Board of Directors

Agenda

1.	**Chair and quorum**	Information	
		Tony Warne	
2.	**Apologies for absence**	Information	
		Tony Warne	
3.	**Declarations of interest**	Information	
		Tony Warne	
4.	**Minutes of previous meeting**	Approval	
		Tony Warne	

📄 Minutes - P1 board - Mar 2019.pdf   (7 pages)

5.	**Presentation: Picker in-patient survey results**	Discussion	
		Picker	
6.	**Patient experience video**	Discussion	
		Pauline Law	
7.	**Chief Executive's report**	Information	
To follow		Rob Forster	
8.	**Assurance and governance**		
8.1.	**Committee chairs' reports**	Information	

• Audit Committee - I Haythornthwaite
• Quality and Safety Committee - T Warne
• Community Services Committee - R Mundon

• Finance and Performance Committee - M Guymer

8.2. **Performance report**

Discussion

P Law/M Fleming/S Arya

📄 Trust Board Performance Report April 2019.pdf (18 pages)

8.3. **Finance report**

Discussion

Rob Forster

📄 Board Report 19-20 Apr month 01 Final PUBLIC.pdf (6 pages)

8.4. **Safe staffing report**

Discussion

Pauline Law

📄 Safe Staffing cover.pdf (2 pages)

📄 Safe Staffing Report April 2019.pdf (11 pages)

8.5. **Board assurance framework**

Discussion

Tony Warne

9. **Consent agenda**

9.1. **Use of common seal**

Information

📄 Use of common seal.pdf (3 pages)

9.2. **Changes to Standing Financial Instructions**

Approval

📄 Changes to SFIs.pdf (5 pages)

10. **Questions from the public**

Discussion

Tony Warne

11. **Resolution to exclude the press and public**

Approval

Tony Warne

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST
MINUTES OF A MEETING OF THE BOARD OF DIRECTORS
HELD ON 27 MARCH 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	✓	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	✓	✓	✓	✓	A
Mrs C Hudson	Non-Executive Director	✓	✓	✓	✓	✓	✓	---	---	---	---	---
Mr J Lloyd	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

2 members of the public were also in attendance.

54/19   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.

He also took the opportunity to welcome Mr J Lloyd back to the board; noting that he had been reappointed by the Council of Governors to support the board on a temporary basis

whilst the board awaits the outcome of the community services transfer before determining the most appropriate skills and attributes required to fill the substantive non-executive director vacancy.

55/19   Apologies for absence

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

56/19   Declarations of interest

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

57/19   Minutes of the previous meeting

The minutes of the previous meeting held on 27 February 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.

58/19   Patient experience video

The Director of Nursing introduced the monthly patient experience video, which this month celebrated an example of an optimal end-to-end patient journey.

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

59/19   Chair and Chief Executive's report

The Chair opened by providing a verbal report, noting the work that had been undertaken across the organisation to prepare for the potential transfer of community services into the foundation trust from 1 April 2019, and noted that the board would be taking the final decision on the transfer later in the meeting, followed by consideration of the matter as a significant transaction by the Council of Governors later in the day. He also took the opportunity to congratulate the former Chief Executive of Wigan Council, Donna Hall, on her recent appointment as Chair of Bolton NHS FT.

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.

The board received the report and noted the content.

60/19   Committee chairs' report

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

(a)   Workforce Committee, held on 6 March 2019;

(b)   Quality and Safety Committee, held on 13 March 2019; and

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

Mrs L Lobley provided a summary of the business transacted at the Workforce Committee meeting, noting that it had been both constructive and productive. She highlighted the fact that the board had previously asked the committee to review the matter of staff resilience and confirmed that wellbeing outreach is being undertaken into unscheduled care and that the approach to the management of short-term sickness is being reviewed within divisions. She also noted a recent escalation of a risk from the Quality and Safety Committee around safe staffing fundamental standards which currently only applies to nursing but will be extended to cover other groups in the future. The committee had also considered matters arising from its recent away day, including new workforce models. Ongoing work surrounding inclusion and diversity was noted, and particular note was made of the fact that information on pay gaps derived from a wider range of characteristics had been received, rather than simply focusing on the gender pay gap. An amber-red delivery confidence for the people board assurance framework was reported.

With regard to the gender pay gap, the Chair noted that the foundation trust's reported position had worsened in comparison with the previous year, to which the Director of Workforce replied by summarising the work that is being undertaken to address this, noting that this would be a standing item on the Workforce Committee agenda going forward.

Prof T Warne gave a verbal overview of the Quality and Safety Committee meeting held on 13 March 2019. He noted that the meeting had been well attended and had dealt with a busy agenda, including an update on progress with the accreditation system ASPIRE which had seen 19 areas receive bronze accreditation to date. Confirmation was provided that a post-implementation review of the scheme had been undertaken and that the lessons learned were being implemented to further improve the scheme. Prof T Warne also noted that colleagues from partner organisations had attended the meeting to discuss proposed improvements to the adult mental health care pathway and summarised the risks that had been escalated to the committee by the Risk and Environmental Management Committee. An amber delivery confidence for the board assurance framework for patients was reported.

Mr M Guymer summarised the Finance and Performance Committee meeting which had been held immediately prior to the board.   He noted that the meeting had discussed the likely 2018/19 financial outturn position and the hard work across the whole organisation was acknowledged as contributing to what was likely to be an extremely favourable year-end position. The committee had noted the need for effective communication of the year-end position within the organisation, noting that whilst a surplus had been generated there would nonetheless be a requirement to focus on delivering service and value improvements. He confirmed that divisional budget holders had accepted their budgets for FY2019/20 and noted that two risks had been escalated to the committee. An amber-green delivery confidence for the performance board assurance framework was reported.

The Chair also noted that the Secondary Care Transformation Board had met during the month and commented that the meeting had been an excellent opportunity to discuss matters of importance with representatives from partner organisations from across the borough. The Director of Finance advised that he had recently delivered a joint

presentation to the Healthier Wigan Partnership with his counterpart from Wigan Council, and noted that this represented a more joined up and collegiate approach within the borough. An amber-red delivery confidence against the partnership board assurance framework was reported.

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

61/19   Risk escalations

Three risks had been escalated to the board. With regard to the first risk surrounding the availability of beds, the Chief Nurse noted the work that is currently being undertaken to create additional bed capacity but noted that the risk would not be fully mitigated until appropriate additional capacity is generated and the Chair reminded the board of its decision to proceed at risk on the development of a new ward. The Director of Finance noted that work is ongoing to review the number of borough-wide beds holistically and, in response to a question from the Chair, the Director of Strategy and Planning noted that the matter is being taken forward through the Service and Site Investment Committee.

The board noted that the second risk escalation, surrounding backend IT infrastructure, had been considered by the Finance and Performance Committee earlier in the day and that there was no further action required from the board.

The third risk to be escalated related to the proposed transfer of community services. The board noted that this had featured heavily over recent meetings and that a further discussion would be taking place later in the meeting.

62/19   Performance report as at 28 February 2019

The Director of Nursing opened by summarising the highlights and lowlights of the clinical metrics; noting in particular that the number of StEIS incidents had reduced and that the number of infections remained low, with the Hospital Standardised Mortality Ratio (HSMR) continuing its downward trend. She confirmed that there had been an in-month outbreak of flu which had affected three bays. She further noted the forthcoming changes to the rules around allocation of *C. difficile* infections and confirmed that a more detailed paper would be presented to the Quality and Safety Committee to outline any potential impact on the foundation trust.

The Chief Operating Officer provided an overview of the operational metrics and noted in particular the continuing compliance against the 18-week referral-to-treatment standard, whilst noting increasing challenges within surgery. She noted the excellent feedback that had been received from the Getting It Right First Time visit around the management of dermatology pathways. In terms of lowlights, the Chief Operating Officer highlighted the fact that the 4-hour Accident and Emergency standard remains challenging despite the fact that the overall picture shows some improvement and the fact that the year-end position is likely to be better than the revised trajectory that had been provided to NHS Improvement. The particular growth in A&E attendances during January and February 2019 was noted.

In response to a question from Mrs L Lobley, the Chief Operating Officer provided a summary of the work that had been undertaken around theatre effectiveness with an

external organisation and the Chair noted that this metric would be tracked as part of the Service and Value Improvement programme. Mr M Guymer commented that it would be beneficial for an update paper to be provided to the Finance and Performance Committee at an appropriate point in time.

The board received the performance report and noted the content.

63/19   **Financial position as at 28 February 2019**

The Director of Finance presented a report which had been circulated with the agenda to summarise the foundation trust's financial position as at 28 February 2019. He noted that detailed discussions on the financial performance had been held at the Finance and Performance Committee immediately before the meeting.

The board received the report and noted the content.

64/19   **Q3 2018/19 mortality update**

The Medical Director presented a report which had been circulated with the agenda to update the board on the findings from mortality reviews during Q3 2018/19 as required by the Learning from Deaths guidance document. He noted that there had been 162 fewer deaths during the reporting period in comparison with the previous year and highlighted the fact that HSMR remains below the average of 100. The Summary Hospital-level Mortality Indicator (SHMI) continued to fall and had reached 110 as at September 2018, and the Medical Director highlighted the fact that the SHMI trend generally tracked that of HSMR and therefore it is expected that this will soon fall below 100.

The Medical Director informed the board of a new requirement for a Medical Examiner to be appointed by April 2020 in order to support HM Coroner to identify any learning from hospital and community deaths.

The board received the report and noted the content.

65/19   **Safe staffing report**

The Chief Nurse 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 board received the report and noted the content.

66/19   **Maintaining patient safety during escalation**

The Chief Nurse presented a report which had been circulated with the agenda to provide assurance to the board around the mitigation in place to support the maintenance of safe staffing during periods of escalation, as had been requested at the previous meeting.

The board received the report and noted the content.

67/19   Board assurance framework

The board noted that it had received updates from the Committee Chairs on all board assurance framework objectives earlier in the meeting.

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

68/19   Consent agenda

The papers having been circulated in advance and the board having consented to them appearing on the consent agenda, the board RESOLVED as follows:

1.   THAT the operation plan 2019-20 be **APPROVED**, subject to the inclusion of an appropriate financial narrative to reflect the outcome of contract discussions.

2.   THAT the register of directors' interests be received and noted.

3.   THAT the gender pay gap report be **APPROVED** and the Director of Workforce be instructed to publish the report on the foundation trust's website.

69/19   Identification of key assurances and risks/mitigations

The board noted that it had received significant pieces of assurance, noting that divisional budget holders had accepted their budgets for the coming financial year and that it had received assurances around the Service and Value Improvement programme and the progress that had been made with the ASPIRE accreditation programme.

The board noted the key risks as the pressures in unscheduled care and that the decision to proceed at risk with the development of a new ward and work with partners around a care hotel would serve to partially mitigate this risk once operational.

70/19   Questions from the public

There were no questions from the public.

71/19   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.

72/19   Date, time and venue of next meeting

The next meeting of the Board of Directors held in public will be held on 29 May 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
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NHS
Wrightington,
Wigan and Leigh
NHS Foundation Trust

Board Performance Report

April 2019

Your hospitals, your health, our priority

Date Printed/Run: 21/05/2019

Page 1 of 18

Performance:
We aim to be in the top 10%

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

Dashboard (based on latest data)

Wrightington, Wigan and Leigh **NHS**
NHS Foundation Trust

Provider	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

Percentile	Performance	Rank

Group	ID	Measure	Period Covered	Date Last Updated	National Top 10%	Performance	Percentile	Rank / Trusts
Safe	1	Hospital Standardised Mortality Ratios (HSMR)	NOV-18 - JAN-19	10/05/19	Yes	89.31	7.03%	10/129
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	MAR-19	10/05/19	No	96.19%	22.73%	31/133
Safe	5	18 Week Incomplete Referral To Treatment (RTT) Performance	MAR-19	10/05/19	No	92.25%	16.92%	23/131
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	APR-19	10/05/19	No	70.01%	76.92%	101/131
Effective	8	Diagnostic 6 Week Wait Performance	MAR-19	13/05/19	No	0.75%	40.15%	54/133
Caring	10	Friends & Family Assessment Result	MAR-19	10/05/19	No	97.00%	16.03%	22/132
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 %
2	4	1

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

Local Trust Positions

Provider	GM Rank	North Rank	National Rank
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1/7	7/44	15/136
SALFORD ROYAL NHS FOUNDATION TRUST	2/7	12/44	30/136
BOLTON NHS FOUNDATION TRUST	3/7	15/44	35/136
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	4/7	22/44	52/136
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	5/7	24/44	58/136
STOCKPORT NHS FOUNDATION TRUST	6/7	37/44	114/136
PENNINE ACUTE HOSPITALS NHS TRUST	7/7	41/44	121/136

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

Top 5 Performing Metrics

1: Patient-led assessments of the care environment (PLACE) - (Rank : 2)

2: Hospital Standardised Mortality Ratios (HSMR) - (Rank : 10)

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

4: Friends & Family Assessment Result - (Rank : 22)

5: 18 Week Incomplete Referral To Treatment (RTT) Performance - (Rank : 23)

Bottom 5 Performing Metrics

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

2: Accident & Emergency 4 Hour Wait Performance - (Rank : 101)

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

4: Diagnostic 6 Week Wait Performance - (Rank : 54)

5: Cancer 2 Week Wait Performance - (Rank : 31)

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

Executive Summary (April 2019)

Objective	Pages	No Metrics	Green Metrics	Amber Metrics	Red Metrics	Total Metrics
1.1 : Harm Free	4	5	4	0	2	11
1.2 : Harm Free - Infections	5	3	5	0	2	10
2 : Mortality	6	4	2	1	2	9
3.1 : Access	7	1	2	0	3	6
3.2 : Access - Cancer	8	1	7	0	0	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	2	2	4
5.1 : Midwifery - Part 1	13	1	3	0	7	11
5.2 : Midwifery - Part 2	14	1	6	0	3	10
6.1 : Patient Experience - Part 1	15	1	7	1	1	10
6.2 : Patient Experience - Part 2	16	0	4	1	0	5
7 : Workforce	17	1	2	3	3	9
NHSI	18	1	6	0	3	10
Total		**34**	**55**	**8**	**35**	**132**

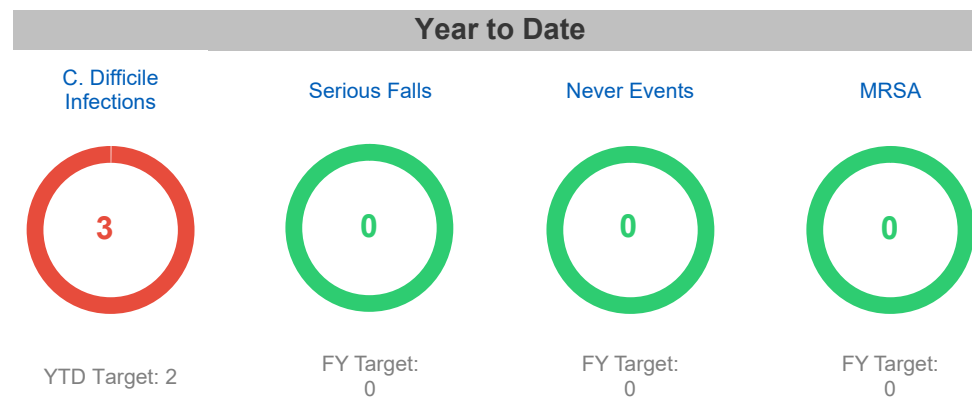* Summary based on latest available data ~ RAG based on whether actual is achieving target
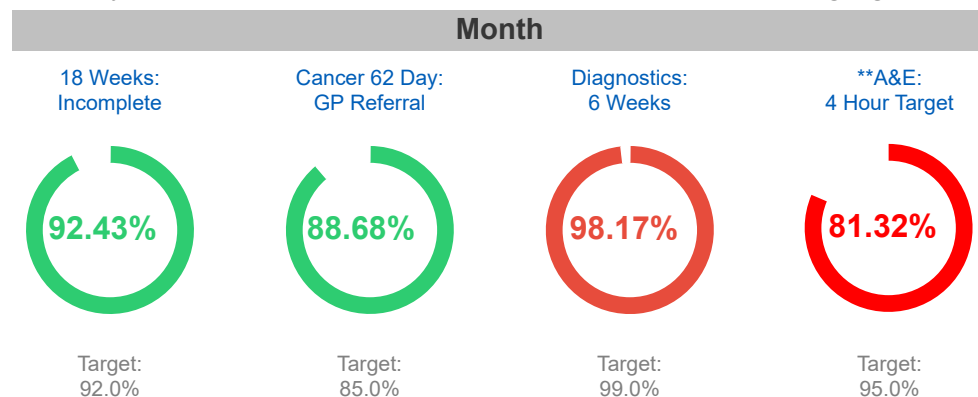
Highlights

No serious falls. Maternity has been re-accredited with Gold Status for Baby Friendly. Infection rates remain low overall. The Trust continues to compare favourably for CHPPD both nationally and against peers. Trust continues to achieve all key standards of the NHSI Key Standards Framework apart from the A&E 4 Hour Target Metric (see page 18). The latest national figures show WWL is ranked 24th in the country for patients starting Cancer Treatment within 62 Days of a GP Referral, the last time England achieved this target was December 2015. The latest national figures show WWL is ranked 23rd in the country for patients having planned operations and care within 18 Weeks of Referral, the last time England achieved this target was February 2016.

Lowlights

There were 3 Clostridium Difficile infections and 2 StEIS Incidents (Grade 3 Hospital Acquired Pressure Ulcers) during April 2019. There remain risks associated with staffing core medical wards with staffing areas having less than 80% registered nurse fill rate and a heavily diluted skill mix. The Trust is reporting 2 Referral to Treatment 52 Week Breaches, and a failure of the Diagnostic Target (see page 7).

** Includes all Type 3 Activity

Month				Year to Date			
18 Weeks: Incomplete	Cancer 62 Day: GP Referral	Diagnostics: 6 Weeks	**A&E: 4 Hour Target	C. Difficile Infections	Serious Falls	Never Events	MRSA
92.43%	88.68%	98.17%	81.32%	3	0	0	0
Target: 92.0%	Target: 85.0%	Target: 99.0%	Target: 95.0%	YTD Target: 2	FY Target: 0	FY Target: 0	FY Target: 0

Date Printed/Run: 21/05/2019

NHS
Wrightington,
Wigan and Leigh
NHS Foundation Trust

1.1 : Harm Free

		Latest			Trend	Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Harms: Total	**	80	Apr-19		↓	85	Mar-19	80			63	90	Apr-18 to Apr-19
Serious Harms: Total	**	7	Apr-19		↓	14	Mar-19	7			3	14	Apr-18 to Apr-19
Serious Harms: Number of Never Events	<= 0	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	2	Apr-18 to Apr-19
Serious Harms: Number of Serious Falls	<= 0	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	2	Apr-18 to Apr-19
Serious Harms: Grade 3-4 Pressure Ulcers	**	2	Apr-19		↑	0	Mar-19	2			0	2	Apr-18 to Apr-19
Number of Serious Incidents	<= 0	3	Apr-19	🔴	↑	2	Mar-19	3	🔴		0	9	Apr-18 to Apr-19
Mod/Low Harms: Hospital Acquired Pressure Ulcer Grade 2	**	4	Apr-19		↓	6	Mar-19	4			0	6	Apr-18 to Apr-19
Mod/Low Harms: Number of Moderate Falls	<= 0	2	Apr-19	🔴	→	2	Mar-19	2	🔴		0	3	Apr-18 to Apr-19
Mod/Low Harms: Safety Thermometer	>= 95.0%	98.28%	Apr-19	🟢	↓	99.21%	Mar-19	98.28%	🟢		96.68%	99.75%	Apr-18 to Apr-19
Mod/Low Harms: Settled Clinical Litigation Cases	**	4	Apr-19		↑	1	Mar-19	4			1	5	Apr-18 to Apr-19
Mod/Low Harms: VTE Assessments (% of Admissions)	>= 95.0%	95.94%	Apr-19	🟢	↑	95.76%	Mar-19	95.94%	🟢		95.67%	97.90%	Apr-18 to Apr-19

Commentary (Page Owner : Director of Nursing and Performance)

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

During April 2019, the Trust submitted 3 incidents to STEIS – 2 Grade 3 Hospital Acquired Pressure Ulcers and 1 incident related to potential CPE exposure. The Safety Thermometer Point Prevalance Audit showed that 98.28% of patients received harm free care.

1.2 : Harm Free - Infections

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Infections/Bacteraemias: Total	**	8	Apr-19		↓	16	Mar-19	8			2	16	Apr-18 to Apr-19
Serious Harms: Infections: Clostridium Difficile	<= 2	3	Apr-19	🔴	→	3	Mar-19	3	🔴		0	4	Apr-18 to Apr-19
Serious Harms: Infections: Clostridium Difficile Lapses in Care	<= 0	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	1	Apr-18 to Apr-19
Infections: Catheter Associated Urinary Tract	<= 0	1	Apr-19	🔴	→	1	Mar-19	1	🔴		0	2	Apr-18 to Apr-19
Serious Harms: Bacteraemias: MRSA	<= 0	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	1	Apr-18 to Apr-19
Serious Harms: Bacteraemias: MRSA - Avoidable Cases	**	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	0	Apr-18 to Apr-19
Serious Harms: Bacteraemias: MSSA	**	0	Apr-19	🟢	↓	4	Mar-19	0	🟢		0	4	Apr-18 to Apr-19
Serious Harms: Bacteraemias: E-coli	**	2	Apr-19		↓	7	Mar-19	2			0	7	Apr-18 to Apr-19
Bacteraemias: Klebsiella	**	2	Apr-19		↑	1	Mar-19	2			0	2	Apr-18 to Apr-19
Bacteraemias: Pseudomonas	**	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	1	Apr-18 to Apr-19

Commentary (Page Owner : Director of Nursing and Performance)

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

3 Clostridium Difficile cases in inpatients. Recent changes to the definitions of hospital-associated cases have led to an increase in numbers. Cases are not linked and await a root cause analysis. No MRSA Bacteraemia, and numbers of other organisms remain low.

2 : Mortality

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Number of Hospital Deaths	**	97	Apr-19		↓	103	Mar-19	97			81	128	Apr-18 to Apr-19
Hospital Crude Death Rate	**	1.44%	Apr-19		↓	1.45%	Mar-19	1.44%			1.10%	1.79%	Apr-18 to Apr-19
PFD Coroner Notifications	**	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	0	Apr-18 to Apr-19
Deaths after Readmission	**	17	Apr-19		↓	33	Mar-19	17			17	38	Apr-18 to Apr-19
HSMR (Latest Month)	<= 90	91.2	Jan-19	🟠	↓	98.1	Dec-18	N/A			78.0	118.4	Apr-18 to Jan-19
HSMR (Latest YTD)	*	95.2	Jan-19		↓	95.7	Dec-18	N/A			95.2	95.7	Dec-18 to Jan-19
HSMR Weekday	<= 90	84.4	Jan-19	🟢	↓	100.1	Dec-18	N/A			72.1	116.0	Apr-18 to Jan-19
HSMR Weekend	<= 90	109.3	Jan-19	🔴	↑	91.9	Dec-18	N/A			76.5	131.5	Apr-18 to Jan-19
SHMI (Rolling 12 Months)	<= 90.0	109.1	Dec-18	🔴	↓	110.3	Sep-18	N/A			109.1	111.9	Jun-18 to Dec-18

Commentary (Page Owner : Medical Director)

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

Mortality rates continue to be "as expected". We expected that HSMR for January would be in the normal range. We expected that the total number of deaths for April would show a reduction from the worst of the winter peak. The Trust is working with Dr Foster in relation to Weekend HSMR. We expected no PFD notifications from the coroner. We also expect a drop in SHMI when that data is available. Its not especially good data, but it is the data we expected.

3.1 : Access

Metric Title	Target	Latest			Trend	Previous		YTD		Sparkline - Latest 13 Months			
		Actual	Period	RAG		Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Access: 18 Weeks Referral To Treatment Incomplete Pathway	>= 92.0%	92.43%	Apr-19	🟢	↑	92.25%	Mar-19	92.43%	🟢		92.25%	94.69%	Apr-18 to Apr-19
Access: Referral to Treatment over 52 weeks wait	<= 0	2	Apr-19	🔴	↑	0	Mar-19	2	🔴		0	2	Apr-18 to Apr-19
Outpatients: Backlog of Follow Ups	**	13,699	Apr-19		↑	13,204	Mar-19	N/A			12,467	13,699	Apr-18 to Apr-19
Stroke - High Risk TIA Patients Treated within 24 Hrs	>= 60.0%	86.36%	Apr-19	🟢	↑	73.08%	Mar-19	86.36%	🟢		57.69%	92.59%	Apr-18 to Apr-19
Stroke - Stroke Patients spending 90% of their Hospital Stay on a Stroke unit	>= 80.0%	79.17%	Mar-19	🔴	↓	92.59%	Feb-19	N/A			60.00%	92.59%	Apr-18 to Feb-19
Diagnostics: Patients waiting over 6 weeks	>= 99.0%	98.17%	Apr-19	🔴	↓	99.25%	Mar-19	98.17%	🔴		98.17%	99.42%	Apr-18 to Apr-19

Commentary (Page Owner : Director of Operations)

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

The Trust continues to achieve the 18 Week Referral to Treatment Target, and has seen a slight performance improvement on the previous month. The trust is reporting 2 Referral to Treatment 52 Week Breaches, 1 in T&O due to human error and 1 in ENT which was highlighted via Data Quality measures (see separate report). There has been an increase in the Outpatient Follow-up Backlog, in T&O driven primarily by annual leave and in ENT, Ophthalmology and Paediatrics due to a combination of sickness and an increase in demand. There is a detailed plan, at specialty level, to retrun the overall size of the waiting list by March 2020 to the levels of 2018. There is also a demand management commissioning plan in 2019/20 to address specialties with increasing referrals. Stroke continues to achieve the TIA patients Treated within 24 Hours target, however, the Trust narrowly failed the Stroke patients spending 90% of their Stay on a Stroke unit target due to ongoing bed cpacacity issues. The Trust failed the Diagnostic Wating Time target by 0.83% due to an increase in the number of patients waiting for CT Scans & Ultrasounds, and sickness in MRI, these issues have now been addressed and the Trust is expected to achieve going forward.

3.2 : Access - Cancer

		Latest				Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	>= 93.0%	96.42%	Mar-19	🟢	↓	96.60%	Feb-19	N/A			93.57%	97.95%	Apr-18 to Feb-19
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initally suspected)	>= 93.0%	94.67%	Mar-19	🟢	↑	93.15%	Feb-19	N/A			90.15%	100.00%	Apr-18 to Feb-19
All Cancers: 31 day wait for diagnosis to first treatment	>= 96.0%	96.49%	Mar-19	🟢	↓	100.00%	Feb-19	N/A			97.27%	100.00%	Apr-18 to Feb-19
All Cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatments	>= 98.0%	100.00%	Mar-19	🟢	→	100.00%	Feb-19	N/A			100.00%	100.00%	Apr-18 to Feb-19
All Cancers: 31 day wait for second or subsequent treatment: surgery	>= 94.0%	100.00%	Mar-19	🟢	→	100.00%	Feb-19	N/A			93.33%	100.00%	Apr-18 to Feb-19
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	**	88.35%	Mar-19		↑	85.59%	Feb-19	N/A			85.44%	93.33%	Apr-18 to Feb-19
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	>= 85.0%	88.68%	Mar-19	🟢	↑	85.96%	Feb-19	N/A			85.96%	94.29%	Apr-18 to Feb-19
All Cancers: 62 day wait for first treatment from consultant screening service referral	>= 90.0%	100.00%	Mar-19	🟢	↑	92.59%	Feb-19	N/A			92.31%	100.00%	Apr-18 to Feb-19

Commentary (Page Owner : Director of Operations)

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

The Trust Achieved against all the National Cancer Access standards.

3.3 : Access - Tumour Pathways

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
		Latest				Previous		YTD		Sparkline - Latest 13 Months			
Cancer - Breast 62 Day Wait	>= 85.0%	77.78%	Mar-19	🔴	↓	100.00%	Feb-19	N/A			87.50%	100.00%	Apr-18 to Feb-19
Cancer - Colorectal 62 Day Wait	>= 85.0%	91.67%	Mar-19	🟢	↑	78.95%	Feb-19	N/A			70.00%	100.00%	Apr-18 to Feb-19
Cancer - Gynaecology 62 Day Wait	>= 85.0%	100.00%	Mar-19	🟢	↑	81.82%	Feb-19	N/A			33.33%	100.00%	Apr-18 to Feb-19
Cancer - Haematology 62 Day Wait	>= 85.0%	100.00%	Mar-19	🟢	↑	66.67%	Feb-19	N/A			50.00%	100.00%	Apr-18 to Feb-19
Cancer - Head & Neck 62 Day Wait	>= 85.0%	100.00%	Mar-19	🟢	→	100.00%	Feb-19	N/A			45.45%	100.00%	Apr-18 to Feb-19
Cancer - Lung 62 Day Wait	>= 85.0%	100.00%	Mar-19	🟢	↑	20.00%	Feb-19	N/A			20.00%	100.00%	Apr-18 to Feb-19
Cancer - Skin 62 Day Wait	>= 85.0%	100.00%	Mar-19	🟢	→	100.00%	Feb-19	N/A			84.00%	100.00%	Apr-18 to Feb-19
Cancer - Upper GI 62 Day Wait	>= 85.0%	77.78%	Mar-19	🔴	↓	100.00%	Feb-19	N/A			50.00%	100.00%	Apr-18 to Feb-19
Cancer - Urology 62 Day Wait	>= 85.0%	81.82%	Mar-19	🔴	↓	85.71%	Feb-19	N/A			85.71%	100.00%	Apr-18 to Feb-19

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

Commentary (Page Owner : No owner assigned.)

No commentary provided for this section.

3.4 : Access - A&E

| | | Latest | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
4 Hour A&E Breach Performance % (inc Type 3 Activity)	>= 95.0%	81.32%	Apr-19	🔴	↓	85.19%	Mar-19	81.32%	🔴		75.11%	95.42%	Apr-18 to Apr-19
Number of A&E Attendances (exc GP Streaming Activity)	**	7,517	Apr-19		↓	7,521	Mar-19	7,517			6,487	7,521	Apr-18 to Apr-19
Average Daily A&E Attendances	**	250.6	Apr-19		↑	242.6	Mar-19	250.6			212.4	250.6	Apr-18 to Apr-19
NWAS: Handovers between 0-15 mins	*	1,350	Apr-19		↓	1,565	Mar-19	1,350			708	1,565	Apr-18 to Apr-19
NWAS: Handovers between 15-30 mins	*	448	Apr-19		↑	337	Mar-19	448			337	748	Apr-18 to Apr-19
NWAS: Handovers between 30-60 mins	*	166	Apr-19		↑	86	Mar-19	166			86	356	Apr-18 to Apr-19
NWAS: Handovers over 60 mins	*	37	Apr-19		↑	27	Mar-19	37			27	242	Apr-18 to Apr-19
A&E Attendances that result in an admission	*	2,223	Apr-19		↓	2,422	Mar-19	2,223			2,223	2,698	Apr-18 to Apr-19
A&E Attendances: Out of Area	**	1,134	Apr-19		↑	1,133	Mar-19	1,134			976	1,203	Apr-18 to Apr-19
A&E Attendances: % Result in Admissions - Aged 75+	*	30.00%	Apr-19		↑	28.24%	Mar-19	30.00%			26.50%	30.00%	Apr-18 to Apr-19
NWAS: Conveyances from Care Homes	**	514	Feb-19		↑	359	Jan-19	N/A			244	359	Apr-18 to Feb-19

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

Commentary (Page Owner : Director of Operations)

Please see Unscheduled Care Report.

4.1 : Productivity - Part 1
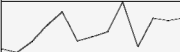
		Latest			Trend	Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
% Hospital Cancelled OP Appointments	<= 5.0%	6.86%	Apr-19	🔴	↓	7.25%	Mar-19	6.86%	🔴		6.58%	7.51%	Apr-18 to Apr-19
% Hospital Cancelled OP Appointments < 6 weeks	<= 0.0%	78.06%	Apr-19	🔴	↓	82.23%	Mar-19	78.06%	🔴		70.50%	82.23%	Apr-18 to Apr-19
% Hospital Cancelled OP Appointments < 6 weeks (Pts Best Interest)	*	10.48%	Apr-19		↓	10.96%	Mar-19	10.48%			10.48%	15.31%	Apr-18 to Apr-19
Cancelled Operations %	<= 0.8%	1.87%	Apr-19	🔴	↓	2.07%	Mar-19	1.87%	🔴		1.42%	2.22%	Apr-18 to Apr-19
Cancelled Operations: 2nd Urgent Hospital	<= 0	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	0	Apr-18 to Apr-19
Average Spell Length of Stay (Elective Inpatient)	*	3.1 Days	Apr-19		↑	2.8 Days	Mar-19	3.1 Days			2.8 Days	3.5 Days	Apr-18 to Apr-19
Average Spell Length of Stay (Non Elective)	*	3.8 Days	Apr-19		↑	3.6 Days	Mar-19	3.8 Days			3.1 Days	4.0 Days	Apr-18 to Apr-19
Delayed Transfers of Care	**	52	Apr-19		↓	62	Mar-19	52			21	81	Apr-18 to Apr-19
Delayed Transfer of Care Days	**	249	Apr-19		↑	211	Mar-19	249			78	284	Apr-18 to Apr-19

Commentary (Page Owner : Director of Operations)

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

Hospital Outpatient Cancellations reduced in 2 of the 3 Divisions, however, the Surgical Division saw an increase due to changes in clinic templates in Urology and sicknes in Ophthalmology. The average Length of Stay for Emergency Admissions increased in April compared to the previous month which correlates with the increase in stranded and superstranded patients.

4.2 : Productivity - Part 2

		Latest			Trend	Previous		YTD		Sparkline - Latest 13 Months			

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Theatre Effectiveness % - Total	>= 70.0%	65.20%	Apr-19	🟠	↑	62.73%	Mar-19	N/A			60.18%	65.20%	Apr-18 to Apr-19
Theatre Effectiveness % - RAEI	>= 70.0%	60.34%	Apr-19	🔴	↓	60.74%	Mar-19	N/A			55.13%	63.75%	Apr-18 to Apr-19
Theatre Effectiveness % - Wrightington	>= 70.0%	68.23%	Apr-19	🟠	↑	64.41%	Mar-19	N/A			60.79%	68.87%	Apr-18 to Apr-19
Theatre Effectiveness % - Leigh	>= 70.0%	59.05%	Apr-19	🔴	↑	58.62%	Mar-19	N/A			53.19%	61.83%	Apr-18 to Apr-19

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

Commentary (Page Owner : Director of Operations)

Theatre Effectiveness continues to head in the right diretion, and RAEI early finishes have improved for the 3rd consecutive month. Following the recent Four Eyes Insight diagnostic work undertaken, the Trust has successfully secured a three month free trial of their new scheduling tool for use at Leigh. This will enable the Trust to operationalise the national theatre productivity methodology to further drive utilisation of planned theatre time through the scheduling process.

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	1.24	Apr-19	🟢	→	1.24	Mar-19	N/A			1.24	1.28	Apr-18 to Apr-19
Maternity: Skills drills/2 day Mandatory Training Attendance	>=	33.89%	Apr-19		↑	25.00%	Mar-19	N/A			8.09%	95.37%	Apr-18 to Apr-19
Maternity: Total monthly bookings	>= 240	245	Mar-19	🟢	↑	235	Feb-19	N/A			197	292	Apr-18 to Feb-19
Maternity: Booked by 12+6 Weeks	>= 90.0%	87.50%	Mar-19	🔴	↑	85.78%	Feb-19	N/A			84.07%	94.96%	Apr-18 to Feb-19
Maternity: Induction of Labour	<= 30.0%	32.12%	Apr-19	🔴	↓	41.05%	Mar-19	N/A			31.76%	41.05%	Apr-18 to Apr-19
Maternity: Normal Deliveries	>= 60.0%	49.10%	Apr-19	🔴	↓	61.78%	Mar-19	N/A			49.10%	67.89%	Apr-18 to Apr-19
Maternity: Water Births	>= 8	13	Apr-19	🟢	↑	7	Mar-19	13	🟢		6	16	Apr-18 to Apr-19
Maternity: Instrumental Deliveries	<= 10.0%	13.17%	Apr-19	🔴	↑	10.99%	Mar-19	N/A			9.63%	13.88%	Apr-18 to Apr-19
Maternity: Elective Caesarean Sections	<= 15.0%	15.57%	Apr-19	🔴	↑	9.95%	Mar-19	N/A			7.80%	17.34%	Apr-18 to Apr-19
Maternity: Emergency / Non Elective Caesarean Sections	<= 17.0%	20.96%	Apr-19	🔴	↑	16.75%	Mar-19	N/A			11.96%	21.08%	Apr-18 to Apr-19
Maternity: Total Caesarean Sections	<= 27.0%	36.53%	Apr-19	🔴	↑	26.70%	Mar-19	N/A			22.48%	36.53%	Apr-18 to Apr-19

Commentary (Page Owner : Director of Nursing and Performance)

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

Midwife to Birth ratio remains good at 1:24 which is reflective of the dip in the birth rate and improvements in staffing levels with the additional supernumerary shift coordinator. Birth rate + review has been undertaken and identifies that acuity is high within the maternity caseload. Attendance at Mandatory Training remains on track to achieve the monthly target attendance. IOL rate remains consistently high, however has seen a significant decrease in April, WWL remains committed to implementing all aspects of the saving babies lives care bundles 1 & 2. 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 remain on target therefore a significant increase in births would be expected in the latter half of the year.

5.2 : Midwifery - Part 2

		Latest			Trend	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	167	Apr-19	🔴	↓	191	Mar-19	167	🔴		167	236	Apr-18 to Apr-19
Maternity: Episiotomy with normal birth	<= 6.0%	2.44%	Apr-19	🟢	↓	9.32%	Mar-19	N/A			1.80%	9.92%	Apr-18 to Apr-19
Maternity: 3rd/4th degree tears	<= 3.0%	3.03%	Apr-19	🔴	↑	1.05%	Mar-19	N/A			0.00%	3.20%	Apr-18 to Apr-19
Maternity: Initiation of breastfeeding	>= 55.0%	47.90%	Apr-19	🔴	↓	50.26%	Mar-19	N/A			44.29%	57.35%	Apr-18 to Apr-19
Maternity: Average post-natal length of stay	<= 1.8	1.8	Apr-19	🟢	↑	1.7	Mar-19	N/A			1.5	2.0	Apr-18 to Apr-19
Maternity: Still Births (>24 weeks)	<= 1	1	Apr-19	🟢	↑	0	Mar-19	1	🟢		0	2	Apr-18 to Apr-19
Maternal Readmissions within 30 Days	<= 5	1	Apr-19	🟢	→	1	Mar-19	1	🟢		1	6	Apr-18 to Apr-19
Maternal admissions to ICU	<= 2	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	1	Apr-18 to Apr-19
Maternity Complaints	<= 2	1	Apr-19	🟢	→	1	Mar-19	1	🟢		0	2	Apr-18 to Apr-19
Maternity: New Claims	*	0	Apr-19		→	0	Mar-19	0			0	3	Apr-18 to Apr-19

Commentary (Page Owner : Director of Nursing and Performance)

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

Total Caesarean section rate is above the National for both elective and emergency cases, and a weekly review of all emergency cases has commenced. There was 1 stillbirth reported in April 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 have increased in April, however overall the rate remains lower than average. Initiation of breast feeding remains below target despite the continued work to identify opportunities to promote and support mothers to initiate breastfeeding. WWL has full Baby Friendly accreditation and has just successfully been accredited for Gold status.

6.1 : Patient Experience - Part 1

		Latest					Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG		Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Number of Complaints Upheld by Ombudsman	**	0	Apr-19	🟢		→	0	Mar-19	0	🟢		0	1	Apr-18 to Apr-19
Percentage of Complaints Responded to on Time	**	75.00%	Apr-19			↑	34.88%	Mar-19	75.00%			34.88%	89.13%	Apr-18 to Apr-19
Patient Survey Q1: Staff Introduction	>= 90.0%	93.67%	Apr-19	🟢		↓	96.53%	Mar-19	93.67%	🟢		88.51%	96.53%	Apr-18 to Apr-19
Patient Survey Q2: Worries and Fears	>= 90.0%	93.04%	Apr-19	🟢		↑	91.67%	Mar-19	93.04%	🟢		84.77%	94.70%	Apr-18 to Apr-19
Patient Survey Q3: Pain Control	>= 90.0%	96.20%	Apr-19	🟢		↑	95.83%	Mar-19	96.20%	🟢		90.16%	97.66%	Apr-18 to Apr-19
Patient Survey Q4: Family and Doctor	>= 90.0%	91.77%	Apr-19	🟢		↓	93.75%	Mar-19	91.77%	🟢		88.08%	96.97%	Apr-18 to Apr-19
Patient Survey Q5: Decisions about Care and Treatment	>= 90.0%	84.81%	Apr-19	🔴		↓	88.19%	Mar-19	84.81%	🔴		68.87%	88.19%	Apr-18 to Apr-19
Patient Survey Q6: Food Choice	>= 90.0%	98.73%	Apr-19	🟢		↑	98.61%	Mar-19	98.73%	🟢		93.75%	98.73%	Apr-18 to Apr-19
Patient Survey Q7: Healthy Food	>= 90.0%	94.30%	Apr-19	🟢		↓	97.22%	Mar-19	94.30%	🟢		88.60%	97.22%	Apr-18 to Apr-19
Patient Survey Q9: Know Consultant	>= 90.0%	86.08%	Apr-19	🟠		↓	90.28%	Mar-19	86.08%	🟠		72.85%	90.28%	Apr-18 to Apr-19

Commentary (Page Owner : Director of Nursing and Performance)

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

During April 2019, 27 of 36 complaint responses were sent within the timescales agreed with the complainant at the start of the complaints process (75%). This is a significant improvement from the previous month, however, work continues to improve this further. No requests for records were received from the Ombudsman. Comprehensive, open and transparent responses to complainants are incredibly important and improve patient experience and satisfaction. For Real Time Patient Survey commentary, please see overleaf.

6.2 : Patient Experience - Part 2

		Latest					Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG		Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Patient Survey Q10: Enough Privacy	>= 90.0%	100.00%	Apr-19	🟢		→	100.00%	Mar-19	100.00%	🟢		98.18%	100.00%	Apr-18 to Apr-19
Patient Survey Q11: Call Bell	>= 90.0%	96.84%	Apr-19	🟢		↓	97.22%	Mar-19	96.84%	🟢		92.73%	97.22%	Apr-18 to Apr-19
Patient Survey Q12: Compassion	>= 90.0%	97.47%	Apr-19	🟢		↓	97.92%	Mar-19	97.47%	🟢		96.62%	99.30%	Apr-18 to Apr-19
Patient Survey Q13: Given Required Care	>= 90.0%	96.20%	Apr-19	🟢		↓	97.22%	Mar-19	96.20%	🟢		94.70%	99.31%	Apr-18 to Apr-19
Friends & Family: Decisions about Discharge Home?	>= 90.0%	89.47%	Apr-19	🟠		↑	84.90%	Mar-19	N/A			83.38%	91.94%	Apr-18 to Apr-19

Commentary (Page Owner : Director of Nursing and Performance)

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

In relation to the Real Time Patient Survey for April 2019, the overall benchmark score of 90% has been maintained. There are 2 questions which need improvement, namely "Have you been involved as much as you wanted to be in decisions about your care and treatment?" and "Do you know which consultant is currently treating you?".

7 : Workforce

		Latest			Trend	Previous		YTD		Sparkline - Latest 13 Months			
Metric Title	Target	Actual	Period	RAG		Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
Total Pay vs Budget	<=£ 0 k	£ 171 k	Apr-19	🔴	↓	£ 1,113 k	Mar-19	£ 171 k	🔴		£ 171 k	£ 1,276 k	Apr-18 to Apr-19
Friends & Family Test - Recommendation as place to work	>= 75.0%	71.59%	Jan-19	🟠		N/A	-	N/A			63.25%	71.59%	Apr-18 to Jan-19
Clinical & Non Clinical Overall Vacancy Rate	<= 3.5%	10.79%	Apr-19	🔴	↑	7.05%	Mar-19	10.79%	🔴		7.05%	10.79%	Apr-18 to Apr-19
Sickness absence - Total	<= 3.9%	4.41%	Mar-19	🔴	↓	4.48%	Feb-19	N/A			4.04%	5.04%	Apr-18 to Feb-19
Quarterly Engagement Score	>= 4.00	8.02	Jan-19	🟢	↑	3.91	Sep-18	N/A			3.91	4.04	Apr-18 to Jan-19
Appraisals over rolling 12 months	>= 90.0%	88.13%	Mar-19	🟠		N/A	-	N/A			86.87%	92.23%	Apr-18 to Mar-19
Friends & Family Test - Recommendation as place for treatment	>= 80.0%	79.42%	Jan-19	🟠		N/A	-	N/A			78.21%	83.33%	Apr-18 to Jan-19
Mandatory Training over rolling 12 months	>= 95.0%	95.28%	Mar-19	🟢		N/A	-	N/A			94.82%	97.25%	Apr-18 to Mar-19
Agency vs NHSI Ceiling	<=£ 0 k	£ 101 k	Apr-19	🔴	↓	£ 620 k	Mar-19	£ 101 k	🔴		£ 101 k	£ 695 k	Apr-18 to Apr-19

Commentary (Page Owner : Director of Workforce)

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

Rolling 12-month sickness from Apr 18 - Mar 19 decreased to 4.39% (compared to 4.41% last reported). The in-month sickness rate also decreased to 4.41% (compared to 4.48% in Feb 19). Temp spend in Apr 19 increased by £198k to £1,909k (compared to £1,711k in Mar 19). There were decreases in the following categories: Bank NHSP, Additional Sessions and Locum (decreased by £108k, £99k and £50k respectively). However, there were increases in Agency, Overtime and Zero Hour Contract (increased by £419k, £20k and £16k respectively). In addition there were marginal increases in Bank and Cost per Case. 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 job plan compliance is at 100%, the plans are at various stages within the system. Trustwide there are 208 job plans at the following stages: 41 (Discussion), 38 (1st sign off), 23 (2nd sign off), 6 (3rd sign off), 100 (fully signed off). Please note that Speciality Doctors are now recorded on Allocate and are included in these figures along with Consultants.

NHSI Metrics

Metric Title	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Chart	Min. Value	Max. Value	Period
4 Hour A&E Breach Performance % (inc Type 3 Activity)	95.0%	81.32%	Apr-19	🔴	↓	85.19%	Mar-19	81.32%	🔴		75.11%	95.42%	Apr-18 to Apr-19
Access: 18 Weeks Referral To Treatment Incomplete Pathway	92.0%	92.43%	Apr-19	🟢	↑	92.25%	Mar-19	92.43%	🟢		92.25%	94.69%	Apr-18 to Apr-19
Diagnostics: Patients waiting over 6 weeks	99.0%	98.17%	Apr-19	🔴	↓	99.25%	Mar-19	98.17%	🔴		98.17%	99.42%	Apr-18 to Apr-19
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.0%	96.42%	Mar-19	🟢	↓	96.60%	Feb-19	-			93.57%	97.95%	Apr-18 to Feb-19
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initally suspected)	93.0%	94.67%	Mar-19	🟢	↑	93.15%	Feb-19	-			90.15%	100.00%	Apr-18 to Feb-19
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	-	88.35%	Mar-19		↑	85.59%	Feb-19	-			85.44%	93.33%	Apr-18 to Feb-19
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	85.0%	88.68%	Mar-19	🟢	↑	85.96%	Feb-19	-			85.96%	94.29%	Apr-18 to Feb-19
All Cancers: 62 day wait for first treatment from consultant screening service referral	90.0%	100.00%	Mar-19	🟢	↑	92.59%	Feb-19	-			92.31%	100.00%	Apr-18 to Feb-19
Serious Harms: Infections: Clostridium Difficile	2	3	Apr-19	🔴	→	3	Mar-19	3	🔴		0	4	Apr-18 to Apr-19
Serious Harms: Infections: Clostridium Difficile Lapses in Care	0	0	Apr-19	🟢	→	0	Mar-19	0	🟢		0	1	Apr-18 to Apr-19

Finance Report

Month 01 ending 30th April 2019

Contents

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Performance on a Page

	In Month			Year to Date		
	Actual £000's	Plan £000's	Var £000's	Actual £000's	Plan £000's	Var £000's
Income	28,987	29,122	(135)	28,987	29,122	(135)
Expenditure	30,826	30,742	(84)	30,826	30,742	(84)
Surplus / Deficit	(2,815)	(2,616)	(199)	(2,815)	(2,616)	(199)
Cash Balance	31,745	16,686	15,059	31,745	16,686	15,059
Capital Spend	1,011	600	(411)	1,011	600	(411)
UOR	3	3	0	3	3	0

- Trust reporting a £2.8m deficit which is £0.2m worse than plan.

- Cash is £15.1m better than plan (this does not include year-end bonus payments).

- Capital is overspent by £0.4m relating to HIS and Community transfer.

3

Surplus Deficit

Surplus Deficit in Month (£m)

Surplus Deficit Cumulative (£m)
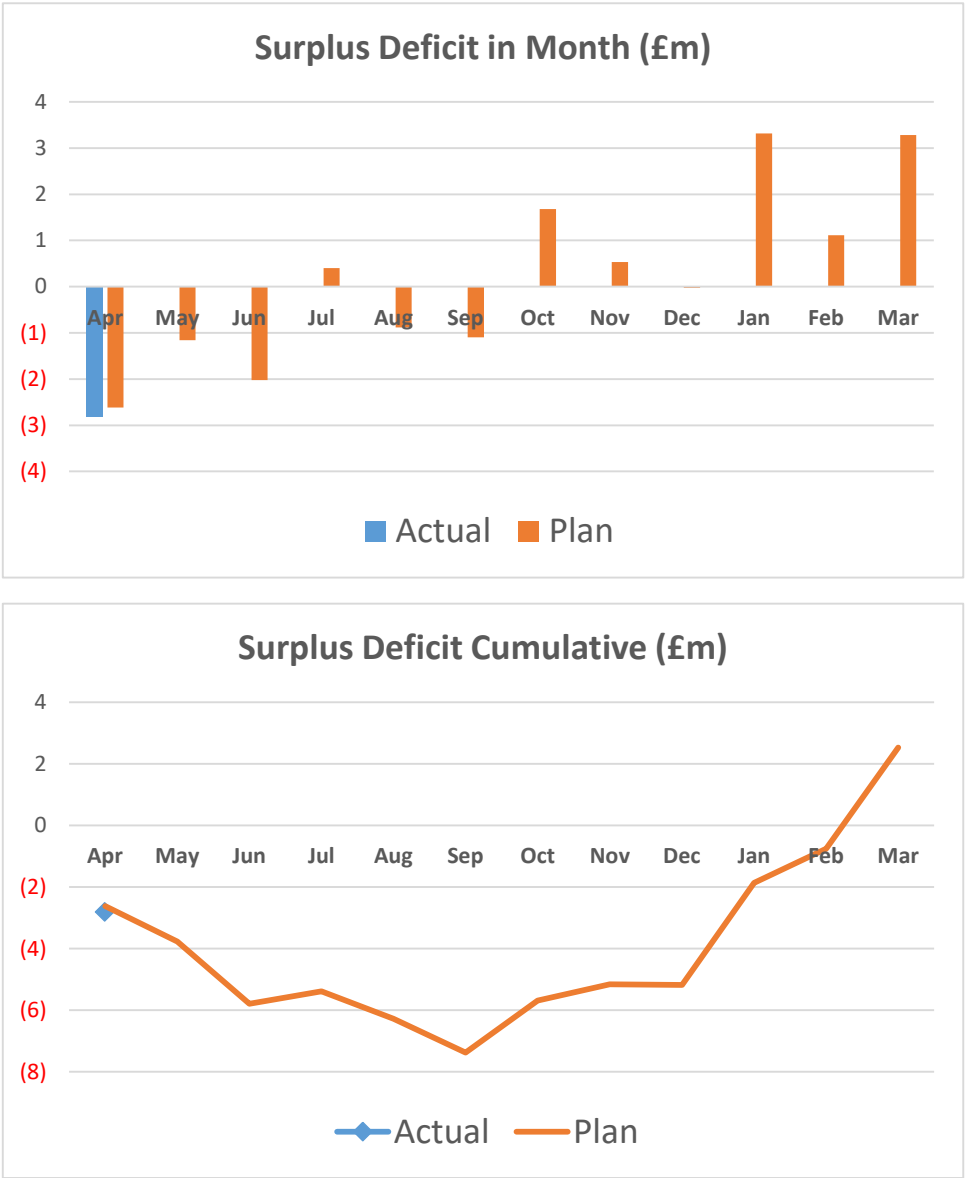
Cash Balance
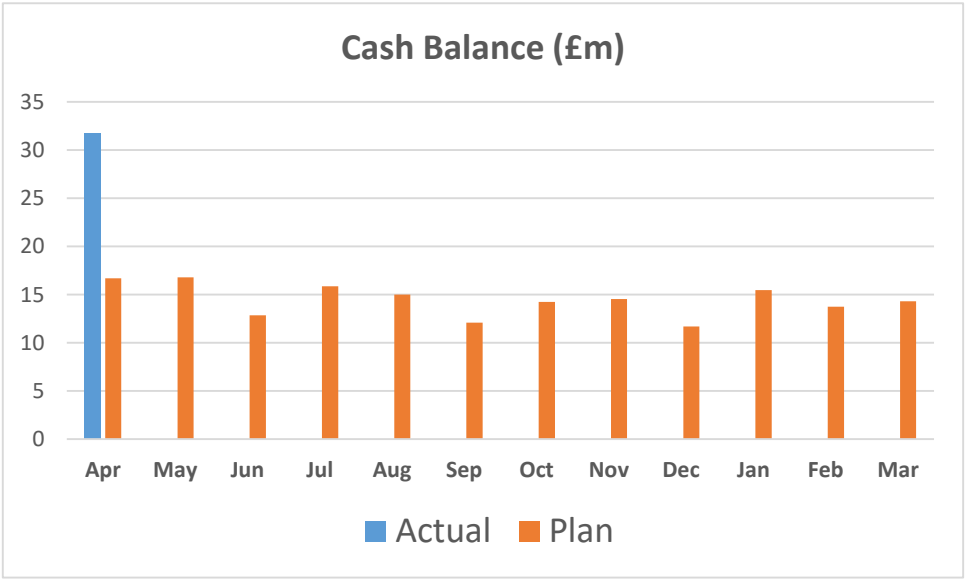
Capital Spend
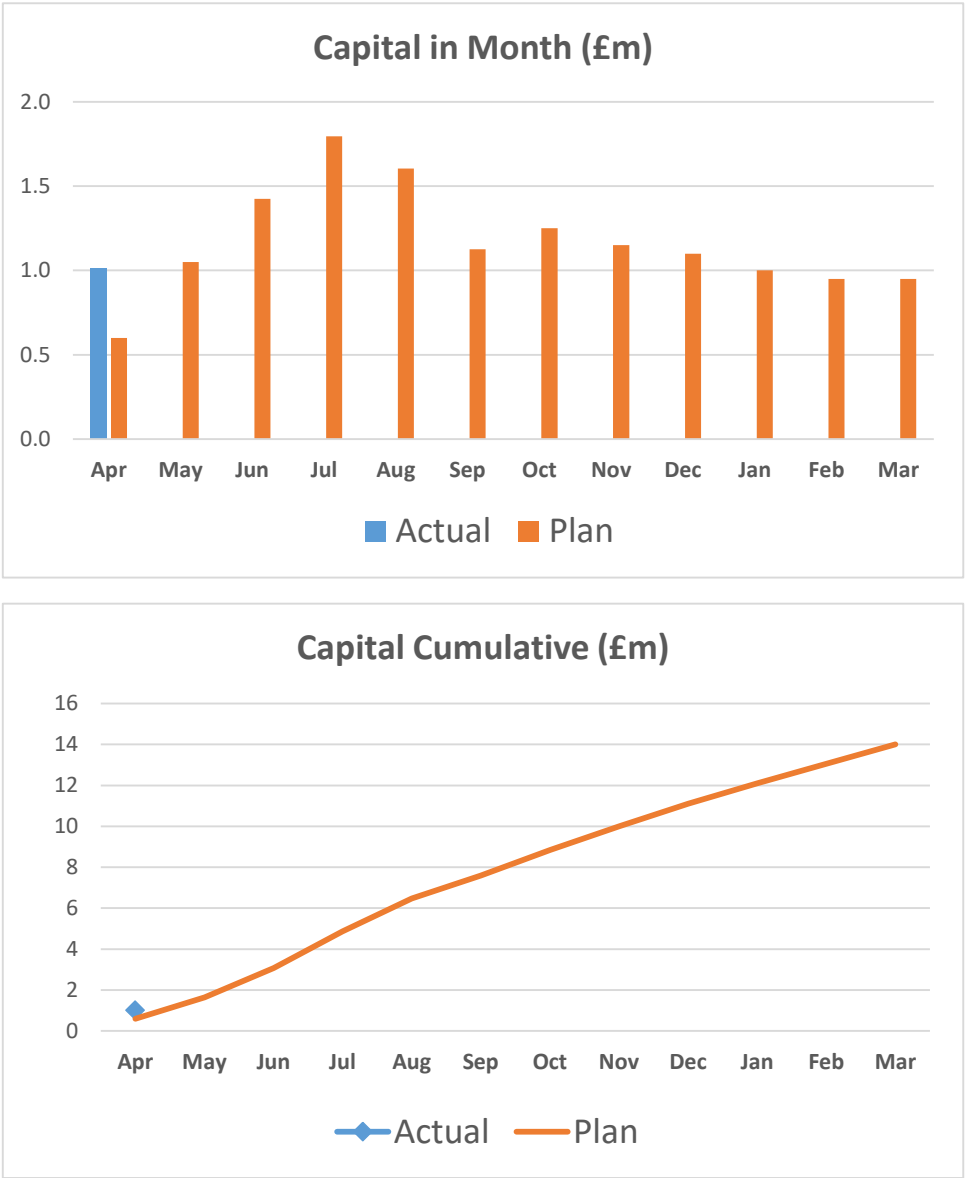
REPORT

AGENDA ITEM: 8.4

To:	Board of Directors	**Date:**	29 May 2019
Subject:	Safe Staffing Report		
Presented by:	Chief Nurse	**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 increased number of vacancies reported in April for the Acute Provider.
- The inclusion of the Community Divisions clinical vacancies within the report and the risks associated with staffing in Community Response Team and Health Visiting
- The mitigation with respect to community services staffing risks currently in progress
- The ongoing risks associated with high vacancy rates, fill rates and skill mix in Unscheduled Care in the Division of Medicine
- The incidence of harm reported linked to nurse staffing levels within Unscheduled Care
- The positive benchmarked position of CHPPD with both peers and nationally
- The continued progress with the roll out of SafeCare and increased reporting of red flag incidents.

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

Wrightington, Wigan and Leigh **NHS**

NHS Foundation Trust

Safe Staffing Report – April 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 April 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 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 89% which is a decrease from the previous month.

Tables 6 provides information from the Model Hospital for February 2019 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 (8.2) and Peer (7.9) comparative data. Registered staff comparators match the national average (4.6) but remain marginally below the peer group (4.7). It should be noted that the Trust has higher proportion of CHPPD delivered by unregistered staff (4.2) than peers (3.4) and national average (3.2). Costs per patient and costs per care hour remain lower than peer and national average which is likely to represent the higher proportion of care delivered by unregistered nurses.

Appendix 2, Table 2 provides details of the vacancies across Trust. There has been an increase in the number of vacancies reported by the Acute Trust within month. Community services clinical vacancies are represented as Adult and Children's services to reflect the operational structure of the division. The table below provides more detail with respect to the services contained within each operational structure and the clinical vacancies for each service. The Board is reminded that the community divisions workforce comprises of nurse and allied health professionals and therefore the vacancies may not all be specifically related to nursing.

		Registered WTE Vacancies	Unregistered WTE Vacancies
Childrens Services	Health Visiting	15.5	4.34
	School Nursing	6.43	0.93
	Community Nursing	No data avail	No data avail
	Community Therapies	3.49	0.00
TOTAL		**24.42**	**5.27**
Adult Services	Specialist Services	3.44	
	MSK CATS	9.13	
	Community Response Team	7.0	1.37
	Long term conditions	0.00	
	Intermediate Care	3.57	
	Learning Disabilities	3.05	
	District Nursing	18.06	
	Urgent Care	3.47	
TOTAL		**47.72**	**1.37**
GRAND TOTAL		**73.14**	**6.64**

The 2 areas of highest risk within community services are Health Visiting (HV) and Community Response Team (CRT). CRT currently has 8.37 WTE vacancies which represents 48% of the workforce. 5 of these posts have been recruited to with staff expected to commence in post from July to September 2019. The remaining vacant posts are all out to recruitment and it is anticipated that these posts will be recruited to within the next 3 months. Within HV there are 19.84 WTE vacancies which represents 23.4% of the clinical workforce. 3.74 WTE will commence in post in May; there is ongoing recruitment to the remaining vacancies. HV are currently completing all statutory visits. Risk is being mitigated by a number of retired HV on zero hours contracts who are working flexibly to support the teams.

The is a scheduled meeting with BI in May 2019 to consider the requirements to incorporate safe staffing assurances into the information provided in Appendix 1 of the safe staffing report.

The Trust roll out of the SafeCare module has continued to progress throughout April. All 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 the continued increase in the reporting of red flags within acute inpatient areas (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 remain a concern within Scheduled Care in the Division of Medicine which has an average registered nurse fill rate of 87%. Cardiorespiratory Unit, Shevington Ward and Highfield Ward fill rates for registered nurses are all below 80%. Scheduled care also reported 1 CDT and 2 falls with harm during the reporting period on the cardiorespiratory unit. Medication errors with harm were also reported on Highfield and Shevington Wards. Red flags were raised at the time of all these incidents and these are the areas that have a diluted skill mix due to unavailability of registered nurses.

The incentive scheme recommenced in April. The response to the scheme was not as positive as the previous initiative. Staff continue to be placed within areas of highest need, and this input is reflected in the fill rates and CHPPD data provided. Incentive scheme nurses are also being utilised to support areas escalated for inpatient care in response to patient demand.

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 and for the first time in 6 months the number of leavers exceeds starters.

Aggregate fill rates have fallen below 90% despite the incentive scheme and there are particular concerns with fill rates and skill mix within Scheduled Care.

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

Allison Edis: Deputy Director of Nursing

SAFE STAFFING EXCEPTION REPORT – April 2019

Division of Medicine – Scheduled Care

| Ward | Average Fill Rates (%) & CHPPD | | | | | | Staff Availability | | Staff Experience | Nurse Sensitive Indicators | | | | Patient Experience % (Number surveyed) | |
| | RN / RM | | | CSW | | | | | | | | | | | |
	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	80.9%	100.0%	2.8	179.4%	129.9%	6.7	3.70%	7.91%	17	1	0/4	0/1	0/2	100.00%	85.00%
Cardio and Respiratory	84.6%	71.5%	2.5	117.8%	108.3%	4.4	4.99%	12.58%	46	1	2/10	0/1	0/6	100.00%	100.00%
Coronary Care Unit	105.2%	95.3%	7.0	151.3%		2.8	0.31%	4.18%	3		0/1			100.00%	100.00%
Elderly Care Unit	95.6%	96.7%	2.5	136.0%	137.3%	5.4	5.05%	11.08%	19-Jan		0/3		1/2	100.00%	100.00%
Highfield	74.2%	65.6%	3.5	153.9%	98.2%	6.3			27		0/2	1/0	0/1		
Pemberton	81.6%	100.0%	4.7	169.0%	166.4%	7.0	7.80%	15.50%	8		0/1	1/0	0/1		
Shevington	83.3%	68.3%	2.4	139.3%	166.2%	5.2	2.82%	17.69%	12		0/4	1/0	1/1	100.00%	100.00%
Taylor Unit															

Division of Medicine – Unscheduled Care

Ward	Average Fill Rates (%) & CHPPD						Staff Availability		Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW											
	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	92.0%	90.6%		110.1%	161.1%		4.86%	10.10%			0/2		0/1		
A&E Paeds	87.8%	113.0%					2.02%	8.62%							
CDW	81.8%	105.8%		100.8%	103.1%		10.58%	6.14%	20		0/2			100.00%	100.00%
Medical Assessment Unit	93.4%	86.8%		116.0%	108.6%		5.99%	6.66%	77		0/14		2/9	100.00%	66.67%

Division of Surgery

Ward	Average Fill Rates (%) & CHPPD						Staff Availability		Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW											
	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	93.7%	87.6%	27.5	96.7%		3.3	3.17%	0.00%	4				0/1		
Langtree	78.0%	100.0%	2.3	134.2%	144.6%	3.1	1.39%	3.73%	23	1	0/3		0/3	92.31%	100.00%
Orrell	83.0%	100.0%	3.7	142.5%	131.1%	5.2	2.53%	2.77%	13		0/1		0/3	76.92%	92.31%
Swinley	99.2%	100.1%	2.7	105.3%	120.5%	2.6	5.21%	4.77%	18		0/1	1/0	0/3	100.00%	100.00%
Maternity Unit	94.1%	93.6%	16.1	76.9%	97.8%	4.8	9.50%	0.00%	3				0/1	100.00%	100.00%
Neonatal Unit	80.9%	87.6%	25.2	95.1%		4.7	8.99%	7.56%	7				0/1	N/a	N/a
Rainbow	105.8%	85.0%	10.1	99.9%	56.5%	3.1	7.00%	11.19%	3		0/1			100.00%	100.00%

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

| Ward | Average Fill Rates (%) & CHPPD | | | | | | Staff Availability | | Staff Experience | Nurse Sensitive Indicators | | | | Patient Experience % (Number surveyed) | |
| | RN / RM | | | CSW | | | | | | | | | | | |
	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	97.6%	72.1%	2.9	160.2%	162.0%	4.99	3.69%	8.32%	24		0/5		0/1	90.91%	90.91%
Ward A	103.3%	79.8%	3.5	100.5%	93.0%	3.55	3.76%	9.19%	15					100.00%	100.00%
Ward B	107.0%	95.8%	4.2	97.1%	102.6%	4.32	3.86%	5.47%	6				0/1	N/a	N/a
JCW	89.0%	95.1%	6.4	82.3%	103.3%	3.75	5.04%	2.15%	11		0/1				

(red)	<=84%
(yellow)	85 - 94%
(green)	95 - 119%
(blue)	>=120%

	March 2019		April 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	5	5	9	5

Table 1. Red Metrics March2019/April 2019

	March 2019		April 2019	
Specialty	Qualified	Unqualified	Qualified	Unqualified
Medicine	25.89	2.0	47.25*	5.91
Surgery	15.45	1.0	20.65**	
Specialist Services	27.8	7.09	19.27	10.77
Community Services Adult			47.52	1.37
Community Services Children			25.42	5.27
Total	69.14	10.09	**160.11**	**23.32**

Table 2. Nurse Vacancies March 2019/April 2019 by Division (*3.4 WTE new substantively funded posts for Highfield, 9.67 WTE Cardiorespiratory Unit, 6.18 WTE Pemberton; **7.25 WTE Rainbow ward)

Month	Qualified WTE	Unqualified WTE
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
February 2019	62.49	7.3
March 2019	87.17	16.68

Table 3. Nurse Vacancies April 2018 – March 2019 (Trust Wide)

Red Flag Category	No. of Incidents April 2019
Shortfall of more than 8 hours or 25% of registered nurses in a shift	332
Delay of 30 minutes or more for the administration of pain relief	3
Delay or omission of intentional rounding	3
Less than 2 registered nurses on shift	50
Vital signs not assessed or recorded as planned	4
Unplanned omission of medication	
Total	**392**

Table 4. Nursing Red Flags April 2019

Red Flag Category	No. of Incidents April 2019

Red Flag Category	No. of Incidents April 2019
Unit on Divert	1
Co-Ordinator Unable to Remain Super-numerary	1
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	1
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	**3**

Table 5. Maternity Red Flags April 2019

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	Feb 2019	🟦 8.7	8.2	7.9		
Cost per Care Hour - Total Nursing & Midwifery Staff	Jan 2019	🟦 £22.55	£25.61	£25.80		
Cost per Patient Day - Total Nursing & Midwifery Staff	Jan 2019	🟦 £189.03	£212.05	£208.00		
Average Staff Cost - All Nursing & Midwifery Staff	2016/17	🟩 £34,229	£35,565	£35,334		

Table 6.Use of Resources February 2019 (Source Model Hospital)

REPORT

AGENDA ITEM: 9.1

NHS
Wrightington,
Wigan and Leigh
NHS Foundation Trust

To:	Board of Directors	**Date:**	29 May 2019
Subject:	Use of the foundation trust's common seal		
Presented by:	Company Secretary	**Purpose:**	Information

Executive summary

This report outlines the occasions on which the foundation trust's common seal has been applied during financial year 2018-19.

The report also requests that the board reviews and approves the arrangements for the use of the seal under the authority of the Board of Directors, as set out in section 3 of the attached report.

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

1. BACKGROUND

1.1. All foundation trusts are required to have a common seal.[1] The constitution of Wrightington, Wigan and Leigh NHS FT provides that the seal shall only be affixed under the authority of the Board of Directors.[2]

1.2. A seal must be applied in order for the foundation trust to execute documents as a deed. Certain types of document are not legally binding unless they are executed by deed; the most common being those that deal with transfers of land, some leases or tenancies, mortgages, powers of attorney and certain business agreements. Additionally, it can sometimes be beneficial to execute other documents as a deed rather than as a simple contract because the time limit for bringing a claim under a deed is double the time limit for a simple contract (12 years as opposed to 6 years).

1.3. The board has reserved to itself responsibility for reviewing the use of the common seal, and this report is presented in order to satisfy that requirement.

2. USE OF THE COMMON SEAL

2.1. Since the last report to the board, the common seal of Wrightington, Wigan and Leigh NHS Foundation Trust has been applied on 16 occasions, as shown in the table below:

Seal №	Date seal applied	Description of document	Use attested by:
88	3 May 2018	1. Deed of release relating to various buildings at Leigh Infirmary. 2. Lease relating to number of units at Leigh Infirmary	1. R Armstrong 2. A Foster
89	30 Aug 2018	Planning obligation by undertaken given pursuant to s.106 of the Town and Country Planning Act 1990 (as amended)	1. R Armstrong 2. A Foster
90	20 Dec 2018	Seal applied but later voided – a subsequent amendment was made to the document. Superseded by seal number 92	1. R Armstrong 2. A Foster
91	4 Jan 2019	Licence relating to the parking of a mobile breast screening unit	1. A Foster 2. M Guymer
92	11 Feb 2019	Lease relating to Unit 7, Markland Point	1. R Armstrong 2. A Foster
93	29 Mar 2019	Contract relating to land at Leigh Infirmary	1. R Armstrong 2. A Foster
94	29 Mar 2019	Transfer of portfolio of titles (TR5) relating to 9 titles	1. A Balson 2. R Mundon
95	29 Mar 2019	Transfer of portfolio of titles (TR5) relating to 2 titles	1. A Balson 2. R Mundon

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[1] Sch.7, para.29(1) National Health Service Act 2006

[2] At Paragraph 20.2

2

Seal №	Date seal applied	Description of document	Use attested by:
96	29 Mar 2019	Transfer of whole of registered title (TR1) relating to Astley Clinic	1. A Balson 2. R Mundon
97	29 Mar 2019	Deed of assignment in relation to Standish Medical Centre	1. A Balson 2. R Mundon
98	29 Mar 2019	Underlease for part of Atherton Health Centre	1. A Balson 2. R Mundon
99	29 Mar 2019	Underlease for part of Boston House Health Centre	1. A Balson 2. R Mundon
100	29 Mar 2019	Underlease for part of Chandler House Health Centre	1. A Balson 2. R Mundon
101	29 Mar 2019	Underlease for part of Claire House Health Centre	1. A Balson 2. R Mundon
102	29 Mar 2019	Lease of premises at Leigh Health Centre	1. A Balson 2. R Mundon
103	29 Mar 2019	Underlease for part of Platt Bridge Health Centre	1. A Balson 2. R Mundon

2.2. It should be noted that the significant increase in the number of seals applied (in 2017-18, 6 seals were applied) is related to the transfer of assets linked to the transfer of the community services contract with effect from 1 April 2019.

2.3. All occasions on which the common seal is applied are recorded in a register which is held by the Company Secretary. This is available for inspection by directors on request.

3. AUTHORITY OF THE BOARD OF DIRECTORS

3.1. The constitution states that the seal is not to be affixed except under the authority of the Board of Directors. The board is requested to confirm that the requirement for the seal to be applied in the presence of, and its use attested by, two directors should be retained. This is in line with the provisions within legislation.[3]

4. RECOMMENDATIONS

4.1. The board is recommended to:

(a) note the occasions on which the common seal has been applied during financial year 2018-19; and

(b) confirm that attestation of the use of the common seal by any two directors shall represent use of the seal under authority given by the Board of Directors.

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[3] Section 74(1) Law of Property Act 1925 (as amended by The Regulatory Reform (Execution of Deeds and Documents) Order 2005)

3

Patients:
Every patient receives the best possible care

Executive lead(s):	Director of Nursing Medical Director	Reviewing committee:	Quality and Safety Committee

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

DELIVERY CONFIDENCE

CURRENT MONTH:

WEIGHTED DASHBOARD

MONTH:	YTD:
1.96	1.55

ROLLING TREND:

April 2019	Mar 2019	Feb 2019	Jan 2019

ROLLING TREND:

April 2019	Mar 2019	Feb 2019	Jan 2019
2.15	2.04	2.92	2.46

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
Patients not being admitted to the right ward due to bed blockages, posing a risk to patient care and a potential increase in the length of hospital stay	20	Previously escalated to Q&S	20
There is a risk to patient safety due to a lack of medical beds resulting in patients being harmed.	20	Escalated to Trust Board	20

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 (April 2019)
Harm free care	No. Serious Falls	0 MTD 0 YTD	0		1	2 or 3	>3	2	1 x 2 = 2	1 x 2 = 2	Perf. Report (April 2019)
Patient Safety	% of 'red sepsis' patients receiving antibiotics within 1 hour in A&E	68.4%	≥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 0 YTD	0				1	3	1 x 3 = 3	1 x 3 = 3	Perf. Report (April 2019)
Patient Safety	100% compliance with appropriate frequency of observations	56%	100%	99-95%	94-90%	89-80%	<80%	1	5 x 1 = 5	---	NEWS quarterly Audits
Infection Control	No. of MRSA	0 MTD 0 YTD	0				1	3	1 x 3 = 3	1 x 3 = 3	Perf. Report (April 2019)
Infection Control	No. of C. diff Lapses in Care	1 MTD 2 YTD	0	1 (MTD)	2 (YTD)	3	>4	2	2 x 2 = 4	3 x 2 = 6	Perf. Report (April 2019)
Patient Experience	% of patients recommending WWL for care	93%	≥95%	94% - 90%	89%-85%	84%-80%	<80%	2	2 x 2 = 4	---	Monthly FFT (March 2019)
Patient Experience	% of patients feeling involved with decisions about their discharge	89.5%	≥95%	94% - 90%	89%-85%	84%-80%	<80%	1	2 x 1 = 2	---	Perf. Report (April 2019)
Patient Experience	% of complaints responded to within the timescale agreed with the patient	75% M 75% Y	≥95%	94% - 90%	89%-85%	84%-80%	<80%	1	5 x 1 = 5	5 x 1 = 5	Perf. Report (April 2019)
Mortality	HSMR	91.2% M 95.2% Y	≤100	101-105	106-110	111-115	>115	3	1 x 3 = 3	1 x 3 = 3	Perf. Report (Jan 2019)
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 (April 2019)
Medicines Management	% of critical medicines prescribed within 24 hours of admission or before the patient is transferred to a new area	80%	100%	99-95%	94-90%	89-80%	<80%	1	4 x 1 = 4	---	Pharmacy (April 2019)
Medicines Management	% of completed medicines reconciliation within 24 hours	86%	100%	99-95%	94-90%	89-80%	<80%	2	4 x 2 = 8	---	Pharmacy (Mar 2019)
Total									(51/26)	(28/18)	
Average									1.96	1.55	

People:
Everyone has the opportunity to achieve their purpose

Executive lead(s):	Director of Workforce	Reviewing committee:	Workforce Committee	DELIVERY CONFIDENCE	WEIGHTED DASHBOARD	

					MONTH:	YTD:
Strategic importance:	Every member of staff has the opportunity to achieve their purpose. Safe and effective workforce to meet service needs			●	**3.25**	**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:**

ROLLING TREND:

Apr 2019	Mar 2019	Feb 2019	Jan 2019

ROLLING TREND:

3.25	3.25	4.00	4.00
Apr 2019	Mar 2019	Feb 2019	Jan 2019

Individual risks	Original score	Mitigations	Current score
HR 84 - Ability to recruit and retain to required staffing levels for service delivery and service development plans	20	International recruitment, nursing incentive schemes, return to practice programmes, nursing pipeline. 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	12	E-job planning	16
HR93 – Breaching the NHSI agency ceiling	12	Temporary staffing protocols, nursing incentive schemes, international recruitment, Steps 4 Wellness programmes, regional collaboration. Proposed to reduce the risk around the agency ceiling (HR93) to 4 x 4 =16 due to the new financial year. Agency ceiling remains at roughly £5.1m.	20
HR101 – Access to intranet (Wally)	16	Liaison between IT, system provider and staff engagement to resolve Active Directory problems. Single sign on implementation	16
HR06 – sickness absence above target	12	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. Agreement to explore sickness absence management system, health and wellbeing app and increase of flexible working opportunities and job crafting.	15
HR109 – Quality of appraisals	16	PDR documentation and framework in place; plans to review documentation; quality audit to be undertaken; introduction of 'My Route Plan' as a part of level 3/5 Learning and Management Apprenticeships; training to be offered to managers; review of the Trust strategy and objectives. New risk to be escalated to REMC.	16

HR110 – Impact of tax/pension threshold on the senior medical workforce	16	Exploring the use of alternative approaches such as pay flexibilities, alternative benefits and third party LLP contracting; lobbying around pension reform nationally; exploration of alternative workforce models; potential to recruit substantive consultants in specialties where there are no shortages. New risk to be escalated to REMC.	16
HR111 – Voluntary OT in holiday pay	16	Potential to implement the ESR Self Service module and/or eRoster system across the Trust; discussion with Hempsons to understand WWL specific risk and response based on individual pay elements applied; potential for a national control measure to be implemented. New risk to be escalated to REMC.	16

NARRATIVE

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

Listening events have taken place in response to the key themes identified in the pulse survey and national staff survey. Actions have been identified to take forward. The international recruitment pilot (HEE) of 20 nurses from India is progressing. Issues with pension and tax are now impacting on service delivery for medial staff. Work is progressing to identify ways to mitigate this risk and information is being presented to Workforce Committee.

Alternative workforce models are being explored within defined divisional areas, linked to SAVI programmes, to find ways to use available workforce more effectively.

NHSP will take on the provision of direct engagement for medical locums, with workers being employed on fixed term contracts with the Trust. Due diligence is being completed regarding pension and fixed term appointment legislation.

An audit process has been agreed with MIAA regarding the quality fo non-medical appraisals.

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	8.55%	≤8%	8.01-8.5%	8.51-9%	9.01-9.9%	≥10%	1	3 x 1 = 3	3 x 1 = 3	Workforce team
Employment Essentials	Leavers with less than 12 months' service	14.42%	≤10%	11-14%	15-20%	21-24%	≥25%	1	2 x 1 = 2	2 x 1 = 2	Workforce team
Route Planner	PDR completion	88.1%	≥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: 3.43	YTD: 3.43

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: Apr 2019, Mar 2019, Feb 2019, Jan 2019

ROLLING TREND: 1.66 (Apr 2019), 2.04 (Mar 2019), 2.37 (Feb 2019), 2.11 (Jan 2019)

Individual risks	Original Score	Mitigations	Current score
Risk of failure/vulnerability of back-end infrastructure resulting in no access to IT systems	20	Business case being prepared, risk score to remain until equipment installed.	20
Delivery of cost improvement programme	20	Reviewed by F&P committee regularly, focus on transformation programme	20
Numerous IT-related risks	16	Reviewed by REMC.	16

NARRATIVE

PERFORMANCE: WEIGHTED DASHBOARD

Performance data as at: **30 APRIL 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	81.38% M 81.38% Y	≥95%	94.9-90%	89.9-80% M & YTD	79.9-70%	≤70% Mth	2	3 x 2 = 6	3 x 2 = 6	BI (Apr 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 (Apr 2019)
Ambulance handover standard	All handovers between ambulance and A&E must take place within 15 mins with none waiting >60m	30 > 60m M 30 > 60m Y	≤ 15 mins	15-30 mins		30-59 mins	>60 mins (M & Y)	1	5 x 1 = 5	5 x 1 = 5	BI (Apr 2019)
Cancer treatment times	85% should wait no more than 62 days from urgent referrer to first definitive treatment	88.35% M 88.08% Y	≥85% Mth & YTD				≤84.9%	2	1 x 2 = 2	1 x 2 = 2	BI (Mar 2019)
18-week RTT	92% on incomplete RTT pathways (yet to start treatment) should wait no more than 18 weeks	92.43% M 92.43% Y	≥92% Mth & YTD				≤91.9%	1	1 x 1 = 1	1 x 1 = 1	BI (Apr 2019)
52-week RTT	Zero tolerance for patient waits over 52 weeks on an incomplete pathway	2 M 2 Y	0				≥1 (M & Y)	2	5 x 2 = 10	5 x 2 = 10	BI (Apr 2019)
Diagnostic waiting times	99% of service users waiting for a diagnostic test should receive it within 6 weeks of referral	98.17% M 98.17 Y	≥99%				≤98.9% (M & Y)	1	5 x 1 = 5	5 x 1 = 5	BI (Apr 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 1 quarter	Achieve 4 quarters	3 quarters	2 quarters	1 quarter	0 quarters	4	4 x 4 = 16	4 x 4 = 16	Forecast
Control total achievement	Forecast position: Achieve A&E control total trajectory	No longer applicable	Achieve 4 quarters	3 quarters	2 quarters	1 quarter	0 quarters	2	---	---	Forecast
Use of resources risk rating	Forecast position: Achieve use of resources risk rating as per plan	Forecast 1 quarter	Achieve 4 quarters	3 quarters	2 quarters	1 quarter	0 quarters	4	4 x 4 = 16	4 x 4 = 16	Forecast
Transformation	CIP delivery against target	(44%) M (44%) Y	Achieved (mth)	Fail by <10%	Fail by 10-20%	Fail by 20-30%	Fail by >30%	3	5 x 3 = 15	5 x 3 = 15	Finance report
IT	Completion of agreed IT priorities in line with plan	2019/20 plan not yet agreed	100%	90-99%	80-89%	70-79%	≤70%	2	---	---	IT department
Total								27	79(/23)	79(/23)	
Average									3.43	3.43	

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			(icon)	**MONTH:** 3.08	**YTD:** 3.08

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:				ROLLING TREND:			
			Apr 2019	Mar 2019	Feb 2019	Jan 2019	Apr 2019 2.92	Mar 2019 2.92	Feb 2019 2.92	Jan 2019 3.08

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	Original composite risk archived as more specific risk assessments completed.	Archive
Non-achievement of KPIs relating to cellular pathology	16	Shared Services Board re-established	16

NARRATIVE

Delivery confidence has reduced a little, primarily as a result of ISC (Theme 2) decoupling orthopaedics and cardiology from first-wave decision making. Increased clarity on Healthier Together action, but still concerns about Bolton strategic alliance momentum. Transformation Team now fully recruited.

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	1 x 2 = 2	1 x 2 = 2	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	4 x 1 = 4	4 x 1 = 4	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	2 x 3 = 6	2 x 3 = 6	Self-assessment
GM partnership	Cardiology theme 3 status	Almost on track	Fully on track	Almost on track	Mild concerns	Moderate concerns	Major concerns	2	2 x 3 = 6	2 x 3 = 6	Self-assessment
Total								24	74	74	
Average									3.08	3.08	

REPORT

AGENDA ITEM: 10.2

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

To	Board of Directors	**Date:**	29 May 2019
Subject:	Changes to Standing Financial Instructions		
Presented by:	Director of Finance	**Purpose:**	For Approval

Executive summary

To seek approval of change to the Standing Financial Instructions and Budgetary Control and Delegation Arrangements.

The changes were endorsed by the Audit Committee at its meeting on 22 May 2019 and were considered by the Finance and Performance meeting which was held immediately prior to the board meeting.

Copies of the full Standing Financial Instructions have previously been provided to the Audit Committee and the Finance and Performance and have therefore not been included with this document but are available on request.

Risks associated with this report

None

Link(s) to The WWL Way 4wards

	Patients	☒	Performance
☐	**Patients**	☒	**Performance**
☐	**People**	☐	**Partnerships**

The WWL Way

Standing Financial Instructions and Scheme of Reservation and Delegation

Introduction

The purpose of this paper is to seek approval of changes to the Trust's Standing Financial Instructions and Budgetary Control and Delegation Arrangements.

Background

The Code of Conduct: Code of Accountability for NHS Boards issued by the Department of Health requires that each NHS organisation shall give, and may vary or revoke, Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. The Standing Financial Instructions (SFIs) are issued in accordance with the Code.

The SFIs detail the financial responsibilities, policies and procedures to be adopted by the Trust and are designed to ensure that its financial transactions are carried out in accordance with the law and government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.

The SFIs incorporate the Trust's budgetary control and delegation arrangements which detail how the powers are reserved to the Board of Directors, while at the same time delegating to the appropriate level the detailed application of Trust policies and procedures. However, the Board of Directors remains accountable for all of its functions even those delegated to committees, sub committees, individual directors or officers.

Changes

Following approval at Executive Communication Cell the process for Business Case Approval has been revised. The SFIs have been updated to reflect this change and details can be found in Appendix 1.

Recommendation

The Board is asked to approve the amendments made to the SFIs.

Shirley Martland
Head of Financial Services & Payroll
15th May 2019

Standing Financial Instructions –Summary of amendments made May 2019

Section 8 Non Pay Expenditure

The table on page 27 has been updated to include the following positions to have a PO approval limit of £100,000:

Contracts Manager
Assistant Contracts Manager

Section 7.5 Non Competitive Waivers

Added the following paragraphs *(page 19)*

7.5.2   Requirements of a statutory nature and/or services provided by other public sector organisations that are sole suppliers are excluded from these tendering procedures and will not require a non-competitive waiver.

7.5.3   A waiver is not required where a repair is needed to equipment that is covered by an existing approved framework maintenance agreement, and the value of the repair is below £20,000 (ex VAT).

Business Cases (page 50)

Amended 23.2.3 From:

The values in the table below represent the total value of expenditure covered by the business case, which includes both the total capital spend and the full-year effect of revenue expenditure.

To:

Business cases will only be accepted if they meet the criteria outlined in the table below. The values in the table represent the total value of expenditure covered by the business case, which includes both the total capital spend and the full-year effect of revenue expenditure.

Amended table in section 23.2.3 from:

	Value (inclusive of VAT)					
	£0-£24,000	£0 - £50,000	£50,001 - £250,000	£250,000-£500,000	£500,000 - £1M	Above £1M
Capital Medical Equipment Group *Capital Equipment only*	✓					
Deputies Forum		✓				
Executive Communication Cell (ECC)			✓			
Management Board				✓		

					✓	
Finance & Investment (F&I) Committee					✓	
Board of Directors						✓

To:

Type of Business Case	Capital Medical Equipment	Deputies	ECC	Finance and Performance Committee	Board of Directors
A. Capital only business cases funded by the Trust's capital programme.	£30k	£250k	£500k	£1m	>£1m
B. Business cases which payback financially within 12 months where the financial benefit is in addition to the approved Trust budget.		£250k	£500k	£1m	>£1m
C. Business cases which will eradicate a risk which has been accepted by REMEC to the Corporate risk register.		£50k	£500k	£1m	>£1m
D. Business cases seeking funding to enable the Trust to comply with a mandated, legislative or contractual change.		£50k	£500k	£1m	>£1m
E. Business cases which are externally funded e.g. energy efficiency schemes.		£250k	£500k	£1m	>£1m
F. Business cases associated with a strategic plan approved by the Trust Board.		£50k	£500k	£1m	>£1m

.
Amended 23.3.1: Changed the value of business case approval for the capital medical equipment group from £24,000 to £30,000 *(Page 51)*.

Section 23.3.2 has been updated to amend the approval limits for the deputies forum from £50,000 to £250,000. *(Page 51)*.

Amended 23.3.4 by removing reference to management board, which is no longer included in the approval process. *(Page 51).*