

Board of Directors Meeting

29 April 2015

**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 29 APRIL 2015
COMMENCING AT 9.00AM IN THE
BOARD ROOM
EDUCATION CENTRE, ARROWE PARK HOSPITAL**

AGENDA

- | | | |
|------------------------------------|------|---|
| 1. Apologies for Absence | 0900 | v |
| Chairman | | |
| 2. Declarations of Interest | | v |
| Chairman | | |
| 3. Patient Story | | v |
| Director of Nursing and Midwifery | | |
| 4. Chairman's Business | | v |
| Chairman | | |
| 5. Chief Executive's Report | 0910 | d |
| Chief Executive | | |

6. Performance and Improvement

- | | | |
|--|------|---|
| 6.1 Integrated Performance Report | 0930 | |
| 6.1.1 Integrated Dashboard and Exception Reports | | d |
| Director of Infrastructure and Informatics | | |
| 6.1.2 Month 12 Finance Report | | d |
| Director of Finance | | |
| 6.2 Report of the Finance, Business Performance and Assurance Committee | | |
| • 24 April 2015 | | d |
| Chair of the Finance, Business Performance and Assurance Committee | | |
| 6.3 Chair of the Audit Committee Report | | d |
| • 9 April 2015 | | |
| Chair of the Audit Committee | | |

7. Quality

- | | | |
|--|------|---|
| 7.1 CQC Project Plan Compliance Update | 1015 | d |
| Medical Director | | |
| 7.2 Francis Report: Hard Truths Commitment: Publishing of Nurse Staffing Data: March 2015 | | d |
| Director of Nursing and Midwifery | | |
| 7.3 Staff Satisfaction Action Plan | 1030 | d |
| Director of Strategic and Organisational Development | | |

7.4 **CPE Strategy** 1055 d
Director of Nursing & Midwifery

8. Governance

8.1 **External Assessment** 1115
• **Monitor Quarterly Return** d
Director of Finance

8.2 **Register of Interests** d
Associate Director of Governance

8.3 **Board of Directors**

8.3.1 **Minutes of the Previous Meeting** d
• **25 March 2015**

8.3.2 **Board Action Log** d
Associate Director of Governance

9. Standing Items

9.1 **Items for BAF/Risk Register** v
Chairman

9.2 **Any Other Business** v
Chairman

9.3 **Date and Time of Next Meeting** v
Wednesday 27 May 2015 at 9.00 am

Board of Directors	
Agenda Item	5
Title of Report	Chief Executive's Report
Date of Meeting	29 April 2015
Author	David Allison, Chief Executive
Accountable Executive	David Allison, Chief Executive
BAF References <ul style="list-style-type: none"> Strategic Objective Key Measure Principal Risk 	
Level of Assurance <ul style="list-style-type: none"> Positive Gap(s) 	Positive
Purpose of the Paper <ul style="list-style-type: none"> Discussion Approval To Note 	To Note
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> Yes No 	N/A

1. External Activities

CCG

Jon Develing takes up the substantive post of Accountable Officer with effect from 5 May 2015, and regular meetings have been scheduled to take place with the CEO.

The Trust continues to discuss its contractual position for 2015/16 with the CCG.

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Five Year Forward View – New Models of Care

Over the course of the last month, discussions and planning have continued for the 'Gateway' review of our health and social care plans for our New Model of Care plans which will be reviewed as part of an NHS England visit to Wirral on 5/6 May. This visit is intended to offer NHS England a deeper level of understanding of our proposals and crucially, the support the programme needs to access – both expertise and financial – to enable the programme to be successfully delivered. A special all day session for the Senior Leaders across Health and Social Care is to be held on 23 April to plan for this visit, at which the initial stages of the Business Case being prepared to support the New Model of Care programme will be discussed. This will include overarching governance arrangements and links to existing organisational arrangements. Weekly project team meetings have been established, led by the Director of Strategic and Organisational Development and key stakeholder partners, including Cerner, to take forward planning in this initial stage.

Local engagement continues and a presentation has been made to the Health and Well Being Board which includes all key public sector partners on the Wirral. In addition, Wirral CCG has called together key lead GPs to be updated on the New Models of Care programme to ensure continued engagement. I will meet Chris Ham of the King's Fund, together with the Chair of Wirral CCG, on April 27 to discuss and agree their engagement in the programme and will provide an update at the meeting.

I will attend the National Launch of the New Models of Care Programme on 22 April and will provide an update at the meeting.

Monitor

On 08 April the Trust held its monthly monitoring call with the Regulator. The call provided an opportunity for the Trust and Monitor to review the latest financial forecast out-turn for 2014/15; review plans for 2015/16 and agree the next steps in the investigation process. Monitor has now confirmed that the Investigation Meeting with the Trust and themselves will take place on the 18th June 2015.

Monitor have progressed plans, as agreed, to hold an A & E Escalation Meeting with the Wirral health economy on 14th May 2015 to examine the particular pressures driving emergency care performance locally, and to understand what more needs to be done to secure a sustained improvement in performance in 2015/16. Following this meeting, Monitor will provide feedback to the Regional tripartite and aim to offer assistance to the local health economy to support improved performance.

2. Internal Activities

Infection Prevention & Control

Infection Prevention & Control has been a major focus for the Director of Nursing & Midwifery during March 2015. The Trust reported 28 cases of Clostridium Difficile against a tolerance of 24 for 2014/15; 19 avoidable toxins were reported to Monitor for the year. A total of 4 MRSA Bacteraemias were reported during 2014/15, the final case is attributed to the Trust as a result of contamination during taking the sample. A review of procedures is underway.

The outbreak of Carbapenamase Producing Enterobacteriaceae (CPE) has continued throughout March. During March, 14 new CPE cases were identified highlighting the requirement to care for positive and high risk exposed patients on the Isolation Ward. Vancomycin Resistant Enterococcus (VRE) was also a challenge during March. In addition to managing CPE and VRE the Trust experienced a late outbreak of Norovirus requiring temporary cessation of visiting. There have been no further cases of *Pseudomonas aeruginosa* on the Neonatal Unit and on April 17th, the Outbreak was stepped down.

Turnaround Plan

The Trust has agreed a timetable for delivery of the final turnaround plan. The structure of the full turnaround plan will be constructed with PwC and the Recovery Director with input from the Executive Directors.

The Board will review at its meeting on the 29th April 2015 the latest changes to the Annual Plan which will form the basis of year 1 of the turnaround plan, a further meeting has been planned for 13th May which will allow for clarity and understanding ahead of the formal approval of the Annual Plan on that day. Presentations of the key work streams by the Executive Sponsor, clinical sponsor and work stream lead to the Board will take place in the w/c 18th May. This will be an opportunity for Board members to understand and provide challenge on the detail of each work stream, the efficiency or income opportunity, and the approach to implementation. Following this session, any changes or comments from the Board will be incorporated into the final plan. This plan will then be presented for final sign-off at the Trust Public Board on 27 May 2015.

Building Capacity, Capability and Sustainability

The Trust has recognised that if it is to successfully deliver a full turnaround plan at the same time as developing “new models of care” which shape the future of health and social care nationally it currently doesn’t have the capacity and capability at an Executive Level. As with many NHS organisations the Executive Team is structured to lead the organisation on a “business as usual” basis which already includes managing the significant challenges currently facing NHS organisations.

The situation is further exacerbated by the departure of Mr Hassall, the current Director of Strategic and Organisational Development who has been instrumental in some of this work. The Trust has therefore agreed the following:

- To recruit to a Director of Strategy Post to continue the work on the New Models of Care. This will be an externally facing post and will carry no Board level responsibilities.
- To appoint to an Interim Deputy Chief Executive post. Mr Jon Scott will take up this post from 18th May 2015 and will provide the organisation with the capacity it requires to continue with the work on the organisational development programme; provide the headroom and bring best practice from elsewhere to assist with the current operational issues as well as providing additional capacity within the Executive Team as a whole as it develops and implements the transformation agenda.
- The replacement of the current Turnaround Director. Mr Terry Watson, the current Turnaround Director has been requested by Monitor to provide support to another Trust. The Trust has therefore secured the services of Mr Mark Taylor, who will now undertake this role and provide the organisation with the necessary skills and guidance to achieve a sustainable position going forward.

The Trust is aware that these appointments, during a time of significant financial constraint, will always be a source of concern. However these are not “normal circumstances” and in order to ensure that this Trust is able to improve, be sustainable, able to provide the right care for patients and the right environment for our staff whilst at the same time developing a new model of care for the future, the Trust has to make this investment.

A&E Update

The recent pressure on patient flow has continued due to the acuity of patients, infection issues and higher than planned numbers of medically fit patients in acute hospital beds. The current un-validated performance against the 95% target is 80.91% and it is therefore extremely unlikely that this target will be achieved this quarter.

The Trust has enlisted the support of ECIST who have spent some time reviewing processes within the Trust. Once the report is received the Trust will act upon any appropriate recommendations. ECIST have commented on the discharge process and offered to facilitate a workshop with social services colleagues; we have accepted this offer. The health and social care economy are participating in a ‘perfect week’ initiative from Thursday 23rd April to Friday 1st May. This national initiative known as ‘breaking the cycle’ will build upon our ‘perfect day’ initiatives and look at removing obstacles to patient flow in real time.

Workforce & Organisational Development

1. Education and Development Key Performance Indicators. As @ 31st March 2015, the Trust:

- a. The Mandatory Training Block A compliance rate has been consistently maintained at over 97% against a KPI of 95%. (97.48% at March 2015).
- b. The Trust continued to improve on appraisal levels within the Trust achieving its compliance of 88% (88.13% at March 2015).
- c. The Leadership and Management Development Framework has been approved. The overarching aim is to enable the Trust to create a transformational leadership culture and behaviour styles that are required to enable us to meet our key organisational challenges and staff satisfaction and engagement priorities.

(Strategic Objective = 4, Key Measure = 4A, Principal Risk = 1909):

2. Staff Engagement / Listening into Action. Colleagues will be aware of the scale of the challenge in this critical area. To this end the Trust will commit to a number of key actions supported by divisional plans to improve this over the next few months in advance of the 2015 survey. This includes:

- a. 100 Day Challenge involving LiA huddles to identify what staff are most proud of and what can be done to improve staff satisfaction and committing to and communicating this. Working with our 100 senior leaders and managers to commit to reflect on what they need to do to improve staff satisfaction and engagement linked to communications, effective leadership and recognition.
- b. Development of a leadership framework to promote a culture of engagement with refreshed values and behaviours articulated through a staff charter
- c. Focused LiA events on the quality of appraisals, raising concerns process, communications

- d. Making our incident reporting process more effective and introducing staff guardians to enable staff to raise concerns more easily.
- e. Addressing work related stress

A fuller paper on this item is contained with the Board papers.

Following our success as winners of the HSJ Staff Engagement Award in 2014, we have also been shortlisted for the Healthcare People Management Appreciate Champion for staff engagement based on the work of Listening into Action and other key developments in the Trust. The judging will take place on 29th April, 2015 (**Strategic Objective** = 1, **Key Measure** = 1B, **Principal Risk** = 1908).

3. The Health & Wellbeing Plan 2015-2018 has recently been agreed at the Workforce & Communication Group. The plan flows from the Workforce & Organisational Development Strategy and sets out a framework for the wellbeing agenda. To promote the plan we have organised a wellbeing event on the 24th April 2015, where we will provide guidance and advice on mindfulness, cycle to work scheme, weight management, physiotherapy, gym membership, partnership working with staff side, the live well programme, smoking cessation and cholesterol testing for staff. The day also includes presentations on other key themes all of which can support staff to manage pressure in themselves and others and therefore improve attendance rates. (**Strategic Objective** = 4, **Key Measure** = 4A, **Principal Risk** = 1909).
4. Attendance Management monthly rates continue to be in the main better than last year (March, 2015 95.41%, compared to 95.33% in 2014). However the rolling 12 month rate remains below the Trust target of 96%. A number of priority actions continue to be discussed in full at the Quality & Safety Committee. (**Strategic Objective** = 4, **Key Measure** = 4A, **Principal Risk** = 1909)

David Allison
Chief Executive

April 2015

Board of Directors	
Agenda Item	6.1.1
Title of Report	Integrated Dashboard and Exception Reports
Date of Meeting	29 April 2015
Author	John Halliday, Assistant Director of Information
Accountable Executive	Mark Blakeman, Director of Infrastructure and Informatics
BAF References	
• Strategic Objective	All Strategic Objectives (1 through 7)
• Key Measure	All Key Measures (1A through 7D)
• Principal Risk	All Principal Risks
Level of Assurance	Full
• Positive	
• Gap(s)	
Purpose of the Paper	
• Discussion	
• Approval	
• To Note	To note
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	
• Yes	
• No	No

1. Executive Summary

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note the performance to the end of March 2015.

2. Background

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

- should focus the Board's attention on the issues they should be focused on, particularly those issues reserved for the Board;

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

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

3. Key Issues

Individual metrics highlighted as Red for March are Friends & Family, Staff Satisfaction, A&E 4-hours, Attendance, Expenditure, CIP Performance, Non-core Spend, Advancing Quality and CQC concerns.

To avoid duplication, exception reports are only included in the dashboard for those metrics not covered by separate reports or updates to the Board from the relevant associated Committee. For the annual Staff Satisfaction metric, the intention is to use the Friends and Family Staff Satisfaction results on a quarterly basis in 2015-16 to track progress. Commentary on the financial performance metrics is contained within the separate finance report to the Board of Directors.

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

4. Next Steps

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

5. Conclusion

Performance across a range of metrics is provided for information

6. Recommendation

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

Meeting Our Vision					
Indicator	Previous Rating	Current Rating	Exec Lead	Actual	Period
Satisfaction Rates					
Patient Satisfaction - F&E 'Recommend' Rate			JG	93.0%	March 2015
Patient Satisfaction - F&E 'Not Recommend' Rate			JG	4.0%	March 2015
Staff Satisfaction (engagement)			AH	3.48	2014
First Choice Locally & Regionally					
Market Share Wirral			AH	83.7%	April to Dec 2014
Demand Referral Rates			AH	8.6%	Fin Yr-on-Yr to March 15
Market Share Non-Wirral			AH	8.3%	April to Dec 2014
Organisational Risk Issues					
Indicator	Previous Rating	Current Rating	Exec Lead	Actual	Period
Key Performance Indicators					
A&E 4 Hour Standard			SG	83.1%	March 2015
RTT 18 Weeks Standards			SG	All met	March 2015
Cancer Waiting Time Standards			SG	All met	Q4 Jan to March 2015
Strategic Objectives					
Delayed Transfers of Care			SG	4	12-mth ave to March 2015
Readmissions			EM	8.3%	February 2015
Harm Free Care			EM	95.0%	March 2015
HMMs Level			MB	5	March 2015
NH&R KPIs			EM	dbc	

A Healthy Organisation					
Indicator	Previous Rating	Current Rating	Exec Lead	Actual	Period
Clinical Outcomes					
Newer Events			EM	0	March 2015
Complaints			JG	38.6	12-mth ave to March 2015
Infection Control			JG	0 MRSA; 2 C diff	March 2015
Productivity					
Bed Occupancy			SG	94.2%	March 2015
Theatre Utilisation			SG	65.8%	March 2015
DNA Rate			SG	8.6%	March 2015
Workforce					
Attendance			AH	95.1%	12-mth ave to March 2015
Qualified Nurse Vacancies			JG	4.86%	March 2015
Mandatory Training			AH	97.5%	March 2015
Appraisal			AH	88.1%	March 2015
Turnover			AH	11.5%	March 2015
Finance					
Contract Performance			AM	1.5%	To M12 March 2015
Expenditure Performance			AM	-2.4%	To M12 March 2015
Capex Programme			AM	-26.3%	To M12 March 2015
Non-Core Spend			AM	-6.2%	To M12 March 2015
			AM	9.0%	To M12 March 2015

External Validation					
Indicator	Previous Rating	Current Rating	Exec Lead	Actual	Period
National Comparators					
Advancing Quality			EM	2 areas below target	January 2015
Mortality: FSDR			EM	88.5 (low of 83.0)	April to Dec 2014
Mortality: SHMI			EM	1.0 (low of 0.89)	July 2013 to June 2014
Regulatory Bodies					
Monitor Risk Rating - Finance CoS			AM	3	To M12 March 2015
Monitor Risk Rating - Governance			SG	Not Green or Red	To M12 March 2015
CoC			EM	5	March 2015
Local View					
Commissioning - Contract KPIs			SG	3	March 2015
Education			EM	Level 2	June 13

Integrated Performance Dashboard - Metric Thresholds				
Meeting Our Vision				
Indicator	Definition	Green	Amber	Red
Satisfaction Rates				
Patient Satisfaction - F&F "Recommend" Rate	Patient Satisfaction - Friends & Family "Recommend" Rate for Trust	>=95%	n/a	<95%
Patient Satisfaction - F&F "Not Recommend" Rate	Patient Satisfaction - Friends & Family "Not Recommend" Rate for Trust	<=2%	n/a	>2%
Staff Satisfaction (engagement)	Results from staff satisfaction survey	>=3.69	>=3.59 to <3.69	<3.59
First Choice Locally & Regionally				
Market share : Wirral	WUTH share of Wirral CCG GP Referred New OP Activity	>= 85%	>= 80% to <85%	< 80%
Demand : Referral Rates	Outpatient referrals received from all GP/GDPs - G&A specialities	>= 3% YoY variance	0% to <3% YoY	<0% YoY
Market share : Non-Wirral	WUTH share of West Cheshire GP Referred New OP activity	>=8%	>=6% to <8%	<6%
Organisational Risk Issues				
Indicator	Definition	Green	Amber	Red
Key Performance Indicators				
A&E 4-hour Standard	% of patients attending ED & ADHC treated within 4 hours	>=95%	n/a	<95%
RTT '18' Week' Standard	All RTT standards met for the Trust as a whole	All met at Trust level	n/a	Not all met at Trust level
Cancer Waiting Time Standards	All Cancer Waiting Standards met for the Trust per quarter	All met at Trust level	n/a	Not all met at Trust level
Strategic Objectives				
Delayed transfers of care	Average No of patients with a delayed transfer of care at month-end	<= 4	>4 and <6	>= 7
Readmissions	% of patients readmitted non-electively within 30 days of discharge	<= 7.5%	>7.5% and <= 10%	> 10%
Harm Free Care	Compliance with Safety Thermometer definition of Harm Free Care	>= 95%	>= 93% to <95%	<93%
HIMMS Level	Current HIMMS level under Electronic Medical Record Adoption Model	5	n/a	<5
NIHR KPIs	tbc	tbc	tbc	tbc
A Healthy Organisation				
Indicator	Definition	Green	Amber	Red
Clinical Outcomes				
Never Events	Number of occurrences of "Never Events"	0 per month	n/a	>= 1 per month
Complaints	Number of occurrences of formal complaints	<30 per month	30 to 50 per month	> 50 per month

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

WUTH Performance Dashboard Exception Report

March 2015

Indicator :
Friends & Family - Recommend / Not Recommend

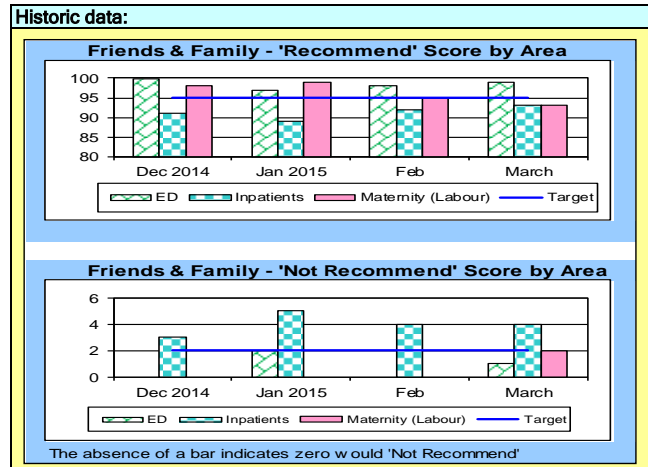
Rating	Target	Actual	Period
Red	>95% and <2%	93% and 4%	March 2015

Issue:
The national measures of the Friends and Family Test have changed from the previous Net Promoter score to more simple 'Recommend' and 'Not Recommend' measures. The performance thresholds have been set at a minimum 95% for Recommend, and less than 2% for Not Recommend. For March the performance was 93.0% for Recommend, and 4.0% for Not Recommend - so both measures did not achieve the standards.

Proposed Actions:
FFT inpatient and ED "Recommend" performance improved in March, with Maternity (Labour Ward) deteriorating slightly. The underlying performance is varied and split between wards/units that consistently perform well versus those where there is known quality issue with actions progressing. In addition, any wards/units that have recently emerged as underperforming have been identified through the CLIPPE analysis and are subject an assurance process at Clinical Governance Group.

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

Expected date of performance delivery:
Ongoing



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

Director approval:
Jill Galvani, Director of Nursing and Midwifery

WUTH Performance Dashboard Exception Report

March 2015

Indicator :
Staff Satisfaction (engagement)

Rating	Target	Actual	Period
Red	>= 3.69	3.48	2014

Issue:
The overall engagement score for the 2014 staff survey was 3.48, a deterioration from the 2013 score of 3.64. The national average for 2014 was 3.74, and WUTH is in the bottom 20% of trusts nationally and 4th from the bottom of 135 acute trusts.

Historic data:

Proposed Actions:
The findings have been to Trust Board with an action plan. Presentation and high level actions have been to the CoG. Q&S also have the results and will receive the action plan at the next meeting in May. Results and action plan are going to LiA Sponsor Group 23rd March, PSG 24th March, Staff Satisfaction Steering Group 25th March, and WCG 2nd April.
Quality health presented the results and management recommendations on the 27th March to invitees including the Trust board, CEO forum members, PSG, JLNC, and Staff Governors.

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

Impact:
Low staff engagement and morale will impact the Trust's ability to deliver quality services and achieve objectives.

Expected date of performance delivery:
2015 Staff Survey

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

WUTH Performance Dashboard Exception Report

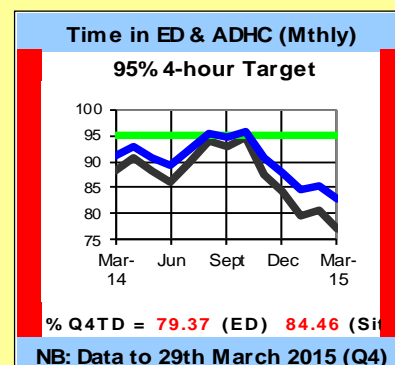
March 2015

Indicator :
A&E 4-hour Standard

Rating	Target	Actual	Period
Red	>= 95%	83.1%	March 2015

Issue:
The standard is a minimum of 95% of A&E attendances being admitted, transferred or discharged within 4 hours. Performance for March was 83.1%, including the All Day Health Centre at Arrowe Park site. For WUTH alone performance was 77.6%. The final joint Q4 position achieved was 84.46%.

Historic data:



Proposed Actions:
The pressures previously reported continued throughout Quarter 4 and beyond.

The Trust has engaged with the Emergency Intensive Support Team (ECIST) to review non-elective flow. ECIST has already undertaken a walkthrough of the non-elective pathway and the Trust will receive their report by the end of April. The main focus of the Team's verbal feedback was the process the Trust has of discharging patients who require some form of on-going care post hospital discharge, ECIST have agreed to chair a meeting with the local authority and the Trust to streamline the process utilising national best practice.

ECIST have also supported the planning of the Trust's 'Breaking the Cycle' initiative. The week long initiative commences on 23rd April until 1st May and will see a command and control structure put in place across the whole health and social care economy to eliminate delays and recalibrate the system.

Monitor have written to the Trust, CCG and local authority to invite them to an ED escalation meeting on 14th May to review past performance and plan for recovery.

Assessing Improvement:
The current performance is 79.71% as an economy and given the extremely poor start to the quarter, in part due to the impact of norovirus within the hospital, it is unlikely that the Trust will achieve this target in Q1 of 2015-16.

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

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

Executive approval:
Sharon Gilligan, Director of Operations

WUTH Performance Dashboard Exception Report

March 2015

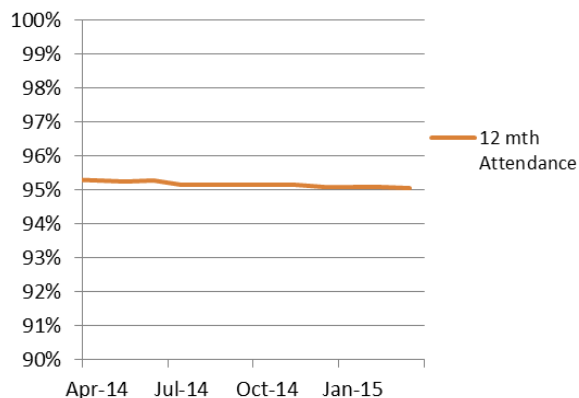
Indicator :
Attendance

Rating	Target	Actual	Period
Red	>= 96%	95.07%	Apr 14 - Mar 15

Issue:
Attendance (12 months Rolling) was 95.07% at March 2015 and therefore 0.93% below the Trust target of 96%. Urgent actions as detailed below are taking place to address this. The majority of sickness days lost are long term and there is a focus on this. The new Attendance Capability policy went live in January 2015 and has triggers aimed at reducing long term absence.

Historic data:

12 mth Rolling Attendance %



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

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

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

Expected date of performance delivery:
Quarter 2 reporting

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

WUTH Performance Dashboard Exception Report

March 2015

Indicator :
Advancing Quality

Rating	Target	Actual	Period
Red	All achieving	2 areas under target	January 2015

Issue:

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

Proposed Actions:

STROKE - the key measure is access to a stroke unit bed and therefore is highly dependent on the flow of patients within the hospital. We will not achieve this target for the year as bed pressures continued into March and the target is over 97%. Other organisations are facing similar issues.

PNEUMONIA - the composite score fell just below the target in December, bringing year to date score to 70.88%. However, there were 203 patients in the population - one of the highest seen and reflects the pressure within the organisation. Data collection for January is not yet complete. This ACS is still above last years end position and we expect to achieve our target overall.

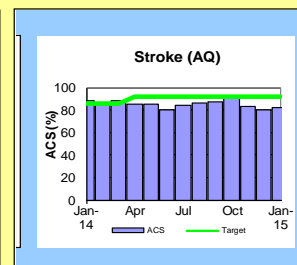
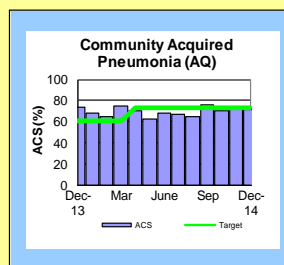
Assessing Improvement:

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

Expected date of performance delivery:

Improvement ongoing through 2014-15

Historic data:



Impact:

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

Executive approval:

Evan Moore, Medical Director

Board of Directors	
Agenda Item	6.1.2
Title of Report	Month 12 Finance Report
Date of Meeting	19 April 2015
Author	Julie Clarke, Assistant Director of Finance—Financial Management
Accountable Executive	Alistair Mulvey , Director of Finance
BAF References Strategic Objective Key Measure Principal Risk	13
Level of Assurance Positive Gap(s)	Positive
Purpose of the Paper Discussion Approval To Note	Discussion
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken Yes No	No

Headline Month 12 Income & Expenditure Position

SUMMARY FINANCIAL STATEMENT MONTH 12 2014/15 (MAR)							Comparative 2013/14 Position (Month 12)		
	In Month			Year to Date			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Operating Revenue	25,820	27,327	1,507	299,386	305,445	6,059	297,730	300,008	2,278
Employee Expenses	(16,949)	(18,141)	(1,192)	(202,991)	(209,419)	(6,428)	(194,267)	(206,645)	(12,378)
All Other Operational Expenses	(7,042)	(8,189)	(1,147)	(82,018)	(88,390)	(6,372)	(77,130)	(83,575)	(6,445)
Reserves	(187)	213	400	(4,800)	0	4,800	(10,786)	0	10,786
EBITDA	1,642	1,210	(432)	9,577	7,636	(1,941)	15,547	9,788	(5,759)
Post EBITDA Items	(1,189)	(311)	878	(13,807)	(12,317)	1,490	(12,747)	(12,776)	(29)
Net Surplus/(Deficit)	453	899	446	(4,230)	(4,681)	(451)	2,800	(2,988)	(5,788)
EBITDA %	6.4%	4.4%	(1.9%)	3.2%	2.5%	(0.7%)	5.2%	3.3%	(2.0%)

INCOME & EXPENDITURE OVERVIEW

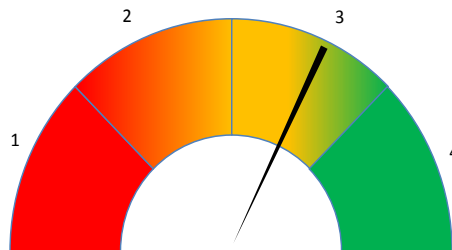
- The Trust out performed its plan in month by £0.4m, delivering a surplus of £0.9m against a planned surplus of £0.5m. The full year variance to plan has reduced to £0.5m, with a deficit as forecast, of £4.7m against a planned deficit of £4.2m.
- The year end NHS clinical income is above plan by £4.4m, a gain of £1m in-month. This position includes additional unplanned income of approximately £5.3m received to support the accelerated RTT pathway, urgent care/winter pressures monies and additional activity from North Wales. Additional costs have been incurred in the delivery of this activity however the net contribution from the above has supported the financial position this financial year. In addition the position also includes £2.3m reflecting the year end settlement with Wirral CCG. The over-performance of £4.4m on NHS clinical income has been supported by c£7.6m of non recurrent streams and the Trust does not anticipate receiving the same level of non recurrent support in 2015/16 although system resilience funding will be available and the Trust is in conversation with North Wales to secure additional activity.
- The expenditure position reflects the continuing operational issues including the escalation wards required to open to manage non-elective demand and the cohort ward to manage the impact of infection control issues with the CPE outbreak. The pressures from non elective demand has also had some impact on elective care and its associated income. Additional costs have been incurred to support the non recurrent NHS clinical income streams in particular this month the RTT work undertaken in the independent sector on behalf of the Trust.
- The Trust has appointed a Turnaround adviser supported by PwC to undertake work on CIP and detailed turnaround plans to deliver financial sustainability for 15/16 and future years.
- The cumulative financial position shows a deficit position of £4.7m which is £1.7m worse than the position for the same period last year (£3.0m). In terms of variance to plan, performance in 2014/15 shows an adverse variance of £0.5m, compared to £5.8m for the same period last year.

Month 12 Financial Summary

Assurance / Risk

- At month 12 the overall COS rating is a 3 compared with the planned COS rating of 2.
- The year end position is supported by the loan (£7.4m) and the profit on the sale of Springview. (£0.8m)

CoS Rating of 3 (Plan of 2)



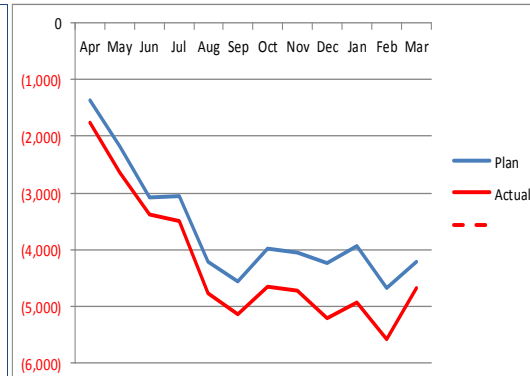
Actions / Mitigations

- There is continuing development of CIP and turnaround plans to support the 2015/16 COS ratios.

Assurance / Risk

- At the year end I&E is off plan by £451k, with a cumulative year end deficit of £4.7m, in line with forecast.

Month 12 I&E Position—£451k Off Plan



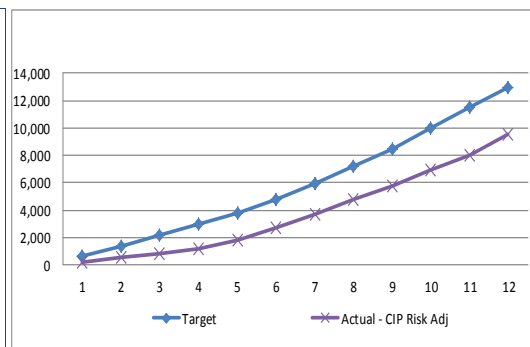
Actions / Mitigations

- There is continuing development of CIP and turnaround plans to support the 2015/16 plan and future financial sustainability.

Assurance / Risk

- CIP shortfall is £3.4m behind plan for the year end.
- The CIIP delivered is in line with the previous months forecasts.

Month 12 Position—CIP £3.4m Shortfall to Plan



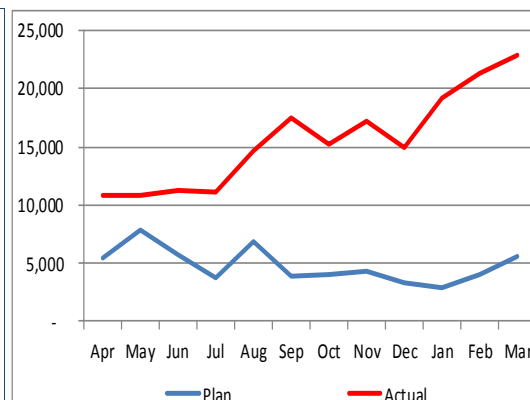
Actions / Mitigations

- CIP will remain a challenge.

Assurance / Risk

- At month 12 cash is £17.3m over plan.
- Key reasons are net debtor / creditor and accrual and PPE temporary gains, positive impact of cash management changes, full draw down of the ITFF loan and sale of Springview.

Month 12 Position—Cash is £17.3m Above Plan



Actions / Mitigations

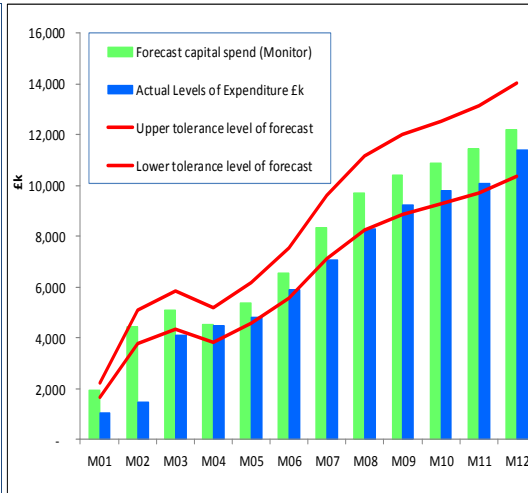
- Sale of Springview - completed in March 2015.

Month 12 Financial Summary

Capital Plan £0.8m Behind Reforecasted Position

Assurance / Risk

- At month 12 capital spend is £11.4m, 6% behind the Monitor reforecast of £12.1m.
- Spend is therefore within the Monitor metrics. Underspends are due to delays in general IT and C block car park spend which will be completed in 2015/16.



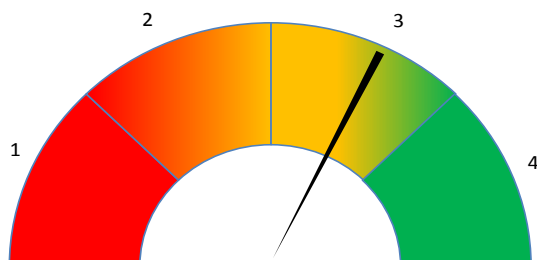
Actions / Mitigations

- The capital plan for 15/16 was approved at the April extraordinary Board meeting.

Summary CoS Ratings (Month 12)

OVERALL COS RATING

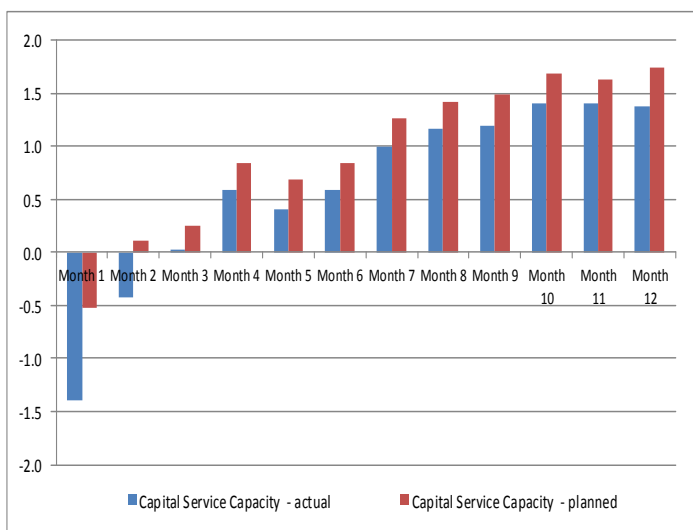
Summary Position



- At month 12 the overall COS rating is a 3 compared with the planned COS rating of 2.
- The year end position is supported by the loan and the profit on the sale of springview.
- Continuing development of CIP plans to support 2015/16 COS ratios

CAPITAL SERVICE CAPACITY

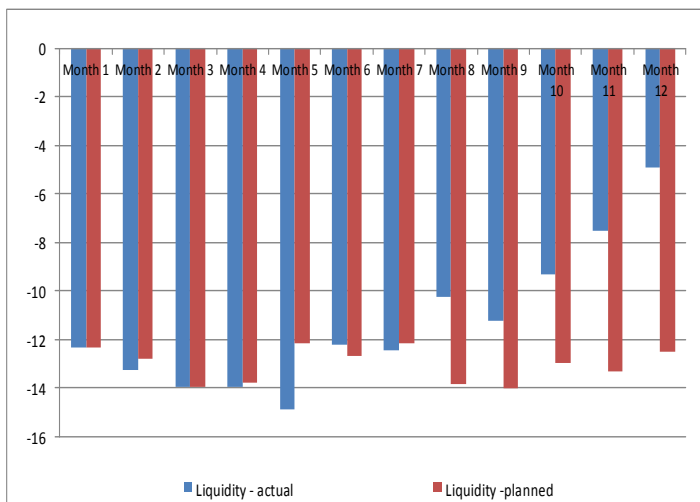
Summary Position



- Performance against the this ratio is a 2 and is at planned levels. This position has been supported through the release of £4.8m of reserves.

LIQUIDITY IN DAYS

Summary Position



- The liquidity ratio is a 3 which is higher than the planned level of 2. The draw down of the full value of the loan, the sale of Springview at a profit and slippage on the capital programme have offset the impact of the £1.9m adverse EBITDA variance.

Income Position (Month 12)

Point of Delivery	Activity					£000					13/14 (Mth 12) £000	
	Plan	Actual	In Month Movement	YTD Variance	Risks / Penalties (included)	Plan	Actual	In Month Movement	YTD Variance	Risks / Penalties (included)	YTD Variance	Risks / Penalties (included)
Elective & Day Case	48,093	46,166	(432)	(1,927)	0	52,261	48,926	(847)	(3,335)	(144)	(1,233)	(125)
Elective Excess Bed Days	2,751	3,827	178	1,076	0	646	896	39	250	0	(328)	(1)
Non Elective	41,055	42,803	(174)	1,748	(2,176)	64,047	67,622	515	3,575	(2,824)	3,770	(4,664)
Non Elective Non Emergency	5,511	4,977	(89)	(534)	0	8,465	7,968	(73)	(497)	0	(748)	0
Non Elective Excess Bed Days	17,052	17,027	(506)	(25)	(1,138)	3,903	3,909	(116)	6	(252)	(1,356)	(312)
A&E Attendances	91,688	89,632	(700)	(2,056)	0	9,740	8,715	(317)	(1,025)	(1,182)	411	(48)
Outpatient First Attendances	85,328	83,721	(205)	(1,607)	0	12,622	12,307	(53)	(315)	(27)	(683)	(16)
Outpatient Follow Up	184,989	179,482	(467)	(5,507)	(6,966)	15,677	15,162	(41)	(515)	(540)	(756)	(402)
Outpatient Procedures	44,232	44,069	(95)	(163)	0	7,944	7,818	(44)	(126)	0	1,271	0
Outpatient Unbundled Diagnostic Images	33,561	27,500	(752)	(6,062)	0	2,895	2,598	(37)	(297)	(22)	(425)	0
Maternity	6,494	6,414	11	(80)	0	5,212	5,401	92	189	0	(471)	(23)
Total PbR	560,754	545,618	(3,231)	(15,137)	(10,280)	183,412	181,322	(882)	(2,090)	(4,991)	(548)	(5,591)
Non PbR						69,288	68,435	(108)	(853)	0	1,796	(67)
Incomplete Spells						0	102	102	102	0	(3)	0
PbR Excluded Drugs						11,566	11,382	50	(184)	0	(638)	0
CQUIN						5,155	5,568	413	413	0	80	(99)
RTT/North Wales						0	3,024	596	3,024	(218)	0	0
Urgent Care						0	1,877	233	1,877	0	0	0
Other						1,249	1,092	(128)	(157)	0	85	0
Year end agreement						0	2,346	706	2,346	0	0	0
Total Clinical Income						270,670	275,149	982	4,479	(5,209)	772	(5,757)

INCOME OVERVIEW

During the month actual income exceeded plan by £1m, (£4.4m year to date). The cumulative position is supported by additional unplanned income of approximately £5.3m received to support the accelerated RTT pathway, Urgent care/winter pressures monies and additional activity from North Wales. The position also includes £2.3m to reflecting the year end settlement agreed with the Wirral CCG. The additional unplanned income has supported the financial position, excluding the non recurrent funding and the benefit of the year end agreement with Wirral CCG, the year to date contract income position would be an underlying under recovery of £3.1m. Although System Resilience monies will be available in 2015/16, and the Trust is in dialogue with North Wales with regards to securing additional activity, the Trust does not anticipate receiving the same level of non recurrent support as has been received in 2014/15. The most significant areas of under performance relate to elective and daycase activity (£3.3m), and outpatients (£1m). The most significant area of over performance relates to non elective £3.6m, the application of the readmissions cap, benefitted the Trust.

Included within the overall position is (£5.2m) for penalties ((£3.3m) for readmissions, £0.4m NEL cap, (£0.5m) outpatient follow ups and £1m for A&E 4 Hr breeches, other penalties amount to (0.8).

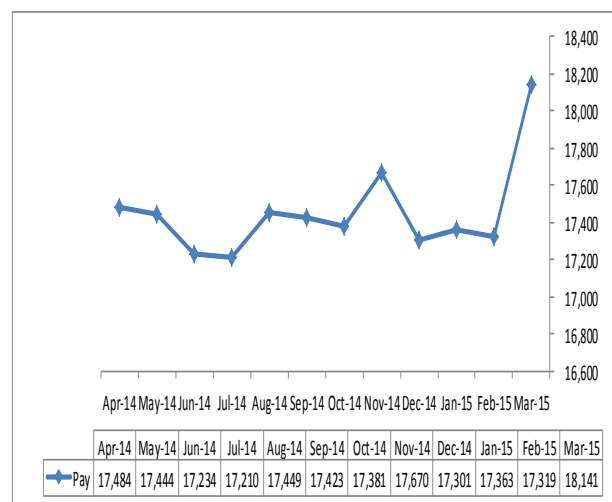
CONTRACT PENALTIES/RISKS

Penalty	Threshold	YTD £000	Mth 12 Movement £000
18 wks - admitted	90% and over	(£7)	£0
18 wks - non admitted	95% and over	(£17)	(£6)
18 wks - incomplete	92% and over	(£35)	(£12)
% Diagnostic waits > 6 wks	99% and over	(£3)	£0
A&E	Operation standard of 95%	(£1,074)	(£200)
Readmissions	cap at £3.01m	(£3,356)	(£279)
OPFUP Cap	Agreed FUP ratios	(£540)	(£38)
Never Event		(£16)	(£2)
NEL Block	£72.5m	£415	£1,190
Unbundled Diagnostics	50% above Baseline	(£19)	£7
Income Risk Profile		£0	(£175)
MRSA		(£30)	£0
Sleep accommodation breach		(£2)	£0
Contratual		(£325)	(£326)
VTE		(£200)	(£18)
TOTAL PENALTIES		(£5,209)	£141

Expenditure Position (Month 12)

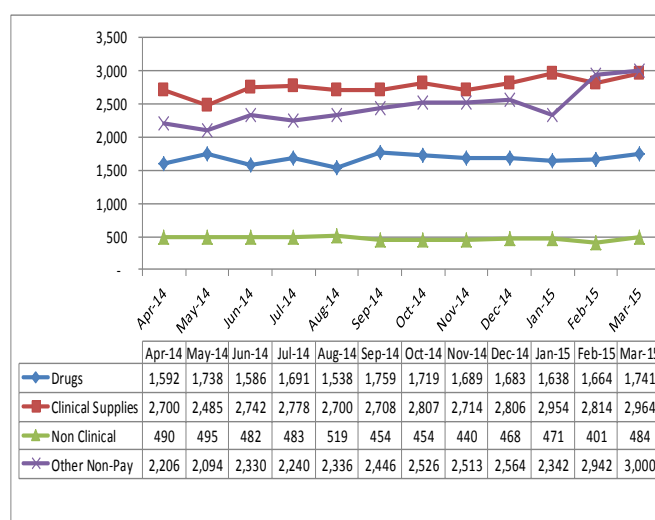
PAY SPEND

- The total pay spend for March is £18.1m, which is higher than the run rate.
- An additional £0.4m has been incurred in agency costs this month to support the additional accelerated RTT activity that has been undertaken in the independent sector but funded by clinical income from Wirral CCG.
- There has been further £0.3m of pay costs for escalation wards to manage the non elective demand and £0.1m due to the cohort ward to manage infection control issues.



NON PAY SPEND

- Month on month non pay costs have been relatively constant over the year but March also includes some adjustments for doubtful debt provision, stock movement etc.
- Clinical Supplies is showing a small steady increase over the last quarter and is largely driven by clinical activity demands both in the clinical divisions and the clinical support division.
- Drugs is relatively constant and partly offset by high cost drugs income.
- Other non pay shows a stepped increase in the last quarter which reflects winter profiling of certain spend categories e.g energy but also the spend on external consultancy support costs in the latter quarter and spend on Cerner/IT.



Expenditure Position (Month 12)

Detail	April £000	May £000	June £000	July £000	August £000	September £000	October £000	November £000	December £000	January £000	February £000	March £000	YTD £000
Budget	16,789	16,922	16,901	16,933	16,944	16,999	16,943	16,902	16,878	16,921	16,909	16,949	202,990
Pay Costs													
Permanent	15,950	16,081	15,944	15,776	15,785	15,897	15,870	16,034	15,740	15,897	15,657	15,865	190,496
Bank Staff	299	326	297	355	347	342	330	350	305	258	302	313	3,824
Agency Staff	318	357	311	379	537	449	504	590	474	486	633	1174	6,212
Overtime	318	208	209	162	174	229	195	203	281	187	252	274	2,692
Locum	418	336	301	374	435	380	339	344	381	354	327	349	4,338
WLI (In Year)	180	138	170	164	171	125	143	149	120	181	148	166	1,855
Total	17,484	17,444	17,234	17,210	17,449	17,422	17,381	17,670	17,301	17,363	17,319	18,141	209,418
Variance	(695)	(522)	(333)	(277)	(505)	(423)	(438)	(768)	(423)	(442)	(410)	(1,192)	(6,428)

NON CORE SPEND

- Overall the non core spend is higher in March with a stepped increase in the use of agency staff the last two months. This is largely associated with use of agency staff to support the additional agreed accelerated RTT activity that has been undertaken in the independent sector due to internal capacity constraints and has been funded by Wirral CCG and is offset in NHS Clinical income.
- The other areas of non spend are relatively consistent with last month and the divisions continue to monitor closely the use of non core staffing.
- The use of flexible labour in some instances is planned and attracts additional income as per the agency costs associated with accelerated RTT activity undertaken in the independent sector, however it is often reactive and driven by service need at a point in time or difficulties with appointment of substantive staffing.

CIP Performance (Month 12)

CIP PERFORMANCE

The Month 12 year-end out-turn position is as forecast previously. The in year actual delivered £3.4m less than target (26% shortfall). The recurrent position delivered in line with the £13m target. The marked difference in the recurrent performance of the Divisions is as reported previously:

Corporate over performed by £2.1m (72%)

All other Divisions have underperformed:

Medicine & Acute £0.5m (14%) shortfall

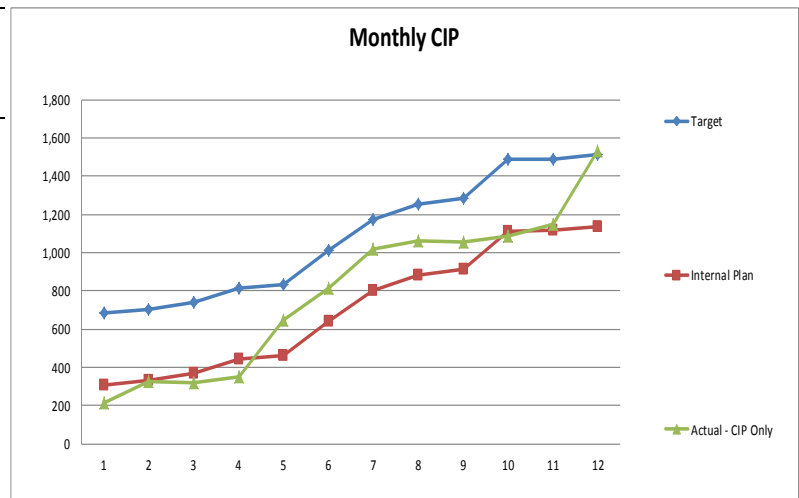
Surgery, W&C £1.2m (26%) shortfall

CIP £3.4m behind forecast

£k	YTD			Full Year Forecast			Recurrent Forecast Budget		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual (restated)	Budget	Variance
Exec Lead									
Sharon Gilligan	1,256	1,950	(694)	1,256	1,950	(694)	1,646	1,950	(304)
Jill Galvani	539	1,275	(736)	539	1,275	(736)	1,082	1,275	(193)
Alistair Mulvey	1,449	2,400	(951)	1,449	2,400	(951)	2,271	2,400	(129)
Mark Blakeman	2,007	2,850	(843)	2,007	2,850	(843)	3,292	2,850	442
Anthony Hassall	2,845	2,725	120	2,845	2,725	120	3,064	2,725	339
Evan Moore	1,480	1,800	(320)	1,480	1,800	(320)	1,556	1,800	(244)
TOTAL	9,575	13,000	(3,425)	9,575	13,000	(3,425)	12,911	13,000	(89)
Division									
Medicine & Acute	2,558	3,600	(1,042)	2,558	3,600	(1,042)	3,110	3,600	(490)
Surgery, W&C	3,512	4,700	(1,188)	3,512	4,700	(1,188)	3,453	4,700	(1,247)
Clinical Support	640	1,830	(1,190)	640	1,830	(1,190)	1,411	1,830	(419)
Corporate Support	2,866	2,870	(4)	2,866	2,870	(4)	4,937	2,870	2,067
TOTAL	9,575	13,000	(3,425)	9,575	13,000	(3,425)	12,911	13,000	(89)
Risk Adjusted Total	9,575	13,000	(3,425)	9,575	13,000	(3,425)	12,911	13,000	(89)

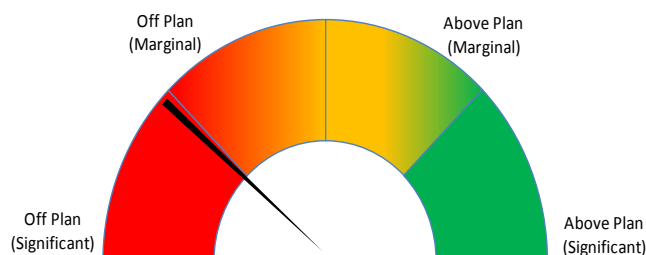
CIP PROFILE

The graph shows the 2014/15 CIP being delivered in line with previous months forecasts.



Divisional Overview (Month 12)

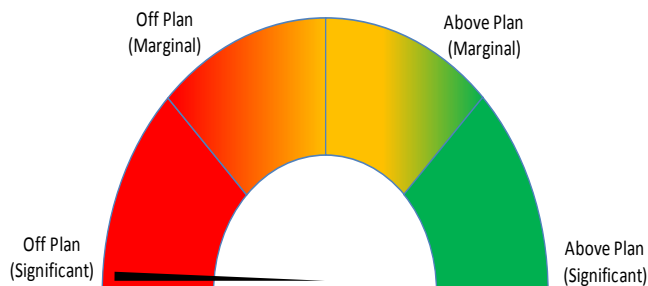
Medicine



Medicine - Key issues

- *Clinical Income over plan by £2.5m.*
- *Net Expenditure exceeds budget by £4.5m .*
- *Overall position is £2.0m off plan.*

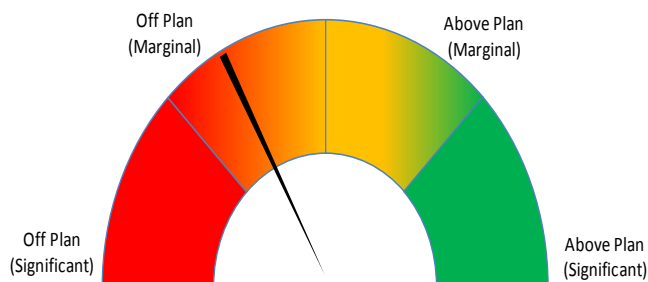
Surgery/ W&C



Surgery / W&C - Key issues

- *Clinical Income behind plan by £3.6m.*
- *Net Expenditure exceeds budget by £4.8m.*
- *Overall position £8.4m off plan.*

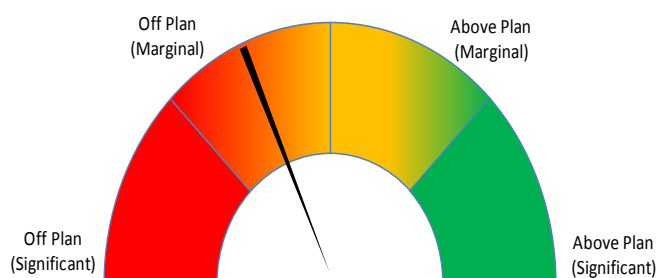
Clinical Support



Clinical Support - Key issues

- *Clinical Income over plan by £1.2m—additional activity.*
- *Net Expenditure exceeds budget by £1.5m.*
- *Overall position £0.3m off plan.*

Corporate



Corporate - Key issues

- *Divisional income above plan by £0.3m.*
- *Expenditure over plan by £0.7m .*
- *Overall position £ 0.4m off plan.*

Medicine & Acute I&E (Month 12)

Acute and Medical Care – The division reported a £1,099k deficit in month 12, and has resulted in the cumulative position having a deficit against plan of £2,004k.

The outbreak of Norovirus across many wards including M2 and CRC which meant that to attribute the amount of Rehab income to the Division proved difficult and may be understated at a Divisional level but will be reflected correctly in the overall Trust position.

Clinical Income within the division is over achieving by c£2.5m, the main drivers of this include additional volumes of activity within planned care work streams both out-patients and in-patient care (£281k and £634k respectively) and increased volumes of patients from a non elective care perspective. Non elective activity (net of re-admissions) has over performed against plan by 1,168 patients equating to £2,676k. Since December the Division has had to increase its bed base due to the increased level of admissions and changes in the Infection Control policy. Emergency Department attendances in the last quarter have seen a decline against plan in the number of attendances and this combined with penalties relating to the 4-hour breaches equates in a year to date shortfall against plan to £1,663k (£1,074k ytd penalties). The Division has had the benefit of non recurrent Urgent Care/Winter monies of £1.6m.

The costs of service delivery have exceeded the planned budget by £4.5m. The most significant element of pressure relates to staff costs, c£4.0m which includes slippage against CIP plans with the balance of over spending against clinical supplies.

From a pay perspective, the cumulative deficit relates to:-

- ED staffing, £0.8m - The excess costs which will persist at a lower rate and relate to the use of temporary/locum staff whilst awaiting substantive staff to be appointed. The department has recently lost the clinical fellows that were in post and this will create a further pressure in future months until these gaps are filled.
- Gastro currently has overspending of c£0.9m as locum staff are required to fulfill vacant posts. It should be noted that the current over recovery of income within gastro is c£0.3m and therefore partially off sets these costs. The Division has appointed 2 consultants who will be starting in Aug/Sep15. There has been additional gaps in the last couple of months due to the loss of Nurse Endoscopists.
- Nursing costs – nursing budgets are currently £2.1m overspending, key areas of this are
 - * £1.3m relates to staffing of additional beds opened and for the recent months additional bed pressure spend is offset by the additional income received via Urgent Care/Winter monies.
 - * £0.2m relates to the transfer of the Infection Control Ward to Medicine in the last 2 months
 - * £0.3m relates to staff sickness cover. Sickness levels were at 5.6% at their height in 14/15 and through a programme of work have been reduced
 - * £0.4m relates to the provision of additional staff for Specialing of patients as a function of their acuity needs. A revised process of agreement for the use of additional staff has been implemented and seen favourable financial results in the recent months.

Pressures through non pay subjective lines include variable costs associated with clinical supplies of c£0.9m which are in the main driven by over performance for activity and therefore covered by income secured. The Division continues to work with procurement to ensure optimum prices are secured.

The Division is working closely with the PMO and the Turnaround team to maximize delivery of CIP. The focus is in the main to ensure that the number of beds within the Division is in line with demand. Work is underway to look at areas where the Division may have the opportunity to reduce length of stay to ensure we are in line with the upper quartile from benchmarking exercises that have been undertaken.

Surgery, Women's & Children's I&E (Month 12)

Surgery, Women's and Children's Division – The divisions overall financial position deteriorated in month 12 by £1,690k generating a cumulative year to date deficit of £8.39m. Within the overall deficit position expenditure variances are £4.83m year to date deterioration in month of £1,281k and income under performance is currently £3.56m of which £409k was in month.

The key cumulative drivers of the overall year to date expenditure variance of £4.83m include:

- £273k to support additional bed capacity, of which £113k relates to the provision of the Trust CPE cohort ward and £160k due to the additional unfunded Ward (25) that has been open prior to the costs now been 100% attributed to Medicine.
- £533k relates to Non-PBR excluded devices and high cost drugs, which are pass through costs and attract additional income;
- £1,035k relates to Park Suite underperformance and operational overspends, against which there is strategic agreement to identify a different PP provision, this will be supplemented with in year price changes where available. Agreement was reached at the beginning of the year that whilst this service sat within the Surgical division any associated pressure would be centrally managed;
- £1.5m of CIP underperformance and
- £1,079k expenditure to deliver the additional RTT work which is funded by NHS England.

The above costs reflect the cumulative position; however Month 12 saw a significant adverse movement compared to previous months. This is mainly due to costs of delivering the additional RTT work funded by NHS England, year-end stock and annual leave provision adjustments and an increase in agency spend on medical staff due to gaps in the Deanery rotation.

From an income perspective the division has a cumulative under performance of £3.56m of which £409k was in month 12.

The Month 12 income position is showing shortfalls in numerous areas. The Elective position under performed by £653k including the Welsh work, Ophthalmology (£107k), Trauma & Orthopaedics (£280k) and ENT (£60k) where the main 3 specialties that under performed in Month.

Within Surgery there was lost income of approximately £200k in month due to cancellations due to bed pressures/major incident and infection control bed pressures.

Non-Elective performance underachieved by £131k. The main area of concern is around Colorectal (£68k) and Trauma & Orthopaedics (£98k) which have been offset by a £75k over performance in Urology.

Outpatients under performed in total by £172k which was mainly in Gynaecology (£31k), Ophthalmology (£28k), Paediatrics (£46k) & T&O (£36k)

The division continues to scrutinise the detail of all of the Income position from both a retrospective and prospective perspective increasingly focusing on a daily and weekly basis on the volume of operations booked to ensure slots are filled and resource utilisation maximised and available capacity used for alternative services where appropriate with particular emphasis on the plans for 15/16.

Whilst the overall divisional position remains significantly challenging the focus will be:

- On sub-directorates to ensure no over-spend/under-recovery is being masked
- For areas of significant concern the division has adopted a turn-around approach, and will undertake full bottom up service reviews in the area
- Commence monthly performance review meetings with directorate triumverate
- Ophthalmology will become an independent directorate away from special surgery wef 1st April
- Theatres and outpatient utilisation
- Reducing Non-core spend
- Reducing Non-pay spend
- Challenging medical staff costs to support on-call
- Continue exploring, with success, new markets for the provision of services, specifically within north Wales and potential collaboration with Chester
- 3% devolved CIP target

Clinical Support (Month 12)

Clinical Support Division—The Division reported a full year adverse movement to budget of £363k, slightly behind the last total Trust forecast (completed after P9) by £58k. In month there was an adverse variance of £185k, a deterioration of £78k on February's performance. Clinical Income performance improved month on month by £48k as previously estimated Lab income was replaced by actuals; however the cost position deteriorated by £126k predominantly owing to year end related adjustments (stock adjustments £23k, provision for various pay arrears £90k). Against last year's the Divisional full year position has improved by £552k with Clinical Income up £352k and costs down by £200k.

Cumulatively Therapies remain ahead of plan by £175k, Outpatients by £143k, Cancer Team by £15k, Patient Flow by £25k whilst Radiology and Pathology are behind plan by £70k and £748k respectively.

From an income perspective the Division is performing well being £1,162k ahead of plan YTD. This is largely driven by Radiology with cumulative unbudgeted unbundled imaging income of £234k and non PbR income ahead of plan by £751k; Radiology DA has experienced a 21% increase over planned activity with Ultrasound seeing the highest increase at 35%. Both AHPs and Pathology are performing ahead of plan (YTD £9k and £165k respectively); again this is largely driven by direct access performance. Whilst these income gains generate a contribution there is an affordability risk across the economy if these levels of diagnostic demand continue.

The Division is reporting an overall underspend on pay of £224k YTD with Radiology, Pathology and Patient Flow over spent cumulatively. Outpatients and Therapies are underspent by £187k and £232k respectively. The Division continues to hold vacancies, where appropriate, as it progresses its staffing restructure proposals in consultation with staff side colleagues in all areas.

Non pay budgets are £1,151k overspent year to date but this is offset by £1,053k in associated income. Pathology non pay overspend is £846k offset by £353k additional income; the bulk of lab costs vary with both GP & Trust activity however Pathology is experiencing significant cost pressure in the provision of blood products to the broader organisation (£155k YTD net of income recovery) and infection control testing plus an historic over performance against the Roche MSC offset by an unbudgeted contribution on the new OPAT service. Radiology non pay overspend is £377k with income offset of £22k; the bulk of these costs being variable costs associated with direct access volumes. Outpatients non pay costs are below budget by £49k predominantly owing to the new Patient Reminder Service contract. AHPs non pay spend is over budget by £322k however a significant element of this relates to Integrated ESD and is recovered through income which is £562k ahead of plan to date.

The Division remains £1,205k behind its cumulative CIP target. Specifically Radiology is £409k behind, Therapies £306k, Outpatients £95k and Labs £394k behind plan. This is the biggest risk to delivering a balanced budget. Every service is actively in consultation/implementation to introduce new structures which will reduce cost.

Corporate (Month 12)

Corporate Services Division - The division reported a £193k underspend in month and a cumulative net overspend of £393k. Divisional income is cumulatively £261k over-recovered and the expenditure budgets are cumulatively £654k overspent.

The table below details the financial net position for the key areas of the Corporate Services division:-

Directorate	Annual Budget	Current Month Budget	Current Month Actual	Current Month Variance	Ytd Budget	Ytd Actual	YTD Variance
CORPORATE NURSING	1,869,252	145,940	154,412	-8,472	1,869,252	1,841,608	27,644
CORPORATE SERVICES CENTRAL	221,488	75,829	545	75,284	221,488	117,675	103,813
ESTATES	6,846,325	569,003	571,223	-2,220	6,846,325	6,794,950	51,375
EXECUTIVE MANAGEMENT	10,566,594	828,753	841,874	-13,121	10,566,594	10,601,427	-34,833
FINANCE & SUPPLIES	4,124,686	344,904	344,526	378	4,124,686	4,003,187	121,499
HOTEL SERVICES	12,893,942	1,062,063	1,086,464	-24,401	12,893,942	13,168,269	-274,327
HR & OD	2,490,225	214,489	214,668	-179	2,490,225	2,453,859	36,366
INFORMATION & IG	563,401	53,010	71,991	-18,981	563,401	1,135,272	-571,871
IT	6,615,185	518,262	539,251	-20,989	6,615,185	6,948,718	-333,533
MISCELLANEOUS	-7,061,952	-501,749	-697,630	195,881	-7,061,952	-7,293,186	231,234
PHARMACY	5,073,135	408,368	413,683	-5,315	5,073,135	5,075,702	-2,567
QUALITY & SAFETY	924,829	80,003	76,154	3,850	924,829	863,641	61,188
TRANSFORMATION TEAM	1,143,709	322,874	311,242	11,632	1,143,709	952,671	191,038
Grand Total	46,270,819	4,121,749	3,928,403	193,346	46,270,819	46,663,793	-392,974

The areas of concern this month continue to be:-

Information Governance—there continues to a pressure on Injury Cost Recovery (ICR) income. In month this budget has under-recovered by £19k with a cumulative under-recovery of ICR income of £626k.

Information Technology—continued overspends on IT due to cost pressures on maintenance and IT purchases and implementation costs.

Hotel Services budgets are under pressure from the Accommodation contract, from supporting additional beds and the impact of infection control cleans.

Pharmacy continues to be largely on plan in-month and year to date. This is in despite of the impact of activity related cost pressures that the division have continually managed to mitigate.

There are smaller overspends in some of the other directorates however they still remain cumulatively under-spent. In month there have also been certain year-end accounting adjustments for the Trust as a whole which are reported in this Division.

Capital Plan (Month 12)

CAPITAL PROGRAMME

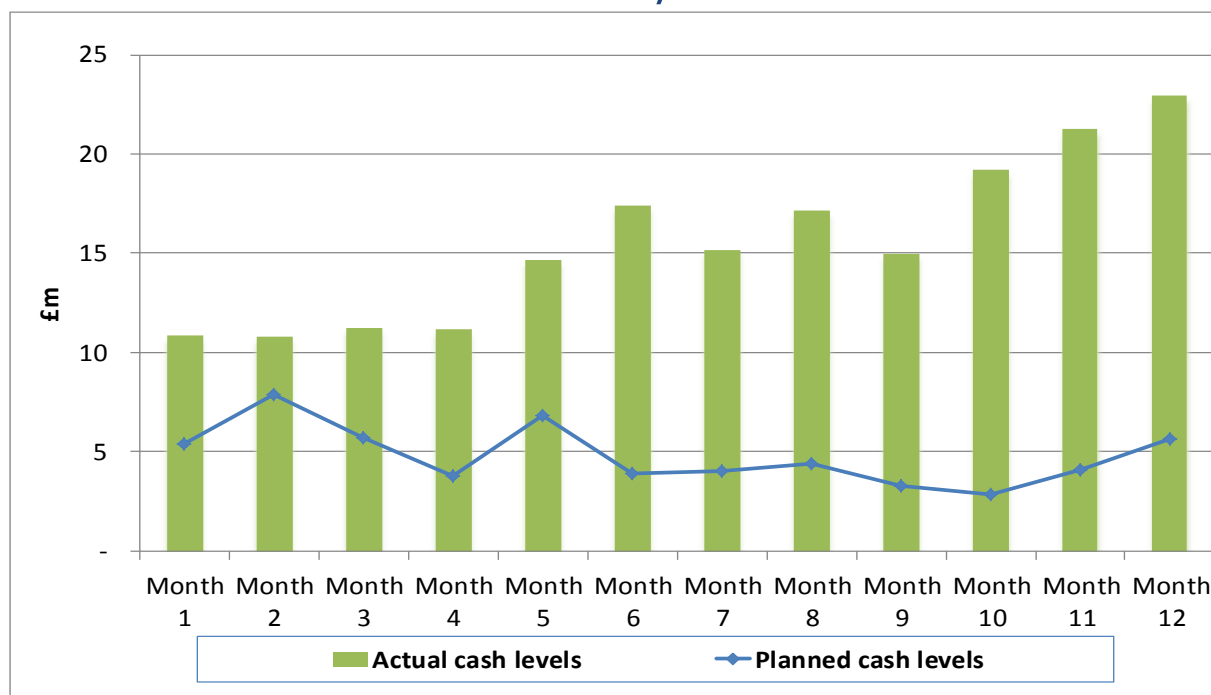
	<u>Full year plan £'000</u>	<u>Full year forecast* £'000</u>	<u>Full Year Actual £000</u>	<u>Full Year Variance to Forecast £'000</u>	<u>Commentary</u>
Completed Schemes	3,121	3,877	3,815	62	Over and under spend of completed schemes
Cerner project	6,094	5,844	5,837	7	
IT general	739	739	482	257	Slippage in spend and reprofile of spend undertaken to reflect IT spend plans to 2016/17
Backlog maintenance	1,056	1,056	1,081	(25)	Overspend carried forward to 2015/16
C Block Car Park	350	350	77	273	Delays in year with the demolition of C Block and tendering process, to carry £0.3m into 2015/16.
Ward 37	0	84	67	17	Slippage in spend Carried Forward 2015/16
Blood Sciences	0	27	10	17	Slippage in spend Carried Forward 2015/16
Other	81	0	0	0	
Unallocated resource	592	224	0	224	Carried into 2015/16
Total	12,033	12,201	11,369	832	

RESOURCING OF CAPITAL PROGRAMME

<u>Resource</u>	<u>Budget £'000</u>	<u>Forecast £'000</u>	<u>Commentary</u>
Internally Generated Capital (Depreciation)	8,250	8,250	
Resource made available from DH - Cerner PDC	3,500	3,500	
Resource brought forward from 2013/14 Re carry overs	283	376	Additional £93k resource bought forward at year end
SIFT resource for Education Centre		22	Additional funds received for Service Increment For Teaching
DH resource (Limb Centre)		29	Funding received for Limb Centre Scheme
Funding for Camera		24	Additional funds from RA Glaucoma
Total	12,033	12,201	

Cash Position & Forecast (Month 12)

CASH PERFORMANCE 2014/15



CASH POSITION OVERVIEW

The cash position is above plan by £17.3m due to the receipt of the maternity prepayment, the impact of internal cash actions on debtors and creditors, net creditors for contract payments (due to the difference between the planned and contracted income and the underperformance against contract to date), significantly higher levels of trade creditors and accrual balances, delays in the cash payments for capital programme, a profit on the sale of the Springview facility and the draw down of the full ITFF loan of £7.5m.

These gains are partly offset by the adverse EBITDA variance.

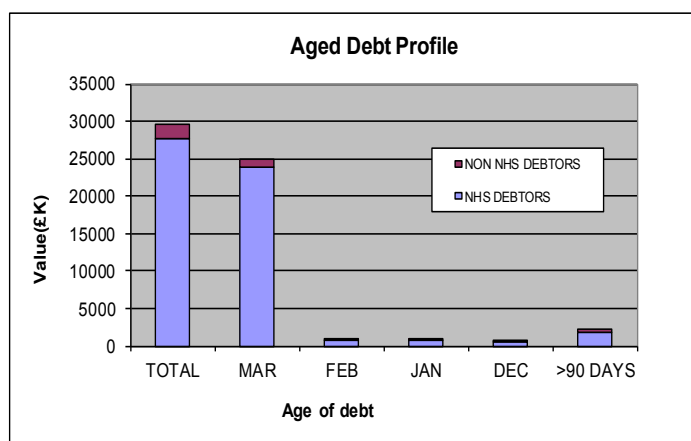
Overall debtors are above plan - largely due to delays in settling some balances (for contracts and general income) which are largely offset by creditors and will be substantially settled in quarter 1.

AGED DEBTOR

The figures above include invoices raised in advance for the subsequent period to support cash management processes.

Debtors over 90 days total £2.3m which is 8% of the total balance. £0.8m of this relates to Wirral Community (regarding agreement of SLA values) which is offset in creditors, £0.3m with CCO (regarding energy payments) and £0.04m regarding unresolved private patient balances.

There is a bad debt provision for £0.6m in respect of these debts which was updated at year end.



High Level SLR Position (Month 12)

	Medicine & Acute Care £000	Surgery & Womens and Children's £000	Clinical Support £000	Corporate £000	Central £000	Total £000
NHS Clinical Income	118,415	130,214	15,934	843	9,683	275,090
Other Income	1,127	3,525	4,690	20,347	666	30,355
Total Income	119,542	133,740	20,624	21,190	10,349	305,445
Direct Expenditure	(84,862)	(103,671)	(42,266)	(67,010)	0	(297,809)
Clinical Support Costs	(16,610)	(13,187)	29,797			0
Marginal Contribution	18,070	16,882	8,155	-45,820	10,349	7,636
Corporate Costs	(18,629)	(24,333)	(1,380)	44,342		(0)
Net EBITDA	(560)	(7,451)	6,776	(1,478)	10,349	7,636
Post EBITDA	(4,988)	(6,516)	(370)	(443)	0	(12,317)
TOTAL	(5,548)	(13,967)	6,406	(1,922)	10,349	(4,681)

Marginal Contribution %	15.1%	12.6%	39.5%			2.5%
Post EBITDA %	-4.6%	-10.4%	31.1%	-9.1%	100.0%	-1.5%

NB. Costs have been allocated on a top-down basis and will not reconcile to the patient level detail

Note: The way in which the Trust receives clinical income is primarily on a service and speciality level. So income is largely reported against the front line services notably;

- Medicine & Acute;
- Surgery and Women's & Children's; and
- Some areas of Diagnostics

Income received is to cover all costs within the Trust, and hence as part of the high level SLR position—there is a marginal contribution line, which effectively highlights the level of contribution the services make towards the corporate costs and overheads. Corporate services do not attract significant levels of income directly, and as noted above are resourced through the level of contribution through clinical income, hence the significant variance on the marginal contribution line. Which reflects costs allocated to front line services in arriving at the Net EBITDA position.

Balance Sheet (Month 12)

	FY 14/15		
	FT Plan March 2015 £m	Actual March 2015 £m	Variance March 2015 £m
<i>Non current assets</i>			
Intangible Assets - Donated or granted	£0.000	£0.000	£0.000
Intangible Assets - Purchased or created	£12.369	£12.704	£0.335
Property, Plant and Equipmen - Donated or granted	£2.276	£2.384	£0.108
Property, Plant and Equipment - Purchased or constructed	£157.721	£157.168	£(0.553)
NHS Trade Receivables, Non-Current	£0.000	£0.000	£0.000
Other non current receivables	£2.134	£2.094	£(0.040)
Impairment of Receivables for Bad & doubtful debts	£(0.405)	£(0.379)	£0.026
Total non current assets	£174.095	£173.971	£(0.124)
<i>Current Assets</i>			
Inventories	£4.446	£4.073	£(0.373)
NHS Trade Receivables	£6.598	£6.785	£0.187
Non-NHS Trade Receivables	£0.750	£2.416	£1.666
Other Receivables	£1.737	£1.471	£(0.266)
Assets Held for Sale	£0.000	£0.000	£0.000
PDC Receivables	£0.000	£0.008	£0.008
Impairment of Receivables for Bad & doubtful debts	£(0.067)	£(0.623)	£(0.556)
Accrued Income	£1.184	£1.306	£0.122
Prepayments	£1.792	£1.872	£0.080
Cash and cash equivalents	£5.661	£22.938	£17.277
Total Current Assets	£22.101	£40.246	£18.145
<i>Current liabilities</i>			
Current loans	£(0.265)	£(1.015)	£(0.750)
Deferred income	£(1.955)	£(3.606)	£(1.651)
Provisions, current	£(0.563)	£(0.641)	£(0.078)
Trade Creditors	£(8.339)	£(15.143)	£(6.804)
Taxation payable	£(3.917)	£(3.732)	£0.185
Other Creditors	£(3.000)	£(3.023)	£(0.023)
Capital Creditors	£(0.530)	£(0.768)	£(0.238)
Accruals	£(7.918)	£(11.063)	£(3.145)
Payments on account	£(0.900)	£(0.900)	£0.000
Finance leases, current	£(0.362)	£(0.362)	£0.000
Interest payable on non commercial loans	£0.000	£(0.007)	£(0.007)
PDC creditor	£0.000	£0.000	£0.000
Total Current Liabilities	£(27.749)	£(40.260)	£(12.511)
Net Current Assets / (Liabilities)	£(5.648)	£(0.014)	£5.634
<i>Liabilities, non current</i>			
Loans, non current, non commercial	£(4.908)	£(11.284)	£(6.376)
Deferred income, non current	£(11.553)	£(11.553)	£0.000
Provisions for Liabilities and Charges	£(2.590)	£(2.357)	£0.233
Finance leases, non current	£(0.088)	£(0.088)	£0.000
	£(19.139)	£(25.282)	£(6.143)
Total Assets Employed	£149.308	£148.675	£(0.633)
<i>Taxpayers equity</i>			
Public Dividend Capital	£72.385	£72.417	£0.032
Retained earnings	£30.097	£29.921	£(0.176)
Revaluation reserve	£46.826	£46.337	£(0.489)
Total Taxpayers Equity	£149.308	£148.675	£(0.633)

Summary

	Plan	Actual	Note
Month 12 I&E Position	Deficit of £899k	Deficit of £453k	<ul style="list-style-type: none"> The actual month 12 position is £446k better than the plan.
Cumulative I&E Position	Deficit of £4,230k	Deficit of £4,681k	<ul style="list-style-type: none"> The actual cumulative year end position is £451k worse than plan. The £4.7m deficit is in line with forecast.
CoS Rating	CoS Rating of 2	CoS Rating of 3	<ul style="list-style-type: none"> The year end liquidity ratio is a 3 compared with the plan of 2.
Cash Balance	Cash Balance of £5.6m	Cash Balance of £22.9m	<ul style="list-style-type: none"> The cash balance is £17.3m better than plan

Recommendations

The Finance Performance and Business Assurance Committee are asked to note the contents of this report.

Alistair Mulvey

Director of Finance

March 2015

Board of Directors	
Agenda Item	6.2
Title of Report	Chair of Finance Business Performance and Assurance Committee Report 24.04.15
Date of Meeting	29 April 2015
Author	Graham Hollick, Chair of FBP & AC
Accountable Executive	Alistair Mulvey, Director of Finance
BAF References • Strategic Objective • Key Measure • Principal Risk	5A, Risk 2718, 6B, 7B, Risk 1927 and 2550, 7C Risk 2328, 7D, Risk 2689
Level of Assurance • Positive • Gap(s)	Gaps with mitigating actions
Purpose of the Paper • Discussion • Approval • To Note	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	N/A

2015/16 Annual Financial Plan Update

The Committee reviewed the latest draft narrative for the Annual Plan submission which included the key headlines; key risks; key deliverables and the mitigating action plans.

Extensive discussion took place on the contract negotiations and the variance in the Trust's assumptions of circa £224m and the offer received by the CCG just short of £218.5m. The differences in the two positions were debated together with the risks and mitigating actions. The challenge expected from the Regulator to the CIP assumptions and the reliance on income over cost savings was discussed at length and the work being undertaken to redress this balance where possible whilst recognizing the importance of the Trust being paid for the work it actually undertakes.

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The Committee reviewed the budget setting process with Divisions and sought assurance on this and the monies set aside for reserves and the key components of this.

The position with regards to cash throughout the year was reviewed, including the request for distressed funding and the impact this had on the Trust's ability to approve expenditure above £250k and on the sustainability statement to be made by the Board on 13th May 2015.

The Committee was advised that the final cut of the CIP numbers would be finalised on the 1st May in order to enable the Board to submit the Annual Plan on the 14th May 2015. The Committee requested that some of the verbal narrative made at the meeting be included in the written narrative to ensure that a coherent plan was presented.

Going Concern Assessment

The Committee supported the going concern statement from a technical perspective however it wanted to ensure that the Trust recorded the work being undertaken in terms of assessment, evaluation and planning and how this supported the statement.

M12 Financial Position

The Committee reviewed the year end out-turn position recognising that this was still subject to Audit. The Committee was keen to reflect and communicate the good outcomes achieved in order not to lose sight of this.

The Committee reviewed in-depth the progress made on service line reporting noting the manifestation of this through the clinical services reviews at the Board Development sessions recognising that there was still variability of usage throughout the Trust. The Committee requested that a project end date be agreed to ensure that continued progress is made.

Monitor Commentaries

The Committee reviewed the Q4 statements and agreed some slight amendments to Statements A & B as outlined in the tabled paper to the Board. Statement A now emphasises the impact of one-off initiatives as opposed to solving the underlying operational issues and Statement B now includes the expectations from the A & E escalation meeting as outlined by Monitor. The Committee recommended the amended statements for approval by the Board.

M12 CIP Update

The Committee reviewed progress to date in the context of the previous year's achievement and the work undertaken through the workstreams. The Check and Challenge Session planned for the 27th April 2015 was discussed with confirmation that the final cut of the CIP being available on 1st May 2015.

Performance Report

The Committee focussed on the initiatives being undertaken to address the under-performance against the 4 hour A & E standard which included the ECIST walkabouts; the "breaking the cycle" initiative and the A & E escalation meeting with the whole health economy planned for the 14th May 2015. Early indications of the of "breaking the cycle" event were promising with achievement of the standard in the first 24 hours of the initiative.

Review of the Risk Management Group

The Committee agreed with the proposal to disband with the group recognising the duplication that existed and the need to escalate the review of CQC compliance in the organisation. The Committee was assured with where the work of the group would now be undertaken.

Items for the Risk Register

The Committee agreed to progress with the recommendation from the Audit Committee to include a risk on the Board Assurance Framework in relation to the quality impact of the CIP programme.

Graham Hollick

Chair of Finance Business Performance and Assurance Committee

Board of Directors	
Agenda Item	6.3
Title of Report	Chair of Audit Committee Report 9 April 2015
Date of Meeting	29 April 2015
Author	Cathy Bond, Chair of the Audit Committee
Accountable Executive	Alistair Mulvey, Director of Finance
BAF References • Strategic Objective • Key Measure • Principal Risk	ALL
Level of Assurance • Positive • Gap(s)	Positive
Purpose of the Paper • Discussion • Approval • To Note	Discussion
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	N/A

Internal Audit

The Committee reviewed 5 internal reviews undertaken in the reporting period as follows:

- | | |
|----------------------------------|-----------------------|
| • Monitoring Safe Nursing Levels | Limited Assurance |
| • Incident reporting | Significant Assurance |
| • Budgetary reporting | Significant Assurance |
| • Mortality Framework | Significant Assurance |
| • Information Governance Toolkit | Significant Assurance |

The Committee approved the Internal Audit Programme for 2015/16 and noted how this linked with the work of the Board Assurance Framework.

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The Committee received the Director of Audit Opinion which was “significant assurance” and noted how this supported the Annual Governance Statement.

External Audit

The Committee reviewed the expectations and requirements as a result of ISA 700 and the duties of the Trust in relation to the financial statements which were much more robust than in previous years. The Committee reviewed the 3 risks outlined in the report; the first being Management Override although the two areas where KPMG were deploying greatest focus in their audit work were the valuation of land and buildings and NHS income recognition.

Counter Fraud

The Committee approved in principle the work programme for 2015/16 however due to changes in the team a further update was requested for May 2015. The Committee approved the Annual Report.

Monitor Licence – Compliance Review

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

Board Assurance Framework (BAF)

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

Draft Annual Audit Committee Report

The Committee reviewed the draft Annual Audit Committee Report which highlighted the key elements of its work during 2014/15; the priorities for 2015/16 and the requirements as per the Code of Governance. The final Audit Committee Report will be approved following the recommendation to approve the annual report and accounts.

Draft Annual Governance Statement

The Committee reviewed the Annual Governance Statement, noting how this linked in with the Director of Internal Audit Opinion; the key requirements as prescribed by Monitor; the review by the Executive Team and the Chief Executive and the correlation with the financial investigation.

The final Annual Governance Statement will be presented to the Committee in May in order that a recommendation for approval can be made to the Board of Directors at the end of May 2015.

Cathy Bond
Audit Committee Chair

Board of Directors	
Agenda Item	7.1
Title of Report	CQC Project Plan Compliance Update
Date of Meeting	29 April 2015
Author	Maryellen Dean, Associate Director of Risk Management
Accountable Executive	Dr Evan Moore, Medical Director
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	1. To be the Top NHS Hospital Trust in the North West for Patient, Customer and Staff Satisfaction
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	Positive
Purpose of the Paper <ul style="list-style-type: none"> • Discussion • Approval • To Note 	To Note / Discussion
Data Quality Rating	Silver – quantitative data that has not been externally
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> • Yes • No 	No

1. Executive Summary

The Board of Directors has requested an update on the progress to prepare the organization for the CQC inspection September 14th 2015.

The Board was asked to consider the current evidence available and agree the project plan in April 2015.

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2. Background

In April 2015 the Essential Standards of Quality and Safety (the sixteen regulations) were replaced by the **new Fundamental Standards (thirteen)**, which were drafted in response to the second Francis Inquiry report and which by law we must meet. The new standards are more concise than the old ones, and bring together several topics under one heading. However, the supporting guidance is less detailed, in order to avoid a box ticking mentality and therefore there is more room for individual judgment in assessing whether they have been met.

In addition to this the CQC will ask five questions

Is the care:

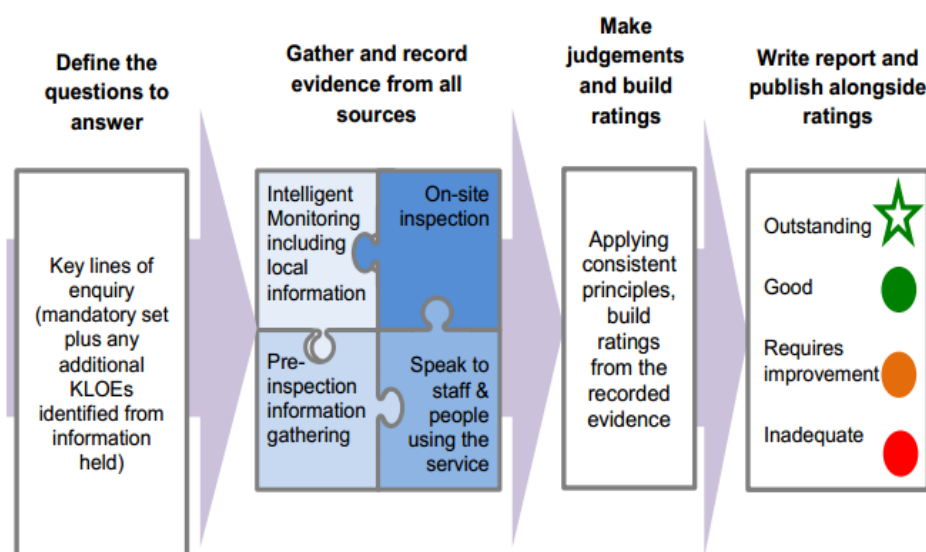
- **Safe?** Service users, staff and visitors are protected from abuse and avoidable harm.
- **Effective?** People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.
- **Caring?** Staff involve and treat people with compassion, kindness, dignity and respect.
- **Responsive?** Services are organised so that they meet people's needs.
- **Well-lead?** Leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

The CQC have developed **Key Lines of Enquiry (KLOEs)** which will be used in the inspection process to measure our organization and they are framed under each of the five key questions.

The organisation will be judged as:

- **Outstanding**
- **Good**
- **Requires improvement**
- **Inadequate.**

Figure 2: How KLOEs and evidence build towards ratings



There are **eight key service areas** that will be inspected:

- A&E
- acute medical pathway (incl frail elderly)
- acute surgical pathway (incl frail elderly)
- critical care
- maternity
- paediatrics
- end of life care
- outpatients

They will hold **listening events**

- For local people to share their views and experiences of their hospital
- For staff groups

Following the inspection CQC will hold Quality summits with local partners for discuss inspection findings/ improvement action needed.

3. Key Issues/Gaps in Assurance

Assessment

In order to meet the new CQC monitoring and inspection process the Trust has reviewed the evidence available and assessed it and categorized it in order to evaluate the **thirteen fundamental** standards.

The evidence available is:

CQC mock inspection (mapped from the KLOEs)
 Audit program and assurance map
 Evidence portfolios
 Governance arrangements

As an organisation we also need to assess ourselves against the five questions. This should perhaps be under taken at divisional level then at executive level against the eight key services if possible and needs to be done following the review of all the thirteen fundamental standards and the CQC mock inspections.

Accountability:

The Trust has developed clear lines of responsibility from ward to board. With executive and operational leads driving the fundamental standards agenda. Triumvirate driving divisional progress and ward managers and clinical medical leads driving improvements at ward level.

4. Next Steps

April 2015 – in progress

- ✓ Visit to Leighton Trust to gain insight into a 'Good' inspection outcome
- ✓ OMT informed of CQC project plan
- ✓ Divisional assessment of the governance checklist for the division - with completed action plan for improvement by August 2015
- ✓ Divisional assessment of the five questions for the division against the eight key services - with completed action plan for improvement by August 2015
- ✓ Divisional overview template to be completed.
- ✓ Q&S Dept. review and assessment of the fundamental evidence portfolios
- ✓ Advertise for the staff to manage the project of CQC proposal
- ✓ The CQC mock inspection programme up scaled to ensure that all wards are inspected by July 2015.

May 2015

- Executive assessment of the five questions against the eight key services following divisional assessment with action plan for improvement by August 2015
- Review of the evidence document management system which we have in place (s drive files) and decide if it would be of value to procure a new system to enable ward to board review of evidence and gap analysis and thus reporting.
- Continued implementation of the CQC project plan.
- Monthly progress reports to the Board showing a trajectory of improvement against the fundamental standards

June 2015

- Planned presentation of the above assessments to CGG
- Executive and operational leads will review of the fundamentals in with development of action plans to drive improvement by August 2015
- External partner engagement using existing forums
- Patient engagement events co-ordinated by the Lead for Patient Experience

5. Conclusion

Much work has been done to ensure that:

- Key lines of accountability from ward to board are in place.

- The review of the fundamental standards has produced a high level understanding of areas that need further development in terms of evidence, monitoring or governance.
- Re-introduction of patient focussed care ward audits from March 2015 supplemented by targeted focus on Hydration & Nutrition; Privacy & Dignity and prevention of falls.
- Divisional support agreed regarding provision of infection control ward audits, as well as specific audits e.g. CAUTI
- Staff engagement will be through a mixture of formal and informal meetings.

There are many other work streams in progress such as the raising concerns work that will underpin a positive outcome to our CQC inspection. This work will be highlighted to the Board through the assessment of the fundamental standards by the Executive and Operational teams.

6. Recommendations

The Board to review the above next steps and provide feedback on additional areas of focus and activity that would aid with the preparation not only for the CQC inspection but with the overall improvement of quality and safety in the Trust.

Gantt Chart: Preparation for introducing new standards and the CQC visit - 14th Sept 2015

Action	Lead	March				April					May					June				July					Aug					Sep
		###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###		
Set up Project team	MM		x																											
Site visits	MM/EM				x								x																	
Identify additional resource requirements	MM					x	x																							
Review Evidence Portfolios / update to reflect new fundamentals	JR					x	x	x																						
Identify gaps in evidence and develop action plans	JR with Exec & Op Leads					x	x	x	x	x																				
Review current CQC risk register entries and update	JR										x																			
Triumvariate review of KLOEs by Division	MM										x										x									
Executive review of KLOEs	EM/CS												x								x									
Executive and operational review of fundamental standards	EM/CS													x																
Add new CQC risks	JR										x	x					x				x						x			
Review data packs developed and agree forward plan	MED/MM	x	x	x	x	x	x	x																						
Develop a Communication Strategy	MM			x	x																									
Deploy Mock CQC Inspection Programme	JR			x						x		x					x			x	x	x	x	x	x	x	x	x		
Develop specialist areas inspection check lists	JR	x	x	x	x																									
CQC Newsletters /Lessons Learnt	JR		x				x				x				x			x		x		x		x		x		x		
Develop information flow for ward for board assurance	GH			x	x	x	x	x																						
Roll out of ward to Board assurance process; report to DMTs & Board monthly	DQSMs											x	x	x	x			x				x					x			
Timetable for patient engagement events	MC										x																			
Timetable for external partner engagement	EM/MM											x																		
Develop CQC audit plan (additional assurance)	MM							x	x	x																				
Deploy CQC audit plan														x				x					x				x			
CQC file maintenance	JR														x					x						x				
Progress reports to CGG/QSC/OMT	JR/MM									x				x				x				x				x				
Update to Executive development day	EM										x																			

Board of Directors	
Agenda Item	7.2
Title of Report	Francis Report: Hard Truths Commitment: Publishing of Nurse Staffing Data: March 2015
Date of Meeting	29 April 2015
Author	Gaynor Westray, Deputy Chief Nurse Johanna Ashworth-Jones, Senior Analyst
Accountable Executive	Jill Galvani, Director of Nursing and Midwifery
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	<p>Strategic objectives: To be the top NHS Hospital in the North West; Delivering consistently high quality secondary care services; Supported by financial, commercial and operational excellence.</p> <p>1A: Improve our Patient Experience to deliver the Friends & Family score of 95% or better *;</p> <p>1B: Create a strong culture of empowered employees, delivering a staff engagement score of 3.59 or better, through implementation of our nursing, midwifery and customer service strategy (risk number 1908 & 1909);</p> <p>3A: Implementation of a quality improvement strategy to reduce mortality to 85 HSMR (risk number 2611);</p> <p>3B: Ensure that our harm free care score is no lower than 93% & no lower than 95% for 3 months*;</p> <p>7A: Full compliance with our registration with CQC*.</p> <p>*risks to be scored.</p>
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	<p><i>Gaps:</i> Contingency Wards 25 and 27 were open during March with nurse staffing from a combination of Flexibank and agency nurses supplemented from other ward establishments; Staff from Ward 22 staffed the additional isolation ward (14) to enable the Trust's response to the CPE outbreak; Norovirus and flu affected nursing staff availability during the latter part of March.</p> <p><i>Positive:</i> Ward Sisters have resumed their supernumerary status where possible and Matrons have resumed their roles; a weekly review of nurse vacancies continues with successful recruitment during March; Escalation Policy in place.</p>
Purpose of the Paper	Discussion
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment	No

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1. Executive Summary

This paper provides the nurse staffing data for March 2015. No target fill rate has been set nationally therefore the Trust has applied a target of 95%. This measure is that 95% of shifts both days and nights meet the planned requirement, given that 100% is optimum. A decision has been made by the senior nursing team to present our data in a new style format which also includes key quality indicators, future reports will also include incidence of red flags at ward level. Appendix 1 shows this report with the average fill rates for March 2015 on all wards for both day and night shifts.

There continues to be concerns with regard to the provision of minimum staffing levels of registered nurses during this reporting period. This has been impacted by the additional wards remaining in place to manage patient demand (wards 25 & 27), as well the need for an interim isolation facility (Ward 14) with cohort nursing to control infections of Carbapenamase Producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococcus (VRE).

An escalation policy for nurse staffing concerns has been developed and implemented, outlining an absolute minimum of 2 registered nurses per ward at all times. Matrons and Ward Sisters have resumed their usual roles where staffing levels permit. Registered nurse vacancies continue to be reviewed weekly by the Director of Nursing & Midwifery and the Senior Nurse Team. There is a Registered Nurse (RN) recruitment strategy which commenced in January 2015 that has continued on a monthly basis resulting in the recruitment of both newly qualified and experienced nurses with significant numbers (43) of the newly qualified not completing their nurse training until September 2015). The current position for band 5 RN vacancies at 20 April 2015 is for Surgery 11 WTE and for Medicine 19 WTE; this has increased from previous months due to the recent investment into nursing to support the uplift. A review of the option of overseas recruitment is being completed for further discussion with Executive colleagues as well as plans to pursue recruitment from the Open University and nurses from the military sector.

Set against staff sickness and vacancies during March 2015, close nurse management of the movement of nurses to support patient acuity and additional beds continues and remains challenging. The acuity and dependency audit was completed in February and a report is being prepared for the Quality & Safety Committee in May 2015. Preliminary findings from the acuity audit indicate that staffing on all wards within the Trust (with the exception of ward 21) is in line with the staffing level indicated in the acuity audit; available staff are impacted on by the current sickness and vacancies levels.

Training to support the introduction of Version 10 of E-Roster on 3 June 2015 will enable a more effective and efficient rostering of ward nursing staff, as well as the electronic recording of staffing data and the provision to produce good quality reports.

A review of other Trust's Nurse Staffing Reports have provided reassurance that this Trust's staffing levels are as good if not better than others particularly since RN vacancies are so low.

2. Background

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

3. New style reporting format

The new style format to present our data was introduced as a means of triangulating the average staff fill rates with key quality indicators and information around sickness and vacancies at ward level.

The report shows the actual hours of nursing cover (both RN and Care Support Worker) compared to the expected hours for both day and night shifts. It also presents data per ward on the number of falls (moderate and above); the number of patients with a hospital acquired pressure ulcer; the number of patients confirmed as *Clostridium difficile* positive, MRSA positive, of which both are reportable to Public Health England. The final part of the report presents data on the sickness and vacancy levels per ward.

Future reports will include incidence of red flags at ward level and vacancy numbers for RNs and CSWs.

4. Key Issues/Gaps in assurance

The Director of Nursing and Midwifery has taken steps to ensure that the Trust has responded to meet the Hard Truths milestones set out in the guidance published on 31 March 2014; further work is in progress to enhance assurance on processes following receipt of the draft report on Nurse Staffing by Mersey Internal Assessment and Audit (MIAA). The nurse staffing escalation policy is part of improving assurance.

Sickness and releasing staff for contingency areas have been the main reasons for wards not achieving 95% fill rate for their shifts during March 2015.

The table below shows the number of incidents reported related to staffing levels.

Month	Number of staffing incidents reported
November 2014	41
December 2014	80
January 2015	102
February 2015	46
March 2015	75

The number of staffing incidents reflects an open and honest reporting culture and is also a mechanism for concerns related to staffing to be recorded by staff. Each incident is reviewed at the time of raising it by the local manager and an overview is undertaken by the Strategic Nursing & Midwifery Team.

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

5. Next steps

- Continue with the programme of Monthly Trust wide recruitment for Registered Nurses
- Present a plan for nurse staffing to the Executives on 27 April 2015
- Return to Practice: uptake aim of 7 – 8 per year by the end of 2015, on track for delivery

- Continue to review the use of Flexibank
- Implement Version 10 of E-roster with training 3 June 2015
- Continue to focus on the management of long and short term sickness

This work overlaps with the Nursing Workforce Cost Improvement Programme supported by Price Waterhouse Cooper.

6. Conclusion

Strategies to recruit registered nurses are proving to be successful to meet turnover and will continue, but will not be sufficient in themselves to meet anticipated seasonal demand; recommendations on how the Trust will meet demand were presented to the Executives on 27 April 2015. There continue to be serious concerns with regard to the provision of minimum staffing levels of registered nurses during this reporting period, Whilst the Trust did not meet the 95% staffing level across all Wards during March 2015, all mitigating actions are in place to ensure that patients and staff are safe.

7. Recommendations

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

Monthly Safe Staffing Report - March 2015

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Specialty	Ward	Days				Nights				Quality indicators								
		Expected RN Hours	Actual RN Hours	Expected CSW Hours	Actual CSW Hours	% RN	% CSW	Expected RN Hours	Actual RN Hours	Expected CSW Hours	Actual CSW Hours	% RN	% CSW	Falls (moderate and above)	Pressure ulcers (Grade 2 and above)	Cdf (Reportable to PHE)	MRSA (Reportable to PHE)	Sickness & Absence
Orthopaedics	10	1434.25	1303	906.75	863	90.8%	95.2%	713	713	713	719.25	100.0%	100.9%	0	1	0	0	6.88
	11	2156.75	1943	1612	1526.5	90.1%	94.7%	1426	1322.25	713	690	92.7%	96.8%	0	2	1	0	9.68
	12	1222.5	1037.7	906.75	773.25	84.9%	85.3%	713	632.5	356.5	356.5	88.7%	100.0%	0	0	0	0	4.05
Urology	20	1800.25	1469.35	1263.25	1238.25	81.6%	98.0%	1069.5	868.35	713	688	81.2%	96.5%	0	0	0	0	11.01
	17	1947.5	1749.5	1302	1067.55	89.8%	82.0%	1069.5	931.5	713	655.5	87.1%	91.9%	1	1	0	0	8.7
General Surgery	18	1829.5	1644.5	1263.25	1199.25	89.9%	94.9%	1069.5	966.2	713	614.2	90.3%	86.1%	0	1	0	0	9.76
	21	1916.25	1852.5	1550	1537.5	96.7%	99.2%	1263.25	1178.6	1069.5	1069.5	93.3%	100.0%	0	0	0	0	3.93
DMIE	22	1722.5	1680.75	1356.25	1356.25	97.6%	100.0%	1263.25	1263.25	713	713	100.0%	100.0%	0	0	0	0	4.01
Stroke	23	2110	1992	1162.5	1143.75	94.4%	98.4%	1069.5	1057.5	713	713	98.9%	100.0%	0	0	0	0	0.6
	DMIE	2098.52	1917.02	1619.73	1613.48	91.4%	99.6%	1426	1258	1426	1426	88.2%	100.0%	1	1	0	0	3.42
DMIE	OPAU	2342.5	2280	1550	1550	97.3%	100.0%	1069.5	1045.5	713	713	97.8%	100.0%	0	0	0	0	2.05
Haematology	30	1722.5	1595	1162.5	1028	92.6%	88.4%	906.75	875.45	1069.5	1051	96.5%	98.3%	0	1	0	0	7.04
	Cardiology	3078.75	2899.82	1550	1480	94.2%	95.5%	1426	1426	1069.5	1069.5	100.0%	100.0%	0	0	0	0	4.46
Cardiology	33 / HAC	1722.5	1716.25	1162.5	1162.5	99.6%	100.0%	1069.5	1069.5	1069.5	1069.5	100.0%	100.0%	0	0	0	0	5
	36	2253.75	2044.75	1550	1519.75	90.7%	98.0%	1069.5	1045.5	1069.5	1069.5	97.8%	100.0%	0	0	0	0	10.18
Respiratory	38	2497.5	2474.5	1743.75	1737.5	99.1%	99.6%	1426	1426	1069.5	1069.5	100.0%	100.0%	0	3	0	0	5.78
General Medicine	26	2110	2010.25	1937.5	1919.5	95.3%	99.1%	1069.5	1045.5	1069.5	1057.5	97.8%	98.9%	0	2	0	0	9.54
General Medicine	AMU	1955	1920.5	1426	1419.75	98.2%	99.6%	1069.5	1063.2	1069.5	1057.5	99.4%	98.9%	0	0	0	0	3.32
General Medicine	MSSW	2311.5	2294	1782.5	1759.5	99.2%	98.7%	1635.25	1623.25	1635.25	1635.25	99.3%	100.0%	0	0	0	0	3.32
Emergency	EDRU	885.5	885.5	356.5	356.5	100.0%	100.0%	550.25	550.25	356.5	356.5	100.0%	100.0%	0	0	0	0	3.39
Orthopaedics	Parkside	857	857	345	345	100.0%	100.0%	690	690	0	0	100.0%	100.0%	0	0	0	0	6.63
Surgical Assessment	SAU	1240.5	1215.5	533	533	98.0%	100.0%	533	457.95	356.5	356.5	85.9%	100.0%	0	0	0	0	6.19
Critical Care	ITU	4822.5	4822.5	212.5	212.5	100.0%	100.0%	4278	4278	0	0	100.0%	100.0%	0	0	0	0	5.61
Critical Care	HDU	1722.5	1722.5	387.5	387.5	100.0%	100.0%	1426	1426	356.5	356.5	100.0%	100.0%	0	0	0	0	5.61
Gynaecology	54	885.5	701.5	713	713	79.2%	100.0%	713	713	0	0	100.0%	100.0%	0	0	0	0	2.27
Orthopaedics	M1	1443.75	1251.75	906.75	796	86.7%	87.8%	713	713	356.5	322	100.0%	90.3%	0	0	0	0	5.04
General Surgery	M2	304	304	172.5	172.5	100.0%	100.0%	161	161	161	161	100.0%	100.0%	0	1	0	0	0
Maternity	Delivery Suite	3381	3249	690	690	96.1%	100.0%	3208.5	3208.5	690	690	100.0%	100.0%	0	0	0	0	6.78
Maternity	53	1598.5	1481	744	720	92.6%	96.8%	1426	1253.5	356.5	310.5	87.9%	87.1%	0	0	0	0	6.78
Neo Natal	Neonatal	3381	3034	0	0	89.7%	100.0%	3208.5	2748.5	0	0	85.7%	100.0%	NA	0	0	0	1.77
Children's	Children's	2186	2115	356.5	333	96.8%	93.4%	1782.5	1765.5	356.5	356.5	99.0%	100.0%	NA	0	0	0	11.49
Neuro & Rehabilitation	CRC	1328.75	1316	1550	1550	99.0%	100.0%	713	713	906.75	892.5	100.0%	98.4%	1	0	1	0	3.89
Dermatology	Dermatology	602.25	602.25	143.75	143.75	100.0%	100.0%	264.5	264.5	264.5	264.5	100.0%	100.0%	0	0	0	0	6.53
DMIE	36 CBH	1335	1335	968.75	968.75	100.0%	100.0%	713	713	356.5	356.5	100.0%	100.0%	0	0	0	0	1.12
General Medicine	25	1035	769.5	1035	878.5	74.3%	84.9%	750	750	750	750	100.0%	100.0%	0	0	0	0	0.94

NB: RAG rating has been applied as 95% or above as "green" for % RN & % CSW and for sickness & absences equal to or below the Trust's target of 4% this is "Green" and Red if above Trust target of 4%.

Board of Directors	
Agenda Item	7.3
Title of Report	Staff Satisfaction Action Plan
Date of Meeting	29 April 2015
Author	James Mawrey, Director of Workforce Cathy McKeown, Head of Staff Engagement and OD
Accountable Executive	Anthony Hassall, Director of Strategic & Organisational Development
BAF References Strategic Objective Key Measure Principal Risk	1, 1A, 1908, 1909 4, 4A, 1909 7, 7A, TBC
Level of Assurance Positive Gap(s)	No Regulatory Issues Identified
Purpose of the Paper Discussion Approval To Note	For approval
Data Quality Rating	Gold - quantitative data that has been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken Yes No	Neutral

1 Executive Summary

- 1 Colleagues will be aware that staff satisfaction and engagement is essential in improving quality and productivity and helping us to meet our significant financial and future challenges. This is articulated within our Strategic aims (ensuring our people are aligned with our vision) and is consistent with the evidence based research conducted by Professor Michael West which indicates links between strong staff engagement and quality improvements.
- 2 The results of the survey were shared with the Trust Board at the Part 2 meeting on 25th February, 2015. The results have since been shared with the Partnership Steering Group (recognised Trade Union organisations), Divisional teams (via Divisional Directors), Workforce and Communications Group, Council of Governors and the Quality and Safety Committee.

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- 3 It was agreed at Trust Board that the Trust would need to focus on the high level staff satisfaction actions which will need to be taken in advance of the next NHS Staff Survey (end of September, 2015). In line with this the HR/OD Senior Management Team, along with the wider organisation (including staffside, Executive Directors and Operational managers), have carefully considered the findings of the survey and developed an action plan (Appendix A). Board members will note that the action plan details how we will involve our staff to bring about the changes required to improve satisfaction levels.
- 4 The action plan has been developed on the basis of the bottom ranking scores, the most deteriorated scores and taking into consideration the management recommendations from Quality Health. A key message from Quality Health is that we do not try to focus on everything, but identify a small number of high impact actions that will make the biggest difference to staff.
- 5 The potential reasons for the drop in satisfaction levels were discussed at the last Board meeting, e.g. at the time of the survey the Trust undertook a major organisational change programme, nevertheless it was noted that the results were a cause for concern given the Trust's desire to be a high calibre employer.
- 6 The attached action plan complements the recently approved Workforce & Organisational Development Strategy 2015 – 2018. The Workforce & Organisational Development Strategy articulates our vision which is to have a healthy organisational culture, a sustainable and capable workforce, working in an integrated manner with partners and where the leadership and management of our people is effective and conducted in a manner that improves staff experience and lets us demonstrate that we have put our values into action. As part of the plan the Trust will continue to embed the Listening into Action (LIA) methodology as there has been clear evidence that of those staff who have been involved in LIA then they do report greater levels of Staff Satisfaction. Group members will be aware that the Trust has recently received the Health Service Journal award for Staff Engagement award. This further reinforces the success of this way of working.
- 7 Colleagues will also recall that the Cultural Barometer took place in December 2014. A detailed analysis has recently been reported back to the Chief Executive and will be reported back to the Executive Directors on 16th April, 2015 and our 100 senior managers and leaders event. The findings of the Cultural Barometer have been triangulated with the National Staff Survey and Staff Friends & Family Test and form a key part of the Workforce & Organisational Development Strategy action plan.
- 8 It was noted at the last meeting that the findings for the Staff Friends & Family Quarter 1 and 2 has not shown a similar significant deterioration in staff satisfaction levels as detailed in the annual NHS Staff Survey. Since the last meeting the Trust has received the Quarter 4 results of the Staff Friends & Family test and again there is clear evidence that Quarter 4 results do not show such a significant deterioration in staff satisfaction as the NHS Staff Survey 2014 demonstrated (furthermore there was an improvement between Quarter 1 and Quarter 4 for the percentage of staff that recommended the organisation as a place to work in the Staff Friends & Family). See Appendix 4 for the Quarterly breakdown.
- 9 The Staff Friends & Family test will continue to be used as a monitoring tool to map out whether the required improvements are being made on an incremental basis and in advance of the next National Staff Survey. Target trajectories are contained within the paper.
- 10 Complementing the above the Listening into Action Pulse checks will be undertaken before and after the 'LIA Huddles'. This will give the Trust a sense check that the improvement actions identified through the "huddles" have been effective and staff are feeling more positive.

11 The Trust Board is asked to:

1. Approve the details of the action plan.
2. Note that the scale of the challenge facing the Trust will need real commitment and input from the whole organisation, particularly those in leadership position at all levels.
3. Note the progress of the action plan in Appendix A since it commenced in March 2015.

2 Background / Reminder of the results of the NHS Staff Survey 2014

1. As detailed in the previous Trust Board paper the results of the NHS Staff Survey 2014 are disappointing. The overall results see Wirral University Teaching Hospital not only in the bottom 20% of Trusts but 4th from the bottom of 135 NHS organisations nationally.
2. The response rate for the 2014 NHS Staff Survey was 46%. Whilst the response rate is above the national average of 42%, this was a decrease for the Trust of 14% from the previous year of 60%.
3. The full details of the NHS Staff Survey have been shared with Trust Board members however; a reminder of the top, bottom, most improved and most deteriorating scores can be seen in Appendix 1.
4. The overall staff engagement score has reduced from 3.64 to 3.48. The national average is 3.74. The questions that make up the key findings for Staff Engagement are detailed below:

		Your Trust in 2014	Average (median) for acute trusts	Your Trust in 2013
Q12a	"Care of patients / service users is my organisation's top priority"	53	70	61
Q12b	"My organisation acts on concerns raised by patients / service users"	56	71	63
Q12c	"I would recommend my organisation as a place to work"	41	58	57
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	52	65	60
KF24	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	3.29	3.67	3.54

5. An internal analysis has been undertaken to review Divisional and Directorate performance (Appendix 3). Divisions have developed their own actions plans which are being monitored monthly by the Staff Satisfaction Steering Group and are also being monitored by Divisional Management Boards. Particular focus has of course been given to targeted action for problem areas.

3 The formulation of the NHS Staff Survey action plan (Appendix 2)

1. The HR/OD Senior Management Team, along with the wider organisation (including staffside, Executive Directors and Operational managers), have carefully considered the findings of the survey to support in the development of the attached action plan.
2. The action plan has been developed on the basis of the bottom ranking scores, the most deteriorated scores and taking into consideration the management recommendations from

Quality Health. A key message from Quality Health is that we do not try to focus on everything, but identify a small number of high impact actions that will make the biggest difference to staff.

3. Involvement with our staff is an underpinning theme running throughout the action plan. Specifically it details how we will engage with all pockets of the workforce to ensure that we understand the reasons for their dissatisfaction and ensure the appropriate steps are taken to improve satisfaction levels. For example part of the 100 Day Challenge within the action plan is to undertake 100 “Mini LiA Huddles” in 100 days commencing 31/3/15. This involves engaging with staff to identify what they are most proud of, sharing this with the rest of the organisation and asking them what we need to do to improve staff satisfaction for their area. Prior to the huddle a listening into action pulse check survey will be completed to see how staff feel working within the organisation, and this will be repeated 100 days later to see if there is any difference based on the actions identified at the huddle and subsequently completed. These LiA huddles will also support in the Trust’s CQC planning as the usage of staff focus groups is advised.
4. The attached action plan is complemented by the recently approved Workforce & Organisational Development Strategy 2015 – 2018. The Workforce & Organisational Development Strategy articulates our vision which is to have a healthy organisational culture, a sustainable and capable workforce, working in an integrated manner with partners and where the leadership and management of our people is effective and conducted in a manner that improves staff experience and lets us demonstrate that we have put our values into action.
5. As documented within the plan, the Trust will continue to embed the Listening into Action (LIA) methodology as there has been clear evidence that of those staff who have been involved in LIA then they do report greater levels of Staff Satisfaction. Group members will be aware that the Trust has recently received the Health Service Journal Award for Staff Engagement. This further reinforces the success of this way of working.
6. Direct linkages have been made within the plan to the NHS Constitution. Noted are the pledges we have made to our staff through the NHS Constitution.
 - Pledge 1 – To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
 - Pledge 2 – To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
 - Pledge 3- To provide support and opportunities for staff to maintain their health, wellbeing and safety.
 - Pledge 4- To engage with staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
7. The findings of the Cultural Barometer (undertaken in December, 2014) have been triangulated with the National Staff Survey and Staff Friends & Family Test and have been pivotal in the development. For example: Job Design, Performance Management systems, Leadership styles and opportunities for involvement have been identified in all three surveys and is a key action within the staff satisfaction action plan and part of our Workforce and Organisational Development strategy.

4 Delivery, Monitoring and Assurance

1. The Executive Management Team will be responsible for oversight of the action plan. This will be achieved via a monthly update at the Executive Directors Group.
2. The responsible officers for operational delivery are the Divisional Directors and key Heads of Service with support from the Director of Workforce.
3. The Director of Workforce will chair the Staff Satisfaction Group (Senior Managers Group responsible for delivery) which will provide updates for EDT on progress against actions. Divisions have developed local action plans which are being monitored monthly through this group.
4. The quarterly Staff Friends and Family Test will be the key tool used for monitoring progress in advance of the annual NHS Staff Survey. The Staff Friends & Family test will be extended in 2015/16 to include additional questions from the national staff survey and will be undertaken in Quarter 1 and Quarter 2 2015/16. This will give us a greater sense of how we are progressing internally and that the actions put in place are effective. In addition to this the LiA Pulse Checks undertaken as part of the 100 "Mini LiA Huddles" will be completed before the huddle to see how staff feel working within the organisation and this will be repeated 100 days later to see if there is any difference based on the improvement actions completed.
5. A target staff engagement score of 3.61 has been set for the next annual survey; this is the difference between where we are now and the national average. For 2016 this target will stretch to 3.74 which is where the current national average is and for 2017, we will set a target within the top 20% of Trusts.
6. To ensure the Trust is on target to meet the above, then a quarterly trajectory target for improvement has been set and these will be monitored on a quarterly basis via the Staff Friends & Family Test (3.52 in Quarter 1, 3.56 in Quarter 2).
7. Assurance on progress will be provided to the Trust Board, Workforce and Communications Group, Quality & Safety Committee, Divisional Management Teams, Staff Governors and the Partnership Steering Group (Trade Union organisations).
8. The Trust Board will receive updates on performance against the trajectories set via the normal Dashboard reports. Given the importance of this subject matter then the Trust Board may choose to request that a Non-Executive Director provides oversight on this important subject matter (similar to the approach recently taken in relation to the improved Raising Concerns process).

5 Recommendations

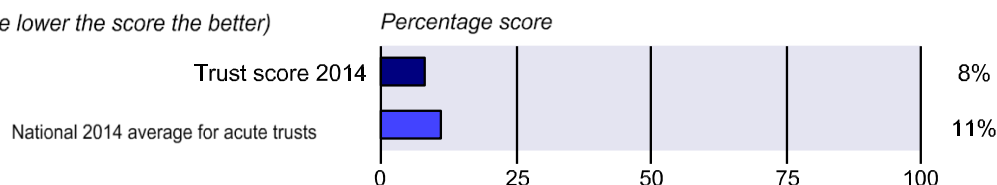
1. The Trust Board is asked to:
 - a. Support the details and timings of the action plan.
 - b. Note that the scale of the challenge facing the Trust will need real commitment and input from the whole organisation, particularly those in leadership position at all levels.
 - c. Note the progress of the action plan in Appendix 2 since it commenced in March 2015.

Wirral University Teaching Hospital NHS Foundation Trust
Top and Bottom Ranking Scores and Most Improved and Most Deteriorated Scores

Top Ranking Scores - The graphs below highlight the five Key Findings for which Wirral University Teaching Hospital NHS Foundation Trust compares most favourably with other acute Trusts in England

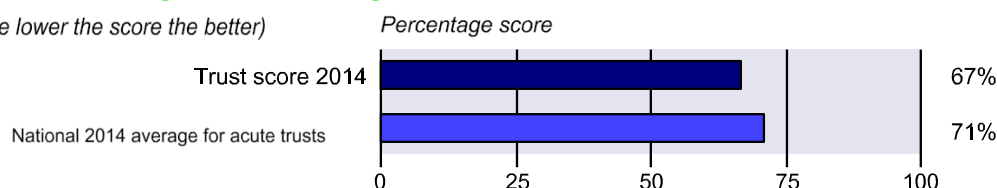
✓ **KF28. Percentage of staff experiencing discrimination at work in last 12 months**

(the lower the score the better)



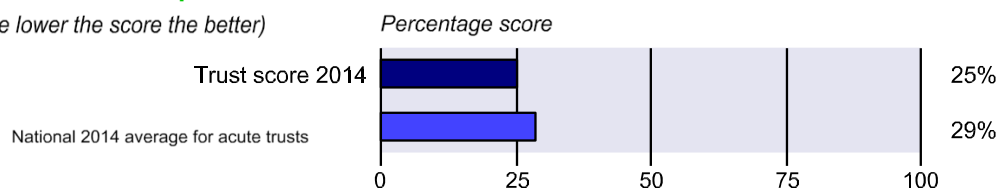
✓ **KF5. Percentage of staff working extra hours**

(the lower the score the better)



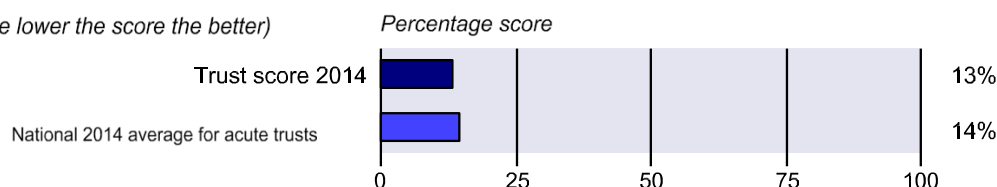
✓ **KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

(the lower the score the better)



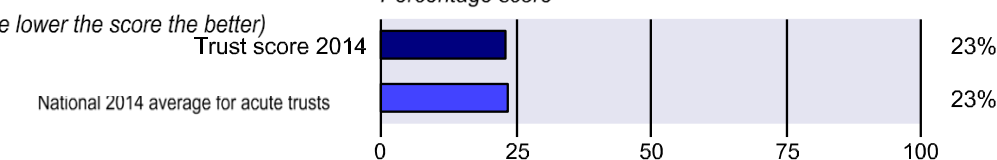
✓ **KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months**

(the lower the score the better)



✓ **KF19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

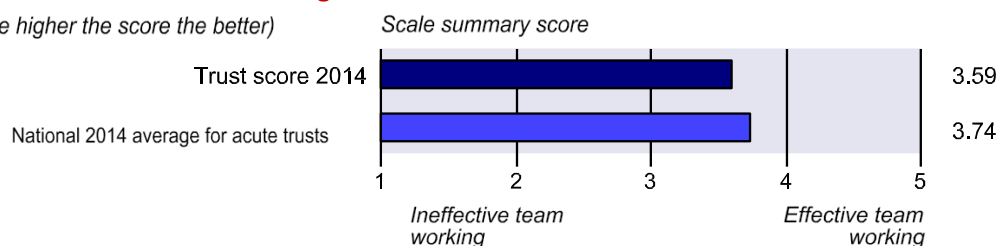
(the lower the score the better)



1. **Bottom Ranking Scores** - The graphs below highlight the five Key Findings for which Wirral University Teaching Hospital NHS Foundation Trust compares least favourably with other acute Trusts in England. These areas of focus will of course be a starting point for local action to improve as an employer.

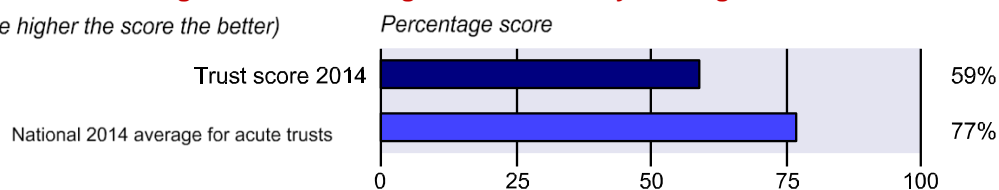
! KF4. Effective team working

(the higher the score the better)



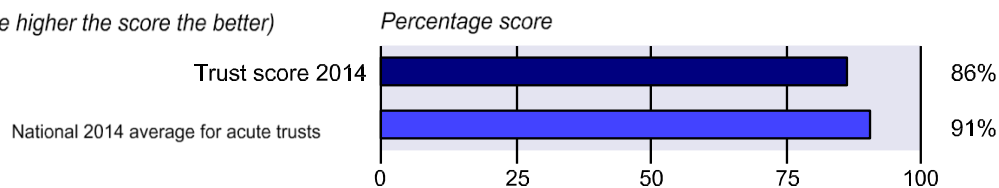
! KF10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



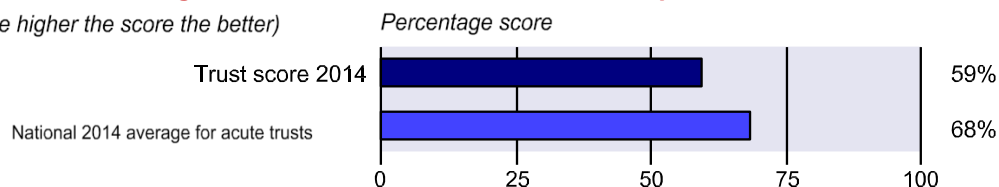
! KF2. Percentage of staff agreeing that their role makes a difference to patients

(the higher the score the better)



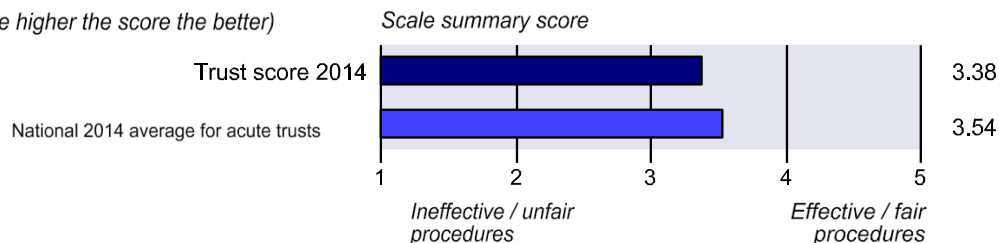
! KF22. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



! KF14. Fairness and effectiveness of incident reporting procedures

(the higher the score the better)

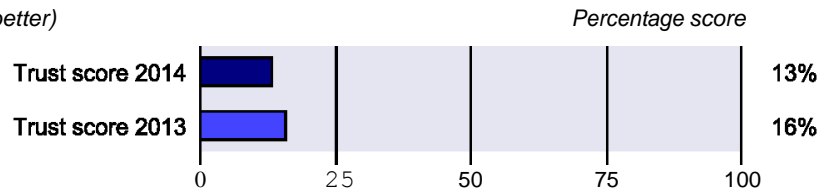


2. Areas of improvement and significant deterioration - The graphs below highlight the Key Findings for which Wirral University Teaching Hospital NHS Foundation Trust since 2013 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

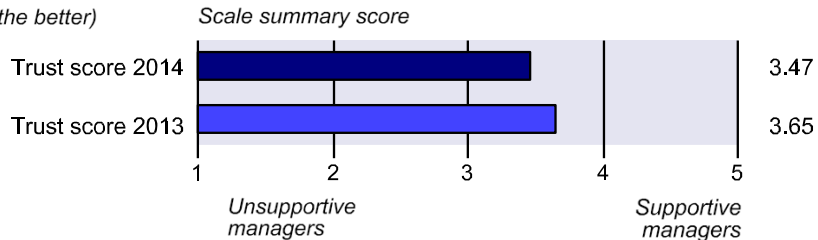
(the lower the score the better)



WHERE STAFF EXPERIENCE HAS DETERIORATED

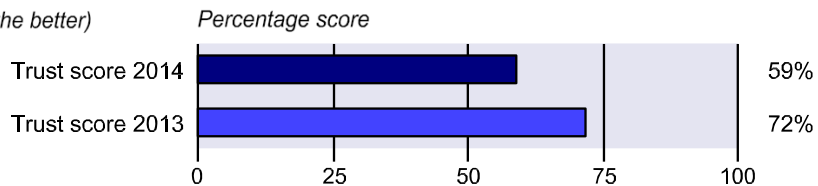
! KF9. Support from immediate managers

(the higher the score the better)



! KF10. Percentage of staff receiving health and safety training in last 12 months

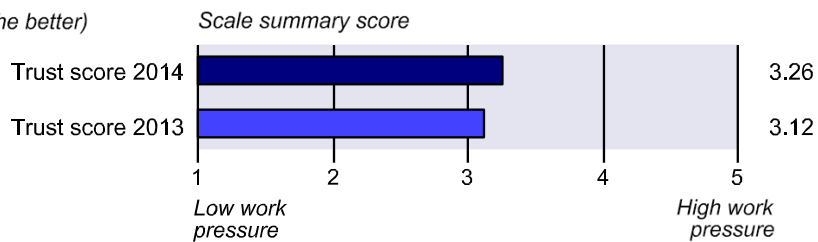
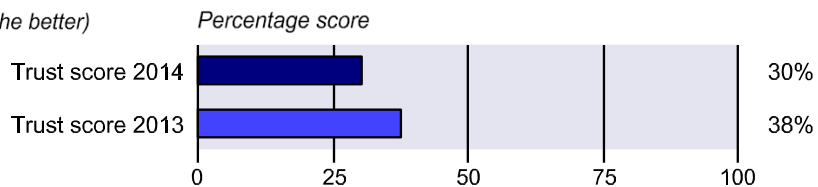
(the higher the score the better)



! KF23. Staff job satisfaction

(the higher the score the better)



! KF3. Work pressure felt by staff*(the lower the score the better)***! KF8. Percentage of staff having well structured appraisals in last 12 months***(the higher the score the better)*

Action Plan - Staff Satisfaction and Engagement 2015

Target Outcomes	Key Actions	Ownership	Timeframe	Progress
NHS Constitution Staff Pledge 3: To provide support and opportunities for staff to maintain their health, wellbeing and safety NHS Constitution Staff Pledge 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services				
1 Refresh the PROUD Programme to improve organisational culture and engagement (Link to WoD Strategy: Healthy Organisational Culture P3-2, P3-4)	<p>1.1.1 - 100 Departments in 100 Days have mini LiA huddle (30 mins) to identify what staff are most PROUD of in last 100 days, what they could do to improve staff satisfaction in next 10 days (Quick Wins), 100 days (High Impact Actions)</p> <p>1.1.2 - Host 100 Senior managers and leaders event re cultural survey and staff survey and understand what it would take to be in the top 20% of acute Trusts for staff satisfaction and engagement and what their personal commitment / pledge will be in the next 10 days, 100 days</p> <p>1.1.3 - Communicate 100 positive messages</p> <p>1.1.4 - £100 Prize for Team of the Quarter</p>	<p>CMcK, SL, BCa</p> <p>MC, DA CMcK</p>	<p>March – July 2015</p> <p>April 2015</p>	<p>Commenced 31/3/15 to Mid July 2015. EDT and LiA Sponsor group members invited to drop in to a huddle and this is taking place. Managers completing actions at the end of each huddle and proud messages collected for sharing via Trust Communications. Bottom 5 areas in Trust staff included in early LiA huddles. Progressing well.</p> <p>External facilitation of OCI cultural barometer feedback via Jane Donnelly approved consultant from SharePoint:</p> <ul style="list-style-type: none"> • CEO 31st March (completed) • EDT 16 April • OMT (Date to be confirmed) • 100 Senior leaders and Managers event 12th May. Staff satisfaction "pledge" commitments to be signed at this event. <p>From 1.1.1 April – July, weekly messages via Trust communication channels including Start the Week and team briefing</p> <p>Team of the quarter process commenced and first award at Team Brief 22/4/15</p> <p>Commenced. Some capacity issues within Medicine currently but will be picked up in 1.1.1</p> <p>Raising concerns LiA events and pulse check survey completed and reported back to EDT, LiA Sponsor Group and WCG March/April 2015. Action Plan to go to EDT by end April 2015. Team sponsor group established to take actions forward with clinicians represented.</p> <p>Work to commence w/c 13/4/15 on website development and staff guardians identified to be promoted at Health and Wellbeing event 24th April 2015, including Non Executive Director.</p> <p>Communications plan being developed.</p>
	1.2 All in patient wards to host LiA led by consultant and nurse to improve patient and staff satisfaction	BCa/DA	Completed by 1 July 2015	
	1.3 Raising Concerns LiA events Feb / March to understand what the barriers are to raising concerns internally, how we can improve internal mechanisms and raise awareness of the process. This will include developing an internal anonymised submission field on the intranet homepage.	HROD	30 April 2015	
		LiA SG	Jan-Oct 2015	
		CMcK, BCa SL, CS	Feb/March 2015	
	1.4 Establish Cultural Ambassador and Culture Guardian as recommended by Francis Review (Feb 2015)	CMcK/SL	March 2015	Head of Staff Engagement agreed as Cultural Ambassador to lead on culture and engagement plan.

				OD facilitator and Staff Side reps agreed as Staff Guardians. Role to be defined and communicated. Feedback via monthly meeting re concerns raised with Director of Workforce and quarterly report on themes to WCG.			
			SL/BCa	March 2015		Behaviours now aligned to recruitment, induction, training, appraisal. Needs further promotion to existing staff. Paper to WCG 2 April 2015. PROUD pull up banners being refreshed. Behaviours being integrated into Staff Charter which will be promoted to all staff when agreed and completed.	
			CMcK/LB	May 2015		Will be developed in consultation with leaders and managers and best practice national standards	
			CMcK/SL	June 2015		Developed from LiA events and linked with recently agreed behaviours to underpin core values. Website developed. For inclusion in revised managers handbook and available from 12/5/15	
			PS	June 2015		H&S Being reviewed by HROD. Note risk assessment in 2014 reduced the frequency to 3 yearly. Training was provided to all staff via a leaflet with pay slips in October 2014 but may not have been recognised as training although the leaflet indicated this. 100% staff therefore received this training in 2014. An improved Infection Control training process is being led by Terry Whalley and Andrea Ledgerton.	
Target Outcomes	Key Actions	Ownership	Timeframe	Progress			
2	<p>Improve the internal communications with clear link to the WOD Strategy and cultural priorities</p> <p>(Link to WoD Strategy: Healthy Organisational Culture P1-1, P1-2, P3-2)</p>	BC, CMcK	By 1 May 2015	Report to LiA Sponsor Group March 2015 and WCG 2 April 2015. Plan to launch Team Briefing with audit process inclusive of CEO Forum content in April 2015 with pre announcement at CEO forum March 2015. LiA event planned 27 th April 2015 re communications cascade process.			
	<p>2.1 Engage with staff via LiA to review communication processes and messages to understand:</p> <ul style="list-style-type: none"> What works, doesn't work, barriers What we need to do to enable staff to feel informed How we can ensure messages are positive, effective, timely, owned etc Value of open meetings Refresh Team Briefing process with audit <p>2.2 Identify key priorities from W&OD Strategy and ensure closer working with Communications Team to promote positive messages</p>	JM, BC	April 2015	Staffing support identified to enable closer working between Head Staff Engagement and Communications Team. Links with 1.1.3			

NHS Constitution Staff Pledge 1: To provide all staff with clear roles, responsibilities and rewarding jobs				
NHS Constitution Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs and line management support to enable them to fulfill their potential				
Target Outcomes	Key Actions	Ownership	Timeframe	Progress
NHS Constitution Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs and line management support to enable them to fulfill their potential				
3	<p>Capable leaders and managers that support and engage staff</p> <p>(Link to WoD Strategy: Effective Leadership and Managers P3-2, P4-1)</p>	<p>3.1 Develop a leadership and management development framework that sets out the development required at each level to enable transformational, supportive and engaging styles of leadership and management, enhanced by coaching and 360 feedback</p> <p>3.2 Identify behaviours/core competencies expected of all leaders and managers and build this into HR processes (recruitment, induction, training, appraisal - as 1.5.2)</p> <p>3.3 Communicate Top 3 expectations of leaders and managers from CEO following LiA event with leaders and managers Dec 2014/Jan 2015</p>	<p>LB/CMcK</p> <p>May 2015</p>	<p>Framework drafted to be presented to EDT 24th March 2015 and WCG 2 April 2015 and agreed. Priorities for 360 feedback process linked to local CQUIN for 2015/16 and cultural barometer.</p> <p>As 1.5.2</p>
4	<p>Improved quality of appraisals and PDP's</p> <p>(Link to WoD Strategy: Capable Workforce P3-5, P3-7)</p>	<p>4.1 Complete back to basics review of the appraisal process benchmarked against top 20% organisations for the quality of appraisals and personal development plans</p> <p>4.2 Implement an improved process and communicate widely</p> <p>4.3 Provide simplified training and guidance on a page</p>	<p>DA</p> <p>March 2015</p> <p>PS</p> <p>31st May 2015</p> <p>PS</p> <p>1 June 2015</p> <p>PS</p> <p>1 June 2015</p>	<p>Message sent from CEO in feedback letter to leaders and managers following LiA events including next steps and expectations. Next staff survey will identify improvement in Key Finding related to support from managers and the staff friends and family test in Q1 and Q2 will give the organization a sense check that improvement is being made.</p> <p>Add KPI annual quality review</p> <p>Pilot self appraisal</p> <p>Separate appraisal process for band 7 and above LiA scheduled for 30th April 2015.</p>
NHS Constitution Staff Pledge 3: To provide support and opportunities for staff to maintain their health, wellbeing and safety				
5	<p>Fairness and Effectiveness of Incident reporting procedures</p> <p>(Link to WoD Strategy: Healthy organisational culture)</p>	<p>5.1 Complete back to basics review of the incident reporting procedures benchmarked against top 20% organisations for fairness and effectiveness of incident reporting procedures.</p> <p>Understand employee expectations regarding incident reporting procedures and how these could/should be met</p>	<p>Q&S Team</p> <p>30 June 2015</p>	<p>Meeting held with Q&S lead with feedback from raising concerns LiA that included comments re incident reporting process. Actions developed by Q&S team to include maximizing benefits of web based reporting with system enhancement and awareness raising. Mandatory feedback field being added to web based incident form.</p>
6	<p>Reduction in Stress in work</p>	<p>6.1 Monitor stress hot spot areas across the organisation and agree interventions needed</p>	<p>PB</p> <p>Quarterly</p>	<p>Undertaken by OHE Team and support provided for targeted areas eg theatres</p>

(Link to WoD Strategy: Healthy organisational culture P3-2)	6.2 Ensure robust stress risk assessment process is in place	PB Managers	30 June 2015	
	6.3 Support the implementation of Schwartz Rounds	PB/TP/JS	30 June 2015	Business case submitted and supported. Potential CQUIN for 2015/16 linked to Schwartz. Juline Smit leading.
	6.4 Implement the Health and Wellbeing Plan 2015-18 and agree key priorities for 2015 monitored and assured via H&WB Group and WCG	PB	Quarter 1 – 30 June 2015	Key priorities for Q1 2015 H&WB Plan being launched 24 th April 2015

Please note: Timescales are tight as the 2015 staff survey will be launched end of September 2015. Divisions have produced local staff satisfaction plans and these plans will be monitored by the Staff Satisfaction Steering Group with senior leadership to represent divisions at this group to ensure robust and consistent monitoring and accountability.

HROD Team are supporting the Divisions in enabling their plans to be delivered

A formal promotion of the Staff Satisfaction action plan will include Team Brief (CEO Forum), Health and Wellbeing Event, communication at key meetings, web development and weekly communications updates via STW and/or e bulletin where appropriate. Divisions will monitor their plans at DMB's and ensure feedback to their staff on actions being taken and improvements made. Staff are being actively engaged through Listening into Action and key actions identified within this plan.

Wirral University Teaching Hospital NHS Foundation Trust
Internal Performance League Table

Position		Position		Position	
1	Respiratory (4.05)	10	L&D (3.58)	19	Gynae (3.42)
2	A&E (3.86)	11	WAMU (3.56)	19	Sp Surgery (3.42)
3	AHP's (3.71)	11	Corp Nurse Mgt (3.56)	21	Radiology (3.41)
4	Cardiology (3.68)	13	Facilities & Estates (3.53)	22	Surg Div Mgt (3.39)
5	WHIS (3.67)	14	Q&S (3.49)	23	T&O (3.37)
5	Pharmacy (3.67)	14	Gen Surgery (3.49)	24	Gen Med (3.30)
7	HR (3.65)	16	IG (3.47)	25	Pathology (3.22)
8	Children's (3.64)	17	DME (3.46)	26	Critical Care (3.15)
9	Finance & Proc (3.63)	18	Medicine/Acute Div Mgt (3.44)	27	Th & Anae (3.10)

Wirral University Teaching Hospital NHS Foundation Trust

Staff Friends & Family Test Quarterly Results

	Q1 2014/15 Staff FFT	Q2 2014/15 Staff FFT	Q3 2014/15 (from staff survey)	Q4 2014/15 Staff FFT
Question 1 Recommend Trust for care	74%	69%	52%	70%
Question 2 Recommend Trust to work	47%	51%	41%	51%
Number of respondents	567	208	2448	377

Board of Directors	
Agenda Item	7.4
Title of Report	CPE Strategy
Date of Meeting	29 April 2015
Author	Terry Whalley, NHSLA Executive Fast Track Program - Strategic Support to DIPC
Accountable Executive	Jill Galvani, Director of Nursing & Midwifery, Director of Infection Prevention & Control
BAF References	Strategic Objective 3 Key Measure 3A Risk 2611
Level of Assurance	Full
Purpose of the Paper	Discussion & Approval
Data Quality Rating	Silver
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	No

1. Executive Summary

Since being placed into WUTH in July 2014 as part of the NHSLA Executive Fast Track Program and in conjunction with time spent on Vision 2018 and undertaking EFTP required placements, Terry Whalley has been leading a project around the Trust's response to the threat of Carbapenemase Producing Enterobacteriaceae (CPE), an emerging but current example of a Multi-Drug Resistant Organism (MDRO).

The threat associated with MDROs such as CPE currently sits on our BAF under risk 2611 with a score of 20, the highest scoring risk we currently have. Although slightly reduced from the original rating of 25, further mitigation of this risk now requires significant investment.

This report has been written to

- Provide full assurance to the Board that appropriate actions have been taken to reduce the risk associated with MDROs such as CPE
- To update the Board on the consequence of those actions, financial and non-financial
- To enable the Board to endorse the actions

The Board is invited to

- Discuss the content of this paper,
- Ask any questions required to gain full assurance that we are doing what needs to be done to safeguard patient safety within the constraints that exist and whilst balancing priorities across the whole trust as the annual plan is finalized.

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- Endorse the direction of travel within this report, and approve any actions not already included within the 2015/16 annual plan.
- Take assurance that completion of the actions within this report will reduce the risk associated with MDRO (2611) to a more acceptable level.

2. Background

The risk associated with Multidrug Resistant Organisms (MDROs) such as Carbapenemase Producing Enterobacteriaceae (CPE) is currently sitting on the BAF risk register with a score of 20, this being reduced from 25 as a consequence of progress on rapid detection, isolating more effectively and doing some of the basics brilliantly.

The emergence of MDROs such as CPE are not just an issue for the Trust, they represent an issue to the whole country and the local health economy. The actions required to tackle this issue represent the kind of step change to the way we work in IPC not seen since the introduction of universal admission screening for MRSA, something that was mandated and funded at a national level.

MDROs are an issue many Trusts in the Northwest are dealing with right now and they represent a very real risk to all Trusts in the UK. A recent National Security Risk Assessment undertaken with the Department of Health concluded that a scenario in which pan-resistance to antimicrobials amongst major Gram-negative organisms becomes widespread in the UK had a likelihood of occurring in the next five years of between 1 in 2 and 1 in 20, and that the estimated number of deaths over the first five years of such a scenario falls between one thousand and ten thousand deaths.

There are parallels between the situation now being faced in the UK and the situation experienced by Israel in 2006/07 when a clonal outbreak of CRE posed a real and serious threat to the entire inpatient healthcare system¹. Interventions at the local hospital level to contain the spread met with limited success and by March 2007 the monthly rate of new nosocomial acquisitions as detected by clinical cultures had reached a high of 185 cases (55.5 cases per 100,000 patient days)². Further information on the Israel case is available, see references^{3,4}.

The focus of PHE and so of the project has been on CPE rather than other current MDROs such as Vancomycin-Resistant Enterococci (VRE). The main reason being the nature of the threat associated with CPE given the resistance to the Carbapenem family of antimicrobials is thought to be far greater than the risk associated with VRE. It should be noted however that any actions that effectively lower the risk associated with CPE would also have a positive impact on VRE and indeed all other infections that can be transmitted. The only further consideration would be the scale and reach of some of the solutions.

The strategy for combating the threat of CPE has been carefully built based on available guidelines from Public Health England in their CPE Toolkit⁵, the WUTH CPE PHE Review Group Report published in April 2014 and the ongoing dialog we've had with them.

The action plan to reduce the MDRO / CPE risk further to a more acceptable level rests on a number of actions grouped within a triple aim;

¹ Wiener-Well Y, Rudensky B, Yinnon AM, et al. Carriage rate of carbapenem-resistant *Klebsiella pneumoniae* in hospitalised patients during a national outbreak. *J Hosp Infect* 2010

² Schwaber MJ, Lev B, Israeli A, et al: Containment of a country-wide outbreak of carbapenem-resistant *Klebsiella pneumoniae* in Israeli hospitals via a nationally implemented intervention. *Clin Infect Dis* 2011

³ Mitchell J. Schwaber, Boaz Lev, Avi Israeli, Ester Solter, Gill Smollan, Bina Rubinovitch, Itamar Shalit, Yehuda Carmeli, and the Israel Carbapenem-Resistant Enterobacteriaceae Working Group: Containment of a Country-wide Outbreak of Carbapenem-Resistant *Klebsiella pneumoniae* in Israeli Hospitals via a Nationally Implemented Intervention

⁴ Mitchell J. Schwaber and Yehuda Carmeli An Ongoing National Intervention to Contain the Spread of Carbapenem-Resistant Enterobacteriaceae

⁵ Public Health England Guidance: Carbapenemase-producing Enterobacteriaceae: early detection, management and control toolkit for acute trusts

1. Detect Rapidly
2. Isolate Effectively
3. Do the Basics Brilliantly

Initially, during the summer and early autumn the Trust made good progress implementing many actions that enabled grip on the CPE outbreak. However, the position deteriorated through the winter as the focus turned to accommodating non-elective patient demand. This worsening situation was one of the reasons Public Health England escalated concerns regarding the Trust's Infection Prevention & Control, which resulted in the first Quality Surveillance Group session taking place in February 2015.

Although actions were taken to get a renewed grip, and put together a detailed action plan that was well received, there was a second GSQ in March 2015 as a result of further concerns being raised. It is apparent from this and from subsequent dialog with PHE that the QSG and bodies such as PHE and CQC are looking for evidence of completion of actions, a change in culture around the way IPC is embedded across the Trust, and assurance regarding the sustainability of the measures we take. Completion of the actions within this report will provide much of the evidence and assurance sought around infection prevention and control.

The executive team and colleagues across WUTH remain committed to doing whatever is possible to balance patient quality & safety concerns generally and infection prevention & control specifically with the need to operate within the terms of the Trust's license. To do this in a sustainable way in the face of the growing threat associated with MDROs will require ongoing and significant investment. This will require support from the Commissioners with consistent advice and an appreciation of the financial implications of this advice from regulators and bodies such as NHS England and Public Health England.

The Trust is, in addition to executing the actions contained within this paper, continuing to pursue the matter of priorities and funding with the CCG, the Local Authority Public Health Director and with PHE at a local and national level. However, the Trust may need to proceed with executing the actions contained within this report assuming that no financial support will be available.

If, subsequent to the Monitor plan submission the technical advice from PHE changes such that the Trust can scale back some of the actions OR if money is provided by a central agency to support MDRO actions, then this will have a positive impact on the 15/16 plan.

The potential impact of CPE Outbreaks

CPE represents a major risk to

- Patient health outcomes, in terms of increased mortality and morbidity
- Patient healthcare experience, in terms of increased length of stay and acquired sickness
- Financial and operational performance of WUTH.

For some further Q&A on CPE, see appendix 1.

CPE poses a significant risk to patient safety. Several studies documented crude mortality rates ranging from 44% to 70% with attributable mortality for bacteremia of 50%^{6 7 8}. A recent report from the CDC⁹ gives a sobering assessment for minimum estimates of morbidity and mortality from antibiotic-resistant infections, stating that almost half of hospital patients who get bloodstream infections from CPE bacteria die from the infection and that over 9,000 HCAs each year are caused by CPE. Fortunately, blood stream infections still account for a minority of HCAs, but even so, each

⁶ Schwaber MJ, Klarfeld-Lidji S, Navon-Venezia S, Schwartz D, Leavitt A Carmeli Y: Predictors of carbapenem-resistant *Klebsiella pneumoniae* acquisition among hospitalized adults and effect of acquisition on mortality. *Antimicrob Agents Chemother* 2008

⁷ Ben-David D, Kordevani R, Keller N, et al. Outcome of carbapenem resistant *Klebsiella pneumoniae* bloodstream infections. *Clin Microbiol Infect* 2012

⁸ Borer A, Saidel-Odes L, Riesenber K, et al. Attributable mortality rate for carbapenem-resistant *Klebsiella pneumoniae* bacteremia. *Infect Control Hosp Epidemiol* 2009;

⁹ Antibiotic Resistance threats in the United States 2013, Centres for Disease Control and Prevention

year, approximately 600 deaths result from infections caused by the two most common types of CPE, carbapenem-resistant *Klebsiella* spp. and carbapenem-resistant *E. coli*.

CPE is classified as an urgent threat, and is a growing threat in England, and especially so in the North West. See Appendix 3 for an illustration of how Wirral and Northwest are facing increased prevalence of CPE.

CPE impacts hospital operations; the experience of the implications of bed/bay/ward closures on patient flow, possible associated impact on 4 hour ED waiting time, cost of enhance cleaning, impact on nursing and patient experience are all negative. During the current CPE outbreak, it is estimated that the equivalent to around 2,500 bed days have been lost due to CPE. This scale of loss of capacity will inevitably lead to greater pressure to increase bed capacity elsewhere in the hospital when the demand is greater than planned – as seen during the past winter.

If CPE became uncontrolled or even endemic in the hospital, there would be an increased risk of elective procedures having to be postponed or even cancelled. This could become necessary on the basis of patient safety; with the risk of high mortality infection meaning it would be unsafe to perform elective procedures. This of course would have major impact on the financial running of the Trust. At a run rate of almost £1m/month, albeit offset slightly by avoiding incremental costs associated with cancelled procedures, the bottom line impact could nonetheless be significant and the reputational damage long lasting.

The 2000 National Audit Office (NAO) report states patients with a hospital acquired infection were 7.1 times more likely to die in the hospital than uninfected patients (after controlling for patient characteristics such as age, sex, diagnosis, admission specialty and type and pre-existing illness).

The 2000 and 2004 NAO reports both state HCAI lead to 11 extra days in hospital (2.5 times longer than uninfected patients).

The 2009 NAO Report Reducing Healthcare Associated Infections in Hospitals in England calculates the average cost of a HCAI as £4,300 per infection.

3. What is the Trust's Strategy?

The strategy for combating the threat of CPE has been carefully built based on available guidelines from Public Health England in their CPE Toolkit and the WUTH CPE PHE Review Group Report published in April 2014. It is also based on evidence from other countries in various publications, which are referenced in Appendix 5.

A key piece of research that informed the construct of the strategy was a study¹⁰ conducted over a 3 year period in a long term acute care hospital which tested whether a bundled intervention (screening, isolation, hygiene, education and adherence monitoring of healthcare workers) would reduce colonization and infection. The conclusion of this study was that such a bundled intervention was associated with a clinically important and statistically significant reduction in colonization, infection, all-cause bacteremia and blood culture contamination. See appendix 4 for Abstract.

The action plan to reduce the MDRO / CPE risk further to a more acceptable level rests on a number of further actions grouped within a triple aim;

1. Detect Rapidly
2. Isolate Effectively
3. Do the Basics Brilliantly

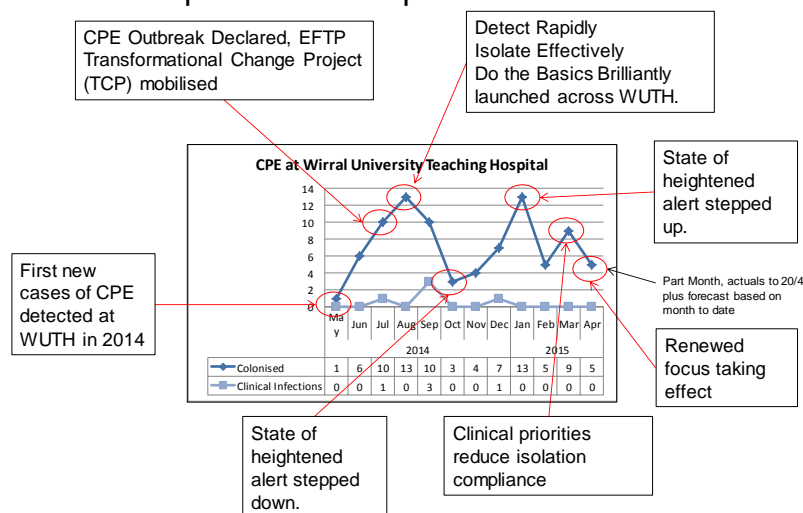
How effective has the strategy been?

¹⁰ *Prevention of Colonization and Infection by Klebsiella pneumoniae Carbapenemase-Producing Enterobacteriaceae in Long-term Acute-Care Hospitals*, Hayden MK, Lin MY, Lolans K, Weiner S, Blom D, Moore NM, Fogg L, Henry D, Lyles R, Thurlow C, Sikka M, Hines D, Weinstein RA; Centers for Disease Control and Prevention Epicenters Program.

May 2014 saw the first detected case of CPE colonization in the Trust since the last previous outbreak was ended in 2013. The diagram below shows how initially the situation worsened and a formal outbreak was declared and then, with the rigorous focus that the CPE Project brought and the implementation of many of the actions, the situation was brought under control during early autumn.

The diagram shows also that the situation then worsened as we moved into winter, due in part to a loss of focus, partly due to some measures being stopped (use of cohort ward) and partly due to winter pressures. Once the focus was renewed, there was an immediate improvement in February although there has been a further spike in March due in the main to a reluctance to follow effective isolation guidance in the face of other considerations.

How CPE prevalence responds to action

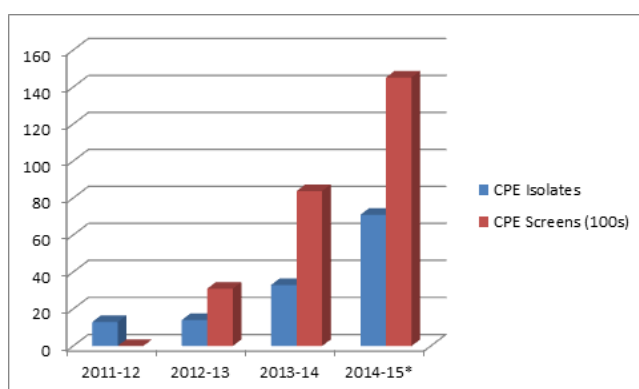


The remainder of this report focusses primarily on;

- The detailed progress made completing actions within each part of the strategy
- The delivery plan for the remaining actions that need to be completed
- The cost and consequence of the actions being taken

3.1 Detect Rapidly

The Trust has already seen a major year on year increase in the need for CPE screening and the prevalence of CPE in the region, as shown below.



Public Health England (PHE) delivered a Carbapenemase Producing Enterobacteriaceae (CPE) Review Group Report in April 2014, which included a large number of recommendations including the need to screen for CPE in line with CPE Toolkit guidelines and to consider investing in molecular testing for rapid detection of CPE.

The national guidance on effective detection of CPE states "Molecular tests are the only reliable means of detecting production of multiple carbapenemases by an isolate". The PHE CPE Toolkit guidelines call for 3 conventional negative screens (spread of 48 hours between tests) or a single sensitive molecular test before isolation precautions can be stopped.

The Trust has committed to a strategy for screening for CPE in line with PHE toolkit guidelines, see appendix 2 for these guidelines. A detailed standard operating procedure is now being written and will be complete by the end of April.

The Trust has successfully completed a trial of a **rapid detection device**, which shortens the time to get a **sensitive** CPE test result from several days to as little as 3 hours. Results were very positive with universally good feedback from Microbiology, IPC, Operational and Lab staff.

Given the prevalence of CPE in WUTH and the Northwest, the risk profile of admissions is so great that relying on 3 conventional negative screens which could take almost 10 days to secure is unacceptable both in terms of patient safety but also in terms of impact on hospital operations. The new rapid detection service will enable a sensitive test result in as little as 3 hours, meaning positives can be isolated effectively (major benefits in preventing transmission) and negatives can be treated normally (major benefits in improving patient flow).

There is an opportunity to explore the value of rapid detection to reduce risks to patient health outcomes, healthcare experience and to the Trust's operational and financial position associated with other infection risks such as MRSA, Flu, Norovirus and VRE. These will be subject to further value cases and will need to have a positive in-year financial impact as well as clear patient safety & quality benefits.

The Trust is now executing a project to introduce a revised screening policy in line with PHE guidelines, but with the addition of rapid testing protocols for the highest risk segment of admissions where a rapid test could make the difference between uncontrolled transmission, unnecessary impact on hospital flow or making the right decision quickly without either of these.

The costs of implementing conventional screening in line with PHE guidelines is an annual figure of £216,000 based on the need to undertake some 96,000 screens per annum. Adding molecular rapid testing takes the annual cost to £510,000, based on an assumption that around 10% of the highest risk admissions will require screens be done using rapid testing capability. This figure has been included within the 2015/16 financial plan.

3.2 Isolate Effectively

There are a number of reasons why enduring isolation facilities are required as part of the strategy for preventing and/or controlling MDROs such as CPE, and other emerging infection risks such as Ebola.

- The PHE CPE Toolkit guidelines call for 3 conventional negative screens (spread of 48 hours between tests) or a single sensitive molecular test before isolation precautions can be stopped.
- PHE very clearly identified the need for having an isolation unit for CPE in the report commissioned by WUTH and delivered in April 2014
- The Chief Medical Officer's report on infections and the rise of antimicrobial resistance (Davis, 2013) stated that the design, construction and maintenance of healthcare facilities have a substantial bearing on the risk of developing a healthcare-associated infection.
- The European Society of Clinical Microbiology and Infectious Diseases strongly recommends isolation of colonized and infected patients in a side room and use of cohort nursing and robust contact precautions
- Effective cohort nursing in a fit for purpose isolation facility has been evidenced to significantly improve likelihood of preventing / controlling outbreaks in countries such as Netherlands, France and Israel

The role of isolation facilities is to prevent the spread of infection between patients, visitors and staff by control or containment of potentially pathogenic organisms. Many of these organisms can be controlled by basic IPC practices such as hand hygiene and environmental cleanliness and in the case of MRSA, decolonization therapies, and this can be facilitated by single-bed room isolation. However, the vigorous manner of transmission observed with CPE means that a fit for purpose isolation facility with the ability to co-locate safely the different strains of organism is required.

The Trust has committed to maintaining ward 14 as an interim isolation facility, which means we are able to isolate patients we know to be colonized with the most common form of CPE, OXA-48, and those patients we believe to be a high-risk likelihood of converting to positive as a result to exposure they've had. This is not an ideal solution in the long term due to the inability to separate different the strains of CPE, or house other organisms at the same time.

The Trust will be using some of the 2015/16 ward refresh capital already contained within the 2015/16 plan to fund converting 6 ward rooms into side rooms, which whilst not en-suite and therefore unsuitable for use as isolation side rooms, do reduce pressure on the stock of side rooms we have available for infection prevention and control use.

The Trust will be investing in building, equipping & staffing a new isolation facility (refurbishment of Ward 25 to current IPC standards), which will enable enduring effective isolation. Initially this commitment is to an 8-bed phase 1 refurbishment, with a planned operational effective date of 1st November 2015. There is potential to expand further through additional refurbishment of ward 25 if 8 rooms prove not to be the right size in a steady state. This new isolation ward requires investment of around £0.75million of the 2015/16 ward refresh capital included in the 2015/16 capital plan.

Additionally, the nursing of an enduring & permanent isolation facility requires a significant allocation. The headline figure to nurse this 8-bed unit is £947,000 per annum. This can be partially offset by closing the current C-diff cohort area, assuming we can safely nurse c-diff patients alongside CPE and assuming we can reduce the demand for isolation so that 8 beds is the right size. Not using the C-diff cohort area saves £358,000 over a full year leaving circa £589k annual additional nursing costs, plus the costs for domestics. Additionally, there is a cost associated with maintaining Ward 14 as an interim isolation ward, estimated to be £568,000 in 2015/16 based on current projected use. There is a strong possibility of reducing this cost pressure if we can maintain our grip on CPE and reduce demand for isolation. Assuming Ward 14 runs until end of October and then the new isolation ward is available from 1st November the total 2015/16 staffing costs associated with effective isolation is around £840k.

3.3 Do the Basics Brilliantly

Education & Awareness

The Trust has raised the profile of CPE within the Trust with **'Detect Rapidly', 'Isolate Effectively' and 'Do the Basics Brilliantly'** message which underpins all communication. This has been enhanced with the launch of a new visual campaign (Habit) ensuring all colleagues, patients and visitors are reminded of the threat of infection and their call to action.

The 2014 Staff Survey highlights a perceived drop in Infection Control Training, and anecdotal feedback is that current Infection Control training is dull and ineffective. This needs to be refreshed along with further awareness campaigns to complement our 'Habit' campaign. The frequency of infection prevention and control training has been increased so that all colleagues now receive this training every 18 months rather than every 2 years, and the Trust is in the process of refreshing and reinvigorating this mandatory training to ensure it is relevant to the delivery of CPE / MDRO content and that it truly helps embed infection prevention & control agenda across the organization. The Trust is also considering introduction of annual competency testing to provide an assurance of the level of understanding that colleagues have of key IPC matters. We have estimated the cost of refreshing education and testing for competency may require an investment of around £57,000 but this has not yet been included within the 2015/16 plan.

Hand Hygiene

A European Centre for Disease Prevention technical report¹¹ published in 2011 states that

'Use of standard precautions, and especially adherence to hand-hygiene policies, is essential for preventing transmission of MDROs in healthcare settings. Colonisation and/or infection of patients with these organisms can be known or unknown and it is therefore of paramount importance that healthcare workers strictly adhere to basic hand hygiene policies during patient care [89, 113] to prevent cross-infection'.

The only 'assurance' the Trust receives around hand hygiene is through visual audit. This is at best modest reassurance but it is well short of being assurance. The opportunity to observe through audit is;

- Limited in terms of 'when',
- Flawed in as much as behavior when being watched is different to when not being watched
- Nonexistent in terms of 'how', with no ability to measure efficacy in an objective way.

More work is required to ensure an increased level of assurance is obtained that hand hygiene is not a source of transmission. Opportunities that are being explored include;

- Increased training with measurement of competency, see section 'Education & Awareness'
- Use of innovative technology on the wards to objectively assure on when and how hand hygiene is undertaken

Antimicrobial Stewardship

WUTH, as recommended by the Department of Health's guidance on antimicrobial stewardship 'Start Smart then Focus' has an antimicrobial stewardship programme. One of the aims of this programme is to contribute towards the prevention of spread of MDRO and Hospital Acquired Infections (HAIs) through the prudent and appropriate use of antimicrobials.

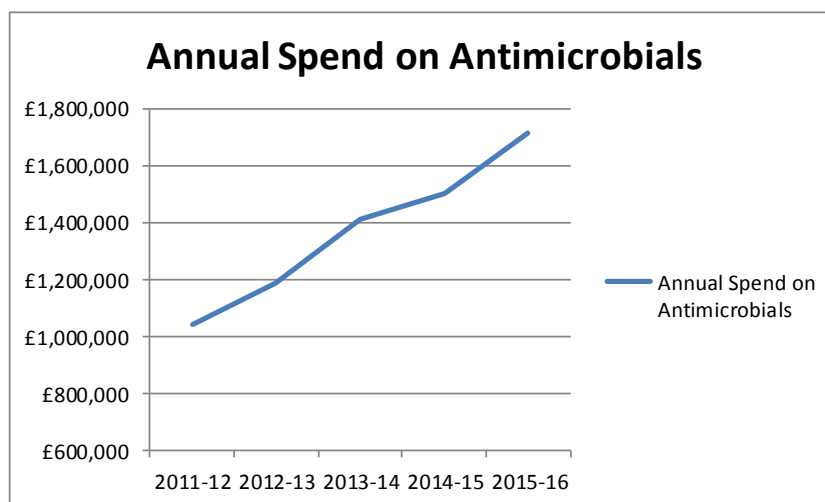
The use of broad-spectrum antimicrobials has been identified as one of the ways in which both MDROs and HAIs can be potentiated. Through necessity they are widely used when a patient is admitted to WUTH with an infection as empirical treatment, this is the 'start smart' part of the antimicrobial review. After 48 hours this treatment should be reviewed with any culture and sensitivity results that are available along with the clinical picture of the patient. At this point the treatment can be de-escalated to a narrower spectrum antimicrobial if appropriate, this is the 'focus' part of the antimicrobial stewardship review.

Audit data from WUTH has demonstrated that the Trust is excellent at 'Starting Smart' but poor at 'Focusing', and that clinical reviews do not occur as directed by the Department of Health guidance. Clinically this results in the patient not receiving the optimal targeted treatment. Financially there is increased spend on parenteral antimicrobials when they may not be required.

From a regulatory viewpoint we cannot completely evidence that we meet Criterion 9 of The Health and Social Care Act 2008: Code of Practice for health and adult social care 3 that outlines the legislative requirement for registered organizations to provide evidence of prudent prescribing and antimicrobial stewardship. It should also be noted that Public Health England as part of their April 2014 report into the Carbapenemase-producing Enterobacteriaceae (CPE) recommended that the Trust establish regular reactive and ad-hoc multi-disciplinary antimicrobial prescribing ward rounds with Consultant Medical Microbiologists. There have been reports from other Trusts (via North West antimicrobial pharmacist meeting) that recent CQC inspections looked at stewardship within Trusts.

¹¹ ECDC technical report - Risk assessment on the spread of carbapenemase-producing Enterobacteriaceae (CPE)

Multidisciplinary antimicrobial ward rounds are believed to be the best way that antimicrobial stewardship can be embedded within practice at ward level through real time education. This may require an additional £67k of pharmacist and microbiologist time but given the opportunity to influence antimicrobial cost pressures illustrated below and provided that the impact on clinician job plans can be fully quantified and understood, we plan to trial before committing to additional resource.



IPC Tracking & Surveillance

NICE Guidelines¹² published in November 2011 state the following:

“Boards ensure there is a fully resourced and flexible surveillance system to monitor infection levels in the Trust. Outputs are shared across the organization and used to drive continuous quality improvement”

“Evidence that surveillance systems allow data from multiple sources to be combined in real time (epidemiological, clinical, microbiological, surgical and pharmacy)”

“Evidence of Fit for Purpose IT systems to support surveillance activity to ensure data accuracy and resources to analyze and interpret surveillance data”

The review of the Trust’s infection prevention processes by Public Health England in February 2014 identified a need for much improved data and epidemiological analysis, suggesting ICNet as a possible IT solution.

The Trust needs an IPC service that operates in a proactive, timely and efficient manner. Surveillance of healthcare associated infections (HCAI) is the cornerstone of an effective infection prevention program. HCAI surveillance should be a comprehensive method of measuring outcomes and related processes of care, analyzing the data, and providing feedback to relevant members of the healthcare team to assist in improving those outcomes and processes.

The current processes in place at WUTH and used by the IPC team for surveillance and case management are very manual and labor intensive. The current systems are prone to human error, not fully reliable and do not allow timely or complete intervention in the management and prevention of HCAI. In addition, they do not allow the IPC team to work proactively with regards to HCAI prevention or to prioritize resources in an effective way, plan infection improvement strategies or measure their efficacy in a reliable or scientific way.

¹² NICE Guidelines [PH36] Prevention and control of healthcare associated infections: quality improvement guide

A significant amount of time is spent by clinical members of the IPC team managing data which means being office based. This is not only an inappropriate use of their skills and time but also affects the visibility of the IPC team in clinical areas and reduces the ward's accessibility to the team. Their skills and time would be much better utilized in supporting, advising and educating the rest of the Trust staff with regard to all aspects of appropriate patient management and good practice in order to prevent HCAI.

As the regulatory landscape moves toward greater accountability for HCAI reduction, The Trust may face economic and reputational consequences of patients acquiring HCAI. The currently available manual methods hinder the ability of the IPC team to track HCAs effectively and efficiently, necessitating the need for automated surveillance processes to mitigate risk and prevent harm to patients

There is a need for the IPC team to be able to use an automated HCAI surveillance system to help improve the efficiency of the service and to ensure safe patient care by appropriately managing and, more importantly, preventing HCAs.

The Trust has committed to prioritizing development of Cerner Millennium to provide more effective support to the Infection Prevention & Control Team so that they can spend less time doing administration / data entry and spend more time on the wards championing infection prevention. Phase 1 is a 3 month time boxed rapid cycle test approach to maximize benefits to the IPC team in as short a period of time as possible, this will require an investment of £62,000 for Informatics project management and report writing resource, but will leverage the investment already made in Cerner and avoid additional commitment to license fees procuring ICNet for example. This has been included within the financial plan for 2015/16.

IPC Structure & Protocols

The structure of the IPC team need to be reviewed to ensure the right balance between strategic and tactical, between leadership and operational management and to look at the demands for activity based on scenarios around future state.

There remains a gap in terms of accessible, clearly defined protocols that enable the right people in the right place to do the right things at the right time in response to changing circumstances. Too often there are differences of opinion that end up in escalation and that require senior leaders to intervene when operational management should be all that is required.

Further work to define universally adopted protocols, with well-defined escalation and exception mechanisms, and impact for on call arrangements must be completed and published quickly.

Environmental Cleaning

The Trust has committed to planning and funding effective environmental cleaning, as described in 'Which Clean Do I Mean' so that the right people in the right place are available to do the right things at the right time on a substantive basis and in response to situations as they arise. This will include the creation of a dedicated enhanced cleaning team, a dedicated rapid response team for IPC cleans, committing to HPV decontamination program and increasing frequency of toilet cleans/inspections.

The cost associated with this has been a pressure throughout 2014/15, and has now been included as a recurring budget item in the 2015/16 plan to ensure this is sustained.

4. The costs associated with mitigating CPE risk

Responding to the emerging threat of CPE is proving to come at some significant cost, summarised in the table below.

The £895k capital cost will come from the ward refurbishment provision contained within the 2015/16 plan.

Of the £1.86m of operating costs, the majority have already been included within the latest 2015/16 plan submission (£1.74m) the only items not yet included being Antimicrobial Stewardship and Training/Education.

Theme	Decision Required	15/16 Capital Cost	15/16 Operating Cost	Recurring Operating Cost	Included in 15/16 Plan?	Funding Source	Assumptions
Detect Rapidly	WUTH will Screen in line with PHE CPE Toolkit guidelines	£0	£510,000	£510,000	Y	Labs Budget	1. Screening numbers based on reagent supplies for 10,500 annual high risk molecular screens and 66,000 conventional screens 2. Staffing costs provided by lab are justified and accurate 3. Lease purchase of platform and consumables purchased within managed service
	WUTH will use rapid detection platform as part of screening strategy						
Isolate Effectively	Build new isolation ward (8 beds)	£750,000	£0	£0	Y	Ward Refresh Programme	1. 8 bed unit to be built in 15/16 with no need to extend further within 15/16 2. Investment to come from ward refresh budget already in plan for 15/16
	Convert 6 ward offices to create side rooms	£95,000	£0	£0	Y	Ward Refresh Programme	1. £95k will be taken from ward refresh budget in plan for 15/16
	Staffing model for interim isolation ward (14)		£567,875	£0	Y	Nurse Staffing Budget	1. Figures ball park estimate based on extrapolation of Ward 25 (full year) and assume staff required 50% greater due to increased size & demand while CPE outbreak continues 2. Assume requirement to staff only until 31/10/15 when new isolation ward comes online, so non recurring spend
	Staffing & Equipment model for new enduring isolation facility (ward 25)	£50,000	£270,417	£649,000	Y	Ward Refresh Programme & Nurse Staffing Budget	1. 2RNs and 2APs on early, late & night shift 2. Inclusion of £60k for Dometics 3. current Cdiff cohort unit can be closed as Cdiff isolated within new facility from Nov 2015 4. £50k capex for equipment 5. available 1st Nov as planned
Do the Basics Brilliantly	Technology - Cerner v ICNet v Do nothing	£0	£62,000	£0	Y	Informatics Budget	1. High estimate assumes Project Manager recruited for 6 months alongside information analyst for 6 weeks to build reports
	Antimicrobial Stewardship	£0	£67,000	£67,000	N	TBD	1. estimate of pharmacist / microbiologist provided within value case are correct 2. no further resource impact - e.g. clinician job plans
							1. dedicated enhanced cleaning team and rapid response team are funded 2. toilet cleans increased to 2.5/day 3. Vacation cleans fully funded in line with Which Clean do I Mean
	Cleaning	£0	£330,000	£330,000	Y	Facilities Budget	4. Transfer of hot drinks provision from domestic staff to Nurse staff who have capacity to absorb this effort, but not jugs & glasses 5. £195k of the cost pressure has been agreed to be funded already within 15/16 plan, £140k previous non recurring funding now recurring
	Training / Education	£0	£56,800	£56,800	N	TBD	1. Lower estimate assumes unchange duration but frequency of delivery 12months rather 18 months 2. higher estimate assumes 60 mins per session up from 45 mins and frequency of every 12 months rather than every 18 months 3. both estimates assume 3,035 clinical staff (band 5); 2,202 non clinical (band 3) and 411 Medical (medical salary) 4. both estimate include £10,000 provision for materials, trainer time, and other contingency costs
		£895,000	£1,864,092	£1,612,800			

5. Delivering & Sustaining

As mentioned earlier in this paper, ensuring the actions are completed and that the resulting improvements are sustained requires leadership beyond the end of April 2015. To help ensure this happens, Project Leads have been assigned to each of the main elements as detailed in the table below.

Theme	Item	Project Lead
Detect Rapidly	WUTH will Screen in line with PHE CPE Toolkit guidelines	Andrew Bamber
	WUTH will use rapid detection platform as part of screening strategy	
	Do we reduce MRSA screening?	
	Do we extend PCR to Flu, Noro, VRE?	
Isolate Effectively	Build new isolation ward (8 beds)	TBC
	Convert 6 ward offices to create side rooms	Gary Lewis
	Staffing model for interim and enduring isolation facility	Gaynor Westray
Do the Basics Brilliantly	IPC Tracking & Surveillance	Sheila Stewart
	Antimicrobial Stewardship	Tori Young
	IPC Protocols	Andrea Ledgerton
	IPC Structure	Jill Galvani
	Hand Hygiene	Andrea Ledgerton
	Environmental Cleaning	Sally-Ann Connolly
	Training / Education	Lynn Benstead

6. Conclusion

There is much that has been done, and much that needs to be delivered in the coming months. There is a clear line of sight now available that provides full assurance that the Trust is now able to;

- **Detect Rapidly**; undertaking targeted screening for CPE in line with PHE guidelines and above & beyond those guidelines, using sensitive rapid molecular testing to improve patient safety and operational decision making
- **Isolate Effectively**; utilising a brand new purpose built isolation ward, staffed by exemplar cohort nurses, from November 2015 and in the meantime, use a protected interim isolation ward and increased side rooms to isolate as effectively as possible.
- Evidence an increasing ability to **Do the Basics Brilliantly**, with a range of measures to embed infection prevention & control across the Trust and ensure everyone knows their personal role in safeguarding patients from the threat of MDROs and CPE specifically.

This is evidenced by the trend lines for CPE colonisation shown in this report, and the continued low rates of conversion that we are seeing as a result of our focus on detecting rapidly, isolating effectively and doing the basics brilliantly.

The actions described in this paper have been based upon the technical guidance that the Trust has received consistently from Public Health England to date, but also taking into account the risk that the Trust believes our patients and this Trust face given the prevalence of CPE in Wirral. There are other areas with higher risks, such as Manchester Royal Infirmary, but there are many other areas with (currently) a far lower CPE prevalence and therefore lower risk and consequentially a slower approach to implementing the toolkit may be appropriate for them.

Given that the technical advice provided by PHE has not changed in any way since the CPE toolkit was launched and our peer review undertaken, the set of actions within the Trust's strategy are proportionate to the risk of CPE and MDROs that we are facing in Wirral. The Trust may need to proceed with executing the actions contained within this report assuming that no financial support will be available.

If, subsequent to our Monitor plan submission the technical advice from PHE changes such that the Trust can scale back some of the actions OR if money is provided by the CCG or NHSE to support MDRO actions, then this will have a positive impact on the 15/16 plans.

On that basis, it is recommended that

- The direction of travel outlined in this report be supported by the Board of Directors as a proportionate response to the threat of MDROs and CPE
- That the investment and actions within this report not already included within the 2015/16 budget be approved
- We continue to seek financial support from the system: CCG; PHE and NHS England
- We continue to seek clarity from PHE regarding the necessity of undertaking some of the actions with a view to reducing scale of our response if PHE are formally supportive. This will include further dialog with other Trusts such as Manchester Royal Infirmary, Countess of Chester and Whiston to see how they are interpreting the guidelines.

Carbapenemase Producing Enterobacteriaceae – Q&A

What are carbapenems and carbapenemases?

Carbapenems are class of broad spectrum β -lactam antibiotics. Examples include meropenem and ertapenem. They are one of a limited number of effective antibiotics for resistant strains of coliform bacteria such as *E. coli*, *Klebsiella* spp. and *Enterobacter* spp.. Carbapenemases are enzymes produced by bacteria that destroy carbapenem antibiotics leading to bacterial resistance and possible treatment failure.

What are Carbapenemase-producing Enterobacteriaceae?

Enterobacteriaceae are a large family of bacteria also known as coliforms that includes species such as *E. coli*, *Klebsiella* spp. and *Enterobacter* spp. A small but growing number of Enterobacteriaceae strains have acquired the ability to produce a Carbapenemase enzyme and destroy carbapenem antibiotics. *Acinetobacter* species may also possess these enzymes and, although not strictly in the family Enterobacteriaceae, resistant strains are managed in the same way and are covered by this policy.

Why do Carbapenemase-producing Enterobacteriaceae matter?

Carbapenem antibiotics are often one of the 'last resort' treatment options for bacteria that are resistant to other antibiotics. Bacteria that have acquired resistance to carbapenem antibiotics have emerged and spread worldwide and threaten the effective treatment of bacterial infections. Treatment of most CPE strains is possible but often relies on less effective antibiotics.

Do all Carbapenemase-producing Enterobacteriaceae need treating?

Enterobacteriaceae usually live harmlessly in the gut of humans and animals. This is called bacterial colonization or carriage and does not require treatment. There is no way to completely eradicate Enterobacteriaceae carriage/ colonization. Infection is where a bacteria causes disease through invasion of tissues, inflammation or toxin production. In certain circumstances, Enterobacteriaceae can cause infections and will require treatment. The most common sites infected by these bacteria are the urinary tract and intra-abdominal structures.

Targeted screening strategy for Carbapenemase Producing Enterobacteriaceae

Admission Screening for CPE

- **Any** patient with a CPE alert
- **Any** patient with a CPE 'exposure to' alert
- **All** transfers from **ANY** hospital (should be considered to have had an exposure)
- **All** patients with an admission to any hospital within 12 last months, UK or abroad
- **All** healthcare workers admitted as inpatients
- **All** patients with a history of residing outside of the UK in the last 12months
- **Any** other identified risk factor, then discuss with the IPC team

Routine screening

- **Critical Care** On admission routinely. A positive case will trigger weekly and discharge
- **Haematology** Admission, weekly and discharge
- **Orthopaedics** Transfers from other hospitals and if triggered by a case – admission, weekly, discharge
- **Renal** Monthly screening of haemodialysis patients

Contact screening

- **All other wards** Where there are positive cases all patients should be screened on admission, weekly and on discharge

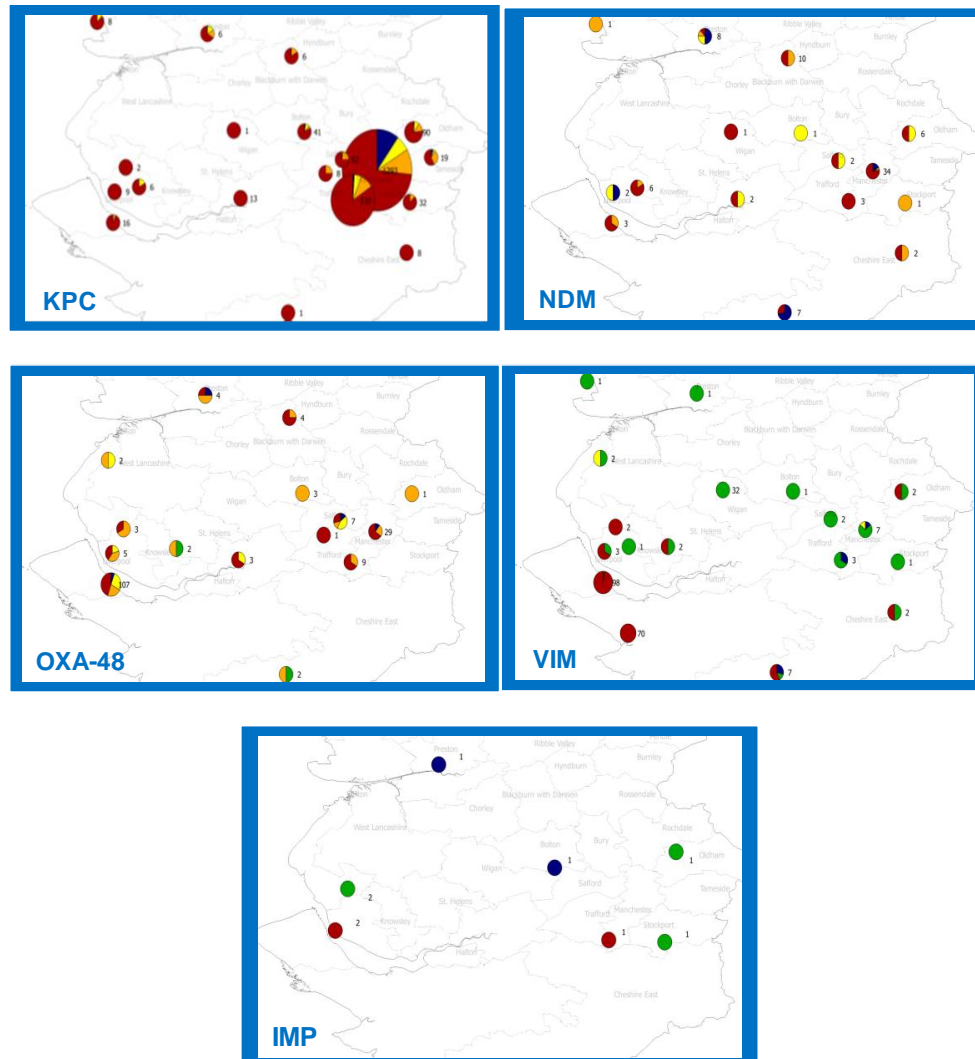
Continue until 4 weeks after the final positive patient has been discharged

After 4 weeks the IPCT will review whether further screening is required

Elective surgery screening

- **Any** patient with a 'CPE contact' alert

Prevalence of CPE in Northwest



Key to slices of pie charts:

- Red: *Klebsiella* spp
 - Orange: *E. coli*
 - Yellow: *Enterobacter* spp
 - Green: *Pseudomonas* spp
 - Blue: “other species”
- (comprising *Acinetobacter*, *Alcaligenes*, *Citrobacter*, *Hafnia*, *Kluyvera*, *Leclercia*, *Providencia*, *Raoultella* and *Serratia*)

Appendix 4

Prevention of Colonization and Infection by *Klebsiella pneumoniae* Carbapenemase-Producing Enterobacteriaceae in Long-term Acute-Care Hospitals.

Hayden MK, Lin MY, Lolans K, Weiner S, Blom D, Moore NM, Fogg L, Henry D, Lyles R, Thurlow C, Sikka M, Hines D, Weinstein RA; Centers for Disease Control and Prevention Epicenters Program.

Abstract

BACKGROUND:

Klebsiella pneumoniae carbapenemase-producing Enterobacteriaceae (hereafter "KPC") are an increasing threat to healthcare institutions. Long-term acute-care hospitals (LTACHs) have especially high prevalence of KPC.

METHODS:

Using a stepped-wedge design, we tested whether a bundled intervention (screening patients for KPC rectal colonization upon admission and every other week; contact isolation and geographic separation of KPC-positive patients in ward cohorts or single rooms; bathing all patients daily with chlorhexidine gluconate; and healthcare-worker education and adherence monitoring) would reduce colonization and infection due to KPC in 4 LTACHs with high endemic KPC prevalence. The study was conducted between 1 February 2010 and 30 June 2013; 3894 patients were enrolled during the preintervention period (lasting from 16 to 29 months), and 2951 patients were enrolled during the intervention period (lasting from 12 to 19 months).

RESULTS:

KPC colonization prevalence was stable during preintervention (average, 45.8%; 95% confidence interval [CI], 42.1%-49.5%), declined early during intervention, then reached a plateau (34.3%; 95% CI, 32.4%-36.2%; $P < .001$ for exponential decline). During intervention, KPC admission prevalence remained high (average, 20.6%, 95% CI, 19.1%-22.3%). The incidence rate of KPC colonization fell during intervention, from 4 to 2 acquisitions per 100 patient-weeks ($P = .004$ for linear decline). Compared to preintervention, average rates of clinical outcomes declined during intervention: KPC in any clinical culture (3.7 to 2.5/1000 patient-days; $P = .001$), KPC bacteremia (0.9 to 0.4/1000 patient-days; $P = .008$), all-cause bacteremia (11.2 to 7.6/1000 patient-days; $P = .006$) and blood culture contamination (4.9 to 2.3/1000 patient-days; $P = .03$).

CONCLUSIONS:

A bundled intervention was associated with clinically important and statistically significant reductions in KPC colonization, KPC infection, all-cause bacteremia, and blood culture contamination in a high-risk LTACH population.

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9. **Antibiotic Resistance threats in the United States 2013**, Centres for Disease Control and Prevention
10. **Prevention of Colonization and Infection by *Klebsiella pneumoniae* Carbapenemase-Producing Enterobacteriaceae in Long-term Acute-Care Hospitals**, Hayden MK, Lin MY, Lolans K, Weiner S, Blom D, Moore NM, Fogg L, Henry D, Lyles R, Thurlow C, Sikka M, Hines D, Weinstein RA; Centers for Disease Control and Prevention Epicenters Program.
11. ECDC technical report - **Risk assessment on the spread of carbapenemase-producing Enterobacteriaceae (CPE)**
12. NICE Guidelines [PH36] **Prevention and control of healthcare associated infections: quality improvement guide**

Board of Directors	
Agenda Item	8.1
Title of Report	Monitor Quarterly Return – Q4
Date of Meeting	29 th April 2015
Author	Emma Pridgeon, Assistant Director of Finance – Financial Services Shahida Mohammed – Assistant Director of Finance – Income & Commissioning John Halliday, Assistant Director of Information
Accountable Executive	Alistair Mulvey, Director of Finance Sharon Gilligan, Director of Operations
BAF References • Strategic Objective • Key Measure • Principal Risk	7
Level of Assurance • Positive • Gap(s)	Positive
Purpose of the Paper • Discussion • Approval • To Note	Approval
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	No

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1. EXECUTIVE SUMMARY

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

Foundation Trusts are required to submit a report to Monitor on a quarterly basis using templates provided, covering targets and indicators, governance and finance. The basis of the report for Quarter 4 2014/15 is described below. The key financial statements are included in the Appendices 1-4. As the financial accounts are completed there may be some re-analysis of balances within the Statement of Financial Position but this will not impact the overall finances of the Trust. The statements are subject to external audit in April / May 2015.

As the Trust is on monthly monitoring it also submits monthly financial information and a summarised commentary for the month. The reports for months 10-12 are included on the agenda and have been circulated to the Finance, Business Performance and Assurance Committee (FBPAC) members upon submission to Monitor each month.

2. BACKGROUND

Governance Targets & Indicators

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

WUTH will not be considered Green for Quarter 4 and issues of note with the Risk Assessment Framework standards are detailed below.

Against the A&E standard of a minimum 95% of patients to be admitted, transferred or discharged within four hours, the final Quarter 4 position was 84.46% as measured across a combined ED and All Day Health Centre performance at the Arrowe Park site. Therefore the Trust, like many others, failed this performance target.

The pressures previously reported continued through Quarter 4. There has been a continued increase in the number of ambulance conveyances that require direct transfer to the resuscitation area in ED (standby calls) and also an increase in MEWS emergency calls on the wards which demonstrates the level of acuity for both ED attendances and inpatients. Continued increase also in GP admissions which then reduces flow into acute assessment areas from ED.

There is also continued pressure from Infection Prevention and Control issues with numerous beds being closed over recent weeks predominately due to norovirus. The number of medically fit patients occupying hospital beds has also increased throughout March as has the number of days between a medical decision to discharge and the patient actually leaving the hospital due in part to nursing homes refusing to take patients from wards where there was norovirus

Work is continuing with partners across the Health and Social economy to deliver the agreed Urgent Care Recovery plan. We are also working with ECIST and partner organisations to plan a perfect week in line with the national breaking the cycle initiative to highlight blockages and implement the SAFER patient care bundle to support improved flow across the patient pathway. The intention is to carry this out for 8 days from 23rd April.

CQC Standards

The Trust has received the formal report from the CQC on the responsive inspection at Arrowe Park Hospital in September 2014. An action plan was formulated immediately following the verbal report, and the remedial actions are continuing.

Compliance Rating

WUTH will not be Green for Quarter 4 under Monitor's Risk Assessment Framework. Governance concerns may be raised by Monitor over the repeated failure to achieve the A&E 4-hour standard. The Trust has engaged with Monitor on a regular basis in terms of its plans for improvement in A & E performance.

Governance Information

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

Finance Declaration

The Trust submitted a 2 year operational plan last year with COS rating of 2 over this period. The actual COS rating for 2014/15 is a 3, due, in part, to the support of the loan drawn down in the year. The Trust interim plan submission for 2015/16 shows a year end rating of 1. Therefore the Board is unable to confirm the finance governance statement that "The Board anticipates that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months".

Full Year 2014/15 Financial Commentary for Monitor

The following commentary covers the key reasons for the full year variations against the 2014/15 plan.

The financial position of the Trust shows a full year deficit of £4.7m against the planned deficit of £4.2m, therefore an adverse variance of £0.5m. The Trust has achieved a COS rating of 3 for the year against its plan of 2 due, in part, to the support received to its liquidity position from its loan drawn down in the year.

In securing the most favourable year-end position the Trust has mitigated potential income pressures through the agreement of a year-end position with its main commissioner.

The Interim Recovery Director continues to lead the turnaround process with stringent focus on the 2015/16 CIP programme. By the 20th April all financial aspects of the plans, with phasing and WTE impact, are expected to be fully worked up. Support from external consultants PWC and associates continues to help challenge, stretch and finalise the Trusts planning phase of the programme. Final plans ready for Executive sign off are expected by early May.

The nature and details of these plans is more comprehensive than that which the Trust has had previously, giving better and great involvement from clinicians and other stakeholders, as well as providing greater assurance to the Board.

An enhanced governance and accountability framework for the PMO has been implemented to support the turnaround plan. As well as including a standardised approach to work stream planning that is systematic, robust and granular, it is grounded in comparative analysis and benchmarking to identify opportunities relative to current performance levels achieved. The framework additionally covers a revised structure for the PMO which will focus on accountability and assurance, supports revised reporting arrangements based upon a standard reporting tool to monitor performance which forms the basis of all reporting, enhanced quality and safety impacts assessments and risk management process, escalation arrangements and a clear and transparent change control process.

The Trust's revised and enhanced approach to CIP governance represents a move to 'best practice' and will support the delivery of the recovery programme which remains a key priority for all divisions in supporting a return to financial sustainability in the coming two years.

NHS Clinical Revenue

In the full year there is a gain of £4.4m against planned levels, a gain of £2m in the quarter.

Key variances are as follows:

Point of Delivery	Variance in Q4	Cumulative variance to plan £m	Commentary
Elective	(0.9)	(1.1)	<p>Cumulatively the variance is driven by an underperformance in Surgical specialties of (£2.6m), partly offset by an over performance in Medicine of £0.2m and additional non recurrent monies of £0.7m made available nationally for RTT; Trusts were not notified of this resource during the planning period. Also the Trust has undertaken additional activity for North Wales of c£0.6m, secured in year to support the achievement of Welsh access targets; this was unknown during the initial planning submission timelines.</p> <p>During the quarter the under recovery reflects an under performance in Surgery, Women & Children's of (£1.2m)</p>

			(particularly in Trauma and Orthopedics (£0.8) and Gynecology (£0.1m)). This was partly offset by income from the accelerated RTT and North Wales of £0.3m.
Non elective	1.2	3.3	<p>Medicine & Acute Division is showing an over recovery across specialties of £2.5m, whilst Surgery and Women & Children's Division is under performing by (£0.8m). Within the overall position there is a benefit of £0.8m for the readmission cap, in addition there are other income adjustments reflecting the block on non elective activity.</p> <p>In the quarter Medicine and Acute Care over performed whilst Surgery, Womens and Children's underperformed. The position was supported by activity not exceeding the non elective block by £1.1m. In addition the readmissions cap and the release of the income risk benefitted the position by a further £0.1m.</p>
Day Case	(0.2)	0.2	<p>On a cumulative basis there has been an over-performance in Gastroenterology of £0.2m, Urology £0.1m, Clinical Hematology £0.2m and Vascular of £0.7m. In addition, £0.9m has been generated through RTT and North Wales additional activity. This is offset by underperformances in Ophthalmology (£0.7m), Trauma and Orthopedics (£0.6m), Upper GI (£0.2m) and Gynecology (£0.4m).</p> <p>During the quarter the under recovery reflects an under performance in Medicine of (£0.2m), Surgery / Women & Children's under performed by (£0.5) (particularly in Trauma and Orthopedics (£0.3) and Ophthalmology (£0.2m)). This was offset by income from the accelerated RTT and North Wales of £0.5m.</p>
Outpatients	(0.3)	(0.3)	<p>Cumulative outpatient procedures are showing an under performance of (£0.1m).</p> <p>Outpatient first attendances are under performing by (£0.3m), and Outpatient follow-up attendances are also below plan across a number of specialties with a total value of (£0.5m). The key areas being Gynecology and Pediatrics. Included within this position is a penalty of £0.5m for outpatient follow up caps. The balance of the variance is due to additional RTT and North Wales activity of £0.7m.</p> <p>In the quarter outpatient procedures showed an under recovery of (£0.2m), mainly in Surgery. First and follow ups under performed by (£0.4m), within this is a penalty of (£0.1m) for the follow up cap. In the quarter £0.2m was received for accelerated RTT/North Wales work.</p>
A&E	(0.2)	0.9	<p>Although activity in this area has been strong earlier in the year, an under performance in Quarter 4 has reduced the cumulative over recovery; the position has been impacted further due to the number of breaches in achieving the emergency access 4hr target. Had the Trust not agreed a year end agreement with the CCG, the penalty levied would have amounted to some (£1.1m). In addition non-recurrent Urgent Care/Winter funding of £2.4m released in year at a national level, has supported the position.</p> <p>This trend continued during the quarter with A&E deteriorating by a further (£0.9m). This was mitigated</p>

			with the release of an additional £0.7m for Urgent Care/System Resilience income from Wirral CCG.
Other – tariff	0.1	(0.0)	<p>The year to date small variance reflects the underperformance in Unbundled Diagnostic Imaging, offset by an over performance in Maternity.</p> <p>The quarterly position reflects maternity over performing by £0.2m offset by an under recovery in Diagnostic Imaging of (£0.1m).</p>
Other non tariff	2.3	1.5	<p>Over and under performances in a number of Non PbR areas, in particular over performance in Direct Access areas £0.9m, Adult Critical Care £0.3m, Device Exclusions £0.5m, release of income reserve £0.3m, AUD (AQP) £0.2m, HIV £0.1m, Best Practice – Pediatrics £0.1m, Chemo Drugs £0.1m, and Rehab (Elderly and Stroke) £0.1m. These are offset by an under recovery on AMD (£0.4m), Renal Block (£0.8m), Critical Care (NNU) (£0.4m), High Cost Drugs (£0.2m), Audiology (£0.3m), Chemo (£0.2m), School Nursing (£0.2m), Rehab (£0.9m), Included within the cumulative position is £2.3m reflecting the release of additional income secured as part of the year end agreement reached with the host CCG.</p> <p>Through this agreement the Trust has successfully abated a series of potential income risks associated with performance levels and volumes of care delivery to provide certainty with regards to the year end income position with its main commissioner.</p> <p>The over/under recoveries continued in the quarter the positive position reflects the additional income resulting from the year end settlement agreed during quarter 4.</p>
Total	2.0	4.4	

Included in the above figures is a £3.8m increase in NHS Clinical income due to Income Generation schemes across a range of points of delivery (with a net value of £2.8m). This is ahead of planned levels.

Overall, NHS Clinical Income has increased due to the Urgent Care funding, the activity from accelerated RTT and North Wales and the agreement of the year-end position with its main commissioner.

Other Income and Operating Expenditure

These net costs are above plan at year-end by £6.4m, a movement of £2.6m in Quarter 4.

The key elements are:

Reason for variance	Variance in Q4	Full Year variance to plan £m	Commentary
CIP delivery	(0.4)	(2.5)	<p>Cash slippage for the year against the CIP and cost avoidance plan for divisional expenditure and income (net of costs of delivery) is £2.5m, across most cost categories.</p> <p>The rate of slippage has fallen significantly in Q4 despite the higher level of CIP to be achieved.</p>

Reserve release	1.1	4.8	As at the full year the Trust has released £4.8m of reserves. The rate of reserves applied in Quarter 4 is slightly lower than the proportional amount for the first half of the year.
Emergency care	0.0	(0.8)	The Trust has invested in emergency care from reserves since Quarter 2 therefore this variance was expected to be lower for the rest of the year and is minimal in Quarter 4.
Unplanned beds / capacity	(0.3)	(0.9)	This spend has largely been associated with accommodating excess Urgent Care demand. However, in the final quarter this cost has been incurred due to additional ward capacity to support Infection Control issues (CPE outbreak).
Premium costs	(0.6)	(2.4)	Planned and unplanned activity at premium prices. The cost of premium activity has remained high in Quarter 4 due to the pressure of funding vacancies, especially in Radiology, Gastroenterology and across Surgery and Women & Children's.
Additional activity	(1.4)	(3.1)	There has been over spend of £3.1m which has been directly offset by an increase in NHS clinical income, most notably the income for the RTT scheme, the additional Welsh activity, Urgent Care and non elective activity. More of this work and cost pressure has taken place in Quarter 4 causing the increased variance.
Non PBR offset	(0.3)	(0.4)	There has been an overspend of £0.3m in the quarter on items offset by a reduction in non PbR income (e.g. High Cost Drugs, Bloods and Device exclusions) which gives a cumulative variance of £0.4m.
Other	(0.7)	(1.1)	There has been a year to date overspend of £1.1m on "other" expenditure/loss of income such as specialising, sickness and maternity cover, loss of private patient income etc., offset by vacancies. This has increased by £0.7m in Quarter 4. This is attributable to the above and, notably within the quarter, due to an increase in general MSSE spend, stock adjustments, increases in doubtful debt provisions (for both RTA and general income) and less material one-off items.
Total	(2.6)	(6.4)	

Achievement of the 2014/15 Cost Improvement Programme

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

The full year CIP position (including cost avoidance and non recurrent schemes) can be summarised as follows:

	BY SCHEME TYPE		BY COST		TOTAL
	Income Generation (net of cost of delivery) £m	CIP (including cost avoidance) £m	NHS Clinical Income £m	Divisional Budgets £m	£m
Full Year Budget (including unidentified at time of plan)	2,419	10,581	3,171	9,829	13,000
Full Year Actual	2,761	8,422	3,829	7,354	11,183
Full Year Variance	342	(2,159)	658	(2,475)	(1,817)

The in-year figure excluding cost avoidance is £9.6m with a recurrent value of circa. £13m which has been included in the Trust's 2015/16 planning assumptions.

EBITDA

The favourable NHS Clinical Income variance and the operational adverse variance therefore give an unfavourable full year EBITDA variance of £1.9m, a deterioration of £0.6m in the quarter.

Post EBITDA Items

There is a favourable variance to the post EBITDA budget at the full year of £1.5m due to the underspend on the capital programme, a fall in PDC payable (due to lower average daily cash balances) and the profit on the sale of the Springview facility in Quarter 4 of £0.8m.

Therefore there is an overall full year adverse bottom line variance of £0.5m.

Statement of Position (Balance Sheet)

The actual Total Assets Employed and Total Taxpayers Equity equal £148.7m at the year end.

The main variations against plan are as follows:

- Trade receivables across NHS and non NHS are above plan due to the timing of settlement of some contract and other balances with other NHS bodies, which are largely offset within trade creditors and accruals.
- Trade creditors and accruals are significantly higher than planned due to delays in the receipt and agreement of charges received, creditors for contract underperformance (due to the difference between the planned and contracted income and under performance against the contract) and the internal cash management changes.
- Deferred income is higher than planned, largely due to the receipt of the "maternity prepayment" monies.
- Capital spend (on accruals basis) for the full year was £11.4m against an original plan of £12.0m. This variance of £0.6m is due to the decision to lease equipment that was due for purchase at £0.6m which was then offset by reallocation of this resource to other schemes (e.g. A&E refurbishment); slippage on the general IT project of £0.3m, slippage on the progression of the car park conversion scheme of £0.3m, and other smaller variances.
- The Trust submitted a reforecast of its capital spend at Quarter 1. The forecast to the year end was £12.1m; therefore there is a £0.7m variance. This is again due largely to a £0.3m

timing difference on general IT spend and slippage on the car park modification scheme of £0.3m.

- Borrowings – the Trust has now drawn down the full value of the £7.5m loan with the ITFF (see below).
- The cash balance at the end of the year was £22.9m, being £17.3m above the plan of £5.6m. As noted above, this is due to the significant increase in creditors and accruals, slippage on capital payments, the maternity deferred income, the draw down of the full value of the loan and the profit on the sale of the Springview facility. Within these variances are also those improvements derived from the internal cash management work undertaken which impact the month end cash position. These increases have been partly been offset by the EBITDA adverse variance and the trade debtor balances due.

Cash and Liquidity measures

The Trust has implemented the internal actions identified from the external review by KPMG, although the area is under continual review. This has had a significant impact on the average daily cash balance, although not all actions cause month or year end cash levels to increase. On average at month end creditor balances would increase cash by circa. £3.0m and debtors by £0.5m.

The Trust arranged a £7.5m loan with the Independent Trust Financing Facility (ITFF) repayable at 1.96% over 10 years. The loan is against the 2014/15 capital programme and has now been fully drawn down.

Continuity of Service Rating (COS) & Certification

The Trust has achieved a COS rating of 3 against a planned rating of 2.

The Capital Servicing Capacity (CSC) metric is lower than planned due to the fall in the EBITDA achieved against plan; however a rating of 2 has still been achieved as planned.

The Trust had a lower opening liquidity position than planned and the fall in this year's EBITDA levels has reduced liquidity further. However, this has been more than offset by slippage in the capital programme, the draw-down of the loan within the ITFF and the increased profit on the sale of Springview. Therefore a liquidity rating of 3 against the planned level of 2 has been achieved. The Trust recognises that without the loan its overall COS rating at year end would be a 2.

The Trust submitted a 2 year operational plan last year with COS rating of 2 over this period. The actual COS rating for 2014/15 is a 3, due in part, to the support of the loan drawn down in the year. The Trust plan submission for 2015/16 shows a year end rating of 1. Therefore the Board is unable to confirm the finance governance statement that "The Board anticipates that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months".

Validation Errors

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

Executive Team membership

The Executive Director of Strategy and Partnerships resigned during the quarter.

3. CONCLUSION

The Trust has faced a challenging financial year with a year-end deficit which has been managed to an adverse variance of £0.5m against plan. In the context of a period of intense financial and operational pressure this is a satisfactory outturn position for the Trust. However, it recognises that it has benefitted in the year from contributions from accelerated RTT, Urgent Care Income, the agreement of a favourable year-end position with its main commissioner and the profit on the sale of the Springview facility.

Stringent focus continues, with external turnaround support, on the delivery of recurrent and non recurrent savings in 15/16 to deliver the most positive outturn position achievable against a challenging financial backdrop.

Alistair Mulvey
Director of Finance
April 2015

APPENDIX 1
INCOME STATEMENT

March Reporting - Income Statement

Wirral University Teaching Hospital NHS Foundation Trust

	FY 14/15		
	FT Plan	Actual	Variance
	March 2015	March 2015	March 2015
	Year to Date	Year to Date	Year to Date
	£m	£m	£m
Operating			
NHS Clinical Revenue			
Elective revenue, long stay:			
Tariff revenue	£24.443	£23.358	£(1.085)
Elective revenue, short stay:			
Tariff revenue	£0.000	£0.000	£0.000
Non-Elective revenue:			
Tariff revenue	£76.415	£79.705	£3.290
Planned same day (day case):			
Tariff revenue	£28.464	£28.696	£0.232
Outpatients:			
Tariff revenue	£36.241	£35.964	£(0.277)
Non-Tariff revenue	£0.000	£0.000	£0.000
A&E:			
Tariff revenue	£9.740	£10.592	£0.852
Other NHS Activity:			
Direct access & Op, all services (Tariff revenue)	£2.895	£2.609	£(0.286)
Maternity Pathway (Tariff revenue)	£6.143	£6.331	£0.188
CQUIN revenue (Non-Tariff revenue)	£5.155	£5.155	£0.000
Diagnostic tests & Imaging revenue (Non-Tariff revenue)	£4.430	£5.193	£0.763
Critical care - Adult, Neonate, Paediatric (Non-Tariff revenue)	£11.673	£12.052	£0.379
High cost drugs revenue from commissioners (Non-Tariff revenue)	£8.835	£8.704	£(0.131)
Other drugs revenue (all types all bands including Chemotherapy) (Non-Tariff revenue)	£2.443	£2.678	£0.235
Other (Non-Tariff revenue)	£53.794	£54.053	£0.259
Total	£270.670	£275.090	£4.420
Non Mandatory / non protected revenue			
Private Patient revenue	£1.574	£0.738	£(0.836)
Other Non Mandatory / non protected clinical revenue	£1.465	£0.998	£(0.467)
Total	£3.039	£1.736	£(1.303)
Other operating income			
Research and Development income	£0.326	£0.516	£0.190
Education and Training income	£9.233	£9.234	£0.001
Donations & Grants received of PPE & intangible assets	£0.000	£0.195	£0.195
Donations & Grants received of cash to buy PPE & intangible assets	£0.000	£0.000	£0.000
Parking Income	£1.207	£1.318	£0.111
Catering Income	£1.987	£1.918	£(0.069)
Revenue from non-patient services to other bodies	£7.705	£8.797	£1.092
Misc. Other Operating Income	£5.443	£6.641	£1.198
Total	£25.901	£28.619	£2.718
Total Operating Income	£299.610	£305.445	£5.835
Operating Expenses			
Employee Benefits Expenses	£(205.982)	£(198.864)	£7.118
Employee Benefits Expenses - agency and contract staff	£0.000	£(10.555)	£(10.555)
Drug Costs	£(20.897)	£(20.037)	£0.860
Clinical Supplies and Services	£(30.104)	£(33.172)	£(3.068)
Non Clinical Supplies and Services	£(5.064)	£(5.642)	£(0.578)
Consultancy expense	£0.000	£(1.102)	£(1.102)
Movement of Impairment of receivables	£0.000	£(0.237)	£(0.237)
Misc other Operating expenses	£(27.986)	£(28.200)	£(0.214)
Total operating expenses	£(290.033)	£(297.809)	£(7.776)
EBITDA	£9.577	£7.636	£(1.941)
Non operating income and expense			
Interest income	£0.249	£0.181	£(0.068)
Interest expense on Non commercial borrowings	£(0.231)	£(0.283)	£(0.052)
Interest expense on finance leases	£(0.072)	£(0.074)	£(0.002)
Depreciation and amortisation - owned assets	£(8.446)	£(8.164)	£0.282
Depreciation and amortisation - donated assets	£(0.288)	£(0.192)	£0.096
Depreciation and amortisation - finance leases	£(0.288)	£(0.289)	£(0.001)
Other Finance Costs - Unwinding Discount	£(0.052)	£(0.037)	£0.015
PDC dividend expense	£(4.679)	£(4.165)	£0.514
Net Profit on asset disposal	£0.000	£0.706	£0.706
Impairment (Losses) / Reversals net - purchased / constructed assets	£0.000	£0.000	£0.000
Impairment (Losses) / Reversals net - donated / granted assets	£0.000	£0.000	£0.000
Net Surplus / (Deficit)	£(4.230)	£(4.681)	£(0.451)
Comprehensive income and expense			
Revaluation gains /(losses) of donated / granted assets straight to reval reserve	£0.000	£0.000	£0.000
Revaluation gains / (losses) of purchased / constructed assets straight to reval reserve	£0.000	£0.000	£0.000
(Impairments) / reversals of purchased / constructed assets straight to reval reserve	£0.000	£0.000	£0.000
(Impairments) / reversals of donated / granted assets straight to reval reserve	£0.000	£0.000	£0.000
Fair Value gains / (losses) straight to reserves	£0.000	£0.000	£0.000
Other recognised gains and losses	£0.000	£0.000	£0.000
Total comprehensive income and expense	£(4.230)	£(4.681)	£(0.451)

**APPENDIX 2
BALANCE SHEET**

March Reporting - Balance Sheet

Wirral University Teaching Hospital NHS Foundation Trust

	FY 14/15		
	FT Plan	Actual	Variance
	March 2015	March 2015	March 2015
	£m	£m	£m
<i>Non current assets</i>			
Intangible Assets - Donated or granted	£0.000	£0.000	£0.000
Intangible Assets - Purchased or created	£12.369	£12.704	£0.335
Property, Plant and Equipment - Donated or granted	£2.276	£2.384	£0.108
Property, Plant and Equipment - Purchased or constructed	£157.721	£157.168	£(0.553)
NHS Trade Receivables, Non-Current	£0.000	£0.000	£0.000
Other non current receivables	£2.134	£2.094	£(0.040)
Impairment of Receivables for Bad & doubtful debts	£(0.405)	£(0.379)	£0.026
Total non current assets	£174.095	£173.971	£(0.124)
<i>Current Assets</i>			
Inventories	£4.446	£4.073	£(0.373)
NHS Trade Receivables	£6.598	£6.785	£0.187
Non-NHS Trade Receivables	£0.750	£2.416	£1.666
Other Receivables	£1.737	£1.471	£(0.266)
Assets Held for Sale	£0.000	£0.000	£0.000
PDC Receivables	£0.000	£0.008	£0.008
Impairment of Receivables for Bad & doubtful debts	£(0.067)	£(0.623)	£(0.556)
Accrued Income	£1.184	£1.306	£0.122
Prepayments	£1.792	£1.872	£0.080
Cash and cash equivalents	£5.661	£22.938	£17.277
Total Current Assets	£22.101	£40.246	£18.145
<i>Current liabilities</i>			
Current loans	£(0.265)	£(1.015)	£(0.750)
Deferred income	£(1.955)	£(3.606)	£(1.651)
Provisions, current	£(0.563)	£(0.641)	£(0.078)
Trade Creditors	£(8.339)	£(15.143)	£(6.804)
Taxation payable	£(3.917)	£(3.732)	£0.185
Other Creditors	£(3.000)	£(3.023)	£(0.023)
Capital Creditors	£(0.530)	£(0.768)	£(0.238)
Accruals	£(7.918)	£(11.063)	£(3.145)
Payments on account	£(0.900)	£(0.900)	£0.000
Finance leases, current	£(0.362)	£(0.362)	£0.000
Interest payable on non commercial loans	£0.000	£(0.007)	£(0.007)
PDC creditor	£0.000	£0.000	£0.000
Total Current Liabilities	£(27.749)	£(40.260)	£(12.511)
Net Current Assets / (Liabilities)	£(5.648)	£(0.014)	£5.634
<i>Liabilities, non current</i>			
Loans, non current, non commercial	£(4.908)	£(11.284)	£(6.376)
Deferred income, non current	£(11.553)	£(11.553)	£0.000
Provisions for Liabilities and Charges	£(2.590)	£(2.357)	£0.233
Finance leases, non current	£(0.088)	£(0.088)	£0.000
	£(19.139)	£(25.282)	£(6.143)
Total Assets Employed	£149.308	£148.675	£(0.633)
<i>Taxpayers equity</i>			
Public Dividend Capital	£72.385	£72.417	£0.032
Retained earnings	£30.097	£29.921	£(0.176)
Revaluation reserve	£46.826	£46.337	£(0.489)
Total Taxpayers Equity	£149.308	£148.675	£(0.633)

APPENDIX 3
CASH FLOW

March Reporting - Cashflow

Wirral University Teaching Hospital NHS Foundation Trust

	FY 14/15		
	FT Plan	Actual	Variance
	Year to Date	Year to Date	Year to Date
	March 2015	March 2015	March 2015
	£m	£m	£m
Surplus/(deficit) after tax	£(4.230)	£(4.681)	£(0.451)
Finance income/charges	£0.054	£0.213	£0.159
Donations & Grants received of PPE & intangible assets (not cash)	£0.000	£(0.195)	£(0.195)
Other operating non-cash movements	£0.000	£0.000	£0.000
Depreciation and amortisation, total	£9.022	£8.645	£(0.377)
Impairment losses/(reversals)	£0.000	£0.000	£0.000
Gain/(loss) on disposal of property plant and equipment	£0.000	£(0.706)	£(0.706)
PDC dividend expense	£4.679	£4.165	£(0.514)
Other increases/(decreases) to reconcile to profit/(loss) from operations	£0.000	£0.000	£0.000
Non-cash flows in operating surplus/(deficit), Total	£13.755	£12.122	£(1.633)
<i>Movement in Working Capital</i>			
Inventories	£0.000	£0.063	£0.063
NHS Trade receivables	£2.046	£2.748	£0.702
Non NHS Trade receivables	£0.233	£(0.992)	£(1.225)
Other receivables	£(0.425)	£0.398	£0.823
Assets held for sale	£0.000	£0.000	£0.000
Accrued income	£(0.001)	£(0.043)	£(0.042)
Prepayments	£(0.213)	£(0.021)	£0.192
Deferred income	£(0.900)	£0.581	£1.481
Provisions for Liabilities and Charges	£(0.152)	£(0.341)	£(0.189)
Tax payable	£(0.001)	£(0.144)	£(0.143)
Trade Payables	£(1.214)	£2.953	£4.167
Other Payables	£(0.142)	£0.263	£0.405
Payment on Account	£0.000	£0.000	£0.000
Accruals	£(0.721)	£2.918	£3.639
	£(1.490)	£8.383	£9.873
Net cash inflow / (outflow) from operating activities	£8.035	£15.824	£7.789
<i>Investing activities</i>			
Property - new land, buildings or dwellings	£(2.200)	£(0.996)	£1.204
Property - maintenance expenditure	£(1.100)	£(2.578)	£(1.478)
Plant and equipment - Information Technology	£(2.116)	£(1.340)	£0.776
Plant and equipment - Other	£(1.889)	£(1.470)	£0.419
Expenditure on capitalised development	£0.000	£0.000	£0.000
Purchase of intangible assets	£(4.728)	£(5.020)	£(0.292)
Increase/(decrease) in Capital Creditors	£(1.070)	£(0.595)	£0.475
	£(13.103)	£(11.999)	£1.104
Net cash inflow / (outflow) before financing	£(5.068)	£3.825	£8.893
<i>Financing activities</i>			
Public Dividend Capital received	£3.500	£3.532	£0.032
Public Dividend Capital paid	£(4.679)	£(4.288)	£0.391
Interest (Paid) on non commercial loans	£(0.231)	£(0.283)	£(0.052)
Interest element of finance lease rental payments	£(0.072)	£(0.074)	£(0.002)
Capital element of finance lease rental payments	£(0.324)	£(0.325)	£(0.001)
Interest (Paid) / Received on cash and cash equivalents	£0.249	£0.176	£(0.073)
Drawdown of non commercial loans	£0.000	£7.500	£7.500
Repayment of non commercial loans	£(0.266)	£(0.640)	£(0.374)
Non current receivables	£2.400	£2.557	£0.157
Other Non current receivables	£0.000	£0.000	£0.000
Other cash flows from financing activities	£0.000	£0.924	£0.924
Net increase / (decrease) in cash and cash equivalents	£(4.491)	£12.904	£17.395
Opening cash and cash equivalents	£10.152	£10.034	£(0.118)
Net cash (outflow) / inflow	£(4.491)	£12.904	£17.395
Closing cash and cash equivalents	£5.661	£22.938	£17.277

**APPENDIX 4
CONTINUITY OF SERVICE (COS)**

WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

Key Ratios / Risk Rating 2014/15

Based on March 2015 Reported Performance

Financial Criteria	Weight %age	Metric to be scored	Risk Rating			
			1	2	3	4
Liquidity Ratio (Days)	50%	Liquidity Ratio (Days)	<-14	-14	-7	0
Capital Servicing Capacity (Times)	50%	Capital Servicing Capacity (Times)	<1.25 x	1.25	1.75	2.50

Wirral Hospital Position

Financial Criteria	Weight %age	Metric to be scored	2014/15 ratings - Actual		2014/15 ratings - Plan	
Liquidity Ratio (Days)	50%	Liquidity Ratio (Days)	-4.94	3	-12.53	2
Capital Servicing Capacity (Times)	50%	Capital Servicing Capacity (Times)	1.38	2	1.747	2
Weighted average risk rating				2.50		2.00
Overall Risk Rating				3		2

1. Introduction

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

The quarterly submission must be made to Monitor by 4 p.m. on 30th April 2015.

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

2. Recommendation

It is recommended that the Board:

- i) does not confirm for finance, that the Board anticipates the Trust will continue to maintain a Continuity of Service Rating of 3 over the next 12 months;
- ii) does not confirm for governance that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework, and a commitment to comply with all known targets going forwards.
- iii) otherwise confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 22, Diagram 6) which have not already been reported.

APPENDIX 5b GOVERNANCE STATEMENTS FOR Q4 – 2014/15

Worksheet "Governance Statement"



[Click to go to index](#)

In Year Governance Statement from the Board of Wirral University Teaching Hospital

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)

	Board Response
For finance, that: 4 The board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.	Not Confirmed
For governance, that: 11 The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.	Not Confirmed
Otherwise: The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 22, Diagram 6) which have not already been reported.	Confirmed
Consolidated subsidiaries: Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.	0

Signed on behalf of the board of directors

Signature		Signature	
Name	David Allison	Name	Alistair Mulvey
Capacity	Chief Executive	Capacity	Director of Finance
Date	29th April 2015	Date	29th April 2015

Notes: Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.

In the event that an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.

This may include include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.

Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

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

A The Trust submitted a 2 year operational plan last year with a CoS rating of 2 over this period. The actual CoS rating for 2014/15 is a 3, due primarily to the sale of Springview, the drawn down of the loan from ITFF and the cash management work, all of which were one-off initiatives and not an indication of resolution of the underlying operational issues. The Trust interim plan for 2015/16 shows a year end rating of 1, the Board is unable therefore to confirm that it anticipates that the Trust will continue to maintain a CoS risk rating of at least 3 over the next 12 months.

B The Trust identified the 4 hour A & E standard as a key risk in its Annual Planning process. Quarter 4 saw extreme pressure on emergency services and inpatient beds due to increased GP admissions and complexity of patients, which was further impacted by numerous ward closures due to norovirus and an increase in the number of medically fit patients in hospital beds. The overall impact of these pressures resulted in performance of 84.46%. The Trust has enlisted the support of ECIST through a series of initiatives such as walkabouts and "breaking the cycle", designed to identify barriers to achievement. Monitor have also invited all the senior stakeholders within the local health economy to attend a meeting on the 14th May 2015 to examine the particular pressures driving emergency care performance locally, and to understand what more needs to be done to secure a sustained improvement in performance in 2015/16.

C

Board of Directors	
Agenda Item	8.2
Title of Report	Register of Interests
Date of Meeting	29 April 2015
Author	Carole Ann Self, Associate Director of Governance
Accountable Executive	David Allison, Chief Executive
BAF References • Strategic Objective • Key Measure • Principal Risk	7D Compliance with Legislative requirements
Level of Assurance • Positive • Gap(s)	Positive
Purpose of the Paper • Discussion • Approval • To Note	Note
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	N/A

1. Executive Summary

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

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

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2. Background

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

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

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

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

3. Recommendations

It is recommended that:

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

Board of Directors - Register of Interests

April 2015

Name	Position	Nothing to Declare	Description of Interest
Michael Carr	Chairman		Alliance House Foundation – Director; Institute of Alcohol Studies – Chairman; Monitor Expert Panel Member re. Governors' concerns
Cathy Bond	Non -Executive Director		Nil
Graham Hollick	Non -Executive Director	✓	
Jeffrey Kozer	Non -Executive Director	✓	
Cathy Maddaford	Non -Executive Director		Chester University Council – Non Foundation Member Magistrate for Western Cheshire
Jean Quinn	Non -Executive Director		ARCH Initiatives – Trustee (contract with WUTH for the provision of drug and alcohol rehabilitation services and now also has offices which are rented from WUTH at the Clatterbridge site); Daughter (Sarah Quinn) is a manager working for the Cheshire and Wirral partnership Trust
Andrea Hodgson	Non-Executive Director		Director of Hodgson Associates Ltd Interim CFO Universities Superannuation Scheme Ltd
David Allison	Chief Executive		NWLA Board member
Jill Galvani	Director of Nursing and Midwifery		Husband (Dr David Galvani) is a Consultant at WUTH Son (Luca Galvani) is on a flexibank, working in pharmacy
Sharon Gilligan	Director of Operations	✓	
Anthony Hassall	Director of Strategic and Organisational Development	✓	
Evan Moore	Medical Director		Wife is a Consultant breast surgeon and Clinical Director of Breast and Endocrine Services at the Royal Liverpool and Broadgreen University Hospitals Trust
Alistair Mulvey	Director of Finance	✓	

Wirral University Teaching Hospital NHS FT - Board of Directors - Register of Interests April 2015

Name	Position	Nothing to Declare	Description of Interest
Mark Blakeman	Director of Infrastructure and Informatics		Wife is Director of Strategy and Transformation at East Cheshire CCG Trustee of a Charities Trust Chair of Beechways Resident Association
Carole Ann Self	Associate Director of Governance	✓	

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF MEETING

25th MARCH 2015

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

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

Apologies

None

In attendance

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

Governors

None

Members of the Public

None

Reference	Minute	Action
BM 14-15/218	Apologies for Absence None	
BM 14-15/219	Declarations of Interest None	
BM 14-15/220	Patient's Story The Director of Nursing and Midwifery presented two patient stories published on the NHS choices website. The first was from a patient who expressed disappointment with the care provided at the hospital due to the perception that the focus was on releasing beds and costs which prompted the question as to what the hospital was here for. The second was a positive reflection on the care received on the day surgery unit where the care received was thought to be friendly, helpful and welcoming.	

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Reference	Minute	Action
BM 14-15/221	<p>Chairman's Business</p> <p>The Chairman offered congratulations to Mr Hassall on his success at becoming the next Chief Accountable officer of Salford CCG as well as how sorry the Trust was at losing his services.</p> <p>The Board was updated on the recent consultant appointment in nephrology, this being Dr Abdulnabi.</p> <p>The Chairman confirmed that the next Board Meeting in Public would be held on the 29th April 2015 with the next Council of Governors meeting being on the 10th June 2015.</p>	
BM 14-15/222	<p>Chief Executive's Report</p> <p>The Chief Executive presented the report and highlighted the following areas:</p> <p>Contract Negotiations with Wirral Clinical Commissioning Group - An overview of the contract negotiations was provided which were working towards having a broad agreement in principle ahead of the formal approval of the contract. Negotiation discussions included the agreement of the baseline year together with the agreement of an assessment tariff; the agreement on outpatients; and the positive impact of the readmissions audit in respect of future penalties</p> <p>Further discussions were required on the non-elective element of the contract; the future levels of growth due to the increased demand; the proportion of winter monies and the allocation as part of the Better Care Fund.</p> <p>An overview of the discussion with the Commissioners on the recovery plan, with Mr Terry Watson being in attendance, was provided. The key points for discussion were coding and repatriation options.</p> <p>The Board sought and received assurance that the risks associated with the agreements would be outlined in the submission for Monitor on the 7th April 2015.</p> <p>New models of care – The Chief Executive confirmed that a visit from the team at NHS England had been scheduled for 14th and 15th May 2015.</p> <p>Community Trust - The Board was updated on the resignation of Mr Simon Gilby, the Chief Executive of the Community Trust.</p> <p>Monitor – An update on the latest discussions with Monitor was provided which included the positive feedback regarding the forecast out-turn deficit given the level of demand placed on the organisation during the winter period. The investigation meeting would be undertaken in the 2nd or 3rd week in June. Monitor confirmed they were organising an A & E Summit, to be chaired by NHS England, in order to progress action on a health economy basis.</p>	

Reference	Minute	Action
	<p>Infection Prevention and Control – The Board was updated on the Quality Surveillance Group meeting planned for the following day which was to be chaired by NHS England and would cover infection control concerns and the results of the 2014 NHS staff survey.</p> <p>The Board received an update on the work to progress full compliance with the Public Health England toolkit; the additional investment planned for screening; the capital expenditure set aside for a cohort ward and the creation of 6 side rooms. An outline of the actions in relation to the neonatal unit was provided together with the long term requirements to achieve full BAPAM compliance.</p> <p>Cerner – the Board was updated on the recent successful conference at which the Trust presented.</p> <p>Major incident – an update on the learning from the recent major incident resulting from a power failure was provided together with confirmation as to how this would be shared throughout the organisation.</p> <p>Pseudomonas – The Director of Nursing and Midwifery confirmed that there had been 2 more cases of colonisation, unrelated to the previous infections. The Board was advised that the investigation into the two cases was underway.</p>	
BM 14-15/223	<p>New Models of Care</p> <p>The Director of Strategic and Organisational Development presented an overview and update on the New Models of Care which included:</p> <ul style="list-style-type: none"> • The national context and the potential impact on organisational structures • Confirmation of the organisations who had been successful in this process • The importance of progressing on a partnership basis • An overview of the Wirral Health Partners model • Building and accelerating the vision 2018 work through the Senior Leadership Group • A reminder of how the new model of care fits with the accountable care organisation approach in the USA • The population health platform opportunities • Engagement to date • The five areas of the programme • The anticipated deliverables by April 2016 <p>An overview of the next steps included the need to define the programme and the support required; the planned presentation to the National Team in May; the National launch in April/May and the online collaboration forum to be launched in April/May.</p>	

Reference	Minute	Action
	<p>The Board discussed the potential financial costs associated with the programme and the importance of ensuring that the resources identified still enabled the Trust to deliver on its key aims.</p> <p>The preparation with Wirral Health Partners ahead of the presentation to the National Team was outlined by the Chief Executive and the importance of being open about the challenges.</p>	
BM 14-15/224	<p>Integrated Performance Report Integrated Dashboard and Exception Reports</p> <p>The Director of Infrastructure and Informatics presented the integrated performance dashboard and highlighted the key areas of performance which required improvement.</p> <p>Friends and Family – A slight improvement was reported in February. A breakdown of performance at ward level was provided to demonstrate areas of good practice as well as areas for focussed improvement.</p> <p>Staff satisfaction – Confirmed that this was the first time this result had been included in the Performance Report since the annual results from the 2014 NHS Staff Survey. The Board received an overview of the further analysis undertaken to establish the areas where the Trust had performed well and those where there were concerns which had now been shared with Executives and Senior Managers. In view of the substantial challenges facing the Trust and concerns surrounding the staff survey report, the board sought assurance that the executive had confidence in the leadership structure of the HR/OD team to facilitate the changes which the Trust faced in respect of our valued workforce. The Director of Strategic and Organisational Development informed the Board, that in his opinion, which was supported by the Director of Operations, this was the case.</p> <p>Staff attendance – The Board asked that the graph be revised to provide a more meaningful demonstration of performance over the time period. An overview of the transformation of the Workforce dashboard was provided which is regularly reviewed by the Quality and Safety Committee. Performance for February 2015 was reported as 95.09% on a rolling basis with March indicative figures showing further improvement. The work undertaken in conjunction with Staffside to revise the Attendance Management Policy in its entirety was outlined.</p> <p>In view of the substantial challenges facing the Trust and concerns surrounding the staff survey report, the Board sought assurance that the executive had confidence in the leadership structure of the HR/OD team to facilitate the changes which the Trust faced in respect of our valued workforce. The Director of Strategic and Organisational Development re-assured the Board, that in his opinion, which was supported by the Director of Operations, this was the case.</p> <p>Qualified Nurse Vacancies – An update on the targeted recruitment</p>	MB

Reference	Minute	Action
	<p>programme was provided which was reported as progressing well together with details of the preceptorship programme to support this. The Board was assured of the action being taken provided, once recruited, the right staff were in the right place at the right time, ensuring alignment with the bed plans being developed.</p> <p>Advancing Quality – The Medical Director reported that plans were progressing although two of the targets would not be achieved this year as reported in the quality account.</p> <p>The Board agreed that compliance with CQC standards; A & E performance and the Financial update would be covered in detail elsewhere on the agenda.</p> <p>The Board asked that consideration be given to ensuring that topical items not formally included in the performance report were regularly reported formally elsewhere in the agenda.</p>	DA/CS
BM 14-15/225	<p>Month 11 Finance Report</p> <p>The Director of Finance presented the Month 11 position and highlighted the following:</p> <p>The planned income and expenditure position for Month 11 showed an in month deficit of £0.6M against a planned deficit of £0.7M, resulting in a positive in month variance of £0.1M. The cumulative actual deficit was reported as £5.6M against a planned deficit of £4.7M in line with the forecast. The Board received confirmation that Month 12 financials would include the proceeds from the sale of Springview.</p> <p>Cash was reported at £21.3M this being £17.2M above plan. The two key drivers for the improved position were attributed to the loan from ITFF and the cash management work undertaken. The proceeds from the sale of Springview would improve this position further in Month 12.</p> <p>The Director of Finance advised that although the overall performance was better than plan, the benefits of the year end agreement masked the underperformance in activity which, if allowed to continue, would be a cause for concern. He confirmed that this was the subject of conversations with Divisions.</p> <p>The Board was advised that Pay expenditure showed an improvement although some of this was attributed to the transfer of the school nursing team. To benefit fully from positive recruitment the Trust would need to see a reduction in its use of flexible labour. Non-pay was reported as a little higher than anticipated.</p> <p>The CIP forecast of £9.6M in year was noted, although the challenge for 2015/16 to achieve the savings in year was highlighted.</p> <p>The Board discussed the impact of the clinical coding work moving into 15/16 and the plans being progressed with internal teams including clinical</p>	

Reference	Minute	Action
	<p>colleagues and the Commissioners.</p> <p>The Board discussed the reasons for the under -delivery of income in the Division of Surgery and how this might be addressed through the budget setting process in the future. The Director of Finance and the Director of Operations provided assurance to the Board that the concerns relating to surgical activity were being addressed through appropriate budget setting, increased emphasis on accountability, together with realistic expectations with regards to future income levels.</p> <p>Clarification of the composition of the corporate budget together with progress being made on service line reporting in the Division of Surgery was sought and provided.</p> <p>The Director of Finance confirmed that in Month 11 the Trust reported a Cos Rating of 2.</p>	
<p>BM 14-15/226</p>	<p>Urgent Care Recovery Plan Update</p> <p>The Director of Operations presented the work being undertaken in the four work streams that form the basis of the Urgent Care Recovery Plan.</p> <p>The Board was updated on the invitation to ECIST to assist with progress on the initiatives together with an overview of the “Breaking the Cycle” process which was described as similar to a “perfect week” exercise. The timescales for the process were confirmed with commencement due w/c 20th April 2015. Further details of the initiative were provided together with an open invitation to take part in this extended to Board members.</p> <p>The current operational pressures associated with Norovirus were outlined to the Board together with the actions being taken to manage these. Current performance against the A & E 4 hour standard was reported as 84.37%.</p> <p>The Board sought to understand what levels of impact assessment had been or were going to be undertaken on the schemes outlined in the plan and how these linked into the Better Care Fund. The Director of Operations confirmed that it was proposed that an external review of the plans and their impact be undertaken.</p> <p>The Chairman asked that a review of the paperwork be undertaken, as the level of detail was extensive, with the preference being to focus in the paper on the next steps together with establishing what influence the Board could have.</p> <p>The Board sought to understand what the trajectory for A & E performance going forward was and how this linked into the Annual Planning Process. The Director of Strategic and Organisational Development confirmed that delivery of the A & E performance target would be highlighted as a risk in the annual plan.</p>	<p>SG</p>

Reference	Minute	Action
BM 14-15/227	<p>CQC – Compliance Review</p> <p>The Medical Director presented the paper which provided information on the changes to the CQC inspection regime and the new standards; a baseline assessment against each of the standards and the actions to address these and then a further explanation of key lines of enquiries and roles and responsibilities.</p> <p>The Medical Director confirmed that the resource required going forward was included for information only as this was being addressed through the Executive Team.</p> <p>The Board sought to understand and receive assurance that the communication plan included writing to all our stakeholders; how the Trust was ensuring that compliance with the standards was part of the “day job” and not just part of a process; how the Trust was appealing to the “hearts and minds” of our staff and not just communicating progress against action plans.</p>	EM
	<p>The Board discussed having a link on the Intranet site to the CQC fundamental standards to enable easy access.</p> <p>The Board was keen that the Trust viewed other NHS reports to determine what “outstanding” looked like and use this to inform the improvement programme going forward. The Chief Executive was keen that the Trust did not undertake the mechanics of the inspection but sought to understand how our people could feel different about the care they deliver.</p> <p>The Board agreed to receive regular updates from the Quality and Safety Committee as well as agreeing that concerns and the level of staff engagement would be explored as part of the Board Walkabout programme. To this end the Board requested that a briefing be prepared as to how the Trust was addressing some of the issues highlighted in the mock inspections undertaken.</p>	
BM 14-15/228	<p>Report of the Quality and Safety Committee – 11 March 2015</p> <p>Dr Quinn presented the report from the Quality and Safety Committee which included an update on the positive areas of performance as well as those areas requiring further focus.</p> <p>The key themes arising from the mock inspections were reported as impacting on the morale of staff as evidenced in the earlier conversation.</p> <p>Dr Quinn highlighted Safeguarding as a concern as per the report. The Director of Nursing and Midwifery confirmed that progress was being made with the challenges associated with staffing, training, and the understanding of the requirements of Deprivation of Liberties and the Mental Capacity Act. She also confirmed that the Trust was reviewing peer CQC reports in this area to identify areas of best practice.</p>	AH/EM

Reference	Minute	Action
BM 14-15/229	<p>Francis Report: Hard Truths Commitment: Publishing of Nurse Staffing Data: February 2015</p> <p>The Director of Nursing and Midwifery presented the monthly report on nurse staffing which included the mitigating actions being taken in relation to concerns associated with gaps in nurse staffing.</p> <p>The Board was advised that NHS England had published the position of the Trust on nurse staffing during February as “green” for all indicators.</p> <p>The Director of Nursing and Midwifery reported that the fill rates for February showed an improving position, although some concerns about data accuracy were raised. She reported a significant reduction in the number of incidents being reported which maybe a cause of concern or could be attributable to the fact that the mitigating action is starting to impact on staff.</p> <p>The Board was advised that the Nursing and Midwifery Council had issued a new code which usually results in nurses raising concerns.</p> <p>The Board sought and received assurance as to the high turnover in January and the plans to strengthen the exit interviews.</p>	
BM 14-15/230	<p>Quality Account 2014/15 – First Draft</p> <p>The Medical Director presented the first draft of the annual Quality Account Report for 2014/15. He confirmed that the Council of Governors had approved the priority areas for the coming year.</p> <p>The Board asked for consideration to be given to the inclusion of Never events and Infection Control in light of the issues facing the Trust recognising the constraints posed by the prescriptive nature of the Quality Account report.</p> <p>The Board asked for the following areas to be considered in the final report:</p> <ul style="list-style-type: none"> • Readmissions and the long term plans • Further detail in the CEO opening statement which sets out the outline of the report • Communicate wider the good achievements outlined in this report • Clinical coding and the work being undertaken <p>The Board asked the Medical Director to confirm the national audit requirements associated with the Quality Account.</p>	<p>EM</p> <p>EM</p> <p>EM</p>
BM 14-15/231	<p>External Assurance Monitor Q3 Feedback Letter</p> <p>The Associate Director of Governance presented the formal Monitor Q3</p>	

Reference	Minute	Action
	<p>Feedback letter to the Board and confirmed that following a further letter to the Trust on the 3rd March 2015, reviewed by the Board at its Extraordinary Board on the 5th March 2015, Monitor had now opened an investigation into a potential breach of its provider licence.</p> <p>The Associate Director of Governance confirmed that the Trust had now supplied the additional information requested by Monitor as part of the Investigation and was not awaiting upon the formal Meeting with the investigation team likely now to be in June 2015.</p> <p>The arrangements for the submission on the Annual Plan on the 14th May and the Turnaround Plan at the end of May were outlined together with the verbal agreement from Monitor to the caveats that may be required in the first submission.</p> <p>The Chief Executive confirmed that Monitor was planning to call an A & E Summit with the health economy with a view to addressing the issues relating to urgent care.</p>	
BM 14-15/232	<p>Board of Directors Minutes of the meeting dated 25th February 2015</p> <p>The minutes of the meeting held on 25th February 2015 were agreed as a correct record of the meeting.</p> <p>Board Action Log</p> <p>The Board reviewed the action log and concluded that this provided an up to date view of progress.</p>	
BM 14-15/233	<p>Items for BAF/Risk Register</p> <p>Two new risks were identified for inclusion on the BAF these being “new models of care” and safeguarding.</p>	CS
BM 14-15/234	<p>Any Other Business</p> <p>None</p>	
BM 14-15/235	<p>Date and Time of Next Meeting</p> <p>Wednesday 29 April 2015 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chairman

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Date

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ACTION LOG Board of Directors

Updated – 29 April 2015

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 25.03.15						
March 15	BM 14-15/224	Revise the staff attendance graph in the performance report	MB		May 15	
March 15	BM 14-15/224	Consider how topical items not included in the performance report are reported to the Board	DA/CS	Agreed to include these in the first instance in the CEO report	April 15	
March 15	BM 14-15/226	Provide the trajectory of A & E Performance	SG	A further update will be provide following the “Breaking the Cycle” work and the A & E Escalation Meeting	April 15	
March 15	BM14-15/227	Provide a link to the CQC fundamental standards on the intranet	EM		April 15	
March 15	BM14-15/227	Prepare a briefing on how the Trust is addressing the issues highlighted in the mock inspections to assist with Board walkabouts	EM/AH		April 15	
March 15	BM14-15/230	Consider the inclusion of never events and infection control in the quality account	EM		May 15	

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March 15	BM14-15/230	Consider the following areas in the final quality account <ul style="list-style-type: none"> • Readmissions and the long term plans • Further detail in the CEO opening statement setting out the outline of the report • Communicate wider the good achievements outlined in the report • Clinical coding and the work being undertaken 	EM		May 15	
March 15	BM14-15/230	Confirm the national audit requirements associated with the Quality Account	EM		April 15	
March 15	BM14-15/233	Include two new risks in the BAF as follows; <ul style="list-style-type: none"> • Safeguarding • New models of care 	CS	Completed	April 15	
Date of Meeting 25.02.15						
Feb 15	BM 14-15/186	Present the full action plan to support the Workforce and Organisational Development Strategy	AH	Included on the agenda for April 15	May 15	
Feb 15	BM 14-15/188	Write to Cllr Davies outlining the concerns relating to the problems with discharging medically fit patients in order that a wider discussion can be had	DA	Remove		This action will no longer be progressed
Feb 15	BM 14-15/188	Present an update of the urgent care recovery plan	SG	Completed	March 15	
Feb 15	BM 14-15/188	Ensure the integrated performance dashboard provides detailed actions for all high risks and consider how the Board might more easily interpret small incremental change to determine the level of risk	MB		March 15	

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Feb 15	BM 14-15/194	Develop a risk associated with the hosting changes planned for Cerner from the end of March 2015 to ensure that the appropriate business continuity arrangements are in place	MB	Completed	March 15	
Date of Meeting 28.01.15						
Jan 15	BM 14-15/165	Review the changes to Corporate Governance agreed at the Board in January 15 in 6 months time	CS		June 15	
Date of Meeting 26.11.14						
Nov 14	BM/14-15/138	Include how outpatient nurses were being utilised during period of high demand in the next nurse staffing paper	JG		Jan 15	
Date of Meeting 29.10.14						
Oct - 14	BM14-15/114	Report against a trajectory of improvement in the future in relation to the Annual Plan	AH	Ongoing	Jan 15	
Oct - 14	BM14-15/121	Consideration to an Annual Research and Innovation Forum	EM	The research team are considering this recommendation		
Date of Meeting 24.09.14						
Sept - 14	BM 14-15/087	Board Walkabouts to include a review of Cerner post implementation	JG	Board requested in February for the inclusion of patient safety questions	Oct 14	To be included as part of programme from Dec 2014

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