Board of Directors

27 March 2019, 12:00 to 16:00
THQ Boardroom, Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 2NN

Agenda

Part 1

1. Chair and quorum

Information

Robert Armstrong

2. Apologies for absence

Information

- Steven Elliot, NED
- Ian Haythornthwaite, NED

Robert Armstrong

3. Declarations of interest

Informaiton

Robert Armstrong

4. Minutes of previous meeting

Approval

Robert Armstrong

Minutes - P1 board - Feb 2019.pdf (7 pages)

5. Patient experience video

Discussion

Pauline Law

6. Chair and Chief Executive's report

Discussion

R Armstrong/A Foster

Chief Executive's report.pdf (1 pages)

7. Assurance and governance

7.1. Committee chairs' reports

Workforce Committee - Chair: Lynne Lobley
Quality and Safety Committee - Chair: Tony Warne

Discussion

Commitee chairs

Finance and Performance Committee - Chair: Mick Guymer

7.2. Risk escalations

Discussion

7.2.1. Medical beds

Discussion

Director of Nursing

7.2.1. Medical beds.pdf (2 pages)

7.2.2. Backend infrastructure

Discussion

Rob Forster

Datacentre Infrastructure v2.pdf (2 pages)

7.2.3. Transfer of community services

(Verbal item)

Discussion

Richard Mundon

7.3. Performance report as at 28 February 2019

Discussion

P Law/M Fleming/S Arya

7.3 Performance report as at 28 Feb 2019.pdf (18 pages)

7.4. Financial position as at 28 February 2019

Discussion

Rob Forster

7.4 M11 finance report.pdf (6 pages)

7.5. Mortality update: Q3 2018-19

Discussion

Sanjay Arya

7.5 Mortality update Q3 2018-19.pdf (14 pages)

7.6. Safe staffing report

Discussion

Pauline Law

7.6 Safe staffing report.pdf (12 pages)

7.7. Maintaining patient safety during escalation

Information

Pauline Law

7.7 Maintaining patient safety during escalation.pdf (3 pages)

7.8. Board assurance framework

Approval

Robert Armstrong

BAF Patients - March 2019.pdf (2 pages)

BAF - People - Mar 2019.pdf (2 pages)

BAF - Performance - Mar 2019.pdf (2 pages)

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

8. Consent agenda

8.1. Operational plan 2019-20

Approval

N/A

8.1 Operational plan.pdf (26 pages)

8.2. Register of directors' interests

Information

N/A

8.2 Register of interests.pdf (3 pages)

8.3. Gender pay gap report

Information

N/A

8.3 Gender pay gap.pdf (5 pages)

9. Identification of key risks and successes

Discussion

Robert Armstrong

10. Questions from the public

Discussion

Robert Armstrong

11. Resolution to exclude the press and public

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

HELD ON 27 FEBRUARY 2019, 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	✓	✓	A	✓	
Mrs M Fleming	Chief Operating Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mr R Forster	Director of Finance and Informatics	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	
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 Lobley	Non-Executive Director	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	
Mrs P Law	Director of Nursing	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mr R Mundon	Director of Strategy and Planning	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	
Prof T Warne	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

In attendance:

Miss C Alexander	Director of Governance
Mr P Howard	Company Secretary and Data Protection Officer
Mr G Murphy	Deputy Director of Finance
Mr S Talwalker	Divisional Medical Director (Specialist Services)
Dr A Twist	Divisional Medical Director (Surgery)

1 member of the public and 2 governors were also in attendance.

28/19 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.

29/19 Apologies for absence

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

30/19 Declarations of interest

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

31/19 Minutes of the previous meeting

The minutes of the previous meeting held on 30 January 2019 were **APPROVED** as a true and accurate record. Note was made of the fact that all actions shown on the action log had been completed.

32/19 Patient experience video

The Director of Nursing introduced the monthly patient experience video, which this month introduced the board to a situation where multi-agency working across the locality had been particularly effective.

The Chair noted the contrast between this patient story and the one considered at the previous board meeting and it was agreed that it would be beneficial for both videos to be shared at the forthcoming Secondary Care Transformation Board meeting, at which representatives from all local stakeholders would be present.

ACTION: Company Secretary (to schedule)

The board received the patient experience video and noted the content.

33/19 Chair and Chief Executive's report

The Chief Executive presented a report which had been circulated in advance of the meeting to update the board on the foundation trust's in-month performance against the key operational and quality metrics. He also noted that the Chair of NHS Improvement, Baroness Harding, would be visiting the foundation trust during April 2019 and confirmed that a programme for the visit was in the process of being developed.

The board received the report and noted the content.

34/19 Committee chairs' report

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

(a) IM&T Strategy Committee, held on 5 February 2019;

(b) Audit Committee, held on 6 February 2019;

(c) Workforce Committee away day, held on 12 February 2019;

(d) Quality and Safety Committee, held on 13 February 2019; and

(e) Finance and Performance Committee, held immediately before the meeting.

Mrs L Lobley provided a summary of the business transacted at the IM&T Strategy Committee which she had chaired on behalf of the Chair. She noted that the meeting had discussed the forthcoming transfer of community services and the challenges around facilitating IT access for a mobile workforce. The committee had also reviewed the second roll out of the Health Information System into the Emergency Department with generally positive feedback, although some minor issues had been identified and addressed. Note was made of the fact that the Medical Director had invited the supplier to visit ward areas to experience the issues at first-hand. The Medical Director described a pleasing response from the supplier who he noted were keen to resolve any outstanding issues. The IM&T Strategy Committee had also discussed the development of future strategy and note was made of the digital emphasis within the recently-published NHS Long Term Plan.

Mr I Haythornthwaite briefed the board on the business that had been transacted by the Audit Committee at its meeting on 6 February 2019. He confirmed that the internal audit progress reports had been considered and that, whilst there had been some slippage against the intended timescales, the rationale for such slippage had been provided and accepted. The committee had highlighted the need for further improvements to be made to the process by which the requirement for competitive procurement processes are waived and the committee had observed that this would continue to be an area of focus. Mr I Haythornthwaite also informed the board the contract for the external auditors had been confirmed for a further year, in line with the procurement processes that had previously been undertaken.

Mrs L Lobley advised that, whilst the Workforce Committee had not been scheduled to meet during the month, it had held an away day on 12 February 2019. The session had been used to evaluate the approach to business adopted by the committee, including the identification of matters that were strategic and those which were either tactical or operational. The committee had agreed to introduce a consent agenda within its meetings and noted that feedback received from those present had been positive.

With regard to the board assurance framework relating to people, Mrs L Lobley noted the amber-red delivery confidence and advised that this had primarily been the result of pulse survey results. She noted that significant improvements had been noted in the most recent survey and that the delivery confidence would be reviewed at the committee's meeting in the coming week.

Prof T Warne gave a verbal overview of the Quality and Safety Committee meeting held on 13 February 2019. He also highlighted the beneficial nature of the Workforce Committee away day that he had attended and advised that he had taken some of the feedback from the session and begun to implement it with the Quality and Safety Committee. With regard to the board assurance framework for patients, Prof T Warne noted that the metric surrounding antibiotic administration for sepsis is currently reported on the basis of A&E performance and that the committee had requested a review of the data used to ensure that it reflects the performance of the organisation as a whole. Whilst a significant amount of work is being undertaken, the committee moved the delivery confidence for the patients objective to amber-red, to reflect the fact that all mitigation measures are not yet fully in place.

Mr M Guymer summarised the Finance and Performance Committee meeting which had been held immediately prior to the board. He acknowledged a good level of discussion around the foundation trust's in-month financial position and its likely year-end position. He also noted that improvements had been made in the identification and delivery of recurrent savings, with a good level of debate around system-wide challenges and how the foundation trust will seek to address these with partners. The delivery confidence for the performance board assurance framework was retained at amber-green.

The board received the chairs' reports and noted the content.

35/19 Performance report as at 31 January 2019

The Director of Nursing opened by summarising the highlights and lowlights of the clinical metrics; noting in particular the absence of any serious falls or pressure ulcers but highlighting the fact that an MRSA bacteraemia had been reported. She confirmed that 9 incidents had been reported via the Strategic Executive Information System in January 2019 and reminded the board that three of the reports were due to the fact that wards had been closed; on one occasions due to 'flu and on two occasions due to norovirus.

The Director of Nursing noted that the number of never events reported had increased to 5 and confirmed that NHS Improvement had agreed to undertake an independent review to ascertain whether any further lessons could be learned. Preliminary feedback had been received and an update would be shared via the Quality and Safety Committee once the full report is received.

The Chair highlighted the non-achievement of the stroke standard and the challenges around dedicated stroke beds. In response, the Director of Nursing commented that increasing pressures on beds and high levels of demand had meant that it had been more difficult to care for patients in dedicated stroke beds and particularly to repatriate patients from the tertiary centre. She confirmed that the root cause of the lowered performance was demand and Mrs L Lobley noted the fact that it is likely that more stroke beds will be needed in the future.

The Chief Operating Officer reminded the board that the foundation trust has one of the lowest bed bases in Greater Manchester and that a number of analyses had concluded that demand exceeds capacity in many cases. The foundation trust's priority was to increase the bed base on the acute site whilst reviewing how best to ensure effect patient flow. To this end, she noted that the organisation would be proceeding to design phase around the potential provision of an additional ward.

The board acknowledged the hard work of staff and the Chief Operating Officer advised that work is being undertaken to review what can be done to further enhance the care and patient experience for patients who are not able to be immediately allocated to a cubicle on arrival at A&E. The Chair noted that the Chief Operating Officer had been requested by the Finance and Performance Committee to provide a summary paper to the next meeting to outline the work that is being undertaken.

The board received the performance report and noted the content.

36/19 Financial position as at 31 January 2019

The Deputy Director of Finance presented a report which had been circulated with the agenda to summarise the foundation trust's financial position as at 31 January 2019. He noted that detailed discussions on the financial performance had been held at the Finance and Performance Committee immediately before the meeting but drew the board's attention to the fact that the foundation trust was forecasting achievement of its control total at year-end.

The board received the report and noted the content.

37/19 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.

The Director of Nursing noted that effectiveness of the incentive scheme that had been implemented and confirmed that the Safer Care module of the e-rostering software was in the process of being rolled out. In response to a question from Mrs L Lobley, the Director of Nursing agreed to prepare a report to the next meeting on maintaining patient safety in escalated areas.

ACTION: Director of Nursing

The board received the report and noted the content.

38/19 Board assurance framework

The board had previously received updates from the Committee Chairs on the board assurance frameworks for patients, people and performance. The board assurance framework for partnerships had been circulated with the agenda and no amendments were proposed.

The board **APPROVED** the board assurance frameworks as presented.

39/19 Items for approval

The board **APPROVED** the following items which had been circulated with the agenda:

(a) Seven-Day Working self-assessment;

(b) Terms of reference for committees;

(c) Board cycle of business 2019-20; and

(d) Changes to Standing Financial Instructions

Mrs L Lobley withdrew from the meeting and the board **APPROVED** her appointment as Senior Independent Director.

On returning to the meeting, the board congratulated Mrs L Lobley on her appointment and also Prof T Warne, who had been appointed as Vice-Chair by the Council of Governors earlier in the month.

40/19 Identification of key risks and successes/opportunities

The board identified the key risks as follows:

- The reporting of a further never event, which will be overseen by the Quality and Safety Committee;
- A&E performance, and the board noted that both strategic and tactical measures had been discussed by the Finance and Performance Committee and by the board earlier in the meeting; and
- Stroke performance, noting that this would be overseen by the Quality and Safety Committee.

The board identified the key successes/opportunities as follows:

- The continuing improvement in mortality rates;
- Increasing confidence in the foundation trust's year-end financial position; and
- The foundation trust's strong performance against the majority of performance standards.

41/19 Questions from the public

There were no questions from the public.

42/19 Resolution to exclude 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.

43/19 Date, time and venue of next meeting

The next meeting of the Board of Directors will be held on 27 March 2019, 12 noon, at Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 2NN.

Action log

Date of meeting	Minute ref.	Item	Action required	Assigned to	Target date	Update
27 Feb 2019	37/19	Safe staffing report	Provide a report to the next meeting on maintaining patient safety during escalation	Director of Nursing	27 Mar 2019	Included on the agenda. **Action complete.**

Chief Executive's Report 26 March 2019

PART ONE

PERFORMANCE

There has been much recent national focus on A&E with a controversial set of NHSI/E proposals to create a new set of standards within which the 4-hour target will not be paramount. The NHSE/I argument is that the 4-hour target does not distinguish between minor injuries and much more serious and urgent conditions such as heart attack and stroke. It therefore proposes a set of standards that reflect clinical urgency.

Our March A&E performance is somewhat improved with 74.6% achieving the 4-hour standard for Type 1, compared to February's 68.6%. The figure for all types is 82.1% compared to 78.7% in February. The figures are also far better than March 2018 which scored just 64% for Type 1 and 75% for all types. The underlying factors remain much higher volumes of attendances (up about 13% for the calendar year to date), higher acuity, multi-morbidity and the lowest bed base in GM.

As far as I know, we continue to meet all other major targets except for symptomatic breast screening.

QUALITY

There has been one case of C Diff so far in March taking our year to date total to 9 against a target maximum of 18 for the year. At the end of March last year we had reached 25 cases.

The most up to date HSMR figure is 79.3 for November taking our year to date figure to 95.1. Our latest quarterly SHMI data gives a figure of 100.7 for July to September 2018.

Deaths in hospital to the end of February were 1090; this is 138 (11%) less than the first 11 months of 2017/18.

REPORT

AGENDA ITEM: 7.2.1

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

To:	Board of Directors	**Date:**	27 March 2019
Subject:	Risk escalation: Medical beds		
Presented by:	Director of Nursing	**Purpose:**	Discussion

Executive summary

The purpose of this report is to escalate Risk MED2551, which was discussed at the Risk and Environmental Management Committee (REMC) on 21 February 2019, drawing the Board's attention to the estimated shortage of beds predicted by 2020 and the issues this presents.

Initially scored at 25 when the risk assessment was first undertaken, the risk was reduced to 20 in light of the mitigation which has been put in place.

REMC agreed for the risk to be accepted onto the Corporate Risk Register and risk score of 20 was agreed. The Committee also agreed for the risk to be escalated to the next Board meeting.

Risks associated with this report

Risks are as noted above.

Link(s) to The WWL Way 4wards

☒	Patients	☒	Performance
☒	People	☐	Partnerships

The WWL Way

The recent NHSI and Attain review on bed requirements identified that with there will be a shortage of 72 beds at the RAEI by 2020, based on their recommended guidelines of 85% occupancy. Due to the lack of available capacity, the Trust has no resilience to meet increases in demand or temporary closures of beds due to infection. This will result in an inability to admit patients from A&E within a safe timeframe, which can cause excessive patient waits leading to:

- Long waits for patients to commence assessments investigations and treatments
- Patient experience compromised
- Increase in incidents potentially resulting in harm to patients
- Increase in complaints
- Lack of staff to care for excess numbers of patients
- On-going care and reviews compromised due to staff to patient ratios
- Patients bedded in ECC when all beds utilised across site – no increase in staff to accommodate this.
- Overall increase in errors both clinical and administrative due to overall increased pressures on the system
- Reliance on the escalation of non-designated bed areas which in turn impacts on service provision such as AAA and Discharge Lounge

Initially scored at 25 when the risk assessment was first undertaken, the risk was reduced to 20 in light of the mitigation which has been put in place to try to reduce the risk of patients from coming to serious harm. This risk was presented to REMC on 21 February 2019. The committee agreed for the risk to be accepted onto the Corporate Risk Register and risk score of 20 was agreed. The Committee also agreed for the risk to be escalated to the next Board meeting.

REPORT

AGENDA ITEM:

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

To:	Finance & Performance Committee	**Date:**	Wed 27th March 19
Subject:	Risk Escalation		
Presented by:	Mark Singleton, Associate Director of IM&T	**Purpose:**	For Information

Executive summary

The Trusts current server virtualisation platform runs on hardware no longer fully supported by the respective manufacturers due to the age of the equipment.

The consequence of this is that hardware replacement and support is no longer provided by the manufacturers, and also should any software bugs or vulnerabilities be identified in the system, no patches or mitigations will be provided.

To mitigate this risk an interim support agreement has been put in place with a third party maintenance contract whilst the replacement server virtualisation platform is being built and configured which should be live by the end of June.

Risks associated with this report

The main risks associated with this report is the lack of security patching and support from the manufacturer should the equipment break.

Link(s) to The WWL Way 4wards

☒	Patients	☒	Performance
☐	People	☐	Partnerships

The WWL Way

IT Services is in the process of transitioning the Trusts server virtualisation platform to a new set of hardware resources. The existing platform was based on Netapp storage and Cisco servers, which have reached the end of their supported life. The end of support life means that in the event of bugs or vulnerabilities being identified in the product, the manufacturers will no longer fix them. Also in the event of hardware failure the manufacturers will not provide support or new parts.

The hardware support and part replacement has been mitigated via alternative support contracts with specialist suppliers.

IT Services has procured new hardware to run the virtualisation workload based on Nutanix hardware. A Commvault backup system has been procured to secure the data on a long term basis. Originally the Nutanix/Commvault hardware was to be procured in two parts due to budgetary constraints, but additional funding has since been identified which has allowed the purchase of the second phase to be brought forward.

The first phase was intended to run the Trust's 24/7 workload, and all of the hardware from this initial procurement is installed and working. Three things remain outstanding before a production workload is transferred to the new platform:

1) Off-site backup ability – expected to be complete 13/4/2019

2) An CPU specification error to be resolved – expected mid-April 2019

3) Robust failure testing – to be completed after items 1 and 2

4) Completion June 2019

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

Board Performance Report

February 2019

Your hospitals, your health, our priority

Performance:
We aim to be in the top 10%

NHS Wrightington, Wigan and Leigh NHS Foundation Trust

Group	ID	Measure	Period Covered	Date Last Updated	National Top 10%	Performance	Percentile	Rank / Trusts
Safe	1	Hospital Standardised Mortality Ratios (HSMR)	SEP-18 - NOV-18	19/03/19	No	80.53	65.12%	85/130
Safe	2	Summary Hospital-level Mortality Indicator (SHMI)	OCT-17 - SEP-18	18/03/19	No	110.25	83.72%	109/130
Safe	3	Safety Thermometer / Harm Free Performance	JAN-19	14/02/19	No	92.49%	74.55%	83/111
Safe	4	Cancer 2 Week Wait Performance	DEC-18	14/02/19	No	95.50%	44.70%	60/133
Safe	5	18 Week Incomplete Referral To Treatment (RTT) Performance	DEC-18	14/02/19	No	92.55%	13.18%	18/130
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	FEB-19	18/03/19	No	65.22%	85.61%	114/133
Effective	8	Diagnostic 6 Week Wait Performance	JAN-19	18/03/19	No	0.63%	25.00%	34/133
Caring	10	Friends & Family Assessment Result	JAN-19	18/03/19	No	93.80%	64.89%	86/132
Caring	11	National Patient Survey Result	JAN-17 - DEC-17	19/07/18	No	0.84	14.93%	21/135

Top 10 %	Top 25 %	Top 50 %
1	2	1

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

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

Local Trust Positions

Provider	GM Rank	North Rank	National Rank
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1/7	7/44	18/136
SALFORD ROYAL NHS FOUNDATION TRUST	2/7	18/44	46/136
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	3/7	19/44	52/136
BOLTON NHS FOUNDATION TRUST	4/7	22/44	72/136
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	5/7	27/44	81/136
STOCKPORT NHS FOUNDATION TRUST	6/7	35/44	110/136
PENNINE ACUTE HOSPITALS NHS TRUST	7/7	43/44	126/136

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 : 18)

3: National Patient Survey Result - (Rank : 21)

4: Diagnostic 6 Week Wait Performance - (Rank : 34)

5: Cancer 2 Week Wait Performance - (Rank : 60)

Bottom 5 Performing Metrics

1: Accident & Emergency 4 Hour Wait Performance - (Rank : 114)

2: Summary Hospital-level Mortality Indicator (SHMI) - (Rank : 109)

3: Safety Thermometer / Harm Free Performance - (Rank : 83)

4: Hospital Standardised Mortality Ratios (HSMR) - (Rank : 85)

5: Friends & Family Assessment Result - (Rank : 86)

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 fell free to send any queries to BI.Performance@wwl.nhs.uk who will be more that happy to help.

Key Contacts

Chief Executive	Andrew Foster
Deputy Chief Executive & Director of Finance	Rob Forster
Director of Operations & Performance	Mary Fleming
Director of Nursing	Pauline Law
Director of Strategy & Planning	Richard Mundon
Director of Workforce	Alison Balson
Medical Director	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

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

Executive Summary (February 2019)

Objective	Pages	No Metrics	Green Metrics	Amber Metrics	Red Metrics	Total Metrics
1.1 : Harm Free	4	4	4	0	3	11
1.2 : Harm Free - Infections	5	3	7	0	0	10
2 : Mortality	6	4	4	0	1	9
3.1 : Access	7	1	4	0	1	6
3.2 : Access - Cancer	8	1	6	0	1	8
3.3 : Access - Tumour Pathways	9	0	6	0	3	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	0	4	4
5.1 : Midwifery - Part 1	13	1	3	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
Total		32	60	5	35	132

Highlights

Performance against 18 weeks, Cancer and Diagnostics remains strong despite the pressures of unscheduled care. The recent review by GIRFT (Getting It Right First Time) on Dermatology was extremely positive, especially around the management of the 18-week pathway. Wrightington works towards its first daycase shoulder replacement to complement its first daycase hip replacement. Apart from the 4-hour standard, all other quality metrics around patient flow remains strong. Reduction in STEiS reportable incidents. Infection rates generally remain low. HSMR continues its downward trend.

Lowlights

Although an improvement on the previous month, the 4-hour standard remains challenging; linked to these pressures, the stroke stay standard failed. Due to an increased demand, the breast symptomatic failed to reach the national standard. Demand in scheduled care continues to rise. Outbreak of flu on ASU in month. 1 case of C Difficile infection. 1 Serious fall. Complaints response rate low for this month.

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

** Includes all Type 3 Activity

Month

18 Weeks: Incomplete

Target: 92.0%

Cancer 62 Day: GP Referral

Target: 85.0%

Diagnostics: 6 Weeks

Target: 99.0%

**A&E: 4 Hour Target

Target: 95.0%

Year to Date

C. Difficile Infections

YTD Target: 16

Serious Falls

FY Target: 0

Never Events

FY Target: 0

MRSA

FY Target: 0

1.1 : Harm Free

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
Harms: Total	**	72	Feb-19		↓	84	Jan-19	795			57	90	Feb-18 to Feb-19
Serious Harms: Total	**	11	Feb-19		↑	5	Jan-19	62			3	11	Feb-18 to Feb-19
Serious Harms: Number of Never Events	<= 0	0	Feb-19	●	↓	1	Jan-19	5	●		0	2	Feb-18 to Feb-19
Serious Harms: Number of Serious Falls	<= 0	1	Feb-19	●	↑	0	Jan-19	7	●		0	2	Feb-18 to Feb-19
Serious Harms: Grade 3-4 Pressure Ulcers	**	0	Feb-19	●	→	0	Jan-19	2			0	1	Feb-18 to Feb-19
Number of Serious Incidents	<= 0	1	Feb-19	●	↓	9	Jan-19	33	●		0	9	Feb-18 to Feb-19
Mod/Low Harms: Hospital Acquired Pressure Ulcer Grade 2	**	1	Feb-19		→	1	Jan-19	17			0	4	Feb-18 to Feb-19
Mod/Low Harms: Number of Moderate Falls	<= 0	3	Feb-19	●	→	3	Jan-19	21	●		0	3	Feb-18 to Feb-19
Mod/Low Harms: Safety Thermometer	>= 95.0%	99.54%	Feb-19	●	↑	98.55%	Jan-19	98.77%	●		96.68%	99.75%	Feb-18 to Feb-19
Mod/Low Harms: Settled Clinical Litigation Cases	**	2	Feb-19		↓	3	Jan-19	33			2	5	Feb-18 to Feb-19
Mod/Low Harms: VTE Assessments (% of Admissions)	>= 95.0%	96.01%	Feb-19	●	↓	96.13%	Jan-19	96.95%	●		85.86%	97.90%	Feb-18 to Feb-19

Commentary (Page Owner : Director of Nursing)

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

In February 2019, the Trust has uploaded one incident to StEIS, a significant reduction on January. The Safety Thermometer, the percentage of patients receiving harm free care in hospital was 99.54%

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	Feb-19		↑	5	Jan-19	61			2	10	Feb-18 to Feb-19
Serious Harms: Infections: Clostridium Difficile	<= 2	1	Feb-19	●	↑	0	Jan-19	8	●		0	4	Feb-18 to Feb-19
Serious Harms: Infections: Clostridium Difficile Lapses in Care	<= 0	0	Feb-19	●	→	0	Jan-19	1	●		0	1	Feb-18 to Feb-19
Infections: Catheter Associated Urinary Tract	<= 0	0	Feb-19	●	↓	1	Jan-19	6	●		0	2	Feb-18 to Feb-19
Serious Harms: Bacteraemias: MRSA	<= 0	0	Feb-19	●	↓	1	Jan-19	2	●		0	1	Feb-18 to Feb-19
Serious Harms: Bacteraemias: MRSA - Avoidable Cases	**	0	Feb-19	●	→	0	Jan-19	0	●		0	0	Feb-18 to Feb-19
Serious Harms: Bacteraemias: MSSA	**	3	Feb-19		↑	1	Jan-19	16			0	3	Feb-18 to Feb-19
Serious Harms: Bacteraemias: E-coli	**	3	Feb-19		↑	2	Jan-19	19			0	3	Feb-18 to Feb-19
Bacteraemias: Klebsiella	**	0	Feb-19	●	→	0	Jan-19	7			0	2	Feb-18 to Feb-19
Bacteraemias: Pseudomonas	**	0	Feb-19	●	→	0	Jan-19	3			0	3	Feb-18 to Feb-19

Commentary (Page Owner : Director of Nursing)

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

One trust C.difficile case in a long stay medical patient. Year to date total is eight cases, significantly below the end of month 11 target of 16.5 cases. Root cause analysis is being carried out.

2 : Mortality

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
Number of Hospital Deaths	**	113	Feb-19		↓	128	Jan-19	1,094			81	128	Feb-18 to Feb-19
Hospital Crude Death Rate	**	1.69%	Feb-19		↓	1.78%	Jan-19	1.40%			1.10%	1.79%	Feb-18 to Feb-19
PFD Coroner Notifications	**	0	Feb-19	●	→	0	Jan-19	0	●		0	0	Feb-18 to Feb-19
Deaths after Readmission	**	22	Feb-19		↓	35	Jan-19	338			22	43	Feb-18 to Feb-19
HSMR (Latest Month)	<= 90	79.3	Nov-18	●	↑	78.4	Oct-18	N/A			78.4	123.4	Apr-17 to Nov-18
HSMR (Latest YTD)	*	95.1	Nov-19		↓	96.8	Oct-18	N/A			95.1	103.1	Dec-17 to Nov-19
HSMR Weekday	<= 90	80.9	Nov-18	●	↑	71.4	Oct-18	N/A			71.4	121.6	Apr-17 to Nov-18
HSMR Weekend	<= 90	76.2	Nov-18	●	↓	96.2	Oct-18	N/A			74.3	161.6	Apr-17 to Nov-18
SHMI (Rolling 12 Months)	<= 90.0	110.3	Sep-18	●	↓	111.9	Jun-18	N/A			110.3	122.2	Dec-16 to Sep-18

Commentary (Page Owner : Medical Director)

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

HSMR continues a downward trend. HSMR for November 2018 was low (79.3). There are more deaths over the winter period; however, in comparison to last year the number of deaths this year is lower. The next publication of the rolling 12 months SHMI data is May 2019. Overall the Trust's HSMR and SHMI continues to improve and the outlook for the data not yet included in the published information is positive.

3.1 : Access

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
Access: 18 Weeks Referral To Treatment Incomplete Pathway	>= 92.0%	92.26%	Feb-19			92.56%	Jan-19	93.34%			92.26%	94.69%	Feb-18 to Feb-19
Access: Referral to Treatment over 52 weeks wait	<= 0	0	Feb-19			0	Jan-19	0			0	1	Feb-18 to Feb-19
Outpatients: Backlog of Follow Ups	**	12,674	Feb-19			12,482	Jan-19	N/A			12,467	13,618	Feb-18 to Feb-19
Stroke - High Risk TIA Patients Treated within 24 Hrs	>= 60.0%	92.59%	Feb-19			65.00%	Jan-19	75.75%			52.63%	92.59%	Feb-18 to Feb-19
Stroke - Stroke Patients spending 90% of their Hospital Stay on a Stroke unit	>= 80.0%	60.87%	Jan-19			70.37%	Dec-18	75.68%			60.00%	91.30%	Feb-18 to Jan-19
Diagnostics: Patients waiting over 6 weeks	>= 99.0%	99.42%	Feb-19			99.37%	Jan-19	99.20%			98.79%	99.42%	Feb-18 to Feb-19

Commentary (Page Owner : Director of Operations & Performance)

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

We continue to achieve the 18 weeks Referral to Treatment standard and continue to have no patients waiting over 52 weeks. The backlog of follow-ups increased slightly in month, caused by clinician leave and vacancies, however it has been on an overall downward trajectory - this is due to the focus piece of work carried out by the Divisions. We continue to achieve the stroke TIA target but unfortunately, we did not achieve the stroke target due to reduced bed availability in January. We continue to consistently achieve the diagnostic 6-week standard.

3.2 : Access - Cancer

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	>= 93.0%	96.51%	Jan-19		↑	95.54%	Dec-18	95.94%			94.67%	97.95%	Feb-18 to Jan-19
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initally suspected)	>= 93.0%	91.24%	Jan-19		↓	95.19%	Dec-18	93.85%			90.15%	100.00%	Feb-18 to Jan-19
All Cancers: 31 day wait for diagnosis to first treatment	>= 96.0%	98.11%	Jan-19		↓	99.03%	Dec-18	98.77%			97.27%	100.00%	Feb-18 to Jan-19
All Cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatments	>= 98.0%	100.00%	Jan-19		→	100.00%	Dec-18	100.00%			100.00%	100.00%	Feb-18 to Jan-19
All Cancers: 31 day wait for second or subsequent treatment: surgery	>= 94.0%	100.00%	Jan-19		→	100.00%	Dec-18	99.22%			93.33%	100.00%	Feb-18 to Jan-19
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	**	93.33%	Jan-19		↑	91.15%	Dec-18	88.19%			85.15%	93.33%	Feb-18 to Jan-19
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	>= 85.0%	94.29%	Jan-19		↑	92.79%	Dec-18	89.92%			86.84%	94.29%	Feb-18 to Jan-19
All Cancers: 62 day wait for first treatment from consultant screening service referral	>= 90.0%	100.00%	Jan-19		↑	92.31%	Dec-18	97.60%			92.31%	100.00%	Feb-18 to Jan-19

Commentary (Page Owner : Director of Operations & Performance)

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

January is one of the best months we have had for treating patients against the cancer standards. Unfortunately, due to increases in demand, predominantly from West Lancashire, breast symptomatic failed. This has necessitated closure of this service for out of area patients until July when the new consultant takes up post.

3.3 : Access - Tumour Pathways

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
Cancer - Breast 62 Day Wait	>= 85.0%	100.00%	Jan-19		→	100.00%	Dec-18	95.65%			87.50%	100.00%	Feb-18 to Jan-19
Cancer - Colorectal 62 Day Wait	>= 85.0%	71.43%	Jan-19		↑	70.00%	Dec-18	81.82%			70.00%	100.00%	Feb-18 to Jan-19
Cancer - Gynaecology 62 Day Wait	>= 85.0%	100.00%	Jan-19		→	100.00%	Dec-18	79.59%			33.33%	100.00%	Feb-18 to Jan-19
Cancer - Haematology 62 Day Wait	>= 85.0%	100.00%	Jan-19		→	100.00%	Dec-18	86.89%			50.00%	100.00%	Feb-18 to Jan-19
Cancer - Head & Neck 62 Day Wait	>= 85.0%	75.00%	Jan-19		↓	100.00%	Dec-18	70.18%			45.45%	100.00%	Feb-18 to Jan-19
Cancer - Lung 62 Day Wait	>= 85.0%	60.00%	Jan-19		↓	100.00%	Dec-18	73.77%			42.86%	100.00%	Feb-18 to Jan-19
Cancer - Skin 62 Day Wait	>= 85.0%	100.00%	Jan-19		→	100.00%	Dec-18	95.92%			84.00%	100.00%	Feb-18 to Jan-19
Cancer - Upper GI 62 Day Wait	>= 85.0%	94.12%	Jan-19		↑	66.67%	Dec-18	79.00%			50.00%	100.00%	Feb-18 to Jan-19
Cancer - Urology 62 Day Wait	>= 85.0%	94.74%	Jan-19		↓	100.00%	Dec-18	92.50%			85.71%	100.00%	Feb-18 to Jan-19

Commentary (Page Owner : Director of Operations & Performance)

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

Upper GI breach: Initial suspected cancer referral was sent through to the colorectal team, after investigations ruled out a colorectal cancer the patient was referred to the Upper GI team where further investigations confirmed an upper GI cancer. Upper GI breach: Diagnostic delays. Colorectal breach: Patient was scheduled for treatment within time but had to be cancelled as no beds were available due to ward closures with D + V. Colorectal breach: Initial suspected cancer referral was to the Upper GI team, the patient was reluctant to have investigations and then had to be transferred to the colorectal team when investigations confirmed a Colorectal cancer. Colorectal breach: Initial investigations were benign, the patient needed repeat colonoscopy with possible polypectomy which caused a delay as capacity for this is limited due to the specialist nature of the procedure.

3.4 : Access - A&E

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
4 Hour A&E Breach Performance % (inc Type 3 Activity)	>= 95.0%	78.69%	Feb-19		↑	75.11%	Jan-19	87.24%			73.51%	94.45%	Feb-18 to Feb-19
Number of A&E Attendances (exc GP Streaming Activity)	**	6,750	Feb-19		↓	7,379	Jan-19	76,366			6,072	7,383	Feb-18 to Feb-19
Average Daily A&E Attendances	**	241.1	Feb-19		↑	238.0	Jan-19	228.6			212.4	246.1	Feb-18 to Feb-19
NWAS: Handovers between 0-15 mins	*	953	Feb-19		↑	943	Jan-19	11,743			688	1,302	Feb-18 to Feb-19
NWAS: Handovers between 15-30 mins	*	510	Feb-19		↓	612	Jan-19	6,532			460	748	Feb-18 to Feb-19
NWAS: Handovers between 30-60 mins	*	220	Feb-19		↓	269	Jan-19	2,264			119	356	Feb-18 to Feb-19
NWAS: Handovers over 60 mins	*	126	Feb-19		↓	209	Jan-19	1,079			30	273	Feb-18 to Feb-19
A&E Attendances that result in an admission	*	2,238	Feb-19		↓	2,449	Jan-19	26,881			2,238	2,698	Feb-18 to Feb-19
A&E Attendances: Out of Area	**	973	Feb-19		↓	1,066	Jan-19	11,789			790	1,200	Feb-18 to Feb-19
A&E Attendances: % Result in Admissions - Aged 75+	*	28.06%	Feb-19		↓	28.46%	Jan-19	27.94%			26.50%	30.05%	Feb-18 to Feb-19
NWAS: Conveyances from Care Homes	**	315	Dec-18		↑	271	Nov-18	2,401			244	315	Feb-18 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%	6.63%	Feb-19			7.33%	Jan-19	6.97%			6.58%	8.51%	Feb-18 to Feb-19
% Hospital Cancelled OP Appointments < 6 weeks	<= 0.0%	78.95%	Feb-19			79.77%	Jan-19	77.08%			70.50%	82.11%	Feb-18 to Feb-19
% Hospital Cancelled OP Appointments < 6 weeks (Pts Best Interest)	*	12.24%	Feb-19			11.97%	Jan-19	12.71%			10.83%	15.31%	Apr-18 to Feb-19
Cancelled Operations %	<= 0.8%	2.19%	Feb-19			1.94%	Jan-19	1.78%			1.42%	2.19%	Feb-18 to Feb-19
Cancelled Operations: 2nd Urgent Hospital	<= 0	0	Feb-19			0	Jan-19	0			0	1	Feb-18 to Feb-19
Average Spell Length of Stay (Elective Inpatient)	*	2.8 Days	Feb-19			2.7 Days	Jan-19	3.0 Days			2.7 Days	3.7 Days	Feb-18 to Feb-19
Average Spell Length of Stay (Non Elective)	*	4.0 Days	Feb-19			3.9 Days	Jan-19	3.6 Days			3.1 Days	4.2 Days	Feb-18 to Feb-19
Delayed Transfers of Care	**	61	Feb-19			81	Jan-19	529			21	81	Feb-18 to Feb-19
Delayed Transfer of Care Days	**	218	Feb-19			284	Jan-19	1,878			78	284	Feb-18 to Feb-19

Commentary (Page Owner : Director of Operations & Performance)

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

We have continued to see a reduction in the number of cancelled outpatient appointments. The Division of Medicine remains consistently below the 5% standard whilst the Division of Surgery continues to make good progress. The highest number of cancellations in Surgery is in Urology, which is due to template alterations. A significant proportion of cancellations in Surgery are due to moving patients from a booked appointment to a partial booking system. The increase in on the day cancellations is mainly within Trauma & Orthopaedics and is largely due to short term and unforeseen circumstances i.e. decontamination equipment issues, staff sickness and shortages.

4.2 : Productivity - Part 2

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
Theatre Effectiveness % - Total	>= 70.0%	61.46%	Feb-19		↑	60.55%	Jan-19	N/A			59.85%	64.54%	Feb-18 to Feb-19
Theatre Effectiveness % - RAEI	>= 70.0%	58.51%	Feb-19		↑	55.49%	Jan-19	N/A			55.13%	63.75%	Feb-18 to Feb-19
Theatre Effectiveness % - Wrightington	>= 70.0%	63.71%	Feb-19		↓	63.97%	Jan-19	N/A			60.79%	68.87%	Feb-18 to Feb-19
Theatre Effectiveness % - Leigh	>= 70.0%	58.34%	Feb-19		↑	54.15%	Jan-19	N/A			49.63%	61.83%	Feb-18 to Feb-19

Commentary (Page Owner : Director of Operations & Performance)

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

Wrightington theatre effectiveness remained static at 64%, which although disappointing not to see an increase, is positive given the high number of on the day cancellations. Theatre Effectiveness improved at Leigh in February to 58%, with fewer late starts, early finishes and cancelled on day operations. At RAEI, Effectiveness improved to 59% with fewer early finishes and late starts. The trust continues to work with an external company, who is also working with Greater Manchester, on elective care productivity.

5.1 : Midwifery - 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
Maternity: Midwife / Birth Ratio	<= 1.30	1.26	Feb-19			1.25	Jan-19	N/A			1.25	1.29	Feb-18 to Feb-19
Maternity: Skills drills/2 day Mandatory Training Attendance	>=	16.91%	Feb-19			8.09%	Jan-19	N/A			8.09%	95.37%	Feb-18 to Feb-19
Maternity: Total monthly bookings	>= 240	292	Jan-19			203	Dec-18	2,335			197	292	Feb-18 to Jan-19
Maternity: Booked by 12+6 Weeks	>= 90.0%	87.80%	Jan-19			91.28%	Dec-18	N/A			84.07%	94.96%	Feb-18 to Jan-19
Maternity: Induction of Labour	<= 30.0%	37.06%	Feb-19			32.03%	Jan-19	N/A			26.13%	39.81%	Feb-18 to Feb-19
Maternity: Normal Deliveries	>= 60.0%	52.02%	Feb-19			58.55%	Jan-19	N/A			52.02%	67.89%	Feb-18 to Feb-19
Maternity: Water Births	>= 8	8	Feb-19			11	Jan-19	130			6	18	Feb-18 to Feb-19
Maternity: Instrumental Deliveries	<= 10.0%	12.72%	Feb-19			12.82%	Jan-19	N/A			9.63%	13.88%	Feb-18 to Feb-19
Maternity: Elective Caesarean Sections	<= 15.0%	17.34%	Feb-19			14.96%	Jan-19	N/A			7.80%	17.34%	Feb-18 to Feb-19
Maternity: Emergency / Non Elective Caesarean Sections	<= 17.0%	17.92%	Feb-19			13.68%	Jan-19	N/A			11.96%	21.08%	Feb-18 to Feb-19
Maternity: Total Caesarean Sections	<= 27.0%	35.26%	Feb-19			28.63%	Jan-19	N/A			22.48%	35.26%	Feb-18 to Feb-19

Commentary (Page Owner : Director of Nursing)

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

Midwife to Birth ratio remains good at 1:25 which is reflective of the dip in the birth rate and improvements in staffing levels with the additional supernumerary shift coordinator. Attendance at Mandatory Training remains on track to achieve the monthly target attendance. Induction of Labour rate remains consistently high due to the agreed thresholds and care bundles for reduced fetal movements and fetal growth pathways implemented nationally to reduce the incidence of stillbirths. New guidance is being launched on 9/3/19 to standardise care for women with reduced fetal movements and those whose babies are small for gestational age (SGA). NHS Maternity Statistics, England 2017-18 reports the proportion of deliveries where labour was induced has increased from 20.4 per cent in 2007-08 to 32.6 per cent in 2017-18.

5.2 : Midwifery - 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
Maternity: Total Births	>= 240	173	Feb-19			234	Jan-19	2,352			173	236	Feb-18 to Feb-19
Maternity: Episiotomy with normal birth	<= 6.0%	2.22%	Feb-19			5.84%	Jan-19	N/A			1.80%	9.92%	Feb-18 to Feb-19
Maternity: 3rd/4th degree tears	<= 3.0%	1.76%	Feb-19			1.73%	Jan-19	N/A			0.00%	3.20%	Feb-18 to Feb-19
Maternity: Initiation of breastfeeding	>= 55.0%	47.40%	Feb-19			51.71%	Jan-19	N/A			43.18%	57.35%	Feb-18 to Feb-19
Maternity: Average post-natal length of stay	<= 1.8	1.5	Feb-19			2.0	Jan-19	N/A			1.5	2.0	Feb-18 to Feb-19
Maternity: Still Births (>24 weeks)	<= 1	1	Feb-19			2	Jan-19	8			0	3	Feb-18 to Feb-19
Maternal Readmissions within 30 Days	<= 5	1	Feb-19			5	Jan-19	27			0	6	Feb-18 to Feb-19
Maternal admissions to ICU	<= 2	0	Feb-19			0	Jan-19	1			0	1	Feb-18 to Feb-19
Maternity Complaints	<= 2	1	Feb-19			1	Jan-19	8			0	2	Feb-18 to Feb-19
Maternity: New Claims	*	0	Feb-19			0	Jan-19	4			0	3	Feb-18 to Feb-19

Commentary (Page Owner : Director of Nursing)

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

Operative vaginal delivery is above target at 12.82% latest statistics identify a rise in the national rate to 12-13% which is in keeping with the WWL rate. Total births have again dipped below target however nationally there is a downward trend. Bookings were well above target for January and February bookings to date are at target level. Total Caesarean section rate is above the National average and an in depth audit is being undertaken to review. There was one stillbirth reported in February, which will receive a full MDT review and will be reported within the quarterly report. WWL is fully compliant with all aspects of the saving babies Lives Care Bundle and continues to implement improvements and national recommendations. Third and fourth degree tears remain low maintaining the Trusts excellent record across GM. 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. WWL has full Baby Friendly accreditation and is currently in the process of being assessed for Gold.

6.1 : Patient Experience - Part 1

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
Number of Complaints Upheld by Ombudsman	**	0	Feb-19		→	0	Jan-19	1			0	1	Feb-18 to Feb-19
Percentage of Complaints Responded to on Time	**	54.84%	Feb-19		↑	52.00%	Jan-19	71.01%			52.00%	89.13%	Feb-18 to Feb-19
Patient Survey Q1: Staff Introduction	>= 90.0%	88.03%	Feb-19		↓	91.08%	Jan-19	92.25%			88.03%	95.77%	Feb-18 to Feb-19
Patient Survey Q2: Worries and Fears	>= 90.0%	90.85%	Feb-19		↓	91.08%	Jan-19	90.05%			84.77%	94.70%	Feb-18 to Feb-19
Patient Survey Q3: Pain Control	>= 90.0%	94.37%	Feb-19		↓	95.54%	Jan-19	94.81%			90.16%	97.66%	Feb-18 to Feb-19
Patient Survey Q4: Family and Doctor	>= 90.0%	95.77%	Feb-19		↑	92.36%	Jan-19	93.10%			88.08%	96.97%	Feb-18 to Feb-19
Patient Survey Q5: Decisions about Care and Treatment	>= 90.0%	78.17%	Feb-19		↓	80.25%	Jan-19	81.68%			68.87%	93.22%	Feb-18 to Feb-19
Patient Survey Q6: Food Choice	>= 90.0%	95.07%	Feb-19		↓	98.73%	Jan-19	96.64%			93.75%	98.73%	Feb-18 to Feb-19
Patient Survey Q7: Healthy Food	>= 90.0%	92.96%	Feb-19		↓	92.99%	Jan-19	91.82%			88.60%	96.21%	Feb-18 to Feb-19
Patient Survey Q9: Know Consultant	>= 90.0%	80.28%	Feb-19		↓	81.53%	Jan-19	80.22%			72.85%	91.53%	Feb-18 to Feb-19

Commentary (Page Owner : Director of Nursing)

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

During February, 17 out of 31 complaint responses were sent within the timescales agreed with the complainant at the start of the complaints process (55%). Two requests for records were received from the Ombudsman. For Real Time Patient Survey commentary, please see overleaf.

6.2 : Patient Experience - Part 2

Metric Title	Target	Latest Actual	Latest Period	Latest RAG	Trend	Previous Actual	Previous Period	YTD Actual	YTD RAG	Sparkline - Latest 13 Months Chart	Min. Value	Max. Value	Period
Patient Survey Q10: Enough Privacy	>= 90.0%	99.30%	Feb-19		↑	98.73%	Jan-19	99.33%			98.18%	100.00%	Feb-18 to Feb-19
Patient Survey Q11: Call Bell	>= 90.0%	95.77%	Feb-19		↑	92.99%	Jan-19	95.36%			92.73%	98.31%	Feb-18 to Feb-19
Patient Survey Q12: Compassion	>= 90.0%	96.48%	Feb-19		↓	98.09%	Jan-19	97.86%			96.48%	99.30%	Feb-18 to Feb-19
Patient Survey Q13: Given Required Care	>= 90.0%	96.48%	Feb-19		↑	94.90%	Jan-19	96.64%			94.70%	99.31%	Feb-18 to Feb-19
Friends & Family: Decisions about Discharge Home?	>= 90.0%	83.95%	Feb-19		↓	89.35%	Jan-19	N/A			51.52%	91.94%	Feb-18 to Feb-19

Commentary (Page Owner : Director of Nursing)

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

In relation to the Real Time Patient Survey, there has been a noticeable drop in the question “Have staff treating and examining you introduced themselves?”. By Division, this is broken down as Medicine 81.8%, Surgical 95.2%, Specialist Services (RAEI), 87.5%, Specialist services (WTN) 92.3%. The question “Have you been involved as much as you wanted to be in decisions about your care and treatment? sadly has decreased again for the second month. Nine questions remain in the green scoring zone reaching over a 90% benchmark score.

7 : Workforce

	Latest					Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Total Pay vs Budget	<=£ 0 k	£ 859 k	Feb-19		↓	£ 1,151 k	Jan-19	£ 8,868 k			£ 195 k	£ 1,736 k	Feb-18 to Feb-19
Friends & Family Test - Recommendation as place to work	>= 75.0%	71.59%	Jan-19		↑	63.25%	Oct-18	N/A			63.25%	71.92%	Feb-18 to Jan-19
Clinical & Non Clinical Overall Vacancy Rate	<= 3.5%	7.30%	Feb-19		↓	7.90%	Jan-19	7.95%			7.30%	8.89%	Feb-18 to Feb-19
Sickness absence - Total	<= 4.5%	5.04%	Jan-19		↑	4.88%	Dec-18	4.35%			4.04%	5.18%	Feb-18 to Jan-19
Quarterly Engagement Score	>= 4.00	4.01	Jan-19		↑	3.91	Sep-18	N/A			3.91	4.04	Feb-18 to Jan-19
Appraisals over rolling 12 months	>= 90.0%	89.45%	Jan-19		↑	86.87%	Nov-18	N/A			86.87%	92.49%	Feb-18 to Jan-19
Friends & Family Test - Recommendation as place for treatment	>= 80.0%	79.42%	Jan-19		↑	78.21%	Oct-18	N/A			75.09%	83.33%	Feb-18 to Jan-19
Mandatory Training over rolling 12 months	>= 95.0%	94.82%	Jan-19		↓	95.12%	Nov-18	N/A			94.82%	97.25%	Feb-18 to Jan-19
Agency vs NHSI Ceiling	<=£ 429 k	£ 656 k	Feb-19		↓	£ 695 k	Jan-19	£ 6,278 k			£ 429 k	£ 695 k	Feb-18 to Feb-19

Commentary (Page Owner : Director of Workforce)

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

Rolling 12-month sickness from Feb 18 - Jan 19 decreased to 4.46% (compared to 4.54% last reported). However, the in-month sickness rate for Jan 19 increased to 5.04% (compared to 4.88% in Dec 18). Temporary spend in Feb 19 decreased by £22k to £1,598k (compared to £1,620k in Jan 19). There were decreases in the following categories: Locum, Agency, Bank NHSP (decreased by £100k, £40k and £9k respectively). There were also small decreases in Bank and Cost per Case. However, there were increases in Additional Sessions, Zero Hours Contracts and Overtime (increased by £97k, £18k and £15k respectively). Overall, the results of the January 2019 Staff Engagement Quarterly Pulse Check highlight a moderate level of engagement within the Trust. The overall engagement score for January 2019 is 4.01, compared to 3.91 in October 2018. In October 2018, a large shift in the results was observed; however, it appears that in this quarter, engagement scores have recovered. Whilst Consultant job plan compliance is at 100%, the plans are at various stages within the system. Trust wide there are 214 job plans at the following stages: 45 (Discussion), 45 (1st sign off), 20 (2nd sign off), 35 (3rd sign off), 66 (fully signed off) and the final 3 are locked down. Please note that Speciality Doctors are now recorded on Allocate and are included in these figures.

NHSI Metrics

Metric Title	Latest: Target	Latest: Actual	Latest: Period	Latest: RAG	Trend	Previous: Actual	Previous: Period	YTD: Actual	YTD: RAG	Sparkline - Latest 13 Months: Chart	Min. Value	Max. Value	Period
4 Hour A&E Breach Performance % (inc Type 3 Activity)	95.0%	78.69%	Feb-19		↑	75.11%	Jan-19	87.24%			73.51%	94.45%	Feb-18 to Feb-19
Access: 18 Weeks Referral To Treatment Incomplete Pathway	92.0%	92.26%	Feb-19		↓	92.56%	Jan-19	93.34%			92.26%	94.69%	Feb-18 to Feb-19
Diagnostics: Patients waiting over 6 weeks	99.0%	99.42%	Feb-19		↑	99.37%	Jan-19	99.20%			98.79%	99.42%	Feb-18 to Feb-19
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.0%	96.51%	Jan-19		↑	95.54%	Dec-18	95.94%			94.67%	97.95%	Feb-18 to Jan-19
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initally suspected)	93.0%	91.24%	Jan-19		↓	95.19%	Dec-18	93.85%			90.15%	100.00%	Feb-18 to Jan-19
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	-	93.33%	Jan-19		↑	91.15%	Dec-18	88.19%			85.15%	93.33%	Feb-18 to Jan-19
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	85.0%	94.29%	Jan-19		↑	92.79%	Dec-18	89.92%			86.84%	94.29%	Feb-18 to Jan-19
All Cancers: 62 day wait for first treatment from consultant screening service referral	90.0%	100.00%	Jan-19		↑	92.31%	Dec-18	97.60%			92.31%	100.00%	Feb-18 to Jan-19
Serious Harms: Infections: Clostridium Difficile	2	1	Feb-19		↑	0	Jan-19	8			0	4	Feb-18 to Feb-19
Serious Harms: Infections: Clostridium Difficile Lapses in Care	0	0	Feb-19		→	0	Jan-19	1			0	1	Feb-18 to Feb-19

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

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

Finance Report

Financial Position for the period ending 28th February 2019

The WWL Way

Contents

1. Executive Summary

1.1. The Trust is reporting a year to date trading deficit of £0.5m which is £0.7m behind plan.

	In Month - £000			Year to Date - £000		
Key Metrics	**Actual**	**Plan**	**Var**	**Actual**	**Plan**	**Var**
UOR	3	1	**(2)**	3	2	**(1)**
Operating Surplus / (Deficit)	809	583	**226**	(476)	269	**(745)**
Capital Expenditure	808	813	**5**	4,566	7,962	**3,396**
Cash	15,545	14,620	**925**	15,545	14,620	**925**

1.2. Cumulative income of £289.8m is £8.1m better than plan.

1.3. Cumulative expenditure of £290.3m is £8.8m worse than plan.

1.4. The year to date UOR rating for the Trust is a 3 which is behind the plan of 2.

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 £4.6m on capital expenditure versus planned expenditure of £8.0m.

2.2. The statement of financial position can be found in Appendix 2.

3. Cash, Liquidity and UOR

3.1. The cash balance is £15.5m, which is £0.9m higher than the planned balance.

3.2. The year to date UOR rating is a 3 against a plan of 2.

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
Income						
A & E Attendances	928	881	**46**	10,940	10,502	**438**
Daycase	2,613	2,864	**(250)**	30,655	33,157	**(2,502)**
Elective	2,697	2,536	**161**	29,273	29,582	**(309)**
Non Electives	5,613	5,323	**289**	66,746	63,410	**3,336**
Outpatients	3,287	3,442	**(155)**	38,099	39,908	**(1,809)**
Other**	12,022	10,850	**1,172**	114,134	105,231	**8,903**
Total Income	**27,159**	**25,896**	**1,263**	**289,848**	**281,791**	**8,057**
Operating Expenses						
Pay	(17,521)	(17,083)	**(438)**	(192,495)	(187,785)	**(4,710)**
Non Pay	(8,542)	(8,194)	**(347)**	(93,818)	(91,681)	**(2,138)**
Reserves	37	302	**(265)**	(303)	1,657	**(1,960)**
Total Operating Expenses	**(26,026)**	**(24,976)**	**(1,050)**	**(286,616)**	**(277,808)**	**(8,808)**
EBITDA	1,133	920	**213**	3,231	3,982	**(751)**
EBITDA %	*4.2%*	*3.6%*	**0.6%**	*1.1%*	*1.4%*	**(0.3)%**
Non Operating Expenses	(324)	(337)	**13**	(3,707)	(3,712)	**5**
Surplus / (Deficit)	**809**	**583**	**226**	**(476)**	**269**	**(745)**
Surplus / (Deficit)%	***3.0%***	***2.3%***	**0.7%**	***(0.2)%***	***0.1%***	**(0.3)%**
Impairment	0	0	**0**	0	0	**0**
Tech Surplus / (Deficit)	**809**	**583**	**226**	**(476)**	**269**	**(745)**

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
	Non-current assets						
140,409	Property, plant and equipment	139,934	142,678	(2,744)	139,617	317	144,198
2,429	Intangibles	1,954	1,689	265	1,972	(18)	1,621
223	Trade and other non-current receivables	168	223	(55)	242	(74)	223
143,061		**142,056**	**144,590**	**(2,534)**	**141,831**	**225**	**146,042**
	Current assets						
4,199	Inventories	4,292	4,199	93	4,367	(75)	4,199
28,388	Trade and other receivables	25,289	20,095	5,194	24,921	368	16,285
12,598	Cash and cash equivalents	15,545	14,620	925	14,815	730	15,697
45,186		**45,126**	**38,914**	**6,212**	**44,103**	**1,023**	**36,181**
188,247	**Total assets**	**187,182**	**183,504**	**3,678**	**185,934**	**1,248**	**182,223**
	Current liabilities						
(32,202)	Trade and other payables	(35,078)	(31,757)	(3,321)	(35,000)	(78)	(29,169)
(4,484)	Borrowings	(4,516)	(4,418)	(98)	(4,486)	(30)	(4,352)
(295)	Provisions	(337)	(130)	(207)	(248)	(89)	(111)
(501)	Other liabilities	(1,248)	(501)	(747)	(1,126)	(122)	(501)
(37,478)		**(41,179)**	**(36,806)**	**(4,373)**	**(40,860)**	**(319)**	**(34,133)**
7,708	**Net current assets/(liabilities)**	**3,947**	**2,108**	**1,839**	**3,243**	**704**	**2,048**
150,769	**Total assets less current liabilities**	**146,003**	**146,698**	**(695)**	**145,074**	**929**	**148,090**
	Non-current liabilities						
(21,932)	Borrowings	(17,684)	(17,609)	(75)	(17,564)	(120)	(17,609)
(2,196)	Provisions	(2,161)	(2,196)	35	(2,161)	0	(2,196)
(584)	Other liabilities	(372)	(584)	212	(372)	0	(584)
(24,712)		**(20,217)**	**(20,389)**	**172**	**(20,097)**	**(120)**	**(20,389)**
126,057	**Total assets employed**	**125,786**	**126,309**	**(523)**	**124,977**	**809**	**127,701**
	Financed by						
	Taxpayers' equity						
97,119	Public dividend capital	97,324	97,119	205	97,324	0	97,119
17,107	Revaluation reserve	16,803	17,107	(304)	17,106	(303)	17,107
11,826	Retained earnings	11,659	12,083	(424)	10,547	1,112	13,475
126,057	**Total taxpayers' equity**	**125,786**	**126,309**	**(523)**	**124,977**	**809**	**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	14,815	14,532	283	12,598	12,598	0	12,598
Operating activities							
Technical surplus / (deficit)	*809*	*584*	*225*	*(476)*	*258*	*(734)*	*1,650*
Net interest accrued	*16*	*27*	*(11)*	*225*	*320*	*(95)*	*353*
PDC dividend expense	*304*	*304*	*0*	*3,347*	*3,347*	*0*	*3,652*
Unwinding of discount	*4*	*4*	*0*	*39*	*40*	*(1)*	*44*
Operating surplus / (deficit) per annual accounts	1,133	919	214	3,135	3,965	(830)	5,699
Depreciation and amortisation	519	594	(75)	5,644	6,545	(901)	7,139
(Gain) / loss on disposal	0	0	0	93	0	93	0
Non cash donations/grants credited to income	(11)	(10)	(1)	(229)	(110)	(119)	(120)
Changes in working capital							
(Inc)/Dec in Inventories	75	0	75	(93)	0	(93)	0
(Inc)/Dec in trade & other receivables	(294)	(184)	(110)	3,008	8,140	(5,132)	11,951
Inc/(Dec) in trade & other payables	(254)	(401)	147	1,415	(1,902)	3,317	(3,006)
Inc/(Dec) in other liabilities	122	0	122	535	0	535	0
Inc/(Dec) in provisions	85	(19)	104	(35)	(209)	174	(228)
Investing activities							
Interest received	13	2	11	122	27	95	30
Purchase of non-current assets	(808)	(813)	5	(4,565)	(7,962)	3,397	(10,000)
Financing activities							
Public dividend capital received	0	0	0	205	0	205	0
Other loans received	150	0	150	205	32	173	32
Loan principal repaid	0	0	0	(4,425)	(4,421)	(4)	(4,487)
Interest paid	0	0	0	(394)	(411)	17	(411)
PDC dividend paid	0	0	0	(1,674)	(1,672)	(2)	(3,500)
Total net cash inflow / (outflow)	**730**	**88**	**642**	**2,947**	**2,022**	**925**	**3,099**
Closing cash	**15,545**	**14,620**	**925**	**15,545**	**14,620**	**925**	**15,697**

REPORT

AGENDA ITEM: 7.5

Wrightington, Wigan and Leigh NHS Foundation Trust

To:	Board of Directors	**Date:**	27 March 2019
Subject:	Mortality Update Q3 2018-19		
Presented by:	Dr Sanjay Arya, Medical Director	**Purpose:**	Information

Executive summary

The purpose of this report is to provide the Board of Directors with information regarding Mortality Reviews required by the Learning from Deaths Guidance. This includes the following:

- The total number of the Trust's inpatient deaths (including Emergency Department deaths for acute Trusts);
- Deaths subjected to review: Trusts are required to provide estimates of how many deaths were judged more likely than not to have been due to problems in care.

The Trust's Mortality Improvement Plan is an appendix to this report. The plan includes a number of actions related to the following:

- CCG and WWL Joint Review: Deaths after 30 days discharge.
- Further actions agreed to support improvements to mortality.
- Actions relating specifically to Pneumonia.

Risks associated with this report

The Corporate Risk Register includes the following key risk:

- Failure to achieve an improved benchmarked position for mortality.

Link(s) to The WWL Way 4wards

☒	Patients	☒	Performance
☐	People	☐	Partnerships

The WWL Way

Mortality Review
2018-19 Quarter 3

1.0 Introduction

In December 2016 a report from the Care Quality Commission (CQC) *'Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England'* found that learning from deaths was not being given sufficient priority in some organisations and consequently valuable opportunities for improvements may be missed. In March 2017 the National Quality Board published National Guidance on Learning from Deaths, a framework for NHS Trusts and NHS Foundation Trusts on identifying, reporting, investigating and learning from deaths in care.

The guidance advised that Trusts were required to publish their policy and approach to Learning from Deaths. The Trust published its Mortality Framework at the end of September 2017 and is located here: http://www.wwl.nhs.uk/about_us/mortality_review_framework.aspx

The guidance also advised that Trusts are required to collect specified information on deaths and publish on a quarterly basis. The quarterly reports should be scheduled on the agenda of public Board meetings. The report should include:

- The total number of the Trust's inpatient deaths (including Emergency Department deaths for acute Trusts);
- Deaths subjected to review: Trusts are required to provide estimates of how many deaths were judged more likely than not to have been due to problems in care.

The purpose of this report is to provide the Board of Directors with information regarding Mortality Reviews required by the Learning from Deaths Guidance, outlined above.

2.0 Total Number of Inpatient Deaths (By Quarter 2018-19)

The total number of hospital deaths in Q3 was **286** in comparison to 293 in Q1 2018-19, 274 in Q2 2018-19, 367 in Q4 2017-18, 359 in Q3, 298 in Q2 and 328 in Q1.

3.0 Deaths Subjected to Review

The Corporate Mortality Review Team, led by Dr Martin Farrier, Associate Medical Director, amended their processes for reviewing deaths at the beginning of October 2017 to reflect the recommendations from the Learning from Deaths Guidance. The Corporate Mortality Review for Q3 2018-19 concluded the following:

	Deaths - Not learning disability			Review and Score						Learning Disability		
Quarter	Total	Reviewed	Avoidablity >50%	Score 6 - Definetly not avoidable	Score 5 - Slight evidence Avoidability	Score 4- Possibly avoidable but not very likely	Score 3- Possibly avoidable	Score 2 - strong evidence of avoidabilty	Score 1 - Definetly avoidable	Total	Reviewed	Avoidability
Q3 18/19	286	89	2	78	6	3	2			2	0	

3.1 Potentially Preventable Deaths

2 deaths were escalated by the Corporate Mortality Review Team as potentially preventable:-

1. Dialysis concerns were reviewed by the Northern Care Alliance following escalation by the Trust's Medical Director.
2. One death raised concerns regarding tracheostomy care and appropriate ward. This incident was investigated and the inquest scheduled in Q4 2018-19.

3.2 Themes/Learning

The themes noted by the Corporate Mortality Review Team and shared included:

- Cannulation concerns
- Suicide and recognition
- Warfarin and internal bleeding
- Missed diagnosis, for example, bowel obstruction
- Tracheostomy care review
- Provision of dialysis

4.0 Unexpected Deaths Reported to STEIS in Q3 (2018/19)

The Trust submitted **1** unexpected or potentially avoidable death to STEIS in Q3 (2018/19). The investigation into this incident was completed in February 2019.

5.0 Prevention of Future Deaths Notices

The Trust did not receive a Prevention of Future Deaths (PFD) Notice from the Coroner in Q3 2018-19. The Trust has not received a PFD during the last year.

6.0 SHMI (Summary Hospital Level Mortality Indicator) and HSMR (Hospital Standardised Mortality Rate)

The Trust's HSMR YTD to September 2018 (latest available data at end of Q3 2018-19) was 99.3. The Trust's SHMI was 111.3 for a rolling 12 months from May 2017 to June 2018, an improvement from 113.4 during the previous rolling 12 months period.

The improvement in SHMI has impacted on the Trust's benchmarked position. The Trust is now in Band 2 (as expected), an improvement from Band 3 (worse than expected).

7.0 Mortality Improvement Plan

The Trust has a mortality improvement plan which incorporates actions following the joint review of deaths within 30 days of discharge undertaken with Wigan Borough Clinical Commissioning Group and further actions agreed by the Mortality Group (See Appendix A).

Director of Governance and the Corporate Mortality Review Team, March 2019

Mortality Improvement Plan (Version 0.10 211118) Incorporating the following:

- **CCG and WWL Joint Review: Deaths after 30 days discharge.**
- **Further actions agreed to support improvements to mortality.**
- **Actions relating specifically to Pneumonia.**

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
1	WWLFT to implement in full the recommendations from the National Guidance on Learning from Deaths (March 2017) and consider a more detailed analysis of trends in deaths by specialities and specific conditions.	To implement the recommendation from the National Guidance on Learning from Deaths	Associate Director of Governance, Clinical lead for Mortality	February 2018	None.	The Trust has revised its Mortality Review Framework and published it on then Trust website following approval at Trust Board in September 2017. The Corporate Mortality Review Group has revised its data collection tool from October 2017 to bring it line with the RIP Structured Judgement Tool. Consideration of the presentation of Q3 mortality data to trust Board is underway. March 2018: The Q3 Mortality Report was presented to the Board of Directors in January 2018.	January 2018	Mortality Framework published on trust Website http://www.wwl.nhs.uk/about_us/mortality_review_framework.aspx Q3. Mortality report to Trust board. Mortality Update Q3 2017-18 FINAL 2301

Please note that this version of the improvement plan is not optimised for interactive use.
Documents embedded in this version will not open.

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
2	WWLFT to review Clinical Coding practices to ensure they align with other Trusts in Greater Manchester. WWLFT to review Coding practices to ensure they align with other Trusts in Greater Manchester (cont.)	The Trust has aligned Clinical Coding for AAA with other Trusts in Greater Manchester	Clinical Lead for Mortality	Complete	None	October 2017. This is complete but will take some time to reflect in the Trusts Mortality data. November 2017. The results of the National Clinical Coding Audit demonstrated 96% accuracy in primary diagnosis for WWL.	September 2017	Possible improvements to mortality data  Wigan Wrightington Leigh NHS Foundatic
3	WWLFT to consider widening membership of the weekly deaths review group to include additional clinicians from other Divisions such as Medicine and Surgery and Primary Care to allow from additional clinical challenge.	The Medical Director has invited a Consultant Haematologist, Elderly Care Consultant and Surgeon to join the Corporate Mortality Review Team. Responsibilities for the new team members will be defined. The Trust is happy to include a GP nomination from the CCG. Previously 3 GP's have attended the review, however they haven't participated long term.	Medical Director	December 2017 Update: August 2018	-Engagement - Time commitment - sustainability	October 2017. Invitation issued by Medical Director May 2018 There are further actions required. WWL Medical Director is seeking support from Primary Care. The risks to the completion of this action are recognised as it is a weekly commitment.		Attendance of new Corporate Mortality Review Team. Membership and input into reviews.
4	WWLFT may wish to undertake a review of Cardiology cases rejected by South Manchester University Hospital Foundation Trust, especially in light of their previous experiences regarding Aortic Stenosis.	WWL has been liaising closely with Central Manchester Colleagues. Individual cases are discussed between the organisations Cardiology Clinical Directors. Concerns regarding Aortic Stenosis have reduced	Cardiology Clinical Director	Complete	None	October 2017 Complete	September 2017	Reduction in Aortic Stenosis concerns raised by mortality reviews.

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
		Issues not regularly reported via the deaths audit.						
5	WWLFT to review the early recognition and management of liver failure and encephalopathy.	To be reviewed by Gastroenterology Consultant	Gastroenterology Consultant (AC)	November 2017	None	October 2017: Underway November 2017: Complete	November 2017	Presented to the November 2017 Mortality Committee.
6	WWLFT to review gall bladder disease management, with a particular emphasis on waiting times for ERCP and referral to secondary care.	To be reviewed by Gastroenterology Consultant	Gastroenterology Consultant (RK)	January 2018	None	October 2017: To commence March 2018: The January 2018 Mortality Committee was cancelled. Case reviews will be presented in May 2018.	See action 15 below.	A review of ERCP delays was undertaken and an additional slot was established.
7	WWLFT to explore what further analysis or selected case review would help explain excess deaths among differing age groups from the following conditions or reassure that identified clinical themes are being appropriately addressed:							
	• Lung Cancer	Case review complete	Clinical Director for Medicine (RS)	Complete	None	October 2017: Complete	September 2017	Presented to September 2017 Mortality Committee
	• COPD (45-74 years)	To undertake a case review	Respiratory Consultant (IA)	November 2017	None	October 2017: Underway November 2017: Complete	November 2017	Presented to November 2017 Mortality Committee

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
	• Acute renal failure	Case review complete	Medical Consultant (SG)	Complete	None	October 2017: Complete	July 2017	Presented to July 2017 Mortality Committee
	• Liver Disease (45 - 74 years)	See recommendation 5.						
	• Septicaemia	Case review complete	Consultant Anaesthetist (SN)	Complete	None	October 2017: Complete	July 2017	Presented to July 2017 Mortality Committee.
	• Parkinson's disease	To undertake a case review	Neurology Specialist Nurse (LO)	November 2017	None	October 2017: Underway November 2017: Complete	November 2017	Presented to November 2017 Mortality Committee
	• Mental retardation (Senility & Organic mental disorders)	This needs further consideration						
	• Cystic Fibrosis	This needs further consideration						
	• Aspiration Pneumonia (45-74 years)	To undertake a case review	To be discussed further with the Clinical Director of Scheduled Care.	January 2018 Update August 2018	None	October 2017: Discussion to occur with Clinical Director for Unscheduled Care November 2018: Aspirational Pneumonia mortality has reduced. At the Pneumonia meeting referenced below it was noted that a focus on this at this stage was not required.	Not required	
	• Peripheral and Visceral atherosclerosis	This needs further consideration						

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
	• Urinary tract infection (45-74 years)	To undertake a case review	Elderly Care Consultant	November 2017	None	October 2017: Underway November 2017: Complete	November 2017	Presented to November 2017 Mortality Committee.
8	• Further actions identified to improve mortality	To establish a Mortality Committee	Medical Director, Director of Governance	June 2017	None	Complete.	June 2017	The establishment of a multi-disciplinary Committee with representation from Public Health, Wigan Borough CCG and AQUA.
9		To make coding amendment for AAA patients to bring us in line with other Trusts;	Clinical Lead for Mortality	November 2017	None	Complete.	November 2017	Coding amendment for AAA complete.
10		To undertake a case review for Alcoholic Liver Disease (ALD)	Gastroenterology Consultant (AC)	May 2018	None	Complete	May 2018	Presentation to May 2018 Mortality Committee.
11		To undertake an End of Life Care Audit.	Palliative Care Consultant (KB)	May 2018	None	Complete	May 2018	Presentation to May 2018 Mortality Committee.
12		To undertake a case review for diagnostic imaging of heart.	Cardio-respiratory & Catheter Laboratory Service	May 2018 Update: August 2018	None	May 2018 This review was completed in time for the May 2018 Mortality Group as agreed; however, due to the discussions at the committee time	August 2018	Presentation to August 2018 Mortality Committee.

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
			Manager (JS)			did not allow this to be presented. The review will be presented at the August 2018 Mortality Committee.		
13	• Further actions identified to improve mortality (cont.)	To undertake a case review for Cardiac Arrest and Ventricular fibrillation	A&E Consultant (SN)	August 2018 Update: October 2018	None	May 2018 Underway August 2018 To be presented to October 2018 Mortality Committee February 2019 To be presented at the March 2019 Mortality Committee		Presentation to March 2019 Mortality Committee
14		To undertake a case review for Heart Failure	Cardiology Consultant (AS)	August 2018 Update: October 2018	None	May 2018 Review underway July 2018 To be presented at the October 2018 Mortality Committee February 2019 To be presented at the March 2019 Mortality Committee. For information this is no longer 'triggering' on Dr Foster mortality data as a risk.		Presentation to March 2019 Mortality Committee
		To undertake a case review for Cancer of the Ovary and Cervix	Obs and Gynae Consultant (JD)	October 2018	None	July 2018 Review underway. To be presented at the October 2018 Mortality Committee	December 2018	Presentation to December 2018 Mortality Committee
15		A review of delays for ERCP at the Trust	Gastroenterologist CD	February 2018	None	Complete. The Gastro Team has increased the number of ERCP slots available and the number of days	February 2018	The review has been completed and additional

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
						that the service is available.		slots allocated.
16	• Further actions identified to improve mortality (cont.)	To undertake a further review of patients who died within 30 days of discharge (for November 2017). The previous project was undertaken jointly with the CCG.	Clinical Lead for Mortality	May 2018 Update: August 2018	None	May 2018 Review underway but not complete.	July 2018	Presentation to August 2018 Mortality Committee
17		To invite a relevant/appropriate representative from Tameside to attend our Mortality Group to share their learning.	Medical Director	May 2018 Update: June 2018	None	Update April 2018: Medical Director at Tameside to attend Clinical Advisory Board (CAB) in June 2018.	June 2018	Attendance at CAB in June 2018
18		To review Sepsis coding with Public Health support (action from Wigan Borough Mortality Summit).	Coding Lead for Mortality	May 2018	None	Complete: An audit of Death Certificates and Sepsis Coding has been completed.	May 2018	Presentation to May 2018 Mortality Committee.
19		To commission an MIAA audit of Mortality Framework in the 2018-19 Internal Audit Programme.	Medical Director	April 2018	None	Complete. An audit of the Mortality Framework is on the Internal Audit Programme for 2018-19. Update July 2018: This review will focus on divisional mortality reviews. November 2018: This review is being presented to December 2018 Mortality Committee.	February 2018	

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
20		To undertake a Wigan Borough-wide review of warfarin in frail elderly patients who then RIP from bleeding.	Clinical Lead for Mortality	TBC	None	This is currently being explored by the CCG with input from the Trust. The Trust is also reviewing warfarin pre-op following an incident recently reported to STEIS.	TBC	TBC
21		To invite representation from Dr Foster to join the Trust's Mortality Committee.	Medical Director; Director of Governance	August 2018	None	May 2018: This action was agreed following a meeting with NHS Improvement in May 2018. Initiation to be issued.	August 2018	Dr Foster attendance at the August 2018 Mortality Committee.
22		To request an analysis of the Trusts mortality data by Dr Foster.	Analytic Services Manager, Business Intelligence	August 2018	None	May 2018: This action was agreed following a meeting with NHS Improvement in May 2018. Scoping of the analysis required is underway.	August 2018	Presentation of the analysis at the August 2018 Mortality Committee.
23	• The following actions relate specifically to Pneumonia • The following actions relate specifically to Pneumonia (cont.)	To establish a Pneumonia Task and Finish Group.	Medical Director; Director of Governance	June 2018 Update: October 2018	None	May 2018: This action was agreed following a meeting with NHS Improvement in May 2018. August 2018: A meeting is scheduled on the 4th October 2018, chaired by the Medical Director to review work undertaken to date and next steps. November 2018: The Medical Director chaired a meeting with key stakeholders to review progress and actions taken to date (see below). The Trust has not triggered for Pneumonia mortality since June 2017. It was agreed that a T&F Group was not required at	Not required.	Minutes from the Task and Finish Group reported to Mortality Committee.

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
						this stage. The pneumonia pathway is being relaunched by the Clinical Lead and it was agreed that an education session with Junior Doctors would be scheduled.		
24		To undertake a clinical audit of the Pneumonia Clinical Pathway.	Director of Governance; Pneumonia Lead	August 2018	None	May 2018: This action was agreed following a meeting with NHS Improvement in May 2018. Scoping of the audit is underway. August 2018: The Trust is now participating in the submission of Pneumonia data to Advancing Quality (AQ) with the support of a Specialist Nurse. AQ annual condition based reports provide Trust's with benchmarked data. November 2018: The Trusts latest Pneumonia AQ data benchmarks positively:  WWL_AQ_summary_ Sep_2018.pdf	August 2018	Trust participation in AQ.
25		To request an analysis of Pneumonia Clinical Coding by Dr Foster.	Analytic Services Manager, Business Intelligence	August 2018	None	May 2018: This action was agreed following a meeting with NHS Improvement in May 2018. Scoping of the analysis required is underway. August 2018: Dr Foster has reviewed Pneumonia HSMR activity. The Trust alerted for Pneumonia in June 2017 (no alerts since) and this is still reflecting in	August 2018	Dr Foster presentation to August 2018 Mortality Committee. Further actions to be discussed in October 2018.

No.	Issue Identified/ Recommendation	Actions to be taken (clear and specific identify resources where appropriate)	Lead Responsibility (Job Title)	Time Frame (date to be completed)	Risk to Completion (any risks that would prevent delivery of the action)	Progress towards Completion (include date the narrative relates to)	Date completed (RAG rate the column)	Evidence of completion
						the Trust's data (12month rolling).		
26		To undertake a case review for Pneumonia	Mortality Clinical Lead and Coding Lead for Mortality	August 2018	None	July 2018: Complete	August 2018	Presentation to August 2018 Mortality Committee.

REPORT

AGENDA ITEM: 7.6

Wrightington, Wigan and Leigh NHS Foundation Trust

To:	Board of Directors	**Date:**	27 March 2019
Subject:	Safe Staffing Report		
Presented by:	Director of Nursing	**Purpose:**	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 sustained fill rates for registered nurses and benchmarked positive position for CHPPD
- The continued progress with roll out of SafeCare and improved reporting of nursing red flags
- The risk associated with high vacancy rates in Unscheduled Care in the Division of Medicine
- The low incidence of moderate to severe harms reported despite the reported nursing red flags and operational challenges

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

☒	Patients	☒	Performance
☒	People	☐	Partnerships

The WWL Way

Safe Staffing Report – February 2019

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

Throughout February 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. The overall fill rate for registered nurses within the report is 91.3% and reflects the impact of the incentive scheme. This is a decrease since the last tabled report.

Tables 6 and 7 provides information from the Model Hospital for November 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 (8.7) against both the National (8) and Peer (8.4) comparative data. Registered staff comparators match peer group (4.7) but remain marginally below the national benchmarking data (4.8). Costs per patient and costs per care hour remain 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. For the areas where there were reported falls with harms within the report were no red flags raised with respect to nurse staffing.

The Trust roll out of the SafeCare module has continued to progress throughout February. 19 wards are currently utilising the system although further work is required to ensure data is captured as required, cascade training is completed and full functionality of the system is utilised. Areas utilised for escalation have been added onto SafeCare so the acuity and dependency of patients accommodated can be captured alongside the staff required to deliver safe and effective nursing care based on patient need. This data should assist in determining the flexibility required to manage increased inpatient demand within acute inpatient areas. Staff utilising SafeCare are now recording nursing red flags within this system.

The Board will note that there has been a significant increase in the number of red flags raised in February in comparison to previous months (Table 4). The majority of the red flags are associated with a shortfall of registered nurses within a clinical area; this shortfall is linked to the requirement to staff additional areas for escalation, short term sickness and vacancies. Vacancy rates are a particular concern within Scheduled Care in the Division of Medicine and this area is now the highest reporter of nursing red flags associated with registered nurse shortfalls.

The Executive Team has been requested to consider re running the incentive scheme from 1 April 2019 to 30 June 2019 to assist with ongoing operational pressures and escalation, and with maintaining fill rates within inpatient areas.

4.0 SUMMARY

The Trust continues to compare favourably for CHPPD and for nursing and midwifery staffing costs.

SafeCare continues to be rolled out across the Trust which will assist in determining future staffing requirements. There has been an associated benefit of an increase in the number of nursing red flags raised which represents are more accurate picture of risk associated with escalation, short term sickness and vacancies.

There are high vacancy rates within the Division of Medicine, particularly within Scheduled Care.

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 – February 2019

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	74.2%	99.9%	2.7	155.8%	123.1%	6.1	7.19%	11.01%			0/5			100.0%	85.7%
Cardio and Respiratory	80.3%	68.2%	2.4	106.7%	105.2%	4.1	3.68%	18.99%	17	1	1/5		1/1	89.5%	**94.7%**
Coronary Care Unit	98.6%	100.5%	7.0	97.8%		2.2	8.89%	0.00%	1					100.0%	100.0%
Elderly Care Unit	94.6%	98.8%	2.6	121.0%	113.0%	4.8	4.87%	11.36%	7		0/10		0/2	100.0%	100.0%
Highfield	89.1%	62.8%	3.8	145.8%	94.8%	5.9						1/0			
Pemberton	91.8%	100.1%	5.0	130.0%	130.1%	5.5	5.92%	11.92%	4						
Shevington	87.2%	68.2%	2.5	107.9%	144.1%	4.4	2.02%	18.04%	6		2/1		0/2	66.7%	33.3%
Taylor Unit															

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	96.4%	118.3%		130.2%	174.0%		2.74%	9.05%			1/2		0/1		
A&E Paeds	88.4%	116.8%					8.80%	15.26%	1						
CDW	104.0%	97.4%		96.4%	99.9%		1.94%	4.48%					0/1	100.0%	91.7%
Medical Assessment Unit	92.4%	84.3%		122.9%	106.0%		2.99%	7.85%	24		0/12		1/6	80.0%	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	95.5%	89.9%	28.2	100.0%		3.4	5.95%	0.00%	1						
Langtree	85.7%	98.4%	2.5	107.1%	130.9%	2.7	5.56%	10.91%	8		0/7		0/1	100.0%	100.0%
Orrell	89.3%	100.3%	4.1	137.6%	158.9%	5.7	0.51%	4.33%	8		0/2		0/1	100.0%	100.0%
Swinley	87.4%	98.5%	2.5	117.1%	106.9%	2.7	4.88%	5.82%	3		0/2		0/1	100.0%	100.0%
Maternity Unit	98.7%	97.2%	16.2	71.9%	96.6%	4.5	5.55%	0.00%			0/1			100.0%	100.0%
Neonatal Unit	94.5%	100.1%	13.0	99.7%		2.6	6.47%	0.00%						100.0%	100.0%
Rainbow	105.9%	93.8%	9.9	85.6%	53.5%	2.6	10.74%	6.60%	6				0/1	87.5%	100.0%

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	89.6%	71.1%	2.8	152.3%	178.0%	5.18	5.75%	7.68%	16		0/1		0/3	100.0%	100.0%
Ward A	98.0%	82.1%	3.6	108.1%	91.5%	3.91	13.14%	5.21%	7					87.5%	100.0%
Ward B	91.6%	99.8%	3.3	91.5%	95.2%	3.50	8.46%	5.80%					0/1	90.0%	100.0%
JCW	96.8%	98.2%	5.2	77.6%	106.8%	2.78	3.13%	0.00%	3		0/4				

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

Appendix 2

	January 2019		February 2019	
No of areas	Red Metrics Registered Staff Days	Red Metrics Registered Staff Nights	Red Metrics Registered Staff Days	Red Metrics Registered Staff Nights
24	4	5	2	6

Table 1. Red Metrics January 2019/February 2019

	January 2019		February 2019	
Specialty	Qualified	Unqualified	Qualified	Unqualified
Medicine	40.04**	6.3	35.77**	6.3
Surgery	17.41***	1.0	15.87***	1.0
Specialist Services	12.91		10.85	0
Total	**70.36**	**7.3**	**62.49**	**7.3**

*Table 2. Nurse Vacancies January 2019/February 2019 by Division (**6 WTE of these are from uplift for MIU/PCC, 8 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
December 2018	64.71	15.47
January 2019	70.36	7.3

Table 3. Nurse Vacancies September 2017 – January 2019 (Trust Wide)

Red Flag Category	**No. of Incidents February 2019**
Shortfall of more than 8 hours or 25% of registered nurses in a shift	99
Delay of 30 minutes or more for the administration of pain relief	2
Delay or omission of intentional rounding	1
Less than 2 registered nurses on shift	7
Vital signs not assessed or recorded as planned	
Unplanned omission of medication	1
Total	**110**

Table 4. Nursing Red Flags February 2019

Red Flag Category	No. of Incidents February 2019
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
Total	**0**

Table 5. Maternity Red Flags February 2019

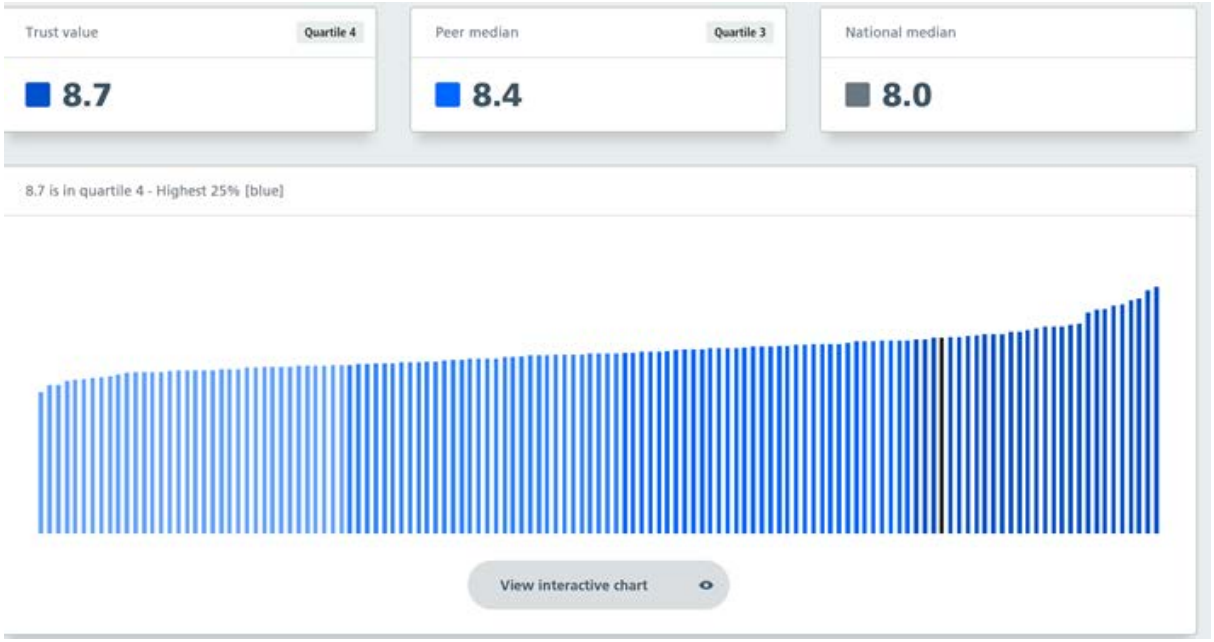

Table 6. CHPPD data November 2018 (Source Model Hospital)

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	Dec 2018	8.7	8.4	8.0		
Cost per Care Hour - Total Nursing & Midwifery Staff	Nov 2018	£22.55	£27.11	£25.80		
Cost per Patient Day - Total Nursing & Midwifery Staff	Nov 2018	£188.05	£217.24	£207.32		
Average Staff Cost - All Nursing & Midwifery Staff	2016/17	£34,229	£35,565	£35,334		

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

REPORT

AGENDA ITEM: 7.7

Wrightington, Wigan and Leigh NHS Foundation Trust

To:	Board of Directors	**Date:**	27 March 2019
Subject:	Maintaining patient safety during escalation		
Presented by:	Director of Nursing	**Purpose:**	Information

Executive summary

The purpose of this report is to assure the Board of the mitigation in place to support the maintenance of safe staffing during periods of escalation. Whilst this mitigation is currently considered robust and patient harm remains low, there still remains an impact on patient and staff experience and the effectiveness and continuity of care which is affected by the redeployment of staff to unfamiliar areas, and by the depletion of core ward areas staffing requirements.

Safety concerns have been raised with respect to capacity pressures with A&E and within the inpatient areas.

Further work is required to support the provision of assurance of workforce capacity across the trust that is responsive to peaks and troughs in activity and patient need.

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

☒	Patients	☒	Performance
☒	People	☐	Partnerships

The WWL Way

Background

Over the course of the last 5 months the Trust has, because of bed shortages, been required to escalate additional areas to provide inpatient care. This demand has arisen as a consequence of increasing numbers, levels of acuity and the dependency of patients presenting within the Emergency Department. This situation is exacerbated by the closure of wards for infection control reasons.

In response to this the Board has requested assurance that patient safety is not being compromised as a consequence of the use of undesignated areas.

Discussion

The Safe Staffing report provided monthly to Board provides information relating to fill rates, vacancies and sickness rates within nursing, and harms reported that may be directly attributable to reduced nurse staffing levels. This report provides significant assurance of the management and mitigation of risk.

To support consistency of decision making and escalation of staffing concerns, the Trust launched the Safe Staffing Escalation Policy in October 2017. This policy is directly aligned to the Trust OPEL policy which is utilised as a measure to determine operational and clinical risk associated with unscheduled care. The actions to be taken with respect to each of the 4 OPEL levels are clearly defined within the Policy and include, at the highest level, consideration of closure of beds to maintain patient safety.

Staffing levels are reviewed and monitored by Matrons daily with staffing requirements reassessed on a shift by shift basis, and redeployment/requests for additional staff being made as required to meet patient need. Staffing decisions have historically been taken based on staffing levels versus establishment and local intelligence relating to the workload on the ward.

In September 2018 the Trust identified specific areas within the organisation that could be used for escalation - Undesignated Areas. Each area was risk assessed by the Head of Nursing for the clinical area and criteria for inpatient admission and staffing requirements were agreed and defined by the senior nursing team. This was agreed and shared with all on call managers, matrons and site managers to ensure a consistent approach was undertaken to manage risk. In particular, this paper stipulated that an area could not be escalated if this resulted in a core ward being reduced to less than two registered nurses. The paper was reviewed and amended further in January 2019 following comments by staff who asked for assurance that staff movement did not also impact on ICU and site safety at Wrightington following concerns raised by nursing and medical staff. Some environmental works remains outstanding to make these areas more suitable for inpatient use as currently the quality of the patient experience is below the standard expected.

In November 2018 the Trust launched the nursing incentive scheme. This scheme resulted in an overall improvement of RN staffing levels within inpatient areas. The most positive impact noted was the reduction in the movement of staff from substantive inpatient areas to staff Highfield ward which became a permanent area in September 2018.

Additional demands on registered nursing time in A&E have also been created with the requirement to staff the waiting area, due to high volume of patients, and the corridor to facilitate and support handover of patients from the North West Ambulance Service (NWAS), whilst maintaining patient safety. The Board are aware of a number of patient safety concerns arising from A&E with respect to capacity pressures both within the department and within the Trust.

In February 2019 the Trust commenced roll out of the SafeCare module. SafeCare supports evidence based assessment of the acuity and dependency needs of patients throughout the course of the day. This enables senior nurses to see where there are hours of nursing time in excess of those required to deliver care to the patients within the clinical area, and those areas where there is a shortfall. This prompts a conversation with staff with respect to patient need, rather than staffing numbers, and has also supported decision making for short term movement of staff in response to peaks of activity; e.g. the movement of a staff member from surgery to an assessment area to support admissions following the transfer of 8 patients.

Levels of harm associated with pressure ulcers, falls, and medication errors remain low as evidenced within Safety Thermometer and the Safe Staffing report.

Despite this mitigation nurse staffing levels remain a risk with vacancies remaining for RN's and difficulty recruiting in some services/clinical areas. The escalation of areas at short notice does deplete the staffing available within inpatient areas and does impact on outcomes and experience for both patients and staff. Continued escalation with the subsequent drain on already depleted resources most certainly impacts on efficiency and effectiveness within established areas. The Trust continues to explore alternative workforce models, whilst acknowledging this is not a short term solution. However, the use of data is now more readily available, through the SafeCare Module to help provide assurance that safety is being maintained.

The NHSI Developing Workforce Safeguards (2018) articulates the requirement for staffing to be safe, sustainable and responsive to peaks and troughs in activity/acuity of patients. Further work is required to determine how this can best be modelled across the Trust workforce and this will need to be an area of focus for the Trust in 2019.

Conclusion

The Trust has robust plans in place to support the consistency and maintenance of safe staffing levels which is aligned to the Trust OPEL plans. In addition there are clear guidelines available to support the escalation of areas in response to patient need which take into account the acuity of the patient and the staffing requirement for the clinical area. The Trust Board receives a monthly report which provides further assurance with respect to nurse staffing and patient safety which is triangulated and benchmarked with Model Hospital data.

The measures in place mitigate the risk of harm to patients, however there is an impact on patient experience and efficiency that arises when resources are redeployed and the workforce depleted in established areas.

Further work is required to provide assurance of overall safe staffing levels in line with NHSI Developing Workforce Safeguards.

Patients:

Every patient receives the best possible care

Executive lead(s):	Director of Nursing Medical Director	**Reviewing committee:**	Quality and Safety Committee	**DELIVERY CONFIDENCE** **CURRENT MONTH:**	**WEIGHTED DASHBOARD** **MONTH:** 2.04 **YTD:** 3.22
Strategic importance:	Provision of safe, effective, high-quality and evidence based care is at the heart of everything we do.				
Sources of assurance:	▪ Scrutiny by Quality and Safety Committee ▪ Scrutiny by Board of Directors ▪ Use of internal and external auditors ▪ Escalation of emerging risks ▪ Divisional performance reviews ▪ REMC			**ROLLING TREND:** Feb 2019 · Jan 2019 · Dec 2018 · Nov 2018	**ROLLING TREND:** Feb 2019: 2.92 · Jan 2019: 2.46 · Dec 2018: 2.68 · Nov 2018: 2.48

Individual risks	Original Score	Mitigations	Current score
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 celling 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	Update installation was scheduled for late Feb. Interface currently being tested for supplier issues	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)	**95.8% M 96.9% Y**	≥95%	94% - 90%	89%-85%	84%-80%	<80%	**1**	1 x 1 = 1	1 x 1 = 1	Perf. Report (Feb 2019)
Harm free care	No. Serious Falls	**1 MTD 7 YTD**	0		1 (MTD)	2 or 3	>3 (YTD)	**2**	3 x 2 = 6	5 x 2 = 10	Perf. Report (Feb 2019)
Patient Safety	% of 'red sepsis' patients receiving antibiotics within 1 hour in A&E	**76.6%**	≥95%	94% - 90%	89%-85%	84%-80%	<80%	**1**	5 x 1 = 5	---	A&E Monthly Audits
Patient Safety	No. of Never Events	**0 MTD 5 YTD**	0 (MTD)				1 (YTD)	**3**	1 x 3 = 3	5 x 3 = 15	Perf. Report (Feb 2019)
Patient Safety	100% compliance with appropriate frequency of observations	**92.4%**	100%	99-95%	94-90%	89-80%	<80%	**1**	3 x 1 = 3	---	CCOT quarterly Audits
Infection Control	No. of MRSA	**0 MTD 2 YTD**	0 (MTD)				1 (YTD)	**3**	1 x 3 = 3	5 x 3 = 15	Perf. Report (Feb 2019)
Infection Control	No. of C. diff Lapses in Care	**0 MTD 1 YTD**	0 (MTD)	1 (YTD)	2	3	>4	**2**	1 x 2 = 2	2 x 2 = 4	Perf. Report (Feb 2019)
Patient Experience	% of patients recommending WWL for care	**92%**	≥95%	94% - 90%	89%-85%	84%-80%	<80%	**2**	2 x 2 = 4	---	Monthly FFT (Jan 2019)
Patient Experience	% of patients feeling involved with decisions about their discharge	**83.9%**	≥95%	94% - 90%	89%-85%	84%-80%	<80%	**1**	4 x 1 = 4	---	Perf. Report (Feb 2019)
Patient Experience	% of complaints responded to within the timescale agreed with the patient	**55% M 71% Y**	≥95%	94% - 90%	89%-85%	84%-80%	<80%	**1**	5 x 1 = 5	5 x 1 = 5	Perf. Report (Feb 2019)
Mortality	HSMR	**79.3% M 95.1% Y**	≤100	101-105	106-110	111-115	>115	**3**	1 x 3 = 3	1 x 3 = 3	Perf. Report (Nov 2018)
Mortality	SHMI	**110.3%**	≤100	101-105	106-110	111-115	>115	**1**		3 x 1 = 3	Perf. Report (Sept 2018)
Mortality	No. of PFDs	**0**	0	1	2	3	>4	**2**	1 x 2 = 2	1 x 2 = 2	Perf. Report (Feb 2019)
Medicines Management	% of critical medicines prescribed within 24 hours of admission or before the patient is transferred to a new area	**88%**	100%	99-95%	94-90%	89-80%	<80%	**1**	4 x 1 = 4	---	Pharmacy (Feb 2019)
Medicines Management	% of completed medicines reconciliation within 24 hours	**87%**	100%	99-95%	94-90%	89-80%	<80%	**2**	4 x 2 = 8	---	Pharmacy (Jan 2019)
Total									53(/26)	58(/18)	
Average									2.04	3.22	

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:** 3.25	**YTD:** 3.25
Sources of assurance:	▪ Scrutiny by Workforce Committee ▪ Scrutiny by Board of Directors ▪ Use of internal and external auditors		▪ Escalation of emerging risks ▪ Exec-to-exec meetings ▪ REMC			**ROLLING TREND:**				**ROLLING TREND:**	
						Feb 2019	Jan 2019	Dec 2018	Nov 2018	3.25 (Feb 2019)	4.00 (Jan 2019)	4.00 (Dec 2018)	4.00 (Nov 2018)

Individual risks	Mitigations	Current score
HR 84 - Ability to recruit and retain to required staffing levels for service delivery and service development plans	International recruitment, nursing incentive schemes, return to practice programmes, nursing pipeline. Workforce Summit held Feb 2019 to explore alternative staffing models. Plans to develop a bottom up workforce plan.	20
HR 86 - Lack of assurance around medical job plans will lead to both negative service and financial impacts for the Trust	E-job planning	16
HR93 – Breaching the NHSI agency ceiling	Temporary staffing protocols, nursing incentive schemes, international recruitment, Steps 4 Wellness programmes, regional collaboration	20
HR101 – Access to intranet (Wally)	Liaison between IT, system provider and staff engagement to resolve Active Directory problems. Single sign on implementation	16
HR80 – meeting the Government Apprenticeship targets	Prioritisation programme. Further 12 months funding for temporary resource secured via MCH Programme. Target will not be delivered, unspent levy to be recouped from May 2019 and requirement of NHSI long-term plan may not be met without further resource.	15
HR06 – sickness absence above target (and not delivering 20% reduction as specified in BIG scheme)	Advice/support available via HR/Occupational Health and wide range of initiatives in place as part of the 'Steps 4 Wellness' programme. Pilot due to commence to deliver physio, health checks and mental health advice to wards.	15

NARRATIVE

The January Pulse survey results show an improvement against the deterioration that was evident in the October survey results and the national staff survey. The recommendation as a place to work is at its highest observed score since January 2018 and the recommendation for treatment has improved on the October results.

Sickness absence remains over the Trust target of 4% and bank/agency expenditure, consistently well above the ceiling throughout the year, was at its highest in January. Vacancy levels remain a concern across nursing and medical staffing, particularly within the Division of Medicine.

Actions:

- Ideas from the workforce summit are being progressed in pilot form through the associated SAVI scheme and will be developed into workforce plans
- A series of listening events are planned to help us to understand how staff are feeling and to identify actions to address concerns
- An options appraisal is to be considered by ECC in relation to the Direct Engagement provider, which impacts on agency expenditure
- A series of interventions to support the reduction in short term sickness absence are being developed for consideration
- The Trust has agreed a continuous local agreement that will give staff their birthday off. This will be used as a recruitment and retention tool
- Access to apprenticeships has been increased due to MCH funding to enhance the supporting administrative infrastructure
- Re-audit of consultant job plans is scheduled by MIAA following the introduction of the e-job planning system
- Quality of appraisals will be audited to identify areas for improvement

Confidence in delivery remains amber-red.

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)	71.59%	≥95%	72-94%	68-71%	64-67%	≤63%	2	3 x 2 = 6	3 x 2 = 6	Workforce team
Employment Essentials	Turnover	8.77%	≤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	13.45%	≤10%	11-14%	15-20%	21-24%	≥25%	1	2 x 1 = 2	2 x 1 = 2	Workforce team
Route Planner	PDR completion	89.4%	≥95%	86-94%	78-85%	73-77%	≤72%	1	2 x 1 = 2	2 x 1 = 2	Workforce team
Steps 4 Wellness	Energy levels	3.45	≥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	33.68	≥36	35.01-35.9	34.01-35	33.61-34	≤33.6	2	4 x 2 = 8	4 x 2 = 8	Workforce team
Total								8	26	26	
Average									3.25	3.25	

Performance:
We aim to be in the top 10%

Executive lead(s):	Chief Operating Officer Director of Finance & Informatics	**Reviewing committee:**	Finance and Performance Committee	**DELIVERY CONFIDENCE**	**WEIGHTED DASHBOARD**
Strategic importance:	Delivery of operational and finance performance underpins clinical care, facilitates the patient journey and enhances the patient experience, and affects the organisation's financial performance.				MONTH: 2.04 YTD: 1.64
Sources of assurance:	▪ Scrutiny by Finance and Performance Committee ▪ Scrutiny by Board of Directors ▪ Use of internal and external auditors ▪ Escalation of emerging risks ▪ Divisional performance reviews ▪ REMC			ROLLING TREND: Feb 2019, Jan 2019, Dec 2018, Nov 2018	ROLLING TREND: Feb 2019: 2.37, Jan 2019: 2.11, Dec 2018: 2.63, Nov 2018: 2.89

Individual risks	Original Score	Mitigations	Current score
Risk of failure/vulnerability of back-end infrastructure resulting in no access to IT systems	20	Reviewed by REMC. Business case being prepared.	20
Delivery of cost improvement programme	20	Reviewed by F&P committee regularly, focus on transformation programme	20
Risk of forecast and recurrent plans for 2018/19 not being achieved	20	Reviewed by F&P on a monthly basis.	20
Numerous IT-related risks	16	Reviewed by REMC.	16

NARRATIVE

Please note that the weightings allocated to the metrics in the weighted dashboard were reviewed in September 2018 and therefore direct comparison with earlier periods is not possible. An additional metric relating to CIP performance was added to the dashboard in October 2018

PERFORMANCE: WEIGHTED DASHBOARD

Performance data as at: **28 FEBRUARY 2019**

Performance	Measure	Result	1 (Green)	2 (Amber-Green)	3 (Amber)	4 (Amber-Red)	5 (Red)	Weight	Month	Year	Source
4-hour standard	95% of patients should be admitted, transferred or discharged within 4 hours of arrival at A&E	68.57% M 82.44% Y	≥95%	94.9-90%	89.9-80% YTD	79.9-70%	≤70% Mth	2	5 x 2 = 10	3 x 2 = 6	BI (Feb 2019)
12-hour operational standard	No patient requiring emergency admission will wait 12 hours in A&E	0 M 0 Y	0 Mth & YTD				1	2	1 x 2 = 2	1 x 2 = 2	BI (Feb 2019)
Ambulance handover standard	All handovers between ambulance and A&E must take place within 15 mins with none waiting >60m	126 > 60m M 958 > 60m Y	≤ 15 mins	15-30 mins		30-59 mins	>60 mins (M & Y)	1	5 x 1 = 5	5 x 1 = 5	BI (Feb 2019)
Cancer treatment times	85% should wait no more than 62 days from urgent referrer to first definitive treatment	94.29% M 89.94% Y	≥85% Mth & YTD				≤84.9%	2	1 x 2 = 2	1 x 2 = 2	BI (Feb 2019)
18-week RTT	92% on incomplete RTT pathways (yet to start treatment) should wait no more than 18 weeks	92.56% M	≥92% Mth & YTD				≤91.9%	1	1 x 1 = 1	1 x 1 = 1	BI (Feb 2019)
52-week RTT	Zero tolerance for patient waits over 52 weeks on an incomplete pathway	0 M 0 Y	0 Mth & YTD				1	2	1 x 2 = 2	1 x 2 = 2	BI (Feb 2019)
Diagnostic waiting times	99% of service users waiting for a diagnostic test should receive it within 6 weeks of referral	99.37% M	≥99% (mth)				≤98.9%	1	1 x 1 = 1	1 x 1 = 1	BI (Feb 2019)
Paper switch off programme	By 1 Oct 2018, NHS E-referral will be used for all relevant consultant-led first OPD appointments	Complete	100%				≤99.9%	1	1 x 1 = 1	1 x 1 = 1	Complete
Control total achievement	Forecast position: Achieve finance control total before STP	Forecast 4 quarters	Achieve 4 quarters	3 quarters	2 quarters	1 quarter	0 quarters	4	1 x 4 = 4	1 x 4 = 4	Forecast
Control total achievement	Forecast position: Achieve A&E control total trajectory	Forecast 3 quarters	Achieve 4 quarters	3 quarters	2 quarters	1 quarter	0 quarters	2	2 x 2 = 4	2 x 2 = 4	Forecast
Use of resources risk rating	Forecast position: Achieve use of resources risk rating as per plan	Forecast 4 quarters	Achieve 4 quarters	3 quarters	2 quarters	1 quarter	0 quarters	4	1 x 4 = 4	1 x 4 = 4	Forecast
Transformation	CIP delivery against target	(40%) M (19.25%) Y	Achieved	Fail by <10%	Fail by 10-20%	Fail by 20-30%	Fail by >30%	3	5 x 3 = 15	3 x 3 = 9	Finance report
IT	Completion of agreed IT priorities in line with plan	---	100%	90-99%	80-89%	70-79%	≤70%	2	---	---	IT department
Total								27	51(/25)	41(/25)	
Average									**2.04**	**1.64**	

Partnerships:
We work together for the best patient outcomes

Executive lead(s):	Director of Strategy and Planning	**Reviewing committee:**	Board of Directors	**DELIVERY CONFIDENCE**	**WEIGHTED DASHBOARD**
Strategic importance:	Effective partnership working underpins our strategic direction				**MONTH:** 2.92 **YTD:** 2.92
Sources of assurance:	▪ Scrutiny by committee ▪ Scrutiny by Board of Directors ▪ Use of internal and external auditors	▪ Escalation of emerging risks ▪ Exec-to-exec meetings ▪ REMC		**ROLLING TREND:** Feb 2019, Jan 2019, Dec 2018, Nov 2018	**ROLLING TREND:** Feb 2019: 2.92; Jan 2019: 2.92; Dec 2018: 3.08; Nov 2018: 2.92

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 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	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	3	4 x 3 = 12	4 x 3 = 12	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	Major 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	70	
Average									**2.92**	**2.92**	

REPORT

AGENDA ITEM: 8.1

Wrightington, Wigan and Leigh NHS Foundation Trust

To:	Board of Directors	**Date:**	28 March 2019
Subject:	Operational Plan 2019/20		
Presented by:	Director of Strategy and Planning	**Purpose:**	Approval

Executive summary

This paper has been presented to seek approval of the final version of the Trust Operational Plan 2019/20, subject to inclusion of the final financial information (more detail provided below).

The content and size of the operational plan was prescribed by NHS Improvement (NHSI) in their 'Technical guidance for NHS planning 2019/20' which was published in January 2019. A draft operational plan was forwarded to NHSi in February and the content of the final version has been revised following feedback.

At the time of writing, the contract discussions have yet to conclude and, as such, the finance section of the operational plan cannot yet be completed. Therefore, at this stage, the operational plan enclosed excludes the finance section, though this will clearly be in place in readiness for the submission deadline of 4th April 2019.

Risks associated with this report

The main risks noted in this operational plan are as follows:

- Capacity - The Trust does not have the required bed capacity on the RAEI site to manage the expected level of emergency and elective demand for 2019/20
- Workforce – For the Trust and many other NHS organisations medical staffing in key areas and nurse staffing remain a challenge
- Financial pressures and balancing cost and quality improvement is also seen as a significant risk for the forthcoming year.

Link(s) to The WWL Way 4wards

☒	Patients	☒	Performance
☒	People	☒	Partnerships

The WWL Way

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

WWL Operational Plan 2019/20

The WWL Way

Contents

1.0 Introduction

This Operational Plan has been written within the context of a new NHS Long Term Plan, a recently refreshed Wigan Borough Locality Plan and the ongoing development of a new Five Year Strategy for Wrightington, Wigan & Leigh NHS Foundation Trust. The plan has also taken account of the emerging GM Theme 3 requirements in relation to standardising acute care.

The Trust's refreshed Five Year Strategy will be published in April 2019 and will have the organization focused on the delivery of outstanding services. The emerging priorities of our strategy will be sustaining services, within the context of financial challenge and increasing demand; and integration, which will focus on the vertical integration of Wigan Borough's community services and the horizontal integration of acute services within the Greater Manchester area. Both of these strategic priorities will need to be met whilst ensuring our services continue to put the patients at the heart of everything we do.

This Operational Plan is the first step towards the delivery of our Five Year Strategy. Some of the key issues noted within each section of this plan are noted below:

- Activity – the Trust and its local commissioner, Wigan Borough Clinical Commissioning Group, have worked together on the development of the activity plans for 2019/20. The Trust has confirmed that it does not have the capacity to manage non elective demand and the NHS Improvement is aware of this issue.
- Quality – this section highlights the Trust Governance arrangements for quality improvement, its quality improvement plans and provides detail on its quality improvement process in relation to how quality improvement are identified and then implemented
- Workforce – this section highlights the challenges and risks to workforce planning over the next 12 months and also provides a detailed assessment of the workforce retention strategies that the Trust will be progressing.
- Finance – this section addresses the Trust activity, income and expenditure planning assumptions for 2019/20. It should be noted that discussions with NHSi and Wigan Borough Clinical Commissioning Group are still ongoing and, as such, this draft will be subject to some change before the final version is submitted in April 2019.
- Sustainability & Transformation Plan – the Trust confirms its active and ongoing involvement within the Greater Manchester Health & Social Care Partnership. It also confirms our involvement in the Wigan Borough Locality Planning and highlights the priorities within the Borough. Finally, this section also highlights the Trust's priorities for 2019/20.
- Membership & Elections – this section provides an overview of all Council of Governors elections and their associated Training and Development.

The final version of the Operational Plan will be approved by the Board of Directors.

2.0 Activity Planning

2.1 Agreed Planning assumptions

The Trust has been working in collaboration with Wigan Borough Clinical Commissioning Group on the development of the 2019/20 operational plan. The agreed activity planning assumptions are noted below:

- Growth assumptions - The Trust is still in negotiation with Wigan Borough CCG (WBCCG) regarding the 2019/20 contract value and type. In 2018/19, the Trust agreed a minimum value block contract with WBCCG. The income and activity has over performed against the base line activity and income to date as the demand management schemes have failed to reduce activity at the Trust. The 2019/20 draft plan includes this over performance and additional growth as per the agreed locality growth assumptions detailed below:-
    - Accident and Emergency - 1.10%
    - Electives – 1.75 %
    - Non electives - 2.30%
    - Out patients – 2.40%
- Additional Working day – an allowance has made for the additional working day that will take place on 29th February 2020, and as a result activity and income plans have been increased
- New services – the Trust has not included any new services within its activity planning assumptions for 2019/20
- Repatriation of Elective Orthopeadic activity – the activity plan does include an element of repatriation of elective orthopaedic activity. This activity had previously been commissioned by Wigan Borough CCG in the private sector and WWL have agreed plans to ensure that this activity is now undertaken from our Wrightington Hospital site

2.2 Capacity to deliver

The Trust **does not** have the capacity to manage the demand for emergency admissions from within the Wigan Borough. Independent assessments have confirmed that, based on current demand, the current bed capacity within the main acute site (Royal Albert Edward Infirmary (RAEI)) is up to 60 beds short of the optimum level. This position has now been supported by Wigan Borough CCG, who continue to work with the Trust regarding the management of community based deflections schemes

The Trust submitted a bid for £3.75 million of capital funding from the wave 4 Sustainability and Transformation Fund allocation, and this bid was supported by Greater Manchester Health and Social Care Partnership. It would have provided an additional 22 beds on the RAEI site. However, the bid was not supported at a national level and as a result; the Trust still has an urgent requirement for additional bed capacity. Discussions are continuing in relation to how the capital cost for these beds could be supported and, in the meantime, the Trust is also exploring plans with regard to how more elective surgical activity could be moved from the main RAEI site to the Leigh Infirmary site. This would allow more capacity to manage non elective activity.

In terms of capacity to deliver the elective activity, the Trust is well placed to meet the activity plans for both elective and day case orthopeadics, as we benefit from having a

'cold' elective site at Wrightington Hospital. However, elective activity undertaken on the main RAEI site is constantly being compromised by the level of emergency demand and, as a result; we are not able to confirm we have sufficient capacity for elective surgical activity or emergency activity.

2.3 Delivery of key operational standards

As highlighted in section 2.2, the Trust does not have the required capacity on its main acute site to meet its activity plans, and is actively pursuing ways in which this risk can be mitigated by winter 2019. Therefore, with regard to A&E performance, we are not able to confirm that the system has sufficient resilience to deliver this target on a recurrent basis.

In terms of the current performance in relation to all other access targets, the latest position against all other major performance standards is noted overleaf:

Figure 1 - Performance against access targets (as at 30th January 2019)

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG
Access: 18 Weeks Referral To Treatment Incomplete Pathway	>= 92.0%	92.54%	Dec-18			93.18%	Nov-18	93.55%	
Access: Referral to Treatment over 52 weeks wait	<= 0	0	Dec-18			0	Nov-18	0	
Outpatients: Backlog of Follow Ups	""	13,618	Dec-18			12,646	Nov-18	N/A	
Stroke - High Risk TIA Patients Treated within 24 Hrs	>= 60.0%	86.67%	Dec-18			57.69%	Nov-18	74.66%	
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%	
Diagnostics: Patients waiting over 6 weeks	>= 99.0%	99.26%	Dec-18			99.18%	Nov-18	99.16%	

Figure 2 - Performance against Cancer waiting times standards (as at 30th January 2019)

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG
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%	
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initally suspected)	>= 93.0%	92.86%	Nov-18			94.48%	Oct-18	94.10%	
All Cancers: 31 day wait for diagnosis to first treatment	>= 96.0%	100.00%	Nov-18			99.09%	Oct-18	98.83%	
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%	
All Cancers: 31 day wait for second or subsequent treatment: surgery	>= 94.0%	100.00%	Nov-18			100.00%	Oct-18	99.11%	
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	""	87.39%	Nov-18			86.78%	Oct-18	87.18%	
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%	
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%	

As noted, Trust performance is delivering all standards with the exception of stroke patients spending more than 90% of their hospital stay on a stroke unit. Clearly, the Trust will continue to do all it can to deliver this level of performance throughout 2019/20, however given the capacity constraints that have been noted, the Trust is unable to confirm it will be able to deliver all RTT targets.

2.4 Winter resilience planning

The Trust has well developed escalation and winter plans, which has enabled additional bed capacity to be introduced when required. However, as noted the main issue in terms of resiliency relates to the shortfall in acute bed capacity on the RAEI site. The Trust has plans in place to delivers this additional capacity by January 2020, and will also look to ensure that additional elective work is undertaken at Leigh, however until both of these plans are in place, the Trust will continued to be very challenged in the delivery of a resilient capacity plan.

3.0 Quality Planning

3.1 Approach to quality improvement, leadership and governance

The Director of Strategy and Planning is the named executive lead for quality improvement with support from the Director of Nursing.

The Trust is committed to achieving an outstanding CQC rating and building upon the Trust's existing 'good' rating. The Trust recognises the importance of driving towards the achievement of an outstanding CQC rating and ensuring that the demonstrable completion of actions from previous CQC inspections. The aim to be an outstanding organisation is to be incorporated into the Trust's 'WWL wheel' which is held in high regard by staff.

The Trust launched an Accreditation Scheme (ASPIRE) in April 2018. The scheme has focussed on the accreditation of wards during the first year and continues to develop to include teams and departments. ASPIRE will be crucial to achieving an outstanding CQC rating. One of the aims of the scheme is to encourage quality improvement. Information on the methodology to support this is outlined below. Outstanding practice and innovation is captured during the accreditation visits. Information about the ward is scrutinised prior to the accreditation visit. The Trust has developed a ward app which includes quality and performance indicators at ward level. The Trust has developed a ward tracker demonstrating the ASPIRE achievement level and other intelligence held at ward level which includes CQCAssure ward self-assessments undertaken against the CQC key lines of enquiry. The Trust achieved a CQC rating of 'good' for the well-led domain. The Trust commissioned Deloitte to undertake a well-led review in 2018 and plans are underway to complete a self -assessment against the CQC outstanding characteristics under the well-led domain.

Quality and patients are at the centre is the Trust's strategy, with a focus and commitment to quality improvement being a key enabler to improving and defining the organisational culture. The Trust recognises that the staff working at the front line are best placed to understand what needs to be improved but need support and, at times, permission to make changes to the services they deliver. This recognition and commitment to empower staff to make improvements is at the heart of the Trust's Quality Improvement Strategy, which aims to both build QI capacity and capability and provide ways for all staff to deliver improvement in their daily work.

The principle enabling programme to build QI capacity and capability is the Trust's Quality Champions programme; a programme where staff self-select, bringing with them an intrinsic motivation to make changes and improvements to services. The programme comprises of an in-house developed and delivered quality improvement methods course equipping staff with the skills to take forward ideas and improvement projects. This is followed by a celebration event, with further celebration of the excellent projects delivered by staff through the programme at an annual conference. The in-house course was designed in partnership with AQUA and is based on the Institute for Healthcare Improvement Model of Improvement. Established in 2012, over 400 members of staff have self-selected to become a Quality Champions, making some spectacular improvements in both the quality and safety of care, many of which have been adopted nationally. The programme has a well embedded reward and recognition system so that Quality Champions can be easily recognised by a bronze, silver or gold badge; this is instrumental in ensuring that sustainability and spread are built into the programme.

Building on the nationally recognised Quality Champions Programme to continue the ambition of everyone in the organisation being touched by improvement is the development and roll out of 'MyQ' in 2019/20. Again, this will create a structured and facilitated programme for staff to receive training in QI methods and embed improvement at ward and departmental level. MyQ will see improvement boards created in all areas, which will be used for staff, or patients, in these areas to raise 'issues' and then be empowered to address these issues and deliver improvements within their area. MyQ will be fully integrated into the Trust's ward accreditation system, ASPIRE, supporting a culture of continuous improvement and staff using information about their area to drive forward improvement.

Quality Improvement activity and progression against the strategy is governed within the Trust's Quality Champions Committee, which chaired by the CEO. All quality improvement developments and projects are shared and celebrated in this committee, including all Quality Champions projects being presented back to this committee. As is integral in QI methodology, participant's feedback measurable impacts and improvements to their projects, including financial savings and performance improvements and these are linked into local departmental and divisional improvement plans to ensure alignment.

2. Summary of the quality improvement plan

The Trust has an excellent track record for improvement; however, acknowledges that there are challenges to ensuring quality of care. The Trust seeks external investigations if appropriate to assist with overcoming these challenges. The Trust has sought an external review of recent never events (5 reported year to date) by NHS Improvement and a review by the Royal College of Ophthalmologists following concerns regarding eye infection rates. Ensuring that the workforce has the capacity to achieve improvements, particularly with competing priorities is also a challenge. The Trust's Quality Champions programme is critical to ensuring that staff are provided with the capacity and capability to drive quality improvement. Improvements are required to sepsis care for inpatients. Actions taken to date include the appointment of a Sepsis Nurse, escalation processes for patients not receiving antibiotics within one hour and a plan for sepsis screening to be added to the Trusts electronic patient record (HIS) in Spring 2019. The Trust's Maternity Services is currently rated as 'requires improvement. The service has undertaken a number of actions since the inspection to ensure that improvements are undertaken.

The top three risks to quality are as follows:

- The pressures on unscheduled care provision and existing bed capacity. The Trust continues to work closely with partners in the Wigan Borough and Greater Manchester. The Trust utilises escalation areas when it is safe to do so.
- Clinical staffing challenges. For the Trust and many other NHS organisations medical staffing in key areas and nurse staffing remain a challenge. The Trust continues to have an intense and continuous recruitment and retention programme in place and has implemented new initiatives and models of working to mitigate this. The Trust is rolling out a 'safe care module' to support the management of staffing and acuity of patients. Workforce Transformation is one of the 'big ticket' Service and Value Improvement programmes for 2019/20, ensuring strategic oversight of programmes of work to introduce new workforce models to address workforce challenges. This also facilitates the monitoring and reporting of all benefits, including financial, associated with this quality improvement requirement.

- Financial pressures and balancing cost and quality improvement. Actions being taken to mitigate this are outlined in this section.

The Trust has undertaken a self-assessment against the following: Freedom to Speak Up external reviews published by the National Guardians Office. Learning and actions from this has been incorporated to the Trusts self-assessment against NHS Improvements Speaking Up Tool. The Trust has also undertaken a self-assessment against the Gosport War Memorial Hospital Independent Panel Report which links to Freedom to Speak Up. Following the publication of the independent report the Trust commissioned an Internal Audit into divisional mortality reviews. The Trust has also strengthened the link between the corporate and divisional audit programmes and serious incidents or quality priorities.

The Trust has been committed towards developing services at the weekend to ensure that patients in hospital get the same care irrespective of the day of the week. 3 years ago a business case for £2.1 million was successful and this resulted in the recruitment of additional emergency medicine and acute medicine consultants as well as 32 other allied health professionals. There is now 13 hour, 7 days/week on-site medical consultant cover. There is increased consultant cover in A&E on-site. This facilitates early senior decision making and this is evidence based to improve patient care and better patient outcomes. The Trust has an additional 2 trainee doctors (FY2 level) at the weekend supporting the assessment areas. These were previously un-banded posts (they are on GP placements Mon-Fri) but now do 1:12 weekend on-calls. The Trust has an enhanced discharge team and therapy services at the weekend supported by a medical consultant which visits all medical wards to both facilitate weekend discharges but also to review patients whose condition has changed or need acute therapy input. Surgical teams, led by a consultant surgeon, also attend the surgical wards 7 days a week to review inpatients. The Trust has increased radiology presence at the weekend and undertakes elective scans at the weekend. We do not have a 7 day MRI emergency service at present. The Trust has some rota gaps in the medical consultant rota which are filled consistently internally on an internal locum basis.

The Trust has undertaken a self-assessment against the new board assessment framework for seven-day hospital services. The Trust is compliant with three of the four priority standards. The Trust is not fully compliant with standard 2 which states that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital. Whilst performance during the week is continually improving, performance at weekends requires improvement. The Board of Directors agreed to the establishment of a seven day services working group to develop a plan to achieve this standard.

The Trust is committed to ensuring that learning from deaths is in line with the National Quality Board guidance published in 2017. The Trust published its Mortality Review Framework in September 2017 and submits quarterly mortality reports to the public meetings of the Board of Directors.

Unexpected deaths are identified in various ways including incident reporting and predominantly through the weekly Deaths Audit. Where there are concerns around a death, there will be an immediate review which identifies the concerns. Where these are low level concerns (such as the omission of a medicine), the issues will be dealt with by sharing individually with the team concerned, and on a non-identifiable manner with the wider organisation. Where there are higher levels of concerns the death will be

further shared with the Medical Director, Nursing Director and Director of Governance. Immediate issues regarding Duty of Candour and informing the Coroner can be dealt with at this time. The death is then reviewed at the weekly Executive Scrutiny Committee (ESC) where decisions about further review are made. Where appropriate a review team is appointed and the review brought back to ESC with an Action plan for implementation (in line with the Serious Incident Framework). Oversight of the Action Plan can then be provided at the Trust's SIRI Panel. Deaths are further shared with the clinical teams. These are both the deaths with low and high level concerns. Individual teams can then review the issues at Morbidity and Mortality Meetings.

Various issues have been raised by the review of Unexpected Deaths. These issues are often broader than is appropriate to an individual team (such as problems with Sepsis or access to dialysis).

WWL is working as part of the Wigan Borough E.coli Improvement Plan to provide a whole system collaborative approach to reducing healthcare associated infections within the Wigan Health and Social Care Economy. WWL have taken part in Cohort 2 of the UTI Collaborative programme being led by NHSI and have developed and piloted a campaign to raise awareness about hydration across the borough. Results will be presented to the next Harm Free Care Meeting. This demonstrates WWLs commitment to reduce Gram-negative bloodstream infections by 50% by 2021 which are aligned with wider health economy plans

The Trust has fully embedded the national early warning score (NEWS2) and integrated the tool into the Trust's electronic patient record (HIS). Recognition, response and appropriate escalation of patients who deteriorate is subject to quarterly clinical audits reported to Harmfree care Board. The audits have demonstrated improvements following the implementation of NEWS2 (which replaced MEWS). Plans are underway to monitor NEWS2 compliance electronically and report this compliance via the Trust's ward app.

3. Summary of quality impact assessment process and oversight of implementation

The Trust takes an integrated approach to cost and quality improvement, launching in quarter 3 of 2018/20 its 'Service and Value Improvement' (SAVI) brand as an alternative name and approach to cost improvement programme (CIP). Promoting an integrated approach to improvement, it recognises and ensures that the full range of benefits associated with change are recognised and monitored and efforts to improve quality or cost are not inappropriately progressed through different mechanisms. SAVI is about staff working together to enhance quality, care and patient experience, continually improve service whilst removing efficiencies. Taking this strategic approach recognises the increasing evidence that the best and safest way of removing costs is to focus on improving quality and creates the conditions to maximise staff engagement in the wider improvement imperative. This approach also ensures finance, activity and workforce assumptions are considered in any plans to improve the quality of services.

The Trust takes a tiered approach to delivering the required level of cost efficiencies through its SAVI plan, developing a number of large-scale, complex and strategic programmes of improvement, supported by structured programmes of improvements within each Clinical Division and corporate department. The Trust's Transformation Team play a critical role in supporting the identification, work up and delivery of schemes and ensure a central point in the organisation to monitor implementation, as well as impact and report this on a central basis. Any risks from the delivery, or non-delivery, of SAVIs are reported

through to the Trust's Delivery Board and the Trust's Finance and Performance Committee. The Board also have oversight of any quality or delivery issues with its SAVI programme through the risk register.

The Trust has further improved its governance structure for SAVI for 2019/20. A monthly Programme Board is held, chaired by an Executive Director, where there is oversight of all large (big ticket) and divisional schemes. This includes oversight of project delivery and any risks, the impacts of improvements using appropriate metrics for the different programmes of improvement, and the work up of ideas through the pipeline to fully worked up schemes.

All ideas from initial thought to a fully worked up scheme go through a thorough prioritisation, feasibility and QIA process ensuring that ideas that progress to schemes in the CIP plan are viable and do not impact on quality. QIAs are singed off by the Medical Director and Director of Nursing. Taking an integrated approach to cost and quality improvement means that CIPs aims to improve quality in clinical services. The QIA standard template seeks assurances around impact on patient safety, clinical effectiveness, patient experience and operational / non-clinical, with the later requiring improvement leads to consider and note any impact on staff.

An inclusive approach to idea generation is taken, involving staff across different roles and grades. The Transformation Team play a critical role in supporting the generation of ideas, utilising information from various sources (Model Hospital, GIRFT) to identify any variation in practice and opportunities to make improvement.

4.0 Workforce Planning

4.1 Introduction

The Trust has embarked on an exciting journey of transformation which will continue into 2019/20 as Wigan Borough community health services teams join the Trust and are embraced as part of the Healthy Wigan Partnership (HWP). HWP and the Trust aim to evolve over 2019/20 with patient pathways and our workforce being redesigned to align with the needs of our patients and community. This transformational work will commence at pace following the operational transfer element of the business transaction being completed. We look forward to working with our new team members and HWP stakeholders in implementing a world class healthcare model reflecting the aims of the wider GM partnership for both health and social care users and its workforce.

4.2 Workforce planning governance

The Trust's workforce plan is underpinned by a number of Trust Board approved strategies to ensure there is a robust, multi-layered and triangulated approach to workforce planning, ensuring the Trust meets its strategic objective of being safe, effective and caring.

Adhering to the principles of safe staffing, as defined in 'Developing workforce safeguards', the Trust uses evidence based tools and data, such as the Safer Nursing Care tool, BirthRate Plus, eRostering and model hospital, alongside professional judgement and patient outcomes such as the Real Time Patient Survey, HMSR and SHMI for mortality rates to ensure workforce planning is responsive to need and proactive in relation to forward planning. The implementation of the Allocate Safe Care module will also enhance and additionally transform the Trust's ability to respond to the requirements of our patients and their daily needs as they change.

The Trust's Nursing, Midwifery, Therapy and care staff Strategy reinforces this work in respect of the nursing, midwifery and therapy workforce and delivery of patient care and also defines the Trust's approach to vacancy gaps and turnover.

Nurse safe staffing is reported to the Trust Board on a monthly basis alongside a review of the Trust's Business Assurance Framework. Overall safe staffing is considered as part of the Trust's Fundamental Standards review on Safe Staffing and reported to the Trust's Quality and Safety Committee. On a quarterly basis the Trust's Workforce Committee considers staffing from workforce activity reports and any associated long term risks. The Trust's Risk and Environmental Management Committee (REMC) reviews and oversees all corporate risks inclusive of those related to staffing.

4.3 Challenges/Risks

Both the Nursing, therapy and care staff Strategy and the Trusts Recruitment and Retention Strategy defines the challenges facing the Trust, which echo those felt across the Greater Manchester STP footprint and also on a National level, reported on a daily basis by the press.

Bank and Agency costs - The Trust's Workforce strategy (the People Promise), corporate objectives and workforce plan identifies the requirements to reduce agency spend, whilst understanding the need to ensure temporary staff are available in times of need and pressure, inclusive of cover for sickness absence and vacant posts. In this regard, the Trust uses NHS Professionals both for the Nursing & Midwifery cohort and theatre staff,

plus the Trust implemented a medical bank via NHS Professionals Doctors Direct in 2018/19. Discussions continue with GM partners, once the NHSP medical bank is fully embedded, to collaborate on a wider bank of medical staff across a number of STP Trusts. The Trust is also focused on working with long term agency staff in order to convert them over to our NHSP Bank, already some success has been achieved as those individuals maintain the flexibility of role they wish; their financial income; whilst the Trust avoids the additional agency expense. The Trust will also continue to create and offer innovative solutions at times of pressure e.g. our internal Nurse Incentive Scheme ahead of Christmas 2018 which successfully supported some of our winter period nursing gaps, we will reflect and modify this where appropriate and replicate.

Digital solutions - The Trust continues to consider digital solutions, as supported by the NHS Long Term Plan (LTP) and is working collaboratively with GM under one of its key strategic themes (with regards to corporate support functions, in line with the Carter Report Recommendations) to examine systems that will enhance the Trust and support clinical teams. The Trust implemented an eJob Planning system, which was rolled out 2018/19 and will look to extend its use to groups of medical staff inclusive of Associate Specialists and Specialty Doctors in 2019/20. The Trust aims to further transform using these digital offers by formulating a prioritisation proposal for the expansion of eRoster and eJobplan, plus digitised Activity and Annual Leave management. This is in accordance with the NHSI intensions, working towards 2020/21, so that we ensure staff are in the right place at the right time, matching activity against staffing requirements.

Learning and Development - Whilst the Trust has been impacted by the reduction in CPD funds we have remained proactive to deliver our staff appropriate learning and development programmes. The Nurse Career Pathway was developed in 2018/19 incorporating all potential career routes, from Nurse Associates and linked NVQ training programmes, supporting a pre-degree pathway on to increased skills development offerings, such as leadership programmes and routes to senior nursing roles for example, Advanced Nurse Practitioners and management roles. This pathway defines our commitment to 'growing our own' and additionally supports 'filling difficult gaps' which is in line with the GM workforce strategy. Advanced Clinical Practitioner roles are also explored within other clinical disciplines, offering opportunities to answer long term vacancies by skill mix considerations. Whilst ensuring any skill mix changes to workforce are underpinned by Quality Impact Assessments (QIA) it remains our intention to be agile to solutions that can support the resolution of long term gaps that currently cause pressure on services, increase spend via temporary staffing such as agency staffing and impact on our patients.

4.4 Workforce transformation

Work to respond to increased sickness absence, agency and vacancy rates and transform our workforce is supported by our Executive team who directly lead a 'Workforce Summit' to mobilise senior clinical and management leaders and identify transformational resolutions. Previous outcomes have led to alternative workforce models, such as consultant nurses, pharmacist and advance therapists being taken forward as possible methods. Considerations for 2019/20 will also include opportunities where the Trust can support the aims of the NHS LTP in credentialing for those staff to broaden their skill set and support operating on a wider spectrum. We look forward and support this evolution of our staff.

4.5 Workforce retention

Continuing with the offer to retain our current workforce and ensure they remain motivated by their individual CPD the Trust completes a robust learning needs analysis for all staff and funding is prioritised based on statutory requirements and clinical risk. The Trust will progress in 2019/20 a new Talent Management process and pipeline, underpinned and supported by our education governance. This process will identify key roles and individuals who aspire to reach career goals and will enable the Trust to support these employees as they progress, nurturing and retaining their talent and skillset to their own and the Trust's benefit.

The Trust has committed to promoting apprenticeships in 2019/20, within all disciplines, where relevant to do so, and support by appropriate standards, inclusive of nursing roles.

These key retention programmes support the Trust to decrease its vacancy and turnover rates, maintaining the skills we hold and delivered by our valuable staff. This focus on reducing vacancy and turnover rates is in accordance with the aims of the NHS LTP to reduce vacancies to 5%.

The Trust values its positive relationship within the Wigan Borough Health and Social partners and its collaborative approach and culture under the Healthy Wigan Partnership (HWP). Our workforce plan is forged on the basis of the future plans within the HWP. The Wigan Workforce Leaders have been committed to developing plans and programmes to benefit our workforce, both paid and voluntary, within the Wigan community and create innovative transformational schemes that respond to the challenges we face both independently and as part of the wider Greater Manchester Health and Social Care community. With this in mind in 2019/20 the HWP workforce group, having won a GM Workforce Collaborative funding bid, will be undertaking key research, which will allow us to create new attraction and retention strategies. This work aims to fully understand what attracts and detracts individuals from joining or remaining within the Wigan Borough so we can clearly define and build an offer that will ensure the Wigan Locality as the place they choose now and in the future, knowing they can commence and build their career within the Healthy Wigan Partnership, in a job role that fulfils their work and lifestyle choices. The key outcomes from this work will also upwardly flow into the aims of the Greater Manchester Workforce Collaboration and should enable other localities a springboard for similar projects.

The Trust will continue with key collaborations forged from ongoing work projects e.g. The strategic alliance with Bolton NHS Foundation Trust.

Retaining our local focus in 2019/20 we will continue to offer pre-employment programmes, working with local stakeholders and support our youngsters to consider health and social care as their future career choice. We have redesigned our placement programme through engagement with local education providers and additionally aim to grow our volunteer cohort, giving specific consideration to our young people and supporting the NHS LTP with regards to offering opportunities to those from within the areas of deprivation within our borough, supporting their growth and encouraging their contribution to their local community.

The Trust will work in partnership with local organisations such as Job Centre Plus, Schools, The National Apprentice scheme, FE colleges and Universities in developing the skills of the local community and, bringing them into employment locally, we will continue to utilise schemes such as Apprenticeships and widening access models, providing knowledge and qualifications along with work experience.

Our Trust's Earn, Learn and Return programme for overseas doctors continues its journey of success and expansion and through our liaison with national stakeholders we will explore additional opportunities for overseas medical specialties and embark on international nursing pipelines which also provide an ethical, Earn, Learn and Return experience to overseas visitors and responds to the current shortage of nurses. This will build on previous successes we have had with European nurse recruitment. Whilst the Trust acknowledges the risks due to Brexit, we are confident that we will retain our talented and committed EU staff through supporting them to obtain their settlement status.

Corporate and divisional programmes of workforce planning always include teams with specialist financial, quality and workforce knowledge to ensure a triangulated approach embraced by clear governance protocols.

The Trust's People Promise is clear in ensuring that our leaders have the capability to recruit and retain a workforce that is responsive to the needs of our patients and community, underpinned by a culture that respects the individual's needs both personally and professionally. We will continue to develop our leaders, and support our teams with trained coaches and mentors that promote a positive culture, focusing on wellbeing, free from discrimination, bullying and violence.

4.6 Conclusion

We believe our Workforce plan and strategy will continue to transform our workforce in 2019/20 evolving to embrace the Trust's corporate objectives and priorities and reflects the NHS Long Term Plan and safe staffing principles to ensure our patient community receives safe, effective care. As a Greater Manchester Trust we also ensure the spirit of the Greater Manchester Health and Social Care Devolution and Five Year Forward View programme is upheld and work in support of our Mayoral manifesto workforce principles.

Please review Appendix A where we define our specific workforce challenges, risks and long term vacancies, the impact and the Trust's associated initiatives or responses.

5.0 Financial Planning

This whole section will be completed following the finance and performance meeting in March. The full and final operational plan will be submitted to NHSi on 4th April 2019

5.1 Introduction

5.2 Financial Plan

5.3 Income & Activity

5.4 Expenditure

5.5 Efficiency Savings 2019/20

5.6 Agency Rules

5.7 Capital Planning Rules

5.8 Cash and Use of Resources

6.0 Link to the Local Sustainability & Transformation Plan

6.1 Greater Manchester Sustainability & Transformation Plan

Greater Manchester is recognised as a mature Integrated Care System and is the largest devolved health and social care region in the country.

2019/20 represents the fourth year of delivery of GM's health and care transformation strategy *Taking Charge.* It will be the first annual plan we have developed in the light of the new GM Health and Social Care Prospectus – which will form the basis of the scaled implementation of the NHS Long Term Plan in GM.

The GM Health and Social Care Partnership is the body made up of all the health and social care organisations in Greater Manchester. It also includes representation from local authority, VCSE and other public service organisations in the city region.

The Partnership will pursue a single Greater Manchester approach to planning for 2019/20 in line with expectations for Integrated Care Systems. This includes alignment of NHS England and NHS Improvement processes and of commissioner and provider plans. In the production of an aligned GM system plan for 2019/20, and given our status as a mature ICS, we will test alignment within the GM Partnership itself and collectively seek to provide this assurance to the national bodies

6.2 Wigan Borough Locality Plan

The Wigan Locality Plan for Health and Care Reform was developed in 2015, being refreshed in 2016 and 2017 and most recently in 2018. A five year strategy, it is intended to improve outcomes for residents and address the financial challenge for the locality by 2021.

The refreshed priorities are:

- Connected Communities - Large scale application of asset-based community development principles in the health and care system, and wider public service.
- Improving Population Health - Further extension of the localities implementation of all initiatives to support residents to be as well as possible and to address ingrained health inequalities.
- Joined up community-based care - The establishment of the Healthier Wigan Partnership as a formal alliance of key partners including Council, GPs, WWL and NW Boroughs and Bridgewater has created a new and dynamic sense of shared endeavour in the delivery of integrated community-based health and care provision. In 2019/20 the HWP will continue its commitment to deliver more joined up services from the perspectives of patients and residents, intended to improve integrated care that will create some reduction in duplication.
- In and out of hospital care – Continue the ambition to prevent people to unnecessarily be in hospital and work to ensure residents remain in their usual place of residence if at all possible.
- Excellent Hospital Care - Ensure Wigan residents retain access to high quality clinical secondary care services, recognising that cross sectoral collaboration is an important component of the Locality Plan to secure necessary clinical critical mass.

- Mental health and well-being - Increasing the work done to respond to the scale of the mental health challenge for children, working age adults and older residents working to ensure that the mental health dimension is considered and supported in all that is done.

6.3 WWL Transformation Plan

During 2018/19, WWL furthered its commitment to take an integrated approach to improvement. This will see a strengthening of the alignment of quality and cost improvement as a strategic approach in 2019/20, and also present the platform for the Trust's Transformation plan to be aligned with the Wigan locality and STP plans.

Transformation priorities for 2019/20 include:

- Outpatient effectiveness and redesign; reducing referrals into secondary care outpatients in full partnership with primary care colleagues, utilising technology to improve the model of care for patients and ensure variation in efficiency is addressed.
- Theatre Productivity; optimising use of planned theatre sessions to increase utilisation, reduce cancellations and therefore improve access to patients requiring surgery.
- Inpatient optimisation; utilising the strength of the HWP alliance to redesign pathways and streamline community and acute services to reduce the number of patients presenting non-electively at the Trust, ensure patients receive optimum care and experience no delays in their hospital admissions and discharge.
- Clinical Variation; making use of the GIRFT programme and Model Hospital (amongst other information sources) reduce unwarranted variation in practice to improve quality and effectiveness of services.
- Further secure WWL's position as a leader in orthopaedics across Wigan and GM.
- Workforce transformation; considering new roles and / or new ways of working to address workforce supply issues and ensure sustainability
- Commercial income growth, realising the potential for commercial income growth and income from overseas visitors.

During 2018/19, the Trust's appointed a Director of Transformation and merged its PMO and Quality Faculty in its objective of changing its approach to improvement to support the sustainability and transformation agenda and realise the ambition of aligning cost and quality improvement.

7.0 Membership & Elections

7.1 Elections to the Council of Governors

Elections to the Council of Governors were held in the summer of 2018. A total of nine public and staff governor posts were subject to election, and there was a mixture of contested and uncontested elections.

It was not necessary to undertake elections in the Public: Makerfield and the Public: Rest of England and Wales constituencies, as both constituencies had the necessary number of nominations to fill the seats unopposed. The same occurred in the Staff: Medical and Dental and the Staff: Nursing and Midwifery constituencies. It is pleasing to note that, whilst there was no requirement for a contested election, there were no seats left vacant in any of these constituencies.

There were contested elections in the Leigh and Wigan public constituencies, and in the All Other Staff constituency. For the Leigh public constituency, 212 votes were cast out of 1,877 eligible voters, a turnout of 11.3%. In the Wigan constituency, the turnout was 13.3%, with 326 votes being cast out of a total electorate of 2,576. The All Other Staff election also saw a turnout of 13.3%, with 303 votes being cast from a total electorate of 2,952.

All successful candidates took up office, or continued their second term of office as appropriate, immediately following the Annual Members' Meeting on 20 September 2018. Further elections to the Council of Governors will take place in the summer of 2019, with successful candidates commencing their term of office after the Annual Members' Meeting on 19 September 2019.

7.2 Governor Recruitment, Training and Development

Each year we contact the membership and invite them to stand to become a member of the Council of Governors. We also offer dedicated information sessions where we outline the role of the governor and give practical examples of how to complete the various nomination forms. On appointment, governors undertake an induction and are allocated an informal buddy. 1:1 meetings with the Chair are organised and workshop sessions are organised throughout the year to support both new and existing governors to understand the workings of the foundation trust and the wider NHS. Additional training and development opportunities are offered throughout the year, such as sessions organised by NHS Providers and the North West Governors' Forum, organised by NHS Company Secretaries from across the region. WWL is proud to have hosted the most recent of these events, with excellent feedback having been received.

7.3 Engagement between Governors, Members and the Public

Throughout the year we run a number of information sessions which members and the public are invited to. These, along with the Annual Members' Meeting, provide an opportunity for governors to interact with members and the public and to seek their views. We also provided a dedicated member and public engagement session in February 2019 to allow governors the opportunity to canvas views about our operational plan.

7.4 Plans for Coming 12 Months

We are currently developing our Membership Engagement Strategy for 2019/21 and this will focus on improving the quality of our engagement, including with hard-to-reach and under-represented groups. This will be presented to the Council of Governors in April 2019 for approval, and milestones and other measures of success will be identified for each year of the strategy, to enable the Council of Governors to monitor progress.

Appendix A – workforce information – challenges

Description of workforce challenge	Impact on workforce	Initiatives in place
General		
Shortage of Band 5 nurses – with pressures across wards and assessment areas; theatres; small specialist teams such as Breast and ENT	• Difficulty in recruiting to establishment; • Difficulty in rostering; • Reliance on bank and agency spend; • Increased sickness absence; • Increased staff turnover; • Low staff morale; • Increase in patient complaints. • Increased levels of senior vacancies and an aging workforce • Difficulty in covering short term vacancies such as maternity leave;	• Ongoing advertisement of posts; • Weekly interviews; • Overseas recruitment; • Scoping of new roles (i.e. Nurse Associates); • Conditional contracts for student nurses. • Nurse incentive programmes and associated Local Pay Variations • Implementation of the Safer Nursing Tool. • Cohort of local nurses from subcontinent – supportive training programme • Succession planning and opportunities to 'act up'. • Promotion of internal secondments to gain experience in specialties;
Medicine		
Shortage of Acute Medicine Consultants	• Difficulty in recruiting to establishment; • Gaps in rotas; • Reliance on bank and agency spend; • Impact on current staffing i.e. risk of burnout.	• Readjusted consultant rotas; • Advertising posts with R&R premia; • Business case to convert post to Associate Specialist role for long standing locum; • Additional EPR doctors.
Shortage of A&E middle grades	• Difficulty in recruiting to establishment; • Gaps in rotas; • Reliance on bank and agency spend; • Impact on current staffing i.e. risk of burnout.	• Advertising posts with R&R premia; • Associated MCH programme; • Increased Pharmacy support to A&E; • Additional phlebotomists in A&E; • Extended consultant cover at weekends; • Extended working hours of ANPs and ACTs Team.
Clinical Fellow posts A&E (4 WTE)	• Difficulty in recruiting to establishment; • Gaps in rotas; • Reliance on bank and agency spend.	• Posts out to advert. • International recruitment

Description of workforce challenge	Impact on workforce	Initiatives in place
Surgery		
Ophthalmology Consultant vacancies (2) and gaps in the middle grade rotas	• Long-term use of agency locums; • The Royal College recently circulated a document showing there are 169 Consultant posts not filled, or filled with locums, throughout the UK. An extra 230 posts are estimated over the next 2 years on top of this.	• Considering use of MCH programme to fill middle grade gaps; • Ophthalmology agency locum recruited to substantive contract on the basis of a LPV rate; • Reviewing the use of alternative staffing models e.g. utilising Nurses and Orthoptists in advance practice roles.
Urology Consultant vacancies (2)	• Long-term use of Agency locums • Posts have been vacant for some time - now using locums at middle grade level to cover the gaps; • It is believed that the main driver for this is the current on-call intensity in relation to other local providers.	• Shared Urology service model with Bolton.
Anaesthetics (Medical Staffing) – aging workforce	• Challenges regarding completion of on-call duties; • Current gaps in ICU staffing rota.	• Recruitment plan in place to address but will only materialise in August 2019; • LPV currently in place to increase uptake of on-call duties.
Obstetrics and Gynaecology (Medical Staffing) – high levels of maternity leave	• Reliance on Agency locums.	• Use of Agency locums
Paediatrics (Medical Staffing)	• Reliance on Agency locums.	• Use of Agency locums.
Specialist Services		
Medical staffing – Fellow posts vacant	• Vacancies; • Reliance on Bank and Agency staff.	• Emphasis to increase calibre of candidates for UL fellowships; • Risk Assessments for MCH doctors/ trainees starting.

Description of workforce challenge	Impact on workforce	Initiatives in place
Theatre nursing – posts vacant	• Vacancies; • Reliance on Bank and Agency staff.	• Ongoing recruitment to stagger start dates to facilitate the induction period over 6 months; • Apprenticeship programmes for TA's to develop workforce and fill the skills gap.
Radiographers – posts vacant	• Vacancies; • Reliance on Agency staff.	• Return to Practice pilot
Medical staffing – Medical training for MCH Orthopaedic doctors	• Lack of Medicine training to enable them to better manage patients on the Orthopaedic site who may also have medical needs.	• Training provided as part of extended induction to cover the competencies required; • Exploring Advanced Nursing Practice roles led by two orthopaedic Surgeons and HON.
Dermatology Specialist Nursing	• Roles and duties being completed by Medical Staff that could have been done by Specialist Nurses.	• Consideration to staff development and overall strategy for Dermatology moving forward; • Return would not be realised for at least 12 months dependant on what educational/advance practice roles would be undertaken.
Plastics Service	• Reliance on St Helens and Knowsley service under an SLA. When there is an increase in activity for 18 weeks, the service is unable to accommodate additional capacity.	• Regular review of SLA and service provision.

Appendix A – workforce information – risks

Description of workforce risk	Impact of risk (high, medium, low)	Risk response strategy	Timescales and progress to date
General			
Increased sickness levels over last 12 months.	Medium	• Application of Trust policy and procedure; • Temporary staffing cover. • Steps4Wellness – Health and Wellbeing programmes • Occupational Health referral and support.	Ongoing.
High agency spend In some areas leading to overall Trust agency spend in excess of NHSI Agency Ceiling of £5.1m for 2018/19	Medium	• On-going recruitment; • LPVs; • Alternative staffing models. • Digital innovations such as expansion of Bank • Conversions from Agency to Bank or substantive posts • Executive led Workforce Summit • Nurse incentive schemes	Ongoing.
Medicine			
Turnover of nursing staff (turnover has reduced from 14.82% to 10.89% over the last 12 months but remains high)	High	• Use of Bank, NHSP & Agency to cover gaps; • Staff engagement focus groups; • Action plans from Pulse Check and National Staff Survey results; • Exit interviews to understand the reasons that staff leave; • Training & educational support discussed at PDR to support retention; • Incentive schemes; • Rotation of staffing to cover areas of greatest pressure.	Ongoing – turnover rates have reduced over the past 12 months but are still above target.
Surgery			
Ageing workforce - impact on on-call cover and succession planning	Medium	• Succession planning; • Joint working; • On-going recruitment.	Ongoing.

Description of workforce risk	Impact of risk (high, medium, low)	Risk response strategy	Timescales and progress to date
Uncertainty regarding Healthier Together	Low	• On-going engagement with process.	Ongoing.
Inability to recruit to substantive Consultant vacancies (Urology & Ophthalmology)	Medium	• On-going recruitment; • LPV's; • Alternative staffing models.	Ongoing.
Specialist Services			
Medical Workforce issues associated with changeover/MCH	Medium	• To complete risk assessments where possible (if DBS and References are outstanding only) to mitigate any risk to allow doctors to start with the Trust.	• As an when required – managed in this manner at present
Radiographers – posts vacant	Medium	• Recruitment of Students on cyclical basis.	• Annual cycle.
Theatres Nursing	Medium	• Recruitment is ongoing and we do get candidates for positions.	• Ongoing and increasingly successful rounds of recruitment; • April 2020 anticipated establishment being met.
Aspull (Acute Site) Ward Nursing	Medium	• Ongoing recruitment; • Utilisation of staff from Wrightington if required.	• Ongoing

Appendix A – workforce information – long term vacancies

Description of long-term vacancy, including the time this has been a vacancy post	Whole-time equivalent (WTE) impact	Impact on service delivery	Initiatives in place, along with timescales
Medicine			
Band 5 Staff nurse vacancies (more than 12 months)	44 WTE	• Impact on rostering and patient safety; • Reliance on Bank and Agency spend.	**As reflected in challenges table. All initiatives implemented during 2018/19 and will continue with proactive programme over the next 12 months.**
Acute Medicine Consultant posts	3 WTE	• Impact on rostering and patient safety; • Reliance on Bank and Agency spend.	• Advertising for posts with R&R premia; • Business case to convert post to Associate Specialist role before April 19.
A&E Middle Grade posts	6 WTE	• Impact on rostering and patient safety; • Reliance on Bank and Agency spend.	• Advertising posts with R&R premia; • Associated MCH programme.
Consultant Haematologist	1 WTE	• Impact on patient safety; • Reliance on Agency spend.	• Advertising post with R&R premia.
Consultants in Care of the Elderly	2 WTE	• Impact on rostering and patient safety; • Reliance on Bank and Agency spend.	• Advertising posts with R&R premia; • Alternative staffing model of Nurse Consultant.

Description of long-term vacancy, including the time this has been a vacancy post	Whole-time equivalent (WTE) impact	Impact on service delivery	Initiatives in place, along with timescales
Surgery			
Urology -there are 2 substantive gaps in the consultant numbers [50%] these are currently filled by NHS locums; one of which is a substantive middle-grade.	2 WTE	• Impact on patient safety; • Reliance on Agency spend.	• Agency cover; • MCH programme; • Alternative workforce model re Advanced Practice roles.
Specialist Services			
Dermatology Consultant	2 WTE	• Loss of activity and income.	• Locums in place and substantive appointed.

REPORT

AGENDA ITEM: 8.2

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

To:	Board of Directors	**Date:**	27 March 2019
Subject:	Register of Directors' Interests		
Presented by:	Company Secretary	**Purpose:**	Information

Executive summary

The Register of Directors' Interests, as at 18 March 2019, is appended to this report for review by the board, in line with best practice.

Directors are reminded of the need to declare any interests at the time they arise and to declare any potential conflicts of interest in any business to be transacted by the board or any committees served.

Further information on interests is available from the Company Secretary on request.

Risks associated with this report

There are no risks associated with the content of this report.

Link(s) to The WWL Way 4wards

☐	Patients	☐	Performance
☒	People	☐	Partnerships

The WWL Way

REGISTER OF DIRECTORS' INTERESTS

AS AT 18 MARCH 2019

Wrightington, Wigan and Leigh NHS Foundation Trust

Name	Role	Any interest or position held in any firm, company or business which has or is likely to have a trading or commercial relationship with the FT	Interest in an organisation providing health and social care services to the NHS	Position of authority in a charity or voluntary organisation in the field of health and social care	Any connection with any organisation, entity or company considering entering into a financial arrangement with the FT	Details of any secondary employment (executive directors only)
NON-EXECUTIVE DIRECTORS						
ARMSTRONG, Robert	Chairman	Non-Executive Director at Belong Care Homes	Non-Executive Director at Belong Care Homes	Co-Chair of Governance, Centre of Excellence Safety of Older People (CESOP)	Nil	N/A
ELLIOT, Steven	Non-Executive Director	Nil	Non-Executive Director at Health First ALW. Partner is Director of Health First ALW and Wigan GP Alliance	Nil	Cancer lead, NHS Salford CCG Medical Advisor, GMHSCP GP Partner, Westleigh Practice Partner is Director, Wigan GP Alliance	N/A
GUYMER, Michael	Non-Executive Director	Director of One Redwood Limited	Nil	Nil	Nil	N/A
HAYTHORNTHWAITE, Ian	Non-Executive Director	Nil	Nil	Nil	Nil	N/A
LLOYD, Jon	Non-Executive Director	Nil	Non-Executive Director at Places for People	Nil	Nil	N/A
LOBLEY, Lynne	Non-Executive Director, Senior Independent Director	Nil	Nil	Nil	Nil	N/A
WARNE, Anthony	Non-Executive Director, Vice-Chair	Nil	Professor Emeritus at University of Salford	Trustee at Start in Salford	Nil	N/A
[Vacancy]						

Name	Role	Any interest or position held in any firm, company or business which has or is likely to have a trading or commercial relationship with the FT	Interest in an organisation providing health and social care services to the NHS	Position of authority in a charity or voluntary organisation in the field of health and social care	Any connection with any organisation, entity or company considering entering into a financial arrangement with the FT	Details of any secondary employment (executive directors only)
EXECUTIVE DIRECTORS						
FOSTER, Andrew	Chief Executive	Nil	Chairman, NHS Quest	Nil	Nil	Nil
ARYA, Sanjay	Medical Director	Nil	Wife, GP in Bolton	Member of Executive Committee, British International Doctors' Association and Bihar Jharkhand Medical Association	Nil	Private practice out of hours (Thu 6.30pm onwards)
BALSON, Alison	Director of Workforce	Nil	Nil	Nil	Nil	Nil
FLEMING, Mary	Chief Operating Officer	Nil	Nil	Nil	Nil	Nil
FORSTER, Robert	Director of Finance & Informatics, Deputy Chief Executive	Nil	Nil	Nil	Nil	Nil
LAW, Pauline	Director of Nursing	Nil	Nil	Nil	Nil	Nil
MUNDON, Richard	Director of Strategy & Planning	Nil	Nil	Nil	Nil	Nil

REPORT

AGENDA ITEM: 8.3

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

To:	Board of Directors	**Date:**	27 March 2019
Subject:	Gender Pay Gap report		
Presented by:	Director of Workforce	**Purpose:**	Information

Executive summary

As a public sector NHS organisation the Trust is required to collect data and report a range of Equality and Diversity measures which includes the Gender Pay Gap. This report summarises the Gender Pay Gap for 2018.

The board will wish to note that the pay gap has deteriorated in comparison with the previous year, with the exception of bonus payments (Clinical Excellence Awards) which has improved.

Risks associated with this report

The report highlights the fact that there is a gender pay gap within the Trust. The associated risks are possible adverse publicity from this data being published and additionally there could be a negative impact upon the engagement of female staff members.

Link(s) to The WWL Way 4wards

☐	Patients	☐	Performance
☒	People	☐	Partnerships

The WWL Way

1. Background

1.1 On 31 March 2017, it became mandatory for public sector organisations with more than 250 employees to report annually on their gender pay gap.

1.2 The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the differences in the **average pay** between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may a number of issues to deal with, and the individual calculations may help to identify what those issues are.

1.3 The Trust is obliged to publish the following information on our public-facing website and report to government by 31 March 2019:

- The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees ('the mean gender pay gap');
- The difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees ('the median gender pay gap');
- The difference between the mean bonus pay paid to male relevant employees and that of female relevant employees ('the mean gender bonus gap');
- The difference between the median bonus pay paid to male relevant employees and that of female relevant employees ('the median gender bonus gap')
- The proportions of male and female relevant employees paid bonus pay ('the proportions of men and women getting a bonus'); and
- The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper quartile pay band ('the proportion of men and women in each of four pay quartiles').

2. Key themes

2.1 Appendix 1 includes a full copy of the Trust's Gender Pay Gap information which has been obtained from the Electronic Staff Record standard reports that are nationally produced to ensure the NHS meet their gender pay gap reporting requirements. The reporting period for the gender pay gap data is as at 31 March 2018.

2.2 Key points to note are:

- The workforce is 79% female and 21% male
- The Medical & Dental workforce is 76% male and 24% female, with 48% of the overall male workforce being constituted within this staff group
- As at 31 March 2018, the Trust has a 36.52% mean average gender pay gap with females earning **£7.93 an hour less** than males. The mean average gender pay gap in 2018 has worsened in comparison with 2017 data when as at 31st March 2017 females earned **£7.44 an hour** less than males with an 35.39% mean average gender pay gap
- As at 31 March 2018 the Trust has a 21.67% median hourly rate gender pay gap with females earning **£3.29 an hour less** than males. The median gender pay gap in 2018

has worsened and as at 31 March 2017 females earned **£2.40 an hour less** than males with a 16.96% median gender pay gap.

- As at 31 March 2018 male staff proportionately continue to be heavily constituted within the highest earning quartile at 36.02% within quartile 4. A key factor is due to the medical & dental workforce being predominantly male and this staff group are predominantly constituted within the highest earning quartile.

- As at 31 March 2018 female staff proportionately continue to have lower representation in the highest earning quartile at 63.98% compared with female staff representing 79% of the overall workforce. This is a slight deterioration compared with March 2017 data when 66% of female staff were constituted within quartile 4.

- The 2018 bonus pay highlights an improving position with an average bonus gender pay gap of **60%** in 2018 compared with **65%** in 2017 data and a median gender pay gap of **71.05%** in 2018 compared with **75.0%** in 2017. The bonus pay is primarily related to clinical excellence awards that are awarded to recognise and reward Consultants who perform `over and above` the standard expected in their role. It should be noted the Consultant workforce is predominantly male at 82%.

- Benchmarking NHS Trust information relating to the 31st March 2018 data is not yet fully available due to the deadline of reporting being 31st March 2019. However, a comparison will be undertaken once the March 2018 data for our Northwest peer group is available and any subsequent actions will be incorporated into the 2019-20 EDS action plan.

3. Recommendation

3.1 The board is recommended to receive this report and note the content.

APPENDIX 1: Gender Pay Gap Report information
Summary data as at 31 March 2018

Average and Median Hourly rate

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	21.74	15.20
Female	13.80	11.90
Difference	7.93	3.29
Pay Gap %	**36.52%**	**21.68%**

Table 1

Average Hourly rate

As at 31 March 2018, the Trust has a 36.52% mean average gender pay gap with females earning **£7.93 an hour less** than males. In comparison with March 2017 data the mean average pay gap has deteriorated and as at 31 March 2017 females earned £7.44 an hour less than males with a 35.39% mean average gender pay gap.

Median Hourly rate

As at 31 March 2018, the Trust has a 21.68% median hourly rate gender pay gap with females earning **£3.29 an hour less** than males. In comparison with March 2017 data the median gender pay gap in 2018 has worsened and as at 31 March 2017 females earned £2.40 an hour less than males with a 16.96% median gender pay gap.

Percentage of male and female employees in each pay quartile

Quartile	Female	Male	Female %	Male %
1	1024.00	189.00	84.42%	15.58%
2	1001.00	215.00	82.32%	17.68%
3	1017.00	200.00	83.57%	16.43%
4	778.00	438.00	63.98%	36.02%

Table 2

This calculation requires an employer to show the proportions of male and female full-pay relevant employees in four quartile pay bands. All employees are placed into the cumulative order according to their pay which is undertaken by dividing the workforce into 4 equal parts.

Compared with quartiles 1-3 males are most highly constituted within quarter 4 at 36.02% compared with an average of between 15.58%- 17.68% within the other quartiles. Comparatively the reverse is true for females and they constitute 63.98% of quartile 4 compared with an average of between 82.32%- 84.42%% within the other quartiles.

The information compares % within the individual quartiles. However, if we review the broader picture comparing the overall workforce constitution there are 1042 male employees and of these 438 are within quartile 4 which represents 42% of all male employees. Comparatively of 3820 female employees only 778 females are constituted within quartile 4 which represents only 20.4% of all female employees.

This is a slight deterioration compared with March 2017 data when 66% of female staff were constituted within quartile 4.

Bonus information

Gender	Avg. Pay	Median Pay
Male	17,216.98	11,451.15
Female	6,752.91	3,315.21
Difference	10,464.07	8,135.94
Pay Gap %	**60.78%**	**71.05%**

Table 3

Gender	Employees paid bonus	Total relevant employees	%
Female	10	4056	0.25%
Male	82	1113	7.37%

Table 4

The data in tables 3 and 4 relates to clinical excellence awards for medical staff as this is the only payment identified within the ESR standard report which falls within the set definition of `bonus pay`. Clinical Excellence Awards recognise and reward Consultants who perform `over and above` the standard expected in their role. The payments within the Trust`s bonus information contains both local and national Clinical Excellence Awards. The Local CEA`s are administered within the Trust on an annual basis and the national CEAs are determined externally and administered by the Department of Health.

The data highlights that the average bonus pay gap for females is 60.78% and the median pay gap is 71.05%. In comparison with March 2017 reporting the position has slightly improved and as at 31st March 2017 there was 65% average bonus pay gap and 75% median pay gap. As at 31st March 2018 0.25% of female staff received a bonus payment in comparison with 7.37% of male staff. When reviewing these figures consideration should be given to the overall consultant workforce profile which is predominately male.