



We are  
WHH

Warrington and Halton Hospitals **NHS**  
NHS Foundation Trust

# WHH Board of Directors Meeting

**Wednesday 25 January 2017**  
**1.00pm – 4:00pm**  
**Trust Conference Room**



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## Warrington and Halton Hospital NHS Foundation Trust Agenda for a meeting of the Board of Directors held in public.

Wednesday 25<sup>th</sup> January 2017, time 1:00pm -4.00pm  
Trust Conference Room, Warrington Hospital

REF	ITEM	PRESENTER	PURPOSE	TIME	
BM/17/01					
BM/17/01/01	Presentation - Royal College Midwifery Maternity Services of the year Rachel Browning,		Information	1.00pm	N/A
BM/17/01/02	Welcome Apologies & Declarations of Interest Welcome to colleagues from Deloitte	Steve McGuirk, Chairman	N/A	1.30pm	Verbal
BM/17/01/03	Minutes of the previous meeting held on 24 November 2016	Steve McGuirk, Chairman	Decision	1.02pm	Encl
BM/17/01/04	Actions & Matters Arising	Steve McGuirk, Chairman	Assurance	1.05pm	Encl
BM/17/01/05	Rolling Programme of Attendance	Steve McGuirk, Chairman	Assurance		Encl
BM/17/01/06	Chief Executive's Report including STP C&M Submission – public document	Mel Pickup, Chief Executive	Assurance	1.10pm	Verbal/ Enc
BM/17/01/07	Chairman's Report	Steve McGuirk, Chairman	Information	1.30pm	Verbal

### Quality

BM/17/01/08	Integrated Performance Dashboard December Including Trust Engagement Dashboard (to follow) and Key Issues Reports for :  - (a) Quality Governance Committee 6.12.2016 + 10.1.17  - (b) Finance & Sustainability Committee 20.12.2016 + 18.1.2017  (c) Charitable Funds Committee 5.12.16 incl Charities Commission Checklist - (d) Audit Committee 16.1.2017	All Executive Directors  Margaret Bamforth, Committee Chair  Terry Atherton, Committee Chair  Ian Jones, Committee Chair  Ian Jones, Committee Chair	Assurance	1.40pm	Encl       Enc
BM/17/01/09	DIPC Report Bi- Annual From Lesley McKay	Prof Simon Constable Medical Director/Deputy Chief Executive	Assurance	2.00pm	Enc

### People

BM/17/01/10	Strengthening Financial Performance + Accountability in 2016-17 High Pay Bill Growth and Agency Staffing - NHSI Checklist	R Wilson Director of HR & OD	Assurance	2.10pm	Enc
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### Sustainability

BM/17/01/11	Quarterly Response to Lord Carter	Andrea Chadwick Director of Finance & Commercial Development	Assurance	2.30pm	Encl
BM/17/01/12	Charitable Funds Annual Report and Accounts (from Katie Armstrong)	Andrea Chadwick Director of Finance & Commercial Development	Assurance	2.40pm	Encl



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<b>BM/17/ 01/13</b>	<b>Any Other Business</b>	<b>Steve McGuirk, Chairman</b>	<b>N/A</b>	<b>2.50pm</b>	<b>Verbal</b>
	<b>Date of next meeting: Wednesday 28 February 2017</b>				

We are



And together we



make a difference



# Warrington and Halton Hospitals NHS FT - Maternity Unit

RCM – Annual Midwifery Awards: Maternity Service of the Year 2017

## Rebuilding our Service, Restoring Confidence in Midwifery Practice and Proudly Facing the Future.

Rachael Browning, Head of Midwifery

Sheila Murphy, Interim Matron



HIGH QUALITY,  
SAFE HEALTHCARE  
QUALITY PEOPLE SUSTAINABILITY



# The catalyst

Warrington Maternity Unit delivers approximately 3,000 births per year.

During 2014 the Maternity Unit experienced the following issues which resulted in a significant impact on staff morale and patient confidence including:

- Near misses, incidents
- IUD, Intra-partum deaths.
- Increasing complaints / poor patient experience.
- Staff raised concerns but felt they were not listened to.
- Increase in staff sickness and turnover.
- NMC referrals
- Unit closures (16 times in 12 months)
- External inspections, CQC RCOG.

- Pressure on midwifery staff to deliver low risk care as a national drive.
- Public and staff confidence in the service was reducing, adverse media, reducing birth rate

 **Midwifery Rocks**  
4 April 2014

Midwives - What are your thoughts on this...  
[http://www.warringtonguardian.co.uk/.../11074036.New\\_mums\\_t.../](http://www.warringtonguardian.co.uk/.../11074036.New_mums_t.../)



**New mums to be strapped to monitors at Warrington Hospital's maternity ward**  
PANICKED parents-to-be are calling for answers from Warrington Hospital after being told women in labour will have to be constantly strapped to monitors and...

WARRINGTONGUARDIAN.CO.UK

8 Likes 25 Comments 13 Shares

Share



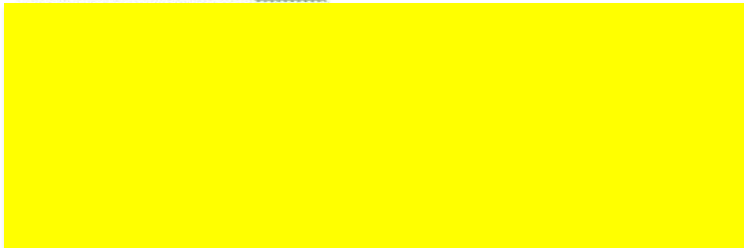
# How it felt for our staff

## Maternity

Division ...Women's and Children's - August 2015 (17 returns)





### STAFF TEMPERATURE CHECK

Do you feel you have made a positive contribution and made a difference in the last month



Do you know who to tell if you have concerns about things at work?



 Strongly Agree	 Agree	 Disagree	 Strongly Disagree
12%	71%	11.5%	5.5%
5.5%	18%	65%	11.5%
11.5%	11.5%	47%	30%
11.5%	17.5%	53%	18%
11.5%	30%	53%	5.5%
18%	53%	23.5%	5.5%
18%	18%	52.5%	11.5%

## We paused, we listened we learned that:

- X We had not fully listened to or engaged with our service users.
- X We had not fully listened to or engaged with our staff

## We responded with:

- ✓ Bottom up transformational change
- ✓ No special measures or turnaround team
- ✓ We used the information we had to invest and engage ...

## We engaged with our service users

- MSLC – change in culture.
- Customer care training ‘This is me’.
- Introduction of volunteers’ service.
- Bosom Buddies.
- Introduction of a 2hrly walk round.
- Engagement – open day.
- Choice, MLU.
- Induction of Labour – low risk.



Your pregnancy, your birth, your choice.....



# Involving service users - innovation

## Warrington Hospital Maternity Facebook page

- 4,787 followers
- 95% female and 5% male followers
- 51% are 25-34 years, 25% 35-44 years
- 25,607 post reach for month of November
- 23,883 post engagements (likes etc) for month of November
- Average 20 private message advice enquiries a month
- Average 15 posts a month to our followers
- Facebook the midwife – regular live chats
- Advertise services and events in the community



# Involving service users - innovation

## #bornatWHH social media campaign

Bringing our families together in celebrating our history, our present and future, of which the people of Warrington, Runcorn, Widnes and surrounding areas are very much part of. Here are some of our generations of families born at Warrington.

Campaign was launched 18<sup>th</sup> November and we have had over 100 pictures shared from 1968 to present day in the first 10 days!





# We engaged with our staff

- Head of Midwifery ‘drop in sessions’.
- Focus groups.
- Introduction of ‘Bright Ideas’.
- Communication and engagement, word cloud and branding.
- Collaboratively working with the RCM, Monthly meetings sign up to ‘Caring for you Campaign’
- Introduction of safety briefings, single point lessons.
- Multidisciplinary approach, mutual respect and shared decision making.
- Closed staff-only Facebook group.

# We invested in our midwives

## Development of midwifery team:

### Band 7 staff

- Self assessment process for Band 7 staff.
- Development programme.
- Expectations and accountabilities.

### Midwives

- Framework to support low risk care.
- 98% midwives trained in normality.
- 88% of midwives undertaken a competency assessment for intermittent auscultation.
- Preceptorship programme.
- Optimised, responsive staffing levels.
- RCM collaborative working.

### Governance – Review, refresh, embed

- Governance is now everybody's business!

# We invested in our support staff

## Developing Maternity Health Care Assistants

- Customer care training – made their own word pledges
- Development day, to engage and identify learning needs.
- Review and revised roles, clear lines of accountabilities
- RCM Representative, meets with HOM monthly

*Communicate with staff and visitors*  
*Attend to all needs of the patients*  
*walk around and ask patients if they need anything*  
*greet new patients to the ward*  
*listen to all patients*  
*Always wear a smile*  
*smile be helpful*

*Just be nice*  
*nice Attitude*  
*Empathetic*  
*Inquire any concerns*  
*Listen*  
*Always show respect*

*Smile*  
*Hello my name is*  
*be Empathetic*  
*Inquire any concerns*  
*Listen*  
*Always show respect*

*Respect patient*  
*Empathize when concerned*  
*Be aware of patient needs*  
*Compassion*  
*Caring*  
*Always do my best to help*  
*Smile*  
*Happy*  
*Approachable*  
*Reliable*  
*Organized*  
*Nice*

*Compassionate*  
*Always with a smile*  
*Always caring*  
*I will always give good care*  
*Respond to patient needs*  
*Empathy*  
*Approachable*  
*Nice*  
*Greet*  
*Empathize*  
*Learning*  
*Adaptability*  
*Empathy*  
*Make sure*  
*I am*  
*Considerate*  
*Help everyone*  
*Little by*  
*Little*  
*Everyday*  
*Never assume*  
*Always introduce*  
*Deliver the best care*  
*Inform patient at all times*  
*Ask questions*  
*Environment is a clean and happy place to be*

*Polite to all*  
*Attitude to be good at all times*  
*Understand patient needs*  
*Listen to all patients*  
*Always wear a smile*

*Warrington and Halton Hospitals NHS*  
*NHS Foundation Trust*

*Motivated*  
*Approachable*  
*Reliable*  
*Informative*  
*Experienced*

*say Hello and help*  
*Keep a safe ward*  
*Look to help others*  
*Listen to patients*  
*Positive*  
*to have Understanding*  
*good morning*  
*Polite to all*  
*friendly*  
*nkE cup of tea*  
*Smile says everything*  
*good communication*  
*make your stay special*

**We are WHH**

**Welcome**  
**To induction of labour bay**

*enjoy*  
*its about you*  
*keeping you informed*  
*Caring staff*  
*best decisions*

*Smile all the time*  
*Happy*  
*Always willing to help*  
*Ready to learn new things*  
*Nothing is to much trouble*  
*Nice*

*Thoughtful*  
*Willing*  
*I am*  
*Nice*  
*Understanding*  
*Enthusiastic*  
*Happy*

# Team Working





# Celebrating Success - MLU

Opened May 2016

Midwives are experts in promoting normality and trained to support women in their choices

- Water birth rate in the MLU 60%
- Perineal trauma: almost 50% intact
- 27% physiological third stage
- 27% early discharge rate
- 100% skin to skin contact
- 92-100% Optimal/delayed cord clamping rates
- Breastfeeding initiation rate 75% (all women who wished to bf initiated feeding after birth)



# What does success mean to our Women?

- Increased birth choices, Birth Choice Clinics
- Introduction of GROW – reduction in mortality rate
- Innovative Acupuncture, Hypno-birthing and Aromatherapy services
- Continuous engagement, public support and confidence
- Bespoke parent education programme
- Supervisors of Midwives Clinics
- Drop in sessions – local community
- Dedicated specialist midwives to address public health needs: substance abuse, teenage pregnancy and piloting a specialist diabetes midwife role
- Responsive services, staffing, acuity tool escalation process – unit closed only once in 2016!



# What does success mean for our Staff?

## Midwifery

Division ...Women's and Children's CBU – August 2016 (91 returns)

### STAFF TEMPERATURE CHECK

Do you feel you have made a positive contribution and made a difference in the last month

Do you feel you have been encouraged to share your ideas and they have been listened to?





Do you feel you have been involved in the changes that affect you?

Do you feel you have been treated fairly in the last month and communicated with in timely manner?

Do you feel that you have received recognition for good work i.e. a simple thank you?

Do you know who to tell if you have concerns about things at work?

Would you recommend the hospital as a place of work?

	 Strongly Agree	 Agree	 Disagree	 Strongly Disagree
Do you feel you have made a positive contribution and made a difference in the last month	31%	52%	11%	1%
Do you feel you have been encouraged to share your ideas and they have been listened to?	24%	60%	12%	4%
Do you feel you have been involved in the changes that affect you?	18%	56.5%	21%	4.5%
Do you feel you have been treated fairly in the last month and communicated with in timely manner?	35%	52%	12%	1%
Do you feel that you have received recognition for good work i.e. a simple thank you?	36%	48%	12.5%	3.5%
Do you know who to tell if you have concerns about things at work?	54%	43%	2%	1%
Would you recommend the hospital as a place of work?	22.5%	68.5%	8%	1%

- Pride and confidence in delivering their midwifery practice
- Improved Staffing levels
- Sickness reduced from 9% to 2.89%
- Turnover reduced to less than 9%
- Returning staff
- Mandatory training increased from 65% to 98%

# What a difference a year makes!

## Maternity

Division ...Women's and Children's - August 2015 (17 returns)

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Do you feel you have made a positive contribution and made a difference in the last <u>month</u>	12%	71%	11.5%	5.5%
Do you feel you have been encouraged to share your ideas and they have been listened to?	5.5%	18%	65%	11.5%
Do you feel you have been involved in the changes that affect you?	11.5%	11.5%	47%	30%
Do you feel you have been treated fairly in the last month and communicated with in timely manner?	11.5%	17.5%	53%	18%
Do you feel that you have received recognition for good work i.e. a simple thank you?	11.5%	30%	53%	5.5%
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# Sustainable and responsive planning for our future...

- *Creating a service that is fit for tomorrow - Better Births Strategy*
- Building our service with user involvement
- Improved public confidence
- We have a motivated, empowered workforce
- Positive supportive culture

# Impact on others

- Recognition for our Bereavement services, noted as outstanding by the CQC and recognition with a Butterfly Award.
- Consultant working collaboratively with Professor Z Alfirevic led to the national RCOG 'Each Baby Counts' Initiative
- WHH CEO Mel Pickup invited to join Baroness Cumberledge on the national review of maternity services.
- Manchester Business School invited WHH to take part in national study on NHS systems and engagement



# And now we feel proud!

The entire team has worked together with sustained focus and energy and has seen a rebranded Unit, with restored patient and public confidence and a well led, developed, proud and passionate workforce

- ✓ Proud that we turned things around.
- ✓ Proud that we listened.
- ✓ Proud that we are here today.

## PROUD OF OUR SERVICE











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**Warrington and Halton Hospitals NHS Foundation Trust**  
**Minutes of the Board of Directors meeting held in public on Wednesday 30<sup>th</sup> November 2016**  
**Trust Conference Room, Warrington Hospital**

**Present:**

**BM/17/01/03**

Steve McGuirk	Chairman
Mel Pickup	Chief Executive
Margaret Bamforth	Non-Executive Director
Prof Simon Constable	Medical Director & Deputy Chief Executive
Andrea Chadwick	Director of Finance & Commercial Development
Sharon Gilligan	Chief Operating Officer
Kimberley Salmon- Jamieson	Chief Nurse
Ian Jones	Non-Executive Director / Senior Independent Director
Lynne Lobley	Non-Executive Director & Deputy Chair
Anita Wainwright	Non-Executive Director

**In Attendance:**

Pat McLaren	Director of Community Engagement
Lucy Gardner	Director of Transformation
Jason DaCosta	Director of IM&T
Roger Wilson	Director of Human Resources and Organisational Development

**Apologies**

Terry Atherton	Non-Executive Director
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Agenda Ref BM/	
	<p><b>The Board Meeting opened with two presentations:-</b>  <b>The first presentation was by Dr Anne Robinson, Dr Roy Bharti, Nicola Hayes and Gary Sutton detailing the work undertaken with in collaboration with Partnership for Patient Protection at Stamford University, USA to look at a different approach to risk and to reduce the Trusts NHSLA premium. The second presentation was by Dr Roy Bharti, Ellis Clarke, Carol McEvoy and Diane Matthew and detailed the first year anniversary of the Lorenzo system and the improvement the system has made.</b></p> <p>The Chairman thanked the all the presenters two very interesting presentations.</p>
16/189	<p><b>Welcome, Apologies &amp;Declarations of Interest</b></p> <p>The Chair opened the meeting and welcomed those attending the meeting, including Governors.</p> <p>The Chair informed the Board that this would be Lynne Lobley, Non-Executive Director’s last Trust Board meeting as she leaves the Trust at the end of her tenure after today. The Chair said that on behalf of the Board and the Trust he would like to say a sincere thank you to Lynne for all her hard work and her valuable NHS knowledge which she has bought to the meetings in her time at the Trust. The Trust Board would also like to wish Lynne well for the future.</p>



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	<p>Apologies: Terry Atherton, Non-Executive Director.</p> <p>Declarations of Interest: none declared.</p>
16/190	<p><b>Minutes of the Previous Meeting Held on 26<sup>th</sup> October 2016</b></p> <p>The minutes of the previous meeting were approved as a true and accurate record of the meeting with the following amendments.</p> <p>Page 3 – 16/180 The Medical Director presented the ECIP Report undertaken on the Accident and Emergency services at Warrington Hospital to the Health and Wellbeing Boards at Warrington and Halton.</p> <p>Page 4 – 16/182 Lynne Lobley Non-Executive Director asked a further sentence to be inserted into the Quality Key Issues Report after the third bullet point second sentence which ends with in a timely manner and the deletion the following words (would be a project for the Junior Doctors to undertake) The new minute is as follows: 'Lynne Lobley wanted to know if these areas would be considered as improvements projects for junior doctors. All junior doctors should do either an audits of improvement as part of their training.'</p> <p>Page 5 –16/182 The minute should read - It has been identified that sickness absence data has not be consistently recorded by some Wards/Departments in a timely manner which has meant that previously reported figures are not entirely correct. The August figure was reported at 3.9% this was actually 4.83% and the rate for September is 4.7% which has reduced slightly</p> <p>Page 8 – 16/186 The Director of Finance &amp; CD explained that this minute was not correct. The correct minute would be as follows ' Single Oversight Framework metrics would be included within the Integrated Performance dashboard which is presented to the Board each month'.</p>
16/191	<p><b>Action Plan &amp; Matters Arising</b></p> <p>All actions were reviewed and progress was noted, there were not matters arising for discussion.</p>
16/192	<p><b>Chief Executive Report</b></p> <p>The Chief Executive updated the Board on items that had occurred or progressed since the last meeting at the end of November:</p> <ul style="list-style-type: none"> <li>• Sustainability &amp; Transformation Plan (STP) – The Chief Executive reported that an earlier draft of the STP which had been leaked at the end of September has raised concerns within the local population of Warrington ostensibly the section regarding A&amp;E Services in Warrington. A parliamentary process has begun on the government website to petition over 100k signatories by concerned residents of Warrington to allow a debate on this issue. The full Cheshire &amp; Merseyside Plan will be made available publically on 16<sup>th</sup> November 2016.</li> <li>• The Chief Executive attended the Warrington Health Overview and Scrutiny Committee on the 16<sup>th</sup> November 2016 to discuss the leaked STP document which was appeared in various media channels. This was an early iteration of</li> </ul>





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the STP document and it was explained that healthcare leaders need to explore all aspects of healthcare services to provide a more resilient and cost effective service and all this is still a significant distance away from being a formalised plan.

- Update Health Service Journal (HSJ) Awards – the awards were hosted in London and although we had anticipated a winner in either one or two of the categories we had been shortlisted for this was not to be, the two teams had a fantastic time which was well deserved.

On the back of this we have three teams who have entered for the HSJ Annual Value Service Improvement Awards they are:

- Paediatric Outreach Team Avoidance Admission for children and to keep them at home
- Ambulatory Care Service which has made a significant improvement in the A&E and has been a huge benefit to patient
- Frailty Service

The Midwifery Team have been shortlisted as Team of the Year by the Royal College of Midwives with regards to its innovative services such as therapy acupuncture and hypnotherapy birthing.

- Hackathon Judge – the Chief Executive explained that the Hackathon run over 2 days in Warrington in design theory thinking and was for system leaders and middle managers from a number of organisations such as the Police, Mental Health, for accelerated improvement processes and to work together to come up with solutions.
- The event had been sponsored by Innovation Agency and attendees came from all walks of service life in Warrington. The winners were a mixed team from the Police, Mental Health supporting mental health users who require additional support and how every single one of these could link together. The team from Warrington & Halton Hospitals led by Sue Caisley from the IT department was an application based proposition to navigate around the complexities of different organisations.

The Board noted the report.

16/193

### **Chairman's Report**

The Chairman gave the Board an update of events since the previous Board confirming:

- STP – the Chairman also commented about the leaking of the STP information into the public domain and said that people are concerned and he knows of three petitions to save our A&E and save our hospital.
- The Chairman informed the Board that on 1<sup>st</sup> December 2016, Julie Burke the new Board Secretary commence with the Trust, Julie will be working with the Director of Community Engagement and Corporate Affairs to undertake the administration of the Board and the Governors. The Chairman thanked the Senior Executive Secretary and the Executive Assistants for covering this role since September.





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- With regards to the replacement for Lynne Loble, Non-Executive Director the Chairman said there has been an excellent response with strong field of 60 applications which have been long listed to 9 these will be shortlisted and the interviews are due to take place on Monday 9<sup>th</sup> January 2017.
- Car parking this is regarding illegally parking around the Trust and the pricing structure for this, the Council of Governors have been involved in these discussions. The Chief Operating Officer will provide a verbal update to the Board at the Board Workshop on 14<sup>th</sup> December 2016.

**Action: Chief Operating Officer to update to the Board at the workshop on the 14<sup>th</sup> December.**

The Board noted the report.

16/194

### **Integrated Performance Dashboard M7 2016-17**

The Executive Directors each presented the performance metrics relating to their portfolios of responsibilities, which included workforce and quality KPIs, and the following points were highlighted:

#### **Quality**

The Chief Nurse and the Medical Director took the Board through the Quality highlights of the Dashboard:

- Health Acquired Infections 9 year to date 4 of these have been challenged but with the CCG Panel but these have been deferred until January 2017.
- MRSA none year to date.
- The Mortality workshop to be held on 14<sup>th</sup> December 2016 which will be open to Board and Governors to attend.
- HMSR /SHMI are on amber on the dashboard the reporting of these will be explained further at the mortality workshop. The Chairman stated that the reporting of this makes it difficult to understand the brevity of this it will be good to have explanations at the workshop and to take forward how to best report HMSR/SHMI to the board going forward. Ian Jones, Non-Executive Director suggested reviewing over a rolling 12 month trend. The Medical Director informed the Board that the HMSR/SHMI for August this year that the timeline has not been updated. Margaret Bamforth, Non-Executive Director suggested that this is reviewed at the Quality Committee next week.
- CQUIN -Sepsis screening is challenging and the Chief Nurse explained that she is looking at a longer term plan to support this CQUIN which involves the appointment of two sepsis nurses.
- Falls a 'deep dive' will be undertaken around falls care on the wards and assessment of falls.
- Complaints data cleansing of the Datix system is near completion and Trust received 260 complaints and 18 returned. Work on the complaints backlog continues
- Staffing - the Trust continues to move staff around the wards / department to cover absences/vacancies where there are shortages. The Trust is currently working with an organisation to develop a robust tool which will monitor staffing levels live.
- Romanian Nurses 15 remain in post.



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### **Key Issues Report from November Quality Committee**

The report from Margaret Bamforth, Chair of the Quality Committee was taken as read but the following items were highlighted:

- Quality Improvement Champions, three projects which have made significant impact:
- Rachael Birley - Urinary Catheter Passport, improved communication regarding the care of catheters at home and supports improved self-care by patients.
- Dr Shilpa Patel - ENT post trauma patients referred to ENT reviewing clinical venues. The development of QI skills which she is helping FY1's to develop their QI skills and acting as a mentor.
- Erin Wilson, Specialist Orthoptist is involved in a national project to introduce bedside sight tests to identify those at risk of falls.
- The Trust has been unable to meet its target for VTE Assessments and prophylaxis, due to a number of issues but the biggest issue seems to be the recording of data and moving to electronic recording which has compromised the quality of the data capture work is ongoing with Matrons to improve this.
- Advancing Quality CQUIN's such as Diabetes, Pneumonia and COPD were discussed at length around the progress against thresholds. Discussions with the CCG have taken place on how to present the data so that progress could be more visible. It was highlighted that additional support is required as part of the planning process for CQUIN and this also applies to Sepsis and antibiotic administration.
- A paper will be presented to a future Board to review all CQUIN's in more depth.
- There is to be a review of the complaints process that will include PALS.
- Also discussed were the Quality Impact Assessment and the CQC Inspection and the preparedness of the Trust for this inspection.
- The Trust risk register was reviewed and the impact of mitigation on the initial risk was highlighted.

There was an item for learning and improvement which was that an action plan would be developed following feedback from Trainee Doctors to ensure that information on lessons learned from incidents and safety issues are received by them.

The Board noted the report and the matters for escalation.

### **Performance**

The Chief Operating Officer took the Board through the performance highlights of the Dashboard:

- Diagnostics on target 99% the trust has also met the STP improvement trajectory
- RTT 18 week 92% trajectory for October and Chief Operating Officer confirmed the trajectory has been hit for November also.
- PRM meeting NHSI was extremely good and they suggested we speak to other organisations about how the Trust has turned A&E around this is really impressive well done and keep on plan.



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- Cancer Target there is a new Cancer Lead Julie King and she will be reviewing the process & system. Margaret Bamforth, Non-Executive Director stated that the Trust hitting these trajectories is impressive as the majority of Trusts are struggling with trajectories. The Trust is in a good position going into winter.
- Ambulance Handover Times the Chief Operating Officer informed the Board that there is to be a Summit across the region on Friday with NWS colleagues, it should be noted that this Trust does compare favourably with regards to handover times to many other Trusts.
- Discharge Summaries within 7 days of discharge the Trust is green on this and the Medical Director confirmed that this is a fantastic achievement and the quality of the discharge summaries has improved.

The Chairman commented that he had attended Warrington CCG Board meeting and that the Trusts performance against the data was reported slightly more negatively by them.

### People

The Director of Human Resources & Organisational Development took the Board through the people highlights of the Dashboard:

- Sickness absence for October has improved to 4.38% year to date 4.67% the year to date figure is 4.6% against a trajectory of 4.2%.
- Back to Work interviews compliance has improved slightly in October with compliance at 75% which is an improvement but is still below the Trusts trajectory of 85%.
- Recruitment the Trust to work on reducing our reliance on long term Locum cover.

### Finance

The Director of Finance & Commercial Development took the Board through the Finance highlights of the Dashboard:

- Cash balance is at a minimum £1.2m at the end of October and the Trust is reporting to NHSI daily on cash flow and cash flow forecast.
- Capital Programme is behind plan and the risk assessed capital plan will be reviewed to see if there is any potential capital cash mitigation which can be utilised.
- The Trust has now drawn down in full the working capital Loan of £7.9m.
- An Executive Director workshop will go ahead to review the risk to the financial position and to formulate mitigations and this will be presented to the Finance & Sustainability Committee in December.
- Continue to review financial risks, contracts for next year and income for this year.
- If the Trust wishes to change its financial forecast with NHSI an assessment of risk and mitigations is required.
- The Trust has been assessed at Level 3 (level 1 low risk, up to Level 4 special measures) under the new Single Oversight Framework.
- Agency staff costs have gone over the plan by 200k.
- The Director of Transformation confirmed that the CIP delivery is on target.
- CIP schemes for £8.9m have been costed and £10.7m and has been assumed in the reforecast financial plan.
- There will be a challenge around generating additional CIP.



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	<p>Ian Jones, Non-Executive Director commented on encouraging level of engagement within the Trust as £3.7m CIP has already been identified for next year.</p> <p><b>Key Issues Report from the November Finance &amp; Sustainability Committee</b> The report from Terry Atherton, Chair of the Finance &amp; Sustainability Committee was noted by the Board in his absence, with one matter for escalation to the Trust Board meeting in November.</p>
16/195	<p><b>Adult Safeguarding Annual Report 2015-2016</b> The Chief Nurses presented the Adult Safeguarding Annual Report 2015/16 asking the Board to note the report. The report has been through the Quality Committee and is required to come to Board to provide assurance that the necessary framework is in place at the Trust. The Chief Nurse informed the Board that she will be undertaking a review of safeguarding within the Trust.</p> <p>The Chairman commented that this is such a complex issue and it was suggested that the Chief Nurse arranges a training session with the Board on safeguarding on the 20<sup>th</sup> January 2017.</p> <p>The Board noted the report.</p> <p><b>Action: Chief Nurse to provide a training session on Safeguarding for the Board on 20<sup>th</sup> January 2017</b></p>
16/196	<p><b>Board Assurance on Agency Spend Grip and Control</b> The Director of Human Resources and Organisational Development informed the Board that each Trust has been asked to submit the self certification checklist on Agency Spend and that this has to be physically signed off by the Chairman and Chief Executive.</p> <p>The Board is asked to delegate responsibility to the Finance &amp; Sustainability Committee to review the checklist as part of the dashboard and progress will therefore be monitored through the Finance &amp; Sustainability Committee.</p> <p>The Agency Spend checklist will be presented to the Board at the end of the financial year. The Chief Executive suggested the Board should be more sighted on this.</p> <p>It was suggested that the Strategic People Committee should have a role in overseeing the actions and the strategies which sit behind the financial performance. The Director of Human Resources and Organisational Development agreed and would pick up this at the Strategic People Committee at the meeting on Monday.</p> <p>The Chief Executive said that the Strategic People Committee will be presenting their submission for workforce plans in 4 months and the HENW element of this should be feed into this as an element of commissioning intentions.</p> <p>The Board noted the report.</p>
16/197	<p><b>People Measures – Performance Improvement</b> The Director of Human Resources and Organisational Development presented the People Measures stating that the Trust is looking to mirror the NHS Improvement Performance Classification across a core set of people measures and this will be piloted to see this approach</p>



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is effective in raising standards and compliance.

The Classification being:-

- Maximum autonomy
- Providers offered targeted support
- Providers receiving mandated support for significant concerns
- Special measures

With the Governance Well Led Review and CQC Reviews happening in the next months it is important to move this forward and to look at people measures issuing assessments for individual CBU's and Corporate Functions.

The core measure to be assessed are as follows:

- Year to date absence
- Year to date return to work interview completion
- % Agency spend
- Turnover
- PDR compliance
- Essential training
- Clinical training compliance

Further measures will need to be incorporated through the pilot especially around staff engagement.

The people measures have been presented at the new manager induction training to ensure we have our managers sighted on what is expected of them. The whole pilot may have benefits for future use in assessing performance across the QPS framework.

Anita Wainwright, Non- Executive Director asked dif staff engagement needed to be involved sooner rather than later and to engage with teams as it may require the mandated support meeting fortnightly with CBU's and Corporate areas if they are struggling.

The Director of Community Engagement and Corporate Affairs said this is an excellent process , it was noted that some departments like diagnostics and theatres are performing excellently and we should report those areas that are doing well too. Anita Wainwright, Non-Executive Director agreed and commented that the areas which are doing well would be a rich source of buddying to those areas who are struggling with their performance on this.

Margaret Bamforth, Non-Executive Director commented that it would be good to see if Diagnostics and Theatres have a more engaged workforce and whether there was a link. She added that this will be great evidence for the CQC inspection.

The Chairman asked about departments who are in the special measures and what the consequences would be? The Director of Human Resources and Organisational Development confirmed that the performance improvement plan would be used.

The People Measures pilot will be monitored through the Operational People Committee and



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	<p>performance and governance routes and would be reported up through to the Strategic People Committee and Board.</p> <p>The Board noted the report.</p>
<p>16/198</p>	<p><b>People Strategy</b></p> <p>The Director of Human Resources and Organisational Development presented the People Strategy which will need to be put into practice.</p> <p>There are 5 interlinked principles which form the basis of the strategy:</p> <ul style="list-style-type: none"> <li>– Engage - create a progressive, engaging and healthy working environment</li> <li>– Attract - attract and recruit the best staff</li> <li>– Retain - retain and reward staff through recognition of their value</li> <li>– Develop - develop and support all staff to achieve their potential</li> <li>– Perform - enable the delivery of high quality safe healthcare</li> </ul> <p>This strategy recognises the need for effective governance, education, leadership and management of people issues across the Trust and at all levels of the Trust. The strategy must be owned by the organisation and we must develop ways to demonstrate that as the strategy is being delivered it has a positive impact on the organisation. Well developed and engaged staff will ultimately deliver better patient care.</p> <p>There had been a Strategic People Workshop in October to go through the detail of the strategy and the Director of Human Resources and Organisational Development thanked Non-Executive colleagues for their input to the development of the strategy.</p> <p>Anita Wainwright, Non-Executive Director explained that this is a high level strategy paper and this will translate into the operational people plan with appropriate KPI's which need to be clear about what we trying to deliver, progress on delivering these operational this will be monitored through both the Operational People Committee and the Strategic People Committee.</p> <p>The Board approved the strategy.</p>
<p>16/199</p>	<p><b>Trust Engagement Dashboard</b></p> <p>The Director Community Engagement took the Board through the highlights of the Dashboard:</p> <ul style="list-style-type: none"> <li>• A very difficult month for the organisation with the communications resource focussing on corrections and rebuttals and issuing of factual statements.</li> <li>• NHS Choices increase the number of patients to share the good experiences of the Trust.</li> <li>• The NHS National short stay leagues generated some negative coverage for the Trust</li> <li>• Social Media engagement with Twitter engagement continuing grow.</li> <li>• There has been a slight increase in visitors to the Trust website the majority being from within the UK but there has been an increase in USA visitors to the site.</li> <li>• The uptake on staff flu vaccinations has been good and this close on 30<sup>th</sup> December.</li> </ul>



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	<ul style="list-style-type: none"><li>• The Trust Thank You Awards has been launched and the event is to be held on 3<sup>rd</sup> March 2017.</li></ul> <p>The Board noted the report.</p>
16/200	<p><b>Any Other Business</b></p> <p>There being no further business to discuss, the meeting closed at 16:00.</p> <p><b>Next Meeting:</b> Wednesday 26 January 2017 in the Trust Conference Room.</p>

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### BOARD OF DIRECTORS ACTION LOG

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/04</b>	<b>SUBJECT:</b>	<b>TRUST BOARD ACTION LOG</b>	<b>DATE OF MEETING</b>	25th January 2017
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#### 1. ACTIONS ON AGENDA (ALL ACTIONS COMPLETED)

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status

#### 2. ACTIONS COMPLETED AND CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
16/193	30 <sup>TH</sup> November 2016	Chairman's Report	Update from Chief Operating Officer regarding car parking this is regarding illegally parking around the Trust and the pricing structure for this,	Chief Operating Office	December 2016	14 <sup>th</sup> December 2016	Verbal update provided to the Board 14 <sup>th</sup> December 2016	
16/195	30 <sup>TH</sup> November 2016	Adult Safeguarding Annual Report 2015-2016	Chief Nurse to provide a training session on Safeguarding for the Board on 20 <sup>th</sup> January 2017	Chief Nurse	January 2017	December 2016	This is to be on the agenda for the Joint NED/Exec meeting on 20 <sup>th</sup> January 2017	





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16/167	26 <sup>th</sup> October 2016	Leadership Walkabouts	Chief Nurse to arrange for the walkabouts	Chief Nurse	November 2016	December 2016	The Chief Nurse explained that the name of these ward visits had changed to Front Line Visits and these will begin in January 2017.	
15/165	28 <sup>th</sup> September 2016	NHS Choices	Chief Nurse to liaise with the Director of Community Engagement regarding NHS Choices.	Chief Nurse	November 2016	December 2016	To become integrated into the 'Tell Us' promotion.	
16/168	28 <sup>th</sup> September 2016	Champions Role Board Responsibilities for new Non-Executive Director	Chairman to meet with the Director of Community Engagement regarding gaps	Director of Community Engagement	October 2016	December 2016	The Director of Community Engagement and the Chairman have a meeting arranged for 11 <sup>th</sup> January 2017 to discuss this.	

### 3. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
16/136	29 <sup>th</sup> June 2016	Revised Nursing Strategy	Revised Nursing Strategy to be presented to Board	Chief Nurse	October 2016		The Board agreed that the Revised Nursing Strategy would be presented to the March 2017 Board.	

#### RAG Key

	Action overdue or no update provided
	Update provided but action incomplete
	Update provided and action complete



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Item No BM 17/01/05

### TRUST BOARD ATTENDANCE RECORD 2016-17

	1.4.16	27.4.16	25.5.16	29.6.16	27.7.16	31.8.16 Xlled	28.9.16	26.10.16	30.11.16	21.12.16	25.1.17	28.2.17	29.3.17
Steve McGuirk, Chairman	√	√	√	√	√		√	√	√	√			
Mel Pickup, Chief Executive	√	√	√	√	√		√	√	√	√			
Simon Constable, Medical Director/Deputy CEO	√	√	√	√	A		√	√	√	√			
Sharon Gilligan, Chief Operating Officer	√	√	√	√	√		√	√	√	√			
Kimberley Salmon-Jamieson, Chief Nurse	Karen Dawber	Karen Dawber	Karen Dawber	Karen Dawber	Karen Dawber		√	A	√	√			
Andrea Chadwick, Director of Finance & Commercial Development	√	√	√	√	√		√	√	√	√			
Margaret Bamforth, Non-Executive Director	A	A	√	√	√		√	√	√	√			
Anita Wainwright, Non-Executive Director	A	A	√	√	√		√	√	√	A			
Ian Jones, Non-Executive Director	√	√	√	√	√		√	√	√	√			
Terry Atherton, Non-Executive	√	√	√	√	√		√	√	A	√			
Lynne Lobley, Non Executive	√	√	A	√	√		√	√	√	TE			
<b>In Attendance</b>													
Roger Wilson, Director of HR & Organisational Development	√	√	√	√	√		√	√	√	√			
Jason DaCosta, Director of Information Technology	√	√	√	√	√		√	√	√	A			
Lucy Gardner, Director of Transformation	√	√	√	√	√		√	√	√	√			
Pat McLaren, Director of Comm Engagement & Corp Affairs	√	√	√	√	√		A	√	√	√			
<b>Key:</b> A = Apologies A/D = apologies with deputy attending			X/D = Attendance as Deputy Xp = Part TE = Term Ended										



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## BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/06</b>	
<b>SUBJECT:</b>	<b>The Cheshire and Merseyside Sustainability and Transformation Plan (STP) – Published version</b>	
<b>DATE OF MEETING:</b>	Choose an item. 25 <sup>th</sup> January 2017	
<b>ACTION REQUIRED</b>	<b>For Discussion</b>	
<b>AUTHOR(S):</b>	C&M STP Communications Team	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Mel Pickup, Chief Executive Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	All	
<b>STRATEGIC CONTEXT</b>	The Sustainability and Transformation Plans are the delivery vehicles for the 5 Year Forward View. Regional health and social care economies are submitting their draft plans for assessment by NHS England and which are at various stages of maturity. The latest iteration of the Cheshire and Merseyside STP draft plan was submitted on 21 <sup>st</sup> October 2016.	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<ul style="list-style-type: none"> <li>• The Sustainability and Transformation Plan (STP) for Cheshire and Merseyside, sets out how the health and care system can remain fit for the future and respond successfully to the growing demands that are being placed on it, alongside ambitious ideas to improve the health of people living and working in the region.</li> <li>• The document sets out a shared core purpose to ensure that the people of Merseyside and Cheshire become healthier than they are now and can continue to have access to safe, good quality and sustainable services.</li> <li>• The plan represents the thoughts and ambitions of more than 30 different organisations serving a population of over 2.5 million people. The next stage will refine the ideas further, through engagement with local communities, the NHS workforce and other stakeholders such as local councils and the voluntary sector</li> </ul>	
<b>RECOMMENDATION:</b>	The Board is asked to formally receive the published C&M submission	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Choose an item.
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	

# Cheshire & Merseyside Communications & Engagement Plan to Support the Sustainability & Transformation Programme

## Version 1.1

Dated 21st October 2016

Version	Comments	Date
1.0	Initial draft by STP Communications Lead & Communications Support	13 <sup>th</sup> October 2016
	Circulated to LDS Communications Leads for input	13 <sup>th</sup> October 2016
1.1	Amends and comments from LDS Comms Leads and NHS England incorporated	19 <sup>th</sup> October 2016

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## 1. Executive Summary

This communications & engagement strategy sets out the approach to communicating the Sustainability & Transformation Programme (STP) across Cheshire & Merseyside and engaging in an open & honest manner, with patients, public, staff and stakeholders. Stakeholders are recognised in terms of their level of interest and influence, and the corresponding level of engagement and communication is applied to enable each audience to have the opportunity to comment on proposed changes to health service provision.

This STP is a 'live' document that is subject to regular revision throughout the programme, and recognises and documents the work that has already taken place and is still ongoing at a local level. Much engagement work has already taken place to support area transformation plans such as 'Healthy Wirral', 'Healthy Liverpool' and 'Connecting Care' and this work is currently in the process of being scoped and logged.

This plan has been developed in collaboration with the Communication & Engagement Leads for each of the three 'Local Delivery Systems', providing a joined up, partnership approach across the region, and utilising all available channels to reach stakeholders.

### **What stage are we at now?**

The Cheshire and Merseyside Sustainability Programme (STP) is still at a developmental stage. We are in the design phase of a programme that will help to create healthier NHS services across Cheshire and Merseyside for future generations.

We know that these changes can't happen overnight and that they shouldn't. Some NHS care models haven't changed much in over fifty years and it is unrealistic to expect them all to be suitable for a growing, aging, online population with changing expectations and needs.

This is why we are taking time to create an STP that is worthy of consideration by the public, patients, clinicians and the wider health economy and why the STP itself is still expected to go through a number of changes and adaptations – beginning with a phase of review and revision after the 21<sup>st</sup> October.

An initial period of pre-engagement will follow this date - setting the scene, considering and communicating available options and making sure that we are having the right conversations with the right people. The conversations that we have

started about this process are extremely valuable and we will continue to engage with all of our stakeholders.

## 2. Background & National Context

Local health and social care services across Cheshire and Merseyside have improved significantly in recent years. The *NHS Five Year Forward View* – published by NHS England in October 2014 - outlined some key areas for change if the NHS is to provide the best health and care services now and in the future.

The *NHS Five Year Forward View* noted a gap between where we are now and where we want to be in five years' time, with three areas highlighted:

- the health and wellbeing of the population;
- the quality of care that is provided; and
- NHS finance and efficiency of services.

In December 2015, NHS England and the arm's length bodies including NHS Improvement, published planning guidance aimed at accelerating the delivery of the *NHS Five Year Forward View* by establishing 44 areas (or 'footprints') across England, which mirror the route patients take to access local health care systems. These Sustainability and Transformation Programmes (STPs) were set up to help health and social care organisations work together to close these gaps.

The *NHS Five Year Forward View* is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the damage caused by unhealthy lifestyles. It is a vision where everyone with a stake in health and care comes together to find ways to reduce inefficiency.

### 2.1 Local Context

The area covered by the Cheshire and Merseyside Sustainability and Transformation Programme (STP) is the second largest in England. It covers 12 Clinical Commissioning Groups (CCGs), 20 providers and nine local authorities.

The region is diverse and challenging. We have some of the richest and poorest parts of the UK. In total, 32% of the population live in the most deprived areas, with some of these people living shorter lives than in other parts of England. We also have a higher than average number of people aged over 75.

Levels of smoking, school age obesity and hip fractures have reduced but Cheshire and Merseyside still has high rates of respiratory disease, and obesity in pre-school-

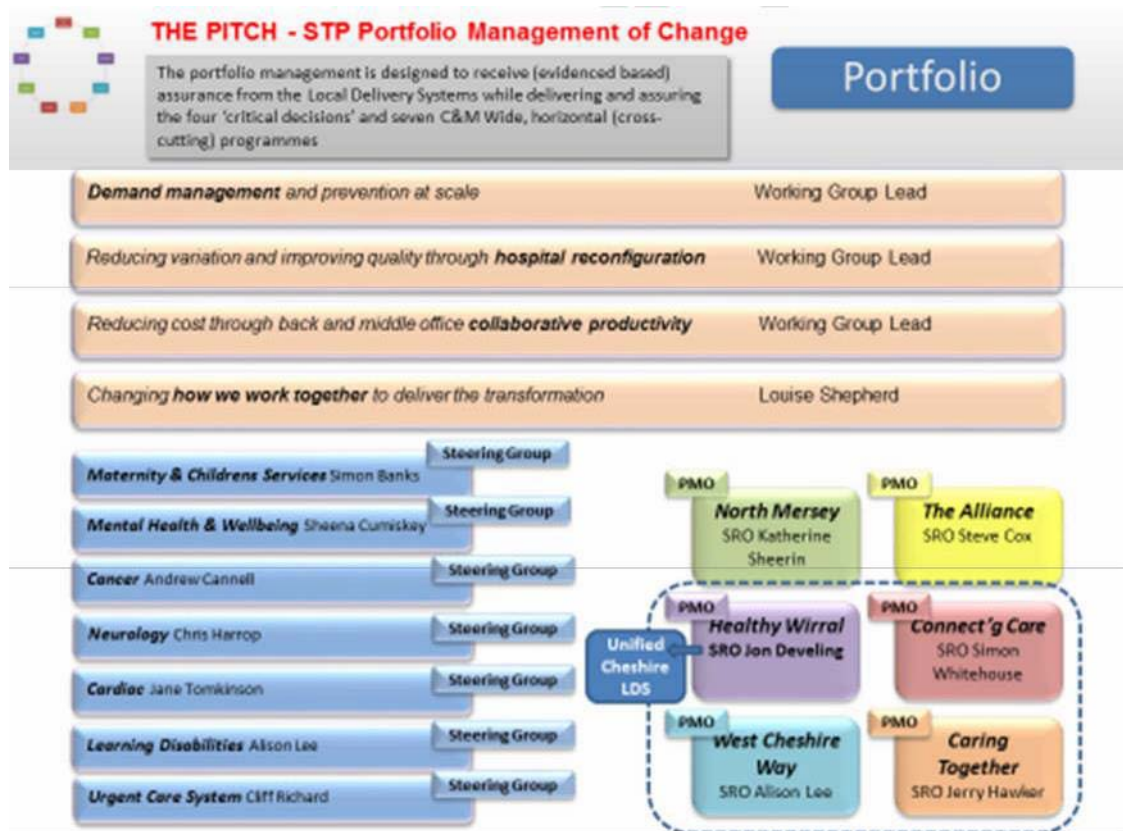
age children and adults. Fresh approaches are also needed to tackle mental health issues, teenage pregnancy and age-related diseases like dementia and cancer.

Care quality across our region varies and preventable illnesses are still common. People are living longer, their expectations are changing and they rightfully expect access to treatment closer to home. At the same time, more complex, new and emerging treatments are placing additional pressures on the system.

In addition, it is estimated we will have a £999m shortfall in our finances by 2021 if we do nothing. By adapting the way we work, (becoming more collaborative and using joint resources, IT, local intelligence and information in a smarter way) we believe we can break even.

We know that by working more co-operatively across organisations (CCGs, local authorities, NHS providers) we can reduce repetition, waste and unnecessary cost, whilst providing a more patient-focused health experience.

Our priority is to create a clinically and financially stable NHS by making necessary changes but we also need to involve patients, public and stakeholders at every point in the conversation about changes.



The above diagram shows the systems being put in place across Cheshire & Merseyside to enable change.

The consensus is that the health and social care sector will be more successful if we work together. Our approach builds on existing systems, using these as a template. To enable organisations to collaborate on local challenges we now have three 'Local Delivery Systems' (LDS):

- North Mersey
- Alliance (covers mid-Mersey)
- Cheshire and Wirral

The three LDS areas have been tasked with producing plans to collaborate and accelerate the pace at which they can address the challenges set out in *The Five Year Forward View*. They are able to draw on examples of existing programmes from across the region, including:

- **Healthy Liverpool** - a plan to make sure that the city's health and care services meet the needs of the people who use them
- **The One Halton Programme** - a new way of working that joins up services that deliver care and wellbeing to people in Halton
- **The Waste Not Want Not Campaign** - aims to reduce £1 million in unused medication each year by working with the public, pharmacists and GPs to raise awareness about the financial implications and change behaviour,
- **Wirral Care Record** – a confidential record shared by NHS and Wirral Council to hold health and social care information in one secure place
- **Acute Hospital Collaboration** between Wirral University Teaching Hospital and the Countess of Chester Hospital – Countess of Chester Hospital's orthopaedics department using Wirral University Teaching Hospital's theatre capacity at Clatterbridge Hospital; and the two organisations sharing a payroll service.

By adapting the way we work, becoming more collaborative and using joint resources, IT, local intelligence and information in a smarter way, we believe we can make our health services sustainable.

We know that by working more co-operatively across organisations (CCGs, local authorities, NHS providers) we can reduce repetition, waste and unnecessary cost, whilst providing a more patient-focused health experience. Our priority is to create a clinically and financially stable NHS by making necessary changes.

### 3. Strategic Aims

Across the region we are committed to removing variance and improving quality. There are also significant financial challenges either at individual organisational levels or across whole economies and each local delivery system has established its own approach to delivering improved productivity and closing the financial gap. The C&M STP has taken a locality approach and has identified four priorities to make the health & social care system sustainable in the near, medium and long term:

- **Demand management and prevention at scale**

- To comprehensively address this issue we must prioritise areas that we think will have the greatest impact on public wellbeing and health outcomes, whilst enabling us to close the financial gap in a realistic timeframe. To do this, we need strong leadership and articulation of how better demand management in areas such as medicine management, self-care and over-the-counter repeat prescriptions will help us to do this. The FYFV placed a strong emphasis on prioritising preventative approaches to health care. Earlier intervention in both mental health and alcohol prevention is being prioritised in Cheshire and Merseyside to prevent hospitalisation and longer-term health issues. Investment in out of hospital services (primary care, social care, community care, mental health) is essential for system transformation, and move towards lower cost and higher value care delivery.
- **Reducing variation and improving quality through hospital reconfiguration**
  - Across the STP footprint there is a desire to reshape and redesign the way that hospitals across Cheshire and Merseyside are configured and run. The thinking behind this is that doing so would enable health providers to reduce any variations in the quality of care and delivery of services in the region, meaning patients would be more likely to get excellent levels of care, at whatever point they access the health system. There are also benefits in terms of reducing waste (doing a job once instead of duplicating it across the system, which would positively impact on finances.)
- **Reducing cost through back and middle office collaborative productivity**
  - Joint working is endorsed by the FYFV. Cheshire and Merseyside are scoping governance structures, processes and back office functions across the STP footprint, to find out which services can realistically be delivered at STP level. This is a great opportunity to become more efficient by working together to remove duplication and deliver economies of scale. We have identified FIVE priority areas which have the potential to generate significant savings over the next five years:
    - Workforce – keeping skills, intelligence and jobs within the local health economy could help to improve long-term efficiency and reduce costs
    - Estates – managing estate investment and maintenance in a responsible and efficient way
    - Procurement – working ambitiously to co-ordinate procurement at scale (where possible)
    - Non-clinical support services – delivering jointly at scale (where possible)
    - Clinical support services – again providing services at STP level where realistic



- **Changing how we work together to deliver the transformation**

Our financial modelling indicates that our current LDS driven approach to addressing the challenges facing the footprint will only get us so far. Collaboration and joined-up working is needed if we are to fully close our C&M affordability gap. To work co-operatively and integrate effectively and efficiently to deliver the benefits of the three programmes detailed above, new collective governance arrangements are being devised and delivered.

A lot of the changes suggested in the *NHS Five Year Forward View* are already happening in Cheshire and Merseyside. The STP is a vehicle to accelerate what is already considered best practice for the future and to explore the possibility of improvements on a bigger scale.

With this in mind, we will concentrate more on illness prevention and education, so people become healthier with less illness resulting from unhealthy lifestyles. Better access to services such as smoking cessation and weight management schemes will help people stay well and out of hospital.

Each STP was asked by NHS England to produce an initial outline, submitted in June this year, for how it would bring the local health and social care partners together, to accelerate the transformation needed to ensure a sustainable future for healthcare, and to start to create a clear picture of the challenges for their area. After further refinement, this outline has been re-submitted to NHS England and will now be used to support discussions at an LDS level and across Cheshire and Merseyside with members of the public and other stakeholders about how to accelerate the changes needed.

#### **4. Engagement & Communications Objectives**

The communications and engagement strategy has a number of over-arching aims. It is based on the three LDS areas being the “engine room” for developing and implementing any plans for transforming services. At a Cheshire and Merseyside level a joint Communications and Engagement Steering Group will be established to oversee the following:

- Establish standards for communication and engagement with members of the public, NHS staff and other stakeholders, taking into account the needs of any groups of people with protected characteristics, so that local people have the opportunity to contribute to discussions about NHS services. These standards will build on existing good practice and draw on expertise from partner organisations
- Where there is a need to formally consult with the public, staff and stakeholders on options for making major changes to services, ensure that standards of best practice are adhered to. Provide peer support, advice and guidance to support this and if necessary seek external expertise
- Build on existing good practice in order to transform how the NHS engages with members of the public, staff and stakeholders for the future.

Appendix 1 provides a high-level outline for achieving the aims above. It is recommended that a senior communications and engagement lead is identified to co-ordinate and provide leadership for the development, delivery and implementation of this strategy.

A joint calendar will be created for the three LDS areas, identifying key milestones, which will be dependent on the priorities for each area. Communications and engagement activity will be planned to support these milestones. Where appropriate this activity will take place across LDS areas.

A senior communications and engagement lead has been identified for each LDS. Each lead will be responsible for overseeing the co-ordination of activity in their LDS area, providing strategic advice and guidance to their LDS chair and delivery board and will be a member of the Cheshire and Merseyside wide communications and engagement steering group. Suggested membership of the steering group includes:

- Communications leads from the three LDS areas
- Senior communications representatives from Local Authority partners (one from each LDS area)
- A representative from Healthwatch
- Communications lead from Public Health England
- Representative from staff group
- Representative from public/patient forum/group
- NHS England
- NHS Improvement

Appendices 1, 2, 3 and 4 all highlight engagement work that is ongoing.

## 5. Audiences

One of our aims is to transform how we communicate and engage with the public, staff and other stakeholders. This will include:

- a review of all stakeholders
- their current level of interest and involvement at the LDS level and/or Cheshire and Merseyside footprint level
- a review of existing channels and approaches for engaging with them and where the gaps are

Appendix 2 provides a template that will be completed by each LDS in order to provide a stock-take of stakeholder engagement activity to date. A range of measures will be identified, to will create a “dashboard”, which will be used to track communication and engagement with stakeholders and will help to inform how engagement is shaped. Our current stakeholder priorities are listed below:

### **Local health economy and partners**

- Neighbouring CCGs and Trusts
- Wider patients and public sector

- Care homes
- OOH / 111 providers
- Other public sector bodies
- GPs & pharmacists
- Health Overview Scrutiny Committee (HOSC)
- Health and Wellbeing Boards
- Providers (acute, community, mental health)
- Health and Wellbeing Boards
- Social care organisations
- Neighbourhood and resident groups

### **Political stakeholders**

- District/parish/town councils
- Councillors
- MPs
- Government ministers

### **Arm's-length bodies**

- NHS England media team
- NHS Improvement
- Public Health England (PHE)
- National Medical Council
- National Patients Council
- National Pharmaceutical Council
- Medical committees (LMC)
- NHSE regional team

### **Patients/ public**

- Wider patients
- Patient groups e.g. PPGs, Congress, Citizens Jury, NHSE regional team
- Voluntary and third sector (including groups representing protected characteristics)
- Lobbyists & campaign groups
- Education (esp. higher education, further education)

### **Staff**

- Staff
- HR leads
- Staff-side union representatives

## 6. Narrative and key messages

It is crucial that partner organisations involved in delivering the transformation needed are able to clearly articulate why change is needed, what this will mean for local people and how they can contribute. A central narrative will help to achieve this. A first draft has been produced and will be further refined with input from stakeholders. A copy of the first draft narrative can be found at Appendix 3.

### 6.1 Key messages

#### STP key messages

- All health and social organisations across Cheshire and Merseyside are committed to delivering sustainable services that deliver the best care for local people
- We need to think differently about how we deliver services to meet the changing needs of our population
- We know we need to use our limited resources wisely, to meet the demands on the system and stay within our allocated budgets. By working together we can plan our services to deliver the maximum benefit for patients  
Clinicians and health and social care leaders have worked together to identify potential options for change.
- The STP plan is a collaboration of local LDS plans and aims to deliver quality care for patients, to ensure the right services are available for our population and to ensure all partners are able to maintain financial balance
- This planning is at a very early stage and is subject to scrutiny by NHSE and further development. Once we have been given assurance by NHS England we hope to develop our plans further, engaging with local patients and the public in the first instance.
- It is too early to say what changes are needed, however as initial ideas become more detailed we are committed to engaging with patients as appropriate.

## 7. Media Relations

The media across Cheshire and Merseyside has an important role to play in reporting on the views of the public, staff and stakeholders and supporting their involvement and contribution to discussions about local NHS services. They are recognised as a key partner. It is important that a way of working is established with the media, which recognises their priorities, their way of working, and at the same time supports the need to communicate accurate and up-to-date information. As part of the plan outlined in Appendix 1, meetings will be held with the key local editors to explore how we can effectively work together.

In order to ensure co-ordinated, clear and consistent messages we will establish a protocol for NHS organisations to follow when responding to media queries about

developments in relation to the LDSs or the STP. This will help to achieve the following:

- Harness existing media relationships within local areas to leverage the key messages and provide a spring board for future stories
- Ensure all communications and engagement leads are aware of any relevant media enquiries, the timelines and key messages
- Work within NHS England guidelines and sign off to ensure alignment to national briefings and timelines

For Media Protocol, please see appendix 6

## **8. Engagement and Consultation**

As outlined above, we want to establish standards for communication, engagement and consultation with stakeholders, based on best practice. These standards will ensure that:

- Stakeholders are effectively involved in creating the solutions to the challenges identified
- Where formal consultation is required on proposals to change services, this is carried out to best practice standards

The NHS has a legal duty to involve patients, the public and local organisations when developing and considering proposals for substantial variations in the provision of services. NHS England has produced explicit and informative guidance documents to support commissioners and providers to ensure they are adequately informed on the best practice models for service change.

LDS level, communication, engagement plans will be developed in support of the overall LDS plan.

## **9. Budget and Resources**

Additional resource will be required for the following:

- Development of the dashboard for capturing communications and engagement
- Responding to enquires from the media and correspondence from other stakeholders
- Manage on-line and social media communication and engagement
- It is anticipated that partners at LDS level will absorb the costs of any local communication and engagement activity.



## 10. Next Steps

Following feedback from the STP board this strategy will be shared with key stakeholders for further comment. The Communications and Engagement Steering Group will then be formally established and tasked with developing a detailed action plan to support delivery.

## Appendix 1

July – October	November	December/January	February/March
<ul style="list-style-type: none"> <li>• Agree strategic approach for communications and engagement</li> <li>• Initial scoping to determine levels of local engagement to date and identify good practice</li> <li>• Develop first draft narrative and supportive materials</li> <li>• Establish the Communications and Engagement Steering Group – as part of the ToR establish how the group will involve communications colleagues from partners across Cheshire and Merseyside</li> <li>• Identify communications leads for each LDS – define role and remit and establish principles and way of working e.g. media management</li> <li>• Initial briefing for stakeholders – further briefing for MPs, OSCs, Healthwatch and Health &amp; Wellbeing Boards following the October submission</li> </ul>	<ul style="list-style-type: none"> <li>• Further briefing for MPs, OSCs, Healthwatch and Health &amp; Wellbeing Boards following the October submission</li> <li>• Briefing for the local media following the October submission</li> <li>• Discussions with stakeholders to refine the narrative</li> <li>• Establish standards for communication, engagement and consultation – identify gaps and make recommendations for addressing these</li> <li>• Establish process for assurance of any proposals for formal consultation</li> <li>• Dashboard in place for monitoring communication, engagement and consultation activity</li> <li>• Begin to develop calendar/view of key milestones for each LDS</li> <li>• Spokespeople/advocates identified and offered support – programme of engagement activities identified for each person</li> <li>• Report produced on communication, engagement and consultation activity to date</li> </ul>	<ul style="list-style-type: none"> <li>• Further briefing for MPs, OSCs, Healthwatch and Health and Wellbeing Boards and other key stakeholder groups</li> <li>• Implementation of recommendations for best practice standards for communication, engagement and consultation</li> <li>• Report produced on communication, engagement and consultation activity to date</li> </ul>	<ul style="list-style-type: none"> <li>• Further briefing for MPs, OSCs, Healthwatch and Health and Wellbeing Boards and other key stakeholder groups</li> <li>• Implementation of recommendations for best practice standards for communication, engagement and consultation</li> <li>• Report produced on communication, engagement and consultation activity to date</li> </ul>

The table below outlines the approach to communicating & engaging with key stakeholders as outlined in the stakeholder matrix. This is a high level summary, capturing activity to date and outlining intended activity over the next few months, however it is not an exhaustive list and is subject to review and revision as the project progresses.

<ul style="list-style-type: none"> <li>• Review stakeholders and carry out analysis of most effective channels to engage with them</li> <li>• Develop six month calendar of opportunities to communicate/engage with the public, staff and other stakeholders</li> <li>• Meetings with health editors/reporters to discuss available opportunities</li> </ul>			
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## Appendix 3

### Narrative, Key Messages and FAQs

#### **Narrative: Cheshire and Merseyside Sustainability and Transformation Programme**

##### **What is the Cheshire and Merseyside STP and why was it set up?**

Local health and social care services in Cheshire and Merseyside have improved greatly in recent years. However, the NHS Five Year Forward View - published in October 2014 - outlined some key areas for change if the NHS is to provide the best health and care services now and in the future.

The plan noted a gap between where we are now and where we want to be in five years' time, with three areas highlighted:

- The health and wellbeing of the population;
- the quality of care that is provided; and
- NHS finance and efficiency of services.

44 areas (or 'footprints') were identified across England, which mimic the route patients take to access local health care systems. Sustainability and Transformation Plans (STPs) were set up to help health organisations work together to close these gaps.

The Five Year Forward View is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the damage caused by unhealthy lifestyles. And it is a vision where everyone with a stake in health and care comes together to find ways to reduce inefficiency.

The Cheshire and Merseyside Sustainability and Transformation Plan is the second largest STP in England. It has 12 CCGs, 20 providers and 9 local authorities.

The region is diverse and challenging. We have some of the richest and poorest parts of the UK. 32% of the population live in the most deprived areas, with some of these people living shorter lives than in other parts of England. We also have a higher than average number of people over 75.

Cheshire and Merseyside has successfully reduced smoking, school age obesity and hip fractures but still has high rates of respiratory disease, early years and adult obesity. Fresh approaches are also needed to tackle mental health issues, teenage pregnancy and age related diseases like dementia and cancers.



Care quality across our region varies and preventable illnesses are still common. People are living longer, their expectations are changing and they rightfully expect access to treatment closer to home. At the same time, more complex, new and emerging treatments are placing additional pressures on the system.

In addition, we will have a £999m shortfall in our finances by 2021 if we do nothing. By adapting the way we work, (becoming more collaborative and using joint resources, IT, local intelligence and information in a smarter way) we believe we can break even or have money left over by 2021.

We know that by working more co-operatively across organisations (CCGS, LAs, NHS providers and local health organisations) we can reduce repetition, waste and unnecessary cost, whilst providing a more patient-focused health experience. A hospital developing its diabetes plans will first discuss diabetes prevention with local GPs and local councils.

Our priority is to create a financially stable NHS by making necessary changes but we also need to involve patients, public and stakeholders at every point by consulting thoroughly.

The consensus is that we'll be more successful working together. To enable organisations to collaborate on local challenges we are creating three working regions - North Mersey, the (Mid Mersey) Alliance and Cheshire & Wirral.

North Mersey will work hard to reduce hospital demand and costs, improve health awareness and illness prevention and use phones, tablets and computers to improve patient care.

The Alliance will work hard to cut hospital demand, improve public health and help people to be treated in the home or community wherever possible.

Cheshire & Wirral will work hard to reduce hospital demand and bring different health services together to cut waste and delays, using technology to make services more efficient.

A lot of the changes suggested in the Five Year Forward Plan (FYFP) are already happening in Merseyside and Cheshire. The STPs has been put in place to accelerate what is already considered best practice for the future.

Existing change programmes that will continue under the STP include: Healthy Liverpool, The One Halton Programme, The Waste Not Want Not Campaign, (which aimed to reduce a £1 million in unused medication each year by working with the public, pharmacists and GPs to raise awareness about the financial implications and change behaviour,) Wirral Care Record and the Acute Hospital Collaboration between Wirral University Teaching Hospital and the Countess of Chester Hospital – Countess of Chester Hospital's orthopaedics department using Wirral University

Teaching Hospital's theatre capacity at Clatterbridge Hospital and the two organisations sharing a payroll service.

A future-fit NHS needs to place more emphasis on enabling people to enjoy long and healthy lives. A society that adopts healthy-living (where it is the norm to look after your health and take preventative measures to stay active and well) is one that can be more sustainably supported by local health services. The FYFV supports this approach by promoting the need for better education and access to preventative health services, like smoking cessation and weight management schemes.

NHS organisations won't lose their identity or autonomy and existing plans will remain in place - STPs are designed to act as umbrella plans for more co-operative, productive working. We won't be doing less for patients or reducing the quality of care, but finding new, more preventative ways to meet people's needs and identifying ways to do things more efficiently.

Health organisations and their staff are being asked to work more collaboratively outside their comfort zones (for example with local authorities) to create a more sustainable, future-fit NHS.

To make this a reality, each local plan needs input and support from its stakeholders and from local people. It is important that the plans reflect what is and isn't working at the moment, and that local people are part of the discussion and decision making process about what could be done differently. Health and care organisations in your area, including hospitals and local authorities, will be having initial conversations with people about these plans soon. These initial conversations will be followed by more formal conversations as plans develop.

### Key messages

- All health and social organisations across Cheshire and Merseyside are committed to delivering sustainable services that deliver the best care for local people
- We need to think differently about how we deliver services to meet the changing needs of our population
- We know we need to use our limited resources wisely, to meet the demands on the system and stay within our allocated budgets. By working together we can plan our services to deliver the maximum benefit for patients
- Clinicians and health and social care leaders have worked together to identify potential options for change.
- Our STP plan aims to deliver quality care for patients, ensure the right services are available for our population and ensure all partners are able to maintain financial balance
- This planning is at a very early stage and we would like to stress no decisions have been made. Once we have been given assurance by NHS England we hope to develop our plans further, engaging with local patients and the public

- It is too early to say what changes are needed, however as our initial ideas become more detailed we are committed to consulting and engaging with patients as appropriate.

## **Frequently Asked Questions**

### **How did you agree the footprints?**

In December 2015, through Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, the NHS was asked to develop a proposed STP footprint by 29<sup>th</sup> January 2016, engaging with local authorities and other partners on what this should look like. The footprints were reviewed by the national bodies with regard to geography (including patient flow), scale and fit with footprints of existing change programmes, financial sustainability, and leadership capacity. There were one or two areas where further clarification was sought and following further conversations locally, changes were agreed.

### **Will the footprints replace other local NHS governance structures?**

No – the local, statutory architecture for health and care remains, as do the existing accountabilities for chief executives and accountable officers. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and ultimately deliver the Five Year Forward View – closing the gaps in quality, health and NHS finances by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's STP.

### **How do STP footprints fit with other health and care footprints?**

The boundaries used for STPs will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at a Local Delivery System level, others at clinical commissioning group (CCG) level.

### **How will other partners be involved?**

Any proposals and plans developed as part of the Cheshire and Merseyside STP will be based upon the needs of local patients and communities and command the support of clinicians, staff and wider partners such as local authorities. We simply cannot transform health and health care without the active engagement of the clinicians and staff who actually deliver it, nor can we develop care integrated around the needs of patients and users without understanding what our communities want and without our partners in local government.

We are asking each local delivery system to develop plans for genuine engagement with their local communities. Where relevant, areas should build on existing engagement through health and wellbeing boards and other existing local arrangements. Nationally, NHS England has established an Oversight Group to provide advice and challenge to the NHS CEO Five Year Forward View Board, to help us develop this process.

### **What does success look like?**

If we get this right, we will engage patients, staff and communities, allowing us to develop services that reflect the needs of patients and improve outcomes by 2020/21, closing all three gaps. We will mobilise energy and enthusiasm around place-based systems of health and care, develop the ownership, relationships and governance necessary to deliver, providing a coherent platform for future investment from the Sustainability and Transformation Fund.

This will require a different type of planning process – one that releases energy and ambition and builds greater trust ownership. It will require the NHS at both local and national level to work in partnership across organisational boundaries and sectors, and will require changes not just in process, but in culture and behaviour. This will not happen overnight, but we will work with local and national partners to provide challenge and support.

### **Will STP footprints share financial control totals?**

As set out in the NHS England Board paper in December 2015, STP footprints may apply to operate using a system control total.

### **How are you engaging with local authorities?**

Regional directors have been working closely with local government throughout the development of STP. Their guidance and involvement is vital and will help to set the strategic direction of health and care service development locally.

### **How were footprint leads agreed?**

The way that footprints have chosen their lead has varied from place to place. Some areas have chosen existing system leaders, and others have carried out ballots following nominations. Each STP has a senior and credible leader who can command the trust and confidence of the local and national health and care systems. In Cheshire and Merseyside the STP Lead is Louise Shepherd, CEO at Alder Hey Children's Hospital.

### **What is the role of the STP footprint lead?**

Footprint leads are responsible for convening and chairing system-wide meetings, facilitating the open and honest conversations that will be necessary to secure sign-up to a shared vision and plan. They are part of an emerging national cadre of system leaders who will drive health and care transformation.

This is a new kind of leadership role, working across organisational boundaries. Footprint leaders will help to build consensus and ownership in their communities for

their local plans, while providing the leadership to drive the transformation needed to improve the quality of care, health and wellbeing, and finance and efficiency.

**Will the STPs be published or released under FOI?**

We plan to publish our Sustainability and Transformation Programme (STPs) outline after it has been submitted to NHS England and we have received feedback.

**When will you be asking local people and stakeholders for their views?**

It is no secret that the NHS faces a number of challenges. There are existing local programmes already underway, where CCGs are talking to local communities about the future shape of services.

Clinical leaders and senior managers have come together across Cheshire and Merseyside to develop initial ideas and principles for how the STP approach can further accelerate and expand the changes needed, so that by 2021 we are in a position where the NHS in Cheshire and Merseyside can balance the books.

Before we take this discussion out more widely to local communities, we are working with colleagues from NHS England and other Arms-length Bodies to check that the direction of travel will achieve our ambitions. The next version of the STP outline will be submitted for assurance in October and once we've had feedback, we plan to take our ideas out more widely to local communities for their input – their views will help us to further shape and refine our ideas, so that we can then develop firmer plans and proposals.

Appendix 4. Work-stream overview					
Service Area	Action	October	November	December	January – March 2017
<b>Stakeholder Engagement</b>	Scope & record activity to date in local areas				
	Hold engagement workshop with Consultation Institute				
	LS to attend joint OSC meeting				
	Local representation at H&WB Boards				
	MP Engagement				
	Engage with Clinicians / Primary Care				



	Engage with staffside unions				
	Engage with voluntary groups				
<b>Media / PR</b>	Implement media handling plan following STP submission / Liaison with NHSE offices & Comms Leads				
	Media handling / press office				
	Revise FAQs / narrative / hold interviews				
	Media training				

<b>Patient &amp; Public engagement</b>	Hold Consultation workshop				
	Develop engagement plan				
	Draft public summary of STP plans				
	Revise Easy Read version and publish				
	Implement engagement plans				

## Appendix 5. MP Briefing

### **Background : ‘The Five Year Forward View’**

Local health and social care services across Cheshire and Merseyside have improved significantly in recent years. The *NHS Five Year Forward View* – published by NHS England in October 2014 - outlined some key areas for change if the NHS is to provide the best health and care services now and in the future.

The *NHS Five Year Forward View* noted a gap between where we are now and where we want to be in five years’ time, with three areas highlighted:

- the health and wellbeing of the population;
- the quality of care that is provided; and
- NHS finance and efficiency of services.

In December 2015, NHS England and the arm’s length bodies including NHS Improvement, published planning guidance aimed at accelerating the delivery of the *NHS Five Year Forward View* by establishing 44 areas (or ‘footprints’) across England, which mirror the route patients take to access local health care systems. These Sustainability and Transformation Programmes (STPs) were set up to help health and social care organisations work together to close these gaps.

The *NHS Five Year Forward View* is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the damage caused by unhealthy lifestyles. It is a vision where everyone with a stake in health and care comes together to find ways to reduce inefficiency.

## **STP Plans Across Cheshire and Merseyside: The Local Footprint**

Each STP was asked by NHS England to produce an initial outline, submitted in June this year, for how it would bring the local health and social care partners together to make the transformation needed to ensure a sustainable future for healthcare. It is effectively a mechanism for bringing all partners together to collaborate on addressing the challenges that the NHS faces.

The area covered by the Cheshire and Merseyside Sustainability and Transformation Programme (STP) is the second largest in England. It covers 12 Clinical Commissioning Groups (CCGs), 20 providers and nine local authorities.

The region is diverse and challenging. We have some of the richest and poorest parts of the UK. In total, 32% of the population live in the most deprived areas, with some of these people living shorter lives than in other parts of England. We also have a higher than average number of people aged over 75.

Levels of smoking, school age obesity and hip fractures have reduced but Cheshire and Merseyside still has high rates of respiratory disease, and obesity in pre-school-age children and adults. Fresh approaches are also needed to tackle mental health issues, teenage pregnancy and age-related diseases like dementia and cancer.

Care quality across our region varies and preventable illnesses are still common. People are living longer, their expectations are changing and they rightfully expect access to treatment closer to home. At the same time, more complex, new and emerging treatments are placing additional pressures on the system.

In addition, it is estimated we will have a £999m shortfall to our finances by 2021 if we do nothing. By adapting the way we work, (becoming more collaborative and using joint resources, IT, local intelligence and information in a smarter way) we believe we can break even.

We know that by working more co-operatively across organisations (CCGs, local authorities, NHS providers) we can reduce repetition, waste and unnecessary cost, whilst providing a more patient-focused health experience.

Our priority is to create a clinically and financially stable NHS by making necessary changes but we also need to involve patients, public and stakeholders at every point by consulting thoroughly.

## **Collaborative Working across Cheshire and Merseyside**

The consensus is that the health and social care sector will be more successful if we work together. Our approach builds on existing systems, using these as a template. To enable organisations to collaborate on local challenges we now have three 'Local Delivery Systems' (LDS):

- North Mersey
- Alliance (covers mid-Mersey)
- Cheshire & Wirral.

Much of the work taking place as part of the STP is just the continuation of existing change programmes, such as Healthy Liverpool, The One Halton Programme, The Waste Not Want Not Campaign, (which aimed to reduce a £1 million in unused medication each year by working with the public, pharmacists and GPs to raise awareness about the financial implications and change behaviour,) Wirral Care Record and the Acute Hospital Collaboration between Wirral University Teaching Hospital and the Countess of Chester Hospital – Countess of Chester Hospital's orthopaedics department using Wirral University Teaching Hospital's theatre capacity at Clatterbridge Hospital and the two organisations sharing a payroll service.

Organisations in the three local footprints face the same challenges. They have been given the challenge to work together, to see how they can collectively focus on, enhance and accelerate responses to the following

- Reducing hospital demand and costs
- Improving patient experience and reducing unwarranted variation

- Improving health awareness and illness prevention
- Using new technology to improve patient care
- Improving 'back office' efficiencies and reducing unnecessary waste

A lot of the changes suggested in the *NHS Five Year Forward View* are already happening in Merseyside and Cheshire. The STP is a vehicle to accelerate what is already considered best practice for the future and to explore the possibility of improvements on a bigger scale.

With this in mind, we will concentrate more on illness prevention and education, so people become healthier with less illness resulting from unhealthy lifestyles. Better access to services such as smoking cessation and weight management schemes will help people stay well and out of hospital.

We are submitting a second iteration of the Cheshire and Merseyside STP outline to NHS England on 21<sup>st</sup> October 2016. The STP outline will pull together ideas from the three footprints for dealing with the challenges described above and look at what can be done at a Cheshire and Merseyside regional level. It will also establish a timeline to start involving patients, the public and other stakeholders in discussions to further refine our ideas.

## **Frequently Asked Questions**

### **How did you agree the footprints?**

In December 2015, through *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*, the NHS was asked to develop a proposed STP footprint by 29<sup>th</sup> January 2016, engaging with local authorities and other partners on what this should look like. The footprints were reviewed by the national bodies with regard to geography (including patient flow), scale and fit with footprints of existing change programmes, financial sustainability, and leadership capacity. There were one or two



areas where further clarification was sought and following further conversations locally, changes were agreed.

### **Will the footprints replace other local NHS governance structures?**

No – the local, statutory architecture for health and care remains, as do the existing accountabilities for chief executives and accountable officers. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and ultimately deliver the Five Year Forward View – closing the gaps in quality, health and NHS finances by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's STP

### **How do STP footprints fit with other health and care footprints?**

The boundaries used for STPs will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at a Local Delivery System level, others at clinical commissioning group (CCG) level.

### **How will other partners be involved?**

Any proposals and plans developed as part of the Cheshire and Merseyside STP will be based upon the needs of local patients and communities and command the support of clinicians, staff and wider partners such as local authorities. We simply cannot transform health and health care without the active engagement of the

clinicians and staff who actually deliver it, nor can we develop care integrated around the needs of patients and users without understanding what our communities want and without our partners in local government.

We are asking each local delivery system to develop plans for genuine engagement with their local communities. Where relevant, areas should build on existing engagement through health and wellbeing boards and other existing local arrangements. Nationally, NHS England has established an Oversight Group to provide advice and challenge to the NHS CEO Five Year Forward View Board, to help us develop this process.

### **What does success look like?**

If we get this right, we will engage patients, staff and communities, allowing us to develop services that reflect the needs of patients and improve outcomes by 2020/21, closing all three gaps. We will mobilise energy and enthusiasm around place-based systems of health and care, develop the ownership, relationships and governance necessary to deliver, providing a coherent platform for future investment from the Sustainability and Transformation Fund.

This will require a different type of planning process – one that releases energy and ambition and builds greater trust ownership. It will require the NHS at both local and national level to work in partnership across organisational boundaries and sectors, and will require changes not just in process, but in culture and behaviour. This will not happen overnight, but we will work with local and national partners to provide challenge and support.

### **Will STP footprints share financial control totals?**

As set out in the NHS England Board paper in December 2015, STP footprints may apply to operate using a system control total.

### **How are you engaging with local authorities?**

Regional directors have been working closely with local government throughout the development of STP. Their guidance and involvement is vital and will help to set the strategic direction of health and care service development locally.

## **How were footprint leads agreed?**

The way that footprints have chosen their lead has varied from place to place. Some areas have chosen existing system leaders, and others have carried out ballots following nominations. Each STP has a senior and credible leader who can command the trust and confidence of the local and national health and care systems. In Cheshire and Merseyside the STP Lead is Louise Shepherd, CEO at Alder Hey Children's Hospital.

## **What is the role of the STP footprint lead?**

Footprint leads are responsible for convening and chairing system-wide meetings, facilitating the open and honest conversations that will be necessary to secure sign-up to a shared vision and plan. They are part of an emerging national cadre of system leaders who will drive health and care transformation.

This is a new kind of leadership role, working across organisational boundaries. Footprint leaders will help to build consensus and ownership in their communities for their local plans, while providing the leadership to drive the transformation needed to improve the quality of care, health and wellbeing, and finance and efficiency.

## **Will the STPs be published or released under FOI?**

We plan to publish our Sustainability and Transformation Programme (STPs) outline after it has been submitted to NHS England and we have received feedback.

## **When will you be asking local people and stakeholders for their views?**

It is no secret that the NHS faces a number of challenges. There are existing local programmes already underway, where CCGs are talking to local communities about the future shape of services.

Clinical leaders and senior managers have come together across Cheshire and Merseyside to develop initial ideas and principles for how the STP approach can further accelerate and expand the changes needed, so that by 2021 we are in a position where the NHS in Cheshire and Merseyside can balance the books.

Before we take this discussion out more widely to local communities, we are working with colleagues from NHS England and other Arms-length Bodies to check that the

direction of travel will achieve our ambitions. The next version of the STP outline will be submitted for assurance in October and once we've had feedback, we plan to take our ideas out more widely to local communities for their input – their views will help us to further shape and refine our ideas, so that we can then develop firmer plans and proposals.

## Appendix 6.

### **Communications Group Media Protocol for Cheshire and Merseyside's Sustainability and Transformation Programme (STP)**

Media management is one of the core functions of the Cheshire and Merseyside Communications Group as STPs emerge into the public domain and gather momentum.

The objectives of the group, in respect of media management, include the following:

- To convey the agreed key messages and narrative to the media quickly and clearly throughout the lifetime of the STP on a proactive and reactive basis.
- To present a cohesive, joined-up approach to dealing with media around Cheshire and Merseyside STPs, with shared goals, a shared plan and a shared vision for the future.
- To follow the agreed working principles for dealing with FOI requests about the C&M STP
- To follow the agreed working principles for dealing with PMQ requests around STPs in general and in particular the C&M STP
- To fully brief any clinical staff, stakeholders or supporters who may be asked to talk to the media about the C&M STP with agreed key messages (making them aware of any controversial issues and upcoming political or environmental themes that could influence the media.)

- To share case studies, intelligence and examples of best practice with other members of the group where they might help to promote a positive image of the C&M STP and in line with agreed principles. To bear in mind data protection, permission and storage concerns when using any of the above.
- To respond as quickly as possible to requests for updates on changes to local services, departments, structures (which will need engagement and are likely to attract media interest) and to provide a full brief on these to the communications steering group to cascade to any other people who need to be briefed about the changes.
- To present each of the member organisations involved with the STP as positively as possible in any communications (verbal or written.)
- To maintain the positive reputation of all of the organisations within the Cheshire and Merseyside STP Communications Group.
- To ensure that any tensions or conflicts that might emerge between organisations are not played out in public.
- To provide a safe forum for advice and peer support between communications professionals as the programme moves forward.

Cheshire and Merseyside STP Communications Group members are making the commitment to share plans, materials and messages as soon as possible and before any media activity in relation to the programme takes place, whether proactive or reactive. It is accepted that timescales can often be tight, but a minimum of two hours' notice should be given to other member organisations – longer wherever possible.

Members also make a commitment to alert their communication colleagues on the group to informal, grapevine or other 'soft intelligence' that may impact upon the delivery of one or more of the objectives set out above. This is likely to be particularly important if and when tensions between organisations arise. It will be incumbent upon the group to highlight the risks and consequences of fragmented media communication / messaging to their LDS Comms lead and the STP Communications Group Lead.



The principles and approach underpinning the group's work are:

- No surprises
- Work together and be open and honest – particularly during challenging times
- Strive to focus on the objectives and maintaining the reputational integrity of the programme.

## **Sign off process**

All media enquiries received by the communications team, will adhere to the following process as much as possible.

Step 1.

- Alert NHS England regional office
- Alert relevant SRO regional comms lead
- Alert local Trust/ CCG/ LA comms lead
- Alert relevant SRO
- Alert STP lead (Louise Shepherd) and project manager
- Media enquiry logged in media log

Step 2.

- Draft response in conjunction with relevant organisation
- Consider media interview i.e relevance/ benefits/ spokesperson availability
- Give NHS England sight of response and approach
- Circulate proposed response to all in step 1.
- Agreed statement to be released to journalist or interview progressed
- Statement logged in media
- Briefing email about upcoming media piece to be circulated to relevant organisations for onward cascade

# Cheshire and Merseyside STP Estates Summary

October 2016 Submission

# STP Estate & FM Enabling Work stream

## Membership:

### Lead:

Paul Fitzpatrick – Liverpool CCG

### LDS Members:

Alliance; David Sweeney - Halton CCG/Borough Council  
Cheshire & Wirral; Kevin Eccles – Countess of Chester Hospital  
North Mersey; Paul Fitzpatrick – Liverpool CCG

### Local Government Reps:

Nick Flanagan - Liverpool  
Kathryn Jones - Cheshire West & Chester

### Strategic Estates Advisor Support:

Andy Muir - CHP  
Mark Owens - NHS PS

# STP Estate & FM Enabling Work stream overview

The estate across Cheshire and Merseyside is of a diverse nature. In some areas there has been significant investment in both hospital and community premises, in particular through PFI and LIFT initiatives. Other areas by comparison have been subject to a more piecemeal approach with limited investment.

As a consequence there is a significant retained estate which requires either:

- Major strategic investment for replacement
- Substantial on-going business as usual expenditure to sustain its use
- Clarity regarding disinvestment and disposal decisions

Strategic decisions are required in the short term with investment and a programme of works over the next 10 years to ensure the required healthcare estate is available and fit for purpose to respond to the evolving service strategies.

It will be essential to change how we work together across the STP and LDS's and some key actions will be:

- Review clinical service requirements and operational plans for future delivery analysing potential opportunities to rationalise the estate; reducing footprint and cost.
- Review any service change proposals, present and future; identifying the return on investment to be delivered, including from no or low cost capital solutions and including consideration of all potential funding routes.
- Developing an overarching Estates Strategy for LDS and STP footprints to ensure alignment and VFM investment decisions.
- Working through initiatives such as OPE to work with Local Authorities to release public sector land for wider beneficial use.
- Review of FM service requirements and joint procurement in light of operational plans for future delivery of clinical services.

To track progress dash boards will need be developed as a starting point the following Model Hospital KPI's can be considered.

- Estate Running Costs: Target - National average or 5% reduction {-£19m}
- Non-Clinical Space: Target - 35% GIA {-75k sqm}
- Unoccupied Space: Target - 2.5% GIA {-5k sqm}
- Functional Suitability: Target - 95% GIA {+40k sqm}
- Condition: Target - Reduce BM by 35% {-£62m}  
- Reduce high or significant by 50% {-£25m}

# STP Background and Context

Recent examples of investment / initiatives across the STP Footprint include:

- ❑ St Catherine's Community Hospital redevelopment 2011
- ❑ 32 LIFT buildings across the Alliance and North Mersey LDS areas
- ❑ Mersey Care expansion of service provision at Clock View in 2014
- ❑ New Urgent Care & Trauma Centre for C&M on the Aintree Campus 2015/16
- ❑ Walton Centre investment 2015/16
- ❑ New CWP CAMHS development opened September 2016 on the Countess of Chester Health Park
- ❑ New Alder Hey Children's Hospital, opened 2016
- ❑ Central Cheshire Integrated Care Partnership, delivering the community services contract across South Cheshire & Vale Royal from October 2016
- ❑ New Royal Liverpool Hospital development, opening 2017/18
- ❑ Significant infrastructure investment in Primary Care, in particular in the Unified Cheshire and the Alliance LDS areas
- ❑ Clatterbridge Cancer Centre based on Royal Liverpool campus, due for completion 2019

## 1. Workforce Governance Arrangements

Workforce is defined as an enabling workstream within the STP governance and portfolio programme management arrangements. Kathy Thomson, CEO of Liverpool Women's FT was appointed as CM STP Workforce SRO in September 2016, and has a seat on the overarching STP Working Group.

This workstream benefits from two main existing cross CM networks that have been in place for a number of years. The stakeholder engagement mechanism previously known as the CM Local Workforce and Education Group was set up by HEE in 2013 as one of three in the NW, to enable senior stakeholder engagement in the main functions of HEE under the previous NW LETB arrangements. Stakeholders include CEs, Medical Directors, Directors of Nursing, Directors of Finance, Directors of HR/ Workforce, Primary Care/ CCG representatives, Public Health, to recognize the system wide responsibility for workforce and education. This group has become the CM Local Workforce Action Board (LWAB) and the membership and Terms of Reference are designed to ensure it is fit for purpose as the place for strategic STP wide workforce discussions, development of priority plans, and assurance of actions associated with those plans. The remit of 'workforce' includes strategic and operational HR and leadership.

The CM LWAB is accountable to the CM STP Working Group as part of the overall STP Governance arrangements. The MoU between CM stakeholders which will set out principles and processes for decision making at the different levels within the STP (STP, LDS, sub-LDS, individual organization) will apply to decisions about workforce as any other function or theme within the STP. The membership of the LWAB has been developed to ensure social care/ LA representation, NW Leadership Academy representation; that there is a workforce 'voice' in and out of each of the other enabling functions, CCTs and critical decision areas (through stakeholder and/or HEE officer links), and that there is sufficient equity of LDS representation, given the anticipated focus of planning and delivery at that level.

The CM Human Resources Director network, a subgroup of the NHS Employers supported NW HRD network has also been in place for a similar period. As part of the STP process, three HRDs have been nominated in late September/ early October 2016 to act as the workforce lead within each LDS. These are: Rachael Charlton, East Cheshire Hospital NHS Trust (for Unified Cheshire); Roger Wilson, Warrington Hospitals NHS FT (for Alliance), with the North Mersey Lead to be determined. Those HRDs are active participants within the CM HRD Network, with Rachael Charlton also leading the NW Workforce Streamlining Programme (supported by HEE – see below). In addition, there are two HRDs on the CM LWAB, Anne Marie Stretch, St Helens and Knowsley NHS FT (Alliance) and Amanda Oates, Mersey Care NHS FT.

At LDS level, the recent appointment of lead HRDs (see above) for the workforce workstream will help ensure the centrality of the workforce 'voice' in each of the three LDS level governance arrangements. As much of the delivery of the STP is anticipated to be at or within LDSs, this is a critical step and one which can build on existing and developing LD/ sub LDS level networks of workforce leaders and wider work in such delivery. For example



in Cheshire and Wirral, a HRD group has been established to oversee the HR back office collaboration reporting via a lead CE to the Cheshire and Wirral CE group.

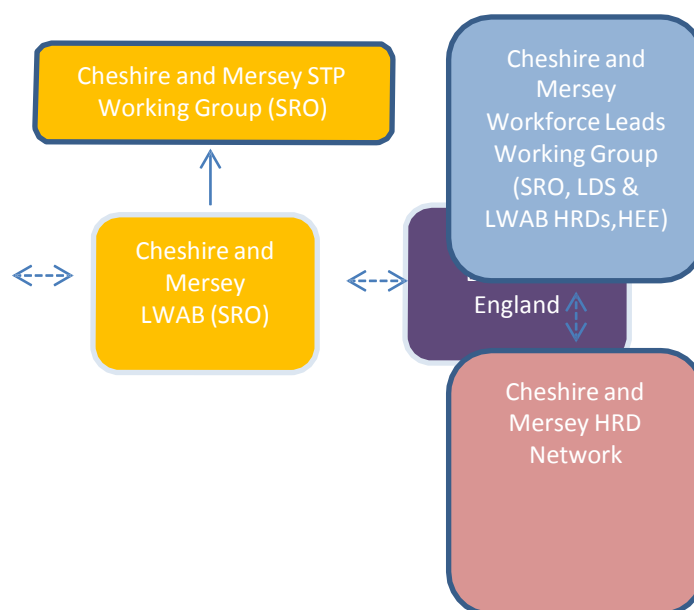
Within the workforce workstream there will be need to be considerations relating to where and how CM providers provide services outside the STP populations, and where providers outside of the CM STP geography provide services to CM population, in addition to considerations around the boundaries of CM with neighbouring STPs in relation to patient and workforce flows.

HEE in its support and assurance role around workforce both co-chair and support the LWAB in all aspects of its governance and work. Recognising the systemic and multifaceted nature of workforce engagement and accountability across the system, HEE senior officers take a system leadership and facilitation role in support of the SRO in bringing together and working between (primarily) the leaders in the system, the other ALBs and the STP leads/ programme office in developing the narrative, intelligence, and plans to deliver the workforce enabling workstream of the STP. This is being done through engagement with the key HRDs and the wider HRD network, the other ALBs across the North and locally (who, for CM meet monthly) and NW Leadership Academy, NHS Employers, and leads within the STP workstreams.

HEE through the delivery of obligations in its Mandate and statutory duties, also provide a range of resources into the system; direct to the STP/LWAB in terms of workforce data, narrative and analysis for the baseline and future scenario planning from a range of sources; intelligence on projected workforce supply for HEE commissioned non-medical programmes and within postgraduate medical and dental education; and a range of resources supporting workforce and education transformation including support for new and developing roles; as well as intelligence on quality in and of learning environments through multiprofessional quality education provision (for medical and dental trainees), management and assurance.

The LWAB has a further link into HEE through the co-chairing arrangements, and to the national Workforce Advisory Board consisting of all the ALBs, chaired by the CE of HEE.

The LWAB, meeting bimonthly will require improved collaborative arrangements to enable work to progress between meetings, and working (sub)group to ensure any decisions or actions that need to take place can happen in a timely manner for the STP process in support of the SRO. A working group consisting of the three LDS HRD representatives, the two LWAB HRDs and the SRO supporting by HEE senior officers is in development to undertake this role. The overall STP workforce governance arrangements are set out in the diagram below:



## 2. 'As Is' Position

This section includes key highlights from a range of sources of workforce data and narrative from existing workforce intelligence across and within the STP footprint. *(NB – draft in development resource document and accompanying data document provided in support of this section, references to data sources to be included in final workforce section as required) (NB 'as is' areas of priority work/ planning are included within the later sections below)*

- There are 57,900 staff (FTE) employed within CM secondary healthcare providers. This is against a FTE establishment of 63,097 indicating an average 7.7% vacancy rate.
- Medical and dental vacancies within CM secondary healthcare providers are reported as 20% for North Mersey and 22.5% for both Unified Cheshire and the Alliance LDSs. Key vacancies include Dental, Psychiatry and run through specialties such as Histopathology and Paediatrics. *(\*confirm training/ non training)*
- In non-medical clinical professions, some of the highest vacancies in CM are in Clinical Psychology (20%), Multi-therapies (16%) Learning Disability Nursing (13%) and Pharmacy Technicians.
- 76% of secondary healthcare organisations in CM have used or are planning on using international recruitment as part of their recruitment strategy.
- Staff sickness rates are reported as 4.6% average across CM secondary healthcare providers, with specific examples of significantly higher rates in individual organisations.

- The profile of the workforce in CM secondary healthcare providers shows an ageing workforce with c35% of the current workforce being aged over 50. For some providers special officer and mental health officer status compounds workforce planning and supply issues with earlier retirement dates anticipated than in other sections of the workforce/ wider services.
- Staff turnover remains significant and there is evidence to suggest significant movements of staff between secondary healthcare organisations and anecdotal reporting of examples of direct/ indirect incentives which may attract local staff from other providers which is an area of focus for system wide working
- The majority of secondary healthcare organisations (65%) of providers have active plans reviewing skill mix needs and progressing the consideration of new roles such as Physician Associates, Nursing Associates. There has been some uptake of HEE led workforce transformation initiatives and is potential for CM organisations individually and system wide to further maximise the benefits on offer from these initiatives.
- The primary care workforce is an area requiring further focus, investment and development, particularly given the likely impact of the STP on primary and wider out of hospital services. There is an aging GP workforce with 20% of the workforce aged over 55, whilst another 14% aged between 50-54. In certain parts of the patch, recruitment to GP training posts has been challenging, albeit recent incentive schemes associated with such posts appear to be increasing popularity of those areas. CM has the second lowest number of direct patient support staff (FTE) compared to other regions in England, with a 19% difference compared with Greater Manchester and 46% less than Cumbria/North East. Building capacity in this group represents a significant workforce opportunity.
- There is a significant CM social care workforce (68,000), but more collaborative efforts to develop integrated working, investing in supporting the abilities and resilience of this workforce will be key to the STP delivery.

### 3. STP Impact

Whilst the four critical decision areas, CCTs and LDSs develop plans to which a workforce enabling 'response' can be developed, it is recognized that workforce is not only an enabler to plans within those areas but a key driver. By ensuring a workforce 'voice' in each of the critical decision areas, CCTs and LDSs, there can be both early identification from key leaders of the challenges that may impact the workforce, and an ability to input specific direct and indirect workforce knowledge to those areas to ensure plans are achievable, and meet the quadruple aims of the 5YFV, within and across the STP. Workforce leads/links in each area will be developed and supported to operate in both 'push' and 'pull' roles in that way.

Workforce accounts for around 70% of total health and care spend, and whilst areas of new future/ additional workforce supply are critical, it is the case that for the most part, the health

and care workforce at the end of the 5YFV period will be the workforce employed in the system now.

CM system wide workforce workstream programme management and support arrangements will be put in place to support the workforce leads, and wider LWAB, to maximize both planning and assurance of progress of actions and performance, towards the achievement of the overall STP plans (see 4. below).

The existing NW workforce streamlining programme workstreams will be accelerated in CM (linked to back office consolidation) and (other) key priority areas of strategic and operational HR linked directly or indirectly to workforce spend, will be identified to reduce variation and maximize efficiency and opportunities within and across the STP (see 4. below).

## 4. Priority Plans

The workforce leads/ links and LWAB will consider existing and initial plans from within and across the STP critical decision, CCT and LDS areas as they develop in order to inform priority areas for action. The following areas have already been identified in relation to this workstream:

- a. CM workforce workstream programme support arrangements to link with the STP Portfolio Programme Management arrangements and maximize wider system resources. The ability to ensure timely and relevant workforce input to STP workstream areas, and response to plans from those areas, will require specific programme management, oversight and support. As both the responsibility for workforce, and resources associated with this workstream are distributed, programme management and support arrangements will enable effective collaboration and updating, in addition to face to face meetings. Key leaders within this workstream recognize the importance of ensuring sustainable programme management using consistent methodology, formats within the overall workstream and identification of appropriate resource from within the system will be addressed as a priority as plans are firmed up and agreed.
- b. Strategic and Operational HR Priorities. This is anticipated to cover an extensive programme of work developing existing activity and new areas of work at both LDS and wider STP level. The established NW streamlining programme of work driving efficiencies in organizations' recruitment and induction of staff, and mobility of staff between organisations using a training passport model will be accelerated in terms of scale and pace of delivery in CM. Other key priority areas of strategic and operational HR linked directly or indirectly to workforce spend will be identified to reduce variation and maximize efficiency and opportunities within and across the STP including a full review of the areas of focus identified in the Carter report. These will include harmonization/ consistency of policies (e.g. pay protection), system wide contracts, use of temporary staff, agency rates and spend, reduction of sickness absence, improving staff experience, early system wide planning for known turnover (e.g. retirement of key staff).

- c. Workforce Intelligence Provision and Analysis. HEE provide a range of intelligence, analysis and support, alongside other organisations (e.g. NHS I's workforce metrics in its data collection for its Single Performance Framework, organisations' own internal workforce metrics to Boards). Ensuring the relevant baselines for the STP and areas within it are accurate, up to date, and complete, and there is universal utility of consistent sources requires improvement in collaboration and sharing across the STP and support/ assurance organisations. In addition, costed workforce modelling of 'do nothing' and 'do something' scenarios along with analysis of how (workforce) costs will be released between current baseline and moving to new arrangements will be required, and the increased take up of modelling tools like the Workforce Repository and Planning Tool (WRaPT -developed in the NW to map workforce to service models) will be required to aid this task. Leadership and supporting systems to maximize collective resource within organisations will be required, making this another priority area.

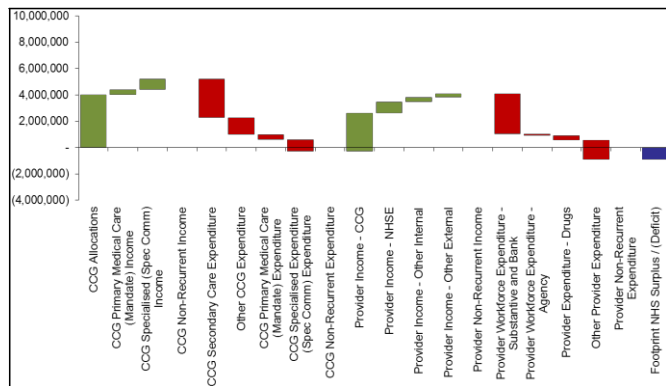
In addition, CM HRDs have identified the STP back office critical decision area as a priority in terms of contribution and input, linking in the NW Streamlining Programme (see above). There are planned changes in services where the workforce workstream will be critical, (merger of Royal Liverpool, Aintree and Liverpool Womens and proposals around Liverpool Community Health all in North Mersey). If CM organisations fully exploit the opportunities associated with the new Apprenticeship Levy there is significant potential to align apprenticeship pathways and developments consistent with new service requirements and organisational working, and this will form a priority area of work.

The LWAB and SRO have identified initial priorities as the urgent and emergency care system; improvements in health and care system navigation and coordination to enable care at home; and carer coordination and support in relation to the wider workforce. Once more detailed plans are available from other STP workstreams then a fuller review of the workforce aspects of those can take place to ensure the LWAB and respective leads can prioritise accordingly.

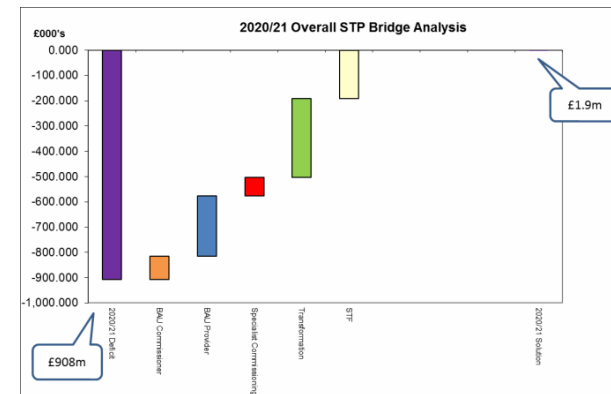
## Appendix 2: Financial Model Highlights

Footprint Summary	Do Nothing					Solutions					Do Something							
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	
Footprint NHS Surplus / (Deficit)	£000s	(127,997)	(196,753)	(397,425)	(568,862)	(725,634)	(908,122)	21,554	188,416	359,624	526,834	716,538	(127,997)	(175,199)	(209,009)	(209,238)	(198,800)	(191,585)
Indicative STF Allocation 2020/21	£000s														81,080	81,080	0	189,694
Footprint NHS Surplus / (Deficit) after STF Allocation	£000s	(127,997)	(196,753)	(397,425)	(568,862)	(725,634)	(908,122)	21,554	188,416	359,624	526,834	716,538	(127,997)	(175,199)	(127,929)	(128,158)	(198,800)	(1,891)

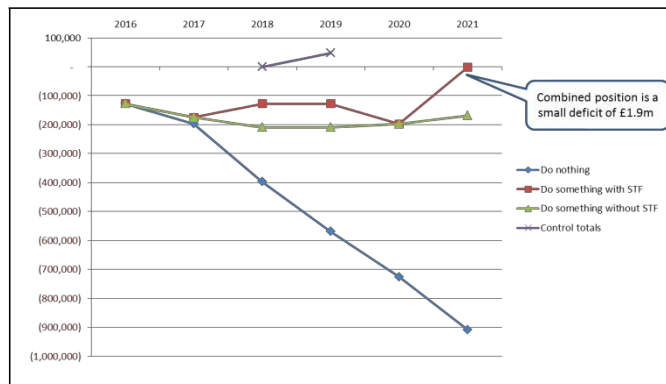
### Do Nothing Bridge Analysis



### Do Something Bridge Analysis



### Cheshire & Merseyside STP Projected Financial Position 2016 to 2021



### Capital Requirements identified within the Plan

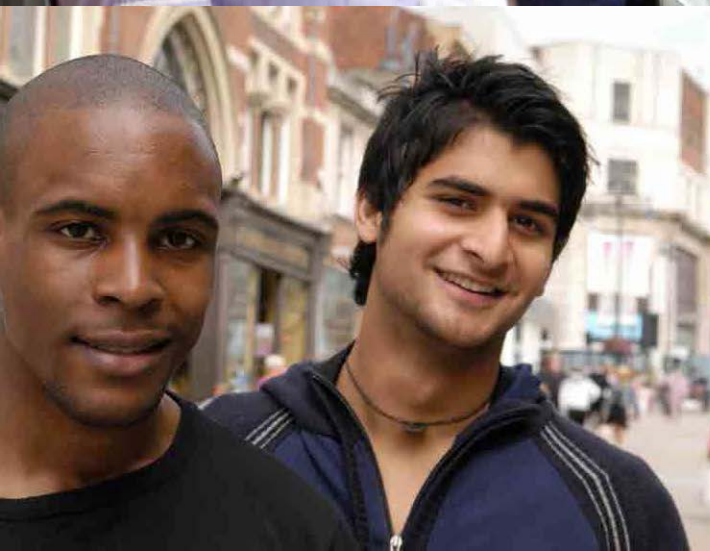
2015/16 to 2020/21	Total
Do Nothing	£000s
Locally funded	726,150
Business case funding approved	150,785
Other funding source	47,634
<b>Funding identified/approved</b>	<b>924,569</b>
<b>Funding not yet approved/identified</b>	
Do Nothing	387,012
Do Something	368,232
<b>Total funding not yet identified/approved</b>	<b>755,244</b>
<b>Grand Total</b>	<b>1,679,813</b>



# Cheshire & Merseyside

## Sustainability and Transformation Plan

People and Services Fit for the Future





# 2

## The Challenge for the NHS

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As a nation we are fortunate to have a National Health Service that is free at the point of care, delivering world class services.

However, we also know that the NHS is facing some big challenges and there are clear signs that it needs to adapt and change if it is to be fit for the future.

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While on a day-to-day basis most areas are running well, we are seeing pressures in areas such as hospital care, A&E, mental health and GP services. Some of this is being experienced in longer waiting times and variable quality of care.

There are several reasons why the NHS is under pressure:

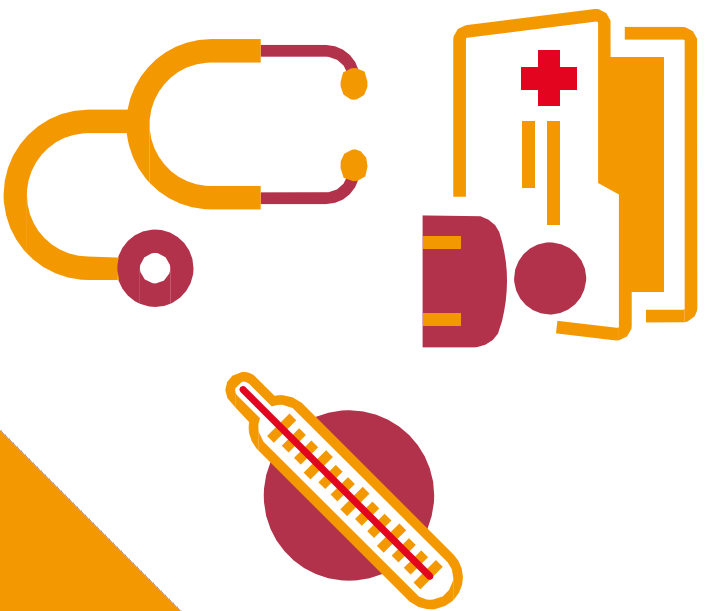
- People are living longer, but not always healthier, lives;
- Care is not always joined up for patients, especially for the frail elderly and those with complex needs. As a result, too many people do not get the right care in their homes or community, which creates an over-reliance on hospital services;
- We need to do more to support children, young people and adults effectively with their mental health challenges;
- At the same time, there is enormous pressure on health and social care budgets.

There is also a growing financial challenge. The NHS will continue to receive a small year on year increase over the next five years, but this is not keeping pace with increasing costs and increasing demand for services. If we do nothing, the NHS faces a £30 billion funding gap by 2021. For Cheshire & Merseyside our share of this funding gap is £908m.

We know that these issues require us to think more radically about how best to address the problems we face together otherwise we will fail to support the needs of our communities into the future.

In 2014, NHS England published a document entitled *The Five Year Forward View (FYFV)*, which identified three priorities for the NHS to focus on in order to improve services and the health of our country:

1. **health and wellbeing** – supporting people to stay well
2. **quality of care** – providing good services consistently wherever you live
3. **NHS finances** – maximising efficiency and reducing duplication in services.



# HEAR WARD VIEW

# 4

## Cheshire & Merseyside in Partnership



million  
people



*NHS*  
organisations



local  
authorities

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Although the NHS is a national public service it is made up of hundreds of organisations, including hospitals, community services, clinical commissioning groups and specialist services. In addition, public health and social care are the responsibility of local authorities who work in collaboration with the NHS. Community and voluntary organisations also provide a great deal of support to complete this picture. It's clear that the scale of the challenge is too big to be resolved by organisations making changes in isolation.

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For this reason NHS England has established 44 Sustainability and Transformation (STP) 'footprints' across the country, bringing together NHS organisations, local authorities and other partners to work together to deliver the priorities from the NHS Five year Forward View, by developing new ideas and proposals to improve health, improve quality and to ensure that the NHS remains financially sound. This is being backed up by additional investment over the next five years, above existing NHS budgets, to address these challenges.

NHS organisations and local authorities across Cheshire & Merseyside are working together to develop ideas and proposals to share with the public about how we can address our challenges and come up with the right solutions. These ideas have come together in the Cheshire and Merseyside Sustainability and Transformation Plan (STP).

Cheshire and Merseyside is a diverse region; with urban areas that have higher levels of poor health and a greater concentration of hospital services, alongside towns and rural areas that have different challenges, including physical access to services.

*of the whole region now  
and into the future.*



**Louise Shepherd**

Lead for the Cheshire and Merseyside STP and Chief Executive of Alder Hey Children's NHS Foundation Trust

# Our Priorities

NHS organisations and local authorities have been working together for the last few months, looking at examples of good practice and improvements that have delivered good results elsewhere.

Our core purpose is to ensure that the people of Merseyside and Cheshire continue to have access to safe, good quality and sustainable services, which also means making the best use of the funding we will receive over the next five years.



Ideas and proposals have come together in the Cheshire and Merseyside Sustainability and Transformation Plan (STP), which has four main priorities:

1. **Support for people to live better quality lives by actively promoting what we know will have a positive effect on health and wellbeing.** The way we live now is having a negative impact on our health and putting pressure on services. Alcohol, smoking, poor diet and inactivity are increasing demands on the NHS. We have to change this.
2. **The NHS working together with partners in local government and the voluntary sector to develop joined up care,** with more of that care offered outside of hospitals to give people the support they really need when and where they need it.
3. **Designing hospital services to meet modern clinical standards and reducing variation in quality;** people should be confident that they will receive similarly high standards of hospital care regardless of where they live.
4. **Becoming more efficient by reducing costs, maximising value and using the latest technology;** reducing unnecessary costs in managerial and administrative areas, maximising the value of our clinical support services and adopting innovative new ways

of working, including sharing electronic information across all parts of the health and care system.

## Improving Health and Wellbeing

We want to see significant improvements in the health and wellbeing of people living in Cheshire and Merseyside. We want people to be better informed and empowered to make positive lifestyle choices and we want to do more to prevent illness. If we can support people to stay well for longer we will be able to improve quality of life and reduce reliance on the NHS.

The plan identifies three Cheshire and Merseyside-wide projects, that will support reductions in alcohol abuse, blood pressure and antimicrobial resistance.



For example, tackling high blood pressure is about encouraging more people to have checks, not only in traditional ways such as through their GPs, but also in everyday places in communities, including pharmacies. If we increase awareness and checks we can intervene to support the thousands of people who have undiagnosed high blood pressure, which often has no symptoms, and avoid deaths and instances of stroke and heart disease.

Not only will these three schemes improve health, they will also reduce reliance on the NHS.



*There is a strong health and business case for investing in schemes to prevent people becoming ill. This is the most effective way to make the NHS sustainable in the longer term*



**Eileen O'Meara**

Director of Public Health, Halton

## Better Care Outside of Hospital

One of the most far-reaching areas of change we could make is to establish integrated services for better care in our communities. In practice, this is about different parts of the NHS and social care services working together seamlessly with a better focus on people's needs.

For example, in our communities GPs will work in integrated teams with hospital specialists, district nurses, mental health workers and social workers to improve care for people with long-term conditions such as diabetes, elderly people who are frail or children and adults with very specific needs. If we do this effectively we will keep more people well, improve quality of life and have fewer people needing to be admitted to hospital.



*Offering good services closer to home will improve care for the most vulnerable in our communities and reduce admissions to hospital. This is good for patients and for the NHS.*



## Improving Hospital Services

Across Cheshire and Merseyside we will undertake a review of clinical services across all our hospitals to identify where there are variations in quality and to look at how we can establish consistently high clinical standards. Our plans for hospital services will lead to greater collaboration and sharing of expertise and resources. The work to review variation and standards is at a very early stage and will take some further time to deliver impact.

In reviewing hospital services, we will be open about the issues we face that may lead to proposals to change how and where some hospital services are delivered.





For example, there is evidence that for some specialist areas, such as stroke services, it is better to concentrate care in fewer centres as we know that this will improve outcomes for patients.

We also have a shortage of doctors and nurses in some specialties, such as urgent and emergency care, which are making it difficult to provide good quality services in every hospital.



*We will establish consistently high clinical standards in all Cheshire and Merseyside hospitals, so people can trust that services will be good regardless of their postcode.*



**Dr Simon Constable**

Medical Director,  
Warrington and Halton  
Hospitals NHS  
Foundation Trust

## Better, More Efficient Care

We will also look for new opportunities to reduce costs and duplication, whilst at the same time improving care and access to services.

Reducing costs is a big driver for looking at our administrative and clinical support services, but there are also opportunities in clinical support services to improve standards and access in areas such as radiology, pharmacy and pathology. For example, hospitals each invest in expensive equipment such as scanners. As demand continues to increase there are opportunities to better share these resources across hospitals so that resources are being used optimally before we consider investing in new equipment.

When it comes to administrative support, our principle is to share resources across organisations, where this makes sense, in areas such as finance, human resources and IT, to achieve maximum efficiency.

The four main priorities set out in the Cheshire and Merseyside STP are supported by eight clinical programmes looking to improve the way we deliver:



Neuroscience



Cardiovascular disease



Learning disabilities



Urgent Care



Cancer



Mental Health



Women's and Children's



Primary care (GP services)



*We want every penny of NHS funding to be used effectively; there are opportunities to re-shape management and administrative support to reduce costs and maximise investment in patient-facing services.*



**Tracy Bullock**

Chief Executive,  
Mid-Cheshire Hospitals NHS  
Foundation Trust





# Local Delivery Systems

Number	Organisation
01	The Walton Centre NHS Foundation Trust
02	Southport and Ormskirk Hospitals Trust
03	Alder Hey Children's NHS Foundation Trust
04	Liverpool Heart and Chest Hospital NHS Foundation Trust
05	The Royal Liverpool & Broadgreen University Hospitals NHS Trust
06	Bridgewater Community Healthcare NHS Foundation Trust
07	Aintree University Hospitals NHS Foundation Trust
08	Liverpool Community Health NHS Trust
09	Clatterbridge Cancer Centre NHS Foundation Trust
10	Wirral Community NHS Foundation Trust
11	Wirral University Teaching Hospital NHS Foundation Trust

Number	Organisation
12	Liverpool Women's Hospital NHS Foundation Trust
13	Mersey Care NHS Foundation Trust
14	North West Ambulance Service NHS Trust
15	Warrington and Halton NHS Foundation Trust
16	East Cheshire NHS Trust
17	Cheshire and Wirral Partnership NHS Foundation Trust
18	Countess of Chester NHS Foundation Trust
19	5-Boroughs Partnership NHS Foundation Trust
20	Mid-Cheshire Hospital NHS Foundation Trust
21	St. Helens and Knowsley Teaching Hospitals NHS Trust



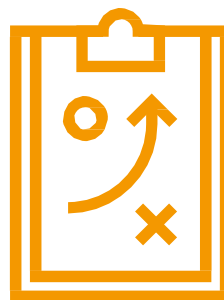
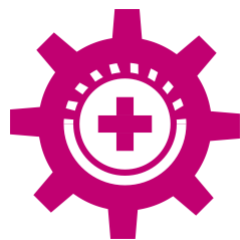
## Overview of Local Delivery System Plans

### The Alliance: Warrington, Halton, St Helens and Knowsley

The work of the Alliance is at a very early stage of developing ideas to ensure local health services are sustainable and fit for the future.

The plans build upon ideas and developments already happening at local level, with local people. For example, in Warrington, GPs are already working together in 'clusters' to provide more services at GP practice level and in Halton, Wellbeing Practices have been in place for some time and are helping people to become healthier.

As ideas develop into plans we will be asking local people, staff and others for their feedback. Any proposals to change services will be consulted on at a local level, but this won't be until we have worked plans up further in 2017.



*The ideas and proposals detailed in the Alliance plan, are just that; 'ideas' that build upon developments already happening at local level. Whilst existing plans go some way to meet the challenges, we need to do working to achieve ealth and ure that eceive the ible care ght place at time.*



**Simon Banks**  
Accountable Officer, NHS Halton CCG





## Cheshire and Wirral LDS

Cheshire and Wirral LDS are also in the early stages of developing ideas to transform health services across this footprint. They have identified priorities for making their health care system sustainable now and in the future and have created collaborative, digital initiatives like the Cheshire and Wirral Care Records.

Cheshire and Wirral will continue to engage with local communities and consult on any major service changes, if they happen, later in 2017.



*Cheshire and Wirral LDS are developing ideas to transform health services, building upon existing programmes including Caring Together, Healthy Wirral, The West Cheshire Way and Connecting Care. We have clear priorities for a health care system that is sustainable now and into the future and we will continue to engage with local communities about the best way forward.*



**Jonathan Develing**

Senior Responsible Officer for the Cheshire and Wirral LDS



## North Mersey LDS

The North Mersey LDS serves the populations of Liverpool, Sefton, and Knowsley. North Mersey will build on programmes like Shaping Sefton and Healthy Liverpool, which was set up in 2013 in response to the city's Mayoral Health Commission, and recommended some significant changes to the way local health services should be delivered, to address poor health and relieve pressure on services.

North Mersey is one of the most complex health systems in the country, with nine NHS providers of services, including two adult acute hospitals and a range of other trusts.

The main intention, set out in the North Mersey plan, is to reduce unnecessary hospital care and shift the balance towards a pro-active wellness system rather than a system which just treats illness. This shift to better care outside of hospital will enable hospital services to be improved and redesigned to meet the future needs of patients.

North Mersey LDS has a three year head start and is already working collaboratively to embed changes in services, both in communities and in hospital. The area is also a national exemplar for digital innovation in health, with ambitious schemes to establish shared electronic health records and to use assistive technology to help people manage their health conditions.



*We have developed a strong partnership across our system so we can truly act as one to address the challenges we face in tackling poor health and inequalities; maintaining good services both in and outside of hospital and protecting the excellent specialist services on our patch which serve the whole of Cheshire and Merseyside.*





# What's Next?

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To be successful STPs must be developed with, and based upon the needs of local patients, carers and communities, and health and social care professionals must be effectively engaged with those plans.

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In preparing the Cheshire and Merseyside Plan local partner organisations have so far involved senior doctors and system leaders in drawing up ideas, and many more will be involved in developing the plans to take forward the four priorities for action.

The publication of the Cheshire and Merseyside STP on 16th November 2016 marks the start of further engagement on a way forward for local health and social care services.

Over the next weeks and months we will be talking to lots of people to ensure there is a good level of awareness and understanding about the need for change and to listen to ideas or concerns about any aspect of the plan as it currently stands.

Every partner organisation is committed to actively involving patients, carers, staff and local people in shaping future plans and ensuring they have their say on how services will look in the future. Any proposal to substantially change any service will be subject to thorough and detailed engagement and consultation with those people potentially affected by any suggested change.

We will only take forward proposals that are supported by strong clinical evidence and where we can demonstrate a positive impact in terms of quality, safety and sustainability.

The full STP document can be viewed on each of the following CCG websites:

[www.liverpoolccg.nhs.uk](http://www.liverpoolccg.nhs.uk)  
– North Mersey

[www.wirralccg.nhs.uk](http://www.wirralccg.nhs.uk)  
– Cheshire and Wirral

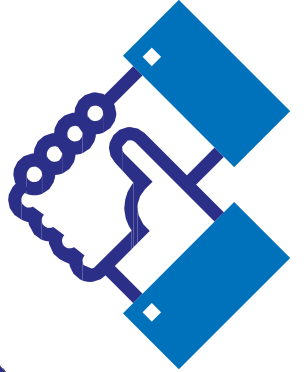
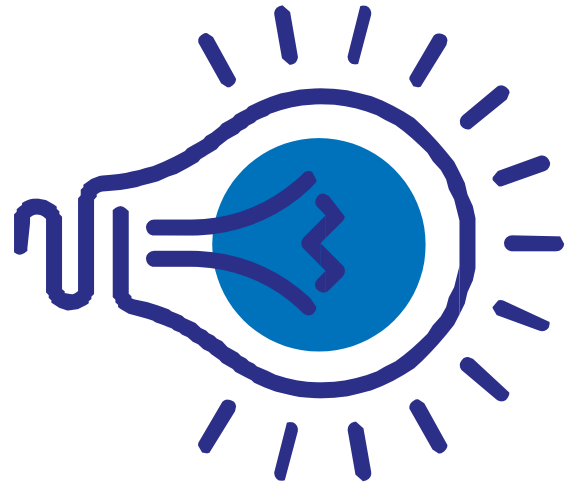
[www.warringtonccg.nhs.uk](http://www.warringtonccg.nhs.uk)  
– The Alliance

Follow us on NHS social media channels and look out for information about opportunities to find out more and get involved on our websites.

For any queries or comments please get in touch by emailing [mlcsu.cmstp@nhs.net](mailto:mlcsu.cmstp@nhs.net)









## Cheshire and Merseyside Sustainability and Transformation Plan (STP)

### Frequently Asked Questions

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#### 1. What is the STP?

The STP is the local approach to delivering the national plan called the Five Year Forward View, which, published in 2014 sets out a vision for a better NHS, the steps that should be taken to get there and how everyone involved needs to work together to improve health and care.

There are 44 STPs being developed across the country to address the current challenges faced by health and care nationally. Much more focus is needed on preventative care; working together to find new ways of meeting people's needs and identifying ways of doing things more effectively and efficiently. Overall, all partners need to work together to improve health, finance and quality of care to meet the future needs of patients. Cheshire and Merseyside is the second largest of these covering an area with a population of 2.5 million people.

Cheshire and Merseyside is a diverse region; with urban areas that have higher levels of poor health and a greater concentration of hospital services, alongside towns and rural areas that have different challenges, including physical access to services.

There are some ideas that are being considered across the whole region. However, due to the diversity of Cheshire and Merseyside, we are also working in three smaller partnerships called Local Delivery Systems (LDS) – North Mersey; the Alliance (Mid Mersey) and Cheshire & Wirral.

#### 2. Who has produced the STP?

The STP is a joint piece of work between the health and care organisations across the Cheshire and Merseyside area. This includes 12 NHS Clinical Commissioning Groups (who buy services), 20 NHS provider organisation (who provide services such as hospitals and community care) and nine local authorities. A list of all the organisations involved in the STP is provided below.

#### 3. Why does the STP cover such a large area as Cheshire and Merseyside?

The area covered was decided after local discussions. Factors that were considered included existing working relationships across the health and care system and where patients go to receive treatment. It was also decided that the larger scale gave more scope in some parts of the plan to deliver a greater impact, particularly for schemes designed to improve health and wellbeing on a population level.

#### 4. When did work on the STPs begin?

The STP footprint was decided in January 2016. Partners have been working together to develop the ideas contained in the plan since spring 2016.

#### 5. So what has happened since then?

The organisations involved have been working together to identify the challenges faced in delivering the best services and how those challenges can be overcome based on needs of local patients and communities. This has been brought together into one document called the STP document published on 16<sup>th</sup> November 2016.

## **6. How were footprint leads agreed?**

The way that footprints have chosen their leads has varied from place to place. Some areas have chosen existing system leaders, and others have carried out ballots following nominations. Each STP has a senior leader from inside the local health system. In Cheshire and Merseyside the STP Lead is Louise Shepherd, CEO at Alder Hey Children's Hospital.

## **7. What is the role of the STP footprint lead?**

Footprint leads are responsible for leading and facilitating the open and honest conversations that will be necessary to secure sign-up to a shared vision and plan. They are part of an emerging national network of system leaders who will drive health and care transformation.

This is a new kind of leadership role, working across organisational boundaries. Footprint leaders will help to build consensus and ownership in their communities for their local plans, while providing the leadership to drive the transformation needed to improve the quality of care, health and wellbeing, and finance and efficiency.

## **8. Why do we need change?**

It is estimated that if the local NHS does nothing there will be a financial shortfall of over £900 million by 2020/21 in Cheshire and Merseyside alone. By working more collaboratively and using joint resources we believe we can address this gap and break even. We know that by working more co-operatively across organisations we can reduce duplication, waste and unnecessary cost while providing a better health experience for patients. A key element of our plan is about improving the health and wellbeing of our population, thereby reducing reliance on NHS and care services.

## **9. Will STPs override existing plans and working processes across Cheshire and Merseyside?**

The Sustainability and Transformation Programme isn't a body in its own right. It is an over-arching framework, which is designed to help drive forward existing plans, partnerships and initiatives across the region (many of which have been in existence since before the publication of the NHS Five Year Forward View in 2014.)

The STP isn't designed to erode organisational identity and recognises existing relationships and partnerships with local communities and organisations.

The local, statutory architecture for health and care remains, as do the existing accountabilities for chief executives and accountable officers. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and ultimately deliver the Five Year Forward View – closing the gaps in quality, health and NHS finances by 2020/21. Organisations are still accountable for their individual organisational plans.

## **10. Will the STP replace other local NHS governance structures?**

No. NHS organisations won't lose their identity or autonomy and existing plans will remain in place. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population. STPs will essentially act as umbrella plans for more



cooperative working.

### **11. How do STP footprints fit with other health and care footprints?**

The boundaries used for STPs will not cover all planning eventualities and there are layers of plans which sit above and below STPs. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities. Other issues will be best planned at a Local Delivery System level, others at clinical commissioning group (CCG) level.

### **12. So has there been any scrutiny of the STPs yet?**

Yes, early versions of the plans were submitted to NHS England – the national body responsible for providing NHS care in June 2016. The feedback received has informed the development of the more detailed plans that were submitted on 21st October. This scrutiny was to ensure that plans have clear goals that are in line with national priorities.

### **13. What is the aim of the STP?**

There's general agreement that the emphasis needs to be on health and care systems collaborating effectively to respond to the challenges we face, rather than organisations working individually. That's because we have increasing demands on services and constrained growth in funding over the next five years.

### **14. What are the financial considerations?**

Demand is increasing at a greater rate than the growth in NHS funding over the next five years. That means that every pound has to be spent as effectively as possible. This will require change to ensure that services remain of good quality and are sustainable.

### **15. How big is that spending gap?**

If we do nothing, the NHS faces a £22 billion funding gap by 2021. For Cheshire & Merseyside our share of this funding gap is £908m.

### **16. So how will that be prevented?**

We know that these issues require us to think more radically about how best to address the problems we face together otherwise we will fail to support the needs of our communities into the future. In 2014, NHS England published a document titled *The Five Year Forward View (FYFV)*, which identified three priorities for the NHS to focus on in order to improve services and the health of our country: health and wellbeing – supporting people to stay well; quality of care – providing good services consistently; NHS finances – maximising efficiency and reducing duplication in services.

### **17. What are the priorities in the plan?**

Our core purpose is to ensure that the people of Merseyside and Cheshire continue to have access to safe, good quality and sustainable services, which also means making the best use of the funding we will receive over the next five years. The plan has four main priorities:

1. Support for people to live better quality lives by actively promoting what we know will have a positive effect on health and wellbeing.
2. The NHS working together with partners in local government and the voluntary sector to develop joined up care, with more of that care offered outside of hospitals to give people the support they really need when and where they need it.
3. Designing hospital services to meet modern clinical standards and reducing variation in quality; people should be confident that they will receive similarly high standards of hospital care regardless of where they live.
4. Becoming more efficient by reducing costs, maximising value and using the latest technology; reducing unnecessary costs in managerial and administrative areas, maximising the value of our clinical support services and adopting innovative new ways of working, including sharing electronic information across all parts of the health and care system.

### **18. How can you manage demand when people will always get ill?**

Many illnesses are preventable. Stopping people becoming ill is always preferable to treating them when they are ill. A good example of preventable illness is Type 2 Diabetes which currently accounts for roughly 10% of everything the NHS spends, and which in most cases could be avoided through improved lifestyles, particularly diet and physical activity.

We also want more “early intervention” – being able to detect problems before they become a crisis that could need hospital treatment.

### **19. How can you redesign hospital services safely?**

We need to ensure that everyone has access to good quality hospital services.

Across Cheshire and Merseyside we will be reviewing clinical services across all our hospitals to identify where there are variations in quality and to look at how we can establish consistently high clinical standards. Our plans for hospital services will lead to greater collaboration and sharing of expertise and resources. The work to review variation and standards is at a very early stage and will take some further time to deliver impact.

Planning for the way we want hospitals to look, in most cases, is at an early stage and there won't be any major changes without proper involvement, engagement and consultation with patients, appropriate to the level of change being considered.

### **20. What other costs can be reduced without having an impact on safety and quality of care?**

Reducing costs will involve looking at our administrative and clinical support services, where could also improve standards and access to services such as radiology, pharmacy and pathology. When it comes to administrative support, our principle is to share resources across organisations, where this makes sense, in areas such as finance, human resources and IT, to achieve maximum efficiency.

### **21. What are the next steps?**

Now that the STP is published we want as many people as possible to be aware of the ideas in the plan and to have opportunities to provide feedback. In preparing the Cheshire and Merseyside Plan local partner organisations have so far involved senior doctors and system leaders in drawing up

ideas, and many more will be involved in developing the plans to take forward the four priorities for action.

The publication of the Cheshire and Merseyside STP on 16th November 2016 marks the start of further engagement on a way forward for local health and social care services.

## **22. How will we involve patients?**

Over the next weeks and months we will be talking to people to ensure there is a good level of awareness and understanding about the need for change and to listen to ideas or concerns about any aspect of the plan.

Every partner organisation is committed to actively involving patients, carers, staff and local people in shaping future plans and ensuring they have their say on how services will look in the future. Any proposal to substantially change any service will be subject to thorough and detailed engagement and consultation with those people potentially affected by any suggested change. We will only take forward proposals that are supported by strong clinical evidence and where we can demonstrate a positive impact in terms of quality, safety and sustainability.

## **23. How are you engaging with local authorities?**

Local authorities are part of the local partnership of health and care organisations that have developed these plans. Their guidance and involvement is vital and will help to set the strategic direction of health and care service development locally.

Local authorities also have a scrutiny role, democratically representing their population in reviewing plans, both through Health and Wellbeing Boards and through Health Overview and Scrutiny Committees.

## **24. When will you be asking local people and stakeholders for their views?**

In some parts of the region there are existing change programmes, such as Healthy Liverpool, and Shaping Sefton on Merseyside and Caring Together in Cheshire, that have already carried out significant engagement with local people and stakeholders on plans that are now well advanced. In some other areas ideas are at an early stage, which provides people with opportunities for ongoing engagement to help shape detailed proposals.

Some of the proposals focus on changes to back office functions which will not have any impact on patients at all but may impact staff. In addition there will be a greater emphasis on prevention and health improvement, supported by behaviour change campaigns.

In terms of any proposals to change services, where there is an impact on local people, we will ensure that these proposals are subject to local engagement and formal consultation in line with normal arrangements and legislative requirements.

## **25. Are there any plans to merge CCGs or Trusts?**

Nationally, some CCGs are currently exploring ways in which they can work better together, and it is possible that in future some trusts may explore options for collaboration or consolidation. The only merger proposal contained in the STP relates to the potential coming together of the Royal Liverpool and Aintree Hospitals. Any future proposals would be subject to defined and transparent processes and would include public and staff engagement.

## **26. Are there plans for STP or LDS footprints to share a single total budget?**

As set out in the recently published NHS planning guidance for 2017/18, STP footprints may apply to operate what is called a *single system control total*, which in effect is working to a high level single budget, although each organisation will still be responsible for managing its own resources and statutory financial duties.

## **27. What improvements should clinical staff expect to see?**

The Cheshire and Merseyside STP has been developed with input from clinicians across the region. The STP reflects the support clinicians have shown for new models of care that improve quality, reduce variation and deliver more efficient care.

The options for change discussed in the STP are also designed to reduce duplication and waste in the delivery of services and embrace new, innovative practices to improve the quality of services patients receive. Reduced spend in the back office will enable additional spend and effort to be directed towards front line services.

Better integration of health and social care services would mean closer working in areas like community services, mental health and alcohol prevention and will create more opportunities for earlier patient intervention – leading to healthier communities and less reliance on NHS and care services.

## **28. Will any jobs be lost as part of this process?**

We are still at a very early stage in our ideas and there will be opportunities for staff, trade unions and other stakeholders to get involved in the coming months on what the next steps will be.

STPs have been developed in a very collaborative way across partner organisations, guided by principles around social value and fairness.

## **29. How do STP footprints fit with other health and care footprints?**

The boundaries used for STPs will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services across the North West or working with multiple local authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at clinical commissioning group (CCG) level.

## **30. What does success look like?**

If we get this right, everyone will understand the challenges that are driving the case for change and we will take clinicians, patients, staff and communities with us as part of the process of transformation.

We will develop services that reflect the needs of patients and improve outcomes by 2020/21, closing all three gaps around wellbeing, quality and funding. We will mobilise energy and develop the ownership, relationships and governance necessary to deliver any agreed changes.

This is a new type of planning process that requires the NHS at both local and national level to work in partnership across organisational boundaries and sectors, and will require changes not just in process, but in culture and behaviour.



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## BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08</b>
<b>SUBJECT:</b>	<b>Integrated Dashboard</b>
<b>DATE OF MEETING:</b>	Choose an item. 27 <sup>th</sup> January 2017
<b>ACTION REQUIRED</b>	<b>For Discussion</b>
<b>AUTHOR(S):</b>	Marie Garnett – Head of Contracts & Performance
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development Sharon Gilligan, Chief Operating Officer
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	All
	Choose an item.
	Choose an item.
<b>STRATEGIC CONTEXT</b>	To provide the Trust Board with assurance in relation to performance in the following areas: <ul style="list-style-type: none"> <li>• Quality</li> <li>• Access and Performance</li> <li>• Workforce</li> <li>• Finance</li> </ul>
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<ul style="list-style-type: none"> <li>• Despite significant operational pressures in December the Trust has maintained good performance against many of its key performance indicators (KPI's).</li> <li>• To ensure a positive patient journey the Trust must continue to focus on achieving the 4 hour A&amp;E trajectory and patient waiting list targets to include the 2 week breast symptomatic standard.</li> <li>• The Trust must continue to embed the People Strategy throughout the Trust to ensure all members of staff are treated in a consistent and fair manner.</li> <li>• Quarter 4 will be challenging as the Trust endeavours to meet its annual CIP target and 2016/17 financial control total.</li> </ul>



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<b>RECOMMENDATION:</b>	<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the continued delivery of many key performance indicators</li> <li>2. Gain assurance that those areas of performance currently below the required standard are subject to review and scrutiny with clear plans for recovery implemented.</li> </ol>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Choose an item.
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	





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## BOARD OF DIRECTORS

<b>SUBJECT</b>	Integrated Performance Dashboard	<b>AGENDA REF:</b>	
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### • BACKGROUND/CONTEXT

The Integrated Performance Dashboard has been produced to provide the Board with assurance in relation to the delivery of all KPI's across the following areas:

- Quality
- Access and Performance
- Workforce
- Finance

### • KEY ELEMENTS

- Zero tolerance for MRSA maintained.
- Zero incidents of major harm in December.
- Sepsis CQUIN in quarter 2 achieved.
- RTT targets achieved.
- A&E trajectory not met in December.
- Improvement required to 2 week breast symptomatic performance.
- 95% discharge summaries sent within 24 hours – slight decline in performance.
- Sickness absence for the Trust marginally above North West average.
- Increase in the number of return to work interviews carried out across the Trust YTD.
- Staff turnover reduced for the 4<sup>th</sup> consecutive month.
- Agency nurse spend continues to decrease.
- Trust's cash balance is low but still in line with plan.
- Cumulative deficit £0.1m better than plan.
- Cost improvement schemes savings (cumulative) £0.8m below plan.

### • ACTIONS REQUIRED/RESPONSIBLE OFFICER

KPI's that are underperforming are being managed by the relevant sub-committees. Where action is required to bring underperformance back to acceptable levels the responsible sub-committee will provide assurance to the Board via the narrative contained in the main body of this dashboard.

### • IMPACT ON QPS

Despite the increase in operational pressures throughout December the Trust maintained high quality and safe patient care. Members of staff were deployed throughout the Trust to ensure operational teams had the required skill mix.



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## • MEASUREMENTS/EVALUATIONS

All KPI's contained in this dashboard are in line with contractual and national requirements.

## • MONITORING/REPORTING ROUTES

KPI's are monitored monthly via the Trust's Clinical Operational Board and the various Sub Committees of the Board.

## • TIMELINES

KPI performance is reported monthly to the Board.

## • ASSURANCE COMMITTEE

The following sub-committees provide assurance to the Trust Board via this dashboard:

- Finance and Sustainability Committee
- Audit Committee
- Quality Committee
- Strategic Peoples Committee

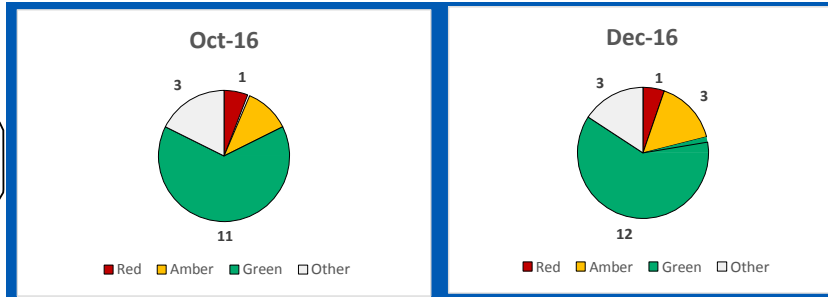
## • RECOMMENDATIONS

The Trust Board is asked to:

- Note the continued delivery of many key performance indicators.
- Gain assurance that those areas of performance currently below the required standard are subject to review and scrutiny with clear plans for recovery implemented.

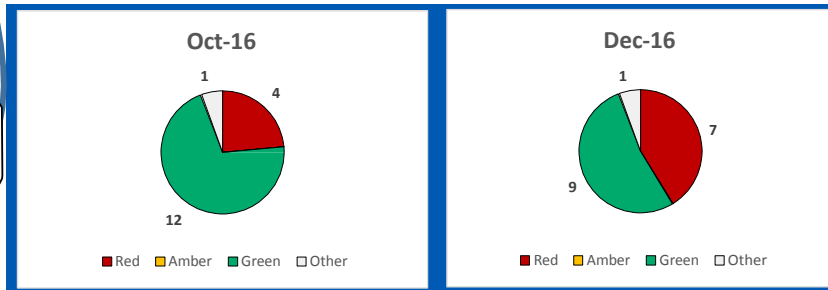
Key Points/Actions

Quality Improvement



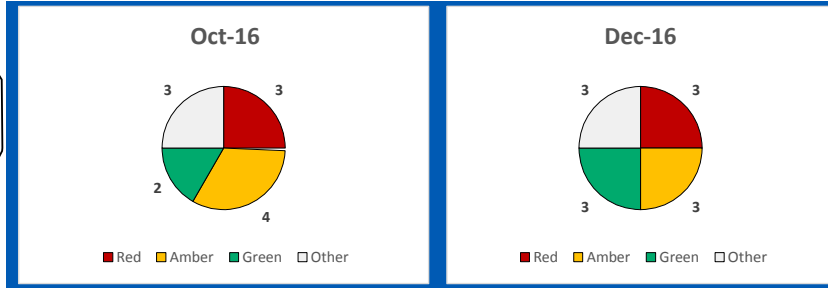
There are 0 incidents of major harm reported for December. There are 6 on-going Incident Reviews from April – December 2016. The latest 12 month rolling HMSR has increased to 109.53 and the gap between weekend and weekday HSMR rates seems to be narrowing. The SHMI is 109.51 and the national data which is used to model expected deaths has been updated and so direct comparisons between data reported this month and data reported last month are not appropriate. There were no cases of MRSA in December. The Trust has reported 13 hospital apportioned cases of Clostridium difficile against the annual threshold of 27 cases. This includes 6 cases removed from contractual sanctions following review of Q1 & 2 cases by the CCG. The 5 cases from Q3 will be reviewed in February. The Safety Thermometer audit of inpatients reveals that <3% (based on new harms) had a fall, pressure ulcer, VTE or Catheter acquired infection in December 2016. Since April the Trust has reported 3 confirmed avoidable grade 3 pressure ulcers and 274 approved grade 2 pressure ulcers. The falls per 1000 BD for December is below the 5.6 threshold at 5.19. The Trust is compliant with the SEPSIS National CQUIN Q2 with the exception of AED Screening which is deemed partially compliant and the Q3 are not yet available. The AMR National CQUIN - awaiting outcome of discussions with CCG regarding baseline for antibiotic reduction and Empiric Review Q3 is compliant at 91.3%. The remaining complaints data will be available after the review of DATIX

Access & Performance



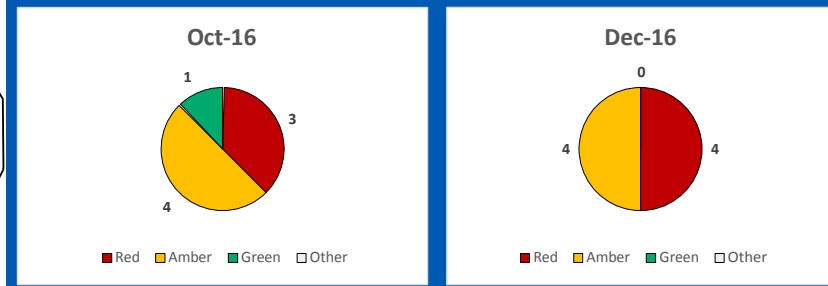
All performance metrics are reported and monitored by the Chief operating Officer through a number of key monthly meetings, including the four hour performance meeting, Trust KPI meeting and Clinical Operational Board (COB). As can be seen from the dashboard the majority of performance targets continue to be met, however throughout December operational pressure increased in line with other neighbouring Trusts and as a result the Trust did not meet the A & E 4 hour trajectory in December.

Workforce



The metric for 'Turnover' has changed from 'Amber' to 'Green' and the remaining metrics are unchanged. The sickness rate has increased from the previous month. RTW rates have fallen in month but the YTD rate has increased. All of the key elements of recruitment times have improved, most notably pre-employment checks. Non contracted pay remains a concern but agency expenditure is reducing particularly in nursing but medical agency is increasing. Essential Training, Clinical Training and PDRs rates have all increased significantly and show an upward trend. Information for reporting 'high cost agency workers' and 'long term agency usage' has improved but continues. Medical and nursing staff feature in the top 20 earners and there are 7 medical staff who have worked for more than 6 months.

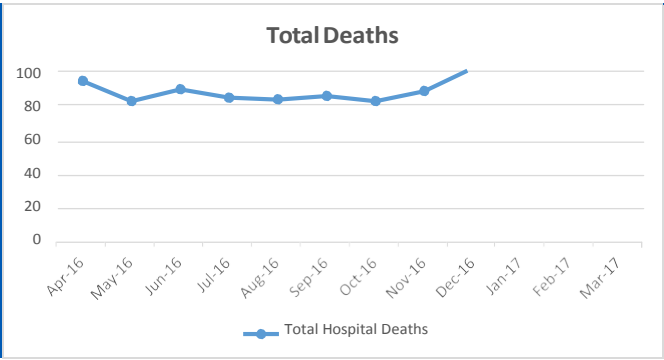
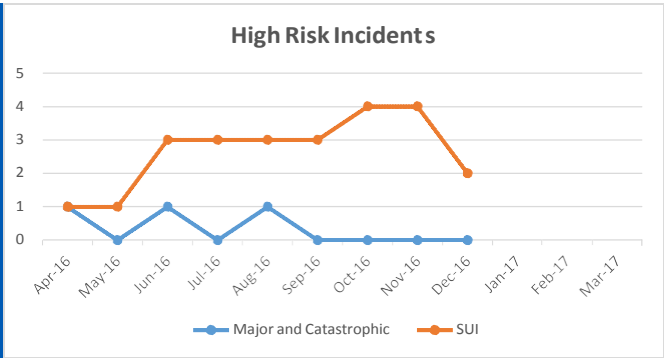
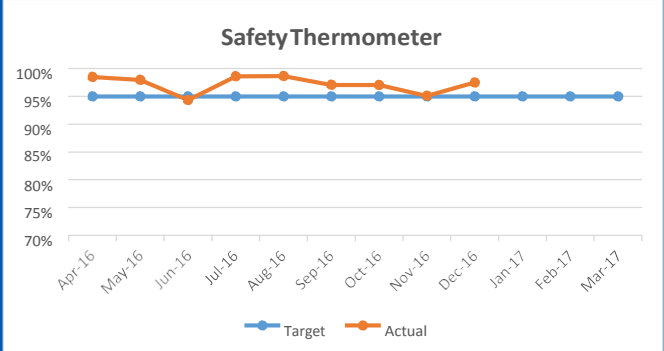
Finance



In December the Trust recorded a deficit of £0.9m which increases the year to date deficit to £6.6m which is £0.1m better than the planned deficit of £6.7m. For the year to date period income is £1.2m above plan, expenses are £2.2m above plan and non operating expenses are £1.1m below plan. To date the capital programme planned spend is £4.2m and the actual spend is £2.7m. Due to the operating position the cash balance remains low and as at 31st December the cash balance is £1.2m which is in line with the planned cash balance of £1.2m. The performance against the Better Payment Practice Code is 29% in the month and 29% to date so is significantly lower than the 95% target. For the period the Trust has recorded a Use of Resources Rating of 3 which is in line with the planned rating. The Trust is marginally ahead of the planned deficit but it is vital that financial controls and mitigating actions are robustly applied for the remainder of the year to ensure that the Trust remains on financial trajectory.



Quality Improvement

Description	Aggregate Position	Trend	Variation
<p><b>Total Deaths</b></p> <p>Total Deaths in Hospital</p>	 <p><b>Total Deaths</b></p> <p>Total Hospital Deaths</p>	<p>The Mortality Review Group is tasked with interpreting the data for the above and driving improvements including improving the percentage of completed mortality reviews.</p>	
<p><b>High Risk Incidents</b></p> <p>Major and Catastrophic Incidents and Serious untoward incidents (SUIs) Level 3</p> <p>The Trust has reported 0 incident of Major Harm for December</p>	 <p><b>High Risk Incidents</b></p> <p>Major and Catastrophic SUI</p>	<p>There remain 6 ongoing Incident Reviews from April - December (June = 1, July = 2, September = 1, November = 2) currently graded as Major or Catastrophic Harm.</p>	
<p><b>Safety Thermometer</b></p> <p>Measures % of patients who received "harm free care" defined by the absence of pressure ulcers, falls, catheter-acquired UTI's and VTE ( Safety Thermometer)</p> <p>Red: Less than 90% Amber: 90% to 94% Green: 95% or more</p>	<p>This measure only includes new harms. Based on monthly snapshot audit of all inpatients, just under 3% had a fall, pressure ulcer, VTE or Catheter acquired infection in December 2016.</p>  <p><b>Safety Thermometer</b></p> <p>Target Actual</p>		

Quality Improvement

Description      Aggregate Position      Trend      Variation

CQUIN - Sepsis AED Screening  
Red: Less than 50%  
Amber: 50% to 89.9%  
Green: 90% or more

CQUIN - Sepsis Inpatient Screening At Qtr4  
Red: Less than 50%  
Amber: 50% to 89.9%

CQUIN - Sepsis AED Antibiotics & Review  
Trajectory yet to be agreed with CCG

CQUIN - Sepsis Inpatient Antibiotics & Review At Qtr4  
Red: Less than 50%  
Amber: 50% to 89.9%

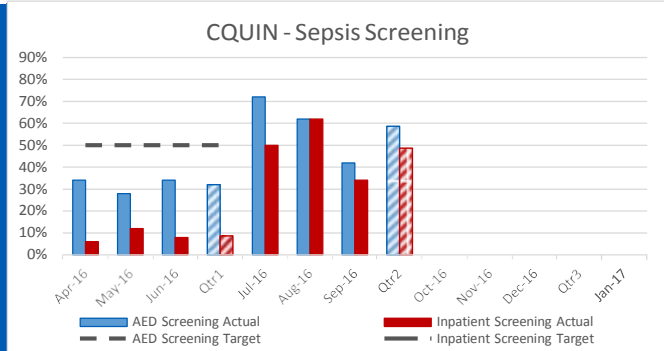
CQUIN - Antimicrobial Resistance and Stewardship

**Description**

Screening of all eligible patients - acute inpatients (\*to be validated). Screening of all eligible patients admitted to emergency areas (\*\*to be validated). Inpatient received treatments and empiric review within three days of prescribing antibiotics. Emergency patients received treatment and empiric review within three days of prescribing the antibiotics.

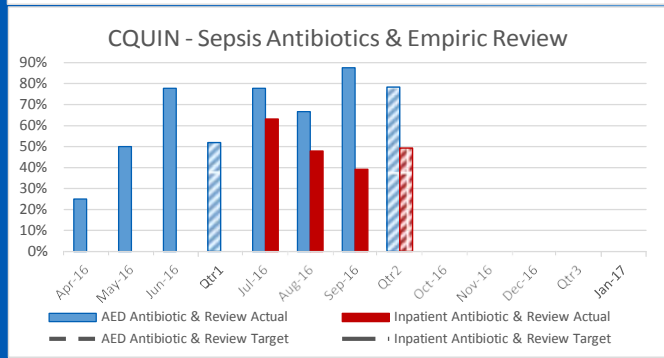
**Aggregate Position**

The four elements of the SEPSIS CQUIN are required to achieve the following thresholds in Q2- AED Screening is based on the national threshold and AED Antibiotic Review - 55%; Inpatient Screening - 10% and Inpatient Antibiotic Review - 20%. Data collection for Q3 is ongoing.



**Variation**

AED Screening achieved >=50% so deemed partially compliant, all other measures deemed compliant against Q2 thresholds. Apart from AED Screening which has a national threshold, the thresholds for Q3 will need to be locally agreed with the CCG.

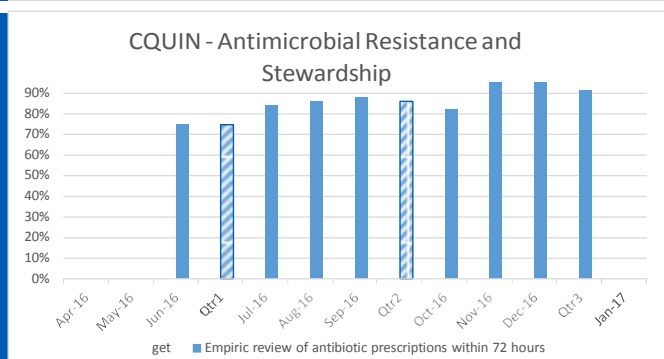


**Description**

Antimicrobial Resistance and Stewardship (AMR) National CQUIN  
AMR Reduction in antibiotic consumption per 1,000 admissions.  
AMR Empiric Review of antibiotic prescriptions within 72 hours

**Aggregate Position**

The Trust has submitted the baseline data for antibiotic consumption as required for 2013/2014 - 2015/2016 and the 2016/2017 Q1 usage report. In Q3 the Trust has performed an empiric review on 82% (October) & 96% (November) of prescriptions thus achieving the required threshold that at least 75% of cases in the sample are reviewed and is therefore compliant.



**Variation**

The pharmacist has been contacted to request quarterly reports on antibiotic consumption so that it can be included in this dashboard to evidence antibiotic usage against baseline. Achievement of the baseline reduction in antibiotics is deemed unrealistic and a number of local Trusts have either agreed or are in the process of agreeing a contract variation with the CCG. The Trust has produced and submitted an AMR Report to CCG to negotiate contract variation around revised consumption methodology.



Quality Improvement

Description	Aggregate Position	Trend	Variation
<p><b>Falls per 1000 bed days</b></p> <p>Falls / 1000 BD. This measure relates to the number of falls per 1000 bed days. The national threshold is 5.6.</p> <p>Red: More than 5.6 Green: 5.6 or less</p>			
<p><b>Total number of Falls</b></p> <p>Total number falls including a breakdown of the major and catastrophic falls</p>			
<p><b>Pressure Ulcers</b></p> <p>Grade 3 Red: More than 3 Green: 3 or less</p> <p>Grade 2 Red: More than 82</p> <p>Grade 3 hospital acquired (avoidable). Grade 2 hospital acquired (avoidable and unavoidable)</p> <p>To date we have 3 confirmed avoidable grade 3 pressure ulcers against an improvement priority threshold of &gt;=3. There are 27 approved grade 2 pressure ulcers the grade 2 threshold of 82 for the year equates to 6 per month and 20.5 per quarter.</p>		<p>There are 3 case of Grade 3 pressure ulcers under review from April - December and 10 Grade 2 pressure ulcers under review.</p>	

Falls per 1000 bed days  
Red: More than 5.6  
Green: 5.6 or less

Total number of Falls

Pressure Ulcers  
Grade 3  
Red: More than 3  
Green: 3 or less  
Grade 2  
Red: More than 82

Quality Improvement

Description Aggregate Position Trend Variation

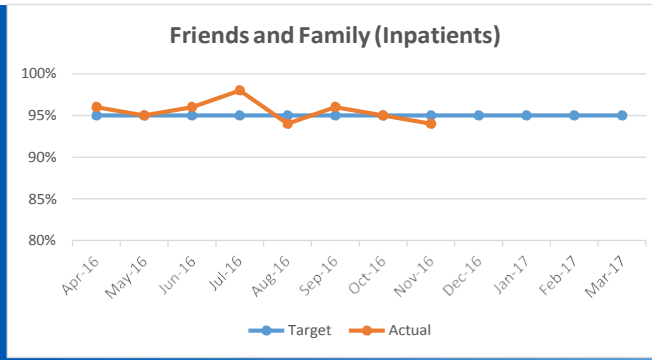
Friends and Family (Inpatients)  
Red: Less than 95%  
Green: 95% or more

**Description**

Percentage of Inpatients recommending the Trust. Patients are asked - How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

**Aggregate Position**

We had achieved the monthly target with the exception of August and November when it reduced to just below the threshold of 95%.



**Variation**

This data is sourced from NHS England and is one month in arrears.

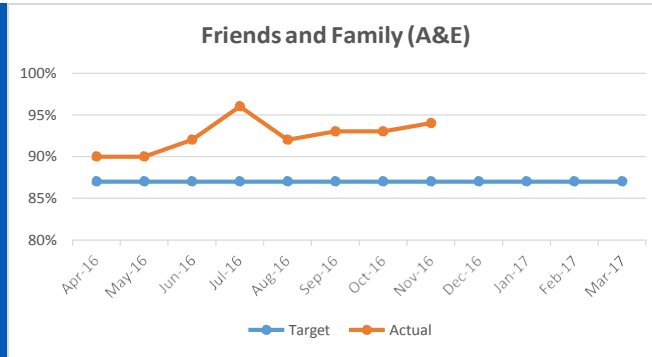
Friends and Family (A&E)  
Red: Less than 87%  
Green: 87% or more

**Description**

Percentage of AED (Accident and Emergency Department) patients recommending the Trust : Patients are asked - How likely are you to recommend our AED to friends and family if they needed similar care or treatment?

**Aggregate Position**

We have exceeded the monthly threshold 87% to date for 2016.



**Variation**

This data is sourced from NHS England and is one month in arrears

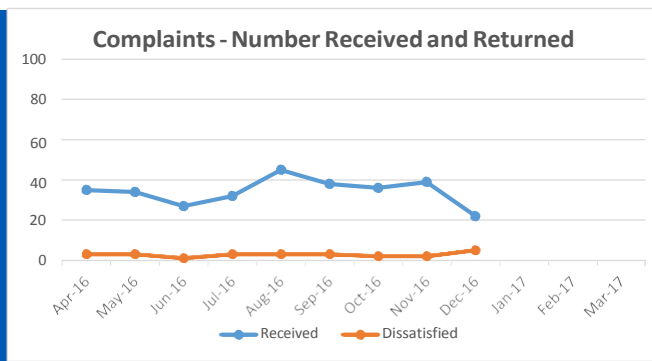
Complaints - Number Received and Returned

**Description**

Total number of complaints received and returned for further local resolution

**Aggregate Position**

Year to date the Trust has received 321 complaints with 25 returned complaints. Please note that the data for the number of complaints and concerns are reviewed on a monthly basis and can be subject to change as complaints can become concerns (and vice versa), with the agreement of complainants.



**Variation**

A data cleansing of DATIX (Complaints system) is currently taking place

Quality Improvement

Description

Aggregate Position

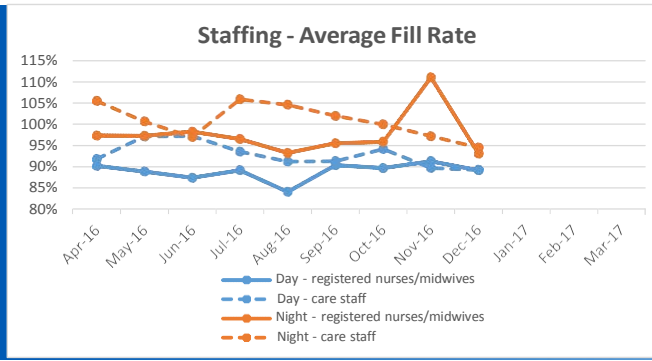
Trend

Variation

Staffing - Average Fill Rate  
Red: 0-79%  
Amber: 80-89%  
Green: 90-100%

Percentage of planned verses actual for registered and non registered staff by day and night

We continue to move staff around areas/wards that are short to ensure patient safety at all times. WHH Trust is currently working with Allocate to implement a robust electronic Acuity Tool to monitor staffing levels live. The system will be completed by April 2017.

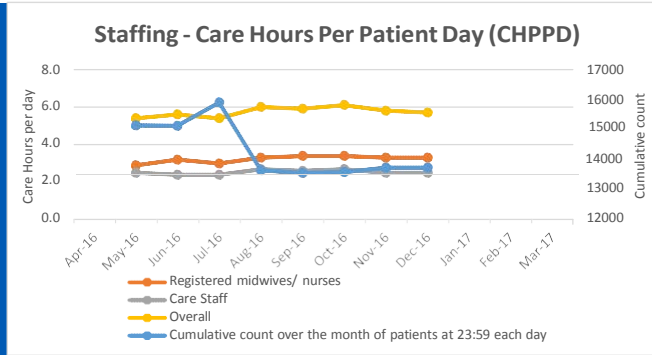


When numbers are greater than 100% this is usually due to specialising. The Trust is aiming for a 90% fill rate (national average)

Staffing - Care Hours Per Patient Day (CHPPD)

Care Hours Per Patient Day =  $\frac{\text{Hours of registered nurses} + \text{Hours of healthcare support workers}}{\text{Total number of inpatients}}$

Trusts to be benchmarked against each other and tolerance agreed by NHSI



Analysis of data from over 1,000 wards, in the pilot stage, found a wide variation in the care hours provided per patient day - ranging from 6.33 to 15.48 hours with an average of 9.1 hours. The data produced excludes CCU, ITU and Paediatrics.

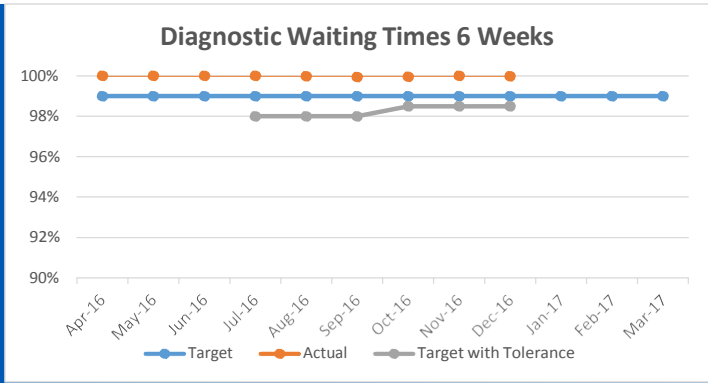
Mandatory Standards - Access & Performance

Description Aggregate Position Trend Variation

Diagnostic Waiting Times 6 Weeks  
Red: Less than 99%  
Green: 99% or above

**Description**  
All diagnostic tests need to be carried out within 6 weeks of the request for the test being made. The national target is 99% or over within 6 weeks.  
  
This metric also forms part of the Trust's Sustainability and Transformation Plan (STP) Improvement trajectory.  
  
The proposed tolerance levels applied to the improvement trajectories are also illustrated.

**Aggregate Position**  
The national target of 99% for Diagnostic waiting times has been achieved with actual performance at 99.98%. The Trust has also met the STP Improvement trajectory.

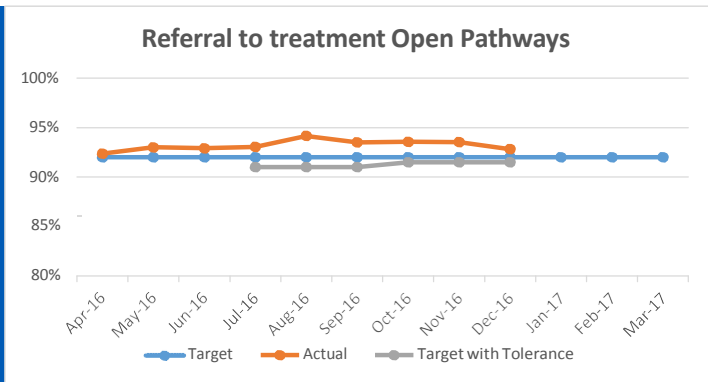


**Variation**

Referral to treatment Open Pathways  
Red: Less than 92%  
Green: 92% or above

**Description**  
Percentage of incomplete pathways waiting within 18 weeks. The national target is 92%  
  
This metric also forms part of the Trust's STP Improvement trajectory.  
  
The proposed tolerance levels applied to the improvement trajectories are also illustrated.

**Aggregate Position**  
Open pathways continue to perform above the 92% target. The Trust has also met the STP improvement trajectory.



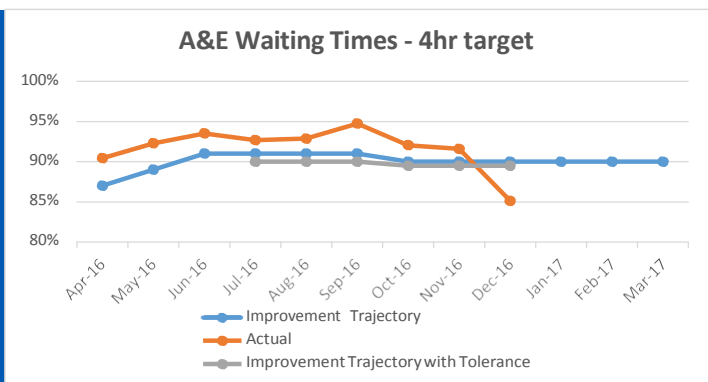
**Variation**  
The only specialities not to achieve the target are:

- General Surgery - 89.46%
- Urology - 86.02%
- T&O - 85.04%

RTT - Number of patients waiting 52+ weeks  
Green = 0, otherwise Red

**Description**  
All patients who attend A&E should wait no more than 4 hours from arrival to admission, transfer or discharge. The national target is 95%  
  
This metric also forms part of the Trust's STP improvement trajectory.  
  
The proposed tolerance levels applied to the improvement trajectories are also illustrated.

**Aggregate Position**  
The Trust is not achieving the 95% national 4 hour target or the STP improvement trajectory.



**Variation**  
The Trust failed to meet the four hour standard for December and also failed to meet the agreed improvement trajectory set by NHSI of 90% for the first time. Plans are in place to recover this position, including support from Emergency Care Improvement program (ECIP) who have performed a system review. They have since set out a formal concordat to underpin partnership working between the systems. The concordat has four key priority areas and designated executive leads. Within each key areas are a number of actions that are currently being worked into delivery plans.

A&E Waiting Times - National Target  
Red: Less than 95%  
Green: 95% or above

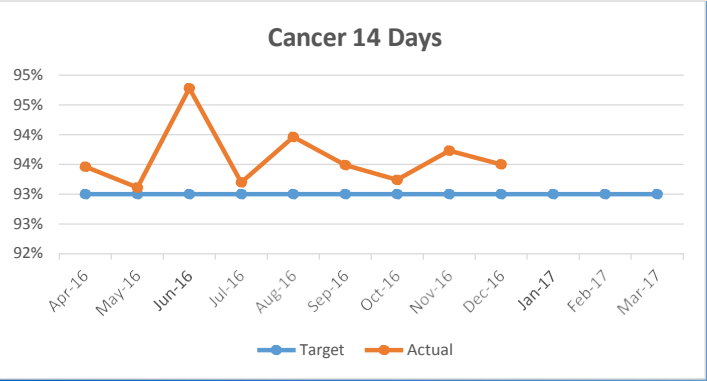
A&E Waiting Times - STP Trajectory  
Red: Less than trajectory  
Green: Trajectory or above

Mandatory Standards - Access & Performance

Description Aggregate Position Trend Variation

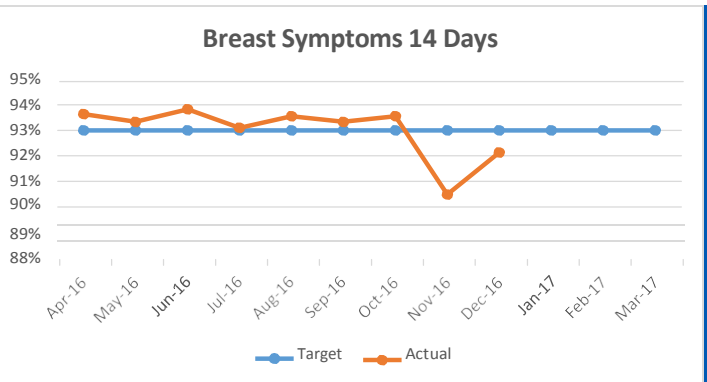
Cancer 14 Days  
Red: Less than 93%  
Green: 93% or above

All patients need to receive first appointment for cancer within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.



Breast Symptoms 14 Days  
Red: Less than 93%  
Green: 93% or above

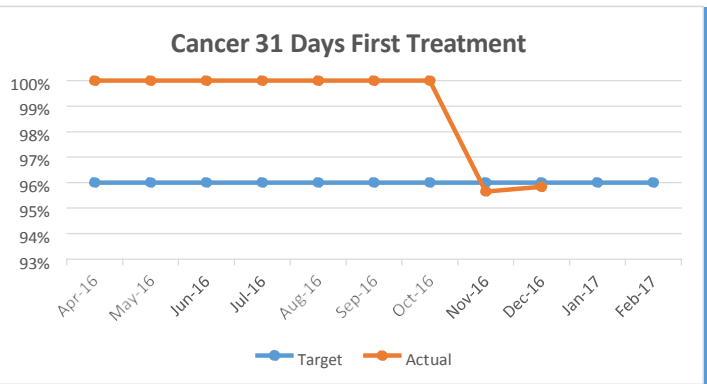
All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.



The 2 week breast symptomatic remains problematic with the November target slightly under the 93% in the main due to patient choice. This has been discussed with the Cancer Lead for the CCG regarding patients who defer appointments more than twice and about the message that the GP is giving the patient on referral. In November this was not a Trust capacity issue. However, it should be noted that the December and January targets for 2 week waits and breast symptomatic could be compromised due to a lack of available capacity in breast (radiology), although the teams are working very hard to address this.

Cancer 31 Days First Treatment  
Red: Less than 96%  
Green: 96% or above

All patients to receive first treatment for cancer within 31 days of decision to treat. This national target is 96%. This target is measured and reported on a quarterly basis.



Although this target has dropped in December, this is related to one patient.

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation																																																				
<p><b>Cancer 31 Days Subsequent Surgery</b></p> <p>All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat/surgery. The national target is 94%. This target is measured and reported on a quarterly basis.</p>		<p><b>Cancer 31 Days Subsequent Surgery</b></p> <table border="1"> <tr><th>Month</th><th>Target</th><th>Actual</th></tr> <tr><td>Apr-16</td><td>94%</td><td>100%</td></tr> <tr><td>May-16</td><td>94%</td><td>100%</td></tr> <tr><td>Jun-16</td><td>94%</td><td>100%</td></tr> <tr><td>Jul-16</td><td>94%</td><td>100%</td></tr> <tr><td>Aug-16</td><td>94%</td><td>100%</td></tr> <tr><td>Sep-16</td><td>94%</td><td>100%</td></tr> <tr><td>Oct-16</td><td>94%</td><td>100%</td></tr> <tr><td>Nov-16</td><td>94%</td><td>100%</td></tr> <tr><td>Dec-16</td><td>94%</td><td>100%</td></tr> <tr><td>Jan-17</td><td>94%</td><td>100%</td></tr> <tr><td>Feb-17</td><td>94%</td><td>100%</td></tr> <tr><td>Mar-17</td><td>94%</td><td>100%</td></tr> </table>	Month	Target	Actual	Apr-16	94%	100%	May-16	94%	100%	Jun-16	94%	100%	Jul-16	94%	100%	Aug-16	94%	100%	Sep-16	94%	100%	Oct-16	94%	100%	Nov-16	94%	100%	Dec-16	94%	100%	Jan-17	94%	100%	Feb-17	94%	100%	Mar-17	94%	100%														
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<p><b>Cancer 31 Days Subsequent Drug</b></p> <p>All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat – anti cancer drug treatments. The national target is 98%. This target is measured and reported on a quarterly basis.</p>		<p><b>Cancer 31 Days Subsequent Drugs</b></p> <table border="1"> <tr><th>Month</th><th>Target</th><th>Actual</th></tr> <tr><td>Apr-16</td><td>98%</td><td>100%</td></tr> <tr><td>May-16</td><td>98%</td><td>100%</td></tr> <tr><td>Jun-16</td><td>98%</td><td>100%</td></tr> <tr><td>Jul-16</td><td>98%</td><td>100%</td></tr> <tr><td>Aug-16</td><td>98%</td><td>100%</td></tr> <tr><td>Sep-16</td><td>98%</td><td>100%</td></tr> <tr><td>Oct-16</td><td>98%</td><td>100%</td></tr> <tr><td>Nov-16</td><td>98%</td><td>100%</td></tr> <tr><td>Dec-16</td><td>98%</td><td>100%</td></tr> <tr><td>Jan-17</td><td>98%</td><td>100%</td></tr> <tr><td>Feb-17</td><td>98%</td><td>100%</td></tr> <tr><td>Mar-17</td><td>98%</td><td>100%</td></tr> </table>	Month	Target	Actual	Apr-16	98%	100%	May-16	98%	100%	Jun-16	98%	100%	Jul-16	98%	100%	Aug-16	98%	100%	Sep-16	98%	100%	Oct-16	98%	100%	Nov-16	98%	100%	Dec-16	98%	100%	Jan-17	98%	100%	Feb-17	98%	100%	Mar-17	98%	100%														
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<p><b>Cancer 62 Days Urgent</b></p> <p>All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%.</p> <p>This metric also forms part of the Trust's STP Improvement trajectory.</p> <p>The proposed tolerance levels applied to the improvement trajectories are also illustrated.</p>		<p><b>Cancer 62 Days Urgent</b></p> <table border="1"> <tr><th>Month</th><th>Target</th><th>Actual</th><th>Target with Tolerance</th></tr> <tr><td>Apr-16</td><td>85%</td><td>86%</td><td>84%</td></tr> <tr><td>May-16</td><td>85%</td><td>85%</td><td>84%</td></tr> <tr><td>Jun-16</td><td>85%</td><td>91%</td><td>84%</td></tr> <tr><td>Jul-16</td><td>85%</td><td>86%</td><td>84%</td></tr> <tr><td>Aug-16</td><td>85%</td><td>86%</td><td>84%</td></tr> <tr><td>Sep-16</td><td>85%</td><td>86%</td><td>84%</td></tr> <tr><td>Oct-16</td><td>85%</td><td>85%</td><td>84%</td></tr> <tr><td>Nov-16</td><td>85%</td><td>86%</td><td>84%</td></tr> <tr><td>Dec-16</td><td>85%</td><td>86%</td><td>84%</td></tr> <tr><td>Jan-17</td><td>85%</td><td>85%</td><td>84%</td></tr> <tr><td>Feb-17</td><td>85%</td><td>85%</td><td>84%</td></tr> <tr><td>Mar-17</td><td>85%</td><td>85%</td><td>84%</td></tr> </table>	Month	Target	Actual	Target with Tolerance	Apr-16	85%	86%	84%	May-16	85%	85%	84%	Jun-16	85%	91%	84%	Jul-16	85%	86%	84%	Aug-16	85%	86%	84%	Sep-16	85%	86%	84%	Oct-16	85%	85%	84%	Nov-16	85%	86%	84%	Dec-16	85%	86%	84%	Jan-17	85%	85%	84%	Feb-17	85%	85%	84%	Mar-17	85%	85%	84%	
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Cancer 31 Days Subsequent Surgery  
Red: Less than 94%  
Green: 94% or above

Cancer 31 Days Subsequent Drug  
Red: Less than 98%  
Green: 98% or above

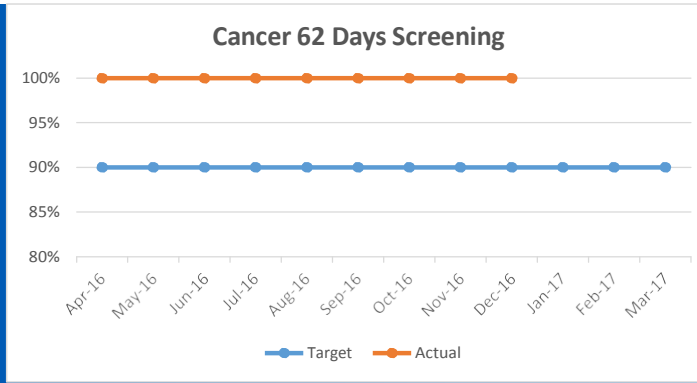
Cancer 62 Days Urgent  
Red: Less than 85%  
Green: 85% or above

Mandatory Standards - Access & Performance

Description      Aggregate Position      Trend      Variation

Cancer 62 Days Screening  
Red: Less than 90%  
Green: 90% or above

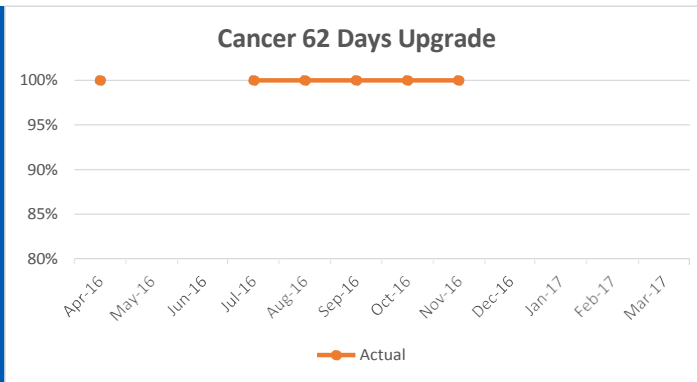
**Description**  
All patients must wait no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers. The national target is 90%. This target is measured and reported on a quarterly basis



**Variation**

Cancer 62 Days Upgrade

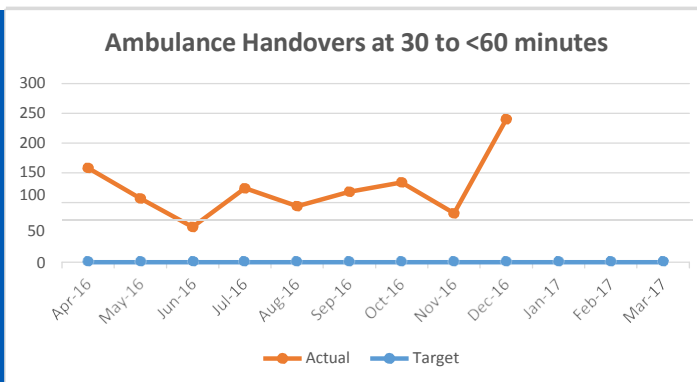
**Description**  
62 day upgrade



**Variation**

Ambulance Handovers 30 to <60 minutes  
Red: More than 0  
Green: 0

**Description**  
Number of ambulance handovers that took 30 to <60 minutes (based on the data record on the HAS system)



**Variation**  
As described last month the A & E delivery board has signed an ambulance concordat to ensure the whole system focuses on this key measure. The Trust is working closely with NWS colleagues to review processes involved in handover to ensure that they are as robust as possible. There is a correlation between poor performance and the four hour standard and handover times. As flow through the department reduces it becomes difficult to release the ambulance crews. The clinical teams are trying a new approach to this throughout January in an attempt to improve performance.



Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation
<p><b>Ambulance Handovers at 60 minutes or more</b></p> <p>Number of ambulance handovers that took 60 minutes or more (based on the data record on the HAS system)</p> <p>Red: More than 0 Green: 0</p>		<p><b>Ambulance Handovers at 60+ minutes</b></p>	<p>As above the deterioration in performance against this measure is related to flow. A new process is being tested to support improvement and ensure patients are handed over in a timely manner.</p>
<p><b>Discharge Summaries - % sent within 24hrs</b></p> <p>The Trust is required to issue and send electronically a fully contractually compliant Discharge Summary within 24 hrs of the patients discharge</p> <p>Red: Less than 95% Green: 95% or above</p>		<p><b>Discharge Summaries - % sent within 24hrs</b></p>	<p>Since Lorenzo go live the way we send discharge summaries has changed, which should support more accurate summaries. The new process has been difficult to embed however we are now seeing month on month improvements; there are a few key areas of focus that each division is addressing.</p>
<p><b>Discharge Summaries - Number NOT sent within 7 days</b></p> <p>If the Trust does not send 95% of discharge summaries within 24hrs, the Trust is then required to send the difference between the actual performance and the 95% required standard within 7 days of the patients discharge</p> <p>Red: Above 0 Green: 0</p>		<p><b>Discharge Summaries - Number NOT sent within 7 days</b></p>	<p>Again as above significant improvements have been seen.</p>

Workforce

Description

Aggregate Position

Trend

Variation

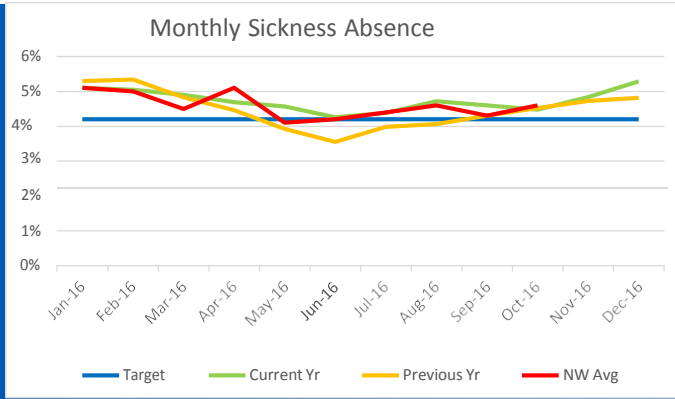
**Sickness Absence**  
Red: Above 4.5%  
Amber: 4.2% to 4.5%  
Green: Below 4.2%

Comparing the monthly sickness absence % with the Trust Target (4.2%) previous year, and North West average

Sickness absence for December 2016 deteriorated and was 5.29%.

The latest figure(October) for the North West absence performance was 4.6% (WHH was 4.47%)

The YTD sickness has increased to 4.65% against a target of 4.2%



Managers are reminded each month about the need for absence being input in a timely manner. The monthly figure of 5.29% for December is the highest for over 12 months and this is despite going live with the revised Attendance Management Policy on 1.12.16 which has resulted in a significant number of staff being reviewed who hit the trigger periods. WHH continues to be slightly above the North West Average.

Sickness for the Divisions is as follows:  
ACS - Dec-16 = 5.43%, YTD = 4.84%  
SWC - Dec-16 = 5.08%, YTD = 4.82%  
Corp - Dec-16 = 5.54%, YTD = 4.25%

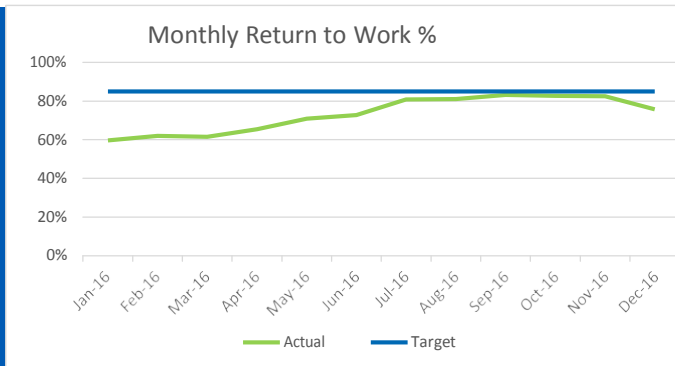
Stress remains the number one reason for absence with 24% of all sickness absence due to stress.

**Return to Work**  
Red: Below 75%  
Amber: 75% to 85%  
Green: Above 85%

A review of the completed monthly Return to Work Interviews

RTW compliance was 75.69% for December against a target of 85% which was disappointing given that rates for the previous 5 months have been above 80%.

The YTD RTW rate is 73% an increase of 2% from the previous month.



Completion of RTWs is considered key to good sickness management and this has been reinforced at Divisional review meetings. Further work by HRHPs have found that some historical RTW interviews were conducted but were not recorded on ESR. Inputting of historical information is problematic and being considered further.

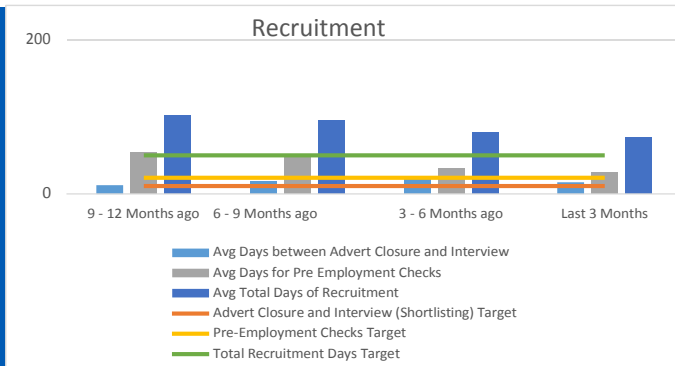
HRBPs continue to support their managers to increase compliance.

**Recruitment**  
Red: Above Target  
Green: On or Below Target

A measurement of the average number of days it is taking to recruit into posts.

It also shows the average number of days between the advert closing and the interview (target 10) to measure if we are taking too long to complete shortlisting and also highlights the number of days for which it takes successful candidates to complete their pre-employment checks

The average total days to recruit has improved to 72.5 days against a target of 50 days. The position 9 - 12 months ago was 101.6 days.



All of the key stages in the recruitment process have improved and one of the significant improvements is the average number of days taken to complete pre-employment checks. 9 - 12 months ago this was 53.6 days but within the last 3 months this has been significantly reduced to 27.4 days and much closer to the target of 21 days.

There is unlikely to be much further improvement until investment can be made with other electronic systems.

Workforce

Description

Aggregate Position

Trend

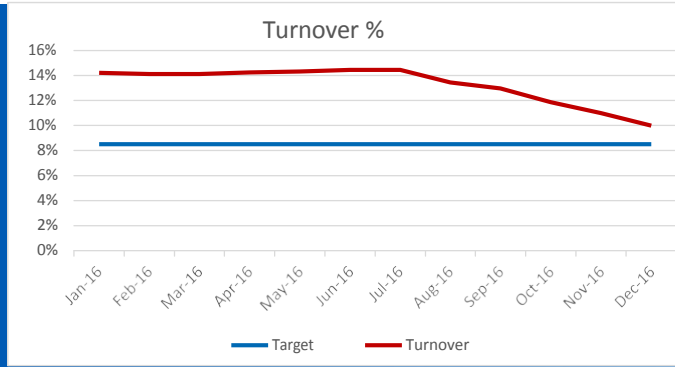
Variation

**Turnover**  
Red: Above 12%  
Amber: 10% to 12%  
Green: Below 10%

**Turnover**

A review of the turnover percentage over the last 12 months

Turnover has reduced again for the sixth consecutive month to 10% and is the lowest for over 12 months. The status is now 'green' and the target of 7 - 10% is now being met.



In December there were slightly more leavers (33) than starters (30) but overall there continues to be more starters (41 wte) than leavers (38.1 wte)

The main reasons people are leaving WHH is for an improved 'Work Life Balance' (128 people in the last 12 months) which is almost twice the second reason given as 'Relocation' (67).

**Non Contracted Pay**

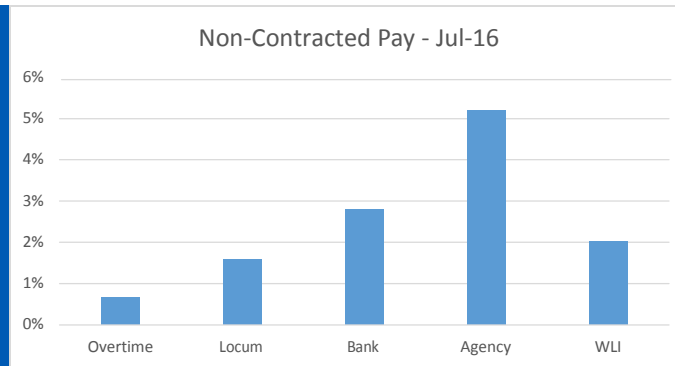
**Non Contracted Pay**

A review of the Non-Contracted pay as a percentage of the overall pay bill year to date

Agency spend remains the highest element of Non-Contracted pay, accounting for 5.19% of the Trusts overall pay bill and this is the lowest this year.

Bank spend is 2.79% followed closely by WLI spend at 2.03% of the pay bill.

Overall Non-Contracted pay now makes up 12.26% which is the second lowest this year.



Work continues on implementing the action plan developed alongside E&Y with some degree of success.

WLI payments reduced on 17 October 2016 and now accounts for less than the proportionate spend compared with the previous 7 months.

More rigorous review and monitoring of Agency expenditure is now undertaken at FSC in response to NHSI letter on 'Strengthening financial performance & accountability in 2016/17'.

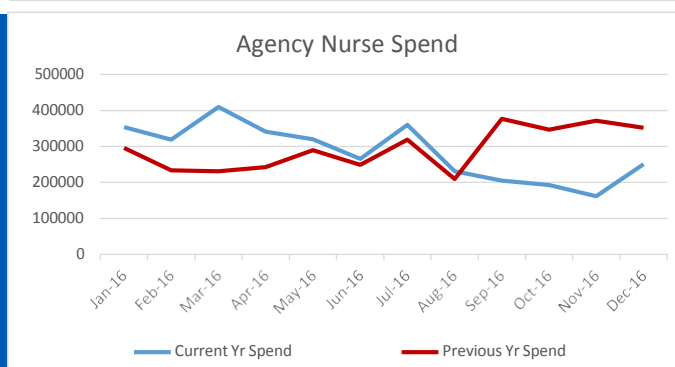
**Agency Nurse Spend**  
Red: Greater than Previous Yr  
Green: Less than Previous Yr

**Agency Nurse Spend**

A review of the monthly spend on Agency Nurses

Although Agency Nurse spend increased in December to £251k this was considerably lower than the same month last year (£352k).

Expenditure is less than in 2015/16 for the same period.



On-going work continues to reduce the reliance of Agency Nurses and this is reflected in the reduction over the recent months.

December is a notorious month for a greater reliance on nursing agency staff.

The Chief Nurse has produced a Recruitment and Retention Plan for nurses and work has commenced its implementation.

Workforce

Description

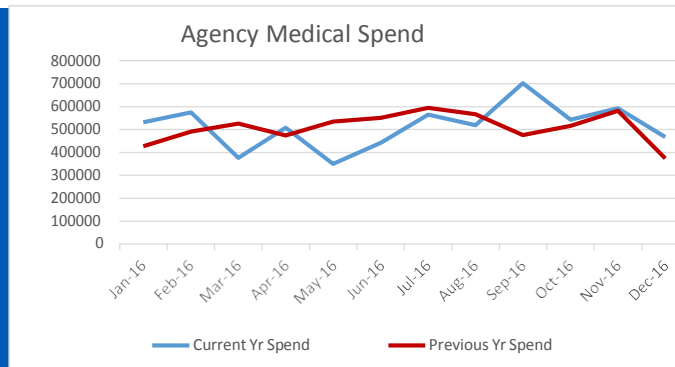
Aggregate Position

Trend

Variation

Agency Medical Spend  
Red: Greater than Previous Yr  
Green: Less then

A review of the monthly spend on Agency Locums  
Agency Medical spend significantly reduced in December by £126k to £468k but was considerably more than the same period last year (£374k).



There has been increased grip and control during December which has resulted in reduced expenditure.  
Enforcing the Price Cap rules is continuing to prove difficult and the majority of our shifts worked each week breach the Price Cap but these are necessary to maintain patient safety.  
Gatenby Sanderson have commenced work on trying to fill long term medical vacancies.

Essential Training  
Red: Below 70%  
Amber: 70% to 85%  
Green: Above 85%

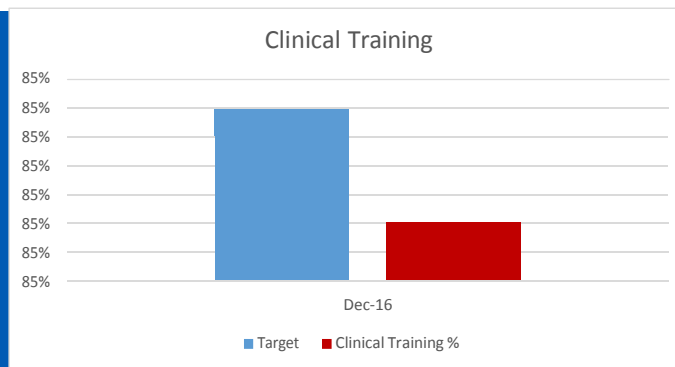
A summary of the Essential Mandatory Training Compliance, this includes:  
Corporate Induction  
Dementia Awareness,  
Fire Safety  
Health and Safety  
Moving and Handling  
The current compliance for December is 88.46% which is above the trust target of 85%



The information is now presented in a different format and shows the good progress being made. The December rate was 1.67% higher than the previous month and shows an upwards trend which has been sustained for 7 consecutive months.  
Divisional progress is as follows:  
ACS December = 88.59% Green  
SWC December = 86.97% Green  
Corp December = 90.39% Green

Clinical Training  
Red: Below 70%  
Amber: 70% to 85%  
Green: Above 85%

A summary of the Clinical Mandatory Training Compliance, this includes:  
Infection Control  
Resus  
Safeguarding Procedures (Adults) - Level 1  
Safeguarding Procedures (Adults) - Level 2  
Safeguarding Procedures (Children) - Level 1  
Safeguarding Procedures (Children) - Level 2  
Safeguarding Procedures (Children) - Level 3  
SEMA  
The current compliance for December is 84.92% and is very slightly below the trust target of 85%.



Th information is now presented in a different format and shows the good progress being made. The December rate was 2.06% higher than the previous month and since June there has been an increase of over 5%.  
Divisional progress is as follows:  
ACS December = 83.73% Amber  
SWC December = 83.63% Amber  
Corp December = 90.06% Green

Workforce

Description

Aggregate Position

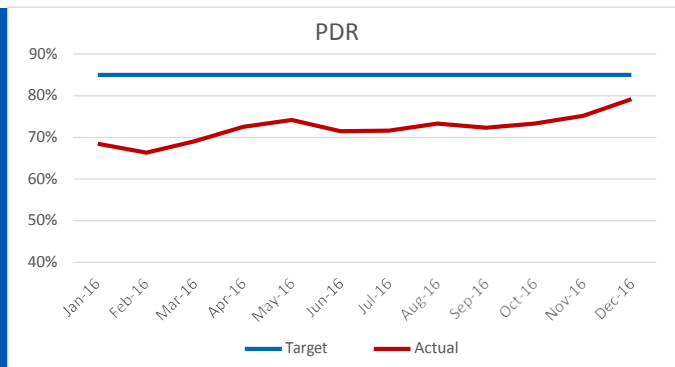
Trend

Variation

**PDR**  
Red: Below 70%  
Amber: 70% to 85%  
Green: Above 85%

A summary of the PDR Compliance rate

The PDR compliance rate for December is 79.17% but this is still below the Trust target of 85%.

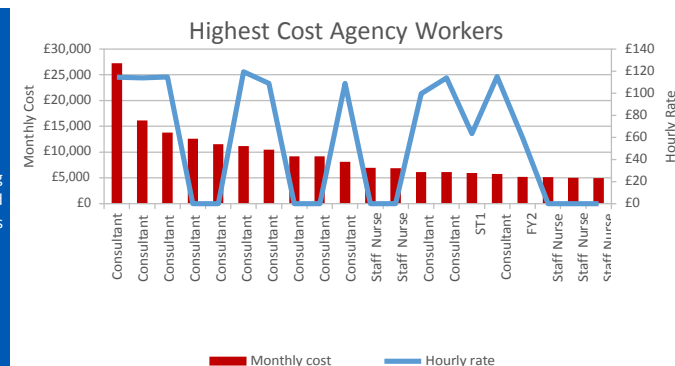


The Director of HR & OD met again with the Divisions during November to emphasise the importance of PDR rates increasing and to give this more focus. This has led to an increase of nearly 4% in December and PDR rates are at the highest level ever in the trust and have risen more than 10% since the same time last year. Divisional progress is as follows:  
ACS December = 78.41% Amber  
SWC December = 76.22% Amber  
Corp December = 84.33% Amber

**Highest Cost Agency Workers**

A summary of the Top 20 highest agency earners over the last 12 months

It is important to clarify what the table shows as systems are developed and refined (further work continues). The Trust uses TempRe for medical staff but has only done so since October 2016. For nursing staff the trust uses information supplied by NHSP and this covers the full 12 month period. The graph shows the average monthly cost of the top 20 agency earners but for medical staff this only covers 3 months.



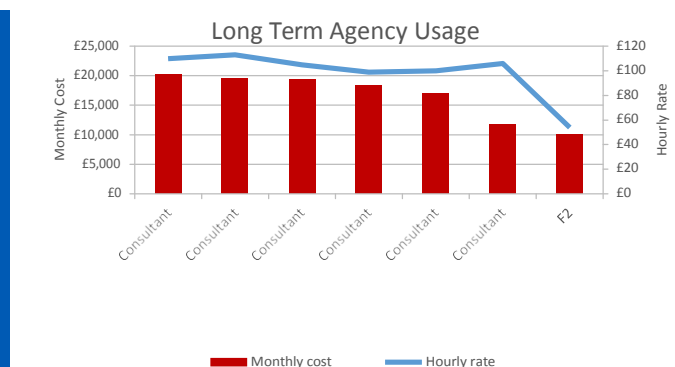
15 of the highest earners are medical staff and 10 of these occupy the first 10 places. The remaining 5 highest agency earners are nursing staff

Efforts are continuing with NHSP and medical agencies to try and reduce the rates for the remaining agency workers or to attract them onto the trust payroll.

**Long Term Agency Usage**

A summary of agency workers who have been working at the trust every month for over 6 months

It is important to clarify that at this stage the graph only shows medical agency workers who have been working at the trust for more than 6 months. Further work is being undertaken to try and capture other staff groups. The table shows that there are 7 agency doctors who have worked for the trust for over 6 months. The red columns show the average monthly cost for each doctor since commencement.



4 of the 7 medical staff are in Acute Care and the remaining 3 are in Surgery, Women's and Children's. In all cases they are covering vacancies and have fixed term contracts which are regular reviewed dependent upon progress with the filling of substantive posts.

In 2 of the cases the agency staff are employed through Staff Flow to ensure the trust receives better value for money.

Efforts continue to try and persuade these doctors to work directly for the trust.

Safely Reducing Costs & Mandatory Standards - Finance

Description

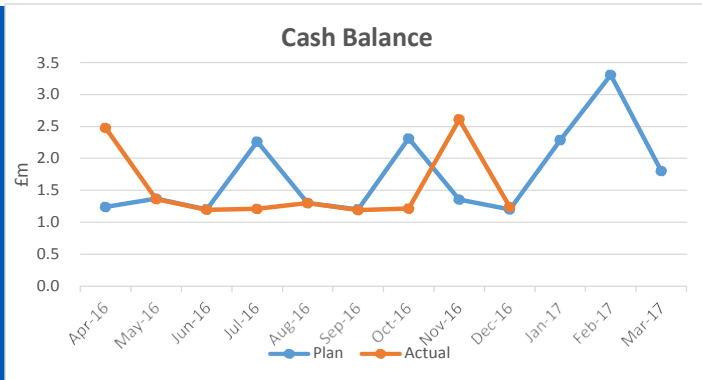
Aggregate Position

Trend

Variation

**Cash Balance**  
Red: Less than 90% or below minimum cash balance per NHSI  
Amber: Between 90% and 100% of planned cash balance  
Green: On or better than plan

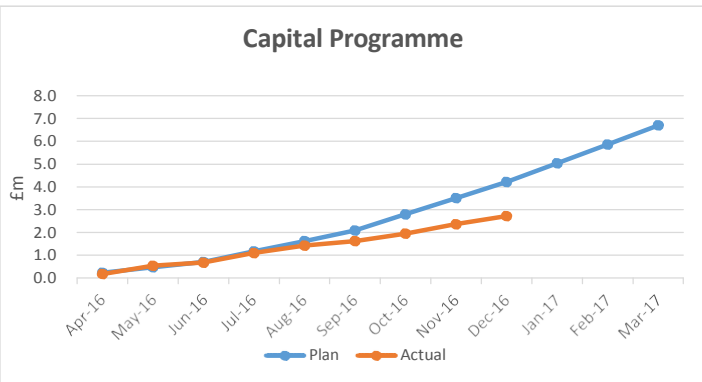
Cash balance at month end compared to plan  
Under the terms and conditions of the working capital facility the Trust is required to have a minimum cash balance during the month of £1.2m. The current cash balance of £1.2m equates to circa 2 days operational cash.



The current cash balance of £1.2m is in line with the planned cash balance of £1.2m.

**Capital Programme**  
Red: Off plan <80% - >110%  
Amber: Off plan 80-90% or 101 - 110%  
Green: On plan 90%-100%

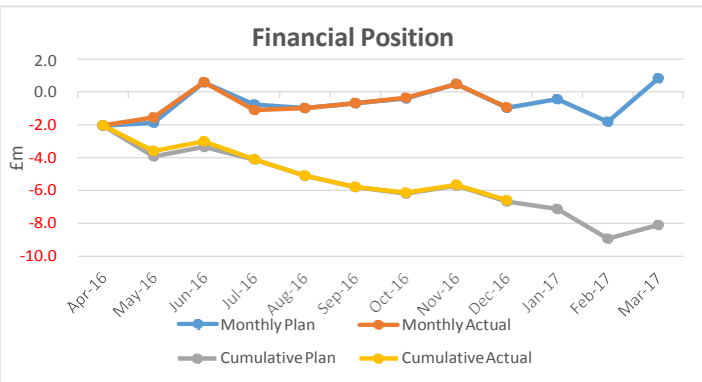
Year to date capital expenditure compared to plan  
The actual capital spend in the month is £0.4m which increases the year to date spend to £2.7m.



The cumulative capital spend of £2.7m is £1.5m below the planned spend of £4.2m.

**Financial Position**  
Red: Deficit Position  
Amber: Actual on or but still in deficit  
Green: Surplus

Year to date surplus or deficit compared to plan.  
The actual deficit in the month is £0.9m which increases the cumulative deficit to £6.6m.



The cumulative deficit of £6.6m is £0.1m better than the planned deficit of £6.7m.

Safely Reducing Costs & Mandatory Standards - Finance

Description

Aggregate Position

Trend

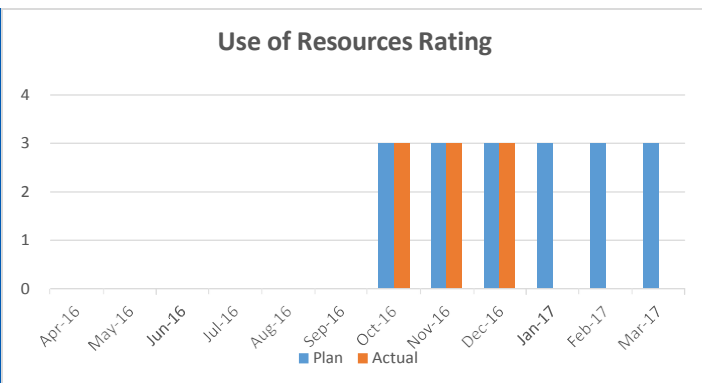
Variation

Use of Resources Rating

Red: Use of Resources Rating 4  
Amber: Use of Resources Rating 3  
Green: Use of Resources Rating 1 and 2

Year to date Use of Resources Rating compared to plan

The current Use of Resources Rating is 3. Capital Servicing Capacity, Liquidity and I&E margin are all scored at 4 (lowest), agency ceiling is scored at 2 and Variance from plan is scored at 1 (highest).



The current Use of Resources Rating of 3 is in line with the planned rating of 3.

Cost Improvement Programme - Plans in Progress

Red: Plan is less than 50% of annual plan  
Amber: Plan is between 51% and 89% of annual plan  
Green: Plan is over 90% of annual plan

Planned improvements in productivity efficiency.

The Trust has a CIP target of £11m and delivery of £10.7m is currently assumed in the reforecast and financial plan. To date the Trust has developed schemes worth £8.0m in year (£8.3m recurrently).

Clinical Business Units / Corporate Support area	CIP Internal Target £11m	CIP costed PYE	CIP costed FYE	% of £11m target costed PYE
	£000s	£000s	£000s	%
Surgery and Women's and Children's	4,161	2,137	2,516	51%
Acute Care Services	4,516	3,541	3,704	78%
Schemes not allocated to CBUs	0	484	474	-
Controls	277	0	0	0%
Outpatients	121	121	182	100%
Corporate support areas	1,925	1,764	1,432	92%
<b>Total Trust</b>	<b>11,000</b>	<b>8,046</b>	<b>8,308</b>	<b>73%</b>

The value of the in year planned savings is £8.0m which is £2.7m below the annual target included in the reforecast annual plan.

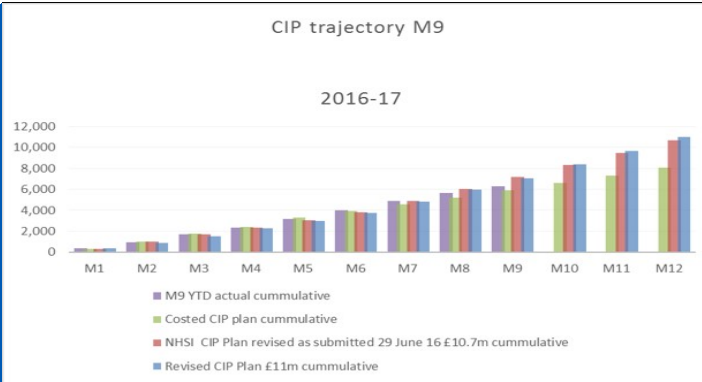
The value of the in year planned savings is £8.0m which is £2.7m below the annual target included in the reforecast annual plan.

Cost Improvement Programme - Performance to date

Red: Cumulative savings less than 90% of planned savings  
Amber: Cumulative savings between 90% and 100% of planned savings  
Green: On or above plan

Year to date cost savings delivered compared to plan.

The savings delivered in month are £0.7m which increases the cumulative savings delivered to £6.4m.



The cumulative savings of £6.4m are £0.8m below the planned savings of £7.2m.



Safely Reducing Costs & Mandatory Standards - Finance

Description

Aggregate Position

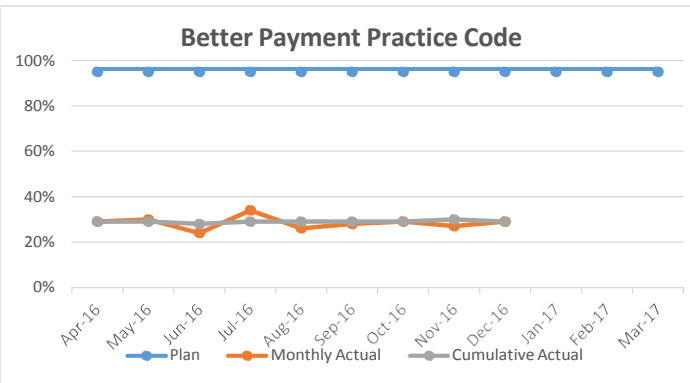
Trend

Variation

**Better Payment Practice Code**

Red: Cumulative performance below 85%  
Amber: Cumulative performance between 85% and 95%  
Green: Cumulative performance 95% or better

Payment of non NHS trade invoices within 30 days of invoice date compared to target. In month the Trust has paid 29% of suppliers within 30 days which results in a year to date performance of 29%.

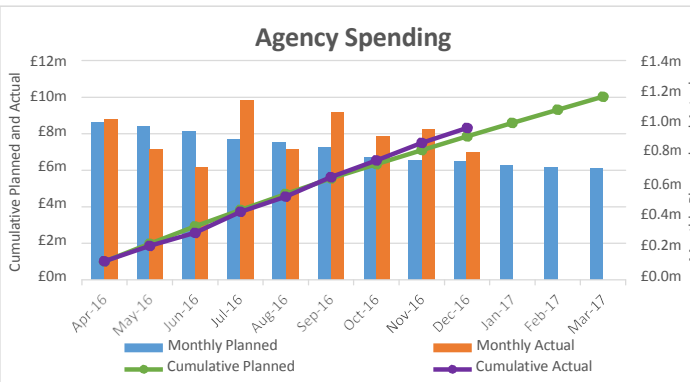


The cumulative performance of 29% is 66% below the national standard of 95%, this is due to the low cash balance and the need to manage cash very closely.

**Agency Spending**

Red: More than 105% of ceiling  
Amber: Over 100% but below 105% of ceiling  
Green: Equal to or less than agency ceiling.

Year to date agency spend compared to agency ceiling. The actual agency spend in the month is £0.8m which increases the year to date spend to £8.3m.



The cumulative agency spend of £8.3m is £0.4m above the year to date agency ceiling of £7.9m.

We are WHH

**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08a</b>	
<b>SUBJECT:</b>	<b>Key Issues Report from the Quality Committee 6 December 2016</b>	
<b>DATE OF MEETING:</b>	25th January 2017	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Margaret Bamforth, Committee Chair	
<b>DIRECTOR SPONSOR:</b>		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.1: CQC Compliance for Quality	
	BAF1.2: Health & Safety	
	BAF2.2: Nurse Staffing	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides a high level summary of business at the December meeting.	
<b>RECOMMENDATION:</b>	<b>The Board note the report and that there are no matters arising for escalation. The Board satisfies itself that the revised Terms of Reference will ensure the Committee delivers the assurance It requires and either makes amendments or ratifies accordingly.</b>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	

We are WHH

## KEY ISSUES REPORT QUALITY COMMITTEE

<b>Date of meeting:</b>	<b>6<sup>th</sup> December 2016</b>
<b>Standing Agenda Items</b>	Quality Dashboard
<b>Formal Business</b>	<p>The draft Terms of reference were presented to the Committee. This is a piece of work that has been underway since the restructuring of the sub-committees of the Quality Committee was implemented following the CBU development. The focus at this meeting was on membership as further revision of the actual Terms of Reference was being carried out by the newly appointed Deputy Director of Governance to ensure alignment with the Board Assurance Framework. The revised Terms of Reference would be on the agenda for ratification at the January meeting.</p> <p>Lessons learned following incidents is an issue that has been discussed at several recent meetings. How lessons learned are disseminated is key to ensuring patient safety, particularly to junior medical staff that are rotating through placements. There are many ways that teams ensure that learning from incidents is shared and practice modified. One important method is by communication through the Trust website. There have been suggestions as to the most effective way of ensuring that the information is readily available and easily accessible to staff. Through discussion at the Quality Committee and preparation for the CQC visit, the risk of two systems being run in parallel has identified. To resolve this an action to remove one route of access has been agreed. There is recognition that some staff will find this difficult, as the way in which they are used to accessing information will change. There will therefore need to be an initiative to make sure staff understand the changes and how to access important information such as policies and protocols.</p> <p>The Quality Dashboard was reviewed. There has been good progress with VTE following the identification of a VTE lead. The improvement was noted but the rating is still low against regional and local benchmarks. Mortality – there is a backlog of reviews following difficulties with administration over the Summer and an action plan to resolve this is in place. Pressure Ulcers – there is a review of patient beds and mattresses underway. (This issue has been added to the Risk register and a business case for a programme of replacement beds will be required.)</p> <p>The ‘Theatres at Night’ project was presented by Mr Mark Halliwell, Chief of Service ‘Surgery, Women’s and Children’. This proposes to change the staffing of theatres at night so that the emergency theatre would close between 10pm and 8am, with protocols in place to open it in the event of life or limb saving procedures. The decision to open the theatre would require the assent of the on-call Consultant Surgeon and Consultant Anaesthetist who would be in attendance to perform the procedure. The theatre would then be staffed by resident on-call staff. This approach is in line with the NCEPOD and Royal Colleges of Surgeons and Anaesthetists recommendations and would result in more effective use of the workforce. There would be a minimal reduction in the actual number of staff</p>

**We are WHH**

	<p>and allow for deployment to support greater productivity during the daytime. In addition, there will be non-resident on-call staff available to be brought in to staff additional requirements at night, such as a second emergency maternity theatre or anaesthetic support. The project includes the development of a comprehensive set of Standard Operating Procedures. This project has been extensively risk assessed for quality impact and the Quality Committee supported its implementation. There is a small number of staff that continues to feel that there are patient safety concerns but there has been extensive consultation, which has included the modelling of different scenarios that have addressed these. In conclusion, these changes should ensure a sustainable, safe and high quality service. The aim would be to implement and monitor closely.</p> <p>The 6 monthly Staffing Update was presented by Kimberley Salmon-Jamieson, Chief Nurse, who summarised the key challenges that include the number of staff vacancies, the recruitment and retention of staff and the maintenance of safe staffing levels. This report provides assurance that the Trust has addressed the recommendations from the NHS Quality Board Report and that the Safer Nurse Care Tool is in place to review the nurse staffing in general ward areas. A paper outlining the strategy for the recruitment and retention of nurses is being written for presentation to the Executive Team later in December. The focus will be on local, regional and national recruitment. The strategy will explore skill mix as a way to support care on the wards and this will include the use of AHPs and a pool of carers. Safe staffing levels are maintained through daily movement of staff following review by the Associate Director of Nursing.</p> <p>The Complaints and Concerns Policy was presented for ratification. The discussion suggested some revision was required and the final version will return to the February meeting for ratification after additional consultation.</p> <p>High level briefing papers were received from the following sub-committees:        Health and Safety        Patient Experience        Patient safety and Clinical effectiveness        Drug and Therapeutics        Information Governance and Corporate Records and Data Quality Management Steering Group        Events Planning Group</p>
<p><b>Local Policies and Guidance Approved:</b></p>	<p>None</p>
<p><b>Any Learning and Improvement identified from within the meeting:</b></p>	<p>None.</p>
<p><b>Any other relevant items the Committee wishes to escalate?</b></p>	<p>None.</p>

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**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08 a</b>	
<b>SUBJECT:</b>	<b>Key Issues Report from the Quality Committee 10 January 2017</b>	
<b>DATE OF MEETING:</b>	25 January 2017	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Margaret Bamforth, Committee Chair	
<b>DIRECTOR SPONSOR:</b>		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.1: CQC Compliance for Quality	
	BAF1.2: Health & Safety	
	BAF2.2: Nurse Staffing	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides a high level summary of business at the January meeting.	
<b>RECOMMENDATION:</b>	<p><b>The Board note the report and that there are no matters arising for escalation.</b></p> <p><b>The Board satisfies itself that the revised Terms of Reference will ensure the Committee delivers the assurance It requires and either makes amendments or ratifies accordingly.</b></p>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	

We are WHH

## KEY ISSUES REPORT QUALITY COMMITTEE

<b>Date of meeting:</b>	<b>10<sup>th</sup> January 2017</b>
<b>Standing Agenda Items</b>	Quality Dashboard
<b>Formal Business</b>	<p>The Committee discussed the draft Terms of Reference which have been reviewed and revised following the restructuring of the Quality Sub-committees. This has been an on-going piece of work to ensure that the work of the committee is accurately reflected in the Terms of Reference and to strengthen the quality improvement aspects. The Committee agreed the revised Terms of Reference with minor amendments.</p> <p>Dr Simon Constable, Medical Director, presented the Do Not Attempt Cardiopulmonary Resuscitation Review carried out by MIAA. This internal audit identified a number of areas that require action. The key findings included;</p> <ul style="list-style-type: none"> <li>• A comprehensive policy is in place with clear procedures and appended information available for staff and patients.</li> <li>• 273 members of staff had not completed their training of which 47 are Consultants.</li> <li>• A number of instances where the policy has not been followed in respect of the communication with patients and their families, as well as the recording of difficult conversations and patient's wishes, were identified.</li> <li>• The arrangements for the communication of the wishes of patients could be improved.</li> <li>• The need for governance arrangements to be strengthened.</li> </ul> <p>A number of recommendations were made. The Committee was reassured by the appointment of a new Lead for Resuscitation, the development of a training workshop and a comprehensive action plan. Monitoring arrangements were agreed. Monitoring of the action plan will be via the Patient Safety and Clinical Effectiveness Sub-group and reported to the Quality Committee via the bimonthly high level briefing paper. The Quality Committee will be up-dated on progress with training in March and the Resuscitation Lead will be invited to present to a future meeting. MIAA are due to follow up in 6 months.</p> <p>The Quarterly Governance Report was presented. This report provides an overarching view of a number of quality indicators which include, incidents and concerns, complaints, claims and referrals to the Coroner. This offers an opportunity for triangulation, trends to be identified and improvement following intervention to be recognised. So, for example, there has been an initiative to review patient falls, address the issues identified and improve practice and care. This report should demonstrate improvement in this area and triangulate with other measures. It may also identify particular high-risk areas. It is, therefore, a very valuable report. The Committee discussed the current format of the report and how data might be presented and narrative provided to more clearly identify</p>



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	<p>trends and themes. This is a piece of work that the newly appointed Deputy Director of Governance will oversee.</p> <p>The Breast Screening QA Report was presented by Sharon Gilligan, Chief Operating Officer. A Quality Assurance visit was carried out which reviewed the Breast Screening Services across the Warrington, Halton and St. Helens/Knowsley area. The report was very positive and identified no immediate areas for improvement but did set out a number of recommendations. An action plan has been developed and some of the actions have already been completed. There are some significant challenges which include workforce pressures and accommodation. A monthly steering group has been set up to monitor progress against the action plan.</p> <p>High level briefing papers were received from the Event Planning Group and the Infection Control Sub-Committee.</p> <p>The Quality Committee, which took place in the second week of January, could not ignore the potential impact of winter pressures on the quality of care. At the time of the meeting, additional escalation beds had been opened and patients were being cared for on the Ambulatory Care Unit, as well as Daresbury Ward. Clearly, these additional pressures on the service will put a strain on the ability of staff to maintain the level of care they expect to be able to provide. Although, at the time of writing, there was no evidence that any patient had come to harm, the pressure on service and the ability to maintain high level care and excellent patient experience may manifest itself through quality measures in the following months.</p>
<p><b>Local Policies and Guidance Approved:</b></p>	<p>Patient Access Policy approved following ratification by the CCG.</p>
<p><b>Any Learning and Improvement identified from within the meeting:</b></p>	<p>The importance of ensuring that the procedures for DNACPR are adhered to. There is in addition wider learning about the most optimal way of addressing an important training and education initiative to ensure that the right people receive the training.</p>
<p><b>Any other relevant items the Committee wishes to escalate?</b></p>	<p>The Committee wishes to escalate the potential quality impact of winter pressure for the attention of the Board.</p>



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### BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08 (b)</b>	
<b>SUBJECT:</b>	<b>Finance &amp; Sustainability Key Issues Report from 18 January 2017</b>	
<b>DATE OF MEETING:</b>	Choose an item. 25th January 2017	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Terry Atherton	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF3.2: Monitor Undertakings: Corporate Governance & Financial Management	
	Choose an item.	
	Choose an item.	
<b>STRATEGIC CONTEXT</b>		
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides a high level summary of business at the January meeting.	
<b>RECOMMENDATION:</b>	The Board is asked to note the contents of the discussions.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	



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### BOARD OF DIRECTORS CHAIR'S KEY ISSUES REPORT

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08 (b)</b>	<b>COMMITTEE OR GROUP:</b>	<b>Finance and Sustainability Committee</b>	<b>DATE OF MEETING</b>	20 December 2016	<b>CHAIR:</b>	<b>Terry Atherton</b>
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REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	RECEIVING BODY (eg Board or Committee)	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
FSC/17/01/01		<p>The Meeting was observed By Deloitte as part of their Well Lead Review</p> <p>The Meeting was quorate</p> <p>Due to the absence of a number of a number of key Members of the Executive Team due to illness, it was necessary to adopt a flexible approach to the scheduled Agenda.</p>			
FSC17/01/02	<b>Minutes of previous meeting</b>	The Minutes of the Meeting of 20 December 2016 were accepted as a correct record.			
FSC17/01/05	<b>Pay Assurance Approach</b>	<p>The Medical Director presented the Pay Assurance Dashboard as at December 2016. This was against a background of Agency Spend of £8.3m for 9 Months against a cumulative control of £7.8m with the gap widening. This was the second report to the committee so it remains early for trends to start to emerge, though the December 2016 outturn compared to the November numbers reflects certain progress alongside the impact of the operational challenges in December 2016 which have clearly continued.</p> <p>The Self Circulation Checklist – Agency Spend that the Board signed up to last November was circulated to F&amp;SC against the background of its` remit at the request of the Trust Board. Progress against this needs to be reviewed at each F&amp;SC going forward and this needs to be added to the Committee workplan.</p>			



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<p><b>FSC17/01/06</b></p>	<p><b>Finance Report M9</b></p>	<p>The Finance Report for Month 9 was reviewed. The deficit for the month was £1.0m with the actual outturn of £0.9m. Year to date deficit was £6.6m against plan of £6.7m which delivers a Use of Resources Rating score of 3. Capex ytd of £2.7m is behind plan of £4.2m.</p> <p>Cash balance at month end was on plan though the position remains tight &amp; F&amp;SC spent some time reviewing the schedule of largest creditors by volume &amp; amount, being mindful of private sector creditors.</p> <p>Given the financial &amp; operational performance detailed later, it is considered that Q3 Sustainability &amp; Transformational Funding will have been secured.</p> <p>The committee reviewed the performance variances as detailed in the Report alongside an update in relation to contract matters for 2016/17 &amp; beyond.</p> <p>In the light of the current financial position alongside the CIP performance to date &amp; appropriate scenario planning, F&amp;SC considered the current 2016/17 Control Total of £7.9m deficit that we report to NHSI. F&amp;SC were updated as to the outcome of the latest PRM, a conference with the Regulator the day before this Meeting together with recent cost pressures occurring in our day to day operations. Despite very recent ED pressures, operational performance has remained strong &amp; the Committee felt that there is strong grip within the Trust. Notwithstanding the degree of risk highlighted, including those on behalf of Commissioners, together with the mitigations in place &amp; further proposed, F&amp;SC were committed that the Trust should continue to strive to achieve the current control total. In reaching this position &amp; tight deadlines set by NHSI F&amp;SC acknowledged the mandate it holds on behalf of the Board.</p>			
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<b>FSC17/01/07</b>	<b>Financial Improvement Plan</b>	<p>Steve Bennett, Head of Transformation provided an update in relation to the Financial Improvement Plan. At the end of Month 9 2016/17 CIP delivered is £6.353m (88.4%) of planned savings of £7.179m. YTD CIP is therefore £0.826m behind plan. YTD £1.468m has been delivered in cost avoidance/income recovery taking the total impact on the bottom line to £7.821m. It is acknowledged that in M9 pure CIP performance of £0.700m is disappointing against plan of £1.155m. F&amp;SC considered the key priorities for the Transformation Team for the remainder of the 2016/17 financial year, the CIP forecast as it is now seen, alongside the mitigations identified to move us toward the 2016/17 Control Total.</p> <p>The Committee deferred a review of the 2017/18 CIP schemes until its February meeting</p>			
<b>FSC17/01/09</b>	<b>Service Line Reporting</b>	<p>The Deputy Director presented the Finance Service Line Report for the period April to September 2016. There has been a tremendous amount of effort by the team in producing this detail especially following the creation of the CBU structure. There is much detail which will inform the Trust, not only in relation to the issues concerning individual CBUs, our future CIP programmes but also our STP involvement.</p>			
<b>FSC17/01/10</b>	<b>Corporate Performance Report</b>	<p>The Deputy Chief Operating Officer presented the Corporate Performance Report as a Month 9. December 2016 has been the most challenging month for the Trust in relation to the four hour A&amp;E standard. We narrowly missed the improvement trajectory for the Month of December of 90% at 89.61%. YTD performance then stands at 91.73% This is nevertheless represents a really good outcome against experiences elsewhere. Pressure has continue into January across England &amp; this has clearly been translated into delays in ambulance turnround times. Contingency plans have been brought forward, at cost to the Trust but our focus has been on those attending rather than the financial consequence on us as an Organisation. To be fair, with system engagement there has been some progress in releasing community fit patients from our care.</p> <p>The Committee has received the ECIP Report following the previous</p>			



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		<p>F&amp;SC Meeting. Priority areas have been agreed &amp; the Plan will be presented to the February Committee.</p> <p>Elsewhere performance has remained incredibly robust, though it is expected that as a result of the instruction to reduce elective activity from NHSE, coupled with the reduction in WLIs, that there will be pressure on the delivery of RTT in the Months ahead.</p>			
<b>FSC17/01/11</b>	<b>IM&amp;T update</b>	<p>A comprehensive report was received in respect of IM&amp; T activities. F&amp;SC learnt of the work with NHS Digital around benefits realisation following the introduction of Lorenzo &amp; the Report went into some detail regarding this work. However F&amp;SC on behalf of the Board also needs to consider the degree to which financial benefits detail in the Lorenzo Business Plan have been delivered. F&amp;SC therefore requested that IM&amp;T liaise with the Finance Team with a view to present an outline proposal to the next F&amp;SC as to how work should proceed in this respect.</p> <p>F&amp;SC also requested that an update be presented next F&amp;SC around the progress so far on respect of E-Rostering.</p> <p>The Director of IM&amp;T assured the Committee about the measures in place in the Trust to combat cyber activity.</p> <p>The Committee were concerned to learn of a breakdown in communication in respect of outpatient referrals &amp; requested that this was elevated within the Trust as a matter of priority, including the chair of the Quality Committee.</p>			



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### BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08 (b)</b>	
<b>SUBJECT:</b>	<b>Finance &amp; Sustainability Key Issues Report from 20 December 2016</b>	
<b>DATE OF MEETING:</b>	Choose an item. 25th January 2017	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Terry Atherton	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF3.2: Monitor Undertakings: Corporate Governance & Financial Management Choose an item. Choose an item.	
<b>STRATEGIC CONTEXT</b>		
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides a high level summary of business at the December meeting.	
<b>RECOMMENDATION:</b>	The Board is asked to note the contents of the discussions.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	





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### BOARD OF DIRECTORS CHAIR'S KEY ISSUES REPORT

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08 (b)</b>	<b>COMMITTEE OR GROUP:</b>	<b>Finance and Sustainability Committee</b>	<b>DATE OF MEETING</b>	20 December 2016	<b>CHAIR:</b>	<b>Terry Atherton</b>
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REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	RECEIVING BODY (eg Board or Committee)	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
		The meeting was quorate by virtue of Ian Jones attendance			
<b>FSC16/135</b>	<b>Minutes of previous meeting</b>	The Minutes of the Meeting of 23 November were accepted as a correct record			
<b>FSC16/133</b>	<b>Outpatient Recovery Plan update</b>	The Committee received a presentation from the Deputy Chief Operating Officer in respect of the Outpatients Improvement Plan. She outlined the historic issues, the structured approach to addressing these, including the Governance arrangements together with progress made to date. It has become clear that a number of assumptions made around the Lorenzo Business Case have yet to deliver the predicted benefits. It will be important for the Committee to continue to be updated as to further progress			
<b>FSC16/137</b>	<b>Pay Assurance Approach</b>	Following F&SC assuming a responsibility on behalf of the Board in relation to the financial elements of Pay, the Committee received its` initial Monthly Report & Dashboard, which was debated at length. The Dashboard highlighted the Trust position in relation to medical, nursing & other staff. This is against a background of Agency spend to Q8 of £7.5m against the Agency Control Total of £7.1m. The Medical Director, the Chief Nurse & the Director of HR & OD were present for this Agenda Item. The Director of HR & OD will provide an update for the January Board			
<b>FSC16/138</b>	<b>Operational Plan</b>	The latest version of the Operational Plan 2017-18/2018-19 was tabled. In debating this latest version, which now seeks to achieve the revised control totals, it is acknowledged that there			



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		are significant risks in both years. Specifically for 2017/18 the main areas of risk are the recurrent achievement of the 2016/17 control total, the resolution of contract negotiations with Commissioners, the ability to switch off unfunded pressures together with the ability to achieve a £10.7m CIP. This final version was considered by the subsequent Trust Private Board on 21 December 2016			
<b>FSC16/139</b>	<b>Finance Report M8</b>	<p>The Finance Report for Month 8 was reviewed. The planned surplus of £0.5m for the Month was achieved &amp; the ytd loss of £5.7m was on plan. For the full year 2016/17, the Trust is still forecasting achievement of the £7.9m deficit control total; however the significant mitigations that are now necessary to meet this control total really do need to be delivered without fail. Whilst the cash balance at month end was higher than plan, this was merely a timing issue &amp; cash remains tight. Capital expenditure remains below plan.</p> <p>The Director of Finance &amp; Commercial Development presented a revised proposal around Capital Planning which included significant changes to the various approval levels within the Trust, to recognise a much reduced Capital Programme together with financial austerity. The Committee supported the proposal which will need to go forward for Audit Committee Approval.</p> <p>At the end of Month 8 the Trust has achieved ytd CIP of £5.653m against planned savings of £6.024m. Whilst this shortfall was not totally unexpected given the CIP profile, nevertheless it remains a concern. In mitigation, £1.19m in cost avoidance/income recovery has also been delivered.</p>			
<b>FSC16/140</b>	<b>Financial Improvement Plan</b>	For the remaining Months of 2016/17, CIP achievement remains a challenge. The Committee received a very detailed presentation around this challenge & the risks to the achievement of the 2016/17 Control Total. Scenario planning has been undertaken & details of the enhanced controls & mitigations now in place/to be investigated further were provided. NHSI have been updated			



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<p><b>FSC16/141</b></p>	<p><b>Corporate Performance Report</b></p>	<p>For the Month of November the A&amp;E 4 hour performance was once again ahead of the agreed trajectory at 91.59% which was a tremendous achievement. This was despite November being very difficult in terms of flow due to a number of factors including staff shortages, increased number of community fit patients and an increase in the acuity of patients. There remain system wide issues &amp; additional data was provided concerning ED attendances in certain age categories, by hour of arrival together with GP referrals. Ambulance handovers continue to be a key area of focus. December so far is proving to be a difficult Month &amp; the Committee discussed the scale of the challenge together with any likely impact on the Q3 Sustainability &amp; Transformational Funding.</p> <p>RTT performance remains strong – T&amp;O &amp; urology being the exceptions. The Diagnostic target was exceeded for November. Non-elective pressure has resulted in some patient cancellations in November. CBU's have revised the SOP in an effort to improve communication issues in these circumstances.</p> <p>Performance elsewhere has remained strong, particularly that in relation to Cancer targets.</p>			
<p><b>FSC16/142</b></p>	<p><b>IM&amp;T update</b></p>	<p>An update was received in respect of IM&amp;T. The December Meeting of the ePR Programme Board was dedicated entirely to Lorenzo as CSC were in attendance. There was a proposal to pursue a strategic partnership with CSC; however F&amp;SC felt unable to support such a move for a variety of reasons. However F&amp;SC would support a move to maximise Lorenzo benefits. In terms of wider IM&amp;T developments, a specific question around funding arrangements for the Warrington Care Record procurement indicated that this has yet to be in place.</p>			
<p><b>FSC16/143</b></p>	<p><b>CBU and Job Planning</b></p>	<p>The Medical Director updated the Committee in respect of the Consultant Job Planning Round 2016/17, which is now almost complete. This was against a background of a fresh approach as well as a significant clinical leadership structure. The next round</p>			



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		of Job Planning will commence on 1 January 2017. F&SC recognised the significant progress made			
		A number of Sub Committee Minutes relative to the remit of F&SC were considered & noted. The Chair wished Members a Happy 2017			

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**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08 c</b>	
<b>SUBJECT:</b>	<b>Key Issues Report from the Charitable Funds Committee December 2016</b>	
<b>DATE OF MEETING:</b>	25th January 2017	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	<b>Ian Jones, Committee Chair</b>	
<b>DIRECTOR SPONSOR:</b>		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	<b>ALL</b>	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	<b>Release Document in Full</b>	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	<b>None</b>	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<b>This report provides a high level summary of business at the Quarterly meeting.</b>	
<b>RECOMMENDATION:</b>	<b>The Board note the report and the matters arising for escalation.</b>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	<b>Not Applicable</b>
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	

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## KEY ISSUES REPORT - CHARITABLE FUNDS COMMITTEE

<b>Date of meeting:</b>	<b>5<sup>th</sup> December 2016</b>
<b>Standing Agenda Items</b>	The meeting was quorate. Minutes of the meeting held on 5 <sup>th</sup> September 2016 were approved as a correct record.
<b>Formal Business</b>	<ul style="list-style-type: none"> <li>• Finance Report received showing Total Fund Balances at end of September 2016 of £490k, of which £97k Unrestricted (net of overheads and commitments) £108k in Designated funds and £285k in Restricted Funds. This represents a reduction of £109k over a 12 months period.</li> <li>• Total income in 12 months: £192k, of which £88k came from legacies.</li> <li>• Total expenditure 12 months: £232k spent in furtherance of the Charities objectives, Administration and Governance costs £68k.</li> <li>• The Committee approved two applications totalling £43,900 from Designated Funds</li> <li>• To improve income, Committee had previously agreed to utilise the services of a charitable Lottery partner and the procurement process has now concluded with Sterling Unity Lottery being selected.</li> <li>• The Committee received the checklist which we use to evaluate our performance against the latest Charities Commission guidance. This comprehensive document is aligned to the six key guiding principals for Trustees and Committee was reassured that the Charity is fulfilling its obligations (attached)</li> <li>• Some changes were discussed to streamline the approval process for bid applications and it was agreed that the Fundraising teams should be more closely involved in the preparation of applications prior to submission to the Committee.</li> <li>• There has been an ongoing process to reposition the Charity over the past 2 years, to increase revenues and improve, for example, the levels of income derived from Corporate sources. As part of that process, a Fundraising Manager was recruited on a temporary contract and, as the Manager has been in post for two years, Committee has agreed that the post should be made permanent subject to the normal selection procedures.</li> <li>• An issue has arisen at Halton Hospital concerning the facilities in place for MacMillan Cancer Support. It has come to our attention that we are in breach of the terms we agreed with McMillan when they made an investment to improve the facilities. A secondary charity has been established on site by volunteers and this contravenes the terms and conditions. The Director of Community Engagement is liaising with the various parties and will report back to the Committee, hopefully to conform that a mutually acceptable arrangement has been agreed.</li> <li>• The Draft Annual Report and Accounts for the year ended 31<sup>st</sup> March 2016 were received, agreed and are recommended for approval by the Board.</li> </ul>

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**Charities Commission – Checklist for WHH Charity Trustees**

December 2016

Guidance	Current status	Mitigations/actions/notes
<b>Section 4: Planning effectively</b>	RAG	
4.1 We have set out our fundraising plan		<ul style="list-style-type: none"> <li>Our fundraising strategy was reviewed by Trustees in February 2016 and our annual plan is reviewed at each CFC meeting.</li> <li>A refresh of our strategy is underway at Dec 2016</li> </ul>
4.2 It reflects our charity's values		WHH Charity reflects the values of the Corporate Trustee WHH NHS Foundation Trust: Working Together, Excellent, Accountable, Role Models and Embracing Change.
4.3 The resources we use and the costs we incur in our fundraising		<ul style="list-style-type: none"> <li>Our overheads are subject to scrutiny at each CFC meeting as part of the Finance Report</li> <li>The refreshed FR Strategy has identified limits to overhead expenditure based on income growth</li> </ul>
4.4 The key financial and reputational risks we may face		This has been identified in the Risk Strategy developed in Feb 2016 and of which the key risks are reviewed at each CFC meeting
4.5 We monitor progress		A fundraising activity and financial report is reviewed by the CFC at each meeting
4.6 We manage key risks	YES	The key risks are reviewed at each CFC meeting
<b>Section 5: Supervising our Fundraisers</b>		
5.1 We have considered and decided which fundraising issues we will not delegate		Our Fundraising team is directly accountable to and line-managed by a member of the executive team
5.2 Our fundraising staff have job descriptions		Current and in place
5.3 Our fundraising staff are doing the job successfully		PDR completed in June 2016, weekly 1:1s with Director
5.4 Our volunteers know who they report to and who to approach with problems or concerns		WHH Volunteers assumed responsibility for all volunteers in September 2016, those on placement with WHH Charity report to and are supervised by the Fundraising Manager
5.5 Our volunteers understand the boundaries within which they must work when representing the charity		They receive Trust induction from WHH Volunteers and local induction from the Fundraising Manager and are supervised at all times
5.6 Our subsidiary trading company is monitored for effectiveness and only enters into commercial partners in the charity's best interest	N/A	
5.7 Our arrangements with commercial providers fully comply with relevant legal requirements		We undertake all procurement through the Corporate Trustee and ensure through contract that all legal requirements are met and maintained
5.8 Are in our charity's best interest because appropriate due diligence is undertaken		We procure using the Corporate Trustee's procurement team
5.9 Our fundraising values and expectations are communicated		These are agreed upon contract



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5.10 The costs are justifiable and can be explained		All expenditure is reviewed by the Budget Holder and reported through the Finance Report
5.11 Proper control is kept of the money raised		<ul style="list-style-type: none"> <li>All monies are routed into the WHH Charity bank account, no other methodology is permitted.</li> <li>Staff training and awareness on the correct processing of charitable donations is on-going and written into the WHH Staff Handbook</li> </ul>
5.12 Fundraising communications used are reviewed		All communications are approved by the Corporate Trustee's Communications Department
5.13 Compliance with the agreement is monitored		Compliance is monitored following contract
5.14 Any conflicts of interest are recognised and dealt with		The Corporate Trustee has a Declarations of Interest register which has been adopted by WHH Charity
<b>Section 6: Protecting our charity's reputation, money and other assets</b>		
6.1 The reputational risks our charity may face are identified, assessed and managed		Reputational risks have been identified in our Risk Strategy
6.2 Likely donor, supporter and public perception is considered when income expectations and other goals are considered		Our review of our bid application process will include this section to ensure compliance of all parties via capital campaigns
6.3 The legal rules and recognised standards which apply to our fundraising are followed		We follow the Code of Fundraising Practice, the Institute of Fundraising and the NHS Charities guidance
6.4 Our values are communicated to the people who work on our fundraising		All WHH staff adopt and practice the values of the Corporate Trustee, they and the public are further briefed on the aims and objectives of WHH Charity and are guided on how to proceed with fundraising initiatives on a personal/team/company level.
6.5 The costs of our fundraising are managed and explained		We control our costs through a bid application process We review our costs at each CFC meeting
6.6 Our fundraising finance is planned and monitored		We have an annual plan in place which is reviewed at each CFC meeting, a refreshing of our strategy is underway in December 2016
6.7 Effective financial controls are in place and followed		The Corporate Trustee's Finance Team monitor all expenditure
6.8 Risks of financial crime and fraud are reduced		WHH Charity provides a letter of authorisation to every fundraiser who is requested to sign acceptance of the 'contract' between us.
6.9 Our charity is alerted to any suspicious donations		<ul style="list-style-type: none"> <li>Our Finance Team review all bank statements and incoming direct funds</li> <li>Provenance of all cheque and cash donations is tracked through the donor journey and recorded via Harlequin, with a receipt and thank you letter posted out to the donor.</li> </ul>
6.10 our charity can stop or authorise any unauthorised fundraising activity using its name		<ul style="list-style-type: none"> <li>We use a letter of authorisation to authorise fundraisers to raise funds on our behalf.</li> <li>We would alert the police to any suspicious activity undertaken in our name.</li> </ul>
6.11 Serious incidents are reported to the Commission, police and other agencies		<ul style="list-style-type: none"> <li>NHS Protect may also be contacted where NHS Employees or their families are involved.</li> </ul>

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6.12 Our data, name, image, logo and IP are protected		<ul style="list-style-type: none"> <li>We do not issue our logo independently for 3<sup>rd</sup> party use</li> <li>We use letters of authorisation for 3<sup>rd</sup> party fundraisers</li> <li>We provide our own branded materials for support</li> <li>Our intellectual property is protected to the best of our ability and knowledge</li> </ul>
Sections 7 and 8 Following the Law and recognised standards		
7.1 the Code of Fundraising Practice and other resources are used to find out about the legal rules and recognised standards which apply to our fundraising		We follow the Code of Fundraising Practice, Institute of Fundraising and the NHS Charities guidance
7.2 These rules and standards are followed		
Section 9: Be Open and Accountable		
9.1 Any legal rules and requirements that apply to how our charity reports and accounts for its fundraising are complied with		We are audited periodically and produce an annual report and accounts each autumn.
9.2 Our open and accessible complaints procedures are followed if concerns are raised		<ul style="list-style-type: none"> <li>In the first instance complaints should be raised to the Fundraising Manager or Director</li> <li>The Charity uses the resources of the Corporate Trustee ie PALS and Complaints procedure.</li> <li>The Charity will make this process clear via its website</li> </ul>
9.3 Our fundraising aims and achievements are clearly communicated to the public and donors/supporters		Our website is maintained and updated regularly.

PMc Last updated 29.11.16

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**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/08 (d)</b>	
<b>SUBJECT:</b>	<b>Key Issues Report from the Audit Committee 16 January 2017</b>	
<b>DATE OF MEETING:</b>	Choose an item. <b>25th January 2017</b>	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	<b>Ian Jones, Committee Chair</b>	
<b>DIRECTOR SPONSOR:</b>		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	<b>ALL</b>	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	<b>Release Document in Full</b>	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	<b>None</b>	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides a high level summary of business at the January meeting.	
<b>RECOMMENDATION:</b>	The Board note the report and the matters arising for escalation.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	<b>Not Applicable</b>
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	

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## KEY ISSUES REPORT AUDIT COMMITTEE

<b>Date of meeting:</b>	<b>16<sup>th</sup> January 2017</b>
<b>Standing Agenda Items</b>	The meeting was quorate. Minutes of the meeting held on 4 <sup>th</sup> October 2016 were approved as a correct record.
<b>Formal Business</b>	<ul style="list-style-type: none"> <li>• Our newly appointed External Auditors, Grant Thornton, attended Audit Committee for the first time and reported that the transition from the previous auditors is running smoothly.</li> <li>• Our Internal Auditors presented several reports some of which provided significant assurance, some of which indicated areas which require tightening of procedures. Running through each of these:             <ol style="list-style-type: none"> <li>1) A report was commissioned by the Nominations and Remuneration Committee to ensure compliance with standard procedures and national regulations regarding Exit payments for staff leaving. This is an ongoing piece of work which has high highlighted a few areas which need to be tightened up and the necessary steps have already been taken, under the supervision of Nominations &amp; Remuneration Committee</li> <li>2) A review of the E Rostering processes and controls has shown that the E Roster system is not yet being used to full effect. For example, the integration of KPI's and the SafeCare Model is still not completed but work is ongoing and will be monitored</li> <li>3) The control arrangements in respect of on call, call out and overtime arrangements has been tested and some weaknesses identified which are now being corrected – mainly in respect of overarching policies and authorisation procedures</li> <li>4) A review of the processes around “Do Not Resuscitate Cardiopulmonary Procedures” has been undertaken and identified some weaknesses. These include documentation not always being completed properly, some gaps in training and a governance issue in respect of the frequency of the Resuscitation Committee. The report has also been shared with Quality Committee and action is in hand to strengthen this area.</li> <li>5) and 6) Two areas which were tested with satisfactory results were Lorenzo Stabilisation and Payroll processes.</li> <li>7) A piece of work is ongoing in respect of Complaint Handling. The work is not yet completed but the initial phase has resulted in some aspects being strengthened.</li> </ol> </li> <li>• Committee received a progress report from our Internal Auditors on Counter Fraud which was reassuring, with few issues identified.</li> <li>• Committee received various standard regular reports from Finance Department and Corporate Affairs. These were all acceptable although the level and timing of some tender waivers merited lengthy discussion, particularly relating to locums and outsourced consultancy work. Finance &amp; Sustainability Committee are also keeping a watchful eye on this.</li> </ul>



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## BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/09</b>	
<b>SUBJECT:</b>	<b>DIPC Bi-Annual Infection Prevention and Control Report</b>	
<b>DATE OF MEETING:</b>	25 <sup>th</sup> January 2017 Choose an item.	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Lesley McKay Associate Director of Infection Prevention and Control	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Simon Constable, Medical Director & Deputy CEO Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO1: To ensure that all care is rated amongst the top quartile in the North West of England for patient safety, clinical outcomes and patient experience	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.1: CQC Compliance for Quality	
	BAF1.3: National & Local Mandatory, Operational Targets	
	Choose an item.	
<b>STRATEGIC CONTEXT</b>	<p>NHS Improvement use Clostridium difficile infection rates as one of a number of metrics to assess Trust performance.</p> <p>Breach of licence is considered if the Care Quality Commission reports serious concerns about Trust performance or third parties raise concerns about infection outbreaks.</p>	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides a summary of infection control activity for Quarters 1 - 3 of the 2016/17 financial year (FY) and highlights the Trust's progress against infection prevention and control key performance indicators.	
<b>RECOMMENDATION:</b>	The Board is asked to note the contents of the report and the reduced incidence of healthcare associated infections within the Trust.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	27th January 2016
	<b>Summary of Outcome</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	

## BOARD OF DIRECTORS

<b>SUBJECT</b>	<b>Infection Prevention and Control</b>	<b>AGENDA REF:</b>	<b>BM17/01/09</b>
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### 1. BACKGROUND/CONTEXT

NHS Improvement use Clostridium difficile infection rates as one of a number of metrics to assess Trust performance. Both avoidable and unavoidable cases are taken into account for regulatory purposes. The Trust is assessed each quarter for breaches of the Clostridium difficile objective using a cumulative YTD trajectory.

The Trust has developed healthcare associated infection (HCAI) reduction action plans for Clostridium difficile infection and MRSA/MSSA bacteraemia cases. These action plans are updated quarterly to ensure local and national priorities relating to HCAI meet the quality requirements specified in the NHS Standard Contract for 2016/17.

Breach of licence is considered if the Care Quality Commission reports serious concerns about Trust performance or third parties raise concerns about infection outbreaks.

### 2. KEY ELEMENTS

#### CLOSTRIDIUM DIFFICILE

Year to date (YTD) the Trust has reported 49 cases of *Clostridium difficile*, 13 of which were considered hospital apportioned (appendix 1). The 8 cases from Q1 and Q2 were reviewed by the CCG and 6 cases have been removed from contractual sanctions as considered unavoidable/no lapses in care.

During December a period of increased incidence (2 hospital apportioned cases) occurred on 1 ward. Further testing is being carried out to assess if the cases are linked. A number of actions were implemented including: deep cleaning of the ward, a focus on hand washing and review of antibiotic prescribing practices. Nil concerns were identified relating to antibiotic prescribing practices.

A meeting is scheduled with the CCG in February 2017 to assess the Q3 cases for lapses in care. The Trust is currently on trajectory to meet the contractual threshold (27 cases) for FY 2016/17.

With the exception of small/specialist Trusts, WHH has one of the lowest rates of C. difficile per 100,000 bed days in the northwest (appendix 2).

#### BACTERAEMIAS

##### MRSA bacteraemia

The Trust has achieved a rolling 15 month period without a case of meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia. The zero tolerance threshold remains in place.

##### MSSA bacteraemia

YTD the Trust has reported 30 cases of meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia 12 of which are hospital apportioned. This is an increase in cases from the last financial year where only 4 cases were reported for the whole year.

Reviews undertaken indicate some of the cases had deep seated infections e.g. endocarditis which would have been present or incubating at the time of admission. Work is in place with the Sepsis CQUIN to promote timely blood culture sampling within AED. Some cases were associated with IV device management. A rapid improvement project has been commenced with the Urgent and Emergency Care CBU to improve documentation of cannula insertions.

### **E coli bacteraemia**

141 cases of E. coli bacteraemia were reported. The Medical Microbiologists review all cases of E. coli bacteraemia and the majority are deemed unlikely to be associated with healthcare.

The CCG Quality Premium for the next FY includes a health economy target to achieve a 10% reduction in E coli bloodstream infections from cases reported in FY 2014/15.

Currently the data capture reporting system does not apply any apportionment to the cases. However, if the same apportionment (as used for other bloodstream infections) is used - the split for the cases would be 128 community apportioned and 27 hospital-apportioned. The majority of these cases are not likely to be associated with healthcare as per Consultant Microbiologist assessment. Discussion has taken place with the CCG who have advised they are reviewing the target.

## **OUTBREAKS/INCIDENTS/NEW DEVELOPMENTS**

### **Viral Gastroenteritis**

During Q3 – 9 wards reported incidents of suspected viral gastroenteritis. Norovirus was confirmed on 1 ward.

Historically specimens to investigate suspected viral gastroenteritis incidents have been referred to an offsite reference laboratory for testing. The turnaround time for receiving results has been lengthy and often results have been received after clinical symptoms have settled and the ward reopened.

In December the Trust introduced an in-house system for testing suspected viral gastroenteritis outbreaks. This system includes tests on a range of common gastrointestinal pathogens and provides rapid/same day results.

Using this testing methodology has confirmed:-

- positive results (norovirus) to support closure of the area
- negative results that have permitted re-opening

Reopening areas on the basis of negative results has supported operational management by releasing beds back in the system ahead of the timescale that would have been used if the situation was being managed by symptoms alone.

Use of this system is in its infancy and a prospective assessment plan is in place to obtain data on the numbers of bed days saved.





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Discussion has commenced with the CCG to review use of this equipment for social care providers with the aim to improve patient experience and operational flow across the health economy.

### **Vancomycin resistant enterococci (VRE) Ward A9**

A cluster of 6 cases of VRE were identified on ward A9 during August 2016. Further investigation of the isolates indicated links between 3 of the cases. Enhanced environmental disinfection of the ward and patient equipment was carried out and review of antibiotic prescribing took place. Patients on this ward would mainly only receive antibiotic prophylaxis prior to surgery. Contact screening took place, the results of which were negative. A review of invasive device management did not identify any concerns with extended dwell times.

### **Bordetella pertussis**

There were 2 incidents of laboratory confirmed pertussis in staff members during July and August.

- Incident 1 – Specialist nursing team – 11 members of staff exposed with 7 reporting symptoms. No vulnerable patient contacts were identified. Staff were excluded from patient contact whilst symptomatic. In addition to the index case 2 other members of staff tested positive for Bordetella pertussis
- Incident 2 - A member of staff from theatres – who was absent for the majority of the infectious period. No secondary cases were identified

Both incidents were managed with support from Public Health England and the Trust's Workplace Health and Wellbeing Department.

### **SURVEILLANCE SYSTEMS**

The Infection Prevention & Control Team is continuing to explore options to improve surveillance using existing IT systems e.g. Lorenzo and the Trust's Laboratory software. To date no solution has been found. This is a key area of concern to support the early detection of potential outbreaks.

### **INFECTION PREVENTION & CONTROL TRAINING**

Attendance at infection control training was previously highlighted as a concern (low compliance). Current overall compliance is 86%. Clinical staff training compliance is at 81%. Additional scrutiny continues at the Infection Control Sub-Committee meetings.

### **INFECTION PREVENTION & CONTROL AUDITS**

A programme of audit, to demonstrate compliance with infection control policies and guidelines is in place. There has been a reduction in the number of audits being completed due to a temporary reduction in nursing staff. A plan is in place to increase the audits being carried out by appointing an interim team member.



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## ANTIMICROBIAL STEWARDSHIP

The Antimicrobial Management Steering Group continues to meet quarterly. Actions in relation to stewardship have increased following the appointment of a full time Antibiotics Pharmacist and work is in progress to support delivery of the antimicrobial resistance and stewardship CQUIN.

The Quarterly point prevalence audits continue with compliance ranging between 89 - 96%.

Joint Consultant Microbiologist and Antibiotics Pharmacist ward rounds have increased which is further supporting the stewardship agenda by stopping courses or changing to a more appropriate antibiotic.

## CLEANING

The Facilities Team have produced an action plan to ensure compliance with the national specification for cleaning standards and monitoring. A robust system is in place for auditing and feedback to wards and departments on cleaning and estate management.

The 2017 Place Assessments are scheduled to be undertaken between February and June 2017. WHH are currently awaiting further information from the Health and Social Care Information Centre regarding the arrangements for this Trust.

## 3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

The Direction of Infection Prevention and Control (Executive Medical Director) and Chief Nurse to note progress made.

## 4. IMPACT ON QPS?

Q: The reduction in HCAs demonstrates a positive impact on the care patients receive.

P: Improved attendance at training assists staff in their duties.

S: Reduction in HCAs supports sustainability by avoidance of contractual financial penalties.

## 5. MEASUREMENTS/EVALUATIONS

Mandatory reporting of healthcare associated infection (HCAI) to the Public Health England data capture system will continue.

The Infection Prevention and Control Team meet weekly to monitor cases of HCAI. Action is implemented in response to increased incidences of HCAs and infection control related incidents.

The Infection Control Sub-Committee meets bi-monthly and discusses learning from HCAI incidents.

## 6. TRAJECTORIES/OBJECTIVES AGREED

The Clostridium difficile threshold for 2017/18 has not yet been received.

The zero tolerance to avoidable MRSA bacteraemia cases remains in place.

## 7. MONITORING/REPORTING ROUTES

High level briefing papers from the Infection Control Sub-Committee are submitted to:-



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- Quality Committee
- Health and Safety Sub-Committee

DIPC Reports are submitted bi-annually to Trust Board.

## 8. TIMELINES

2016/17 Financial Year

## 9. ASSURANCE COMMITTEE

Infection Control Sub-Committee

## 10. RECOMMENDATIONS

Work streams will continue to:-

- Reduce the incidence of Clostridium difficile infection
- Support timely blood culture sampling/ invasive device management/bacteraemia reduction
- Review infection control surveillance systems
- Support staff training in Infection Control
- Promote Antimicrobial Stewardship



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## APPENDIX 1 HEALTHCARE ASSOCIATED INFECTION DATA





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CDT

Bacteraemias

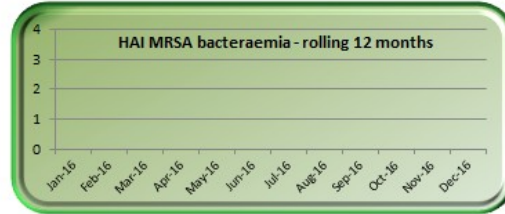
IPCT Activity

Antibiotics

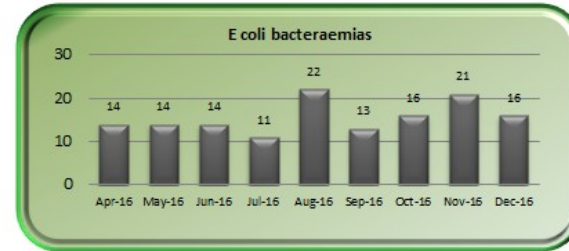
MDROs

**MRSA bacteraemia data**

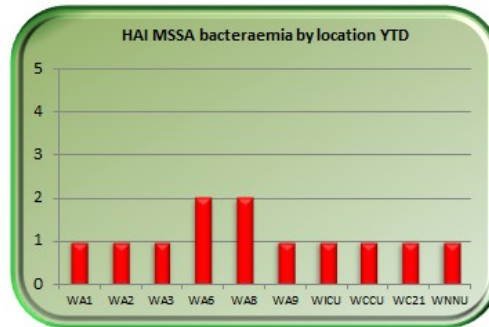
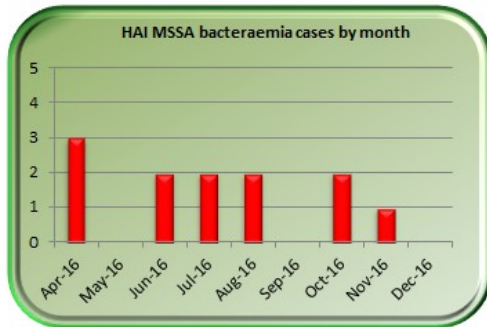
Nil MRSA bacteraemia cases  
YTD



**E coli bacteraemia data (no thresholds set)**



**MSSA bacteraemia data (no thresholds set)**



Sampling delays noted for 3 cases resulting in Trust apportionment





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## APPENDIX 2 COMPARATIVE DATA ON HCAIS IN THE NORTHWEST

### Clostridium difficile



Public Health  
England

### C. difficile annual tables: Trust apportioned cases

*C. difficile* : Trust Apportioned Cases

Acute Trust Name	Counts	Rates per 100,000
	Dec 15 to Nov 16	Bed Days Dec 15 to Nov 16
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	56	24.0
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1	1.9
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	34	12.8
BOLTON NHS FOUNDATION TRUST	35	17.5
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	69	17.2
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	19	10.1
EAST CHESHIRE NHS TRUST	23	19.6
EAST LANCASHIRE HOSPITALS NHS TRUST	34	11.0
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	55	18.4
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	4	8.7
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	0	0.0
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	26	13.5
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	24	12.7
PENNINE ACUTE HOSPITALS NHS TRUST	67	16.7
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	46	17.1
SALFORD ROYAL NHS FOUNDATION TRUST	15	6.5
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	25	17.3
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	27	11.4
STOCKPORT NHS FOUNDATION TRUST	40	17.7
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	26	16.5
THE CHRISTIE NHS FOUNDATION TRUST	26	48.6
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	5	30.5
THE WALTON CENTRE NHS FOUNDATION TRUST	10	19.5
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	45	17.6
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	25	11.2
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	20	10.6
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	43	18.0
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	18	11.9
North West	818	15.2



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**MRSA bacteraemia**



## MRSA annual tables: Trust assigned cases & rates

**MRSA: Trust Assigned Cases**

Acute Trust Name	Counts	Rates per 100,000
	Dec 15 to Nov 16	Bed Days Dec 15 to Nov 16
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	2	0.9
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1	1.9
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	2	0.8
BOLTON NHS FOUNDATION TRUST	5	2.5
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	1.2
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	1	0.5
EAST CHESHIRE NHS TRUST	0	0.0
EAST LANCASHIRE HOSPITALS NHS TRUST	1	0.3
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	4	1.3
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	0	0.0
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	0	0.0
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	1	0.5
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	0	0.0
PENNINE ACUTE HOSPITALS NHS TRUST	2	0.5
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2	0.7
SALFORD ROYAL NHS FOUNDATION TRUST	0	0.0
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	2	1.4
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2	0.8
STOCKPORT NHS FOUNDATION TRUST	0	0.0
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	2	1.3
THE CHRISTIE NHS FOUNDATION TRUST	2	3.7
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	0	0.0
THE WALTON CENTRE NHS FOUNDATION TRUST	1	1.9
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	5	2.0
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	0	0.0
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	0.0
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	1	0.4
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1	0.7
North West	42	0.8





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MSSA bacteraemia



Public Health  
England

## MSSA annual tables: Trust apportioned cases

### MSSA: Trust Apportioned Cases

Acute Trust Name	Counts	Rates per 100,000 Bed Days
	Dec 15 to Nov 16	Dec 15 to Nov 16
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	29	12.4
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	9	16.9
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	30	11.3
BOLTON NHS FOUNDATION TRUST	16	8.0
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	53	13.2
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	17	9.1
EAST CHESHIRE NHS TRUST	11	9.4
EAST LANCASHIRE HOSPITALS NHS TRUST	26	8.4
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	18	6.0
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	10	21.7
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2	6.7
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	13	6.8
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	10	5.3
PENNINE ACUTE HOSPITALS NHS TRUST	19	4.7
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	36	13.4
SALFORD ROYAL NHS FOUNDATION TRUST	16	6.9
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	16	11.1
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	20	8.4
STOCKPORT NHS FOUNDATION TRUST	21	9.3
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	11	7.0
THE CHRISTIE NHS FOUNDATION TRUST	1	1.9
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	2	12.2
THE WALTON CENTRE NHS FOUNDATION TRUST	8	15.6
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	26	10.2
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	11	4.9
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	13	6.9
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	23	9.7
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	13	8.6
North West	480	8.9



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## BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>PB/17/01/10</b>
<b>SUBJECT:</b>	<b>Self-Certification Checklist – Agency Spend – Board Update</b>
<b>DATE OF MEETING:</b>	<b>25th January 2017</b>
<b>ACTION REQUIRED</b>	<b>To Note</b>
<b>AUTHOR(S):</b>	Roger Wilson
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Roger Wilson, Director of Human Resources & Organisational Development
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF2.5: Right People, Right Skills in Workforce BAF2.2: Nurse Staffing BAF2.3: Medical Staffing
<b>STRATEGIC CONTEXT</b>	<p>NHS Improvement have enhanced their scrutiny on Trust performance on the management of Agency spend across the Board.</p> <p>The Trust has sought assurance on this issue for several years.</p> <p>It is a key issue across the range of our Quality, People and Sustainability framework.</p>
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<p>The Check list is effectively a summary of our activity in relation to the systems and processes we have in place to manage Agency Spend.</p> <p>It was a requirement that this check-list was submitted to NHS Improvement by 30<sup>th</sup> November 2016. This was submitted on 30<sup>th</sup> November 2016. This is an update on further actions taken.</p>

**RECOMMENDATION:**

1. That the Trust Board note the content.

<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Trust Board
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None	

Self-certification checklist Please discuss this in your board meeting		Yes - please specify steps taken	No. We will put this in place - please list actions
<b>Governance and accountability</b>			
1	Our trust chief executive has a strong grip on agency spending and the support of the agency executive lead, the nursing director, medical director, finance director and HR director in reducing agency spending.	Regular review of Workforce Controls take place through Executive Team meetings, at least fortnightly	
2	Reducing nursing agency spending is formally included as an objective for the nursing director and reducing medical agency spending is formally included as an objective for the medical director.	Yes – included for both Medical Director and Chief Nurse	
3	The agency executive lead, the medical director and nursing director meet at least monthly to discuss harmonising workforce management and agency procurement processes to reduce agency spending.	Yes, meeting has been set up and will meet on a monthly basis. Furthermore, the Medical Director and We can confirm that we are not engaged in any workarounds to the Agency Rules.	
4	We are not engaging in any workarounds to the agency rules.		
<b>High quality timely data</b>			
5	We know what our biggest challenges are and receive regular (e.g. monthly) data on: - which divisions/service lines spend most on agency staff or engage with the most agency staff - who our highest cost and longest serving agency individuals are - what the biggest causes of agency spend are (e.g. vacancy, sickness) and how this differs across service lines.	At Finance and Sustainability Committee on 23 <sup>rd</sup> November 2016, it was agreed that this information would be received by them on a monthly basis. This has been received at the meetings in December 2016 and January 2017.	

**Clear process for approving agency use**

6	The trust has a centralised agency staff booking team for booking all agency staff. Individual service lines and administrators are not booking agency staff.	For Agency staff being booked for longer than two weeks, then approval must be sought through our Establishment Control processes. For periods shorter than 2 weeks, then centralised	The Trust has not been able to invest in a centralised team in 16/17. However, we do continue to explore options for improving this with Liaison via TempRE.
		Controls are in place for Medical and Nursing	
7	There is a standard agency staff request process that is well understood by all staff. This process requires requestors and approvers to certify that they have considered all alternatives to using agency staff.	For Nursing and Medical staff, this is in place. This requires requestors and approvers to follow a number of set steps.	Further reminders will be sent to managers of AHP and Admin and Clerical staff to ensure that they get the appropriate approvals. We continue to explore how we can use the TempRE system to support this.
8	There is a clearly defined approvals process with only senior staff approving agency staff requests. The nursing and medical directors personally approve the most expensive clinical shifts.	Revised scheme of approval in place with senior Medics/Nurses signing these shifts off. Chief Executive sign off on bookings over £120	

**Actions to reducing demand for agency staffing**

9	There are tough plans in place for tackling unacceptable spending; e.g. exceptional over-reliance on agency staffing services radiology, very high spending on on-call staff.	A revised performance management regime has been approved by Clinical Operational Board and the Trust Board. This covers a range of people measures, including % of agency spend against overall paybill. The revised regime mirrors NHSI performance classifications.	
10	There is a functional staff bank for all clinical staff and endeavour to promote bank working and bank fill through weekly payment, auto-enrolment, simplifying bank shift alerts and request process.	This is in place for Nursing and we have developed plans to do this for medical staff.	We are on target to implement this, on 6 <sup>th</sup> February 2017, as agreed.
11	Not all wards have 6 weeks rota's and the Trust has re launched the e-rostering project to take forward	Yes, there is supporting evidence to support this declaration. This will be presented to FSC in December 2016.	

12	There is a clear process for filling vacancies with a time to recruit (from when post is needed to when it is filled) of less than 21 days.	This measure has been discussed with NHSI, it has been agreed that whilst we await further clarity on the measure from them, that we look at this measure as – the time elapsed between an advert for a post closing and the time taken for an offer to be made to the successful candidate. Our current process requires us to do this within 14 days.	
13	The board and executives adequately support staff members in designing innovative solutions to workforce challenges, including redesigning roles to better sustain services and recruiting differently.	The Board and Executive team have supported a range of workforce innovation. Including supporting bids for Physician Associates, Associate Nurses, developments in Vanguard Wards and the roll out of the Calderdale Framework.	
14	The board takes an active involvement in workforce planning and is confident that planning is clinically led, conducted in teams and based on solid data on demand and commissioning intentions.	Recent work on STP has seen the Board sighted on workforce developments regarding the	Trust Board via Strategic People Committee need to have assurance on future approaches to Workforce Planning. This is planned for SPC in February 2017



**Working with your local health economy**

<p><b>15</b></p>	<p>The board and executives have a good understanding of which service lines are fragile and currently being sustained by agency staffing.</p>	<p>The Board is sighted on the areas of high agency spend through FSC and SPC. Key area of focus is in Acute Care. Detailed breakdown was presented to FSC in December 2016 and January 2017.</p>	

<p>16</p>	<p>The trust has regular (e.g. monthly) executive-level conversations with neighbouring trusts to tackle agency spend together.</p>	<p>Regular contact is made with Executive colleagues to explore shared rotas and holding the line on agency caps Through LDS/STP work sustainable services are a key focus for future developments. The Trust recently brokered a Cheshire and Merseyside summit on the challenges facing provider organisations on this agenda. Agency staff.</p>	<p>Following a North West HR Director meeting on 13<sup>th</sup> January 2017, Director of HR and OD has held a further discussion with his opposite number at St Helens and Knowsley and they have agreed to pursue a multi-provider working arrangement re Agency Staff. Further work to be done with NHSI on data-sharing challenges. Actions from the Summit meeting are being delivered by all parties.</p>
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## BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/11</b>
<b>SUBJECT:</b>	<b>Progress on Carter Report Recommendations</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> January 2017
<b>ACTION REQUIRED</b>	<b>For Discussion</b>
<b>AUTHOR(S):</b>	Steve Barrow, Deputy Director of Finance
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development Choose an item.
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.3: National & Local Mandatory, Operational Targets
	BAF1.4: Business Continuity
	BAF3.3: Clinical & Business Information Systems
<b>STRATEGIC CONTEXT</b>	The purpose of this report is to update the Board of Directors on the latest position regarding the progress made against the recommendations contained in Lord Carter's report "Operational productivity and performance in English NHS acute hospitals" issued in February 2016.
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	The Trust has embraced the recommendations of the Carter Report and is already compliant with some of the key targets and performance indicators and making steady progress on the remaining recommendations. Progress reports will continue to be provided to the Board of Directors on a quarterly basis.



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<b>RECOMMENDATION:</b>	The Board of Directors is requested to note the contents of the report.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None	

## PROGRESS ON THE CARTER REPORT RECOMMENDATIONS

### 1. PURPOSE

The purpose of this report is to update the Board of Directors on the latest position regarding the progress made against the recommendations contained in Lord Carter's report "Operational productivity and performance in English NHS acute hospitals" issued in February 2016. Further to this, NHS Improvement (NHSI) has recently undertaken national data collection exercises with a clear ambition to fast track savings in this area. This report and future updates will highlight progress in this area.

### 2. BACKGROUND

In June 2014 Lord Carter was asked by the Secretary of State for Health to assess what efficiency improvements could be generated in hospitals across England.

In June 2015 an interim report was published which outlined that potentially £5 billion of operational efficiency savings could be delivered in the acute sector by 2020 by improving workforce costs, hospital pharmacy medicines optimisation and estates and procurement management.

In February 2016 the final report was published and based on the work of 32 acute Trusts, it was estimated that if "unwarranted variation" was removed from Trust spend then that £5 billion could be saved by 2020 as summarised in the table below.

Table: The breakdown of the £5 billion savings:

<b>Narrative</b>	<b>£ billion</b>
Improved workflow and containing workforce costs	2.0
Improved hospital pharmacy and medicines optimisation	1.0
Better estates management and optimisation	1.0
Better procurement management	1.0
<b>Total</b>	<b>5.0</b>

This paper is the second quarterly update report since the initial response to the Lord Carter Report presented to the Trust Board on 27<sup>th</sup> July 2016.

### 3. PROGRESS AGAINST LORD CARTER RECOMMENDATIONS

#### Recommendation 1

NHS Improvement should develop a national people strategy and implementation plan by October 2016 that sets targets for simplifying system structures, raising people management capacity, building greater engagement and inclusive for all colleagues by significantly improving leadership capability from “ward to board” so that transformational change can be planned more effectively, managed and sustained in all Trusts.

Lead Director: Director of Human Resources and Organisational Development.

Current Position:

The Trust agreed a revised Absence Management Policy with Staff Side colleagues, which was implemented with effect from 1<sup>st</sup> December 2016. This should help reduce sickness absence levels through reduced trigger points and tighter management controls. The Trust has an absence target of 3.75% although interim targets have been set to assist in managing the reduction. A staged approach to deliver the target is being considered. The year to date sickness absence as at 31<sup>st</sup> December 2016 is 4.65% although this compares favourably with other North West Acute Trusts.

In addition, the Trust continues to:

- Review all policies to ensure necessity and clarity.
- Implement Fit to Care – our Health and Well-Being Strategy, maintaining our focus on reducing Bullying and Harassment across our organisation.
- Perform well on the national Flu Fighter campaign.

The Trust is working with colleagues across the North West on a Workforce streamlining programme, to ensure that we have unified ways of working across organisations. In addition, we are working collaboratively to review the delivery of back office functions.

Furthermore, the Board of Directors has agreed on the introduction of People Performance metrics that focus on locally managed absence levels, reduction in recruitment time, return to work interviews, mandatory training and appraisals. These are monitored monthly and reviewed with Heads of Department who are then supported by Human Resources Business Partners where necessary.

#### Recommendation 2

NHS Improvement should develop and implement measures for analysing deployment during 2016, including metrics such as Care Hours per Patient Day (CHPPD) and consultant job planning analysis, so that the right teams are in the right place at the right time collaborating to deliver high quality, efficient patient care.

Lead Directors: Medical Director and Director of Nursing and Governance.

Current position:

The Trust has been collecting and submitting CHHPD data since the national changes in April 2016. This data is submitted monthly to the Department of Health (DoH). The Trust is currently working to implement both electronic roster rollout and the introduction of the Safe Care module which will allow us to monitor and act upon CHHPD data live on a daily basis within each department. The rollout plan is being refreshed for electronic rostering with a planned completion date for rollout of April 2017 however data is recorded until full implementation.

The 2016/17 consultant job planning round for job plans commencing 1<sup>st</sup> April 2017 is now underway (the second job-planning round with Allocate software), and will include, for the first time, all Specialty and Associate Specialist (SAS) doctors, a significant proportion of the senior medical workforce. This will enable greater comparison with historical productivity per programmed activity as well as clear line of sight for the Associate Medical Directors for those sessions which are neither core Special Programmed Activities (SPAs) nor direct clinical care (including leadership & management, education, quality governance and improvement, research, appraisers). This job planning round will also encourage annualisation where appropriate as well as alignment of personal objectives with team objectives.

### **Recommendation 3**

Trusts should through the Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock holding, in agreement with NHS Improvement and NHS England by April 2020; so that their pharmacists and clinical pharmacy technicians spend more time on patient facing medicine optimisation activities.

Lead Directors: Medical Director and Chief Operating Officer.

Current Position (no change from position reported in previous quarterly report):





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A number of actions have been recommended by Lord Carter and progress against these actions is set out in the table below:

<b>Recommended Carter Actions</b>	<b>Programme Status</b>
<p>Develop HPTP plans at local level with Trust Board nominating a Director to work alongside the Chief Pharmacist.</p>	<p><b>Working towards completing this recommendation</b></p> <p>The Medical Director/Deputy Chief Executive and Chief Operating Officer are the nominated Directors working with the Chief Pharmacist on the HPTP.</p> <p>The draft HPTP was submitted in October and was rated green by NHS Improvement. The NHS Improvement HPTP meeting in Leeds was attended by the Chief Pharmacist and following this minor changes are being made to the plan in collaboration with the Alliance partners. The HPTP plan will be go to Executive Directors in March 2017 for approval.</p>
<p>Move prescribing and administration from traditional drug board to electronic prescribing and medicines administration (EPMA).</p>	<p><b>Working towards implementing this recommendation</b></p> <p>A business case for electronic prescribing and medicines administration has been developed. Further work is required on the financing arrangements.</p> <p>Meetings have been held with Finance, IT and Business Development. An estimate has been provided for capital planning and the requirement for EPMA has been included in the Trust Business Plan.</p>
<p>Each Trust Finance Director to ensure coding of medicines is accurately recorded.</p>	<p><b>Partially achieving this recommendation</b></p> <p>High cost drugs for inpatients are coded. The accuracy of this is confirmed by reconciliation to a data feed from the Pharmacy System. Implementing electronic prescribing and medicines administration will support accurate coding of medicines.</p> <p>There is a monthly review and reconciliation process to ensure accuracy of data capture and recording. Blueteq is used by NHSE to approve the initiation of therapy for hepatitis C patients. Over time the use of Blueteq will be extended to other therapies and conditions which will provide NHSE with the required assurance around compliance with guidance. Discussions are taking place at the Leads and Chiefs of Medicines Management meeting around the introduction of Blueteq (by the Commercial Medicines Unit) for therapies funded by the commissioners.</p>



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<p>80% of Trust's pharmacy resource utilised for direct medicines optimisation activities, medicines governance &amp; safety remits.</p>	<p><b>Achieving this recommendation</b> This was assessed by undertaking a rota review to ensure compliance.</p>
<p>Increase number of pharmacist prescribers.</p>	<p><b>Achieving this recommendation as 23% of our pharmacists are prescribers.</b> We are maintaining impetus by training 2 new pharmacist prescribers each year. Prescribing is now an option on the clinical diploma training that qualified pharmacists receive. This will speed up the time it takes to reach our aim of 80% pharmacist prescribers.</p>
<p>Reduce stockholding from 20 days to 15 days</p>	<p><b>Achieving and exceeding this recommendation with a stockholding of 10 days.</b> Stockholding reports are generated daily and monthly.</p>
<p>Reduce deliveries to &lt; 5 per day</p>	<p><b>Achieving this recommendation at Halton but not at Warrington.</b> We receive 16 deliveries per day on the Warrington site and 3 per day on the Halton site.</p> <p>We are working with other Trusts and Specialised Pharmacy Services (procurement function) to ensure that contract awards facilitate this recommendation by increasing the number of lines that can be ordered via the wholesalers. However due to contract lengths the timescale for implementation is circa 2 years.</p> <p>Meetings have been held with a lead wholesaler to discuss what changes and improvements they would need to consider in order to reduce deliveries. This was also discussed at the NHS Improvement HPTP meeting in Leeds.</p>
<p>90% of orders and invoices are sent and processed electronically (electronic data interface)</p>	<p><b>Achieving this recommendation for orders from our wholesalers but not for other suppliers.</b> 100% of orders to wholesalers are sent and processed electronically, overall though the figure is 70% when all suppliers are included.</p>



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	<p>We are working with other Trusts and Specialised Pharmacy Services (procurement function) to ensure that contract awards facilitate this recommendation by increasing the number of lines that can be ordered via the wholesalers. However due to contract lengths the timescale for implementation is circa 2 years.</p> <p>At the meeting with a lead wholesaler we discussed this data and have requested they provide information to enable us to identify the gaps and opportunity for performance improvement.</p>
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The Trust is performing well on some recommendations and is developing plans for the areas where improvement is possible. Our data has been submitted to NHS benchmarking to allow comparison with other Trusts. The National Hospital Pharmacy Optimisation Program (HoPMOP) will be reviewing this data and a similar review is being undertaken locally in Cheshire and Merseyside).

#### **Recommendation 4**

Trusts should ensure their pathology and imaging departments achieve their benchmarks as agreed with NHS Improvement by April 2017, so that there is a consistent approach to the quality and cost of diagnostic services across the NHS. If benchmarks for pathology are unlikely to be achieved, Trusts should have agreed plans for consolidation with, or outsourcing to, other providers by January 2017.

Lead Director: Chief Operating Officer and Director of Transformation.

Current Position:

NHS Improvement (NHSI) wrote to all Trusts on 20<sup>th</sup> September requesting completion of benchmarking dataset for Pathology services to use as the basis for progressive discussions on the future configuration of services within the health economies. This dataset has been completed and discussions with NHSI are ongoing.

A working group has been established covering the three Acute Hospital Trusts within the local economy to seek a shared solution for the provision of pathology and imaging services. The discussion around pathology is more advanced and an options appraisal paper is being prepared.

## Recommendation 5

All Trusts should report their procurement information monthly to NHS Improvement to create a NHS Purchasing Price Index commencing April 2016, collaborate with other Trusts and NHS Supply Chain with immediate effect, and commit to DH's NHS Procurement Transformation Programme (PTP) so that there is an increase in transparency and a reduction of at least 10% in non pay costs is delivered across the NHS by April 2018.

Lead Director: Director of Finance and Commercial Development.

Current Position:

Adviselnc is a company that has been selected by NHS Improvement to provide the NHS' new purchasing price index and benchmarking (PPIB) tool. The objective of the tool is to enable Trusts to be better informed about prices paid on a product by product basis and the saving opportunities that this presents. The tool allows the identification of products where we pay more than our peers and provides an index to enable us to benchmark against other Trusts that purchase the same products.

This is the first benchmarking tool utilised across the NHS that names individual Trusts allowing for complete transparency and also for NHS Trusts to engage in direct communication with one another to better understand what sits beneath the data that may have had a direct impact upon the prices paid.

The Supplies team provided the initial spend data for the period 1<sup>st</sup> January 2016 to 30<sup>th</sup> June 2016 to Adviselnc to process through their benchmarking tool and continue to provide data on a monthly data as required. Adviselnc has analysed and released the data received from all English NHS Trusts. This data comprises common goods including paper goods, cleaning materials, stationery, clinical consumables and high cost medical devices. The Supplies Team is continuing to review this data to identify the actions required to reduce Supplies team continue to review this data to identify the opportunities and actions required to reduce costs. To date the top 20% of our demand which will cover approximately 80% of Trust within the commodity areas specified has been reviewed.

Four suppliers/distributors represent the top 20% of our usage and the benchmarking tool details savings ranging from £28,287 to £113,728 (based on median and minimum prices paid). In reality, savings opportunities will be anywhere between the two above figures. It must be noted that the data contained on the PPIB tool should not be taken as the final picture as a number of factors will impact upon prices paid and these will vary from Trust to Trust. These factors will include, but are not limited to:

- Volume purchased overall
- Volume purchased as a single order including bulk purchasing arrangements
- Contractual arrangements in place and commitment to a given supplier
- Rebate schemes
- Reagent rental agreements where the priced purchased also includes capital



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An action plan to deliver savings will be drawn up and will form part of the CIP programme subject to quality impact assessment. The remaining data analysis will be completed by 28<sup>th</sup> February 2017 and action plans and CIP plans will be updated accordingly. This process will ensure a systematic approach to the data analysis that covers thousands of lines and hundreds of suppliers and will include data validation and liaising with other Trusts as appropriate.

The Procurement Transformation Plan has been drafted and submitted to NHSI. This includes all data contained in the Carter Report such as percentage of purchase order lines via catalogue, percentage of expenditure via an electronic purchase order and NHS Standards Self-Assessment tool. The Plan includes key activities that the Trust needs to undertake to achieve the targeted performance as set out in the Carter Report along with any associated risks or issues.

The Trust adoption plan for the Global Standard (GS1) and pan European Public Procurement Online (PEPPOL) standards is currently being updated that will require approval by the Trust Board. This includes the introduction of an Inventory Management System (IMS) to improve product use, tracking and traceability. The Trust already has 385 electronic catalogues covering 61,772 lines. Potential investment is unclear at this stage as further due diligence and market assessment will be required to fully understand the level of investment. The adoption plan outlines processes we are required to undertake but does not detail the level of investment required for the introduction of an Inventory Management System

The Trust currently collaborates with a number of other organisations to improve procurement and reduce cost as much as possible, namely:

- A member of Health Trust Europe's Procurement Partnership Board in collaboration with 14 other NHS providers.
- A member of the Cheshire & Merseyside Agency Cluster along with 15 other member trusts that work in collaboration with HealthTrust Europe, Liaison and NHS Professionals. The Head of Procurement is the lead for the cluster.
- Members of the Procurement Team meet with NHS Supply Chain on a monthly basis to review all savings opportunities available.
- As part of the benchmarking activity the STP and LDS Alliance has also been set up as a group on the benchmarking tool so that benchmarking and a strategy for delivery of savings across both the STP and the Alliance can be established. Additionally an STP theatre group has been established via Alder Hey that is looking at delivery of savings specifically within Theatre.

The Trust has achieved NHS Standards of Procurement Level 1 accreditation and is working towards the achievement of Level 2 for review in February 2017 which will be then be presented to the NHS Standards of Procurement Assessment Group. The Head of Procurement sits on both the Procurement Staff Development Focus Group and the NHS Standards of Procurement Assessment Group.

## Recommendation 6

All Trusts and estates and facilities departments should operate at or above the median benchmarks for the operational management of their estates and facilities functions by April 2017 (as set out by NHS Improvement in April 2016); with all Trusts (where appropriate) having a plan to operate with a maximum of 35% of non clinical floor space and 2.5% of unoccupied or under used space by April 2017 and delivering this benchmark by April 2020, so that estates and facilities resources are used in a cost effective manner.

Lead Directors: Director of Finance and Commercial Development and Chief Operating Officer.

Current Position:

The Trust has completed its carbon energy plan, which includes the installation of Combined Heat and Power (CHP) at Warrington and Halton hospitals, motor and water controls, energy efficient luminaires, lighting controls and management systems. The Trust has undertaken Patient Level Costing and Service Line Reporting for a number of years and estates and facilities costs are an integral part of the costing to ensure that the outputs reflect as accurately as possible the true costs of service delivery. The Trust recently received the 2014/15 reference costs audit report which concluded that the Trust was materially compliant with Monitor's Costing Guidance (this is the highest level of compliance).

The latest 6 facet survey (which covers physical condition survey, statutory compliance audit, space utilization audit, functional suitability review, quality audit and environmental management audit of the estate) has been used to inform the Estates Return Information Collection (ERIC) returns. This is an annually compiled data set for the Department of Health which allows national comparisons with other Trusts and peer groups. This shows that the non patient occupied floor area is as follows

<b><i>Non patient occupied area</i></b>	<b><i>Percentage</i></b>
Warrington Hospital	42.9%
Halton Hospital (including CMTC)	37.4%
Total for both sites	41.2%
<i>Target by April 2020</i>	<i>35%</i>

Unoccupied or under-utilised floor area is as follows:

<b><i>Empty and underused area</i></b>	<b><i>Percentage</i></b>
Warrington Hospital	2.2%
Halton Hospital (including CMTC)	4.3%
Total for both sites	2.8%
<i>Target by April 2020</i>	<i>2.5%</i>



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The current Estates Strategy is on hold and will be incorporated within the strategic review of Estates as part of the strategic solutions for long term clinical and financial sustainability.

Analysis of the latest Model Hospital KPI's (now based on 2015/16) shows that in 11 of the 12 cost efficiency metrics (portering has been added this year) the Trust is below the Carter benchmark value (green). The only metric where the Trust is not achieving a green status is that of water and sewerage cost/square metre. It is not possible to influence the water and sewerage charges as these are set by The Water Services Regulation Authority (OFWAT) and are not subject to challenge. It should be noted that the Trust water consumption per bed space is in the lower quartile nationally which shows that this is not a case of profligate use of water. The Trust will continue to review the effectiveness of its estate and monitor cost efficiency metrics to ensure it provides value for money and take actions for any deviation from the benchmark values.

The information from the 2015/16 Model Hospital Comparative Productivity Metrics is summarised in the table below:

DoH Model Hospital Comparative Productivity Metrics (2015/16)	<i>Trust Actual</i>	<i>Peer Median</i>	<i>Benchmark Value</i>
<b>Cost Efficiency</b>			
Estates and Facilities Cost (£/m <sup>2</sup> )	£218	£315	£334
Estates and Facilities Cost (£/WAU)	£314	£402	£410
Hard FM Cost (£/WAU)	£77	£110	£100
Soft FM Cost (£/WAU)	£141	£180	£163
Building and Engineering Maintenance Cost (£/m <sup>2</sup> )	£24.69	£31.45	£26.87
Cleaning Cost (£/m <sup>2</sup> )	£34.15	£35.63	£37.85
Food Cost (£/m <sup>2</sup> )	£2.79	£2.99	£3.40
Laundry and Linen Cost (£/item)	£0.32	£0.29	£0.33
Energy Cost (£/unit)	£0.04	£0.05	£0.05
Special & Clinical Waste Cost (£/tonne)	£330	£377	£377
Water and Sewerage Cost (£/m <sup>2</sup> )	£4.01	£3.89	£3.44
Portering (£/m <sup>2</sup> )	£12.72	£19.81	£16.56



Comparison with the 2014/15 headline metrics against shows a continuing reduction in cost in all areas except 'Cleaning Cost', which although still in the green, has increased due to the additional number of clinical cleans carried out during 2015/16:

Narrative	2014/15	2015/16
Estates & Facilities Cost (£/m <sup>2</sup> )	£234	£218
Estates & Facilities Cost (£/WAU)	£343	£314
Hard FM Cost (£/WAU)	£81	£77
Soft FM (£/WAU)	£146	£141
Building & Engineering Maintenance Cost (£/m <sup>2</sup> )	£25.19	£24.69
Cleaning Cost (£/m <sup>2</sup> )	£33.22	34.15
Food Cost (£/m <sup>2</sup> )	£2.83	£2.79

### Recommendation 7

All Trusts corporate and administration functions should rationalise to ensure their costs do not exceed 7% of their income by April 2018 and 6% of their income by 2020 (or have plans in place for shared service consolidation with, or outsourcing to, other providers by January 2017), so that resources are used in a cost effective manner.

Lead Director: Chief Operating Officer and Director of Transformation.

NHS Improvement (NHSI) has recently undertaken national data collection exercises with a clear ambition to fast track savings in middle office (Pathology and Radiology) and back offices services. A formal project will be established using the national back office benchmarking collection to provide the baseline. The Trust will collaborate with other organisations where appropriate to provide services in a more streamlined way maximizing opportunities to procure and work at scale, reduce waste and support the delivery of clinical services, facilitating change were required.

Current position:

The Trust has compared the 2016/17 budgets for each corporate service against the overall planned income.

Corporate functions costs are 7.3% of the 2016/17 planned income including Sustainability and Transformation funding (£227.7m) and 7.6% excluding Sustainability and Transformation funding (£219.7m).



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The Carter report highlights Human Resources, Finance, IM&T and Procurement as functions that should test their existing services against shared service solutions. These services total £10.7m and account for 4.7% of the 2016/17 planned income (including the Sustainability and Transformation funding).

The Trust continues to explore Trust specific cost reduction opportunities as part of the continuous cost savings exercise and potential strategic solutions in collaboration with external providers.

NHS Improvement is currently developing a national set of benchmarks to allow for comparisons of corporate / administrative workforce across Trusts but details are awaited.

The corporate areas have CIP targets in 2016/17. CIP delivered will reduce their costs or increase income, improving their respective % cost figures. CIP progress for each area is summarised below.

Corporate Support Services	Annual target £000	CIP plan M01-09 £000	CIP Actual M01-09 £000	Variance Actual vs plan M01-09 £000
Pharmacy	170	165	182	17
Finance	175	154	170	16
Central Administration	9	7	7	0
PMO Office	19	23	22	-1
Estates	429	122	116	-6
Facilities	453	411	387	-24
Research & Development	2	0	0	0
Strategic Partnerships & Communications	67	54	54	0
Nursing and Governance	88	70	61	-9
HR & OD	203	144	143	-1
Information Technology	199	9	10	1
Trust Executives	112	7	20	13
Financial Services	0	105	105	0
<b>Total</b>	<b>1,925</b>	<b>1,271</b>	<b>1,277</b>	<b>6</b>

### Recommendation 8

NHS Improvement and NHS England should establish joint clinical governance by April 2016 to set standards of best practice for all specialties, which will analyse and produce assessments of clinical variation, so that unwarranted variation is reduced, quality outcomes improve, the performance of specialist medical teams is assessed accordingly to how well they meet the needs of patients and efficiency and productivity increase along the entire care pathway.

Lead Directors: Chief Operating Officer and Director of Transformation.

Current Position:

Any unwarranted variation within theatres and outpatients is being addressed through the theatres and outpatient work streams of the transformation programme and is closely monitored through the “grip and control” meetings by the Chief Operating Officer and the Director of Transformation.

The Trust is also working with the Emergency Care Improvement Programme around efficiencies in patient flow and has agreed a number of key work streams across mid Mersey following a systems review. Progress will be monitored through the A&E Delivery Board.

### **Recommendation 9**

All Trusts should have key digital information systems in place, fully integrated and utilised by October 2018 and NHS Improvement should ensure this happens through the use of “meaningful use” standards and incentives.

Lead Directors: Director of Information Management and Technology

Current Position (no change from position reported in previous quarterly report):

The Trust has plans to be fully digitised by 2018 (subject to the availability of funding), with our strategy and digital roadmap implementation improving our digital maturity assessment. Plans to improve our already mature base include Electronic Documents and Records Management System, ePrescribing and structured clinical notes. We will take an active part in the Warrington health economy in the development of digital plans including the implementation of a care record to enhance the integration of care across all providers.

### **Recommendation 10**

DH, NHS England and NHS Improvement, working with local government representatives, to provide a strategy for Trusts to ensure that patient care is focused equally upon their recovery and how they can leave acute hospital beds, or transfer to a suitable step down facility as soon as their clinical needs allow so they are cared for in the appropriate setting for themselves, their families and their carers.

Lead Director: Not applicable.

Current Position:

Further information from national bodies is awaited.

### **Recommendation 11**

Trust Boards should work with NHS Improvement and NHS England to identify where there are quality and efficiency opportunities for better collaboration and coordination of their clinical services across their local health economies, so that they can better meet the clinical needs of the local community.

Lead Director: Not applicable.

Current Position (no change from position reported in previous quarterly report):

The Trust is working in collaboration with external providers and commissioners to seek to address clinical and financial constraints through service, productivity and rationalisation opportunities.

Pathway Integration and efficiency through the local health economy will be digitally enabled through the use of Care Record, risk stratification and patients accessing personal health records.

### **Recommendation 12**

NHS Improvement should develop the model hospital and the underlying metrics, to identify what good looks like, so that there is one source of data, benchmarks and good practice.

Lead Directors: Not applicable

Current Position:

NHS Improvement has now published the model hospital data and the Trust will now focus on using the information to drive forward clinical and corporate practices so that outputs and financial performances can be improved.

### **Recommendation 13**

NHS Improvement should, in partnership with NHS England by July 2016, develop an integrated performance framework to ensure there is one set of metrics and approach to reporting, so that the focus of the NHS is on improvement and the reporting burden is reduced to allow Trusts to focus on quality and efficiency.

Lead Director: Not applicable.

Current Position (no change from position reported in previous quarterly report):

In September NHS Improvement published the document Single Oversight Framework (SOF) for all NHS Trusts and Foundation Trusts. This replaced the Monitor Risk Assessment Framework and the Trust Development Authority Accountability Framework from the



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provider sector and was effective from 1<sup>st</sup> October 2016. The main aim of the SOF is to focus on five themes (quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability) that will assist providers in attaining and/or maintaining CQC ratings of good or outstanding.

Each Trust was allocated to a segment which reflects the level of support required. This Trust was in segment 3 (in breach of licence and requires formal action) and therefore mandated support as determined by NHSI.

#### **Recommendation 14**

All acute Trusts should make preparations to implement the recommendations of this report by the dates indicated, so that productivity and efficiency improvement plans for each year until 2020/21 can be expeditiously achieved.

Lead Directors: All Executive Directors.

Current Position:

See individual recommendations.

#### **Recommendation 15**

National bodies should engage with Trusts to develop their timetable of efficiency and productivity improvements up until 2020/21, and overlay a benefits realisation system to track the delivery of savings, so that there is a shared understanding of what needs to be achieved.

Lead Director: Not applicable.

Current Position:

Further information from national bodies is awaited.

## **4. CONCLUSION**

The Trust has embraced the recommendations and already complies with some of the key targets and performance indicators and is making progress on those applicable to the organisation.

It is important to recognise that NHS Improvement considers progress and implementation of the Lord Carter recommendations as mandatory and compliance is a key feature of future governance standards as indicated in the *Single Oversight Framework* (see recommendation 13).

Further progress reports will be provided to the Trust Board on a quarterly basis.



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## 5. RECOMMENDATION

The Board of Directors is requested to note the contents of the report.

**Andrea Chadwick**  
**Director of Finance and Commercial Development**  
**18<sup>th</sup> January 2017**



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## BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>BM/17/01/12</b>	
<b>SUBJECT:</b>	<b>Charitable Fund Annual Report and Accounts for year ending 31<sup>st</sup> March 2016</b>	
<b>DATE OF MEETING:</b>	<b>25<sup>th</sup> January 2017</b>	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	Katie Armstrong, Financial Accountant	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.3: National & Local Mandatory, Operational Targets	
	BAF1.4: Business Continuity	
	BAF3.3: Clinical & Business Information Systems	
<b>STRATEGIC CONTEXT</b>	The Annual Report and Accounts have been prepared in accordance with Part 8 of the Charities Act 2011, the Statement of Recommended Practice for charities and Financial Reporting Standard 102.	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	For the year ending 31 <sup>st</sup> March 2016 the Charity has generated income of £190k and incurred expenditure of £211k which has decreased the balance of funds by £21k. The balance of funds held as at 31 <sup>st</sup> March 2016 is £609k.	
<b>RECOMMENDATION:</b>	The Board of Directors is requested to approve the Charitable Funds Annual Report and Accounts for year ending 31 <sup>st</sup> March 2016.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Charitable Funds Committee
	<b>Agenda Ref.</b>	16/034
	<b>Date of meeting</b>	5 <sup>th</sup> December 2017
	<b>Summary of Outcome</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	





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## 1. BACKGROUND/CONTEXT

The purpose of the report is to provide the Board of Directors with the Annual Report and Accounts for the Charitable Fund for the year ending 31<sup>st</sup> March 2016.

## 2. KEY ELEMENTS

In accordance with the Charities Commission in England and Wales the Corporate Trustee is required to produce an annual report and accounts for the charity on a yearly basis and file with the Charities Commission within ten months of the financial year end. Therefore the 2015/16 Annual Report and Accounts need to be submitted to the Charities Commission by 31<sup>st</sup> January 2017.

The draft 2015/16 Annual Report and Accounts were submitted to the Charitable Funds Committee on 5<sup>th</sup> December 2016 and have been reviewed by Voisey & Co, Independent Examiners. The Annual Report and Accounts have been prepared in accordance with Part 8 of the Charities Act 2011, the Statement of Recommended Practice for charities and Financial Reporting Standard 102.

For the year ending 31<sup>st</sup> March 2016 the Charity has generated income of £190k and incurred expenditure of £211k which has decreased the balance of funds by £21k. The balance of funds held as at 31<sup>st</sup> March 2016 is £609k.

## 3. RECOMMENDATIONS

The Board of Directors is requested to approve the Charitable Funds Annual Report and Accounts for year ending 31<sup>st</sup> March 2016.



# **Warrington and Halton Hospitals NHS Foundation Trust Charitable Fund**

## **Trustee's Annual Report & Independently Examined Financial Statements**

**For the Year to 31st March 2016**

**Registered Charity No 1051858**

## Contents

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## Reference and administrative details

<b>Address of Charity:</b>	Lovely Lane Warrington Cheshire WA5 1QG Tel: 01925 662835
<b>Registered Charity no:</b>	1051858
<b>Bankers:</b>	Government Banking Service 7 <sup>th</sup> Floor, Southern House Wellesley Grove Croydon CR9 1TR
<b>Independent examiners:</b>	Voisey & Co 8 Winmarleigh Street Warrington Cheshire WA1 1JW

## Report of the Trustee for the year ended 31st March 2016

### Foreword

Warrington and Halton Hospitals NHS Foundation Trust (the "Corporate Trustee") presents the Charitable Funds Annual Report together with the independently examined financial statements for the year ended 31st March 2016 of Warrington and Halton Hospitals NHS Foundation Trust Charitable Fund ("the Charity"). Under Part 8 section 145 of the Charities Act 2011, the Corporate Trustee has exercised the Charity's exemption from audit. External scrutiny through *independent examination* is permitted and deemed appropriate for the Charity as its gross income is below a statutory threshold.

The Charity's Annual Report and Accounts for the year ended 31st March 2016 have been prepared by the Corporate Trustee in accordance with Part 8 of the Charities Act 2011 and the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16<sup>th</sup> July 2014. The Charity's report and accounts include all of the separately established funds for which the Warrington and Halton Hospitals NHS Foundation Trust is sole beneficiary.

## Structure, governance and management

### Corporate Trustee

The sole corporate trustee of the Charity is the Warrington and Halton Hospitals NHS Foundation Trust. The Charity was established in accordance with paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Corporate Trustee is managed by its Board of Directors which consists of executive and non-executive directors. It has responsibility for planning, directing and controlling the activities of the entity, ensuring that the NHS body fulfils its duties in managing the charitable funds.

The members of the Board of Directors of the Corporate Trustee who served during the financial year and up to the date of compilation of this report were as follows.

Name	Title	
Steve McGuirk	Chairman	Commenced 1 <sup>st</sup> April 2015
Lynne Lobley	Non-Executive Director / Deputy Chair	Resigned 30 <sup>th</sup> November 2016
Mike Lynch	Non-Executive Director	Resigned 30 <sup>th</sup> November 2015
Ian Jones	Non-Executive Director	
Terry Atherton	Non-Executive Director	
Anita Wainwright	Non-Executive Director	
Margaret Bamforth	Non-Executive Director	Commenced 1 <sup>st</sup> May 2016
Mel Pickup	Chief Executive	
Mark Brearley	Interim Director of Transformation / Interim Director of Finance and Commercial Development <sup>(2)(1)</sup>	Commenced 1 <sup>st</sup> July 2015 Resigned 31 <sup>st</sup> January 2016
Tim Barlow	Director of Finance and Commercial Development	Resigned 30 <sup>th</sup> November 2015
Andrea Chadwick	Director of Finance and Commercial Development	Commenced 1 <sup>st</sup> February 2016
Sharon Gilligan	Chief Operating Officer	Commenced 1 <sup>st</sup> December 2015
Simon Wright	Chief Operating Officer / Deputy Chief Executive	Resigned 30 <sup>th</sup> September 2015
Karen Dawber	Director of Nursing and Organisational Development	Resigned 19 <sup>th</sup> August 2016
Kimberley Salmon-Jamieson	Chief Nurse	Commenced 7 <sup>th</sup> September 2016
Pat McLaren	Director of Community Engagement and Corporate Affairs <sup>(1)</sup>	Commenced 1 <sup>st</sup> December 2015
Simon Constable	Medical Director/Deputy Chief Executive	
Jason DaCosta	Director of Information Technology <sup>(1)</sup>	
Jan Ross	Acting Chief Operating Officer	Commenced 1 <sup>st</sup> October 2015 Resigned 30 <sup>th</sup> November 2015 <sup>(3)</sup>
Roger Wilson	Director of Human Resources and Organisational Development <sup>(1)</sup>	
Mark Partington	Interim Director of Transformation <sup>(1)</sup>	Commenced 1 <sup>st</sup> December 2015 Resigned 31 <sup>st</sup> January 2016
Lucy Gardner	Director of Transformation <sup>(1)</sup>	Commenced 1 <sup>st</sup> February 2016

(1) Non-voting Executive Directors.

- (2) Interim Director of Transformation from 1<sup>st</sup> July 2015 to 30<sup>th</sup> November 2015 and Interim Director of Finance and Commercial Development from 1<sup>st</sup> December 2015 to 31<sup>st</sup> January 2016.
- (3) Relates to time in post as Director.

The Charity is established as an umbrella charity, registered with the Charity Commission (no. 1051858). The umbrella charity covers the existence of a single unrestricted general fund containing 4 (2015:4) designated funds as at 31<sup>st</sup> March 2016, and, currently, 8 restricted funds (2015:7). The Charity was first registered as both Halton General Hospital NHS Trust Charity and Warrington Hospital NHS Trust Charity in April 1996 under the Charities Act 1993, which is now been incorporated into the Charities Act 2011.

In April 2001, supplemental deeds were executed to amalgamate the administration, trustees, objects and powers of the two charities following merger of the two organisations, creating the single body known as North Cheshire Hospitals NHS Trust Charitable Fund. On 1<sup>st</sup> December 2008, the Trust changed its name to Warrington and Halton Hospitals NHS Foundation Trust, following its transition to Foundation Trust status. The name of the Charity was changed accordingly by way of a supplemental deed and registered with the Charity Commission on 16th March 2010.

### **Charitable Funds Committee**

The Board of Directors (the Board) established a committee on 5<sup>th</sup> April 2001, known as the Charitable Funds Committee, (the Committee) reporting to the Board, in accordance with standing order 6 for the practice and procedure of the Board of Directors (annex 7 of the Trust's Constitution). The role of the Committee is to oversee the management of the affairs of the Charitable Fund. This is a delegated duty carried out on behalf of the Corporate Trustee. The role is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation, and to provide information to the Audit Committee to enable it to provide assurance to the Board that the Charity is properly governed and well managed across its full range of activities.

Aside from any restricted funds held, the Charity holds a single general fund, within which designated funds have been created to acknowledge expressions of wish from donors about the particular department or ward which should ideally benefit from their generosity. The Trustee has an intention to use the income of designated funds in the areas indicated by donors. However the Committee may choose to apply the funds to general purpose in any area of the Trust's hospitals in accordance with the Health Service Act 1977.

### **Membership of the Committee**

The Committee comprises:

- at least two non-executive directors of the Board\*;
- the Director of Finance and Commercial Development or the delegated deputy;
- the Chief Nurse;
- Head of Financial Services;
- Director of Community Engagement and Corporate Affairs; and
- One public governor



\* All non-executive directors of the Trust are members of the Charitable Funds Committee and are entitled to attend and vote at any meeting of the Committee.

During the year under review and up to the date of compilation of this Report, the members of the Charitable Funds Committee were as follows.

Name	Position held	
Steve McGuirk	Chairman	Commenced 1 <sup>st</sup> April 2015
Lynne Lobley <sup>(1)</sup>	Non-Executive Director (Chair of Charitable Funds Committee)	Resigned 30 <sup>th</sup> November 2016
Mike Lynch <sup>(1)</sup>	Non-Executive Director	Resigned 30 <sup>th</sup> November 2015
Ian Jones <sup>(1)</sup>	Non-Executive Director	
Terry Atherton <sup>(1)</sup>	Non-Executive Director	
Anita Wainwright <sup>(1)</sup>	Non-Executive Director	
Margaret Bamforth <sup>(1)</sup>	Non-Executive Director	Commenced 1 <sup>st</sup> May 2016
David Ellis <sup>(1)</sup>	Public Governor of Warrington and Halton Hospitals NHS Foundation Trust	
Pat McLaren <sup>(1)</sup>	Director of Community Engagement and Corporate Affairs	Commenced 1 <sup>st</sup> December 2015
Mark Brearley <sup>(1)</sup>	Interim Director of Transformation / Interim Director of Finance and Commercial Development	Commenced 1 <sup>st</sup> December 2015 Resigned 31 <sup>st</sup> January 2016
Tim Barlow <sup>(1)</sup>	Director of Finance and Commercial Development	Resigned 30 <sup>th</sup> November 2015
Andrea Chadwick <sup>(1)</sup>	Director of Finance and Commercial Development	Commenced 1 <sup>st</sup> February 2016
Karen Spencer <sup>(1)</sup>	Head of Financial Services	
Chris Horner	Associate Director of Communications	Resigned 31 <sup>st</sup> March 2016
Mike Barker <sup>(1)</sup>	Deputy Director of Commercial and Corporate Development	Commenced 1 <sup>st</sup> May 2014 Resigned 31 <sup>st</sup> October 2015
Karen Dawber <sup>(1)</sup>	Director of Nursing and Organisational Development	Resigned 19 <sup>th</sup> August 2016
Kimberley Salmon-Jamieson	Chief Nurse	Commenced 7 <sup>th</sup> September 2016

(1) Member of the Charitable Funds Sub Committee for the purposes of approving charitable bids. See page 3 for membership of the Charitable Funds Committee.

The Director of Finance and Commercial Development is responsible for day to day control of the administration of the charitable funds, and, in conjunction with the Chief Executive, approves expenditure on behalf of the Corporate Trustee with an upper limit of £5,000. Expenditure between £5,001 and £24,999 is referred to the Charitable Funds Sub Committee for approval. Requests that are referred to the Sub Committee must be approved by the following members;

- At least two Non-Executive Directors of the Board;
- One from the Chief Nurse or the Director of Finance and Commercial Development or the delegated deputy;

- One from the Head of Financial Services, Director of Community Engagement and Corporate Affairs or Public Governor:

Expenditure in excess of £25,000 is referred to the Charitable Funds Committee on a quarterly basis.

Members of the Trust Board and the Charitable Funds Committee are not individual Trustees under Charity Law, but act as agents on behalf of the Corporate Trustee.

### **Corporate Trustee's appointments**

The methods of appointment to the key governance roles within the Board of Directors and Council of Governors of the Corporate Trustee are reported in the Corporate Trustee's Annual Report and Accounts 2015/16 and contained within the Corporate Trustee's Constitution. Copies of these documents can be obtained from the Corporate Trustee's website or from its Communications office, located at Warrington Hospital, Lovely Lane, Warrington, Cheshire WA5 1QG.

All appointments to the Charitable Funds Committee are made in accordance with the Charitable Funds Committee's approved Terms of Reference.

Trust staff including executive and non-executive directors, are required to complete the Trust's corporate induction programme, and are encouraged towards continuous professional development through the Trust's on-going performance management arrangements. Directors are able to seek individual professional advice or training at the Trust's expense in the furtherance of their duties.

Governors' knowledge is refreshed through a range of briefing sessions and workshops. The Board of Directors, Charitable Funds Committee and governors all have direct access to advice from the Board Secretary who is responsible for ensuring that the Corporate Trustee's procedures are followed and that applicable regulations are complied with.

### **Administration**

The accounting records and day to day financial administration of the funds are dealt with by the Finance Department. Fund raising and promotion of the charity is administered by the Trust's Fundraising team located within the Communications office, both are located at Warrington Hospital, Lovely Lane, Warrington, Cheshire WA5 1QG.

### **Risk management**

The major risks to which the Charity is exposed have been identified and considered. A risk register has been compiled which is reviewed by the Charitable Funds Committee on a biannual basis. Income and expenditure is monitored as part of the risk management process, to avoid unforeseen calls on reserves.

## Objectives and strategy

The objective of the Charity is to provide for any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services provided by Warrington and Halton Hospitals NHS Foundation Trust.

In its widest context this can mean the provision of medical equipment and training for any hospital employee or group of employees, and the provision of facilities for the direct benefit of our patients. The Corporate Trustee attempts to balance the purchasing of essential equipment for essential services against expenditure which improves the general environment and facilities of the hospitals for its patients. In achieving this balance, the Corporate Trustee always has in mind the wishes of the donors to the Charity.

## Public interest benefit

The Corporate Trustee ensures that the *public interest benefit* criteria, as detailed in the Charities Act 2011, are met by critically assessing each funding application from sub-fund holders. Applications for funding can be made by any department within the hospitals, and applications are only restricted by the availability of funds and the quality of the application.

Where possible, funds are used to provide benefit to a wide range of patients, and funds used for staff enablement are allocated to projects that will directly benefit patients. A summary of major purchases made by the Charity during the year under review is contained in the Annual Review of Income and Expenditure Activities [page 9].

## Reserve policy

### Requirement

In accordance with Charity Commission guidance, the Corporate Trustee acknowledges that there is a requirement to hold reserves. The reserves policy should take into account future commitments from the general unrestricted funds held by the Charity. Assuming that funds have been designated appropriately and will be spent within a reasonable timescale the charity should not rely on the unrestricted designated funds for the absorption of overheads on a continuing basis. Therefore the level of reserves held in the general unrestricted funds of the charity should be sufficient to cover the annual support costs and overheads of the charity.

The charity approves expenditure on a case by case basis taking into account the level of funds available and the Corporate Trustee reserves the right to cancel any past delegation and transfer monies to the general unrestricted funds of the Charity. This may be considered where designated funds have not been spent within a reasonable timescale or where the original purpose of the designation no longer exists. Likewise the Corporate Trustee may choose to designate funds for a particular purpose.

## **Level of reserves**

As at 31<sup>st</sup> March 2016 the Corporate Trustee considers that a minimum reserve of £90,000 (£90,000 as at 31<sup>st</sup> March 2015) in the unrestricted general purpose fund should be permanently maintained.

## **Monitoring**

The Director of Finance and Commercial Development will report on the progress of the reserves and make recommendations to the Charitable Funds Committee in order to comply with the policy. The Charitable Funds Committee has authority to vary the minimum level of reserves.

At 31<sup>st</sup> March 2016 the unrestricted general purpose fund held reserves of £119,147 (£118,360 as at 31<sup>st</sup> March 2015). The difference between the reserves of £119,147 and the £90,000 per the reserves policy is due to existing commitments not yet realised as at 31<sup>st</sup> March 2016.

## **Investment policy**

### **Introduction**

Where NHS charitable funds have surplus monies in excess of the minimum reserves plus those required to fund commitments that have not yet been realised, Trustees may elect to invest some or this entire surplus in order to generate additional income to fund future charitable activities.

### **Investment criteria**

The investment policy of the Corporate Trustee is to deposit the entire value of the fund with the Government Banking Service in an interest-bearing account. This decision is based upon the intention in the short term to spend the funds, such that long-term investment would not be appropriate.

### **Interest receivable, interest payable and bank charges**

It is the policy of the Corporate Trustee to apportion interest payable and bank charges across all funds, and to credit all funds with the proceeds of the Charity's investments based on the average balance of the funds held.

## Annual review of income and expenditure

During 2015/16, the Charity continued to support a wide range of charitable and health-related activities, by purchasing supplementary and complementary equipment or services which may not ordinarily have been provided from NHS sources.

Total income in 2015/16 was £187,515 (£484,050 in 2014/15). The main source of income received in 2015/16 by the Charity has been voluntary donations from members of the public totalling £101,621 (£79,710 in 2014/15). The Charity also received legacy income of £86,094 (£404,340 in 2014/15). Legacy income where subject to a legal trust is held as restricted funds.

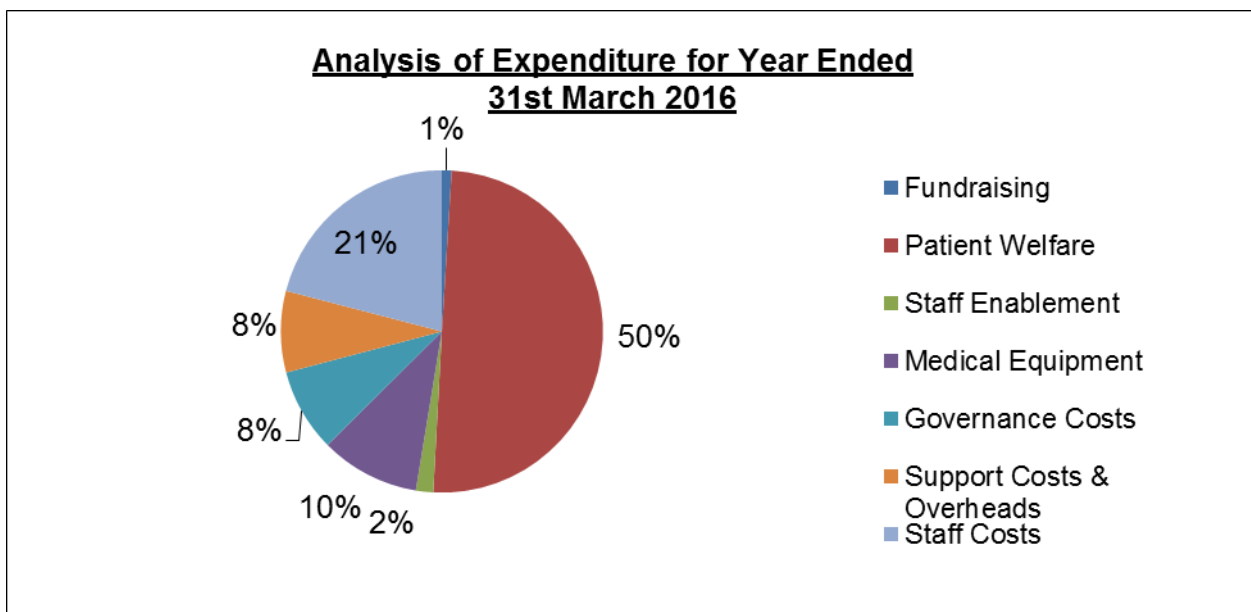
The Charity's unrestricted general fund contains a number of designated funds in order to assist the donors in matching their donation with a particular department. All donations are accepted taking into account the donors' intentions and are held in the general fund unless a restriction has been applied; in this case, a separate restricted fund may be created.

In 2015/16, the charity's fundraising team spent £1,220 (£1,790 in 2014/15) in advance of fundraising events scheduled to take place in 2016/17.

The Corporate Trustee is committed to ensuring that all funds are directed to patient benefit as soon as possible. Expenditure on charitable activities for 2015/16 was £191,543 (£471,150 in 2014/15).

Expenditure in relation to governance and other overheads, for 2015/16, was £17,470 (£17,317 in 2014/15).

An analysis of the Charity's different categories of expenditure is shown below.



**Analysis of significant expenditure in 2015/16 (items costing more than £1,000) \***

• Improvements to enhance patient areas at the Halton site.	£32,405
• Patient therapies and support services in the Macmillan Delamere Centre.	£16,000
• Gym equipment for therapies and rehabilitation.	£13,869
• 3 Phototherapy units for Neonatal and Maternity.	£13,230
• Instruments to support new video laryngoscope systems in Intensive Care.	£10,376
• Clinical interface system for cardiac services.	£8,400
• Improvements across all sites for the comfort of patients and their families such as bedside chairs, artwork.	£6,800
• Neonatal drug infusion pumps.	£6,741
• Broadcasting licences.	£5,861
• Improvements to patient areas in the Macmillan Delamere Centre.	£2,500
• Software for the cataract service.	£2,214
<b>Total expenditure on individual items costing more than £1,000</b>	<b>£118,396</b>
Other Charitable purchases (under £1,000 per item)	£11,969
<b>Total Charitable expenditure</b>	<b>£130,365</b>

\*Items listed relate to expenditure on patient welfare, medical equipment and staff welfare with direct benefit to patients contained within note 4 on page 22.

## Future plans

The Corporate Trustee does not expect significant changes in the objectives of the Charity in the forthcoming year and is committed to utilising funds to ensure that funds expended are directed to patient benefit as soon as is practicable. During the period under review the Charitable Funds Committee sought spending plans from holders of both restricted and designated income funds with the intention of significantly reducing reserves where suitable projects or programmes can be identified.

At the date of compilation of the financial statements, the following schemes, each involving commitments in excess of £1,000 have been approved.

- |  |         |
|--|---------|
| • George Lloyd Restaurant for use by patients, staff and visitors at the Halton site.  | £79,230 |
| • Enhancements to the facilities and environment in ward B14 for use by Stroke patients.   | £23,022 |
| • Clinical Interface system to enhance the service provided to cardiac patients.   |         |
| • Cardiotocograph for use by patients in the Antenatal Unit to improve the monitoring of baby's heartbeat and to better identify any sign of distress during labour in accordance with a restriction on income received. | £17,087 |
| • Washing machine and drier for use in the neonatal unit.  | £10,000 |
| • New wheelchairs to enhance the patient experience for visitors with mobility difficulties.   | £5,321  |
| • Items for use in clinical training to enhance patient care.  | £3,564  |
| • Support services in the Macmillan Delamere Centre.   | £2,761  |
| • Spirometer device for use by patients with pulmonary diseases.   | £2,510  |
|  | £1,548  |



## Statement on future strategy

Our strategy for 2016-2017 builds on our work in 2015-2016 and has seen the charity brand begin to be established in a more high profile way with the distribution of collection tins, a strengthened community profile, professional database management, donation tracking and administration functions – along with increased support for teams fundraising.

Our aim now is to increase the amount of active fundraising and thus income to the fund in the future. It is an exciting time for the charity and one where there is a strong belief that foundations have been laid that can be built on over the next 12 months and beyond.

**Our outline strategy for 2016-2017 sets the following objectives, with the ultimate objective of significantly increasing income to the charity from community sources:**

- Raise the profile of the Warrington and Halton Hospitals' Charity across the local community and across the hospitals' internal communities;
- Be clearer about why the trust is fundraising, and more transparent about how donations are invested for the benefit of patients (including the difference Gift Aid makes);
- Engage supporters and local communities in ways they can fundraise or volunteer for the charity, with an emphasis on fundraising activities which do not require extensive management or investment by the trust;
- Build long-term relationships with supporters through effective donor communications and stewardship;
- Internally, engage all wards and departments in thinking of their area as being part of one charity, with fundraising benefitting all areas equally.

**In order to meet the above objectives, priority areas have been identified and were agreed by the Charitable Funds Committee in July 2014.**

This outline strategy does consider the current resources of the Charity, in order to set realistic and achievable delivery aims, and as such focuses on a smaller number of areas to make a bigger impact.

**Our priority areas are:**

### **1. Launch of giving campaigns to ask people to fundraise for clearly identified projects.**

Projects have been selected to move us towards the aim of identifying clear fundraising campaigns for periods of the year with clear outcomes that allow us to create a strong call for support, and a single focus for community and corporate fundraising across all charity and trust communications.

2016/2017 will see two campaigns: -

- **Making Waves:** - Children's ward outdoor play area. This campaign will work towards fundraising to provide a new Outdoor play area for the Children's Ward, and was launched in early 2016/17 - we are undertaking external funding bids for elements of the campaign - seeking around £100k in total (dependent on any of the external bids contributing to the fund).
- **Dig Deep for Dementia:** – 2<sup>nd</sup> phase dementia garden. We have commissioned designs for phase two of the dementia garden and a fundraising appeal was launched in 2016/17.

## **2. Increase of 'In Memory' thank you fundraising promotion, and the promotion of Tribute Funds**

The charity already attracts a good level of "In Memory" fundraising with the majority of Just Giving pages being set up in memory of a person who had received care by the trust. However, the charity currently misses an opportunity to increase income to this area, and particularly through utilising the Just Giving in Memory function which enables donors to set up a specific page about their loved one and ask their friends and family to donate. Research into alternative tribute pages is currently underway, bringing a variety of ways in which to engage the in this area.

## **3. Increase recognition of our charity 'tree' logo**

We have introduced a number of highly visible charity awareness tools throughout the trust; from our six foot Charity logo - that greets every member of staff and visitor walking through our doors at the Warrington site to providing fundraising information boards throughout the Trust. The charity's internal awareness is definitely growing.

The charity team have also been busy building external awareness by organising community events, recruiting new support for our collection tins and our social media sites have become a lot more active, reaching a variety of supporters.

The creation of a fundraising brochure is currently underway and will be available to all in early 2017.

## **4. Charity volunteer recruitment**

One key element as our work grows is to focus on the recruitment of volunteers to assist with events and community growth. The plan is to create a 'volunteers journey' which is to include promotion/recruitment & nurturing of all internal & external volunteers, helping to secure long term support.

### **Developing the charity function in the trust**

During 15/16 the charity has employed, on a fixed term basis, a Charity Fundraising Manager, Helen Higginson.

Helen brings with her many years of fundraising experience and has the commitment to drive the WHH Charity fundraising efforts, establishing a good strategy with a strong forward thinking vision, paramount to our success.

Helen would welcome your fundraising thoughts and ideas so please do not hesitate to make contact at [helen.higginson@whh.nhs.uk](mailto:helen.higginson@whh.nhs.uk) or call 01925 662666.

## Acknowledgement

The Corporate Trustee would like to extend its sincere thanks on behalf of the patients and staff who have felt the impact of this year's donations and legacies, received in person at our Cash Offices, by post or through the Just Giving website. Many of our donors have contributed in times of personal difficulty.

Gratitude is also extended to the Leagues of Friends at both Warrington and Halton Hospitals. These independent charities operate alongside the Charity, sharing similar objectives, and the Charity occasionally co-purchases items with them.

The Corporate Trustee would also like to acknowledge the increasing fundraising activities of our donors, who have been holding events and undertaking a variety of sponsored feasts to generate awareness and funds for the Charity. Their contributions, imagination and enthusiasm are greatly appreciated.

Information regarding the independently examined accounts can be obtained from the Finance Department on 01925 662835.

Approved on behalf of the Corporate Trustee.

PAT MCLAREN ..... Date: 25<sup>th</sup> January 2017  
Director of Community Engagement and Corporate Affairs

## Statement of Trustee's responsibilities

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year, and of its financial position at the end of the year. In preparing financial statements that give a true and fair view, the Trustee should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation;
- keep proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Charity, and which enables the Trustee to ensure that the financial statements comply with the requirements in the Charities Act 2011, the Charity (Accounts and Reports) Regulations and the provisions of the trust deed; and
- Safeguard the assets of the Charity, therefore taking reasonable steps in the prevention and detection of fraud and other irregularities.

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 17 to 27 attached have been compiled from, and are in accordance with, the financial records maintained by the Corporate Trustee.

Approved by the Corporate Trustee on 25<sup>th</sup> January 2017 and signed on its behalf by:

STEVE MCGUIRK .....  
Chairman

ANDREA CHADWICK.....  
Director of Finance and Commercial Development

## **INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST CHARITABLE FUND**

I report on the accounts for the year ended 31<sup>st</sup> March 2016 set out on pages 17 to 27

### **Respective responsibilities of trustees and examiner**

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 ("the Charities Act") and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the Charities Act,
- to follow the procedures laid down in the general Directions given by the Charity Commission (under section 145(5)(b) of the Charities Act, and
- to state whether particular matters have come to my attention.

### **Basis of independent examiner's statement**

My examination was carried out in accordance with general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

### **Independent examiner's statement**

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in, any material respect, the requirements:
  - to keep accounting records in accordance with section 130 of the Charities Act; and
  - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Charities Acthave not been met; or
2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Philip Urmston BSc FCA  
Voisey & Co, Chartered Accountants  
8 Winmarleigh Street  
Warrington, Cheshire WA1 1JW

..... January 2017

## Statement of Financial Activities

	Note	Unrestricted Funds	Restricted Funds	Endowment Funds	Total Funds	Prior Year Total Funds
		2015/16	2015/16	2015/16	2015/16	2014/15
		£000	£000	£000	£000	£000
<b>Incoming and endowments from:</b>						
Incoming resources from generated funds						
Donations and legacies	2	68	120	0	188	484
Other trading activities		0	0	0	0	2
Income from Investments	3	1	1	0	2	2
<b>Total income and endowments</b>		<b>69</b>	<b>121</b>	<b>0</b>	<b>190</b>	<b>488</b>
<b>Expenditure on:</b>						
Raising funds		(2)	0	0	(2)	(2)
Charitable activities	4	(61)	(148)	0	(209)	(488)
<b>Total expenditure</b>		<b>(63)</b>	<b>(148)</b>	<b>0</b>	<b>(211)</b>	<b>(490)</b>
Net income/(expenditure)		6	(27)	0	(21)	(2)
Transfers between funds		(64)	64	0	0	0
<b>Net movement in funds</b>		<b>(58)</b>	<b>37</b>	<b>0</b>	<b>(21)</b>	<b>(2)</b>
<b>Reconciliation of funds</b>						
Total funds brought forward		201	429	0	630	632
<b>Total funds carried forward</b>		<b>143</b>	<b>466</b>	<b>0</b>	<b>609</b>	<b>630</b>



Warrington & Halton  
Hospitals' Charity

**Trustee's Annual Report and Accounts  
Year Ended 31st March 2016**

## Balance Sheet as at 31<sup>st</sup> March 2016

	Note	Unrestricted Funds	Restricted Funds	Endowment Funds	Total Funds	Prior Year Total Funds
		2015/16 £000	2015/16 £000	2015/16 £000	<b>2015/16 £000</b>	2014/15 £000
<b>Fixed Assets</b>						
Intangible assets	7	17	0	0	<b>17</b>	0
<b>Total fixed assets</b>		<b>17</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>0</b>
<b>Current assets</b>						
Cash at Bank and in hand	8	126	428	0	<b>554</b>	723
Debtors	9	2	38	0	<b>40</b>	53
<b>Total current assets</b>		<b>128</b>	<b>466</b>	<b>0</b>	<b>594</b>	<b>776</b>
<b>Current liabilities</b>						
Creditors: amounts falling due within one year	10	(2)	0	0	<b>(2)</b>	(146)
<b>Net current assets</b>		<b>126</b>	<b>466</b>	<b>0</b>	<b>592</b>	<b>630</b>
<b>Total assets less current liabilities</b>		<b>143</b>	<b>466</b>	<b>0</b>	<b>609</b>	<b>630</b>
<b>Non current liabilities</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net assets</b>		<b>143</b>	<b>466</b>	<b>0</b>	<b>609</b>	<b>630</b>
<b>The funds of the Charity</b>						
Total Charity funds	14	143	466	0	609	630
<b>Total funds carried forward</b>		<b>143</b>	<b>466</b>	<b>0</b>	<b>609</b>	<b>630</b>

**The funds of the Charity:**

The notes on pages 19 to 27 form part of these accounts.

Signed:

Chairman.....Date 25<sup>th</sup> January 2017

Director of Finance  
and Commercial Development.....Date 25<sup>th</sup> January 2017



## Notes to the accounts

### Note 1 Accounting policies

The financial statements have been prepared under the historical cost convention and in accordance with Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16<sup>th</sup> July 2014 and the Charities Act 2011.

These financial statements for the year ended 31st March 2016 are the first financial statements of Warrington and Halton Hospitals NHS Foundation Trust Charitable Fund prepared in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. The date of transition to FRS 102 was 1st April 2014. The reported financial position and financial performance for the previous period are not affected by the transition to FRS 102.

The financial statements are presented in Pounds Sterling, rounded to the nearest thousand.

There is no requirement for the Charity to prepare a cash flow statement since it is exempt due to being a 'smaller' charity (i.e. income less than £500k).

#### 1.1 Accounting judgements and key sources of estimation uncertainty

In the application of the Charity's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors considered of relevance. Actual results may differ from those estimates, and underlying assumptions are continually reviewed. Revisions to estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of revision and future periods if the revision affects both current and future periods.

The following are the areas of critical judgements that management have made in the process of applying the entity's accounting policies.

##### Going concern

After making enquiries, the Corporate Trustee has a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. For this reason, it continues to adopt the going concern basis in preparing these financial statements.

There are currently no sources of estimation or uncertainty that are judged to cause a significant risk of material adjustment to the financial statements.

## **1.2 Funds structure**

Restricted funds are to be used in accordance with the specific restrictions imposed by the donor. The Charity held 8 restricted funds at the end of the year under review.

The Charity did not hold any endowments, expendable or otherwise, during the year under review.

Unrestricted funds comprise those funds which the Corporate Trustee is free to use for any purpose in furtherance of the Charity's charitable objects. The Charity has a single unrestricted general fund containing several designated funds. These unrestricted designated funds are created to honour donors' expressions, or are created by the Trustee, at its discretion, to designate monies for specific future purposes. Any funds held within a designated fund can be merged or transferred within the general fund at any time, at the discretion of the Trustee, in accordance with the Health Service Act 1977 and the Charity's dormant funds policy.

## **1.3 Incoming resources**

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable that the resources will be received, and the monetary value of incoming resources can be measured with sufficient reliability.

There were no material gifts in kind or intangible income in the year under review.

## **1.4 Incoming resources from legacies**

Legacies are accounted for as incoming resources either upon receipt, or where the receipt of the legacy is probable. This would require that confirmation has been received from the representatives of the estate(s) that payment of the legacy will be made or property transferred, and that all of the conditions attached to the legacy have been fulfilled.

Material legacies which have been notified, but not recognised as incoming resources in the Statement of Financial Activities, are disclosed in Note 13 to the accounts, with an estimate of the amount receivable.

## **1.5 Resources expended**

All expenditure is accounted for on an accruals basis, and has been classified under the headings that aggregate all costs related to that category. All expenditure is recognised once there is a legal or constructive obligation committing the Charity to the expenditure.

The Charity does not make grants to third parties.

Contractual arrangements are recognised as goods or services are supplied.

## **1.6 Costs of raising funds**

These are costs associated with generating incoming resources, and are recognised as per the Charity's other expenditure.

## **1.7 Charitable activities**

The costs of charitable activities include all costs incurred in the pursuit of the charitable objects of the Charity. These costs comprise the direct costs of charitable purchases, support costs, overheads and governance costs as shown in Note 4.

Governance costs comprise all costs incurred in the governance of the Charity. These costs include fees pertaining to the provision of governance and financial papers to the Charitable Funds Committee, the creation of this Annual Report and Accounts, the audit or independent examination of the accounts, and any associated support costs.

## **1.8 Intangible fixed asset investments**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Charity's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to or service potential be provided to, the Charity and where the cost of the asset can be measured reliably.

Intangible assets are initially recognised at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating.

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

## **1.9 Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise.

Trustee's Annual Report and Accounts  
Year Ended 31st March 2016

**Note 2. Analysis of voluntary income**

	Unrestricted Funds 2015/16 £000	Restricted Funds 2015/16 £000	<b>Total Funds 2015/16 £000</b>	Total Funds 2014/15 £000
Donations	59	43	<b>102</b>	79
Legacies	9	77	<b>86</b>	405
<b>Total</b>	<b>68</b>	<b>120</b>	<b>188</b>	<b>484</b>

**Note 3. Analysis of investment income**

	Unrestricted Funds 2015/16 £000	Restricted Funds 2015/16 £000	<b>Total Funds 2015/16 £000</b>	Total Funds 2014/15 £000
Bank interest	0.3	1.2	<b>1.5</b>	2.0
<b>Total</b>	<b>0.3</b>	<b>1.2</b>	<b>1.5</b>	<b>2.0</b>

**Note 4. Analysis of charitable activities**

	Unrestricted Funds 2015/16 £000	Restricted Funds 2015/16 £000	<b>Total Funds 2015/16 £000</b>	Total Funds 2014/15 £000
Patient welfare	30	75	<b>105</b>	230
Staff enablement	4	0	<b>4</b>	10
Medical equipment	3	18	<b>21</b>	165
Support costs and overheads	5	13	<b>18</b>	66
Staff costs	14	30	<b>44</b>	9
Governance costs	5	12	<b>17</b>	17
<b>Total</b>	<b>61</b>	<b>148</b>	<b>209</b>	<b>497</b>

Support costs and overheads comprise of an apportionment from the Trust's administration charge (Note 6) of £16,000 (£16,000 in 2014/15); it also includes licences and fees paid to third parties.

**4.1 Governance costs**

	Unrestricted Funds 2015/16 £000	Restricted Funds 2015/16 £000	<b>Total Funds 2015/16 £000</b>	Total Funds 2014/15 £000
Independent examination/audit fees	0.4	1.1	<b>1.5</b>	1.3
Administration Charge	4.6	11.4	<b>16.0</b>	16.0
<b>Total</b>	<b>5.0</b>	<b>12.5</b>	<b>17.5</b>	<b>17.3</b>

Independent examination / audit fees consist of an accrual for the independent examination fee of £1,470 (£1,320 in 2014/15) for the period of this review.

#### Note 5. Staff Costs

	<b>2015/16</b>	2014/15
	<b>£000</b>	£000
Salaries and wages	<b>32</b>	7
Social Security costs	<b>6</b>	1
Pension Costs	<b>6</b>	1
<b>Total</b>	<b>44</b>	9

During the period under review no employees received employee benefits (excluding employee pension costs) of more than £60,000.

The Trustee is defined as the corporate trustee which does not constitute employment with the charity. Accordingly no Trustees are paid any remuneration nor receive any other benefits and expenses from employment with the charity.

#### Note 5.1. Average number of employees in the year (Whole time equivalent)

	<b>2015/16</b>	2014/15
Fundraising	<b>1.0</b>	1.0
Administration	<b>0.4</b>	0.4
<b>Total</b>	<b>1.4</b>	1.4

#### Note 5.2. Pension Costs

Employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded defined benefit scheme that covers NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. It is not possible for the Corporate Trustee to identify its share of the underlying scheme liabilities. Therefore the scheme is accounted for as a defined contribution scheme.

Employer's pension cost contributions are charged to the Statement of Financial Activities as and when they become due.

#### Note 6. Allocation of administration charge

During the year under review an administration charge was raised to cover the governance, financial and procurement resources of Warrington and Halton Hospitals NHS Foundation Trust. The charge for 2015/16 was £32,000 (£32,000 in 2014/15).

The costs of administering the Charity have then been split between governance costs (Note 4), support costs and overheads (Note 4) and staff costs (Note 5). The element of the administration charge that is attributed to governance costs pertains to the costs associated with the preparation of Committee papers and this Annual Report and Accounts.

During the year under review the Corporate Trustee considered the charity's policy on the allocation of overheads in conjunction with guidance as issued by the Charities Commission.

As at 31<sup>st</sup> March 2016 all shared costs for administration and governance costs have been apportioned across all funds using a combination of transactional and average balance techniques. Overheads will continue to be apportioned on an annual basis. In the event that a restriction does not permit the allocation of overheads the costs will be met by way of a transfer from the unrestricted funds held by the charity.

**Note 7. Analysis of Intangible Fixed Assets**

	2015/16 £000	2014/15 £000
	Software	Software
<b>Cost</b>		
Balance brought forward at 1 <sup>st</sup> April 2015	0	0
Additions in year	17	0
Disposals in year	0	0
Balance carried forward at 31 <sup>st</sup> March 2016	<u>17</u>	<u>0</u>
<b>Amortisation*</b>		
Balance brought forward at 1 <sup>st</sup> April 2015	0	0
Charge in year	0	0
Balance carried forward at 31 <sup>st</sup> March 2016	<u>0</u>	<u>0</u>
<b>Net Book Value at 31<sup>st</sup> March 2016</b>	<u>17</u>	<u>0</u>

\*The cost of intangible fixed assets relates to the purchase of the Harlequin fund raising database and associated finance package. The asset was purchased in 2015/16 and came into use from 1<sup>st</sup> April 2016 and as such the corporate trustee has chosen not to amortise the asset during the period under review.

**Note 8. Analysis of cash at bank and in hand**

	2015/16 £000	2014/15 £000
Bank current account	554	723
<b>Total</b>	<u>554</u>	<u>723</u>

**Note 9. Analysis of debtors**

	2015/16 £000	2014/15 £000
Prepayments and accrued income	38	53
Other debtors	2	0
<b>Total</b>	<u>40</u>	<u>53</u>

Other debtors represent the balance owed to the Charity by Warrington and Halton Hospitals NHS Foundation Trust. This is because of amounts received by the Trust on behalf of the Charity at the end of the financial year.

**Note 10. Analysis of current liabilities and long term creditors**

	<b>2015/16 £000</b>	2014/15 £000
Accruals and purchases made on behalf of the Charity	<b>2</b>	146
<b>Total</b>	<b>2</b>	<b>146</b>

**Note 11. Related party transactions**

The Charity is a subsidiary of the Trust and is therefore a related party. Warrington and Halton Hospitals NHS Foundation Trust is the sole beneficiary of the Charity. The Charity provides funding to the Trust for approved expenditure made on behalf of the Charity. During 2015/16 the Charity made payments to Warrington and Halton Hospitals NHS Foundation Trust totalling £359,694 (£381,266 in 2014/15)

At 31st March 2016 Warrington and Halton Hospitals NHS Foundation Trust owed the Charity £2,194 for refunds relating to purchases made on behalf of the Charity which had been received into the Trust at 31<sup>st</sup> March 2016. At 31<sup>st</sup> March 2015 the Charity owed Warrington and Halton Hospitals NHS Foundation Trust £127,257 for purchases made by the Trust on behalf of the Charity.

All transactions entered into during the year were conducted on an arm's length basis.

During the year, none of the members of the Trust Board or senior Trust staff, or parties related to them, were beneficiaries of the Charity. Neither the Corporate Trustee nor any member of the Trust Board has received honoraria, emoluments or expenses in the year. The Corporate Trustee has not used the funds of the Charity to purchase trustee indemnity insurance.

Board members, and other senior staff, take decisions on both Charity and exchequer matters, but endeavour to keep the interests of each discrete, and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public in the Corporate Information section of the Trust's website.

From 1st April 2013 NHS charitable funds considered to be subsidiaries are to be consolidated within the Trust accounts in accordance with an accounting direction issued by Monitor, now NHS Improvement. For 2015/16 the Trust has opted not to consolidate charitable funds with the main Trust Accounts because they are immaterial. This will continue to be reviewed each year for appropriateness.

**Note 12. Post Balance Sheet events**

There have been no events since the Balance Sheet date that would indicate that any revision to the accounts is necessary.



### Note 13. Legacies

Legacy income received between 31<sup>st</sup> March 2016 and the date of compilation of this Annual Report and Accounts has been recognised within the legacy income figure for 2015/16 in note 2 on page 22 and is included within accrued income in note 9 on page 24.

### Note 14. Fund structure and summary of movements

#### Charitable funds

The Charity has 9 funds. These are the (unrestricted) General Fund, and 8 Restricted Funds. The restriction has arisen due to the legacy donor's stipulation that the monies be spent within a particular department.

During the year under review the neonatal fund received legacy income for which a restriction was applied. This resulted in a transfer between restricted funds and unrestricted designated funds.

It is anticipated that any future transfers between funds will be as a result of the Committee's on-going review of spending plans and reassignment of funds within the general unrestricted fund.

A summary of fund movements is given below.

Fund	Balance as at 1st April 2015 £	Incoming resources £	Outgoing resources £	Transfers £	Balance as at 31st March 2016 £
General Unrestricted	200,948	68,234	(62,597)	(63,566)	143,019
Breast Screening	34,460	691	(120)	0	35,031
Cancer Patient Support	13,938	22,619	(26,935)	0	9,622
Halton Hospital Legacy	125,173	26,000	(60,386)	0	90,787
Heart Unit	47,372	7,376	(12,660)	0	42,088
Intensive Care	182,904	14,505	(14,860)	0	182,549
Neonatal	0	42,337	(25,396)	63,566	80,507
Ophthalmology	5,580	(415)*	(2,980)	0	2,185
Stroke Unit	19,618	8,168	(4,369)	0	23,417
<b>Total Funds</b>	<b>629,993</b>	<b>189,515</b>	<b>(210,303)</b>	<b>0</b>	<b>609,205</b>

\*Relates to prior year adjustment

#### Unrestricted general fund: sub-fund balances

A summary of the sub-funds held within the unrestricted general fund is given overleaf

Fund	Balance as at 1st April 2015	Incoming resources	Outgoing resources	Transfers	Balance as at 31st March 2016
	£	£	£	£	£
General Unrestricted	118,360	37,637	(36,850)	0	119,147
Children's Unit Appeal	9,970	2,113	(9,472)	0	2,611
Forget Me Not Appeal	0	16,026	(4,097)	0	11,929
Heartbeat Halton Appeal	2,318	12,518	(12,129)	0	2,347
Neonatal	63,566	0	0	(63,566)	0
Ophthalmology Appeal	6,734	300	(49)	0	6,985
<b>Unrestricted Fund Total</b>	<b>200,948</b>	<b>68,234</b>	<b>(62,597)</b>	<b>(63,566)</b>	<b>143,019</b>