

Board of Directors Public Board

25th October 2017

**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 25th OCTOBER 2017
COMMENCING AT 9.00AM IN THE
BOARD ROOM
EDUCATION CENTRE, ARROWE PARK HOSPITAL**

AGENDA

- | | | |
|----------|----------------------------------------------------|---|
| 1 | Apologies for Absence
Chairman | v |
| 2 | Declarations of Interest
Chairman | v |
| 3 | Chairman's Business
Chairman | v |
| 4 | Chief Executive's Report
Chief Executive | d |

5. Quality and Safety

- | | | |
|------------|----------------------------------------------------------------------------------------------------|---|
| 5.1 | Infection Prevention & Control Action Plan
Interim Director of Nursing and Midwifery | d |
|------------|----------------------------------------------------------------------------------------------------|---|

6. Performance and Improvement

- | | | |
|------------|------------------------------------------------------------------------------------|---|
| 6.1 | Integrated Performance Report | |
| | 6.1.1 Integrated Dashboard and Exception Reports
Chief Operating Officer | d |
| | 6.1.2 Month 6 Finance Report
Director of Finance | d |
| 6.2 | Operational Plan Mid-Year Update
Director of Strategy & Sustainability | d |
| 6.3 | NHS Improvement Quarterly Return
Director of Finance | d |

7. Governance

- | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|---|
| 7.1 | Report of Finance Business Performance and Assurance Committee
Chair of Finance and Business Performance Assurance Committee | d |
| 7.2 | Board of Directors | |
| | 7.2.1 Minutes of the Previous Meeting – 27th September 2017 | d |
| | 7.2.2 Board Action Log
Director of Corporate Affairs | d |

8. Standing Items

- | | | |
|------------|----------------------------------------------------------------------------------|---|
| 8.1 | Items for BAF/Risk Register
Chairman | v |
| 8.2 | Items to be considered by Assurance Committees
Chairman | v |
| 8.3 | Any Other Business
Chairman | v |
| 8.4 | Date and Time of Next Meeting
Wednesday 29 th November 2017 | v |

Board of Directors	
Agenda Item	4
Title of Report	Chief Executive's Report
Date of Meeting	25 th October 2017
Author	David Allison, Chief Executive
Accountable Executive	David Allison, Chief Executive
BAF References • Strategic Objective • Key Measure • Principal Risk	ALL
Level of Assurance • Positive • Gap(s)	Positive
Purpose of the Paper • Discussion • Approval • To Note	To Note
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	N/A

This report provides an overview of work undertaken and important announcements over the reporting period.

Internal

- **Improving Patient Flow**

I am pleased to report that our plans to improve patient flow and compliance with the A & E 4 hour standard are having an impact. Our target was to achieve a minimum of 90% compliance by 1st October and then to further improve with a view to achieving the national constitutional standard of

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95% compliance. For the first week in October we achieved 90.8% performance. The Trust is reporting above 90% performance for October if the methodology outlined in the attached letter from NHSI is used, that is that performance from walk in centres and minor injury units not on the Trust site be included in the data return.

Other news includes the decision by West Cheshire A & E Delivery Board in September to withdraw from joint monthly Wirral and West Cheshire Board meetings in preference to joint quarterly meetings where learning can be shared. West Cheshire will focus on their local delivery Board meetings during this time.

If there was any doubt that compliance with the A & E standard was of utmost importance, as from Wednesday 18 October the BBC will publish the new on-line 'Tracker' which is expected to track A&E performance weekly and unlike last year it appears that the BBC will be giving the tracker a higher profile with regional and national filming to support news programmes.

- **Clinical leadership**

Following the discussions at the Board in September, the Trust has made good progress in taking forward the consultation around the move to a clinically led operating model. The feedback received to date has not only been positive but also engaging with some good suggestions on the detail in the proposal.

The Trust has set out a timetable that allows for the transition to be complete by end of March 2018 and is currently on track with this.

- **Flu Vaccinations**

The Trust commenced its annual flu vaccination campaign on the 3rd October and the number of staff vaccinated up until the 13th October was 1238 which represents 26.2% towards the 75% target

External

- **GIRFT visits No 10**

The GIRFT clinical leads, including Dr Beverley Oates and Dr Deborah Lowe, and senior management team were invited to a special meeting at No 10 Downing Street by the Secretary of State for Health, the Rt Hon. Jeremy Hunt MP, on Tuesday October 10. This was the first time a NHS programme had been invited to No 10. The team were addressed by Lord Carter, Professor Tim Briggs – Chairman of GIRFT – as well as Jeremy Hunt, who emphasised his commitment to the GIRFT programme along with his desire to support this clinically led programme to achieve the reduction in unwarranted variation and improved quality of service and outcomes for patients.

- **Strategy**

Efforts continue to progress our horizontal Acute Care Alliance with particular emphasis on clinical collaboration linked to emerging thinking at STP level. With regard to vertical integration the emphasis is on the 4 hour standard through the A & E Delivery Board and financial sustainability where the recent "lock in" process is building a series of actions aimed at delivering a single control total and related governance and assurance mechanisms.

David Allison
Chief Executive
October 2017

BY EMAIL
13 October 2017

To: All NHS provider CEOs

Dear colleague

Clinical escalation plans and activity counting on UEC pathways

Thanks for all of your efforts to get on top of things in ED and prepare for a potentially difficult winter ahead. Pauline Philip has written to set out the plan, actions, next steps etc, and I wanted to seek your help with a couple of things as part of this.

Clinically-led escalation plans

I am sure you will have seen Ted Baker's comments in the media recently and read Pauline's letter yesterday about the need for clear escalation plans outlining what will happen at times of peak pressure. We need Boards, led by medical directors and nurse directors, to consider all of the options available to them and make decisions that weigh risk up in the round – especially to avoid caring for patients in corridors or preventing ambulance handover waits.

Being explicit about escalation will help your teams to pull in the same direction during peak periods, and to flush out any trade-offs that may need further thought. We will send more details soon on the operation of the National Emergency Pressures Panel, so that you can align your plans with nationally-recommended responses. In the meantime, I would be grateful if you could set this ball rolling within your organisation now and our Regional colleagues are keen to help if you need it.

Capturing unreported activity

There still appears to be substantial variation in the way urgent care activity is captured – indeed, several examples have been highlighted by CEOs over the last few days.

There are two particular issues. The first relates to the very effective new services for the elderly and/or ambulant patient – these provide excellent and timely care but are often completely absent in ED reporting. We must ensure that alternative pathways to A&E have not created areas of hidden waits, and that users of these services are managed to the same four hour standard, and A&E rules, as they would have been had they attended A&E. Most of the services I have seen actually provide more rapid access but don't record it. Some providers are managing to capture and report this data in their A&E reporting and it is clear to me that this is possible as long as certain conditions are met. Failure to do this results in data inconsistency and can also materially distort your performance, which will therefore not provide an accurate reflection of the service you are offering.

We will shortly write to you with more information to outline some of the practices we would suggest can be adopted, as well as reviewing the current guidance to see how this could be updated to ensure this activity is correctly recorded. In the meantime, as a set of guiding principles to aid your own work on this matter, activity should be counted within your A&E reporting data (Type 1, 2, or 3) if:

- the pathway involves a clinical or administrative process within the relevant hospital or associated site within the local urgent system, which supports access to and provision of urgent care
- patients should expect to receive care within four hours, as they would in an A&E department, and you would expect to start and stop a 4 hour clock on these patients
- the service / pathway is on the relevant hospital / associated site within the local urgent care system AND in the absence of the service / pathway, you would expect a corresponding increase in A&E activity.

All such activity should be reported consistently across daily and monthly SITREPs and SUS (including ECDS).

Reporting performance for Minor Injury Units / Walk In Centres

Secondly, I know that there is also a lack of consistency about how Type 3 activity is captured (principally within Minor Injury Units / Walk In Centres). The way this activity is collected currently depends on whether the unit is co-located or not, which means that some of you are being held to account for performance that is reported on a different basis to neighbouring trusts.

I would like to address this issue, but we want to avoid making changes to the way data is submitted by local organisations. Instead, if you can demonstrate agreement with all relevant local parties, including your Local Delivery Boards, we will allocate Type 3 activity on co-located / non-co-located sites in line with these local agreements, for performance reporting purposes.

What we can do to help

There are clearly things that you want us to do more or less of nationally – for example relating to workforce gaps, support and alignment from Colleges and other national bodies, issues relating to social care, reduction in reporting requirements and assurance. We are dealing with the issues raised but if there is something you feel we need to be dealing with to help you, please let myself or Pauline know directly, or provide feedback via your RD.

Thanks again for your continued effort and support. Keep going...

Yours sincerely



Jim Mackey

Chief Executive, NHS Improvement

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Appendix A

Having identified activity that you feel should be counted in your A&E reporting data (Type 1, 2, or 3), we and NHS England are likely to take the following lines of enquiry when considering whether the activity can be included in the data:

- Can you identify and record the clock start for the patient pathway?
- Can you identify and record the clock stop when the patient is either discharged, transferred or admitted? Please note that the start of treatment does not stop the clock.
- Can you flow the data through the relevant central returns (daily SITREP, monthly A&E data collections)?
- Can you flow the data through SUS? If not, do you have plans to flow the data through SUS as we move towards SUS being the primary source of such information?

BOARD OF DIRECTORS	
Agenda Item	5.1
Title of Report	Infection Prevention and Control (IPC) Update - IPC Improvement Action Plan
Date of Meeting	25 October 2017
Author	Alison Quinn, Associate Director of Nursing Lorraine Young, IPC Team Leader/Matron
Accountable Executive	Denise Price, Interim Director of Nursing & Midwifery
BAF References Strategic Objective Key Measure Principal Risk	8b – Deliver national infection and prevention control targets
Level of Assurance Positive Gap(s)	Gaps
Purpose of the Paper Discussion Approval To Note	To Note
Reviewed by Assurance Committee	N/A
Data Quality Rating	Bronze – qualitative data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken Yes No	N/A

1. Executive Summary

Preventing and controlling Healthcare Associated Infection (HCAI) continues to be a priority in healthcare on a regional, national and global scale and the importance of a well led and responsive Infection Prevention and Control Team (IPCT) and a comprehensive Infection Prevention and Control (IPC) Strategy, aligned to meet the safety and well-being needs of our patients, staff and the organisation is crucial.

The purpose of this report is to provide an overview of the Trust's current infection prevention challenges following an external peer review by senior Infection and

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Prevention Control (IPC) colleagues from Central Manchester NHS Foundation Trust (CMFT).

This has led to the development of a high level IPC Improvement Plan, aimed at delivering sustainable and embedded improvements. It is proposed that the Improvement Plan report directly to the Quality & safety Committee in November, raising the visibility and associated accountability of IPC across the trust.

Board members are asked to note the information contained within this report.

2. Background

Two reported outbreaks of CPE in July 2017, slippage of the HPV Schedule (against trajectory) and a significant increase in the number of *C. diff* cases in August 2017, led to an in-depth peer review of the Trust's current IPC position.

Following the absence of the senior IPCT Associate Director of Nursing (ADN) from April 2017, continued efforts have been made to ensure that the day to day IPC activities have been delivered across the Trust. The IPC Team Leader/Matron (Band 8a) has been appointed internally from the current team, to provide interim operational leadership for the next 6 months.

The Senior IPC Nurses are assigned, with support from the Band 6 IPC Nurses, to the following areas:

1. Acute Medicine & Critical Care
2. General Medicine & DME
3. Surgery and Women's and Children
4. Diagnostics and Clinical Support, Renal, Outpatients and Ward 24/25

The Infection Control Doctor/ Consultant Medical Microbiologist (CMM) has continued to support the IPCT as much as possible in the absence of a senior nurse lead.

3. Key Issues/Gaps in Assurance

The joint IPC Teams (WUTH and CMFT) agreed the following recommendations;

1. Assurance/Accountability
That a review of the overall governance arrangements in relation to key assurance committees/operational groups with clear accountability/responsibility for IPC within and by Divisions, was required.
2. Back to Basics
Promotion of the basic's inclusive of; Hand hygiene, the use of Personal Protective Equipment (PPE), the introduction of 'Aseptic Non-Touch Technique' (ANTT) and clear/ immediate escalation processes for any episodes of non-compliance. A fresh eyes view of the estates and cleaning challenges will ensure that current resources are used to best effect.
3. Simplification
The current approach to CPE screening and management of high risk cases was thought to be too complex and a recommendation was made to review this approach. Using best practice guidance and evidence from other Trusts, this could be simplified.
4. IPC Senior Nurse Leadership
It was suggested that the lack of senior IPC support to the team had hindered the

day to day delivery of IPC services, balancing the needs of operational demands to those of strategic direction.

4. Next Steps

A comprehensive improvement Plan has been developed by all the related Heads/Leads of services or teams and work to progress this is already underway. The key themes include:

Communication, Culture and Training

- Review key IPC governance and operational meetings
- Divisional accountabilities to be embedded in order to ensure ownership of IPC
- Clear escalation processes to be developed
- Senior Leadership in the IPCT
- Management of risks appropriately alongside operational demands
- IT solutions to release IPC Nurses time

Detect Rapidly

- Review CPE and MRSA screening and isolation strategy based on local epidemiology data, best practice guidance and national evidence.
- Screening compliance - reporting to be developed

Isolate Promptly

- Effective management of side room use
- Review Isolation Ward processes

Do the Basics Brilliantly

- Develop an outline plan for introduction of aseptic non-touch technic (ANTT) Trust-wide.
- Promote hand hygiene, Personal Protective Equipment (PPE) and Bare Below the Elbow policies.
- Review placement of alcohol gel containers and location, particularly for ward refurbishments.
- Ensure consistent standards of cleaning at all levels and that the cleaning provision is adequate.
- Review key estates issues, especially those in inpatient & patient facing areas.

The priority areas over the next 2 months include:

- Move to recruit a senior IPC lead, in the interim secure support to the team, with some urgency.
- Review of the cleaning resources/response from Hotel Services Department
- Review the current CPE strategy, to include the screening process, isolation criteria and use of Ward 24/25
- Identify the key issues/priorities to be addressed by the Estates Department
- Review the approach to the current HPV programme ensuring the approach reflects best practice guidance and is fit for purpose.
- Network with local, regional and national IPCTs, including Central Manchester Foundation Trust (CMFT). WUTH IPC Team is due to visit at the end of October.

5. Conclusion

Infection prevention & control is everyone's responsibility and as such, everyone plays a role in ensuring that patients are safe from acquiring a preventable healthcare associated infection (HCAI).

Following the peer review a Trust-wide IPC Improvement Plan has been developed in order to address IPC challenges, drive forward IPC priorities and embed IPC accountability at all levels of the organisation. Progress against the Improvement Plan will be monitored each month at Divisional IPORT meetings and updates will be presented at the Quality & Safety Committee from November. The terms of reference for the Infection Prevention Team meeting (Committee) will be reviewed, to align this directly.

6. Recommendations

The Board are asked to note the information contained within this report and consider the proposal that IPC related matters, report directly to the Quality & Safety Committee.

Board of Directors	
Agenda Item	6.1.1
Title of Report	Integrated Performance Dashboard
Date of Meeting	25th October 2017
Author	Anthony Middleton, Director of Ops / Deputy COO John Halliday, Assistant Director of Information
Accountable Executive	Janelle Holmes Chief Operating Officer
FOI status	Document may be disclosed in full
BAF References	<ul style="list-style-type: none"> Strategic Objective Key Measure Principal Risk <p>All Strategic Objectives (1 through 7) All Key Measures (1A through 7D) All Principal Risks</p>
Level of Assurance	<ul style="list-style-type: none"> Positive Gap(s) <p>Partial with gaps</p>
Purpose of the Paper	<ul style="list-style-type: none"> Discussion Approval To Note <p>Discussion</p>
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	<ul style="list-style-type: none"> Yes No <p>No</p>

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1. Executive Summary

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note the performance to the end of September 2017. The report also includes an early prototype of the new performance dashboard for the Board's consideration.

2. Summary of Performance Issues

The key national priorities are A&E and 62 Cancer performance, although other key targets by exception are covered in this narrative.

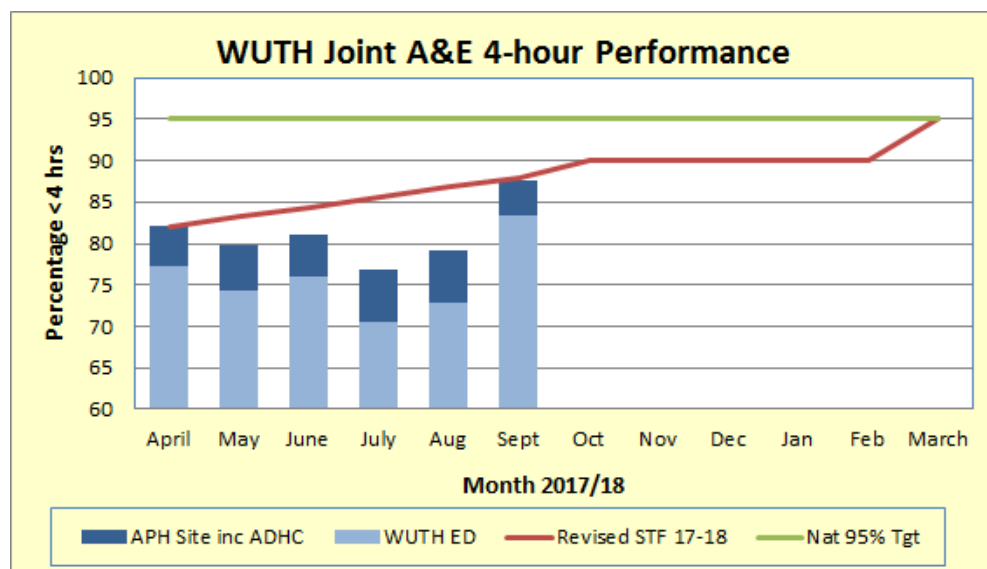
3. Detailed Explanation of Performance and Actions

a. A&E 4 Hour Target

Against the A&E standard of a minimum 95% of patients to be admitted, transferred or discharged within four hours, the month of September was 87.28% as measured across a combined ED and All Day Health Centre performance at the Arrowe Park site. ED alone was 83.13%. This is a significant improvement from August and reflects the implementation of system reforms to improve patient pathways.

Whilst the national headline standard of 95% remains individual Trust have been monitored on submitted trajectories linked to System Transformation funding for the early part of 2017/18, however, more recently the objective has been revised to a standard expectation of 90% for October through to February, with a step up to 95% in March.

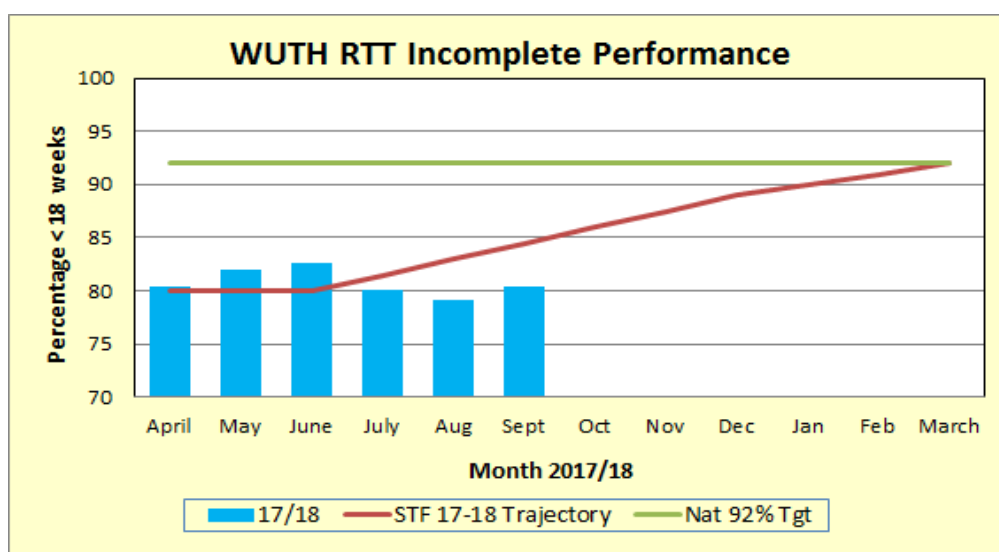
There has also been an indication that performance delivery can take into account off-site Type 3 A&E departments which exist within community settings; which to date has only been allowed where the Type 3 facility is co-located on an Acute hospital site. To gain this inclusion agreement should be obtained at A&E delivery boards by all organisations – the impact of this inclusion for Wirral would be a circa 3.5% gain.



18 Weeks Referral To Treatment (RTT)

The focus of RTT is solely on the Incomplete standard, with the threshold set at a minimum 92% of patients waiting to be at 18 weeks or less. The Trust is judged externally by the total waiting across all specialties, though financial penalties are calculated under the contract for individual specialties that do not achieve.

The position for the end of September was 80.42%. This is below the national standard of a minimum 92%, and a slight improvement on the previous month's position. Following the extensive cleansing of the data the action plans to redress the position by the end of March 2018 are being implemented, with additional capacity coming on stream.



b. Diagnostic Six Weeks Wait

At the point of producing this report, final validation was concluding in a couple of departments. However it is expected the Trust will have returned to compliance against the minimum 99% standard. The current September position is 99.8%.

c. Cancer

The management of individual patient pathways and validation of waiting times is continuing, and as a result the Trust is maintaining a strong record of delivery against all cancer standards in aggregate. Where individual tumour pathways are experiencing high demand management teams are taking actions to address. All standards are expected to be met for Q2.

The 62-day standard continues to be the most difficult to achieve, and this is reflected in performance at a national level. This particular standard also has an explicit line in STF trajectories, with the expectation the 85% standard will be achieved each month. Cancer waiting time performance is only finalised many weeks after month-end due to the time required to confirm diagnosis and share patient pathways between providers.

d. Infection Control

The Trust has a trajectory of a maximum 29 toxin-positive avoidable cases for 2017/18. There were 2 avoidable cases in September, which brings the cumulative total to 16 and so 4 cases above the trajectory at this point.

There were zero hospital-acquired MRSA bacteraemia cases.

4. Prototype – Performance Dashboard

Attached to this report is an early prototype of the new performance dashboard requested by members. Members will note that this is not fully populated and is merely an example of how future reporting could be presented.

The aim of the new dashboard is to provide members with an “at a glance” overall review of performance as indicated by the metrics marked red, amber and green at the start of the report. In the new report all metrics marked as red will automatically be pulled to the front of the report where further detail on the mitigating action to be taken will be provided. For those metrics which are amber, further detail will only be provided if performance appears to be deteriorating, not if performance is improving. Members will be able to distinguish between improving and deteriorating performance by the different components of the graphic – An aide memoire of interpretations of the graphic will be included in the report.c.

Members will note that the lead for each metric is clearly visible as it the expected targets, key inputs to achieve the target as well as an update on progress or expected progress.

The Board is asked to note that further work is required on determining the key quality and safety metrics to be used and finalisation of the Use of Resource Metrics.

5. Recommendation

The Board of Directors are asked to:

Note the Trust’s current performance to the end of September 2017.
Comment on the prototype for the new Board of Directors Performance dashboard in order to inform future development

WUTH Integrated Performance Dashboard - Report on September for Oct 2017 BoD

Area	Indicator / BAF	July	Aug	Sept	Trend / Future Concern	Target (for 'Green')	Latest Period	Exec Lead
Meeting Our Vision	Satisfaction Rates							
	Patient - F&F "Recommend" Rate	99%	97%	97%		>=95%	Sept 2017	GW
	Patient - F&F "Not Recommend" Rate	0%	0%	0%		<=2%	Sept 2017	GW
	Staff Satisfaction (engagement)	3.78	3.78	3.78		>=3.69	Q4 2016/17	JM
	First Choice Locally & Regionally							
	Market Share Wirral	82.8%	83.2%	82.2%		>= 85%	April to June 2017	AM
	Demand Referral Rates	-25.2%	-19.1%	-17.0%		>= 3% YoY variance	Fin Yr-on-Yr to Sept 2017	AM
	Market Share Non-Wirral	6.7%	6.3%	6.5%		>=8%	April to June 2017	AM
	Strategic Objectives							
	Harm Free Care	97%	96%	97%		>= 95%	Sept 2017	GW
Operational Excellence	HIMMs Level	5	5	5		5	Sept 2017	PC
	Key Performance Indicators							
	A&E 4 Hour Standard	76.94%	79.26%	87.28%		>=95%	Sept 2017	AM
	RTT 18 Weeks Incomplete Position	80.15%	79.07%	80.42%		>=92%	Sept 2017	AM
	Diagnostics 6 Week Standard	98.76%	98.72%	99.80%		>=99%	Sept 2017	AM
	Cancer Waiting Time Standards	On track for the quarter	On track for the quarter	On track for the quarter		All met at Trust level	Q2 to Sept 2017	AM
	Infection Control (MRSA & c Diff cumulative YTD)	1 MRSA; 8 C diff	1 MRSA; 14 C diff	1 MRSA; 16 C diff		0 MRSA Bacteraemia in month, and cdiff less than cumulative trajectory	Sept 2017	GW
	Productivity							
	Delayed Transfers of Care - % of beddays	3.26%	4.74%	3.54%		< 3.5% of occupied beddays	Sept 2017	AM
	Medically Optimised Inpatients	183	231	196		New metric - tbc	Sept 2017	AM
A Healthy Organisation	Bed Occupancy	91.7%	90.2%	86.6%		<=85%	Sept 2017	AM
	Bed Occupancy Medicine	96.0%	94.7%	88.9%		<=85%	Sept 2017	AM
	Theatre Utilisation	80.9%	80.5%	80.5%		>=85%	Sept 2017	AM
	Outpatient DNA Rate	8.2%	8.1%	8.4%		<=6.5%	Sept 2017	AM
	Outpatient Utilisation	79.5%	78.3%	79.4%		>90%	Sept 2017	AM
	Length of Stay - Non Elective Medicine	5.4	6.2	5.3		<= 5.0	Sept 2017	AM
	Length of Stay - Non-elective Trust	4.7	5.7	4.9		<=4.2	Sept 2017	AM
	Contract Performance (activity)	1.6%	0.7%	0.2%		0% or greater	Sept 2017	AM
	Finance							
	Contract Performance (finance)	-2.2%	-3.3%	-3.7%		On Plan or Above YTD	Sept 2017	DJ
External Validation	Expenditure Performance	-0.4%	-1.4%	-1.9%		On Plan or Below YTD	Sept 2017	DJ
	CIP Performance	-54.0%	-40.2%	-40.2%		On Plan or Above	Sept 2017	DJ
	Capital Programme	37.0%	29.9%	64.0%		On Plan	Sept 2017	DJ
	Non-Core Spend	10.0%	10.3%	10.2%		<5%	Sept 2017	DJ
	Cash Position	224.0%	56.0%	141.0%		On plan or above YTD	Sept 2017	DJ
	Cash - liquidity days	-13.8	-17.4	-18.8		> 0 days	Sept 2017	DJ
	Clinical Outcomes							
	Never Events	0	0	1		0 per month	Sept 2017	SG
	Complaints	28	27	23		<30 per month	Sept 2017	GW
	Workforce							
National Validation	Attendance	95.52%	95.48%	95.46%		>= 96%	Sept 2017	JM
	Qualified Nurse Vacancies	6.97%	8.01%	7.76%		<=6.5%	Sept 2017	GW
	Mandatory Training	91.59%	92.23%	92.86%		>= 95%	Sept 2017	JM
	Appraisal	83.78%	83.83%	84.43%		>= 85%	Sept 2017	JM
	Turnover	10.65%	10.65%	10.62%		<10%	Sept 2017	JM
	Agency Spend	17.4%	12.3%	14.9%		On plan	Sept 2017	GW
	Agency Cap	185	159	163		0	Sept 2017	JM
	National Comparators							
	Advancing Quality (not achieving)	2	2	2		All areas above target	Sept 2017	SG
	Mortality: HSMR	92.9	91.8	93.8		Lower CI < 0.90	July 2016 to June 2017	SG
Local View	Mortality: SHMI	0.97	0.97	0.96		Lower CI < 90	April 2016 to March 2017	SG
	Regulatory Bodies							
	NHSI - Use of Resources (UoR) Rating	3	3	3		1 or 2 (NHSI amended Oct 2016)	Sept 2017	DJ
	CQC	Amber	Amber	Amber		Overall CQC rating Requires Improvement	Sept 2017	SG
	Commissioning - Contract KPIs							
	Commissioning - Contract KPIs	9	9	9		<=2	Sept 2017	AM

Quarter	2
Period	01/07/2017 - 30/09/2017

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

Division	Tumour Group
Medicine	Haematology
	Lung
	Other
Med & Surg	Upper GI
Surgery	Breast
	Colorectal
	Head & Neck
	Skin
	Urology
Women's	Gynaecology
Total	

Division	Tumour Group
Medicine	Haematology
	Lung
	Other
Med & Surg	Upper GI
Surgery	Breast
	Colorectal
	Head & Neck
	Skin
	Urology
Women's	Gynaecology
Total	

Division	Tumour Group
Medicine	Haematology
	Lung
	Other
Med & Surg	Upper GI
Surgery	Breast
	Colorectal
	Head & Neck
	Skin
	Urology
Women's	Gynaecology
Total	

Division	Tumour Group
Medicine	Haematology
	Lung
	Other
Med & Surg	Upper GI
Surgery	Breast
	Colorectal
	Head & Neck
	Skin
	Urology
Women's	Gynaecology
Total	

Quarter 2 - Total							
Breaches			Treatments			Compliance	
Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
2	0	2	8	0	8	75.00%	75.00%
1.5	0	1.5	10.5	0	10.5	85.71%	85.71%
0.5	0	0.5	5.5	0	5.5	90.91%	90.91%
1	0.5	1.5	4	3	7	75.00%	78.57%
1	0	1	46	0.5	46.5	97.83%	97.85%
6	0	6	21	2	23	71.43%	73.91%
3.5	0	3.5	5	0.5	5.5	30.00%	36.36%
1	0	1	93.5	1	94.5	98.93%	98.94%
17.5	1	18.5	58	2	60	69.83%	69.17%
1	1.5	2.5	17.5	1.5	19	94.29%	86.84%
35	3	38	269	10.5	279.5	86.99%	86.40%

Quarter 2 - July							
Breaches			Treatments			Compliance	
Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
0	0	0	1	0	1	100.00%	N/A
0	0	0	2.5	0	2.5	100.00%	N/A
0	0	0	1	0	1	100.00%	N/A
0.5	0	0.5	0.5	0	0.5	0.00%	N/A
1	0	1	16.5	0	16.5	93.94%	N/A
2	0	2	7	0	7	71.43%	N/A
1	0	1	1.5	0	1.5	33.33%	N/A
0	0	0	34.5	0	34.5	100.00%	N/A
6.5	0	6.5	18	0	18	63.89%	N/A
0	0	0	5.5	0	5.5	100.00%	N/A
11	0	11	88	0	88	87.50%	N/A

Quarter 2 - August							
Breaches			Treatments			Compliance	
Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
2	0	2	4	0	4	50.00%	N/A
1	0	1	4	0	4	75.00%	N/A
0	0	0	1	0	1	100.00%	N/A
0.5	0	0.5	3.5	0	3.5	85.71%	N/A
0	0	0	14	0	14	100.00%	N/A
2	0	2	9	0	9	77.78%	N/A
1.5	0	1.5	2	0	2	25.00%	N/A
0	0	0	27.5	0	27.5	100.00%	N/A
5	0	5	22	0	22	77.27%	N/A
1	0	1	8	0	8	87.50%	N/A
13	0	13	95	0	95	86.32%	N/A

Quarter 2 - September							
Breaches			Treatments			Compliance	
Actual	Predicted	Total	Actual	Predicted	Total	Actual	Predicted
0	0	0	3	0	3	100.00%	100.00%
0.5	0	0.5	4	0	4	87.50%	87.50%
0.5	0	0.5	3.5	0	3.5	85.71%	85.71%
0	0.5	0.5	0	3	3	N/A	83.33%
0	0	0	15.5	0.5	16	100.00%	100.00%
2	0	2	5	2	7	60.00%	71.43%
1	0	1	1.5	0.5	2	33.33%	50.00%
1	0	1	31.5	1	32.5	96.83%	96.92%
6	1	7	18	2	20	66.67%	65.00%
0	1.5	1.5	4	1.5	5.5	100.00%	72.73%
11	3	14	86	10.5	96.5	87.21%	85.49%

WUTH Metrics Summary Performance for September 2017

Metrics	✓	!	✗	Not rated
	16	9	13	3

Headline Commentary

The key focus remains on the financial position, A&E 4-hour performance, and elective access standard performance (RTT and Cancer).

Performance against the A&E 4 hour standard is showing signs of improvement, particularly following the changes introduced in September.

RTT incomplete validation and cleansing is complete, with increased activity now required to reduce waiting lists and times. Additional outsourced capacity to Spire will be necessary to achieve the large increase in activity required. Very long waiters are being actively managed on an individual basis.

Cancer standards remain on track to all be delivered for Q2. The financial position is detailed separately.

A&E : 4 Hours Arrival to Discharge

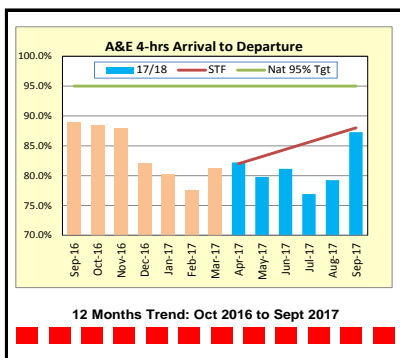


Actual: 87.28%

Accountability: J Holmes / A Middleton

Threshold: 95% (minimum)

Committee: FPBAC



Metric

The total time spent in A&E, measured from the time the patient arrives in A&E to the time the patient leaves the A&E Department, by discharge home, transfer to another hospital or admission to a ward.

Key Issues

The Trust failed to achieve the standard in 2016/17, and agreed a trajectory back to compliance for 2017/18 with NHS Improvement. This trajectory has not been achieved since April 2017.

Inputs

Significant improvement was achieved in September following the system reforms to improve patient pathways.

Progress

Embedding and extending the improved patient flow will be essential to further improve performance. The new STF expectation across the NHS is for 90% to be achieved consistently from October onwards, with compliance back to 95% by March 2018.

Ambulance Turnaround

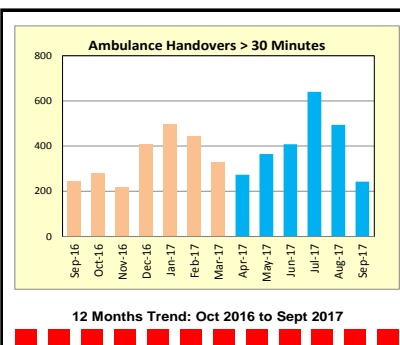


Actual: 243

Accountability: J Holmes / A Middleton

Threshold: 0 > 30mins

Committee: FPBAC



Metric

The standard is a maximum 30 minutes from the arrival of an ambulance to the handover of the patient to Trust staff in the Emergency Department (ED).

Key Issues

In the month of September, there were 243 arrivals by ambulance that took longer than 30 minutes to handover.

Inputs

The considerable improvement achieved in September reflects the system reforms put in place to improve patient flow.

Progress

To be monitored in conjunction with the 4-hour A&E standard and patient flow.

RTT - Incomplete

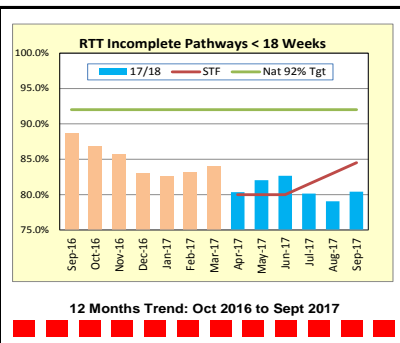


Actual: 80.42%

Accountability: J Holmes / A Middleton

Threshold: 92% (minimum)

Committee: FPBAC



Metric

The percentage of patients that have been referred to a consultant-led service and have not commenced treatment within 18 weeks from that referral, as measured at month-end.

Key Issues

The Trust agreed a trajectory back to compliance across 2017/18 with NHS Improvement. This trajectory has not been achieved since June 2017. Performance for the end of September 2017 was 80.42%.

Inputs

The RTT patient waiting list (PTL) has been extensively cleansed. Following this the action plans to redress the position by the end of March 2018 are being implemented, with additional capacity coming on stream.

Progress

Additional activity is being planned both within WUTH capacity and outsourcing to a local Spire provider.

RTT - 52 Week Waiters

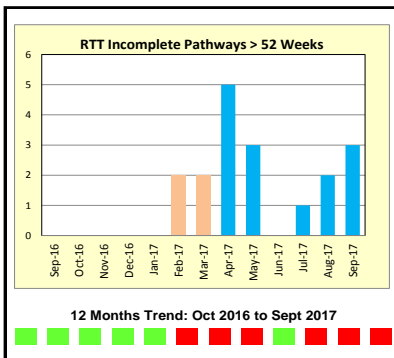


Actual: 3

Accountability: J Holmes / A Middleton

Threshold: 0

Committee: FPBAC



Metric

In conjunction with the 92% standard for incomplete RTT pathways, there is the national expectation that all patients will commence treatment within 52 weeks of referral, as measured at month-end.

Key Issues

There were three patients at the end of September that had waited longer than 52 weeks for treatment to commence.

Inputs

Long waiting patients are being actively managed alongside the general waiting list and waiting time improvement actions. Any patients confirmed as having waited 52 weeks at month-end are reviewed to ensure no clinical harm has resulted from the long wait, and to understand the causes of the excessive waiting time.

Progress

Additional activity is being planned both within WUTH capacity and outsourcing to a local Spire provider.

Outpatient Waiting List - Appointment Scheduling Issues (ASI)

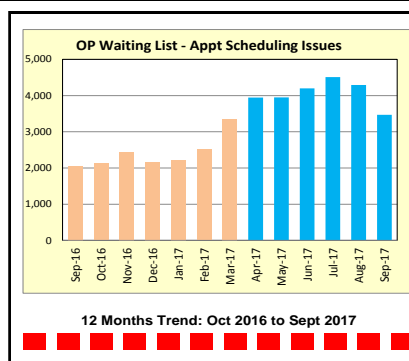


Actual: 3471

Accountability: J Holmes / A Middleton

Threshold: Zero

Committee: FPBAC



Metric

Number of eRS referrals on the Appointment Scheduling Issues (ASI) list at month-end

Key Issues

Direct bookings from GPs via the national eRS are unable to find an available appointment for the patient if there is limited capacity at the Trust. These referrals are then logged as an ASI, preventing the referral letter reaching the Trust, and the patient does not receive an appointment until capacity becomes available.

Inputs

As additional capacity comes on stream, the size of the ASI backlog is reducing. Divisions are working through plans to reduce and minimise the number of ASI.

Progress

The ASI backlog is expected to continue to reduce across the remainder of 2017/18.

Mixed Sex Accommodation Breaches

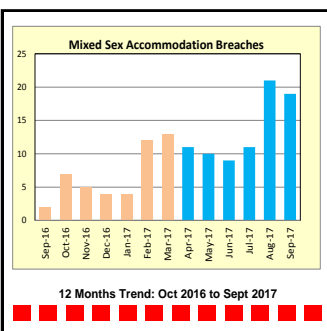


Actual: 19

Accountability: J Holmes / A Middleton

Threshold: Zero

Committee: FPBAC



Metric

Patients have a right to single-sex accommodation, to respect their privacy and dignity in an inpatient setting.

Key Issues

There were 19 breaches of the same sex accommodation standard in September, all relating to patients waiting beyond the 24 hours allowed for patients transferring out of critical care areas.

Inputs

The delays in transferring out are discussed at all bed meetings and given high priority. The patients' privacy and dignity is maintained in the critical care areas, in a side room if possible, and all care given that would be provided on their destination ward. The delays are explained to the patients, and they are moved as soon as a bed becomes available in the right ward. It is important to note that critical care were not fully occupied during this time, and there were no patients unable to be transferred to critical care that needed a bed there.

Progress

Options to increase the side rooms in critical areas are being assessed. Improving patient flow across the Trust will allow easier and more timely transfer back to general wards for those patients that no longer need augmented care.

C Difficile HAI Avoidable Cases

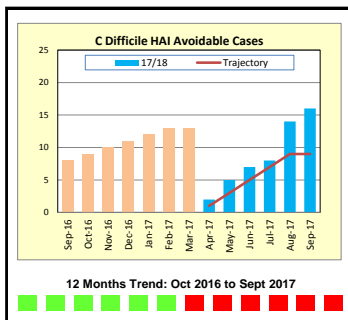


Actual: 16 cases

Accountability: D Price

Threshold: Above trajectory

Committee: Q&S Committee



Metric

The number of clostridium difficile cases in the year to date that are hospital acquired toxin-positive, and deemed to have been avoidable

Key Issues

The Trust has a maximum trajectory if 29 toxin-positive hospital-acquired avoidable cases for 2017/18. To the end of September there had been 16 cases, which is 4 cases above the expected trajectory at this point of the year.

Inputs

The Hospital Infection Control Team are reviewing the post infections to identify the issues, however there is an early indication that there is a need to reinforce the application of basic hygiene standards as well as continuing our HPV programme.

Progress

Liquidity Days

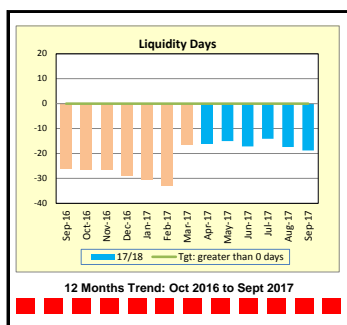


Actual: -18.80

Accountability: D Jago

Threshold: 0 days

Committee: FPBAC



Metric

Key Issues

Inputs

Progress

I&E Performance

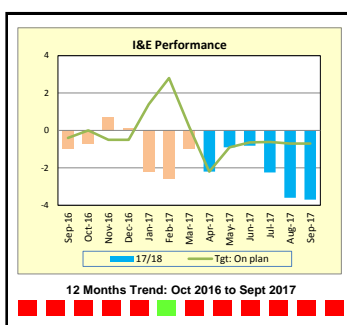


Actual: -3.7

Accountability: D Jago

Threshold: On plan

Committee: FPBAC



Metric

Key Issues

Inputs

Progress

Cost Improvement Programme

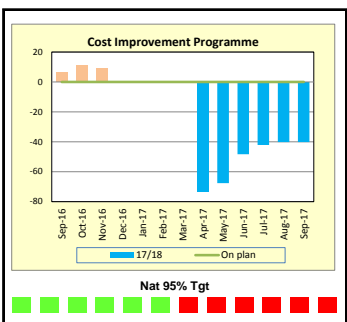


Actual: -40.2

Accountability: D Jago

Threshold: On Plan

Committee: FPBAC



Metric

Key Issues

Inputs

Progress

Agency Cap Breaches

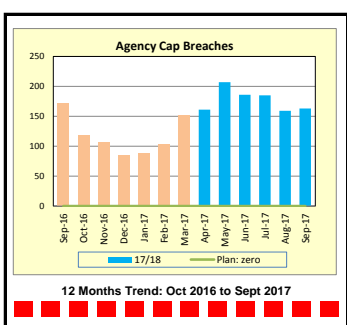


Actual: 163

Accountability: D Jago

Threshold: 0

Committee: FPBAC



Metric

Key Issues

Inputs

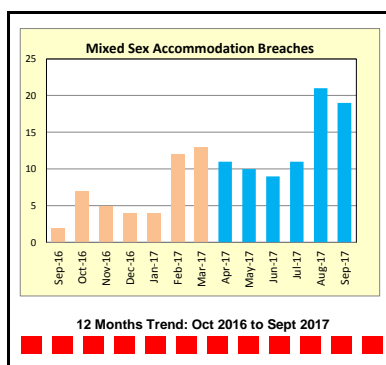
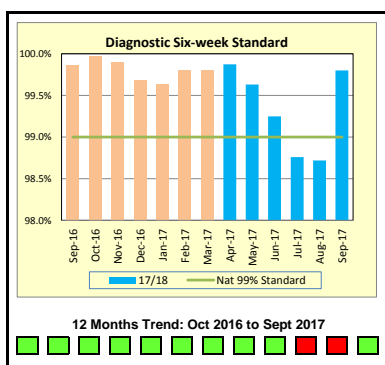
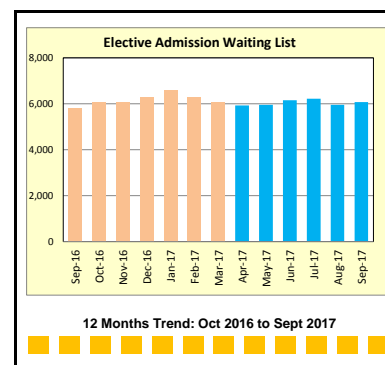
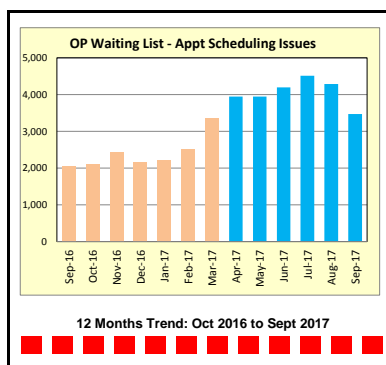
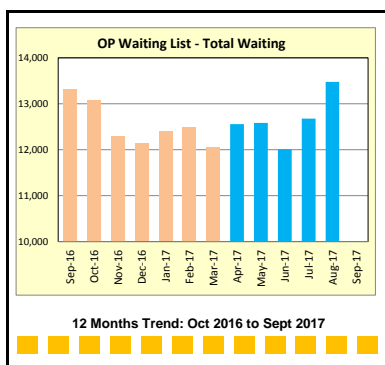
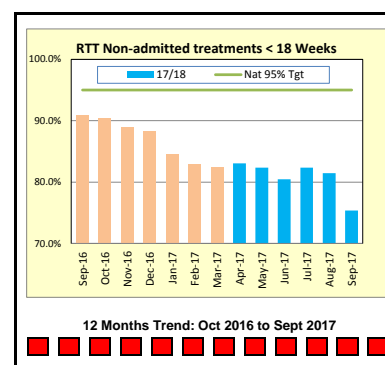
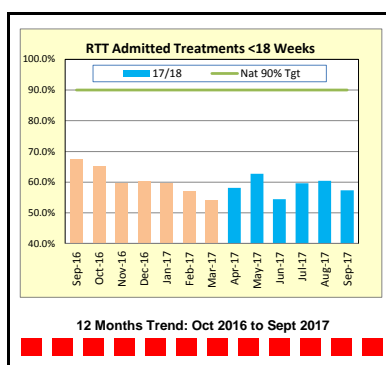
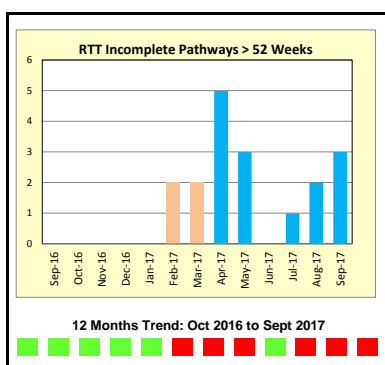
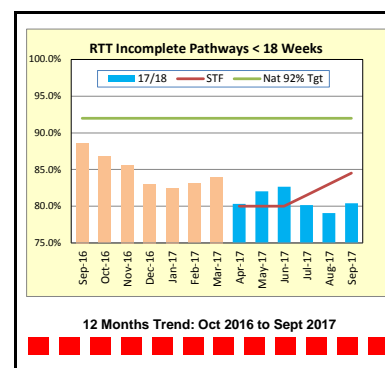
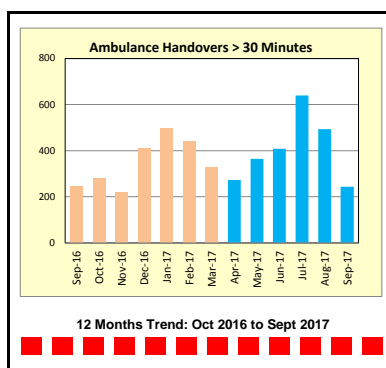
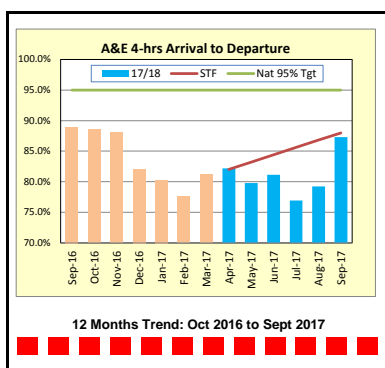
Progress

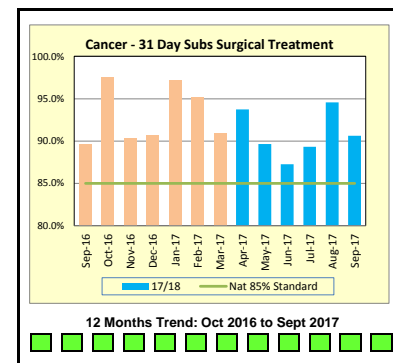
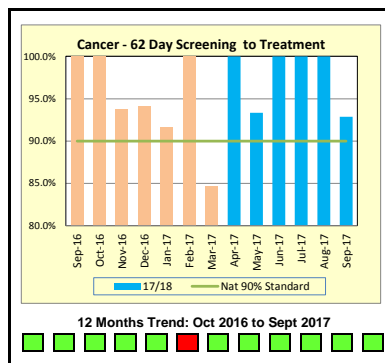
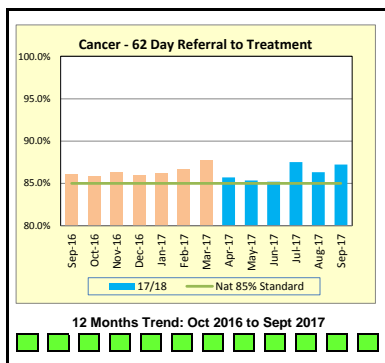
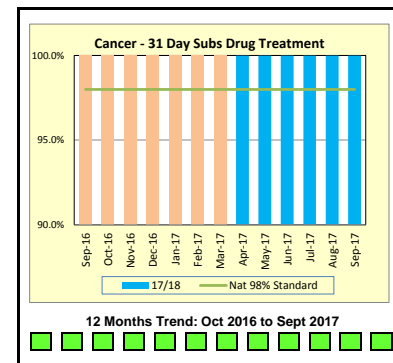
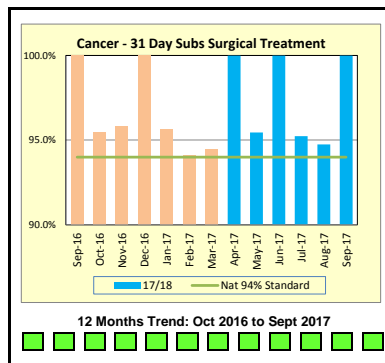
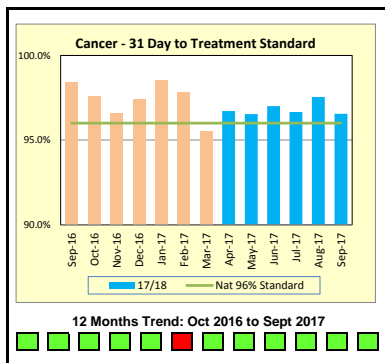
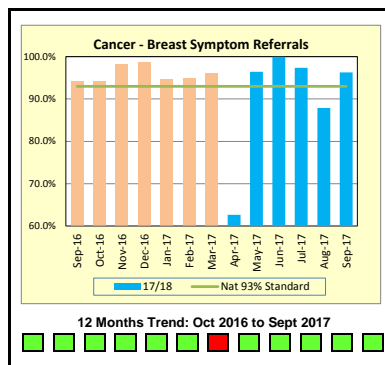
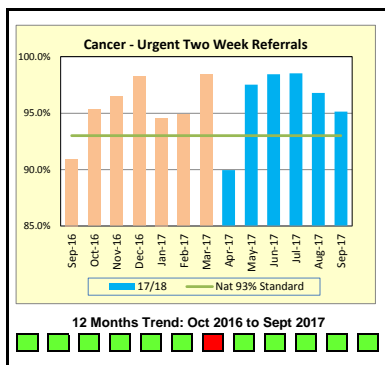
Access (Operations)

J Holmes / A Middleton

✓	!	✗	Not rated
9	2	8	

Access (Operations)



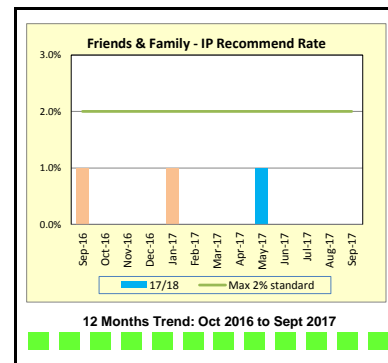
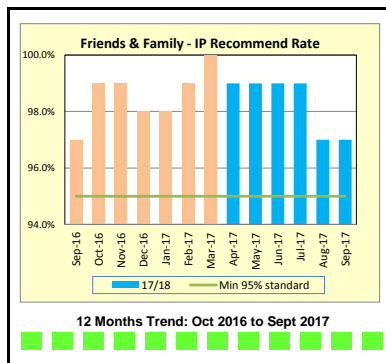
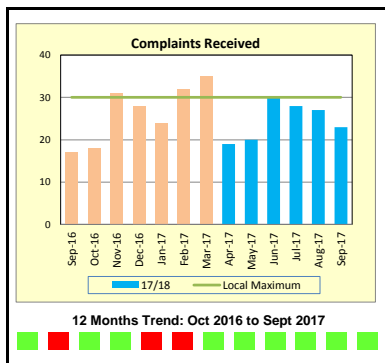
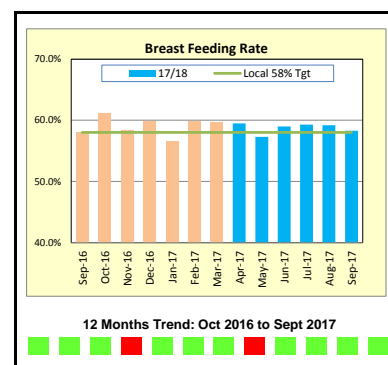
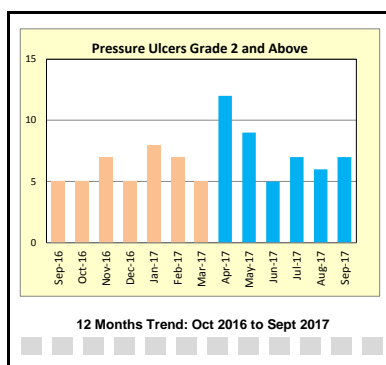
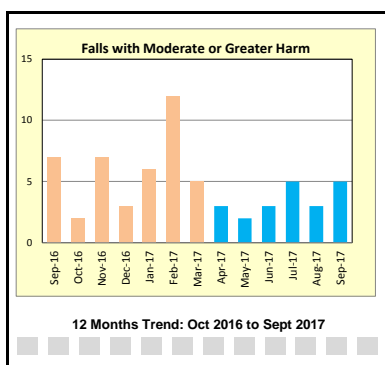
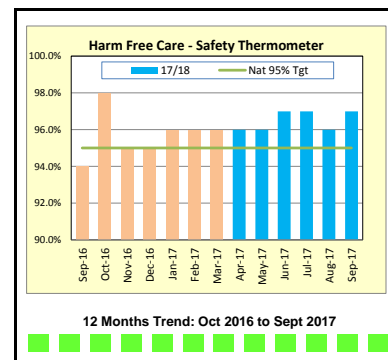
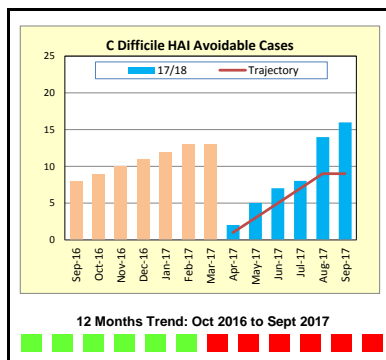
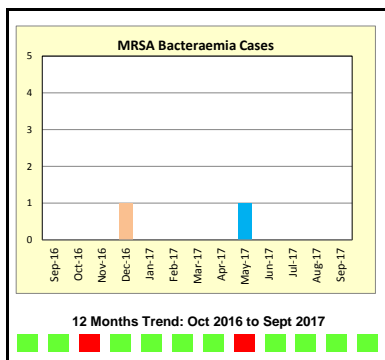


Patient Experience

D Price

✓	!	✗	Not rated
6	0	1	2

Patient Experience

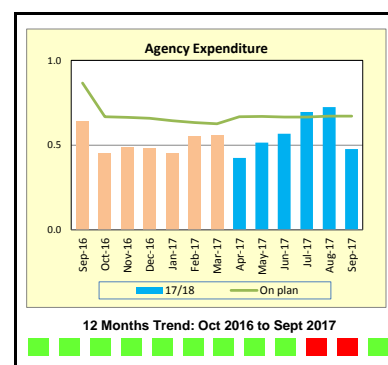
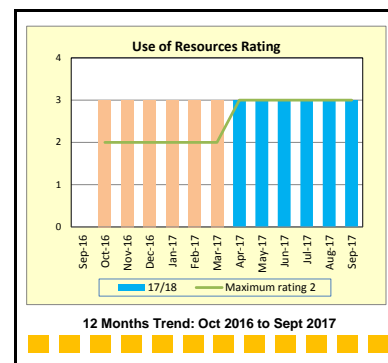
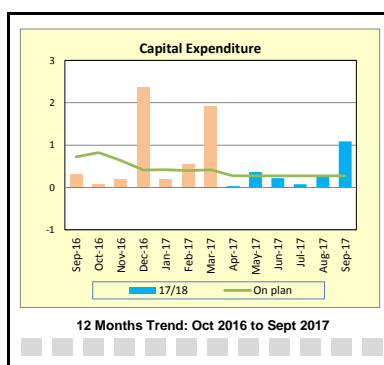
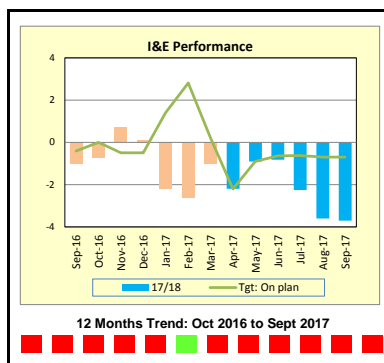
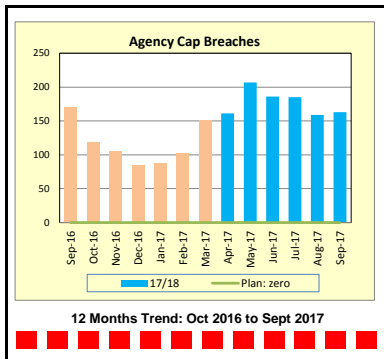
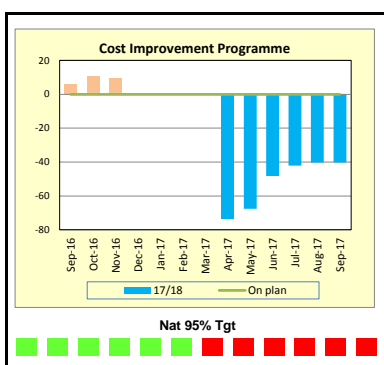
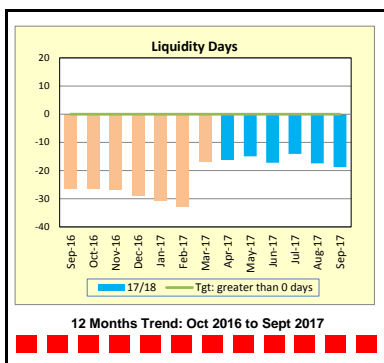


Use of Resources

D Jago

✓	!	×	Not rated
1	1	4	1

Use of Resources

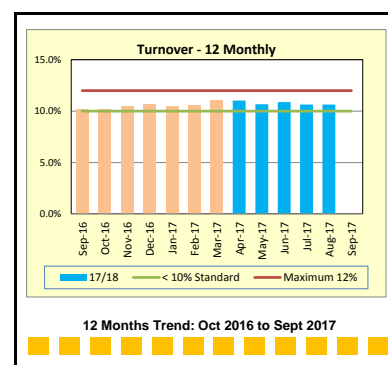
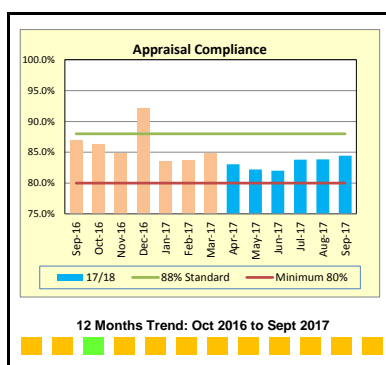
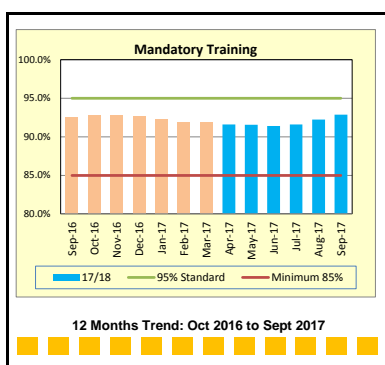
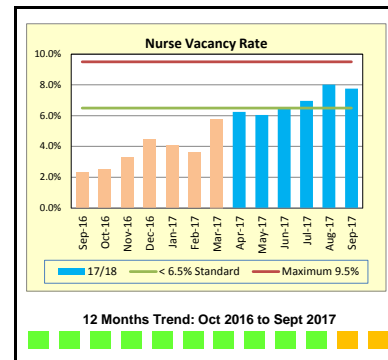
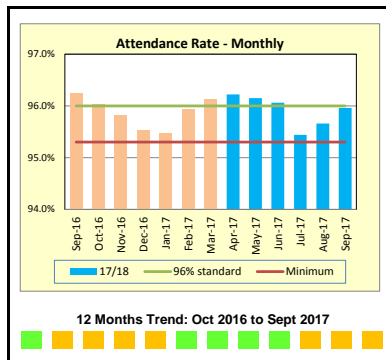
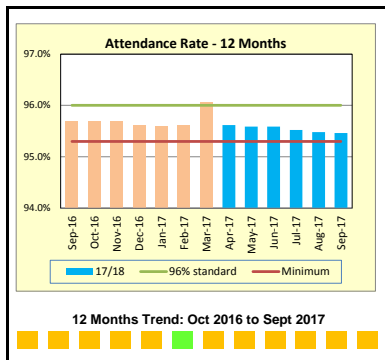


Workforce

J Mawrey

✓	!	✗	Not rated
0	6	0	0

Workforce (HR)



Board of Directors	
Agenda Item	6.1.2
Title of Report	Month 6 Finance Report
Date of Meeting	25 th October 2017
Author	Gareth Lawrence, Deputy Director of Finance
Accountable Executive	David Jago, Executive Director of Finance
BAF References • Strategic Objective • Key Measure • Principal Risk	8 8c,8d
Level of Assurance • Positive • Gap(s)	Gaps: CIP performance below plan with consequent non delivery of STF funding.
Purpose of the Paper • Discussion • Approval • To Note	To discuss and 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

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Overview

This paper provides an update to the Board of Directors on the month 6 financial performance of the Trust for the 2017/18 financial year.

The Trust submitted a revised plan to NHS Improvement (NHSI) which agreed delivery of an operational deficit of £0.4m in line with the control total issued and agreed at Board in March 2017. Within this plan is the requirement to deliver a Cost Improvement Programme (CIP) of £15.0m and a requirement to deliver additional initiatives identified and agreed at Board in March to deliver further savings/initiatives of £6.6m (residual risk of £5.0m) profiled to the latter part of the financial year with a key element of this reliant on working with a formally appointed SEP.

At the end of September 2017 the Trust delivered an overall deficit of £14.0m which is a £5.3m adverse performance to the plan excluding Sustainability and Transformation Funding (STF). As the financial plan was not delivered the Trust has not been able to access £1.8m of the STF with a further £0.2m withheld for the A&E performance in Q1 which under current guidelines is not recoverable. In month the Trust delivered a (£3.1m) deficit compared to a planned (£0.5m) deficit resulting in an adverse (£2.5m) variance. As the Trust did not achieve the control total in month (£0.6m) of the STF was withheld in month. The non-achievement of CIP in month gave the Trust a further (£0.6m) pressure. Non PbR income under performance contributed a further (£0.5m) with operational pressures as a result of increased NEL activity contributed a further (£0.3m) pressure in month.

The Trust disappointingly is reporting a £2.0m adverse variance performance to the CIP . The Trust continues to review all transformational schemes via the Transformational Steering Group (TSG) in order to support sustainable delivery of the savings target. This level of performance at the end of M6 as previously highlighted is of concern and continues to be a key risk going forwards to delivery of the overall financial plan if the pace of identification and execution of CIP schemes does not increase significantly in the coming months.

The cash balance position at the end of September was £5.3m, which is £3.1m above plan. This primarily reflects the closing 16/17 cash position being higher than plan and the additional cash received to support the Global Digital Exemplar (GDE) programme, offset by movements in working capital and EBITDA performance.

The year-end NHSI forecast remains in line with plan for Q2. The Trust continues to monitor the internal recovery plan that was presented to Board in September and will bring further updates during Q3 on the progress.

The Trust has achieved an overall Use of Resources (UoR) Rating of 3 which is in line with plan. As in previous months, the *Agency spend* rating is preventing the overall UoR Rating from dropping to 4.

Table 1 Income and Expenditure Performance

Year ending 31 March 2018 Position as at 30th September 2017	Current Month			YTD		
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Clinical income	25,077	23,373	(1,704)	150,096	144,551	(5,552)
Non-NHS clinical income	131	220	89	786	1,278	492
Other income	2,445	2,548	103	14,670	14,761	91
Total operating income	27,653	26,141	(1,512)	165,552	160,590	(4,968)
Pay	(18,134)	(19,392)	(1,258)	(109,878)	(116,014)	(6,136)
Other expenditure	(9,001)	(8,838)	163	(55,033)	(51,962)	3,071
Total operating expenditure before depreciation and impairments	(27,135)	(28,230)	(1,095)	(164,911)	(167,976)	(3,065)
EBITDA	518	(2,089)	(2,607)	641	(7,386)	(8,033)
Depreciation and net impairment	(693)	(542)	151	(4,106)	(3,224)	882
OPERATING SURPLUS / (DEFICIT)	(175)	(2,631)	(2,456)	(3,465)	(10,610)	(7,151)
Net finance costs and gains / (losses) on disposal	(365)	(364)	1	(2,147)	(2,158)	(11)
ACTUAL SURPLUS / (DEFICIT)	(540)	(2,995)	(2,454)	(5,612)	(12,768)	(7,162)
Reverse net impairment	0	0	0	0	0	0
SURPLUS / (DEFICIT) before impairments and transfers	(540)	(2,995)	(2,454)	(5,612)	(12,768)	(7,156)
Reverse capital donations/grants I&E impact	12	(74)	(86)	71	(67)	(138)
DEL net impairments (<i>damage, not revaluation</i>)	0	0	0	0	0	0
ADJUSTED FINANCIAL PERFORMANCE SURPLUS / (DEFICIT) (AFPD)	(529)	(3,069)	(2,540)	(5,541)	(12,835)	(7,300)
AFPD excluding STF	(1,122)	(3,069)	(1,947)	(8,648)	(13,967)	(5,325)

The variance on AFPD measures the Trust's performance against its control total.

The table above details the current performance of the Trust in relation to the plan submitted to NHSI in March 2017. The detailed Income and Expenditure account can be viewed in Appendix 1.

PbR activity is currently above plan by £1.7m YTD predominantly as a result of over performance in non-elective (£2.3m) and A&E activity (£0.2m). During September Clinical income exceeded plan by £0.2m, however this was due to increases in NEL and A&E income (£0.6m) offsetting non achievement of Elective and Outpatient income (£0.4m). The YTD PbR performance has been offset with an under performance in Non-PbR of (£2.2m), (£1.3m) relates to a difference in the treatment of penalties within the main CCG contract offer (offset within expenditure), with a number of other specialties (Critical Care, Neo-nates and Rehabilitation) currently behind plan. The non-achievement of the control total and A&E performance in Q1 has meant that the Trust has had (£2m) of the STF fund withheld further deteriorating the income position. Non PbR excluded drugs is currently below plan by (£3.1m), this is offset within expenditure.

As a result of the increased levels of NEL activity the Trust has currently been penalised by £0.8m greater than planned for in respect of the NEL marginal rate. The Trust continues to discuss the high levels of NEL activity with Health and Social partners in order to find a more sustainable level of support.

Due to the Trust signing up to the Control Total issued by NHS Improvement, the Trust has avoided financial sanctions of c£5.3m YTD due to A&E and RTT adverse performance to targets.

Operational expenditure is (£3.1m) above plan, within this pay costs are materially above plan by (£6.1m), of this (£2.5m) relates to the non-delivery of CIP (compared to the original plan). Other operational pressures include "full capacity" costs in the Emergency Department, and other staffing pressures, in addition to overspends in clinical supplies costs. Non-recurrent initiatives were applied in Q1 to mitigate pace of CIP delivery and operational run rate pressures alongside the utilisation of the CQUIN risk reserve that was included within the Trust plans.

The Trust continues to monitor the use of non-core spend and has seen a positive reduction in month compared to previous months.

Table 2 Core and Non-Core Expenditure Analysis

	15/16 Average £000's	16/17 Average £000's	17/18 Average £000's	Apr £000's	May £000's	Jun £000's	Jul £000's	Aug £000's	Sep £000's	YTD £000's
Plan				18,241	18,506	18,455	18,190	18,352	18,134	109,878
Pay Costs										
Substantive	16,047	16,944	17,372	17,340	17,366	17,355	17,213	17,405	17,552	104,231
Bank Staff	299	336	413	377	374	406	418	474	428	2,477
Agency Staff	723	591	567	424	515	568	696	724	477	3,404
Overtime	290	255	288	339	266	280	272	292	281	1,730
Medical Bank/Locum	357	462	544	486	506	558	546	629	541	3,266
WLI (In Year)	95	103	151	166	164	143	186	135	113	907
Non Substantive Total	1,764	1,748	1,964	1,791	1,825	1,955	2,118	2,254	1,840	11,783
Total Pay	17,811	18,692	19,336	19,131	19,191	19,310	19,331	19,659	19,392	116,014
Variance				(890)	(685)	(855)	(1,141)	(1,307)	(1,258)	(6,136)
Non-Core %	9.9%	9.4%	10.2%	9.4%	9.5%	10.1%	11.0%	11.5%	9.5%	10.2%

The Trust will continue to review the operational pay spend via F&PG and FBPAC with a renewed focus on actions required to reduce the pay run rate currently being experienced. The Trust agency YTD spend in M6 was £3.4m compared to the “ceiling” of £4.0m issued by NHSI. Agency expenditure will continue to be closely managed given the premium adverse impact of agency costs on the financial plan, alongside assessing the impact of a “freeze” imposed on non-clinical agency. The performance against the agency ceiling is ensuring that the Trust is currently delivering a UoR Rating of 3.

The YTD position includes the release of the £1.2m CQUIN risk reserve, as previously reported to the Board, there is a significant risk that this may be withheld by the CCG. The Trust continues to be in discussions with NHSI so that they can authorise the transfer of the funds with high level discussions taking place between NHSE and NHSI.

Non recurrent support of £1.0m has also been released within the YTD position at the end of September after reviewing year end accruals. This is non recurrent mitigation and as previously reported to the Board of Directors is not available in future months to support any continuance of the current higher than planned expenditure run rate of the Trust.

The impact of the associated risks and non-recurrent adjustments to the current YTD position and the underlying position are demonstrated in the table overleaf.

Table 3 Underlying Deficit

	Plan £k	YTD Actual £k	Variance £k
Adjusted financial performance surplus / (deficit) (AFPD)	(5,541)	(12,835)	(7,293)
AFPD excluding STF	(8,648)	(13,966)	(5,318)
AFPD excluding Non-Recurrent Support	(8,648)	(15,066)	(6,417)
AFPD excluding CQUIN Risk	(8,648)	(16,266)	(7,617)
AFPD Underlying Position (exc STF & CQUIN Risk)	(8,648)	(16,266)	(7,617)

Cost Improvement Programme (CIP)

The CIP for 2017/18 is £15m (4.5%), this is allocated as a target both divisionally and workstream led. As at the end of the Month 6 the Trust is behind the YTD target of £5.3m by £2.0m.

Table 4 set out below details the month 6 position for CIP.

Table 4 CIP Performance

Summary as at Month 6	YTD		In Year	
	Actual		Forecast	Trend
NHSi Plan (Target)	£5,335k		£15,000k	
Fully Developed TSG approved schemes	£3,507k		£9,402k	
Overperformance/ (Gap) v NHSi Plan	-£1,828k	-34.3%	-£5,598k	-37.3%
Latest Forecast performance on TSG approved schemes	£3,341k		£8,970k	
Over/ (Under)performance compared to TSG approved schemes	-£166k	-4.7%	-£432k	-4.6%
Latest Forecast including mitigation	£3,341k		£8,970k	
Performance Variance (Latest Forecast to NHSi Plan)	-£1,994k	-37.4%	-£6,030k	-40.2%
Latest Forecast adjusted for risk	£3,341k		£8,000k	
Performance Variance (Latest Forecast to NHSi Plan)	-£1,994k	-37.4%	-£7,000k	-46.7%

The above table excludes the identified “stretch” initiatives required to deliver the agreed control total.

The table below further analyses CIP performance by Division.

Table 5 Divisional CIP analysis

Divisional Summary	YTD			In Year			FYE		
	Target	Actual	Variance to NHSi Plan	Target	Forecast	Variance to NHSi Plan	Target	Forecast	Variance to NHSi Plan
Division	£k	£k	£k	£k	£k	£k	£k	£k	£k
Medicine and Acute	1,494	419	(1,075)	4,200	1,172	(3,028)	4,200	1,166	(3,034)
Surgery	1,256	1,023	(232)	3,530	2,944	(586)	3,530	2,042	(1,488)
Women and Children	523	245	(278)	1,470	602	(868)	1,470	534	(936)
Diagnostics and Clinical Support	854	362	(492)	2,435	1,108	(1,327)	2,435	1,416	(1,019)
Corporate	1,209	988	(221)	3,365	2,535	(830)	3,365	2,601	(764)
Central			0		610	610		1,500	1,500
TBC		305	305		0	0		0	0
TOTAL FULLY DEVELOPED PRE ADJUSTMENT FOR RISK	5,335	3,341	(1,994)	15,000	8,970	(6,030)	15,000	9,257	(5,743)
Adjustment for Risk					(970)	(970)		(1,569)	(1,569)
TOTAL FULLY DEVELOPED AFTER RISK	5,335	3,341	(1,994)	15,000	8,000	(7,000)	15,000	7,688	(7,312)

The year to date CIP delivered position as at the end of September is £3.3m, (£2.0m) short of the NHSi Plan requirement. £1.8m of this variance is as a result of the unidentified gap against the NHSi Plan requirement with a further c£0.2m underperformance on developed schemes.

The in-year forecast for fully developed schemes at the end of September is £9.4m, in line with the previous month reported figures. This has been delivered through the approval of £0.4m of new schemes at TSG offset by a reduction in the forecast in the benefits from the strategic estates partnership as a result of the delay in the appointment of a partner.

The adjustment for risk calculation is applied based upon the programme delivery RAG rating, as follows:

Red schemes	90% benefit reduction assumed
Amber schemes	50% benefit reduction assumed
Green schemes	10% benefit reduction assumed

Considerable work has been undertaken with the divisional and programme leads to develop the plans in progress and opportunities schemes for approval at TSG. Work will continue to assess and develop the remaining schemes within these categories, with a view to obtain approval at TSG and have a clear understanding of the unidentified gap in order to take the appropriate action. It is of note that the lead time in terms of benefits realisation associated with many of the transformational and STP programmes will necessitate an increased focus on tactical in year schemes which are being progressed as a part of the recovery plan, however given the underlying performance and time of year the options to mitigate the in year shortfall are increasingly limited.

Statement of Financial Position (SOFP), cash position and Use of Resources (UoR) Rating

The Trust's Balance Sheet is detailed at Appendix 2 – *Statement of Financial Position (SOFP)*.

Capital variances to plan (£3.7m) are primarily due to actual brought-forward balances for 2017/18 exceeding those in plan, and depreciation savings, offset by a year-to-date capital underspend. Depreciation savings have been delivered by extending the asset life of the Cerner EPR system. While this has had a benefit to the Income & Expenditure position, it increases risks to the Trust's ability to fund its future capital programme without additional external support.

Capital expenditure is currently behind plan (inclusive of GDE) by £5.5m. GDE capital received in year (£3.9m) is required to be spent before the 31st March 2018, while spend is behind initial plans there are no concerns that the resource will not be utilised.

September's working capital variances to plan continue to fall within acceptable tolerances, and are due to controlled variations in the working capital cycle, in addition to negotiated 'stretch' applied to trade payables through prioritising payments. This is in order that month 7 cash can be managed without in-month borrowing. In month 6, movements and variances in borrowings are attributable to both finance lease balances and a £3.0m in-month draw-down of the approved working capital facility in line with plan.

The September cash position was £5.3m, which is £3.1m above plan. This primarily reflects factors such as the closing 16/17 cash position being higher than plan (£3.6m), movements in working capital (£2.7m), and the additional PDC cash received to support the Global Digital Exemplar (GDE) programme (£3.9m), offset by EBITDA performance (£8.2m). Further detail of the Trust's cash position is at Appendix 3 – *Statement of Cash Flows*. Appendix 3 contains a forecast cash position which assumes additional above-plan borrowing, as discussed at Finance Business Performance & Assurance Committee in October.

The Trust has achieved an overall Use of Resources (UoR) Rating of 3 which is in line with plan. As previously noted, the *Agency spend* rating is preventing the overall UoR Rating dropping to 4.

Conclusion

The Trust is currently reporting an YTD adverse variance to plan of c£5.3m at the end of September and as a consequence of this have not received the associated STF payments for this period. The underlying deficit position of the Trust continues to be reviewed in order to reflect the impact for 2018/19 planning.

Overall operational financial performance has improved marginally compared to previous months but still falls below the required levels to deliver the financial plan. It is imperative that the expenditure run rate and specifically the pay run rate is robustly managed back in line with plan in order to support both the delivery of the CIP and overall financial plan.

As per the recovery plan reported to the Board at M5, the Trust continues to forecast the delivery of the financial plan for 2017/18. In line with the NHSI Forecast Protocols a review of financial recovery actions will be undertaken and reported separately to the Board.


Despite below-plan operational performance, the cash position remains positive with a continued focus on delivering cash preservation initiatives and robust management of working capital, in addition to a draw-down of GDE PDC funding in advance of expenditure. However, the forecast cash position assumes additional above-plan borrowing, as discussed at Finance Business Performance & Assurance Committee in October.

Recommendations

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

David Jago
Director of Finance
October 2017

Appendix 1 Income & Expenditure

Income and expenditure statement (SoCI)				Wirral University Teaching Hospital  NHS Foundation Trust		
Year ending 31 March 2018 Position as at 30 September 2017	YTD			Year-end forecast		
	Plan £k	Actual £k	Variance £k	Board- approved Plan £k	Actual £k	Variance £k
NHS clinical income						
Elective	11,154	11,506	352	22,534	23,816	1,282
Daycase	13,254	13,076	(178)	26,899	28,430	1,531
Elective excess bed days	524	445	(79)	1,063	908	(155)
Non-elective	44,830	47,107	2,277	90,511	95,975	5,464
Non-elective excess bed days	1,084	1,132	47	2,191	2,099	(92)
A&E	6,226	6,446	220	12,453	12,635	182
Outpatient	16,879	16,196	(683)	34,148	33,432	(716)
Diagnostic imaging	1,222	1,193	(28)	2,472	2,414	(58)
Maternity	2,819	2,623	(196)	5,622	5,271	(351)
Non PbR	34,839	32,638	(2,201)	69,801	66,293	(3,507)
HCD	10,243	7,131	(3,112)	20,485	14,496	(5,990)
CQUINs	3,801	3,780	(21)	6,398	6,398	0
Other income	120	146	26	240	45	(195)
STF	3,107	1,131	(1,976)	8,875	1,131	(7,744)
Total clinical income	150,102	144,551	(5,552)	303,692	293,343	(10,349)
Non-NHS clinical income						
Private patients	324	229	(95)	647	491	(156)
Other non-NHS clinical income	462	1,049	587	919	1,990	1,071
Total non-NHS clinical income	786	1,278	492	1,566	2,481	915
Other income						
Education & training	4,890	4,933	43	9,780	9,675	(105)
R&D	204	261	57	408	405	(3)
Non-patient services to other bodies	4,638	5,110	472	9,277	9,788	511
Other income	4,938	4,457	(481)	14,824	8,764	(6,060)
Total other income	14,670	14,761	91	34,288	28,632	(5,656)
Total operating income	165,558	160,590	(4,968)	339,546	324,456	(15,090)
Operating costs						
Pay costs	(109,878)	(116,014)	(6,136)	(221,376)	(232,970)	(11,594)
Drug costs	(13,836)	(11,765)	2,071	(29,220)	(23,709)	5,511
Clinical supplies	(15,543)	(17,607)	(2,064)	(30,933)	(34,868)	(3,935)
Other costs	(25,654)	(22,589)	3,065	(45,893)	(45,359)	534
Depreciation and net impairment	(4,106)	(3,224)	882	(8,353)	(6,672)	1,681
Total operating costs	(169,017)	(171,200)	(2,183)	(335,775)	(343,578)	(7,803)
Operating surplus / (deficit)	(3,459)	(10,610)	(7,151)	3,771	(19,122)	(22,893)
Operating surplus / (deficit) %	-2.09%	-6.61%		1.11%	-5.89%	
Net finance costs and gains / (losses) on disposal	(2,147)	(2,158)	(11)	(4,340)	(4,478)	(138)
Actual surplus / (deficit) per annual accounts	(5,606)	(12,768)	(7,162)	(569)	(23,600)	(23,031)
Reverse net impairment	0	0	0	0	0	0
Surplus / (deficit) before impairments and transfers	(5,606)	(12,768)	(7,162)	(569)	(23,600)	(23,031)
Reverse capital donations/grants I&E impact	71	(67)	(138)	142	101	(41)
DEL net impairments (<i>damage, not revaluation</i>)	0	0	0	0	0	0
Adjusted financial performance surplus / (deficit) (AFPD)	(5,535)	(12,835)	(7,300)	(427)	(23,499)	(23,072)
AFPD excluding STF	(8,642)	(13,967)	(5,325)	(9,302)	(24,630)	(15,328)

The variance on AFPD measures the Trust's performance against its control total.

Appendix 2

Statement of Financial Position (SOFP)

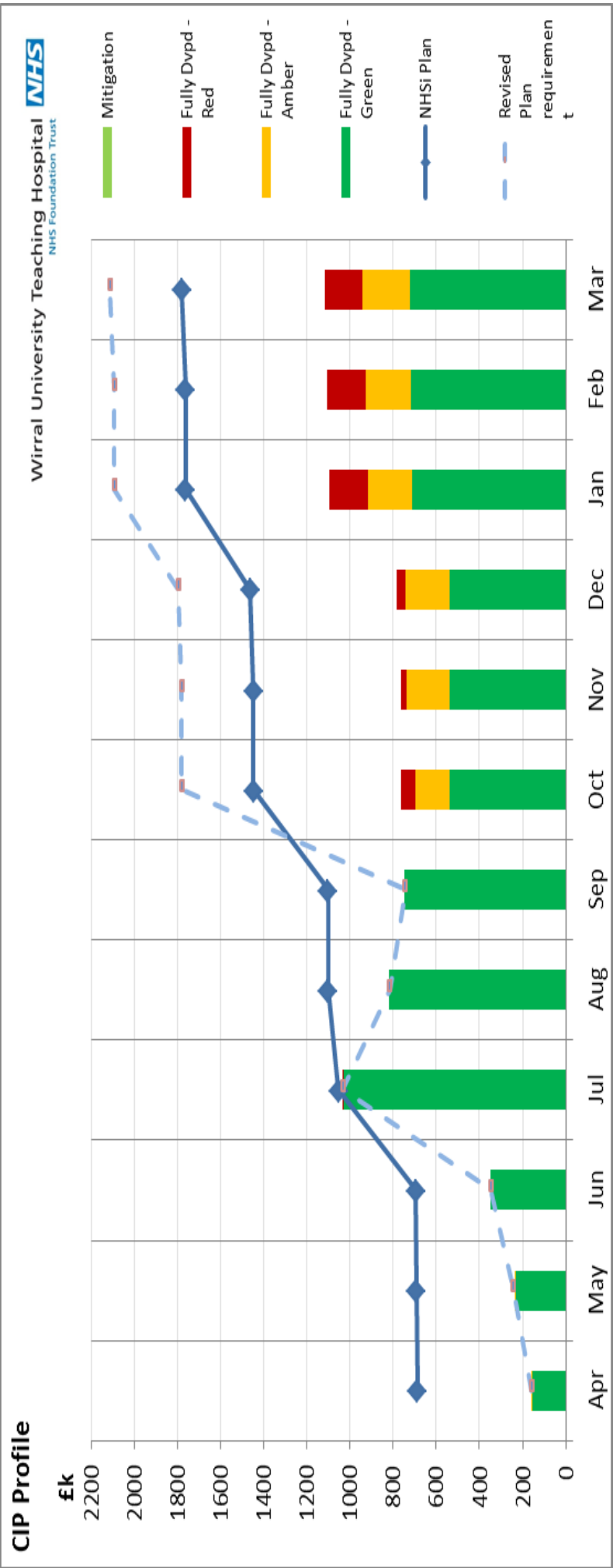
Actual as at 01.04.17 £k		Actual as at 31.08.17 £k	Actual as at 30.09.17 £k	Variance (monthly) £k	Plan as at 30.09.17 £k	Actual as at 30.09.17 £k	Variance (to plan) £k	Forecast 31.03.18 £k	Plan 31.03.18 £k
	Non-current assets								
145,789	Property, plant and equipment	145,036	145,648	612	142,800	145,648	2,848	148,486	145,166
12,216	Intangibles	11,878	11,811	(67)	11,003	11,811	808	16,255	10,080
950	Trade and other non-current receivables	898	836	(62)	1,612	836	(776)	837	1,612
158,955		157,812	158,295	483	155,415	158,295	2,880	165,578	156,858
	Current assets								
3,881	Inventories	3,590	3,907	317	4,051	3,907	(144)	3,907	4,051
16,389	Trade and other receivables	21,028	20,552	(476)	21,487	20,552	(935)	15,181	20,760
0	Assets held for sale	0	0	0	0	0	0	0	0
5,390	Cash and cash equivalents	3,909	5,268	1,359	2,184	5,268	3,084	2,257	2,257
25,660		28,527	29,727	1,200	27,722	29,727	2,005	21,345	27,068
184,615	Total assets	186,339	188,022	1,683	183,137	188,022	4,885	186,923	183,926
	Current liabilities								
(31,059)	Trade and other payables	(35,951)	(38,151)	(2,200)	(31,583)	(38,151)	(6,568)	(34,494)	(32,172)
(3,341)	Other liabilities	(3,159)	(3,193)	(34)	(3,882)	(3,193)	689	(2,783)	(3,696)
(1,015)	Borrowings	(1,073)	(1,073)	0	(1,015)	(1,073)	(58)	(1,073)	(1,014)
(668)	Provisions	(652)	(662)	(10)	(664)	(662)	2	(668)	(664)
(36,083)		(40,835)	(43,079)	(2,244)	(37,144)	(43,079)	(5,935)	(39,018)	(37,546)
(10,423)	Net current assets/(liabilities)	(12,308)	(13,352)	(1,044)	(9,422)	(13,352)	(3,930)	(17,672)	(10,478)
148,532	Total assets less current liabilities	145,504	144,943	(561)	145,993	144,943	(1,050)	147,905	146,380
	Non-current liabilities								
(9,154)	Other liabilities	(9,012)	(8,983)	29	(8,983)	(8,983)	0	(8,813)	(8,812)
(26,708)	Borrowings	(29,769)	(32,256)	(2,487)	(32,034)	(32,256)	(222)	(45,218)	(27,627)
(2,221)	Provisions	(2,158)	(2,133)	25	(2,048)	(2,133)	(85)	(2,039)	(1,969)
(38,083)		(40,939)	(43,372)	(2,433)	(43,065)	(43,372)	(307)	(56,069)	(38,408)
110,449	Total assets employed	104,565	101,571	(2,994)	102,928	101,571	(1,357)	91,836	107,972
	Financed by Taxpayers' equity								
72,525	Public dividend capital	76,416	76,416	0	72,525	76,416	3,891	77,511	72,525
4,575	Income and expenditure reserve	(5,200)	(8,194)	(2,994)	(2,265)	(8,194)	(5,929)	(19,025)	2,779
33,349	Revaluation reserve	33,349	33,349	0	32,668	33,349	681	33,350	32,668
110,449	Total taxpayers' equity	104,565	101,571	(2,994)	102,928	101,571	(1,357)	91,836	107,972

Appendix 3

Statement of Cash Flows

	Month			Year to date			Full Year	
	Actual	Plan	Variance	Actual	Plan	Variance	Forecast	Plan
	£k	£k	£k	£k	£k	£k	£k	£k
Opening cash	3,909	2,513	1,396	5,390	1,752	3,638	5,390	1,752
Operating activities								
Surplus / (deficit)	(2,995)	(538)	(2,456)	(12,768)	(5,607)	(7,159)	(23,600)	(568)
Net interest accrued	86	85	1	493	469	24	1,142	982
PDC dividend expense	277	277	(0)	1,662	1,663	(1)	3,324	3,326
Unwinding of discount	1	3	(2)	3	18	(15)	6	35
(Gain) / loss on disposal	0	0	0	0	0	0	0	0
Operating surplus / (deficit)	(2,631)	(173)	(2,458)	(10,612)	(3,461)	(7,151)	(19,128)	3,775
Depreciation and amortisation	542	693	(151)	3,224	4,106	(882)	6,675	8,353
Impairments / (impairment reversals)	0	0	0	0	0	0	0	0
Donated asset income (cash and non-cash)	(87)	0	(87)	(148)	0	(148)	(149)	0
Changes in working capital	3,233	(900)	4,133	2,232	(452)	2,682	2,209	(270)
Other movements in operating cash flows	0	0	0	0	0	0	0	0
Investing activities								
Interest received	2	7	(5)	14	41	(26)	21	82
Purchase of non-current (capital) assets ¹	(333)	(275)	(58)	(2,181)	(2,959)	778	(11,518)	(7,964)
Sales of non-current (capital) assets	0	0	0	0	0	0	0	0
Receipt of cash donations to purchase capital assets	23	0	23	40	0	40	17	0
Financing activities								
Public dividend capital received	0	0	0	3,891	0	3,891	4,986	0
ITFF loan principal drawdown	0	0	0	0	0	0	0	0
Support funding ² principal drawdown	3,000	3,000	0	8,000	8,000	0	21,500	9,600
ITFF loan principal repaid	(508)	(508)	0	(508)	(508)	0	(1,015)	(1,014)
Support funding ² principal repaid	0	0	0	(2,166)	(2,166)	0	(2,166)	(7,666)
Interest paid	(504)	(510)	7	(502)	(510)	8	(1,169)	(1,064)
PDC dividend paid	(1,373)	(1,663)	290	(1,373)	(1,663)	290	(3,324)	(3,326)
Capital element of finance lease rental payments	(5)	0	(5)	(30)	0	(30)	(59)	0
Interest element of finance lease rental payments	(1)	0	(1)	(6)	0	(6)	(12)	0
Total net cash inflow / (outflow)	1,359	(329)	1,688	(122)	432	(554)	(3,133)	505
Closing cash	5,268	2,184	3,084	5,268	2,184	3,084	2,257	2,257

Appendix 4
CIP Profile



BOARD OF DIRECTORS	
Agenda Item	6.2
Title of Report	Annual Plan 2017/18: Mid-Year Review of Performance Against Operational Objectives
Date of Meeting	25 October 2017
Author	Terry Whalley Director of Strategy & Sustainability
Accountable Executive	Chief Executive
BAF References	Strategic objectives: all Key measure: as specified in objective metrics Principal risk: all
Level of Assurance	Gaps with mitigating actions outlined in the Board Assurance Framework
Purpose of the Paper	To note
Data Quality Rating	Bronze – qualitative data
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	No

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1. Executive Summary

This report provides a mid-year review of performance against operational objectives for 2017/18.

2. Background

The Trust agreed its Strategic Aims for the period to 2021 against Excellent Services, Shaping Our Own Future and Maximising Value. We will achieve these aims with a focus on our PROUD values, whilst maintaining our strategy to be locally focused and regionally significant.

The sections below list our agreed priorities for 2017/18-2018/19 in support of achieving our Strategic Aims. The chart highlights key changes in workload, income and expenditure; describes how we will improve the quality of care to patients and how the way we deliver care will change together with our plans to invest in staff development, the Trust's buildings and IT.

Excellent Services - We will:

- Meet NHS Constitution standards for waiting times in A&E, referral to treatment time and cancer care
- Aim for a CQC rating of *Good* before moving on to be rated *Outstanding*
- Launch a long term programme to eliminate unwarranted clinical variation
- Change how the Trust is managed to ensure that clinicians lead service design and delivery
- Flex our workforce model in recognition of recruitment/retention problems and in support of the introduction of new models of care

Shaping Our Own Future - We will:

- Work with partner organisations across Wirral, Cheshire and Merseyside to implement the Sustainability and Transformation Plan
- Create an Accountable Care Organisation in Wirral
- Develop further the Acute Care Alliance with the Countess of Chester Hospital
- Refresh existing service level development plans
- Roll out our plans to confirm WUTH as a Global Centre of Digital Excellence and for the extension locally of population health management

Maximising Value - We will:

- Extract the financial benefits to be derived from developing excellent services and shaping our own future with a particular focus on the development of an Accountable Care Organisation, the Acute Care Alliance with the Countess of Chester Hospital and WUTH's status as a Global Centre of Digital Excellence
- Maximise the economic returns from better use of the Trust's land
- Deliver the recommendations of Lord Carter's report on hospital productivity
- Deliver our transformation agenda "Quality Healthcare, Sustainable Future" to improve productivity and efficiency through redesigning service delivery whilst achieving value for money.

To underpin the above, we further defined some objectives for 2017/18 and 2018/19

Quality

- **CQC rating:** We will aim for a 'Good' rating in 2017 and a rating of 'Outstanding' in 2019 by: implementing our Quality Strategy, continuing our Care Quality Inspections and the ward accreditation programme and create a Quality Governance Team supporting divisional clinical governance arrangements.
- **Friends & Family Test:** We will introduce new mechanisms for obtaining feedback in areas with high volumes of patient contacts.
- **Harm Free Care:** Priorities are pressure ulcers, falls, VTE & catheter associated UTIs. We will develop a Wirral Harm Free Care collaborative.

- **Mortality:** We will continue to deliver a Hospital Mortality Rate below the national mean by implementing our Quality Strategy and meeting the Acute Care Scores for Advancing Quality.
- **IPC:** We will prioritise the maintenance of our HPV programme, early detection and the prompt isolation of patients with improved use of isolation facilities.
- **Complaints:** We will deliver a year on year reduction in the number of complaints and an improvement in response times by applying Value Stream Mapping to the complaints process, introducing Matron clinics to drive local ownership of the resolution of complaints and opening a new communications hub.
- **Variation:** We will initiate a long term programme for the minimisation of clinical variation led by the Medical Director. The programme will be supported by the Cerner Millennium platform and access to global expertise. It will involve Wirral and West Cheshire organizations.

Organisational & Clinical Practice

- **NHS Constitution standards:** We will work with partner agencies to implement the CCG's new model for urgent care. We will act on the A&E Rapid Implementation Guidance. We will implement the findings of the review of the RTT patient pathway and ensure that demand and capacity are in balance. We will improve the way we monitor and manage performance.
- **7 day working:** We will continue to improve our status against the 4 priority clinical standards.
- **Diabetes and respiratory medicine:** We will implement new and integrated models of care.
- **Women's and children's services:** We will implement the new model of care agreed across Cheshire and Merseyside.
- **Vascular surgery and urology:** We will implement the revised service and governance arrangements agreed with the Countess of Chester Hospital.
- **Clatterbridge Hospital:** We will undertake a feasibility study for the development of Clatterbridge Hospital as a centre of excellence in elective surgery.
- **Clinical and non-clinical support services:** We will progress the consolidation of services proposed in the Cheshire & Merseyside Sustainability & Transformation Plan.
- **The Wirral health and social care system:** We will work with our local partners on proposals for the integrated planning and delivery of primary, community, social and hospital services. In particular, we will develop closer strategic and operational links with primary care.

Human Resources

We will continue the roll out of our existing HR & OD Strategy with its focus on:

- **A healthy organisational culture:** We will establish clear values & behaviours, embed LIA further and deeper in the organization and implement our Health & Wellbeing Plan.
- **A sustainable workforce:** We will workforce plan at Trust & Divisional level, have a greater focus on medical job planning, address recruitment & retention issues across key service areas and develop new ways of working (e.g. ANP, ENP, Associate Physician).
- **A capable workforce:** We will implement a local educational strategy and improve E-Learning usage, drive up Education KPI's, align contribution, recognition and reward, and lastly ensure NMC Revalidation.
- **Effective leaders and managers:** We will implement our clinical engagement plan, provide local support in developing leaders and managers, and roll out coaching, mentoring and supervision.

Estate

- **Estate strategy:** We will develop and implement an estates strategy aligned to our service development plans.
- **Strategic Estate Partnership(SEP):** We will develop a SEP to support investment in the Trust's buildings and the development of the two hospital sites.
- **Rationalisation of Wirral public sector facilities:** We will work with local partner agencies to maximise the use of NHS and local authority premises.
- **CBH and APH:** We will continue the ward refurbishment programme and fund those schemes identified by Divisions as priorities.

Informatics:

- **Global Centre of Digital Excellence by:** We will accelerate the digitising of patient records, focusing on paperless clinical processes for our doctors, complete our work on medicines management, investing in additional medical devices to replace our legacy equipment, E-Communication capability and bringing the Microbiology service onto Wirral Millennium.
- **Population Health Management:** We will continue the development of a population health management approach across the health economy, focusing on the roll out of additional disease and wellness registries and the development of a health economy wide operations centre.

3. Current NHS Context

A review of the agreed strategic aims and objectives by the Executive Team highlighted the change in focus as a result of the work undertaken on the Board Assurance Framework and in risk management as well as the context in which the Trust is now working in. To this end, the Executives would seek support for some changes to the aims to reflect our current position as follows:

Excellent Services

- Aim for a CQC rating of good before moving on to be rated as outstanding. The proposal is to mirror the approach taken in the BAF which is to focus on improving quality and safety overall as opposed to focusing on a metric.
- Launch a long term programme to eliminate unwarranted clinical variation. The Medical Director proposes that the word *eliminate* should be replaced with *reduce* as elimination may not be in the best interests of our patients.

Quality

- CQC rating – to be amended as outlined above
- IPC – the latest peer review and recommendations would suggest that we should focus on communication, culture and training; detecting rapidly; isolating prompting and doing the basics brilliantly

Human Resources

The Executive initial review of these aims has prompted the need for a fuller review in line with the work being undertaken on the clinical leadership model; the clinical leadership development plan and the overall organisational development strategy to be deployed. There is also a need to develop roles for the future and improve career planning to improve retention amongst the younger workforce. The proposal is to review these in line with the work already being undertaken

4. Performance Against Operational Objectives

Set out below is a table describing current (at mid-year point, October 2017) performance against our aims & objectives:

Who	Aim / Objective	Mid-Year Performance
Janelle Holmes	Meet NHS Constitution standards for waiting times in A&E, referral to treatment time and cancer care	ED 4-hour standard. There have been significant levels of improvement work both planned and developed with partners to support the delivery of this constitutional standard by addressing patient flow across the health economy. This has resulted in a step change in performance in Q2. Further improvement work is scheduled across the remainder of this financial year to embed the new ways of working to deliver sustained improvement into 18/19. RTT. Improvement work continues across all specialties to deliver the 18-week referral to treatment (RTT) constitutional standard. To date this has been focussed on developing an appropriate live patient tracking system which is now in place. The remainder of the financial year is focussing on clearing backlogs of patients to improve performance against the 92% performance standard. Cancer Care. The 62-day performance standard has been reliably delivered throughout 17/18. The Trust has implemented weekly safety summits followed by safety bites bulletins to provide a fora where "real time" shared learning from mistakes can be undertaken. The Trust has also revised the serious incident review process to ensure that the Trust focuses on learning based on severity of risk. The appetite for this has grown significantly since its inception in late summer of this year and will begin to create the open transparent environment we all want to work within.
Susan Gilby	Aim for a CQC rating of <i>Good</i> before moving on to be rated <i>Outstanding</i>	. This work is now undertaken as part of a dedicated workstream of the GDE Board. Clinical pathways are being set up on Wirral Millennium in order of priority based on risk. Fractured Neck of Femur has been completed with stroke and sepsis in the advanced stages of completion.
Susan Gilby	Launch a long term programme to eliminate unwarranted clinical variation	The Board has agreed the new clinical leadership model and the management of change has commenced. The new model is planned to take effect from April 18. The Trust has received positive feedback to date on the proposed changes.
Susan Gilby	Change how the Trust is managed to ensure that clinicians lead service design and delivery	The uncertainty around predicting long-term workforce needs, alongside policy ambitions to radically change the organisation and delivery of care, indicate a need to build a flexible and adaptable workforce. The workforce of the future needs to be able to take on a greater breadth of tasks to meet increasingly complex patient needs while working across different care settings and in teams of multidisciplinary providers. The challenge for the Trust is to ensure that there is sufficient staff for current models of care whilst also moving towards this very different future. To this end the Trust's vacancy levels remain strong for both Nursing and Medical Workforce, albeit KPI's are showing a
James Mawrey	Flex our workforce model in recognition of recruitment / retention problems and in support of the introduction of new models of care	

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		slight worsening position. Role redesign has remained a strong focus and is described in a little more detail below. Specialties are working collaboratively in areas which is impacting on workforce design. To support this complex agenda an enhanced approach to workforce planning has been undertaken, with a more robust Workforce Plan being considered by the organisation.
Terry Whalley	Work with partner organisations across Wirral, Cheshire and Merseyside to implement the Sustainability and Transformation Plan	In line with current narrative from Chair of NHS for C&M (STP) we have prioritised progression of Place Based care through Healthy Wirral with partners. Priorities include MSK Prime Provider contract, Healthy Wirral 50+ new models of care proof of concept, Urgent Care, Dermatology and further roll out of the Wirral Health Care Record to enable population health management. We also prioritise acute care collaboration with Countess of Chester, establishing a Wirral & West Cheshire Alliance directed through a joint Executive Steering Group and with clinical and operational engagement on each of the initial areas of focus.
Terry Whalley	Create an Accountable Care Organisation in Wirral	Our focus now, in line with current narrative from Chair of NHS C&M is to focus less on the creation of an ACO, but to work closely with partners in Wirral on enabling more accountable care through place based collaboration. This will ensure we focus on function rather than form, enabling priorities that deliver better health better care and better value.
Terry Whalley	Develop further the Acute Care Alliance with the Countess of Chester Hospital	Having established formal governance and change delivery framework arrangements, we have established a Clinical Services Collaboration committee which leads our clinical collaborations, focusing initially on Urology, Renal, Haematology and Women's & Children's services. We also work closely on pathology, linking this to the broader North 4 network footprint identified by NHSI as being one of 29 national pathology networks that they would like to see. We have also established a Corporate Functions Collaboration committee which leads our focus on procurement, HR and Informatics with other corporate functions to be reviewed more fully later in the year.
Paul Charnley	Roll out our plans to confirm WUTH as a Global Centre of Digital Excellence and for the extension locally of population health management	Progress was hampered to some extent by availability of national GDE funding not released until July 17. Projects are now starting as people are recruited and appointed and various equipment is bought. The final practice signed up to delivering the data to the Wirral Care Record. Use of the collective data in population health is just beginning. Pace of delivery should now pick up during the second half of the year.
David Jago	Extract the financial benefits to be derived from developing excellent services and shaping our own future with a particular focus on the development of an	Given the complexity of the agenda, whilst progress is being made there are challenges around vertical versus horizontal integration with potential financial benefits more likely to flow in 2018/19. Benefits re GDE delivered in 2017/18 centering around financial benefits realisation from: <ul style="list-style-type: none"> • Contract extension with Cerner • Contract renegotiation with Cerner

	Accountable Care Organisation, the Acute Care Alliance with the Countess of Chester Hospital and WUTH's status as a Global Centre of Digital Excellence	
David Jago	Maximise the economic returns from better use of the Trust's estate	SEP procurement process currently paused with contingency options in place to ensure optimal use of WUTH estate.
David Jago	Deliver the recommendations of Lord Carter's report on hospital productivity	Trust ATI at 0.91. Model hospital KPI presentation to future Board of Directors. Assurance reporting on compliance to Carter recommendations via Finance and Business Assurance Committee.
Susan Gilby	Deliver our transformation agenda "Quality Healthcare, Sustainable Future" to improve productivity and efficiency through redesigning service delivery whilst achieving value for money.	Getting It Right First Time (GIRFT) is a national programme working with frontline clinicians to identify and reduce unwarranted variations in service delivery and clinical practice across the NHS. Currently 35 surgical and medical specialties are being reviewed. The aim is to improve the quality of medical and clinical care within the NHS through deeper insight of performance, informed by data analysis across a range of metrics. The Trust has two consultants appointed to lead this programme of work. The Trust is working with Commissioners to deliver on a prime provider contract for MSK services in partnership with the Community Trust.
Quality		
Susan Gilby	CQC rating: We will aim for a 'Good' rating in 2017 and a rating of 'Outstanding' in 2019 by: implementing our Quality Strategy, continuing our Care Quality Inspections and the ward accreditation programme and create a Quality Governance Team supporting divisional clinical governance arrangements.	The Trust has established an internal programme of self-assessment audits of wards and clinical areas. The Care Quality Audits provides a scoring aligned to the CQC Five Domains. The Safe Domain represents an ongoing challenge within the Trust and is an area of focus for senior management. During Quarter 2 an Enhanced Support for Clinical Areas Team was established to go into areas identified as requiring a higher level of support in increasing their overall performance. The Quality Governance Team has been reviewed and consultation for a new structure to support the Trust will be commenced during Q3.
Denise Price	Friends & Family Test: We	We offer a variety of methodologies for obtaining FFT feedback in –line with NHS England guidelines.

	will introduce new mechanisms for obtaining feedback in areas with high volumes of patient contacts.	These include SMS, IVM, paper and scannable solutions. Work will commence in the next 6 months to explore the possibility of introducing an on line survey.
Denise Price	Harm Free Care: Priorities are pressure ulcers, falls, VTE & catheter associated UTIs. We will develop a Wirral Harm Free Care collaborative.	The Wirral Harm Free Collaborative is well established and meets on a bi-monthly basis. TOR and Annual work plan reflect cross organisational priorities. WUTH continues to reach the 95% National Harm Free Care target reported via the Safety Thermometer.
Susan Gilby	Mortality: We will continue to deliver a Hospital Mortality Rate below the national mean by implementing our Quality Strategy and meeting the Acute Care Scores for Advancing Quality.	HSMR and SHMI rates continue to be below the national average. SHMI currently 96
Denise Price	IPC: We will prioritise the maintenance of our HPV programme, early detection and the prompt isolation of patients with improved use of isolation facilities.	<p>A high level IPC improvement plan has been developed. The implementation of the plan will be monitored via the Quality and Safety Committee on behalf of the Trust Board.</p> <p>Communication, Culture and Training</p> <ul style="list-style-type: none"> • Review key IPC governance and operational meetings • Divisional accountabilities to be embedded in order to ensure ownership of IPC • Clear escalation processes to be developed • Senior Leadership in the IPCT • Management of risks appropriately alongside operational demands • IT solutions to release IPC Nurses time <p>Detect Rapidly</p> <ul style="list-style-type: none"> • Review CPE and MRSA screening and isolation strategy based on local epidemiology data, best practice guidance and national evidence. • Screening compliance - reporting to be developed

		<p>Isolate Promptly</p> <ul style="list-style-type: none"> • Effective management of side room use • Review Isolation Ward processes <p>Do the Basics Brilliantly</p> <ul style="list-style-type: none"> • Develop an outline plan for introduction of aseptic non-touch technic (ANTT) Trust-wide. • Promote hand hygiene, Personal Protective Equipment (PPE) and Bare Below the Elbow policies. • Review placement of alcohol gel containers and location, particularly for ward refurbishments. • Ensure consistent standards of cleaning at all levels and that the cleaning provision is adequate. • Review key estates issues, especially those in inpatient & patient facing areas.
Denise Price	<p>Complaints: We will deliver a year on year reduction in the number of complaints and an improvement in response times by applying Value Stream Mapping to the complaints process, introducing Matron clinics to drive local ownership of the resolution of complaints and opening a new communications hub.</p>	<p>The Trust met its target of responding to at least 80% of formal complaints within a timescale agreed with the complainant, achieving 82% in both Q1 and Q2. The number of formal complaints received during Q1 and Q2 is down by 20% compared with last year (from 176 to 141).</p> <p>On average, the Trust is receiving 23 formal complaints each month and responding to 26, with the trend of ongoing investigations being downward (from 109 in September 2016 to 70 in September 2017).</p> <p>Although fewer in number, complaints are also becoming increasingly complex, requiring lengthier and more detailed reports from the clinical divisions. Thus despite the Trust meeting its target of responding to at least 80% of formal complaints within a timescale agreed with the complainant, the average response time is high at 99 working days (although continuing to fall from 2015/16 and 2016/17, at 109 and 110 working days respectively), with 54% of complaints responded to having taken in excess of 60 working days to resolve.</p> <p>In order to support a more responsive service to complainants, the Patient Relations Team provides the divisions with weekly reports that show the progress of current investigations, and highlight the numbers and any associated delays so that the divisional management teams are aware of their corresponding positions and can support responses as required.</p> <p>There were 6 new PHSO cases opened and 9 cases closed, of which 2 were partially upheld (i.e.</p>

		<p>22%). This compares favourably with the PHSO's latest published figures for acute Trusts (Q1 and Q2 2016/17), in which on average 41% of complaints investigated were either fully or partially upheld), and suggests thorough complaints responses by WUTH relative to our peer group.</p> <p>In January 2017, the Trust opened the Information Bank. It is staffed by members of the Patient Relations Team, together with representatives from Healthwatch and volunteers. In tandem with the Matrons' Helpline (which was formally re-launched in July 2017), the Information Bank continues to provide a highly visible and easily accessible location for patients, families, visitors and staff to access support, with an emphasis on timely local resolution of concerns before they become complaints.</p> <p>The Information Bank has an average daily footfall of 54 visitors (in addition to telephone and written contacts), with enquiries ranging from basic signposting to the resolution of informal (Level 1) concerns, of which there were 515 relating to WUTH services from April to September 2017 (9% down on 2016/17). Healthwatch also recorded 410 WUTH enquiry contacts for this period via the Information Bank (comprising 85% of its enquiries regarding WUTH).</p> <p>A service improvement review of the Patient Relations Team was undertaken by the Transformation Team to determine whether current processes were as efficient as possible. This was reported in March 2017, and the process improvements identified have been implemented.</p>
Susan Gilby	<p>Variation: We will initiate a long term programme for the minimisation of clinical variation led by the Medical Director. The programme will be supported by the Cerner Millennium platform and access to global expertise. It will involve Wirral and West Cheshire organizations.</p>	<p>This work is now a workstream of the GDE Board. Clinical pathways are being set up on Wirral Millennium in order on priority based on risk. Fractured Neck of Femur has been completed with stroke and sepsis in the advanced stages of completion.</p>
Organisational & Clinical Practice		
Janelle Holmes	<p>NHS Constitution standards: We will work with partner agencies to implement the CCG's new model for urgent care. We</p>	<p>We continue to work closely with Wirral CCG and partners to shape the future of urgent care. The WCCG led Value Stream Analysis (VSA) has been delayed with initial workshops scheduled in November. The A&E rapid improvement implementation guidance forms the basis of the Wirral Health Economy improvement work and is monitored through the ED Delivery Board. Formal capacity and demand has been rolled out across the organisation to inform activity</p>

	will act on the A&E Rapid Implementation Guidance. We will implement the findings of the review of the RTT patient pathway and ensure that demand and capacity are in balance. We will improve the way we monitor and manage performance.	planning and to deliver the RTT improvement plan. The Director of Operations and Performance, along with the Information Team has developed robust monitoring and performance systems.
Susan Gilby	7 day working: We will continue to improve our status against the 4 priority clinical standards.	Business case for respiratory consultant approved which will enable a 7 day respiratory in-reach service.
Susan Gilby	Diabetes and respiratory medicine: We will implement new and integrated models of care.	The team continue to deliver the healthy Wirral model and engage in economy wide steering groups to support the community models of care. Sustainable funding remains an issue with successive extensions of 6 months to contracts.
Gary Price	Women's and children's services: We will implement the new model of care agreed across Cheshire and Merseyside.	<p>In June 2017 the Trust supported a separate Women and Children's Division with enhanced clinical and managerial support to address the specific strategic and operational challenges facing the services.</p> <p>Through Summer 2017 the Division has been working closely with CoCH clinical teams in order to address some of the key challenges facing Women and Children's services from a Wirral and Western Cheshire viewpoint.</p> <p>On the 10th of October, a team of Senior WUTH and CoCH Clinicians and Managers, presented the work done to date on Women and Children's services as part of our Wirral and Western Cheshire Alliance at the Cheshire and Mersey Clinical Summit</p> <p>The work presented demonstrated how both sets of clinical teams have agreed common aims and purpose to develop opportunities for collaborative working and outlined those services that they wish to collaborate on in 2018/19 as an enabler for further integrated working over the coming years. The presentation, in particular both the methodology used by the clinical teams to arrive at their conclusions and also the cultural aspects of integration that were explored were well received by the 5YFV regional teams looking to develop new models of care. Wirral CCG have offered their support understanding what is required to enabling any change from a commissioning perspective. The Women and Children's services will continue to update the collaboration board as this work progresses.</p> <p>In addition NHSE have approached WUTH to develop a new model of care for Community Maternity provision and associated tariff pilot. Furthermore the regional new models of care team have approached WUTH to explore a pilot freestanding MLU in support of the Better Births</p>

		Agenda. Both these proposals will require executive oversight and governance. Finally in October 2017 WUTH received its Women's services GIRFT review which will be used going forward as a template against which to improve our services further	
Susan Gilby	Vascular surgery and urology: We will implement the revised service and governance arrangements agreed with the Countess of Chester Hospital.	Vascular service transferred to CoCH; consultant staff TUPED. Urology clinical model agreed, enablers in progress	
David Jago	Clatterbridge Hospital: We will undertake a feasibility study for the development of Clatterbridge Hospital as a centre of excellence in elective surgery.		
Terry Whalley	Clinical and non-clinical support services: We will progress the consolidation of services proposed in the Cheshire & Merseyside Sustainability & Transformation Plan.	The focus during first half of the year has been less on STP footprint consolidation and more on reducing unwarranted variation and local place based collaboration. We are participating in the North 4 Pathology network, which is formed from a subset of C&M Trusts in line with NHSI recommendations.	
Terry Whalley	The Wirral health and social care system: We will work with our local partners on proposals for the integrated planning and delivery of primary, community, social and hospital services. In particular, we will develop closer strategic and operational links with primary care.	Through Healthy Wirral Partners Group, made up of CEOs, Accountable Officers and senior Execs from Local Authority, CCG, GP Federations and NHS Providers, we continue to progress dialog around joint LA/CCG commissioning intentions and how we enable Place Based Care that delivers Better Health, Better Care and Better Value. This will be defined in joint Commissioning Green paper to be published in November. We have supported both GP Federations with engagement events with their GP Practices, and are actively exploring Primary & Acute Care Collaboration opportunities.	
Human Resources			
James Mawrey	A healthy organisational culture: We will establish	Since April, 17 the following actions have been taken in relation to this pillar of the Workforce & OD Strategy (non-exhaustive). As follows:-	

	clear values & behaviours, embed LIA further and deeper in the organization and implement our Health & Wellbeing Plan.	<ol style="list-style-type: none"> 1. Medical Engagement Plan agreed and initial work commenced 2. Organisational Plan 2017 to 2020 based on Values, Behaviours and Attitude agreed 3. LiA Teams Wave 9 in progress including supporting staff affected by cancer, mandatory training, radiology, safe administration of medicines. Wave 8 feeding back at Leaders Forum/Team Brief. <ul style="list-style-type: none"> • LIA 2017 CEO Divisional Q & S Big Conversations held: <ul style="list-style-type: none"> ◦ Medicine and Acute – 2 Winter Preparedness engagement sessions ◦ Diagnostics and Clinical Support – Engaging Staff in learning from serious incidents and complaints ◦ Women's and Children's – Working together with our partners ◦ Surgery - Engaging Staff in learning from serious incidents and complaints (scheduled for 20/10/17) • Refreshed LiA Huddles in 150+ departments with over 600 improvement actions identified from huddles that are being progressed within teams. Follow up to check completed actions and promote outcomes via Trust communications. • 5th Freedom to Speak Up Guardian now available (Dr Oliver Rackham). FTSU Guardians shortlisted for HSJ Award and now proceeding to judging stage. • Health and Wellbeing Plan agreed and in place. This included Health and Wellbeing events held on the 13th of September 2017 at the Leadership and Development Centre and the 2nd of October 2017 in the Education Centre
James Mawrey	<p>A sustainable workforce: We will workforce plan at Trust & Divisional level, have a greater focus on medical job planning, address recruitment & retention issues across key service areas and develop new ways of working (e.g. ANP, ENP, Associate Physician).</p>	<p>Since April, 17 the following actions have been taken in relation to this pillar of the Workforce & OD Strategy (non-exhaustive). As follows:-</p> <ul style="list-style-type: none"> • Education Plan 2017 to 2020 developed and agreed • Health Education England HEE Action Plan achieved in preparation for the November 2017 Quality visit • Library Quality Assurance Framework LQAF evidence documentation submitted in Aug 2017 • Advanced Nurse Practitioner and Physician Associate Strategy reviewed, and additional supporting actions put in place • Enhanced focus on e-rostering for both the nursing and medical workforce • Apprenticeship Programmes now available from level 2 to level 7. Includes Talent Matrix reports available and now been mapped into new apprenticeship frameworks for roll out from April 2017. • Deputy Medical Director reviewed Job Planning Policy with a view to launch in Oct-March <p>Since April, 17 the following actions have been taken in relation to this pillar of the Workforce & OD Strategy (non-exhaustive). As follows:-</p> <ul style="list-style-type: none"> • Learning and Development programmes refreshed to support Training Needs Analysis
James Mawrey	<p>A capable workforce: We will implement a local educational strategy and</p>	<p>Since April, 17 the following actions have been taken in relation to this pillar of the Workforce & OD Strategy (non-exhaustive). As follows:-</p> <ul style="list-style-type: none"> • Learning and Development programmes refreshed to support Training Needs Analysis

	improve E-Learning usage, drive up Education KPI's, align contribution, recognition and reward, and lastly ensure NMC Revalidation.	<ul style="list-style-type: none"> • Leadership Training Needs Analysis identified for all senior medical staff • Leadership and Personal Effectiveness Directory implemented in September with Hard copies going out in to the organisation • Mandatroy Training programmes revised and updated for 2017/18 • E learning platform launched in August 2017 with project plan developed to move all core skills programmes over to NLMS • ESR Self-service for MT now available • Appraisal documentation reviewed and updated • 6 Roadshows took place during Aug/September 2017 to promote Leading and Development opportunities • Developing Apprenticeship Pathways across the Organisation • Full compliance with the Learning & Development Agreement maximising funding from HEE <p>Since April, 17 the following actions have been taken in relation to this pillar of the Workforce & OD Strategy (non-exhaustive). As follows:-</p> <ul style="list-style-type: none"> • Leadership and Management Development Framework Year 2 objectives achieved now working towards Year 3 objectives • Medical Leadership Framework agreed and cascaded throughout organisation. The trust continues to report high numbers of staff being training • Content agreed for the 4th Consultant Foundation Development Programme • In house Twenty-first Century Leadership Programme is in place • Be-spoke training programmes arranged dependent on organisational needs. E.g. Personal Resilience • Promoting NW Leadership Academy programmes where relevant to maximise access • Promoting in house Coaching with increased uptake in first two quarters of 2017/18
James Mawrey	<p>Effective leaders and managers: We will implement our clinical engagement plan, provide local support in developing leaders and managers, and roll out coaching, mentoring and supervision.</p>	
Estate		
David Jago	Estate strategy: We will develop and implement an estates strategy aligned to our service development plans.	As below
David Jago	Strategic Estate Partnership: We will develop a SEP to support investment in the Trust's	SEP procurement process "paused" with consideration required as to contingency planning.

	buildings and the development of the two hospital sites.	
David Jago	Rationalisation of Wirral public sector facilities: We will work with local partner agencies to maximise the use of NHS and local authority premises.	Revisited use of Community facilities to give financial and service benefit
David Jago	CBH and APH: We will continue the ward refurbishment programme and fund those schemes identified by Divisions as priorities.	Capital expenditure and priorities agreed with Director of Nursing and Midwifery.
Informatics		
Paul Charnley	Global Centre of Digital Excellence by: We will accelerate the digitising of patient records, focusing on paperless clinical processes for our doctors, complete our work on medicines management, investing in additional medical devices to replace our legacy equipment, E-Communication capability and bringing the Microbiology service onto Wirral Millennium.	Progress was hampered to some extent by availability of national GDE funding not released until July 17. Projects are now starting as people are recruited and start and various equipment is bought, Work has begun on pathways, ward eWhiteboards, paperless processes, microbiology system replacement, medicines management including antimicrobial stewardship within the hospital and cyber security enhancements. COCH has been announced as Wirral's fast follower but there is still a lot of work to do to get to a final agreement on what that entails.
Paul Charnley	Population Health Management: We will continue the development of a population health	The final practice signed up to delivering the data to the Wirral Care Record. Use of the collective data in population health is just beginning. Pace of delivery should now pick up. First points of focus have been agreed as Diabetes, Asthma and COPD and work is beginning on Antimicrobial stewardship. Other registries are being developed in areas such as Cardiovascular disease/Stroke, depression and

	management approach across the health economy, focusing on the roll out of additional disease and wellness registries and the development of a health economy wide operations centre.	alcohol related issues. Healthy Wirral programme needs to shape further progress.
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5. Recommendation

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

Board of Directors	
Agenda Item	6.3
Title of Report	NHS Improvement Quarterly Return
Date of Meeting	25 th October 2017
Author	Shahida Mohammed - Assistant Director of Finance
Accountable Executive	David Jago, Executive Director of Finance
BAF References • Strategic Objective • Key Measure • Principal Risk	8 8c,8d
Level of Assurance • Positive • Gap(s)	Gaps • CIP slippage • Achievement of Control Total
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

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Month 6 2017/18 Financial Commentary for NHS Improvement

The following commentary details the Trust's financial performance during September (Month 6) and the cumulative outturn position for FY18 against plan.

The year to date performance excluding STF shows an actual deficit of (£14.0m) against a plan of (£8.7m). The Trust continues to experience an increase in demand for its non- elective services with A&E activity significantly higher than the same period in 2016/17. This in turn has led to continued operational costs in delivering this increase in demand which has resulted in an adverse financial performance to plan.

The Trust continues to forecast a planned deficit of c. £0.4m, particularly in relation to the A&E trajectory following the recent discussions held with NHSI colleagues and the planned economy wide interventions and an agreed Board of Directors recovery plan.

Pay costs exceed plan by c.(£6.1m) as at the end of September, reflecting operational pressures in supporting nNon- elective activity levels(£1.3m), non-delivery of CIP (in line with the original plan at £2.5m) and other operational pay pressures e.g premium cost WLI's at £0.9m. In order to maintain patient safety the Trust has had to increase internal escalation areas as a result of higher than planned demand for non-elective services within the system. This is also in line with the direction issued by the NHS England TSAR of A&E, who visited the Trust during July. The Trust still has a high number of "medically optimised" patients within the bed base, reflecting a lack of alternative support within the health and social care system and consequent adverse to plan financial performance.

The Trust has utilised the 0.5% CQUIN risk reserve within the YTD position (c.£1.2m), this has yet to be paid over by the CCG. Whilst the Trust appreciates that there are wider discussions being undertaken between NHSE and NHSI, the failure for this core baseline resource to be paid over would result in a c.£1.2m deterioration within the YTD position. Included within the YTD position is £1.3m of non-recurrent support, this will affect the overall run-rate of the Trust going forward and the underlying position for 2018/19 all of which continues to be monitored through internal governance and assurance structures.

The Trust continues to perform well in terms of GP streaming in line with National timeframes and has plans in place to utilise the National Capital Funding that has been allocated to improve A&E flow and performance.

The cash balances position at the end of September is £5.3m, which is £3.1m above plan. This primarily reflects the additional cash received to support the Global Digital Exemplar (GDE) programme.

As the financial position has become more challenging the Trust has entered into an internal "recovery plan" to support the delivery of the full year plan. Discussions have taken place within the Health Economy around any potential support that could be provided to the Trust; the Finance, Business Planning and Assurance Committee and Board of Directors have received the first draft of the internal recovery plan and will be updated further at the October meetings.

The table overleaf details the year to date performance against the Trusts' control total.

Position as at 30th September 2017	Current Month			YTD		
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Clinical income (exc STF)	24,486	23,373	(1,113)	146,995	143,419	(3,576)
Non-NHS clinical income	131	220	89	786	1,278	492
Other income (inc STF)	3,036	2,460	(576)	17,777	15,745	(2,032)
Total operating income	27,653	26,053	(1,600)	165,558	160,442	(5,116)
Pay	(18,134)	(19,392)	(1,258)	(109,878)	(116,014)	(6,136)
Other expenditure	(9,001)	(8,838)	163	(55,033)	(51,962)	3,071
Total operating expenditure before depreciation and impairments	(27,135)	(28,230)	(1,095)	(164,911)	(167,976)	(3,065)
EBITDA	518	(2,176)	(2,694)	647	(7,534)	(8,181)
Depreciation, net impairment and capital donations / grants	(693)	(454)	239	(4,106)	(3,076)	1,030
OPERATING SURPLUS / (DEFICIT)	(175)	(2,631)	(2,456)	(3,459)	(10,610)	(7,151)
Net finance costs and gains / (losses) on disposal	(365)	(364)	1	(2,147)	(2,158)	(11)
ACTUAL SURPLUS / (DEFICIT)	(540)	(2,995)	(2,454)	(5,606)	(12,768)	(7,162)
Reverse net impairment	0	0	0	0	0	0
SURPLUS / (DEFICIT) before impairments and transfers	(540)	(2,995)	(2,454)	(5,606)	(12,768)	(7,162)
Reverse capital donations/grants I&E impact	12	(74)	(86)	71	(67)	(138)
DEL net impairments (<i>damage, not revaluation</i>)	0	0	0	0	0	0
ADJUSTED FINANCIAL PERFORMANCE SURPLUS / (DEFICIT) (AFPD)	(529)	(3,069)	(2,540)	(5,535)	(12,835)	(7,300)
AFPD excluding STF	(1,122)	(3,069)	(1,947)	(8,642)	(13,967)	(5,325)

The variance on AFPD measures the Trust's performance against its control total.

NHS Clinical Revenue

Cumulatively only non-elective and A&E attendances are over performing in terms of actual activity delivered against the initial plan, with all other areas under performing. During the period PbR activity under achieved from an activity perspective with the exception of non elective and excess bed days, and actual income generated broadly achieved plan. This is in contrast to previous months where although the activity position was below plan, the level of underperformance was lower, and a richer, more complex casemix particularly in non-elective areas supported the position.

The main area seeing a reduction in complexity is Acute care. However, cumulatively case mix has remained above plan in, Geriatric Medicine £1.0m, Respiratory, £0.6m and Upper GI, £0.5m. Non PbR areas broadly delivered plan with the exception of neonatal bed days, rehabilitation and adult critical care. High Cost Drugs income is below plan albeit this is offset by a reduction in drug expenditure.

Performance against Wirral CCG dropped below plan for the first time reflecting in month movements relating to elective, outpatients and adult critical care. NHS England specialised commissioning below plan performance reflecting the under recovery in drug "pass through" costs.

Other Operating Income

In September (Month 6) other operating income is cumulatively below plan, this largely reflects the non-delivery of the financial control total and the subsequent STF monies withheld again this month. YTD the impact of the STF not achieved is a (£2.0m) pressure. During Q1 non-recurrent income of £0.3m has supported the financial position in other operating income.

Operating Expenditure

In September (Month 6) operating expenditure (excluding depreciation) is (£1.1m) above plan with a YTD overspend of (£3.1m).

Pay costs exceeded plan in September by (£1.2m), and are showing a cumulative overspend of (£6.1m). The Trust is reviewing the level of pay costs and run rate and has implemented an agency freeze for all non-clinical posts and undertaking a non-clinical vacancy quality impact assessment review. The issues driving the current cumulative adverse performance in pay continue to be:

- Pressures relating to internal capacity continue in addition to the increased demand and associated costs within A&E to deal with higher levels of acuity and attendances. The Trust is working with external partners via the A&E Board and the System Wide Recovery group.

The impact of these escalation costs beds are c (£0.8m). Continued medical staffing gaps in the Emergency department are resulting in a (£0.5m) pressure YTD. ED streaming has been piloted in September in anticipation of the October implementation requirement and has started to show some improvement on the A&E performance target in September.

- Non-delivery of cost improvement plans in relation to pay work-streams of c.(£2.5m) ytd. Work continues to review pace of delivery.
- Other operational pressures have impacted the position, further costs for medical staffing, high levels of qualified nurse vacancies and patient acuity have resulted in the use of non-core spend of c(£5.8m) on bank staff and a further (£1.7m) on overtime to cover the gaps and vacancies in clinical staff. In addition approximately £0.9m has been utilised in the use of WLIs to support delivery of the current income plan. The Trust continues to pursue opportunities to improve list and theatre utilisation in order to reduce the requirement for premium rate payments.

Agency spend was £3.4m as at the end of September which remains c£0.6m lower than the agency cap. Work has been undertaken to review medical agency accruals and has resulted in an in-month benefit of c£0.1m alongside a reduction in agency spend. The Trust has issued an agency freeze across all non-clinical staff and continues to review all agency spend.

Other operating Expenditure (exc. depreciation) is below plan by £0.2m in September and cumulatively below plan by £3.1m.

Non-recurrent savings arising from accrual reviews have supported the financial position by £0.8m YTD. The underlying impact of this is being factored into plans for 2018/19. High Cost pass through drugs is a further £3.1m underspent ytd and £0.6m in-month this is offset in NHS Clinical income. Overspends on clinical supplies is reducing this underspend and under review in theatres and other clinical areas.

The CQUIN risk reserve has been fully utilised within the YTD position supporting the underlying position by £1.2m. If the funding is not received this will further deteriorate the YTD position away from plan.

Achievement of the 2017/18 Cost Improvement

The 2017/18 plan assumed the achievement of £14.0m of cost improvement programs and £1.0m revenue generation schemes through the year, delivering a combined total of £15.0m.

The Trust currently has c£9.0m of fully built up schemes with opportunities and plans continually explored and reviewed at the TSG monthly meeting to realise the remaining target.

The CIP position for 2017/18 (including non-recurrent schemes) can be summarised in the table below:

Summary as at Month 6	YTD		In Year	
	Actual		Forecast	Trend
NHSi Plan (Target)	£5,335k		£15,000k	
Fully Developed TSG approved schemes	£3,507k		£9,402k	
Overperformance/ (Gap) v NHSi Plan	-£1,828k	-34.3%	-£5,598k	-37.3%
Latest Forecast performance on TSG approved schemes	£3,341k		£8,970k	↓
Over/ (Under)performance compared to TSG approved schemes	-£166k	-4.7%	-£432k	-4.6%
Latest Forecast including mitigation	£3,341k		£8,970k	↓
Performance Variance (Latest Forecast to NHSi Plan)	-£1,994k	-37.4%	-£6,030k	-40.2%
Latest Forecast adjusted for risk	£3,341k		£8,000k	
Performance Variance (Latest Forecast to NHSi Plan)	-£1,994k	-37.4%	-£7,000k	-46.7%

The in-year forecast on fully developed schemes is c£9.4m, £5.6m behind the NHSI requirement.

Whilst this shortfall is of concern, considerable work has been undertaken with the divisional and programme leads to develop the plans in progress and opportunities schemes for approval at Transformational Steering Group (TSG) all schemes have been risk assessed with a small proportion rated as red. Work will continue to assess the remaining schemes within these categories, with a view to obtain approval at TSG and have a clear understanding of the unidentified gap in order to take the appropriate actions. It is recognised that the pace of conversion of opportunities needs to be accelerated in order to reduce the gap between the plan requirement and the value of fully developed schemes. CIP performance has also been escalated to the weekly Executive Management Team meeting with particular focus on the delivery of the corporate directorate targets.

It has to be noted that the lead time in terms of benefits realisation associated with many of the transformational and STP programmes will necessitate an increased focus on tactical in-year schemes.

The Trust is mindful of the financially challenging environment and the need to maintain pace and focus in the identification of initiatives and subsequent delivery. The Service Transformation team continues to work closely with the Divisions to secure plans for 17/18 and provide support in the subsequent delivery.

Post EBITDA Items

For month 6, the year-to-date variance to plan for ITDA items totals £1.0m, primarily due to depreciation savings.

Statement of Financial Position for the period ending 30 September 2017

Total taxpayers' equity equals £101.6m. The main variances for actual balances against plan are explained below.

a) Non-current assets

Total capital assets are above plan by £3.7m at month 6. This variance is detailed in the table below.

Capital variances	£m
17/18 brought forward balances above plan	1.7
Capex underspend, not including finance lease recognition	-0.1
Depreciation below plan	0.9
Donations above plan	0.1
Finance lease recognition / derecognition	0.9
Total variance of capital assets to plan	3.7

b) Current assets

Current assets are above plan by £2.0m. Current trade and other receivables are below plan by £0.9m, and inventories are below plan by a further £0.1m. The remaining variance is due to cash balances being above plan by £3.1m. The cash variance is split out in detail in the table below.

Cashflow variances	£m
17/18 brought forward cash balance exceeded plan	3.6
EBITDA below plan	-8.2
Working capital movements	2.7
Capital expenditure (cash basis) behind plan	0.8
PDC received	3.9
Other minor variances	0.2
Total variance of cash to plan	3.1

c) Current liabilities

Current liabilities are above plan by £5.9m. This is attributable to several large invoices which will be released for payment in month 7.

d) Non-current liabilities

Non-current liabilities exceed plan by £0.3m, primarily due to the recognition of a new finance lease liability within the Trust's borrowings balance.

Use of Resource (UoR) Rating

The Trust has achieved an overall UoR Rating of 3, which is in line with plan.

Control Total and Sustainability and Transformation Fund (STF)

The Trust has delivered £1.1m of the £3.1m available via the STF reflecting the achievement of the financial plan in quarter 1, and the GP streaming element of the A&E performance standards. Since month 4 the Trust has been unable to deliver the financial plan due to the continued pressures of escalation costs in emergency areas. The Trust continues to work with the Health Economy to improve this position and has also brought in external support to aid improvement.

Conclusion

The Trust continues to work through the Recovery plan presented to Trust Board in September and will be further updated at the October Board.

Further discussions have taken place with the Wirral Health Economy around agreement to a system control total and to voluntarily enter the capped expenditure programme. This will enable system wide ownership of the financial challenge and increase the innovation across all aspects of the health and social system.

The Trust will continue to submit 13 week cash flows in line with NHSI processes to support the requirement of future cash draw downs in line with plan.

The Trust is working closely with all partners across the health economy to support the delivery of a sustainable health service within the Cheshire and Wirral LDSP.

David Jago
Director of Finance
October 2017

Board of Directors	
Agenda Item	7.1
Title of Report	Report of the Finance, Business Performance and Assurance Committee – 20 th October 2017
Date of Meeting	25 th October 2017
Author	Andrea Hodgson, Chair of the Finance, Business Performance and Assurance Committee
Accountable Executive	David Jago, Director of Finance
BAF References • Strategic Objective • Key Measure • Principal Risk	4, 7, 8 4a, 7a, 7b, 7d, 8a, 8c, 8d, 5, 6, 7, 8, 9, 16, 17, 20
Level of Assurance • Positive • Gap(s)	Gaps with mitigating action
Purpose of the Paper • Discussion • Approval • To Note	Discussion
Reviewed by Assurance Committee	Not applicable
Data Quality Rating	Not applicable
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	Not applicable

This report provides a summary of the work of the Finance, Business Performance and Assurance Committee (FBPAC), which met on the 20th October 2017. Key focus areas are those, which address the gaps in assurance/control in the Board Assurance Framework.

1. Board Assurance Framework

The Committee noted the key changes to the Board Assurance Framework (BAF) during the reporting period and an update on the work of the Senior Management Team

The Committee was advised that the Senior Management Team (SMT) had met on the 06 October 2017 and discussed as part of its review of risk and the BAF the need to identify the top 3 or 4

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risks facing the organisation. This was a pre-cursor to undertaking some further training on this with members and the Board as a whole.

The Team concluded that the **top 4 risks** facing the organisation in their view were:

1. **Workforce** – ability to recruit and retain the workforce of the future. Undertaking OD work to enact a cultural change
2. **Quality and Safety** – this includes infection prevention and control and medicines management
3. **Access** – this includes all access standards but principally the 4 hour A & E standard
4. **Finances** – includes the financial plan for 2017/18 and thereafter which includes the need for cash, shortage of capital and the current situation re our estate

The Committee supported the SMT view of the top 4 risks accepting that these were not described here in order of priority.

The Committee acknowledged that the BAF was a “live” document so the changes reported this month were in part the work that is underway to support the discussions at SMT.

2. Key Changes to the Board Assurance Framework

The Committee reviewed the key changes to the BAF made during the reporting period are outlined below:

Risk 1 - Quality and Safety – the Medical Director had requested that risk 1 include 7 day working and general clinical outcomes and therefore recommended combination and therefore removal of the separate risk 4. The higher of the two risks was felt to be most appropriate.

Risk 3 – Workforce – the descriptor had changed from *staff engagement* to *workforce* to ensure that the Trust focused on the key inputs that impact on staff engagement rather than just the measure. The risk score was also due be reviewed to reflect the current position.

Risk 5 – Sustainability – the descriptor now specifically highlights the risk of not achieving the agreed control total as previously requested

Risk 10 – RTT – the risk score has increased to reflect the current position and also to note the current mismatch between constitutional standards and regulatory requirements per the Single Oversight Framework and the STF framework

Risk 12 – C diff - the descriptor and narrative have been updated to reflect the current position and the actions being taken to address this risk as per the Board briefing and discussion.

Risk 13 – NHS Cheshire & Merseyside – narrative changed to reflect the actions being taken horizontally and beyond.

Risk 14 – Healthy Wirral – narrative changed to reflect the work being progressed vertically with partners

Risk 15 – Operational Step Change and Internal Transformation – the risk descriptor has been amended from *LDSP* as the Assurance Committees and Senior Management Team acknowledged that the risk was in relation to the Trust's capability and capacity to enact the change required at all levels. Again it was felt that this should enable the Trust in the future to focus on the key inputs that will support the change required.

Risk 17 – Estates – updated to reflect current strategic position and the work being undertaken to prioritise work in the Trust based on a risk assessment

The Committee supported the changes to the BAF and recommended the merging of risk 1 and 4 although would defer to the Quality and Safety Committee for the final recommendation to the Board. The Committee felt that the risk score should be higher in relation to risk 1 to take into account the work the Trust is undertaking to embed the desired safety culture.

The Committee agreed that the workforce risk rating should be reviewed as this was felt to be too low in light of the deterioration of some of the key metrics and the work required on the recruitment, retention and culture in the organisation. The Committee asked that the risk rating be reviewed by Quality and Safety Committee.

The Committee also determined that the transformation risk number 15 should be widened in scope to ensure that this took into account the limitations on capital and the ageing Trust estate linked to overall sustainability.

Finally the Committee determined that risk no. 7 - Controls should be reviewed and clarified whether this relates to agency control only or the wider controls framework.

The Committee supported the work on the BAF to keep this “live” and agreed that it did support the Committee in determining its agenda. The Committee requested that the Risk Heatmap be refreshed to more accurately reflect the current risk assessment as discussed.

3. Risks at 15+

There were no risks scored at 15+ reported to the Committee this month.

4. M6 Financial Position and Financial Recovery

The Committee reviewed the current position at M6 which included a review of:

- **The year to date deficit position** which was reported at £14M excluding STF which was £5.3M adverse variance to plan. Non delivery of plan resulted in loss of access to STF in Q2.
- **Income** – Clinical PbR income was reported above plan at £1.7M however non-PbR was £2.2M behind plan and the STF was a further £2M below plan. Under performance was attributed to lower pass through of High Cost Drugs equating to £3.1M although this underperformance was offset by a corresponding underspend within drug expenditure. The Committee was advised that £4M of the income position related to contract penalties recognising that this would have been higher (£5.3M) if the Trust had not accepted the in year control total of £0.4M deficit.
- **Expenditure** – this was reported at £3.1M above plan ytd with pay costs being the largest contributor. Within this position there were £2.0M of pressures reported associated with non delivery of CIP, £0.8M of additional costs incurred due to operational pressures and £0.5M of pressures in the Emergency Department. Some of the overspend had been offset by agency cost savings as a result of agency freeze on all non-clinical staffing areas; the release of the CQUIN reserve in Q1 and circa £1.3M of mitigating actions as a result of reviews undertaken on accruals and deferred income.
- **Cash** – this was reported at £5.3M, £3.1M above plan although further details of future requirements were discussed and are outlined below
- **Use of Resources** – this was reported as a 3 in line with the plan and supported by agency costs being delivered within the cap.
- **Cost Improvement Plan** – YTD performance is £2.0M behind plan, however the in-year forecast was reported at £9M with a further £2M of opportunities included in the recovery plan. The focus of attention was reported as being on improving performance with patient flow and whilst recognizing this activity is not in itself cash releasing, it would support achievement of STF funding and the quality and safety of patients.

The Committee was concerned with the in-month position in particular as that highlighted underperformance in income of £1.71M; the increase in penalties to £0.66M and pay above plan of £1.3M. The Committee also sought to understand how the cash requirement was linked with the financial plan outturn which is outlined below.

5. Recovery Plan

The Committee reviewed the position with regards to the financial recovery plan and considered the risks of each of the proposed actions from a feasibility and quality perspective. The Committee received an overview of how the Trust's recovery action plan fed into the overall system recovery plan being discussed with partners as well as seeking to understand the impact of partners action on the Trust which would require further debate.

The Committee requested the full year outturn projection supported by a detailed month by month projection as part of the financial recovery action plan in order to inform the Board's decision on whether a financial re-forecast would be required.

6. Cash Requirements

The Committee reviewed the cash position for 2017/18 and the requirement for future cash support. The Director of Finance outlined clearly the impact on cash if the Trust took no action to improve its underlying deficit position. The worst case scenario for a cash requirement was reported as £21.7M. The Committee sought to understand the risks of exceeding the Trust's current working capital limit and the basis on which any future cash drawn down would be based. The Committee was advised that this would be an uncommitted loan at a rate of 1%. Whilst the Committee agreed to recommend to the Board that delegated authority be given to the Director of Finance and in his absence the Deputy Director of Finance to request cash on a monthly basis, as required, based on the 13 week rolling cash forecast, it would also escalate concerns as to future repayments and the impact of any future regulatory action on the interest rate. The Committee discussed the circumstances which might result in a 6% interest rate charge and the lack of visibility of long term plans to deliver sustainable performance such that the total working capital requirement would be repaid from earnings. Both risks were agreed to be escalated to Board.

7. Service Line Report Update- Division of Surgery

The Committee welcomed the update from Surgery which crystalized the current expenditure costs of securing the income in the plan; articulated the concerns with any system wide decisions that may impact on the Trust's ability to improve the RTT position and the impact going into 2018/19 and the work being undertaken to improve productivity and efficiency in outpatients and theatres.

The Committee was pleased that the Division had now developed a dashboard which outlined productivity and efficiency by consultant which is being shared in each specialty and how the Getting it Right First Time GIRFT work was being used to drive up quality. The Committee supported the focus and integration with TSG workstream monitoring and performance management.

8. Performance Report ending 30th September 2017

The Committee reviewed performance for the period ending 30th September 2017 focusing in particular on the following:

The improvement in performance against the 4 hour Urgent Care standard and the changes in STF which now required the Trust to achieve 90% compliance from October to February and 95% from March 2018. The Committee extended its thanks to the Director of Operations and Performance and his teams for the significant improvement in achievement for September and in month performance for October. The Committee welcomed the decision by the A & E Delivery Board to include data from all the walk in centres/ minor injury units that are off site in the future. The Committee was made aware that this would not change the way the Trust reported in the future however this would be aggregated on a central basis.

The position with regards to RTT compliance remained of concern with performance between 79% and 80%. Delays with securing independent capacity were outlined, although this had recently improved. The Committee noted the risk to securing investment from the CCG to enable continued activity to reduce the backlog and improve RTT performance.

The Committee noted the work being undertaken in conjunction with Central Manchester to improve infection prevention and control and agreed to await the Board report on this matter due in the following week.

Cancer targets were reported as on track for Q2. An action was agreed to confirm the robustness of data quality to support the Committees continued confidence in performance.

Mixed sex accommodation breaches were escalated as a concern in critical care facilities due to the inability to step patients down because of the occupancy levels in the hospital. This has been the subject of greater attention at the bed meetings and should improve as patient flow has now improved.

9. A & E Business Case

The Committee noted the proposed changes to the original bid to create the single front door for A & E following the success of primary care screening. The Committee supported the use of these capital monies to improve the ED and walk in centre areas and the work being undertaken by clinical and design teams to progress this. The Committee was advised that the regulator had agreed to allow this funding to carry over to the following year which would allow the Trust to develop ideas and plans with a view to bringing a further update to the Committee in the new year.

10. Workforce Report

The Committee reviewed the new style workforce report which sought to provide assurance on the management of drivers of current workforce expenditure, along with the mitigating actions to control this significant area of cost.

The Committee focused on the growth in WTE since March 2015 and the cost implications of this; the rise in vacancy and sickness rates and the implications for non-core spend. Mitigating actions reported included the agency freeze for all non-clinical roles; the vacancy freeze for all non-essential posts and the work being undertaken with E-Roster and on workforce planning. The Committee welcomed the new style report but recommended that in the next reiteration this include the current pay budget and timelines for delivery of actions which would assist with monitoring expected outcomes and effectiveness of interventions. The Committee again recommended that Quality and Safety review the impact of this work.

11. IT Benefits Realisation

The Committee was provided with an overview of some of the key areas of work being progressed with Divisions which included roll out voice recognition; review of outpatients follow ups and the move from paper for inpatient medical records.

The Committee requested that at its next meeting it be provided with the full plan to realise timings and quantum of the benefits of IT.

12. NHS Improvement – Monthly Return

The Committee noted the content of the NHSI Month 6 financial commentary, which detailed the financial position at the end of September 2017 and cumulatively against the 2017/18 plan.

13. Assurance Reporting

The Committee received Chair's reports from the following Working Executive Committees:

- Finance and Performance Group.
- Digital Wirral Programme Board.
- Information, Information Governance and Coding Group.
- The Strategy and Sustainability Planning Group

14. Escalation to the Board/Inclusion on the Board Assurance Framework

The Committee agreed to escalate to the Board the concerns with RTT and the impact of any system wide decision on this and the linked impact on the financial recovery plan; the future cash requirements and potential financial re-forecast together with the associated risks with both.

Andrea Hodgson

Chair of Finance, Business Performance and Assurance Committee

BOARD OF DIRECTORS

**UNAPPROVED MINUTES OF
PUBLIC MEETING**

27 SEPTEMBER 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Michael Carr	Chairman
David Allison	Chief Executive
John Coakley	Non-Executive Director
Susan Gilby	Medical Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Sue Lorimer	Non-Executive Director
Cathy Maddaford	Non-Executive Director
Jean Quinn	Non-Executive Director
Denise Price	Interim Director of Nursing & Midwifery
John Sullivan	Non-Executive Director

In attendance

Carole Self	Director of Corporate Affairs
Jayne Kearley	Member of the Public
Dr John Fry	Public Governor

Apologies

Gaynor Westray	Director of Nursing and Midwifery
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*denotes attendance for part of the meeting

Reference	Minute	Action
BM 17-18/107	Apologies for Absence Noted as above	
BM 17-18/108	Declarations of Interest None	
BM 17-18/109	Chairman's Business The Chairman advised the Board of the following recent consultant appointments: <ul style="list-style-type: none"> • Dr Muniba Usman-Saeed, Consultant Gastroenterologist • Dr Laura Potter, Consultant Histopathologist • Dr Sudeshna Bhowmik, Consultant Acute Pediatrician • Dr Eleanor Derwas, Consultant Neonatal Pediatrician • Dr Sarah Thompson, Consultant Neonatal Pediatrician • Miss Nina Patrick, Consultant Urology The Chairman reported the outcomes of the recent Governors elections as follows: Elected Governors <ul style="list-style-type: none"> • Steve Evans– Bromborough and Eastham (re-elected) 	

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Reference	Minute	Action
	<ul style="list-style-type: none"> • Derek Hampson – Liscard and Seacombe (re-elected) • Ian Linford– Neston, Little Neston, Parkgate, Riverside, Burton, Ness, Willaston and Thornton • Sheila Hillhouse – New Brighton and Wallasey • Dr John Fry – West Wirral <p>Appointed Governors</p> <ul style="list-style-type: none"> • Kathy Hodson (re-appointed) • Tony Jones 	
<p>BM 17-18/110</p>	<p>Chief Executive's Report</p> <p>The Chief Executive presented the report and highlighted the following area:</p> <p>Improving Patient Flow – the Board supported the Chief Executive's articulation of the importance of patient flow in terms of patient safety and experience; impact on lengths of stay; the Trust's ability to manage its infection prevention and control agenda and therefore the financial sustainability of the organisation.</p> <p>The Chief Executive reported on the NHSI event held on the 18th September 2017 for Category 3 and 4 organisations in relation to A & E performance. He confirmed that the Trust was in category 4 and the Countess of Chester CoCH in category 3. He confirmed that the categories ranged from 1-4 with 4 being the worst based on A & E performance for the period April – August 2017.</p> <p>Members were advised that the key priorities from NHS Improvement and NHS England were outlined as A & E 4 hour standard compliance; Cancer 62 day access targets and Trusts being able to live within their financial means. The Chief Executive reiterated the Trust's plans which were always designed to take effect from 1st October 2017 in readiness for winter and he was delighted that the Trust and its partners were now starting to see the benefits.</p> <p>The Chief Executive outlined the key discussion points from the recent NHSI Oversight Support Meeting these being A & E 4 hour standard compliance; referral to treatment times RTT/winter preparedness/quality/workforce and finance. He confirmed that the meeting was very positive with good feedback from NHSI colleagues.</p>	
<p>BM 17-18/111</p>	<p>Patient Story/Learning</p> <p>The Board welcomed Ms Higginson to the meeting. Ms Higginson had agreed to share her patient experience with the Board in order that the Trust could take the learning from this. Ms Higginson outlined her journey as a breast cancer patient. She praised the Trust and Clatterbridge Cancer Centre for the one stop clinic and the seamless service between both organisations; the consultant in charge of her care for responding directly to a direct question and the multi-agency approach. She emphasised the important of consistency with specialist nursing.</p>	

Reference	Minute	Action
	<p>Ms Higginson summarised with 3 things for the Board to consider as follows:</p> <ol style="list-style-type: none"> 1. To keep – the specialist nursing staff 2. Consider stopping – the electronic patient survey in outpatients as it could never provide the Trust with the richness of feedback that could only be gained by speaking to patients 3. Consider doing – extend the one stop clinic for post cancer care patients. She gave an example of how the Trust described post cancer follow ups as routine but as Ms Higginson said, to cancer patients these are anything but routine. <p>The Board thanked Ms Higginson for the time she had taken to share her experience and for her very valid summation which the Board would reflect upon.</p>	
BM 17-18/112	<p>Hard Truths Commitment – Nurse Staffing Report</p> <p>The Interim Director of Nursing and Midwifery presented the Nurse staffing report confirming that this provided members with a progress update on the requirements of “Hard Truths” as well as reporting upon staffing data for July to August 2017. She reported that in her opinion the nursing workforce in the Trust was relatively stable and in a much better position than many organisations nationally. The Board was alerted however to a slow rise in vacancy levels which was now the subject of action by Human Resources and her team in order to determine the reason why nurses were leaving and what the Trust could do to improve retention.</p> <p>The Board was concerned that the Trust was losing younger members of the nursing workforce rather than long serving members which would suggest a lack of career opportunities. The Board was advised that the junior workforce was very much more transient nature however the Trust was looking at potential career opportunities which should not pose a significant problem in a Trust of this size.</p> <p>The Board was pleased that the overall staffing levels were good however it sought to understand why the CHPPD were average whilst others were improving and yet the costs of nursing care were higher than comparable Trusts. The interim Director of Nursing and Midwifery reported that some Trusts operated different skill mix ratios which might be partly the reason but more work was required to establish this.</p> <p>The Board was concerned at the number of incidents reported from staff in relation to staff moves and was advised by the Interim Director of Nursing and Midwifery that moves were to support patient safety and minimised wherever possible. She also confirmed that all moves were carefully explained to staff but still staff felt the need to raise an incident. Board discussed a range of possible recruitment and retention strategies that were being explored particularly for those key areas such as elderly care and neonates. The Board accepted that staff moves would cause dissatisfaction amongst nurses but sought further assurance that this was being appropriately managed and asked that future reports focus on providing this.</p> <p>The Interim Director of Nursing and Midwifery reported that the Care Hours Per Patient Day CHPPD data put the hospital in the average range although</p>	DP

Reference	Minute	Action
	<p>the Trust was falling behind some of its peers in the Model Hospital Portal Data and further work was required therefore to understand why, accepting that this data was a crude measure.</p> <p>The Board was advised that future reporting on staffing would be through the integrated quality dashboard to ensure that members viewed information in the round which would inevitably provide greater assurance or identify areas for key action.</p>	
BM 17-18/113	<p>Acuity and Dependency Nurse Staffing Review</p> <p>The Interim Director of Nursing and Midwifery presented the Acuity and Dependency Nurse Staffing Review which commenced in May 17 and assessed levels of staffing against the agreed establishment in area. She confirmed that the review was only partly completed as there were some areas where the data suggested that staffing was over and above agreed establishment levels or that the data collection was not robust. The Board was advised that the review also needed to take into account the broader nursing workforce ie specialist nursing where the staffing costs were higher than other organisations and that this work would not be completed until the end of the year.</p> <p>The Board revisited its earlier discussion and sought to establish whether the Trust was doing enough to ensure good career progression. The Interim Director of Nursing and Midwifery reported that this could be improved by looking at bespoke career packages and undertaking more work on building resilience amongst teams.</p> <p>The Board sought clarity on the impact of the removal of bursaries and particularly the Trust's ability to attract the more mature student and whether this presented opportunities to work differently with Universities. The Interim Director of Nursing and Midwifery advised that the removal of the bursary did have an impact and hence the reason why some organisations had decided to work in groups to fund bursaries and effectively employ students from year 1 with a period of employment locked in as part of the offer. The Board understood that this was similar to the old Nursing School model and that the Trust was working with the CoCH in this area.</p>	
BM17-18/114	<p>Report of the Quality and Safety Committee</p> <p>The Chair of Quality and Safety Committee presented an update on the work of the Committee from its last meeting in September. This included the changes in risk descriptors and scores in the BAF during the reporting period; the risks above 15+ and the emerging risks highlighted by the Senior Management Team as well as the actions being taken to mitigate these. The increasing risk in relation to C difficile was of particular concern with work progressing to determine the key actions required to mitigate this.</p> <p>The Board's attention was highlighted to the following areas in the Director of Nursing and Workforce and OD reports:</p> <ul style="list-style-type: none"> • The rise in the number of falls with harm which had prompt urgent action to be taken to reduce these • The 3 areas of improvement following the medicines management pilot 	

Reference	Minute	Action
	<ul style="list-style-type: none"> • The slight rise in sickness absence levels which was now just above the target • The rising vacancy rate as previously discussed and the actions being taken with particular concern in Medicine and Acute which was now at 11% • Below target compliance with mandatory training and appraisals • The slight reduction in the pulse check indicators which had prompted a review of the interventions to improve staff engagement <p>The Board was pleased to note the work being progressed in the safe domain particularly following the introduction of the safety summits, safety bites and the new serious incident review process. This also included the learning from Never Events which the Board had previously requested. The progress in this area was also highlighted as part of the overarching quality governance review process and the intended changes to the integrated governance structure. The Committee reported progress made to the electronic risk management system – Safeguard – which had been of some concern.</p> <p>The Committee reported on the further Never Event which had come to light from 2013 following a recent laparotomy. The RCA was reported as underway although it was acknowledged that the staff involved no longer worked in the Trust.</p> <p>Progress in developing the action plan following the Royal College of Ophthalmologists external review in April was reported although more work was required.</p> <p>The Board was pleased that the new integrated quality dashboard would be used to report upon many areas in the future which would aid review and decision making as information could be triangulated into intelligence.</p> <p>The Board formally noted the outcome of the HSE scheduled inspection of radiology services and was pleased with the feedback received on the quality of risk assessments.</p> <p>The Board noted the work being undertaken to ensure CQC compliance and the work on emergency preparedness, resilience and response.</p> <p>The Committee reported a decrease in the number of clinical claims for the 3rd successive year following the review of the annual Legal Services Report although it noted that the Trust was in the process of settling a high value claim this year. Of note was the low number of claims where incident were reported internally which would hopefully improve through the new safety reporting culture, this would aid the swift acknowledgement of claims where liability was accepted and also enable the Trust to defend those claims where this was not the case.</p> <p>The Committee reported upon its review of the draft policy in relation to the mortality review process and the requirements for Trust Board's in the future. The Committee recommended the draft policy to the Board for approval.</p>	

Reference	Minute	Action
	<p>The Committee noted its concerns with regards to some aspects of the VTE assessment as escalated by the Clinical Governance Group.</p> <p>The Board was asked to note its concerns in particular in relation to staff engagement; compliance with all aspects of the VTE assessment; infection prevention and control and the increase in falls resulting in serious harm which would form part of the Committees work going forward.</p> <p>The Board advised that it would actively sponsor the learning and reporting of legal claims as it found this particularly valuable.</p> <p>The Board formally noted the 3 emergency plans in relation to pandemic flu; severe weather and evacuation.</p>	
<p>BM17-18/115</p>	<p>Mortality Review Process</p> <p>The Medical Director outlined the national requirement in relation to mortality reviews and work of the Quality and Safety Committee in the review of the draft policy.</p> <p>The Board was advised that the aim was to review all deaths although the Trust's primary mortality review was only 39% since April 2017. The Medical Director advised that the Trust was adopting a structured approach to these reviews to ensure that the Trust learned from all lapses of care and not necessarily what led to the patients' death. This was now undertaken each week and now that there was a national requirement for these reviews she was hopeful of a greater level of engagement.</p> <p>The Board welcomed this work and approved the recommendation from the Quality and Safety Committee to approve the Mortality Review Policy.</p>	
<p>BM 17-18/116</p>	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated performance dashboard and advised the Board as follows:</p> <p>A & E 4 Hour Access Standard –performance for August 17 was reported at 79.26% which placed the Trust in category 4 out of all NHS organisations, with 1 being the best performer. The Board was pleased to note the step change in September with performance tracking at 88% month to date. The Board was advised that Ernst and Young were due to outline the main drivers of this improved performance later to members. The Chief Operating Officer advised members of the changes to the STF trajectories previously agreed, these now being 90% standard compliance from October to February 2018 and 95% from March 2018 thereafter.</p> <p>18 Week Referral to Treatment Times RTT – the Board was advised of the reasons for the slight deterioration in RTT performance during August reporting a position of 79.07%. This was attributed to the difficulty in securing additional elective work in the independent sector although this had now been resolved and performance was back above 80%. The Board was advised that a “stock take” was being undertaken by the Intensive Support</p>	

Reference	Minute	Action
	<p>Team IST and that there still remained the issue of commissioner affordability for delivering the RTT backlog. The Board sought and received confirmation of the financial values relating to RTT backlog.</p> <p>Diagnostic Six Week Wait – the Chief Operating Officer reported high levels of demand during the reporting period for some diagnostic procedures which resulted in the target being missed by a small margin for the past two months, with August's position being 98.72%. The Board was advised that the capacity issue had now been resolved and the Trust therefore was on track to deliver performance in September.</p> <p>Cancer – although the most difficult to achieve, the Chief Operating Officer reported no issues with performance for the 62 day standard.</p> <p>Infection Control – It was reported, as per the briefing received by members ahead of the meeting, that the Trust had 6 avoidable cases of C difficile during August 2017. The Board was pleased that the Trust had taken action already in terms of instigating an independent review to take place. The Board sought and received an overview of the key areas of focus for the review which were confirmed as clinical practice and governance including reporting processes as this would provide an assessment against the fundamentals of good practice these being hand hygiene, uniform policies, cleaning and HPV. The Interim Director of Nursing and Midwifery confirmed that the external visit had been agreed a few weeks ago and external colleagues were on site that day. She also confirmed that the Commissioner was also on site and that both NHSI and NHSE were content with the action being taken. The Board requested a further report at its next meeting.</p> <p>M5 Finance and Cost Improvement Programme Report</p> <p>The Director of Finance presented the M5 finance and cost improvement report and highlighted the following areas:</p> <ul style="list-style-type: none"> • Overall deficit at the end of August 2017 was reported as £10.9M which was £3.4M adverse to plan excluding sustainability and transformation funding STF. As a result of non-achievement of the financial plan the Trust had not been able to access £1.2M of STF with a further £0.2M being withheld for A & E performance in quarter 1. • The cash balance position at the end of August was reported as £3.9M which was £1.4M above plan. • The Use of Resources rating was reported as 3 which was in line with the plan. As in previous months the agency spend rating was preventing the overall UoR rating from deteriorating to a 4. The Board was advised that the Trust had seen an increase in agency spend in recent times which was of concern. <p>The Board sought to establish the full reasons for the adverse variance against plan of £3.4M. The Director of Finance reported that this was due to slippage in the cost improvement programme CIP of £1.4M; escalation costs of £0.7M; additional medical staffing of £0.4M; acuity and specialising costs of £0.5M and VAT repayment of £0.3M following a random audit. The Board</p>	DP

Reference	Minute	Action
	<p>sought and received clarification as to the issue with the VAT repayment which was associated with dating of Cerner invoices in one department in the Trust which had now been resolved.</p> <p>The Director of Finance reported the slippage in CIP of £1.4M adverse variance to plan. The Board also raised concerns over the rising pay bill and sought to understand the level of interventions to stem this in the future.</p> <p>The Director of Finance reported that the revolving working capital fund was in line with plan and of the ongoing dialogue with the regulator with regards to future interest rates payable if this could be moved to a loan at a reduced rate.</p> <p>Members debated the overall financial challenge and the Director of Finance reiterated the CIP achievement of £11.2M in 2016/17, the challenge in year of £15M as well as the £6.6M of bridge items which needed to be achieved as part of the plan. The Director of Finance reported that the Trust was working hard to achieve the plan although was not starting from a stable position. He also advised that NHSI and NHS digital were close to securing the agreement in relation to the GDE drawn down in terms of revenue.</p> <p>The Board sought to establish the level of assurance as to whether the Trust would be able to improve performance to plan in order that the discussion on re-forecast could be had if required. The Director of Finance outlined the key items that were being used to mitigate the risk to stem the run rate, he also confirmed that the GDE monies would give the Trust a cash gain on a short term basis. The Board agreed to review the items in the financial recovery plan in greater detail as part of its private agenda ahead of agreeing whether a financial re-forecast was required, if it was the Board agreed this would not be before the end of November 17.</p>	
<p>BM 17-18/117</p>	<p>NHSE EPRR Core Standards 2017 18</p> <p>The Chief Operating Officer presented the report which outlined the process and self-assessment against compliance with the revised core standards for EPRR and the actions to improve this further.</p> <p>The Board was pleased that the Trust had been evaluated as being substantially compliant against the 64 core standards with all areas GREEN with the exception of one which was AMBER in relation to chemical hazard training for the Emergency Department which would be completed over the next few months.</p> <p>The Board was also advised that the Head of EPRR at NHSE had agreed with the Trust's assessment and the subsequent actions.</p>	
<p>BM17-18/118</p>	<p>Report of Finance Business Performance and Assurance Committee</p> <p>The Chair of the FBPAAC provided the following update accepting that the financial position had been discussed in detail earlier in the meeting.</p> <p>Key updates included the changes to the Board Assurance Framework during the reporting period; an in-depth review of the patient flow work</p>	

Reference	Minute	Action
	<p>stream; the budget setting process and the support being given to teams; an update on the procurement developments and achievements and the need to realise the benefits from the investment in IT.</p> <p>The Chair updated the Board on the discussion with regards to the control total for 2018/19 and the revision by NHSI for that year of £5.1M which the Trust could not commit to. The Board was reminded of the work undertaken to determine the original plan and the significant challenge that this still presented.</p> <p>The Chair of the Finance Business Performance and Assurance Committee escalated the risk associated with accepting and rejecting the revised control total for 2018/19 and the risks associated with transformational change.</p>	
BM17-18/119	<p>Equality and Diversity Update</p> <p>The Interim Director of Nursing and Midwifery presented the Equality and Diversity Update following the Board review of the annual report in April. In line with a request by the Board for a further update on the progress that was required under the “Inclusive Leadership” domain the Trust commissioned a further piece of work to support this and help the Trust achieve Excelling in this domain.</p> <p>The Board was advised that a training needs analysis had been undertaken and had concluded that all senior managers up to and including Board member level should undertake enhanced Level 2 Equality, Diversity and Human Rights training. Members were advised that a training programme had been agreed and compliance at 95% was anticipated by June 2019. Board members sought to establish the time commitment for this training in order that it could include in its work programme. The Interim Director of Nursing and Midwifery agreed to confirm.</p> <p>The Board noted the key findings from the Workforce Race Equality Standard and the requirement to publish a Workforce Disability Equality Standard from April 2018. The Board noted that a full 6 month review would be undertaken by the Workforce and Communications Group and formally reported to Quality and Safety Committee in due course.</p>	DP
BM17-18/120	<p>Annual Review of the Modern Slavery Act</p> <p>The Director of Corporate Affairs presented the updated Board statement which described the steps the Trust had taken during the financial year to ensure that slavery and human trafficking was not taking place in any part of its supply chain or its business.</p> <p>The Board queried whether any organisations had failed to comply with the Act which to date was unknown.</p> <p>The Board approved the annual statement and agreed that this could be uploaded to the website.</p>	CS
BM17-18/121	Chair of the Audit Committee Report	

Reference	Minute	Action
	<p>The Chair of the Audit Committee reported on key areas of work from its latest meeting in September this included:</p> <p>The Committees review of the BAF which included how the Assurance Committees and the Senior Management Team were undertaking their reviews; the changes made to the BAF in the reporting period; the emerging risks which were being mitigated and the inclusion of new risks above 15+.</p> <p>The Board was advised of the 3 legal updates received during the reporting period these being the publication of the Use of Resources Assessment; the Well led Assessment and the changes planned to the Single Oversight Framework.</p> <p>The Committee reported on the review of compliance against the Standards of Business Conduct Policy and the work to improve this going forward; an outline of the MIAA internal audit reports all of which received significant assurance; review of compliance against the Trust's Provider licence and the Anti-Fraud Progress Report. The Chief Executive reported that NHSI would provide an update on the changes to the Trust's licence conditions in November 2017.</p> <p>The outcome of the most recent international standard for assurance engagements ISAE 3402 Type II Auditor report on the Trust's financial system which was overall positive with one exception which was being addressed.</p>	
<p>BM17-18/122</p>	<p>Annual Review of the Board Assurance Framework</p> <p>The Director of Corporate Affairs presented the Annual review of the Board Assurance Framework (BAF) which included a review of the changes made to the BAF during the financial year; the methodology for review of the BAF by the Assurance Committees, the re-established Senior Management Team and the inclusion of risks 15+ as part of the reporting process.</p> <p>The Board noted how the risk appetite statement had been shared throughout the organisation as part of the BAF and risk management training. The Director of Corporate Affairs reported on how the new integrated quality dashboard would support the BAF in the future.</p> <p>The Board noted that it received an update on the BAF at each of its public meetings as this formed part of each of its Assurance Committee's agendas.</p> <p>The Board supported the work on the BAF confirming that this provided them with the information they required as it was "live" throughout the organisation. The Board confirmed that this was a key document and no further improvements other than those outlined in the report were identified.</p>	
<p>BM17-18/123</p>	<p>NHSI Quarterly Monitoring Report</p> <p>The Board noted the report and the discussions being held in relation to the £0.5M CQUIN risk reserve which had been utilised in the year to date position although this had not as yet been paid over by the CCG.</p> <p>The report also highlighted the work on cash preservation which was</p>	

Reference	Minute	Action
	ongoing. The Board sought clarity as to the impact of the lifting of the pay cap. The Director of Finance confirmed that the impact would not be in 2017/18 but if lifted this would impact on 2018/19 and this inevitably would need to be reviewed.	
BM17-18/124	Board of Directors The Minutes of the Board of Directors held on the 26 th July 2017 were confirmed as an accurate record subject to the slight amendment to Minute Ref BM17-18/99 Replace – <i>The non-core spend report highlighted that performance was on track acknowledging that there was no budget to spend</i> with <i>The Committee reiterated that reporting compliance against the agency cap was misleading as the Trust did not have the budget for this expenditure.</i> Action Log The Board accepted the action log as presented.	CS
BM17-18/125	Items for the BAF/Risk Register None	
BM 17-18/126	Items to be considered by the Assurance Committees The Board agreed the following focus areas for the assurance committees: Audit Committee – ensure that issue with the VAT repayment in relation to Cerner invoices was include in the internal audit programme as part of the Core Assurance Control work.	
BM17-18/127	Any Other Business None	
BM 17-18/128	Date and Time of Next Meeting Wednesday 25 th October 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.	

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Chairman

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Date

ACTION LOG
Board of Directors
Updated – October 2017

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 27.09.17						
1	BM17-18/112	Ensure future nursing reports focus on the action being taken to ensure that staff moves are appropriately managed	DP		Nov 17	
2	BM17-18/116	The Board requested an update on the action being taken in relation to infection prevention and control in light of the increase in reported avoidable cases of C difficile	DP	Included on the agenda for October 17	Oct 17	
3	BM17-18/119	Confirm the time commitment for Board members in undertaking the enhanced level 2 Equality, Diversity and Human Rights training	DP		Oct 17	
4	BM17-18/120	Upload the revised annual statement in relation to the Modern Slavery Act on the Trust website	CS	Completed		
5	BM17-18/124	Replace minute BM17-18/99 with <i>The Committee reiterated that reporting compliance against the agency cap was misleading as the Trust did not have the budget for this expenditure</i>	CS	Completed		
Date of Meeting 26.07.17						
1	BM17-18/096	Receive the outcomes of the patient acuity audit	CP	Included on the agenda – September 2017 - completed	Sept 17	

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2	BM217/ 18/096	Undertake a review of the Board Model Hospital portal	DJ	To be undertaken with members as part of work programme in September	Sept 17	Deferred until October 2017
3	BM17- 18/104	Quality and Safety Committee to review research work as part of their work plan	SG			
4	BM17* 18/105	Provide an update on future Care Quality Inspections to the CoG in September	SG		September 17	
Date of Meeting 28.06.17						
5	BM17- 18/068	Quality and Safety to receive assurance on CQC preparedness and overall compliance and provide regular reports on this to the Board	SG	Ongoing	July 2017	
Date of Meeting 24.05.17						
6	BM17- 18/039	Provide regular reports on the A & E 9 point action plan – specifically those areas that relate to the Trust	JH	Ongoing – last review June 17	June 17	
7	BM17- 18/049	Review the IT risk on the BAF in relation to cyber security	PC	Work is ongoing to implement further protections e.g. awaiting delivery of a new Internet circuit which is ordered but has a 90 day delivery time. Working with NHS Digital and GDE sites with Cerner to go through the Cyber Essentials plus framework funded by NHS Digital – dates being agreed. WUTH is leading work on Cyber for Cheshire and Mersey STP	July 17	
Date of Meeting 26.04.17						
9	BM17- 18/013	Provide details of what “good” looks like under the Equality and Diversity indicator for inclusive leadership	GW	Scheduled for update in September 17 - completed	June 17	
10	BM17- 18/013	Ensure Equality and Diversity is covered throughout the Trust’s Mandatory training programme	GW		June 17	

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Date of Meeting 25.05.16					
13	BM16-17/036	Full review of the performance report to be undertaken to avoid this becoming unmanageable	JH	The new Director of Operations and Performance is reviewing this and will provide an update in October 17	Sept 17
14	BM16-17/037	Explore the impact of technology when reporting CHPPD in the future	GW	Director of IT and Information currently evaluating this work	April 17

