

Council of Governors (CoG) (Public)

Tuesday, 14 July 2020

COUNCIL OF GOVERNORS (CoG)

Tuesday, 14 July 2020
4.00pm-7.00pm, via Microsoft Teams

DRAFT AGENDA

Item	Item Description	Presenter	Verbal or Attached
CoG P20/21-001	Apologies for Absence	Chair	Verbal
CoG P20/21-002	Declaration of Interests	Chair	Verbal
CoG P20/21-003	Minutes and Actions of previous meeting: <ul style="list-style-type: none"> 27 January 2020 15 May 2020 	Chair	Document
CoG P20/21-004	Matters Arising	Chair	Verbal
CoG P20/21-005	Chair's Business	Chair	Verbal
CoG P20/21-006	Key Issues	Chair	Verbal
TRUST PERFORMANCE			
CoG P20/21-007	COVID-19 Pandemic – Trust Experience to Date	Chief Executive	Document
CoG P20/21-008	Recovery & Reset Plan	Director of Strategy & Partnerships	Document
CoG P20/21-009	Quality & Performance Dashboard	Executive Directors	Document
GOVERNANCE			
CoG P20/21-010	Auditor's Report 2019/20	Mr S Basnett (Grant Thornton UK LLP)	Document
CoG P20/21-011	CQC Action Plan	Chief Nurse	Document
CoG P20/21-012	Developing the Trust Strategy	Director of Strategy & Partnerships	Presentation
CoG P20/21-013	Board of Directors' Minutes (6 May and 3 June 2020)	Chair	Document
CoG P20/21-014	Board of Directors' Meeting Update (1 July 2020)	Chair	Verbal
STANDING ITEMS			
CoG P20/21-015	Any Other Business	All	Verbal
CoG P20/21-016	Date, Time and Location of Next Meeting 5 October 2020, 4.00pm in the Boardroom, Education Centre (venue tbc)	Chair	Verbal

COUNCIL OF GOVERNORS

**Unapproved minutes of meeting held on Tuesday 15th October 2019
4.30pm-6pm, Boardroom, Education Centre, APH**

Present	Sir David Henshaw Paul Dixon Mandy Duncan Steve Evans John Fry Eileen Hume Richard Latten Allen Peters Frieda Rimmer Angela Tindall Sheila Hillhouse	The Chairman Public Governor Public Governor Public Governor Public Governor Public Governor Staff Governor Public Governor Public Governor Public Governor (Lead Governor) Public Governor
In attendance	Janelle Holmes Helen Marks Paul Moore Dr Nikki Stevenson John Sullivan John Coakley Hazel Richards Claire Wilson Jayne Coulson Anthony Middleton Matthew Swanborough Andrea Leather Vicki Roberts Jay Turner-Gardner	Chief Executive Officer Executive Director of Workforce Director of Quality & Governance Medical Director Non-Executive Director Non-Executive Director Chief Nurse Chief Finance Officer Non-Executive Director Chief Operating Officer Director of Strategy & Partnerships Board Secretary Executive Assistant Associate Director of Nursing - IPC
Apologies	Mike Collins Norman Robinson Pauline West Ian Linford Steve Igoe Sue Lorimer	Nominated Governor Staff Governor Public Governor Public Governor Non-Executive Director Non-Executive Director
*Denotes attendance for part of the meeting		

Ref	Minute	Action
CoG P19/20- 047	Apologies for Absence Apologies were noted as above.	
CoG P19/20- 048	Declarations of Interest None to declare.	

CoG P19/20- 049	Minutes of the Previous Meeting The minutes of the previous meeting held on 15 th October 2019 were approved as an accurate record.	
CoG P19/20- 050	Matters Arising There were no matters arising that weren't covered on the agenda.	
CoG P19/20- 051	Patient Story The Chief Executive Officer (CEO) shared the story of Nerys Brookes regarding her experience with the Ophthalmology team. This was a complex case due to a number of underling health issues in preparing for a cataract operation therefore the team decided to undertake a dummy run of the procedure to ascertain the best angle and position for Nerys. Nerys has expressed her thanks to all of the team for their support both during and before the operation.	
CoG P19/20- 052	Chair's Business The Chair confirmed this has been covered in the closed session.	
CoG P19/20- 053	Key Issues The Chief Operating Officer (COO) advised the Council of the following: <ul style="list-style-type: none"> • The Trust is currently progressing with the process of obtaining planning permission from the Local Authority for an additional car park at APH. Planning permission had previously been granted, but had subsequently expired and has been re-submitted. The Trust is therefore hoping this will be approved promptly so that the works can be completed and opened in June 2020. This will provide an additional 200 parking spaces. • The car park located near the A&E entrance of the hospital is to be tarmacked in the next 3-4 weeks with appropriate line marking, realising an additional 40-50 car parking spaces. • Remedial works will also be undertaken across the APH site, e.g. repairing pot holes etc. As part of the larger redesign scheme, the Trust is exploring new methods of directing the flow of traffic around the site so as to avoid all the traffic going past the front entrance of the hospital. • A project team has now been appointed to lead on the £1.8m Capital Estates programme for A&E and the Walk-in Centre (Urgent Care), which will future proof and improve the management and flow of patients. 	
CoG P19/20- 054	Quality & Performance Dashboard The Chief Executive advised the Council that she would like to draw their attention to the following indicators: <p>Safe</p> <ul style="list-style-type: none"> • SI numbers remain within the threshold. • Positive compliance of well over 95% regarding the management of patients with VTE • WUTH is still working on improving compliance around mandatory training and appraisal. It has been difficult to release clinical staff to undertake training over the winter months due to hospital pressures, and we are looking at ways of moving the 	

	<p>ownership of staff undertaking their training away from the manager.</p> <p>Effectiveness</p> <ul style="list-style-type: none"> • Patient flow and urgent/emergency care together with issues around norovirus and flu is impacting on a number of aspects such as length of stay, 18 week targets and 4 hour care targets. We are undertaking a substantial amount of work with our health partners around admittance avoidance, and looking at how we can effectively manage the time our patients stay in hospital, and what services are available to them once they are discharged. Nationally patients that are discharged still require a certain level of care that is not currently available in the community. We are undertaking a large piece of work with Wirral Community Foundation NHS Trust looking at other appropriate step down options for patients following discharge. • Despite patient flow issues, we are nationally one of the few organisations that are still delivering on our cancer standards. • The Chief Nurse is undertaking a substantive review of the processes in relation to patient experience feedback to ensure these measures are fit for purpose going forward. <p>Richard Latten, Staff Governor queried receipt of mortality data, which has not been available since August 2019. The Medical Director advised that nationally this data is only made available every quarter. SHMI and HSMR is collated in slightly different ways, and although HSMR is showing as red, the Trust is still not an outlier and lies within the expected range.</p> <p>The Director of Quality & Governance advised there is detailed intelligence on specific codes and that the Trust is undertaking a considerable amount of work around this behind the scenes.</p>	
CoG P19/20- 055	<p>Infection Prevention Control</p> <p>This report was brought to the Council to provide an update on the mandatory infections reported to Public Health England (PHE), the Trust's performance against National HCAI objectives, local objectives and the quality indicators reportable to Wirral CCG.</p> <p>Objectives for this year for Clostridium difficile (CDI) have been set using the data from 1 April 2018 to 31st December 2018. The Trust exceeded the CDI trajectory for the first 3 months of 2019/20, having 39 in Q1 against a trajectory of 22.</p> <p>There have been in excess of 300 patients which have been reported as having nausea and/or vomiting and diarrhea since the start of the Trust wide outbreak declared in October 2019. At present there are no wards with reported outbreaks.</p> <p>Influenza detection started earlier than previous seasons with 437 confirmed flu cases diagnosed between October – December 2019, compared to 66 confirmed cases for the same period last year.</p> <p>As part of the 3 year Strategy and Delivery Plan 2020/21 the Infection Prevention Control (IPC) annual report 2019/20 is being prepared. The Strategy and Delivery Plan are in development, and following approval will commence in 2020/21. This will ensure a proactive delivery plan is devised and is integral to the Estates Strategy and Learning and Development Plan.</p>	

<p>CoG P19/20- 056</p>	<p>Approach to developing the Trust Strategy & Strategic Framework</p> <p>Matthew Swanborough, Director of Strategy & Partnerships provided a presentation regarding the Trust Strategy 2020 – 25, outlining the following:</p> <ul style="list-style-type: none"> • Background and purpose • Developing WUTH's Strategic Framework • Developing the Strategy • Key timelines for the development of the Strategic Framework <p>Four Strategy Workshops will be taking place in February 2020. These will be led by the Trust Strategy Team, with support from the NHS Transformation Unit, and have been designed specifically for leaders from across the Trust. Governors have been invited to attend the workshops.</p> <p>The workshops will detail the Trust's goals and set the priorities for the next 5 years. They will also build on the work already undertaken during the previous 12 months to identify and embed the Trust's vision and values.</p>	
<p>CoG P19/20- 057</p>	<p>Report from Governor Workshop (19th December 2019)</p> <p>The Lead Governor advised the Council that on Thursday 19th December 2019, Sharon Landrum, Diversity & Inclusion Lead and Freedom to Speak up Guardian facilitated a Governor Workshop on Diversity, Inclusion and Human Rights.</p> <p>Attendance was encouraging with nine Governors present, who all found the session extremely useful and informative.</p> <p>In summary the workshop highlighted the following:</p> <ul style="list-style-type: none"> • The Equality and Diversity agenda now forms part of the CQC well-led domain and must have an equality impact upon the staff and therefore involvement is crucial. An action plan is to be developed in order to underpin the Trust's present Diversity & Inclusion Strategy and key requirements by 2022. • WUTH Staff Survey scores for Diversity and Inclusion (2018) were above the national average and events such as quality buses, social networking, rainbow badges and positive leadership are all contributing to WUTH's status as an example of good practice in Equality & Diversity. <p>The workshop highlighted the need for Governors to be aware of the Speak Up data and their roles and responsibilities as part of this agenda.</p> <p>The Lead Governor wanted to extend her thanks to Sharon Landrum on a well-informed pro-active and interesting workshop. She advised that all of the various workshops attended have been excellent. The staff facilitating these put in an enormous amount of effort and considerable learning is gained from them.</p> <p>In addition, Governors took the opportunity to discuss ways in which to encourage membership engagement and options to raise the profile of the Governor. The following are suggestions for the Council to consider:</p> <ul style="list-style-type: none"> • Governor attendance at Local Council Ward meetings • Liaise with Healthwatch to see how we can engage with local Patient Groups • Production of Posters and Banner Stands • Liaise with Cheshire & Wirral Partnership Trust to see how they have engaged with members. 	

	<p>It was agreed to establish a small group of Governors to take forward other ideas such as:</p> <ul style="list-style-type: none"> • Social media feature on three of four Governors, with a separate focus on each talking about why they became a Governor. • The public website to be developed, possibly with profile images and pen portraits. • A stall in the entrance of Arrowe Park Hospital to speak to people face to face about the benefits and importance of being a Governor. This would be promoted through social media. 	
CoG P19/20-058	<p>Board of Directors' Minutes (2nd October and 6th November 2019)</p> <p>There were no comments received regarding the Board of Directors' minutes for both 2nd October and 6th November 2019.</p>	
CoG P19/20-059	<p>Board of Directors' Meeting Update (4th December 2019)</p> <p>The minutes of the Board of Directors' meeting of 4th December 2019 were discussed in the closed session.</p>	
CoG P19/20-060	<p>External Auditors</p> <p>The Council was advised that the Audit Committee were notified that the external audit fees for 2019/20 would significantly increase. The Committee had discussed and debated the fee and subsequently approved the 2019/20 fees. However, it was highlighted that this will be a one off payment as this was the final year of the existing contract and service was due to be tendered later in the year. Once the timeframe for the tender process has been developed the Council of Governors are to be advised.</p>	
CoG P19/20-061	<p>Any Other Business</p> <p>There was no other business to report.</p>	
CoG P19/20-062	<p>Date and time of the next meeting</p> <p>The next Council of Governors meeting is Tuesday 21st April 2020, 4pm-7pm, in the Boardroom, Education Centre.</p>	

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Chairman

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Date

COUNCIL OF GOVERNORS

**Unapproved minutes of meeting held on 15th May 2020 at 2 pm
Via Teams**

Present	Sir David Henshaw Steve Evans John Fry Janelle Holmes Eileen Hume Steve Igoe Richard Latten Ian Linford Allen Peters Frieda Rimmer Angela Tindall	The Chairman Public Governor Public Governor Chief Executive Officer Public Governor Public Governor Staff Governor Public Governor Public Governor Public Governor Public Governor (Lead Governor)
In attendance	Rachel Cobon	Minute Taker
Apologies	John Coakley Sue Lorimer	Non-Executive Director Non-Executive Director

Agenda Item	Minute	Action
1	<p>Welcome</p> <p>The Chair welcomed all those present and acknowledged the difficult circumstances around meeting during the COVID-19 pandemic, hence it being on Microsoft Teams.</p> <p>The Chair expressed an expectation for the current situation to continue until around February or March 2021, and recognized the outstanding work being undertaken by WUTH staff in responding to the situation.</p>	
2	<p>Non-Executive Director Appointments</p> <p>The Council received proposals from the Chair, Sir David Henshaw, pertaining to the reappointment of Mrs Sue Lorimer and Dr John Coakley as Non-Executive Directors.</p> <p>The 2019 CQC inspection, whilst rating the Well-Led Domain as 'requires improvement', noted that a significant factor for this had been the stabilisation of the Board of Directors during the last 18 months, leading to strengthening the governance structures across the Trust.</p> <p>To support further continuation of this stabilisation, and subject to the Councils Nominations/Remuneration Committee approval, Mrs Lorimer wished to be re-appointed for a further 3 year term.</p> <p>Whilst Dr John Coakley had confirmed he wished to stand down at the end of his current term (30th June 2020), in view of the current national and international Covid-19</p>	

	<p>pandemic, Dr Coakley had agreed to extend his term of office, subject to the Council's approval, until the 31.12.2020. This would allow the Trust time to undertake a formal recruitment process, something that the current climate was curtailing.</p> <p>The Chair formally sought the Council's approval to:</p> <ul style="list-style-type: none"> • Reappoint Mrs Sue Lorimer for a further 3 year term, 1.7.2020 – 30.6.2023. • Reappoint Dr John Coakley, 1.7.2020 – 31.12.2020. <p>The council unanimously approved the proposals as outlined.</p>	
3	<p>Interim Governance Arrangements</p> <p>Normal lines of communication with the governing body will be maintained. The Chair asked CoG members to contact him direct with any issues.</p> <p>The Chair informed the CoG that Helen Marks, Director of Workforce, has decided to depart from her appointment with WUTH for personal reasons. The position will be advertised in the near future.</p>	
4	<p>WUTH Update</p> <p>A significant amount of work is being done around the whole health economy and removing blockages in patient discharge which have caused problems with patient flow and ED performance, with the hospital operating at about 60% of capacity. The numbers of daily diagnoses of COVID-19 are currently fairly static at around 7-10 patients per day. A peak occurred around 11th April. Currently there are around 60 COVID positive inpatients and a slightly higher number of suspected cases who await swab results. There are plans to extend Critical Care to 42 beds, although no surge has been seen.</p> <p>All procedures except urgent and cancer patients have been suspended during COVID. However, plans are being developed to resume elective procedures. Staff sickness has been a significant issue but is now reducing.</p> <p>PPE supplies have been a concern but supplies have been sufficient to date. The Trust has to work around a 48 hour supply chain.</p>	
5	<p>Reset & Recovery</p> <p>Planning of the reset and recovery phase is underway in line with national guidance. This requires the management of many complex issues aligned with Cheshire & Merseyside and Wirral as a health system. There have been positive learning opportunities and new approaches, such as the use of Microsoft Teams for meetings, will be continue to be utilised in the future. The improved collaboration with the local system should be maintained. In particular, the relationship with Wirral Council has improved.</p>	
6	<p>Any Other Business</p> <p>It was noted that Paul Moore, Director of Governance, left the Trust at the end of March 2020. Governance now sits with the new Chief Nurse, Hazel Richards.</p> <p>The Trust was noted to have made significant progress in terms of the outcome of the CQC inspection in November 2019.</p> <p>CoG members passed on their very best wishes to AL who is currently unwell and absent on sick leave.</p>	

7	Date and time of the next meeting The next Council of Governors meeting is 14 th July at 4.30 pm	
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Chairman

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Date

COVID-19 Pandemic - Trust Experience to Date



Headlines

- 2 March 2020 - NHS declared Level 4 Incident in response to COVID-19 pandemic
- Immediate transition to a Command & Control environment
- National Incident Management Team – Regional Structures – Individual Organisations
- Positive COVID-19 Inpatients (cumulative) – 658*
- Confirmed deaths (cumulative) – 240*
- Current COVID-19 Inpatients – Positive = 11, Suspected = 59*

** Figures as at 9 July 2020*



Command and Control

Internal arrangements based on the following structure for management and decision-making:

- **Bronze** – Meets five times a day, seven days a week
- **Silver** – Meets three times per week, initially led by Deputy Chief Executive, now led by Chief Operating Officer
- **Gold** – Meets twice a week, led by Chief Executive
- **Clinical Advisory Group** – Meets three times a week, led by Medical Director
- **Communications Group** – Meets daily, led by Director of

Communications
together
we will

Operational Response

- Routine elective surgery suspended across Arrowe Park and Clatterbridge sites – in accordance with national guidance
- Theatres are still functional on the APH site for urgent and emergency surgery (General Surgery and Trauma & Orthopedics)
- Outpatients - clinical review was undertaken of outpatients lists to determine an outcome of either discharge, reschedule (defer), remote consultation or face to face consultation.
- Streamlined pathways in the Emergency Department; COVID and non-COVID patients with development of a “Respiratory Receiving Unit (RRU)” outside of the ED footprint to fast-track patients clinically suspected as having COVID-19 infection
- Ward designation for infection prevention and control purposes: Red, Amber, Green, Purple, White. This has now been streamlined to Red, Amber, Green.



Ward Designation

To ensure effective cohorting of COVID-19 positive patients and protection of Non-COVID-19 patients, all in-patient wards across the Trust have been re-designated as:

Red Wards

for COVID-19 swab positive patients.

Amber Wards

for suspected but not proven COVID-19 patients (awaiting a swab result) or patients in whom COVID-19 is clinically suspected but have a negative swab.

Green Wards

for swab negative patients who are improving and who have possibly been exposed to COVID-19.



Decision Making & Capacity

- Board of Directors reviewed financial governance arrangements and approved temporary amendments to Standing Financial Instructions
- Board of Directors reviewed and agreed interim governance arrangements for corporate meetings (suspended meetings, reduced frequency, meetings held virtually rather than face to face)
- Revised arrangements initially in place 1 April – 31 July 2020
- Reviewed by Board on 1 July 2020, restart meetings, continue with virtual approach, keep subject to regular review



Personal Protective Equipment (PPE)

- Distribution managed on a 'push' basis. Deliveries determined nationally rather than the usual 'pull' system where organisations order levels of stock needed.
- Daily stock management dashboard reviewed by Bronze, Silver and Gold Command to ensure any PPE risks are visible and mitigation strategies adopted in real time
- Engaged in the daily Cheshire and Merseyside Supply Resilience Cell which coordinates and manages PPE issues across the system
- Mutual aid system in place across Cheshire and Merseyside where stock is shared between Trusts when required.



Workforce

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

- Training and upskilling existing and new workforce
- Workforce Supply
- Sickness Absence
- Communication & Engagement
- Staff Health Risk Assessments
- Specific Health Risk Assessments for BAME staff



Health & Wellbeing

The Trust has established a wide range of Health and Wellbeing support which includes:

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

Campaigns to attract volunteers, temporary staff and retire and return have been undertaken.



Infection Prevention & Control

- NHS England / Improvement published an Infection Prevention and Control Board Assurance Framework in May 2020.
- Required to complete self-assessment against the existing 10 quality standards set out in the Infection Prevention Control Code of Practice (2008)
- The Trust has self-assessed against the 10 standards and assigned 5 as having “significant assurance” and 5 as having “limited assurance”.
- Progress to be monitored through Patient Safety Quality Board and Quality Committee to the Board of Directors



WUTH

COVID-19 Recovery and Reset Plan:

Stage 3 (July 20 to March 21)

9th July 2020

V3

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1. Background and Purpose: COVID-19 Response at WUTH

a. Background

- Since early March 2020, the Trust has been operating a Command and Control model as part of the Covid-19 response.
- This has included the centralisation of governance, the development and delivery of a COVID clinical models, the reconfiguration of wards and beds, the expansion of staff wellbeing systems, the reduction of elective surgery and transformation of outpatients.
- In May 2020, the Trust developed and implemented the COVID-19 Recovery and Reset Plan, focussing on Stage 2 of the recovery (between the 18th May and 1st July 2020).
- This plan built on the NHS England national approach to recovery and reset and followed the key aspects and guidance set out by NHS England.
- This plan was actively tracked and managed through the Gold Command structure, with the core aspects delivered across the specified timeframes.

b. Purpose

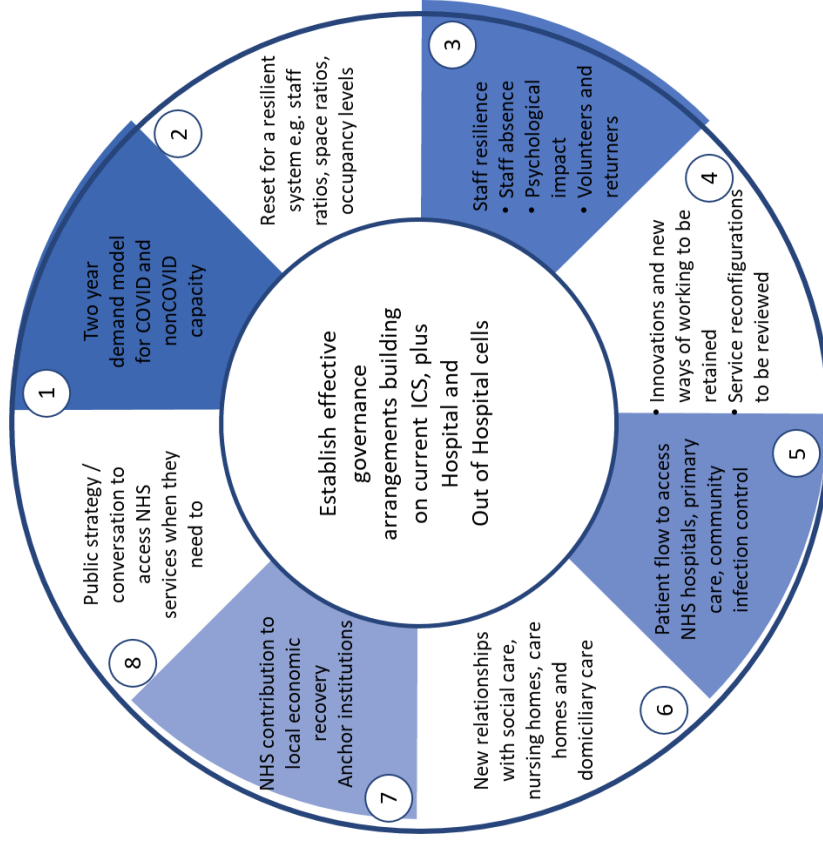
- This document builds on the Stage 2 Recovery and Reset Plan, setting out the key components for recovery and reset across Stage 3 (Service Change & Operational Delivery) which will run for a period of 9 months from 1st July 2020 to 31st March 2021.
- The production of the plan follows a workshop with the WUTH Executive Team, where Directors discussed and agreed the key components of the third stage plan.

2. NHS England approach to Recovery

a. NHS England Recovery and Reset Guidance for Stage 3

- The NHS England Stage 3 Recovery Guidance is to be released to Trusts in mid-late July 2020.
- However, the NHS England, through their regional offices, have indicated the themes and requirements across Stage 3.
- The correspondence set out the following requirements for Trusts and systems as part of ongoing response:
 - Continue local EPRR incident coordination functions
 - Continue regular testing for staff and patients, with robust IPC processes and PPE to support teams.
 - Step-up treatment capacity for non-COVID urgent services,
 - Restart and delivery of elective surgery, through 'clean' pathways, working as a system to manage capacity.
 - Lock in beneficial changes and improvements, including for outpatients and diagnostics
 - Continue to partner with local authorities and CCGs to support timely discharge and transfer of patients
 - Prepare for winter 20/21, including reviewing critical care and bed capacity
 - Deliver agreed capital programmes to support COVID resilience
 - Support staff wellbeing and welfare across Stage 3
 - Prioritise cancer diagnosis, treatment and management
- This builds on the priorities previously highlighted by NHS England for Stage 3, in May 2020, as indicated in the diagram, right.

NHS England: Delivering Phase 3 : Key components

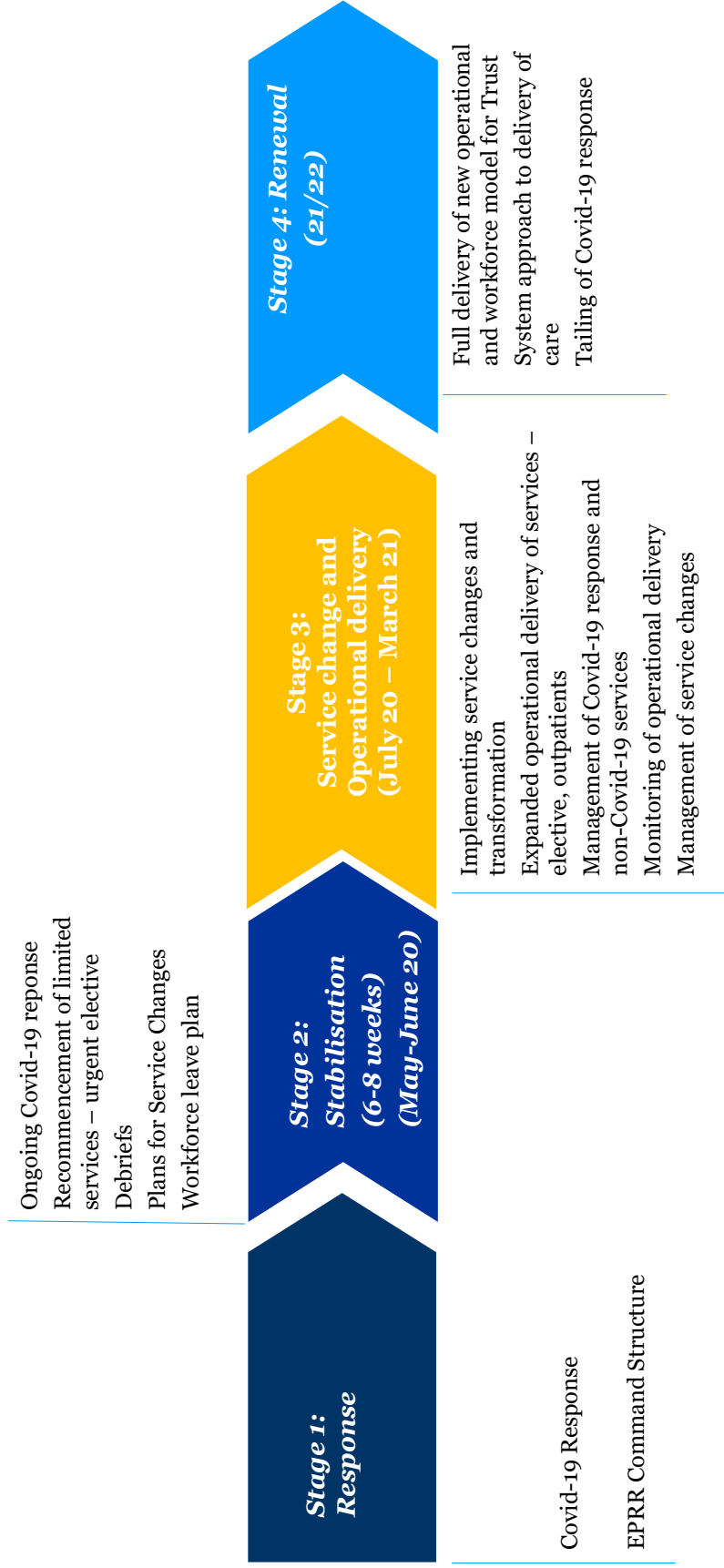


3. Key stages of the Recovery and Reset Plan

a. Key Stages of the Recovery and Reset Plan

- Aligning with NHS England stages of recovery, the Trust implemented a four stage recovery approach, as highlighted in diagram below.
- Stage Three commences in early July 2020 and will run through till the end of March 2021.

Key stages of the WUTH Recovery and Reset Plan



4. Key Principles and Aspects of the Stage 3 Plan

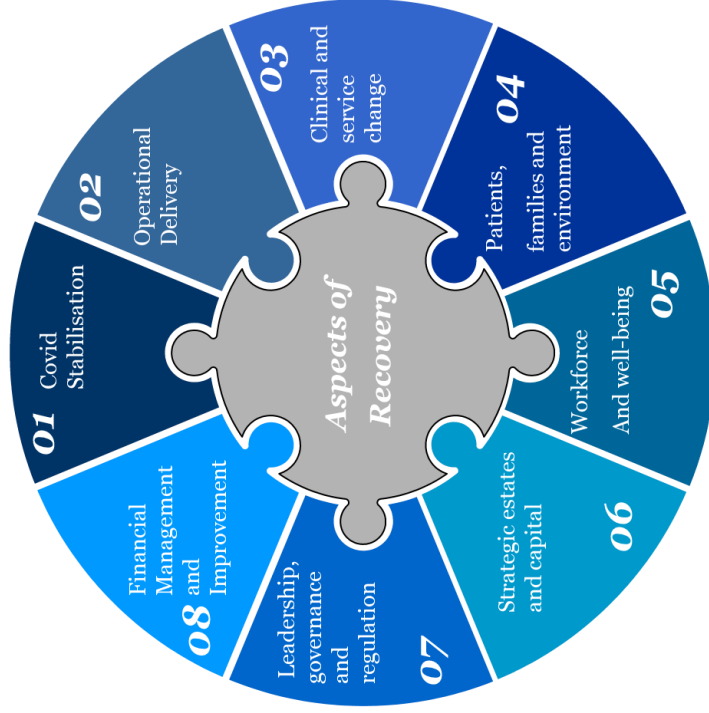
a. Key Principles of the Stage 3 Recovery and Reset Plan

- As part of the Stage 2 Recovery and Reset Plan, a number of key principles were agreed to guide the formation and delivery of the Trust's Recovery and Reset Plan across all stages, as detailed below:
 - Ensure the safety of our staff, patients and families, minimising the risk of transmission of COVID infection, through testing and excellence in infection control.
 - Prioritise the response to COVID-19
 - Allow for equity of access for patients through the recovery phases, with the careful planning, scheduling and organisation of clinical activity.
 - Ensure the ongoing health and wellbeing of WUTH staff, patients and communities
 - Promote the new models of service delivery and new ways of working
 - Allow for continuous learning and improvement, aligning to the Trust's Strategy
- These principles were endorsed by the Executive Team for continued use through Stage 3.

b. Core aspects of the Recovery and Reset Plan

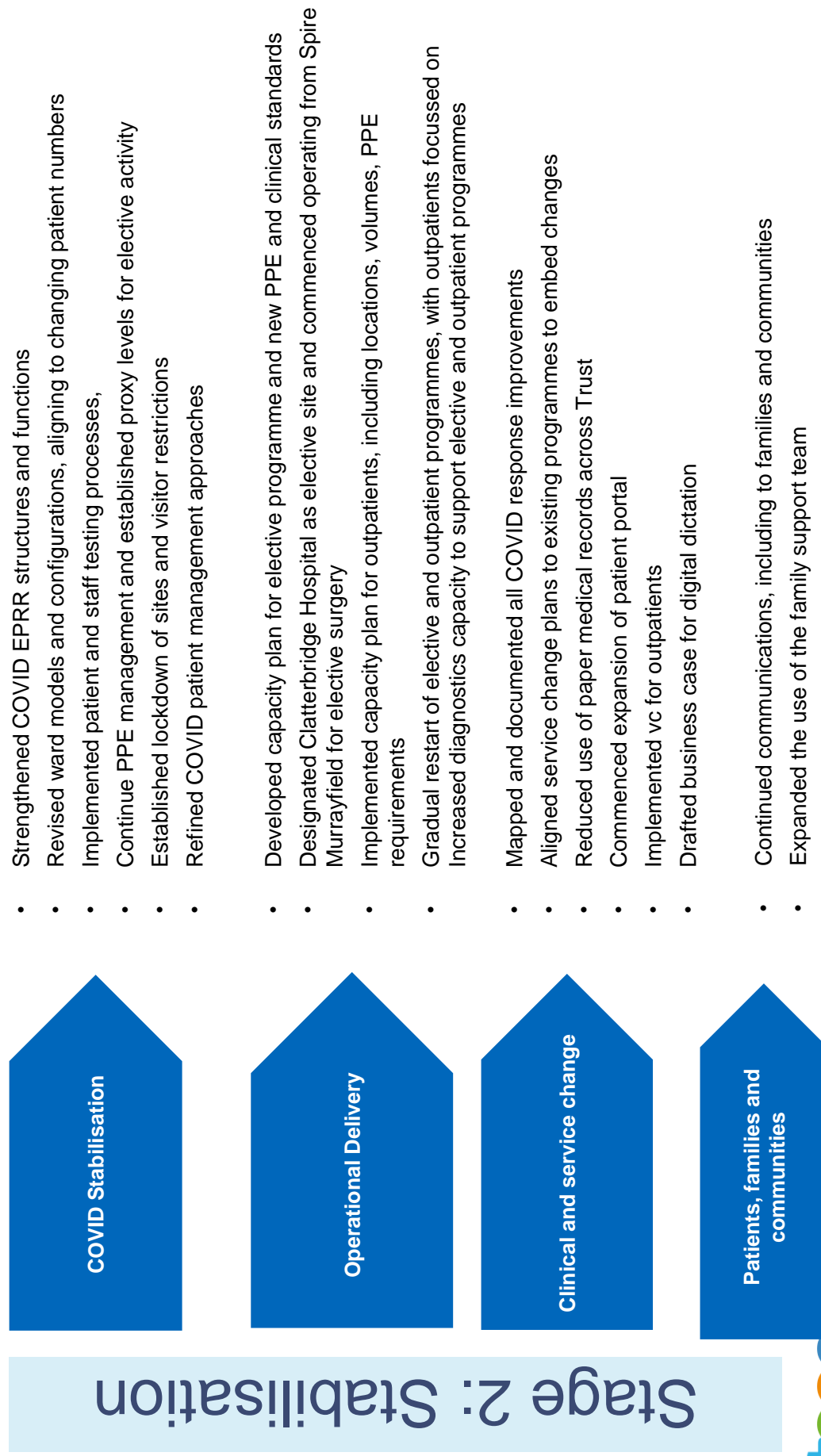
- As part of the development of the Stage 2 Recovery and Reset Plan, a number of key aspects were identified, with the aim of each aspect supporting the delivery of the plan, across the stages. These aspects are continued through Stage 3.

Aspects of the WUTH Recovery and Reset Plan



5. Stage 2: Reflections on delivery

As the conclusion of the Stage 2 Recovery and Reset Plan, we reflected on the key tasked that had been delivered across the 6-7 week period, highlighting these some of these achievements, below:



5 . Stage 2: Reflections on delivery

Stage 2: Stabilisation

Workforce and wellbeing

- Sustained central absence line
- Continued and expanded wellbeing offering to staff
- Restart study leave and staff leave
- Continue staff communication and engagement

Strategic Estates

- Established APH site working party, to focus on non-clinical working spaces, ward refurbishments and IPC requirements
- Restarted short term maintenance across APH
- Determined short term capital and equipment requirements for COVID response and elective programme at Clatterbridge
- Continue free staff parking

Leadership and Governance

- Reviewed committee and meetings functions and roles
- Continue Bronze functions and merged with bed meetings
- Reviewed and revised Silver and Gold functions, membership and times

Financial management

- Reviewed 20/21 Capital Plan
- Clarified funding for IPC, capital and ongoing COVID response
- Developed and implemented Trust financial framework for 20/21
- Established Divisional Accountability Framework

6: Stage 3: Covid-19 Stabilisation Aspect

a. Overview

- The Covid-19 Stabilisation aspect and work programme focuses on the ongoing management of the COVID-19 response across Stage 3, from July 20 to March 21. This includes:
 - Continued local EPRR incident coordination
 - Review and revision of COVID ward escalation
 - Excellence in the delivery and management of IPC
 - Continued revision of testing processes
 - Management of COVID discharges and transfers

Leadership of Aspect

Executive Lead: Deputy Chief Executive

Key Components	Key Tasks for delivery	July	August	September	October	November	December	January	February	March
EPRR Response	Continued management of COVID response through EPRR structures									
	Implement National Guidance for Stage 3									
Tracking of potential surges	Daily review of COVID admissions and activity to support management of surges									
	Review of ward escalation for COVID and development of updated escalation plan to manage surges									
	Model Covid admission and bed requirements across winter period, aligning to infection rates across Wirral									
	Model and Track changes in COVID admissions and flex bed capacity across Winter									
Testing	Enhance rapid testing across the Trust									
	Ongoing tracking of patient testing times									
COVID discharges	Model intermediate bed requirements across winter period for COVID/Non-Covid patients									
	Support Seacole Bed establishment									
	Monitor and track discharge delays									
Debriefs	Finalise Debrief approach									
	Undertake staff group debriefs									
	Collate and report on lessons learnt									

7: Stage 3: Operational Delivery Aspect

a. Overview

- The Operational Delivery aspect and work programme focuses on the gradual recommencement of elective activity, the provision of urgent outpatients and diagnostics and the designation of non-COVID sites.

Leadership of Aspect
Executive Lead: Chief Operating Officer

Key Components	Key Tasks for delivery	July	August	September	October	November	December	January	February	March
Capacity Planning	Develop and submit revised capacity plans for elective programme									
	Monitor bed capacity, aligning to national guidance									
Elective Programme	Embed NHS Operating Framework requirements for Elective and Planned Care									
	Track gradual implementation of elective programme and impact on bed base across hospitals									
	Develop plan for expanded use of Clatterbridge Hospital for Elective Surgery across Stage 3, including POCU, theatres and beds									
IS provision	Determine ongoing IS/Spire provision to support elective and cancer programme for Stage 3 (inc winter)									
	Continue provision of urgent outpatients and diagnostics, including Cancer, to pre-pandemic levels									
	Expand diagnostic services									
Outpatients and diagnostics	Revise outpatient templates, to align to v/c and telephone consults									
	Establish Trust standards for face-to-face appointments, including PPE, social distancing, waiting areas, locations, waiting times									
	Track and monitor Cancer, Outpatient and Elective performance									
Performance	Develop Winter Plan for 20/21, including capacity management, on-call, staffing and use of assessment areas									
Winter Plan	Socialise Winter Plan with Teams									
	Implement Winter Plan									

8: Stage 3: Clinical and Service Change Aspect

a. Overview

- The Clinical and Service Change aspect and work programme focuses on the embedding of improvements and changes delivered as part of the COVID response. .

Leadership of Aspect
Executive Lead: Chief Operating Officer & Deputy Chief Executive

Key Components	Key Tasks for delivery	July	August	September	October	November	December	January	February	March
Service Change	SIT team lead embedding of improvements from Covid, aligning to Trust Programmes									
	Revise SIT team methodology and approach									
Patient Portal	Establish processes to improve registration and use of Patient Portal , including staff and patient comms									
	Track implementation and registrations of Portal									
Medical records and EPR	Develop plan and commence paperless EPR implementation									
	Redeployment of records staff									
Digital Dictation	Develop business case for digital dictation across Trust									
	Tender, build and Implement digital dictation across Trust									
Healthy Wirral	Undertake the Case for Change for Dermatology and Ophthalmology									

9: Stage 3: Patients, Families and Environment Aspect

a. Overview

- The Patients, Families and the Environment aspect and work programme focuses on the ongoing engagement and communication with patients and visitors as well as ensuring the protection of the hospital environment.

Leadership of Aspect
Executive Lead: Chief Nurse

Key Components	Key Tasks for delivery	July	August	September	October	November	December	January	February	March
External Communication and engagement	Communicate ongoing site restrictions									
	MP briefings with Council CEO									
Family Support Team	Confirm ongoing family support team requirements									
	Resource and fund Family Support Team across Winter									
Environmental safety and IPC	Resource case for FIT Test Team									
	Continued daily management of Fit Testing, training and management of stock									
	Continue to implement IPC and social distancing protocols across Trust									
	Monitor visitor restrictions and alter arrangements, as required									
	Establish cleaning regime for Covid stage 3									
	Implement CGH site restrictions									
	Update APH site restrictions, with use of security cards and swipe access									

10: Stage 3: Workforce and Wellbeing Aspect

a. Overview

- The Workforce and Wellbeing aspect and work programme focuses on the ongoing .

Leadership of Aspect

Executive Lead: Director of Workforce

Key Components	Key Tasks for delivery	July	August	September	October	November	December	January	February	March
Staff risk assessments	Receive and analyse staff risk assessments									
	Establish process for the management of risk assessments and impacted staff									
Absence management	Implement sustainable absence management system									
	Monitor and track absence management across Trust									
Shielding staff	Implement policy and process for returning staff									
Wellbeing	Review and implement sustainable wellbeing programme for staff									
	Restart study leave									
Study leave and audit days	Evaluate audit days and determine recommencement									
	Model future annual leave requirements and liabilities across 20/21 and 21/22									
Annual Leave provision	Agree process for taking annual leave across 20/21 and 21/22									
Internal/ Staff Communications	Develop and deliver comms programme for Stage 3									
	Establish plan for the deployment of Volunteers for Stage 3									
Volunteers	Establish and implement process for Executive walk rounds									
Walk rounds	Continue monthly leadership engagement sessions									
	Examine options for wider staff engagement sessions									
Leadership updates	Establish plan for workforce sickness surge due to Covid and align to Winter Plan									
Workforce Sickness										

11 : Stage 3: Strategic Estates and Environment Aspect

a. Overview

- The Strategic Estates aspect and work programme focuses on the ongoing .

Leadership of Aspect

Executive Lead: Director of Strategy

Key Components	Key Tasks for delivery	July	August	September	October	November	December	January	February	March
COVID Estates requirements	Receive advice of successful COVID capital funding									
	Commence planning for Covid builds and refurbishments									
	Undertake COVID funded construction and refurbishments									
	Undertake rolling APH refurbishments to support COVID									
	undertake Trust capital planning 21/22									
Clatterbridge Hospital	Determine short term estates requirements to support enhanced elective programme									
	Commence any works for CGH site									
Staff parking	Determine ongoing free parking for Staff and Visitors									

12: Stage 3: Leadership and Governance Aspect

a. Overview

- The Leadership and Governance aspect and work programme focuses on the governance of the Trust, across Stage 1, supporting the ongoing COVID response and operation and strategic management of the Trust.

Leadership of Aspect
Executive Lead: Chief Executive

Key Components	Key Tasks for delivery	July	August	September	October	November	December	January	February	March
Committees and Groups	Review assurance committees and governance structures for Stage 3 of COVID response, including alignment to EPRR structures									
	Recommend assurance committees									
	Agree and implement revised structures for Committees and Groups									
System Representation	Undertake COVID Board update calls with CE									
	Continue representation on System and C&M COVID Committees and groups (CEOs, STAC, Health & Social Care Cell)									
	Support the development of COVID outbreak protocols									
CAG	Review function and role of CAG for Stage 3									
Accountability Framework	Socialise Divisional Accountability Frameworks with Divisional Trustees and trial									
	Implement Divisional Accountability Framework with Divisions as part of DPRs									

13: Stage 3: Financial Management Aspect

a. Overview

- The Financial Management aspect and work programme focuses on the financial plan to support ongoing financial management of the COVID response, financial management across 20/21 and implementation of the NHS financial framework

Leadership of Aspect
Executive Lead: Chief Finance Officer

Key Components	Key Tasks for delivery	July	August	September	October	November	December	January	February	March
Financial Plan	Develop and implement Trust financial approach for Aug 20-March 21, aligning to NHS England Guidance									
	Revise SFIs to align to financial approach									
	Budget Management for Divisions for Aug 20-March 21									
Capital Plan	Review 20/21 Capital Plan and reprioritise for Q2-4, based on COVID capital funds									
	Track and manage Capital Plan spend for 20/21									

Board of Directors	
Agenda Item	20/21 064
Title of Report	Quality and Performance Dashboard and Exception Reports
Date of Meeting	1.7.2020
Author	WUTH Information Team and Governance Support Unit
Accountable Executive	COO, MD, CN, DQG, HRD, DoF
BAF References Strategic Objective Key Measure Principal Risk	Quality and Safety of Care Patient flow management during periods of high demand
Level of Assurance Positive Gap(s)	Gaps in Assurance
Purpose of the Paper Discussion Approval To Note	Provided for assurance to the Board
Reviewed by Assurance Committee	None. Publication has coincided with the meeting of the Board of Directors.
Data Quality Rating	TBC
FOI status	Unrestricted
Equality Impact Assessment Undertaken Yes No	No adverse equality impact identified.

1. Executive Summary

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

2. Background

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

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

3. Key Issues

Of the 49 indicators that are reported for May (excluding Use of Resources):

- 14 are currently off-target or failing to meet performance thresholds
- 24 of the indicators are on-target
- 11 do not have an identified threshold or are not rated

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

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

4. Next Steps

WUTH remains committed to attaining standards through 2020-21.

5. Conclusion

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

6. Recommendation

The Board of Directors is asked to note the Trust's performance against the indicators as at 31 May 2020.

Quality Performance Dashboard

June 2020

Updated 23-06-20

Indicator	Objective	Director	Threshold	Set by	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on UY:sas	CN	≤0.24 per 1000 Bed Days	WUTH	0.04	0.14	0.04		0.04	0.09	0.13	0.13	0.13	0.32	0.31	0.17	0.21	0.21	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	MD	≥95%	WUTH	96.0%	91.9%	94.6%	94.6%	96.1%	94.9%	94.1%	97.5%	98.7%	98.0%	97.7%	97.7%	97.5%	97.5%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	MD	≥95%	SOF	96.3%	96.8%	97.7%	97.6%	97.6%	97.1%	97.8%	97.3%	97.8%	97.7%	97.5%	97.8%	97.8%	97.4%	
	Harm Free Care Score (Safety Thermometer)	CN	≥95%	National	95.7%	95.5%	97.2%	95.0%	97.0%	96.5%	95.7%	95.1%	95.2%	97.0%	96.9%	National reporting ceased	National reporting ceased		
	Serious Incidents declared	DQ&G	≤48 per annum (max 4 per month)	WUTH	1	4	3	1	0	5	4	5	5	4	4	3	4	4	
	Never Events	DQ&G	0	SOF	0	0	0	0	0	0	0	0	0	2	0	0	0	0	
	CAS Alerts not completed by deadline	CN	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Clostridium Difficile (healthcare associated)	CN	≤98 WUTH financial year 2019/20 retained, as per monthly maximum threshold	SOF	9	11	5	6	7	8	6	7	4	4	3	6	5	11	
	E.Coli gram negative bacteraemia infections	CN	TBC - new definition adopted from April 2020	WUTH	2	2	5	7	2	5	6	6	8	9	1	7	4	11	
	MRSA bacteraemia - hospital acquired	CN	0	National	0	0	0	0	0	0	0	1	0	0	0	0	1	1	
	Hand Hygiene Compliance	CN	≥95%	WUTH	91%	98%	99%	100%	99%	100%	100%	99%	100%	100%	100%	100%	99%	99.6%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	CN	0	WUTH	0	0	1	0	0	0	1	0	1	0	0	2	0	2	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	CN	≥90%	WUTH	99%	98%	98%	98%	98%	99%	99%	99%	96%	96%	96%	96%	91%	94%	
	Protecting Vulnerable People Training - % compliant (Level 1)	CN	≥90%	WUTH	93.6%	93.7%	93.6%	92.9%	93.6%	92.4%	91.2%	91.2%	92.2%	92.3%	90.2%	90.4%	88.7%	90%	
	Protecting Vulnerable People Training - % compliant (Level 2)	CN	≥90%	WUTH	91.0%	90.7%	90.4%	90.3%	91.2%	88.3%	85.5%	84.9%	84.4%	85.0%	82.81%	81%	71%	76%	
	Protecting Vulnerable People Training - % compliant (Level 3)	CN	≥90%	WUTH	92.8%	91.5%	92.3%	90.3%	89.88%	87.46%	88.09%	89.66%	89.53%	86.67%	79.94%	51%	20%	20%	
	Attendance % (12-month rolling average)	DHR	≥95%	SOF	94.74%	94.63%	94.51%	94.40%	94.38%	94.33%	94.14%	94.10%	94.11%	94.15%	94.05%	94.14%	94.20%	94.20%	
	Attendance % (in-month rate)	DHR	≥95%	SOF	94.91%	94.49%	94.07%	93.96%	94.25%	93.99%	93.82%	93.87%	94.40%	94.85%	94.90%	94.78%	95.04%	94.91%	
	Staff turnover % (in-month rate)	DHR	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.83%	0.85%	0.68%	2.03%	1.21%	0.86%	0.77%	0.86%	0.82%	0.54%	0.90%	0.42%	0.43%	0.43%	
	Staff turnover (rolling 12 month rate)	DHR	≤10%	WUTH	10.2%	10.5%	9.5%	10.6%	10.9%	11.0%	11.3%	11.3%	11.5%	11.3%	11.1%	10.9%	10.7%	10.7%	
	Care hours per patient day (CHPPD)	CN	Between 6 and 10	WUTH	7.2	7.4	7.3	7.7	7.5	7.7	7.6	7.55	7.9	7.7	National reporting suspended	National reporting suspended	National reporting suspended		

Quality Performance Dashboard

June 2020
Updated 23-06-20

Indicator	Objective	Director	Threshold	Set by	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	CN	≥85%	WUTH	95.0%	90.0%	93.0%	92.0%	96.0%	97.8%	97.2%	97.5%	98.3%	99.1%	98.7%	93.6%	96.5%	95.1%	
	SAFER BUNDLE: % of discharges taking place before noon	MD / COO	≥33%	National	18.0%	18.7%	20.2%	17.9%	18.8%	17.2%	17.1%	19.3%	19.8%	19.3%	19.8%	20.7%	19.6%	20.2%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	MD / COO	≤156 (WUTH Total)	WUTH	415	403	383	410	431	443	441	444	446	448	383	174	209	209	
	Long length of stay - number of patients in hospital for 21 or more days	MD / COO	Reduce to 107 by March 2020	WUTH	190	171	171	203	193	199	200	217	204	195	118	51	66	66	
	Length of stay - elective (actual in month)	COO	TBC	WUTH	3.2	4.1	3.5	3.5	3.5	4.0	3.6	4.6	3.4	3.6	3.9	3.5	3.4	3.5	
	Length of stay - non elective (actual in month)	COO	TBC	WUTH	4.9	4.5	4.6	4.6	5.1	4.8	5.0	5.2	5.1	5.2	6.7	4.8	3.4	4.1	
	Emergency readmissions within 28 days	COO	TBC	WUTH	1236	1130	1126	1130	1092	1118	1057	1080	1115	1006	827	667	870	769	
	Delayed Transfers of Care	COO	TBC	WUTH	14	10	11	9	15	10	13	11	16	16	23	6	2	4	
	% Theatre in session utilisation	COO	≥85%	WUTH	86.3%	85.5%	88.5%	85.3%	81.0%	82.9%	81.0%	77.3%	78.3%	83.0%	82.0%	71.4%	68.7%	70.6%	

Quality Performance Dashboard

June 2020
Updated 23-06-20

Indicator	Objective	Director	Threshold	Set by	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21	Trend
Caring	Same sex accommodation breaches	CN	0	SOF	13	17	16	24	23	17	26	10	10	14	4	2	0	2	
	FFT Recommend Rate: ED	CN	≥95%	SOF	89%	91%	91%	92%	86%	87%	84%	87%	85%	86%	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Overall Response Rate: ED	CN	≥12%	WUTH	11%	10%	12%	12%	11%	11%	10%	11%	10%	11%	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Inpatients	CN	≥95%	SOF	97%	96%	95%	97%	96%	97%	96%	97%	97%	97%	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Overall response rate: Inpatients	CN	≥25%	WUTH	22%	31%	38%	34%	30%	33%	29%	27%	27%	27%	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Outpatients	CN	≥95%	SOF	94%	95%	95%	94%	94%	94%	94%	94.5%	94.1%	95.0%	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Maternity	CN	≥95%	SOF	97%	99%	93%	92%	92%	91%	94.8%	99%	97%	98%	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Overall response rate: Maternity (point 2)	CN	≥25%	WUTH	29%	44%	29%	24%	23%	22%	22%	33%	22%	20%	National reporting suspended	National reporting suspended	National reporting suspended		

Quality Performance Dashboard

June 2020

Updated 23-06-20

Indicator	Objective	Director	Threshold	Set by	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	COO	NHSI Trajectory for 2020-21	SOF	81.1%	83.5%	81.9%	79.9%	75.6%	72.7%	70.8%	72.1%	70.5%	67.6%	72.7%	85.5%	93.7%	93.7%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	COO	0	National	0	0	0	1	0	1	33	95	40	24	21	0	0	0	
	Ambulance Handovers >30 minutes	COO	TBC	National	118	54	76	108	210	170	366	431	188	76	80	148	84	116	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	80.72%	80.12%	80.06%	79.89%	79.39%	79.03%	78.09%	78.10%	78.26%	78.81%	75.01%	64.88%	54.05%	54.05%	
	Referral to Treatment - total open pathway waiting list	COO	NHSI Trajectory: maximum 22,750 for WUTH by March 2021	National	27,317	25,733	24,733	24,846	24,721	24,368	23,597	23,233	22,988	23,207	22,350	21,284	21,288	21,288	
	Referral to Treatment - cases exceeding 52 weeks	COO	NHSI Trajectory: zero through 2020-21	National	0	0	0	0	0	0	0	0	0	0	15	56	200	200	
	Diagnostic Waiters, 6 weeks and over - DIM01	COO	≥89%	SOF	99.3%	99.5%	99.2%	98.3%	99.1%	99.5%	99.2%	99.1%	98.8%	99.5%	96.6%	45.2%	46.5%	45.9%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	COO	≥83%	National	94.0%	94.0%	94.0%	93.3%	94.3%	95.0%	93.7%	94.4%	90.5%	92.7%	96.9%	70.6%	97.2%	83.9%	
	Cancer Waiting Times - 2 week referrals (trial quarterly position)	COO	≥83%	National	-	93.3%	-	-	93.8%	-	-	94.4%	-	-	93.4%	-	-	-	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	COO	≥86%	National	96.7%	97.1%	96.7%	97.3%	96.5%	96.7%	97.0%	97.1%	97.2%	96.9%	98.5%	100.0%	98.3%	99.2%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (trial quarterly position)	COO	≥86%	National	-	96.6%	-	-	96.6%	-	-	96.9%	-	-	97.6%	-	-	-	
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	COO	≥85%	SOF	87.9%	86.3%	85.7%	89.9%	87.8%	85.0%	87.5%	85.9%	85.9%	85.9%	86.0%	87.4%	88.4%	87.9%	
	Cancer Waiting Times - 62 days to treatment (trial quarterly position)	COO	≥85%	SOF	-	86.5%	-	-	88.0%	-	-	86.1%	-	-	85.9%	-	-	-	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	CN	TBC	WUTH	195	180	178	184	166	193	195	148	186	160	125	74	99	87	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	CN	TBC	WUTH	12	15	17	22	15	31	13	10	8	16	14	7	8	8	
	Complaint acknowledged within 3 working days	CN	≥80%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	86%	88%	87.0%	
	Number of re-opened complaints	CN	≤5 pcm	WUTH	4	4	1	2	2	4	3	0	3	0	1	0	1	1	

Quality Performance Dashboard

Well-led	Indicator	Objective	Director	Threshold	Set by	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21	Trend
	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	DO&G	100%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY19/20 (ave min 59 per month until year total achieved) - retained	National	31	48	50	37	50	56	48	41	55	49	117	314	144	458	
	% Appraisal compliance	Safe, high quality care	DHR	268%	WUTH	81.1%	82.1%	83.6%	83.4%	82.7%	83.8%	81.4%	80.9%	81.9%	84.9%	83.0%	82.9%	85.1%	85.1%	
Use of Resources	Indicator	Objective	Director	Threshold	Set by	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21	Trend
	I&E Performance (monthly)		CFO	On Plan	WUTH	-1.46%	-0.08%	-0.82%	-1.49%	1.46%	0.08%	-0.48%	-9.54%	-0.66%	-2.92%	2.37%	0.0%	0.0%	0.0%	
	I&E Performance Variance to Plan (monthly)		CFO	On Plan	WUTH	-0.63%	0.914	-0.82%	-1.10%	1.97%	-1.507	-1.63%	-8.75%	-1.81%	-2.44%	-0.58%	0.0%	0.0%	0.0%	
	NHSI Risk Rating		CFO	On Plan	NHSI	3	3	3	3	3	3	3	3	4	4	4	2	2	2	
	CIP Performance (FYF)		CFO	On Plan	WUTH	-6.8%	-5.2%	-4.1%	-7.2%	-5.0%	-10.6%	-11.5%	-11.4%	-18.1%	-18.1%	-17.7%	0.0%	0.0%	0.0%	
	NHSI Agency Ceiling Performance (monthly)		CFO	NHSI cap	NHSI	-26.8%	-15.6%	-46.4%	-8.2%	-24.3%	-24.7%	1.8%	-8.4%	-14.4%	4.3%	53.3%	9.8%	25.9%	17.8%	
	Cash - liquidity days		CFO	NHSI metric	WUTH	-21.3	-15.9	-16.5	-17.4	-15.0	-14.6	-10.9	-14.1	-28.0	-32.3	-30.4	-97.4	-98.4	-98.4	
	Capital Programme (cumulative)		CFO	On Plan	WUTH	31.0%	28.0%	14.7%	19.8%	64.2%	61.7%	57.2%	54.4%	53.8%	50.7%	74.8%	134.4%	129.5%	129.5%	

(1) Updated Metrics

Safe : E.coli infections
Safe: Harm Free Care (Safety Thermometer)

Amended to E.coli gram negative bacteraemia from April 2020
National collection discontinued, to be replaced by new metrics not yet defined

(*) Updated Thresholds

Metric Change

Threshold Change

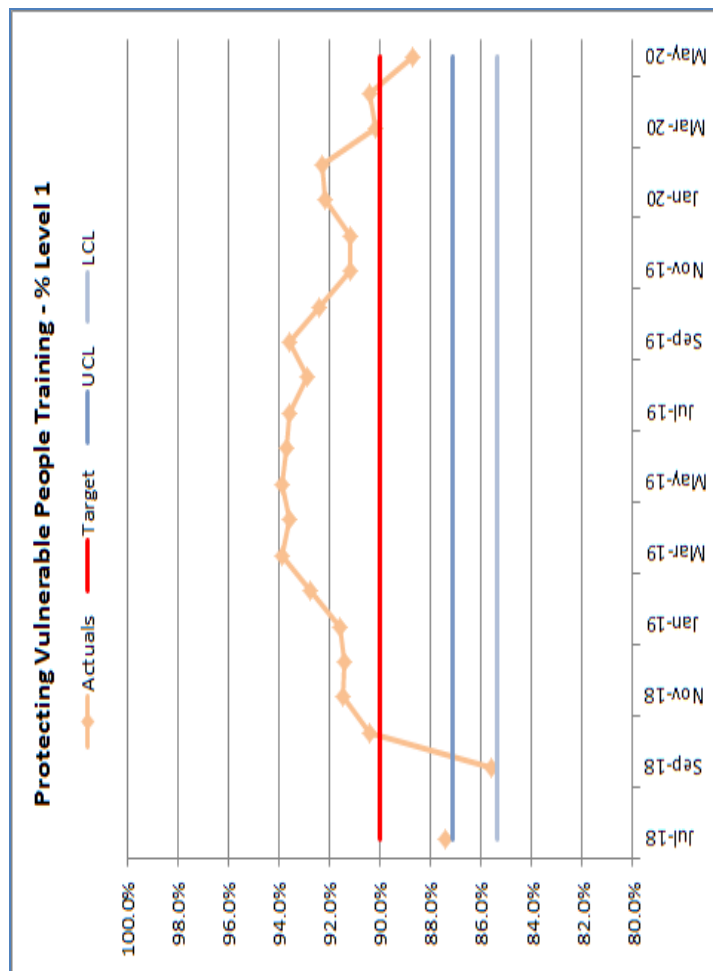
Appendix 2

WUTH Quality Dashboard Exception Report Template as at June 2020

Safe Domain

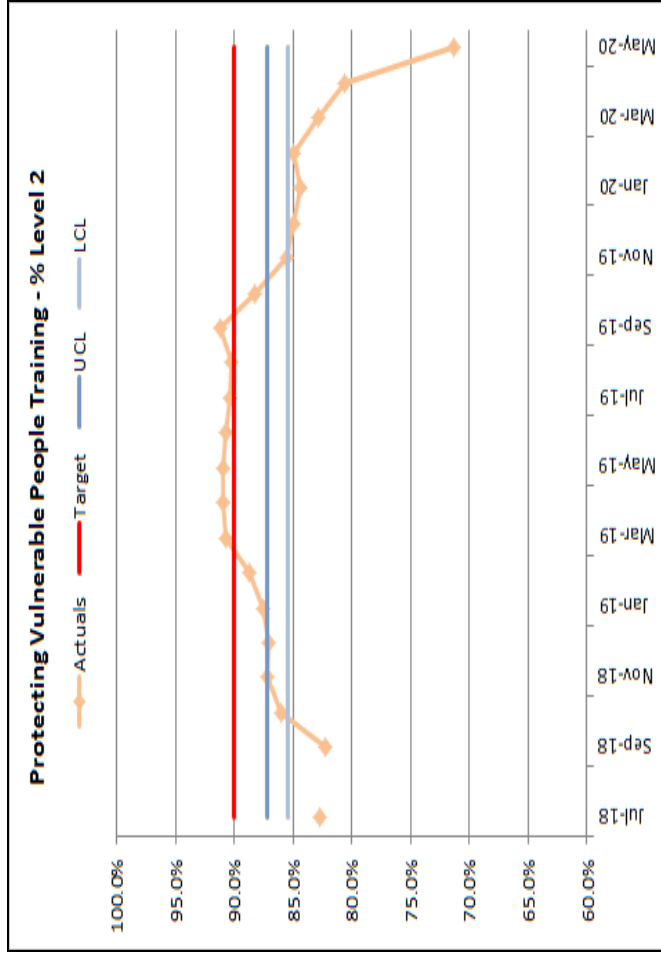
Protecting Vulnerable People Training - % Compliant Level 1

Executive Lead: Chief Nurse	
Performance Issue:	WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Although regularly achieved, performance against this standard has been deteriorating and dipped below the required threshold to 88.7% in May 2020.
Action:	<p>Compliance is monitored via the Safeguarding Assurance Group and at Divisional Performance Reviews (DPRs). PVP training compliance was also reported in the Safeguarding Performance Report last presented at PSQB in May 2020.</p> <p>In March 2020 all mandatory training was suspended temporarily due to the COVID 19 pandemic which has had a detrimental impact on the compliance levels. Training has now recommenced across the divisions for eLearning,</p> <p>PVP level 1 is completed via the intranet and can be accessed by staff at any time.</p>
Expected Impact:	PVP level 1 training compliance will increase month on month expecting to achieve the Trust target by the end of quarter 2.



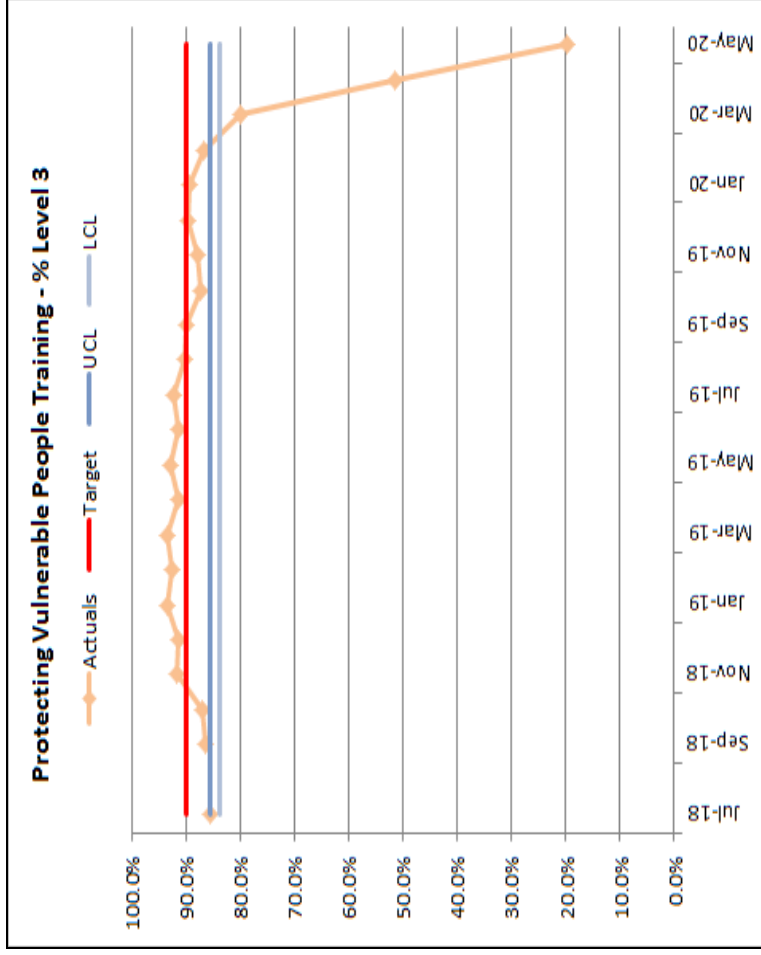
Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead:	Chief Nurse
Performance Issue:	WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard has been deteriorating and not achieved since September 2019, with May at 71.4%.
Action:	<p>Compliance is monitored via the Safeguarding Assurance Group and at Divisional Performance Reviews (DPRs). PVP training compliance was also reported in the Safeguarding Performance Report last presented at PSQB in May 2020.</p> <p>In March 2020 all mandatory training was suspended temporarily due to the COVID 19 pandemic which has had a detrimental impact on the compliance levels. Training has now recommenced across the divisions for eLearning,</p> <p>PVP level 2 is completed via the intranet and can be accessed by staff at any time.</p>
Expected Impact:	PVP level 2 training compliance will increase month on month expecting to achieve the Trust target by the end of quarter 2.



Protecting Vulnerable People Training - % Compliant Level 3

<p>Executive Lead: Chief Nurse</p>	<p>Performance Issue: WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard has not been achieved since August 2019, with May greatly reduced at 19.7%.</p>	<p>Action: Compliance is monitored via the Safeguarding Assurance Group and at Divisional Performance Reviews (DPRs) . PVP training compliance was also reported in the Safeguarding Performance Report last presented at PSQB in May 2020.</p> <p>In March 2020 all mandatory training was suspended temporarily due to the COVID 19 pandemic which has had a detrimental impact on the compliance levels. Training has now recommenced across the divisions.</p> <p>PVP level 3 training sessions have been recommenced from June 2020. Due to the reduced capacity of face to face sessions due to social distancing the Trust is expected to achieve the Trust target at the end of quarter 3. (The course is required to be face to face as mandated in the Safeguarding intercollegiate Document, 2019)</p>	<p>Expected Impact: PVP level 3 training compliance will increase month on month expecting to achieve the Trust target by the end of quarter 3.</p>
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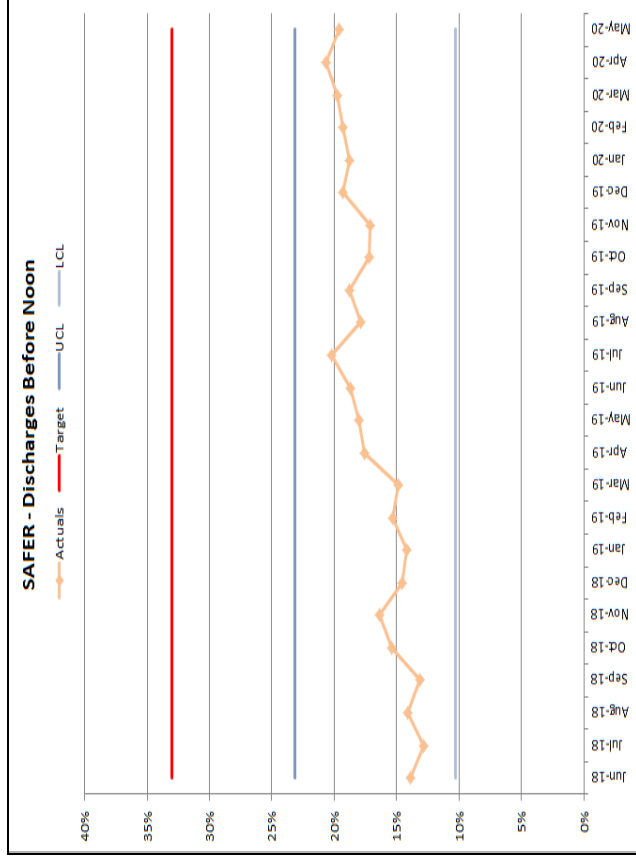
MRSA Bacteraemia – hospital acquired

Executive Lead: Chief Nurse
Performance Issue: There is a national standard for zero MRSA bacteraemia cases that are hospital acquired. WUTH has not had any cases since December 2019 however there was a single case in May 2020. This case is considered to be a contaminant as the patient did not display symptoms compatible with a true bacteraemia.
Action: The Trust is monitoring compliance with the annual ANTT competence assessment program this will include all medics in Critical Care to complete Blood Culture training and associated competencies. Hand scrubbing is being reinforced prior to all central line insertions. Chlorhexidine impregnated dressings have been introduced on all central venous lines and arterial lines in Critical Care. The Trust is also undertaking a review into the incidence of blood culture contamination rates across the Trust.
Expected Impact: Reduction of blood culture contamination rates and prevention of any future MRSA bacteremia.

Effective Domain

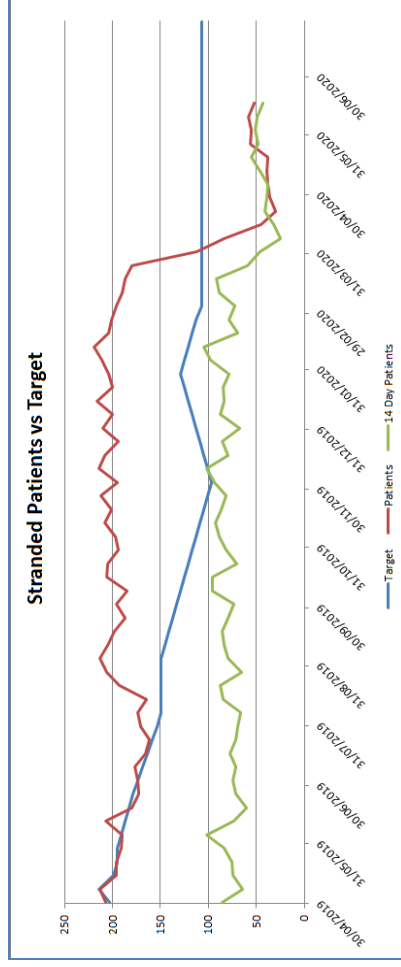
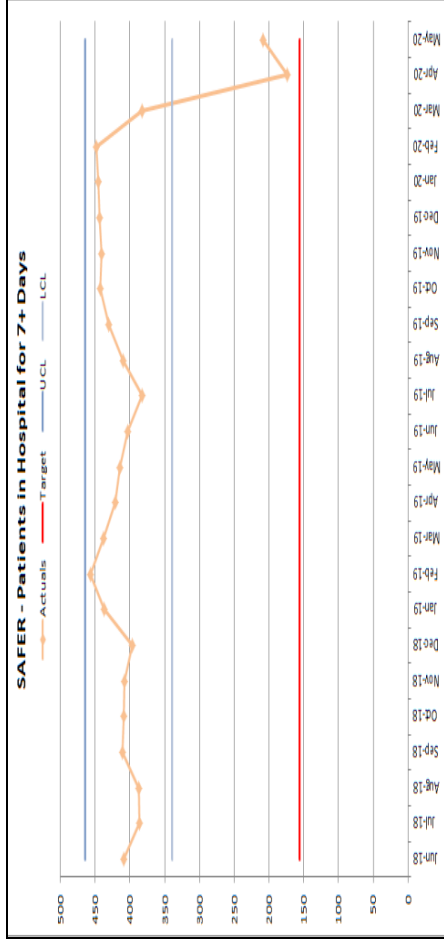
SAFER bundle: % of discharges taking place before noon

Executive Lead:	Medical Director / Chief Operating Officer
Performance Issue:	A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. This standard is consistently not achieved. Following improvement in April 2020, May deteriorated slightly to 19.6%.
Action:	<p>Admissions are increasing but still remains below pre-covid levels. There is still relatively lower bed occupancy and comprehensive capacity to aid the numbers of patients able to be discharged before noon.</p> <p>Community and social care teams' increased capacity maintains improved flow for patients on these pathways.</p>
Expected Impact:	A key objective of the recovery and reset will be to ensure this rate is built upon.



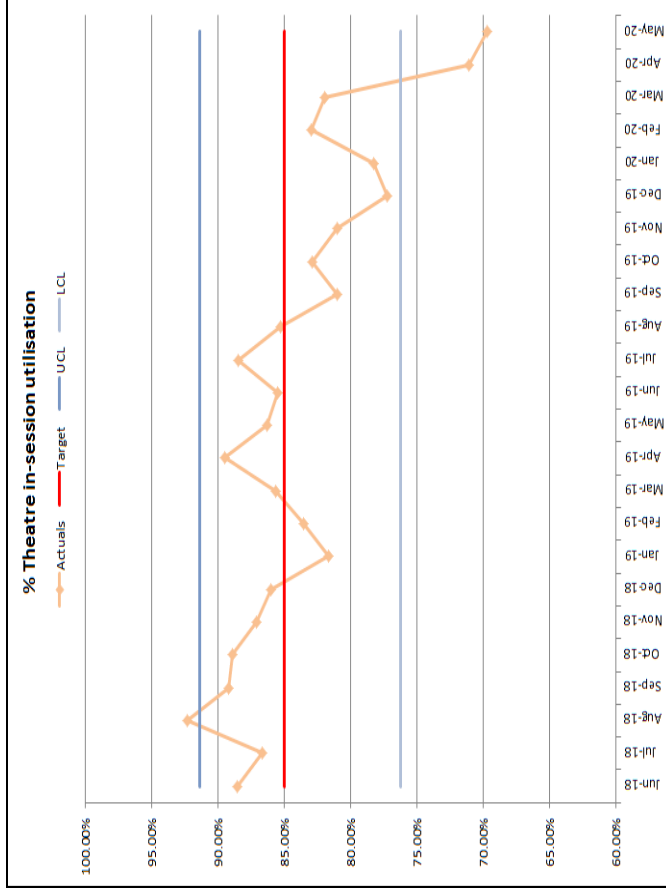
SAFER bundle: average number of patients in hospital for 7 days or more and 21 days or more

Executive Lead: Medical Director / Chief Operating Officer	Performance Issue: A target specific to Wirral was set to reduce the number of patients in hospital for seven days or more to a maximum 156 by March 2020, and for 21 days or more to a maximum 107. This objective has been rolled over for 2020/21 due to ongoing uncertainty around Covid impacts. At the end of May the number of inpatients over 7 days was at 209, and the number over 21 days at 66.
Action: The Wirral economy responded well to providing additional out of hospital beds and care and rapid reductions were achieved in a short period of time. Within the Trust the clinical and operational teams have restarted twice weekly long length of stay reviews to reduce delays and expedite readiness for discharge. ECIST is supporting this at ward level to embed the improvements for long term sustainability..	Expected Impact: Revised national standards and trajectories are yet to be published, but the system remains focused on at least maintaining this position.



Theatre in session utilisation %

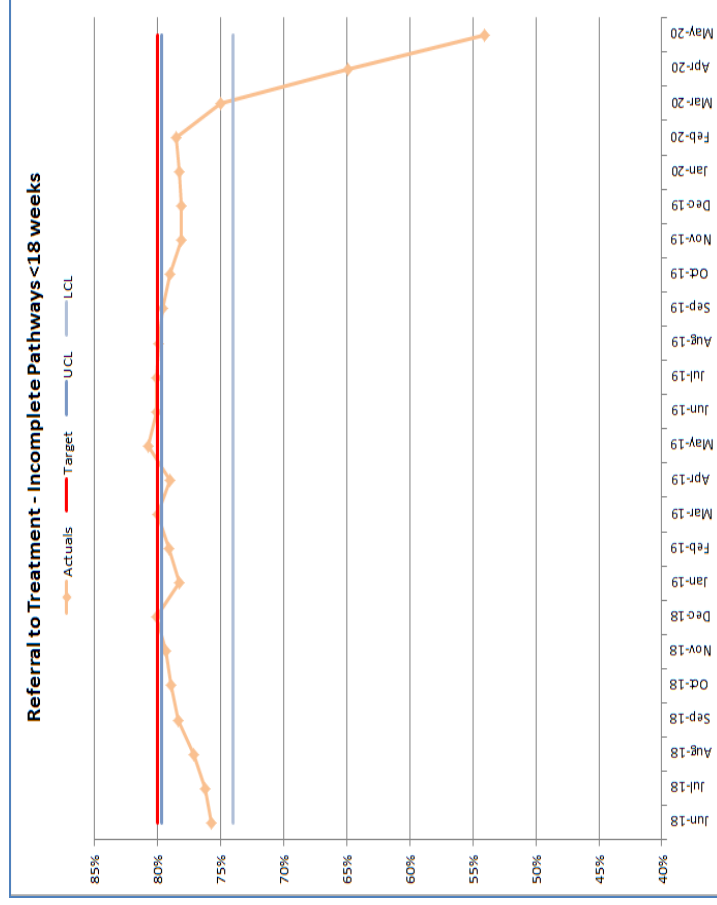
Executive Lead:	Chief Operating Officer
Performance Issue:	<p>The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised. With the support of the theatre transformation programme this was regularly achieved from March 2019. However since August performance has deteriorated, largely due to the cancellation of elective activity resulting from pressures with non-elective patient flow. This was further affected by the further cessation of elective activity from March due to Covid-19. The rate for May was 69.7%.</p>
Action:	<p>Activity continues to be maintained for urgent cases but the cessation of routine activity has meant sessions are not fully filled.</p>
Expected Impact:	<p>As plans to increase elective activity increases there may need to be a reassessment of baseline as increased cleaning and PPE processes impact on efficiency..</p>



Responsive Domain

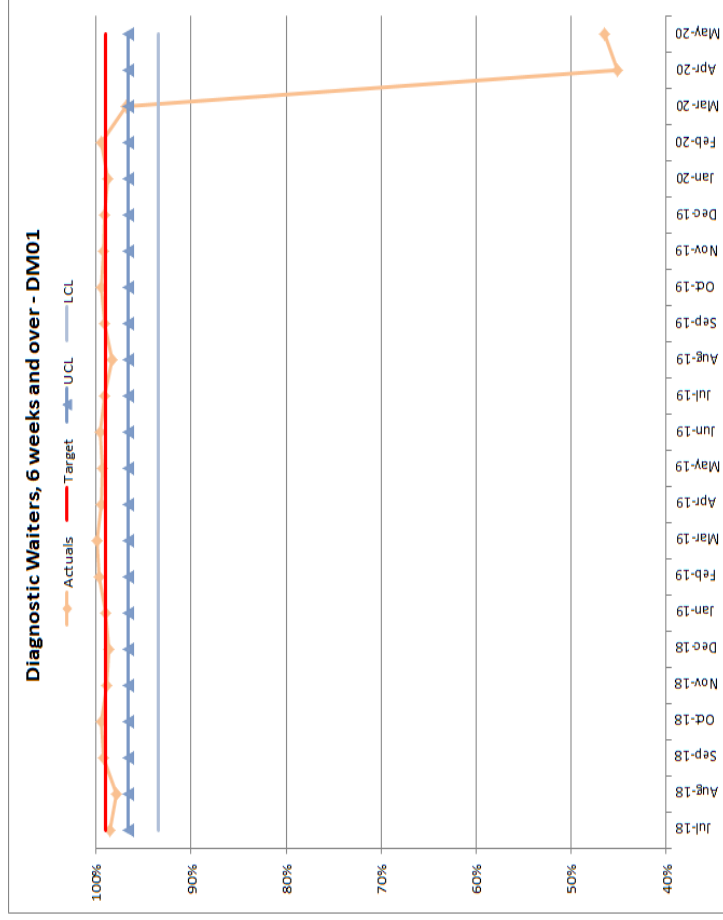
Referral to Treatment – incomplete pathways < 18 weeks

Executive Lead: Chief Operating Officer	Performance Issue: <p>The Trust has a trajectory agreed with NHSI for 2020-21 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks. This has not been achieved since July 2019, with May 2020 at 54.05%.</p> <p>In addition there were 200 patients that had waited more than 52 weeks on RTT pathways and had not yet commenced treatment at the end of May 2020.</p> <p>Both of these positions reflect the cessation of routine elective activity in response to the Covid-19 pandemic.</p>
Action: <p>The deterioration is directly attributable to the cessation of routine elective activity in response to the Covid-19 situation.</p> <p>The restart of activity is continuing, including the use of Clatterbridge and Spire Murrayfield as part of the restart and reset plan.</p> <p>Harm reviews are being undertaken for all 52 week waiters.</p>	Expected Impact: <p>The detail of plan and performance trajectories will be shared with the Board once final reset and recovery plans are finalized.</p>



Diagnostic Waiters, 6 weeks and over

<p>Executive Lead: Chief Operating Officer</p>	<p>Performance Issue:</p> <p>There is a national standard that patients awaiting diagnostic investigations should wait a maximum of six weeks. This is measured based on a specific subset of investigations, and with an expected tolerance that 99% or more patients waiting will be under six weeks.</p> <p>The position at the end of May 2020 was 46.5%, reflecting the ongoing national directive to release capacity to cope with the Covid-19 pandemic.</p>
<p>Action:</p> <p>The significant impact on waiting times for routine diagnostic procedures continued through May as a result of the national COVID-19 directive to cease all non-urgent activities.</p> <p>Diagnostic support for non urgent elective and outpatient activities will be factored into the overall reset and recovery.</p>	<p>Expected Impact:</p> <p>The details of the plan and performance trajectory will be shared with Board once final reset and recovery plans are finalized.</p>



Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Wirral University Teaching Hospital NHS Foundation Trust (the 'Trust') for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Health Service Act 2006, the NHS foundation trust annual reporting manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Material uncertainty related to going concern


We draw attention to the Going Concern section of note 1 in the financial statements which indicates that there will be a need for cash support in 2020-21 due to the deficit position incurred in 2019-20 and the forecast deficit for 2020-21.

As disclosed in note 1, the operational planning process for 2020/21 was suspended due to the Covid-19 pandemic. Nationally determined contracts are in place for the period from 1 April 2020 to 31 July 2020 and the Directors have an expectation that any shortfall in earned income over expenditure for the remainder of the year will be met in the form of revenue support from the Department of Health and Social Care. The Trust will be reliant on additional Public Dividend Capital (PDC) in 2020/21 in relation to prior year performance and the expected in-year deficit, but this additional PDC has not been confirmed.

These events or conditions, along with the other matters as set forth in note 1, indicate that a material uncertainty exists that may cast significant doubt about the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

In concluding that there is a material uncertainty, our audit work included but was not restricted to:

- we assessed the likelihood of NHS Improvement transferring services to other NHS bodies;
- we assessed the information available regarding future funding and planning assumptions for the Trust included in the Trust's cash flow forecasts over the period under assessment;
- we assessed whether the Trust had updated its cash flow forecasts to reflect the impact of Covid-19;
- we assessed the completeness and accuracy of the disclosures in the going concern note.



Overview of our audit approach

Financial statements audit

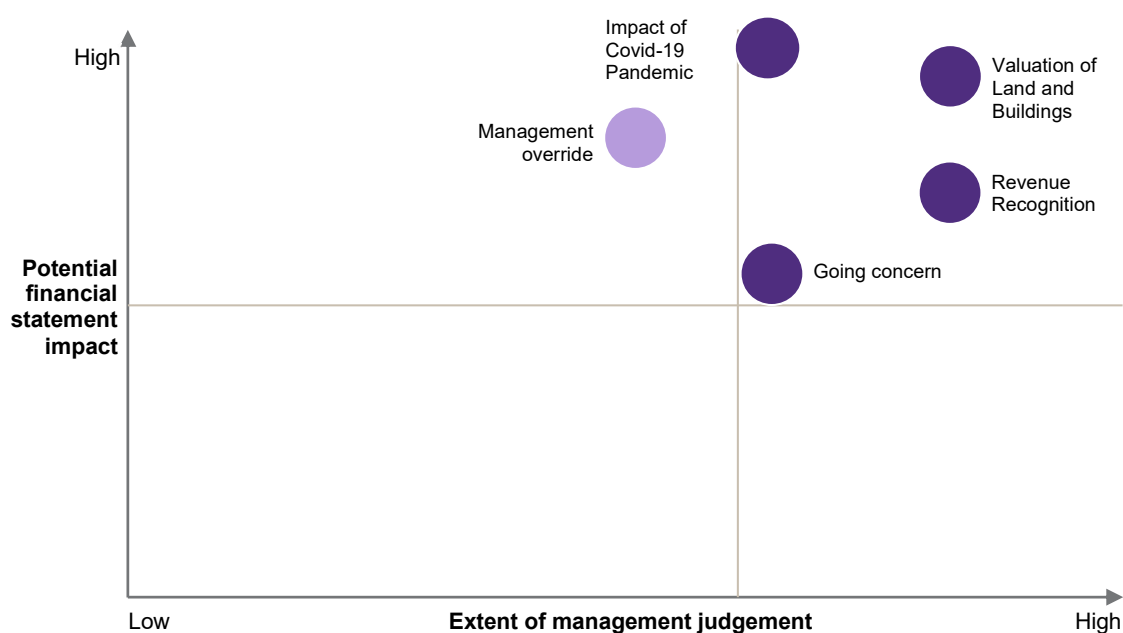
- Overall materiality: £6,353,000 which represents 1.65% of the Trust's gross operating income (consisting of operating income and other income);
- Key audit matters were identified as:
 - Valuation of Land and Buildings
 - Revenue Recognition
 - Covid-19

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified two significant risks in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to the matter described in the material uncertainty related to going concern section, we have determined the matters described below to be the key audit matters to be communicated in our report.

Key Audit Matter

How the matter was addressed in the audit

Risk 1 Valuation of Land and Buildings

The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the financial statements is not materially different from current value in use at the year-end date. In the intervening years, such as in 2019/20, the Trust requests a desktop valuation from its valuation expert. The valuation represents a significant accounting estimate by management in the financial statements, which is sensitive to changes in assumptions and market conditions.

Management engage the services of a qualified valuer, who is a Regulated Member of the Royal Institute of Chartered Surveyors (RICS), to estimate the current value of its land and buildings. The last full valuation was as at 31 March 2019.

The effects of the Covid-19 virus will affect the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances.

In their 2019/20 valuation report the Trust's valuer, Cushman & Wakefield, included a material uncertainty and this was disclosed in note 1.3.2 to the financial statements.

We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.

Our audit work included, but was not restricted to:

- Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work;
- Evaluating the competence, capabilities, and objectivity of the valuation expert;
- Discussing with the valuer the basis on which the valuation was carried out;
- Challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding; and
- Testing revaluations made during the year to see if they had been input correctly into the Trust's asset register.

The Trust's accounting policy on valuation of property, including land and buildings, is shown in note 1.8 to the financial statements and related disclosures are included in note 14.

As, disclosed in note 1.3.2 to the financial statements, the outbreak of Covid-19 has caused uncertainties in markets. As a result, the Trust's valuer has declared a 'material valuation uncertainty' in their valuation report which was carried out during February and March 2020 with a valuation date of 31 March 2020. The values in the valuation report have been used to inform the measurement of property assets at valuation in the financial statements.

The Trust has disclosed the estimation uncertainty related to the year-end valuations of land and buildings in note 1.3.2 to the financial statements.

The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates.

Key observations

We obtained sufficient audit assurance to conclude that:

- the basis of the valuation of land and buildings was appropriate, and
- the assumptions and processes used by management in determining the estimate of valuation of property were reasonable;

Risk 2 Impact of Covid-19 pandemic

The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented.

We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to;

- Remote working arrangements and redeployment of staff to critical front-line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation
- Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates
- Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties for a period of at least 12 months from the anticipated date of approval of the audited financial statements have arisen; and
- Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1, particularly in relation to material uncertainties.

We therefore identified the impact of Covid-19 pandemic as a significant risk, which was one of the most significant assessed risks of material misstatement.

Risk 3 Revenue Recognition

Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240 that revenue

- the valuation of land and buildings disclosed in the financial statements is reasonable.

Our audit work included, but was not restricted to:

- Documenting and understanding the implications that the Covid-19 pandemic has on the Trust's ability to prepare the financial statements and updates to financial forecasts
- Liaison with other audit suppliers, regulators, and government departments to co-ordinate practical cross sector responses to issues as and when they arise

We have evaluated:

- the adequacy of the disclosures in the financial statements relating to the impact of the Covid-19 pandemic.
- whether sufficient audit evidence can be obtained in the absence of physical verification of assets through remote technology
- whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances
- management's assumptions that underpin the revised financial forecasts and the impact on management's going concern assessment

This is an inherent financial statement level risk and a key audit matter for financial statements as a whole, therefore, there is no such specific accounting policy. However, implications of Covid-19 on the Trust's going concern disclosure is disclosed at note 1 and land and buildings valuations due to Covid-19 is disclosed at note 1.3.2.

Key observations

We obtained sufficient audit evidence to conclude:

- The Trust's disclosures are in line with the DHSC guidance relating to the impact of the COVID-19 pandemic
- Financial forecasts and the cashflow analysis of the Trust supports the ability for the Trust to prepare the accounts on a going concern basis
- The inclusion of a material uncertainty regarding to the valuation of the Trust's property, plant and equipment has been emphasised as a Key Audit Matter as detailed in risk 1 above.

Our audit work included, but was not restricted to:

- evaluating the Trust's accounting policy for recognition income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2019/20;

Key Audit Matter**How the matter was addressed in the audit**

may be misstated due to the improper recognition of revenue.

We have rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price.

We have determined these to be income from:

- Block contract income element of patient care revenues

We have not deemed it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue.

We therefore identified revenue recognition as a significant risk, which was one of the most significant assessed risks of material misstatement.

- updating our understanding of the Trust's system for accounting for income from patient care activities and other operating revenue, and evaluated the design of the associated controls;
- agreeing on a sample basis income from contracts with commissioners to signed contracts
- agreeing a sample of any contract variations to supporting evidence
- agreeing a sample of the income from additional non-contract activity in the financial statements to any signed contract variations, invoices, and other supporting documentation, such as correspondence from the Trust's commissioners which confirms their agreement to pay for the additional activity and the value of the income.
- agreeing, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence
- agreeing income from PSF/FRF to NHSI notifications as well as agreeing the eligibility to and recognition of the accelerated funding to confirmation from NHSI.

The Trust's accounting policy on revenue recognition is shown in note 1.4 to the financial statements and related disclosures are included in note 2.

Key observations

We obtained sufficient audit evidence to conclude that:

- the Trust's accounting policies for recognition of contract income and other operating revenue comply with the DHSC group accounting manual 2019-20 and have been applied appropriately
- income from patient care activities and other operating income and the associated receivable balances are not materially misstated.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

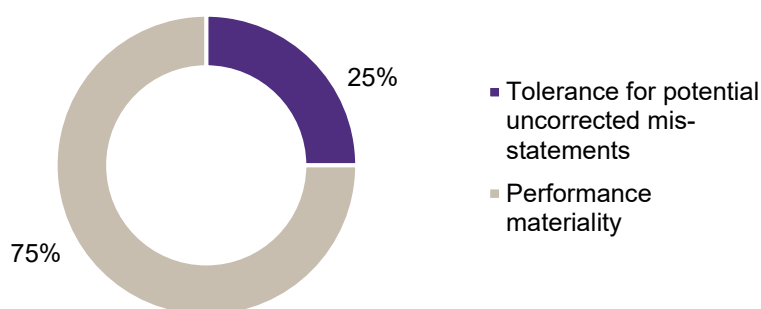
Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£6,353,000 which is 1.65% of the Trust's gross operating and other income. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding.

Materiality Measure	Trust
	Materiality for the current year is at the same percentage level of gross operating and other income as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the Trust or the environment in which it operates
Performance materiality used to drive the extent of our testing	75% of financial statement materiality
Specific materiality	Disclosure of senior managers' remuneration in the Remuneration Report £19,000 based on 2% of the total senior managers' remuneration.
Communication of misstatements to the Audit Committee	£300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Trust



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the Trust's business, its environment and risk profile and in particular included:

The scope of our audit included:

- undertaking an interim audit visit in February 2020 where we:
 - completed walk through tests of the Trust's controls operating in key financial systems where we consider that there is a risk of material misstatement to the financial statements
 - performed testing, on a sample basis, of operating expenses and income for the months up to December 2019.
- undertaking a final visit during May to June 2020 which included:
 - obtaining supporting evidence, on a sample basis, for all of the Trust's material income streams of the Trust's revenues
 - obtaining supporting evidence, on a sample basis, of the Trust's operating costs
 - obtaining supporting evidence, on a sample basis, for property plant and equipment and the Trust's other material assets and liabilities.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2019/20 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2019/20 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on

the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2019/20, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Qualified conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in April 2020, except for the effects of the matters described in the basis for qualified conclusion section of our report, we are satisfied that, in all significant respects that Wirral University Teaching Hospital NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matters:

- The 2019/20 financial plan which the Trust submitted to NHS Improvement in April 2019 included an adjusted breakeven position, after receipt of £18.8 million of non-recurrent funding if the accepted control total was achieved.
- Throughout the second half of 2019/20 the Trust's financial performance worsened due to operational pressures and the non-delivery of £2.4 million of planned Cost Improvement Programme (CIP) savings, resulting in an outturn position of a £17.0 million deficit.

These matters identify weaknesses in the Trust's arrangements for managing emerging cost pressures within the agreed budget and delivery of savings plans. They are evidence of weaknesses in proper arrangements for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risks forming part of our qualified conclusion

Risk 1 - Financial resources and future sustainability

For 2019/20, the Trust submitted a plan to NHS Improvement (NHSI) forecasting a breakeven position, after receipt of £18.8 million of non-recurrent funding. This included a requirement to deliver a cost improvement programme (CIP) of £13.2 million.

The Trust accepted the "breakeven" control total issued by NHSI for 2019/20. Delivery of this would enable the Trust to access approximately £18.8 million of sustainability/recovery support to reduce the underlying deficit.

As at month 7, when our audit plan was issued, the Trust was forecasting a "most likely" outturn deficit of £15.9 million. There is therefore a risk that the Trust will be unable to deliver its planned budget for the year.

How the matter was addressed in the audit

Our audit work included, but was not restricted to:

- Assessing the Trust's arrangements for agreeing and reporting progress upon the 2019/20 financial plan including progress on achieving CIP savings;
- Scrutinising financial performance reports to Board and Finance Business Performance Assurance Committee (FBAC) to understand why the financial position deteriorated from plan and management's response;
- Meeting with senior management to understand their plans to control the deficit; and

Key findings

We have qualified our conclusion in respect of this risk, as set out in the basis of qualified conclusion section of the report.

Significant risks not forming part of our qualified conclusion

Risk 2 - Governance Arrangements

In July 2018, the Care Quality Commission (CQC) gave the Trust an overall rating of requires improvement and a rating of inadequate in relation to the Well-led dimension. The Trust's quality improvement action plan included 221 specific actions/workplans for implementation by August 2019. Performance against the action plan has been reported to the board monthly which has tracked the progress made to implement and embed the actions required.

At the time of issuing our audit plan in January 2020 the Trust were awaiting the results from an updated CQC inspection which was undertaken in October 2019.

There is a risk that the Trust that the Trust will be unable to make sufficient progress on this action plan to improve its CQC rating.

How the matter was addressed in the audit

Our audit work included, but was not restricted to:

- Evaluating the outputs from the CQC's latest published inspection report dated 31 March 2020 and further correspondence or reports from the CQC during the year;
- Discussing with senior management the plans to address the concerns raised and the extent to which the concerns are being addressed at the Trust;
- Assessing the action plans developed to address the findings made in the CQC reports.; and
- Evaluating the arrangements in place to monitor and review compliance.

Key findings

Our review of the progress made by the Trust against the action plans found that considerable steps have been taken to ensure that the majority of actions have been implemented and embedded.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the

Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of Wirral University Teaching Hospital NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.



Andrew Smith, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

24 June 2020

Council of Governors

CQC Action Plan -2020



Executive Summary

- CQC inspection report received on the 31st March 2020 shows improvements but also identifies further improvements required.
- This presentation provides:-
 - an update as to the development of action plans to address improvements required;
 - An outline of considerations for maintaining momentum of the Trust's improvement journey;
 - An update regarding the CQC's Emergency Support Framework (ESF)



Arrowe Park - 2018

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement → ← May 2018	Requires improvement ↓ May 2018	Good → ← May 2018	Requires improvement → ← May 2018	Inadequate ↓ May 2018	Requires improvement → ← May 2018
Medical care (including older people's care)	Inadequate ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement → ← May 2018	Inadequate ↓ May 2018	Inadequate ↓ May 2018
Surgery	Requires improvement → ← May 2018	Requires improvement ↓ May 2018	Good → ← May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018
Critical care	Requires improvement → ← May 2018	Good → ← May 2018	Good → ← May 2018	Good ↑ May 2018	Requires improvement → ← May 2018	Requires improvement → ← May 2018
Maternity	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
End of life care	Good ↑ May 2018	Good ↑ May 2018	Good → ← May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Outpatients	Requires improvement Sept 2015	Not rated	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Overall*	Requires improvement → ← May 2018	Requires improvement → ← May 2018	Good → ← May 2018	Requires improvement → ← May 2018	Inadequate ↓ May 2018	Requires improvement → ← May 2018

Arrowe Park - 2019

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement → ← Jan 2020	Good ↑ Jan 2020	Good → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement → ← Jan 2020
Medical care (including older people's care)	Requires improvement ↑ Jan 2020	Requires improvement → ← Jan 2020	Good ↑ Jan 2020	Requires improvement → ← Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement ↑ Jan 2020
Surgery	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020	Good → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020
Critical care	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Requires improvement May 2018	Requires improvement May 2018
Maternity	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Services for children and young people	Requires improvement → ← Jan 2020	Requires improvement ↓ Jan 2020	Good → ← Jan 2020	Good ↑ Jan 2020	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020
End of life care	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Outpatients	Requires improvement Jan 2020	N/A	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020
Diagnostic imaging	Good Jan 2020	N/A	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Overall*	Requires improvement → ← Jan 2020	Requires improvement → ← Jan 2020	Good → ← Jan 2020	Requires improvement → ← Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement → ← Jan 2020

Clatterbridge – 2016 (not inspected in 2018)

Clatterbridge - 2019

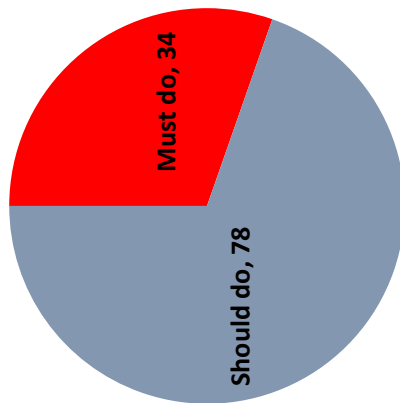
	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Surgery	Requires improvement Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Outpatients	Requires improvement Sept 2015	Not rated Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Overall*	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jan 2020 ↑	Good Jan 2020 →↔	Good Jan 2020 →↔	Requires improvement Jan 2020 ↓	Good Jan 2020 ↑	Good Jan 2020 ↑
Surgery	Requires improvement Mar 2016	Good Mar 2016	Outstanding Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Outpatients	Requires improvement Mar 2016	N/A	Good Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016
Diagnostic imaging	Requires improvement Mar 2016	N/A	Good Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016
Overall*	Requires improvement Jan 2020 →↔	Good Jan 2020 →↔	Good Jan 2020 →↔	Requires improvement Jan 2020 →↔	Requires improvement Jan 2020 →↔	Requires improvement Jan 2020 →↔

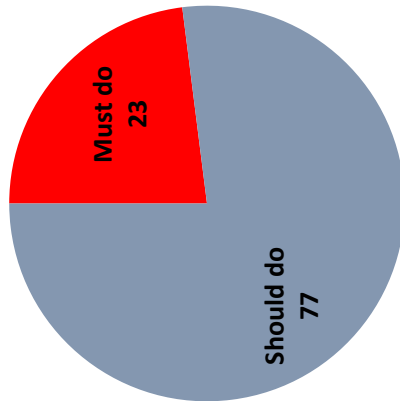
together
we will

CQC Must and should do's

CQC Report 2018



CQC Report 2019

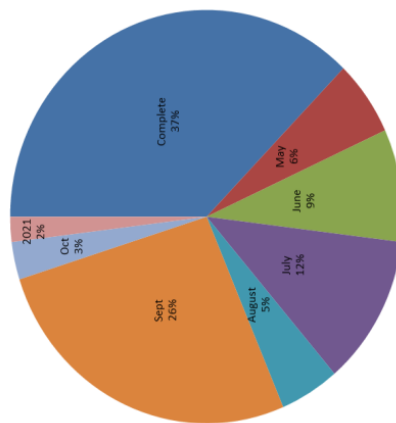


CQC Action plans

- **Must do's** –Submitted to CQC on 12 May 2020
- **Should do's** – Submitted 30 June 2020

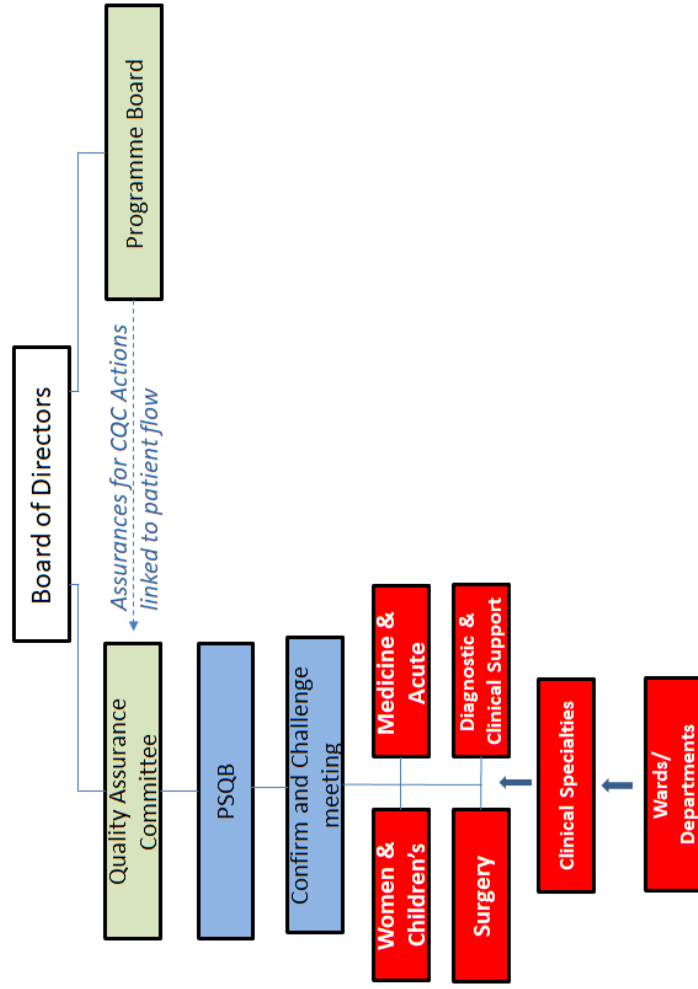


Expected completion dates for 'Must do' Actions



Governance arrangements

- In place to monitor:-
-Implementation
-Impact
-Sustainability
- Dashboard will be in place



Journey to outstanding

- Characteristics

Outstanding	Good	Requires improvement	Inadequate
Safe: Strong comprehensive safety system, focus on openness, transparency and learning	People are protected from avoidable harm and abuse. Legal requirements are met	Increased risk or limited assurances about safety – Regulations may or may not be met	People are not safe or at high risk of avoidable harm or abuse. Normally some Regulations are not met
Effective: Outcomes for patients are consistently better than expected	People have good outcomes because they receive effective care and treatment that meets their needs	People at risk of not receiving effective care or lack of consistency in the effectiveness of care. Regulations may or may not be met	People receive ineffective care or insufficient assurance in place. Normally some Regulations are not met
Caring: People are truly respected and are empowered as partners in their care	People are supported, treated with dignity and respect and are involved as partners in their care	At times people do not feel well supported, cared for or their dignity is not maintained	People are not treated with compassion. Breaches in dignity and shortfalls in caring attitude of staff
Responsive: Services tailored to meet needs of individual people – flexibility, choice and continuity of care	Peoples needs are met through the way services are organised and delivered	Services do not always meet peoples needs. Regulations may or may not be met	Services are not planned or delivered in a way that meets people's needs. Normally some Regulations are not met
Well Led: The leadership, governance and culture are used to drive and improve high-quality, person-centred care.	The leadership, governance and culture promote the delivery of high-quality person-centred care.	The leadership, governance and culture do not support delivery of high-quality person-centred care. Regulations may or may not be met	The delivery of high-quality care is not assured by the leadership, governance and culture. Normally some Regulations are not met

Outstanding organisations

- *‘an integrated approach [to quality improvement] throughout an organisation – not just from board to ward, but across corporate as well as clinical services – along with a series of interdependent elements that support and enable initiatives to thrive’.*

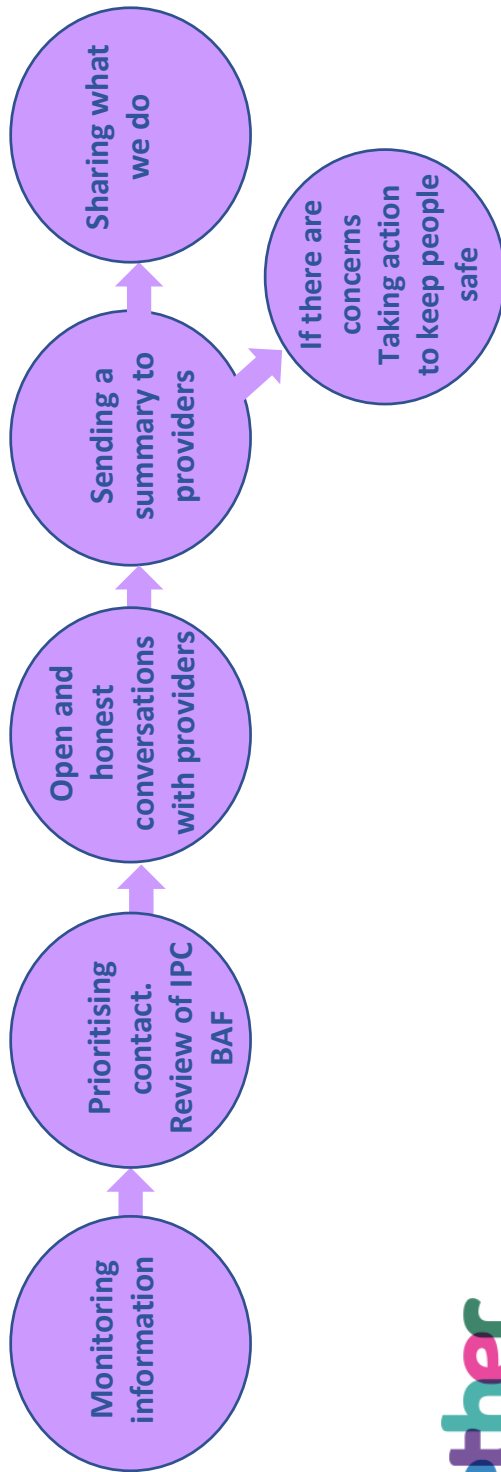
Recommendations for next stage of improvement journey

- Self-assessment (referencing the Well-Led, CQC Key lines of Enquiry and the Characteristics of an outstanding organisation)
- Review the Quality Strategy - in light of the CQC inspection; the impact of COVID-19 and the Trust's overarching strategy
- Align all quality improvement activity
- Ensure assurances against all key lines of enquiry are built into 'business as usual' governance processes and kept in a central repository



CQC Emergency Support Framework – COVID-19

- Interim approach during COVID-19



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we will

Conclusion

- Good improvement recognised in CQC report but further improvements required
- Action plans to address issues raised - submitted
- Governance process wrapped around to ensure implemented; expected impact and sustained (including performance dashboard/ Confirm and Challenge/ Trust reporting structures)
- To continue momentum we need to consider improvements across all areas not just those identified as specific actions and display the characteristics of an outstanding organisation
- Next inspection is likely to be delayed due to COVID-19 as CQC have introduced the Emergency Support Framework during the pandemic and for a period after – this will delay inspections.
- Monthly engagement meetings with CQC, Execs and Associate Director of Governance. Good feedback on IPC BAF.



Thank you



2021-2026 Our Strategy

...Improving the health of the communities we serve



Foreword from the Chair and Chief Executive

The Trust has seen major change over the last five years, since we developed the last Trust Strategy.

We are now one of the largest Trusts in the north west and rated highly for patient care, the way we look after our staff and for clinical outcomes. These achievements are testimony to the dedicated hard work of our teams. But we don't stand still and we want to improve still further.

We look to the future with confidence, there are significant opportunities for Wirral University Teaching Hospital NHS Foundation Trust (WUTH) to work as a system leader; developing, partnering and aligning clinical services across the Wirral as well as within Cheshire and Merseyside. As part of these partnerships, there is also opportunity for us to improve our infrastructure, allowing our staff to work in the most effective environments.

The Trust Strategy sets out our ambition over the next five years, detailing the way in which we will improve the delivery and quality of care, support our workforce and embed a culture of improvement across the organisation. Crucially, it also describes the values and behaviours that are expected of us all. In taking a progressive, integrated, strategic approach, driven by over-arching, community-wide aspirations for integrated care, this strategy details how we will make the best use of our resources to improve the health and wellbeing of the Wirral communities we serve.



Sir David Henshaw
Chair



Janelle Holmes
Chief Executive Officer



Contents

1. About WUTH
 2. Where we are today
 3. The changing landscape
 4. Our Vision, Values and Foundations
 5. 2021-26 Objectives and Priorities
 6. How We Will Deliver Our Strategy
 7. How We Will Implement This Strategy
- Appendix 1: How We Developed Our New Strategy
- Appendix 2: PESTLEC Analysis – strategic context
- Appendix 3: Strengths, Weaknesses, Opportunities and Threats (SWOT)

About WUTH

Our Trust comprises two acute (secondary) care campuses and smaller shared sites around the Borough of Wirral, making us part of the Cheshire and Merseyside health economy.

Arrowe Park Hospital Campus is the main site and provides a full range of hospital services including emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery and a range of outpatient and diagnostic imaging services. Also located on this campus is the Wirral Women and Children's Hospital, which provides a neonatal unit, children and young people's service, maternity and gynaecology services.

The Clatterbridge Hospital Campus provides surgical and medical rehabilitation services, renal dialysis and dermatology services with some outpatient services. We also provide services across a number of smaller sites, including a laboratory in Bromborough, some of which are shared facilities with our health and social care partners on the Wirral.

We are one of the largest and busiest Trusts in the North West of England, with an expenditure of over £400 million. We are the largest employer on the Wirral, employing 6500 staff.

Arrowe Park Hospital Campus

Arrowe Park Hospital campus focuses on emergency and specialist care and has all the support services required to treat patients with a range of complex medical and surgical conditions and provides a full range of expert inpatient and outpatient services. The campus is also home to Wirral's only emergency department, as well as specialist critical care, cardiac and surgical units.

The Arrowe Park Hospital Campus is also home to the Wirral Women and Children's hospital, providing maternity, gynaecology, children and young people's services.



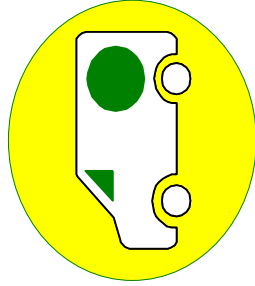
Clatterbridge Hospital Campus

Clatterbridge hospital Campus has its origins in the accommodation provided for the treatment of infectious disease, with a purpose built infirmary block being erected in 1899. The focus for this site is now on medical, surgery and rehabilitation services, with some outpatient services. The campus is home to our renal dialysis and dermatology unit and a number of our support and corporate services are also based here.



OUR HOSPITAL IN NUMBERS

IN 2018-19 WE SAW APPROXIMATELY **95K**
A&E VISITS + X URGENT CARE
VISITS



57K
Patients admitted for
unplanned care and
265K
Outpatient
appointments



We have *circa*
855
Beds across 2 sites

Our **MATERNITY SERVICE** WAS
RECOGNISED AS AMONG THE BEST in
the Country in the CQC MATERNITY
CARE survey 2019



Around **3200** babies are born at Arrowe
Park Hospital Each Year



WE EMPLOY AROUND

6,500 STRONG
WORKFORCE

COMPRISING X NATIONALITIES

Where we are today

Our population

Wirral currently has a population of around 323,000, with the **Wirral Local Plan** estimating that this will grow by 1.6% over the next fifteen to twenty years. While the numbers of people in some age groups will reduce over this period, growth will be driven, in large part, by significant increases in the over 75s population (a 64% increase in the 75+ age group). These changes in demography will demand a different focus and approach to the way we deliver healthcare within the Trust as well as with our partners across the Wirral.

Health and Wellbeing gap

Life expectancy 78.3 for male and 81.8 for female, compared to a national average 79.6 and 83.1 male and female respectively. There is a **significant variation** of over 12 years between Wirral wards, demonstrating health inequalities in neighbouring towns and boroughs.

1 in 4 Reception age children in Wirral are currently overweight or obese, which is higher than national average. Approximately 15,000 children in Wirral (aged between 2 and 15 years) are overweight or obese.

22.5% of people on the Wirral are living with limiting long term conditions, the average in England and Wales is 18.2%.

Wirral also has some of the **poorest outcomes** in the United Kingdom, with a significant gap between the wealthiest and poorest neighbourhoods. In line with other boroughs across Mersey-wide, Wirral experiences higher than average early deaths from cancer and cardiovascular disease, compared to the rest of England.

Our population also experiences higher than average levels of alcohol related harm, smoking related deaths as well as higher rates of hospitalisation for self harm. In line with the aspirations set in the **Wirral Council Plan**, it is vital that we work with our **system partners** and **communities** to close this gap and improve the life experience and outcomes for the Wirral population.

together
we will

POPULATION



WIRRAL'S POPULATION
PROJECTED TO INCREASE BY

1.6%

overall by 2039 (from 323,200 to 328,500)
according to the Office for National Statistics



3,242

BIRTHS RECORDED IN WIRRAL IN 2018
(Lowest for 45 years)

95%
WHITE

1.2%
OTHER
WHITE

0.8%
WHITE
IRISH

0.5%
CHINESE

2.5%
ALL OTHER
ETHNIC GROUPS



103%
INCREASE IN POPULATION
AGED 90+ BY 2039



MALES



FEMALES

156,335

166,461

GENDER POPULATION OF WIRRAL

72

2015-2017
MALE HEALTHY
LIFE EXPECTANCY

ROCK FERRY

HESWALL

2015-2017
MALE LIFE EXPECTANCY

78

ROCK FERRY

HESWALL

2015-2017
FEMALE LIFE EXPECTANCY

84

ROCK FERRY

HESWALL

2015-2017
FEMALE HEALTHY LIFE EXPECTANCY

87

ROCK FERRY

HESWALL

2015-2017
FEMALE LIFE EXPECTANCY

81.8

ROCK FERRY

HESWALL

2015-2017
FEMALE HEALTHY LIFE EXPECTANCY

61.1

ROCK FERRY

HESWALL

2015-2017
FEMALE LIFE EXPECTANCY

78.3

ROCK FERRY

HESWALL

2015-2017
FEMALE HEALTHY LIFE EXPECTANCY

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2015-2017
FEMALE LIFE EXPECTANCY

78.3

ROCK FERRY

HESWALL

The Changing Health Landscape

In developing our strategy, we have taken a holistic view of the health and public service landscape to ensure that our ambitions align with those of:

- Our immediate stakeholders (e.g. Wirral Council).
- Our neighbours and partner organisations (the hospitals and commissioners across Wirral): Cheshire and Wirral Partnership (CWP), Wirral Community Health and Care NHS Foundation Trust, and Wirral Clinical Commissioning Group (CCG).
- The ambitions set for the while of the NHS in England by the NHS England.

This kind of progressive, integrated approach provides assurance that we are making the best contribution towards achieving the transformational change that is required to deliver high quality, sustainable services to the communities we serve.



"Be the reason someone receives better care today"



The NHS Long Term Plan

The NHS Long Term Plan was published in January 2019, recognising both the ongoing successes of the NHS in its first 70 years, and the pressures, challenges and opportunities ahead. The Long Term Plan tackles the three major life stages and sets out broad action areas to overcome the challenges the NHS faces. As an NHS Foundation Trust, it is critical that we are aligned with the delivery of these ambitions across each of the three life stages:

- Enabling everyone to get the best start in life
- Helping communities to live well
- Helping people to age well

Like our own strategy, it is necessarily ambitious in its aspirations, informing this strategy in six key areas:

- Doing things differently: a new service model for the 21st century
- Preventing illness and tackling health inequalities
- Further progress on care quality and outcomes
- Backing our work
- Making better use of data and digital technology

Cheshire & Merseyside Health & Care Partnership

The Cheshire & Merseyside Health and Care Partnership (CMHCP) – of which we are a part – was established to confront the health and care challenges in Cheshire and Merseyside of population health, the quality of care, and increasing financial pressures. As a partner, our strategy also considers ways in which we can contribute to the aspiration of transforming health and social care for the **2.5 million residents** of Cheshire and Merseyside. The Partnership's primary ambitions align to those described in the NHS Long Term Plan: improve health and reduce health inequalities, integration & collaboration.

Healthy Wirral Partnership



Healthy Wirral is an initiative designed to encourage re-shaping of health services and social care in Wirral, whilst supporting everyone to take more responsibility for looking after their own health. The programme will focus on sustainable transformation of GP, primary care, community health, hospital and social care services in Wirral. This will mean 'joined up' health and care, planning services for the Wirral as a whole; tailoring services to the needs of our local communities. We call this 'Place Based Care'.

Place Based Care has taken significant steps with the formation of Wirral's nine neighbourhoods and the recent introduction of Primary Care Networks complements our neighbourhood approach. We are already using information to determine what the people of these neighbourhoods need.

Wirral Council Plan: A 2020 Vision

Our strategy acknowledges the important role we will play in Wirral Council's strategic plan. **A 2020 vision** is designed to deliver the Council's vision for the future, the below represents their contract with the people of Wirral:

- Ensure every child has the best possible start in life;
- Equip all our residents with the skills to enable them to secure quality jobs;
- Create economic opportunities by attracting enterprise and investment;
- Treat everybody with respect and dignity in older age;
- Strive to close the gap in health inequalities;
- Look after our environment for future generations to enjoy.



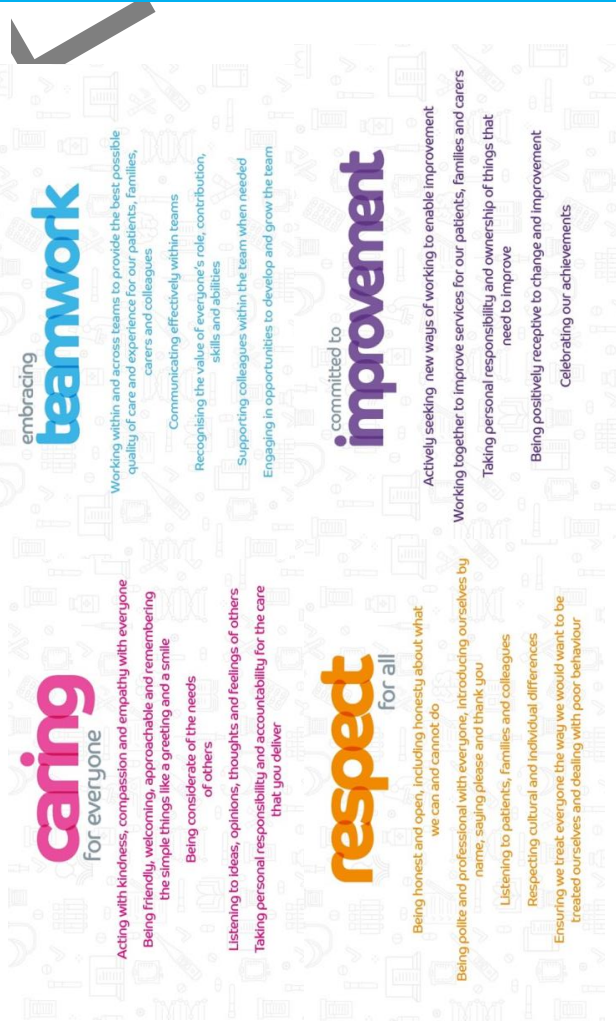
Our Vision, Values and Foundations

Our
Vision

together
we will

...deliver the best quality and safest
care to the communities we serve

Our
Values



Our
Foundations



**Getting the
Basics Right**



Better



Best

As one of the North West's biggest and busiest hospitals our Vision and Values set out what our patients can expect from us.

Our Vision and Values have been developed with the feedback of over **2,500 staff, patients and visitors** who told us what matters most to them.

Delivering the **best quality and safest care** requires **teamwork**. Within our organisation this means staff supporting each other to achieve our shared ambitions. Outside of our hospitals it's about working more effectively with other providers across the health and social care sector.

Underpinning our vision and values and aligning to the Trust objectives and priorities is the foundations **Getting the Basics Right, Better and Best**.

This is reflected in the NHS Long Term Plan which emphasises the importance of health and social care organisations working more closely together.

together
we will

Our 2021-26 Objectives and Priorities

OUTSTANDING CARE:
Provide the best care and support

COMPASSIONATE WORKFORCE:
Be a great place to work

CONTINUOUS IMPROVEMENT:
Maximise our potential to improve and deliver best value

Our Strategic Objectives 2021 to 2026

Our Strategic Objectives have been derived from a process of reviewing national, regional and local context, strategic analysis and feedback from the series of strategy development workshops we held with staff and stakeholders in January and February 2020.

OUR PARTNERS:
Provide seamless care working with our partners

DIGITAL FUTURE:
Be a digital pioneer and centre for excellence

INFRASTRUCTURE:
Improve our infrastructure and how we use it

Our Priorities

OUTSTANDING CARE:
Provide the best care and support

- Empower patients through their care journey
- Improve patient flow, ensuring the patient is in the right place at the right time
- Strive to deliver intimate and personal patient experience
- Provide services in the most appropriate and accessible setting
- Embed a culture of safety improvement that improves outcomes

COMPASSIONATE WORKFORCE:
Be a great place to work

- Develop and maintain a healthy organisational culture based on our values
- Retain, attract and recruit high calibre and skilled staff
- Support our staff to enjoy the best health and wellbeing
- Invest in our staff's continuous learning, education and innovation

CONTINUOUS IMPROVEMENT:
Maximise our potential to improve and deliver best value

- Embed a culture of improvement and transformation
- Reduce variation in care pathways to improve outcomes
- Use our resources effectively and sustainably, so we can improve our services
- Create the conditions for clinical research to flourish

Our Priorities cont.

OUR PARTNERS:
Provide seamless care working with our partners

- Integrate care to prevent ill-health, improve wellbeing and meet needs of Wirral population
- Deliver system partnerships which improve outcomes for our patients
- Leverage our clinical expertise to drive clinical quality and influence system working
- Build partnerships with academic institutions to develop research and education capability

DIGITAL FUTURE:
Be a digital pioneer and centre for excellence

- Use digital technology to reduce waste, automate processes and eliminate bottlenecks
- Empower patients with the data and tools to manage own health and wellbeing
- Allow business intelligence to drive clinical decision making
- Use health information to enable population health management for the Wirral

INFRASTRUCTURE:
Improve our infrastructure and how we use it

- Effectively use our estate to support the delivery of care
- Delineate the role and functions of the hospital sites
- Develop the case for the upgrades of the hospital campuses
- Improve travel and transport to our hospital campuses
- Promote sustainability and social value



How We Will Deliver Our Strategy

Strategic Intent

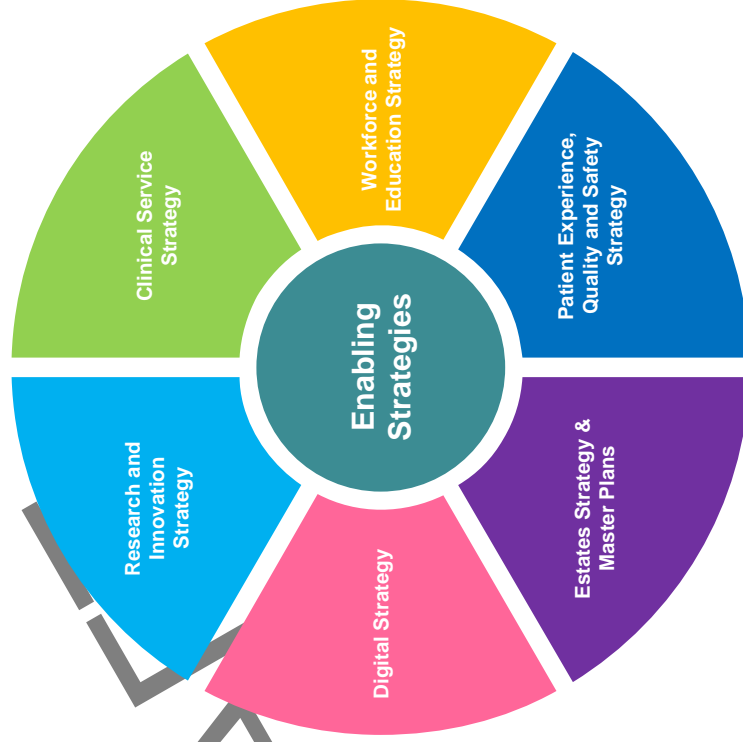
In the months following the publication of this document, **work will begin with the clinical divisions and corporate directorates** to translate the aims of this strategy into divisional and service-level plans for its successful delivery. These plans will be monitored through our monthly **Accountability and Performance Framework** meetings (APF) and will underpin business and capital planning for the next five years. We want to create a culture in which the strategy becomes everyone's roadmap, guiding all that we do.

There will be an **annual review** of the strategy to update on our performance. To embed this approach, the structure of reviews and appraisals will be revised to chime with the ambitions; and performance will be measured against the new set of organisational objectives.

The document will be reviewed and refreshed annually, and we will **measure our performance against the Strategy** on a quarterly basis.

Strategic Framework: Our Enabling Strategies

Our Strategy will be delivered through **six enabling strategies** as shown below. By May 2021 all enabling strategies will have been defined and approved by Trust Board.



See appendices for methodologies used (SWOT, PETLEC and engagement) and a range of national, regional and local publications to inform our approach.

Clinical Service Strategy

Our Clinical Service Strategy outlines our aim to provide the best acute hospital services to the communities we serve. We will work with 30 individual clinical specialities to help understand how they will support the Trust to deliver its strategic objectives over the next five years. The result of this is the creation of the organisations five year clinical strategy, an accumulation of the strategies for each of the 30 specialities. Our clinical strategy describes the priorities for each clinical specialty team over the next five years.

These are the 30 Clinical services provided by WUTH:



General Surgery	Diabetes	Respiratory
Orthopaedics	Gastroenterology	Haematology
Urology	Dermatology	Palliative Care
ENT	Nephrology	Elderly
Ophthalmology	Cardiology	Stroke
OMFS		Rheumatology
Orthodontics		
Emergency Medicine	Critical Care	Maternity Services
Acute Medicine	Pharmacy	Gynae & Fertility
	Radiology	Paediatrics
	Blood Service	Neonatology
	AHP services	Breast Surgery



Research and Innovation Strategy

Our Research Strategy will ensure we are able to build on our existing good practice and grow our research portfolio so that more patients benefit from improved experience and outcomes and we all benefit from improving recruitment and retention evidenced in research-active hospitals and specialities. We will leverage our accredited University Hospital Trust status to increase our capacity and capability to deliver Best Care for Everyone and collectively our Workforce & OD and Research teams will define the best way to achieve this.

Workforce and Education Strategy

Collectively we, 'our staff', will determine whether we are successful in delivering this strategy. Our Workforce and Education Strategy will ensure we have the right number of staff with the required skills to be successful, through effective recruitment, retention, education, recognition & reward.

Our Workforce and Education Strategy will be designed around three key programmes:

- Workforce sustainability
- Staff experience
- Transformation

Patient Experience, Quality and Safety Strategy

Quality standards described in the NHS Constitution, the Care Quality Commission's (CQC) quality and safety standards and the National Quality Board's 'Shared Commitment to Quality' will inform the Quality Strategy that will get us from a CQC rating of Requires improvement' (March 2020), to

Outstanding by April 2026. The strategy will describe our 'Journey To Outstanding' and will put the needs of patients and service users, their families and carers first. We will continue to expand the way we use data to drive quality and our Digital Strategy will be another key enabler to improving quality.

Our Quality Strategy is currently designed around four campaigns:

- A positive patient experience
- Care is progressively safer
- Care is clinically effective and highly reliable
- We stand out

Estates Strategy & Master Plans

Our Estates Strategy is a key enabler to the delivery of our Clinical Strategy. Our Estates Strategy will describe how we need to respond to planned and anticipated changes in activity, efficiency, models of care, ways of working and demographics.

We will work with our Integrated Care System (ICS) partners to ensure estates development plans and decisions are taken as a system to optimise the way we use public estate across Wirral to deliver organisation and ICS objectives.

We will deliver our £18M Hospital Upgrade Programme to improve urgent care facilities at Arrowe Park Hospital and ensure we achieve the return on investment we have committed to.

Digital Strategy

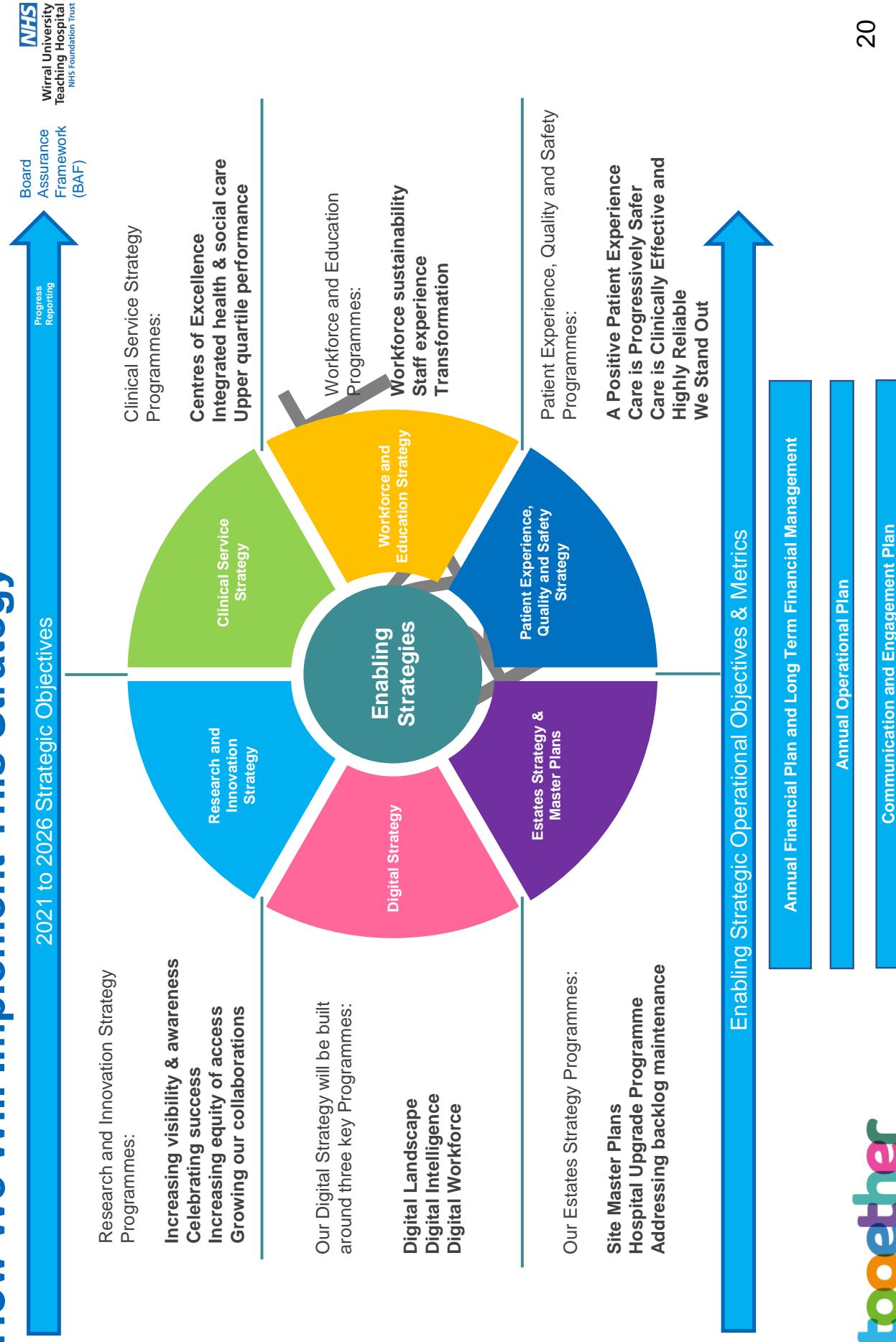
Our Digital Strategy will be a key enabling component of our Trust strategy and will be a bold and dynamic statement of our ambition to deliver digitally enabled Best Care for Everyone.

We are committed to creating a culture that embraces digital technology.

Our Digital Strategy will be built around three key programmes:

- Digital Landscape
- Digital Intelligence
- Digital Workforce

How We Will Implement This Strategy



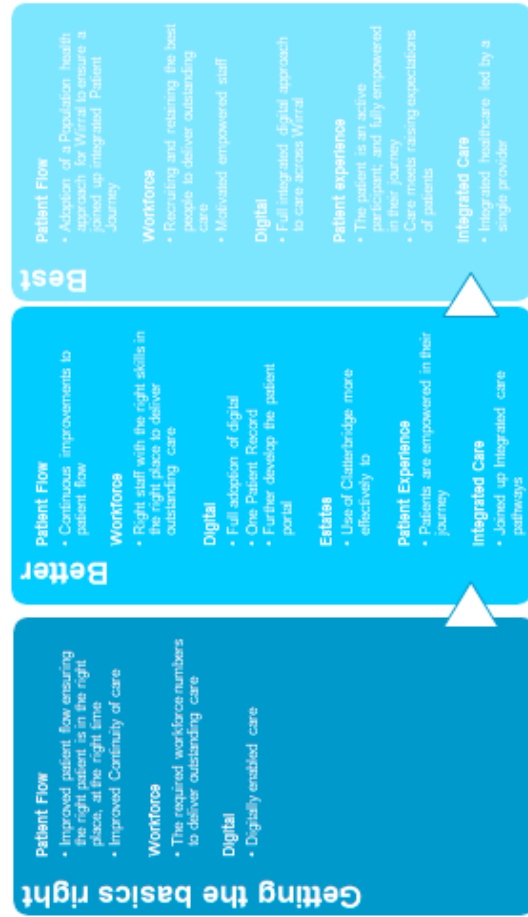


Appendix 1: How We Developed Our New Strategy

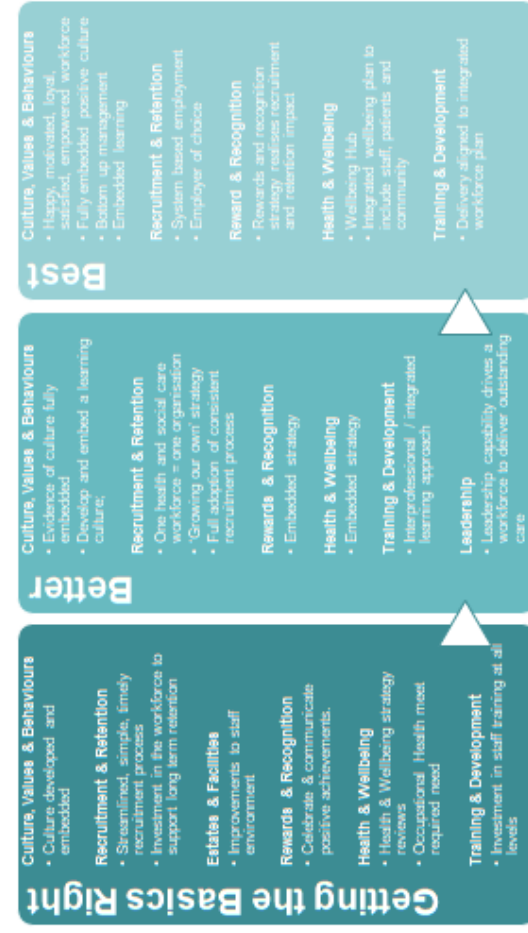
In the Spring of 2019, staff, patients, the public and partners from across Wirral were invited to engage in the development of the Trust's Vision and Values. This process involved over 2,500 people and showed the commitment of our staff and stakeholders in delivering the highest quality services and improving healthcare and wellbeing for the Wirral communities. As a result of this engagement, we have a clear vision for how things should look in five years' time

Workshops held in February 2020 provided an opportunity to: review the current state and future opportunities, input into strategic objectives and priorities aligned to the Trust's foundations (Getting the Basics Right, Better, Best). The workshops also provided an opportunity for a proportion of the workforce to influence and be engaged in the development of the strategic objectives and priorities. The workshops allowed a review of the current state and identified key priorities aligned to the Trust's Foundations and goals. A summary of how we aligned those foundations with each of the Trust's objectives under and overleaf:

Summary of Outstanding Care



Summary of Compassionate Workforce



Appendix 1: How We Developed Our New Strategy cont.

Summary of Our Partners

Summary of Continuous Improvement

Getting the Basics Right

Methodology

- Introduce single QI method

Training

- In house QI training course to include methodology

Communications & Engagement

- All staff engaged and informed

Culture

- Empowering staff to see ideas through

Potential QI Projects

- Better communication – clinical systems internal and external
- Facilities on the wards are up to scratch
- Improve system working
- Patient Focused Outcomes

Better

Methodology / Strategy

- Joined up clinically led strategy inclusive of patient involvement
- System wide collaboration

Training

- Masterclasses and training consistently rolled out

Communication & Engagement

- Empower staff to make positive changes

Culture

- Learning culture – Sustaining Improvement

Potential QI Projects

- Bringing income into the Trust
- Upgrade hospital
- Avoiding hospital admissions – prevention within the community
- Empowering patients in terms of self care

Best

Methodology / Strategy

- System wide approach

Culture

- Part of everyday culture

Performance

- Best at providing 'farm free' care
- Top quartile in LoS hospital and productivity
- To be nationally recognised for our work – promoting good work
- Providing high quality care to community

Getting the Basics Right

Integrated Care

- Shared vision & goals, align values
- Understand Partnerships – role & function
- Joint teamwork

Relationships

- Building strong relationships and communications

Training & Development

- Education & guidance – sharing activities

Communication & Engagement

- Clinical engagement & leadership

Digital

- One patient Record

Better

Integrated Care

- Integrated Contract Model

Relationships

- Regional models – host service (NHS)

Training & Development

- GP education and joint working

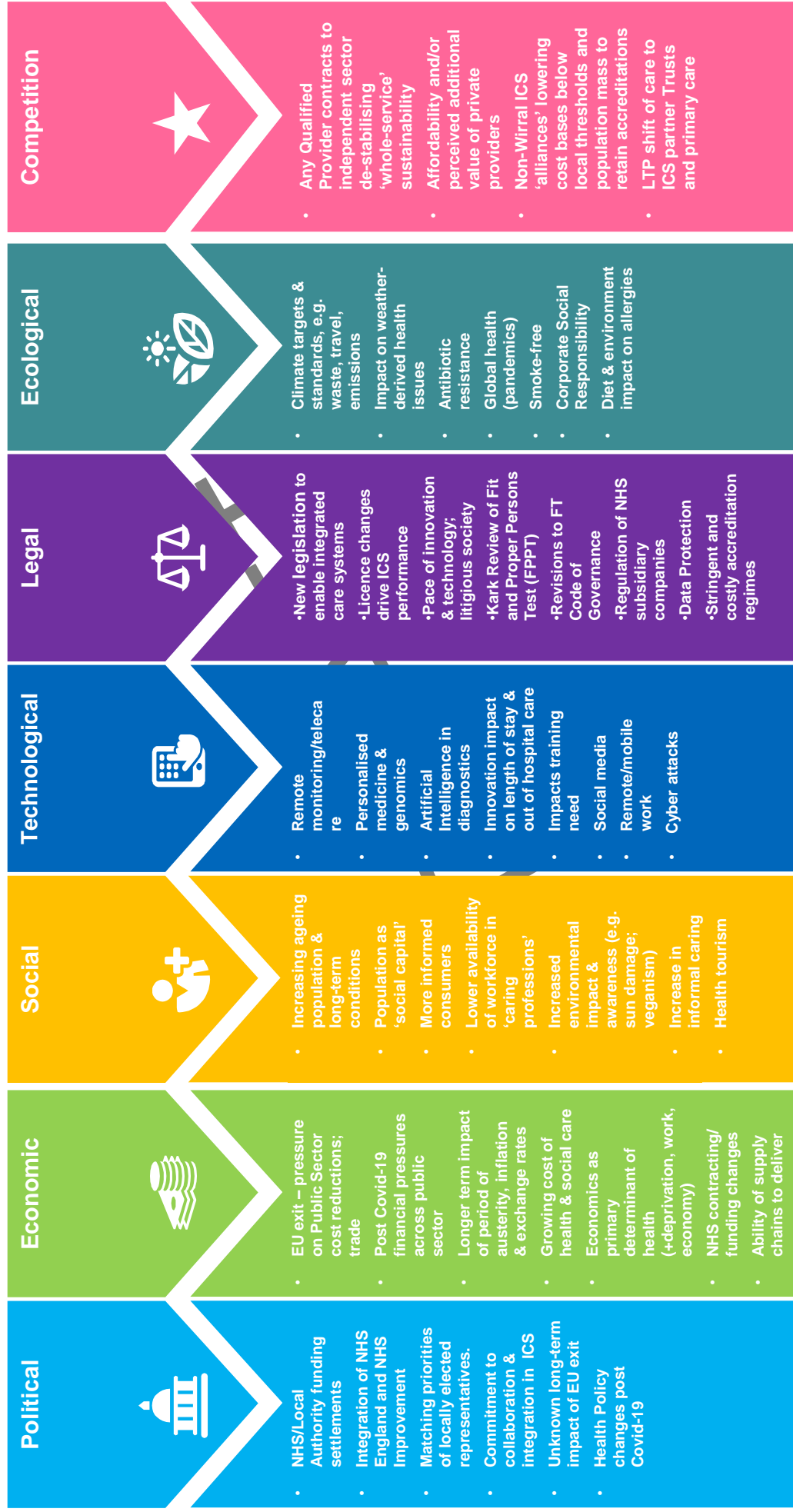
Best

Integrated Care

- Full integration of services / organisation / farm
- Alignment to wellbeing agenda

Appendix 2: PESTLEC Analysis

To better understand the wider external context in which we operate we used the PESTLEC analysis model. A summary of the external factors we used to inform our strategy is shown below.



Appendix 3: Strengths, Weaknesses, Opportunities and Threats (SWOT)

To better understand the context in which we operate we used a simple Strengths, Weaknesses, Opportunities and Threats (SWOT) assessment with a range of groups during our workshops. We linked our strengths to our opportunities and our weaknesses to our threats and used this to inform our strategic objectives.

Strengths

Patient Care – is our priority and we are recognised for that locally, nationally and internationally. Our reputation is growing

Our Staff – Are our greatest strength; we overwhelmingly have shared values and purpose, and go the extra mile whenever possible. Staff are proud of the services they give to patients and each other

Culture, leadership and engagement – We have a renewed vigour, energy and vision. We are resilient, open to conversations, and we are responsive to risks and concerns.

Working in Partnership – With local, regional and national organisations NHS or otherwise. We have improved clinical pathways

Improvement – Is evident in our track record of service delivery in response to real needs, notably emergency care performance, reduced mortality, and productivity and cost improvement.

Governance – Is managed well and used as a driver for improvement. We listen and respond to staff, patient and public concerns and make the right decisions at every opportunity, and learn from our mistakes.

Transformation – Is at the heart of our daily work – we seek ways to improve quality in all we do and we have a track record of delivering projects that improve patient care and our use of resources.

Training, education and research – Are things we have a strong reputation for, and we recognise the need to increase these as the foundation for continuously improving patient care.

Weaknesses

Staff management – Is not as consistent as it should be; some staff are not treated as they deserve to be, and some poor performance is not tackled.

Workforce gaps – Exist in some services, creating pressures both in terms of frontline patient care, and support services to our clinicians.

Our data – Is not yet providing improved insight on which to base better decision-making; we still rely too much on paper.

Patient ‘flow’ – Through some of our services can be inconsistent; too many Patients, who could be safely discharged, stay with us longer than necessary.

Variation – In some clinical practice variation undermines consistent performance and patient experience, impacting morale and our improvements.

Inefficiency – Across our hospitals inefficiency still exists in some services, and we have some excessive waiting times leading to poor patient experience.

Communication – With staff and patients can be difficult in an organisation of our size, complexity and diversity. Despite best efforts we don’t always get it right.

Staff ownership – Of, and involvement in, service change can be inconsistent, impacting on their morale, increasing risk to improvements, and risks impacting patient experience.

Financial deficit – Has created a lack of capital investment, and ageing buildings, equipment, IT, and medical and diagnostic equipment. We have huge costs, but there is more to do.

Opportunities

Recruitment and retention – Of the best staff by ensuring we create roles that people want to do that help solve our workforce gaps, and we keep investing in and developing all our staff.

More patients could choose our services – If we reduce waiting times and how long patients have to stay with us while improving their experience while in our care, and communicate clearly with them.

University Hospital – This status could enhance patient care and outcomes through the positive impact of research, education and training and enable us to deliver more specialist services.

'Integrated Care Provider' – Contributing constructively would enable us to reduce barriers and improve how patients move between us and other providers, and within our own services.

Expand our services – To new clinical specialties and/or locations by assessing and improving our productivity and performance, and accurately model what we can achieve to make realistic bids.

Private Patient – Private services could improve our income and good reputation, increasing the amount we have available to invest in our NHS services and improving our long-term financial stability.

Working in community locations – Can be reviewed to understand where services are not working efficiently, and where we could provide excellent services outside our two main hospitals.

Efficiency, productivity and financial health – Can all be improved by innovative use of the resources we already have, improved digital and IT systems (e.g. telecare).

Population health – Can be a crucial part of what we do by promoting healthy lifestyle and choices for patients and staff alike, and ensuring we prevent ill-health whenever possible.

Threats

Growth in demand – Could exceed capacity to provide services in a timely fashion, creating risks to care, staff morale and financial sustainability.

Recruitment and retention – In various staff groups including doctors, nurses and professional support services.

Loss of market share – To other Trusts or new private providers due to attractive reward packages and work patterns; some contracts move simple procedures to providers with shorter waiting times while we continue providing higher-cost complex procedures.

Adverse impacts of NHS structural changes – The drive towards out-of-hospital care could leave us with liabilities and risks. Pace of change to deliver projects could conflict with operational capacity and priorities.

Sustainability of clinical services (including screening programmes) – Due to lack of capital, increasing stringency & subsequent resource demands of accreditations (e.g. labs), pathology networks etc, it may be challenging to sustain the current portfolio of provision in its current format.

Financial issues out of our control – Could worsen sustainability, such as outdated tariffs, increased outsourcing costs, inability to access greater purchasing power through regional arrangements. Post Covid -19 pandemic financial pressures on the public purse.

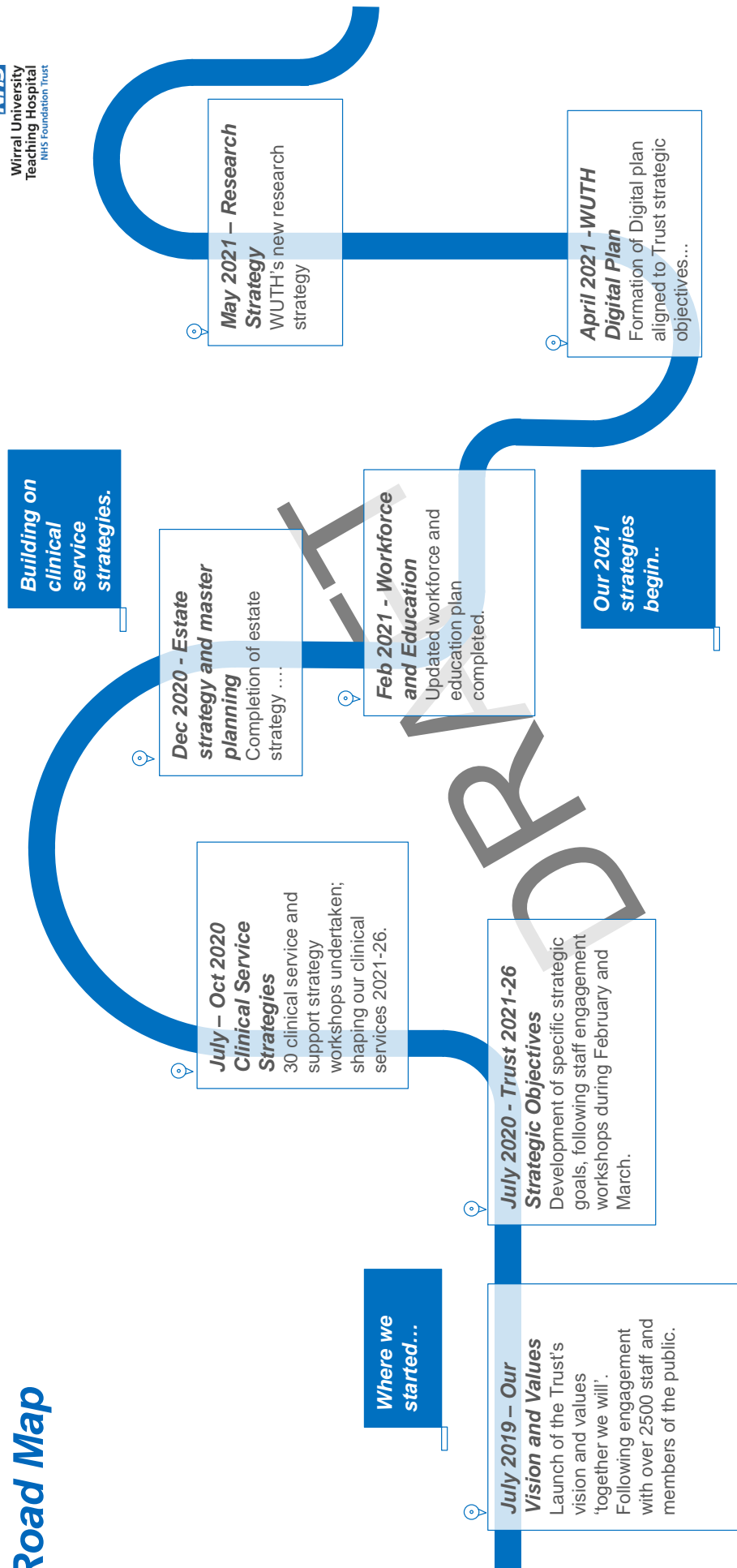
Lack of commissioning – Of some of the work we do due to historical reasons, combined some lack of locally agreed tariffs, means that some services have no income.

External regulations – These could change or be applied stringently.

EU exit – The implications are relatively unknown despite planning; adverse national economy likely to hit public funds; workforce pipeline may be further constrained; disruption to supply chains and innovation routes.

Politicisation of healthcare – Both national and local, diverts support for 'right' decisions.

WUTH's Strategic Framework Road Map





BOARD OF DIRECTORS

**UNAPPROVED MINUTES OF
PUBLIC MEETING**

6th MAY 2020

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

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

In attendance

Andrea Leather	Board Secretary [Minutes]
Paul Charnley	Director of IT and Information
Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Sally Sykes	Interim Director of Communications & Engagement

Apologies

Dr Ranjeev Mehra	Associate Medical Director, Surgery
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute

*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 20-21/017	Apologies for Absence Noted as above.	
BM 20-21/018	Declarations of Interest There were no Declarations of Interest.	
BM 20-21/019	Chair's Business In opening the meeting, the Chair informed the Board of Directors that the majority of key issues would be captured within items already contained on the agenda. The Healthy Wirral Programme is continuing to progress, as part of the COVID response, with many of the identified service improvements being undertaken as part of the wider COVID recovery. The Healthy Wirral Team will be supporting the system as part of the COVID recovery, coordinating system wide improvements and changes. The Team will also begin to explore the major service changes over the coming months, which will aim to improve patient flow, patient outcomes and reduce cost. It was also noted that Mr Paul Satoor, Chief Executive, Wirral Borough Council is to join the Healthy Wirral Chair / Chief Executive Group meeting to improve the co-ordination of NHS and Social Care services.	

1

Reference	Minute	Action
BM 20-21/020	<p>Key Strategic Issues</p> <p>There were no additional key strategic issues to report.</p> <p><i>The Board noted that there were no additional items to report as there were a number of topics already covered within agenda items.</i></p>	
BM 20-21/021	<p>Board of Directors</p> <p>Minutes The Minutes of the Board of Directors meeting held on 1st April 2020 were approved as an accurate record.</p> <p>Action Log In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.</p>	
BM 20-21/022	<p>Chief Executives' Report</p> <p>A number of key headlines, contained within the written report, were highlighted for Board members; including:</p> <ul style="list-style-type: none"> • Hospital Upgrade • Recovery Theatre Refurbishment • Decommissioning of the Clatterbridge Cancer Centre • Serious Incidents and RIDDOR updates. <p>To provide further context, the Chief Executive expanded on a number of the items contained within the report.</p> <p>All serious incidents are being fully investigated and reported to the Quality Committee and the investigations regarding the two RIDDOR reportable incidents have been completed and the actions are identified within the Divisional exception tracker, along with the lessons learned being reviewed by the Health & Safety Committee.</p> <p>The Recovery Theatre Refurbishment work was paused to support increased capacity for Intensive Care Unit during COVID-19 outbreak, and the remaining minor works are to be completed imminently. The new facility will mitigate the need to use Ward 1 during periods of increased activity and provide an improved patient experience by offering a 'one stop' admission and discharge process.</p> <p>Discussions are continuing with Wirral Community Trust and Wirral Borough Council to create a single intermediate care facility within the vacated space at the Clatterbridge Cancer Centre, who are shortly relocating their in-patient services to the new Liverpool campus.</p> <p>A summary of the scope for the hospital upgrade was provided and the report outlining the governance arrangements and timeframes that was presented at the Finance, Business, Performance and Assurance Committee to be circulated to Board members. The evaluation process is underway for the external support required for the development of the Outline Business Case (OBC), with the appointment to be identified in early June.</p> <p><i>The Board noted the Chief Executive's Report.</i></p>	MS

Reference	Minute	Action
BM 20-21/023	<p>Quality & Performance Dashboard and Exception Reports</p> <p>The report provides a summary of the Trust's performance against agreed key quality and performance indicators.</p> <p>Of the 45 indicators with established targets or thresholds 12 are currently off-target or not currently meeting performance thresholds. The Board noted that during the COVID-19 pandemic a number of metrics have been suspended from national reporting, as identified in the dashboard.</p> <p>The lead Director for a range of indicators provided a brief synopsis of the issues and actions being taken:</p> <ul style="list-style-type: none"> • 4 hour A&E – as part of the COVID-19 response, the A&E department along with urgent care systems have been dramatically restructured to support both COVID-19 and non COVID-19 services. With effect from mid-March both the A&E department and Walk-In Centre have seen attendances significantly reduce, consequently performance has considerably improved. In addition, ambulance handover performance has improved due to the reduced activity and there have been no 12 hour breaches since mid-April. • The planned recovery of RTT in quarter 4 was severely impacted by the cessation of all non-urgent activity due to the COVID-19 response; consequently there was a downturn of referrals of 30%. • As part of the wider Trust approach for the reinstatement of non urgent activity, trajectory plans for RTT, diagnostics and theatre utilisation are being developed. • The reduction in numbers of long length of stay patients in March, continuing throughout April was as a result of collaborative working across the health economy to free up capacity for COVID-19 patients. The lessons learned both internally and externally during the pandemic are to be reviewed to ensure changes implemented are embedded and sustainable going forward. • The 'Hospital at Home' programme has been very effective and the success of the programme was primarily due to the cancellation of clinics to enable 7 day consultant cover. Therefore some additional resource may be required to maintain the programme once job plans revert back to business as usual. • The Trust is participating in a number of COVID-19 trials which will provide significant benefits for patient treatments. • The Trust failed to meet the year end C-diff target of 88 cases by one with a total of 89 cases at the end of March 2020. • IPC indicators are to be reviewed post COVID-19 to include national guidance for gram-negative bloodstream infections. A three year IPC Strategy is being developed with a focus on works required at Arrows Park and is awaiting updated national guidance. • Although the Friends and Family Test has been suspended in line with national guidance, the Trust is reviewing informal (PALS) and formal complaints to monitor patient experience during the pandemic and will report through Patient, Safety and Quality Board. • The attendance data reported for March is based on non COVID-19 occurrences and subsequently performance during March/April has been impacted by an additional 1.1% and 9.2%, respectively. Of those, 2% are those staff shielding due to health conditions, pregnancy and over 70's. 	

Reference	Minute	Action
	<ul style="list-style-type: none"> In line with national guidance Appraisals were suspended towards the end of March and are to recommence shortly via alternative methods such as 'teams' <p>The Board were advised that the 'First Care' pilot introduced to assist with attendance management has now been stood down with a number of the practices to be introduced within the in-house processes. A report is to be provided to the Finance, Business, Performance & Assurance Committee</p> <p><i>The Board noted the current performance against the indicators to the end of March 2020.</i></p>	HM
BM 20-21/024	<p>Month 12 Finance Report</p> <p>The Chief Finance Officer apprised the Board of the summary financial position at the end of Month 12. The Trust reported an actual deficit of £17.2m including the loss of Provider Sustainability Fund (PSF)/Financial Recovery Fund (FRF).</p> <p>The key headlines for Month 12 include:</p> <ul style="list-style-type: none"> Month 12 operational position was (£0.3) better than had been forecast, therefore ensuring the year end position agreed with NHSI was achieved. In month, pay is exceeded plan by (£0.7m), with a YTD overspend of (£7.7m) including (£0.3m) in relation to quarantine and COVID-19 response. Medical and Nursing pressures together with trainee grades / trainee nurse associates continue as a result of gaps and COVID-19. In month, non-pay exceeds plan by (£2.8m), this mainly relates to clinical supplies and outsourcing costs with sub-contractors to manage waiting times as part of the MSK services, and includes (£1.4m) of costs in relation to quarantine and COVID-19. CIP delivered £10.8m YTD, (c£2.0m) below plan. Cash is £5.9m, (£4.2m) above plan. Capital is behind the revised plan by £2.0m as a result of slippage on a number of schemes. In order to utilise the funding a number of schemes were brought forward from the 2020/21 programme. However, due to the national impact of COVID-19 on medical equipment suppliers and the ability of the Trust to receive equipment a small number of high value equipment purchases could not be completed pre year end. In addition, COVID-19 pressures also delayed the expected completion of a number of estates projects £0.3m. <p>Discussion ensued regarding non pay consultancy fees, the Board were provided a summary of the activity undertaken and advised that a full breakdown would be provided in the annual accounts. The Board were assured that stringent controls are in place to monitor this element of non pay expenditure.</p> <p><i>The Board noted the Month 12 finance performance.</i></p>	
BM 20-21/025	<p>Financial Plan 2020/21</p> <p>In March 2020, the operational planning process for 2020/21 was suspended and NHS England/Improvement announced amended financial arrangements for the initial period between 1 April and 31 July 2020, to enable the NHS to respond to COVID-19.</p>	

Reference	Minute	Action
	<p>To reflect this change the Board received a report outlining the financial planning process for 2020/21, this included:</p> <ul style="list-style-type: none"> Months 1 – 4, block contract and top up payments to reflect the difference between expected baseline net costs and block contract, where modelling of the expected cost base is higher. During months 1 – 4 the efficiency factor has been suspended. Months 5 – 12 budget has been set in line with the plan originally approved by the Board in February. It was reported that further national guidance is expected imminently for the period from 1 August 2020, which is still subject to significant uncertainty. The plan will be reviewed and updated as further guidance is received. It was noted that the plan for months 5 to 12 still incorporated the previously agreed CIP target as the requirement to deliver this is still formally in place, however, it is expected that this requirement will be revised in the next iteration of the guidance in the light of the continued pressures relating to COVID-19 over the remainder of the year. <p>Chair of Finance, Business, Performance & Assurance Committee confirmed the Committee had reviewed the interim Financial Plan 2020/21 and supported the pragmatic approach taken and therefore recommended Board approval.</p> <p><i>The Board approved the interim Financial Plan 2020/21, noting the limitations of planning for the year when the impact of COVID-19 is unknown.</i></p>	
BM 20-21/026	<p>COVID-19 Trust Response Update</p> <p>The Board were provided an update of the Trusts response to COVID-19 outlining the actions taken to maintain business continuity and those actions that have been taken internally to ensure that the Trust is able to respond in real time to the clinical and operational challenges it is facing.</p> <p>In summary the report encompassed:</p> <ul style="list-style-type: none"> the Strategic response to COVID-19 the Clinical and Operational model Workforce Financial update Governance Reset and renewal/recovery. <p>As reported nationally, due to the significant global demand there have been some issues regarding the procurement and distribution of Personal Protective Equipment (PPE). This is being managed closely and the Board were assured that the measures implemented to proactively manage the situation to ensure that staff are protected at all times, were appropriate. A comprehensive report detailing workforce risk assessment and PPE to be provided at the next meeting.</p> <p>It was acknowledged that in line with national guidance and as agreed at the April Board meeting, the Board had taken the decision to reduce the number of Assurance Committees or in some cases suspended them for the period April to July 2020. To support this, agenda's would be focused on business</p>	HR/HM

Reference	Minute	Action
	<p>critical matters and a review of meetings would be undertaken during June to establish timeframes to re-establish the schedule. It was confirmed that although the Safety Management Assurance Committee had presently been stood down, Health & Safety meetings are being resumed to meet statutory requirements.</p> <p>As a consequence of the gradual reduction of inpatients with COVID-19 symptoms, the Trust is seeking to develop a recovery plan in line with NHS England (North West) guidance. The Board were apprised of the approach to the development of such a plan and in summary, the report provided details of the system short term plans through to planning for April 2021 onwards that would be undertaken in three stages. It was recognised that within the timeframes outlined organisations would need to build resilience for the winter period. A number of key steps for the Trust to support the development and delivery of a Recovery and Reset Plan were outlined and would be discussed at a forthcoming Executive workshop. The Board to be apprised of progress at the next meeting.</p> <p>Discussion ensued pertinent to how the Recovery and Reset Plan would be triangulated with the wider Trust and Clinical Strategies. The Board were assured that the accelerated measures implemented during the pandemic such as those introduced for outpatients are to be maintained rather than reverting back to previous practices.</p> <p><i>The Board noted the updated response to COVID-19 and were assured that all appropriate measures have been taken to support the Trusts response.</i></p>	MS
BM 20-21/027	<p>Report of Finance, Business, Performance & Assurance Committee</p> <p>Ms Sue Lorimer, Non-Executive Director, provided a report of the key aspects from the recent Finance, Business, Performance and Assurance Committee, held on 28th April 2020 which covered:</p> <ul style="list-style-type: none"> • Month 12 finance report • Operational update in relation to COVID-19 • Hospital Upgrade Programme • Financial Plan 2020/21 • Quality Performance Dashboard • Risk Register <p>The Committee recognised that the Trusts response to COVID-19 would have a significant impact on a number of the Trusts operational and financial performance objectives and these are being captured and monitored separately in the risk register and Board Assurance Framework.</p> <p><i>The Board noted the Finance, Business, Performance and Assurance Committee report.</i></p>	
BM 20-21/028	<p>Report of Workforce Assurance Committee</p> <p>Mr John Sullivan, Non-Executive Director, apprised the Board of the key aspects from the recent Workforce Assurance Committee, held on 28th April 2020 which concentrated on COVID-19 critical workforce issues:</p>	

Reference	Minute	Action
	<ul style="list-style-type: none"> • Sickness absence • Health & Wellbeing • Workforce Supply • Training • Communications <p>The Committee highlighted the significant mitigation actions taken by the HR team to minimise the impact of COVID-19 on staff attendance, morale, training and workforce supply risks. The Board of Directors supported this view and thanked the team for their efforts.</p> <p><i>The Board noted the report of the Workforce Assurance Committee.</i></p>	
BM 20-21/029	<p>Report of Audit Committee</p> <p>Mr Steve Igoe, Non-Executive Director, apprised the Board of the key aspects from the recent Audit Committee, held on 24th April 2020 which covered:</p> <ul style="list-style-type: none"> • Internal Audit Reports including the outcomes of recent audit reviews • Counter Fraud update • External Audit update including the revised timeframes for year-end reporting • Review of losses and special payments and debtors • Review of the draft Annual Governance Statement • Review and approval of accounting policies • Going Concern in light of the Secretary of State's announcement to convert loan funding into capital. The statement provided to the Committee was approved subject to a further review at the time of signing the accounts. <p>The Committee confirmed that there were no areas of escalation for Board consideration.</p> <p><i>The Board noted the report of the Audit Committee.</i></p>	
BM 20-21/030	<p>Report of Trust Management Board</p> <p>The Chief Executive provided a report of the Trust Management Board meeting on 23rd April 2020 summarising those items not already discussed earlier in the meeting:</p> <ul style="list-style-type: none"> • Decision making outside of Command Structure • Performance Update (including breach of the 4 hour standard) • Strategy Update • Clinical Update / CQC • Finance • Non COVID-19 Divisional Updates • Development of Recovery Cell. 	

Reference	Minute	Action
	<p>Following receipt of the CQC final report an action plan is being finalised with Divisional Leads. The initial submission of 'Must Do' actions is due by 12th May 2020, with the remaining actions due for submission at the end of June 2020.</p> <p><i>The Board noted the report of the Trust Management Board.</i></p>	
BM 20-21/031	<p>Communications Monthly Report</p> <p>The Chair welcomed Sally Sykes, Director of Communications & Engagement to the meeting who presented the first report informing the Board of recent communication activity including:</p> <ul style="list-style-type: none"> • Internal and external communications • Top Tweets • Stakeholder, local health system partners and MP engagement • Charity. <p><i>The Board noted the Communications monthly report.</i></p>	
BM 20-21/032	<p>Board Assurance Framework 2019/20 – 2020/21</p> <p>The Board Secretary apprised the Board of the summary of risks, and their associated risk scores in the Board Assurance Framework (BAF).</p> <p>The Board considered the additional threat in relation to COVID-19 that had been added within 'primary risk 5', along with the proposed revised overall risk score. It was noted that this threat had also been cross referenced with other principle risks, namely PR1, 2 and 4.</p> <p>The Board acknowledged that as the BAF transitioned into 2020/21 the relevant Assurance Committees had not had the opportunity to review the updates and therefore the assurance rating for this month were omitted. The assurance ratings are to be considered by the Assurance Committees at the next meeting.</p> <p>The Chair of Audit Committee reported that the Board Assurance Framework had been externally validated and rated 'green' across all metrics. The Committee had received assurance that the BAF is structured to meet the NHS requirements, is visibly used by the organisation and clearly reflects the risks discussed by the Board.</p> <p><i>The Board of Directors approved the Board Assurance Framework 2020/21; the additional COVID threat identified in PR5 and the revised overall risk rating for PR5.</i></p>	
BM 20-21/033	<p>Any Other Business</p> <p>The Board noted one exclusion, with an investigation being undertaken.</p> <p>Non Executive Directors reiterated the message of the extraordinary effort of all staff, recognising the superb work being undertaken whilst dealing with the challenges.</p>	

Reference	Minute	Action
BM 20-21/034	<p>Date of next Meeting</p> <p>Wednesday 3rd June 2020.</p> <p>Note: Additional meeting on 24th June 2020, for sign off of Annual Report & Accounts 2019/20.</p>	

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Chair

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Date

BOARD OF DIRECTORS

**UNAPPROVED MINUTES OF
PUBLIC MEETING**

3rd JUNE 2020

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

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

In attendance

Paul Buckingham	Interim Director of Corporate Affairs
Andrea Leather	Board Secretary [Minutes]
Paul Charnley	Director of IT and Information
Sally Sykes	Interim Director of Communications & Engagement
Ian Linford	Public Governor
Angela Tindall	Public Governor

Apologies

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

*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 20-21/037	Apologies for Absence Noted as above.	
BM 20-21/038	Declarations of Interest There were no Declarations of Interest.	
BM 20-21/039	Chair's Business In opening the meeting, the Chair informed the Board of Directors that the majority of key issues would be captured within items already contained on the agenda. The Chair noted continuing progress with the Healthy Wirral Programme and commented on the positive level of cooperation in the Wirral system at the present time. He advised that care would need to be taken to ensure that gains being made from a collegiate approach were not lost at a later date. In response to a question from the Chair, regarding the level of clinical alignment across the system, the Medical Director advised that there was a clear willingness for alignment but queried the effectiveness of some processes.	

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Reference	Minute	Action
	<p>At the invitation of the Chair, the Chief Executive provided an overview of current COVID activity and noted that the number of cases had levelled off over the previous fortnight. She advised that bed occupancy levels were currently at circa 65% and noted that the level of staff absence due to sickness had started to decrease. The Chief Executive noted discussions during a meeting of system Chief Executives on 2 June 2020 during which concerns had been expressed in relation to the potential for an increase in cases as a result of relaxation of lockdown measures. Wirral's position as an outlier for COVID numbers, in relation to areas of deprivation and the proportion of residents with underlying health conditions was noted.</p> <p>The Medical Director advised that there were currently 64 COVID-positive and 67 COVID-suspected patients in the hospital. She noted that the number of patients had not decreased and anticipated a further increase in the number of COVID-positive patients. In response to a question from the Chair, the Medical Director advised that, to date, there had been a total of 220 COVID-related deaths in the hospital.</p>	
BM 20-21/040	<p>Key Strategic Issues</p> <p>There were no key strategic issues to report.</p> <p><i>The Board noted that there were no items to report in addition to the subjects included on the agenda.</i></p>	
BM 20-21/041	<p>Minutes of Previous Meeting</p> <p>The Minutes of the Board of Directors meeting held on 6 May 2020 were approved as a true and accurate record.</p>	
BM 20-21/042	<p>Action Log</p> <p>The Board reviewed the Action Log and noted that there were no outstanding actions that exceeded the scheduled completion date.</p>	
BM 20-21/043	<p>Chief Executives' Report</p> <p>The Chief Executive presented a report which included the following subject areas:</p> <ul style="list-style-type: none"> • COVID-19 Update • Serious Incidents and RIDDOR updates • Hospital Upgrade Programme • Trust Strategy 2020-2025 • Decommissioning of the Clatterbridge Cancer Centre. <p>She briefed the Board on the content of the report and noted in particular that levelling off of COVID-19 activity had enabled the Trust to revise its pathway for suspected COVID-19 admissions which would reduce the number of patient moves within the hospital and reduce the risk of cross infection. She also noted that, while there had been a reduction in staff absence levels, there was a risk of increased staff absence as a result of the introduction of national track and trace arrangements.</p>	

Reference	Minute	Action
	<p>In response to comments from the Chair, regarding the challenge of restarting core business, the Chief Executive noted that the ability of the Trust to operate from two sites and access to the independent sector were positives in relation to restart, but advised that the configuration of the Trust's estate would prove a challenge in relation to maintaining social distancing and compliance with infection prevention and control standards.</p> <p>The Chief Executive advised that national plans for surge capacity and preparation for winter were based on assumptions of 85% normal activity and 80% bed occupancy. She noted that the Chief Operating Officer was working on the Trust's bed base configuration. She also noted opportunities to create elective capacity at the Clatterbridge site with use of the independent sector as fallback if necessary. In response to a question from the Chair, the Chief Executive provided an overview of the type of procedures being undertaken at the Spire Murrayfield site and noted that this was a relatively low level of activity at present.</p> <p>In response to a question from Mrs S Lorimer, the Medical Director provided an overview of work being undertaken by surgeons in the absence of elective activity and noted in particular work undertaken to review pathways in preparation for restart of elective activity. She assured the Board that surgeons were not standing idle. In response to a follow-up question, the Medical Director acknowledged the potential for change in the future shape of the Medical workforce but suggested that such change may be place-related, noting Hospital at Home as an example.</p> <p>In response to a question from Dr J Coakley, who queried the extent to which continued collaboration was necessary for the Restart programme, the Chief Executive noted that the Trust continued to operate in accordance with the national and regional infrastructure. She then provided an overview of the Trust's participation in local collaborative groups and noted that relationships were sufficiently strong to maintain this approach post-restart. In response to a question from Mr S Igoe, the Chief Executive confirmed that 80% occupancy was based on the Trust's existing capacity and noted the challenges associated with bed numbers in the context of appropriate social distancing for IPC purposes.</p> <p>The Chair commented on the current positive impact in relation to seven day consultant cover and additional social care funding. He also advised that he would be liaising with the Chief Executive to facilitate a greater degree of Non-Executive understanding of developments between Board meetings in what was a fast-moving situation.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the Chief Executive's Report. 	
BM 20-21/044	<p>Quality & Performance Dashboard and Exception Reports</p> <p>The report provides a summary of the Trust's performance against agreed key quality and performance indicators.</p> <p>Of the 45 indicators with established targets or thresholds, 14 are currently off-target or not currently meeting performance thresholds. The Board noted that during the COVID-19 pandemic a number of metrics have been</p>	

Reference	Minute	Action
	<p>suspended from national reporting, as identified in the dashboard.</p> <p>The lead Director for a range of indicators provided a brief synopsis of the issues and actions being taken:</p> <ul style="list-style-type: none"> • Pressure Ulcers - serious incident investigations have commenced to identify any learning points. With a tissue viability action plan that supports prevention of skin damage including a full review of products and devices available to prevent pressure damage and a full training plan to upskill staff. • Protecting Vulnerable People Training – level 3 training is mandated to be undertaken face to face and due to the reduced capacity as a consequence of social distancing the Trust is exploring alternative options. • Complaints – slight deterioration in performance was due to capacity within the team being reallocated to alternative duties for a short period of time. • Duty of Candour – a review of the processes being undertaken to consider broadening the requirements. • 4 hour A&E – improved performance is predominately related to the reduction in activity. • Diagnostic Waiting lists – all categorised within the 4 categories: urgent, required within one month, required within three months and within 52 weeks. Harm reviews are undertaken for all 52 week cases that have not met the requirements. • RTT - the deterioration is directly attributable to the cessation of routine elective activity in response to the COVID-19 pandemic. The quarterly cancer performance demonstrates robust delivery against threshold. • As part of the wider Trust approach for the reinstatement of non urgent activity, trajectory plans for RTT, diagnostics and theatre utilisation are being developed. • VTE – although performance remains ‘green’ it was recognised that COVID-19 increases the likelihood of blood clots and therefore could impact future compliance. • Research – improved performance as a consequence of the participation in COVID-19 recovery trials. Staff participation in the vaccine trials is a platform to engage staff in the research programme. • Attendance - the attendance data reported for April is based on non COVID-19 occurrences. A number of support measures have been implemented to support staff reporting stress/anxiety and this will be reviewed as part of the Recovery and Reset Plans. Test and trace instances will be calculated separately. • Appraisals - as reported previously, in line with national guidance appraisals were suspended towards the end of March and are now recommencing via alternative methods such as ‘teams’. Performance has improved across some areas with three Divisions compliance being above the threshold. <p>In assessing the harm review process, the Board of Directors considered the mitigations in place to manage any future claims. The importance that reviews capture detailed information and these are clearly documented and Board and Assurance Committee reports are to define decisions.</p> <p><i>The Board noted the current performance against the indicators to the end of April 2020.</i></p>	

Reference	Minute	Action
BM 20-21/045	<p>Month 1 Finance Report</p> <p>The Chief Finance Officer presented a report which detailed the Trust's financial position as at 30 April 2020. She briefed the Board on the content of the report and noted that the Trust had delivered a break-even position in-line with NHS Improvement expectations. The Chief Finance noted key headlines in the Month 1 position as follows:</p> <ul style="list-style-type: none"> • Operational pay costs excluding COVID-19 were c£0.7m below plan; this predominantly reflects the reduced need of non-core staff in clinical areas • Non-pay (excluding depreciation) was below plan by (£1.2m), this mainly related to reduced clinical supplies due to the reduced/paused elective programme, along with reduced drug costs as a consequence of reduced activity • CIP programme 'paused' in line with the removal of national efficiency requirements by NHSI, although productivity improvements that have been made to support the COVID-19 response are being developed further and we are working with our Healthy Wirral system partners on areas which can further support system capacity as part of the phase 2 recovery reset. • The Cash balance at the end of April 2020 reflected accelerated cash payments made to providers for both Month 1 and Month 2 to support the liquidity position. • Capital spend for 2020/21 to be sub-divided into two key work streams: operational capital spend and capital requirements to support the local response to COVID-19. <p>The Chief Finance Officer referred the Board to Chart 2 in the report and provided an overview of an Income & Expenditure bridge which included the impact of COVID-19 related costs. In response to a question from Mrs S Lorimer, regarding top-up payments, the Chief Finance Officer advised that the national value of payments in Month 1 had been circa £108m and noted that providers had been required to submit a financial bridge to NHS Improvement to facilitate an understanding of the drivers for top-up payments. She understood that auditors had been directed to organisations considered to be high risk and advised that the Trust was not an outlier in relation to COVID-19 costs.</p> <p>Mr J Sullivan acknowledged the reason for the reduction in Waiting List Initiative (WLI) expenditure in Month 1 but queried whether such expenditure was likely to increase with a resumption of elective activity. The Chief Finance Officer advised that ensuring appropriate workforce capacity would be a critical factor and noted a potential liability in relation to accumulated annual leave. The Chief Operating Officer advised that WLI were predominantly directed to achievement of access standards and noted that it was not known what standards would be expected in the future. He suggested that a pragmatic approach may be necessary in this area.</p> <p>The Chief Finance Officer referred the Board to s4 of the report and provided an overview of a Revised Capital Plan for 2020/21. She noted the drivers for the revised plan which resulted in an adjusted plan value of £11.25m in comparison with an original plan value of £12.95m. She emphasised that the revised plan assumed that Infection Prevention & Control costs associated with COVID-19 Phase 2 would be funded separately. Following a brief discussion, the Board approved the revised Capital Plan 2020/21 as set out</p>	

Reference	Minute	Action
	<p>in s4 of the report.</p> <p>In response to a question from Mrs S Lorimer, regarding planned expenditure on car park development, the Director of Strategy & Partnerships noted to the aim to 'repatriate' parking from other sites but agreed that the assumptions driving the original plans could be reviewed.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the Month 1 Finance Report • Approved a revised Capital Plan 2020/21 as set out at s4 of the report. 	
<p>BM 20-21/046</p>	<p>COVID-19 Recovery and Reset Update</p> <p>The Director of Strategy & Partnerships delivered a presentation on the COVID-19 Recovery and Reset Plan which covered the following subject areas:</p> <ul style="list-style-type: none"> • Background and Purpose • Key Principles and Aspects of the Plan • Key Stages of the Recovery and Reset Plan • Stage 2 – Plan on a Page • Stabilisation Aspect • Operational Delivery Aspect • Clinical and Service Change Aspect • Patients, Families and Communities Aspect • Workforce and Wellbeing Aspect • Strategic Estates and Environment Aspect • Leadership and Governance Aspect • Financial Management Aspect • Managing the Hospital Environment • Next Steps <p>The Director of Strategy & Partnerships noted in particular the eight aspect approach and key principles and advised that the Plan detailed key tasks during Stage 2 which would be completed during a two-month period from 18 May to 17 July 2020. The Medical Director referred the Board to the Outpatients programme, referenced on page 12 of the slide set, and provided an overview of the complexities of this programme. The Chief Executive noted reset of the Programme Board to maintain oversight on progress with the Plan.</p> <p>The Chief Nurse provided an overview of the components included in the Patient, Families and Communities Aspect on page 13 of the slide set and the Director of Workforce noted work being undertaken by the Central Absence Team as part of the Workforce & Wellbeing Aspect. With regard to the Leadership and Governance Aspect, the Chief Executive provided the Board with an overview of work being undertaken to develop a Divisional Accountability Framework.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the COVID-19 Recovery and Reset Plan 	

Reference	Minute	Action
BM 20-21/047	<p>Hospital Upgrade Programme</p> <p>The Director of Strategy & Partnerships delivered a presentation on the Hospital Upgrade Programme which covered the following:</p> <ul style="list-style-type: none"> • History of the Programme • Purpose of the Programme • Process and Timeline • Outline Business Case (OBC) Stages • Governance Structure <p>The Director of Strategy & Partnerships noted in particular the timeline for the Programme and provided an overview of the OBC process which was scheduled to result in OBC submission in November 2020. He noted work currently in progress to procure third party support for the OBC process. In response to comments from Mrs S Lorimer, the Director of Strategy & Partnerships agreed that it would be helpful to clarify responsibilities for each of the groups in the Committee structure, particular in relation to levels of authority and the Scheme of Delegation.</p> <p>In response to a question from the Interim Director of Corporate Affairs, the Director of Strategy & Partnerships suggested that the risk of delays in relation to capital availability in the context of the COVID-19 pandemic was low. The Chief Finance Officer commented on movement in building indices and the potential of reduced purchasing power.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted Hospital Upgrade Programme presentation. 	
BM 20-21/048	<p>COVID-19 Workforce Risk Assessment & Personal Protective Equipment</p> <p>The Chief Executive presented a report which detailed the Trust's approach to Workforce Risk Assessments together with a comprehensive overview of matters relating to Personal Protective Equipment (PPE). She briefed the Board on the content of the report and emphasised the Trust's commitment to ensuring that staff have been appropriately risk assessed, trained and provided with PPE. She noted the Trust's adherence to both regional and national arrangements in relation to risk assessments and the procurement of PPE.</p> <p>In response to a question from Mrs S Lorimer, regarding staff side involvement, the Director of Workforce provided an overview of the Trust's engagement activities with staff side representatives and assured the Board that staff side were fully involved in decision-making where Trust arrangements differed from national guidance. The Chair thanked the Chief Executive for her helpful and informative report.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the COVID-19 Workforce Risk Assessment & Personal Protective Equipment report. 	

Reference	Minute	Action
BM 20-21/049	<p>Infection Prevention & Control Board Assurance Framework</p> <p>The Chief Nurse presented a report which detailed outcomes of a self-assessment against an Infection Prevention and Control Board Assurance Framework published by NHS England / NHS Improvement in May 2020. She briefed the Board on the content of the report and noted in particular the outcomes of the self-assessment included at s3.3 of the report. She advised that, of the 10 standards, 5 had resulted in assessments of Significant Assurance and 5 in assessments of Limited Assurance. She then referred the Board to s3 of the report and provided an overview of a series of actions being implemented to strengthen IPC arrangements. She concluded her report by noting that an updated version of the Framework had been published on 26 May 2020 and advised that a secondary review against the additional elements was currently being undertaken.</p> <p>In response to a question from Mr J Sullivan, regarding management and supervision of Domestic staff, the Chief Nurse advised that the Estates & Facilities directorate had management responsibility and noted work with the Director of Estates to recruit an Environmental Safety Matron. Mr J Sullivan acknowledged the challenge in relation to size and configuration of the estate but noted the importance of clear lines of accountability.</p> <p>The Chief Nurse provided an update for Clostridium Difficile performance and advised that the North West had reported 300 cases primarily due to the increased use of antibiotics as a consequence of the pandemic and noted a national expectation that organisations will see high levels of cases. Currently the Trust has 6 cases on the critical care unit and meetings are taking place three times a week to monitor the situation with Executive-level scrutiny of all cases. The Board acknowledged the likelihood of an increase of hospital acquired infections.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received the report and noted the outcomes of self-assessment against the Infection Prevention and Control Board Assurance Framework • Agreed that a progress report would be presented to the Board of Directors in November 2020. 	HR
BM 20-21/050	<p>CQC Action Plan 2020 Approach</p> <p>The Chief Nurse presented a report which set out the Trust's approach to the development of Action Plans to address recommendations included in the Care Quality Commission's (CQC) report which was published on 31 March 2020. The report followed inspections carried out in the Trust in October and November 2019.</p> <p>She briefed the Board on the content of the report and advised that an Action Plan to address 'Must Do' recommendations had been submitted to the CQC on 12 May 2020. She noted that 37% of actions associated with these recommendations had already been completed with the aim of completing the majority actions by October 2020. She advised that a small number of actions, relating to the patient flow improvement programme, were longer term in nature. The Chief Nurse noted that work was in progress to prepare an Action Plan to address 'Should Do' recommendations for submission to</p>	

Reference	Minute	Action
	<p>the CQC by 30 June 2020. She then provided an overview of the governance arrangements for monitoring progress against action plans which included reports to the Quality Committee and then Board of Directors.</p> <p>The Chief Nurse advised the Board of plans to review the Trust's Quality Strategy and noted that the review would take into account both the findings from the CQC inspection and factors arising from the COVID-19 pandemic. The Chair thanked the Chief Nurse for report and commented on the significant progress made in the Trust's improvement journey. Dr J Coakley endorsed the approach set out in the report and queried whether the Trust was an outlier for instances of C Difficile. The Chief Nurse advised that a review of available data suggested that the Trust was not an outlier but noted close monitoring of anti-microbial prescribing. In response to a follow-up question, the Medical Director provided an overview of the approach set out in an update of the Trust's anti-microbial policy and advised that she was unaware of any exemplar organisations in this subject area.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the report and attached 'Must Do' action plan • Endorsed the governance arrangements for implementation and monitoring of the CQC action plans • Approved the proposals set out in the report to support the Trust's quality improvement journey. 	
BM 20-21/051	<p>Report of Quality Committee</p> <p>Dr J Coakley presented a report which detailed business conducted during a meeting of the Quality Committee held on 22 May 2020. He briefed the Board on the content of the report and provided an overview of the following subjects considered by the Committee:</p> <ul style="list-style-type: none"> • Maternity Incentive Scheme - CNST • Maternity – NHS Resolution Early Notification Scheme • Emergency Department Safety Report • CQC Action Plan • Serious Incidents & Duty of Candour. <p>With regard to the Maternity Incentive Scheme, Dr J Coakley noted the requirement for Trust safety champions to hold bi-monthly meetings with Board-level champions and noted that these meetings had been temporarily suspended as a result of the COVID-19 situation. He advised that the Committee had received assurance that the meetings were being resumed.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the Quality Committee report. 	
BM 20-21/052	<p>Report of Workforce Assurance Committee</p> <p>Mr J Sullivan presented a report which detailed business conducted during a meeting of the Workforce Assurance Committee held on 26 May 2020. He noted that the Committee was currently meeting on a monthly basis and</p>	

Reference	Minute	Action
	<p>provided an overview of business conducted in the following subject areas:</p> <ul style="list-style-type: none"> • Staff attendance • Health & Wellbeing • Re-introduction of training • Workforce Supply • Health risk assessments • Communication and engagement <p>Mr J Sullivan noted the Committee's discussion on the potential challenges associated with transition from a command and control leadership style to a 'business as usual' leadership style post-pandemic. The Medical Director queried whether the discussion had been generated by concerns and noted that it was possible to exercise both tactical and compassionate leadership. The Chief Executive advised of a directive but supportive style and noted the Trust's approach to annual leave planning as an example. Mr J Sullivan advised that the subject had been discussed as a result of his own previous experience and research rather than in relation to concerns being raised.</p> <p>Mr J Sullivan concluded his report by noting review of a Freedom to Speak Up Guardian 2019/2020 Annual Report where the Committee had acknowledged good progress made during the year. He advised that the Annual Report was included for consideration by the Board.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the report of the Workforce Assurance Committee • Received and noted the Freedom to Speak Up Guardian 2019/20 Annual Report. 	
BM 20-21/053	<p>Report of Trust Management Board</p> <p>The Chief Executive provided a report of business conducted during a Trust Management Board meeting held on 14 May 2020 which included the following subject areas:</p> <ul style="list-style-type: none"> • Emergency Department Performance • Finance Update • Non COVID-19 Divisional Updates • Development of Recovery Reset Plan • Restarting the elective programme • CQC action plan. <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the report of the Trust Management Board. 	
BM 20-21/054	<p>Communications Monthly Report</p> <p>The Director of Communications & Engagement presented a report which provided an update on activity in the areas of; staff engagement, media and social media, charitable fundraising and stakeholder relations. She briefed the Board on the content of the report and noted in particular the Trust's work</p>	

Reference	Minute	Action
	<p>in support of the International Day of the Midwife and International Nurses Day on 5 May 2020 and 12 May 2020 respectively.</p> <p>The Director of Communications & Engagement also noted general maintenance work recently carried out in the Trust's grounds by a team from Scottish Power Networks, based at Prenton, as part of a corporate volunteering initiative.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the Communications & Engagement monthly report. 	
BM 20-21/055	<p>Any Other Business</p> <p>The Chair advised the Board of a recent meeting with the Council of Governors during which the Council had approved the appointment of Mrs S Lorimer as a Non-Executive Directors for a second three-year term. He advised that the Council had also approved an extension to the appointment of Dr J Coakley as Non-Executive Director to 31 December 2020.</p> <p>Non-Executive Directors expressed their thanks to all staff for their extraordinary efforts and the superb work being undertaken whilst dealing with incredibly challenging circumstances.</p>	
BM 20-21/056	<p>Date of next Meeting</p> <p>Wednesday 1st July 2020.</p>	

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Chair

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Date

