

WHH Board of Directors Meeting Part 1

Wednesday 25 March 2020
9.45am-12.05pm
Trust Conference Room

Due to the ongoing Covid-19 (coronavirus) outbreak, the Trust is following Government guidance to avoid, wherever possible, large gatherings of all but essential staff. Therefore we will hold this Trust Board meeting in a closed session, all papers and subsequent minutes will be made available on the website as usual.

Warrington and Halton Hospital NHS Foundation Trust Agenda for a meeting of the Board of Directors (Part 1)

Wednesday 25 March 2020 time 9.45 -12.00pm, Trust Conference Room, Warrington Hospital

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REF	ITEM	PRESENTER	PURPOSE	TIME	
BM/20/03/18	Welcome, Apologies & Declarations of Interest	Steve McGuirk, Chairman	N/A	9.45	Verb
BM/20/03/19 PAGE 7	Minutes of the previous meeting held on 29 January 2020	Steve McGuirk, Chairman	Decision	9.47	Encl
BM/20/03/20 PAGE 16	Actions & Matters Arising - One to One Midwifery verbal update - Chief Nurse	Steve McGuirk, Chairman	Assurance	9.50	Encl
BM/20/03/21 PAGE 18	COVID 19 Situation Report	Simon Constable, Chief Executive	Assurance	9.55	PPT
BM/20/03/22 PAGE 36	Chief Executive's Report - Summary of NHS Providers Board papers	Simon Constable, Chief Executive	Assurance	11:25	Encl
BM/20/03/23	Chairman's Report	Steve McGuirk, Chairman	Information	11:30	Verb



BM/20/03/24 PAGE 40	Integrated Performance Dashboard M11 Committee Assurance Reports	All Executive Directors	To note for assurance	11:35	Enc
(a) PAGE 62	- Quality Dashboard including o Monthly Nurse Staffing Report December 2019, January 2020	Kimberley Salmon-Jamieson, Chief Nurse			Enc
(b) PAGE 82	- Committee Assurance Report Quality Assurance Committee (03.03.2020)	Kimberley Salmon-Jamieson Chief Nurse			Enc
(c) PAGE 85	People Dashboard - Committee Assurance Report Strategic People Committee (18.03.2020)	Michelle Cloney Director of HR + OD			Enc
(d) PAGE 89	- Sustainability Dashboard - Committee Assurance Report Finance and Sustainability Committee (19.02.2020 + 18.03.2020)	Andrea McGee DoF + Commercial Development			Enc
(e) PAGE 96	- Committee Assurance Report Audit Committee (20.02.2020)	John Culshaw Trust Secretary			Enc

BM/20/03/27 PAGE 98	2020/21 Financial Plan and Budget Book	Andrea McGee Director of Finance + Commercial Development	Approval	12.05	Enc
BM/20/03/28 PAGE 120	Annual Capital Programme 2020-21	Andrea McGee Director of Finance + Commercial Development	Approval	12.10	Enc

BM/20/03/29 PAGE 127	ED Nurse Staffing Establishment	Kimberley Salmon-Jamieson Chief Nurse	For approval	12.30	Enc
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BM/20/03/30 PAGE 142	Strategic Risk Register + BAF	John Culshaw Trust Secretary	For approval	12.30	Enc
BM/20/03/30a PAGE 166	Corporate Governance Arrangements	John Culshaw Trust Secretary	For approval	12.35	Enc

MATTERS FOR APPROVAL

	ITEM	Lead (s)				
BM/20/03/31	Performance Assurance Framework (PAF) and Integrated Performance Indicator Review 2020-2021	Andrea McGee Director of Finance + Commercial Development	Committee	FSC+QAC+SPC	12.40	Enc
			Agenda Ref.	FSC/20/02/24 QAC/20/03/37		
			Date of meeting	18.2.2020/ 3.3.2020/ 18.3.2020		
			Summary of Outcome	Supported/ Approved		
BM/20/03/32	Terms of Reference and Cycle of Business – Audit Committee	John Culshaw Trust Secretary	Committee	Audit Committee		Enc
			Agenda Ref.	AC/20/02/18		
			Date of meeting	20 February 2020		
			Summary of Outcome	Supported/ Approved		
BM/20/03/33	Terms of Reference and Cycle of Business – Strategic People Committee	Director of HR+OD/ Trust Secretary	Committee	Strategic People Committee		
			Agenda Ref.	SPC/20/03/20		
			Date of meeting	18 March 2020		
			Summary of Outcome	Approved		
BM/20/03/34	Trust Board Cycle of Business – To Approve	John Culshaw Trust Secretary	Committee	N/A		
			Agenda Ref.			
			Date of meeting			
			Summary of Outcome			
			Agenda Ref.			
			Date of meeting			
			Summary of Outcome			

MATTERS FOR NOTING FOR ASSURANCE

	ITEM	Lead (s)				
BM/20/03/36	Freedom to Speak up Bi-Annual Report	Michelle Cloney Director of HR & OD	Committee	Strategic People Committee		Enc
			Agenda Ref.	SPC/20/03/32		
			Date of meeting	18 March 2020		
BM/20/03/37	Mortality Review Q3 report (LFD)	Alex Crowe Acting Exec Medical Director	Committee	Quality Assurance Committee		Enc
			Agenda Ref.	QAC/20/03/45		
			Date of meeting	3 March 2020		
			Summary of Outcome	Noted		
BM/20/03/38	DIPC Q3 Report	Kimberley Salmon-Jamieson Chief Nurse	Committee	Quality Assurance Committee		Enc
			Agenda Ref.	QAC/20/03/42		
			Date of meeting	3 March 2020		
			Summary of Outcome	Noted		
BM/20/03/39	Learning From Experience Q3 report	Kimberley Salmon-Jamieson Chief Nurse	Committee	Quality Assurance Committee		Enc
			Agenda Ref.	QAC/20/03/40		
			Date of meeting	3 March 2020		
			Summary of Outcome	Noted		

BM/20/03/40	Nurse Staffing Bi-Annual report	Kimberley Salmon-Jamieson Chief Nurse	Committee	Quality Assurance Committee		
			Agenda Ref.	QAC/20/03/44		
			Date of meeting	3 March 2020		
			Summary of Outcome	Noted		
BM/20/03/41	CPD Allocation for Nursing, Midwifery and AHP received letter	Kimberley Salmon-Jamieson Chief Nurse	Committee	N/A		
			Agenda Ref.			
			Date of meeting			
			Summary of Outcome			
BM/20/03/42	(a) Staff Opinion Survey (b) SPC Committee Chairs Annual Report	Kimberley Salmon-Jamieson Chief Nurse	Committee	Strategic People Committee		
			Agenda Ref.	SPC/20/03/29+21		
			Date of meeting	18 March 2020		
			Summary of Outcome	Supported and Approved		
	Any Other Business	Steve McGuirk, Chairman				
Date of next meeting: Wednesday 27 May 2020 Trust Conference Room						

Conflicts of Interest

At any meeting where the subject matter leads a participant to believe that there could be a conflict of interest, this interest must be declared at the earliest convenient point in the meeting. This relates to their personal circumstances or anyone that they are of at the meeting.

- Chairs should begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s) on completion of a Declaration of Interest Form.
- The Vice Chair (or other non-conflicted member) should Chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**
Where an individual may get direct financial benefit¹ from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**
Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**
Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**
Where an individual has a close association¹ with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

GLOSSARY OF TERMS

CEO	Chief Executive	RTT	Referral To Treatment
AQP	Any Qualified Provider	StH&KHT	St Helens & Knowsley Hospitals Trust
BAF	Board Assurance Framework	SFIs	Standing Financial Instructions
BCF	Better Care Fund	SLR	Service Line Reporting
CBU	Clinical Business Unit	SORD	Scheme of Reservation and Delegation
CCG	Clinical Commissioning Group	SIs	Serious Incidences
CHC	Continuing Health Care	STP	Sustainability Transformation Plan
CIP	Cost Improvement Plan	STF	Sustainability Transformation Fund
COO	Chief Operating Officer	WEAR	Workforce Employment Assurance Report
COI	Conflicts of Interest (<i>or Register of Interest</i>)		
CRR	Corporate Risk Register		
CQC	Care Quality Commission		
CQUIN	Commissioning for Quality and Innovation		
DIPC	Director Infection Prevention + Control		
DoH	Department of Health		
DTOC	Delayed Transfers of Care	QAC	Quality Assurance Committee
ED+I	Equality, Diversity + Inclusion	AC	Audit Committee
ESD	Early Supported Discharge	CFC	Charitable Funds Committee
EDs	Executive Directors	FSC	Finance + Sustainability Committee
FTSU	Freedom To Speak Up	SPC	Strategic People Committee
FT	Foundation Trust	COG	Council of Governors
HCAIs	Health Care Acquired Infections	CPG	Capital Planning Group
HWBB	Health + WellBeing Board	FRG	Finance Resources Group
IAPT	Integrated Access Point to Treatment	PSCEC	Patient Safety + Clinical Effectiveness Committee
JSNA	Joint Strategic Needs Assessment	PEC	Patient Experience Committee
KLOE	Key Line of Enquiry	PPSRG	Premium Pay Spend Review Group
KPI	Key Performance Indicators	RRG	Risk Review Group
MIAA	Mersey Internal Audit Agency	OP	Operational People Committee
NCA	Non-Contracted Activity	SDDG	Strategic Development + Delivery Group
NED	Non Executive Director	COG	Council of Governors
NEL	Non Elective	GEG	Governors Engagement Group
NHSE/I	NHS England/NHS Improvement	QIC	Quality in Care
PbR	Payment by Results	CQAG	Complaints Quality Assurance Group
PHE	Public Health England	H&SSC	Health + Safety Sub Committee
PPA	PPA Prescription Pricing Authority	EoLSG	End of Life Steering Group
QIPP	Quality, Innovation, Productivity and Prevention		
OSC	Overview and Scrutiny Committee		

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Warrington and Halton Hospitals NHS Foundation Trust Minutes of the Board of Directors meeting held in Public (Part 1) on Wednesday 29 January 2020 Trust Conference Room, Warrington Hospital	
Present	
Steve McGuirk (SMcG)	Chairman
Simon Constable (SC)	Chief Executive
Terry Atherton (TA)	Deputy Chair, Non-Executive Director (Chair)
Margaret Bamforth (MB)	Non-Executive Director
Alex Crowe (AC)	Acting Medical Director + Chief Clinical Information Officer WHH/Acting Exec Medical Director Bridgewater CHT
Chris Evans (CE)	Chief Operating Officer
Ian Jones (IJ)	Non-Executive Director / Senior Independent Director
Andrea McGee (AMcG)	Director of Finance and Commercial Development
Cliff Richards (CR)	Non-Executive Director
Kimberley Salmon-Jamieson (KSJ)	Chief Nurse + Director of Infection Prevention and Control
Anita Wainwright (AW)	Non-Executive Director
In Attendance	
Michelle Cloney (MC)	Director of HR + Organisational Development WHH + Bridgewater CHFT
Lucy Gardner (LG)	Director of Strategy
Phillip James (PJ)	Chief Information Officer
John Culshaw (JC)	Trust Secretary
Julie Burke (JB)	Secretary to Trust Board (Minutes)
Sally Richardson (AR)	Clinical Director, Urgent + Emergency Care (<i>Item BM/20/01/01</i>)
Ali Crawford (AC)	Lead Nurse, Urgent + Emergency Care (<i>Item BM/20/01/01</i>)
Sheila Fields-Delaney (SFD)	CBU Manager Urgent + Emergency Care (<i>Item BM/20/01/01</i>)
Alice Lanceley (AL)	Transformation Delivery Manager Urgent + Emergency Care (<i>Item BM/20/01/01</i>)
Jade Robinson + Beth Jacobs	Assistant CBU Managers Urgent + Emergency Care (<i>Item BM/20/01/01</i>)
Apologies	
Pat McLaren (PMcL)	Director of Community Engagement + Fundraising
Observing	
Norman Holding	Public Governor
Alison Kinross	Public Governor
Anne Robinson	Public Governor
Sally Proffitt	Staff Member, Head of Financial Planning + Commercial Development
Gilly Graham,	Business Development Manager, Civica
<i>BM/20/01/01</i>	The Board welcomed colleagues from Urgent + Emergency Care CBU to share the work they are involved in as part of the NWAS Hospital Handover Collaborative. The aim of the collaborative is to reduce the total average handover time to 26 minutes by March 2020. The Team explained the process mapping they had undertaken to identify improvement opportunities and the actions implemented to date. WHH had introduced an Ambulance Triage Nurse prior to the Collaborative who supports quick handover of patients, further supported by the introduction of a bespoke NWAS handover form which supports the Triage Nurse to rapidly direct patients to the most appropriate place for treatment. These processes are the same for patients who present at A&E themselves. Examples shared of where 'tests of change' had been successful and adopted,

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	<p>including an ambulance equipment Trolley in centralised/dedicated area and easy identification of the Triage Nurse via a new yellow lanyard. Significant improvements reported, particularly in lost hours (27% reduction in lost handover hours between December 2018 and December 2019) 2018-19 509 hrs, current position 373 hrs. In addition, a 30% reduction in handovers over 60 mins 657 in 2018-19 current position 457.</p> <p>Next steps in the Collaborative include a visit to Blackburn to share best practice and learn more regarding the ambulance checklist, continued Trust wide and partner support through visual management board and presentation at Grand Round in March with NWS to showcase work undertaken.</p> <p>In response to query from AW relating to how the collaborative is addressing variations with how NWS interface with organisations, AL explained that similar teams and similar processes are in place across different hospitals but work continues with Paramedics when any changes in process are made. CE commented the collaborative was an opportunity to learn and share from others regarding best practice and to standardise processes across the region.</p> <p>The Board thanked colleagues for sharing their work, recognising the steps put in place to support patients in a number of areas including timely triage, immediate clinical assessment, early identification of deteriorating patient and available ambulance vehicles to respond to emergencies more timely.</p>
BM/20/01/02	<p>Welcome, Apologies & Declarations of Interest</p> <p>The Chair opened the meeting and welcomed colleagues. Apologies noted above. Previously declared standing declarations were noted from Director HR+OD and Acting Executive Medical Director. No other declarations in relation to the agenda were noted.</p>
BM/20/01/03	<p>Minutes of the meeting held 27 November 2019</p> <p>M Cloney to be added to the attendees.</p> <p>Page 6 BM/19/11/110 DIPC Report – 4th line to read ...reflected in the NW reporting the highest incidence and prevalence across C&M and in Warrington Community. With these amendments, the minutes of 27 November 2019 were agreed as an accurate record.</p>
BM/20/01/04	<p>Actions and Matters Arising. Action log and rolling actions were noted.</p> <p>BM/19/11/116 Engagement Dashboard – JC updated on behalf of PMcL who advised that it would be misleading to report all hospitals response rates on NHS Choices in isolation. As part of the PPI+I workplan, benchmarking to be carried out against peers in the region of how the Trust is ranked across a number of platforms, eg Facebook, NHS Choices and those that are already reported on as part of the Engagement report. Quarterly activity reporting through PPP+I and Governor Engagement Group. <u>Action closed.</u></p>
BM/20/01/05	<p>Chief Executive's report</p> <p>The CEO referred to his report highlighting matters to the Board that would not ordinarily be addressed through the agenda and invited comments. SC highlighted:</p> <ul style="list-style-type: none"> - The Board to note the NHS England Responsible Officer Compliance statement that was scheduled for review in November 2019. - The Board to note the Notification of Change of Status update relating to the name of the Trust. - Summary of NHS Providers Board papers. - The Chair asked for clarification in the report relating to 2.2.9 Development of Non-NHS Activity. Due to restricted reporting due to the pre-election period in November and December, SC explained that the January Board meeting was the first Public Board Meeting opportunity to report that at the Part 2 Board session in September, the Board had formally approved removing the fee-paying My Choice offer and that no patients had been treated under the My Choice scheme. Following a benchmarking exercise in

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	<p>C&M in September 2019, it had been reported that the Trust generated the least income from private patients.</p> <ul style="list-style-type: none"> - MB queried the impact on winter pressures going forward if K25 is decommissioned and the impact on CAU. CE explained work progressing on the longevity of K25 to ensure capacity is available in the Trust building stock including teams and clinical capacity, to protect CAU, with a paper to be reviewed by Executives on 30.01.2020. Challenges will be in the re-provision of beds internally, utilisation of staff and additional costs. This work is ongoing. - AMcG explained that Revenue costs for K25 for staffing and consumables will transfer to provide additional capacity across the Trust estate and that revenue costs will not increase with this move. Referring to Capital costs, AMcG reported these costs would need to be incurred, if some elements of funding in the Capital Programme are not received, a further loan may be required. - There is a national focus on maintaining or increasing bed capacity in the system, and whilst the Trust had reported improvements with flow as a result of super stranded patients and CAU, constraints remain especially in assessment capacity, and there has not been the step change in 4 hour performance required. <ul style="list-style-type: none"> ● The Board noted the report.
<p>BM/20/01/06</p>	<p>Chairman’s Report</p> <p>The Chair reported to the Board on meetings and events attended since the last Board including:</p> <ul style="list-style-type: none"> - Ongoing discussions with WHH and Bridgewater Boards. - Two sessions with Governors and Lead Governors. - Presented Silver Spoons with the Mayor of Warrington to families of New Year’s Day babies. - Attended Volunteer celebration event with CEO and Chief Nurse recognising the valuable support they provide in the Trust. - Attended two NHS Provider meetings and had met with the Chair of NWAS. - Chaired a number of Consultant recruitment panels, making a number of appointments. - Reviewed Clinical Excellence Award applications. - Had received a demonstration of Electronic Medical Handover.
<p>BM/20/01/07 (a)</p>	<p>IPR Dashboard</p> <p><u>Monthly Nurse Staffing Report October + November 2019 for noting:</u> KSJ highlighted: <u>October 2019</u> – increase to 7.4 CHPP in October, overall YTD 7.4 national average 7.8. 98 RN vacancies, 42 recruited previous week, with the full cohort of 42 due to commence with the Trust in September 2020.</p> <p>Progress reported to reduce turnover of N&M workforce as part of the NHSI Collaborative, overall reduction of 2.96% at Month 11. The Trust were recognised as one the top five Trusts in the North West in a NHSE/I presentation to a meeting of Joint Directors of Nursing and CCG Chief Nurses, with the largest improvements in nursing vacancies, reducing overall vacancies from 23.4% to 8.5%,</p> <p><u>November 2019</u> – The Trust continues to monitor CHPPD</p> <p><u>Quality measures:</u> SC asked KSJ to provide an update on variances relating to (a) Friends and Family Test (FFT) in ED and Urgent Care Centre and (b) number of open incidents and SI incidents compared to previous year.</p> <p>KSJ reassured the Board that there are significant mitigating plans in place to monitor the red indicators within the Quality report relating to patient safety, all monitored through the</p>

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Patient Safety + Clinical Effectiveness Committee (PSCE) and Quality Assurance Committee (QAC).

- FFT ED+UC QAC had requested a deep dive into data, the Trust remain in middle compared with neighbouring Trusts. Hierarchical report in IT systems to be changed to ensure that SAU and CAU feed into the ED Performance to ensure that all emergency attendees are included. National changes to reporting anticipated April, only reporting on recommendations, not responses. Anticipate trajectory will be above target which will be closely monitored through PSCE and QAC.
- SIs – reporting 7 less SIs when compared with the same period in 2018-19, for period April 2019-December 2019 37 total YTD reported. Highest reporters are Clinical Care, ED and ITU primarily due to delayed and mis-diagnosis. A deep dive is due to be undertaken, reported through PSCE and QAC.

Infection Control - above trajectory, CDiff 45 threshold, currently 42. 15 cases out of the 42 had been deemed unavoidable through the CCG Panel, only 2 cases to breach by 31.3.2020.

Gram Negative – current position 46 reported against target of 46, improvement work through the AQuA Collaborative for GNBSI. High prevalence across C&M and in Warrington Community. WHH are part of a GNBSI community led workstream.

KSJ explained the Trust has developed a draft Coronavirus Policy to support implementation of key programmes of work and that checks are in place for all patients presenting.

AW referred to the 15 CDiff unavoidable cases, how this is reported in the IPR and if PHE are investigating the high prevalence in C&M. KSJ explained these cases are reported as WHH cases due to time frame of admission to WHH, and WHH is similar to other organisations in the region. Whilst accepting the principle of sign-off by the CCG of unavoidable cases, the Board asked that the IPR be amended to show trend line for WHH cases. KSJ reassured the Board that all cases are discussed at Infection Control Committee (IPCC) themes reviewed and fed into appropriate forums.

E-Coli Benchmarking exercise to be undertaken and outcomes will be reported to IPCC, QAC and Trust Board in the Key Issues Report. NHSI have requested Bridgewater to lead the community reduction of GNBSI workstream.

In relation to VTE December position (90.59%) against target of 90%, AC explained from March 2019 it had been agreed to omit verification process and include cohorts/definitive activity aligned with GIRFT framework. Implementation of ePMA is strengthening the assessment process with specific prompts on the electronic capture form remaining until the VTE assessment is completed. Assessments are carried out within 14 hours as per NICE recommendations and GIRFT clinical audits, however this is dependent on other information being available, ie laboratory information. Reporting and monitoring continues through Anti-Coagulation Group (chaired and led by Deputy Medical Director), PSCESC and the QAC. AC reassured the Board that he is confident that ePMA will resolve timely completion of VTE assessments. This will be dependent on the implementation of Clinical Data Capture (IT work stream) forms to support ward rounds.

In relation to NICE Compliance, AC explained actions are in place to achieve the agreed target of 90% by April 2020 through targeted work with CBUs, aligned with the risk register for monitoring and reported to Trust Operational Board. This has and will be dependent on robust scrutiny of NICE evidence for full compliance. Evidence collation has improved, the PSCESC had requested a report from those areas reporting partial compliance to explain

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(b)

progress and mitigating for improvement.

- **Board to be updated on Ecoli benchmark findings via QAC Key Issues Report.**
- **Board to be updated on Maternity Improvement Committee action plan via QAC Key Issues Report.**
- **IPR to be amended to show trend line for WHH for CDiff cases and unavoidable cases signed off by the CCG.**

Quality Assurance Committee Chairs Key Issues Report (7.01.2020) – MB highlighted discussion relating to Maternity data quality issues. A Maternity Improvement Committee has been established to seek a short and long term resolution to support both acute and Community systems.

Access and Performance measures – SC asked CE to update on Elective and Non-Elective standards (a) 4 hr month position (b) Super Stranded position (c) Ambulance Handovers and if the indicator in the IPR is correct to reflect the improvements that have been made.

A&E - achieved 75.98% in December, against trajectory of 80.0% illustrating challenges during December. Importantly, this was comparable with December 2018 despite having an additional 800+ more patients attend in the same period this year. Challenges are reflected both regionally and nationally, however, the Trust continues to compare favourable with peers, week ending 15 January 2020, ranked 33rd out of 123 for Type 1 attendance and 37th out of 123 for all Types. January 2018 position 74.30%, current position 76%, reporting improvement of c.2%. Performance had not deteriorated despite extra demand with the Trust experiencing an increase in emergency admissions +170 in December 2019 from November 2019.

Ambulance Handovers – CE explained that the IPR metric is aligned to the Trust contract with the CCG and KPI's to support this. There are other complimentary metrics to support monitoring of ambulance handover times, i.e. the daily position for handover times between 0-15minutes on 28.01.2020 was 49% for WHH, which can be compared to a C&M average of 23% for the same day which is helpful to illustrate how the Trust is performing.

Super Stranded - CE explained that the Home for Christmas' campaign proved effective, surpassing trajectory (95), with the lowest Super Stranded of 83 during the month, currently at 120 in January 2020. Collaborative work continues with the Warrington Integrated Hospital Discharge Team, delay in packages of care within Halton being escalated on daily basis to Halton Borough Council.

RTT - 18 week standard continue to be achieved.

Diagnostics – the diagnostics standard continues to be achieved.

Cancer – all standards achieved for November with exception of Breast Symptomatic due to patient choice and 62 day first treatment – **Screening** due to half a breach shared with another provider with only 3 patients in this cohort. Initial review of December 2019 data indicates all standards achieved which will be validated in January.

AW asked if there was any correlation in increase in attendances and admissions. CE explained reasons are multifaceted including acuity, seasonal, flu, norovirus and increasing age profile for over 75 years who may have other complex health conditions. In addition, we acknowledge the increase in assessment and ambulatory capacity is increasing admissions as this is the only disposal function post attendance at the ED, ie a patient will be admitted to CAU for assessment but then we perform well for those discharged on the

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same day.

Referring to Medication Safety, MB asked when further improvement is anticipated and progress on the case for additional resources. KSJ explained on trajectory to achieve 50% by April 2020 and 80% by December 2020. The team is progressing case for additional resource.

People measures: MC was asked to provide an update on plans to (a) reduce sickness absence, (b) reduce agency spend (c) improve PDR compliance.

(a) Sickness absence - MC explained focussed work underway to reduce all short and long term sickness (LTS) absence with targeted support to reduce LTS currently (4.37%) circa 456 staff. Trust position correlates with C&M position for the last 12 months, December positions WHH 6.19%, North West position 7.8%. Discussion took place regarding position reported by St H&KHT 5.71% (December 2019) who has Lead Employer Status and anomalies with this figure due to rotation of Jnr Doctors circa 2,000-3,000.

WHH main absence reasons are mental health related and MSK illness. Early success reported following a Test of Change pilot in Estates and Facilities, supporting early return to work for staff on long term sickness, either to their current role or an alternative role, with 15 members of staff (out of 30) returning to work. In addition the Employment Assistance Programme has commenced with a number of staff accessing this support, monitoring continues through the SPC and a weekly Group Chaired by Deputy HRD + OD to review LTS.

MC further explained that the SPC had asked for analysis of impact on sickness absence when annual leave not authorised during peak holiday times and the high proportion of senior N&M staff absence which will be reported to Operational People Committee and SPC together with timelines for the roll-out of The Test of Change for Management of Long Term Sickness.

(b) Agency Spend – C&M Rate card implemented 1.12.2020, compliance since implementation reported at 30%, against C&M compliance target of 60% and stretch target of 80%. Agency spend continues to be monitored at FSC, including associated costs for unfunded beds and escalation capacity. Patchwork Medical Bank to go live w/c 1.02.2020 to support management of internal market.

(c) PDR Compliance – 74.57%, documentation under review for launch in Q4. Focussed HR support to CBUs reporting lowest compliance and areas where there will be ‘pinch points’ reflecting completion of PDRs at a particular time in 2019-20 and impact on compliance if PDRs are not completed within the 12 month period.

- **New Sickness Absence indicator to be included in IPR for Short and Long Term Sickness to report % and WTE / staff numbers in future reports**

(c)

Strategic People Committee Chairs Key Issues (22.01.2020): AW highlighted delay in confirmation of bid submitted to NHSE/I for funding to support E Rostering.

Finance + Sustainability Measures:

AMcG was asked to provide an update (a) on current position and (b) changes to Capital programme.

(a) End Q3 position, deficit £0.8m, year to date deficit to £3.2m in line with plan. The year to date control total deficit excluding PSF, FRF and MRET funding is £15.1m which is in line with plan. The position includes £11.7m funding relating to 2019/20 PSF, FRF and

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(d)	<p>MRET funding and £0.2m relating to 2018/19 PSF bonus monies. Forecast outturn, £2.9m variance from plan, deterioration of £0.5m since November Board, key risks to plan include CIP delivery, remaining cost pressures within diagnostics and medical staffing, agency usage and winter pressures. The Trust is working with system partners on a system recovery plan and has been reporting progress to NHSE/I.</p> <p>If plan is not delivered there is a risk to PSF and FRF of c£6.0m (for Q4). An adverse variance from plan may mean the Trust would need to request a loan and further mitigations are therefore required.</p> <p>Cost Pressures – the total pressure has increased from £3.0m to £3.9m. Whilst improvement in CIP reported, the recurrent is £1.3m less than forecast which presents a risk to the 2020-21 financial plan.</p> <p>(b) <u>Capital Programme 2019-20 proposed changes</u></p> <ul style="list-style-type: none"> - The Trust had secured funding for 2 Breast Symptomatic machines and funding for CT scanner and has appealed through a process with NHSE/I as there is a shortfall in funding received for the CT scanner of £0.5m. - Changes to Capital Programme for 2019-20 had been reviewed, discussed and supported at FSC on 22 January 2020. TA as Chair of FSC referred to the additional funding relating to Audiology Software of £18k which had occurred after the FSC meeting, confirming support as Chair of FSC. <p><u>Capital Programme 2020-21 potential changes</u> Proposed changes had been supported at FSC on 22 January 2020 to bring forward schemes from 2020-21 to 2019-20 to maximise capital spend:</p> <ul style="list-style-type: none"> - CT scanner – NHSE/I will consider an increase in funding to partially or fully cover the funding shortfall. It is assumed that additional funding of at least £0.3m will be received which would increase the funding to £0.7m, which is the average funding allocated to Trusts for a CT scanner. - 18 additional beds - a bid to cover the capital and revenue costs of opening these beds has been submitted to NHSE/I. The capital costs associated with opening these beds is £0.2m. <p>This potential £0.5m increase in funding and the forecast underspend of circa £0.8m results in resources of c£1.3m to be utilised by 31 March 2020.</p> <ul style="list-style-type: none"> • The Board noted, reviewed and discussed the report. • The Board approved the proposed changes to the 2019-20 Capital Programme. • The Board approved the potential changes to the 2019-20 Capital Programme. <p><u>Finance + Sustainability Committee (FSC) Chairs Key Issues, (18.12.2019 +22.01.2020).</u> TA highlighted improved data flow and monitoring of CBU performance at FRG with matters for escalation to be reported in the Pay Assurance Report; a demonstration of the FRG interactive dashboard; under performance of W&C.</p> <ul style="list-style-type: none"> • The Board reviewed and discussed the report. Review of TOB reporting arrangements to be undertaken to support consistent reporting
BM/20/01/08	<p>Care Quality Commission (CQC) Action Plan and Moving to Outstanding Report KSJ reported 27 actions remaining. Urgent + Emergency Care Improvement Plan had been completed and 9 actions transferred to an Issues log which will be monitored through CBU internal Governance and Operational meetings.</p> <ul style="list-style-type: none"> - The 4 Regulatory breaches will remain in place until the next CQC formal visit, all evidence within action plans with the exception of one relating to business case for triage processes.

The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

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	<ul style="list-style-type: none"> - Intensive planning underway for the impending Unannounced CQC ED winter visit with presentation to all ED clinical and non-clinical staff to outline expectations; a mock CQC winter visit and a standard operating procedure to ensure robust mobilisation process is followed when CQC arrive to ED unannounced. - ED team to presenting to CQC on Friday at the CQC Liaison visit on 31.01.2020. - CE reassured the Board that robust preparedness plans are in place prior to ED unannounced CQC visit. • The Board discussed and reviewed the CQC action plan progress and update
<p>BM/20/01/09</p>	<p>Quarterly Progress on Carter Report Recommendations+ Use of Resources Assessment (UoRA)</p> <p>The Board discussed the benefit of receiving the benchmarked data which is correlated with the IPR and reported through to M2O Forum. Narrative in 2020-21 will include clear timescales and benchmarking against CQC rated 'Outstanding' organisations. It was agreed to align this with GIRFT and CBU exception reports to Trust Operational Board.</p> <ul style="list-style-type: none"> • The Board reviewed the report and progress being made.
<p>BM/20/01/10</p>	<p>Digital Strategy</p> <p>PJ and AC provided context and background to the development of the Trust Digital Strategy, aligned to Quality, People and Sustainability. The Strategy will support the Trust being recognised as an outstanding provider and support the role of digital in enhancing out of hospital care, self-care, support reduction in A&E visits, outpatient appointments and support the Trust recruitment and retention agenda through the Trust's ambitious digitisation plan. It will optimise the Trust Electronic Patient Record and support alignment of systems across primary, secondary, acute, community, mental health and social care. It will also support the Trust in becoming 'paperless', and support robust cyber management. There had been wide Trust collaboration and support in developing the Strategy from all staff, including liaison with CBUs, Medical Cabinet and a staff survey. The first phase of the three year plan is prioritised in the Capital programme. The need for appropriate support for the further development of the Digital Tool/Strategy is supported by concurrent generic statement from the Secretary of State for Health and Social Care. AC confirmed the importance of technology enabled medicine (appropriate performance and functionality to support clinical care) in order to maintain and progress quality and care of patients, appropriate Use of Resources and recruitment and retention of healthcare professionals.</p> <p>Responding to query raised by CR relating to link with primary/secondary and community systems and GP Connect etc, PJ explained the Strategic Outline Case will explore the potential for the ePR becoming a community system as well as acute. The Warrington Care Record has commenced and healthcare records are starting to progress to link all records in C&M and wider. The imminent 'go live' of GP Connect will be a good example of how this can be achieved and the beneficial impact this can have.</p> <p>The Board acknowledged the importance of developing user friendly, robust digital systems to support retention of workforce both in the Trust and Community settings and the opportunities to improve quality, patient safety and support retention of workforce. Governance and monitoring will be through the Trust QAC and Patient Safety Committees and Trust Board, including the need for assessment of benefits realisation.</p>

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	<p>In response to questions relating to funding, AMcG explained IT bids in 2020-21 Capital Programme of £5.8m, encompassing £3.8m of business critical schemes and the remainder requiring consideration of alternative funding sources (e.g. capital loan) to meet the shortfall. Overall profiled IT Capital investment for 2020-23 of £13m. It was highlighted that Microsoft Office licensing alone is inflating the 2020-21 investment requirement by an estimated £1.7m with an accurate cost reliant upon an anticipated national agreement.</p> <ul style="list-style-type: none"> • The Board supported the approval of the Digital Strategy • Board to be updated on Medical Electronic Handover via QAC Key Issues report, following presentation to future QAC.
BM/20/01/11	<p>Engagement Dashboard – quarterly report The Board noted the report highlighting website and media activity.</p>
BM/20/01/12	<p>Strategic Risk Register and Board Assurance Framework (BAF)</p> <ul style="list-style-type: none"> • The Board reviewed and noted the BAF and Strategic Risk Register.
Matters for Approval	
BM/20/01/13	<p>Charity Annual Report and Accounts 2018-2019</p> <ul style="list-style-type: none"> • The Board approved the Charity Annual Report and Accounts.
BM/20/01/14	<p>Terms of Reference and Cycle of Business – Quality Assurance Committee</p> <ul style="list-style-type: none"> • The Board approved the Terms of Reference and Cycle of Business which had been approved at the Quality Assurance Committee on 7 January 2020.
Matters for Noting	
BM/20/01/15	<p>Audit Committee – Key Issues Report 21.11.2019.</p> <ul style="list-style-type: none"> • The Board noted the report.
BM/20/01/16	<p>Guardian of Safe Working Q3 report This report had been reviewed and discussed at the Quality Assurance Committee on 7 January 2020. The Board noted the report.</p>
BM/20/01/17	<p>One Halton Place Based Plan 2020-2024 The Board noted the report.</p>
	Any Other Business – No matters raised.
	Next meeting to be held: Wednesday 25 March 2020

Signed Date

Chairman

BOARD OF DIRECTORS ACTION LOG

AGENDA REFERENCE	BM/20/03/21	SUBJECT:	TRUST BOARD ACTION LOG	DATE OF MEETING	25 March 2020
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1. ACTIONS ON AGENDA

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
BM/19/11/108	27.11.2019	One to One	ToR, findings of external review to Board when completed.	Chief Nurse	25.03.2020		Verbal update to be provided.	
BM/20/01/07	29.01.2020	IPR Dashboard – Quality indicators	Board to be updated on Ecoli benchmark findings via QAC Key Issues Report	Chief Nurse	25.03.2020		Included in the Key Issues Report BM/20/03/24	
BM/20/01/07	29.01.2020	IPR Dashboard – Quality indicators	Board to be updated on Maternity Improvement Committee action plan via QAC Key Issues report.	Chief Operating Officer	25.03.2020		Included in the Key Issues Report BM/20/03/24 b	
BM/20/01/07	29.01.2020	IPR Dashboard – Quality indicators	IPR to be amended to show trend line for WHH for CDiff cases and unavoidable cases signed off by the CCG.	Chief Nurse/ DoF	25.03.2020		Included in Report BM/20/03/24	
BM/20/01/07	29.01.2020	IPR Dashboard – People indicators	New Sickness Absence for Short and Long Term Sickness to report % and WTE / staff numbers in future reports	Director of HR + OD/ DoF	25.03.2020		Included in Report BM/20/03/24	

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress	RAG Status
BM/18/07/57		Junior Doctor/Trainee Engagement update (Trello)	6 mth update presentation.	Acting Medical Director	May 25.05.2020		<u>14.01.2019</u> . Deferred to March <u>27.03.2019</u> . Referred to future BTO <u>29.05.2019</u> . Update to September Board to include results from GMC survey results.	

							<p><u>06.09.2019.</u> Deferred to November Board due to deferred HEE visit.</p> <p><u>18.11.2019.</u> Deferred to January Board due to HEE visit.</p> <p>13.01.2020 Date of HEE visit still to be confirmed.</p> <p><u>9.03.2020</u> HEE visits cancelled on 3 occasions. HEE visit confirmed for 22.5.2020. Verbal update to May Board</p>	
BM/20/01/10	29.01.2020	Digital Strategy	Medical Electronic Handover presentation to future QAC and reported to Board through Key Issues	Acting Exec Medical Director/ Chief Nurse	DATE TBC			

3. ACTIONS COMPLETED AND CLOSED SINCE LAST MEETING

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

RAG Key

	Action overdue or no update provided		Update provided and action complete		Update provided but action incomplete
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COVID-19 MAJOR INCIDENT

WHH Response & Situation Report
Trust Board 25th March 2020

We are **WHH** & We are
PROUD
to make a difference

to make a difference

Overview

1. Up-to-date Situation Report
2. Incident Management arrangements
3. Summary of each executive portfolio
4. Key issues
5. Questions and challenge



COVID-19 The Trust Response

Key Principles

1. This is a major incident
2. Command and control structure
3. Leadership roles
4. Preparation and business continuity planning
5. Evidence and protocol-based, continually updated



SitRep @ 24/03/20

- 6 positive COVID-19 Cases:
 - 4 x In-patients
 - 1 x community
 - 1 x death
- 60+ empty beds across Trust allowing business continuity plans to progress
- Critical care escalation plan 46 to date
- UEC / ED performance
 - 83.00% March to date
 - Reduction in attends

Molis Data Correct at :23/03/2020 18:00:43

Current Position:

Current Location	Negative Now Positive	Positive	Negative	Unvalidated
A8	0	0	14	0
A4	0	0	2	0
B18	0	0	5	0
A9	0	0	2	0
A2A	0	0	2	0
W.B19	0	0	2	0
W.ACCU	0	0	1	0
ICU	0	1	4	2
A5	0	0	1	1
B14	0	0	1	0
C20	0	0	1	0
K25	0	0	1	0
B11C	0	0	1	1
ACCUHC	0	0	3	1
A7	1	1	8	15
A6	0	0	0	1
Total	1	2	48	21



Leadership

- Accountable Emergency Officer: Chris Evans
- DIPC: Kimberley Salmon-Jamieson
- Succession planning
- Workforce Welfare: Lucy Gardner
- Tactical Operational Group at 0830
- Strategic Executive Oversight Group at Midday (Exec Sitrep)
- Daily/twice daily Chair & CEO Calls
- Weekly/twice-weekly NED & CEO Calls
- Link in with national, regional and W&H system
- CEO and 'technical' communications daily



COVID-19 STRATEGIC GROUP

Chair: Simon Constable

Daily Meetings at 12:00

Function: Strategic Executive oversight of all Covid-19 related meetings. It is a decision making forum. All Executives attend.

COVID-19 TACTICAL GROUP

AEO Chair: Chris Evans DIPC Kimberley Salmon-Jamieson

Daily Meetings at 08:30am

Function: Reviewing and managing Clinical Pathways and ensuring safe and effective services for patients. Management of incidents and escalation plan. Reviewing and managing Patient Flow safely, effectively and efficiently. Reviewing and Managing current staffing levels to provide a patient focused service. Receiving, reviewing and implementing the latest NHSE & PHSE guidance. Review of stock and supplies levels and arrangements. Reviewing and formulating Communications plans. Reviewing information requests.

Nursing Staffing Command

Chair: John Goodenough

Daily Meetings at 07:15am, 12:15pm,
15:15pm and 17:00pm

Function: Oversight of all rotas, safe-staffing of nursing, midwifery and AHP, oversight of Hub redeployment, oversight of NWBN redeployment, oversight of Helping Hands, escalation to Tactical Group, oversight of training of critical care training including respiratory training.

Operational Cell

Chairs: Dan Moore/John
Goodenough

Daily Meetings at 11:00am

Function: Logistics, Estates and Facilities, conjunction with the Nursing Staffing Command, Incident Management, SMDC role, Business Continuity Plans, Risk Assessment.

Medical Cell

Chairs: Dr Alex Crowe / Dr
Anne Robinson

Daily Meetings at 09:00am

Function: Day incident management, consultant on-call, review working practice, management of swabbing, medical rota management, oversight clinical team, overnight redeployment.

Governance / Legal / Statutory

Chair: Layla Alani

Daily Meetings at 09:30am

Function: Oversight of new governance processes, oversight of incident and harm agenda, oversight of all CBU governance arrangements, liaise with CCG/NHSI/ patient safety regarding governance.

Welfare

Chair: Lucy Gardner

Function: Staff wellbeing support, accommodation, nutrition, self isolation support.

HR Occupational Health

Chair: Debs Smith

Function: Mobile working, training and development, volunteers and students, staff support, BC planning, flexible working.

Digital / IM&T

Chair: Phill James

Function: Responsive changes to IT changes, data capture related to COVID and decreases in performance-management of routine or other activity, Digital solutions for remote working to support self-isolated patients, hot spot reporting.

Comms and Engagement

Chair: Pat McLaren

Function: Manage sharing of key information, manage media interest, review information for consistency/guidance, ensure national/regional NHS approach, support systems.

Local Operational Groups

Chair: Local Leads

Function: Manage the Day-to-Day operations and feed in to appropriate groups.

Clinical Care

- Viral disease – “no cure”
- Treatment is supportive
- Initial pressures: ED/respiratory/ITU & anaesthetics
- Single organ failure – lungs
- LOS on ITU
- *Probable* immunity upon recovery (tbc)



Operational/Estates & Facilities

- **Escalation** plans in place to increase capacity in line with business continuity planning for:
 - ED - Paediatrics
 - Inpatients - Critical Care
- **Elective** activity reduced to only Cancer Fast Track (CFT's) and clinically urgent cases, to date 158/299 elective theatre sessions cancelled
- **Halton / CMTC** – site rationalisation plan in line with elective activity reductions, no further electives at CMTC from 24.03.20
- **Out-patient** activity prioritising CFT's and clinically urgent, patient cancellations increased to 24%, DNA rate 8%, approximately 50% converted to virtual clinics
- **Diagnostics / Screening** maintaining appropriate level of provision, reviewed daily. Breast screening reducing in line with other North West screening services. Routine surveillance for endoscopy cancelled in line with BSG guidance.



Workforce Overview

- OH Service Update – extended hours, weekend cover with partners
- Workforce Hub:
 - To oversee and administrate the safe and effective redeployment of Corporate Services staff into front line services – to be demand led.
 - To oversee and administrate the safe and effective redeployment of ‘social distancing’ staff.
 - To relieve professional / clinical leads of the administrative burden of staffing redeployment.
 - To have organisational overview of staffing.
- Processes changed to support the workforce including retire & return, special leave, a/l carry over, a/l over Easter, fast track recruitment, key workers letters, medical students, C+M MOU



Nursing & Midwifery Workforce

- Central staffing command centre initiated along with Redeployment Hub
- Non ward based staff identified = 193
 - 70 to fulfil RN role – training needs identified and commenced
 - 94 identified to fulfil HCA role
 - 29 identified to fulfil ODP role
- Redeployment plan for AHPs in place
- Rapid recruitment process in place for NHSP - 24hours
- 7 day rota in place for Senior Nurses
- Helping Hands training
- Agency staff utilised x2 per shift for Critical Care
- Reviewing national plan on return to register for RNs (previous 3 year)
- Review student nurse availability following changes in NMC / University position
- Note all above fluid during to changing staffing positon



Medical Workforce

- COVID Consultant of the Day
- Respiratory Consultant On-Call; respiratory rota
- Elective scale down
- No Boundaries – cross cover specialties
- ED direct clinical service: Surgical Specialties, T&O, General Surgery
- Virtual clinics
- Acute Care Outreach Consultant
- Critical Care/Anaesthetics to support Critical Care/Recovery (level 2 area/Theatre PODS (47 beds)
- Microbiology Roadshow

Medical Cabinet presentation 25.3.20 to distribute



Staff welfare

In place:

- Free accommodation
- Free childcare
- Free car parking
- Extended mental health and emotional wellbeing offer
- Free healthy snacks in key areas
- Regular welfare visits
- Single point of contact for suggestions, advice and support

In progress:

- Extended provision of nutritious food
- Working from home support packs
- Quiet areas for staff to access
- Specific advice and support

And lots more to come...



Clinical Governance

- COVID-19 Management Board Structure developed
- Virtual process in place for ratification of policies
- Service / process proforma in place to evidence changes with Executive sign off and ongoing review
- Alternative process for Weekly Meeting of Harm. Virtual review and sign off if necessary
- Harm Dashboard developed reporting to Executive Team weekly
- Risk assessment of Clinical Governance systems in place
- Medical Team support identified to support ongoing Governance Team
- Liaising with CCG on timeframe submission and service alterations
- SLA for introduction of childcare facility reviewed and approved by legal team and governance
- Monitoring of Safeguarding referrals



Corporate Governance

Trust Board – convene bi-monthly through video / teleconference facilities.

- No meeting will be for more than 2 hours in duration.
- Attendance to be determined by CEO (in consultation with the Chairman), decided on a Board by Board basis.
- Members of the Public will not be admitted to the Board meeting, process for posting papers/agenda on the website prior to the meeting remains unchanged

Board Committees – 1 hr duration - any postponement /cancellation Committee Chair+Executive Lead Director will consider if any item needs escalation to Board

Other meetings – 1 hr duration, 1 CBU SLT member from each CBU to attend, focus on areas of risk and poor performance.

Council of Governors

- COG meetings to be held in a similar way to Public Trust Board
- All other Council meetings suspended for the duration of social distancing recommendations.
- Governors will not attend the Trust to attend meetings /undertake observations visits



Digital

- Covid-19 data capture / reporting / ad-hoc reports
- ICO IG advice / NHSX comms tools advice
- Membership of STP CIO Network response
- Working From Home technology being supported
- Microsoft Teams configured for all
- Applied for National Virtual Clinics App for Out Patients
- STP Patient/Staff Portal being opened up for wellbeing advice



Finance

- Operational Planning suspended
- Block payments based on 2019/20 income plus inflation (excl. tariff efficiency factor) and CQUIN for first four months
- Financial Recovery Fund and associated rules are suspended
- CIP not expected to be delivered in first four months
- COVID related costs recoverable – revenue and capital
- Required to have strong financial governance for expenditure including agency controls
- Two months income to be received in April 2020
- Expectation of prompt payment to suppliers and reduced administration time
- Audited accounts moved from 29th May 2020 to 25th June 2020



Communications

- Operating under strict 'Command and Control' from NHSE/I Comms - Daily system calls, Weekly national/regional call
- Media lockdown – no exceptions (v-difficult with +cases/RIPs)
- PHE resource hub – for print/social media use – changes frequently
- Patient Information re service change/suspension
- Public health messaging
- Staff Comms – streamlining (Safety brief, CEO msg, Staff Bulletin daily)
- V large demand for design and film to support staff training
- FOIs suspended
- Community Hub now open – led by WHH Charity and WHH Volunteers – huge response so far
- Warrington Guardian Fundraising Campaign for Staff Health and Wellbeing currently at £1,145 in 48hrs
- Business continuity plan already activated, staff sickness



Key Risks as at 25/03/20

1. PPE – supply and confidence
2. Staffing levels (with sickness)
3. ITU capacity
4. Communication challenges
5. Public/personal/professional interface



REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/03/22			
SUBJECT:	Chief Executive's Briefing			
DATE OF MEETING:	25 th March 2020			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will...Always put our patients first through high quality, safe care and an excellent patient experience.			✓
	SO2 We will...Be the best place to work with a diverse, engaged workforce that is fit for the future.			✓
	SO3 We will...Work in partnership to design and provide high quality, financially sustainable services.			✓
LINK TO BAF RISK:	All			
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: (please select as appropriate)	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Board is asked to note the content of this report.			
PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

SUBJECT	Chief Executive's Briefing	AGENDA REF:	BM/20/03/22
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1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ELEMENTS

2.1 Briefings shared with the Board since the last meeting

- Letter from Alan Yates, Chairman, Cheshire & Merseyside Health and Care Partnership.
- Stakeholder briefing advising of the appointment of Dr Jackie Bene as Chief Officer at the Cheshire & Merseyside Health & Care Partnership.

2.2 Key issues

2.2.1 Introduction

My report will highlight some key issues at the time of writing that may or may not be covered in other standing items or the cycle of business.

This is a short report this month. The Trust Response to the COVID-19 Pandemic as part of the NHS Level 4 Major Incident is covered in full in a substantive agenda item.

2.2.13 Employee Recognition

Employee of the Month (November 2019): Toni Harris – Emergency Department

In November a woman attended A&E department due to an emergency condition. She had delivered a baby five months previously and had nobody to look after baby and was very distressed. Toni was the co-ordinator who was on duty and was down to complete her shift at 8pm but remained in the department to look after the baby whilst the mother received treatment. Toni made sure that mother and baby were not separated and did not leave the site until a suitable safe location was identified for them. Toni showed empathy towards the mother's situation at all times and took accountability to secure a safe outcome.

Employees of the Month (December 2019): Debbi Howard (Clinical Education) & Nicola White (Be The Change Team)

Debbi and Nicola ensured that a young woman and her children were safe and given the best care possible in December 2019 at Mental Health Day at Halton Hospital. The canteen manager approached Nicola asking for help with a young mother that was expressing suicidal thoughts. Nicola went to the clinical training ward A4 to ask for help and Debbi Howard was there and offered her assistance. Debbie spent the rest of the afternoon looking after the lady who was very distressed whilst Nicola played with the children calming them and feeding them. Both showed their professionalism and compassion by

going above and beyond their normal job role. They liaised with multiple agencies to ensure that the patient received the best outcome required.

Team of the Month (December 2019): Clinical Coding

The Clinical Coding Team have had a very challenging time after the Kendrick Wing Fire. The team have been displaced for 3 months in accommodation that was less than ideal for their needs. The team then had a huge backlog of coding as caused by the fire whilst a number of staff were on long term sickness and maternity leave. This had a massive impact on the team however they really pulled together as a team to maintain their high standards of performance. The team have now moved back to their original accommodation. It is hard to recruit to clinical coding with a national shortage of qualified and experienced clinical coders; the only option is to recruit trainees who have to be trained in-house. Despite all of these setbacks they have risen to the challenges every single day by demonstrating amazing team work and dedication.

Team of the Month (January 2020): Ward A5

Ward A5 were recognised for the exceptional care they gave to a patient and their family following a surgical procedure that required intensive care before stepping down to A5. Excellent care, compassion and communication was demonstrated by the whole multi-disciplinary team.

Chief Executive Award (February 2020): Lesley McKay, Associate Chief Nurse and Associate Director of Infection Prevention and Control (DIPC)

In this WHO Year of the Nurse and Midwife and in the early phases of our management of the COVID-19 pandemic, I was delighted to present my first Chief Executive Award to Lesley McKay, Associate Chief Nurse and Associate DIPC for her responsiveness to the needs of the Trust, her high standards and always being available for advice.

3) MEETINGS ATTENDED/ATTENDING

The following is a summary of key external stakeholder meetings I have attended since the last Trust Board Meeting. It is not intended to be an exhaustive list.

FEBRUARY 2020
– Meeting with Dave Thompson, CEO Warrington Disability Partnership
– Meeting with Derek Twigg MP
– Warrington Borough Central Area Masterplan Meeting
– Bi-monthly Joint Provider CEO and CCG AO Forum
– Warrington Together Provider Alliance
– Spinal Surgery Service Clinical Lead Interviews
MARCH 2020
– NHSE/I System Support Finance Meeting - Rob Cooper and Dan Wright
– Warrington & Halton COVID-19 System Assurance Meeting
– Meeting with Alan Yates, Chair C&M Health and Care Partnership
– One Halton Forum

– Acute Sustainability C&M Clinical Reference Group
– Meeting with Andy Carter MP
– Warrington and Halton Joint CCG Governing Body Meeting
– North West System Leadership Forum

4) RECOMMENDATIONS

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

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/03/24	
SUBJECT:	Integrated Performance Report Dashboard	
DATE OF MEETING:	25 th March 2020	
AUTHOR(S):	Dan Birtwistle, Senior Business & Performance Manager	
EXECUTIVE DIRECTOR SPONSOR:	Alex Crowe, Acting Medical Director Kimberley Salmon-Jamieson, Chief Nurse & Director of Infection Prevention & Control Michelle Cloney – Director of Human Resources & Organisational Development Andrea McGee - Director of Finance & Commercial Development Chris Evans - Chief Operating Officer	
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience.	x
	SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future.	x
	SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.	x
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	#115 Failure to provide adequate staffing levels in some specialities and wards. #134 (a) Failure to sustain financial viability. #134 (b) Failure to deliver the financial position and a surplus #224 Failure to meet the emergency access standard.	
EXECUTIVE SUMMARY <i>(KEY ISSUES):</i>	<p>The Trust has 63 IPR indicators which have been RAG rated in February as follows:</p> <p>Red: 20 (from 21 in January) Amber: 10 (from 11 in January) Green: 32 (from 30 in January) Not RAG Rated: 1 (the same as January)</p> <p>Quality areas highlighted for improvement are Friends and Family Test for ED, Healthcare Acquired Infections for MRSA, Pressure Ulcers, Mixed Sex Accommodation Breaches, Incidents and Medication Safety.</p> <p>It should be noted that whilst the Friends and Family Test for ED has not met the Trust internal standard, the recommendation rate is comparable to other organisations across the Cheshire and Mersey footprint. The ED action plan is being monitored via the ED Improvement Committee.</p> <p>The Mixed Sex Accommodation breaches are in relation to</p>	

	<p>patients who are awaiting step down from the Intensive Care Unit. Where appropriate, patients are cohorted within the unit to minimise the impact, however it is noted that patient feedback is consistently positive and environmental changes to create additional side rooms are being progressed.</p> <p>Open Incidents are monitored, with progress tracked weekly via the Trust Meeting of Harm and through the Trust Operational Board. Whilst there has been an increase noted, specifically within Integrated Medicine, Womens and Childrens and Urgent and Emergency Care, there is a proactive focus to ensure timely closure. The Governance Managers continue to support the CBUs by meeting weekly with the triumvirate. The implementation of ePMA and the 7 day on ward pharmacy service was completed in December 2019. This will support an increase in pharmacy ward staffing levels leading to improvements in medicine reconciliation performance and prescribing, therefore improving patient safety.</p> <p>The remaining quality indicators are Green/Amber and are on track as a result of work plans that are monitored and aligned to each quality indicator to ensure continual improvement supported where necessary by Trust QI collaborative programmes.</p>			
PURPOSE: (please select as appropriate)	Information	Approval	To note X	Decision
RECOMMENDATION:	<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the contents of this report. 2. Note the approved changes (by the FSC as delegated by the Trust Board) to the 2019/20 capital programme. 			
PREVIOUSLY CONSIDERED BY:	Committee	Choose an item.		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.			

REPORT TO BOARD OF DIRECTORS

SUBJECT	Integrated Performance Report Dashboard	AGENDA REF:	BM/20/03/24
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1. BACKGROUND/CONTEXT

The RAG rating for all 63 indicators from March 2019 to February 2020 is set out in **Appendix 1**. The Integrated Performance Dashboard (**Appendix 2**) has been produced to provide the Board with assurance in relation to the delivery of all KPIs across the following areas:

- Quality
- Access and Performance
- Workforce
- Finance Sustainability

2. KEY ELEMENTS

In month, there has been a movement in the RAG ratings outlined in **Table 1**:

Table 1: RAG Rating Movement

	January	February
Red	21	20
Amber	11	10
Green	30	32
Other	1	1
Total:	63	63

Due to validation and review timescales for Cancer, the RAG rating on the dashboard for these indicators is based on January's validated position. VTE is a quarterly position and is therefore not RAG rated in month.

The dashboard has been refreshed to show improvement actions in addition to narrative. In order to incorporate this information, the descriptions of the indicators have been moved from the dashboard to **Appendix 3**. Statistical Process Control (SPC) charts are included on the IPR dashboard; **Appendix 4** contains further information on these charts.

A new stamp has been included in this months report. The stamp highlights any indicator which is related to a risk on the Trust's Board Assurance Framework (BAF) or Corporate Risk Register. This is denoted by a pentagon with the risk number as shown below.



Quality

Quality KPIs

There are 6 indicators rated Red in February, the same number as January.

The 6 indicators which were Red in January and remain Red in February are as follows:

- Incidents – there were 23 open incidents over 40 days old at the end of February, an improvement from 36 at the end of January against a target of 0.
- Healthcare Acquired Infections (MRSA) - there were 2 MRSA cases reported in August 2019, therefore this indicator will be Red for the remainder of the year. There were no MRSA cases reported in month.
- Pressure Ulcers – as at the end of February, the Trust reported 53 category 2 and 6 category 3 pressure ulcers which has exceeded the threshold (based on 2018/19) of 57 pressure ulcers.
- Medication Safety – 56.00% of patients had medicines reconciliation within 24 hours in February, an improvement from 44.00% in January against a target of 80.00%.
- Friends & Family Test (ED and UCC) – the Trust achieved 81.00% in February, the same as January, against a target of 87.00%.
- Mixed Sex Accommodation Breaches (MSA) – there were 9 Mixed Sex Accommodation Breaches reported in February (all within critical care), the same as January, against a target of 0. There is a zero tolerance threshold for this indicator.

There was 1 indicator which has moved from Amber to Green in month as follows:

- Continuity of Carer – the Trust achieved 44.20% in February, an improvement from 28.50% in January against a national target of 20.00% and a Trust target of 30.00%.

Access and Performance

Access and Performance KPIs

There are 6 Access and Performance indicators rated Red in February, reduced from 7 in January.

The 5 indicators which were Red in January and remain Red in February are as follows:

- A&E Waiting Times 4 hour national target – the Trust achieved 81.09% (excluding widnes walk ins) in February, an improvement from January's position of 76.10%, against a target of 95.00%.
- Ambulance Handovers 30>60 minutes – there were 78 patients who experienced a delayed handover in February, an improvement from 125 in January against a target of 0.
- Ambulance Handover at 60 minutes or more – there were 25 patients who experienced a delayed handover in February, an improvement from 69 in January against a target of 0.
- Discharge Summaries % sent within 24 hours – the Trust achieved 81.88% in February, a deterioration from 84.54% in January against a target of 95.00%.

- Super Stranded Patients – there were 104 super stranded patients at the end of February, an improvement from 112 at the end of January against a trajectory of 95.

There was 1 indicator which has moved from Green to Red in month as follows:

- Discharge Summaries % not sent within 7 days – there were 49 discharge summaries not sent within 7 days in order to meet the required threshold to reach 95% in month. This is the first time in the financial year that this standard has not been achieved.

There were 2 indicators which moved from Red to Green in month as follows:

- A&E Trajectory – the Trust met the trajectory of 80.00% in February 2019.
- Cancelled Operations for non-clinical reasons (not rebooked within 28 days) – there were no patients in February, an improvement from 1 patient in January.

PEOPLE

Workforce KPIs

There are 4 indicators rated Red in February, the same number as January.

The 4 indicators which were Red in January and remain Red in February are as follows:

- Sickness Absence – the Trust's sickness absence rate was 5.33% in February, an improvement from 5.83% in January against a target of less than 4.20%.
- Bank/Agency Reliance – the Trust reliance was 13.95% in February, a deterioration from 12.78% in January against a target of less than 9.00%.
- Monthly Pay Spend – was £16.5m in February against a budget of £15.2m.
- Agency Shifts Compliant with the Cap – 42.20% of shifts were compliant with the Cap in February, an improvement from 35.45% in January, against a target of over 49.00%.

SUSTAINABILITY

Finance and Sustainability KPIs

There are 4 indicators rated Red in February, the same number as January.

The 4 indicators which were Red in January and remain Red in February are as follows:

- Capital Programme – the actual spend is £7.7m (64%) which is £4.3m below the planned spend of £12.0m. There are outstanding orders of £6.0m expected to be completed by 31 March 2020.
- Better Payment Practice Code (BPPC) – the challenging cash position results in a year to date performance of 38% which is below the national standard of 95%.
- Agency Spending – the actual spend to date is £9.2m which is £1.1m (13%) above the £8.1m ceiling.

- CIP Recurrent Savings – the forecast recurrent savings are £2.4m (32%) which is £5.1m below the £7.5m target. This presents a risk to the 2020/21 financial plan which estimated recurrent delivery of £4.4m.

The Income, Activity Summary and Use of Resources Rating Statement as presented to the Finance and Sustainability Committee is attached in **Appendix 5**.

The Trust has signed up to a break even control total. The Trust is currently achieving plan however the key risks are CIP delivery, remaining cost pressures within diagnostics and medical staffing, agency usage and winter capacity costs. The Trust is working with system partners on a system recovery plan and has been reporting progress to NHSE/I. Should the plan not be delivered, the PSF and FRF of c£6.0m (for Q4) is at risk, as achievement is based upon delivery of the plan each quarter. An adverse variance from plan may mean the Trust would need to request a loan. The Trust continues to work on all potential mitigations. A further risk is the impact of COVID-19. The Trust is recording any additional costs that are being incurred as a result of COVID-19.

The Trust has received formal notification of the extension of working capital loans which were due to expire in 2019/20. These loans have been extended into 2020/21. Following the release of the planning guidance, it is anticipated that the working capital loans of £56.6m will be exchanged for PDC on 1 April 2020, therefore removing all working capital loans. The Trust will however, need to request a working capital loan for 2020/21 relating to any shortfall against the control total.

Capital Programme

In April 2019, the Trust increased the 2019/20 capital programme from £10.6m to £13.5m to reflect increased depreciation charges resulting from the change in RICS guidance on asset lives and finalisation of the 2018/19 underspend. This £2.9m increase in the capital programme is resource backed and was actioned after Board approval and submission of the 2019/20 financial plan to NHSI that included a £10.6m capital plan. The Trust has since received Public Dividend Capital (PDC) funding of £1.3m for the Diagnostics equipment and £0.2m for further projects, thereby increasing the capital plan to £15m.

The operating position restricts the amount of cash available for investment. The capital programme is under constant review to ensure that schemes undertaken are required for the delivery of service needs and mitigation of safety and risk issues. The capital programme has been updated to reflect all changes previously approved by the Board.

The Trust Board has delegated authority to the Finance & Sustainability Committee to approve changes to the capital programme until 31 March 2020 to support the need for flexibility, in order to deliver the entire capital programme for 2019/20.

The approved changes (by the FSC) to the capital programme as at 29 February 2020 are summarised in **Table 7**.

Table 7: Approved changes (by the FSC) to the 2019/20 capital programme

Scheme	Value £000
Additional Funding Required	
Front Entrance	20
Decommissioning of Ward K25	(180)
CCTV System Upgrade	10
Cyber Security	43
CT Scanner	(258)
Ophthalmology Chairs	15
Specimen Cabinet	78
Sub total	(272)
Funded by	
PDC Funding	0
Contingency	(272)
Sub total	(272)
Total	0

To date, the planned spend is £12.0m and the actual spend is £7.7m. This is a £4.3m under spend that is due to a combination of under spend across all areas. The Trust is forecasting to spend the annual budget of £15.0m with £6.0m orders placed; this is anticipated to be complete by 31 March 2020. A further £1.3m spend across IM&T and estates in March is anticipated, which includes completion of work for establishing additional beds, medical equipment, IM&T VDI resilience and purchase of servers.

The Board is requested to note the changes to the 2019/20 capital programme approved at Finance and Sustainability Committee.

An updated capital programme is attached in **Appendix 6**.

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

The KPI's that are underperforming are managed in line with the Trust's Performance Assurance Framework.

4. ASSURANCE COMMITTEE

The following committees provide assurance to the Trust Board:

- Finance and Sustainability Committee
- Audit Committee
- Quality & Assurance Committee
- Trust Operational Board
- Strategic People Committee
- KPI Sub-Committee

5. RECOMMENDATIONS

The Trust Board is asked to:

1. Note the contents of this report.
2. Note the approved changes (by the FSC as delegated by the Trust Board) to the 2019/20 capital programme.

Appendix 1 – KPI RAG Rating March 2019 – February 2020

	KPI	Performance Improvement Direction	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20
	QUALITY													
1	Incidents	↓ (Incidents over 40 days old)	↓	↑	↑	↑	↑	↑	↓	↑	↑	↑	↓	↓
2	CAS Alerts	↓ (Alerts not actioned in time - 0)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
3	Duty of Candour	↓ (In month compliance)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
4	Adult Safety Thermometer	↑ (In month compliance)	↑	↔	↑	↓	↑	↓	↑	↓	↑	↑	↑	↓
5	Children Safety Thermometer	↑ (In month compliance)	↔	↓	↑	↔	↔	↔	↓	↑	↔	↔	↔	↔
6	Maternity Safety Thermometer	↑ (In month compliance)	↓	↓	↑	↓	↑	↓	↑	↓	↑	↓	↑	↓
7	Healthcare Acquired Infections - MSRA	↓ (MRSA cases in month)	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
8	Healthcare Acquired Infections – Cdiff	↓ (Cdiff cases in month)	↑	↔	↓	↑	↔	↑	↓	↑	↓	↓	↑	↓
9	Healthcare Acquired Infections – Gram Neg	↓ (Gram Neg cases in month)	↓	↑	↑	↓	↓	↓	↑	↓	↑	↓	↑	↑
10	VTE Assessment		↑	↓	↓	↓	↑	↑	↓	↑	↑	↓		
11	Total Inpatient Falls & Harm Levels	↓ (No. of inpatient falls in month)	↑	↓	↓	↓	↓	↑	↑	↓	↑	↑	↓	↓
12	Pressure Ulcers	↓ (No. of pressure ulcers in month)	↑	↑	↓	↑	↔	↓	↑	↑	↑	↓	↓	↓
13	Medication Safety	↓ (Medicines reconciliation within 24 hours)			↓	↑	↑	↑	↔	↑	↑	↑	↑	↔
14	Staffing – Average Fill Rate	↑ (% staffing fill rates in month)	↓	↑	↑	↑	↓	↓	↑	↑	↓	↓	↑	↑
15	Staffing – Care Hours Per Patient Day				↔	↓	↔	↓	↑	↑	↑	↑	↓	↑
16	Mortality ratio - HSMR	(Based on Ratio)	↓	↓	↑	↓	↑	↓	↔	↓	↑	↑	↑	↔
17	Mortality ratio - SHMI	(Based on Ratio)	↑	↓	↑	↔	↑	↔	↔	↓	↓	↑	↑	↔
18	NICE Compliance	↑ (compliance in month)	↑	↓	↑	↓	↑	↑	↓	↑	↓	↓	↓	↑
19	Complaints													
20	Friends & Family – Inpatients & Day cases	↑ (% recommending the Trust)	↔	↓	↑	↔	↓	↑	↑	↓	↑	↔	↓	↔
21	Friends & Family – ED and UCC	↑ (% recommending the Trust)	↑	↑	↑	↓	↔	↑	↓	↔	↓	↑	↑	↔
22	Mixed Sex Accommodation Breaches	↓ (Number of breaches)	↓	↑	↓	↑	↓	↑	↓	↑	↑	↓	↑	↔
23	Continuity of Carer	↑				↓	↑	↑	↓	↑	↑	↓	↓	↑
24	CQC Insight Indicator Composite Score	↑ (Trust Score)	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↓

Appendix 1 – KPI RAG Rating March 2019 – February 2020

ACCESS & PERFORMANCE														
25	Diagnostic Waiting Times 6 Weeks	↑ (% Monthly Performance)	↔	↔	↓	↑	↑	↑	↓	↑	↑	↓	↑	↑
26	RTT - Open Pathways	↑ (% Monthly Performance)	↓	↓	↑	↓	↑	↓	↑	↑	↑	↓	↓	↓
27	RTT – Number Of Patients Waiting 52+ Weeks	↔ (Number of breaches – 0)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
28	A&E Waiting Times – National Target	↑ (% Monthly Performance)	↑	↓	↑	↑	↑	↑	↓	↓	↓	↓	↑	↑
29	A&E Waiting Times – STP Trajectory	↑ (% Trajectory Performance)	↑	↓	↑	↑	↑	↑	↓	↓	↓	↓	↑	↑
30	A&E Waiting Times – Over 12 Hours	↓		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
31	Cancer 14 Days*	↑ (% Monthly Performance)	↑	↓	↓	↑	↓	↑						
32	Breast Symptoms 14 Days*	↑ (% Monthly Performance)	↓	↓	↑	↑	↓	↓						
33	Cancer 31 Days First Treatment*	↑ (% Monthly Performance)	↔	↓	↑	↓	↑	↑	↑	↓	↑	↑	↓	↓
34	Cancer 31 Days Subsequent Surgery*	↑ (% Monthly Performance)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
35	Cancer 31 Days Subsequent Drug*	↑ (% Monthly Performance)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
36	Cancer 62 Days Urgent*	↑ (% Monthly Performance)	↓	↔	↑	↓	↓	↓	↓	↑	↑	↑	↑	↓
37	Cancer 62 Days Screening*	↑ (% Monthly Performance)	↑	↓	↑	↑	↓	↑	↓	↑	↓	↓	↑	↓
38	Ambulance Handovers 30 to <60 minutes	↓ (Number of patients)	↓	↑	↓	↑	↑	↓	↓	↑	↑	↑	↓	↓
39	Ambulance Handovers at 60 minutes or more	↓ (Number of patients)	↓	↓	↓	↑	↓	↓	↑	↓	↑	↑	↑	↓
40	Discharge Summaries - % sent within 24hrs	↑ (% Monthly Performance)	↓	↑	↓	↑	↑	↓	↓	↑	↓	↓	↑	↓
41	Discharge Summaries – Number NOT sent within 7 days	↓ (Number of patients)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑
42	Cancelled Operations on the day for a non-clinical reasons	↓ (Number of Cancellations)		↔	↓	↓	↑	↓	↑	↓	↓	↓	↑	↓
43	Cancelled Operations– Not offered a date for readmission within 28 days	↓ (Number of Cancellations – not rebooked))	↔	↑	↔	↔	↑	↓	↓	↔	↔	↔	↑	↓
44	Urgent Operations – Cancelled for a 2 nd time	↓ (Number of patients)		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
45	Super Stranded Patients	↓ (Number of patients)	↑	↓	↔	↓	↑	↑	↑	↓	↑	↓	↑	↓

Appendix 1 – KPI RAG Rating March 2019 – February 2020

KPI		Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20
WORKFORCE													
46	Sickness Absence	↓ (% Monthly Performance)	↓	↓	↓	↑	↑	↓	↓	↑	↑	↓	↓
47	Return to Work	↑ (% Monthly Performance)	↓	↓	↓	↑	↓	↓	↓	↓	↓	↑	↓
48	Recruitment	↓ (Average Number of Days)	↓	↓	↓	↑	↑	↓	↔	↓	↑	↑	↑
49	Vacancy Rates	↓ (% vacancy Rate)		↓	↓	↑	↓	↓	↓	↓	↓	↑	↑
50	Retention	↑ (% staff retention)		↑	↓	↑	↑	↑	↑	↑	↓	↓	↓
51	Turnover	↓ (% staff turnover)	↓	↑	↑	↑	↓	↓	↑	↓	↑	↑	↓
52	Bank & Agency Reliance	↓ (% reliance on bank/agency)		↓	↑	↑	↓	↑	↓	↓	↓	↑	↑
53	Agency Shifts Compliant with the Cap	↑ (% compliant agency shifts)		↑	↓	↓	↓	↓	↓	↓	↑	↓	↑
54	Monthly Pay Spend (Contracted & Non-Contracted)	↓ (% of budget spent)	↑	↓	↓	↑	↓	↓	↑	↓	↓	↑	↓
55	Core/Mandatory Training	↑ (% Monthly Performance)	↓	↑	↑	↓	↓	↓	↑	↑	↓	↑	↓
56	PDR	↑ (% Monthly Performance)	↑	↓	↓	↑	↓	↑	↑	↑	↓	↓	↑
FINANCE													
57	Financial Position	↑ (Cumulative against plan)	↑	↑	↑	↑	↑	↑	↓	↑	↑	↑	↑
58	Cash Balance	↑ (Balance against plan)	↔	↔	↑	↑	↓	↓	↑	↑	↑	↓	↑
59	Capital Programme	↑ (Performance against plan)	↓	↑	↓	↑	↓	↓	↑	↑	↑	↑	↑
60	Better Payment Practice Code	↑ (Monthly actual against plan)	↓	↑	↑	↓	↔	↔	↑	↔	↑	↓	↓
61	Use of Resources Rating	↑ (Rating against plan)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
62	Agency Spending	↓ (Monthly planned vs actual)	↑	↑	↓	↔	↑	↓	↓	↑	↑	↑	↑
63	Cost Improvement Programme – Performance to date	↑ (Monthly vs target)	↔	↔	↑	↑	↑	↑	↑	↓	↓	↑	↑
64	Cost Improvement Programme – Plans in Progress (In Year)	↑ (Monthly vs plan)	↔	↔	↔	↔	↑	↑	↑	↑	↑	↓	↑
65	Cost Improvement Programme – Plans in Progress (Recurrent)	↑ (Forecast)		↑	↑	↑	↑	↓	↓	↓	↓	↑	↑

*RAG rating is based on previous month's validated position for these indicators.

Appendix 3 – Trust IPR Indicator Overview

Indicator	Detail
Quality	
Incidents	<ul style="list-style-type: none"> • Number of Serious Incidents and actions breached. • Number of open incidents is the total number of incidents that we have awaiting review. As part of the 2018 - 2021 Trust Quality Strategy, the Trust has pledged to Increase Incident Reporting to ensure that we don't miss opportunities to learn from our mistakes and make changes to protect patients from harm.
CAS Alerts	<ul style="list-style-type: none"> • The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. Timescales are individual dependent upon the specific CAS alerts.
Duty of Candour	<ul style="list-style-type: none"> • Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. Duty of Candour is where we contact the patient or their family to advise of the incident; this has to be done within 10 working days. Duty of Candour must be completed within 10 working days.
Adult, Children's and Maternity Safety Thermometer	<ul style="list-style-type: none"> • Measures % of adult patients who received "harm free care" defined by the absence of pressure ulcers, falls, catheter-acquired UTI's and VTE (Safety Thermometer). Children's and Maternity data has been requested. • Measures % of child patients who have received an appropriate PEWS (paediatric early warning score), IV observation, pain management, pressure ulcer moisture lesion. • Measures % of maternity patients who received "harm free care" in relation to defined by proportion of women that had a maternal infection, 3rd/4th perineal trauma, that had a PPH of more than 1000mls, who were left alone at a time that worried them, term babies born with an Apgar of less than 7 at 5 minutes, mother and baby separation and women that had concerns about safety during labour and birth not taken seriously.
Healthcare Acquired Infections (MRSA, CDI and Gram Negative)	<ul style="list-style-type: none"> • Meticillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. Those that are sensitive to meticillin are termed meticillin susceptible Staphylococcus aureus (MSSA). MRSA - National objective is zero tolerance of avoidable MRSA bacteraemia. • Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel. Clostridium difficile (c-diff) due to lapses in care; agreed threshold is <=44 cases per year. • Escherichia coli (E-Coli) bacteraemia which is one of the largest gram negative bloodstream infections. A national objective has been set to reduce gram negative bloodstream infections (GNBSI) by 50% by March 2024.
Total Falls & Harm Levels	<ul style="list-style-type: none"> • Total number of falls per month and their relevant harm levels (Inc Staff Falls).
Pressure Ulcers	<ul style="list-style-type: none"> • Pressure ulcers, also known as pressure sores, bedsores and decubitus ulcers, are localised damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.
Medication Safety	<ul style="list-style-type: none"> • Overview of the current position in relation to medication, to include; medication reconciliation (overall and within 24 hours of admission),

	controlled drugs incidents and medication incidents relating to harm.
Staffing Average Fill Levels	<ul style="list-style-type: none"> Percentage of planned verses actual for registered and non-registered staff by day and night. Target of >90%. The data produced excludes CCU, ITU and Paediatrics.
Care Hours Per Patient Day (CHPPD)	<ul style="list-style-type: none"> Staffing Care Hours per Patient Per Day (CHPPD). The data produced excludes CCU, ITU and Paediatrics.
HSMR Mortality Ratio	<ul style="list-style-type: none"> Hospital Standardised Mortality Ratio (HSMR 12 month rolling). The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 specific Clinical Classification System (CCS) groups.
SHMI Mortality Ratio	<ul style="list-style-type: none"> Summary Hospital-level Mortality Indicator (SHMI 12 month rolling). SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.
NICE Compliance	<ul style="list-style-type: none"> The National Institute for Health and Clinical Excellence (NICE) is part of the NHS and is the independent organisation responsible for providing national guidance on treatments and care for people using the NHS in England and Wales and is recognised as being a world leader in setting standards for high quality healthcare and are the most prolific producer of clinical guidelines in the world.
Complaints	<ul style="list-style-type: none"> Overall review of the current complaints position, including; Number of complaints received, number of dissatisfied complaints, total number of open complaints, total number of cases over 6 months old, total number of cases in backlog where they have breached timeframes, number of cases referred to the Parliamentary and Health Service Ombudsman and the number of complaints responded to within timeframe.
Friends and Family Test (Inpatient & Day Cases)	<ul style="list-style-type: none"> Percentage of Inpatients and day case patients 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?
Friends and Family (ED and UCC)	<ul style="list-style-type: none"> 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?
CQC Insight Composite Score	<ul style="list-style-type: none"> The CQC Insight report measures a range of performance metrics and gives an overall score based on the Trust's performance against these indicators. This is the CQC Insight Composite Score.
Continuity of Carer	<ul style="list-style-type: none"> Better Births, the report of the National Maternity Review, set out a clear recommendation that the NHS should roll out continuity of carer, to ensure safer care based on a relationship of mutual trust and respect between women and their midwives. This relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience.
Access & Performance	
Diagnostic Waiting Times – 6 weeks	<ul style="list-style-type: none"> 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.

RTT Open Pathways and 52 week waits	<ul style="list-style-type: none"> 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.
Four hour A&E Target and STP Trajectory	<ul style="list-style-type: none"> 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.
A&E Waiting Times Over 12 Hours (Decision to Admit to Admission)	<ul style="list-style-type: none"> The number of patients who has experienced a wait in A&E longer than 12 hours.
Cancer 14 Days	<ul style="list-style-type: none"> All patients need to receive first appointment for cancer within 14 days of urgent referral. The national target is 93%.
Breast Symptoms – 14 Days	<ul style="list-style-type: none"> 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%.
Cancer 31 Days - First Treatment	<ul style="list-style-type: none"> All patients to receive first treatment for cancer within 31 days of decision to treat. This national target is 96%.
Cancer 31 Days - Subsequent Surgery	<ul style="list-style-type: none"> All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat/surgery. The national target is 94%.
Cancer 31 Days - Subsequent Drug	<ul style="list-style-type: none"> 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%.
Cancer 62 Days - Urgent	<ul style="list-style-type: none"> All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%. This metric also forms part of the Trust's STP Improvement trajectory.
Cancer 62 Days – Screening	<ul style="list-style-type: none"> 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%.
Ambulance Handovers 30 – 60 minutes	<ul style="list-style-type: none"> Number of ambulance handovers that took 30 to <60 minutes (based on the data record on the HAS system).
Ambulance Handovers – more than 60 minutes	<ul style="list-style-type: none"> Number of ambulance handovers that took 60 minutes or more (based on the data record on the HAS system).
Discharge Summaries – Sent within 24 hours	<ul style="list-style-type: none"> The Trust is required to issue and send electronically a fully contractually compliant Discharge Summary within 24 hrs of the patients discharge. This metric relates to Inpatient Discharges only.
Discharge Summaries – Not sent within 7 days	<ul style="list-style-type: none"> 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.
Cancelled operations on the day for non-clinical reasons	<ul style="list-style-type: none"> % of operations cancelled on the day or after admission for non-clinical reasons.
Cancelled operations on the day for non-clinical reasons, not rebooked in within 28 days	<ul style="list-style-type: none"> All service users who have their operation cancelled on the day or after admission for a non-clinical reason, should be offered a binding date for readmission within 28 days.
Urgent Operations – Cancelled for a 2nd Time	<ul style="list-style-type: none"> Number of urgent operations which have been cancelled for a 2nd time.
Super Stranded Patients	<ul style="list-style-type: none"> Stranded Patients are patients with a length of stay of 7 days or more. Super Stranded patients are patients with a length of stay of 21 days or more. The number relates to the number of inpatients on the last day of the month.

Workforce	
Sickness Absence	<ul style="list-style-type: none"> Comparing the monthly sickness absence % with the Trust Target (4.2%) previous year, and peer average.
Return to Work	<ul style="list-style-type: none"> A review of the completed monthly return to work interviews.
Recruitment	<ul style="list-style-type: none"> A measurement of the average number of days it is taking to recruit into posts. <p>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.</p>
Vacancy Rates	<ul style="list-style-type: none"> % of Trust vacancies against whole time equivalent.
Retention	<ul style="list-style-type: none"> Staff retention rate % over the last 12 months.
Turnover	<ul style="list-style-type: none"> A review of the turnover percentage over the last 12 months.
Bank & Agency Reliance	<ul style="list-style-type: none"> Trust reliance on bank/agency staff against the peer average.
Agency Shifts Compliant with the Price Cap	<ul style="list-style-type: none"> % of agency shifts compliant with the Trust cap against peer average.
Pay Spend – Contracted and Non-Contracted	<ul style="list-style-type: none"> A review of Contracted and Non-Contracted pay against budget.
Core/Mandatory Training	<ul style="list-style-type: none"> A summary of the Core/Mandatory Training Compliance, this includes: Conflict Resolution, Equality & Diversity, Fire Safety, Health & Safety, Infection Prevention & Control, Information Governance, Moving & Handling, PREVENT, Resuscitation and Safeguarding.
Performance & Development Review (PDR)	<ul style="list-style-type: none"> A summary of the PDR compliance rate.
Finance	
Financial Position	<ul style="list-style-type: none"> Operating surplus or deficit compared to plan.
Cash Balance	<ul style="list-style-type: none"> Cash balance at month end compared to plan (excluding cash relating to the hosting of the Sustainability and Transformation Partnership).
Capital Programme	<ul style="list-style-type: none"> Capital expenditure compared to plan (The capital plan has been increased to £10.2m as a result of additional funding from the Department of Health, Health Education England for equipment and building enhancements).
Better Payment Practice Code	<ul style="list-style-type: none"> Payment of non NHS trade invoices within 30 days of invoice date compared to target.
Use of Resources Rating	<ul style="list-style-type: none"> Use of Resources Rating compared to plan.
Agency Spending	<ul style="list-style-type: none"> Agency spend compared to agency ceiling.
Cost Improvement Programme – In Year Performance	<ul style="list-style-type: none"> Cost savings schemes deliver Year to Date (YTD) compared to plan.
Cost Improvement Programme – Plans in Progress (In Year)	<ul style="list-style-type: none"> Cost savings schemes in-year compared to plan.
Cost Improvement Programme – Plans in Progress (Recurrent)	<ul style="list-style-type: none"> Cost savings schemes recurrent compared to plan.

Appendix 4 - Statistical Process Control

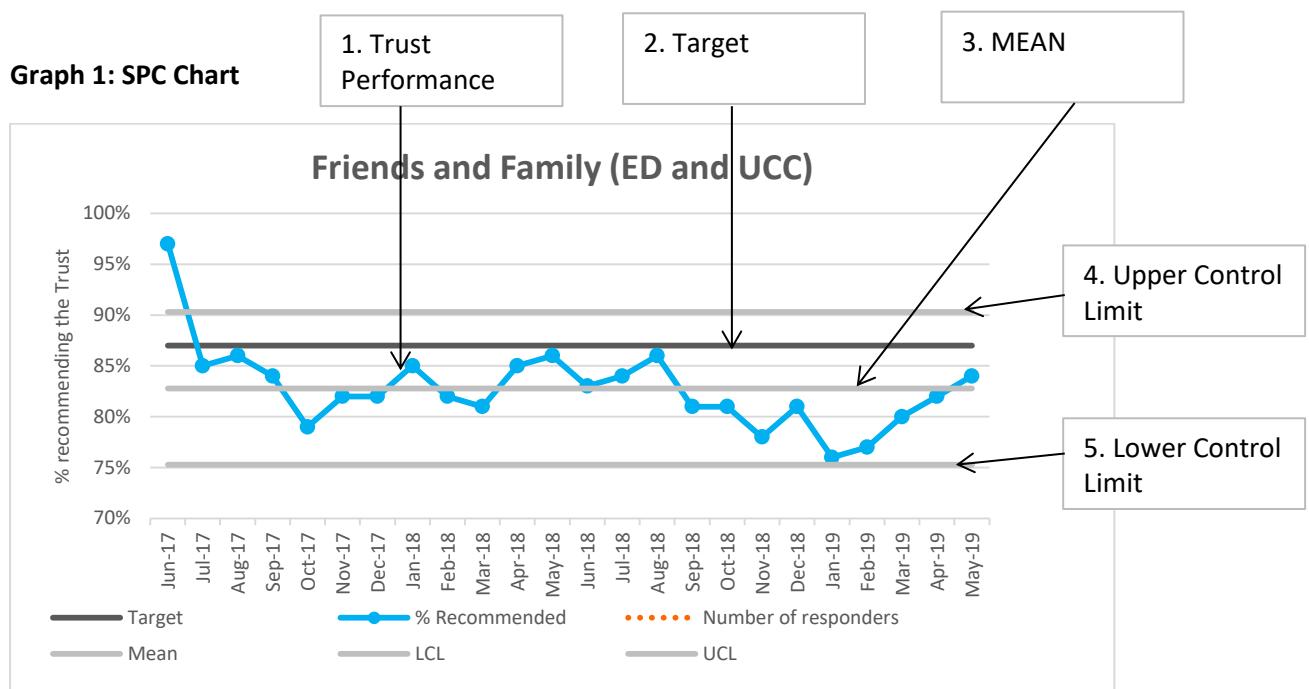
What is SPC?

Statistical Process Control (SPC) is a method used to measure changes in data/processes over time and is designed to move away from month to month data comparisons. SPC charts help to overcome the limitations of RAG ratings, through using statistics to identify patterns and anomalies, distinguishing changes and both common cause (normal) and special cause (unexpected) variation.

SPC Charts

In addition to the process/metric being measured, SPC charts on the IPR have 3 additional lines.

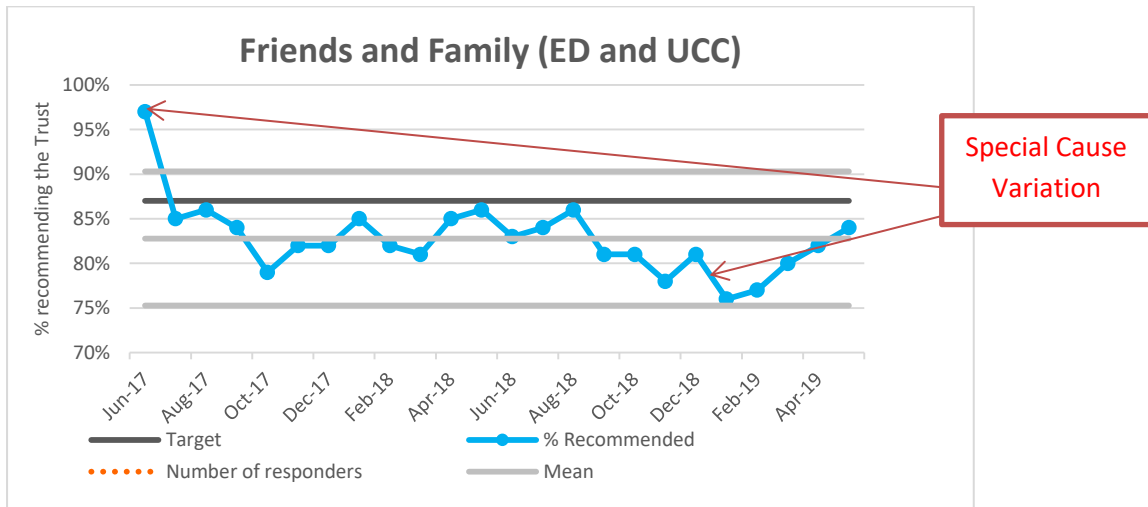
- Mean – is the average of all the data points on the graph. This is used as a basis for determining statistically significant trend or pattern.
- Upper Control Limit – the upper limit that any data point should statistically reach within expected variation. If any one datapoint breaches this line, this is what is known as special cause variation.
- Lower Control Limit – the lower limit than any data point should statistically reach within expected variation. If any one datapoint breaches this line, this is what is known as special cause variation.



Interpreting a SPC Chart

There are 3 main rules to interpreting a SPC chart, if one of these rules is broken, there special cause variation present and this means the process is not in control and requires investigation. Please note that breaching the rules does not necessarily mean the process needs to be changed immediately, but it does need to be investigated to understand the reasons for the variation.

1. All data points should be within the upper and lower control limits.
2. No more than 6 consecutive data points are above or below the mean line.
3. There are more than 5 consecutive points either increasing or decreasing.



In the example above, there are two instances of special cause variation; in June 2017 the data point was outside of the upper control limit. Between September 2018 and April 2019, the data points all fall below the mean line.

For high targets (e.g. above 90%) if the upper control limit is below the target, it's unlikely the Trust will achieve the target using the current process.

For low targets (e.g. below 10%) if the lower control total is above the target, it's unlikely the Trust will achieve the target using the current process.

For the purposes of the Trust IPR, the RAG ratings (Red, Amber, Green) will be maintained to understand the Trusts current performance against the outlined targets. SPC should be considered side by side with the RAG rating as it's possible for a process to be within control but not meeting the target.

Appendix 5

Income Statement, Activity Summary and Use of Resources Ratings as at 29 February 2020

Income Statement	Month			Year to date		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income						
NHS Clinical Income						
Elective Spells	2,452	2,466	13	29,691	28,452	-1,238
Elective Excess Bed Days	14	5	-9	151	141	-10
Non Elective Spells	4,649	5,475	826	58,252	63,931	5,679
Non Elective Bed Days	163	185	21	1,809	1,890	81
Non Elective Excess Bed Days	257	239	-18	2,825	1,542	-1,283
Outpatient Attendances	2,897	2,932	35	33,643	34,285	642
Accident & Emergency Attendances	1,244	1,307	63	15,070	15,289	219
Other Activity	5,313	5,991	678	59,586	59,885	299
Sub total	16,989	18,598	1,609	201,027	205,415	4,388
Non NHS Clinical Income						
Private Patients	21	16	-5	239	131	-108
Non NHS Overseas Patients	6	-19	-25	66	75	9
Other non protected	85	37	-48	939	857	-82
Sub total	112	34	-78	1,244	1,064	-180
Other Operating Income						
Training & Education	609	972	363	6,701	7,479	778
Donations and Grants	0	7	7	0	47	47
Provider Sustainability Fund (PSF)	568	568	0	4,301	4,528	227
Financial Recovery Fund (FRF)	1,402	1,402	0	10,613	10,613	0
Marginal Rate Emergency Tariff (MRET)	81	81	0	891	891	0
Miscellaneous Income	1,168	1,387	219	12,774	16,729	3,954
Sub total	3,828	4,417	588	35,280	40,286	5,006
Total Operating Income	20,929	23,049	2,120	237,551	246,765	9,214
Operating Expenses						
Employee Benefit Expenses	-15,195	-16,372	-1,177	-175,417	-179,092	-3,675
Drugs	-1,208	-1,249	-41	-13,545	-14,566	-1,021
Clinical Supplies and Services	-1,596	-1,699	-103	-17,949	-19,899	-1,950
Non Clinical Supplies	-2,096	-2,888	-792	-23,980	-26,455	-2,475
Depreciation and Amortisation	-594	-599	-5	-6,529	-6,400	129
Net Impairments (DEL)	0	0	0	0	0	0
Net Impairments (AME)	0	0	0	0	0	0
Restructuring Costs	0	0	0	0	0	0
Total Operating Expenses	-20,689	-22,808	-2,119	-237,420	-246,411	-8,991
Operating Surplus / (Deficit)	240	241	1	131	353	223
Non Operating Income and Expenses						
Profit / (Loss) on disposal of assets	0	0	0	0	0	0
Interest Income	3	10	7	33	87	54
Interest Expenses	-72	-72	0	-811	-815	-4
PDC Dividends	-148	-148	0	-1,624	-1,624	0
Total Non Operating Income and Expenses	-217	-210	7	-2,402	-2,353	49
Surplus / (Deficit)	23	31	8	-2,271	-1,999	272
Adjustments to Financial Performance						
Add I&E Impairments/(Reversals)	0	0	0	0	0	0
Less Impact of I&E (Impairments)/Reversals DEL	0	0	0	0	0	0
Less Donations & Grants Income	0	-7	-7	0	-47	-47
Add Depreciation on Donated & Granted Assets	14	15	1	150	176	26
Total Adjustments to Financial Performance	14	8	-6	150	129	-21
Performance against Control Total inc PSF, FRF & MRET	37	40	3	-2,121	-1,870	251
Less PSF, FRF & MRET Funding	-2,051	-2,051	0	-15,805	-16,032	-227
Performance against Control Total exc PSF, FRF & MRET	-2,014	-2,011	3	-17,926	-17,902	25
Activity Summary	Planned	Actual	Variance	Planned	Actual	Variance
Elective Spells	2,577	2,707	130	31,685	31,330	-355
Elective Excess Bed Days	51	18	-33	560	534	-26
Non Elective Spells	2,530	3,088	558	32,627	36,423	3,796
Non Elective Bed Days	463	524	61	5,137	5,367	230
Non Elective Excess Bed Days	985	887	-98	10,839	5,879	-4,959
Outpatient Attendances	24,576	24,703	127	285,415	288,396	2,981
Accident & Emergency Attendances	8,874	8,775	-99	109,048	105,030	-4,018
Use of Resources Ratings	Planned Metric	Actual Metric	Variance Metric	Planned Metric	Actual Metric	Variance Metric
Metrics						
Capital Servicing Capacity (Times)				2.69	2.06	-0.63
Liquidity Ratio (Days)				-51.0	-59.4	-8.42
I&E Margin - Metric (%)				-0.89%	-0.85%	0.04%
I&E Margin - Distance from financial plan (%)				0.00%	0.04%	0.04%
Agency Ceiling (%)				0.00%	20.17%	20.17%
Ratings						
Capital Servicing Capacity (Times)				1	2	1
Liquidity Ratio (Days)				4	4	0
I&E Margin - Metric (%)				3	3	0
I&E Margin - Distance from financial plan (%)				1	1	0
Agency Ceiling (%)				1	2	1
Use of Resources Rating				3	3	0

Appendix 6

Capital Programme as at 29 February 2020

Scheme Name	Approved Programme £000	Externally Funded £000	Budget Adjustments M01-M09 £000	Proposed Budget Adjustments M11 £000	Total Revised Budget £000
ESTATES					
Estates - Schemes b/f 18/19					
Emergency Fire Exit Staircases (Kendrick & Appleton)	41		(41)		0
Water Safety Compliance	3		(3)		0
Halton Endoscopy Essential power supply to rooms 1 & 2	20		(20)		0
Air Conditioning / Cooling Systems upgrade. Phase 1 - Survey	12		(12)		0
Automatic sliding / entrance doors across all sites	20				20
Estates Minor Works	12				12
Dishwasher x 5	1		(1)		0
CCU Relocation to Ward A3	8				8
Substation B Air Circuit Breakers	404		(356)		48
Electrical Infrastructure Upgrade	42				42
North Lodge Fire Compartmentation	150				150
Appleton Wing Fire Doors	100		(100)		0
Thelwall House Emergency Escape Lighting	4				4
Cheshire House Fire Doors	23		(3)		20
Discharge Lounge/Bereavement Office	17				17
Essential Power Installation - Halton Pharmacy	6				6
N20 Exposure	100				100
Catering EHO Works	9		(9)		0
CQC (Environmental Improvements)	923		(449)		474
CQC Prep Room Doors	24				24
CQC (Environmental Improvements) - A4 Bathroom	24				24
CQC (Environmental Improvements) - A8 Bathroom	24				24
Halton Outpatients Refurbishment	69		(69)		0
CQC (MLU)	600		268		868
Emergency Generator Repairs - Halton	7				7
Butterfly Suite	19				19
ITU UPS Replacement	7				7
Door Lock (FAU)	5				5
Estates Schemes b/f 18/19 Total	2,674	0	-795	0	1,879
Estates - Mandated Schemes 19/20					
Replacement Lift - Phase 1 Halton	250		(70)		180
Staffing Costs for Capital Team on Capital Schemes	177		6		183
Halton 30 Minute Fire Compartmentation	150				150
Appleton Wing 60 Minute Fire Doors	100		(100)		0
Warrington & Halton Gas Meter Replacement	100		(100)		0
North Lodge Basement - Fire Compmt Part 2/2	100				100
Fixed Installation Wiring & Testing & Repairs	150				150
6 Facet Survey	60		(20)		40
North Lodge & Catering Emergency Lighting	50				50
Water Safety Compliance	50				50
Replacement of External Fire Escapes to Kendrick & Appleton	40				40
Asbestos Management Survey Reinspection and works	30				30
Pharmacy Fire Doors	30		(30)		0
Halton Residential Blocks 2 & 3 Fire Doors	25		(25)		0

Daresbury Plant Room - Alternative Fire Escape	20				20
Estates Dept Fire Doors	20		(20)		0
Cheshire House Emergency Lighting	20		(20)		0
Thelwall House - Improvements to Fire Alarm system	20		(20)		0
Estates Dept Fire Compartmentation of Risk Areas	10				10
Estates - Mandated Total	1,402	0	-399	0	1,003
Estates - Trust Funded Schemes 19/20					
Appleton Wing - replace 5 No LV Changeover Switches	40		(40)		0
Backlog - High Voltage Annual Requirements & Maintenance	60		(20)		40
Backlog - Patient Environment Improvements	100		(65)		35
Induction of Labour Ward (CQC)	78		(78)		0
CT Scanner Electrical Substation	1,365		(468)		897
CT Scanner Estates Works (inc Turnkey)	0		468	68	536
CT Scanner Turnkey Works	0		68	(68)	0
CT Scanner Electrical Works (Connection Box)	0		10		10
Chillers - Day case Theatre & MRI	0		65		65
Contact Centre Relocation (OPD)	0		24		24
Paediatric Outpatients	0		20		20
Ward Bathroom Falls Prevention	0		80		80
Conversion of 6 Accommodation Rooms	0		20		20
Front Entrance	0		80	20	100
CCTV - ITU	0		6		6
Croft Wing Doors	0		8		8
Medical Gas Alarm Panel	0		8		8
Substation C Roof	0		16		16
Ward B3 Nurse Call	0		60		60
Decommissioning of Ward K25	0		180	(180)	0
Additional 18 Beds	0		317		317
Catering Trolleys	0		17		17
Daresbury Nursing/Reception Desk	0		12		12
Kendrick GF Fire Doors	0		45		45
CCTV System Upgrade	0			10	10
Estates - Trust Funded 19/20 Total	1,643	0	833	-150	2,326
Estates Total	5,719	0	-361	-150	5,208
INFORMATION TECHNOLOGY					
Information Technology b/f from 18/19					
Technology & Devices Refresh and Developments	141				141
IPPMA / ePrescribing / EPMA	0				0
Security (Stonesoft Firewall Renewal)	2				2
VDI Roll Out	117				117
Meditech Restoration	5				5
Deontics Care Pathway	8				8
Falsified Medicines Directive	83		(83)		0
BI Interactive Screens	11				11
Information Technology b/f from 18/19 Total	367	0	-83	0	284
Information Technology Trust Funded 19/20					
EPMA	319		65		384
EPMA - Eprescribing/Drugs Trolleys	229				229
ICE Upgrade	0		31		31
Devices Refresh Phase 1	0		188		188
Molis Infection Control Module	0		32		32
Cardiology Systems Upgrade	0		92		92
ESX Physical Servers	0		240		240

VDI Resilience	0		210		210
H & W Workspace Computer Migration	0		13		13
Lease 4000			9		9
Audiology Auditbase Software			53		53
Capitalisation of IM&T Staff			316		316
BI Portal			32		32
IT HEALTH Cyber Security		56		43	99
Information Technology Trust Funded 19/20 Total	548	56	1,281	43	1,928
Information Technology Total	915	56	1,198	43	2,212
MEDICAL EQUIPMENT					
Medical Equipment - Schemes b/f 18/19					
Oral Surgery Dental Chair x 1	1		(1)		0
Bladder Scanner (FAU)	8		(8)		0
Ultrasound Rheumatology	29				29
Stress Test System	31				31
Medical Equipment Schemes b/f 18/19 Total	69	0	-9	0	60
Medical Equipment Trust Funded 19/20					
Ultrasound Machines	150				150
Ultrasound Transducer No1	0		7		7
Curvilinear Transducer	0		6		6
Paediatric MRI Scanning	0		13		13
Osmometer	0		11		11
Ultrasound Transducer - No 2 - Interventional Radiology	0		7		7
CT Scanner Machine (Part 1 Trust Funded Exc Estates Work & Turnkey)	0	648	488	(258)	878
Cell Washer	0		7		7
Intra-Aortic Balloon Pump	0		49		49
Mortuary Equipment	0		78		78
Anaesthetic Machines & Monitors Inc Networking	260		383		643
Recovery Monitors Wa, Ha & CMTc	390				390
Anaesthetic Ultrasound for Vascular	70				70
Patient Transfer Ventilators	55				55
Laparoscopic Video Imagery Systems	160				160
Facial Nerve Monitor	0		18		18
NIV Machines	47				47
Bladder Scanners - Urology x 2	0		18		18
Replacement Patient Monitoring System in ED	300		81		381
Foetal CTG Monitor Labour Ward	39				39
Screening Quality Assurance Service - Cold Coagulation & Monitors	0		41		41
AER machines (4 W 2 H)	700				700
Portable Ultrasound Machine			50		50
Bladder Scanner MSK			9		9
Bladder Scanner MSK				15	15
Bladder Scanner MSK				78	78
Medical Equipment Trust Funded 19/20 Total	2,171	648	1,266	-165	3,920
Medical Equipment Total	2,240	648	1,257	-165	3,980
Total Trust Funded Capital	8,874	704	2,094	-272	11,400

CONTINGENCY					
General Contingency	972		(1,981)	272	(737)
CQC Contingency	0		0		0
Contingency Total	972	0	(1,981)	272	(737)
Externally Funded					
CANTREAT Modifications	84		(72)		12
Outdoor Play Area Phase 1 (CF)	5		36		41
Cancer Trans Prog - MDT Equipment (PDC)	7		(7)		0
EPR Developments WA Digital Maturity (PDC)	81				81
Training Simulator Equipment (HEE)	10				10
Tomosynthesis (Boot Out Breast Cancer)	10				10
Parents Bathroom - Childrens Ward (CF)	0		8		8
Bladder Scanner - FAU (LOF)			9		9
Breast Symptomatic Schemes (PDC Funded)		648	(113)		535
Warr Digital Maturity EPR CDS Clinical Trials (PDC)		90			90
Intensive Care Unit Garden (CF)		25			25
Motomed		10			10
Intensive Care Rehab Chairs		11			11
Externally Funded Total	197	784	(139)	0	842
Kendrick Wing Fire					
Kendrick Wing Fire	3,500				3,500
Kendrick Wing Fire Total	3,500	0	0	0	3,500
Grand Total	13,543	1,488	(26)	0	15,005

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/03/24 a			
SUBJECT:	Safe Staffing Assurance Report – December 2019			
DATE OF MEETING:	25 March 2020			
AUTHOR(S):	Rachael Browning, Assistant Chief Nurse, Clinical Effectiveness			
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience. SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future. SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.			*
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	#115 Failure to provide adequate staffing levels in some specialities and wards.			
EXECUTIVE SUMMARY (KEY ISSUES):	<p>In December 2019 ward staffing data continued to be systematically reviewed to ensure we safely staff our wards and provide mitigation and action when a ward falls below 90% of planned staffing levels.</p> <p>In the month of December 2019 it was noted that 13 of the 23 wards were below the 90% target during the day, which was the same as November 2019. In order to ensure safe staffing levels, mitigation and responsive plans continue to be put in place to ensure that the safe delivery of patient care is discussed at every bed meeting and escalated as appropriate.</p> <p>It is a recommendation of the National Quality Board (NQB 2018) that the Board of Directors receives a monthly Safe Staffing report, which includes the measure of Care Hours Per Patient Day (CHPPD) and ‘planned’ versus ‘actual’ staffing levels, highlighting areas where average fill rates fall below 90%, along with mitigation to ensure safe, high quality care is consistently delivered for those areas. CHPPD has increased to 7.3 in December, in comparison to 7.1 reported in November giving an overall year to date figure of 7.3.</p> <p>The report demonstrates the progress that continues to be made across the organisation in Nursing and Midwifery staffing levels as the number of wards reporting staffing levels below the 90% and CHPPD levels remaining consistent.</p>			
PURPOSE: (please select as appropriate)	Information *	Approval	To note *	Decision
RECOMMENDATION:	Trust Board asked to note the contents of this report as discussed and received at the Strategic People Committee			
PREVIOUSLY CONSIDERED BY:	Committee		Strategic People Committee	
	Agenda Ref.		SPC/20/03/32	

	Date of meeting	18 March 2020
	Summary of Outcome	Noted
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: (if relevant)	None	

REPORT TO BOARD OF DIRECTORS

SUBJECT	Safe Staffing Assurance Report – December 2019	AGENDA REF:	BM/20/03/24 a
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1. BACKGROUND/CONTEXT

Safe Staffing Assurance Report – November 2019

The purpose of this report is to provide transparency with regard to the nursing and midwifery ward staffing levels during December 2019. The Trust has a duty to ensure nursing and midwifery staffing levels are sufficient to maintain safety and provide quality care. It forms part of the expectation set out in the National Quality Board (NQB) guidance published in 2016 and in their recommendations in 2018, that Boards take full responsibility for the quality of care provided to patients, and, as a key determinant of quality, take full responsibility for nursing, midwifery and care staffing capacity and capability. This paper provides assurance that any shortfalls on each shift are reviewed and addressed, with actions to ensure safe staffing levels are provided and reviewed at the daily staffing meeting. It is well documented that nurse staffing levels make a difference to patient outcomes (mortality and adverse events, including levels of harm), patient experience, and quality of care and the efficiency of care delivery.

2. KEY ELEMENTS

All Trusts submit staffing data to NHS England via the Unify Safe Staffing return and provide assurance to the Board of Directors via the Chief Nurse.

The safer staffing data consists of the 'actual' numbers of hours worked by registered nursing and health care support staff on a shift by shift basis, measured against the numbers of 'planned' hours to calculate a monthly fill rate for nights and days by each ward. A monthly fill rate of 90% and over is considered acceptable nationally and when fill rates are below 90% the ward staffing is reviewed at the daily staffing meeting taking into account acuity and activity, where necessary staff are moved from other areas to support.

Care Hours Per patient Day

Warrington and Halton Hospitals NHS Trust currently collects and reports CHPPD data on a monthly basis. CHPPD is the total time spent on direct patient care based on the number of occupied beds at midnight. The December 2019 Trust wide staffing data was analysed and cross-referenced, with ward level data for validation by the Deputy Chief Nurse, Lead Nurses, and the Associate Chief Nurse (Clinical Effectiveness).

Chart 1 illustrates the monthly data and in December 2019 an increase in CHPPD was seen at 7.3, in comparison to the previous month of November which was 7.1. The Trust overall year to date position is 7.3. This is in comparison to the peer median of 7.8 and the national median figure of 8.1 hours over the same period and represents an improvement from 2018 / 19 where we ended the year with an overall rate of 7.0.

This will continue to be monitored via the Trust monthly Safer Staffing Report.

Chart 1 – CHPPDD 2019

Financial year	Month	Cumulative count over the month of patients at 23:59 each day	CHPPD - Registered	CHPPD - Care Staff	CHPPD All
2019/20	April	14008	4.4	3.2	7.6
	May	14623	4.3	3.3	7.6
	June	14410	4.3	3.2	7.5
	July	14917	4.2	3.3	7.5
	August	15282	3.9	3.2	7.1
	September	14927	4.0	3.1	7.1
	October	15271	4.1	3.2	7.4
	November	14940	4.0	3.1	7.1
	December	14740	4.1	3.2	7.3
2019/20 Total		133118	4.1	3.2	7.3

Key Messages

Currently we have 104 registered nurse vacancies at WHH, which requires reliance on temporary staffing to ensure safe staffing levels on the ward. Although there are areas above the 90% fill rate in month, it is acknowledged that the percentage of registered nurses/midwives on 13 of the 23 wards is below target during the day.

In order to ensure safe staffing levels, mitigation and responsive plans continue to be put in place to ensure that the safe delivery of patient care is discussed at every bed meeting and escalated as appropriate. Shift fill rates continue to improve month on month.

Maternity (ward C23) although showing above the 90% target on the ward (90.9%), use their responsive staffing plans in the unit to move staff to support if acuity requires additional staffing.

Recruitment and retention remains a priority for the senior nursing team. Further recruitment events are planned for both registered nurses and health care assistants. This will include a rolling adverts on NHS jobs, attendance at university / college open days, targeted recruitment campaigns and nurse recruitment open days taking place in January, May and October 2020.

WHH have been approached by with Wigan Wriglington and Leigh to participate in a regional pilot for recruitment of international nurses. The partnership includes HEE and aims to establish a North West Hub recognising the need to address the urgent nursing workforce shortages. A business case is being developed and will be presented to the executive team for consideration in February 2020.

The senior nursing team have a full programme of events to launch the 2020 Year of the Nurse and Midwife celebrations; this will include raising the profile of working as a nurse or midwife at WHH further supporting our recruitment and retention campaigns.

The Trust are part of cohort 4 of the NHSI Retention workforce collaborative, which has enabled access to best practice and exemplar practice from other organisations as well as identifying our retention priorities and plan for 2019.

Initial assessment of the data, in conjunction with staff engagement, has indicated a requirement to focus on the following areas

- Work life balance
- Continued professional development
- Recognising and Valuing Experience (RAVE)
- Developing and empowering line managers

The aim of the collaborative is to reduce the turnover of our Nursing and Midwifery workforce by 1.5% over the next 12 months. Good progress has been made under these work streams, it is pleasing to note in December 2019 nursing and midwifery turnover is at 12.65%, making an overall reduction of 2.34% at month 12 of the NHSI programme.

Escalation Beds and Costs

Additional bed capacity has been utilised to support the operational pressures in the Trust in December 2019. The General Practitioner Assessment Unit, which has recently become the Combined Assessment Unit (16 beds) on occasion, has been used as an inpatient overnight facility. The senior nursing team monitor the additional beds and associated staffing costs for these areas (based on NHSP rates). The table below provides a summary of the areas with associated weekly, monthly and annual costs;

Escalation Beds Open - December 2019

Ward	Dec-19				Year to Date			
	No. Bed Days	Additional Costs £	Notional Bed Day Cost £	Total Cost £	No. Bed Days	Additional Costs £	Notional Bed Day Cost £	Total Cost £
A4	21	0	5,040	5,040	195	0	46,800	46,800
A5	15	0	3,600	3,600	59	0	14,160	14,160
AMU	0	0	0	0	32	0	7,680	7,680
C21	0	0	0	0	55	17,387	0	17,387
CDU	6	0	1,440	1,440	50	0	12,000	12,000
Totals	194	35,973	10,080	46,053	2038	408,146	80,640	488,786

Ward	Dec-19				Year to Date			
	No. Bed Days	Additional Costs £	Notional Bed Day Cost £	Total Cost £	No. Bed Days	Additional Costs £	Notional Bed Day Cost £	Total Cost £
B3	806	182,198	0	182,198	5709	1,290,529	0	1,290,529
K25	432	97,654	0	97,654	1281	289,572	0	289,572
Totals	1238	279,852	0	279,852	6990	1,580,101	0	1,580,101

*NB B3 – funded by Halton Borough Council / Winter Funding
K25 – funded by winter funding

Staffing levels are reviewed daily to determine the additional staffing required ensuring patient safety as part of the daily operational staffing plans.

Patient Harm by Ward

In December 2019 we have reported 5 category 2 pressure ulcers on wards A2, A6, A7, B12 and ITU. There have been 2 patient falls with major harm in December 2019 reported on wards A8 and B12 which are currently being investigated.

Infection Incidents

In December 2019 we haven't reported any cases of MRSA bacteraemia.

Appendix 1		MONTHLY SAFE STAFFING REPORT – December 2019																	
Monthly Safe Staffing Report – December 2019																			
CBU	Ward	Day	Day	Day	Day	Day	Day	Night	Night	Night	Night	Night	Night	Cumulative count over the month of patients at 23:59 each day	CHPPD				
		Planned RN hours	Actual RN hours	Planned HCA hours	Actual HCA hours	% RN fill rate	% HCA fill rate	Planned RN hours	Actual RN hours	Planned HCA hours	Actual HCA hours	% RN fill rate	% HCA fill rate		RN	HCA	RNA	AHP	Overall
		= above 100%		= above 90%		= above 80%		= below 80%											
DD	Ward A5	1782.5	1362.8	1426	1402.5	76.5%	98.4%	1069.5	1000.5	1068.5	1081	93.5%	101.1%	962	2.5	2.6	0.1	0.0	5.1
DD	Ward A6	1782.5	1288	1426	1345.5	72.3%	94.4%	1069.5	1012	1069.5	1046.5	94.6%	97.8%	962	2.4	2.5	0.0	0.0	5.0
DD	Ward B4	789.5	633	509.5	375.5	80.2%	73.7%	207	149.5	207	172.5	72.2%	83.3%	0	-	-	-	-	-
DD	Ward A4	1782.5	1661.8	1426	1432.5	93.2%	100.5%	1069.5	977.5	1069.5	1023.5	91.4%	95.7%	962	2.7	2.6	0.2	0.0	5.5
MSK	CMTC	1199.5	1175.5	747.5	718	98.0%	96.1%	644	644	529	529	100%	100%	358	5.1	3.5	0.0	0.0	8.6
MSK	Ward A9	1782.5	1250.5	1426	1368.5	69.6%	96%	1069.5	1046.5	1426	1426	97.8%	100%	961	2.4	2.9	0.1	0.0	5.4
W&C	Ward B11	2818.7	2779	917.5	947.5	98.6%	103.3%	1596	1649.2	270.4	270.4	103.3%	100%	538	8.2	2.3	0.0	0.0	10.9
W&C	NNU	1782.5	1460.5	356.5	305	81.9%	85.6%	1782.5	1414.5	356.5	241.5	79.4%	67.7%	176	16.3	3.1	0.0	0.0	19.4
W&C	Ward C20	966	891	644	601	92.2%	93.3%	644	644	0	98	100%	-	420	3.7	1.7	0.4	0.0	5.7
W&C	Ward C23	1426	1296.5	713	713	90.9%	100%	759	747.5	713	667	98.5%	93.5%	292	7.0	4.7	0.0	0.0	11.7
W&C	Birth Suite	2495.5	2294	356.5	345	91.9%	96.8%	2495.5	2079.5	356.5	322	83.3%	90.3%	246	17.8	2.7	0.0	0.0	20.5
UEC	Ward A1	2325	2012.5	2325	2625	86.6%	112.9%	1616.7	1481.1	1293.3	1084.7	91.6%	83.9%	999	3.5	3.7	0.0	0.0	7.2
UEC	Ward A2	1426	1127	1782.5	1403	79%	78.7%	1069.5	1069.5	1069.5	1069.5	100%	100%	868	2.5	2.8	0.0	0.0	5.4
IM&C	Ward C21	1052	963	1426	1211	91.5%	84.9%	713	713	1069.5	1035	100%	96.8%	744	2.3	3.0	0.0	0.1	5.4
IM&C	Ward A8	1632.5	1353	1426	1644.5	82.9%	115.3%	1428	1311	1069.5	1288	91.9%	120.4%	1054	2.5	2.8	0.0	0.1	5.5
IM&C	Ward B12	1069.5	953.5	2495.5	2214.5	89.2%	88.7%	713	713	1966.5	1966.5	100%	100%	651	2.6	6.4	0.0	0.1	9.2
IM&C	Ward B14	1069.5	1242	1782.5	1407	116.1%	78.9%	713	713	1426	1230.5	100%	86.3%	744	2.6	3.5	0.0	0.0	6.2
IM&C	Ward B18	1426	1168.5	1782.5	1501.5	81.9%	84.2%	1069.5	810	1426	1338.5	75.7%	93.9%	744	2.7	3.8	0.0	0.0	6.5
IM&C	Ward B19	1069.5	1059.5	1428	1458.5	99.1%	102.3%	713	713	1069.5	1252.5	100%	118%	744	2.4	3.7	0.0	0.0	6.0
MC	Ward A7	1782.5	1385.5	1426	1494	77.7%	104.8%	1426	1380	1069.5	1207.5	96.8%	112.9%	1023	2.7	2.6	0.0	0.0	5.3
MC	ACCU	2495.5	2132.9	1069.5	1058	85.5%	98.9%	1782.5	1644.5	1069.5	1035	92.3%	96.8%	759	5.0	2.8	0.1	0.0	7.9
MC	ICU	4991	4301	1069.5	1092.5	86.2%	102.2%	4991	4335.5	1069.5	897	86.9%	83.9%	533	16.2	3.7	0.0	0.0	19.9

Appendix 2

December 2019 - Mitigating Actions

The Unify Safe Staffing return guidance states that all wards with inpatient beds need to be included, with the exception of;

- Day care wards
- CDU/other clinical assessment units
- Additional capacity wards (B3)

Ward B1 at Halton is a CCG Ward and therefore is not part of the Trusts Unify return

	DAY		NIGHT		MITIGATING ACTIONS
	Average fill rate - registered nurses/midwives (%)	Average fill rate – Health Care support staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - Health Care support staff (%)	
Ward A5	76.5%	98.4%	93.5%	101.1%	Vacancy: Band 6 3.36 wte Band 5 2 wte , Band 2 2wte Sickness rate: 3.45% Action taken: Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support. Attendance management policy followed, monthly meeting with HR and welfare meetings arranged. Recent review of skill mix. Ongoing recruitment plans in place
Ward A6	72.3%	94.4%	94.6%	97.8%	Vacancy: - Band 6 1.36 wte Band 5 6.33 wte Sickness rate – 6.35% Action taken: Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support. Attendance management policy followed, monthly meeting with HR and welfare meetings arranged. Targeted recruitment plan in place
Ward B4	80.2%	73.7%	72.2%	83.3%	Vacancy: no vacancies Sickness rate –12.75% Action taken: Daily staffing review against acuity and activity. Sickness absence being managed in line with the Trust policy.
Ward A4	93.2%	100.5%	91.4%	95.7%	Vacancy: - Band 6 3.36wte, Band 5 2.0 wte, band 2 2.0wte Sickness rate – 3.45% Action taken: Staffing and activity reviewed daily. Recruitment programme in place. Attendance management policy followed, Sickness absence being managed in line with the Trust policy.
Ward CMTC	98.0%	96.1%	100%	100%	Vacancy: Band 5 2.0 wte band 2 1.0 wte Sickness rate – 3.66% Action taken: Recruitment plan in place Sickness absence being managed in line with the Trust policy.
Ward A9	69.6%	96%	97.8%	100%	Vacancy: Band 5 – 3.0 wte band 2 3.06wte Sickness rate – 3.57% Action taken: Staffing reviewed daily and support provided if necessary. Sickness absence being managed in line with the Trust policy.
Ward B11	98.6%	103.3%	103.3%	100%	Vacancy: Band 6 1.54wte band 5 5.21wte Sickness Rate: 2.83% Action taken: - Staffing reviewed daily and support provided if necessary. Recruitment plan in place

NUU	81.9%	85.6%	79.4%	67.7%	Vacancy rate: Fully established Sickness Rate: 6.47% Action taken: Sickness is managed via the Trust policy. Staffing reviewed daily and support provided if necessary.
Ward C20	92.2%	93.3%	100%	-	Vacancy: - Band 2 0.6 wte Sickness Rate: 7.90% Action taken: Staffing reviewed daily by the matron and staff moved to support if required and additional shifts request via NHSP. Sickness is being managed in line with Trust policy.
Ward C23	90.9%	100%	98.5%	93.5%	Vacancy: fully established Sickness rate – 6.99% Action taken: Daily review of staffing and staffed moved from other areas depending on acuity and occupancy. Sickness policy followed and supported by HR
Delivery Suite	91.9%	96.8%	83.3%	90.3%	Vacancy: - band 5 0.8wte, band 2 1.95wte Sickness rate – 8.66% Action taken: Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Sickness is being managed in line with Trust policy. Recruitment plan in place
Ward A1	86.6%	112.9%	91.6%	83.9%	Vacancy: - 1.0wte band 7 2.37 wte Band 6, Band 5 5.0wte, Sickness Rate: 5.91% Action taken: Ongoing recruitment. Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP.
Ward A2	79%	78.7%	100%	100%	Vacancy: band 6 1.0wte, Band 5 3.0wte, band 2 1.0wte Sickness Rate 8.6.89% Action taken: Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Band 5 recruitment plans in place. Sickness is being managed in line with Trust policy.
Ward C21	91.5%	84.9%	100%	96.8%	Vacancy: - Band 5 0.56 wte, band 4 1.96wte Sickness Rate: 26.28% Action taken: - Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Sickness is being managed in line with Trust policy.
Ward A8	82.9%	115.3%	91.9%	120.4%	Vacancy: - Band 6 1.0 wte band 5 –4.0wte Band 2 2.0wte Sickness Rate: 8.95% Action taken 1.0 wte band 6 awaiting start dates. Recruitment plan in place. Ward support by the continued use of NHSP and agency to ensure safe staffing levels. Pharmacy Technician support morning and lunchtime supports nursing staff.
Ward B12	89.2%	88.7%	100%	100%	Vacancy: - Band 5 3.0wte Sickness Rate: 6.92% Action taken: - Recruitment plan in place. Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support.
Ward B14	116.1%	78.9%	100%	86.3%	Vacancy: - 2.0 wte Band 5, 3.0wte band 2 Sickness Rate: 9.61% Action taken: - recruitment plan in place Staffing reviewed daily against acuity and

					activity. Sickness is being managed in line with Trust policy.
Ward B18	81.9%	84.2%	75.7%	93.9%	Vacancy : -Band 5 2.98 wte band 2 0.89wte Sickness Rate : 6.52% Action taken : - Recruitment ongoing, staffing reviewed on daily basis by matron and ward manager
Ward B19	99.1%	102.3%	100%	118%	Vacancy : -Band 5 1.21wte band 2 0.98wte Sickness Rate : 1.0% Action taken : - Ward reviewed daily for acuity and staffing.
Ward A7	77.7%	104.8%	96.8%	112.9%	Vacancy : band 7 1.0 wte, band 6 1.62wte, Band 5 4.92wte band 2 1.46wte Sickness Rate : 11.53% Action taken : - Staffing reviewed daily against acuity and activity. Recruitment plan in place
ACCU	85.5%	98.9%	92.3%	96.8%	Vacancy : band 5 1.47wte Sickness Rate : 9.15% Action taken : Staffing reviewed daily against acuity and activity, staff support accessed from other areas when required. Sickness is being managed in line with Trust policy
ICU	86.2%	102.2%	86.9%	83.9%	Vacancy : - 2.6wte band 5 2.76wte band 2 Sickness rate - 4.86% Action taken : - Sickness absence managed robustly in line with Trust Attendance Management Policy. Rota shortfall managed with temporary staffing, mainly own staff via NHSP. Recruitment plan in place with 2 band 5's with a start date planned for January 2020.
Total Fill Rate (%)	86.7%	95.4%	91.7%	98.2%	

3. ASSURANCE COMMITTEE

The monthly staffing report is received and discussed at the Strategic People Committee

4. RECOMMENDATIONS

Board asked to note the contents of this report as discussed and received at the Strategic People Committee

Kimberley Salmon-Jamieson
Chief Nurse and DIPC
December 2019

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/03/24 a			
SUBJECT:	Safe Staffing Assurance Report – January 2020			
DATE OF MEETING:	25 March 2020			
AUTHOR(S):	Rachael Browning, Assistant Chief Nurse, Clinical Effectiveness			
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience.			
	SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future.			*
	SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.			
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	#115 Failure to provide adequate staffing levels in some specialities and wards.			
EXECUTIVE SUMMARY (KEY ISSUES):	<p>In January 2020 ward staffing data continued to be systematically reviewed to ensure we safely staff our wards and provide mitigation and action when a ward falls below 90% of planned staffing levels.</p> <p>In the month of January 2020 it was noted that 13 of the 23 wards were below the 90% target during the day, which was the same as December 2019. In order to ensure safe staffing levels, mitigation and responsive plans continue to be put in place to ensure that the safe delivery of patient care is discussed at every bed meeting and escalated as appropriate.</p> <p>It is a recommendation of the National Quality Board (NQB 2018) that the Board of Directors receives a monthly Safe Staffing report, which includes the measure of Care Hours Per Patient Day (CHPPD) and ‘planned’ versus ‘actual’ staffing levels, highlighting areas where average fill rates fall below 90%, along with mitigation to ensure safe, high quality care is consistently delivered for those areas. CHPPD has decreased to 7.0 in January 2020, in comparison to 7.3 reported in December giving an overall year to date figure of 7.3.</p> <p>The report demonstrates the progress that continues to be made across the organisation in Nursing and Midwifery staffing levels as the number of wards reporting staffing levels below the 90% and CHPPD levels remaining consistent.</p>			
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RECOMMENDATION:	Trust Board asked to note the contents of this report as discussed and received at the Strategic People Committee			
PREVIOUSLY CONSIDERED BY:	Committee		Strategic People Committee	
	Agenda Ref.		SPC/20/03/32	
	Date of meeting		18 March 2020	

	Summary of Outcome	Noted
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None	

REPORT TO BOARD OF DIRECTORS

SUBJECT	Safe Staffing Assurance Report – January 2020	AGENDA REF:	BM/20/03/24 a
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1. BACKGROUND/CONTEXT

Safe Staffing Assurance Report – January 2020

The purpose of this report is to provide transparency with regard to the nursing and midwifery ward staffing levels during January 2020. The Trust has a duty to ensure nursing and midwifery staffing levels are sufficient to maintain safety and provide quality care. It forms part of the expectation set out in the National Quality Board (NQB) guidance published in 2016 and in their recommendations in 2018, that Boards take full responsibility for the quality of care provided to patients, and, as a key determinant of quality, take full responsibility for nursing, midwifery and care staffing capacity and capability. This paper provides assurance that any shortfalls on each shift are reviewed and addressed, with actions to ensure safe staffing levels are provided and reviewed at the daily staffing meeting. It is well documented that nurse staffing levels make a difference to patient outcomes (mortality and adverse events, including levels of harm), patient experience, and quality of care and the efficiency of care delivery.

2. KEY ELEMENTS

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The safer staffing data consists of the ‘actual’ numbers of hours worked by registered nursing and health care support staff on a shift by shift basis, measured against the numbers of ‘planned’ hours to calculate a monthly fill rate for nights and days by each ward. A monthly fill rate of 90% and over is considered acceptable nationally and when fill rates are below 90% the ward staffing is reviewed at the daily staffing meeting taking into account acuity and activity, where necessary staff are moved from other areas to support.

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This will continue to be monitored via the Trust monthly Safer Staffing Report.

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	May	14623	4.3	3.3	7.6
	June	14410	4.3	3.2	7.5
	July	14917	4.2	3.3	7.5
	August	15282	3.9	3.2	7.1
	September	14927	4.0	3.1	7.1
	October	15271	4.1	3.2	7.4
	November	14940	4.0	3.1	7.1
	December	14740	4.1	3.2	7.3
	January	15224	4.0	3.0	7.0
2019/20 Total		148342	4.1	3.2	7.3

Key Messages

Currently we have 104 registered nurse vacancies at WHH, which requires reliance on temporary staffing to ensure safe staffing levels on the ward. Although there are areas above the 90% fill rate in month, it is acknowledged that the percentage of registered nurses/midwives on 13 of the 23 wards is below target during the day.

In order to ensure safe staffing levels, mitigation and responsive plans continue to be put in place to ensure that the safe delivery of patient care is discussed at every bed meeting and escalated as appropriate. Shift fill rates continue to improve month on month.

Maternity (ward C23) are above the 90% target on the ward (94.4%), and use their responsive staffing plans in the unit to move staff to support if acuity requires additional staffing.

Recruitment and retention remains a priority for the senior nursing team. Further recruitment events are planned for both registered nurses and health care assistants. The most recent nurse recruitment event in January 2020 resulted in 41 nurses accepting a job offer with WHH, 21 of those starting in post this year. The recruitment campaign will include rolling adverts on NHS jobs, attendance at university / college open days, targeted recruitment campaigns and further nurse recruitment open days taking place in May and October 2020.

WHH have been approached by with Wigan Wriglington and Leigh to participate in a regional pilot for recruitment of international nurses. The partnership includes HEE and aims to establish a North West Hub recognising the need to address the urgent nursing workforce shortages. A business case is being developed and will be presented to the executive team for consideration in February 2020.

The senior nursing team have a full programme of events to launch the 2020 Year of the Nurse and Midwife celebrations; this will include raising the profile of working as a nurse or midwife at WHH further supporting our recruitment and retention campaigns.

The Trust are part of cohort 4 of the NHSI Retention workforce collaborative, which has enabled access to best practice and exemplar practice from other organisations as well as identifying our retention priorities and plan for 2019.

Initial assessment of the data, in conjunction with staff engagement, has indicated a requirement to focus on the following areas

- Work life balance
- Continued professional development
- Recognising and Valuing Experience (RAVE)
- Developing and empowering line managers

The aim of the collaborative is to reduce the turnover of our Nursing and Midwifery workforce by 1.5% over the next 12 months. Good progress has been made under these work streams, it is pleasing to note that since joining the collaborative in November 2018 when the nursing and midwifery turnover was at 14.99%, we ended the 12month period in November 2019 at 12.55% making an overall reduction of 2.44% at month 12 of the NHSI programme. We continue to monitor turnover rates at the Workforce meeting on a monthly basis.

In January 2020 we have 282 active volunteers working across the organisation; many of these volunteers support the teams in the clinical areas with administrative and patient support and engagement activities. Of particular note during this period we have seen Coco the Pet Therapy dog begin visits at the Trust. The Dining Companion role was also introduced following significant work to introduce the role. Volunteers are also providing some support around the Helping Hands initiative.

Escalation Beds and Costs

Additional bed capacity has been utilised to support the operational pressures in the Trust in January 2020. The General Practitioner Assessment Unit, which has recently become the Combined Assessment Unit (16 beds) on occasion, has been used as an inpatient overnight facility. The senior nursing team monitor the additional beds and associated staffing costs for these areas (based on NHSP rates). The table below provides a summary of the areas with associated weekly, monthly and annual costs;

Escalation Beds Open – January 2020

Unfunded Escalation Beds Open
2019/20

Jan-20					Year to Date			
Ward	No. Bed Days	Additional Costs £	Notional Bed Day Cost £	Total Cost £	No. Bed Days	Additional Costs £	Notional Bed Day Cost £	Total Cost £
GPAU / CA	277	68,079	0	68,079	1458	358,334	0	358,334
C20 / GAU	107	23,077	0	23,077	573	123,582	0	123,582
A4	31	0	7,440	7,440	226	0	54,240	54,240
A5	31	0	7,440	7,440	90	0	21,600	21,600
AMU	0	0	0	0	32	0	7,680	7,680
C21	0	0	0	0	55	17,387	0	17,387
CDU	31	0	7,440	7,440	81	0	19,440	19,440
Totals	477	91,156	22,320	113,476	2515	499,302	102,960	602,262

Jan-20					Year to Date			
Ward	No. Bed Days	Additional Costs £	Notional Bed Day Cost £	Total Cost £	No. Bed Days	Additional Costs £	Notional Bed Day Cost £	Total Cost £
B3	806	182,198	0	182,198	6515	1,472,726	0	1,472,726
K25	557	125,911	0	125,911	1838	415,483	0	415,483
Totals	1363	308,108	0	308,108	8353	1,888,209	0	1,888,209

Currently funded by Halton Borough Council / Winter funding
Currently funded by winter funding

*NB B3 – funded by Halton Borough Council / Winter Funding
K25 – funded by winter funding

Sickness Absence – January 2020

During the month of January registered nurse and midwifery absence rates were recorded at 7.15%. The cost of bank/agency cover of qualified nursing sickness (at usual bank/agency fill rates) is £266,637 for January as detailed in the table below;

Registered nurse and midwifery sickness cover – January 2020

Contracted Nursing WTE (Band 5 to 7)	911.45
% Sickness	7.15%
WTE Equivalent of Sickness	65.17
NHSP Fill Rate	76%
WTE Covered by Temporary Staffing	49.53
Cost at Average NHSP Rates	266,637

Staffing levels are reviewed daily to determine the additional staffing required ensuring patient safety as part of the daily operational staffing plans.

Patient Harm by Ward

In January 2020 we have reported 3 category 2 pressure ulcers on wards AMU, A2, and A6. We have also reported 1 category 3 pressure ulcer on ward B14. There have been no patient falls with moderate or major harm in January 2020.

Infection Incidents

In January 2020 we haven't reported any cases of MRSA bacteraemia.

Appendix 1		MONTHLY SAFE STAFFING REPORT – January 2020																		
Monthly Safe Staffing Report – January 2020																				
CBU	Ward	Day	Day	Day	Day	Day	Day	Night	Night	Night	Night	Night	Night	Cumulative count over the month of patients at 23:59 each day	CHPPD					
		Planned RN hours	Actual RN hours	Planned HCA hours	Actual HCA hours	% RN fill rate	% HCA fill rate	Planned RN hours	Actual RN hours	Planned HCA hours	Actual HCA hours	% RN fill rate	% HCA fill rate		RN	HCA	RNA	AHP	Overall	
		= above 100%		= above 90%			= above 80%			= below 80%										
DD	Ward A5	1782.5	1290.5	1426	1430.5	72.4%	100.3%	1069.5	1012	1069.5	1069.5	94.6%	100%	1023	2.3	2.4	0.1	0.1	5.0	
DD	Ward A6	1782.5	1303.5	1426	1375.8	73.1%	96.5%	1069.5	931.5	1069.5	1012	87.1%	94.6%	992	2.3	2.4	0.0	0.0	4.7	
DD	Ward B4	856	747.5	446.5	293	87.3%	65.6%	230	211	230	230	91.7%	100%	318	3.0	1.6	0.7	0.0	5.3	
DD	Ward A4	1782.5	1359	1426	1271.8	76.2%	89.2%	1069.5	1000.5	1069.5	1069.5	93.5%	100%	992	2.4	2.4	0.1	0.0	4.9	
MSK	CMTC	1134.5	1114	720.5	704.5	98.2%	97.8%	713	713	471	471	100%	100%	318	5.7	3.7	0.0	0.0	9.4	
MSK	Ward A9	1782.5	1290.5	1426	1375	72.4%	96.4%	1069.5	1000.5	1426	1391.5	93.5%	97.6%	972	2.4	2.8	0.1	0.0	5.4	
W&C	Ward B11	2925	2742.5	1037.5	1019	93.8%	98.2%	1649.2	1638.4	322.4	322.4	99.3%	100%	422	10.4	3.2	0.0	0.0	14.9	
W&C	NNU	1782.5	1665	365.5	259	93.4%	70.9%	1782.5	1529.5	365.5	241.5	85.8%	86.1%	253	12.6	2.0	0.0	0.0	14.6	
W&C	Ward C20	966	897	644	647	92.9%	100.5%	644	644	0	276	100%	100%	504	3.1	1.8	0.2	0.0	5.1	
W&C	Ward C23	1426	1345.5	713	667	94.4%	93.5%	759	713	713	678.5	93.9%	95.2%	311	6.6	4.3	0.0	0.0	10.9	
W&C	Birth Suite	2495.5	2396.5	356.5	322	96%	90.3%	2495.5	2079.5	356.5	245	83.3%	67.8%	246	18.2	2.3	0.0	0.0	20.5	
UEC	Ward A1	2325	1975	2325	2637.5	84.9%	113.4%	1616.7	1439.3	1293.3	1168.2	89%	90.3%	999	3.4	3.8	0.0	0.0	7.2	
UEC	Ward A2	1426	1127	1782.5	1671.8	79%	93.8%	1069.5	1069.5	1069.5	1173	100%	109.7%	840	2.6	3.4	0.0	0.0	6.0	
IM&C	Ward C21	1170.5	1010.5	1426	1236.5	86.3%	86.7%	713	713	1069.5	1058	100%	98.9%	744	2.3	3.1	0.0	0.0	7.0	
IM&C	Ward A8	1633	1368.5	1667.5	1299	83.8%	77.9%	1426	1253	1403	1196	87.9%	85.2%	1054	2.5	2.4	0.0	0.1	5.0	
IM&C	Ward B12	1069.5	953	2495.5	2255.5	89.1%	90.4%	713	713	1782.5	1736.5	100%	97.4%	651	2.6	6.1	0.0	0.1	9.0	
IM&C	Ward B14	1069.5	1163.5	1782.5	1612.5	108.8%	90.5%	713	713	1069.5	1012	100%	94.6%	744	2.5	3.5	0.0	0.0	6.2	
IM&C	Ward B18	1426	1104.5	1794	1435.5	77.5%	80%	1069.5	977.5	1437.5	1345.5	91.4%	93.6%	744	2.8	3.7	0.0	0.0	6.5	
IM&C	Ward B19	1069	1060	1426	1428	99.2%	100.1%	713	713	1059	1082	100%	103.1%	744	2.4	3.4	0.0	0.0	5.8	
MC	Ward A7	1782.5	1443	1426	1523.5	81%	106.8%	1426	1368.5	1069.5	1405.8	96%	131.7%	1023	2.7	2.9	0.0	0.0	5.6	
MC	ACCU	2495.5	2265.5	1069.5	1131.5	90.8%	105.8%	1782.5	1771	1069.5	1127	99.4%	105.4%	806	5.0	2.8	0.2	0.0	8.0	
MC	ICU	4991	4393	1069.5	1035	88%	96.8%	4991	4450.5	1069.5	977.5	89.2%	91.4%	524	16.9	3.8	0.0	0.0	20.7	

Appendix 2

January 2020 - Mitigating Actions

The Unify Safe Staffing return guidance states that all wards with inpatient beds need to be included, with the exception of;

- Day care wards
- CDU/other clinical assessment units
- Additional capacity wards (B3)

Ward B1 at Halton is a CCG Ward and therefore is not part of the Trusts Unify return

	DAY		NIGHT		MITIGATING ACTIONS
	Average fill rate - registered nurses/midwives (%)	Average fill rate – Health Care support staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - Health Care support staff (%)	
Ward A5	72.4%	100.3%	94.6%	100%	Vacancy: Band 6 1.72 wte Band 5 4.46 wte , Band 2 1.95wte Sickness rate: 5.29% Action taken: Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support. Attendance management policy followed, monthly meeting with HR and welfare meetings arranged. Ongoing recruitment plans in place
Ward A6	73.1%	96.5%	87.1%	94.6%	Vacancy: - Band 6 0.49 wte Band 5 8.45 wte Band 2 4.21 wte Sickness rate – 6.09% Action taken: Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support. Attendance management policy followed, monthly meeting with HR and welfare meetings arranged. Targeted recruitment plan in place
Ward B4	87.3%	65.6%	91.7%	100%	Vacancy: fully established Sickness rate –9.23% Action taken: Daily staffing review against acuity and activity. Sickness absence being managed in line with the Trust policy.
Ward A4	76.2%	89.2%	93.5%	100%	Vacancy: - Band 6 1.49wte, Band 5 4.30 wte, band 2 2.31wte Sickness rate – 6.72% Action taken: Staffing and activity reviewed daily. Recruitment programme in place. Attendance management policy followed, Sickness absence being managed in line with the Trust policy.
Ward CMTC	98.2%	97.8%	100%	100%	Vacancy: Band 6 1.0 wte Band 5 2.0 wte band 2 1.0 wte Sickness rate – 3.66% Action taken: Recruitment plan in place Sickness absence being managed in line with the Trust policy.
Ward A9	72.4%	96.4%	93.5%	97.6%	Vacancy: Band 5 – 3.0 wte band 2 2.0wte Sickness rate – 3.57% Action taken: Staffing reviewed daily and support provided if necessary. Sickness absence being managed in line with the Trust policy.
Ward B11	93.8%	98.2%	99.3%	100%	Vacancy: Band 6 1.54wte band 5 3.99wte Sickness Rate: 1.85% Action taken: - Staffing reviewed daily and support provided if necessary. Recruitment

					plan in place.
NUU	93.4%	70.9%	85.8%	86.1%	Vacancy rate: Fully established Sickness Rate: 6.80% Action taken: Sickness is managed via the Trust policy. Staffing reviewed daily and support provided if necessary.
Ward C20	92.9%	100.5%	100%	100%	Vacancy: : fully established Sickness Rate: 7.06% Action taken: Staffing reviewed daily by the matron and staff moved to support if required and additional shifts request via NHSP. Sickness is being managed in line with Trust policy.
Ward C23	94.4%	93.5%	93.9%	95.2%	Vacancy: fully established Sickness rate – 6.99% Action taken: Daily review of staffing and staffed moved from other areas depending on acuity and occupancy. Sickness policy followed and supported by HR
Delivery Suite	96%	90.3%	83.3%	67.8%	Vacancy: - band 5 0.8wte, band 2 1.95wte Sickness rate – 7.59% Action taken: Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Sickness is being managed in line with Trust policy. Band 5 midwife recruited to and awaiting start date. Band 2 post advertised with interviews planned for 24.2.20.
Ward A1	84.9%	113.4%	89%	90.3%	Vacancy: : - 1.0wte band 7 2.0 wte Band 6, Band 5 7.0wte, Sickness Rate: 4.67% Action taken: Ongoing recruitment. Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP.
Ward A2	79%	93.8%	100%	109.7%	Vacancy: , Band 5 4.0wte, band 2 1.0wte Sickness Rate 9.95% Action taken: Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Band 5 recruitment plans in place. Sickness is being managed in line with Trust policy.
Ward C21	86.3%	86.7%	100%	98.9%	Vacancy: :- Band 5 0.56 wte, band 4 1.96wte Sickness Rate: 25.47% Action taken: - Daily review of staffing and acuity, staff moved from other areas to support and additional staff access via NHSP. Sickness is being managed in line with Trust policy. Recruitment plan in place
Ward A8	83.8%	77.9%	87.9%	85.2%	Vacancy: :- wte band 5 –5.0wte Band 2 2.35wte Sickness Rate: 10.51% Action taken Recruitment plan in place. Ward support by the continued use of NHSP and agency to ensure safe staffing levels. Pharmacy Technician support morning and lunchtime supports nursing staff.
Ward B12	89.1%	90.4%	100%	97.4%	Vacancy: :- Band 5 3.57wte, Band 2 3.94wte Sickness Rate: 7.74% Action taken: - Recruitment plan in place. Daily review by the matron to review staffing levels and acuity, staff moved from other areas to support.
Ward B14	108.8%	90.5%	100%	94.6%	Vacancy: :- 4.48wte band 2 Sickness Rate: 10.14% Action taken: - recruitment plan in place

					Staffing reviewed daily against acuity and activity. Sickness is being managed in line with Trust policy.
Ward B18	77.5%	80%	91.4%	93.6%	Vacancy : -Band 5 2.98 wte band 2 0.89wte Sickness Rate : 3.56% Action taken : - Recruitment ongoing, staffing reviewed on daily basis by matron and ward manager
Ward B19	99.2%	100.1%	100%	103.1%	Vacancy : -Band 5 1.21wte band 2 0.98wte Sickness Rate : 2.18% Action taken : - Ward reviewed daily for acuity and staffing.
Ward A7	81%	106.8%	96%	131.7%	Vacancy : band 7 1.0 wte, band 6 1.7wte, Band 5 5.53wte band 2 1.46wte Sickness Rate : 8.42% Action taken : - Staffing reviewed daily against acuity and activity. Recruitment plan in place
ACCU	90.8%	105.8%	99.4%	105.4%	Vacancy : band 6 2.0 WTE, band 2 1.0wte Sickness Rate : 3.8% Action taken : Staffing reviewed daily against acuity and activity, staff support accessed from other areas when required. Sickness is being managed in line with Trust policy
ICU	88%	96.8%	89.2%	91.4%	Vacancy : - 2.6wte band 5 3.76wte band 2 Sickness rate - 4.87% Action taken : - Sickness absence managed robustly in line with Trust Attendance Management Policy. Rota shortfall managed with temporary staffing, mainly own staff via NHSP.
Total Fill Rate (%)	72.4%	100.3%	94.6%	100%	

3. ASSURANCE COMMITTEE

The monthly staffing report is received and discussed at the Strategic People Committee

4. RECOMMENDATIONS

Board asked to note the contents of this report as discussed and received at the Strategic People Committee

Kimberley Salmon-Jamieson
Chief Nurse and DIPC
January 2020

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM 20/03/24 b	COMMITTEE OR GROUP:	Trust Board	DATE OF MEETING	25 March 2020
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Date of Meeting	3 March 2020
Name of Meeting + Chair	Quality Assurance Committee, Chaired by Margaret Bamforth
Was the meeting quorate?	Yes

Following consideration of the above, the Committee wishes to bring the following matters to the attention of the Board:

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
QAC/20/03/32	Matters Arising - Outpatient Maternity Digital Improvement Committee + Customer Care Focussed Training	<ul style="list-style-type: none"> Maternity Digital Improvement Committee has been established with focus on activity and coding, digital agenda and EPR to explore a sustainable long term dedicated system. Progress against action plan to be included in future Maternity Champion reports and reported to Board through QAC Key Issues Reports Customer Care Focussed Training, continued theme within complaints of attitudinal and behavioural incidences, particularly in ED. Deep dive requested into Customer Care Training in ED including observational audits. Report back to May QAC in Clinical Audit Q4 report. 	<p>The Committee received and discussed the update receiving moderate assurance</p> <p>Progress to be includes in future Maternity Champion Safety Reports.</p> <p>Report back to May QAC in Clinical Audit Q4 report.</p>	QAC May 2020
QAC/20/03/33	Patient Story	The Committee heard a story about a patient who was deaf and felt that they had been discriminated against during their patient journey due to the level of support they had received when trying to book a follow-up appointment. They had asked for and being declined an Interpreter but later observed an Interpreter in ED who had said they could have provided the support required.	The Committee heard, reflected on, and discussed the patient story; and assurance received that immediate learning had taken place.	QAC May 2020

			Further actions would be picked up in the Deep Dive review	
QAC/20/03/34	Moving to Outstanding	<p>The Committee noted the following in respect of the action plan following the recent CQC inspection:</p> <ul style="list-style-type: none"> 63 actions, 35 completed; 3 part completed and further evidence requested; 8 actions on track for completion; dates amended for completion for 7 'Should Do' actions by end of March due to assurance provided of progress to complete these actions; 19 actions remaining, all to be completed by end of April. The Trust had received JAG Accreditation for Endoscopy for a further 12 months. A pilot clinic (one session only) had taken place at CMTC. Trust had received confirmation and approval on 28.2.2020 from CQC for CMTC as a Pilot site for Walton Spinal Surgery. Further discussions with CQC to agree activity. 	<p>The Committee noted the update and received high assurance.</p> <p>Trust Board will receive an update in March 2020</p>	Trust Board March 2020 and QAC May 2020
QAC/20/03/35	DNACPR	<p>The Committee noted the following in the update received:</p> <ul style="list-style-type: none"> Themes identified: Out of date forms, incomplete Consultation verification, and incomplete documentation of rationale for decision, insufficient communication of decision. Actions put in place included streamlined collection of paperwork, revised Audit proforma and streamlined data set. Revised audit template from neighbouring organisations during August-October 2019 demonstrated improved compliance with further improvement required in completion of DNACPR documentation; electronic case notes relating to evidence of discussion; documented decision in case notes and dated, timed and correctly signed documentation. Task & Finish Group established, Chaired by Palliative Care Consultant reporting to EoL Steering Group. 	<p>The Committee discussed the update and received moderate assurance.</p> <p>Action plan progress would be reported to QAC in May. Partial assurance provided of improved practice with clear plans and monitoring in place through various reporting routes</p>	QAC May 2020,
QAC/20/03/37	Refresh and review of Trust KPIs	<p>The Committee supported amendments the Trust KPIs within its remit, the removal of 3 Indicators; Safety Thermometer Adult, Safety Thermometer Children, Safety Thermometer Maternity and updating of 3 indicators, Healthcare Acquired Infections, Friends and Family Test (Inpatients, ED), Continuity of Carer</p>	<p>The Committee supported amendments</p> <p>The Trust will receive the Full Performance Assurance Framework for Approval in March 2020</p>	Trust Board March 2020

QAC/20 /03/38	Maternity Safety Champion Report	<ul style="list-style-type: none"> • Maternity Digital Improvement Committee established, work continues to support improved functionality of Lorenzo currently providing barriers to progress Continuity of Carer models, matter escalated to Chief Information Officer for speedy resolution. • East Kent Maternity Review – assurance provided that the Trust is compliant with the 3 recommendations within the report 	<p>The Committee received and discussed the update.</p> <p>Concerns were raised at the pace of progress in respect of Lorenzo. To be discussed further in the March Risk Review Group</p> <p>Progress in to be provided future Maternity Champion Safety Reports.</p>	Risk Review Group, March 2020 & QAC May 2020
QAC/20 /03/40	Learning from Experience Q3 Report	<p>The Committee particularly noted the following in the update received:</p> <ul style="list-style-type: none"> • Decrease in number of clinical minor harm incidents in Q3. • Zero breached complaints; 18% decrease in complaints opened, no complaints over 6 months old; improvement reported in timeliness of responding to concerns. • Open incidents decreased to 294. Significant improvement in incident management reported. • Increase reported in Pressure Ulcers by 18% and infection control by 11%. 	<p>The Committee received moderate assurance. Report to be shared at March Trust Board Results of February Sharps Audit in Q4 report to May QAC</p>	Trust Board March 2020 and QAC May 2020
QAC/20 /03/42	Coronavirus	<p>The Committee received a comprehensive update actions implemented by the Trust following national guidance from Public Health England and the DoH which continue to be reviewed on receipt of revised guidance.</p>	<p>The Committee received significant assurance that recommended measures were in place and Trust position is being managed, in line with Command and Control Centre protocols within the Trust Emergency Planning and Preparedness Plan.</p> <p>Update to Trust Board 25.03.2020</p>	Trust Board March 2020 and QAC May 2020

QAC/20 /03/45	Mortality Review Q3 Report + R- Codes review	<p>The Committee particularly noted the following in the update received:</p> <ul style="list-style-type: none"> • The Trust is not an outlier for HSMR (102.92) or SHMI (105.18) • Assurance provided that the Trust is no longer showing as an outlier for R-Codes Focused Reviews to continue to identify any further learning. • Investigations by Mortality Review Group (MRG) into 3 of the 8 cases in Q3 completed, one identified problems in care, no problems identified in the remaining 2. Investigations are ongoing relating to the remaining 5 cases. Learning following Radiology cases had been discussed earlier in the meeting. 	<p>The Committee noted the report and assurance.</p> <p>Trust Board we receive the report in March 2020</p>	Trust Board March 2020 and QAC May 2020
QAC/20 /03/48	BAF	<ul style="list-style-type: none"> • The QAC approved addition of over-arching IM&T risk to the BAF; the amendment to the description of Risk #125; the de-escalation of the 3 IM&T risks (Risks' #134, #143, #414) from the BAF to the CRR. • The QAC approved addition of Risk #1079 (Maternity data) to the CRR. Following earlier discussion this Risk will be reviewed at the RRG in March. 	<p>The Committee received high assurance and the Trust Board will receive the report in March 2020</p>	Risk Review Group March Trust Board March 2020 and QAC May 2020
QAC/20 /03/52	High Level Briefing, Safeguarding Committee	<p>The Committee particularly noted the following in the update received:</p> <ul style="list-style-type: none"> • Compliance with Level 1, 2 and 3 training for both Children and Adults. • Current position of Liberty Protection Safeguards (LPS) escalated, due to be implemented 1.10.2020, with the Trust assuming responsibility for reviewing, approving and monitoring Deprivation of Liberty Safeguards (DoLS). • Verbal assurance had been received from the LA the backlog circa 300 cases will be eradicated, with the possibility that 30 cases transferring. • To mitigate meeting to take place between the Trust meet with partner agencies to understand size and management of LPS required based on National guidance 	<p>The Committee received and discussed the report and noted moderated assurance</p>	QAC May 2020

BOARD OF DIRECTORS CHAIR'S KEY ISSUES REPORT

AGENDA REFERENCE:	BM/20/03/24 c		TRUST BOARD OF DIRECTORS	DATE OF MEETING	25 th March 2020
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Date of Meeting	18th March 2020
Name of Meeting + Chair	Strategic People Committee Anita Wainwright, Non-Executive Director
Was the meeting quorate?	Yes

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
SPC/20/03/20	Terms of Reference and Annual Cycle of Business 2020-21	The Committee received a recommendation to approve the Terms of Reference and Cycle of Business	The Committee approved the ToR and Cycle of Business subject to the following amendments: <ul style="list-style-type: none"> • Removal of Head of HR Strategic Projects • Quoracy in line with other Committees 	Trust Board March 2020
SPC/20/03/25	WHH People Strategy and Equality, Diversity & Inclusion Strategy (Workforce)	The Committee noted the following: Assurance provided on the delivery of the objectives within the People Strategy and the delivery of the workforce objectives within the ED+I Strategy. Staff Opinion Survey – Health + Wellbeing and Engagement Scores, WHH held position organisationally, some slight improvements against each indicator. Position held on quality of appraisals compared to peer organisations, dip in quality internally escalated to Board. A new PDR process is to be launched in Q1??	The Committee noted the progress against the proposed and received moderate assurance	Trust Board May 2020

		Good national score for E, D+I indicators, WHH in top 20 Trusts, however when broken down by BAME workforce more improvement work to be done to reduce gap. Key elements of the Staff Opinion Survey to be presented to May Trust Board.		
SPC/20/03/26	Policies and Procedures Report: Special leave Policy	The Committee received a recommendation to approve the updated Special Leave Policy which had been amended to incorporate the changes to parental bereavement leave brought about by legislative changes effective from 1 st April 2020	The Committee approved the Special leave Policy	Reported for assurance to the Trust Board March 2020
SPC/20/03/28	Gender Pay Gap Report	The Committee received a recommendation to approve the publication of the Gender Pay Gap report on the Trust website. Of particular note was: <ul style="list-style-type: none"> Improvement noted from 2018-19. The Trust is not an outlier. The Committee reviewed Gender Pay Gap data and the proportion of male and female employees receiving a bonus payment. The Committee requested the number of staff this relates to is clarified outside of the meeting and to separate Consultant staff out of internal reporting to provide enable underlying trends to be identified. 	The Committee approved the publication of the Gender Pay Gap Report.	Reported for assurance to the Trust Board March 2020
SPC/20/03/29	Engagement and Recognition Annual Report	The Committee received an overview of the 2019 staff survey results. Of particular note was: <ul style="list-style-type: none"> Response rate 53% improvement from 2.4% in 2018 across the whole workforce. WHH better than average score in 9 areas. Quality of Care reduced internally but Trust is meeting national requirements. 	The Committee supported the mitigations/ focus on those areas requiring improvement and received moderate assurance. Trust Board to receive key elements of staff survey in May 2020	Trust Board May 2020

		<ul style="list-style-type: none"> Slight deterioration in Safe Environment indicator. Overall results positive, within top 20%, however analysis not consistent view of workforce especially BAME. Changes anticipated in next year's survey relating to Well Led and People Plan. 		
SPC/20/03/30	VIP and Celebrity Visits Policy and Annual Report	<p>The Committee received a recommendation to approve the updated VIP and Celebrity Visits Policy that reflected the organisational changes</p> <p>The Committee were asked to note the VIP & Celebrity Annual report particularly noting the log of visits</p>	The Committee approved the VIP and Celebrity Visits Policy	SPC March 2023
SPC/20/03/21	Committee Chairs Annual Report	The Committee received the Committee Chair's Annual Report	The Committee approved the Committee Chairs Annual Report with recommendation to the Trust Board for ratification	Trust Board March 2020
SPC/20/03/32	Freedom to Speak Up Biannual Report	<p>The Committee received the FTSU bi-annual report. Of particular note:</p> <ul style="list-style-type: none"> 7 disclosures from one CBU since December 2019. The Committee noted the plans put in place 4 Patient Safety concerns 	The Committee noted the report receiving significant assurance.	Trust Board March 2020
	AOB	Committee discussed request to 'stand down' Operational People Committee (OPC) and Premium Pay Spend Review Group (PPSRG). The Chair supported the proposal to stand down Operational People Committee and asked that primarily, the proposal and decision to stand down PPSRG was within the remit of the Finance and Sustainability Committee.	Proposal to stand down PPSRG to be presented to FSC on 18.3.2020	Reported for assurance to the Trust Board March 2020

BOARD OF DIRECTORS CHAIR'S KEY ISSUES REPORT

AGENDA REFERENCE:	BM/20/03/24 d		TRUST BOARD OF DIRECTORS	DATE OF MEETING	19 February 2020
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Date of Meeting	19 February 2020
Name of Meeting + Chair	Finance & Sustainability Committee – Terry Atherton
Was the meeting quorate?	Yes

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	RECEIVING BODY (eg Board or Committee)	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
FSC/20/02/22	Pay Assurance Report	<ul style="list-style-type: none"> Total pay In December £16.5m against a budget of £15.2m Bank and agency spend both increased in month Agency spend breached the ceiling by £0.3m in month 10 Medical and dental bank and agency spend increased in January compared to December. In month there were 28.5 wte medical vacancies & 1.4 wte other absences - temp staffing used was 56.6 wte. Further analysis required to identify reason for this A Crowe described a number of workstreams which have been established to ensure tight controls are in place with regards to medical bank and agency and to also focus to on recruitment Nursing & midwifery bank and agency spend lower than the same period last year 	Committee	The Committee reviewed, discussed and noted the report. A Crowe to provide paper to next meeting to describe why bank and agency use higher than vacancy levels	FSC Mar 2020

FSC/20/02/23	BAF/Risk Register	<ul style="list-style-type: none"> No changes to risks or amendment to titles in month 10 Risk 701 in relation to step down from a no deal Brexit was removed following discussion at the last meeting Risk 669 in relation to failure to deliver capital investment is being monitored – finance to present at the next meeting 	Committee	The Committee reviewed, discussed and noted the report.	FSC Mar 2020
FSC/20/02/24	PAF Review	<ul style="list-style-type: none"> Annual review of the PAF has been undertaken and the following proposed changes were supported A refresh of the Introduction and Role of the PAF. Merging of the Approach and Performance sections. A new Roles & Responsibilities section. Replacement of the Adverse Performance section with Performance Risks/Issues section. 	Committee	The Committee reviewed, discussed and supported the report.	FSC Feb 2021
FSC/20/02/25	KPI review – Finance and Access and Performance	<ul style="list-style-type: none"> Annual review of the Integrated Performance Report has been undertaken and the following proposed changes to indicators were supported 28 day faster diagnostic standard – to be included from April 2020 Re-instatement of the Two week wait/Breast symptomatic standards Clinically led review of standards – being field tested by NHS England – FSC & Trust Board may be asked to approve further changes in year if required System wide financial position – important for Trust Board to be sighted on the system wide position 	Committee	The Committee reviewed, discussed and supported the report.	FSC Feb 2021
FSC/20/02/26	Corporate Performance Report	<ul style="list-style-type: none"> January A&E performance is 76.08% missing the trajectory of 80%. Ambulance handovers favourable compared to peers Super stranded increased since last month. The number 	Committee	The Committee reviewed, discussed and noted the report.	FSC Mar 2020

		<p>of Super Stranded patients was less than the same amount in January 2019 for a significant part of the month</p> <ul style="list-style-type: none"> • RRT, Diagnostics, Cancer targets met in January 			
FSC/20/02/27	Monthly Finance Report	<ul style="list-style-type: none"> • The monthly surplus of £1.2m is on plan, with a year to date deficit of £2.0m which is slightly better than plan, UoR 3 and forecast improved • CIP delivered above plan • Halton BC refusing to pay for beds on B3 wef November 2019 which is a £0.5m risk – to escalate to CE’s • Fire settlement agreed by Exec’s • One to One debt - administrator due to submit an update report at the end of February • Capital proposed changes were approved • FSC supported in principle bringing forward the purchase of laptops into the current year if position allows – and would be approved via an extraordinary fsc. 	Committee	The Committee reviewed, discussed and noted the report. The capital changes were approved.	FSC Mar 2020
FSC/20/02/28	Monthly Cost Pressure & CIP Report	<ul style="list-style-type: none"> • Cost pressures including mitigations stood at £3.0m. Further analysis has been carried out and this is now estimated to be £4.2m by year end • CIP delivery is £0.9m above plan year to date, there is a £0.9m gap as at March 20 with additional vacancy controls in place for non-clinical staff • Recurrent CIP is £2.5m at January with a £5.0m gap • Quarterly meetings set up with Medical Director & CBU’s to review medical pressures 	Committee	The Committee reviewed, discussed and noted the report.	FSC Mar 2020
FSC/20/02/29	WHH System Governance	<ul style="list-style-type: none"> • The current Governance arrangements were discussed 	Committee	The Committee discussed the update.	

	Update				
FSC/20/02/30	Draft Annual Capital Programme 2020/21	<ul style="list-style-type: none"> Capital budget for 2020/21 £8.4m, no c/fwd from 2019/20 Funding shortfall for externally funded, pre approved, mandated and business critical schemes and staffing costs £0.4m Meeting on 21 February with Exec teams to agree items to fund Emergency loan will be required for items over the £8.4m, could be available in the second half of the year 	Committee	The Committee reviewed, discussed and noted the report.	FSC Mar 2020
FSC/20/02/32	Operational Planning 2020/21 draft	<ul style="list-style-type: none"> Revised control total from £14.770m to £16.266m mainly due to CNST, Loan interest & PDC changes Gap from LTP submitted in November £4.7m mainly due to cost of pay inflation, reduction in recurrent CIP 2019/20 and value of cost pressures Gap doesn't include cost of additional capacity required 	Committee	The Committee reviewed, discussed and noted the report.	FSC Mar 2020
FSC/20/02/33	Key issues to the Board	<ul style="list-style-type: none"> Need for enhanced controls regarding the approval process for agency staff Highlight funds owed by Halton Council for B3 Note the shortfall and continued challenge faced in identification and delivery of recurrent CIP Note the unfunded cost pressures of £3.9m to be carried forward into 2020/21 Note challenges presented currently in the 2020/21 operational plan 	Committee		FSC Mar 2020

BOARD OF DIRECTORS CHAIR'S ASSURANCE REPORT

AGENDA REFERENCE:	BM/20/03/24 d		TRUST BOARD OF DIRECTORS	DATE OF MEETING	25 MARCH 2020
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Date of Meeting	18 March 2020
Name of Meeting + Chair	Finance & Sustainability Committee – Terry Atherton
Was the meeting quorate?	Yes

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	RECEIVING BODY (eg Board or Committee)	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
FSC/20/03/49	ED Nursing Business Case	<ul style="list-style-type: none"> Substantive costs will reduce premium rate reducing current cost pressure Risks and mitigations discussed Monitor reduction in cost pressures via CIP / Cost Pressure Paper at FSC 	Committee	Supported to go to Board for approval	
FSC/20/03/43	Monthly Finance Report	<ul style="list-style-type: none"> The monthly surplus of £1.2m is on plan, with a year to date deficit of £2.0m which is slightly better than plan YTD CIP is above plan but in month target was not achieved At the end of February cash is higher than usual linked to income late in the month and the need to pay PDC in March Capital target discussed and the actions being taken to ensure planned spend is achieved Latest report from the Administrators of One to One 	Committee	The Committee reviewed, discussed and noted the report. The capital changes were approved.	FSC April 2020

		<p>was discussed including increased costs and investigation</p> <ul style="list-style-type: none"> Capital proposed changes were approved 			
FSC/20/03/46	Operational Planning / Budget Book 2020/21	<ul style="list-style-type: none"> Noted additional capacity, cost pressures and Covid19 are impacting on 2020/21 budget Risk linked to plans for unfunded cost pressures and unidentified CIP 	Committee	The Committee supported the report.	FSC January 2021
FSC/20/03/48	Annual Capital Programme 2020/21	<ul style="list-style-type: none"> Capital budget for 2020/21 £8.4m, no c/fwd from 2019/20 Emergency loan will be required for items over the £8.4m, could be available in the second half of the year 	Committee	The Committee supported the report.	FSC January 2021
FSC/20/03/39	Pay Assurance Report	<ul style="list-style-type: none"> Noted the report Requested overtime and WLI to be monitored more closely over coming months 	Committee	The Committee noted the report.	FSC April 2020
FSC/20/03/40	BAF/Risk Register	<ul style="list-style-type: none"> Noted the report and discussed the need for a Covid19 risk 	Committee	The Committee noted the report.	FSC April 2020
FSC/20/03/42	Corporate Performance Report	<ul style="list-style-type: none"> February A&E performance is 81.09% hitting the trajectory of 80% but missing the national target of 95% RRT, Diagnostics, Cancer targets met in February 	Committee	The Committee noted the report.	FSC April 2020
FSC/20/03/44	Monthly Cost Pressure & CIP Report	<ul style="list-style-type: none"> Cost pressures and CIP delivery noted 	Committee	The Committee noted the report.	FSC April 2020
FSC/20/03/45	Reference Costs	<ul style="list-style-type: none"> Noted the reduction in reference cost from previous years showing the Trust is more efficient but also more difficult to make further savings 	Committee	The Committee noted the report.	FSC Jan 2021
FSC/20/03/50	Key issues to	<ul style="list-style-type: none"> Note the increase in the costs of the administrator of 	Committee		FSC April 2020

	the Board	One to One and lack of progress regarding the investigation <ul style="list-style-type: none">• ED Business case requires Board discussion• Support of the budget book and 2020/21 capital plan			
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BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE:	BM/20/03/24 e	COMMITTEE/ GROUP	TRUST BOARD OF DIRECTORS	DATE OF MEETING	25 March 2020
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Date of Meeting	20 February 2020
Name of Meeting + Chair	Audit Committee, Chaired by Ian Jones, Non-Executive Director
Was the meeting quorate?	Yes

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
AC/20/02/05	MIAA Internal Audit Plan + Fees 2020-21	The Committee approved the MIAA Internal Audit Plan and associated fees for 2020-21	The Audit Committee approved the Plan	Audit Committee February 2021
AC/20/02/06	Progress Report on Internal Audit Follow-Up Actions at 31.12.2019	The Committee particularly noted the following: <ul style="list-style-type: none"> • 5 audits that still have 11 overdue management actions outstanding. • No critical recommendations are overdue. • 4 high recommendations overdue, 2 of which are partially complete following review by MIAA. 	The Committee discussed the report and received moderate assurance	Audit Committee April 2020.
AC/20/02/07	Internal Audit Progress Report on follow-up actions	The Committee particularly noted: <ul style="list-style-type: none"> • A total of 11 reviews (23 recommendations) were followed up. Reviews dated from 2018-18 to 2019-20. As at 5 February 2020, 13 recommendations had been fully implemented. • Remaining reviews contained recommendations that were overdue and following discussion the Committee supported revision of deadlines. 	The Committee discussed the report and received moderate assurance	Audit Committee April 2020.

		<ul style="list-style-type: none"> The Committee received an update from the Acting Medical Director and the Associate Medical Director for Clinical Effectiveness on actions relating to the Consent Review at the request of the Committee. Following the assurance provided, the outstanding actions were closed due to ongoing monitoring at various Sub Committees 		
AC/20/02/08	Internal Audit Progress Report	<p>The Committee noted that the following reports had been issued;</p> <ul style="list-style-type: none"> Combined Financial System Review – High Assurance ESR Payroll Review - Substantial Assurance Diagnostic Policy Review - Moderate Assurance Quality Spot Check Review – Limited Assurance IT Service Continuity & Resilience Review – Limited Assurance <p>1 report had been issued to Trust Officers</p> <ul style="list-style-type: none"> CQC Review (Draft) <p>2 Reviews in progress</p> <ul style="list-style-type: none"> DSPT Toolkit Assurance Framework Review Quality of spot checks. 	<p>The Committee noted and discussed the report and progress against actions will be reported at the next meeting.</p> <p>Diagnostic Policy Review – progress against recommendations to March QAC.</p> <p>Quality Spot Check Review – progress against recommendations to March QAC.</p> <p>IT Service Continuity & Resilience – actions on track.</p>	<p>Audit Committee April 2020.</p> <p>QAC March 2020</p> <p>March QAC + Audit Committee April 2020.</p> <p>Audit Committee April 2020.</p>
AC/20/02/10	External Audit Plan and Fees 2021-20	The Committee approved the External Audit Plan and associated fees for 2020-21	The Audit Committee approved the Plan	Audit Committee April 2020
AC/20/02/11	External Audit Progress Report	<p>The Committee particularly noted:</p> <ul style="list-style-type: none"> Testing final accounts to commence 24.02.2020 Two National Quality Indicators for 2020-21 agreed, A&E and RTT, Governor selected Quality indicator to be confirmed. 	The Audit Committee reviewed and noted the report	<p>QAC March 2020</p> <p>Audit</p>

				Committee April 2020
AC/20/02/12	Draft Counter Fraud Plan and Fees 2020-21	The Committee approved the Anti-Fraud Workplan and associated fees for 2020-21	The Audit Committee approved the Draft Plan. Final Plan April	Audit Committee April 2020
AC/20/02/13	Counter Fraud Progress Report 2018-19	The Committee particularly noted: <ul style="list-style-type: none"> Standard 1.4 of the Standards for Providers on-track to complete by the end of March 2020. WHH Fraud Champion role to be confirmed Fraud Information and Cyber Security and Counter Fraud circulators issued including Phishing. Two ongoing Fraud referrals highlighted and AFS has commenced initial enquiries. 	The Audit Committee reviewed and discussed the report receiving significant assurance	Audit Committee April 2020.
AC/20/02/14	Review Losses and Special Payments Period 1 July 2019-30 September 2019	The Committee particularly noted: <ul style="list-style-type: none"> The value of Losses and Special Payments for the year to 31 December 2019 after recovery of monies from NHS Resolution amounts to £174,477. AFS conducting a Theatre and Pharmacy stock review to ensure appropriate controls in place to minimise stock losses to commence February 2020. The Trust is not an outlier in this area. 	The Audit Committee reviewed and discusses the report noting and received moderate assurance	Audit Committee February 2020.
AC/20/02/18	Audit Committee ToR + Cycle of Business 2020-21	The Committee approved the ToR and Cycle of Business (CoB) for 2020-21	The Audit Committee approved the ToR + Cycle of Business 2020-21	Audit Committee CoB 25.02.2021 ToR February 2022
AC/20/02/19	Freedom to Speak Up Policy	The Committee <ul style="list-style-type: none"> Agreed the Policy in principle subject to amendments 	The Audit Committee approved the Policy	Audit Committee 25.02.2021

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2020/21 Financial Plan and Budget Book

Andrea McGee

Director of Finance and Commercial Development

Trust Board

25 March 2020



Content

- Progress to date
- Draft Operational Plan
- Budget Book including
 - Income statement
 - CBU and corporate income and expenditure budgets
 - CIP position
 - Cost Pressures
 - Loans & Cash
 - Activity and Performance
- Conclusion & next steps



Progress to date

- LTP submitted November 2019
- Draft plan submitted 5 March 2020
- Final plan to be postponed (was 29 April 2020)
- New payment mechanism in place for first four months of 2020/21
- Each stage reviewed Executives, Finance Resources Group, Finance & Sustainability Committee and Board prior to submission
- Cost Pressures reviewed at Executive Meeting
- Budget setting process undertaken – require budget from 1 April 2020



Movements LTP	Nov-19	Feb-20	Change
	£000	£000	£000
Opening deficit	-17,045	-17,045	0
Confirmed movements:			
Recurrent CIP 2.1%	5,161	5,161	0
CCG Specific Investments	1,821	6,087	4,266
CCG Further Investment	7,165	1,877	-5,288
Local tariff increase	939	939	0
Additional Income inflation		809	809
Net Inflation Impact	-3,672	-5,599	-1,927
Assumptions:			
BW Corporate Services, Halton and Diagnostics	496	496	0
Cost pressures	-3,284	-4,195	-911
Non recurrent CIP from 19/20	-3,100	-5,000	-1,900
Non Recurrent income (fire)	-1,500	-1,500	0
Investment in A&E to support ward closure	-800	0	800
Reduction to income from out of area commissioners	-1,013	-110	903
PDC & Interest impact	0	-1,130	-1,130
Reduction to expenditure		454	454
Other expenditure		-1,609	-1,609
Other Income	62	809	747
Closing deficit before additional capacity and FRF	-14,770	-19,556	-4,786
FRF	14,770	16,266	1,496
Distance from Control Total	0	-3,290	-3,290
Additional Capacity increase	0	-5,613	-5,613
Removal of MRET	0	-970	-970
Removal of FRF	0	-16,266	-16,266
Distance from Control Total after capacity increase and removal of FRF	0	-26,139	-26,139

Draft Operational Plan 2020/21

- FRF/MRET available £17.2m - assuming the Trust could accept the control total access of up to 50% could be made by the Trust
- K25 cost of £2.9m due to Covid-19
- No additional Covid-19 costs included in plan
- Deterioration of £5.6m initially due to additional capacity & cost pressures, however now cannot switch off K25
- Options being explored to reduce additional capacity costs (B3)



Review of Capacity – Options at Full Year Premium Rate

Beds	Option 1. Do nothing and keep K25 and B3 beds open and keep CAU bedded down	Option 2. Close K25 and B3, open 18 extra beds that have already been identified on Warrington site with no bedding of CAU	Option 3. Close B3, keep K25 and open 18 extra beds that have already been identified on Warrington site with no bedding of CAU	Option 4. K25 to remain, beds on B3 to remain and open 18 extra beds that have already been identified on Warrington site with no bedding of CAU
	£000	£000	£000	£000
K25	2,866	-	2,866	2,866
B3	1,201	-	-	1,201
18 Beds	-	1,546	1,546	1,546
Total Cost	4,067	1,546	4,412	5,613
Occupancy	99.4%	100.0%	96.4%	94.5%



Options at 3 Months Premium Rate 9 Months Substantive

Beds	Option 1. Do nothing and keep K25 and B3 beds open and keep CAU bedded down	Option 2. Close K25 and B3, open 18 extra beds that have already been identified on Warrington site with no bedding of CAU	Option 3. Close B3, keep K25 and open 18 extra beds that have already been identified on Warrington site with no bedding of CAU	Option 4. K25 to remain, beds on B3 to remain and open 18 extra beds that have already been identified on Warrington site with no bedding of CAU
	£000	£000	£000	£000
K25	2,635	-	2,635	2,635
B3	1,054	-	-	1,054
18 Beds	-	1,335	1,335	1,335
Total Cost	3,689	1,335	3,970	5,024
Occupancy	99.4%	100.0%	96.4%	94.5%



Capacity Recommendation

- Option 3 £4.4m (Full year premium rate)
 - Close B3 No cost
 - Keep 18 beds around Warrington £1.5m
 - Keep K25 for Covid19 £2.9m (potentially funded via COVID)
- Option 3 £3.9m (3 months premium rate)
 - Close B3 No cost
 - Keep 18 beds around Warrington £1.3m
 - Keep K25 for Covid19 £2.6m (potentially funded via COVID)



Budget Book 2020/21



Income and Expenditure 2020/21

	Base budget
	£m
Operating Income	
NHS Clinical Income	232.4
Non NHS Clinical Income	1.3
Other Operating Income	16.4
Total Operating Income	250.1
Operating Expenses	
Employee Benefit Expenses (Pay)	203.0
Non pay	60.4
Depreciation	8.9
Total Operating Expenses	272.3
Operating Surplus / (Deficit)	22.2
Non Operating Income and Expenses	
Interest expenses	0.6
PDC Dividend	3.3
Total Non Operating Income and Expenses	3.9
Net Surplus / (Deficit)	26.1



CBU & Corporate Income and Expenditure budgets summary

	Misc Income	Pay	Non Pay	CIP	Total	WTE
	£m	£m	£m	£m	£m	
Clinical Business Units	4.6	-155.1	-27.0	4.8	-172.7	3,330
Corporate Divisions	5.4	-33.1	-21.3	0.9	-48.2	785
Total	9.9	-188.2	-48.3	5.7	-220.9	4,115

Above is prior to the allocation of cost pressures funding



Income and expenditure budgets

Clinical Business Units

	Misc Income	Pay	Non Pay	CIP	Total	WTE
	£m	£m	£m	£m	£m	
Urgent and Emergency Care	0.0	-21.0	-1.3	0.6	-21.6	423
Integrated Medicine & Community	0.2	-15.6	-1.2	0.6	-15.9	350
Medical Care	0.3	-19.6	-2.4	0.6	-21.1	377
Clinical Support Services	2.8	-38.6	-8.7	0.9	-43.6	941
Surgical Specialties	0.1	-16.5	-1.9	0.6	-17.7	332
Womens and Childrens	0.1	-17.9	-1.4	0.6	-18.5	353
Digestive Diseases	1.1	-26.0	-10.2	0.9	-34.3	554
CBU Total	4.6	-155.1	-27.0	4.8	-172.7	3,330



Income and Expenditure budgets

Corporate Divisions

	Misc Income £m	Pay £m	Non Pay £m	CIP £m	Total £m	WTE
Communications	0.0	-0.2	-0.1	0.0	-0.3	6
Central Operations	0.1	-2.8	-0.1	0.1	-2.7	56
Clinical Coding	0.0	-0.8	0.0	0.0	-0.8	24
Finance and Commercial						
Development	0.9	-3.8	-7.9	0.1	-10.6	87
HR and OD	0.3	-3.5	-0.5	0.0	-3.6	86
IT	0.2	-2.8	-2.0	0.1	-4.4	63
Estates and Facilities	3.2	-9.7	-9.3	0.4	-15.4	326
Nursing and Governance	0.1	-4.3	-0.8	0.1	-4.8	98
Strategy	0.0	-0.2	0.0	0.0	-0.1	2
R&D	0.4	-0.4	0.0	0.0	-0.1	10
Trust Executives	0.1	-4.7	-0.8	0.0	-5.4	27
Corporate Total	5.4	-33.1	-21.3	0.9	-48.2	785



CIP Position

Summary CIP Plan 20/21 @ 17 March 2020	£000s													
CBU/Corporate Area	Corporate & Admin	Estates & Facilities	Hospital Medicine & Pharmacy	Imaging	Other Savings Plans	Pathology	Procurement	Specialised Commissioning	Workforce (Medical)	Workforce (Nursing)	Workforce (Other)	Schemes Not Identified	Grand Total	
Digestive Diseases			£12	£23	£110		£61	£186	£34		£26	£414	£867	
Integrated Medicine & Community Medical Care			£29				£10			£40	£1	£552	£631	
Surgical Specialties			£43		£7		£1			£230	£26	£308	£615	
Urgent & Emergency Care			£12		£408		£77				£1	£77	£574	
Women's & Children's Health	£322		£17								£1	£595	£612	
Clinical Support Services	£30		£15		£156		£3				£10	£105	£611	
Communications, Marketing & Engagement			£93	£25	£39	£126	£32		£14		£36	£491	£886	
Corporate Governance (Trust Executives)	£6				£21							-£14	£6	
Digital Services							£3				£1	£106	£110	
Estates & Facilities		£249					£4				£2	£126	£380	
Finance, Procurement & Commercial Development							£9				£81	£29	£118	
Human Resources Education & OD											£0	£48	£48	
Corporate Nursing & Governance												£114	£114	
Central Operations												£67	£67	
Strategy Team												£4	£4	
Schemes Not Allocated	£35										£76	-£111	£0	
Grand Total	£392	£249	£221	£49	£740	£126	£200	£186	£47	£270	£261	£2,920	£5,661	



Cost pressures - principles

- Pressures under £100k to be managed by CBU's / Corporate areas
- Estates & Facilities (E&F) to fund 90% of pressures over £50k, those under £50k and 10% of those over £50k to be managed by E&F
- Activity related pressures within Clinical Support Services partly funded
- A&E nursing pressures £500k included in plan
- Medical pressures subject to further review by the Medical Director
- Legal cover in HR, not funded - if budget exceeds costs they will be charged to relevant CBU
- Clinical Excellence Award's £300k funding in plan to cover 2018/19-2020/21
- Other pressures not supported and are to be mitigated / managed within the CBU/corporate budget



Cost pressure position

- £23.5m Value of pressures (incl. £5.0m CIP w/o from 2019/20)
- (£5.6m)* Reduction in cost pressures following Exec team assessment
- £17.9m
- (£13.1m) Included in LTP
- £4.8m
- £1.5m Pipeline BC's/ review approved BC's
- £6.3m **Shortfall**

- Next steps
- Medical cost pressures need to be reviewed, currently £1.9m
- Further review of cost pressures and Business cases

*** Of the £5.6m removed there is £4.3m not funded that requires plans**



Summary of loans

- The Trust currently has working capital loans of £56.6m which will be exchanged for PDC on 1 April 2020, therefore removing all working capital loans.
- The Trust will however, need to request a working capital loan for 2020/21 relating to any shortfall against the control total.
- The new interest rate is unknown.



Cash

	£m
Opening Balance as at 1 April 2020	2.1
20/21 Planned Surplus / (Deficit)	-26.1
20/21 working capital loan	26.1
Depreciation	8.9
Repayment of capital loan (principle)	-0.1
Increase / (Reduction) in working balances	-8.1
Closing balance as at 31 March 2021	2.8

This assumes £26.1m deficit and therefore a requirement for a loan of £26.1m



Activity and Performance

SLAM CONTRACTED ACTIVITY

Point of Delivery	19/20 Activity	20/21 Activity	Variance Activity	Variance Activity %	19/20 £000	20/21 £000	Variance £000	Variance %
A&E	119,370	116,646	-2,724	-2%	16,593	17,063	470	3%
Elective	34,575	33,663	-912	-3%	32,650	31,122	-1,528	-5%
Non Elective	35,407	41,660	6,253	18%	66,565	73,252	6,687	10%
OP	313,266	316,693	3,427	1%	36,926	37,458	532	1%
	502,618	508,662	6,044		152,734	158,894	6161	

NEL has over performed in 2019/20, plus additional activity for SDEC in the combined assessment unit



Conclusion / Next steps

- Additional capacity and impact of Covid-19 still under review
- Commissioning principles remain (contract based on cost & to achieve maximum FRF)
- A loan would be required for the distance from the break even control total
- Final operational plan submission date of the 29th April 2020 is postponed



Recommendation:

- The Board of Directors is asked approve the 2020/21 budget book which will go live on 1st April 2020
- Note the delay in the final operational plan previously due on 29th April 2020



Trust Board

2020/21 Capital Programme

Andrea McGee

We are **WHH** & We are

PROUD

to make a difference



Capital Budget 2020/21

- Capital budget estimated at £8.4m (based on internally generated depreciation of £7.3m, and PDC funding of £1.1m for MRI scanner).
- £1.6m relating to IRFS16 has been excluded – **Due to Covid19 this has now been postponed to 2021/22.**
- Application for a capital loan of £20m agreed at Trust Board 26 Feb 2020.
- Assumes all 2019/20 capital budget spend by 31st March 2020 and no carry forward to 2020/21.
- Capital bids of £40m where submitted this year which have been prioritised.
- There are therefore £11.6m bids not included in the 2020/21 programme.
- Capital Programme approved at Trust Board 26 Feb 2020 is included in Appendix 1.
- **Covid19 capital spend will be dealt with through PDC adjustments.**



Financial Summary

Narrative	£m
Funding Sources:	
Trust depreciation	7.3
Department of Health PDC	1.1
Department of Health Loan application	20.0
Total	28.4
Less schemes to be funded	
MRI Scanner, pre approved, staffing, mandated and business critical schemes	(6.9)
Microsoft Office Upgrade, Dexa Scanner, Labour Ward, Warrington Car Park, Breast Screening Relocation and A&E Plaza	(20.0)
Balance to cover further and/or emergency schemes	(1.5)



External funding

- Awaiting feedback from NHSI/E that MRI Scanner will be fully funded via PDC funding...outcome only known in 20/21 (£1.1m).
- Awaiting feedback from NHSI/E as to whether any central funding will be available to contribute to Microsoft Office Upgrade (£1.7m).
- Explore opportunity for contribution from Bridgewater for Executive Team Relocation (£0.2m).
- Discussions commenced with NHSI/E regarding access and application for emergency and non emergency capital loans.
- **The Trust expects funding for all Covid19 capital expenditure.**



Loan Application Process

- 2020/21 template not yet issued but have copy of 2019/20 emergency loan application template.
- 2020/21 applications can only be submitted after 1st April 2020.
- NHSI/E scrutinise application so funding not guaranteed.
- Notification of approved loans and receipt of funding is expected September/October 2020.



Recommendation

- The Trust Board is requested to approve the updated capital.



WARRINGTON & HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST

Capital Bid Analysis 2020/21

Scheme Name	Scheme Owner	Division / CBU	Value £000	Comments
Externally Funded				
MRI Scanner (DH contribution)	H Stennings	Diagnostics	1,061	DH Funding
Sub total			1,061	
Executive Team/Board Approved				
EPMA Phase 1 & 2	P James	IM&T	20	
Balance of Midwifery Led Unit (Building Works)	I Wright	Estates	289	
Induction of Labour Ward (Building £22k, Equipment £56k)	I Wright	Estates	78	
Workplace Health & Wellbeing Service Development (Building works only)	I Wright	Estates	52	
MRI Estates Work	I Wright	Estates	1,008	
Sub total			1,447	Trust Funded
Capitalisation of Staff Costs				
Estates	I Wright	Estates	177	
IM&T (current structure)	P James	IM&T	316	
Sub total			493	Trust Funded
Business Critical				
MRI Turnkey/Enabling Work (Estimate)	I Wright	Estates	200	Trust Funded
Devices Replacement (Tech Refresh)	P James	IM&T	1,189	Trust Funded
Electronic Patient Record Procurement (£70k for scoping / £180k for procurement)	P James	IM&T	250	Trust Funded
E-Outcome Resilience	P James	IM&T	100	Trust Funded
Additional Network Cabinets	P James	IM&T	30	Trust Funded
Backup Storage	P James	IM&T	20	Trust Funded
Replacement for Trackit	P James	IM&T	30	Trust Funded
Microsoft Office Upgrade (Maximum value)	P James	IM&T	1,722	Loan
Radiology - Dexa Scanner	H Stennings	Diagnostics	250	Loan
Labour Ward Bedside Touch Screens and Archiving Software/Licences	S Bennett	W&Cs	101	Loan
Sub total			3,892	
Mandated				
Fire - Replacement of Obsolete 5000 Series Fire Alarm Panels	I Wright	Estates	600	
Backlog - Electrical Infrastructure Upgrade	I Wright	Estates	200	
Fire - Halton 30 Minute Fire Compartmentation	I Wright	Estates	150	
Appleton Wing Circulation Areas 60 Minute Fire Doors	I Wright	Estates	100	
Warrington and Halton Gas Meter Replacement	I Wright	Estates	100	
Backlog - All Areas Fixed Installation Wiring Testing	I Wright	Estates	100	
Fire - Thelwall House Emergency Lighting Final Phase	I Wright	Estates	100	
Backlog - Kendrick Wing Works To Emergency Lighting	I Wright	Estates	75	
6 Facet Survey	I Wright	Estates	55	
Backlog - Water Safety Compliance	I Wright	Estates	50	
Backlog - HV Maintenance Annual	I Wright	Estates	40	
Pharmacy Fire Doors Sliding Type	I Wright	Estates	30	
Backlog - Annual Asbestos Management Survey & Remedials	I Wright	Estates	30	
Fire - Alarm System Monitoring	I Wright	Estates	30	
Halton Residential Blocks 2 & 3 Fire Doors	I Wright	Estates	25	
Estates Department Fire Doors	I Wright	Estates	20	
Thelwall House - Improvements to Fire Alarm System	I Wright	Estates	20	
Fire - Remove Final Stepped Exits from Kendrick Wing	I Wright	Estates	20	
Backlog - Kendrick Wing Fire Alarms to Portakabin Buildings	I Wright	Estates	15	
Cheshire House Fire Alarm	I Wright	Estates	25	
Cheshire House Emergency Lighting	I Wright	Estates	20	
Anaesthetic Machines (ASCA accreditation standards)	S Kilkenny	DD & A	260	
Call Alarms for all Anaesthetic Rooms (ASCA Accreditation standards)	S Kilkenny	DD & A	60	
Sub total			2,125	Trust Funded
Potential Schemes requiring Executive Team/Board Approval				
Bridgewater Executive Team Relocation	I Wright	Estates	154	
EPMA Phase 1 & 2 (Additional areas)	P James	IM&T	60	
EPMA Phase 3 & 4	P James	IM&T	210	
Lorenzo Digital Exemplar plus	P James	IM&T	285	
Digital Restructure - Enhanced Structure	P James	IM&T	165	
Falsified Medicines Directive	D Matthew	IM&T	83	
Ophthalmology Equipment (Halton)	F Wheelton	Surgical Specialities	211	
Finance & Commercial Development - Refurbishment	I Wright	Estates	400	
Finance & Commercial Development - Office/Kitchen Equipment	S Barrow	Finance	50	
Refurbishment of Warrington Education Centre	I Wright	Estates	5	
Ultrasound Machine (provision of in house vascular services)	H Stennings	Diagnostics	80	
Sub total			1,703	TBC
Non Mandated				
Car park			10,000	
Breast Screening			2,500	
A&E Plaza			2,700	
Other Scheme			2,500	
Sub total			17,700	Loan
Total			28,421	

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/03/29			
SUBJECT:	Emergency Department Nursing Business Case			
DATE OF MEETING:	25 March 2020			
AUTHOR(S):	Sheila Fields Delaney			
EXECUTIVE DIRECTOR SPONSOR:	Chris Evans, Chief Operating Officer and Kimberley Salmon-Jamieson, Chief Nurse			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience. SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future. SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.			
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	#115 Failure to provide adequate staffing levels in some specialities and wards. #134 (a) Failure to sustain financial viability. #134 (b) Failure to deliver the financial position and a surplus #135 Failure to provide adequate and timely IMT system. #224 Failure to meet the emergency access standard. #125 Failure to maintain an old estate. #701 Failure to provide continuity of services caused by the planned EU Exit. #145 (a) Failure to deliver our strategic vision. #145 (b) Failure to fund two new hospitals. #143 Failure to deliver essential services, caused by Cyber Attack. #414 Failure to implement best practice information governance and information security. #241 Failure to retain medical trainee doctors.			
EXECUTIVE SUMMARY <i>(KEY ISSUES):</i>	<p>Following a CQC focused inspection in February 2019, the Emergency Department (ED) was issued with Regulatory Breach 12 - patients whose clinical condition is at risk of deteriorating are rapidly identified and reviewed at suitable intervals and Regulatory Breach 18 – there are sufficient numbers of suitably qualified, skilled and experienced doctors and nurses to meet the needs of patients in the Emergency Department.</p> <p>The Breaches are now being worked through in the UEC Improvement Committee to ensure patient and staff experience is optimised.</p> <p>The recommended staffing models will require investment of £548,021 and will reduce costs by £179,041. The business case has been to the Executive Committee and is attached and the Finance + Sustainability Committee on 18 March 2020.</p>			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval √	To note	Decision
RECOMMENDATION:	The Board is is asked to support financial option 2 ahead of Trust Board approval, which is an investment of £548,021 and avoids cost pressures of £727,062 (a reduction of £179,041).			

PREVIOUSLY CONSIDERED BY:	Committee	Finance + Sustainability Committee
	Agenda Ref.	FSC/20/03/49
	Date of meeting	18 March 2020
	Summary of Outcome	Supported
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.	

FINANCE AND SUSTAINABILITY COMMITTEE

AGENDA REFERENCE:	FSC/20/03/49			
SUBJECT:	Emergency Department Nursing Business Case			
DATE OF MEETING:	18 th March 2020			
AUTHOR(S):	Sheila Fields Delaney			
EXECUTIVE DIRECTOR SPONSOR:	Chris Evans – Chief Operating Officer Kimberley Salmon-Jamison, Chief Nurse & Director of Infection Prevention and Control			
EXECUTIVE SUMMARY:	<p>Following a CQC focused inspection in February 2019, the Emergency Department (ED) was issued with Regulatory Breach 12 - patients whose clinical condition is at risk of deteriorating are rapidly identified and reviewed at suitable intervals and Regulatory Breach 18 – there are sufficient numbers of suitably qualified, skilled and experienced doctors and nurses to meet the needs of patients in the Emergency Department. The Breaches are now being worked through in the UEC Improvement Committee to ensure patient and staff experience is optimised.</p> <p>The recommended staffing models will require investment of £548,021 and will reduce costs by £179,041. The business case has been to the Executive Committee and is attached.</p>			
PURPOSE: (please select as appropriate)	Information	Approval	To note	Decision X
RECOMMENDATION:	The Finance and Sustainability Committee is asked to support financial option 2 ahead of Trust Board approval, which is an investment of £548,021 and avoids cost pressures of £727,062 (a reduction of £179,041).			
PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Submit to Trust Board			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

BUSINESS CASE

Area: UEC	Author: Sheila Fields- Delaney
	Executive Lead: Chris Evans

Project: BC1920-55 ED Nursing	Date: January 2020
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Quality & Safety	✓ / ✗	Business Development	✓ / ✗	Capital	✓ / ✗
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1.0 Purpose

This business case is to propose a substantive staffing increase in the Emergency Department following a CQC Focused Inspection that resulted in the following regulatory breaches:

- Regulation 12(2)(a)(b) - Patients whose clinical condition is at risk of deteriorating are rapidly identified and reviewed at suitable intervals
- Regulation 18(1) - There are sufficient numbers of suitably qualified, skilled and experienced doctors and nurses to meet the needs of patients in the Emergency Department

2.0 Background

Following a CQC Focused Inspection the Emergency Department (ED) was issued with a number of Regulatory Breaches, which are now being worked through via UEC Improvement Committee.

Any changes undertaken in service development ensure that the patient and staff experience is optimised and has no adverse impact on the organisation. This would include ensuring that there is an appropriate level of Nursing with the correct skill set to provide safe and effective care for our patients both adult and child.

For the purpose of this business case the term ED will include the following areas:

- ED Triage
- ED Majors
- ED Resus
- ED Clinical Decisions Unit (CDU)
- ED Ambulatory giving three options, 22:00 hours finish, & Midnight Finish
- ED paediatrics service

The business case does not include the following areas:

- ED Minors - this is fully staffed and runs with a different staffing model
- CAU this will become part of the Plaza. As part of the benefits realisation the CAU 30 days review is attached (**Appendix 1**).

The CQC focused inspection in February 2019 identified that ED triage waits and ambulance handover times were not acceptable. In order to improve this and meet the KPI the Trust increased staff at triage and implemented the use of an Ambulance Nurse, this has demonstrated a significant improvement in triage times and ambulance handover and resulted in earlier escalation of sick patients.

The ED is a recognised level 1 receiving department serving the people of Warrington &

Runcorn and surrounding areas.

The ED is open 24 hours a day 7 days a week endeavoring to provide it's nationally mandated level of service to its patient/clients.

The Department, in line with the national picture, has seen an increase in patient attendances over recent years, which combined with patient flow and social care, have caused a "bottleneck" in the ED (see Table 1 – Year on Year Growth below) which in turn reduces quality of care to our patients, reduces our achievement of the nationally reportable Quality Markers (4 & 12 hour targets, Ambulance turnaround times) and reduces patient satisfaction (also nationally reportable via Friends and Family Test).

Table 1 Year on Year Growth – Warrington ED Attendances

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average Growth	Total Growth
2018/19 - Attendances	6643	7171	7170	7284	6646	6636	7162	8819	6619	7030	6441	7042		
2018/19 - YOY Growth	0.36%	0.74%	3.79%	2.40%	-1.06%	0.94%	3.99%	-1.03%	-0.89%	9.62%	8.64%	3.88%	2.62%	2.53%
2019/20 - Attendances	7017	7369	7163	7530	6942	7099	7079	7143	7080					
2019/20 - YOY Growth	5.63%	2.76%	-0.10%	3.66%	4.45%	6.99%	-1.16%	4.75%	6.96%				3.77%	3.69%

Whilst pressure on EDs is often attributed to attendances it must be noted that not only has there been a steady increase in attendances, there has also been a significant change in the profile of occupancy in the department, there has been a 12% increase in the number of patients waiting 4hr or more from DTA (Decision to Admit).

Graph 1 – Number of patient with DTA waiting 4hr+ by Month 2016/17/18/19

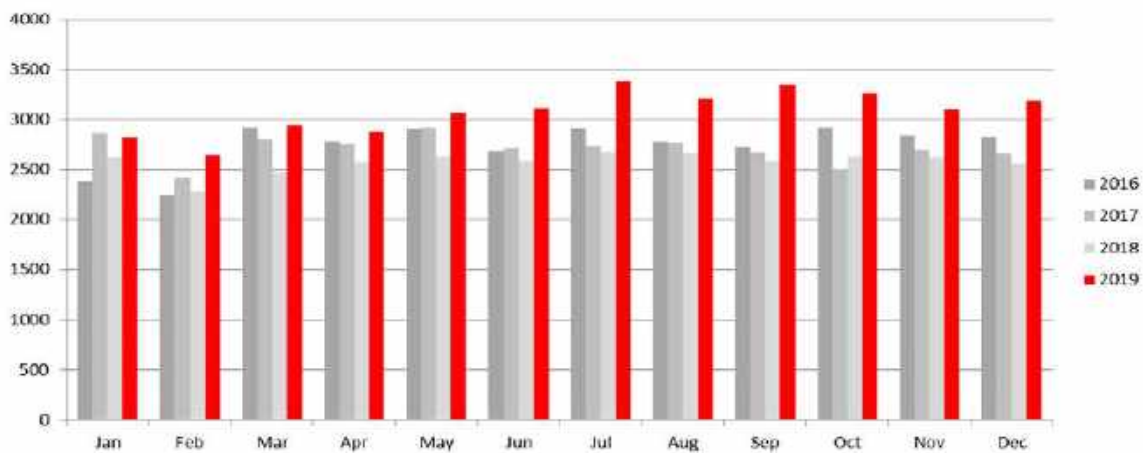


Table 2 Summary of increase in DTA by Year

Year	# of DTA waits 4hrs +	Increase Vs 2016
2016	32,916	-
2017	32,530	-1%
2018	30,931	-6%
2019	36,994	12%

With this in mind and with Executive approval the CBU has commenced innovative strategies for supporting excellence in patient care to include:

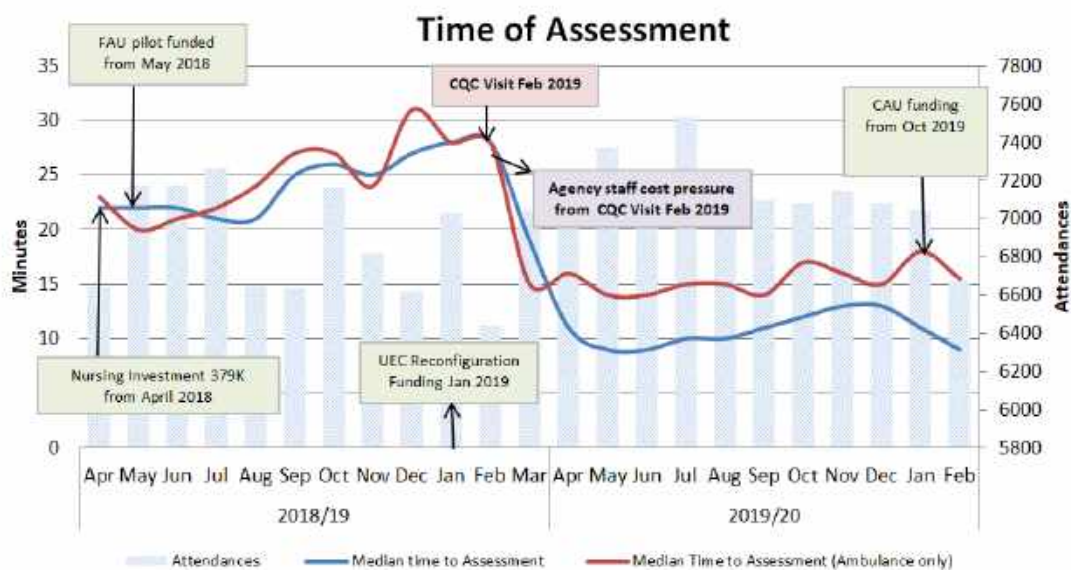
- Pre-Triage Navigation (documentation on arrival of Chief Complaint and triage)

- category)
- Ambulance Triage
- ED Ambulatory care streaming

As a result of these changes significant improvements have been observed across quality markers including triage times (see Graph 2 – Median Triage Times below). The additional nursing staff within triage and ambulance handover has delivered the following benefits;

- Early identification of the deteriorating patient,
- Quicker handover of the ambulance patients
- Allowed implementation of the Navigator Handover Form

Graph 2 – Median Triage time (split by All attendances and Ambulance only)



Graph 2 shows investment in nursing (relating to increased uplift to cover for sickness and leave, etc. from 20% to 23%) of £379k in April 2018, £636k FAU investment from May 2018, £365k UEC reconfiguration investment from January 2019 and £164k CAU investment from January 2020.

Following the CQC visit in February 2019 additional temporary staffing have been employed in the department to address the CQC recommendations. This is currently causing a cost pressure of £635k which is summarised in table 5 of this document.

In addition ambulance hospital handovers have significantly improved, with the Trust now demonstrating year on year significant Improvements as follows:

- Reduction in lost hours -27% longer than 15mins (509 hrs.) in 2018/19 now 373hrs
- Reduction in number of handovers occurrences -30% over 60 Mins (657) in 2018/19 now 457

For full details please refer to **Appendix 2 – Hospital Handover Collaboration Presentation**.

With the high use of NHS Provider bank and agency workers, all of these innovations are now in place and achieving a degree of success.

However the posts are currently unfunded and therefore putting immense pressure on the CBU budget.

This pressure is clearly unsustainable, hence the need for this establishment review and realignment. As part of the 2018/19 Nursing Review, Adult ED received funding of **£379k** which equated to 8.41 WTE in qualified nursing and an increased uplift to cover for sickness and leave, etc. from 20% to 23%.

Table 3 – 2018 Funding

Staff Type	WTE
Nurse Band 5	5.97
Assistant Practitioner Band 4	0.09
Carer Band 2	1.45
Porter Band 1	0.90
Total	8.41

This review took place during 2017/18 with approved funding going into budget from 2018/19 and was based on staffing requirements of the department at that time. The CQC inspection has taken place after this review and the required changes are now driving the additional investment in staffing required.

The required model has since changed following the CQC review in February 2019. Due to these changes being unfunded the CBU is unable to substantively recruit to these positions hence the reliance on NHS Professional and agency staffing.

We have followed NICE Guidance and Nursing Quality Board Safer, sustainable and productive staffing; An improvement resource for urgent and emergency.

In 2019 ED had two previous business cases approved:

- UEC Reconfiguration business case approved December 2019 at a cost of £365K recurrent
- CAU approved and live in October at a cost of £165k recurrent

Whilst it is recognised the FAU sits within the Integrated Medicine and Community CBU it should be noted that in May 2018 a business case was approved at a cost of £22,532 recurrent

3.0 Proposed Service Development

This business case proposes an increase in staffing model within the ED team to support the unfunded posts. A substantive staffing increase will provide additional capacity within the team which will support the ED Main, ED Ambulatory, and ED Paediatric.

This business case will allow us to move from premium agency staff and recruit substantively to the nursing ED posts, however, it should be noted that there will be times the Trust will need to use NHS Provider and agency in exceptional circumstances.

1. ED Main

Following CQC inspection in February 2019 the Trust implemented the recommendations in regulatory breaches and resulted in an overspend with Main ED
This has resulted in an over spend from the use of temporary staffing in order to provide the

above. The current 2019/20 forecasted overspend in Main ED is **£635,352**.

The below table 4 shows the A&E bank and agency fill rates from January to December 2019 showing the split by qualified and unqualified temporary staffing and total demand per month, showing an average 83% fill rate for 2019.

Table 4 – Bank and Agency Fill Rate 2019

A&E Shift Fill	Qualified					Unqualified				Total Demand				
	Bank Fill	Agency Fill	Unfilled	Total Demand	% Fill	Bank Fill	Unfilled	Total Demand	% Fill	Bank Filled	Agency Filled	Unfilled	Total	% Filled
January	199	103	68	370	81.6%	96	11	107	89.7%	295	103	79	477	83.4%
February	180	127	80	387	79.3%	85	8	93	91.4%	265	127	88	480	81.7%
September	141	167	62	370	83.2%	78	10	88	88.6%	219	167	72	458	84.3%
October	188	170	70	428	83.6%	84	22	106	79.2%	272	170	92	534	82.8%
November	168	174	66	408	83.8%	120	12	132	90.9%	288	174	78	540	85.6%
December	149	87	69	305	77.4%	79	9	88	89.8%	228	87	78	393	80.2%
Grand Total	1025	828	415	2268	81.7%	542	72	614	88.3%	1567	828	487	2882	83.1%

There is a risk that agency could still be used to increase the shift fill rate. This is estimated to £169,003 which would lead to further cost pressures

The Option below has been extensively scrutinised by senior clinical colleagues.

Table 5 below provides detail of the proposed model for Main ED. Text highlighted in red is the additional staffing proposed and required

Table 5 - ED Main

Area	Current				Premium staff model following CQC Recommendation				Proposed				Variance		
	Band	Shift	WTE	COST (£)	Band	Shift	WTE	COST (£)	Band	Shift	WTE	COST (£)	Band	WTE	COST (£)
Supernumerary	7	1 x Coordinator 24/7	5.26	298,412					7	1 x Coordinator 24/7	5.26	298,412	7	0.00	-
	7	1 x Navigator 7.15-20.45	2.89	164,067					7	1 x Navigator 7.15-20.45	2.89	164,067	7	0.00	-
Triage	6	1 x 24/7	5.26	261,429					6	1 x 24/7	5.26	261,429	6	0.00	-
	2	1 x 24/7	5.26	158,708					2	1 x 24/7	5.26	158,708	2	0.00	-
	5				5	1x Triage 24/7	4.24	252,152	5	1x Triage 24/7	5.26	240,492	5	5.26	240,492
	5				5	1x Ambulance 12-20.00	1.40	83,412	5	1x Ambulance 12-20.00	1.74	79,592	5	1.74	79,592
	5				5	1x Ambulance 20.00-2.00	1.03	61,361	5	1x Ambulance 20.00-2.00	1.28	59,873	5	1.28	59,873
Minors	5	1 x 07.15-20.45	2.89	124,082	5				5				5 *	-2.89	-124,082
Hub	6	1 x 24/7	5.26	261,429					6	1 x 24/7	5.26	261,429	6	0.00	-
	5				5	1 x 20.15-07.30	2.00	118,886	5	1 x 20.15-07.30	2.48	106,316	5	2.48	106,316
	4	1 x 10.00-18.00	1.74	36,798					4	1 x 10.00-18.00	1.74	36,798	4	0.00	-
	2	1 x 07.15-20.45	2.89	87,258					2	1 x 07.15-20.45	2.89	87,258	2	0.00	-
Majors	5	2 x 24/7	10.52	451,172					5	2 x 24/7	10.52	451,172	5	0.00	-
	2	1 x 24/7	5.26	158,664					2	1 x 24/7	5.26	158,664	2	0.00	-
Resus	6	1 x 24/7	5.26	261,429					6	1 x 24/7	5.26	261,429	6	0.00	-
	5	1 x 24/7	5.26	225,680					5	1 x 24/7	5.26	225,680	5	0.00	-
	5	1 x 20.15-07.30	2.37	101,789					5				5 *	-2.37	-101,789
Floating (These roles are to support; Bereavement, cardiac arrest, trauma as ratio required 2:1, along with any unexpected surge)	5	1 x 12.45-20.45	1.74	74,781					5	1 x 12.45-20.45	1.74	74,781	5	0.00	-
	5	1 x 18.00 - 02.00	1.74	74,781					5	1 x 18.00 - 02.00	1.74	74,781	5	0.00	-
	4	1 x 07.15-20.45	2.89	61,057					4	1 x 07.15-20.45	2.89	61,057	4	0.00	-
CDU	6								6	1 x 24/7	5.26	261,429	6 *	5.26	261,429
	5	2 x 24/7	10.52	451,174					5	1 x 24/7	5.26	225,492	5 *	-5.26	-225,682
	2				2	1 x 24/7	4.24	119,542	2	1 x 24/7	5.26	171,025	2 *	5.26	171,025
Total WTE			77.09	£3,252,712			12.92	£635,353			87.83	£3,719,886		10.75	£467,174
Total Cost			77.09	£3,252,712			12.92	£635,353			88	£3,719,886		10.75	£467,174

Note - Premium Staff WTE only relates to actual hours covered - excludes uplift for annual leave and sickness

Proposed WTE includes uplift for Annual leave, Mandatory training, sickness etc.

* In the above table 5 the current model assigns a Band 5 nurse to minors and resus this role is not limited to this area and could be utilised across the department based on demand. In reviewing the model this role has been consumed to support the triage and ambulance nurse roles required.

* For CDU to provide the appropriate experience level an increased skill mix along with an addition of a healthcare support worker to align with the acuity levels of the patients and provide appropriate care for patients admitted to this area.

Table 6 Current Cost Pressure Main ED

Area	Current Cost Pressure			
	Band	Shift	WTE	£'s
Triage	5	1x Triage 24/7	4.24	252,152
	5	1x Ambulance 12-20.00	1.40	83,412
	5	1x Ambulance 20.00-2.00	1.03	61,361
Hub CDU	5	1 x 20.15-07.30	2.00	118,886
	2	1 x 24/7	4.24	119,441
Total Pressure			12.92	£635,252

The current additional shifts being covered following the CQC visit in February 2019 and the cost pressure associated with this is detailed in table 6. The cost is based on temporary staffing cover at average fill rates.

2. ED Ambulatory - additional opening hours in B2. This would allow the area to be open later in order to support the late evening surge (demonstrated in Graph 3 below)

Graph 3 Average ED Attendance profile (Weekdays Oct, Nov, Dec 2019)

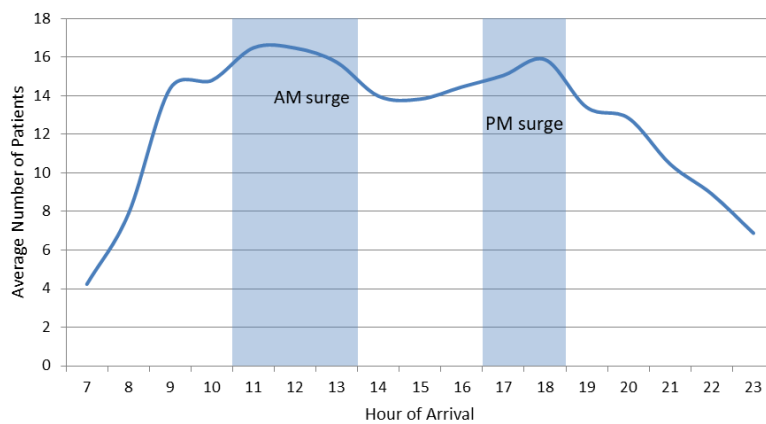


Table 7 below provide details of the proposed model for ED Ambulatory. Text highlighted in red is the additional staffing required. The Executive Committee met on the 12th March 2020 and agreed that the request to extend the ED ambulatory opening times from 10pm to 12am would not be required as the additional capacity being opened should mean that urgent care areas would not be bedded down.

Table 7 – ED Ambulatory

Current				Proposed				Variance			
Band	Shift (hours)	WTE	COST (£)	Band	Shift (hours)	WTE	COST (£)	Band	WTE	COST (£)	
6	1 on M-Su 09:00 - 22:30	2.66	111,384	6	2 on M - Su 09:00 - 18:00	3.82	159,957	6	1.16	48,573	
5	1 on M-Su 09:00 - 22:30	2.66	103,178	5	1 on M - Su 15:30 - 00:30	2.08	109,450	5	-0.58	6,272	
2	1 on M-Su 10:00 - 22:30	2.66	71,703	2	1 on M - Su 09:00 - 00:30	2.89	78,163	2	0.23	6,460	
Total Current		7.98	£ 286,265	Total Proposed			£ 347,570	Increase WTE/Cost		7.98 £ 61,305	

ED Paediatric

The Paediatric A&E service transferred into the Urgent and Emergency Care CBU on 1st August 2018. When the transfer took place the funding agreed was not sufficient to sustain the staffing model in place for this area on a 2 Registered Nurse plus 1 Health Care Assistance model.

This has resulted in an over spend from use of temporary staffing in order to provide safe and adequate levels of staffing for the service. The current 2019/20 forecasted overspend in Paediatric ED is **£91,710** relating to the proposed model below Table 8.

There are two options that would provide adequate and safe staffing of the service and these along with the cost and required budget investment are detailed in the Table below.

Table 8 below provides details of two options that would provide adequate and safe staffing of the service, cost and required budget investment. The preferred option (2) ensures we have the minimum substantive safe staffing levels as per the preferred model to ensure we have seniority & appropriate skill mix on each shift, and can support the required ratios.

Table 8 – ED Paediatric Option 1

**Paediatrics ED
Option 1 2 RN + 1
HCA 24/7**

Current				Proposed				Variance		
Band	Shift (hours)	WTE	Cost (£)	Band	Shift (hours)	WTE	Cost (£)	Band	WTE	Cost (£)
7	1 on M-F 09:00 - 17:00	1.00	48,498	7	1 on M-F 09:00 - 17:00	1.00	48,498	7	-	-
6	1 on M-Th 07:30 - 20:00	1.50	60,740	6	1 on M - Su 24/7	5.32	258,178	6	3.82	197,438
5	1.87 on M-Su 24/7	9.95	418,973	5	1 on M - Su 24/7	5.32	215,469	5	- 4.63	- 203,504
4	1 on M-F 14:00 - 18:00	0.50	14,037	4	1 on M-F 14:00 - 18:00	0.50	14,037	4	-	-
2	1 on M-Su 09:00 - 17:00	1.73	38,591	2	1 on M - Su 24/7	5.32	156,058	2	2.67	117,467
Cost		14.68	£ 580,840	Cost £		17.46	£ 692,240	2.67		£ 111,401

Table 9 – ED Paediatric Option 2

**Paediatrics ED
Option 2 2 RN 24/7 + 1 HCA
07:30 - 02:00**

Current				Proposed				Variance		
Band	Shift (hours)	WTE	Cost (£)	Band	Shift (hours)	WTE	Cost (£)	Band	WTE	Cost (£)
7	1 on M-F 09:00 - 17:00	1.00	48,498	7	1 on M-F 09:00 - 17:00	1.00	48,498	7	-	-
6	1 on M-Th 07:30 - 20:00	1.50	60,740	6	1 on M - Su 24/7	5.32	258,178	6	3.82	197,438
5	1.87 on M-Su 24/7	9.95	418,973	5	1 on M - Su 24/7	5.32	215,469	5	- 4.63	- 203,504
4	1 on M-F 14:00 - 18:00	0.50	14,037	4	1 on M-F 14:00 - 18:00	0.50	14,037	4	-	-
2	1 on M-Su 09:00 - 17:00	1.73	38,591	2	1 on M - Su 07:30 - 02:00	4.40	125,504	2	2.67	86,913
Cost		14.68	£ 580,840	Cost £		16.54	£ 661,686	2.67		£ 80,846

3.1 Benchmarked Position ED Staffing

Using the Model Hospital and National Cost Collection benchmarking data available, we can see that A& E performs favorably when compared nationally:

Specialty	<100 is good	<£3,514 is good
	NCCI by Specialty	WAU
Accident and Emergency	96	£ 3,353

The latest NHS Benchmarking Network report, produced by NHSE titled 'Emergency Department Workforce Benchmarking' for the 2017/18 time period, reported the Nursing Workforce (WTE) benchmark per 100,000 ED attendances as a mean of 113 WTE & median of 116 WTE.

Based on the Warrington attendance figures the trust is currently below the mean with the proposed staffing model increasing the ratio to 105 WTE (based on the 89.44 WTE across Adult and Paediatrics ED excluding CDU as this is a bedded ward)

Table 10 – ED Staffing Benchmarking

	Current Funded Model	Proposed Model	2017/18 Benchmark	
			Mean	Median
WTE	81.25	89.44		
WTE ratio per 100,000	96	105	113	116

4.0 Financial Appraisal Options

The current cost pressure was not included in 2019/20 pressures as this occurred following the CQC review, this has been submitted as a cost pressure for 2020/21.

The summary financial impact of the options is as follows:

Financial Impact Summary Options

Financial Option 1

This is the preferred option and includes funding for Adult ED 24/7, Ambulatory Care with opening hours 9am to midnight and Paediatric ED open 24/7.

Option1	Current Budget £	Proposed Annual Cost £	Investment Required £	Current Budget £	Current Spend £	Cost Pressure 19/20 £
Adult ED	3,252,711	3,719,885	467,174	3,252,711	3,888,063	635,352
Ambulatory Care	286,265	347,570	61,305	214,562	214,562	0
Paediatric ED - Option 2	580,849	661,696	80,847	580,849	672,559	91,710
Total Cost £	4,048,122	4,729,151	609,326	4,048,122	4,775,184	727,062

This will be a cost reduction of £117,736.

Financial Option 2

This option includes funding for Adult ED 24/7 and Paediatric ED 24/7, but does not include an extension of the current Ambulatory ED opening hours from 10pm to midnight.

Option2	Current Budget £	Proposed Annual Cost £	Investment Required £
Adult ED	3,252,711	3,719,885	467,174
Paediatric ED - Option 2	580,849	661,696	80,847
Total Cost £	3,833,560	4,381,581	548,021

Current Budget £	Current Spend £	Cost Pressure 19/20 £
3,252,711	3,888,063	635,352
580,849	672,559	91,710
3,833,560	4,560,622	727,062

This will be a cost reduction of £179,041.

Financial Option 3

This option only includes Adult ED. If this option was approved, a further decision would need to be made to continue to run the Paediatric ED on the current minimum substantive staffing levels.

Option3	Current Budget £	Proposed Annual Cost £	Investment Required £
Adult ED	3,252,711	3,719,885	467,174
Total Cost £	3,252,711	3,719,885	467,174

Current Budget £	Current Spend £	Cost Pressure 19/20 £
3,252,711	3,888,063	635,352
3,252,711	3,888,063	635,352

This will be a cost reduction of £168,178.

There is a financial risk of increased costs if we are to move towards a 100% fill rate as referred to in Section 3 of up to £169,003.

5.0 Benefits

Benefit	Measure	Expected Date of Realisation	Financial Option 1	Financial Option 2	Financial Option 3
Timely Triage	Reduction median triage time	March 2019 - ongoing Evidence of improvement already (evidence provided above). Monitored through Operational SMT meetings	√	√	√
Navigation /streaming to right place	Reduction in time spent within department prior to alternative streaming	March 2019 – ongoing Evidence of improvement already. Monitored through Operational SMT meetings	√	√	√
Immediate clinical assessment, early identification of the	NEWS 2 audits	March 2019 – ongoing Trust audit (#126)	√	√	√

deteriorating patient & prompt escalation					
Safe timely effective care/treatment	Evidence of improvement already. Monitored through Operational SMT meetings	March 2019 – ongoing Evidence of improvement already. Monitored through Operational SMT meetings	√	√	√
Available ambulance vehicles to respond to emergencies more timely	Average Ambulance handover times Reduction in number of delayed ambulance handovers and lost hours	March 2019 - ongoing Evidence of improvement already. Monitored through Operational SMT meetings	√	√	√
20/21 Operational Plan maintain and improve access to services, specifically: o improve Urgent and Emergency Care (UEC) performance and expand the capacity available to meet UEC demand	Daily Monitoring and Sitrep Reporting. National Benchmarking	March 2019 – ongoing Ongoing Monitoring	√	√	√
20/21 Operational Plan SDEC :increase the proportion of patients seen and treated on the same day (or within 12 hours	Evidence of improvement through Operational SMT meetings. of patients seen and treated on the same day (or within 12 hours. Reduced Bed Days	March 2019 – ongoing SDEC Pilot with NHSI	√	√	√

6.0 Risks

Risks to the current service/Trust if the development is not approved include:

Please include the 'so what' to each risk.

Risks to the current service/Trust if the development is not approved include:

Risk	Detail
Regulatory Breaches	The CQC identified regulatory breaches would remain without implementation of the proposed model <ul style="list-style-type: none"> • Regulation 12(2)(a)(b) - Patients whose clinical condition is at risk of deteriorating are rapidly identified and reviewed at suitable intervals • Regulation 18(1) - There are sufficient numbers of suitably qualified, skilled and experienced doctors and nurses to meet the needs of patients in the Emergency Department
Declining triage times	Limiting the current staffing to baseline would result in declining triage times with no dedicated triage nurse for ambulances
Declining 4 hr performance	With limitation around current opening times of ED Ambulatory and reduced staffing to support flow through the department
Increasing cost pressure to CBU and the organisation	Increased cost pressures for CBU of current nursing model
Reliance on NHSP /Agency	Unable to recruit substantive staff

6.1 Impact Assessment

Please fill in Impact Assessment form to show any potential knock on effects your proposed development may have on other departments **i.e. IT, pathology, pharmacy, outpatients?** and how do you plan to mitigate?

If there are none please declare.

There is no impact on other any other departments.

7.0 Recommendations

The Finance and Sustainability Committee is asked to support financial option 2 ahead of Trust Board approval, which is an investment of £548,021 and avoids cost pressures of £727,062 (a reduction of £179,041).

Amendment History

Issue	Date	Author	Reason
Version 1	3/10/19	Sheila Fields Delaney	Initial Business Case
Version 2	28/01/20	Sheila Fields Delaney	Revision
Version 3	31/01/20	Sheila Fields Delaney	Revision
Version 4	03/02/20	Sheila Fields Delaney	Revision
Version 5	04/02/20	Sheila Fields Delaney	Revision
Version 6	18/02/20	Sheila Fields Delaney	Revision
Version 7	21/02/20	Sheila Fields Delaney	Revision
Version 8	24/02/20	Sheila Fields Delaney	Revision
Version 9	24/02/20	Sheila Fields Delaney	Revision
Version 10	13/03/20	Sheila Fields Delaney	Revision

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/03/30			
SUBJECT:	Board Assurance Framework			
DATE OF MEETING:	25 th March 2020			
AUTHOR(S):	John Culshaw, Trust Secretary			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience.			✓
	SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future.			✓
	SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.			✓
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	All			
EXECUTIVE SUMMARY (KEY ISSUES):	<p>It has been agreed that the Board receives an update on all strategic risks and any changes that have been made to the strategic risk register, following review at Quality Assurance Committee. A Risk Review Group has been established reporting to Quality Assurance Committee, for oversight and scrutiny of strategic risks and for a rolling programme of review of CBU risks, to ensure risks are being managed and escalated appropriately.</p> <p>Since the last meeting:</p> <ul style="list-style-type: none"> • One new risk has been added to the BAF and a further risk in relation to COVID-19 is proposed for addition to the BAF; • There have been no amendments to the ratings of any risks since the last meeting. • The description of one risk on the BAF has been amended since the last meeting. • Three risks have been de-escalated from the BAF since the last meeting. <p>Also included in the report are notable updates to existing risks.</p>			
PURPOSE: (please select as appropriate)	Information	Approval ✓	To note	Decision
RECOMMENDATION:	Discuss and approve the changes and updates to the Board Assurance Framework.			
PREVIOUSLY CONSIDERED BY:	Committee	Quality Assurance Committee		
	Agenda Ref.	QAC 20/03/48		
	Date of meeting	3 rd MArch 2020		
	Summary of Outcome	The Committee reviewed, discussed and approved the amendments		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

REPORT TO BOARD OF DIRECTORS

SUBJECT	Board Assurance Framework and Strategic Risk Register report	AGENDA REF:	BM/20/03/30
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1. BACKGROUND/CONTEXT

This is an update of strategic risks on the Trust Strategic Risk Register. It has been agreed that the Board receives an update on all strategic risks and any changes that have been made to the strategic risk register, following review at Quality Assurance Committee. A Risk Review Group has been established reporting to Quality Assurance Committee, for oversight and scrutiny of strategic risks and for a rolling programme of review of CBU risks, to ensure risks are being managed and escalated appropriately.

The latest Board Assurance Framework (BAF) is included as Appendix 1.

2. KEY ELEMENTS

2.1 New Risks

Following a review of the IM&T risks on the BAF, it was agreed at the Quality Assurance Committee on 3rd March 2020 that the following new overarching IM&T risk should be added to the BAF to replace the three existing IM&T risks which would be de-escalated to the Corporate Risk Register:

Risk ID:	1114	Executive Lead:	James, Phill	Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	FAILURE TO provide essential, optimised digital services in a timely manner in line with best practice governance and security policies, CAUSED BY increasing and competing demands upon finite staffing resources whom lack emerging skillsets, sub-optimal solutions or a successful indefensible cyber attack, RESULTING IN poor data quality and its effects upon clinical and operational decisions / returns and financial & performance targets, reduced operational efficiencies, denial of patient access to services, inferior quality of care including harm, failure to meet statutory obligations (e.g. Civil Contingency measures) and subsequent reputational damage.			Initial:	20 (5x4)
				Current:	16 (4x4)
				Target:	8 (2x4)
Assurance Details:	Assurance: <ul style="list-style-type: none"> Digital Governance Structure including weekly structured Senior Leadership Team meetings, Risk Register Reviews, monthly Budget Meetings (where CIP and cost pressures are reviewed), Data Standards Group reporting to the Information Governance and Corporate Records Sub-Committee with escalations to the Quality Assurance Committee and onwards to the Digital Board, which itself submits highlights to the Trust Operations Board. The Quality Assurance Committee report provides assurance against all key security measures (i.e. Risks / GDPR / Data Security & Protection Toolkit / Cyber Essentials Plus). Digital annual IT audit plan inclusive of ever-present overarching Data Security & Protection Toolkit baseline and final report, with progress monitored at the Trust Audit Committee. Trust benchmarking activities including Use of Resources reviews (Model Hospital). Controls: <ul style="list-style-type: none"> Digital Operations Governance including supplier management, product management, cyber management, Business Continuity And Disaster Recovery Governance and customer relationship management with CBUs (e.g. The Events Planning Group) and an Information Security Management System (ISMS) based upon the principles of ISO27001 security standard. Active membership of the Sustainability Transformation Partnership Cyber Group. Digital Change Management regime including the Solutions Design Group, the Technical 				

	Request For Change Board, the Change Advisory Board, The Digital Optimisation Group, Trust communication channels (e.g. the Events Planning Group) and structured Capital Planning submissions.	
	<ul style="list-style-type: none"> • Trust Data Quality Policy and Procedures (e.g. Data Corrections in response to end user advice) plus supporting EPR Training regime for new starters including doctor's rotation and annual mandatory training. 	
Assurance Gaps:	<p>Gaps In Assurance:</p> <ul style="list-style-type: none"> • None. <p>Gaps In Controls:</p> <ul style="list-style-type: none"> • Approval of a 7 Year Capital Profiling based upon asset replacement cycle and strategic roadmap (to deliver the approved Digital Strategy (January 2020)) plus the approval of the subsequent Annual Prioritised Capital Investment Plan as managed via the Trust Capital Management Committee. • Implementation of an effective workforce plan via an approved structure investment business case that delivers fit for purpose levels of skills, resilience and capacity. • Implementation and normalising of cyber measures for contributing to the mandated levels of compliance with DSPT, GDPR and Cyber Essentials Plus and the EU NIS directive. • Normalising of staff behaviours to protect data evidenced via reduced IG incident report levels. • Top down approach to cyber leadership via evidence of completion of accredited Board Level National Cyber Security training coupled with annual mandatory Data Security Training. • Ability to mitigate cyber configuration of nationally provided systems (e.g. ESR) and non-Microsoft devices (that meet a clinical need). 	

In addition, due to the ongoing Covid-19 (coronavirus) outbreak, it is proposed that the following risk is added to the BAF at a rating of 25 (5x5):

Failure to deliver emergency and elective healthcare service as per the usual operating standard caused by the global pandemic of COVID-19 resulting in major disruption to service provision

The Board is ask to approve the addition of the risk to the BAF.

2.2 Removal of Risks

As described in section 2.1, it was agreed at the Quality Assurance Committee on 3rd March 2020 that the three IM&T risks previously on the BAF should be de-escalated to the Corporate Risk Register and replaced by a new, overarching IM&T risk.

The three risks approved for de-escalation were:

Risk ID:	135	Executive Lead:	James, Phill	Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to provide adequate and timely IMT system implementations & systems optimisation caused by either increasing demands or enhanced system functionality which results in additional effort required by staff manifesting as poor data quality, reduced patient access to services, inferior quality of care provided, potential patient harm and missed financial & performance targets.			Initial:	20 (5x4)
				Current:	16 (4x4)
				Target:	8 (4x2)

Risk ID:	143	Executive Lead:	James, Phill	Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to deliver essential Digital services, caused by a successfully executed Cyber Attack, resulting in loss of access to data and vital IT systems, resulting in potential patient harm, loss in productivity and damage to the Trust reputation.			Initial:	12 (4x3)
				Current:	12 (4x3)
				Target:	8 (4x2)

Risk ID:	414	Executive Lead:	James, Phill	Rating	
Strategic	Strategic Objective 3: We will .. Work in partnership to design and provide high quality,				

Objective:	financially sustainable services.		
Risk Description:	Failure to implement best practice information governance and information security policies and procedures caused by increased competing priorities due to an outdated IM&T workforce plan resulting in ineffective information governance advice and guidance to reduce information breaches.	Initial:	12 (4x3)
		Current:	12 (4x3)
		Target:	8 (4x2)

2.3 Amendments to risk ratings

Since the last meeting, there have been no amendments to the rating of any of the Risks on the BAF.

2.4 Amendments to risk titles

It was agreed at the Quality Assurance Committee on 3rd March 2020 that the description of one risk (#125) should be amended as described below:

FROM

Risk Description:	Failure to maintain an old estate caused by restriction, reduction or unavailability of resources resulting in staff and patient safety issues, increased estates costs and unsuitable accommodation.	Initial:	20 (5x4)
		Current:	16 (4x4)
		Target:	4 (4x1)

TO

Risk Description:	Failure to provide a safe, secure, fit for purpose hospitals and environment caused by the age and condition of the WHH estate and limited available resource resulting in a risk to meeting compliance targets, staff and patient safety, increased backlog costs, increased critical infrastructure risk and increased revenue spend.	Initial:	20 (5x4)
		Current:	16 (4x4)
		Target:	4 (4x1)

It is felt that the proposed amendment to the risk best reflects the challenges currently facing the Trust now and in the future. The updated risk will also be supported by strengthened gaps and assurance details as described below:

2.5 Existing Risks - Updates

Detailed below are the updates that have been made to the risks since the last meeting.

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
115	Failure to provide adequate staffing levels in some specialities and wards, caused by inability to fill vacancies, sickness, resulting in pressure on ward staff, potential impact on patient care and impact on Trust access and financial targets.	<u>Assurance updates</u> <ul style="list-style-type: none"> We have just recruited 25 HCAs with another recruitment event the 24th April We have recruited 42 RNs with 50 in the system to start this year <u>Recruitment Gaps</u> <ul style="list-style-type: none"> 104 RN Vacancies 72 B5 Vacancies <u>Retention Gaps</u> <ul style="list-style-type: none"> 17.06% B5 nursing turnover 	No impact on risk rating
134	Risk: Financial Sustainability a) Failure to sustain financial viability, caused by internal and external factors, leading to potential impact to patient safety, staff morale and enforcement/regulatory action	<u>Assurance updates</u> <ul style="list-style-type: none"> Weekly system call with NHSE/I during Q4 Chief Executive Oversight Group meets weekly. Group to meet with SRO of Improvement programmes that are part of the sustainability 	No impact on risk rating

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
	<p>being taken.</p> <p>b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.</p>	<p>plan.</p> <ul style="list-style-type: none"> • Weekly review of Non-Clinical Posts taking place • Daily review of Non-Pay Expenditure • Achieved Month 9 and Q3 financial position securing FRF & PSF • In receipt of intensive support from NHSE/I. Meeting will take place shortly to determine what the support will look like. • Forecast to achieve 2019/20 plan • Loans to be addressed nationally • Meeting with NHSE/I taken place regarding support provided. Information subsequently requested <p><u>Gaps updates</u></p> <ul style="list-style-type: none"> • Operational Planning Guidance requests capacity at existing levels to remain open throughout 2020/21. In addition, occupancy levels should reduce to 92%. Based on the latest information, there will be no funding to support this • Updated mitigated system risk of circa £23m from plan. The delivery of which is to be monitored via the finance teams of NHSE/I to ensure no further deterioration. • Submitted 5 Year Plan on 2nd March, jointly with Warrington & Halton CCGs & Bridgewater Community Healthcare NHS FT with system gap of £26.5m 	
224	<p>Failure to meet the emergency access standard caused by system demands and pressures. Resulting in potential risk to trust reputation, financial impact and below expected Patient experience</p>	<ul style="list-style-type: none"> • Trajectory achieved in Month 1, Month 2, Month 3, Month 4, Month 5 (84.97%) and Month 6 (81.67%). Month 7 (80.04%). – The Trust were ranked 25 out of 123 w/e 1st December for Type 1 activity. Month 8 – 77.81%, Month 9 75.94%, Month 10 – 76.08%, Month 11 – 81.09% (trajectory achieved) • Capital funding approved for additional 18 beds within the clinical environment to be completed by end of March 2020 • 2020/21 Operational Plan requesting that Trust work towards reducing its occupancy level to below 92%. Business case being developed to support the plan. • The Trust's ambition to reduce super stranded by 40% is on track to be delivered by the end of March 2020 	No impact on risk rating

Risk ID	Strategic Risk	Update since last Risk review	Impact of update on risk rating
145	<p>Influence within Cheshire & Merseyside</p> <p>a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p> <p>b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p>	<ul style="list-style-type: none"> • Annual strategy refresh commenced with dedicated sessions for Execs, NEDs and members of the Strategic Development & Delivery Sub-Committee to influence revisions to objectives ahead of 2020/21 • Director of Strategy invited to be a member and the health representative on Runcorn Town Deal Board tasked with planning for the investment of £25m to regenerate Runcorn Old Town • Ability to influence Warrington Town Deal Board through health group • WHH CEO met with the CEOs of Alderhey, StHK and Liverpool Heart & Chest to support further partnership working 	No impact on risk rating
143	<p>Failure to deliver essential Digital services, caused by a successfully executed Cyber Attack, resulting in loss of access to data and vital IT systems, resulting in potential patient harm, loss in productivity and damage to the Trust reputation.</p>	<ul style="list-style-type: none"> • Responses to MIAA IT Health Check and Vulnerability Assessment Application Vulnerability Technical Report successfully completed. • Upgrading of all assets to Windows 10 are reporting 83% complete by NHS Digital leaving 17% to complete. 	No impact on risk rating

3 RECOMMENDATIONS

Discuss and approve the changes and updates to the Board Assurance Framework.

Board Assurance Framework

Board Assurance Framework

The Board Assurance Framework (BAF) focusses on the key strategic risks i.e. those that may affect the achievement of the Trust's Strategic Objectives

Risk ID	Executive Lead	Risk Description	Strategic Objective at Risk	Current Rating	Target Rating	Risk Appetite	Monitoring Committee
115	Kimberley Salmon-Jamieson	Failure to provide adequate staffing levels in some specialities and wards. Caused by inability to fill vacancies, sickness. Resulting in pressure on ward staff, potential impact on patient care and impact on Trust access and financial targets.	1	20 (5x4)	12 (4x3)	TBC	Trust Operations Board
134	Andrea McGee	Financial Sustainability a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken. b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.	3	20 (5x4)	10 (5x2)	TBC	Finance & Sustainability Committee
1114	Phill James	Failure to provide essential, optimised digital services in a timely manner in line with best practice governance and security policies, caused by increasing and competing demands upon finite staffing resources whom lack emerging skillsets, sub-optimal solutions or a successful indefensible cyber-attack, resulting in poor data quality and its effects upon clinical and operational decisions / returns and financial & performance targets, reduced operational efficiencies, denial of patient access to services, inferior quality of care including harm, failure to meet statutory obligations (e.g. Civil Contingency measures) and subsequent reputational damage.	1	16 (4x4)	8 (2x4)	TBC	Trust Operations Board
224	Chris Evans	Failure to meet the emergency access standard caused by system demands and pressures. Resulting in potential risk to the quality of care and patient safety, risk to trust reputation, financial impact and below expected Patient experience.	1	16 (4x4)	8 (4x2)	TBC	Trust Operations Board
125	Chris Evans	Failure to maintain an old estate caused by restriction, reduction or unavailability of resources resulting in staff and patient safety issues, increased estates costs and unsuitable accommodation.	1	16 (4x4)	4 (4x1)	TBC	Trust Operations Board
145	Simon Constable	Influence within Cheshire & Merseyside a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in	3	15 (5x3)	8 (4x2)	TBC	Trust Operations Board

Board Assurance Framework

		<p>an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p> <p>b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p>					
241	Alex Crowe	Failure to retain medical trainee doctors in some specialties by requiring enhanced GMC monitoring resulting in a risk service disruption and reputation.	2	8 (4x2)	4 (4x1)	TBC	Trust Operations Board

Strategic Objective 1: We will ... always put our patients first through high quality, safe care and excellent patient experience.

Strategic Objective 2: We will ... be the best place to work with a diverse, engaged workforce that is fit for the future.

Strategic Objective 3: We will ... work in partnership to design and provide high quality, financially sustainable services.

Board Assurance Framework

Risk ID:	115	Executive Lead:	Salmon-Jamieson, Kimberley								
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				Rating						
Risk Description:	Failure to provide adequate staffing levels in some specialities and wards. Caused by inability to fill vacancies, sickness. Resulting in pressure on ward staff , potential impact on patient care and impact on Trust access and financial targets.				<table border="1"> <tr> <td>Initial:</td> <td>20 (5x4)</td> </tr> <tr> <td>Current:</td> <td>20 (5x4)</td> </tr> <tr> <td>Target:</td> <td>12 (4x3)</td> </tr> </table>	Initial:	20 (5x4)	Current:	20 (5x4)	Target:	12 (4x3)
Initial:	20 (5x4)										
Current:	20 (5x4)										
Target:	12 (4x3)										
Assurance Details:	<ul style="list-style-type: none"> Monthly workforce information produced via workforce dashboard. Information is reviewed and monitored at the Workforce Group Chaired by the Chief Nurse Robust staffing escalation process across WHH to manage staffing daily Lead Nurse identified daily to co-ordinate staffing 4 hourly update shared as part of Gold Command template Wards & Departments use E-Roster and Safecare data to support staffing ratios Maternity BirthRate + staffing review scheduled in March 2020 to reflect increase activity and changing models of care. Recruitment / media plan produced and recruitment campaign ongoing Following a successful recruitment day in January 2020 41 nurses accepted an offer of employment at WHH. We currently have a business case being developed for recruitment of international nurses which is due to be presented at the executive meeting in February. Staffing for the temporary winter ward managed via the daily staffing meeting We have just recruited 25 HCAs with another recruitment event the 24th April We have recruited 42 RNs with 50 in the system to start this year <p><u>Recruitment Assurances</u></p> <ul style="list-style-type: none"> Rolling advert for B5 Nurses 12 month recruitment plan including open days, attendance at external events and 'keep in touch' events Developing WHH recruitment campaign with external marketing company Career advice events in local schools and colleges Production of monthly and bi-annual staffing reports received by the Trust Board <p><u>Retention Assurances</u></p> <ul style="list-style-type: none"> Workforce Dashboard reporting monthly in relation to leavers Part of NHSI Cohort 4 Retention Collaborative WHH Nursing retention plan Improvement in nursing retention by 3.22% (Nov 2018 – Sept 2019) Burdett Nursing Trust award winners Highly commended for nursing retention data provision 'Transfer Window' implemented allowing staff to move to other specialties without having to apply for role 				<table border="1"> <tr> <td>INITIAL</td> <td>CURRENT</td> <td>TARGET</td> </tr> <tr> <td>20</td> <td>20</td> <td>12</td> </tr> </table>	INITIAL	CURRENT	TARGET	20	20	12
INITIAL	CURRENT	TARGET									
20	20	12									
Assurance Gaps:	<p>Increase staffing pressure due to ongoing use of temporary winter ward for which there is no funded establishment</p> <p><u>Recruitment Gaps</u></p> <ul style="list-style-type: none"> 104 RN Vacancies 72 B5 Vacancies <p><u>Retention Gaps</u></p> <ul style="list-style-type: none"> 17.06% B5 nursing turnover 										
Recommendation		Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date					
Develop business case for international nurse recruitment		Develop business case for international nurse recruitment	Present business case to Executive Team	Browning, Rachael	31/03/2020						

Board Assurance Framework

Risk ID:	134	Executive Lead:	McGee, Andrea	Rating									
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.												
Risk Description:	<p>Financial Sustainability</p> <p>a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken.</p> <p>b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.</p>			Initial:	20 (5x4)								
				Current:	20 (5x4)								
				Target:	10 (5x2)								
Assurance Details:	<ul style="list-style-type: none"> •Core financial policies controls in place across the Trust •Revised governance structure within the Trust to enable strengthened accountability •Finance and Sustainability Committee (FSC) established overseeing financial planning •Monthly financial monitoring with NHSI •Regular review at Executive team meeting and development sessions •Annual plan development process •Performance monitoring in QPS meeting •Signed up to a Controlled Expenditure Programme (CEP) process with main Commissioners to support financial planning, sharing of risk and agreement of schemes that are in the interest of the whole local economy •Entered in to a Block Contract with Warrington & Halton CCGs for 2019/20 supported by an agreed set of principles under the CEP Lite Framework •Work with the Commissioners on QIPP and CIP schemes through the Collaborative and Sustainability Group to ensure the schemes have a positive impact on sustainability across the whole health economy •Monthly FRG meeting with CBU led by DoF •Corporate Trustee Charities Commission Checklist, reporting bi-annually through Board •Monitoring of charitable funds income, assessment of return on investment and controls on overhead ratios via quarterly financial reports •Regular updates to Executive Team, FSC and Trust Board •Regular updates to NHSI regarding the risks linked to the current financial position; including regular performance review meetings to discuss the current position and financial risk. These meeting have resulted in the Trust's change from segment three to segment two. •Accepted offer from NHSi of a control total for 2019/20 giving the Trust access to £17.9m additional funds. This also exempts the Trust from national fines and penalties. •Transfer of resources in to operational teams to support CIP delivery at the front line. •Transfer of reporting of CIP to DoF and delivery to Chief Operating Officer •Trust teams are working within the place based teams to bid for additional STP monies to improve sustainability Control re employment legislation <ul style="list-style-type: none"> - Sub group established for OT payments reporting through premium pay spend and review group - Commissioned an audit review of OT processes subject to Chair of Audit Chair Approval - Recommendation for internal OT processes to be presented to Exec Team - Introduced the Financial Resources Group (FRG)that reports to FSC - CIP Workshops taking place to improve the CIP Position - Memorandum of understanding agreed with Bridgewater Community Trust - WLI process reviewed and strengthened. •Regular planning meetings in place with Commissioners. Activity plans and contract agreed for 2019/20. • Workshop undertaken with - Exec, CBU, Corporate to review of 2019/20 cost pressures •Market Analysis is now included in the CBU monthly dashboard and forms part of the monthly review •Financial Strategy approved by Trust Board in March 2019 			<table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>INITIAL</td> <td>20</td> </tr> <tr> <td>CURRENT</td> <td>20</td> </tr> <tr> <td>TARGET</td> <td>10</td> </tr> </tbody> </table>		Category	Value	INITIAL	20	CURRENT	20	TARGET	10
Category	Value												
INITIAL	20												
CURRENT	20												
TARGET	10												

Board Assurance Framework

	<ul style="list-style-type: none"> • In relation to the aged debt, the supplier/debtor has gone in to administration; this will avoid further growth of the debt. The Trust has provided the Administrator with proof of debt. • The Trust has written to Wirral CCG in relation to financial support for the existing debt. • CEO / Accountable Officer led Financial System Recovery Group established to oversee the system financial recovery plan • Capital prioritisation process in place • Review of CBU Forecast Outturns has taken place. • Regular system assurance meeting taking place with the Regulator. • Reserve created to cover 1 year's cost of running the Charity • Support to be provided by Commissioners in 2019/20 and from NHSE/I – Additional Winter Capacity • Chief Executive Oversight Group meets weekly. Group to meet with SRO of Improvement programmes that are part of the sustainability plan. • Weekly review of Non-Clinical Posts taking place • Daily review of Non-Pay Expenditure • Extended Loan repayment confirmation of further extension from NHSi received and extended to May 2020 • Achieved Month 9 and Q3 financial position securing FRF & PSF • In receipt of intensive support from NHSE/I. • Meeting with NHSE/I taken place regarding support provided. Information subsequently requested • Forecast to achieve 2019/20 plan • Loans to be addressed nationally – waiting further guidance 				
Assurance Gaps:	<ul style="list-style-type: none"> • Failure to achieve Financial control total may result in loss of FRF, MRET and STF and worsening cash position. • Inability to develop a strategic plan to deliver a break even position over the next 5 to 10 years • Loss of income through the failure of WHH Charity • Risk of under delivery of CIP due to insufficient schemes identified to deliver the full program and the organisational ability to translate improvement work into financial improvement. • Non-recurrent CIP presents a risk to in-year and future year financial position. • Failure to fully comply with emerging national employment litigation resulting in additional pay costs or the trust receiving potential claims. • Medical Staffing pressures identified at budget settings have not all been addressed putting pressure on the financial position. • No external funding support for Halton Healthy New Town or Warrington Hospital new build. • Mitigated system risk of circa £17m – plans required to address across the system of Warrington & Halton CCGs. WHH NHS FT and Bridgewater Community Healthcare NHS FT. • Risk that capital needs exceed capital funding resources available. • Hospital Infrastructure Programme (HIP) announcement. WHH not included in with phase 1 or phase 2 funding allocation. • Awaiting response from Administrators in relation to bad debt. • Operational Planning Guidance requests capacity at existing levels to remain open throughout 2020/21. In addition, occupancy levels should reduce to 92%. Based on the latest information, there will be no funding to support this • Updated mitigated system risk of circa £23m from plan. The delivery of which is to be monitored via the finance teams of NHSE/I to ensure no further deterioration. • Submitted 5 Year Plan on 2nd March, jointly with Warrington & Halton CCGs & Bridgewater Community Healthcare NHS FT with system gap of £26.5m 				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Request Capital Loan	Loan application to be submitted for Business Critical Schemes	Submit capital loan request to NHSE/I	Andrea McGee	30/04/2020	
Submit requested Workforce & CIP information to NW Intensive Support Director	Cheshire and Merseyside Health & Care Partnership in receipt of Tier 1 Intensive Support – Information requested by NHSE/I on workforce & CIP	Submit requested Workforce & CIP information to NW Intensive Support Director	Andrea McGee	30/03/2020	
Executive Review of Non-Pay Expenditure	Undertake daily reviews of Non-Pay Expenditure	Commence daily reviews of Non-Pay Expenditure	Andrea McGee	30/03/2020	

Board Assurance Framework

Hold contract negotiations with CCGs in relation to 2020/21 income contract	Hold contract negotiations with CCGs in relation to 2020/21 income contract	Hold contract negotiations with CCGs in relation to 2020/21 income contract	Andrea McGee	30/03/2020	
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Board Assurance Framework

Risk ID:	1114	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.					
Risk Description:	<p>FAILURE TO provide essential, optimised digital services in a timely manner in line with best practice governance and security policies, CAUSED BY increasing and competing demands upon finite staffing resources whom lack emerging skillsets, sub-optimal solutions or a successful indefensible cyber attack, RESULTING IN poor data quality and its effects upon clinical and operational decisions / returns and financial & performance targets, reduced operational efficiencies, denial of patient access to services, inferior quality of care including harm, failure to meet statutory obligations (e.g. Civil Contingency measures) and subsequent reputational damage.</p>			Initial:	16 (4x4)	
				Current:	16 (4x4)	
				Target:	8 (2x4)	
Assurance Details:	<p>Assurance:</p> <ul style="list-style-type: none"> Digital Governance Structure including weekly structured Senior Leadership Team meetings, Risk Register Reviews, monthly Budget Meetings (where CIP and cost pressures are reviewed), Data Standards Group reporting to the Information Governance and Corporate Records Sub-Committee with escalations to the Quality Assurance Committee and onwards to the Digital Board, which itself submits highlights to the Trust Operations Board. The Quality Assurance Committee report provides assurance against all key security measures (i.e. Risks / GDPR / Data Security & Protection Toolkit / Cyber Essentials Plus). Digital annual IT audit plan inclusive of ever-present overarching Data Security & Protection Toolkit baseline and final report, with progress monitored at the Trust Audit Committee. Trust benchmarking activities including Use of Resources reviews (Model Hospital). <p>Controls:</p> <ul style="list-style-type: none"> Digital Operations Governance including supplier management, product management, cyber management, Business Continuity And Disaster Recovery Governance and customer relationship management with CBUs (e.g. The Events Planning Group) and an Information Security Management System (ISMS) based upon the principles of ISO27001 security standard. Active membership of the Sustainability Transformation Partnership Cyber Group. Digital Change Management regime including the Solutions Design Group, the Technical Request For Change Board, the Change Advisory Board, The Digital Optimisation Group, Trust communication channels (e.g. the Events Planning Group) and structured Capital Planning submissions. Trust Data Quality Policy and Procedures (e.g. Data Corrections in response to end user advice) plus supporting EPR Training regime for new starters including doctor’s rotation and annual mandatory training. 					
Assurance Gaps:	<p>Gaps In Assurance:</p> <ul style="list-style-type: none"> None. <p>Gaps In Controls:</p> <ul style="list-style-type: none"> Approval of a 7 Year Capital Profiling based upon asset replacement cycle and strategic roadmap (to deliver the approved Digital Strategy (January 2020)) plus the approval of the subsequent Annual Prioritised Capital Investment Plan as managed via the Trust Capital Management Committee. Implementation of an effective workforce plan via an approved structure investment business case that delivers fit for purpose levels of skills, resilience and capacity. Implementation and normalising of cyber measures for contributing to the mandated levels of compliance with DSPT, GDPR and Cyber Essentials Plus and the EU NIS directive. Normalising of staff behaviours to protect data evidenced via reduced IG incident report levels. Top down approach to cyber leadership via evidence of completion of accredited Board Level National Cyber Security training coupled with annual mandatory Data Security Training. Ability to mitigate cyber configuration of nationally provided systems (e.g. ESR) and non-Microsoft devices (that meet a clinical need). 					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Prioritise the immediate focus upon the overarching enablers of structure and capital resources.	By resolving the structure and capital investment gaps the range of gaps of assurance can be addressed.	<ul style="list-style-type: none"> Conclude structure business case process. Conclude pursuit of an approved fit 	Phill James	31/03/20		

Board Assurance Framework

[Delivers: Optimisation / Timeliness / Best Practice]		<ul style="list-style-type: none"> for purpose annual capital plan. Conclude Board Level Cyber training and flow new and robust awareness measures to all personnel. 			
Draft Digital Strategy to be completed, approved and issued and multi-year investment profile to be supported by the Trust. [Delivers: Optimisation / Timeliness / Best Practice]	Publish revised Digital Strategy with associated 7 year investment profile and delivery plan.	<ul style="list-style-type: none"> Publish approved Strategy. Sign off agreed multi-year investment profile. 	Phill James	30/03/2020	
Act on recommendations made in the Cyber essentials report to ensure improved cyber security. [Delivers: Best Practice]	Implement the recommendations made in the Cyber essentials report and DSPT to ensure improved cyber security. <i>NHS Digital have commented they are looking at whether to continue with Cyber Essentials+ revision (relies upon NHS Digital negotiations).</i>	<ul style="list-style-type: none"> Enhanced Firewall controls on Trust network 	Whitfield, Simon	30/09/2020	
Act on recommendations made in the Cyber essentials report to ensure improved cyber security. [Delivers: Timeliness / Best Practice]	Implement the recommendations made in the Cyber essentials report and DSPT to ensure improved cyber security. <i>NHS Digital have commented they are looking at whether to continue with Cyber Essentials+ revision (relies upon NHS Digital negotiations).</i>	<ul style="list-style-type: none"> Fully documented Firewall infrastructure. 	Smith, Mr Philip	31/10/2020	
Act on recommendations made in the Cyber essentials report to ensure improved cyber security. [Delivers: Timeliness / Best Practice]	Implement the recommendations made in the Cyber essentials report and DSPT to ensure improved cyber security. <i>NHS Digital have commented they are looking at whether to continue with Cyber Essentials+ revision (relies upon NHS Digital negotiations).</i>	<ul style="list-style-type: none"> Enforced 90 Day System Password refresh. 	Garnett, Joseph	31/11/2020	
Act on recommendations made in the Cyber essentials report to ensure improved cyber security. [Delivers: Best Practice]	Implement the recommendations made in the Cyber essentials report and DSPT to ensure improved cyber security. <i>NHS Digital have commented they are looking at whether to continue with Cyber Essentials+ revision (relies upon NHS Digital negotiations).</i>	<ul style="list-style-type: none"> Regular vulnerability scans of internal network via IT Health Assurance Dashboard. 	Deacon, Stephen	31/04/2020	
Move medical devices into VLAN bubble.	Add medical devices to the Medical	<ul style="list-style-type: none"> Network Manager create pre-work 	Smith, Mr Philip	31/04/2020	

Board Assurance Framework

<p>This will involve participation of multiple 3rd parties and internal WHH staff.</p> <p>[Delivers: Best Practice]</p>	<p>VLAN bubble</p>	<p>on the VLAN protective bubble</p> <ul style="list-style-type: none"> • Network Manager to liaise with PACS Manager to arrange 3rd party support for migration over to VLAN • Ensure new Pathology equipment is now on the new VLAN <p>Submit business case submitted to the IGCRC for approval for resource for the Radiology medical devices cyber bubble migration</p>			
<p>Support for Windows Server 2003 has now ceased and Windows Server 2008 becomes unsupported from January 2020. As a consequence, Microsoft will no longer provide security updates or technical support for these operating systems. Consequently, any server or system reliant on Windows Server 2003 and Windows Server 2008 (from Jan 2020) presents a cyber-security risk to the Trust.</p> <p>We either need to migrate or decommission the unsupported Windows Server 2003 and Windows Server 2008 to Windows 2016 (Latest server operating system).</p> <p>[Delivers: Best Practice]</p>	<p>Migrate all 2003 and 2008 servers to 2016.</p>	<ul style="list-style-type: none"> • Engage with the CBU's/Departments regarding migration and potential costs and plan migration. • Migrate the servers to Windows Server 2016 <p><i>[46% migrated – February 2020]</i></p>	<p>Garnett, Joseph</p>	<p>31/03/20</p>	
<p>To upgrade all windows 7 to Windows 10 before end of March 2020</p> <p>[Delivers: Best Practice]</p>	<p>To upgrade all windows 7 to Windows 10 before end of March 2020</p>	<ul style="list-style-type: none"> • Deployment and Desktop Team to go out and reimage the devices around the Trust. <p><i>[97% migrated – February 2020]</i></p> <p><i>Awaiting on Pharmacy & Pathology super-users to complete their own migration.</i></p>	<p>Deacon, Stephen</p>	<p>31/03/2020</p>	
<p>As part of Cyber Essentials+ all unsupported software should be updated or isolated from internet based networks.</p> <p>Office 2010 will need upgrading to the</p>	<p>Migrate from Office 2010</p>	<ul style="list-style-type: none"> • Secure funding nationally via NHSD (if available) or secure local funding via Capital to purchase the required licensing. • Migrate to the latest version of MS Office 	<p>Whitfield, Simon</p>	<p>29/05/2020</p>	

Board Assurance Framework

latest version of Office for all endpoint devices on the WHHT network. [Delivers: Best Practice]		[£1.7 million investment currently identified within Trust capital plan for 20/21]			
NHS Digital has advised that the total pot is around £10m for security bids. STP Cyber Group is submitting a proposal for all of use to have a dashboard tool – similar to ITHealth’s or Pervade’s offering and maybe we can give people the choice of 2 and either subsidize it for each Trust or fund it completely depending on costs. [Delivers: Best Practice]	Secure allocation from the C&M Cyber Funding Opportunity	<ul style="list-style-type: none"> • Sign Memorandum Of Understanding to secure capital investment to deploy IT Health. • Purchase and implement agreed dashboard. 	Deacon, Stephen	01/04/2020	
Deliver fit for purpose Lorenzo EPR Performance and agility of changes to deliver the paperless strategy. [Delivers: Optimisation / Timeliness]	Work with supplier to assure EPR performance whilst enhancing Digital capability (people and finance).	<ul style="list-style-type: none"> • Work with EPR supplier to safely migrate Lorenzo to the modern cloud solution. • Implement staffing structure enhancements within financial opportunities (i.e. capitalisation of roles). 	Gardner, Matthew	30/06/2020	

Board Assurance Framework

Risk ID:	224	Executive Lead:	Evans, Chris	Rating									
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.												
Risk Description:	Failure to meet the emergency access standard caused by system demands and pressures. Resulting in potential risk to the quality of care and patient safety, risk to trust reputation, financial impact and below expected Patient experience.			Initial:	16 (4x4)								
				Current:	16 (4x4)								
				Target:	8 (4x2)								
Assurance Details:	<p>Regular Trust Wide Capacity meetings led by the Senior Site Manager for the day</p> <p>Systemwide relationships including social care, community, mental health and CCGs</p> <p>Discharge Lounge/Patient Flow Team</p> <p>Red to Green - Discharge Planning</p> <p>ED Escalation Tool/2 Hourly Board Rounds ED Medical and Nursing Controller</p> <p>Chloe Care Transport to complement patient providers out of hours</p> <p>FAU/Hub operational from June 2018 - Now operating 5 days per week.</p> <p>Discharge Lounge opened 26th November 2018</p> <p>Full ED business case approved from Q4 18/19 re: vision for ED Footprint creating assessment capacity. (approved substantively for Ambulatory Care Unit)</p> <p>System actions agreed supporting the Winter Plan</p> <p>Warrington Together Board have asked for focussed work to take forward outputs from the Venn Work</p> <ol style="list-style-type: none"> 1. Further development of Rapid Response to avoid admission 2. Increase IMC 3. Increase IMC at home <p>Regular monitored at the Mid Mersey A&E Board</p> <p>Long Length of Stay Collaborative in association with ECIST / NHSI. Bespoke approach for the Trust in embedding and sustaining LLoS review. To commence May 19 through until October 19.</p> <p>Integrated Discharge Team – Daily huddle between hospital discharge team and the hospital social care team now in place. Co-location of teams approved in April 19. This will support harmonisation of pathways and increase integrated working between health and social care.</p> <p>Co-location of teams to take place in June 2019 (Kendrick Wing)</p> <p>Urgent Care Improvement Committee to commence from May/June 2019 focussing on 5 priorities:</p> <ol style="list-style-type: none"> 1. CQC Actions 2. Acute Medicine 3. Assessment Capacity/Environment 4. Decision to admit 5. Collective decision making <p>The Committee will report to the Quality Assurance Committee and Exec Team</p> <p>New ED 'at a glance' dashboard gone live – supports organisational visibility and proactive response from specialties.</p> <p>Participated as a pilot site for recording of Same Day Emergency Care (SDEC) in association with NHSi & NHSE</p> <p>Urgent Care Improvement Committee High Level Briefing received at Quality Assurance Committee.</p> <p>Pilot of a co-located medical and surgical assessment unit taking place between 3 Sept – 10 Sept 2019. A review will then take place to inform the long term strategy for an Assessment Plaza.</p> <p>Co-located medical & surgical assessment unit to launch on 1st Dec 2019. Subject to consultation</p> <p>Trajectory achieved in Month 1, Month 2, Month 3, Month 4, Month 5 (84.97%) and Month 6 (81.67%). Month 7 (80.04%). – The Trust were ranked 25 out of 123 w/e 1st December for Type 1 activity. Month 8 – 77.81%, Month 9 75.94%, Month 10 – 76.08%, Month 11 – 81.09% (trajectory achieved)</p> <p>Monitoring of utilisation of internal UC system i.e. GPAU, ED Ambulatory throughput – reports monitored via Patient Flow Sub-Committee and Trust Operations Board</p>			<table border="1"> <thead> <tr> <th>Stage</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>INITIAL</td> <td>16</td> </tr> <tr> <td>CURRENT</td> <td>16</td> </tr> <tr> <td>TARGET</td> <td>8</td> </tr> </tbody> </table>		Stage	Rating	INITIAL	16	CURRENT	16	TARGET	8
Stage	Rating												
INITIAL	16												
CURRENT	16												
TARGET	8												

Board Assurance Framework

	<p>8 IMC live from 27th September 2019 Integrated discharge Team now in place Urgent Care Improvement Committee – 2 regulatory breach complete and 33/35 actions complete. The Remaining action to be completed by 31st December 2019 CAU Business Case approved by Executives on 31st October 2019 with a plan to implement from 9th December 2019 Winter plan developed with system support 10 additional beds on B3 supported by NHSE/I Funding received for K25 beds and to support protecting GPAU / CAU Combined Assessment Unit launched 16th December 2019 – 24/7 from 5th January 2020 U&EC Improvement Committee stepped down. All actions complete with 9 ongoing issues monitored at Moving to Outstanding Capital funding approved for additional 18 beds within the clinical environment to be completed by end of March 2020 2020/21 Operational Plan requesting that Trust work towards reducing its occupancy level to below 92%. Business case being developed to support the plan. The Trust’s ambition to reduce super stranded by 40% is on track to be delivered by the end of March 2020</p>				
Assurance Gaps:	<p>Fully embedding actions associated with system wide capacity & demand review undertaken by Venn Consulting – 3 key actions being progressed for Winter 2019 – 8 IMC Beds agreed via IBCF, Rapid Response Service and increased home reablement capacity (c 20 beds worth of capacity total) ED footprint with a view of right sizing for the future based on demand trends – review taking place in Sept 19</p>				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date

Board Assurance Framework

Risk ID:	125	Executive Lead:	Evans, Chris	Rating		
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.					
Risk Description:	Failure to provide a safe, secure, fit for purpose hospitals and environment caused by the age and condition of the WHH estate and limited available resource resulting in a risk to meeting compliance targets, staff and patient safety, increased backlog costs, increased critical infrastructure risk and increased revenue and capital spend.			Initial:	20 (5x4)	
				Current:	16 (4x4)	
				Target:	4 (4x1)	
Assurance Details:	<p>Controls:</p> <p>2018 C&M H&CP Estates strategy – updated annually</p> <p>Six Facet survey – condition appraisal of estate (annually) which informs a prioritised schedule for managing backlog maintenance</p> <p>Estates 10 year capital program which is updated annually as a result of the 6 facet survey and any capital works that have been carried out</p> <p>Capital Planning Group and associated capital funding allocation process</p> <p>Planned Maintenance Program</p> <p>Reactive maintenance regime</p> <p>Annual asbestos survey - asbestos management survey makes an assessment of the condition of any materials present and determine the likelihood of any fibres being released. Annual PLACE assessments</p> <p>Assurance:</p> <p>External estates compliance audit carried out in November 2019 which has informed a number of remedial actions to improve compliance across the estate</p> <p>Monthly Estates compliance audit</p> <p>Estates and Facilities Health, Safety and Risk Group – managing health and safety issues and monitoring risk registers</p> <p>Fire Safety Group – monitors fire safety issues across the trust and provides assurance to Cheshire fire and rescue service on Fire Safety Management</p> <p>PLACE assessment action plan and monitoring -</p> <p>Capital Planning Group – determine how the trust capital is spent</p> <p>Trust Ops Board</p> <p>Use of resources group – monitors how cost effective and value for money estates and facilities are in relation to a number of national and regional benchmarks</p> <p>New hospitals for Warrington and Halton groups – providing a platform to address the critical infrastructure and backlog risk</p>			<p>The graph shows a downward trend in the rating score. The initial score is 20, the current score is 16, and the target score is 4. The x-axis is labeled with INITIAL, CURRENT, and TARGET. The y-axis represents the rating score.</p>		
Assurance Gaps:	<p>Capital funding 19-20 (£ of requested schemes : £ of actual funding)</p> <p>Estates staffing - reduced staffing numbers since 2011 has impacted on ability to carry out elements of essential maintenance</p> <p>Accessibility – some equipment is not accessible for maintenance due to age and design. Without a permanent decant ward this proves difficult to overcome</p> <p>Cost pressures – unfunded elements of maintenance in I&E budget</p> <p>Use of Resources - benchmarking against backlog maintenance and critical infrastructure risk are below national medium</p> <p>Reduced estates compliance</p>					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Alignment the Estates Strategy to the Trust Clinical Strategy and Financial Strategy	Alignment the Estates Strategy to the Trust Clinical Strategy and Financial Strategy	Alignment the Estates Strategy to the Trust Clinical Strategy and Financial Strategy	Wright, Ian	30/06/2019	30/06/2019	
Participate in Halton Healthy Hospitals strategy	Participate in Halton Healthy Hospitals strategy	Participate in Halton Healthy Hospitals strategy	Gardner, Mrs Lucy	31/12/2018	30/04/2018	
Review of the Health & Safety risks aligned to estates and facilities to be undertaken	Health & Safety risks aligned to estates and facilities	Health & Safety risks aligned to estates and facilities	Wardley, Darren	31/07/2017	31/07/2017	
Review the governance/meetings	Review the governance/meetings	Review the governance/meetings	Wardley, Darren	29/09/2017	29/09/2017	

Board Assurance Framework

structure regarding Estates	structure regarding Estates	structure regarding Estates			
Paperwork and permits required for the ITU replacement. Once that is complete, we are going to take 2 of the racks from that UPS which are still ok and install them in the IT server room UPS to ensure this risk is also completed and addressed. By the time we have the plates manufactured to cover the holes from the 2no. missing UPS racks, the spare racks from the ITU UPS will be ready. Therefore we plan to wait until the end of May for the ITU UPS to be completed.	Obtain quotation from supplier in relation to the main power equipment with a view to an order being placed and installation completed	Obtain quotation from supplier in relation to the main power equipment with a view to an order being placed and installation completed	Wright, Ian	30/07/2019	05/08/2019
Develop and monitor action plan to address compliance	Action plan to address non compliance issues highlighted in report (Nov 2019)	Develop and monitor action plan to address compliance	Wardley, Darren	30/04/20	

Board Assurance Framework

Risk ID:	145	Executive Lead:	Constable, Simon	Rating	
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.				
Risk Description:	<p>Influence within Cheshire & Merseyside</p> <p>a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p> <p>b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p>			Initial:	20 (5x4)
				Current:	15 (5x3)
				Target:	8 (4x2)
Assurance Details:	<p>The board has developed the Trust's strategy and governance for delivery of the strategy to ensure that all risks are escalated promptly and proactively managed.</p> <p>We are developing plans, with partners, to establish Accountable Care Organisations in both Halton and Warrington.</p> <p>We have developed an engagement strategy in partnership with our Governing Council</p> <p>We have established a community-wide newsletter Your Hospitals</p> <p>No service changes with a detrimental impact on the Trust or our patient population have been agreed to date or included within the STP.</p> <p>The Trust has developed effective clinical networking and integrated partnership arrangements:</p> <p>The Trauma and Orthopaedic service has developed excellent links with the Royal Liverpool and the Walton Centre for complex spinal patients.</p> <p>'What Matters to Me' conversation cafes held across both sites in partnership with patient experience committee and governors. Will also include WHH volunteers, WHH careers and WHH charity</p> <ul style="list-style-type: none"> - Memorandum of Understanding and work plan with Bridgewater Community Healthcare NHS FT approved. - Working in partnership with GP Federation in Halton on relation to improving joint clinical pathways. - Council and CCG in both Warrington & Halton supportive of development of new hospitals. - Agreement of sustainability contract with Warrington CCG and subsequently Warrington & Halton System Financial Recovery Plan - Work plan agreed with StHK - Shared a presentation demonstrating Halton Hospital's suitability to host the Eastern Sector Cancer Hub with Clatterbridge and other stakeholders. This forms part of the formal decision making process on the location of the hub - Regular GP engagement events held. - Regular Strategy updates are provided to the Council of Governors. - Clinical strategy engagement held with Trust Board - Submitted bid to provide UTCs in Runcorn & Widnes - Financial feasibility assessment for Halton Healthy New Town completed following unsuccessful bid to NHSE - Clinical Strategy approved by Trust Board - CBU specialty level strategies complete and incorporated in business plans - Successful in One Public Estate revenue funding bid for Halton - Initial talks held with Elective Care STP Lead in relation to the suitability of Halton as a potential Elective Care Hub <p>Trust has met with Cheshire & Merseyside leads for Women's and Children's review to demonstrate strength of local Women's and Children's services and help inform outcomes of regional review.</p> <p>NHSE and local Commissioners supportive of draft strategy for breast screening.</p> <p>First Group Committee in Common held with BCH and Joint Sustainability plan developed.</p> <p>Revised process for evaluation of potential sites for the Eastern Sector Cancer Hub shared with the Trust, StHK, Clatterbridge and NHSE by Knowsley CCG. Submission due 24th July 2019. Decision expected January/February 2020.</p> <p>UTC Procurement process abandoned</p>			<p>The chart displays a downward trend in the rating score. The Initial score is 20 (5x4), the Current score is 15 (5x3), and the Target score is 8 (4x2). The x-axis is labeled with INITIAL, CURRENT, and TARGET. The y-axis represents the rating score.</p>	

Board Assurance Framework

	<p>Initial meeting for Cheshire & Merseyside respiratory review held. Trust presentation well received.</p> <p>No funding received in latest capital allocation. Additional £1b capital promised but allocation criteria yet tbc.</p> <p>DoH launched Health Infrastructure Programme (HIP) announcing a £2.8b investment. WHH not included in the first 2 phases of investment. 27 Trusts have received funding with a further 13 TBC. The Trust has written to NHSP to seek support in raising the profile of our needs – NHSP have agreed to use the Trust as a case study in their national campaign</p> <p>Positive meeting the Medical Director and Director of Strategy at Alderhey confirming their intention to work with the Trust to repatriate WHH patients</p> <p>Pathology – Draft outline business case for pathology reconfiguration across Cheshire & Merseyside. Currently options for further development do not include any option where WHH is a hub. All options proposed include an Essential Services Lab (ESL) at WHH. Currently providing detailed feedback on strategic outline business case to ensure quality standards and turnaround time are sustained for proposed ESL</p> <p>Pathology OBC received by the Trust Board and feedback provided has been included in the re-issued draft</p> <p>Pathology OBC supported by the Trust Board</p> <p>Eastern Sector Cancer Hub – Letter received providing feedback following submission. Letter has been sent from the Trust to the Lead for the Eastern Sector Cancer Hub process requesting details of the public consultation and formal procurement process as well as requests for further information in relation to our submission and the scoring under the evaluation process.</p> <p>Response received from Eastern Sector Cancer Hub SRO – Further clarification requested. Lead CCG Awaiting results from the NHSE stage 2 assurance process. Consultation now unlikely to take place before January 2020 at the earliest. A Decision is therefore not anticipated until mid 2020</p> <p>Second Board to Board meeting held with Bridgewater with positive discussion on our shared intention to more formally collaborate.</p> <p>Confirmation received that there will be a new single lot open tender process to commence to determine the provider for both Runcorn and Widnes UTCs. Intention for the contract to commence 1 April 2020. Confirmation received from the CCG that the procurement process re: UTC is no longer being pursued. Requirement to deliver the UTC specification at Runcorn by January 2020</p> <p>Detailed BCH/WHH Collaboration plan developed and received at the Joint Executive Meeting</p> <p>Funding being secured via Halton Borough Council and Liverpool City Region Town Centre Fund to potentially provide some services within Shopping City in Runcorn. This contributes to a potential phased approach to delivering reconfiguration of the Halton site.</p> <p>Annual strategy refresh commenced with dedicated sessions for Execs, NEDs and members of the Strategic Development & Delivery Sub-Committee to influence revisions to objectives ahead of 2020/21</p> <p>Director of Strategy invited to be a member and the health representative on Runcorn Town Deal Board tasked with planning for the investment of £25m to regenerate Runcorn Old Town</p> <p>Ability to influence Warrington Town Deal Board through health group</p> <p>WHH CEO met with the CEOs of Alderhey, Sthk and Liverpool Heart & Chest to support further partnership working</p>				
Assurance Gaps:	<p>Organisational sovereignty and the need for individual Trusts, CCGs and others to meet performance targets at an organisational level have the potential to slow or block progress.</p> <p>Limitations of the size of the catchment area.</p> <p>Risk to Women’s and Children’s future provision due to Cheshire & Merseyside led review.</p> <p>Risk that the Trust will not secure the provision of the Eastern Sector Cancer Hub on site at Halton</p>				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Strengthen Women’s & Children’s Services	Establish Programme of Development	Develop & Complete Action Plan	Salmon-Jamieson, Kimberley	31/03/2020	

Board Assurance Framework

Risk ID:	241	Executive Lead:	Crowe, Alex	Rating	
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.				
Risk Description:	Failure to retain medical trainee doctors in some specialties by requiring enhanced GMC monitoring resulting in a risk service disruption and reputation.			Initial:	12 (4x3)
				Current:	8 (4x2)
				Target:	4 (4x1)
Assurance Details:	<p>Regular monthly meetings taking place with HENW involving The Deanery. An agreed action plan has commenced and is progressing.</p> <p>Regular weekly journal/ educational meetings on Mondays co-ordinated by a clinical fellow.</p> <p>Trust Locum Consultants have been approved as educational supervisors and are providing educational supervision to the ST3s in geriatric medicine.</p> <p>Appointment of a Chief Registrar; popular interest by doctors for future Chief Registrar appointments.</p> <p>Recruited to Medical Utilisation Manager Role.</p> <p>Trust wide work stream for rota management. An E-Rostering Bid has been made to NHSI</p> <p>Working on getting more bank doctors, rather than agency.</p> <p>Establishment of Medical Trainees Experience Improvement Group.</p> <p>Senior management presence at Medical handover to review any safety issues, escalated to Trust Wide Safety Brief.</p> <p>Weekly Medical Educational Huddle.</p> <p>Business Case currently being developed to support the recruitment of substantive consultant physicians.</p> <p>Clinic attendance for trainees to ensure they can be released from wards to attend – record log in place and escalation process if not occurring. Subsequent plans to improve training available clinics.</p> <p>3 substantive consultant appointments in Acute Medicine, 1 consultant in Care of the Elderly who is also Clinical Director for Integrated Medical and Social Care CBU.</p> <p>Ward Round Accreditation quality improvement work stream.</p> <p>Access for trainees to Quality Academy and Quality Improvement work streams.</p> <p>Monthly Medical Education newsletter</p> <p>From August 2019, the Trust will have 3 additional International Training Fellows in Acute, Gastroenterology and Rheumatology.</p> <p>Completed HEENW Action Plan returned to HEENW</p> <p>GMC National Training Survey results received in July 2019, noting 6 Category 1 (minor) risks, no patient safety issues resulting in an overall Trust risk score of Category 1. This is a significant improvement compared to 2018, when the Trust was scored as Category 2. Key areas to note: Decreases in category 1 and 2 risks; significant improvement in GMC training feedback scoring; there is an action plan in place to resolve any concerns.</p> <p>Currently awaiting feedback in relation to enhanced monitoring.</p> <p>Enhanced monitoring position to be reviewed in Q4 2019/20 when HEE visit Medicine</p> <p>Additional FY lead recruited</p> <p>Increased recruitment of Physician Associates to facilitate better training experience for trainees</p> <p>Appointment of DME and deputy DME</p> <p>Established Junior Doctors forum with improving engagement</p> <p>Development of Medical Education Quality Committee</p> <p>Away Day for the Medical Education Faculty</p> <p>Ongoing annual Educator awards to acknowledge teaching contributions from trainees as well as substantive medical staff</p> <p>Educator of the month awards</p> <p>Review of appraisal process for educational supervisors underway</p> <p>Review of specialty action plans following 2019 survey results</p> <p>Development of project to improve FY experience and training</p>			<p>The graph shows a downward trend in the rating score. The initial score is 12, the current score is 8, and the target score is 4. The x-axis is labeled with INITIAL, CURRENT, and TARGET. The y-axis represents the rating score.</p>	
Assurance Gaps:	Recruitment of substantive consultant physicians ongoing				

Board Assurance Framework

	Review of Digital Strategy on going Review of appraisal process for educational supervisors underway Review of specialty action plans following 2019 survey results Development of project to improve FY experience and training				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Awaiting confirmation of previously cancelled visit from HENW to confirm enhanced monitoring no longer required					

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/03/30 a		
SUBJECT:	Corporate Governance Arrangements		
DATE OF MEETING:	25 th March 2020		
AUTHOR(S):	John Culshaw, Trust Secretary		
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive		
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will.. Always put our patients first through high quality, safe care and an excellent patient experience.		x
	SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future.		x
	SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.		x
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	#115 Failure to provide adequate staffing levels in some specialities and wards. #134 (a) Failure to sustain financial viability. #134 (b) Failure to deliver the financial position and a surplus #135 Failure to provide adequate and timely IMT system. #224 Failure to meet the emergency access standard. #125 Failure to maintain an old estate. #701 Failure to provide continuity of services caused by the planned EU Exit. #145 (a) Failure to deliver our strategic vision. #145 (b) Failure to fund two new hospitals. #143 Failure to deliver essential services, caused by Cyber Attack. #414 Failure to implement best practice information governance and information security. #241 Failure to retain medical trainee doctors.		
EXECUTIVE SUMMARY (KEY ISSUES):	It is important that the governance arrangements around the Trust's Board, Committees and Governors' Council / Committees are managed in a way which is proportionate to the current and worsening circumstances, recognising the national/regional guidance on social contacts, and takes due account of our legal responsibilities for the effective management of a public organisation. The measures set out seek to maintain effective corporate governance arrangements, while adhering to national guidance about social distancing, and recognising the operational pressures being experienced by the Trust's Executive, Clinical and Operational teams under the current circumstances. The measures set out in this report will be in place for the foreseeable future and will be reviewed on a monthly basis.		
PURPOSE: (please select as appropriate)	Information	Approval x	To note Decision
RECOMMENDATION:	The Board is asked approve the Corporate Governance arrangements detailed in this paper to be reviewed on a monthly basis.		

PREVIOUSLY CONSIDERED BY:	Committee	Choose an item.
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Choose an item.	
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.	

REPORT TO BOARD OF DIRECTORS

SUBJECT	Corporate Governance Arrangements	AGENDA REF:	BM/20/03/30a
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1. BACKGROUND/CONTEXT

It is important that the governance arrangements around the Trust's Board, Committees and Governors' Council / Committees are managed in a way which is proportionate to the current and worsening circumstances, recognising the national/regional guidance on social contacts, and takes due account of our legal responsibilities for the effective management of a public organisation.

The measures set out seek to maintain effective corporate governance arrangements, while adhering to national guidance about social distancing, and recognising the operational pressures being experienced by the Trust's Executive, Clinical and Operational teams under the current circumstances.

The measures set out in this report will be in place for the foreseeable future and will be reviewed on a monthly basis.

2. KEY ELEMENTS

Corporate Governance arrangements – during the Coronavirus outbreak

The Board of Directors has a dual role – leadership and control.

The key elements of the Board's role, as it pertains to the current situation are to:

- provide leadership to the Trust in respect of agreed organisational values, behaviour and standards of conduct
- determine and oversee the delivery of the Trust's strategic objectives
- support the Executive team in managing the Trust within the resources available in such a way as to:
 - (a) ensure the quality and safety of healthcare services;
 - (b) plan for continuous improvement;
 - (c) protect the health and safety of Trust employees and all others to whom the Trust owes a duty of care;
 - (d) utilise Trust resources efficiently and effectively;
 - (e) promote the prevention and control of Healthcare Associated Infection;
 - (f) comply with all relevant regulatory, legal and code of conduct requirements;
 - (g) maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust;

(h) maintain the high reputation of the Trust both with reference to

local stakeholders and the wider community;

- ensure that decisions are based on timely, accurate and comprehensive information
- promote and develop appropriate partnerships with other organisations in accordance with the Trust's values and strategic direction;
- engage, as appropriate, with the Governors' Council, in accordance with the statutory and regulatory framework and the Trust's PPP&I Strategy.

It is important that the Board keeps sight of its responsibilities at this time of heightened concern for our patients, our staff and the community we serve.

3. MEASURES

3.1 The Trust Board

- The Board will continue to convene on a bi-monthly basis
- Conference calling and MS Teams technology will be used to ensure that Board members working from home or socially isolating will not need to attend in person and can participate effectively, remotely
- The Board's agenda will be closely aligned to the Trust's key risks and reduced to key matters
- No meeting will be for more than 2 hours in duration
- The CEO will decide (in consultation with the Chairman), which Executive Directors should attend Board meetings. This will be decided on a Board by Board basis. Executive Directors attending Board meetings will be required to cover, comprehensively, the entire business of the meeting between them
- In the public interest, the Board will continue to discuss the majority of its business in 'public'. While social distancing is recommended, members of the public will not be admitted to the Board meeting. Rather:
 - The agenda and papers for public Board meetings will be posted on the Trust's website 5 days before the meeting
 - Members of the public and Governors will be invited to submit questions to be addressed at the Public Board. These will be coordinated and managed by the Trust Secretary.
 - Following each public Board meeting, the Trust Secretary/Comms Team will prepare an update note to be posted on the Trust's website / shared with media partners, which describes in brief, the business transacted at the Board meeting and the responses to any questions submitted in advance, by the public
 - The minutes of the public Board meetings will continue to be uploaded to the Trust's website

- The Trust's Lead Governor will be invited to attend, or to nominate a governor to attend (remotely), the public Board meetings

3.2 Board Committees

- Committee meetings will last for 1 hour, and only for exceptional reasons to continue beyond that, up to a maximum duration of 2 hours
- Conference calling and WebEx technology will be used to ensure that Board Committee members working from home or socially isolating will not need to attend in person and can participate effectively, remotely
- The CEO will decide (in consultation with the Chairman), which Executive Directors should attend Board Committee meetings. This will be decided on a meeting by meeting basis. Executive Directors attending Board Committee meetings will be required to cover, comprehensively, the entire business of the meeting
- If a decision is taken by the Trust Chairman / Chief Executive to cancel/postpone a meeting, the Committee Chair and Lead Executive Director will consider and decide whether any of the business on the agenda is urgent and should be escalated to the Board's next meeting

3.3 All other committees, groups and fora

- Meetings will last for 1 hour, and only for exceptional reasons to continue beyond that, up to a maximum duration of 2 hours
- CBUs will nominate one CBU SLT member to attend meetings to represent the CBU. This representative must be properly and fully briefed to be able to make a full contribution to the meeting on behalf of the CBU
- Committee, group and forum meetings will focus on areas of risk and poor performance

3.4 The Governors' Council and its committees

The Trust's Governors' Council has the following statutory functions and responsibilities:

The Governors' Council:

- appoints the Chair and non-executive directors to the Board of Directors
- sets the remuneration of the Chair and non-executive directors
- approves the appointment of the Chief Executive Officer
- appoints the auditor
- influences decisions about developing services.

Statutory duties for governors:

- to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
- to represent the interests of Foundation Trust members as a whole and the interests of the public.

The Trust will put in place arrangements to ensure that the Council is able to fulfil its responsibilities and be effectively engaged and informed.

Governors will not be invited into the Trust to attend meetings, or to undertake visits during the period of recommended social distancing.

Governors' Council meetings will be held in a similar way to Public Board meetings, as set out at paragraph 3.1:

- Governors' Council agendas and papers will be published on the Trust's website and emailed to all Governors, 5 days before the meeting
- Governors will be invited to submit questions ahead of the meeting. These will be received by the Trust Secretary and discussed with the Lead Governor
- Up to 10 Governors will be selected by the Lead Governor to attend each Governors' Council meeting, remotely via MS Teams. With this number the meeting will remain quorate as defined by the Governors' Council Standing Orders. The selection of Governors to attend will give all Governors an opportunity to attend if they wish to do so over a period, Following each Governors' Council meeting, the Trust Secretary/Communications Team will prepare an update note to be shared with Governors which describes in brief, the business transacted at the meeting and the responses to any questions submitted in advance, by the governors.

Other Governors' Council meetings will be suspended, while social distancing is recommended and while the Trust is operationally challenged by COVID-19.

Enhanced, regular communication with the Governors will be important at this time of reduced physical presence at the hospital and this will be managed by the Trust Secretary.

4. URGENT ACTIONS

The Trust's Constitution makes provision for the Chairman and the CEO to act as a Committee of the Board, with delegated authority to take urgent decisions (with the Consultation with 2 additional NEDs).

The Trust needs to be able to be nimble in its responsiveness to guidance, which is changing on a daily basis. All urgent decisions, which deviate from accepted practice, must be approved by the Trust Chairman and be taken in line with the Trust's scheme of delegation.

5. THE TRUST'S CONSTITUTION AND STANDING ORDERS

The Board and Governors' Council will be invited to approve any amendments to the Trust's Constitution and Standing Orders that will be required, to make provision for the measures set out above. Proposed amendments to the Constitution and Standing Orders will be drafted by the Trust Secretary in consultation with the Trust Chairman and CEO. In the meantime, the Trust Board will be invited to suspend its 'Standing Orders' where necessary and appropriate.

6. NED VISITS

The Non-Executive Directors' ward and departmental visits programme will be suspended while there are restrictions on hospital visiting, and social distancing remains in place.

7. REVIEW

These measures will be reviewed on a monthly basis.

8. RECOMMENDATIONS

The Board is asked approve the Corporate Governance arrangements detailed in this paper to be reviewed on a monthly basis.

Trust Board

DATES 2020-2021

All meetings to be held in the Trust Conference Room

Date of Meeting	Agenda Settings	Deadline For Receipt of Papers	Papers Due Out
2020			
Wednesday 29 January	Thursday 9 January (EXECS)	Monday 20 January	Wednesday 22 January
Wednesday 25 March	Thursday 5 March (EXECS)	Monday 16 March	Wednesday 18 March
Wednesday 27 May	Thursday 7 May (EXECS)	Monday 18 May	Wednesday 20 May
Wednesday 29 July	Thursday 9 July (EXECS)	Monday 20 July	Wednesday 22 July
Wednesday 30 September	Thursday 10 September (EXECS)	Monday 21 September	Wednesday 23 September
Wednesday 25 November	Thursday 5 November (EXECS)	Monday 16 November	Wednesday 18 November
2021			
Wednesday 27 January	Thursday 7 January (EXECS)	Monday 18 January	Wednesday 20 January
Wednesday 31 March	Thursday 10 March (EXECS)	Monday 22 March	Wednesday 24 March