


# Board of Directors

30 January 2019, 12:00 to 16:00  
MacDonald Kilhey Court Hotel, Chorley Road,  
Standish, Wigan, WN1 2XN

## Agenda


- |             |   |             |                        |
|-------------|---|-------------|------------------------|
| <b>1.</b>   | <b>Chair and quorum</b>   |             |                        |
|             |   | Information | Robert Armstrong       |
| <b>2.</b>   | <b>Apologies for absence</b>  |             |                        |
|             |   | Information | Robert Armstrong       |
| <b>3.</b>   | <b>Declarations of interest</b>   |             |                        |
|             |   | Information | Robert Armstrong       |
| <b>4.</b>   | <b>Minutes of previous meeting</b>  | 2 minutes   |                        |
|             |   | Approval    | Robert Armstrong       |
|             |  Minutes - P1 board - Dec 2018.pdf | (7 pages)   |                        |
| <b>5.</b>   | <b>Patient experience video</b>   | 8 minutes   |                        |
|             |   | Discussion  | Pauline Law            |
| <b>6.</b>   | <b>Chair and Chief Executive's report</b>   | 5 minutes   |                        |
|             | (To follow)   | Information | R Armstrong/A Foster   |
| <b>7.</b>   | <b>Assurance and governance</b>   | 60 minutes  |                        |
| <b>7.1.</b> | <b>Committee chairs' reports</b>  |             |                        |
|             | (Verbal item)   | Discussion  | Committee chairs       |
| <b>7.2.</b> | <b>Performance report</b>   |             |                        |
|             |   | Discussion  | P Law/M Fleming/S Arya |

 Trust Board Performance Report December 2018.pdf (18 pages)

### 7.3. Financial position as at 31 December 2018

Discussion

Rob Forster

 Finance Board Report Month 9.pdf (6 pages)

### 7.4. Safe staffing report

Discussion

Pauline Law


 Safe staffing report.pdf (13 pages)


### 7.5. Board assurance framework

Discussion

Robert Armstrong

 BAF Patients - Jan 2019.pdf (2 pages)

 BAF - People - Jan 2019.pdf (3 pages)

 BAF - Partnerships - Jan 2019.pdf (2 pages)

## 8. Items for information

2 minutes

### 8.1. EU exit preparations

Information

Mary Fleming

 Brexit update.pdf (13 pages)

## 9. Identification of key risks and successes

2 minutes

Discussion

Robert Armstrong

## 10. Questions from the public

5 minutes

Discussion

Robert Armstrong

## 11. Resolution to exclude the press and public

Approval

Robert Armstrong

## 12. Date, time and venue of next meeting

28 February 2019, 12noon, Royal Albert Edward Infirmary

Information  
Robert Armstrong

**WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST**  
**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**  
**HELD ON 19 DECEMBER 2018, 12.00 NOON**  
**AT ROYAL ALBERT EDWARD INFIRMARY, WIGAN LANE, WIGAN, WN1 2NN**

**Members' attendance record:**

		25/04/2018	30/05/2018	27/06/2018	25/07/2018	26/09/2018	31/10/2018	28/11/2018	19/12/2018	30/01/2019	27/02/2019	27/03/2019
Mr R Armstrong	Chair (in the Chair)	✓	✓	✓	✓	✓	✓	✓	✓			
Dr S Arya	Medical Director	✓	✓	✓	✓	✓	A	✓	✓			
Mrs A Balson	Director of Workforce	✓	A	✓	✓	✓	✓	✓	✓			
Mr N Campbell	Non-Executive Director	✓	✓	✓	A	---	---	---	---			
Dr S Elliot	Non-Executive Director	✓	✓	✓	✓	✓	A	✓	✓			
Mrs M Fleming	Director of Ops and Performance	✓	✓	✓	✓	✓	✓	✓	✓			
Mr R Forster	Director of Finance and Informatics	✓	✓	✓	✓	✓	✓	✓	✓			
Mr A Foster	Chief Executive	✓	✓	✓	✓	✓	✓	✓	A			
Mr M Guymer	Non-Executive Director	✓	✓	A	✓	✓	✓	✓	✓			
Mr I Haythornthwaite	Non-Executive Director	✓	✓	✓	✓	✓	A	✓	✓			
Mrs C Hudson	Non-Executive Director	✓	✓	✓	✓	✓	✓	---	---			
Mrs L Loble	Non-Executive Director	✓	✓	✓	A	✓	✓	✓	✓			
Mrs P Law	Director of Nursing	A	✓	✓	✓	✓	✓	✓	✓			
Mr R Mundon	Director of Strategy	✓	✓	✓	✓	✓	✓	A	✓			
Prof T Warne	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓			

**In attendance:**

Mrs N Guymer                      Deputy Company Secretary  
Mr P Howard                      Company Secretary and Data Protection Officer

2 members of the public and 1 governor were also in attendance, along with 3 representatives from the Care Quality Commission who were undertaking a routine observation of the meeting.

**330/18      Chair and quorum**

Mr R Armstrong took the chair and noted that due notice had been given to all directors and that a quorum was present. He therefore declared the meeting duly convened and constituted.

**331/18 Apologies for absence**

Apologies for absence were received as shown in the members' attendance record, above.

**332/18 Declarations of interest**

No directors declared an interest in any of the items of business to be transacted.

**333/18 Minutes of the previous meeting**

The minutes of the previous meeting held on 28 November 2018 were agreed as a true and accurate record. With regard to the action tracking log, the Director of Finance summarised the activities of the IM&T department over the previous year, and noted that a revised management structure had been implemented and summarised some of the team's successes. In relation to the capacity discussions that had been held in earlier meetings, he noted that some of the issues surround the technical aspects of the role, with often a small number of individuals with the specialist knowledge to undertake the tasks.

**334/18 Patient experience video**

The Director of Nursing introduced the monthly patient experience video, which this month introduced the board to the experiences of an elderly gentleman, as read by his granddaughter.

**335/18 Chair and Chief Executive's report**

The Chair delivered a verbal report and suggested that, as the year concludes, it was an appropriate time to consider the activities of the previous 12 months. He highlighted the organisation's successes, including its performance against many performance metrics, such as 18-week referral-to-treatment, diagnostics and those relating to harm-free care. He noted that the organisation had also won a number of awards, including for its finance, IM&T and procurement teams' performance.

The Chair also reminded the board of the various challenges it had faced; both operational, such as the organisation's performance against the A&E 4-hour standard, and in seeking to innovate through the establishment of a wholly-owned subsidiary company. He noted further challenges around the size of the foundation trust's bed base and the availability of side rooms, as well as those surrounding mortality and never events.

The Chair reflected on the untimely death of two non-executive directors over the year and looked forward to the opportunities that the coming year might bring. He suggested that the biggest opportunity to make a difference to the population of Wigan is through community services and confirmed that the foundation trust would play a full and active part of the Healthier Wigan Partnership; noting the opportunities surrounding integration of IT services and extending the system working. He also highlighted other opportunities, such as the development of an education centre on the Wrightington Hospital site and the availability of some spare land on the Royal Albert Edward Infirmary site which could be put to good use.

The Chair concluded by thanking everyone for their support and hard work over the year.

The Chief Executive had been unable to attend the meeting at short notice but had prepared a report which had been circulated with the agenda.

The board received the report and noted the content.

### **336/18 Reports of Committee Chairs**

The board received verbal reports from the following committees which had met since the previous meeting of the board:

- (a) Workforce Committee, held on 5 December 2018;
- (b) Quality and Safety Committee, held on 12 December 2018; and
- (b) Finance and Performance Committee, held immediately before the meeting.

Mrs L Lobley provided an overview of the Workforce Committee meeting and noted that it had been positive with lots of progress being reported. Notwithstanding, an amber-red delivery confidence against the board assurance framework for people was reported. The committee had agreed the successes as being the progress with apprenticeships, having implemented the recruitment and retention strategy and the fact that educational governance had been strengthened through the implementation of a more robust framework. The M.Ch programme, winter wellbeing campaign and the work to rebuild relationships within estates and facilities were also highlighted as positive developments. Two key risks had been outlined; a reduction in staff morale demonstrated through the quarterly pulse survey results and agency expenditure.

Prof T Warne summarised the Quality and Safety Committee meeting and confirmed that an amber delivery confidence against the board assurance framework for patients was reported. He advised that the committee had sought assurances around oxygen prescribing, and had identified further areas for development. The committee had undertaken a deep dive into the minutes of the Harm Free Care Board and received an update from the Mortality Working Group. An informative presentation from the quality and safety lead on the intensive care unit had been received and the committee had been pleased to note that the accreditation scheme, ASPIRE, had been embedded and that a number of bronze awards had recently been made.

Mr M Guymer outlined the business transacted by the Finance and Performance Committee meeting which had been held immediately prior to the meeting. He noted that the committee had considered planning guidance and had received an update on the proposed business case for the development of a research and education centre on the Wrightington Hospital site. The meeting had focused, however, on the feedback from EY on the progress with the due diligence into the proposed transfer of community services, with an overview of the Long Term Financial Model having been provided. An amber delivery confidence against the board assurance framework for performance was reported.

The board received the verbal reports and noted the content.

**337/18 Performance report as at 30 November 2018**

The Director of Nursing and the Director of Operations and Performance opened this item by providing a verbal overview of the key elements of the report which had been circulated with the agenda.

The Director of Nursing highlighted the increased fill rates for registered nurses and noted that this was a result of the incentive scheme that had been introduced. Notwithstanding, she noted that the organisation is still busy, with escalated areas meaning that staff have to be deployed into other locations. She noted that infection rates remain low but reported two cases of *C. difficile* in November 2018 and advised that there had been an outbreak of norovirus which had resulted in the closure of two wards over an 8-day period. The response from the clinical and operational teams to this challenge was commended.

The Director of Operations and Performance advised that performance against planned care metrics remains strong, and highlighted the fact that the team at Wrightington Hospital had undertaken its first day-case hip replacement earlier in the month. She expressed her concern around A&E 4-hour performance and noted that, whilst Wigan is the second best performing system in Greater Manchester, an increase in patients waiting longer than four hours is being seen. Reviews of other quality metrics, such as length of stay, delayed transfers of care and stranded patients, demonstrate continued good performance and therefore the primary factor affecting the 4-hour standard is increased demand. She confirmed that system partners are working to deflect attendances away from A&E, but noted that the demand is currently very challenging for the department. She advised that lobbying for additional capital funding continues.

The Director of Finance advised that the matter had been discussed at the earlier Finance and Performance Committee meeting and outlined the fact that the capital bids that the foundation trust had submitted, and which had been supported by the local sustainability and transformation partnership, related to schemes in A&E and the development of additional bed capacity. These bids were ultimately unsuccessful and the board supported the need to outline the organisation's concerns to the Greater Manchester Health and Social Care Partnership.

**ACTION: Chair/Chief Executive**

The board received the report and noted the content.

**338/18 Financial position as at 30 November 2018**

The Director of Finance presented a report which had been circulated with the agenda to summarise the foundation trust's financial position as at 30 November 2018. He confirmed that the organisation was working closely with the local commissioners and outlined the intention for the locality to return to financial balance within the next two years, although noted that NHS planning guidance had not yet been published. A further joint update to both boards is planned for February 2019.

The board received the report and noted the content.

**339/18 Safe staffing report**

The Director of Nursing presented the regular safe staffing report which provides a summary of staffing levels on all in-patient wards across the foundation trust. The report also included exception reports surrounding staffing levels, related incidents and red flags which are triangulated with a range of quality indicators.

In response to a question from the Chair, the Director of Nursing confirmed that a safe care module had been purchased which would allow the rostering system to operate more intuitively; allowing staff to be targeted to the most appropriate locations. Prof T Warne commended the 93% fill rate and acknowledged the role of the incentive scheme in this, although the Director of Workforce highlighted the need to be aware of the impact that the additional working could have on staff. She also noted the need to ensure that there is effective engagement with staff around the introduction of the real-time acuity tool.

The board received the report and noted the content.

**340/18 Mortality update**

The Medical Director presented a report which had been circulated with the agenda to provide the board with information regarding mortality reviews as required by the *Learning from Deaths* guidance. He confirmed that all deaths in the organisation are reviewed, and that no concerns had been identified in the previous quarter.

The board received the report and noted the content.

**341/18 Board assurance framework**

The board assurance framework had been circulated with the agenda. The board noted that three of the four objectives are reviewed regularly in committee and undertook a deep dive into the fourth, relating to partnerships. Note was made that the delivery confidence had reduced, driven partly by the weighted dashboard which shows an adverse trend and partly due to specific in-month issues. The Director of Strategy and Planning advised that the development of stronger partnership arrangements with Bolton NHS FT had paused pending their appointment of a new Chair and the ongoing issues around Healthier Together were also acknowledged. He confirmed that a task and finish group had been established by the North West Sector Partnership Board to seek to expedite resolution of the outstanding issues.

Following discussion, the board approved the board assurance framework reports as presented.

**342/18 Items for information**

The board received the Inclusion and Diversity Annual Report 2017-18 for information. The Director of Workforce highlighted the risk around non-compliance with the Accessible Information Standard and advised that a group had recently met to consider how IT systems could better integrate in order to assist with this.



**343/18 Identification of key risks and successes**

The board discussed and agreed the key successes as:

- the foundation trust's overall performance; and
- the 93% registered nurse fill rate

The key risks were identified as:

- the deteriorating quarterly pulse survey scores;
- the due diligence around the potential transfer of community services;
- agency expenditure; and
- A&E 4-hour performance

**344/18 Questions from the public**

No questions from the public were received.

**345/18 Exclusion of the press and public**

The board resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**346/18 Date, time and venue of next meeting**

The next meeting of the Board of Directors will be held on 30 January 2019, 12 noon, at MacDonald Kilhey Court Hotel, Chorley Road, Standish, Wigan, WN1 2XN.

Action log

Date of meeting	Minute ref.	Item	Action required	Assigned to	Target date	Update
19 Dec 2018	337/18	Performance report	Draft letter to share organisation's concerns around capital funding	Chair/Chief Executive	ASAP	Letter drafted and sent. Action complete.

# Board Performance Report

December 2018

**Your hospitals, your health, our priority**



**Performance:**  
**We aim to be in the top 10%**

Group	ID	Measure	Period Covered	Date Last Updated	National Top 10%	Performance	Percentile	Rank / Trusts
Safe	1	Hospital Standardised Mortality Ratios(HSMR)	JUL-18 - SEP-18	16/01/19	No	93.28	48.46%	64/131
Safe	2	Summary Hospital-level Mortality Indicator(SHMI)	JUL-17 - JUN-18	14/01/19	No	111.87	86.82%	113/130
Safe	3	Safety Thermometer / Harm Free Performance	DEC-18	14/01/19	No	93.98%	58.72%	65/110
Safe	4	Cancer 2 Week Wait Performance	NOV-18	14/01/19	No	97.39%	12.88%	18/133
Safe	5	18 Week Incomplete Referral To Treatment(RTT) Performance	NOV-18	14/01/19	No	93.18%	12.50%	17/129
Safe	6	Patient-led assessments of the care environment(PLACE)	JAN-18 - DEC-18	26/09/18	Yes	0.98%	0.74%	2/136
Effective	7	Accident & Emergency 4 Hour Wait Performance	DEC-18	14/01/19	No	75.31%	74.24%	99/133
Effective	8	Diagnostic 6 Week Wait Performance	NOV-18	14/01/19	No	0.82%	47.33%	63/132
Caring	10	Friends & Family Assessment Result	NOV-18	14/01/19	No	95.20%	49.24%	66/133
Caring	11	National Patient Survey Result	JAN-17 - DEC-17	19/07/18	No	0.84	14.93%	21/135

\*A&E Performance based on Type 1 attendances (Under Review)

\*Please note that the Safety Thermometer data includes non-hospital acquired harms.

### Top 5 Performing Metrics

- 1: Patient-led assessments of the care environment (PLACE) - (Rank : 2)
- 2: 18 Week Incomplete Referral To Treatment (RTT) Performance - (Rank : 17)
- 3: Cancer 2 Week Wait Performance - (Rank : 18)
- 4: National Patient Survey Result - (Rank : 21)
- 5: Diagnostic 6 Week Wait Performance - (Rank : 63)

### Bottom 5 Performing Metrics

- 1: Summary Hospital-level Mortality Indicator(SHMI) - (Rank : 113)
- 2: Accident & Emergency 4 Hour Wait Performance - (Rank : 99)
- 3: Safety Thermometer / Harm Free Performance - (Rank : 65)
- 4: Friends & Family Assessment Result - (Rank : 66)
- 5: Hospital Standardised Mortality Ratios(HSMR) - (Rank : 64)

Top 10 %	Top 25 %	Top 50 %
1	3	2
Bottom 50 %	Bottom 25 %	Bottom 10%
2	1	0

### Local Trust Positions

Provider	GM Rank	North Rank	National Rank
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1/7	10/44	31/136
SALFORD ROYAL NHS FOUNDATION TRUST	2/7	14/44	36/136
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	3/7	17/44	47/136
BOLTON NHS FOUNDATION TRUST	4/7	18/44	49/136
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	5/7	23/44	74/136
STOCKPORT NHS FOUNDATION TRUST	6/7	34/44	106/136
PENNINE ACUTE HOSPITALS NHS TRUST	7/7	40/44	122/136

### About the Trust

Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) is a major acute Trust serving the people of the Borough of Wigan a population of over 300,000.

The Trust employs approximately 5,000 members of staff, all of whom play their part in delivering high quality, safe and effective patient care from the following facilities:

Royal Albert Edward Infirmary – our main district general hospital site, located in central Wigan, that hosts our Accident and Emergency Department

Wrightington Hospital – a specialist centre of orthopaedic excellence

Leigh Infirmary – an outpatient, diagnostic and treatment centre

Thomas Linacre Centre – a dedicated outpatient centre in central Wigan

### About the Report

This report is designed to provide a clear insight into the Quality & Performance of the Trusts services.

We hope you find the report intuitive however please feel free to send any queries to BI.Performance@wwl.nhs.uk who will be more than happy to help.

### Key Contacts

Chief Executive  
Deputy Chief Executive & Director of Finance  
Director of Operations & Performance  
Director of Nursing  
Director of Strategy & Planning  
Director of Workforce  
Medical Director

Andrew Foster  
Rob Forster  
Mary Fleming  
Pauline Law  
Richard Mundon  
Alison Balson  
Sanjay Arya

### Report Considerations

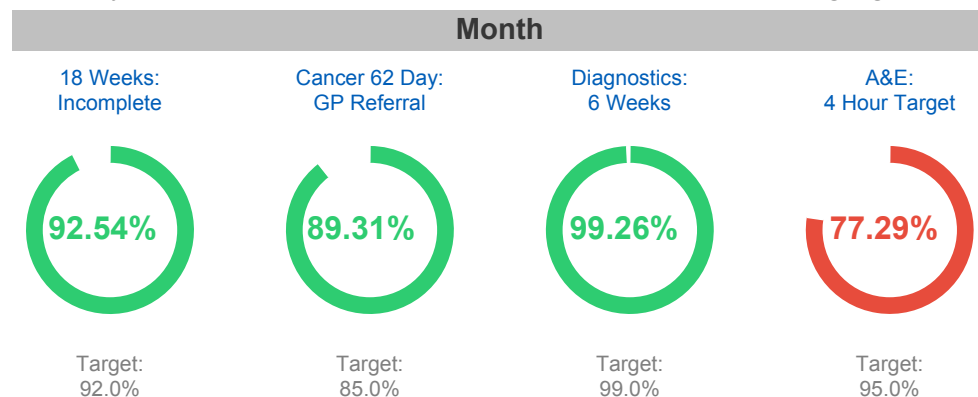
**Provisional Positions** (based on information still being validated)  
VTE, Total Pay vs Budget, Clinical & Non Clinical Vacancy Rate and Cancer

Other

# Executive Summary (December 2018)

Objective	Pages	No Metrics	Green Metrics	Amber Metrics	Red Metrics	Total Metrics
1.1 : Harm Free	4	3	7	0	1	11
1.2 : Harm Free - Infections	5	5	7	0	0	12
2 : Mortality	6	4	4	0	1	9
3.1 : Access	7	1	5	0	0	6
3.2 : Access - Cancer	8	1	6	0	1	8
3.3 : Access - Tumour Pathways	9	0	5	0	4	9
3.4 : Access - A&E	10	10	0	0	1	11
4.1 : Productivity - Part 1	11	5	1	0	3	9
4.2 : Productivity - Part 2	12	0	0	1	3	4
5.1 : Midwifery - Part 1	13	0	4	0	7	11
5.2 : Midwifery - Part 2	14	1	7	0	2	10
6.1 : Patient Experience - Part 1	15	1	6	1	2	10
6.2 : Patient Experience - Part 2	16	0	4	0	1	5
7 : Workforce	17	0	1	4	4	9
NHSI	18	1	7	0	2	10
<b>Total</b>		<b>32</b>	<b>64</b>	<b>6</b>	<b>32</b>	<b>134</b>

\* Summary based on latest available data ~ RAG based on whether actual is achieving target



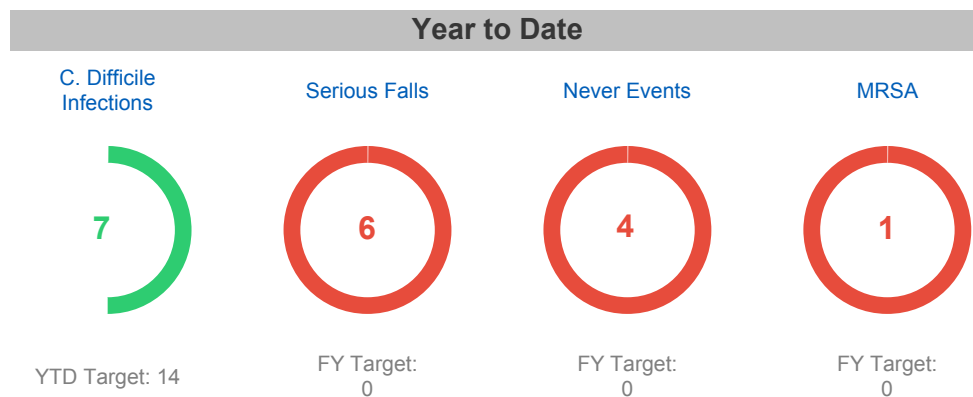
Date Printed/Run: 18/01/2019

## Highlights

The Trust performance against the Safety Thermometer metrics remains high and overall reported avoidable harms remains low despite the high levels of patient acuity and dependency. Infection rates, particularly CDT, remain below the threshold. HSMR is below 100 and SHMI has moved from band 3 (worse than expected) to band 2. No cases of C.Diff during December. Achieved all RTT targets. Notable improvements seen in Stroke targets. Achieved all but one of the cancer targets. Reduction in average non-elective length of stay and delayed transfers of care. Improved theatre effectiveness.

## Lowlights

3 moderate falls were reported during December taking the number reported to date to 15. Complaints responses sent within timescales agreed with the complainant declined in December (which can be up to 60 days). Complainants are kept informed if a response is delayed and the complaints regulations state that complaints should be responded to within six months. Increased follow up backlog. Increased hospital cancelled outpatient appointments. Increased cancelled operations. Reduced A&E performance, however this was an improvement on the same period last year.



## 1.1 : Harm Free

Metric Title	Target	Latest				Trend	Previous		YTD		Sparkline - Latest 13 Months			
		Actual	Period	RAG			Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Harms: Total	**	69	Dec-18			↑	58	Nov-18	635			57	90	Dec-17 to Dec-18
Serious Harms: Total	**	5	Dec-18			→	5	Nov-18	46			3	10	Dec-17 to Dec-18
Serious Harms: Number of Never Events	<= 0	0	Dec-18	●		→	0	Nov-18	4	●		0	2	Dec-17 to Dec-18
Serious Harms: Number of Serious Falls	<= 0	0	Dec-18	●		↓	1	Nov-18	6	●		0	3	Dec-17 to Dec-18
Serious Harms: Grade 3-4 Pressure Ulcers	**	0	Dec-18	●		→	0	Nov-18	2			0	1	Dec-17 to Dec-18
Number of Serious Incidents	<= 0	0	Dec-18	●		↓	5	Nov-18	23	●		0	7	Dec-17 to Dec-18
Mod/Low Harms: Hospital Acquired Pressure Ulcer Grade 2	**	0	Dec-18	●		↓	4	Nov-18	15			0	4	Dec-17 to Dec-18
Mod/Low Harms: Number of Moderate Falls	<= 0	3	Dec-18	●		↑	0	Nov-18	15	●		0	3	Dec-17 to Dec-18
Mod/Low Harms: Safety Thermometer	>= 95.0%	99.50%	Dec-18	●		↑	99.07%	Nov-18	98.70%	●		96.68%	99.75%	Dec-17 to Dec-18
Mod/Low Harms: Settled Clinical Litigation Cases	**	3	Dec-18			↑	2	Nov-18	28			2	5	Dec-17 to Dec-18
Mod/Low Harms: VTE Assessments (% of Admissions)	>= 95.0%	96.17%	Dec-18	●		↓	96.65%	Nov-18	97.09%	●		82.81%	97.90%	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Nursing)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

During December there were no incidents which met the external reporting criteria to the Strategic Executive Information System (StEIS). Regarding the Safety Thermometer, the percentage of patients receiving harm free care in hospital for December was 99.5%.

## 1.2 : Harm Free - Infections

1.2 : Harm Free - Infections

Latest															Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period									
Infections/Bacteraemias: Total	**	7	Dec-18		↑	6	Nov-18	49			2	10	Dec-17 to Dec-18									
Serious Harms: Infections: Clostridium Difficile	<= 2	0	Dec-18	●	↓	2	Nov-18	7	●		0	4	Dec-17 to Dec-18									
Serious Harms: Infections: Clostridium Difficile Lapses in Care	<= 0	0	Dec-18	●	↓	1	Nov-18	1	●		0	1	Dec-17 to Dec-18									
Serious Harms: Infections: Central Line	<= 0	0	Dec-18	●	→	0	Nov-18	0	●		0	0	Dec-17 to Dec-18									
Serious Harms: Infections: Ventilator Acquired Pneumonia	<= 0	0	Dec-18	●	→	0	Nov-18	0	●		0	0	Dec-17 to Dec-18									
Infections: Catheter Associated Urinary Tract	<= 0	0	Dec-18	●	↓	2	Nov-18	5	●		0	2	Dec-17 to Dec-18									
Serious Harms: Bacteraemias: MRSA	<= 0	0	Dec-18	●	→	0	Nov-18	1	●		0	1	Dec-17 to Dec-18									
Serious Harms: Bacteraemias: MRSA - Avoidable Cases	**	0	Dec-18	●	→	0	Nov-18	0	●		0	0	Dec-17 to Dec-18									
Serious Harms: Bacteraemias: MSSA	**	2	Dec-18		→	2	Nov-18	12			0	2	Dec-17 to Dec-18									
Serious Harms: Bacteraemias: E-coli	**	3	Dec-18		↑	0	Nov-18	14			0	3	Dec-17 to Dec-18									
Bacteraemias: Klebsiella	**	1	Dec-18		↑	0	Nov-18	7			0	2	Dec-17 to Dec-18									
Bacteraemias: Pseudomonas	**	1	Dec-18		↑	0	Nov-18	3			0	3	Dec-17 to Dec-18									

### Commentary (Page Owner : Director of Nursing)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

No episodes of Clostridium Difficile infection nor MRSA bacteraemia, and low numbers of E.Coli, Klebsiella and Pseudomonas cases. The Trust remains well within the Clostridium Difficile reduction target at seven cases year to date.

## 2 : Mortality

2 : Mortality



### Commentary (Page Owner : Medical Director)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

This is a good month for Mortality, however extracting the story from the data isn't always straightforward. This month was the first time in 2 years our rolling 1 year HSMR was below 100 (better than average). That's not seen in the data shown, but it's more important than any one month data point. The data mainly shows the expected winter increases, but these are increased less than typical for winter. Our total deaths this winter are well below expectations. That's good, even if the total number for December is up from November. SHMI is also good, whilst it still appears as a red on this dataset, it is continuing to fall.



## 3.1 : Access

Metric Title	Target	Latest			Trend	Previous		YTD		Sparkline - Latest 13 Months			
		Actual	Period	RAG		Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Access: 18 Weeks Referral To Treatment Incomplete Pathway	>= 92.0%	92.54%	Dec-18	●	↓	93.18%	Nov-18	93.55%	●		92.54%	94.69%	Dec-17 to Dec-18
Access: Referral to Treatment over 52 weeks wait	<= 0	0	Dec-18	●	→	0	Nov-18	0	●		0	2	Dec-17 to Dec-18
Outpatients: Backlog of Follow Ups	**	13,618	Dec-18		↑	12,646	Nov-18	N/A			11,523	13,618	Dec-17 to Dec-18
Stroke - High Risk TIA Patients Treated within 24 Hrs	>= 60.0%	86.67%	Dec-18	●	↑	57.69%	Nov-18	74.66%	●		52.63%	91.67%	Dec-17 to Dec-18
Stroke - Stroke Patients spending 90% of their Hospital Stay on a Stroke unit	>= 80.0%	88.24%	Nov-18	●	↑	82.76%	Oct-18	78.46%	●		60.00%	91.30%	Dec-17 to Nov-18
Diagnostics: Patients waiting over 6 weeks	>= 99.0%	99.26%	Dec-18	●	↑	99.18%	Nov-18	99.16%	●		98.79%	99.40%	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Operations & Performance)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

The Trust continues to achieve the 18 weeks Referral to Treatment target, however it is a worsening position compared to the previous month. All divisions have recovery plans in place in order to address any further deterioration. We have seen an increase in the number of patients on a follow up waiting list, which is mainly due to reduced capacity over the festive period. We have continued to see an improvement in our stroke performance - exceeding both of the national targets with a marked improvement in TIA patients seen in 24 hours. The Trust continues to meet the national diagnostics target.

## 3.2 : Access - Cancer

Metric Title	Target	Latest				Previous		YTD		Sparkline - Latest 13 Months			
		Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	>= 93.0%	97.95%	Nov-18	●	↑	95.75%	Oct-18	95.91%	●		94.67%	97.95%	Dec-17 to Nov-18
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	>= 93.0%	92.86%	Nov-18	●	↓	94.48%	Oct-18	94.10%	●		90.15%	100.00%	Dec-17 to Nov-18
All Cancers: 31 day wait for diagnosis to first treatment	>= 96.0%	100.00%	Nov-18	●	↑	99.09%	Oct-18	98.83%	●		97.27%	100.00%	Dec-17 to Nov-18
All Cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatments	>= 98.0%	100.00%	Nov-18	●	→	100.00%	Oct-18	100.00%	●		100.00%	100.00%	Dec-17 to Nov-18
All Cancers: 31 day wait for second or subsequent treatment: surgery	>= 94.0%	100.00%	Nov-18	●	→	100.00%	Oct-18	99.11%	●		93.33%	100.00%	Dec-17 to Nov-18
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	**	87.39%	Nov-18		↑	86.78%	Oct-18	87.18%			85.15%	95.74%	Dec-17 to Nov-18
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	>= 85.0%	89.31%	Nov-18	●	↑	89.17%	Oct-18	89.17%	●		86.84%	95.74%	Dec-17 to Nov-18
All Cancers: 62 day wait for first treatment from consultant screening service referral	>= 90.0%	95.92%	Nov-18	●	↓	96.30%	Oct-18	98.04%	●		94.12%	100.00%	Dec-17 to Nov-18

### Commentary (Page Owner : Director of Operations & Performance)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

All 62 Day Standard, Screening and Upgrade Cancer Waiting Times Targets have been achieved for November 2018. We were just under the 93% target for breast symptomatic referrals in November at 92.9%. These referrals are not suspected of cancer but do still need to meet the 14 days target, 7 patients were seen beyond 14 days because this was their choice, 2 because of lack of capacity. In November there was 7 accountable breaches of the 62 day pathway.

## 3.3 : Access - Tumour Pathways

Latest

Previous

YTD

Sparkline - Latest 13 Months

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Cancer - Breast 62 Day Wait	>= 85.0%	100.00%	Nov-18	●	↑	90.00%	Oct-18	94.38%	●		87.50%	100.00%	Dec-17 to Nov-18
Cancer - Colorectal 62 Day Wait	>= 85.0%	72.22%	Nov-18	●	↓	80.00%	Oct-18	84.25%	●		71.43%	100.00%	Dec-17 to Nov-18
Cancer - Gynaecology 62 Day Wait	>= 85.0%	100.00%	Nov-18	●	↑	60.00%	Oct-18	76.74%	●		33.33%	100.00%	Dec-17 to Nov-18
Cancer - Haematology 62 Day Wait	>= 85.0%	100.00%	Nov-18	●	→	100.00%	Oct-18	84.31%	●		50.00%	100.00%	Dec-17 to Nov-18
Cancer - Head & Neck 62 Day Wait	>= 85.0%	71.43%	Nov-18	●	↑	45.45%	Oct-18	66.67%	●		42.86%	100.00%	Dec-17 to Nov-18
Cancer - Lung 62 Day Wait	>= 85.0%	76.47%	Nov-18	●	↓	85.71%	Oct-18	74.55%	●		42.86%	100.00%	Dec-17 to Nov-18
Cancer - Skin 62 Day Wait	>= 85.0%	100.00%	Nov-18	●	→	100.00%	Oct-18	94.90%	●		84.00%	100.00%	Dec-17 to Nov-18
Cancer - Upper GI 62 Day Wait	>= 85.0%	60.00%	Nov-18	●	↓	100.00%	Oct-18	77.46%	●		50.00%	100.00%	Dec-17 to Nov-18
Cancer - Urology 62 Day Wait	>= 85.0%	93.33%	Nov-18	●	↓	93.94%	Oct-18	91.90%	●		85.71%	100.00%	Dec-17 to Nov-18

### Commentary (Page Owner : Director of Operations & Performance)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

Upper GI: Initial delays of 4 weeks for diagnostics as patient was not fit, some delays for specialised tests and patient changed choice of treatment centre. Upper GI: Initial scope repeated as patient could not tolerate it. 3 week wait for specialised investigation due to reduced capacity over the holidays. Referred to tertiary trust and subsequently referred for Oncology treatment (shared breach). Lung: Repeat investigation delayed referral to treating centre. Patient unfit for surgery therefore patient was then referred for Oncology treatment (shared breach). Colorectal: 3 week wait for initial investigation due to 2 patient cancellations. Colonoscopy declined by patient and CT colon requested. Patient scheduled for surgery but cancelled as patient deemed high risk and needed further anaesthetic work up. Urology: Patient diagnosed and treatment plan agreed but cardiology problems needed addressing before start of treatment. Lung: Complex pathway with 3 different primary cancers therefore 3 Trusts involved (shared breach). Colorectal: Patient needed repeat colonoscopy which caused delay in requesting scans. Slight delay with histology meant waiting a further week for treatment planning (shared breach).

## 3.4 : Access - A&E

Latest						Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
4 Hour A&E Breach Performance % (inc GP Streaming Activity)	>= 95.0%	77.29%	Dec-18	●	↓	80.83%	Nov-18	86.09%	●		63.73%	94.84%	Dec-17 to Dec-18
Number of A&E Attendances (exc GP Streaming Activity)	**	6,879	Dec-18		↓	7,383	Nov-18	62,237			6,072	7,383	Dec-17 to Dec-18
Average Daily A&E Attendances	**	221.9	Dec-18		↓	246.1	Nov-18	226.3			204.3	246.1	Dec-17 to Dec-18
NWAS: Handovers between 0-15 mins	*	1,067	Dec-18		↓	1,302	Nov-18	9,847			688	1,302	Dec-17 to Dec-18
NWAS: Handovers between 15-30 mins	*	601	Dec-18		↑	531	Nov-18	5,410			460	748	Dec-17 to Dec-18
NWAS: Handovers between 30-60 mins	*	231	Dec-18		↑	119	Nov-18	1,775			119	453	Dec-17 to Dec-18
NWAS: Handovers over 60 mins	*	121	Dec-18		↑	61	Nov-18	744			30	311	Dec-17 to Dec-18
A&E Attendances that result in an admission	*	2,460	Dec-18		↑	2,357	Nov-18	22,194			2,253	2,698	Dec-17 to Dec-18
A&E Attendances: Out of Area	**	1,054	Dec-18		↓	1,078	Nov-18	9,732			790	1,182	Dec-17 to Dec-18
A&E Attendances: % Result in Admissions - Aged 75+	*	29.80%	Dec-18		↑	27.96%	Nov-18	27.87%			26.50%	32.31%	Dec-17 to Dec-18
NWAS: Conveyances from Care Homes	**	271	Dec-18		↓	276	Oct-18	2,086			244	378	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Operations & Performance)

Please see Unscheduled Care Report.

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

## 4.1 : Productivity - Part 1

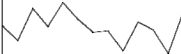



Latest						Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
% Hospital Cancelled OP Appointments	<= 5.0%	7.19%	Dec-18	●	↑	7.02%	Nov-18	6.96%	●		6.58%	8.51%	Dec-17 to Dec-18
% Hospital Cancelled OP Appointments < 6 weeks	<= 0.0%	77.44%	Dec-18	●	↓	78.80%	Nov-18	76.55%	●		70.50%	82.11%	Dec-17 to Dec-18
% Hospital Cancelled OP Appointments < 6 weeks (Pts Best Interest)	*	12.89%	Dec-18		↑	12.64%	Nov-18	12.86%			10.83%	15.31%	Apr-18 to Dec-18
Cancelled Operations %	<= 0.8%	2.12%	Dec-18	●	↑	1.52%	Nov-18	1.72%	●		1.42%	2.12%	Dec-17 to Dec-18
Cancelled Operations: 2nd Urgent Hospital	<= 0	0	Dec-18	●	→	0	Nov-18	0	●		0	1	Dec-17 to Dec-18
Average Spell Length of Stay (Elective Inpatient)	*	3.0 Days	Dec-18		↑	2.8 Days	Nov-18	3.1 Days			2.8 Days	3.7 Days	Dec-17 to Dec-18
Average Spell Length of Stay (Non Elective)	*	3.6 Days	Dec-18		↓	3.7 Days	Nov-18	3.5 Days			3.1 Days	4.2 Days	Dec-17 to Dec-18
Delayed Transfers of Care	**	37	Dec-18		↓	40	Nov-18	387			17	61	Dec-17 to Dec-18
Delayed Transfer of Care Days	**	153	Dec-18		↓	154	Nov-18	1,376			78	246	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Operations & Performance)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

The percentage of hospital cancelled outpatient appointments increased in month - this was due to an increase within the Surgical Division. This increase was a result of a high number of template changes, redirections to appropriate clinics and also short notice sickness. We saw an increase in cancelled operations due to patients being unfit, cancellations at patient request and DNAs. We have also seen a reduction in the average length of stay for non-elective patients and delayed transfers of care.

## 4.2 : Productivity - Part 2

Latest						Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Theatre Effectiveness % - Total	>= 70.0%	63.64%	Dec-18	●	↑	59.59%	Nov-18	N/A			59.59%	64.54%	Dec-17 to Dec-18
Theatre Effectiveness % - RAEI	>= 70.0%	59.59%	Dec-18	●	↓	59.70%	Nov-18	N/A			51.53%	63.75%	Dec-17 to Dec-18
Theatre Effectiveness % - Wrightington	>= 70.0%	66.18%	Dec-18	●	↑	60.20%	Nov-18	N/A			60.20%	68.87%	Dec-17 to Dec-18
Theatre Effectiveness % - Leigh	>= 70.0%	61.83%	Dec-18	●	↑	56.74%	Nov-18	N/A			49.63%	61.83%	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Operations & Performance)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

We have seen an improvement in theatre effectiveness across the Trust with notable improvements seen at the Wrightington and Leigh sites. Leigh reported the highest level of effectiveness seen within the service in December. The Divisions continue to carry out their local improvement plans to further improve on the current position.

## 5.1 : Midwifery - Part 1

Metric Title	Target	Latest					Previous		YTD		Sparkline - Latest 13 Months		
		Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Maternity: Midwife / Birth Ratio	<= 1.30	1.26	Dec-18	●	→	1.26	Nov-18	N/A			1.26	1.29	Dec-17 to Dec-18
Maternity: Skills drills/2 day Mandatory Training Attendance	>= 95.0%	95.37%	Dec-18	●	↑	87.28%	Nov-18	N/A			7.20%	95.51%	Dec-17 to Dec-18
Maternity: Total monthly bookings	>= 240	234	Nov-18	●	↓	235	Oct-18	1,840	●		197	295	Dec-17 to Nov-18
Maternity: Booked by 12+6 Weeks	>= 90.0%	89.32%	Nov-18	●	↑	88.51%	Oct-18	N/A			84.07%	94.96%	Dec-17 to Nov-18
Maternity: Induction of Labour	<= 30.0%	37.50%	Dec-18	●	↑	34.25%	Nov-18	N/A			26.13%	39.81%	Dec-17 to Dec-18
Maternity: Normal Deliveries	>= 60.0%	57.62%	Dec-18	●	↑	55.61%	Nov-18	N/A			54.71%	67.89%	Dec-17 to Dec-18
Maternity: Water Births	>= 8	13	Dec-18	●	↑	11	Nov-18	111	●		6	18	Dec-17 to Dec-18
Maternity: Instrumental Deliveries	<= 10.0%	10.48%	Dec-18	●	↓	12.56%	Nov-18	N/A			8.37%	13.88%	Dec-17 to Dec-18
Maternity: Elective Caesarean Sections	<= 15.0%	11.43%	Dec-18	●	↓	13.90%	Nov-18	N/A			7.80%	16.59%	Dec-17 to Dec-18
Maternity: Emergency / Non Elective Caesarean Sections	<= 17.0%	20.48%	Dec-18	●	↑	17.94%	Nov-18	N/A			11.96%	21.08%	Dec-17 to Dec-18
Maternity: Total Caesarean Sections	<= 27.0%	31.09%	Dec-18	●	↓	31.84%	Nov-18	N/A			22.48%	34.53%	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Nursing)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

The Midwife to Birth ratio has remained above the recommended 1:28 ratio throughout the year which is reflective of the continued improvement in staffing levels. Booking numbers have overall decreased with compliance for booked by 12.6 remaining slightly below the target of 90%. Births have also fallen by 180 births from 2017 however this is noted to be a National trend. The IOL rate remains consistently high due to the agreed thresholds for reduced fetal movements and fetal growth pathways implemented nationally to reduce the incidence of stillbirths. Care pathways and bundles will continue to be implemented to reach the National targets for reduction in stillbirths and avoidable harms. Mandatory training has achieved full year compliance of 95.37% well above the 90% target. The normal birth rate is on target at just over 60%. The Total Caesarean section rate of 28.52% has remained above the latest UK national average of 26%, however within GM, Wigan has been consistently below the median.

## 5.2 : Midwifery - Part 2

Metric Title	Target	Latest					Previous		YTD		Sparkline - Latest 13 Months		
		Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Maternity: Total Births	>= 240	210	Dec-18	●	↓	223	Nov-18	1,945	●		183	246	Dec-17 to Dec-18
Maternity: Episiotomy with normal birth	<= 6.0%	4.96%	Dec-18	●	↓	8.06%	Nov-18	N/A			1.80%	9.92%	Dec-17 to Dec-18
Maternity: 3rd/4th degree tears	<= 3.0%	0.96%	Dec-18	●	↑	0.46%	Nov-18	N/A			0.00%	3.20%	Dec-17 to Dec-18
Maternity: Initiation of breastfeeding	>= 55.0%	44.29%	Dec-18	●	↓	49.78%	Nov-18	N/A			42.85%	57.35%	Dec-17 to Dec-18
Maternity: Average post-natal length of stay	<= 1.8	1.6	Dec-18	●	↓	1.7	Nov-18	N/A			1.6	1.9	Dec-17 to Dec-18
Maternity: Still Births (>24 weeks)	<= 1	0	Dec-18	●	→	0	Nov-18	5	●		0	3	Dec-17 to Dec-18
Maternal Readmissions within 30 Days	<= 5	2	Dec-18	●	↓	3	Nov-18	21	●		0	6	Dec-17 to Dec-18
Maternal admissions to ICU	<= 2	1	Dec-18	●	↑	0	Nov-18	2	●		0	1	Dec-17 to Dec-18
Maternity Complaints	<= 2	0	Dec-18	●	↓	1	Nov-18	6	●		0	2	Dec-17 to Dec-18
Maternity: New Claims	*	0	Dec-18		↓	3	Nov-18	4			0	3	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Nursing)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

The episiotomy with normal birth rate will continue to be monitored as this has shown a steady increase on the previously low rates, although third and fourth degree tears remain low maintaining the Trusts excellent record across GM and below National average rate. Overall there has been a slight increase in the number of Stillbirths and all have received a full Multidisciplinary review. WWL is fully compliant with all aspects of the Saving babies Lives Care Bundle and continues to implement improvements and national recommendations. Initiation of breast feeding remains below target despite the continued work with the infant feeding team and midwifery staff to identify opportunities to promote and support mothers to initiate breastfeeding and WWL 's excellent baby friendly accreditation.



## 6.1 : Patient Experience - Part 1


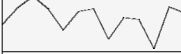
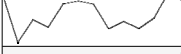


Latest						Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Number of Complaints Upheld by Ombudsman	**	0	Dec-18	●	→	0	Nov-18	1			0	1	Dec-17 to Dec-18
Percentage of Complaints Responded to on Time	**	65.91%	Dec-18		↓	72.50%	Nov-18	73.79%			52.38%	89.13%	Dec-17 to Dec-18
Patient Survey Q1: Staff Introduction	>= 90.0%	90.28%	Dec-18	●	↓	95.77%	Nov-18	92.83%	●		86.11%	95.77%	Dec-17 to Dec-18
Patient Survey Q2: Worries and Fears	>= 90.0%	89.58%	Dec-18	●	↓	92.96%	Nov-18	89.84%	●		84.77%	95.40%	Dec-17 to Dec-18
Patient Survey Q3: Pain Control	>= 90.0%	96.53%	Dec-18	●	↑	94.37%	Nov-18	94.77%	●		90.16%	97.66%	Dec-17 to Dec-18
Patient Survey Q4: Family and Doctor	>= 90.0%	92.36%	Dec-18	●	↓	92.96%	Nov-18	92.91%	●		88.08%	97.70%	Dec-17 to Dec-18
Patient Survey Q5: Decisions about Care and Treatment	>= 90.0%	82.64%	Dec-18	●	↑	80.99%	Nov-18	82.23%	●		68.87%	93.22%	Dec-17 to Dec-18
Patient Survey Q6: Food Choice	>= 90.0%	98.61%	Dec-18	●	↑	98.59%	Nov-18	96.56%	●		93.75%	98.61%	Dec-17 to Dec-18
Patient Survey Q7: Healthy Food	>= 90.0%	93.06%	Dec-18	●	↓	95.77%	Nov-18	91.56%	●		81.48%	96.21%	Dec-17 to Dec-18
Patient Survey Q9: Know Consultant	>= 90.0%	77.78%	Dec-18	●	↓	83.10%	Nov-18	80.06%	●		72.85%	91.53%	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Nursing)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

During December, 29 out of 44 complaint responses were sent within the timescales agreed with the complainant at the start of the complaints process (66%). There was one new request for reports from the PHSO. Comprehensive, open and transparent responses to complainants are incredibly important and improve patient experience and satisfaction. For Real Time Patient Survey commentary, please see overleaf.

## 6.2 : Patient Experience - Part 2

Latest						Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Patient Survey Q10: Enough Privacy	>= 90.0%	100.00%	Dec-18	●	↑	98.59%	Nov-18	99.40%	●		97.70%	100.00%	Dec-17 to Dec-18
Patient Survey Q11: Call Bell	>= 90.0%	96.53%	Dec-18	●	↓	97.18%	Nov-18	95.59%	●		92.73%	98.31%	Dec-17 to Dec-18
Patient Survey Q12: Compassion	>= 90.0%	98.61%	Dec-18	●	↓	99.30%	Nov-18	97.98%	●		95.98%	99.30%	Dec-17 to Dec-18
Patient Survey Q13: Given Required Care	>= 90.0%	99.31%	Dec-18	●	↑	95.77%	Nov-18	96.86%	●		94.25%	99.31%	Dec-17 to Dec-18
Friends & Family: Decisions about Discharge Home?	>= 90.0%	84.96%	Dec-18	●	↓	88.25%	Nov-18	N/A			51.52%	91.94%	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Nursing)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

In relation to the Real Time Patient Survey (RTPS), there has been a decline in the questions “Did you find someone to talk to about your worries and fears”, “Do you know which Consultant is currently treating you” and “Have staff treating and examining you introduced themselves”. Positively, “Have you been given the care you felt you required when you needed it most?” increased significantly as did “Do you think the hospital staff did everything they could to help control your pain?”

## 7 : Workforce

Metric Title	Target	Latest					Previous		YTD		Sparkline - Latest 13 Months		
		Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Total Pay vs Budget	<=£ 0 k	£ 1,276 k	Dec-18	●	↑	£ 1,220 k	Nov-18	£ 6,858 k	●		£ 195 k	£ 1,736 k	Dec-17 to Dec-18
Friends & Family Test - Recommendation as place to work	>= 75.0%	63.25%	Oct-18	●	↓	68.66%	Jul-18	N/A			63.25%	73.78%	Dec-17 to Oct-18
Clinical & Non Clinical Overall Vacancy Rate	<= 3.5%	7.41%	Dec-18	●	↓	7.69%	Nov-18	8.03%	●		6.68%	8.89%	Dec-17 to Dec-18
Sickness absence - Total	<= 4.2%	4.29%	Nov-18	●	↑	4.17%	Oct-18	4.19%			4.04%	5.92%	Dec-17 to Nov-18
Quarterly Engagement Score	>= 4.00	3.91	Sep-18	●	↓	4.04	Jul-18	N/A			3.91	4.04	Dec-17 to Sep-18
Appraisals over rolling 12 months	>= 90.0%	86.87%	Nov-18	●	↓	88.59%	Sep-18	N/A			86.87%	92.50%	Dec-17 to Nov-18
Friends & Family Test - Recommendation as place for treatment	>= 80.0%	78.21%	Oct-18	●	↓	83.33%	Jul-18	N/A			75.09%	83.33%	Dec-17 to Oct-18
Mandatory Training over rolling 12 months	>= 95.0%	95.12%	Nov-18	●	↓	95.75%	Sep-18	N/A			95.12%	97.25%	Dec-17 to Nov-18
Agency vs NHSI Ceiling	<=£ 429 k	£ 556 k	Dec-18	●	↓	£ 620 k	Nov-18	£ 4,927 k	●		£ 382 k	£ 651 k	Dec-17 to Dec-18

### Commentary (Page Owner : Director of Workforce)

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

Rolling 12-month sickness from December 17 - November 18 has reduced to 4.58% (compared to 4.62% last reported). However, the in-month sickness rate for November 18 has increased to 4.29% (compared to 4.17% in October 18). Temp spend in December 18 has decreased by £73k to £1,535k (compared to £1,608k in November 18). There were decreases in the following categories: Agency, Overtime, Bank NHSP, Cost per Case, Additional Sessions, Zero Hour Contract (decreased by £64k, £59k, £23k £5k, £5k and £1k respectively). Bank expenditure remained at £0, however, there was an increase in Locum spend of £83k. Overall, the results of the October 18 Staff Engagement Quarterly Pulse Check highlight a moderate level of engagement within the Trust. The overall engagement score for October 18 is 3.91 (compared to 4.04 in July 18 and 4.02 in October 17) and we have therefore observed several declines. Whilst Consultant job plan compliance is at 100%, the plans are at various stages within the system. Trustwide there are 201 job plans at the following stages: 25 (Discussion), 46 (1st sign off), 25 (2nd sign off), 34 (3rd sign off), 68 (fully signed off) and the final 3 are locked down.

## NHSI Metrics

Metric Title	Latest					Previous		YTD		Sparkline - Latest 13 Months			
	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
4 Hour A&E Breach Performance % (inc GP Streaming Activity)	95.0%	77.29%	Dec-18	●	↓	80.83%	Nov-18	86.09%	●		63.73%	94.84%	Dec-17 to Dec-18
Access: 18 Weeks Referral To Treatment Incomplete Pathway	92.0%	92.54%	Dec-18	●	↓	93.18%	Nov-18	93.55%	●		92.54%	94.69%	Dec-17 to Dec-18
Diagnostics: Patients waiting over 6 weeks	99.0%	99.26%	Dec-18	●	↑	99.18%	Nov-18	99.16%	●		98.79%	99.40%	Dec-17 to Dec-18
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.0%	97.95%	Nov-18	●	↑	95.75%	Oct-18	95.91%	●		94.67%	97.95%	Dec-17 to Nov-18
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.0%	92.86%	Nov-18	●	↓	94.48%	Oct-18	94.10%	●		90.15%	100.00%	Dec-17 to Nov-18
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	-	87.39%	Nov-18		↑	86.78%	Oct-18	87.18%			85.15%	95.74%	Dec-17 to Nov-18
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	85.0%	89.31%	Nov-18	●	↑	89.17%	Oct-18	89.17%	●		86.84%	95.74%	Dec-17 to Nov-18
All Cancers: 62 day wait for first treatment from consultant screening service referral	90.0%	95.92%	Nov-18	●	↓	96.30%	Oct-18	98.04%	●		94.12%	100.00%	Dec-17 to Nov-18
Serious Harms: Infections: Clostridium Difficile	2	0	Dec-18	●	↓	2	Nov-18	7	●		0	4	Dec-17 to Dec-18
Serious Harms: Infections: Clostridium Difficile Lapses in Care	0	0	Dec-18	●	↓	1	Nov-18	1	●		0	1	Dec-17 to Dec-18

The updated Single Oversight Framework has been published, this will be reviewed and metrics developed accordingly.

\*Threshold not confirmed  
\*\*Threshold not confirmed ~ based on assumption

# Finance Report

**Financial Position for the period  
ending 31<sup>st</sup> December 2018**

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## 1. Executive Summary

- 1.1. The Trust is reporting a year to date trading deficit of £1.2m which is £0.2m better than plan.

Key Metrics	In Month - £000			Year to Date - £000		
	Actual	Plan	Var	Actual	Plan	Var
UOR	3	3	0	3	3	0
Operating Surplus / (Deficit)	1,464	366	1,098	(1,158)	(1,335)	177
Capital Expenditure	672	883	211	2,411	6,252	3,841
Cash	14,462	15,402	(940)	14,462	15,402	(940)

- 1.2. Cumulative income of £235.4m is £5.8m better than plan.
- 1.3. Cumulative expenditure of £233.6m is £5.6m worse than plan.
- 1.4. The year to date UOR rating for the Trust is a 3 which is on plan.
- 1.5. The Income & Expenditure summary can be seen at Appendix 1.

## 2. Capital Expenditure & Statement of Financial Position

- 2.1. The Trust has spent £2.4m on capital expenditure versus planned expenditure of £6.3m.
- 2.2. The statement of financial position can be found in Appendix 2.

## 3. Cash, Liquidity and UOR

- 3.1. The cash balance is £14.4m, which is £0.9m lower than the planned balance.
- 3.2. The year to date UOR rating is a 3 against a plan of 3.
- 3.3. The cash flow statement can be found in Appendix 3.

## Appendix 1 – Income & Expenditure Summary

	In Month - £000			Year to Date - £000		
	Actual	Plan	Var	Actual	Plan	Var
<b>Income</b>						
A & E Attendances	1,016	975	41	8,996	8,647	350
Daycase	2,444	2,753	(309)	25,111	27,147	(2,036)
Elective	2,485	2,463	23	23,795	24,252	(457)
Non Electives	6,223	5,888	335	54,994	52,199	2,795
Outpatients	3,113	3,266	(153)	31,185	32,681	(1,496)
Other**	12,807	10,049	2,758	91,360	84,750	6,610
<b>Total Income</b>	<b>28,088</b>	<b>25,394</b>	<b>2,695</b>	<b>235,442</b>	<b>229,676</b>	<b>5,767</b>
<b>Operating Expenses</b>						
Pay	(17,697)	(17,121)	(575)	(157,160)	(153,618)	(3,542)
Non Pay	(8,596)	(7,918)	(678)	(76,121)	(75,408)	(714)
Reserves	0	349	(349)	(340)	1,053	(1,393)
<b>Total Operating Expenses</b>	<b>(26,293)</b>	<b>(24,690)</b>	<b>(1,602)</b>	<b>(233,621)</b>	<b>(227,972)</b>	<b>(5,649)</b>
<b>EBITDA</b>	<b>1,796</b>	<b>704</b>	<b>1,092</b>	<b>1,821</b>	<b>1,703</b>	<b>118</b>
<b>EBITDA %</b>	<b>6.4%</b>	<b>2.8%</b>	<b>3.6%</b>	<b>0.8%</b>	<b>0.7%</b>	<b>0.0%</b>
<b>Non Operating Expenses</b>	<b>(331)</b>	<b>(337)</b>	<b>6</b>	<b>(2,979)</b>	<b>(3,037)</b>	<b>58</b>
<b>Surplus / (Deficit)</b>	<b>1,464</b>	<b>366</b>	<b>1,098</b>	<b>(1,158)</b>	<b>(1,335)</b>	<b>177</b>
<b>Surplus / (Deficit) %</b>	<b>5.2%</b>	<b>1.4%</b>	<b>3.8%</b>	<b>(0.5)%</b>	<b>(0.6)%</b>	<b>0.1%</b>
<b>Impairment</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Tech Surplus/ Def</b>	<b>1,464</b>	<b>366</b>	<b>1,098</b>	<b>(1,158)</b>	<b>(1,335)</b>	<b>177</b>



## Appendix 2 – Statement of Financial Position

31.03.18 - £'000		In Month - £'000			Movement to previous month - £'000		31.03.19 - £'000
Actual		Actual	Plan	Variance	Last month	Movement	Plan
	<b>Non-current assets</b>						
140,409	Property, plant and equipment	138,830	142,003	(3,173)	138,506	324	144,198
2,429	Intangibles	2,014	1,824	190	2,024	(10)	1,621
223	Trade and other non-current receivables	301	223	78	297	4	223
143,061		141,145	144,050	(2,905)	140,827	318	146,042
	<b>Current assets</b>						
4,199	Inventories	4,422	4,199	223	4,449	(27)	4,199
28,388	Trade and other receivables	24,226	18,588	5,638	24,529	(303)	16,285
12,568	Cash and cash equivalents	14,462	15,402	(940)	14,430	32	15,697
45,186		43,110	38,189	4,921	43,408	(298)	36,181
188,247	<b>Total assets</b>	184,255	182,239	2,016	184,235	20	182,223
	<b>Current liabilities</b>						
(32,202)	Trade and other payables	(32,925)	(31,990)	(935)	(32,410)	(515)	(29,169)
(4,484)	Borrowings	(4,486)	(4,418)	(68)	(4,481)	(5)	(4,352)
(295)	Provisions	(300)	(160)	(140)	(285)	(15)	(111)
(501)	Other liabilities	(1,268)	(501)	(767)	(1,362)	94	(501)
(37,478)		(38,979)	(37,069)	(1,910)	(38,538)	(441)	(34,133)
7,708	<b>Net current assets/(liabilities)</b>	4,131	1,120	3,011	4,870	(739)	2,048
150,769	<b>Total assets less current liabilities</b>	145,276	145,170	106	145,697	(421)	148,090
	<b>Non-current liabilities</b>						
(21,932)	Borrowings	(17,639)	(17,684)	45	(19,530)	1,891	(17,609)
(2,196)	Provisions	(2,161)	(2,196)	35	(2,161)	0	(2,196)
(584)	Other liabilities	(372)	(584)	212	(367)	(5)	(584)
(24,712)		(20,172)	(20,464)	292	(22,058)	1,886	(20,389)
126,057	<b>Total assets employed</b>	125,104	124,706	398	123,639	1,465	127,701
	<b>Financed by</b>						
	<b>Taxpayers' equity</b>						
97,119	Public dividend capital	97,324	97,119	205	97,324	0	97,119
17,107	Revaluation reserve	17,107	17,107	0	17,107	0	17,107
11,826	Retained earnings	10,673	10,480	193	9,208	1,465	13,475
126,057	<b>Total taxpayers' equity</b>	125,104	124,706	398	123,639	1,465	127,701

## Appendix 3 – Cash Flow Statement

	In Month - £'000			Year to Date - £'000			Full Year - £'000
	Actual	Plan	Variance	Actual	Plan	Variance	Plan
Opening cash	14,430	16,929	(2,499)	12,598	12,598	0	12,598
<b>Operating activities</b>							
Technical surplus / (deficit)	1,464	358	1,106	(1,158)	(1,346)	188	1,650
Net interest accrued	23	30	(7)	190	264	(74)	353
PDC dividend expense	304	305	(1)	2,739	2,739	0	3,652
Unwinding of discount	4	4	0	33	32	1	44
<b>Operating surplus / (deficit) per annual accounts</b>	1,795	697	1,098	1,804	1,689	115	5,699
Depreciation and amortisation	513	594	(81)	4,605	5,355	(750)	7,139
Impairments / (impairment reversals)	0	0	0	0	0	0	0
(Gain) / loss on disposal	0	0	0	16	0	16	0
Non cash donations/grants credited to income	(155)	(10)	(145)	(218)	(90)	(128)	(120)
Changes in working capital							
(Inc)/Dec in Inventories	27	0	27	(223)	0	(223)	0
(Inc)/Dec in trade & other receivables	297	(638)	935	3,937	9,648	(5,711)	11,951
Inc(Dec) in trade & other payables	366	814	(448)	(81)	(1,001)	920	(3,006)
Inc(Dec) in other liabilities	(89)	0	(89)	555	0	555	0
Inc(Dec) in provisions	11	(19)	30	(64)	(171)	107	(228)
<b>Investing activities</b>							
Interest received	14	3	11	96	23	73	30
Purchase of non-current assets	(672)	(883)	211	(2,409)	(6,252)	3,843	(10,000)
<b>Financing activities</b>							
Public dividend capital received	0	0	0	205	0	205	0
Other loans received	0	0	0	55	32	23	32
Loan principal repaid	(1,882)	(1,884)	2	(4,346)	(4,346)	0	(4,487)
Interest paid	(193)	(201)	8	(394)	(411)	17	(411)
PDC dividend paid	0	0	0	(1,674)	(1,672)	(2)	(3,500)
<b>Total net cash inflow / (outflow)</b>	<b>32</b>	<b>(1,527)</b>	<b>1,559</b>	<b>1,864</b>	<b>2,804</b>	<b>(940)</b>	<b>3,099</b>
Closing cash	14,462	15,402	(940)	14,462	15,402	(940)	15,697

# REPORT

AGENDA ITEM: 7.4

<b>To:</b>	Board of Directors	<b>Date:</b>	30 January 2019
<b>Subject:</b>	Safe Staffing Report		
<b>Presented by:</b>	Director of Nursing	<b>Purpose:</b>	Information

## Executive summary

This report is provided to the Board to provide assurance of the ongoing monitoring of nurse staffing levels across inpatient areas.





The Board are asked to note;

- The detail relating to staff fill rates and quality in Appendix 1 of the report
- The risk relating to vacancies across some medical wards and actions to be taken
- The positive impact of the nursing incentive scheme
- The overall registered nurse fill rate of 90% for the month
- The positive position of the Trust in comparison to nation and peer benchmarking data for CHPPD, cost per care hour, cost per patient day and average staffing cost.

## Risks associated with this report

Staffing levels remain a concern across clinical divisions with individual wards being noted on the Corporate Risk Register. Nurse Staffing remains the biggest risk on the risk register.

## Link(s) to The WWL Way 4wards

<input checked="" type="checkbox"/>	 Patients	<input checked="" type="checkbox"/>	 Performance
<input checked="" type="checkbox"/>	 People	<input type="checkbox"/>	 Partnerships

## Safe Staffing Report – December 2018

### 1.0 INTRODUCTION

This report provides a monthly summary of Safe Staffing on all in-patient wards across the Trust. It includes exception reports related to staffing levels, related incidents and red flags which are then triangulated with a range of quality indicators.

### 2.0 SAFER STAFFING EXCEPTION REPORT

The safe staffing exception report (Appendix1), provides the established versus actual fill rates on a ward by ward basis. Fill rates are RAG rated with supporting narrative by exception, and a number of related factors are displayed alongside the fill rates to provide an overall picture of safe staffing.

- Sickness rate and Vacancy rate are the two main factors that affect fill rates.
- Datix incident submissions related to staffing and Red Flags are monitored on a daily basis to act as an early warning system and inform future planning.
- Nurse Sensitive Indicators demonstrate the outcome for patients by measuring harm.
  - Cases of Clostridium Difficile (CDT);
  - Pressure Ulcers Grade 1&2 / Grade 3&4;
  - \*Falls resulting in physical harm / not resulting in physical harm;
  - \*Medication administration errors resulting in harm / not resulting in harm.(\*All incidents displayed by: those that resulted in moderate and severe harm / resulted in minor or no harm)
- The impact of Nurse staffing on Patients' Experience is demonstrated by two specific questions from the monthly Real Time Patient Experience Survey. The NICE guidance on safe staffing in hospitals suggests using a number of questions in the form of a patient experience survey. For some of the NICE questions the trust has an equivalent question, or proxy question within the monthly Real Time Patient Experience survey or Always Events Survey, with the two questions matching most closely featuring in this report.

### 3.0 DISCUSSION

Appendix 1 provides the detail of the safe staffing report. The Board will note the addition of Highfield ward to the template following the agreement that this would become a fully established ward. Vacancy and sickness rates remain outstanding on the report.

Throughout December the Undesignated Areas paper was utilised to support escalation of areas associated with increased operational demands. Unless the areas are escalated in a planned manner movement of staff from other areas is required to support care and management of these patients which depletes planned staffing levels. The Board are reminded that the ward establishments are to safe minimum staffing levels only. Staff who have taken advantage of the incentive scheme launched this month have been utilised to support safe staffing across these areas as required to reduce the impact on ward rostered staff. Since the launch of the scheme a total of 3749 hours have been worked by registered nurses which has greatly assisted in maintaining safe staffing particularly on Highfield ward. The aggregate fill rate for registered nurses is 90.4%.

The Board will note that there are a number of areas where vacancy levels are high. This is of particular concern on Pemberton, Shevington and the cardio-respiratory unit. The Division of Medicine is undertaking targeted recruitment for these areas. In addition a workforce summit is scheduled to review new models of care which may provide the opportunity to recruit allied health professionals into ward based vacancies in order to mitigate risk and continue to safely deliver care.

Tables 6 and 7 provides information from the Model Hospital for September 2018 with respect to Care Hours per Patient Day (CHPPD) and Nursing Costs. In accordance with NHSI requirements the external reporting of fill rates for registered and unregistered nursing staff has ceased and CHPPD only is being utilised as a comparator for benchmarking purposes.

As demonstrated within the data sets provided the Trust continues to compare favourably for aggregate and non-registered staff CHPPD against both the National and Peer comparative data. This favourable comparison for non-registered staff is to be expected following the 2016 Nursing and Midwifery staffing review which resulted in an increase in unregistered nursing resources. Registered staff comparators remain above the peer group but below the national benchmarking data. Costs per patient and costs per care hour are lower than peer and national average.

Despite the ongoing operational challenges and increased patient acuity and dependency there continues to be a low incidence of reports of moderate and severe harm within inpatient areas.

The Trust has commenced the implementation of the SafeCare Module which aligns to e roster. This module will enable the assessment of patient acuity and dependency 3 times/day for inpatients and provide an indication of the number of hours of nursing care that is required to safely deliver care to the patients. The module will support greater transparency of clinical need and the frequency of data capture will provide far greater assurance with respect to staffing demand and the determination of safe staffing levels and appropriate budget setting. 4 areas are currently involved in the piloting and testing phase. These are Cardio-respiratory Unit, Assessment Areas, Aspull and Langtree Wards. The project plan supports the roll out of the module across all inpatient areas before the end of the financial year, and data collected will be included in the Staffing review to Trust Board.

Maternity staffing requirements are currently being assessed by Birthrate Plus®. The final report is expected in February 2018 and the outcomes following application of professional judgement will be presented to the Board in accordance with Board reporting timeframes.

#### **4.0 SUMMARY**

The Trust continues to compare favourably with peers and nationally for CHPPD and for nursing and midwifery staffing costs. Further work is required to update the information at a service line to permit comparison of the Trust services with national services.

Cardiorespiratory wards fill rates remain a risk to the Trust given the acuity and dependency needs of the patients.

The Undesignated Areas paper has been utilised during periods of demand to safely accommodate patients requiring inpatient care, and staff allocated to provide safe staffing where required.

For the second consecutive month the aggregate fill rate for registered nursing staff remains above 90% and is reflective on the impact of the incentive scheme and the specialist nurses working within the ward areas.

## **5.0 RECOMMENDATIONS**

The Board is asked to receive the paper for information and discussion.

**Allison Edis**  
**Deputy Director of Nursing**

## Appendix 1

### SAFE STAFFING EXCEPTION REPORT – November 2018

#### Division of Medicine – Scheduled Care

	Average Fill Rates (%) & CHPPD						Staff Availability		Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW											
Ward	Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD	Sickness (%)	Vacancies (%)	Datix Incidents related to staffing/Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)	Drug Admin Errors (Harm / No Harm)	Do you think the hospital staff did everything they could do to control your pain?	Have you been given the care you felt you required when you needed it most?
Acute Stroke Unit	89.1%	98.3%	3.1	137.6%	130.4%	6.0	5.53%	11.41%			1 / 3			100.0%	100.0%
Elderly Care Unit	96.1%	100.7%	2.6	121.0%	135.0%	5.1	9.53%	9.77%			1 / 9		0/1	93.8%	100.0%
Coronary Care Unit	99.2%	98.9%	7.6	104.4%		2.1	1.33%	0.00%			0 / 1			100.0%	100.0%
Highfield	79.4%	88.8%	2.5	105.5%	80.1%	2.8			1		0 / 1				
Pemberton	68.5%	98.0%	4.1	143.1%	0.0%	5.1	8.03%	10.44%	2		0 / 5		0/1		
Shevington	88.6%	72.9%	2.5	100.5%	127.5%	3.9	3.71%	16.17%			0 / 3		0/1	100.0%	100.0%
Taylor Unit															
Cardio and Respiratory	81.1%	63.9%	2.4	105.8%	93.1%	4.0	8.50%	14.12%	1		0 / 7		0/2	91.7%	100.0%

## Division of Medicine – Unscheduled Care

	Average Fill Rates (%) & CHPPD						Staff Availability		Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW											
Ward	Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD	Sickness (%)	Vacancies (%)	Datix Incidents related to staffing/Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)	Drug Admin Errors (Harm / No Harm)	Do you think the hospital staff did everything they could do to control your pain?	Have you been given the care you felt you required when you needed it most?
A&E Emg Care	89.0%	103.6%		148.8%	209.6%		5.22%	10.23%			0 / 1		0/2		
A&E Paeds	86.3%	117.8%					3.30%	0.00%							
CDW	89.8%	95.2%		103.4%	96.4%		1.81%	12.23%			0 / 4			88.9%	100.0%
Medical Assessment Unit (Lowton and MAU)	92.1%	94.0%		113.2%	88.1%		3.38%	8.53%	2		0 / 5		0/7	92.9%	100.0%



## Division of Surgery

	Average Fill Rates (%) & CHPPD						Staff Availability		Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW											
Ward	Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD	Sickness (%)	Vacancies (%)	Datix Incidents related to staffing/Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)	Drug Admin Errors (Harm / No Harm)	Do you think the hospital staff did everything they could do to control your pain?	Have you been given the care you felt you required when you needed it most?
ICU/HDU	96.4%	90.4%	31.1	100.0%		3.7	3.06%	0.00%					0/1		
Orrell	87.8%	100.1%	4.2	127.6%	112.6%	5.0	2.64%	11.96%			0 / 1		0/1	100.0%	100.0%
Langtree	80.0%	98.3%	2.5	93.9%	93.0%	2.2	4.80%	11.03%			0 / 1		0/2	100.0%	100.0%
Swinley	78.9%	99.9%	2.6	96.4%	94.8%	2.6	4.00%	11.19%			0 / 2		0/3	100.0%	90.0%
Maternity Unit	94.8%	94.9%	15.1	73.5%	0.0%	4.2	8.89%	0.56%						100.0%	100.0%
Neonatal Unit	89.1%	102.1%	10.6	99.2%		2.2	1.30%	0.00%						100.0%	100.0%
Rainbow	97.1%	83.1%	10.0	80.9%	68.9%	3.1	11.10%	1.78%					0/1	100.0%	90.0%

Rainbow ward: During the reporting period safe staffing has been maintained within the framework set out in the Standard Operational Procedures for the safe running of Rainbow ward and Escalation procedure.

Division of Specialist Services

	Average Fill Rates (%) & CHPPD						Staff Availability		Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW											
Ward	Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD	Sickness (%)	Vacancies (%)	Datix Incidents related to staffing/Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)	Drug Admin Errors (Harm / No Harm)	Do you think the hospital staff did everything they could do to control your pain?	Have you been given the care you felt you required when you needed it most?
Aspull	98.4%	74.3%	3.2	119.1%	130.2%	4.21	6.68%	6.82%	16		0 / 3		0/2	90.0%	100.0%
Ward A	78.5%	70.9%	3.4	92.8%	70.7%	3.73	11.81%	4.22%						100.0%	100.0%
Ward B	84.1%	91.9%	8.1	80.2%	88.8%	8.37	11.73%	0.95%						100.0%	100.0%
JCW	99.4%	93.9%	7.0	76.9%	87.1%	3.45	11.21%	0.00%			0 / 4				

	<=84%	
	85 - 94%	
	95 - 119%	
	>=120%	

## Appendix 2

No of areas	November 2018		December 2018	
	Red Metrics Registered Staff Days	Red Metrics Registered Staff Nights	Red Metrics Registered Staff Days	Red Metrics Registered Staff Nights
24	7	5	7	5

Table 1. Red Metrics November/December 2018

Specialty	November		December	
	Qualified WTE	Unqualified WTE	Qualified	Unqualified
Medicine	42.64**	10.94*	40.89**	11.58*
Surgery	14.0		13.07***	
Specialist Services	10.64	3.39	10.75	3.89
<b>Total</b>	<b>67.28</b>	<b>14.83</b>	<b>64.71</b>	<b>15.47</b>

Table 2. Nurse Vacancies November/December 2018 by Division (\*\*6 WTE of these are from uplift for MIU/PCC, 8 WTE new substantively funded posts for Highfield; \*3.7 WTE new substantively funded posts for Highfield, \*\*\* 1 WTE Bereavement Midwife)

Month	Qualified WTE	Unqualified WTE
September 17	58.15	28.99
October 17	67.56	13.04
November 17	64.76	16.25
December 17	75.76	17.25
January 18	67.48	14.27
February 18	61.5	23.27
March 18	61.19	13.26
April 18	48.38	9.39
May 2018	55.94	13.03
June 2018	49.21	13.15
July 2018	59.44	10.48
August 2018	56.89	12.89
September 2018	50.78	8.37
October 2018	51.88	9.643
November 2018	67.28	14.83

Table 3. Nurse Vacancies September 2017 – November 2018 (Trust Wide)

Red Flag Category	No. of Incidents December
Shortfall of more than 8 hours or 25% of registered nurses in a shift	17
Delay of 30 minutes or more for the administration of pain relief	0
Delay or omission of intentional rounding	0
Less than 2 registered nurses on shift	5
Vital signs not assessed or recorded as planned	0
Unplanned omission of medication	0
<b>Total</b>	<b>22</b>

Table 4. Nursing Red Flags December 2018

Red Flag Category	No. of Incidents December
Unit on Divert	0
Co-Ordinator Unable to Remain Super-numerary	0
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0
Delay of 30 or more between presentation and triage	0
Delay of 2 hours or more between admission for induction and beginning of process	0
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0
<b>Total</b>	<b>0</b>

*Table 5. Maternity Red Flags December 2018*

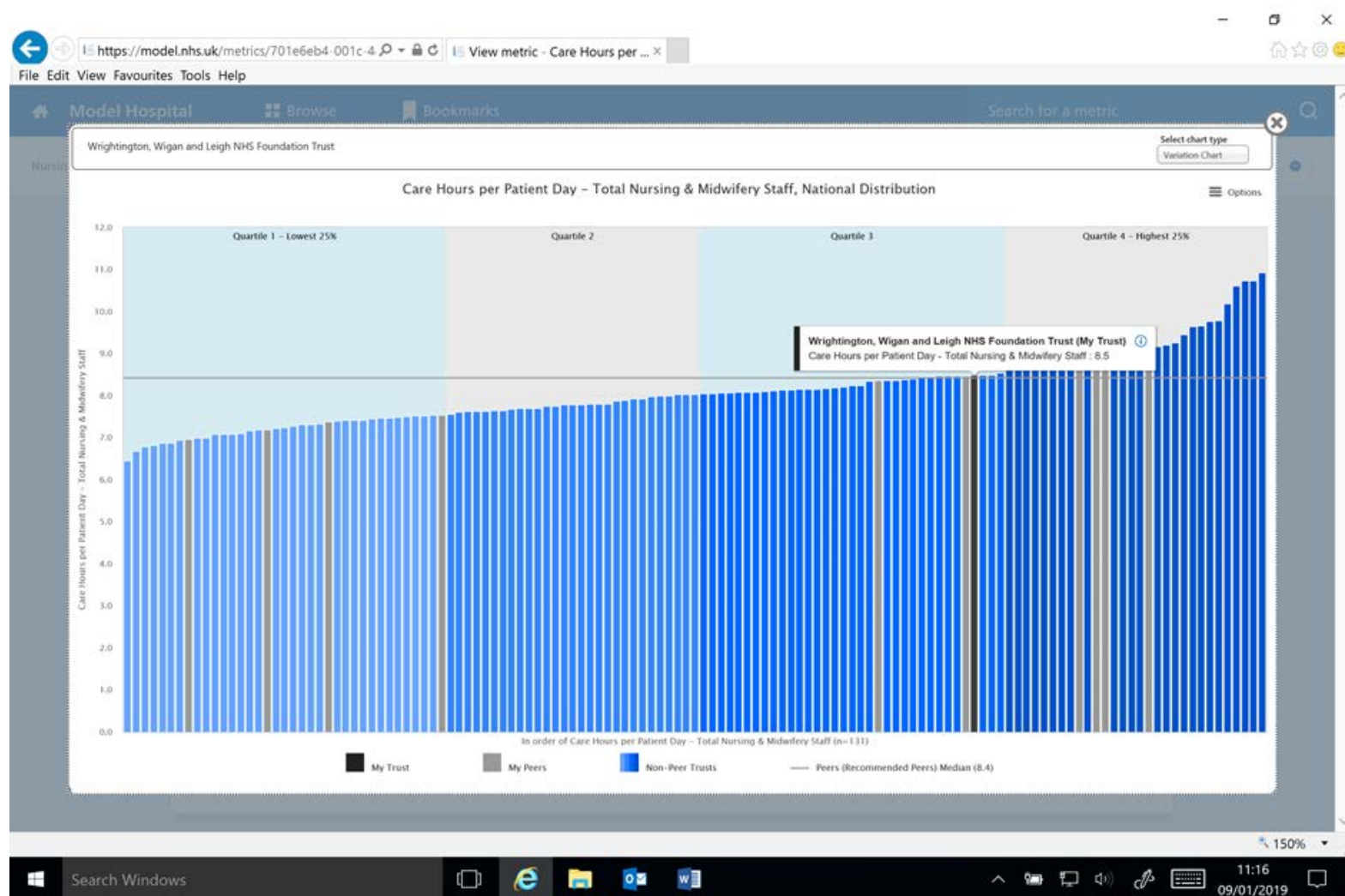


Table 6. CHPPD data October 2018 (Source Model Hospital)


















Money & Resources	Data period	Trust value	Peer median	National median	Chart	Actions
▼ Cost per WAU - Substantive Nursing & Midwifery Staff	2017/18	£880	£750	£710		
Total Nursing & Midwifery FTE	2017/18	2,096.0	2,629.8	2,096.6		
▼ Care Hours per Patient Day - Total Nursing & Midwifery Staff	Oct 2018	8.5	8.4	8.0		
▼ Cost per Care Hour - Total Nursing & Midwifery Staff	Oct 2018	£22.60	£25.63	£25.85		
▼ Cost per Patient Day - Total Nursing & Midwifery Staff	Oct 2018	£187.87	£213.05	£207.25		
▼ Average Staff Cost - All Nursing & Midwifery Staff	2016/17	£34,229	£35,565	£35,334		

Table 7. Use of Resources October 2018 (Source Model Hospital)



## Patients: Every patient receives the best possible care

Executive lead(s):	Director of Nursing Medical Director	Reviewing committee:	Quality and Safety Committee	DELIVERY CONFIDENCE	WEIGHTED DASHBOARD
Strategic importance:	Provision of safe, effective, high-quality and evidence based care is at the heart of everything we do.			CURRENT MONTH: 	MONTH: YTD: <b>2.46</b> <b>3.27</b>
Sources of assurance:	<ul style="list-style-type: none"> <li>Scrutiny by Quality and Safety Committee</li> <li>Scrutiny by Board of Directors</li> <li>Use of internal and external auditors</li> <li>Escalation of emerging risks</li> <li>Divisional performance reviews</li> <li>REMC</li> </ul>			ROLLING TREND:     Dec 2018 Nov 2018 Oct 2018 Sep 2018	ROLLING TREND: <b>2.68</b> <b>2.48</b> <b>2.56</b> <b>2.27</b> Dec 2018 Nov 2018 Oct 2018 Sep 2018

Individual risks	Original Score	Mitigations	Current score
Failure to document patient care through the production and maintenance of accurate and contemporaneous clinical records.	16	Risk escalated and subject to review by REMC	16
There is a risk that patients with infectious conditions may not be able to be appropriately isolated in a timely manner due to a lack of side rooms	20	GM pipeline bid for additional beds including side rooms	20
Inability to recruit to required staffing levels, in particular nurse staffing (numerous entries)	20	Board and Workforce Cttee briefed on this issue, various options being pursued	20
Risk of injury/equipment failure/fire cause by failure of ceiling pendants in ICH/HDU, as a result of excessive weight, beyond safe	16	Previously escalated to Q&S. Business case and decant plan being prepared	20
Failure to identify the root cause and lessons learned from never events reported during 2017-18 and 2018-19 creates a risk around patient safety, reputational damage and increased regulatory scrutiny	16	Reported to Board. Themed SIRI Panel in Mar 2019 on actions/lessons learned	16
Upgrade to Somerset cancer registry interface on PAS has potential to delay cancer diagnosis	20	New risk, further analysis being undertaken	20
Only 1 maternity theatre available for elective and emergency cases	20	New risk, further analysis being undertaken	20

### NARRATIVE














## PATIENTS: WEIGHTED DASHBOARD

Performance	Measure	Result	1 (Green)	2 (Amber- Green)	3 (Amber)	4 (Amber- Red)	5 (Red)	Weight	Month	Year	Source
Harm free care	%VTE Assessments undertaken within 24 hours of admission (indicative data)	<b>96.2% M</b> <b>97.1% Y</b>	≥95%	94% - 90%	89%-85%	84%-80%	<80%	<b>1</b>	1 x 1 = 1	1 x 1 = 1	Perf. Report (Dec 2018)
Harm free care	No. Serious Falls	<b>0 MTD</b> <b>6 YTD</b>	0 (MTD)		1	2 or 3	>3 (YTD)	<b>2</b>	1 x 2 = 2	5 x 2 = 10	Perf. Report (Dec 2018)
Patient Safety	% of 'red sepsis' patients receiving antibiotics within 1 hour	<b>61%</b>	≥95%	94% - 90%	89%-85%	84%-80%	<80%	<b>1</b>	5 x 1 = 5	---	A&E Monthly Audits
Patient Safety	No. of Never Events	<b>1 MTD</b> <b>5 YTD</b>	0				1	<b>3</b>	5 x 3 = 15	5 x 3 = 15	Perf. Report (Dec 2018)
Patient Safety	100% compliance with appropriate frequency of observations	<b>92.4%</b>	100%	99-95%	94-90%	89-80%	<80%	<b>1</b>	3 x 1 = 3	---	CCOT quarterly Audits
Infection Control	No. of MRSA	<b>0 MTD</b> <b>1 YTD</b>	0 (MTD)				1 (YTD)	<b>3</b>	1 x 3 = 3	5 x 3 = 15	Perf. Report (Dec 2018)
Infection Control	No. of C. diff Lapses in Care	<b>0 MTD</b> <b>1 YTD</b>	0	1	2	3	>4	<b>2</b>	1 x 2 = 2	2 x 2 = 4	Perf. Report (Dec 2018)
Patient Experience	% of patients recommending WWL for care	<b>94.3%</b>	≥95%	94% - 90%	89%-85%	84%-80%	<80%	<b>2</b>	2 x 2 = 4	---	Monthly FFT (Nov 2018)
Patient Experience	% of patients feeling involved with decisions about their discharge	<b>84.9%</b>	≥95%	94% - 90%	89%-85%	84%-80%	<80%	<b>1</b>	3 x 1 = 3	---	Perf. Report (Dec 2018)
Patient Experience	% of complaints responded to within the timescale agreed with the patient	<b>65.9% M</b> <b>73.8% Y</b>	≥95%	94% - 90%	89%-85%	84%-80%	<80%	<b>1</b>	5 x 1 = 5	5 x 1 = 5	Perf. Report (Dec 2018)
Mortality	HSMR	<b>81.9% M</b> <b>99.3% Y</b>	≤100	101-105	106-110	111-115	>115	<b>3</b>	1 x 3 = 3	1 x 3 = 3	Perf. Report (Sept 2018)
Mortality	SHMI	<b>111.9%</b>	≤100	101-105	106-110	111-115	>115	<b>1</b>	4 x 1 = 4	4 x 1 = 4	Perf. Report (June 2018)
Mortality	No. of PFDs	<b>0</b>	0	1	2	3	>4	<b>2</b>	1 x 2 = 2	1 x 2 = 2	Perf. Report (Dec 2018)
Medicines Management	% of critical medicines prescribed within 24 hours of admission or before the patient is transferred to a new area	<b>88%</b>	100%	99-95%	94-90%	89-80%	<80%	<b>1</b>	4 x 1 = 4	---	Pharmacy (Nov 2018)
Medicines Management	% of completed medicines reconciliation within 24 hours	<b>87.7%</b>	100%	99-95%	94-90%	89-80%	<80%	<b>2</b>	4 x 2 = 8	---	Pharmacy (Nov 2018)
Total									64/(26)	59/(18)	
Average									2.46	3.27	



## People: Everyone has the opportunity to achieve their purpose

Executive lead(s):		Director of Workforce		Reviewing committee:		Workforce Committee		DELIVERY CONFIDENCE				WEIGHTED DASHBOARD			
Strategic importance:		Every member of staff has the opportunity to achieve their purpose. Safe and effective workforce to meet service needs										MONTH: 		YTD: 	
Sources of assurance:		<ul style="list-style-type: none"><li>Scrutiny by Workforce Committee</li><li>Scrutiny by Board of Directors</li><li>Use of internal and external auditors</li></ul>		<ul style="list-style-type: none"><li>Escalation of emerging risks</li><li>Exec-to-exec meetings</li><li>REMC</li></ul>		ROLLING TREND:				ROLLING TREND:					
						   				   					
						Dec 2018	Nov 2018	Oct 2018	Sept 2018	Dec 2018	Nov 2018	Oct 2018	Sept 2018		

Individual risks	Original Score	Mitigations	Current score
HR 84 - Ability to recruit and retain to required staffing levels for service delivery and service development plans	20	International recruitment, nursing incentive schemes, return to practice programmes, nursing pipeline	20
HR 86 - Lack of assurance around medical job plans will lead to both negative service and financial impacts for the Trust	12	E-job planning	16
HR93 – Breaching the NHSI agency ceiling	12	Temporary staffing protocols, nursing incentive schemes, international recruitment, Steps 4 Wellness programmes, regional collaboration	20
HR101 – Access to intranet (Wally)	16	Liaison between IT, system provider and staff engagement to resolve Active Directory problems. Single sign on implementation	16
HR102 - Re-building the relationship with E&F staff, the wider organisation and the Unions following WWL Solutions	20	Development of new recognition agreement. Commitment to partnership working. Early engagement regarding E&F CIP schemes and consultations. 1:1's with new regional officer (Unison)	12
HR80 – meeting the Government Apprenticeship targets	10	Prioritisation programme. Workforce Committee discussions and agreement around the apprenticeship strategy – target will not be delivered	15
HR06 – sickness absence above target (and not delivering 20% reduction as specified in BIG scheme)	12	Attendance management policy and Steps 4 Wellness programmes	15

## NARRATIVE

The weighted dashboard overleaf has been updated and the month to which data relates has been included.

The October Pulse survey has seen a significant deterioration across almost all engagement enablers, behaviours and feelings. This is mirrored in the raw national staff survey responses. The recommendation as a place to work is at its lowest ever reported rate within the Trust and recommendation for treatment has also deteriorated significantly.

Sickness absence remains over the Trust target of 4% and bank / agency expenditure means that it is now inevitable that the NHSI ceiling will be breached.






Confidence in delivery remains at amber-red. Turnover has increased, whilst leavers with less than 12 months service has decreased slightly in month. A workforce summit is scheduled in February 2019 to help facilitate actions in response.

## PEOPLE: WEIGHTED DASHBOARD

Performance	Measure	Result	1 (Green)	2 (Amber-Green)	3 (Amber)	4 (Amber-Red)	5 (Red)	Weight	Month	Year	Source
Go Engage	Friends and family test (work)	63.25%	≥95%	72-94%	68-71%	64-67%	≤63%	2	5 x 2 = 10	5 x 2 = 10	Workforce team
Employment Essentials	Turnover	8.70%	≤8%	8.01-8.5%	8.51-9%	9.01-9.9%	≥10%	1	3 x 1 = 3	3 x 1 = 3	Workforce team
Employment Essentials	Leavers with less than 12 months' service	14.93%	≤10%	11-14%	15-20%	21-24%	≥25%	1	2 x 1 = 2	2 x 1 = 2	Workforce team
Route Planner	PDR completion	88.2%	≥95%	86-94%	78-85%	73-77%	≤72%	1	2 x 1 = 2	2 x 1 = 2	Workforce team
Steps 4 Wellness	Energy levels	3.39	≥4.00	3.7-3.99	3.61-3.69	3.47-3.6	≤3.46	1	5 x 1 = 5	5 x 1 = 5	Workforce team
Go Engage	Cultural enabler score	32.41	≥36	35.01-35.9	34.01-35	33.61-34	≤33.6	2	5 x 2 = 10	5 x 2 = 10	Workforce team
Total								8	32	32	
Average									4	4	



## Partnerships: We work together for the best patient outcomes

Executive lead(s): Director of Strategy and Planning		Reviewing committee: Board of Directors		DELIVERY CONFIDENCE <div></div>		WEIGHTED DASHBOARD							
Strategic importance: Effective partnership working underpins our strategic direction						MONTH: 2.92		YTD: 2.79					
Sources of assurance:		<ul style="list-style-type: none"><li>▪ Scrutiny by committee</li><li>▪ Scrutiny by Board of Directors</li><li>▪ Use of internal and external auditors</li></ul>		<ul style="list-style-type: none"><li>▪ Escalation of emerging risks</li><li>▪ Exec-to-exec meetings</li><li>▪ REMC</li></ul>		ROLLING TREND: <div><div> Dec 2018</div><div> Nov 2018</div><div> Oct 2018</div><div> Sep 2018</div></div>				ROLLING TREND: <div><div>3.08</div><div>2.92</div><div>2.58</div><div>3.00</div></div> <div><div>Dec 2018</div><div>Nov 2018</div><div>Oct 2018</div><div>Sep 2018</div></div>			

Individual risks	Original Score	Mitigations	Current score
Lack of Tier 4 CAMHS beds	16	Escalated to Q&S	20
Transfer of community services from Bridgewater NHS FT to WWL	20	Risk assessment discussed and risk score agreed. Included on risk register	20
Non-achievement of KPIs relating to cellular pathology	16	Shared services board to be re-established	16

### NARRATIVE

Delivery confidence has reduced as a result of board discussions on Healthier Together and the potential consequences of this, together with the temporary suspension of the orthopaedic pilot with Bolton NHS FT.

## PARTNERSHIPS: WEIGHTED DASHBOARD

Performance	Measure	Result	1 (Green)	2 (Amber-Green)	3 (Amber)	4 (Amber-Red)	5 (Red)	Weight	Month	Year	Source
Transformation	Support to BIG projects	Mild problems	Fully provided	Mostly provided	Mild problems	Moderate problems	Major problems	2	2 x 2 = 4	2 x 2 = 4	Self-assessment
Research	Numbers recruited against target	Ahead of target	Target complete	Ahead of target	On track	Off target	Way off target	1	1 x 1 = 1	1 x 1 = 1	R&D report
Bolton partnership	Progress on 8 key projects	Mod. concern M Mild concerns Yr	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	3	4 x 3 = 12	3 x 3 = 9	Self-assessment
Locality partnership	Locality plan performance matrix	Mild concerns	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	2	3 x 2 = 6	3 x 2 = 6	Self-assessment
Locality partnership	Transformation of hospital care	Mild concerns	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	3	3 x 3 = 9	3 x 3 = 9	Self-assessment
Locality partnership	Healthier Wigan partnership score	Almost on track	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	2	4 x 2 = 8	4 x 2 = 8	Self-assessment
Locality partnership	Community services transfer	Moderate concerns	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	3	4 x 3 = 12	4 x 3 = 12	Self-assessment
NW Sector p/ship	Highlight report for NWSP	Moderate concerns	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	1	5 x 1 = 5	5 x 1 = 5	Self-assessment
GM partnership	Combined theme 3 status	Mild concerns	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	2	4 x 2 = 8	4 x 2 = 8	Self-assessment
GM partnership	Orthopaedic theme 3 status	Almost on track	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	3	1 x 3 = 3	1 x 3 = 3	Self-assessment
GM partnership	Cardiology theme 3 status	Almost on track	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	2	1 x 2 = 2	1 x 2 = 2	Self-assessment
Total								24	70	67	
Average									2.92	2.79	

# REPORT

AGENDA ITEM: 8.1

<b>To:</b>	Board of Directors	<b>Date:</b>	30 January 2019
<b>Subject:</b>	Brexit Update		
<b>Presented by:</b>	Chief Operating Officer	<b>Purpose:</b>	Information

## Executive summary



Since the vote to leave the EU and subsequent triggering of Article 50 NHS England, Government departments and other relevant bodies have been making preparations, largely based on the assumption that there would be an agreed deal and therefore an orderly exit with a transition period allowing for new legislation and agreements to be made before final withdrawal. In recent weeks it has become more likely that the UK will leave the EU with no deal with immediate departure and therefore no or limited opportunity for a smooth transition. As a result NHS organisations are now being asked to identify their own risks and confirm that all necessary actions are being taken.

This paper sets out the risks identified and the actions taken to date and those that will continue over the coming weeks and months. This is a fast moving agenda and it may be that there have been significant developments since this paper was written however the Board is asked to note the contents and further updates will be provided as and when relevant

## Risks associated with this report

A risk assessment has been completed (scoring 9) – this is based primarily on the two most significant risks as noted in the paper (workforce and supply chain)

## Link(s) to The WWL Way 4wards

<input checked="" type="checkbox"/>	 Patients	<input checked="" type="checkbox"/>	 Performance
<input checked="" type="checkbox"/>	 People	<input checked="" type="checkbox"/>	 Partnerships

## Introduction

Following the UK's decision to leave the EU and subsequent triggering of Article 50 work has been on-going to identify the impact on the NHS. In October 2018 the Greater Manchester Resilience Team convened a teleconference to share the risks identified by NHSE and the Department of Health and Social Care (DHSC) and the work ongoing to address these. NHS Providers were asked to consider these, identify which risks were relevant and satisfy themselves that appropriate action was in place. At that stage no central reporting (other than those linked to some of the specific workstreams, in particular medicines and procurement more broadly) was required. Subsequent to this and with the rise in likelihood of a "no deal Brexit" the DHSC has circulated further guidance with specific action for providers and commissioners. The remainder of this paper will set out

## Risk Overview

The initial work identified a list of 9 areas of impact and full information on these is shown at Appendix 1. They were split into 3 risk categories by NHSE and these are shown below

### Category 1: potential high risk, cross-org responsibilities

- **Workforce:** risks to future supply, divergence on future regulations
- **Supply chain:** risks to disruption in supply chain, cost pressures and border delays
- **Research and innovation:** risks to reduced collaboration with EU (inc. clinical trials), divergence on regulations, access to innovative treatments and income (inc funding for clinical research staff)

### Category 2: potential medium risk, single policy issues

- **Reciprocal healthcare:** risks to more complicated cost recovery processes, and UK citizens returning to the UK (increasing demand and cost)
- **Operations:** system readiness and access to services across borders
- **EPRR and pandemic planning:** risks to information sharing and systems across borders
- **Procurement & competition:** risk to disruption to new contracts

### Category 3: potential low / medium risk, limited NHSE responsibility

- **Data and IG:** risks to longer term alignment and implications for services across borders
- **Medicines & devices regulation:** risks to disruption and delays in access to new products in the UK
- **Public health:** maintaining public health standards in UK legislation



An analysis confirmed that the risks most relevant to the Trust were workforce and supply chain and a meeting was convened, chaired by Mary Fleming, to review the readiness of the Trust in each of these areas. Finance, HR and pharmacy all confirmed that they had received separate requests for information and processes via their own specialist leads. On this basis at that stage it was agreed that each of the leads (Associate Director of Finance, Deputy Director of HR and Chief Pharmacist) would continue to respond to requests through their own channels and would utilise their own governance routes rather than establishing a separate workstream

### **DHSC EU Exit and Operational Readiness Guidance**

The above work continued but just before Christmas, following the increase in uncertainty, the DHSC issued "Operational Readiness Guidance" which included a number of specific actions for Providers and Commissioners. There is an expectation that this is taken on by resilience leads and is being managed by the Greater Manchester LHRP with NHSE. The Provider Action Card is provided in full at Appendix 2 but a summary of the requirements and current status is shown below

<b>Risk Area</b>	<b>Status</b>	<b>Lead</b>	<b>Risk Rating</b>
Risk assessment and business continuity planning	Complete / Ongoing	Helen Salvini	
Communications and Escalation	Complete / Ongoing	Mary Fleming Helen Salvini External Comms	
Reporting, assurance and information	Complete / Ongoing	Helen Salvini	
Supply of Medicines and Vaccines	Complete / Ongoing	Mike Parks	
Supply of Medical Devices and Consumables	Complete / Ongoing	Procurement	
Supply of non-clinical consumables, goods and services	Complete / Ongoing	Procurement	
Workforce	Complete / Ongoing	HR	
Professional Regulation		HR	
Reciprocal Healthcare	Complete / Ongoing	Mark Almond	
Research and clinical trials – EU research and innovation scheme	Complete	Finance / R&D	
Clinical trials and clinical investigations	Ongoing	Procurement / R&D	
Data sharing, processing and accessing	Ongoing	Information Governance	
Finance	Ongoing	Helen Salvini / Finance	

Of course it should be noted that whilst at present all areas are considered to be low risk to the Trust even in the event of a "no deal" Brexit the political situation is evolving quickly so the risks will continue to be evaluated on a regular basis. It is this uncertainty which is more of a risk in itself. The Wigan Borough Resilience Forum discussed the Brexit risks on January 17<sup>th</sup> and confirmed that no organisation believes there are any high risk areas

based on the current information. The leads from each organisation will continue to share plans

### **Conclusions and Recommendations**

The Board is asked to note the contents of the report which provides assurance that at present the risk to the Trust is considered to be low. Regular updates will be provided as and when the situation evolves and it is recommended that at this stage the specific risks continue to be managed through the previously identified governance routes. An overarching risk assessment has been completed on Datix (currently scoring a 9) and this will be updated as more information becomes available and any increase in the risk will be escalated as appropriate.

# The NHS England European Transition Work Programme : Nine Areas of Potential Impact

## Workforce

- ~62,000 (5%) of NHS workforce, not including primary care
- ~95,000 (7%) in social care workforce
- Regulations, including language testing, professional registration and shared databases on fitness to practice, education and training

## Reciprocal Healthcare

- UK residents in the EU: 27m EHICs issued, 900k residents. £650m spent in 2015.
- EU residents in the UK: 3.2m residents, 25m visits. £305m income in 2015.
- 1,014 approved applications for UK residents to access healthcare in EU in 2016, £1.1m reimbursed.
- EU reciprocal beds for specialist capacity

## Medicines & Devices Regulation

- MHRA regulates medicines, medical devices and blood components for transfusions, including marketing authorisation and pharmacovigilance
- Centralised assessment process, of which MHRA provided one of the highest levels of support to the EMA

## Supply Chain

- ~83% of medical products (medical devices, clinical consumables, medical capital equipment and medicines) are imported into the UK from, or through, other EU countries
- 45% of medicines used in the UK are imported from the EU
- Tariffs, trade changes, FX impacts and customs delays could all affect supply

## Research & Innovation

- EU funding direct and indirect into the NHS, including Horizon2020, European Regional Development Fund (ERDF), and other health programmes
- Collaborations, e.g. European Reference Networks for rare and complex diseases
- Clinical Trials regulation, single point of entry and cross-border trials

## Procurement & Competition

- NHS Procurement, Patient Choice regulations in addition to EU legislation.
- Healthcare contracts with a lifetime value above £589,148 must be advertised in OJEU. Most NHS-funded contracts are within scope

## EPRR, Health Protection & Public Health

- European Centre for Disease Prevention and Control (ECDC) – shared intelligence, early warning system, and access to WHO databases.
- Emergency response (e.g. Channel Tunnel)
- EU legislation, e.g. food safety and nutrition, alcohol, tobacco, waste, and air pollution

## Data & IG

- EU databases (e.g. medical revalidation and appraisal)
- EU regulation – GDPR, collaboration on harmonising clinical coding

## Operations

- Health services contracted with EU providers (e.g. T&O capacity in France, MRI scans reviewed by doctors in EU)
- Potential for Le Touquet agreement to be renegotiated post-Brexit, with the potential to cause an increase of migrants to the UK

## Appendix 2 : DHSC Provider Action Card

Risk	Current Status (January 2019)	Further Action Required	Action Owner
<b>Risk assessment and business continuity planning</b>			
<ul style="list-style-type: none"> <li>Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to: <ul style="list-style-type: none"> <li>The seven key areas identified nationally and detailed below.</li> <li>Potential increases in demand associated with wider impacts of a 'no deal' exit.</li> <li>Locally specific risks resulting from EU Exit.</li> </ul> </li> </ul>	Complete	Regular review of risk assessment as political situation develops	Helen Salvini
<ul style="list-style-type: none"> <li>Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.</li> </ul>	On-going	Plans being discussed at Wigan Borough Resilience Forum 17 <sup>th</sup> January	Helen Salvini
<ul style="list-style-type: none"> <li>Test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose.</li> </ul>	On-going	Awaiting official risk scenarios but business continuity plans fully updated December 2018	Helen Salvini
<b>Communications and escalation</b>			
<ul style="list-style-type: none"> <li>Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.</li> </ul>	On-going	Board paper January 2019 To be included in February Team Brief	Helen Salvini Rachel Holden
<ul style="list-style-type: none"> <li>Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&amp;E Delivery Boards are sighted on EU Exit preparation in your local health economy.</li> </ul>	On-going	Regular updates to LHRP Board paper to be shared after meeting	Helen Salvini
<ul style="list-style-type: none"> <li>Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019, but at this point there is no ask to reduce capacity or activity around this time.</li> </ul>	Complete	Will be reviewed if situation changes	Helen Salvini
<ul style="list-style-type: none"> <li>Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.</li> </ul>	On-going	N/A	Helen Salvini
<ul style="list-style-type: none"> <li>Confirm escalation routes for different types of issues potentially arising from or affected by EU Exit into the regional NHS EU Exit teams listed in this document</li> </ul>	Complete	N/A	Helen Salvini
<ul style="list-style-type: none"> <li>Note your nominated regional NHS lead for EU Exit and their contact details (included in the overview on page 5).</li> </ul>	Complete	N/A	Helen Salvini
<ul style="list-style-type: none"> <li>Escalate any issues you have identified as having a</li> </ul>	On-going	Risks to be escalated as necessary	Helen Salvini

<b>Risk</b>	<b>Current Status (January 2019)</b>	<b>Further Action Required</b>	<b>Action Owner</b>
potentially widespread impact immediately to your regional EU Exit team.			
<ul style="list-style-type: none"> <li>Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.</li> </ul>	Complete (SRO is Mary Fleming)	N/A	Mary Fleming / Helen Salvini
<b>Reporting, assurance and information</b>			
<ul style="list-style-type: none"> <li>Be aware that if additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from NHS organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system.</li> </ul>	Complete	N/A	Helen Salvini
<ul style="list-style-type: none"> <li>Note that regional NHS EU Exit teams will be in contact shortly to confirm your progress on these actions.</li> </ul>	Complete	N/A	Helen Salvini
<ul style="list-style-type: none"> <li>For queries relating to specific topic areas in this guidance, please contact the relevant departmental mailboxes. Any immediate risks or concerns about provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox</li> </ul>	On-going	N/A	Helen Salvini
<b>Supply of Medicines and Vaccines</b>			
<ul style="list-style-type: none"> <li>Follow the Secretary of State's message not to stockpile additional medicines beyond their business as usual stock levels. No clinician should write longer prescriptions for patients. The Department's UK-wide contingency plan for the continued supply of medicines and vaccines from the moment we leave the EU is being developed alongside pharmaceutical companies and other government departments.</li> </ul>	On-going	N/A	Mike Parks
<ul style="list-style-type: none"> <li>Note that there is no need to contact suppliers of medicines directly.</li> </ul>	Complete	N/A	Mike Parks
<ul style="list-style-type: none"> <li>Direct staff to promote messages of continuity and reassurance to people who use health and care services, including that they</li> </ul>	On-going	To be completed in February Team Brief	Rachel Holden

Risk	Current Status (January 2019)	Further Action Required	Action Owner
should not store additional medicines at home.			
<ul style="list-style-type: none"> <li>Note that Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.</li> </ul>	Complete	N/A	Mike Parks
<ul style="list-style-type: none"> <li>Note that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.</li> </ul>	Complete	N/A	Mike Parks
<ul style="list-style-type: none"> <li>Be aware that UK-wide contingency plans for medicines supply are kept under review, and the Department will communicate further guidance as and when necessary.</li> </ul>	Complete	N/A	Mike Parks
<ul style="list-style-type: none"> <li>Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.</li> </ul>	On-going	N/A	Mike Parks
<ul style="list-style-type: none"> <li>Meet at a local level to discuss and agree local contingency and collaboration arrangements. The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.</li> </ul>	On-going	Pharmacy following national guidance	Mike Parks
<b>Supply of medical devices and clinical consumables</b>			
<ul style="list-style-type: none"> <li>Note that there is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, will provide further guidance by the end of January 2019.</li> </ul>	Complete	N/A	Procurement
<ul style="list-style-type: none"> <li>Send queries about medical devices and clinical consumables provided by NHS Supply Chain to your usual contact. If you receive medical devices and clinical consumables from other suppliers, you should contact them directly with any queries as you would normally do.</li> </ul>	Complete	N/A	Procurement
<ul style="list-style-type: none"> <li>Be aware that the contingency plan is kept under review, and the Department will communicate further guidance as and when necessary.</li> </ul>	On-going	N/A	Procurement


Risk	Current Status (January 2019)	Further Action Required	Action Owner
<b>Supply of non-clinical consumables, goods and services</b>			
<ul style="list-style-type: none"> <li>Be aware that NHS Trust and Foundation Trust procurement leads have been asked to undertake internal reviews of purchased goods and services to understand any risks to operations if there is disruption in supply. This excludes goods and services that are being reviewed centrally, such as food, on which the Department has written to procurement leads previously.</li> </ul>	On-going	N/A	Procurement
<ul style="list-style-type: none"> <li>Continue commercial preparation for EU Exit as part of your usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally.</li> </ul>	Complete	N/A	Procurement
<ul style="list-style-type: none"> <li>Continue to update local business continuity plans to ensure continuity of supply in a 'no deal' scenario. Where appropriate, these plans should be developed in conjunction with your Local Health Resilience Partnership. All health organisations should be engaged in their relevant Local Health Resilience Partnership, which should inform Local Resilience Forum(s) of local EU Exit plans for health and care.</li> </ul>	On-going	N/A	Helen Salvini
<ul style="list-style-type: none"> <li>Await further advice from the Department on what actions should be taken locally.</li> </ul>	On-going	N/A	Procurement
<ul style="list-style-type: none"> <li>Submit the results of their self-assessment on non-clinical consumables, goods and services to <a href="mailto:contractreview@dhsc.gov.uk">contractreview@dhsc.gov.uk</a>, if not done so already.</li> </ul>	Complete	N/A	Procurement
<ul style="list-style-type: none"> <li>Act upon further guidance to be issued by the Department in January 2019. This will be based on analysis of NHS Trusts and Foundation Trusts' self-assessments.</li> </ul>	On-going	N/A	Procurement
<b>Workforce</b>			
<ul style="list-style-type: none"> <li>Assess whether your organisation has incurred a reduction in the number of EU nationals in your workforce before the UK leaves the EU.</li> </ul>	Complete	N/A	HR
<ul style="list-style-type: none"> <li>Publicise the EU Settlement Scheme to your health and care staff who are EU citizens. The scheme will open fully by March 2019 and remain open until 31 December 2020 in a 'no deal' scenario, so there will be plenty of time for EU staff to register.</li> </ul>	Complete	N/A	HR
<ul style="list-style-type: none"> <li>Monitor the impact of EU Exit on your workforce regularly and</li> </ul>	On-going	Paper to Workforce Committee December	HR

Risk	Current Status (January 2019)	Further Action Required	Action Owner
develop contingency plans to mitigate a shortfall of EU nationals in your organisation, in addition to existing plans to mitigate workforce shortages. These plans should be developed with your Local Health Resilience Partnership, feed into your Local Resilience Forum(s) and be shared with your local commissioner(s). Consider the implications of further staff shortages caused by EU Exit across the health and care system, such as in adult social care, and the impact that would have on your organisation.		2018	
<ul style="list-style-type: none"> <li>Undertake local risk assessments to identify any staff groups or services that may be vulnerable or unsustainable if there is a shortfall of EU nationals.</li> </ul>	Complete	To be reviewed as political situation evolves	HR
<ul style="list-style-type: none"> <li>Ensure your board has approved business continuity plans that include EU Exit workforce planning, including the supply of staff needed to deliver services.</li> </ul>	Complete	At this stage no significant risks anticipated but as political situation evolves this will be reviewed	HR
<ul style="list-style-type: none"> <li>Notify your local commissioner and regional NHS EU Exit Team at the earliest opportunity if there is a risk to the delivery of your contracted services.</li> </ul>	On-going	Not anticipated at this stage but will be reviewed as political situation evolves	HR
<b>Professional regulation (recognition of professional qualifications)</b>			
<ul style="list-style-type: none"> <li>Inform your staff that health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.</li> </ul>	On-going		HR
<ul style="list-style-type: none"> <li>Inform your staff that health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.</li> </ul>	On-going		HR
<ul style="list-style-type: none"> <li>Await further information from the Government on the future arrangements for health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019.</li> </ul>	On-going		HR
<b>Reciprocal Healthcare</b>			
<ul style="list-style-type: none"> <li>Note that, in a no deal scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019,</li> </ul>	Complete	N/A	Mark Almond



Risk	Current Status (January 2019)	Further Action Required	Action Owner
depending on the reciprocal agreements that are concluded.			
<ul style="list-style-type: none"> <li>Continue to support individuals who apply for NHS authorised treatment or maternity care in another member state (the S2 and cross-border healthcare processes).</li> </ul>	Ongoing	N/A	Mark Almond
<ul style="list-style-type: none"> <li>Note that the Department will provide updates and further information on reciprocal healthcare arrangements prior to 29 March 2019.</li> </ul>	Complete	N/A	Mark Almond
<ul style="list-style-type: none"> <li>Maintain a strong focus on correctly charging those who should be charged directly for NHS care. Information on implementing the current charging regulations can be viewed on the webpage here</li> </ul>	Ongoing	N/A	Mark Almond
<ul style="list-style-type: none"> <li>Ensure there is capacity available for any further training that may be required if there are changes to the reciprocal healthcare arrangements. This should be undertaken by the Overseas Visitor Management team, and guidance and support materials will be made available to support this training.</li> </ul>	Ongoing	N/A	Mark Almond
<ul style="list-style-type: none"> <li>Note that the Department will provide updates and further information in due course. This information will cover migrant cost recovery charging after 29 March 2019 to enable NHS Trusts and Foundation Trusts to amend processes and train staff if reciprocal healthcare arrangements change.</li> </ul>	Complete	N/A	Mark Almond
<b>Research and clinical trials - EU research and innovation funding schemes</b>			
<ul style="list-style-type: none"> <li>Note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after exit, until the end of 2020.</li> </ul>	Complete		David Hughes
<ul style="list-style-type: none"> <li>Provide information about your Horizon 2020 grant <a href="#">here</a>. This should be actioned as soon as possible. Further guidance can be found <a href="#">here</a> and all queries should be sent to <a href="mailto:EUGrantsFunding@ukri.org">EUGrantsFunding@ukri.org</a>.</li> </ul>	N/A		David Hughes
<ul style="list-style-type: none"> <li>Contact officials at <a href="mailto:EU-Health-Programme@dhsc.gov.uk">EU-Health-Programme@dhsc.gov.uk</a> with information regarding your Third Health Programme grant, and</li> </ul>	N/A		David Hughes

Risk	Current Status (January 2019)	Further Action Required	Action Owner
any queries that you have, as soon as possible.			
<b>Clinical trials and clinical investigations</b>			
<ul style="list-style-type: none"> <li>Follow the Government's <a href="#">guidance</a> on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario, if you sponsor or lead clinical trials or clinical investigations in the UK.</li> </ul>	N/A		R&D
<ul style="list-style-type: none"> <li>Consider your supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables, used in clinical trials and investigations, which originate from, or travel through, the EU and EEA as soon as possible if you sponsor or lead clinical trials or investigations in the UK</li> </ul>	On-going		Procurement / R&D
<ul style="list-style-type: none"> <li>Liaise with trial and study Sponsors to understand their arrangements to ensure that clinical trials and investigations using IMPs, medical devices, IVDs, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA, are guaranteed in the event of any possible border delays. If multiple sites are involved within the UK, then co-ordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation, e.g. Clinical Research Organisation, to ensure a single approach to the Sponsor</li> </ul>	On-going		Procurement / R&D
<ul style="list-style-type: none"> <li>Respond to any enquires to support the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations. The Department is working closely with the NHS to gain a greater understanding of who might be affected by supply issues.</li> </ul>	On-going		Procurement / R&D
<ul style="list-style-type: none"> <li>Continue participating in and/or recruiting patients to clinical trials and investigations up to and from 29 March 2019. This should occur unless you receive information to the contrary from a trial Sponsor, organisation managing the trial or clinical investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.</li> </ul>	On-going		R&D
<b>Data sharing, processing and access</b>			
<ul style="list-style-type: none"> <li>Investigate your organisation's reliance on transfers of personal</li> </ul>	On-going		Information

Risk	Current Status (January 2019)	Further Action Required	Action Owner
data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted.			Governance
<ul style="list-style-type: none"> <li>Note that many organisations tend not to disaggregate personal and non-personal data. As such, please be aware that restrictions on personal data may have knock-on effects on data more generally.</li> </ul>	Complete		Information Governance
<ul style="list-style-type: none"> <li>Follow the advice from The Department for Digital, Culture, Media and Sport and the ICO on data protection in a 'no deal' scenario, which can be viewed on <a href="https://www.gov.uk">gov.uk</a> and on the ICO <a href="#">website</a>, in particular to determine where to use and how to implement standard contractual clauses.</li> </ul>	On-going		Information Governance
<ul style="list-style-type: none"> <li>Ensure that your data and digital assets are adequately protected by completing your annual <a href="#">Data Security and Protection Toolkit</a> assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory to complete by the end of March 2019, but completing it early will enable health and adult social care providers to more quickly identify and address any vulnerabilities.</li> </ul>	On-going		Information Governance
<b>Finance</b>			
<ul style="list-style-type: none"> <li>Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Providers should discuss these costs with their regional NHS EU Exit support team. Feedback from providers will inform decisions on whether further guidance on cost collection is required.</li> </ul>	On-going	Any costs to be noted and reported as necessary	Helen Salvini / David Hughes