

Board of Directors  
Public Board

27 April 2016



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

## AGENDA

- |           |   |      |   |
|-----------|---|------|---|
| <b>1.</b> | <b>Apologies for Absence</b><br>Chairman                    | 0900 | v |
| <b>2.</b> | <b>Declarations of Interest</b><br>Chairman                 |      | v |
| <b>3.</b> | <b>Patient's story</b><br>Director of Nursing and Midwifery |      | v |
| <b>4.</b> | <b>Chairman's Business</b><br>Chairman                      |      | v |
| <b>5.</b> | <b>Chief Executive's Report</b><br>Chief Executive          | 0930 | d |

### 6. Strategy and Development

- |            |  |  |   |
|------------|--|--|---|
| <b>6.1</b> | <b>Vanguard Programme Update</b><br>Director of Strategy   |  | d |
| <b>6.2</b> | <b>Annual Operation Plan</b> <ul style="list-style-type: none"> <li>• Review of performance against 2015/16 objectives</li> <li>• 2016/17 objectives</li> </ul> Director of Strategy |  | d |

### 7. Performance and Improvement

- |            |  |      |   |
|------------|--|------|---|
| <b>7.1</b> | <b>Integrated Performance Report</b>   | 1015 |   |
|            | <b>7.1.1 Integrated Dashboard and Exception Reports</b><br>Chief Operating Officer   |      | d |
|            | <b>7.1.2 Month 12 Finance Report</b><br>Chief Executive / Acting Director of Finance |      | d |

### 8. Governance

- |            |  |  |   |
|------------|--|--|---|
| <b>8.1</b> | <b>Chair of the Audit Committee Report</b><br>Chair of the Audit Committee   |  | d |
| <b>8.2</b> | <b>Report of the Finance Business Performance &amp; Assurance Committee</b><br>Chair of Finance Business Performance & Assurance Committee |  | d |
| <b>8.3</b> | <b>Review of Register of Interests</b><br>Director of Corporate Affairs  |  | d |

- |            |  |   |
|------------|--|---|
| <b>8.4</b> | <b>Equality and Diversity Annual Report</b><br>Director of Nursing and Midwifery | d |
| <b>8.5</b> | <b>Monitor Financial Commentary – M12</b><br>Acting Director of Finance          | d |
| <b>8.6</b> | <b>Board of Directors</b>  | d |
|            | <b>8.6.1 Minutes of the Previous Meeting</b><br>• 30 March 2016                  |   |
|            | <b>8.6.2 Board Action Log</b><br>Director of Corporate Affairs                   |   |

## 9. Standing Items

- |            |  |   |
|------------|--|---|
| <b>9.1</b> | <b>Items for BAF/Risk Register</b><br>Chairman                       | v |
| <b>9.2</b> | <b>Items to be considered by Assurance Committees</b><br>Chairman    | v |
| <b>9.3</b> | <b>Any Other Business</b><br>Chairman                                | v |
| <b>9.4</b> | <b>Date and Time of Next Meeting</b><br>Wednesday 25 May 2016 at 9am | v |

<b>Board of Directors</b>	
<b>Agenda Item</b>	5.0
<b>Title of Report</b>	Chief Executive's Report
<b>Date of Meeting</b>	27 April 2016
<b>Author</b>	David Allison, Chief Executive
<b>Accountable Executive</b>	David Allison, Chief Executive
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	ALL
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Positive
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	To Note
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	N/A

### CCG

The Trust has concluded contract negotiations with Wirral CCG for 2016/17. The Trust has agreed a financial envelope for the year which will enable the health economy to work closer together in delivering sustainable healthcare for the population that we serve. The early agreement of the contract is a testament to the working relationship that we are developing with our commissioners as we aspire to deliver an accountable care system underpinned by population health.

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## **National Information Board**

The Director of Infrastructure and Informatics attended a recent meeting of the National Information Board (NHS England's IT strategy board). The Board discussed progress with both national and local initiatives to deliver the governments vision for a paperless NHS. In particular, the Board discussed sharing care records across organisational boundaries and providing patients with access to WIFI, and received a paper with regard to the recent Digital Maturity Index which ranked all providers in terms of their use of information technology. The Board will note that the Trust was ranked in the HSJ 4<sup>th</sup> out of over 200 organisations in terms of its digital maturity. The meeting also provided an opportunity to continue to raise the profile of the Trust with a number of the Board members, particularly given its position as one of a very few leaders with regard to the index.

## **NHS England Visit**

On Friday the 1st July, Dr Celia Ingham Clark MBE, Medical Director for Clinical Effectiveness at NHS England will be visiting the Trust to learn more about our leading work on the use of our Millennium system to provide early identification of patients at risk of Sepsis. Additionally, the Trust has been asked to provide evidence to the Wachter review (National Advisory Group on Health Information Technology in England) and is hosting a visit from Dr Harpreet Sood, Senior fellow to the Chair and CEO, NHS England on Friday 20th May.

## **Staff Guardians at Wirral University Teaching Hospital**

Colleagues will be aware that the Trust introduced a Cultural Ambassador (Cathy Mckeown) and three Staff Guardians (Cathy Maddaford, Sharon Landrum and Carol Skillen) in May 2015, as part of our Culture and Engagement Plan 2015-18 that supports the delivery of the Workforce and OD Strategy. The Guardians activity to date has been extremely successful, with positive feedback from both the National Staff Survey and other organisations. 92 concerns have been raised by staff so far which have been acted upon as appropriate and activity is monitored on a monthly basis by the Director of Workforce and assured by the Workforce and Communications Group. Although this is a new service for the Trust and still in its infancy, we appear to be at the forefront of other NHS organisations in implementation. I am pleased to report that recently the Staff Guardians have:

- Presented our work at the NHS Employers Event in London and had this published in their newsletter.
- Taken part in the consultation to support the development of a National Whistleblowing Policy, which was published by NHS Improvement and NHS England on 1st April 2016. Our Staff Guardians will review the implications of this at their next monthly meeting with James Mawrey, Director of Workforce. Key highlights from the National Policy include:
  - NHS organisations must encourage staff to speak up and set out the steps they will take in order to investigate their concerns.
  - A Freedom to Speak Up Guardian must to be appointed in every trust, representing an independent & impartial source of advice for staff.
  - Any concerns which are not resolved promptly through the line manager should be investigated.

- Such investigations must be evidence-based & led by an independent figure within the organisation, with a subsequent report focusing on lessons to be learnt and the improvement of patient care.
  - The person who raised concerns must be kept fully informed throughout the investigation.
  - The organisation's board are to be made aware of 'high-level' findings.
  - The policy will be reviewed and improved annually.
- The Staff Guardians have been invited to join the "Freedom to Speak Up" National Workstream with Health Education England (Carol Skillen acting as representative).
  - Been shortlisted for the HSJ Value in Healthcare Awards and attending the judging day in London on 19th April 2016.
  - Been invited on behalf of the Trust to present at the "Changing Culture & Improving Whistleblowing Procedures in Healthcare" Conference hosted by Westminster Briefing on 8th June. We have accepted this invitation.
  - Welcomed a 4th Staff Guardian (Margaret Davies, Matron, Medicine and Acute Division) .

### **Celebrating Success**

The Proud Team of the Quarter was awarded to the Emergency Department for maintaining the highest standards of care whilst working in a high pressured environment throughout a very busy winter period.

The Occupational Health Team has achieved the SEQOHS (Safe Effective Quality Occupational Health Service) Accreditation. This fantastic achievement required the submission of over 400 documents, including reports, business plans and standard operating procedures.

Accreditation is difficult to achieve and recognised nationally by the Royal College of Physicians. This is a testament to the tireless work of the team.

**David Allison**  
Chief Executive

April 2016





<b>BOARD OF DIRECTORS</b>	
<b>Agenda Item</b>	6.1
<b>Title of Report</b>	Vanguard programme update
<b>Date of Meeting</b>	27 April 2016
<b>Author</b>	Mike Coupe Director of Strategy
<b>Accountable Executive</b>	David Allison Chief Executive
<b>BAF References</b> <ul style="list-style-type: none"> <li>• <b>Strategic Objective</b></li> <li>• <b>Key Measure</b></li> <li>• <b>Principal Risk</b></li> </ul>	Strategic objectives: To prioritise the development of new models of care in cooperation with our acute/secondary, primary, community and social care partners To build on joint working with partner organisations to deliver the maximum operational and financial benefits To guarantee the sustainability of the Trust through the transformation of service provision and system performance Key measure: n/a Principal risk: n/a
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• <b>Positive</b></li> <li>• <b>Gap(s)</b></li> </ul>	Positive
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• <b>Discussion</b></li> <li>• <b>Approval</b></li> <li>• <b>To Note</b></li> </ul>	To note
<b>Data Quality Rating</b>	Bronze – qualitative data
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• <b>Yes</b></li> <li>• <b>No</b></li> </ul>	No

### 1. Executive Summary

The Board will be aware that in early February the local health and social care community (Wirral Partners) submitted to NHS England a Value Proposition setting out the monies sought to support the Vanguard program in 2016/17.

Wirral Partners have now been notified by NHS England that the local health and social care community will not be receiving any Vanguard funding this financial year.

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It is understood that this decision reflects constraints in national funding and that the great majority of Vanguard schemes are similarly affected.

Wirral Partners remain committed to delivering the wider Healthy Wirral programme (of which the Vanguard programme was a subset). However, further discussion between Partners is required to understand the implications of the loss of Vanguard funding. A process is being put in place to enable this.

Further reports to the Board will describe the outcome of these discussions.

## **2. Recommendation**

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

<b>BOARD OF DIRECTORS</b>	
<b>Agenda Item</b>	6.2.1
<b>Title of Report</b>	Annual Plan 2015/16: Review of Performance Against Operational Objectives
<b>Date of Meeting</b>	27 <sup>th</sup> April 2016
<b>Author</b>	Mike Coupe Director of Strategy
<b>Accountable Executive</b>	David Allison Chief Executive
<b>BAF References</b> • <b>Strategic Objective</b> • <b>Key Measure</b> • <b>Principal Risk</b>	Strategic objectives: all Key measure: as specified in objective metrics Principal risk: n/a
<b>Level of Assurance</b> • <b>Positive</b> • <b>Gap(s)</b>	Positive
<b>Purpose of the Paper</b> • <b>Discussion</b> • <b>Approval</b> • <b>To Note</b>	To note
<b>Data Quality Rating</b>	Bronze – qualitative data
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • <b>Yes</b> • <b>No</b>	No

## 1. Executive Summary

This report provides an end of year review of performance against operational objectives for 2015/16.

## 2. Background

Set out overleaf is a table illustrating the Trust's current strategic aims and the operational objectives for 2015/16:

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Strategic Aim	2015/16 Operational Objective
To be the top NHS Hospital Trust in the north west for patient, customer and staff satisfaction	Continually improve our patient experience to deliver a Friends & Family Test result where over 95% would recommend our care  Create a strong culture of empowered employees, delivering an improved overall score in the NHS staff survey
To lead on integrated shared pathways of care with primary, community and social care	Work with partners in Wirral to reduce delayed transfers of care to no more than 3.5 a month  Reduce readmissions to 7% of total admissions by developing a range of plans to deliver care closer to home
To deliver consistently high quality secondary care services enhanced through the provision of regional specialist services	Implement our quality improvement strategy to reduce mortality to a score of 85  Ensure that our harm free score is no lower than 95% for each month of the year
To ensure our people are aligned with our vision	Relaunch our values and behaviours strategy  Improve attendance rates to 96.3% and appraisal rates to 91%
To maximize innovation and enabling technologies	Implement the next stage of our Wirral Cerner Millennium IT systems: deliver full electronic nursing documentation; pilot paper free outpatients and the sharing of documents with primary care  Ensure that in 80% of research studies the time to recruiting the first patient will be within 30 days of the study opening
To build on partnering for value	Deliver an increased market share to 86% of Wirral CCG referrals through engagement with local GPs  Continue to develop a range of partnerships with NHS and non NHS providers to secure clinical sustainability particularly in relation to our regionally significant services
To achieve financial, commercial and operational excellence	Fully comply with the requirements of CQC registration  Continue to deliver a Monitor Continuity of Services rating of 1 whilst working towards improving our financial sustainability in the long term  Achieve a Monitor <i>Green</i> governance rating meaning that we have met all our performance targets – including the 4 hour A&E, 18 weeks and cancer waiting targets

### 3. Performance Against Operational Objectives

Set out overleaf is a table illustrating performance against objectives:

2015/16 Operational Objective	Year End Position
Continually improve our patient experience to deliver a Friends & Family Test result where over 95% would recommend our care	Since May 2015 the Trust has consistently achieved over 95% with a score of 98% in January 2016
Create a strong culture of empowered employees, delivering an improved overall score in the NHS staff survey	Significant achievements have been made. The NHS Staff survey shows engagement score at 3.79 (national average). This is an increase from last year when the Trust was in the bottom 20%.
Work with partners in Wirral to reduce delayed transfers of care to no more than 3.5 a month	The Wirral economy has sought to care for patients in the most appropriate environment once they are medically discharged from acute care. A range of schemes has been put in place to reduce the duplication of assessments and ensure the appropriate capacity is commissioned within the community for domiciliary care and short term placements.  Average DTOC for April 2015 to March 2016 was 3.4. This is based on the position at each month-end and is consistent with the target of reducing below 3.5.
Reduce readmissions to 7% of total admissions by developing a range of plans to deliver care closer to home	The current position for readmissions is at 8.9% versus the highest point in 15/16 of 10%
Implement our quality improvement strategy to reduce mortality to a score of 85	HSMR=89.2 (83.5-95.3) April – Nov 2015. On trajectory to remain below expected for 2015/16.
Ensure that our harm free score is no lower than 95% for each month of the year	The Trust has achieved a score of 95% or above for each month with the exception of August 2015 (94%). The Trust score for January 2016 is 96%.
Relaunch our values and behaviours strategy	Refreshed approach introduced. The results of the NHS Staff Survey show considerable improvements in linked questions e.g. "Care of patients / service users is my organization's top priority" has increased from 53% to 66%.
Improve attendance rates to 96.3% and appraisal rates to 91%	Significant reductions in sickness absence have been achieved. The rolling 12 months sickness rate is now 4.21%, compared to 4.93% last year.
Implement the next stage of our Wirral Cerner Millennium IT systems: deliver full electronic nursing documentation; pilot paper free outpatients and the sharing of documents with primary care	Phase 2b implemented. Millennium moved into the Cerner data centre. Achieved digital maturity index placing Trust one of the highest in the country
Ensure that in 80% of research studies the time to recruiting the first patient will be within 30 days of the study opening	For studies approved from April 2015 - 4/8 achieved recruitment within 30 days. The studies that missed target were all medical products with low recruitment aims (3 less than 6); so few patients were expected to match criteria.

Deliver an increased market share to 86% of Wirral CCG referrals	Market share 15/16 Q1 82.51 % Q2 83.06 % Q3 83.82 %
Continue to develop a range of partnerships with NHS and non NHS providers to secure clinical sustainability particularly in relation to our regionally significant services	An Acute Care Alliance has been proposed by the boards of WUTH and CoCH between the 2 organizations The Trust is a key partner in Healthy Wirral. The Trust is a key partner in the emerging Cheshire and Merseyside Women and Children's Vanguard
Fully comply with the requirements of CQC registration	The CQC undertook its comprehensive inspection in September 15 to which the overall rating was "requires improvement". The Trust has now submitted an action plan to address the areas of non-compliance as outlined in the requirement notices. Many of the actions have already been undertaken.
Continue to deliver a Monitor Continuity of Services rating of 1 whilst working towards improving our financial sustainability in the long term	The Trust achieved a FSRR of 2 as planned
Achieve a Monitor <i>Green</i> governance rating meaning that we have met all our performance targets – including the 4 hour A&E, 18 weeks and cancer waiting targets	The Trust currently has a RED governance rating attributed to non-compliance with the 4 hour A & E standard. The Trust has agreed a trajectory of improvement for 16 17 but without transformational change across the health economy this will not meet the 95% standard RTT performance for the end of 15/16 was 90.46% against a target of 92% Cancer targets were achieved

#### 4. Recommendation

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

<b>BOARD OF DIRECTORS</b>	
<b>Agenda Item</b>	6.2.2
<b>Title of Report</b>	Operational Plan 2016/17
<b>Date of Meeting</b>	27 April 2016
<b>Author</b>	Mike Coupe Director of Strategy
<b>Accountable Executive</b>	David Allison Chief Executive
<b>BAF References</b> • <b>Strategic Objective</b> • <b>Key Measure</b> • <b>Principal Risk</b>	Strategic objectives: all Key measure: n/a Principal risk: n/a
<b>Level of Assurance</b> • <b>Positive</b> • <b>Gap(s)</b>	Positive
<b>Purpose of the Paper</b> • <b>Discussion</b> • <b>Approval</b> • <b>To Note</b>	To approve
<b>Data Quality Rating</b>	Bronze – qualitative data
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • <b>Yes</b> • <b>No</b>	No

## 1. Executive Summary

This report presents for Board ratification the final version of the Operational Plan for 2016/17.

A short form version of this Plan has been submitted to NHS Improvement along with a precis to be uploaded onto the NHS Improvement website.

Work is underway to produce a summary 'plan on a page' for widespread distribution within the Trust.

A review of the planning process for the 2016/17 Plan will be undertaken in Q2 and resulting improvements fed into the planning manual for 1017/18.

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## **2. Governor Engagement**

The Annual Planning Advisory Committee (APAC) has been closely involved in the development of the Operational Plan for 2016/17. The final version of the Plan was scrutinised at the APC meeting on 12 April.

## **3. Recommendation**

**The Board is asked to**

- **note the contents of this report**
- **ratify the Operational Plan for 2016/17.**



# WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

## OPERATIONAL PLAN 2016/17

April 2016

Version: Long version for Trust Board with appendices

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- 2 Demand, capacity and access standards
- 3 Income, expenditure and cost Improvements
- 4 Quality improvements
- 5 Aligning the workforce
- 6 Risks to delivery
- 7 Links to Strategic Transformation Programme (STP)

**Appendixes**

- Appendix 1 Strategic aims and objectives
- Appendix 2 Second order priorities
- Appendix 3 WUTH 2020
- Appendix 4 Activity Projections
- Appendix 5 Income and Expenditure profile
- Appendix 6 Capital Programme
- Appendix 7 Membership and Elections
- Appendix 8 Divisional Plans

## 1 INTRODUCTION : PRIORITIES

*Delivering The Forward View: NHS Planning Guidance 2016/17-2020/21* published in December 2015 requires NHS provider organisations to

- produce a one year Operational Plan for 2016/17
- contribute to a five year place-based *Sustainability and Transformation Plan (STP)* driving the *Five Year Forward View*.

It is expected that the Operational Plan will be consistent with the STP and in effect represents Year 1 of the STP.

The *Guidance* also specified a number of 'must dos' for 2016/17. Those relating to Wirral University Teaching Hospital NHS Foundation Trust (WUTH) are

- achieving financial balance (incorporating participation in Lord Carter's productivity programme and compliance with agency spend rules)
- delivery of national access standards
- improving quality
- progressing implementation of the *Five Year Forward View*.

Delivery of national access targets includes the 4 hour A&E standard, the 18 week referral to treatment standard and the 2 week, 31 day and 62 day Cancer standards. In addition, providers are expected to improve one year cancer survival rates by delivering year on year improvements in the proportion of cancers diagnosed at stages one and two, and in the proportion of cancers diagnosed following an emergency admission.

The development and implementation of this Operational Plan needs to be put in context. Assuming no change in clinical and organisational practice, the local health economy will by 2018/19 face a financial shortfall calculated to be in the region of £150m, with WUTH's 'share' totalling c.£60m. The medium to long term sustainability of the Trust depends on radical transformational change in clinical and organisational practice both within the Trust and across the wider health and social care system.

The Trust has identified 7 priorities to meet this challenge:

- i. Delivery of all remaining internal efficiency and productivity gains
- ii. Rationalisation of the Trust's estate
- iii. Clinician led changes to the organisation's clinical model and service portfolio
- iv. Maximising the return on investment in Informatics by increasing our digital maturity still further
- v. Vertical integration with local health and social care providers via the integrated primary and community care Healthy Wirral programme

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- vi. Horizontal integration with the Countess of Chester NHS Foundation Trust
- vii. A review of the future provision of high cost 'DGH+' and loss making 'non-core' services.

To date, priority has given to delivering all remaining efficiency and productivity gains through the Finance Improvement Plan (FIP) covering 2015/16 and 2016/17. This work programme has been updated to take account of Lord Carter's work on the Model Hospital. However, the Trust is currently forecasting a deficit of £15 million in 2015/16 and will achieve breakeven in 2016/17 only through a combination of access to the national Sustainability and Transformation Fund (STF) and the adoption of a whole health economy approach to the delivery of financial balance.

Set against this, WUTH's current performance against the Adjusted Treatment Cost (ATC) score is 0.91, i.e. the Trusts performance is 9% better than the NHS England average or standard performance. Thus, whilst this Operational Plan can set out how sustainable improvements in delivery of national access standards and the quality of care can be achieved, it cannot set out proposals to achieve recurring financial balance. This is the preserve of the STP and its description of how the *5 Year Forward View* will be implemented.

WUTH is a key partner in *Healthy Wirral*. In addition, the Trust has recently reworked its five year strategy to ensure 'fit' with the development of an integrated health and social care system in Wirral (*WUTH 2020*). *Healthy Wirral* was developed in response to the *Five Year Forward View*. It seeks to implement a new model of integrated health and social care resulting in improvements in the quality of care provided, enhancement of the health status of local residents and reduced service delivery costs. It draws heavily on the United States of America experience of Accountable Care Organisations (ACO) and incorporates an informatics enabled approach to population health management. The partners in Wirral's health and social care system have agreed that work to date on *Healthy Wirral* will provide the basis for the local STP.

The work on *WUTH 2020* (completed in December 2015) was always intended to produce the acute and secondary care sector 'chapter' of a wider health and social care strategy for Wirral.

The development of this Operational Plan has benefitted from the close involvement of the Board, WUTH's clinical teams, partner agencies, Governors and members of the public. We are confident that it is both technically robust and supported by internal and external stakeholders.

Michael Carr, Chairman

David Allison, Chief Executive

## 2 DEMAND, CAPACITY AND ACCESS STANDARDS

In producing its activity plan for 2016/17, the Trust has employed a locally developed demand and capacity planning tool which is broadly comparable with the new national model.

The table below details contracted activity for 2016/17 set against 2015/16

	2015/16	2016/17
Total elective admissions (spells)	48,618	50,150
Total 1st outpatients	98,550	104,514
Total subsequent attendances	208,708	222,614
Total A&E attendances	92,445	92,445
Total non-elective admissions	49,097	48,851

The increase in elective and outpatient activity has been driven by the requirement to achieve RTT targets. Set against a trend line suggesting an increase in non-elective activity of circa 3% it is anticipated that initiatives in the Community forming part of Healthy Wirral will result in zero growth.

It should be noted that the 2016/17 activity has been agreed in the context of a financial envelope reflecting a move to a whole health economy approach to planning and to the introduction of capitated budgets.

Set against the level of activity described above, the Trust has a number of capacity 'hotspots': non-elective admissions, gastroenterology, community paediatrics, orthopaedics, vascular surgery and upper GI surgery.

As at Q4 2015/16, performance against the A&E 4 hour standard was 81.1% set against a target of 95%. Performance against the 18 week RTT standard was 90.46% against a target of 92% at the end of 2015/16.

Over and above the use of WUTH's demand and capacity planning tool to identify and target opportunities to improve supply-side productivity, actions scheduled to manage the capacity 'hotspots' listed above include:

- In respect of A&E performance
  - embedding SAFER
  - increase community bed provision for medically optimised patients
  - reengineering of the diabetes, respiratory and older people's care pathways
  - participation in ECLIP (Emergency Care Improvement Programme).
  - a health economy wide reengineering of unscheduled flow (including the delivery of the single front door project)
  
- In respect of RTT performance
  - rebalancing outpatient and inpatient workloads (surgical specialities)
  - service redesign (community paediatrics)
  - recruitment of additional consultant staff
  - the design and implementation of new workforce models where recruitment is not possible
  - rebalancing the role of primary and secondary care providers.

As at Q3 2015/16, WUTH is compliant with all cancer access targets. The table below profiles additional cancer services performance data:

Total cancers diagnosed Jan – Dec 2015	2722
Total with a stage 1 or 2 diagnosis	801
Proportion of cancers diagnosed at stage 1 or 2	29.4%
Total cancers diagnosed following emergency admission	317 (11.6%)

Wirral is already characterised by high levels of screening uptake. WUTH will work with the Clinical Commissioning Group and Public Health England to support additional national initiatives promoting screening. Additional actions planned for 2016/17 include

- consolidation of the use of December 2015 NICE Guidelines for Suspected Cancer
- on-going involvement by the Trust's colorectal team in the ACE (Accelerate/ Coordinate/ Evaluate) Programme
- the introduction of virtual clinics

### 3 INCOME, EXPENDITURE AND COST IMPROVEMENTS

#### 3.1 2015/16 Outturn

The Trust is currently forecasting to finish the 2015/16 financial year with a deficit of c£15m. This is worse than the planned deficit of £13.5m. The deterioration in year can be accounted for primarily by reductions in activity resulting from

- i. junior doctor industrial action
- ii. the requirement to create additional capacity for emergency demand at the expense of elective activity over the Christmas period.

Despite the failure to deliver its financial plan, the Trust has made significant improvements in controlling its expenditure with front line services delivering more clinical income with less resource than the previous years. The Trust continues to build on the good work that has been carried out previously to ensure that there is a good awareness of the recurrent run-rate of the Trust to ensure that any non-recurrent benefits or pressures are identifiable. The underlying position has been a key component in underpinning the Operational Plan for 2016/17.

#### 3.2 Financial Forecasts and Modelling

Access to the Sustainability and Transformation Fund provides a potentially positive step in mitigating the underlying financial challenges facing WUTH. However, the Trust will still face a challenging financial position for 2016/17 as a result of local and other national pressures.

The movement from the 2015/16 outturn position to the operational plan for 2016/17 is demonstrated in the bridge graph below. Current modelling assumes that the Trust will deliver an £11.2m cost improvement plan i.e. c3.4% of turnover and 1.4% higher than the planning guidance target of 2%. In addition to this the Plan also includes an aspiration to deliver a further £5m of savings driven by the Healthy Wirral programme. The delivery of this will require full involvement from all partners across the LHS. It should also be noted that there are still a number of variables affecting the robustness of any forecasts:

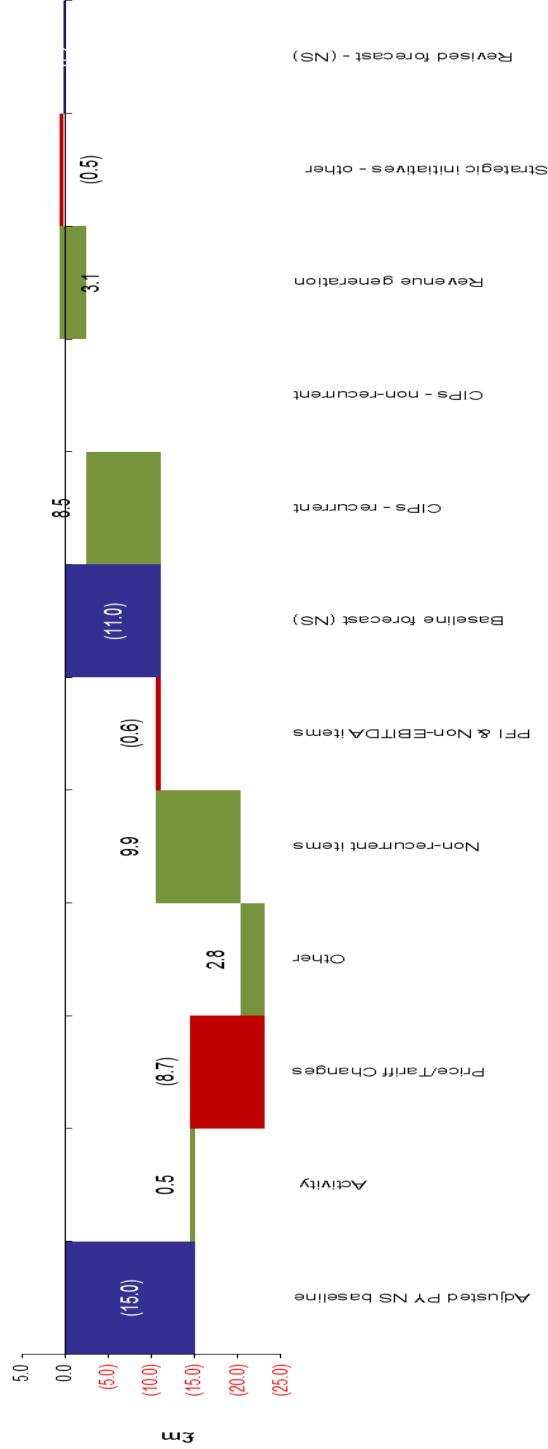
*Contracting:* The Trust receives 80% of its clinical income from Wirral CCG, in a change to historic arrangements an overall financial envelope has been agreed for 2016/17. The overall agreed aim within the wider Wirral Health Economy is to ensure resources are allocated and utilised in a more cost effective manner, by agreeing an overall “envelope” this will enable services and pathways to be reviewed, redesigned and implemented in a more cohesive and structured way. The Trust is working with the CCG to confirm the financial mechanisms which will apply should activity increase above the agreed tolerance levels.

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With regards to other contracts, Specialist Commissioning constitutes c8% of the Trust clinical income, the Trust is working closely with the Team, and anticipate the contract will be agreed within the national requirements.

*Service enhancement:* The Trust will need to invest in its services in response to the recent CQC inspection. A figure has been included in the Operational Plan for this year.

**2016/17 Operational Plan from 2015/16 Outturn**





### 3.3 Efficiency Savings 2016/17

The Trust's 2016/17 Cost Improvement Programme (CIP) comprises a matrix structure in which Divisions and Directorates are allocated CIP targets as part of their budgetary control totals, the achievement of which is supported by a diverse range of crosscutting work streams encompassing various initiatives focused on driving best practice and maximising efficiency. Delivery is supported by a dedicated Programme Management Office. Key programme themes are as follows:

<p><b>Clinical Service Productivity</b></p> <ul style="list-style-type: none"> <li>▪ Demand &amp; Capacity Review</li> <li>▪ Best practice review</li> <li>▪ Bed management review</li> <li>▪ Visual management onwads,</li> <li>▪ Productive/model ward project</li> <li>▪ Enhanced recovery after surgery</li> <li>▪ Reduction in delayed discharges'- increasing proportion of surgical time             <ul style="list-style-type: none"> <li>- ensuring all lists run to time</li> <li>- ensure all theatre lists are optimally booked</li> <li>- improved pre-operative assessment to reduce cancellations on day of operation</li> <li>- reducing DNAs</li> </ul> </li> </ul>	<p><b>Administration and Management</b></p> <ul style="list-style-type: none"> <li>▪ A&amp;C Review Clinical</li> <li>▪ A&amp;C Review Non Clinical</li> <li>▪ Management Review</li> </ul>
<p><b>Clinical Service Value for Money</b></p> <ul style="list-style-type: none"> <li>▪ Improved planning of leave</li> <li>▪ Improved roster management;</li> <li>▪ reduction in agency usage;</li> <li>▪ Skill mix (increased use of specialist nursing; enhanced role for support workers)</li> <li>▪ Review on call rota</li> <li>▪ Team based job plans</li> </ul>	<p><b>Cost Control / Avoidance</b></p> <ul style="list-style-type: none"> <li>▪ Procurement and Materials Management</li> <li>▪ Blood and Blood Products</li> <li>▪ Medicines Management</li> <li>▪ Special Purpose Vehicles</li> <li>▪ Estate review</li> </ul>

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*Lord Carter Review:* The Trust is confident that many of the CIP work streams align with the best practice guidance outlined within the Carter Review. It is currently analysing the Review findings to understand the implications for the organisation. It is difficult specifically to outline what savings detailed within the CIP will derive directly from the Carter analysis at this stage. However, the Trust is clear that the opportunities outlined within the review will comprise a major part of the Trust's programme for 16/17.

*Agency Rules:* WUTH has implemented of a series of measures to deliver the agency cap to ensure compliance from April 2016.

*Procurement:* priorities include roll out of the Materials Management Service, extended use of EDI, the targeting of gas and electricity and increased use of e-catalogue purchases.

### **3.4 Capital Planning**

The Trust has a good record of controlling capital expenditure. The capital allocation for the for 2016/17 is based purely on internally generated resources with no plans to request externally funded capital. 2016/17 sees a continuation in the development of the IT infrastructure with further payments being paid over to Cerner in line with the initial business case. The Trust will also be continuing the ward refresh programme in order to enhance the inpatient experience.

As a consequence of the high levels of investment in IT infrastructure developments in previous years, the capital requests for 2016/17 exceed the resources available. The Trust has a rigorous, fair and risk adjusted process in selecting agreed capital developments. The Trust is exploring a potential strategic estates partner (SEP) in order to maximise the value of the estate and provide additional capital resources to front line services.

### **3.5 Cash**

The Trust had a good year in 2015/16 in terms of controlling and enhancing the cash balances within the Trust. At the start of the financial year it was anticipated that resilience funding (cash support) of £4.8m would be required in December 2015. As a result of various cash preservation initiatives the Trust is forecasting to finish the financial year with a cash balance in excess of £2m without the need for resilience support. Despite these initiatives, the operation deficit for 2016/17 will mean that the Trust will require cash support in the first quarter of the financial year. The current plans assume that this will be in the form of a working capital facility of c£8m.

### **3.6 Risk Ratings**

As a result of the deficit plan for 2016/17 the financial sustainability risk rating (FFR) will remain as a 2 for the year. The quarterly profile of the rating is demonstrated in the table below:

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	Q1	Q2	Q3	Q4
Capital Service Capacity rating	1	1	2	3
Liquidity rating	1	1	1	1
I&E Margin rating	1	1	1	3
I&E Margin Variance rating	3	3	3	3
Financial Sustainability Risk Rating before overrides	2	2	2	3
<b>Overall Financial Sustainability Risk Rating</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>

### 3.7 Sensitivity

The sensitivity of the model has been tested in various ways including non-delivery of the Sustainability & Transformation Fund, and the required efficiency and health economy savings, increase in activity required to deliver RTT and the impact of any increased pressures in non-elective activity affecting the elective programme and increased clinical sickness. As a result of the Trust entering financial breach in 2014/15 a robust and challenging recovery plan was formulated to enable a shift towards sustainability. While this plan has enabled the Trust to reduce the underlying deficit it also removed all the tolerance within the financial position. This has meant that the ability to respond and mitigate downside scenarios is limited. There are already strong controls on expenditure with all orders in excess of 10k being signed off by the Deputy Director of Finance; all vacant posts require approval from the executive team via the vacancy panel; Elective activity levels are monitored weekly with a forward view for the remainder of the month to enable corrective action to be undertaken before under performance occurs.

Sensitivities not included in the Plan	Potential Impact £m
<b>Up-sides</b> Impact of initiatives in emergency care reduce A&E attendances and result in cost savings	0.5
<b>Down-sides</b> STF funding not received Additional activity required to meet RTT above financial envelope Impact of consultant sickness/ junior doctor action Reduced ability to secure additional funding or additional CIP to cover gap between increase in CNST premium and impact of tariff Slippage against CIP requirement Inability to deliver health economy savings Impact of capital constraints on revenue costs	(9.9) (2.0) (1.0) (1.2) (2.5) (5.0) (1.0)

## 4 QUALITY IMPROVEMENT

### 4.1 Approach to Quality Improvement

The Lead Executive for Quality Improvement is the Medical Director who is supported by the Director of Nursing & Midwifery.

The organisation uses a number of quality improvement methodologies. The most commonly used are LEAN based reengineering and PDSA cycles. We work with other organisations and join collaborative initiatives such as “Sign up to Safety” and “Advancing Quality” in order to learn lessons and support rapid diffusion of evidence based practice. We subscribe to the Advancing Quality Alliance (AQuA) which supports our quality improvement work from ward to Board. During 2016/17, we will be working with AQuA to develop a training programme for quality improvement to develop staff across the organisation and engage them in local quality improvement work. We have a programme of work to develop our IT system (Cerner Millennium) that includes decision support and clinical pathways that will support safer, high quality care.

Quality Improvement work is aligned to the speciality and divisional priorities that in turn are related to the Trust priorities as defined in the Quality Improvement Strategy, incorporating the Quality Account priorities. Projects are agreed through the relevant divisional or corporate group and are performance managed at this level. Concerns about quality improvement work are escalated to the Clinical Governance Group who in turn report to the Quality & Safety Committee. The Quality & Safety Committee oversees progress on behalf of the Board and received assurance about the Quality Improvement work. There is on-going monitoring at this level through regular reports and a monthly clinical quality dashboard that enable visibility to the Non-Executives.

In line with developments across the wider NHS in England the Trust will look to fast track its work on minimising clinical variation. A senior clinician has been identified to act as project lead and work with potential UK and US partners about the provision of support will be developed further.

### 4.2 Priorities

The table below summarises our quality improvement priorities for 2016/17:

Development and delivery of action plan in response to CQC inspection	The Trust has compiled an action plan for submission to CQC following publication of the report of the Trust-wide inspection which took place in September 2015. The report graded the Trust as <i>requiring improvement</i> . The Trust is judged as <i>good</i> for the indicators of effectiveness and being caring, and <i>requiring improvement</i> for responsiveness, leadership and safety. The outcome of the inspection was broadly in line with the Trust’s own self-assessment, which was based on a programme of inspections which was undertaken by the Trust during the spring and summer of
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	<p>2015.</p> <p>The key actions are as follows:</p> <ul style="list-style-type: none"> <li>• Reviewing capacity and demand within our Clinical Support Division, to improve the timeliness of diagnostic test results</li> <li>• Improving infection control practice through staff education, clinical leadership, and higher visibility of the Infection Prevention and Control Team around the hospital</li> <li>• Agreeing and implementing a protocol for the transfer of patients from Clatterbridge to Arrowe Park in an emergency</li> <li>• Implementing a new training strategy for Safeguarding</li> <li>• Putting into effect the new End of Life Care Strategy, including additional medical and nursing staffing at a senior level to guide the programme of work</li> <li>• Continuing with the measures in place – such as a recruitment programme for permanent nursing staff, and the use of NHS Professionals for temporary workers - to achieve consistently safe staffing levels and fill gaps in the clinical workforce</li> <li>• Reinforcing to staff the importance of reporting risks and incidents, and revising our risk management processes to make it easier for them to do so.</li> </ul> <p>The action plan will be closely performance-managed. Each Division will review their sections of the plan on a monthly basis and report into the Operational Management Team. The Clinical Governance Group (an internal management committee) will review on a monthly basis, as will the Quality and Safety Committee (a committee of non-Executive Directors which reports into the Trust Board of Directors).</p> <p>This report has been agreed with our partners through a Quality Summit including the CCG and Health Watch. The action plan will require a corporate and divisional response through 2016/17 to ensure compliance based on CQC regulatory standards and also improve specific recommendations.</p> <p>In addition through 2016/17 we will continue our programme of internal inspection through multidisciplinary Care Quality Inspections which include lay members and share any lessons learnt.</p> <p>The F&amp;FT target for 2016/17 is to maintain a score above 95%. We have an excellent track record</p>
Maintain/ improve F&FT score	

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<p>Update the Trust's Quality Improvement Strategy</p>	<p>in our F&amp;T scores particularly in our Emergency Department, Maternity and Breast services. We will work with individual services to improve all these further.</p> <p>The Trust has updated the Quality Improvement Strategy 2016-19 and this will receive Trust Board approval. The Strategy is structured into 3 objectives</p> <ol style="list-style-type: none"> <li>1) To enhance patient experience</li> <li>2) No avoidable harm</li> <li>3) Consistent and reliable care</li> </ol> <p>Each of the objectives has a series of measurable outcomes and is underpinned by 5 enabling strategies to support their delivery : Culture, Training, Innovation, Governance and Measurement</p> <p>The Quality strategy builds on previous years and takes into account local and national learning to further improve the Quality of the service we deliver to our patients</p>
<p>Deliver priorities per Quality Account</p>	<p>For 2016/17 the Trust priorities in the Quality Account have been reviewed. The key changes for 2016/17 are:</p> <ul style="list-style-type: none"> <li>• The introduction of End of Life Care under the Patient Experience priority</li> <li>• Under the Clinical effectiveness priority the SAFER Model will be implemented replacing Mortality. Mortality moves into our Local Quality Indicators</li> </ul> <p>These changes will require Trust Board approval and have been discussed with the CCG and Health Watch</p>
<p>Implement Human Factors training</p>	<p>During 2015/16 a review of the Trust approach to Human Factors in Healthcare identified that there was limited training, resources and information available. This will be addressed in 16/17 by the development and implementation of a Trust Human Factors Strategy. The key aims of the Strategy will be to:</p> <ul style="list-style-type: none"> <li>• Provide Human Factors training to all staff on induction</li> <li>• Develop on-going training for all clinical staff</li> <li>• Improve patient safety</li> <li>• Enhance the Trust's community profile and stakeholder confidence</li> <li>• Ensure links to the organisational objectives</li> </ul> <p>The Medical Director has been identified as the Executive Lead for Human Factors in the Trust whilst the Associate Director of Risk is the Operational Lead.</p>

	<p>This work will create a culture that encourages staff to:</p> <ul style="list-style-type: none"> <li>• Provide the highest quality care and reduce risk by improving their situational awareness and ability to challenge</li> <li>• Apply human factors thinking to their work environment</li> <li>• Avoid reliance on memory</li> <li>• Review and simplify processes</li> <li>• Routinely use checklists</li> </ul>
<p>Review/ refresh risk management strategy</p>	<p>During 2016/17 we will continue to monitor compliance with the requirements of Trust Risk Management Strategy. The Medical Director is the Executive Lead for this strategy whilst the Associate Director of Risk is the operational Lead.</p> <p>The priorities for this piece of work are as follows:</p> <ul style="list-style-type: none"> <li>• To review the Risk Management Strategy in line with national guidance and ensure other policies, procedures, guidelines or templates areas affected by this review are also reviewed and updated</li> <li>• To ensure all staff are aware of the changes</li> <li>• To review and update the risks on the risk register in line with the national revised grading matrix and descriptors</li> </ul>

**4.3 The Trust's top 3 quality risks (and mitigating actions)**

<b>RISK</b>	<b>MITIGATION</b>
<p>A combination of financial and capacity pressures limit implementation of Quality Improvement Strategy</p>	<p>Revised delivery plan; continued close surveillance of key measures; rapid response to deterioration; escalation as appropriate</p>
<p>Multi or pan-resistant highly virulent bacterial infection breaks out and becomes widespread and/or uncontrolled</p>	<p>Development of a surveillance system within Wirral Millennium; antimicrobial stewardship ward rounds; review/actioning of outstanding estates issues</p>

<p>Limited availability of nursing staff to support opening of additional beds in response to peaks in demand at short notice</p>	<p>On-going audit of the Trust's compliance with NICE and safer staffing guidance; additional recruitment; daily ward based requirements review; implementation of formal nursing staff escalation plan</p>
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**4.4 7 day services**

The Trust has worked to implement seven day emergency services with some success to date. During 2016/17, there will be a re-evaluation of our position using the national self-assessment tool and an updating of the implementation plan. A dashboard has been developed to monitor outcomes and this will be further refined and shared.

**4.5 Quality Impact Assessments**

Both CIPs and improvement plans involve clinicians and are developed at speciality, divisional and corporate levels. Programme and plans are reviewed and signed off at Transformation Steering Group. Individual projects are subjected to QIA using a standard form incorporating Monitor guidance. Completed forms are scrutinised, challenged (as appropriate) and approved by the Medical Director and the Director of Nursing & Midwifery. If a project requires an Equality Impact Assessment, this is supported by the Divisional Associate Directors of Nursing. The Trust's PMO are responsible for warehousing QIAs. The overall process is overseen by the Clinical Governance Group which reports to the Quality & Safety Committee of the Board. QSC receives a report including patient safety, clinical outcomes, patient experience and workforce indicators to allow oversight, scrutiny and challenge. Issues of concern will be escalated to the Board of Directors and reflected in the Board Assurance Framework.

**4.6 Triangulation of Indicators**

There are a number of dashboards in place to monitor process and outcome. These cover patient experience, clinical effectiveness, safety, staffing and finance. For example, the quality and safety dashboard has three high level indicators that are underpinned with information from relevant drivers; mortality is monitored (weekday and weekend) underpinned by delivery of care bundles in specific groups such as patients with sepsis. In addition, there is a quarterly CLIPPE report to Quality and Safety Committee (QSC) that links data from complaints, litigations, clinical incidents, PALS, Patient Experience to identify quality concerns. Through the QSC, the Board is able to challenge and provide assurance on quality issues. These dashboards are reviewed as key priorities change. In addition, we have introduced a care quality inspection process which includes Executive and Non-Executive Directors as part of the core team to support the process.



## 5 ALIGNING THE WORKFORCE

### 5.1 Priorities

The table below summarises WUTH's HR and OD priorities for 2016/17:

<p><b>Healthy Organisational Culture:</b> The need to further develop and sustain a healthy organisational culture and thereby creating the conditions for high quality care is paramount. The increased focus on the integration agenda will further sharpen our focus on strong staff engagement. Using the successes achieved by our 'Listening into Action' programme an enhanced focus on Medical Engagement will be evident in order to support colleagues in being part of the solutions that we face as a wider health economy.</p>
<p><b>Sustainable workforce:</b> The workforce will need to change to match new ways of delivering services and new ways of working. We will ensure that we have the people with the right skills, in the right numbers are in the right jobs. The Trust has made significant progress using our e-rostering systems (for both Medical and Non-Medical Staff) to align our clinical workforce to the delivery of care, based on both demand/flow and demographics/acuity. Building on this work, further developments will be rolled out in terms of multidisciplinary workforce planning, integration of new/developing roles and team job/planning. The Trust will continue to take action to deliver services utilising substantive core hours. In particular we will focus on the virtual elimination of agency staffing with any essential use of agency staff appropriately authorised and paid within national capped rates. The results of these changes will be to drive down the high costs in non-core spend which we have historically incurred. The Trust will also need to support the health and well-being of the existing workforce and prepare them to meet future service needs.</p>
<p><b>Capable Workforce:</b> As a Teaching hospital clinical excellence is vital to us, and in support of this, excellence in teaching will be an ongoing priority. All staff within the Trust and wider health economy will be appropriately trained and have access to learning and development programmes that add value.</p>
<p><b>Effective Leadership and Managers:</b> Across the Trust and Health Economy we will ensure we have managers and leaders (both medical and non-medical) who can work in a collaborative nature and play a key role in driving service and culture change.</p>

### 5.2 Healthy Organisational Culture

We will:

- Take action to ensure that staff are clear about the values and behaviours expected of them and align these with HR practices to ensure we recruit, develop and performance manage our staff against our Trust's Core Values
- Engage and involve staff in decisions and transformational change that affects them. This will include fully implement Listening into Action throughout the organization and deliver the Staff Engagement plan

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- Roll out the Trust Medical engagement plan. This will ensure that all our medical workforce help deliver our operational challenges, whilst shaping our future services
- Implementation of the full Health & Wellbeing Plan (Healthy living) and ensure attendance is above 96.2%
- Ensure that our Occupational Health interventions not only focused on intervention but also on prevention. To include an improved health awareness programme e.g. mental health support, alcohol management, weight management, smoking cessation and flu vaccination programme under the Health and Wellbeing Strategy
- Create an organisation of openness, transparency and candour.

### 5.3 Sustainable Workforce

*We will:*

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

### 5.4 Capable Workforce

*We will:*

- Ensure that our Education and Development strategy is developed in partnerships and addresses longer-term learning and development needs. This includes supporting our staff in operating in a digital hospital.
- Improve the confidence, capability and capacity of everyone involved in leading and practicing quality improvement.
- Ensure staff comply with new NMC Revalidation requirements
- Embed greater alignment between contribution and recognition and reward (pay and non pay).

- Maintain and improve (quality and frequency) Appraisal and Mandatory Training rate to 88% and 95% respectively
- Develop an E learning Strategy that supports the methodology of delivering relevant E learning interventions where appropriate.
- Ensure that appraisers and those being appraised understand the purpose of development reviews/appraisals, their individual and mutual responsibility for ensuring it is meaningful and that conversations review whether behaviours, decisions and actions reflect our shared values.
- Develop a robust succession planning programme that identifies future leaders within the organisation.
- Develop bespoke approach to Training & Development that recognises the local challenges the organisation faces e.g. Professional Development programme in Finance and Informatics.
- Further enhance working relationships with local education providers to ensure strong academic links.
- Maximise sources of funding to support our commitment to learning.

#### 5.5 Effective Leadership and Managers

We will:

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

#### 5.6 Targets

Internally over the last year we've made significant improvements in the Workforce & Organisational Development key performance indicators and this pace of improvement will need to continue for 2016/2017. In line with the Trust's Operational Plan the key Workforce/Organisational Development targets we will deliver are:

- To have achieved improvements in the following key Workforce and OD Indicators: attendance rates above 96.2%; an appraisal rate of 88%; a Mandatory Training rate of 95%
- To be on trajectory to be amongst the top 20% of NHS employers in staff satisfaction as measured by the NHS Annual Staff Survey (top 20% by 2018).
- To improve the ratio of income/paybill from 15/16 baseline
- To have improved Leadership and Management to be measured by findings in the Annual staff survey, Patient survey and the Friends and Family tests (To be the top NHS Trust in the North West for patient, customer and colleague satisfaction).

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

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### 5.7 Workforce Changes

For the period of the operational plan the Trust anticipates that the main anticipated changes to the shape of the Workforce will include:

- Non-medical staffing is projected to change significantly with reductions in administrative staff as systems and efficiencies become leaner and more streamlined, taking advantage of enabling technologies and collaborations with other providers.
- Medical staffing levels have increased considerably whilst this increase will now slow it is anticipated that there will be slight increases in Consultant level positions. Generally the Trust does not have problems in recruiting into senior positions although areas such as Accident & Emergency have proved to be hard to fill. The Trust remains committed to increasing the Specialities that operate on a 24/7 basis and this will have an impact on the shape of the medical staffing workforce. The Trust has a range of measures in place in order to mitigate the anticipated reduction in Junior Doctors (eg participation in Liverpool City Region women's and children's Vanguard).
- Ward nurse staffing levels have been reviewed and increased via a dedicated Nurse recruitment programme. Recruitment of nurses has not traditionally been a problem for the Trust and with an innovative approach the Trust does not anticipate future problems.

### 5.8 Dependencies, Risks and Governance

Appropriate infrastructure to support the delivery of the Workforce and Organisational Development agenda has been identified and includes:

- Active engagement of the Trust Board, clinical and managerial leadership. It is recognised that the Workforce & organisational development requires real commitment and input from the whole organisation, particularly those in leadership position at all levels. To this end key Workforce & Organisational Development metrics will be included in all managers appraisals' and objective setting.
- Effective workforce systems and processes that utilise latest technology to support; measure; and assure.
- Productive, proactive workforce and organisational development professionals.
- Targeted communication that effectively utilises technology and social media.
- Accessible, relevant and regularly reviewed policies and procedures.
- Effective Partnership working with Trade Unions.
- Productive Partnerships with Universities, Academic Health Science Network, and wider local and national health networks.

The following strategic risks have been identified (mitigation plans in place) which may impact on the achievement of the Trust's ambition for the workforce:

- Lack of adequate financial investment in infrastructure, learning, leadership and organisational development
- Failure to sustain an effective and engaged workforce and the correlation with patient experience is well understood by the Trust and is identified as a key strategic risk within the Business Plan and Board Assurance Framework.

The Workforce & organisational Development agenda will be formally monitored through the Workforce & Communication Programme Group with regular reports to the Senior Management Team, Quality & Safety Committee and the Trust Board

## 6 RISKS AND MITIGATION

The table below sets out risks to delivery of this Operational Plan for 2016/17 and an assessment of likelihood and impact together with mitigating actions:

Risk & Effect	Likelihood (1-5)	Impact (1-5)	Score (2-25)	Mitigation
Initiatives to suppress demand or develop community substitute services fail to deliver a reduction in emergency demand: non-delivery of ED trajectory.	4	4	16	Active participation within the Urgent Care Recovery Group and System Resilience Group.  The Trust will continue to improve patient pathways in line with the Emergency Care Improvement Programme  On-going development of Healthy Wirral programme
Capacity hotspots (e.g. therapies and community paediatrics) and/or growth in non-elective admissions: non-delivery of RTT target	3	4	12	Through the System Resilience Group actively champion robust workforce plans across organisational boundaries and the introduction of pathway coordinators will enable early notification of constraints within specialities so robust corrective action can be initiated.
Failure to reduce emergency demand and capacity hotspots and/or growth in non-elective admissions: increased (unplanned) expenditure and/or loss of income	4	4	16	Active participation within the Urgent Care Recovery Group and System Resilience Group.  To ensure sufficient step up & down capacity across the economy, with the Trust taking an active lead
Delivery of the required financial position	3	5	15	Existing financial governance framework and policies  Non recurrent support from Health Economy
Size of change management agenda greater than organisational capacity	4	4	16	Development of leadership capabilities to support the change management agenda through decentralization, HR and OD Strategy. Positioning of Senior Leadership Team to be able to support delivery of the change management agenda, e.g. COO appointment

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## 7 LINKS WITH THE LOCAL SUSTAINABILITY AND TRANSFORMATION PLAN

### 7.1 Introduction

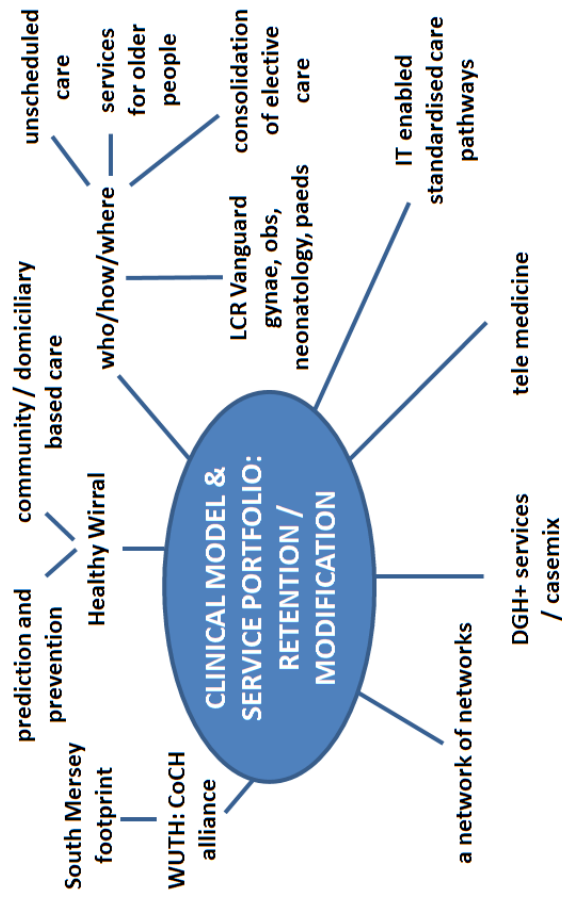
WUTH will be covered by the STP for Cheshire and Merseyside. However, it is proposed that the area covered by the STP is broken down into smaller sub-regional planning zones. The Trust will therefore concentrate its efforts on the local Wirral zone and the wider south Mersey zone Local Delivery Plans. The links between this Operational Plan for 2016/17 and the two LDPs need to be understood in the context of

- WUTH's continuing participation as a partner in the Wirral PACS Vanguard (*Healthy Wirral*)
- The recent reworking of WUTH's strategy for the period to 2019/20 (*WUTH 2020*).

*Healthy Wirral* was developed in response to the Five Year Forward View. It seeks to implement a new model of integrated health and social care resulting in improvements in the quality of care provided, enhancement of the health status of local residents and reduced service delivery costs. It draws heavily on the US experience of Accountable Care Organisations and incorporates an informatics enabled approach to population health management. The partners in Wirral's health and social care system have agreed that work to date on Healthy Wirral will provide the basis for the local LDP. The reworking of WUTH's strategy for the period to 2019/20 (completed in December 2015) was always intended to produce the acute and secondary care sector 'chapter' of a wider health and social care strategy for Wirral. However, alongside roll out of Healthy Wirral, a key feature of *WUTH 2020* is the development of a strategic alliance with the Countess of Chester NHSFT (hence the wider south Mersey LDP zone).

Set out below overleaf is a summary of *WUTH 2020* focused on its three key strategic themes:

7.2. WUTH 2020: Clinical Model and Service Portfolio

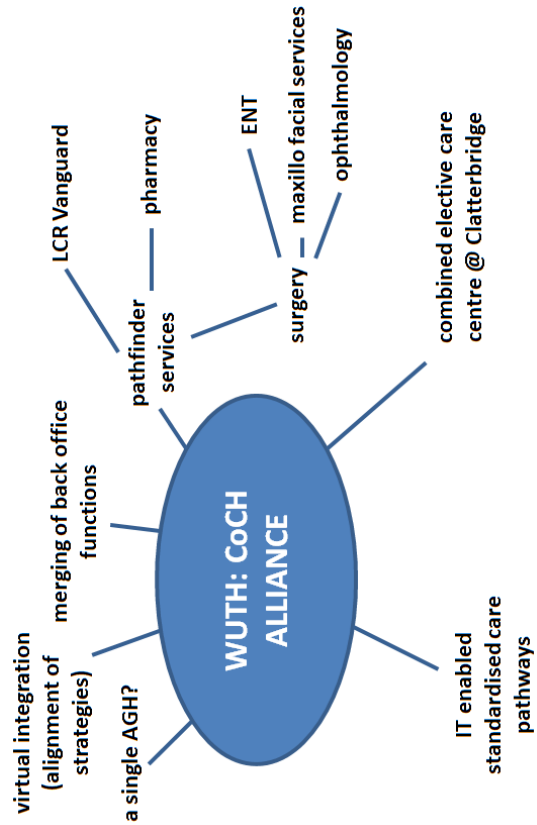


- The Trust will retain its underpinning clinical model and will continue to ensure local access to the current range of acute and secondary care services available to patients on the Wirral. That said, in many instances, how these services are provided, where and by whom will change
- The Trust will become part of a network of networks
- The most significant of these networks are
  - A strategic alliance with the Countess of Chester NHSFT ie horizontal integration
  - Healthy Wirral (the PACS new models of care Vanguard scheme) ie vertical integration
- The alliance with CoCH will enable the continued provision locally of services which otherwise would not be clinically or financially viable

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- Healthy Wirral's emphasis on prediction/ prevention rather than diagnosis/ treatment and on the delivery of care in a community/ domiciliary setting should reduce the overall quantum of hospital/bed based acute and secondary care (especially unscheduled care) needed by patients
- Changes in how services are provided, where and by whom will focus on
  - the unscheduled care system
  - care of older people
  - elective care
  - women's and children's services
- The Trust will use its investment in IT and its relationship with Cerner to support the development and implementation of standard (best practice) care pathways
- The Trust will maximise the use of telemedicine
- The Trust will review how to retain local provision of financially challenged DGH+ and non-core services.

### 7.3 WUTH 2020: The South Mersey Acute Alliance

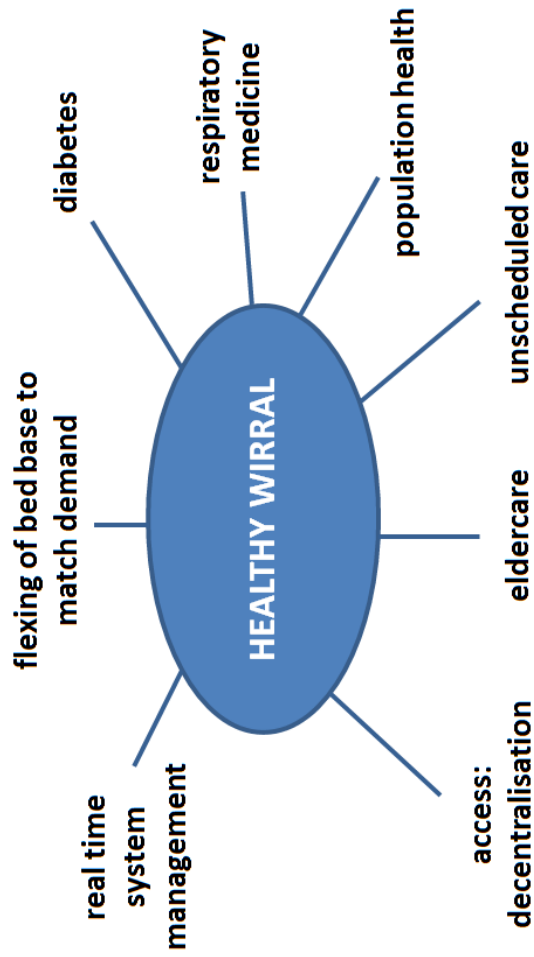


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- The Trust will explore with CoCH the potential for the development of a single Acute General Hospital covering Wirral and west Cheshire within the next 10-15 years
- The Trust expects that the strategic alliance with CoCH will deliver material financial and clinical benefits in the short to medium term
- An immediate priority is the merging of back office functions
- The scope of improvements in cost and quality/viability will be tested through joint work on the LCR review of gynaecology, obstetrics, neonatology and paediatrics and on the integration of ENT, maxillo-facial and ophthalmology services
- Assuming a positive feasibility study, the two organisations will look to centralise their elective care on the Clatterbridge site (Arrowe Park Hospital becoming a 'hot' site)
- The two Trusts will collaborate on the implementation of IT enabled standardised care pathways.

**7.4 WUTH 2020: Healthy Wirral**



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- In line with the emerging lessons from other Vanguard sites, the Trust expects Healthy Wirral to deliver material financial and clinical benefits only in the medium to long term
- The Trust recognises that the potential exists for reductions in activity to result in corresponding reductions in its bed base. The Trust will work with partner organisations to model the 'how and when' of this and will flex its bed base to meet changes in demand
- The initial focus of Healthy Wirral on the functioning of acute/secondary care services will be diabetes, respiratory medicine services and the establishment of population health registries. The Trust will look to expand the scope of Vanguard to include the reengineering of unscheduled care and care of older people
- The Trust will also work with partner organisations to model and deliver the decentralisation of ambulatory care services to the four integrated community care hubs
- Finally, the Trust will work with partner organisations to develop real time system management in support of the optimum functioning of the local integrated care network.

**Appendix 1 WUTH Strategic Aims and Objectives 2016/17**

WUTH's strategic aims for the period to 2020/21 are set out in the table below:

<b>To be:</b>	the top NHS Trust in the north west for patient and staff satisfaction
<b>To deliver:</b>	consistently high quality secondary care services enhanced through the provision of regional specialist services within available resources
<b>To prioritise:</b>	the development of new models of care in cooperation with our acute/secondary, primary, community and social care partners
<b>To build on:</b>	joint working with partner organisations to deliver the maximum operational and financial benefits
<b>To ensure:</b>	our people are aligned with our vision
<b>To guarantee:</b>	the sustainability of the Trust through the transformation of service provision and system performance
<b>To maximise:</b>	the benefits of innovation in clinical and organisational practice, enabling technologies and the role of the Trust as a teaching institution
<b>Enabled by:</b>	financial, commercial and operational excellence

WUTH's aims for 2016/17 are set out in the table below. Where possible, these objectives have been expressed numerically.

Strategic aim	2016/17 objective
<b>To be:</b> the top NHS Trust in the north west for patient and staff satisfaction	<ul style="list-style-type: none"> <li>We will deliver a Friends and Family test recommendation score of above 95% and a non-recommendation score of below 2%</li> <li>We will deliver a year on year reduction in the number of complaints and a year on year improvement in response times</li> <li>We will deliver a year on year improvement in our staff satisfaction survey score</li> <li>We will continue to deliver our quality strategy and build on the recommendations of our September 2015 CQC inspection</li> <li>We will deliver the Harm Free Care programme and ensure that our harm free care score is no lower than 95%</li> <li>We will deliver a Hospital Standard Mortality rate that is better than expected</li> </ul>
<b>To deliver:</b> consistently high quality secondary care services enhanced through the provision of regional specialist services within available resources	
<b>To prioritise:</b> the	The Trust will continue to support the roll out of the Healthy Wirral programme in order to deliver:

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<p>development of new models of care in cooperation with our acute/secondary, primary, community and social care partners</p>	<ul style="list-style-type: none"> <li>• A reduction in the level of unplanned hospitalisation for chronic ambulatory care sensitive conditions bringing Wirral nearer to the NHS England average</li> <li>• A reduction in the level of emergency admissions for acute conditions not usually requiring hospital admission bringing Wirral nearer to the NHS England average</li> <li>• A year on year reduction in ED attendances</li> <li>• A year on year reduction in non-elective admissions</li> <li>• A year on year reduction in avoidable readmissions (as a percentage of all admissions)</li> <li>• A year on year reduction in admissions from nursing homes</li> <li>• A reduction in ALOS bringing WUTH in line with best quartile performance</li> </ul> <p>The Trust will work with its acute/secondary, primary, community and social care partners on the 'end to end' redesign of the unscheduled care system and services for older people.</p> <p>The Trust will work with the Countess of Chester NHS Foundation Trust to deliver</p> <ul style="list-style-type: none"> <li>• An agreed model for the future development of women's and children's services in south Mersey</li> <li>• An agreed model for the future development of ENT, maxillo-facial and ophthalmology services</li> </ul>
<p><b>To build on:</b> joint working with partner agencies to deliver the maximum operational and financial benefits</p>	<p>The Trust will progress:</p> <ul style="list-style-type: none"> <li>• The development of a VAT efficient Special Purpose Vehicle for service delivery</li> <li>• A Strategic Estates Partnership with a third party</li> <li>• The integration of back office and clinical support functions with the Countess of Chester</li> </ul> <p>We will develop and implement a strategy to support a closer working relationship with primary care services</p>
<p><b>To ensure:</b> our people are aligned with our vision</p>	<p>We will continue the on-going delivery of the Workforce and OD strategy in order to deliver</p> <ul style="list-style-type: none"> <li>• A healthy organizational culture</li> <li>• A sustainable and capable workforce</li> <li>• Effective leaders and managers</li> </ul> <p>We will work to deliver absence rates below 4%, Appraisal rates of 88% and a Staff FFT continued improvement in our NHS staff survey.</p> <p>We will increase the number of staff attending Listening into Action events by 20%</p>

<p><b>To guarantee:</b> the sustainability of the Trust through the transformation of service provision and system performance</p>	<p>The Trust will contribute to the development of the Sustainability &amp; Transformation Plan for the period to 2021 across the Wirral, South Mersey and Cheshire &amp; Mersey footprints and achieve all 2016/17 milestones</p>
<p><b>To maximise:</b> the benefits of innovation in clinical and organisational practice, enabling technologies and the role of the Trust as a teaching institution</p>	<ul style="list-style-type: none"> <li>• We will work towards full digitization of the Electronic Patient Record</li> <li>• We will work towards the achievement of HIMMS level 6</li> <li>• We will further improve our Research and Development metrics</li> <li>• We will look to improve our digital maturity index score</li> </ul>
<p><b>Enabled by:</b> financial, commercial and operational excellence</p>	<ul style="list-style-type: none"> <li>• We will ensure the delivery of NHS Constitution access standards: The 18 week referral to treatment target, an improvement on the 4 hour emergency target in year and delivery of and national cancer standards.</li> <li>• We will deliver national infection prevention control targets for Clostridium Difficile</li> <li>• We will implement the relevant recommendations of Lord Carter's review of hospital performance and productivity in order to deliver an Adjusted Treatment Cost figure putting WUTH in top 10% of NHS Trusts in England</li> <li>• We will deliver a Financial Sustainability Risk Rating score of 2</li> <li>• We will continue to work to improve our NHSI governance rating</li> </ul>

**Appendix 2 Second Order Priorities: Clinical and Organisational Practice, HR/OD, Estates, IT/Informatics, Finance**

*Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21* specified a number of priorities for 2016/17 which provide the primary focus of this Operational Plan. However, the Trust has also identified a number of other deliverables for 2016/17 as follows:

- **Clinical and organisational practice**

Lead Directors: Director of Nursing & Midwifery/ Medical Director/ Chief Operating Officer

Ensure demand and capacity are balanced through a combination of
<ul style="list-style-type: none"> <li>• Implementation of WUTH 2020</li> <li>• 7 day working</li> <li>• SAFER</li> <li>• The reengineering of patient flow</li> </ul>
Support the development of the Divisional 5 year strategies in line with WUTH 2020
Progress redesign of services in line with Healthy Wirral
Develop an agreed workplan for the creation of a strategic alliance with CoCH
Develop and update GP engagement strategy
Progress the LCR Vanguard review of Women and Childrens services
Develop proposals for the roll out of IT enabled standardised care pathways
Reduce agency staff in line with NHSI requirements
Development of proposals for the greater use of telemedicine
Development of proposals for the decentralization of ambulatory care services
Development of options for creation of a critical care village
Agreement with Divisions on management of 'hotspots'
<ul style="list-style-type: none"> <li>• Unscheduled care</li> <li>• Community paediatrics</li> <li>• Wirral Therapies</li> <li>• Direct Access Diagnostics</li> <li>• Radiology equipment</li> <li>• Neonatal facilities</li> <li>• Orthopaedics</li> </ul>

- **HR/OD**

Lead Director: Director of HR

Review/ refresh HR and OD strategy to ensure 'fit' with WUTH 2020 (to encompass medical staffing model, rosters, new roles)
Deliver 2016/17 outputs per HR and OD strategy
Delivery of OD/ leadership development support to ED and orthopaedics
Develop and implement a Healthy Organisation Plan
Use of LIA methodology to secure organisation wide engagement in further development of WUTH 2020
Development of feasibility study for creation of WUTH based nurse training scheme

- **Estates**

Lead Director: Director of Informatics and Infrastructure

Development of Division specific Estates & Capital Strategy to support WUTH 2020
Prioritisation (and delivery as appropriate) of capital schemes
Selection of strategic partner for development of estate and /or development and implementation of tax efficient support service deliver model
Completion of ward refurbishment programme

- **IT/informatics**

Lead Director: Director of Informatics and Infrastructure

Implementation of Phase 3 of Millennium implementation
Implementation of Healthy Wirral IT programme
Continued rollout of 'digital hospital'
Liaison with Divisions and Directorates to deliver/consolidate anticipated Millennium benefits
Development of Information Strategy to support WUTH 2020

- **Finance**

Lead Director: Director of Finance

Roll out of SLR
As part of Carter Model hospital initiative complete review of DGH+/ loss making non core services
Development of commercial/ diversification strategy (to include opportunities in primary care delivery, retail, the application of population health data, PPU and hosting other NHS/ public sector services
Develop demand and capacity planning capability to support annual planning/ budgeting round



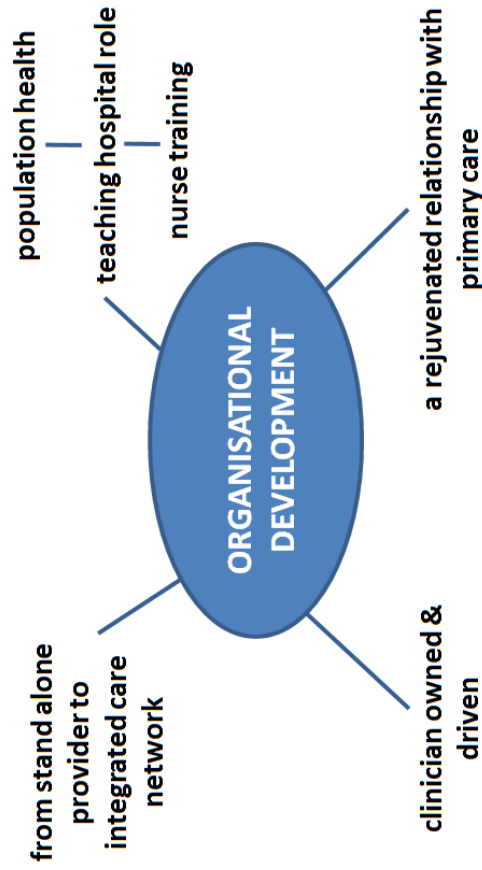
**Appendix 3 WUTH 2020: Organisational Development and Delivery**

**A3.1 Organisation Development**

Section 7 above on the emerging Sustainability and Transformation Plan included a summary of the key themes within *WUTH 2020* relating to

- The Trust’s future clinical model and service model
- The creation of a strategic alliance with The Countess of Chester NHS Foundation Trust
- The roll out of *Healthy Wirral*.

*WUTH 2020* does, however, include a fourth theme: Organisational Development:



- The Trust recognises that it needs to invest in becoming 'fit for purpose' to manage the transition to an integrated care network as the vehicle for care delivery
- The Trust will review its systems, structures and processes to ensure that clinicians own and drive the delivery of WUTH 2020
- The Trust will review its primary care engagement strategy in order to deliver a closer relationship with primary care
- The Trust will continue to be a teaching hospital with an interest in supporting research: it will explore the potential for local nurse education and exploiting the epidemiological data generated by the Vanguard investment in population health IT.

### A3.2 Delivering WUTH 2020

Recognising the size and complexity of the change agenda facing the organisation, the Trust will, as appropriate, adopt a programme management approach to delivery of defined elements of *WUTH 2020*. Set out in the following pages are charters for the following projects and the below table illustrates the high level approach to support the delivery of WUTH 2020 and their planned commencement years.

2016/17	2017/18	2018-20
Review of DGH+/loss making non core services		
IT Enabled standardized care pathways		
GP engagement	Telemedicine	
Medical Engagement and Clinician leadership		
	Decentralization	

Project charter overview	
DGH +/-loss making non-core services review	
<b>Executive lead</b>	Director of Finance
<b>Project statement</b>	With the support of Service Line Reporting as an enabler the Trust will be in a position to review the profitability of our services and propose new models for their delivery to ensure financial sustainability
<b>Project objectives</b>	<ul style="list-style-type: none"> <li>The Trust will review how to retain local provision of financially challenged DGH+ and non-core services</li> <li>The Trust will retain its underpinning clinical model and will continue to ensure local access to the current range of acute and secondary care services available to patients on the Wirral.</li> <li>The alliance with CoCH will enable the continued provision locally of services which otherwise would not be clinically or financially viable</li> <li>Healthy Wirral's emphasis on prediction/ prevention rather than diagnosis/ treatment and on the delivery of care in a community/ domiciliary setting should reduce the overall quantum of hospital/bed based acute and secondary care (especially unscheduled care) needed by patients</li> </ul>
<b>Scope of project</b>	WUTH will be covered by the STP for Cheshire and Merseyside. However, it is proposed that the area covered by the STP is broken down into smaller sub-regional planning zones. The Trust will therefore concentrate its efforts on the local Wirral zone and the wider south Mersey zone Local Delivery Plans. The Trust will review how to retain local provision of financially challenged DGH+ and non-core services
<b>Stakeholders</b>	Clinical services User groups Commissioners
<b>Risks</b>	A review requires input from a variety of stakeholders including senior clinical teams and service users. There is a risk that there may not be an appetite for any potential loss or change in delivery of services There is a risk that capitated budgets may affect the financial review of these services.
<b>Indicative timetable</b>	Q1 and 2 review through Service Line Reporting any potential loss making services Q3 and 4 Develop plans through the STP and local Wirral delivery plans to make these services sustainable by reviewing how they are delivered

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<b>Project charter overview</b>	
<b>IT enabled standardized care pathways</b>	
<b>Executive lead</b>	Director of Informatics
<b>Project statement</b>	As part of Healthy Wirral the Trust will be looking to review pathways of care to implement where possible IT enabled standardised care packages
<b>Project objectives</b>	<ul style="list-style-type: none"> <li>To develop standardised care packages that can be accessed across the range of providers participating in Healthy Wirral to improve clinical outcomes and reduce acute attendances</li> <li>To develop through 16/17 IT enabled standardised care packages for agreed surgical and medical specialities</li> </ul>
<b>Scope of project</b>	Care pathways can cross a multiplicity of providers. At present providers use a range of informatics systems and it is not always possible to standardize care pathways as such. The purpose of this project, with the support of Healthy Wirral is to define evidence based standardised care packages and begins their implementation. This project forms part of the wider Informatics work stream for Healthy Wirral
<b>Stakeholders</b>	Senior Clinicians IM&T Cerner Primary Care User Groups CCG
<b>Risks</b>	As clinical pathways are multiagency the development of these pathways will involve a multiplicity of stakeholders and therefore stakeholder management is important
<b>Indicative timetable</b>	The timetable will be defined through the Healthy Wirral Informatics subgroup.

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Project charter overview	
Telemedicine	
<b>Executive lead</b>	Director of Informatics
<b>Project statement</b>	Through 2016-18 the Trust will consider the use of telemedicine to improve clinical outcomes and increase efficiency. This needs to be considered as part of the wider Healthy Wirral programme as a system wide enabler
<b>Project objectives</b>	<ul style="list-style-type: none"> <li>Review and understand the implications for WUTH where Telemedicine has worked well for other patient groups nationally and internationally</li> <li>To pilot service lines to implement Telemedicine</li> <li>To consider Telemedicine as part of the wider Healthy Wirral Programme</li> </ul>
<b>Scope of project</b>	Telemedicine is used in a variety of settings both nationally and internationally. It is the intention of the Trust to review the usage of these systems in partnership with Healthy Wirral to understand the potential financial and clinical benefits these systems may have, particularly on long term conditions to support self-care and reduced hospital attendances
<b>Stakeholders</b>	Senior Clinicians IM&T Primary Care User Groups CCG
<b>Risks</b>	The financial and clinical benefits of Telemedicine need to be clearly demonstrable as Informatics investment may be required
<b>Indicative timetable</b>	Q3 and 4 2016/17 Review of Telemedicine in DGH services Consideration of pilot areas where evidence base is sound in partnership with Healthy Wirral Q1 2017/18 Pilot services with Telemedicine, shared learning and business cases developed for any further services

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<b>Project charter overview</b>	
<b>GP Engagement</b>	
<b>Executive lead</b>	Director of Strategy
<b>Project statement</b>	This project will review and refresh the current Primary Care engagement strategy and implement new recommendations to enhance working with Primary Care further. This refresh of the strategy will take into account the new strategic landscape including the 5 year Forward View, collaboration with CoCH and the evolving local implications of the Strategic Transformation Plan
<b>Project objectives</b>	<ul style="list-style-type: none"> <li>• To work with a the new GP Federation as the primary vehicle for formal interaction in line with the development of an integrated care system in Wirral</li> <li>• To continue with 'soft' engagement activities with a focus on practice visits and 'set piece' educational events</li> <li>• To consider the appointment of a GP to the Senior Management Team Trust Board as a formal GP Advisor and/or the creation of a GP 'Council of Elders'</li> <li>• To incorporate GP engagement in the redesign of services across WUTH/CoCH</li> </ul>
<b>Scope of project</b>	<p>The project will seek to increase collaborative working with primary care at all levels with a view to</p> <ul style="list-style-type: none"> <li>• reengineer service delivery, increase levels of preventative interventions, shift care into a community/ domiciliary setting and manage the local health and social care system (strategically and operationally) in an integrated way (it should be assumed that a by-product of this would be a reduction in the use of alternative providers)</li> <li>• position WUTH as a provider of primary care in the mid to long term.</li> </ul>
<b>Stakeholders</b>	Wirral and Western Cheshire GPs and their practice staff The future GP federation, Wirral and Western Cheshire CCG, Patient groups, Trust Clinicians, GP out of hours
<b>Risks</b>	There is a risk that appropriate levels of engagement with GPs may not be reached due to the diversity in primary care. Careful consideration will be given to recognise each GP practices autonomy and local perspective.
<b>Indicative timetable</b>	Q1 2016/17. Develop partnership with emerging GP Federation Q2 2016/17. Establish GP representatives at SMT/ GP advisor level and identify primary care work streams for remainder of 16/17 and 17/18 and beyond .Q3 onwards. Work in partnership with Primary Care to deliver on work streams

Project charter overview	
Medical Engagement and Clinician Leadership	
<b>Executive lead</b>	Director of Human Resources
<b>Project statement</b>	As part of the continuation of the well-established Human Resources and Organizational Development Strategy through 2016/17 the Trust will be developing under the Healthy Organizational Culture Work stream the Trust Medical Engagement Plan.
<b>Project objectives</b>	<ul style="list-style-type: none"> <li>• Through enhanced medical Engagement develop the leadership skills of our senior clinicians</li> <li>• Ensure that all our medical workforce help deliver our operational challenges, whilst shaping our future services</li> </ul>
<b>Scope of project</b>	The need to further develop and sustain a healthy organisational culture and thereby creating the conditions for high quality care is paramount. The increased focus on the integration agenda will further sharpen our focus on strong staff engagement. Using the successes achieved by our 'Listening into Action' programme an enhanced focus on Medical Engagement will be evident in order to support colleagues in being part of the solutions that we face as a wider health economy
<b>Stakeholders</b>	Senior Medical Staff Human Resources and Organizational Development staff Divisional Triumvirate Management Teams
<b>Risks</b>	There is a risk that Senior Clinical staff may not engage with the process due to clinical pressures. The support of the Divisional Management Triumvirates will mitigate against this
<b>Indicative timetable</b>	Deliver Year 1 of the 3 year Medical Engagement Strategy. Quarterly actions for Year 1 have been identified Pillars for delivery include:- <ol style="list-style-type: none"> <li>1. Clinical Leadership</li> <li>2. Voice involvement</li> <li>3. Health organisation</li> <li>4. Recognition</li> <li>5. Communication</li> </ol> Each of the pillars have a variety of actions that will be delivered on a quarterly and annual basis within a tight Project Management structure

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Project charter overview	
Decentralization	
<b>Executive lead</b>	Director of Operations
<b>Project statement</b>	<p>The purpose of decentralization is to allow individual clinical divisions the time and space to develop their own business with the aspects of their services that are unique to them.</p> <p>Furthermore decentralization allows the divisions to be able to demonstrate their ability increase their freedom from central control</p> <p>This will allow the executive team to focus on those areas of Trust business that cut across the whole organization</p>
<b>Project objectives</b>	<p>To allow the divisions to have more freedom against a certain agreed set of parameters</p> <p>To create space for divisions to grow their independency</p> <p>To create space for the executive team to focus on strategic pan organizational issues</p>
<b>Scope of project</b>	<p>The Trust through 2016-2020 will be dealing with many large scale strategic challenges and opportunities to support the care that we deliver to our patients.</p> <p>Decentralization will allow the Executive team to focus on the strategic direction of the Trust as the divisions demonstrate increasing freedom to act independently from the control of Trust Headquarters within a set of defined parameters,</p>
<b>Stakeholders</b>	Divisional Senior Management Teams Trust Executive team
<b>Risks</b>	That the organizational agenda will be too large to ensure the development of decentralization. This will be mitigated by clear time set aside through the annual planning process to support decentralization
<b>Indicative timetable</b>	<p>Q1 16/17. Workshops with divisions to asses and plan for increased decentralization</p> <p>Q2-4 16/17 Implement programme plan to support decentralization</p> <p>Q1 2017/18 Divisional decentralization</p>



The development of the Acute Care Alliance with the Countess of Chester is the subject of a formal programme management approach. The relevant materials have not been included in this Plan.

Roll out of Healthy Wirral will be delivered through the dedicated Vanguard PMO. The intention is to use the PMO to deliver the redesign of the flows for unscheduled care and care of older people and to progress the development of real time system management. Again, the relevant materials have not been included in this Plan.

The redesign of women's and children's services in south Mersey will be supported by the Cheshire and Merseyside Acute Care Vanguard team. The relevant materials have not been included in this Plan.

The report produced by Lord Carter for the DoH *Operational productivity and performance in English acute hospitals: Unwarranted variations* made 15 recommendations. Of these, 6 relate specifically to changes at Trust level:

1. Trusts should, through a Hospital Pharmacy Transformation Programme, develop plans by April 2017 to ensure that hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock-holding by April 2020, in agreement with NHS Improvement and NHS England so that their pharmacists and clinical pharmacy technicians spend more time on patient-facing medicine optimisation activities
2. Trusts should ensure that their pathology and imaging departments achieve their benchmarks as agreed with NHS Improvement by April 2017 so that there is a consistent approach to the quality and cost of diagnostic services across the NHS
3. Trust report their procurement information monthly to NHS Improvement to create a NHS Purchasing Price Index commencing April 2016, collaborate with other trusts and NHS Supply Chain with immediate effect, and commit to the Department of Health's NHS Procurement Transformation Programme so that there is an increase in transparency and a reduction of at least 10% in non-pay costs...by April 2018
4. Trusts should operate at or above the benchmarks agreed by NHS Improvement for the operational management of their estates and facilities functions by April 2017, with all Trusts (where appropriate) having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020
5. Trusts should rationalise their corporate and administration functions to ensure their costs do not exceed 7% of their income by April 2018 and 6% of their income by 2020 (or have plans in place for shared services consolidation with, or outsourcing to, other providers by January 2017)
6. All trusts should have the key digital information systems in place, fully integrated and utilised by October 2018.

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Some of these recommendations are being/ will be taken forward as part of programmes of work described elsewhere in this Operational Plan. Others will require a dedicated project management approach. The table below summarises how Lord Carter's recommendations will be implemented:

RECOMMENDATION	ACTION
1 Hospital Pharmacy Transformation Programme	Part of WUTH:CoCH strategic alliance work
2 Pathology and imaging departments	Part of WUTH:CoCH strategic alliance work
3 Procurement	Part of WUTH:CoCH strategic alliance work
4 Estates and facilities	Delivered through SEP with private sector
5 Corporate and administration functions	Part of WUTH:CoCH strategic alliance work
6 Information systems	Through Healthy Wirral and CoCH strategic alliance

#### Appendix 4 Activity Projections

Activity - Plan 2016/17	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
All referrals (GP and other)	8,616	8,786	9,787	9,534	7,845	8,538	8,926	8,533	7,915	9,002	8,989	9,931	106,402
Total elective admissions (spells)	3,973	4,076	4,283	4,300	4,076	4,262	4,316	4,271	3,912	4,159	4,033	4,487	50,150
Total 1st outpatients	8,312	8,354	9,071	8,863	8,440	8,940	8,953	9,079	8,224	8,650	8,417	9,213	104,514
Total subsequent attendances	17,611	17,548	19,195	18,950	17,837	19,243	19,023	19,451	17,446	18,571	18,033	19,706	222,614
Total A&E attendances	7,724	7,932	7,973	8,163	7,597	7,813	7,888	7,631	7,658	7,594	6,872	7,600	92,445
Total non-elective admissions	3,996	4,084	3,943	4,153	4,017	3,998	4,103	4,002	4,312	4,290	3,841	4,113	48,851

Appendix 5 Income and Expenditure Profile

I&E Statement - Plan 2016/17

	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>Income</b>													
NHS Clinical Income	24.109	24.270	24.662	24.954	24.168	24.650	24.964	24.742	24.519	24.937	23.860	25.099	294.936
Other Income	2.430	2.438	2.469	2.450	2.475	2.505	2.520	2.535	2.493	2.512	2.566	2.596	29.987
<b>Total Income</b>	<b>26.539</b>	<b>26.708</b>	<b>27.131</b>	<b>27.404</b>	<b>26.643</b>	<b>27.155</b>	<b>27.484</b>	<b>27.278</b>	<b>27.012</b>	<b>27.448</b>	<b>26.426</b>	<b>27.695</b>	<b>324.923</b>
<b>Expenditure</b>													
Pay	(18.361)	(17.976)	(18.466)	(17.953)	(18.265)	(18.219)	(18.092)	(18.369)	(18.129)	(16.762)	(16.691)	(16.017)	(213.300)
Non Pay	(8.199)	(8.148)	(8.090)	(8.052)	(8.120)	(8.198)	(8.251)	(8.262)	(8.249)	(8.084)	(8.066)	(8.049)	(97.768)
<b>Total Expenditure</b>	<b>(26.560)</b>	<b>(26.124)</b>	<b>(26.556)</b>	<b>(26.005)</b>	<b>(26.385)</b>	<b>(26.417)</b>	<b>(26.343)</b>	<b>(26.631)</b>	<b>(26.378)</b>	<b>(24.846)</b>	<b>(24.757)</b>	<b>(24.066)</b>	<b>(311.068)</b>
<b>EBITDA</b>	<b>(0.021)</b>	<b>0.584</b>	<b>0.575</b>	<b>1.399</b>	<b>0.258</b>	<b>0.738</b>	<b>1.140</b>	<b>0.647</b>	<b>0.634</b>	<b>2.602</b>	<b>1.670</b>	<b>3.629</b>	<b>13.854</b>
Post EBITDA	(1.098)	(1.103)	(1.100)	(1.133)	(1.136)	(1.139)	(1.158)	(1.157)	(1.159)	(1.165)	(1.161)	(1.164)	(13.673)
<b>Net Surplus/ (Deficit)</b>	<b>(1.119)</b>	<b>(0.519)</b>	<b>(0.525)</b>	<b>0.266</b>	<b>(0.878)</b>	<b>(0.401)</b>	<b>(0.018)</b>	<b>(0.510)</b>	<b>(0.525)</b>	<b>1.437</b>	<b>0.509</b>	<b>2.464</b>	<b>0.181</b>



### Appendix 7: Membership and elections

The Trust holds governor elections each year for both public and staff seats on the Council of Governors. In 2014/15, the Trust successfully held elections for 8 seats. In 2015/16, the Trust has held elections for 8 seats of which 6 were successfully filled. Elections for 2016 will take place during the summer months at which time the Trust will seek to secure Governors for the 2 seats currently unfilled. In 2015/16, the Trust developed and implemented a bespoke governor training programme (building on experience of an earlier externally provided programme). The interactive sessions were well received by Governors. Plans are being developed for their extension during the coming year. In addition, the Trust will use the *Governwell* induction toolkit to support its training and development of Governors.

The Trust will continue with the current programmes of Council of Governors Workshops and visits to particular areas of the hospital to increase Governor knowledge of and insight into key areas of the Trust's operations. The Governor role in the internal Care Quality inspections will be pivotal during 2016 as this expands upon the concept of Board Walkabouts making these more meaningful and structured for all parties. The role of youth and public ambassadors has been introduced during 2015/16: the latter as a means of retaining the knowledge of ex-Governors who have reached the end of their tenure and using this to support new Governors and the former as a way of engaging our younger members who have traditionally not been forthcoming in terms of applying to become Governors. Both aspects of this new role have been well received in the organisation. The Trust has continued with its active engagement of Governors in its Annual Plan Advisory Committee, the Committee reviews strategic themes and objectives and the programme for completion of the annual plan.

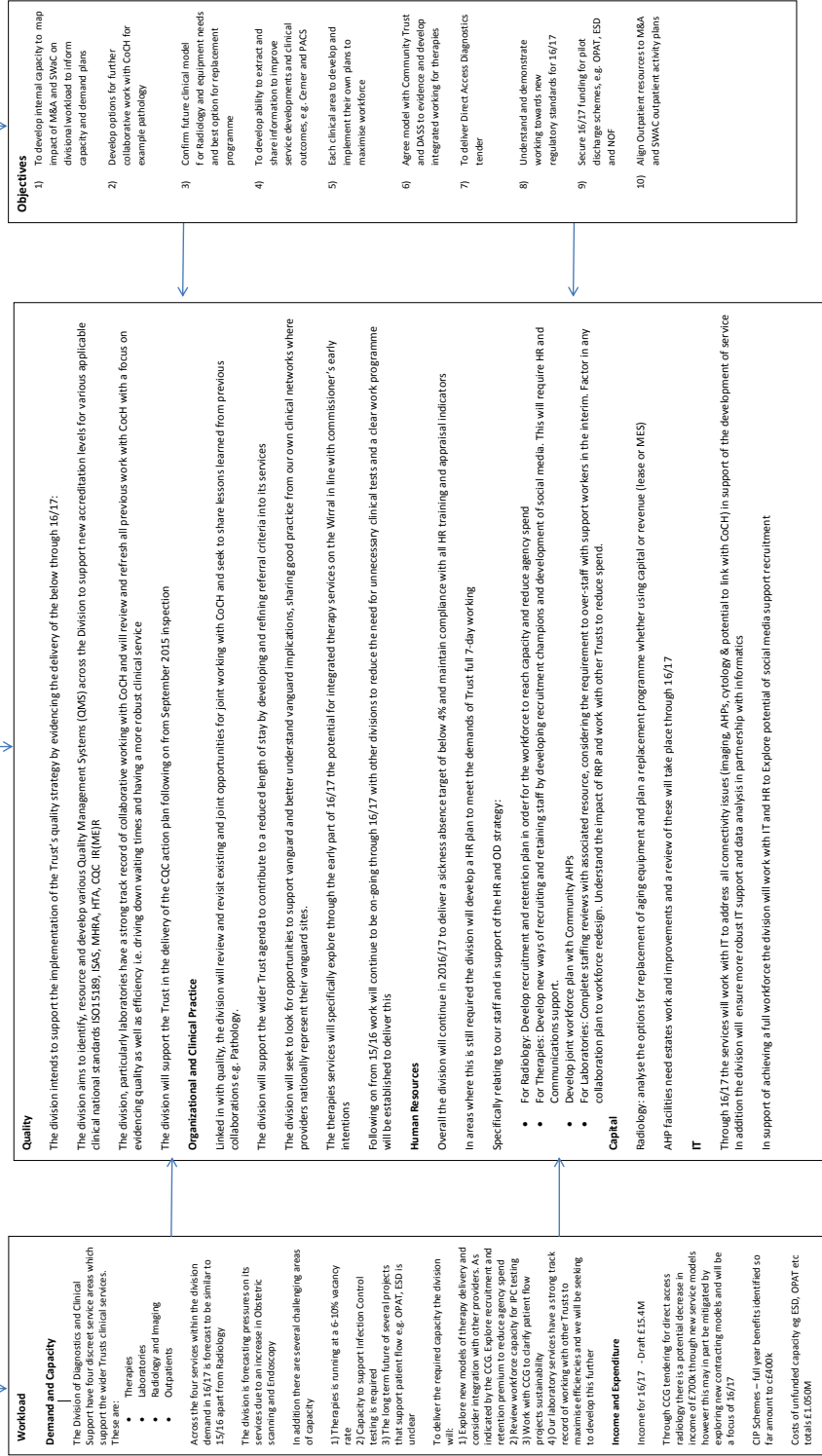
The membership strategy continues to develop as Governors and Ambassadors look for new and innovative ways to engage with members. The Trust encourages Governors to speak at GP patient groups, local church or community groups and schools. Successful engagement during 2015 was through the work Governors undertook in the outpatient department and as part of the Social Isolation Event held by the Trust at which the Director of Public Health was the keynote speaker. The Trust has always worked with established groups on the Wirral such as Healthwatch and the Older Peoples Parliament as a way of engaging with members and drawing upon a limited resource. The Trust is now developing a programme of engagement with members that falls outside the traditional hospital activities and includes events such as film nights and choral concerts; this is to engender the feeling of community in our hospital. As the largest employer on the Wirral the Trust is planning a programme of careers events this year both inside and outside the hospital which our youth ambassadors will be instrumental in making a success. The Trust continues to have a membership that is a good representation of the population it serves.

**Appendix 8 : 2016/17 Divisional Plans**

In developing its plan for 2016/17, WUTH has sought to distinguish between objectives and actions which form the corporate (ie Trust wide) agenda and those which form the agendas of the three Trust Divisions. The Trust has also sought to support planning at the Division and Directorate levels through the use of an 'A4' template which summarises demand, the capacity required to meet that demand, income and expenditure, divisional/ directorate objectives and the actions in respect of quality, clinical and organisational practice, HR/OD, estates and IT/informatics proposed to deliver these objectives. These A4 plans are reproduced below:

## Division: Diagnostic and Clinical Support Division Operational plan 16/17

This chart lists the Divisions objectives, highlights key changes in Divisional workload, income and expenditure: describes how we will improve the quality of care to our patients and how the way we deliver care will change together with our plans to invest in staff development, buildings equipment and IT







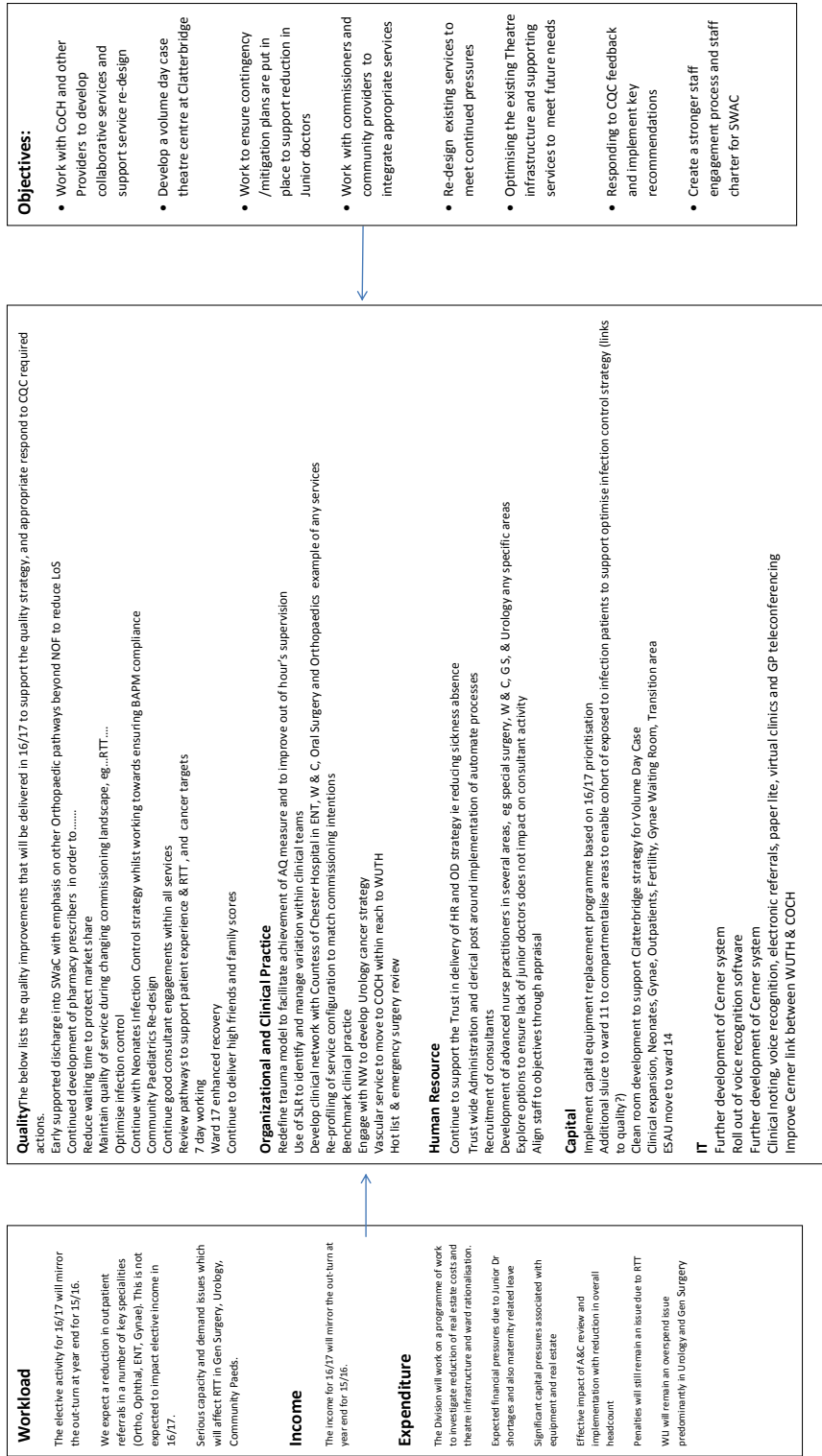
## Medicine and Acute Division Operational Plan 2016/17

<p><b>Capacity and Demand</b></p> <p>Review of likely increase/decrease in outpatient/elective workload (Capacity and demand exercise completed)</p> <p>Changes in demand due to Single Front door/admission avoidance</p> <p>15% of SFD patients diverted to WIC</p> <p>Circa 11 attendances per day</p> <p>Expected 7% increase in scopes direct to scope initiative</p> <p>Review of CIP work streams to focus on improving patient flow and expenditure controls</p> <p><b>Income pressures/risks</b></p> <p>Secure recurrent funding for the DME 5 pathways - 500k</p> <p>Assess financial impact on income of new models of care in Diabetes and Respiratory - currently unknown</p> <p>Single Front Door impact on 16/17 income needs to be quantified</p> <p><b>Expenditure pressures/risks</b></p> <p>Confirmation of funding for the DME pathways is essential for Medical staffing planning</p> <p>66 unfunded beds. Closure of 29 bedded winter ward must happen by 1.4.16</p> <p>3 wte substance misuse nurses – 128k unfunded.</p> <p>A&amp;E medical staffing - 2.57 wte consultant vacancies and also gaps in the junior medical staffing rota – forecast cost pressure for 15/16 is £547k.</p> <p>Gaps in Gastroenterology consultant posts have created a cost pressure of £457k in 15/16</p>	<p><b>Quality and Safety</b></p> <p>The Division will have a specific focus on improving quality and safety during 2016/17. This will include ensuring the Division fully complies with recommendations following the recent COC inspection. The Division will need to enhance the level of support within the current Quality and Safety Team to ensure it has the capacity and capability to deliver the required improvements within the plan. The specific areas we need to focus on are as follows:</p> <ul style="list-style-type: none"> <li>• Implementation of SAFER bundles to improve flow and patient experience i.e. timely treatment in ED, admission to the right specialty/bed on time.</li> <li>• Reduce ward occupancy to 90%</li> <li>• Continued focus on nurse recruitment and retention to ensure safe staffing levels are maintained</li> <li>• Introduction of new ward specific quality and safety dashboards</li> <li>• Focus on falls prevention, VTE assessment, pressure ulcers, infection prevention and DNAR policy compliance</li> <li>• Focus on improving communication to reduce complaints and ensure timely response</li> <li>• Ensure compliance with Advancing Quality indicators e.g. sepsis, AKI etc.</li> <li>• Maintain SSMAP score (stroke best practice) – “2” best performing Trust currently</li> <li>• Maintain Myocardial Infarction National Audit compliance (MINAP)</li> <li>• Maintain JAG accreditation in Endoscopy</li> <li>• Further development of Community Geriatricians supporting admission avoidance and high quality care in the community</li> <li>• Participate in Acute Frailty Network and adopt best practice</li> <li>• Improve clinical pathway for 62 day cancer waiting times, e.g. direct to scope</li> <li>• Develop and consolidate ambulatory care pathways to facilitate early discharge/admission avoidance</li> <li>• Implement new end of life strategy – New NICE Guidance</li> <li>• Reduce incidence of missed fractures – new NICE Guidance</li> <li>• Improve mental health patients experience in ED working in partnership with concordat.</li> </ul> <p><b>Service Development: New Models of Care – Healthy Wirral</b></p> <p>The Division are fully engaged in the development and implementation of new models care in Respiratory, Diabetes, older persons’ care and Urgent Care</p> <p><b>Service Development: Collaboration with other Providers</b></p> <p>The Division will continue to develop and build collaborative relationships with other provider where this is in the best clinical interests of patients e.g. Haematology, Renal and Cardiology. The public health contract for acute health services is due to end March 2017, the Division will be seeking to retain the contract.</p> <p><b>Workforce</b></p> <p>The Division will:</p> <ul style="list-style-type: none"> <li>• Ensure all workforce indicators are compliant i.e. sickness, appraisal, mandatory training etc.</li> <li>• Produce in partnership with staff a staff satisfaction and engagement plan to further improve upon the results of the NHS Staff Survey</li> <li>• Strive to substantively recruit to hard pressed consultant vacancies and reduce agency spend wherever possible e.g. gastroenterology and ED.</li> <li>• Review consultant job plans to support service delivery and developments e.g. new models of care and 7 day working etc.</li> </ul> <p><b>Finance/Capital/CIP</b></p> <p>The Division will:</p> <ul style="list-style-type: none"> <li>• Deliver a balanced budget and cost improvement plans (CIP)</li> <li>• Review and prioritise the business cases for capital investment in critical care, acute medical assessment unit (AMU), OPAU, and phase 3 of Emergency Department modernisation.</li> </ul> <p><b>Information Technology</b></p> <ul style="list-style-type: none"> <li>• Develop Millennium to support clinical coding of co-morbidities.</li> <li>• The IT requirements to support new models of care need to be assessed and funded.</li> <li>• Business cases for Tele Medicine will be developed e.g. Stroke             <ul style="list-style-type: none"> <li>• Electronic white boards to support flow</li> <li>• AQ prompts to be introduced on Cerner</li> <li>• Trail of electronic noting on inpatient wards – needs hardware</li> </ul> </li> </ul>	<p><b>Key Objectives 2016/17</b></p> <ol style="list-style-type: none"> <li>1) Improve compliance with Quality and safety indicators and implement COC recommendations</li> <li>2) Implement end of life strategy in line with new NICE Guidance</li> <li>3) Continue to focus on nurse recruitment and retention to ensure safe staffing levels are maintained</li> <li>4) Implement SAFER Bundle and continue to work in partnership with urgent care economy to improve patient flow and consistently achieve 4 hour target.</li> <li>5) Continue to deliver 18 week RTT compliance and cancer targets</li> <li>6) Develop new models of care e.g. Diabetes, Respiratory and single front door</li> <li>7) Develop plans for community based Rheumatology</li> <li>8) Consolidate and develop DME 5 Pathways model</li> <li>9) Reduce agency /locum spend</li> <li>10) Improve dementia care trust wide</li> <li>11) Close winter ward by 1.4.16</li> <li>12) Deliver a balanced budget and CIP plans – focus on patient flow</li> <li>13) Further develop critical care outreach</li> </ol>
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**Division: Surgery, Women & Children's Operational plan 16/17**

This chart lists the Divisions objectives, highlights key changes in Divisional workload, income and expenditure: describes how we will improve the quality of care to our patients and how the way we deliver care will change together with our plans to invest in staff development, buildings equipment and IT





Board of Directors	
<b>Agenda Item</b>	7.1.1
<b>Title of Report</b>	Integrated Performance Dashboard
<b>Date of Meeting</b>	27th April 2016
<b>Author</b>	John Halliday Assistant Director of Information
<b>Accountable Executive</b>	Mark Blakeman Director of Infrastructure and Informatics
<b>FOI status</b>	Document may be disclosed in full
<b>BAF References</b>	<ul style="list-style-type: none"> <li>• Strategic Objective All Strategic Objectives (1 through 7)</li> <li>• Key Measure All Key Measures (1A through 7D)</li> <li>• Principal Risk All Principal Risks</li> </ul>
<b>Level of Assurance</b>	<ul style="list-style-type: none"> <li>• Positive Partial with gaps</li> <li>• Gap(s)</li> </ul>
<b>Purpose of the Paper</b>	<ul style="list-style-type: none"> <li>• Discussion Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	<ul style="list-style-type: none"> <li>• Yes No</li> <li>• No</li> </ul>

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## **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 March 2016.

## **2. Summary of Performance Issues**

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 the Trust continues to struggle to achieve against its operational objectives (Operational Excellence and External Validation domains).

The Trust finished the financial year with a year-end deficit of £15.4m which was c£1.9m worse than initial plans. The delivery of clinical income remained the main variation from the initial plan as a result of Junior Doctor industrial action and releasing elective capacity through December to create non-elective capacity.

The Trust finished the year with a cash balance of £3.5m and without the need for any central resilience support.

Issues balancing demand and capacity in Orthopaedics, Ophthalmology and ENT have impacted on the financial position (with income down across the three specialties by £0.19m in month).

The key issues relating to external validation is achievement of the A&E, RTT and c Difficile targets, with detailed comments against each area below.

## **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 March deteriorating to 80.22% as measured across a combined ED and All Day Health Centre performance at the Arrowe Park site. ED alone was 73.26%.

The level of ED attendances in March increased by 683 attendances compared to February 2016. Ambulance arrivals increased marginally by 82 presentations to ED when compared to February 2016.

The key initiatives designed to improve performance are detailed in the health economy & internal patient flow management action plan. In

addition an Internal Task & Finish Group has been established to ensure there is both coordination & pace to delivery of the agreed improvements

Members of the board will be aware of the appointment to the Patient Flow workstream lead earlier in April. The lead has been working closely with Dr Lowe (Clinical Director within the Medicine & Acute Division) to understand the current patient flows into the Medical Division. It is nationally evidenced and supported by the Emergency Care Improvement Programme (ECIP) that a patient's length of stay (LoS) is reduced if they are seen by the speciality as soon as possible and the number of ward moves is limited.

High performing Trusts would expect to see above 90% of all medical patients being admitted via an Acute Medicine Unit, currently only 70% of WUTH's medical patients do. Data also shows that for all patients who are assessed on the acute medical unit 62% of them are discharged with an average LoS of 0.65 days for discharged patients.

The many admission routes to base medical wards may delay the speciality review and will almost certainly extend the inpatient stay. Clearly a case for change.

On 25th April there was a workshop for all Clinical Service Leads led by Dr Lowe but supported by ECIP and several nationally respected physicians. The workshop was to gain support at an early stage to agree the principles on how WUTH will manage medical admissions.

The newly established Task and Finish group chaired by Janelle Holmes, Chief Operating Officer met for the first time on 21<sup>st</sup> April 2016.

Given the number of actions within WUTH alone, the Task and Finish group will prioritise key actions to see measurable improvement within ED, assessment & flow, in patient admission and discharge process. This group will also review and develop the Trust reporting & performance metrics to be able to track impact of any changes and monitor improvement. Given the importance of delivering improved performance against the four hour standard and to meet the agreed STF trajectory, regular updates from the task and finish group will be provided to the Board.

#### **b. Advancing quality indicators**

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

Detail on the three areas not achieving:

- **Community Acquired Pneumonia:** The ACS year to date remains below expected (66.47% v 75.1%) . The monthly data has also deteriorated; failing to deliver the correct antibiotic within the expected reduced timeframe. There is work on going to address this; however, the pressures within the ED make this challenging.
- **AKI:** The ACS year to date remains below expected but is increasing (6.27% v 50%). The January data is much improved at 13.39%; with 4 measures failing but all better than the previous month. The staff have been concentrating on ensuring the CQUIN has been delivered and this has limited their capacity to move this on. One of the Specialist Nurses is on long term sick leave impacting the ability for early specialist review
- **Sepsis:** The ACS year to date continues to increase and is currently 46.64% against a target of 50%. The issues raised of senior review within 4 hours and IV fluid management remain. The latter is in part a documentation issue regarding the need for slow infusion because of patients' clinical condition that then make them ineligible for the measure.

### c. Elective Performance

During 2015/16 delivery of the Trust's elective activity plans had been a concern and was essential to the delivery of both the core and cost improvement plans, as well as the RTT waiting time target.

Elective admitted spells in March were down by 69 cases (£579k).

The four day junior doctor industrial action in April has resulted in the cancellation of 298 elective procedures and 2,691 outpatients.

In 2015/16 the delivery of the elective plan within the Surgical Division was a significant concern.

In April 2016 the division has cancelled 225 elective procedures due to industrial action. However the division has mitigated this loss and is forecasting to be behind plan by 88 elective procedures.

Despite the industrial action removing 14% of planned elective capacity the Divisional mitigation means that only 8% of inpatient elective & 11% of outpatient elective activity has been /or is planned to be lost in April.

The move from a cost per case contract towards a financial envelope in 2016/17 and the agreement of a year-end deal with Wirral CCG has



mitigated this risk of underperformance from a contract performance point of view, though clearly it is essential that activity levels are moving forward are capable of meeting the 18 week RTT target.

#### **d. Impact of the junior doctor industrial action**

Since the last Committee the British Medical Association has written to all Chief Executives confirming that in their notice of 1st March 2016 they had notified the Trust of industrial action planned between 08:00 hours on Tuesday 26th April 2016 and 08:00 hours on Thursday 28th April 2016. This period of industrial action would now not take place and the BMA have instead called upon its members to take industrial action between:

08:00 hours and 17:00 hours on Tuesday 26th April

08:00 hours and 17:00 hours on Wednesday 27th April

This action will take the form of a full stoppage of work. The BMA's decision to move from providing emergency cover to a full stoppage of work has significant implications for the Trust.

Whereas the Trust has still provided a significant amount of electives activity during previous industrial action, this will be a significant challenge during a full stoppage of work by junior doctors. Planning is in place and all efforts to mitigate loss of elective activity are underway whilst balancing the need to provide a fully consultant delivered emergency service for the duration of the strike, though there is expected to be an risk on activity volumes and therefore the delivery of the 18 week RTT standard in April.

#### **e. 18 Weeks RTT**

Ongoing achievement of the RTT standard is directly linked to demand & capacity. Both increased demand & reduced capacity in a number of services has meant that the Trust ability to meet the 92% RTT standard has been extremely challenging in Q4.

The Trust is monitored externally by the total waiting across all specialties (aggregate position), though financial penalties are applied under the contract for individual specialties that do not achieve.

In line with plan the Trust did not achieve the standard at the end of March, with the final position being 90.46%. The specialties that are not achieving and contribute to the Trust's overall failure continue to be General Surgery (with the failing areas in colorectal, upper

gastrointestinal surgery, and vascular), Urology, Trauma & Orthopaedics and “Other” which includes numerous specialties but notably Community Paediatrics.

Similar to patient flow a Task and Finish group has been created which met on 21st April 2016 chaired by Janelle Holmes, Chief Operating Officer. The initial focus of the group is to review WUTH current practice for managing elective care against best practice guidance from the NHS Interim Management & Support Group using their elective care guide and develop an action plan for improvement. The group will then focus on the coordination & implementation of the agreed action. The reviews will be undertaken at specialty level to ensure full understanding of capacity and demand, review of reporting structures to provide assurance that there is proactive management and waiting time tracking at patient level. This group will also review and develop the Trust reporting & performance metrics to be able to track the impact of any changes and monitor improvement. Given the importance of recovering the performance against 18 weeks and to meet the agreed STF trajectory, regular progress updates from the task and finish group will be provided to the Board

#### **f. Infection Control**

For C Difficile, final assignment of the February cases indicated that all 9 cases were unavoidable largely due to the Norovirus outbreak experienced during February.

During March we reported zero C.difficile infections and therefore the end of year total reported to NHS England was 48, with 35 avoidable cases reported to Monitor.

The HPV programme has continued with the IPCT prioritising the wards at greatest risk of C.difficile acquisition.

Ongoing monitoring of side room usage, documentation and the management of patients with diarrhoea continues to ensure all mitigating actions are consistently in place to prevent C.difficile infection against a trajectory of no more than 29 cases by the end of 2016/17.

#### **g. Non Core Spend**

In March 2016 c£1.8m has been spent on non-core pay categories. As part of the winter plan the Trust had planned for non-core spend to increase to enable the operational teams to flex the bed base at times of increased demand and the support the winter escalation wards.

The Trust continues to submit weekly returns to Monitor regarding agency use and compliance with the agreed reduced rates for agency workers. While good progress has been made in reducing agency cost, from the 1st April 2016 the agreed national prices will further reduce thus increasing the number of shifts that will be above the threshold. The Trust continues to work closely with NHSP (national provider of temporary workforce) to further reduce the rates of the respective agencies while also reviewing potential recruitment strategies.

The Trust still remained under the nursing agency cap of 3%, with the cumulative nursing agency costs equating to 2.6 % of the substantive nursing wage bill which included the step up in staffing the winter escalation areas and has now further improved with the nurse recruitment drive.

The Trust has received notification from NHS Improvement that next financial year the Nursing agency % will be replaced by an overall Trust ceiling for agency spend. This has been set at £8.1m which will represent a c7% (£0.6m) reduction on the agency spend for 2015/16.

#### **h. Summary Financial Position**

The Trust finished the financial year with a year-end deficit of £15.4m which was c£1.9m worse than initial plans. The delivery of clinical income remained the main variation from the initial plan as a result of Junior Doctor industrial action and releasing elective capacity through December to create non-elective capacity.

The Trust finished the year with a cash balance of £3.5m and without the need for any central resilience support.

#### **4. Recommendation**

The Board of Directors are asked to;

Note the Trust's current performance to the end of March 2016, 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.
- 18 week RTT where improved performance is dependent on delivery of at least the activity volumes identified in the plan.
- Task and finish groups have been established to bring renewed emphasis to the improvements required in these areas.



WUTH Integrated Performance Dashboard - Report on February 2016 for April 2016 BoD

Area	Indicator / BAF	Jan	Feb	Mar	Trend / Future Concern	Target (for 'Green')	Latest Period	Exec Lead
Meeting Our Vision	<b>Satisfaction Rates</b>							
	Patient - F&F "Recommend" Rate	98%	98%	97%		>=95%	March 2016	GW
	Patient - F&F "Not Recommend" Rate	1%	1%	2%		<=2%	March 2016	GW
	Staff Satisfaction (engagement)	3.79	3.79	3.79		>=3.69	Q3 2015/16	JM
	<b>First Choice Locally &amp; Regionally</b>							
	Market Share Wirral	88.0%	85.7%	86.0%		>= 85%	April to Dec 2015	MC
	Demand Referral Rates	1.0%	0.8%	-1.1%		>= 3% YoY variance	Fin Yr-on-Yr to Mar 2016	MC
	Market Share Non-Wirral	9.4%	9.5%	9.4%		>=8%	April to Dec 2015	MC
	<b>Strategic Objectives</b>							
	Harm Free Care	96%	96%	95%		>= 95%	March 2016	GW
HIMMs Level	5	5	5		5	March 2016	MB	
Operational Excellence	<b>Key Performance Indicators</b>							
	A&E 4 Hour Standard *	82.31%	80.85%	80.22%		>=95%	March 2016	CO
	RTT 18 Weeks Incomplete Position *	90.1%	90.3%	90.5%		>=92%	March 2016	CO
	Cancer Waiting Time Standards *	On track	On track	On track		All met at Trust level	Q4 to March 2016	CO
	Infection Control *	1 MRSA; 35 C diff	0 MRSA; 35 C diff	0 MRSA; 35 C diff		0 MRSA Bacteraemia in month, and cdiff less than cumulative trajectory	March 2016	GW
	<b>Productivity</b>							
	Delayed Transfers of Care	3.1	4.2	3.4		<= 4	March 2016	CO
	Delayed Complex Care Packages	55	63	46		<= 45	March 2016	CO
	Bed Occupancy	94.1%	93.4%	97.6%		<=85%	March 2016	CO
	Bed Occupancy Medicine	95.9%	91.4%	93.3%		<=85%	March 2016	CO
	Theatre Utilisation	69.6%	66.8%	69.8%		>=85%	March 2016	CO
	Outpatient DNA Rate	7.8%	7.7%	7.9%		<=6.5%	March 2016	CO
	Outpatient Utilisation	80.3%	80.3%	81.6%		>90%	March 2016	CO
	Length of Stay - Non Elective Medicine	5.1	5.5	5.3		<= 5.0	March 2016	CO
	Length of Stay - Non-elective Trust	4.6	4.8	4.7		<=4.2	March 2016	CO
	Contract Performance (activity)	-2.4%	-2.1%	-2.0%		0% or greater	March 2016	CO
	<b>Finance</b>							
	Contract Performance (finance)	-1.7%	-1.3%	-1.7%		On Plan or Above YTD	March 2016	GL
	Expenditure Performance	0.8%	0.6%	0.4%		On Plan or Above YTD	March 2016	GL
	CIP Performance	-8.9%	-9.2%	-8.8%		On Plan or Above	March 2016	GL
Capital Programme	-6.7%	-12.5%	10.5%		On Plan	March 2016	GL	
Non-Core Spend	9.8%	9.8%	9.9%		<5%	March 2016	GL	
Cash Position	163%	245%	215%		On plan or above YTD	March 2016	GL	
Cash - liquidity days	-19.8	-22.5	-24.9		> 0 days	March 2016	GL	
A Healthy Organisation	<b>Clinical Outcomes</b>							
	Never Events	0	1	0		0 per month	March 2016	EM
	Complaints	38.5	37.1	36.7		<30 per month	12-mth ave to Mar 2016	GW
	<b>Workforce</b>							
	Attendance	95.8%	95.8%	95.9%		>= 96%	March 2016	JM
	Qualified Nurse Vacancies	5.6%	5.5%	5.7%		<=6.5%	March 2016	GW
	Mandatory Training	92.4%	89.8%	90.5%		>= 95%	March 2016	JM
	Appraisal	84.28%	84.70%	88.05%		>= 85%	March 2016	JM
	Turnover	9.4%	9.4%	9.3%		<10%	March 2016	JM
	Nursing Agency Costs	2.3%	2.7%	1.4%		<=2.5%	March 2016	GW
Agency Cap	133	199	113		0	March 2016	JM	
External Validation	<b>National Comparators</b>							
	Advancing Quality (not achieving)	5	5	3		All areas above target	January 2016	EM
	Mortality: HSMR	89.23	89.23	90.8		Lower CI < 0.90	April to Dec 2015	EM
	Mortality: SHMI	0.980	0.980	0.988		Lower CI < 90	Oct 2014 to Sept 2015	EM
	<b>Regulatory Bodies</b>							
	Monitor Risk Rating - Finance CoS	2	2	2		4	March 2016	GL
	Monitor Risk Rating - Governance	Red	Red	Red		Green	March 2016	CO
	CQC	Amber	Amber	Amber		Overall CQC rating Outstanding or Good	March 2016	EM
	<b>Local View</b>							
	Commissioning - Contract KPIs	5	6	7		<=2	March 2016	CO
<b>Monitor enhanced monitoring</b>								
A&E 4 Hour Standard *	82.31%	80.85%	80.22%		>=95%	March 2016	CO	
Medical Outliers	6.71	10.1	8.76		<=5	March 2016	CO	
Bed occupancy	94.1%	93.4%	97.6%		<=85%	March 2016	CO	
Staff Friends and Family	58%	58%	58%		>= 75%	Q3 2015/16	CO	

Note: \* Indicators of governance concern under Monitor Risk Assessment Framework

Quarter	4
Period	01/01/2016 - 31/03/2016

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 the quarter

Division		Tumour Group		Breaches			Treatments			Compliance	
				Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology			0	0	0	8	0	8	100.00%	100.00%
		Lung		0	0	0	10	0	10	100.00%	100.00%
		Other		1	0	1	2.5	0	2.5	60.00%	60.00%
Med & Surg	Upper GI			4	0	4	10	0	10	60.00%	60.00%
Surgery	Breast			2	0	2	45	0	45	95.56%	95.56%
		Colorectal		4	0	4	24	0	24	83.33%	83.33%
		Head & Neck		1	0	1	6.5	0	6.5	84.62%	84.62%
		Skin		0	0	0	54	0	54	100.00%	100.00%
		Urology		16	0	16	47	0	47	65.96%	65.96%
Women's	Gynaecology			2	0	2	8.5	0	8.5	76.47%	76.47%
<b>Total</b>				<b>30</b>	<b>0</b>	<b>30</b>	<b>215.5</b>	<b>0</b>	<b>215.5</b>	<b>86.08%</b>	<b>86.08%</b>

Division		Tumour Group		Breaches			Treatments			Compliance	
				Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology			0	0	0	4	0	4	100.00%	100.00%
		Lung		0	0	0	2.5	0	2.5	100.00%	100.00%
		Other		1	0	1	1	0	1	0.00%	0.00%
Med & Surg	Upper GI			0	0	0	4	0	4	100.00%	100.00%
Surgery	Breast			1	0	1	18.5	0	18.5	94.59%	94.59%
		Colorectal		2	0	2	9	0	9	77.78%	77.78%
		Head & Neck		0	0	0	2.5	0	2.5	100.00%	100.00%
		Skin		0	0	0	17	0	17	100.00%	100.00%
		Urology		7	0	7	21.5	0	21.5	67.44%	67.44%
Women's	Gynaecology			1	0	1	3.5	0	3.5	71.43%	71.43%
<b>Total</b>				<b>12</b>	<b>0</b>	<b>12</b>	<b>83.5</b>	<b>0</b>	<b>83.5</b>	<b>85.63%</b>	<b>85.63%</b>

Division		Tumour Group		Breaches			Treatments			Compliance	
				Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology			0	0	0	4	0	4	100.00%	100.00%
		Lung		0	0	0	4	0	4	100.00%	100.00%
		Other		0	0	0	1	0	1	100.00%	100.00%
Med & Surg	Upper GI			3	0	3	3	0	3	0.00%	0.00%
Surgery	Breast			1	0	1	14.5	0	14.5	93.10%	93.10%
		Colorectal		1	0	1	9	0	9	88.89%	88.89%
		Head & Neck		1	0	1	3	0	3	66.67%	66.67%
		Skin		0	0	0	20	0	20	100.00%	100.00%
		Urology		6	0	6	14.5	0	14.5	58.62%	58.62%
Women's	Gynaecology			1	0	1	3	0	3	66.67%	66.67%
<b>Total</b>				<b>13</b>	<b>0</b>	<b>13</b>	<b>76</b>	<b>0</b>	<b>76</b>	<b>82.89%</b>	<b>82.89%</b>

Division		Tumour Group		Breaches			Treatments			Compliance	
				Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
Medicine	Haematology			0	0	0	0	0	0	N/A	N/A
		Lung		0	0	0	3.5	0	3.5	100.00%	100.00%
		Other		0	0	0	0.5	0	0.5	100.00%	100.00%
Med & Surg	Upper GI			1	0	1	3	0	3	66.67%	66.67%
Surgery	Breast			0	0	0	12	0	12	100.00%	100.00%
		Colorectal		1	0	1	6	0	6	83.33%	83.33%
		Head & Neck		0	0	0	1	0	1	100.00%	100.00%
		Skin		0	0	0	17	0	17	100.00%	100.00%
		Urology		3	0	3	11	0	11	72.73%	72.73%
Women's	Gynaecology			0	0	0	2	0	2	100.00%	100.00%
<b>Total</b>				<b>5</b>	<b>0</b>	<b>5</b>	<b>56</b>	<b>0</b>	<b>56</b>	<b>91.07%</b>	<b>91.07%</b>

Integrated Performance Dashboard - Metric Thresholds				
Meeting Our Vision				
Indicator	Definition	Green	Amber	
<b>Satisfaction Rates</b>				
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
<b>First Choice Locally &amp; Regionally</b>				
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 specialities	>= 3% YoY variance	0% to <3% YoY	<0% YoY
Market share : Non-Wirral	WUTH share of West Cheshire GP Referred New OP activity	>=8%	>=6% to <8%	<6%
<b>Strategic Objectives</b>				
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
<b>Operational Excellence</b>				
Indicator	Definition	Green	Amber	
<b>Key Performance Indicators</b>				
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 CDIIF	0 MRSA Bacteremia in month, and cdiff less than cumulative trajectory	0 MRSA Bacteremia in month, and cdiff equal to cumulative trajectory	>= 1 MRSA Bacteremia in month or cdiff cases above cumulative trajectory
<b>Productivity</b>				
Delayed transfers of care	Average No of patients with a delayed transfer of care during the month	<= 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 Medical & Acute beds occupied at midday	<=85%	>85% to <95%	>=95%
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)	<= 5.0	> 5.0 to 6.5	> 6.5
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%
<b>Finance</b>				
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 - liquidity 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 liabilities) / Pre EBITDA expenditure )) x number of days elapsed in financial year	> 0 days	>= -14 days and <= 0 days	< -14 days

### A Healthy Organisation

Indicator	Definition	Green	Amber	Red
<b>Clinical Outcomes</b>				
Never Events	Number of occurrences of "Never Events"	0 per month	n/a	>= 1 per month
Complaints	Number of occurrences of formal complaints	<30 per month	30 to 50 per month	> 50 per month
<b>Workforce</b>				
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%
Agency cap	Monthly average of agency cap breaches	0	>0 and <= 80	>80

### External Validation

Indicator	Definition	Green	Amber	Red
<b>National Comparators</b>				
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
<b>Regulatory Bodies</b>				
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	Inspection area ratings	Overall CQC rating Outstanding or Good	Overall CQC rating Requires Improvement	Overall CQC rating Inadequate
<b>Local View</b>				
Commissioning - Contract KPIs	Number of Quality KPIs in the contract not being achieved	<=2	3 to 4	>=5
<b>Monitor Enhanced Monitoring</b>				
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%



<b>Board of Directors</b>	
<b>Agenda Item</b>	7.1.2
<b>Title of Report</b>	Month 12 Finance Report
<b>Date of Meeting</b>	27 <sup>th</sup> April 2016
<b>Author</b>	Gareth Lawrence, Acting Director of Finance
<b>Accountable Executive</b>	Gareth Lawrence, Acting Director of Finance
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	7
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Positive
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	To note
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	No

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## 1. Executive Summary

### Overview

The month 12 report brings closure to a challenging year for the Trust and the NHS as a whole. At the start of the year the Trust set a deficit plan of £13.5m after extensive support from external consultancy in order to aid in the identification of cost improvement initiatives. The initial plan identified that the Trust would require resilience funding in November 2015 as the I&E position deteriorated throughout the year. Through the year the Trust had to overcome a number of different challenges which were out of their control including, Health economy affordability which increased the risks of financial penalties and sanctions, Junior Doctor industrial action that impacted on elective activity and RTT performance and central initiatives that meant the Trust switched elective activity for non-elective capacity, again affecting the Trusts ability to deliver income and achieve RTT targets.

Despite these challenges the Trust has delivered a year end deficit of £15.4m (subject to audit) which was c£1.9m worse than the initial plans but broadly in line with the forecast assumptions since December.

The cash preservation initiatives that were undertaken by the Trust ensured that cash balances remained positive throughout the year with the year-end balance being £3.5m and without the need for any central cash support.

The overall year-end financial position delivers a financial sustainability risk rating of 2 which was in line with plans.

### Income and Expenditure Performance

	MONTH 12			YTD		
	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
NHS Clinical Income	23,631	22,362	(1,269)	279,420	274,715	(4,705)
Other Income	2,307	4,048	1,741	27,317	31,391	4,074
Employee Expenses	(17,737)	(18,456)	(719)	(212,807)	(213,731)	(924)
All Other Operational Expenses	(7,808)	(9,248)	(1,439)	(93,178)	(95,301)	(2,123)
EBITDA	393	(1,293)	(1,686)	752	(2,926)	(3,678)
Post EBITDA Items	(1,197)	(70)	1,126	(14,220)	(12,499)	1,720
Net Surplus/(Deficit)	(804)	(1,363)	(559)	(13,468)	(15,425)	(1,957)
EBITDA %	1.5%	(4.9%)	(6.4%)	0.2%	(1.0%)	(1.2%)

The Trust managed to agree a year end deal with the CCG which enabled both organisations to broadly deliver their forecast year end positions. Clinical income still under performed throughout the year across most points of delivery. Lessons have been learned in terms of how the activity plans have been set and the learning has been taken through into the plan for 2016/17.

Pay costs finished the financial year (£0.9m) above plan. The overall increase as a result of increased premium payments throughout the year and CIP schemes transferring from Pay projects to non-pay projects through the financial year.

Non-pay costs were also above plan but these were offset by increases in other income as a result of increased costs that were passed through to commissioners.

The operational pressures were offset by savings in ITDA as a result of savings in depreciation and public dividend capital.

### **Cash position and Financial Sustainability Risk Rating (FSRR)**

The year-end cash position was £3.5m, which is £1.9m higher than plan. There was no requirement for distress/resilience funding.

Capital expenditure was £1m under plan at the year-end largely due to a review of the Cerner project and the treatment of this within the accounts.

The overall position returns a FSRR of 2, which is in line with plan.

### **Cost Improvement Programme (CIP)**

The full year outturn for CIP was £11.9m (before the application of the mitigation reserve of £1.5m) against the £13m target; this was broadly in line with the forecast position since November.

The recurrent forecast has remained at £11.5m with the shortfall factored into the 2016/17 Plan.

## **2. Non-Core Spend**

Non-core, in particular agency spend, has been identified nationally as one of the main drivers in explaining the deterioration in Trusts finances.

The table below analyses the current Pay expenditure within the Trust in comparison to the average last financial year and details the non-core elements of pay.

Detail	14/15 Average £k	April £k	May £k	June £k	July £k	August £k	September £k	October £k	November £k	December £k	January £k	February £k	March £k	YTD £k
<b>Budget</b>		17,634	17,878	17,763	17,725	17,725	17,609	17,743	17,715	17,758	17,873	17,649	17,737	212,807
<b>Pay Costs</b>														
<b>Substantive</b>	15,875	15,911	15,990	15,937	15,868	16,046	15,696	16,006	15,971	16,218	16,159	16,389	16,368	192,559
Bank Staff	319	306	291	295	293	289	278	281	239	326	347	295	348	3,588
Agency Staff	518	698	712	605	683	606	747	694	804	779	825	742	783	8,678
Overtime	224	343	278	282	263	276	388	281	289	298	217	263	283	3,481
Locum	362	299	264	332	356	410	300	405	340	368	334	388	489	4,285
WLI (In Year)	155	52	88	126	100	91	98	56	72	126	76	72	185	1,141
<b>Non Substantive Total</b>	1,577	1,698	1,633	1,640	1,695	1,672	1,811	1,717	1,744	1,897	1,798	1,780	2,088	21,172
<b>Total Pay</b>	17,451	17,609	17,623	17,577	17,563	17,718	17,507	17,723	17,715	18,115	17,957	18,168	18,456	213,731
<b>Variance</b>		24	255	186	162	7	102	20	(1)	(357)	(85)	(520)	(719)	(924)

The Trust continues to submit weekly returns to Monitor regarding agency use and compliance with the agreed reduced rates for agency workers. While good progress has been made in reducing agency cost, from the 1<sup>st</sup> April 2016 the agreed national prices will further reduce thus increasing the number of shifts that will be above the threshold. The Trust continues to work closely with NHSP (national provider of temporary workforce) to further reduce the rates of the respective agencies while also reviewing potential recruitment strategies.

The Trust still remained under the nursing agency cap of 3%, with the cumulative nursing agency costs equating to 2.6 % of the substantive nursing wage bill which included the step up in staffing the winter escalation areas and has now further improved with the nurse

recruitment drive.

The Trust has received notification from NHS Improvement that next financial year the Nursing agency % will be replaced by an overall Trust ceiling for agency spend. This has been set at £8.1m which will represent a c7% (£0.6m) reduction on the agency spend for 2015/16.

### **3. Conclusion**

Overall the Trust has delivered a good financial position on I&E, cash and balance sheet despite the challenges in the economy both locally and nationally.

### **4. Recommendations**

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

**Gareth Lawrence**  
Acting Director of Finance  
April 2016

<b>Board of Directors</b>	
<b>Agenda Item</b>	8.1
<b>Title of Report</b>	Chair of Audit Committee Report
<b>Date of Meeting</b>	27th April 2016
<b>Author</b>	Cathy Bond, Chair of the Audit Committee
<b>Accountable Executive</b>	David Allison, Chief Executive
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	ALL
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Positive
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	Discussion
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	N/A

The Audit Committee met on 8<sup>th</sup> April 2016 and report upon the following items to the Board as follows:

### **Chair's Business**

As a result of a review by the Chair, requested by the External Auditors, on how the Committee receives assurance, the Committee agreed to include a standing item on its agenda to cover any changes in statutory duty or the law that affected the work of the Committee.

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

The Committee was pleased with the helpful changes in relation to the comments in the residual risk rating column.

The Committee debated the methodology as applied to residual risk ratings and agreed to raise this with the Board ahead of the formal Risk Appetite Review now planned for May 16.

### **Draft Annual Governance Statement**

The Committee reviewed the draft Annual Governance Statement ahead of formal approval by the Board in May 2016 and agreed to make the following amendments:

- Frame the in-year risks around key headings as opposed to describing each of these in detail
- Expand the work undertaken on financial control and governance
- Expand the conclusion statement drawing upon “best practice” examples to be supplied by Internal and External Audit
- Include C difficile compliance rates and summary of action taken to address this
- Include the one MIAA limited assurance rating received and the action taken to address this

The Committee will review the amendments in May 16.

### **Incident Web-holding file**

The Committee was pleased that the numbers in the web-holding area as at 2<sup>nd</sup> April had reduced to 118 from just under a 1000 at the beginning of February 16; and that the oldest incidents had now been closed which was testament that the new system adopted by the risk management team appeared to be working. The Committee was advised of the plans to hold a listening into action event to improve learning from incidents; the training being undertaken to address the reduction in incidents being reported following the introduction of the web-based system and the expansion of risk management training at levels 2 and 3 for managers to improve the feedback given once an incident is reported.

### **Review of Financial Limits**

The Committee reviewed the work undertaken to redefine the financial limits to ensure these were easily understood, accessible and up to date. In summary, new items and/or significantly amended items are:

- requiring competitive quotations from £3,000 (was £5,000);
- distinguishing business cases between those within budget and those that arise outside of the budget cycle, with the latter having lower financial limits
- clarifying that the Director of Finance is responsible for setting fees and charges and agreeing leases;
- changing the Financial limits for write-offs of debts; and,
- amending and expanding the section on Litigation claims.
- Importance of signing documents only where you have authority
- Agreements/Licences are distinguished between estates related matters and equipment leases; and applied the business case financial limits where appropriate; rationale expanded also.

Attached is the new authorisation matrix which is recommended to the Board for approval. Subject to approval, the intention is to ensure that all authorised signatories attend a mandatory training session to ensure a full understanding

## **Internal Audit**

The Committee reviewed the outcome/ratings of the audits undertaken during the reporting period as follows:

- Mandatory training – significant assurance
- Medicines management – significant assurance
- Friends and Family Test Systems and Processes – significant assurance
- IT Service continuity review – significant assurance
- Information Governance Toolkit – significant assurance

The Committee received the Head of Internal Audit Opinion which provided an overall rating of “significant assurance”. Assurance was taken from the Trust’s critical business systems including financial systems; IM&T; performance; quality; workforce and governance risk and legality.

The Committee reviewed the Internal Audit Programme for the year and agreed to consider the possibility of undertaking joint audits linked to the partnership work being undertaken.

The Committee reviewed the outstanding audit recommendations and raised concerns at the length of time some of these were taking to complete which needed to be addressed.

## **External Audit**

The Committee was pleased that no recommendations had been made as a result of the interim work undertaken by the Auditors. The work on the Quality Account was reported as progressing well as was adherence to the accounts timetable. The Committee agreed that the draft “going concern” statement would be presented to the Finance Business Performance and Assurance Committee ahead of formal approval by the Board.


## **Counter Fraud**

The Committee received the Annual Report for 2015/16; the learning from which had informed the work-plan for 2016/17 as presented and accepted by the Committee.

**Cathy Bond**  
**Audit Committee Chair**





A	B	C	E	F	G	H	I	J	K	L	M
Wirral University Teaching Hospital  NHS Foundation Trust											
1		This document should be read in conjunction with the Trust's Standing Orders and Standing Financial Instructions and any supporting notes. Nothing in this document should be taken as obviating the need for sound financial control and budgetary management. The Department of Health and/or NHS Regulators may, from time to time override these Financial limits.									
2		<b>QUICK SFI CHECKLIST OF DELEGATED LIMITS</b>									
3											
4											
5											
6											
7	Ref	DELEGATED MATTER / BUDGET AUTHORITY	Level 1 Board / delegated Committee	Level 2 CEO/COO/DoF or Deputy CEO	Level 3 SMT - All Directors (excluding or otherwise) & Deputy DoF	Level 4 ADOs, Divisional Medical Lead & Senior Corporate Directors	Level 5 Directorate Managers	Level 6 Department Managers & Matron	Level 7 Ward Manager	Level 8 Deputy, Ward Managers	SFI/SO Section / Supplementary Documents
8			Levels above authority shown may by exception authorise where necessary								
9			You should only sign documents where you have the requisite authority to do so								
10											
11	1.1	1. Ordering of Goods and Services	All Trust direct employees with system (Oracle) access can requisition goods and services. Pharmacy employees with system (JACO) access can requisition drugs and other medicines. No single individual can author requisition goods and approve. All requirements for goods and services are subject to completion of a requisition.								
12	1.2	1. Approval of requisitions Subject to evidence of formal contract were necessary * & within budget. 2. Approval of requisitions -(Capital) - Subject to evidence of annual programme approval by Board of Directors and the approval of the Business Case by FMG 3. Approval of annual call-off requisitions (contracted spend only) 4. Approval for payment of Goods on Consignment - approval may only be given where an item of consigned stock has been used. Replacement will be on a top-up basis only and in accordance with stock levels pre-determined by Procurement. 5. Management Consultants - Over £50,000 approved by Monitor	>£30,000 ≤ EU Threshold	≤£30,000	≤£10,000	≤£5,000	≤£1,000	≤£500 for Stationary & Provisions only			SFI 11
13	1.3	6. Drug Stock and other Medicines	>£10,000 ≤ £50,000 CEO or DoF	>£100,000 ≤ £250,000 CEO or DoF	>£50,000 ≤ £100,000 Director of Pharmacy or Deputy Director Pharmacy	>£25,000 ≤ £50,000 Pharmacy Procurement Oversight Lead or Pharmacy Distribution Manager or Team Leader	≤ £25,000 Pharmacy Procurement Oversight Lead or Pharmacy Distribution Manager or Team Leader	≤ £25,000 Pharmacy Procurement Oversight Lead or Pharmacy Distribution Manager or Team Leader			
14	1.3	Charitable Funds	> £10,000 ≤ £10,000 DoF or Deputy DoF	> £1,000 ≤ £1,000 DoF or Deputy DoF	> £1,000 ≤ £1,000 Fundholder						
15	1.6		* Subject to adoption of applicable tender process								
16	1.7		** CEO for instances where spending activity is within the DoF's budget								
17	2.	Quotations, Tendering & Contract Procedures	Financial limits include VAT and are measured in terms of the anticipated value of the contract over the contract period (normally 3 years). Compliance with tendering procedures described within the SFI is required at all times for any type of contract for goods, services or works. Requests for tenders or quotations must be accompanied by the appropriate set of NHS Standard Terms and Conditions of Contract. Spend must not be disaggregated to avoid the requirement to obtain competitive quotations								
18	2.1	Obtain Quotations & Tenders for Goods, Services and Works (including Capital related)									SFI 7
19	1.9		≤£3,000 no requirement for competitive quotations								
20	2.0		>£3,000 ≤ £30,000 - obtain 3 competitive written quotes								
21	2.1		Head of Procurement in conjunction with Budget Manager.								
22	2.2		SFI 11.2.1 & 11.2.6								

	A	B	C	E	F	G	H	I	J	K	L	M
	DELEGATED MATTER / BUDGET AUTHORITY			DELEGATED AUTHORITY								
Ref	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	SFI/SO Section / Supplementary Documents			
	Board / delegated Committee	CEO/COO/DoF or Deputy CEO	SMT - All Directors (Voting or otherwise) & Deputy DoF	ADOs, Divisional Medical Lead & Senior Corporate Directors	Directorate Managers	Department Managers & Matron	Ward Manager	Deputy Ward Managers				
7	Levels above authority shown may by exception authorise where necessary											
8		>£30,000 <= EU Threshold - Competitive Tenders		Head of Procurement in conjunction with Budget Manager.								SFI7.6
23		> prevailing OJEU threshold - full OJEU procurement procedures to apply		Director in conjunction with Head of Procurement								SFI7.6
24												
25	2.2	Opening of Quotations and Tenders										
26	2.2.1	Opening of Quotations		Authority								SFI 7.7.2 (ii)
27		A record of all quotations received must be kept by the Department, and must be made available for audit purposes										SFI 7.7.2 (ix)
28												
29	2.2.2	Opening of Tenders										
30		Paper tenders must be delivered under seal to safe haven and opened and recorded by one of two Trust Board Directors + Director of Corporate Affairs (DoCA) for Corporate Governance (All tenders must be recorded in the tender register)		Authority								SFI7.6.3
31		All tenders must be opened by the DoCA for Corporate Governance (electronic process), Deputy DoF to Deputise		DoCA								SFI7.6.4
32	2.3	Acceptance of Late Tenders										
33		If late tenders are to be accepted										
34	2.4	Selection of the tender that is <u>not</u> the most competitive										SFI7.6.7
35		(i) Selection of tender that is <u>not</u> the most economically advantageous bid	Board									SFI7.6.12
36		(ii) Selection of tender that is <u>not</u> the most economically advantageous bid										SFI7.6.6 (ii)
37	2.5	Contract Award										SFI7.6.12
38		> £1,000,000	Authority									
39		£500,000 <= £1,000,000										
40		>£250,000 <= £500,000										
41		> EU Threshold <= £250,000										
42		> £30,000 <= EU Threshold										
43		> £3,000 <= £30,000										
44	3.	Authorisation of Waivers										SFI7.5.3
45		Authorisation of waiver of tenders regardless of value										
46		Waiver register - all waivers to be reported to each meeting of the Audit Committee.										
47	4	Approval of Business Cases within budget - regardless of revenue/capital split (Total cost within a single year) intended to cover complex and/or material projects, that have the objective of driving improvement to processes, systems, ways of working and which require significant facilitating or enabling expenditure. The financial limit relates to the total implementation costs including external facilitation, enabling works and establishment changes	>£1,000,000 BOD >£250,000 - <= £1,000,000 F&P									
48												
49												

	A	B	C	E	F	G	H	I	J	K	L	M
Ref	DELEGATED MATTER / BUDGET AUTHORITY			Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Sr/So Section / Supplementary Documents
				Board / delegated Committee	CEO/COO/DoF or Deputy CEO	SMT - All Directors (Voting or otherwise) & Deputy DoF	ADOs, Divisional Medical Lead & Senior Corporate Directors	Directorate Managers	Department Managers & Matron	Ward Manager	Deputy Ward Managers	
				Levels above authority shown may by exception authorise where necessary								
5.	Approval of Business Cases without budget - regardless of revenue/capital split (Total cost)			>£250,000 BOD > £50,000 - <= £250,000 F&P	<= £50,000 CEO or DoF							
50				Business cases must include Value For Money Assessment								
51												
52												
53	6. Trust Disbursements											
54	Authority to make payments for Trust liabilities which action the processing of payments to agencies e.g. Inland Revenue, Pensions Agency, NHS Logistics, Prescription and pricing agency.				DoF or CEO & Deputy DoF							
55	Payment of Public Dividend Capital				DoF or CEO & Deputy DoF							
56	Approval of, extension to or variation in terms of all existing and new applications for Loans.				DoF or CEO & Deputy DoF							
57	7. Purchasing cards											
58	Sanctioning of purchasing cards to individuals			Authority	Authority	Authority						
59												
60	8. Maintenance / Operation of Bank Accounts/Cash & External Borrowing											SFI 5
61	a) Maintenance, opening & closing of bank accounts			Board Notified	DoF Only							
62	b) Investment of surplus funds in accordance with the Foundation Trusts investment policy			Board Notified	DoF Only							
63												
64	c) Petty Cash				>£30	<=£30	<=£30	<=£30	<=£30	<=£30		
65	d) External Borrowing-Application for draw down of Public Dividend Capital overdrafts and other forms of external borrowing.			Board Notified	CEO & DoF only							
66	e) External Borrowing-Preparation of procedural instructions concerning applications for loans and overdrafts.			Board Notified	DoF Only							
67												
68	9. Settling of Fees and Charges (Report to FPBAC)											SFI 6.2
69	Review and revise existing fees and charges annually				DoF Only							
70	Approve charges for new services				DoF Only							
71												
72												
73	10. Agreements / Licences											
74	Preparation and signature of all tenancy agreements / licences			Authority	Authority	Dir of Infrastructure & information only						
75	Agreement of new leases			Authority	DoF Only	Dir of Infrastructure & information only						
76	Extensions to existing leases			Authority	Authority	Dir of Infrastructure & information only						
77	Letting of premises to outside organisations			Authority	Authority	Dir of Infrastructure & information only						
78	Approval of rent based on professional assessment			Authority	Authority	Dir of Infrastructure & information only						
79												SFI 7.12 & Policy 024
80	11. Condemning and Disposal			Under NO circumstances should any kit, equipment or supplies that have been involved in an accident / incident be disposed of								
81	Condemning and Disposal of Capital or Inventory Asset				Authority							
82	Condemning and Disposal of other supplies and equipment						Head of Procurement in conjunction with Budget Holder					
83	12. Losses, write-off, compensation and special payments (Reported to the Audit Committee)			Refer to local policy. All novel and contentious or repercussive cases must be reported to DfI regardless of value								
84												SFI 16.2
85	Losses Fruitless payments				<= £5,000 DoF >£5,000 <=£10,000 CEO >£10,000 CEO & DoF							
86	Losses of cash due to theft, fraud, overpayments and others				<= £5,000 DoF >£5,000 <=£10,000 CEO >£10,000 CEO & DoF							
87	Damage to buildings, equipment, fittings, loss of property				<= £5,000 DoF >£5,000 <=£10,000 CEO >£10,000 CEO & DoF							
88												

	A	B	C	E	F	G	H	I	J	K	L	M	
				Level 1	Level 2	Level 3	DELEGATED AUTHORITY						
				Board / delegated Committee	CEO/COO/DoF or Deputy CEO	SMT - All Directors (Voting or otherwise) & Deputy DoF	Level 4	Level 5	Level 6	Level 7	Level 8		
							ADOs, Divisional Medical Lead & Senior Corporate Directors	Directorate Managers	Department Managers & Matron	Ward Manager	Deputy Ward Managers	SFI/SO Section / Supplementary Documents	
Ref	DELEGATED MATTER / BUDGET AUTHORITY												
7							Levels above authority shown may by exception authorise where necessary						
8			Ex gratia payments non-pay		<= £5,000 DoF >£5,000 <=£10,000 CEO >£10,000 CEO & DoF								
89			Write off of bad debts	> £10,000 Audit Committee	<£1,000 <= £10,000 Deputy DoF & DoF	<= £1,000 Deputy DoF							
90													
91													
92			Receiving Hospitality/Gifts									SFI 20	
93													
94			Personnel and Pay									SFI 10	
95			14. Establishment										
96			14.1. Appoint additional staff within the agreed establishment, with a pay budget subject to Vacancy Control approval	Authority	Authority	Authority	Authority	Authority	Authority				
97			Granting of Additional increments outside annual cycle to staff within pay budget	Authority	Authority	Authority	Authority	Authority	Authority				
98			Staff re-grading within pay budget subject to job evaluation	Authority	Authority	Authority	Authority	Authority	Authority				
99				Authority	Authority	Authority	Authority	Authority	Authority				
100			Additional Staffing outside agreed establishment (permanent)	Authority	Authority	Authority	Authority	Authority	Authority				
101			14.2. Additional Staffing outside agreed establishment (temporary)	Authority	Authority	Authority	Authority	Authority	Authority				
102				Authority	Authority	Authority	Authority	Authority	Authority				
103			Nurse Bank where NHSP to meet Agency requested within the Monitor cap							Matron Approve	Ward Sister Requests		
104			Nurse Bank where NHSP to meet Agency requested outside the Monitor cap							Matron Approve	Ward Sister Requests		
105			Nurse Bank or agency - exception including Off Framework							ADN Approval	ADN Approval		
106			Medical staff within the Monitor Cap										
107			Medical staff outside the Monitor Cap and/or Framework breach										
108			14.4. Other temporary staffing										
109			Bank workers via NHSP										
110			Agency workers via NHSP - within monitor cap										
111			Agency workers via NHSP - outside of monitor cap and/or Framework breach										
112			Agency workers booked directly (and not recorded on NHSP system)										
113			14.5. Consultants and specialist advisers		Authority								
114													
115			Removal expenses up to a maximum of £8,000 under HMRC rules		Director of Strategic & OD & DoF								
116													
117			Exit Package										
118			Board of Directors	Remuneration Committee									
119			Contractual Entitlement		CEO or DoF								
120			Non-Contractual Entitlement requires Treasury approval subject to the national financial limits										
121													
122													
123			15. Litigation Claims									SFI 22.2 & 22.3	
124			Clinical Negligence payments made on the advice of NHSLA		DoF authorises annual premium and all payments are then covered by NHSLA								
125			Non-clinical negligence payments made on the advice of NHSLA less than or equal to the excess							£10,000 excess (staff) £5,000 excess (public) Legal Services Manager			
126			Payments made following other legal advice that are patient related			> £10,000 Associate Medical Director				<£10,000 Legal Services Manager			

	A	B	C	E	F	G	H	I	J	K	L	M	
				Level 1	Level 2	Level 3	DELEGATED AUTHORITY						
				Board / delegated Committee	CEO/COO/DoF or Deputy CEO	SMT - All Directors (Voting or otherwise) & Deputy DoF	ADOs, Divisional Medical Lead & Senior Corporate Directors Managers	Directorate Managers	Department Managers & Matron	Ward Manager	Deputy Ward Managers	SFI/ISO Section / Supplementary Documents	
Ref			DELEGATED MATTER / BUDGET AUTHORITY				Levels above authority shown may by exception authorise where necessary						
4				>£100,000 Board									
5													
6													
7													
8			Approve proposals for action on litigation against or on behalf of the Trust			< £100,000 DoCA & associated list (determined by DoCA)							
127													
131													
132	16.		<b>Financial Planning / Budget Responsibility</b>									SFI 3	
146			<b>Budget Responsibilities</b>		Authority		Authority						
148			Approved budget is not used for any other than specified purpose subject to rules of viement.										
150			<b>Authorisation of Viement:</b>										
151			Further work required		TBD	TBD	TBD						
152													
153	17.		<b>Patents' Property</b>		DoF Only							SFI 18	
			In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1985), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.										
154													
155													
156	18.		<b>Commercial Sponsorship</b>										
157			Agreeing proposals		CEO or DoF								
158													
159	19.		<b>Approving Contracts (NHS)</b>									SFI 8.1.1	
			Patent activity		CEO								
				Board to be consulted in advance for values above £1,000,000									
160													
161			Contract variations		DoF								
162													
163													
164													
165			<b>Glossary of Terms</b>										
			<b>EU Threshold</b>										
			The value above which the Public Contract Regulations are applicable, and the Trust must follow the procedures therein defined. The new thresholds for contracts governed by the Public Contracts Regulations will come into force on 1 January 2016, and will be in place until the end of 2017. Although some of the thresholds are higher in Euros than those published in 2014, conversion rates mean all the thresholds will be lower in Sterling for the next two years than they are at present.										
166													
			The threshold for supply and service contracts is €209,000 (£164,176). For light touch regime (some healthcare and social services) contracts the threshold remains at €750,000, but the Sterling value has fallen to										
167			£589,146. The works contract threshold is now €3,223,000 (£4,104,594).										
168													
169			<b>Safe haven</b>										
170			A physical location where tenders are received into a secure location before being opened in accordance with the Trust's SFI's										
171													
172			<b>Waivers</b>										
173			A waiver from undertaking a competitive tendering or quotation exercise. Circumstances in which a request to waive SFI's are clearly defined in the Trust's SFI's.										
174													
175			<b>Annual call-off</b>										
			A single purchase order placed with a supplier at the beginning of the year to cover all goods or services ordered from the supplier during that period. Commonly used where a large range of products are ordered										
176			very frequently, and where it would be uneconomical to place an order for each requirement, e.g. provisions										
177													
178			<b>Goods on consignment</b>										
			Goods provided to the Trust by a supplier and held in stock. No payment is made to the supplier until the item is used and an order made to replenish the used item. Typically used for high value medical devices such as orthopaedic implants where it would be prohibitively expensive for the Trust to purchase the full range of products/sizes that might be required, and there would be a high risk of obsolescence.										
179													
180													



<b>Board of Directors</b>	
<b>Agenda Item</b>	8.2
<b>Title of Report</b>	Report of the Finance Business Performance & Assurance Committee 22 <sup>nd</sup> April 2016
<b>Date of Meeting</b>	27 <sup>th</sup> April 2016
<b>Author</b>	Graham Hollick, Chair of Finance Business Performance and Assurance Committee
<b>Accountable Executive</b>	Gareth Lawrence, Acting Director of Finance
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	5A, Risk 2718, 6B, 7B, Risk 1927 and 2550, 7C Risk 2328, 7D, Risk 2689
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Gaps with mitigating actions
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	Discussion
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	N/A

### Chair's Business

The Committee extended their thanks to the Finance Team for the submission of the Annual Plan and Annual Accounts within the agreed timescales.

### Board Assurance Framework (BAF)

The Committee reviewed the Board Assurance Framework and the risk profiles which had changed as a result of the review of partnership risks where the risk ratings had been increased and the review of the C difficile risk where the risk had been reduced. The Committee agreed to **recommend** to the Board that the risk associated with commissioner affordability be removed from the BAF and replaced with the risk of managing demand and referral levels. This change is the result of the financial envelope agreed with the

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commissioners. The Committee also agreed to **recommend** to the Board the replacement of the risk in relation to competition in the market with the risk associated with the development of an Accountable Care System/Organisation.

### **Terms of Reference and Work Plan**

The Committee reviewed its terms of reference and those of the groups reporting to it. The Committee agreed to **recommend** to the Board the terms of reference as attached for approval. The Committee also agreed its work plan for the year.

### **M12 Financial Position**

The Committee reviewed in detail the cumulative year to date deficit position at M12 of £15.4M which was broadly in line with expectations. The Acting Director of Finance confirmed that this figure was still subject to Audit approval.

The cash balance at the year-end was reported at £3.5M which was £1.6M above plan without the need for resilience funding. The FSRR was reported at 2 in line with the plan and the CIP year to date figure was reported at £13.4M after the application of mitigating reserves.

The Committee was pleased to note that performance for nurse agency spend was the lowest since the introduction of the cap in November 2015 this being 1.4% against the target of 3% of all substantive nursing costs. The risks associated with medical agency costs were reiterated with recruitment continuing in order to fill the consultant gaps on a substantive basis.

### **Financial Improvement Plan at M12**

The Committee reviewed progress of the CIP programme at M12 which was a positive variance of £400K to achieve the aggregate position of £13.4M. The current cost to income dependency ratio was reported as 54% v 46% against the plan of 48% v 52%. The recurrent outturn position was reported at £11.5M, £5M short of the £16.4M requirement outlined in the Monitor recovery plan.

The Committee was advised that the lessons learned from the post implementation reviews of schemes in 2015/16 will be used to develop and implement schemes in 2016/17 and beyond.

The Committee was advised that the position for CIP in 2016/17 was as follows:

- £4.8M fully developed schemes
- £1.4M schemes for approval by TSG next week

Further opportunities and ideas were being developed, particularly in light of the additional £1.2M now included as a result of the underfunding for CNST.

### **Performance Report**

Key points from the performance report included:

- Achievement of all cancer targets.
- RTT – performance of 90.46% was reported for March 2016, with underperformance attributed in part to industrial action and the long waits in community paediatrics. A further task and finish group had been established to address underperformance on a sustainable basis.



- C difficile rates remained unchanged since January 2016 with no avoidable cases reported to date in April 16.
- A & E 4 hour standard – performance of 80.22% was reported for March 2016. The work of ECIST was reported as continuing as planned. The Committee was advised that the Trust had now launched a task and finish group to progress specifically with internal plans framed around 3 key areas. The Committee agreed to monitor progress against defined metrics from this work whilst the Board would focus on performance against the sustainability and transformation fund trajectory.

### **Going Concern Statement**

The Committee reviewed the responses provided by the Trust to the External Auditors questions in relation to factors that might cast significant doubt on the going concern assumption.

The Committee concluded that it was happy to **recommend** to the Board that the accounts contained within the Annual Report and Accounts 2015/16 should be prepared on a going concern basis.

### **Service Line Reporting**

The Committee agreed to move to Divisional updates on service line reporting with Divisions reporting at meetings throughout the year.

**Graham Hollick**

**Chair of Finance Business Performance and Assurance Committee**



# Finance Business Performance & Assurance Committee

## Terms of reference

<b>Authors Name &amp; Title: Gareth Lawrence, Acting Director of Finance</b>	
<b>Scope: Trust Wide</b>	<b>Classification: Terms of Reference</b>
<b>Replaces: Finance, Performance and Business Development Committee</b>	
<b>To be read in conjunction with the following documents: Corporate Governance Manual (including Scheme of Reservation and Delegation and Standing Financial Instructions)</b>	
<b>Document for public display? Yes</b>	

<b>Unique Identifier:</b>	<b>Review Date: March 2017</b>	
<b>Issue Status: Approved</b>	<b>Issue No: 1.0</b>	<b>Issue Date: July 2014</b>
<b>Authorised by: Board of Directors</b>	<b>Authorisation Date:</b>	
<b>After this document is withdrawn from use it must be kept in an archive for 10 years</b>		
<b>Archive: Document Control</b>	<b>Date added to Archive:</b>	
<b>Officer responsible for archive: Author</b>		

## **1. Constitution**

The Committee is established as an Assurance Committee of the Board of Directors to seek assurance on behalf of the Board of Directors with regards to the Trust's financial and operational performance delivery of the in-year plans and the development of future plans within the context of the requisite licence regulatory requirements and statutory obligations. This is a Non-Executive Committee.

## **2. Authority**

The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires of any employee (or contractor working on behalf of the Trust) and all employees (or contractor working on behalf of the Trust) are directed to cooperate with any reasonable request made by the Committee. The Committee is authorised to obtain legal advice or other professional advice from internal or external sources within the delegated limits of the Committees members.

Trust Standing Orders and Standing Financial Instructions apply to the operation of the Committee.

The Committee has authority delegated by the Board of Directors to:

- 2.1** Receive assurance on all aspects of the effective outturn delivery of financial, operational performance targets and significant variances to planned levels of achievement.
- 2.2** Ratify and review policies and procedures required for effective management of financial, performance and business development practice across the Trust, and where appropriate delegate responsibility for this to associated groups and respond to requests which come from those groups
- 2.3** Review proposed new investments, undertake due diligence and make recommendations to the Board for approval in line with scheme of delegation.
- 2.4** Review investment of surplus cash in line with the Board approved Treasury Management Policy.
- 2.5** Review or undertake a "Deep dive" into areas of concern raised by the Board at the preceding meeting with a view to providing assurance to a subsequent Board meeting.

## **3. Objectives**

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 Risk and Assurance**

- 3.1.1 To receive, monitor and seek assurance on risks relating to finance and operational performance referred in accordance with the Risk Management Strategy
- 3.1.2 To seek assurance that the gaps identified through or within the Board Assurance Framework, which relate to the activities of this committee, have appropriate measures in place to be resolved and are appropriately reported to the Board

- 3.1.3 To review and seek assurance on data quality and clinical coding
- 3.1.4 Review and seek assurance on the informatics programme
- 3.1.5 Review and seek assurance on the medical devices strategy

### **3.2 Financial Management and Assurance**

- 3.2.1 To review the Trust's Financial Plan in accordance with agreed timescales and in line with the Trust's strategic objectives, making appropriate recommendations to the Board of Directors
- 3.2.2 To review and recommend business, operational and financial plans to the Board of Directors
- 3.2.3 To review and ensure effective due diligence in respect of business cases, ratifying those within the financial limits delegated and referring on to the Board with recommendations, those in excess of delegated limits.
- 3.2.3 To consider future options for all non NHS income with specific reference to private patient income and ensure that income derived from activities related to the Trust's principal purpose of the NHS meets the limits as set by national governing bodies
- 3.2.4 To review and seek assurance on contracts compliance (including capital)
- 3.2.5 To review, monitor and seek assurance on the achievement of value for money through use of benchmarking data, including reference costs
- 3.2.6 To monitor and seek assurance on financial performance against provider to provider and third party SLA's with regards to service costs and operational targets
- 3.2.7 To review and seek assurance on the development, implementation and clinical engagement in the Service Line Management (SLM) process.
- 3.2.8 To seek assurance on the Trust overall cash management position

### **3.3 Performance and Improvement**

- 3.3.1 To monitor the operational performance and agree, as necessary, corrective action for all national targets that contribute to NHSI's Governance Risk Rating
- 3.3.2 To monitor and seek assurance on the operational performance and agree corrective action for contract performance targets including the financial elements of CQUINs
- 3.3.3 To instigate investigation into any aspect of performance that gives cause for concern, providing exception reports to the Board of Directors, as required
- 3.3.4 To monitor and seek assurance on the Wirral Millennium Programme and associated action plans
- 3.3.5 To monitor and seek assurance on compliance against the procurement strategy including implementation of Lord Carter recommendations
- 3.3.6 To monitor and seek assurance on compliance with the Agency Cap
- 3.3.7 To review, monitor and seek assurance on the financial performance of the Trust including, income, expenditure, activity, NHSI metrics and contract performance ensuring that actions are taken as necessary to remedy adverse variation
- 3.2.8 To monitor delivery and seek assurance of the CIP programme – in year and forward plan
- 3.2.9 To review and seek assurance on the capital programme and expenditure on a quarterly basis
- 3.2.10 Post project evaluation of approved business cases 6 months after implementation of the planned change

### **3.4 Regulation**

3.4.1 To review and recommend to the Board the monthly, quarterly, annual, returns (including Board declaration statements) to NHSI.

3.4.2 To review compliance with the Information Governance Toolkit

### **3.5 Governance**

3.5.1 To review and seek assurance on compliance against relevant legislation

3.5.2 To consider and seek assurance on the implementation and compliance of relevant national guidance, including directives from NHSI, CQC, Department of Health, and national and local commissioning guidance where these have a new or significant financial impact on the Trust

3.5.3 To approve the establishment, work plans, duration and ensure the effectiveness of Groups reporting to the Committee

3.5.4 Respond to and refer actions to the Audit Committee as necessary

## **4 Equality and Diversity**

The Committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

## **5 Integration**

The Committee will support the integration of clinical, organisational and financial risk management with that of the business planning process.

It will promote a holistic approach to managing risk that will encourage all staff to integrate the management of finance into achieving their objectives in order to provide safe, effective, timely and efficient care to patients.

The Committee Chair and Director of Finance will work with the Senior Management Team and Board to integrate clinical, financial and organisational governance and risk management processes and systems.

The Committee will work with other Committees including the Audit Committee to provide assurances required to support the Annual Governance statement.

## **6 Membership**

- Nominated Non-Executive Director (Chair)
- Two additional nominated Non-Executive Directors
- Director of Finance (Nominated Deputy – Deputy Director of Finance)
- Chief Operating Officer
- Medical Director (Nominated Deputy – Director of Nursing and Midwifery)

## **7 Attendance**

- The following officers will attend the Committee
- Deputy Director of Finance
- Director of Strategy
- Director of Infrastructure and Informatics
- Director of Operations
- Director of Corporate Affairs

Other officers of the trust will be invited to attend as requested by the Committee.

All members are expected to attend all meetings with attendance being reviewed annually; attendance below 80% will be discussed with the Committee Chairman at the earliest opportunity.

## **8. Quorum and Frequency**

The quorum shall be four members, to include two Non Executive Directors, the Director of Finance (or Nominated Deputy), the Medical Director or the Director of Nursing & Midwifery.

The Committee shall meet at least 6 times a year, in accordance with a planned business cycle that is agreed at the start of each year (April).

## **9. Reporting**

The Committee will report to the Board following each meeting via a Chair's report.

Unapproved minutes will be circulated to Board Members by email as soon as is practicable following the meeting.

The Committee will receive reports from the following:

- Finance Strategy and Planning Group(monthly) – minutes
- Transformation Steering Group– through the formal CIP report
- Information IT and Medical Devices Group(monthly) – minutes
- Information, Information Governance and Coding Group (monthly) - minutes

## **10. Conduct of Committee Meetings**

The Executive Director Lead, in liaison with the Chair of the Committee will ensure that the appropriate processes are followed:

- An annual work plan reflecting the Committee's business cycle will be prepared by the end of March each year for the forthcoming year.
- Minutes and action log will be kept by the Committee Secretary on behalf of the Chair
- The agenda will include the following standing items:
  - Minutes of last meeting
  - Action Log
  - Risk
  - Financial Management and Assurance
  - Regulation
  - Performance and improvement
  - Group Reporting
  - Recommendations to the Board
  - Evaluation of Meeting and Papers
  - Date of next meeting
- The agenda and supporting papers will be sent out 4 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.
- Distribution of minutes and archiving of documentation will be managed by the Committee Secretary in accordance with standard procedures.





<b>Board of Directors</b>	
<b>Agenda Item</b>	8.3
<b>Title of Report</b>	Register of Interests
<b>Date of Meeting</b>	27 April 2016
<b>Author</b>	Carole Ann Self, Director of Corporate Affairs
<b>Accountable Executive</b>	David Allison, Chief Executive
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	7D Compliance with Legislative requirements
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Positive
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	Note
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	N/A

### 1. Executive Summary

The Board is required annually to update the Register of Interests.

The Board is requested to review the declarations made by the Executive, Non-Executive directors and Senior Management Team and confirm that there are no material conflicts of interest.

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## **2. Background**

The Chairman routinely asks Board members to declare interests in relation to agenda items at the start of each meeting of the Board, in order that any conflicts can be identified and managed appropriately.

It is a requirement of the Trust's constitution that the Board maintains a Register of Directors' Interests and makes this available to members of the public, if requested. It is also good governance practice that the Board reviews the register periodically in order to determine whether any Board Members has interests that could conflict with the work of the Board or the Trust.

Board members have recently updated their declarations for the Register of Interests.

All Board members have a duty to disclose new interests as these arise.

## **3. Recommendations**

It is recommended that:

- i) the Board reviews the attached register and confirms that there are no declarations that constitute a material conflict; and
- ii) the Board continues to undertake a formal review of the Register of Interests on an annual basis.

## Board of Directors - Register of Interests April 2016

Name	Position	Nothing to Declare	Description of Interest
Michael Carr	Chairman		Alliance House Foundation – Vice Chairman; Institute of Alcohol Studies – Chairman; Monitor Expert Panel Member re. Governors' concerns
Cathy Bond	Non -Executive Director	✓	
Graham Hollick	Non -Executive Director		Aston University - Private Placement Tutor and Skills Coach. Director and part owner of ICTAN Limited (Management Consultancy).
John Sullivan	Non -Executive Director		Chester University Council – Non Foundation Member Magistrate for Western Cheshire
Cathy Maddaford	Non -Executive Director		Chair of Trustees ARCH Initiative (has a contract with WUTH for the provision of drug and alcohol rehabilitation services)
Jean Quinn	Non -Executive Director		Director of Hodgson Associates Ltd Interim CFO Universities Superannuation Scheme Ltd
Andrea Hodgson	Non-Executive Director		NWLA Board member
David Allison	Chief Executive		Fiance is consultant anaesthetist at WUTH Sister is Assistant Practitioner at WUTH Sister is Therapy Assistant as part of ESD at WUTH
Gaynor Westray	Director of Nursing and Midwifery		CQC Chair – Inspections Jan 2016 – Jan 2018
Janelle Holmes	Chief Operating Officer		
James Mawrey	Director of Workforce	✓	
Evan Moore	Medical Director		Wife is a Consultant breast surgeon and Clinical Director of Breast and Endocrine Services at the Royal Liverpool and Broadgreen University Hospitals Trust Appointed as Medical Director Betsi Cadwaladr University Health Board, April 2016, working notice period unto Sept 2016
Gareth Lawrence	Acting Director of Finance	✓	

Name	Position	Nothing to Declare	Description of Interest
Mark Blakeman	Director of Infrastructure and Informatics		Wife is Director of Transformation at East Cheshire CCG Trustee of a Charities Trust Director and Chair of Beechways Resident Association Chair of Informatics skills Development Network UK Ambassador for CHIME – international college for skills development in information management executives
Carole Ann Self	Director of Corporate Affairs	✓	
Chris Oliver	Interim Director of Operations		Partner is acting Head of Communications
Pippa Roberts	Director of Pharmacy and Medicines Management	✓	
Mike Coupe	Director of Strategy	✓	

<b>Board of Directors</b>	
<b>Agenda Item</b>	8.4
<b>Title of Report</b>	Equality & Diversity Annual Report 2015
<b>Date of Meeting</b>	27 April 2016
<b>Author</b>	Mark McKenna, Interim Head of Patient Experience
<b>Accountable Executive</b>	Gaynor Westray, Director of Nursing and Midwifery
<b>BAF References</b> • <b>Strategic Objective</b> • <b>Key Measure</b> • <b>Principal Risk</b>	1A Risk 2835 1B Risk 1908 4A Risk 1909
<b>Level of Assurance</b>	Gaps Areas to be developed around Equality Delivery System (EDS2)
<b>Purpose of the Paper</b>	To note
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated, next step will be for external validation
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	No

## 1. Executive Summary

This report details the progress the Trust is making to meet its obligations to advance equality and diversity from both a workforce perspective and in its role as a provider of healthcare services.

The report provides a brief overview of the Equality Act 2010 and associated public sector duties and provides commentary on the following subjects:-

- Assessing the impact of our services on diverse groups
- Engagement activity with diverse groups
- Access to services for diverse groups
- Understanding experience
- Accessible Information Standard
- Workforce Race Equality Scheme
- Workforce composition
- Training and Development

It also includes an overview of the Equality Delivery System 2 (EDS2) and the process for developing Equality & Diversity objectives based on the assessment of the EDS 2 standards.

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## 2. Equality Act 2010

The Equality Act 2010 consolidated previous equality legislation in one legislative framework with associated duties for public sector organisations. It introduced the statutory Public Sector Equality Duty (PSED) as detailed below:

### Public Sector Equality Duty (PSED)

The public sector equality duty requires public bodies to consider equality when carrying out their day-to-day work, in shaping policy, in delivering services and in relation to their own employees.

It also requires that public bodies:-

- have due regard to the need to eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

This is called the **General** duty. In addition to the general duty, there are specific duties which require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives. The information contained within this report meets the requirement of the specific duties as part of PSED.

The Act also defined a number of groups that have protected characteristics under the Act as follows:-

- Gender
- Age
- Disability
- Race
- Sexual Orientation
- Religion or belief
- Pregnancy and Maternity
- Marriage and Civil Partnership
- Gender reassignment

## 3. Equality Delivery System 2

The Trust has an established Equality and Diversity Action Plan which is monitored at the Patient and Family Experience Group and reported to the Clinical Commissioning Group as part of the Quality Contract Schedule. The introduction of the Equality Delivery System 2 across the NHS in 2015 has provided a framework for self-assessment across a range of indicators.

The self-assessment for Wirral University Teaching Hospital (WUTH) has been completed by a focus group including staff from different services/functions as well as staff side colleagues.

As part of the self-assessment the focus group went through each specific criteria individually to provide evidence of how we compare against the grading definitions.

- Undeveloped – There are no examples of a strong and sustained commitment
- Developing – Only some of the examples show a strong and sustained commitment
- Achieving – Many of the examples show a strong and sustained commitment
- Excelling – All of the examples show a strong and sustained commitment

Overall, the self-assessment was very positive, with staff grading WUTH as 'Achieving' in 12 of the 18 individual criteria. Where self-assessed as 'Developing' in 5 of the areas, staff were able to identify areas of good practice, but this was limited and there was recognition that we could be in a stronger position.

The self-assessment grading is as follows:

<b>Goal 1 - Better Health Outcomes</b>		<b>Assessment Rating (subject to verification)</b> <b>Undeveloped/Developing/Achieving/Excelling</b>
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	Achieving
1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	Developing
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Developing
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Achieving
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	Achieving
<b>Goal 2 – Improved Patient Access and Experience</b>		
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Achieving
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	Achieving
2.3	People report positive experiences of the NHS.	Achieving
2.4	People's complaints about services are handled respectfully and efficiently.	Achieving
<b>Goal 3 – A representative and supported workforce</b>		
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	Achieving
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfill their legal obligations.	Achieving
3.3	Training and development opportunities are taken up and positively evaluated by all staff.	Developing
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.	Achieving
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	Achieving
3.6	Staff report positive experiences of their membership of the workforce.	Achieving
<b>Goal 4 – Inclusive Leadership</b>		
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Undeveloped
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Developing
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Developing

With reference to Goal 4.1, Inclusive Leadership, (“Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations”).

The guidance states that organisations should choose 10 to 20 instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality and for the selected instances assess and grade the extent to which the Board and senior leaders showed a strong and sustained commitment to promoting equality, within and beyond the organisation.

The examples of evidence suggested as indicating a Board that would be rated as “Developing” or above include:-

- Speeches given by Board members and senior leaders to various audiences
- Reports presented by Board members and senior leaders to various audiences
- Participation in Board Leadership Programme for equality
- Active promotion of equality-based initiatives for services and the workforce including local mentoring schemes

The focus group acknowledged that the overall rating of Achieving in Goals 1-3 reflect well on the organisation and how it has been led by the Board and senior leaders. In relation to the specific criteria for 4.1 outlined above they were unable to identify sufficient evidence to grade this criterion as ‘Developing’ and thus rated this component as “Undeveloped”.

#### **4. Assessing the impact of our services on diverse groups**

A specific requirement of the PSED General Duty is for public sector bodies to consider equality and diversity when delivering its services, shaping policy and in relation to its workers.

An Equality Analysis tool was implemented in 2012 to meet this requirement and to provide a framework to assess the impact of any new policy, strategy or business change in the organisation. The requirement to complete an Equality Analysis was incorporated into the policy development process and in this regard the process is robust. All policies since 2012 are only ratified if there is a fully completed Equality Analysis present for the approving group to consider alongside the policy.

In addition to the standard process for completing an Equality Analysis, a full audit of the 2015/16 CIP schemes was completed to assess any impact on groups with protected characteristics.

#### **5. Access to services**

##### **Facilities Management**

The Trust has a designated Access Champion within the facilities department whose role is to ensure that the organisation complies with the provisions of the Disability Discrimination Act 1995 in both its current and future development proposals.

##### **Procurement**

The Trust has appropriate processes in place to ensure that potential service providers or contractors can evidence their compliance with the Equality Act 2010 during the tendering process.

##### **Interpretation and Translation**

In order to meet the needs of service users whose first language is not English, the Trust has a number of service providers in place to meet interpretation and translation guidelines. These are summarised as follows:

Action on Hearing Loss – provides face to face British Sign Language interpretation for either planned or emergency admissions to hospital.

Beacon Languages – provides face to face interpretation across a range of languages, mainly for planned admissions to hospital.



Language Line – this service is mainly used in emergency situations and is telephone based.

The following table summarises Trust expenditure on Interpretation and Translation services between April 2014 and March 2015.

	April 2014- March 2015
Action on Hearing Loss	£41,752.97
Language Line	£1,595.10
Beacon Languages	£45,291.17
<b>Total Exc VAT</b>	<b>£88,639.24</b>

The Trust is currently tendering for a single provider of interpretation and translation services and this will be completed by the start of the 2016/17 financial year. This will improve access and usage of these services.

#### **Improving care for patients with Learning Disabilities**

This has been a significant area of focus for the Trust since 2010 and over the last five years the Trust has implemented innovative solutions for patients admitted with a Learning Disability. This has been primarily driven by the use of the Reasonable Adjustment (RA) Care Plan. The RA Care Plan assesses the patient's needs and provides a decision tool to determine the level of support required. For patients with the greatest need, this may require the Trust to pay for their own care provider to attend to assist with the patient's admission and stay in hospital.

An electronic flag has been developed for patients with a learning disability and an Electronic Daily Records is now produced which enables senior nurses to check that reasonable adjustments have been put in place for the patient. This has been a significant step forward to providing consistent quality care for this patient group. In addition, a retrospective flagging exercise has been completed for patients under the care of Cheshire and Wirral Partnership NHS Foundation Trust to ensure they are identified on Wirral Millennium.

#### **Religious and Spiritual needs**

The Chaplaincy service within the Trust is multi faith and services are held in the hospital chapel as well as Chaplaincy staff visiting patients on wards. The Chaplaincy service will make necessary referrals to other faith groups in the community were required.

The Trust has a prayer/faith room available for both staff and patients and also has a spiritual needs information resource available for staff on the Trust Intranet.

#### **Accessible Information Standard**

The Accessible Information Standard was included as a statutory requirement for NHS Trusts in the Health and Social Care Act 2012. The guidance issued by NHS England in 2015 details that NHS Trust will have to have electronic means of recording patient's preferred communication and information requirements as well as having the supporting processes in place to meet their needs. A steering group has been established, reporting into the Information Governance Group and CERNER have completed an initial assessment of the requirements against the capability of Wirral Millennium to meet the standard. The Accessible Information Standard has to be implemented by 31/7/16 and is reportable to the Clinical Commissioning Group as part of the Quality Contract Schedule.

### **6. Engagement activity with diverse groups**

We have continued to engage with many groups across our community, many of which represent people with protected characteristics. These include the Older Peoples Parliament, Community Action Wirral, Carers Association, WIRED (Wirral Information Resource for Equality and Disability) Wirral Multicultural Organisation and the Alzheimer's Society. The Older Peoples Parliament has a quarterly meeting with the Director of Nursing & Midwifery and provides an opportunity to discuss any issues arising from their members.

Some of the most prominent activities throughout 2015 have been as follows:-

- Launch of Carers Week at Arrowe Park Hospital attended by the Mayor and the Trust Chief Executive.
- Supporting the Older Peoples Parliament in its recognition of the United Nations Older Persons Day
- WUTH hosting the Alzheimer's dementia forum at Arrowe Park Hospital.

The Trust has also continued its already strong relationship with Healthwatch and supports its activity by facilitating enter and view visits as well as the Trust participating in Healthwatch events within the community. Both Healthwatch and the Older Peoples Parliament are standing members of the Patient and Family Experience Group.

## 7. Understanding experience

The Trust has varied methods of understanding the experience of our service users. Optional demographic data was included in the Learning with Patients Questionnaire from 2010 and this has enabled us to understand if there are any variances in experience according to varied demographical data.

		WUTH		Female		Male		BRM		Disability		16-30		31-64		65+		LGB		
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
I was involved as much as I wanted to be in decisions about my care and treatment	2011 -12	3499	76	462	70	387	70	36	72	936	90	162	76	1423	80	1432	74	Previous insufficient data to run report		
	2012-13	8435	76	4050	77	2849	77	37	70	2063	71	560	77	4009	78	3538	76	Previous insufficient data to run report		
	2013-14	5368	74	1848	76	1437	73	41	73	1187	67	320	72	764	74	1808	74	Previous insufficient data to run report		
	2015	5385	80	2658	81	1706	80	162	78	1268	74	476	82	2156	82	581	85	47	64	
My privacy & dignity was maintained when being examined	2011 -12	3430	98	448	98	385	98	40	93	919	97	163	95	1399	98	1398	91	Previous insufficient data to run report		
	2012-13	8307	98	4009	98	2834	99	35	100	2053	98	555	96	3979	98	3494	99	Previous insufficient data to run report		
	2013-14	3954	94	1710	94	1338	94	41	81	1144	93	301	91	616	93	1593	96	Previous insufficient data to run report		
	2015	4523	95	2231	95	1403	96	127	92	1110	93	451	90	1778	95	431	97	45	87	
I got the care that mattered to me	2011 -12	3291	98	434	97	365	96	33	91	869	97	161	93	1377	98	1333	98	Previous insufficient data to run report		
	2012-13	8021	98	3925	97	2735	99	27	100	1963	97	551	95	3926	98	3335	98	Previous insufficient data to run report		
	2013-14	5376	98	1864	97	1482	99	45	100	1185	97	317	97	761	96	1828	98	Previous insufficient data to run report		
	2015	5487	98	2715	97	1745	98	165	98	1286	96	468	97	2174	97	610	100	50	94	
I would recommend this hospital to my friends & family	2011 -12	3324	96	434	92	375	95	35	97	885	93	151	95	1374	97	1357	96	Previous insufficient data to run report		
	2012-13	8050	96	3912	95	2763	97	37	89	1982	94	542	93	3885	95	3397	96	Previous insufficient data to run report		
	2013-14	5020	97	1709	96	1322	97	41	98	1114	92	282	95	692	95	1695	97	Previous insufficient data to run report		
	2015	6169	98	2728	97	1721	99	158	98	1292	96	461	97	2159	97	608	99	48	96	

Overall, patient's experiences are generally positive from a demographic perspective and many scores have improved in comparison to 2013/14. For the first time this data includes patients who have stated that they are Lesbian, Gay or Bisexual which is a positive step as in previous years this demographic group have been reluctant to provide the data. This group will require some targeted engagement as their experience of being involved in decisions about care and treatment is a significant variance from the overall WUTH figure.

## 8. Workforce Composition (data as at 31/12/2015)

Understanding our workforce composition by equality and diversity demographics is important to ensure that we are a fair and open organisation and to monitor the effectiveness of our policies and procedures.

The workforce numbers by gender reflects the fact that the largest staff group is nursing and that this group is predominately female. This is reflective of most NHS Acute Trusts.

Gender	Total
Female	4629
Male	1272
Grand Total	5901

The gender split by band does not reflect any significant issues; however it is encouraging that women are well represented in senior grades.

Band	Female	Male	Grand Total
Band 1	439	98	537
Band 2	1079	287	1366
Band 3	420	117	537
Band 4	297	64	361
Band 5	1066	161	1227
Band 6	639	113	752
Band 7	342	65	407
Band 8A	93	33	126
Band 8B	28	12	40
Band 8C	16	5	21
Band 8D	4	2	6
Band 9	1		1
M&D	191	298	489
Other	14	17	31
Grand Total	4629	1272	5901

The Workforce Race Equality Standard (WRES) was mandated across the NHS in 2015 and all NHS Trusts were required to publish a baseline assessment on their websites. The WRES is intended to improve the representation of black and minority ethnic (BME) staff in the workforce, especially in senior management and board level appointments. The assessment did not show any significant variance for BME staff compared with white staff with the exception of a higher likelihood of BME staff who have reported personal discrimination in the last 12 months from colleagues or manager/team leader.

Ethnic Origin	Total
White - British	5295
White - Irish	39
White - Any other White background	46
White English	1
White Greek	4
White Irish Traveller	1
White Italian	1
White Mixed	1
White Other European	20
White Polish	7
White Turkish	2
White Unspecified	2
White Welsh	1
Asian British	1
Asian East African	1
Asian Mixed	4
Asian or Asian British - Any other Asian background	20
Asian or Asian British - Bangladeshi	6
Asian or Asian British - Indian	180
Asian or Asian British - Pakistani	21
Asian Sri Lankan	4
Asian Unspecified	3
Black Nigerian	1
Black or Black British - African	30
Black or Black British - Any other Black background	2
Black or Black British - Caribbean	4
Chinese	16
Filipino	1
Malaysian	1
Mixed - Any other mixed background	8
Mixed - Asian & Chinese	1
Mixed - Black & Asian	1
Mixed - Chinese & White	1
Mixed - Other/Unspecified	1
Mixed - White & Asian	6
Mixed - White & Black African	7
Mixed - White & Black Caribbean	1
Not Stated	105
Other Specified	26
Any Other Ethnic Group	29
Grand Total	5901

Understanding how many staff have declared a disability is dependent on disclosure and this is mainly captured at recruitment, therefore there will most likely be staff that have been in the Trust for a number of years who have not declared a disability. There is also evidence that people with disabilities are more reluctant to share this information with their employer, this is not restricted to the NHS but is an issue across employment in general.

The Trust has appropriate policies and processes in place to support disabled employees in the workplace. Any consideration for reasonable adjustments is managed through Occupational Health and the Trust were appropriate the governments Access to Work scheme is used to fund any necessary adjustments in the workplace.

Disabled	Total
No	2028
Not Declared	394
Undefined	3414
Yes	65
Grand Total	5901

Disclosure of sexual orientation is a sensitive subject and currently the only way in which this is captured is at recruitment. The recorded numbers for the organisation are very low and what is more evident is that 522 staff have chosen to not to disclose their sexual orientation when being recruited to the organisation.

Sexual Orientation	Total
Bisexual	16
Gay	29
Heterosexual	2549
I do not wish to disclose my sexual orientation	522
Lesbian	14
Undefined	2771
Grand Total	5901

The EDS assessment framework Goal 3 refers to a Representative and Supported Workforce. Whilst the Trust has many policies and processes in place to support staff, our knowledge of staff with protected characteristics such as disability and sexual orientation is limited and as part of the EDS objective setting the Trust may wish to progress an exercise to offer staff the opportunity to refresh their details on the Electronic Staff Record. This would require careful positioning and is closely linked to the wider organisational culture; it would also require visible commitment by the Trusts leadership.

## 9. Training and Development for staff

Equality & Diversity Training is part of the Essential Training Matrix and is completed by staff every 3 years or at Trust Induction. A new Equality and Diversity training booklet was sent to all staff in October 2014.

## 10. Supporting young people into work

### Apprenticeships

The Trust's Apprenticeship programme continues to receive national recognition and has recently been runner up in the UK in the HSJ Value Awards in the Learning & Development category which recognises the work it does with young people and in leading this initiative across the region. In the past year the Trust has invested in twenty-five 16-23year old apprentices across a range of specialisms to support patient care. Individual successes range from apprentices progressing into Band 3 and 4 job roles in Emergency Care and Pharmacy as well as taking their first steps into attaining Institute of Leadership and Management qualifications and our first apprentice being accepted for the School of Nursing in September 2015. The benefit all our apprentices have is the gaining of Level 2 English and Mathematics alongside a vocational qualification linked to gaining a permanent post with the Trust which supports our 'Grow your Own' initiative.

### **Traineeships**

The Trust has supported other Trusts in Cheshire and Merseyside in the past 12 months to develop Traineeship programmes which give young people aged 16-24 to enhance their social skills, job readiness, gain experience in the workplace and achieve their Level 2 English and Mathematics. With mentoring and support the Trainees have grown and this year we have seen four of them progress into our apprenticeship programme working with patients. In partnership with Wirral Metropolitan College we have also seen numbers applying for our programme rise and the participants gaining employment within the local community. This reflects our Trust's strategy to be 'Locally Focused, Regionally Significant' and helps grow our workforce of the future based on skills, experience and values.

### **Supported Internships**

The success of our Merseyside Pilot has engaged a range of employers across the county in supporting 16-24 year olds with significant learning difficulties to gain experience in the workplace. The programme has developed communication skills, working with colleagues and provided all participants with confidence to travel independently. A celebration with parents, families and friends along with Trust colleagues highlighted how each intern had developed over the year within the Trust. Some interns worked directly with patients in Day case Surgery and Dermatology as well in Outpatients using the Trust's Wirral Millennium system. Some of the interns have now progressed to college and are studying for additional qualifications however we were pleased to see two of them gain permanent employment within our Estates department and Surgical Division.

## **11. Key Issues**

The EDS 2 assessment, although subject to verification has identified gaps in meeting the goals and outcomes which in turn will lead to the development of new Equality and Diversity Objectives. There are two principles issues that require considered action prior to the EDS verification as follows:

- Development of an Inclusive Leaders programme to improve Goal 4 of the EDS 2
- Planning for a one off programme to refresh workforce composition data, particularly in relation to disability and sexual orientation

## **12. Next Steps**

- Benchmark performance against other NHS Organisations to identify areas for development
- Throughout 16/17 we will develop quarterly stakeholder groups that reflect our population including people whose characteristics are protected by the Equality Act 2010
- Board members and senior leaders to engage in equality based initiatives.
- Explore options for Board and Sub-Board Leadership Programmes for Equality.

## **13. Recommendations**

The Board is advised to note that the workforce elements to this paper will in future be picked up within the Workforce Annual Report which is due to be received by Trust Board each May (as per Workforce Equality standard).

The Board of Directors is asked to note this report and to discuss its content. If the Board accepts the EDS2 self-assessment it requires verification by Healthwatch later this month.

It is recommended that a further report be submitted to Board in May 2016 detailing the results of the EDS verification along with draft objectives for approval.

<b>Board of Directors</b>	
<b>Agenda Item</b>	8.5
<b>Title of Report</b>	Monitor Monthly Submission – M12 2015/16
<b>Date of Meeting</b>	27 <sup>th</sup> April 2016
<b>Author</b>	Shahida Mohammed Assistant Director of Finance John Halliday Assistant Director of Information
<b>Accountable Executive</b>	Gareth Lawrence – Acting Director of Finance Janelle Holmes – Chief Operating Officer
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	7
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	Gaps with mitigating actions
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	Approval
<b>Data Quality Rating</b>	Silver – quantitative data that has not been externally validated
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	No

## 1. EXECUTIVE SUMMARY

The Board is asked to approve the statements that accompany the year end monitoring returns that are detailed in Appendix 1 and review and approve the financial commentary which will be submitted to Monitor on 29th April 2016.

Foundation Trusts are required to submit a report to Monitor on a monthly basis using templates provided, covering targets and indicators, governance and finance. The basis of the report for Month 12 2015/16 is described below.

## 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 Q4 with issues of note with the Risk Assessment Framework standards as detailed below.

Despite the range of actions being put in place, performance against the Emergency Access Standard remains below the minimum 95%, with March deteriorating to 80.22% as measured across a combined ED and All Day Health Centre performance at the Arrowe Park site.

The level of ED attendances in March increased by 683 attendances compared to February 2016. Ambulance arrivals increased marginally by 82 presentations to ED when compared to February 2016.

The key initiatives designed to improve performance are;

- Patient flow management
- The establishment of a task and finish group for admitting medical patients.

**Patient flow management** – With the support of the Emergency Care Improvement Programme (ECIP) the Trust has appointed a PMO lead for the Patient Flow workstream. The lead has been working closely with Dr Lowe (Clinical Director within the Medicine & Acute Division) to understand the current patient flows into the Division

On 25th April there is a workshop for all Clinical Service Leads which will be led by Dr Lowe but supported by ECIP and several nationally respected physicians. The workshop is to gain support at an early stage to agree the principles on how WUTH will manage medical admissions.

**Task and Finish Group** - The implementation of a new model for admitting medical patients is a key action within the patient flow workstream and a full list of economy wide actions has now been collated.

A Task and Finish group has been created and had an initial meeting chaired by Janelle Holmes, Chief Operating Officer. Given the number of actions within WUTH alone, the Task and Finish group has prioritised key actions to see measurable improvement within ED, ward and discharge process.

During Quarter 4 we reported a total of 12 C.difficile toxins to NHS England and therefore a year-end total of 48. All 12 cases were subject to a full Post Infection Review, with 10 of



these identified to be unavoidable and only 2 avoidable cases being reported to Monitor (January cases). On that basis the year-end total toxin positive cases deemed to avoidable are 35 against a maximum trajectory of 29.

The Post Infection Reviews highlighted that the increase in the number of cases during February (9 cases) was largely due to the Norovirus outbreak experienced during the same month, however during March WUTH report zero C.difficile infections.

All mitigating actions to prevent transmission of C.difficile have continued with the Infection Prevention and Control Team (IPCT) reviewing all wards each morning to assess patients reported to have diarrhoea; ensuring prompt effective, isolation and appropriate sampling. Further work is being progressed within Wirral Millennium to standardise documentation associated with bowel activity, to ensure diarrhoea is identified at the earliest opportunity at ward level whilst also alerting the IPCT. Key to the success of a C.difficile preventative strategy is full ward Hydrogen Peroxide Vaporisation (HPV) and a programme of HPV has continued and will be maintained throughout 2016/17.

### **Cancer Waiting Time Standards**

All cancer waiting time standards are on track to be achieved for Q4. 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.

#### **18 Week RTT**

Against the RTT measure on incomplete pathways, WUTH did not achieve the standard at the end of March, with the final position being 90.46%. The national specialties that are not achieving and contribute to the Trust's overall failure continue to be General Surgery (with the failing areas in colorectal, upper gastrointestinal surgery, and vascular), Urology, Trauma & Orthopaedics and "Other" which includes numerous specialties but notably Community Paediatrics.

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. The discussions with community partners continue albeit not at the pace the Trust would want, with the growth of waiting lists and waiting times continuing to be a concern. The pressure on RTT has increased in latter months due to the junior doctor industrial action with patient cancellations in April totaling 298 elective cases and 2,691 outpatient appointments.

Similar to patient flow a Task and Finish group has met and was chaired by Janelle Holmes, Chief Operating Officer

#### **CQC Standards**

The Care Quality Commission published the final report into their comprehensive inspection of the Trust in September 2015 on Thursday 10th March 2016. The Trust has been scored as "requires improvement" overall, with a rating of "good" for caring and effectiveness. The rating is in line with the Trust's own self-assessment undertaken prior to the inspection. The Trust submitted on the 14<sup>th</sup> April 2016 the action plan to ensure compliance with the Requirement Notices, although many of the actions have already been completed.

#### **Compliance Rating**

WUTH was Red for Quarter 3 and will remain so for Quarter 4 under Monitor's Risk Assessment Framework. 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, and performance against the C.diff trajectory. The failure through Q4 against the RTT standard will bring additional scrutiny as we move through Quarter 1 of 2016-17.

### **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 the end of the year was c£1.0m below plan following an extensive review of technical treatment of the Cerner IT scheme.

## Month 12 2015/16 Financial Commentary for Monitor

The following commentary details the Trust position as at Month 12 and cumulatively against the 2015/16 plan.

The Trust recorded an actual deficit in Month 12 of (£1.4m) against a planned deficit of (£0.8m), a negative in month variance against plan of c£0.6m. The cumulative actual position is a deficit of (£15.4m), which is c£2.0m higher than the planned deficit of (£13.5m).

This position is broadly in-line with the Trust forecast outturn position included in the M11 submission, despite the impact of the junior doctor's industrial action during the month.

Furthermore the Trust secured a year-end agreement with the host CCG, which ensured all CQUINs targets were paid. Cash has remained positive throughout the year with a cash year-end balance of £3.6m without the need for any distress funding.

The table below highlights the overall position in month and year to date.

	MONTH 12			YTD		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
NHS Clinical Income	23,631	22,362	(1,269)	279,420	274,715	(3,705)
Non NHS Clinical Income	176	101	(75)	2,118	1,627	(491)
Non Clinical Income	2,130	3,947	1,817	25,199	29,764	4,565
<b>TOTAL INCOME</b>	<b>25,937</b>	<b>26,410</b>	<b>453</b>	<b>306,737</b>	<b>306,106</b>	<b>(631)</b>
Employee Expenses	(17,737)	(18,456)	(719)	(212,807)	(213,731)	(924)
Other Operational Exp.	(7,808)	(9,248)	(1,440)	(93,178)	(95,301)	(2,123)
<b>TOTAL EXPENSES</b>	<b>(25,545)</b>	<b>(27,704)</b>	<b>(2,159)</b>	<b>(305,985)</b>	<b>(309,032)</b>	<b>(3,047)</b>
<b>EBITDA</b>	<b>392</b>	<b>(1,294)</b>	<b>(1,686)</b>	<b>752</b>	<b>(2,926)</b>	<b>(3,678)</b>
Post EBITDA Items	(1,197)	(70)	1,127	(14,220)	(12,499)	1,721
<b>Net Surplus/(Deficit)</b>	<b>(805)</b>	<b>(1,364)</b>	<b>(559)</b>	<b>(13,468)</b>	<b>(15,425)</b>	<b>(1,957)</b>
I&E Margin %	(3.10%)	(5.16%)	(2.06%)	(4.39%)	(5.03%)	(0.64%)

### NHS Clinical Revenue

During the month actual income under performed by (c£1.3m), increasing the year to date deficit to (£5.0m). PbR activity shows an under performance greater than forecast, reflecting the inclusion of national penalties (c£1.0m) which had previously been excluded, on the assumption the CCG would re-invest these in the Trust. Following extensive discussions the Trust agreed a year end settlement with the CCG. The agreement benefitted the Trust bottom by c£0.2m. In addition the Trust also secured non recurrent monies in relation to Healthy Wirral and support for Community Pediatrics.

Cumulatively all PODs are underperforming in terms of actual activity delivered against the initial plan, with the exception of NEL excess bed days, A&E attendances, maternity and diagnostic scanning. However the Trust has had the benefit of a richer case mix which has impacted the financial position positively in non-elective, outpatient procedures, maternity and A&E.

As discussed previously included within the overall position is (£5.0m) for penalties, this is an increase of (c£1.2m) from the position reported previously. Of this (£1.0m) relates to penalties following the CCGs decision to apply national sanctions in quarter 4 and retain the monies to support its own bottom line, the Trust had previously assumed the CCG would reinvest these into the Trust, the remaining (£0.2m) relates to the movement in local penalties. Overall sanctions comprise of (c£2.0m) for readmissions, (c£0.6m) outpatient follow ups, approximately (£0.4m) applied in relation to 18 wk. breeches (incomplete), and (£1.2m) for activity exceeding the NEL

marginal rate threshold. The financial effect of penalties in relation to the 4 hr. A&E access targets amounts to some (£1.2m), cumulatively. This has been mitigated in the financial position, as the CCG have agreed to reinvest these into the Trust.

As part of the year end agreement with the CCG, all CQUINs related payments are secured.

### **Non NHS Clinical Income**

During the month non NHS clinical income under-performed by £0.1m, this further increased the under-performance to £0.5m for the year end position. The revenue from private patients is £0.4m of this year end variance with the remainder due to lower receipts from Road Traffic Act income.

### **Non Clinical Income**

During the month operating non clinical income over-performed by £1.8m, this further increased the over-performance to £4.6m for the year end-position. The majority of this additional income is offset in expenditure e.g. cerner/IT costs, income for Healthy Wirral initiatives, research and commercial trials income, staff recharges as well as some smaller one-off income gains.

### **Operating Expenditure**

During the month operating expenditure overspent by c£2.2m overspent in month increasing the year to date overspend to c£3.0m.

Pay costs are on £(0.7)m higher than plan in month and cumulatively £(0.9)m higher than plan. Pay has overspent in year due to the impact of premium costs, operational pressures in the emergency department, pay costs to support access targets and the staffing of the winter escalation areas, rising pay costs have been partially offset by earlier vacancies in nursing and therapists.

Non pay costs are (£1.4m) higher than plan in-month and (£2.1m) cumulatively. The majority of the non pay costs are offset in income such as pass through costs (drugs/devices) as well as those mentioned above but there still remain some budgetary pressures on clinical supplies and other non-pay expenses.

### **Consultancy Costs**

The Trust spent £1.7m during the year on external support as per the plan including advice/support in areas such as the clinical coding, specialist theatre productivity analysis, and general financial recovery support.

### **EBITDA**

The operating income over recovered in March by £0.5m whilst operating expenditure over spent by (£2.2m). The combined EBITDA position is an over spend of (£1.7m) in March and £3.7m cumulatively.

### **Post EBITDA Items**

Cumulatively there is a favourable variance of £1.7m, largely due to reduced depreciation charges of £1.6m and lower than planned PDC charges of £0.2m.

## Achievement of the 2015/16 Cost Improvement Programme

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 (12 ths).

During the year the Trust actually delivered £11.9m of efficiencies through a combination of cost improvements and revenue generation initiatives, this is in-line with the Trust forecast outturn position.

Under performances in coding, patient flow and theatre productivity workstreams have been offset by over performances in other areas including outpatients, workforce redesign and procurement related schemes.

Recurrently schemes are expected to deliver c. £11.5m against the initial plan of £16.4m. This has been reflected in the 2016/17 annual plan submitted to Monitor on 18<sup>th</sup> April 2016. CIP plans for 2016/17 are in the process of being developed, the Trust is mindful of the financially challenging environment and the need to maintain pace and focus in the identification of initiatives and subsequent delivery. The PMO function is working closely with the Divisions to secure the achievement of the 2016/17 CIP requirement.

The CIP position at Month 12 (including non-recurrent schemes) can be summarised as follows:

	BY SCHEME TYPE		BY COST		TOTAL £m
	Income Generation (net of cost of delivery) £m	CIP £m	NHS Clinical Income £m	Divisional Budgets £m	
<b>Year to date Plan (including unidentified at time of plan)</b>	6.72	6.28	7.07	5.93	<b>13.00</b>
<b>Year to date Actual</b>	5.42	6.44	5.59	6.27	<b>11.86</b>
<b>Year to date Variance</b>	(1.30)	0.16	(1.48)	0.34	<b>(1.14)</b>

### Statement of Position (Balance Sheet)

The actual Total Assets Employed and Total Taxpayers Equity equal £139.1m.

The main variations against plan are as follows.

- Capital assets exceed plan by £4.4m as at month 12. This reflects the net effects of a cumulative capital underspend, and the actual impact of depreciation being lower than had been initially planned, and other technical adjustments.
- Trade and other receivables are below plan by £6.4m, mainly due to two factors, continued robust credit control processes in place throughout the period, and under performance against the income plan.
- Current trade and other payables including accruals exceed plan by some £7.2m. The variance includes accruals in respect of capital creditors largely Cerner IT project of £1.3m. The balance represents the average creditors held throughout the year, driven by current payment terms not captured in the original plan.
- Deferred income exceeds plan by £2.1m, this largely reflects payment received from Wirral CCG in relation to the Healthy Wirral IT project in conjunction with Cerner of (£1.3m) and other deferred income relating to research project funding spanning over the year end.

- The Trust's closing cash and cash equivalents balance was £3.5m, against plan of £1.6m. This positive predominantly due to the working capital position noted above.
- Long term loans are below plan by £4.8m, reflecting the distressed funding no longer required.

### **Financial Sustainability Risk Rating (FSRR) & Certification**

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

**Gareth Lawrence**  
Acting Director of Finance  
April 2016

## **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 April 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 the Risk Assessment Framework Table 3) which have not already been reported.





**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF MEETING**

**30 MARCH 2016**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present**

Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Gareth Lawrence	Acting Director of Finance
Cathy Maddaford	Non-Executive Director
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

**Apologies**

Evan Moore	Medical Director
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**In attendance**

Carole Self	Director of Corporate Affairs
Mark Blakeman	Director of Infrastructure & Informatics
Mark Taylor	Recovery Adviser
Mark Lipton	Deputy Medical Director
Chris Oliver	Interim Director of Operations
Janelle Holmes	Chief Operating Officer from 01.04.16
Maureen Wain	Divisional Director, Surgery Womens & Children*
Adrian Hughes	Clinical Director, Surgery Womens & Children*
Lynn Bedstead	Deputy Director of OD*
Cathy McKeown	Head of Staff Engagement and OD*
Mike Coupe	Director of Strategy*

\*denotes attendance for part of the meeting

Reference	Minute	Action
BM15-16/293	<b>Apologies for Absence</b> Noted as above	
BM15-16/294	<b>Declarations of Interest</b> None	
BM15-16/295	<b>Patient Story</b> The Director of Nursing and Midwifery provided the Board with feedback from a family whose father had recently passed away. The feedback highlighted the importance of how the small things can make a big difference, in particular in relation to communication. It was reported that the end of life care experience would have been much improved if the consultant had been open and honest with the family and told them that their father was dying; if the attitude of staff had been empathetic and understanding and if the patient's needs had come before that of staff	

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Reference	Minute	Action
	members complaints of internal issues.	
<p><b>BM15-16/296</b></p>	<p><b>Chairman’s Business</b></p> <p>The Chairman informed the Board of 4 recent consultant appointments as follows:</p> <p>Haematology – Dr Elizabeth Jones                      Orthodontics – Dr Seshu (jointly with Alderhey)                      Emergency Medicine – Dr Nadia Roberts                      Emergency Medicine – Dr Arasaratnam</p> <p>The Board was advised that the Council of Governors approved the extension to the tenure of Non-Executives Graham Hollick and Cathy Maddaford for a further 3 years from the end of June 2016.</p>	
<p><b>BM15-16/297</b></p>	<p><b>Chief Executive’s Report</b></p> <p><b>CCG</b> – the Chief Executive provided the Board with an update on the discussions with the CCG in respect of the closure of the contract for 15/16 as well as the contract for 16/17. He confirmed that both parties had advised regulators that they were optimistic to settle both matters shortly.</p> <p><b>Cerner European Collaboration Forum</b> – positive feedback from this recent event was conveyed as many other NHS organisations were now looking to Cerner to progress with the work on population health management. Particular thanks were extended to the Infection Prevention and Control team who represented the Trust at the event and whose work had been recognised in the organisation. Thanks were also extended to the new Director of Nursing and Midwifery whose impact over the last few weeks had made a significant difference.</p> <p><b>Well led Governance Review</b> – the Board was advised that Deloitte was the successful bidder and would commence work with the Trust in April 2016</p> <p><b>Staff Engagement Update</b> – an overview of the ongoing work was provided with further detail to be provided later in the meeting. The Board sought to understand how the Trust would maintain and improve on the work to date. The Chief Executive advised that the Medical Engagement Strategy had now been drafted and would be available for review at the next Board meeting; training and development for middle managers was a key focus area for the coming year as was the health and wellbeing agenda with ideas being progressed with local companies.</p> <p><b>Celebrating Success</b> – the Board noted the significant achievements outlined in the report</p> <p>The Board requested an update on the junior doctors industrial action. The Chief Executive advised that the Trust had no alternative but to implement the new contract as this was being recommended by a range of regulators and Education bodies. He did confirm however that the Trust was committed to working with our Junior Doctors to ensure that they were respected and valued as future leaders. The Board was updated on the forthcoming industrial action and the planning being undertaken, which to</p>	<p><b>EM/JM</b></p>

Reference	Minute	Action
	date had been successful. The Interim Director of Operations outlined the emerging plans for the 26 <sup>th</sup> and 27 <sup>th</sup> April 2016 as Junior Doctors were withdrawing emergency cover on this occasion he agreed he would circulate a further note to the Board outlining the preparations.	CO
<b>BM15-16/298</b>	<p><b>Vanguard Programme Update</b></p> <p>The Chief Executive presented the Programme Update and confirmed that the comments made by the Board in the previous month had been communicated to the Programme Management Office (PMO). He updated the Board on the 3 key areas of the project and progress to date as follows:</p> <ul style="list-style-type: none"> <li>• PMO established, demand and capacity modelling expertise secured and work being undertaken in this area</li> <li>• Procured the healthy intent platform from Cerner – development of the roadmap and deliverables being progressed</li> <li>• Contracting mechanisms – the alliance contract has had limited progress to date despite the deadline being October 16</li> </ul> <p>The Chief Executive advised the Board that the funding for 16/17 for Vanguard was still awaited and the view nationally of the project which was positive due to the prioritisation process and criteria having been agreed.</p> <p>The Director of Strategy updated the Board on the need to develop key metrics by which to measure success; the gaps in the governance programme becoming evident between the Partners Board and the supporting groups with consideration now being given to a Portfolio Board and the need to progress alliance contracting across a wider portfolio than unscheduled care.</p> <p>The Board sought to understand whether the “What matters to Wirral” consultation would be expanded upon. The Director of Strategy advised not at present. An update on the demand and capacity modelling work was provided and the work with clinical experts.</p> <p>The Board concluded that the report from Healthy Wirral was not clear in terms whether this was an update on Vanguard or the development of the health economy; it was a day diary of a project manager rather than a range of outcomes to be evaluated and the modelling work, albeit welcome, would only be useful if it enabled the health economy to recognise and understand the likely demand in the next 5 – 10 years.</p>	
<b>BM15-16/299</b>	<p><b>Integrated Performance Report</b></p> <p>The Director of Infrastructure and Informatics presented the Integrated performance dashboard and Executive Directors expanded on areas of focus as follows:</p> <p><b>7.1.1 Integrated Dashboard and Exception Reports</b></p>	

Reference	Minute	Action
	<p><b>C difficile</b> – the Director of Nursing and Midwifery advised the Board that the Trust still had 35 reported cases of C difficile for the year with 9 toxin positive cases all being reported as unavoidable confirming that there had been no lapse in care. The Action plan was confirmed as progressing uninterrupted and the C difficile cohort unit being utilised. The Board was advised that the target for 16/17 had now been communicated, this being 29 avoidable cases, the same as the current year.</p> <p><b>A &amp; E 4 hour standard</b> – the interim Director of Operations confirmed that performance was currently at 80.85% for February which was a slight deterioration from January due to the level of demand. The Board noted with regret that the Trust had experienced 6 twelve hour breaches from the decision to admit the patients, all of which had occurred on one night. The Board was advised that the Trust had engaged with ECIP to develop the action plan and the main theme being reported was the need to strengthen escalation processes out of hours.</p> <p>Despite the success of the single front door pilot which was now deflecting 20% of patients from the emergency department, the Trust still had a 1000 more attendances in February compared to the same time the previous year and ambulance attendances remain high with 123 attendances reported on one of the days over the bank holiday. Details of the further pilot between the CCG and NWAS to deflect patients to Victoria Central was provided together with the work being undertaken to allow patients with minor medical conditions to be diverted to Victoria Central once it had been kitemarked, with a timescale of End of May being worked towards.</p> <p>The Board agreed that an update on the discharges before noon for the SAFER roll out wards would be useful for the next meeting and was reassured that the appointment of a programme lead for the economy wide patient flow workstream from funding from ECIP was positive step. The Board sought an update on the closure of the winter ward and Charlotte House from the end of the month which was of concern in view of the continued level of demand. The interim Director of Operations advised that the CCG and Local Authority were in discussions with a view to extending the facility at Charlotte House until June/July 16. As the Trust was thought to be an outlier for the number of ambulance conveyances the Board sought to understand what alternatives were being used elsewhere. The Interim Director of Operations advised that the Trust was looking into the Green Car Scheme being used by GPs in Liverpool; the alternatives to treatment scheme which is being looked at by NWAS which aims to keep patients at home and raising awareness of out of hours provisions which is not being accessed by Wirral patients. The Board was updated on the plans to hold an Ambulance Summit to progress this work.</p> <p><b>Advancing Quality Indicators</b> – the interim Director of Operations advised that the Trust was progressing with a targeted improvement plan for each areas to raise the level of focus.</p> <p><b>Referral to Treatment Times (RTT)</b> – the interim Director of Operations reported that there had been a slight improvement in performance in February despite the industrial action. Key performance by speciality was highlighted. The impact of the forthcoming further industrial action was</p>	<p>CO</p>

Reference	Minute	Action
	<p>outlined whilst the action planned for the 6<sup>th</sup> and 7<sup>th</sup> April was thought to be minimal, further analysis was being undertaken to establish the impact from the 26<sup>th</sup> and 27<sup>th</sup> April action. The Director of Corporate Affairs advised the Board that failure in April would result in a formal governance concern being raised by Monitor as this would equate to 3 quarters of non-compliance. The Board sought to establish the actual impact of the previous junior doctors strike on RTT as minimal elective cancellations had been reported. The interim Director of Operations confirmed that the cancellations were in outpatient appointments which overall had impacted on RTT times due to the small margin between actual performance and the target.</p> <p><b>Activity Performance</b> – although a slight improvement in performance compared to January, overall performance was below plan. The additional outpatient activity in Trauma and Orthopaedics was outlined with an additional 700 patients being seen although the drop in conversion rate from 40% to 25% was a concern which the Trust was currently investigating.</p> <p><b>7.1.2 Month 11 Finance Report</b></p> <p>The Acting Director of Finance reported the year to date deficit as £14.1M this being a £1.4M adverse variance to the original plan. The in-month deficit was reported at £1.3M which was marginally better than plan. Over performance in clinical income was reported although there were increased costs associated with this performance as work had been diverted elsewhere. Cash was reported at £8.7M, some £5M better than plan. The position was attributed to the cash preservation work carried out by the Trust and the early CCG receipts. FSRR was reported at 2 in line with the plan.</p> <p>Non-core spend was reported at £1.8M in month and the nursing agency costs were reported at 2.7% of the substantive nursing wage bill and therefore below the 3% threshold. The Acting Director of Finance advised the Board that the agency cap was being replaced in April with a ceiling of £8.1M which would mean that the Trust would have to find a reduction in circa 5% compared with the current performance this was reported as below the 35/40% reduction to be made by comparator organisations.</p> <p>Non-recurrent CIP performance was reported on plan although recurrently this was a concern with delivery expected at circa £11.5M against a plan of £16.4M.</p> <p>The Board debated the risks associated with health economy affordability which had led to the CCG imposing penalties and fines at a late stage, this included the opposing views of NHSE and Monitor towards the levying of these during 2015/16.</p> <p>The Board agreed to debate the financial position further, following the discussion to be held in the private part of the agenda on the draft operational plan submission.</p>	

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Reference	Minute	Action
<p><b>BM15-16/300</b></p>	<p><b>Nurse Staffing Data Update</b></p> <p>The Director of Nursing and Midwifery presented the Nurse Staffing Data update which provided the Board with details of the actual hours of Registered Nurses/Midwives and Clinical Support Worker's for both day shifts and night shifts versus planned staffing levels for January and February 2016. She reported that the average fill rate was 98% although it was acknowledged that there was some pressure associated with the planned escalation wards being open. The vacancy rates in inpatients and ED were reported at 5.9% compared to 10% nationally and although the international recruitment programme had been a success; this was being halted for 2 months to allow the new staff to integrate. Corporate and Divisional recruitment was confirmed as ongoing although competing recruitment into Vanguard was a concern.</p> <p>The fill rates from NHSP were reported as improving against agreed targets. The Board sought to establish why the fill rates from NHSP varied from the Trust fill rates. This was attributed in part to the use of agency workers but also wards were requesting too many shifts which was being reviewed.</p> <p>The Board reviewed the investment in safer nursing staffing levels made by the Trust over the period 2013/14 – 2015/16 with the following areas highlighted:</p> <ul style="list-style-type: none"> <li>• 66% reduction in the number of new colonised cases of CPE through the investment in a purpose built isolation unit</li> <li>• Zero reported avoidable Grade 4 pressure ulcers through compliance audits; education; review and assessment</li> <li>• Significant reduction in the numbers of falls through the use of technology as well as cohorting patients who are at risk of falls to provide increased supervisions. AQUA reported in January 2016 that the Trust had one of the lowest falls prevalence rates in the region.</li> <li>• Increase in MEWS compliance from 52% in Q3 2014/15 to 82% in Q3 2015/16 through the provision of improved staffing levels and the use of technology</li> <li>• Improved National Inpatient survey results 2015 by 5% or more as a result of improved staff morale and staff engagement</li> </ul> <p>The Board sought and received assurance that all wards were staffed to the appropriate acuity levels and it was agreed that the number of staff on either preceptorship or mentorship programmes would be included in future reports.</p> <p>The Board discussed how to address the perception that nurses were still understaffed. The Director of Nursing and Midwifery confirmed that nurses</p>	<p><b>GW</b></p>

Reference	Minute	Action
	<p>were busy but that was the nature of their role and she had asked the matrons to talk to patients and staff to reassure them that staffing levels were appropriate.</p> <p>The Board extended their thanks to the Director of Nursing and Midwifery and her teams for the significant progress made. The Director of Nursing and Midwifery agreed to circulate an assessment of the return on the investment in nursing to Board members to complete the evaluation process.</p>	<b>GW</b>
<b>BM15-16/301</b>	<p><b>Community Paediatrics Progress Report</b></p> <p>The Board welcomed Mr Hughes and Mrs Wain to the meeting. Mrs Wain provided the Board with an overview of the work undertaken since the update to the Quality and Safety Committee early in the month. This included the reduction in the patient waiting list; the commissioner review undertaken; the operational review undertaken by the Trust and the assurance that all statutory and urgent referrals were being seen appropriately.</p> <p>The Board was advised that the action plan in response to the operational review was being developed with the clinical team the following day. Mrs Wain advised however that some of the recommendations might prove to be controversial particularly the move away from BATCH guidance, which many organisations had successfully undertaken.</p> <p>An overview of the income versus cost of provision was provided which in the absence of an alternative provider, placed additional financial and operational pressure on the Trust. The Board sought to establish what level of additional resource would be required to deliver the current service provision. Mrs Wain confirmed that if the Trust was to maintain the service in line with BATCH guidance the Trust would need an additional 3.5 wte consultants which was totally unaffordable.</p> <p>The Board was advised that the Trust was experiencing difficulties with securing commitment from the CCG to meet to discuss the next steps in the commissioner review and had therefore sought the assistance of Monitor in progressing this.</p> <p>The trajectory for compliance to RTT time targets was outlined as February 2017 however this was reliant on a reduction in the number of referrals; the nursing resource available for resources which was achievable and the changes to the consultant template which would prove controversial.</p> <p>The Board sought to understand why the team had not instigated the operational review earlier if the issues outlined were reported to be longstanding. Mrs Wain outlined a number of reasons in the main attributed to the change in divisional and management changes. Mr Hughes also outlined disagreements within the clinical team as to what should be the appropriate service provision; some of these are being led by the Medical Director to secure a resolution. Mr Hughes advised the</p>	

Reference	Minute	Action
	<p>Board that the service needed a place to discharge patients to as currently patients are on the list until they reach adulthood. The Commissioner review recommended a reinvestment in parenting service which had been impacted upon by the health and social care education training funding constraints.</p> <p>The Chief Executive reported to the Board that the timescale for improvement of February 2017 was not accepted by Monitor and would need to be brought forward. In order to progress further he requested that the Board be advised as soon as possible what success would look like in the context of the discussion today.</p>	<p><b>CO/ MW/ AH</b></p>
<p><b>BM15-16/302</b></p>	<p><b>Care Quality Commission Inspection Report 2016</b></p> <p>The Deputy Medical Director presented the overview report which confirmed that the overall rating achieved by the Trust was “requires Improvement” which was in line with the Trust’s own self-assessment.</p> <p>In light of the previous discussions on this matter and the briefings provided to the Board, at the draft stage of the Report; following the Quality Summit held on the 14<sup>th</sup> March 2016 and the Trust’s response that it would focus now on the action plan being developed to address the requirement notices.</p> <p>The Board concluded that following sign off by the Senior Management Team on 12<sup>th</sup> April 2016, the action plan would be circulated to Board members ahead of the 14<sup>th</sup> April 2016 submission to CQC.</p> <p>The Chief Executive provided the Board with an overview of the other areas of focus, which although not subject to a requirement notice were of a concern to the Trust and CQC. The Board determined that progress was being made in the Emergency Department; Maternity Services and in relation to End of Life however it agreed with the view of the Chief Executive that greater clarity was still required as to the issues in critical care and the action plan to address this.</p> <p>The Board recommended that the resource implications associated with delivering the action plan be outlined in order that this work could be prioritised.</p>	<p><b>EM/CS</b></p> <p><b>EM</b></p>
<p><b>BM15-16/303</b></p>	<p><b>NHS 2015 National Staff Survey Results</b></p> <p>The Board welcomed Ms McKeown and Ms Benstead to the meeting. Ms Benstead introduced the agenda item by outlining to the Board how the Director of Workforce had galvanised the team to take action following the 2014 NHS staff survey.</p> <p>Ms McKeown reported through a presentation the work undertaken during 2015 in response to the 2014 NHS staff survey; the significant improvements in the 2015 survey which were reported by Quality Health as the most they had ever seen in one year; the league table by Division and the prioritised action plan following the 2015 survey results.</p>	



Reference	Minute	Action
	<p>The Board sought and received assurance that the action plan would address the areas of concern highlighted in the “learning from mistakes league” as presented later in the Board agenda. The Board discussed how the Trust would share best practice and learn from others; whether the low response rates from acute and medicine were a good representation from that staff cohort which it was confirmed was the case and sought to understand the correlation if any between the poor results in surgery and the good outcome in the CQC report.</p> <p>The Board extended its thanks to the Senior Team, Mr McKeown and Ms Benstead and to all those staff across the Trust who had been involved in this work.</p>	
<p><b>BM15-16/304</b></p>	<p><b>Publication of “Learning from Mistakes League”</b></p> <p>The Deputy Medical Director presented the overview paper following the publication by NHS Improvement of the “learning by mistakes” league. Members were reminded that this had been circulated on the day of publication.</p> <p>The Board sought to understand how the learning from this publication would be progressed. The Deputy Medical Director confirmed that this would be included in the NHS Staff Survey Action Plan as discussed earlier in the meeting.</p>	
<p><b>BM15-16/305</b></p>	<p><b>Chair of Audit Committee Report</b></p> <p>Mrs Bond presented the Chair of Audit Committee Report and highlighted the recommendations in relation to the draft accounting policies 2015-16 and the approach to 3 areas of critical accounting judgement as follows:</p> <ul style="list-style-type: none"> <li>• The Trust’s Charity is not consolidated into Trust “group” accounts as its balances are not material in the context of the Trust’s turnover</li> <li>• The Trust has one single reporting segment, that is, “the provision of acute care” no other reporting segments are recognised by management or in the accounts</li> <li>• The Trust is judged to be a going concern</li> </ul> <p>Mrs Bond provided the Board with an overview of the discussion with the External Auditors in relation to the going concern judgement and their recommendation which was to separate out the entity from the service when reporting and describe how the Trust was managing its cash flow in order that services would continue. Further debate on the going concern judgement would be undertaken at the Audit Committee and Finance Business Performance and Assurance Committee. The Board approved the recommendations in relation to the Accounting Policies.</p> <p>The Board was advised of the national changes to the Value for Money/Use of Resources assessment and confirmed that the Trust was working with the Auditor to ensure the Trust responded to the changes appropriately.</p>	

Reference	Minute	Action
<p><b>BM15-16/306</b></p>	<p><b>Report of the Quality and Safety Committee</b></p> <p>Dr Quinn presented the report from the Quality and Safety Committee and highlighted the changes made to the Board Assurance Framework and the further plans to review the risks in relation to partnership arrangements and commissioner affordability in light of the emerging risks being discussed. The good work being undertaken in HR was highlighted through the Workforce dashboard and the plans to review the prioritisation of the Cerner programme at the meeting in May 2016.</p> <p>The “deep dive” undertaken into the Advancing Quality work associated with fractured neck of femur was reported positively with some of the criteria already now being met.</p> <p>The work being undertaken on End of Life Care was reported upon with the End of Life Care Plan on a Page being circulated to members. Further progression of this agenda was being explored with partners.</p> <p>Dr Quinn advised the Board of the recommendations from the Committee in relation to the priorities for the Quality Account for 2016/17 which were to remove dementia and reducing mortality in view of the progress made over the last 3 years and replace this with End of Life Care and the SAFER roll out and progress against key indicators. The Board approved the recommendation.</p> <p>An update on the web-holding file action plan was provided which was although there was more work to do progress was now being made.</p> <p>The Community paediatrics update was noted in view of the discussion held at Board under the separate agenda item.</p>	
<p><b>BM15-16/307</b></p>	<p><b>Report of the Finance Business Performance and Assurance Committee</b></p> <p>Mr Hollick presented the report of the Finance Business Performance and Assurance Committee which included the financial position at M11 and operational performance in key areas.</p> <p>Mr Hollick updated the Board on the discussions held in the Committee on the NHSP contract and the recommendation to extend this contract for a further 4 years. As previously circulated members were reminded that the Trust had entered into a one year contract with NHSP on 2<sup>nd</sup> November 2015 with the option to extend this for an additional four years. Based on the first 3 months of the one year contract all savings were on target to be achieved, or expected to be achieved in full over the life of the contract. Mr Hollick confirmed that if the contract was not to be extended then the Trust would have to pay a one off repayment of a previously agreed discount of £74K to NHSP.</p> <p>The full cost of the contract was confirmed as £1,047M. Mr Hollick confirmed that the Committee agreed to recommend the extension of the contract to the Board following their review and the inclusion of enhanced</p>	

Reference	Minute	Action
	<p>performance indicators. The recommendation was made on the basis that NHSP accept the terms and conditions of the Crown Commercial Framework. The Board agreed to approve the contract extension subject to the terms of the recommendation and the inclusion of a break clause.</p> <p>The Board was advised that although the budget underpinned the financial plan and discussions had been undertaken on this at various meetings, the Committee and the Board would want to formally review and approve the budget in the future.</p>	
<b>BM15-16/308</b>	<p><b>Monitor Q3 2015/16 Feedback Letter</b></p> <p>The Board received and noted the contents of the report</p>	
<b>BM15-16/309</b>	<p><b>Board of Directors</b></p> <p>The Minutes of the Board of Directors Meetings held on 24 February 2016 were confirmed as an accurate record.</p> <p><b>Board Action Log</b></p> <p>The Board action log was updated as recorded</p>	
<b>BM15-16/310</b>	<p><b>Items for BAF/Risk Register</b></p> <p>The Board agreed to include the commissioner affordability risk.</p>	<b>CS</b>
<b>BM15-16/311</b>	<p><b>Any Other Business</b></p> <p>The Board gave their thanks to Mr Taylor who was due to leave the Trust on 31<sup>st</sup> March 2016.</p>	
<b>BM15-16/312</b>	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 27 April 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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**Chairman**

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**Date**

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## ACTION LOG Board of Directors

**Updated – April 2016**

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
<b>Date of Meeting 30.03.16</b>						
1	BM15-16/297	Present the Medical Engagement Strategy	EM/JM		May16	
2	BM15-16/297	Circulate a note outlining the preparations for the Junior Doctors strike on 26/27April 2016	CO	<b>Completed</b>	April 16	
3	BM15-16/299	Update on the number of discharges before noon as a result of the SAFER roll out	CO		April 16	
4	BM15-16/300	Include the number of staff on either preceptorship or mentorship programmes in future nurse staffing reports	GW		May 16	
5	BM15-16/300	Circulate to members the impact of the nursing investment from a financial perspective in order to complete the evaluation process.	GW		April 16	
6	BM15-16/301	Provide an updated report on community paediatrics which clearly articulates what success looks like	AH/MW/ CO		May 16	
7	BM15-16/302	Circulate the CQC action plan following SMT sign off on 12.04.16	EM/CS	<b>Completed</b>	April 16	

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8	BM15-16/302	Outline the resource implications associated with delivering the CQC action plan in order that this work could be prioritised.	EM/CS	<b>Included in the action plan - completed</b>	April 16	
9	BM15-16/310	Include the commissioner affordability risk on the BAF	CS	<b>Completed</b>	April 16	
<b>Date of Meeting 24.02.16</b>						
2	BM15-16/275	Review the revised Equality and Diversity Annual Report at the Board in April 16	GW	<b>Included on the agenda for April 16</b>	April 16	
<b>Date of Meeting 27.01.16</b>						
6	BM15-16/241	Provide a monthly progress report on community paediatrics	CO	<b>Ongoing – last report in February</b>	March 2016	
8	BM15-16/243	Provide a weekly progress report on A & E in light of current performance	CO	<b>ongoing</b>		
9	BM15-16/244	Further work recommended on the performance report to ensure that the anticipated impact of planned action was captured, together with the risks, which would aid with future evaluation and analysis	MB	<b>Chief Operating Officer to review performance reporting and dashboard</b>	March 2016	
12	BM15-16/245	The Board agreed to review capacity and capability of the nursing workforce in future reports by including a suite of indicators and metrics which focus on mentorship/ perceptorship and safety	GW	<b>Metrics under development – to be included in report for April 16</b>	March 2016	
14	BM15-16/250	Undertake a review of the Board's risk appetite as part of the risk management review	CS	<b>Session planned for May 16</b>	March 2016	
<b>Date of Meeting 28.10.15</b>						

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16	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	<b>Chief Operating Officer to review performance reporting and dashboard</b>	November 2015	
17	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	<b>Chief Operating Officer to review performance reporting and dashboard</b>	November 2015	
<b>Date of Meeting 30.09.15</b>						
18	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	<b>Chief Operating Officer to review performance reporting and dashboard</b>	October 2015	
<b>Date of Meeting 29.04.15</b>						
19	BM 15-16/015	Provide the Board with a monthly update on CQC improvement against compliance	EM/CS	<b>Ongoing</b>	March 16	

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