emergency Care Improvement Programme as well as commencing on the national frailty network. The Trust is already seeing improvements within our Older Persons Assessment Unit based on this network and its recommendations and joint working.

- **COPD Early Supported Discharge** has been implemented from November 2015 and continues to be successful in reducing length of stay for respiratory patients.

- **Single front door project** – commenced on 7th December 2015 and is seeing daily deflections of 10%-15% of self presenting patients. In addition the concept has reduced triage waiting times. The economy is now reviewing the second phase of the project.

b. Advancing quality indicators

In line with all other organisations, the Appropriate Care Score (ACS) targets for WUTH have been reset for 2015-16, based on the twin principles of raising the bar on minimum attainment and continuous system-wide improvement and stretch. The national reporting programme runs approximately three months behind.

The three indicators that are currently at risk of failing are;

- **Heart Failure –** the monthly performance has improved, however, new measures were introduced from October and this action usually results in a dip in performance.

- **Sepsis -** the improved position of 49% in September slipped back to 40% in October. Progress generally is slow with previously raised issues still persisting. Work is progressing to ensure blood gas analysis is tracked into Cerner to support appropriate care.

- **Community Acquired Pneumonia** – new measures were introduced in October – the reduction in time to antibiotics from 6 to 4 hours after arrival in ED led to a significant lowering of performance. This is being addressed in the department but is highly reliant on good patient flow. A red card system is in place to alert staff that a patient requires antibiotics.

c. Elective Performance

Delivery of the Trust's elective activity plans remain a concern and are essential to the delivery of both the core and cost improvement plans, as well as ongoing achievement of the RTT waiting time target.

For December elective activity was up 262 cases (6.9%) against the original plan, predominantly in relatively low value cases in Medical specialties. The overall Trust elective value was £338k down.

At specialty level, Orthopaedics, ENT and Gynaecology remain the specialties causing most risk to activity levels.

Orthopaedics

Performance in Orthopaedics remains poor.

Financial performance remains a concern with income £159k down in month and £1,921k year to date.

Underperformance against the planned outpatient volumes is leading to;

- Long outpatient waiting times (currently approximately 14 weeks)
- Reduced market share (down 2% in the last 12 months)
- A lack of suitable cases on the inpatient waiting list in order to plan efficient theatre lists.

In the longer term, through the job planning process, the division will need to re balance inpatient and outpatient capacity.

In the short term, finding a way to incentivise clinical staff to take on additional outpatient work will be key to the year-end position.

ENT

Consultant sickness and increase in non-elective activity earlier in the year has led to a year-to-date underperformance of 202 cases (14.6%)

The Consultant has now returned to work and the Division are working on ensuring that theatre utilisation is maximised. In particular, the service had an

imbalance in the waiting list for outpatient and elective surgery and therefore a range of theatre sessions have been converted to clinics to address this.

Gynaecology

Gynaecology is showing a deficit of 12 cases for December and a year-to-date deficit of 297 cases. As previously reported, this is due to consultant sickness. One consultant has now returned, unfortunately one consultant remains on sick leave

It is expected that Gynaecology will be above plan in February and March but unable to fully recover previous months underperformance

d. 18 Weeks RTT

Ongoing achievement of the RTT standard is directly linked to the delivery of the required activity levels which have been under pressure since the beginning of the year. As previously highlighted to the Board the achievement of December's RTT position was very challenging and 92% minimum standard has not been achieved, with the final position of 91.02% within 18 weeks. The under performance in part is due to the planned strike in early December, high patient cancellations during the latter part of the month, the position with Community Paediatrics and the Monitor directive to ensure 20% of core bed base was available by 24/12/2015 therefore resulting in elective inpatient cancellations.

As previously reported, although the RTT incompletes standard has been consistently achieved at Trust level, there are a few specialties that do not achieve in their own right. The Department of Health's monthly RTT monitoring tool shows that in October 2015, 30 Trusts failed the target and 8 did not report. Our Trust was identified as one of the next 20 "at risk" of failing the target with a 36% chance of failing in the next 6 months

Most specialties within the Trust are achieving the target at a nationally defined specialty level. The four national specialties which will not achieve this target are General Surgery (which includes breast, colorectal, general surgery, and upper gastrointestinal), Orthopaedics, Urology and "Other" which includes numerous specialties but notably Community Paediatrics.

Within General Surgery the specialties failing the target are Upper Gastrointestinal and Vascular. In upper gastrointestinal this is due mainly to a consultant vacancy. The consultants in this area are doing additional lists and clinics and have transferred some operative procedures to Colorectal colleagues. The team are reviewing all pathways in an attempt to reduce

waiting times and will then consider whether additional substantive resource is required. Vascular is due mainly to a consultant vacancy which has now been filled and the availability of consultants to backfill lists; discussions are ongoing with the SMART network.

Within the "other category" the speciality failing is community paediatrics. It should be noted that if community paediatrics had achieved, the Trust would have achieved RTT in December. The situation in community paediatrics is worsening and it remains the specialty which impacts most on an already challenging RTT target. Discussions are ongoing with partners to try and improve this situation, with a report reflecting the recent CCG review expected within the month.

e. Infection Control

During November and December we reported 9 C.diff toxins with 2 of these deemed to be unavoidable, 4 have been confirmed as avoidable with 3 still under investigation by the IPCT and clinical teams involved in the patient's care. Therefore a total of 31 avoidable cases have been reported with a further 3 still under investigation.

For the 4 avoidable cases reported, all had been exposed to *C.diff* on wards which had already been identified as areas requiring HPV due to C.diff and norovirus and therefore at risk of new cases until effectively decontaminated. These areas were all scheduled to be HPV cleaned, however other areas of similar priority had been scheduled first.

Since 5th November, it has been possible to complete a reactive programme of HPV with all areas that had been identified as a high risk for C.diff having had a full ward HPV clean. A programme of proactive HPV cleaning has now been established with a Trust wide commitment to sustain the programme.

Daily side room audits performed by the Infection Prevention and Control Team are supporting the appropriate use of side rooms and prompt isolation of patients with diarrhoea.

Information from the audit, patients requiring transfer to the C.diff unit and patients requiring step down from the C.diff unit are discussed at each bed meeting and a weekly report of progress is received by the Senior Management Team

f. Non Core Spend

In December 2015 £1.897m has been spent on non-core pay categories. The main increases compared to previous months are bank spend as a result of the escalation

ward opening in November and increased WLI payments as a result of additional activity being carried out throughout the Hospital.

The Trust continues to submit agency information to Monitor on a weekly basis which is reviewed at the Senior Management Team on a weekly basis. There is continued focus on the non-core spends across the divisions and they are a part of the performance dashboards at the divisional performance reviews.

The Trust still remains under the nursing agency cap of 3%, with the Nursing agency in December equating to 2.5% of the substantive wage bill.

g. Summary Financial Position

The financial performance through December was challenging as a result of increased cancellations, industrial action and an increased emphasis on discharges. Despite these operational challenges the Trust delivered an in month position of (£1.667m) which is £(0.336m) adverse to the original profile used within the Monitor plan and (£0.635m) worse than the latest forecast. The cumulative deficit as at the end of December is (£11.433m) which is an (£0.937m) adverse variance to the plan of (£10.496m).

The cash position continues to be positive with the cash position at the end of the month being £6.841m which is £1.946m better than plan. The Trust continues to forecast a year-end balance of c£2m but will require resilience funding in the first quarter of the financial year as a result of NHS England not allowing the CCG to pay quarterly in advance payments.

The financial performance in month and at month 9 translates into a Financial Sustainability Risk Rating of 2, which remains in line with plan.

Further financial information is contained in the separate Finance briefing paper.

4. Recommendation

The Board of Directors are asked to;

Note the Trust's current performance to the end of December 2015, with particular regard to;

- The risks associated with the delivery of the emergency access target where performance remains challenging despite a range of actions taken.

- Risks against Elective and outpatient activity volumes and contract performance.

- 18 week RTT where improved performance is dependent on delivery of at least the activity volumes identified in the recovery plan, particularly in light of the increased GP referrals and the ongoing need to resolve the waiting time issues within Community Paediatrics.

Support the range of actions to resolve the current underperforming areas;

- The recovery plans in place to deliver the non-elective access target, particularly the implementation of SAFER.

- Ongoing work with the surgical division to improve the performance against the elective and outpatient programmes.

- The additional attention within the organisation being put on the 18 week RTT incomplete target to improve performance following the Christmas period.

Mark Blakeman
Director of Informatics and Infrastructure

WUTH Integrated Performance Dashboard - Report on December 2015 for January 2016 BoD

Area	Indicator / BAF	Oct	Nov	Dec	Trend / Future Concern	*Target (for 'Green')*	Latest Period	Exec Lead
Meeting Our Vision	**Satisfaction Rates**							
	Patient - F&F "Recommend" Rate	98%	98%	97%		*>=95%*	December 2015	JG
	Patient - F&F "Not Recommend" Rate	1%	1%	2%		*<=2%*	December 2015	JG
	Staff Satisfaction (engagement)	3.83	3.83	3.83		*>=3.69*	Q2 2015/16	JM
	First Choice Locally & Regionally							
	Market Share Wirral	85.5%	85.7%	86.2%		*>= 85%*	April to Sept 2015	MC
	Demand Referral Rates	2.3%	1.5%	1.4%		*>= 3% YoY variance*	Fin Yr-on-Yr to Dec 2015	MC
	Market Share Non-Wirral	9.2%	9.5%	9.3%		*>=8%*	April to Sept 2015	MC
	Strategic Objectives							
	Harm Free Care	95%	96%	96%		*>= 95%*	December 2015	JG
	HIMMs Level	5	5	5		*5*	December 2015	MB
Operational Excellence	**Key Performance Indicators**							
	A&E 4 Hour Standard	88.57%	88.02%	88.34%		*>=95%*	December 2015	CO
	RTT 18 Weeks Incomplete Position	92.0%	92.0%	91.0%		*>=92%*	December 2015	CO
	Cancer Waiting Time Standards	On track	On track	On track		*All met at Trust level*	Q3 to Dec 2015	CO
	Infection Control	0 MRSA; 27 C diff	0 MRSA; 29 C diff	1 MRSA; 31 C diff		*0 MRSA Bacteraemia in month, and cdiff less than cumulative trajectory*	December 2015	JG
	Productivity							
	Delayed Transfers of Care	3.2	3.3	3.1		*<= 4*	12-mth ave to Dec 2015	CO
	Delayed Complex Care Packages	59	47	48		*<= 45*	December 2015	CO
	Bed Occupancy	94.3%	93.9%	91.3%		*<=85%*	December 2015	CO
	Bed Occupancy Medicine	93.3%	95.8%	93.5%		*<=85%*	December 2015	CO
	Theatre Utilisation	70.5%	70.0%	68.0%		*>=85%*	December 2015	CO
	Outpatient DNA Rate	8.1%	8.3%	8.4%		*<=6.5%*	December 2015	CO
	Outpatient Utilisation	83.2%	82.3%	79.7%		*>90%*	December 2015	CO
	Length of Stay - Non Elective Medicine	7.4	7.4	7.1		*<= 6.5*	December 2015	CO
	Length of Stay - Non-elective Trust	4.8	4.4	4.4		*<=4.2*	December 2015	CO
	Contract Performance (activity)	-2.0%	-2.2%	-2.0%		*0% or greater*	December 2015	CO
	Finance							
	Contract Performance (finance)	-1.5%	-1.6%	-1.7%		*On Plan or Above YTD*	December 2015	GL
	Expenditure Performance	1.0%	1.1%	0.9%		*On Plan or Above YTD*	December 2015	GL
	CIP Performance	-12.0%	-10.0%	-9.7%		*On Plan or Above*	December 2015	GL
	Capital Programme	6.1%	14.8%	4.7%		*On Plan*	December 2015	GL
	Non-Core Spend	9.7%	9.7%	9.7%		*<5%*	December 2015	GL
	Cash Position	228%	169%	140%		*On plan or above YTD*	December 2015	GL
	Cash - working days	-14.9	16.40	9.5		*> 10 days*	December 2015	GL
A Healthy Organisation	**Clinical Outcomes**							
	Never Events	1	0	0		*0 per month*	December 2015	EM
	Complaints	41.3	41.5	40		*<30 per month*	12-mth ave to Dec 2015	JG
	Workforce							
	Attendance	95.8%	95.6%	95.7%		*>= 96%*	December 2015	JM
	Qualified Nurse Vacancies	7.4%	4.9%	5.2%		*<=6.5%*	December 2015	JG
	Mandatory Training	93.8%	92.5%	91.8%		*>= 95%*	December 2015	JM
	Appraisal	83.61%	82.28%	82.24%		*>= 85%*	December 2015	JM
	Turnover	9.6%	9.5%	9.5%		*<10%*	December 2015	JM
	Nursing Agency Costs	1.9%	2.7%	2.5%		*<=2.5%*	December 2015	JG
External Validation	**National Comparators**							
	Advancing Quality (not achieving)	3	3	3		*All areas above target*	October 2015	EM
	Mortality: HSMR	90.53	90.53	89.01		*Lower CI < 0.90*	April to Sept 2015	EM
	Mortality: SHMI	0.967	0.969	0.969		*Lower CI < 90*	April 2014 to March 2015	EM
	Regulatory Bodies							
	Monitor Risk Rating - Finance CoS	2	2	2		*4*	December 2015	GL
	Monitor Risk Rating - Governance	Red	Red	Red		*Green*	December 2015	CO
	CQC	5	5	5		*0*	December 2015	EM
	Local View							
	Commissioning - Contract KPIs	4	5	7		*<=2*	December 2015	CO
	Monitor enhanced monitoring							
	A&E 4 Hour Standard	88.57%	88.02%	88.34%		*>=95%*	December 2015	CO
	Medical Outliers	6.14	5.23	4.1		*<=5*	December 2015	CO
	Bed occupancy	94.3%	93.9%	91.3%		*<=85%*	December 2015	CO
	Staff Friends and Family	62%	62%	62%		*>= 75%*	Q2 2015/16	CO
Financial Recovery	**Financial Recovery Plan**							
	Contract / Inventory Management	-5.8%	0.8%	0.1%		0% (ie on plan) or greater	December 2015	MT
	Income	-1.4%	-2.7%	-1.2%		0% (ie on plan) or greater	December 2015	MT
	Workforce Value for Money	-4.7%	-4.8%	-6.3%		0% (ie on plan) or greater	December 2015	MT
	Utilisation - Outpatients	-17.1%	-17.7%	-20.4%		0% (ie on plan) or greater	December 2015	MT
	Utilisation - Theatres	-14.5%	-15.0%	-17.0%		0% (ie on plan) or greater	December 2015	MT
	Productivity - Patient Flow	-10.2%	2.2%	2.2%		0% (ie on plan) or greater	December 2015	MT

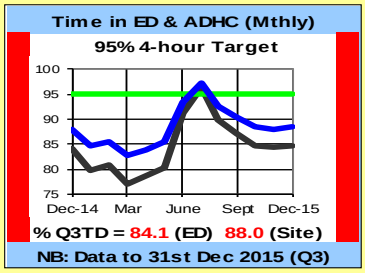
WUTH Performance Dashboard Exception Report

Indicator :	Rating	Target	Actual	Period
A&E 4-hour Standard	Red	>= 95%	88.34%	Dec 2015

Issue:

The standard is a minimum of 95% of A&E attendances being admitted, transferred or discharged within 4 hours. Performance for October was 88.34%, including the All Day Health Centre at Arrowe Park site. For WUTH alone performance was 84.69%.

Historic data:



Proposed Actions:

- Continued rollout of SAFER programme across medicine with support of the Emergency Care Improvement Programme (ECIP)
- Delivery of an enhanced frailty model endorsed and supported by the National Frailty Network, which is also supported by ECIP
- Development of a Trust full capacity policy, which will reduce pressure within the Emergency Department (ED), enabling flow for ambulance arrivals and mitigating risk across areas of the hospital instead of the risk being concentrated within the ED
- The initiative of increased community beds at Charlotte House has been a success. Work is now underway to develop this model of care as routine, which will ensure care in provided in the most appropriate environment releasing capacity within the Trust
- The Single Front Door concept is deflecting up to 15% of self-presenting patients to the ED. Teams across the economy are now developing phase two of this concept to be reviewed in early February.

Assessing Improvement:

- The Trust has for the last four weeks, performed better in 2015/16 against the same period in 2014/15 for the 4 hour emergency standard.
- Comparing January 2014 to January 2015 the Trust has few escalation beds open, fewer speciality outliers, no beds closed due to infection and has not cancelled any elective activity due to bed pressures. As well as being a significant improvement on January 2014 this is different to the regional position of high unplanned escalation beds, high speciality outliers and significant elective activity cancellations.

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:

The economy is working to maintain improvement on 2014/15 performance but is unlikely to deliver 95% compliance with the 4 hour emergency standard in quarter 4 2015/16.

Executive approval:

Chris Oliver, Acting Director of Operations

WUTH Performance Dashboard Exception Report

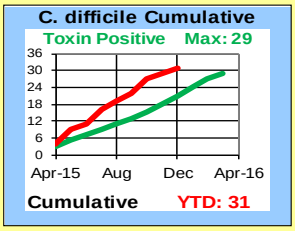
Indicator :	Rating	Target	Actual	Period
Infection Control	Red	Within trajectory	31 C. diff cases	To Dec 2015

Issue:

The Trust has a maximum trajectory of 29 C.difficile cases for the year 2015-16 (toxin positive, hospital acquired).

During November and December we reported 9 C.diff toxins with 2 of these deemed to be unavoidable, 4 have been confirmed as avoidable with 3 still under investigation by the IPCT and clinical teams involved in the patient's care. Therefore a total of 31 avoidable cases have been reported with a further 3 still under investigation.

Historic data:



Proposed Actions:

Since 5th November, it has been possible to complete a reactive programme of HPV with all areas that had been identified as a high risk for C.diff having had a full ward HPV clean. A programme of proactive HPV cleaning has now been established with a Trust wide commitment to sustain the programme.

Daily side room audits performed by the Infection Prevention and Control Team are supporting the appropriate use of side rooms and prompt isolation of patients with diarrhoea. Information from the audit, patients requiring transfer to the C.diff unit and patients requiring step down from the C.diff unit are discussed at each bed meeting and a weekly report of progress is received by the Senior Management Team.

Assessing Improvement:

The situation is constantly monitored by the IPCT, with weekly meetings including the DIPC and Executive Leads. Updated reports are provided to the Hospital Infection Control and Clinical Governance Groups.

Impact:

Effective infection control is vital to ensuring safe, high quality health services are delivered at our hospitals. Cases of infection not only affect the individual patients directly, but can have a negative impact on the overall capacity of the Trust, and are a high profile measure in the public domain.

Expected date of performance delivery:

Quarter 1 reporting

Director approval:

Jill Galvani, Director of Midwifery & Nursing

WUTH Performance Dashboard Exception Report

Indicator :
Advancing Quality

Rating	Target	Actual	Period
Red	All achieving	3 areas under target	Dec 2015 (Oct latest data)

Issue:

The measures are composite scores, reflecting individual care to patients. The results are delayed up to 3 months and so lags behind improvement. Areas behind target at the end of October were Heart Failure, Community Acquired Pneumonia and Sepsis.

Proposed Actions:

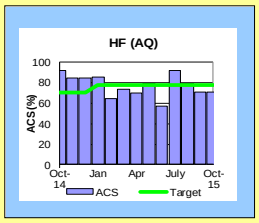
In line with all other organisations, the Appropriate Care Score (ACS) targets for WUTH have been reset for 2015-16, based on the twin principles of raising the bar on minimum attainment and continuous system-wide improvement and stretch.

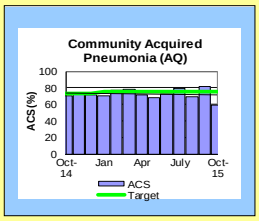
HEART FAILURE: the monthly performance has improved, however, new measures were introduced in October and this action usually results in a dip in performance.

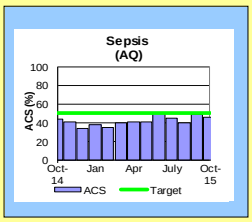
CAP: new measures were introduced in October - the reduction in time to antibiotics from 6 to 4 hours after arrival in ED led to a significant lowering oF performance. This is being addressed in the department but is highly reliant on good patient flow. A red card system is in place to alert staff that a patient requires antibiotics.

SEPSIS: this is making slow progress; the issues raised previously persist. Work is progressing to ensure blood gas analysis is tracked into Cerner to support appropriate care.

Historic data:







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.

Expected date of performance delivery:

Improvement ongoing through 2015-16

Executive approval:

Evan Moore, Medical Director

Appendix B : Cancer Waiting Time 62-Day Standard

Quarter	3
Period	**01/10/2015 - 31/12/2015**

Target	62 Day Wait
Indicator	GP Urgent Referral to First Definitive Treatment
Threshold	85.00%
Risk	£1000 for each excess breach above the threshold in

Quarter 3 - Total

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	1	0	1	10	1	11	90.00%	90.91%
	Lung	2	0	2	13	6	19	84.62%	89.47%
	Other	2	0	2	3	2	5	33.33%	60.00%
Med & Surg	Upper GI	8	0	8	16.5	4.5	21	51.52%	61.90%
Surgery	Breast	0	0	0	37	1.5	38.5	100.00%	100.00%
	Colorectal	2	1	3	24.5	1.5	26	91.84%	88.46%
	Head & Neck	2	0	2	6.5	1	7.5	69.23%	73.33%
	Skin	0	0	0	59	8	67	100.00%	100.00%
	Urology	14	1	15	46	7	53	69.57%	71.70%
Women's	Gynaecology	6	0	6	14.5	0	14.5	58.62%	58.62%
	Total	**37**	**2**	**39**	**230**	**32.5**	**262.5**	83.91%	85.14%

Quarter 3 - October

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	1	0	1	3	0	3	66.67%	66.67%
	Lung	2	0	2	6	0	6	66.67%	66.67%
	Other	0	0	0	0	0	0	N/A	N/A
Med & Surg	Upper GI	5	0	5	9	0	9	44.44%	44.44%
Surgery	Breast	0	0	0	9.5	0	9.5	100.00%	100.00%
	Colorectal	2	0	2	8	0	8	75.00%	75.00%
	Head & Neck	0	0	0	1	0	1	100.00%	100.00%
	Skin	0	0	0	18	0	18	100.00%	100.00%
	Urology	10	0	10	23.5	0	23.5	57.45%	57.45%
Women's	Gynaecology	2	0	2	3.5	0	3.5	42.86%	42.86%
	Total	**22**	**0**	**22**	**81.5**	**0**	**81.5**	73.01%	73.01%

Quarter 3 - November

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	0	0	0	3	0	3	100.00%	100.00%
	Lung	0	0	0	5	0	5	100.00%	100.00%
	Other	2	0	2	3	0	3	33.33%	33.33%
Med & Surg	Upper GI	0	0	0	2.5	0	2.5	100.00%	100.00%
Surgery	Breast	0	0	0	16	0	16	100.00%	100.00%
	Colorectal	0	0	0	8.5	0	8.5	100.00%	100.00%
	Head & Neck	1	0	1	2	0	2	50.00%	50.00%
	Skin	0	0	0	23	0	23	100.00%	100.00%
	Urology	4	0	4	10	0	10	60.00%	60.00%
Women's	Gynaecology	2	0	2	5.5	0	5.5	63.64%	63.64%
	Total	**9**	**0**	**9**	**78.5**	**0**	**78.5**	88.54%	88.54%

Quarter 3 - December

Division	Tumour Group	Breaches			Treatments			Compliance	
		Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology	0	0	0	4	1	5	100.00%	100.00%
	Lung	0	0	0	2	6	8	100.00%	100.00%
	Other	0	0	0	0	2	2	N/A	100.00%
Med & Surg	Upper GI	3	0	3	5	4.5	9.5	40.00%	68.42%
Surgery	Breast	0	0	0	11.5	1.5	13	100.00%	100.00%
	Colorectal	0	1	1	8	1.5	9.5	100.00%	89.47%
	Head & Neck	1	0	1	3.5	1	4.5	71.43%	77.78%
	Skin	0	0	0	18	8	26	100.00%	100.00%
	Urology	0	1	1	12.5	7	19.5	100.00%	94.87%
Women's	Gynaecology	2	0	2	5.5	0	5.5	63.64%	63.64%
	Total	**6**	**2**	**8**	**70**	**32.5**	**102.5**	91.43%	92.20%
	Total	**12**	**3**	**15**	**126**	**56.5**	**182.5**	90.48%	91.78%

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 (rolling 3 months)	>= 85%	>= 80% to <85%	< 80%
Demand : Referral Rates	Outpatient referrals received from all GP/GDPs - G&A specialties	>= 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%
Strategic Objectives				
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

Organisational Excellence

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	RTT "Incompletes" standard met for the Trust as a whole	>=92%	n/a	<92%
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
Infection Control	MRSA Bacteremia CDIFF	0 MRSA Bacteraemia in month, and cdiff less than cumulative trajectory	0 MRSA Bacteraemia in month, and cdiff equal to cumulative trajectory	>= 1 MRSA Bacteraemia in month or cdiff cases above cumulative trajectory
Productivity				
Delayed transfers of care	Average No of patients with a delayed transfer of care at month-end	<= 4	> 4 and < 6	>= 7
Delayed complex care packages	Average No of patients on the complex discharge list in the month	<= 45	>= 46 and <= 70	>= 71
Readmissions	% of patients readmitted non-electively within 30 days of discharge	<= 7.5%	>7.5% and <= 10%	> 10%
Bed occupancy	Average % of General & Acute Beds occupied at midday	<=85%	>85% to <95%	>=95%
Bed occupancy - Medicine	Average % of Medial & Acute beds occupied at midday	>=85%	>=65% to <85%	<65%
Theatre utilisation	Average % of scheduled operating minutes utilised	>=85%	>=65% to <85%	<65%
Outpatient DNA Rate	Percentage of booked OP appointments that DNA (Med, Surg and W&C)	<= 6.5%	>6.5% and <= 9%	> 9%
Outpatient Utilisation	Percentage of OP appointments that DNA (Med, Surg and W&C)	>90%	>=80% to <90%	<80%
Length of stay - Non-elective Medical Division	Average length of stay per finished admitted spell (Medical Division)	<= 6.5	> 6.5 to 8.0	> 8.0
Length of stay - Non-elective Trust total	Average length of stay per finished admitted spell (Trust total)	<= 4.2	> 4.2 to 5.5	> 5.5
Contract performance (Activity)	Cumulative activity % variance against plan for all PODs combined	0% or greater	-2.0% to <0%	< -2.0%
Finance				
Contract Performance (Finance)	Delivering both contracted volumes and values	On Plan or Above YTD	1% below plan YTD	>1% below plan YTD
Expenditure performance	Delivering planned levels of expenditure	On Plan or Above YTD	1% below plan YTD	>1% below plan YTD
CIP Performance	Delivering against the in-year CIP forecast.	On Plan or Above	10% below plan	>10% below plan
Capital Programme	A sound investment programme maintained & resourced appropriately	On Plan	+/- 15% against plan	+/- 25% against plan
Non-Core Spend	Non core as a % of total pay spend	<5%	>=5.0% to 6.5%	>=6.6%
Cash Position	Delivering against cash plan	On plan or above YTD	n/a	Below plan

Cash - working days	Liquidity Days: The number of days the Trust could support it's pre EBITDA expenditure with it's liquid assets i.e.((Current Assets - Inventories - Current liabilites) / Pre EBITDA expenditure)) x number of days elapsed in financial year	> 10 days	>= 7 days to 9 days	< 7 days

A Healthy Organisation

Indicator	Definition	Green	Amber	Red
Clinical Outcomes				
Never Events	Number of occurences of "Never Events"	0 per month	n/a	>= 1 per month
Complaints	Number of occurences of formal complaints	<30 per month	30 to 50 per month	> 50 per month
Workforce				
Attendance	Monthly staff attendance rate	>= 96%	>=95.3% to <96.0%	< 95.3%
Qualified Nurse Vacancies	% vacant posts	<=6.5%	>6.5% to 9.5%	>9.5%
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%
Nursing Agency Costs	Nursing agency costs as a percentage of total nursing costs	<=2.5%	>2.5% to <3.0%	>=3.0%

External Validation

Indicator	Definition	Green	Amber	Red
National Comparators				
Advancing Quality (not achieving)	Number of areas not achieving	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
Monitor Enhanced Monitoring				
A&E 4-hour Standard	% of patients attending ED & ADHC treated within 4 hours	>=95%	n/a	<95%
Medical Outliers	Average daily medical outliers in non-medical beds	<=5	>5 to 10	>10
Bed occupancy	Average % of General & Acute Beds occupied at midday	<=85%	>85% to <95%	>=95%
Staff Friends and Family	Recommend Trust to work	>= 75%	>= 50% to <75%	<50%
Financial Recovery Plan				
Contract / Inventory Management	Total non pay expenditure against plan, excluding CNST premium and high cost drugs	>=0%	<0% to -5%	<-5%
Income	Total income against plan	>=0%	<0% to -5%	<-5%
Workforce Value for Money	Total pay expenditure against plan	>=0%	<0% to -5%	<-5%
Utilisation - Outpatients	Percentage of available resource utilised against scheduled resources	>=0%	<0% to -5%	<-5%
Utilisation - Theatres	Percentage of available resource utilised against scheduled sessions	>=0%	<0% to -5%	<-5%
Productivity - Patient Flow	Reduction in non-elective length of stay against plan	>=0%	<0% to -5%	<-5%

Board of Directors	
Agenda Item	7.1.2
Title of Report	Month 9 Finance Report
Date of Meeting	27th January 2016
Author	Julie Clarke, Assistant Director of Finance
Accountable Executive	Gareth Lawrence, Acting Director of Finance
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	7
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **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 • **Yes** • **No**	No

1. Executive Summary

Overview

The financial performance through December was challenging as a result of increased cancellations, industrial action and an increased emphasis on discharges. Despite these operational challenges the Trust delivered an in month position of (£1.667m) which is £(0.336m) adverse to the original profile used within the Monitor plan and (£0.635m) worse than the latest forecast. The cumulative deficit as at the end of December is (£11.433m) which is an (£0.937m) adverse variance to the plan of (£10.496m).

As a result of not delivering the planned deficits in November and December the forecast outturn position for the Trust is under considerable strain. Further planned industrial action would have a significant impact on the Trusts ability to deliver the required income (and access targets) in order to recover the current adverse variances to plan. Further discussion around the planned outturn will be discussed in private Board session.

The cash position continues to be positive. At the end of December the Trust had a cash balance of £6.841m which was £1.946m better than plan. The Trust continues to forecast a year-end balance of c£2m without the need of resilience funding as initially planned. The 12 month rolling cash forecast has identified that cash balances will be low in the first quarter of the financial year and the Trust have informed Monitor that short term cash support will be required.

The financial performance at month 9 translates into a financial sustainability risk rating of 2, which remains in line with plan.

Income and Expenditure Performance

	Month 9			Year to Date		
	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£k	£k	£k	£k	£k	£k
NHS Clinical Income	23,132	22,856	(276)	209,055	205,712	(3,343)
Other Income	2,298	2,447	149	20,415	22,189	1,774
Employee Expenses	(17,758)	(18,115)	(357)	(159,549)	(159,150)	399
All Other Operational Expenses	(7,810)	(7,670)	140	(69,788)	(70,042)	(254)
EBITDA	(137)	(482)	(345)	134	(1,291)	(1,425)
Post EBITDA Items	(1,193)	(1,184)	9	(10,630)	(10,142)	488
Net Surplus / (Deficit)	(1,331)	(1,667)	(336)	(10,496)	(11,433)	(937)
EBITDA %	(0.5%)	(1.9%)	(1.4%)	0.1%	(0.6%)	(0.6%)

Specifically the table highlights;

- In-month NHS clinical income under-performed by (£0.276m) against plan increasing the cumulative deficit to (£3.343m). The underperformance was driven by value, volume and an increase in contract penalties.

- Other income continues to over perform largely at the current run rate. Half

the over-recovery is one off income gains and the other half offsets overspends in expenditure.

- Pay costs are (£0.357m) higher than plan reducing the cumulative underspend. This reflects an increased pressure on staffing in the Emergency Department this month on medical staffing to manage access targets, increase in nursing spend, continued spend on premium rate agency staff together with continued recruitment to vacancies across nursing and therapies.

- Non-pay costs are £0.140m under plan in month as a result of some non-recurrent savings in month largely driven by Cerner IT spend offset by continuing cost pressures on clinical supplies. It is not forecast for this level of underspend to continue in the coming months.

- The EBITDA position is currently behind plan as a result of operational pressures mentioned above but is being supported by savings in PDC as a result of the stronger cash balances and a marginal saving on depreciation as a result of capital timing differences.

Cash Position & Financial sustainability risk rating

The cash position at the end of December is £6.841m which is £1.946m better than plan. The Trust continues to manage its cash balances well with engagement from operational services as it continues to improve the liquidity of the Trust. The Trust is forecasting to deliver a year end cash balance of c£2m.

Capital expenditure (on accruals basis) to month 9 was £6.411m spend against a plan of £6.121m. This variance of (£0.290m) relates to ward improvement scheme variances of (£0.809m) due to early progression of ward refurbishment and the new isolation ward refurbishment. The capital programme is expected to remain within plan in year as long as c£0.4m unallocated resource is sufficient enough for unexpected urgent capital requirements.

The overall position returns a financial sustainability risk rating of 2, which is in line with plan. The risk rating has been calculated using Monitors revised metrics.

Cost Improvement Programme (CIP)

The 2015/16 plan assumed delivery of £13m of CIP with £11m of identified opportunities at the time of the Plan submission. These plans were extracted according to the profile of the schemes identified, with the unidentified balance of £2m extracted in a flat profile (12ths).

The latest forecast outturn position has overall remained consistent to the previous month c£11.7m however there still remains a £1.3m gap.

The PMO and Executive team (via TSG) are working closely with Divisions and work-streams to quantify any residual risk against plans whilst at the same time continuing to explore opportunities to mitigate the shortfall. Recurrently schemes are expected to deliver c. £11.5m against a plan of £16.4m this is a deterioration of £0.6m compared to last month and is lower than the in-year forecast. The Trust is mindful of the pressure this places on plans going into 2016/17, and is currently

taking action to address the shortfall where possible although it is highly unlikely that the position will return to plan.

Risks inherent in the CIP plans had been identified as part of the planning process, some mitigation is also available within reserves which can mitigate the in year underperformance and support the delivery of £13m recurrently.

2. Non-Core Spend

Non-core spend has been identified nationally as one of the main drivers in explaining the deterioration in Trusts finances. Nursing agency guidance and thresholds have already been issued and the Trust continues to work towards reducing its non-core expenditure.

The table below analyses the current Pay expenditure within the Trust in comparison to the average last financial year.

Detail	14/15 Average £k	April £k	May £k	June £k	July £k	August £k	September £k	October £k	November £k	December £k	YTD £k
Budget		**17,634**	**17,878**	**17,763**	**17,725**	**17,725**	**17,609**	**17,743**	**17,715**	**17,758**	**159,549**
Pay Costs											
Substantive	**15,875**	**15,911**	**15,990**	**15,937**	**15,868**	**16,046**	**15,696**	**16,006**	**15,971**	**16,218**	**127,425**
Bank Staff	319	306	291	295	293	289	278	281	239	326	**2,598**
Agency Staff	518	698	712	605	683	606	747	694	804	779	**6,328**
Overtime	224	343	278	282	263	276	388	281	289	298	**2,698**
Locum	362	299	264	332	356	410	300	405	340	368	**3,074**
WLI (In Year)	155	52	88	126	100	91	98	56	72	126	**809**
Non Substantive Total	**1,577**	**1,698**	**1,633**	**1,640**	**1,695**	**1,672**	**1,811**	**1,717**	**1,744**	**1,897**	**15,507**
Total Pay	**17,451**	**17,609**	**17,623**	**17,577**	**17,563**	**17,718**	**17,507**	**17,723**	**17,715**	**18,115**	**159,150**
Variance		**24**	**255**	**186**	**162**	**7**	**102**	**20**	**(1)**	**(357)**	**399**

In December 2015 £1.897m has been spent on non-core pay categories as detailed in the above table. The main increases compared to previous months are bank spend as a result of the escalation ward opening in November and increased WLI payments as a result of additional activity being carried out throughout the Hospital.

The Trust continues to submit agency information to Monitor on a weekly basis which is reviewed at the Senior Management Team. There is continued focus on the non-core spends across the divisions and they are a part of the performance dashboards at the divisional performance reviews. NHS Improvement have informed the Trust that the agency price caps will reduce from the 1st February as initially planned. This will significantly reduce maximum rates for doctors and nurses. This will, of course, present a significant challenge but will help to achieve further savings in the future.

The Trust still remains under the nursing agency cap of 3%, with the Nursing agency costs in December equating to 2.5% of the substantive wage bill.

3. Risks/Mitigations

The Trust continues to mitigate its risks where possible and explore further options in reducing the planned deficit for the financial year. The below identifies the main risks and mitigations within the financial forecast

3.1 Capital to Revenue Transfer
The Trust along with NHS Improvement and Monitor are exploring the opportunity to transfer capital allocations into revenue funds. No formal agreement has yet been reached.

3.2 Health Economy affordability

The Trust continues to work on a year-end deal with Wirral CCG in order to minimise the risk the financial impact to the whole health economy.

3.3 Industrial action

Any further industrial action will have an impact on planned levels of activity as Elective care will be cancelled to ensure that we continue to provide safe patient care within the resources available. The impact of further industrial action has not been considered within the forecast.

3.4 Delivery of Surgical recovery plan

Activity in December fell below the levels required in December to deliver the agreed recovery plan as mentioned early.

The division continues to look at plans and solutions around increasing the activity in the last quarter. However it is recognised at this stage that January will be under on activity with an expectation that total activity numbers will improve in February/March. Failure to deliver the agreed activity will impact on the Trusts ability to deliver the planned forecast outturn. Potential solutions to increase the inpatient waiting lists will be discussed in Private Board.

4. Conclusion

At the end of December the Trust is reporting a deficit of £11.4m which is £0.9m more than plan. The Trusts cash position continues to be stronger than planned with year end balances projected to be c£2m. The Trust has achieved its financial sustainability risk rating of 2 as planned.

5. Recommendations

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

Gareth Lawrence
Acting Director of Finance
January 2016

Board of Directors	
Agenda Item	8.1
Title of Report	NHS Preparedness for a Major Incident
Date of Meeting	27 January 2016
Author	Helen Nelson Head of Emergency Preparedness
Accountable Executive	Chris Oliver Acting Director of Operations
BAF References **Strategic Objective** **Key Measure** **Principal Risk**	7D – Compliance with legislative requirements
Level of Assurance **Positive** **Gap(s)**	Positive
Purpose of the Paper **Discussion** **Approval** **To Note**	To note
Data Quality Rating	Gold – externally validate
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken **Yes** **No**	N/A

1. Executive Summary

In light of the recent tragic events in Paris, NHS England, together with the Department of Health and other national agencies are reviewing and learning from established emergency Preparedness, Resilience and Response procedures. Support is requested in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

The Trust has been asked to review the following and provide assurance that:

- It has reviewed and tested its cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system

- It has arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care

- It has given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries

A Major Incident communication exercise was undertaken on Friday 27th November, with no issues identified. This exercise was held 'in hours'; an 'out of hours' exercise has been planned for mid January 2016. The bleep numbers used in a Major Incident have been reviewed by the Divisions to ensure that they are up to date.

The service continuity plan for Telecommunications describes how the Trust has a 'red' telephone system for any internal failure of the telephone system. For any external failure (BT exchange lines) the Trust's method of external communication would be via mobile telephone. Each department has the responsibility of maintaining a contact list that includes a mobile phone number, for use during any Major Incident. The Divisions confirmed that their contact lists were current at the Junior Doctors' Industrial Action (IA) meeting held on 24th November 2015. A contact list for key' staff is maintained in Switchboard for use during any Major Incident. Radios are available in Switchboard for internal use if required.

With regards to the last three bullet points; the Trust would be part of the Local Resilience Forum (LRF) response which includes representation of health through NHS England. The procedures would be within the normal tried and tested emergency planning arrangements. The Trust forms part of the Cheshire & Mersey Adult Critical Care Network and Cheshire & Mersey Major Trauma Network; these would advise via the LRF in any response to a Major Incident of this type.

2. Background

N/a

3. Key Issues/Gaps in Assurance

N/a

4. Next Steps

N/a

5. Conclusion

The Trust has reviewed and tested its cascade system with regards to the bleep system and in house. An out of hours test has been planned with the switchboard staff for early January 2016. The Trust has a Telecommunications Service Continuity Plan in place which details the contingency arrangements in place at AHP and CGH.

The Trust would be part of the Local Resilience Forum (LRF) response which includes representation of health through NHS England. The procedures would be within the normal tried and tested emergency planning arrangements

6. Recommendations

The Board is asked to note this report.

BOARD OF DIRECTORS	
Agenda Item	8.2
Title of Report	Francis Report: Hard Truths Commitment: Publishing of Staffing Data: 6 Monthly Report
Date of Meeting	27 January 2016
Author	Gaynor Westray and Clare Pratt Deputy Chief Nurses
Accountable Executive	Jill Galvani, Director of Nursing and Midwifery
BAF References • **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, 2799, 2798 1B, 1908, 1909 7A, 2798
Level of Assurance • **Positive** • **Gap(s)**	Positive: Robust recruitment strategy Further reduction in nurse sickness, in month 4.45% December 2015 98% compliance with planned staffing in November and December 2015 Gaps: The Trust is non-compliant with nurse staffing requirements following the unannounced CQC inspection in May 2015.
Purpose of the Paper	For discussion and approval
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment	N/A

1. Executive Summary

The Trust has been presenting nurse staffing data since June 2014 with the aim of achieving a minimum Registered Nurse Staffing ratio of 1:8 patients for day shifts, and 1:10 for night shifts. No target fill rate for nursing shifts has been set nationally therefore the Trust has applied a target of 95% of shifts both days and nights meet the planned requirement, given that 100% is optimum. The compliance is monitored on a monthly basis. Wards where the fill rate of actual Registered Nurse hours to planned Registered Nurse hours is less than 95% are reviewed against achievement of key performance indicators.

This paper provides the 6 monthly update on nurse staffing data for the period July to December 2015 (Q2 & Q3 2015/16). Monthly nurse staffing data continues to be reported to the Board of Directors.

The last report highlighted ongoing concern with regard to the provision of minimum staffing levels of registered nurses, in main due to the opening of additional wards. As a result of improved patient flow this situation has been managed during the last 2 quarters ensuring the allocation of a minimum of two registered nurses on each shift.

Increasing the bed base in the Trust, whether as a result of activity pressures or infection prevention and control has a direct impact on availability of nursing staff for provide the required level of care to patients. The later part of 2015 has seen a positive approach to both:

November 2015 – Ward 25 (the refurbished Isolation Ward) opened staffed with a combination of general registered nurses and infection prevention and control nurses.

November 2015 – Ward 27 (the additional ward) opened to support the 'winter plan' staffed with combination of established staff and newly recruited registered nurses and clinical support workers.

Continued focus is being made to ensure the improved isolation facilities, patient flow and the bed capacity and demand analysis are aligned. Matrons and Ward Sisters have resumed their usual roles where staffing levels permit. Registered nurse vacancies continue to be reviewed weekly by the Director of Nursing & Midwifery and the Senior Nurse Team.

In November 2015 the Trust appointed NHS Professionals (NHSP) to manage the temporary workforce: This has been a successful transfer of services. Regular meetings are held with NHSP to ensure that the service is monitored and that it meets the Trust's needs. This change has supported the Trust's monitoring of and delivery of the Agency Cap requirement.

In January 2016 the Trust welcomed 14 EU registered nurses. This is in addition to the 24 registered nurses from Poland, Spain and Portugal who joined the workforce in October and November 2015. All overseas nurses have completed the 'Welcome to Wirral' programme and started their placements on the wards. There are plans to continue the established recruitment strategy over the course of 2016.

The E-roster staffing system successfully transferred over to version 10 to allow more effective and efficient rostering of ward nursing staff, as well as the electronic recording of staffing data and the provision to produce good quality reports. The team are currently exploring the option of aligning the system with NHSP to enable bank staff to be booked electronically. This will ensure that rotas always reflect staff on duty and allow hospital coordinators and nurse managers to have greater assurance regarding safe staffing levels in all areas. Nurse Managers are checking staffing lists and hours against the Electronic Staffing Record (ESR) during Quarters 3 and 4.

Recent correspondence from Monitor and the CQC indicates that there will be revised staffing guidance and a new metric looking at care hours per patient day. There has been an announcement about the Associate Nurse role and more information is awaited.

2. Background

Safe nurse staffing levels were a feature of the Francis, Keogh and Berwick Reports published in 2013. 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 June 2015 publication of the National Institute for Care and Healthcare Excellence (NICE) guidance.

Following the publication of the Francis report in February 2013, there has been focused work in the nursing and midwifery community to promote openness and honesty about nurse staffing levels and nurse sensitive outcomes. Patients and the public have a right to know how the hospitals they are paying for are being run and therefore the Government has made a number of commitments in 'Hard Truths: The Journey to Putting Patients First' (2014) to make this information more publically available.

The Director of Nursing and Midwifery has taken steps to ensure that the Trust has responded to meet the milestones set out in the guidance published on 31 March 2014.

- A six monthly report on nurse staffing is presented to the Board of Directors.

- Information about the numbers of nurses, midwives and care staff are displayed for each shift compared to what was planned. An information board is available at the entrance to each inpatient area.

- A report containing details of planned and actual staffing on a shift-by-shift basis at ward level for the previous month is presented to the Board every month. The reports on nurse staffing have been delegated to the Quality & Safety Committee. The report is published on the Trust's website and will be linked to the relevant hospital webpage on NHS Choices.

The expectations of the Board of Directors have been presented previously and are re-presented with an update to demonstrate focus and progression of the nursing and midwifery staffing agenda.

'Hard Truths: The Journey to Putting Patients First' Expectations, Accountability and Responsibility

Expectation 1: The Board of Directors has responsibility for the quality of care provided to patients and as a key determinant of quality takes full and collective responsibility for nursing, midwifery and care staffing capacity and capability

The Director of Nursing and Midwifery is provided with information on staffing capacity and capability on a monthly basis by the Associate Directors of Nursing. This information is collated and presented to the Board of Directors on a monthly basis.

Expectation 2: Processes are in place to enable staffing establishments to be met on a shift-to-shift basis

The Divisions of Surgery and Medicine & Acute have an established daily staffing meeting to determine whether or not planned staffing requirements are met and to take action where there may be a shortfall. Previous reports have highlighted that in order to support the provision of additional beds it has been necessary to move staff from their base wards. This movement of staff to cover unplanned gaps has led to staff dissatisfaction and impact on staff Friends and Family Test results (FFT). Robust staffing management and a proactive approach to nurse recruitment has reduced the need to move staff and as a result improved morale has been reported across all wards. Early indications are that this has been reflected in the most recent Staff Survey results.

Evidence Based Decision Making

Expectation 3: Evidence based tools are used to inform nursing, midwifery and care staffing and capability.

The Trust continues to work on a minimum requirement of 1 Registered Nurse (RN) to 8 patients during the day and 1 RN to 10 patients at night as per funded establishments. Patient acuity and dependency on adult in-patient wards are assessed twice yearly using the Safer Nursing Care tool. The results of the winter acuity audit will be presented to Senior Nursing and Midwifery Team in February 2016.

The Trust continues to review staffing within specialist areas. Midwifery is working in line with recommendations from 'Birthrate Plus'™ and NICE guidance for Maternity staffing levels published February 2015. The Emergency Department staffing has been reviewed in line with the 'British Emergency Department Staffing Tool' Assessment (BEST) and draft NICE guidance for Emergency Department nurse staffing published in January 2015. To review the paediatric nurse staffing, the Trust will be working with Great Ormond Street Hospital (GOSH) where the Paediatric Acuity and Dependency Assessment (PANDA) has been developed to objectively assess the nursing dependency of children and calculates safe nurse staffing requirements for paediatric wards. In January 2016 a senior nurse from WUTH paediatric ward will be working with GOSH to help validate the application of this tool. Following this she will return with recommendations for implementation of the tool at WUTH and it is anticipated that the results of the first PANDA data will be available in the next 6 monthly acuity report presented to Board in September 2016.

Supporting and Fostering a Professional Environment

Expectation 4: Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.

At the monthly Strategic Nursing and Midwifery Team meeting, the Director of Nursing and Midwifery and the Associate Directors of Nursing review the staffing incidents report for the previous month and feedback actions taken within the divisions. The nurse staffing escalation guide has been circulated to all ward sisters / charge nurses and hospital clinical co-ordinators this provides guidance and supports decision making if concerns are raised with regard to staffing.

The Care Quality Commission arranged a responsive inspection in September 2014, and an unannounced inspection May 2015 partly in response to concerns raised by staff relating to staffing levels. Work was undertaken to ensure safe staffing was in place and to ensure that staff were comfortable to raise concerns initially to their line managers.

To encourage staff to raise concerns the Trust has introduced a team of staff guardians, whose role is to support staff if ever they need to raise a concern, or simply require some impartial advice on a work-related issue

The Trust is currently awaiting the full written report from the planned CQC inspection in September 2015, but verbal feedback was positive in relation to safe staffing. The Trust remains non-complaint until the CQC report is received and published.

Expectation 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments

Following the publication of the NICE guidance for safe staffing, each ward sister and charge nurse supported by matron have reviewed their current staffing establishment taking into consideration patient acuity, ward layout, environmental issues and professional judgment. There has been significant work within the Trust in attaining a minimum nurse to patient ratio of 1:8 (days) and 1:10 (nights), this work also included the recommendation of the nationally recognised uplift of 25% which is now in place across all in-patient areas.

Expectation 6: Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties

In Q4 2014/15 and Q1 2015/16 it was reported that due to the requirement to safely staff additional wards, ward sisters and charge nurses had been required to work clinically to ensure minimum staffing levels were achieved. This position has since improved due to the positive impact of the recruitment strategy, improvement in staff attendance rates and the effective management of patient flow reducing the need for unplanned additional beds. During Q2 and Q3 2015/16 the ward sisters and charge nurses have been able to re-establish their supervisory status to enable them to monitor and improve nursing care standards.

Openness and Transparency

Expectation 7: Boards receive monthly updates on Board workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review

Systems are in place to ensure this expectation is being met, and this report forms part of meeting this expectation by presentation to the Board of Directors.

Expectation 8: NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift

This expectation is being met.

Planning for Future Workforce Requirements

Expectation 9: Providers of NHS services take an active role in securing staff in line with their workforce requirements

The nursing workforce plan has been developed to support the recruitment and retention of nursing staff to support the provision of safe care to patients admitted to all areas within the Trust. This plan includes the requirements identified in 'turnover' of staff as well as recruiting into existing vacancies and the additional vacancies identified to support he isolation unit (ward 25) opened in November 2015 and the additional capacity identified within the 'winter plan' (ward 27 and ward 14). The following have been actioned:

- Established programme of Monthly Trust wide recruitment for Registered Nurses;
- Transferred over to V10 E-roster system to enable a more effective and efficient rostering of ward nursing staff;
- Local and international recruitment strategies;
- Successful transfer to NHS professional to manage temporary nursing workforce;
- Review of nurses and midwives entering retirement age groups and ensuring that revalidation is supported.

The Role of Commissioning

Expectation 10: Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract

A copy of this six monthly staffing report is presented to the Wirral Clinical Commissioning Quality and Risk meeting for information and progress.

3. Staffing Report

Nurse staffing is presented on a monthly basis to the Board of Directors, as well as part of the Quarterly performance report presented to the Quality and Safety Committee. The method of reporting this information has been discussed within the senior nursing team and now presented in a table format which clearly identifies trends of improvement or deterioration The new style format to present the data was introduced as a means of triangulating the average staff fill rates with key quality indicators and information around sickness at ward level.

Data for November and December 2015 is attached as Appendix 1 & 2 to this paper. As there is no target fill rate set nationally the Trust has applied a target of 95%. This measure is that 95% of shifts both days and nights meet the planned requirement, given that 100% is optimum. The report shows the actual hours of nursing cover (both Registered Nurse and Care Support Worker) compared to the planned hours for both day and night shifts, along with staff sickness levels for the given month. It also presents data per ward on the number of falls (where patients experience moderate harm or above), the number of patients with a hospital acquired pressure ulcer and the number of patients confirmed as Clostridium difficile or MRSA positive (both are reportable to Public Health England). The fill rate for both November and December 2015 is reported as 98%.

The E-roster system successfully transferred over to version 10 in June 2015. This now enables a more effective and efficient rostering of ward nursing staff, as well as the electronic recording of staffing data and the provision to produce good quality reports. This project is currently part of the nursing workstream which is to ensure 'good housekeeping' of the system is established and maintained. The team are currently exploring the option of aligning the system with NHSP to enable bank staff to be booked electronically. This will ensure that rotas always reflect staff on duty and allow Hospital Coordinators and Nurse Managers to have greater assurance regarding safe staffing levels in all areas

Reported clinical incidents regarding staffing reflects an open and honest reporting culture and is also a mechanism for concerns related to staffing to be recorded 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. The table below shows the number of incidents reported related to staffing levels. This demonstrates an increase in the number of staffing and nurse staffing incidents being reported by the staff at WUTH. An increase in reporting incidents related to staffing in the gynaecology theatre has been recognised and a separate workforce review is underway ensuring a match between scheduled additional theatre sessions and the required increase in staffing. The ADNS are able to offer assurance that nurse staffing on inpatient wards is reviewed each day and that plans are put in place to cover any deficits between planned and actual nurse staffing. All reported incidents are reviewed and where appropriate actions are taken to mitigate future risks.

Table 1

Month	Total number of staffing incidents reported	Number of staffing incidents reported related to Nursing & Midwifery
July 2015	26	26
August 2015	44	41
September 2015	49	46
October 2015	34	30
November 2015	60	47
December 2015	68	47

4. Nursing Workforce Requirement

A comprehensive recruitment strategy is in place including local and international recruitment. Clear expectations are set to exhaust all local options and opportunities to ensure we promote WUTH as the hospital of choice to work in. In January 2016 the Trust welcomed 14 EU registered nurses. This is in addition to the 24 registered nurses from Poland, Spain and Portugal who joined our workforce in October and November 2015. All overseas nurses have now completed the 'Welcome to Wirral' programme and started their placements on the wards. There are plans to continue the established recruitment strategy over the course of 2016.

A planned transfer to NHSP to support the management of temporary workforce will also support recruitment campaign. Exit interviews were formalised during June 2015 to contribute to the analysis of staff turnover, however to date the return rate has been low therefore a focused approach supported by colleagues in Human Resources is planned for Quarter 4 2015/16.

Registered nurse vacancies continue to be reviewed weekly by the Director of Nursing & Midwifery and the Senior Nurse Team, alongside a robust recruitment and retention plan. The current vacancy rate for band 5 ward based Registered Nurses, as at the end of December is reported as 31.48 WTE (4.57%) with a further month on month improvement and significantly below the national reported average rate of 10%.

Table 2 - Band 5 Nurse Numbers and Vacancies

2015/16	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Establishment	626.36	626.36	626.11	666.55	666.55	675.68	690.01	689.53
Actual Numbers	595.49	595.19	591.78	628.62	654.04	626.9	649.28	658.05
Vacancies WTE	30.87	31.17	34.33	37.93	12.51	48.78	40.73	31.48
Vacancies %	4.93%	4.98%	5.48%	5.69%	1.88%	7.22%	5.90%	4.57%

In addition to the above vacancies the recruitment plan takes into consideration the workforce requirement within nursing for the next six months as follows:

Table 3

Work stream	WTE
Routine replacement of Band 5 Nurses through turnover calculated at 12 WTE per month	72

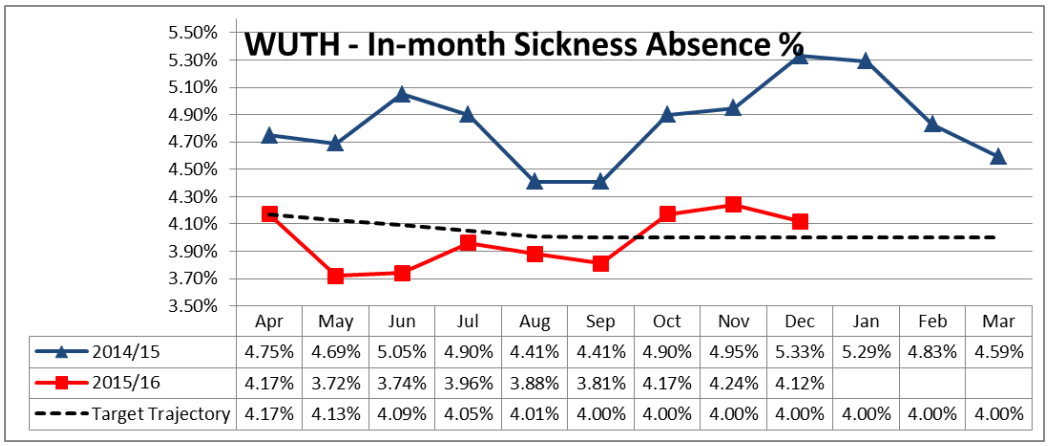
It is to note that when the additional ward (ward 27) opened as part of the 'winter plan' closes as planned on March 2016 the 9.37 WTE appointed band 5 nurses will be redeployed into vacancies reducing WTE requirement to 62.63 WTE.

5. Trust Sickness Absence Rate - November 2015

Trust sickness absence rates remain above the target of 4%. In Month December 2015 was 4.12%, this is above target but has improved from last month (4.24%, Nov 2015) and is a vast improvement over the same period last year (5.33%, Dec 2014).

Table 4

In-Month



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	4.75%	4.69%	5.05%	4.90%	4.41%	4.41%	4.90%	4.95%	5.33%	5.29%	4.83%	4.59%
2015/16	4.17%	3.72%	3.74%	3.96%	3.88%	3.81%	4.17%	4.24%	4.12%			
Target Trajectory	4.17%	4.13%	4.09%	4.05%	4.01%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

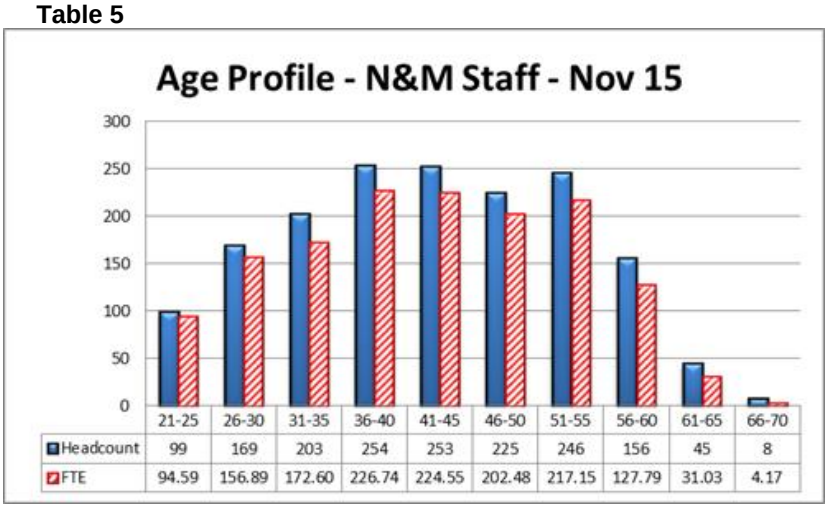
Nursing & Midwifery sickness absence remains below 5% for the 7th consecutive month and is currently reported as 4.45% in December 2015. This underlying sickness rate takes out seasonal variation and is a good reflection on efforts made to reduce sickness absence.

Compliance with the Attendance Policy continues to be monitored to ensure the policy is consistently and correctly applied to support staff that are off work and maintain rates below target. Continued appropriate application of the attendance policy remains vital to keeping sickness rates well managed. All wards audited during December 2015 were compliant against policy.

6. Nursing Staff Age Profile

An age profile of nursing and midwifery staff employed within the Trust has been obtained in order to have a better understanding of the predictions in gaps for the future and help to support and influence the workforce plan. It is noted that registered nurses have the option to retire at the age of 55, this being the one of the largest age group with a head count of 246 falling into that age group. A proactive approach to nurse recruitment will mitigate against this risk this includes the appointment of a recruitment and retention facilitator to support and investigate innovative ways to support retention of all nurses with a priority for nurses over 50 years of age.

Table 5



	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70
Headcount	99	169	203	254	253	225	246	156	45	8
FTE	94.59	156.89	172.60	226.74	224.55	202.48	217.15	127.79	31.03	4.17

7. Conclusion and Recommendations

The Board of Directors was notified that during the first five months of 2015 there were serious concerns with regard to the provision of minimum staffing levels and attainment of the 95% fill rate of registered nurses despite intense effort. It is recognised that this position has improved substantially throughout the course of the year. The fill rate for adult inpatient wards has been 98% for November and December 2015.

Nursing has continued to respond to the organisational pressures of minimising the impact of infection outbreaks and responding to internal bed capacity versus demand issues. Systems are in place to ensure that the requirements to deliver cost improvement plans and minimise expenditure do not have a negative impact on the nurse leadership team's ability to fulfil core roles of supervision and monitoring of standards as this may result in a reduction in patient safety and patient and staff experience.

The Trust escalation policy has been reviewed and now includes the opening of additional beds is to only be actioned under the guidance of an experienced senior nurse with clear emphasis on the provision of suitably qualified and experienced nursing staff. Robust planning for additional capacity as part of the 'Winter Plan' has been successful and is continued to be subject of regular review to ensure that a timely and adequate response to organisational pressure can be delivered. The Trust will continue to work to adequately plan in preparation for 2016/2017 as failure to do so poses a risk to Care Quality Commission (CQC) compliance and breach of Monitor requirements to reduce Nurse Agency expenditure.

The Board of Directors are asked to receive this update and discuss the content.

Wirral University Teaching Hospital NHS
NHS Foundation Trust

#PROUD TO CARE FOR YOU

Monthly Safe Staffing Report - November 2015

			RNs				CSW's				RNs				CSW's				Quality indicators						
			Days								Nights														
Specialty	Ward	Beds	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% RN	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% CSW	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% RN	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% CSW	Falls (moderate and above)	Pressure ulcers (Grade 2 and above)	Cdiff (Reportable to PHE)	MRSA (Reportable to PHE)	Sickness & Absence	RN Vacancies (WTE)	CSW Vacancies (WTE)
Orthopaedics	10	28	1725	1706.75	18.25	98.9%	1230	1230	0	100.0%	1080	1056.7	23.3	97.8%	690	723	-33	104.8%	1	1	0	0	11.38		
Orthopaedics	11	25	1725	1712.5	12.5	99.3%	1230	1223.75	6.25	99.5%	1080	1080	0	100.0%	690	690	0	100.0%	0	0	0	0	8.53		
Orthopaedics	12	16	1173	1173	0	100.0%	1035	1028.75	6.25	99.4%	690	690	0	100.0%	345	323	22	93.6%	0	0	0	0	0		
DME	16 / OPAU	23	2342.5	2282.7	59.8	97.4%	1550	1500	50	96.8%	1069.5	1046.35	23.15	97.8%	713	713	0	100.0%	0	3	0	0	7.54		
Colorectal	17	30	1875	1843.75	31.25	98.3%	1230	1180	50	95.9%	1080	1030	50	95.4%	690	657	33	95.2%	0	1	0	0	3.01		
General Surgery	18	29	1725	1700	25	98.6%	1230	1230	0	100.0%	1230	1219	11	99.1%	690	657	33	95.2%	0	1	0	0	3.88		
Urology	20	30	1725	1705	20	98.8%	1263.25	1238.25	25	98.0%	1230	1212.5	17.5	98.6%	690	690	0	100.0%	0	4	0	0	4.47		
DME	21	31	1572	1565.85	6.15	99.6%	1530	1530	0	100.0%	1215	1209	6	99.5%	1035	1035	0	100.0%	0	1	0	0	3.02		
DME	22	30	1722.5	1710.5	12	99.3%	1356.25	1345	11.25	99.2%	1263.25	1263.25	0	100.0%	713	701	12	98.3%	1	2	0	0	3.45		
Stroke	23	26	2110	2018.6	91.4	95.7%	1162.5	1162.5	0	100.0%	1069.5	1057.5	12	98.9%	713	713	0	100.0%	3	0	0	0	1.46		
DME	24 & Isolation	38	2098.52	2044	54.52	97.4%	1619.73	1619.73	0	100.0%	1426	1426	0	100.0%	1426	1426	0	100.0%	0	0	0	0	14.13		
General Medicine	26	29	2110	2011.35	98.65	95.3%	1937.5	1925.5	12	99.4%	1069.5	1046.5	23	97.8%	1069.5	1069.5	0	100.0%	1	0	0	0	0		
Haematology	30	22	1722.5	1691.3	31.2	98.2%	1162.5	1162.5	0	100.0%	906.75	894.25	12.5	98.6%	1069.5	1069.5	0	100.0%	0	0	1	0	4.87		
Cardiology	32 & CCU	31	3078.75	3048.8	29.95	99.0%	1550	1538.5	11.5	99.3%	1426	1414.7	11.3	99.2%	1069.5	1069.5	0	100.0%	0	1	1	0	3.2		
Cardiology	33 & HAC	29	1722.5	1641.2	81.3	95.3%	1162.5	1162.5	0	100.0%	1069.5	1057.5	12	98.9%	1069.5	1069.5	0	100.0%	0	0	0	0	2.47		
Gastro	36	32	2253.75	2217.25	36.5	98.4%	1550	1500	50	96.8%	1069.5	1058.2	11.3	98.9%	1069.5	1069.5	0	100.0%	0	3	0	0	2.74		
Respiratory	38/37	45	2497.5	2436.25	61.25	97.5%	1743.75	1743.75	0	100.0%	1426	1426	0	100.0%	1069.5	1069.5	0	100.0%	0	1	0	1*	0.77		
Maternity	53	38	1598.5	1598.5	0	100.0%	744	744	0	100.0%	1426	1222	204	85.7%	356.5	260.5	96	73.1%	0	0	0	0	8.98		
Gynaecology	54	16	885.5	724.5	161	81.8%	713	589	124	82.6%	713	713	0	100.0%	0	0	0	-	0	0	0	0	6.39		
General Medicine	AMU	24	1955	1925	30	98.5%	1426	1372.7	53.3	96.3%	1069.5	1033.5	36	96.6%	1069.5	1069.5	0	100.0%	0	0	0	0	4.54		
General Medicine	MSSW	21	2311.5	2048.5	263	88.6%	1782.5	1763.5	19	98.9%	1635.25	1550.55	84.7	94.8%	1635.25	1623.5	11.75	99.3%	0	0	0	0	4.54		
Emergency	EDRU	10	885.5	885.5	0	100.0%	356.5	356.5	0	100.0%	550.25	550.25	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	8.68		
	Parksuite	8	840	835	5	99.4%	345	345	0	100.0%	690	679	11	98.4%	0	44	-44	-	0	3	0	0	0		
Surgical Assessment	ESAU	12	1185	1185	0	100.0%	690	690	0	100.0%	1035	1031	4	99.6%	690	679	11	98.4%	0	0	0	0	5.08		
Critical Care	ITU	11	4822.5	4822.5	0	100.0%	212.5	212.5	0	100.0%	4278	4278	0	100.0%	0	0	0	-	0	2	0	0	3.19		
Critical Care	HDU	6	1722.5	1722.5	0	100.0%	387.5	387.5	0	100.0%	1426	1426	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	3.19		
Maternity	Delivery Suite	10	3381	3381	0	100.0%	690	690	0	100.0%	3208.5	3041	167.5	94.8%	690	655	35	94.9%	0	0	0	0	1.85		
Neo Natal	Neonatal	24	3381	3185	196	94.2%	0	0	0	-	3208.5	3064.5	144	95.5%	0	0	0	-	0	0	0	0	4.57		
Children's	Children's	27	2186	2126	60	97.3%	356.5	350.5	6	98.3%	1782.5	1699.5	83	95.3%	356.5	356.5	0	100.0%	1	0	0	0	9.04		
Orthopaedics	M1	20	1530	1530	0	100.0%	1035	1035	0	100.0%	690	690	0	100.0%	345	345	0	100.0%	0	0	0	0	0.75		
General Surgery	M2	26	345	345	0	100.0%	345	345	0	100.0%	138	138	0	100.0%	138	138	0	100.0%	0	0	0	0	0		
DME	CRC	20	1328.75	1316.25	12.5	99.1%	1550	1550	0	100.0%	713	713	0	100.0%	906.75	906.75	0	100.0%	1	1	0	0	6.63		
Neuro & Rehabilitation	Ward 36 CBH	20	1335	1335	0	100.0%	968.75	968.75	0	100.0%	713	713	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	0.57		
Dermatology	Dermatology	12	602.25	602.25	0	100.0%	143.75	143.75	0	100.0%	264.5	264.5	0	100.0%	264.5	264.5	0	100.0%	0	0	0	0	0.24		
Geriatric Medicine	14	30	750	750	0	100.0%	750	750	0	100.0%	690	690	0	100.0%	690	690	0	100.0%	0	1	0	0			
Totals		829	64223.52	62826.3	1397.22		36038.98	35614.43	424.55		43631.5	42684.25	947.25		23023.5	22846.75	176.75								

Overall Staffing Hour totals (Rounded to the nearest hour)	Fill Rate	98%

Total Planned Hours	166917.5	l Actual Hours	163972	Varaiance	2945.5

NB: RAG rating has been applied as 95% or above as "green" for % RN & % CSW and for sickness & absences equal to or below the Trust's target of 4% this is "Green" and Red if above Trust target of 4%.
Please note the Pressure ulcer data is sourced from clinical incident reporting and have not all been validated by the Tissue Viability team at the time of this report.
Vacancy data is an actual figure from divsions at the time of this report

Wirral University Teaching Hospital NHS
NHS Foundation Trust

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Monthly Safe Staffing Report - December 2015

			RNs				CSW's				RNs				CSW's				Quality indicators						
			Days								Nights														
Specialty	Ward	Beds	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% RN	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% CSW	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% RN	Total monthly planned staff hours	Total monthly actual staff hours	Variance	% CSW	Falls (moderate and above)	Pressure ulcers (Grade 2 and above)	Cdiff (Reportable to PHE)	MRSA (Reportable to PHE)	Sickness & Absence	RN Vacancies (WTE)	CSW Vacancies (WTE)
Orthopaedics	10	28	1725	1712.5	12.5	99.3%	1230	1223.75	6.25	99.5%	1080	1035	45	95.8%	690	758	-68	109.9%	0	0	0	0	10.73	0	
Orthopaedics	11	25	1725	1712.5	12.5	99.3%	1230	1230	0	100.0%	1080	1069	11	99.0%	690	690	0	100.0%	0	0	0	0	16.73	0	
Orthopaedics	12	16	1173	1173	0	100.0%	1035	1035	0	100.0%	690	690	0	100.0%	345	356	-11	103.2%	0	0	0	0	0	0	
DME	16 / OPAU	23	2342.5	2318.75	23.75	99.0%	1550	1524.7	25.3	98.4%	1069.5	1045.5	24	97.8%	713	713	0	0.0%	0	1	0	0	3.98	3	
Colorectal	17	30	1875	1850	25	98.7%	1230	1230	0	100.0%	1080	1069	11	99.0%	690	690	0	100.0%	0	0	0	0	3.11	-2	
General Surgery	18	29	1725	1688.5	36.5	97.9%	1230	1217.5	12.5	99.0%	1230	1219	11	99.1%	690	689	1	99.9%	1	0	1	0	7.88	-2	
Urology	20	30	1725	1700	25	98.6%	1263.25	1244.5	18.75	98.5%	1230	1230	0	100.0%	690	666	24	96.5%	0	1	0	0	6.14	1	
DME	21	31	1572	1543.25	28.75	98.2%	1530	1523.75	6.25	99.6%	1215	1166.5	48.5	96.0%	1035	1035	0	100.0%	0	1	0	0	3.42	2	
DME	22	30	1722.5	1722.5	0	100.0%	1356.25	1356.25	0	100.0%	1263.25	1263.25	0	100.0%	713	713	0	100.0%	0	0	0	0	3.25	1	
Stroke	23	26	2110	2067.75	42.25	98.0%	1162.5	1150.2	12.3	98.9%	1069.5	1069.5	0	100.0%	713	713	0	100.0%	1	0	0	0	2.15	2	
DME	24 & Isolation	38	2098.52	2043.47	55.05	97.4%	1619.73	1607.43	12.3	99.2%	1426	1402	24	98.3%	1426	1426	0	100.0%	0	0	0	0	11.79	6	
General Medicine	26	29	2110	1975.35	134.65	93.6%	1937.5	1925.5	12	99.4%	1069.5	1069.5	0	100.0%	1069.5	1069.5	0	100.0%	0	1	0	0	0	2	
Haematology	30	22	1722.5	1529.95	192.55	88.8%	1162.5	1162.5	0	100.0%	906.75	813.8	92.95	89.7%	1069.5	1069.5	0	100.0%	0	0	0	0	6.63	2	
Cardiology	32 & CCU	31	3078.75	3072.5	6.25	99.8%	1550	1469.5	80.5	94.8%	1426	1414	12	99.2%	1069.5	1069.5	0	100.0%	0	0	0	0	2.63	-3	
Cardiology	33 & HAC	29	1722.5	1635.8	86.7	95.0%	1162.5	1162.5	0	100.0%	1069.5	1045.5	24	97.8%	1069.5	1069.5	0	100.0%	0	0	0	0	3.17	1	
Gastro	36	32	2253.75	2234.75	19	99.2%	1550	1550	0	100.0%	1069.5	1058	11.5	98.9%	1069.5	1069.5	0	100.0%	0	3	0	1	6.07	2	
Respiratory	38/37	45	2497.5	2448.5	49	98.0%	1743.75	1668.75	75	95.7%	1426	1426	0	100.0%	1069.5	1063.2	6.3	99.4%	0	2	0	0	1.06	-4	
Maternity	53	38	1598.5	1556.5	42	97.4%	744	684	60	91.9%	1426	1166	260	81.8%	356.5	297	59.5	83.3%	0	0	0	0	7.07	-1	
Gynaecology	54	16	885.5	885.5	0	100.0%	713	713	0	100.0%	713	713	0	100.0%	0	0	0	-	0	0	0	0	4.9	1	
General Medicine	AMU	24	1955	1883.45	71.55	96.3%	1426	1426	0	100.0%	1069.5	1027.5	42	96.1%	1069.5	1057.5	12	98.9%	0	0	0	0	4.03	2	
General Medicine	MSSW	21	2311.5	2175.7	135.8	94.1%	1782.5	1765	17.5	99.0%	1635.25	1557.95	77.3	95.3%	1635.25	1635.25	0	100.0%	0	0	0	0	4.03	2	
Emergency	EDRU	10	885.5	885.5	0	100.0%	356.5	356.5	0	100.0%	550.25	550.25	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	9.97	0	
	Parksuite	8	840	840	0	100.0%	345	345	0	100.0%	690	690	0	100.0%	0	0	0	-	0	0	1	0	3.47	-1	
Surgical Assessment	ESAU	12	1185	1178.75	6.25	99.5%	690	671.24	18.76	97.3%	1035	1012	23	97.8%	690	690	0	100.0%	0	0	0	0	5.59	1	
Critical Care	ITU	11	4822.5	4822.5	0	100.0%	212.5	212.5	0	100.0%	4278	4278	0	100.0%	0	0	0	-	0	0	0	0	4.7	5	
Critical Care	HDU	6	1722.5	1722.5	0	100.0%	387.5	387.5	0	100.0%	1426	1426	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	4.7	5	
Maternity	Delivery Suite	10	3381	3357	24	99.3%	690	690	0	100.0%	3208.5	3080	128.5	96.0%	690	666	24	96.5%	0	1	0	0	4.94	-1	
Neo Natal	Neonatal	24	3381	3217	164	95.1%	0	0	0	-	3208.5	3069.5	139	95.7%	0	0	0	-	0	0	0	0	3.84	1	
Children's	Children's	27	2186	2114	72	96.7%	356.5	344.5	12	96.6%	1782.5	1700.5	82	95.4%	356.5	356.5	0	100.0%	0	0	0	0	8.56	0	
Orthopaedics	M1	20	1530	1530	0	100.0%	1035	1035	0	100.0%	690	690	0	100.0%	345	345	0	100.0%	0	0	0	0	3.18	1	
General Surgery	M2	26	345	345	0	100.0%	345	345	0	100.0%	138	138	0	100.0%	138	138	0	100.0%	0	0	0	0	0	0	
DME	CRC	20	1328.75	1328.75	0	100.0%	1550	1526.2	23.8	98.5%	713	713	0	100.0%	906.75	906.75	0	100.0%	0	0	1	0	1.02	0	
Neuro & Rehabilitation	Ward 36 CBH	20	1335	1335	0	100.0%	968.75	962.5	6.25	99.4%	713	713	0	100.0%	356.5	356.5	0	100.0%	0	0	0	0	1.53	0	
Dermatology	Dermatology	12	602.25	602.25	0	100.0%	143.75	143.75	0	100.0%	264.5	264.5	0	100.0%	264.5	264.5	0	100.0%	0	0	0	0	0.4	0	
Geriatric Medicine	25	30	750	720.5	29.5	96.1%	750	750	0	100.0%	690	690	0	100.0%	690	690	0	100.0%	0	0	0	0	0	2	
Totals		829	64223.52	62928.97	1294.55		36038.98	35639.52	399.46		43631.5	42564.75	1066.75		23023.5	22975.7	47.8								

Overall Staffing Hour totals (Rounded to the nearest hour)	Fill Rate	98%

Total Planned Hours	166917.5	Total Actual Hours	164108.94	Variance	2808.56

NB: RAG rating has been applied as 95% or above as "green" for % RN & % CSW and for sickness & absences equal to or below the Trust's target of 4% this is "Green" and Red if above Trust target of 4%.
Please note the Pressure ulcer data is sourced from clinical incident reporting and have not all been validated by the Tissue Viability team at the time of this report.
Vacancy data is awaiting to be verified and only Band 5 Nurses there was no CSW vacancy data at the time of this report

BOARD OF DIRECTORS	
Agenda Item	8.3
Title of Report	Nursing and Midwifery Strategy 2016-2018
Date of Meeting	27 January 2016
Author	Jill Galvani, Director of Nursing and Midwifery
Accountable Executive	Jill Galvani, Director of Nursing and Midwifery
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	1A, 2799, 2798 1B, 1908, 1909 3A, 2837, 2611 3B, 2799, 2837, 2798 7A, 2798
Level of Assurance • **Positive** • **Gap(s)**	Positive The Nursing and Midwifery Strategy is well embedded in the Trust and provides a framework for safe effective nursing and midwifery care
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	The Board of Directors are asked to discuss the report and note the update
Data Quality Rating	Bronze – qualitative data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	No

1. Executive Summary

This paper presents the up-dated Nursing & Midwifery Strategy 2016 – 2018 as an essential part of the handover between the out-going Director of Nursing & Midwifery and successor.

'Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy' (2012) was the title of the national NHS Nursing & Midwifery Strategy. This is now being refreshed, and nurses and midwives in the Trust have been invited to contribute to this. The national Strategy was discussed at the Chief Nursing Officer for England's Conference in December 2015. It is expected that this will be published in Spring 2016. In advance of this, and to prevent any lapse in progressing the Nursing & Midwifery agenda in the Trust, the Trust Nursing & Midwifery Strategy: 'Modern, Patient-Focused Nursing and Midwifery based on Traditional Values' has been reviewed by the Senior Nurses to cover 2016 – 2018 whilst the profession awaits the CNO Strategy.

The current Nursing & Midwifery Strategy incorporates the elements of the 5 year Forward View for the NHS and was therefore ahead of its time. The themes that are anticipated to be in the National Strategy are:

- Population Health & Prevention (in current Strategy)
- Personalisation Agenda (in current Strategy under patient focus themes)
- Ensuring Productivity and Safety (in current Strategy)
- Service Transformation, Innovation and Improvement (some elements covered)
- Building and Sustaining the future Workforce (in current Strategy).

The paper identifies those areas that are not progressing nationally at the moment and includes objectives that have been introduced since 2013 and objectives that anticipate development ahead of the National Strategy. Once the National Strategy has been published then the Director of Nursing & Midwifery will review the current Strategy again in light of this.

Background

The Nursing and Midwifery Strategy was developed during the first 6 months of 2013/14 in response to the Francis Report published in February 2013. Following an assessment by the Director of Nursing & Midwifery into nurse staffing levels and the associated outputs to evidence nursing quality alongside serious concerns into professionalism and discipline, the Nursing and Midwifery Strategy presented a framework for setting high standards of care and professionalism. The Board of Directors approved the Strategy in October 2013 and there was a celebratory but formal launch event in December 2013. Newly appointed nurses and midwives in the Trust continue to receive a copy of the Strategy and the Strategy is used as a reference point in Nursing & Midwifery Appraisals.

Having a Strategy such as this provides a framework for the Director of Nursing & Midwifery to set out what is expected of nurses and midwives but also identifies the ingredients of excellent nursing care: leadership, sufficient numbers of correctly trained staff working in a culture of support and constructive challenge that is focused on putting patients first.

Monitoring the Impact of the Trust Nursing & Midwifery Strategy

The fundamental standards of nursing care are audited through the Nursing and Midwifery audit processes. The Care Quality Commission (CQC) Fundamental Standards were launched in early 2015. The Nursing & Midwifery Strategy was reviewed as part of the portfolio of the Deputy Chief Nurse in February 2015. It was agreed by the Senior Nurse & Midwifery Team (SNMT) that all nursing and midwifery elements of the CQC compliance requirements are covered in the Strategy and that there is a framework for evidencing this. The review by the Deputy Chief Nurse is complete and was presented to the Clinical Governance Group on 15 January 2016.The revised approach will be a “Proud to Care: Accreditation Programme.”

The outcomes for nursing and midwifery are captured in the Director of Nursing & Midwifery’s quarterly reports to the Quality & Safety Committee; monthly reports and a six monthly report on nurse staffing are presented to the Board of Directors. The report covers: Nursing & Midwifery CQUINS; pressure ulcer prevention; reduction in falls and falls with serious harm; venous thrombo-embolous assessment (VTE); urinary catheter associated infections; compliance with Modified Early Warning Score (MEWS) assessment and Malnutrition Universal Screening Tool (MUST) with associated measures such as access to a jug and glass and patient experience of eating and drinking. There is evidence of sustained improvement in all domains.

2. Key Issues

The Strategy document has been well received both internally and externally, although a small number of nurses were reluctant to ‘sign up’ to it initially. The revised 2016-2018 Strategy links with nurse and midwife revalidation that starts in April 2016.

Safe nurse staffing continues to be a key focus of work and in particular as the Trust continues to respond to Care Quality Commission Unannounced Inspections (September 2014 and May 2015) where staffing was a concern resulting in non-compliance with safe staffing levels.

There has been a major focus on nurse staffing levels since the appointment of the Director of Nursing & Midwifery. Having sufficient numbers of nurses is fundamental to enabling excellent nursing care to be delivered. Monthly and six monthly reports on Safer Nurse Staffing continue to be reported to the Board of Directors.

3. Changes to the Nursing and Midwifery Strategy

The wording of some of the patient focused actions has been changed from the 2013 Strategy:

- Director of Nursing and Midwifery to be visible and accessible rather than seeing all nurses, midwives and nursing and midwifery assistants; this was impractical and couldn't be readily achieved. However, the Director of Nursing & Midwifery and the Senior Nursing and Midwifery Team wear a distinctive uniform to enable visibility.
- The 'hellomynameis' introduction is included in the revised Strategy.
- Occupational nurses are profiled in place of school nurses as the school nursing team has transferred to the Community Trust. The focus on Occupational Health nursing is important to keep the nursing and midwifery workforce fit and healthy and therefore reduce absence.
- Cerner Millennium is replaced by 'Wirral Millennium' as the system has developed and is an essential part of modern nursing and midwifery assessment and care provision.
- The plan to provide university lecturers with opportunities to maintain clinical competence has been dropped as this is the responsibility of the Universities.
- As patient focused rounding has been re-introduced during June 2015, this action has been changed to 'monitor' from 'introduce'.
- Optimising 'OLM' (online management) Talent and Self-serve has been removed with a focus on E-Roster.
- The role of housekeeper has been changed to 'Ward Assistant'.
- There is an emphasis on monthly safer nurse staffing reports to the Board of Directors rather than six-monthly (the monthly reports used to go to the Quality & Safety Committee).
- There is a specific action regarding Birthrate Plus™ for midwifery and the need to respond to the findings.
- There is a reference to local Universities rather than naming them.
- The implementation and monitoring of contribution-based progression has been removed as this is part of the Workforce Plan.

4. Conclusion

Substantial progress continues to be made on delivering the Strategy by the nursing and midwifery workforce in the 2 years since its launch. Quarterly performance reports are presented to the Quality and Safety Committee that demonstrate the impact of the Strategy on the nursing and midwifery workforce and on outcomes for patients and their experience. The Strategy provides a framework for nursing and midwifery care and professionalism in the Trust.

5. Recommendations

The Board of Directors are asked to discuss the report, and note the update.

BOARD OF DIRECTORS	
Agenda Item	8.4
Title of Report	Director of Nursing & Midwifery – Handover Report to Board of Directors
Date of Meeting	27 January 2016
Author	Jill Galvani, Director of Nursing and Midwifery
Accountable Executive	Jill Galvani, Director of Nursing and Midwifery
BAF References • **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, 2799, 2798 1B, 1908, 1909 3A, 2837, 2611 3B, 2799, 2837, 2798 7A, 2798
Level of Assurance Positive Gap(s)	Positive
Purpose of the Paper	For discussion and noting
Data Quality Rating	Silver – quantitative data that has not been externally validated Gold – quantitative data that has been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment	No

1. Executive Summary

This report provides a summary of the progression of the Nursing & Midwifery agenda since 2013 and summarises the key achievements and improvements made in the Director of Nursing & Midwifery's portfolio.

An initial review of the then position of Nursing & Midwifery was undertaken in July 2013 and this highlighted a number of issues and concerns as follows:

- Concerns in relation to nurse staffing numbers to provide safe and effective care to patients
- Complaints relating to basic levels of nursing care, specifically in relation to the nutrition and hydration of patients, patient's hygiene needs not being consistently met and concerns about patient observations and comfort checks
- Lack of empowerment of ward sisters/charge nurses despite a recognition of their ability
- Lack of adherence to the Trust's Uniform Policy
- Ability to quickly 'turnaround' wards which are underperforming

- Allegations of a lack of professionalism from some nurses, and in some cases examples of unacceptable attitudes being conveyed to patients and relatives

This baseline assessment required a firm strategic approach and the development and launch of the Nursing & Midwifery Strategy 2013-2018 provided a framework to progress 'Modern, patient focused nursing and midwifery based on traditional values'.

2. Infection Prevention & Control

By 2013, the Trust had demonstrated significant reductions in infection caused by Methicillin Resistant Staphylococcus Aureus (MRSA) and *Clostridium difficile (C.diff),* not only protecting patients from avoidable harm but demonstrating success in achieving the national performance indicators.

Such success meant that from 2013 onwards, the Trust was presented with extremely challenging targets to include zero tolerance MRSA bacteraemia and to reduce *C.diff* further when it was likely that the irreducible minimum had already been achieved.

In addition, the emergence of Multi drug Resistant Organisms (MDROS) namely Carbapenamase Producing Enterobacteriaceae (CPE) / Vancomycin Resistant Enterococcus (VRE) at the Trust during 2010/2011 indicated a need by 2013 to further develop a preventative strategy to contain and manage these organisms, to prevent ongoing outbreaks and clinical infections from occurring.

Maintaining preventative strategies to prevent *C.diff* and MRSA, whilst building on preventative strategies to manage MDROs has been an enormous challenge for the Trust, as many other competing pressures impacted on the ability to optimally deliver these, for example pressures associated with increased capacity and cost improvement programmes.

However, the Trust worked in collaboration with Public Health England during 2014/2015 seeking best advice to ensure that actions could be delivered to support the delivery of a HealthCare Associated Infection (HCAI) reduction strategy. Supported by the Board of Directors and considered a high priority in relation to patient safety, a significant amount of investment was allocated to the Infection Prevention and Control agenda to support the key elements of an effective Infection Prevention Strategy, these being:

Early Identification

Molecular (rapid) testing to provide same day results for MDROs to reduce exposures, the risk of transmission and clinical infection from occurring**.** This also supported patient flow.

Effective Prompt Isolation

- Offices converted within wards to provide additional side room capacity
- Commandeered an interim cohort ward for CPE
- Provision of a purpose built isolation facility

Doing the Basics Brilliantly

- Improved hand washing facilities
- HABITS Campaign
- Introduction of macerators
- Environmental Hygiene Team
- Ward refresh programme

It is disappointing that this year, 2015/2016 it has not been possible to further reduce infection due to *C.diff* but rather we have exceeded our annual objective of no more than 29 cases. It has been acknowledged that this was likely due to the operational pressures experienced during the last 12 months and the competing risks associated with these pressures. However, as a Trust we have learned from this and have put corrective and sustainable actions in place to prevent further avoidable *C.diff* infection and work towards achieving the new *C.diff* objective for 2016/17.

Recognised now as the leading Trust for the management and containment of Carbapenemase Enterobacteriaceae (CPE), our CPE strategy is being shared with other Trusts now identifying CPE to be a problem in their regions. The success of the strategy has also earned us a place as finalists at the Patient Experience National Awards in March 2016.

3. Tissue Viability (Pressure Ulcer Prevention)

During 2013/14, the Director of Nursing & Midwifery identified pressure ulcer reduction as a high priority in relation to patient safety and protecting patients from avoidable harm.

With many initiatives introduced during 2013/14, to include regular pressure ulcer summits, stop the pressure campaigns and a Listening into Action Event to include collaboration from our Community Trust colleagues, a significant reduction of 62% for all grade 4 and grade 3 pressure ulcers was achieved. The Trust reported no Grade 4 pressure ulcers over the same period.

Building on this success, during 2014/15 WUTH committed to achieving a CQUIN target approved by the Clinical Commissioning Group to reduce avoidable stage 2 pressure ulcers by 35% from the 2013/14 outturn of 466 grade 2 pressure ulcers. At the end of 2014/15, 220 new Grade 2 pressure ulcers were reported, demonstrating a reduction of 53%. A further 47% reduction was reported for all Grade 3s and for a second year there were no Grade 4 pressure ulcers reported.

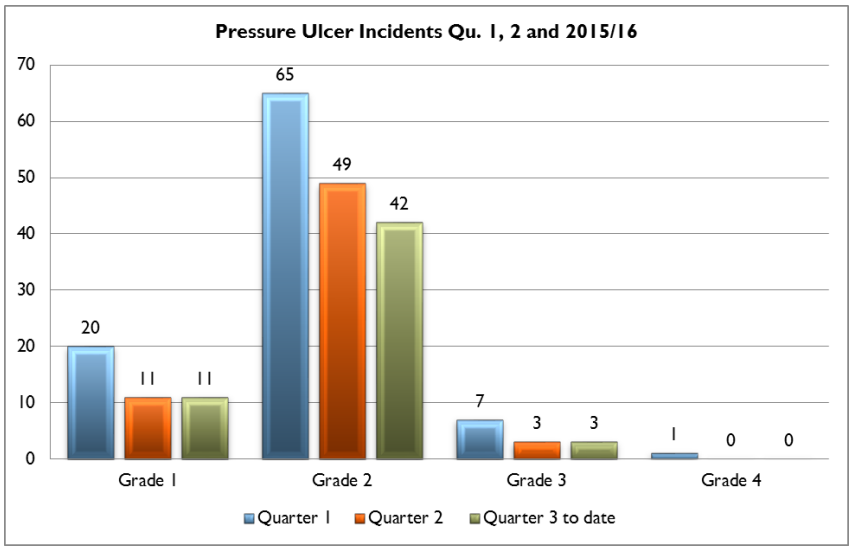
Unfortunately during 2015, changes within the structure of the Tissue Viability Service and changes affected by the launch of Wirral Millennium have potentially given rise to an increase in Grade 3 pressure ulcers and over reporting of Grade 2 pressure ulcers each month at ward level due to the limited resource to validate these ulcers. Despite the monthly increase a reduction in Grade 2 pressure ulcers is still being progressed. The Trust continued in 2015/16 to report no avoidable Grade 4 pressure ulcers. A key factor in this reduction has been a significant increase in the number of profiling beds available for patients.

Also in 2015 the Trust, committed to reducing pressure ulcers further, agreed to the 'Sign up to Safety Campaign' identifying pressure ulcers as an area for further focus and improvement. Funding was supported through 'Sign up to Safety' for additional staffing to support the pressure ulcer reduction, with a Band 6 Pressure Ulcer Prevention Nurse now in post and a Band 3 assistant due to commence in February 2016 to support the reduction further.

In addition a 'Sign up to Safety' pressure ulcer reduction action plan has been developed and actions are progressing to develop appropriate policies and leaflets relating to pressure ulcers.

Senior Nurses throughout the Trust have attended sessions to become Pressure Ulcer Champions and once signed off as competent will be responsible for validating pressure ulcers to ensure accurate assessment and reporting.

Table 1

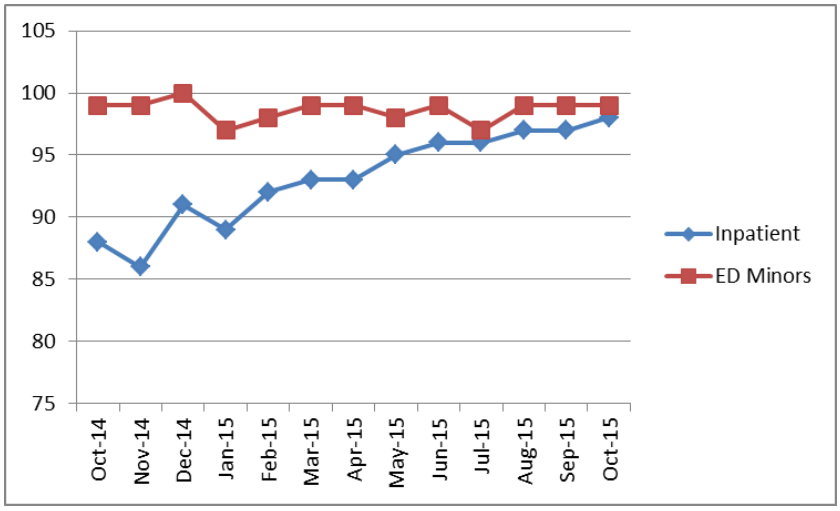


4. Patient Experience

Friends and Family Test

The Friends and Family Test was introduced in 2013 as a single key measure of experience for patients using NHS services. The initial implementation was restricted to acute inpatients and ED minors, but has since been rolled out to all hospital services. WUTH already had well established means of measuring experience by the Learning with Patients questionnaire although the introduction of FFT provided a more comparative measure to assess and improve performance across clinical areas. The first set of data published in June 2013 presented a challenging position for the Trust and placed it in the lowest quartile for inpatients for the North Region and in the bottom 5 Trusts nationally for ED Minors. The publication of this data provided a significant focus on FFT as a principle quality measure and it was incorporated into the Trust's quality monitoring and performance management process. In addition to this a specific brand was developed and this was used to raise the awareness of FFT both to staff and the public/patients. The necessary focus has produced a steadily improved performance and as at October 2015, the Trust had recorded its best recommend rate for Inpatients (98%) since the FFT methodology was changed in October 2014. The ED Minors recommend rate improved quickly following the publication of the first national data and reflected the reconfiguration of the department which provided a more modern and patient friendly environment.

Table 2 - Friends and Family Test – (Inpatient and ED Minors - Recommend Rate) Oct 14 to Oct 15



FFT has now been fully implemented to all services and in accordance with national requirements and the Trust has recently moved to an electronic solution in outpatients which provides an increased sample size and response rate.

Learning with Patients

The Learning with Patients methodology has been embedded within the Trust for a number of years and allows for a comprehensive view of the experiences of patients. The data, both quantative and qualitative have been fully integrated into the Trust's quality assurance processes which the Trust to track improvements in experience as well as identifying challenges. During the past 3 years the Trust has become increasingly responsive to what the data is indicating and a number of initiatives have been progressed which have improved the experience of patients and relatives. Two examples of these are the introduction of flexible visiting and the revision of the ward entrance boards.

Prior to the introduction of flexible visiting, relatives could only visit between 3.00 and 4.00pm and between 6.30 and 7.30pm. In response to feedback from patients and relatives, we took the opportunity to revise this and provide flexible visiting between 2.00pm and 7.00pm daily. This has had a significant impact across the organisation as the flow of visitors has been more steady and patients and relatives have reported that communication has improved as they can access clinical staff better to discuss care and discharge arrangements. The revision of the ward entrances was also commenced as a direct result of feedback from patients, relatives, Trust Governors and members of Healthwatch. We worked to provide a more welcoming entrance to wards which involved the removal of out of date or irrelevant information as well as designing new entrance boards which incorporate photographs of the ward leadership team, visiting times and uniform detail of the care team on the ward, this is in addition to nurse staffing boards and the Nursing & Midwifery Strategy.

Concerns and Complaints

The focus on concerns and complaints raised by patients and their relatives has been recognised as a key priority across the NHS in the wake of the Francis Report and the Clywd Hart Review. In 2012 the Trust had completed a strategic review of concerns and complaints following the addition of this important function into the DoN&M portfolio. At

that time a number of significant concerns were evident in relation to complaint handling as follows:

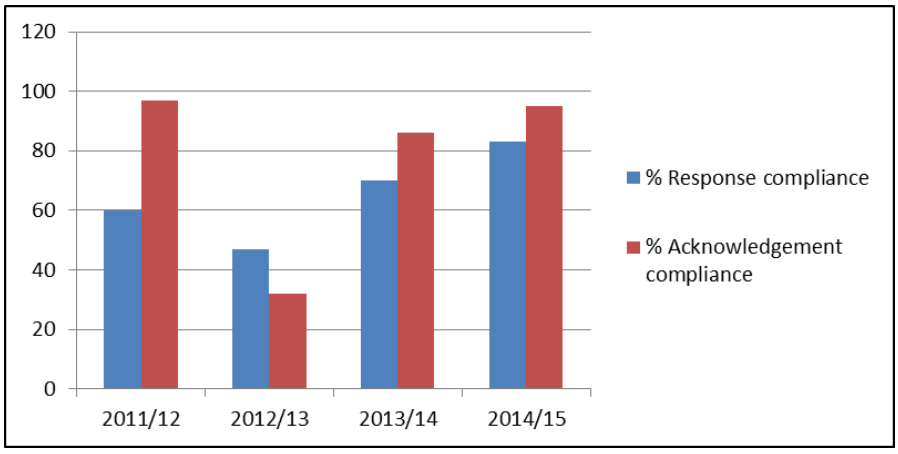
- Lack of focus within the organisation with little reporting of complaints handling performance beyond the production of an annual report
- No quality assurance process in place prior to complaints being reviewed and signed by the Chief Executive
- Fragmented management of complaints within clinical divisions
- Confusion in relation to the roles of the PALS function and Complaints Team
- Very little documented evidence of learning from complaints and no framework to provide internal or external scrutiny of complaints performance
- Lack of appropriate management of complex complaints and complainants

Since 2013 significant actions have been taken to improve concerns and complaints management, including:

- Introduction of a quality assurance process which resulted in the DoN&M reviewing all complaint responses prior to review and sign off by the Chief Executive
- Monthly performance monitoring and formalised reporting of complaints within the Trust's governance structure
- Merging of Complaints and PALS teams into the Patient Relations Team
- Implementation of the Complaints Scrutiny Team to review quality of complaint handling
- Revision of the complaints policy and promotional material throughout the Trust to increase resolution of concerns by frontline staff.

As can be seen from the below chart, service performance has improved significantly since 2013. Whereas in 2012/13 the Trust responded to only 47% of complaints within the agreed timescale, in 2014/15 this had improved to 83%. Similarly, the compliance for acknowledging complaints within three working days had improved from 32% in 2012/13 to 94% in 2014/15. For 2015/16, the Trust is currently on track to respond to 80% of complaints within the agreed timescale and acknowledge 97% of complaints within 3 days.

Table 3



There has been external recognition regarding the quality of the Trust's complaints management. In two investigation reports, the Parliamentary and Health Service Ombudsman found that we had made significant improvements in complaint handling. The methodology of using complaints through our CLIPPE reports has been recognised as best practice at the NHS National Complaints Managers Forum. The approach for

using complaints and patient experience as part of the CLIPPE reports was also recognised at the 2014 Patient Experience Network National Awards (PENNA), where the Trust was a runner-up in the category 'Measuring, Reporting and Acting'. In addition, the Ombudsman has highlighted how the Trust uses the user-led vision on complaint handling *'My Expectations'* in our Complaints Scrutiny Team as best practice that has been shared with other Trusts.

National Patient Surveys

The National Patient surveys commissioned by the Care Quality Commission have reported a number of positive outcomes for the Trust including the National Maternity Survey, National Paediatric Survey as well as the National Cancer Survey with many indicators scoring better than other comparable Trusts nationally.

In January 2016, the Trust received the initial data from the National Inpatient Survey 2015 which reports a significant number of improvements albeit it is recognised that this data requires further processing before definitive results are published.

Patient Stories

The concept of patient stories has gained more relevance in the wake of the Mid Staffordshire Report and building on the significant feedback gained by the Trust via the Learning with Patient questionnaire, Friends and Family Test and National Surveys actions were progressed to develop patient stories to bring the patient voice to life and provide context for issues raised feedback as well as concerns and complaints. Initially, patient stories were confined to written reflections and included as standing agenda items for the Board of Directors, the Quality & Safety Committee and Clinical Governance Group. This was further progressed to invite patients or their relatives/carers to attend the Quality & Safety Committee to provide their story in person. This has been a very visible and transparent way in which the Trust seeks to receive feedback and at times the verbal feedback has been challenging yet constructive in many respects and a common theme from patients and their relatives/carers has been a desire for the Trust to learn and continually improve its services. Patient stories are now very well embedded within the Trust principle assurance groups/committees and have been developed to include video recorded experiences which can be shared with a wider group of staff to facilitate reflection and learning.

There has also been a significant change in Board visibility over the last 3 years and one of the main contributory factors to this was the introduction of the 15 step walkarounds which have involved 8 teams (Director/Non-Executive Director and a Governor) undertaking visits to clinical areas to assess the from a patients perspective. These have proved invaluable in raising the visibility of the Board and Council of Governors with staff in wards and departments.

Patient and Public Involvement

This part of the Director of Nursing & Midwifery's portfolio is critical to ensure that not only is the Trust meeting its statutory duties to engage and involve the public and patients but also celebrate achievements and to pro-actively advance positive perceptions about the Trust. The key relationship has been with Healthwatch, who as the statutory 'consumer champion' for health and social care is considered a key partner. The aim has been to be open and transparent with Healthwatch and to work in partnership with then to improve patient care and experience. This has been achieved in a number of ways including facilitating 'Enter & View' visits as well as holding joint engagement events which included public 'question time' events with the executive team in July 2015. In addition, the relationship with the Wirral Older People's Parliament (WOPP) has also been matured with many events taking place to celebrate

the Trust's achievements and in May 2015 a major event was held with WOPP to mark Nurses Day 2015. Members of WOPP also meet with the Director of Nursing & Midwifery on a quarterly basis and have been involved in a number of workstreams including PLACE assessments, mealtime experience improvements and patient information.

5. Improving the Care of Patients with Dementia

The care of people living with Dementia has increasingly been seen as a national priority, especially with the launch on the National Dementia Challenge in 2013. The Trust had until this point developed a partnership with the Alzheimer's Society on the Wirral and this had resulted in the delivery of Dementia Awareness sessions for clinical staff as well as the first introduction of the 'This is me' document in 2012. The introduction of national quality (CQUIN) indicators in 2013 provided the opportunity to further develop this important agenda. The Trust had the stated desire at that time to not only meet the national quality indicators but to also innovate and develop collaborative partnerships with other agencies and groups/charities. A critical component of this was to appoint a matron specialising in the care of patients with dementia and the launch of the Trusts Dementia Strategy in 2015 consolidated the work to date whilst setting a clear plan for future progression.

This focus has achieved sustained improvements over the past 3 years and some of the highlights are as follows:

- First Trust nationally to introduce Reminiscence Pods
- Recruitment of 'befriending' volunteers
- Introduction of the 'Daily Sparkle' newsletter
- Development of the 'Memories café'
- Introduction of 'dementia bays' on selected wards with space for activities
- Introduction of 'Reminiscence Boxes' in partnership with Wirral Library Service

In addition to the improvement work, the Trust has consistently achieved all National CQUIN indicators over the last 4 years.

6. Adult and Children's Safeguarding

The Director of Nursing & Midwifery commissioned Mersey Internal Audit Agency (MIAA) to review safeguarding governance and staffing arrangements within the Trust in 2014 following the identification of issues that needed attention to ensure the provision of continued safe and effective care for vulnerable people. The overall aim of the review was to focus on the Trust's strategy, leadership and governance arrangements in fulfilling their statutory and contractual responsibilities and compliance and to safeguard and promote the welfare of children, young people and adults.

The revised structure was implemented to provide clear lines of accountability and governance within the Trust. In addition the Safeguarding Strategic Team, which reports into the Clinical Governance Group and Quality and Safety Committee, provides external scrutiny from the Designated Professionals to whom the Trust provides evidence of compliance within the statutory and contractual framework. This provides assurance for Safeguarding Children and Adults at Risk. The self-assessment document is submitted to the Designated Professionals and an action plan is monitored by the Trust Strategic Safeguarding Team and reported by exception to the Wirral Safeguarding Children's Board.

The newly appointed Head of Safeguarding/Named Nurse for Safeguarding Children ensures the key functions are undertaken for the Trust and provides effective leadership, monitoring and maintenance of the safeguarding training programmes,

collaborative inter-agency working and accountable for the delivery of a high quality patient centred service across the Safeguarding Agenda.

Following the restructure, there was a launch of the new safeguarding team and governance arrangements in July 2015. Partner agencies from Safeguarding Boards and Police alongside other representative from Health across the economy attended. The launch of the team also included the team's new uniform and being recognised within the Trust as the clinical specialists providing an expert, advisory, supportive role to ensure that clinical staff have the required skills and knowledge to undertake their statutory obligations within their role.

Training Compliance

The Safeguarding training strategy was prioritised for review to ensure compliance with the Intercollegiate Document 2014 guidance. The training needs analysis which arose provided the framework for a more robust and pragmatic strategy for Safeguarding Training. The intention was that the strategy would be deliverable with the resources available within the Trust and would provide assurance that both legislative and local/national guidance is embedded within all aspects of clinical practice where applicable. A decision was also made to ensure all safeguarding training within the Trust is Mandatory not Essential as historically only Level 1 training was mandatory.

The focus on training has resulted in improved compliance as detailed in the table below. Whilst there has been a slight drop in compliance in Quarter 3, this can be mitigated due to an increase in staff starters and staff released due to winter contingency. A robust action plan is in place to ensure the compliance KPI is reached by end of Q4 and all Safeguarding training is on track as at January 2016.

Table 4

Training module	Compliance as at Jan 2016
Safeguarding/MCA Level 1	89%
Safeguarding Level 2	80%
Safeguarding Level 3	78%

Having improved the training compliance significantly, further actions are in progress with colleagues in Learning and Development which will include the use of e learning packages.

Safeguarding Strategy

The work undertaken to provide a sustainable safeguarding function within the Trust has resulted in both the Trust and its commissioners and other statutory agencies being assured that safeguarding within the Trust presented no risk. The launch of the Safeguarding Strategy 2015-2017 consolidated this further and its strategic aim is to ensure that safeguarding is embedded in all divisions across the Trust and that *"Safeguarding is everyone's responsibility"* along with the introduction of the *"One Chance Rule".* The key priorities and objectives are:

- Mainstreaming Safeguarding to support excellence
- Effective safeguarding, leadership, structure and processes
- Learning and improvement through experience and partnership
- Continuing the development of a caring, safe and effective workforce
- Engaging with service users and external agencies.

Therefore, a great deal has been achieved since the MIAA review in 2014, the risks have been actioned to provide assurance and a new team under an effective leader has consolidated this by developing and launching the Safeguarding Strategy. The

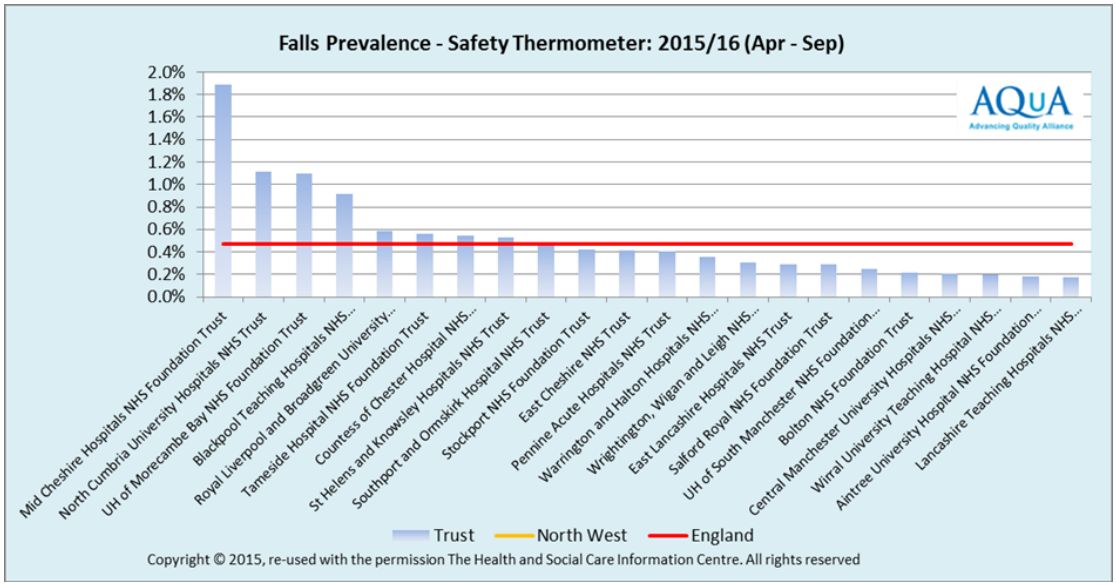
Safeguarding agenda within the Trust will continue to innovate and embed safeguarding across the organisation.

7. Falls

Preventing patients from falling in a key safety priority as falls resulting in harm can have a significant detrimental effect on the patient can prolong their stay in hospital. Falls has been a subject of significant focus for the Trust and a number of actions have been progressed to minimise the prevalence of falls in hospital. These include the use of technology as well as cohorting patients who are at risk of falls to provide increased monitoring. The Trust has also reintroduced the 'stop the line' process to ensure there is a rapid review when a patient falls to minimise any potential risk.

The Advancing Quality Alliance (AQUA) safety monitoring report published in January 2016 reported that the Trust has one of the lowest falls prevalence rates in the region.

Table 5



8. Innovation in Technology to Improve Nursing Care

Healthcare is in an era of developing and utilising Electronic Health Records to support and enhance safe care and widen communication across the patient journey. The Trust has been at the forefront of this with the creation and implementation of Wirral Millennium.

The transition for nursing documentation has been a key component of the implementation phases of this within the Trust. Nursing documentation went live with phase 2b in November 2014. The focus within nursing has been not just to replace existing paper but to develop the technology to aid and support nursing, making aspects more efficient to free up nursing resource which in turn benefits patient care. Continual engagement with the nursing staff at all levels has driven the innovation to create a culture of ownership to shape improvements. An example of this is the Nursing 'Mpage' which pictorially displays the patient's status in relation to basic and vital assessments. This has released nursing resource as there is less reliance on reviewing paper records and senior nurses now have the ability to continually monitor their patients' needs and therefore allocate their nursing resources accordingly.

The ability to adapt Wirral Millennium has also provided an opportunity improve patient safety. This has been most evident in the monitoring of MEWS (Modified Early Warning Score) as the Trust had a significant problem with the compliance with the 1-3 range which acts as a trigger for increased monitoring. The ability to have this on Millennium has improved compliance significantly from 37% in Q3 2013/14 to 82% in Q3 2015/16.

Table 6

Standard	Q3 Position 13/14	Q4 Positon 13/14	Q3 Position 14/15	Q4 Position 14/15	Q1 Position 2015/2016	Q2 Position 2015/2016	Q3 Position 2015/2016
100% patients will have full MEWS on admission & at least 12 hrly for acute patients and 24hrly for rehab patients.	89%	90%	95%	96%	99%	99%	99%
Total MEWS of 1-3: 100% patients will have MEWS frequency increased to 2-4 hourly	37%	50%	52%	62%	82%	85%	82%
Total Mews of 4-6: 100% patients will have MEWS frequency increased to hourly	79%	87%	87%	83%	95%	84%	85%
MEWS 3 or more in any one category: 100% patients will be seen by SpR within 30 mins	78%	88%	88%	90%	100%	100%	100%
Total MEWS 7 or more - MET call will be put out within 15 mins	100%	100%	100%	100%	100%	100%	100%

Proposed new developments are reconfiguration of fluid balance on Wirral Millennium, the new system is a more user friendly process which will encourage and enable improved compliance with this key element of nursing care/documentation.

Incorporated with this is the implementation of dietary intake on Wirral Millennium, this will be commenced by the dietitian in the form of a care plan, the nurse can then access this electronically ensuring that the patient receives their individualised plan of care for nutrition.

9. Ward Leadership

In 2013 the frontline leaders of nursing and midwifery had appeared to have lost a sense of identity and were working under a title of 'Ward Manager'. Engagement activity through the Listening Into Action programme along with the launch of the Nursing & Midwifery Strategy brought a new sense of purpose to the role of the 'Ward Sister' role with a renewed focus of nursing and midwifery leadership.

In support of the Ward Sister a developmental programme (PDRP) to assist the existing team to develop both in terms of academia and leadership qualities was implemented, this programme would also act as a 'wrap around' to new and emerging leaders.

Ward Sisters were supported to develop a set of objectives which were aligned with the Nursing and Midwifery Strategy and also the wider trust objectives and PROUD values. These objectives have provided clear direction and vision for the Ward Sisters and are intrinsically linked to the delivery of safe, high quality, patient care. In turn, the objectives have provided a strong performance management framework to assist in the assurance that we have a sustainable delivery of key measures in our clinical areas.

10. Nutrition & Hydration including Mealtime Experience

The focus on Nutrition and Hydration as a key quality indicator was recognised by the Trust as a priority as early as 2010 and some innovative work was undertaken to standardise mealtimes at ward level. This was consolidated with the launch of the Nursing and Midwifery Strategy and further work was commenced to ensure that not

only patients have positive and supportive mealtimes but also to ensure that this was seen as a key patient safety indicator as it was recognised in 2013 that jugs and glasses had been removed from some areas and patients who were nil by mouth were not being allowed to have 50 mls of water every hour in line with national guidance. These risks were quickly dealt with and proactive actions were then progressed which included improved compliance with the MUST assessment tool, the introduction of soup and sandwiches at lunchtime, improved recruitment of volunteers to assist at mealtimes and increasing the awareness of the availability of food out of hours where patients have been admitted outside standard mealtimes.

This is also a key patient experience measure and we are one of the only Trusts nationally to monitor this indicator from a patient perspective. During 2015 this has been incrementally improving although there needs to be more detailed work done in specific areas to further improve.

11. End of Life Care

Following the announcement of the cessation of the Liverpool End of Life Care Pathway in July 2013, there has been an increased focus on the infrastructure to ensure that hospital-based patients receive appropriate end of life care. During January to March 2014, the Director of Nursing and Midwifery assessed the Trust's position and an End of Life Care Strategy was developed. This Strategy compliments the work of the End of Life Care Alliance and the Cheshire and Merseyside Palliative and End of Life Care Clinical Network and demonstrates the Trust's commitment to 'excellent and equitable end of life care which enables people to live and die well in the place of their choice'. The Trust has progressed a number of actions in collaboration with partners across the local health economy and has also signed up to the national 'Transforming End of Life Care' programme.

At a local level, many initiatives have been delivered to enhance End of Life Care. These include:

- Incorporation of nursing assessment for patients identified as in the last days of life onto Wirral Millennium.
- Collaborative quality improvement programme for Care of the dying utilising an aide memoire (in line with the 5 priorities of care) on two pilot wards. This showed areas of improvement in all audit areas
- Rollout of 'Butterfly' scheme for those who are dying across the Trust to highlight sensitivity and promote privacy
- Development of Volunteer programme for companionship at the End of Life pilot commenced on 3 wards

The introduction of the strategy provides the necessary framework to continue further improvement activity whilst recognising that providing appropriate and coordinated end of life care remains a national priority and challenge.

12. Nurse Staffing and Recruitment

Safe nurse staffing levels is an area of considerable focus nationally, especially in the wake of the Francis, Keogh and Berwick Reviews in 2013. In addition, the government recognised had recognised that the public have an increasing right to know about the NHS services they are paying for and one of commitments made in 'Hard Truths: The Journey to Putting Patients First' (2014) was to make this information more publicly available.

During 2012/13 the Trust had made some investment into DME – Care of the Elderly wards and some other limited areas, however the appointment of the Director of Nursing in March 2013 provided a necessary focus on nurse staffing and a full review of nurse

staffing was undertaken in April 2013. This review coincided with nurse staffing becoming a regular feature on the Board of Directors agenda and provided an opportunity to highlight the issues arising from the staffing review and agreement to further investment. The following table demonstrates the overall investment made in nurse staffing since 2012/13 and many of the improvements in quality of care and experience are as a result of moving to a more sustainable level of staffing.

Table 7 - Investment in Nursing and Midwifery Staffing

Medical Wards	£2, 166, 848
Surgical Wards	£882, 541
Total for Adult Inpatient Nursing	**£3, 049,389**
Midwifery B5/6 Birth Rate Plus® Option 5	£803, 899
ED Nursing (BEST tool)	£363, 422
Total	£4, 216, 710

In addition to investment in nurse staffing, the Trust recognised that the scarcity of newly qualified registered nurses was becoming a major issue nationally with many Trusts having to recruit overseas to meet staffing requirements. The Trust has recognised this by utilising its relationship with School of Nursing at the University of Chester to offer substantive positions to students approaching graduation. Whilst this was a very positive step, the Trust progressed further action to meet the nurse staffing requirements arising from turnover and investment. The decision to recruit overseas has been carefully managed and targeted to certain countries to ensure we get the best candidates to care for our patients. This has been a great success and these new recruits have been offered an incentive package which includes subsidised accommodation. We also recognised that many of these new recruits are young and would be away from their families for the first time and therefore additional activities have been undertaken to help them feel welcome and involved in the Trust. Therefore, the investment in nurse staffing as well as a robust recruitment plan have ensured that the Trust now has a stable nursing and midwifery workforce.

13. Conclusion

This paper has demonstrated the transformational change and innovation that has been achieved across the Nursing and Midwifery agenda over the last 3 years especially at a time of limited resources across the NHS, operational pressures and increased scrutiny by regulators. When there has been challenge from regulators, actions have been developed in a timely way with targeted improvements to provide assurance whilst continuing with the improvement activity detailed across the range of indicators in this report. The initial assessment detailed at the start of this paper highlighted a number of significant risks to the organisation that were managed methodically and purposefully by the senior nursing team under the leadership of the Director of Nursing & Midwifery and the launch of a refreshed strategy in February will build on the achievements to date and provide a comprehensive strategic framework for Nursing and Midwifery in the future.

The Board of Directors is asked to note this report.

Board of Directors	
Agenda Item	9.1
Title of Report	Report of the Quality & Safety Committee 13 January 2016
Date of Meeting	27 January 2016
Author	Dr Jean Quinn, Chair of the Quality and Safety Committee
Accountable Executive	Evan Moore, Medical Director
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	1,3,4,5,6,7 1a,1b,3a,3b,4a,5b,6b,7a,7c,7d 1445,1908,1909,2328,2485,2611,2678
Level of Assurance • **Positive** • **Gap(s)**	Gaps with mitigating action
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

This report provides a summary of the work of the Quality and Safety Committee which met on the 13th January 2016

Chair's Business

The verbal update on the Patient Survey into Maternity Services was provided which highlighted that the Trust had performed better than other Trust's in 12 domains.

Board Assurance Framework (BAF)

The Committee's agenda reflected the gaps in assurance/control on the BAF and was structured such that it allowed for great focus on the most significant risk areas. The amendments to the risks recommended by the Committee in its previous meeting associated with End of Life Care and Partnership Governance were accepted. The Committee reviewed its risk profile in a format

recommended by the Audit Committee which members found helpful as a pre-cursor to undertaking further work on determining the overall Board's risk appetite.

The Committee requested that the BAF be amended to take account of the good work being undertaken to achieve harm free care, recognising that this was currently at 96% which was excellent.

Compliance against the NHS Constitution

A high level review of compliance against the rights and pledges in the NHS Constitution was undertaken. The review also mapped the risks in the BAF to the relevant areas in the Constitution for ease of reference. The review did not reveal any areas of non-compliance however it did mirror the assessment by the Trust of its areas of concern and therefore the focus of the attention as demonstrated by the Committee's agenda.

CLIPPE Q2 2015/16 Summary Report

The following 3 areas were the focus of most of the Committee's attention:

Maternity Ward – recurring themes emerging associated with pain relief in labour; information and signage. Solutions sought included a future LIA event and the externally commissioned culture review.
Formal Complaints – 16% increase in Q2 was a cause for concerns although the Committee was pleased that this had decreased in Q3. The pressure on the hospital was thought to be a contributory factor together with the need to better agree expectations with patients and families. The Committee agreed that the escalation process which is enacted when responses are delayed should be implemented sooner than is the current practice.
Emergency Department – the lack of ECG machines at times raised some concern again attributable to the pressure on the hospital.

Workforce and OD Dashboard

Good performance was reported in the attendance rate although this had reduced slightly below 96%. Nurse vacancies rates remained low with continued focus on recruitment and the integration of our overseas nurses. Appraisal rates reported as a concern however plans are in place to achieve the 88% target by 31st March 2016; the link with nurse revalidation was made to ensure that this posed no significant risk to the Trust. The NHS staff survey raw data had been received however the full results are embargoed until 26th February 2016.

As requested previously by the Committee, updates in the following 3 areas were provided:

Turnover by Directorate – the Committee were able to challenge the turnover rates in specific high risk areas to understand whether this was acceptable or what further action needed to be taken.
Number of Staff off work with stress/anxiety/depression – this was reported as reducing although still remained a significant concern. The health and wellbeing was in place and being implemented and the Trust had enhanced its counselling service.
Exit Interviews – despite the introduction of an Exit policy and associated questionnaire in April 2015 the rates for completion were still poor. In order to drive up levels, the HR department are now publishing divisional compliance levels on a monthly basis and will directly manage this key performance indicator.

The Committee concluded that the focus over the last 12 months had made a real difference but agreed that this needed to continue.

A & E Triage Improvement Plan

As requested previously by the Committee the Division of Acute and Medicine provided an update on the work undertaken to improve the triage times this included an update on the Single Front Door pilot.

The Committee was pleased that the training of all ED nurses in triage and the strict adherence to the escalation process had impacted positively on the triage times. The documentation on the M Page in Cerner had improved from an average of 15 minutes to 4 minutes and triage was the focus of the 2 hourly bed meetings. No incidents or complaints had been received since the implementation of the plan. The Division agreed that the collection of data still needed to be improved. The Committee was pleased that the Division felt the staffing levels were now right following the recruitment of a further 13 nurses over the past 2 weeks. The single front door pilot commenced on the 7th December and the Committee's reviewed the first month's activity. Out of 1231 patients, 185 patients were successfully deflected to the walk in centre without any consequence and an obvious advantage to waiting times and patient experience. The Committee was keen to ensure that this successful collaborative work with the Community Trust was captured and built upon.

Community Paediatrics Update Report

The Committee was disappointed with the lack of progress despite attempts to resolve the issue between provider and commissioner. It was confirmed that the list had not been closed to new patients as the preference was to resolve the situation in partnership. It was disappointing that only 26 patients were successfully transferred to CAMHS which was much lower than anticipated. The Trust had been able to free up one consultant to provide additional support and some additional funding was identified which would be used to recruit consultants to undertake the new referrals and nurses to undertake the follow ups. The terms and reference of the service review being undertaken had not been shared with the Trust although the outcome was due to be communicated on the 21st January 2016.

Winter Planning – update

The Committee reviewed the outcomes from the January SAFER initiative this included a review of the top areas of success and key issues. The main indicator of success was deemed to be not having to open additional capacity in an unplanned way. Patient flow overall had improved and the Committee sought assurance that this was sustainable. The response was this there was an acknowledgement that the initiative worked but this would require continued monitoring. The collaborative work with the local authority and the community in Charlotte House was positively reported.

C difficile Action Plan– update

The Committee reviewed the actions taken as part of the enhanced plan recognising that the Trust had now reported 31 cases against an annual target of 29. The pressure on the hospital over the Christmas and new year period had not impacted on the HPV programme and early isolation which were key to reducing incidences of C difficile. The Committee was pleased to hear that no beds were closed over Christmas due to infection although the risk of further incidences were high during this continued busy period.

Some issues with recording data on Cerner had been identified which although working with IT to resolve was not seen as a priority. The Committee agreed to raise this with the Board and support the stance that this should be classed as a priority.

End of Life Strategy – update

The update, as requested by the Committee, included the appointment of a new consultant following the retirement of Cathy Lewis Jones; the education work being undertaken in collaboration with St John's hospice; the continued need to focus on improving communication and recording information as well as the overall provision of specialist palliative nurses. A review of the action plan concluded that the focus should be on the priority areas if success was going to be built upon.

Clinical Quality Dashboard

HSMR continues to be below expected levels; medication errors, ward moves, readmissions and medicines allergies had all reduced. The response rates in the Friends and Family Test in ED was reported as very low at 2% which required attention.

Director of Nursing and Midwifery Performance Report Q3 2015-16

Good performance continues with MEWS assessments; improvement with nutrition and hydration and the safety thermometer was reported at 96% which was consistently higher both nationally and regionally. Improvement in the dementia care action plan highlighted movement in the 4 red status areas which had now reduced to 1.

Advancing Quality Update

Improvements were noted in AKI and Hip and Knees. Concerns still remained with Sepsis in terms of the measurements and fractured Neck of Femur which were the subject of an improvement plan.

Web Holding File Action Plan

Although there had been improvements in the overall time individual incidents had been held in this file, the overall number of incidents was not reducing despite the change in the process to allow Divisions to review these within 20 days when previously this was 5. The Risk Management team had put in short term mitigating action but this was unsustainable in the longer term. The team were currently operating a dual process in order to reduce the backlog whilst at the same time manage new incidents. The Committee sought to understand how this situation had arisen which was attributed to a range of things including a lack of time; in some cases training and in others the lack of adherence to best practice all of which formed part of the action plan.

The Committee agreed to continue to receive reports until the situation was under control.

Quality Improvement Strategy 2016-19 - Update

The Committee reviewed progress as at year 2. Key highlights included:

HSMR although not at the target of 85% continued to be below expected levels. The target of 85% was deemed to be unachievable following the rebasing exercise. In view of the Trust's success in this area, the Committee agreed to recommend an amendment to the metric to the Board from 85% to "below expected". Similarly although the target for readmissions had shown real improvement, the focus on avoidable readmissions was felt to be more appropriate. The recommendation to the Board is that the metric be amended to "reduce avoidable readmissions to 10%"

Success was reported in the following areas; heart failure following the additional resources put in place: NICE and MEWS compliance. Further work required in pneumonia; 4 hour admission to the stroke unit and Acute MI.

Dr Jean Quinn
Chair of Quality and Safety Committee

Board of Directors	
Agenda Item	9.2
Title of Report	Financial Governance Review
Date of Meeting	27th January 2016
Author	Carole Ann Self, Director of Corporate Affairs
Accountable Executive	David Allison, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	ALL
Level of Assurance • **Positive** • **Gap(s)**	*Positive with areas recommended for improvement*
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No – no impact on service users or staff

1. Introduction and Background

The Trust approved the revision to the Governance, Assurance and Performance Management Structure in July 2014 in response to internal reviews and external reviews from McKinsey and KPMG from 2012 to 2014. A further review of Financial Governance and reporting was undertaken in June 2014.

Following the breach in the Trust's Provider licence following Financial Governance concerns the Trust has been reviewing and developing its structures and processes

to ensure the necessary improvements are made to achieve compliance and aid decision making.

The Board has since undertaken a self-assessment against the Monitor Well Led Governance Review and is in the process of planning for the full Review in the spring of this year.

The Board has reviewed at regular intervals its progress and made a series of changes as a result of this.

The latest review was undertaken by the Board in December 2015 and this focused on Financial Governance.

2. Outputs from the Financial Governance Review in December 2015

The Board undertook a review of the improvements made since the launch of the investigation into financial governance, these were captured as follows:

Reporting that aids decision making

- Coherent activity reporting which is monitored and converted into values
- Greater granuality and forecasting of finances(eg run rates) and CIP
- Development of the performance indicators
- Early warning of the financial position enhanced through greater openness and transparency
- Improved forecast position information
- Improved cash reporting

Assurances that aid decision making

- Non-Executive Director involvement in the Transformation Steering Group
- Improved ownership
- Improved links to the BAF through more meaningful use at the Committees
- Improved quality impact assessments and reporting
- Improved Committee reporting to the Board
- Improved minutes and recording of discussions

Team working that aids decision making

- Improved team performance
- Greater linkages with financial planning and activity through a co-ordinated programme of work
- Improved attendance at Financial Management Group which has improved the focus

As well as reflecting on the improvements, the Board considered what further improvements could be made, these were captured as follows:

- Due to the financial pressure , more exception reporting would be welcomed to keep the Board informed
- Take a more proactive stance and be less reactive

- Better evaluate the data to ensure that this helps the Trust drive change
- Improve the strategic discussion at the Board

To ensure that the Board continued to benefit from the outcomes of previous governance reviews, 4 specific recommendations that the Trust had revisited on a number of occasions were reviewed to ensure that the action being taken remained appropriate. These are as follows:

1. **Limit the membership of the Assurance Committees to 3 Neds** - although the membership remains the same with 3 Neds as part of that membership, the Board agreed in January 2015 to extend invitations to non-members in view of the level of concerns being raised. The Board in December 2015 agreed to continue with this arrangement until such time as non-members felt that the Trust was more sustainable.
2. **Hold 6 formal Board meetings per year with quarterly Assurance Committee meetings underpinned by a more robust management group structure** – the Board agreed to establish a new relationship between the Board, the Assurance Committees and the Performance Management System. Performance Management issues should be dealt with within the Executive decision making structure and not the Board. The Board should be the prime recipient of recommendations and performance information from that structure, and the Board should then seek from its Assurance Committees whatever further assurances it might require in relation to that business. On the basis of such a governance arrangement, the Board should meet 10 times per year and the Assurance Committees bi- monthly.
3. **Ensure the timings of meetings allows for the appropriate information to be disseminated** – the Board agreed that the action taken under recommendation 2 would improve this
4. **Rotate the Chairs of the Assurance Committees** – the Chairman agreed to review this in the spring of 2016 as part of the Annual Appraisal process.

The Acting Director of Finance provided an update on the work on service line reporting and the further considerations to be made in 2016; the Board agreed to re-launch this work in January 2016 and to ensure this was not undertaken in isolation of all other work.

The Director of Corporate Affairs provided the Board with the key considerations being made in relation to the review of the scheme of delegation which would be in place from 1st April 2016. These were as follows:

- The limits delegated to Committees and the Board
- The ease of interpretation
- Training for senior managers
- Further alignment of approval systems ie electronic and paper
- The impact of the £250k approval requirement for discretionary spend
- The impact of the agency cap
- The impact of the £50k approval requirement for management consultants
- The learning to date

3. Recommendations

The Board is asked to receive the report and monitor improvements as outlined, on a quarterly basis, to ensure the desired impact is achieved.

Board of Directors	
Agenda Item	9.3
Title of Report	Chair of Audit Committee Report
Date of Meeting	03 December 2015
Author	Cathy Bond, Chair of the Audit Committee
Accountable Executive	David Allison, Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	ALL
Level of Assurance • **Positive** • **Gap(s)**	Positive
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	N/A

The Audit Committee met on 03 December 2015 and report the following items to the Board as follows:

External Audit Tender

Following the re-evaluation process the panel confirmed the successful bidder as Grant Thornton. The Committee reviewed some of the learning from the process and agreed that future processes should have a more balanced approach to quality and price and the ability to undertake more qualitative analysis to aid with decision making.

Terms of Reference of the Audit Committee

The terms of reference were reviewed by the Committee in December 15 and are recommended for approval by the Board. These are as attached.

Future Board Development

As part of the Committee's review of the Board Assurance Framework and compliance against its provider licence, the Committee recommended that the Board undertake an exercise to determine its risk appetite at a future Board Development Day.

Web Holding File Aged Analysis Report

Following previous concerns the Committee reviewed the analysis of incidents over the past 12 months. The Committee was concerned with the rise in the number of incidents in the web holding file despite the action plan and extension in the review time from 5 to 20 days. The Committee requested that the Quality and Safety Committee undertake a "deep dive" at its meeting in January 2016 with a view to the Committee receiving a further update in February 2016. The Committee also requested that a review of the process and adherence to it be included in the internal audit plan for 2016/17.

Board Assurance Framework

Following the review, the Committee requested a full review be undertaken by the Senior Management Team of the top ten risks and that future reports include a 2 month forward look to aid with mitigation of future risks.

Monitor Licence – Compliance Review

The Committee undertook the review in the context of the review at Board of Compliance against the Enforcement Undertakings and to that end recommended that a system of RAG rating be introduced in the future. The Committee also requested that all contract issues be raised early through the Assurance Committees and the Board as a result of the learning from the Community Paediatrics Review.

Internal Audit

The Committee raised concerns as to the number of action dates that had been rolled forward in relation to core legacy infrastructure and data quality migration and agreed to raise this with the Board. In the interim the Director of Informatics and Infrastructure had undertaken a full review of all the outstanding recommendations and has confirmed that these had all in fact been completed. It transpired that there was a lack of clarity around the process which had resulted in the IT team providing an ongoing update of work being undertaken which was over and above the original recommendation.

Two reports were received and reviewed by the Committee, these being:

Sickness Absence Management – Significant Assurance
Health and Safety – Significant Assurance

The issue raised by Finance Business Performance and Assurance Committee in relation to retrospective orders being raised on Oracle will now be included as part of the Internal Audit work on financial systems.

Clinical Audit Annual Review of Effectiveness

The Committee reviewed the effectiveness of the Annual Audit Programme by considering the types and number of clinical audits undertaken in the Trust and the process for prioritisation; whether the audit plan was on track and how any areas of underperformance were being managed; how learning was shared across the Trust, not only from internal clinical audits, but also external clinical audits. The Committee concluded that further

improvement in terms of learning would be beneficial. The Committee also sought to understand whether a benefits analysis exercise could or should be undertaken to determine the value for money aspect.

Counter Fraud

The Committee requested that the learning from the referral regarding photocopying of ID badges be shared across the Trust following the implementation of a new process.

Cathy Bond
Audit Committee Chair

Wirral University Teaching Hospital NHS
NHS Foundation Trust

Audit Committee

Terms of Reference

Authors Name & Title: Carole Self, Director of Corporate Affairs	
Scope: Trust Wide	**Classification: Terms of Reference**
Replaces: Audit Committee Terms of Reference	
To be read in conjunction with the following documents:	
Document for public display? No	

Unique Identifier:	**Review Date: 1st December 2015**	
Issue Status: Draft	**Issue No: 1.0**	**Issue Date:**
Authorised by: Board of Directors	**Authorisation Date:**	
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Officer responsible for archive: Document Control Administrator		

1. Constitution

In line with the requirements of the NHS Codes of Conduct & Accountability, the Board hereby resolves to establish the Audit Committee as a Committee of the Board. The Committee is a Non-executive Committee of the Board and has no executive powers other than those specifically delegated in these Terms of Reference.

2. Authority

In order to facilitate the achievement of good governance, the Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

Matters for consideration by the Committee may be nominated by any member of the Committee or Executive Director of the Trust.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

3. Objectives

The role of the Committee will be to take a wide responsibility for the overarching scrutiny for the Trust's risk and assurance structures and processes which affect all aspects of the Trust's business.

The Committee will deliver the following objectives, along with any others that are assigned by the Board of Directors during the course of the year:

3.1 Governance, Risk Management and Internal Control:

3.1.1 To review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. This includes reviewing the effectiveness of the organisation's committee structure.

3.1.2 To review the adequacy of all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit opinion, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

3.1.3 To review the adequacy of underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

3.1.4 To review the adequacy of policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self certification.

3.1.5 To review the adequacy of policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.

3.1.6 To review the integrity of the statutory financial statements of the Trust and any formal announcements relating to the Trust's financial performance, reviewing statutory financial reports and judgements contained therein.

3.1.7 To review the adequacy of annual plans / reports from the Local Counter Fraud Specialist and the Local Security Management Specialist.

3.2 Internal Audit:

3.2.1 The Committee shall ensure that there is an effective Internal Audit function established by management, which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.

3.2.2 This will be achieved by:

- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- review and approval of the Internal Audit charter, strategy, audit operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- consideration of the major findings of internal audit work, management's response and progress on the implementation of recommendations;
- ensuring co-ordination between the Internal and External Auditors to optimise audit resources;
- ensuring adequate independent assurances are provided; and
- annual review of the effectiveness of internal audit.

3.2.3 The Committee will be involved by the Director of Finance in the selection process of the Internal Auditor.

3.2.4 The Director of Audit will have a right of access to the Chair of the Audit Committee.

3.3 External Audit:

3.3.1 To make a recommendation to the Council of Governors in respect of the appointment, re-appointment and removal of an external auditor. To the extent that that recommendation is not adopted by the Council of Governors, this shall be included in the annual report, along with the reasons that the recommendation was not adopted.

3.3.2 To discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy.

3.3.3 To assess the external auditor's work and fees on an annual basis and, based on this assessment, make a recommendation to the Council of Governors with respect to the re-appointment or removal of the auditor. This assessment should include the review and monitoring of the external auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards.

3.3.4 To oversee the conduct of a market testing exercise for the appointment of an auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the auditor.

3.3.5 To review external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

3.3.6 To develop and implement a policy on the engagement of the external auditor to supply non-audit services.

3.3.7 To undertake a review of the requirements of ISA 700.

3.4 Counter Fraud:

3.4.1 To satisfy itself that the organisation has adequate arrangements in place for countering fraud and reviewing the outcomes of counter fraud work.

3.5 Other Assurance Functions:

3.5.1 The Audit Committee shall review the findings of other assurance functions, both internal and external to the organisation, and consider any governance implications.

3.5.2 These will include, but will not be limited to, any reviews by Department of Health arms length bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies etc.).

3.5.3 In addition, the Committee will link closely with the other Board Committees and be informed particularly on the work of risk through regular updates from the Associate Director of Risk.

3.5.4 The Audit Committee will satisfy itself on the assurance that can be gained from the clinical audit function, this includes a review of the audit plan and its effectiveness.

3.5.5 The Committee will review on an annual basis the Trust's whistleblowing arrangements.

3.6 Annual Accounts Review:

3.6.1 To review the annual statutory accounts, before they are presented to the Board of Directors, to determine their completeness, objectivity, integrity and accuracy. At this time the Committee will also receive the Annual Report

which summarises the outcome of the external audit. This review will cover but is not limited to:

- The rigour with which the Auditor has undertaken the audit;
- the meaning and significance of the figures, notes and significant changes;
- areas where judgment has been exercised;
- changes in, and compliance with, accounting policies and practices;
- explanation of estimates or provisions having material effect;
- the schedule of losses and special payments;
- any unadjusted statements;
- any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved; and
- letter of representation.

3.6.2 To annually review the accounting policies of the Trust and make appropriate recommendations to the Board of Directors.

3.6.3 To review the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee before they are submitted to the Board of Directors to determine completeness, objectivity, integrity and accuracy.

3.6.4 The Committee will also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

3.7 Governance:

3.7.1 To review on behalf of the Board of Directors the operation of, and proposed changes to the Governance manual including standing financial instructions, scheme of delegation, the constitution, codes of conduct and standards of business conduct; including maintenance of registers.

3.7.2 To examine the circumstances of any significant departure from the requirements of any of the foregoing, whether those departures relate to a failing, an overruling or a suspension.

3.8 Other:

3.8.1 To review performance indicators relevant to the remit of the Audit Committee.

3.8.2 To examine any other matter referred to the Audit Committee by the Board of Directors and to initiate investigation as determined by the Audit Committee.

3.8.3 To ensure the effective use of the Board Assurance Framework to guide the Audit Committee's work. This will include utilising and reviewing the work of the Internal Audit, External Audit and other assurance functions and reports and assurances sought from Directors and managers and other investigatory outcomes so as to fulfil its functions in connection with these terms of reference.

3.8.4 To consider the outcomes of significant reviews carried out by other bodies which include but are not limited to regulators and inspectors within the health sector and professional bodies with responsibilities that relate to staff performance and functions.

3.8.5 To review the work of all other Board Assurance Committees in connection with the Audit Committee's assurance function.

4. Equality and Diversity

The Committee will ensure that equality and diversity and due consideration to the Human Rights Act are regarded in all aspects of the Committee's work.

In addition the Committee will have regard for the NHS Constitution in delivering its objectives.

5. Membership

The Committee will be appointed by the Board from amongst the Non-executive Directors of the Trust (excluding the Chairman) and will consist of three members, one of whom shall have recent and relevant financial experience. The composition of the Committee should be given in the Trust's Annual Report.

6. Attendance

Attendance (in a non-voting capacity) will also be expected from the following members of the Trust:

- Director of Finance (Executive Lead)
- Director of Governance/Corporate Secretary

Other senior managers will attend when they have papers to present or when the Committee is discussing areas of risk or operation that are the responsibility of that Director / officer.

The Chief Executive will be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

Attendance is also anticipated from Internal and External Auditors and the Local Counter Fraud Specialist.

The Director of Governance/Corporate Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chairman and committee members.

7. Quorum and Frequency

A quorum shall be two members.

Meetings shall be held as required but not less than four times per year.

The Internal or External Auditors may request additional meetings if they consider such a meeting necessary and shall be afforded the opportunity at least once per year to meet with the Audit Committee without Executive Directors present.

8. Reporting

The minutes of all meetings shall be formally recorded by the Committee Secretary and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Committee will report to the Board annually on its work, demonstrating interrogation and scrutiny of both clinical and non-clinical governance, risk management, internal control, internal audit, external audit and other assurance functions.

The Chair of the Audit Committee shall provide a regular report to the Council of Governors.

The Trust's Annual Report shall include a section describing the work of the Audit Committee in discharging its responsibilities.

There are no groups reporting to this Committee.

9. Conduct of Committee Meetings

The terms of reference of shall be reviewed annually by the Audit Committee with recommendations made to the Board of Directors for any amendments.

The agenda and supporting papers will be sent out four working days prior to the Committee, unless there are exceptional circumstances authorised by the Chair.

Authors of papers must use the standard template and indicate the purpose of the paper – e.g. decision, discussion, assurance, approval

Presenters of papers can expect all committee members to have read the papers and should keep to a verbal summary outlining the purpose of the report and its recommendations. Committee members may question the presenter

Board of Directors	
Agenda Item	9.4
Title of Report	Monitor Quarterly Return – Q3 2015/16
Date of Meeting	27th January 2016
Author	Shahida Mohammed Assistant Director of Finance John Halliday Assistant Director of Information
Accountable Executive	David Allison – Chief Executive
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	7
Level of Assurance • **Positive** • **Gap(s)**	Gaps with mitigating actions
Purpose of the Paper • **Discussion** • **Approval** • **To Note**	Approval
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • **Yes** • **No**	No

1. EXECUTIVE SUMMARY

The Committee is asked to recommend to the Board that they self-certify the statements that accompany the year end monitoring returns that are detailed in Appendix 5.

The Board is asked to review and approve the quarterly financial commentary which will be submitted to Monitor on 29th January 2016.

Foundation Trusts are required to submit a report to Monitor on a quarterly basis using templates provided, covering targets and indicators, governance and finance. The basis of the report for Quarter 3 2015/16 is described below. The key financial statements are included in the Appendices 1-4.

Although the Trust is on monthly monitoring, Monitor have confirmed a monthly position statement for Mth 9 (December 2015) is not required in addition to the quarterly submission. The reports for months 7 and 8 were included on the agenda and have been circulated to FBPAC upon submission to Monitor each month.

2. BACKGROUND

Governance Targets & Indicators

Under Monitor's Risk Assessment Framework, each indicator has an equal weighting of 1 point for each standard not achieved. The overall Governance ratings are Green for no concerns (i.e. all targets met). Beyond this, the failure against targets raises Governance concerns at Monitor, with no RAG rating being assigned until such time as formal regulatory action is taken and a Red rating applied.

WUTH will remain rated as Red for Q3 with issues of note with the Risk Assessment Framework standards as detailed below.

Against the A&E standard of a minimum 95% of patients to be admitted, transferred or discharged within four hours, the position for the month of December was 88.34% as measured across a combined ED and All Day Health Centre performance at the Arrowe Park site. For ED alone it was 84.69%. The cumulative joint position for Q3 was 88.0%, with performance improving through the quarter.

The Trust continues to see an increased number of ambulance arrivals to the ED. However, the number of admissions from ambulance presentations has not increased. Discussions are ongoing with NWAS regarding this increase and their ability to deflect attendances to ED with alternative providers. Unfortunately the situation with high conveyance of ambulance arrivals has not reduced. The position was again noted at January's System Resilience Group with a specific action for a task and finish group to meet, explore data to ensure one agreed data set, agree the cause for the increase in conveyance and put in remedial plans to assist with ambulance deflection from the Emergency Department.

The robust winter plan and boost SAFER start gave the Trust in January has enabled the Trust to manage within the planned bed base. The actions have meant the Trust has maintained the safe, calm approach throughout what is the period of most intense pressure for hospitals. Regionally, the Trust is seen as performing well against peer organisations that have high levels of unplanned escalation and specialty outliers. The Trust has also maintained all elective activity and has no beds closed due to infection

All planned community beds have been opened. In addition an economy initiative to provide 28 additional community beds at Charlotte House has been successful. A

phased approach to full occupancy has built confidence between community and Trust staff

The Trust maintains fully committed to the national Emergency Care Improvement Programme as well as commencing on the national frailty network. The Trust is already seeing improvements within our Older Persons Assessment Unit based on this network and its recommendations and joint working

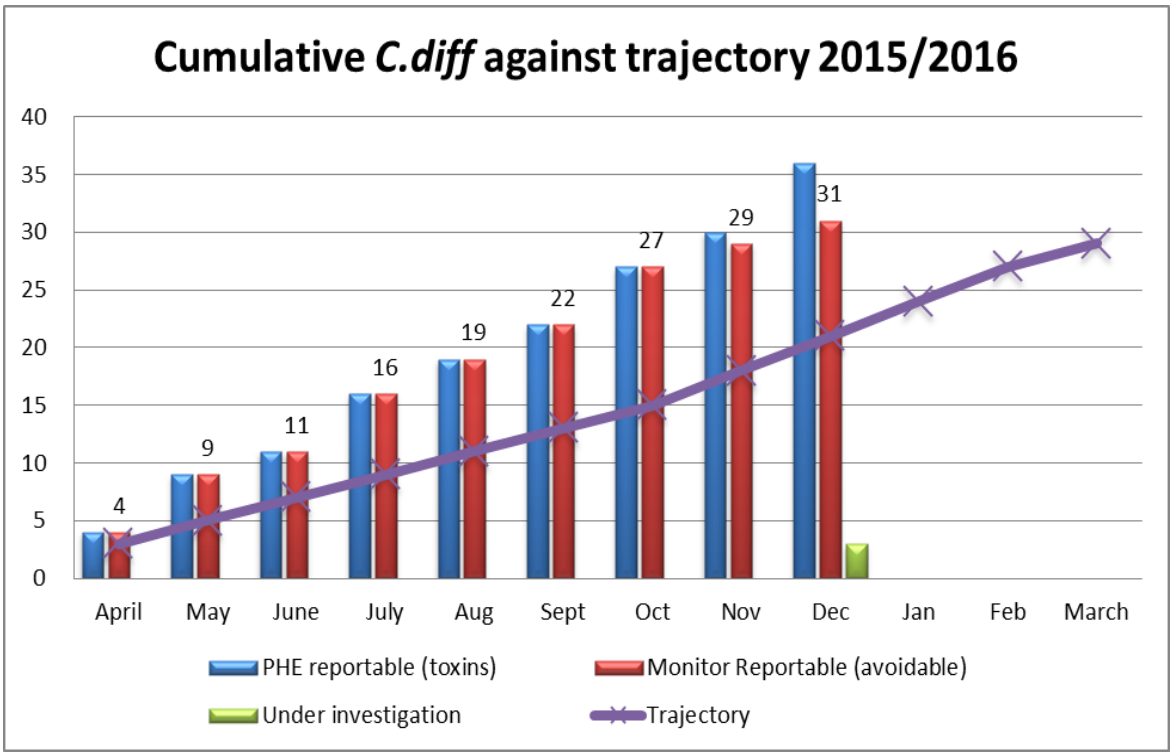
For C Difficile, the Trust has a maximum trajectory of 29 toxin positive cases for the year 2015-16. The profile to the end of Q3 is an expected maximum 21 cases. To the end of December there have been 31 cases that count against the trajectory, and so we are above our maximum.

Detailed below is the Trust latest C Difficile action plan (January 2016) and a graph showing the run rate of cases each month of the year.

Action	**Timescale**
A 48 hour target for "step down" from the C *diff* unit to be introduced with immediate effect, monitored by the IPCT and reported to the weekly Senior Management Team in order that the discussion can be part of the holistic review of beds in the hospital. The weekly reporting will also include the number of patients suspected to have *C.diff (or any other diarhoeal associated infection)* split between those which have been effectively isolated to a side room within 2 hours; the number of positive C *diff* patients who have been transferred to the Cohort Ward and the number of patients either suspected to have C *diff* or C *diff* positive that are on the ward	**03.11.15 - completed**
The opening of a purpose built 8-bedded isolation unit for CPE patients and longer term those patients with MDRO	**02.11.15 - completed**
The Trust has decided to use the 8-bedded unit at Park Suite to isolate patients who are VRE positive	**Completed**
Part of Orthopaedic ward 11 will accommodate VRE exposed patients	**02.11.15 - completed**
The C *diff* cohort ward will be protected for C *diff* patients only. The introduction of the above wards together with the 2 winter escalation wards will enable the Trust to manage infection prevention and control processes and patient flow more effectively.	**Ongoing in line with the above - completed**
Over a 6 week period, a full ward HPV cleaning programme will be commenced to target all high risk areas. During the time it will be possible to HPV clean 18 wards.	**Completed. A programme of proactive cleaning has now commenced**

The IPCT will be deployed on all the infection control wards over the winter period to provide professional advice, support, undertake hand hygiene audits and training	**02.11.15 -complete**
Capacity and demand analysis to be undertaken to establish the optimum number of side rooms required for effective isolation	**17.11.15 - complete**
The Trust is investigating the use of the day case unit at Ward 1 at weekends to support the ongoing HPV programme i.e. using this as a decant ward for a small number of patients and/or considering the impact of an HPV programme in this area for equipment recognised to be heavily contaminated.	**Paper to be discussed at Senior Management Team 10.11.15 complete decision made not to proceed as not a viable option. Ward 16 has now been identified as a permanent decant ward to facilitate an uninterrupted, proactive programme of HPV.**
The improvement work to ensure all bed pan washers are replaced with macerators and all hand washing facilities are of the required specification within clinical areas is ongoing and scheduled for completion 31st March 2016.	**31.03.16**

Monthly C-Difficile Performance



Cancer Waiting Time Standards

All cancer waiting time standards are on track to be achieved for Q3. The 62-day standard continues to be the cancer target that is the most difficult to achieve, and

this is reflected in performance levels at a national level. Work continues to review all tumour group pathways and understand any delays.
Against the RTT measure on incomplete pathways, WUTH achieved the minimum standard of 92% in October and November; however the position at the end of December was 91.02%. The ongoing concerns regarding achieving a maximum 18-week wait in Community Paediatrics have been discussed over a number of months, with solutions sought in conjunction with Wirral commissioners and community partners. These discussions continue, with the growth of waiting lists and waiting times continuing to be a concern, this pressure was increased in December due to industrial action planning and the requirement of the Trust to provide 20% capacity before the Christmas period. Pressures in other surgical specialties in particular T&O are being addressed within the Division as is the need to increase delivery of activity and reduce the reliance on validation to achieve RTT targets.

CQC Standards
The Trust received an unannounced inspection overnight on 18th and 19th May 2015, covering the medical and surgical assessment units, escalation areas, and wards 37 and 38. The final report has been issued by CQC and included a requirement notice in respect of staffing. The Trust has submitted its action plan to the CQC which is being implemented and monitored rigourously. The CQC undertook its formal inspection during the week commencing 14th September 2015 and the Trust is awaiting the draft report which is not expected until early in the new year.

Compliance Rating
WUTH was Red for Quarter 2 and will remain so for Quarter 3 under Monitor's Risk Assessment Framework. Governance concerns may again be raised by Monitor over the repeated failure to achieve the A&E 4-hour standard. The Trust has ensured there has been engagement with Monitor on a regular basis in terms of the plans for improvement in A & E performance. The failure against the C.Diff and RTT standards will bring additional scrutiny**.**

Governance Information
Information relating to relevant election results will be updated to Monitor separately.

Finance Declaration
The Trust has submitted an operational plan showing a deficit for 2015/16 and the forecast Financial Sustainability Risk Rating (FSRR) based on Monitors revised metrics is 2. Therefore the Board is unable to confirm the finance governance statement that "The Board anticipates that the Trust will continue to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months".

The Trust's capital expenditure as at quarter 3 has exceeded the forecast by (c£0.3m); however the Board confirms the trust's capital expenditure for the remainder of the financial year will not materially differ from the forecast in this financial return. The Trust is exploring the possibility of a capital to revenue transfer with the Department of Health as a result of slippage on the Cerner capital payment for this year.

Quarter 3 2015/16 Financial Commentary for Monitor

The following commentary covers the key reasons for the Quarter 3 variations against the 2015/16 plan.

The financial position of the Trust shows a year to date deficit of £11.4m against the planned deficit of £10.5m, therefore an adverse variance of £0.9m.

NHS Clinical Revenue

To Quarter 3 there is a shortfall of £3.3m against planned levels.

Key variances to Quarter 3 are as follows:

Point of Delivery	Variance in Q3	Cumulative variance to plan £m	Commentary
Elective	(0.7)	(2.0)	Cumulatively the variance is driven by an underperformance in Surgical, Women's and Children specialties of (£2.1m), mainly in Trauma & Orthopedic. This has been off set slightly by additional North Wales activity c£0.3m secured during 2014/15 to support achieve Welsh access targets. Referrals had been made during March 2014, and procedures were undertaken during early 2015/16. During the quarter the variance in elective activity can be attributed entirely to Surgery, Women's & Childrens. Trauma and Orthopedic deteriorated by (£0.3m), Colorectal (£0.1m), Breast Surgery (£0.1m), and there have been other small movements across a number of areas (£0.2m).
Non elective	(0.3)	(0.8)	The year to date position predominantly relates to the Medicine and Acute Division showing a deficit of (£0.5m), this reflects actual volumes of activity underperforming by approximately 1,200 spells particularly in Gastro, Cardiology and Respiratory Medicine. This is financially supported by a more complex case mix of patients, which in turn has seen excess bed days over perform significantly. Surgery and Women and Children's Division is showing a break-even position. Within this however it has to be noted there is a significant under performance in Colorectal surgery, which is offset by over performances in Trauma & Orthopedics, Upper GI and Urology from an activity perspective. Approximately (£0.3m), relates to penalties applied for activity exceeding the NEL threshold. The movement in the quarter is driven by the underperformance in Medicine in the areas highlighted above (£0.1m), and activity exceeding the NEL threshold.
Day Case	(0.7)	(1.7)	On a cumulative basis Medicine and Acute Division are showing an under recovery of (£0.4m) this includes an over performance in Gastroenterology which has been offset by the underperformance in Cardiology. Surgery Women's & Children's are underperforming by (£1.3m), this largely relates to Trauma & Orthopedics (£0.7m), Upper GI (£0.3m), Oral Surgery (£0.1m) and ENT (£0.2m). The underperformances are both volume and

			casemix driven. The position was been supported by additional North Wales activity of £0.1m, seen during the early part of the year. This relates to patients referred during 14/15; however the procedures were undertaken in 15/16 as per the agreement with North Wales. During the quarter Surgery, Women's & Children's under performed by (£0.4m), primarily in T&O and Upper GI. Medicine under recovered by (£0.3m), mainly in Cardiology and Rheumatology.
Outpatients	(0.5)	(1.4)	Cumulatively outpatient procedures under performed by (£0.2m), mainly relating to ENT. Outpatient first attendances are under performing by (£0.5m) relating to Trauma & Orthopedics, Pain Management and Gynecology. Outpatient follow-up attendances are also below plan, (£0.7m), (£0.4m) relates to Trauma & Orthopedics and there are small under performances across a number of specialties. Included within this position is a penalty of (£0.4m) for outpatient follow up caps as imposed by the CCG. During the quarter performance in outpatient procedures remained static, however both outpatient first and follow up attendances under recovered by £0.2m respectively. This relates entirely to Surgery, Women's & Children's in the same areas noted above.
A&E	0.3	0.3	The YTD activity is exceeding plan quite significantly, this position is also supported by more complex patients attracting a higher tariff. The financial effect of penalties in relation to exceeding the 4 hr. A&E access targets amount to some (£0.6m), and ambulance turnaround breaches are c. (£0.4m) cumulatively. The impact of these penalties is not included in the financial position. The CCG have recognised the A&E breaches result due to system wide issues as opposed to Trust processes. With regards to the Ambulance breaches these have been excluded based on the recommendation for the reinvestment of any fines into improving the handover & turnaround position. This also reflects on-going discussions via the SRG group, where all stakeholders are represented. The over recovery during the quarter reflects the improvement in the performance position noted above.
Other – tariff	0.1	0.4	The year to date and quarterly over recovery reflects over performances in Maternity antenatal pathways, and provider-to provider recharges.
Other non tariff	0.6	1.9	The year to date position reflects over and under performances in a number of Non PbR areas, in particular DA Pathology £0.2m, Rehabilitation (Elderly and Stroke) £0.4m, over performed, whilst DA Radiology under performed (£0.2m), and high cost drug "pass through" payments are also below plan by (£0.2m). This is mitigated within the cost of drugs in the expenditure position. £0.6m relates to the release of provisions made in 2014/15 for specific items which had been queried by Commissioners and payment was not certain. The position also includes the release of £1.1m from the income performance reserve as planned. The quarterly movement largely reflects small adverse movements across a number of non PbR elements,

			offset by the release of the performance reserve.
Total	**(1.2)**	**(3.3)**	

Contractual Status

The Trust agreed and signed its contract with the host Commissioner Wirral CCG (responsible for commissioning approximately 80% of the Trusts clinical income), on 4th September 2015. The contract with NHSE, the second largest commissioner, has been completed. Monthly contract monitoring meetings with the host Commissioner and bi-monthly meeting with NHSE are scheduled.

CQUIN targets for 15/16 were agreed with commissioners during the early part of the year and key milestones were set. The Trust has been working towards delivery and has received confirmation of achievement up to quarter 2; the quarter 3 position is currently being collated. Early indications show three targets, the recording of AKI & Sepsis and the number of mental health patients re-admitted to A&E (annual measure) remain a pressure. Plans are in place to ensure appropriate actions are taken to ensure the targets are achieved; the risk of non-achievement is c. £0.4m.

Other Income and Operating Expenditure

These net costs are below plan at Quarter 3 by c£1.9m, a £0.3 improvement in the quarter.

The key elements are:

Reason for variance	**Variance in Q3 £m**	**Cumulative variance to plan £m**	**Commentary**
CIP delivery	0.4	(0.3)	CIP has delivered more than plan this quarter across expenditure categories but cumulatively remains below plan. Work continues with the PMO to look for further opportunities to deliver the CIP target over the remaining quarter.
Emergency care	(0.3)	(0.6)	The Trust has continued to overspend this quarter with a high spend in December. This is due to increasing operational pressures (largely medical staffing vacancies with the shortages in ED doctors) and the focus in Emergency Care to maintain urgent care access levels in the Emergency Department to ensure delivery of the A&E targets.
Unplanned beds / capacity	-	(1.0)	In the quarter there has been no further costs incurrred. The spend in earlier months was largely associated with dealing with infection control issues. A new infection control isolation unit was opened in November which has improved the operational management of infection control and the need for unplanned capacity.
Premium costs	(0.9)	(2.0)	The reflects the cost of utilising agency staff/providers to cover critical medical staff gaps to deliver activity, and also costs associated with supporting patient flow, and maintaining improved urgent care access levels. During the quarter there has been further premium spend to staff the additional winter ward during the winter months. Agency caps are now in place and are monitored weekly.

Additional activity	(0.1)	(0.2)	In the quarter a further increase of £0.1m driven by costs incurred to deliver additional diagnostic activity, largely direct access and is offset by additional clinical income.
Non PBR offset	(0.3)	(0.2)	There is a £0.3m further increase in the quarter, increasing the cumulative variance to £0.2m on pass through costs which are offset by a corresponding under-recovery in non PbR income. (e.g. High Cost Drugs, Bloods and device exclusions).
Other	-	1.2	The cumulative underspend is largely due to current vacancy levels. Qualified nurse recruitment is well underway to substantively recruit to all gaps and as a Trust we are relatively good regionally/nationally on agency nurse % levels. There is also an active recruitment plan to fill therapy staff vacancies but there remains a challenge on recruitment and retention.
Reserve release	1.5	5.0	In Quarter 3 the Trust released a further £1.5m of planned reserves and cumulatively a total of £5.0m of planned reserves and exceptional release of accruals released earlier in the year.
Total	**0.3**	**1.9**	

Work of the Recovery Advisor and PMO Team

The CIP work streams for 2015/16 were identified earlier in the planning cycle. Detailed comprehensive plans to support each workstream have been developed, outlining all savings opportunities, including current plans and additional opportunities. Dedicated project managers are in post for the larger, more transformational projects. Regular meetings are continuing to be held by the Recovery Advisor and PMO team with all workstreams to monitor KPIs, milestones and progress against plans.

Achievement of the 2015/16 Cost Improvement Programme

The 2015/16 plan assumed delivery of £13.0m of CIP, of this £11.1m was supported with identified opportunities at the time the overall plan was constructed. Income and expenditure budgets were adjusted at the start of the year to reflect the identified opportunities, according to the profile of the schemes planned, with the balance extracted in a flat profile (12 ths). The residual shortfall in the CIP required of £2m, so under £0.2m was unidentified each month.
The year to date plan assumed c. £9.3m CIP would be realised, the actual amount delivered is c. £8.5m, an under achievement of some £0.8m.

The CIP position at Quarter 3 (including non recurrent schemes) can be summarised as follows:

	BY SCHEME TYPE		BY COST		TOTAL
	Income Generation (net of cost of delivery) £m	**CIP (including non-recurrent) £m**	**NHS Clinical Income £m**	**Divisional Budgets £m**	**£m**
Year to date Budget (including unidentified at time of plan)	4.1	4.2	4.4	3.9	**8.3**

Year to date Actual	3.7	3.8	3.9	3.6	**7.5**
Year to date Variance	(0.4)	(0.4)	(0.5)	(0.3)	**(0.8)**

The full year and recurrent Income Generation / CIP values, based upon the latest forecast at Quarter 3, are as follows:

	Income Generation (net of cost of delivery) £m	**CIP (including non-recurrent) £m**	**TOTAL**
Full Year Value			
At time of annual plan	6.7m	6.3m	**13.0m**
At Q3	5.3m	6.4m	**11.7m**
Recurrent Value			
At time of annual plan	10.4m	6.1m	**16.4m**
At Q3	6.0m	5.5m	**11.5m**

The main areas contributing to the underperformance are Coding, Theatre Productivity and Patient Flow Workstreams. Initial assumptions regarding reduced length of stay, increased complexity and coding related improvements have not materialised to the extent originally anticipated, however this been partially offset by over performance in other workstreams primarily Outpatients.
Despite this the in year position has been maintained with the inclusion of additional benefits from the Cerner business case. The Trust has also applied the CIP mitigation reserve of £1.5m against the in year slippage.
Recurrently the schemes are expected to deliver c£11.5m against a plan of £16.4m, following the removal of the Surgery elective activity benefits originally planned for the quarter four. The Division will continue to work towards the delivery of the activity and the recurrent impact will be addressed as part of the capacity and demand exercise in 2016/17. The Trust is mindful of the pressure the shortfall in the recurrent 2015/16 CIP position will place on the requirement for 2016/17, and will hence ensure focus is maintained to deliver against plans in quarter four.

The PMO are working closely with Divisions and workstreams to quantify any residual risk.

EBITDA

The under performance in NHS Clinical Income of c(£3.3m), is partly offset by a favourable variance of c£1.8m in other operating income and other operational expenditure showing an under spent of £0.1m. The combined EBITDA position is an over spend of (£1.4m).

Post EBITDA Items

Cumulatively there is a favourable variance of c£0.5m, at the end of Quarter 3, due to reduced depreciation charges of £0.3m and lower than planned PDC charges of £0.2m.

Full Year 2015/16 Outturn and distressed funding

The Trust is reviewing its financial outturn position with the CCG in order to achieve a sustainable and affordable solution for the Health economy.

As a result of the cash preservation initiatives enacted by the Trust we are forecasting that distressed funding will not be required this financial year.
To ensure a positive working capital position is maintained the Trust has continued to monitor its cash position on a regular basis, cash preservation initiatives identified for the

quarter 4 should ensure the Trusts liquidity position is maintained above the minimum requirement of £1.6m. However the Trust is mindful of the pressure this may have in 2016/17.

Statement of Position (Balance Sheet)

The actual Total Assets Employed and Total Taxpayers Equity equal £137.2m.

The main variations against plan are as follows:

- Trade receivables across NHS and non NHS are £0.3m below plan. This is largely due to underperformance against the income plan.

- Trade creditors are above plan by £5.9m; £2.4m reflects payments due to NHSLA which were made in January 2016. Approximately £2.2m relates to delays in payment due to the timing of when invoices were received and the reduced number of payment runs in December. The balance c£1.3m relates to under performance in the activity position.

- Accruals exceed plan by £2.8m due to delays in the receipt of key charges; the largest being those for Cerner, energy and total agency/locum spend.

- Deferred income is above plan by £0.7m, largely due to a range of smaller income balances being received earlier than had been planned.

- Capital spend (on accruals basis) to month 9 was £6.4m against a plan of £6.1m. This variance of £0.3m relates to ward improvement scheme variances of £0.8m due to early progression of refurbishment and Isolation Ward works, IT spend is ahead of plan by £0.2m due to early delivery of equipment. Partly offset by slippage on Cerner of (£0.2m), Pharmacy robot (£0.4m), and other minor schemes (£0.1m) . The capital programme is expected to remain within plan in year.

- The cash balance at the end of month 9 was £6.8m, some £1.9m above the planned £4.9m. This is predominantly due to the working capital position noted above.

Financial Sustainability Risk Rating (FSRR) & Certification

The Trust has achieved a FSRR rating of 2 against a planned rating of 2.

Although the Trust has achieved against the planned metrics for, Capital Servicing Capacity (CSC), Underlying performance and Variance from plan. The liquidity ratio has deteriorated slightly, reflecting under recovery of NHS clinical income.

The Trust has submitted an operational plan showing a deficit for 2015/16, the forecast COS rating based on Monitors revised metrics is 2. Therefore the Board cannot confirm the financial governance statement that “The Board anticipates that the Trust will continue to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months”.

Validation Errors

All “validation errors” identified on the template have been reconciled and explained on the excel template.

Executive Team membership

There have been two changes to the Executive Team membership during Qtr. 3, Alistair Mulvey – Director of Finance left the Trust on 1st November 2015, and Sharon Gilligan – Director of Operations left the Trust on 11th December 2015. A new Chief Operating Officer has been appointed in December 2015, and is due to commence with the Trust 1st April 2016. The new Director of Finance was appointed in January 2016 and the trust is currently negotiating a release and start date.

3. CONCLUSION

The Trust overall year to date position is off plan by £0.9m, reflecting the under performance in NHS clinical income, offset by underspends in both pay and non-pay items. It is recognised that the adverse income variance to date is not sustainable, as a result the Surgery Division have constructed a recovery plan which includes capacity and demand modeling to manage and inform activity projections going forward particularly as we move into the planning of 2016/17. The Executive Team is working closely with all Divisions to ensure remedial action plans are operationalized.

Gareth Lawrence
Acting Director of Finance
January 2016

APPENDIX 1

INCOME STATEMENT

December Reporting - Income Statement

	FY 15/16 FT Plan December 2015 Year to Date £m	Actual December 2015 Year to Date £m	Variance December 2015 Year to Date £m
Operating			
NHS Clinical Revenue			
Elective revenue, long stay:			
Tariff revenue	£18.713	£16.682	£(2.031)
Elective revenue, short stay:			
Tariff revenue	£0.000		£0.000
Non-Elective revenue:			
Tariff revenue	£60.711	£59.873	£(0.838)
Planned same day (day case):			
Tariff revenue	£22.350	£20.639	£(1.711)
Outpatients:			
Tariff revenue	£28.777	£27.404	£(1.373)
Non-Tariff revenue	£0.000		£0.000
A&E:			
Tariff revenue	£7.658	£8.001	£0.343
Other NHS Activity:			
Direct access & Op, all services (Tariff revenue)	£1.850	£1.898	£0.048
Maternity Pathway (Tariff revenue)	£3.972	£4.278	£0.306
CQUIN revenue (Non-Tariff revenue)	£4.743	£4.570	£(0.173)
Diagnostic tests & Imaging revenue (Non-Tariff revenue)	£3.764	£3.503	£(0.261)
Critical care - Adult, Neonate, Paediatric (Non-Tariff revenue)	£8.838	£9.175	£0.337
NHS Clinical Income in respect of pass-through drugs costs	£9.711	£9.540	£(0.171)
NHS Clinical Income in respect of pass-through non-drugs costs	£2.160	£2.148	£(0.012)
Other (Non-Tariff revenue)	£35.810	£38.002	£2.192
Total	**£209.057**	**£205.713**	**£(3.344)**
Non Mandatory / non protected revenue			
Private Patient revenue	£0.715	£0.439	£(0.276)
Other Non Mandatory / non protected clinical revenue	£0.873	£0.868	£(0.005)
Total	**£1.588**	**£1.307**	**£(0.281)**
Other operating income			
Research and Development income	£0.244	£0.385	£0.141
Education and Training income	£6.692	£7.131	£0.439
Donations & Grants received of PPE & intangible assets	£0.000	£0.000	£0.000
Donations & Grants received of cash to buy PPE & intangible assets	£0.000	£0.000	£0.000
Parking Income	£1.009	£1.041	£0.032
Catering Income	£1.121	£1.316	£0.195
Revenue from non-patient services to other bodies	£3.431	£5.106	£1.675
Non Clinical income in respect of pass-through costs where accounted on gross basis	£3.000	£2.883	£(0.117)
Misc. Other Operating Income	£3.329	£3.020	£(0.309)
Total	**£18.826**	**£20.882**	**£2.056**
Total Operating Income	**£229.471**	**£227.902**	**£(1.569)**
Operating Expenses			
Employee Benefits Expenses	£(158.576)	£(149.742)	£8.834
Employee Benefits Expenses - agency and contract staff	£(0.961)	£(9.408)	£(8.447)
Education and training expense	£(0.452)	£(0.631)	£(0.179)
Clinical Negligence	£(8.484)	£(8.484)	£0.000
Premises	£(9.340)	£(9.570)	£(0.230)
Expenditure on pass-through costs where accounted on gross basis	£(1.878)	£(2.148)	£(0.270)
Expenditure on pass-through drug costs where accounted on gross basis	£(9.711)	£(9.540)	£0.171
Purchase of healthcare services from other NHS bodies	£(0.458)	£(0.429)	£0.029
Purchase of healthcare services from non-NHS bodies	£(0.085)	£(0.248)	£(0.163)
Drug Costs	£(6.768)	£(6.478)	£0.290
Clinical Supplies and Services	£(24.161)	£(24.375)	£(0.214)
Non Clinical Supplies and Services	£(3.643)	£(4.162)	£(0.519)
Consultancy expense - related to business cases approved by Monitor	£(1.578)	£(1.378)	£0.200
Consultancy expense - exempt from approval by Monitor			£0.000
Consultancy expense - other consultant costs			£0.000
Movement of Impairment of receivables	£0.000	£0.148	£0.148
Misc other Operating expenses	£(3.241)	£(2.747)	£0.494
Total operating expenses	**£(229.336)**	**£(229.192)**	**£0.144**
EBITDA	**£0.135**	**£(1.290)**	**£(1.425)**
Non operating income and expense			
Interest income	£0.095	£0.109	£0.014
Interest expense on Non commercial borrowings	£(0.270)	£(0.267)	£0.003
Interest expense on finance leases	£(0.027)	£(0.028)	£(0.001)
Depreciation and amortisation - owned assets	£(6.886)	£(6.621)	£0.265
Depreciation and amortisation - donated assets	£(0.128)	£(0.144)	£(0.016)
Depreciation and amortisation - finance leases	£(0.216)	£(0.217)	£(0.001)
Other Finance Costs - Unwinding Discount	£(0.039)	£(0.026)	£0.013
PDC dividend expense	£(3.159)	£(2.947)	£0.212
Net Profit on asset disposal	£0.000	£0.000	£0.000
Impairment (Losses) / Reversals net - purchased / constructed assets	£0.000	£0.000	£0.000
Impairment (Losses) / Reversals net - donated / granted assets	£0.000	£0.000	£0.000
Net Surplus / (Deficit)	**£(10.495)**	**£(11.431)**	**£(0.936)**
Comprehensive income and expense			
Revaluation gains /(losses) of donated / granted assets straight to reval reserve	£0.000	£0.000	£0.000
Revaluation gains / (losses) of purchased / constructed assets straight to reval reserve	£0.000	£0.000	£0.000
(Impairments) / reversals of purchased / constructed assets straight to reval reserve	£0.000	£0.000	£0.000
(Impairments) / reversals of donated / granted assets straight to reval reserve	£0.000	£0.000	£0.000
Fair Value gains / (losses) straight to reserves	£0.000	£0.000	£0.000
Other recognised gains and losses	£0.000	£0.000	£0.000
Total comprehensive income and expense	**£(10.495)**	**£(11.431)**	**£(0.936)**

APPENDIX 2
BALANCE SHEET

Wirral University Teaching Hospital NHS
NHS Foundation Trust

December Reporting - Balance Sheet

	FY 15/16		
	FT Plan	**Actual**	**Variance**
	December 2015	December 2015	December 2015
	£m	£m	£m
Non current assets			
Intangible Assets - Donated or granted	£0.000	£0.000	£0.000
Intangible Assets - Purchased or created	£13.045	£11.604	£(1.441)
Property, Plant and Equipmen - Donated or granted	£2.365	£2.239	£(0.126)
Property, Plant and Equipment - Purchased or constructed	£155.737	£157.839	£2.102
NHS Trade Receivables, Non-Current	£0.000	£0.000	£0.000
Other non current receivables	£2.094	£2.205	£0.111
Impairment of Receivables for Bad & doubtful debts	£(0.379)	£(0.696)	£(0.317)
Total non current assets	**£172.862**	**£173.191**	**£0.329**
Current Assets			
Inventories	£4.073	£4.151	£0.078
NHS Trade Receivables	£9.362	£8.555	£(0.807)
Non-NHS Trade Receivables	£1.988	£2.455	£0.467
Other Receivables	£1.638	£1.844	£0.206
Assets Held for Sale	£0.000	£0.000	£0.000
PDC Receivables	£0.000	£0.000	£0.000
Impairment of Receivables for Bad & doubtful debts	£(0.450)	£(0.157)	£0.293
Accrued Income	£1.483	£1.568	£0.085
Prepayments	£3.032	£4.279	£1.247
Cash and cash equivalents	£4.895	£6.841	£1.946
Total Current Assets	**£26.020**	**£29.536**	**£3.516**
Current liabilities			
Current loans	£(1.015)	£(1.015)	£0.000
Deferred income	£(3.062)	£(3.739)	£(0.677)
Provisions, current	£(0.641)	£(0.640)	£0.001
Trade Creditors	£(9.623)	£(15.461)	£(5.838)
Taxation payable	£(3.800)	£(3.819)	£(0.019)
Other Creditors	£(2.838)	£(3.866)	£(1.028)
Capital Creditors	£(1.072)	£(0.362)	£0.710
Accruals	£(7.471)	£(10.307)	£(2.836)
Payments on account	£(0.900)	£(0.900)	£0.000
Finance leases, current	£(0.117)	£(0.117)	£0.000
Interest payable on non commercial loans	£(0.087)	£(0.093)	£(0.006)
PDC creditor	£(1.053)	£(0.841)	£0.212
Total Current Liabilities	**£(31.679)**	**£(41.160)**	**£(9.481)**
Net Current Assets / (Liabilities)	**£(5.658)**	**£(11.624)**	**£(5.966)**
Liabilities, non current			
Loans, non current, non commercial	£(15.542)	£(10.776)	£4.766
Deferred income, non current	£(11.184)	£(11.184)	£0.000
Provisions for Liabilities and Charges	£(2.236)	£(2.302)	£(0.066)
Finance leases, non current	£(0.063)	£(0.062)	£0.001
	£(29.025)	**£(24.324)**	**£4.701**
Total Assets Employed	**£138.179**	**£137.243**	**£(0.936)**
Taxpayers equity			
Public Dividend Capital	£72.417	£72.417	£0.000
Retained earnings	£19.425	£18.489	£(0.936)
Revaluation reserve	£46.337	£46.337	£0.000
Total Taxpayers Equity	**£138.179**	**£137.243**	**£(0.936)**

Wirral University Teaching Hospital NHS
NHS Foundation Trust

December Reporting - Cashflow

	FY 15/16 FT Plan Year to Date December 2015 £m	Actual Year to Date December 2015 £m	Variance Year to Date December 2015 £m
Surplus/(deficit) after tax	**£(9.165)**	**£(11.431)**	**£(2.266)**
Finance income/charges	£0.180	£0.212	£0.032
Donations & Grants received of PPE & intangible assets (not cash)	£0.000	£0.000	£0.000
Other operating non-cash movements	£0.000	£0.000	£0.000
Depreciation and amortisation, total	£6.414	£6.982	£0.568
Impairment losses/(reversals)	£0.000	£0.000	£0.000
Gain/(loss) on disposal of property plant and equipment	£0.000	£0.000	£0.000
PDC dividend expense	£2.808	£2.947	£0.139
Other increases/(decreases) to reconcile to profit/(loss) from operations	£0.000	£0.000	£0.000
Non-cash flows in operating surplus/(deficit), Total	**£9.402**	**£10.141**	**£0.739**
Movement in Working Capital			
Inventories	£(0.005)	£(0.078)	£(0.073)
NHS Trade receivables	£(2.382)	£(1.699)	£0.683
Non NHS Trade receivables	£0.399	£(0.501)	£(0.900)
Other receivables	£(0.238)	£(0.444)	£(0.206)
Assets held for sale	£0.000	£0.000	£0.000
Accrued income	£(0.312)	£(0.262)	£0.050
Prepayments	£(1.535)	£(2.407)	£(0.872)
Deferred income	£(0.805)	£(0.237)	£0.568
Provisions for Liabilities and Charges	£(0.106)	£(0.083)	£0.023
Tax payable	£0.068	£0.087	£0.019
Trade Payables	£(3.141)	£0.574	£3.715
Other Payables	£(0.163)	£0.842	£1.005
Payment on Account	£0.000	£0.000	£0.000
Accruals	£(3.231)	£(0.754)	£2.477
	£(11.452)	**£(4.962)**	**£6.490**
Net cash inflow / (outflow) from operating activities	**£(11.215)**	**£(6.252)**	**£4.963**
Investing activities			
Property - new land, buildings or dwellings	£0.000	£(0.272)	£(0.272)
Property - maintenance expenditure	£(1.332)	£(2.533)	£(1.201)
Plant and equipment - Information Technology	£(1.007)	£(2.847)	£(1.840)
Plant and equipment - Other	£(0.659)	£(0.715)	£(0.056)
Expenditure on capitalised development	£(0.360)	£0.000	£0.360
Purchase of intangible assets	£(1.351)	£(0.038)	£1.313
Increase/(decrease) in Capital Creditors	£(0.501)	£(0.662)	£(0.161)
	£(5.210)	**£(7.067)**	**£(1.857)**
Net cash inflow / (outflow) before financing	**£(16.425)**	**£(13.319)**	**£3.106**
Financing activities			
Public Dividend Capital received	£0.000	£0.000	£0.000
Public Dividend Capital paid	£(2.106)	£(2.098)	£0.008
Interest (Paid) on non commercial loans	£(0.183)	£(0.182)	£0.001
Interest element of finance lease rental payments	£(0.024)	£(0.028)	£(0.004)
Capital element of finance lease rental payments	£(0.240)	£(0.272)	£(0.032)
Interest (Paid) / Received on cash and cash equivalents	£0.085	£0.104	£0.019
Drawdown of non commercial loans	£0.000	£0.000	£0.000
Repayment of non commercial loans	£(0.508)	£(0.508)	£0.000
Non current receivables	£0.000	£0.206	£0.206
Other Non current receivables	£0.000	£0.000	£0.000
Other cash flows from financing activities	£0.000	£0.000	£0.000
Net increase / (decrease) in cash and cash equivalents	**£(19.401)**	**£(16.097)**	**£3.304**
Opening cash and cash equivalents	£22.938	£22.938	£(0.000)
Net cash (outflow) / inflow	£(19.401)	£(16.097)	£3.304
Closing cash and cash equivalents	**£3.537**	**£6.841**	**£3.304**

Wirral University Teaching Hospital NHS
NHS Foundation Trust

Financial Sustainability Risk Ratings

FSRR Metrics per Monitor:

			Risk Rating			
Financial Criteria	**Weight %age**	**Metric to be scored**	**1**	**2**	**3**	**4**
Liquidity	25%	Liquidity Ratio (Days)	<-14	-14	-7	0
Balance Sheet Sustainability	25%	Capital Servicing Capacity (Times)	<1.25	1.25	1.75	2.50
Underlying performance	25%	I&E Margin %	<-1%	-1%	0%	1%
Variance from plan	25%	Variance in I&E margin as a % of income	<-2%	-2%	-1%	0%

Trust Performance - Based on December 2015 Financial Position:

Financial Criteria	**Weight %age**	**Metric to be scored**	**2015/16 ratings - actual**		**2015/16 ratings - Plan**	
Liquidity Ratio (Days)	25%	Liquidity Ratio (Days)	-18.58	**1**	-11.46	**2**
Capital Servicing Capacity (Times)	25%	Capital Servicing Capacity (Times)	-0.29	**1**	0.05	**1**
Underlying performance	25%	I&E Margin %	-5.01%	**1**	-4.57%	**1**
Variance from plan *	25%	Variance in I&E margin as a % of income	-0.44%	**3**	-0.35%	**3**
		Weighted average risk rating		**1.50**		**1.75**
		Overall FSRR Risk Rating		**2**		**2**

1. Introduction

Under the Terms of Authorisation, the Trust is required to prepare and submit a quarterly return to Monitor detailing its financial and governance risk ratings.

The quarterly submission must be made to Monitor by 12 noon on 29th January 2016.

The Board is asked to review the assurances received in this report, as provided by the Director of Operations and Director of Finance respectively, and to self certify four statements as set out below.

2. Recommendation

It is recommended that the Board:

i) does not confirm for finance, that the Board anticipates the Trust will continue to maintain a Financial Sustainability Risk Rating of 3 over the next 12 months;

ii) does confirm for finance, that the Board anticipates that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.

iii) does not confirm for governance that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework, and a commitment to comply with all known targets going forwards.

iv) otherwise confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 16 Diagram 8 and page 58 and the Risk Assessment Framework page 21, Diagram 6) which have not already been reported.

In Year Governance Statement from the Board of Wirral University Teaching

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)	**Board Response**
For finance, that:	
The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12	Not Confirmed
The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the	Confirmed
For governance, that:	
The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.	Not Confirmed
Otherwise:	
The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework, Table 3) which have not already been reported.	Confirmed
Consolidated subsidiaries:	
funds.	0

Signed on behalf of the board of directors

Signature		Signature	
Name	David Allison	Name	Michael Carr
Capacity	Chief Executive	Capacity	Chairman
Date	29/01/2016	Date	29/01/2016

Responses still to complete: 0

Notes:

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

The Trust submitted an operational plan showing a deficit for 2015/16 and has continually maintained a FSRR rating of 2 against plan. The Trust cannot therefore continue to maintain a FSRR of 3 over the next 12 months

The Trust identified the 4 hour A&E standard as a key risk in its annual planning process. The increased pressures on emergency services have continued and despite the Trust working closely with the CCG and its health and social care partners, which has resulted in successes in patient flow and improvements in the A&E standard compared to the same time last year, the Trust still remains below the expected standard. The Trust breached its C -Difficile target in Q3 and reported 31 incidents against an annual target of 29. A robust action plan which focuses on early isolation and HPV cleaning is being robustly implemented and monitored. Despite the pressures on the hospital over the Christmas period, the trust did not have to close any beds due to infection. Strict adherence to the plan has been maintained. Despite extensive validation, the Trust did not achieve compliance with the RTT target in December 2015. The Trust achieved 91.02% for this period. The key contributing factors were the impact of the directive to reduce beds to lower than planned at Christmas, the impact of the "no strike day" which led to 40 elective procedures being cancelled and the ongoing situation with Community Paediatrics which despite efforts by ourselves and the CCG have not resolved the protracted unacceptable wait times. The Trust anticipated that the Christmas directive would impact on our RTT performance for December by 0.5% and accordingly advised Monitor. The margin of error for compliance was so tight that despite the efforts on validation the Trust was unable to achieve for December.

BOARD OF DIRECTORS
DRAFT MINUTES OF MEETING DATED 25TH NOVEMBER 2015

BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL

Present	
Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Graham Hollick	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Cathy Maddaford	Non-Executive Director
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director
Sharon Gilligan	Director of Operations
Evan Moore	Medical Director
Jill Galvani	Director of Nursing & Midwifery
Gareth Lawrence	Acting Director of Finance
In attendance	
Mark Blakeman	Director of Infrastructure & Informatics
Gaynor Westray	Deputy Director of Nursing & Midwifery
Mark McKenna	Deputy Head of Patient Experience
Claire Hughes	Executive PA (for minutes)
Apologies	
Carole Self	Director of Governance/Company Secretary

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 15-16/187	**Apologies for Absence** As above.	
BM 15-16/188	**Declarations of Interest** There were no declarations of interest.	
BM 15-16/189	**Patient Story** The Deputy Head of Patient Experience presented a patient story via video in which a family expressed disappointment with the care provided at the hospital due to the perception that the clinicians did not fully understand the individual needs of the patient (now deceased), and that the family were not fully kept updated of the expected outcome. The investigation showed that the correct care was given and the family felt reassured after a resolution meeting.	
BM 15-16/190	**Chairman's Business** The Chairman conveyed congratulations to Dr Beverley Oates who had won HSJ clinical leader of the year award. It was noted that the Trust had	

Reference	Minute	Action
	won two of these awards in two years. The Chairman advised the Board of the recent consultant appointments of Mr Ashok Menon – Consultant in Emergency Surgery and Mr John Hoo Fong Tsang – Consultant in Elderly Medicine.	
BM 15-16/191	**Chief Executive's Report** The Chief Executive presented the report and highlighted the following areas for discussion: **Clinical Commissioning Group (CCG)** - The Chief Executive confirmed that the focus of attention was currently on the Vanguard project, and in particular resolving the phasing of funding with NHS England, and resolving concerns regarding Community Paediatric Services. With regards to Community Paediatrics a positive meeting was held which included GPs which reviewed the short, medium and long term plans. The CCG agreed to the transfer of a significant number of patients to the Childrens and Adolescent Mental Health Service (CAMHS) later this month; for the longer term a redesign of the service and extra resources to support this change which would move the service to be more nurse led. It was stressed during the meeting that patients must start to be seen over the next few weeks with further discussions on the contract for 2016/17 to take place in the new year. **Monitor** – The Chief Executive confirmed that the Progress Review Meeting between Monitor and the Trust which took place on 19 November 2015 was very positive. Monitor confirmed that they were satisfied with the 2015/16 financial position and were now focusing on 2016/17, in particular the amount of savings required. The Board was advised that the meeting also focused on the Trust's Recovery Plan; Strategic Plan; A & E performance and the trajectory for reported cases of C difficile. The Board discussed the current position for avoidable C difficile cases this being 27 cases against a tolerance of 29. Mrs Westray in her new role of Director of Infection Prevention and Control reported actions submitted to Monitor as being in place, including a reactive and proactive HPV programme, weekly reporting to the Senior Management Team and strict compliance with effective isolation of patients with diarrhoea. The Chief Executive confirmed that this information was shared with Monitor which may lead to a further investigation. With regards to A&E the Trust met with ECIP which was extremely helpful in identifying a number of areas for particular focus. The report is due in the next few days. The Chief Executive commended the Emergency Department team. **Agency Cap** - It was noted the Trust has currently in breach of the agency cap and therefore reports were required to be submitted to Monitor, the first of these reports was due to be submitted on Wednesday 2nd December and would include an improvement plan. The Board noted that it would be a challenge to become compliant with the agency cap particularly concerning the use of doctors. **Junior Doctor Strike Update** - Strikes were planned for 1st, 8th and 16th December, plans were being made with the assumption that the strikes	

Reference	Minute	Action
	would go ahead. Work would continue but it was acknowledged elective surgery would be significantly impacted with an indicative negative affect on finance of approximately £2m. It was hoped a resolution would be reached over the coming days.	
BM 15-16/192	**Strategic Recovery Plan** The Board received the progress to date on the work programme; the emerging implications of this work for the Trust's financial position and the arrangements for engaging with Governors.	
BM 15-16/193	**Integrated Performance Report** **Integrated Dashboard and Exception Reports** The Director of Infrastructure and Informatics presented the integrated performance dashboard and highlighted the key areas of performance which required improvement. The Board noted the latest position (not included in the report) showed improvements over the last few days following the visit from ECIP and a review of the medically fit patients. The number of these patients had reduced from 60 to 30. **RTT** - Assumptions were made at the beginning of the year about referral levels; currently there was a gap between the amount of work the Trust predicted and the number of referrals received. Looking forwards to December and considering the potential strike days there was a risk of loss of around 1/6th of activity, Monitor were aware if the strike goes ahead this would affect the targets and a letter may be circulated confirming Trusts would not be penalised for failure of targets due to strike action. It was confirmed the Trust would sub contract pain referrals to Spire if this was in the best interests of the patient. There was a discussion on the Advancing Quality indicators specifically that the three indicators that were currently at risk of failing were; • Fractured Neck of Femur • Sepsis • Community Acquired Pneumonia An issue was raised that Cerner did not currently have all of the care plans uploaded which was causing a problem with the recording of data. The Board requested a report from the Division of Surgery, Women and Children specifically around Fractured neck of femur which identified specific areas for improvement and associated actions. The Board agreed that this would be reviewed at the Quality and Safety Committee. **Month 7 Finance Report** The Acting Director of Finance reported that the cumulative deficit as at the end of October was £8.8M which was an £354k adverse variance to the plan of £8.4M. In-month the Trust delivered a deficit of (£0.652K) which was adverse to the original profile used within the Monitor plan but marginally better than the re-forecast figures presented at Board in October. The CoS rating of 2	**GW/MW**

Reference	Minute	Action
	remained in line with plans. The cash position continued to be positive with the position at the end of the month being £13.343m which was £9.271m better than plan. The Trust was forecasting to end the financial year with a c£2m cash balance without any injection of resilience funding. The Board was assured the Trust had developed a robust process to ensure that the cash balances did not fall below the Monitor threshold before year end with relevant escalation triggers. It was confirmed that the junior doctor strike would not have an impact on the cash position. The Board discussed the current level of reserves and how these had been allocated. The Board agreed to undertake a full in-depth discussion at the next Finance, Business Performance and Assurance Committee.	**GL**
BM 15-16/194	**NHS England Core Standards Compliance Report** The Board reviewed this report specifically noting that the interim lead for Emergency Planning and Business Continuity would be Chris Oliver (interim Director of Operations) following the departure of the current Director of Operations (Sharon Gilligan) on 27 November 2015. The substantive holder of this role would be the new Chief Operating Officer, once appointed. The Board was assured that testing was regularly carried out; training would continue and there would be further testing such as the lockdown procedure for the Trust. The Board was advised that NHS England tested the wider area and the Trust was clear what its role was in the event of a major incident. The Board was pleased with the outcome of the self-assessment against NHS England's revised core standards for Emergency Preparedness, Resilience and Response which declared the Trust as substantially compliant. The Board noted the content of this report and the proposed governance arrangements for the development and monitoring of the improvement plan.	
BM 15-16/195	**Cancer Operational Policy** The Board reviewed and approved the policy taking assurance that this had been reviewed and commented upon by all the relevant stakeholders.	
BM 15-16/196	**Francis Report: Hard Truths Commitment: Publishing of Nurse Staffing Data: October 2015** The Deputy Chief Nurse presented the report showing the staffing data for October 2015. The Board was advised that during October 2015, the Trust successfully appointed a further 12 Registered Nurses, 7 being experienced and the remaining 5 due to qualify in March 2016. In October the Trust welcomed 9 registered nurses from Poland; who have	

Reference	Minute	Action
	now completed the 'Welcome to Wirral programme' and would start their placements on 16th November. Further overseas recruitment had resulted in 15 registered nurses being recruited from Spain and Portugal who were due to join the Trust 23 November 2015 with a start date for their placements being 7th December. The next corporate recruitment event was confirmed as 25th November 2015, with 13 registered nurses applying. The Board was advised that corporate recruitment would continue each month. At the end of October 2015 the total number of RN vacancies at Band 5 ward nurse posts was reported as 36.76 WTE (vacancy rate of 5.59%) This figure had increased since last month (12.51 WTE), but remains low when compared to peer organisations. NHS England reports most Trusts being at over 10% nursing vacancies. The impact of the agency cap was discussed and with the recent move to NHSP there was additional assurance that agency staff requests were being approved by the Director of Nursing & Midwifery. This would support the Trust to achieve the 3% cap on agency expenditure set by Monitor. NHSP was also launching its own recruitment drive to fill hard to recruit areas. Risk assessments for this will be discussed under the private agenda of the Board of Directors. The Director of Nursing & Midwifery agreed to produce a paper for the January Board on the successes and benefits achieved to date.	**JG**
BM 15-16/197	**Report of the Finance, Business Performance and Assurance Committee 20 November 2015** The report from the Finance Business Performance and Assurance Committee was presented by Mr Graham Hollick and discussions undertaken are highlighted below. Following the Commissioners proposal to utilise monies planned for the opening of a second winter ward in the hospital on a collaborative approach in the community (Charlotte House), the Committee reviewed and recommended the revisions to the winter plan. This approach should provide the additional winter capacity, 28 beds that the Trust requires whilst at the same time improving patient flow. The Board noted the Committee's support for the proposal on the condition that the 2nd winter ward in the hospital would not be opened. Monitor had been briefed on this proposal and assurance given that this would be monitored through the Systems Resilience Group. The Chairman welcomed this collaborative way of working which considering difficulties with nurse staffing recruitment should prove to be a safer way of working. The Board agreed that not opening the additional second winter ward also supported the Trust's drive for a proactive HPV programme to address incidences of C difficile. The Committee reviewed in detail the M7 financial position and the impact of doctor's strike along with the cash management process and annual plan timescales. It was agreed assumptions would be presented at the January Committee. The Committee had reviewed the progress on the recovery plan. The Committee recommended that the Trust accept the view that it would not require any additional / distressed funding for	

Reference	Minute	Action
	2015/16; the requirement is conditional that the Trust receive money from the Commissioners early in 2016/17. After discussion the Board made a formal decision not to request distressed funding for 2015/16. The Director of Governance/Company Secretary and the Acting Director of Finance would inform Monitor.	**CS/GL**
BM 15-16/198	**Report of the Quality & Safety Committee 11 November 2015** Dr Jean Quinn presented the report of the Quality & Safety Committee specifically highlighting discussions which took place around the following: Board Assurance Framework - The Committee had agreed that a further review of the risk and assurances in relation to the End of Life Care was required by the Medical Director and Director of Nursing and Midwifery as well as some amendments to the risk in relation to partnership governance and sustainability in order to provide greater oversight in this area. Workforce and OD Dashboard - Good performance was reported in the attendance rate although for October this had rose slightly above 96%. Nurse vacancies rates had remained low with continued focus on recruitment; the overall increase in staff during September was above the number of leavers. The NHSP fill rate for the first week was reported at 68.9% against a target of 85% which was reported as encouraging. Friends & Family Test - Good progress is being made. Serious Incidents – The Committee had reviewed in full details of 4 serious incidents which had resulted in death, assurance was given after a detailed action plan was put in place. Falls and pressure ulcers – Data indicated these had increased and is again the focus of training and support. A & E Triage Improvement Plan – Concerns were raised about the number of patients waiting in A&E unsupervised as the triage process is taking longer as a result of the computer system and that it is taking nurses more time to record allergies. This issue would be picked up within the work with ECIST; changes had been planned but would now await the results of the report. Quality Improvement Strategy – This was deferred and will be reported on at the January Committee. Annual Reports – There was nothing new to report on but assurance was given that all mechanisms are in place. There was a discussion around substantial claims, litigation and possible impact on the Trust. The Medical Director reported there had not been a substantial increase in claims over the past years but there was a significant gap in what the Trust paid out and it's insurance premium and the NHSLA were working on closing this gap (historically totalling £32M) with a £4M increase this year to our premiums for them to recoup their money. WHO Checklists not being followed – a further report was requested	

Reference	Minute	Action
	sooner than usual (March 2016). Terms of Reference – The Board noted the minor changes and approved the Terms of Reference.	
BM 15-16/199	**Board of Directors** **Minutes of the Previous Meeting** The minutes of the meeting held on 28 October 2015 were agreed as a correct record of the meeting. **Board Action Log** The Board reviewed the action log and concluded that this provided an up to date view of progress.	
Standing Items		
BM 15-16/200	**Items for BAF/Risk Register** It was agreed to include "Junior Doctor strike" onto the risk register.	**EM**
BM 15-16/201	**Any Other Business** The Chairman reminded the Board of the following diary dates: 16th December – informal Board development (strike day – this date may need to be reviewed) 19th December – Council of Governors 27th January – Formal Board of Directors As this was the Director of Operations last Board of Directors meeting before leaving the Trust; the Chairman commended her hard work, energy and determination and wished her well for her new post as Chief Operating Officer at Warrington Hospital. The Director of Operations thanked the Board for their support over the past 3 years.	
BM 15-16/202	**Date and Time of Next Meeting** Wednesday 27 January 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.	

……..……

Chair

……..

Date

ACTION LOG
Board of Directors

Updated – January 2016

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 25.11.16						
	BM15-16/193	Quality and Safety Committee to review the actions being undertaken to improve the AQ indicator for Fractured Neck of Femur	GW/MW	**Included on the Agenda for Q & S – March 16**	To be included in Chair's report March 16	
	BM 15-16/193	Undertake a full in-depth discussion at the next Finance Business Performance & Assurance Committee on the current levels of reserves and how these had been allocated	GL	**Undertaken at Extraordinary Board in January 16 - completed**		
	BM15-16/196	Provide an update on the benefits and successes of NHSP in relation to the agency cap	JG	**Included in the Agency Cap Improvement Plan to be reviewed in the private part of the January Board**		
	BM15-16/197	Advise Monitor of the formal decision not to request distressed funding in 15/16	CS/GL	**Completed**		
	BM15-16/200	Include the "junior doctor strike" on the risk register	EM	**Completed**		
Date of Meeting 28.10.15						
	BM15-16/161	The Board sought to understand the financial impact of exceeding the C difficile annual target and thus requested an update on this for the next meeting.	GW/GL	**Completed at the Extraordinary private meeting in January 2016**	November 2015	

	BM 15-16/162	Changes to the Annual plan to be made as follows: Review the delayed transfer measure to ensure meaningful Review the readmissions measure to focus on reducing and avoidable readmissions Review the target for HSMR Review the current and forecast CoS rating to 2	MC	**Completed**	November 2015	
	BM 15-16/163	Surgical Activity -The Board asked for consideration to be given to reporting routinely how and where beds were being protected as well as where these had been absorbed hence impacting on performance.	MB/SG		November 2015	
	BM 15-16/163	RTT - The Board requested that further consideration be given to implementing an "early warning system" thus using the technology the Trust has.	MB/SG		November 2015	
	BM 15-16/165	The Board asked that the monthly safe staffing appendix be reviewed to ensure this added value	GW		November 2015	
	BM 15-16/168	The Board sought to understand how it could make more of the good work in the Research area through the local media and asked the Medical Director to progress this.	EM	**Completed**	November 2015	
	BM 15-16/168	Progress how charitable funds could be used to address the limited research resource going forward.	EM	**Completed**	November 2015	
Date of Meeting 30.09.15						

Sept 15	BM 15-16/131	Members requested that a high level programme summary be circulated together with the anticipated benefits of the New Models of Care programme.	DA	**Formal reporting now in place from the Programme Office of Healthy Wirral - Completed**	October 2015	
Sept 15	BM 15-16/132	The Board requested that the actions being taken to address areas of under performance in the performance report ranked in terms of desired impact, where possible, to aid with review.	MB		October 2015	
Sept 15	BM 15-16/132	The Board requested that the Chief Executive reach a clear position with the CCG as soon as possible with regards to Community Paediatrics.	DA	**The Board receive regular briefings on this – further update to be provided in January 16**	October 2015	
Date of Meeting 29.04.15						
Apr 15	BM 15-16/015	Provide the Board with a monthly update on CQC improvement against compliance	EM/CS	**Ongoing – included on agenda for July 15**	May 15	
Apr 15	BM 15-16/016	Consider adjusting the nurse staffing ratio targets when contingency wards used	JG	**Consider as part of the winter planning process**	completed	
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	**Financial Governance Review undertaken in Dec 16. Further update to be provided to the Board in Jan 16**	December 15	